

**SECTION I**

**CONSOLIDATED PLAN**

**2010-2015**



# 3-5 Year Strategic Plan

This document includes Narrative Responses to specific questions that grantees of the Community Development Block Grant, HOME Investment Partnership, Housing Opportunities for People with AIDS and Emergency Shelter Grants Programs must respond to in order to be compliant with the Consolidated Planning Regulations.

## GENERAL

### Executive Summary

*The Executive Summary is required. Include the objectives and outcomes identified in the plan and an evaluation of past performance.*

#### *5 Year Strategic Plan Executive Summary:*

During the next five years, the City of Bristol expects to endure the severe economic times and undertake the utmost quantity and quality of community development possible. The City is limited to the Community Development Block Grant (CDBG) program with corresponding limits to objectives and outcomes. Even with given constraints this new 5-Year Consolidated Plan sets ambitious goals with identification of a Target Area called the West End Neighborhood. The new Consolidated Plan will describe heightened collaboration with City Planning, Regional Planning, Code Enforcement, and downtown development organizations.

The consultation process in developing the 2010-2015 Consolidated Plan not only established priorities for action, but established areas for exploration as well. During the course of the Plan, the Bristol Development Authority will be looking at models of Code Enforcement in relation to CDBG projects; the availability of State funding to rehabilitate larger multi-family dwellings, and evaluate transportation systems relating to the low- to moderate-income areas of the city.

Since the year 2000 the City of Bristol has been designed as a "distressed community" under Section 32-9j of the Connecticut General Statutes. The 2009 population of 60,048 has been in decline and expected to drop as low as 58,020 in 2014. The Poverty Rate is 6.5% ranking Bristol at 30 (highest poverty) of 169 municipalities in Connecticut. 30.9% of the housing stock was built prior to 1950.

Community service needs are more extensive today than in 2005, yet Bristol had more to do with less funding from 2005-2010. It was extremely helpful to have additional CDBG and American Recovery and Reinvestment Act dollars in 2009. As in other states, Connecticut is decreasing financial support to its own state agencies and to non-profits that traditionally provide services.

Public Services are undergoing the worst of times, with increasing requests for services and scarce resources to maintain infrastructure. Although the City of Bristol allocates

the annual maximum of 15% to Public Service the corresponding discourse around funding choices is as high as 75% during the allocation process. For the most part, the Citizen Participation Process revolves around Public Services. Coordination of efforts is key; there are groups meeting regularly to foster collaboration between the City, housing providers, and service providers.

Many areas of concern listed in the 2005-2010 Consolidated Plan remain in a "most needed" category, namely:

- Homelessness
- After-school programs for adolescents and teens
- Assistance to seniors including mental health services
- Health related services including food, home health nursing, services to victims of sexual assault, and victims of domestic violence
- Financial Stability related services including Literacy and ESL, and emergency assistance to children and families

## PAST PERFORMANCE, OBJECTIVES AND OUTCOMES

1. The long-standing Bristol Development Authority Residential Rehabilitation Program is critical for low- to moderate-income residents to maintain their homes. The 2005-2010 goals of 100 housing units per year were met and during some years exceeded. In addition to directly benefiting low- to moderate-income households, Residential Rehabilitation preserves neighborhoods and protects property values.

Objective: To stabilize current housing stock maintaining or increasing the quantity and quality of decent housing.

Outcome: 100 housing units will benefit from housing rehabilitation each year of the 5-Year Plan, from 2010 to 2015 for low- to moderate-income households.

2. The City of Bristol plans to continue funding the maximum amount of Public Services. Doing so in the past has made for active city-wide collaborations.

Objective: To evaluate community needs on an on-going basis, supporting programs that meet those needs to create and maintain suitable and positive living environments.

Outcome: To provide the maximum 15% allocations Public Services programs each year of the 5-Year Plan, from 2010 to 2015.

3. The City of Bristol will target funds to the West End Neighborhood and to Public Housing Modernization. While the City has supported and will continue to support Public Housing Modernization, establishing Target Area is new with this Consolidated Plan

Objective: To improve neighborhoods and non-federally supported public housing stock through regular allocations which meet one or more of the Consolidated Plan goals.

Outcome: At least one project in the West End Neighborhood and/or Bristol Housing Authority will be supported during each year of the 5-Year Plan, from 2010 to 2015

4. The City of Bristol plans to be a resource for economic development activities undertaken throughout the prospective Downtown development along with West

End Neighborhood development. This will include Commercial Rehabilitation and job creation tailored to the specific development.

Objective: To expand Commercial Rehabilitation by marketing the program in the West End and Downtown areas of the City.

Outcome: The number of Commercial Rehabilitation projects will increase during the five years from 2010-2015 and the number of jobs created will be identified in relation to development collaboration.

5. The City of Bristol will be exploring best practices of administration to increase capacity and to align its focus to mirror national Housing and Urban Development strategies. An updated Analysis of Impediments is being written for adoption during Year 36.

Objective: To improve the City's ability to create the most effective community development plans and the capacity for measurable contributions

Outcome: Funding will be provided for consultation after Census 2010 data is released; and a focus group will produce recommendations on ensuring an effective Bristol/Connecticut/HUD partnership.

## **Strategic Plan**

*Due every three, four, or five years (length of period is at the grantee's discretion) no less than 45 days prior to the start of the grantee's program year start date. HUD does not accept plans between August 15 and November 15.*

**Mission:** To develop a viable urban community in Bristol by focusing on decent housing, suitable living environments, and economic opportunities for low- to moderate-income residents; and allocate funding accordingly over the course of five (5) years from 2010 – 2015.

### Component I. Affordable Housing

(Goal of Decent Housing – City Wide)

To maintain the affordable housing stock, the first priority in the Bristol Consolidated Plan is to continue the Residential Rehabilitation Program. In rehabilitating approximately 100 units of residential housing annually, low- to moderate-income homeowners and tenants benefit directly from improvements and repairs such as heating systems, roofs, windows and other energy saving modifications. The indirect benefits include protecting property values and preserving neighborhoods.

Obstacle: The Residential Rehabilitation program only allows for dwellings up to four units and must be owner-occupied. During the 2010-2015 Consolidated Plan additional funding will be researched and leveraged as feasible to rehab larger multi-family dwelling(s).

### Component II. Special Needs

The City of Bristol is committed to allocate the maximum 15% to this category. After the first priority of homelessness, established by its importance to the Consolidated Plan itself, current United Way focus areas of "education, income, and health" were useful in the determining priorities for CDBG funding. Special needs populations include youth, seniors and disabled, victims of sexual assault, and victims of domestic violence.

Household income can be stretched with food assistance, tutoring, and emergency assistance.

Obstacle: The bad economy has increased demand for services and funding past the availability of funding to meet the demand. This demand is likely to be evident during the next five years.

### Component III. Public Housing

(Goal of Decent Housing – by location throughout the City)

Bristol Housing Authority is a partner in the Consolidated Plan. Therefore alternatively, and to the extent possible, public housing modernization will share a high priority with the West End target area during the next five years.

Obstacle: The annual Bristol Entitlement Community allocation is insufficient to support both priorities every year. There are also substantial and competing needs in both priority areas.

### Component IV. Neighborhood Revitalization

(Goal of Suitable Living Environment – West End Neighborhood)

In light of the West End Neighborhood Study releasing draft recommendations, and the upcoming development of the contiguous 17-acre downtown area, CDBG funding is projected to have a significant impact. The first year of the Consolidated Plan features two distinct projects. One is the demolition of a vacant multi-family dwelling that currently stands between Route 72 and the entrance to Muzzy Field, part of Rockwell Park that is utilized by many residents in this low- to moderate-income area. The second project involves a series of sidewalk replacements along Divinity Street, a major pedestrian route running through the West End.

Obstacle: (see above)

### Component V. Homelessness

(Goal of Suitable Living Environment)

The Women with Children Transitional Living Program allows for a longer term stay in order for the parent to obtain employment and save funds for permanent housing. The case management assists families to regain any ground lost in terms of health, legal or other areas. In addition to making good use of CDBG support for the Transitional Living Program, the Continuum of Care has the overarching goal of Permanent Supportive Housing and Permanent Housing for homeless people or those at risk of homelessness. The federal Homelessness Prevention and Rapid Re-Housing Program (HPRP) funds are currently assisting Bristol homeless.

Obstacle: The State of Connecticut and the Federal Emergency Management Agency continues to make cuts to organizations providing services to homeless or those at risk of experiencing homelessness. The Homelessness Prevention and Rapid Re-Housing funds do not address the continuing need for emergency shelter and transitional housing operations support.

### Component VI. Non-housing Community Development – Public Facilities

(Meeting the goal of Suitable Living Environment)

As allocations allow during the next five years, grants may be provided for bricks and mortar repairs and/or improvements to Public Facilities.

Obstacle: State bonding approvals are dwindling and postponing needed repairs may lead to emergency responses which sometimes cost more than the needed repair. This obstacle is shared by government and not-for-profit organizations in most communities.

Component VI. Non-housing Community Development – Commercial Rehabilitation  
(Meeting goal of Economic Opportunities)

As opportunities become concrete related to the Downtown and West End Neighborhood development endeavors, consideration will be given to allocations.

Obstacle: The opportunities will be exciting; however, funding will continue to be competitive with all the Consolidated Plan priorities.

Component VII. Planning and Administration

The City will avail itself of training, professional development, and pertinent consultation during the 5-Year Plan. Fair Housing issues are to be addressed to improve the City's plans and action steps to Affirmatively Further Fair Housing.

## **General Questions**

- 1. Describe the geographic areas of the jurisdiction (including areas of low income families and/or racial/minority concentration) in which assistance will be directed.*
- 2. Describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA) (91.215(a)(1)) and the basis for assigning the priority (including the relative priority, where required) given to each category of priority needs (91.215(a)(2)). Where appropriate, the jurisdiction should estimate the percentage of funds the jurisdiction plans to dedicate to target areas.*
- 3. Identify any obstacles to meeting underserved needs (91.215(a)(3)).*

*5 Year Strategic Plan General Questions response:*

1. Geographic Areas

As established from the 2000 Census, there are four low- to moderate-income areas in Bristol. The first map in the Maps and Exhibits Section shows the areas with the corresponding census tracts and blocks. Area benefit activities may be directed to organizations located in the respective tracts/blocks. The City of Bristol Residential Rehabilitation Program, however, is not limited to property owners in the Geographic Areas. Any low- to moderate income property owner in the city may qualify for Residential Rehabilitation.

2. Allocating the investments geographically

During the past year the City of Bristol Planning Office has moved toward the final stages of the West End Neighborhood Study. There are numerous recommendations that can be accomplished through the Community Development Block Grant. There is information provided toward the end of the Exhibit Section explaining the West End Neighborhood Study process. The City of Bristol supported the study recognizing that targeting resources to the area could significantly improve the neighborhood. The draft

recommendations were released in 2010; also included in the Exhibit Section. The shaded areas represent the priorities indicated by the City Planning Office. Numerous meetings have taken place with the Bristol Development Authority Board (BDA), BDA staff, the Planning Commission, and the Planning Office to establish an appropriate level of CDBG support. The City of Bristol expects to provide approximately 15% of the 2010-2011 allocation to this Target Area.

Additionally, Downtown Development is moving past the conceptual phase to working with a developer regarding the 17-acre Depot Square site. (Map 2) shows the convergence of the low- to moderate-income tracts/blocks, the West End Neighborhood, the Enterprise Zone, and the Downtown areas.

### 3. Obstacles to meeting underserved needs

The CDBG allocated funds are not sufficient to address the needs of other neighborhoods in the City such as Federal Hill and Forestville sections, with the exception of individual residential rehabilitation assistance. Bristol does not receive HOME funds that would allow the City to make larger scale housing improvements. Other funding sources, which allow for reasonable administrative reimbursement, must be explored to meet underserved needs.

## **Managing the Process (91.200 (b))**

1. *Lead Agency. Identify the lead agency or entity for overseeing the development of the plan and the major public and private agencies responsible for administering programs covered by the consolidated plan.*
2. *Identify the significant aspects of the process by which the plan was developed, and the agencies, groups, organizations, and others who participated in the process.*
3. *Describe the jurisdiction's consultations with housing, social service agencies, and other entities, including those focusing on services to children, elderly persons, persons with disabilities, persons with HIV/AIDS and their families, and homeless persons.*

### *5 Year Strategic Plan Managing the Process response:*

#### 1. Lead Agency

The Bristol Development Authority (BDA) serves as the lead agency to coordinate the consolidated planning and submission process. The BDA prepares the 5-Year Consolidated Plan and Annual Plans in consultation with the Bristol Housing Authority and the St. Vincent DePaul Mission of Bristol. Each of these organizations has its own area of responsibility in administering the plans.

The Bristol Development Authority is the public community development agency responsible for administering CDBG funds, including monitoring subrecipients

## 2. Significant Aspects of the process

Staff from the Bristol Development Authority (BDA) took advantage of Consolidated Plan development training provided by HUD in 2009. The training provided a framework for the City of Bristol to follow. A consultant was engaged to assist the BDA in the Citizen Participation process and in updating the Analysis of Impediments to Fair Housing.

Input was sought from City Planners and City Building and Code Enforcement, and Bristol Housing Authority personnel regarding PHA and Housing Choice programs.

## 3. Consultations

- a) The firm Raquel Kennedy, LLC was engaged to assist in the consultation process, and to update the Analysis of Impediments to Fair Housing.
- b) Community Meetings were held at three locations in low- to moderate income area schools.
- c) A survey instrument was developed and distributed. BDA Staff made announcements of the surveys at the Service Providers' Network, the Continuum of Care, and at the Community Meetings. The survey was sent to the Central CT Regional Planning Authority and the Chamber of Commerce; and was posted on the City website.
- d) Social Services: Thomas Morrow, Executive Director Bristol Community Organization; each of the sub-recipient agencies funded for Public Services
- e) Fair Housing Services: BDA Staff has attended numerous Fair Housing meetings, conferences, and informational sessions.
- f) Health Services and Lead-based Paint: Karen Wagner, Bristol Burlington Health District
- g) Homeless Services and Chronically Homeless: Phillip Lysiak, Executive Director St. Vincent De Paul Mission; and
- h) State of Connecticut Department of Public Health: Tina McCarthy and Rhonda Pales
- i) Metropolitan Planning Agencies: Francis Pickering, Central Connecticut Regional Planning Authority
- j) Bristol Cares, a group initiated by Mayor Ward in 2009 for winter preparation, continues to meet. BDA staff attends for on-going information about special population needs such as elderly and homeless.

## **Citizen Participation (91.200 (b))**

1. *Provide a summary of the citizen participation process.*
2. *Provide a summary of citizen comments or views on the plan.*
3. *Provide a summary of efforts made to broaden public participation in the development of the consolidated plan, including outreach to minorities and non-English speaking persons, as well as persons with disabilities.*

4. *Provide a written explanation of comments not accepted and the reasons why these comments were not accepted.*

*\*Please note that Citizen Comments and Responses may be included as additional files within the CPMP Tool.*

*5 Year Strategic Plan Citizen Participation response:*

The following amended Citizen Participation Plan was approved by the Bristol Development Authority on 3/23/09 and the City Council on 4/14/09. The Citizen Participation Plan may undergo amendment in 2010, depending upon recommendations by Raquel Kennedy LLC and the subsequent approval process.

### **CITIZEN PARTICIPATION PLAN**

Bristol has always endeavored to allow the greatest possible public participation in developing its Community Development Block Grant program (CDBG), and has followed similar procedures when it has had the occasion to reprogram CDBG funds. If at all possible, reprogramming is scheduled to coincide with the annual program development process to gain the widest possible public participation.

The City has been fortunate in maintaining a good working relationship with newspapers having a wide circulation in town, The Hartford Courant, The Bristol Press, and the Bristol Observer. Good year-round coverage of the Bristol Development Authority (BDA) activities is provided, especially during the time the agency solicits public input for its annual CDBG program. The news and feature stories are in addition to the advertisements published in local newspapers and posted to the City's website ([www.ci.bristol.ct.us](http://www.ci.bristol.ct.us)).

Specifically addressing the requirements of Section 91.105 for a Citizen Participation Plan, the City offers the following:

#### **(1) Encouragement of citizen participation.**

The public and applicants for CDBG funding are urged to attend and speak at all meetings. When appropriate and feasible, neighborhood meetings have been and can be arranged. Efforts are made to consult with very low and low-income residents, including tenants of public housing, homeless individuals, local non-profits, public service agencies, and municipal agencies to discuss needs and strategies.

Bristol commences its public participation plan with the simultaneous solicitation of proposals by direct mail and public advertising. Two display ads are run in local newspapers and posted to the City's website ([www.ci.bristol.ct.us](http://www.ci.bristol.ct.us)) requesting proposals, listing eligible activities, offering assistance in formulating a proposal, and announcing the dates of Public Hearings. The mailing includes a proposal package and offers the assistance of the BDA in developing a proposal. The mailing list includes past applicants and recipients, local community agencies, social service agencies, homeless shelters, city

departments, public housing tenant councils, and any interested persons or parties who during the prior year have expressed interest.

Public meetings are generally held in the Council Chambers of City Hall (a handicapped accessible building) in the evening. Following long-standing local procedure and the State of Connecticut laws, these hearings and meetings are scheduled in advance, posted, open to the public and minutes prepared and available to any interested party. The meetings receive advance publicity and are covered by the local media.

**(2) Information to be provided.**

The Consolidated Annual Plan process takes approximately six months to complete and provides ample time and opportunity for participation and comment. The first Public Hearing is held in January or February to receive proposals and citizen comments; and to discuss needs and strategies. After the first Public Hearing there is a public meeting of the Policy Committee of the BDA. The Policy Committee is responsible for the preparation of a proposed use of funds and oversight of CDBG allocations. The BDA generally receives requests for at least twice the amount of funds available and the Policy Committee gives very serious consideration to the comments heard at the hearings in developing the annual proposed use of funds.

When the Policy Committee has established the Proposed Use of Funds, the City holds another Public Hearing in March. Again, this hearing is advertised twice and the ads list the programs and dollar amounts, request public comment and invite public participation at the hearing. The Proposed Use of Funds is also referred to the Planning Commission for comment. The 30-day comment period begins after advertisement of the Proposed Use of Funds, continuing up to its approval by the Bristol Development Authority Board.

The Policy Committee considers the Planning Commission and the public comments in their Proposed Use of Funds. The Policy Committee's final recommendations are then presented to the full Bristol Development Authority Board in public meeting (late March or April) for approval and/or modification. The Proposed Use of Funds is made available to the Bristol Housing Authority, Jerome Avenue, Bristol; Public Library; and City Hall offices. The BDA forwards its recommendations to the City Council for its approval and recommendation to the Board of Finance at the public meeting in April or May. The annual action plan is placed on the city website indicating it is not final until HUD approval.

Once HUD approval has been received, the Board of Finance, at public meeting, appropriates the funds.

Each and every meeting is public, covered and reported on by the local news media, and preserved in minutes available to the public. Comments and modifications are possible at any time prior to submission to HUD.

**(3) Access to records.**

The Bristol Development Authority will make available, at its office at City Hall, access to information and records relating to its Consolidated Plan and any programs assisted with CDBG funds to any interested citizens.

**(4) Technical assistance.**

Technical assistance has always been and will be offered at whatever level of needs of the applicant. When funds are not sufficient or a program is not eligible, the BDA office makes every effort to refer an applicant to another source of funds.

**(5) Public Hearings.**

The Bristol Development Authority will hold Public Hearings to obtain citizens views. See Items (1) and (2) above. In addition, the City annually publishes an ad and invites comments on the use of funds for the past program year.

If there is a need for an interpreter, the City will make every effort to secure interpreters.

**(6) Comments and complaints.**

The Bristol Development Authority will consider any comments of citizens regarding the Consolidated Plan. A summary of any comments, including those not accepted and the reasons therefore, will be attached to the Consolidated Plan. The BDA has always responded to written (and oral) complaints and will continue to do so.

**(7) Criteria for amendment to plan.**

HUD regulations require an amendment to a Consolidated Plan when the jurisdiction makes one of the following decisions.

- i. to make a change in its allocation priorities or a change in the method of distribution of funds;
- ii. to carry out an activity, using funds from any program covered by the consolidated plan (including program income), not previously described in the action plan; or
- iii. to change the purpose, scope, location or beneficiaries of an activity.

Within this range of amendments, there are amendments which are defined as Substantial Amendments. For purposes of the Bristol Consolidated Plan process, a Substantial Amendment shall be defined as one wherein the change in the distribution of funds for a revised or new activity exceeds 10 percent of the annual entitlement under the CDBG program.

For such Substantial Amendments, the BDA shall prepare a report on the nature of the amendment which shall be made available by public notice, for 30-day public comment period, and at a public hearing held by the BDA. The amendment shall be approved by the Bristol Development Authority board and referred to the Bristol City Council for

approval. Substantial Amendments shall be submitted to the U.S. Department of Housing and Urban Development (HUD) within 15 days of local approval.

For those amendments not defined as Substantial, the Bristol Development Authority shall approve such amendments at a regularly scheduled meeting and make the amendments public. All amendments approved during a program year shall be submitted to HUD with the submission of the consolidated plan for the next program year.

1. Summary of comments on the plan

There were no comments submitted

2. Efforts to broaden participation

To encourage attendance at the Community Meetings mentioned in the above section on Managing the Process, flyers were written in both English and Spanish. The flyers were distributed to approximately 800 students.

3. Explanation of comments not accepted

N/A

### **Institutional Structure (91.215 (i))**

1. *Explain the institutional structure through which the jurisdiction will carry out its consolidated plan, including private industry, non-profit organizations, and public institutions.*
2. *Assess the strengths and gaps in the delivery system.*
3. *Assess the strengths and gaps in the delivery system for public housing, including a description of the organizational relationship between the jurisdiction and the public housing agency, including the appointing authority for the commissioners or board of housing agency, relationship regarding hiring, contracting and procurement; provision of services funded by the jurisdiction; review by the jurisdiction of proposed capital improvements as well as proposed development, demolition or disposition of public housing developments.*

*5 Year Strategic Plan Institutional Structure response:*

1. Institutional structure

This Plan will be jointly administered by the Bristol Development Authority and the Bristol Housing Authority, with each organization having its own area of authority.

The Bristol Development Authority is the public community development agency responsible for administering CDBG funds; including monitoring subrecipients (non-profits) providing public service programs and for distributing funds for all other CDBG projects. The Bristol Development Authority has a bi-partisan nine-member Board that serves a rotating five-year term and is appointed by the Mayor. The Board is responsible for determining CDBG funding allocations, based on priorities set in the Consolidated Plan.

The Bristol Housing Authority (BHA) is a quasi-governmental agency with no fiduciary overlap between the municipality and the Housing Authority. The Commissioners who serve a rotating five-year term are appointed by the Mayor. A representative of the Bristol City Council services as a liaison to the BHA Board of Commissioners. The Executive Director is responsible for all hiring of staff and is the contracting officer for the Authority. Appropriate review by the jurisdiction will be sought for any proposed development sites, demolition or disposition of any development sites. The current Comprehensive Grant has been previewed by the Board of Commissioners, the Public Housing Residents, the Public and the Mayor prior to submission to HUD. The Housing Authority is the agency responsible for modernization of existing units and rental subsidies. The Housing Authority uses federal guidelines for income limits for low-income households and has its own eligibility requirements as follows: "In selecting applicants for admission, the Housing Authority must give preference to applicants who are otherwise eligible for assistance and who at the time are seeking housing assistance, or involuntarily displaced, living in substandard housing paying more than 50% of family income for rent". The housing units provided by the Bristol Housing Authority will supply low-income households with affordable units. The quality of units will be upgraded through rehabilitation, which is one of the City's major priorities. All Section 8 and CIAP funds are distributed through the Housing Authority, using federal guidelines and the Authority's own policy on preference, namely, to Veteran applicants in all programs; Elderly in the Housing Choice Voucher Program; applicants and/or heads of households who are enrolled in educational, training, or upward mobility programs in the Public Housing Program; and Violence Against Women Act (VAWA) preference for admissions, transfers, and/or receipt of a Housing Choice Voucher for the Public Housing and Housing Choice Programs.

St. Vincent DePaul Mission of Bristol (SVDP) is a private non-profit organization working with the City to provide housing needs for the homeless. This organization has been the lead agency in Bristol for assessing and developing the community-based response to homelessness in Bristol.

Through both the Housing Authority and SVDP, the City is able to provide services to a wide-range of persons, with the remainder of needs being met by other non-profit organizations in the City. Bristol is fortunate to have a full range of assistance programs and services available to people in need including:

- Bristol Community Organization, the CAP agency that administers energy assistance, Head Start programs and other services for low-income households
- The Christian Fellowship Center (CFC) provides groceries and a soup kitchen. The Zion Lutheran Church and the Salvation Army provide assistance that complement CFC.
- The Bristol ARC and CW Resources assist people with developmental disabilities
- Camperships are provided by the Bristol Boys and Girls Club and the Environmental Learning Center.

## 2. Strengths and gaps in the delivery system

There are three groups that address needs and strengthen the delivery system. A Service Providers Network that meets bi-monthly or quarterly; Bristol Cares, the initiative group created in 2009 to identify and address gaps; and the Continuum of Care and its

sub-committees. Gaps in the delivery system are minimized by communication between Consolidated Plan participants.

3. Strengths and gaps in the delivery system for public housing

The BHA is very responsive to tenant concerns, holding regular Resident Advisory meetings. There is a high level of accountability in maintaining properties. There is also an Outreach Program on site at Cambridge Park with an array of activities and collaboration between the BHA and service organizations throughout the City.

**Monitoring (91.230)**

1. Describe the standards and procedures the jurisdiction will use to monitor its housing and community development projects and ensure long-term compliance with program requirements and comprehensive planning requirements.

5 Year Strategic Plan Monitoring response:

Monitoring the projects in Bristol is daily in the case of Residential Housing Rehabilitation projects. The Housing Rehabilitation Specialist makes inspections before and after any work is done. Additional inspections for meeting City codes are performed as indicated.

The Project Coordinator in Bristol makes inspections before, during, and after any Commercial Rehabilitation projects and Public Facilities Projects. This staff person also ensures that Davis-Bacon work practices and other applicable City contract standards are in compliance.

The Community Development Coordinator performs monitoring visits with Subrecipients of Public Services funding.

**Priority Needs Analysis and Strategies (91.215 (a))**

1. Describe the basis for assigning the priority given to each category of priority needs.
2. Identify any obstacles to meeting underserved needs.

5 Year Strategic Plan Priority Needs Analysis and Strategies response:

**Table 2B  
Priority Community Development Needs**

Priority Need	Priority Need Level	Unmet Priority Need	Dollars to Address Need	5 Yr Goal Plan/Act	Annual Goal Plan/Act	% Goal Complete
Acquisition of Real Property	M					
Disposition	M					
Clearance and Demolition	H					
Clearance of Contaminated Sites	M					
Code Enforcement	M					

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Jurisdiction

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Public Facility (General)	M				
Senior Centers	M				
Handicapped Centers	M				
Homeless Facilities	M				
Youth Centers	M				
Neighborhood Facilities	M				
Child Care Centers	M				
Health Facilities	M				
Mental Health Facilities	M				
Parks and/or Recreation Facilities	M				
Parking Facilities	L				
Tree Planting	L				
Fire Stations/Equipment	L				
Abused/Neglected Children Facilities	M				
Asbestos Removal	M				
Non-Residential Historic Preservation	M				
Other Public Facility Needs	M				
Infrastructure (General)	M				
Water/Sewer Improvements	L				
Street Improvements	M				
Sidewalks	H				
Solid Waste Disposal Improvements	L				
Flood Drainage Improvements	L				
Other Infrastructure	M				
Public Services (General)	H				
Senior Services	H				
Handicapped Services	H				
Legal Services	M				
Youth Services	H				
Child Care Services	M				
Transportation Services	M				
Substance Abuse Services	M				
Employment/Training Services	M				
Health Services	H				
Lead Hazard Screening	M				
Crime Awareness	M				
Fair Housing Activities	H				
Tenant Landlord Counseling	M				
Other Services	M				
Economic Development (Gen)	M				
C/I Land Acquisition/Disposition	L				
C/I Infrastructure Development	L				
C/I Building Acq/Const/Rehab	H				

Other C/I	M					
ED Assistance to For-Profit	L					
ED Technical Assistance	L					
Micro-enterprise Assistance	M					
Other	M					

1. Assigning the priorities

The process of assigning priorities during the 5-Year Consolidated Plan process was developed through a multi-pronged exploration of the community as a whole. Bristol Development Authority Staff and Board Commissioners visited Public Service providers and talked with consumers. Board Commissioners and staff also arranged for and attended the Community Meetings held in February and March of 2010. Discussions have taken place with the City of Bristol Planning Office and Planning Commission, and the United Way. The Central Connecticut Regional Planning Agency assisted with mapping. BDA staff participated in Resident Advisory Council of the Bristol Housing Authority, Service Providers group meetings, the Continuum of Care, and Bristol Cares meetings.

2. Obstacles for meeting underserved needs

Funding is limited and planning is done far in advance. The Citizen Participation Plan amended in 2009 has given the Bristol Development Authority some flexibility in making changes within a program year.

**3. Lead-based Paint (91.215 (g))**

1. *Estimate the number of housing units that contain lead-based paint hazards, as defined in section 1004 of the Residential Lead-Based Paint Hazard Reduction Act of 1992, and are occupied by extremely low-income, low-income, and moderate-income families.*
2. *Outline actions proposed or being taken to evaluate and reduce lead-based paint hazards and describe how lead based paint hazards will be integrated into housing policies and programs, and how the plan for the reduction of lead-based hazards is related to the extent of lead poisoning and hazards.*

5 Year Strategic Plan Lead-based Paint response:

1. Number of housing units that contain lead-based paint hazards

The City of Bristol Assessor estimates that approximately 19,775 units were built prior to 1978. City rehabilitation staff finds that (1) out of every (10) units visited have some lead-based paint hazard. Based on this factor the City estimates that 1,977 units have the potential for lead-based paint hazards. Much of the older housing stock is located in the central sections of the City that are more likely to be low- to moderate-income areas.

The City of Bristol recently attended a certification class the new EPA regulations on lead-safe work practices. Certified staff will work with local contractors for compliance as of April 22, 2010.

## 2. Actions to evaluate hazards

The Bristol Development Authority staff provides the "Protect Your Family From Lead In Your Home" booklet to every applicant for the Residential Housing Rehabilitation program. BDA staff checks the year built date for every property and BDA inspects every residence prior to any work done at that property. Staff will be certified under the new EPA and HUD guidelines and will ensure the new procedures are followed in every case. In addition, BDA staff works with the Burlington Bristol Health Department (BBHD) on certain cases.

BBHD also promotes awareness and education of lead-based Paint hazards by:

- BBHD implements and enforces the CT Department of Public Health Lead Poisoning Prevention and Control Regulations.
  - o Regulations require that BBHD conduct a full epidemiological investigation on a property upon notification of a child with elevated blood lead levels as defined by the regulations.
    - A child is defined as a person under the age of 6
  - o Regulations require that the following potential modes of lead poisoning be tested, and if tests elevated for lead, shall be abated:
    - Painted surfaces
    - Water
    - Dust
    - Soil
    - Paint chips (if necessary)
  - o Regulations require that all lead based paint surfaces be abated as follows:
    - Defective lead based paint on a surface if a child resides in the dwelling unit
    - Defective exterior lead based paint on a surface if a child resides in the dwelling unit
    - Defective lead based paint on a surface, lead-based chewable surfaces whether or not that surface is defective, all lead-based movable parts of windows and surfaces that rub against movable parts of windows if a child has elevated blood lead levels.
  - o Upon completion of abatement projects, visual inspections and clearance testing shall be conducted in all rooms of which abatement occurred.
- BBHD conducts educational outreach by mailing educational material to families who have children (under the age of 6) who have reported levels of lead in their blood, but does not yet trigger a full epidemiological investigation as required by the regulations. Depending on the lead levels reported, the Public Health Nurse will conduct a house visit to discuss and distribute lead materials, and to educate on the issue.

- BBHD has received lead grant money in which Educational Outreach is conducted. Educational materials have been created and distributed throughout the City and differing organizations.
  - o Educational materials include:
    - Two different size large posters, 14" X 21" and 23.5" X 31.5", posters are in a Question and Answer format.
      - The Question asked "Which one of these activities can cause lead poisoning?" followed by a group of 4 pictures which appear to be of normal activity
      - The Answer would indicate "All of them", with an explanation of what can cause lead poisoning with each of the 4 different activities.
    - 8"X11.5" Fact Sheet that correlate with the information provided on the large posters. Each picture of the 4 different activities had facts related to lead and the activity, and what to do to lower your risk.
    - An Educational coloring and Activity Book was created for use by children. Each page within this activity book also had a "tip for adults" section to also educate the parents.
    - A refrigerator magnet with the message of "Have your Child Tested For Lead, contact your health care provider" with a note pad attached is provided for parents as a reminder to have their children tested for lead poisoning.
  - o A canvas tote bag was made with the same Question and Answer format as the large posters, with the Question on the front of the tote and the Answer on the back. This tote will be filled with the educational materials mentioned above (with exception of the large posters) and will also include several other different pamphlets and booklets regarding lead poisoning prevention. These totes will be distributed to children less than age 6 in preschool and daycares (home-based and center based).
  - o The Large posters and Fact Sheets were provided to City Hall (both entrances), the library, preschools, Imagination Nation, various Dr. offices, and daycare centers.

The following actions are being taken by Burlington Bristol Health Department (BBHS) to reduce lead-based paint hazards:

- BBHD will help to promote compliance with a new Federal regulation administered and enforced by the EPA entitled, *Lead Paint: Renovation, Repair and Painting Program. (RRP)*

- The RRP rule, effective April 22, 2010, will require that any renovators, contractors, painters, property managers, etc, that disturb lead paint surfaces, must be trained and certified by the EPA and must follow specific work practices to prevent lead contamination.
  - This RRP rule will apply to work conducted in target housing (housing constructed prior to 1978) and child-occupied facilities (day care centers, kindergarten classrooms, preschools, etc)
- As part of the City of Bristol Housing and Property Maintenance Code, if defective painted surfaces are witnessed, whether a child lives in the dwelling or not, this will be cited as a housing violation. As part of the RRP rule repair of these surfaces may require compliance with this regulation.
  - BBHD will help promote compliance with the Pre-Renovation Education Rule (PRE) which is an EPA federal regulation that has been in effect for several years. The new RRP Rule (discussed above) is a continuation of this federal regulation and will take effect April 22, 2010.

## HOUSING

### Housing Needs (91.205)

*\*Please also refer to the Housing Needs Table in the Needs.xls workbook*

1. *Describe the estimated housing needs projected for the next five year period for the following categories of persons: extremely low-income, low-income, moderate-income, and middle-income families, renters and owners, elderly persons, persons with disabilities, including persons with HIV/AIDS and their families, single persons, large families, public housing residents, victims of domestic violence, families on the public housing and section 8 tenant-based waiting list, and discuss specific housing problems, including: cost-burden, severe cost- burden, substandard housing, and overcrowding (especially large families).*
2. *To the extent that any racial or ethnic group has a disproportionately greater need for any income category in comparison to the needs of that category as a whole, the jurisdiction must complete an assessment of that specific need. For this purpose, disproportionately greater need exists when the percentage of persons in a category of need who are members of a particular racial or ethnic group is at least ten percentage points higher than the percentage of persons in the category as a whole.*

*5 Year Strategic Plan Housing Needs response:*

See "Housing Problems Output for All Households" in the Table Section.

1. Estimated housing needs

Using the 2000 Census data for all 24,868 households in Bristol, 9,459 (38%) are Renter households and 15,405 (62%) are Owner households. Household income less than 50% of the MFI affects 6,176 (25%) of Bristol households. The data shows .8% of rental units and .4% of owner units are substandard, i.e. units that do not meet present building codes. These units would be suitable for rehabilitation in order to bring them into compliance with codes.

Regarding overcrowding, Bristol did not build the high-rise, high density projects that led to large-scale demolitions in other cities. Of the 24,886 units occupied, 71.6 have .5 or less persons per room; 26.9% have .51 to 1.00 persons per room; 1.1% have 1.01 to 1.5 persons per room and .4% have 1.51 or more persons per room.

A total 13,713 of households earn over 80% of the median family income, leaving 11,155 households earning less than 80% of the Median Family Income. These 11,155 households will be the subject of estimated housing needs. 6,247 of the 11,155 are Renters; 4,908 are Owners.

Household types for the 6,247 Renters include 2,157 households earning less than 30% MFI; 1,819 earning between 30%-50% MFI, and 2,271 earning between 50%-80% MFI. The following tables represent data within the Housing Needs Table

**HOUSING PROBLEMS AND COST BURDEN - RENTERS**

	<b>NUMBER OF HOUSEHOLDS</b>	<b>% WITH ANY HOUSING PROBLEMS</b>	<b>% Cost Burden &gt; 30%</b>	<b>% Cost Burden &gt; 50%</b>
<b>HHI &lt;30%</b>	2,157	70.1	68.5	45.9
<b>HHI 30-50%</b>	1,819	57.1	54.4	6.3
<b>HHI 50-80%</b>	2,271	13.5	10.5	.6

**HOUSING PROBLEMS AND COST BURDEN – OWNERS**

	<b>NUMBER OF HOUSEHOLDS</b>	<b>% WITH ANY HOUSING PROBLEMS</b>	<b>% Cost Burden &gt; 30%</b>	<b>% Cost Burden &gt; 50%</b>
<b>HHI &lt;30%</b>	815	83.6	83.6	58.7
<b>HHI 30-50%</b>	1,285	47.3	47.3	22.4
<b>HHI 50-80%</b>	2,708	42.8	41.1	8.3

Both Renter and Owner households earning less than 30% MFI have extraordinary





neighborhoods separated by race, is it really because households are segregated by social class?

The first table on this page shows the levels of segregation (the Index of Dissimilarity) between households with different income levels (under \$30,000 in 2000 dollars, between \$30,000 and \$60,000, and over \$60,000). We expect these levels to be high, because affordability is such an important factor in where people can live.

The second table shows segregation statistics for households of different racial/ethnic groups classified by their household incomes. If racial segregation were mainly a reflection of class segregation, the levels would be much lower when we compare affluent whites to affluent minorities, or poor whites to poor minorities. In much of the country, it turns out that class segregation plays a minor role. Neighborhoods are divided more by race/ethnicity than by income differences.

	Poor		Middle income		Affluent	
	1990	2000	1990	2000	1990	2000
Poor	0	0	15.64	12.13	21.9	19.68
Middle Income	15.64	12.13	0	0	11.69	13.19
Affluent	21.9	19.68	11.69	13.19	0	0

Segregation of one group from another:	All Households		Poor Households		Mid-income Households		Affluent Households	
	1990	2000	1990	2000	1990	2000	1990	2000
<b>White from Black</b>	20.37	29.18	45.19	51.91	32.87	59.17	26.74	44
<b>White from Hispanic</b>	25.32	30.49	50.79	36.64	41.04	32.92	32.06	25.24
<b>White from Asian</b>	15.93	20.2	58.47	53.38	68.78	25.5	24.57	34.81
<b>Black from White</b>	20.37	29.18	45.19	51.91	32.87	59.17	26.74	44
<b>Black from Hispanic</b>	11.05	20.98	42.55	62.54	44.4	70.58	36.08	42.45
<b>Black from Asian</b>	23.39	35.11	77.85	62.61	68.64	62.53	42.72	52.01
<b>Hispanic from White</b>	25.32	30.49	50.79	36.64	41.04	32.92	32.06	25.24
<b>Hispanic from Black</b>	11.05	20.98	42.55	62.54	44.4	70.58	36.08	42.45
<b>Hispanic from Asian</b>	29.6	42.73	79.91	59.77	75.94	45.52	43.24	48.08
<b>Asian from White</b>	15.93	20.2	58.47	53.38	68.78	25.5	24.57	34.81
<b>Asian from Black</b>	23.39	35.11	77.85	62.61	68.64	62.53	42.72	52.01
<b>Asian from</b>	29.6	42.73	79.91	59.77	75.94	45.52	43.24	48.08

<b>Hispanic</b>								
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<b>Dimensions of Segregation:</b>										<b>Hartford city</b>
<i>Race, Class and Nativity</i>										<b>Data for the City</b>

## Segregation of Racial and Ethnic Groups by Nativity

Many minority residents are immigrants. Does this help to explain the phenomenon of residential segregation, especially for Hispanic and Asian minority groups?

The level of segregation (the Index of Dissimilarity) of immigrants, compared with U.S.-born residents, was 26.66 in 1990 and 23.09 in 2000.

The following table shows segregation statistics for persons in different racial/ethnic groups classified by nativity.

If nativity differences were a major cause of residential segregation, we would see that segregation is much lower when we compare natives to natives and immigrants to immigrants. It would be much higher for the groups as a whole, not taking into account people's nativity.

Segregation of one group from another:	All Group Members		Foreign-born Group Members		U.S.-born Group Members	
	1990	2000	1990	2000	1990	2000
<b>White from Black</b>	68.24	61.19	79.72	75.51	67.28	65.28
<b>White from Hispanic</b>	51.89	38.45	36.89	24.94	55.44	43.99
<b>White from Asian</b>	36.38	23.66	48.12	42.38	46.11	42.63
<b>Black from White</b>	68.24	61.19	79.72	75.51	67.28	65.28
<b>Black from Hispanic</b>	54.22	52.85	67.47	72.13	52.72	54.21
<b>Black from Asian</b>	59.16	55.93	68.4	62.2	60.16	63.1
<b>Hispanic from White</b>	51.89	38.45	36.89	24.94	55.44	43.99
<b>Hispanic from Black</b>	54.22	52.85	67.47	72.13	52.72	54.21

<b>Hispanic from Asian</b>	37.33	31.53	31.95	35.69	40.66	42.25
<b>Asian from White</b>	36.38	23.66	48.12	42.38	46.11	42.63
<b>Asian from Black</b>	59.16	55.93	68.4	62.2	60.16	63.1
<b>Asian from Hispanic</b>	37.33	31.53	31.95	35.69	40.66	42.25

**Hartford city**  
Data for the City

## Income Differences and Residential Segregation

Is residential segregation in this metropolitan area a result of different groups having different income levels? In other words, when we see neighborhoods separated by race, is it really because households are segregated by social class?

The first table on this page shows the levels of segregation (the Index of Dissimilarity) between households with different income levels (under \$30,000 in 2000 dollars, between \$30,000 and \$60,000, and over \$60,000). We expect these levels to be high, because affordability is such an important factor in where people can live.

The second table shows segregation statistics for households of different racial/ethnic groups classified by their household incomes. If racial segregation were mainly a reflection of class segregation, the levels would be much lower when we compare affluent whites to affluent minorities, or poor whites to poor minorities. In much of the country, it turns out that class segregation plays a minor role. Neighborhoods are divided more by race/ethnicity than by income differences.

	<b>Poor</b>		<b>Middle income</b>		<b>Affluent</b>	
	<b>1990</b>	<b>2000</b>	<b>1990</b>	<b>2000</b>	<b>1990</b>	<b>2000</b>
<b>Poor</b>	0	0	24.01	18.62	34.95	30.77
<b>Middle Income</b>	24.01	18.62	0	0	17.93	20.18

<b>Affluent</b>	34.95	30.77	17.93	20.18	0	0
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Segregation of one group from another:	All Households		Poor Households		Mid-income Households		Affluent Households	
	1990	2000	1990	2000	1990	2000	1990	2000
<b>White from Black</b>	68.27	59.81	69.6	66.71	65.59	65.23	72.92	58.95
<b>White from Hispanic</b>	47.77	37.54	51.42	38.84	45.47	35.5	41.01	38.4
<b>White from Asian</b>	36.54	28.1	45.66	40.9	54.12	50.54	62.24	42.91
<b>Black from White</b>	68.27	59.81	69.6	66.71	65.59	65.23	72.92	58.95
<b>Black from Hispanic</b>	53.49	53.54	52.1	60.94	57.93	66.38	66.59	53
<b>Black from Asian</b>	56.74	59.23	61.3	68.83	65.6	74.38	80.16	56.77
<b>Hispanic from White</b>	47.77	37.54	51.42	38.84	45.47	35.5	41.01	38.4
<b>Hispanic from Black</b>	53.49	53.54	52.1	60.94	57.93	66.38	66.59	53
<b>Hispanic from Asian</b>	39.08	40.58	49.53	50.04	54.65	58.72	52.84	52.42
<b>Asian from White</b>	36.54	28.1	45.66	40.9	54.12	50.54	62.24	42.91
<b>Asian from Black</b>	56.74	59.23	61.3	68.83	65.6	74.38	80.16	56.77
<b>Asian from Hispanic</b>	39.08	40.58	49.53	50.04	54.65	58.72	52.84	52.42

Many of the low- to moderate-income census tracts in Bristol show higher percentages of minorities. Some of this can result from Housing Authority property locations. Some tracts have greater availability of multi-family rental properties. The Bristol Housing Authority provides housing choice counseling to ameliorate segregation. See the Housing Market Analysis section for additional information concerning public housing and Section 8 units.

### Priority Housing Needs (91.215 (b))

1. Identify the priority housing needs and activities in accordance with the categories specified in the Housing Needs Table (formerly Table 2A). These categories correspond with special tabulations of U.S. census data provided by HUD for the preparation of the Consolidated Plan.
2. Provide an analysis of how the characteristics of the housing market and the severity of housing problems and needs of each category of residents provided the basis for determining the relative priority of each priority housing need category.

*Note: Family and income types may be grouped in the case of closely related categories of residents where the analysis would apply to more than one family or income type.*

3. *Describe the basis for assigning the priority given to each category of priority needs.*

4. *Identify any obstacles to meeting underserved needs.*

*5 Year Strategic Plan Priority Housing Needs response:*

1. Priority housing needs

**Household Income less than 30% MFI**

According to the 2000 Census information, there were 2,157 extremely low-income renter households in the City of Bristol, of which 40% were elderly and 27% were small related (female-headed) households receiving assistance and needing many support services. There were 815 homeowners in the extremely low-income category and the elderly made up 70% of that group. Of the total homeowners, 84% experienced housing problems. 84% spent more than 30% on housing costs and 59% spent more than 50% on housing costs. Of the total renters, 70% experienced housing problems, 69% paid more than 30% of their income for housing costs and 46% paid over 50%. This group would require the greatest need for all types of housing and social service assistance, especially Elderly or Small Related households.

**Household Income 30% to 50% MFI**

In this category there were a total of 1,819 renter households with the elderly making up 32% and the small-related renter households at 36% of this income group. The total renters showed 57% with housing problems. 55% paid more than 30% for housing costs and 6% paid more than 50%. There were 1,385 owner households with 29% elderly. The total homeowners showed 47% with housing problems. 47% spent more than 30% on housing costs, with 22% having spent more than 50% on housing costs. This group also would have had serious housing needs. Assistance of rental subsidies or rehabilitation grants for homeowners to afford to maintain their residence would be needed. Elderly and Small Related households are also propriety and would benefit from various support services as well.

**Household Income 50% to 80% MFI**

There were 2,271 renters and 2,708 homeowners. Renters in this income category showed 13.5 % with housing problems. 10.5% spent more than 30% on housing costs, and .6% spent more than 50%. 42.8% of the total homeowners had housing problems. 41.1% spent more than 30% income on housing costs and 8.3% spent more than 50% on housing costs. The households in this group also would need assistance in the way of rental subsidies, rehabilitation grants and various support services.

**Household Income over 80% MFI**

In this category there were 3,212 renters and 10,501 homeowners. 44% of the renter households were in the small-related group. As income increased, the housing problems showed a decrease with 3% of renters having problems, and homeowners showed 9% with problems. Less than 1% of the renters paid more than 30% of income in housing costs and 0% paid more than 50%. 8% of the homeowners paid over 30% income in housing costs; less than 1% paid 50% or more.

2. Basis for determining relative priority

HOUSEHOLD (HH) BY TYPE AND INCOME	RENTERS			OWNERS		
	HH @ <30% MFI	HH @ 30-50%	HH @ 50-80%	HH @ <30%	HH @ 30-50%	HH @ 50-80%
<b>Elderly</b>	860	585	345	573	940	1,064
<b>Related 2 to 4</b>	579	660	888	129	210	985
<b>All Other</b>	604	450	925	109	185	414
<b>Related 5 or more</b>	114	124	113	4	50	245

The above categories are the highest numbers of households, along with the highest percentages of housing problems and the greatest cost burdens.

3. Basis for assigning priority

Any household earning less than 30% of MFI is vulnerable to severe hardship. Many households have rental subsidies and/or reside in public housing. There are 1,504 subsidized housing units in the City of Bristol supported by the State of Connecticut, HUD, and the Connecticut Housing Finance Authority. The Bristol Housing Authority assists tenants in applying for these subsidies.

Female heads-of-households and Elderly households experience high cost burdens and/or fixed incomes. The larger families are smaller in total numbers, however a greater proportion of the families have high cost burdens and high percentages of housing problems.

4. Obstacles to meeting underserved needs

For the most part, the renter or owner requests assistance. The household may or may not fit the above priorities, but are still eligible. Outreach, especially to the elderly population, will help to counteract this obstacle

**Housing Market Analysis (91.210)**

*\*Please also refer to the Housing Market Analysis Table in the Needs.xls workbook*

1. *Based on information available to the jurisdiction, describe the significant characteristics of the housing market in terms of supply, demand, condition, and the cost of housing; the housing stock available to serve persons with disabilities; and to serve persons with HIV/AIDS and their families. Data on the housing market should include, to the extent information is available, an estimate of the*

*number of vacant or abandoned buildings and whether units in these buildings are suitable for rehabilitation.*

2. *Describe the number and targeting (income level and type of household served) of units currently assisted by local, state, or federally funded programs, and an assessment of whether any such units are expected to be lost from the assisted housing inventory for any reason, (i.e. expiration of Section 8 contracts).*
3. *Indicate how the characteristics of the housing market will influence the use of funds made available for rental assistance, production of new units, rehabilitation of old units, or acquisition of existing units. Please note, the goal of affordable housing is not met by beds in nursing homes.*

5 Year Strategic Plan Housing Market Analysis responses:

**Table 2A  
Priority Housing Needs/Investment Plan Table**

PRIORITY HOUSING NEEDS (households)		Priority		Unmet Need
<b>Renter</b>	Small Related	0-30%	H	579
		31-	H	660
		51-	H	888
	Large Related	0-30%	H	114
		31-	H	124
		51-	H	113
	Elderly	0-30%	H	860
		31-	H	585
		51-	H	345
	All Other	0-30%	H	604
		31-	H	450
		51-	M	925
<b>Owner</b>	Small Related	0-30%	M	129
		31-	M	210
		51-	H	985
	Large Related	0-30%	M	4
		31-	M	50
		51-	M	245
	Elderly	0-30%	H	573
		31-	H	940
		51-	H	1064
	All Other	0-30%	M	109
		31-	M	185
		51-	M	414
Elderly	0-80%	H	90	
	Frail Elderly	0-80%	H	60
	Severe Mental Illness	0-80%	M	Unknown

Total Section 215	500/	100/				
<b>215 Renter</b>	75/	15/				
<b>215 Owner</b>	425/	85/				

- \* Homeless individuals and families assisted with transitional and permanent housing
- \*\* Assisted within Homeless Goals
- \*\*\* Assisted within Frail Elderly

### Priority Housing Activities

Priority Need	5-Yr. Goal	Yr. 1 Goal	Yr. 2 Goal	Yr. 3 Goal	Yr. 4 Goal	Yr. 5 Goal
	Plan/Act	Plan/Act	Plan/Act	Plan/Act	Plan/Act	Plan/Act
<b>CDBG</b>						
Acquisition of existing rental units	0					
Production of new rental units	0					
Rehabilitation of existing rental units	75/	15/				
<b>Rental assistance – BHA only</b>						
Acquisition of existing owner units	0					
Production of new owner units	0					
Rehabilitation of existing owner units	425/	85/				
<b>Homeownership assistance – BHA only</b>						
<b>HOME N/A</b>						
Acquisition of existing rental units						
Production of new rental units						
Rehabilitation of existing rental units						
Rental assistance						
Acquisition of existing owner units						
Production of new owner units						
Rehabilitation of existing owner units						
Homeownership assistance						
<b>HOPWA N/A</b>						
Rental assistance						

Short term rent/mortgage utility payments						
Facility based housing development						
Facility based housing operations						
Supportive services						
<b>Other</b>						

1. Significant characteristics of the housing market

The City of Bristol is a highly developed city; approximately 80% of its 17,000 acres are already developed. Generally, the housing need will be met through renovation and subsidies rather than new construction. Housing needs in the city are expected to remain at about the same level over the next five years. The economy is the largest factor in whether or not a household can obtain housing or remain housed.

There are few vacant or abandoned buildings in Bristol, see Vacant Property Registration list in the Table Section. During this foreclosure period, properties are changing ownership. Bristol has not experienced the crisis as harshly as the larger cities in Connecticut. However there are a good number of larger multi-family dwellings (over 4-units) that are in need of rehabilitation.

The 2000 census data shows the median price of an owner occupied unit was \$129,300 compared to \$153,500 in 1990. 46% of the units had prices under \$124,999. In 2000 the median contract rent was \$516 in comparison to the 1990 contract rent of \$465. 13% of the units had rents under \$299.

2. Number and targeting of units

The 2000 Census reports that there are 26,125 housing units in the City of Bristol, of which 24,886 are occupied with an average household size of 2.38. Single-family units account for 56.5% of the units (14,779) and multi-family units 42.5% or 11,175. The remaining 1% of the units are listed as mobile homes or other. 62% of the occupied units are owner occupied, 38% renter occupied. Vacant housing units account for 4.7% of all units. The homeowner vacancy rate is at 1.1%, while the rental vacancy rate is 5.2%.

The Bristol Housing Authority (BHA) works with 835 housing units, as described fully in the Needs of Public Housing section of this document. Between the State and Federal units there are 407 family units, 164 elderly-only units and 264 elderly/non elderly disabled units. There are two applicable waiting lists, one for public housing units with 391 applicants; the second for Housing Choice Vouchers with 1,268 households waiting. BHA has 647 Vouchers at this time.

### 3. Characteristics to influence the use of funds

The Bristol housing market has improved by years of Residential Rehabilitation program dollars targeted to low- to moderate-income renters and homeowners. Rehab allows both renters and homeowners to obtain and maintain safe and decent housing. The constricted economy makes it more difficult than ever to afford home repairs. Rental assistance and subsidy funding are not expected to be cut.

### **Specific Housing Objectives (91.215 (b))**

1. *Describe the priorities and specific objectives the jurisdiction hopes to achieve over a specified time period.*
2. *Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.*

*5 Year Strategic Plan Specific Housing Objectives response:*

#### 1. Priorities and objectives to achieve

The City of Bristol will continue the Residential Rehabilitation grant program for eligible extremely low- to moderate-income households, completing between 75 and 100 units each year

- Renters: (3) units < 30%; (6) units 30-50%; (6) units 50-80%
- Owners: (25) units < 30%; (30) units 30-50%; (30) units 50-80%

#### 2. Federal, State, Local and private resources

The City of Bristol will be expending the remaining ARRA funding on the above rehabilitation goals. The Bristol Housing Authority also has ARRA funding for Capital Improvements. In 2010 BHA will receive approximately \$5,239,704 in Section 8 funding and \$860,260 for the Capital Fund Program. BHA competes for State funding from the Connecticut Housing and Finance Authority for projects that do not receive Federal subsidies.

Within the next five years, Bristol will explore renovation grants for the larger multi-family dwellings and for the State properties as described.

### **Needs of Public Housing (91.210 (b))**

*In cooperation with the public housing agency or agencies located within its boundaries, describe the needs of public housing, including the number of public housing units in the jurisdiction, the physical condition of such units, the restoration and revitalization needs of public housing projects within the jurisdiction, and other factors, including the number of families on public housing and tenant-based waiting lists and results from the Section 504 needs assessment of public housing projects located within its boundaries (i.e. assessment of needs of tenants and applicants on waiting list for accessible units as required by 24 CFR 8.25). The public housing agency and jurisdiction can use the optional Priority Public Housing Needs Table*

*(formerly Table 4) of the Consolidated Plan to identify priority public housing needs to assist in this process.*

*5 Year Strategic Plan Needs of Public Housing response:*

Bristol Housing Authority (BHA) owns and manages 541 Federal and 294 State public housing units, for a total portfolio of 835 units. The Federal stock is comprised of 201 family units, 120 "elderly only" units and 220 elderly/non-elderly disabled units. The State stock is comprised of 206 family units, 44 "elderly only" units and 44 elderly/non-elderly disabled units. In 2006 BHA completed a 20 year Capital Needs Assessment (CNA) Plan for all its developments. In general developments were found to be acceptable conditions overall and the Authority schedules improvements following the CNA plan.

As of 03/24/10, BHA's waiting list for housing included 391 applicants, the majority of whom are small households (186 need 1BR units and 163 need 2BR units). Of the applicants on the waiting list 36% are working, 41% are on Social Security/Pension and 23% are not working. There are 51 non-elderly disabled and 59 elderly households on the waiting list for senior housing. In the past few months the Authority has been able to maintain 100% occupied, the turnover rate for the past 12 months was at 11%.

The Housing Authority of the City of Bristol established preference points for applicants of its waiting list based on feedback from its Resident Advisory Board, residents, public comments and Federal and State Regulations. BHA provides the following preferences for applicants of the Federal/State Public Housing Programs: WAVA (10), Involuntary Displacement (10), Homelessness (10), Bristol Live or Work (5), Elderly (5), Non-elderly Disabled (5), Veteran (2), Overcrowded (2).

BHA also has 674 Housing Choice Vouchers. The waiting list totals 1,268 households, of which 830 are families with children, 16 are elderly families, and 38 are disabled families. The annual turnover rate is 31 or 5% for this program. BHA also provides the following preference points for the Housing Choice Voucher (Section 8) Program: Work and Live in Bristol (1), Elderly (2), Non-elderly Disabled (2), Disaster Affected Families (2) and Veteran (2)

BHA expects to receive approximately \$5,239,704 from the U.S. Department of Housing and Urban Development in Section 8 funding for the fiscal year beginning July 1, 2010. The Housing Authority also anticipates a formula amount of approximately \$860,260 for the basis of the latest continuing resolution for the Capital Fund Program.

The Housing Authority of the City of Bristol's (BHA) Goals for the next Five Years include:

- Increase availability by undertaking measures to ensure access to affordable housing among families assisted by the BHA, regardless of unit size required
- Improve the quality of assisted housing by implementing capital improvements to the inventory by the utilization of the Replacement, Maintenance and Repairs (RMR) reserves, secure alternate finance options to upgrade housing stock in conjunction with the Capital Fund Program

- Increase assisted housing choices by leveraging affordable housing resources in the community through the creation of mixed-finance housing; Include “transit-oriented”, “responsible growth” and “energy conservation” initiatives into its programs; Seek replacement of public housing units lost to the inventory through mixed-finance development or through Section 8 replacement housing resources; Implement project-based Section 8 Voucher program; and carry out the modifications/upgrades needed in public housing based on the Section 504/ADA Needs Assessment conducted by HUD for our Public Housing Program.
- Promote self-sufficiency and asset development of assisted households by improving access to services that support economic opportunities and quality of life and improve economic opportunities for families and individuals that reside in public housing
- Provide an improved living environment by providing a safe and secure environment in BHA developments; improve resident and community perception of safety and security in BHA housing developments
- Concentrate on efforts to improve specific management functions
- Ensure equal opportunity and affirmatively further fair housing by undertaking affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, or disability. BHA has also completed the Limited English Proficiency (LEP) Plan and will complete the Section 504 Transition Plan as agreed under the Voluntary Compliance Agreement between HUD and BHA and by providing staff and Commissioners with educational training in this field.

### **Public Housing Strategy (91.210)**

1. *Describe the public housing agency's strategy to serve the needs of extremely low-income, low-income, and moderate-income families residing in the jurisdiction served by the public housing agency (including families on the public housing and section 8 tenant-based waiting list), the public housing agency's strategy for addressing the revitalization and restoration needs of public housing projects within the jurisdiction and improving the management and operation of such public housing, and the public housing agency's strategy for improving the living environment of extremely low-income, low-income, and moderate families residing in public housing.*
2. *Describe the manner in which the plan of the jurisdiction will help address the needs of public housing and activities it will undertake to encourage public housing residents to become more involved in management and participate in homeownership. (NAHA Sec. 105 (b)(11) and (91.215 (k))*
3. *If the public housing agency is designated as "troubled" by HUD or otherwise is performing poorly, the jurisdiction shall describe the manner in which it will provide financial or other assistance in improving its operations to remove such designation. (NAHA Sec. 105 (g))*

*5 Year Strategic Plan Public Housing Strategy response:*

1. Bristol Housing Authority (BHA) strategy

In the next five years BHA priorities will focus on developing strategies to maintain fiscal balance in light of reduced federal funding; improving its housing stock; as well as maintaining basic services to residents. To achieve long-term financial stability BHA will continue with the implementation of a savings plan that includes initiatives to control spending as well.

The following are planned activities for the next five years:

**Federal Program**

Cambridge Park & Scattered Sites, Roof Replacements/Repairs, Hot Water Heaters, 504 Upgrades 2 Units, Site Improvements, Wood Porch Replacement, Window replacement to meet fire code and Parking lot repairs

Bonnie Acres

Windows, Hot Water Heaters, 504 Upgrades 2 units Site Improvements

J.F. Kennedy Apartments and Gaylord Towers

Re-point Buildings, Stairwells/Railings, 504 Upgrades 2 Units Remove Incinerator

**State Program**

Zbikowski Park

Roof Replacements, stairs/steps repairs, Boilers, Windows

Mountain Laurel

Gutter Repair/ replacement community room, yard drains, repair manhole cover, exterior lighting along sidewalks, kitchen upgrades to ADA compliant, appliances, flooring and electrical upgrades

Komanetsky Estates

New Roof, Painting around Soffits, Parking lot resurface/lines, Hot Water System replacement

Dutton Heights Neighborhood Revitalization: BHA is seeking approval from the Connecticut Housing Finance Authority (CHFA), the Department of Economic and Community Development (DECD) as well as from private lenders to go forward with a neighborhood revitalization program of Dutton Heights, a moderate income housing development. This program is designed to bring the neighborhood more in line with the surrounding community both in appearance and income range. It consists of major interior renovations to the structures as well as site improvements.

Once this project is complete the Housing Authority of the City of Bristol will be seeking funding for the other State Moderate Income Development, Zbikowski Park, to do the same revitalization program.

2. Addressing the needs of public housing authority and public housing residents

In 2010 BHA intends to focus on creating more cooperative collaborations with the Bristol businesses, Board of Education, Colleges, and area Service Providers to focus on

meeting the housing needs of the residents in our community through strategic planning and in accordance with the City's Consolidated Plan.

BHA plans to increase the support that families receive, and vastly change the availability and coordination of job skills workshops, family skills training, homeownership opportunities and other activities. It is anticipated that this will result in a larger percentage of our served population achieving self-sufficiency, and result in more of the Bristol population that had been just utilizing human services resources becoming productive members in our community.

BHA has established two programs: Family Self Sufficiency (FSS) and Homeownership Programs for the Housing Choice Voucher Program (HCV) Program (Sect 8). In addition, the Authority has now established the ROSS Family Self Sufficiency Program for its Federal Public Housing Program. These programs are designed to assist families in becoming financially independent of government assistance. The Homeownership Program will enable HCV participants to become first-time homeowners by using their rental subsidy to support the mortgage on a house. There are 17 families enrolled in the FSS program, four families have been able to purchase their first home. To date we have served 180 families participating in the ROSS Program.

Also, BHA will expand the opportunities of resident employment through outreach and training programs in conjunction with contractors or agencies committed to our Public Housing function. This Agency will continue to seek grants related to self-sufficiency and economic empowerment of public housing residents and tenant-based assistance participants.

BHA will continue to provide space at the Cambridge Park public housing apartments for the Bristol Boys & Girls Club's satellite operation of the Outreach Program for the middle school-aged children of BHA residents. The City's Entitlement program provided funding in this program year to improve the outdoor facility for the Outreach Program. BHA will submit applications to the Entitlement program for funding additional capital improvements to the Outreach Program's facilities at Cambridge Park in the next program year. BHA will also support the Bristol Boys & Girls Club's applications for operational funding for the Outreach program.

3. not applicable

BHA has been designated a "Standard Performer" for its Public Housing Program and a High Performer for its Housing Choice Voucher (Section 8) Program.

### **Barriers to Affordable Housing (91.210 (e) and 91.215 (f))**

1. *Explain whether the cost of housing or the incentives to develop, maintain, or improve affordable housing are affected by public policies, particularly those of the local jurisdiction. Such policies include tax policy affecting land and other property, land use controls, zoning ordinances, building codes, fees and charges, growth limits, and policies that affect the return on residential investment.*

2. *Describe the strategy to remove or ameliorate negative effects of public policies that serve as barriers to affordable housing, except that, if a State requires a unit of general local government to submit a regulatory barrier assessment that is substantially equivalent to the information required under this part, as determined by HUD, the unit of general local government may submit that assessment to HUD and it shall be considered to have complied with this requirement.*

*5 Year Strategic Plan Barriers to Affordable Housing response:*

1. Public policies that affect affordable housing

Bristol Development Authority staff reviewed the zoning ordinances and building codes during the 2009-2010 program year and found no barriers. Another review is being conducted by the consultant studying Impediments to Fair Housing. The cost of housing in Bristol is relatively affordable. According to the 2000 Census median rent is \$594 per month.

2. Strategy to address barriers to affordable housing

To date, the City of Bristol has not found barriers to address

## HOMELESS

### **Homeless Needs (91.205 (b) and 91.215 (c))**

*\*Please also refer to the Homeless Needs Table in the Needs.xls workbook*

*Homeless Needs— The jurisdiction must provide a concise summary of the nature and extent of homelessness in the jurisdiction, (including rural homelessness and chronic homelessness where applicable), addressing separately the need for facilities and services for homeless persons and homeless families with children, both sheltered and unsheltered, and homeless subpopulations, in accordance with Table 1A. The summary must include the characteristics and needs of low-income individuals and children, (especially extremely low-income) who are currently housed but are at imminent risk of either residing in shelters or becoming unsheltered. In addition, to the extent information is available, the plan must include a description of the nature and extent of homelessness by racial and ethnic group. A quantitative analysis is not required. If a jurisdiction provides estimates of the at-risk population(s), it should also include a description of the operational definition of the at-risk group and the methodology used to generate the estimates.*

*5 Year Strategic Plan Homeless Needs response:*

The Bristol Continuum of Care (BCOC) plans to continue coordination with and referral of clients to the Region 4 HPRP (Capitol Region) Program for prevention of homelessness and rapid re-housing of homeless individuals and families. The BCOC will also advocate for additional State of Connecticut Department of Mental Health and Addiction Services funding for additional Next Step, Permanent Supportive Housing units. The BCOC will continue its coordination of service agencies with the Substance Abuse and Mental Health Services Administration (SAMHSA) funded Community Mental Health Affiliates MACTT Program. This funding will be used to fund a Modified Assertive

Community Treatment Team that will provide outreach, engagement, case management, recovery and clinical services to homeless people, some of whom have previously been unwilling to accept services. The BCOC will also explore merger with the Balance of State Continuum of Care in order to avail itself of possible HUD COC Bonus Funds for new Permanent Supportive Housing units.

Finally the BCOC will continue coordination of efforts with the State of Connecticut Department of Social Services to provide services to the homeless and to prevent homelessness. The BCOC will coordinate services and efforts with the Connecticut Coalition to End Homelessness regarding HMIS, HPRP, Shelter, Transitional and permanent housing services and programs.

**Table 1A  
Homeless and Special Needs Populations**

**Continuum of Care: Housing Gap Analysis Chart**

		Current Inventory	Under Development	Unmet Need/ Gap
<b>Individuals</b>				
<b>Example</b>	<b>Emergency Shelter</b>	<b>100</b>	<b>40</b>	<b>26</b>
<b>Beds</b>	Emergency Shelter	19	0	0
	Transitional Housing	13	0	6
	Permanent Supportive Housing	16	4	19
	<b>Total</b>	<b>48</b>	<b>4</b>	<b>25</b>
<b>Persons in Families With Children</b>				
<b>Beds</b>	Emergency Shelter	6	0	0
	Transitional Housing	30	0	0
	Permanent Supportive Housing	31	3	0
	<b>Total</b>	<b>67</b>	<b>3</b>	<b>0</b>

**Continuum of Care: Homeless Population and Subpopulations Chart**

<b>Part 1: Homeless Population</b>	<b>Sheltered</b>		<b>Unsheltered</b>	<b>Total</b>
	<b>Emergency</b>	<b>Transitional</b>		
Number of Families with Children (Family Households):	2	10	0	12
1. Number of Persons in Families with Children	4	20	0	24
2. Number of Single Individuals and Persons in Households without children	21	13	17	51
<b>(Add Lines Numbered 1 &amp; 2 Total Persons)</b>	<b>25</b>	<b>33</b>	<b>17</b>	<b>75</b>
<b>Part 2: Homeless Subpopulations</b>	<b>Sheltered</b>		<b>Unsheltered</b>	<b>Total</b>
a. Chronically Homeless	3		10	13
b. Seriously Mentally Ill	25			
c. Chronic Substance Abuse	30			

d. Veterans	5	
e. Persons with HIV/AIDS	1	
f. Victims of Domestic Violence	2	
g. Unaccompanied Youth (Under 18)	0	

### Priority Homeless Needs

1. *Using the results of the Continuum of Care planning process, identify the jurisdiction's homeless and homeless prevention priorities specified in Table 1A, the Homeless and Special Needs Populations Chart. The description of the jurisdiction's choice of priority needs and allocation priorities must be based on reliable data meeting HUD standards and should reflect the required consultation with homeless assistance providers, homeless persons, and other concerned citizens regarding the needs of homeless families with children and individuals. The jurisdiction must provide an analysis of how the needs of each category of residents provided the basis for determining the relative priority of each priority homeless need category. A separate brief narrative should be directed to addressing gaps in services and housing for the sheltered and unsheltered chronic homeless.*
2. *A community should give a high priority to chronically homeless persons, where the jurisdiction identifies sheltered and unsheltered chronic homeless persons in its Homeless Needs Table - Homeless Populations and Subpopulations.*

5 Year Strategic Plan Priority Homeless Needs response:

#### Homeless and homeless prevention priorities

Priorities are

- Increasing the number of Permanent Supportive Housing units and Permanent Supportive Housing units.
- Seek funding for Modified Assertive Community Treatment Team that is most useful in working with people experiencing chronic homelessness.

The priorities and strategic plan for addressing homelessness are developed during each year within the structure of the Continuum of Care. The BCOC has an active list of collaborators and working subcommittees.

### Homeless Inventory (91.210 (c))

*The jurisdiction shall provide a concise summary of the existing facilities and services (including a brief inventory) that assist homeless persons and families with children and subpopulations identified in Table 1A. These include outreach and assessment, emergency shelters and services, transitional housing, permanent supportive housing, access to permanent housing, and activities to prevent low-income individuals and families with children (especially extremely low-income) from becoming homeless. The jurisdiction can use the optional Continuum of Care Housing Activity Chart and Service Activity Chart to meet this requirement.*

5 Year Strategic Plan Homeless Inventory response:

See the Continuum of Care Housing Activity Chart and Table 1A

### **Homeless Strategic Plan (91.215 (c))**

1. *Homelessness— Describe the jurisdiction's strategy for developing a system to address homelessness and the priority needs of homeless persons and families (including the subpopulations identified in the needs section). The jurisdiction's strategy must consider the housing and supportive services needed in each stage of the process which includes preventing homelessness, outreach/assessment, emergency shelters and services, transitional housing, and helping homeless persons (especially any persons that are chronically homeless) make the transition to permanent housing and independent living. The jurisdiction must also describe its strategy for helping extremely low- and low-income individuals and families who are at imminent risk of becoming homeless.*
2. *Chronic homelessness—Describe the jurisdiction's strategy for eliminating chronic homelessness by 2012. This should include the strategy for helping homeless persons make the transition to permanent housing and independent living. This strategy should, to the maximum extent feasible, be coordinated with the strategy presented Exhibit 1 of the Continuum of Care (CoC) application and any other strategy or plan to eliminate chronic homelessness. Also describe, in a narrative, relationships and efforts to coordinate the Conplan, CoC, and any other strategy or plan to address chronic homelessness.*
3. *Homelessness Prevention—Describe the jurisdiction's strategy to help prevent homelessness for individuals and families with children who are at imminent risk of becoming homeless.*
4. *Institutional Structure—Briefly describe the institutional structure, including private industry, non-profit organizations, and public institutions, through which the jurisdiction will carry out its homelessness strategy.*
5. *Discharge Coordination Policy—Every jurisdiction receiving McKinney-Vento Homeless Assistance Act Emergency Shelter Grant (ESG), Supportive Housing, Shelter Plus Care, or Section 8 SRO Program funds must develop and implement a Discharge Coordination Policy, to the maximum extent practicable. Such a policy should include "policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons." The jurisdiction should describe its planned activities to implement a cohesive, community-wide Discharge Coordination Policy, and how the community will move toward such a policy.*

5 Year Homeless Strategic Plan response:

1. Strategy to address homelessness

From St. Vincent DePaul Mission Continuum of Care (CoC) Exhibit 1, 11/23/2009 pages 34 to 41:

**"Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.**

The CoC will work to continue to maintain this high percentage by continuing to provide

the highest quality services and ensuring that 100% of persons in Permanent Supportive Housing (PSH) receive the mental health, substance abuse, financial management and life skills training that they need to maintain stable housing. Coordination of case managers, Community Mental Health Affiliates staff, Bristol Community Organization support staff, Bristol Housing Authority personnel and Salvation Army Services will continue to maintain this high level of housing retention by ensuring that tenants are able to meet their lease requirements to maintain their apartments and that they receive all needed support services. While the CoC will work to maintain 100% of the persons in PSH for over 6 months, on occasion people leave for other positive housing options in less than 6 months so the goal of maintaining 85% long-term has been set.

As a long-term plan for maintaining persons in PSH, the CoC will continue to offer a wide array of quality services to 100% of tenants to ensure that residents are able to maintain self-sufficiency and stable housing. The CoC Mainstream Resource Committee will continue to send CoC agency staff to Outreach, Access, and Recovery (SOAR) trainings, as available, so that they can assist tenants in obtaining entitlements. Staff will also attend CSH and other employment trainings to better assist tenants in obtaining employment. And, staff will continue to attend the Department of Mental Health and Addiction Services trainings to learn about how best to serve persons with mental health and substance use issues. Addition of the recently funded, September 2009, Substance Abuse and Mental Health Services Administration (SAMHSA) Grant to Community Mental Health Affiliates to provide mental health and addiction services to the chronically homeless in Supportive Housing will increase the housing retention rate.

**Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.**

The CoC will remain active on the Shelter+Care Screening Committee to secure spots for eligible persons exiting Transitional Housing (TH). The CoC will continue to meet with private landlords to forge relationships and find new private market opportunities for persons exiting TH and will create a resource list of landlords willing to work with previously homeless individuals and families. The CoC will provide life skills and budgeting training to 100% of TH residents to ensure that those exiting TH are able to secure and maintain permanent housing. The CoC will also work with tenants on job training and placement to create self-sufficiency and independence. The addition of the recently funded SAMHSA Grant to Community Mental Health Affiliates to provide mental health and addiction services to the CH in PSH will increase the percentage of TH clients moving to Permanent Housing (PH). It is anticipated that 5 individuals and 5 families in Bristol will receive Homelessness Prevention and Rapid Re-housing Program (HPRP) rental assistance which will stabilize their housing.

The CoC is considering for long-term planning, merging with another CoC or multiple CoCs to create better efficiencies and have an even wider range of expertise to bring to housing and support services. The CoC is beginning to implement a new partnership relationship with Community Mental Health Affiliates, a regional lead mental health agency, to provide mental health and addiction services through a SAMHSA grant to the TH and Next Step Program residents. These services will help to move the TH residents to self-sufficiency so that they can move on to permanent, stable housing. TH case managers will employ housing-focused case management practices to ensure that TH

clients are able to move to stable, permanent housing. The CoC will look to create other regional partnerships that will assist TH residents move to permanent housing situations.

**Increase percentage of persons employed at program exit to at least 20 percent.**

The CoC will continue to work to increase the number of persons employed at exit from TH. Participating CoC agencies will continue to refer all appropriate shelter and TH consumers to CT Works where they can be assisted in job training and placement. Case managers will also continue to work with consumers to connect with employment opportunities by providing resume writing assistance, information on job openings and transportation to interviews. Case managers will provide information on and transportation to job fairs. Agencies will refer 100% of appropriate Emergency Shelter (ES) and TH clients to vocational and educational opportunities to assist in their ability to gain skills for future employment. The Bristol Community Organization has implemented a Shuttle Bus to CT Works in New Britain, CT. The CoC will work to partner with other agencies receiving ARRA employment resources to secure jobs for clients.

Long-term the COC will continue to employ the same strategies and actions it has developed over the previous years. The CoC will continue to work to increase the number of persons employed at exit from TH. Participating CoC agencies will continue to refer all appropriate shelter and TH consumers to CT Works where they can be assisted in job training and placement. Case managers will also continue to work with consumers to connect with employment opportunities by providing resume writing assistance, information on job openings and transportation to interviews. Case managers will provide information on and transportation to job fairs. Agencies will refer 100% of appropriate ES and TH clients to vocational and educational opportunities to assist in their ability to gain skills for future employment. Additionally, the Bristol COC will look to maintain the Shuttle Bus to CT Works in New Britain, CT.

**Decrease the number of homeless households with children.**

The CoC will advocate with the Housing Authority to secure housing units for homeless families and all families in ES and TH are put on public housing, Section 8, state funded rental assistance and recently HPRP rental assistance waitlists. The new HPRP plan has a universal assessment tool to streamline the provision of services to homeless and at-risk of homeless families. CoC agencies will refer families to HPRP providers to ensure that prevention services and financial assistance is available to families. The CoC will continue to provide Beyond Shelter services which provide aftercare services to persons exiting TH and ES to ensure that they can access needed services and do not return to homelessness. The CoC will continue to work with private landlords to forge relationships and find new private market opportunities for persons exiting TH and ES; the COC will create a resource list of landlords willing to work with previously homeless individuals and families

HPRP funds will provide financial assistance and housing relocation/stabilization services. The HPRP plan has a universal assessment tool to streamline the provision of services to homeless and at-risk of homeless families. The CoC agencies will refer local families to HPRP providers to ensure that prevention services and financial assistance is available to Bristol families to reduce homelessness. The CoC will continue long-term to ensure that

families are accessing Beyond Shelter case management services as well as receiving employment services and accessing entitlements. The CoC will advocate for PH for homeless families in Shelter+Care, public housing, Section 8 and state funded rental assistance programs. The CoC will continue to work with private landlords to forge relationships and find new private market opportunities for persons exiting TH and ES.”

2. Strategy to eliminate chronic homelessness

From St. Vincent DePaul Mission Continuum of Care Exhibit 1, 11/23/2009 page 33:

**“Create new permanent housing beds for chronically homeless individuals**

The CoC will apply for 4 new CH units in the Next Steps program from the Department of Mental Health and Addiction Services PSH program during the next funding round that becomes available. In addition, the CoC will continue to work with the Bristol Housing Authority, area landlords and landlord associations to set aside housing units for the chronically homeless. Additionally, the CoC will work to ensure that the 4 units of PSH under development are leased up over the next year. In the next 12 months, the CoC will begin to explore merging with other CoCs or the Balance of State COC to improve efficiencies and add to the existing housing and supportive services available.

As a long-term plan for creating more chronically homeless (CH) permanent housing units, the Bristol CoC will consider merging with a neighboring CoC/CoCs to improve efficiencies and more effectively utilize resources. The CoC will/may merge with another CoC that has expertise in developing PSH. The CoC will continue to prioritize housing for the CH and will apply for all applicable and available state funding for CH such as Next Steps through the Department of Mental Health and Addiction Services. Additionally, with the coordination of a recently funded Community Mental Health Affiliates, SAMHSA Grant, to provide services to the chronically homeless in supportive housing, and the growing list of landlords willing to partner with Bristol COC agencies, there will be an increase in permanent housing units for the chronically homeless.”

3. Strategy to prevent homelessness

From St. Vincent DePaul Mission Continuum of Care Exhibit 1, 11/23/2009 page 46

“The grantee for the HPRP funds for 12 of Connecticut’s CoCs is the CT Department of Social Services (DSS). The initiative includes funding for financial assistance to rapidly rehouse homeless and at-risk individuals and families. As stated in the amendment to the Con Plan, DSS is working closely with the Coalition to End Homelessness (CCEH), the statewide homeless advocacy group comprised of homeless housing and services providers, and is providing information and resources to all 12 of CT’s Continuum of Care and other stakeholder groups regarding the planning and implementation processes for the HPRP funds ongoing operation of the HPRP activities. The statewide HPRP Steering Committee has representation from the CoCs and is working closely with DSS and CCEH. The plan says, CCEH has been in communication with chairs of all of CT’s Continua on behalf of DSS relating to HPRP efforts, and will continue to solicit input and disseminate information throughout the grant period. The CoC is actively participating in the HPRP initiative and is working closely with the Journey Home, the coordinator and lead agency of HPRP funds for the City of Bristol. The CoC is working to

ensure that all providers are assisting eligible clients to guide them through the United Way 211 referral system, advocate for clients with the 2 funded providers, Chrysalis Center and the Salvation Army Marshall House and ensure that clients have access to the HPRP programs”

4. Institutional structure

The lead agency in the Bristol Continuum of Care is the St. Vincent DePaul Mission of Bristol, Inc.

There are five standing subcommittees that meet on a regular basis. The Steering Committee meets to prepare agendas and provides general guidance to the full CoC; Mainstream Resources meets to coordinate service delivery between community agencies; Housing and Program Goals meets to determine and recommend housing and program proprieties and goals to the full CoC; Program Review Committee meets to review and evaluate McKinney-Vento projects; and the Homeless Management Information System (HMIS) Committee meets to review HUD HMIS requirements and ensure that CoC agencies are able to comply with the requirements.

The CoC and sub-committees have representation from the public and private sectors such as the Bristol Development Authority, Bristol Housing Authority, State of CT agencies, the Bristol Board of Education, the Greater Bristol Property Owners Association, the United Way, Bristol Hospital, various other non-profits, faith-based organizations, Farmington Savings Bank, Bristol Police Department, and consumers.

5. Discharge Coordination Policy

From St. Vincent DePaul Mission Continuum of Care Exhibit 1, 11/23/2009 pages 42 and 43:

**“Foster Care:**

The discharge planning protocol for foster care is in the Policy Manual of the CT State Department of Children & Families (DCF). Sect 42-10-3 says that a discharge conference is required for all youth 18 years of age or older at least 180 days prior to the anticipated discharge. The Plan includes the living arrangement for the youth & connection to aftercare services. Discharge planning is a collaborative effort & mandates participation from Client, clients’ attorney, Adolescent Specialist, Adolescent Services Unit Social Work Supervisor, specialized staff, community service providers, & family members. Housing is a key component of DCF Treatment Planning is included in all administrative case reviews and is the responsibility of the Adolescent Specialist. DCF’s Independent Living Program offers live skills education & training supervised transitional & practice living in their own community housing. Youth are routinely discharged into: group homes; the Community Housing Assistance Program (includes a rent subsidy), independent housing with community supports. DCF receives \$1.3 million for the Chafee Foster Care Independence Program to provide housing & other appropriate support & services to former foster care recipients between 18 & 21 years of age. The discharge policy has been distributed to the CoC and is understood and agreed upon.

**Health Care:**

The Department of Public Health (DPH) licenses and regulates hospitals in the state of CT. Section 19a504c-1 of the Public Health Code outlines the requirements for hospitals regarding discharge planning. It says, every hospitalized patient shall have a written discharge plan, which shall be given to the patient or family or representative prior to discharge. The plan must be signed off by the treating physician and is meant to identify the continued needs of the patient as well the resources required to meet those needs, including housing. The discharge plan is to be completed in collaboration with the patient or appropriate family or representative & other care givers. If a determination is made that the patient cannot return home or cannot care for oneself, the patient is referred to the Social Work Department of the hospital. This department assists patients & families in completing and processing applications for extended care, rehabilitation, group homes, substance treatment facilities, & other residential placements. Social Work staff of hospitals evaluates financial & psychological needs, assists in the completion of housing applications & addresses barriers to appropriate discharges. Local area hospitals participate in the CoC which helps to reinforce the prevention of discharges into homelessness. The discharge policy has been distributed to the CoC and is understood and agreed upon.

**Mental Health:**

The State of CT Department of Mental Health & Addiction Services (DMHAS) discharge protocol specifies that every patient treated in a DMHAS facility must have a specialized treatment plan which includes a discharge plan necessarily entails attention to the persons living situation. The person treating the patient & community-based providers collaborate to ensure that aftercare services needed by the patient are provided. The policy states, under no circumstances shall an emergency shelter be considered appropriate housing disposition, & patients shall not be directly discharged by the inpatient facility to an emergency shelter. No patient shall be discharged from a DMHAS facility without documented evidence that discharge & aftercare plans have been an integral part of the treatment plan. Persons discharged from DMHAS facilities are routinely discharged into: supportive housing; housing with short or long-term subsidies & independent living depending on the intensity of on-going service needs. The discharge policy has been distributed to the CoC and is understood and agreed upon.

**Corrections:**

The State of CT Department of Corrections (DOC) re-entry model provides services to facilitate the transition from incarceration to community placement. Administrative Directive 9.3 Discharge Planning mandates that Housing & aftercare program referrals are topics to be addressed in the discharge planning process, Discharge planning protocols are described in the Offender Accountability Plan created for each inmate & stipulating that offenders begin participation in discharge planning no less than 6 months before discharge. Discharge planning is a collaborative effort between the inmate, multiple staff

assigned to assist in the discharge & community service staff. To prevent the release of inmates into homelessness, DOC has significantly increased staffing & the number of halfway house beds for parole & community services, & DOC contracts for a variety of residential & non-residential services in the community. Between agency protocol & programs, contracted services & assistance from multiple other state agencies, the DOC is working to increase successful community reintegration for offenders, thereby reducing homelessness among this population. The discharge policy has been distributed to the CoC and is understood and agreed upon.”

## **Emergency Shelter Grants (ESG)**

(States only) Describe the process for awarding grants to State recipients, and a description of how the allocation will be made available to units of local government.

5 Year Strategic Plan ESG response:

***Not applicable in Bristol***

## COMMUNITY DEVELOPMENT

### **Community Development (91.215 (e))**

*\*Please also refer to the Community Development Table in the Needs.xls workbook*

1. *Identify the jurisdiction's priority non-housing community development needs eligible for assistance by CDBG eligibility category specified in the Community Development Needs Table (formerly Table 2B), – i.e., public facilities, public improvements, public services and economic development.*
2. *Describe the basis for assigning the priority given to each category of priority needs.*
3. *Identify any obstacles to meeting underserved needs.*
4. *Identify specific long-term and short-term community development objectives (including economic development activities that create jobs), developed in accordance with the statutory goals described in section 24 CFR 91.1 and the primary objective of the CDBG program to provide decent housing and a suitable living environment and expand economic opportunities, principally for low- and moderate-income persons.*

*NOTE: Each specific objective developed to address a priority need, must be identified by number and contain proposed accomplishments, the time period (i.e., one, two, three, or more years), and annual program year numeric goals the jurisdiction hopes to achieve in quantitative terms, or in other measurable terms as identified and defined by the jurisdiction.*

5 Year Strategic Plan Community Development response:

1. Non-housing community development needs

Table 2B indicates the priorities the City of Bristol intends to utilize over the course of the 5-Year Plan from 2010-2015. In terms of the major categories, the high priorities include Housing Rehabilitation, Public Services, Clearance and Demolition. Additionally a high priority was given to the sub-category needs of Sidewalks, and Commercial Rehabilitation.

Within Public Services, high priorities were assigned to Senior Services, Handicapped Services, Youth Services, Health Services, and Fair Housing Activities.

2. Assignment of priorities

Assignment of these priorities was based upon the various consultations, the current performance of projects, and the United Way assessments of community need.

3. Obstacles to meeting underserved needs

As indicated previously in this Plan, limited funds dictate a limited distribution of funding for projects. Fortunately, the size and scale of the City an underserved need if presented might be addressed relatively quickly.

4. Community development objectives

	OBJECTIVE	ACCOMPLISHMENT GOALS	5-YEAR GOALS
PUBLIC SERVICES	Public Service programs	Benefiting 4,743 low- to moderate income residents per year in the first of the five-year period	To benefit 23,715 Bristol residents
PUBLIC IMPROVEMENTS	Target Area, including Public Housing Modernization	A minimum of two projects within the 5-Year period	To complete 10 projects during the five-year plan
ECONOMIC OPPORTUNITIES	Commercial Rehabilitation	A minimum of four businesses assisted per year in the five-year period	To assist 20 businesses
	Coordination with City of Bristol development projects	Job Creation	Unknown at this time
PUBLIC FACILITIES	Bricks and Mortar assistance for critical Facilities	As funds are available, or emergencies present	Funding related

**Antipoverty Strategy (91.215 (h))**

1. Describe the jurisdiction's goals, programs, and policies for reducing the number

*of poverty level families (as defined by the Office of Management and Budget and revised annually). In consultation with other appropriate public and private agencies, (i.e. TANF agency) state how the jurisdiction's goals, programs, and policies for producing and preserving affordable housing set forth in the housing component of the consolidated plan will be coordinated with other programs and services for which the jurisdiction is responsible.*

2. *Identify the extent to which this strategy will reduce (or assist in reducing) the number of poverty level families, taking into consideration factors over which the jurisdiction has control.*

*5 Year Strategic Plan Antipoverty Strategy response:*

1. Reducing the number of poverty level families

The City of Bristol organized an inter-Departmental group along with the Community Action Program and the United Way called "Bristol Cares". The group was created to address the financial crisis during 2009 sparked by the sudden rise in fuel and heating costs. The group networked all existing resources and created a number of fund-raisers and a targeted private fund for energy purposes. This is an on-going working group.

The local Community Action Program, Bristol Community Organization (BCO) will look to expand the Summer Breakfast and Lunch programs for City youth. BCO has also renovated an on-site kitchen (previous year CDBG project) and will be providing more nutritious Head-Start meals while opening the facility for food preparation skills training for Bristol households. The Christian Fellowship Center, Zion Lutheran Church, and the Salvation Army provide food programs to alleviate hunger. There are two Family Resource Centers in Bristol that provide support to families with children in school.

Residential Rehabilitation helps low- to moderate-income households decrease the cost of necessary repairs. The cost savings can be used towards other household expenses. The Community Development Block Grant goals for the next five years continue to include support of Public Service programs that mitigate poverty. The City is supporting a new program in Year One that employs disabled individuals who will assist low-income elders with snow removal and lawn care. This strategy increases income for the employees and saves costs for low-income elders.

The HUD Homelessness Prevention and Rapid Re-housing funds will help families either avoid homelessness or shorten shelter stays. The Family Self-Sufficiency program at the Bristol Housing Authority is another aspect of the strategy.

2. Effect of strategy

Along with the goals described, the City of Bristol established the Bristol Downtown Development Corporation to oversee re-development of the former Bristol Centre Mall. As described in previous sections, the West End target area improvements will be complimenting this effort. With an improved economy, Bristol will be well positioned to increase employment.

## **Low Income Housing Tax Credit (LIHTC) Coordination (91.315 (k))**

1. (States only) Describe the strategy to coordinate the Low-income Housing Tax Credit (LIHTC) with the development of housing that is affordable to low- and moderate-income families.

5 Year Strategic Plan LIHTC Coordination response:

***Not applicable***

## **NON-HOMELESS SPECIAL NEEDS**

### **Specific Special Needs Objectives (91.215)**

1. *Describe the priorities and specific objectives the jurisdiction hopes to achieve over a specified time period.*
2. *Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.*

3-5 Year Non-homeless Special Needs Analysis response:

1. **Priorities and objectives:** Households described may need alternative housing; the network of service and housing providers would be accessed.

#### At-Risk Youth Objectives

- 100 youth per year will participate in programming at Cambridge Park (public housing)
- 70 children will participate in summer camps per year

#### Assistance to Elderly and/or Disabled Objectives

- 50 Home Care visits per year
- 90 elders to receive counseling

#### Other Health related objectives

- 50 Victims of sexual abuse will be assisted
- 1,200 Bristol victims of domestic violence residents receive a range of services from shelter to advocacy

#### Financial Stability objectives

- 3,900 individuals will receive food assistance
- 40 individuals will receive help with literacy and/or ESL
- 75 students and families will receive emergency assistance through the Family Resource Centers
- 8 disabled workers will supplement income by providing snow removal and/or lawn care to 10 extremely low-income elderly homeowners.

2. **Federal, State, Local public and private sector resources**

Resources from any source are not predictable. It is an appropriate time for increases in Federal funds. Federal increases are being counteracted by cuts in State funding. Cuts in State funding are negatively affecting local and private sector resources.

### **Non-homeless Special Needs (91.205 (d) and 91.210 (d)) Analysis (including HOPWA)**

*\*Please also refer to the Non-homeless Special Needs Table in the Needs.xls workbook.*

1. *Estimate, to the extent practicable, the number of persons in various subpopulations that are not homeless but may require housing or supportive services, including the elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction, victims of domestic violence, and any other categories the jurisdiction may specify and describe their supportive housing needs. The jurisdiction can use the Non-Homeless Special Needs Table (formerly Table 1B) of their Consolidated Plan to help identify these needs.*

*\*Note: HOPWA recipients must identify the size and characteristics of the population with HIV/AIDS and their families that will be served in the metropolitan area.*

2. *Identify the priority housing and supportive service needs of persons who are not homeless but may or may not require supportive housing, i.e., elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction by using the Non-homeless Special Needs Table.*
3. *Describe the basis for assigning the priority given to each category of priority needs.*
4. *Identify any obstacles to meeting underserved needs.*
5. *To the extent information is available, describe the facilities and services that assist persons who are not homeless but require supportive housing, and programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing.*
6. *If the jurisdiction plans to use HOME or other tenant based rental assistance to assist one or more of these subpopulations, it must justify the need for such assistance in the plan.*

*5 Year Non-homeless Special Needs Analysis response:*

1.

Table 1B  
Special Needs (non-Homeless) Populations

<b>SPECIAL NEEDS SUBPOPULATIONS</b>	<b>Priority Need Level</b> High, Medium, Low, No Such Need	<b>Unmet Need</b>	<b>Dollars to Address</b>	<b>Multi-Year Goals</b>	<b>Annual Goals</b>
Elderly	High	120			
Frail Elderly	High	40			
Severe Mental Illness	Medium	25		*	
Developmentally Disabled	High	8			
Physically Disabled	High	Unknown			
Persons w/ Alcohol/Other Drug Addictions	Medium	30		*	
Persons w/HIV/AIDS	Medium	Unknown		*	
Victims of Domestic Violence/Sexual Assault	High	1,265			
At-Risk Youth	High	180			
<b>TOTAL</b>					

\* Expected to be assisted within Homeless services

2. Non-homeless special needs housing and service priorities

- Individuals needing supportive housing are assisted within the Homeless/Continuum of Care network, the Bristol ARC; the Bristol Housing Authority
- Elderly: It is estimated that approximately 5% of the City's elderly are classified as frail elderly. They face housing challenges based on many factors including health concerns and fixed incomes. Needs of elderly homeowners (housing rehabilitation) vs. elderly renters (subsidized housing or congregate living) are significant. The service priorities can be similar however with home care and outreach.
- Victims of Domestic Violence/Sexual Assault; a wide range of outreach and assistance is needed on a case-by-case basis, from telephone contact

and prevention to emergency shelter. Bristol residents that are victims of sexual assault also require a wide range of services to meet their needs.

- At-Risk Youth: After-school and summer programs assist families and youth

3. Basis for assessing priority needs

Priority needs were developed in consultation with service providers, the United Way, public hearings, feedback from various sources within City departments, and attendees at Community Meetings.

4. Obstacles to meeting underserved needs

There are insufficient funds to assist the agencies and organizations providing quality services to priority populations. Such organizations are also experiencing cuts from State and Federal sources.

5. Description of facilities and services

- Individuals needing supportive housing: Bristol ARC, Bristol Housing Authority, Continuum of Care
- Elderly: Bristol Housing Authority, Bristol VNA, CW Resources
- Developmentally Disabled: Bristol ARC and CW Resources
- Domestic Violence: Prudence Crandall Center
- Victims of Sexual Abuse: YWCA of New Britain
- At-Risk Youth: Bristol Boys and Girls Club, Environmental Learning Center

6. Use of tenant based rental assistance

n/a

## **Housing Opportunities for People with AIDS (HOPWA)**

\*Please also refer to the HOPWA Table in the Needs.xls workbook.

1. The Plan includes a description of the activities to be undertaken with its HOPWA Program funds to address priority unmet housing needs for the eligible population. Activities will assist persons who are not homeless but require supportive housing, such as efforts to prevent low-income individuals and families from becoming homeless and may address the housing needs of persons who are homeless in order to help homeless persons make the transition to permanent housing and independent living. The plan would identify any obstacles to meeting underserved needs and summarize the priorities and specific objectives, describing how funds made available will be used to address identified needs.
2. The Plan must establish annual HOPWA output goals for the planned number of households to be assisted during the year in: (1) short-term rent, mortgage and utility payments to avoid homelessness; (2) rental assistance programs; and (3) in housing facilities, such as community residences and SRO dwellings, where funds are used to develop and/or operate these facilities. The plan can also describe the special features or needs being addressed, such as support for persons who are homeless or chronically homeless. These outputs are to be used in connection with an assessment of client outcomes for achieving housing

stability, reduced risks of homelessness and improved access to care.

3. For housing facility projects being developed, a target date for the completion of each development activity must be included and information on the continued use of these units for the eligible population based on their stewardship requirements (e.g. within the ten-year use periods for projects involving acquisition, new construction or substantial rehabilitation).
4. The Plan includes an explanation of how the funds will be allocated including a description of the geographic area in which assistance will be directed and the rationale for these geographic allocations and priorities. Include the name of each project sponsor, the zip code for the primary area(s) of planned activities, amounts committed to that sponsor, and whether the sponsor is a faith-based and/or grassroots organization.
5. The Plan describes the role of the lead jurisdiction in the eligible metropolitan statistical area (EMSA), involving (a) consultation to develop a metropolitan-wide strategy for addressing the needs of persons with HIV/AIDS and their families living throughout the EMSA with the other jurisdictions within the EMSA; (b) the standards and procedures to be used to monitor HOPWA Program activities in order to ensure compliance by project sponsors of the requirements of the program.
6. The Plan includes the certifications relevant to the HOPWA Program.

5 Year Strategic Plan HOPWA response:

***Not applicable in Bristol***

### **Specific HOPWA Objectives**

1. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

5 Year Specific HOPWA Objectives response:

***Not applicable in Bristol***

### **OTHER NARRATIVE**

Include any Strategic Plan information that was not covered by a narrative in any other section.

**SECTION VIII**

**TABLES**

### Housing Problems Output for -All Households

Name of Jurisdiction: <b>Bristol city, Connecticut</b>		Source of Data: <b>CHAS Data Book</b>		Data Current as of: <b>2000</b>							
Household by Type, Income, & Housing Problem	Renters					Owners					
	Elderly 1 & 2 member households (A)	Small Related (2 to 4) (B)	Related (5 or more) (C)	All Other Households (D)	Total Renters (E)	Elderly 1 & 2 member households (F)	Related (2 to 4) (G)	Related (5 or more) (H)	All Other Households (I)	Total Owners (J)	Total Households (L)
<b>1. Household Income &lt;=50% MFI</b>	1,445	1,239	238	1,054	3,976	1,513	339	54	294	2,200	6,176
<b>2. Household Income &lt;=30% MFI</b>	860	579	114	604	2,157	573	129	4	109	815	2,972
3. % with any housing problems	61	72.4	91.2	76.8	70.1	82.7	84.5	100	86.2	83.6	73.8
4. % Cost Burden >30%	61	71.7	64.9	76.8	68.5	82.7	84.5	100	86.2	83.6	72.6
5. % Cost Burden >50%	33.7	55.3	29.8	57.1	45.9	48	84.5	100	82.6	58.7	49.4
<b>6. Household Income &gt;30% to &lt;=50% MFI</b>	585	680	124	450	1,819	940	210	50	185	1,385	3,204
7. % with any housing problems	46.2	56.8	63.7	70	57.1	36.2	61.9	60	83.8	47.3	52.9
8. % Cost Burden >30%	46.2	54.5	35.5	70	54.4	36.2	61.9	60	83.8	47.3	51.3
9. % Cost Burden >50%	7.7	3.8	3.2	8.9	6.3	13.8	31	30	54.1	22.4	13.2
<b>10. Household Income &gt;50 to &lt;=80% MFI</b>	345	888	113	925	2,271	1,064	985	245	414	2,708	4,979
11. % with any housing problems	27.5	11	47.8	6.5	13.5	17.3	55.8	65.3	63.8	42.8	29.4
12. % Cost Burden >30%	27.5	8.9	12.4	5.4	10.5	17.3	55.8	46.9	63.8	41.1	27.1
13. % Cost Burden >50%	2.9	0.5	0	0	0.6	6.1	9.6	0	15.7	8.3	4.8
<b>14. Household Income &gt;80% MFI</b>	310	1,420	158	1,324	3,212	1,619	6,704	859	1,319	10,501	13,713
15. % with any housing problems	0	1.8	24.7	2.2	2.9	6.1	8.5	12.7	11.7	8.9	7.5
16. % Cost Burden >30%	0	0	0	0.3	0.1	6.1	7.8	8.6	11.4	8.1	6.2
17. % Cost Burden >50%	0	0	0	0	0	0.2	0.1	0.5	2.3	0.4	0.3
<b>18. Total Households</b>	2,100	3,547	509	3,303	9,459	4,196	8,028	1,158	2,027	15,409	24,868
19. % with any housing problems	42.4	25.9	54.2	26.3	31.2	26.1	16.9	26.2	32.9	22.2	25.6
20. % Cost Burden >30	42.4	24.1	25.9	25.2	28.6	26.1	16.4	19.3	32.7	21.4	24.1
21. % Cost Burden >50	16.4	9.8	7.5	11.7	11.8	11.3	3.4	2	14.1	6.8	8.7

**Table 1A**  
**Homeless and Special Needs Populations**

**Continuum of Care: Housing Gap Analysis Chart**

		Current Inventory	Under Development	Unmet Need/ Gap
<b>Individuals</b>				
<b>Example</b>	<b>Emergency Shelter</b>	<b>100</b>	<b>40</b>	<b>26</b>
<b>Beds</b>	Emergency Shelter	19	0	0
	Transitional Housing	13	0	6
	Permanent Supportive Housing	16	4	19
	<b>Total</b>	<b>48</b>	<b>4</b>	<b>25</b>
<b>Persons in Families With Children</b>				
<b>Beds</b>	Emergency Shelter	6	0	0
	Transitional Housing	30	0	0
	Permanent Supportive Housing	31	0	3
	<b>Total</b>	<b>67</b>	<b>0</b>	<b>3</b>

**Continuum of Care: Homeless Population and Subpopulations Chart**

<b>Part 1: Homeless Population</b>	<b>Sheltered</b>		<b>Unsheltered</b>	<b>Total</b>
	<b>Emergency</b>	<b>Transitional</b>		
Number of Families with Children (Family Households):	2	10	0	12
1. Number of Persons in Families with Children	4	20	0	24
2. Number of Single Individuals and Persons in Households without children	21	13	17	51
<b>(Add Lines Numbered 1 &amp; 2 Total Persons)</b>	<b>25</b>	<b>33</b>	<b>17</b>	<b>75</b>
<b>Part 2: Homeless Subpopulations</b>	<b>Sheltered</b>		<b>Unsheltered</b>	<b>Total</b>
a. Chronically Homeless	3	10		
b. Seriously Mentally Ill	25			
c. Chronic Substance Abuse	30			
d. Veterans	5			
e. Persons with HIV/AIDS	1			
f. Victims of Domestic Violence	2			
g. Unaccompanied Youth (Under 18)	0			

### Optional Continuum of Care Homeless Housing Activity Chart:

Provider Name	Facility Name	HMIS	Geo Code	Target Population		2004 Year-Round Units/Beds			2004 All Beds		
				A	B	Family Units	Family Beds	Individual Beds	Year-Round	Seasonal	Overflow/Voucher
<b>Current Inventory</b>											
St. Vincent DePaul	SVDP Homeless	C	90114	M		2	6	19	25		
Mission of Bristol	Shelter										
SUBTOTAL						2	6	19	25		
<b>Under Development</b>											
SUBTOTAL											
<b>TRANSITIONAL HOUSING</b>											
Provider Name	Facility Name	HMIS	Geo Code	Target Population		2004 Year-Round Units/Beds			2004 All Beds		
				A	B	Family Units	Family Beds	Individual Beds	Total Beds	Seasonal	Overflow/Voucher
<b>Current Inventory</b>											
St. Vincent DePaul	Elms Transitional	C		SM				13	13		
Mission of Bristol	Living Program	C		FC		10	30		30		
SUBTOTAL						10	30	13	43		
<b>Under Development</b>											
SUBTOTAL											
<b>PERMANENT SUPPORTIVE HOUSING</b>											
Provider Name	Facility Name	HMIS	Geo Code	Target Population		2004 Year-Round Units/Beds			2004 All Beds		
				A	B	Family Units	Family Beds	Individual Beds	Total Beds	Seasonal	Overflow/Voucher
<b>Current Inventory</b>											
Community Mental	Shelter Plus Care	C		SMF+		8	23	6	29		
Health Affiliates	Permanent Supportive Housing	C		FC		3	8	2	10		
Community Mental	Next Step 1	C		SMF				4	4		
Health Affiliates											
Community Mental	Next Step 2A	C		SMF				4	4		
Health Affiliates											
SUBTOTAL						11	31	16	47		
<b>Under Development</b>											
Community Mental	Next Step 2B	U		SMF				4	4		
Health Affiliates											
SUBTOTAL								4	4		

**Optional Continuum of Care Homeless Service Activity Chart:**

Using the format below, describe the fundamental service components of your Continuum of Care system currently in place, and any additional services being planned.

<b>Fundamental Components in Continuum of Care System -- Service Activity Chart</b>
<p><u>Component:</u> <i>Prevention</i></p> <p><u>Services in place:</u></p> <ol style="list-style-type: none"><li>1. Permanent Supportive Housing units – Collaboration between Community Mental Health Affiliates, St. Vincent DePaul, and Bristol Housing Authority</li><li>2. Beyond Shelter program to assist previously homeless to maintain housing. St. Vincent DePaul Mission works with Bristol Community Organization.</li></ol> <p><u>Services planned:</u> Modified Assertive Community Treatment Team program</p> <p><u>How persons access/receive assistance:</u> Case Management ensures that persons are engaged.</p>
<p><u>Component:</u> <i>Outreach</i></p> <p><u>Outreach in place:</u> The CoC works to ensure that all families are placed into emergency, transitional and permanent housing and never need to live on the street. Case managers work with families in soup kitchens and the shelter to connect them to mainstream benefits, housing opportunities, substance abuse counseling, and job training and placement services.</p>
<p><u>Component:</u> <i>Supportive Services</i></p> <p><u>Services in place:</u></p> <ol style="list-style-type: none"><li>1. The Neighbor to Neighbor Community Mentoring Program which focuses on creating self-sufficiency in families is working to ensure that families have access to mainstream resources as well as employment opportunities. BCO will make this program available to families in ES, TH and PSH and will ensure that all CoC providers are able to access the new services.</li><li>2. The new Bristol Community Organization (BCO) Shuttle Service program provides transportation to the Department of Social Services, the Department of Labor, and CT Works. BCO is working with the CoC to ensure that all providers know about the service and are able to access this needed transportation for clients to secure employment as well access mainstream benefits.</li><li>3. The local Health Care for Homeless Veterans representative from the Newington, CT Veteran’s Affairs Office is a member of the BCoC and keeps the CoC apprised of all available services for homeless veterans and can assist providers in accessing appropriate resources. For housing and service needs of veterans, the Bristol CoC providers refer all eligible clients in need of housing, medical or other support services to the VA Medical Center in West Haven, CT. The VA Medical Center administers 20 VASH vouchers and provides an array of services for clients.</li><li>4. Case Management staff assess client eligibility for mainstream benefits. Case Managers assist in completing applications, collecting the information needed, accompanying the client to the various benefit offices, and following up to ensure that benefits or services have been obtained.</li></ol> <p><u>How homeless persons access/receive assistance:</u> Case Managers and shelter advocates work collaboratively with clients to follow through from shelter to permanent housing</p>

**Table 1B**  
**Special Needs (Non-Homeless) Populations**

<b>SPECIAL NEEDS SUBPOPULATIONS</b>	<b>Priority Need Level High, Medium, Low, No Such Need</b>	<b>Unmet Need</b>	<b>Dollars to Address Unmet Need</b>	<b>Multi-Year Goals</b>	<b>Annual Goals</b>
Elderly	High	120			
Frail Elderly	High	40			
Severe Mental Illness	Medium	25		*	
Developmentally Disabled	High	8			
Physically Disabled	High	Unknown			
Persons w/ Alcohol/Other Drug Addictions	Medium	30		*	
Persons w/HIV/AIDS	Medium	Unknown		*	
Victims of Domestic Violence/Sexual Assault	High	1,265			
At-Risk Youth	High	180			
<b>TOTAL</b>					

\* Expected to be assisted within Homeless services

**Table 1C Summary of Specific Objectives**

**Grantee Name: City of Bristol**

Availability/Accessibility of Decent Housing (DH-1)							
Specific Objective	Source of Funds	Year	Performance Indicators	Expected Number	Actual Number	Percent Completed	
DH 1.1 Subsidized Housing	HUD	2010	Number of units and/or vouchers	835 Units  674 Vouchers		%	
		2011				%	
		2012				%	
		2013				%	
		2014				%	
		<b>MULTI-YEAR GOAL</b>					
Affordability of Decent Housing (DH-2)							
DH 2.1 Residential Rehabilitation Program	CDBG	2010	Completion of projects	100		%	
		2011				100	%
		2012				100	%
		2013				100	%
		2014				100	%
		<b>MULTI-YEAR GOAL</b>				500	
DH 2.2 Support Staff: Rehabilitation Programs	CDBG	2010				%	
		2011				%	
		2012				%	
		2013				%	
		2014				%	
		<b>MULTI-YEAR GOAL</b>					
Sustainability of Decent Housing (DH-3)							
DH 3.1		2010				%	
		2011				%	
		2012				%	
		2013				%	
		2014				%	
		<b>MULTI-YEAR GOAL</b>					
Availability/Accessibility of Suitable Living Environment (SL-1)							
SL 1.1 Transitional Living	CDBG, State of CT, McKinney Vento	2010	Number of women and children assisted and transitioning to permanent housing	40		%	
		2011				40	%
		2012				40	%
		2013				40	%
		2014				40	%
		<b>MULTI-YEAR GOAL</b>				200	

SL 1.2	Outreach to At-Risk Youth	CDBG, State of CT, United Way	2010	Number of youth enrolled in outreach and summer programs	180		%
			2011		180	%	
			2012		180	%	
			2013		180	%	
			2014		180	%	
			<b>MULTI-YEAR GOAL</b>			900	
SL 1.3	Services for victims of Domestic Violence or Sexual Assault	CDBG, State of CT, United Way	2010	Number of individuals assisted	1265		%
			2011		1265	%	
			2012		1265	%	
			2013		1265	%	
			2014		1265	%	
			<b>MULTI-YEAR GOAL</b>			6325	
SL 1.4	Services that enhance financial stability	CDBG, State of CT, United Way, federal food programs	2010	Number of individuals assisted	3000		%
			2011		3000	%	
			2012		3000	%	
			2013		3000	%	
			2014		3000	%	
			<b>MULTI-YEAR GOAL</b>			15,000	
SL 1.5	Services for Elderly, Frail Elderly, Physically Disabled	CDBG, State of CT, United Way	2010	Number of individuals assisted	150		%
			2011		150	%	
			2012		150	%	
			2013		150	%	
			2014		150	%	
			<b>MULTI-YEAR GOAL</b>			750	

**Sustainability of Suitable Living Environment (SL-3)**

SL 3.1	Target Area: West End Neighborhood	CDBG	2010	Number of projects completed	2		%
			2011			%	
			2012		1	%	
			2013			%	
			2014		1	%	
			<b>MULTI-YEAR GOAL</b>			4	
SL 3.2	Public Housing Modernization	CDBG, HUD	2010	Number of projects completed	1		%
			2011			%	
			2012			%	
			2013		1	%	
			2014			%	
			<b>MULTI-YEAR GOAL</b>			2	
SL 3.3	Public Facilities	CDBG	2010	Number of projects completed	Depend- ing upon funding		
			2011				
			2012				
			2013				
			2014				

SL 3.4	Commercial Rehabilitation	CDBG	2010	Number of projects completed	4		%
			2011		4		%
			2012		4		%
			2013		4		%
			2014		4		%
			<b>MULTI-YEAR GOAL</b>				20

Availability/Accessibility of Economic Opportunity (EO-1)						
Specific Objective	Source of Funds	Year	Performance Indicators	Expected Number	Actual Number	Percent Completed

EO 1.1	Supplemental Employment for Developmentally Disabled	CDBG, State of CT	2010	Number of individuals employed	8		%
			2011		8		%
			2012		8		%
			2013		8		%
			2014		8		%
			<b>MULTI-YEAR GOAL</b>				40

Affordability of Economic Opportunity (EO-2)						
--	--	--	--	--	--	--

EO 2.1			2010				%
			2011				%
			2012				%
			2013				%
			2014				%
			<b>MULTI-YEAR GOAL</b>				

Sustainability of Economic Opportunity (EO-3)						
---	--	--	--	--	--	--

EO 3.1			2010				%
			2011				%
			2012				%
			2013				%
			2014				%
			<b>MULTI-YEAR GOAL</b>				

Neighborhood Revitalization (NR-1)						
------------------------------------	--	--	--	--	--	--

NR 1.1			2010				%
			2011				%
			2012				%
			2013				%
			2014				%
			<b>MULTI-YEAR GOAL</b>				

**Table 2A**  
**Priority Housing Needs/Investment Plan Table**

PRIORITY HOUSING NEEDS (households)		Priority		Unmet Need
<b>Renter</b>	Small Related	0-30%	H	579
		31-50%	H	660
		51-80%	H	888
	Large Related	0-30%	H	114
		31-50%	H	124
		51-80%	H	113
	Elderly	0-30%	H	860
		31-50%	H	585
		51-80%	H	345
	All Other	0-30%	H	604
		31-50%	H	450
		51-80%	M	925
<b>Owner</b>	Small Related	0-30%	M	129
		31-50%	M	210
		51-80%	H	985
	Large Related	0-30%	M	4
		31-50%	M	50
		51-80%	M	245
	Elderly	0-30%	H	573
		31-50%	H	940
		51-80%	H	1064
	All Other	0-30%	M	109
		31-50%	M	185
		51-80%	M	414
<b>Non-Homeless Special Needs</b>	Elderly	0-80%	H	90
	Frail Elderly	0-80%	H	60
	Severe Mental Illness	0-80%	M	Unknown
	Physical Disability	0-80%	H	Unknown
	Developmental Disability	0-80%	H	40
	Alcohol/Drug Abuse	0-80%	M	Unknown
	HIV/AIDS	0-80%	M	Unknown
	Victims of Domestic Violence	0-80%	H	1265 (includes Sexual Assault)
At-Risk Youth	0-80%	H	198	
Financial Stability	0-80%	H	3,000	

**Table 2A  
Priority Housing Needs/Investment Plan Goals**

<b>Priority Need</b>	<b>5-Yr. Goal Plan/Act</b>	<b>Yr. 1 Goal Plan/Act</b>	<b>Yr. 2 Goal Plan/Act</b>	<b>Yr. 3 Goal Plan/Act</b>	<b>Yr. 4 Goal Plan/Act</b>	<b>Yr. 5 Goal Plan/Act</b>
<b>Renters</b>						
0 - 30 of MFI	15/	3/				
31 - 50% of MFI	30/	6/				
51 - 80% of MFI	30/	6/				
<b>Owners</b>						
0 - 30 of MFI	125/	25/				
31 - 50 of MFI	150/	30/				
51 - 80% of MFI	150/	30/				
<b>Homeless*</b>						
Individuals						
Families	200/	40/				
<b>Non-Homeless Special Needs</b>						
Elderly	450/	90/				
Frail Elderly	300/	60/				
Severe Mental Illness	**					
Physical Disability	***					
Developmental Disability	40/	8/				
Alcohol/Drug Abuse	**					
HIV/AIDS	**					
Victims of Domestic Violence	6,325/	1,265/				
At-Risk Youth	900/	180/				
Financial Stability	15,000/	3,000/				
<b>Total</b>	<b>23,715</b>	<b>4,743</b>				
<b>Total Section 215</b>	<b>500/</b>	<b>100/</b>				
215 Renter	75/	15/				
215 Owner	425/	85/				

\* Homeless individuals and families assisted with transitional and permanent housing

\*\* Assisted within Homeless Goals

\*\*\* Assisted within Frail Elderly

**Table 2A**

**Priority Housing Activities**

<b>Priority Need</b>	<b>5-Yr. Goal Plan/Act</b>	<b>Yr. 1 Goal Plan/Act</b>	<b>Yr. 2 Goal Plan/Act</b>	<b>Yr. 3 Goal Plan/Act</b>	<b>Yr. 4 Goal Plan/Act</b>	<b>Yr. 5 Goal Plan/Act</b>
<b>CDBG</b>						
Acquisition of existing rental units	0					
Production of new rental units	0					
Rehabilitation of existing rental units	75/	15/				
<b>Rental assistance – BHA only</b>						
Acquisition of existing owner units	0					
Production of new owner units	0					
Rehabilitation of existing owner units	425/	85/				
<b>Homeownership assistance – BHA only</b>						
<b>HOME N/A</b>						
Acquisition of existing rental units						
Production of new rental units						
Rehabilitation of existing rental units						
Rental assistance						
Acquisition of existing owner units						
Production of new owner units						
Rehabilitation of existing owner units						
Homeownership assistance						
<b>HOPWA N/A</b>						
Rental assistance						
Short term rent/mortgage utility payments						
Facility based housing development						
Facility based housing operations						
Supportive services						
<b>Other</b>						

**Table 2B**  
**Priority Community Development Needs**

Priority Need	Priority Need Level	Unmet Priority Need	Dollars to Address Need	5 Yr Goal Plan/Act	Annual Goal Plan/Act	Percent Goal Completed
Acquisition of Real Property	M					
Disposition	M					
Clearance and Demolition	H					
Clearance of Contaminated Sites	M					
Code Enforcement	M					
Public Facility (General)	M					
Senior Centers	M					
Handicapped Centers	M					
Homeless Facilities	M					
Youth Centers	M					
Neighborhood Facilities	M					
Child Care Centers	M					
Health Facilities	M					
Mental Health Facilities	M					
Parks and/or Recreation Facilities	M					
Parking Facilities	L					
Tree Planting	L					
Fire Stations/Equipment	L					
Abused/Neglected Children Facilities	M					
Asbestos Removal	M					
Non-Residential Historic Preservation	M					
Other Public Facility Needs	M					
Infrastructure (General)	M					
Water/Sewer Improvements	L					
Street Improvements	M					
Sidewalks	H					
Solid Waste Disposal Improvements	L					
Flood Drainage Improvements	L					
Other Infrastructure	M					
Public Services (General)	H					
Senior Services	H					
Handicapped Services	H					
Legal Services	M					
Youth Services	H					
Child Care Services	M					
Transportation Services	M					
Substance Abuse Services	M					
Employment/Training Services	M					
Health Services	H					
Lead Hazard Screening	M					
Crime Awareness	M					
Fair Housing Activities	H					
Tenant Landlord Counseling	M					
Other Services	M					
Economic Development (General)	M					
C/I Land Acquisition/Disposition	L					
C/I Infrastructure Development	L					
C/I Building Acq/Const/Rehab	H					
Other C/I	M					
ED Assistance to For-Profit	L					
ED Technical Assistance	L					
Micro-enterprise Assistance	M					
Other	M					

**Table 3A**  
**Summary of Specific Annual Objectives**

<b>Obj #</b>	<b>Specific Objectives</b>	<b>Sources of Funds</b>	<b>Performance Indicators</b>	<b>Expected Number</b>	<b>Actual Number</b>	<b>Outcome/ Objective*</b>
	<b>Rental Housing Objectives</b>					
DH-1	Housing Authority Units Housing Choice Vouchers (Directly through Bristol Housing Authority)	HUD	Units filled Vouchers Used	835 674		
	<b>Owner Housing Objectives</b>					
DH-2	Residential Housing Rehab	CDBG	Projects Completed	100		
	<b>Homeless Objectives</b>					
SL-1	Transitional Living	CDBG, State of CT, McKinney-Vento	Number of women and children assisted	40		
	<b>Special Needs Objectives</b>					
SL-1	Programs for At-Risk Youth (3 Public Service programs)	CDBG, State of CT, United Way	Number of Youth enrolled	180		
SL-1	Programs for victims of Domestic Violence and Sexual Assault (2 Public Service programs)	CDBG, State of CT, United Way	Number of individuals assisted	1,265		
SL-1	Programs providing Financial Stability (3 Public Service programs)	CDBG, Federal Food programs, United Way	Number of individuals assisted	3,000		
SL-1	Services for Elderly, Frail Elderly, Physically Disabled (2 Public Service programs)	CDBG, State of CT, United Way	Number of individuals assisted	150		
	<b>Community Development Objectives</b>					
SL-3	Target Area – West End Neighborhood	CDBG	Number of projects completed	2		
SL-3	Commercial Rehabilitation	CDBG	Number of projects completed	4		
	<b>Infrastructure Objectives</b>					

	<b>Public Facilities Objectives</b>					
	<b>Public Services Objectives</b>					
	See "Special Needs Objectives" above					
	<b>Economic Development Objectives</b>					
EO-1	Supplemental employment for developmentally disabled	CDBG, State of CT	Number of individuals employed	8		
	<b>Other Objectives</b>					
DH-2	Support Staff for Rehab programs					

**\*Outcome/Objective Codes**

	<b>Availability/Accessibility</b>	<b>Affordability</b>	<b>Sustainability</b>
<b>Decent Housing</b>	DH-1	DH-2	DH-3
<b>Suitable Living Environment</b>	SL-1	SL-2	SL-3
<b>Economic Opportunity</b>	EO-1	EO-2	EO-3

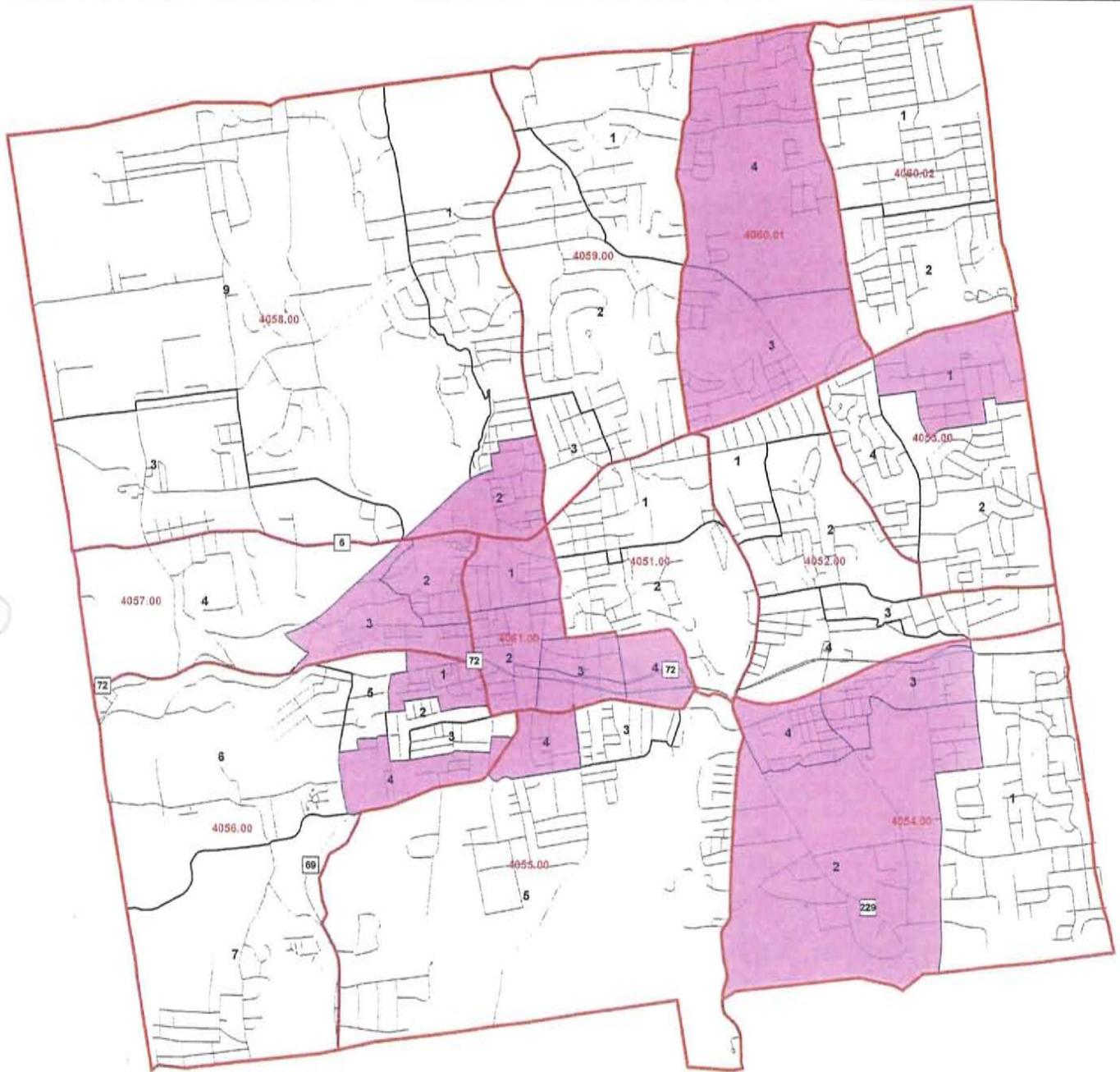
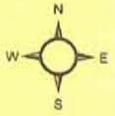
**Table 3B**  
**ANNUAL AFFORDABLE HOUSING COMPLETION GOALS**

Grantee Name: Program Year:	Expected Annual Number of Units To Be Completed	Actual Annual Number of Units Completed	Resources used during the period			
			CDBG	HOME	ESG	HOPWA
<b>BENEFICIARY GOALS (Sec. 215 Only)</b>				N/A	N/A	N/A
Homeless households			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-homeless households	500		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special needs households			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total Sec. 215 Beneficiaries*</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>RENTAL GOALS (Sec. 215 Only)</b>						
Acquisition of existing units			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Production of new units			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Rehabilitation of existing units	75		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Total Sec. 215 Affordable Rental</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>HOME OWNER GOALS (Sec. 215 Only)</b>						
Acquisition of existing units			<input type="checkbox"/>	<input type="checkbox"/>		
Production of new units			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitation of existing units	425		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Homebuyer Assistance			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Total Sec. 215 Affordable Owner</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COMBINED RENTAL AND OWNER GOALS (Sec. 215 Only)</b>						
Acquisition of existing units			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Production of new units			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Rehabilitation of existing units	500		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Homebuyer Assistance			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Combined Total Sec. 215 Goals*</b>	500		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OVERALL HOUSING GOALS (Sec. 215 + Other Affordable Housing)</b>						
Annual Rental Housing Goal			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual Owner Housing Goal			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total Overall Housing Goal</b>	500		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* The total amounts for "Combined Total Sec. 215 Goals" and "Total Sec. 215 Beneficiary Goals" should be the same number.

# City of Bristol

## Low to Moderate Income Areas



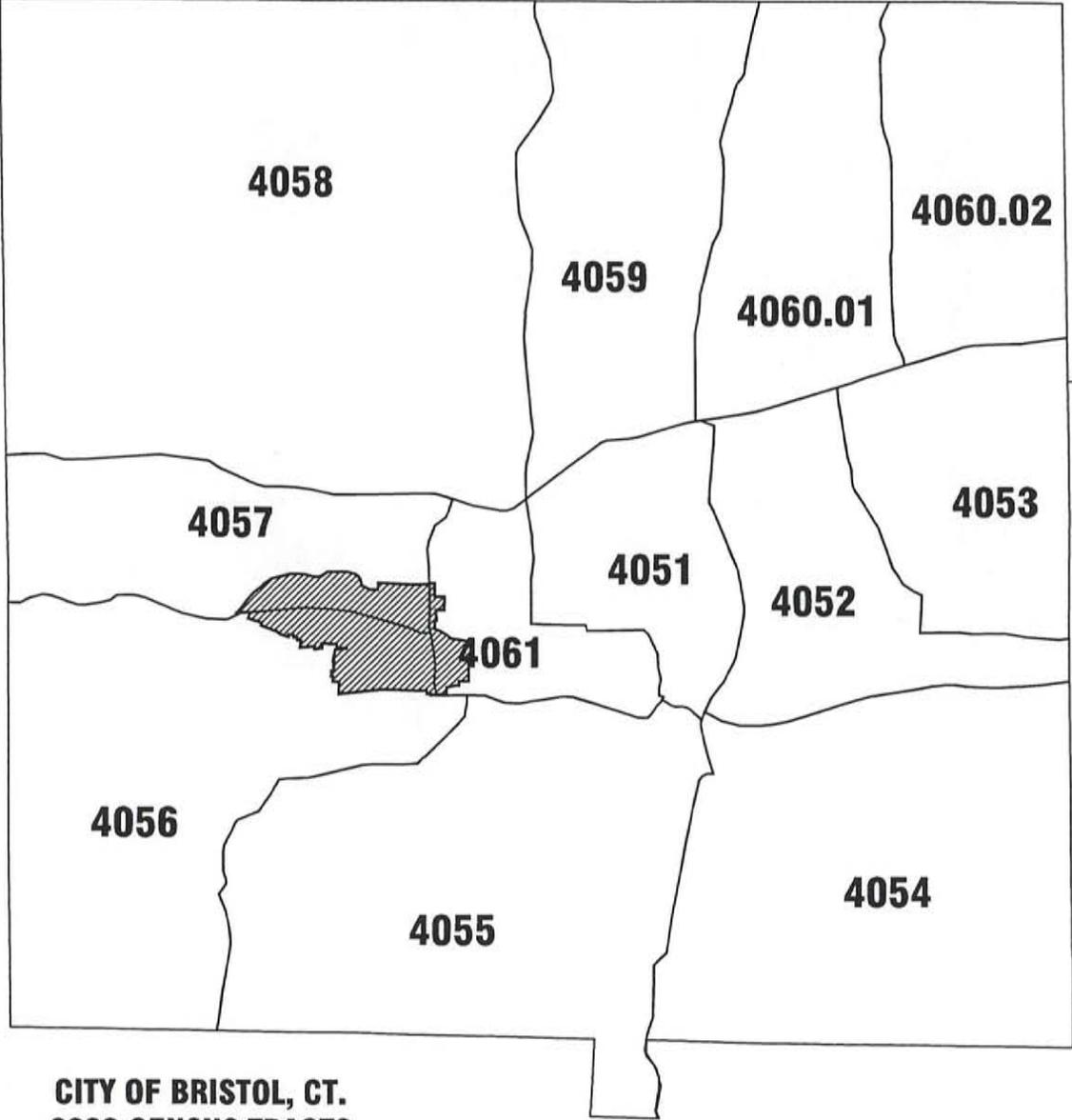
Map Prepared by: CCRPA  
225 N. Main St., Ste. 304  
Bristol CT, 06010  
[ccrpa@ccrpa.org](mailto:ccrpa@ccrpa.org)  
[www.ccrpa.org](http://www.ccrpa.org)

Data Sources:  
-CCRPA GIS Database  
-U.S. Census Bureau, 2000 Census  
Tele Atlas Road Data  
(c) 1984-2007 Tele Atlas, Rel. 10/2005

### Legend

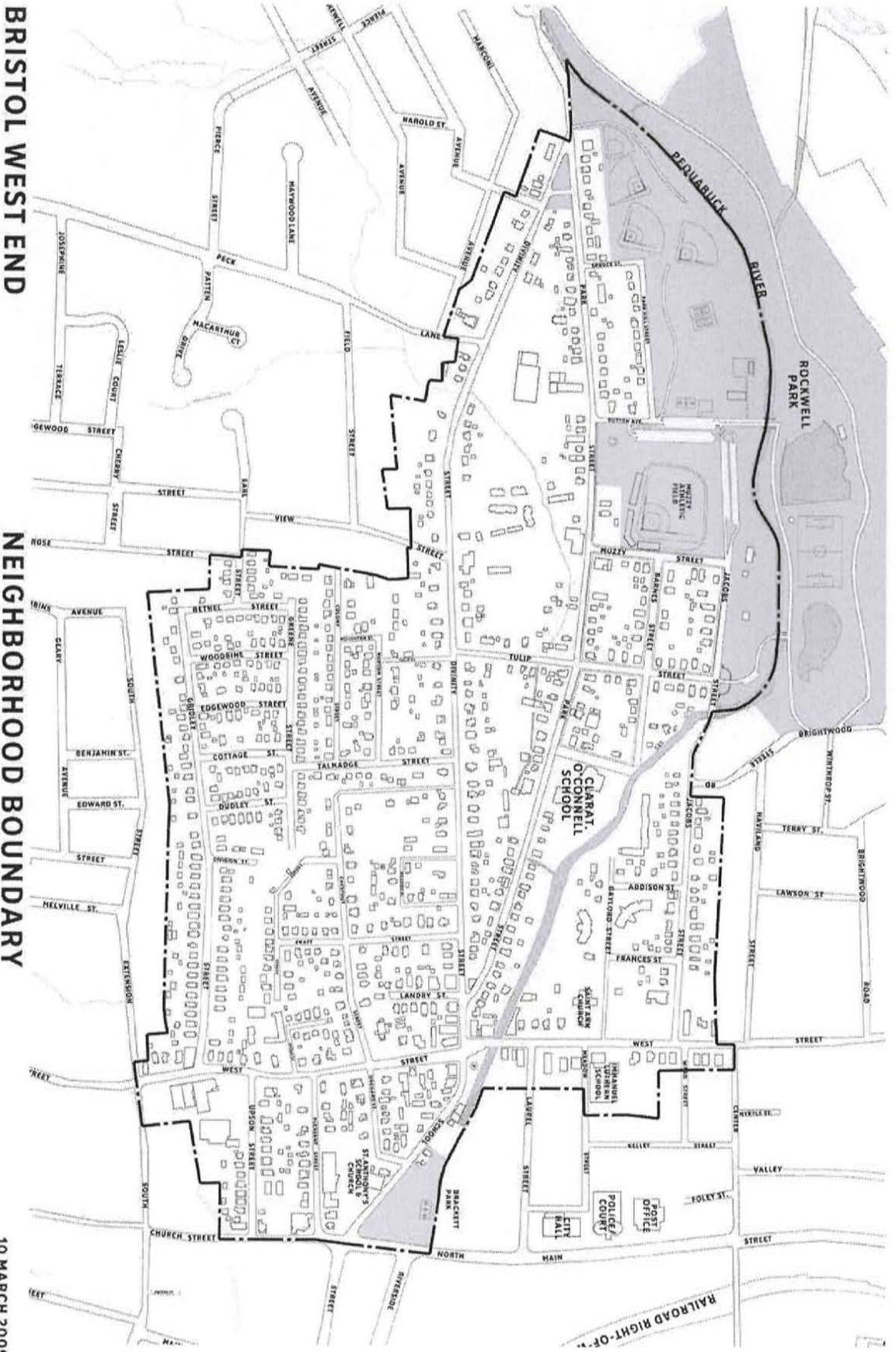
-  Census Tract Boundary
-  Low to Moderate Income Block Groups
-  Census Block Group Boundary

**CITY OF BRISTOL  
WEST END NEIGHBORHOOD**



**CITY OF BRISTOL, CT.  
2000 CENSUS TRACTS**

**MAP 1: WEST END NEIGHBORHOOD BOUNDARIES**



**BRISTOL WEST END**

**NEIGHBORHOOD BOUNDARY**

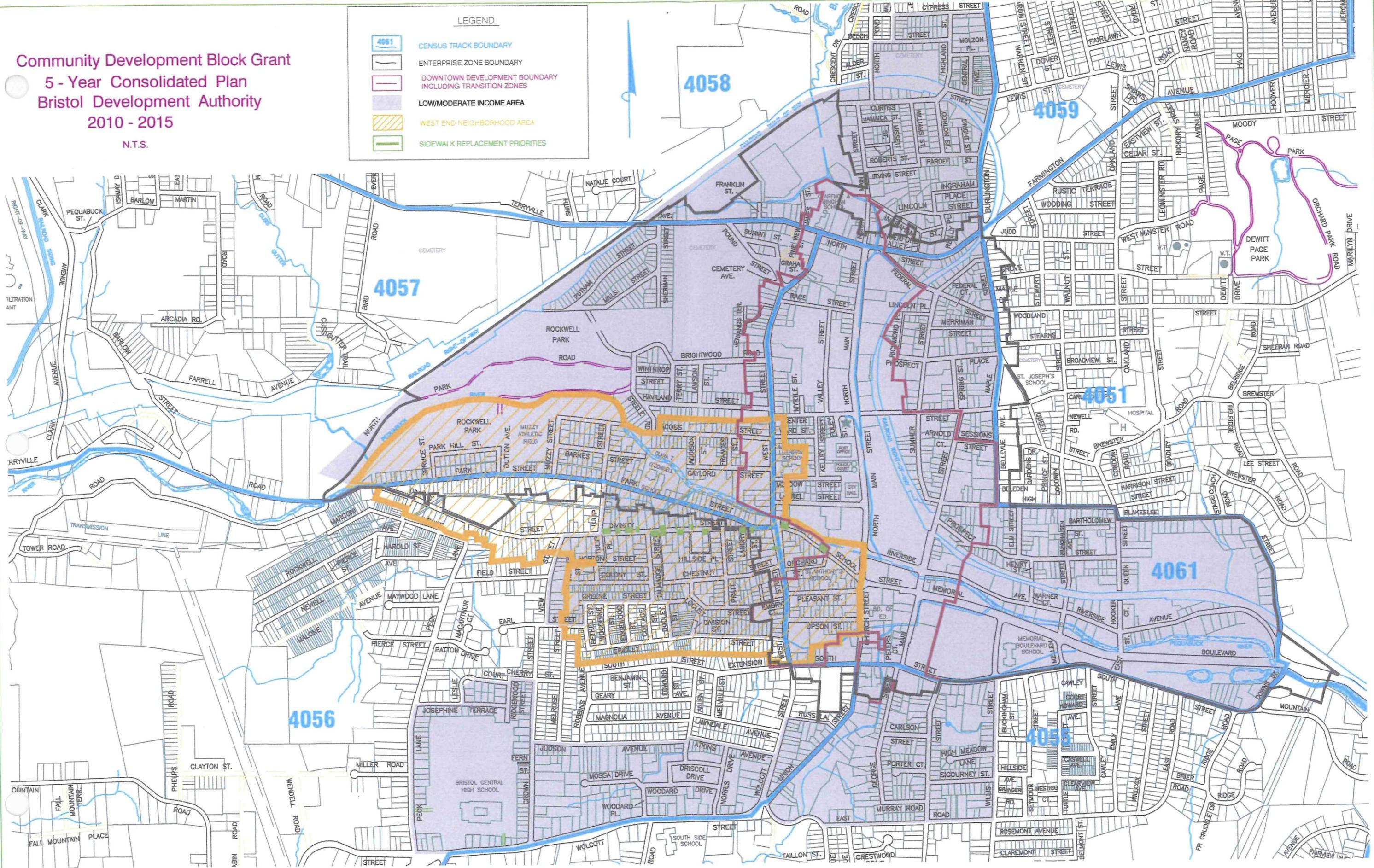
10 MARCH 2009

Community Development Block Grant  
 5 - Year Consolidated Plan  
 Bristol Development Authority  
 2010 - 2015

N.T.S.

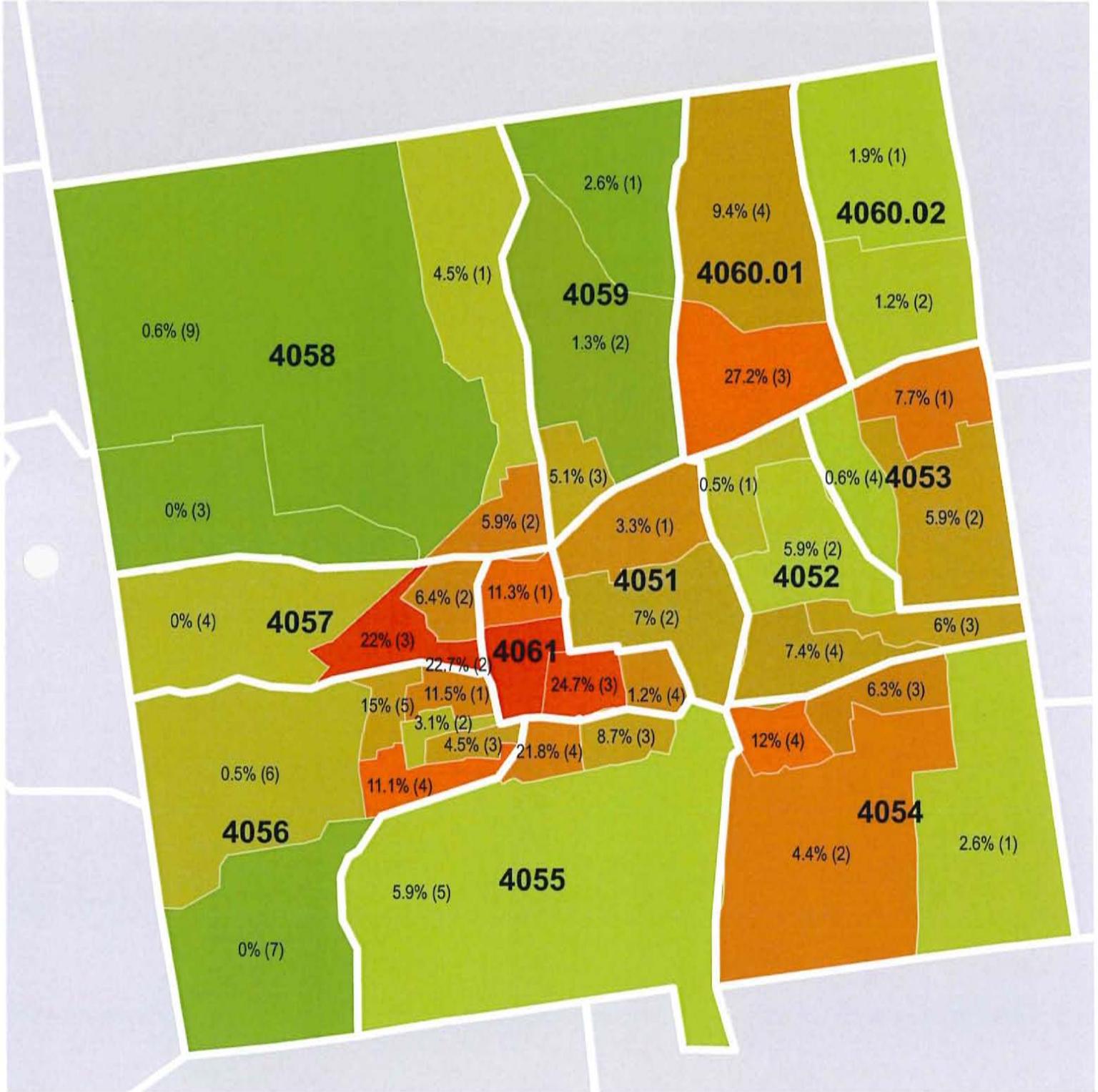
**LEGEND**

-  4061 CENSUS TRACT BOUNDARY
-  ENTERPRISE ZONE BOUNDARY
-  DOWNTOWN DEVELOPMENT BOUNDARY INCLUDING TRANSITION ZONES
-  LOW/MODERATE INCOME AREA
-  WEST END NEIGHBORHOOD AREA
-  SIDEWALK REPLACEMENT PRIORITIES



# CITY OF BRISTOL

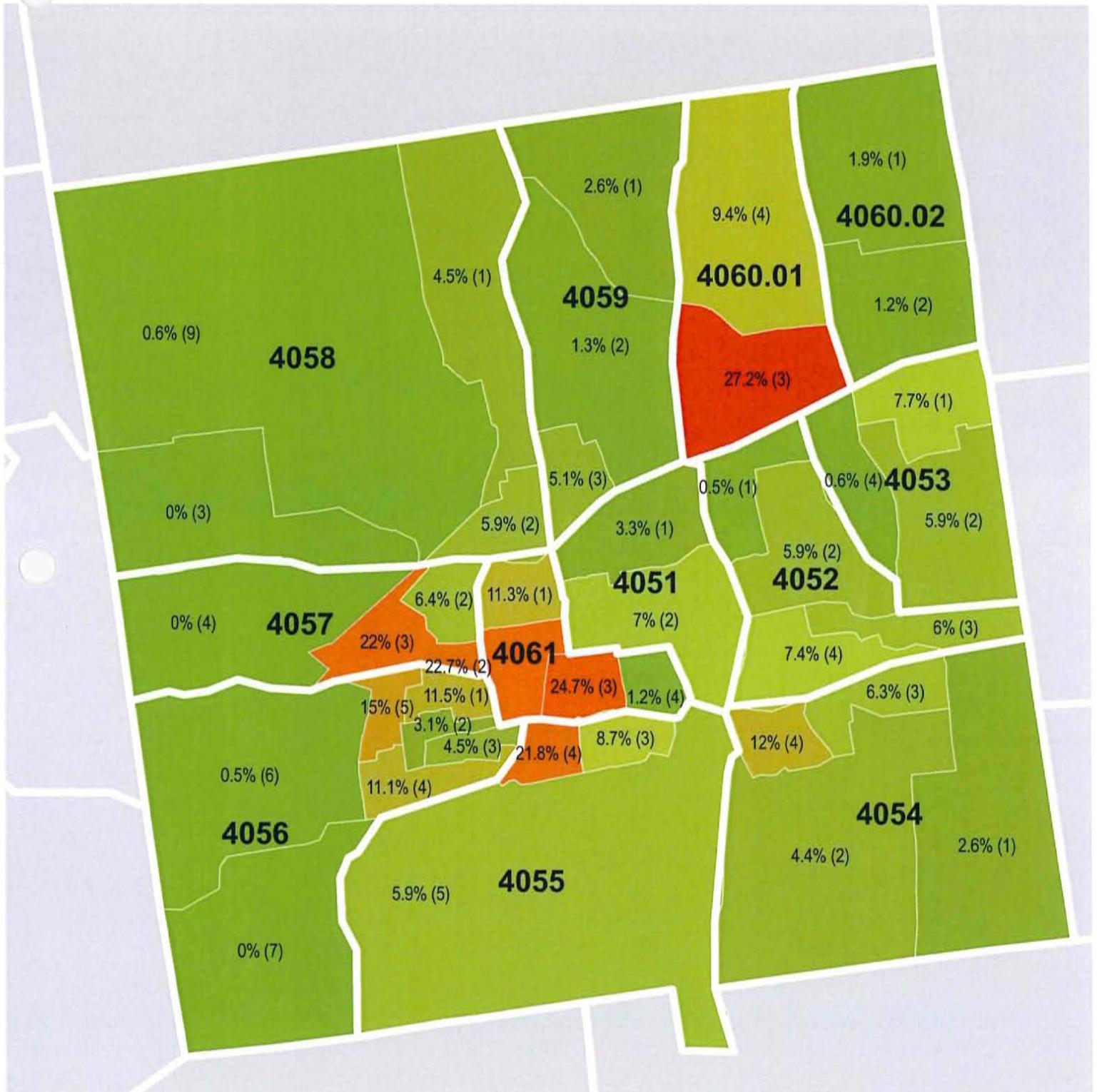
## Percent of households under 80% of the city median income by 2000 Census Block Group



Census tracts are outlined in thick white and numbered in large, bold text. Census block groups are outlined in thin white and given in in parentheses.

# CITY OF BRISTOL

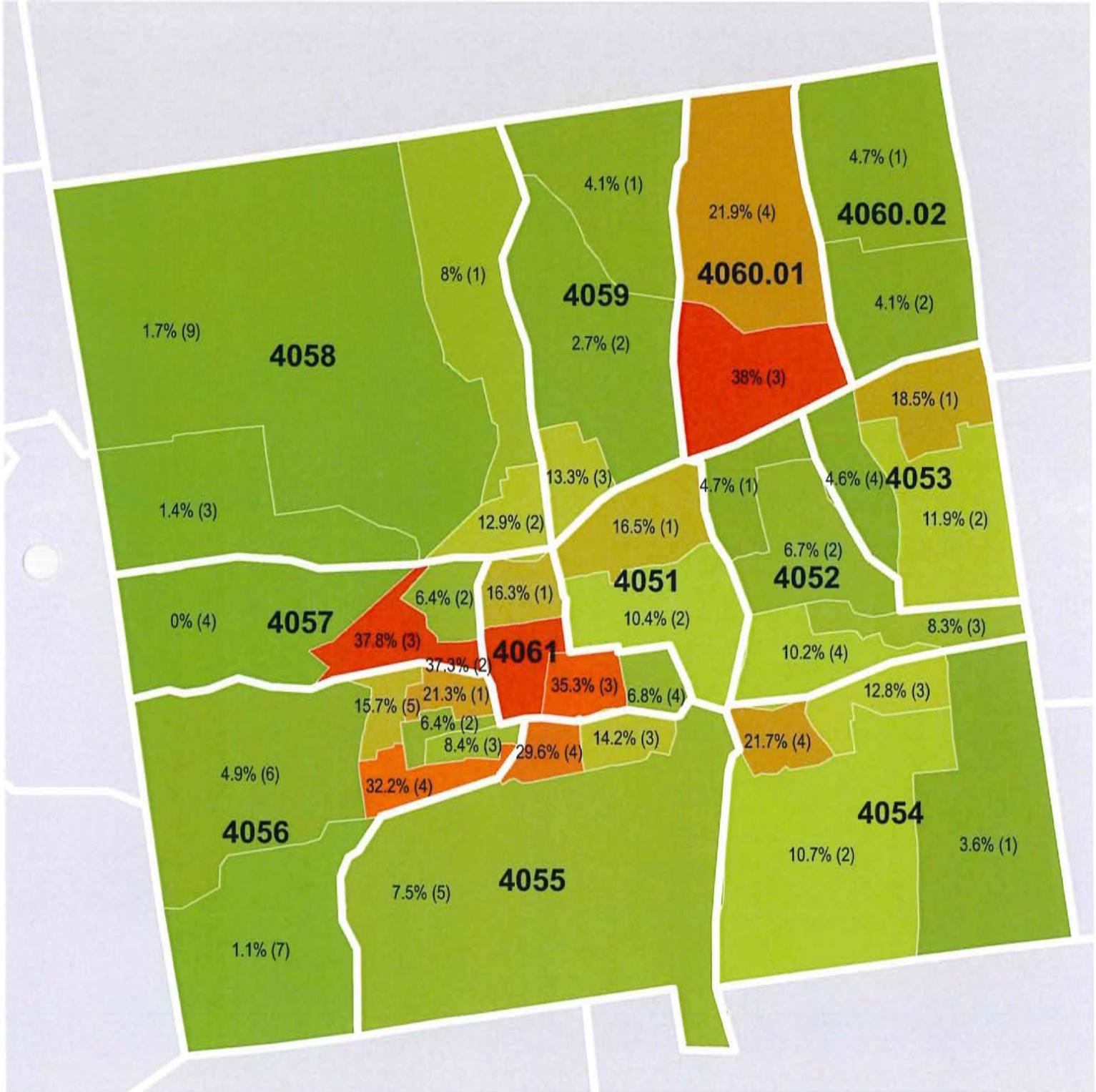
## Percent of residents under 100% of the poverty line by 2000 Census Block Group



○ Census tracts are outlined in thick white and numbered in large, bold text. Census block groups are outlined in thin white and given in in parentheses.

# CITY OF BRISTOL

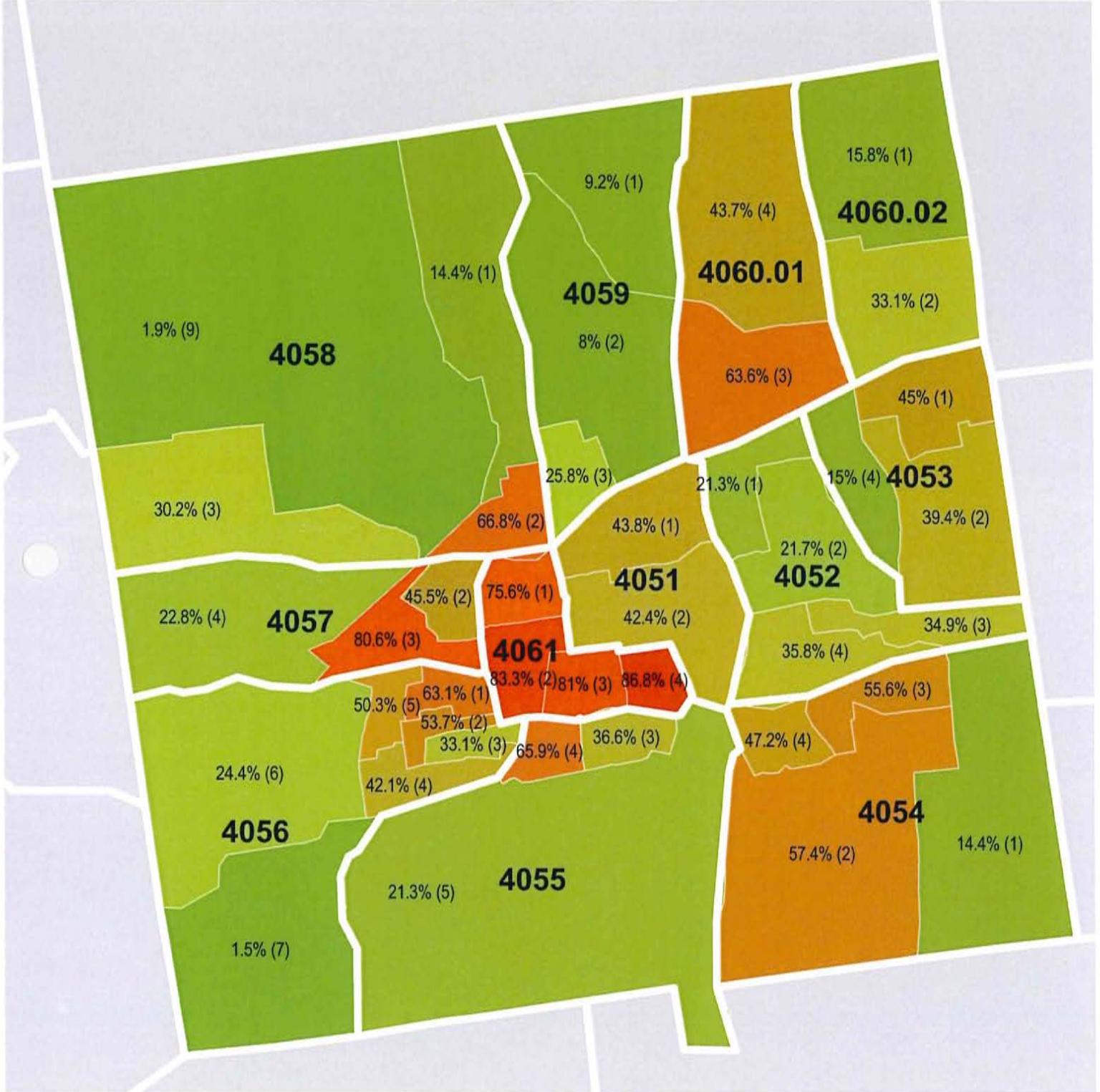
## Percent of residents under 150% of the poverty line by 2000 Census Block Group



Census tracts are outlined in thick white and numbered in large, bold text. Census block groups are outlined in thin white and given in in parentheses.

# CITY OF BRISTOL

## Percent of housing units that are renter-occupied by 2000 Census Block Group



Census tracts are outlined in thick white and numbered in large, bold text. Census block groups are outlined in thin white and given in in parentheses.

# CITY OF BRISTOL

## Percent of residents self-identifying race as Black alone by 2000 Census Block Group



Census tracts are outlined in thick white and numbered in large, bold text. Census block groups are outlined in thin white and given in in parentheses.

# CITY OF BRISTOL

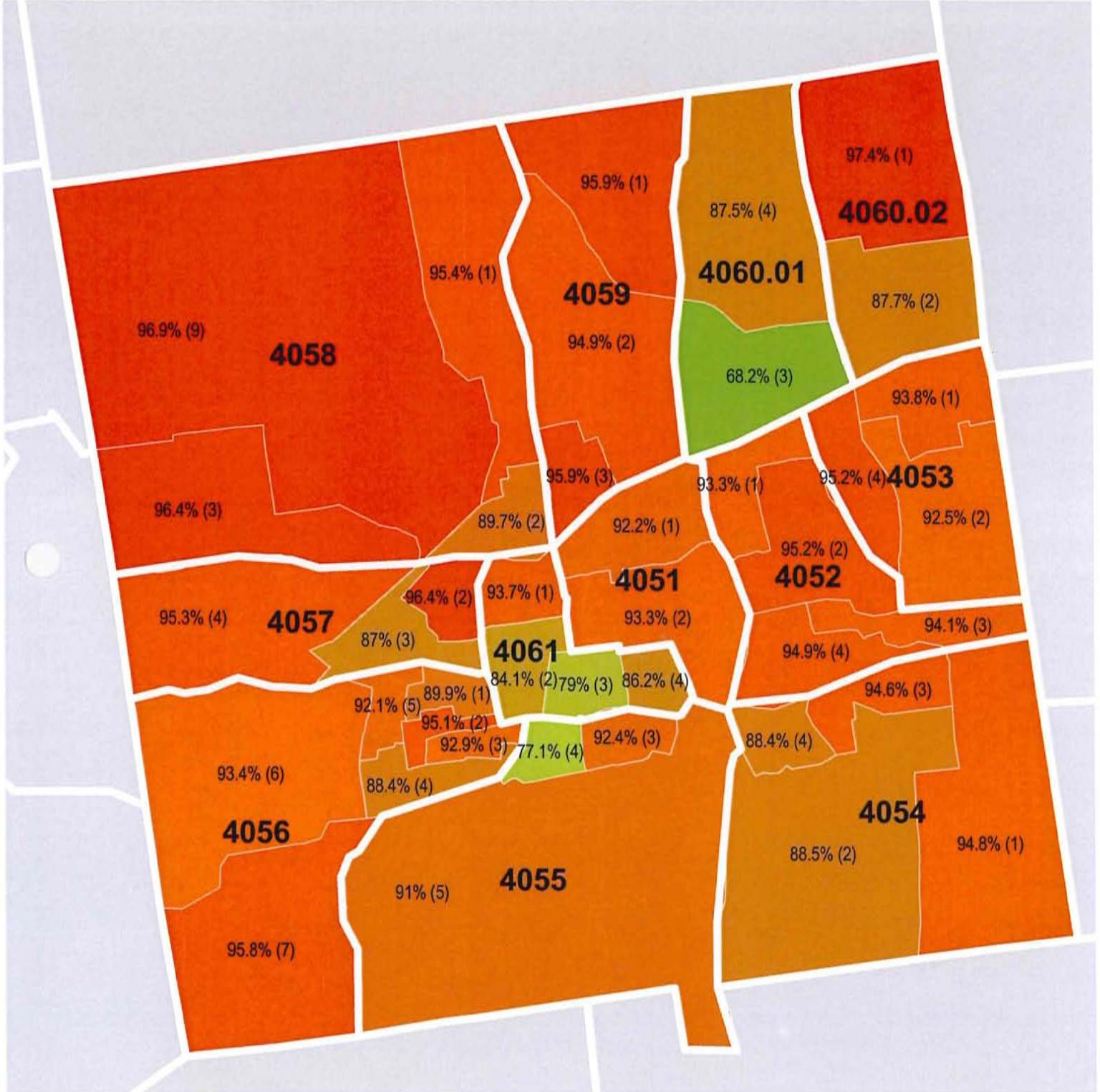
## Percent of residents self-identifying ethnicity as Hispanic or Latino by 2000 Census Block Group



Census tracts are outlined in thick white and numbered in large, bold text. Census block groups are outlined in thin white and given in in parentheses.

# CITY OF BRISTOL

## Percent of residents self-identifying race as White by 2000 Census Block Group



Census tracts are outlined in thick white and numbered in large, bold text. Census block groups are outlined in thin white and given in in parentheses.

## West End Neighborhood Vision Statement

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The West End is a long-established Bristol neighborhood with an important place in the city's history and a lively local identity. Our neighborhood is a welcoming and supportive place in which residents, merchants, property owners, and civic leaders alike take great pride.

Located on the west side of downtown along Routes 72 and 69, our neighborhood is a gateway to the heart of Bristol as well as a desirable destination in its own right. The West End is defined by a unique blend of assets that include a diverse population, a variety of housing types and local businesses, distinctive architecture, and three of Bristol's finest recreation locations - Rockwell Park, Muzzy Field, and Brackett Park. The West End enjoys access to the Pequabuck River and is home to many places of worship, schools, and social organizations. All of these assets strengthen our neighborhood community and at the same time connect our neighborhood with the nearby downtown district.

We envision that the West End will once again become a safe, friendly, and family-oriented neighborhood through the positive efforts put forth by many individuals and organizations. We envision the West End with thriving businesses, convenient transportation options, and attractive amenities and activities, all within easy walking distance. We envision that we, in the neighborhood, will demonstrate our pride by taking responsibility for the ongoing care of our homes and properties, our businesses, our parks, our river, and one another.

# A brief overview of the West End Neighborhood Study City of Bristol, CT

The City of Bristol has embarked on an in-depth planning study of the West End neighborhood. This brief summary explains the background and purpose of the study, as well as how you can get involved.



## WHERE IS THE WEST END NEIGHBORHOOD?

The West End neighborhood is located just west of downtown Bristol; it contains about 40 city blocks and covers four-tenths of a square mile. For the purposes of the study, the neighborhood is loosely defined by Rockwell Park and Jacobs Street on the north, Divinity Street on the southwest, Gridley Street on the southeast, and West Street on the east. Much of the West End is residential in nature—containing mostly one-, two- and three-family houses—but it's also home to Rockwell Park, historic Muzzy Field, a section of the Pequabuck River, several churches, a public school, and a variety of small businesses. Its location makes it the primary residential neighborhood adjacent to downtown Bristol.

## WHAT'S THIS STUDY ABOUT?

In recent years, the West End neighborhood has experienced a number of significant changes. In 2006, the city began to focus greater attention on the neighborhood and to think about ways to stabilize and strengthen it. In 2007, the city decided that a comprehensive study of the West End was needed in order to better understand just how the neighborhood has changed and to develop an action plan to revitalize and improve the neighborhood in the coming years. The study, begun in January 2008, will use both professional expertise and neighborhood-based participation to develop a collective vision for the neighborhood and an implementation program intended to guide future revitalization activities there.

## WHO IS THE CAPSTAN GROUP? WHO IS THE YALE URBAN DESIGN WORKSHOP?

In September 2007, the City of Bristol issued a Request for Qualifications to hire a professional planning consultant to assist with this neighborhood-based planning process. The Bristol Planning Commission selected The Capstan Group, a New Haven-based firm specializing in economic and community development, and its partner, the Yale Urban Design Workshop, a community design center, to guide this study. You can learn more about The Capstan Group at [www.cpstn.com](http://www.cpstn.com) and the Yale Urban Design Workshop at [www.architecture.yale.edu/UDW](http://www.architecture.yale.edu/UDW).

## WHAT'S THE TIMETABLE FOR THIS STUDY?

The West End Neighborhood Study began in January 2008 and will take 12-15 months to complete. The first three months will focus on detailed data collection and analysis and, as importantly, on identifying and reaching out to stakeholders in the West End who want to play a role in this project. During this time, we will assemble a Neighborhood Advisory Committee—including residents, business and property owners, and community leaders—to advise and guide us throughout the study. Starting in the spring, we will begin to hold community-based public meetings to help define the vision for the neighborhood, to identify and better understand the major problems and opportunities that exist in the neighborhood, and to start to develop ideas to address these issues. These meetings will be widely publicized, and everyone interested is invited to attend and participate.

## HOW CAN I GET INVOLVED?

The City of Bristol, The Capstan Group, and the Yale Urban Design Workshop all warmly invite community members to participate in this planning process. We understand that people have limited time, and we welcome your input in any form that you can provide it: you can serve as an advisor, participate in public meetings, help us collect the data needed, recruit others to get involved, or provide your input individually. If you would like to participate in any way, please call The Capstan Group at 203.785.0130 or the City of Bristol Land Use Office at 860.584.6225, or send an email to either [westend@cpstn.com](mailto:westend@cpstn.com) or [landuseoffice@ci.bristol.ct.us](mailto:landuseoffice@ci.bristol.ct.us).



A project website located at [www.cpstn.com](http://www.cpstn.com) is expected to be active by March 1, 2008.



YALE  
URBAN  
DESIGN  
WORKSHOP





## West End Neighborhood Study, Bristol CT

### Community Visioning Workshop

Saturday, May 3, 2008 9 a.m. to 12 noon  
Bristol Boys & Girls Club, 105 Laurel Street

### Workshop Summary

On Saturday, May 3, 2008, 65 individuals gathered to participate in a "Community Visioning Workshop," the first of several public meetings associated with the city's year-long West End Neighborhood Planning Study. During the three-hour session, a cross-section of neighborhood residents, business owners, and other stakeholders worked collaboratively to provide input into a collective vision for the neighborhood and to begin to identify specific neighborhood issues that need to be addressed in order to achieve that vision. While this summary is not a verbatim report, it is intended to provide a record of what happened and to provide a general sense of the discussion that took place.



### Welcome and Introductions

Bristol City Planner Alan Weiner welcomed the workshop's attendees to the session and gave a brief history of the study to provide some background about the study and its status. In addition, Mr. Weiner read a letter from Mayor Art Ward, who could not attend the meeting, expressing his support and appreciation for the study and this workshop. Mr. Weiner next introduced Lisa Grossman of The Capstan Group, who in turn welcomed everyone and introduced the other members of the planning team. Ms. Grossman then provided an overview of the work completed since the study began in January, including collection of significant amounts of data about the West End. She explained that the purpose of today's workshop is to work together to: (1) develop a sense of the vision for the neighborhood; and (2) identify some specific activities that will need to occur in order for the vision to take shape.

### Visioning Exercise

To begin to define a collective vision, Ms. Grossman asked everyone to personally envision their ideal West End neighborhood; to think about what it would be like to live, work, walk, and recreate there; and then to write down a short statement about their ideal neighborhood, in present tense, on colored Post-Its. Participants were then invited to share their vision statements with the entire group. The themes that emerged included:

- The area is family oriented, and neighbors know and help one another
- Houses are well maintained, and owners and renters have pride in their property
- Sidewalks and roads are kept in excellent condition
- Significant once-vacant properties such as the former Chic Miller auto dealership (on West Street) and the former IGA Supermarket (on Divinity Street) are redeveloped
- The neighborhood contains businesses such as a coffeehouse, tailor, grocery store and bookstore within walking distance of homes; ethnic businesses and restaurants attract both locals and out-of-towners; there are outdoor sitting areas
- There are community gathering places (e.g., churches) within walking distance
- Rockwell Park, the Pequabuck River, and Muzzy Field are safely accessible places of pride for the neighborhood;
- The neighborhood is safe for everyone at all times of the day and night



### Workgroups

Following the visioning exercise, workshop participants assembled into five smaller groups to start to identify opportunities to change the neighborhood and move it toward this collective vision. The five groups were: (1) *The Green Scene*: Recreation, Open Space, and the River; (2) *Dress for Success*: Blight & Abandonment; (3) *Be My Neighbor*: Public Safety & Quality of Life; (4) *Oh the Places You'll Go (And How You'll Get There)*: Traffic, Transportation, Parking & Pedestrians; and (5) *Our Ugly Ducklings*: Prime Development Opportunities. Each group had a facilitator, a recorder, a reporter, and a referee to make sure everyone had a chance to speak and the group stayed on topic. The groups met for one hour and then came together to report on their discussions.

### **GROUP – *Be My Neighbor: Public Safety & Quality of Life***

The group discussed what creates a high quality of life in the West End and how the quality of life can be improved. The group identified that open space and the community and religious institutions strongly improve the quality of life. The open spaces include Rockwell Park, Muzzy Field, and the Pequabuck River. The community and faith-based institutions include the Boys & Girls Club, Family Center, O'Connell School, St. Ann Church, and Saint Anthony Church.

*Priority Issues.* The group identified major areas for improvement including:

- Public perception of criminal activity in the neighborhood
- Sense that neighborhood is unsafe after dark
- Properties that are not well maintained
- Commercial corridors
- The area between Park and Divinity streets (needs improvement)

*Suggestions and Ideas.* The group identified several ideas for improving the quality of life and safety of the neighborhood including:

- Establish neighborhood block watch groups
- Increase police presence; assign police officer(s) to a West End “beat”
- Hold regular neighborhood social gatherings (e.g., block parties) that include food and getting to know each other
- Engage community youth (e.g., via local mentoring programs with local businesses and/or police ride-alongs)
- Provide grants and information on funding sources for residents, property owners, and business owners interested in repairing/renovating/improving their property
- Creating trust between different groups of people (tenants, landlords, City officials, police, etc.)
- Enforcing applicable laws



### **GROUP – *The Green Scene: Recreation, Open Space & The River***

The group tackled the question of how the parks, the Pequabuck River, and other open spaces in the West End work in the neighborhood and could be improved.

*Priority Issues.* The group saw the major issues associated with green spaces as:

- Lack of public safety
- Imbalance of resident vs. non-resident use
- Distressed condition of some recreational areas (paths, river, pond, parking)
- Lack of access to the Pequabuck River, other than in Rockwell Park

*Suggestions and Ideas.* Ideas for improving the park included:

- Restore the river & ponds
- Create access to the river, especially between Jacobs and West streets
- Include benches, gardens, trails, fishing, and fitness trails
- Improve the condition of the paths
- Improve the balance of resident versus non-resident use
- Improve the safety of the park by increasing police patrols and consider bringing a police substation to the area
- Provide better (and more) connections between walking/biking paths in park and nearby sidewalks/bikeways in town
- Create sufficient parking for the park in appropriate locations.



### **GROUP – *Oh the Places You'll Go (and How You'll Get There): Traffic, Transportation, Pedestrians, and Parking***

The group discussed the issues associated with getting around the neighborhood—by car, bus, bike, and foot—and how vehicular and pedestrian pathways could be improved to make the neighborhood function better. The group recognized that neighborhood gateways at both the eastern and western intersections of Park and Divinity streets are an asset.

*Priority Issues.* The group saw the major issues as:

- Lack of clearly defined & attractive gateways to the neighborhood
- Heavy traffic along Route 72
- Lack of public transportation and bike / pedestrian paths in neighborhood
- Limited connectivity between the Muzzy Field/Rockwell Park/Park Street area and the West End's southernmost and northernmost residential streets



*Suggestions and Ideas.* Ideas for improving the neighborhood were:

- Create well-signed and attractive gateways to the neighborhood, particularly at the intersection of Park and Divinity
- Consider providing traffic lights along Route 72 to slow and control the heavy traffic driving through the neighborhood
- Create an additional street connection between Park and Divinity streets in the vicinity of Muzzy Field
- Enhance Tulip Street as a more pedestrian-friendly walkway
- Provide a footbridge over the Pequabuck River in the vicinity of Gaylord / Wave streets
- Realign the intersection of Park and Divinity streets (just west of West Street) and consider widening Route 72 at/near that intersection to mediate heavy truck traffic and improve traffic flow
- Create a walking / bicycle path along the Pequabuck River between Rockwell Park and Brackett Park / West Street
- Provide public transportation that serves the West End
- Place overhead utilities underground to improve the visual quality of the neighborhood
- Use future development sites (e.g., IGA site) in solutions to create pathways and routes in the neighborhood

#### **GROUP – Our Ugly Ducklings: Prime Development Opportunities**

The group discussed the major development sites that exist in the neighborhood and identified potential uses for these sites, paying particular attention to their nearby assets to strategically connect the neighborhood's best features.

*Suggestions and Ideas.* Ideas for these development sites included:

- *Former Chic Miller auto dealership site:* Potential re-uses include relocated Boys & Girls Club, new police/fire complex, or residential use to complement surrounding uses.
- *O'Connell School:* Location is well-suited for a relocated Boys & Girls Club, given the school's new gym, or to residential uses. Reuse should take advantage of the River.
- *Former IGA Supermarket Site.* Potential re-uses include a reception hall, arts/cultural uses (e.g., theatre, performing arts center, comedy club, or cabaret use), and residential uses, allowing commercial uses to be focused in commercial areas
- *Former UAW Union Hall:* Location is well-suited for a Sports Hall of Fame associated with Muzzy Field or a restaurant with outdoor dining.
- *Intersection of Routes 72 and 69:* Potential exists to improve / revitalize commercial area to reinforce the gateway entrance (e.g., with façade improvements), with particular attention to reuses that include nice shopping, restaurants, coffee shop, and outdoor seating to create a neighborhood atmosphere.
- *Rockwell Park.* Potential to attract visitors to the neighborhood (e.g., concerts in the park, street vendors along Muzzy Street during park / Muzzy Field events, creating a family-friendly atmosphere on game days, creating nearby sports-oriented restaurants and stores that sell souvenirs for people to go after the game).



#### **GROUP – Dress for Success: Blight and Abandonment**

This group focused on defining blight, identifying why and where blight occurs, identifying the first impressions that the neighborhood could be making, and suggesting ideas to improving the neighborhood's perception. The group said that, ultimately, they would like the neighborhood to be seen as clean, safe place with thriving businesses, people who seem happy as they walk the streets, good landscaping and care for properties, and adequate parking and amenities.

*Priority Issues.* The group saw the major issues today as including:

- Blight (litter, abandoned/unkept properties, streets not well-maintained, sidewalks in poor condition, graffiti, dog droppings)
- Private properties and public places that are poorly maintained
- Lack of pride and accountability by some neighborhood property owners / residents
- Outsiders who disrespect the neighborhood (i.e. absentee landlords that do not take care of their properties, people who drive through and dump garbage in the street)

*Suggestions and Ideas.* Ideas for these development sites included:

- Provide adequate parking for residents and businesses
- Provide streetscape amenities to help beautify the neighborhood
- Strengthen the city's code enforcement efforts in the neighborhood
- Improve city maintenance of the neighborhood's streets, sidewalks, and public spaces
- Organize neighborhood support for pride and accountability in the neighborhood
- Educate neighborhood stakeholders about the importance and benefits of ongoing property maintenance
- Provide financial assistance for property owners to upgrade/improve their property



### Wrap-Up

A representative of each group reported on his / her group's discussion and suggestions to the entire gathering. It was noted that many of the issues raised are inter-related and that many of the suggestions and ideas offered are similar or complementary to one another. In closing, Mr. Weiner thanked everyone for attending the workshop, noting the excellent level of participation. Ms. Grossman added her appreciation for all of the ideas developed during this workshop and thanked the participants for their involvement in this planning exercise. She explained that a summary of the workshop will be posted on the study website, [www.cpstn.com/westend](http://www.cpstn.com/westend), and information about future public sessions will be widely publicized.

*Please note:* This summary is intended to be a general representation of the event, but is not intended to be a verbatim report of the proceedings. Please be assured that all ideas (whether contained in the summary or not) will be given further consideration as the study proceeds. If you have any comments, questions, or corrections to this meeting summary, please let us know. We can be reached at (203) 785-0130 or [westend@cpstn.com](mailto:westend@cpstn.com). Thank you again!



## List of Attendees

### Community Members

Melanie Adamski – Neighborhood Resident  
Roger Albert – St. Ann Church  
Michael Audette – O’Connell School  
Ryan Bessette – Homeowner  
Jan Bevivino – Neighborhood Resident  
Nancy Bonin – Property Owner  
Audra Camben – Neighborhood Stakeholder  
Andy Cannici – Bristol Planning Commission  
Fortunata Castaneda – Neighborhood Stakeholder  
Hector Castaneda – Neighborhood Stakeholder  
Kathy Castaneda – Property Owner  
Daria Cesario – Neighborhood Resident  
Gerald Chamberland – Neighborhood Resident  
Alfred Cianchetti – Neighborhood Resident  
Ron Ciarcia – Neighborhood Stakeholder  
Ken Cockayne – Bristol City Council member  
John Cswercko – Homeowner  
Leslie Czerwinski – Neighborhood Resident  
Jan Deveau – Property Owner  
Steve Deveau – Property Owner  
Brian Ewings – Bristol Planning Commission  
David Ferraro – Neighborhood Resident  
Robin Ferraro – Neighborhood Resident  
Rev. Alphonso Fontana – Saint Anthony Church  
Lt. Thomas Grimaldi – Bristol Police Department  
David Hamelin – Hamelin & Sons  
Jesse Jablon – Property Owner  
Joe Kelaita – Bristol Planning Commission  
Robert Kelly – Neighborhood Resident  
Tammy Kelly – Neighborhood Resident  
Leonard Lamothe – Neighborhood Resident  
John Leone – Greater Bristol Chamber of Commerce  
Phil Lysiak – St. Vincent DePaul Mission of Bristol  
Jackie Majerus – *Bristol Press*  
Kevin McCauley – Bristol City Council member  
Clark Michaud – Neighborhood Stakeholder  
Craig Minor – Bristol City Councilman  
Mary Moulton – Pequabuck River Watershed Association  
Elliot Nelson – Homeowner  
Andrew Nigro – Neighborhood Youth  
Janet Nigro – Neighborhood Resident  
James Orr – Property Owner  
Ruth Orr – Property Owner  
Jay Pax – Neighborhood Stakeholder  
Sandie Pelletier – Homeowner  
Karen Pio – Greater Bristol Property Owners Association  
John Piotrowski – Property Owner  
Nick Piotrowski – Neighborhood Resident  
Chet Reed – Pequabuck River Watershed Association  
Sylvia Roy – Property Owner  
Diana Silvestri – Property Owner  
Donald Stacom – *Hartford Courant*  
Michael Suchopar – The Family Center, Bristol Boys & Girls Club

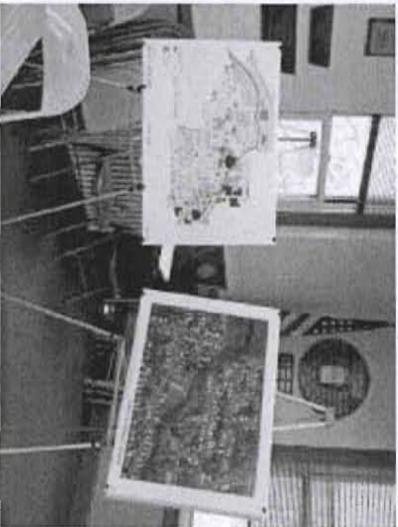
Joan Vallee – Neighborhood Resident  
William Veits – Bristol Planning Commission  
Sal Vitrano – Vitrano Preleski & Wynne  
Lawrence Zahnke – Neighborhood Stakeholder

### City Planning Staff and Consultants

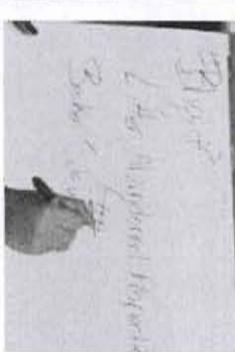
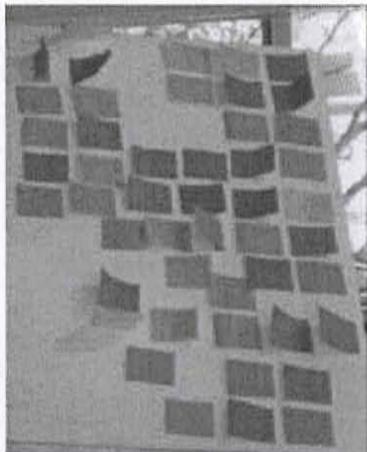
Alan Weiner – City Planner  
Kacie Costello – Assistant City Planner  
Lisa Grossman – The Capstan Group  
Gloria Wang – The Capstan Group  
Amber Walsh – The Capstan Group  
Alan Plattus – Yale Urban Design Workshop  
Andrei Harwell – Yale Urban Design Workshop  
Vanessa Mendoza – Yale Urban Design Workshop



Additional Photos from the Workshop  
Photographs by Amber Walsh and Andrew Nigro



Additional Photos from the Workshop  
Photographs by Amber Walsh and Andrew Nigro



# The Bristol Barrens

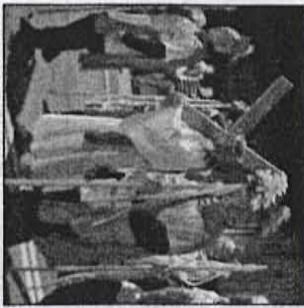
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celebrates

## Fixing up the West End

By JACKIE MAJERUS  
STAFF WRITER

BRISTOL — By offering help to businesses and homeowners, opening up access to the Peguabuck River, ensuring the positive re-use of vacant landmarks, increasing police presence and dressing up Park Street, the city can do much to restore and rejuvenate the

West End, a draft study says.

The study, nearing completion, offers suggestions for how to improve the West End, which it identifies as a "long-established Bristol neighborhood with an important place in the city's history and a lively local identity."

Begun about two years ago, the study, commissioned by the Bristol Planning Commission, analyzes a variety of issues

pertaining to the West End and determines steps for recovery, according to City Planner Alan Weiner.

"It's still a fine neighborhood," Weiner said. "It's got good bones, but it's fraying around the edges."

The West End is "certainly the most urbanized neighborhood" in Bristol, Weiner said.

See **STUDY, Page 4**

# Rosenthal: Some parts of the West End are in 'perfectly good shape'

Continued from Page 4

The report also identifies "high profile properties" like the former Chic Miller auto dealership on West Street, the former IGA grocery store on Divinity Street, which should have environmental assessment and remediation and be redeveloped with a mix of residential and commercial uses.

Planning commissioners can recommend options, but aren't in a position to make policy for the city or commit funds.

"Clearly there are problems in the West End," Weiner said, but it is "remarkable" how many strengths it has. "It's got a tremendous number of assets."

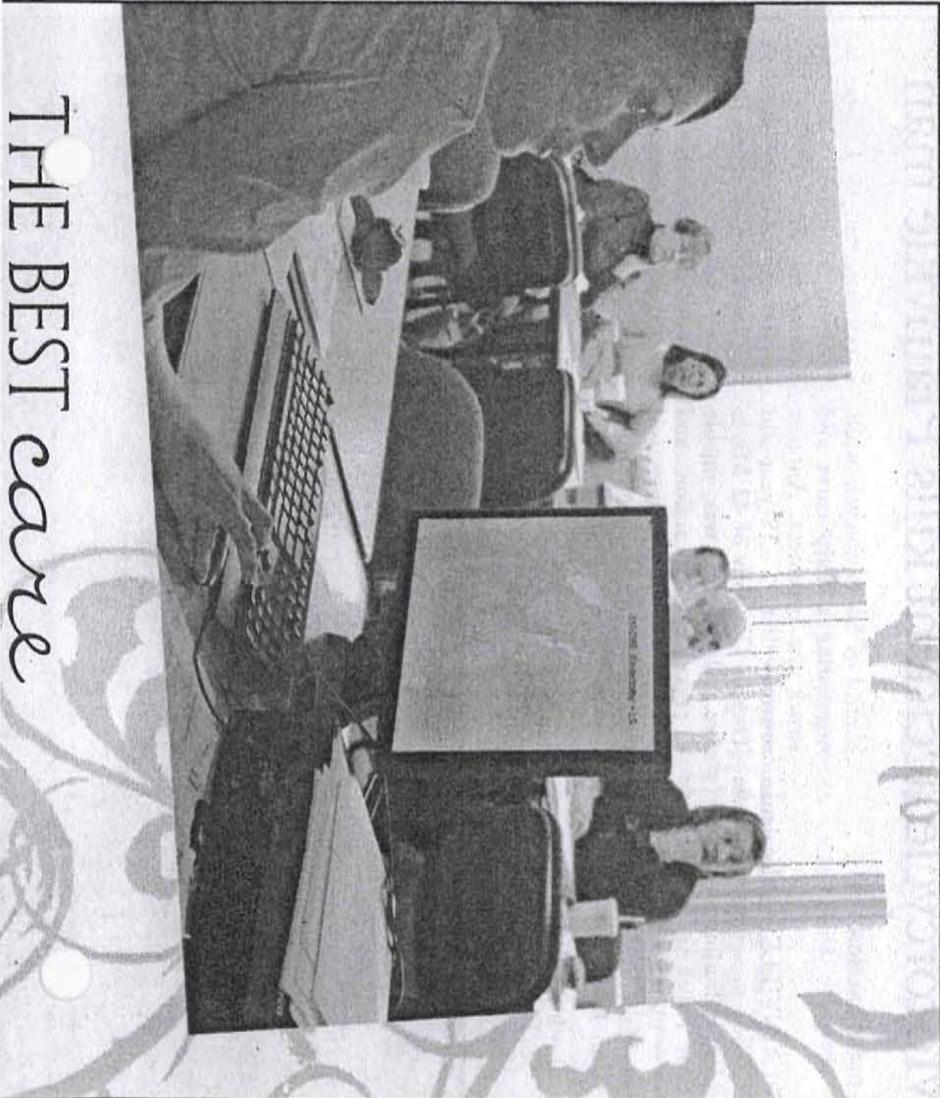
The West End, Weiner said, is "a pretty broad area."

It includes Jacobs, Park, Divinity, South, School, Pleasant and West streets.

"It's called the West End because it was the west end of downtown," Weiner said. "It still is."

Jonathan Rosenthal, the city's economic development director, said the West End is "an important gateway" to the city.

"Large parts of the West End are in perfectly good shape," Weiner said, adding that there are many solid, single family homes that are well kept by proud residents of the West End who know they've got a great neighborhood.



THE BEST *care*

# Study suggests improvements for Bristol's West End

Continued from Page 1

and the study of its transportation, housing, public safety and architecture, aims to establish a plan that will stabilize, strengthen and improve it.

Beginning with a vision statement, the study is based on the observations and ideas of many West End stakeholders, including property owners, business owners, residents and others.

The statement cites the neighborhood's diverse population, variety of housing types and local businesses, schools and churches, distinct architecture as well as Rockwell Park, Muzzy Field, Brackett Park and the river among its many assets.

"It's exciting to see this report," said city councilor Ken Cockayne, who attended sessions early on about it and found them packed with people who wanted to take part.

"There's parts of the West End that are beautiful," Cockayne said.

The suggestions for improvement range from low cost to substantial investment. Some would require the involvement of a city department, board or commission and others, if enacted, could be completely separate from any governmental participation.

One non-governmental idea is the establishment of a West End neighborhood association.

"There needs to be an advocate for this neighborhood, from this neighborhood," Weiner said. But if the city is serious about turning the West End around, not everything that is needed will be easy; some things will take time and may be costly, said the planner.

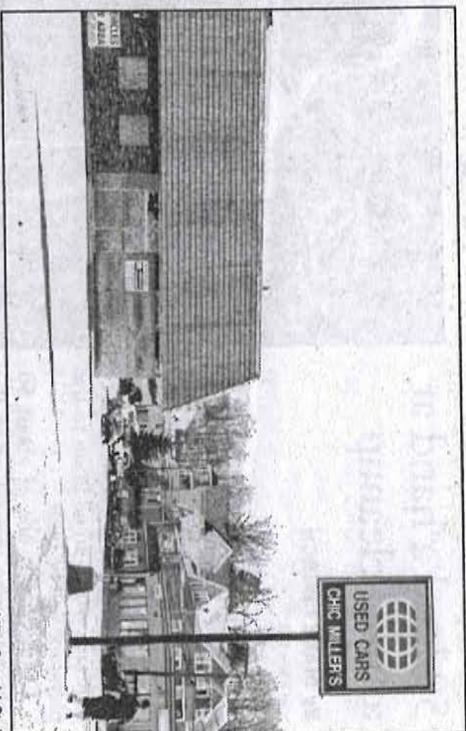
Among the recommendations are to target the West End for housing rehabilitation programs, sidewalk repairs and programs

for homeowners about financing, home maintenance and increased city code enforcement.

Public safety could be improved, the report says, with active block watches and a neighborhood association, increased police patrols, a police substation and West End police beat as well as new pedestrian and street lighting. Getting businesses and organizations involved with youth and supporting the planned relocation of the Bristol Boys and Girls Club to West Street could also help, it says.

The report also recommends:

- New signs identifying the center of the neighborhood, areas for parking and an architectural guide.
- Community-building events and activities such as block parties and festivals.
- Bus service extending into the neighborhood, having a bike



Mike O'razzi | Staff

The former Chic Miller's on West Street in Bristol.

route established, improvements made to some intersections and traffic calming measures enacted on Park Street.

■ A West End business directory, streetscape improvements and economic development programs that help retain existing businesses and attract new ones.

■ Federal block grants to help with façade improvement and additional shared off-street parking as well as new on-street

parking.

■ O'Connell School on Park Street should be retained, nominated for inclusion on the state historical register and used to help provide public access to the Peguabuck River, which in general should be cleaned up and better integrated into the neighborhood with passive recreation and a pedestrian and bike trail along its banks.

See ROBERTA THAL, Page 5





## BRISTOL CONTINUUM OF CARE - MEMBERSHIP LIST

ORGANIZATION NAME	MEMBERSHIP TYPE	ORGANIZATION TYPE	ORGANIZATION ROLE	SUB-POPULATION
State of CT, Department of Social Services	Public Sector	State Government	Primary Decision Making Group, Committee/Sub-Committee Work Group	Seriously Mentally Ill
Bristol Development Authority	Public Sector	Local Government	Attend 10-year planning meetings, Committee Work Group	None
Bristol Community Services	Public Sector	Local Government	Committee/Sub-committee/Work group	Seriously Mentally Ill
Bristol Housing Authority	Public Sector	Local Government	Primary Decision Making Group, Consolidated Plan planning meetings	Youth, Seriously Mentally Ill
Bristol Board of Education	Public Sector	School	Committee/Sub-committee/Work Group	Youth
CT Works Center	Public Sector	Local Workforce Development	Committee/Sub-Committee/Work Group	Veterans
City of Bristol Veterans Office	Public Sector	Other	Primary Decision Making Group, Committee/Sub-Committee/Work Group	Veterans
Greater Bristol Property Owners Association	Private Sector	Business	Primary Decision Making Group, Committee/Sub-Committee/Work Group	None
Prudence Crandall	Private Sector	Non-profit	Primary Decision Making Group, Attend Consolidated Plan planning meetings	Domestic Violence
Hartford Dispensary	Private Sector	Hospital	Committee/Sub-committee/Work Group	Seriously Mentally Ill
Bristol Community Organization	Private Sector	Non-profit	Primary Decision Making Group, Consolidated Plan planning meetings	Seriously Mentally Ill
St. Vincent DePaul Mission of Bristol	Private Sector	Faith-Based	Primary Decision Making Group, Consolidated Plan planning meetings	Seriously Mentally Ill
Salvation Army	Private Sector	Faith-Based	Primary Decision Making Group, Committee/Sub-Committee Work Group	Seriously Mentally Ill
United Way	Private Sector	Funding Source	Primary Decision Making Group, Consolidated Plan planning meetings	None
Farmington Savings Bank	Private Sector	Business	Primary Decision Making Group, Committee/Sub-Committee Work Group	None
Bristol Hospital	Private Sector	Hospital	Primary Decision Making Group, Committee/Sub-Committee Work Group	Seriously Mentally Ill
Bristol Hospital Counseling Center	Private Sector	Hospital	Committee/Sub-committee/Work Group	Seriously Mentally Ill
Anonymous Homeless Person #1	Individual	Homeless	Primary Decision Making Group, Committee/Sub-Committee Work Group	None
Wheeler Clinic	Private Sector	Hospital	Primary Decision Making Group, Committee/Sub-Committee Work Group	Seriously Mentally Ill
Connecticut Mental Health Affiliates	Private Sector	Non-profit	Primary Decision Making Group, Committee/Sub-Committee Work Group	Seriously Mentally Ill
Bristol Police Department	Public Sector	Law Enforcement	Primary Decision Making Group, Committee/Sub-Committee Work Group	None
Visiting Nurses	Private Sector	Hospital	Committee/Sub-committee/Work Group	Physically Disabled, Seriously Mentally Ill