

Southeastern Connecticut Council of Governments

Human Services Providers Shared Services Study

December 2018

Prepared for the Southeastern Connecticut Council of Governments by Interim Executive Solutions, Inc.

Executive Summary

In 2014, the Southeastern Connecticut Council of Governments (SCCOG) was awarded a grant from the State of Connecticut's Office of Policy and Management's Regional Performance Incentive Program to develop recommendations for how the region's human services providers can improve service provision and/or reduce costs through increased coordination and sharing of staff and services. The aim of the project is to enable service providers to make informed decisions about which services are most needed so that there can be a coordinated approach to the delivery of such services. In January 2018, SCCOG selected the consulting firm IES to complete the study.

The southeastern Connecticut region is home to a diversity of socio-economic conditions which vary from one municipality to another. Poverty is the primary human services challenge in the region. The most requested services relate to housing and shelter as well as mental illness and addiction. While urban centers in the region, specifically Norwich and New London, host a disproportionately high number of human services providers, they also have the highest number of service requests and unmet needs. However, top-level data on need is insufficient and improperly formatted to offer a deeper and more nuanced understanding of the state of the human services sector in the region.

In depth interview and survey data collected by the IES team indicates that the human services sector in southeastern Connecticut is characterized by synergy and collaboration, as well as intense competition for resources. Organizations in the region are committed to serving their clients and achieving impact in the most efficient manner possible. However, there has been a decline in resources to fund human services provision in recent years. This shortage results in competition for funding, and unclear communication about funder priorities and allocations strains the existing connections and relationships in the sector.

This study identified four key contributing factors to the state of collaboration and competition in the human services sector of southeastern Connecticut:

- 1) Rising costs;
- 2) Dependence on declining sources of funding;
- 3) Lack of strategic and transition planning; and
- 4) Lack of service coordination across the region.

In order to address these challenges facing human service providers and the sector overall, IES has developed a set of recommendations for nonprofits, municipalities, funders, and sector conveners such as SCCOG that will support more sustainable models for service provision in the region.

Nonprofit service providers were most enthusiastic about exploring cost-saving opportunities and revenue diversification strategies. Our suggestions seek to produce bottom-line savings for each organization and ensure that incoming funds are consistent and sustainable in an era of increasing costs and changing funding and policy priorities. IES also suggests several operational and strategic maneuvers, largely distilled from participants in this study, that nonprofits can take to ensure their vitality and expand their impact.

For nonprofits and municipalities in the region, we suggest a more integrated approach to human service provision. While many organizational leaders are familiar with the organizations within their geographic or mission-related network, they hoped to learn more about the broader services system in the region and expressed that they wished to have a better understanding of available community services for their at-risk populations. IES asserts that increased knowledge about potential partners above and beyond existing relationships could create an explicit continuum of care services model to more effectively serve clients and support their staff in making timely referrals. We have also suggested some ways that nonprofits, by forming associations, or municipalities, by supporting pay for success models, can be of collective benefit to all human services providers in the region.

For funders and sector conveners such as SCCOG, there is a need to facilitate and coordinate collaborative processes. Promoting events for sharing experiences and services can include creating new forums for sharing human service provider best practices and facilitating conversations around shared service models that will work for the region. It can also take the form of providing training, serving as an information warehouse, and advocating for human service providers in southeastern Connecticut.

The table below summarizes the key recommendations we outline in this report and indicates the parties we suggest lead the charge on each point.

		Recommendations	Nonprofits	Municipalities	State/Federal Government	Private Funders	SCCOG/Regional Conveners
Shared Services and Other Cost Savings	Pursue joint purchasing arrangements	X	X				
	Contract services from other human services providers	X					
	Hire collectively for certain functions via a Professional Employer Organization	X					
	Create or join umbrella organizations and training consortiums	X					
	Promote value-based primary care policies	X					
	Band together to create an insurance cooperative	X					
	Pool purchasing power in buying-consortiums	X					
	Consolidate administrative staff across organizations	X					
	Engage in contract bidding and bundling	X	X				
	Share space in municipal facilities or coworking spaces	X	X				
	Explore expansion of municipal procurement program		X				
	Join CRCOG municipal collective purchasing program, or create a SCCOG variant		X				X
	Develop database of volume-based discount services	X					
	Engage with technology providers that offer nonprofits discounted or free services	X					
Create alliances of providers by service area to jointly pursue all of the strategies above	X						
Revenue Diversification	Maintain a healthy mix of revenue sources	X					
	Seek ways to increase earned income revenue	X					
	Match government funding with advocacy	X					
	Pursue a long-term fund development strategy	X					
	Monitor revenue growth rates and reduce liabilities	X					
	Develop a Pay for Success funding model		X	X	X		
	Centralize third-party billing processing	X					
	Consider formal collaborations and mergers	X					
Planning	Complete an organizational self-assessment	X					
	Conduct regular financial assessments	X					
	Maintain an up-to-date strategic plan	X					
	Develop a leadership transition plan	X					
	Leverage existing support structures and funds for planning	X					

		Recommendations				
		Nonprofits	Municipalities	State/Federal Government	Private Funders	SCCOG/Regional Conveners
System Alignment	Shift to Systems Thinking along Continuums of Care	X	X	X	X	X
	Utilize the convening power of municipalities, funders, and regional networks to improve service coordination	X	X	X	X	X
	Create community-level strategic development plans		X			
	Develop a database of services and pro forma partnership agreements	X	X			X
	Inform municipalities when funding for new programs comes into the town/city	X		X	X	
	Map out continuums of care by areas of need and location	X	X	X	X	X
	Increased communications from regional funders to improve transparency of funding process		X	X	X	
	Create a collaborative calendar of services and events that spans service provision across municipalities, nonprofits, and state agencies	X	X		X	X
	Convene the services that residents require within municipalities	X	X			
Support the System	Convene regional forums to share experiences and address challenges in human services provision	X	X	X	X	X
	Identify a “neutral” leader for group interaction and engagement					
	Bring in experts, offer training, and promote existing capacity building workshops for human services providers			X	X	X
	Launch and host a low-cost pro forma referral agreement database	X				X
	Improve 211CT to develop easy-to-pull data by census tract and municipality that enables multi-year analysis	X				X
	Disseminate critical state news, including available funding, and state funding priorities, and anticipating shifts				X	X
	Document established connections between providers and policy-makers to promote the services and support structures					X
	Encourage funding opportunities that promotes collaborative programming			X	X	X

Acknowledgments

IES acknowledges the participating twenty-seven nonprofit organizations, eight municipal governments, and one Tribal Nation for their engagement with our consultant team and forthcoming provision of financial, strategic planning, and organizational data used to prepare the analysis outlined in this report. We appreciate especially the time and dedication of senior leaders that engaged in our interviews and responded to our surveys as co-creators of knowledge and influence in the human services sector in southeastern Connecticut.

About SCCOG

The Southeastern Connecticut Council of Governments is one of nine Councils of Governments (COGs) in the state. Collectively the COGs provide a geographic framework within which municipalities can jointly address common interests and coordinate those interests with state planning processes. The municipalities within each region have voluntarily joined a Regional Council of Governments (RCOG) to carry out a variety of regional planning and other activities on their behalf. SCCOG is comprised of twenty-two towns, cities and boroughs, and is governed by the chief elected officials of member municipalities. SCCOG's member municipalities are Bozrah, Colchester, East Lyme, Franklin, Griswold, Groton (City), Groton (Town), Jewett City (Borough), Lebanon, Ledyard, Lisbon, Montville, New London, North Stonington, Norwich, Preston, Salem, Sprague, Stonington, Stonington (Borough), Waterford and Windham. The region spans 616 square miles and is home to approximately 286,000 residents.

About IES

IES focuses on providing interim executives and leadership coaching for nonprofit organizations and their boards. We bring together a pool of highly experienced senior nonprofit executives who provide transitional leadership or specialized consulting for nonprofits undergoing periods of leadership, strategic change, and capacity building. Clients can engage with our senior level professionals on an individual basis or benefit from a team of complementary experts working in collaboration to resolve interconnected issues.

Index of Acronyms and Abbreviations

ADA – Americans with Disabilities Act
CAGR – Compound Annual Growth Rate
CCP – Connecticut Council for Philanthropy
CEO – Chief Executive Officer
CERC – Connecticut Economic Resource Center
COGs – Councils of Governments
CRCOG – Capitol Region Council of Governments
CSG – Connecticut State Government
CT – Connecticut
DAS – Department of Administrative Services
ED – Executive Director
IES – Interim Executive Solutions
NANC – The Nonprofit Alliance of Northeast Connecticut
NOISE – Needs-Opportunities-Improvements-Strengths-Exceptions Analysis
NPIP – Non Profit Insurance Program
PEO – Professional Employer Organizations
PILOTS – Payment in Lieu of Taxes
RCOG – Regional Council of Governments
RFP – Request for Proposals
RHSCC – Regional Human Services Coordinating Council
RPIP – Regional Performance Incentive Program
SCCOG – Southeastern Connecticut Council of Governments
SELA – State Early Learning Alliance
SWOT – Strengths-Weaknesses-Opportunities-Threats Analysis
TANGO – The Alliance for Nonprofit Growth and Opportunity
TVCCA – Thames Valley Council for Community Action
UCFS – United Community & Family Services
YMCA – Young Men’s Christian Association

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Introduction

Project Scope

In 2014, the Southeastern Connecticut Council of Governments (SCCOG) awarded a grant from the Regional Performance Incentive Program (RPIP) via the State of Connecticut's Office of Policy Management to develop an inventory of existing services and service gaps and challenges provided by the region's human services providers. SCCOG seeks to make recommendations for how these providers can improve service provision and/or reduce costs through sharing of resources and services as well as increased coordination.

Project Rationale

In 2011, SCCOG addressed a need for greater coordination between human services agencies when it formed the state's first Regional Human Services Coordinating Council (RHSCC). This committee is comprised of representatives from municipalities, state agencies, and nonprofit organizations providing human services to the region's residents. It was formed to encourage collaborations that will foster the development and maintenance of a client-focused structure for the health and human services system in the region," and "(1) ensure that regional plans and activities are coordinated with the human service needs of each region, and (2) develop approaches to improve service delivery and achieve cost savings in the region" (CSG 17a-760). State legislation has since been passed to mandate the creation of such councils, directing councils to "develop approaches to improve service delivery and achieve cost savings in the region."

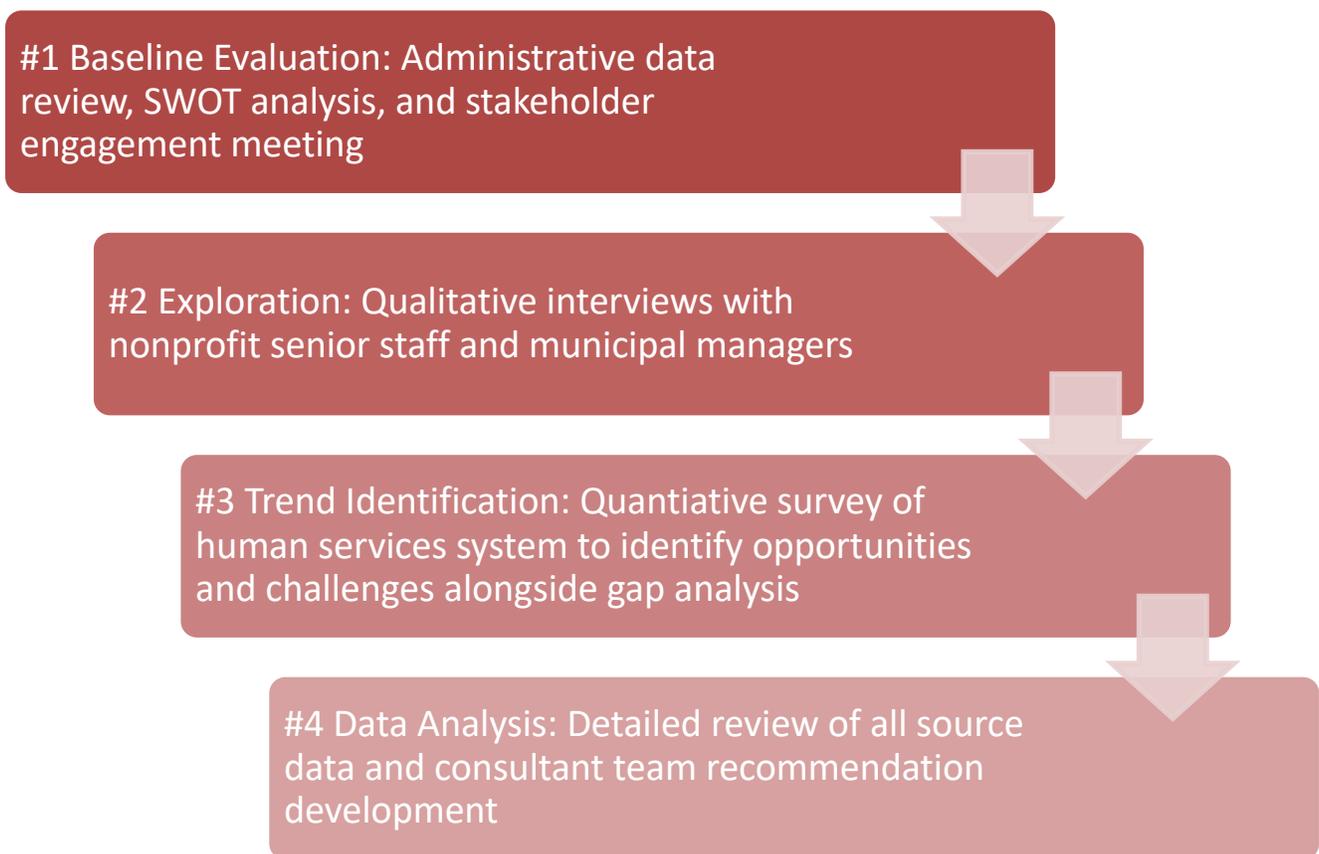
Southeastern Connecticut's human services network is faced with a state-wide challenge to address rising costs and decreased funding. As reported in an article by Keith M. Phaneuf (2018) in *The CT Mirror*, state nonprofit spending was hit hard when Connecticut plunged into a recession in 2008. The debt and retirement benefits that previously consumed 12% of the state budget have increased to 33% of the General Fund, nearly tripling their share. The State of Connecticut's funding for human resources has been shrinking due to the constitutional spending cap, slow recession recovery, and increasing debt and retirement benefits costs – even though service needs continue to grow. With

over half of Connecticut's state funds consumed by large fixed costs, human services providers have been pressured to get creative or tighten their belts. Anticipating that funding will continue to be stretched for human services in the region, SCCOG sought to support human service providers to identify ways to cut costs and maximize service efficiency in the region.

In 2016, SCCOG produced a Southeastern Connecticut Regional Human Services Directory, which identified thirty-seven nonprofit providers, twelve municipal departments, and one Tribal Nation in operation across the region that offer human services interventions. To encourage partnerships and information sharing among these human services providers, SCCOG hosted an expo at which organization representatives had an opportunity to learn about services provided by others in the region. The opportunity to build more collaboration in the region was well received. In 2017, SCCOG developed a request for proposals, to which IES responded, with the aim of initiating a study on how these entities collaborate, compete, and ultimately contribute to the human services delivery system in the region.

Methodology

The IES consultant team followed a four-phase project design to synthesize the enclosed set of models for making improvements in the region’s human services delivery network. The overall goal of the project was to provide SCCOG with both quantifiable and qualitative data on the human services sector and with recommendations on how providers, whether local government or nonprofit organizations, can improve service provision and/or reduce costs through increased coordination and sharing of resources and services.



During the baseline evaluation phase #1, our consultant team sent out a short questionnaire to each of the nonprofits and municipalities previously identified in the region as human services providers in the SCCOG Southeastern Connecticut Regional Human Services Directory. This baseline survey requested contact information for the Executive Director or senior staff for the project, the organization’s website, annual budget, and a summary of core services. In the end, twenty-seven nonprofit organizations, eight municipalities, and one Tribal

Nation expressed an interest in participating. The initial participant meeting was held in January 2018.

Representatives from over a dozen organizations were then engaged in a Strengths-Weaknesses-Opportunities-Threats (SWOT) Analysis to give IES a birds-eye view of how the human services network is currently situated and possible strategic next steps. Finally, the 23 nonprofit organizations, eight municipal agencies, and one Tribal Nation that opted to participate in this phase of the study joined the IES consultant team for an in-person meeting to review and validate the SWOT Analysis results. The preliminary product from the baseline evaluation phase #1 of the project is available in Appendix #1.

Following this initial meeting, each IES consultant began working with a sub-set of the participating organizations grouped by key characteristics such as organization size or type of service provided in the exploration phase #2. After conversation with their respective groups, each consultant developed a value proposition or hypothesis to guide the proximate exploratory phase of the project. Interviews were then conducted with the leadership of each organization or municipal agency. Interviews lasted from 30 minutes to 1.5 hours depending on the engagement and availability of the senior leadership respondent. All interviews followed a semi-structured protocol to focus the conversation on key elements of the hypotheses proposed. Results of the exploratory phase were shared in a full-team meeting of the IES consultants, and a set of central themes related to areas of need and strengths in the southeastern Connecticut services sector emerged.

The trend identification in phase #3 relied upon the baseline and exploratory phase data to develop a quantitative survey distributed to all participating nonprofit organizational leaders. The survey underwent a two-phase field test by both consultants and a sub-set of nonprofit leaders before being sent to all participating nonprofit organizations. After a period of three weeks, 20 nonprofit leaders completed the survey—a 74% response rate. IES has included organization profiles based on key data points from this survey for participating nonprofits in Appendix #3. Given the distinctive nature of human services provision via municipal departments or offices, local government staff in each of the eight municipalities were also asked to indicate which services they offered from a list of services developed from the 211CT database in the region. They were also asked to respond to a pre-filled survey prompt mirroring the line of

inquiry for nonprofits. All eight of the participating municipalities responded to the service list request and those with unique cases or more detailed information responded to the detailed survey. Data from the survey and municipal staff responses were then compiled and reviewed to identify trends in a full-team meeting of IES consultants.

The final data analysis, phase #4 of the project, involved a service provision gap analysis using Connecticut Economic Resource Center (CERC) and 211CT databases alongside comparing and contrasting the data obtained throughout phases #1-3 of the project. CERC provides data on socio-economic indicators for each municipality in the region, while 211CT data lists service providers in the region and maps human service request calls to the 211CT phone line by areas of service requested.

From the gap analysis, IES sought to identify which human services needs were not being met within each municipality in the region. Despite several challenges with the CERC and 211CT databases, most notably an inconsistent categorization for classifying human services, IES was able to discern three patterns of unmet needs in the region which we share in the first section of this report. From the interview and survey data gathered in phases #1-3, a central finding was that there are two contradictory forces, one of collaboration and the other of competition, in the region. A further four key factors emerged characterizing the state of the human services sector in southeastern Connecticut. The central finding as well as each of these four themes forms the structure and substance of the remainder of this report.

When making recommendations rooted in our project findings, our guiding principle was to maintain a focus on entities with strong capabilities and capacity that could share best practices, provide sector-wide resources, or partner to support other organizations and services. Likewise, IES consultants identified several areas in which SCCOG and other convening parties could contribute to strengthening the provision of human services.

Human Services in Southeastern Connecticut

Analysis of Human Service Needs in the Region

As part of a gap analysis conducted by IES in association with this report, our team explored the extent of human services available across southeastern Connecticut in tandem with financial and demographic data by municipality. This analysis sought to provide a birds-eye view of human services provision gaps in the region using data from CERC town profiles and the 211CT human services referral databases. We will begin with a short overview of these two data sources, and then we will turn to review our findings from each data set. We lead with a summary of this broader analysis as our findings provide a backdrop for the more nuanced findings revealed by our interview and survey data. The full gap analysis report is included in the Appendix.

Data Sources

CERC compiles various socio-economic indicator data into town profiles, showing the key characteristics and differences between municipalities in southeastern Connecticut. High-level indicators included in this dataset and analyzed by IES are population, square mileage, population density, poverty level, education level, and household income. This data we used to explore how differences between municipalities contribute to the demand for services. CERC provides data for municipalities classified as “county subdivisions” by the U.S. Census, of which there are 19 in the SCCOG region. Data for the City of Groton, Jewett City, and Stonington Borough is reported as part of Groton, Griswold, and Stonington, respectively.

United Way’s 211CT database tracks 2-1-1 service request callers and organizations that have registered to receive referrals via this system by service type. It divides human services into 15 core categories including: housing, income, mental health, substance abuse, older adults, re-entry, health care, utility assistance, food, legal assistance, transportation, children and families, crisis, volunteer, and youth. These categories closely parallel the service categories used by SCCOG in its 2016 directory. Organizations listed in the 211CT database include nonprofits, municipal human services departments, for-profits, as well as state and federal agencies. Using this data, our team identified

three major trends that characterize human services needs in southeastern Connecticut outlined below.

Three Trends of Human Service Provision in the Region

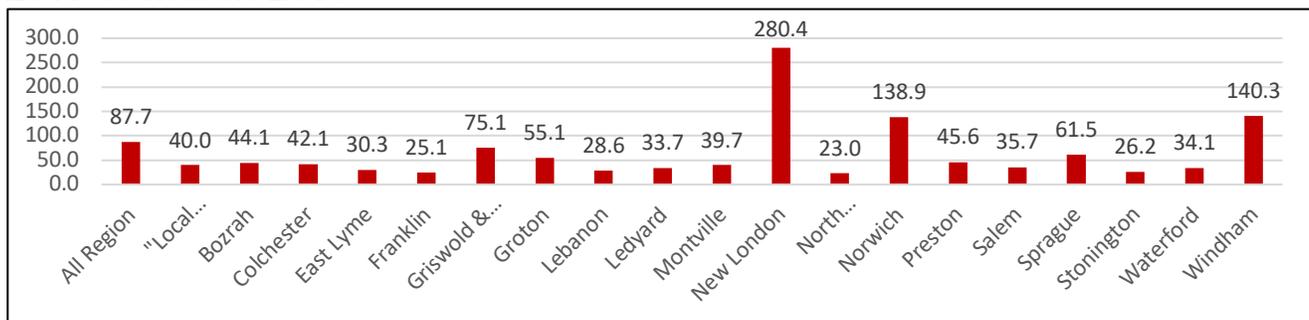
CERC municipal socio-economic profiles for southeastern Connecticut show a wide range of diversity in terms of human service needs. Of the 19 municipalities in the region reported upon, three have poverty levels more than five percentage points above the regional average, five have lower high school graduation rates than the state average, and eight have a median annual household income below the median for the region. Six municipalities including Griswold, Groton, New London, Norwich, Sprague, and Windham demonstrate higher than average poverty and child poverty levels as well as low levels of educational attainment. All urban centers in southeastern Connecticut report disadvantaged socio-economic characteristics across all indicator areas as opposed to only 19% of smaller, primarily rural towns.

Given this demographic backdrop, the first major trend identified by 211CT data is that the region’s urban centers experience a far higher per capita number of calls than other municipalities in the region. Figure 1 below shows the requests for services made through 211CT for the SCCOG region as a whole, for the “local average” municipality calculated as the average for non-high needs communities, and for each of the SCCOG member municipalities.

Trend #1:

The region’s urban areas experience a far higher per capita number of calls than other municipalities

Figure 1: 211CT Requests by Municipality (per 1,000 residents) from March 2017 to March 2018



Note: Griswold & Lisbon are reported together as 211CT data is collected by zip code, and these municipalities share a zip code. Source: United Way of Connecticut. (2018). 211CT. Retrieved from <https://www.211ct.org/>

As is clearly demonstrated by Figure 1, New London, Norwich, and Windham have significantly higher rates of 211CT request calls than the rest of the municipalities at 280, 139, and 140 calls per 1,000 residents respectively.

Trend #2:

The most common requests in the region are for housing and shelter assistance, followed by mental health and addiction services

A second trend emerging from the 211CT caller data is that housing and shelter are the most common requests in the region, again focused in New London, Norwich, and Windham. Requests for mental health and addiction, though also high, come in at a distant second. Table 1 below shows the percentage and number of 211CT request calls by service type in descending order over a one-year sample of callers from March 2017 to March 2018.

Table 1: 211CT Calls by Service Type in Southeastern Connecticut from March 2017 to March 2018

Service Requested	% of All Calls	# of Calls
Housing & Shelter	31%	6132
Mental Health & Addictions	23%	4424
Health Care	9%	1785
Other	9%	1712
Employment & Income	8%	1584
Utility Assistance	7%	1341
Food	4%	844
Govt & Legal Assistance	4%	839
Disaster	2%	346
Clothing & Household	1%	283
Transportation	1%	263
Children & Families	0%	64
Education	0%	30
Crisis	0	0
Older Adults	0	0
RE-Entry	0	0
Substance Abuse	0	0
Volunteer	0	0
Youth	0	0
TOTAL	100	19647

Source: United Way of Connecticut. (2018). 211CT. Retrieved from <https://www.211ct.org/>

However, not all calls received by 211CT can be resolved. The 211CT database identifies these cases, illuminating unmet needs in the region. Digging into this data by sub-category reveals the below top ten areas of unmet needs.

Top 10 Unmet Needs

- | | |
|----------------------------------|----------------------|
| 1) Rent assistance | 6) Food pantries |
| 2) Financial assistance | 7) Legal contracts |
| 3) Shelters | 8) Low-cost housing |
| 4) Electric/utilities assistance | 9) Disaster shelters |
| 5) Crisis intervention/suicide | 10) Health insurance |

Table 2 below shows the number of unmet needs by municipality and type.

Table 2: Unmet Needs by Municipality

	Housing & Shelter	Food	Health Care	Utility Assistance	Mental Health & Addictions	Employment & Income	Clothing & Household	Child Care & Parenting	Government & Legal	Transportation Assistance	Education	Disaster	Other	Total Unmet Needs
All Region	1357	117	77	182	179	608	57	5	82	38	7	58	135	2902
New London	423	38	24	40	52	201	14	2	28	14	2	21	38	897
Norwich	432	28	16	67	22	201	20	3	13	5	2	6	26	840
Windham	156	13	6	2	9	56	1	0	5	6	2	8	9	272
Groton	111	12	14	10	16	54	5	0	9	5	0	4	14	254
Griswold/Lisbon	56	3	3	13	18	27	2	0	5	3	1	2	9	142
Montville	37	5	1	7	6	11	2	0	2	3	0	4	0	78
Colchester	26	2	2	8	8	13	0	0	3	0	0	2	6	70
Stonington	16	2	2	5	17	3	8	0	1	0	0	3	12	69
Waterford	17	4	4	7	8	20	2	0	0	0	0	2	2	67
Ledyard	32	1	1	2	4	6	0	0	1	0	0	2	3	52
East Lyme	24	5	0	6	4	6	0	0	2	0	0	0	4	51
Sprague	15	0	0	6	1	3	2	0	0	0	0	1	0	28
Preston	6	1	0	6	6	3	0	0	0	0	0	0	2	24
Bozrah	6	0	0	1	4	4	0	0	0	0	0	1	0	16
Lebanon	0	0	0	1	2	1	0	0	3	0	0	2	0	9
North Stonington	2	2	0	0	0	0	0	0	1	0	0	0	0	5
Salem	2	0	0	0	0	1	0	0	0	0	0	0	1	4
Franklin	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source: United Way of Connecticut. (2018). 211CT. Retrieved from <https://www.211ct.org/>

This data suggests that there are indeed gaps in the human services system in the region. Furthermore, these gaps align with the indicators of poverty and education level present in each municipality.

Turning to provider data compiled by IES in a service provider inventory (see Appendix #4), the third trend is that there exists a disproportionately high number of human services agencies in two municipalities. Norwich, spanning twenty-eight square miles, hosts 36 of these agencies. New London, covering an area of only six square miles, hosts 33 of these agencies. However, as reported in our interviews with many of these organizations, these agencies are serving clients coming from well beyond the boundaries of their city limits.

Trend #3:

A disproportionately high number human services agencies are based in New London and Norwich, while needs in these cities continue to be unmet

The Effects of Human Service Provision Trends in the Region

The disproportionate number of human services agencies that provide region-wide services from these cities results in a “municipal overburden” of service needs. This is likely because clients coming into the city for centrally located services often need additional support, such as city financed trips to the emergency rooms, shelters, or other programs, which extend beyond the limits of city coffers primarily supported by taxes from their own residents. Likewise, for those individuals in need of services that live outside the major metropolitan areas in the region, transportation has become an important factor. Inadequate bus routes between low- and moderate-income areas and human service provider headquarters is a weakness in the human services system as strong transit is required to link residents in need of human services to areas with service providing agencies.

However, our interviews with municipal officials and nonprofits suggest that there are inconsistencies between what the 211CT data shows and the lived experience of those working “on the ground” in human services. Indeed, data sources are insufficient to clearly determine specific gaps in services and cannot facilitate the referral process to the degree required or proposed for the region. In demonstration of this point, IES noted that 17 of the 37 agencies listed in the

SCCOG Southeastern Connecticut Regional Human Services Directory (46%) were not even listed in the 211CT database. We have therefore provided a more comprehensive inventory of human services providers in the region in Appendix #4, which combines the organizations registered in the 211CT database with those listed in the SCCOG Southeastern Connecticut Regional Human Services Directory. Additionally, the current categorization used to classify services offered by category is so broad, high level, and generic that true gaps in the continuum of care for residents of the region are not possible to identify. (See Gap Analysis for more information.) Thus, it is not currently possible to paint a clear or conclusive picture of the specific human services gaps in the southeastern Connecticut region. These dynamics will be explored in greater detail throughout the remainder of this report.

Current State of the Human Services Sector: Collaboration & Competition

The human services sector in southeastern Connecticut is characterized by both collaboration and competition, though the nature of these forces differs for each entity within the network given their organizational structure, mission, funding mix, and geographic location. Many organizations extolled the symbiotic relationships among social service agencies in the region's urban areas, indicating a real sense of commitment to serving clients and achieving maximum efficiency along the continuum of care. However, fiscal resources for human services delivery is finite. This shortage of resources has led to intense competition for funding, largely provided by federal or state government grants and contracts, foundations, and private corporations. Unclear communication about funder priorities and allocations strains trust and relationships in the sector.

Existing Coordination and Collaboration

Overall, nonprofits and municipalities that participated in the study are already highly collaborative when it comes to providing services that bring together a portfolio of services to address the often-interlinked needs of their clients. Nearly every agency, including municipal human services departments, is engaged in case management, resulting in a broad system of referrals in and out. In our interviews, nonprofits and municipalities uniformly portrayed a sense of reliance and interdependency with other service providers in the region. They were also open to building more robust and intentional collaborations. Where such spaces currently exist, municipalities, foundations, and some larger nonprofits often lead this charge. In Groton, for example, the municipality has set up an interagency task force which brings together schools, municipal human services agencies, nonprofits, court representatives, community partners, parents, and students for meetings five times per year. Similarly, Liberty Bank Foundation and other funders started an interagency human services collaboration with quarterly meetings in New London about funding, mergers, community collaborations, philanthropy, and nonprofits.

According to our survey data, nonprofits and health care systems are currently the most active actors collaborating in the human services sector when it comes

to direct service delivery. Compared to other service providers in the region, these entities receive and send the most referrals. State and municipal governments also play a key role in service delivery, but they were not cited as frequently as key players in this capacity by our survey respondents. Interestingly, the rate of referrals in and out between entities was nearly always equal in either direction according to our survey data, indicating that organizations show reciprocal relationships with other entities in the region. For every one referral received from a particular type of entity (whether a municipality, nonprofit, health center, or otherwise), one referral is sent in the opposite direction per reported referral relationships in the SCCOG Human Services Sector Survey. The only exception to this general rule is that the healthcare system receives a disproportionate number of referrals as compared to all other entities in the region.

Figure 2: Southeastern Connecticut Human Services Sector Referral Patterns

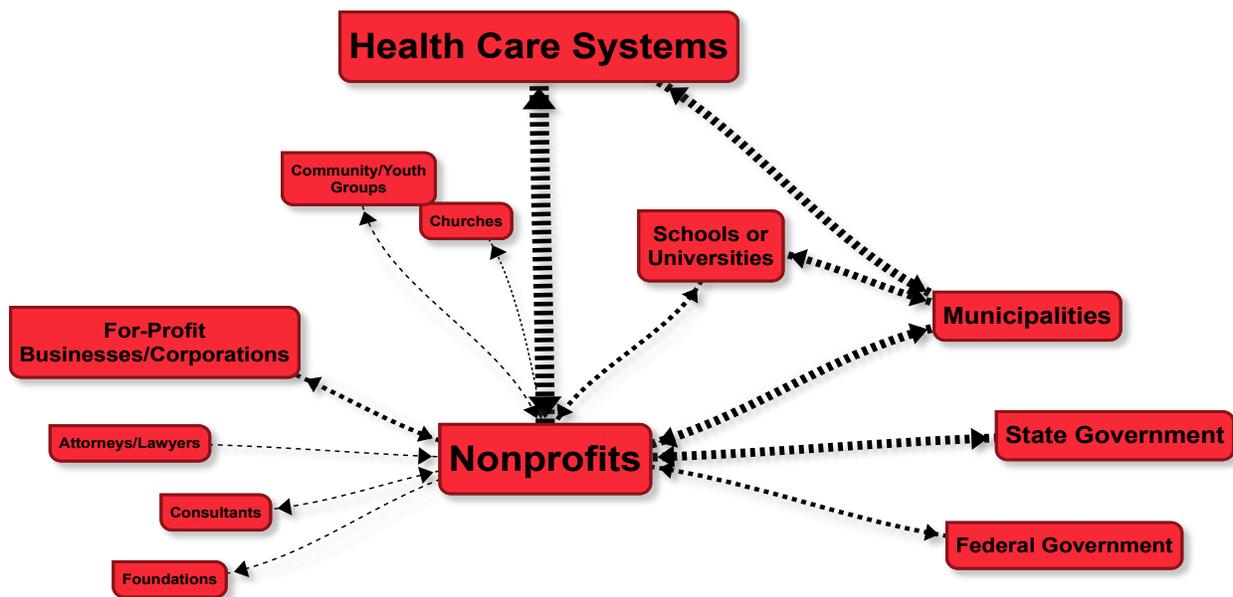


Figure 2 above demonstrates the nature of the human services referral system visually. The influence of each entity in the system is demonstrated by its font size, while the frequency and direction of referrals is indicated by the width of each arrow. This image was created based on the percentage of nonprofits

reporting referral relationships with each of the other entities in the system in our survey, as seen in Table 3 below.

Table 3: Percentage of Nonprofits with Existing Referral Relationships by Entity

	Nonprofits	For-Profit Businesses / Corporations	Health Care Systems	Schools or Universities	Consultants
Receive referrals from	84%	21%	47%	32%	5%
Send referrals to	84%	21%	79%	32%	5%
	Foundations	Municipalities	State Government	Federal Government	Other
Receive referrals from	0%	53%	58%	21%	5%
Send referrals to	5%	42%	42%	21%	5%

Source: IES municipal human service agency survey, August 2018.

As Figure 2 and Table 3 demonstrate, there are already several links between and among organizations in the region, initiated to improve services provided to their clients and establish a continuum of care. But these collaborations have largely been established organically between one organization and another as each has realized the limitations of its own reach and scope of work. As one nonprofit senior leader shared, “We’re familiar with other organizations providing homeless and shelter services, but not so much with organizations providing substance abuse, mental health and family/parenting services. [...] We want the opportunity to be known and accepted for our services and where we fit in the human services landscape.”

As Jennifer Chandler (2016) writes in “Five Tips for Nonprofit Collaboration,” published by the National Council of Nonprofits, successful collaborations develop from “the understanding that any nonprofit, no matter how successful, can only communicate with, and therefore influence, a finite number of people. But when that same nonprofit collaborates with another entity, their two spheres of influence combined can expand their ability to advance their shared goals and their individual missions.”

Thames Valley Council for Community Action (TVCCA), a region-wide service agency with clients both near and far, has a fully-developed database that formally outlines their relationships with various agencies in the region so that

their case managers can actively refer out and accept incoming referrals. They serve a low-income population, often with difficulty accessing transportation to service locations. TVCCA recognized the importance of connecting clients to services in convenient locations by way of case manager referrals, so they decided to develop a database to fulfill this need. There are a range of considerations case managers must consider when establishing a client plan such as which organizations offer the needed services, how fees for service are paid, and geographic location. As their client base grew, the organizational value of providing quality, convenient services drove the need to establish formal referral agreements. Their “partnership form,” an excerpt of which is shown in Figure 3 below, offers an excellent resource for case managers that outlines the conditions for client referrals both in and out. This type of collaboration tracking is not common amongst other organizations participating in our study.

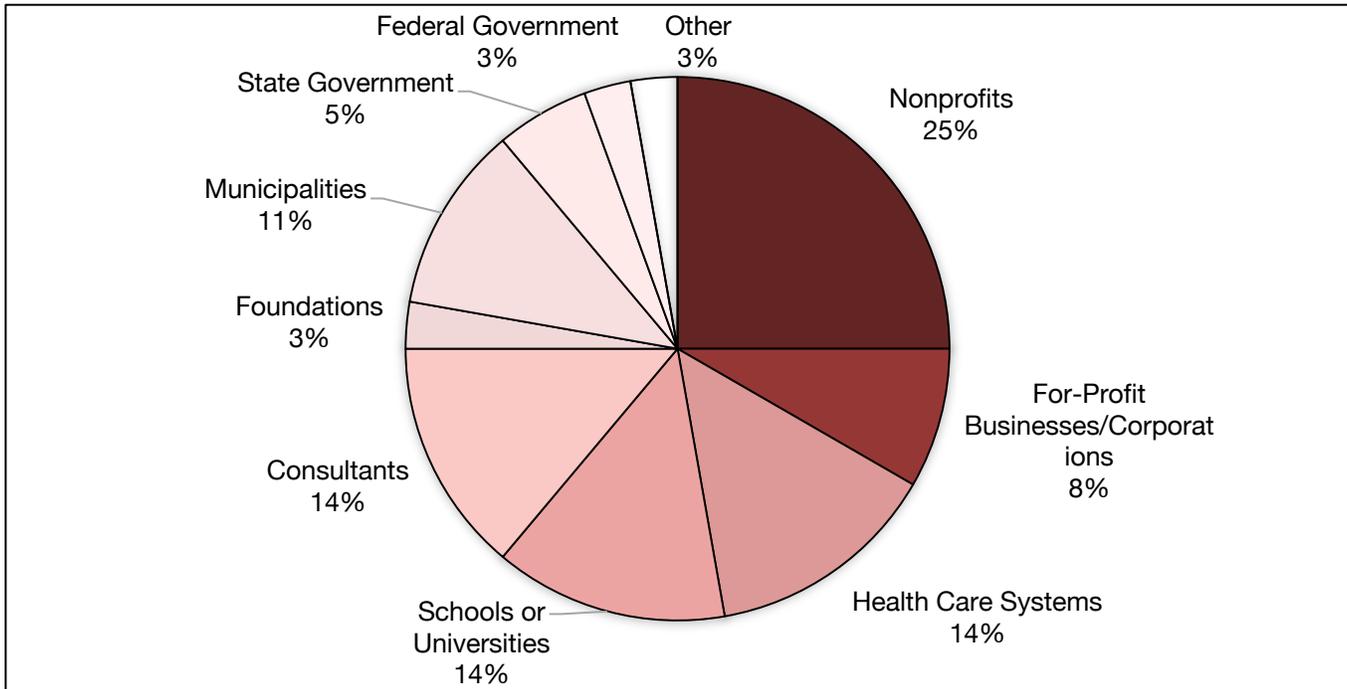
Figure 3: TVCCA Partnership Database Excerpt

Thames Valley Council for Community Action
Formal Partnerships

Partner's Name	Specifically identified purpose	Community Sector
Huntington Towers	Station for RSVP Supper Club	C. Local Government
Ledyard Soc. Svc.	Host site for Senior Community Service Employment Program	C. Local Government
ABC Intervention Program B to 3	Working procedures b/w B23 and TVCCA Child Dev. Programs in provision of services to children eligible for early intervention services.	A. Non-Profit
ABC Intervention Program B to 3	Working procedures b/w B23 and TVCCA Child Dev. Programs in provision of services to children eligible for early intervention services.	A. Non-Profit
Accreditation Facilitation Project	To aid in the facilitation and maintenance of NAEYC accreditation for the New London site. Provide a network of fellow programs on whom we can call for support.	A. Non-Profit
Accreditation Facilitation Project	To aid in the facilitation and maintenance of NAEYC accreditation for the New London site. Provide a network of fellow programs on whom we can call for support.	G. Consortiums/Collaboration

In addition to the region’s nonprofit human services providers frequently referring clients among them and in some cases establishing formal referral relationships, most organizations also participate in collaborations for cost savings. Shared services relationships were reported by 83% of organizations interviewed. These relationships existed with a broad range of other entities. The distribution of shared services by entity in the region is shown in Figure 4 below.

Figure 4: Southeastern Connecticut Human Services Providers Shared Services Arrangements, By Collaborating Entity Type



Source: IES municipal human service agency survey, August 2018.

Organizational leaders interviewed as part of this study expressed the need for creating more intentional links, collaborations, and networks in the region. Leaders wanted to be more aware of resources available to meet clients' needs that could not be met within the organization as well as ensure that other organizations refer clients who need the organization's help.

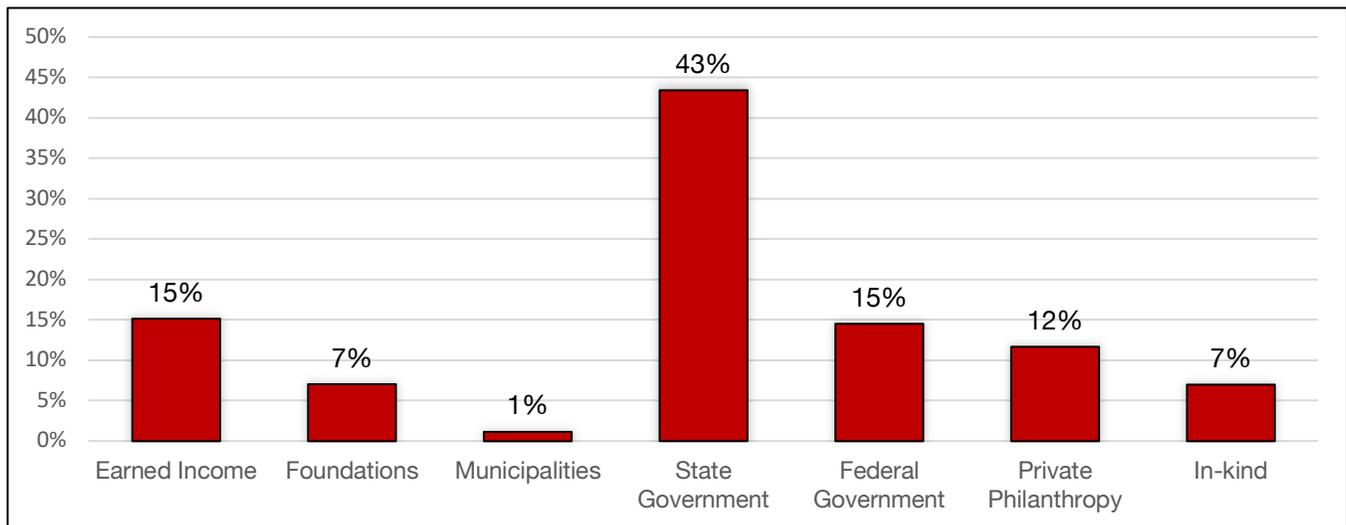
Competition for Funding and Impact on Collaboration

Competition in the region is largely fueled by insufficient resources to meet the human services needs of the region. Fifty percent of our nonprofit survey respondents reported that they directly compete with other similarly-focused nonprofits to deliver like services. The state and federal government play the largest role in the sector when it comes to funding, followed by foundations and for-profit corporations. Ninety-five percent of the nonprofits responding to our survey reported that they receive state funding, ranging from 10-90% of their total operating revenue. A little over half of nonprofits count on the state for over one-third of their annual revenue. Eighty-four percent report a former or current funding relationship with the federal government; a third of those reporting

current federal funding receive over one-third of their budget from this source. Seventy-nine percent and sixty-eight percent of organizations report foundations and for-profit businesses as funders, respectively.

Using the average reported percentage of funding by source across all organizations that responded to our survey, a typical resource mix for a nonprofit in the SCCOG region would look that like in Figure 5 below. That said, even organizations serving similar areas of need, such as health, receive state funding ranging from 0-90% of their annual budget. The perception of the funding environment by organizational leaders, gleaned during our interviews, was that many of these sources set up a zero-sum game for recipients.

Figure 5: Average Distribution of Funding, by Funding Source



Source: IES municipal human service agency survey, August 2018.

Given that funding for human services is dominated by a few key players, namely the state, federal government, and private philanthropists, the funding is not distributed evenly or proportionally amongst organizations offering like services. This scenario coupled with the resource dependency has created a sense of collective strain and frustration due to funding competition in the region. Indeed, all have shared that they suffer from similar financial challenges in this unpredictable political and funding landscape. As one Executive Director explains, “We did more sharing of funding years ago, but everyone is now focused on survival.” The tension apparent in our interviews is best demonstrated in three ways: first, the relationship between municipal agencies

and nonprofits; second, third-party billing; and third, state funding priority setting. Each of these tensions will be outlined in more detail below.

First, nonprofits and municipalities see the human services system from very different perspectives with regards to their roles within the human services sector and level of competition existing between them, revealing a complex relationship between the two entities. This disconnect took three forms in our interviews.

Primarily, nonprofits shared that their reliance on municipal funding, political support, and operating licensures was challenging to navigate in a politically shifting landscape. For example, some nonprofits that we interviewed shared that they are hesitant to display resistance to municipalities on taxation issues such as payment in lieu of taxes (PILOTs) as they are concerned they will be met with neighborhood resistance or other forms of punishment.

Next, nonprofits and municipalities felt they were in direct competition for state funding. Some nonprofit organizational leaders we interviewed wondered why the State invests in municipalities providing human services when community organizations can provide the same or a better level of service at a cost savings to Connecticut residents. Cost savings by contracting out, one nonprofit leader indicated, come in the form of lower pay rates as well as lower education and benefits costs requirements. Some municipalities, expressing the same sentiment in the opposing direction, wondered why municipalities were not given state funding priority as the central service providers in the region.

Finally, though nonprofits and municipalities alike were pleased when additional funds are invested by the State into regional human services programs, there was a sense that information on funding priorities and access to key decision-makers was not distributed evenly. Smaller organizations with fewer connections to state and municipal government expressed that they often did not receive much information about funding priorities or shifts.

These three sentiments lead to frustration about communication with regards to funding, pushing each individual organization to seek a competitive advantage in order to sustain operations. IES notes that this challenge is exacerbated by not having an identified and accepted communication mechanism to share

funding sources, missions, and operational processes. Therefore, when new programs are funded, they are not easily integrated into the overall system.

In the case of those organizations engaging in third-party billing, in which a bill is sent to an outside agency or intermediary—often state or federal government—for payment on behalf of a client, there is a heightened sense of competition because there is a limited sum of funding allocated for any one service for a particular population. For example, if you engage in third-party billing for substance abuse services in an area in which only 200 clients can be paid for by Medicaid, one provider must compete with another to receive a portion of those 200 paid slots. A zero-sum game, organizations will be more successful financially if they can maximize their revenues from this source. Organizations therefore hire consultants or full-time staff dedicated solely for this purpose. However, clinical documentation to verify eligibility for payment is the primary challenge for these organizations. One organization expresses frustration about “the assumption that a paying source is entitled to scrutinize the bill and assign arbitrary non-compliance (they say it is an error) as an excuse for non-payment.”

The state of collaboration and competition we encountered in southeastern Connecticut is not unique to this region alone. In an article titled “Change is Coming for Nonprofit Human Service Providers, But Will it Make or Break Them?” published in August 2018 in the *CT Mirror*, author Keith M. Phaneuf notes, “more than half dozen state agencies collectively spend more than \$1.4 billion to hire private, nonprofit agencies to provide social service, health, job, training and other government functions. Though these resources are scattered among more than 1,200 contracts, involving hundreds of nonprofits, together these payments represent more than 7 percent of the General Fund. Nonprofits employ close to 190,000 people in Connecticut, about two-thirds work in human services.” The article goes on to report that nonprofits represent 7% of the state budget now as compared to 10% in 2002 due to the rising cost of debt and retirement benefits for teachers and state employees. As a result, municipalities and nonprofits have been “paying lower wages, offering less generous benefits, avoiding overtime, and hiring more part-time employees.” Our analysis to follow shows that these state-wide trends are no different in the SCCOG region.

From a national perspective, the nature of human services provision has been changing rapidly with little acknowledgement of these changes from funders. In “The New Normal: Capacity Building During a Time of Disruption,” a research

article funded by David and Lucile Packard Foundation, the researchers note traditional funders continue to require the same level of reporting and measurement, even in the face of growing uncertainty around what is needed to make an impact for the populations served. Consistent with our own findings, the article notes that nonprofits want traditional funders to demonstrate their trust and understanding of the realities and struggles of the human services sector by making multi-year grants. In a similar vein, one of the organizational leaders indicated in our interview, “Funding grants for shared service [are] no longer readily available. Funders don’t encourage or promote shared funding. They expect too much from each nonprofit and don’t address working parameters, which leads to competition between the nonprofits involved.”

In the sections to follow, IES has identified four key factors contributing to the current state of collaboration and competition across the human services sector in southeastern Connecticut. These include: 1) rising operating costs, 2) dependence on declining sources of income, 3) lack of strategic and business planning, and 4) lack of service coordination amongst key actors in the region. Each of these themes will be explored in greater detail in the subsequent section.

Key Contributing Factors to the Current State of the Human Services Sector

The forces of collaboration and competition currently in play in southeastern Connecticut are the result of several key factors influencing the primary stakeholders in the human services sector for the region. The four key factors identified in our investigation are outlined in detail below.

1) Rising Costs

Rising Operating Costs

Early in the exploration phase of our team’s investigation into the human services sector in southeastern Connecticut, our interviews with organizational leaders in the region indicated that operating costs tended to be increasing despite either consistent or declining incoming revenue (further discussed below). Initial areas of concern expressed during interviews included: staff salaries, healthcare and benefits for any full-time staff, technology systems, facilities, and fleet management. In the trend identification phase, IES sought to quantify and compare the level of concern raised by nonprofits and municipalities to identify the areas of greatest concern. While virtually all operational costs were of concern to nonprofits in the human services sector, those that stood out as “extremely concerning” for most organizations were staffing and labor salaries (73%) as well as benefits and health insurance (86%). Facilities costs were also of concern for just over half of the organizations (55%).

According to the June 2018 “Employer Costs for Employee Compensation” report by the Bureau of Labor Statistics, one-third of the cost of hiring a full-time employee in the private sector of the northeastern United States is accounted for by benefits. Most of these benefits are essential. Insurance, such as life, health, and disability made up 8.1% of compensation costs; and legally required withholdings such as Social Security, Medicare, unemployment insurance, and workers compensation made up 7.4% of compensation costs. While the real cost of employee compensation is challenging for any organization to manage, organizations under 50 employees have a more challenging time negotiating competitive insurance rates (Zwahlen, 2016).

Current Organizational Responses to Increased Costs

In our review of organizations' 990 tax filings, there did not appear to be an obvious jump in operating costs for the nonprofits participating in this study. Instead, many but not all, organizations were making clear shifts in operating costs to make up for increases in benefits, health care, and salary expectations year upon year. Unfortunately, however, of the 25 participating organizations for which we could obtain 990 data, 52% have either stayed in the red or shifted from black to red over the past three years of publicly available 990 records (in most cases years 2014-2016). A three-year decrease in total revenue is the largest predictor of whether an organization entered the red according to our financial analysis of 990 data. See [SPOTLIGHT: Analyzing Nonprofit Finance in the Region](#) below for a more detailed review of our 990 financial analysis. Additional indicators of fiscal health for the nonprofits in our study are included in the Appendix #5.

Given that operating costs were reported as such a great concern for nonprofits of all sizes and annual revenues, we looked to our interview data to illuminate how these costs were being managed. Organizations are employing several strategies to manage changing costs including laying off staff or consolidating human resources, purchasing, recruitment, or other services into fewer staff positions. We found that nonprofits are often more focused on service than operational sustainability or financial planning, even though this is important to them. Often, organizations with smaller staff sizes under 50 employees did not possess the capacity or financial services to consolidate human resources or to utilize joint purchasing to reduce overall employee costs. As one organization explained, "We desperately need less expensive health insurance rates. Our health insurance rose by 53% and the cost is hurting us." Several organizations stay in the black by having part-time staff and offering no benefits. For example, one of the organizations participating in our study reported having nearly all part-time staff including executive level leadership.

SPOTLIGHT: Analyzing Nonprofit Finance in the Region

Nonprofit agencies are private businesses. However, as most of them are established under the federal tax code governing 501(c)3 organizations, their tax filings, known as 990s, are publicly available. The advantage of 990 data is that the information is comparable because all nonprofits must file an annual 990 tax form. Below is the full list of participating nonprofits in this study showing key indicators for assessing fiscal sustainability. As the intent of this study is to understand the regional nonprofit system, and not to rate the individual nonprofit agencies, we are not identifying nonprofits by name. Based on this data, there appears to be no clear relationship between fiscal stability and rising expenses or staff costs, despite the fact that organizations have reported a high level of concern with staff-related expense increases. Loss of total revenue, on the other hand, appears to be highly correlated with an organization's long-term fiscal health.

Total Revenue in Most Recent 990	Total Revenue Change Over Three Years	Total Expenses Change Over Three Years	Number of Employees	Rev/ Employee	Three Year Trend (Black v Red)
\$308,582	-36%	-22%	5	\$61,716	B>R
\$2,259,101	-12%	0%	45	\$50,202	Black
\$1,311,021	-11%	-10%	31	\$42,291	B>R
\$1,788,546	-10%	-3%	55	\$32,519	Red
\$763,855	-8%	-7%	25	\$30,554	Red
\$4,607,623	-6%	-6%	21	\$219,411	Red
\$11,952,085	-6%	-4%	126	\$94,858	Red
\$2,514,872	-4%	-11%	20	\$125,744	Black
\$8,942,991	-4%	-5%	22	\$406,500	B>R
\$26,493,169	-1%	0%	487	\$54,401	B>R
\$1,366,542	-1%	2%	40	\$34,164	Black
\$1,366,308	0%	0%	38	\$35,955	R>B
\$7,960,371	0%	1%	188	\$42,342	B>R
\$10,264,335	1%	5%	195	\$52,638	B>R
\$30,450,758	1%	7%	410	\$74,270	B>R
\$51,770,615	2%	2%	668	\$77,501	Black
\$47,231,057	3%	2%	562	\$84,041	B>R
\$516,169	4%	-8%	31	\$16,651	R>B
\$14,005,617	4%	3%	316	\$44,322	R>B
\$11,777,498	4%	4%	470	\$25,059	B>R
\$20,761,100	4%	8%	287	\$72,338	Black
\$1,324,867	7%	2%	10	\$132,487	R>B
\$13,272,278	7%	6%	321	\$41,347	R>B
\$373,588	11%	4%	5	\$74,718	Black
\$2,111,228	26%	11%	49	\$43,086	Black

Source: 990 tax filings, years 2014-2016.

The Effects of Rising Costs

This challenge is not unique to southeastern Connecticut. The U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality estimates that there are over 500,000 nonprofit employers in the U.S., two-thirds of which employ fewer than 50 employees, of which 47% do not offer employees health insurance coverage due to rising costs and restrictive minimum contribution and participation requirements. Though not all small organizations in southeastern Connecticut have taken this approach, 61% of the organizations responding to the IES Human Services Sector Survey reported having fewer than 50 full-time employees. It is therefore reasonable to assume that national trends do indeed translate to southeastern Connecticut's regional context. In addition, nonprofit participants of our study directly indicated that they lacked resources for training, supervision, quality control on behalf of clients. Beyond the moral and ethical implications for these mission-driven organizations, this reality has hurt staff recruitment and retention.

As a result of cuts to staff salaries, hours, and benefits, several organizations expressed that there was a lack of qualified staff willing to enter the sector in the region. Our interviews revealed that there is an effort by some organizations to partner with high schools or community colleges to create programs to fill the talent pipeline into the sector to address these workforce challenges. However, there did not appear to be a comprehensive plan or concerted effort shared amongst or across organizations to improve the quality and number of individuals prepared to provide human services in the region.

In summary, the following characteristics are associated with rising costs in the region:

- *The costs associated with labor (e.g. staffing and benefits) are those most concerning to nonprofit organizations.*
- *Many organizational responses to increasing operational expenses, such as cutting full-time staff, benefits, and professional development, undermine the sector's overall health.*
- *Mission-driven leaders push to maintain much-needed human services in the region despite rising costs.*

2) Dependence on Declining Sources of Funding

Cuts in Government Funding for Human Services

The challenge of rising operating costs comes alongside continued flat or declining funding available for social services at every level from federal and state funding to local and community sources. Southeastern Connecticut's human services organizations and agencies are highly dependent on revenue from only a few sources. Fifty-three percent of the participating nonprofits in our study depended on one funding source for over one-third of their annual revenue. State and federal government are the primary funders that nonprofits rely upon in the region, while municipal government is the smallest contributor to human services. Grants and third-party billing make up the majority of government funds; if unawarded or uncollected, revenue generation becomes a major challenge to success. Meanwhile, only 16% of organizations report generating over one-third of their revenue from earned income. All these organizations offer health-related services. Contributions from other sources such as foundations, private philanthropy and individual donations, or in-kind donations, though widely reported, tend to make up a far smaller proportion of an organization's revenue.

While some municipalities do donate small amounts of funding to local nonprofits, this revenue source is limited. An average of 64% of municipal revenues come from local property tax in the region. In municipalities without business or industry, costs fall on the shoulders of residential property owners. In urban areas that have high concentrations of nonprofits, property tax revenues fall as a result of the amount of non-taxable property owned by nonprofits, as well as by the State of Connecticut and by hospitals and colleges. Additional funding comes from state and federal sources, with about 2-3% from other sources. A large portion of the state's aid, about 80% of the aid in our municipalities, goes to supporting local schools. Municipalities that operate a human services office for their residents do not tend to do so with state grants; they use their locally-generated funds.

Municipalities also raise human services contributions from corporate, philanthropic, and private donors. As one municipal human services employee explained, "Income from municipal government in Groton's case is about 90% [of our revenue]. Of the remaining 10%, individual donations are 50% and in-

kind donations of services about 30%. Revenues from the municipality fund staff and operations; revenues from donors fund direct assistance to clients including cash assistance; in-kind donations also contribute to client services.” The SPOTLIGHT: Community Wide Supports in Waterford provides a more detailed example of how funding comes together to support human services in one town. Thus, nonprofits view municipalities more as a competitor in the service space than a potential funding source.

SPOTLIGHT: Community-wide Supports in Waterford

Although the budget for Waterford’s municipal government-operated human services is small, they do a lot to bring in outside financial and “in-kind” resources for residents in need. The Cactus Jack Foundation started around 2008 and is a major source of support for services through their office. The Town’s human services director screens and recommends the most effective intervention for residents experiencing a temporarily destabilizing situation. She then asks The Cactus Jack Foundation for the funds to fill a financial “plug” for that family. This service covers temporary, not permanent, financial assistance for fuel, rent, mortgage, etc. The municipality has a similar relationship with the Dagle Foundation, which focuses on suicide prevention. Waterford also applies for and gets foundation grants to support substance abuse, counselling, and other programming. Residents do not want to go services, and there are not a lot of alternatives locally.

Current Organizational Responses to Declining Funding

Conscious of the changing environment in the social sector and funding sources for human services work, several of the nonprofits interviewed were critical of the State of Connecticut’s lack of understanding of these dynamics. They shared frustration that the State has largely continued to conduct business as usual, with heavy reporting requirements for funds received for example, making it difficult to invest awarded resources sustainably back into the communities they serve. Likewise, organizational leaders we spoke with reiterated that such state funding policies and practices do not inspire greater cooperation and collaboration amongst human services organizations given the zero-sum nature of the awards.

The Effects of Declining Funding

Nonprofit organizations would prefer less state and federal funding, while boosting earned income, foundation funding, and private philanthropy in that order. The nonprofits engaged in our study were fully aware of the need to diversify sources of revenue and were concerned about their long-standing overdependence on one primary source of income. However, for many of the nonprofits participating in our study, their focus is on the client and providing services. Even though they would agree that there is an urgency to focus more on stabilizing the financial health of their organization and the sector overall, they are not investing their energies on this challenge.

This case was driven home in a recent article by Tom Condon (2018) in the *CT Mirror*, in which the circumstance of nonprofits was characterized as “a death by a thousand cuts.” In the aforementioned article in the *CT Mirror*, Keith M. Phaneuf (2018) writes that “through 2017, the median nonprofit agency contracting with state government had substandard reserves and an excessive ratio of debt to its total assets — according to the State Office of Policy and Management.” Phaneuf shared several approaches organizations have taken in response to these changing dynamics in the state, such as paying lower wages, offering less generous benefits, avoiding overtime, and hiring more part-time employees as means of staying afloat. Condon also noted several more drastic responses to rising operating costs including ceased operations, cutting back on human services offered, and organizational mergers. These journalists’ reports are consistent with the findings of our study. Nonprofit agencies that we interviewed lacked the ability to plan ahead due to unreliable funding. The costs of longer-term planning for internal capacity and infrastructure building, staff “onboarding” and training, performance rewards or bonuses, and strong benefits packages must often be set aside in the face of rising operations costs, level funding, and/or funding cuts.

The outlook for future philanthropic funding in Connecticut is facing similar challenges to the national scene. For example, a study on local giving trends by the Connecticut Council for Philanthropy (CCP) suggests that giving was up in 2015 due to increased bequests and an uptick in foundation giving particularly via community and operating foundations. However, author Alyssa Ochs writes, in article “Giving Trends in Connecticut: The Good News and the Bad News,” that there has been a long-term declining trend in Connecticut’s charitable

SPOTLIGHT: Cookie Sales at The Arc New London County

Arc New London County has developed an earned revenue source that is mission-aligned, community-centered, engages an important community partner, and is uniquely designed to meet the needs of their core population served.

When considering revenue diversification possibilities, the idea of developing a product that could both generate revenue and directly employ Arc clients surfaced. After considering various options, the team identified the production of cookies to fulfill this dual purpose. Nearly everyone buys cookies, they could be a great training ground for other products, and their clients could easily learn the production process. The experience could be a springboard for other employment opportunities in the future for their clients.

After a good deal of research with businesses currently in the cookie market, they built a business plan to guide them through an entrepreneurial market testing process. The first test production launched using a generic dough produced in batches for chain stores. The management team and project advisors made several test batches and found the cookies to be pedestrian in taste and loaded with chemical additives. Consequently, Arc hired a master baker to develop an all-natural, additive free, and delicious recipe better suited to their targeted customers. With the purchase of an industrial oven, the cookies are now in production and sales have become a consistent source of earned revenue for Arc. They now plan to expand the concept nation-wide.

givers which is likely to be made worse by the new tax law. In “The New Normal: Capacity Building During a Time of Disruption,” a research article released in May 2018 by Open Impact, authors Adene Sacks, Heather McLeod Grant, and Kate Wilkinson look at the rapidly changing local, state, and national landscapes that impact social change organizations and their leaders in the wake of the 2016 election. They write, “The tax bill passed in late 2017 threatens to reduce donations to philanthropy by raising the itemized-deductions limit and decreasing incentives for giving.” The authors of these various articles project that donations would most likely decrease for smaller nonprofits, like many involved in our study of southeastern Connecticut, even though their services are in greater demand now than they were under previous administrations. For some of the organizations we interviewed, survival and service have become the priorities rather than planning for financial health and sustainability.

Nonprofits recognize the need to find alternative funding sources, and most look toward fund development as a solution. Nonprofits with current strategic plans tended to approach this

challenge by increasing program revenues and private donations to decrease the percentage of state funding. The organization highlighted in the SPOTLIGHT: Cookies for Sale at The Arc New London County above is a prime example of revenue diversification via this approach; they are finding new mission-aligned ways to generate earned income and achieve their long-term vision for their clients. For organizations with outdated strategic plans or smaller organizations without a development team, transactional special events are the fundraising method of choice. The smaller nonprofit executives frequently end up being responsible for any grant writing in these cases, while a subset of their staff dedicate time to year-end annual fund drives and special events. Volunteers are called on to help with both these activities, though the success of these endeavors is vitally important to the organization.

Generating income from a third-party source is another approach some organizations in the region have employed to address the revenue diversification concern. They primarily seek to secure new funding opportunities as indicated in SPOTLIGHT: Third-Party Payor Opportunity below.

SPOTLIGHT: Third-Party Payor Opportunity

Natchaug Hospital has long used third-party payments, as it provides hospital-based services that are traditionally covered by third-party payors. Others have identified increasing this revenue source as an important organizational goal. Sound Community Services, for example, has contracted with a consultant to improve the way the organization identifies potential third-party payments, collects the relevant information, submits the request for payments, and then tracks the requests to make sure that the payments are fulfilled. Other organizations are interested in developing this revenue source and have begun trials of third-party payments through Medicaid this year with hopes to expand to commercial payors next year.

Beyond earned revenue and third-party payments, other more traditional sources of funding for nonprofits via grants often do not support the longer-term viability of the organization. For example, one executive we interviewed had recently secured a large government grant for her nonprofit; however, the grant did not include any administrative cost to support operations or even grant reporting. This funding approach makes it nearly impossible to build an organization's infrastructure or secure its financial future.

All but one organization responding to the SCCOG Human Services Sector Survey indicated that they wished to alter the type and percentage of funding in their annual revenue mix. In interviews, leadership discussed their interest in connecting more regularly with their supporters to boost funding. One nonprofit seemed particularly successful in engaging with federal and state agencies, municipalities, other organizations, foundations, and faith communities. The key to the organization's success was largely related to the composition and engagement of its board of directors, comprised of individuals from business, healthcare, and faith-based organizations. Together, the board and staff have actively promoted the nonprofit's mission and made many community connections to raise private support. The role of Board members to solve problems is important. Just as diverse funding sources are important, Boards with a diversity of skill sets, such as financial analysis, strategic planning, philanthropic connections, community knowledge, may enhance the nonprofit's opportunities for success.

In summary, the following characteristics are associated with a decline in resources in the region:

- *Over half of the nonprofits in our study depended on one funding source for over one-third of their annual revenue, while only one-fifth of organizations report generating over one-third of their revenue from earned income.*
- *Funding cuts, particularly state funding, have limited the number, amount, and diversity of funding sources in the region. Resource competition is often seen as a zero-sum game.*
- *Municipalities are seen less as a funding source, and more as a source of competition for human services funds.*
- *Nonprofits aspire to alter their funding sources and distribution. Strategies that move to an earned income model tend to be more durable than grant-writing.*

3) Lack of Strategic and Transition Planning

Nonprofit Planning Shortfall

It became quickly apparent during the exploratory phase of our investigation that many organizations in the region lack strategic planning processes or formally established leadership transition plans. Upon investigating further, 44% of the nonprofit organizations which responded to our request for information reported that they have a formal strategic plan updated through the end of 2020 or beyond. However, 31% of organizations reported that their strategic plans are out of date, with a further 19% reporting that the plans will be out of date soon. This is concerning because 72% of organizations reported that strategic planning is either “extremely important” or “very important” to achieve their long-term visions. Strategic plans also tend to lack financial planning, focusing instead on long-term projections related to mission and impact. Given that operating costs and revenue stabilization are major concerns for the region’s human services organizations, financial planning should play a greater role in the strategic planning process.

SPOTLIGHT: Planning by the Survey in Waterford

Human Services in Waterford does not have a strategic plan, “but should,” they reflect. They do, through the Department of Education grants to mandatory municipal youth services bureaus, have funding to survey the users of their services. And they survey a lot. They therefore use these survey results to make changes in the programs the town offers. The State Department of Education refers to this as Result Based Accountability, which they take seriously in Waterford.

One of the upshots of Waterford’s regular evaluation of their services has been the use of local municipal offices and human services staff to help residents examine service options. Within municipal offices, residents fill out eligibility forms for state and federal entitlement programs, children’s health insurance programs, detox programs, and other services as well as receive information on service providers from municipal staff. Bringing these services to a central location improves human services results. This example suggests that other agencies could use municipal facilities to offer screenings for blood pressure, dementia, etc. to improve the effectiveness and efficiency of service delivery.

Current Organizational Approaches to Planning

Consistent across interviews and survey data, we found that the larger and more financially stable nonprofit organizations and municipal human services departments had current and robust strategic plans/processes in place. At the other end of the spectrum, smaller organizations and municipal human services departments were so focused on keeping the doors open or retaining current staff in an unsustainable funding environment that they were challenged to step back and invest in a strategic or business plan. These organizations tended to rely on broader mission-alignment or vision-related goals to guide their decision-making. At least one organization has formalized the process of goal-making by

renewing goals annually despite lacking a formal strategic plan. See [SPOTLIGHT: Planning by the Survey in Waterford](#) and [SPOTLIGHT: Riverfront Children’s Center Strategy Update](#) for examples of how one municipality and one nonprofit currently approach strategic planning.

For municipalities, changes in administration and key leaders can drastically shift the strategic vision of a human services agency even if a formal strategic plan has been established. Budget planning can be derailed in public meetings at city hall or when new elected or appointed positions in the municipal government are filled with officials that have a different vision for human services work. The Norwich Human Services Department lost two social workers and a clinical coordinator in 2016 from their Youth Services division, but they have not yet recovered from the loss of services these positions provided to Norwich youth and families because municipal priorities shifted. These external realities are hard to plan for.

SPOTLIGHT: Riverfront Children’s Center Strategy Update

Riverfront Children’s Center has a strategic plan initially developed in 2015, which goes through 2020. Relatively new to her role, the Executive Director is interested in taking a step back to explore how current economic conditions and trends are impacting the need for, and availability of, affordable early care and education and how the Center can respond to identified needs. She plans to work with the board to conduct a SWOT analysis to clarify the vision and bring the strategic plan in line with the updated focus.

In the meantime, there is an emphasis on creating a diverse early education and child care environment for all children—where children from different ethnic, racial and social-economic backgrounds play, learn, and grow together. To support the sustainability of the Center, she is interested in building their Endowment Fund.

A related reality across human service organizations is that several organizations rely upon one or a few charismatic leaders to set the stage for success. For those entities without an established succession plan—approximately 28% of the nonprofits we surveyed—there exists a substantial risk that a leadership change on short notice would be extremely detrimental to business operations and service delivery. While 44% of organizations do indeed have a written succession plan, 18% have only a verbally outlined agreement amongst the board. CEOs and Executive Directors in the region are either brand new with less than five years of experience in the role or very senior with over 10 years tenure. See [SPOTLIGHT: Leadership in Transition](#) for more information about this trend with large-scale implications for the future of the human services sector in the region.

The Effects of a Lack of Planning in the Region

One of the primary challenges to creating a strategic plan is that it takes a substantial investment by organizational leaders in terms of time, staff capacity, and funding. The most common approach to strategic planning by organizations in the region is to hire an external strategy consultant or foundation to guide the process; however, the cost of this service ranges widely and can be too high to be a feasible investment for some organizations. In a 2011 study by Kyle Crawford of The Forbes Funds, the average cost of hiring a strategy consultant came in at \$30,500 and a foundation planning process typically cost \$26,125. For 25% of the nonprofit organizations participating in our study, this cost is comparable to the cost of one employee for an entire year according to our 990 tax filing analysis. Business planning was reported to be even more costly. Thus, before initiating a strategic planning process, leadership of human services providers must weigh the direct cost, participation requirement, time, and confidence in the outcome. This is a substantial challenge for leaders that have expended all excess energies in simply maintaining current operations. Access to financial assessment and strategy planning tools would be greatly beneficial to the region's human service providers.

SPOTLIGHT: Leadership in Transition

Of the nonprofit organizations responding to the SCCOG Human Services Sector Survey sent out by IES, roughly 4 in 10 had relatively new executive leadership. The average tenure of a new leader in southeastern Connecticut is 4.5 years. However, the other 6 of 10 organizations had Executive Directors or CEOs with a substantial tenure in their role. The average length of time in leadership for this cohort was nearly 20 years.

In "Essential Shifts for a Thriving Nonprofit Sector," a report prepared by Hez G. Norton and Deborah S. Linnell of Third Sector New England for Leadership New England, two-thirds of leaders responding to a regional survey of nonprofit executives indicated that they would be leaving their posts within five years. Given that 60% of human service agency leaders in southeastern Connecticut responding to our survey have been in their roles for a substantial period of time, IES expects that many of these leaders in the region are approaching retirement. Succession planning is therefore vital to the success of the region's nonprofit human services providers in the long-term.

The size of nonprofit staff teams in southeastern Connecticut ranges from 2-378 according to our survey data, representing the diversity of staffing structures and staff capacity at play in the region. The primary recruitment strategies for

new leadership include forming an internal executive search committee, posting the role formally, or word of mouth. None of these strategies appear to be more or less effective for facilitating a leadership transition according to our survey data. Municipal human services departments often lack leadership development programs. They instead rely on the understanding of the municipal hiring officer and chief executives who may not fully understand the scope, potential, and required skill sets of that office. Established pipelines for leadership recruitment and development are needed for nonprofit and municipal services staff in the region, individually for job security and industry-wide to ensure there are paths for career development in the human services sector.

In summary, the following characteristics are associated with business strategy and transition planning shortfalls in the region:

- *Though strategic planning is highly valued in the region, less than half of the organizations responding to our survey had updated strategic plans. This is because strategic planning often demands a high level of monetary and time investment.*
- *Leadership transitions can greatly alter service provision trends in the region. Changes in leadership can be a source of destabilization or inspire improvement depending on how an organization approaches its transition plan.*

4) Lack of Service Coordination Across the Region

Municipal and Nonprofit Service Provision Inadequately Aligned

Both the exploratory interviews and the trend identification survey presented evidence suggesting that there is inadequate alignment across the full system of human services providers in southeastern Connecticut. Although links across and between organizations do currently exist, these connections are often organized geographically, such as a city-based human services council, or thematically, such as a youth or homeless services network. However, communication is limited outside of these already established groups. Furthermore, much of the communication is concentrated between like-organizations, e.g. nonprofit-to-nonprofit or municipal agency-to-municipal agency. Far fewer robust relationships exist between service organizations and other entities that are tied into the social sector in the region such as

municipalities and their agencies, state representatives, as well as for-profit businesses.

SPOTLIGHT: The Importance of Partnership in New London

In 2005, the City of New London disbanded the municipal office of human services, believing that “nonprofits can handle it.” Over time, New London became the #1 most distressed municipality in the state. Commerce was seriously impacted by panhandling in the downtown, and many of the key human services needs of residents went unmet. The new Mayor Michael Passero made a direct connection between the fiscal health of the City, its property tax revenue, and the business climate with the wellbeing of its residents. In 2017, the Mayor decided to create a policy coordination office to bring about systemic reform. Since new Human Services Director Jeanne Milstein arrived, the focus has been more on working with the business community in the city to undertake systemic reform. Foundations have been called upon to coordinate human services networks around specific issues like “rapid rehousing” and “kids.” Though she was quick to assert, “The nonprofits do an absolutely tremendous job,” she would like to be informed about new funding for human services awarded to nonprofits in the municipality, which will help her integrate those new services into the City’s current network of services.

Current Approaches to Service Coordination

Networks tied to a particular geography tend to be coordinated by local governments in the region. Several municipal human services staff have stepped up to fill the role of community conveners, either within the municipal government’s departmental structure (recreation, elder services, police, inspectional services, library, schools, etc.) or with community and regional organizations like TVCCA, the United Way of Southeastern Connecticut, United Community & Family Services (UCFS), The Alliance: A Voice of Community Nonprofits, the Community Foundation of Eastern Connecticut, or SCCOG’s RHSCC.

The Human Services Department in Norwich, for example, has a weekly “Community Care Team” meeting which includes police, ambulance drivers, and human services staff from the municipality alongside TVCCA, UCFS, Reliance House, St. Vincent’s, and other nonprofits in the city. The

team reviews individual cases and arranges, as necessary, paperwork for homeless intake, state program eligibility, and case plan creation for the client. In another case, the Stonington Community Center started out as a recreation center for the downtown area several years ago. It has since evolved to be residents’ primary access point to a wide range of social and human services as

well as recreation programs. The agency manager notes: “This didn’t happen overnight!” See [SPOTLIGHT: The Importance of Partnership in New London](#) for another example of the municipality as a key convener of human services in the region.

In these situations, municipal staff can be a natural convener of cross-agency teams. However, this approach to service coordination has not been systematically applied across the region. Indeed, in our conversations with nonprofits, rarely did municipalities come up, except in reference to uncertainties about property tax exemptions. Municipal leadership and administrations have elected to act as conveners only in isolated cases. At present, most municipal human services departments are not likely to know or be able to assist when nonprofits in the region gain or lose government or philanthropic grants, or when policies change that affect their residents’ services.

Thematically, in terms of the services being offered (e.g. health, education, employment, etc.), interest groups in the region are wide-ranging; so, there is not an obvious umbrella group that can bring all parties together as the convener. Advocacy groups all play different roles for different issues, lobbying separately for family, housing, or health services. Our team was struck by how isolated many nonprofit leaders are concerning changes in federal and state policies that directly impact their operations and funding. During the exploratory phase, our team thus concluded that there are few real spaces for convening across thematic lines (beyond those tied to a geography through a municipality). Unlike in some other states in the U.S. with a county government structure, there is no central or convening authority with the power and influence to bring entities from across the spectrum of human services together, although SCCOG’s RHSCC is indeed an entity with the mandate to gather human services agencies together.

Effects of Inadequate Service Provision Alignment

The impact of this inadequate alignment among human services providers in the region is four-fold. First, service needs go unmet because of poor coordination of services or duplicated efforts. Second, the largest cities in the region end up bearing the brunt of the cost associated with “urbanized poverty” in southeastern Connecticut. Third, the opportunity to create a viable human

services industry—employing hundreds in the region with a good job, benefits, and career ladder—is missed. Fourth, analytical tools for determining an equitable distribution of resources and gaps in services are lacking.

Gaps in the human services system are plenty, and widespread across the region. Municipal officials report that 211CT callers are always on hold; the State’s Department of Social Services call line has the same issue. In Norwich, elder housing is now at capacity and family housing has a 3-4 year wait list. Affordable housing is a major need for the City. Food pantries help people get by. Housing is a concern in Windham as well; the local housing authority has a 2-year waiting list. Transportation to employment is also an issue, as reported by Windham and Stonington, and apparent for several other towns. Though regional transit, dial-a-ride, and ADA Paratransit Service can help, they often have fixed routes and do not serve locations out of district like court houses or doctors. In Ledyard, there is an unmet need for financial aid and cash grants, energy/utility assistance, and affordable housing. Reference the SCCOG Gap Analysis report by IES for more extensive details on the gaps by city and service area.

A key part of this challenge is that there may be duplicate services because the elected officials in the municipality do not know what services some of the nonprofits offer. Quoting one municipal staff member, “The City Council members don’t know what’s happening in the municipality.” This sentiment was reiterated by several municipal human services staff members across southeastern Connecticut. Various approaches were forwarded in response to this issue. Some municipal staff felt that these nonprofit services could be better offered out of local offices at the municipal level. The following services were identified by municipal human services staff as those typically handled by municipalities: crisis support, food pantries, referrals for health care, housing, mental health, substance abuse, utilities assistance, and legal assistance. One staff person felt strongly that people should not have to go out of town to access services.

Other municipal human services officials expressed their concern that a lack of a functional network of communication and service planning disadvantaged both their own municipal work and the region as a whole. When a municipal human services office is not aware of a new human services grant in the community, they cannot refer people to that new service. When they are not aware of a cut

in funding or a policy change that would reduce current services, they cannot use their resources to compensate for this loss. One individual states, “There should be an opportunity for municipalities to formally acknowledge funding for human services coming into the region to nonprofits through state and foundation grants. Then, towns would know what services are out there and can refer residents to them.” Promoting a less formal approach, another official argued, “Social services agencies need to communicate more with local government, more of a partnership. If the town council and selectmen *knew* what was already happening in town, they would be supportive, not duplicative.” Along these same lines, “We need a consortium for services, for sharing ideas, combining resources and finding out what is available. Perhaps a yearly convention including municipalities and nonprofits would help.” Central to all these suggestions is the idea that municipal governments can and should contribute to the safety net to ensure resident needs are being met.

Gaps in service delivery across the region reflect a situation of “urbanized poverty” in the SCCOG region. The burden of addressing human services problems falls to larger and/or denser municipalities such as Windham, Groton, New London, and Norwich. Each of these municipalities has developed its own model and set of skills for coordinating human services capabilities with other city departments, like police, fire, building inspections, libraries, recreation, housing authorities, and others. Each of these municipalities has also developed relationships with nonprofits, foundations, state and regional agencies, and private donors to facilitate their departmental efforts to provide needed services. As these municipalities become more skilled in addressing “urbanized poverty” issues, surrounding municipalities may sometimes choose to lean on these cities for services for their own residents, which magnifies the cost of services for these more urbanized municipalities.

Rural town interviews revealed that there is a hesitancy to assume a greater responsibility for human services provision. One municipal staff member noted, “Unfortunately, there is a misconception among some people in Waterford that a mobile food pantry in the town might result in people from Norwich driving to Waterford to get food. That doesn’t happen.” See [SPOTLIGHT: The Double-Edged Sword of Municipal Services](#) for another example of how they dynamic plays out.

SPOTLIGHT: The Double-Edged Sword of Municipal Services

There is a feeling in the town of Windham, reflected by local elected officials, that the town should downplay its human services programming to avoid attracting more needy people to settle in the town. For example, there was a “no freeze” hospitality center with overnights from November to April available in the municipality. So, in April, tents tended to pop up along the river. High levels of drug use began to be reported in the area, which led to police calls. The Police Chief suspects that the “no freeze” program attracted a criminal element to the town. To adjust to the negative political climate around this program, the human services department has intentionally developed a low-profile approach to its activities. Rather than running the “no freeze” program again, the new Town Manager has focused on individual economic development in order to address the poverty issue for current residents versus attracting people from out of town.

As a municipal staff member notes, “The region’s human services safety net would be stronger if municipalities were recognizing how they contribute now to human services and were investing more in coordinating these capabilities within the municipality, with other municipalities (sharing ideas), and with other human services agencies in the region.” From the perspective of one of these large cities, the State should play a larger role in supporting case management and streamlining the assistance eligibility process. Similarly, towns should be notified of cuts or policy changes in social services to better anticipate where their neediest residents are likely to go. Overall, there is an explicit need to align the various entities providing services in the region.

As a testament to the prevalence of this issue in the region, 72% of organizations report that they would be interested in attending more convening events amongst human services providers in the region. However, when our survey respondents were asked who they turn to as a natural cross-cutting “connector” for this purpose, there was little overlap in the organizations and entities that emerged from the group. Some organizational leaders asserted, “Collaboration is not effective in this area” or “[We] take it upon ourselves to forge partnerships/connections.” Those that did list key conveners in the region reiterated the geographic or thematic focus of existing relationships. The municipalities of New London and Norwich, as cities with high concentrations of human services providers in the region, were mentioned more than once. Thematic conveners included entities such as the Community Health Center Association of Connecticut or the Thames River Family Program. Respondents also indicated that connections were established as “depends on the need or

the concern.” Three organizations emerged with the potential to bring together a wider array of organizations: The United Way of Southeastern Connecticut, The Arc, and TVCCA.

In summary, the following characteristics are associated with poor alignment across the system in the region:

- *While human service providers are currently connected, these links limited to collaborations based around a particular geography or area of need. Thus, there is a need for more communication across existing networks of service providers.*
- *Several service provision gaps exist, resulting in duplication of services and urbanized poverty in some cities and towns while others largely lack human services support systems.*
- *Municipalities and large nonprofits dedicated to key areas of need for the region overall play a key convening role, but the approach each of these individual entities employs is not systematic or widespread.*

Opportunities to Bolster Human Services Sector Collaboration & Impact

Outcomes of the IES study include a set of recommendations for human service providers, for municipalities, for funders, and for the southeastern Connecticut Council of Governments and its Regional Human Services Coordinating Council. Specifically, we define cross-sector strategies, propose ways to strengthen human services organizations and agencies, and recommend how to collectively align the human services ecosystem to support a powerful collective impact on the region's services.

Human services organizations and agencies in the region, though they face several internal and external challenges, also boast a significant capacity for navigating market changes and adapting to meet the needs of their beneficiaries in an ever-changing funding environment. In each of the areas identified above as key factors contributing to problems in the current state of the human services sector in southeastern Connecticut, our consultant team has synthesized a set of best practices that nonprofit organizations and municipal governments should employ in order to sustain operations.

Nonprofits in the region expressed a keen interest in the following approaches, which will serve to organize our recommendations for nonprofits in this section.

- Reduce operating costs and diversify revenue streams;
- Promote efficiency and effectiveness in organizational operations to ensure vitality and sustainability;
- Develop a better understanding of what each member of the network provides as well as develop an increased knowledge of other human service providers in the SCCOG region.

Municipal human services staff were also particularly interested in developing a system to provide better information about the human services network of providers across the region.

The IES team does not propose that all the recommendations outlined below will work for every organization within the human services system in Southeastern Connecticut. However, these approaches are those that participating

organizations were most interested in working on and were reported to be of greatest value in interviews with our team members.

There is the greatest level of support and enthusiasm for exploring cost-saving opportunities and revenue diversification strategies. Thus, recommendations made in these first and second sections should be seen as “low-hanging fruit” that can be leveraged as a first step toward building greater trust, cooperation, and collaboration among the region’s diverse nonprofit organizations. Our suggestions in the area of cost savings seek to produce bottom-line savings for each organization and serve to create good-will amongst the group members. Likewise, revenue diversification can ensure that incoming funds are consistent and sustainable in an era of increasing costs and changing funding and policy priorities. We have also suggested some ways that nonprofits, by forming associations, or municipalities, by supporting pay-for-success models can build shared resources that will benefit additional human services providers in the region.

The third most critical area of interest to leaders we spoke to across the human services sector was to identify the key operational and strategic maneuvers that nonprofits and municipalities can take to ensure their vitality and expand their impact in the modern political environment. In this section, we have distilled a set of best practices to guide leadership of human service providers and provide benchmarks for decision-making.

Fourth, organizations and agencies across southeastern Connecticut expressed that they wished to have a better understanding of available community services for their at-risk populations. While many organizational leaders are familiar with the organizations within their geographic or thematic network, they hoped to learn more about the broader services system in the region. Their hope, ultimately, is that increased knowledge about potential partners above and beyond existing relationships could create an explicit continuum of services model to more effectively serve clients and support their staff in making timely referrals. This report is a first step toward fulfilling this need, but more regular communication, events, and negotiation are required to fully address this gap in understanding, collaboration, and service alignment.

1) Shared Services and Other Cost Saving Strategies

Review of the Current State of Affairs:

In the section above on the factors contributing to the state of collaboration and competition in the human services sector of Southeastern Connecticut, we highlighted that four top concerns emerged when it came to rising costs: 1) staff and labor, 2) healthcare and insurance, 3) facilities, 4) technology. Though the nonprofits and municipalities were both interested in collective purchasing and shared service models to overcome these expense challenges, there was little interest expressed in collaboration or joint partnerships in these key areas of greatest need in our exploratory interviews or SCCOG Human Services Sector Survey.

The top three areas in which organizations were most interested in pursuing shared services relationships include:

- #1 Technology (hardware/software/support),
- #2 Data analysis,
- #3 Marketing and advertising.

Still of interest, just to a lesser degree, were facilities management (e.g. housekeeping, landscaping, etc.), talent development, fund development, payroll services, as well as business plan and strategic plan writing. Services that organizations within the region were open to offering directly to others were largely concentrated in bookkeeping and financial services, an area where organizations expressed the *least* interest in collaboration. However, some larger organizations shared their willingness to offer other key services to human services providers in the region.

Recommendations:

In the following paragraphs, we will make recommendations to address the costs of greatest concern to participant nonprofits and municipalities through collaboration. These recommendations are informed by our experiences as long-term nonprofit executives and consultants as well as conversations with southeastern Connecticut's nonprofit leaders. We highlight the shared services that should be the easiest to facilitate given organizations' present levels of interest in pursuing collaborations in these areas. We will close with

implementation details on one specific opportunity to develop a region-wide collaborative modeled after programs launched by United Way in both Massachusetts and New Hampshire, which has been scoped with a high level of detail on cost savings and possible implementation partners in southeastern Connecticut.

Staff and Labor

One of the key ways that organizations in the region have been addressing the rising cost of staff salary expectations has been through reducing key operations functions managed internally and eliminating positions. An innovative way to approach these tasks is to hire collectively for certain functions, thus sharing the burden of some staffing costs among multiple organizations. Respondents to our survey expressed an interest in collective purchasing or shared services in the areas shown in Table 4 below, ranked by percentage of respondents interested.

Table 4: Areas of Interest for Shared Labor by Function

Staff/Labor Function	% Interested
Tech-support	74%
Landscaping	69%
Housekeeping	65%
Data analysis	63%
Fleet management	62%
Marketing or advertising	58%
Talent recruitment	56%
Property management	54%
Development or fundraising	50%
Business or strategic plan writing	45%
Bookkeeping and finance	35%

Many of these services are already offered by third-party contractors, thus a joint purchasing approach would likely be the best option for human services providers interested in cost savings in these areas. This approach would involve several nonprofits building a coalition specifically for the purposes of hiring more cost-effective labor to support a particular function or service. Further research and negotiations between human service providers directly would be needed to identify which services would best fit into this model. IES recommends that

nonprofits interested in taking such an initiative develop a taskforce to explore the various options available. If service providers entered into a contract collectively for these services, as they currently do via the nonprofit energy buying consortium PowerOptions or with landscaping in partnership with TVCCA, they could lock in a less expensive rate while maintaining a consistent flow of work for those employed in this industry.

An alternative to joint purchasing is purchasing services from another nonprofit. A major cost associated with staff and labor for nonprofit human services providers is associated with recruitment and retention. As seen in Table 4 above, shared services in the area of talent recruitment was of interest to 56% of organizations responding to our survey. This challenge is shared by nonprofits nationally. Seventy-three percent of small nonprofits do not have a formal recruitment strategy, and 91% of small organizations have no recruitment budget according to a 2016 national survey by Nonprofit HR and GuideStar. Furthermore, 34% of nonprofits reported retention of staff performing direct services as the most difficult, while 33% of nonprofits surveyed reported a challenge with hiring qualified staff due to limited budget constraints. A handful of organizations in the SCCOG region expressed an interest in offering talent recruitment services to others in the region including: The Arc New London County, Sound Community Services, Inc., and Generations Family Health Center, Inc. These shared services could build upon their client-facing services such as Arc's employment services and training programs on basic computer knowledge and skills, the employment application process, resume writing, interviews, and support on the job through its Employment Transition Center for people with intellectual and developmental disabilities.

For agencies with under 50 employees, the staff and labor cost burdens are substantial in southeastern Connecticut. Seventy percent of the organizations responding to our survey with under 50 staff members said staff salaries were "extremely concerning" for them. Thus, in addition to pursuing a shared labor cost strategy in key areas of strategic importance to each organization as outlined above, IES recommends that organizations with under 50 staff members consider forming a nonprofit corporation to employ workers of multiple nonprofits for the purposes of enhancing their ability to pool resources and provide both full-time and fully benefited work to their employees. There is a continuum of engagement and commitment in such a model. In a fully integrated model, all mid and lower level human services staff would work for an

outsourcing agency. Training, salaries, and benefits would be coordinated through the central organization. Stepping down the ladder of commitment and investment, umbrella organizations can be created in the form of training consortiums.

Importantly, such initiatives could open up a more stable career track, with full-time hours and benefits, within the region. This model would be far more sustainable for the dedicated individuals currently employed only part-time or with limited benefits due to the extensive and increasing cost of staff and labor in the region.

Health Care and Insurance

There are several unique approaches to insurance purchasing currently entering the healthcare market. Health Rosetta is one such benefits advisory firm that promotes value-based primary care with incentives for employees to participate in health assessments and screenings which ultimately reduces premiums for employers. The Alliance contracts with the Schuster Group to provide a competitive employee benefits program.

In Washington State, nonprofits have come together to form the Non Profit Insurance Program (NPIP) which provides insurance coverage, as well as risk management and other legal services, to nonprofits of various types. As an insurance cooperative, NPIP helps ensure that insurance costs are financially consistent and stable for their members. This type of cooperative, if formed in Connecticut, could greatly reduce the volatility of costs associated with providing benefits such as health insurance to human service provider employees in the state.

Finally, purchasing employee health insurance through an umbrella company, such as a Professional Employer Organization (PEO) could control the escalating cost and diminishing coverage levels of health insurance. Organizations working with these types of organizations to source benefits in southeastern Connecticut generally saw an 8% to 12% increase in health insurance rates for level or reduced coverages. IES has reached out to GenesisHR, one such organization in the region, about providing cost-effective benefits purchasing options for human services providers in southeastern Connecticut. They offer their current clients approximately 3% to 4% savings with their benefits packages. A copy of

their proposal for the region's human services agencies and potential benefits package options is included in Appendix #6.

Facilities

One of the simplest ways to address the issue of high facility maintenance costs, the third most commonly mentioned cost burden for nonprofit participants in this study, is to use joint purchasing agreements or a “purchasing collaborative” to obtain contractors for housekeeping, landscaping, fleet management, and property management. Opportunities in shared services for facilities management are many and will require additional surveying and a small group of leaders to convene as well as recommend and implement a structure to capitalize on the buying power of agencies large and small. There are three approaches to shared facility/property management that IES has explored: 1) sharing of administrative staff that are already working for a local human services agency in paid capacity, 2) contract bidding and bundling, and 3) nonprofits or municipalities offering services to other nonprofits or municipalities.

Employing the first approach, agencies would share a management level employee to supervise one or more areas of service. Formerly referred to as “Employee Leasing,” this type of agency is bucketed under the aforementioned PEO. Using a PEO model, for example, a facilities manager from one organization would coordinate management of several facilities and would be empowered to exercise discretion and authority upon the approval of a general plan and budget by each agency's leadership. Likewise, a senior housekeeping manager might assume responsibility for cleaning and housekeeping for a group of agencies.

PEOs specialize on the challenge of overcoming management and compliance risks, a source of concern to organizations in southeastern Connecticut that we interviewed. They also offer solutions to groups that offer employees variable pay rates. GenesisHR has developed a proposal specifically for human services providers in the SCCOG region, included in Appendix #6 of this report. Should any of the independent nonprofits in the region wish to join a PEO, a first next step would be to complete a thorough review of that proposal to develop a better understanding of the service and options available. A small taskforce should then be created to coordinate the formation or engagement with a PEO.

The State of Connecticut retains a list of registered PEOs (see: <https://www.ctdol.state.ct.us/wgwkstnd/PEO/PEO%20Info.pdf>) that may also be appropriate to coordinate efforts of this type.

The second approach of contract bidding and bundling would also require a senior level manager to coordinate and lead the effort to identify areas in which agencies are most likely or willing to participate. It is recommended that this start with one collaborative as a beta test. For example, organizations that contract or outsource cleaning and housekeeping services would come together, develop a request for proposals for these services jointly, and selectively invite companies known for exemplary performance. Most organizations in the region already outsource human resources management such as payroll, thus this could be the first service to consider as a possible contract bidding or bundling candidate. Once the contract is signed, the vendor relationship is coordinated by a designated individual from each agency.

A third option is to have human service providers supply facilities services to one another. A set of organizations participating in our study have expressed an interest in offering these types of services to other human service providers in the region. Table 5 below lists these organizations that have expressed an interest in potentially offering these services if both cost effective and logistically feasible. We are confident that other organizations’ leadership would also raise their hands to offer these types of services.

Table 5: Organizations Able to Offer Facilities Services by Function

	Function			
	Housekeeping	Landscaping	Fleet Management	Property Management
Organizations	Sound Community Services, Inc.	Sound Community Services, Inc.	Sound Community Services, Inc.	Sound Community Services, Inc.
	United Way of Southeastern Connecticut	United Way of Southeastern Connecticut	Southeastern Council on Alcoholism and Drug Dependence, Inc.	United Way of Southeastern Connecticut
	The Arc New London County	The ACCESS Agency, Inc.	The Arc New London County	The ACCESS Agency, Inc.
		The Arc New London County		

Sample potential areas of shared services developed through one or more of these three approaches may include:

- Housekeeping
- Snowplowing
- Landscaping
- Repair and maintenance
- Contracting for minor projects such as paving, roof repair, or pest control
- Security systems/monitoring/fire
- Licensed plumbers & electricians
- Facility inspection for health and safety, structural issues and compliance

Municipalities can also offer space in facilities directly. The strategic vision in Groton is to attract nonprofits and state agencies to provide their services from a loaned town hall office. They envision a space in which human service providers like SNAP, Ledge Light Health District, CT HeadStart, Always Home, UConn extension, Groton Community meals, and the “care and share” voucher program can join together for a “one stop shopping” experience for local residents. In this way, nonprofit and community services would be combined with the Town of Groton services including social workers, veterans’ services, a mammography van, and summer food program, among others.

Along a similar vein, cities and towns benefit from cost savings through the State of Connecticut’s procurement program. This procurement opportunity covers goods and services and is available for agencies and municipalities under the Department of Administrative Services (DAS) Procurement Division. If municipalities were able to establish more concrete partnerships with nonprofit or community-based organizations to meet resident human service needs, it may be possible to extend such purchasing opportunities to nonprofits. Similarly, SCCOG’s sister organization the Capitol Region Council of Governments (CRCOG) in Hartford has developed a collective purchasing program for municipalities and made it available to municipalities outside the region for a small fee. Though this service is only open to municipalities, this represents one more approach to collective purchasing that southeastern Connecticut may wish to pursue.

In several other geographies, nonprofits have joined together in associations by state to create group buying programs. These programs allow nonprofits to pool

their purchasing power so that they can negotiate stronger contracts and deeper discounts on services or products. Across Massachusetts, Connecticut, and Rhode Island, for example, nonprofits can join with state and municipal governments to create an energy-buying consortium called PowerOptions. Through this consortium, over 500-member organizations have negotiated better terms for their electric and natural gas utilities.

Finally, in the world of entrepreneurship there are incubators and accelerators that shelter small companies while they grow and to assist them with establishing baseline administration and operational procedures during the growth process. A big benefit of these incubator labs is cutting the costs of overhead. The Alliance: The Voice of Community Nonprofits is home to over 20 nonprofits in its CT Nonprofit Center based in Hartford. The nonprofits housed at the Center are independent corporations, but space, technology, and some administrative support systems such as internet, printing, and fax are shared. The overhead is supported by membership tenancy fees. Though not specifically designed to house and support nonprofits, Foundry 66 in Norwich, OfficePlace-Meeting and Conference Center in Middletown, or Cure Innovation Commons in Groton are all similar co-working spaces that can fulfill the same type of overhead cost-savings purpose. Joining incubator or co-working spaces is worth considering, especially for smaller nonprofits in southeastern Connecticut.

Technology

One of the top areas of interest for starting shared services or joint purchasing agreements identified through our survey of nonprofit organizations was technology. In addition to technology support, an area of interest to 74% of organizations, participating nonprofits expressed an interest in sourcing technology software (58%) and hardware (70%) via a shared services model. Again, collective procurement and joining together to make bulk purchases to take advantage of volume discounts are the most straightforward means of approaching this class of shared services. The YMCA network, for example, has worked with YPG – Ypurchasing.com to develop a list of vendors willing to offer volume-based discounts on supplies and services such as copiers, facilities maintenance food distribution, furniture, human resources, office supplies, and janitorial or sanitation supplies.

Likewise, the region’s nonprofits would benefit from building an easily accessible database of technology providers that offer nonprofits either discounted or free services. IES has listed out the top ten technology cost savings solutions that we recommend to our clients in Table 6 below.

Table 6: Top 10 Technology Cost Savings Solutions

Technology Platform	Tool Function	Nonprofit Discount
Salesforce	Customer relationship marketing (CRM)	10 free licenses, 75% off additional licenses
Box	Cloud content management / document sharing	10 free Box Starter Edition licenses, and considerable discounts on additional seats
Dreamhost	Website hosting service	Free hosting for 501(c)3 organizations
Mailchimp	Mass email marketing service	‘Forever Free’ plan up to 2000 subscribers, discount of 15% on paid plans
PayPal	Online fundraising payment processor	Discounted transaction fee by 24%
Buffer	Social media management	Discount of 50% on paid plans
Asana	Project and team management	Free for up to 15 users
Twist	Team chat	Discount of 50% on Twist Unlimited plan
LinkedIn for Nonprofits	Social media and job board	Discount of 90% off job postings
Taproot	Volunteer and pro bono opportunity board	Free project posts for nonprofits

Additionally, Google offers the G Suite—including email, calendar, document sharing, promotional and fundraising platforms, and other online tools—for free

to verified nonprofits. Several other technology companies, including Microsoft, offer both hardware and software at a discounted rate. Microsoft 360 offers several tools including email, team planner, and document sharing all with a nonprofit discount of up to 90%.

TechSoup.org is a great website to start searching for these types of discounted goods and services for nonprofits and charities. For Microsoft products, for example, TechSoup offers the following discounts:

- Windows 10 Pro for \$9
- Office Standard for \$29
- Windows Server Standard for \$9, plus \$3/user
- Windows Server Essentials for \$38
- Office 365 Business Essentials (email only) for \$0
- Office 365 Business Premium (email + desktop apps) for \$3/month/user

Formal collaborations and mergers

Given that all organizations in the region are challenged by rising costs and reduced revenue streams, one approach that can help mission-aligned organizations to improve their financial viability is that of formal collaborations up to, and including, mergers. In southeastern Connecticut, IES does not necessarily recommend mergers as the appropriate way to achieve cost savings. Indeed, given that there are still unmet service delivery needs in many towns throughout the state, IES would characterize the challenge of human services providers in the region as not a duplication of services, but the duplication of provider infrastructures. This scenario comes with a high operating and overhead cost to deliver quality services.

Merger discussions should not be pursued without thoughtful business planning undertaken by the two or more organizations considering such next steps. Given the highly complex level of negotiation involved in a merger, IES suggests merely that it is worthwhile considering the many forms mergers can take to determine if an organization should enter into this type of collaboration with another in the region. Forms range from formal mergers or acquisitions on the one hand to more moderate fiscal sponsorship or joint programming to informal networks, coordinated actions, or joint advocacy.

Key questions to ask in this process include: 1) Which organizations would be complementary partners? 2) What do organizational leaders want to achieve for their respective nonprofits through the collaboration or merger? 3) How will constituents and the community benefit? 4) What might be the unanticipated negative consequences of any new collaboration?

Our team recommends that organizations interested in taking up this task refer to *The Nonprofit Mergers Workbook* by David La Piana and associated website lapiana.org. For those nonprofits that believe they would benefit from a merger with another nonprofit in the region, IES has provided a tool to assist in the initial discussion of this option between the two parties in Appendix #7.

A Model for More Extensive Collaborations

In addition to developing one-off purchasing collectives or shared services agreements between individual organizations or agencies in the region, IES recommends that human services providers in southeastern Connecticut consider a broader and deeper shared services model. Two examples—New Hampshire and Massachusetts—can provide a template for launching a similar initiative in Connecticut.

New Hampshire launched a State Early Learning Alliance (SELA) with United Way of the Greater Seacoast to “strengthen business practices and enhance program quality in order to give children a better start.” The central strategy of SELA is pooling purchasing power amongst early childhood program providers. In its first six months, SELA participating programs saved \$84,000 in operating costs and reallocated those funds to workforce development and classroom improvements. Today, participating members save an average of \$5,000-\$10,000 annually, and employees and families are each saving \$500-\$1,000 annually. Additionally, 64 teachers have benefited from college credit courses, 12 programs have participated in business management training, and the average turnover of participating member organizations has decreased to between 7-15%, compared to the national average of 35%.

A similar model is currently being piloted by the United Way of Massachusetts for childcare providers. In the Massachusetts pilot case, the purpose of this project was to expand shared services for child care providers, specifically to help small, center-based, and family childcare providers generate cost savings

for quality improvements in programming and operations through pooling purchasing power, offering employee discount programs, and encouraging best practice sharing. In their Shared Services Massachusetts initiative, the United Way of Massachusetts has launched a monthly meeting schedule to encourage continuous communication between its participating organizations in Cambridge, Somerville, and Boston; built a web-based platform offering strategic resources for the region's nonprofits through a partnership with CCA Global Partners; and developed a set of service agreements to help with cost savings on insurance, utilities, property management, IT, marketing, finance, and other services. The pilot is seeing real returns. Through a partnership with Great North Property Management Company (MA, NH, RI, ME), participating programs have realized major discounts on business insurance and pressing property management needs including roof replacement, window repair, and discounted cell phone plans for their business employees.

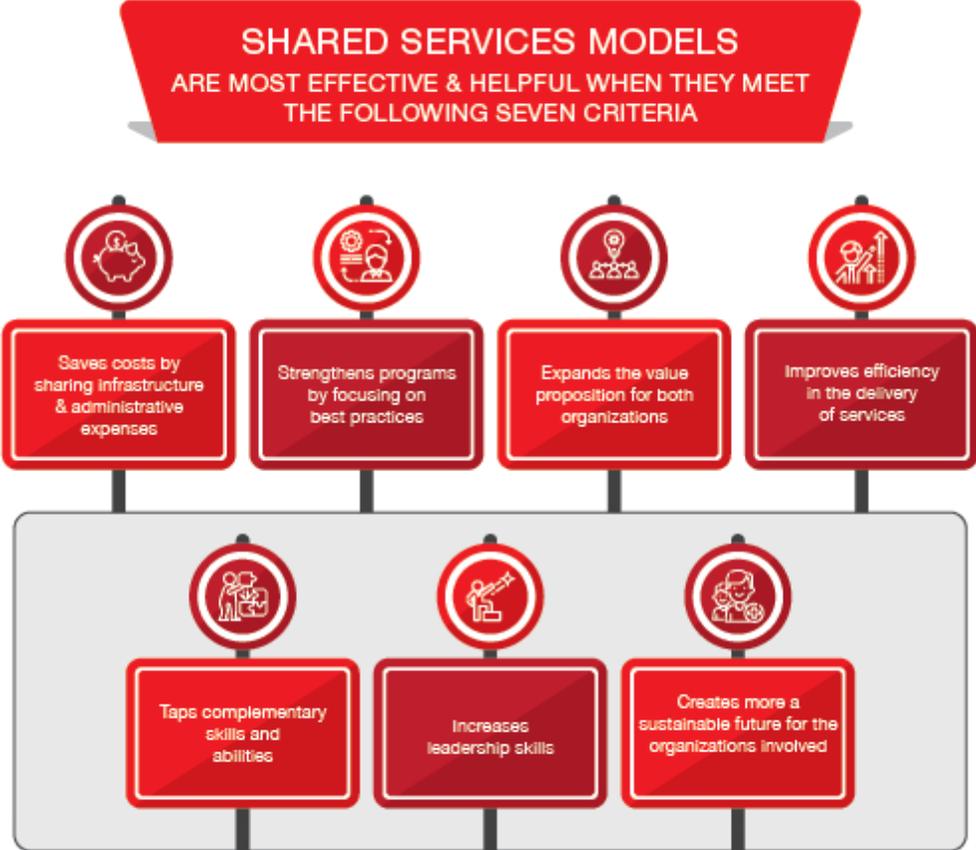
In Connecticut, human services providers can begin this type of large-scale collaboration initiative to the benefit of the sector as a whole or by thematic area. Several key factors influenced the success of the New Hampshire and Massachusetts programs which should be considered if starting a new initiative. First, United Way took leadership on the projects in both states; having one key organization to coordinate the initiative is important. Second, both programs received seed and expansion funding through large grants. The United Way of Massachusetts Bay and Merrimack Valley launched this initiative with \$30,000 of seed funding from the Cambridge Community Foundation to expand existing shared services for child care providers. After an initial trial the United Way applied for funding from the Boston Children's Collaboration for Community Health, The Boston Foundation, Eastern Bank, and the Hogan Foundation and received \$410,000. The sustainability plan for both programs is to transition to earned income via annual membership fees, currently projected at \$1,200 for Massachusetts child care providers in the program. Third, each of these programs required a project director to ensure organizations stay engaged and a fiscal agent to ensure that bills are paid to those vendors who offer discounts to participants.

If starting this type of large-scale initiative is not on the feasible horizon for southeastern Connecticut nonprofits, there are other existing networks that nonprofits can join individual to gain access to similar benefits programs. Providers may opt to join existing entities in Connecticut such as The Alliance:

The Voice of Community Nonprofits that are developing similar systems via alternative models. Membership rates with The Alliance vary depending on organizational budget; members can gain access to shared accounting, technology, insurance services, among others. Nationally, a partnership with The Alliance for Nonprofit Growth and Opportunity (TANGO) programs provides access to discounted dental insurance and a host of other human resources services and free seminars.

Potential Benefits:

Overall the organizations and municipal agencies participating in our study were open to engaging in new collaborative relationships, with the caveat that each shared service negotiation would have to be entered into with clear terms and logistics defined. When pursuing collaborations, it is important to keep in mind seven key criteria for effective shared services models as outlined below.



IES does not presume that every organization expressing an interest in shared services offerings or collaboration will ultimately choose to engage in a shared services model. Each organization must assess their own needs and make a decision accordingly. However, in this section our team has highlighted the areas of greatest value to organizations in the region and those partnerships more likely to be successful for human services providers in southeastern Connecticut. Should nonprofits and municipal agencies in the region opt to pursue the recommended approaches we have indicated above, we anticipate an improvement in cost savings, as well as an increased level of collaboration, understanding, and trust.

2) Revenue Diversification

Review of the Current State of Affairs:

Both nonprofits and municipal agencies in southeastern Connecticut rely on a rather small pool of resources from a few key funders in the region. State and federal government are the primary sources of revenue for most human service providers in the region. Given the propensity of these government entities to shift their priorities due to administration changes and the current political climate, funding for key services can be unpredictable at best, and unsustainable at worse. Smaller organizations with under 50 employees or annual revenues of less than \$1 million, in particular, are at risk of resource dependency and revenue volatility.

Recommendations:

Nonprofits and municipalities have very different financial structures even though both types of entities offer human services to similar target populations. Thus, the approaches we recommend are necessarily different, with some overarching guidelines applicable to all.

Municipal agencies receive most of their funding directly from municipal coffers. Of the eight municipalities with human services offices in our study, 64% of their total budget comes from local tax revenues. Of the remaining 36% of financial contributions to the municipalities' general funds, most comes from the state government in the form of "local aid." An average of 80% of this local aid is to support local public education. Thus, municipalities should continue to source

funds for human services via other avenues such as foundations or for-profit business partnerships; especially if there are few nonprofit organizations serving an essential need for the community.

In order to remain viable as a nonprofit organization, IES recommends that organizations maintain a healthy mix revenue sources. In research article “Revenue Diversification in Nonprofit Organizations: Does it Lead to Financial Stability?” published in the *Journal of Public Administration Research and Theory*, Deborah A. Carroll and Keely Jones Stater (2009) investigate if revenue diversification leads to greater organizational stability for nonprofits. They find that “nonprofits can indeed reduce their revenue volatility through diversification, particularly by equalizing their reliance on earned income, investments, and contributions. This positive effect of diversification on revenue stability implies that a diversified portfolio encourages more stable revenues and consequently could promote greater organizational longevity” (p. 947). Drawing from our collective expertise as long-term nonprofit executives and consultants as well as various best practices identified in our interviews with study participants, we have synthesized the following set of recommendations to promote revenue diversification in the region.

Tailor a diversification approach to organization’s peer-group

There are two schools of thought with regards to maintaining resilient nonprofit organizations, according to a *Nonprofit Quarterly* article by Woods Bowman (2017) based on the book *Finance Fundamentals for Nonprofits: Building Capacity and Sustainability*. The first school subscribes to the portfolio theory which suggests that diversifying revenue can bolster an organization against vulnerability to market shocks, recessions, or changing environmental dynamics. Four or more key sources of revenue, each comprising less than one-third of the organization’s annual revenue, is the goal. The second school suggests that organizations follow normative theory, which involves focusing resources on one or two key sources of reliable funding. This strategy, proponents assert, avoids duplication and higher administrative costs associated with different types of revenue generation. IES does not endorse either of these approaches solely, but instead believes that each organization should find its own ideal revenue approach. Often, this means tailoring the revenue mix to organizations with similar missions, models, or staff team size. A guided benchmarking process should be pursued prior to implementing any revenue diversification plan.

True amongst both schools of thought regarding revenue diversification, there are a few key rules of thumb organizations should consider as they evaluate their resource mix and balance.

Rule of Thumb #1: Increase earned income

The most predictable forms of traditional funding for nonprofits include endowment income; earned income via third-party billing or individual payers; and government contracts, gifts, and grants. While most organizations in the SCCOG region are familiar with government contracting and grants, far fewer pursue an earned income strategy. As was highlighted in the SPOTLIGHT: Cookies for Sale at The Arc New London County, a mission-aligned earned income source can achieve the joint goals of securing a more reliable funding source while advancing an organization's mission and vision. The strategy for boosting earned income revenue can take many forms, and this shift involves strategic planning both internal and external to the organization specific to the mission and local market.

Organizations seeking to take this on should assess their capabilities, their clients' capabilities and needs, their location, and the market for their services. In addition to the example provided above, the New London Homeless Hospitality Center in their revenue diversification planning realized they were in a great position to run a thrift shop called Homeless Bound Treasures, increase earned income, give work experience to clients and help the over 100 individuals housed annually with furnishings. With no current funding source for furniture and household goods to pay for even minimal furniture, having excess from the thrift store has allowed the organization to help individuals with at least some basics to get started, raise operating revenue and continue to explore other ways to diversify sources of income. This type of revenue diversification can always be expanded, another benefit of this form of revenue generation. For the case mentioned above, for example, one might expect them to open a café or bookshop adjoining the thrift shop to further boost earned income revenues.

Rule of Thumb #2: Match government funding with advocacy

Although nonprofits are not permitted to engage in direct lobbying as a substantial part of the organization's activities per 501(c)3 restrictions, they have

an important voice and key role to play when it comes to advocacy for the causes that advance their human service mission. Advocacy can take many forms ranging from public education to grassroots organizing and statement releases on key policy issues. When pursuing a more focused approach to revenue generation, in which over one-third of an organization's budget relies upon one source, it is important to engage in advocacy. A clearly focused advocacy mission for a defined client-base helps an organization to: a) stay focused, b) measure their impact, and c) be known in the region for their expertise. The more that the general public and government officials hear about a particular organization or program, the more people they refer to take advantage of these services. Referrals can come from municipal human services departments, libraries, utilities companies, banks, and other community partners. This is an investment in an organization's success when funding is often tied to service outputs.

One of our organizations discussed how they struggle with getting the State of Connecticut to appropriately fund shelter operations. The state's shelter system developed shelter by shelter over many years to meet emerging needs rather than through a structured request for proposals process. This history resulted in wide variations in funding levels between emergency shelters across the state. In 2015, the Department of Housing finally issued a competitive request for proposals (RFP) for shelter services. In awarding contracts in response to the RFP, however, historic funding discrepancies between shelters were left largely intact. This left the shelter in New London receiving just \$2,000 per bed while other shelters serving an identical demographic received as much as \$11,000 per bed. Per the focusing strategy, their Executive Director continues to advocate with the state for a more equitable contracting approach that allocates funding based on cost standards and performance rather than history. If all shelter organizations in the region advocate for the importance of shelter beds, the funding pie for housing the homeless—an area of intense need in the region—can potentially be increased.

Rule of Thumb #3: Pursue a long-term fund development strategy

The vast majority of organizations in southeastern Connecticut engage in fund development through the coordination of annual fund drives and special events throughout the year. While these activities can raise the organization's profile in the community, and can indeed contribute to revenue generation, fund

development should be undertaken with a long-term strategy in mind. Fundraising must involve moving from transactional special events to face to face donor cultivation.

Two key text resources IES recommends for organizations looking to revitalize and improve funder relations are *It's Not Just About Money: How to Build Authentic Major Donor Relationships* by Richard Perry and Jeff Schreifels and *Fundraising for Social Change* by Kim Klein. Additionally, nonprofits and municipalities should consider joining groups with resources and connections to bolster a long-term fund development strategy. One such group is the Direct Marketing Fundraisers Association which can provide guidance, tools, and even staffing options to increase funding chances. Another key resource for Connecticut specifically is the Eastern CT Funders Network, a loosely-affiliated group of staff from funders who are active in the region that share information and coordinate capacity-building programs for their grantees and nonprofits in general.

The best option when building an organization's individual giving strategy is to stick with the tried-and-true donors by cause. As noted in a *Stanford Innovation Review* article by William Landes Foster, Peter Kim, and Barbara Christiansen in spring 2009, "Large groups of individual donors, for example, are already joined by common concerns about various issues, such as breast cancer research. And major government funding pools, to cite another example, already have specific objectives, such as foster care. Although a nonprofit that needs a few million dollars annually may convince a handful of foundations or wealthy individuals to support an issue that they had not previously prioritized, a nonprofit trying to raise tens of millions of dollars per year can rarely do so."

All organizations should advertise the federal and state-based tax credits or write-offs associated with nonprofit giving. At the federal level, individuals as well as for-profit corporations and businesses can deduct donations made to nonprofits to offset an end-of-year tax liability. In 2018, the giving limits for those who itemize deductions went from 50% to 60% of adjusted gross income. In Connecticut specifically, the 2018 Connecticut Neighborhood Assistance Act Program Tax Credit allows businesses to receive a credit of 60-100% of contributions that have been approved by the Department of Revenue Services.

Rule of Thumb #4: Monitor revenue growth rates and invest in reducing liabilities

It is important for organizations to pay attention to revenue growth year over year, working to maintain all their expense line items below these rates. When in a year with a strong net revenue, organizations should invest in themselves and reduce their liabilities. In practice, this translates to increased staff, investing in “capital assets” like land, buildings, equipment, etc. A healthy balance sheet gives organizations a leg-up when they need a loan or a credit line, and ensures long-term sustainability when spending is in line with resources year after year. Organizations should also maintain a capital fund for the maintenance and renovation of capital assets (facilities, major equipment, etc.) that are owned by the nonprofit. If an organization’s capital assets are significant, an annual review of maintenance investments and capital improvement requirements should be completed.

Financial oversight by the board can go a long way toward achieving this goal. Fifty-eight percent of organizations responding to our survey indicated that their boards are either “extremely” or “very” engaged with funding and budgetary decision-making; and 100% of our respondents indicated that their board has a finance committee. This is a clear best practice for the region. This high level of engagement in the financial health of organizations in the region should be continued. IES recommends that finance committees use a financial analysis tool annually to review 990s from the past three years to see trends and identify shifts early. A sample tool that IES used in our own 990 analysis is provided in Appendix #8.

The rising tide lifts all boats

Though competition for sources of revenue in the region is frequently seen as a zero-sum game, there are three revenue generation strategies IES recommends that can improve the fiscal health of the region overall.

1) Pay for Success/Social Impact Bonds

Social Impact Bonds, and the related Pay for Success plans, are a relatively new type of funding which ties payments to nonprofits with measurable improvements in designated services. The theory behind this is that investors

who pay up front for these services will, over a longer term, measured in a decade or more, see significant reductions in negative behaviors that cost society and/or financial and insurance institutions money. A market-oriented approach, it proposes to improve results by encouraging innovation and preventative services versus tired strategies or reactionary services.

Social Impact Bonds assume that the investor is likely to be a major national foundation, investment bank, or pension fund, but are complicated to set up. Pay for Success plans, however, are simpler in that they assume that state or federal government would benefit directly in the future if these social problems were addressed. The State of Connecticut could agree on how much they would likely save in future dollars for these predicted human services remediation costs to be reduced and contract with a cross section of agencies, bound to work together, to alleviate some clearly defined future human services costs. The threshold requirements for an investor profit are removed, as are the more onerous requirements of a third-party verification process.

These options are an opportunity for organizations and agencies in the SCCOG region to bring in more funding, effectively “expanding the pie” of possible funding sources in the region. In order to pursue this funding strategy for the region in the most effective manner, human services providers would need to propose a problem focus to be solved by the combined efforts of the related nonprofits. The focus would demonstrate a significant reduction in the long-term costs for the state and would link relevant human services providers in the region. It would outline specifically how change will be measured as a result of the funding.

The Connecticut Department of Children and Families Office of Early Childhood is currently considering the feasibility of this model for children on welfare influenced by substance abuse, and in 2016 the Department launched the Connecticut Family Stability Pay for Success Project which mobilized over \$11 million to serve 500 families across the state.

2) Centralize third-party billing

Human services providers are increasingly moving towards third-party billing as a way of increasing and/or diversifying revenue, as highlighted in the

SPOTLIGHT: Third-Party Payor Opportunity on page 37 above. Across the spectrum of organizations, some use third-party payments as a pillar of their revenue, others are increasing it. In most cases within our sample set, organizations are just trying it out or would like to try it but have not yet made any actionable plans. This area of variation among the organizations suggests that there may be a benefit to the region overall by standardizing the approach to third-party payments. There are a variety of barriers to this approach, such as the complexity and timeline for getting third-party payments started as it involves substantial administrative overhead and a capable workforce, the challenge of maintaining payments as submission does not guarantee payment is received, and competition for third-party payor dollars.

Third-party billing to the state or federal government is typically seen as a zero-sum game, with winners and losers when it comes to getting a high return on the intensive administration process required to be successful. One way to eliminate this challenge is by centralizing third-party billing for the region to make it a communal resource for all service providers. As integral to organizational strategy and business operations, such an initiative would need to be led by nonprofits themselves. This would prevent the intense competition and improve the overall receipt of payment for organizations offering services eligible for third-party payments. Despite the challenges, there may still be room for assisting those organizations who are interested in starting or expanding their third-party payments.

Potential Benefits:

Whether an organization decides to pursue a portfolio or focus strategy to maintain or expand its revenue, starting and continuing leadership discussions about how to secure the long-term financial health of individual organizations is vital. This task is the responsibility of nonprofit boards and municipal Town Managers, Mayors, or First Selectmen as relevant, thus the net payoff is incalculable. However, individual and collective efforts to do so will improve the overall viability of the human services support network in southeastern Connecticut.

3) Business Strategy and Transition Planning

Review of the Current State of Affairs:

Municipalities and nonprofit organizations have an uneven track record with regards to strategic and leadership transition strategies. While nearly three quarters of the organization and agencies participating in our study felt that strategic planning was either “extremely important” or “very important,” under half had an updated plan through 2020. Strategic plans in circulation do not tend to include financial planning despite the challenges related to operating costs and revenue centralization for human services providers. An additional long-term planning challenge is that of leadership transition. Many organizations, especially small organizations with under 50 staff, currently get by on the generosity and competence of executive or senior-level leadership being paid below the market rate. Strategic plans must include financial goals, and realistic costs and transition plans should be projected in advance of an unexpected absence of a charismatic or generous leader.

Recommendations:

The region will benefit if all organizations within it have developed a strategic plan and leadership transition plan to establish their base model, map out how to achieve their mission while maintaining the financial sustainability of their model, and plan for the possibility of unanticipated changes.

Start with an Organizational Self-Assessment

IES consultants often recommend that this process start with a self-assessment to gauge where the organization currently stands. Only once leadership has benchmarked its own position in relation to its peers and in service to its clients, can staff teams begin to engage in a broader process of thinking about best- and worst-case future scenarios.

IES has identified several tools for this purpose, listed in Table 7 below. Tools have been divided into those best taken by leadership and those to be used with staff teams.

Table 7: Organizational Self-Assessment Tools

Leadership Tools	Team-based Tools
Checklist of Nonprofit Indicators (Greater Twin Cities United Way)	SWOT Analysis
Nonprofit Organizational Health Tool (Pierce Family Foundation)	SCOPE Situational Analysis Tool
Organizational Capacity Assessment Tool (McKinsey & Company)	NOISE Analysis
Building Capacity for your Capacity Building iCAT (Algorhythm)	Strategic Innovation Canvas
Performance Imperative Organizational Self-Assessment (Leap of Reason Ambassadors Community)	8 Planning Questions

Conduct Regular Financial Assessments

Once an organization has been in operation for a couple of years, the Board and ED/CEO should do an annual financial assessment looking at the last 2-3 years of costs using 990 data or the nonprofit’s profit and loss statement and its balance sheet. The assessment will look at trends in revenues and expenditures for each line item and will calculate ratios that are standard in business to determine an organization’s health. A good financial analysis will include: 1) a consideration of the organization’s ability to maintain and grow revenue; 2) rates of increase in standard costs, like current staff; and 3) revenue required to support growth in staff and services, beyond cost of living. Given these calculations, the leadership team can weigh their significance and develop policies to maintain healthy and sustainable finances. For example, an organization too dependent on grants for revenue would seek other, perhaps earned revenue, alternatives.

Maintain an Up-to-Date Strategic Plan

Once the leadership team has a good understanding of the finances, it is time to prepare a short-term strategic plan for the organization. IES suggests that

organizations develop plans based on current and short-time needs, with a projected duration of no more than 18 months to 2 years. This short-term, rapid planning should focus on flexible strategies, adaptive leadership, gaining access to unrestricted funding, and short-term feedback loops that enable the nonprofit's leadership to assess whether they are gaining traction against their goals. A strong strategic plan helps determine the best next path for the organization given the organization's long-term vision and a realistic environmental scan. Strategic plans should provide both a roadmap on how to achieve mission-aligned objectives while balancing the organizational goal of sustainability. Plans should also address evaluation of services for their value, impact, and cost. Once again, the board should be engaged in this critical decision-making process. Frequently, consultants are brought in to assist with the exploration as well; several foundations are known to offer support for this type of work.

Often, strategic plans assess the current business model as well as key alternatives. For example, a strategic planning process may explore the following options for an existing nonprofit:

- Remain an independent nonprofit. Assess what this would take. “Right” size the organization with predictable funding, staffing, and relevant programming.
- Continue as an independent nonprofit as a subsidiary or fiscally sponsored organization.
- Consider a merger with a complementary nonprofit. Determine which merger options would make the most sense for all stakeholders involved.
- Dissolve the nonprofit. Through an explorative process, transfer relevant program components to other nonprofits that are more stable and can better serve the organization's constituents. The aim: scale the human services offered to better benefit the community.

Recommendations stemming from this type of process can include changes to mission and vision, new financial model(s), changes to the staffing structure (number and qualifications), potential strategic partnerships, or re-defining the organization's unique value to the communities served. Two strategic plans from the region are provided as examples in Appendix #9.

When bringing in an outside consultant, it is important that strategic planning processes fit with the current status and capacity of the nonprofit or municipal

agency. Other considerations include level of engagement and sophistication of the board or public officials, availability and ease of accessing trend and background data such as 211CT or CERC data, and ability of the entity to execute the plan long-term. Since many small nonprofits have limited staff and time, IES would recommend a rapid planning process. This is less a planning piece, and more of an assessment piece with the goal of developing business recommendations for the organization, staffing, and finance based on the key findings from the analysis.

Additionally, it is important to keep a strategic plan updated, and reference it often. The Bridgespan Group offers a series of tools, referenced in "Living into Your Strategic Plan: A Guide to Implementation that Gets Results" by Laura Lanzerotti, Jacquelyn Hadley, and Adam Nathan with six steps and a set of templates at each step to help organizations develop strategic plans and implement them later.

Develop a Leadership Transition Plan

A formal leadership transition plan is the final piece of the trifecta of solid organizational planning. This task is far more challenging for municipal agencies than for nonprofit organizations as administrative transitions follow the ever-revolving election cycle. That said, Kunreuther, Segal, and Clohesy (2013) write in paper "The Leadership is Leaving" that "Estimates suggest that up to 75% of U.S. nonprofit leaders are planning to leave their positions in the next five to ten years." Currently, nonprofits responding to our survey indicated that they rely on formal job postings and internal search committees most frequently to facilitate an executive leadership recruitment process. The National Council of Nonprofits proposes ten tips for leadership transition planning in the article "Succession Planning for Nonprofits – Managing Leadership Transitions, of which our team would emphasize the importance of "drafting a timeline for leadership successions that are planned" and "adopt an emergency leadership transition plan to address the timely delegation of duties and authority whenever there is an unexpected transition or interruption in key leadership."

Leverage Existing Regional Support Structures and Funds for Planning

Organizations that are looking to strengthen their planning process and existing resources, should take advantage of existing services and expertise designed to

support this work in the region. For example, there is already an effort to support strategic planning in the region, headed up by Community Foundation of Eastern Connecticut. They run regular training sessions on strategic planning for organizations and offer grant funding to support nonprofit capacity building. Training sessions through the Initiative for Nonprofit Excellence cover topics such as organizational management, finance, and planning. Grant to support this work from the Community Foundation of Eastern Connecticut can range from \$5,000 to \$30,000.

Potential Benefits:

Though today's human services providers face several challenges due to rapidly changing circumstances, funding priorities, and political climate, planning for the future is an important component to maintain viable operations and maximize the impact of each organization in southeastern Connecticut. Planning approaches—whether business, strategic, or leadership transition plans—must be tailored to each organization's unique position in the overall human service market. Solid planning, even if undertaken on a rapid timeline with minimal resources invested, would ensure that organizations and agencies in the SCCOG region can continue to prosper long-term.

4) System Alignment

Review of the Current State of Affairs:

Our investigation revealed inadequate alignment across the full system of human services providers in southeastern Connecticut. Geographic and thematic networks do exist at present, but partnerships are not systematically coordinated, and communication cross-geography, theme, and entity type are far less common. Municipalities, especially those with human services related departments, have the capability to step forward as “sub-regional” conveners, gathering nonprofits, foundations, nearby municipalities, and business interests into a discussion of the area's human services needs. Four municipalities stand out as having key convener potential: Groton, New London, Norwich, and Windham. Other municipalities have also demonstrated an ability to do this within their own communities and could expand the group to neighboring areas. Currently more rural and wealthier communities are not included in these kinds of human services related interagency conversations, but they also stand to

benefit. More intentional and robust collaborations involving municipalities and their agencies, nonprofits, state representatives, as well as for-profit businesses are required to meet the needs of southeastern Connecticut's residents.

Recommendations:

Shift Toward Systems Thinking Along Continuums of Care

To achieve the most effective continuum of care for southeastern Connecticut residents, and for human services organizations to fulfill their missions in an increasingly challenging world, collaborative solutions that draw on the strengths of many is the only way forward. The recommendations IES provides below are intended to start a shift toward systems thinking from more conventional linear thinking to attain system alignment.

David Peter Stroh (2015), author of *System Thinking for Social Change: A Practical Guide to Solving Complex Problems, Avoiding Unintended Consequences, and Achieving Lasting Results*, writes that addressing chronic, complex social problems requires consideration of how each service influences the full continuum of care for those with any given human services need. He explains, "If the problem is homelessness, the solution is not simply providing shelter. Providing temporary shelter is insufficient since people tend to cycle through shelters, the street, emergency rooms, and jails. [...] Ending homelessness requires a complex, long-term response involving affordable permanent housing, support services for the chronically homeless, and economic development. This requires establishing new relationships among the various providers who prevent homelessness, those who help people cope with being homeless, and those who develop the permanent housing with support services and jobs that enable people to end homelessness" (p. 15).

Across southeastern Connecticut, there is a good mix of organization types offering human services to residents. Aligning providers along a continuum of care toward a goal of affordable permanent housing, decreasing poverty, economic development, or improving health outcomes advances everyone's ability to solve the problem. With this central approach in mind, all our recommendations encourage human services providers in the region to create a shared vision for the future and target resources toward areas of greatest impact.

Community-Level Human Services Planning

Recognizing the inherent position of municipalities as a convening body in the region, there are several best practices that local governments can employ in a more systematic fashion to improve the effectiveness of human services providers locally and across the region. The first of these best practices is introducing coordinated planning for service provision in each municipality. While some municipalities have a community development strategic plan, many do not. And if they do, the plan may have more to do with hard assets like municipal buildings, housing, land use, roads, transit and also economic development. Additionally, few municipal planning processes have involved the human services needs of the municipality's residents and the capabilities of the nonprofit providers in the planning process.

Thus, the most obvious place to start the process of shifting towards systems thinking is a community strategic planning process whereby gaps in human services provision are identified and continuums of care are established by area of need. The Southeast and Northeast Coordinated Action Areas begin to address this need for people experiencing homelessness in Connecticut, but organizations in southeastern Connecticut can expand this work to other areas as well. Fundamental to projects funded by private investors or the state, is a commitment developing a more systemic approach to solving or reducing a social need that is presently a significant cost to society.

One potential way to implement community coordination of human services is through municipal Youth and Family Services divisions, funded through the Department of Education. Municipalities have substantial leeway on how Department of Education funds can be spent; thus, it may be possible to direct a portion of each town or city's Youth and Family Services funds to develop a strategic plan for youth development in their communities. Whether pursued individually or as a multi-municipality process, the planning process should be sure to include nonprofits, project five years outward and be renewed annually, and set a mission that focuses on making sure that community residents can thrive. While Youth and Family Services is the most logical starting point for a strategic planning process, this process should be repeated with alternative funding sources for senior and adults-without-children populations not included in the Youth and Family Services mandate.

Information-Sharing and Formal Collaborations

The desire to learn about other organizations, businesses, and entities engaged in the human services system was expressed by all those we interviewed. Municipalities can provide the space and work with neutral parties that organizational leaders already turn to—such as the United Way of Southeastern Connecticut, The Arc, and TVCCA as identified in our survey—to facilitate this process amongst the variety of for-profits, mental health and addiction centers, family/parenting programs, healthcare providers, job training centers, and other service providers in the region.

IES suggests that two key outputs should result from a coordinated strategic planning process across municipalities in the region. First, a database of pro forma partnership agreements should be developed for each municipality and southeastern Connecticut overall. These pro forma partnership agreements would essentially be templates for established referral agreements on hand for every organization in the region, listing out key services, costs of service provision, and geographies served. Larger nonprofit agencies and some municipalities have formal agreements that outline referral processes, payment arrangements, and services. As mentioned previously, TVCCA already has a database of over one hundred partnership agreements that formally outlines their relationships with other organizations and agencies that their case managers use to make and receive referrals. Two TVCCA partnership agreement samples have been included in Appendix #10. To shift towards a more coordinated human services system, agreements should be cataloged in a central clearing house. The cost for such an initiative would be minimal, as a simple Google Drive or Dropbox housed on a commonly accessed server would suffice, potentially provided through United Way in coordination with 211CT.

Likewise, when grants are made, municipal offices should be informed and maintain a catalog of services coming into the region. This would allow selected, non-proprietary information to be collected and move toward transparent relational mapping. This would also address some of the data challenges our team experienced when attempting to complete the gap analysis using existing data sources such as 211CT and CERC.

Indeed, the second output of a coordinated strategic planning process would be a map of the continuum of care within each thematic area of need, e.g. homelessness, poverty, mental health, youth services, etc. This study has compiled a database of service providers and the services they offer across the region and then focused in on a subset of those agencies to illuminate patterns, trends, and sentiments in the sector. However, additional meetings with a greater number and variety of human services providers in the region is required to fully map how existing partnerships between all human services providers function. Beyond the organizations who stepped up to offer services, as indicated where relevant above, the specific organizations that are indeed ready to engage in a more systemic and integrated approach to service delivery depends on how such efforts will impact their own competitive advantage in the service sector. We recommend the SCCOG create a working group to deal with these issues and initiate an alternative study, conceived with this specific and narrow aim, to identify natural links and help develop new links that transition human service provision from linear to more systematic approaches.

Central to the Pay for Success and Social Impact Bond models is establishing how a service provider, or group of providers, requesting funds is using a systems approach to address areas of need. In the near future, more state governments can be expected to use this rationale for determining what agencies to fund and for what purposes. As mentioned previously, Connecticut is testing this model. Human services providers in southeastern Connecticut have an opportunity to influence how Connecticut funders transition to outcomes-based funding models, but the region needs to speak with a united voice about the top priority "areas of need" that require mitigation and how selected agencies can address those needs for a lower cost than the state would be expecting to pay if no human services sector mitigation occurred.

A final way to help bring the human services system into alignment in southeastern Connecticut is to improve communications. In our survey of nonprofit human services providers, there was an overwhelmingly strong interest in increased communications, particularly from funders, in the region. Eighty-five percent of organizations responded favorably to increased communication about federal, state, and foundation initiatives and funding. Improved transparency about funding sources, application processes, and grant award and reporting criteria would certainly improve the current frustrations with

competition for resources in the region and may also increase the total number of dollars coming into the region to address human service needs.

Expanding upon the *Events Magazine* published by municipalities every quarter, which highlights town departments, explains government operations and funding opportunities, and lists schedules and times for a wide range of programs and services for children and adults, the region should develop a collaborative calendar of services and events offered by municipalities, nonprofits, and perhaps state agencies. According to our nonprofit survey data, 70% of organizations expressed an interest in increased municipal communications.

Centralizing the Provision of Services

Municipalities should also use their centrality in the human services system to physically convene the services that their residents require. As has been piloted in Waterford, Groton, and Norwich, to name a few, local municipal offices and human services staff can help residents examine options and fill out eligibility forms for state or federal entitlement programs. Alternatively, as in Stonington, municipal-run community centers can become the hub of human service provision and access. Most municipalities have dedicated senior centers that regularly host visits by health professionals and non-profit human services staff. This model of service delivery improves resident awareness of available resources and facilitates private nonprofit delivery of service by bringing the clients to the provider. Furthermore, municipalities without a human services capacity would know which other organizations or municipalities they could subcontract or outsource services to when collaborating in this fashion. From a municipal perspective, this would be similar to police assistance agreements now used between municipalities.

Leveraging municipal facilities' resources and centrality also helps address the challenge of accessibility to services for those outside of urban centers in the region. Thus, attracting needed services to smaller towns and rural areas is important. Municipal human services agencies can help with intake and applications for service providers that are further afield. Local transit services, where they exist in the form of senior vans or in partnership with existing transit lines in the region, can move residents within their municipalities, for example, from home to Town Hall for an intake session, blood pressure test, or other

service provided by a nonprofit agency temporarily located in that municipality. Municipalities can serve as the nexus of the overall human services system to identify needs at the local level and “case manage” those people needing services through an established continuum of care, defined by the community of human services experts, and refer those local residents to the appropriate human services agency. While several of these recommendations will incur a cost for implementation that needs to be considered in depth by each municipality depending on the level of service provision they deem appropriate for their residents, the collective savings to the region’s most vulnerable residents and the human service sector overall is worth the time and consideration of municipal officials in the region’s towns and cities.

Potential Benefits:

System alignment in southeastern Connecticut would greatly help to address the major gaps in human services provision in the region by coordinating services. Municipalities are in a natural position to lead this charge given their role in key resident services provision (e.g. libraries, schools, police, etc.) that impacts and integrates with human services in the region, even though many of the region’s municipalities do not explicitly offer human services and face political and election-cycle transition challenges. Spanning the region, larger nonprofits in southeastern Connecticut can step in to coordinate across geographies. Coordinated strategic planning that contributes to a broader process of building out a continuum of care by area of need would help make the shift towards system thinking. Centralized service centers and improved communication will improve the availability and accessibility of services for the region’s residents.

Ways SCCOG and Regional Conveners can Support the Region's Human Services Sector

Entities such as SCCOG are uniquely positioned in Connecticut to facilitate and coordinate collaborative processes. SCCOG can advance human services provision in southeastern Connecticut by promoting collaboration opportunities and offering services which other entities, due to their geographical boundaries of influence or lack of independent resources, cannot. SCCOG's role in support of the human services sector in the region can take the form of providing forums for groups to get together, coordinating or promoting trainings that would improve delivery and operations of all human services providers in the region, and advocating for funding that encourages collaboration.

Regional Forums

In our interviews, many organizations expressed an interest in getting together to share experiences and address challenges to improve human service provision in the region. One organization specifically called for "a forum where like organizations can get to know each other and explore partnerships, best practices, and new sources of funding," while another requested "a space to get together to solve some basic human needs such as access to sufficient food so that all families benefit." Seventy-four percent of the respondents to our survey indicated that they would be interested in participating in events to learn more about other entities or organizations working within the human services system in the region.

SCCOG has indeed already hosted a human services providers expo in January 2016, which was well attended and provided an opportunity for organization staff to meet one another and learn about each other's programs. Given the willingness of nonprofits and municipalities to join such a forum, IES recommends that SCCOG spearhead the creation of a regular meeting schedule and process where group members come together to explore services, develop a better understanding of each other's work, and negotiate the details of cost sharing and shared services opportunities we have identified. This could take the form of an expansion of the role of the already existing RHSCC. While we have made many suggestions in this report about how this work might take form moving forward, further negotiations and final determinations about next steps

is ultimately up to the independently operated and privately-owned nonprofits in the region. The willingness of individual organizations to take the next step, and enter into shared services agreements, will ultimately depend on the costs associated in each agreement and what kind of data sharing or exposure may be required to share services.

Using the outputs of a broader municipal planning process, as proposed above, this forum would allow directors of human services organizations to identify their unique role in the human services network and what differentiates their organization from others. To formalize this process further, we recommend that SCCOG translate municipal continuums of care and forum meetings, which we recommend above but do not currently exist in all municipalities, into an online continuum of services map utilizing color coding by area of need and location coordinates to more effectively serve clients, support organizational staff in making timely referrals, and find new ways of working together.

SCCOG does not necessarily need to facilitate meetings of the forum outright, but it should work to identify a “neutral” leader for group interaction and engagement. As stated previously, our survey results indicated that The United Way of Southeastern Connecticut, The Arc, and TVCCA may be natural connectors in the region already. Other forms or key players should be considered, with the central objective to encourage best practice sharing and systems thinking across the sector.

Training

SCCOG can bring in experts, offer training opportunities, and promote existing capacity building workshops for human services organizations in the region in partnership with the Funders Collaborative, Community Foundation of Eastern Connecticut, Liberty Bank, New London Public Library, Dominion and others already working in this sphere. Many organizations that we interviewed find it difficult to put aside funds for professional development. Thus, SCCOG can address this need directly by offering trainings or providing funding for trainings of interest to human service providers in the region. Joint training presents two-fold benefits to the region. First, it further professionalizes the sector overall. Second, human service providers can get to know each other better and start building a level of trust and cooperation in the training space. Both of these benefits are important to building sustainable and collaborative partnerships.

Human services organizations in the region have suggested the following trainings would be of benefit to their success and long-term sustainability:

- Strategic planning processes and resources overview with boards, to include why strategy planning is important, how to support the development of a strategic plan, and ways the board can interpret and implement a strategic plan.
- Partnership agreement training to include how to develop a formal referral partnership, sample language review, and pro bono legal counsel introductions.
- Revenue generation workshops on social impact bonds, government bond funding, grant writing, and third-party billing in that order.
- Workforce development

Information Warehouse

While we have advanced the idea earlier in this report that municipalities could assume a central role in the human services network to better align the system overall, SCCOG should also play a key role in maintaining information about human services provision in the region. This can take the form of disseminating key human services information either in partnership with municipalities or United Way's 211CT or separately by developing new information hosting channels. In the former case, SCCOG can work with 211CT to develop easy-to-pull data by census tract and municipality that enables multi-year analysis. At present, the data is not sortable by the most useful geographic boundaries (e.g. municipalities) and service categories are not logically collapsible. IES recommends that SCCOG support 211CT in modeling its own database after top-rated human services and sector examples such as the National Center for Charitable Statistics data archive hosted by the Urban Institute for best practices on nonprofit database compilation and management. In line with the latter option, SCCOG could itself be the ideal entity, given its support for this project, to launch and host a low-cost pro forma referral agreement database as referenced earlier in this report.

Building upon the idea of mapping a continuum of care by area of need and within each municipality, SCCOG could support the region by using the regional database to prepare regular reports on the state of human services in the region. SCCOG could serve as the repository of new human services grant

announcements, changes in state human services policies, and a coordinated calendar of services and events. Just as some municipalities create newsletters regarding services, funding, etc. for their region, SCCOG should create a system to disseminate critical news including available funding sources and deadlines, state funding priorities and anticipated shifts, and upcoming convening events. This will allow municipalities and nonprofits that rely upon this funding as well as regional networks to plan more effectively. It will also directly improve transparency and trust amongst SCCOG, human service providers, and funders in the region.

Advocacy

Human service organizations are often responding to and directly addressing public policy arenas. Though most nonprofits do not have an advocacy branch or expertise on staff, they would greatly benefit from having more established connections to policy-makers to promote the services and support structures needed by the region's most vulnerable populations. SCCOG can support an organized public policy strategy development process and relational mapping to improve advocacy on key issues for the region. SCCOG can also build connections between agencies and key legislators by developing a survey to map agency relationships to elected officials at the federal and state level.

Another key way that SCCOG can advocate for human services providers in the region is to push for funding opportunities that promote collaborative programming. It is not enough to strengthen individual organizations if the funder is not strengthening the links between organizations. There is substantial strength across the sector, but when in silos, competitive, and inconsistent, the best outcomes are not achieved. Funding tied to collaborative programming would discourage, or at least minimize, competition for the limited funding sources available and avoid the problem of zero-sum or "head counting" to ensure continued funding. A more transparent approach would encourage collaboration and partnership among organizations to make the shift to systems thinking and to better serve southeastern Connecticut's residents. These actions will open the door for the region to move toward a "Pay for Success" Social Impact Bond model of human services organization. It is highly likely that this model will be the future for funding human services nationally. If implemented, SCCOG would be ahead of the curve in preparing for this outcome.

Conclusion

There are significant disconnects in the matrix of agencies that compose the human services ecosystem in southeastern Connecticut. Data from CERC, 211CT, survey, and interview sources suggest that there are providers for the services that are needed in the region. However, the services are not sufficiently well connected or funded. Also, as experienced in conducting this study, many human services agencies are reluctant to share organizational data, most likely due to the competitive nature of the funding they rely upon. Likewise, even macro-level data in CERC and 211CT on regional services is currently inadequate both in content and in the way it is formatted and distributed. The result is a range of services that may or may not meet the real needs of the residents of the region. Exploratory interview and trend identification survey data collected from municipalities and nonprofits suggests that dynamics of both collaboration and competition are present in the system. To improve human services provision in the region, individual actors must mitigate the key factors contributing to competition via a combination of sanctions and rewards. Collaboration needs to be integrated along a continuum of care, employing a systems approach, for greater reach and impact.

From the perspective of a resident of the SCCOG region, nonprofits and municipal agencies are key agents with the potential to offer assistance when the need arises. However, municipalities do not know when new services or expansions of existing services develop as they are not always looped into the system overall. Additionally, nonprofits do not fully recognize the role that municipalities play in identifying individuals in need, service coordination, funding, and service delivery. If these two key entities within the service provider network, alongside SCCOG, state government, and for-profit business, were collaborating more effectively across a continuum of care, there would be a substantial benefit to the well-being of the region's residents.

In this report, we have suggested several ways that greater collaboration can be achieved. For nonprofits and municipal agencies, we outlined areas in which shared services or other cost saving mechanisms can address rising operating costs. We discussed how resource diversification can address the problem of dependency on declining sources of funding, and we recommended key strategy and transition planning guidelines and tools to promote organization sustainability. We also presented a variety of steps towards improving the

provision of human services in the region to better serve the needs of southeastern Connecticut's communities. Overall, IES found that there is considerable support and interest in making improvements to human services provision in the region. With the support of partners such as SCCOG, building upon and extending existing pipelines and opportunities for collaboration, we believe current service gaps and key contributing factors to the challenges faced by the human services sector in the region can be reduced.

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Appendices

Appendix #1:

SWOT SUMMARY RESULTS, FEBRUARY 26, 2018

Participants: 23 nonprofit organizations, 8 municipal agencies, 1 Tribal Nation

Human Services Organizations SWOT:

STRENGTHS : Please list strengths that make your organization strong

1. Great staff
2. Solid municipal and state government support
3. Diversified funding
4. Cooperative, collaborative community support

WEAKNESSES: Please list weaknesses that can be harmful if worked against the organization.

1. Inadequate funding for staff pay so hard to retain good staff
2. Retroactive state & federal funding cuts
3. Low financial reserves
4. Growing client needs
5. Future state & United Way budgets look tight
6. Inadequate transit for services across rural areas
7. Ineffective communication with community partners

OPPORTUNITIES: Please list opportunities which can bring a competitive advantage to your organization and its mission.

1. State focus on regionalism creates pressure for change, new ideas & reinforces need for joint efforts (partnerships & affiliations) among community based organizations to share costs & resources, advocate for regional “impact statements” – bigger picture
2. Multiple agency purchasing power: “heating oil to health plans”
3. Cross sector advocacy for common-interest issues.
4. Connections to schools, law enforcement.
5. Grant programs to encourage Partnerships

THREATS: Please list threats which can negatively impact your organization and its mission.

1. Unpredictable state funding.
2. Competition for some client groups.
3. Working in “silos”.
4. Poor are pushed out of cities to suburban & rural areas, harder to serve.
5. ACA structure hurts mid to large nonprofits.
6. Competition vs collaboration.
7. Duplication of services.
8. Changes in government regulations.
9. Lack of affordable housing, transportation & childcare for clients.

Human Services Network SWOT:

STRENGTHS: Please strengths that make the human services network strong

1. Agencies already work well together- collaboration & cooperation.
2. Long term agencies with respected reputations and respected senior administrators.
3. Large volunteer base.
4. Knowledge of community resources.

WEAKNESSES: Please list weaknesses that can be harmful to the network of human service organizations.

1. Inadequate “back bone” organizations. No one managing the system.
2. Limited data sharing, competition for dollars, lack of future vision for human services, silos. Compete vs. collaborate.
3. Fear of getting lost in the system. Lack of openness & trust.
4. No distinction by state of efficient vs inefficient providers or of their own broken system with richly funded staff.
5. Focus on individual agency revenue generation takes time away from regional collaboration.
6. High employee turnover.

7. Unknown resources in southeastern region. Clients will not travel out of region.

OPPORTUNITIES: Please list opportunities which can bring a competitive advantage to the regional human service sector.

1. Technology
2. Cooperation
3. Regionalization
4. Dismantling of the bloated, unaffordable, inefficient dual-track public service delivery system as other states have done, allowing the private, social sector to do what it does best - deliver services efficiently to people who need them
5. Diverse program offerings
6. Transportation
7. Embracing collaboration at more levels of the organizations; working together differently to maximize dollars; creatively coming together to leverage new and different resources; using our organizations resources/strengths to benefit other organizations
8. Better data, "evidenced based" practices, measurable outcomes ... showing cost effectiveness of services

THREATS: Please list threats which can negatively impact human services organizations and their missions

1. Funding cuts disproportionately hurt some populations: opioid addictions, non-English speakers, people without cars
2. Rural region is at a serious disadvantage ... economics, investment & opportunities
3. State budget cuts
4. Agencies continuing to do the same thing even though the service has outlived its effectiveness
5. Agencies not doing long term planning and trying to hang on
6. Public not understanding the cost effectiveness of services; no unified message re: value of services

Envisioning the Future Exercise:

1. What key concepts are expressed in the vision/mission statement for the (future) regional collaboration project?
 - a. Working together collaboratively across sectors...collective impact-- agreement on goals and metrics... to serve those vulnerable individuals and families in our region
 - b. Unified message, uniform data, uniform intake form to meet whole needs of a client.... coordinated service delivery
 - c. Communication, trust, cooperation & commitment
 - d. Southeastern Connecticut will lead the state in human service provision, innovation and quality
 - e. State & local government, for-profit sector, and nonprofit sector maintain collaborative ongoing dialogue and problem-solving
 - f. Identification of gaps in current services

2. What organizational action did your agency need to take next to move toward the regional mission?
 - a. Develop organizing structure (may just be RHSCC developed more into an implementation body)
 - b. Reinventing ourselves and embracing a process of strategic discernment involving all stakeholders and employee ranks
 - c. Support game-changers such as a level playing field re: State vs. private, nonprofit pay scales
 - d. Improve referral sources: current 2-1-1 system; partner agencies; data on client base
 - e. Respond to gaps in services...identify areas of strength, fix weaknesses
 - f. Build partnerships, collaboration, communication, cooperation

3. What kind of financial assessment did you need to do next to move toward the mission?
 - a. Determine funding going to specific services regionwide
 - b. Identify line items which may be affected through collaboration
 - c. Inventory current costs and decide "What will it cost to make it the mission happen?"
 - d. Identify Static vs. Dynamic funding sources

- e. Eliminate duplication of services
- f. Free up staff time for collaborations
- g. Look at current assets, future obligations and ability to leverage monies for the future
- h. Develop outcome measurements with data that can demonstrate success and cost efficiency

4. What kind of internal agency conversations did you need to do next to move toward the mission?

- a. Assure staff of job security ...wide-open, transparent, in-house strategic planning, discuss feelings of threat, insecurity
- b. Assess core staffing strengths.... Challenges to realign for growth and partnering.
- c. Regular meetings with diverse group of stakeholders and policymakers and leaders

5. What kind of conversations did you need to have next with other organizations in the region to move toward the mission?

- a. Confidentiality of sensitive information and open communication
- b. What will it take for our stakeholders and employees to command respect and support in Hartford?
- c. Region needs to understand that strong Health and Human Services are necessary in order for it to prosper
- d. Learn about successful business models of the future
- e. Have skilled facilitation from a backbone organization
- f. Frank discussions about reality of financial situation

6. After those initial steps, what kinds of projects did you put in the “pipeline” to move toward the goal of successful collaboration?

- a. Shared info, increased communication
- b. Updated formal Strategic Plan for my agency
- c. Researching group purchasing opportunities
- d. Establishment of local nonprofit roundtable
- e. Joint Presentations to Funders
- f. Data sharing

**Appendix #2:
GAP ANALYSIS REPORT**

**Southeastern Connecticut
Council of Governments**

Gap Analysis
December 2018

Prepared for the Southeastern Connecticut Council of Governments by Interim Executive Solutions, Inc.

Executive Summary

This gap analysis brings together two “big data” sources— Connecticut Economic Resource Center (CERC) town profiles and United Way’s 211CT data—alongside interviews with municipal officials and nonprofits to identify gaps in service delivery in southeastern Connecticut. We use demographic and financial data by municipality and region to offer a socio-economic backdrop to the regional human services ecosystem. We then explore unmet human services needs by municipality and the region overall. Finally, we offer perspectives on patterns of unmet need, assessments of the information available, and recommendations to address the institutional misalignments that contribute to regional service gaps. This report is complementary to the SCCOG Human Services Providers Shared Services Study produced during the same time period.

Based on a thorough analysis of data from CERC town profiles and 211CT, the highest areas of unmet service needs included housing and shelter, mental health and addictions, health care, and employment and income. However, when overlaid with providers delivering each of these services in the region, there appears to be a proportionate number of service providers offering coverage for these areas of need. Apart from employment and income services, the top human service needs in the region are also the top services provided.

Presented with this enigma of high levels of unmet needs in areas of high service provision, Interim Executive Solutions (IES) needed to look beyond the numbers to identify service gaps. We determined that the region’s service gaps are related to coordination versus provision. This prompted our team to develop a new paradigm for viewing human services coordination in the region, metaphorically much like the health care system. Municipalities delivering human services are skilled at providing general services and short-term emergency services. Given these strengths, they are much like a family doctor or general practitioner. They can identify residents needing services, facilitate local policies to help address patterns of human service needs, and arrange eligibility for and referrals to more specialized human services providers. Nonprofits usually provide specialized human services. Most, though not all, have built up their expertise and internal business models to provide services to a specific client group or around a particular area of need.

Recognizing the more general role fulfilled by municipalities to maintain wellness, conduct screenings, identify problems, and make appropriate referrals as well as the nonprofit specialist role with the specific knowledge, training, and treatment expertise to be able to address more narrowly defined clientele, IES finds two key gaps. First, there is a gap in funding for human services providers and the infrastructure required to connect individuals needing services with service nodes—specialist hubs in the region’s cities. IES highlights transportation as the principal funding gap inhibiting a smooth connection between needy citizens and the services they require. Second, coordination and communication between municipalities and nonprofits is not always fluid nor uniformly structured across the region. IES focuses in on the inadequacy of the current 211CT database to demonstrate this disconnect.

IES makes four key recommendations in light of these findings.

- 1) More state funding is needed for human services and fundamental infrastructure in the region. IES suggests that the region approach this task through a “Pay for Success” model.
- 2) For residents of southeastern Connecticut, 211CT should be further developed as a mobile application that allows users to set a location radius and key word search for services within that radius. For policy-makers, 211CT should make its service categories collapsible so that the data is easier to manage and analyze. For all stakeholders, a concentrated effort should be made to increase provider participation rates.
- 3) Additional communication paths and systems that are “risk free” or incentivized are needed.
- 4) Service providers should also look to build upon service coordination best practices in the region. Municipalities without a human service capacity should consider right-sizing their service models to align with their community’s level of need. Nonprofits should leverage their specialist skill-set and resources to provide high-quality, targeted interventions to the populations they serve.

Acknowledgments

IES acknowledges the participating twenty-eight nonprofit organizations, eight municipal governments, and one Tribal Nation for their engagement with our consultant team and forthcoming provision of financial, strategic planning, and organizational data used to prepare the analysis outlined in this report. We appreciate especially the time and dedication of senior leaders that engaged in our interviews and responded to our surveys as co-creators of knowledge and influence in the human services sector in southeastern Connecticut.

About SCCOG

The Southeastern Connecticut Council of Governments is one of nine Councils of Governments (COGs) in the state. Collectively the COGs provide a geographic framework within which municipalities can jointly address common interests and coordinate those interests with state planning processes. The municipalities within each region have voluntarily joined a Regional Council of Governments (RCOG) to carry out a variety of regional planning and other activities on their behalf. SCCOG is comprised of twenty-two towns, cities and boroughs, and is governed by the chief elected officials of member municipalities. SCCOG's member municipalities are Bozrah, Colchester, East Lyme, Franklin, Griswold, Groton (City), Groton (Town), Jewett City (Borough), Lebanon, Ledyard, Lisbon, Montville, New London, North Stonington, Norwich, Preston, Salem, Sprague, Stonington, Stonington (Borough), Waterford and Windham. The region spans 616 square miles and is home to approximately 286,000 residents.

About IES

IES focuses on providing interim executives and leadership coaching for nonprofit organizations and their boards. We bring together a pool of highly experienced senior nonprofit executives who provide transitional leadership or specialized consulting for nonprofits undergoing periods of leadership, strategic change, and capacity building. Clients can engage with our senior level professionals on an individual basis or benefit from a team of complementary experts working in collaboration to resolve interconnected issues.

Index of Acronyms and Abbreviations

CERC – Connecticut Economic Resource Center

C&FS – Children & Family Services

COGs – Councils of Governments

COMO – Stonington Community Center

CT – Connecticut

GP – General Practitioner

IES – Interim Executive Solutions

LLHD – Ledge Light Health District

RCOG – Regional Council of Governments

SCCOG – Southeastern Connecticut Council of Governments

TVCCA – Thames Valley Council for Community Action

UCFS – United Community & Family Services

WAIM – Windham Area Interfaith Ministry

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Overview

Purpose

This report is intended to support and provide additional context for the final report of the SCCOG Human Services Providers Shared Services Study, also prepared by IES. While the final report relies primarily on interviews, surveys, and administrative records from organizations participating in the study to provide findings and recommendations, this gap analysis relies up on big data from sources like United Way’s 211CT, the Connecticut Economic Resource Center town profiles, geographic information systems mapping, and 990 tax records to identify areas of greatest need both geographically and by service type in the region. Based on IES findings regarding unmet needs and provision coordination gaps, this analysis concludes with a set of recommendations for how to close these gaps in service in the future.

Data Sources

We begin with a short overview of the two primary big data sources used to generate this gap analysis as well as a brief discussion of the municipal and nonprofit human service provider interviews used to identify the nuances and key characteristics of need and human services provision in the region.

The Connecticut Economic Resource Center compiles various socio-economic indicators into town profiles, showing the key characteristics and differences between municipalities in Connecticut. This data we used to explore how demographic differences between municipalities in southeastern Connecticut contribute to the demand for services. Although CERC data can be stratified at a regional level, profiles are not provided by COG region, thus IES has identified municipalities of greatest human services need based on comparison of each municipality to state and New London County averages. New London County is the closest proxy territory for the SCCOG region, as it includes all SCCOG municipalities except for Windham. CERC provides data for municipalities classified as “county subdivisions” by the U.S. Census, of which there are 19 in the SCCOG region. Data for the City of Groton, Jewett City, and Stonington Borough is reported as part of Groton, Griswold, and Stonington, respectively.

High-level indicators included in this dataset and analyzed by IES are population, square mileage, population density, poverty level, education level, and household income.

United Way's 211CT database tracks 2-1-1 service request callers and organizations that have registered to receive referrals via this system by service type. Using this data, our team identified three major trends that characterize human services needs in southeastern Connecticut outlined in the relevant section below. It divides human services into 15 core categories including: housing, income, mental health, substance abuse, older adults, re-entry, health care, utility assistance, food, legal assistance, transportation, children and families, crisis, volunteer, and youth. These categories closely parallel the service categories used by SCCOG in its Southeastern Connecticut Regional Human Services Directory, produced in 2016, which identified fifty-one key human service providers in the region. Organizations listed in the 211CT database include nonprofits, municipal human services departments, for-profits, as well as state and federal agencies.

A final data source used in the production of this gap analysis is a series of nonprofit and municipal interviews conducted by IES consultants. These interviews serve to tease out the nuances of trends identified in the analysis of the two "big data" sources discussed previously. Of the 22 municipalities in the region, three of which are subordinate to larger municipalities including Jewett City (Griswold), Stonington Borough (Stonington), and the City of Groton (Town of Groton), SCCOG had previously identified and connected IES with eight municipal governments and one Tribal Nation with dedicated human services capacity. They also connected the IES team with twenty-seven human services nonprofits. IES interviews with each of these agencies were semi-structured and conducted from March to August of 2018, often in multiple rounds. The first interview with an official of each municipal human services agency was conducted in person, follow-up questions were answered via phone or email. Nonprofit interviews were typically conducted via phone, and follow-up questions were facilitated via email.

Regional Human Service Needs and Unmet Needs

Needs and Unmet Needs According to CERC Data

CERC municipal socio-economic profiles for southeastern Connecticut show a wide range of diversity in terms of human service needs. The primary pattern of service need in the region is that larger, urban municipalities with a higher population density tend to have greater service needs than smaller, less densely populated municipalities. The paragraphs to follow indicate how the IES analysis of CERC data proceeded and highlight those municipalities that likely require a greater human services support network given their reported socio-demographic characteristics.

Table 1 below shows key CERC data points for each municipality in the SCCOG region and compares municipal data to New London County and state level data. New London County and state data are listed at the top of the table, highlighted in grey. Municipal data is then listed in alphabetical order below. In general, New London County underperforms the state on all indicators of socio-economic status IES reviewed including poverty level, educational attainment, and median household income. Municipalities reporting a socio-demographic statistic worse than the state average are highlighted in lighter red, and municipalities reporting a socio-demographic statistic worse than the New London County average are highlighted in darker red.

Analyzing the data by indicator, we find that three municipalities have poverty levels more than five percentage points above the regional average. Child poverty for those under the age of 18 is a graver issue for the region than total poverty as 37% of municipalities in the region report poverty levels above the state average for this demographic group. Five municipalities have lower high school graduation rates than the state average, whereas all but six municipalities report a lower percentage of the population having completed a four-year bachelor's degree. Eight of the municipalities have a median annual household income below the median for the region.

Looking across the key socio-economic indicators by municipality, six municipalities present the greatest level of need for human services given that poverty levels are higher, educational attainment is lower, and median household income is lower than the state and/or regional average. These municipalities include, in alphabetical order: Griswold, Groton, New London, Norwich, Sprague, and Windham. Four of the six are the region’s urban centers—New London, Norwich, Groton, and Windham. Thus, 100% of urban centers in southeastern Connecticut report disadvantaged socio-economic characteristics across all indicator areas as opposed to only 19% of smaller, primarily rural towns. Indeed, even Sprague, which has a relatively small population and low population density listed in the table below contains the urban center of Baltic with a poverty level of 18%. New London and Windham are the municipalities with the largest negative discrepancies from the state average or median across socio-economic indicators.

CERC Key Finding:

100% of the region's urban centers report poverty levels that are higher, educational attainment that is lower, and median household income that is lower than the state and New London County average

Table 1: CERC Socio-Economic Indicators by Municipality

Municipality	Square Mileage	Population (2015)	Population Density (pop/sq.mi.)	Percentage of Population Below Poverty Level-total	Percentage of Population Below Poverty Level-under 18	Percentage of Population with Educational Attainment below High School Diploma	Percentage of Population with Educational Attainment of Bachelor's Degree or higher	Median Annual Household Income
State of Connecticut	4842.33	3,593,222	742.04	10.5%	14.10%	10.15%	37.58%	\$ 70,331.00
New London County	664.87	273,185	410.88	9.9%	15.48%	N/A District	N/A District	\$ 66,233.00
Bozrah	19.96	2620	131.26	4.2%	2.1%	6.8%	28.3%	\$ 77,045.00
Colchester	48.98	16,142	329.56	4.5%	6.0%	4.9%	38.0%	\$ 97,313.00
East Lyme	34	18,876	555.18	3.9%	7.0%	7.3%	45.0%	\$ 84,029.00
Franklin	19.49	1,931	99.08	6.1%	7.4%	7.5%	29.4%	\$ 87,708.00
Griswold	34.71	11,922	343.47	10.5%	15.4%	12.7%	19.4%	\$ 59,153.00
Groton	31.03	39,986	1288.62	9.1%	14.7%	5.2%	37.3%	\$ 62,137.00
Lebanon	54.1	7,295	134.84	5.7%	2.1%	4.8%	41.2%	\$ 89,375.00
Ledyard	38.22	15,057	393.96	3.9%	7.2%	4.7%	38.1%	\$ 84,825.00
Lisbon	16.29	4,330	265.81	2.8%	3.6%	9.3%	17.5%	\$ 81,200.00
Montville	41.95	19,635	468.06	8.3%	9.9%	11.5%	21.2%	\$ 70,036.00
New London	5.62	27,423	4879.54	28.2%	44.5%	17.5%	22.5%	\$ 36,250.00
North Stonington	54.25	5,276	97.25	4.2%	3.4%	3.9%	34.4%	\$ 75,954.00
Norwich	28.06	40,254	1434.57	15.8%	26.1%	14.7%	17.4%	\$ 50,078.00
Preston	30.82	4,729	153.44	7.8%	13.4%	5.98	22.0%	\$ 69,275.00
Salem	28.92	4,193	144.99	3.9%	2.6%	3.3%	42.1%	\$ 105,326.00
Sprague	13.25	2,977	224.68	8.2%	15.0%	10.0%	21.4%	\$ 64,063.00
Stonington	38.66	18,492	478.32	8.5%	15.4%	5.6%	47.6%	\$ 77,295.00
Waterford	32.77	19,427	592.83	6.2%	8.3%	7.2%	35.1%	\$ 75,956.00
Windham	26.97	25,104	229.03	25.4%	34.5%	19.6%	17.2%	\$ 41,398.00

municipalities most likely to need human services given socio-economic data from CERC town profiles
municipal performance beyond state average
municipal performance beyond regional (New London County) average
 Note: Poverty level data is from CERC 2012-2016, whereas educational attainment and income data is from CERC 2011-2015.
 Source: Connecticut Economic Resource Center. (2018). CERC Town Profiles. Retrieved from <http://profiles.ctdata.org>

Needs and Unmet Needs According to 211CT Data

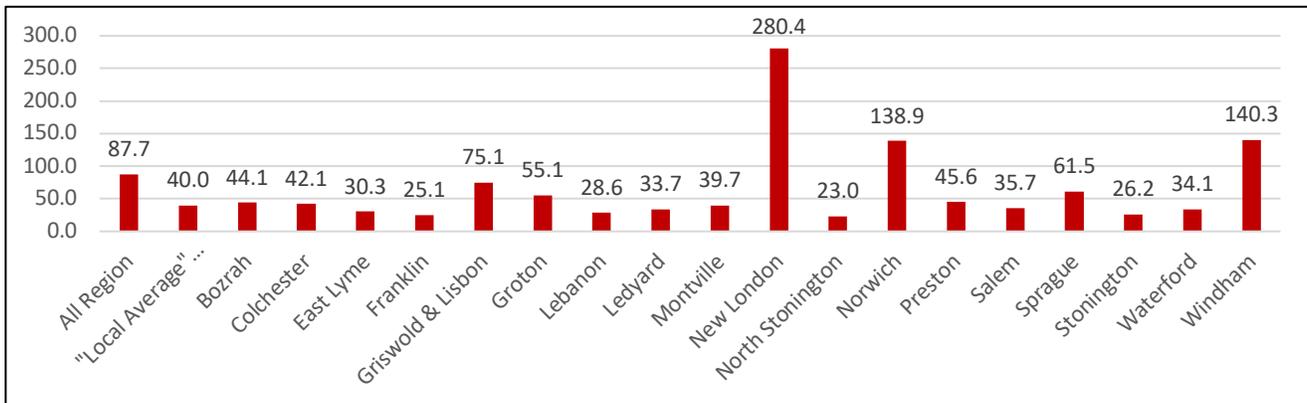
Given this demographic backdrop, we turn now to 211CT data to discuss the major trends in human services requests and response by municipality and service type. Three key trends emerge from this discussion as detailed below.

The first major trend identified by 211CT data is that major metropolitan areas in the region experience a far higher per capita number of calls than other municipalities in the region. Figure 1 below shows the requests for services per 1,000 residents made through 211CT for the SCCOG region as a whole, for the “local average” municipality calculated as the average for non-high needs communities, and for each of the SCCOG member municipalities listed in alphabetical order.

211CT Trend #1:

Urban centers experience a far higher per capita number of calls than other municipalities in the region

Figure 1: 211CT Requests by Municipality (per 1,000 residents) from March 2017 to March 2018



Note: Griswold & Lisbon are reported together as 211CT data is collected by zip code, and these municipalities share a zip code.
Source: United Way of Connecticut. (2018). 211CT. Retrieved from <https://www.211ct.org/>

As is clearly demonstrated by Figure 1, New London, Norwich, and Windham have significantly higher rates of 211CT request calls than the rest of the municipalities at 280, 139, and 140 calls per 1,000 residents respectively. Griswold & Lisbon, Sprague, and Groton average around 50 to 75 calls per 1,000 residents. The per capita request rate, in descending order by municipality is: New London, Windham, Norwich, Griswold & Lisbon, Sprague, Groton, Preston, Bozrah, Colchester, Montville, Salem, Waterford, Ledyard, East Lyme, Lebanon, Stonington, Franklin, North Stonington.

211CT Trend #2:

The most common requests in the region are for housing and shelter assistance, followed by mental health and addiction services

A second trend emerging from the 211CT caller data is that housing & shelter are the most common requests in the region. Requests for mental health and addiction, though also high, come in at a distant second. Several services are not regularly requested at all through 211CT including crisis, older adult support, re-entry, substance abuse, volunteer, and youth services. Table 2 below shows the percentage and number of 211CT request calls by service type in descending order over a one-year sample of callers from March 2017 to March 2018.

Table 2: 211CT Calls by Service Type in Southeastern Connecticut from March 2017 to March 2018

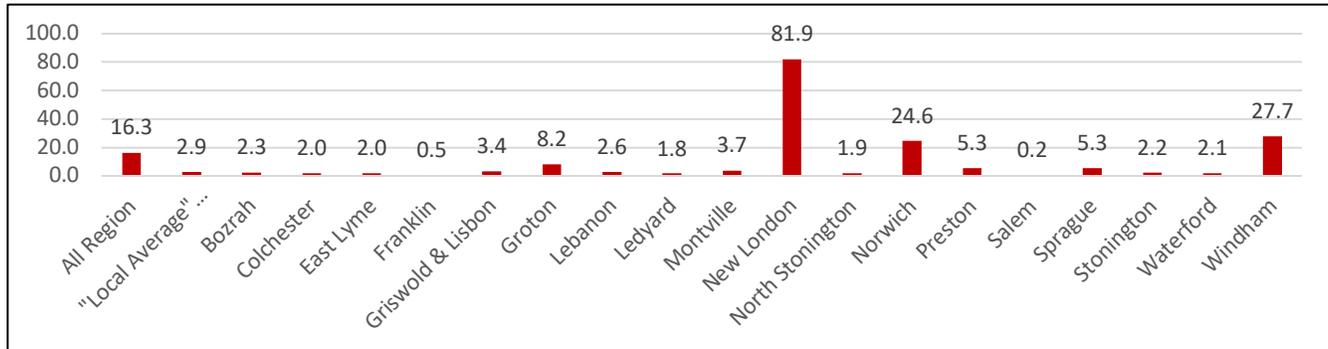
Service Requested	% of All Calls	# of Calls
Housing & Shelter	31%	6132
Mental Health & Addictions	23%	4424
Health Care	9%	1785
Other	9%	1712
Employment & Income	8%	1584
Utility Assistance	7%	1341
Food	4%	844
Government & Legal	4%	839
Disaster	2%	346
Clothing & Household	1%	283
Transportation	1%	263
Children & Families	0%	64
Education	0%	30
Crisis	0	0
Older Adults	0	0
Re-Entry	0	0
Substance Abuse	0	0
Volunteer	0	0
Youth	0	0
TOTAL	100	19647

Source: United Way of Connecticut. (2018). 211CT. Retrieved from <https://www.211ct.org/>

Again, calls for these two most common types of requests are focused in New London, Norwich, and Windham. However, requests for mental health and

addiction services are also high in Griswold & Lisbon. Digging into the data bit more deeply, we find that most requests for housing & shelter are for shelter directly as opposed to other services grouped in this category such as rent assistance, home repair, or landlord-tenant dispute resolution. Figure 2 shows the shelter-related requests for each of the SCCOG municipalities.

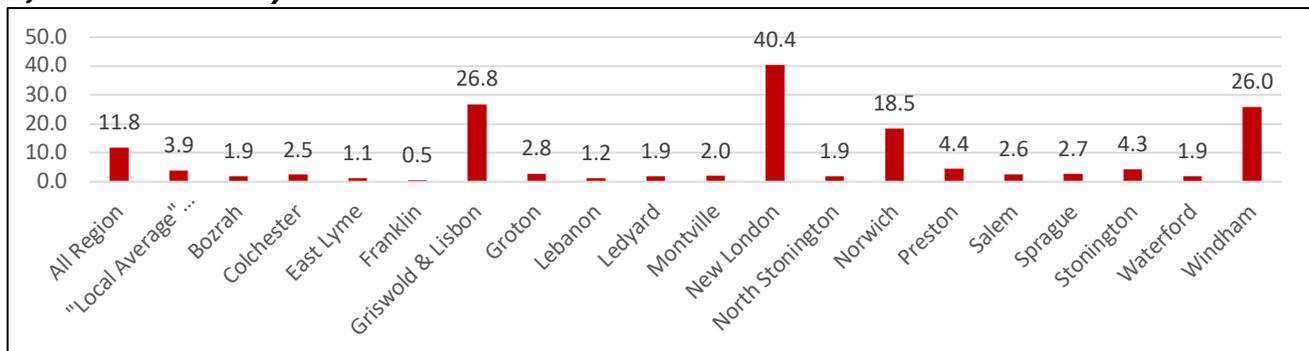
Figure 2: 211CT Requests for Shelter by Municipality (per 1,000 residents) from March 2017 to March 2018



Note: Griswold & Lisbon are reported together as 211CT data is collected by zip code, and these municipalities share a zip code.
 Source: United Way of Connecticut. (2018). 211CT. Retrieved from <https://www.211ct.org/>

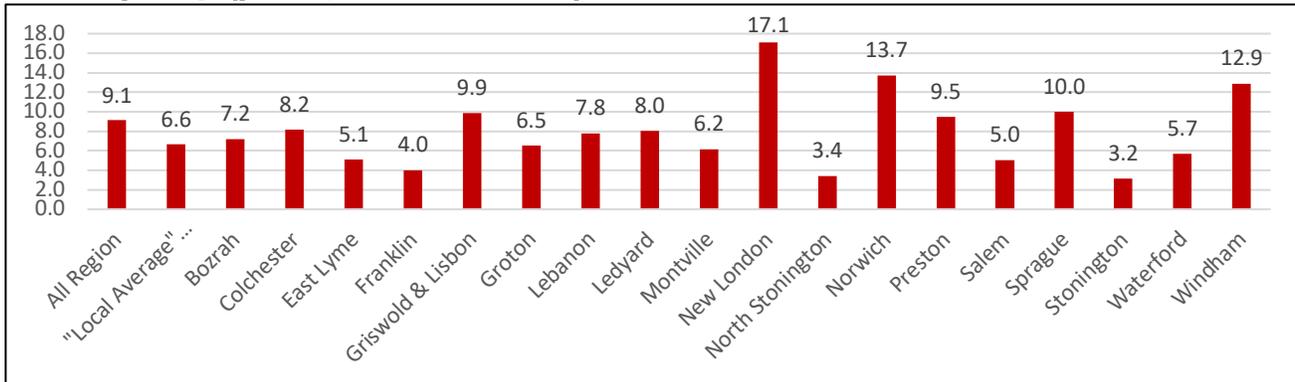
In the area of mental health & addictions, mental health services are most frequently requested, but crisis intervention & suicide is also requested at a high rate. Figure 3 shows the mental health services-related requests per 1,000 residents over the period from March 2017 to March 2018, and Figure 4 shows the crisis intervention and suicide-related requests per 1,000 residents over the same period.

Figure 3: 211CT Requests for Mental Health Services by Municipality (per 1,000 residents) from March 2017 to March 2018



Note: Griswold & Lisbon are reported together as 211CT data is collected by zip code, and these municipalities share a zip code.
 Source: United Way of Connecticut. (2018). 211CT. Retrieved from <https://www.211ct.org/>

Figure 4: 211CT Requests for Crisis Intervention and Suicide Services by Municipality (per 1,000 residents) from March 2017 to March 2018



Note: Griswold & Lisbon are reported together as 211CT data is collected by zip code, and these municipalities share a zip code.
 Source: United Way of Connecticut. (2018). 211CT. Retrieved from <https://www.211ct.org/>

Even though 211CT received the reported number of callers by category as listed here, not all calls received can be resolved or directed. The 211CT database tracks these unresolved cases, illuminating unmet needs in the region. Delving into this data by service sub-category reveals the below enumerated top ten areas of unmet need in the region.

Top 10 Unmet Needs in the Region

- | | |
|----------------------------------|----------------------|
| 1) Rent assistance | 6) Food pantries |
| 2) Financial assistance | 7) Legal contracts |
| 3) Shelters | 8) Low-cost housing |
| 4) Electric/utilities assistance | 9) Disaster shelters |
| 5) Crisis intervention/suicide | 10) Health insurance |

In Table 3 below, we include a full list of unmet service requests. Requests for rental assistance top the list. Of these requests, three municipalities—Norwich, New London, and Windham—account for over three quarters of the unmet need. Reiterating the point made above, even once more detailed request categories are analyzed, the top requests are for services related to housing & shelter (1,259 unmet requests for rental assistance, shelters, and low-cost housing), followed by employment & income (578 unmet requests for financial assistance), utilities (134 unmet requests for electric), and mental & health addictions (105 unmet requests for crisis intervention and suicide).

211CT Trend #3:

The most common unmet needs in the region are for housing and shelter assistance, followed by employment & income assistance

Table 3: 211CT Unmet Needs from March 2017-March 2018

Service Category	Service Request	# of Unmet Requests
Housing & Shelter	Rent assistance	837
Employment & Income	Financial assistance	578
Housing & Shelter	Shelters	422
Utilities	Electric	134
Mental Health & Addictions	Crisis intervention & suicide	105
Other	All other requests	82
Food	Food pantries	51
Government & Legal	Contacts	46
Housing & Shelter	Low-cost housing	42
Disaster	Housing/ shelter	41
Healthcare	Health insurance	37
Food	Soup kitchens	36
Mental Health & Addictions	Substance abuse & addictions	36
Mental Health & Addictions	Mental health services	34
Housing & Shelter	Contacts	30
Clothing & Household	Clothing	29
Other	Support & advocacy	19
Utilities	Heating fuel	19
Clothing & Household	Seasonal/ holiday	19
Disaster	Other disaster	17
Other	Complaints	16
Housing & Shelter	Landlord/ tenant issues	16
Government & Legal	Legal assistance	16
Healthcare	Nursing homes & adult care	15
Transportation Assistance	Public transportation	15
Government & Legal	Child & family law	14
Food	Holiday meals	13
Food	Help buying food	13
Employment & Income	Contacts	12
Other	Volunteering & donations	11
Utilities	Gas	11
Employment & Income	Job search	10
Transportation Assistance	Other transportation assistance	10
Healthcare	Medical providers	9
Utilities	Water	8

Service Category	Service Request	# of Unmet Requests
Transportation Assistance	Medical transportation	8
Employment & Income	Tax preparation	7
Housing & Shelter	Mortgage assistance	6
Other	Community development & enrichment	6
Government & Legal	Government	6
Mental Health & Addictions	Mental health facilities	5
Clothing & Household	Other clothing & household	5
Transportation Assistance	Automobile assistance	5
Utilities	Disconnection protection	5
Housing & Shelter	Home repair/ maintenance	5
Child Care & Parenting	Child care	5
Healthcare	Contacts	4
Food	Home-delivered meals	3
Clothing & Household	Appliances	3
Education	School supplies	3
Utilities	Contacts	3
Healthcare	Medical expense assistance	3
Healthcare	Dental care	2
Healthcare	Medical equipment	2
Education	ESL/ citizenship	2
Healthcare	Other health services	2
Utilities	Phone	2
Education	Other education providers	1
Healthcare	Prescription medications	1
Utilities	Utility payment plans	1
Healthcare	Reproductive health	1
Employment & Income	Money management	1
Clothing & Household	Home furnishings	1
Clothing & Household	Thrift shops	1
Education	Scholarships & aid	1
Government & Legal	Immigration assistance	1
Healthcare	Eye care	1

Note: List includes unmet requests reported for both New London County and Windham.
Source: United Way of Connecticut. (2018). 211CT. Retrieved from <https://www.211ct.org/>

Table 4 below shows the number of unmet needs by municipality and service type. The table lists municipalities in rank order by the highest total number of unmet needs across service categories. The most populous municipalities are also those with the highest number of unmet service requests; calls from New London and Norwich alone make up just around two-thirds of the total unmet requests for both housing and shelter as well as mental health and addictions.

Table 4: 211CT Unmet Needs by Municipality in Southeastern Connecticut

	Housing & Shelter	Food	Health Care	Utility Assistance	Mental Health & Addictions	Employment & Income	Clothing & Household	Child Care & Parenting	Government & Legal	Transportation Assistance	Education	Disaster	Other	Total Unmet Needs
All Region	1357	117	77	182	179	608	57	5	82	38	7	58	135	2902
New London	423	38	24	40	52	201	14	2	28	14	2	21	38	897
Norwich	432	28	16	67	22	201	20	3	13	5	2	6	26	840
Windham	156	13	6	2	9	56	1	0	5	6	2	8	9	272
Groton	111	12	14	10	16	54	5	0	9	5	0	4	14	254
Griswold/Lisbon	56	3	3	13	18	27	2	0	5	3	1	2	9	142
Montville	37	5	1	7	6	11	2	0	2	3	0	4	0	78
Colchester	26	2	2	8	8	13	0	0	3	0	0	2	6	70
Stonington	16	2	2	5	17	3	8	0	1	0	0	3	12	69
Waterford	17	4	4	7	8	20	2	0	0	0	0	2	2	67
Ledyard	32	1	1	2	4	6	0	0	1	0	0	2	3	52
East Lyme	24	5	0	6	4	6	0	0	2	0	0	0	4	51
Sprague	15	0	0	6	1	3	2	0	0	0	0	1	0	28
Preston	6	1	0	6	6	3	0	0	0	0	0	0	2	24
Bozrah	6	0	0	1	4	4	0	0	0	0	0	1	0	16
Lebanon	0	0	0	1	2	1	0	0	3	0	0	2	0	9
North Stonington	2	2	0	0	0	0	0	0	1	0	0	0	0	5
Salem	2	0	0	0	0	1	0	0	0	0	0	0	1	4
Franklin	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source: United Way of Connecticut. (2018). 211CT. Retrieved from <https://www.211ct.org/>

This data suggests that there are indeed gaps in the human services system in the region. By far the highest unmet needs are housing & shelter, employment & income, utilities, and mental health & addictions. Furthermore, geographically these gaps align with the anticipated municipalities of greatest human services need based on the socio-economic indicators in the CERC town profiles analyzed previously.

However, there are two caveats to the way the 211CT database has been created that should be considered before concluding that reported unmet needs translate to true gaps in service in the region.

First, not all service providers in the region are included in 211CT database. For example, the database has two or fewer service providers associated with three of the top five service categories: employment & income, utilities, and mental health & addictions. Thus, 211CT callers may not be referred to a provider in these categories not because the service does not exist, but because the service provider is unregistered with United Way's 211CT system. This caveat to relying upon 211CT data to draw conclusions is further emphasized once we compare agencies participating in the SCCOG Human Services Providers Shared Services Study, which a former SCCOG study cited as "those generally acknowledged to be working in the human services field or the 'backbone' of local human services," with the 211CT list. This exercise shows that only 17 out of the 37 participating agencies, 46%, are not even listed in the 211CT system.

Second, there are a variety of reasons that a request for service may have been classified as an "unmet need." It could be that callers are not referred due to the distance between the listed service provider and the individual's home town or simply due to failed referral communication. This makes it impossible to say with any certainty whether these service requests called in to 211CT are really "unmet."

In summary, while this data source can be considered reliable in revealing areas of service need, it does not offer definitive evidence of unmet need.

Needs and Unmet Needs According to Municipal Officials

While "big data" can be a powerful tool for analysis of service gaps in southeastern Connecticut, it does not necessarily tell the entire story. Triangulating data sources and types is a typical strategy for overcoming possible knowledge gaps in "big data" analyses and teasing out important nuances. Thus, in addition to the CERC and 211CT data sources, IES interviewed a sub-set of municipalities and nonprofit agencies in the region to gain additional insights on service needs and gaps in the region. Table 5 below

shows the perceived gaps in service as reported by municipal human services agency staff in this sub-set of municipalities.

Table 5: Perceived Gaps in Service by Municipality

Service Categories	Groton	Ledyard	Montville	New London	Norwich	Stonington	Waterford	Windham	Total Gaps in Service
Children & Families									0
Crisis				X					1
Food									0
Health Care			X				X		2
Housing		X	X	X			X		4
Employment & Income			X	X					2
Government & Legal							X		1
Mental Health & Addictions				X					1
Older Adults									0
Re-Entry			X	X		X	X		4
Substance Abuse				X					1
Transportation			X	X			X		3
Utility Assistance							X		1
Volunteering							X		1
Youth									0
Clothing & Household									0
Education									0
Disaster									0
<i>Total</i>	0	1	5	7	0	1	7	0	

Source: IES municipal human service agency interviews.

Table 5 shows that the key finding from CERC data, reflecting a high level of service need in cities, is not necessarily supported by municipal interview data. Only New London reports unmet needs whereas Norwich and Groton assert that there are no unmet needs. Table 5 also indicates that municipalities largely corroborate the trend identified by the 211CT data with regards to housing & shelter as an unmet need in the region. However, municipalities highlight two other areas of need that the 211CT data does not: re-entry assistance for those coming out of a period of incarceration and transportation.

Output Gaps in Human Services Provision

Triangulating the findings from CERC town profiles, 211CT data, and the subjective perceptions of municipal human services providers suggests the following service gap trends in the region:

1. Cities tend to have the highest level of need and report the most unmet needs.
2. Housing & shelter is the greatest human services need requested and reported as unmet in the region according to multiple sources.

However, these various data sources provide an incomplete picture of service provision in the region. The data described thus far only hints at possible gaps by showing service network *outputs* based on data sources that each do not provide a complete or conclusive picture of need or gaps in the region. The data analyzed thus far does not describe the *inputs* of the human services providers or how service provision is coordinated in the region, to which we turn in the subsequent section.

Human Services Provision and Coordination

In order to explore whether the needs for human services provision displayed by CERC town profiles, 211CT caller data, and municipal reported perceptions are indeed being addressed by the human services provider network in the region, IES compiled an inventory of service providers in southeastern Connecticut. Appendix #4 of the full report includes the complete inventory compiled from organizations registered with 211CT and organizations listed in the SCCOG Southeastern Connecticut Regional Human Services Directory. Service providers include a wide range of entities including nonprofits, for-profits, municipal governments, as well as state and federal agencies. For each record, we have noted location, organization type, services provided, and the source which we used to identify the agency.

In the paragraphs to follow, we pull from our own inventory of service providers in southeastern Connecticut to determine if there is a mismatch between service requests and provision in terms of geography and service type. Although not all the agencies in our inventory were included in the 211CT data, IES has used the 211CT service categories to classify all human services agencies on our list for consistency and comparability with the prior section. In each of the tables below, we provide descriptive statistics about human services agencies in the region overall and the sub-set that participated in the SCCOG Human Services Providers Shared Services Study. With this data, it is possible to directly compare services offered in the region with the unmet needs identified by 211CT data.

With regards to the location of service provision in the region, human services agencies are indeed concentrated in the highest areas of need both in terms of socio-economic profile and service needs. Table 6 below offers a count of human services providers in southeastern Connecticut by municipality, listed in order of number of providers located within the municipality, as outlined in our inventory. All three cities, which reported disadvantaged socio-economic profiles per CERC data, are at the top of the provider list. Cities and towns with the highest number of 211CT requests per 1,000 residents, as noted in the section above, were New London, Norwich, Griswold, Sprague, and Groton. As shown in Table 6 below, four of the municipalities reporting the highest number of 211CT requests are reflected in the top five municipalities with the highest number of human service providers. Indeed, only Sprague, the third smallest

municipality in the region in terms of population, appears to have a disproportionate ratio of need to service providers.

Table 6: Number of Service Providers including Governments, Nonprofits, and For-Profit Businesses in Southeastern Connecticut by Municipality

Municipality	Number of Providers in Inventory Offering Service	Number of Study Participants Offering Service
Norwich	36	11
New London	33	9
Groton	12	3
Windham	7	4
Griswold	6	1
Waterford	6	1
Ledyard	4	1
Montville	3	1
Stonington	2	1
Preston	2	0
Lebanon	2	1
Colchester	1	0
Sprague	1	0
Bozrah	1	0
Franklin	1	0
East Lyme	0	0
North Stonington	0	0
Salem	0	0
Lisbon	0	0
Outside Region	7	4

Source: IES inventory of human service providers (see Full Report Appendix #4).

Thus, based on geography alone, it appears that there is not really a gap between areas of need and location of service provision except for Sprague as an outlier. However, when looking to 211CT data on unmet needs, versus socio-economic data or service requests, the findings do not add up. Ironically, even though most human services providers are located in Norwich and New London, these two cities report the highest numbers of unmet needs.

Turning now to the services offered, human services agencies again appear to be focusing their efforts on the most pressing areas of needs in the region. Table 7 below offers a count of human services providers in southeastern

Connecticut by service category, listed in order of number of providers per category, as outlined in our inventory. The data shows that housing & shelter, health care, food, children & families, and mental health & addictions are the most common services provided in the region. 211CT data cited earlier showed that the highest number of service requests were related to housing & shelter, mental health & addictions, health care, employment & income, and utility assistance, in that order. Three of these top five requested services are among the top five most commonly provided services in the region. Employment & income as well as utility assistance appear to be underserved in the region.

Table 7: Number of Service Providers including Governments, Nonprofits, and For-Profit Businesses in Southeastern Connecticut by Service Type

Service Category	Number of Providers in Inventory Offering Service	Number of Study Participants Offering Service
Housing & Shelter	50	16
Health Care & Disabled Services	37	13
Food	32	13
Mental Health & Addictions	24	18
Children & Families	22	16
Youth	16	11
Older Adults	15	11
Substance Abuse	14	13
Employment & Income	14	11
Utility Assistance	11	9
Crisis	11	9
Education	9	9
Volunteering	8	8
Clothing & Household	8	8
Transportation	6	5
Re-Entry	5	5
Government & Legal Assistance	5	4
Other	5	4
Disaster	3	3

Note: Many providers offer more than one service, inflating the number of services by type. Source: IES inventory of human service providers (see Full Report Appendix #4).

While unmet needs in the areas of employment & income and utility assistance appear to align with weaknesses in service provision in the region, the remaining data on service type is incongruent with 211CT reported unmet needs. The top five unmet needs identified in the prior section included housing & shelter,

employment & income, utility assistance, mental health & addictions, and food. Again, this finding does not add up with this provider data. It suggests, for example, that even though nearly 40% of the human services providers in the region provide housing & shelter services, 211CT is unable to resolve a high number of these caller requests.

Input Gaps in Human Services Provision

At this stage, the comparison of data on both outputs (unmet needs) and inputs (service provision) of the human services provider network indicates that there is not really a significant gap in service provision by geography or service type. The outlier case in terms of geography is the municipality of Sprague, which does appear to lack human services providers given its socio-demographic profile. However, it would not necessarily make sense to suggest that more nonprofits move into the one of the smallest municipalities in the region. The outlier cases in terms of service type are employment & income as well as utility assistance, of which there are fewer providers in the region than may be needed to address this need. The data does not delve into the capacity level of human services provider in those agencies that address these areas of need, however; so, it may be that the number of providers is sufficient if service is scaled appropriately. Thus, beyond these outlier cases, it appears that the majority of service provider energy is indeed being directed to the right services in the right places. Yet, there continues to be a phenomenon of unmet needs, even in areas where service providers are concentrating their efforts.

This finding indicates the need to go beyond seeking linear gaps between service requests and service provision; it is necessary, in this case, to seek clarity on points of failure within the human services ecosystem itself.

To accomplish this task, we turn to the data collected in production of the SCCOG Human Services Providers Shared Services Study. As part of this study, IES conducted interviews with twenty-eight nonprofits, eight municipal human services agencies, and one tribal nation to better understand the human services network in the region. In the tables above, we provided the distribution of the agencies participating in our study in terms of geography and service categories. We do this to demonstrate that, generally, participating agencies are distributed similarly to the overall inventory of service providers in the region. The only notable case of oversampling is in the categories of mental health &

addictions and substance abuse. Indeed, nearly all the service providers offering substance abuse are on the participating agency list. This indicates that this set of participating agencies should not be considered a statistically representative sample. We cannot therefore directly generalize the perspectives they share to the service network overall; however, their experiences and perspectives can still speak to service provision nuances in the region.

As the purpose of this study was to identify gaps in service provision with an emphasis on municipalities and nonprofits as principal service providers in the region, we will now focus in on the role of each within the broader human services network in southeastern Connecticut.

Health Care as a Metaphor for the Human Services Network

Based on our interviews with participating agencies, IES offers a new story, or paradigm, for understanding the regional human services ecosystem, including its network of stakeholders and providers. The metaphor we offer to describe the human services network is that of the health care system. Within the health care system, those in both good and poor health are considered patients. The General Practitioner (GP) doctor works with all patients to maintain the health of individuals and families. Yet, when a more serious illness presents, the GP assesses the situation and refers the individual to the appropriate specialist.

The health care system recognizes that there is a need for an easily accessible, first line of defense GP to maintain wellness, conduct screenings, identify problems, and make appropriate referrals. The system also recognizes that the GP cannot do it all. And therefore, it has encouraged the development of specialists with the specific knowledge, training, and treatment expertise to be able to treat ailments that present specialty characteristics.

This metaphor translates well to the paradigm IES has observed in action across southeastern Connecticut. Municipalities play a key role in providing human services to all residents, effectively serving as the “GP” for maintaining wellness and for providing information, referral, and even enrollment with “specialist” nonprofit organizations, which are each uniquely tooled to respond to a specific, and often narrowly defined, service area.

Municipalities as Service Providers: General Practitioners

The function of municipal human services officials and departments within the human services ecosystem is important because they are associated with a well-known entity amongst residents—the City or Town. Municipal human services staff are on the front line, working as the primary “touch point” for citizens in need who do not know how to access or manage the broader, complex, and hard to maneuver, human services system. Residents who need help, but are not sure where to go, are likely to turn to a local source of information such as neighborhood libraries or a City or Town Hall. At this point, the resident is using the municipality as a GP for their human services need.

Table 8 shows the services either offered directly or facilitated through each municipality’s human services department according to municipal officials. Note that housing is often coordinated through housing authorities, and education via schools; thus, these services are generally not even perceived as “human services” because they are so highly integrated into the municipal anatomy.

Table 8: Services Provided by Municipal Human Services Departments

Service Categories	Groton	Ledyard	Montville	New London	Norwich	Stonington	Waterford	Windham	Number of Municipalities Offering Service
Children & Families	X	X	X		X	X	X		6
Crisis	X		X		X	X	X	X	6
Food	X	X	X		X	X	X		6
Health Care		X			X	X			3
Housing	X				X	X			3
Employment & Income	X				X	X		X	4
Government & Legal	X				X			X	3
Mental Health & Addictions	X		X		X	X	X		5
Older Adults	X	X	X	X	X	X	X	X	8
Re-Entry	X				X				2
Substance Abuse	X				X	X	X		4
Transportation	X				X		X		3
Utility Assistance	X	X	X		X	X	X		6
Volunteering	X		X	X	X	X	X		6
Youth	X	X	X	X	X	X	X	X	8
Clothing & Household	X	X	X		X		X		5
Education			X	X		X	X	X	5
Disaster	X	X		X	X	X	X	X	7

Source: IES municipal human service agency interviews.

Municipalities have evolved their own “best practices” for accepting these human services related questions and forwarding them to the most relevant municipal department or outside specialist agency. In our investigations, the department usually responsible for this task falls under the banner of Human (Social) Services, Youth Services, or the Senior Center. Many municipalities routinely raise human services issues at general staff meetings. In these cases, a family is might be getting evicted and Inspectional Services requests help or the police may have apprehended some youths who need juvenile assistance. Other municipalities have a standing committee composed of selected municipal staff and outside experts like representatives from local nonprofits. Some municipalities, like those with dedicated human services offices participating in this study, create special departments for coordinating human service needs. They generally find that this set-up makes the delivery of municipal services across all departments more efficient and more effective for their residents. The SPOTLIGHT: Norwich as a General Practitioner highlights how one participating municipal human services provider coordinates a wide variety of services for residents in the City of Norwich.

SPOTLIGHT: Norwich as a General Practitioner

The City of Norwich has established the Norwich Human Services Department that oversees human services coordination for the City. Acting as a GP for human services, they are at times the primary agency responsible for services and at other times facilitate referrals to nonprofits or other agencies for specialized care.

In the service categories of children and youth, this municipality runs a Juvenile Review Board and Positive Youth Development program, focused on providing therapy and recreation via youth groups in schools. Summer camp employment, training, and career to school programs help to establish a pipeline for entry into the workforce. Adults and individuals coming out of prison can work with an employment specialist via the municipality. For older adults, they operate the Senior Center and directly offer preventative health care, transportation, and recreation services. Volunteers are always welcome. Via these programs, they touch the lives of all residents young and old. In times of crisis or disaster, Norwich Human Services Department steps in to coordinate all human service activities. For example, they act as the hub for both funding and intake for shelters and have some funds to help negotiate utility assistance or amortization plans.

When Norwich does not directly offer a service, they know who call. The refer out to local nonprofits or state-run services for food, clothing, and household requests; mental health and addictions or substance abuse services; health care; and government and legal assistance.

IES has created a set of models to describe the way municipalities in the region approach the task of GP. Every municipality has a building staffed with publicly-paid officials who can, and often do, take questions from the public—including questions about human services. Citizens, depending on their situation, may first encounter a school administrator or a reference librarian to attempt to meet their service needs. The range of municipal officials who might be approached for information about human services frequently includes staff in the following departments: 1) Fire, 2) Housing Authority, 3) Inspectional Services, 4) Library, 5) Human (Social) Services, 6) Parks & Recreation, 7) Police, 8) School, 9) Senior Center, 10) Youth Services, 11) Veteran’s Affairs, 12) Public Officials such as the Mayor or Selectman.

Over the course of this investigation, IES has identified five different models of municipal human services in existence in the SCCOG region. Our eight participating municipalities can be classified into the first three models; we indicate where they fall in parentheses after each model is described below.

1. Human Services Department. Municipalities that have established a department dedicated to human services will often appoint a director, hire on a full staff, and oversee an allocated services budget. They develop human services programs, deliver services directly, and coordinate community resources on behalf of citizens. (For example: Groton, Montville, Norwich, Stonington, Waterford, Windham)
2. Human Services Policy Director. Municipalities with a policy director have an individual assigned to advocate for human services within the municipality. This person works through policies, programs, municipal departments, other agencies, and private organizations serving the community to align resources effectively. They take responsibility for the general wellbeing of the citizenry via recreation, youth activities, and senior services, as well as providing referrals and case management for citizens. (For example: New London)
3. Human Services-Related Agency. Municipalities with a human services-related agency tend to have a director who develops procedures to coordinate services among all departments, leads case management on specific citizen needs, and sometimes develops services in response to the community’s long-term needs. (For example: Ledyard)
4. Human Services Officer. Municipalities will sometimes appoint a municipal staff person who is tasked with working on behalf of a specific population group like youth, veterans, or the elderly. This individual is also expected to be the point-person for answering human services-related questions that may come to the Town or City through other departments.

5. Human Services Generic Function. Every municipality provides some human services functions and/or encounters and attempts to resolve human services-type issues. If no human services capacity is specifically designated within the municipality, directing human services requests falls to a variety of different municipal departments. The departments most commonly stepping into this role can vary from one municipality to the next depending on organizational culture and citizen needs.

Nonprofits as Service Providers: Specialists

Most nonprofits are mission-directed, focused on a specific population group or service category. Nonprofit human services agencies tend to focus on areas requiring deep knowledge and expertise, perhaps even certification. Services that fall into the categories of mental health & addictions, substance abuse, health care, and children & families, for example, often require a special license or even a specialized degree in order to deliver the service. Building and running housing programs, managing governmental eligibility requirements for health care, including third-party payments, and providing expert clinical or psychological services are examples of the top categories of services provided by nonprofit “specialists” in the region. SPOTLIGHT: Specialist Care for Homeless Families with Children at Always Home shows the vital role that specialist organizations play for populations with high-risk, niche needs.

SPOTLIGHT: Specialist Care for At-Risk Families at Always Home

Always Home is the only nonprofit service provider in southeastern Connecticut *exclusively dedicated* to serving homeless and at-risk families with children. Their client demographic is narrowly focused on single mothers with children under 18, most are head of household. They describe their typical client as living at or near the poverty line, often living in quite precarious housing situations. Thus, even a relatively minor crisis such as a costly car repair, sick child, or a cut in hours at work can threaten their family’s stability.

Always Home provides case management within a “Housing First” model to help divert families away from shelters and instead into immediate and long-lasting housing options. This model is a deliberate shift from emergency shelter as the solution to a housing crisis to preventative care. Specific services they provide include funds for first and last month’s rent, pay for past-due utilities, moving cost coverage, transportation funding, child care, tenancy skills to sustain their housing, and education and training to increase income for the family. In 2017, Always Home supported 205 homeless and at-risk families; 97% of which never needed to enter the emergency shelter system. Their intentional focus and specialist care allows them to attain this high level of success for the population they serve.

Table 9 shows the service categories that each municipal human services provider refers out to nonprofits according to municipal officials. While referrals to nonprofits are made in nearly all service areas, note that categories of service requiring high expertise (*) are referred out 75-100% of the time.

Table 9: Services Referred out to Nonprofits by Municipality

Service Categories	Groton	Ledyard	Montville	New London	Norwich	Stonington	Waterford	Windham	Number of Municipalities Referring Service to Nonprofits
Children & Families*	X	X	X	X	X	X	X	X	8
Crisis	X	X	X	X		X	X	X	7
Food	X	X	X	X	X	X	X	X	8
Health Care*	X	X		X	X	X	X	X	7
Housing	X			X	X	X	X	X	6
Employment & Income	X	X			X			X	4
Government & Legal*	X	X		X	X	X	X	X	7
Mental Health & Addictions*	X	X	X	X	X	X	X	X	8
Older Adults	X	X			X	X		X	5
Re-Entry	X	X					X	X	4
Substance Abuse*	X	X	X	X			X	X	6
Transportation	X	X			X	X		X	5
Utility Assistance	X	X	X	X	X	X		X	7
Volunteering	X				X	X		X	4
Youth	X	X	X			X		X	5
Clothing & Household	X	X			X	X		X	5
Education		X						X	2
Disaster	X		X			X		X	4

Source: IES municipal human service agency interviews.

When asked to list the outside agencies, typically nonprofits, that municipalities frequently contact with human services referrals, municipal agencies readily replied with those they most commonly use. Below we list the nonprofit agencies specifically identified as key resources by service area.

- Children & Families: United Community and Family Services (UCFS), Thames Valley Council for Community Action (TVCCA), Child and Family Services (C&FS), Stonington Community Center (COMO), Safe Futures, Access Community Action Agency, Salvation Army, Catholic Charities, Windham Area Interfaith Ministry (WAIM)

- Crisis: UCFS, Safe Futures, Salvation Army, Homeless Hospitality Center, Pawcatuck Neighborhood Center, Always Home, WARM Center, Red Cross, WAIM, Windham Region No Freeze Project
- Food: United Way Food Pantry, St. Vincent de Paul, Covenant Soup Kitchen, First Baptist Church, Access Community Action Agency, Congressional Church, Salvation Army
- Housing: Community Health Center, UCFS, Ledge Light Health District (LLHD), Generations Health Clinic, Windham Regional Community Council Rapid Rehousing Programs, United Services
- Employment & Income: Opportunities Industrialization Center, Eastern Connecticut Workforce Investment Board, Renter's Rebate Program, Willimantic American
- Government & Legal: CT Legal Services, CT Department of Social Services, CT Department of Developmental Services
- Older Adults: TVCCA, UCFS, C&FS, Senior Resources Agency, AAA, Pawcatuck Neighborhood Center, Westerly Adult Day Services, Hartford Healthcare Center for Healthy Aging, Natchaug Hospital Adult Program, Community Companion and Homemakers
- Re-Entry: Opportunities Industrialization Center's Project Employment, Catholic Charities, Fellowship House, Local Churches, Perception Programs Inc.
- Substance Abuse: LLHD, Southeastern Regional Action Council, Community Speaks Out, Southeastern Council on Alcoholism and Drug Dependence, Stonington Institute, Sound Community Services, Generations Health Clinic, Department of Mental Health and Addiction Services, United Services, Natchaug Hospital, Community Health Resources, CT Community for Addiction
- Transportation: Southeast Area Transit District, Eastern CT Transportation, Eastern Connecticut Transportation Consortium, Pawcatuck Neighborhood Center, Windham Regional Transit District
- Utility Assistance: Operation Fuel, TVCCA, United Way's Project Warm Up, Catholic Charities, Access Community Action Agency
- Volunteering: United Way, Pawcatuck Neighborhood Center, St. Vincent de Paul, United Way, WAIM, Covenant Soup Kitchen, Windham Regional No Freeze Project
- Youth: TVCCA, C&FS, UCFS, COMO
- Clothing & Household: United Way, Southeast CT Furniture Bank, Salvation Army, St. Vincent de Paul, Pawcatuck Neighborhood Center, COMO, WAIM, Windham Diaper Bank
- Education: Opportunities Industrialization Center, EASTCONN Adult Education
- Disaster: Red Cross, Salvation Army, United Way, Community Emergency Response Teams

Table 10: Services Provided by Nonprofits

Service Categories	Number of Nonprofit Service Providers in the Region
Housing & Shelter	30
Mental Health & Addictions	9
Substance Abuse	5
Health Care	24
Children & Families	7
Food	21
Employment & Income	4
Older Adults	4
Re-Entry	2
Utility Assistance	1
Education	1
Crisis	4
Transportation	1
Government & Legal Assistance	0
Volunteering	0
Youth	4
Clothing & Household	0
Disaster	0
Other	2

Source: IES inventory of human service providers (see Full Report Appendix #4).

While the list above identifies nonprofits that municipalities most often reference when directing human services requests, there are frequently many more nonprofits offering “specialist” services in the region. Table 10 shows the number of nonprofits (as opposed to governments or for-profit businesses) offering each type of service in the region according to the IES inventory. A more detailed review of the agencies listed above shows that municipalities are often referring out to only a handful of the largest agencies in the region. Notable big players in nonprofit service provision, which receive referrals across several categories include UCFS, TVCCA, United Way, COMO, WAIM, and Pawcatuck Neighborhood Center.

Overall Service Provision

The distribution of services by nonprofits in comparison with the types of services offered by municipalities show two distinct patterns of service. Overall, municipal human services agencies are strongest in short-term crisis services (responding to losses in heat, potential evictions, or local disasters) and case management for less acute service needs (providing programs and support services for youth, seniors, or veterans). The top five human services municipalities provide, bearing in mind the caveat that most municipal official self-reported service provision does not consider education and housing to be a human service, include: 1) Older Adults, 2) Youth, 3) Children & Families, 4)

Disaster, and 5) Crisis. When it comes to those service needs requiring deep knowledge and expertise, nonprofit human services agencies step in to provide “specialist” care. The top five human services nonprofits provide, according to our inventory, include: 1) Housing and Shelter, 2) Health Care, 3) Food, 4) Mental Health and Addictions, and 5) Children & Families.

This pattern of service indeed reflects the paradigm IES proposes to describe the coordination of human services in the region—much like the health care system. Municipalities tend to act like General Practitioners serving all populations to at least some degree and stepping in as the first line of defense when more dire needs first arise. Nonprofits tend to provide specialist services that require additional expertise or licensure.

Identified Gaps in Human Service Provision in the Region

Referencing back to the 211CT unmet needs data and municipal perceptions of service gaps, almost all the top categories of unmet needs relate directly to individual poverty levels. Housing & shelter, utility assistance, and food—three of the top five unmet needs identified via 211CT data—could be solved if the client had additional monetary resources. Indeed, employment & income was the second highest unmet need in the region overall. There is no human services agency that can easily respond to the compounding effects of poverty, even though many participating municipalities and some nonprofits report having limited access to emergency cash to cover rent, utilities, or cash for short-term emergencies.

Other, more manageable, “gaps” in service balance out when health care as a metaphor for the human services network is applied. When functioning true to their designated roles, municipalities as generalists and nonprofits as specialists, several “gaps” balance out. From a nonprofit perspective, the gap might be in the following service areas where few organizations are reportedly concentrating their efforts: re-entry, utility assistance, education, transportation, government & legal assistance, volunteering, clothing & household, or disaster. However, many of these are services that municipalities, even when following the Human Services Generic model, regularly arrange through their internal resources. Human services assistance via a municipality may take the form of library community classes, calls to local foundations or private donors, utility company mediation, or locally controlled transit services, among others. Additionally, some services are most frequently provided by state-level programs which were not a primary agency under analysis in this report. For example, government & legal assistance is typically referred to CT Legal Services according to municipal referral patterns.

Thus, the enigma of unmet needs despite substantial service provision in key service categories such as housing and shelter continues to be unexplained by the numbers alone. There appears to be providers in the area for all the needed services, if enough funding were available to these providers to meet all needs. It therefore must be something about the way the health care paradigm is functioning in southeastern Connecticut that is causing this disconnect. Our interview data indicates that there are indeed two key system malfunctions,

which IES asserts are the true service “gaps” in the region. The first is inadequate transportation in the region. The second is inadequate lines of communication and cooperation between the principal actors in the human services network—namely municipalities as GPs and nonprofits as specialists. In the sections to follow, we will discuss each of these system malfunctions, or true service “gaps,” in turn.

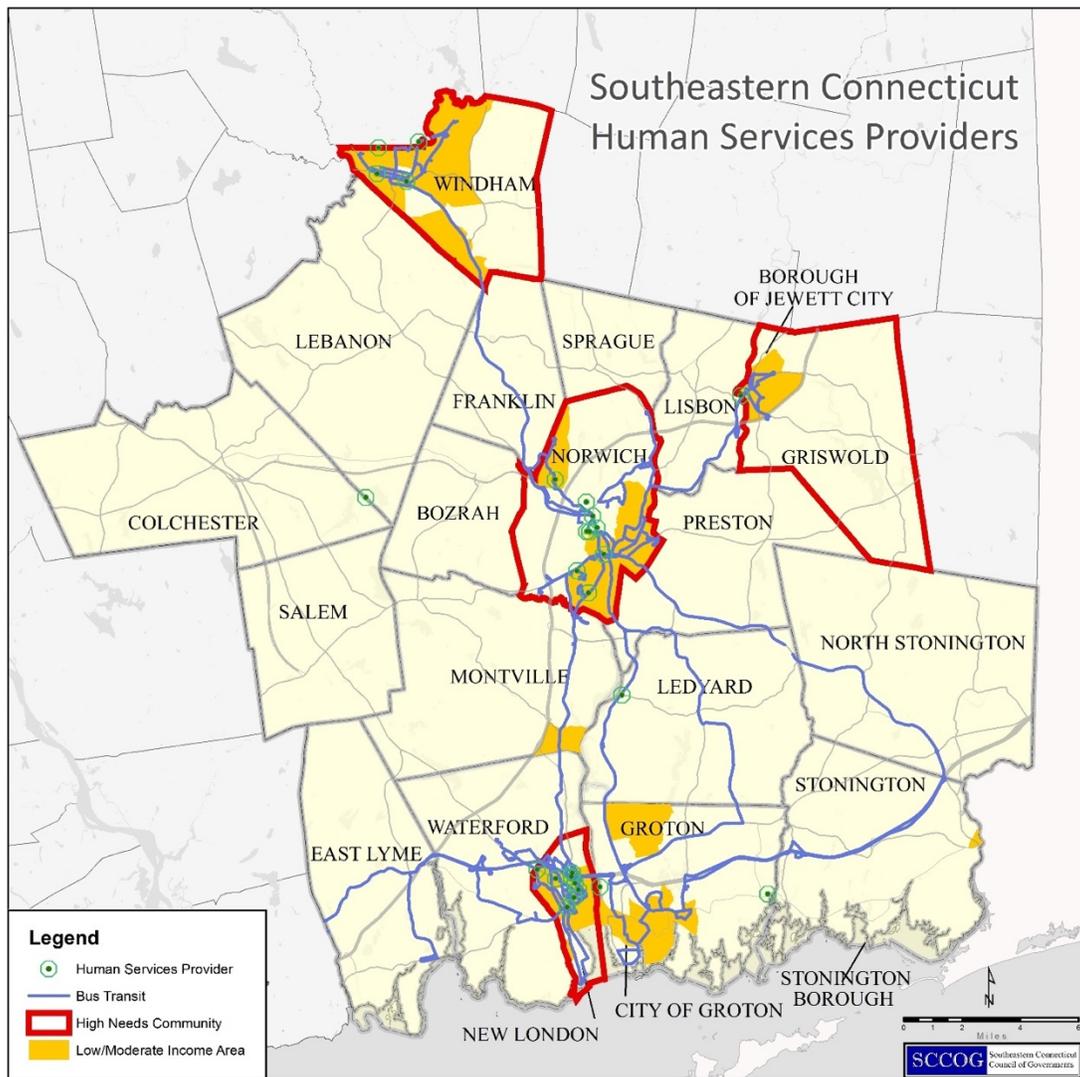
Inadequate Transportation to Service Nodes

Our inventory of human service providers reveals that there exists a high number of the human services agencies in the two largest urban centers in the region, which will be referred to as “service nodes” in the discussion to follow. Norwich, spanning twenty-eight square miles, hosts 36 of these agencies. New London, covering an area of only six square miles, hosts 33 of these agencies. However, as reported in our interviews with many of these organizations, these agencies are serving clients coming from well beyond the boundaries of their municipal limits.

The location of a wide range of human services organizations in only a couple service nodes offers an opportunity for collegiality and joint planning among specialist nonprofit human services agencies. However, it can create a disproportionate burden on some municipal services as individuals needing services arrive or are delivered to New London and Norwich. This causes an added service strain on GP systems designed with the capacity and funding for residents of the municipality only. Examples of such service needs could include ambulance services to hospitals or beds in shelters overnight. New London, in fact, sees its role in human services as part of an overall economic development strategy. However, the cost and availability of transportation for these non-resident human services seekers looms as a serious and continuing gap in the effectiveness of service delivery.

It is also a disadvantage for residents scattered throughout this 616 square mile region to find their way to New London or Norwich to receive services. Nonprofit service providers, like other businesses, have a “market area” from where they draw their clients. While the market size may vary by organization, and some agencies may have multiple locations in different municipalities, there is no incentive for the nonprofits to have an office in each municipality. Thus, nonprofits tend to locate in more densely populated urban areas where most of

their clientele live. Agencies may also locate in these cities because appropriate office space is available at a reasonable rate or because the cities have more friendly zoning laws. Whatever the reason, the high number of human services agencies in these two cities that provide region-wide services does result in a “municipal overburden” of service requests. This finding highlights that transportation is an important factor in the human services system, linking citizens in need of human services to municipalities hosting these specialist service providing agencies.



The map above shows many bus routes between identified “Low/Moderate Income Areas” and the locations for most of the human services provider agencies participating in our study. While the routes appear to provide sufficient coverage, further investigation reveals several transit problems:

1. The buses are not frequent enough. It would be difficult for someone from, for example, Montville to get to an appointment in New London and home again in one day. Thus, they will need housing for the night.
2. The bus routes completely bypass some municipalities. While Colchester, Salem, and Lebanon, for example, are home to populations with a below average incidence of poverty, we cannot assume that residents in these communities do not have need of mental health, general health, substance abuse, disabilities, emergency shelter, or other human services. If they do, and they cannot drive their own car, they would need to use an expensive taxi service or rely on their social capital to ask a neighbor to get to and from the human services agency.
3. It is hard to reach a bus route, even if it does go through town. The average municipality is approximately 31 square miles; if each were an actual square, it would be a distance of 5.6 miles from one side of town to the other. When the bus route is on the “other” side of town, an individual in need of human services without a car is faced with a five mile walk to wait for the bus or the same costly options described above.

Some municipal human services offices are very entrepreneurial about finding new ways to get services for their residents without the residents having to travel to the service location. A set of municipalities have sought to remedy this challenge of inaccessibility to the region’s human services agencies by attempting to attract these human services agencies to their own City or Town Hall. They offer the use of a municipal office to see residents on a weekly or bi-weekly basis, for example. This effort has met with little success. Montville’s human services director worked for years to try to get mental health professionals to come to the town to see patients for free; now the town pays the UCFS to come to the town offices one day per week to attend to clients. Waterford’s residents reportedly want to “stay in Waterford” for services according to municipal officials. The town directly finances mental health, substance abuse counselling, and case management services as a result. Other municipal human services offices, such as Groton, Montville, Stonington, Ledyard, and Windham, coordinate resident registration for state social services benefits to avoid having residents travel to the capital. This is a substantial benefit for residents. The reported wait time for a citizen calling into some state offices is 1.5 to 2 hours.

There are indeed other transit options beyond individual cars or the public system of buses. Senior centers in municipalities often have grant-funded medical transportation. However, this “senior bus” is limited only to eligible seniors. Some agencies, like The Arc and Pawcatuck Neighborhood Center, have their own fleets and do provide transportation assistance to their regular clients. Some municipalities, like Stonington and Montville, pay for transit service for residents with one-time emergencies. Overall, however, the lack of routine and acceptably frequent public transit from the various corners of southeastern Connecticut to the two key locations for specialist human services is described by those we interviewed as a significant gap in the regional human services system.

Inadequate Lines of Communication and Cooperation

The topic of inadequate cooperation receives substantial attention in the SCCOG Human Services Providers Shared Services Study, and the paradigm IES has forwarded in this gap analysis of human services through the lens of the health care metaphor emphasizes the key role that communication plays in the provider network. With municipalities acting as General Practitioners and nonprofits acting as specialists, there must be a strong referral system between the two. Unfortunately, however, nonprofits and municipalities are not always collaborating in the region. In fact, as we state in our corollary study, they are sometimes pitted against one another as competitors for limited sources of funding. On a case by case basis, municipalities and nonprofits have learned to work together. However, there are no standard patterns or models for approaching coordination. It is vitally important that these key actors in the human service ecosystem recognize their innate interdependencies, the smooth integration of which is necessary to fulfill the region’s human service needs.

In demonstration of this point, the very system designed to facilitate referrals—211CT—is inadequately shouldering this role. The 211CT database sponsored by the United Way of Connecticut launched only quite recently, in 2014, to enable people in need of services to find those services by calling in for a referral. This system will be a critically important policy planning tool, as well as a support for individual citizens in need. But it is not there yet.

Indeed, data collected by 211CT is presently insufficient to clearly determine specific gaps in services. As shared above, IES noted that 17 of the 37 agencies

participating in this study (46%) were not even listed in the 211CT database. IES was therefore compelled to generate a more comprehensive list of human services providers in the region, which combined the organizations registered in the 211CT database and the SCCOG Southeastern Connecticut Regional Human Services Directory, to conduct this study. Nine of the fifteen major service categories in the 211CT database, including Children & Families, Employment, Government & Legal, Mental Health & Addictions, Older Adults, Re-Entry, Substance Abuse, Transportation, and Utility Assistance have two or fewer associated service providers listed. Only Crisis, Food, Health Care, and Housing & Shelter, less than 25% of the categories, have a significant number of listings. Because of this low level of participation in the database system, any assessment of unmet need using 211CT data may be skewed to over-represent those categories with few listings in 211CT. Why so few listings? According to 211CT staff, listings are supposed to be submitted by the human services agencies and then verified by 211CT. But agencies are not submitting their services to 211CT for inclusion in the database. It appears that key players in the region's human services ecosystem have not yet been convinced of the value of submitting their services lists to 211CT.

Additionally, the current categorization used to classify services is so broad, high level, and generic that true gaps in the continuum of care for residents of the region are not possible to identify. To be more relevant to human services agencies and policy makers, the "unmet needs" results need to be both easier to obtain and more relevant for identifying specific service gaps. The fifteen core categories are so broad that searching for unmet needs by these "level 1" categories is almost meaningless. 211CT has developed up to three or four levels of sub-categories for each major category. For example, the main category Mental Health & Addictions covers the following sub-categories:

- Crisis Intervention, Suicide
- Mental Health Services
- Substance Abuse & Addictions

However, these subcategories do not collapse easily; so, finding the "unmet needs" counts for these sub-categories, comparing them to several total requests per sub-category, and developing a percentage that should, in theory, represent a gap in services, is extremely difficult. Furthermore, the categories and sub-categories are not intuitively obvious, nor are they mutually exclusive.

In summary, the data is hard to manage. Beyond the United Way 211CT service categories, which we have now established are poorly defined and clunky, there is no taxonomy of services that is in general use across the region for defining human services.

Finally, some of the more superficial complaints about 211CT are that calling in by phone takes too long, callers are left on hold, or referrals too often lead to dead ends. Some citizens find that municipal human services staff are more likely to offer quality referrals or make personal introductions than can be achieved via the 211CT system that is meant to take on this role. The IES study team believes that much of the dissatisfaction with the current 211CT process can be labeled as a case of “growing pains” for a new digital information system. Additional investments in time, money, technology, and outreach to providers should be made.

To conclude, communication is vital to the success of a system that very much operates like a health care network based on referrals among “generalists” and “specialists.” Without strong lines of communication between municipalities and nonprofits, the main actors in this system, and an incomplete 211CT database of services, resident needs will continue to go unmet. Working to improve collaboration across the human services provider network and to increase the participation rates, service definition clarity, and usability of 211CT would greatly improve the human services ecosystem. Addressing this gap will facilitate the crucial connection between key service providers in the region.

Challenges and Limitations of the Gap Analysis

In this report, IES identified the current human services models employed by municipalities in the region with a defined human services capacity. For those municipalities that do not have a defined human services capacity, we will provide a recommended model in the subsequent section. We have also endeavored to compare service needs and unmet needs with services provided by municipality. However, several challenges and limitations intervened which did not allow us to provide a simple list of services missing from each of the region's communities. These challenges fall into three categories.

First, a point discussed previously with regards to the 211CT data, there is no available list of service providers or consistent categorization in use for classifying service types in the region. Without a clear definition of a human services agency, a definitive list of agencies beyond that we have generated ourselves, or, most importantly, data on the services provided by all agencies in the region, it is impossible to do a direct comparison of the ideal service profile with the data on services available. Our best technical resource for analysis, the 211CT database, excluded 46% of the organizations participating in the study. Additionally, when cross-referencing our interview data with those that were included in the 211CT database, many of the separate services each of these organizations provide were not listed. While there may indeed be gaps in specific services, the major obstacle to identifying and filling in gaps in services is poor data. To overcome this challenge, the IES study team has triangulated three key data sources—CERC, 211CT, and interview data—to compare service needs with patterns of service among municipalities and nonprofit agencies.

Second, upon triangulating data sources, there appeared to be no definitive evidence of a gap in services. Service providers in the region do indeed provide human services that address the all the top requested service categories and in the most socio-economically disadvantaged geographies according to the CERC and 211CT caller data. Thus, we determined that the data must be overlooking key factors, such as good public transportation or a full inventory of service providers, standing between the network of human services providers and the citizens of the region in need of those services. This discovery led the IES team to explore new, and more nuanced, reasons for the high level of unmet service needs reported by 211CT in key areas, most notably in the category of housing & shelter services. Along these lines, we explored key service provision

factors that are missed in an exercise of “big data” analysis. These factors included inadequate infrastructure for public transportation to service nodes, and an inadequate and inconsistent system of service coordination between municipalities and nonprofits.

Third, both municipalities and nonprofits have a level of independence and fluidity that make a recommended service profile impossible to develop and obsolete. Municipalities have a variety of factors that shape their willingness to address certain human services needs and opportunities, including the culture of that community, the agenda of the current elected officials in office, and the capacity of the municipality to establish a staff to coordinate services, assuming that they even wish to address “human services” at all. These factors can vary from year to year within a municipality. A similar scenario is true of nonprofit agencies. Nonprofit agencies are private corporations, governed by a private board of directors. These agencies have their own business models, business plans, competitive advantage, and strategies for achieving their missions. The IES study team can therefore only infer, versus compel, an agency’s capacity and interest in following-through on study recommendations.

Given these limitations, the next section turns to our recommendations based on the two key gaps identified through this analysis.

Recommendations

Due to inadequate data to appropriately determine where gaps exist in human services provision in southeastern Connecticut, it has been necessary to set aside hopes and assumptions associated with “big data” analyses and dig deeper to identify the real “gaps” in the service ecosystem for those most in need in the region. Where gaps do exist, they fall into two categories. In this section, we will briefly review each gap and offer recommendations for how to close them.

First, gaps exist as a function of a lack of appropriate transportation between service nodes in the region’s urban centers and low-density locations. The frequency and spread of transit routes are the key barriers to travel currently. Thus, IES concludes that state and regional systems that control transportation are inadequate to support the existing human services ecosystem. When key systems are inadequate, particularly those that serve populations across municipal boundaries, the burden of caring for affected citizens falls to local nonprofits and municipalities.

More state funding is needed for human services and fundamental infrastructure in the region. IES suggests that the region approach this task through a “Pay for Success” model. Pay for Success pushes funding toward innovative programs that can prove their success with impact data over time. This model requires that networks of providers work together to demonstrate scalable impact capacity with regional and national foundations. The institution of such a model in the region would both bring in new funding and incentivize collaborative partnerships amongst providers to improve service outcomes.

Second, pathways for information, communication, and cooperation between human services providers in the region are insufficient or misaligned. 211CT was devised to help overcome the communication gap between residents and human services providers by streamlining the referral process from an individual in need to the appropriate provider. However, 211CT is not very approachable for resident users, it does not have a sufficient participation rate in the region by service providers, and definitions of services in 211CT are too broad, unclear, and complex due to layering within the database.

To be more relevant to residents, the 211CT system should be available as a mobile application and should enable the user to set a location radius and key word search for services within that radius. The application should also employ low-level artificial intelligence so that, over time, it learns key search terms, results, and click-throughs to improve usability and offer a set of related resources by request. For example, if an individual searches for employment, that person would also be provided with a set of tools such as job search databases, re-entry training programs, or legal support in cases of discrimination. For policy-makers, 211CT should make its service categories collapsible so that the data is easier to manage and analyze. For all stakeholders, a concerted effort should be made to increase provider participation rates.

Additional communication paths and systems are needed to fulfill this key link between providers in the region. A preliminary step toward overcoming this challenge is to make it worthwhile for service providers to share information about their services in the form of shared data, clients, facilities, expertise, and funding sources. The key here is to make communication between key stakeholders “risk free,” or to take it one step further, incentivized. The next step is to develop a clearer categorization of human services needed and delivered in the region. This new set of categories should reflect the dimensions of short-term human services and long-term care services as well as services best coordinated by municipal GPs versus nonprofit specialists requiring clinical and professional expertise. Rather than dismiss the utility of 211CT data completely, IES suggests that providers work collaboratively with United Way to contribute searchable information and refine database categories so that this important resource is more useful to citizens seeking help and policymakers interested in targeting interventions toward unmet needs.

Service providers should also look to build upon best practices in service coordination in the region. This process will look different for providers depending on type and role in the service model paradigm we have forwarded throughout this report. We will discuss our recommendations for municipalities as general practitioners first, and then turn to the example of one nonprofit capitalizing on their specialist role.

For municipalities, we recommend that those municipalities without a human service capacity consider right-sizing the service models for their communities’ needs per the guidelines below.

Socio-economically advantaged towns with populations over 10,000:
Colchester, East Lyme, Salem

These communities do not present clear indicators associated with high levels of human service needs, but they each have recorded unmet needs in the 211CT database. At minimum, informally consolidating and coordinating existing human services capacities will signal to residents that the municipality has a pro-active plan for addressing their needs. IES recommends that these municipalities transition from a “Human Services Officer” to a “Human Services Department” model over a period of years.

These efforts would come at little to no cost. Given that these municipalities are large, they likely have at least one staff person overseeing the Senior Center, Youth Services, Recreation, or Veterans Affairs. To begin to consolidate efforts, they should convene periodic meetings amongst these key staff. They can then add in representatives from Police, Fire, Inspectional Services, and the Library in phase 2, and invite representatives from local nonprofits, public health officials, and foundations in phase 3. Municipalities looking to make this shift can call upon the Connecticut Conference of Municipalities or the Connecticut Youth Services Association to advise; they should also look to the best practices of Groton, Montville, Norwich, Stonington, Waterford, or Windham that currently have a Human Services Department.

Socio-economically advantaged towns with populations under 10,000:
Bozrah, Franklin, Lebanon, Lisbon, North Stonington

Smaller municipalities, with populations between 3-7,000 in southeastern Connecticut, can maintain robust service delivery operating with a culture of volunteerism. They are likely to have a Library, Recreation Program, and Senior Center. They are also likely to have religious organizations actively involved in charitable volunteer work for the community. IES recommends that these municipalities move toward a designated “Human Services Officer” model.

This shift can begin by holding meetings with the above representatives, as well as Fire Emergency Services, local utilities, and any local nonprofits or private sector entities with a track-record of community support. These

meetings should be convened with the goal of discussing the needs of the community and increasing cooperation among these local resources. For services unavailable locally, they should utilize resources such as 211CT to look up services outside of town but still available for local citizens. As local coordination improves, these towns should consider contracting with the Norwich Department of Human Services to advise, support, and increase local municipal capacity.

Socio-economically disadvantaged towns of all population sizes:

Griswold, Preston, Sprague

For towns that are currently managing high levels of socio-economic disadvantage (as measured by high poverty levels, low educational achievement, and median incomes below the state/regional average), each should focus their capacity toward greater internal coordination, first around the “Human Services Generic Services” model and then moving toward a designated “Human Services Officer” model.

Given that these towns have a greater level of need for human services, it is vitally important that they identify someone who can be the recipient of information and resources for human services on behalf of the Town. These municipalities should begin by taking stock of services that currently exist in the area and then contract with a Human Services Department like those in Norwich or Windham to clarify and develop their internal human services operations. Given their current level of need, a coordinated effort by any one of these municipalities would make the local government a strong candidate for foundation funding. Coordinating access to their services could be a great benefit to the socio-economically disadvantaged populations in these communities.

For nonprofits, the best way to serve the community is to leverage their specialist skills. One of the most effective service delivery systems by a nonprofit that we encountered was evolving during the time of the study. In this case, the region adopted a policy of avoiding shelter placements, referred to as “shelter diversion” or “rapid re-housing.” Via this policy, all shelter beds were filled through one referral source: TVCCA. The value of this approach to fulfill the need for housing and shelter, which IES identified as the greatest area of need in the region, was that it put pressure on all service providers in the housing and shelter continuum of care to find a solution to the problem before opting for the

solution of last resort (i.e. finding a temporary shelter bed). Thus, fewer residents would lose their current housing status. It also streamlined the placement process by making all parties aware of the available service options and ensuring each referral was prioritized equally. A uniform policy across the region, focusing on a top priority service need, is one way to close the gaps in information and communication among human services organizations.

If municipalities can achieve the goal of right-sizing their human services capacity based on their socio-economic profiles as IES has recommended, they will be able to more effectively perform the function of human services General Practitioners. Likewise, if nonprofits can focus their efforts on top-quality specialist care in areas of greatest need in the region, they will be able to expand their reach and advance their missions all the while improving service to the regions' residents.

**Appendix #3:
PARTICIPATING NONPROFIT HUMAN SERVICES AGENCY PROFILES**

Below we include organizational profiles for each nonprofit based on survey data IES collected. Only most recent 990 annual revenue was collected from 990 tax filings; typical revenue distribution is not broken down into these clear categories on 990s and thus was reported by organizational leaders via survey. Organizations that are missing data either did not offer a response to the survey question indicated or did not participate in phase #3, the trend identification via survey portion, of the study.

Organization Name:			
ALLIANCE FOR LIVING			
Mission:			
Alliance For Living is dedicated to improving the quality of life for people affected by HIV/AIDS in New London County. We accomplish our mission through direct services that support the life needs of people affected by HIV/AIDS. The Alliance is dedicated to empowering and advocating for people living with HIV/AIDS.			
Most Recent 990 Annual Revenue (rounded):	\$1,300,000.00		
Typical Revenue Distribution:			
<i>Earned Income</i>	10%	<i>Government Funding</i>	82%
<i>Foundation Grants</i>	4%	<i>Contributions/Donations</i>	4%
Number of Staff Members:	13		
Number of Volunteers:	10		
Number of Board Members:	8		
CEO tenure:	6 years		
Status of strategic plan:	Our formal strategic plan is updated, but will need to be extended to the year 2020.		
Status of transition plan:	Our organization does not have a succession plan at this time.		

Organization Name:			
ALWAYS HOME, INC.			
Mission:			
Always There Home Care is a private duty home care agency licensed to provide services throughout Connecticut. Our nurse-supervised caregivers provide care in many settings: private homes, assisted living facilities, skilled facilities and hospitals.			
Most Recent 990 Annual Revenue (rounded):		\$400,000.00	
Typical Revenue Distribution:			
<i>Earned Income</i>	50%	<i>Government Funding</i>	20%
<i>Foundation Grants</i>	20%	<i>Contributions/Donations</i>	10%
Number of Staff Members:	5		
Number of Volunteers:	0		
Number of Board Members:	11		
CEO tenure:	3 years		
Status of strategic plan:	Currently do not have.		
Status of transition plan:	Our organization does not have a succession plan at this time.		

Organization Name:			
BETHSAIDA COMMUNITY, INC.			
Mission:			
Bethsaida has provided Recovery Housing for its transitional, permanent, and low income housing. All programs are voluntary - clients who come to Bethsaida have chosen to focus on their recovery from substance use disorders, and previous trauma.			
Most Recent 990 Annual Revenue (rounded):		\$300,000.00	
Typical Revenue Distribution:			
<i>Earned Income</i>	3%	<i>Government Funding</i>	32%
<i>Foundation Grants</i>	0%	<i>Contributions/Donations</i>	65%
Number of Staff Members:	3		
Number of Volunteers:	0		
Number of Board Members:	6		
CEO tenure:	11 years		
Status of strategic plan:	Our formal strategic plan is out of date.		
Status of transition plan:	Our organization is currently developing a succession plan.		

Organization Name:

CATHOLIC CHARITIES OF NORWICH, INC.

Mission:

The mission of Catholic Charities, Diocese of Norwich, Inc. is to respond to Christ's call to care for those of all faiths, who are in need. Catholic Charities will provide compassionate social services for individuals and families living in the Diocese of Norwich. These services shall be provided in a fiscally responsible manner with an emphasis on quality, efficiency and effectiveness, with special attention to people who are poor or disadvantaged.

**Most Recent 990
Annual Revenue
(rounded):**

\$1,800,000.00

Typical Revenue Distribution:

<i>Earned Income</i>		<i>Government Funding</i>	
<i>Foundation Grants</i>		<i>Contributions/Donations</i>	
Number of Staff Members:			
Number of Volunteers:			
Number of Board Members:			
CEO tenure:			
Status of strategic plan:			
Status of transition plan:			

Organization Name:			
COVENANT SHELTER OF NEW LONDON			
Mission:			
The mission of the Covenant Shelter of New London is to provide emergency shelter, with the goal of obtaining permanent, stable housing for our guests.			
Most Recent 990 Annual Revenue (rounded):	\$500,000.00		
Typical Revenue Distribution:			
<i>Earned Income</i>	0%	<i>Government Funding</i>	50%
<i>Foundation Grants</i>	25%	<i>Contributions/Donations</i>	25%
Number of Staff Members:	12		
Number of Volunteers:	2		
Number of Board Members:	9		
CEO tenure:	2.5 years		
Status of strategic plan:	Our formal strategic plan is out of date.		
Status of transition plan:	Our organization does not have a succession plan at this time.		

Organization Name:			
GENERATIONS FAMILY HEALTH CENTER, INC.			
Mission:			
The mission of Generations Family Health Center, Inc. is to provide quality, compassionate and professional health care that is affordable, easily accessible and without discrimination to all members of the communities we serve.			
Most Recent 990 Annual Revenue (rounded):		\$20,800,000.00	
Typical Revenue Distribution:			
<i>Earned Income</i>	56%	<i>Government Funding</i>	31%
<i>Foundation Grants</i>	8%	<i>Contributions/Donations</i>	5%
Number of Staff Members:	217		
Number of Volunteers:	200		
Number of Board Members:	11		
CEO tenure:	17 years		
Status of strategic plan:	Our formal strategic plan is updated through the end of 2020 or beyond.		
Status of transition plan:	Our organization has a written succession plan that is approved by the board.		

Organization Name:

HABITAT FOR HUMANITY OF EASTERN CONNECTICUT

Mission:

Habitat for Humanity of Eastern Connecticut, in the spirit of sharing, creates decent and affordable homes in partnership with families in need. We do this through the dedicated efforts of community volunteers, financial sponsors and partner families who find rewarding experiences by sharing their time, talents and resources. Our goal is to make a difference in the lives of others, fulfill the dream of home ownership and help eliminate sub-standard housing in Eastern Connecticut.

Most Recent 990 Annual Revenue (rounded):

\$2,500,000.00

Typical Revenue Distribution:

<i>Earned Income</i>	0%	<i>Government Funding</i>	40%
<i>Foundation Grants</i>	10%	<i>Contributions/Donations</i>	50%
Number of Staff Members:	12		
Number of Volunteers:	40		
Number of Board Members:	12		
CEO tenure:	10 years		
Status of strategic plan:	Our formal strategic plan is updated through the end of 2020 or beyond.		
Status of transition plan:			

Organization Name:			
MADONNA PLACE, INC.			
Mission:			
Madonna Place provides services which strengthen families, promotes health, and helps to prevent child abuse and neglect. We do this by providing eight strength-based programs that empower caregivers to increase knowledge of recognizing important infant toddler developmental milestones, create positive family connections and encourage the importance of family wellness.			
Most Recent 990 Annual Revenue (rounded):		\$1,300,000.00	
Typical Revenue Distribution:			
<i>Earned Income</i>	4%	<i>Government Funding</i>	79%
<i>Foundation Grants</i>	13%	<i>Contributions/Donations</i>	4%
Number of Staff Members:	18		
Number of Volunteers:	25 per year		
Number of Board Members:	10		
CEO tenure:	27 years		
Status of strategic plan:	In progress.		
Status of transition plan:	Our organization does not have a succession plan at this time.		

Organization Name:			
MARTIN HOUSE, INC.			
Mission:			
Residents who live at Martin House can achieve personal fulfillment and develop a foundation from which to go on to secure permanent housing. They will learn life skills and pursue goals that will enable them to become valued members of the community in which they live and work.			
Most Recent 990 Annual Revenue (rounded):		\$1,400,000.00	
Typical Revenue Distribution:			
<i>Earned Income</i>	0%	<i>Government Funding</i>	52%
<i>Foundation Grants</i>	19%	<i>Contributions/Donations</i>	29%
Number of Staff Members:	30		
Number of Volunteers:	0		
Number of Board Members:	15		
CEO tenure:	3 years		
Status of strategic plan:			
Status of transition plan:	Our organization has a written succession plan that is approved by the board.		

Organization Name:

NATCHAUG HOSPITAL

Mission:

The Mission of Natchaug Hospital is to provide a continuum of accessible, community-based services for those living with psychiatric illness, chemical dependency, or emotional and related educational disabilities with a commitment to the dignity and privacy of those needing services, empowering them to participate in their own care, education and recovery.

Most Recent 990 Annual Revenue (rounded):	\$51,800,000.00
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Typical Revenue Distribution:

<i>Earned Income</i>		<i>Government Funding</i>	
<i>Foundation Grants</i>		<i>Contributions/Donations</i>	

Number of Staff Members:	
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Number of Volunteers:	
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Number of Board Members:	
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CEO tenure:	
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Status of strategic plan:	
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Status of transition plan:	
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Organization Name:			
NEW LONDON HOMELESS HOSPITALITY CENTER			
Mission:			
The Homeless Hospitality Center is a place of safety and welcome to adults facing homelessness in southeastern Connecticut.			
Most Recent 990 Annual Revenue (rounded):		\$2,100,000.00	
Typical Revenue Distribution:			
<i>Earned Income</i>		<i>Government Funding</i>	
<i>Foundation Grants</i>		<i>Contributions/Donations</i>	
Number of Staff Members:			
Number of Volunteers:			
Number of Board Members:			
CEO tenure:			
Status of strategic plan:			
Status of transition plan:			

Organization Name:			
NEW LONDON HOMELESS HOSPITALITY CENTER			
Mission:			
The Homeless Hospitality Center is a place of safety and welcome to adults facing homelessness in southeastern Connecticut.			
Most Recent 990 Annual Revenue (rounded):		\$2,100,000.00	
Typical Revenue Distribution:			
<i>Earned Income</i>	20%	<i>Government Funding</i>	48%
<i>Foundation Grants</i>	8%	<i>Contributions/Donations</i>	24%
Number of Staff Members:	38		
Number of Volunteers:	100		
Number of Board Members:	12		
CEO tenure:	11 years		
Status of strategic plan:	Our formal strategic plan is updated, but will need to be extended to the year 2020.		
Status of transition plan:	Our organization is currently developing a succession plan.		

Organization Name:			
RELIANCE HEALTH, INC.			
Mission:			
Reliance Health Is A Non-Profit Community Mental Health Center With A Mission Of Enhancing Health Through Mental Wellness.			
Most Recent 990 Annual Revenue (rounded):		\$13,300,000.00	
Typical Revenue Distribution:			
<i>Earned Income</i>	9%	<i>Government Funding</i>	89%
<i>Foundation Grants</i>	1%	<i>Contributions/Donations</i>	1%
Number of Staff Members:	295		
Number of Volunteers:	1		
Number of Board Members:	15		
CEO tenure:	40 years		
Status of strategic plan:	Our formal strategic plan is updated through the end of 2020 or beyond.		
Status of transition plan:	Our organization has a succession plan that is outlined verbally amongst the board.		

Organization Name:			
RIVERFRONT CHILDREN'S CENTER			
Mission:			
The Riverfront Children's Center provides high-quality and affordable early childhood education while comprehensively nurturing the unique needs of children and their families.			
Most Recent 990 Annual Revenue (rounded):		\$1,400,000.00	
Typical Revenue Distribution:			
<i>Earned Income</i>	18%	<i>Government Funding</i>	54%
<i>Foundation Grants</i>	14%	<i>Contributions/Donations</i>	14%
Number of Staff Members:	26		
Number of Volunteers:	25		
Number of Board Members:	9		
CEO tenure:	2 years		
Status of strategic plan:	Our formal strategic plan is out of date.		
Status of transition plan:	Our organization has a succession plan that is outlined verbally amongst the board.		

Organization Name:			
SENIOR RESOURCES AGENCY ON AGING			
Mission:			
Connecticut's Area Agencies on Aging are private, nonprofit organizations that serve the needs of older persons as a focal point and resource center.			
Most Recent 990 Annual Revenue (rounded):		\$4,600,000.00	
Typical Revenue Distribution:			
<i>Earned Income</i>	0%	<i>Government Funding</i>	100%
<i>Foundation Grants</i>	0%	<i>Contributions/Donations</i>	0%
Number of Staff Members:	19		
Number of Volunteers:	80+		
Number of Board Members:	12		
CEO tenure:	22 years		
Status of strategic plan:	Our organization does not have a formal strategic plan.		
Status of transition plan:	Our organization does not have a succession plan at this time.		

Organization Name:			
SOUND COMMUNITY SERVICES, INC.			
Mission:			
We are a private, not-for-profit organization dedicated to educating, assisting, and supporting individuals with persistent mental illness and/or substance use disorders. We work tirelessly to create a culture and environment in which recovery and wellness are possible.			
Most Recent 990 Annual Revenue (rounded):		\$10,300,000.00	
Typical Revenue Distribution:			
<i>Earned Income</i>	16%	<i>Government Funding</i>	84%
<i>Foundation Grants</i>	0%	<i>Contributions/Donations</i>	0%
Number of Staff Members:	34		
Number of Volunteers:	0		
Number of Board Members:	11		
CEO tenure:	5 years		
Status of strategic plan:	Our formal strategic plan is updated, but will need to be extended to the year 2020.		
Status of transition plan:	Our organization has a written succession plan that is approved by the board.		

Organization Name:			
SOUTHEASTERN COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE, INC.			
Mission:			
Our mission is to provide a treatment environment rich in cultural diversity where individuals and families are empowered to overcome substance abuse issues, thereby improving their quality of life.			
Most Recent 990 Annual Revenue (rounded):	\$8,000,000.00		
Typical Revenue Distribution:			
<i>Earned Income</i>	4%	<i>Government Funding</i>	89%
<i>Foundation Grants</i>	4%	<i>Contributions/Donations</i>	3%
Number of Staff Members:	160		
Number of Volunteers:	0		
Number of Board Members:	9		
CEO tenure:	16 years		
Status of strategic plan:	Our formal strategic plan is out of date.		
Status of transition plan:	Our organization has a succession plan that is outlined verbally amongst the board.		

Organization Name:

THAMES RIVER COMMUNITY SERVICE, INC.

Mission:

The mission of Thames River Community Service, Inc. is to provide safe housing with support services by creating an environment in which families and individuals who are experiencing homelessness pursue goals for self-sufficiency and control over their lives. This mission is accomplished by promoting family and individual wellness, by empowering people to develop an achievable plan for successful independent living, to pursue significant employment, to acquire life skills and to maintain stability.

**Most Recent 990
Annual Revenue
(rounded):**

\$800,000.00

Typical Revenue Distribution:

<i>Earned Income</i>		<i>Government Funding</i>	
<i>Foundation Grants</i>		<i>Contributions/Donations</i>	

**Number of Staff
Members:**

**Number of
Volunteers:**

**Number of Board
Members:**

CEO tenure:

**Status of strategic
plan:**

**Status of transition
plan:**

Organization Name:			
THAMES VALLEY COUNCIL FOR COMMUNITY ACTION, INC.			
Mission:			
We are well recognized as a community leader – and partner – in advocating for and meeting the needs of the region’s economically and otherwise disadvantaged citizens.			
Most Recent 990 Annual Revenue (rounded):	\$26,500,000.00		
Typical Revenue Distribution:			
<i>Earned Income</i>	6%	<i>Government Funding</i>	78%
<i>Foundation Grants</i>	5%	<i>Contributions/Donations</i>	11%
Number of Staff Members:	335		
Number of Volunteers:	500		
Number of Board Members:	18		
CEO tenure:	20+ years		
Status of strategic plan:	Our formal strategic plan is updated through the end of 2020 or beyond.		
Status of transition plan:	Our organization has a written succession plan that is approved by the board.		

Organization Name:			
THE ACCESS AGENCY, INC.			
Mission:			
The mission of the Connecticut Association for Community Action, Inc. (CAFCA) is to strengthen the capacity of our members to empower people in need and improve the communities in which they live.			
Most Recent 990 Annual Revenue (rounded):		\$12,000,000.00	
Typical Revenue Distribution:			
<i>Earned Income</i>	20%	<i>Government Funding</i>	75%
<i>Foundation Grants</i>	0%	<i>Contributions/Donations</i>	5%
Number of Staff Members:	90		
Number of Volunteers:	Varies		
Number of Board Members:	15		
CEO tenure:	13 years		
Status of strategic plan:	Our formal strategic plan is updated through the end of 2020 or beyond.		
Status of transition plan:	Our organization has a written succession plan that is approved by the board.		

Organization Name:			
THE ARC NEW LONDON COUNTY			
Mission:			
To partner with people living with intellectual and developmental disability for EQUAL participation and inclusion in the communities of Southeastern Connecticut.			
Most Recent 990 Annual Revenue (rounded):		\$11,800,000.00	
Typical Revenue Distribution:			
<i>Earned Income</i>	3%	<i>Government Funding</i>	91%
<i>Foundation Grants</i>	2%	<i>Contributions/Donations</i>	4%
Number of Staff Members:	307		
Number of Volunteers:	200		
Number of Board Members:	13		
CEO tenure:	9 years		
Status of strategic plan:	We just finished a strategic plan and have our sleeves rolled up, deeply involved in formulating the next one with help from a leading Strategic Planning consultant.		
Status of transition plan:	Our organization has a written succession plan that is approved by the board.		

Organization Name:			
THE CONNECTION			
Mission:			
The Connection's mission is Building Safe, Healthy, Caring Communities and Inspiring People to Reach Their Full Potential as Productive and Valued Citizens. We carry out our mission by providing programs in three primary service areas: Behavioral Health, Family Support Services, and Community Justice.			
Most Recent 990 Annual Revenue (rounded):		\$47,200,000.00	
Typical Revenue Distribution:			
<i>Earned Income</i>		<i>Government Funding</i>	
<i>Foundation Grants</i>		<i>Contributions/Donations</i>	
Number of Staff Members:			
Number of Volunteers:			
Number of Board Members:			
CEO tenure:			
Status of strategic plan:			
Status of transition plan:			

Organization Name:			
UNITED COMMUNITY AND FAMILY SERVICES			
Mission:			
UCFS will be Eastern CT's best choice for patient-centered health care.			
Most Recent 990 Annual Revenue (rounded):		\$30,500,000.00	
Typical Revenue Distribution:			
<i>Earned Income</i>	69%	<i>Government Funding</i>	29%
<i>Foundation Grants</i>	1%	<i>Contributions/Donations</i>	1%
Number of Staff Members:	433		
Number of Volunteers:	0		
Number of Board Members:	15		
CEO tenure:	2.5 years		
Status of strategic plan:			
Status of transition plan:	Our organization has a written succession plan that is approved by the board.		

Organization Name:			
UNITED WAY OF SOUTHEASTERN CONNECTICUT			
Mission:			
To change our community by helping people in need through responsible use of donations.			
Most Recent 990 Annual Revenue (rounded):		\$8,900,000.00	
Typical Revenue Distribution:			
<i>Earned Income</i>		<i>Government Funding</i>	
<i>Foundation Grants</i>		<i>Contributions/Donations</i>	
Number of Staff Members:			
Number of Volunteers:			
Number of Board Members:			
CEO tenure:			
Status of strategic plan:			
Status of transition plan:			

Organization Name:			
WHOLE LIFE			
Mission:			
Whole Life, Inc. provides community support to individuals with disabilities in an environment that fosters empowerment, choice, responsibility, and control.			
Most Recent 990 Annual Revenue (rounded):		\$14,000,000.00	
Typical Revenue Distribution:			
<i>Earned Income</i>		<i>Government Funding</i>	
<i>Foundation Grants</i>		<i>Contributions/Donations</i>	
Number of Staff Members:			
Number of Volunteers:			
Number of Board Members:			
CEO tenure:			
Status of strategic plan:			
Status of transition plan:			

Organization Name:

WINDHAM REGIONAL COMMUNITY COUNCIL

Mission:

Committed to improving the health and social well being of the residents living in Windham and Tolland County. Through its many programs, WRCC has served over 25,000 people at all income levels. WRCC strives to create and administer self-help programs that directly affect the lives of all citizens. Overseen by a volunteer Board of Directors, WRCC is a community-based agency that provides efficient, non-duplicated services that help people help themselves toward a better future.

Most Recent 990 Annual Revenue (rounded):

\$2,300,000.00

Typical Revenue Distribution:

<i>Earned Income</i>		<i>Government Funding</i>	
<i>Foundation Grants</i>		<i>Contributions/Donations</i>	
Number of Staff Members:			
Number of Volunteers:			
Number of Board Members:			
CEO tenure:			
Status of strategic plan:			
Status of transition plan:			

Appendix #4:

INVENTORY OF HUMAN SERVICES PROVIDERS IN SOUTHEASTERN CONNECTICUT

Key:

* SCCOG Study Participating Agency

◆ Listed in 211CT

Human Services Agency	City	Type	Service
ACCESS COMMUNITY ACTION AGENCY*	Willimantic (Windham)	Nonprofit	Food, Housing & Shelter, Employment & Income
ADVENTIST COMMUNITY SERVICES OF CONNECTICUT◆	Waterford	Nonprofit	Food
AGRICULTURE, (UNITED STATES DEPARTMENT OF) RURAL DEVELOPMENT, NORWICH AREA OFFICE ◆	Norwich	Federal	Housing & Shelter
AHEPA 110-II APARTMENTS ◆	Norwich	Municipal	Housing & Shelter
AHEPA 250-III APARTMENTS ◆	Groton	Municipal	Housing & Shelter
ALCOHOLICS ANONYMOUS, DISTRICT 1 ANSWERING SERVICE ◆	Norwich	Nonprofit	Health Care
ALLIANCE FOR LIVING* ◆	New London	Nonprofit	Food, Health Care, Housing & Shelter
ALWAYS HOME*	Mystic (Groton)	Nonprofit	Children & Families, Housing & Shelter, Employment & Income, Transportation, Utility Assistance
ALZHEIMER'S ASSOCIATION ◆	Norwich	Nonprofit	Health Care
AMERICAN JOB CENTERS AFFILIATE ◆	Willimantic (Windham)	State	Employment
BACKUS HOSPITAL, BACKUS HOME HEALTH CARE ◆	Norwich	Nonprofit	Health Care
BARKAN MANAGEMENT ◆	Norwich	Private	Housing & Shelter
BAYVIEW HEALTH CARE CARE CENTER ◆	Waterford	Nonprofit	Health Care

Human Services Agency	City	Type	Service
BETHSAIDA COMMUNITY, INC.* ♦	Norwich	Nonprofit	Housing & Shelter, Mental Health & Addictions, Substance Abuse
BOZRAH (TOWN OF) ♦	Bozrah	Municipal	Food
CALVARY CHAPEL IN SOUTHEASTERN CONNECTICUT ♦	New London	Nonprofit	Food
CARABETTA MANAGEMENT ♦	New London	Private	Housing & Shelter
CARECO MEDICAL, INC. ♦	New London	Private	Health Care
CATHOLIC CHARITIES, DIOCESE OF NORWICH* ♦	Norwich	Nonprofit	Crisis, Food, Mental Health & Addictions, Utility Assistance, Clothing & Household
CENTER FOR HOSPICE CARE, SE CT	Norwich	Nonprofit	Older Adults, Health Care
CENTRAL BAPTIST CHURCH FOOD PANTRY ♦	Norwich	Nonprofit	Food
CENTRO DE LA COMUNIDAD ♦	New London	Nonprofit	Food
CHILD AND FAMILY AGENCY OF SE CT	New London	Nonprofit	Children & Families
CHILDREN AND FAMILIES, STATE OF CONNECTICUT DEPARTMENT OF ♦	Norwich	State	Child Mental Health Care
COLCHESTER (TOWN OF) DEPT OF YOUTH/SOCIAL SERVICES	Colchester	Municipal	Children & Families, Youth, Substance Abuse, Food, Utility Assistance
COMMUNITY FOUNDATION OF EASTERN CT*	New London	Nonprofit	Other
COMMUNITY HEALTH CARE CENTER	New London	Nonprofit	Health Care
COVENANT SHELTER*	New London	Nonprofit	Children & Families, Housing & Shelter, Other
CRISIS PREGNANCY CENTER ♦	Unionville	Nonprofit	Crisis
DEMARCO MANAGEMENT ♦	New London	Nonprofit	Housing & Shelter

Human Services Agency	City	Type	Service
EASTERN CT WORKFORCE INVESTMENT BOARD ♦	Franklin	Nonprofit	Employment
EASTERN REGIONAL MENTAL HEALTH CARE BOARD	Norwich	Nonprofit	Mental Health
ELDERLY HOUSING MANAGEMENT ♦	Waterford	Nonprofit	Housing & Shelter
FHM SERVICES - FELLOWSHIP HOUSE ♦	Groton	Nonprofit	Housing & Shelter
GENERATIONS FAMILY HEALTH CARE CENTER*	Willimantic (Windham)	Nonprofit	Health Care, Mental Health & Addictions, Substance Abuse
GRISWOLD (TOWN OF) DEPT OF YOUTH & FAMILY SERVICES	Jewett City (Griswold)	Municipal	Youth, Children & Families
GRISWOLD (TOWN OF) HOUSING AUTHORITY ♦	Jewett City (Griswold)	Municipal	Housing & Shelter
GROTON (TOWN OF) DEPT OF HUMAN SERVICES* ♦	Groton	Municipal	Food, Crisis, Children & Families, Older Adults, Utility Assistance, Youth, Volunteers, Mental Health & Addictions, Clothing & Household, Education, Employment & Income, Substance Abuse, Government & Legal Assistance, Transportation, Re-Entry, Other
GROTON (TOWN OF) HOUSING AUTHORITY ♦	Groton	Municipal	Housing & Shelter
GUIDE ♦	Norwich	Nonprofit	Disabled Services, Youth
HABITAT FOR HUMANITY OF EASTERN CONNECTICUT HOUSING*	New London	Nonprofit	Housing & Shelter, Employment & Income, Volunteering, Government & Legal
INTERFAITH COMMUNITY LUNCHEON, LEE MEMORIAL METHODIST CHURCH ♦	Norwich	Nonprofit	Food
JEWISH FEDERATION SENIOR AND COMMUNITY SERVICES ♦	New London	Nonprofit	Food

Human Services Agency	City	Type	Service
KONOVER RESIDENTIAL CORPORATION ♦	Norwich	Private	Housing & Shelter
LAWRENCE & MEMORIAL HOSPITAL - FIND A DOCTOR ♦	New London	Nonprofit	Health Care
LEBANON (TOWN OF) SOCIAL SERVICES ♦	Lebanon	Municipal	Food
LEDYARD (TOWN OF) DEPARTMENT OF HEALTH CARE & HUMAN SERVICES* ♦	Ledyard	Municipal	Food, Disaster, Children & Families, Youth, Older Adults, Utility Assistance, Health Care, Clothing & Household
LEDYARD (TOWN OF) HOUSING AUTHORITY / KINGS CORNER MANOR ♦	Gales Ferry (Ledyard)	Municipal	Housing & Shelter
LEDYARD REGIONAL VISITING NURSE AGENCY ♦	Ledyard	Nonprofit	Health Care
LIGHT HOUSE, THE ♦	Groton	Nonprofit	Housing & Shelter, Disabled Services
MADONNA PLACE* ♦	Norwich	Nonprofit	Children & Families, Housing & Shelter
MALTA TRANSITIONAL LIVING CENTER ♦	Groton	Nonprofit	Food
MARTIN HOUSE, INC.* ♦	Norwich	Nonprofit	Food, Housing & Shelter, Health Care, Mental Health & Addictions, Substance Abuse
MASHANTUCKET PEQUOT TRIBAL NATION - HEALTH CARE SERVICES ♦	Mashantucket	Tribal Nation	Health Care
MASONICARE HOME HEALTH CARE & HOSPICE ♦	Mystic (Groton)	Nonprofit	Health Care
MENTAL HEALTH CARE AND ADDICTION SERVICES, STATE OF CONNECTICUT DEPARTMENT ♦	Norwich	State	Mental Health
MOHEGAN TRIBAL COUNCIL HEALTH CARE & HUMAN SERVICES*	Uncasville	Tribal Nation	Health Care, Children & Families, Older Adults
MOHICAN SENIOR APARTMENTS ♦	New London	Nonprofit	Housing & Shelter, Disabled Services

Human Services Agency	City	Type	Service
MONTVILLE (TOWN OF) DEPT OF SENIOR & SOCIAL SERVICES* ♦	Uncasville (Montville)	Municipal	Food, Crisis, Children & Families, Older Adults, Utility Assistance, Health Care, Youth, Volunteers, Mental Health & Addictions, Clothing & Household, Education
MONTVILLE (TOWN OF) HOUSING AUTHORITY ♦	Uncasville (Montville)	Municipal	Housing & Shelter
MONTVILLE HOUSING AUTHORITY ♦	Oakdale (Montville)	Municipal	Housing & Shelter
MYSTIC AREA SHELTER & HOSPITALITY, INC.	Mystic (Groton)	Nonprofit	Housing & Shelter
NATCHAUG HOSPITAL* ♦	Mansfield	Nonprofit	Health Care, Mental Health & Addictions, Substance Abuse
NEW BEGINNING RECOVERY HOUSES ♦	New London	Nonprofit	Housing & Shelter
NEW LIFE CHRISTIAN FELLOWSHIP CHURCH FOOD PANTRY ♦	Ledyard	Nonprofit	Food
NEW LONDON (CITY OF) DEPT OF HUMAN SERVICES* ♦	New London	Municipal	Children & Families, Youth, Older Adults, Disaster, Volunteers, Education
NEW LONDON (CITY OF) HOUSING AUTHORITY ♦	New London	Municipal	Housing & Shelter, Food
NEW LONDON (CITY OF) OFFICE OF YOUTH AFFAIRS	New London	Municipal	Youth
NEW LONDON AREA FOOD PANTRY ♦	New London	Nonprofit	Food
NEW LONDON BREAKFAST PROGRAM ♦	New London	Nonprofit	Food
NEW LONDON COMMUNITY MEAL CENTER	New London	Nonprofit	Food
NEW LONDON HOMELESS HOSPITALITY CENTER*	New London	Nonprofit	Housing & Shelter, Mental Health & Addictions, Substance Abuse, Re-Entry
NOANK COMMUNITY SUPPORT SERVICES ♦	Groton	Nonprofit	Housing & Shelter

Human Services Agency	City	Type	Service
NORWICH (CITY OF) DEPT OF HUMAN SERVICES* ♦	Norwich	Municipal	Food, Crisis, Children & Families, Older Adults, Utility Assistance, Health Care, Youth, Volunteers, Mental Health & Addictions, Clothing & Household, Education, Employment & Income, Substance Abuse, Government & Legal Assistance, Transportation, Re-Entry
NORWICH (CITY OF) HOUSING AUTHORITY ♦	Norwich	Municipal	Housing & Shelter
NORWICH (CITY OF) YOUTH AND FAMILY SERVICES ♦	Norwich	Municipal	Youth, Children & Families, Mental Health
OPPORTUNITIES INDUSTRIALIZATION CENTER	New London	Nonprofit	Employment
PARADISE AGENCY ♦	Jewett City (Griswold)	Nonprofit	Housing & Shelter
PAWCATUCK NEIGHBORHOOD CENTER	Pawcatuck (Stonington)	Nonprofit	Older Adults, Transportation, Crisis, Utility Assistance
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND ♦	New London	Nonprofit	Health Care
POQUONNOCK VILLAGE ♦	Groton	Nonprofit	Housing & Shelter
PRESTON (TOWN OF) ♦	Preston	Municipal	Older Adults, Children & Families
PRESTON CITY CONGREGATIONAL CHURCH FOOD PANTRY ♦	Preston	Nonprofit	Food
RELIANCE HOUSE, INC.* ♦	Norwich	Nonprofit	Health Care, Mental Health & Addictions, Substance Abuse, Housing & Shelter, Employment & Income
SAFE FUTURES ♦	New London	Nonprofit	Housing & Shelter
SAINT MARY'S CHURCH FOOD PANTRY ♦	Jewett City (Griswold)	Nonprofit	Food

Human Services Agency	City	Type	Service
SALVATION ARMY OF SOUTHEASTERN NEW ENGLAND* ♦	New London	Nonprofit	Crisis, Employment & Income, Clothing & Household, Food, Mental Health & Addictions, Substance Abuse
SENIOR RESOURCES AGENCY OF AGING*	Norwich	Nonprofit	Older Adults
SEXUAL ASSAULT CRISIS CENTER OF EASTERN CONNECTICUT, INC. ♦	New London	Nonprofit	Health Care
SK MANAGEMENT ♦	Jewett City (Griswold)	Private	Housing & Shelter
SOCIAL SERVICES, STATE OF CONNECTICUT ♦	Norwich	State	Food
SOUND COMMUNITY SERVICES, INC.* ♦	New London	Nonprofit	Health Care, Housing & Shelter, Mental Health & Addictions
SOUTHEASTERN COUNCIL ON ALCOHOLISM AND DRUG DEPENDANCE* ♦	Lebanon	Nonprofit	Mental Health & Addictions, Substance Abuse, Re-Entry
SOUTHEASTERN MENTAL HEALTH CARE AUTHORITY - BRIEF CARE PROGRAM ♦	Norwich	Nonprofit	Mental Health, Housing & Shelter
SPRAGUE HOUSING AUTHORITY ♦	Sprague	Municipal	Housing & Shelter, Disabled Services, Older Adults
ST. VINCENT DE PAUL PLACE* ♦	Norwich	Nonprofit	Food, Clothing & Household, Volunteering
STONINGTON (TOWN OF) DEPARTMENT OF HUMAN SERVICES* ♦	Pawcatuck (Stonington)	Municipal	Food, Crisis, Children & Families, Older Adults, Utility Assistance, Youth, Volunteers, Mental Health & Addictions, Education, Employment & Income, Substance Abuse
SUMMITWOODS / SUMMITWOODS II ♦	Norwich	Nonprofit	Housing & Shelter

Human Services Agency	City	Type	Service
SUPERIOR COURT, CONNECTICUT - NEW LONDON ♦	New London	State	Legal & Governmental, Housing & Shelter
THAMES RIVER COMMUNITY SERVICE, INC.* ♦	Norwich	Nonprofit	Housing & Shelter, Mental Health
THAMES VALLEY COUNCIL FOR COMMUNITY ACTION, INC.* ♦	Jewett City (Griswold)	Nonprofit	Housing & Shelter, Children & Families, Utility Assistance, Education
THE ARC NEW LONDON COUNTY*	Norwich	Nonprofit	Housing & Shelter, Employment & Income, Transportation, Youth
THE CENTER: A DROP-IN COMMUNITY	New London	Nonprofit	Children & Families
THE CONNECTION, INC.* ♦	Middletown	Nonprofit	Children & Families, Housing & Shelter, Substance Abuse, Mental Health & Addictions, Re-Entry
THE RIVERFRONT CHILDREN'S CENTER, INC.*	Groton	Nonprofit	Children & Families, Education
UNITED CEREBRAL PALSY OF EASTERN CT ♦	Quaker Hill (Waterford)	Nonprofit	Disabled Services
UNITED COMMUNITY AND FAMILY SERVICES* ♦	Norwich	Nonprofit	Crisis, Health Care, Youth, Children & Families, Mental Health
UNITED SERVICES ♦	Willimantic (Windham)	Nonprofit	Health Care
UNITED STATES DEPARTMENT OF TRANSPORTATION, FEDERAL TRANSIT ADMINISTRATION, OFFICE OF CIVIL RIGHTS ♦	N/A	Federal	Disabled Services
UNITED WAY OF CONNECTICUT, 2-1-1* ♦	Rocky Hill	Nonprofit	Other, Employment
UNITED WAY OF SOUTHEASTERN CT* ♦	New London	Nonprofit	Food, Older Adults
UNIVERSITY OF CONNECTICUT COOPERATIVE EXTENSION SYSTEM ♦	Norwich	University	Food
UTOPIA HOME CARE ♦	New London	Nonprofit	Health Care
VESTA CORPORATION ♦	Norwich	Private	Housing & Shelter

Human Services Agency	City	Type	Service
VILLAGE COURT ♦	Norwich	Nonprofit	Housing & Shelter
VISITING NURSE ASSOC. OF SE CT ♦	Waterford	Nonprofit	Health Care
WATERFORD (TOWN OF) YOUTH SERVICE BUREAU*	Waterford	Municipal	Food, Crisis, Children & Families, Older Adults, Utility Assistance, Youth, Volunteers, Mental Health & Addictions, Clothing & Household, Education, Substance Abuse, Transportation
WEQUONNOC VILLAGE ♦	Norwich	Private	Housing & Shelter
WHOLE LIFE, INC.*	New London	Nonprofit	Health Care
WILDWOOD PROPERTY MANAGEMENT ♦	Norwich	Nonprofit	Housing & Shelter
WINDHAM (TOWN OF) DEPT OF HUMAN SERVICES*	Willimantic (Windham)	Municipal	Crisis, Disaster, Employment & Income, Government & Legal Assistance, Education, Youth, Older Adults, Other
WINDHAM COMMUNITY MEMORIAL HOSPITAL - FIND A DOCTOR ♦	Willimantic (Windham)	Nonprofit	Health Care
WINDHAM REGIONAL COMMUNITY COUNCIL, INC.*	Willimantic (Windham)	Nonprofit	Health Care, Children & Families, Youth, Housing & Shelter
WINNRESIDENTIAL ♦	Norwich	Private	Housing & Shelter

Sources: United Way of Connecticut. (2018). 211CT. Retrieved from <https://www.211ct.org/> and SCCOG. (2016). Southeastern Connecticut Regional Human Services Directory.

Appendix #5:

FINANCIAL ANALYSIS OF SOUTHEASTERN CONNECTICUT NONPROFITS

Publicly available 990 tax filing data can be useful to gauge the fiscal health of nonprofit human services agencies in southeastern Connecticut. As part of our study, IES used 990 tax filing data to assess the financial well-being of the nonprofit agencies participating in our study. A benefit of using 990 data for financial analysis is that it is roughly comparable across all nonprofit organizations over time, as all nonprofits must complete the same tax forms each year. While a detailed financial analysis by line item is not possible, an organization's total revenue, revenue by type, total expenses, as well as assets and liabilities are reported for each nonprofit, allowing for a birds-eye view and assessment of present financial status and changes in status over time. As in the body of this report, we are not identifying nonprofits by name in this extended 990 assessment.

The participating nonprofits in this study are a diverse group of over twenty nonprofits in the southeastern Connecticut region. The organizations involved in this study offer a range of services including health care, mental health, substance abuse, child and family care, housing and shelter, and other services. The only 211CT service not reflected amongst our sub-set of organizations participating in this study is disaster recovery. Reference the inventory of human services providers in southeastern Connecticut in Appendix #4 for the full list of services these organizations offer, designated by the (*) symbol by each organization's name.

To assess the financial health of this set of nonprofits, as a reflection of the trends in the wider body of human services providers in the region, we explored two sets of key data points. Both sets of data points were pulled exclusively from 990 tax filings publicly available for each organization from 2014-2016, the most recent set of 990s on Guidestar. The tables below summarize each set of key data points, while the narratives explain each data point in the tables and describe the identified regional trend discerned from the available data, respectively.

The first set of data points provide a one-year snapshot of organizations' most recent available 990 tax data. Using the reported revenue, expenses,

assets, and employee count, IES calculated ratios that illuminate the predominant financial status and strategies of each organization. This exercise allows for a comparison between one fiscal data point (like revenue earned from grants) with another fiscal data point (like total revenue) to see how, in this case, an organization prioritizes grant-making as a percentage of the agency's total revenue. Insights gleaned from this first data set are typically represented in the table as percentages. However, we also include two raw data points as baseline measures of organizational size (annual revenue and number of employees) to contextualize the reported ratios for each organization.

As can be seen in the table below, organizational revenues range from just over \$308,000 to more than \$51 million annually with an average of about \$11 million. Eight organizations (32%) earn below or just above \$1 million annually. Employee numbers range from five to over 650 with an average of about 175. Thirteen organizations (50%) had fewer than 50 staff and seven organizations (28%) had more than 300 staff. Depending on the metric used, annual revenue or employee count which are both often used as proxies for organization size, the number of "small" organizations in the region ranges from around 30-50%.

As has been discussed within the body of this report, reducing dependency on grants by increasing revenues from earned income is one way to move toward financial stability. On average, nonprofits that participated in this study from across southeastern Connecticut depend on grants and contributions for 71% of their revenue, and earned income for only 28% of their revenue. There are some outliers, however. Five organizations, for example, report earned income that constitutes at least 65% of their total revenue. "Small" organizations, both in terms of revenue and staff size, tend to rely heavily on grant funding versus earned revenue, at minimum comprising nearly two-thirds of annual revenue.

Another marker of stability, is the ratio of assets to total debt. Assets can refer to land, buildings, bank accounts, stock, or restricted grant funds. Debt is money owed or due to be paid in the future, including bank loans or mortgages. Due to the high percentage of grant funding amongst "small" organizations, typically temporarily restricted funds which are recorded as assets versus revenue over multi-year periods, most also

have a higher assets to total debt percentage. Theoretically, an organization is solvent when assets are greater than debts. In the table below, organizations demonstrating an assets to debt percentage above 100% satisfy this criteria. The higher the assets ratio, the more likely a banker would be willing to make a loan should the organization need credit or cash to cover operations during a short-term period of loss. Of the 13 organizations trending toward the red over a three-year period, as seen in the next set of data, only four have ratios less than 150%. This suggests there may be some opportunity for nonprofits in the region to use their assets as collateral for a loan, if needed.

One-year Fiscal Snap-Shot

Nonprofit Code	Most Recent 990 Year	Total Revenue in Most Recent 990	Percentage of Grants per Total Revenue	Percentage of Services per Total Revenue	Percentage of Assets to Total Debt	Number of Employees	Rev/ Employee
1	2016	\$11,952,085	95%	4%	167%	126	\$94,858
2	2015	\$1,324,867	90%	10%	785%	10	\$132,487
3	2016	\$373,588	99%	0%	3454%	5	\$74,718
4	2016	\$308,582	83%	12%	268%	5	\$61,716
5	2016*	\$1,788,546	59%	40%	141%	55	\$32,519
6	2015	\$516,169	96%	3%	915%	31	\$16,651
7	2015	\$20,761,100	28%	69%	181%	287	\$72,338
8	2016	\$2,514,872	55%	47%	375%	20	\$125,744
9	2016	\$1,311,021	98%	0%	342%	31	\$42,291
10	2016	\$1,366,308	70%	26%	689%	38	\$35,955
11	2015	\$51,770,615	0%	100%	161%	668	\$77,501
12	2016	\$2,111,228	94%	6%	558%	49	\$43,086
13	2015	\$13,272,278	96%	3%	133%	321	\$41,347
14	2016*	\$1,366,542	59%	38%	561%	40	\$34,164
15	2015	\$7,960,371	2%	98%	274%	188	\$42,342
16	2016	\$4,607,623	98%	2%	99%	21	\$219,411
17	2015	\$10,264,335	86%	13%	122%	195	\$52,638
18	2016	\$763,855	89%	5%	961%	25	\$30,554
19	2016	\$11,777,498	85%	15%	166%	470	\$25,059
20	2015	\$47,231,057	89%	11%	148%	562	\$84,041
21	2016	\$26,493,169	92%	8%	169%	487	\$54,401
22	2015	\$30,450,758	33%	65%	300%	410	\$74,270
23	2016	\$8,942,991	99%	0%	1841%	22	\$406,500
24	2015	\$14,005,617	2%	96%	144%	316	\$44,322
25	2015	\$2,259,101	75%	22%	185%	45	\$50,202

*For these nonprofits, only two-years of 990 documentation was available publicly online.

Source: 990 Tax Filings

The second set of data points have been derived by calculating compound annual growth rates (CAGRs) using key variables for each nonprofit in our study over time. The value of calculating CAGRs is that they measure growth or decline over time. The CAGR indicates a change in value from the initial time period to the ending time period, assuming that the investment has compounded over time. CAGR data can reveal a trend or pattern of behavior displayed by a nonprofit across a multi-year period. For example, it can reveal the percentage of change in grant funding year upon year. IES has calculated CAGRs based on a three-year time period either from 2013-2015 or 2014-2016 as available; all reported values are shown as percentage change over time.

The CARGs data shown in the table below indicates that, in a period of general private sector economic health and growth, nonprofits are flatlining. With the exception of a couple of outliers, organizational revenue from grants has gone down by an average of about 9% during the three-year period observed, from either 2012-2015 or 2013-2016 depending on the availability of data. Earned revenue has increased by only about 2%. Salaries are staying slightly above the total average revenue and average expenses, both of which have dropped.

The challenge facing nonprofits in terms of rising costs versus flatlining or decreasing revenue is particularly stark when looking at the CAGR trend results showing whether organizations ended each year in the red (negative income) or in the black (positive income). Five organizations moved from red to black over the period, seven organizations remained in the black over the period, nine organizations moved from black to red over the period, and four organizations closed each year in the sequence with a negative revenue in the red. As of the final reported year, either 2015 or 2016 depending on available data, more than half (13 of 25) of the human service provider nonprofits participating in our study ended in the red. Given the backdrop of a healthy national economy, this suggests that the region's human services nonprofit network lacks the resiliency to sustain itself in the event of a future downturn or recession. It is therefore critical to identify ways to support these organizations or find alternative solutions to the essential human services needs that they serve for the region's residents.

Three-year Fiscal Health Over Time

Nonprofit Code	Most Recent 990 Year	Grant Revenue Change Over Three Years	Earned Revenue Change Over Three Years	Total Revenue Change Over Three Years	Salary Expenses Change Over Three Years	Total Expenses Change Over Three Years	Three Year Trend (Black v Red)
1	2016	-4%	-33%	-6%	-3%	-4%	Red
2	2015	5%	30%	7%	-1%	2%	R>B
3	2016	11%	0%	11%	9%	4%	Black
4	2016	-40%	-9%	-36%	-30%	-22%	B>R
5	2016*	-21%	18%	-10%	-9%	-3%	Red
6	2015	3%	74%	4%	-12%	-8%	R>B
7	2015	-1%	75%	4%	8%	8%	Black
8	2016	29%	-21%	-4%	7%	-11%	Black
9	2016	-11%	0%	-11%	-10%	-10%	B>R
10	2016	-1%	3%	0%	1%	0%	R>B
11	2015	-5%	2%	2%	-1%	2%	Black
12	2016	29%	4%	26%	15%	11%	Black
13	2015	6%	10%	7%	7%	6%	R>B
14	2016*	-7%	10%	-1%	3%	2%	Black
15	2015	5%	0%	0%	1%	1%	B>R
16	2016	-6%	-24%	-6%	-4%	-6%	Red
17	2015	2%	-4%	1%	4%	5%	B>R
18	2016	-9%	-12%	-8%	-7%	-7%	Red
19	2016	5%	-5%	4%	5%	4%	B>R
20	2015	2%	8%	3%	2%	2%	B>R
21	2016	-1%	-6%	-1%	1%	0%	B>R
22	2015	60%	-11%	1%	8%	7%	B>R
23	2016	-4%	NA	-4%	-7%	-5%	B>R
24	2015	new	2%	4%	-1%	3%	R>B
25	2015	580%	-59%	-12%	6%	0%	Black

*For these nonprofits, only two-years of 990 documentation was available publicly online.

Source: 990 Tax Filings

While the insights policy makers and nonprofits can obtain from a 990 tax filing financial analysis are quite powerful given that this data can compare organizational financial data both across human services nonprofits and over time, there are several caveats to note before placing too much credence on the key findings and trends identified. First, each nonprofit human service provider has its own accounting method and operational practices, which can change the meaning of the number reported in any

given 990 field despite use of the same terminology across tax filings. Second, there is a substantial delay in receipt of public 990 tax filing data. Nine of the 15 agencies analyzed only have data as of 2015 available. Much could have happened for each of these organizations since that time. Third, raw numbers and calculated ratios or CARGs make this analysis appear more valid or “scientific” than much of the other equally valid and rich interview data presented in this report; but both forms of data collection and analysis should be evaluated based on their inherent strengths and weaknesses. For example, in the tables above, some of the percentages of change over time may look large, but they are based on relatively small total values. Hard numbers and statistical calculations can at times be deceiving. IES therefore recommends that all of these findings be taken into consideration only in tandem with the other data and context explained throughout the body of this report.

**Appendix #6:
PEO PROPOSAL**



Partnership Opportunity

October 5, 2018

Neal Collins

Vice President of Sales

ncollins@genesishrsolutions.com

Genesis HR Solutions, Inc.

One Burlington Woods Drive, Suite 203

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We remove the burden, distractions, and worries of HR management so you can focus on what you do best.

Genesis HR Solutions is a long-proven, regional HR partner that cares deeply about our client businesses and their employees. We offer a complete range of solutions for companies to manage human resources, control costs, retain good people, cope with regulation, and achieve solid growth. Our mission is to be an ideal HR partner and trusted advisor – caring, responsive, expert, and integral to your success.

What Genesis Believes

- Management of employees carries a heavy load in HR responsibilities, details, regulations, and potential risks.
- Those companies stand a better chance to grow and thrive when HR processes are excellent, proactive and interactive. When this happens, HR distractions, time wasters and emergencies, are removed.
- Management that is confident in the quality of their HR solution is enabled to focus fully on their people, customers, technology, and processes. They are happier in their work. They get more done. They are more successful.

Extraordinary quality of service, caring, and commitment to our clients and partners is the only way to compete and win in our business in the long term. Interactive and proactive involvement with our clients is our hallmark. It is the only way we can earn and keep the trust and confidence of our clients.

What our Clients Say

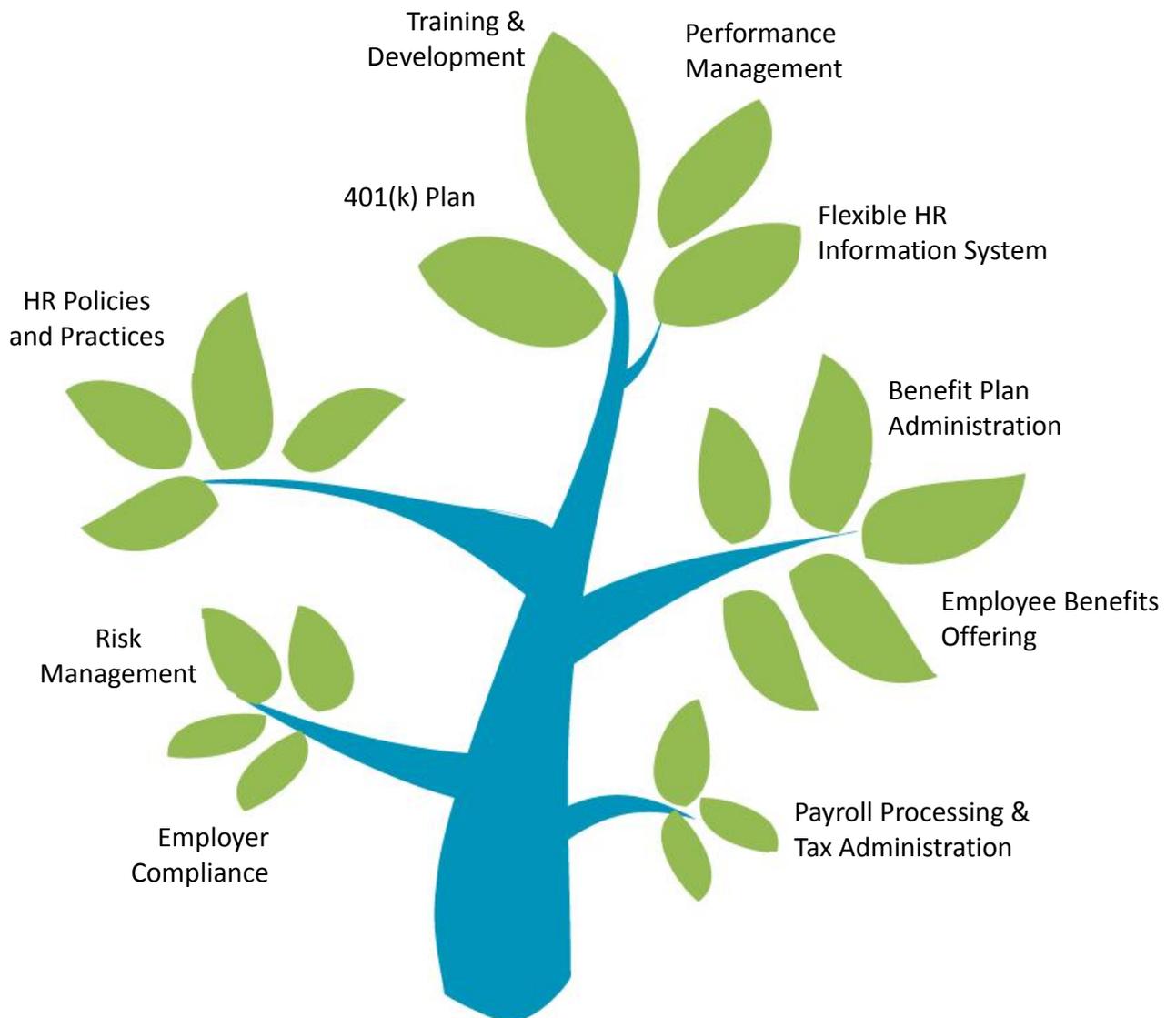
“When I need professional advice and guidance on important HR issues, Genesis always makes time to help. Our needs are important to them and it is a relief to know that I can always find out the best way to proceed. The Genesis team is professional, knowledgeable and provides excellent customer service.”

“Superior customer service, immediate response time, and reliable HR advice...that is what we have come to expect with Genesis HR Solutions handling our HR & payroll needs. The warm and friendly staff at Genesis are a pleasure to work with and can always be counted on for the professional resolution of any HR issue that may arise.”

“Genesis has been our HR partner since the inception of our organization in 2004 and one of the best decisions we have made. In addition to providing high quality services that benefit both our employees and the company, they have provided us with extraordinary customer service. As a small nonprofit company, we have a tremendous sense of comfort to have their expertise at our disposal.”

“Genesis is a critical part of our people strategy and understands our business needs. Our Genesis team provides a personalized, total service solution for our Human Resource, payroll and benefits needs. We consider them an extension of our business and value our relationship.”

Genesis offers a diverse set of solutions that adapt to your business as you grow, and conditions change. The result is a flexible HR solution that is always tailored to fit your business and the needs of your employees.



Human Resources Management

Service	Description
Labor law poster compliance	Genesis provides customized employer posters for each work site and updates the poster as state and federal regulations change.
Record keeping (personnel file)	Genesis maintains an electronic file for each employee (current and active).
Employment eligibility compliance (I-9)	Genesis provides assistance in completing the Form I-9 for new hires and verifying the documents for compliance with employment eligibility requirements.
Background checks	Genesis provides assistance in establishing a consistent practice of pre-employment background checks including criminal and drug screening. <i>(additional fee)</i>
Interview and selection tools	Genesis provides best practices interviewing guidelines including: candidate profile, phone screen tools, interviewing techniques, top 10 interview questions, and coaching of selected interviewers to conduct legal and effective candidate interviews.
Employee relations/consultation	Genesis provides employer coaching to successfully navigate difficult employee issues including conflict resolution, progressive discipline, and related documentation of such matters.
Workplace policy administration	Genesis reviews and provides guidance on existing workplace policies to ensure compliance with state and federal regulations. If necessary, Genesis will recommend a change in practice to meet compliance requirements.
Employee handbook	Genesis provides guidance in the development of a customized employee handbook that meets the needs of the employer as well as state and federal regulations. Genesis provides a template handbook document and sample policies for review and acceptance into the handbook. Genesis will recommend updates as necessary to remain in compliance.
Performance management tools	In collaboration with management, Genesis develops appropriate performance management programs including the annual performance evaluation form and guidance on implementing other performance feedback tools (i.e., 90 day review, management by objectives).
Job descriptions	Genesis provides assistance in creating an overall job description format that meets the needs of the organization. Genesis will assist the managers in the development and review of customized job descriptions.
Unemployment	Genesis responds to all unemployment claims and provides timely communication to client on status of claims and/or requests for hearings.
Employer Practices Liability Insurance (EPLI)	Genesis provides EPLI as part of the Genesis partnership and leverages Nixon Peabody for outside legal support. The policy carries a deductible of \$25,000 per claim and is the responsibility of the client company.

Employee Health & Welfare Benefits

Benefit Plan	Summary	Actions
Health: Blue Cross Blue Shield	<p>Genesis sponsored group plan:</p> <p>4 HMO Plans HMO Blue New England Network</p> <p>4 PPO Plans</p> <p>See plan summaries for details.</p>	<p>Genesis supports these benefits with the following;</p> <ul style="list-style-type: none">) Annual renewal, negotiations, and plan selection) Manage broker and carrier relationships) Plan compliance with state and federal health care reform) Monthly reconciliation) Enrollment processing) Annual open enrollment) Claims assistance) Product education) Customer service
Dental: Delta Dental of MA	<p>Genesis sponsored group plan:</p> <p>Contributory or voluntary plan options.</p> <p>See plan summaries for details.</p>	
Vision: Vision Service Plan (VSP)	<p>Genesis sponsored group plan:</p> <p>Contributory or voluntary plan options.</p> <p>See plan summaries for details.</p>	
Short-Term Disability: UNUM	<p>Genesis sponsored group plan:</p> <p>Several funding options available – see plan summaries for details.</p>	<p>Genesis supports these benefits with the following;</p> <ul style="list-style-type: none">) Annual renewal and negotiations) Manage broker and carrier relationships) Monthly reconciliation) Enrollment processing) Claims assistance) Product education) Customer service
Long-Term Disability: UNUM	<p>Genesis sponsored group plan: Several funding options available – see plan summaries for details.</p>	
Life/AD&D: UNUM	<p>Genesis sponsored group plan:</p> <p>Several funding options available – see plan summaries for details.</p>	
Section 125 Plan: eFlex Group	<p>Genesis sponsors a cafeteria plan to allow for pre-tax deductions of insurance premiums.</p>	

Benefit Plan	Summary	Actions
Dependent Care FSA: eFlex Group	Allows for pre-tax dependent care contributions to cover dependent daycare expenses incurred during the plan year, up to a maximum of \$5,000.	Genesis supports these benefits with the following; <ul style="list-style-type: none">)] Manage provider relationship)] Monthly reconciliation)] Enrollment processing)] Annual open enrollment)] Claims assistance)] Produce education)] Customer service
Health FSA: eFlex Group	Allows for pre-tax contributions to cover eligible health care expenses incurred during the plan year, up to the IRS annual maximum.	
Health Savings Account: Optum	Employee health savings account (HSA).	Genesis provides significant employer education and benefit strategy to encompass HSA contributions. If eligible to participate, Genesis provides employee education and processes initial account set-up and enrollment. Genesis submits employer and employee contributions weekly to Optum.
Employee Assistance Plan: Life Balance	Genesis sponsored group plan: Benefit provides employees and their families with assistance in the areas of counseling, legal services, financial services and a vast array of family reference material.	Genesis provides general product education to employees and refers employees to website or 800# as needed.
Discount programs: Working Advantage	Discounts program	Genesis partners with Working Advantage to present national discount opportunities for entertainment and shopping.
COBRA administration	COBRA notifications and enrollment	Genesis manages all COBRA requirements and provides the monthly administration for COBRA participants. Genesis managed the COBRA subsidy program for all eligible employees and maintained appropriate records to meet federal program requirements.
ACA Filing	Annual tax form creation for applicable large employers (ALEs).	Genesis processes the tax forms and distributes to the clients for filing.

401(k) Plan Administration

Service	Description
Enrollment	Genesis reaches out to all eligible non-participating employees on a quarterly basis encouraging enrollment.
Changes	Genesis reaches out to all participating employees on a quarterly basis notifying them of opportunity to make deferral changes.
Annual audit	Genesis secures services of outside public accounting firm to review and certify the plan. This is a requirement for companies with 100 or more eligible employees. This is an added oversight for companies in the Genesis plan with less than 100 eligible employees.
Annual plan testing	<p>Genesis coordinates all necessary financial information and facilitates all plan testing as required by the IRS. Genesis communicates to company owners and plan participants impacted by testing results.</p> <p>Genesis also reviews periodic testing throughout the year in an effort to prevent plans from being top heavy which may result in significant penalties.</p>
Investment committee	The investment committee reviews the fund options to ensure an appropriate line-up, fund performance, and associated fees as required by federal regulations.
Fund line-up	Due to the size of the Genesis plan, participating employees have access to funds with a lower expense ratio than what is generally available.
Loan processing	Genesis processes and administers all participant loans.
Semi-monthly contribution submission	Genesis ensures timely and accurate contribution submission.
Shared fiduciary	Genesis assumes a significant portion of fiduciary responsibility for the plan.
Form 5500	As required to remain in compliance, Genesis completes and submits a Form 5500 annually for the 401k plan.
Weekly email	Our 401k partner, Slavic, sends weekly email updates on plan balances and market commentary.
Quarterly statements	Our 401k partner, Slavic, sends quarterly statements to all plan participants.
Plan Sponsor Express	Our 401k partner, Slavic, sends a monthly employer level report on plan performance.
On-line account access	Our 401k partner, Slavic, provides a secure website for participants to view and make changes to their account.
Customer service	Genesis provides customer service to employers and participants on general and strategic questions. Investment advice is provided by our 401k partner, Slavic.

Payroll & Tax Administration

Service	Description
Payroll processing and creation and distribution of payroll reports	Genesis processes payrolls on the established schedule and provides additional special reporting as requested.
W2 preparation and distribution	Genesis produces, files, and distributes W2s annually. Genesis also provides electronic copies on the employee portal and responds to requests for replacement W2s.
Administration of direct deposit	Genesis administers timely and accurate direct deposit processing to banks elected by employees.
Personal, sick and vacation accruals	Genesis provides accurate recordkeeping of accrual policies, balances, and utilization.
SUTA account administration	Genesis is the agent of record for SUTA and updates annual rate change. Genesis reviews opportunity for voluntary employer contributions to reduce SUTA rate on an annual basis.
Employer tax deposits and filings	Form 940, 941, quarterly SUTA, state and local withholdings where applicable.
Customer service	Genesis staff provides support to employers and employees on any payroll related inquiries.

Risk Management

Service	Description
Workers compensation insurance	Genesis secures required insurance for all locations and manages annual renewal and audit.
WC claims management	Genesis reports and monitors claims to minimize exposure to the employer.
OSHA logs	Genesis provides the required OSHA Log annually for each location.
Customer service	Genesis staff provides support to employers and employees and coordinates any necessary support from the WC carrier.

Technology Platform & Self-Service

Service	Description
Employer self service	Genesis provides access to designated client contacts to process new hires, employee separations, pay changes, and run custom reports.
Employee self service	Genesis provides access to all employees who provide Genesis with a unique email address. Employees can view their information and process simple changes to personal information.
Online new employee on-boarding	Genesis provides electronic on-boarding of new hires; secure and easy to use. Also provides an option to add company specific documents for electronic signatures.
Online enrollment	Genesis provides new hires and newly eligible employees access to enroll in company provided benefits online.
Accrual balances and request for time off	Genesis provides accrual balances for employees. In addition, a request and approval workflow has been added where employees can request to use accrued time and the supervisor receives a request for approval. (This function is activated upon request by the employer).
HIPAA compliance	Genesis ensures that records within our control meet all HIPAA requirements for employee privacy.
Benefit eligibility	Genesis tracks benefit eligibility and notifies employees of their enrollment options.
Customer service	The Genesis staff provides phone support to users.

Next Steps with Genesis

To begin, or continue, the discussion of establishing an HR partnership with Genesis, we recommend the following next steps:

1. Provide Genesis with a completed Partnership Profile, including current employee census.
2. Provide information pertaining to current insurance programs including workers' compensation, health dental, life, and disability.
3. Schedule Genesis to present the Partnership Proposal.
4. Select **Genesis HR Solutions** as your HR partner.



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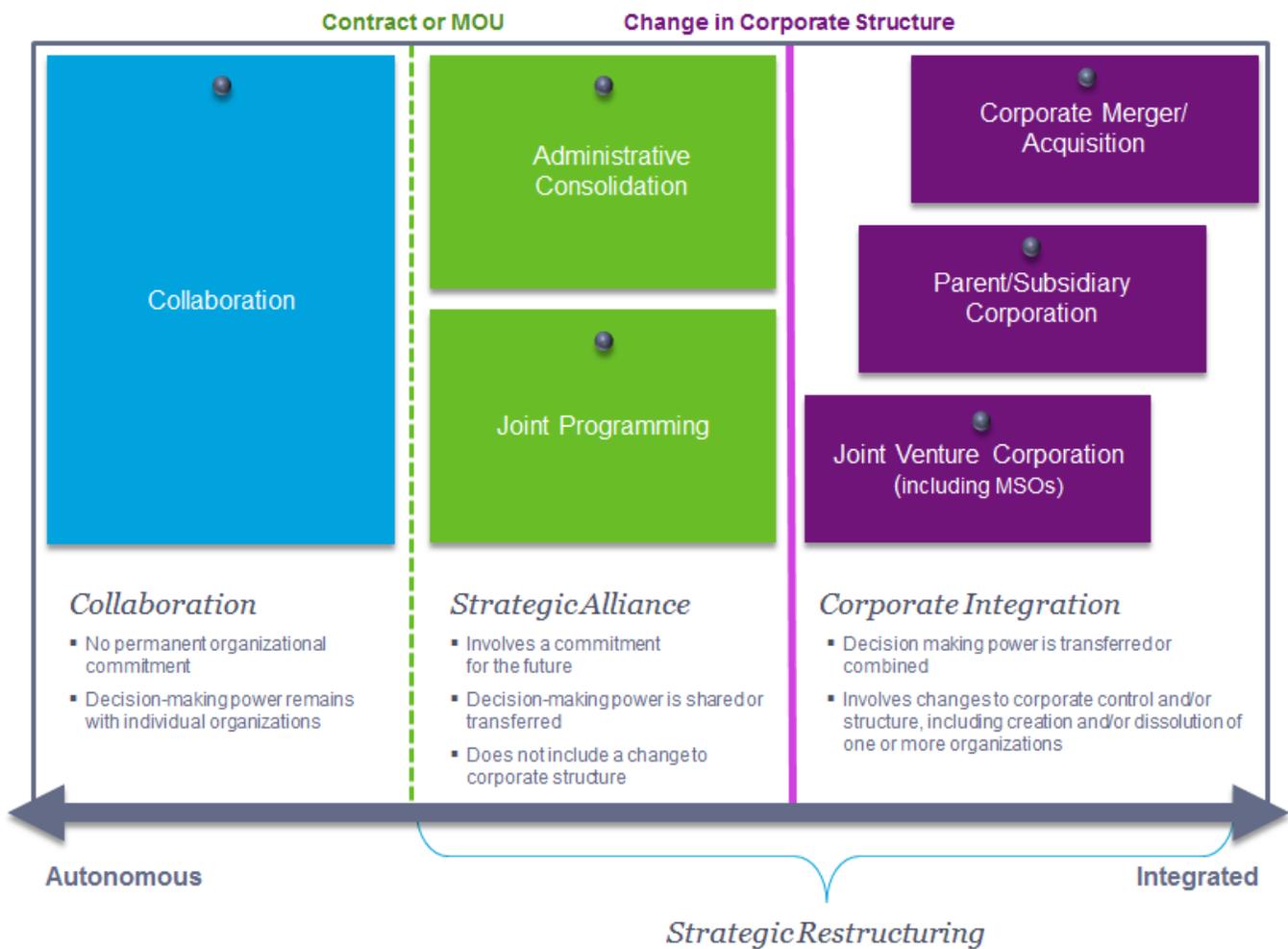
Robert Burbidge
Chief Executive Officer
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Appendix #7: COLLABORATIONS AND MERGER TOOL

Strategic Restructuring Defined

Strategic restructuring occurs when two or more independent organizations establish an ongoing relationship to increase the administrative efficiency and/or further the programmatic mission of one or more of the participating organizations through shared, transferred, or combined services, resources, or programs. Strategic restructuring ranges from jointly managed programs and consolidated administrative functions to full-scale mergers. Such partnerships are distinguished from less formal collaborations in that they typically involve a commitment to continue for the foreseeable future, shared or transferred decision-making power, and some type of formal agreement.

The Partnership Matrix, shown below, presents a visual representation of the range of partnership options described above.



The Strategic Restructuring Assessment Tool

The purpose of this assessment instrument is to assist your organization in gaining a better understanding of the options for partnership, key success factors and challenges, and its own readiness to undertake a strategic restructuring process. The questions are designed to stimulate thinking and discussion about your organization's strengths, assets, and challenges, and how you might leverage, strengthen, and/or address those through both a thoughtful exploration process and – if appropriate – a partnership with another organization.

These goals are best accomplished through candid discussion within the organization, including representatives from the board and senior staff. Seeking various perspectives from within your organization enriches the discussions, and ultimately provides better guidance regarding strategic restructuring options. We recommend that you walk through the questions below as a group, recording your answers together and then entering them into the online instrument once your discussions are complete. After completing the online version of the assessment, you will be presented with a customized report designed to give you feedback, information, and resources specific to your situation.

Motivators/ Desired Outcomes

1. What goals, or desired outcomes, does your organization seek to achieve through a partnership with one or more other organizations? **Check all that apply.**
 - We want to expand our programming – either the range/scope of programs offered, or the numbers served
 - We want to consider opportunities to expand our geographic scope; i.e. expand our programs into new communities/sites.
 - We want to improve our outcomes – get better results for those we serve or otherwise increase our impact.
 - We want to reduce operating/administrative costs by sharing those with others
 - We want to develop or access higher level operating, administrative expertise
 - We want to develop or access higher level programmatic expertise
 - We want to develop a stronger/more effective “voice”
2. What other motivators, or driving forces, are leading your organization to consider a partnership? **Check all that apply.**
 - Environmental shifts (e.g. changing demographics) require changes in program mix or program delivery
 - Financial challenges/pressures
 - Competition for funding, staff, donors and/or clientele
 - Challenges in meeting external standards and/or requirements (e.g., in contracting, or evaluation)
 - Our Executive Director is retiring/departing and this is an opportunity to explore leadership options
 - We have some external pressure (from a funder or parent organization)
 - Our board's size and/or level of involvement has dropped and/or we've had difficulty recruiting board members with the skill sets needed.

Financial Position

3. Where does your organization generally fall on the continuum shown below?

Enter a number, 10 (strong) to 1 (weak). The descriptions may not fit your organization exactly; select the number that most closely represents your situation.

10	9	8	7	6	5	4	○	3	○	2	○	1	○	
○	○	○	○	○	○									
<p>We can comfortably fund all organizational operations and services, and we have a surplus to fund reserves.</p>			<p>We have been able to fund our operations and services this year without making any cuts in expenses, and anticipate the same next year.</p>			<p>We are keeping our head above water for now.</p>			<p>We will have a deficit this year and are not certain that we can make any further cuts in expenses without harming service delivery.</p>			<p>We are in significant financial trouble with multi-year deficits that make our future very uncertain.</p>		

4. Where does your organization generally fall on the continuum shown below?

Enter a number, 10 (strong) to 1 (weak). The descriptions may not fit your organization exactly; select the number that most closely represents your situation.

10	9	8	7	6	5	4	○	3	○	2	○	1	○	
○	○	○	○	○	○									
<p>We have little or no debt, greater access to loans/lines of credit than we need and/or have excellent access to liquidity.</p>			<p>We are managing any debt with great success and have good access to liquidity.</p>			<p>We are managing any debt adequately and/or have some access to liquidity.</p>			<p>We are carrying more debt than we should and/or have minimal access to liquidity.</p>			<p>We are carrying more debt than we can service and/or have poor access to liquidity.</p>		

5. How diversified are your funding streams?

- Very diversified – no one source (government, foundation, individual, earned income) is more than 25% of our total revenue
- Somewhat diversified – we have a variety of funding sources and none provides more than 50% of our revenue
- Minimal diversification of funding; one source provides the majority of our revenue, with several other small funding streams
- Single source funding

6. How stable are your funding streams?
- Very stable – we do not expect to lose ground with any of our current funding sources
 - Somewhat stable – we do not expect to lose ground with the majority of our funding sources
 - Not sure – there is risk to a certain percentage of our funding sources
 - Somewhat unstable – there is risk with a majority of our funding sources
 - Very unstable – we're at risk of losing large chunks of funding in the very near future

Administrative Capacity

7. How would you describe your current capacity / need in each of the following administrative areas – both in terms of **staff**, and **systems**? *SCALE: 1= we are struggling and could use more capacity / expertise... 3= our current systems/staff are meeting our needs... 5=we have excess capacity and could possibly share this with one or more other organizations*

	<i>Staff rate 1-5, or zero (0) for not applicable</i>	<i>Systems rate 1-5, or zero (0) for not applicable</i>
Finance / Accounting	<input type="checkbox"/>	<input type="checkbox"/>
Fund Development	<input type="checkbox"/>	<input type="checkbox"/>
Marketing and Communications	<input type="checkbox"/>	<input type="checkbox"/>
Information Technology	<input type="checkbox"/>	<input type="checkbox"/>
Human Resource Management	<input type="checkbox"/>	<input type="checkbox"/>
Purchasing	<input type="checkbox"/>	<input type="checkbox"/>
Quality Assurance / Improvement	<input type="checkbox"/>	<input type="checkbox"/>
Contracts Management / Compliance	<input type="checkbox"/>	<input type="checkbox"/>
Measurement / Evaluation	<input type="checkbox"/>	<input type="checkbox"/>

Facilities

8. How would you describe your current capacity / need with respect to **facilities**? (This refers to the physical space that you own or use for program/service delivery and administration.)
- 1: We are struggling and could use more or more appropriate space
 - 2
 - 3: Our current space is meeting our needs
 - 4
 - 5: We have excess space and could possibly share this with one or more other organizations
9. How would you describe your current capacity / need with respect to **facilities management**?
- 1: We are struggling and could use more or more appropriate staffing / expertise
 - 2
 - 3: Our current staffing is meeting our needs
 - 4
 - 5: We have excess capacity / expertise and could possibly share this with one or more other organizations

Organizational Influence and Access

10. Where does your organization generally fall on the continuum shown below?

Enter a number, 10 (strong) to 1 (weak). The descriptions may not fit your organization exactly; select the number that most closely represents your situation.

10	9	8	7	6	5	4	3	2	1
<input type="radio"/>									

<p>Our access to influential organizations, policy makers, the media, and community leaders is strong; we are often asked for our input when there's a critical issue or debate that involves the work of our organization.</p>	<p>We have good access to those who are able to help us further our work and mission, and are sometimes asked for input on matters involving the work of our organization.</p>	<p>We have some access to those who are able to help us further our work and mission, though we are only occasionally asked for input on matters involving the work of our organization.</p>	<p>We have little access to those who are able to help us further our work and mission, and are rarely, if ever, asked for input on matters involving the work of our organization.</p>	<p>We have no access to influential organizations, policy makers, the media, or community leaders; we are never asked for input on critical issues involving the work of our organization.</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Experience with Collaboration / Partnerships

11. How experienced is your organization with organizational partnerships (e.g. shared administrative functions, joint programming, merger)?

- Very experienced
- Have some experience and comfortable with potential
- Limited experience with this, but interested in exploring
- No experience, but open to potential
- No experience, and this is very threatening to some of our people

If you answered "Very experienced" or "Have some experience and comfortable with potential" above, please answer Question 12. If you did not, please skip Question 12 and move on to the next section.

12. How would you characterize that past experience?

- Very positive
- Somewhat positive
- Both positive and negative aspects
- Somewhat negative
- Very negative

Concerns and Challenges

Nonprofits entering into partnerships naturally have concerns, and it normal to face roadblocks and challenges throughout the process.

13. What are your primary concerns about a potential partnership? **Check all that apply.**

- Loss of identity/brand
- Loss of autonomy
- Job loss
- Compatibility of organizational cultures
- Lack of trust between our potential partners and ourselves
- Lessening or loss of connection with the local community.
- Ability to manage change
- Messaging/communication during and after the exploration process
- The financial cost (for exploring and/or implementing a partnership)
- The opportunity cost (i.e., concern that the process might take too much time away from current activities and/or preclude – other opportunities)

Board Response

14. How is your board likely to feel about entering into partnership discussions?
- Very comfortable with the idea – would embrace the potential
 - Somewhat comfortable with the idea – would enter into the discussion
 - Not sure – the reaction will likely be mixed
 - The board will be generally negative to the prospect

Staff Response

15. How is your staff likely to feel about entering into partnership discussions?
- Very comfortable with the idea – would embrace the potential
 - Somewhat comfortable with the idea – would enter into the discussion
 - Not sure – some will likely embrace the concept while others may have significant concerns
 - There is – or is likely to be – significant fear and/or concern among staff

Organizational Culture: Communication

16. What is the culture of communication within your organization?
- We are extremely open and transparent in our internal communications. Senior leadership always makes sure that everyone knows what we are thinking and doing at all times.
 - We are very open in our communications, though – depending on the situation – some conversations happen at the management team and/or Board level prior to inclusion of all staff.
 - Senior leadership is selective in the amount and type of information shared with staff.
 - We are very closed and protective of information in our communications.

Organizational Culture: Decision-making

17. What is the culture of decision-making within your organization?
- We are a very consensus driven organization. We do not make any significant decisions without getting full input from and reaching consensus with staff and board.
 - We tend to be consensus-driven; we try and involve as many voices as possible, in particular those who are affected by the decision.
 - We generally make decisions at the management team level, seeking input when needed.
 - Decision making is handled almost exclusively at the senior leadership level.

Potential Partners

18. Do you have a potential partner in mind?
- We have a potential partner identified and have initiated discussions
 - We have a potential partner identified but have not approached
 - We have identified candidates, but have not assessed appropriateness
 - We have not identified any potential partners

If you answered “We have a potential partner identified and have initiated discussions” or “We have a potential partner identified but have not approached” above, please answer Questions 19-22. If you did not, please skip Questions 19-22 and move on to the next section.

19. How would you characterize the opportunity for partnership with that organization?
- Partnering with them will allow us to survive
 - They are a stronger organization; while this partnership could and would benefit both of us, it could be perceived as being of greater benefit to us than to them
 - This partnership will benefit both of us in equal (or nearly equal) measure
 - We are a stronger organization; while this partnership could and would benefit both of us, it could be perceived as being of greater benefit to them than to us
 - We are a much stronger organization and this partnership will save them from potentially going out of business
20. How would you characterize the programmatic “fit” between your organization and your potential partner?
- We have very different programs; each organization brings new program emphasis to a partnership
 - We have some similar/overlapping and some different programs in different geographic areas
 - We have some similar/overlapping and some different programs in the same geographic areas
 - We have very similar/overlapping programs in different geographic areas
 - We have very similar/overlapping programs in the same geographic area
21. How would you characterize your past experiences working with the organization you are considering as a potential partner?
- Very positive – we would welcome the opportunity to work with this organization again
 - Somewhat positive – for the most part, we have worked well together
 - Neutral – we have had both good and not-so-good experiences with this organization
 - Somewhat negative – there were many challenges, but it wasn’t all bad
 - Very negative – we are interested in exploring potential for the future, but have serious concerns we would need to address first
22. How would you characterize the level of trust that exists between your organization and the organization you are considering as a potential partner?
- Very positive – there is a very high level of trust between our organizations
 - Somewhat positive – for the most part, we have a trusting relationship
 - Somewhat negative – there are some issues of concern regarding trust
 - Very negative –we have some significant concerns regarding the level of trust between our organizations

Community Support

23. How common are successful organizational partnerships in your community?

- It is a common strategy that many organizations in my community have used successfully
- It is a strategy that has been implemented with uneven results, but is generally seen as a good option
- Partnerships have not been very successful in my community
- Partnerships are very rare

24. What level of financial support exists for partnerships in your community?

- There is a long history of robust financial support for partnerships
- There are some short-term financial incentives being offered to organizations that show an interest in partnerships
- Funders encourage partnerships, but rarely provide financial support to form partnerships

Closing Question

25. In which nonprofit subsector(s) does your organization work?

- Advocacy
- Animal Protection and Welfare
- Arts and Culture
- Civil Rights and Social Justice
- Community Development
- Education
- Environment
- Health
- Housing
- Philanthropy
- Human Services
- Mental Health
- Volunteerism
- Public Affairs
- Religion
- Technology
- Professional Services
- Other

Appendix #8:

NONPROFIT FINANCIAL ANALYSIS TOOL

Nonprofits can use their own 990 tax filing data to analyze the fiscal health of their organization. Below we present a financial assessment step-by-step process and management tool that organizations should utilize before undertaking any strategic planning process. A rigorous financial analysis should involve both the nonprofit board and senior staff.

Step-by-Step Financial Assessment

Step 1: Gather at least three years of past 990 tax filing data. Pull from that documentation the following key data points.

- **Under revenue:**
 - Contributions & Grants
 - Program service revenue
 - Investment income
 - Other revenue
 - Total revenue
- **Under expenditures:**
 - Grants & similar amounts paid
 - Benefits paid
 - Salaries, other compensation, employee benefits
 - Professional fundraising fees
 - Other expenses
 - Total expenses
- **Total assets**
- **Total liabilities**

Step 2: In coordination with the nonprofit's Chief Operating or Financial Officer, or whomever manages the accounting for the organization, collect the expected financial data from the current year's comparable line items as well as the comparable line items from the upcoming year's proposed budget.

Step 3: Calculate *Net Revenue* by subtracting total revenue from total expenses. Then calculate *Net Assets* by subtracting total assets from total liabilities.

Step 4: Create a spreadsheet that compiles all of the above information from Steps 1-3. The spreadsheet should look similar to the one shown below as an example:

	2013	2014	2015
REVENUE			
Contributions & Grants	\$5,888,300	\$5,403,465	\$5,820,684
Program service revenue	\$12,445,228	\$12,798,765	\$14,367,187
Investment income	\$385,405	\$385,750	\$385,035
Other revenue	\$325,500	\$333,712	\$188,194
Total revenue	\$19,044,433	\$18,921,692	\$20,761,100
EXPENDITURES			
Grants & similar amounts paid	\$0	\$0	\$0
Benefits paid	\$0	\$0	\$0
Salaries, other compensation, employee benefits	\$12,996,786	\$13,663,472	\$15,133,011
Professional fundraising fees	\$0	\$0	\$0
Other expenses	\$4,670,417	\$5,026,450	\$5,415,728
Total expenses	\$17,667,203	\$18,689,922	\$20,548,739
Net Revenue = Total Revenue less Total expenses	\$1,377,230	\$231,770	\$212,361
FUND BALANCES			
Total Assets	\$18,702,663	\$18,789,894	\$18,789,894
Total Liabilities	\$11,250,844	\$10,395,605	\$10,395,605
Land, buildings, and equipment	\$8,615,129	\$8,592,988	\$8,635,486
Net Assets = Total Assets less Total Liabilities	\$7,451,819	\$8,394,289	\$8,394,289

Step 5: Use this raw financial data, over at least three years or as many years as are available, to calculate ratios and compound annual growth

rates over time using variables that are meaningful to the organization's leadership team and board. Useful ratios tend to be percentages of revenue type per total revenue or expense type per total expense. CAGRs can be calculated using the following formula:

$$(End\ Value\ of\ Line\ Item / Start\ Value\ of\ Line\ Item)^{\frac{1}{number\ of\ years}} - 1$$

IES strongly recommends that the excel formula builder be used to calculate these values for both ease and reduction in calculation error. As indicated in Appendix #3 above, CAGRs measure growth or decline over time or, in other words, a change in value from the initial time period to the ending time period, assuming that the investment has compounded over time. CAGR data can reveal a trend or pattern of behavior displayed by a nonprofit across a multi-year period. Depending on the financial and operational strategies employed by a nonprofit leadership team over the time period under examination, the following key CAGRs should be calculated, which are relevant to most nonprofit organizations:

- Percentage of change in grant funding
- Percentage of change in earned income
- Percentage of change in salaries or employee benefits

In this way, a nonprofit leadership team can determine if the strategies employed have made a discernable difference in financial outcomes over the period under review. Once this analysis is complete, IES suggests that the following questions be considered in light of the past and future financial evidence collected.

1. Are the revenue sources of the organization reasonably balanced?
2. Is the organization's total revenue greater than its total expenses?
3. Is the current revenue distribution likely to change? What are the key contributing factors to future change anticipated or unanticipated?

4. Is revenue staying ahead of “cost of living”?
5. Are salaries growing at the same or a slower rate than revenue?
6. Are expenses growing faster than “cost of living”?
7. Is the trend in Net Revenue improving or worsening over time?
8. Is the ratio of Net Assets to Total Debt percentage less than 150%; the aim being to keep it above this threshold?

The goal of this financial review is to become more familiar with the sources of revenue the organization relies upon, the potential risks of losing key portions of that revenue, the ability to keep the organization’s key expenses in line with revenue, the opportunities to grow revenue, and the opportunities to control costs. These internal discussions should lead to additional questions in the strategic planning process, such as:

1. Is the organization correctly measuring the full cost of each unit of service?
2. Are there services that cost more to deliver than they should?
3. Does the organization have excess capacity for any of the services offered? If so, is the organization effectively reaching its target clients? Or, are there reasons preventing clients from using the organization’s services?
4. Does the organization have long-term contracts to provide these services? If not, why not? Should the organization develop service contracts in areas of high client need or key revenue generation?
5. Which services are most effective? Which services have the most impact? Are there any services which are not in line with the organization’s mission?
6. Is the organization able to make a financial case for the difference it makes to the region’s social, health, and financial well-being based on the services provided?

At the conclusion of the financial assessment, the organization should be ready to develop a plan of action identifying current and potential risks and opportunities. IES recommends that this process take place every three- to five-years.

**Appendix #9:
SAMPLE STRATEGIC PLANS FROM THE REGION**

Strategic Framework

FY2018 – 2020 (Adopted May 2, 2017)



Theory of Change:

If those who live in poverty are to move toward economic stability, they must first meet their basic need for adequate healthy food, safe decent housing, and quality healthcare.

Once those needs are met, they can develop pathways that lead to lasting self-reliance.

And, for communities to support self-reliance, its members must advocate for themselves and act to bring about the change that will make economic stability more achievable for all.

Community Vision:

All Windham and Tolland County residents will be economically secure.

In order to help realize this Community Vision, the **Mission** of *Access* is:

To create opportunities that empower under-resourced individuals, families and communities to achieve and sustain economic stability.

To achieve our Mission, *Access* will uphold these Strategic Commitments:

- Ensure access to adequate Healthy Food, and safe decent Affordable Housing
- Provide access to Jobs and Other Pathways to Self-Reliance
- Mobilize Stakeholders to Advocate and Act to ensure economic stability is more accessible

To meet our Strategic Commitments, we will use these High impact Strategies:

- Strengthen our capacity to meet the unique needs of youth and other at-risk populations
- Focus on Results in order to:
 - Improve our performance and customer outcomes
 - Share our story to increase stakeholder support
- Ensure customer-centered service delivery (HSI)
- Develop and sustain productive partnerships
- Provide community leadership and develop community leaders

We will ensure that these Values are embedded in all we do:

Excellence, Respect, Empowerment
Accountability, Compassion, Synergy

FY 2018 Agency Operating Plan

NOTE: Indicators of Success are adopted from the Strategic Commitments found in the *2018-2020 Strategic Framework*



<p><u>Mission:</u> To create opportunities that empower under-resourced individuals, families, and communities to achieve and sustain economic stability.</p>	
<p><u>Indicator of Success 1:</u> Families and Individuals in-crisis have access to adequate healthy Food, and safe decent Affordable Housing</p>	
For the customers we serve, we will measure our performance related to:	Programs/Initiatives
<p>Obtaining adequate nutritious food through:</p> <ul style="list-style-type: none"> • Distribution of “emergency/supplemental food” • Provision of nutritious meals 	<ul style="list-style-type: none"> ○ Case Management (incl. referrals) ○ Food Banks ○ Emergency Shelter ○ Group Home ○ CACFP
<p>Obtaining or maintaining safe, stable housing through:</p> <ul style="list-style-type: none"> • Provision of Emergency Shelter • Movement from “emergency or transitional housing” to “safe, stable housing” • Congregate housing • Development of safe, decent, accessible, affordable housing • Amount and value of energy conservation measures and/or savings 	<ul style="list-style-type: none"> ○ Home Heating Fuel Assistance - CEAP ○ Energy Conservation Programs – WX/HES-IE ○ Case Management (incl. referrals) ○ Emergency Shelter ○ Crossroads ○ Supportive Housing for Families ○ Next Steps Supportive Housing ○ Senior Housing ○ Access to Assets: Housing Now! ○ Accessing Home-Danielson ○ Hawkins Affordable Housing ○ Accessing Home-Windham County ○ Parker Place Senior Housing
<p>Being Healthier through Increased nutritional well-being</p>	<ul style="list-style-type: none"> ○ Case Management (incl. referrals) ○ WIC ○ Emergency Shelter ○ Crossroads ○ Food Banks

The Arc New London County

Mission Framework

September 26, 2014

Where to begin?

LISTENING TOUR

1. Founding families
2. State Department of Developmental Disabilities Regional Director
3. Tap Community Life & Advocacy Program participants
4. Tap the Team: "Why do you come to work every day?" Write it down.
5. Tap the Leadership: Board of Directors, Executive Team, Directors work with facilitator on a plan. Bring advocates and Programmatic teams back together. Share the plan. Fine-tune the plan.
6. Launch OUR plan for the Future

Our Vision For People Living With Disability

Equality of opportunity, equality of choice.

Our Vision For Our Organization

The Arc New London County will be Southeastern Connecticut's leader in partnering and advocating for equality of opportunity and equality of choice.

Our Mission

To PARTNER with people living with intellectual and developmental disability for EQUAL participation and inclusion in the communities of Southeastern Connecticut.

(Shorthand: In Partnership for Full Equality)

Operating Principles

1. **Civil Rights:** We partner with people living with disability to promote their voice and champion their perspective.
2. **Community:** We facilitate the development of natural relationships to connect people with their communities.
3. **Innovation:** We continuously break new ground in providing a menu of service options and improve how we operate our organization, to bring about meaningful change for the future.
4. **Family:** We encourage and facilitate family education and engagement as fundamental to helping people living with disability achieve positive outcomes.
5. **Leadership:** We model choice in everything we do.
6. **Change:** We will change our community by modeling and raising awareness of our mission.

Our Values

1. **Person-centered:** We respect and respond to individual choices as the guiding force in the lives of people living with intellectual and developmental disability.
2. **Dedication:** Organizationally and individually we are dedicated to people living with disability who place their trust in us to provide quality individualized, self-directed supports.

3. **Integrity:** We uphold the highest ethical standards in how we treat people living with disability and in how we operate our organization.
4. **Stewardship:** We are fully committed to protecting and maximizing the return on the resources available to us and to embracing the highest standards of accountability.

The Arc New London County 2015 – 2017 Strategic Plan Recommendations September 26, 2014

Landscape in Which Arc New London County Will Operate in the Future:

- Expectation of greater engagement in community and greater choice regarding how to engage more deeply in community.
- Reconfigured service models (residential, employment, day programs).
- Reduced public funding accompanied by continued increase in costs.

Strategic Initiatives:

1. **Programs:** Re-vision all Arc New London County programs
2. **Revenue Generation:** Reinvent the agency into a more sustainable economic model.
3. **Human Resources:** Engage Human Resources as a strategic partner
4. **Board Governance:** Enhance the board governance function:
5. **Facilities:** Finalize planning for and implement the facilities master plan to address ongoing capital improvements at all facilities
6. **Outreach and Marketing:** Continue to engage the New London County community in advancing the mission of The Arc New London County

Expectations of Board Members

Recognizing the important responsibility I am accepting in serving as a member of the Board of Directors, I hereby commit to carry out to the best of my abilities the duties and obligations listed below:

Continuous Learning

Development

Strategic Leadership

Participation

The Organization's Obligations to Board Members

Appendix #10: SAMPLE PARTNERSHIP AGREEMENTS



Memorandum of Agreement TVCCA Nutrition Services

Partner 1: **Thames Valley Council for Community Action, Inc.**
Partner 2: **Town of Colchester/Colchester Senior Center**
Agreement Period: **July 1, 2017 to June 30, 2018**

This Memorandum of Agreement (MOA) is entered into and made effective as of this **1st day of July 2017** (the “Effective Date”), by and between **Thames Valley Council for Community Action, Inc. (TVCCA)**, with administrative offices at One Sylvandale Road, Jewett City, CT 06351, and **Town of Colchester**, with administrative offices at 127 Norwich Avenue, Colchester, CT 06415, with respect to specified services to be provided for the **Colchester Senior Center** at 95 Norwich Avenue, Colchester, CT 06415.

I. Purpose and Background

This document outlines the mutually agreed upon responsibilities of **TVCCA** and **Town of Colchester/Colchester Senior Center** to cooperatively coordinate and arrange for a weekday, congregate lunch meal for senior citizens, providing nutrition and socialization to senior citizens living in the town of Colchester, CT, that together will make the partnership a success.

TVCCA is New London County’s private, 501(c)(3) non-profit Community Action Agency. Its mission is to improve the overall well-being of individuals and families in need within its service area by: fostering their self-esteem, respect, independence, confidence, personal growth and self-sufficiency; promoting community awareness, input and ownership of societal problems; and providing a broad spectrum of comprehensive, quality services. When incorporated in 1965, TVCCA operated one program – it now operates 28 programs that serve low-income, at risk individuals and families of all ages.

It is the mission of the **Town of Colchester’s Senior Services Department** to support older adults by providing programs and services designed to promote their independence, health, wellness and overall quality of life. The **Colchester Senior Center** is a community resource dedicated to engaging, enriching and empowering the lives of seniors.

TVCCA and **Town of Colchester/Colchester Senior Center** do mutually agree to the following:

II. Services

Provide all meal components and serve a weekday hot meal to residents 60 years and older.

A. TVCCA agrees to provide the following:

1. Be responsible for providing a nutritious congregate lunch meals and all necessary disposable ware (5) days per week (excluding federal holidays).
2. Employ and train a TVCCA staff member to heat and serve the meals in accordance with all local, state and federal regulations.
3. Be responsible for obtaining and managing the contract and billing with Senior Resources to ensure the service is available to seniors.

4. Secure and maintain all necessary licenses necessary to serve the congregate meal.

B. Town of Colchester/Colchester Senior Center agrees to provide the following:

1. Monetary reimbursement for the cost of the site server's wages and fringe costs.
2. Space, custodial services, equipment and facility maintenance, trash removal, heat and utilities.
3. Provide a comfortable dining area for meal service with tables and chairs to accommodate all seniors who wish to participate in the congregate lunch meal.

III. Period of Agreement

The Partners shall commence performance of this Agreement on the **1st day of July, 2017**, and shall continue performance through the **30th day of June, 2018**, unless otherwise specified.

IV. Contacts

Communications should be directed to the following contacts:

TVCCA Program/Activities

Maraiah Popeleski, RDN, Director
TVCCA Nutrition Services Program
860-934-1002
mpopeleski@tvcca.org

TVCCA Agreement

Dawn Cwynar, Executive Assistant to Deb Monahan
Thames Valley Council for Community Action, Inc.
860-425-6503
dcwynar@tvcca.org

Colchester Senior Center Program/Activities

Patricia A. Watts, Director of Senior Services
Colchester Senior Center
860-537-3911
pwatts@colchesterct.gov

Town of Colchester Agreement

Arthur Shilosky, First Selectman
Town of Colchester
860-537-7220
ashilosky@colchesterct.gov

V. Reporting

No reporting is required in execution of this Agreement.

VI. Payment for Services

- A. Payment Provisions: Colchester Senior Center agrees to pay TVCCA for the services provided and as described under this Agreement up to a maximum amount of **\$16,582.00** for serving staff as specified in Section II. Services for the entire Agreement period.
- B. Invoicing: TVCCA shall provide an invoice on a monthly basis to Colchester Senior Center.
- C. Payment Schedule: Payment shall be released by Colchester Senior Center within thirty (30) days of receipt of invoice.

VII. Terms and Conditions

A. Safeguarding Client Information:

Each Partner shall safeguard the use, publication and disclosure of information on all applicants for and all Clients who receive Services under this Agreement with all applicable federal and state law concerning confidentiality.

B. Reporting of Client Abuse or Neglect:

Each Partner shall comply with all reporting requirements relative to Client abuse and neglect, including but not limited to requirements as specified in C.G.S. §§ 17a-101 through 103, 19a-216, 46b-120 (related to children); C.G.S. § 46a-11b (relative to persons with mental retardation); and C.G.S. § 17b-407 (relative to elderly persons).

C. Indemnification:

1. Each Partner shall indemnify, defend and hold harmless the other Partner, including its officers, representatives, agents, directors, employees, successors and assigns, from and against any and all claims, liabilities, actions, losses, costs, judgments, fines, amounts paid in settlement or expenses, including without limitation, any reasonable legal, accounting and other expenses of experts or third party professionals for defending any actions or threatened actions, including any appeals, arising from or proximately caused by any act or omission connected with the indemnifying Partner's obligations and performance pursuant to this Agreement.
2. Each Partner's indemnification obligations under this section are conditioned upon the indemnified Partner: (i) promptly notifying the indemnifying Partner of any claim in writing; (ii) cooperating with the indemnifying Partner in the defense of the claim; and (iii) granting the indemnifying Partner sole control of the defense or settlement of the claim.
3. This section is intended to survive the termination or expiration of this Agreement. The obligations contained herein are in no way limited, relieved or abated by reason of any insurance coverage, including as otherwise provided for in this Agreement.

D. Insurance:

Each Partner is responsible for maintaining, at its sole cost, adequate insurance providing coverage for any and all: (i) claims by its employees under workers' compensation and state disability acts; (ii) claims for damages due to bodily injury, sickness, disease, or death which arise out of its negligent acts or omissions; and (iii) claims for damages due to injury to or destruction of tangible or intangible property, including loss of use resulting therefrom, which arise out of its negligent acts or omissions.

E. Compliance with Law and Policy, Facility Standards and Licensing:

The Partners shall comply with all pertinent federal, state and local laws, OSHA regulations, local health reporting and licensing requirements and supply documentation of such compliance to the relevant Program/Activities Contact as is necessary.

F. Record Keeping and Access:

The Partners shall maintain books, records, documents, program and individual service records and other evidence of its accounting and billing procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature incurred in the performance of this Agreement. These records shall be made available upon request for administrative review or audit by authorized representatives of the administering agency. **The Partners** shall retain all such records concerning this Agreement for a period of three (3) years and three (3) months after the end of the fiscal year to which they pertain.

G. Protection of Personal Information:

Each Partner shall implement and maintain electronic and physical data security practices for the protection of Personal Information.

H. Non-discrimination:

Colchester Senior Center in accordance with the legal, contractual and moral obligations recognized by and binding upon TVCCA, agrees and warrants that in the performance of the Agreement, it too is prohibited from discriminating or permitting discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, gender identity or expression, mental retardation, mental disability or physical disability, including, but not limited to, blindness, unless it is shown that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the State of Connecticut.

VIII. Agreement Amendment and Termination

- A. This Agreement will be reviewed and signed on an annual basis by both Partners. This Agreement may only be revised or otherwise altered in any respect upon mutual written agreement, signed by both Partners.
- B. This Agreement may be terminated by either Partner upon notice in writing at least 60 days prior to the date of termination.

In Witness Whereof, this Memorandum of Agreement was signed by both Partners and made effective as of the Effective Date.

Thames Valley Council for Community Action, Inc.

Town of Colchester/Colchester Senior Center

Executive Director

Date

First Selectman

Date



Memorandum of Agreement

Partner 1: **Thames Valley Council for Community Action, Inc.**
Partner 2: **Uncas Health District**
Agreement Period: **1/1/17 – 3/31/17**

This Memorandum of Agreement (MOA) is entered into and made effective as of this **1st day of January, 2017** (the “**Effective Date**”), by and between **Thames Valley Council for Community Action, Inc. (TVCCA)**, with administrative offices at One Sylvandale Road, Jewett City, CT 06351, and **The Uncas Health District (The District)**, with administrative offices at Building 100, 401 West Main Street, Suite 106, Norwich, CT 06360.

I. Purpose and Background

This document outlines the mutually agreed upon responsibilities of **TVCCA** and **The District** in support of the Community Health Improvement Plan, that together will make the partnership a success.

TVCCA is New London County’s private, 501(c)(3) non-profit Community Action Agency. Its mission is to improve the overall well-being of individuals and families in need within its service area by: fostering their self-esteem, respect, independence, confidence, personal growth and self-sufficiency; promoting community awareness, input and ownership of societal problems; and providing a broad spectrum of comprehensive, quality services. When incorporated in 1965, TVCCA operated one program – it now operates 28 programs that serve low-income, at risk individuals and families of all ages.

The District is an unaffiliated, unincorporated, non-profit organization operating under Connecticut General Statutes. **The District** provides local public health services to residents in the municipalities of Bozrah, Griswold, Lebanon, Lisbon, Montville, Norwich, Salem, Sprague, and Voluntown. Department activities include environmental health inspections, infectious disease review and follow-up, health outreach and education, and public health emergency preparedness.

TVCCA and **The District** do mutually agree to the following:

II. Services

A. **TVCCA** agrees to provide the following:

Up to 18 hours of services by Brenda Viens, Registered Dietitian, for assistance with and research for the Community Health Improvement Plan.

B. **The District** agrees to provide the following:

Guidance and support as needed to TVCCA staff in order to achieve The District’s goals for the Community Health Improvement Plan.

III. Period of Agreement

The Partners shall commence performance of this Agreement on the **1st day of January, 2017**, and shall continue performance through the **31st day of March, 2017**, unless otherwise specified.

IV. Contacts

Communications should be directed to the following contacts:

TVCCA Program/Activities

Marylou Underwood, Chief Operations Officer
Thames Valley Council for Community Action, Inc.
860-425-6522
munderwood@tvcca.org

TVCCA Agreement

Dawn Cwynar, Executive Assistant to Deb Monahan
Thames Valley Council for Community Action, Inc.
860-425-6503
dcwynar@tvcca.org

The District Program/Activities

Connie Capacchione, Public Health Program Coordinator
The Uncas Health District
860-823-1189 x122
c_cappacchione@uncashd.org

The District Agreement

Patrick McCormack, M.P.H., Director of Health
The Uncas Health District
860-823-1189 x122
p_mccormack@uncashd.org

V. Reporting

No reporting is required in execution of this Agreement.

VI. Payment for Services

Neither partner in this Agreement shall provide monetary compensation to the other partner.

VII. Terms and Conditions

A. Indemnification:

1. The Partners shall indemnify, defend and hold harmless the other Partner and its officers, representatives, agents, directors, employees, successors and assigns from and against any and all:
 - a. claims arising directly or indirectly, in connection with the Agreement, including the acts of commission or omission (collectively the "Acts"); and
 - b. liabilities, damages, losses, costs and expenses, including but not limited to attorneys' and other professionals' fees, arising, directly or indirectly, in connection with Claims, Acts or the Agreement.

B. Insurance:

Both parties are responsible for maintaining liability insurance.

C. Non-discrimination:

The Partners agree and warrant that in the performance of the Agreement, the Partners will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, gender identity or expression, mental retardation, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by the Partners that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the State of Connecticut.

VIII. Agreement Amendment and Termination

- A. This Agreement may only be revised or otherwise altered in any respect upon mutual written agreement, signed by both Partners.
- B. This Agreement may be terminated by either Partner upon notice in writing at least 30 days prior to the date of termination.

In Witness Whereof, this Memorandum of Agreement was signed by both Partners and made effective as of the Effective Date.

Thames Valley Council for Community Action, Inc.

The Uncas Health District

Executive Director

Date

Director of Health

Date