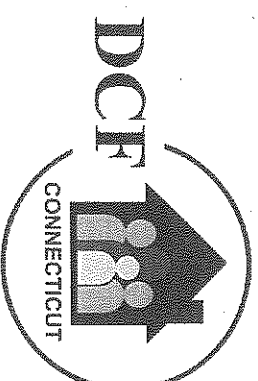


Department of Children and Families

LEGISLATIVE BRIEFING

January 24, 2013

Commissioner Joette Katz



DCF Mission

- **Working together with families and communities for children who are healthy, safe, smart and strong.**
- All children and youth served by the Department will grow up healthy, safe and learning, and will experience success in and out of school. The Department will advance the special talents of the children it serves and offer opportunities for them to give back to the community.

DCF Mandates

- Child Welfare
- Children's Behavioral Health
- Education
- Juvenile Justice
- Prevention

Six Cross-Cutting Themes:

- ***A family-centered approach*** to all service delivery, reflected in development and implementation of a Strengthening Families Practice Model and the Differential Response System;
- ***Trauma-informed practice*** as related to children and families but also to the workforce that serves them;
- ***Application of the neuroscience*** of child and adolescent development to agency policy, practice and programs;
- ***Development*** of stronger community partnerships;
- ***Improvements*** in leadership, management, supervision and accountability; and
- ***Establishment*** of a Department culture as a learning organization.

Regions and Facilities

Regional/Area Offices

- Region 1: Bridgeport, Norwalk/Stamford
- Region 2: Milford, New Haven
- Region 3: Middletown, Norwich, Willimantic
- Region 4: Hartford, Manchester
- Region 5: Danbury, Torrington, Waterbury
- Region 6: Meriden, New Britain

Facilities

- Connecticut Juvenile Training School (CJTS)
- The Albert J. Solnit Children's Psychiatric Center – North & South Campuses (formerly *Riverview Hospital & Children Connecticut Children's Place*)
- Wilderness School

Children and Families Served

- At any point in time, the Department serves approximately 35,000 children and 15,000 families across its programs and mandated areas of service.
- Approximately 14,000 cases are open on a given day.
- Approximately 2,000 investigations and 1,000 family assessments are underway at a point in time.
- Approximately 4,000 children are in some type of placement.
- Approximately, 650 children receive voluntary services and are not committed to the Department. About 550 of these children are receiving services at home, with the balance receiving services out of the home.
- Adoptions were finalized for 435 children, and subsidized guardianships transferred for 264 children during SFY2012.
- Positive Trend: The % of children overall placed with relatives, has risen to 24.5% in October 2012 compared to 15.3% in January 2011. If we count kin placement, that number is currently 29.1%.
- Education: Post secondary (2 or 4 year colleges or other full time school) program provided financial support for 593 youths in CY11 up to age 23.

The Careline: Intake

- **Reports of Abuse and Neglect**
- **24/7 1-800-842-2288**
- The Careline (formerly “Hotline”) received approximately 96,000 calls in CY2012. Of those, 45,748 were reports, and 27,354 reports were investigated. Of these investigations, 97% were commenced in a timely manner and 92% were completed within 45 days.
- In SFY2012, 1,387 allegations of physical and sexual abuse were substantiated as were 16,803 allegations of physical, emotional, educational and/or medical neglect.
- Approximately 70% of reports come from mandated reporters – persons who under CGS § 17a-101(b) must report, including:
 - Medical professionals;
 - School officials;
 - Law enforcement;
 - Social workers;
 - Psychologists;
 - Clergy;
 - Day care staff; and
 - Others identified by the statute.

Strengthening Families Practice Model

- Experience and research indicate that the quality of family participation is the single most important factor in the success of our interventions.
- The Strengthening Families Practice Model and Differential Response – which is an important component of the practice model -- will substantially improve how we support families to take control and responsibility of their own treatment and their own lives.
- Trained 2,000 DCF employees in the new Strengthening Families Practice Model
- Statewide implementation began earlier this year.

Strengthening Families Practice Model Components

- Family Engagement
- Purposeful Visitation
- Family Centered Assessments
- Supervision and Management
- Child and Family Teaming
- Effective Case Planning
- Individualizing Services

Differential Response System (DRS)

- On March 5, 2012, CT DCF launched the capacity to treat reports differently based on the level of risk.
- 30 jurisdictions have this dual or alternate response system.
- Studies indicate lower rates of removals and repeat maltreatment and greater family satisfaction – with no decrease in safety.
- The dual-track system enables DCF to respond to low and moderate risk families in a less adversarial manner shown more effective in dealing with prevalent issues of neglect and poverty.
- The Careline initially determines the track: investigation or assessment.
- Area offices utilize nationally-established, evidence-based tools to determine safety and risk levels and either confirm or override the initial determination of the assessment track.
- If a child is found to be unsafe, the case is switched to investigations.

DRS: The Traditional Investigations Track

- High-risk cases, as well as cases with police involvement, sexual abuse and serious physical abuse, or multiple reports receive traditional forensic-style investigations.
- Investigations occur within 45 days, include contacts with collaterals (medical, educational) & interviews with all household members.
- Result is either a substantiation with an identified perpetrator (approx. 25% of investigations) or an unsubstantiation.
- Both substantiated and unsubstantiated investigations can be transferred to services.

DRS: The Family Assessment Response (FAR)

- An alternative to the traditional investigation for reports involving low and moderate levels of risk
- Not an investigation focused on an accusation
- Does not identify a perpetrator
- Does not substantiate abuse or neglect
- Not compulsory or forensic

DRS: FAR

- The Family Assessment Response is a strengths-based, family –focused model that works together with families to identify their strengths and needs and to help connect families with services and supports in the community.
- The FAR track relies upon family participation in assessing strengths and needs.
- FAR utilizes a Family Team Meeting to engage the family in the assessment, planning and treatment.
- FAR utilizes a strengths-focused approach that looks to the natural supports in the family and the community.
- If the family wishes to participate and there is a need for continued support, the family will be transferred to a community partner agency and DCF will close its case.
- If a safety factor has been identified, DCF will continue case management.

DRS: FAR

- In 2012, 36% of accepted reports were tracked to FAR
- FAR is used for families at low or moderate risk unless any of 15 “rule outs” apply. Rule outs include:
 - Potential criminal child abuse or neglect
 - Sexual abuse
 - Open protective service cases
 - Incapacitated caregiver
 - Newborn or mother of newborn with positive drug screen
 - Two or more substantiated investigations in the last 12 months
 - Previous adjudication of abuse/neglect
 - Previous risk assessment of high

Academy for Family and Workforce Knowledge and Development

- Builds upon original Training Academy by integrating the Provider Academy, advocacy groups, community service providers, professional organizations, State agencies and universities.
- Reflects the belief that collaboration among interdisciplinary professionals (1) improves services and client outcomes and (2) ensures that workforce knowledge and development remains a continuous and coordinated process within and across agencies.
- In addition to mandatory 10-month training modules for all new social workers, new offerings include (1) strengthening families through engagement; (2) purposeful visits and family-centered assessments; (3) fatherhood engagement; and (4) human trafficking.
- Concentrated efforts on a 5-day program supporting the "Strengthening Families" Practice Model. The first three days, referred to as the "Partners in Change" (PIC) training, focuses strengths-based, family-centered practice. The training emphasizes six "principles of partnership":
 - Everyone has strengths;
 - Everyone desires respect;
 - Everyone deserves to be heard;
 - Judgments can wait;
 - Partnership is a process; and
 - Partners share power.
- Regional staff also attend a two-day training on family-centered assessment and purposeful visitation. This training covers the assessment of protective factors and capacities -- both of which are prominent features of the national Strengthening Families model. It also teaches use of assessment tools to holistically gather information and assess child and family needs. As of the end of 2012, more than 1,250 staff participated in the two-day training.

Strengthening Families Commissioner Directives

- Announced visits whenever possible consistent with child safety
- Out-of-state placements must receive Commissioner approval
 - Out-of-state placements fell to 70 as of yesterday (January 23, 2013) compared to 364 on January 1, 2011 – a reduction of 81%
- Increase placements with relatives
 - Prior to the present administration, CT lagged far behind the national average in using relatives as a resource for children in care.
 - Work with the **Child Welfare Strategy Group of the Annie E. Casey Foundation** identified improvements in the licensing process. Staff training was conducted, and resource guides for staff and relatives were produced.
 - In December 2012, 40% of the children who entered care were placed with a relative.
- Reduce the use of congregate settings for children – especially young children
 - The percentage of children in congregate care on January 1, 2013 declined to 23.5% compared to 29.8% of all children in care in January 2011.
 - # of children ages six and under in congregate care settings declined to 6 in January 2013 compared to 38 in January 2011.
 - # of children ages 12 and under declined to 60 in January 2013 compared to 201 in January 2011.

Team Decision Making/ Child and Family Teaming

- Working together with the Annie E. Casey Foundation, the Department is implementing Team Decision Making (TDM), a process that convenes families, their natural supports, service providers, and DCF staff to identify strength-based solutions and enhance case planning and outcomes for children.
- The Department first used TDM to significantly reduce the use of congregate care for younger children and now is using this process to transition older children to lower levels of care.
- Also known as Child and Family Teaming, the process is a core component of the Strengthening Families Practice Model and will be expanded for use with families at the point when decisions are made about removing children from their homes and throughout the life of a case when developing and implementing components of a family's case plan.
- The Annie E. Casey Foundation's Child Welfare Strategy Group is working with groups of staff at all levels and from all disciplines to develop Connecticut's teaming model.
- This includes a review of current policies and practices, the development of a training curriculum and coaching for staff in the area offices. All-staff training will begin and the full continuum of teaming meetings will be ready for implementation in early 2013.

Medical Guidelines

Guidelines for Optimal Child Abuse Screening

- Improve screening by Emergency Department triage nurses through education and/or adoption of a formal screening process.
- Improve physician recognition of red flags of child abuse through continuing education and hospital grand rounds and seminars provided by professional societies and associations.
- Overcome physician and nursing barriers to reporting cases of suspected child abuse.
- Clinical evaluation of pediatric patients (under 6 years old) with significant traumatic injuries should include removal of clothing (to permit thorough physical examination) and evaluation of their available medical record to identify prior visits with suspicious/unexplained injuries.
- Evaluate the DCF Sentinel Injury Project as a way to identify abuse cases before children present with more serious injuries.

DCF's New Health Framework

- A new Health and Wellness Unit reporting directly to Deputy Commissioner.
 - Reflects a higher priority for child health and wellness
 - Goal is to collaborate with our community providers for services and guidance around children's needs.
 - Includes education for medical providers about DCF and the needs of children and families we serve.
- Developing a "health advisory board" comprised of members of CT Chapter of American Academy of Pediatrics and CT Council of Child and Adolescent Psychiatry, DSS, DPH, and DDS to help guide development and implementation of policy and practice pertaining to health of children in our care
- Establishment of regional system of providers who will work with our DCF regions to ensure access to services for children in our care. Goal is to develop practices consistent with AAP and Child Welfare League guidelines for health care. We will be holding 'get together's' in regions to build relationships.
- Recently re-procured Multi-Disciplinary Examinations (MDE) to include a new requirement that MDE clinics communicate with a child's Primary Care Provider (PCP) before MDE and that they also provide them with copy of the MDE report. Expectation that Area Office Regional Resource Group nurse will work with PCP to review MDE and develop recommendations for a child's treatment plan.

DCF Community Behavioral Health and Substance Abuse Services

3 largest programs provide more than 37,000 episodes of care annually

Service	Episodes
Psychiatric outpatient clinics for children	22,000+
Emergency Mobile Psychiatric Crisis Service (EMPS)	13,000+
IICAPS (Intensive In-home psychiatric services)	2,000

Numerous Federal grants and research partnerships

- Federal ACF \$3.2 million Trauma Services in Child Welfare grant
- 2 NIDA funded research projects on effectiveness of adaptations of evidence-based models (MST and MDFT).
- 2 federal SAMHSA Service to Science Awards with Yale and CHDI
- \$5 million, 5-year ACF funded supportive housing grant

DCF Voluntary Services

- The Voluntary Services program is a DCF operated program for children and youth with serious emotional disturbances, mental illnesses and/or substance dependency.
- The Voluntary Services Program emphasizes a community-based approach and coordinates service delivery across multiple agencies.
- Parents and families are critical participants in this program and are required to participate in the planning and delivery of services for their child or youth.
- The Voluntary Services Program is designed for children and youth who have behavioral health needs and who are in need of services that they do not otherwise have access to. Parents do not have to relinquish custody or guardianship under this program.
- 1,569 families (unduplicated count) were served in SFY12.

In-Home/Community-Based Behavioral Health Services

- **Outpatient Psychiatric Clinics for Children**
 - A multi-disciplinary team of psychiatrists, psychologists, APRNs, clinicians and case managers at 26 contracted outpatient clinics provide psychosocial assessments, psychiatric evaluations/medication management, and clinical treatment through individual, family and group therapies
 - In SFY 2012, the outpatient clinics served 22,402 children and their caregivers.
- **Emergency Mobile Psychiatric Services (EMPS)**
 - EMPS Crisis Intervention Service is Connecticut's crisis intervention service for children and their families. More than 90% of children are seen at their home, at school or in the community and 85% within 45 minutes of receiving the crisis call.
 - More than 13,814 calls to the EMPS system SFY2012, which developed into 10,560 episodes of care.
- **Intensive In Home Child & Adolescent Psychiatric Services (IICAPS)**
 - A 6-month home-based intervention addressing psychiatric disorders of the child, problematic parenting and other family challenges that affect the child and family's ability to function. Teams of professionals average 4 to 6 hours per week of intervention with the child and caregivers to prevent hospitalization or to return the child to community based outpatient care.
 - Serves approximately 2,000 families annually.
- **Care coordination**
 - Care coordination uses an evidenced-based child and family wraparound team meeting process to develop a plan of care that uses both the formal and informal network of care to meet the identified needs of the child and family.
 - Serves about 1,200 families annually.

In-Home/Community-Based Behavioral Health Services

- **Family advocacy**

- Family advocates provide support and assistance to the parent/caregiver of a child with a serious mental or behavioral health need. The family advocate works with the care coordinator (above) in the child and family wraparound team meeting process and focuses on providing support to the parent/caregiver. Capacity to serve more than 400 families annually.

- **Extended day treatment**

- A multi-disciplinary team of psychiatrists, APRNs, clinicians and direct care staff at 19 program sites deliver an array of integrated behavioral health treatment through individual/family/group therapies, therapeutic recreation, and rehabilitative support services, for a minimum of 3 hours per day/5 days per week through a milieu-based model of care.
- In SFY2012, this program served 1,134 children/youth and their caregivers.

- **Community Bridge**

- Youths and families receive intensive in-home therapeutic support on a 24/7 basis from a clinical team of licensed clinicians and paraprofessional mental health support workers. The clinical team engages with family members and provides necessary support to the youth in all aspects of community functioning for up to 2 years. Youth without adequate family resources are served in foster homes. The community based service is supplemented by the availability of brief residential placement for purposes of assessment and behavior stabilization.
- This prototype run by the Village for Children and Families in Hartford has provided clinical interventions to 20 youth and families in its first five months of operation.

- **Respite care**

- Respite care is a non-clinical intervention, which provides stress relief to parents of children and youth who have serious mental or behavioral health needs. Community or home-based respite is provided for up to 4 hours per week for 12 weeks. Annual capacity: 250 children

In-Home/Community-Based Behavioral Health Services

- **Functional family therapy**
 - An empirically grounded, family-based intervention to improve family communication and supportiveness while decreasing negativity, delivered within the family setting by 4 providers, 5 teams that are grant-funded. 519 youth and their caregivers received services in SFY2012.
- **Multi-dimensional family therapy (MDFT), including “special population”**
 - Family-based intensive in-home treatment for adolescents with significant behavioral health needs and either alcohol or drug related problems, or who are at risk of substance use. Provides individual, caregiver and family therapy, and case management. 713 families received services in SFY2012.
- **Multi-systemic therapy (MST)**
 - Intensive family- and community-based treatment program that addresses environmental systems that impact chronic and violent juvenile offenders – their homes and families, schools and teachers, neighborhoods and friends. 215 families received services in SFY2012.
- **Multi-systemic therapy (MST) for special populations**
 - Special populations include problem sexual behavior, transition age youth, and parole youth re-entering the community. 112 youth and families received services in SFY2012.
- **Multi-systemic therapy (MST) “Building Stronger Families”**
 - Intensive in-home treatment for families with maltreatment and substance abuse issues. 24 families received services in SFY2012.

In-Home/Community-Based Behavioral Health Services

- **Re-entry and family treatment**
 - MDFT for parole youth with substance abuse treatment needs. An estimated 75 youths received services in SFY2012.
- **Recovery case management for families with substance abuse**
 - Intensive recovery support services for families with children at risk for removal or at the point of removal. Annual capacity: 330 families
- **Family-based recovery**
 - Intensive in-home family treatment combining evidence-based substance abuse treatment with a preferred practice to enhance parenting and parent-child attachment. Annual capacity: 144 families
- **Juveniles Opting To Learn Appropriate Behaviors (JOTLAB)**
 - Rehabilitative treatment for youth with problem sexual behaviors that provides comprehensive clinical evaluation, individual psychotherapy, family counseling, psycho-educational therapy groups, and social skills building groups. In SFY2012, 99 children and their caregivers received services.
- **Integrated family violence program**
 - In-home and clinic-based services for families where domestic violence has been identified. Core services include safety planning for survivor and child, trauma focused work with children, interventions focused on repairing and healing relationships, and batterer interventions. Annual capacity: 360 families
- **Adolescent substance abuse outpatient**
 - Substance abuse screening/evaluation, individual, group and family therapeutic interventions in a clinic based setting. 358 adolescents received services in SFY2012.

Early Identification of Problems/ Trauma Informed Practice

- Executed MOU with the Department of Developmental Services to implement federally mandated referrals to the Connecticut IDEA Part C Birth to Three System
- Implemented federal grant to expand access to Head Start programs for DCF young children
- Launched *First 1000 Days: Getting it Right from the Start*, an initiative with Governor's Office and six state agencies to identify the state's most vulnerable young children and expand coordinated access to family-based intervention and prevention services.
- Provided state funding for *Child FIRST*, an evidence-based early intervention program for very young children and their families with significant mental health and child welfare needs
- Initiated implementation of a five-year, \$3.2 million federal competitive grant award to expand trauma-training and evidence-based trauma practice and programs

Fatherhood Matters

- Research indicates that the unique way fathers interact with their children contributes to the healthy development of children from infancy through early adulthood.
- Fatherhood engagement is a critical component of family-centered practice.
- The overarching goal is to promote positive outcomes for children through the meaningful involvement of fathers.
- Over 80 community fathers have participated in regional Fatherhood Listening Forums to better understand fathers within cultural and community contexts.
- Key areas of practice include engaging non-resident and incarcerated fathers.
- Some additional areas of emphasis in case practice have been:
 - Early and ongoing efforts to identify, locate, and engage fathers;
 - Assessing the needs and strengths of fathers as a crucial piece to a holistic assessment of risk and protective factors;
 - Exploring the attitudes, perceptions and personal biases held by both agency staff and community fathers;
 - Establishing Fatherhood Engagement Leadership Teams (FELT) in the regional offices
 - Forming partnerships with community provider agencies to offer support services; and
 - Coordinating learning forums across sister agencies and New England child welfare jurisdictions aimed at sharing successes, challenges, and lessons learned.

Prevention

- **Keeping Infants Safe and Secure (KISS)**
 - CT Shaken Baby Prevention and Safe Sleep Initiative. Involves multiple agencies, increasing public awareness, training to providers and public
- **Circle of Security**
 - Attachment-based parenting program for parents and children statewide
- **Parents with Cognitive Limitations:**
 - Support of parents with cognitive limitations and their families statewide
- **DCF Supportive Housing for Families**
 - Provides housing assistance and intensive case management services to DCF families who are homeless or at risk of homelessness. Serves 500 DCF families statewide. New \$5 million, 5-year grant from ACF to expand and enhance services won September 2012.
- **DCF Young Adult Supportive Housing Pilot**
 - Provides housing assistance and case management to 36 DCF youth annually who are homeless or at risk of homelessness.

Prevention

- **Positive Youth Development Initiatives**
 - Afterschool programs for youth 8-14 or older to prevent children from entering the DCF system
 - Support parenting, provide recreational and enrichment activities for children, tutoring, social skill building, parent engagement and support
- **Early Childhood Consultation Partnership**
 - DCF funded statewide mental health consultation services to pre-schools, Head Start, providers etc. Also works with foster children and families.
 - Served 12,350 children and 715 separate centers between 2003-2010.
- **DCF-Head Start partnership:**
 - All 14 DCF Area Offices have established and strengthened a working partnership with Head Start and Early Head Start programs.
 - Goal is to ensure children's access to high-quality early care and education, enhancing stability and supports for young children and families, and preventing family disruptions and foster care placements
- **Early Childhood Parents in Partnership:**
 - Provides in-home and community-based support and intervention to strengthen parenting practices in high-risk families.

2013 DCF Legislative Agenda

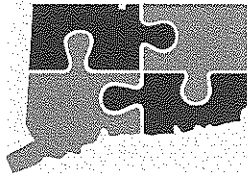
- Addressing the Medical and Educational Needs of Children
- Victims of Sex Trafficking
- Responsibilities of Mandated Reporters of Child Abuse and Neglect
- Revising Various Statutes Concerning the Department of Children and Families
- Family Assessment Response Cases
- Due Process Rights for Individuals Placed on the Child Abuse and Neglect Registry
- Interview of Children by the Department of Children and Families During Investigations of Child Abuse and Neglect

DCF Challenges

- Foster care
- Supporting relative care
- Community based services, especially in certain parts of the state
- Congregate care length of stay, especially in programs designed for temporary care
- Case planning
- In-state programs for children with intensive needs
- Spirited girls
- Adolescent transition

Strengthening Families Everyone's Business

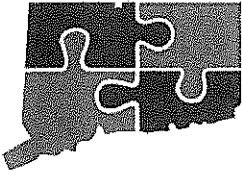
- Families
- Children
- Natural supports: coaches, mentors, teachers
- Schools
- Communities
- Service providers
- Law enforcement
- Medical
- Courts
- State and local government
- DCF



Outline of Remarks by Ron Cretaro, Executive Director, Connecticut Association of Nonprofits for the Governor's Nonprofit Health & Human Services Cabinet – January 25, 2013

1. Point of Service Contract Efficiency Workgroup Report
 - Report & recommendations originally due in Fall 2012
 - Revised publication date to end of 2012
 - Where is it?
2. Jobs Workgroup
 - Handouts - 2011 Nonprofit Employment Statistics
 - Working Draft on Nonprofit Jobs – October 2011
 - Loss of Nonprofit Jobs through Budget Cuts & Program Closures
3. Procurement Workgroup Priorities
 - On-going Assessment of Financial Health of Nonprofits
 - Tracking Timely Contracts to Insure Progress & Accountability
 - Revenue Retention
 - Treating Nonprofits as Businesses – Keeping the Partner in “Partnership” & “We Are Not-for-Profit But Not-For –Loss”
4. Add Department of Education to Cabinet as reflected in POS Annual Report – October 19, 2012
 - Early care & education services transferred from DSS to SDE with 53 contracts
 - Consider including Job Training contracts of the Dept. of Labor
5. Introduction of Jeff Shaw, Project Director, CT Nonprofit Human Services Cabinet

The Nonprofit Human Services Cabinet, a coalition of twenty associations & larger nonprofits, was started in the early 1980s in response to the Negotiated Investment Strategy to develop a spending plan for the Social Services Block Grant. The Nonprofit Human Services Cabinet has been hosted and staffed by the Connecticut Association of Nonprofits since 1998. Until June 30, 2011, the Cabinet received a modestly funded contract from the Department of Social Services. It is currently supported only by member dues and temporary private foundation funding.



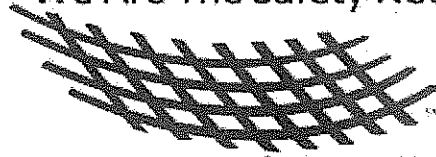
**CONNECTICUT
ASSOCIATION
of NONPROFITS**



Community Providers Association
Caring for Connecticut.

RALLY TO PROTECT THE SAFETY NET

We Are The Safety Net



Caring for Connecticut

Wednesday, January 30, 2013

9:00 a.m. – 12:00 p.m.

State Capitol & Legislative Office Building - 300 Capitol Avenue - Hartford, CT 06106

The previous budget rescissions and recent modifications continue to put enormous pressure on our collective ability to provide quality programs and services. We need to tell this story to our legislators.

On **Wednesday, January 30, 2013**, the nonprofit community will come together for the **Rally to Protect the Safety Net**. Please **come to Hartford** (Legislative Office Building & Capitol), **meet with your legislators and tell your story!**

9:00am – 10:00am	Registration & Legislator Look-Up	Room 2C <i>Note: t-shirts available for pickup</i>
10:00am – 10:30am	Rally	Capitol Building, North Steps <i>Note: Facing Bushnell Park</i>
10:30am – 12:00pm	Meet with Your Legislators	Caucus Offices <i>Note: Please set up meetings ahead of time</i>



**Nonprofit Human
Services Cabinet**



**CONNECTICUT COUNCIL OF
FAMILY SERVICE
AGENCIES**

Strengthening Connecticut's Families



**Advocacy and Action
for Connecticut's
Mental Health**

Please RSVP today!

Event Contacts: Jeff Shaw (CT Nonprofits), Mary Anne O'Neill (CCPA), Daniela Giordano (KTP), Leslie Simoes (The Arc)
860.525.5080 x 27 860.257.7909 860.882.0236 860.246.6400

2011 Employment Stats for Connecticut's Nonprofit Sector

Contributed by Patrick Flaherty, Economist, CT Department of Labor and Ron Cretaro, Executive Director, CT Nonprofits

The Connecticut Department of Labor has shared employment data with CT Nonprofits showing continuing, albeit, slight growth of employment in the nonprofit sector. The data includes all nonprofits/tax exempt organizations, not simply 501 c (3) charities.

Total employment in all industries in Connecticut is 1,612,371 individuals. The total nonprofit employment represents an increase of the nonprofit sector in Connecticut to nearly 12% of the total Connecticut Workforce, up from 11%.

The largest sector for Non-Profit employment is Health Care and Social Assistance with 67% of nonprofit employment. Educational Services is second with 22% of total nonprofit employment.

Employment within the private not for profit (PNP) Health Care and Social Assistance sector rose by 1.4% (1,818 jobs) which is in line with the 1.8% increase (4,442 jobs) within the private Health Care and Social Assistance sector that includes for-profit as well as non-profit employers. Within the total private sector for Health Care and Social Assistance, the largest gains were in the following 14 industries:

1. Services for the Elderly and Disabled
2. General Medical and Surgical Hospitals
3. Child Day Care Services
4. Offices of Physicians, ex. Mental Health
5. Offices of Dentists
6. Outpatient Mental Health Centers
7. Vocational Rehabilitation Services
8. Offices of Specialty Therapists
9. Home Health Care Services
10. Child and Youth Services
11. Continuing Care Retirement Communities
12. Offices of Misc. Health Practitioners
13. Offices of Mental Health Physicians
14. All Other Outpatient Care Centers

The largest losses were in

1. Other Individual and Family Services
2. Nursing Care Facilities
3. Psychiatric & Substance Abuse Hospitals
4. Medical Laboratories

Other Individual and Family Services had the largest loss, decreasing from 11,388 to 11,119.

Nonprofit employment within the Educational Services sector rose by 2.3% (939 jobs), a little slower than the 3.5% gain for the private Educational Services sector overall (including for-profit as well as non-profit private employers). Within the private Educational Services sector, the largest gains were in the following industries:

1. Colleges and Universities
2. Elementary and Secondary Schools
3. Exam Preparation and Tutoring
4. Sports and Recreation Instruction
5. Educational Support Services
6. Fine Arts Schools
7. Language Schools

While a few industries had losses, the losses were negligible with the exception of Junior Colleges which declined by 269 jobs. (Note this includes only private Junior Colleges. Most Junior Colleges in the state are in the public sector.)

Nonprofit employment also gained more than 100 jobs in the Arts, Entertainment, and Recreation Sector and the Retail Trade Sector. There were smaller gains in most other sectors.

Nonprofit employment declined in the Other Services, Information, Finance and Insurance sectors.

Annual Average Employment

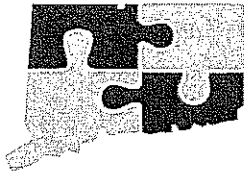
2011	192,134
2010	188,817
2009	187,159
2008	185,677

Total Wages

2011	\$9,733,230,882
2010	\$9,340,366,509
2009	\$9,089,839,099
2008	\$8,736,761,076

Weekly Average Wage

2011	\$974
2010	\$951
2009	\$934
2008	\$905



WORKING DRAFT

Partners In Prosperity: The Connecticut Nonprofit Sector Impact in Building the Economy – October 2011

Nonprofits play an exceptional and vital role in Connecticut's communities and in our state. The sector enriches community life, offers people a way to participate, stands up for underrepresented people, provides needed services, and pioneers solutions to social and economic problems.

Nonprofits promote the values and ideals that attract so many to Connecticut's quality of life, while also investing significant financial and human resources in communities throughout the state. Connecticut's nonprofit community is one of the most robust and vibrant in the country, playing a significant role in the state's reputation as a great place to live and raise a family. Nonprofits are key to our present and our future.

For example, Connecticut nonprofits:

- Support the growth of our future citizens and community leaders by investing in early care and education, and connecting youth to service and work opportunities;
- Promote economic development by counseling small businesses, providing education and job training, constructing housing and investing in community economic development;
- Inspire and nurture us through the arts, while contributing to the Creative Economy;
- Weave a strong safety net by providing physical and mental health services to those most in need;
- Protect the environment by preserving open space, fighting for clean air and water, and promoting sustainable development

Nonprofits in total employ 11% of the state's workforce. The nonprofit workforce is greater than many of the specific individual targeted employment clusters such as precision manufacturing, financial services, aerospace, etc. The nonprofit community is an underappreciated economic engine in the overall state economy. (See Department of Labor data on nonprofit employment in addendum.)

The public is somewhat aware of the jobs created in bioscience and neuroscience by our large private nonprofit research universities and hospitals – Yale University, Wesleyan University, Yale New Haven Hospital. What the public is not fully cognizant of are the employment opportunities nonprofits engender through a variety of other endeavors and initiatives. Some examples include:

1. Magnet Schools (Sheff v O'Neill) – Capitol Region Education Council
2. Youth Development & Employment – Our Piece of the Pie
3. Arts & Heritage – museums, music festivals, theaters - bringing tourism to Connecticut and supporting artists e.g. Greater Hartford Arts Council Arts Jobs
4. Charter Schools – Domus Foundation
5. Home Care Aides & Companions – Area Agencies on Aging & CT Community Care
6. Printing – American School For the Deaf
7. Furniture Making – Center For Human Development
8. Subsidized Internships for the Next Generation – Public Allies of CT
9. Assistive Technology – NEAT Center of Oak Hill
10. Community Farm To Table – Billings Forge Works, Holcomb Farm

11. Supportive & Affordable Housing – numerous nonprofit housing developers & human service agencies
12. Energy conservation & weatherization – community action agencies, Greater Bridgeport Community Enterprises
13. Integrated Entrepreneurial employment endeavors for individuals with & without disabilities in janitorial services, landscaping/groundskeeping, horticulture, food service, consignment retail, recycling/redemption, etc.

Much of the employment in the nonprofit sector is created through state, local & federal government investment for essential social & community needs. Governmental public policy initiatives and investments continue to create jobs:

1. youth with intellectual disabilities who leave home and become more independent community citizens
2. 16-17 year old youth that are no longer treated as adults by the criminal justice system
3. Community alternatives to incarceration & programs which divert individuals from prison & jail
4. Supportive housing which transitions individuals and families from homelessness, offers housing & hope to veterans and persons with mental illness & HIV/AIDS
5. In home health support which keeps elderly & persons with disabilities out of nursing care
6. foster & adoptive parents recruitment and support
7. Advocacy efforts resulting in clean energy – solar, wind, photovoltaic manufacturing
8. Adult education programs are increasing GED and industry certifications for previously low-literate adults to attend higher education offerings or gain employment.
9. Workforce programs are increasing the skills and job readiness of TANF and unemployed individuals to gain employment.

Jobs are also created through initiatives of the **private philanthropic sector** in early childhood education, job training & education, alternative energy, arts, heritage & tourism, and youth employment among others. Private philanthropy has made strategic investments to complement public funds as well as begun important new initiatives.

Unfortunately, many jobs created by nonprofits are low wage because the state has historically failed to fund nonprofits at a level to allow for more substantial wages. Most nonprofits seek philanthropic and private dollars to supplement state funds with the goal being to pay staff better and cover costs that the state does not. However, due to many years of underfunding with insufficient cost-of-living adjustments coupled with the continuously increasing operational costs, these supplemental dollars simply allow nonprofits to maintain low wages while attempting to cover the rising cost of healthcare.

The state must recognize the essential role that nonprofits play in both the economic and social well-being of Connecticut. A concerted effort must be made to adequately fund nonprofits so that sustainable jobs with a living-wage can be created. The state must also improve its contracting processes so that fewer state dollars are spent on administration and more money is available for program costs, including better employee wages and benefits.

Nonprofits in Connecticut are poised to partner with the state to offer solutions to priority needs and challenges, which in turn will expand nonprofit job growth.

AGING

Connecticut now has the the 3rd oldest population in the country. The State's 65 and older population is expected to grow 64 percent from 2006 to 2030. The demand for services in the next few decades will increase rapidly particularly since more of the older population wish to remain at home and avoid nursing

homes and assisted living. Many "aging in place" initiatives provide seniors with support services so they can stay in their own homes. The growth of related services for shopping, transportation, homemakers & companions, nursing, etc. can be expected. Nonprofits will be a major factor and force in providing these services. Neither Government nor Medicaid can meet all the demand.

ARTS, CULTURE & TOURISM

The New England Foundation for the Arts (NEFA) has released a new report, *New England's Creative Economy: Nonprofit Sector Impact* (2011), authored by the team of Planning Decisions, Inc., the Maine Center for Creativity, and Professor Charles Colgan, Ph.D. The new report demonstrates the economic impact of nonprofit arts & culture organizations in Connecticut and the region. While nonprofit arts and cultural organizations have a major commercial impact, this impact is far greater than economic to making Connecticut a better place to live and work.

Americans for the Arts has also made a compelling case for the importance of the arts in economic development. Connecticut has started in the direction of adopting a Creative Economy approach to economic development.

One National Endowment for the Arts project, "ArtPlace," is capitalized with \$11.5 million in foundation grants plus \$12 million in corporate loans and "aims to integrate artists and arts groups into local efforts in transportation, housing, community development and job creation as an important tool of economic recovery."

Several foundations are funding ArtPlace with grants that average \$350,000 apiece. Participating foundations include the Ford Foundation (with CEO Luis Ubinas also chairing the ArtPlace Presidents Council), the Andrew W. Mellon Foundation, the Rockefeller Foundation, Bloomberg Philanthropies, the James Irvine Foundation, the John S. and James L. Knight Foundation, the Kresge Foundation, the McKnight Foundation, and the Rasmuson Foundation. Providing the \$12 million in loans will be Bank of America, Citibank, Deutsche Bank, Chase, MetLife, and Morgan Stanley. Federal agencies at the table functioning as partners while purportedly spending no money, are, in addition to the Endowment (which is coordinating the effort), the Departments of Housing and Urban Development, Health and Human Services, Agriculture, Education, and Transportation. While some believe that money for the arts & tourism will not come through State or Congressional appropriation, others see initiatives like ArtPlace making the case for continued appropriations for the National Endowment for the Arts.

ELEMENTARY & SECONDARY EDUCATION

Connecticut needs to continue to make further progress in reducing the achievement gap and implementing the Sheff v O'Neill desegregation court agreement. Nonprofit Charter Schools will continue to be created in respective communities. These will, however, require government incentives and funding. **Besides the public school systems, Capitol Region Education Council has undertaken efforts to open numerous magnet schools.**

EARLY CARE & CHILDHOOD EDUCATION

Nonprofit organizations have been at the forefront in providing the state's early care & childhood education programs. Through Head Start, School Readiness, Birth to Three, Family Resource Centers, Afterschool programs, etc. nonprofits have utilized research-based practices in all aspects of early childhood – including care and education, parent involvement, curriculum and assessment, behavior and social/emotional wellness. Nonprofits have assisted communities, school districts and programs in setting and achieving goals with positive outcomes for children and families. Further local and state investment

to provide for an educated workforce for Connecticut's future begins with early childhood education. The Governor, business community and legislative policy makers acknowledge this fact. Nonprofits can and will respond to the opportunity to play a major role when resources are provided.

REDUCING POVERTY & INCOME INEQUALITY

Historically, nonprofits have been at the center of efforts to effect a reduction in poverty and narrow the disparity in wealth and income. According to the most recent census data, poverty in Connecticut continues to rise. At least 10.1 percent of residents had incomes under the Federal Poverty Level, up from 9.4 percent in 2009. Median household income also fell statewide, declining from an estimated \$68,174 in 2009 to \$64,032 in 2010. Connecticut's rising poverty, receding income, and high unemployment illustrate the need for state policymakers to develop a statewide plan to create good-paying jobs and to reinvigorate our economic engine.

United Way 2-1-1 receives over 2,000 calls each month from unemployed state residents who are typically looking for food, utility or housing assistance and more. Many of these callers are among the 53,000 state residents who have exhausted their 99 weeks of unemployment benefits. The state estimates that 540 residents lose their unemployment benefits each week.

HOUSING

Connecticut cannot embrace an influx of employees and their families for newly created jobs if it does not have an adequate supply of affordable housing. The private housing market alone is not capable of meeting the demand. Funds have been provided through the Housing Trust Fund for the purpose of constructing and renovating affordable and supportive housing. The Department of Economic Development must concurrently proceed with planning & development of affordable housing units while it works to create new jobs in order to have available housing units in the pipeline. To meet the boom that Connecticut aspires to will require additional investment and funds for housing.

YOUTH EMPLOYMENT

There is ample opportunity for new and creative programs in youth employment. A subsidized internship program with a combination of public and private funds will provide youth with first hand work experience. An AMERICORPS type of program at the state level would be a welcome addition. Youth employment program funds dozens of jobs in the nonprofit sector around the state serving thousands of young people. The funding level for these programs should be restored to the FY 09 funding level of \$5 million.

JOB TRAINING/WORKFORCE DEVELOPMENT

- We support the initiatives of the **Coalition For a Working Connecticut**. Their proposals are included in the addendum.
- We further support the recommendations of the **Connecticut Workforce Development Council** also included in the addendum.



Nonprofit Human Services Cabinet

2013 Legislative Priorities

Who we are and what we do...

The CT Nonprofit Human Services Cabinet is a statewide coalition comprised of 20 nonprofit human service associations and organizations representing approximately 800 providers. Our mission is to advance a strong and unified nonprofit human services system to effectively meet community needs.

We represent the state's safety net. Our members' services help prevent devastating social problems such as hunger, homelessness and violence. We provide lifesaving assistance to individuals with developmental disabilities, mental illness and addictions. Nonprofit human service providers employ a significant portion of the state's workforce. Cuts to nonprofit health and human services not only result in utilization of more costly alternatives (e.g.: emergency rooms, prisons), but they also result in job loss and further harm to the state's economy.

Below are our priorities. We hope to implement many recommendations made by both the legislature's commission and Governor's Cabinet on Health and Human Services.

Funding & Sustainability:

- **Allocate consistent and adequate funding that enables nonprofit human services providers that produce high quality outcomes to meet the rising demand for services, ensure the highest quality of care and cover the true cost of services.**
- **Require a (CT) living wage is included in all state contracts based on regional cost of living.**
- Maximize federal revenue and reduce the unnecessary use of costly institutional and emergency room care by utilizing efficient, cost-effective services provided in nonprofit community-based settings.
- Support Results-Based Accountability as a vital outcome reporting tool.
- Reduce unfunded mandates and other burdensome administrative requirements that take time and resources away from providing services.
- Preserve federal block grant funding as a critical source of support for health and human services in Connecticut.
- Support enhanced revenues as an alternative to cuts to human services, which are a short-term fix that will create more costly long-term problems for the state.

Contracting and Licensing:

- **Re-establish partnership with state agencies rather than vendor relationship.**
- Work with the Governor's Nonprofit Health and Human Services Cabinet to achieve consistent contracting processes across all state health and human services agencies and establish meaningful oversight of these processes, including timely contract payments.
- Support "deemed status" for nonprofit human services providers that hold accreditation with national accrediting bodies (e.g.: Joint Commission on Accreditation of Healthcare Organizations) and are deemed to have satisfied state licensing requirements.
- Establish uniform licensing processes across all state health and human service agencies.

Maintain the safety net. Preserve nonprofit community-based jobs.

- Catholic Charities, Archdiocese of Hartford
- Children's League of Connecticut
- Connecticut AIDS Resource Coalition
- Connecticut Association for Community Action
- Connecticut Association for Human Services
- Connecticut Association of Area Agencies on Aging
- Connecticut Association of Nonprofits
- Connecticut Coalition Against Domestic Violence
- Connecticut Coalition to End Homelessness
- Connecticut Community Providers Association
- Connecticut Consortium of Legal Services
- Connecticut Council of Family Service Agencies
- Connecticut Sexual Assault Crisis Services
- Connecticut Women's Consortium
- End Hunger CT!
- Mental Health Association of Connecticut
- Oak Hill
- Planned Parenthood of Southern New England
- The Connection, Inc
- Wheeler Clinic



Nonprofit Human Services Cabinet

History of the Cabinet

Who We Are...

The Connecticut Nonprofit Human Services Cabinet is a statewide coalition of nonprofit organizations that represents the collective interests of the human services sector. Currently, the Nonprofit Cabinet consists of 20 human services associations and organizations that represent diverse providers and clients across the state. The Nonprofit Cabinet was established in 1989 out of the Negotiated Investment Strategy, an agreement that provided nonprofits, municipalities and the state come together and decide how Social Services Block Grant funds should be distributed.

The Nonprofit Cabinet's mission is to advance a strong and unified nonprofit human services system to effectively meet community needs. The Cabinet has worked with state agencies on critical contracting issues and business practices that impact over 2,000 Purchase of Service (POS) Contracts valued at approximately \$1.4 billion annually. Members play a vital role in addressing the critical health and human services needs that face so many Connecticut residents – they provide the safety net that anyone can very suddenly need.

Our Purpose...

The Nonprofit Cabinet represents the collective interests of the human services sector by:

- Promoting the nonprofit sector as the primary provider of publicly funded human services
- Serving as the instrument for the human services sector to communicate with the state's executive, administrative, judicial, and legislative branches
- Providing a voice in the formulation of state human services policies
- Working with the state to reduce redundant requirements and streamline processes regarding contracting, reporting, monitoring, and payment of contracts
- Strengthening levels of communication between human service providers.

Why We Are Needed...

Community-based human services agencies are the backbone of the state's human services delivery system. The Nonprofit Cabinet's membership represents over 800 provider organizations delivering a wide range of services in every corner of the state to countless residents. However, over the past decade funding for human services has not kept pace with the demand of our services. Nonprofit human services providers who contract with the state have only received an average cost-of-living adjustment (COLA) of less than 1% over the past 20 years. Ensuring consistent, meaningful funding for nonprofit human services providers is a top priority for the Cabinet.

The Nonprofit Cabinet, serving as the voice for human services providers, is a bridge between the human services community and state leaders. Through these relationships the Nonprofit Cabinet seeks to identify innovative and cost-effective ways to deliver services. The Cabinet will continue to work with the state to streamline the state contracting process in efforts to wisely use the limited resources available to both the state and providers.

Our Structure...

The Nonprofit Cabinet is guided by a Steering Committee and hosted by the Connecticut Association of Nonprofits. Current Steering Committee members are:

- Pat Johnson, Oak Hill, Co-Chair
- Lucy Nolan, End Hunger CT!, Co-Chair
- Dan O'Connell, CT Council of Family Service Agencies, Immediate Past President
- Wendy D'Angelo, Wheeler Clinic, Member At-Large
- John Merz, CT AIDS Resource Coalition, Member At-Large
- Ron Cretaro, CT Association of Nonprofits, Facilitating Organization Representative

Catholic Charities,
Archdiocese of Hartford

Children's League of
Connecticut

Connecticut AIDS Resource
Coalition

Connecticut Association for
Community Action

Connecticut Association for
Human Services

Connecticut Association of
Area Agencies on Aging

Connecticut Association of
Nonprofits

Connecticut Coalition Against
Domestic Violence

Connecticut Coalition to End
Homelessness

Connecticut Community
Providers Association

Connecticut Consortium of
Legal Services

Connecticut Council of Family
Service Agencies

Connecticut Sexual Assault
Crisis Services

Connecticut Women's
Consortium

End Hunger CT!

Mental Health Association of
Connecticut

Oak Hill

Planned Parenthood of
Southern New England

The Connection, Inc

Wheeler Clinic



STATE OF CONNECTICUT

GOVERNOR DANIEL P. MALLOY

Governor's Cabinet on Nonprofit Health and Human Services

Cabinet Meeting Minutes (*corrected*)

December 10, 2012

2:00 – 3:15 p.m.

LOB - Hearing Room 2-B

Members Present: Co-Chair Peter DeBiasi, Co-Chair Terry Edelstein, State Representative Michelle Cook, DDS Commissioner Terrence Macy; Anne L. Ruwet, Yvette H. Bello, Patrick J. Johnson, Jr., Daniel J. O'Connell, Maureen Price-Boreland, Nancy Roberts; DOC Commissioner Leo Arnone; CSSD Executive Director William Carbone; Deborah Chernoff; Marcie Dimenstein;

Members' Representatives Present: Ajit Gopalakrishnan (representing SDE Commissioner Stefan Pryor); Kathleen Brennan (representing DSS Commissioner Roderick Bremby); Cindy Butterfield (representing DCF Commissioner Katz); Katharine Lewis (representing DPH Commissioner Jewel Mullen); Kate McNulty (representing DMHAS Commissioner Patricia Rehmer)

Members Absent: Robert Dakers, OPM; DSS Commissioner Roderick Bremby; DCF Commissioner Joette Katz; DPH Commissioner Jewel Mullen; SDE Commissioner Stefan Pryor; DMHAS Commissioner Patricia Rehmer; Roberta Cook,

Guests: Governor Daniel P. Malloy; Amy Porter, Commissioner Dept. of Rehabilitation Services

Welcome and Comments

Terry Edelstein opened the meeting at 2:00 p.m., introduced herself and co-chair DeBiasi. She welcomed Governor Malloy to the meeting. Members introduced themselves for the record.

Terry Edelstein – invited the Governor to make brief remarks prior to the Work Group presentations.

The Governor thanked the members for taking on the assignment to participate in the Cabinet. This Nonprofit Cabinet is a good way to identify a problem and recommend the most cost effective and efficient ways to provide services especially in these difficult financial times. This State is recovering from decades of financial difficulties; there is a lot of work to do with little money to do it.

Establishing this Cabinet was one of the first announcements he made as a candidate. He is pleased to hear that almost all of the Cabinet recommendations were accepted unanimously. Terry Edelstein has summarized recommendations from the Cabinet's Final Report for him into 14 actions steps for the coming year.

Work Group Presentations

I. Common Cross Agency Population Results Co-chairs: Roberts and Carbone

William Carbone reviewed the task of the Work Group: Using an Results-Based Accountability framework, come up with population level results statements that could guide both state agencies and nonprofit organizations in 6 domains (e.g., safety; education; health; economic security; support environments for people who are disabled or elderly; and children.

The Work Group established metrics so the State would know if we were moving steadily toward population level results. Primary and secondary Indicators of Success were identified for each population result statement. This is a good framework to measure performance as guide both public and private agencies work towards creating a better Connecticut for all of us.

Nancy Roberts indicated that many other states use results based accountability as their model. Leadership shown in the Legislature, from the Governor, in the State agencies and foundations across the state are all working to provide training in results based accountability. This positions Connecticut on the front line of being competitive for national public and private funding. As resources across the State get tighter it's really important we know where we get our best results.

II. Rate Setting Methodology Work Group Co-chairs Johnson and McWilliams

Pat Johnson – Discussed looking at State reimbursements based upon independent audits and 990 data submitted by organizations annually. For the past 10-20 years – reimbursement rates have been underfunded with annual increases of less than 1% – and a number of years with no COLA – prior to the coming year. Mr. Johnson outlined the statistics on the broad spectrum of nonprofit organizations and the struggle they are experiencing balancing their budgets. For the past decade budgets have been balanced on the backs of their employees, with cuts in wages and benefits. The primary recommendation to address this is to cover the actual cost of services, as there is little likelihood that current funding is sustainable.

Scott McWilliams discussed strategies to reduce administrative burden on the private nonprofit organizations including streamlining data reporting requirements. He discussed aggregating audit and nonprofit strategy platform data. The nonprofit strategy platform is a collaborative effort by UCONN and the Urban Institute where they aggregate 990 data from nonprofit organizations. The Work Group recommends reporting annually on the financial health of the nonprofit providers using the data and ratios we used in the October 1, 2012 report.

III. Request for Proposal & Procurement Processes Work Group Co-Chairs Ruwet and Andresen

Anne Ruwet reported that the partnership between state agencies and private sector has been incredible. She praised her Work Group co-chair Chris Andresen, who was unable to attend today's meeting. The Work Group was charged with looking at the RFP process and appropriate use of competitive bidding. Some of the key components: all contracted services are based on data

driven services; selection processes for contracted providers are transparent and competency based; performance determines renewal; timely payments are critical and finally reporting and monitoring and open communications are crucial to the public good.

The second charge was to revise the State's procurement standards, to standardize the procurement practices across state agencies and train staff with procurement roles and to expand competitive bidding waiver provisions and implement a planning process.

IV. Governor's Remarks

Governor Malloy thanked the Work Group co-chairs for their recommendations. He indicated that he and Terry Edelstein will continue to speak about this process. It is important that we terminate less effective programs based on data and performance and make better use of the money nonprofit organizations receive. The Governor asked each member to continue on the Cabinet. He said he was appointing Commissioner Amy Porter as an official member. He charged the Cabinet with creating 3 new work groups: 1) Jobs; 2) Contract Procurement and Administration; 3) Population results. The Governor thanked Cabinet Co-Chair Peter DeBiasi and Cabinet members for their hard work.

V. Governor's Charge and Next Steps

Terry Edelstein thanked Governor Malloy for taking the time to meet with the Cabinet and for his support. She provided a brief overview of new work groups – 1) Jobs Work Group - Goal of the group – ensure well trained and educated workforce; 2) Population results – continuation of the work done linked to Indicators of Success and performance measures; 3) Contract Procurement & Administration – goals for this group: to ensure efficiency in contracting practices; support best practices; monitor the progress of Cabinet recommendations.

Peter DeBiasi indicated the co-chairs would send out an electronic selection of groups and asked that people prioritize choices when they responded. He indicated that he hoped other volunteers would step up to serve.

Terry Edelstein noted that the Work Groups will convene in January and meet on a monthly basis front loading the work from January to June in order to develop a final report during the summer. She and Peter DeBiasi are looking for creative ideas and presentations to help inform the Cabinet members.

Kathleen Brennan supported the presentations by other groups. It would help to flesh out what we know but may be expressed differently.

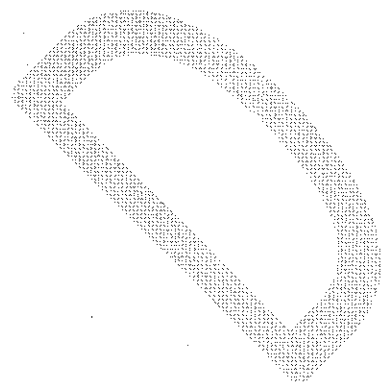
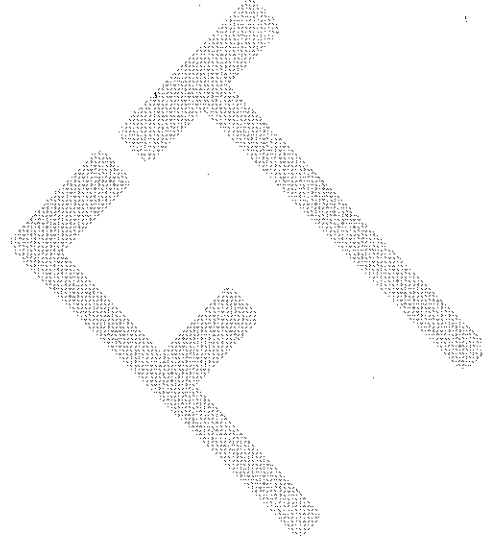
Anne Ruwet asked about follow up on the waiver process. She asked Rep. Cook if she could help with pushing forward this legislation.

Rep Cook indicated that she will be happy to advocate for the change in statutory language.

Peter Debiasi asked for closing comments – hearing none...

Meeting adjourned at 3:12 p.m.

Recorder: Meg Riding





STATE OF CONNECTICUT

GOVERNOR DANIEL P. MALLOY

Governor's Cabinet on Nonprofit Health and Human Services

WORK GROUP MEMBERS – January 25, 2013

Work Group on Jobs

First Name	Last Name	Title	Agency /Company
Deborah	Chernoff	Communications Director	SEIU 1199 NE
Glenn	Connan	Vice-President and CFO	MCCA
Liz	Dupont-Diehl	Policy Director	CT Association for Human Services
Patricia	Kupec	Counselor Supervisor	DOC
Katharine	Lewis	Deputy Commissioner	DPH (2)
Terry	Macy	Commissioner / <u>W.G Co-Chair</u>	DDS
Michael	Morrill	Division Director	Justice Resource Institute
Mark	Polzella	Director of Employment Services	DOL
Maureen	Price-Boreland	Exec. Director / <u>W.G.Co-Chair</u>	Community Partners in Action
Barry	Simon	CEO	Gilead Community Services
William	Young	Chief Operating Officer	Alcohol & Drug Recovery Centers, Inc.

Work Group on Population Results

First Name	Last Name	Title	Agency /Company
Yvette H.	Bello	Exec. Director / <u>W.G.</u> <u>Co-Chair</u>	Latino Community Services
Roderick	Bremby	Commissioner	DSS
Ajit	Gopalakrishnan	Educ'n Consult. & GED Admin'r / <u>W.G.</u> <u>Co-Chair</u>	DOE (2)
Karin	Haberlin	Behavioral Health Program Manager	DMHAS
Beth	Jenkins- Donahue	MSN, RN	Day Kimball Homecare
Susan	Keane	Senior Committee Administrator	Connecticut General Assembly
Sakina	King	Administrative Director	The Center: A Drop In Community Learning & Resource Center
Karl	Lewis	Director	DOC
Cynthia	McKenna	CCSW	Catholic Charities, Archdiocese of Hartford
Rick	Porth	President and CEO	United Way of CT
Bennett	Pudlin		The Charter Oak Group, LLC

Work Group on Contract Procurement and Administration

First Name	Last Name	Title	Agency /Company
Christian	Andresen	Section Chief	DPH
Kathleen M.	Brennan	Dep. Cmsr. / <u>W.G. Co-Chair</u>	DSS (2)
Cindy	Butterfield	Finance Director	DCF (2)
William	Carbone	Executive Director	Court Support Services, Division of the Judicial Branch
Cheryl	Cepelak	Deputy Commissioner	DOC (2)
Roberta J.	Cook	President/CEO	BHcare, Inc.
Robert	Dakers	Executive Finance Officer	OPM
Marcie	Dimenstein	Senior Director - Behavior Health	The Connection, Inc.
Alyssa	Goduti	V.P. Bus. Develm't & Comm. / <u>W.G. Co-Chair</u>	Community Health Resources
Patrick J.	Johnson, Jr.	President	Oak Hill
Lois	Nesci	CEO	Catholic Charities, Archdiocese of Hartford
Daniel J.	O'Connell	President/CEO	Connecticut Council of Family Service Agencies
Sandy	Porteus		Family Services of Greater Waterbury
Anne L.	Ruwet	CEO	CCARC, Inc.