

# Child Poverty and Prevention Council Meeting

*Wednesday October 12, 2011  
1:30 p.m.  
Legislative Office Building Room 2B  
Hartford, Connecticut*

- |       |  |           |
|-------|--|-----------|
| I.    | Welcome  | 1:30 p.m. |
|       | A. Introduction of New Members                             |           |
| II.   | Council Background and Goals                               | 1:45 p.m. |
|       | A. Review Priority Recommendations                         |           |
| III.  | Approve Meeting Minutes of October 2010                    | 2:00 p.m. |
| IV.   | Status of Child Poverty in Connecticut                     | 2:15 p.m. |
| V.    | 2011 Actions Impacting Child Poverty and Prevention        | 2:30 p.m. |
| VI.   | State Agency Prevention Report Update                      | 2:45 p.m. |
| VII.  | Letter of Support for Race to the Top-ECL Application      | 3:00 p.m. |
| VIII. | Next Steps   | 3:15 p.m. |
|       | A. Development of Short-Term Recommendations               |           |
|       | B. Establishment of Children in the Recession Subcommittee |           |
|       | C. Next Meeting: Wednesday, December 7 at 1:30 p.m.        |           |



**Child Poverty and Prevention Council Membership  
2011**

<b>Appointed By</b>	<b>Designee</b>
Secretary of OPM	Anne Foley, Chair
Senate Pres. Pro Tempore	Vacant
Speaker of the House	Mary Mushinsky
Senate Minority Leader	Gregg Cogswell
House Minority Leader	Lile Gibbons
Dept. of Children and Families	Joette Katz*
Dept. of Social Services	Claudette Beaulieu*
Dept. of Correction	Monica Rinaldi
Dept. of Developmental Services	Terrence Macy
Dept. of Mental Health and Addiction Services	Carol Meredith
Dept. of Transportation	Dennis King
Dept. of Public Health	Renee Coleman-Mitchell
Dept. of Education	Cheryl Resha
Dept. of Economic and Community Development	Lindy Gold*
Dept. of Labor	Mark Polzella
Chief Court Administrator	Christine Keller
Chairperson of Higher Education Board	Vacant
Chairperson-Children's Trust Fund	Laura Amenta
Office of Child Advocate	Faith VosWinkel
Commission on Children	Elaine Zimmerman
Commission on Human Rights and Opportunity	Robert Brothers

*\* Not confirmed*



**Sec. 4-67x. Child Poverty and Prevention Council established. Duties. Ten-year plan. Prevention goals, recommendations and outcome measures. Protocol for state contracts. Agency reports. Council report to General Assembly. Termination of council.** (a) There shall be a Child Poverty and Prevention Council consisting of the following members or their designees: The Secretary of the Office of Policy and Management, the president pro tempore of the Senate, the speaker of the House of Representatives, the minority leader of the Senate and the minority leader of the House of Representatives, the Commissioners of Children and Families, Social Services, Correction, Developmental Services, Mental Health and Addiction Services, Transportation, Public Health, Education and Economic and Community Development, the Labor Commissioner, the Chief Court Administrator, the chairperson of the Board of Governors of Higher Education, the Child Advocate, the chairperson of the Children's Trust Fund Council and the executive directors of the Commission on Children and the Commission on Human Rights and Opportunities. The Secretary of the Office of Policy and Management, or the secretary's designee, shall be the chairperson of the council. The council shall (1) develop and promote the implementation of a ten-year plan, to begin June 8, 2004, to reduce the number of children living in poverty in the state by fifty per cent, and (2) within available appropriations, establish prevention goals and recommendations and measure prevention service outcomes in accordance with this section in order to promote the health and well-being of children and families.

(b) The ten-year plan shall contain: (1) An identification and analysis of the occurrence of child poverty in the state, (2) an analysis of the long-term effects of child poverty on children, their families and their communities, (3) an analysis of costs of child poverty to municipalities and the state, (4) an inventory of state-wide public and private programs that address child poverty, (5) the percentage of the target population served by such programs and the current state funding levels, if any, for such programs, (6) an identification and analysis of any deficiencies or inefficiencies of such programs, and (7) procedures and priorities for implementing strategies to achieve a fifty per cent reduction in child poverty in the state by June 30, 2014. Such procedures and priorities shall include, but not be limited to, (A) vocational training and placement to promote career progression for parents of children living in poverty, (B) educational opportunities, including higher education opportunities, and advancement for such parents and children, including, but not limited to, preliteracy, literacy and family literacy programs, (C) housing for such parents and children, (D) day care and after-school programs and mentoring programs for such children and for single parents, (E) health care access for such parents and children, including access to mental health services and family planning, (F) treatment programs and services, including substance abuse programs and services, for such parents and children, and (G) accessible childhood nutrition programs.

(c) In developing the ten-year plan, the council shall consult with experts and providers of services to children living in poverty and parents of such children. The council shall hold at least one public hearing on the plan. After the public hearing, the council may make any modifications that the members deem necessary based on testimony given at the public hearing.

(d) Funds from private and public sources may be accepted and utilized by the council to develop and implement the plan and the provisions of this section.

(e) Not later than January 1, 2005, the council shall submit the plan, in accordance with section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and human services and to the select committee of the General Assembly having cognizance of matters relating to children, along with any recommendations for legislation and funding necessary to implement the plan.

(f) (1) On or before January first of each year from 2006 to 2015, inclusive, the council shall report, in accordance with section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and human services and to the select committee of the General Assembly having cognizance of matters relating to children on the implementation of the plan, progress made toward meeting the child poverty reduction goal specified in subsection (a) of this section and the extent to which state actions are in conformity with the plan. The council shall meet at least two times annually for the purposes set forth in this section.

(2) On or before January first of each year from 2007 to 2015, inclusive, the council shall, within available appropriations, report, in accordance with section 11-4a, to the Governor and the joint standing committees of the General Assembly having cognizance of matters relating to appropriations, education, human services and public health and to the select committee of the General Assembly having cognizance of matters relating to children, on the state's progress in prioritizing expenditures in budgeted state agencies with membership on the council in order to fund prevention services. The report shall include (A) a summary of measurable gains made toward the child poverty and prevention goals established in this section; (B) a copy of each such agency's report on prevention services submitted to the council pursuant to subsection (g) of this section; (C) examples of successful interagency collaborations to meet the child poverty and prevention goals established in this section; and (D) recommendations for prevention investment and budget priorities. In developing such recommendations, the council shall consult with experts and providers of services to children and families.

(g) (1) On or before November first of each year from 2006 to 2014, inclusive, each budgeted state agency with membership on the council that provides prevention services to children shall, within available appropriations, report to the council in accordance with this subsection.

(2) Each agency report shall include at least two prevention services not to exceed the actual number of prevention services provided by the agency. For each prevention service reported by the agency, the agency report shall include (A) a statement of the number of children and families served, (B) a description of the preventive purposes of the service, (C) for reports due after November 1, 2006, a description of performance-based standards and outcomes included in relevant contracts pursuant to subsection (h) of this section, and (D) any performance-based vendor accountability protocols.

(3) Each agency report shall also include (A) long-term agency goals, strategies and outcomes to promote the health and well-being of children and families, (B) overall findings on the effectiveness of prevention within such agency, (C) a statement of whether there are methods used by such agency to reduce disparities in child performance and outcomes by race, income level and gender, and a description of such methods, if any, and (D) other information the agency

head deems relevant to demonstrate the preventive value of services provided by the agency. Long-term agency goals, strategies and outcomes reported under this subdivision may include, but need not be limited to, the following:

(i) With respect to health goals, increasing (I) the number of healthy pregnant women and newborns, (II) the number of youths who adopt healthy behaviors, and (III) access to health care for children and families;

(ii) With respect to education goals, increasing the number of children who (I) are ready for school at an appropriate age, (II) learn to read by third grade, (III) succeed in school, (IV) graduate from high school, and (V) successfully obtain and maintain employment as adults;

(iii) With respect to safety goals, decreasing (I) the rate of child neglect and abuse, (II) the number of children who are unsupervised after school, (III) the incidence of child and youth suicide, and (IV) the incidence of juvenile crime; and

(iv) With respect to housing goals, increasing access to stable and adequate housing.

(h) Not later than July 1, 2006, the Office of Policy and Management shall, within available appropriations, develop a protocol requiring state contracts for programs aimed at reducing poverty for children and families to include performance-based standards and outcome measures related to the child poverty reduction goal specified in subsection (a) of this section. Not later than July 1, 2007, the Office of Policy and Management shall, within available appropriations, require such state contracts to include such performance-based standards and outcome measures. The Secretary of the Office of Policy and Management may consult with the Commission on Children to identify academic, private and other available funding sources and may accept and utilize funds from private and public sources to implement the provisions of this section.

(i) For purposes of this section, the Secretary of the Office of Policy and Management, or the secretary's designee, shall be responsible for coordinating all necessary activities, including, but not limited to, scheduling and presiding over meetings and public hearings.

(j) The council shall terminate on June 30, 2015.

(P.A. 04-238, S. 1; P.A. 05-244, S. 1; P.A. 06-179, S. 3; 06-196, S. 27; P.A. 07-47, S. 1; 07-73, S. 2(b); 07-166, S. 1; 07-217, S. 6; Sept. Sp. Sess. P.A. 09-5, S. 29; P.A. 10-179, S. 94.)

History: P.A. 04-238 effective June 8, 2004; P.A. 05-244 made technical changes, added executive director of Commission on Human Rights and Opportunities as council member in Subsec. (a), specified mandatory minimum number of meeting times and reporting requirements in Subsec. (f) and required development and implementation of state contract protocol in new Subsec. (g), redesignating existing Subsecs. (g) and (h) as Subsecs. (h) and (i), respectively, effective July 11, 2005; P.A. 06-179 amended Subsec. (a) to insert Subdiv. designators and substitute "Child Poverty and Prevention Council" for "Child Poverty Council", to add the Chief Court Administrator, to delete the chairperson of the State Prevention Council, to add "promote the implementation of" re ten-year plan, and to add Subdiv. (2) re establishing prevention goals

and recommendations and measuring outcomes, amended Subsecs. (b) and (c) to add "ten-year" re plan, amended Subsec. (f) to insert Subdiv. (1) designator and provide that meetings held at least twice annually shall be for the purposes set forth in the section, inserted new Subsecs. (f)(2) and (g) re council and agency reports, and redesignated existing Subsecs. (g) to (i) as Subsecs. (h) to (j) (Revisor's note: In Subsec. (f)(2) the word "this" in the phrase "this subsection (g) of this section" was deleted editorially by the Revisor's for accuracy); P.A. 06-196 made a technical change in Subsec. (g), effective June 7, 2006; P.A. 07-47 amended Subsec. (f)(2) to extend the council's annual reporting requirement re funding of prevention services to the Governor and the General Assembly to January 1, 2015, amended Subsec. (g)(1) to extend the annual reporting requirement of budgeted agencies to the council to November 1, 2014, and made technical and conforming changes in Subsecs. (f) and (g); pursuant to P.A. 07-73 "Commissioner of Mental Retardation" was changed editorially by the Revisors to "Commissioner of Developmental Services", effective October 1, 2007; P.A. 07-166 amended Subsec. (a) to make technical changes, effective June 19, 2007; P.A. 07-217 made technical changes in Subsec. (a), effective July 12, 2007; Sept. Sp. Sess. P.A. 09-5 amended Subsec. (a) to change "Children's Trust Fund" to "Children's Trust Fund Council", effective October 5, 2009; P.A. 10-179 amended Subsec. (a) by deleting reference to Commissioner of Health Care Access and by making technical changes.

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**Sec. 4-67y. Child Poverty and Prevention Council to constitute the children in the recession leadership team. Duties. Report.** (a) The Child Poverty and Prevention Council, established pursuant to section 4-67x, shall constitute the children in the recession leadership team to make recommendations for the state's emergency response to children affected by the recession. The council may establish a subcommittee to act for it under this section. For purposes of this section, the council or a subcommittee established under this subsection shall meet quarterly if the unemployment rate of the state, as reported by the Labor Commissioner, is eight per cent or greater for the preceding three months.

(b) The council shall work in consultation with other government agencies to develop and promote policies, practices and procedures, within available appropriations, that (1) mitigate the long-term impact of economic recessions on children; (2) provide appropriate assistance and resources to families to minimize the number of children who enter poverty as a result of the recession; and (3) reduce human and fiscal costs of recessions, including foreclosures, child hunger, family violence, school failure, youth runaways, homelessness, child abuse and neglect.

(c) For purposes of this section, the council, within available appropriations, shall utilize strategies to mitigate the impact of the recession on children that include, but are not limited to, the following: (1) Resource information sharing and strategic planning to address emergency response to children in the recession; (2) training of pertinent personnel on the availability of services, access points and interventions across agencies, including child trauma treatment; (3) development of linkages between job training and education programs and services; (4) development and implementation of efforts to coordinate outreach and improve access to services, including the establishment of multiple enrollment sites where feasible; (5) reduction of



current response times to clients for safety net programs, including, but not limited to, the federal Supplemental Nutrition Assistance Program, the federal Special Supplemental Food Program for Women, Infants and Children, the National School Lunch Program and other federal child nutrition programs, the temporary family assistance program, the child care subsidy program, heating and rental assistance, eviction prevention services and free and reduced preschool meal programs; (6) identification of appropriate revisions to regulations and procedures to be streamlined to increase program access; (7) maximization of availability of targeted case management and intervention services; (8) assessment of the unique needs of children of soldiers serving or returning from war or other military service; and (9) maximization of all federal funding opportunities.

(d) Not later than January 1, 2011, the council shall prepare a report on (1) the progress in implementing the provisions of this section; and (2) other government actions taken to reduce the impact of the recession on children and families. Such report shall be submitted to the select committee of the General Assembly having cognizance of matters relating to children and to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies and human services.

(P.A. 10-133, S. 1.)

History: P.A. 10-133 effective June 8, 2010.



## Priority Recommendations of the Child Poverty and Prevention Council

Revised 10/10

### FAMILY INCOME AND EARNINGS POTENTIAL:

1. FEDERAL EARNED INCOME TAX CREDIT (EITC): Increase usage of federal EITC with a target group of working poor families.
2. HOMELESSNESS: [Expand homeless diversion programs for working poor families, including expanding transitional housing to] keep children out of homeless shelters.

#### Council Priority Recommendation

##### Increase Enrollment in Subsidized Housing

- a) Increase Homelessness Prevention Programs through [C]continued development of the DSS-funded Counselors in Shelters and Beyond Shelter CT program [to provide a continued framework for homelessness prevention and shelter diversion] once stimulus funds are exhausted.
- b) Create more safe and affordable housing in communities across Connecticut by r[R]e-activat[e]ing the Connecticut Housing Trust Fund as a source of gap financing for the development of affordable housing.
- c) Prioritize family housing that blends families with special needs with families that do not have such special needs.
- d) Utilize the Low Income Housing Credit (LIHTC) program to provide incentives to developers to (1) develop affordable housing for families, and (2) affordable housing for families with a supportive housing component.
- e) Create incentives (or expand incentives in place) to more effectively link service resources with housing.
- f) Preserve the remaining housing available to low-income families by a[A]ligning neighborhood-based social and educational investments from all state agencies to promote housing stability and foster the growth of financial and social capital for low income households.
- g) Urge the Connecticut congressional delegation to secure additional funding for the federal McKinney-Vento Act for educational services for homeless children and youth.

**EDUCATION:**

3. EARLY CHILDHOOD EDUCATION: [Review and support the Early Childhood Cabinet proposals targeting children aged birth to five.]

Council Priority Recommendation

Guarantee Child Care Subsidies

- a) Enable low-income parents with earnings up to 75% of the state median income level and with children under the age of 13 (or under 19 if they have special needs) to continue working or secure new employment through enrollment in Care4Kids within available appropriations. If the program must be closed, provide 30 days' notice to parent and providers.
- b) Support families transitioning from public cash assistance to work with public child care programs including Care4Kids, Head Start, state-supported centers, and school readiness programs within available appropriations.
- c) Pilot and explore how to provide and fund child care in homeless shelters with the Connecticut Coalition to End Homelessness
- d) DSS should partner with SDE in the administration of the state's school readiness program to enroll preschool children living in families with earnings less than 75% of the state median income level
- e) DSS should establish linkages with employment and training organizations and businesses to provide necessary supports for their employees seeking child care assistance.

4. YOUTH DROPOUT PREVENTION: Enhance efforts to reduce the number of students who drop out of high school.

- a) Create more opportunities in service and after-school programs to keep youth safe and engaged
- b) Give youth more opportunities in civic leadership
- c) Continue to target school districts with high dropout rates and assist their community planning for improving students secondary school completion.

5. POST-SECONDARY EDUCATION: Expand access to our state colleges for late teens, and young adults, particularly our community colleges, and expand programs intended to encourage high school students to pursue a college education.

Council Priority Recommendation

Increase Attainment of Associates Degrees

- a) Assure that collaboration of K-12 and higher education communities takes place in all regions of the state to address the challenges and opportunities of college readiness.
- b) Expand the role of full-time faculty in advising at each community college
- c) Expand the national "Achieving the Dream" model at community colleges to close gaps in student achievement
- d) Expand financial aid strategies to cover cost of living expenses
- e) Establish an incentive fund for transfer scholarships
- f) Expand dual enrollment initiatives to enable high school students to enroll without cost in college-level courses at community college.

6. WORKFORCE DEVELOPMENT: Enhance the existing GED program for working poor families receiving Temporary Family Assistance (TFA) and literacy and examine how youths who drop out of high school can obtain a GED.

- a) Support programs that help low-income adults get and hold jobs
- b) The state should avail itself of the TANF Emergency Contingency Fund
- c) Continue to build youth employment
- d) Expand summer youth work opportunities, using TANF emergency funds
- e) DSS should work with DOT, DOL and the Jobs First Employment Services program to enhance opportunities for parents through job opportunities training, transportation, and child care

**INCOME SAFETY NET:**

7. SUPPORT FOR YOUNG MOTHERS ON TFA: Make case management services available to some young mothers on TFA so that they and their children would have access to family support services, particularly during the twelve months after having a child.

8. ABRUPT TERMINATION OF BENEFITS: Examine how to soften the "cliffs" of welfare benefits.
9. ENHANCE ACCESS TO FEDERAL PROGRAMS: Increase access to available public benefits for food stamps and other similar federally-funded programs for working poor families.

Council Priority Recommendation

Increase Enrollment in Energy and Nutrition Assistance

- a) Streamline the application process for federal nutrition programs in compliance with federal rules and regulations
- b) Create more access to DSS regional offices
- c) Increase the efficiency of DSS in processing applications and providing services for SNAP
- d) Enhance outreach for SNAP and child nutrition programs such as school meals, summer feeding, after school snack, and WIC.
- e) Maximize co-enrollment in WIC and Medicaid for all eligible women
- f) Expand tobacco cessation programs targeted at pregnant women.
- g) Promote use of a model of prenatal care which includes health care assessment, education, and support.
- h) DSS should provide to all of its recipient households energy assistance notifications, informing them of the availability of LIHEAP benefits and where to apply.
- i) DSS should work with providers of municipal, charitable or private energy resources which may be available to low income households to establish a coordinated response to alleviate potential crises due to a low-income household's inability to pay for heat.

**FAMILY STRUCTURE AND SUPPORT:**

10. REDUCE TEEN PREGNANCY: Intensify efforts to reduce teen pregnancy.
11. CASE MANAGEMENT FOR EMPLOYMENT RELATED SERVICES: Provide case management services to overcome barriers to employment.
12. FATHERHOOD INITIATIVE: Support the fatherhood initiative for working poor families.

**PROCESS RECOMMENDATIONS:**

13. IMPROVE POVERTY MEASURE: Conduct a review of alternative measures of poverty using an Economic Modeling consultant and monitor how the federal government and other states address this issue.

14. CHARTER OAK GROUP'S RESULTS BASED ACCOUNTABILITY INITIATIVE. Coordinate with the RBA initiative.

15. COORDINATION AND SYSTEMS:

- a. Educate service employees to be aware of various services across agency lines,
- b. Utilize technology to make it easier for people to determine whether they're eligible for programs;
- c. Create a master contract or coordinated leadership team across agencies and branches of government.





## Meeting Summary

### Child Poverty and Prevention Council

Tuesday, October 19, 2010

**Members Present:** Brenda Sisco (Chair), Paul Flinter for George Coleman (SDE), Lindy Lee Gold (DECD), Rudy Brooks for Susan Hamilton (DCF), Renee Coleman-Mitchell (DPH), Barbara Geller for Dianne Harnad (DMHAS), Michelle Hayward (DOC), Mark Polzella for Alice Frechette-Johns (DOL), Mary Mushinsky (House Democrats), Lile Gibbons (House Republicans), Peter O'Meara (DDS), Robert Brothers (CHRO), Christine Keller (Judicial Branch), Faith VosWinkel (OCA), Claudette Beaulieu (DSS), and Elaine Zimmerman (COC).

**Members Absent:** Laura Amenta (CTF), MaryAnn Handley (Senate Democrats), Dennis King (DOT), Michael Meotti (DHE), and Gregg Cogswell (Senate Republicans).

**Other Participants:** Jack Thompson (House Democrats) and Anne Foley (OPM).

Agenda Item	Action Taken
Welcome and Introductions	The meeting was convened at 1:35 p.m. by Anne Foley who noted that Chair Brenda Sisco had been delayed and would join the meeting soon. Renee Coleman-Mitchell from DPH was introduced as a new council member replacing Norma Gyle. Renee is Chief of the Health Education, Management and Surveillance Section at DPH. Council members introduced themselves.
Approve Meeting Minutes	Members reviewed the summary of the June council meeting which was revised as requested by Elaine Zimmerman at the September meeting to provide more detail regarding the council's discussion of 2010 legislation, particularly regarding AAC Children in the



	<p>Recession. Members also reviewed the draft summary of the September council meeting. Anne highlighted one item that appears in both the June and September meeting minutes: the new federal Emergency Homeowners Loan Program. At the June meeting, members agreed to send a letter urging passage of this provision and, at the September meeting, Elaine announced that Congress had enacted the provision. Anne reported that, since then, we have learned that almost \$33 million is available for eligible borrowers in Connecticut under this program and she directed council members to additional information in their packets including a HUD summary of the program and a copy of the letter sent on behalf of the council. Anne thanked Elaine for raising this issue for the council's attention and action. Lindy Gold moved approval of the June 2010 and September 2010 meeting minutes and Elaine seconded the motion. The motion was approved on a voice vote with five abstentions: Claudette Beaulieu, Robert Brothers, Barbara Geller, Faith VosWinkel and Christine Keller (June 2010 only).</p>
<p>Update on the State Agency Prevention Report</p>	<p>Anne announced that OPM is working with state agencies on the council to prepare the State Agency Prevention Report which will include data on at least two primary prevention programs from each agency. For the purposes of the report, primary prevention refers to programs designed to prevent or eliminate at-risk behavior before a problem occurs and includes: "policies and program that promote healthy, safe and productive lives and reduce the likelihood of crime, violence, substance abuse, illness, academic failure and other socially destructive behaviors." Programs included in the report will be limited to those that serve children aged 0-18 and their families. Anne noted that most agencies have already provided information to OPM and that the council would receive the report at the next</p>



	council meeting.
Federal Funding Issues	<p>A) McKinney-Vento Homeless Assistance Act. Paul Flinter reviewed a draft letter to the Connecticut congressional delegation urging additional federal funding for the McKinney-Vento Act's Education for Homeless Children and Youth Program (Title VII-B as amended by the NCLB Act of 2001). Paul suggested that the Council delay transmitting the letter until mid-November in order to include updated data on homeless students. After a brief discussion, members agreed to send the current letter with additional information on the foreclosure and unemployment rates. A letter with updated data will be sent when the 2009-2010 data on homeless students is available.</p> <p>After discussion, council members recommended that state agencies provide council staff with information regarding services and programs provided to homeless children and youth. This information will be compiled by council staff and reviewed at the next meeting.</p> <p>B) TANF Emergency Contingency Fund (ECF) - DSS agreed to draft a letter to the Connecticut congressional delegation urging reconsideration of a one year extension to the TANF emergency funds. DSS updated the members on activities completed to increase access to federal programs and funds. DSS is working with the Center on Budget and Policy Priorities and the Center for Law and Social Policy (CLASP) on efforts to extend the TANF ECF.</p>
Approve Priority Recommendations	Anne reported on recently released data on child poverty. The child poverty rate in Connecticut for 2009 is 12.1% which represents a slight decrease from 2008 when 12.5% of children in Connecticut lived in poverty. The state's ranking among states improved considerably -



moving from 42<sup>nd</sup> in 2008 to 49<sup>th</sup> in 2009. The 2009 child poverty rate, while comparing favorably to other states, still represents a deterioration from 2005 when the child poverty rate in Connecticut was 11.6%.

A) Review Revised Priority Recommendations-

Acting Secretary Sisco began the discussion by remarking that, while conceptually supportive of the recommendations, she was unable to endorse any recommendation that would require additional state expenditures due to the projected \$3 billion state budget deficit for the upcoming FY12-13 biennium. The council discussed reviewing and revising the council's priority recommendations based on the following criteria: no cost, low cost, opportunities for federal funding, and potential savings. The recommendations will be based on a five year plan or schedule. In recognition of the state budget deficit, the revised framework will emphasize that the council is not seeking state funding immediately, but when funds are available.

The council will review opportunities to engage community groups and experts in order to receive input in the priority areas identified in the recommendations.

B) Review New Recommendations on Truancy. Council members deferred action on draft recommendations from the Families with Service Needs (FWSN) Advisory Board Report and from the Family School Connection until further information regarding costs and results are provided. Two draft recommendations based on Senate Bill 278 will be added to the council's priority recommendations.

Members requested that SDE provide a presentation on the State Longitudinal Data System in early 2011.





	<p>Elaine Zimmerman recommended that a subcommittee be created to review additional Council functions as required in Section 1(c) of Public Act 10-133 and make recommendations to the full Council. Council members interested in serving on this subcommittee were asked to contact staff who will contact Elaine.</p>
Next Meeting	<p>The next meeting of the Child Poverty and Prevention Council will be on Tuesday, December 14 at 1:00 p.m.</p>
Adjournment	<p>The meeting was adjourned at 3:45 p.m.</p>



## **DCF's Supportive Housing for Families Program**

The Department of Children and Families recognizes the deep impact the lack of affordable, safe, and stable housing has on a family involved in the child welfare system. Often families are separated or unable to reunify due to the lack of housing being a major factor in their lives. When DCF Social Workers assess that housing is a barrier in child protection, they are able to refer the family to our Supportive Housing for families program.

The Supportive Housing for Families Program (SHF) provides permanent housing and intensive case management services to DCF families who are homeless or at risk of homelessness. Through our contracted agency, Connections, Inc. in conjunction with the family and the Department of Social Services provide intensive case management services to assist families to develop and utilize a network of services in the following areas: economic (financial support, employment assistance), social (housing, transportation, family support, parenting education, child care) and health (medical/mental health care for adult and child, relapse prevention, and domestic/child/substance abuse issues). Permanent housing is established once families no longer need case management services and receive a Housing Choice Voucher (HCV) (formally Section 8) Voucher, Rental Assistance Program (RAP) Certificate or Family Unification Program (FUP) Voucher.

The SHF program has the capacity to serve 500 DCF families statewide. Currently there are over 1,091 children currently being served by the SHF program. The program had been flat funded at \$7,010,000 for both SFY 2009 and SFY 2010. Due to the lack of HCV, RAP, or FUP vouchers, DCF reallocated funds to provide housing subsidies to avoid families from becoming homeless. The SHF Program is currently being funded at \$12,210,910.

## Homeless Youth Services Development of an Evidenced Based/Promising Practice

A law was passed requiring the Department of Children and Families, within available appropriations, to establish a program for homeless youth and youth at risk of becoming homeless. According to this legislation, the program may include (1) public outreach, (2) respite housing, and (3) transitional living services. The program must target youth under age 21 who lack appropriate and adequate shelter, including those under age 18 whose parents or guardians are unable or unwilling to provide shelter and appropriate care (PA 10-179, effective October 1, 2010).

In response to this new legislation, a multi-agency team was formed. The CT Team on Runaway and Homeless Youth (CTRHY) met monthly for over a year to collect data on runaway youth and homeless youth to identify evidenced based best practices to serve runaway and homeless youth between the ages of 16 and 21. It is now proposed to continue work as an interagency systems integration team, promote successful interventions, and provide systemic advocacy.

The goal was to develop a state of the art model based on the latest national lessons learned. Model features and principles were identified and include:

1. Employs a collaborative system and service integration approach.
2. Intends to leverage existing multi-agency resources, i.e. Existing Federally Funded HHS/HUD Home services; DSS and municipal beds, providers, and affordable housing; CSSD Crisis Beds; DCF Chap/TLAP/Stars when age appropriate and DCF involved.
3. Proposes Cost Effective Service Types and Financing
4. Procurement Driven
5. Employs data driven decision making and outcome evaluation
6. Outreach and engagement, prevention, life domain, and rapid re-housing focused
7. Highly strengths and individualized service based.
8. Incorporates affordable housing expertise on youth homeless teams to Link to permanent housing options

Recommended Services included:

**Outreach and Engagement** - Street, Schools, McKinney Vento Liaisons, Malls, recreation Centers

**Preventive Services** - In-Home Counseling/Crisis Management and Kinship Care Resolution

**Immediate Housing/Respite Options** - Host Homes, Purchase/use of excess DSS (TLAP) Apartments and/or segregated adult shelter beds, and Respite Apartments.

**Rapid Re-Housing Options** - Existing and transitional rental subsidy and need-based housing supports.

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PROGRAM	Description of Services	Expenditures (FY 2011)	Outcome Measures
<p>AIDS / HIV Prevention</p>	<p>The HIV Prevention Program funds three Street Smart Programs in Connecticut. The Street Smart program targets runaway and homeless youth, ages 11 to 18. Street Smart is a multi-session, skills-building program designed to help runaway and homeless youth practice safer sexual behaviors and reduce substance use. Sessions address improving youths' social skills, assertiveness and coping through exercises on problem solving, identifying triggers, and reducing harmful behaviors. Agency staff may also provide individual counseling and trips to community health providers</p>	<p>Programs are funded with a combination of state and federal (CDC funding):</p> <ul style="list-style-type: none"> <li>AIDS Project Hartford: - \$44,000/ year.</li> <li>Stamford Health Department - \$70,000/ year-</li> <li>AIDS Project New Haven - \$98,000/ year</li> </ul>	<p>During the period of: 7/1/09-6/30/10</p> <ul style="list-style-type: none"> <li>• 119 youth reached</li> <li>• 109 youth reached.</li> <li>• 119 youth reached.</li> </ul> <p>*only AIDS Project Hartford reached homeless youth</p>
<p>Tobacco Use Prevention Control</p>	<p>CDC-funded program working to address all risks associated with the use of tobacco products. Focused on the following goals: preventing the initiation of tobacco use among youth and adults, eliminating exposure to environmental tobacco smoke (second and third-hand smoke), promoting cessation of tobacco use, and working to eliminate tobacco-related disparities among target populations such as pregnant women, low socio-economic status, and ethnic groups with higher than average use of tobacco products.</p>	<p>Federal: \$1,080,000          State: \$1,250,000</p>	<ul style="list-style-type: none"> <li>• Our standards include the reduction and Elimination of use of all forms of tobacco, to prevent or delay smoking initiation, and to reduce participant's exposure to second-hand smoke</li> <li>• All funded programs must adhere to CDC's best practices guidelines and use evidenced based curriculums</li> <li>• All programs include education regarding Prevention of smoking initiation and the harmful effects of second hand smoke</li> <li>• At least 70% of program participants will Reduce their tobacco use</li> <li>• At least 75% of program participants will make changes to protect the health of non-smokers</li> </ul>

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<p>Women, Infant &amp; Children (WIC)</p> <p>Women, Infant &amp; Children (WIC) (continued)</p>	<p>The Connecticut WIC Program serves pregnant, postpartum, and breastfeeding women; infants; and children up to five years of age.</p> <p>The program provides services in four major areas during critical times of growth and development, in an effort to improve birth outcomes and child health: 1) Nutrition Education and Counseling; 2) Breastfeeding Promotion and Support; 3) Referral to outside medical and social services; and 4) Vouchers for healthy foods prescribed by the WIC Nutritionists (WIC food packages).</p>	<p>Federal: \$48,078,732</p>	<ul style="list-style-type: none"> <li>• At least 70% of pregnant women participating in the WIC Program for a minimum of 6 months gain appropriate weight.</li> <li>• The incidence of low birth weight (LBW) among infants whose mothers were on the WIC Program for at least 6 months during pregnancy does not exceed 6%</li> <li>• At least 60% of infants whose mothers were enrolled in the WIC Program during pregnancy breastfeed.</li> <li>• At least 25% of infants enrolled in the WIC Program breastfeed for at least 6 months.</li> <li>• The prevalence of anemia among children enrolled in the WIC Program for at least one year does not exceed 9%.</li> </ul>
<p>Community Health Centers</p>	<p>Seven health centers receive federal funding to provide health services to the homeless</p>	<p>Federal funding: \$3,479,494</p> <ol style="list-style-type: none"> <li>1) Charter Oak-\$1,186,575</li> <li>2) CHC, Inc-\$525,400</li> <li>3) Cornell Scott Hill-\$503,472</li> <li>4) Generations-\$392,806</li> <li>5) Optimus-\$202,125</li> <li>6) Southwest-\$373,834</li> <li>7) Staywell-\$295,282</li> </ol>	<p>In calendar year 2009:</p> <ol style="list-style-type: none"> <li>1) 1,738 homeless individuals served</li> <li>2) 1,242 homeless individuals served</li> <li>3) 2,930 homeless individuals served</li> <li>4) 1,894 homeless individuals served</li> <li>5) 514 homeless individuals served</li> <li>6) 1,143 homeless individuals served</li> <li>7) 575 homeless individuals served</li> </ol> <p>*all individuals served not just homeless children &amp; youth</p>
<p>School Based Health Centers</p>	<p>There are 65 SBHC sites and 10 expanded school health services sites funded by DPH. SBHC sites provide comprehensive primary health care to students in grades PreK-12 and are not tracked or reported by homelessness.</p>	<p>Programs are funded with a combination of state and federal (HRSA Maternal and Child Health Services Block Grant funding)</p> <p>State: \$10,440,646          Federal: \$288,096</p>	<p>Approximately 22,000 students had at least one visit at a SBHC in FY 10.</p>

END OF YEAR REPORT (2009-10)	<b>HOMELESS EDUCATION</b> Louis Tallarita, Program Manager																														
<b>Granting Authorization (Law):</b> Reauthorized in January 2002 as Title X, Part C, of the No Child Left Behind Act, the McKinney-Vento Act is now codified at 42 U.S.C. 11431-11434a.																															
<p>1. <b>Appropriate Level and Distribution</b> (SDE Admin., Grants, Contracts, Other): The Education of Homeless Children and Youth Program (EHCY) grant appropriation is 100percent funded from the U.S. Department of Education. The amount of the federal FY 10 appropriation was \$307,345. Connecticut also received an additional one-time allocation of \$336,688 from the ARRA stimulus package in EHCY funding to respond to the economic crisis. Funding was awarded to fifteen (15) Connecticut local education agencies (LEAs) through a competitive grant application process. Grant awards ranged from \$12,310 - \$50,310.</p>																															
<p>2. <b>Purpose:</b> The McKinney-Vento sub grants awarded to LEAs are for the purpose of facilitating the enrollment, attendance, and success in school of homeless children and youths. Funding to LEAs supported: tutoring or other instructional support; expedited evaluations; staff professional development and awareness; referrals for medical, dental, and other health services; transportation; early childhood programs; assistance with participation in school programs; before-, after-school, mentoring, summer programs; obtaining or transferring records necessary for enrollment; parent education related to rights and resources for children; coordination between schools and agencies; counseling; addressing needs related to domestic violence; clothing to meet a school requirement; school supplies; referral to other programs and services; emergency assistance related to school attendance. Funding reserved by State Education Agency (SEA) supports: overseeing and monitoring grant funding and activities, ensuring the law is implemented in LEAs and state plan is carried out; monitoring compliance; providing statewide outreach, training and technical assistance; supporting local liaisons; and establishing state-level collaborations.</p>																															
<p>3. <b>Community(ies) Served:</b></p> <table border="1" data-bbox="418 1325 1203 1885"> <tr><td>1) Ansonia Public Schools</td><td>\$12,310</td></tr> <tr><td>2) Bridgeport Public Schools</td><td>\$50,310</td></tr> <tr><td>3) Bristol Public Schools</td><td>\$25,000</td></tr> <tr><td>4) Danbury Public Schools</td><td>\$49,500</td></tr> <tr><td>5) Hartford Public Schools</td><td>\$50,310</td></tr> <tr><td>6) Killingly Public Schools</td><td>\$30,310</td></tr> <tr><td>7) Meriden Public Schools</td><td>\$30,310</td></tr> <tr><td>8) New Britain Public Schools</td><td>\$25,000</td></tr> <tr><td>9) New Haven Public Schools</td><td>\$50,310</td></tr> <tr><td>10) New London Public Schools</td><td>\$30,310</td></tr> <tr><td>11) Norwich Public Schools</td><td>\$50,310</td></tr> <tr><td>12) Windham Public Schools</td><td>\$50,310</td></tr> <tr><td>13) LEARN</td><td>\$33,510</td></tr> <tr><td>14) Education Connections/Torrington</td><td>\$48,000</td></tr> <tr><td>15) CT Technical High School System /Statewide</td><td>\$25,000</td></tr> </table>		1) Ansonia Public Schools	\$12,310	2) Bridgeport Public Schools	\$50,310	3) Bristol Public Schools	\$25,000	4) Danbury Public Schools	\$49,500	5) Hartford Public Schools	\$50,310	6) Killingly Public Schools	\$30,310	7) Meriden Public Schools	\$30,310	8) New Britain Public Schools	\$25,000	9) New Haven Public Schools	\$50,310	10) New London Public Schools	\$30,310	11) Norwich Public Schools	\$50,310	12) Windham Public Schools	\$50,310	13) LEARN	\$33,510	14) Education Connections/Torrington	\$48,000	15) CT Technical High School System /Statewide	\$25,000
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4. **Trend Analysis (2 year comparison):** During the 2009-10 school year, Connecticut school districts reported 2,716 homeless students, a 13 percent increase over the prior year and a 34 percent increase over the past two years. Increases are consistently being reported in the overall number of "homeless" preschoolers being served by LEA McKinney grantees, in the number of "homeless" students identified as eligible for services under the Individuals with Disabilities Education Act and in the number of "homeless" students identified with limited English proficiency.

5. **Students Served (#):** See attached U.S.D.E. (CSPR) PROGRAM DATA COLLECTION FORM (2009-10). The number of homeless children and youths served by McKinney-Vento sub grants during the 2009-10 school year was 1,784.

6. **Accomplishments:** Nationally, data reveals that many LEAs do not identify homeless students as required by law and subsequently do not receive the services and supports necessary to achieve academic success. Connecticut's 2009-10 data shows that statewide more districts (+8%) identified students that were homeless and attending school.

In the 2009-10 school year, three out of four identified homeless children and youth in Connecticut received services from a McKinney-Vento grant and an increased number of these students were reported as having met or exceeded state proficiency in their achievement testing. Sample data compared among LEAs that receive McKinney funding shows an overall 24 percent increase in the number of homeless students scoring at or above proficiency on the State reading/language arts assessment (CMT/CAPT), as compared to the 2008-09 data. Similarly, there was an overall 24 percent increase in the number of homeless students scoring at or above proficiency on the State mathematics assessment (CMT/CAPT).

7. **Concerns (challenges and potential solutions) and growth potential:** LEA level challenges include: lack of funding and resources available in providing out-of-district transportation services; difficult to retrieve school records, immunization and other medical records necessary to make accurate and timely placements; improving local identification and determining homeless status of families; lack of appropriate, local housing options for families; meeting the unique needs of unaccompanied youth. SEA level challenges include: limited amount of funding restricts both the size and number of grants distributed statewide; improving LEA level identification and changing data requirements; providing routine LEA monitoring and enforcement; limited local and state resources available to serve preschool children, infants and toddlers.

Connecticut's federal McKinney-Vento funding to support children and youth who are homeless remains gravely insufficient. School districts that never before reported serving homeless students are now seeing homelessness in their midst, and those school districts with significant populations are seeing their numbers grow. Local budgets increasingly are being tapped, creating disincentives to identify and serve some of our most vulnerable students. Additional financial support to LEAs is needed to provide the rising tide of homeless students with their legal rights.



# CONSOLIDATED STATE PERFORMANCE REPORT: PART I

For reporting on  
**School Year 2009-10**  
**Connecticut's McKinney-Vento**  
**EDUCATION FOR HOMELESS CHILDREN AND YOUTHS PROGRAM**  
**Section 1.9**

**PART I DUE DECEMBER 17, 2010**  
**5PM EST**

The Consolidated State Performance Report (CSPR) is the required annual reporting tool for each State, the Bureau of Indian Education, District of Columbia, and Puerto Rico as authorized under Section 9303 of the Elementary and Secondary Education Act (ESEA), as amended. The CSPR consists of two parts. Part I of the CSPR collects data related to the five ESEA goals established in the approved June 2002 Consolidated State Application, information required for the Annual State Report to the Secretary, as describe in section 1111(h)(4) of ESEA, and data required under Homeless Collection and the Migrant Child Count. Part II of the CSPR collects information related to state activities and outcomes of specific ESEA programs needed for the programs' GPRA indicators or other assessment and reporting requirement.

### Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0614. The obligation to respond is to retain a benefit. The time required to complete this information collection for Part I and Part II combined is estimated to average 34.34 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4537.

## 1.9 EDUCATION FOR HOMELESS CHILDREN AND YOUTHS PROGRAM

This section collects data on homeless children and youths and the McKinney-Vento grant program.

In the table below, provide the following information about the number of LEAs in the State who reported data on homeless children and youths and the McKinney-Vento program. The totals will be automatically calculated.

	#	# LEAs Reporting Data
LEAs without subgrants	182	182
LEAs with subgrants	15	15
Total	197	197

### 1.9.1 All LEAs (with and without McKinney-Vento subgrants)

The following questions collect data on homeless children and youths in the State.

#### 1.9.1.1 Homeless Children and Youths

In the table below, provide the number of homeless children and youths by grade level enrolled in public school at any time during the regular school year. The totals will be automatically calculated:

Age/Grade	# of Homeless Children/Youths Enrolled in Public School in LEAs Without Subgrants	# of Homeless Children/Youths Enrolled in Public School in LEAs With Subgrants
Age 3 through 5 (not Kindergarten)	30	119
K	53	223
1	74	202
2	54	176
3	51	178
4	62	150
5	48	142
6	51	150
7	58	120
8	50	124
9	50	132
10	43	98
11	48	92
12	33	96
Ungraded	0	9
Total	705	2011

### 1.9.1.2 Primary Nighttime Residence of Homeless Children and Youths

In the table below, provide the number of homeless children and youths by primary nighttime residence enrolled in public school at any time during the regular school year. The primary nighttime residence should be the student's nighttime residence when he/she was identified as homeless. The totals will be automatically calculated.

	# of Homeless Children/Youths - LEAs Without Subgrants	# of Homeless Children/Youths - LEAs With Subgrants
Shelters, transitional housing, awaiting foster care	266	887
Doubled-up (e.g., living with another family)	300	1050
Unsheltered (e.g., cars, parks, campgrounds, temporary trailer, or abandoned buildings)	8	18
Hotels/Motels	131	56
<b>Total</b>	<b>705</b>	<b>2011</b>

### 1.9.2 LEAs with McKinney-Vento Subgrants

The following sections collect data on LEAs with McKinney-Vento subgrants.

#### 1.9.2.1 Homeless Children and Youths Served by McKinney-Vento Subgrants

In the table below, provide the number of homeless children and youths by grade level who were served by McKinney-Vento subgrants during the regular school year. The total will be automatically calculated.

Age/Grade	# Homeless Children/Youths Served by Subgrants
Age 3 through 5 (not Kindergarten)	110
K	209
1	193
2	157
3	158
4	133
5	123
6	137
7	100
8	111
9	108
10	78
11	70
12	88
Ungraded	9
<b>Total</b>	<b>1784</b>

### 1.9.2.2 Subgroups of Homeless Students Served

In the table below, please provide the following information about the homeless students served during the regular school year.

	# Homeless Students Served
Unaccompanied youth	78
Migratory children/youth	18
Children with disabilities ( <i>IDEA</i> )	376
Limited English proficient students	404

### 1.9.2.3 Educational Support Services Provided by Subgrantees

In the table below, provide the number of subgrantee programs that provided the following educational support services with McKinney-Vento funds.

	# McKinney-Vento Subgrantees That Offer
Tutoring or other instructional support	11
Expedited evaluations	5
Staff professional development and awareness	11
Referrals for medical, dental, and other health services	10
Transportation	12
Early childhood programs	7
Assistance with participation in school programs	11
Before-, after-school, mentoring, summer programs	10
Obtaining or transferring records necessary for enrollment	8
Parent education related to rights and resources for children	11
Coordination between schools and agencies	11
Counseling	8
Addressing needs related to domestic violence	7
Clothing to meet a school requirement	10
School supplies	11
Referral to other programs and services	11
Emergency assistance related to school attendance	6
Other (optional – in comment box below)	3
Other (optional – in comment box below)	2
Other (optional – in comment box below)	1

The response is limited to 8,000 characters.

(3) HYGIENE PRODUCTS, FOOD, PARENTING SUPPORT GROUP  
 (2) POST-GRAD PLANNING/SCHOLARSHIP SEARCHES, WINTER OUTERWEAR  
 (1) HOLIDAY GIFT PROGRAM

### 1.9.2.4 Barriers to the Education of Homeless Children and Youths

In the table below, provide the number of subgrantees that reported the following barriers to the enrollment and success of homeless children and youths.

	# Subgrantees Reporting
Eligibility for homeless services	1
School selection	1
Transportation	4
School records	2
Immunizations	2
Other medical records	2
Other barriers – in comment box below	

The response is limited to 8,000 characters.

### 1.9.2.5 Academic Progress of Homeless Students

The following questions collect data on the academic achievement of homeless children and youths served by McKinney-Vento subgrants.

#### 1.9.2.5.1 Reading Assessment

In the table below, provide the number of homeless children and youths served who were tested on the State reading/language arts assessment and the number of those tested who scored at or above proficient. Provide data for grades 9 through 12 only for those grades tested for ESEA.

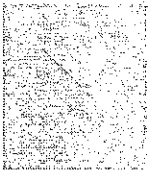
Grade	## Homeless Children/Youth Who Received a Valid Score and for Whom a Proficiency Level Was Assigned	## Homeless Children/Youth Scoring at or above Proficient
3	126	60
4	88	39
5	90	40
6	78	47
7	69	50
8	87	49
High School	65	24

### 1.9.2.5.2 Mathematics Assessment

This section is similar to 1.9.2.5.1. The only difference is that this section collects data on the State mathematics assessment.

Grade	## Homeless Children/Youth Who Received a Valid Score and for Whom a Proficiency Level Was Assigned	## Homeless Children/Youth Scoring at or above Proficient
3	123	78
4	96	60
5	92	59
6	89	49
7	75	51
8	87	52
High School	70	19

reliminary



**FOR IMMEDIATE RELEASE**  
**September 22, 2011**

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Wade Gibson, Senior Policy Fellow, (203) 498-4240 x113 (on poverty & income)  
Mary Alice Lee, Senior Policy Fellow, (203) 498-4240, x104 (on the uninsured)

## **Poverty Rising and Income Falling in Connecticut, Census Data Indicate**

***City poverty, income, and uninsured estimates reported; fewer uninsured children; Connecticut Voices calls for state economic plan***

New Census data from the American Community Survey indicate that poverty has continued to rise in Connecticut due to the economic downturn. In 2010, 10.1% of Connecticut residents (350,145) had incomes under the Federal Poverty Level, up from 9.4% in 2009. Among Connecticut children under age 18, 12.8% (103,498 children) lived in families with incomes under the Federal Poverty Level in 2010. (For a two-parent household with two children, the poverty level was \$22,113 in 2010.)

Median household income also fell statewide, declining from an estimated \$68,174 in 2009 to \$64,032 in 2010. Connecticut experienced one of the largest declines in income (6.1%), second only to Nevada.

Connecticut Voices for Children, a research-based think tank that analyzed the Census data, stated that poverty trends reflect the continued impact of the economic recession, which began in the state in March 2008. Connecticut had already experienced the largest increase in poverty of any state between 2007 and 2008, growing from 7.9% to 9.3%. There was a significant increase in poverty among all Connecticut residents over the decade, rising from 7.3% in 2001 to 10.1% in 2010.

In response to the findings, Connecticut Voices called upon state policymakers to reinvigorate job growth in the state during the upcoming special legislative session on jobs by creating a comprehensive economic plan, investing in education and physical infrastructure, and reducing the high costs of living and doing business in the state.

“Connecticut’s rising poverty, falling income, and high unemployment reinforce the need for state policymakers to develop a statewide plan to create good-paying jobs and to restart our economic engine,” said **Jamey Bell, Executive Director at Connecticut Voices for Children.**

Connecticut Voices praised the creation of a state Earned Income Tax Credit (EITC) this year by the Connecticut lawmakers and Governor Malloy. The federal version of the EITC, started by President Nixon and greatly expanded by President Reagan, lifts more children out of poverty

than any other federal program, according to a report by the Center on Budget and Policy Priorities. The state version of this credit for low-income workers is intended to help offset Connecticut's greater cost of living and to reward work.

"The new state EITC will provide a significant boost for low-income families and put more money directly into the hands of people working hard to reach the middle class," said **Wade Gibson, Senior Policy Fellow at Connecticut Voices for Children.**

Estimates of poverty rates varied significantly across Connecticut's cities: Bridgeport (23.1%), Danbury (11.6%), Hartford (31.2%), New Britain (22.0%), New Haven (29.7%), Norwalk (7.3%), Stamford (12.1%), and Waterbury (21.0%). The percentage of children under 18 in poverty in Connecticut cities was also reported for Bridgeport (31.2%), Danbury (9.9%), Hartford (44.5%), New Britain (26.5%), New Haven (43.7%), Norwalk (11.4%), Stamford (11.9%), and Waterbury (31.7%). Poverty estimates are only available for cities with populations over 65,000. The poverty rate for children in the city of New Haven increased significantly from 2009 to 2010. The estimate of poverty among residents of Norwalk significantly decreased from 15.1% in 2009 to 7.3% in 2010. (However, the 2008 poverty estimate for Norwalk was 9.6%, so year-to-year changes in these Norwalk estimates should be interpreted with caution.) Median household income fell between 2009 and 2010 in Stamford, from \$77,340 to \$66,617.

The American Community Survey also provided poverty estimates for Connecticut's counties and Congressional districts. There were declines in median household income in Fairfield, Hartford, and New Haven counties. There were also significant income declines in the 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> Congressional districts (represented by Reps. DeLauro, Himes, and Murphy, respectively.) (See attached fact sheet for details.)

Statewide, the poverty rate for Hispanics (23.6%) and African Americans (22.1%) was significantly higher than the rate for White, non-Hispanic residents (5.9%).

With the establishment of the Child Poverty Council by state legislation in 2004, Connecticut became the first state in the nation to set a goal of reducing child poverty -- by half by 2014. In 2003 (the baseline year for the Council), 10.8% of Connecticut's children in families ("related children") had incomes below the poverty line. The state set a goal of reducing the poverty rate to only 5% of children in 2014. Connecticut's poverty rate for children in families (12.7% in 2010) has significantly worsened over the last decade (the 2001 rate was 9.7%). To meet the goal of reducing child poverty by half, Connecticut must reverse course dramatically, according to Connecticut Voices.

Nationwide, the American Community Survey estimated that 15.3% of all Americans (46.2 million) live in poverty, an increase from 14.3% in 2009. Among children under 18, 21.6% (15.7 million) live in poverty, up from 20.0% in 2009. Median household income also decreased nationally, dropping from \$51,190 in 2009 to \$50,046 in 2010.

"We still need to move ahead on a number of fronts to ensure a fair playing field for working families. The EITC will help, but there have to be enough jobs, and work has to pay a sustaining wage. We have to be investing in both our supply of educated workers, and the demand for them in the form of jobs with responsible employers," said **Jim Horan, Executive Director of the Connecticut Association for Human Services.**



The 2010 poverty figures do not surprise Connecticut's twelve Community Action Agencies (CAAs) who saw over 350,000 customers last year: The CAAs are the state's federally designated anti-poverty agencies. "The numbers of individuals and families coming through our doors who have never before requested assistance have skyrocketed since the beginning of the recession," said **Edith Pollock Karsky, Executive Director of the Connecticut Association for Community Action**. "Last year we saw a 5% increase in customers asking for heating assistance and, when combined with a 40% increase since 2007/2008, the numbers tell the story - a 45% increase in energy assistance in 3 years is dramatic."

"The rate of child poverty in Bridgeport is alarming. We are deeply concerned about the impact poverty has on children's health, school performance, family stability and safety. Affordable, quality health care, a strong education system, affordable housing and jobs that move families out of poverty are critical to help offset the effects of child poverty," remarked **Mary Pat Healy, Executive Director of the Bridgeport Child Advocacy Coalition**.

For the third year, the U.S. Census Bureau released state-, city-, county- and Congressional district-level estimates for health insurance coverage in Connecticut from the American Community Survey. In Connecticut, 9.1% (an estimated 320,133 persons) of all people in Connecticut were without health insurance at the time of the survey. This was not significantly different from the 2009 rate. An estimated 3.0% of children under 18 (24,144) were uninsured at the time of the 2010 survey, a significant decrease from the 3.8% rate in 2009. Estimates for Connecticut city residents who were uninsured at the time they were surveyed for the American Community Survey in 2010 range from 10.0% in Norwalk to 24.0% in Stamford. Estimates for uninsured children range from 2.1% in New Britain to 9.9% in Stamford. There were no statistically significant changes in city, county, or Congressional district uninsured rates between 2009 and 2010.

Connecticut Voices pointed to the lower uninsured rates for children as evidence of the state's success in enrolling uninsured children in the state's HUSKY health insurance program, and called on federal lawmakers to avoid cuts to Medicaid that would reduce funding for HUSKY in Connecticut. In 2007 and 2008, income eligibility was increased for parents and pregnant women in the program. As a result of these eligibility expansions and the growing need for the program, enrollment of children, parents, and pregnant women in HUSKY increased by about 95,000 between July 2007 and July 2010. However, Connecticut Voices warned that this progress in enrollment could be reversed if federal lawmakers make severe cuts to the Medicaid program, which helps to fund HUSKY in Connecticut.

"HUSKY is helping to decrease the numbers of uninsured children in Connecticut during difficult economic times, as parents lose their jobs and private health insurance coverage" said **Mary Alice Lee at Connecticut Voices**. "The threat of severe federal cuts to Medicaid could undo that progress."

Statewide, the uninsured rate for Hispanics (21.7%) and African Americans (13.8%) was significantly higher than the rate for White, non-Hispanic residents (5.9%).

"Racial and ethnic health disparities and the growing poverty rate in Connecticut raise concerns about the health status of Connecticut's poor, unserved and underserved populations, who are disproportionately African-Americans and Hispanics. The health disparities that exist in these

populations will likely only increase with rising poverty, thus creating poorer health outcomes. Addressing the factors that contribute to racial and ethnic health disparities can ensure a healthier Connecticut,” said **Patricia Baker, President and CEO of the Connecticut Health Foundation.**

“As a one-day snap shot, the ACS data provides us with some interesting insights to the plight of the uninsured in Connecticut,” said **Juan A. Figueroa, president of Universal Health Care Foundation of Connecticut.** “That an average of 9.1 percent of Connecticut residents are without insurance coverage is hard enough to swallow, but the numbers in some cities when coupled with the disparities among people of color show that a good many of those hardest hit by the lack of insurance coverage also happen to be small business owners and employers in those communities. We need this sector to play a vital role in creating jobs and reinvigorating the economy, yet they remain hobbled by health care.”

In 2010, 15.5 % (47.2 million) of Americans were uninsured at the time they were surveyed, according to the American Community Survey, a statistically significant increase from the 2009 rate of 15.1%. Among children in the U.S., an estimated 8.0% (5.9 million) were uninsured, a significant decrease from the 8.6% who were uninsured in 2009.

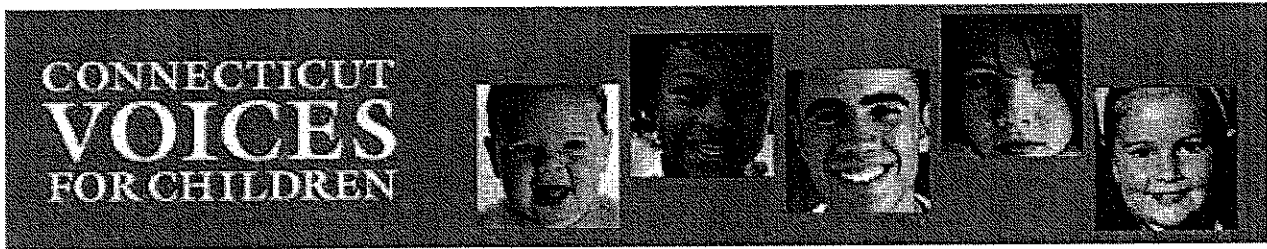
Connecticut Voices for Children is a research-based think tank that works to advance policies that benefit the state’s children, youth and families ([ctkidslink.org](http://ctkidslink.org)).

**More about these data**

For the third year, the US Census Bureau has included a question in its annual American Community Survey (ACS) on health insurance coverage. The question asks whether the person is currently covered by any type of insurance. The results are not directly comparable to data from the Current Population Survey (CPS), which asks whether respondents were uninsured for the entire previous year. The sample size for the ACS is much larger than the CPS, so estimates of insurance status are available through the ACS for cities and counties with population greater than 65,000. CPS estimates of the uninsured are available only at the national and state levels.

This news release and fact sheet, along with links to additional national, state, and local data on demographic, social, and housing indicators from the American Community Survey are available through the CT Voices site at [www.ctkidslink.org/censuspoverty.html](http://www.ctkidslink.org/censuspoverty.html). **See the attached CT Voices fact sheet for detailed survey results for Connecticut, its counties, Congressional districts, and cities; evaluation of the statistical significance of changes in local, state, and national estimates; and background on the measures. Note: Unless a change in Census estimates over time is statistically significant, it is not accurate to say that poverty has increased or declined in a city, county, or state.**

-END-



## Poverty, Median Income, and Health Insurance in Connecticut: Summary of 2010 American Community Survey Census Data

September 22, 2011

### Connecticut and the Nation – Poverty, Income, & Uninsured

#### Poverty in Connecticut

Poverty Indicator	Connecticut 2010 % and #	Connecticut 2009 % and #	Connecticut 2007 (pre-recession) % and #	Connecticut 2001 % and #
Persons with income less than Federal Poverty Level*	10.1% (350,145) <b>Significant increase from 2009, 2007 and 2001</b>	9.4% (320,554)	7.9% (268,880)	7.3% (242,421)
All children under 18 under Federal Poverty Level**	12.8% (103,498) <b>Significant increase from 2007 and 2001</b> <b>No significant change from 2009</b>	12.1% (96,893)	11.1% (89,373)	10.2% (81,583)
Related children under 18 under Federal Poverty Level	12.7% (101,791) <b>Significant increase from 2007 and 2001</b> <b>No significant change from 2009</b>	11.9% (94,650)	10.6% (85,530)	9.7% (77,251)
All Children with income under 200% Federal Poverty Level ***	28.1% (226,074) <b>Significant increase from 2007</b> <b>No significant change in % from 2009</b>	26.1% (208,902)	25.1% (202,579)	Not available
Families with income below Federal Poverty Level	7.2% (63,695) <b>Significant increase from 2007 and 2001</b> <b>No significant change from 2009</b>	6.7% (59,484)	5.7% (50,353)	5.3% (46,935)

Data from the U.S. Census American Community Survey (ACS). Analysis of statistical significance of estimate changes by CT Voices for Children. One-year comparisons are valid for ACS data. **Unless specifically noted, comparisons between 2010 data to other years are not statistically significant.**

Historical data reflect revised estimates by the U.S. Census Bureau. As a result, data listed here may not match previously published Census data.

\* In 2010, the federal poverty level was set to \$22,113 for a two-parent household with two children.

\*\* "All persons" and "children in poverty" are more inclusive groups than "related children under 18" in poverty. All persons and children in poverty include some people living in "group quarters." "Related children," who might also be considered "children in families," are those related to the head of household.

\*\*\* The 200% federal poverty level roughly corresponds to Connecticut's Self-Sufficiency Standard -- a measure, created by the state of Connecticut, of the income necessary for a family to meet basic needs. (The Standard for some regions of the state is considerably higher than 200% of the poverty level.)

## Poverty in the Nation in 2010

Poverty Indicator	United States	
	2010 % and #	2009 % and #
Persons with income less than Federal Poverty Level	15.3% (46.2 million) <b>Significant increase</b>	14.3% (42.9 million)
All Children under 18 with income under Federal Poverty Level	21.6% (15.7 million) <b>Significant increase</b>	20.0% (14.7 million)
Related children under 18 with income under Federal Poverty Level	21.2% (15.4 million) <b>Significant increase</b>	19.7% (14.4 million)
All Children with income under 200% Federal Poverty Level	44.0% (32.2 million) <b>Significant increase</b>	41.9% (30.7 million)
Families with income below Federal Poverty Level	11.3% (8.6 million) <b>Significant increase</b>	10.5% (8.0 million)

Data from the U.S. Census American Community Survey (ACS). Analysis of statistical significance of estimate changes by CT Voices for Children. **Unless specifically noted, comparisons between 2010 data to other years are not statistically significant.** "Related children," who might also be considered "children in families," are those related to the head of household.

## Poverty Rates by Race/Ethnicity in Connecticut in 2010

	Persons with income less than Federal Poverty Level
White, non-Hispanic	5.9% (146,727)
African American, non-Hispanic	22.1% (75,389) <b>Significantly higher than White, non-Hispanic</b>
Hispanic	23.6% (110,433) <b>Significantly higher than White, non-Hispanic</b>

Data from the U.S. Census American Community Survey (ACS); calculations by Connecticut Voices for Children.

## Income Estimates for Connecticut and the Nation

Income Indicator	Connecticut			United States	
	2010	2009	2007 (pre-recession)	2010 % and #	2009 % and #
Median household income in 2010 dollars (ACS)	\$64,032 <b>Significant decrease from 2009 and 2007</b>	\$68,174	\$69,486	\$50,046 <b>Significant decrease</b>	\$51,190

Data from the U.S. Census American Community Survey (ACS). Analysis of statistical significance of estimate changes by CT Voices for Children. **Unless specifically noted, changes in median income estimates between 2009 and 2010 are not statistically significant.**

## Uninsured Estimates for Connecticut

Uninsured Indicator	Connecticut		
	2010 % and #	2009 % and #	2008 % and #
All persons uninsured (point in time estimate)	9.1% (320,133) <b>No significant change from previous years</b>	8.8% (305,210)	8.8% (302,413)
All children under 18 uninsured (point in time estimate)	3.0% (24,144) <b>Significant decrease from 2009 and 2008</b>	3.8% (30,433)	4.6% (37,355)

Data from the U.S. Census American Community Survey (ACS). Analysis of statistical significance of estimate changes by CT Voices for Children. The Census began gathering uninsured estimates through the American Community Survey in 2008. The Census revised some of its initial 2008 uninsured ACS estimates, so data listed here may not match Census data published earlier.

## Uninsured Estimates for the Nation

Uninsured Indicator	United States	
	2010 % and #	2009 % and #
All persons uninsured (point in time estimate)	15.5% (47.2 million) <b>Significant increase</b>	15.1% (45.7 million)
All children under 18 uninsured (point in time estimate)	8.0% (5.9 million) <b>Significant decrease</b>	8.6% (6.4 million)

Data from the U.S. Census American Community Survey (ACS). Analysis of statistical significance of estimate changes by CT Voices for Children.

## Uninsured Rates by Race/Ethnicity in Connecticut in 2010

	All persons uninsured (point in time estimate)
White, non-Hispanic	5.9% (146,772)
African American, non-Hispanic	13.8% (47,746) Significantly higher than rate for White, non-Hispanic
Hispanic	21.7% (102,764) Significantly higher than rate for White, non-Hispanic

Data from the U.S. Census American Community Survey (ACS); calculations by Connecticut Voices for Children. Analysis of statistical significance of estimate changes by CT Voices for Children. Estimated number of uninsured is less than statewide total because other racial/ethnic groups are not reported here.

## Connecticut's Large Cities – Poverty, Income & the Uninsured

### Poverty Rates and Median Income in Connecticut Cities in 2010

Estimate and range included. Range is estimate +/- the margin of error.

City	Persons with income less than Federal Poverty Level	Children under 18 under Federal Poverty Level	Median household income in 2010 dollars
STATEWIDE	10.1% (9.6%-10.6%)	12.8% (11.9%-13.7%)	\$64,032 (\$62,940-\$65,124)
Bridgeport	23.1% (19.5%-26.7%)	31.2% (24.5%-37.9%)	\$38,919 (\$34,261-\$43,577)
Danbury	11.6% (7.9%-15.3%)	9.9% (4.6%-15.2%)	\$58,124 (\$52,388-\$63,860)
Hartford	31.2% (26.5%-35.9%)	44.5% (36.7%-52.3%)	\$26,499 (\$23,547-\$29,451)
New Britain	22.0% (17.3%-26.7%)	26.5% (16.5%-36.5%)	\$36,784 (\$32,276-\$41,292)
New Haven	29.7% (25.1%-34.3%)	43.7% (35.4%-52.0%) <b>Significant increase from 2009*</b>	\$35,122 (\$29,027-\$41,217)
Norwalk	7.3% (4.6%-10.0%) <b>Significant decrease from 2009*</b>	11.4% (3.7%-19.1%)	\$67,848 (\$61,650-\$74,046)
Stamford	12.1% (9.6%-14.6%)	11.9% (6.7%-17.1%)	\$66,617 (\$61,353-\$71,881) <b>Significant decrease from 2009*</b>
Waterbury	21.0% (17.3%-24.7%)	31.7% (24.0%-39.4%)	\$38,672 (\$34,099-\$43,245)

Data from the U.S. Census American Community Survey (ACS). Analysis of statistical significance of estimate changes by CT Voices for Children. **Unless specifically noted, comparisons between 2009 and 2010 city data are not statistically significant.** Single year estimates are only available for cities with populations greater than 65,000.

\* Indicates change over time in the poverty rate was statistically significant:

- In Norwalk, the percentage of all people in poverty decreased from 15.1% in 2009 to 7.3% in 2010. However, the poverty estimate for Norwalk was 9.6% in 2008, so year-to-year changes in these Norwalk estimates should be interpreted with caution.
- In New Haven, the percentage of children in poverty increased from 31.2% in 2009 to 43.7% in 2010.
- In Stamford, the median household income decreased from \$77,340 in 2009 to \$66,617 in 2010.

The numbers reported in ACS surveys are estimates because only a sample of the entire population is surveyed. The margin of error estimates the range of values within which the population's actual uninsured rate is likely to fall. Because sample sizes for a survey at the city level (and particularly for subgroups like children) can be small, the margins of error can be quite wide, and differences between cities should be interpreted with caution.

## Uninsured in Connecticut Cities in 2010

Estimate and range included. Range is estimate +/- the margin of error.

	Uninsured	
	All persons uninsured (point in time estimate)	All children under 18 uninsured (point in time estimate)
<b>Connecticut</b>	9.1% (8.8%-9.4%)	3.0% (2.6%-3.4%)
Bridgeport	18.6% (16.4%-20.8%)	4.4% (2.6%-6.2%)
Danbury	20.0% (16.4%-23.6%)	7.6% (3.4%-11.8%)
Hartford	16.9% (14.1%-19.7%)	5.3% (2.5%-8.1%)
New Britain	12.5% (9.6%-15.4%)	2.1% (0.0%-4.3%)
New Haven	13.0% (10.4%-15.6%)	6.2% (2.6%-9.8%)
Norwalk	10.0% (7.7%-12.3%)	7.2% (2.8%-11.6%)
Stamford	24.0% (20.2%-27.8%)	9.9% (4.6%-15.2%)
Waterbury	12.1% (10.4%-13.8%)	5.3% (2.7%-7.9%)

Data from the U.S. Census American Community Survey (ACS). Analysis of statistical significance of estimate changes by CT Voices for Children. **Unless specifically noted, comparisons between 2009 and 2010 city data are not statistically significant.** Single year estimates are available only for cities with populations greater than 65,000.

The numbers reported in ACS surveys are estimates because only a sample of the entire population is surveyed. The margin of error estimates the range of values within which the population's actual uninsured rate is likely to fall. Because sample sizes for a survey at the city level (and particularly for subgroups like children) can be small, the margins of error can be quite wide, and differences between cities should be interpreted with caution.



## Connecticut Counties – Poverty, Income & Uninsured

### Poverty Rates and Median Income in Connecticut Counties in 2010

Estimate and range included. Range is estimate +/- the margin of error.

County	Persons with income less than Federal Poverty Level	Children under 18 under Federal Poverty Level	Median household income in 2010 dollars
STATEWIDE	10.1% (9.6%-10.6%)	12.8% (11.9%-13.7%)	\$64,032 (\$62,940-\$65,124)
Fairfield	9.4% (8.5%-10.3%)	10.9% (9.4%-12.4%)	\$74,831 (\$72,024-\$77,638) <b>Significant decrease from 2009*</b>
Hartford	11.4% (10.4%-12.4%)	15.1% (13.0%-17.2%)	\$60,041 (\$58,109-\$61,973) <b>Significant decrease from 2009*</b>
Litchfield	6.5% (5.3%-7.7%)	8.3% (5.5%-11.1%)	\$66,307 (\$61,425-\$71,189)
Middlesex	7.4% (5.4%-9.4%)	6.8% (3.6%-10.0%)	\$69,566 (\$63,805-\$75,327)
New Haven	11.7% (10.8%-12.6%)	16.5% (14.4%-18.6%)	\$57,056 (\$55,401-\$58,711) <b>Significant decrease from 2009*</b>
New London	8.8% (7.2%-10.4%)	10.8% (6.9%-14.7%)	\$62,349 (\$59,269-\$65,429)
Tolland	5.4% (3.9%-6.9%)	3.8% (1.2%-6.4%)	\$75,626 (\$71,242-\$80,010)
Windham	12.3% (9.6%-15.0%)	16.0% (10.4%-21.6%)	\$60,026 (\$54,258-\$65,794)

Data from the U.S. Census American Community Survey (ACS). Analysis of statistical significance of estimate changes by CT Voices for Children. **Unless specifically noted, comparisons between 2009 and 2010 county data are not statistically significant.**

\* Indicates change over time in the poverty rate that was statistically significant:

- In Fairfield County, median household income decreased from \$80,452 in 2009 to \$74,831 in 2010.
- In Hartford County, median household income decreased from \$62,821 in 2009 to \$60,041 in 2010.
- In New Haven County, median household income decreased from \$61,553 in 2009 to \$57,056 in 2010.

### Uninsured in Connecticut Counties in 2010

Estimate and range included. Range is estimate +/- the margin of error.

	Uninsured	
	All persons uninsured (point in time estimate)	All children under 18 uninsured (point in time estimate)
Connecticut	9.1% (8.8%-9.4%)	3.0% (2.6%-3.4%)
Fairfield County	11.7% (10.9%-12.5%)	3.9% (2.9%-4.9%)
Hartford County	8.5% (7.8%-9.2%)	2.5% (1.8%-3.2%)
Litchfield County	6.9% (5.8%-8.0%)	2.4% (1.2%-3.6%)
Middlesex County	7.6% (6.2%-9.0%)	3.7% (1.7%-5.7%)
New Haven County	8.8% (8.2%-9.4%)	3.0% (2.2%-3.8%)
New London County	8.1% (7.1%-9.1%)	2.2% (0.5%-3.9%)
Tolland County	5.1% (4.0%-6.2%)	0.7% (0%-1.4%)
Windham County	8.5% (6.7%-10.3%)	2.6% (0.4%-4.8%)

Data from the U.S. Census American Community Survey (ACS). Analysis of statistical significance of estimate changes by CT Voices for Children. **Unless specifically noted, comparisons between 2009 and 2010 county data are not statistically significant.**

## Connecticut Congressional Districts – Poverty, Income & Uninsured

### Poverty Rates and Median Income in Connecticut Congressional Districts in 2010

Estimate and range included. Range is estimate +/- the margin of error.

Congressional District	Persons with income less than Federal Poverty Level	Children under 18 under Federal Poverty Level	Median household income in 2010 dollars
STATEWIDE	10.1% (9.6-10.6%)	12.8% (11.9-13.7%)	\$64,032 (\$62,940-65,124) <b>Significant decrease from 2009*</b>
1 <sup>st</sup> Congressional District (Rep. Larson)	11.1% (10.0%-12.2%)	15.3% (13.1%-17.5%)	\$59,321 (\$57,175-61,467)
2 <sup>nd</sup> Congressional District (Rep. Courtney)	7.5% (6.5%-8.5%)	8.5% (6.3%-10.7%)	\$68,952 (\$66,878-71,026)
3 <sup>rd</sup> Congressional District (Rep. DeLauro)	11.5% (10.3%-12.7%)	16.1% (13.8%-18.4%)	\$57,676 (\$55,617-59,735) <b>Significant decrease from 2009*</b>
4 <sup>th</sup> Congressional District (Rep. Himes)	9.8% (8.8%-10.8%)	11.3% (9.5%-13.1%)	\$77,074 (\$74,108-80,040) <b>Significant decrease from 2009*</b>
5 <sup>th</sup> Congressional District (Rep. Murphy)	10.6% (9.6%-11.6%)	13.2 (10.9%-15.5%)	\$60,460 (\$58,536-62,384) <b>Significant decrease from 2009*</b>

Data from the U.S. Census American Community Survey (ACS). Analysis of statistical significance of estimate changes by CT Voices for Children. **Unless specifically noted, comparisons between 2009 and 2010 Congressional district data are not statistically significant.**

\* Indicates change over time in the poverty rate that was statistically significant:

- In the 3<sup>rd</sup> Congressional District, median household income decreased from \$62,746 in 2009 to \$57,676 in 2010.
- In the 4<sup>th</sup> Congressional District, median household income decreased from \$83,121 in 2009 to \$77,074 in 2010.
- In the 5<sup>th</sup> Congressional District, median household income decreased from \$66,058 in 2009 to \$60,460 in 2010.

## Uninsured in Connecticut Congressional Districts – 2010

Estimate and range included. Range is estimate +/- the margin of error.

Congressional District	All persons uninsured (point in time estimate)	All children under 18 uninsured (point in time estimate)
Connecticut	9.1% (8.8%-9.4%)	3.0% (2.6%-3.4%)
1 <sup>st</sup> Congressional District (Rep. Larson)	8.7% (7.9%-9.5%)	2.7% (1.9%-3.5%)
2 <sup>nd</sup> Congressional District (Rep. Courtney)	7.0% (6.5%-7.5%)	2.0% (1.0%-3.0%)
3 <sup>rd</sup> Congressional District (Rep. DeLauro)	9.2% (8.5%-9.9%)	3.2% (2.3%-4.1%)
4 <sup>th</sup> Congressional District (Rep. Himes)	11.3% (10.3%-12.3%)	3.7% (2.6%-4.8%)
5 <sup>th</sup> Congressional District (Rep. Murphy)	9.2% (8.6%-9.8%)	3.2% (2.4%-4.0%)

Data from the U.S. Census American Community Survey (ACS). Analysis of statistical significance of estimate changes by CT Voices for Children. **Unless specifically noted, comparisons between 2009 and 2010 Congressional district data are not statistically significant.**

### Technical Notes on the Data

*Data Source.* The United States Census Bureau released poverty estimates from the American Community Survey (ACS) on September 22, 2011.

*Comparing Data Over Time.* Unless specifically noted in the comparison charts above, there were no statistically significant changes in Census estimates between 2010 data and other years as calculated at the 90% confidence interval. The numbers reported in ACS surveys are estimates because only a sample of the entire population is surveyed. For this reason, estimates reported by the ACS are published with additional data that allow us to estimate the range of values within which the population's actual poverty or uninsured rate is likely to fall. This enables us to determine whether or not the change in an estimate from one time period to the next is large enough to conclude that a change in the population has occurred, or whether the change in the estimate may have been due to random chance. For example, in the field of opinion polling, the "margin of error" of a poll helps to assess whether there has been a significant change in polling results over time. **A change in Census estimates is called "statistically significant" if it is unlikely to have occurred by chance** (this term describes the statistical evidence of change, not whether it is important or meaningful). **Unless a change in Census estimates over time is statistically significant, it is not accurate to say, for example, that poverty rates have increased or declined.** Statistical significance tests were conducted for poverty and uninsured rates, rather than numbers of people in poverty or numbers uninsured.

*Household Income Comparisons.* ACS data for median household income is comparable over time. Median income figures are in 2010 dollars (inflation adjusted), so they would not match estimates in earlier reports.

*Health Insurance Coverage.* In 2008, the US Census Bureau began including a question in its annual American Community Survey (ACS) on health insurance coverage. The question asks whether the person is **currently covered** by any type of insurance. The results are not directly comparable to data from the Current Connecticut Voices for Children

Population Survey (CPS), which asks whether respondents were uninsured for the **entire previous year**. The sample size for the ACS is much larger than the CPS, so estimates of insurance status are available through the ACS for counties, Congressional Districts, and cities with population greater than 65,000. CPS estimates of the uninsured are available only at the national and state levels. See the table below for comparisons of these estimates.

<b>Understanding Census Bureau Estimates of the Uninsured</b>		
	<b>American Community Survey (ACS)</b>	<b>Current Population Survey (CPS)</b>
<b>When are 2010 estimates are released?</b>	September 22, 2011	September 13, 2011
<b>What does the survey measure?</b>	Uninsured at time of survey	Uninsured for entire previous year
<b>Are comparisons possible over time?</b>	Yes, comparing one-year estimates for 2008, 2009 and 2010	Yes, by using two-year averages (not single-year estimates)
<b>Are national and state level estimates available?</b>	Yes	Yes
<b>Are estimates available for counties, Congressional districts, and cities with populations greater than 65,000?</b>	Yes	No

CT Voices' use of ACS data is informed by the guidance of analysts at the Census Bureau, Center on Budget and Policy Priorities, and Coalition on Human Needs.



Child Poverty in Connecticut:  
Summary of the American Community Survey  
2010 One Year Estimates

Presentation to the Child Poverty and Prevention Council  
October 12, 2011

Jake Siegel, Policy Fellow  
Connecticut Voices for Children



American Community Survey

- Replaces “long form” of Decennial Census
- Ongoing survey
- New single-year data available yearly for states and places with population >65,000
- Based on a sample, so important to remember that results are estimates with margin-of-error



## Related Children in Poverty, 2010: The National Context

- Poverty rate: 12.7% in CT vs. 21.2% nationally
- CT is 48th of 50 states + DC

Note:

- Related children = children in families
- Poverty level in 2010: \$22,113 for two parent, two child family



Source: U.S. Census Bureau, American Community Survey  
2010 One Year Estimates

## Related Children in Poverty, 2010: The National Context

Related Children  
in Poverty

Percent in  
Poverty

9.7 - 15.5
15.8 - 18.0
18.6 - 21.3
21.6 - 25.0
25.3 - 56.1

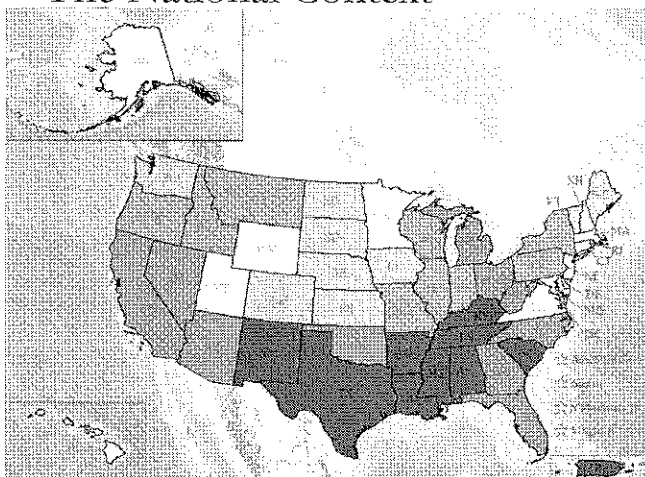


Chart 2. Source: U.S. Census Bureau, American Community Survey  
2010 One Year Estimates





### Related Children Under 18 in Poverty: Trends Over Time

- Baseline for Council (2003): 10.8%
- Goal: Reduce child poverty rate to 5% by 2014
- Connecticut's 2010 rate: 12.7%



### Related Children Under 18 in Poverty: Connecticut Trends, cont.

Connecticut 2001 % and #	Connecticut 2007 (pre-recession) % and #	Connecticut 2009 % and #	Connecticut 2010 % and #
9.7% (77,251)	10.6% (85,530)	11.9% (94,650)	12.7% (101,791)

Significant increase between 2001 and 2010  
 Significant increase between 2007 and 2010  
 Increase between 2009 and 2010 not statistically significant

Chart 3. Source: CI Voices analysis of Bureau of the Census,  
 American Community Survey 2001, 2007, 2009, and 2010 One  
 Year Estimates



## Child Poverty Rates Significantly Higher in Certain Cities

Related Children in Poverty, 2010

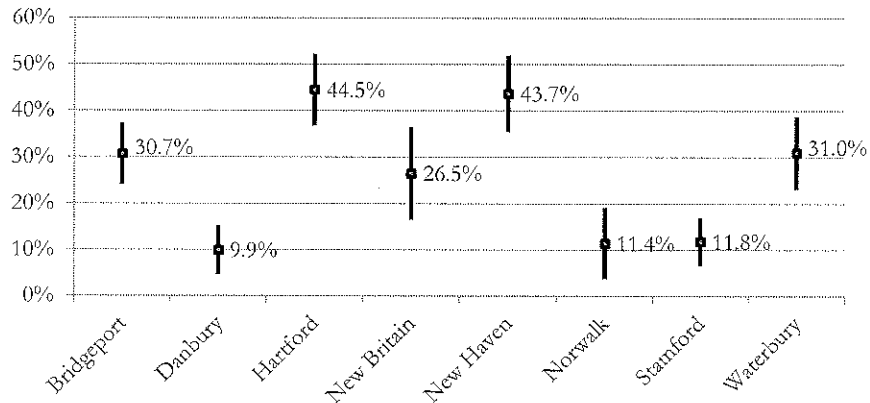


Chart 4. Source: CT Voices analysis of U.S. Census Bureau, American Community Survey 2010 One Year Estimates

## Trends in Child Poverty in the Large Cities

Related Children in Poverty, 2006-2010

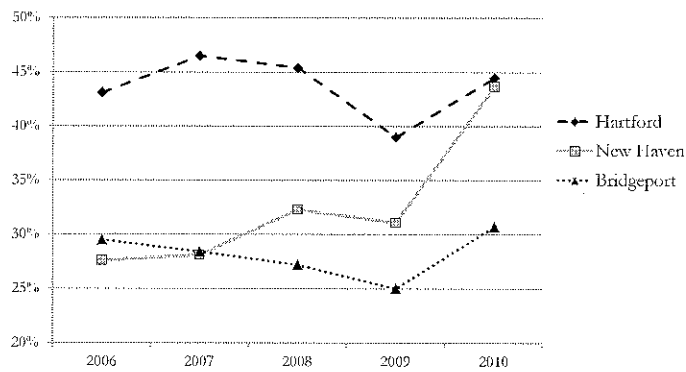


Chart 5. Source: U.S. Census Bureau, American Community Survey 2006-2010 One Year Estimates

## Racial and Ethnic Disparities Persist

Poverty Rates by Race/Ethnicity (All Children)

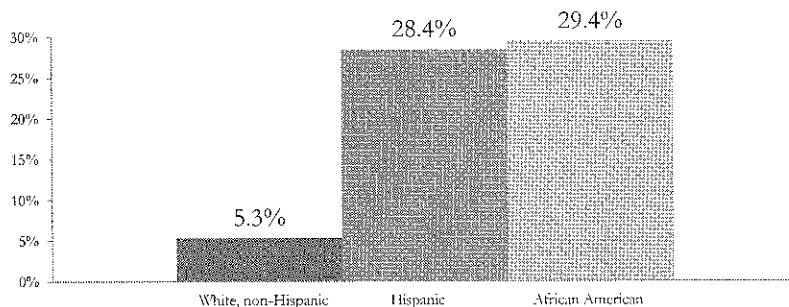
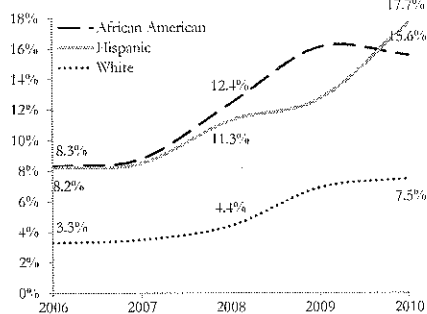


Chart 6. Source: CT Voices analysis of U.S. Census Bureau American Community Survey (ACS) 2010 One Year Estimate

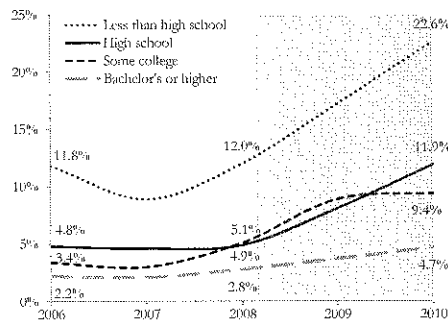


## Disparities in Unemployment Rates

Unemployment by Race 2006 to 2010



Unemployment by Education 2006 to 2010



Charts 7-8. Source: CT Voices and Economic Policy Institute analysis of U.S. Census Bureau Current Population Survey (CPS) data.



## Child Poverty Highest in Single Parent Households

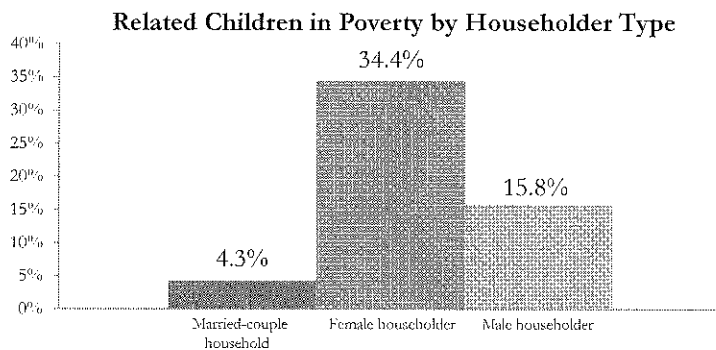


Chart 9. Source: CT Voices analysis of U.S. Census Bureau American Community Survey (ACS) 2010 One Year Estimates



## Children In Families Under 200% of the Federal Poverty Level

200% FPL is \$44,226 for a two-parent household with two children

Connecticut 2007 (pre-recession) % and #	Connecticut 2009 % and #	Connecticut 2010 % and #
25.1% (202,579)	26.1% (208,902)	28.1% (226,074)

Significant increase from 2007 to 2010  
Change in rate between 2009 and 2010 not statistically significant

Chart 9. Source: CT Voices analysis of U.S. Census Bureau American Community Survey (ACS) 2010 One Year Estimates



Major Budget and Policy Initiatives  
Impacting Child Poverty and Prevention Council  
Priority Recommendations

2011

Housing

- Governor Malloy proposed, and the legislature enacted, the development of 150 new units of **supportive housing** across the state. These units provide permanent, affordable housing matched with support services for families and individuals at risk of homelessness. Funding provided in the state budget includes \$30 million in capital funding for development of the units, \$1.5 million annually in new rental assistance subsidies through the Department of Social Services (DSS), and \$1.1 million for supportive services through DMHAS. The Request for Proposals (RFP) for these projects was released in August and responses are due in November.
- As proposed by the Governor, the enacted state budget includes \$100 million (\$50 million in each year of the biennium) for housing development and rehabilitation projects to increase the availability of **affordable housing** options for low-income families.
- The Child Poverty and Prevention Council wrote to the Connecticut congressional delegation in the summer of 2010 urging their support of legislation to create a new loan program to help unemployed homeowners avoid foreclosure. The provisions were enacted and the **Federal Emergency Homeowners Loan Program (FEHLP)** was initiated in April 2011. The Connecticut Housing Finance Authority (CHFA) initially received \$33 million with a goal of helping 640 homeowners in Connecticut. The overwhelming response to the program, and CHFA's effectiveness in getting the funding to those in need, prompted HUD to provide additional funding for Connecticut, increasing the amount available for loan assistance to \$55 million. With this funding, CHFA was able to provide a total of 1,070 assistance loans to homeowners by the time the program terminated on October 1. The loans were made on a first come, first served basis among the qualified applicants and CHFA received more than 3,600 applications for the program. To qualify for FEHLP loans, homeowners must have had at least a 15 percent reduction in income due to unemployment, underemployment or a medical issue, and had to be at least 90 days delinquent on their mortgage.

## Child Care

- In concert with Governor Malloy's proposal to create a **coordinated early childhood system** in Connecticut, the state budget and related legislation transferred the Child Care Services Program and the School Readiness Quality Enhancement account from DSS to SDE and provided \$2 million in additional funding to bring the DSS Child Care rates to parity with the School Readiness slot rates. In addition, a study is due January 2012 regarding the coordination of the Child Care Services program with the School Readiness program in SDE. The study group has been meeting regularly and seeking input from various stakeholders on how best to coordinate the systems. In order to give providers adequate notification of policy changes, the programs remain unchanged through June 2012. Another bill calls for the coordination of more of the early childhood programs within the next few years. Race to the Top will accomplish some of this in a shorter time frame, if we are awarded the grant

## Higher Education

- Governor Malloy's proposal, which was adopted by the General Assembly, creates one **Board of Regents for Higher Education** in order to improve coordination, expand transparency, and streamline administrative structures in our state's higher education system. The adopted budget reorganizes the state system of higher education by establishing a 19-member Board of Regents for Higher Education (BOR) to serve as the governing body for the Connecticut State University System (CSUS), the community-technical colleges (CTC), and Charter Oak State College, which includes seventeen academic institutions serving approximately 100,000 students. Each of the constituent units will maintain its separate mission, and the BOR will be submitting a plan to achieve this to the legislature by January 1, 2012. The BOR will merge the central office functions of the constituent units, which will result in savings through economies of scale.

## Earned Income Tax Credit

- This year, Connecticut has joined 24 other states and the District of Columbia with a **state earned income tax credit**. As proposed by Governor Malloy and enacted by the General Assembly, this fully refundable credit will provide a benefit of up to \$1,700 to approximately 190,000 low-income families in Connecticut. The federal earned income credit is the country's largest and most successful anti-poverty program and we expect that our new state program will become one of the most effective ways to reduce child poverty in Connecticut by providing direct financial support to low-income working families to income.

## Connecticut Race to the Top – Early Learning Challenge

### Application Quick Reference Guide

#### Participating State Agencies

Agencies invited to support the implementation of Connecticut's Race to the Top – Early Learning Challenge project as **Participating State Agencies**:

- 1) The Connecticut State Department of Education (*Lead Agency*)
- 2) The Connecticut Office of the Governor
- 3) The Connecticut Department of Public Health
- 4) The Connecticut Department of Developmental Services
- 5) The Connecticut Department of Social Services
- 6) The Connecticut Department of Children and Families
- 7) The Connecticut Office of Policy and Management
- 8) The Connecticut Early Childhood Education Cabinet
- 9) The Connecticut Head Start Association Collaboration Office
- 10) The Connecticut Board of Regents of Higher Education
- 11) The Connecticut Department of Administrative Services

#### Application Contact Persons

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## The Opportunity

The U.S. Departments of Education and Health and Human Services announced the \$500 million Race to the Top–Early Learning Challenge (RTT-ELC) State-level grant competition on May 25, 2011. RTT-ELC intends to improve the quality of early learning and development and to close the achievement gap for children with high needs. RTT-ELC grant funds will support State efforts to increase the number and percentage of low-income and disadvantaged children (ages 0 to 5) enrolled in high-quality early learning and development programs, and to design and implement integrated systems of high-quality early learning and development programs and services.

Connecticut intends to submit an application on October 17, 2011 for up to \$50 million (over four years) in RTT-ELC funds through this highly competitive process. Our application focuses on strengthening state systems and supporting communities to work collaboratively and better meet the needs of high-need children and families through improved service coordination and quality improvements, among others.

This Quick Reference Guide provides a high-level overview of the direction of the Connecticut RTT-ELC application. Page 3 shows a logic model and pages 4 to 6 summarize the grant requirements by section and Connecticut's proposed approach. Page 7 shows a general template for a partner letter of intent.

210,000 children ages 0 to 5 live in Connecticut. At any one time, approximately 60,000 of these children face risk factors limiting their healthy development, including living in poverty, developmental delays, and language barriers, among others. Despite the current efforts of parents, communities, and the State, roughly one out of four children enters Kindergarten with skills, knowledge, and behaviors below expectations – placing them at a disadvantage to reach their educational potential.

The RTT-ELC grant creates an opportunity to better coordinate our federal, state, and local resources to produce improved results for our children. The RTT-ELC scoring rubric rewards points based on the presentation of a "High-Quality Plan" and the extent of existing implementation. Funds will support system changes rather than programs. RTT-ELC federal funders expect states to re-purpose existing program funds to improve outcomes for children.

The RTT-ELC funding opportunity aligns directly with Governor Dannel P. Malloy's agenda to improve health, development and educational outcomes for children, to reduce the educational achievement gap, and to build a competitive workforce for the 21<sup>st</sup> Century. Moreover, the grant application development process accelerates important work associated with the implementation of Public Act No. 11-181, "*An act concerning early childhood education and the establishment of a coordinated system of early care and education and child development*".

Governor Malloy selected the State Department of Education (SDE) as the Lead Agency for Connecticut's RTT-ELC program. The Governor hosted a public forum on September 8, 2011, in which stakeholders shared their perspectives about the RTT-ELC opportunity, and SDE officials support an ongoing grant development process that includes a diverse Leadership Team and seven work groups that align with the sections of the RTT-ELC application. RTT-ELC work groups coordinate with the ongoing work of the Early Childhood Education Cabinet committees. Numerous support staff (e.g., fiscal, policy, legislative, administrative) advance data, research, and writing tasks necessary to meet the complex requirements of the RTT-ELC application.

## Evidence of Partner and Stakeholder Commitment

The RTT-ELC application requires a Memorandum of Understanding between the Lead Agency and Participating State Agencies (PSAs), including a preliminary scope of work for each PSA. Representatives from the Office of the Governor and SDE will facilitate the completion of the MOU with input from each Participating State Agency.

The application also requires Letters of Intent from intermediary organizations and other partners involved in implementing RTT-ELC projects. RTT-ELC Leadership Team members will contact partners to facilitate the development of these letters, which require highly specific information.



**Oversimplified Logic Model**

**Situation Analysis**

The current configuration of federal, state and local resources does not produce the intended results

- 210,000 children ages 0 to 5
- 60,000 children ages 0 to 5 “high need” (e.g., low-income, developmental disabilities, English Language Learners)
- Most “high need” children interact with or receive support from a health, home visitation or early care program
- 10,000 children each year not prepared for Kindergarten
- Achievement gaps exist and persist in elementary and high school

**Vision / Goals**

**Vision: Every Child. Every Setting. Every Year.**

- RTT-ELC grant funds support system changes targeting “high need” children ages 0 to 5
- RTT-ELC grant funds accelerate implementation of Public Act (PA) No 11-181 – a coordinated system of early care and education and child development
- Emphasize the role played by family-based and kin providers in reaching high need children and families

**RTT-ELC Core & Focused Investment Areas**

- A. Successful State Systems**
  - Enhance Early Childhood Education Cabinet (e.g., add committees)
  - Establish implementation office across State agencies
  - Enhance regional hubs / networks to support local efforts
  - Provide additional supports to local collaborative efforts
  - Implement recommendations from Public Act No 11-181 to sustain and improve system (e.g., expand quality programs)
- B. High-Quality, Accountable Programs**
  - Establish three-tier Quality Rating Improvement System (QRIS)
  - Provide incentives and technical assistance to maximize participation of programs in the QRIS – Includes supports for family-based providers and kith & kin settings and efforts to expand programs (see also A)
  - Conduct studies to validate the QRIS
- C. Promoting Early Learning & Development Outcomes**
  - Revise and adopt Early Learning and Development Standards, creating a Birth to 5 continuum, aligned to K-3 standards
  - Promote shared responsibility and understanding of early learning and development standards (see also D)
  - Train early childhood educators (including home visitation providers) on health & mental health standards (see also B) with emphasis on medical homes for all children
  - Increase early screening and mid-level assessments
- D. A Great Early Childhood Education Workforce**
  - Develop a common, statewide Workforce Knowledge and Competency Framework to promote children’s learning and development and improve child outcomes
  - Develop a common, statewide progression of credentials and degrees aligned with the Workforce Knowledge and Competency Framework
  - Engage postsecondary institutions and other professional development providers in aligning professional development opportunities
- E. Measuring Outcomes and Progress**
  - Refine Kindergarten inventory assessment based upon new standards
  - Use data sharing protocol across participating State agencies
  - Enhance capacity of Longitudinal Data Systems
  - Improve data sharing and analysis to support local approaches

**High-Level Outcomes**

- Implementation of PA 11-181 to establish a coordinated system of early care, education and child development
- Establishment of RTT-ELC cross-agency implementation mechanism with final recommendations as part of PA 11-181
- Increased coordination, data, and other supports to advance local efforts
- Increased number of children prepared for Kindergarten:
  - o 3 in 4 (2010) [30,000]
  - o 4 in 5 (2012) [32,000]
  - o 5 in 6 (2014) [33,333]
  - o 6 in 7 (2015) [34,288]
- Updated early learning and development standards – a critical reference point for QRIS, K Inventory and Workforce projects [by June 2012]
- Updated K Inventory Implemented in Fall 2014
- Increased participation in QRIS and growth of “high quality” opportunities for high need children
- # of educators, program staff, and consultants trained on new knowledge & competency standards
- Performance reporting at State and local levels + capacity to conduct research/outcome studies

**Application Requirements and Strategies by Section** (Core & Focused Investment Areas)**A. Successful State Systems**

(A)(1) *Demonstrating past commitment to early learning and development*

(A)(2) *Articulating the State's rationale for its early learning and development reform agenda and goals*

(A)(3) *Aligning and coordinating work across the State*

(A)(4) *Developing a budget to implement and sustain the work*

Application Approaches

- The RTT ELC process will enhance the work of the Early Childhood Cabinet by adding three (3) committees directly relevant to the RTT ELC process and relevant to the larger reform agenda outlined in Public Act No. 11-181. Additions include: a Health Committee, a Statewide & Community Partnerships Committee, and a Quality Rating and Improvement System Task Force. The benefits include improved coordination in planning and policy development, increased public and stakeholder participation, and increased transparency and public accountability, among others.
- Governor Dannel P. Malloy, via Executive Order, will establish an Office of Early Childhood Development, Early Care and Education to create a culture of change and to integrate the transformative RTT-ELC projects into the existing transformative efforts outlined in Public Act No. 11-181. The use of an Executive Order signals intentionally the transitional nature of this Office until such time when the recommendations by the Director of Planning result in the adoption of permanent governance structure that advances Public Act No. 11-181. Participating State Agencies will execute Memorandum of Understanding to implement RTT-ELC cross-agency initiatives.
- Connect regional capacity-building efforts to Early Childhood Statewide & Community Partnerships Committee (explained in more depth through RTT-ELC *Invitational Priority #5 for Private / Philanthropic Partnerships*) as well as through Participating State Agencies.
- Link to RTT-ELC *Invitational Priority #4 (Sustained program efforts in Early Elementary Grades)* that will reference efforts such as School Based Health Centers, Family Resource Centers, School-Family Partnerships, and family literacy supports.
- Enhance the capacity of 211 Infoline as a universal access point for information – including information from a Quality Rating and Improvement System.
- Enhance capacity to generate Early Childhood performance reports to support oversight of statewide and local efforts.
- Coordinate technical assistance and capacity building supports through a Regional Hub System and/or access to “expert networks” (e.g., data analysts) to deliver and/or coordinate a broad range of technical assistance and capacity-building products and services that support local collaborative models.
- Enhance and expand local collaborative efforts designed to advance Connecticut’s early childhood outcomes with particular emphasis on service coordination, service co-location, service integration, family engagement, and data sharing, among others. Signature efforts include the Discovery Initiative which reaches 51 local collaborative efforts.

**B. High-Quality, Accountable Programs**

*(B)(1) Developing and adopting a common, statewide Tiered Quality Rating and Improvement System*

*(B)(2) Promoting participation in the State's Tiered Quality Rating and Improvement System*

*(B)(3) Rating and monitoring Early Learning and Development Programs*

*(B)(4) Promoting access to high-quality Early Learning and Development Programs*

*(B)(5) Validating the State's Tiered Quality Rating and Improvement System*

**Application Approaches**

- Establish Early Childhood Cabinet Quality Rating and Improvement System (QRIS) Task Force with integrated membership from Standards, Workforce, and Data Committees.
- Establish a three-tier Quality Rating and Improvement System (QRIS). Tier 1 represents the baseline licensing level. Tier 3 represents the national accreditation level. Tier 2 will capture programs that meet additional standards, but not yet at the level of accreditation. The system incorporates opportunities for kith & kin providers to obtain licensing and to increase the quality of care across all settings.
- Provide incentives for programs and communities that maximize participation in the QRIS process, using existing quality improvement efforts underway in communities receiving School Readiness funds.
- Conduct studies that validate the effectiveness of the QRIS, using local pilots to inform a more robust, statewide methodology.
- Identify additional resources to expand high quality early learning and development programs.
- The QRIS will relate closely to improvements in early childhood learning standards, workforce development competencies, longitudinal data systems, and regional/local mechanisms to deliver technical assistance across all settings.

**C. Promoting Early Learning and Development Outcomes for Children**

*(C)(1) Developing and using statewide, high-quality Early Learning and Development Standards*

*(C)(3) Identifying and addressing health, behavioral, and developmental needs*

**Application Approaches**

- Link to Early Childhood Education Cabinet Standards Committee.
- Revise Connecticut's Early Learning Standards resulting in B-5 continuum, aligned with the Head Start Framework and Connecticut's K-3 standards.
- Promote shared responsibility and understanding of the standards through a statewide campaign and supports for various audiences linked to QRIS incentives and technical assistance for local collaborative efforts.
- Improve and coordinate efforts to train early childhood educators and program staff on health and mental health standards.
- Targeted investments that increase early screening and mid-level assessment processes.

**D. A Great Early Childhood Education Workforce**

*(D)(1) Developing Workforce Knowledge and Competency Framework and a progression of credentials*

Application Approaches

- Link to Early Childhood Education Cabinet Workforce Committee.
- Develop a common, statewide Workforce Knowledge and Competency Framework utilizing existing competencies associated with multiple roles, developing new competencies to reach more roles and sectors, and embedding strands across all competency sets to include the use of Early Learning Standards, health, cultural competence, working with English language learners, and high needs populations.
- Utilize the Early Childhood Teacher Credential (ECTC) Professional Pathways Program and early childhood consortium. The ECTC and the consortium will facilitate access for Connecticut's early childhood workforce to the courses and practicum experiences needed to qualify for the Early Childhood Teacher Credential.

**E. Measuring Outcomes and Progress**

*(E)(1) Understanding the status of children at kindergarten entry*

*(E)(2) Building or enhancing an early learning data system*

Application Approaches

- Link to Early Childhood Education Cabinet Data Committee.
- Revise the Kindergarten Inventory to improve the utility of the tool and incorporate new early learning and development standards.
- Implement the refined K Inventory, including updating and improving the existing web-based interface.
- Develop a data-sharing protocol that uses a birth certificate identification number.
- Adjust existing State agency databases to include a new field with priority assigned to programs or funding streams that serve high need children (e.g., Public Health WIC).
- Develop reporting parameters that inform policy development and program planning (including sustainability planning).
- Link to RTT-ELC *Invitational Priority #4 (Sustained program efforts in Early Elementary Grades)* and *Invitational Priority #5 (philanthropic & private sector support)* as many efforts support high need children and families throughout the life cycle.

\*\*Connecticut will submit additional application information to apply for Competitive (e.g., Including all Early Learning and Development Programs in Tiered QRIS System) and Invitational Priorities (e.g., Private/Philanthropic Sector; Sustaining Program Effects in the Early Elementary Grades). Competitive Priorities may result in "bonus" points by federal RTT-ELC reviewers. Invitational Priorities do not result in any additional rating points.

## Generic Framework for Letter of Intent

\*\*\*An RTT-ELC Leadership Team member will provide a customized letter template to each partner submitting a letter of intent, along with instructions and a deadline for submitting letters. Due to a limit on the number of pages allowed in the application, partners will be asked to adhere to page limits for letters of intent.\*\*\*

October ##, 2011

The Honorable Governor Dannel P. Malloy  
State Capitol  
210 Capitol Avenue  
Hartford, CT 06106

Dear Governor Malloy:

**Regarding Connecticut's application for Race to the Top Early Learning Challenge funds**

This letter confirms the ongoing commitment of [insert name of organization / network] to improve early childhood outcomes in Connecticut through participation in Connecticut's Race to the Top – Early Learning Challenge initiative and the ongoing implementation of Public Act No. 11-181, "An act concerning early childhood education and the establishment of a coordinated system of early care and education and child development".

- **Insert a description of your organization here;** as warranted reference any national accolades; model programs (and outcomes), and how your efforts reach high needs children ages 0 to 5 (including their parents). High need children include low income; developmentally disabled, and English language learners, among others. This paragraph will show the RTT-ELC reviewers how you 'fit in' to the big picture.
- **Insert a brief description of how your organization currently participates in system change efforts at the State level** (e.g., Early Childhood Cabinet and/or committees; advisory boards for projects by State agencies, other). This paragraph will show the RTT-ELC reviewers the broad level of involvement over time by diverse stakeholders across Connecticut.
- **Insert a brief description of how your organization participates in system change efforts at the regional or local level.** This paragraph will show the RTT-ELC reviewers the diverse stakeholders involved at the local level – and remind them that improved coordination at the State level will result in improved coordination at the local level.
- **Insert a brief description of how your organization participated in RTT-ELC planning and/or public forums, or acknowledging that the RTT-ELC application builds on existing efforts in which your organization remains active.** This will remind RTT-ELC reviewers that RTT-ELC represents an important "next step" in advancing the process.
- **Insert a brief paragraph on the areas in which your organization intends to support RTT-ELC implementation.** Reference the specific sections of the application (e.g., Advance the proposed High Quality Accountable Programs component through participation in the QRIS Task Force, providing technical assistance and training for Kith and Kin and Family-based providers to participate in the QRIS, supporting validation studies) your organization will support. If possible, note the \$\$ amount of funds your organization currently invests in this type of activity – this will show the RTT-ELC reviewers the immense leverage of the RTT-ELC.
- **Close out the letter and sign.**

