

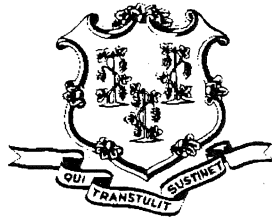
STATE OF CONNECTICUT

Child Poverty and Prevention Council

2013 Progress Report

**For submission to the
Honorable Dannel P. Malloy
Governor**

**and members of the
Joint Standing Committees of the General Assembly on
Appropriations, Children, Education,
Human Services and Public Health**



Anne Foley, Chair

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I. Executive Summary

The Child Poverty and Prevention Council consists of the heads of state agencies, or their designees, that share responsibility for preventing and addressing child poverty and the myriad problems resulting from and associated with children living in poverty in this state.¹

The purpose of the council is two-fold: First, to develop and promote the implementation of a ten-year plan to reduce the number of children living in poverty in the state; and second, to establish prevention goals and recommendations and measure prevention service outcomes in order to promote the health and well-being of children and families.

The council was created in 2004 and presented its first report to the Governor and the legislature in January 2005 with 67 recommendations to reduce child poverty. The recommendations were organized into the following priority objectives:

- Enhance families' income and income-earning potential;
- Help low income families build assets;
- Enhance affordable health care, housing, child care and early education;
- Support safety net programs for families with multiple barriers;
- Enhance family structure stability; and
- Further study child poverty issues and solutions.

Due to concerns that the federal poverty level² (FPL) was too low to accurately measure poverty in Connecticut, the council agreed to also track income below 200% of the federal poverty level³ -- referring to that level as "low income" rather than "poverty" in order to distinguish the two categories.

At the time of the council's first report, the child poverty rate in Connecticut was 11.6% which placed the state 46th out of 51 states, including D.C., for child. Currently, the most up-to-date data from 2012 shows that the child poverty rate in Connecticut is now 14.8%. This represents an increase in the child poverty rate, but the rate is down slightly over the 2011 rate, and Connecticut has fared better than other states during this time period as demonstrated by our state ranking for child poverty which improved from 46th in 2005 to 47th in 2012. Connecticut's child poverty rate remains substantially below the national average of 22.6%.

¹ See Appendix A for council membership

² The federal poverty level is \$23,050 for a family of four in 2012.

³ 200% of the federal poverty level is \$46,100 for a family of four in 2012.

On the other hand, the state's "low income" rate for children has declined since 2005 when it was 25.8% placing Connecticut at 48 out of the 51 states, including D.C. Most currently, in 2012, the "low income" rate for households with children is 25.4% and we have fared significantly better than other states, moving from 48th in 2005 to 50th in 2012. This data suggests that, while we have improved the poverty rate for children in Connecticut, we have much more to do to address those children living in deepest poverty.

Based on economic modeling performed in 2009, the Council's top priorities for addressing child poverty in Connecticut remain:

- Increase enrollment in subsidized housing, energy assistance and nutrition assistance
- Increase attainment of Associates Degrees
- Guarantee child care subsidies

This report highlights efforts over the past two years in these and other priority areas for the council.

II. Background

The purpose of the Child Poverty and Prevention Council⁴ is to:

1. Develop and promote the implementation of a ten-year plan to reduce the number of children living in poverty in the state by fifty percent; and
2. Establish prevention goals and recommendations and measure prevention service outcomes to promote the health and well-being of children and families.

This report focuses on implementation of the child poverty plan, including progress and state actions taken in conformity with the plan. In addition, as required by statute, the report also contains examples of successful interagency collaborations and a report on prevention services.

A. Child Poverty and Prevention Council

In 2004, the Connecticut legislature enacted Public Act 04-238, An Act Concerning Child Poverty and the Use of Psychotropic Medications with Children and Youth in State Care which established a Child Poverty Council. The Council was charged with recommending strategies to reduce child poverty in the State of Connecticut by fifty percent (50%) within ten years.

The legislation required that the Council consist 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; Commissioners of the Department of Children and Families, Education, Higher Education, Labor, Mental Health and Addiction Services, Developmental Services, Public Health, Social Services, Corrections, Transportation, Economic and Community Development, Health Care Access; the Child Advocate, the chair of the State Prevention Council, the Executive Director of the Children's Trust Fund, and the Executive Director of the Commission on Children.

In its first year, the Council engaged in numerous strategies to gather the appropriate data to assist in the formation of its recommendations and presented its first report to the Governor and legislature in January 2005. The report contained 67

⁴ See Appendix B for statutory authority

recommendations to reduce child poverty in Connecticut by fifty percent over a ten year period. The recommendations were organized under six major objectives:

- Enhance families' income and income-earning potential;
- Help low income families build assets;
- Enhance affordable health care, housing, child care and early childhood education;
- Support safety net programs for families with multiple barriers;
- Enhance family structure stability; and
- Further study child poverty issues and solutions.

In July 2005, the legislature enacted Public Act 05-244, An Act Concerning the Implementation of the Recommendations of the Child Poverty Council. This public act made the executive director of the Commission on Human Rights and Opportunities a member of the Child Poverty Council and required the Council to meet at least twice a year to review and coordinate state agency efforts to meet the goal of reducing child poverty. The Council's annual implementation reports to the legislative committees included progress made toward meeting this goal. The Council continued its work to develop strategies to implement, monitor and report on the implementation of the recommendations.

In June 2006, the Connecticut legislature enacted Public Act 06-179, An Act Concerning State Investments in Prevention and Child Poverty Reduction and the Merger of the State Prevention and Child Poverty Councils.

This public act merged the Prevention Council with the Child Poverty Council and required the newly formed Child Poverty and Prevention Council to adhere to provisions of the previous councils and imposed additional responsibilities relating to prevention services. The Child Poverty and Prevention Council is comprised of members of both the Child Poverty Council and the State Prevention Councils. In 2006, the Chief Court Administrator was added to the Council.

The public act directs the Child Poverty and Prevention Council to:

- Establish prevention goals and recommendations and measure prevention service outcomes to promote the health and well-being of children and their families.
- Report to the Governor and various legislative committees on the state's progress in prioritizing expenditures for prevention services in budgeted state agencies with membership on the council including:

- Summarizing measurable gains made toward the child poverty and prevention goals established by the Council.
- Providing examples of successful interagency collaborations to meet the child poverty and prevention goals established by the Council.
- Recommending prevention investment and budget priorities.

The public act also requires each state agency with membership on the council that provides prevention services to children and families to submit an agency prevention report to the Council which must be included in the Council's report to the Governor and legislature. Each agency report must include at least two prevention programs.

In 2007, the Child Poverty and Prevention Council began a process to re-examine and prioritize its 67 child poverty and 27 prevention recommendations. At the September 2007 meeting, the Council selected three target populations in order to narrow its focus and make a greater impact on the following priority populations: birth to age five; late teen to young adult (16-24); and working poor families.

To help focus the Council's efforts, a panel of six nationally-recognized experts was engaged to discuss proven strategies to reduce child poverty. The panel consisted of J. Lawrence Aber, Ph.D. (Professor of Applied Psychology and Public Policy at New York University), Rebecca M. Blank (Professor of Public Policy and Economics at the University of Michigan), Mark H. Greenberg, J.D. (executive Director of the Task Force on Poverty for the Center for American Progress), Ron Haskins, Ph.D. (Co-Director of the Center on Children and Families at the Brookings Institution), Clifford Johnson (Executive Director of the Institute for Youth, Education and Families at the National League of Cities), and Rucker C. Johnson, Ph.D. (Assistant Professor in the Goldman School of Public Policy at the University of California, Berkeley).

The expert panel met and deliberated twice by phone and once in person in late 2007. They scrutinized the council's recommendations based on three main criteria: evidence of impact, cost-effectiveness, and timeframe.

In December 2007, the panel offered recommendations to the council about which among the 67 recommendations had sufficiently strong evidence to support their potential effectiveness in reducing child poverty. They identified four major areas of policy and thirteen specific policies for which there was evidence to support their likely effectiveness in short-term child poverty reduction. In addition, they made one process recommendation.

At the January 2008 meeting, the Council considered the expert advice and adopted 12 priority recommendations for action and two process recommendations. The Council's

priority recommendations were grouped into five major categories: Family Income and Earnings Potential; Education; Income Safety Net; Family Structure and Support; and Process Recommendations.

In 2009, with funding from the Early Childhood Education Cabinet, the Office of Policy and Management contracted with the Urban Institute to provide an economic analysis regarding which of the Council's recommended strategies would reduce child poverty in Connecticut most significantly. The results of that analysis identified three recommendations that hold the most promise to reduce child poverty in Connecticut - depending on the definition of poverty used: (1) increased enrollment in subsidized housing, energy assistance and nutrition assistance; (2) increased attainment of Associates Degrees; and (3) guaranteed child care subsidies. In 2010, the Council agreed to target its efforts on further development of these three recommendations.

In 2010, the legislature enacted Public Act 10-133, An Act Concerning Children in the Recession. This act requires the Child Poverty and Prevention Council to serve in a leadership role to make recommendations for the state's emergency response to children affected by the recession. The public act directs the Council to:

- Develop and promote policies, practices and procedures 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.

In December 2011, the council agreed that a subcommittee be created to address the additional council functions required in Section 1(c) of Public Act 10-133 and make recommendations to the full committee. Elaine Zimmerman, Executive Director of the Commission on Children was named to lead the subcommittee and representatives from DSS, DSS and OCA agreed to served on the subcommittee. In February 2013, Ms. Zimmerman reported on the Children in the Recession subcommittee's recommendations which were:

- Council meetings should include a presentation by one agency and its actions and policies related to a specific topic in Public Act 10-133.
- Community partners and other stakeholders should periodically participate in discussions to provide input on the implementation of the public act

To implement Section 10 of Public Act 10-133, the Commission on Children, in consultation with the private sector, researched the viability of enacting a state children and the recession fund that would provide funds and low-interest loans to families

facing short-term crisis in housing, utilities, hunger and unemployment. A collaboration between the Commission on Children, the Liberty Bank Foundation and five Connecticut Workforce Investment Boards (WIBs) worked together to create the WorkPath Fund.

The collaboration has received financial commitments totaling \$100,500 from local foundations. The WorkPath Fund will work through the state's One-Stop Career Centers operated by the WIBs to provide one-time grants of \$250 - \$1,500, which will be paid directly to vendors for job-related expenses such as uniforms, transportation, child care, licensing and fees. WorkPath grants will be administered to parents that are not eligible for Temporary Assistance for Needy Families or Workforce Investment Assistance support funds.

The WorkPath Fund will ensure that parents affected by the recession receive the essential supports needed to get a job, succeed at work, and improve their economic circumstances.

III. Council Recommendations

The Child Poverty and Prevention Council webpage, which contains the 2005 Initial Child Poverty Plan and the subsequent Progress Reports (2006-2012), along with meeting agendas and minutes, is on the Office of Policy and Management home page. The website address is:

http://www.ct.gov/opm/cwp/view.asp?a=2997&Q=383356&opmNav_GID=1809

In 2009, the Office of Policy and Management contracted, on behalf of the Child Poverty and Prevention Council, with the Urban Institute to develop an economic model to determine how the implementation of various policy options would change the number of children living in poverty in Connecticut.

The report utilized two measures of child poverty. The first measure includes only cash income and represents the official poverty measure reported by the U.S. Census Bureau. The second measure, which is based on recommendations from the National Academy of Science (NAS) adds capital gains and non-cash income and subtracts taxes and “nondiscretionary” expenses (child care and work-related).

Findings

According to the report, child poverty rates are substantially lower in Connecticut than in the United States as a whole. In 2006, using the federal poverty level (FPL), 10.7% of Connecticut's children were poor compared with 16.9% nationwide. The percent of “near-poor” (200% FPL) was 25.2% in Connecticut compared with 38.8% nationwide. Using the NAS definition, the Connecticut child poverty rate was 10.9% while the national child poverty rate was 13.4%.

The “poverty gap” or the amount of money by which incomes of poor families would have to increase in order for all families to be at the poverty level was \$351 million using the standard definition and \$372 million using the NAS threshold.

Using the Council’s priority recommendations, the Urban Institute was able to model the impact on the state child poverty rate if some of the recommendations were implemented. In general, no recommendation by itself would result in a dramatic decrease in child poverty. The most effective single recommendation depends on the definition of poverty used: for the federal poverty level it is guaranteed child care subsidies, for 200% FPL it is increased attainment of AA degrees, and using the NAS definition it is increased enrollment in nutrition, housing, and energy assistance programs. Across the board, the least effective recommendation among those modeled is case management for people who have left the TANF program.

When combined together, the recommendations result in a significant decrease in child poverty - especially using the NAS definition, but implementation would require significant fiscal expenditures.

Bolded percentages represent the single recommendation with the most significant impact on reducing the child poverty rate in Connecticut.

Recommendation	Standard Poverty Rate (10.7%)	200% Poverty Rate (25.2%)	NAS Poverty Rate (10.9%)
1. Guaranteed Child Care Subsidies, No Additional Employment	10.7%	25.2%	10.4%
2. Guaranteed Child Care Subsidies, including additional employment (<i>Model assumes 10,000 new subsidies.</i>)	9.2%	24.7%	9.5%
3. Increased Attainment of AA Degrees, hypothesizing lower employment and wage impacts	10.6%	24.5%	10.7%
4. Increased Attainment of AA degrees, hypothesizing higher employment and wage impacts. (<i>Model assumes 300,000 new AA degrees.</i>)	9.5%	22.6%	9.8%
5. Increased Attainment of GED degrees, hypothesizing lower employment and wage impacts	10.3%	25.1%	10.6%
6. Increased Attainment of GED Degrees, hypothesizing higher employment and wage impacts (<i>Model assumes 135,000 receive GEDs.</i>)	9.8%	24.4%	10.1%
7. Increased Post-Secondary Job Training, hypothesizing lower employment and wage impacts	10.6%	24.8%	10.8%
8. Increased Post-Secondary Job Training, hypothesizing higher employment and wage impacts. (<i>Model assumes 300,000 adults receive additional job training.</i>)	10.5%	24.0%	10.5%
9. 85% Participation in SNAP			10.7%

10. 85% Enrollment Rate for Subsidized Housing, LIHEAP and WIC			7.7%
11. 85% Enrollment Rate for Medicaid/HUSKY			10.9%
12. Post-TANF Wage Supplement	10.5%	25.2%	10.8%
13. Case Management for TANF Leavers	10.7%	25.2%	10.8%
14. Full Payment of All Child Support Awards	10.4%	24.8%	10.6%
15. Combined impact of child care (#2), AA degrees (#4), GED degrees (#6), job training (#8), 85% enrollment in selected programs (#9, #10 and #11), post-TANF wage supplement (#12), case management for TANF leavers (#13), and full payment of all child support awards(#14).	7.4%	21.6%	4.9%

The economic modeling performed by the Urban Institute identified the Council's top three recommendations that were most likely to reduce child poverty in Connecticut. The recommendations are:

- Increase enrollment in subsidized housing, energy assistance and nutrition assistance
- Increase attainment of Associates Degrees
- Guarantee child care subsidies

COUNCIL RECOMMENDATIONS

In 2012, the Council worked with Connecticut Voices for Children, Connecticut Association for Human Services, and Legal Assistance Resource Center of Connecticut to develop and recommend short-term low cost strategies to implement the Council's recommendations. The result was several realistic short-term strategies that the Council endorsed as priority recommendations for action:

1. EARNED INCOME TAX CREDIT: Maximize the benefits of the federal and the state Earned Income Tax Credit (EITC). (COUNCIL PRIORITY RECOMMENDATION)
 - a) Continue to raise public awareness of the *state* EITC with working poor families. Encourage the development and implementation of a statewide public awareness

campaign led by Governor Malloy and various Connecticut entities to increase marketing efforts of the United Way and nonprofit free tax preparation providers.

2. PROMOTE POST-SECONDARY EDUCATION: Increase Attainment of Associates Degrees. (COUNCIL PRIORITY RECOMMENDATION)
 - a) Support additional investment in funds for certified and degree programs that meet the needs of employers in occupations with growth potential such as advanced manufacturing, health care and energy/utilities industry.
 - b) A major impediment to attainment of associate's degrees is the failure of many of the 70-80% of community college students who need remedial education to progress beyond remedial classes. Western Connecticut State University's Bridges program has agreements with the Danbury and Bethel school districts. WestConn professors work with middle school students and with high school students, administrators and teachers to reduce the need for remedial education. This effort includes offering placement tests for remedial education (AccuPlacer and a written test) in junior year of high school. *The program has reduced the need for remedial education by graduates of these high schools attending WestConn by half over the past seven years.* Each CSU college has some funding to replicate this program. WestConn's program also receives private support. Manchester Community College has a program with the Manchester and East Hartford school districts. There may also be interest by private higher education institutions in operating and private funders in supporting such programs. WestConn estimates it would cost about \$50,000 per district to replicate. A state investment in future years could expand the program to all community colleges, covering all or most of the state's Priority School Districts.
 - c) Invest in additional funds in certificate and degree programs that meet the needs of employers in the fields that are growing and with substantial numbers of current workers retiring.
 - d) Ensure that every parent in Connecticut has a high school diploma.
 - e) The Board of Regents conducted a massive data project to analyze and inform all public school districts of their remedial education needs for graduates and the six-year college graduation rate of their high school graduates.
<http://www.ctregents.org/files/pdfs/p20/Supplemental%20Data%20Review%20for%20Superintendents%20-%20web.pdf> This data should inform decisions by the state Department of Education, in collaboration with superintendents, teacher unions, parent groups, and advocates on how to reduce remedial

education needs for high school graduates. This data should be collected and distributed every two years.

- f) Replicate the "Achieving the Dream" model at community colleges to close student achievement gaps. There is not additional Bill & Melinda Gates Foundation funding available to expand the programs, but it may be possible to replicate using state funds or funds from other foundations.
- g) Expand financial aid strategies to cover cost of living expenses: Charter Oak State College has a successful program to provide living expenses, including all tuition, books, internet costs and a computer, as well as continuous advisement, to a cohort of students. State and private funds supplement federal dollars. The program was not expanded to community colleges, as originally contemplated, due to cost.

3. INCREASE CONNECTICUT'S MINIMUM WAGE: (COUNCIL PRIORITY RECOMMENDATION)

- a) Support raising the minimum wage in Connecticut from \$8.25 per hour to \$9.75 per hour as the most direct way to decrease children living in Connecticut.

4. EXPAND RENTAL ASSISTANCE PROGRAM (RAP): Increase Rental Assistance Program for Low Income Families (COUNCIL PRIORITY RECOMMENDATION)

- a) Target Rental Assistance Program (RAP) certificates to families with children below the federal poverty level or the National Academy of Science (NAS) definition of poverty.

5. PROMOTE YOUTH EMPLOYMENT WITH A COMPREHENSIVE YOUTH EMPLOYMENT SYSTEM (COUNCIL PRIORITY RECOMMENDATION)

- a) Provide tax credits for job creators that hire eligible teenagers and young adults for part-time and full-time employment.
- b) Develop a School to Career Youth Employment Program that collaborates with the regional Workforce Development Boards to provide youth and young adults with job-training and skill development necessary for successful employment.

- c) Develop critical job training and support programs for young parents, including basic education programs, job search and placement initiatives, and child care services

6. HOMELESSNESS:

Keep children out of homeless shelter.

- a) Increase Rental Assistance Program certificates (RAPs) available to families with children, within available appropriations. The Council supports rental assistance programs prioritizing services to populations such as families involved in the child welfare system who are separated or at risk of permanent separation, young adults ages 18-24 who have aged out of the child welfare system and are homeless or at risk of being homeless, families with children with physical and mental health needs, and families with children living below the official poverty level or the alternative poverty level.
- b) Re-open the Security Deposit Guarantee Program.
- c) Continue to implement supportive housing for families with children (funded with \$30 million in bonding during 2011 session and \$1.5 million in 2012).
- d) Align investments of state agencies in family housing between the Departments of Housing, Mental Health and Addiction Services, Social Services, and Children and Families to create pools of funds for housing vouchers, needed support services and creative use of federal funds.
- e) Support the Northeast Hartford Initiative, a newly established national not-for-profit organization based in New York City whose mission is to strengthen communities to end homelessness.

EDUCATION:

7. EARLY CHILDHOOD EDUCATION:

- a) Guarantee Child Care Subsidies: Within available appropriations, allow low-income parents up to 75% of the state median income (instead of the current 50%) to enroll in Care4Kids to reduce poverty, since it would improve the ability of parents to participate in the labor force, while providing safe, developmentally appropriate care for their children. This would need to be phased in over several years due to the cost.

- b) In the short-term, and within available appropriations, increase eligibility to 75% of state median income for minor parents, including the parents of a minor parent in the income calculation. (This would address the small group of teen parents living with their parents, making it more likely that they would attend high school and graduate, and succeed economically.)
- c) Create a "bridge" program, within available appropriations, to cover Care4Kids costs for providers between the time an application is submitted and approved (usually 60 days), to ensure that parents do not lose a job during the wait period.

8. YOUTH DROPOUT PREVENTION

Although youth dropout prevention is not one of the Council's priority recommendations, the Council believes the enforcement and implementation of existing truancy laws is of highest priority and supports efforts to address this issue.

- a) Enforce existing law which requires districts to annually collect and report in the strategic school profiles truancy statistics and actions taken to reduce truancy.
- b) Enforce existing law which requires school districts to: hold meetings with parents of truant students and appropriate school personnel within 10 school days of the child obtaining truant status; refer truant children to community agencies for services; and within 15 calendar days file a Families With Service Needs (FWSN) petition for truant children whose parents do not respond to school outreach efforts. Create new accountability mechanisms and penalties that allow the Department of Education to monitor local board follow-through and enforce compliance.
- c) Ensure compliance with state and federal Child Find laws to identify students with special needs.
- d) Expand from the current ten day window the time frame in which districts must immediately re-enroll students who have dropped out (formally through signing disenrollment forms).
- e) Establish clear guidelines for alternative schools and programs, including a specific definition of what constitutes each type of program, entry and exit processes for students voluntarily or involuntarily placed into an alternative setting, and minimum requirements for curricular offerings and teacher training and credentialing.

- f) Establish new accountability procedures for alternative schools and programs, including a list of all program locations, students served in each program, and annual educational data (including truancy, graduation rates, and test scores), publicly accessible online through a Strategic School profile or similar means.
- g) Adopt the *National School Climate Standards* at the state level; expand and support local evidence-based school climate improvement initiatives.
- h) Encourage districts to implement new or better utilize existing programs that reduce and appropriately address behaviors leading to involvement in the juvenile justice system, including graduated response models in school discipline codes, training of school personnel (including police) in conflict de-escalation and behavior management, school based diversion programs, and emergency mobile psychiatric services.
- i) Require schools to track and report number of children arrested in school.
- j) Require schools with high arrest rates to implement strategies to reduce those rates and address disproportionate minority contact issues.
- k) Increase provision of wrap-around services in schools, particularly for mental health, by maintaining current funding levels for School Based Health Centers and encouraging partnership with local community providers to supplement district staff capacity by bringing community services into schools or referring students for services into the community.

7. WORKFORCE DEVELOPMENT FOR TEMPORARY FAMILY ASSISTANCE PROGRAM. Enhance GED and literacy programs for Temporary Family Assistance (TFA) participants.

- a) Endorse and support the proposals put forward by the JFES Enhancement Workgroup convened by the Department of Labor which address these issues.
- b) Modify C.G.S. § 17b-112(c) to apply the same federal poverty level income test that is used to determine TFA eligibility in the first 21 months to the first two six-month TFA extensions.
- c) Revise JFES operating principles to make the attainment of a secondary education credential a goal in addressing barriers to employment. The state should apply for federal and/or private grant opportunities for pilots to test various ways of expediting the attainment of a high school diploma/GED.

- d) Establish pilot projects that would test service models that provide adult base education/GED and vocational education (I-Best model) and intensive, short-term GED programs. The state should apply for federal and/or private funding to help fund the pilots.
- e) Adopt program to supplement income from work for parents who move from welfare to work and lose cash assistance because of earnings. Estimated cost of the program in past years was \$1-2 million.
- f) Eliminate the cliff in benefits by gradually lowering the cash benefit in TFA when a parent is working rather than terminating it entirely when family income exceeds the cash benefit amount. Cost depends on the design of the program.
- g) Lower caseloads for case managers in the Jobs First Employment Services Program from the current level of between 110 and 150 cases per case manager to at most 80 - 100 cases per case manager, within available appropriations.
- h) Support TANF waiver to allow states to test new ways of achieving better employment outcomes for needy families.

INCOME SAFETY NET:

9. SUPPORT FOR YOUNG MOTHERS ON TFA:

- a) Coordinate with the state Dept. of Education on its \$1.99M grant from the U.S. Dept. of Health and Human Services to develop programs in the "top five districts" for support of pregnant and parenting teens.
- b) Coordinate with the DSS' HUSKY administrative services organization which will have some responsibility for care coordination during pregnancy.

10. ENHANCE ACCESS TO SUPPLEMENTAL NUTRITION PROGRAM:

The DSS should, within available appropriations, increase enrollment for federal energy and nutrition assistance programs administratively. The DSS should solicit specific recommendations from advocates (End Hunger CT, Hispanic Health Council, CAP agencies, CAHS, etc.) and discuss with Commissioner Bremby.

- a) Streamline applications (simplifying application forms), improve access to DSS offices (including simpler, more easily understood communications from DSS),

increase efficiency of application processing, enhance outreach for SNAP and child nutrition programs, etc. DSS wants to increase efficiency in processing SNAP applications and services, and is under pressure from USDA to do so, but will need to hire additional staff to accomplish this. While this will cost the state in funding, continued slow processing will result in additional USDA fines; funding the positions and improve processing is therefore recommended for reasons of both service improvement and fiscal prudence.

- b) Improve access, including on-line applications, a voice response phone system, and worker retraining through the first phase of DSS's "modernization" effort. Full implementation is at least 18 months away, but steps will be implemented in the interim. The second phase (involving replacement of DSS's computer system) is four to five years away, and 90 percent of the cost will be funded by the federal Affordable Care Act. A planning committee involving end-users, advocates, and DSS staff should determine how to speed implementation.
- c) Change DSS internal procedures and external contract to create "integrated service delivery," "one-stop shopping" where clients who come to the agency or any contractor are provided with an array of services and informed of all programs for which they are eligible to enroll.
- d) Improve communication between the Central DSS Office administrators and regional line staff to ensure that policies and procedures are implemented uniformly throughout the state.
 - Examine best practices at DSS regional offices and work to apply these across regions to simplify the application process and optimize use of existing resources.
 - Improve signage in DSS offices so people don't wait in wrong line - and/or adopt the "bank" method: one line from which you are sent to the correct workstation based on your issue (would probably need a worker to talk to people in line and identify what workstation they need to go to).
 - Assign specific front-desk staff to deal with clients as they enter DSS offices so that practices are consistent.
 - Implement and enforce consistent rules about how documents can be delivered. Implement consistent policies about logging in documents so that documents are not lost.
- e) Grant expedited SNAP (food stamp) benefits pending an interview. Presently, some applications for expedited food assistance are not processed because the

applicant cannot be reached for an interview within the seven day time frame. This policy change would require a waiver from the federal FNS. The policy change would be most useful with mail-in applications or applications taken by community outposts.

FAMILY STRUCTURE AND SUPPORT

11. REDUCE TEEN PREGNANCY

As noted in #7 above, the CDC awarded the City of Hartford \$4.5 M for reducing teen pregnancy by 10%.

12. CASE MANAGEMENT FOR EMPLOYMENT-RELATED SERVICES

Case management for all mothers of high risk newborns for the first twelve months after birth.

Although, support for young mothers on TFA is not one of the Council's priority recommendations, the Council fully supports program models such as Child First and other home visitation programs designed to assistance young mothers on TFA.

PROCESS RECOMMENDATIONS:

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

Census information on the new supplemental poverty measure (SPM) for 2012 shows a three year average of poverty rates for the two measures for U.S. totals and for each state. Child poverty rate using this measure is not available for each state.

The new measure includes both a more comprehensive list of "costs" as well as "income" sources. There is also an adjustment for cost of living. Using the three year estimate (2009-2010) the SPM poverty rate for Connecticut (12%) was higher than the official poverty rate (9.2%). The report indicates that geographic adjustments for housing costs, a different mix of housing tenure or metropolitan are status, or higher nondiscretionary expenses such as, taxes or medical expenses may attribute to the higher SPM.

14. COORDINATION AND SYSTEMS

- a) State agencies' employees (and their contractors) should be made aware of various services across agency lines administratively, and little cost. For example, eligibility is the same for SNAP and school meal programs operated by local districts through

SDE. These agencies could collaborate initially to publicize to enrollees for one program their eligibility for the other, and could eventually have common applications.

- b) Technology used by various state contractors, including screening tools and navigators operated by 2-1-1, CAPs, CAHS, End Hunger CT, and others can facilitate benefit eligibility determinations and enrollment. Integrate these tools to improve the quality of applications and recertifications for SNAP and other benefits submitted to DSS, which proved successful in the recent Disaster SNAP program implementation.
- c) Create a master contract or coordinated leadership team across agencies and branches of government:
 - Coordinate between DCF and DMHAS to ensure services to clients aging out of DCF services.
 - Implement recommendations of the Achieving Administrative Efficiencies Workgroup of the Commission on Nonprofit Health and Human Services, March, 2011.

IV. Progress Report

This section of the report describes implementation of the Council's plan to reduce child poverty, including the extent to which state actions are in conformance with the plan and progress made toward reducing child poverty.

A. Trends in Child Poverty in Connecticut

The Council's child poverty goal is to reduce poverty among children in Connecticut by 50% over ten years. When the Council's ten-year plan was released in 2005, the most up-to-date figures on child poverty were based on 2003 census figures. Currently, the most recent figures are based on 2012 data. The Council continues to focus on reducing child poverty both among "poor" households with income below 100% of the federal poverty level (\$19,090 for a family of three and \$23,050 for a family of four in 2012)⁵ and "low income" households with income below 200% of the federal poverty level (\$38,180 for a family of three and \$ 46,100 for a family of four in 2012)⁶. Because Connecticut has a high cost of living, both measures are used in order to give a more complete picture of poverty in Connecticut. The 200% FPL measure roughly corresponds to Connecticut's Self-Sufficiency Standard, a measure of the income necessary for a family to meet basic needs.

To measure the child poverty rate in Connecticut, the Council uses findings from two U.S. Census Bureau surveys: the American Community Survey (ACS) for data on households with income below 100% of the federal poverty level and the Current Population Survey (CPS) for those with income below 200% of the federal poverty level. The Council uses ACS for the "low income" household data because it is a more statistically valid and reliable data. CPS surveys approximately 100,000 households nationally each year, while ACS surveys approximately 3 million households each year. The relatively large sampling errors of state-level estimates using CPS limit its usefulness. Because of its large sample size, the ACS provides the best survey-based state-level income and poverty estimates available. The sample size of the ACS makes it exceptionally useful for state-level analysis. Although the American Community Survey (ACS) uses a larger sample than the Current Population Survey (CPS), it does not produce data on families with income below 200% of the federal poverty level, so

⁵ See <http://aspe.hhs.gov/poverty/12poverty.shtml>

⁶ Source: U.S. Department of Health and Human Services Poverty Guideline 2012. Monthly percentage data calculated by the Office of Policy and Management and rounded to the nearest dollar.

CPS data will continue to be used by the Council to measure the number of children living in families with income below 200% of the federal poverty level.

In 2012, the most recent year for which we have data, Connecticut's child poverty rate for "very poor households" with income below 100% of the federal poverty level was 14.8%, no significant change from the 2011 child poverty rate of 14.9%. Connecticut's child poverty rate of 14.8% remains substantially below the national child poverty rate of 22.6%. Connecticut had the 3rd lowest child poverty rate in the nation where child poverty rates range from 13.2.% in North Dakota to 34.7% in Mississippi.

For "poor" households with income below 200% of the federal poverty level, Connecticut's child poverty rate in 2012 was 25.4% which represents a significant decrease over the previous year's rate of 30.9%. Using this measure the national child poverty rate is 43.8% and Connecticut ranks 50th of all the states and D.C. No other state had a lower child poverty rate in 2012.

Using these sources, the child poverty rate in Connecticut has been:

Children Poverty in Connecticut 2003-2012

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Percent of children under 18	11.0%	10.5%	11.6%	11.0%	11.1%	12.5%	12.1%	12.8%	14.9%	14.8%
Connecticut rank among states	48	50	46	49	47	42	49	50	45	47

All "Low Income" Children in Connecticut Households with Income Under 200% of the Federal Poverty Level

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Percentage of children under 18	23.0%	23.9%	25.8%	25.8%	27.5%	26.2%	23.1%	26.8%	30.9%	25.4%
Connecticut rank among states	48	47	48	49	48	50	50	50	47	50

Since the inception of the Child Poverty Council in 2003, the percentage of "poor" children living in poverty has gradually increased from 11.0% in 2003 to 14.8% in 2012. Similarly, the percentage of all "low income" children significantly decreased from 2011 (30.9%) to 2012 (25.4%).

While Connecticut experienced no significant change in the child poverty rate over the previous year, Connecticut's child poverty rate of 14.8% remain substantially below the national child poverty rate of 22.6% and Connecticut ranks 47th of all the states and D.C. Connecticut ranked 45th of all states and D.C in 2011.

Examining all "low income" households with income below 200% of the federal poverty level, Connecticut's child poverty rate in 2012 was 25.4% which represents a 5.5% decrease over the previous year's rate of 30.9%. Using this measure the national child poverty rate is 43.8% and Connecticut ranks 50th of all the states and DC. Connecticut ranked 47th in 2011.

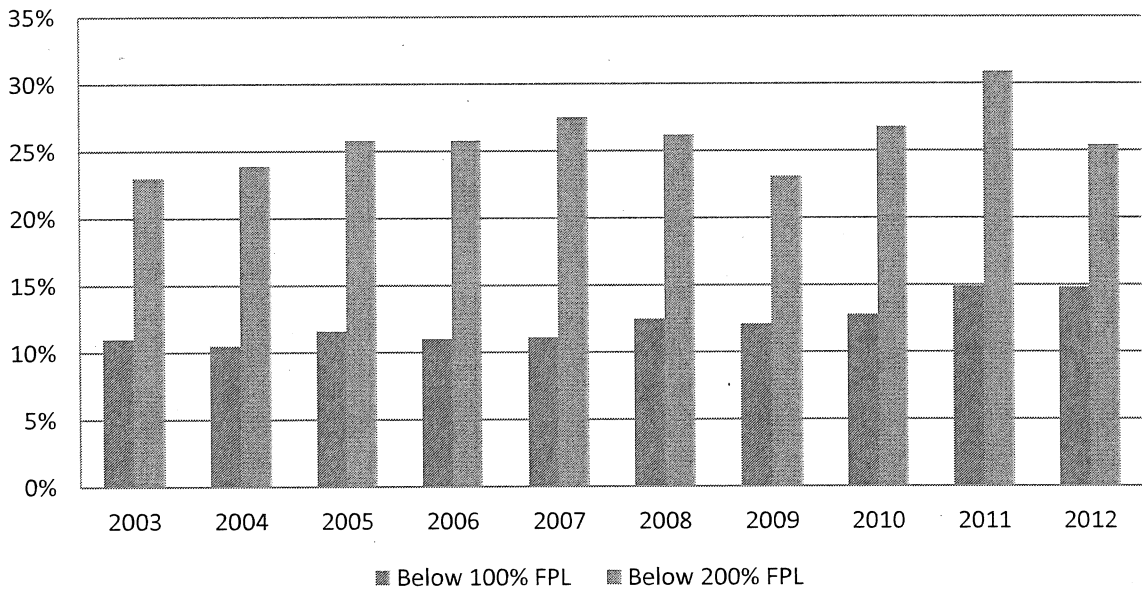
Rates of child poverty in Connecticut continue to vary significantly based on location. The percentage of children living in poverty in Connecticut's cities with a population over 65,000 was: Bridgeport (37.6%), Danbury (11.0%), Hartford (53.1%), New Britain (31.0%), New Haven (37.9%), Norwalk (13.0%), Stamford (9.7%) and Waterbury (40.0%)⁷. Racial and ethnic disparities persist -Black and Hispanic children are more likely to live in poverty than white children. According to an analysis of the 2012 American Community Survey data conducted by Connecticut Voices for Children, 24% of black children and 27.6% of Hispanic children live in poverty as compared to 5.8% of white children⁸.

The chart below depicts child poverty rates in Connecticut since the inception of the Child Poverty and Prevention Council and the charts on the following pages illustrate the disproportionate impact of poverty on some of the state's children.

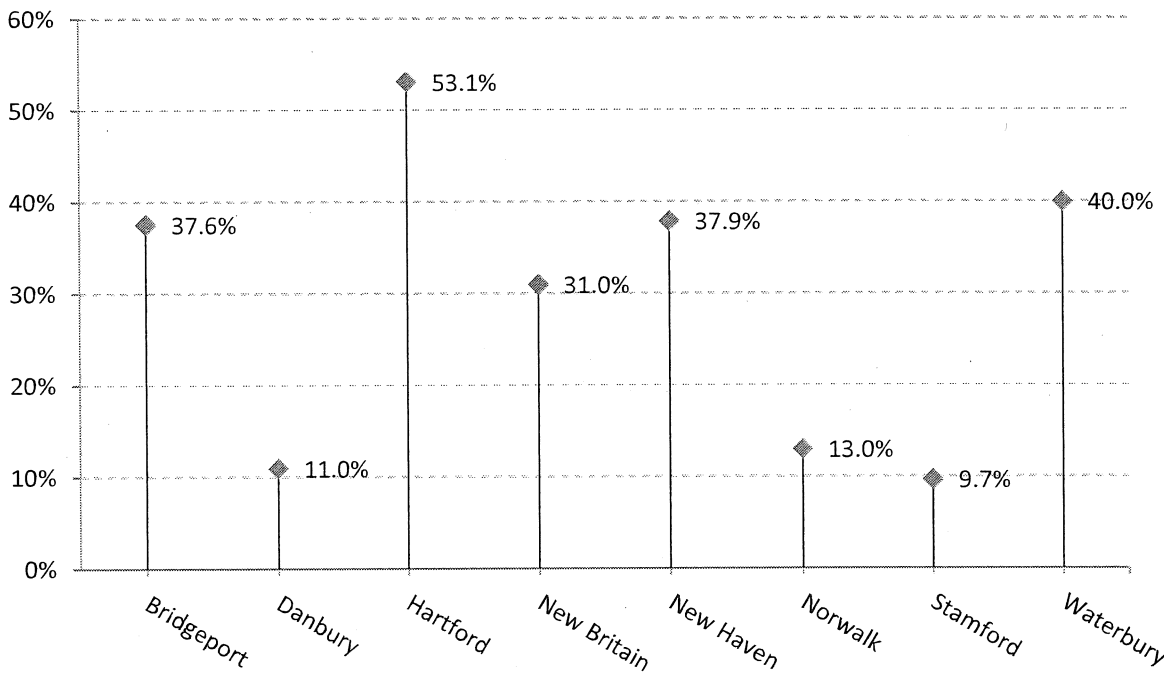
⁷ U.S. Census Bureau, 2012 American Community Survey Chart S1701

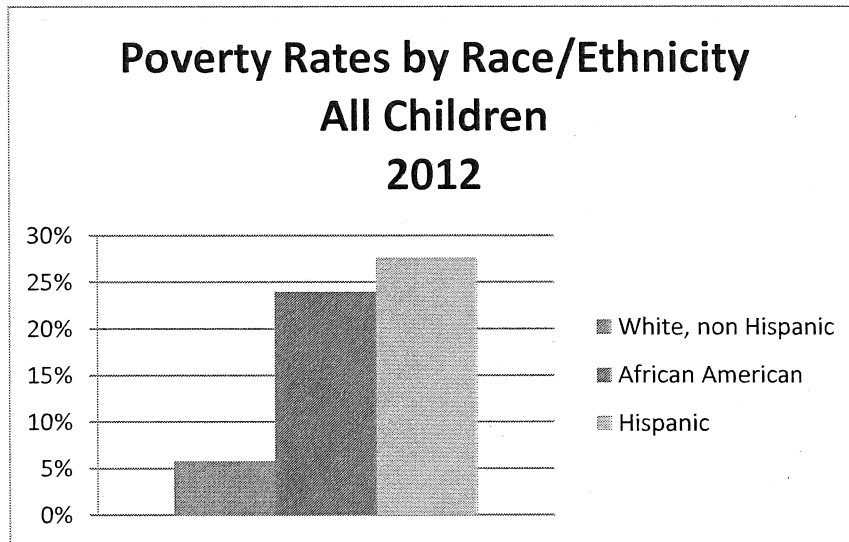
⁸ Connecticut Voices for Children, Summary of the American Community Survey 2012 One Year Estimates

Child Poverty Rates in Connecticut 2003-2012



2012 Child Poverty Rates in Major Cities





B. Implementation of the Plan and State Actions in Conformity

Included below are the Council’s priority recommendations and a synopsis of state actions taken in 2012 and 2013 to address child poverty. Since taking office in January 2011, Governor Malloy has undertaken a comprehensive array of reforms that will likely result in a reduction in child poverty over the coming years.

FAMILY INCOME AND EARNINGS POTENTIAL:

- **State Earned Income Tax Credit (EITC).** Implemented for the first time for the 2011 tax year, Connecticut’s refundable EITC assisted 181,620 families with a total of over \$109,194,583 in benefits in 2012. The average state credit was \$602, and the average filer income was \$17,957 – what a single parent working full-time just above minimum wage would receive before taxes⁹. During the 2013 session, the state EITC was reduced from 30% to 25% of the federal credit for the 2013 tax year; however, for the 2014 tax year it is increased to 27.5% and then restored to 30% for subsequent tax years.
- **Minimum Wage Increase.** During the 2013 legislative session, the minimum wage was increased to \$9.00 through two phased-in increases. Effective January 1, 2014, the hourly minimum wage will increase from \$8.25 to \$8.70. It will then increase to \$9.00 effective January 1, 2015¹⁰.

⁹ CT Voices for Children. (January 2013). *Connecticut’s Earned Income Tax Credit: A Boost to Working Families in Every Town.*

¹⁰ Tip credits, however, were also increased, which results in keeping the employer’s share of the minimum wage for hotel, wait staff, and bartenders at current levels.

- **Asset Building.** The individual development account (IDA) program is a special matching savings account designed to help eligible families and individuals establish a pattern of regular saving and, ultimately, purchase a qualifying asset. The state contributes a maximum of \$2 for every \$1 a participant contributes up to a limit of \$1000 per calendar year, with a maximum of \$3000 per participant. Legislation passed in 2013¹¹ allows money saved in IDAs to be used for a variety of specified purposes, instead of limiting it to only one, as under prior law. It also eliminated the yearly \$1000 limit, but keeps the individual \$3,000 maximum.
- **Sales Tax Exemption for Clothing and Footwear.** Until 2011, most clothing and footwear costing less than \$50 was exempted from the sales and use tax. The biennial budget passed in 2013 reinstates that exemption effective June 1, 2015¹².

HOUSING AND HOMELESSNESS PREVENTION

When Governor Malloy took office in 2011, he recognized that safe, affordable housing is essential to our future as a state and that when we invest in housing, we invest in people, communities and our economic future. Stable housing affects the quality of our neighborhoods, education of our kids, health of our citizens and opportunity for individuals and families to live in thriving communities. That is why he has made an historic investment in affordable housing over the past few years.

- **Affordable Housing.** Developing and rehabilitating our state's affordable housing stock is crucial to increasing the affordable housing options for workers, young professionals, and low-income families. The FY 2012-13 state budget authorized \$50 million in FY 2012 and an additional \$70 million in FY 2013 for a total of \$120 million in capital funds to revitalize and develop new units of affordable housing across the state. The FY 2014-2015 state budget authorized an additional \$136 million in capital funding over the biennium (\$68 million in each fiscal year).
- **Public Housing Revitalization.** The state budget authorizes \$90 million in bonding (\$30 million in each year FY13-15) as the first three years of a ten year commitment of \$300 million to preserve and upgrade this housing, bringing deteriorated and vacant units back on line. Funding is supported with an additional \$1.5 million each year for 150 new RAPs to ensure an adequate ongoing revenue stream to prevent future deterioration.
- **Incentive Housing Zones.** \$1 million in the current biennium is added to the \$2 million from last biennium for financial incentive payments to help municipalities

¹¹ PA 13-140, *An Act Concerning Technical and Other Changes to the Labor Department Statutes*

¹² §79, PA 13-184, *An Act Concerning Expenditures and Revenue for the Biennium Ending June 30, 2015*

plan for and create mixed-income housing that is critical to attracting and retaining young professionals, working families, retirees, and people in public service jobs. Legislative changes to the program facilitated the ability to manage limited funds and ensure that funding is targeted to those municipalities that are taking steps to develop affordable housing for their residents.

- **Rapid Re-Housing.** Rapid Re-housing is short-term financial assistance and services such as case management, outreach, and housing search for individuals and families who are in emergency shelter or on the streets and need temporary assistance in order to obtain and retain housing. With the influx of federal funding in 2010¹³, the state has been able to re-house, from 2010 to 2012, 3,100 people in over 1,600 households. After receiving rapid re-housing assistance, 95% of families and 82% of individuals have not had to return to a shelter¹⁴. Recognizing the need for this successful intervention tool, the Governor's budget proposal added \$500,000 (\$250,000 in each year) for rapid re-housing to help families that are homeless move as quickly as possible into permanent housing and achieve stability. The General Assembly included funding in the final FY 14-15 budget, but repurposed it exclusively for rapid re-housing activities and homeless prevention in Southeastern Connecticut, through the Norwich/New London Continuum of Care.
- **Establishment of the Department of Housing.** In addition to these significant new investments, Governor Malloy created the new Department of Housing (DOH) to consolidate and streamline widely dispersed state housing functions a single agency. DOH will provide leadership for the state's housing policy issues and develop strategies to encourage the provision of housing in the state, including housing for very low, low, and moderate income families.
- **Impediments to Fair Housing.** During the 2013 legislative session¹⁵, a 15-member task force was created to study legislative solutions to address impediments to fair housing choice, including laws, regulations, and administrative practices that impact housing affordability, availability, and accessibility. A report on its findings is due to the General Assembly in February 2014.
- **Supportive Housing.** Supportive housing is a successful and cost-effective approach to addressing homelessness by creating permanent affordable housing with services. The FY 2012-2013 state budget authorized \$30 million in capital funding for 150 new units of supportive housing, coupled with an annualized \$2.6 million for operating and support services. An annualized \$1.5 million (\$375,000 beginning in April 2013) was also included to support an additional 150 RAPs for

¹³ American Recovery and Reinvestment Act's Homelessness Prevention and Rapid Re-Housing (HPRP) Program

¹⁴ Connecticut Coalition to End Homelessness. *Where Are They Now? Three years later, did Rapid Re-housing work in Connecticut?*

¹⁵ SA 13-3, *An Act Establishing a Task Force to Consider Impediments to Fair Housing Choice*

scattered site supportive housing. The FY 2014-2015 state budget built on these investments by authorizing an additional \$20 million to develop 100 new units of supportive housing – targeting families involved in the child welfare system -- with an annualized \$1 million for rental assistance subsidies and \$1 million for services. Additionally, 2013 legislation¹⁶ authorizes DSS, DMHAS, DOC, OPM, and CSSD to develop a plan to provide supportive housing services, including housing rental subsidies, during FY 2014 and 2015 for an additional 160 individuals and families who frequently use expensive state services.

- **DCF Family Reunification RAPS.** The FY 2014-2015 state budget transferred \$1 million (\$500,000 in each fiscal year) from the Department of Children and Families (DCF) to the new Department of Housing to support 50 new RAPS for DCF families seeking to be reunified with their children in the care and custody of DCF.
- **Strengthening Homeowner Protections.** In 2012, changes to the Emergency Mortgage Assistance Program (EMAP) made it easier for applicants to qualify and take advantage of the program¹⁷. The Judicial branch’s foreclosure mediation program also was the recipient of changes during the 2013 legislative session¹⁸, including the extension of the program for two years, the establishment of a carefully delineated premeditation process, expansion of the scope of the program to include short sale and deeds in lieu of foreclosure as options, and the establishment of new requirements outlining when to end or extend the mediation period.
- **Fostering Community Development.** 2012 legislation¹⁹ required DECD to establish a pilot program, within existing resources, in one or more distressed municipalities to foster urban neighborhood revitalization and stabilization by facilitating the acquisition and renovation of one- to four- family homes and prioritizing owner-occupancy.

EARLY CHILDHOOD EDUCATION:

- **Early Childhood System.** In 2012, the Governor announced the establishment of the Office of Early Childhood (OEC). The new agency will provide a comprehensive, collaborative system for delivering improved programs and services to children zero to five and their parents.

¹⁶ §60, PA 13-247, *An Act Implementing Provisiosn of the State Budget for the Biennium Ending June 30, 2013 Concerning General Government*

¹⁷ §§125-129, PA 12-1, June Special Session, *An Act Implementing Provisions of the State Budget from the Fiscal Year Beginning July 1, 2012*

¹⁸ PA 13-136, *An Act Concerning Homeowner Protection Rights*

¹⁹ §197, PA 12-1, June Special Session, *An Act Implementing Provisions of the State Budget from the Fiscal Year Beginning July 1, 2012*

- **Improving School Readiness.** Only 40% of Connecticut children entering kindergarten demonstrate full readiness for school, and an estimated 9,000 low-income three and four year olds in Connecticut do not have access to preschool²⁰. Governor Malloy has invested over \$12 million in funding for early childhood education to help address this issue. An investment of \$9.8 million in early childhood initiatives created 1,000 school readiness slots and \$3 million will establish a tiered quality rating and improvement system.
- **Care 4 Kids Program Subsidies.** During 2013, legislation passed²¹ codifying the DSS practice of paying Care 4 Kids subsidies for up to six weeks when a recipient takes unpaid leave because of child's birth or impending birth. Providing this continued coverage for women on maternity leave helps ensure continuity of care and stability for children, and allows parents to return to work, promoting family economic security.
- **Comprehensive K-12 Education Reform.** It is widely known that Connecticut has one of the largest achievement gaps in the nation. In order to address this problem, the Governor has focused on implementing high quality education at every level from pre-k thru higher education and workforce development. In addition to developing a new integrated early childhood education system, beginning in 2012 the Governor embarked on a path to education reform by establishing the Commissioner's Network, increasing funding to the neediest and lowest performing districts, and establishing a teacher evaluation and support system. Understanding the urgency of ensuring that children develop proficient reading skills by the end of third grade, especially those living in poverty, Connecticut will create an intensive reading instruction program to improve student literacy in grades kindergarten to grade three to close the achievement gap. In 2012, the Governor's budget included \$2.7 million for a K-3 pilot study to promote best practices in early literacy and to address academic achievement gaps. In addition to funding the continuation of the pilot, funds will be used to support twenty new reading interventionist, five literacy coaches, the cost of new reading assessments for students and support for an expanded K-3 framework.

HIGHER EDUCATION/WORKFORCE DEVELOPMENT

- **Establishment of the Board of Regents.** Beginning in FY 12, the Connecticut State University system, Regional Community Technical Colleges and Charter Oak State University were consolidated into the newly created Board of Regents. This merger

²⁰ Connecticut Commission on Educational Achievement.

http://www.sde.ct.gov/sde/lib/sde/pdf/pressroom/ct_commission_on_ed_achievement_report.pdf

²¹ PA 13-50, *An Act Concerning the Care 4 Kids Program*

has resulted in enhanced articulation and transfer agreements across the systems, increased efficiencies and savings.

- **Next Generation Connecticut.** This initiative expands the educational opportunities, research, and innovation in the science, technology, engineering, and math (STEM) disciplines over the next decade, by authorizing \$1.5 billion in bond funds, and operating support of \$15 million beginning in FY 15 to:
 - Hire 259 new faculty (of which 200 will be in STEM);
 - Enroll an additional 6,580 talented undergraduate students;
 - Build STEM facilities to house materials science, physics, biology, engineering, cognitive science, genomics, and related disciplines;
 - Construct new STEM teaching laboratories;
 - Create a premier STEM honors program;
 - Upgrade aging infrastructure to accommodate new faculty and students;
 - Expand digital media and risk management degree programs and provide student housing in Stamford; and
 - Relocate UConn's Greater Hartford Campus to downtown Hartford.

- **Advanced Manufacturing Centers.** Building on the highly successful Manufacturing Machine Technology Program at Asnuntuck Community College (Enfield), \$17.8 million in bonding was provided for three new Advanced Manufacturing Centers at Quinebaug Valley Community College in Danielson, Housatonic Community College in Bridgeport, and Naugatuck Valley Community College in Waterbury. These programs will prepare students with the high-tech skills Connecticut companies need to compete globally. By investing in community colleges and intensifying their manufacturing programs, it is making an investment into the economic health of Connecticut and building the workforce that attracts manufacturers to the state.

- **Developmental/ Remedial Education.** In 2012, legislation passed directing public community colleges and state universities to reconfigure how remedial/ developmental education is delivered. It also requires public high schools to align their curriculum as described by the Common Core State Standards to ensure that graduates are ready for college level work.

- **Governor's Scholarship Program.** Administered through the Office of Higher Education, this program provides \$42 million in FY 14 and \$43.6 million in FY 15 for need and merit based student financial aid for college students attending both

public and private institutions of higher education in the state, by consolidating four financial aid programs.

- **Learn Here, Live Here.** 2012 legislation²² expanded the Learn Here, Live Here program eligibility to any student graduating after January 1, 2014 from a public or private college in Connecticut or a health care training school located here. Under prior law, the program was opened only to students graduating from state colleges and universities or regional technical schools. This program helps graduating students save money toward a down payment on their first home in Connecticut.
- **Internship Opportunities for Foster Children.** During the 2013 session, legislation passed²³ that requires state agencies to give preferences to internships to young adults between ages 18 and 24 who were in the DCF foster care system on their 18th birthday.
- **Expanded Job Creation Tax Credit²⁴.** Changes to the Job Creation Tax Credit during the 2012 session incentivize employers to hire Connecticut residents who receive DMHAS services or participate in DSS-funded or -operated programs providing employment opportunities and day services. These employers will be eligible for a \$900 a month tax credit.
- **Youth Employment Strategies.** Section 223 of Public Act 12-1, JSS required DOL, in consultation with the CT Employment and Training Commission, to develop strategies for bolstering youth employment and addressing youth and young adult unemployment. Strategies must include educating employers about the Job Expansion Tax Credit program and the ability to claim the credit for hiring a qualifying young adult. Recommendations were submitted to the legislature in December 2012.

²² PA 12-75, *An Act Concerning the Live Here, Learn Here Program*

²³ PA 13-124, *An Act Concerning Foster Children and Internship Opportunities*

²⁴ §198, PA 12-1, June Special Session, *An Act Implementing Provisions of the State Budget for the Fiscal Year Beginning July 1, 2012*

III. Prevention Report

This section of the report summarizes the State Agency Prevention Report to the Child Poverty and Prevention Council which is available on the Council's website.²⁵ Each state agency represented on the Council which provides primary prevention services to children reported on at least two prevention services provided by their agency. Prevention services are defined as "policies and programs that promote healthy, safe and productive lives and reduce the likelihood of crime, violence, substance abuse, illness, academic failure and other socially destructive behaviors". State agencies use an evidence-based approach to design and implement their prevention programs.

In Fiscal Year (FY) 2013, nine state agencies expended over \$430 million to administer 26 comprehensive primary prevention programs and services that positively impact Connecticut's children and families. The summary of the state agency prevention report and examples of evidence-based prevention programs are on the following pages.

Department of Children and Families			
Program	FY13 Funding	Service Level	Description
Early Childhood Consultation Partnership	\$2,347,995	4,061 children and 1,394 teachers	Prevent children birth to age 6 from being suspended or expelled from their early care and education setting due to challenging behaviors.
Triple P	\$5,374,863	New program-service level not available	Provides in-home parent education curriculum and support to create a safe and health home environment for children and families
Total	\$ 7,722,858		

²⁵ http://www.ct.gov/opm/cwp/view.asp?a=2997&Q=383356&opmNav_GID=1809

Department of Developmental Services			
Program	FY 13 Funding	Service Level	Description
Birth to Three	\$49,546,941	9,345 children and families	Early intervention services to all infants and toddlers who have developmental delays or disabilities.
Family Support Services	\$9,524,375	917 individuals including 178 children-Respite Centers; 738 individuals including 196 children – Family Support Services	Services, resources and other forms of assistance to help families raise their children who have intellectual disabilities.
Total	\$59,071,316		

Department of Education			
Program	FY13 Funding	Service Level	Description
Early Childhood Program	\$81,315,753	11,420	Expand and enhance access to and availability of school readiness and child day-care programs.
Even Start Family Literacy	\$479,919	54 even start families	Intensive family literacy services to low-income parents and children.
Total	\$81,795,672		

Department of Labor			
Program	FY 13 Funding	Service Level	Description
Jobs First Employment Services	\$17,657,471	15,393 annual caseload	Provides employment services to families in receipt of time- limited state cash assistance.
Connecticut Youth Employment Program	\$4,500,000	3,117 youth	Provides employment services for youth aged 14 through 21.
Total	\$22,157,471		

Department of Mental Health and Addiction Services			
Program	FY 13 Funding	Service Level	Description
Best Practices Initiative	\$1,785,901	398,462 children, family members, prevention and treatment professionals	Fourteen statewide funded projects that employ a population-based public health approach to address demonstrated substance abuse prevention needs.
Local Prevention Council Programs	\$552,470	255,932 elementary and high school students, parents and family members, school faculty and staff.	The Local Alcohol, Tobacco and Other Drug Abuse Prevention Council Grant Program (LPCP) initiative supports the activities of local, municipal-based alcohol, tobacco, and other drug (ATOD) abuse prevention councils.
Partnership for Success	\$2,300,000	1,878,983 clients served by PFS coalition (a combination of direct service counts and impacts)	The Partnership for Success (PFS) Initiative uses a public health approach in over 30 municipalities and statewide across college campuses to decrease alcohol consumption in youth ages 12 to 20.
Regional Action Council	\$1,850,833	2,854,189 children, families, community members and prevention professional	Regional Substance Abuse Action Councils (RACs) are public-private agencies comprised of community leaders. Its purpose is to establish and implement an action plan to develop and coordinate needed services across the behavioral health continuum.
Statewide Service Delivery Agents	\$1,899,168	87,160 children, families, community members and prevention professional	Four entities funded by DMHAS to support prevention efforts across the state by building the capacity of individuals and communities to deliver prevention services.
Tobacco Prevention and Enforcement	\$618,984	1,437 retail inspections and 13,829 printed material	Enforcement and strategies to reduce underage tobacco use.
Total	\$9,007,356		

Department of Public Health			
Program	FY13 Funding	Service Level	Description
Asthma Program: Pediatric Easy Breathing Program	\$500,000	10,275 surveyed and 2,798 or 27% diagnosed with asthma	A professional education program that trains pediatric providers to administer a validated survey to determine whether a child has asthma.
Asthma Program: Adult Easy Breathing Program	\$150,000	1,319 patients surveyed and 342 or 26% diagnosed with asthma	Focuses on adults treated by medical resident physicians in Bridgeport Hospital.
Immunization Program	\$59,219,300	875,580 children served	Prevent disease, disability and death from vaccine preventable diseases in infants, children adolescents and adults.
Special Supplemental Nutrition Program for Women, Infant and Children	\$61,848,534	14,123 infants, 30,365 children, and 12,092 women	Provides nutrition and breastfeeding education, supplemental food, and referrals for health and social services to eligible women, infants and children.
Tobacco Use Prevention and Control	\$1,079,069	13,100 individuals	Provides local cessation and prevention programs.
Total	\$122,796,903		

Department of Social Services			
Program	FY 13 Funding	Service Level	Description
Tobacco Cessation Program	\$2,899,366	6,000 over a five year period	Provides incentives to reduce smoking rates among the estimated 25-30% of Connecticut's Medicaid recipients.
Perinatal and Infant Oral Health Quality Improvement	\$120,000,000	Over 300,000 children	Focuses on oral health improvement and community integration strategies for improving preventive oral healthcare.
Fatherhood Initiative	\$445,000	410 individuals and couples	Provides outreach, awareness and training for parents relating to parenting, healthy relationships and healthy marriages.
Total	123,344,366		

Judicial Branch Court Support Services			
Program	FY 13 Funding	Service Level	Description
Educational Support Services	\$765,264	306 cases opened and 294 cases closed	Supports families to ensure that children's educational needs are identified and free and appropriate educational services are accessible.
Family Support Centers	\$3,541,097	753	A multi-service "one-stop" service for children and families referred to juvenile court.
Total	\$ 4,306,361		

Office of Policy and Management			
Program	FY 13 Funding	Service Level	Description
Title V Delinquency Prevention Program	\$84,945	N/A	Provides grants to cities and towns for delinquency prevention and early intervention projects.
Enforcing Underage Drinking Laws	\$318,643	N/A	Supports comprehensive and coordinated enforcement initiatives to address the problem of underage drinking.
Total	\$ 403,588		

Evidence-Based Prevention Program.

The following programs illustrate the efforts of state agencies regarding the development and implementation of evidence-based prevention programs.

Connecticut State Department of Education

The Even Start Program is designed to break the cycle of poverty and illiteracy for low-income families. Even Start helps break the cycle of poverty and illiteracy by improving the educational opportunities of families most in need in terms of poverty and illiteracy by integrating early childhood education, adult literacy or adult basic education, and parenting education into a unified family literacy program. Local programs are implemented through cooperative projects that build on high-quality existing community resources, creating a comprehensive range of services for low income children and parents.

Even Start helps children and families achieve the academic standards set forth by the state and uses instructional programs that are based on scientifically-based reading research to:

- enrich language development, extend learning and support high levels of educational success for children birth to age seven and their parents;
- provide literacy services of sufficient hours and duration to make sustainable changes in a family;
- provide integrated instructional services for families, where children and their parents learn together to develop habits of life-long learning; and
- support families committed to education and to economic independence.

Performance-Based Standards:

1. It is expected that 50 to 65 percent of the Even Start children birth through kinder-bound will meet the reading readiness standards for their age group.
2. It is expected that 40 percent or more of the adults will meet adult literacy goals in adult Basic Education or English as a Second Language (ESL) reading and 60 percent of the adults in a high school diploma or General Educational Development (GED) program will make progress toward attaining a high school diploma or its equivalency.
3. It is expected that 40 to 60 percent of the parents will meet standards for skill development in family literacy such as reading to child, and encouraging child to read with them at home.

Performance Measure 1: Percent of Even Start children meeting standards in reading/reading readiness skills.

Even Start program performance data over five years show that on average, 81 percent of the children met or exceeded standards in reading readiness for their age group (birth to kinder-bound). Children participated an average of 55 hours per month in early childhood classrooms, interactive literacy activities and during home based instruction. In 2013, over 70% of the children were infants and toddlers and were assessed every four months using the Agnes and Stages Questionnaire (ASQ).

Although research data are not available for Connecticut, research from other states indicates that children who receive Even Start services outperform children who do not participate in Even Start. These studies suggest that Even Start children score significantly higher on measures of reading readiness and are twice as likely as non-Even Start children to be reading at or above grade level (Link, D.E. and Weirauch, 2005)

Performance Measure 2: Percent of Even Start parents showing significant learning gains or earning a high school diploma.

Over the past five years, adults in Even Start have consistently made significant gains. Every year, the program has exceeded its expected standard by more than 30 percent.

The average percent of adults making significant progress during the year on their goals is 74 percent, exceeding the overall standard for adult literacy by 40 percent or more. These are impressive gains on measures of high school completion and English language acquisition.

Performance Measure 3: Percent of Even Start parents demonstrating gains in family literacy skills.

Results show that in the past five years, on average, 85 percent of the parents learned and applied parenting skills related to family literacy. Parents participate in parenting education classes, interactive literacy activities (with their child), and home-based instruction visits averaging 13 hours per month. Parents are encouraged to work directly with the child during interactive literacy activities and home-based instruction under the guidance of Even Start staff or collaborators. Parenting education classes are aligned with what children are learning in their early childhood classroom. Concepts underscored in parenting education are enhanced through application during interactive literacy activities and home-based instruction.

Department of Public Health

The Connecticut Special Supplemental Nutrition Program for Women, Infants & Children (CT WIC Program) serves pregnant, postpartum and breastfeeding women, infants, and children up to five years of age. The program provides services in five (5) major areas during critical times of growth and development in an effort to improve birth outcomes and child health: (1) Nutrition Education & Counseling; (2) Breastfeeding Promotion & Support; (3) Referral to appropriate health & social services; (4) Referral from Health Care Providers to ensure clients have a medical home; and, (5) Vouchers for healthy foods (WIC "Food Packages") prescribed by WIC Nutritionists.

Performance-Based Standards Federal and state regulations include a number of prevention-related standards that Local WIC Agencies must meet, including timeframes for enrolling program applicants; requirements regarding the early and continuous enrollment of pregnant women; policies to ensure that all pregnant women are encouraged to breastfeed unless medically contraindicated, and provided breastfeeding information and support; requirements to provide information regarding the risks associated with drug, alcohol and tobacco use during pregnancy; and, to ensure that children are screened for anemia and lead poisoning by their health care provider.

Performance-Based Outcomes (12 WIC Regions)

- First Trimester Enrollment in WIC: Increase to 50% the rate of first trimester enrollment of pregnant women.

- Statewide average [Federal Fiscal Year (FFY) 2013 to date (YTD)]: 54.2%; Range: 44.0% - 70.4%.
- Maternal Weight Gain (MWG): At least 70% of pregnant women who participate in the WIC Program for a minimum of 6 months gain appropriate weight:
 - Statewide average (FFY 2013 YTD): 72.6%; Range: 55.8% - 86.6%.
- Low Birth Weight (LBW): The incidence of low birth weight among infants whose mothers were on the WIC Program for at least 6 months during pregnancy does not exceed 6%.
 - Statewide average (FFY 2013 YTD): 6.5%; Range: 3.5% - 9.0%.
- Breastfeeding Initiation (BFI): At least 65% of infants whose mothers were enrolled in the WIC Program for any length of time during pregnancy breastfeed.
 - Statewide average (FFY 2013 YTD): 75.9%; Range: 66.7% - 90.3%.
- Childhood Anemia: The prevalence of anemia among children 2-4 years of age enrolled in the WIC Program for at least one year does not exceed 7.5%.
 - Statewide average (FFY 2013 YTD): 7.9%; Range: 4.2% - 10.9%.
- Overweight in Children: The prevalence of overweight (BMI \geq 85th percentile to < 95th percentile) among children 2-4 years of age enrolled in the WIC Program for at least one year does not exceed 10%.
 - Statewide average (FFY 2013 YTD): 12.7%; Range: 9.5% - 15.8%.
- Obesity in Children: The prevalence of obesity (BMI \geq 95th percentile) among children 2-4 years of age enrolled in the WIC Program for at least one year does not exceed 15%.
 - Statewide average (FFY 2013 YTD): 13.4%; Range: 8.1% - 18.3%.

Judicial Branch Court Support Service Division

The Educational Support Services Program supports families in ensuring that their children's educational needs are properly identified and that children have access to a free and appropriate education as required by law. Education Support Services include legal case consultation, advocacy, and training by contracted special education attorneys serving families and probation officers of children referred to juvenile court due to status offending or delinquent behaviors, and who exhibit school difficulties and/or performance challenges. Services are available at all twelve (12) juvenile courts.

Performance-Based Standards

- Percentage of clients that obtained/modified/preserved special education services
- Percentage of clients that overcame proposed suspension or expulsion
- Percentage of clients that obtained education-related benefits
- Percentage of clients that obtained procedural protections

Performance -Based Outcomes

- 68% (vs. 63% in FY 12) of clients obtained/modified/preserved special education services
- 20% (vs. 16% in FY 12) of clients overcame proposed suspension/expulsion
- 49% (vs. 49% in FY 12) of clients obtained education-related benefits
- 24% (vs. 21% in FY 12) of clients obtained procedural protections

IV. Examples of Successful Interagency Collaborations

As models for the state to follow, the Child Poverty and Prevention Council has provided information on the following examples of successful interagency collaborations to meet the child poverty and prevention goals:

Department of Children and Families

The Three-Branch Institute on Child Social and Emotional Well Being The focus of this grant is on developing and implementing a coordinated plan to improve the well-being of children involved in the child welfare system by promoting long-term self-sufficiency of families served by the Connecticut Department of Children and Families (DCF). Families served by DCF have complex multi-system needs that transcend the services of any one agency or branch of government. Often these families are also receiving services from Connecticut's Department of Social Services (DSS) and Department of Labor (DOL). "Common clients" served by these agencies frequently present with multiple risk factors including, but not limited to: housing issues; serious and chronic substance abuse, mental health, or physical health problems; a history of trauma, including child abuse and domestic violence; unemployment; and involvement with the criminal justice system.

The DCF's "Strengthening Families" Practice Model will provide a framework for this approach because it requires DCF to tailor services for the individualized needs of families and focuses on promoting families' resilience by increasing social connections, improving parenting skills to support healthy child development, providing supports in times of need, and supporting the social and emotional competence of children. With these supports we will improve the well-being outcomes for children we serve by reducing maltreatment, removals, foster care placements, and ultimately, further trauma to these children. Critical to this effort will be the team's ability to conduct a comprehensive assessment of the utilization of services across our agencies and, where we can, leverage Medicaid and other federal and state dollars to fund innovative and preventative practices. The resulting plan will promote improved well-being for the children and families we serve by providing families with resources to support themselves in the long-term, while also strengthening Connecticut's existing efforts to collaborate across agencies. Kick off for this grant will begin Fall 2013.

Department of Mental Health and Addiction Services

Connecticut State Prevention Enhancement Initiative (SPE) Consortium The Strategic Prevention Enhancement (SPE) Consortium seeks to reduce the likelihood of mental disorders, substance abuse, and their related consequences by enhancing and

expanding the statewide alcohol, tobacco, and other drug prevention infrastructure. A grant from The Center for Substance Abuse Prevention of the US Department of Health and Human Services supported the formation of this interagency consortium and the development of a five-year statewide prevention plan. The Prevention and Health Promotion Unit of the Department of Mental Health and Addiction Services administers the SPE Initiative.

The SPE Policy Consortium partners include: Children & Families, Office of Policy & Management, Public Health, Social Services, Veterans Affairs, Education, Consumer Protection, Mental Health and Addiction Services, Transportation, Emergency Services & Public Protection, Motor Vehicles, Pardons & Parole, Judicial, and Corrections. Non-state agencies representing key populations participate on the Consortium as well. Through a Memorandum of Understanding (MOU), these partners are committed to the expansion and enhancement of the statewide prevention infrastructure through participation in the: Consortium that advises and oversees the implementation of the 5-year plan; Training and Technical Assistance Workgroup that develops a workforce development plan that maximizes prevention training and capacity building across the state; and State Epidemiological and Outcomes Workgroup that coordinates behavioral health data collection processes and timing

To measure its effectiveness, annual assessments are conducted to assess how SPE partners are effectively coordinating, managing and sustaining prevention and health promotion efforts to achieve outcomes.

V. Next Steps

Over the next year, the Child Poverty and Prevention Council will focus on reform of the state's implementation of the federal Temporary Assistance for Needy Families (TANF) program. The purpose of the Council's efforts will be to review the federal and related state program components that have evolved since the TANF Block Grant was instituted in Connecticut and determine if Connecticut is meeting the goals of the TANF Block grant and, more specifically, the goals of Connecticut's Jobs First Employment Services (JFES) and Temporary Family Assistance (TFA) programs. Through this analysis, we anticipate that the Council may consider new service delivery programs, models and or individual outcomes.

The effort will be lead by top officials from the Departments of Labor and Social Services.

The Council will take on this focus in 2014:

1. To address concerns that have been identified with the current TANF/JFES/TFA service delivery model:
 - Current focus is on work activities and not job or employment outcomes in occupations that are in demand;
 - Current focus is on referrals for eligible adults rather than comprehensive services for the family;
 - Current assessment tools are antiquated and not uniform;
 - Connecticut's 21-month time limit presents a significant challenge for barrier reduction, basic skills attainment and vocational skill development; and
 - We have multiple state and community agencies working with mutual clients and are not properly communicating and providing appropriate and relevant services. Data metrics are not sufficient to measure employment or self-sufficiency outcomes.
2. To proceed in a new direction:
 - Implement efficient and/or effective ways to help participants with employment entry, retention, advancement and access to employment with earnings and advancement to avoid dependence on government benefits.

- Build on existing evidence based models for improving employment outcomes such as Vocational Education combined with Contextualized Adult Basic Education or Intensive, Accelerated Adult Basic Education
- Develop and pilot alternative and innovative strategies, policies, and procedures designed to improve skill assessments and employment outcomes.

The Council wishes to explore innovative practices across the country and determine the appropriate service delivery model for assisting families in establishing self-sufficiency and maintaining employment. Our goal is to engage in six months of fact-finding, analysis and recommendations beginning in December 2013 and concluding in June 2014. These recommendations would be analyzed for fiscal impact and programmatic feasibility.

The principal program components for our focus are as follows:

- Jobs First Employment Services (JFES): Does our current service delivery model improve outcomes for participants to secure/obtain and retain/maintain employment, access training, achieve career advancement/progression, and economic well-being?
- Temporary Family Assistance (TFA): Does the TFA program as designed provide basic needs and a safety net for eligible families to reduce barriers and assist families in achieving self-sufficiency?
- Temporary Assistance for Needy Families (TANF): Is the current TANF Block Grant meeting the objectives as designed by Congress and implemented in Connecticut?

In addition to Council member partners, we intend to engage the community agencies, parent organizations, and business leaders, such as: Workforce Investment Boards, Adult Education, municipal social service and Community Action Agencies, CABHN, Connecticut Women's Education and Legal Fund, Mothers for Justice, Parent Power; Chambers of Commerce, CBIA, and small business associations.

Appendix A
COUNCIL MEMBERS
2013

Anne Foley, Chair
Under Secretary
Office of Policy and Management

Raymond Singleton
Deputy Commissioner
Department of Social Services

Tanya Hughes
Executive Director
Commission on Human Right and Opportunities

Gregg Cogswell
Senate Republican Office
Connecticut General Assembly

Renee Mitchell-Coleman
Section Chief
Department of Public Health

John Frassinelli
Chief of the Bureau of Health/Nutrition, Family Services and Adult Education
Department of Education

Lindy Lee Gold
Community Development Specialist
Department of Economic and Community Development

Gregory Gray
President
Board of Regents for Higher Education

Mary Ann Handley
Former State Senator

Dennis King
Manager of Community Advocacy
Department of Transportation

Carol Meredith
Director
Department of Mental Health and Addiction Services

Mary Mushinsky
State Representative
Connecticut General Assembly

Rod O'Connor
Legislative and Regulations Analyst
Department of Developmental Services

Ram Aberasturia
Director of Labor Operations - Employment Services
Department of Labor

Kim Somaroo-Rodriguez
Central Office Administrator
Department of Children and Families

Monica Rinaldi
Warden
Department of Correction

Faith VosWinkel
Assistant Child Advocate
Office of Child Advocacy

Bernadette Conway
Judge
Superior Court

Elaine Zimmerman
Executive Director
Commission on Children

Child Poverty and Prevention Council Staff

Pamela Trotman, Planning Specialist,
Office of Policy and Management

Appendix B

STATUTORY AUTHORITY

Connecticut General Statutes Sections 4-67x and 4-67y

As amended by Section 6 of Public Act 13-240

And Section 46 of Public Act 13-247

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 Regents for Higher Education, the Child Advocate, 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; P.A. 11-48, S. 285.)

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; pursuant to P.A. 11-48, "Board of Governors of Higher Education" was changed editorially by the Revisors to "Board of Regents for Higher Education" in Subsec. (a), effective July 1, 2011.

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.

See Sec. 4-165c re immunity of the state and its officials, employees and agents.