

Agenda  
Child Poverty and Prevention Council Meeting  
Tuesday, January 12, 2009  
2:00 – 4:30 p.m.  
Legislative Office Building, Room 2B  
Hartford, Connecticut

- |      |   |           |
|------|---|-----------|
| I.   | Welcome and Introductions<br><i>Robert Genuario, Chair</i>  | 2:00 p.m. |
| II.  | Approve Minutes of the November 2009 Meeting<br><i>Robert Genuario, Chair</i>   | 2:10 p.m. |
| III. | Role of Federally Qualified Health Centers<br><i>Representative Jack Thompson</i>   | 2:15 p.m. |
| IV.  | Update on Federal EITC Outreach<br><i>Peter Palermino, DSS</i><br><i>Rick Porth, United Way 2-1-1</i>   | 2:30 p.m. |
| V.   | Review 2010 Progress Report   | 2:45 p.m. |
|      | a. Identification of Successful Interagency Collaborations<br><i>Anne Foley, OPM</i>  |           |
|      | b. Strategies to Increase Attainment of Associates Degrees<br><i>Paul Susen, Connecticut Community Colleges</i><br><i>Commissioner Michael Meotti, Department of Higher Education</i> |           |
|      | c. Background on Child Care Subsidies<br><i>Peter Palermino, DSS</i>  |           |
| VI.  | Next Steps  | 3:45 p.m. |
| VII. | Adjournment   | 4:00 p.m. |

**DRAFT**  
**Meeting Summary**

**Child Poverty and Prevention Council**  
**Monday, November 2, 2009**

**Members Present:** Robert Genuario (Chair), Alice Frechette-Johns (DOL), Christine Keller (Judicial), Claudette Beaulieu (DSS), Dianne Harnad (DMHAS), Tom Brooks for Elaine Zimmerman (COC), Faith VosWinkel (OCA), Paul Flinter for George Coleman (SDE), Laura Amenta (CTF), Lile Gibbons (House Republicans), Lindy Lee Gold (DECD), Mary Mushinsky (House Democrats), Michael Meoti (DHE), Michelle Hayward (DOC, Peter O'Meara (DDS), Michelle Dumas-Keuler for Robert Brothers (CHRO), and Susan Hamilton (DCF).

**Others Participants:** Anne Foley (OPM), Peter Palermino (DSS), Jack Thompson (House Democrats), Michael Santoro (DECD), Paul Susen (CT Community Colleges) and Cristina Hungerford (OPM).

Agenda Item	Action Taken
Welcome and Introductions	Chair Robert Genuario convened the meeting at 2:05 p.m. Council members introduced themselves.
Approve Minutes of the September 2009 Meeting	Lindy Gold moved approval of the September 2009 meeting minutes and Michael Meotti seconded the motion. The motion was approved on a voice vote.
Review of the State Agency Prevention Report	Anne Foley presented the 2009 State Agency Prevention Report to the Council. The report implements the requirements of C.G.S Section 4-67x(g) and contains information regarding prevention services for children provided by agencies on the council including program goals and outcomes.
Follow-Up on Housing Panel Discussion	Michael Santoro of DECD led a discussion of the recommendations generated by the panel of housing experts subsequent to the September 2009 meeting. Based on the discussion, the Council will pursue the following recommendations:

	<ol style="list-style-type: none"> <li>1. Continued development of the DSS-funded Counselors in Shelters and Beyond Shelter CT program to provide a continued framework for homelessness prevention and shelter diversion once stimulus funds are exhausted.</li> <li>2. The state should re-activate the Connecticut Housing Trust Fund as a source of gap financing for the development of affordable housing.</li> <li>3. Prioritize family housing that blends families with special needs with families that do not have such special needs.</li> <li>4. Utilize the Low Income Housing Credit (LIHTC) program to provide incentives to developers to (1) develop affordable housing for families, and (2) affordable housing for families with a supportive housing component.</li> <li>5. Create incentives (or expand incentives in place) to more effectively link service resources with housing.</li> <li>6. Neighborhood-based social and educational investments from all state agencies should be aligned to promote housing stability and foster the growth of financial and social capital for low income households.</li> </ol>
<p>Discuss Additional Council Recommendations</p>	<p>Dr. Paul Susen, Chief Academic and Student Affairs Officer, Connecticut Community Colleges presented information and ideas regarding the council's recommendation to increase attainment of Associate degrees as an effective strategy to reduce child poverty in Connecticut. Dr. Susen reported data on Associate degree completers in Spring 2009, enrollments in Fall 2009, barriers to attainment of Associate degrees, and potential solutions to barriers.</p> <p>Specific recommendations to increase attainment of Associate's degrees will be provided for council consideration by Paul Susen, Michael</p>

	Meotti and other council members prior to the next council meeting.
Role of Federally Qualified Health Centers	<p>This discussion was deferred to the next meeting of the Child Poverty and Prevention Council and will be first on the agenda.</p> <p>Mary Mushinsky also requested the next Council meeting include an agenda item regarding promotion of the federal Earned Income Tax Credit (EITC) in Connecticut.</p>
Summary and Next Steps	The next meeting of the Council will be on Monday, December 21 from 2:00 to 4:30 p.m. in LOB Room 2B. The meeting was adjourned at 4:30 p.m.

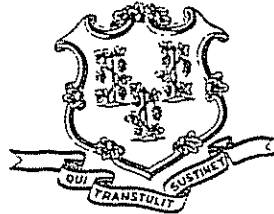
STATE OF CONNECTICUT

# Child Poverty and Prevention Council

January 2010  
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



Robert L. Genuario, Secretary

Office of Policy and Management

Chair of the Child Poverty and Prevention Council

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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<sup>1</sup>. 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<sup>2</sup>, 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 is focusing on reducing child poverty both among “poor” households with income below 100% of the federal poverty level (\$17,163 for a family of three and \$22,025 for a family of four in 2008) and “low income” households with income below 200% of the federal poverty level (\$34,326 for a family of three and \$44,050 for a family of four in 2008)<sup>1</sup>.

In 2008, the most recent year for which we have data, Connecticut’s child poverty rate for “poor” households with income below 100% of the federal poverty level was 12.5%. While this child poverty rate represents a striking 12% increase over the previous year’s rate of 11.1%, Connecticut’s child poverty rate of 12.5% remains substantially below the national child poverty rate of 18.2% and Connecticut has the 8<sup>th</sup> lowest child poverty rate in the nation, where child poverty rates range from 10% in Hawaii to over 30% in Mississippi. In addition to Hawaii, states with lower child poverty rates than Connecticut are: Maryland

<sup>1</sup> See Appendix A for council membership

<sup>2</sup> See Appendix B for statutory authority

(10.2%), Utah (10.5%), Alaska (11%), Minnesota (11.4%), Wyoming (11.6%) and Massachusetts (12%).

Examining all “low income” households with income below 200% of the federal poverty level, Connecticut’s child poverty rate in 2008 was 26.2% which represents an improvement over the previous year’s rate of 27.5%. Using this measure, the national child poverty rate is 40.6% and Connecticut ranks 50<sup>th</sup> of all the states and DC – only New Hampshire has a lower child poverty rate of 22.7%.

**Child Poverty in Connecticut 2003-2008**

	2003	2004	2005	2006	2007	2008
Percent of children under 18 in households with income < 100% fpl	11.0%	10.5%	11.6%	11.0%	11.1%	12.5%
State Rank for percent of children in households <100% fpl			46	49	47	42
Percent of children under 18 in households with income < 200% fpl	23.0%	23.9%	25.8%	25.8%	27.5%	26.2%
State Rank for percent of children in households <100% fpl			48	49	48	50

Rates of child poverty in Connecticut continue to vary significantly based on location (a staggering 46% of children in Hartford live below the federal poverty level<sup>3</sup>), race (black and Hispanic children are about four times more likely to live in poverty than white children<sup>4</sup>), and family structure (single parent families with children are about twelve times more likely to live in poverty than married couple families with children)<sup>5</sup>.

In summary, using the most recent data available, the percentage of all low income children in Connecticut declined while the percentage of poor children

<sup>3</sup> U.S. Census Bureau, 2006-2008 American Community Survey, 3 year estimate

<sup>4</sup> According to the U.S. Census Bureau 2008 American Community Survey, 7.5% of white children in Connecticut live in poverty, while 27.7% of black children and 30.8% of Latino children live in poverty in Connecticut.

<sup>5</sup> U.S. Census Bureau, 2008 American Community Survey



increased. These data indicate that between 2007 and 2008 some families in Connecticut were able to escape poverty while others fell deeper into poverty.

A synopsis of state actions in conformity with the Council's priority recommendations is included in Section III of the report.

**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, eight state agencies reported expenditure of approximately \$260 million on 45 prevention programs. For FY 2009, the eight state agencies reported expenditure of over \$276 million for 28 comprehensive primary prevention programs. The FY 09 amounts expended for each program ranged from \$40,000 for Unintentional Childhood Injury Prevention at DPH to over \$79 million for School Readiness in SDE – an increase of over \$13 million in this one program alone over the previous year. Taken together, these investments demonstrate a significant commitment to prevention services by state agencies.

The agency prevention programs described are:

Children's Trust Fund <sup>6</sup> Nurturing Families Network Help Me Grow	Department of Developmental Services Birth to Three Family Support Services
Department of Education Even Start Family Literacy Program School Readiness	Office of Policy and Management Title V Delinquency Prevention Urban Youth Violence Prevention
Department of Children and Families	Department of Social Services

<sup>6</sup> In FY10, the Children's Trust Fund became part of the Department of Social Services

DCF/Head Start Collaboration Positive Youth Development Shaken Baby Prevention Youth Suicide Prevention	Family Planning SNAP Employment and Training Domestic Violence Shelters Fatherhood Initiative Promoting Responsible Fatherhood Teen Pregnancy Prevention
<b>Department of Mental Health and Addiction Services</b> Best Practices Initiative Local Prevention Council Programs Strategic Prevention Framework SIG Youth Suicide Prevention Initiative Regional Action Councils Statewide Service Delivery Agents Tobacco Regulation and Compliance	<b>Department of Public Health</b> Easy Breathing Asthma Program Child Day Care Licensing Community Health Centers Family Planning Immunization Program Injury Prevention Lead Poisoning Prevention & Control Newborn Screening Nutrition, Physical Activity & Obesity Oral Health – Home by One Rape Crisis and Prevention Services Tobacco Use Prevention and Control Women, Infants, and Children

### 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.

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 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, education, income safety net, and family structure and support. In fiscal year 2009, the council engaged the Urban Institute to estimate the potential effects of their priority recommendations and the report was completed in August 2009.<sup>7</sup>

The report examines two measures of child poverty. The first measure includes only cash income and represents the official poverty measure reported by the U.S. Census Bureau – both 100% and 200% of the federal poverty level. The second measure, which is based on recommendations from the National Academy of Science (NAS) adds capital gains and non-cash income and subtracts taxes and “nondiscretionary” expenses (child care and work-related).

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

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

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

<sup>7</sup> See the Child Poverty and Prevention Council website for the Urban Institute Report at [http://www.ct.gov/opm/cwp/view.asp?a=2997&Q=383356&opmNav\\_GID=1809](http://www.ct.gov/opm/cwp/view.asp?a=2997&Q=383356&opmNav_GID=1809)

Recommendation	Standard Poverty Rate (10.7%)	200% Poverty Rate (25.2%)	NAS Poverty Rate (10.9%)
2. Guaranteed Child Care Subsidies, including additional employment ( <i>Model assumes 10,000 new subsidies.</i> )	9.2% <sup>2</sup>	24.7%	9.5%
4. Increased Attainment of AA degrees, hypothesizing higher employment and wage impacts. ( <i>Model assumes 300,000 new AA degrees.</i> )	9.5%	22.6%	9.8%
10. 85% Enrollment Rate for Subsidized Housing, LIHEAP and WIC			7.7%
13. Case Management for TANF Leavers	10.7%	25.2%	10.8%
15. Combined impact of guaranteed child care, increased attainment of AA degrees, increased attainment of GED degrees, increased job training, 85% enrollment in selected programs, post-TANF wage supplement, case management for TANF leavers, and full payment of all child support awards.	7.4%	21.6%	4.9%

Based on the evidence provided by the Urban Institute report, the Council then targeted its efforts on further developing the three recommendations that were identified as most likely to reduce child poverty:

- A. Increased enrollment in subsidized housing, energy assistance and nutrition assistance.

The Council began by focusing on increased enrollment in subsidized housing. On September 16, the council held a panel discussion with six experts on Connecticut housing policy<sup>8</sup>. At the November council meeting, members reviewed each of the fifteen recommendations and agreed to focus on the following six specific recommendations for action:

<sup>8</sup> See Appendix C for housing panel composition and recommendations

- Continued development of the DSS-funded Counselors in Shelters and Beyond Shelter CT program to provide a continued framework for homelessness prevention and shelter diversion once stimulus funds are exhausted.
  - The state should re-activate the Connecticut Housing Trust Fund as a source of gap financing for the development of affordable housing.
  - Prioritize family housing that blends families with special needs with families that do not have such special needs.
  - Utilize the Low Income Housing Credit (LIHTC) program to provide incentives to developers to (1) develop affordable housing for families, and (2) affordable housing for families with a supportive housing component.
  - Create incentives (or expand incentives in place) to more effectively link service resources with housing.
  - Neighborhood-based social and educational investments from all state agencies should be aligned to promote housing stability and foster the growth of financial and social capital for low income households.
- B. Increased Attainment of AA degrees, hypothesizing higher employment and wage impacts. (Model assumes 300,000 new AA degrees.)

At the November council meeting, Dr. Paul Susen, chief Academic and Student Affairs Officer for Connecticut Community Colleges presented information and ideas regarding this recommendation. His presentation and the council discussion focused on developmental education initiatives, promoting awareness of and ease of securing financial aid, and increased provision of extensive wrap-around student services for at-risk students.

Subsequent to the meeting, Commissioner Meotti and Dr. Susen developed strategies in the following areas for council consideration:

- College Readiness
- Staffing and Professional Development
- Academic and Student Support Strategies
- Financial aid Strategies
- Transfer Incentives
- Dual Enrollment Initiative

C. Guaranteed Child Care Subsidies, including additional employment (Model assumes 10,000 new subsidies.)

While the council has not yet developed recommendations for action regarding guaranteed child care subsidies, the Department of Social Services has provided background information regarding child care subsidies.

An estimated 80,000 children in Connecticut are in subsidized child care. The largest single program is DSS Care4Kids with 21,422 children. Care4Kids assistance is granted based on available funding and the program serves several types of families who have child care needs in the following priority order. As of November, all priority groups #1-6 are open for intake when Governor Rell extended eligibility for this program to priority groups #4 and #6 which were previously closed. The priority groups are:

1. Families on TFA that are either working or participating in a mandatory Jobs First Employment Services activity;
2. Working families transitioning off TFA
3. Teen parents completing high school and not receiving TFA
4. Non-TFA working families with income less than 50% of the state median income (\$41,037 for a family of three). Also includes foster care and pre-adoptive families, adoptive families in the first year, and subsidized guardianship families.
5. DCF adoptive families after the first anniversary of the adoption with income between 50% and 75% of the state median income (\$61,566 for a family of three).
6. All other working families with income between 50% and 75% of the state median income.

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

#### **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 Temporary Family Assistance (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.

The Child Poverty and Prevention Council webpage, which contains the 2005 Initial Child Poverty Plan and the subsequent Progress Reports (2006-2009), along with meeting agendas and minutes, 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&O=383356&opmNav\\_GID=1809](http://www.ct.gov/opm/cwp/view.asp?a=2997&O=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 "poor" households with income below 100% of the federal poverty level (\$17,163 for a family of three and \$22,025 for a family of four in 2008) and "low income" households with income below 200% of the federal poverty level (\$34,326 for a family of three and \$44,050 for a family of four in 2008). Because Connecticut has a high cost of living, both measures are used in order to give a more complete picture of poverty in Connecticut. The 200% FPL measure roughly corresponds to Connecticut's Self-Sufficiency Standard, a measure of the income necessary for a family to meet basic needs.

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

**“Poor” Children in Connecticut  
Households with Income Under 100% of the Federal Poverty Level**

	2003	2004	2005	2006	2007	2008
Percent of children under 18 <sup>3</sup>	11.0%	10.5%	11.6%	11.0%	11.1%	12.5%
Connecticut rank among states			46	49	47	42

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

	2003	2004	2005	2006	2007	2008
Percent of children under 18	23.0%	23.9%	25.8%	25.8%	27.5%	26.2%
Connecticut rank among states			48	49	48	50

In general, the most recent data show very mixed results and suggest that, while some children have escaped poverty, others have fallen into deeper poverty. Most unfortunately, the percentage of “poor” children increased fairly significantly between 2007 (11.2%) to 2008 (12.5%). On the other hand, the percentage of all “low income” children declined somewhat between 2007 (27.5%) to 2008 (26.2%).

In 2008, the most recent year for which we have data, Connecticut’s child poverty rate for “poor” households with income below 100% of the federal poverty level was 12.5% which represents a 12% increase over the previous year’s rate of 11.1%. Connecticut’s child poverty rate of 12.5% remains substantially below the national child poverty rate of 18.2% and Connecticut has the 8<sup>th</sup> lowest child poverty rate in the nation, where child poverty rates range from 10% in Hawaii to over 30% in Mississippi. In addition to Hawaii, states with lower child

poverty rates than Connecticut are: Maryland (10.2%), Utah (10.5%), Alaska (11%), Minnesota (11.4%), Wyoming (11.6%) and Massachusetts (12%).

Examining all "low income" households with income below 200% of the federal poverty level, Connecticut's child poverty rate in 2008 was 26.2% which represents an improvement over the previous year's rate of 27.5%. Using this measure, the national child poverty rate is 40.6% and Connecticut ranks 50<sup>th</sup> of all the states and DC – only New Hampshire has a lower child poverty rate of 22.7%.

Rates of child poverty in Connecticut continue to vary significantly based on location. In 2008,<sup>9</sup> a staggering 46.1% of children in Hartford lived below the federal poverty level, as did 34% of children in New Haven, 31% of children in Waterbury, and 28% of children in Bridgeport.

Child poverty rates also vary significantly by race. In Connecticut, Black and Latino children are about four times more likely than white children to live in poverty. In 2008, the poverty rate for white children in Connecticut was 7.5%, while the poverty rate for black children was 27.7% and the poverty rate for Latino children was 30.8%.<sup>10</sup>

Family structure also significantly impacts risk of child poverty. Single parent families with children are about 12 times more likely to live in poverty than married couple families with children. In 2008, the poverty rate for married couple families with children was 2.7% and the poverty rate for single parent families was 31.7%.<sup>11</sup>

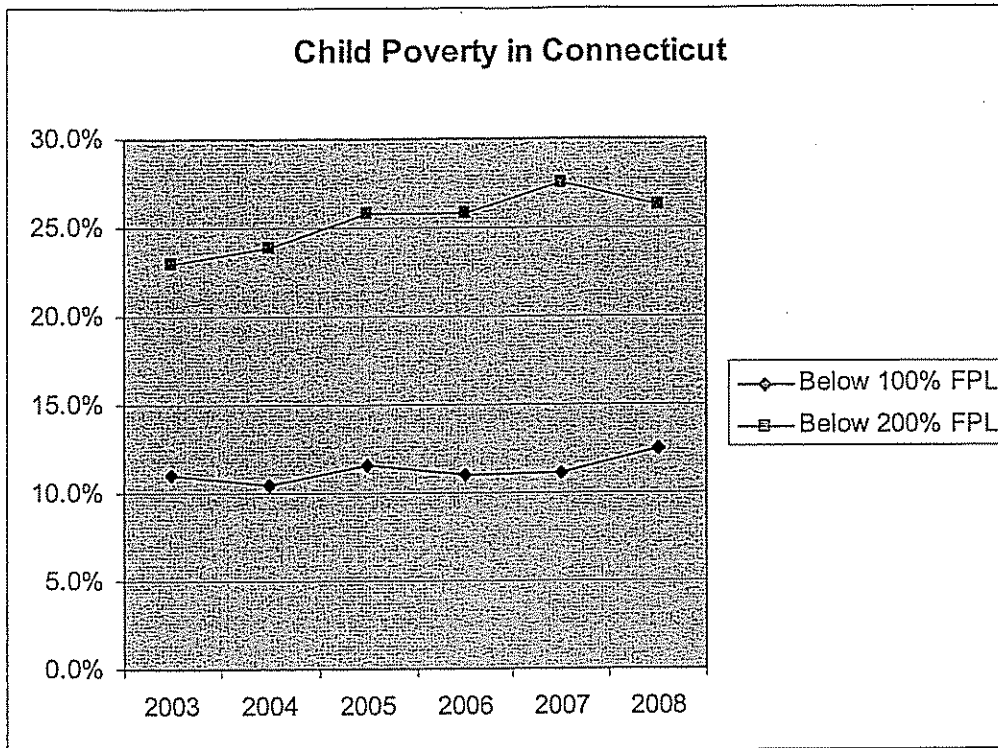
The chart on the following page depicts child poverty rates in Connecticut since the inception of the Child Poverty and Prevention Council:

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<sup>9</sup> U.S. Census Bureau, 2008 American Community Survey

<sup>10</sup> U.S. Census Bureau, 2008 American Community Survey

<sup>11</sup> U.S. Census Bureau, 2008 American Community Survey



Although we do not have more recent census data to show us the present state of child poverty in Connecticut, we can point to recent analysis by the Center on Budget and Policy Priorities<sup>12</sup> which demonstrates that approximately 56,000 people were lifted above the poverty line in Connecticut in 2009 due to seven provisions of the American Recovery and Reinvestment Act -- including the expansion of three tax credits for working families, two provisions that strengthen unemployment insurance assistance, a provision that boosts food stamp benefits, and a one-time payment for retirees, veterans and people with disabilities.

#### B. State Actions in Conformity with the Plan

Included below are the Council's priority recommendations and a synopsis of state actions taken in 2009 to address child poverty and promote healthy, safe and productive lives and reduce the likelihood of crime, violence, substance abuse, illness, academic failure and other socially destructive behaviors.

<sup>12</sup> Center on Budget and Policy Priorities, State-Level Data Show Recovery Act Protecting Millions from Poverty, December 17, 2009



## **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.
  - **United Way Outreach.** United Way of Connecticut's programs are used to inform and education families on how to obtain federal Tax Credits. The target audience is parents with children, low-income working families, and professionals who work with families. Information disseminated includes a flyer summary of three types of tax credits (EITC, child care and dependent care), tax preparation site referrals, and access points for forms and detailed information. In addition to the flyer, all low income callers are screened for eligibility, recorded information was added to all call menu options, and the website highlights tax credits.
2. **HOMELESSNESS:** Expand homeless diversion programs for working poor families, including expanding transitional housing to keep children out of homeless shelters.
  - **Homelessness Prevention and Rapid Re-Housing Program (HPRP).** Through a combination of state and federal funding, Connecticut initiated the HPRP in 2009 to divert families from homeless shelters into permanent housing. As a part of the American Recovery and Reinvestment Act (or the "stimulus package"), HUD has awarded just over \$17 million to DSS and to five entitlement communities (Bridgeport, Hartford, New Britain, New Haven, and Waterbury). The program provides financial assistance and services for families and individuals who are at imminent risk of homelessness, or who are already homeless. United Way's 211 provides eligibility screening and referral to all of Connecticut's HPRP programs.

## **EDUCATION:**

3. **EARLY CHILDHOOD EDUCATION:** Review and support the Early Childhood Cabinet proposals targeting children aged birth to five.
  - **AA Simplifying Procedures for Early Childcare and Early Childhood Education Facilities (SA 09-10)** This Special Act requires DSS, SDE and DPH to study the requirements and procedures related to early childhood education and make recommendations to simplify procedures. In addition, it requires SDE and DPH to develop and implement a single standard for determining if an individual has obtained twelve or more credits in early childhood education or child development.

- **AAC a Uniform Reporting Form for Preschool and Child Care Programs (SA 09-3).** This special act reduces duplicative reporting requirements for child care providers and is amended by PA 09-232 to provide specific information.
  - **Expanded Eligibility for Care4Kids Program.** In November 2009, Governor Rell expanded eligibility for child care subsidies to families earning up to 75% of the state median income.
4. **YOUTH DROPOUT PREVENTION:** Enhance efforts to reduce the number of students who drop out of high school.
- **AAC Readmission of Students (PA 09-82).** Under this act, if a student who committed an expellable offense seeks to return to a district after having been in a residential placement for at least a year, districts may not prevent the student from returning or expel the student for additional time for the offense.
  - **AAC Sexual Activity Between School Workers and Students and Including School Superintendents as Mandated Reporters of Child Abuse or Neglect (PA 09-242).** By law, school employees who have sexual intercourse with students who attend their schools commit the crime of 2<sup>nd</sup> degree sexual assaults. This act adds people working at schools either under contract or who have regular contact with students. It also makes school superintendents mandated child abuse and neglect reporters.
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.
- **AAC Graduate Programs at Charter Oak State College, the Kirklyn M. Kerr Grant Program and Veteran Tuition Waivers (PA 09-159).** The law requires the boards of trustees of UConn, the Connecticut State University system, and the regional community-technical colleges to waive tuition for veterans who meet certain criteria.
  - **AAC Nurses Pursuing Advanced Degrees (PA 09-130).** This act requires the Board of Trustees of the Community-Technical Colleges to take all feasible steps to maximize available federal funds to establish a nursing program at Northwestern Connecticut Community College.

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.
  - **TANF Emergency Funding.** The Department of Social Services applied for \$4.6 million in TANF Emergency Funds in November 2009 for Basic Assistance through March 2010 based on eligible caseload and spending and is pursuing other categories of funding.
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.
  - **DSS Caseloads Increased by 18% in 2009.** Connecticut residents are increasingly turning to state and federally funded programs for help in meeting the basic needs of food, medical care and financial support. Food stamp (SNAP) enrollment is up 32% in the past year, Medicaid coverage has increased by 7% and TFA has increased by 8%.

#### **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.

- **AAC Responsible Fatherhood and Strong Families (PA 09-175).** This act allows family support magistrates in all Title IV-D support cases to order the parent who owes child support (obligor) into an educational, training, skill-building, work, rehabilitation, or other similar program. The magistrate may suspend support payments or elect not to impose court-based enforcement actions based on the parent's participation in a program.

#### **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.** OPM 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.

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

- Public Act 09-166 requires the legislative Program Review and Investigations Committee to assess selected human services administered by DCF using a results-based accountability framework.

Perhaps most importantly, in 2009 the Child Poverty and Prevention Council 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 with funding provided by the Early Childhood Education Cabinet, the Office of Policy and Management 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 report looks at two measures of child poverty. The first measure includes only cash income and represents the official poverty measure reported by the U.S. Census Bureau. The second measure, which is based on recommendations from the National Academy of Science (NAS) adds capital gains and non-cash income and subtracts taxes and "nondiscretionary" expenses (child care and work-related).

### Findings

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

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

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

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

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

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

The full report from the Urban Institute is available on the Child Poverty Council website.

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## IV. Prevention Services

This section of the report summarizes the 66-page State Agency Prevention Report to the Child Poverty and Prevention Council which is available on the Council's website<sup>13</sup>. 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".

The agency prevention programs described are:

<b>Children's Trust Fund<sup>14</sup></b> Nurturing Families Network Help Me Grow	<b>Department of Developmental Services</b> Birth to Three Family Support Services
<b>Department of Education</b> Even Start Family Literacy Program School Readiness	<b>Office of Policy and Management</b> Title V Delinquency Prevention Urban Youth Violence Prevention
<b>Department of Children and Families</b> DCF/Head Start Collaboration Positive Youth Development Shaken Baby Prevention Youth Suicide Prevention	<b>Department of Social Services</b> Family Planning SNAP Employment and Training Domestic Violence Shelters Fatherhood Initiative Promoting Responsible Fatherhood Teen Pregnancy Prevention
<b>Department of Mental Health and Addiction Services</b> Best Practices Initiative Local Prevention Council Programs Strategic Prevention Framework SIG Youth Suicide Prevention Initiative	<b>Department of Public Health</b> Easy Breathing Asthma Program Child Day Care Licensing Community Health Centers Family Planning Immunization Program

<sup>13</sup> The website address is:  
[http://www.ct.gov/opm/cwp/view.asp?a=2997&O=383356&opmNav\\_GID=1809](http://www.ct.gov/opm/cwp/view.asp?a=2997&O=383356&opmNav_GID=1809)

<sup>14</sup> In FY10, the Children's Trust Fund became part of the Department of Social Services



Regional Action Councils Statewide Service Delivery Agents Tobacco Regulation and Compliance	Injury Prevention Lead Poisoning Prevention & Control Newborn Screening Nutrition, Physical Activity & Obesity Oral Health – Home by One Rape Crisis and Prevention Services Tobacco Use Prevention and Control Women, Infants, and Children
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In last year's Prevention Report to the council, these eight state agencies reported expenditure of approximately \$260 million in FY08 on 45 prevention programs. This year, the eight state agencies reported expenditure of over \$276 million in FY09 for 28 prevention programs.

The FY 09 amounts expended for each program ranged from \$40,000 for Unintentional Childhood Injury Prevention at DPH to over \$79 million for School Readiness in SDE – an increase of over \$13 million in this one program alone over the previous year. Taken together, these investments demonstrate a significant commitment to prevention services by state agencies.

Children's Trust Fund			
Program	FY09 Funding	Service Level	Description
Nurturing Families Network	\$10,148,252	3,500 children and families	Provides education and support for all interested new parents and intensive home visiting services for parents identified as most at risk of abusing, neglecting or abandoning their children.
Help Me Grow	\$355,982	2,500 case management services and 3,129 enrolled in the Ages & Stages Program	Identifies and refers young children with behavioral health, development and psychosocial needs to community-based services.
<b>Total</b>	<b>\$10,504,234</b>		

Department of Children and Families			
Program	FY09 Funding	Service Level	Description
DCS/Head Start Collaboration	N/A	3,728 children (0-5 yrs old); 44 pregnant women; 14 DCF area offices; 75 DCF staff and 100 Head Start staff	A collaborative partnership focused on the development of strategies to promote family health and the stability of the child within the family.
Positive Youth Development	\$754,035	633 children and 95 adults	Funds seven agencies to provide positive youth development and family strengthening programs.
Shaken Baby Prevention	\$55,620	43 parent educators and 78 parents trained	Training for Parent Educators to disseminate baby calming strategies to parents at risk of perpetrating shaken baby syndrome.
Youth Suicide Prevention	\$ 69,895	1,163 individuals trained	Statewide awareness campaigns and training.
<b>Total</b>	<b>\$879,030</b>		

Department of Developmental Services			
Program	FY09 Funding	Service Level	Description
Birth to Three	\$47,645,943	9,671 children and families	Early intervention services to all infants and toddlers who have developmental delays or disabilities.
Family Support Services	\$3,368,157	1,203 individuals and children-Respite Care and 1,189 individuals statewide-Family Support Services	Services, resources and other forms of assistance to help families raise their children who have intellectual disabilities.
<b>Total</b>	<b>\$51,014,100</b>		

Department of Education			
Program	FY09 Funding	Service Level	Description
Even Start Family Literacy Program	\$472,241	131 Even Start families	Intensive family literacy services to low-income parents and children.
Early Childhood Program (School Readiness)	\$79,400,000	10,583 children	Expands and enhance access to and availability of school readiness and child-day care programs.
<b>Total</b>	<b>\$79,872,241</b>		

Department of Mental Health and Addiction Services			
Program	FY09 Funding	Service Level	Description
Best Practices Initiative	\$2,034,178	N/A	Positive youth development programs including academic support, peer leaders, mentors, family development and parenting skills.
Local Prevention Council Programs	\$543,120	59,372 children, adults, family and professionals	Alcohol, tobacco, and other drug abuse prevention initiatives at the local level.
Strategic Prevention Framework State Incentive Grant	\$2,350,965	172,651 children, family, community members and professionals	Developing a comprehensive strategy for delivering and implementing effective substance abuse prevention services.
Youth Suicide Prevention Initiative	\$400,000	5,093 students, adults and professionals	Youth suicide prevention and early intervention strategies.
Regional Action Councils	\$1,532,698	242,574 children, family, community members and professionals	Community awareness, education, prevention, intervention, treatment and aftercare for substance abuse.
Statewide Service Delivery Agents	\$1,976,849	18,146 children, family, community members and professionals	Supports prevention efforts locally and statewide by building the capacity of individuals and communities to deliver prevention services.
Tobacco Regulation & Compliance	\$647,967	2,368 retail inspections and 772 children and adults	Enforcement and strategies to reduce underage tobacco use.
<b>Total</b>	<b>\$9,485,777</b>		

Department of Public Health			
Program	FY09 Funding	Service Level	Description
Asthma Program: Easy Breathing	\$1,000,000	10,304 children	Statewide training of pediatric providers on determining whether a child has asthma, asthma severity, proper therapy, and developing treatment plans.
Child Day Care Licensing	\$1,934,957	114,151 Licensed Capacity	Regulates child day care programs through technical assistance, application processing, facility monitoring, complaint investigation, and enforcement activities.
Community Health Centers	\$7,552,912	219,912 clients	Provides comprehensive, community-based, primary and preventive health care.
Family Planning	\$1,063,048	39,473 participants	Provides preventive and primary reproductive health care through health care services, information, and education to the uninsured or underserved.
Immunization Program	\$44,830,209	69.8% of the state's children aged 2	Prevent disease, disability and death from vaccine preventable diseases in infants, children adolescents and adults.
Injury Prevention - Unintentional Childhood	\$40,60	266 parents/caregivers and 301 children	Technical assistance and resources to providers and community agencies on injury prevention issues.
Injury Prevention Intentional Youth Violence	\$45,188	11,327 youth	Raises awareness, increase knowledge and changes manageable behaviors.
Lead Poisoning Prevention and Control	-	270,187 children	Education, outreach, and screening a targeted toward urban settings.
Newborn Laboratory Screening and Tracking	\$1,113,407	42,411 infants screened	Screening for inborn genetic disorders which have the potential for severe health consequences.
Nutrition, Physical Activity and Obesity	\$2,032,657	112,630 children and families	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.
Oral Health-Home by One	\$247,448	25,000 children	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 Services	\$1,014,729	30,416 children, youth, adolescents, patients, clients, primary and secondary victims	Makes available to sexual assault victims and their families free and confidential services such as crisis intervention, support and advocacy, survivor groups, 24-hour hotline, and emergency transportation.
Tobacco Use Prevention and Control	\$1,702,260	2,285 individuals	Provides local cessation and prevention programs.
Woman, Infant and Children	\$51,280,930	46,641 children and 13,269 women	Provides nutrition and breastfeeding education, supplemental food, and referrals for health and social services to eligible women, infants and children.
Total	\$113,857,745		

Department of Social Services			
Program	FY09 Funding	Service Level	Description
Family Planning	\$1,090,074	15,000 residents	Comprehensive reproductive health care to low-income - income eligible residents.
Employment and Training Reimbursement Program for SNAP Recipients	\$229,153	400 participants	Development of local collaboratives to provide comprehensive employment and training programs for SNAP recipients.
Emergency Shelter for Victims of Domestic Violence	\$3,569,771	875 Women; 773 children (0-12) and 94 teenagers	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.
Fatherhood Initiative	\$250,000	204 fathers	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 education.
Promoting Responsible Fatherhood	\$1,000,000	1,502 fathers and mothers and 59 couples	Services include enhanced prevention and intervention strategies that promote healthy marriage, responsible parenting, and economic stability.
Teen Pregnancy Prevention	\$2,427,547	789 youth	Provides information and enrichment activities to youth between ages 11 and 17 who are at risk for teen pregnancy.
<b>Total</b>	<b>\$8,566,545</b>		

Office of Policy and Management			
Program	FY09 Funding	Service Level	Description
Title V Delinquency Prevention	\$78,252	93 youth (10-18 years old)	Provides grants to cities and towns for delinquency prevention and early intervention projects.
Governor's Urban Youth Violence Prevention	\$1,500,000	1,235 youth (12-18 years old)	Provides grants to municipalities and nonprofits that serve youth in urban neighborhoods who are at-risk of exposure to or involvement with violent behaviors.
<b>Total</b>	<b>\$1,578,252</b>		



## 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).<sup>15</sup>

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.

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<sup>15</sup> 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

The Child Poverty and Prevention Council has re-focused its recommendations for prevention investment and budget priorities based on the information received through its economic modeling project in 2009.

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

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

After receiving the Urban Institute's report in August 2009, the Council targeted its efforts on developing the three recommendations that were identified as most likely to reduce child poverty.

### Increased enrollment in subsidized housing, energy assistance and nutrition assistance.

The Council began by focusing on increased enrollment in subsidized housing. On September 16, the council held a panel discussion with six experts on Connecticut housing policy<sup>16</sup>. At the November council meeting, members reviewed each of the fifteen recommendations and agreed to focus on the following six specific recommendations for action:

- Continued development of the DSS-funded Counselors in Shelters and Beyond Shelter CT program to provide a continued framework for homelessness prevention and shelter diversion once stimulus funds are exhausted.
- The state should re-activate the Connecticut Housing Trust Fund as a source of gap financing for the development of affordable housing.

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<sup>16</sup>See Appendix C for housing panel composition and recommendations.

- Prioritize family housing that blends families with special needs with families that do not have such special needs.
- Utilize the Low Income Housing Credit (LIHTC) program to provide incentives to developers to (1) develop affordable housing for families, and (2) affordable housing for families with a supportive housing component.
- Create incentives (or expand incentives in place) to more effectively link service resources with housing.
- Neighborhood-based social and educational investments from all state agencies should be aligned to promote housing stability and foster the growth of financial and social capital for low income households.

**Increased Attainment of AA degrees, hypothesizing higher employment and wage impacts.**

At the November council meeting, Dr. Paul Susen, chief Academic and Student Affairs Officer for Connecticut Community Colleges presented information and ideas regarding this recommendation including developmental education initiatives, promoting awareness of and ease of securing financial aid, and increased provision of extensive wrap-around student services for at-risk students.

Subsequent to the meeting, Commissioner Meotti and Dr. Susen developed strategies in the following areas for council consideration:

- College Readiness
- Staffing and Professional Development
- Academic and Student Support Strategies
- Financial aid Strategies
- Transfer Incentives
- Dual Enrollment Initiative

**Guaranteed Child Care Subsidies, including additional employment (Model assumes 10,000 new subsidies.)**

While the council has not yet developed recommendations for action regarding guaranteed child care subsidies, the Department of Social Services has provided

the council with background information regarding the state's child care subsidy program.

An estimated 80,000 children in Connecticut are in subsidized child care. The largest single program is DSS Care4Kids with 21,422 children. Care4Kids assistance is granted based on available funding and the program serves several types of families who have child care needs in the following priority order.

1. Families on TFA that are either working or participating in a mandatory Jobs First Employment Services activity;
2. Working families transitioning off TFA
3. Teen parents completing high school and not receiving TFA
4. Non-TFA working families with income less than 50% of the state median income (\$41,037 for a family of three). Also includes foster care and pre-adoptive families, adoptive families in the first year, and subsidized guardianship families.
5. DCF adoptive families after the first anniversary of the adoption with income between 50% and 75% of the state median income (\$61,566 for a family of three).
6. All other working families with income between 50% and 75% of the state median income.

In November 2009, Governor Rell extended eligibility for this program to priority groups #4 and #6 which were previously closed.



# Appendix A

## COUNCIL MEMBERS

Robert L. Genuario, Chair  
Secretary  
Office of Policy and Management

George Coleman  
Deputy Commissioner  
Department of Education

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

Susan Hamilton  
Commissioner  
Department of Children and Families

Laura Amenta  
Chair  
Children's Trust Fund

Norma Gyle  
Deputy Commissioner  
Department of Public Health

MaryAnn Handley  
State Senator  
Connecticut General Assembly

Dennis King  
Manager of Community Advocacy  
Department of Transportation

Dianne Harnad  
Director of Prevention and Health Promotion  
Department of Mental Health and Addiction Services

Michelle Hayward  
Supervisor  
Department of Correction

Alice Frechette-Johns  
Manager  
Department of Labor

Michael Meotti  
Commissioner  
Department of Higher Education

Mary Mushinsky  
State Representative  
Connecticut General Assembly

Lile Gibbons  
State Representative  
Connecticut General Assembly

Peter O'Meara  
Commissioner  
Department of Developmental Services

Robert Brothers  
Acting Director  
Commission on Human Right and Opportunities

Christine Keller  
Judge  
Superior Court

Gregg Cogswell  
State Republican Office  
Connecticut General Assembly

Cristine Vogel  
Commissioner  
Office of Health Care Access

Faith VosWinkel  
Assistant Child Advocate  
Office of Child Advocacy

Claudette Beaulieu  
Deputy Commissioner  
Department of Social Services

Elaine Zimmerman  
Executive Director  
Commission on Children

**Child Poverty and Prevention Council Staff**

Anne Foley  
Senior Policy Advisor  
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Pamela Trotman  
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Office of Policy and Management

DRAFT

# Appendix B

## STATUTORY AUTHORITY

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

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

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

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

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

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

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

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

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

(3) Each agency report shall also include (A) long-term agency goals, strategies and outcomes to promote the health and well-being of children and families, (B) overall findings on the effectiveness of prevention within such agency, (C) a statement of whether there are methods used by such agency to reduce disparities in child performance and outcomes by race, income level and gender, and a description of such methods, if any, and (D) other information the agency head deems relevant to demonstrate the preventive value of services provided by the agency. Long-term agency goals, strategies and outcomes reported under this subdivision may include, but need not be limited to, the following:

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

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

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

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

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

(i) For purposes of this section, the Secretary of the Office of Policy and Management, or the secretary's designee, shall be responsible for coordinating all

necessary activities, including, but not limited to, scheduling and presiding over meetings and public hearings.

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

(P.A. 04-238, S. 1; P.A. 05-244, S. 1; P.A. 06-179, S. 3; 06-196, S. 27; P.A. 07-47, S. 1; 07-73, S. 2(b); 07-166, S. 1; 07-217, S. 6.)

History: P.A. 04-238 effective June 8, 2004; P.A. 05-244 made technical changes, added executive director of Commission on Human Rights and Opportunities as council member in Subsec. (a), specified mandatory minimum number of meeting times and reporting requirements in Subsec. (f) and required development and implementation of state contract protocol in new Subsec. (g), redesignating existing Subsecs. (g) and (h) as Subsecs. (h) and (i), respectively, effective July 11, 2005; P.A. 06-179 amended Subsec. (a) to insert Subdiv. designators and substitute "Child Poverty and Prevention Council" for "Child Poverty Council", to add the Chief Court Administrator, to delete the chairperson of the State Prevention Council, to add "promote the implementation of" re ten-year plan, and to add Subdiv. (2) re establishing prevention goals and recommendations and measuring outcomes, amended Subsecs. (b) and (c) to add "ten-year" re plan, amended Subsec. (f) to insert Subdiv. (1) designator and provide that meetings held at least twice annually shall be for the purposes set forth in the section, inserted new Subsecs. (f)(2) and (g) re council and agency reports; and redesignated existing Subsecs. (g) to (i) as Subsecs. (h) to (j) (Revisor's note: In Subsec. (f)(2) the word "this" in the phrase "this subsection (g) of this section" was deleted editorially by the Revisor's for accuracy); P.A. 06-196 made a technical change in Subsec. (g), effective June 7, 2006; P.A. 07-47 amended Subsec. (f)(2) to extend the council's annual reporting requirement re funding of prevention services to the Governor and the General Assembly to January 1, 2015, amended Subsec. (g)(1) to extend the annual reporting requirement of budgeted agencies to the council to November 1, 2014, and made technical and conforming changes in Subsecs. (f) and (g); pursuant to P.A. 07-73 "Commissioner of Mental Retardation" was changed editorially by the Revisors to "Commissioner of Developmental Services", effective October 1, 2007; P.A. 07-166 amended Subsec. (a) to make technical changes, effective June 19, 2007; P.A. 07-217 made technical changes in Subsec. (a), effective July 12, 2007.

# Appendix C

## HOUSING PANEL RECOMMENDATIONS

Carol Walter, Executive Director, Connecticut Coalition to End Homelessness (CCEH)

*The Connecticut Coalition to End Homelessness, in partnership with communities throughout the state, is working to end homelessness in Connecticut through community organizing, advocacy and education.*

1. **Presumptive eligibility for sheltered families to receive childcare assistance through the Care 4 Kids program.** This has been the policy for some time in Massachusetts, where homeless heads of household are approved for childcare vouchers even if they are not employed so that they may immediately begin their employment and housing search. Homeless heads of households in CT cite the lack of childcare as a major barrier to independence, almost as often as they identify a lack of affordable housing.
2. **Careful targeting of existing prevention funds including portions of the DCF flex funds typically spent on housing problems to assure coordination and maximum impact on the reduction of homelessness.** The flex fund is only one example of a state resource that can reduce homelessness among children if common screening and coordination tools are utilized. CCEH and DCF have already discussed coordination in this area. We hope to continue and expand our conversations, particularly after we can look at data and lessons learned through implementation of the Homeless Prevention and Rapid Re-housing Program.
3. **Continued development of the DSS funded Counselors in Shelters and Beyond Shelter CT program to provide a continued framework for homelessness prevention and shelter diversion once stimulus funds are exhausted.** BSCT and the 'Counselors' rapid re-housing program are currently coordinated with DSS HPRP programs.
4. **Target all available Rental Assistance Program certificates (through attrition) to families and individuals who are currently homeless.** With limited existing resources it may be time to target them to the most needy.



**Scott Bertrand, President, Connecticut Chapter of the National Association of Housing and Redevelopment Officials (CONN-NAHRO)**

*CONN-NAHRO represents local Housing Authorities in Connecticut and is dedicated to maintaining a leadership position in the Connecticut housing industry. CONN-NAHRO promotes safe, decent, sanitary and drug free housing environments by providing training and support services to our member agencies through assistance to State Legislators, tenant organizations and the general public.*

5. There needs to be a firm commitment to the preservation of existing low income housing, more specifically, the housing developments financed by State of Connecticut. The State of Connecticut has financed about 5,500 Moderate Rental apartments which primarily house families with children. Many of these homes are at risk of being lost due to the extensive back log in unmet capital needs. In 2007 the legislature created a mechanism to address this problem through the State-Assisted Housing Sustainability Act. However, it has not been recently funded. In addition, the capital needs assessment that was included to determine the actual financial need has not been performed.

**Jeff Freiser, Executive Director, Connecticut Housing Coalition**

*The Coalition represents more than 250 member organizations including nonprofit developers, housing services agencies, resident associations, and advocates and works to expand housing opportunity and to increase the quantity and quality of affordable housing.*

6. The State should make available 5 percent of its federal HOME allocation to provide operating support for Community Housing Development Organizations. The affordable housing industry faces a particularly difficult environment today, as the demand for low-cost housing increases and the resources to develop that housing diminish. Community-based nonprofit developers fulfill an essential, unique role: serving families with the most desperate housing needs, working in the most challenging local settings, focusing on the success of residents, and providing housing that would otherwise be unavailable in the housing market. Over more than thirty years, Connecticut has nurtured the growth of its community development industry. That infrastructure – vital to meeting the housing needs of our lowest income families – is now in danger. Affordable housing developers depend upon ongoing production activity to serve their communities and to sustain their organizations. The business of building affordable housing requires public subsidy and when

those funds dry up, the industry is at risk. That is the dire threat currently facing community development organizations. The Department of Economic and Community Development administers a funding allocation under the federal HOME Investment Partnership Program. Federal rules give DECD the discretionary authority to use 5% of its HOME allocation for operating assistance to Community Housing Development Organizations (CHDOs – community-based, nonprofit housing groups that meet specific statutory criteria). Jurisdictions across the country exercise this option, but Connecticut does not. DECD is now preparing the next Five-Year Consolidated Plan for Housing and Community Development, the governing document for the HOME Program, providing a timely opportunity to take advantage of the option. At this point, CHDO operating support represents a life-line to our community development industry. Without any additional cost to the state, we can help assure that affordable housing developers will continue to fulfill their mission of serving our most vulnerable populations.

7. **The State should re-activate the Connecticut Housing Trust Fund as a source of gap financing for the development of affordable housing.** The Connecticut Housing Trust Fund was established in 2005 with an initial capitalization of \$100 million in general obligation bonding, authorized at \$20 million a year for five years. Now, more than four years later, the Trust Fund has distributed less than \$40 million in financial assistance for affordable housing development. In the current economic downturn, struggling families face even greater housing challenges, which the Trust Fund can help meet. Affordable housing developers require predictable sources of financing. In the real estate development process, it is necessary to acquire property, incur pre-development costs and make financial commitments, with a reliable expectation of the financing sources that will be required for the deal. In the complex public-private partnerships necessary to create affordable housing, the public partner must be dependable. The State of Connecticut should revive its highly successful Housing Trust Fund program and make clear to the development community the volume and schedule of housing investment that will be available.

**Timothy Bannon, Executive Director, Connecticut Housing Finance Authority (CHFA)**

*CHFA helps alleviate the shortage of housing for low- and moderate-income families and persons in Connecticut.*

8. CHFA should continue to develop its relationship with DCF through the Interagency Committee for Supportive Housing to effectively provide supportive housing for families. **Set aside, as a priority, a specific dollar amount of capital from any future supportive housing round to develop family housing that blends families with special needs (i.e., requiring supportive services) with families that do not have such identified needs.** This capital will be complemented by the DCF funding available through its Family Supportive Housing Program (FSHP) and HUD's Family Reunification Program (FUP) Vouchers.
9. Utilize the Low Income Housing Credit (LIHTC) program to provide incentives to developers to (1) develop affordable housing for families, and (2) affordable housing for families with a supportive housing component.

**Fran Martin, Associate Director, Corporation for Supportive Housing (CSH)**

*CSH is a national organization with a local program in Connecticut which helps communities create permanent housing with services to prevent and end homelessness.*

10. **Include housing affordability and housing stability as one of the outcomes/goals that you track; and assign measurable targets as an overall objective.** The work already underway with supportive housing and Homeless Prevention and Rapid ReHousing can certainly be one aspect of this effort. Unless you define housing affordability/stability as a goal, then it will not assume a priority area of focus. This will also align with efforts underway to begin to centralize information related to this.
11. **Creative incentives (or expand incentives in place) to more effectively link service resources with housing.** Supportive housing is but one example. Public housing uses a "resident services coordinator" model ("services light" so to speak), but it is inadequately resourced. There is also increasing attention being paid to how to leverage existing mainstream resources to better support people in their housing. There are efforts underway in a variety of sectors – including DMHAS and BRS – to better align existing service resources with persons in housing.

**Diane Randall, Executive Director, Partnership for Strong Communities**

*The Partnership for Strong Communities coordinates strategic housing policy, education and advocacy. A catalyst for change, the Partnership oversees operations of The Lyceum Resource and Conference Center which provides a*

*common ground for all those dedicated to advancing solutions to homelessness, the development of affordable and supportive housing and fostering the creation of vibrant and healthy communities.*

12. **Examine how to realign funding that DCF currently spends on children living in the foster care system who with appropriate support services and affordable housing could be reunited with their parent(s).** There could be a pilot/demonstration program with a cost-saving evaluation attached. Parents coming out of the corrections system or coming out of drug or alcohol rehabilitation should be diverted from entering the shelter system and into permanent housing in order to assist them in reunification with their children. This might be an expansion of DCF's supportive housing for families program.
13. **Use the HOMEConnecticut program, and the availability of state Rental Assistance Program certificates and federal Section 8 vouchers, to create units for those at 30-60% of the area median income.** Support of the HOMEConnecticut's incentive program will continue the momentum from towns toward finding locations for higher density housing, encouraging them to attract developers to create housing for those at 80% of the area median income. By layering on RAPs and Section 8, we can offer some units at deeper affordability in towns – an school districts – that will provide not only equality of condition but also equality of opportunity.
14. **Consider additional ways that general obligation bonds are awarded for town projects.** High income towns that promote affordable housing and education opportunities for low-income families should receive a priority for funding.
15. **Neighborhood-based social and educational investments from all state agencies should be aligned to promote housing stability and foster the growth of financial and social capital for low income households.** Standards should include results focused on asset development, including financial competencies and improvements in health, including a reduction in violence and improved food security.

*State agency staff also participating in the September 2009 housing panel were::*  
Mary Cattanach, Department of Social Services  
Michael Santoro, Department of Economic and Community Development  
Dimple Desai, Office of Policy and Management

# Appendix D

## Endnotes

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<sup>1</sup> U.S. Census Bureau, Poverty Thresholds for 2008

<sup>2</sup> Bolded percentages represent the single recommendation with the most significant impact on reducing the child poverty rate in Connecticut.

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

<sup>4</sup> Bolded percentages represent the single recommendation with the most significant impact on reducing the child poverty rate in Connecticut.

DRAFT



## **Issues regarding Associate Degree Attainment for the Child Poverty Council**

### **College readiness**

The P-20 Council has brought Connecticut's K-12 and higher education communities together to address the challenges and opportunities within educational pathways. The Council has identified the college readiness of high school graduates as a significant challenge if we are to increase successful outcomes at all levels of postsecondary education, including community colleges. Many colleges and high schools are already collaborating in different models on this issue. The P-20 Council will develop a state strategy framework to assure that this collaboration takes place in all regions.

### **Staffing and Professional Development**

Each of the existing or planned success strategies at the Community Colleges rely on additional full time faculty and student services personnel to encourage increased student engagement and persistence, completion and graduation.

The Community College System participation in the Community College Survey of Student Engagement beginning in 2004 and follow-up studies indicate that a primary support for student retention, persistence and completion of academic studies is the opportunity to interact with faculty members and academic and student services support professionals who encourage achievement through their roles as teachers, mentors and advisors.

The role of full-time faculty in advising would be expanded at each College, with required additional responsibilities directed at this effort, and supported by professional development for faculty, and the coordination and leadership provided by additional counseling, advising and student services staff – and a new model for Student Services Evaluation currently being introduced throughout the twelve college system.

Professional development for faculty on new learning strategies, learning styles, student engagement, academic advising and interventions particularly for underprepared and "at risk populations" is an integral part of the plan.

### **Academic and Student Support Strategies**

Student support services using the Achieving the Dream model would be expanded. Success strategies that are considered promising practices as a result of national initiatives include faculty and student engagement, mentoring, building learning communities, bridge programs, and innovations in developmental education.

### **Financial Aid Strategies**

Since part-time attendance prolongs the time to completion and graduation, expanding financial aid strategies to cover cost of living expenses, similar to how aid is packaged at residential institutions, would

encourage full-time attendance and reduce employment responsibilities that limit the time devoted to academic preparation.

### **Transfer Incentives**

Establishing an incentive fund for transfer scholarships would provide Community College students with an incentive to graduate, take advantage of guaranteed admissions opportunities, complete their educations in Connecticut, and enter the State's workforce.

A pilot program indexing scholarships to the differential amount of tuition between Community Colleges and Universities would allow Community College graduates to pay the same tuition rate throughout their academic careers. This proposed model is based on a similar successful arrangement in Virginia between the Community Colleges and Universities.

### **Dual Enrollment Initiative**

The Community College System sponsors and funds multiple dual enrollment initiatives to enable high school students to enroll without cost in college-level courses. Expanding dual enrollment opportunities for students in high school would increase the graduation rate for these students in college.



# CHILD CARE IN CONNECTICUT

Connecticut Department of Social Services

Presentation to the

Child Poverty and Prevention Council

January 12, 2010

*Annual Report to the State Legislature*  
**The Status of Child Care in Connecticut**  
 State Fiscal Year 2008 – 2009

**Table 1 – CHILDREN IN SUBSIDIZED CHILD CARE<sup>i</sup>**  
*Annual Data<sup>ii</sup>*

State or Federal Program	Infants & Toddlers	Pre-Schoolers	School-Age Children	TOTALS
Federal Early Head Start <sup>iii</sup>	439	n/a	n/a	439
Federal Head Start <sup>iii</sup>	n/a	6,266	n/a	6,266
DSS Supported Child Care Centers <sup>iv</sup>	1,160	2,778	414	4,352
SDE-DSS School Readiness <sup>v</sup>	n/a	9,357	n/a	9,357
DSS Care 4 Kids	7,270	7,807	6,345	21,422
Before-and-After School Child Care Programs	DSS School-Age Program <sup>vi</sup>	n/a	n/a	2,918
	SDE Extended-Day Program Grant <sup>vii</sup>	n/a	n/a	9,500
	21 <sup>st</sup> Century Program Grant <sup>viii</sup>	n/a	n/a	18,864
	Family Resource Centers (FRCs) <sup>ix</sup>	n/a	n/a	7,275
<b>TOTALS</b>	<b>8,869</b>	<b>26,208</b>	<b>45,316</b>	<b>80,393</b>

<sup>i</sup> The data presented in this table is an attempt to identify the number of Connecticut children participating in programs receiving state and/or federal subsidies. Data may not be unduplicated. For example, a child who receives Care 4 Kids assistance may be the same child served by Head Start, DSS and SDE programs. Child care providers access various revenues from state and federal sources and are encouraged to develop funding partnerships to support the various services provided at their facilities.

<sup>ii</sup> Unless otherwise noted, all data is for the state fiscal year ending June 30, 2009, and program services were available statewide during the reporting period.

<sup>iii</sup> Federally funded enrollment for federal fiscal year 2008-2009.

<sup>iv</sup> See footnotes on page 5 for towns with state-supported child care programs.

<sup>v</sup> See footnotes on page 6 for towns where school readiness programs are available.

<sup>vi</sup> Available in Bridgeport, Danbury, East Lyme, Greenwich, Groton, Hartford, Meriden, Middletown, New Haven, Norwich, Plainfield, Stamford, Stonington, Trumbull, and West Haven.

<sup>vii</sup> Available in the following priority school districts: Ansonia, Bloomfield, Bridgeport, Bristol, Danbury, East Hartford, Hartford, Meriden, New Britain, New Haven, New London, Norwalk, Stamford, Waterbury, and Windham.

<sup>viii</sup> Available in Bridgeport, Bristol, Danbury, East Hartford, Enfield, Groton, Hartford, Manchester, Meriden, New Britain, New Haven, New London, Norwalk, Norwich, Stamford, Waterbury, and Windham.

<sup>ix</sup> For towns with FRCs, check <http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&q=320772>

Connecticut Department of Social Services  
 Care 4 Kids  
 Child Care Assistance Program



The Department of Social Services (DSS) sponsors Connecticut's child care financial assistance program, which is called Care 4 Kids. The program serves several types of families who have child care needs. Assistance is granted based on available funding.

**Priority Service Categories**

Family circumstances determine the priority service category for each family. A description of the categories follows.

Priority Group #1	Families on the state's temporary family cash assistance (TFA) program that are either working or participating in a mandatory Jobs First Employment Services activity.
Priority Group #2	Working families transitioning off TFA, i.e., families who had been active TFA recipients within the last five years.
Priority Group #3	Teen parents completing high school and not receiving TFA.
Priority Group #4	Non-TFA working families with annual income less than 50% of the state median income. Includes foster/relative care and pre-adoptive families, finalized adoptive families (until the first anniversary of the adoption) and subsidized guardianship families.
Priority Group #5	DCF adoptive families after the first anniversary of the adoption with annual income equal to or greater than 50 % and less than 75 % of the state median income
Priority Group #6	All other working families with income equal to or greater than 50% and less than 75% of the state median income level.

**Certificates**

All families who apply and are found eligible for Care 4 Kids benefits receive a Child Care Certificate for each eligible child. The Certificate notifies the family and the child care provider of the approved payment amount for the child. Child care providers receive invoices at the end of each month. Payments on behalf of the family are made to the provider during the month after child care services are provided. All Care 4 Kids families will have their program eligibility reviewed every six months in a process called Redetermination.

For other general program questions, to request forms or to speak to a case counselor, please call Care 4 Kids at 1-888-214-5437. You can also visit [www.ctcare4kids.com](http://www.ctcare4kids.com) for information or to download forms. The child care assistance program regulations, current program income limits and current program reimbursement rates for child care providers are available through the DSS website at [www.dss.state.ct.us/ccare/ccare.htm](http://www.dss.state.ct.us/ccare/ccare.htm).

Connecticut Department of Social Services  
Care 4 Kids  
Child Care Assistance Program



**FAMILY ELIGIBILITY**

Care 4 Kids (C4K) is Connecticut's public assistance program that helps low to moderate income families meet their child care expenses during the hours that the parents are not available because they are engaged in certain activities.

- Child needing care (under age 13 or under age 19 if the child has special needs)
- Child's minor siblings
- Parents of the child and of the siblings
- Spouses of the parents
- Employment
- Jobs First Employment Services Activities
- High school, if the parent is under age twenty

**Eligibility process:**

- Applications are available by calling the program at 1-888-214-5437 or can be downloaded from [ctcare4kids.com](http://ctcare4kids.com)
- The parent completes the C4K Application and attaches verification of employment. The parent and the child care provider complete the Parent Provider Agreement (pink form). The packet of materials is returned to C4K.
- C4K notifies the family and provider that the application is received.
- C4K reviews the application, requests additional verifications if needed, determines eligibility and benefit level, issues a certificate and notifies the family and provider.
- Every six months, a redetermination packet is mailed to the family to review continuing eligibility. The family completes the packet and returns it to C4K.
- Parents and providers are required to notify C4K of changes that may affect eligibility, such as changes in employment, income, family members, etc.

**Definitions:**

- "Parent" means a person with whom the child resides who is either the child's parent by blood, marriage, adoption or a spouse or former spouse of such individuals, a legal guardian, a caretaker relative under the cash assistance program or other person standing in loco parentis.
- "Jobs First Employment Services Activities" are activities that parents are required to attend as a condition of eligibility for the Temporary Family Assistance (TFA) program, Connecticut's time-limited cash assistance program.

Connecticut Department of Social Services  
Care 4 Kids  
Child Care Assistance Program



**PROVIDER ELIGIBILITY**

Care 4 Kids can pay programs and individuals who are legally providing child care according to state law. These include:

- Child care centers, group day care homes, family day care homes and summer camps that are licensed by the Department of Public Health (DPH). Licensed programs are listed on the DPH web site. 2-1-1 Infoline maintains information on licensed providers and can help families find a provider that meets their needs.
- Organizations that are not required by state law to be licensed, such as child care programs administered by boards of educations, and town recreation departments.
- Unlicensed relatives, as long as care is provided in the home of the child or in the home of the care giving relative.
- Unlicensed, unrelated individuals can be approved if care is provided in the child's home. They can also be approved for care in their own home if caring for the child for less than 3 hours a day. An example of this is school age children being cared for by a neighbor until the parent returns from work.
- NOTE: Background checks are conducted each year on all unlicensed providers. Individuals on the Department of Children and Families (DCF) Child Abuse and Neglect Registry or with a criminal record of certain crimes against persons are not eligible providers.

**A member of the Care 4 Kids family cannot be paid by the program to provide care.**

- The family unit includes, but is not limited to, the child and any of the following individuals living the child's home: the child's siblings, the child and siblings' parents, stepparents, guardians, and the other children, spouses and ex-spouses of such.
- If the parent is a minor and is living with her parents, stepparents or guardians, they are included in the family unit and cannot be paid to provide care.
- Individuals who receive Temporary Family Assistance together, and their spouses, are in the family unit and can not be paid to provide care.
- Other individuals living in the home can be paid for providing care except during the hours of 11:00 PM through 7:00 AM, unless the child is under 3 years old or has special needs.



# Care 4 Kids

(Connecticut's Child Care Assistance Program)

## WEEKLY PROVIDER REIMBURSEMENT RATES

Full-Time Plus Care - 51 to 65 hours/week		Eastern*	North Central*	Northwest*	South Central*	Southwest*
Child Care Centers or Group Child Care Homes or School Operated Programs	Infant/Toddler	229	254	267	280	304
	Pre-School	182	201	212	222	241
	School-Age	162	180	189	199	215
Family Child Care Homes	Infant/Toddler	175	194	204	214	232
	Pre-School	176	195	205	215	233
	School-Age	162	180	189	199	215
Care by a Relative or Care in the Child's Home or Recreational Programs	Infant/Toddler	116	116	116	116	116
	Pre-School	116	116	116	116	116
	School-Age	116	116	116	116	116

Full-Time Care - 35 to 50 hours/week		Eastern*	North Central*	Northwest*	South Central*	Southwest*
Child Care Centers or Group Child Care Homes or School Operated Programs	Infant/Toddler	171	189	199	209	227
	Pre-School	135	150	158	165	179
	School-Age	122	135	142	149	162
Family Child Care Homes	Infant/Toddler	131	145	152	160	173
	Pre-School	131	145	152	160	173
	School-Age	122	135	142	149	162
Care by a Relative or Care in the Child's Home or Recreational Programs	Infant/Toddler	89	89	89	89	89
	Pre-School	89	89	89	89	89
	School-Age	89	89	89	89	89

Half-Time Care - 16 to 34 hours/week		Eastern*	North Central*	Northwest*	South Central*	Southwest*
Child Care Centers or Group Child Care Homes or School Operated Programs	Infant/Toddler	116	129	135	142	154
	Pre-School	93	103	109	114	124
	School-Age	80	89	94	99	107
Family Child Care Homes	Infant/Toddler	89	99	104	109	118
	Pre-School	90	100	105	110	120
	School-Age	80	89	94	99	107
Care by a Relative or Care in the Child's Home or Recreational Programs	Infant/Toddler	53	53	53	53	53
	Pre-School	53	53	53	53	53
	School-Age	53	53	53	53	53

Quarter-Time Care - 1 to 15 hours/week		Eastern*	North Central*	Northwest*	South Central*	Southwest*
Child Care Centers or Group Child Care Homes or School Operated Programs	Infant/Toddler	58	64	68	71	77
	Pre-School	47	52	54	57	62
	School-Age	40	45	47	49	53
Family Child Care Homes	Infant/Toddler	44	49	52	54	59
	Pre-School	45	50	53	55	60
	School-Age	40	45	47	49	53
Care by a Relative or Care in the Child's Home or Recreational Programs	Infant/Toddler	27	27	27	27	27
	Pre-School	27	27	27	27	27
	School-Age	27	27	27	27	27

## TOWNS SERVED BY DSS REGIONS

East Region	North Central Region	Northwest Region	South Central Region	Southwest Region
Ashford	Andover	Barkhamsted	Ansonia	Bridgeport
Bozrah	Avon	Beacon Falls	Bethany	Darien
Brooklyn	Berlin	Bethel	Branford	Easton
Canterbury	Bloomfield	Bethlehem	Chester	Fairfield
Chaplin	Bolton	Bridgewater	Clinton	Greenwich
Colchester	Bristol	Brookfield	Cromwell	Monroe
Columbia	Burlington	Canaan	Deep River	New Canaan
Coventry	Canton	Cheshire	Derby	Norwalk
East Lyme	East Granby	Colebrook	Durham	Stamford
Eastford	East Hartford	Cornwall	East Haddam	Stratford
Franklin	East Windsor	Danbury	East Hampton	Trumbull
Griswold	Ellington	Goshen	East Haven	Weston
Groton	Enfield	Hartland	Essex	Westport
Hampton	Farmington	Harwinton	Guilford	Wilton
Killingly	Glastonbury	Kent	Haddam	
Lebanon	Granby	Litchfield	Hamden	
Ledyard	Hartford	Middlebury	Killingworth	
Lisbon	Hebron	Morris	Lyme	
Mansfield	Manchester	Naugatuck	Madison	
Montville	Marlborough	New Fairfield	Meriden	
New London	New Britain	New Hartford	Middletown	
No Stonington	Newington	New Milford	Middlefield	
Norwich	Plainville	Newtown	Milford	
Plainfield	Plymouth	Norfolk	New Haven	
Pomfret	Rocky Hill	North Canaan	North Branford	
Preston	Simsbury	Oxford	North Haven	
Putnam	Somers	Prospect	Old Lyme	
Salem	Southington	Redding	Old Saybrook	
Scotland	South Windsor	Ridgefield	Orange	
Sprague	Stafford	Roxbury	Portland	
Sterling	Suffield	Salisbury	Seymour	
Stonington	Tolland	Sharon	Shelton	
Thompson	Vernon	Sherman	Wallingford	
Union	West Hartford	Southbury	West Haven	
Voluntown	Wethersfield	Thomaston	Westbrook	
Waterford	Windsor	Torrington	Woodbridge	
Willington	Windsor Locks	Warren		
Windham		Washington		
Woodstock		Waterbury		
		Watertown		
		Winchester		
		Wolcott		
		Woodbury		

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES**  
**care 4 Kids Program**  
**SELECTED ANNUAL STATE MEDIAN INCOME GUIDELINES**

Effective July 1, 2009

Family Size	1	2	3	4	5	6	7	8	9	10	11	12
20% SMI	10,161.63	13,288.29	16,414.94	19,541.60	22,668.26	25,794.91	26,381.16	26,967.41	27,553.66	28,139.90	28,726.15	29,312.40
30% SMI	15,242.45	19,932.43	24,622.42	29,312.40	34,002.38	38,692.37	39,571.74	40,451.11	41,330.48	42,209.86	43,089.23	43,968.60
40% SMI	20,323.26	26,576.58	32,829.89	39,083.20	45,336.51	51,589.82	52,762.32	53,934.82	55,107.31	56,279.81	57,452.30	58,624.80
50% SMI	25,404.08	33,220.72	41,037.36	48,854.00	56,670.64	64,487.28	65,952.90	67,418.52	68,884.14	70,349.76	71,815.38	73,281.00
55% SMI	27,944.49	36,542.79	45,141.10	53,739.40	62,337.70	70,936.01	72,548.19	74,160.37	75,772.55	77,384.74	78,996.92	80,609.10
75% SMI	38,106.12	49,831.08	61,556.04	73,281.00	85,005.96	96,730.92	98,929.35	101,127.78	103,326.21	105,524.64	107,723.07	109,921.50
100% SMI	50,808.16	66,441.44	82,074.72	97,708.00	113,341.28	128,974.56	131,905.80	134,837.04	137,768.28	140,699.52	143,630.76	146,562.00

The family share of the approved cost is a percentage of the assistance unit's gross income:

<u>Family Share</u>	<u>AU Income Range</u>
2%	0% to less than 20% SMI
4%	20% to less than 30% SMI
6%	30% to less than 40% SMI
8%	40% to less than 50% SMI
10%	50% to less than 75% SMI

CCAP-POL-09-01, Issued March 26, 2009

Source: Federal Register Vol. 74, No. 48, 3-14-2009