

STATE OF CONNECTICUT

Child Poverty and Prevention Council

January 2009 Progress Report

**For submission to the
Honorable M. Jodi Rell, Governor**

**and members of the
Appropriations Committee, Education Committee,
Human Services Committee, Public Health Committee
and Select Committee on Children of
the Connecticut General Assembly**



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I. EXECUTIVE SUMMARY

In June 2006, Governor Rell signed into law Public Act 06-179, An Act Concerning State Investment in Prevention and Child Poverty Reduction and the Merger of the State Prevention and Child Poverty Councils. This public act combined two councils -- the active Child Poverty Council and the inactive Prevention Council -- into one coordinated body. The purpose of the Child Poverty and Prevention Council 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.

As required by Connecticut General Statutes Section 4-67x, this annual report of the Child Poverty and Prevention Council contains:

- 1. A report on the implementation of the ten-year plan, the progress made toward meeting the child poverty reduction goal, and the extent to which state actions are in conformity with the plan.**

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 2007 data.

The Council is focusing on reducing child poverty both among families below 100% of the federal poverty level (\$16,530 for a family of three in 2007) and families below 200% of the federal poverty level (\$33,060 for a family of three in 2007)¹.

In summary, the child poverty rate among Connecticut households with income below 100% of the federal poverty level has been fairly stable between 2003 and 2007 while the child poverty rate among Connecticut households with income below 200% of the federal poverty level has risen slightly.

Child Poverty in Connecticut 2003-2007

| | 2003 | 2004 | 2005 | 2006 | 2007 |
|---|-------|-------|-------|-------|-------|
| Percent of children under 18 in households with income < 100% fpl | 11.0% | 10.5% | 11.6% | 11.0% | 11.1% |
| State Rank for percent of children in households <100% fpl | | | 46 | 49 | 47 |
| Percent of children under 18 in households with income < 200% fpl | 23.0% | 23.9% | 25.8% | 25.8% | 27.5% |
| State Rank for percent of children in households <100% fpl | | | 48 | 49 | 48 |

Connecticut continues to compare favorably to other states with regard to child poverty. In 2007, Connecticut had the 47th highest child poverty rate.

However, rates of child poverty in Connecticut continue to vary significantly based on location (47% of children in Hartford live below the federal poverty level) and race (black and Hispanic children are seven times as likely to live in poverty as white children).

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 and young adult (16-24); and working poor families.

At the January 2008 meeting, the Council adopted 12 priority recommendations for action and two process recommendations. The Council's priority recommendations are grouped into four major categories as follows:

FAMILY INCOME AND EARNINGS POTENTIAL:

1. FEDERAL EITC: Increase usage of federal EITC with a target group of working poor families.

2. HOMELESSNESS: Expand homeless diversion programs for working poor families, including expanding transitional housing to keep children out of homeless shelters.

EDUCATION:

3. EARLY CHILDHOOD EDUCATION: Review and support the Early Childhood Cabinet proposals targeting children aged birth to five.
4. YOUTH DROPOUT PREVENTION: Enhance efforts to reduce the number of students who drop out of high school.
5. POST-SECONDARY EDUCATION: Expand access to our state colleges for late teens and young adults, particularly our community colleges, and expand programs intended to encourage high school students to pursue a college education.
6. WORKFORCE DEVELOPMENT: Enhance the existing GED program for working poor families receiving TFA and literacy and examine how youths who drop out of high school can obtain a GED.

INCOME SAFETY NET:

7. SUPPORT FOR YOUNG MOTHERS ON TFA: Make case management services available to some young mothers on TFA so that they and their children would have access to family support services, particularly during the twelve months after having a child.
8. ABRUPT TERMINATION OF BENEFITS: Examine how to soften the “cliffs” of welfare benefits.
9. ENHANCE ACCESS TO FEDERAL PROGRAMS: Increase access to food stamp and other similar federally funded programs for working poor families.

FAMILY STRUCTURE AND SUPPORT:

10. REDUCE TEEN PREGNANCY: Intensify efforts to reduce teen pregnancy.

11. CASE MANAGEMENT FOR EMPLOYMENT RELATED SERVICES:
Provide case management services to overcome barriers to employment.

12. FATHERHOOD INITIATIVE: Support the fatherhood initiative for working poor families.

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

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

The Council is currently engaged in a significant effort to develop an "economic model" which will provide information to the Council and to the state about which of the above recommendations, in which combination, will provide the best approach to reducing child poverty by 50% in Connecticut. The consultant's report will be available in early 2009.

2. A report 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 contains a summary of each state agency's report on prevention services. Each state agency represented on the Council which provides primary prevention services to children provided a report 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".

In Fiscal Year (FY) 2008, over \$260 million was expended on the forty five prevention programs reported by eight state agencies. The FY 08 amounts expended for each program ranged from \$28,585 for Shaken Baby Prevention in DCF to over \$66 million for School Readiness in SDE. Taken together, these investments demonstrate a significant commitment to prevention services by state agencies.

The agency prevention programs described are:

| | |
|---|--|
| <p>Children’s Trust Fund Children’s Legal Services Family Development Credential Family Empowerment Initiatives Family School Connection Help Me Grow Kinship and Grandparents Respite Nurturing Families Network Parent Trust Fund Shaken Baby Syndrome The Stranger You Know</p> | <p>Department of Public Health Asthma Program Child Day Care Licensing Community Health Centers Family Planning Program Immunization Program Injury Prevention Program Lead Poisoning and Control Program Newborn Screening Program Nutrition and Obesity Program Oral Health/Home by One Program Rape Crisis and Prevention Services Tobacco Use Prevention and Control Women Infants and Children Program Youth Violence/Suicide Prevention</p> |
| <p>Department of Children and Families DCF/Head Start Collaboration Positive Youth and Family Strengthen Shaken Baby Prevention Youth Suicide Prevention</p> | <p>Department of Developmental Services Birth to Three System Family Support Program</p> |
| <p>Department of Mental Health and Addiction Services Best Practices Initiative Youth Suicide Prevention Initiative Local Prevention Council Programs Regional Action Councils Statewide Service Delivery Agents Strategic Prevention Framework Tobacco Regulation and Compliance</p> | <p>Department of Social Services Domestic Violence Shelters John S. Martinez Fatherhood Initiative Promoting Responsible Fatherhood Teen Pregnancy Prevention</p> |
| <p>Department of Education Early Childhood Program Even Start Family Literacy Program</p> | <p>Office of Policy and Management Title V Delinquency Prevention Urban Youth Violence Prevention</p> |

3. Examples of Successful Interagency Collaborations

The Council is highlighting six examples of successful interagency collaborations to meet the child poverty and prevention goals. These initiatives are:

- Jobs First Employment Services
- Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T) 50% Reimbursement Program
- Parents with Cognitive Limitations Workgroup
- Families with Service Needs
- Shaken Baby Prevention Initiative: Empowering Parents
- In-Depth Technical Assistance (IDTA) Substance Abuse and Child Welfare Project

4. Recommendations for prevention investment and budget priorities.

The report identifies the Council's existing recommendations for prevention investment and budget priorities. The Child Poverty and Prevention Council may adjust its recommendations for prevention investment and budget priorities based on the information received through its economic modeling project in early 2009. The existing recommendations are:

- Reduce the number of children living in poverty in the state by fifty percent;
- Increase access to health care;
- Increase access to stable and adequate housing;
- Increase the percentage of pregnant women and newborns who are healthy;
- Decrease the rate of child neglect and abuse;
- Increase the percentage of children who are ready for school at an appropriate age;
- Increase the percentage of children who: learn to read by third grade, succeed in school, graduate from high school, enroll in higher education, and successfully obtain and maintain employment as adults;
- Decrease the percentage of children who are unsupervised after school;
- Reduce unhealthy behaviors among youth (e.g. teen pregnancy, smoking, auto accidents);
- Decrease the incidence of child and youth suicide;
- Decrease the incidence of juvenile crime;
- Increase the positive involvement of fathers with their children; and
- Encourage ongoing future leadership on child poverty and prevention issues.

II. BACKGROUND

A. State Prevention Council

The State Prevention Council was created under Public Act 01-121, An Act Concerning Crime Prevention and a State Prevention Council, to evaluate and promote prevention work in the State of Connecticut. In essence, the mandate was to establish a prevention framework for the state, develop a comprehensive state-wide prevention plan, offer recommendations to better coordinate existing and future prevention expenditures across state agencies and increase fiscal accountability.

The Council met regularly to ensure that the requirements of the public act were implemented in a comprehensive manner. The membership of the Council included representatives from the Office of Policy and Management, the Chief Court Administrator, and the Commissioners of the departments of Children and Families, Education, Mental Health and Addiction Services, Mental Retardation, Public Health and Social Services.

One of the main tasks of the Prevention Council was the development of a statewide prevention plan. The Council conducted research, analysis and deliberated extensively during the planning and development phase of the plan. The plan included four major recommendations that served to advance formation of comprehensive approaches for prevention within the state. The recommendations were to:

- increase public awareness of the value of prevention
- strengthen state and local networks involved in prevention
- improve data collection on prevention programs
- share and implement best practices

The Council felt that these recommendations, when implemented, would provide the Council with the information and tools necessary to effectively evaluate and analyze prevention initiatives in the state and set priorities for future prevention programming. The State Prevention Plan was submitted to the General Assembly in 2003.

As stipulated in the public act, the Governor's Budget for the 2003-2005 Biennium included a prevention report with recommendations for appropriations for primary prevention services administered by state agencies

that served on the State Prevention Council. The report was released in February 2003.

In 2003, the legislature enacted Public Act 03-145, An Act Concerning the State Prevention Council and Investment Priorities, which required the Council to continue its work to foster the development and implementation of a comprehensive and coordinated statewide system of prevention in Connecticut. In January 2004, the Prevention Council's progress report was submitted to the General Assembly. This report highlighted statewide prevention initiatives within the policy domains of Early Childhood Development and Youth Development and its relationship to the four recommendations.

In accordance with the stipulations set forth in the public act, the Council submitted its final prevention report in March 2004. The report highlighted the accomplishments and outcomes for statewide prevention initiatives.

B. Child Poverty Council

In the Spring of 2004, the Connecticut legislature enacted Public Act 04-238, An Act Concerning Child Poverty establishing 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, Mental Retardation, 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.

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 Legislature in January 2004. The report contained 67 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 by 50% by June 30, 2014. 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.

A number of the Council's recommendations were proposed by Governor Rell and enacted by the legislature in FY 2006-07 and, in January 2006, the Child Poverty Council submitted a report on progress made towards the implementation of the plan to meet the child poverty reduction goal and the extent to which state actions were in conformity with the plan.

C. Child Poverty and Prevention Council

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 requires the newly formed Child Poverty and Prevention Council to adhere to provisions of the previous councils and imposes 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 and 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 over the phone 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 have 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 is 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 are grouped into five major categories as follows:

FAMILY INCOME AND EARNINGS POTENTIAL:

1. **FEDERAL EITC:** Increase usage of federal EITC with a target group of working poor families.
2. **HOMELESSNESS:** Expand homeless diversion programs for working poor families, including expanding transitional housing to keep children out of homeless shelters.

EDUCATION:

3. **EARLY CHILDHOOD EDUCATION:** Review and support the Early Childhood Cabinet proposals targeting children aged birth to five.
4. **YOUTH DROPOUT PREVENTION:** Enhance efforts to reduce the number of students who drop out of high school.
5. **POST-SECONDARY EDUCATION:** Expand access to our state colleges for late teens and young adults, particularly our community colleges, and expand programs intended to encourage high school students to pursue a college education.
6. **WORKFORCE DEVELOPMENT:** Enhance the existing GED program for working poor families receiving TFA and literacy and examine how youths who drop out of high school can obtain a GED.

INCOME SAFETY NET:

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

8. **ABRUPT TERMINATION OF BENEFITS:** Examine how to soften the “cliffs” of welfare benefits.
9. **ENHANCE ACCESS TO FEDERAL PROGRAMS:** Increase access to food stamp and other similar federally funded programs for working poor families.

FAMILY STRUCTURE AND SUPPORT:

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

PROCESS RECOMMENDATIONS:

13. **IMPROVE POVERTY MEASURE:** Conduct a review of alternative measures of poverty using an Economic Modeling consultant and monitor how the federal government and other states address this issue.
14. **CHARTER OAK GROUP’S RESULTS BASED ACCOUNTABILITY INITIATIVE.** Coordinate with the RBA initiative.

D. Website

The Child Poverty and Prevention Council webpage, which contains the 2005 Initial Child Poverty Plan and the subsequent Progress Reports (2006-2008), is on the State of Connecticut, 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

III. 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. Child Poverty Measures

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 2007 data.

The Council is focusing on reducing child poverty both among families below 100% of the federal poverty level (\$16,530 for a family of three in 2007) and families below 200% of the federal poverty level (\$33,060 for a family of three in 2007)². 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 the 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 has used findings from the Current Population Survey (CPS) produced by the U.S. Census Bureau. This data source has been used by the Council because it provides information on both types of families - those with incomes below 100% of the federal poverty level and those with incomes below 200% of the federal poverty level.

This year, the Child Poverty and Prevention Council is switching to use the more statistically valid and reliable data from the American Community Survey (ACS) for those families below 100% of the federal poverty level. The rationale for this change is that 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 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.

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

Income Under 100% of the Federal Poverty Level

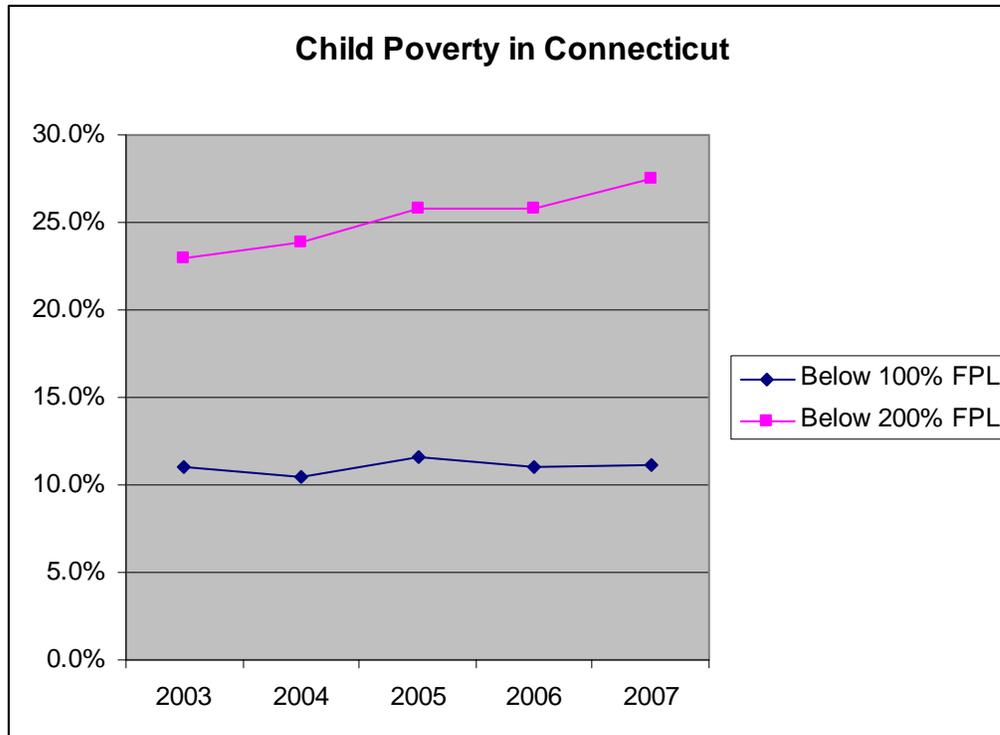
| | 2003 | 2004 | 2005 | 2006 | 2007 |
|---|-------|-------|-------|-------|-------|
| Percent of children under 18 ³ | 11.0% | 10.5% | 11.6% | 11.0% | 11.1% |
| Connecticut rank among states | | | 46 | 49 | 47 |

Income Under 200% of the Federal Poverty Level

| | 2003 | 2004 | 2005 | 2006 | 2007 |
|-------------------------------|-------|-------|-------|-------|-------|
| Percent of children under 18 | 23.0% | 23.9% | 25.8% | 25.8% | 27.5% |
| Connecticut rank among states | | | 48 | 49 | 48 |

In general, the data show that the percentage of children below 100% of the federal poverty level in Connecticut has remained fairly constant over the past five years. Of greater concern is the data showing that the percentage of children below 200% of the federal poverty level has increased over time.

Connecticut continues to compare favorably to other states with regard to both measures. During the most recent year for which data is available, 2007, Connecticut ranked 47th among states and the District of Columbia for the percentage of children living below 100% of the federal poverty level and 48th for the percentage of children living below 200% of the federal poverty level. Nationwide, 17.6% of children live below 100% of the federal poverty level.



Poverty rates in Connecticut continue to vary significantly based on location and race. Many of Connecticut’s cities have very high child poverty rates including Hartford where almost half (47%) of the children lived below the federal poverty level in 2007. Several other cities with high child poverty rates are Waterbury (31.4%), New Haven (28.7%), Bridgeport (28.4%), and New Britain (26%). Some other cities have child poverty rates that are below the statewide average, including Stamford (8%), Danbury (6%), and Norwalk (5.8%).

In 2005, the poverty rate for white children in Connecticut was 4% while the poverty rate for both black children and Hispanic children in Connecticut was 29%.⁴

B. State Actions in Conformity with the Plan

Although the biennial state budget for FY 2008-2009 was not adjusted in 2008, the state did adopt a number of administrative and legislative changes that are in conformance with the Council’s priority recommendations. Among the most significant of these actions was legislation regarding the Food Stamp Employment and Training program and the adoption of an unprecedented energy assistance package which provided almost \$200 million in energy assistance targeted mainly to families in poverty in Connecticut.

The Council's priority recommendations and state actions taken in 2008 are listed below.

FAMILY INCOME AND EARNINGS POTENTIAL:

1. **FEDERAL EARNED INCOME TAX CREDIT (EITC):** Increase use of federal EITC with a target group of working poor families.
2. **HOMELESSNESS:** Expand homeless diversion programs for working poor families, including expanding transitional housing to keep children out of homeless shelters.
 - **Public Act 08-123 AAC the Next Steps Initiative.** This act, proposed by the Governor and adopted by the legislature, authorized an additional 500 "Next Steps" supportive housing units for individuals and families at risk of homelessness. Funding for these units comes from mortgages, tax credits, and grants from the Connecticut Housing Finance Authority (CHFA) and the Department of Economic and Community Development (DECD). The bill authorizes the state to provide annual debt service payments on an additional \$35 million in bonds issued by CHFA.

EDUCATION:

3. **EARLY CHILDHOOD EDUCATION:** Review and support the Early Childhood Cabinet proposals targeting children aged birth to five.
 - **Public Act 08-100 AAC the Expansion of the Care 4 Kids Program.** This act, proposed by Senator Judith Freedman, directs DSS to establish extended eligibility standards for people receiving child care subsidies under the Care 4 Kids program who become ineligible for the subsidy due to a temporary interruption in employment or other approved activity. Currently, the subsidy is available only to qualifying families with a parent or caretaker who is (1) working; (2) going to high school; or (3) receiving cash assistance under the state's TFA program and participating in an approved education, training, or other job preparation activity.
4. **YOUTH DROPOUT PREVENTION:** Enhance efforts to reduce the number of students who drop out of high school.

- **Public Act 08-160 AAC School Learning Environment.** This act requires every school board to develop and implement a prevention and intervention strategy to address bullying, clarifies that school boards must follow the bullying policies they adopt, requires schools to investigate written reports of suspected bullying, requires schools to identify the appropriate school personnel responsible for receiving and investigating bullying reports, specifies that each school must invite all parents of students who commit bullying acts and all parents of bullied students to attend at least one meeting, requires each school board to submit its bullying policy to SDE by February 2009, mandates inclusion of each school board's bullying policy in the school district's publication of standards of conduct for schools and in all student handbooks by July 2009, requires each school annually to report the number of verified acts of bullying to SDE, directs SDE to take specifications to assist schools in reducing the incidence of bullying, revises the definition of bullying, makes bullying prevention a required in-service training topic for school personnel, and requires that anyone in a teacher-preparation course leading to certification be encouraged to complete a school bullying and suicide prevention component.
5. POST-SECONDARY EDUCATION: Expand access to our state colleges for late teens and young adults, particularly our community colleges, and expand programs intended to encourage high school students to pursue a college education.
- **Public Act 08-161 AAC Family Prosperity and the Recommendations of the Child Poverty Council.** This new legislation requires the Department of Social Services (DSS) to administer a food stamp employment and training (FSET) program authorized under the federal Food Security Act of 1985, which the department previously administered on a voluntary basis. Under this federal program, the state is reimbursed 50% of non-federal, non-matching funds expended on eligible employment and training activities for Food Stamp recipients who do not receive TFA. The legislation links the program's future expansion to "Poverty Reduction Strategies" based on the recommendations of the Child Poverty and Prevention Council. The poverty reduction strategies listed in the act are: job search and work experience, education and training, case management and related services, income safety net services, quality child care during work and training, family support, re-entry programs. When selecting providers to receive FSET reimbursement funds, DSS must give priority to consortium of public and private providers - called Community

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

INCOME SAFETY NET:

7. SUPPORT FOR YOUNG MOTHERS ON TFA: Make case management services available to some young mothers on TFA so that they and their children would have access to family support services, particularly during the twelve months after having a child.
8. ABRUPT TERMINATION OF BENEFITS: Examine how to soften the “cliffs” of welfare benefits.
 - **Presentation by, and discussion with, the National Conference of State Legislatures.** At the September 2008 meeting of the Child Poverty and Prevention Council, Jack Tweedie from the National Conference of State Legislatures gave a presentation entitled “Leveling the Cliffs: Improving Job Retention and Advancement in Connecticut”. The presentation identified possible changes to TFA to reduce cliff effects using both no-cost and new-cost options focused on

reducing the earnings disregard from the poverty ceiling and using a post-TFA earnings supplement.

9. ENHANCE ACCESS TO FEDERAL PROGRAMS: Increase access to food stamp and other similar federally funded programs for working poor families.
 - **A FY09 Low Income Heating Energy Assistance Plan**, estimated at \$114 million, was approved by the legislative committees of cognizance in August to provide heating assistance to low-income residents this winter. As part of the Governor's plan, an expanded Rental Assistance Benefit of \$1 was added for an estimated 65,000 food stamp recipient households whose heat is included in their rent and whose rent is less than 30% of their income. By providing this benefit, households will be able to have their food stamp eligibility recalculated, using the Standard Utility Allowance, which will result in additional food stamp benefits for the household.

FAMILY STRUCTURE AND SUPPORT:

10. REDUCE TEEN PREGNANCY: Intensify efforts to reduce teen pregnancy.
11. CASE MANAGEMENT FOR EMPLOYMENT RELATED SERVICES: Provide case management services to overcome barriers to employment.
12. FATHERHOOD INITIATIVE: Support the fatherhood initiative for working poor families.
 - **Legislative Task Force on Fatherhood.** A new task force with bipartisan membership consisting of ten legislators from both chambers of the General Assembly was established in 2008. The Task Force has held several meetings, including one with nationally known comedian and advocate Bill Cosby.

PROCESS RECOMMENDATIONS:

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

- **Alternative Poverty Measure.** The Office of Policy and Management has contracted with the Urban Institute to develop an economic model to determine how the implementation of these priority recommendations would change the number of children living in poverty in Connecticut using the official federal poverty level as well as the National Academy of Sciences (NAS) 1995 recommendation for a revised poverty measure. The alternative measure using the same cash income basis as the official federal poverty threshold, but: (1) adds income from capital gains, food stamps, school lunch, WIC, LIHEAP, housing subsidies, and federal and state EITC; (2) subtracts expenses for federal income tax, payroll taxes, state income taxes, child care expenses, other work expenses, and out-of-pocket medical expenses; and (3) varies between metropolitan areas and non-metropolitan areas. Using 2006 figures, the official poverty threshold is \$20,794 for a family of four, while the alternative poverty threshold for a family of four is \$31,103 in non-metropolitan areas and \$33,270 in metropolitan areas. The consultant’s final report will be submitted in early 2009.

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

Results Based Accountability. The Charter Oak Group worked with a subcommittee to develop a draft RBA model for the Child Poverty and Prevention Council in early 2008. The quality of life result statement of “No Connecticut child lives in poverty” was selected, as well as key indicators of progress toward that result, measures of system progress, and common program performance measures. (See schematic in Appendix D) Under contract with the Office of Legislative Management, the Charter Oak Group consultants prepared a draft protocol for procuring poverty related services. The draft protocol has informed the new procurement standards under development by the Office of Policy and Management. State agencies that purchase health or human services from private provider organizations or municipalities must adhere to the procurement standards set forth in the “Procurement Standards: for Personal Service Agreements and Purchase of Service [POS] Contracts” scheduled to be issued in January 2009. The standards will contain a section on client-based outcomes which was informed by the work done by the consultants. In summary, the new standards will require each POS agency to include client-based outcome measures in their POS contracts.

In addition, the following state actions were taken in 2008, which are in conformance with the ten-year plan to reduce child poverty in Connecticut:

- **Public Act 08-22 AAC Eligibility for Emergency Housing Assistance from the Department of Social Services.** This act allows recipients of Temporary Family Assistance (TFA) or State Supplemental benefits who are foreclosure defendants to be eligible for DSS emergency housing benefits at the time a foreclosure judgment is entered, rather than when the property owner's right to redeem has expired.
- **Public Act 08-97 AAC Support for Grandparents and Other Relative Caregivers.** This new legislation allows grandparents or other relative caregivers appointed guardian of a child through Superior Court and who are not receiving subsidized guardianship or foster care payments from the Department of Children and Families (DCF), to apply for grants under the probate-court administered Kinship Fund and Grandparents and Relatives Respite Fund. Currently, eligibility for these grants is restricted to grandparents or relative caregivers appointed guardian of a child through probate court.
- **Public Act 08-68 AA Replacing Expedited Eligibility for Pregnant Women with Presumptive Eligibility Under the Social Security Act and the Treatment of Tax Refunds Under the Economic Stimulus Act of 2008.** The act replaces the existing expedited Medicaid-eligibility process for pregnant women with a presumptive eligibility process allowing DSS to grant immediate health care coverage to these women without initially requiring a full Medicaid-eligibility determination. The act also prohibits DSS from counting a tax refund received under the federal Economic Stimulus Act of 2008 as income or resources when determining eligibility for or amounts of services and benefits under any need-based program operated by the department.
- **Public Act 08-1, August Special Session, AAC Energy Assistance.** This new legislation appropriates \$28 million, including: \$8.5 million to Operation Fuel to provide emergency home heating assistance for households with incomes between 151% and 200% of the federal poverty level; \$5 million to Operation Fuel to provide emergency home heating assistance for households with incomes equal to or greater than 200% of the federal poverty level, but equal to or less than 100% of the state median income; \$500,000 to Operation Fuel for administrative expenses associated with the above two programs; \$6.5 million to the Office of Policy and Management (OPM) to provide grants to local and regional school districts to heat school buildings; \$4 million to OPM to provide

grants to state residents aged 65 years or older who have incomes equal to or less than 100% of the state median income; and \$3.5 million to OPM to make heating assistance grants to non-profit private providers.

- **Public Act 08-2, August Special Session, AAC Home Heating Relief.** This new legislation appropriates a maximum amount of \$51 million, including: \$2 million for a boiler and furnace repair and upgrade program; \$3 million for the boiler and furnace replacement program; Expands eligibility for the residential energy improvement loan program from 150% to 200% of the median area income; \$2 million to provide loans for the purchase and installation in residential structures of insulation, alternative energy devices, energy conservation materials and replacement furnaces and boilers; Up to \$35 million to OPM to provide emergency home heating assistance to state residents; \$7 million to OPM to establish an energy audit subsidy program for residential home heating oil customers; and \$2 million to DSS for weatherization assistance.
- **Public Act 08-45 AAC Recovery Exceptions for Public Accommodation Discrimination Settlements and Awards.** This act prohibits the state from claiming or applying a lien against any money received as a settlement or award in a public accommodation discrimination case by people who have been supported wholly or in part by the state in a humane institution, including the state's TFA and SAGA programs. Such discrimination could include being barred from a public place based on race, religion, or gender. The prohibition already applied to settlements and awards in housing and employment discrimination cases.

Perhaps most importantly, the Child Poverty and Prevention Council is currently engaged in an effort to determine which combination of its priority recommendations is most likely to reduce the child poverty rate in Connecticut by fifty percent.

Following a recommendation of the Child Poverty and Prevention Council and funding provided by the Early Childhood Education Cabinet, the Office of Policy and Management has contracted 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 Urban Institute will simulate a range of potential policy changes in Connecticut based on the Council's priority recommendations. The model will capture the direct impact on child poverty, as well as the interactions of one policy change with other government programs, and the potential impacts on individuals' decisions concerning work, earnings and program participation.

The economic model and analysis will include state-specific data on Connecticut's current policies and program caseloads and Census Bureau survey data for Connecticut.

The Council's priority recommendations to be modeled include:

- Increase use of the federal EITC;
- Enhance youth dropout prevention programs;
- Expand access to post-secondary education and encourage more high school students to attend college;
- Enhance workforce development programs, including GED programs
- Provide case management support for some young mothers on TFA to enhance access to services;
- Address abrupt termination of benefits (TANF, SNAP, Energy Assistance, SSI, Child Nutrition);
- Make child care subsidies available to all families up to 200% fpl
- Increase rental assistance;
- Provide case management to overcome barriers to employment;
- Expand fatherhood initiative; and
- Modify the rules of government programs to remove marriage penalties.

The results of this economic modeling will provide the Council with the optimal approach to reducing the number of children living in poverty. The Urban Institute will provide a presentation of its preliminary findings at the December meeting of the Child Poverty and Prevention Council and will submit its final report to the Council in early 2009.

IV. Prevention Services

This report summarizes the 90 page State Agency Prevention Report to the Child Poverty and Prevention Council. Each state agency represented on the Council which provides primary prevention services to children provided a report 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”.

In Fiscal Year (FY) 2008, over \$260 million was expended on the forty five prevention programs reported by eight state agencies. The FY 08 amounts expended for each program ranged from \$28,585 for Shaken Baby Prevention in DCF to over \$66 million for School Readiness in SDE. Taken together, these investments demonstrate a significant commitment to prevention services by state agencies.

The agency prevention programs described are:

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| <p>Children’s Trust Fund Children’s Legal Services Family Development Credential Family Empowerment Initiatives Family School Connection Help Me Grow Kinship and Grandparents Respite Nurturing Families Network Parent Trust Fund Shaken Baby Syndrome The Stranger You Know</p> | <p>Department of Public Health Asthma Program Child Day Care Licensing Community Health Centers Family Planning Program Immunization Program Injury Prevention Program Lead Poisoning and Control Program Newborn Screening Program Nutrition and Obesity Program Oral Health/Home by One Program Rape Crisis and Prevention Services Tobacco Use Prevention and Control Women Infants and Children Program Youth Violence/Suicide Prevention</p> |
| <p>Department of Children and Families DCF/Head Start Collaboration Positive Youth and Family Strengthen Shaken Baby Prevention</p> | <p>Department of Developmental Services Birth to Three System Family Support Program</p> |

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| Youth Suicide Prevention | |
| Department of Mental Health and Addiction Services Best Practices Initiative Youth Suicide Prevention Initiative Local Prevention Council Programs Regional Action Councils Statewide Service Delivery Agents Strategic Prevention Framework Tobacco Regulation and Compliance | Department of Social Services Domestic Violence Shelters John S. Martinez Fatherhood Initiative Promoting Responsible Fatherhood Teen Pregnancy Prevention |
| Department of Education Early Childhood Program Even Start Family Literacy Program | Office of Policy and Management Title V Delinquency Prevention Urban Youth Violence Prevention |

Children's Trust Fund

| Program | FY08 Funding | Description |
|--|---------------------|---|
| Children's Legal Services | \$154,773 | Legal representation of children by court appointment, a statewide legal help-line, and a parenting education and mediation program. |
| Family Development Credential and Training Program | \$155,745 | Training for family serving agency staff. |
| Family Empowerment Initiatives | \$272,518 | Seven prevention programs that assist high-risk groups of parents with parenting and family relationships. |
| Family School Connection | \$116,660 | Provides home visitation and support services for families to improve parenting skills, address basic needs and improve family stabilization. |
| Help Me Grow | \$703,113 | Identifies and refers young children with behavioral health, |

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| | | development and psychosocial needs to community-based services. |
| The Kinship and Grandparents Respite Fund | \$1,100,827 | Awards small grants to orphaned or abandoned children and the relative guardians with whom they live. |
| Nurturing Families Network | \$11,639,390 | Provides education and support for all interested new parents and intensive home visiting services for parent identified as most at risk of abusing, neglecting or abandoning their children. |
| The Parent Trust Fund | \$422, 395 | Provides grants to offer classes to train parents in leadership skills and by supporting the involvement of parents in community affairs. |
| Shaken Baby Syndrome | \$77,454 | Trains hospital staff, medical professionals and community services providers on methods to prevent shaken baby syndrome. |
| The Stranger You Know | \$31,886 | An hour and a half presentation to parents and community service providers on how the molester operates and how to converse about sexual safety with children. |
| Total | \$14,674,761 | |

Department of Children and Families

| Program | FY08 Funding | Description |
|------------------------------|---------------------|--|
| DCF/Head Start Collaboration | N/A | Develops a protocol for enhancing communication between each agency so staff can use each others resources more effectively. |

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| Positive Youth and Family Strengthening Development Initiative | \$909,967 | Funds seven agencies to provide positive youth development and family strengthening programs. |
| Shaken Baby Prevention | \$28,585 | Training for Parent Educators to disseminate baby calming strategies to parents at risk of perpetrating shaken baby syndrome. |
| Youth Suicide Prevention | \$48,995 | Statewide awareness campaigns and training. |
| Total | \$987,547 | |

Department of Developmental Services

| Program | FY08 Funding | Description |
|-------------------------|---------------------|--|
| Birth to Three Systems | \$45,439,594 | Early intervention services to all infants and toddlers who have disabilities or have or at risk of significant developmental delay. |
| Family Support Programs | \$4,898,493 | Goods, services, resources and other forms of assistance that help families parent their children who have mental retardation. |
| Total | \$50,338,087 | |

Department of Education

| Program | FY08 Funding | Description |
|--|---------------------|--|
| Early Childhood Program (School Readiness) | \$66,281,219 | Quality preschool for children in certain school districts who are ages 3 and 4 or age 5 if they are not eligible to enroll in school. |
| Even Start Family | \$648,837 | Intensive family literacy services to |

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| Literacy Program | | parents and children up to age 8 from low-income families. |
| Total | \$66,930,056 | |

Department of Mental Health and Addiction Services

| Program | FY08 Funding | Description |
|--|---------------------|--|
| Best Practices Initiative | \$1,716,968 | Positive youth development programs including academic support, peer leaders, mentors, family development and parenting skills. |
| Youth Suicide Prevention Initiative | \$400,000 | Youth suicide prevention and early intervention strategies. |
| Local Prevention Council Programs | \$541,665 | Alcohol, tobacco, and other drug abuse prevention initiatives at the local level. |
| Regional Action Councils | \$1,448,708 | Community awareness, education, prevention, intervention, treatment and aftercare for substance abuse. |
| Statewide Service Delivery Agents | \$1,924,353 | Supports the Connecticut Assets Network, the Connecticut Clearinghouse, the Multicultural Leadership Institute, the Governor's Prevention Partnership and the Prevention Training Collaborative. |
| Strategic Prevention Framework State Incentive Grant | \$2,350,965 | Developing a comprehensive strategy for delivering and implementing effective substance abuse prevention services. |
| Tobacco Regulation and Compliance | \$647,967 | Enforcement and strategies to reduce underage tobacco use. |
| Total | \$9,030,626 | |

Department of Public Health

| Program | FY08 Funding | Description |
|---|--------------|--|
| Asthma Program: Pediatric Easy Breathing | \$1,000,000 | Statewide training of pediatric providers on determining whether a child has asthma, asthma severity, proper therapy, and developing treatment plans. |
| Child Day Care Licensing | \$2,686,000 | Regulates child day care programs through technical assistance, application processing, facility monitoring, complaint investigation, and enforcement activities. |
| Community Health Centers | \$7,779,643 | Provides comprehensive, community-based, primary and preventive health care. |
| Family Planning | \$1,099,438 | Provides preventive and primary reproductive health care through health care services, information, and education to the uninsured or underserved. |
| Immunization | \$45,460,155 | Provides vaccine to the residents of Connecticut, educates medical personnel and the public on the importance of vaccinations, works with providers using the immunization registry to assure that all children in their practice are fully immunized, assures that children in day care, Head Start and school are adequately immunized, and conducts surveillance for vaccine-preventable diseases to evaluate the impact of vaccination efforts and to identify groups that |

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| | | are still at risk. |
| Injury Prevention | \$40,000 | Provides technical assistance and resources to providers and community agencies on injury prevention, raises awareness and developing injury prevention policies and programs, develops and disseminates surveillance data. |
| Lead Poisoning and Control | \$2,931,834 | Education, outreach, and screening are targeted toward urban settings. |
| Newborn Screening | \$969,563 | Specimens are collected at birthing facilities and sent to the State Public Health Laboratory for testing. Staff report all abnormal results to primary care providers and assure that referrals are made to treatment centers for confirmation testing, counseling, education and on-going treatment. |
| Nutrition, Physical Activity and Obesity Prevention | \$760,665 | Develops school readiness teachers' capability and motivation to provide nutrition and physical activity experiences, increases young children's exposure to healthy foods and physical activity; and builds teachers' and parents' capability to create and maintain healthy mealtime environments. |
| Home by One | \$160,000 | Provides training and education of physicians, dental professionals, WIC staff, early childhood providers and parents to support age one dental visits for at-risk children. |
| Rape Crisis and Prevention | \$1,025,541 | Makes available to sexual assault victims and their families free and confidential services such as crisis |

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| | | intervention, support and advocacy, survivor groups, 24-hour hotline, and emergency transportation. |
| Tobacco Use Prevention and Control | \$2,875,637 | Provides local cessation and prevention programs. |
| Women Infants and Children | \$43,289,010 | Provides nutrition and breastfeeding education, supplemental food, and referrals for health and social services to eligible women, infants and children. |
| Youth Violence/Suicide Prevention | \$45,379 | Provides information and increases awareness of suicide, suicide risk, protective factors, and places to go for help for middle and high-school aged youth. |
| Total | \$110,122,865 | |

Department of Social Services

| Program | FY08 Funding | Description |
|--|---------------------|--|
| Emergency Shelter for Victims of Domestic Violence | \$3,271,690 | Provides emergency shelter and host homes, 24-hour hotline, shelter-based programs that address the health and safety needs of victims, and programs and services for child witnesses that help to reduce the likelihood of intergenerational transmission of domestic violence. |
| John S. Martinez Fatherhood Initiative | \$250,000 | Improves fathers' ability to be fully and positively involved in all aspects of their children's lives by providing preparation for employment, job search assistance and referrals, life skills training, case management, and parent skills |

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| | | education. |
| Promoting Responsible Fatherhood Project | \$1,000,000 | Services include enhanced prevention and intervention strategies that promote health marriage, responsible parenting, and economic stability. |
| Teen Pregnancy Prevention | \$2,223,368 | Provides information and enrichment activities to youth between ages 11 and 17 who are at risk for teen pregnancy. |
| Total | \$6,745,058 | |

Office of Policy and Management

| Program | FY08 Funding | Description |
|--|---------------------|--|
| Title V Delinquency Prevention | \$295,392 | Provides grants to cities and towns for delinquency prevention and early intervention projects. |
| Governor's Urban Youth Violence Prevention | \$1,500,000 | Provides grants to municipalities and nonprofits that serve youth ages 12 to 18 in urban neighborhoods who are at-risk of exposure to or involvement with violent behaviors. |
| Total | \$1,795,392 | |

V. Examples of Successful Interagency Collaborations

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

- Jobs First Employment Services
- Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T) 50% Reimbursement Program
- Parents with Cognitive Limitations Workgroup
- Families with Service Needs
- Shaken Baby Prevention Initiative: Empowering Parents
- In-Depth Technical Assistance (IDTA) Substance Abuse and Child Welfare Project

Jobs First Employment Services

Jobs First Employment Services (JFES) serves recipients of Temporary Family Assistance (TFA) through DOL's partnership with the Department of Social Services (DSS) and the five regional Workforce Investment Boards (WIBs). During the year, approximately 16,000 participants received employment services from DOL's *CTWorks* One-Stop staff and/or through contracted service providers. Services include job search assistance, vocational education, adult basic education, subsidized employment, case management and other support services.

The goal of JFES is to provide employment services to recipients of the Temporary Family Assistance (TFA) program to enable TFA recipients to become employed and independent of cash assistance within 21 months; to remain independent of cash assistance, and enable Connecticut to achieve federally mandated work participation rates.

TFA families with a parent who is capable of working generally have 21 months to reach independence through employment. These families are referred to as "time limited" welfare families and during the 21 months the parents are required to seek employment. Within appropriated resources, participants who need education, training or subsidized employment to increase their

employment opportunities or improve their earnings potential will be assigned to these activities.

The interagency JFES Design Group composed of management level representatives from DSS, DOL and the five WIBs meet regularly to develop interagency procedures and design new strategies to improve the JFES service delivery. Local partner meetings with regional representatives from DOL, DSS, WIBs and their subcontracted case management staff are held regularly in the local offices to coordinate services to meet the JFES goals.

Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T) 50% Reimbursement Program

The Department of Social Services has entered into a Memorandum of Agreement with Capital Community College to leverage enhanced federal funding in order to implement a program providing employment and training services to recipients of the Supplemental Nutrition Assistance Program (SNAP – formerly known as the Food Stamp Program).

Under the agreement Capital Community College is expending approximately \$870,000 on SNAP recipients who are students at the college using non-federal funding sources, such as state appropriations and student tuition and fees. Based on this level of spending the Department of Social Services will provide approximately 50% reimbursement of such expenditures, up to \$435,000 per year, using federal funding from the United States Department of Agriculture Food and Nutrition Service's SNAP Employment and Training Program. Capital Community College is using the reimbursement funding to enhance services to these students by providing tuition scholarships and other services, such as career counseling and case management.

Students qualify for this funding by being enrolled in one of the following courses that qualify for reimbursement under the federal SNAP Employment and Training program:

- Certified Nurse Aide
- Patient Care Technician
- Customer Service/Retail
- Hospitality Management
- Manufacturing Basic Training
- Medical Office Management
- Small Business Management

Many of those participating in the program are the parents of young children who are working, were formerly TANF recipients, and are seeking to advance into higher paying jobs.

As provided in Public Act 08-161, the Department of Social Services will be issuing a Request for Qualifications (RFQ) in January 2009 to solicit the participation of regional or municipal community collaboratives and other employment and training providers in the SNAP E&T 50% Reimbursement program. The goal is to expand on this model approach to leveraging federal funding to provide low-income families and individuals with employment and training services in order to reduce the incidence of child poverty.

Connecticut Parents with Cognitive Limitations Work Group

The Connecticut Parents with Cognitive Limitations Work Group (PWCL) was formed in 2002 to address the issue of support of parents with cognitive limitations and their families. With the Department of Children and Families as the lead, this interagency workgroup includes the Department of Social Services; Bureau of Rehabilitation Services; State Department of Education; Department of Developmental Services; Department of Mental Health and Addiction Services; Court Support Services Division; Department of Correction; Children's Trust Fund; Connecticut Council of Family Service Agencies; The Connection, Inc.; The Diaper Bank; Real Dads Forever; Brain Injury Solutions, LLC; Brain Injury Association; Office of Protection and Advocacy for Persons with Disabilities; and Greater Hartford Legal Assistance.

Although the number of families headed by a parent with cognitive limitations is uncertain, and identification of these families is one of the group's challenges, it is estimated that at least one third of the families in the current child welfare system are families headed by a parent with cognitive limitations. Further, these families are often involved in all of the participating workgroup members' systems.

People with cognitive limitations may have difficulty including but not limited to planning, organizing, memory, regulating emotion, judgment, scheduling and keeping appointments, and setting limits and following through.

These limitations may result in problems maintaining a home, keeping their family together, communicating with their children's schools, finding or keeping a job, maintaining benefits for themselves or their child. Isolation and lack of transportation exacerbate these problems.

These parents may be unidentified or may be misidentified as mentally ill or as substance abusers. When they cannot meet the expectations of the available programs and services, including those designed for these other populations, these parents are often labeled as “noncompliant” or “uncooperative” and considered “bad parents”.

The Workgroup has developed a training on "Identifying and Working with Parents with Cognitive Limitations" which has been offered in many communities throughout the State and at least 10 additional trainings will be offered in 2009. To date, over 1,000 individuals have attended the training. The Workgroup also created an Interview Assessment Guide to assist workers in identifying these families and is drafting recommendations regarding the use of plain language in communicating with all parents. Training on plain language will also be offered.

Families with Service Needs

A “family with service needs” (FWSN) is a family that includes a child who (1) has, without just cause, run away from the parental home or other properly authorized and lawful place of abode; (2) is beyond the control of the child’s parent, parents, guardian, or other custodian; (3) has engaged in indecent or immoral conduct; (4) is a truant or habitual truant or who, while in school, has been continuously and overtly defiant of school rules and regulations; or (5) is age 13 or older and has engaged in sexual intercourse with another person age 13 or older and not more than two years older or younger. FWSN court orders generally deal with issues related to school attendance, curfews, and substance abuse treatment and counseling.

FWSN Advisory Board -- The Families with Service Needs Advisory Board was established in 2006 (Section 42 of Public Act 06-188) to:

- Monitor the progress being made by the Department of Children and Families in developing services and programming for girls from families with service needs and other girls;
- Monitor the progress being made by the Judicial Branch in the implementation of a 2005 Public Act (PA 05-250) which prohibits (1) holding in detention a child whose family has been adjudicated as a FWSN or (2) adjudicating them delinquent solely for violating a court’s FWSN order. Judges could previously place children charged with violating a FWSN order in juvenile detention facilities and juvenile probation officers determined whether a delinquency petition should be filed.

- Provide advice with respect to such implementation upon the request of, and make written recommendations to, the Judicial Branch and the General Assembly.

FWSN Local Implementation Teams – Local community collaborations at each juvenile court to coordinate the implementation of Public Act 05-250 and changes to family service needs referral standards, procedures, and access to diversion services.

Connecticut Shaken Baby Prevention Initiative: Empowering Parents

This statewide Collaborative/Planning Committee includes: the Department of Children and Families, the Department of Public Health, the Department of Correction, the Department of Mental Health and Addiction Services, and the Office of Child Advocate. All partners have supported this initiative with dollars and staff. Additional agencies have expressed interest in joining the initiative after the evaluation report is submitted. The CT Clearinghouse provides logistical support.

Persistent crying is known to be a trigger for shaken baby. The Happiest Baby on the Block (HBB) (a behavioral intervention) teaches parents strategies for soothing crying babies. The Period of Purple Crying (a cognitive intervention) normalizes crying by putting it in the context of normal infant development and parent educators teach their parents to never shake a baby. HBB was chosen because of the very strong anecdotal information from our workers and foster parents after Dr. Karp presented in CT. Purple Crying was chosen because our evaluator strongly recommended that we have a program to compare to HBB.

The Happiest Baby on the Block: Parent educators will receive two days of training which will include sections on training techniques and working with parents with cognitive limitations. Parent educators will be asked to demonstrate the techniques properly (in addition to taking the standard certification exam). Parents will be required to demonstrate the techniques to the parent educators before they receive their parent kit of the Happiest Baby on the Block DVD and CD of white noise. Every parent educator will be told to tell their parents to never shake a baby. Every parent educator will need to become certified before teaching parents these strategies.

Period of Purple Crying: Parent Educators will be trained to use the materials. Outside of the pilot, parent educators buy the materials off the website and are ready to train parents.

A total of 43 Parent Educators have been trained, ~ 35 for the Happiest Baby on the Block and 19 for Purple Crying.

It is expected that over 500 parents will be trained in one of the interventions, 320 Happiest Baby on the Block and 250 Purple Crying. An independent evaluation is being conducted by Dr. Linda Frisman, Director of Research at the Department of Mental Health and Addiction Services. A report on the pilot is expected in June, 2009.

In-Depth Technical Assistance (IDTA) Substance Abuse and Child Welfare Project

In March 2008, Connecticut was informed that it was the recipient of the in depth technical assistance from the National Center for Substance Abuse and Child Welfare (NCSACW).¹

Under the IDTA, The Department of Children and Families (DCF), the Department of Mental Health and Addiction Services (DHMAS) and the Judicial Branch have entered into a Memorandum of Understanding to work together to better serve children and families in the child welfare population effected by substance abuse.

Through the IDTA project, DCF, DHMAS and the Judicial Branch have committed to improving access to assessment and treatment for substance involved parents in the child welfare system and permanency outcomes for children.

The priority population that is the focus of this in-depth technical assistance is comprised of families with substance use problems that are involved with both the child welfare and court systems who have temporarily lost custody of their child(ren).

Deliverables and Expected Outcomes:

- Develop a recovery specialist model, utilizing available resources (funds and positions) from DCF and DHMAS, in three pilot sites for child welfare families who have lost custody of their children due to child abuse/neglect where substance abuse is a primary issue.

¹ NCSACW is a service of the Department of Health and Human Services' (DHHS) Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) and the Administration for Children and Families (ACF), Children's Bureau's Office on Child Abuse and Neglect (OCAN)) provides in-depth technical assistance to selected sites.

- Develop information sharing mechanisms across all 3 systems (DCF, DMHAS and the Judicial Branch) for the 3 pilot sites as well as other standardized tools for information sharing (e.g., release forms).
- Develop a specific cross system training plan and a quarterly training calendar for recovery specialist/coaches and other relevant staff from the three systems who will work with the Connecticut pilot(s). An expanded training plan covering broader content, target populations and staff will be developed following the pilot-specific training plan.

In addition to the six highlighted examples, the Council has identified these fifteen additional examples:

- **Mental Health Transformation Grant** -- In response to the President's New Freedom Commission on Mental Health and recently released federal action agenda, Governor M. Jodi Rell has charged 14 key state agencies and the Judicial Branch to transform all mental health services and associated systems to offer the state's citizens an array of accessible services and supports that are culturally responsive, person and family-centered, and have as their primary aim the promotion of resilience, recovery, and inclusion in community life.
- **Governor's Early Childhood Research and Policy Council** -- The Governor's Early Childhood Research and Policy Council was established by Executive Order #13 of Governor M. Jodi Rell to engage leadership from the governmental, higher education, business, and philanthropic communities with regard to early childhood strategic planning and investment partnerships. The Council has 31 members appointed by the Governor and is co-chaired by three persons from the philanthropic community, the business community, and the education community.
- **Connecticut Birth to Three System** -- Birth to Three, under Part C of the federal Individuals with Disabilities Education Act, was designed to be an interagency system since there is no one agency in any state that can meet all the needs of infants and toddlers with disabilities and their families. The exact design of each state's system is up to the state lead agency, as advised by the Interagency Coordinating Council which meets bi-monthly.
- **Connecticut Strategic Prevention Framework Initiative** -- Under DMHAS' leadership, Connecticut's prevention system has made substantial progress in decreasing substance use and abuse and

promoting health. Aided by the federal Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework (SPF), a 5-year, \$11.8 million initiative funded by SAMHSA, 52 towns receive services aimed at reducing underage drinking. The CT SPF is a collaborative effort of several State agencies, community, and academic partners that have a long history of working together to successfully implement evidence-based health promotion strategies.

- **Supportive Housing** -- Supportive housing is permanent affordable housing matched with a range of support services designed to break the cycle of homelessness. The purpose is to enable formerly homeless persons to achieve stability and maintain self-sufficiency in the community. The collaboration was accomplished by bringing together five state agencies - OPM, the Department of Mental Health and Addiction Services, the Department of Social Services, the Department of Economic and Community Development, and the Connecticut Housing Finance Authority - to coordinate funding for the housing and the supportive services.
- **Connecticut Youth Suicide Prevention Initiative** -- Through Connecticut's existing youth suicide prevention infrastructure, including the Youth Suicide Advisory Board (YSAB), the initiative is supporting a high school component, a college component, a training component, a pilot program and a statewide campaign.
- **Joint Juvenile Justice Strategic Plan Executive Implementation Team** - Oversees the implementation of the Connecticut Juvenile Justice Strategic Plan issues in August 2006 by DCF, Judicial, and stakeholders. Focuses on the development of the most effective system of service delivery and interagency collaboration leading to positive outcomes for court-involved children, their families, communities, the Court and the public.
- **Diversion Review Committee** - Collaboration between Judicial, DCF and the Center for Children's Advocacy to monitor out-of-home placement diversion efforts for delinquency and status offenders.
- **Juvenile Competency Statute Workgroup** - Interagency workgroup to develop a statute defining competency to stand trial standards for juveniles and the legal process for findings and restoration efforts.
- **Juvenile Justice Advisory Committee** - The purpose of the Juvenile Justice Advisory Committee (JJAC) is to prevent delinquency and improve Connecticut's juvenile justice system. It was established in

accordance with the federal Juvenile Justice and Delinquency Prevention Act of 1974 and it is responsible for oversight of federal juvenile justice funding to Connecticut.

- **Fatherhood Initiative / Access and Visitation Grant** – Interagency endeavor to deliver services designed to facilitate and support relationships between children and their non-residential parents. The objective of the services is to provide critically important forums for non-residential parents to begin to interact with their children in a meaningful, healthy and productive manner.
- **Collaborative Oversight committee** – CSSD, DCF, and DSS jointly oversee the investment of dollars to provide greater access to Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS) for court-involved juvenile and youth.
- **Connecticut Center for Effective Practice** – Partnership between the Child Health Development Institute, DCF, Judicial, UConn, and Yale to improve the behavioral health policies practices for at-risk youth.
- **Recovery –Oriented Employment Services** – Fosters a recovery-oriented system of care for Connecticut citizens with behavioral health disorders, many of which are also criminally involved. Recognizing that employment can be a critical ingredient to recover, this committee identifies needs, establishes linkages and maximizes service delivery to this target population.
- **Case Review Teams** – Generally initiated by probation, these teams include parents, CSSD, DCF, providers and evaluators. Members work together to develop a plan for service/treatment that will allow high-need/high-risk children to remain in the community with appropriate services and supervision in lieu of out of home placement.

VI. Recommendations for Prevention Investment and Budget Priorities

One of the statutory requirements of the Child Poverty and Prevention Council is to make recommendations for prevention investment and budget priorities. In developing these recommendations in 2006, the Council relied on information provided by national and state child poverty experts, including the Brookings Institution, the Center for Law and Social Policy, and the Connecticut Early Childhood Education Cabinet.

The recommendations are listed below, along with available information on the status of each – much of which comes from the newly released “Social State of Connecticut” prepared by Duke University for the Commission on Children using 2006 data.

The Child Poverty and Prevention Council may adjust its recommendations for prevention investment and budget priorities based on the information received through its economic modeling project in early 2009.

- **Reduce the number of children living in poverty in the state by fifty percent;**

The percentage of children living in poverty in Connecticut increased from 11% in 2006 to 11.1% in 2007.

- **Increase access to health care;**

The percentage of Connecticut’s non-elderly population with no private or public health insurance coverage declined between 2005 and 2006, from 12.5 to 10.7 percent. The percentage of children without public or private health care coverage also declined between 2005 and 2006 from 7.7 to 6.0 percent. The proportion of personal income spent on health in 2005 was 12.5 percent.

- **Increase access to stable and adequate housing;**

The cost burden for single-family housing in Connecticut rose sharply in the 1980’s, followed by a decline in the 1990’s. However, costs again increased steadily since 2000. In 2006, a single-family home cost was 5.6 times the state per

capita personal income, representing the first decline since 1999. The high cost of housing in Connecticut places it in the top ten most expensive states in the U.S.

- **Increase the percentage of pregnant women and newborns who are healthy;**

The infant mortality rate, the number of infant deaths in the first year of life for each thousand live births, has improved substantially over time in Connecticut. Advances in prenatal care, respiratory care, and early intervention have enabled more infants to survive during this critical period.

In 2006, Connecticut's infant mortality rate of 6.1 remained well under the high of 17.2 deaths per 1,000 live births in 1970, but up from the historically low 2003 rate of 5.4 deaths per 1,000 live births and from the previous year 5.7 deaths per 1,000 live births in 2005. In 2006, the infant mortality rate among Whites was 4.2 per 1,000 live births whereas for Blacks the rate was 12.9.

- **Decrease the rate of child neglect and abuse;**

In both 2005 and 2006, the state's child abuse rate declined. The 2006 rate of 52 reports per 1,000 children represents a decrease of 19 percent since 2003 when the rate was 63.7, its historical worst since reporting began in the 1970s. There were nine child maltreatment fatalities in 2006. Preventive services play an important role in limiting the occurrence of child abuse. Federal data suggest that Connecticut responds quickly to child maltreatment reports, with an average of just five days between the start of an investigation and the provision of services. Among the 42 states reporting response time data, only one state (Idaho) and Washington, DC provided services faster than Connecticut.

- **Increase the percentage of children who are ready for school at an appropriate age;**

In 2006, it was estimated that 30-40% of children entering kindergarten did not have the requisite knowledge, skills, and behavior necessary for school success.⁵

- **Increase the percentage of children who: learn to read by third grade, succeed in school, graduate from high school, enroll in higher education, and successfully obtain and maintain employment as adults;**

The high school dropout rate is an important indicator of the performance of Connecticut's educational system and the prospects for the next generation. In 2006, the high school dropout rate improved to its best on record since 1970. The

cumulative four-year high school dropout rate of 6.6 percent achieved by the graduating class of 2006 represented the twelfth consecutive year of improvement. During the 2005-2006 school year, the annual high school dropout rate among Black and Hispanic students was more than double the rate among White students.

Unemployment rates since 1970 have shown much fluctuation, with declines posted in the 1980's, increases between 1989 and 1992, followed again by decline throughout the 1990's. In 2006, the unemployment rate in Connecticut was 4.4 percent compared to 4.9 percent in 2005. Unemployment remains disproportionately high among racial and ethnic minorities and youth.

- **Decrease the percentage of children who are unsupervised after school;**

No recent data available.

- **Reduce unhealthy behaviors among youth (e.g. teen pregnancy, smoking, auto accidents);**

The teenage birth rate fell during the 1970's, remained stagnant during the early 1980's, only to rise again in the late 1980's and early 1990's. Since 1994, however, trends have been steadily on the decline. In 2006, the birth rate among females aged 15 to 19 remained steady, holding at 23.5 births per 1,000 females. The 2005 rate was 23.3 births per 1,000 females. These are the lowest rates during the 37-year coverage of this report. In 2006, the number of births to females under the age of 15 was 32, well below the peak of 121 in 1992.

- **Decrease the incidence of child and youth suicide;**

The suicide rate among young people, ages 15-24, has shown much variation since 1970. The 2006 youth suicide rate in Connecticut was 7.0 deaths per 100,000 youth and is higher than the historically lowest rate of 5.1 seen in 1972. The majority of youth suicide victims are White and male.

- **Decrease the incidence of juvenile crime;**

In 2006, the juvenile court received 20,205 referrals. Of the referrals, 14,280 were delinquency referrals; of which 17% contained a felony charge. Status offenses accounted for 5,925 referrals. In 2007, juvenile court received 18,382 referrals of which 13,202 were delinquency. Status offenses accounted for the remaining

5,180 referrals. As in 2006, 17% of the delinquency referrals contained a felony charge. From 2006 to 2007, there was an 8% decrease in juvenile delinquency referrals received and a 13% decrease in status offenses.

- **Increase the positive involvement of fathers with their children; and**

No recent data available.

- **Encourage ongoing future leadership on child poverty and prevention issues.**

The Child Poverty and Prevention Council continues to meet and will have informative and useful new data, based on economic modeling, available for public policy decision-makers in early 2009 regarding the most effective approaches to reduce poverty in Connecticut by fifty percent.

Appendix A

Public Act No. 07-47

AN ACT CONCERNING REPORTING REQUIREMENTS RELATED TO THE CHILD POVERTY AND PREVENTION COUNCIL.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Subsections (f) and (g) of section 4-67x of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(f) (1) On or before [January 1, 2006, and annually thereafter, until January 1, 2015] 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 1, 2007] 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 1, 2006, and on or before November 1, 2007] 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 [for the report due on or before November 1, 2006, and the report due on or before November 1, 2007,] 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 [the report due on or before November 1, 2007] 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.

Sec. 2. Section 4-67v of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

For [the] each biennial budget for the fiscal years [commencing July 1, 2007, and July 1, 2008] ending June 30, 2008, to June 30, 2021, inclusive, the Governor's budget document shall, within available appropriations, include a prevention report that corresponds with the prevention goals established in section 4-67x, as amended by this act. The prevention report shall:

- (1) Present in detail for each fiscal year of the biennium the Governor's recommendation for appropriations for prevention services classified by those budgeted agencies that provide prevention services to children, youths and families;
- (2) Indicate the state's progress toward meeting the goal that, by the year 2020, at least ten per cent of total recommended appropriations for each such budgeted agency be allocated for prevention services; and
- (3) Include, for each applicable budgeted agency and any division, bureau or other unit of the agency, (A) a list of agency programs that provide prevention services, (B) the actual prevention services expenditures for the fiscal year preceding the biennium, by program, (C) the estimated prevention services expenditures for the first fiscal year of the biennium, (D) an identification of research-based prevention services programs, and (E) a summary of all prevention services by each applicable budgeted agency identifying the total for prevention services included in the budget.

Approved May 22, 2007

Connecticut General Statutes

Section 4-67x

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)(1) 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, Mental Retardation, Mental

Health and Addiction Services, Transportation, Public Health, Education, Economic and Community Development and Health Care Access, the Labor Commissioner, the Chief Court Administrator, the Chairman of the Board of Governors for Higher Education, the Child Advocate, the chairperson of the Children's Trust Fund 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 1, 2006, and annually thereafter, until January 1, 2015, 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 1, 2007, 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 1, 2006, and on or before November 1, 2007, 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 for the report due on or before November 1, 2006, and the report due on or before November 1, 2007, 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 the report due on or before November 1, 2007, 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.)

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.

Appendix B

COUNCIL MEMBERS

Robert L. Genuario, Chair
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Mary Marcial
Director of Programs
Department of Correction

Mark McQuillan
Commissioner
Department of Education

John McCarthy
Legislative Liaison
Department of Labor

Patricia Downs
Executive Director
Department of Economic and
Community Development

Michael Meotti
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Department of Higher Education

Susan Hamilton
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Mary Mushinsky
State Representative
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Karen Foley-Schain
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Children's Trust Fund

Anne Ruwet
State Representative
Connecticut General Assembly

Norma Gyle
Deputy Commissioner
Department of Public Health

Peter O'Meara
Commissioner
Department of Developmental
Services

MaryAnn Handley
State Senator
Connecticut General Assembly

Robert Brothers
Acting Director
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Opportunities

Dennis King
Manager of Community Advocacy
Department of Transportation

Christine Keller
Judge
Superior Court

Thomas Kirk
Commissioner
Department of Mental Health and
Addiction Services

Catherine Sarault
State Republican Office
Connecticut General Assembly

Cristine Vogel
Commissioner
Office of Health Care Access

Faith VosWinkel
Assistant Child Advocate
Office of Child Advocacy

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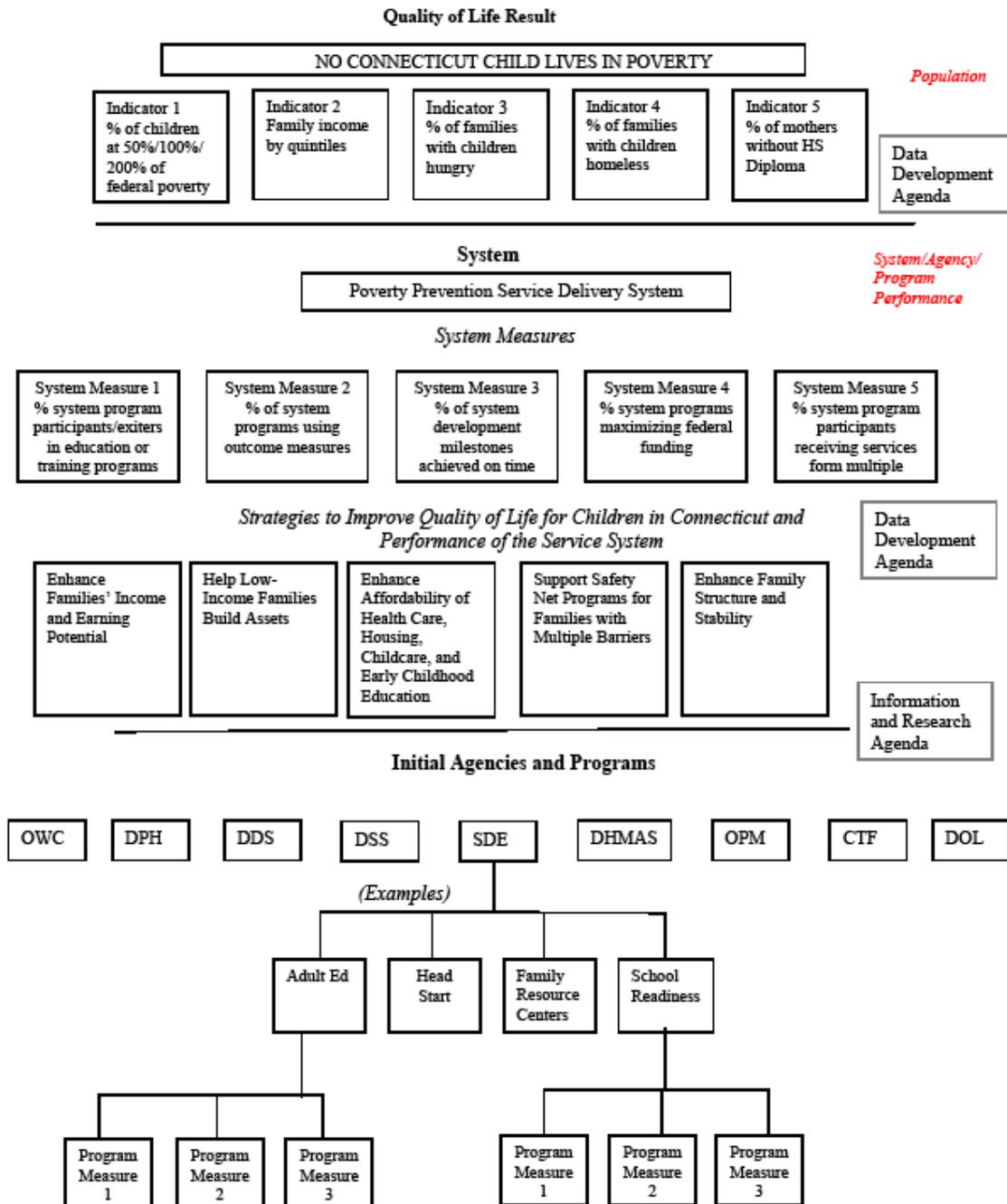
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Appendix C



Appendix G

Endnotes

¹ U.S. Census Bureau, Poverty Thresholds for 2007

² U.S. Census Bureau, Poverty Thresholds for 2007

³ This measure includes foster children and children living in group settings, such as juvenile justice facilities, group homes, and hospitals.

⁴ ACS 2005

⁵ “Ready by Five, Fine by Nine” prepared by the Connecticut Early Childhood Education Cabinet in October 2006.