

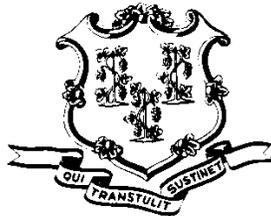
STATE OF CONNECTICUT

Child Poverty and Prevention Council

2014 Progress Report

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

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



Anne Foley, Chair

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I. Executive Summary

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

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

This annual report focuses on three major items: trends in child poverty in Connecticut, state actions that have been taken over the past year to implement Council recommendations and address child poverty. Also, as required by Connecticut General Statutes (C.G.S.) Section 4-67x² the report contains examples of successful interagency collaborations and a report on prevention services administered by state agencies.

A. Trends in Child Poverty in Connecticut

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 Child Poverty and Prevention Council continues to focus its efforts on reducing child poverty both among “very poor” households with income below 100% of the federal poverty level (\$19,530 for a family of three and \$23,550 for a family of four)³ and “poor” households with income below 200% of the federal poverty level (\$39,060 for a family of three and \$47,100 for a family of four).⁴

In 2013, Connecticut’s child poverty rate for “very poor” households with income below 100% of the federal poverty level was 14.5%, a slight decrease from the 2012 child poverty rate of 14.8%. Connecticut’s child poverty rate of 14.5% is substantially below

¹ See Appendix A for council membership

² See Appendix B

³ See <http://aspe.hhs.gov/poverty/13poverty.cfm>

⁴ U.S. Department of Health and Human Services Poverty Guidelines 2013. Annual income amounts calculated by the Office of Policy and Management

the national child poverty rate of 22.2%. Connecticut had the 8th lowest child poverty rate in the nation where child poverty rates range from 10.2% in New Hampshire to 34% in Mississippi.

For “poor” households with income below 200% of the federal poverty level, Connecticut’s child poverty rate in 2013 was 29.9%, an increase from the 2012 child poverty rate of 25.4%. Using this measure, the national child poverty rate is 42.6% and Connecticut had the 2nd lowest child poverty rate of all the states and D.C. where the child poverty rates range from 29.4% in New Hampshire to 57.5% in Arizona.

Child Poverty in Connecticut 2003-2013

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Percent of children under 18 in households with income < 100% of FPL	11.0%	10.5%	11.6%	11.0%	11.1%	12.5%	12.1%	12.8%	14.9%	14.8%	14.5%
State Rank for percentage of children 18 in households with income < 100% of FPL	48	50	46	49	47	42	49	50	45	47	43
Percent of children under 18 in households with income < 200% of FPL	23%	23.9%	25.8%	25.8%	27.5%	26.2%	23.1%	26.8%	30.9%	25.4%	29.9%
State Rank for percentage of children 18 in households with income < 200% of FPL	48	47	48	49	48	50	50	50	47	50	49

In 2013, rates of child poverty in Connecticut continue to vary significantly based on location. The percentage of children living in households with income below 100% of the federal poverty level in Connecticut’s cities with a population over 65,000 was: Bridgeport

(32.7%), Danbury (14.4%), Hartford (47.6%), New Britain (32.0%), New Haven (33.1%), Norwalk (6.9%), Stamford (18.6%) and Waterbury (40.0%)⁵. Racial and ethnic disparities persist. Black and Hispanic children are more likely to live in poverty than white children. According to the Children's Defense Fund, 28.2% of black children and 32.9% of Hispanic children live in poverty as compared to 5.6% of white children⁶. Child poverty rates also vary by family structure as single parent families with related children are more likely to live in poverty than married couples with children. In 2013 the poverty rate for married couple families with related children was 3.7% and the poverty rate for single parent families with related children was 32.2%⁷.

B. State Actions Taken to Address Child Poverty in 2014

The following state actions taken or becoming effective in 2014 to address child poverty are directly related to the Child Poverty and Prevention Council's top three recommendations. The top three recommendations were based on an economic modeling conducted in 2009. These recommendations focus on subsidized housing and nutrition assistance, higher education, particularly Associates Degrees, and child care. The state actions include:

- **State Earned Income Tax Credit (EITC).** In 2011, Connecticut joined 24 other states and the District of Columbia with a state earned income tax credit. For the 2012 tax year (claimed in the 2013 filing season), Connecticut's refundable EITC assisted 186,734 families with a total of \$112,245,946 in benefits. During the 2013 legislative session, the state EITC was reduced from 30% to 25% of the federal credit for the 2013 tax year; however, for the 2014 tax year it will increase to 27.5% and then be restored to 30% for subsequent tax years.
- **Minimum Wage Increase.** During the 2013 legislative session, the minimum wage was increased to \$9.00 through two phased-in increases. Effective January 1, 2014, the hourly minimum wage will increase from \$8.25 to \$8.70. It will then increase to \$9.00 effective January 1, 2015⁸.
- **Affordable Housing.** Developing and rehabilitating our state's affordable housing stock is crucial to increasing the affordable housing options for workers, young professionals, and low-income families. The FY 2013 state budget authorized \$50 million in FY 2012 and an additional \$70 million in FY 2013 for a total of \$120 million in capital funds to revitalize and develop new units of affordable housing across the state. The FY 2015 state budget authorized an additional \$136 million in capital funding over the biennium (approximately \$70 million in each fiscal year).

⁵ U.S. Census Bureau, 2013 American Community Survey Chart S1701

⁶ Children's Defense Fund; Child Poverty in America 2013: State Analysis, September 29, 2014

⁷ U.S. Census Bureau, 2013 American Community Survey Chart S1702

⁸ PA 13-117 An Act Increasing the Minimum Fair Wage

- Supportive Housing.** Supportive housing is a successful and cost-effective approach to addressing homelessness by creating permanent affordable housing with services. The FY 2013 state budget authorized \$30 million in capital funding for 150 new units of supportive housing, coupled with an annualized \$2.6 million for operating and support services. An annualized \$1.5 million (\$375,000 beginning in April 2013) was also included to support an additional 150 Rental Assistance Program (RAP) certificates for scattered site supportive housing. The FY 2015 state budget built on these investments by authorizing an additional \$20 million to develop 100 new units of supportive housing targeting families involved in the child welfare system with an annualized \$1 million for rental assistance subsidies and \$1 million for services. Additionally, legislation⁹ in 2013 authorized the Department of Social Services (DSS), Department of Mental Health and Addition Services (DMHAS), Department of Correction (DOC), Office of Policy and Management (OPM), and Court Support Service Division (CSSD) to develop a plan to provide supportive housing services, including housing rental subsidies, during FY 2014 and FY 2015 for an additional 160 individuals and families who frequently use expensive state services.
- Early Childhood System.** Public Act 14-39¹⁰ established the Office of Early Childhood (OEC) to provide a comprehensive, collaborative system for delivering improved program and services to children age zero to five and their parents. Previously, this office existed under PA 13-184¹¹ and Executive Order No. 35 (June 24, 2013).
- School Readiness Expansion.** The 2014-2015 state budget authorized \$11.5 million to OEC for 1,020 additional pre-kindergarten (Pre-K) spaces for low income children in Priority, Alliance and Competitive School Districts.¹² This expansion is part of a five year plan to incrementally increase the capacity of the school readiness program to serve a total of 4,010 additional children by the end of 2019. Access to additional Pre-K spaces will be phased-in and low-income children ages 3 and 4 will be given first priority to fill the additional spaces. An additional \$1.275 million¹³ is included in OEC's budget for startup costs for additional Pre-K seats in school readiness programs.

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

¹⁰ §4, PA 14-39, An Act Establishing the Office of Early Childhood, Expanding Opportunities for Early Childhood Education and Concerning Dyslexia and Special Education

¹¹ PA 13-184 An Act Concerning Expenditures and Revenue for the Biennium Ending June 30, 2015

¹² PA 14-39, An Act Establishing the Office of Early Childhood, Expanding Opportunities for Early Childhood Education and Concerning Dyslexia and Special Education and PA §17,14-47, An Act Making Adjustments to State Expenditures and Revenues for the Fiscal Year Ending June 30, 2015

¹³IBID.

- **Universal Pre-Kindergarten Grants.** OEC allocated \$600,000 for School Readiness Quality Enhancement funding for pre-kindergarten planning grants at the district and regional level for fiscal year 2015. The purpose of the grants is to provide funding for programs that focus on education and early care that address quality standards and/or expand comprehensive services for children and families. OEC is in the planning phase of this project.
- **Baby CHET Scholars Program.** Public Act 14-217¹⁴ established this program, which builds on the success of the state's 529 college savings plan, the Connecticut Higher Education Trust (CHET). The CHET Baby Scholars program is capitalized with \$4.4 million from a portion of the assets of the defunct Connecticut Student Loan Foundation and potential contributions from taxpayers through an income tax check-off. The program provides a one-time incentive of \$100 to families of Connecticut children who open a CHET 529 savings account by the child's first birthday, or within a year after adoption. Families who make an additional contribution of \$150 within four years of the child's first birthday or adoption will receive a one-time match of \$150. If this investment is done in the child's first year of life, a \$400 total contribution in an interest-bearing CHET account could grow to \$1,350 by the time the child reaches age 18 and is ready to pursue higher education.
- **Next Generation Connecticut.** This initiative expands the educational opportunities, research, and innovation in the science, technology, engineering, and math (STEM) disciplines over the next decade, by authorizing \$1.5 billion in bond funds, and operating support of \$15 million beginning in FY 2015 to:
 - Hire 259 new faculty (of which 200 will be in STEM);
 - Enroll an additional 6,580 talented undergraduate students;
 - Build STEM facilities to house materials science, physics, biology, engineering, cognitive science, genomics, and related disciplines;
 - Construct new STEM teaching laboratories;
 - Create a premier STEM honors program;
 - Upgrade aging infrastructure to accommodate new faculty and students;
 - Expand digital media and risk management degree programs and provide student housing in Stamford; and
 - Relocate UConn's Greater Hartford Campus to downtown Hartford.

¹⁴ §§ 27-34, PA 14-217, An Act Implementing Provisions of the State Budget for the Fiscal Year Ending June 30, 2015

- **Governor's Scholarship Program.** Administered through the Office of Higher Education, this program provides \$43.6 million in FY 2015 for need and merit based student financial aid for college students attending both public and private institutions of higher education in the state, by consolidating four financial aid programs. For FY 2014, the Governor's Scholarship Program provided funding to 19,789 Connecticut students attending state colleges and universities.

II. Background

The purpose of the Child Poverty and Prevention Council¹⁵ is to:

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

This annual report focuses on three major items: trends in child poverty in Connecticut, state actions that have been taken over the past year to address child poverty, and future actions of the Child Poverty and Prevention Council. Also, as required by statute, the report also contains examples of successful interagency collaborations and a report on prevention services.

A. Child Poverty and Prevention Council

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

The legislation required that the Council consist of the following members or their designees: the Secretary of the Office of Policy and Management; the President Pro Tempore of the Senate; the Speaker of the House of Representatives; the Minority Leader of the Senate and the Minority Leader of the House of Representatives; Commissioners of the Department of Children and Families, Education, Higher Education, Labor, Mental Health and Addiction Services, Developmental Services, Public Health, Social Services, Corrections, Transportation, Economic and Community Development, Health Care Access; the Child Advocate, the chair of the State Prevention Council, the Executive Director of the Children's Trust Fund, the Executive Director of Human Rights and Opportunities and the Executive Director of the Commission on Children. In 2006, the Chief Court Administrator was added to the Council.

In its first year, the Council engaged in numerous strategies to gather the appropriate data to assist in the formation of its recommendations and presented its first report to

¹⁵ See Appendix B for statutory authority

the Governor and legislature in January 2005. 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. The Council's annual implementation reports to the legislative committees included progress made toward meeting this goal. The Council continued its work to develop strategies to implement, monitor and report on the implementation of the recommendations.

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

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

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

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

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

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

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

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

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

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

At the January 2008 meeting, the Council considered the expert advice and adopted 12 priority recommendations for action and two process recommendations. The Council's priority recommendations were grouped into five major categories: Family Income and Earnings Potential; Education; Income Safety Net; Family Structure and Support; and Process Recommendations.

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

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

- Develop and promote policies, practices and procedures that (1) mitigate the long-term impact of economic recessions on children; (2) provide appropriate assistance and resources to families to minimize the number of children who enter poverty as a result of the recession; and (3) reduce human and fiscal costs of recessions, including foreclosures, child hunger, family violence, school failure, youth runaways, homelessness, child abuse and neglect.

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

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

Statutorily, the subcommittee is required to meet quarterly if the unemployment rate of the state, as reported by the Department of Labor, is eight percent (8%) or greater for the preceding three months. Connecticut's unemployment rate for the period of January 2014 – October 2014 (latest data available) was below 8%. For the last three months, August 2014 – October 2014, the unemployment rate was slightly over 6%. As a result the subcommittee did not meet in 2014.

In 2014, the legislature enacted Public Act 14-132, An Act Concerning the Child Poverty and Prevention Council. This act made the commissioners of Housing, Agriculture and

the Office of Early Childhood, or their designee members of the Child Poverty and Prevention Council. The public act also requires each state agency that provides prevention services to children submit a prevention report to the Joint Standing Committee of the General Assembly on Appropriations, Children, and Human Services by November first of each year from 2015 to 2020.

III. Council Recommendations

The Child Poverty and Prevention Council webpage, which contains the 2005 Initial Child Poverty Plan and the subsequent Progress Reports (2006-2014), along with meeting agendas and minutes, is on the Office of Policy and Management home page. The website address is:

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

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

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

Findings

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

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

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

programs. Across the board, the least effective recommendation among those modeled is case management for people who have left the TANF program.

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

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

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

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

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

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

COUNCIL RECOMMENDATIONS

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

1. EARNED INCOME TAX CREDIT: Maximize the benefits of the federal and the state Earned Income Tax Credit (EITC). (COUNCIL PRIORITY RECOMMENDATION)

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

teacher unions, parent groups, and advocates on how to reduce remedial education needs for high school graduates. This data should be collected and distributed every two years.

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

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

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

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

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

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

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

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

6. HOMELESSNESS:

Keep children out of homeless shelters.

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

EDUCATION:

7. EARLY CHILDHOOD EDUCATION:

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

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

8. YOUTH DROPOUT PREVENTION

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

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

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

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

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

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

INCOME SAFETY NET:

9. SUPPORT FOR YOUNG MOTHERS ON TFA:

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

10. ENHANCE ACCESS TO SUPPLEMENTAL NUTRITION PROGRAM:

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

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

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

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

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

FAMILY STRUCTURE AND SUPPORT

11. REDUCE TEEN PREGNANCY

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

12. CASE MANAGEMENT FOR EMPLOYMENT-RELATED SERVICES

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

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

PROCESS RECOMMENDATIONS:

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

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

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

14. COORDINATION AND SYSTEMS

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

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

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

IV. Progress Report

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

A. Trends in Child Poverty in Connecticut

The Council's child poverty goal is to reduce poverty among children in Connecticut by 50% over ten years. When the Council's ten-year plan was released in 2005, the most up-to-date figures on child poverty were based on 2003 census figures. Currently, the most recent figures are based on 2013 census data. The Council continues to focus on reducing child poverty both among "very poor" households with income below 100% of the federal poverty level (\$19,530 for a family of three and \$23,550 for a family of four in 2013)¹⁶ and "poor" households with income below 200% of the federal poverty level (\$39,060 for a family of three and \$ 47,100 for a family of four in 2013)¹⁷. 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 "very poor" 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. ACS now has the capability to produce data on families with income below 200% of the federal poverty level. However, for consistency the Council will continue to use the CPS data to measure the number of children living in families with income below 200% of the federal poverty level.

¹⁶See <http://aspe.hhs.gov/poverty/13poverty.cfm>;

¹⁷ Source: U.S. Department of Health and Human Services Poverty Guideline 2013. Annual amount calculated by the Office of Policy and Management

In 2013, Connecticut’s child poverty rate for “very poor” households with income below 100% of the federal poverty level was 14.5%, a slight decrease from the 2012 child poverty rate of 14.8%. Connecticut’s child poverty rate of 14.5% remains substantially below the national child poverty rate of 22.2%. Connecticut had the 8th lowest child poverty rate in the nation where child poverty rates range from 10.2% in New Hampshire to 34.0% in Mississippi.

For “poor” households with income below 200% of the federal poverty level, Connecticut’s child poverty rate in 2013 was 29.9% which represents an increase over the previous year’s rate of 25.4%. Using this measure the national child poverty rate is 42.6% and Connecticut had the 2nd lowest child poverty rate of all the states and D.C. where child poverty rates range from 29.4 in New Hampshire to 57.5% in Arizona.

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

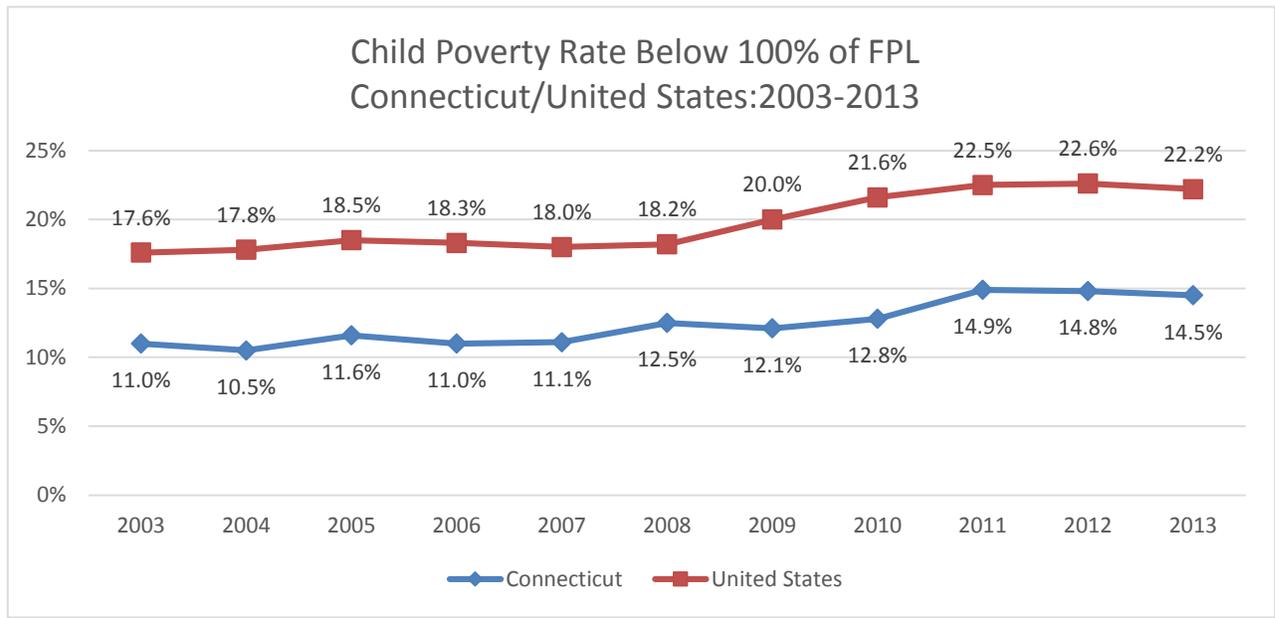
**Children Poverty in Connecticut and United States
2003-2013**

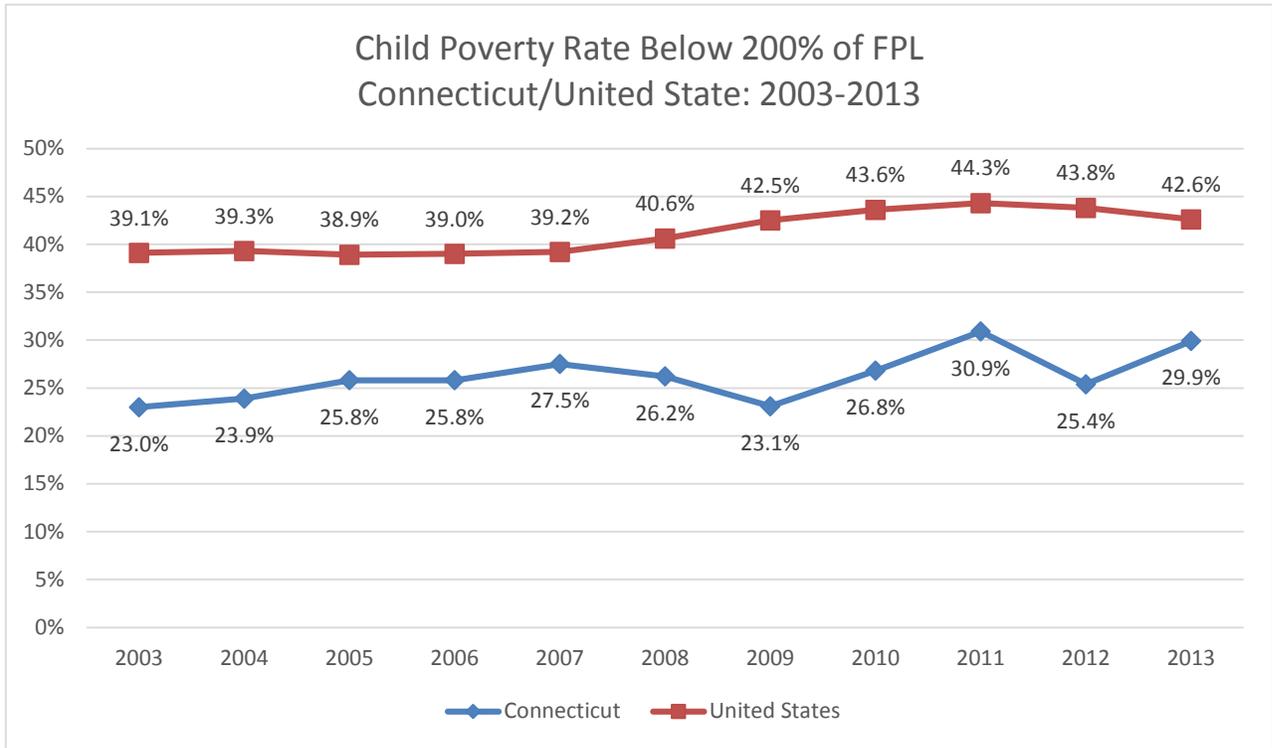
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Percent of children under 18	11.0%	10.5%	11.6%	11.0%	11.1%	12.5%	12.1%	12.8%	14.9%	14.8%	14.5%
Percentage of children under 18 United States	17.6%	17.8%	18.5%	18.3%	18.0%	18.2%	20.0%	21.6%	22.5%	22.6%	22.2%
Connecticut rank among states	48	50	46	49	47	42	49	50	45	47	43

**All “Low Income” Children in Connecticut and United States
Households with Income Under 200% of the Federal Poverty Level
2003-2013**

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Percentage of children under 18	23.0%	23.9%	25.8%	25.8%	27.5%	26.2%	23.1%	26.8%	30.9%	25.4%	29.9%
Percentage of children under 18 United States	39.1%	39.3%	38.9%	39.0%	39.2%	40.6%	42.5%	43.6%	44.3%	43.8%	42.6%
Connecticut rank among states	48	47	48	49	48	50	50	50	47	50	49

The charts below depict child poverty rates of children living below 100% and 200% of the federal poverty levels in Connecticut and the United States from 2003-2013.

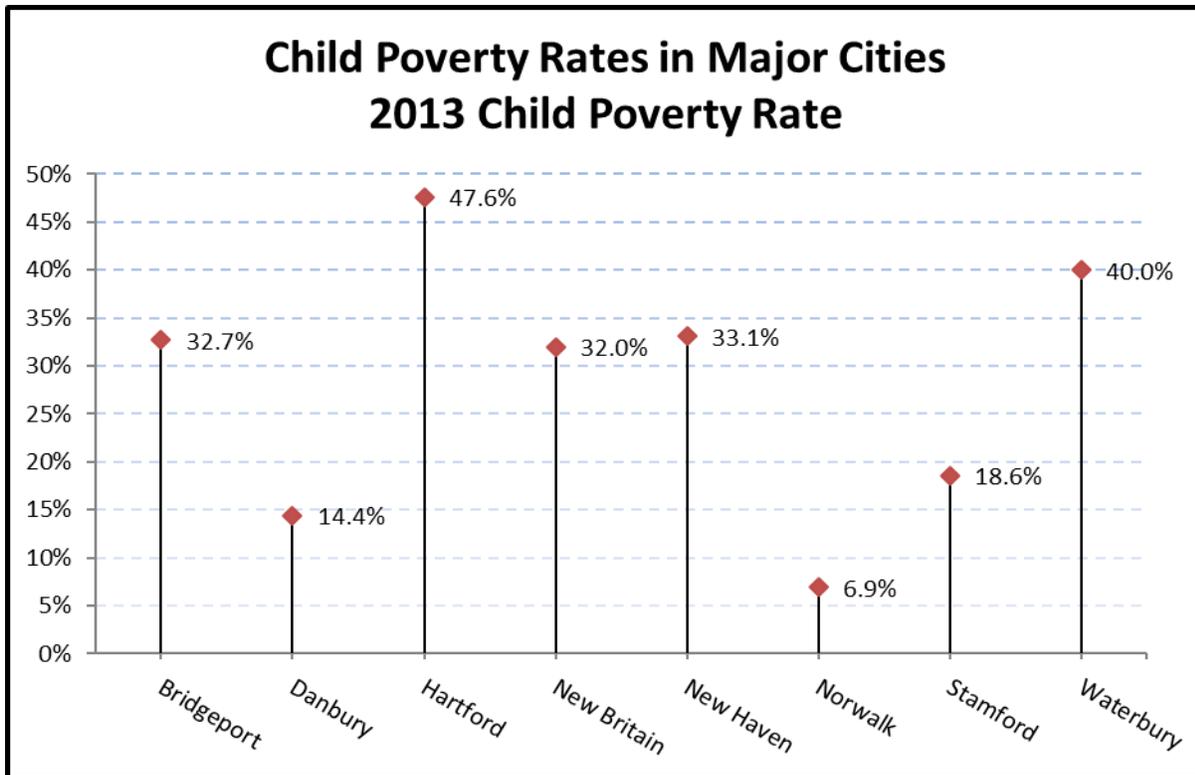




In 2013, rates of child poverty in Connecticut continue to vary significantly based on location. The percentage of children living in poverty in Connecticut’s cities with a population over 65,000 was: Bridgeport (32.7%), Danbury (14.4%), Hartford (47.6%), New Britain (32.0%), New Haven (33.1%), Norwalk (6.9%), Stamford (18.6%) and Waterbury (40.0%)¹⁸. Child poverty rates also vary by family structure as single parent families with related children are more likely to live in poverty than married couples with children. In 2013 the poverty rate for married couple families with related children was 3.7% and the poverty rate for single parent families with related children was 32.2%¹⁹. The chart on the following page illustrates the disproportionate impact of poverty on children based on location.

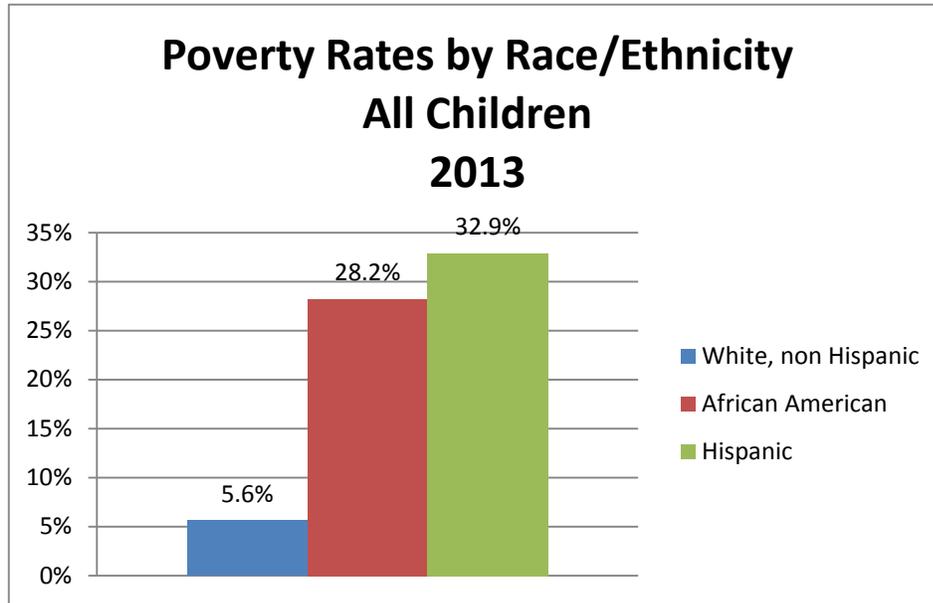
¹⁸ U.S. Census Bureau, 2013 American Community Survey Chart S1701

¹⁹ U.S. Census Bureau, 2013 American Community Survey Chart S1702



Racial and ethnic disparities persist Black and Hispanic children are more likely to live in poverty than white children. According the Children’s Defense Fund, 28.2% of black children and 32.9% of Hispanic children live in poverty as compared to 5.6% of white children²⁰. The chart on the following page illustrates the disproportionate impact of poverty on some of the state’s children.

²⁰ Children’s Defense Fund; Child Poverty in America 2013: State Analysis, September 29, 2014



B. Implementation of the Plan and State Actions in Conformity

Included below are the Council’s priority recommendations and a synopsis of state actions taken or becoming effective in 2014 to address child poverty. Since taking office in January 2011, Governor Malloy has undertaken a comprehensive array of reforms that will likely result in a reduction in child poverty over the coming years.

FAMILY INCOME AND EARNINGS POTENTIAL:

- **State Earned Income Tax Credit (EITC).** The EITC was implemented for the first time for the 2011 tax year. For the 2012 tax year (claimed in the 2013 filing season), Connecticut’s refundable EITC assisted 186,734 families with a total of \$112,245,946 in benefits. During the 2013 legislative session, the state EITC was reduced from 30% to 25% of the federal credit for the 2013 tax year; however, for the 2014 tax year it will increase to 27.5% and then be restored to 30% for subsequent tax years.
- **Minimum Wage Increase.** During the 2013 legislative session, the minimum wage was increased to \$9.00 through two phased-in increases. Effective January 1, 2014, the hourly minimum wage will increase from \$8.25 to \$8.70. It will then increase to \$9.00 effective January 1, 2015²¹.
- **Asset Building.** The Individual Development Account (IDA) program is a special matching savings account designed to help low-income individuals and families save money to purchase assets. The state contributes a maximum of \$2 for every \$1

²¹ PA 13-117, An Act Increasing the Minimum Fair Wage

a participant contributes with a maximum of \$3,000 per participant. Legislation passed in 2013²² allows money saved in IDAs to be used for a variety of specified purposes, instead of limiting it to only one, as under prior law. Since the program began in 2000, a total of \$5,419,363 has been allocated to provide 962 IDAs statewide, resulting in more than 407 asset purchases to date.

HOUSING AND HOMELESSNESS PREVENTION:

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

- **Affordable Housing.** Developing and rehabilitating our state's affordable housing stock is crucial to increasing the affordable housing options for workers, young professionals, and low-income families. The FY 2013 state budget authorized \$50 million in FY 2012 and an additional \$70 million in FY 2013 for a total of \$120 million in capital funds to revitalize and develop new units of affordable housing across the state. The FY 2015 state budget authorized an additional \$136 million in capital funding over the biennium (approximately \$70 million in each fiscal year).
- **Public Housing Revitalization.** The state budget authorized \$90 million in bonding (\$30 million in each year FY13-15) as the first three years of a ten year commitment of \$300 million to preserve and upgrade this housing, bringing deteriorated and vacant units back on line. Funding is supported with an additional \$1.5 million each year for 150 new RAPs to ensure an adequate ongoing revenue stream to prevent future deterioration. Several properties have already been redeveloped under this initiative and many more are in different stages of construction following the State-Sponsored Housing Portfolio Capital Plan, which outlines the plan to revitalize more than 340 properties over 10 years.
- **Incentive Housing Zones.** \$1 million in the current biennium budget was added to the \$2 million from the last biennium budget for financial incentive payments to help municipalities plan for and create mixed-income housing that is critical to attracting and retaining young professionals, working families, retirees, and people in public service jobs. Legislative changes to the program facilitated the ability to manage limited funds and ensure that funding is targeted to those municipalities that are taking steps to develop affordable housing for their residents. Since 2008, 69

²²§§ 1 & 2, PA 13-140, An Act Concerning Technical and Other Changes to the Labor Department Statutes

municipalities have received grants for planning for or creating these zones. 9 municipalities have adopted incentive housing zones and several more are in the process of adoption. Municipalities receive \$20,000 for zone adoptions and Old Saybrook received a building permit payment of \$15,000 for construction in their zone.

- **Rapid Re-Housing.** Rapid Re-Housing is short-term financial assistance and services such as case management, outreach, and housing search assistance for individuals and families who are in emergency shelters or on the streets and need temporary assistance in order to obtain and retain housing. The General Assembly included funding in the FY 2015 state budget, but repurposed it exclusively for rapid re-housing activities and homeless prevention in Southeastern Connecticut, through the Norwich/New London Continuum of Care. The FY2015 adjusted budget included another \$650,000 for rapid re-housing through carry forward funding from FY 2014.
- **Establishment of the Department of Housing.** Governor Malloy created the new Department of Housing (DOH) to consolidate and streamline widely dispersed state housing functions in a single agency. DOH provides leadership for the state's housing policy issues and develop strategies to encourage the provision of housing in the state, including housing for very low, low, and moderate income families.
- **Supportive Housing.** Supportive housing is a successful and cost-effective approach to addressing homelessness by creating permanent affordable housing with services. The FY 2013 state budget authorized \$30 million in capital funding for 150 new units of supportive housing, coupled with an annualized \$2.6 million for operating and support services. An annualized \$1.5 million (\$375,000 beginning in April 2013) was also included to support an additional 150 Rental Assistance Program (RAP) certificates for scattered site supportive housing. The FY 2015 state budget built on these investments by authorizing an additional \$20 million to develop 100 new units of supportive housing – targeting families involved in the child welfare system -- with an annualized \$1 million for rental assistance subsidies and \$1 million for services. Additionally, legislation²³ in 2013 authorized Department of Social Services (DSS), Department of Mental Health and Addition Services (DMHAS), Department of Correction (DOC), Office of Policy and Management (OPM), and Court Support Service Division (CSSD) to develop a plan to provide supportive housing services, including housing rental subsidies, during FY 2014 and FY 2015 for an additional 160 individuals and families who frequently use expensive state services.

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

- **Greater New Haven Behavioral Health Collaborative.** The 2014-2015 state budget allocated \$2 million to replace the loss of federal Substance Abuse and Mental Health Services Administration (SAMHSA) funding to DMHAS for housing and support services for individuals housed in Permanent Supportive Housing programs. Participants receive individualized services based on need and support services such as employment, expedited referral to Social Security benefits, case management, independent living skills training, peer support, increased access and referral to medical and dental services, smoking cessation, budgeting, tenancy issues, in-home clinical supports and referral to out-patient clinical supports.
- **Department of Children and Families (DCF) Family Reunification RAPS.** The 2014-2015 state budget transferred \$1 million (\$500,000 in each fiscal year) from DCF to the new DOH to support 50 new RAPS for DCF families seeking to be reunified with their children in the care and custody of DCF.
- **Scattered Site Supportive Housing.** The 2015 state budget authorized \$1.1 million to support 110 new RAP certificates to be administered through the DOH. RAP is the major state-supported program for assisting very low income families to afford decent, safe, and sanitary housing in the private market. Participants find their own housing, including apartments, townhouses, and single-family homes. An additional \$1.1 million is allocated to DMHAS to support wrap around services for individual living in the scatter housing units. Services are individualized based on the level of need of the client and include support services such as case management, independent living skills training, peer support, and budgeting, tenancy issues and referrals to clinical supports.
- **DCF Homeless Youth Program.** Public Act 10-179²⁴ established a program within DCF for youth who are at risk of becoming homeless. The FY 2015 state budget includes an additional \$1 million to expand DCF's Homeless Youth Program, which is designed to provide transitional living services to youth who are homeless or at risk of becoming homeless. The program provides: respite housing; host homes; family mediation; street outreach; crisis housing services; and survival aides to youth. Additional funding allows DCF to serve youth not associated with the department; increase the age for eligible youth from 18-24 to 16-24 and doubles the capacity from 35 youth to 75 youth. DCF will provide \$50,000 to the Connecticut Coalition to End Homelessness to conduct a Homeless Youth Count in 2015. Connecticut will be the first state to engage in a statewide effort to count the number of homeless youth.
- **Housing Assistance Fund.** The FY 2015 state budget authorized \$1 million in funding for the Housing Assistance Fund (HAF). The HAF provides rental

²⁴ § 28-30, PA 10-179, An Act Making Adjustments to State Expenditures for the Fiscal Year Ending Jun 30,2011

assistance and security deposit loans to persons with psychiatric disorders until permanent affordable housing becomes available. DMHAS currently funds 16 private non-profit agencies throughout Connecticut to provide rental subsidies and security deposit loans. In FY 2014, approximately 400 individuals and families received a HAF subsidy.

EARLY CHILDHOOD EDUCATION:

- **Early Childhood System.** Public Act 14-39²⁵ established the Office of Early Childhood (OEC) to provide a comprehensive, collaborative system for delivering improved program and services to children age zero to five and their parents. Previously, this office existed under PA 13-184²⁶ and Executive Order No. 35 (June 24, 2013).
- **School Readiness.** The 2014-2015 state budget authorized \$11.5 million to OEC for 1,020 additional pre-kindergarten (Pre-K) spaces for low income children in Priority, Alliance and Competitive School Districts.²⁷ This expansion is part of a five year plan to incrementally increase the capacity of the school readiness program to serve a total of 4,010 additional children by the end of 2019. Access to additional Pre-K spaces will be phased-in and low-income children ages 3 and 4 will be given first priority to fill the additional spaces. An additional \$1.275 million²⁸ is included in OEC's budget for startup costs for additional pre-K seats in school readiness programs.
- **Universal Pre-Kindergarten.** OEC allocated \$600,000 for School Readiness Quality Enhancement funding for pre-kindergarten planning grants at the district and regional level for fiscal year 2015. The purpose of the grants is to provide funding for programs that focus on education and early care that address quality standards and/or expand comprehensive services for children and families. OEC is in the planning phase of this project.
- **Safe School Climates.** Public Act 14-172²⁹, allows OEC to offer a competitive grant, in collaboration with the Department of Education, for up to three Alliance School Districts to develop and implement a strategy to promote the social and emotional

²⁵ §4, PA 14-39, An Act Establishing the Office of Early Childhood, Expanding Opportunities for Early Childhood Education and Concerning Dyslexia and Special Education

²⁶ PA 13-184 An Act Concerning Expenditures and Revenue for the Biennium Ending June 30, 2015

²⁷ PA 14-39, An Act Establishing the Office of Early Childhood, Expanding Opportunities for Early Childhood Education and Concerning Dyslexia and Special Education and PA §17,14-47, An Act Making Adjustments to State Expenditures and Revenues for the Fiscal Year Ending June 30, 2015

²⁸IBID.

²⁹ PA 14-172, An Act Concerning Improving Employment Opportunities Through Education and Ensuring Safe School Climates

well-being and health of children age three to third grade. The program will focus on instructional tools and family engagement. Funds may come from public, private, federal or philanthropic sources.

- **Access to Pre-School Programs for DCF Children.** Public Act 14-1-22³⁰, requires DCF, in consultation with the OEC, to adopt policies and procedures that maximize enrollment of children, who are placed in out-of home care by DCF, in eligible preschool programs. A workgroup has been established to address the requirements of this legislation.
- **Smart Start Program.** Public Act 14-41³¹, requires OEC, in consultation with the DOE, to design and administer the Connecticut Smart Start competitive grant program for local and regional boards of education to establish or expand preschool programs. The program must provide grants for capital and operating expenses. The act requires OEC to give preference to programs serving children from low-income families who live in towns with unmet preschool needs. This is a ten year initiative totaling \$205 million. For each year, \$10 million is for capital improvement bonds to renovate existing public school classrooms and \$10 million in operating expenses.
- **Two-Generational School Readiness Plan.** Public Act 14-217³², requires the Commission on Children to develop a two-generational school readiness plan to promote long-term learning and economic success for low-income families by addressing intergenerational barriers to school readiness and workforce readiness with high-quality preschool, intensified workforce training and targeted education, coupled with related support services. The plan must include recommendations for: (1) promoting and prioritizing access to high-quality early childhood programs for children ages birth to five years who are living at or below one hundred eighty-five per cent of the federal poverty level; (2) providing the parents of such children with (A) the opportunity to acquire their high school diplomas, (B) adult education, and (C) technical skills to increase their employability and sustainable employment; and (3) funding for implementation of the plan, including, but not limited to, use of the temporary assistance for needy families program and other federal, state and private funding. A report on the plan must be submitted to the legislative committees on children, education, workforce development and appropriations by December 1, 2014.

³⁰ PA 14-22, An Act Concerning Access to Preschool Programs in the Care of the Department of Children and Families

³¹ PA 14-41, An Act Establishing the Smart Start Program

³² §198, PA 14-217, An Act Implementing the Provisions of the State Budget for Fiscal Year Ending June 30, 2015.

- **Achievement Gap Task Force.** Public Act 11-85³³ established an Achievement Gap Task Force to address the academic achievement gaps in Connecticut by considering effective approaches to closing the achievement gaps in elementary, middle and high schools. An Interagency Council on Ending the Achievement Gap was created and in 2014, a draft master plan to eliminate the achievement gap was developed to: (1) identify the achievement gaps that exist among and between cohorts; (2) focus efforts on closing the achievement gaps; and (3) establish annual benchmarks for implementation of the master plan. Each member state agency has identified critical first steps in implementing portions of the plan.
- **After-School Programming.** The 2014-2015 state budget authorized \$4.5 million to support 26 after-school programs, serving 4,421 children throughout the State.

HIGHER EDUCATION/WORKFORCE DEVELOPMENT:

- **Transform CSCU 2020.** This is a long-term, multi-phase initiative to improve the student experience by uniting 17 colleges and universities within the Board of Regents. The 2014-2015 state budget authorized \$42 million for:
 - **Developmental Education.** \$10.8 million to continue support of development programs and implementation of best practices to ensure that all students enrolled in the Board of Regents' colleges and universities have the support needed to succeed.
 - **Go Back to Get Ahead Program** \$6 million to support Connecticut residents previously enrolled in college, but have not completed a degree. Eligible students may receive up to three free courses in pursuit of a college degree at state universities and colleges.
 - **Early College Experience.** \$1million to provide planning funds to allow high school students to earn college credits and experience high-tech disciplines in preparation for the 21st century.
 - **Operations and Tuition Support.**-\$24.2 million allows the Board of Regents to maintain tuition costs at a reasonable level for the 2014-2015 academic year.
- **Baby CHET Scholars Program.** Public Act 14-217³⁴ established this program, which builds on the success of the state's 529 college savings plan, the Connecticut Higher Education Trust (CHET). The CHET Baby Scholars program is capitalized with \$4.4 million from a portion of the assets of the defunct Connecticut Student Loan Foundation and potential contributions from taxpayers through an income tax check-off. The program provides a one-time incentive of \$100 to families of

³³ PA 11-85, An Act Closing the Academic Gap

³⁴ §§ 27-34, PA 14-217, An Act Implementing Provisions of the State Budget for the Fiscal Year Ending June 30, 2015

Connecticut children who open a CHET 529 savings account by the child's first birthday, or within a year after adoption. Families who make an additional contribution of \$150 within four years of the child's first birthday or adoption will receive a one-time match of \$150. If this investment is done in the child's first year of life, a \$400 total contribution in an interest-bearing CHET account could grow to \$1,350 by the time the child reaches age 18 and is ready to pursue higher education.

- **Next Generation Connecticut.** This initiative expands the educational opportunities, research, and innovation in the science, technology, engineering, and math (STEM) disciplines over the next decade, by authorizing \$1.5 billion in bond funds, and operating support of \$15 million beginning in FY 2015 to:
 - Hire 259 new faculty (of which 200 will be in STEM);
 - Enroll an additional 6,580 talented undergraduate students;
 - Build STEM facilities to house materials science, physics, biology, engineering, cognitive science, genomics, and related disciplines;
 - Construct new STEM teaching laboratories;
 - Create a premier STEM honors program;
 - Upgrade aging infrastructure to accommodate new faculty and students;
 - Expand digital media and risk management degree programs and provide student housing in Stamford; and
 - Relocate UConn's Greater Hartford Campus to downtown Hartford.

- **Subsidized Training and Employment Program (STEP-UP).** Public Act 14-98³⁵ authorized \$10 million in additional funding for the STEP-UP program. STEP-Up provides wage and training subsidies to employers that hire an unemployed jobseeker. The program, administered by the CT Department of Labor and the state's five Workforce Investment Boards, helps small businesses hire employees and expand their workforce. Step-Up features two types of hiring incentives: (1) a wage subsidy, which helps pay a new employee's salary (up to \$12,000) for the first six months of employment and (2) a training grant that provides employers up to \$12,500 over 180-day period to train a new employee.

- **Developmental/ Remedial Education.** In 2012, legislation passed directing public community colleges and state universities to reconfigure how remedial/ developmental education is delivered. It also required public high schools to align

³⁵ §9 (c), PA 14-98, An Act Authorizing and Adjusting Bonds of the State For Capital Improvements, Transportation and Other Purposes, and Concerning Miscellaneous Program, Including The Smart Program, The Water Improvement System Program, School Security Grants, The Regenerative Medicine Research Fund, The Connecticut Manufacturing Innovation Fund and the Board of Regents For Higher Education Infrastructure Act.

their curriculum as described by the Common Core State Standards to ensure that graduates are ready for college level work. The 2014-2015 state budget authorized \$10 million for colleges to partner with adult education providers to deliver the lowest level of developmental education and related student support services. The program is currently in the first semester of implementation across the Connecticut State Colleges and Universities system.

- **Governor's Scholarship Program.** Administered through the Office of Higher Education, this program \$43.6 million in FY 2015 for need and merit based student financial aid for college students attending both public and private institutions of higher education in the state, by consolidating four financial aid programs. For FY 2014, the Governor's Scholarship Program provided funding to 19,789 Connecticut students attending state colleges and universities.
- **Incumbent Worker Training Program.** Public Act 13-140³⁶ combined the Twenty-First Century Program previously administered by DOL, with the Incumbent Worker Training Program, administered by the Workforce Investment Boards, into one program. In FY 2014, DOL expended about \$700,000 in Incumbent Worker training funds for 2,061 employees and contracted with 88 Connecticut employers. While the legislation governing the Incumbent Worker Training required that a minimum of 50% of the funds go to new employers, DOL surpassed the requirement with 81%.
- **Small Business Express Program.** C.G.S. Section 32-7g requires DECD to provide small businesses with various forms of financial assistance, using a streamlined application process to expedite assistance. Priority for available funding is given to those eligible applicants who (1) are creating new jobs and (2) are within Connecticut's economic base industries, including, but not limited to: precision manufacturing, business services, green and sustainable technology, bioscience, and information technology sectors. As of December 2014, 1,220 businesses received financial assistance; \$60 million private investments were leveraged; over \$173 million state investments; 4,542 jobs created and 12,791 jobs retained.

INCOME SAFETY NET

Case Management for Employment Related Services. Jobs First Employment Services (JFES) serves families receiving state cash assistance, Temporary Family Assistance (TFA), through a partnership with DSS, DOL and the Workforce Investment Boards. In 2014, over 15,000 participants received employment services such as job search assistance; vocational education; adult basic education; subsidized employment; case

³⁶ PA 13-140, An Act Concerning Technical and Other Changes To The Labor Department Statutes

management; and transportation benefits. Childcare subsidies are also provided to participants by the OEC.

ENHANCE ACCESS TO SUPPLEMENTAL NUTRITION PROGRAM

Supplemental Nutrition Assistance Program (SNAP). SNAP, formerly Food Stamps, provides monthly benefits to help eligible families and individuals afford food purchases. Benefits are provided electronically, enabling clients to use a debit-type swipe card at food markets for federally approved purchases. The general income limit is 185% of the federal poverty level.

As a result of a technical change included in the federal Farm bill signed into law on February 7, 2014, nearly 50,000 Connecticut households were at risk of losing vital food benefits through the SNAP program. The change included a provision that required households to receive a Low Income Home Energy Assistance Program (LIHEAP) benefit greater than \$20 in order to automatically qualify for the Standard Utility Allowance under SNAP. In response to this federal change, Governor Malloy took decisive action to protect these families. By directing the expenditure of \$1.4 million in available federal energy assistance funding, the Governor was able to preserve approximately \$66.6 million annually in SNAP benefits for these needy households.

FAMILY STRUCTURE AND SUPPORT

Teenage Pregnancy Prevention Initiative, designed to prevent first-time pregnancies in at-risk teenagers, targets the urban areas of Bridgeport, East Hartford, Hartford, Killingly, Meriden, New Britain, New Haven, New London, Norwich, Torrington, Waterbury, West Haven, and Willimantic. In 2014, the programs served 830 individuals. In addition to the above services, Social Work Services staff provided more than 100 educational and training sessions to community members, professional associations, agency and staff of DSS social work programs and services. Staff continues to develop practice standards for the agency's social work programs, program databases to track client services and outcomes and revised regulations to comply with recent statutory changes.

V. Council Activities

The Child Poverty and Prevention Council is working with the Departments of Labor and Social Services to develop recommendations to reform the state's implementation of the federal Temporary Assistance for Needy Families (TANF) program. Top officials at the DOL and DSS agreed to take the lead on this initiative.

In January 2014, the DOL and DSS established a TFA/TANF Redesign Workgroup to review the federal and related state program components that have evolved since the TANF Block Grant was instituted in Connecticut and determine if Connecticut is meeting the goals of the TANF Block Grant and, more specifically, the goals of Connecticut's Jobs First Employment Services (JFES) and Temporary Family Assistance (TFA) programs.

Early in the process, DOL and DSS determined the need to create two separate working groups; the TFA Policy Workgroup and the JFES Employment and Training Workgroup to complete its work. The workgroups consist of key staff from DOL, DSS, DCF, SDE, Commission on Children, Office of Child Advocacy, Judicial Branch, Workforce Investment Boards (WIB), Connecticut Women's Education and Legal Fund (CWEALF), University of Connecticut, Mothers for Justice, and members of the Child Poverty and Prevention Council.

The TFA/TANF Redesign Workgroup agreed to address concerns identified with the current TANF/JFES/TFA service delivery model:

- Current focus is on work activities and not job or employment outcomes in occupations that are in demand;
- Current focus is on referrals for eligible adults rather than comprehensive services for the family;
- Current assessment tools are antiquated and not uniform;
- Connecticut's 21-month time limit presents a significant challenge for barrier reduction, basic skills attainment and vocational skill development; and
- Multiple state and community agencies working with mutual clients and are not properly communicating and providing appropriate and relevant services. Data metrics are not sufficient to measure employment or self-sufficiency outcomes.

The TFA/TANF Workgroup also agreed in order to proceed in a new direction the recommendations should:

- Implement efficient and/or effective ways to help participants with employment entry, retention, advancement and access to employment with earnings and advancement to avoid dependence on government benefits
- Build on existing evidence-based models for improving employment outcomes such as Vocational Education combined with Contextualized Adult Basic Education or Intensive, Accelerated Adult Basic Education
- Develop and pilot alternative and innovative strategies, policies, and procedures designed to improve skill assessments and employment outcomes

Over the past several months, the TFA/TANF Redesign Workgroup engaged in many discussions on TFA and JFES policies and procedures to explore viable alternatives to the current TFA/TANF programs. The workgroups identified innovative practices through literature review, focus groups, and discussions with other states on innovative practices of TFA/TANF/JFES programs to determine the appropriate service delivery model for assisting families in establishing self-sufficiency and maintaining employment in Connecticut.

To further identify appropriate innovative practices the TFA/TANF Redesign Workgroup held a forum in September 2014, titled “Improving Pathways to Employment: Best Practices Forum.” Local and national experts were invited to present and discuss information specific to TFA policies and employment & training opportunities that Connecticut may consider adopting. The presenters included: Connecticut State Representative Toni Walker, House Chair - Appropriations Committee; LA Donna Pavetti, Vice President for Family Income Support Policy - Center on Budget and Policy Priorities; Brian Campbell, Special Assistant to the Administrator - District of Columbia; William Durden, Policy Associate - Washington State Board for Community & Technical Colleges; Rochelle Finzel, Group Director - National Council of State Legislatures; and Charisse Hutton, Director - Support Enforcement Services, Connecticut Judicial Branch - Court Operations.

The TFA Workgroup was tasked with the responsibility of identifying and determining the effectiveness of current TFA policies. To assist the TFA Policy Workgroups in developing its recommendations, DSS designed and administered a survey to obtain pertinent information related to current TFA policies. DSS distributed the survey to its Eligibility Supervisors, State Legislators and TFA Policy Workgroup members. Based on the results of the survey, the workgroup identified and agreed that the recommendations will focus on the following policy areas:

- Need Assessment - an evaluation to determine unmet needs, eligibility for programs and services, barriers to employment and employment potential
- Time-Limits - limits benefits for eligible households to 21 months
- Income Cliff - occurs when a family’s income rises above the payment standard resulting in a sudden loss of benefits

- Benefit Level – pre-determined financial support to low-income families meeting standard eligibility criteria
- Family Cap – restrict increase in benefits for additional children conceived while the mother is on assistance
- Assets Limit – the amount of allowable assets used to determine TFA eligibility
- Exemptions – exemptions to time limit or work requirements based on individual circumstances
- Sanctions – penalties for noncompliance with rules of the TFA program
- Safety Net – assistance to TFA families with barriers to employment who are no longer eligible for or at risk of losing TFA benefits
- Diversion Assistance – alternative assistance to TFA assistance for families who have short term needs

The JFES Employment and Training Workgroup was tasked with the responsibility of determining if the current service delivery model improves outcomes for participants to secure/obtain and retain/maintain employment, access training, achieve career advancement /progression, and economic well-being.

The JFES Workgroup reviewed recommendations of the 2011 JFES Enhancement Workgroup and determined that the recommendations made by the previous workgroup were still valid. Below is a list of the recommendations and actions adopted by the current JFES Workgroup:

- Provide a more in-depth assessment for every JFES participant including Comprehensive Adult Student Assessment Systems (CASAS- reading/math appraisal) and career inventory testing. To meet this recommendation DOL is currently piloting the Career Occupational Preference System (COPSystems) Assessments statewide. The COPSystem assessment consists of: Career Occupational Preference System Interest Inventory (COPS), Career Ability Placement Survey (CAPS), and Career Orientation Placement and Evaluation Survey (COPES). The intent of this assessment is to relate participants' interests, abilities and values to occupations and occupational information. Assessment results are organized into major career clusters.
- Implement JFES Integrated Basic Education and Skills Training (I-BEST) pilot programs for JFES participants. Three Workforce Investment Boards (WIBs) are in the process of completing I-BEST pilot programs which began in FY 2014. In FY 2015, an allocation of \$1.7 million allowed the DOL to issue an RFP to grant I-BEST awards for the second year of the pilot and to cover the costs for an evaluation.

- Enhance JFES Intake Procedures. DOL held a training session with Dr. Beverly Ford, a national expert in Workforce Development to provide JFES staff with “Motivating the TANF Customer” training. Currently, DOL is working directly with Dr. Ford to enhance the JFES Intake session. The new approach will focus on helping participants make the transition from welfare to work by moving toward a more participant-centered approach that engages participants in examining where their lives are now and next steps to take to reach independence of assistance.
- Individualized Development Accounts (IDAs). As a result of the interest in IDAs at the TFA Policy Workgroup, DOL will promote IDAs to JFES participants as part of its Employment and Training Workgroup’s efforts.

The TFA Policy and JFES workgroups continue their work to develop and refine recommendations on alternative approaches of the state’s implementation of the federal TANF Block grant and the JFES and TFA programs.

Next Steps. The Child Poverty and Prevention Council has been in existence since 2004. Statutorily the Council is responsible for recommending strategies to reduce child poverty in the State by 50% within ten years. Since its inception the Council has engaged in numerous strategies to develop, implement, monitor and report on recommendations designed to impact the lives of children and their families living in poverty. Recent significant state policy and budget initiatives enacted under the Malloy administration implement many of the Council’s recommendations ranging from early childhood initiatives to increases in the state’s minimum hourly wage. Several initiatives are highlighted under Section IV of this report (Progress Report).

Statutorily the Child Poverty and Prevention Council terminates in June 2015. At its December 2014 meeting Council members discussed the statutory sunset of the Council and noted that the legislative intent and agreement with the executive branch was for the Council to meet for ten years only. Further discussion, concluded that many other state collaborative entities such as the Commission on Children, the Early Childhood Cabinet, the TANF Redesign Workgroup, and the Intensive Supportive Housing for Families (ISHF) Project Advisory Board have been established to do similar work to that of the Council. At the December 2014 meeting the board voted overwhelmingly to support the sunset provided for the Council in statute as of June 2015.

VI. Prevention Report

This section of the report summarizes the State Agency Prevention Report to the Child Poverty and Prevention Council which is available on the Council’s website.³⁷ Each state agency represented on the Council which provides primary prevention services to children reported on at least two prevention services provided by their agency. Prevention services are defined as “policies and programs that promote healthy, safe and productive lives and reduce the likelihood of crime, violence, substance abuse, illness, academic failure and other socially destructive behaviors”. State agencies use an evidence-based approach to design and implement their prevention programs.

In Fiscal Year (FY) 2014, eleven state agencies expended over \$243 million to administer 34 comprehensive primary prevention programs and services that positively impact Connecticut’s children and families. The summary of the state agency prevention report and examples of evidence-based prevention programs are on the following pages.

Department of Children and Families			
Program	FY14 Funding	Service Level	Description
Early Childhood Consultation Partnership	\$2,270,475	3,064 children and 1,068 teachers and assistant teachers	Prevent children birth to age 6 from being suspended or expelled from their early care and education setting due to challenging behaviors.
Triple P	\$5,428,618	1,558 families served	Provides in-home parent education curriculum and support to create a safe and healthy home environment for children and the family.
Total	\$ 7,699,093		

³⁷http://www.ct.gov/opm/cwp/view.asp?a=2997&Q=383356&opmNav_GID=1809

Department of Developmental Services			
Program	FY 14 Funding	Service Level	Description
Birth to Three	\$50,709,007	9,686 children and families	Early intervention services to all infants and toddlers who have developmental delays or disabilities.
Family Support Services	\$10,243,116	739 individuals including 178 children-Respite Centers; 869 individuals including 197 children – Family Support Services	Services, resources and other forms of assistance to help families raise their children who have intellectual disabilities.
Total	\$60,952,123		

Department of Education			
Program	FY14 Funding	Service Level	Description
21 st Century Community Learning Center Grant	\$7,629,832	6,536 students	Funds community-learning centers that provide students with academic enrichment opportunities and other activities that complement their academic program.
Supports for Pregnant and Parenting Teens	\$1,500,000	320 students	Focuses on improving the health, education and school outcomes for pregnant and parenting students and their children.
Total	\$9,129,832		

Department of Housing			
Program	FY 14 Funding	Service Level	Description
Children in Shelters:	\$127,520		Provides financial assistance for childcare to homeless families living in emergency shelters or enrolled in the Rapid Rehousing Program.
Total	\$127,520		

Department of Labor			
Program	FY 14 Funding	Service Level	Description
Jobs First Employment Services	\$18,747,981	15,678 annual caseload	Provides employment services to families in receipt of time-limited state cash assistance.
Connecticut Youth Employment Program	\$4,500,000	3,100 youth served and 2,579 successful completions	Provides employment services for youth aged 14 through 21.
Total	\$23,247,981		

Department of Mental Health and Addiction Services			
Program	FY 14 Funding	Service Level	Description
Best Practices Initiative	\$2,005,087	2014 service level will be available after November 30, 2014	Fourteen statewide funded projects that employ a population-based public health approach to address demonstrated substance abuse prevention needs.
Local Prevention Council Programs	\$552,470	2014 service level will be available after November 30, 2014	The Local Alcohol, Tobacco and Other Drug Abuse Prevention Council Grant Program (LPCP) initiative supports the activities of local, municipal-based alcohol, tobacco, and other drug (ATOD) abuse prevention councils.
Partnership for Success	\$2,300,000	2014 service level will be available after November 30, 2014	The Partnership for Success (PFS) Initiative uses a public health approach in over 30 municipalities and statewide across college campuses to decrease alcohol consumption in youth ages 12 to 20.
Regional Action Council	\$1,656,972	2014 service level will be available after November 30, 2014	Regional Substance Abuse Action Councils (RACs) are public-private agencies comprised of community leaders. Its purpose is to establish and implement an action plan to develop and coordinate needed services across the behavioral health continuum.
Statewide Service Delivery Agents	\$1,714,816	2014 service level will be available after November 30, 2014	Four entities funded by DMHAS to support prevention efforts across the state by building the capacity of individuals and communities to deliver prevention services.
Tobacco Prevention and Enforcement	\$493,575	2014 service level will be available after November 30, 2014	Enforcement and strategies to reduce underage tobacco use.
FDA Tobacco Compliance Check Inspection Program	\$651,868	2014 service level will be available after November 30, 2014	Enforce and implement the regulation of the federal Tobacco Control Act that restricts the sale and promotion of tobacco products to youth.
Total	\$9,374,788		

Department of Public Health			
Program	FY14 Funding	Service Level	Description
Asthma Program: Pediatric Easy Breathing Program	\$250,000	6,357 children surveyed and 6,182 treated	A professional education program that trains pediatric providers to administer a validated survey to determine whether a child has asthma.
Asthma Program: Adult Easy Breathing Program	\$150,000	2,056 patients surveyed and 720 or 35% diagnosed and treated for asthma	Focuses on adults treated by medical resident physicians in Bridgeport Hospital.
Asthma Program: Putting on AIRS	\$96,000	726 AIRS clients from September 2009 to February 2013	Reduce acute asthma episodes and improve asthma control the recognition and elimination/reduction of environmental and procedures/protocols
Immunization Program	\$62,033,708	889,214 children served	Prevent disease, disability and death from vaccine preventable diseases in infants, children adolescents and adults.
Special Supplemental Nutrition Program for Women, Infant and Children	\$44,940,512	52,308 monthly participation women, infant and children	Provides nutrition and breastfeeding education, supplemental food, and referrals for health and social services to eligible women, infants and children.
Tobacco Use Prevention and Control	\$1,076,586	8,000 Connecticut residents through community based cessations programs and QuitLine	Provides local cessation and prevention programs.
Total	\$108,546,806		

Department of Social Services			
Program	FY 14 Funding	Service Level	Description
Tobacco Cessation Program	\$1,272,376	1,230 Individuals	Provides incentive to reduce smoking rates among the estimated 25%-30% of Connecticut Medicaid recipients.
Perinatal and Infant Oral Health Quality Improvement	\$175,000	30,000 children	Focuses on oral health improvement and community integration strategies for improving preventive oral health care.
Fatherhood Initiative	\$566,656	727 parents	Provides outreach, awareness and training for parents relating to parenting, healthy relationships, and healthy marriages.

Teen Pregnancy Prevention Program	\$1,981,204	830 youth	Current programs use one of two science based models: 1) the comprehensive, long term, holistic youth development model based on the Carrera Program Model; or 2) The Teen Outreach Program, a service learning model where participants engage in, reflect on, and learn from community service projects.
Total	\$3,995,236		

Judicial Branch Court Support Services			
Program	FY 14 Funding	Service Level	Description
Educational Support Services	\$897,810	354 cases opened and 303 cases closed	Supports families to ensure that children's educational needs are identified and free and appropriate educational services are accessible.
Family Support Centers	\$4,368,300	1,070 referred and 1,055 (98.6%) completed treatment	A multi-service "one-stop" service for children and families referred to juvenile court.
Total	\$5,266,110		

Office of Early Childhood			
Program	FY 14 Funding	Service Level	Description
Nurturing Families Network	\$10,588,370	Screened 6,300 parents; 875 families received Connection services; 2,200 families in intensive home visiting; over 200 families in parenting groups; and 65 father enrolled in the Father Home Visiting Program	Focuses on nurturing parenting, child development, and maternal and child health and community resources.
Help Me Grow	\$331,462	1,275 families and children connected to community based services; and 1,200 families enrolled in the Ages and Stages Child Monitoring Program	Ensures that children and their families have access to a system of early identification, prevention and intervention services.

Family School Connection	\$595,358	150 families received intensive home visiting services	Provides intensive home visiting services to families who children are frequently truant, tardy or otherwise at risk of school failure.
Family Empowerment Initiatives	\$191,516	430 parents received home and group based services	Provides prevention programs to assist high-risk groups of parents and other involved in the lives of children
Total	\$11,706,706		

Office of Policy and Management			
Program	FY 14 Funding	Service Level	Description
Title V Delinquency Prevention Program	\$84,945	N/A	Provides grants to cities and towns for delinquency prevention and early intervention projects.
Youth Prevention Services	\$3,500,000	Data not available until 2015	Provides grants to non-profit organizations to implement comprehensive programs and services to prevent and/ or reduce at-risk behavior among youth ages 6-18 and to maximize opportunities for them to become productive, responsible citizens.
Total	\$3,584,945		

Evidence-Based Prevention Program.

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

Department of Public Health

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

Performance-Based Standards Federal and state regulations include a number of prevention-related standards that Local WIC Agencies must meet, including timeframes for enrolling program applicants; requirements regarding the early and continuous enrollment of pregnant women; policies to ensure that all pregnant women are encouraged to breastfeed unless medically contraindicated, and provided breastfeeding

information and support; requirements to provide information regarding the risks associated with drug, alcohol and tobacco use during pregnancy; and, to ensure that children are screened for anemia and lead poisoning by their health care provider.

Performance-Based Outcomes (12 WIC Regions)

- First Trimester Enrollment in WIC: Increase to 50% the rate of first trimester enrollment of pregnant women.
 - Statewide average [Federal Fiscal Year (FFY) 2014 to date (YTD)]: 51.3%; Range: 41.5% - 65.1%.
- Maternal Weight Gain (MWG): At least 70% of pregnant women who participate in the WIC Program for a minimum of 6 months gain appropriate weight:
 - Statewide average (FFY 2014 YTD): 72.4%; Range: 53.8% - 82.8%.
- Low Birth Weight (LBW): The incidence of low birth weight among infants whose mothers were on the WIC Program for at least 6 months during pregnancy does not exceed 6%.
 - Statewide average (FFY 2014 YTD): 5.8%; Range: 1.4% - 8.3%.
- Breastfeeding Initiation (BFI): At least 65% of infants whose mothers were enrolled in the WIC Program for any length of time during pregnancy breastfeed.
 - Statewide average (FFY 2014 YTD): 75.8%; Range: 59.3% - 92.3%.
- Childhood Anemia: The prevalence of anemia among children 2-4 years of age enrolled in the WIC Program for at least one year does not exceed 7.5%.
 - Statewide average (FFY 2014 YTD): 10.2%; Range: 4.6% - 14.5%.
- Overweight in Children: The prevalence of overweight (BMI \geq 85th percentile to < 95th percentile) among children 2-4 years of age enrolled in the WIC Program for at least one year does not exceed 10%.
 - Statewide average (FFY 2014 YTD): 11.8%; Range: 7.3% - 16.6%.
- Obesity in Children: The prevalence of obesity (BMI \geq 95th percentile) among children 2-4 years of age enrolled in the WIC Program for at least one year does not exceed 15%.
 - Statewide average (FFY 2014 YTD): 12.1%; Range: 6.7% - 17.4%.

Judicial Branch Court Support Service Division

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

Performance-Based Standards

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

Performance -Based Outcomes

- 75.2% (vs. 68% in FY 13) of clients obtained/modified/preserved special education services
- 17.2% (vs. 20% in FY 13) of clients overcame proposed suspension/expulsion
- 73.9% (vs. 49% in FY 13) of clients obtained education-related benefits
- 33.7% (vs. 24% in FY 13) of clients obtained procedural protections

VII. Examples of Successful Interagency Collaborations

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

Intensive Supportive Housing for Families (ISHF) Five Year Federal Grant.

Information provided by the Department of Children and Families. The Department of Children and Families (DCF) and The Connection, Inc. (TCI), have developed a mature relationship, collaborating to meet the needs of child welfare involved families who experience severe housing barriers. This new initiative is designed to provide an enhanced version of the already well established Supportive Housing for Families Program in order to better meet the mental health and trauma needs of the parents and children served by the program.

As such, DCF will collaborate with state partners, community agencies, and service providers to implement the new Intensive Supportive Housing for Families Program (ISHF) program. DCF's two primary partners will be TCI, who will provide primary services, and The University of Connecticut (UConn) researchers, who will evaluate the program. The expansion will focus on chronically homeless families with multiple episodes of homelessness in eastern Connecticut, targeted communities in Norwich, Willimantic and Middletown areas.

ISHF is an intensification of Supportive Housing for Families services currently provided by TCI. The new program additions include:

- comprehensive, trauma-focused assessment procedures
- intensive, interdisciplinary, team-based coordination and support
- access to empirically-supported interventions to meet the individual needs of children, parents, and families.

The ISHF Project will develop a Project Advisory Board to strengthen and deepen our connections to create a better system for families and children. Systems that are transparent, reduce redundancy, share and use data appropriately, bring missing stakeholders to the table, offer training, and leverage resources for families. Members of this demonstration's Advisory Board will gain valued perspectives that lead to diminished duplication of effort. This will occur both through the analysis of how services can be integrated as well as concerted efforts to streamline data collection and outcomes reporting.

Through the collaborative efforts at both the systems and operational levels, this program initiative will support the integration and smooth operation of services that

have typically been siloed in the past. Connecticut families will see and feel a difference in the manner in which they are treated and receive services from DCF and the community. The Advisory Board will focus more narrowly on how it can change systems in order to target families most in need of supports, deliver family-centered, coordinated services and evidence-based programs, and monitor and evaluate the short and long-term effectiveness of the approach.

United Way of Greater New Haven (UWGNH). *Information provided by the Department of Economic and Community Development.* UWGNH brings together people and organizations to create solutions to the most pressing challenges in the region. United Way is changing the odds for children and families in Greater New Haven by addressing all the building blocks of a good quality of life, education, income, and health. United Way is uniquely positioned to coordinate efforts with a full range of partners from the public, private, and not-for-profit sectors to achieve community goals such as: children entering school developmentally on track, youth graduating high school ready for college and career, families achieving greater financial success, and ending homelessness.

United Way's work in early childhood includes leadership of and back office support for local early childhood councils, entities that receive public and private funds to improve outcomes for young children and their families. In addition, UWGNH manages a federally-funded Early Head Start program, working with community partners to provide high-quality early care and education and comprehensive support services for infants and toddlers from low-income families. The Boost initiative, a partnership among the City of New Haven, New Haven Public Schools, and United Way helps coordinate community services to meet the needs of New Haven students around enrichment, physical health, parent engagement, and mental health. United Way provides the coordination, helping schools to assess their students' needs, connecting schools with community partners, and sharing tools to monitor and assess program effectiveness.

To improve the financial stability of families in the greater New Haven area, United Way has worked with public and not-for-profit partners to create more effective job training programs in order to connect more people with jobs. United Way is a partner in the Volunteer Income Tax Assistance (VITA) program, helping to recruit volunteers and publicize VITA services in the community. Smart About Money, a budget coaching program, helps those who have income set financial goals and work toward them with the help of a trained volunteer. United Way's work on the 100 Day Challenge has resulted in 116 formerly homeless individuals being housed, with another 89 matched with a housing voucher and soon to move into their own apartments, and a completely revised system to move people from homeless to housed more quickly and efficiently. These results are clear evidence that when working together across sectors, funding

streams, and programs and organizations, it can create lasting solutions in communities.

WorkPath Fund. *Information provided by the Commission on Children.* The WorkPath Fund, which grew out of P.A. 10-133 *An Act Concerning Children in the Recession*, is designed to assist Connecticut parents with dependent children to obtain, retain, or maintain employment so that they can support their families.

WorkPath is a collaborative led by the Connecticut Commission on Children, the Liberty Bank Foundation and the five Connecticut Workforce Investment Boards has raised \$128,500 from philanthropy, exceeding the initial WorkPath launch goal of \$100,000. To date, 109 families (250 children) have benefited from the WorkPath Fund. A total of \$89,023 has been distributed to vendors for parents meeting the WorkPath parameters. The collaboration is working to raise additional funding, including exploring a potential public-private partnership.

Working through the state's One Stop Career Centers, WorkPath is now providing small, one-time grants of \$250-1,000, paid directly to vendors, to eliminate one-time barriers to employment. These costs may include: uniforms, transportation, child care, licensing fees, or other expenses as determined by One Stop case managers.

The Workforce Alliance, a 501(c)(3) nonprofit, is acting as fiscal agent for WorkPath, receiving all donated funds and distributing them to the five nonprofit Workforce Investment Boards (WIBs) throughout the state.

WIB case managers at the regional One Stop Career Centers administer the grants through a system already in existence for TANF-eligible jobseekers. (To receive support from WorkPath, parents cannot be eligible for TANF or Workforce Investment Assistance support funds, since there are small funds already available for those two groups at the One Stop Career Centers). The WIBs are responsible for performing due diligence to assess need and eligibility for the grants, and are distributing funds according to guidelines established by the collaborative. In addition, they are tracking all funds through a common database and report periodically to the collaborative on outcomes, to ensure the integrity of the process.

Ultimately, WorkPath will fulfill a goal of legislation passed in 2010 by the Speaker's Task Force on Children in the Recession to support parents with dependent children in times of recession and high unemployment.

Literacy. *Information provided by the Commission on Children.* The Black and Puerto Rican Caucus, in partnership with the State Department of Education, the Commission on Children, The University of Connecticut, Literacy How and the Grossman Foundation,

sought to pilot, learn from, and grow an intentional set of literacy reforms to significantly narrow the achievement gap in reading. Policies have developed, as needed, to facilitate this intensive response to what is an education crisis in the State of Connecticut.

Year 1: Public Act 11-85. Initial reforms piloted the use of alternative instruments to assess children's reading level and building capacity of all teachers in the science of teaching reading.

- Allowed for alternative reading assessment instruments to be tested, designed to be teacher-friendly, efficient, and in-depth regarding necessary reading interventions;
- Tested how to bring parents in as core customers and partners in their children's learning;
- Assessed the impact of external coaches on classroom outcomes in reading; and
- Allowed on-going training in scientifically-based reading research and practice for teacher and school administrators.

Year 2: PA 12-116. Focused a new pilot on the 50% of African American, Hispanic, and economically disadvantaged students who were not reading at proficiency. This included individualized reading interventions to help these students move forward successfully.

- Targeted intervention assessed all students in selected schools and rapidly intervened with students whose reading was below proficiency, utilizing: a) an external literacy coach, b) four reading interventionists per schools, c) rigorous and on-going assessments, d) prompt and proven, research-based interventions, e) summer school with focus on reading excellence, and f) a focus on partnering with parents on reading.
- Budget allowed the pilot in five sites with expansion of 5 schools per year.
- Began to incorporate statewide reform by:
 - Increased expectations in pre-service of our special education and reading specialists who will have to pass a test in the science of teaching reading before they can work in CT schools;

- Development of new reading assessment tools, a professional development system in reading, incentives for schools that improve reading performance, higher education improvements in oral language and early literacy for pre service teachers; and
- Explicit transition reporting between early childhood and kindergarten teachers to assist young children in their early language skills.

Year 3: PA 13-245. Focused on professional development to improve teacher knowledge of teaching reading and increase pedagogical and practical exposure, expanding the interventions that were successful over the last two years.

- A K-3 reading survey of our current teachers to help us to understand what they know and do not know about teaching reading, and help create a professional development plan with targeted support and information tailored to the, school, grade or individual teacher.
- Allows for Alliance Districts to choose to close the achievement gap through improvements in reading instruction by using the model emerging from the last two pilot years.

Year 4 and beyond: Leadership and Resources to Embed and Expand. Focusing on building on the results and learning from the ongoing, now-consolidated reading pilots to:

- Build internal capacity in tier 1 and tier 2 in each of the reading schools by embedding a tiered system of assessing students and implementing reading interventions with fidelity;
- Building internal leadership at SDE through the hiring of a Chief Reading Officer, who will report directly to the highest levels at SDE;
- Develop and implement leadership training modules with teacher leaders, principals, district reading coordinators and superintendents to create and sustain reading improvement in their schools and districts. The delivery format will include statewide monthly training courses as well as embedded support at the district and school level;
- Expand resources to bring the multi-tier reading intervention model to scale in the Alliance Districts and across the state through a reading plan; and
- Utilize modern literacy assessment instruments that closely monitor a student's reading level and guide individualized interventions.

Parent Trust Act. *Information provided by the Commission on Children.* This 2001 legislative initiative spearheaded by the Commission on Children in partnership with community and Executive Branch leaders, has been recognized as a national best practice in family civic engagement for more than the last decade.

The Robert Wood Johnson Foundation provided initial funding for the Trust with \$250,000. The William Casper Graustein Memorial Fund followed as the first Connecticut foundation to contribute matching funds. Currently, the Department of Education administers the Parent Trust Fund through the State Education and Resource Center (SERC). Communities must leverage local and additional private funding to have access to funds from the Parent Trust.

Research shows that parent involvement has a significant positive impact on child outcomes. The Parent Trust Fund prepares parents to work with school, community and state leaders to improve health, safety and learning outcomes for all children. Parent leadership emerges when parents gain the knowledge and skill needed to successfully function in meaningful leadership roles that help to shape the future for their families, schools and communities. Parent leadership training graduates are better prepared to advocate for their children, volunteer in their community, serve on non-profit and civic boards, lead parent-teacher associations and serve on School Governance Councils.

Parent leadership training supported by the Parent Trust Fund include the Commission's nationally recognized *Parent Leadership Training Institute* (PLTI), the University of Connecticut-sponsored *People Empowering People* (PEP) and the innovative *Parents Supporting Educational Excellence* (PSEE) training, a collaboration between the Commission and the Connecticut Center for School Change designed to support family-school partnerships.

In 2014-2015, the Parent Trust Fund will support parent leadership training in Bloomfield, Bridgeport, Bristol, Danbury, Enfield, Greenwich, Hamden, Hartford, Killingly, Meriden, Middlesex County, Milford, New Britain, New Haven, New London, Naugatuck, Norwich, Plymouth, Stamford, Stratford, Torrington, Waterbury, and West Hartford.

TFA/TANF Redesign Workgroup. The DOL, DSS, Child Poverty and Prevention Council, community agencies, parent organizations and business leaders such as: Workforce Investment Boards, Adult Education, municipal social service and Community Actions Agencies, CABHN, Connecticut Women's Education and Legal Fund, Mothers for Justice have engaged in a collaborative effort to develop a series of recommendations to reform the state's implementation of the federal TANF programs.

The purpose of the TFA/TANF Workgroup is to review the federal and related state program components that have evolved since the TANF Block Grant was instituted in Connecticut and determine if Connecticut is meeting the goals of the TANF Block grant and, more specifically, the goals of Connecticut's Jobs First Employment Services (JFES) and Temporary Family Assistance (TFA) programs. Through this analysis, new service delivery programs, models and or individual outcomes will be considered.

The Safe Schools/Healthy Students. *Information provided by the Department of Mental Health and Addiction Services.* The Safe Schools/Healthy Students award is a four-year, \$8 million grant administered by the Department of Mental Health and Addiction Services (DMHAS) in partnership with the Department of Education (SDE), the State of Connecticut Judicial Branch Court Support Services Division (CSSD), and the Local Education Agencies (LEAs) of Bridgeport, Middletown, and New Britain. Its goal is to create safe and supportive schools and communities for children and adolescents through grade 12. The grant will allow implementation of activities, services and strategies that decrease youth violence and promote healthy development of children and youth. Additional representatives from the Departments of Public Health, Children and Families, Social Services and the Office of Early Childhood serve on the State Management Team to provide leadership and advice for creating successful, comprehensive solutions that address youth violence and support healthy childhood development.

The CT STRONG (Seamless Transition and Recovery Opportunities through Network Growth). *Information provided by the Department of Mental Health and Addiction Services.* CT STRONG engages and connects transition age youth and young adults to high quality behavioral health care. The youth to be served reside in New London, Milford or Middletown and are at risk for, or have behavioral health disorders. This \$5 million dollar, five year grant, was awarded through a competitive application process to DMHAS, in partnership with the DCF, by the federal Substance Abuse and Mental Health Services Administration (SAMHSA)/Center for Mental Health Services (CMHS). This initiative will utilize innovative approaches to improve rates of service engagement, and outcomes with regard to housing stability, health and mental health, education and employment for individuals aged 16-25.

DMHAS, is implementing the **Specialized Crisis Intervention Teams for Young Adults (SCYA)** Partnership to enhance the capacity of its Crisis Intervention Teams (CITs) involving law enforcement and mental health mobile crisis providers to respond to the needs of young adults aged 18-25 who are diverted from arrest to the most appropriate treatment for their mental health, substance abuse, or co-occurring disorders. At least 225 young adults (75 per year) are expected to be served. This is made possible through a \$1 million, 3-year grant from SAMHSA and builds on close relationships between criminal justice and behavioral health agencies. Additional

partners include: Criminal Justice Policy Advisory Commission (CJPAC), the CT Alliance to Benefit Law Enforcement (CABLE), the entity which conducts training for current Crisis Intervention Teams (CITs), the National Alliance on Mental Illness: Connecticut (NAMI CT), Advanced Behavioral Health, and consultants from Yale and the Institute of Living. The project is being evaluated by the University of Connecticut School of Social Work. *Information provided by the Department of Mental Health and Addiction Services.*

Appendix A

TFA Policies Consensus Document

	TFA Policy Issue/Reference	CT's Current Policy	Considerations	Options
1.	Needs Assessment 45 CFR 261.11 CGS 17b-689c UPM 8530.05	<p>a. Employment Services activities are those activities which move TFA families towards independence from welfare by removing barriers to employment, preparing participants for employment, and by assisting in obtaining and retaining employment.</p> <p>b. DSS determines which services to provide based on its discretionary consideration of a variety of factors, including the service needs of the individual, the availability and suitability of a service, the service needs and availability for other participants, the goal of independence from TFA within 21 months, and the goal of DSS to meet federal work participation rates.</p> <p>c. Federal regulation allows 90 days to make this assessment.</p>	<p>DSS may want to consider alternative ways to determine which services to provide. Needs identification and proper referral are key to putting a TFA participant on the correct path to self-sufficiency.</p> <p>Currently a 'Service Needs Assessment' is completed by a DSS eligibility worker, who specializes in DSS eligibility policy and processing, not needs assessment or barrier identification. Those identified as mandatory participants in the Jobs First program are then directed to the DOL.</p>	<p>DSS Social Workers have a background better suited to assess a person's needs and identify barriers. They could provide the needs assessment make referrals for services as appropriate, and identify conditions that may allow the TFA participant an exemption from participating in employment services and being subject to time limits.</p> <p>This would also improve the domestic violence screening/processing protocol, as a social worker might be more likely to identify a domestic violence situation.</p>

TFA External Group Consensus Outcome – The group feels the needs assessment plays a very important role in putting families on a path to self-sufficiency and feels the current needs assessment and process could be improved. Currently, DSS Eligibility Services Workers complete the needs assessment as part of the TFA interview. They ask the non-exempt adults in the household a standard set of questions. The answers are entered into the DOL system so they are available to both DSS and DOL. There is concern that they often rush while doing this due to the volume of work that they have and the fast-paced environment they work in. The group feels someone with a social work background would be better equipped to ask these questions, ask follow up questions as appropriate, evaluate the needs of a family, and make referrals accordingly. This model would not only promote early identification of barriers to employment, but would also support service integration, the identification and servicing of all of the needs of the family early on, and the ability to address the needs of two (or more) generations. A better needs assessment tool, such as the Online Work Readiness Assessment, should also replace the one that is currently used. Only those individuals that are ready to receive job training and/or placement would be referred to DOL.

	TFA Policy Issue/Reference	CT's Current Policy	Considerations	Options
2.	Time Limits 45 CFR 264.1 CGS 17b-112 UPM 8540.05, 8540.10, 8540.12	<p>a. 21 month time limit</p> <p>b. Two 6 month extensions are available to those who meet “good faith effort” or “circumstances beyond one’s control” criteria</p> <p>c. Eligibility for 3rd or greater extension based on any of the following:</p> <ul style="list-style-type: none"> i. domestic violence prevents obtaining/maintaining employment ii. working 35 hours or more weekly and earning less than his/her family’s TFA payment standard iii. working less than 35 hours weekly because of medical impairment or need to care for disabled household member. iv. 2 or more barriers to employment <p>d. No extensions allowed after receipt of 60 months of TFA benefits, except for domestic violence or exempt cases</p>	<p>1. Of all states and DC, CT has the strictest time limit. 36 states have a 60 month time limit and 3 have no time limit (state-funded after 60 months)</p> <p>2. Is 21 months long enough to obtain needed job skills or education?</p> <p>3. Economic conditions impact job availability.</p> <p>4. Changing technology impacts job markets</p>	<p>1. Increase time limits.</p> <p>2. Change non-financial eligibility criteria for extensions. Make eligibility for 3rd or greater extensions identical to those for first 2 extensions.</p> <p>3. Change financial eligibility criteria for extensions- increase current income limit applicable to extensions.</p> <p>4. Allow child to continue to receive benefits when adult has exhausted time limited benefits.</p> <p>5. Consider state-funded TFA beyond time limit (MOE funds/other state program)</p>
<p><u>TFA External Group Consensus Outcome</u> – The group feels that there should be a 60 month time limit to allow sufficient opportunity to acquire education/job skills and employment. It was also noted that currently a child can receive TFA without a time limit if living with a grandparent, yet if living with a parent, a child is cut off at the 21month time limit or at 33 months after two extensions. This is contrary to the TANF purposes in federal regulation, one of which states is to “Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.”</p>				

	TFA Policy Issue/Reference	CT's Current Policy	Considerations	Options
3.	<p>Income Cliffs- TFA Income Eligibility Rules CGS 17b-112(d) UPM 8565.10 & 8540.10</p> <p><u>In summary- New Applicant- Income <SON+ Special Needs & time-limited also UINC<Payment Standard</u></p> <p><u>Recipient w/i 4 months- Earned income < FPL,</u></p>	<p>a. Different income eligibility rules apply to time-limited vs exempt clients.</p> <p>b. Different income eligibility rules apply to new applicants and recipients/ applicants who have received TFA within 4 months preceding their application.</p> <p>i. New Applicants</p> <ul style="list-style-type: none"> - The assistance unit must pass a combined income test. If Gross earnings - \$90 + unearned income is = or > Standard of Need + special needs, then the au is not eligible. If not, exempt au's are eligible. - TL au's are also subject to a Benefit Test- unearned income 	<p>1.FPL>SON>Payment Standard</p> <p>2. Standard of Need is approximately half of the FPL</p> <p>3.Payment Standard is 73% of SON</p> <p>4.Current rules seem unnecessarily complex</p> <p>5. An assistance unit applying for TFA as a new applicant must have income that is 51% of the FPL or less to be eligible. To continue receiving TFA assistance an au can have income up to 100% of the FPL. To qualify for a TFA extension beyond 21 months an assistance unit can have income that is 33% to 37% of the FPL or less.</p>	<p>1. Remove requirement to include adult in the assistance unit at the expiration of time-limited benefits. (child-only household)</p> <p>2. Income compared to FPL across the board</p>

	<p>UINC < SON, & TL clients also UINC < Payment Standard + special needs Extension- (Applies only to time limited) Total income < Payment Standard</p>	<p>is < Payment Standard + special needs, then au is eligible. If it is = or >, then au is not eligible.</p> <p>ii. Recipients/Recent Recipients-</p> <ul style="list-style-type: none"> - The assistance unit (au) must pass the gross earnings test (= or < FPL-Federal Poverty Level) and an unearned income test (< SON – Standard of Need) - Exempt au’s are eligible if they pass both of these tests. - TL au’s also subject to Benefit Test- If countable unearned income is < Payment Standard. plus special needs, the au is eligible. If not, then au isn’t. 	<p><u>TFA External Group Consensus Outcome</u> – The group agrees that the income eligibility rules are designed to provide assistance to a very limited population – to only extremely poor families that have income less than approximately 51% of the Federal Poverty Level if they are new applicants to the program. During the initial 21 month period of eligibility, families can have income up to 100% of the FPL, but to qualify for an extension beyond 21 months they cannot have income greater than 37% of the FPL. For families with individuals who have obtained employment in the 21 month period, this translates into an abrupt end to assistance while they may still have income under the FPL and are considered poor. The group recommends that the income limit to become or remain eligible for TFA at any point throughout the process should be changed to 100% of the FPL, and the requirement to include non-exempt adults in the assistance unit at the expiration of time-limited benefits should be removed. It was also recommended to deduct from countable income the amount of a car payment obligation, as transportation is necessary to retain employment.</p>	
	<p>TFA Policy Issue/Reference</p>	<p>CT’s Current Policy</p>	<p>Considerations</p>	<p>Options</p>
<p>4.</p>	<p>Benefit Amounts 45 CFR 260.31, 260.32 CGS 17b-112(d) UPM 8565.15</p>	<p>a. Time-limited au benefits are calculated differently than exempt au benefits. b. Earned income is disregarded in both calculations. c. Time-limited au benefit calculation- Payment standard + special needs – unearned income = TFA benefit. d. Exempt au benefit calculation- Standard of Need – unearned income = x*.73= TFA benefit (Note: Payment Standards are</p>	<p>How well are CT’s current benefit amounts meeting the needs of TFA participants and their families?</p>	

		approximately 73% of Standard of Need – How different are the calculations?)		
<p>TFA External Group Consensus Outcome – The group agrees that the TFA benefit amounts (payment standards) need to be increased. It was noted that a cost of living increase was applied to the TFA Payment Standard very few times since 1996 (an estimate of 4 times was stated). A suggestion was made that an increase in benefit amount that would reflect the Consumer Price Index cost-of-living increase for every year since 1996 was made and supported by other members. Another group-supported recommendation includes a benefit increase, with a portion of the increase being deposited into a savings vehicle that could be accessed in emergency situations (for car repair/purchase, housing crisis/facing eviction, etc). To gain support for such a measure, it would be beneficial for an economist to complete a cost-benefit analysis to highlight the expected gain and possible return on investment.</p>				
	TFA Policy Issue/Reference	CT’s Current Policy	Considerations	Options
5.	Exemptions 45 CFR 261.2 (n)(1), CGS 17b-112(b) UPM 8530.10	<ul style="list-style-type: none"> a. Incapacitation/old age b. Incapacitated household member c. Not legally responsible for dependent children d. Caring for child under 1 e. Verified inability to work due to pregnancy/ postpartum f. Minor parent completing high school/GED g. Domestic violence prevents victim from obtaining/retaining employment h. Unemployable – Age 40+, not employed at any level after receipt of 20 months TFA, not completed grade 6, meets good faith effort requirement, not employed more than 6 months in last 5 years i. If unemployable obtains/retains employment for 2 months or more, person loses exempt status 	<p>Does policy adequately address all groups who should be considered exempt?</p> <p>Unemployability criteria – are they appropriate?</p> <p>What characteristics/criteria/barriers make a person very unlikely to be capable of learning skills needed to obtain/ retain employment?</p>	<p>1. Modify definition of incapacity-currently impairment must eliminate the possibility of employment; allow for some work before losing exemption status?</p>

TFA External Group Consensus Outcome – Lack of a GED/high school diploma and substance abuse addiction that prevents work should qualify for an exemption if the individual is pursuing a GED and/or receiving treatment for substance abuse addiction.

	TFA Policy Issue/Reference	CT's Current Policy	Considerations	Options
6.	<p>Asset Limits UPM 8550</p> <p>Pertaining to IDA and TANF: 45 CFR 263.20, 263.21, 263.22, 263.23</p>	<p>a. Asset limit of \$3,000 per assistance unit.</p> <p>b. One motor vehicle excluded up to \$9,500</p> <p>c. A vehicle that is used to transport a disabled or handicapped au member is totally excluded</p> <p>d. UPM 8550.15 outlines other assets that are excluded or require special treatment</p>	<p>1. Well-being = Income + Assets and welfare policies discourage asset accumulation</p> <p>2. Most TFA applicants do not have significant assets- is time spent verifying them time well spent?</p> <p>3. Benefits of assets- Promotes economic household stability & educational attainment</p> <p>4. Decreases risk of intergenerational poverty transmission</p> <p>5. Increases health, satisfaction, & local civic involvement</p> <p>6. Find out more as to how policy change can make a difference – American Dream Demonstration</p>	<p>1. Remove or lift asset limit to at least \$15K</p> <p>2. Help TFA families access financial mainstream by requiring direct deposit into bank/credit union account (instead of EBT)</p> <p>3. .Expand Individual Development Accounts (offered through DOL)/ create link to TFA program? TANF supported? TANF funds part of match requirement?</p> <p>4. Make financial education & counselling integral in TANF/TFA policy by providing-</p> <p>A. .Access to safe & affordable financial products</p> <p>b. Assistance developing emergency savings</p> <p>c. Services that help families get out of debt & build/repair credit</p>

TFA External Group Consensus Outcome-

1. Increase asset limit to \$15,000. Exclude one vehicle entirely.
2. Expand Individual Development Accounts currently offered by the DOL and create a link to the TFA program.
3. Make financial education & counselling integral in TANF/TFA policy by providing-
 - a. Access to safe & affordable financial products
 - b. Assistance developing emergency savings
 - c. Services that help families get out of debt & build/repair credit
 - d. Include financial education overview as part of JFES

	TFA Policy Issue/Reference	CT's Current Policy	Considerations	Options
7.	Penalties and Sanctions 45CFR 261.14, 261.15, 261.16 UPM 8530.55	<ol style="list-style-type: none"> a. Full-family reduction, b. Prior to assist-120 day penalty period, c. 1st penalty-25% reduction/3 months d. 2nd penalty-35% red/3 months e. 3rd penalty-100% red/3 months, f. Permanent sanction if during an extension, g. Conciliation process 	<ol style="list-style-type: none"> 1. Effect on family of imposing financial sanction when already poor, 2. Are barriers being adequately identified & addressed? 3. Exempt status applied properly? 4. Per survey, DSS eligibility staff feel the sanctions policy is effective overall. 	<ol style="list-style-type: none"> 1. Type-partial, gradual full-family, immediate full-family, pay for performance 2. Minimum duration-no min. until compliance, 1 month, 2 -3 months 3. Cure Requirements- willingness to comply, period of compliance, or other 4. Repeated Non-compliance-stringency, duration, cure, lifetime ban

TFA External Group Consensus Outcome-

The goal of this policy should be corrective rather than punitive. Therefore, once the sanctioned individual is in compliance, the penalty should end. For example, a TFA participant is sanctioned for not complying with JFES. They become compliant after having received the first month of reduced benefits. Rather than the penalty being applied to the second and third months of the penalty period, the affected assistance unit should receive 100% of their benefit amount for the remaining months.

	TFA Policy Issue/Reference	CT's Current Policy	Considerations	Options
8.	Incapacity Determination Process CGS 17b-112 UPM 8530B3	a. Physical/mental illness/ impairment lasting at least 30 days that eliminates the ability to engage in employment on a predictable basis with reasonable regularity	<ol style="list-style-type: none"> 1. Generally, it takes DSS a long time to make this determination through the MCCT process. 2. Legal Aid has suggested that medical documentation signed by designated medical professionals should suffice w/o the need for MCCT process. 3. MCCT uses subjective clinical judgment to make decisions regarding impairment, as opposed to policy that outlines specific medical criteria that need to be met. 	<ol style="list-style-type: none"> 1. Make incapacity determination based on documentation provided by doctor; eliminate the MCCT process. 2. Have CCC complete medical determination process. CCC currently makes decisions for SAGA using federal disability criteria.
<p><u>TFA External Group Consensus Outcome-</u> The group feels that DSS should make incapacity determinations based on the documentation provided by the doctor and eliminate the MCCT process. In other words, if the doctor completes and signs off on the required forms indicating that a TFA participant has a physical/mental illness/impairment lasting at least 30 days that will prevent the person from participating in gainful employment, then DSS should accept that as verification and not require another review by MCCT. The group does not understand why the verification of the treating doctor's diagnosis is not enough. They also suggest that client should be able to participate in some work before taking away their exempt status, especially if their condition meets federal disability criteria. DSS might consider having CCC complete medical determinations for those clients that currently have a pending Social Security application to determine if their physical/mental health condition meets federal disability criteria?</p>				

	TFA Policy Issue/Reference	CT's Current Policy	Considerations	Options
9.	Reporting and Verifications UPM 8520.40	<p>a. The verification of information pertinent to an eligibility determination or calculation of benefits is the responsibility of the assistance unit.</p> <p>b. The Department assists in obtaining verification on behalf of the assistance unit when one of the following conditions exist:</p> <ul style="list-style-type: none"> i. The Department has the internal capability of obtaining the verification needed. ii. The Department has the capability to obtain the verification needed without undue administrative hardship, and the assistance unit has been unable to obtain the needed verification after making a bona fide effort, and the assistance unit has requested help; or iii. The evidence necessary can only be obtained by payment of a fee, and the Department is able to obtain the evidence. 	<p>DSS is currently in the design phase of replacing the EMS Eligibility Management System with ImpaCT. ImpaCT will be utilizing an Enterprise Service Bus (ESB) that will allow for specific components to be shared across multiple agencies. Shared components include the Master Person Index and the Federal Services Data Hub, among others. This will allow the agency to have access to more information, thereby reducing the amount of verification the client needs to provide.</p>	

TFA External Group Consensus Outcome-

The group is looking forward to the enhancements that ImpaCT will bring in regards to assisting clients in obtaining the necessary verifications to make an eligibility determination. They are hoping that it helps minimize the duplication of effort of providing the same information to multiple state agencies. They also want to remind the agency of the importance of providing accommodations to clients in all parts of the eligibility process as outlined in UPM 1005.10.

	TFA Policy Issue/Reference	CT's Current Policy	Considerations	Options
10	Application Standard of Promptness (SOP) UPM 8520.05 (F)	1. The standard of promptness for applications for an extension made during receipt of TFA during the time limit or an extension is thirty (30) days from the application date. 2. The standard of promptness for all other applications of TFA is forty-five (45) days of the application date.	1. What DSS resources would be necessary to successfully change the SOP?	

TFA External Group Consensus Outcome-

The group feels that it would be a great help to eligible families to receive benefits as soon and timely as possible, and therefore would like to see the standard of promptness reduced to 30 days for all applications. That stated, they realize that the agency is currently struggling to meet the standards in place and therefore feel this is not the highest policy change priority at this time.

	TFA Policy Issue/Reference	CT's Current Policy	Considerations	Options
11	Safety Net Referral CGS 17b-112e UPM 8545.05	<ol style="list-style-type: none"> 1. Assistance to families with barriers to employment who are no longer eligible for or are at risk of losing TFA benefits 2. Assistance granted based on availability of funding; DSS allowed discretion to provide available assistance to neediest families. 3. Income limit is TFA payment standard for assistance unit size. 4. Assistance includes a needs assessment, the development of a service plan that identifies the family's needs and outlines the duration, frequency, and intensity of services that will be provided, and delivery of the planned services. 	<ol style="list-style-type: none"> 1. Should this type of assessment occur during the initial needs assessment? Should these needs have been identified and addressed earlier in the process? 2. How much is allocated to program, how much used? Status of available/ allocated funding. 	<ol style="list-style-type: none"> 1. Remove requirement to have recent connection with TFA program.
<p><u>TFA External Group Consensus Outcome-</u> The group feels a better data exchange needs to take place when a family is in need of services. Because this is a program with limited funds, it should be the program of last resort. If the same services can be provided by another agency, help should be provided by the alternative source. Safety Net can assist with coordinating assistance from other sources. It would be helpful if the Safety Net Services worker could identify if a family requesting services has an active DCF case, as DCF provides assistance in many different areas that the family might not be aware of.</p>				

	TFA Policy Issue/Reference	CT's Current Policy	Considerations	Options
12	Family Cap CGS 17b-112(d) UPM 8562.20	<p>a. If a parent of a newborn was in receipt of TFA cash assistance 9 or 10 months before the birth of the child, the benefit received for that child shall reflect a 50% reduction of the benefit normally received for the addition of an assistance unit member.</p> <p>b. The exemption for caring for a child under one also does not apply for such a child.</p> <p>c. Exceptions are a first-born child(ren) and a child born as a result of incest or rape.</p>	<p>1. There is no reliable evidence that family cap policies reduce the number of births to poor families in receipt of TANF cash assistance or support any other of the TANF program goals.</p> <p>2. Does the policy further deprive already very poor families?</p>	<p>1. Remove the family cap provision</p> <p>2. Retain disqualification from the employment services exemption given for a child in the household under one year old when the child is a Cap child</p>
<p><u>TFA External Group Consensus Outcome-</u> The group feels this policy is not effective in deterring the birth of children to TFA participants as intended and only makes already very poor families worse off. They feel the family cap provision should be removed from policy.</p>				

	TFA Policy Issue/Reference	CT's Current Policy	Considerations	Options
13	Diversion Assistance CGS 17b-112g UPM 8515	<p>a. Cash for families who meet TFA eligibility criteria that need help in meeting a short-term need</p> <p>b. Must be employed, have job offer, work history, marketable job skills, without barriers to employment</p> <p>c. Up to a 3 month benefit issued as a one-time lump sum</p> <p>d. Counts as 3 months towards the TFA counter</p> <p>e. Can be received 3 times in a lifetime, but not more than once every 12 months</p> <p>f. 3 month period of TFA ineligibility after benefit received</p>	<p>1.Not many meet eligibility criteria – employed/ employable and meet TFA eligibility criteria</p> <p>2. If eligibility criteria met, there is not much motivation to elect for diversion over regular TFA (only lump sum?)</p> <p>3.CT is one of only 5 states that count diversion assistance towards the time limit counter</p> <p>4.Program not offered frequently to clients in CT</p>	<p>1.Ensure TFA applicants are assessed for eligibility and offered Diversion assistance</p> <p>2.Not count Diversion assistance received on the time limit counter</p> <p>3. Offer Diversion assistance as a cash loan.</p> <p>4. Expand eligibility of the Diversion program to meet short term needs of hard to employ TFA applicants, with focus on specialized assessments, case management, and services to address the conditions that interfere with employment.</p>

TFA External Group Consensus Outcome- The group feels this program has potential to help those families with employment that run into an emergency event, that if not addressed might put them in a position to lose their employment or have another major adverse effect on their family's stability (eviction, for example). At present, very few families would qualify for this program, because if they are employed or have a promise of employment, they normally are over income for TFA. They recommend an income limit increase, the removal of the 3 months it counts towards the TFA time-limited counter, and are open to the possibility of Diversion Assistance being offered as a cash loan. They also feel it has great potential to tie in with an asset building program, such as the DOL's Individual Development Account Program.

	TFA Policy Issue/Reference	CT's Current Policy	Considerations	Options
14	Subsidized employment	CT not currently using. 45 CFR261.30 (b) /(c),45CFR 261.31 (b)	1 .Is this a possibility for those job-ready and unable to find employment? 2 .Do other states have this available?	
TFA External Group Consensus Outcome - North Carolina and California have successfully used subsidized employment to offset the effects of a negative economic climate that limits a TANF participant's ability to obtain employment. The group sees this as a policy opportunity for TFA clients. They feel that clients should not be penalized for subsidized employment; it should be counted as a work participation activity. Limitations regarding its use would need to be explored.				

Abbreviations Key

AU	Assistance Unit
CFR	Code of Federal Regulations
CCC	Colonial Cooperative Care
CGS	Connecticut General Statutes
DOL	Department of Labor
DSS	Department of Social Services
EBT	Electronic Benefits Transfer
EMS	Eligibility Management System
ESB	Enterprise Service Bus
FPL	Federal Poverty Level
GED	General Education Development (high school equivalency)

MCCT	Medical and Clinical Consultation Team
MOE	Maintenance of Effort
SON	Standard of Need
SOP	Standard of Promptness
TANF	Temporary Assistance for Needy Families (federal)
TFA	Temporary Family Assistance (state)
TL	Time-limited
UINC	Unearned Income
UPM	Uniform Policy Manual

Appendix B

Employment and Training Workgroup Summary

In 2011 the Connecticut Department of Labor (DOL) and Department of Social Services (DSS) convened the “Jobs First Employment Services (JFES) Enhancement Workgroup” to develop recommendations for the JFES program to improve participants’ employability, raise earnings, increase the probability of upward career mobility and further assist the JFES population that lacked a high school diploma or equivalency. The recommended changes to the JFES program intend to help participants become more competitive in Connecticut’s job market while meeting the federal TANF work participation requirements. The workgroup collected and analyzed information from adult basic education providers, JFES program operators, the federal Administration for Children and Families (ACF) and reports of evidence-based projects from all over the country. The workgroup consisted of key stakeholders from DOL, DSS, State Department of Education (SDE), Workforce Investment Boards (WIBs), Connecticut Women’s Education and Legal fund (CWEALF) and UCONN.

In 2013, as a result of the Governor’s charge within the Child Poverty and Prevention Council, DOL created and convened an interim “TANF Investment Employment & Training” (E&T) Workgroup. The E&T Workgroup members included stakeholders from the previously noted agencies of the “JFES Enhancement Workgroup.” At the February 2014 E&T Workgroup meeting, members reviewed the recommendations of the 2011 “JFES Enhancement Workgroup” to assess whether the recommendations were still valid and would enhance the service delivery of the current JFES program. In addition, the workgroup was asked to make additional recommendations on new service delivery enhancement options that should be considered beyond the 2011 workgroups recommendations. The result of the E&T Workgroup meeting was the implementation of several initiatives which are at various stages of piloting.

- **Implementation of JFES “Integrated Basic Education and Skills Training” (I-BEST):**

SFY14 I-BEST

In SFY14, JFES funding was designated for additional programming and evaluation. The Department chose to utilize the funding to implement an “*Integrated Basic Education and Skills Training*” (I-BEST) pilot program which was one of the E&T Workgroup’s recommendations. The statewide pilot is modeled after the state of Washington’s nationally recognized I-BEST programming. I-BEST is an evidence-

based model that provides vocational skills training simultaneously with adult basic education. The curriculum was designed jointly and classes were co-taught by an adult education instructor and a specialist in the appropriate vocational field. The I-BEST model has proven to help participants improve their basic skills and/or achieve or progress towards a secondary education credential while attaining an industry-recognized credential.

The primary goals of the JFES I-BEST pilot included the attainment of industry-recognized credentials and improved post-program employment for JFES participants, thereby creating incentives for the WIBs to develop training opportunities that meet local labor market needs.

The five regional WIBs offered training programs that were expected to result in the following credentials:

- Certified Nursing Assistant
- Introduction to Culinary Arts Certificate
- Level 1 NIMS (National Institute for Metal Working Skills) Certification
- Medical Office Assistant (6 college credits from Manchester Community College to be applied towards this degree)
- Medical Office Receptionist Certificate
- Medical Terminology Certificate
- Microsoft Technology Associate Certificate
- National Professional Certification in Customer Service from NRF (National Retail Federation)
- Qualified Food Handler License (OSHA 10, First Aid, CPR)
- Software Application Certificate

The period of instruction for the JFES I-BEST approved training programs ranged from 4 to 21 weeks. More than half of the training programs incorporated some type of post program work experience including unpaid internships, paid internships or subsidized employment. Of the 286 available training slots, 92 percent were filled in the first year of the pilot program. The overall completion rate for those who were eligible and agreed to participate was 58 percent. This completion rate was favorably comparable to the 44 percent completion rate achieved by Washington State's I-BEST program in their pilot year (2005). The University of Connecticut is currently in the process of finalizing the "JFES I-BEST Implementation" report which will provide more in-depth data for Year One of Connecticut's pilot program.

SFY15 I-BEST

DOL solicited proposals for Year Two implementation of the JFES I-BEST pilot program from the WIBs through a Request for Proposal (RFP) process. With the first

year being close to completion when the RFPs were submitted, WIBs were able to develop comprehensive proposals that demonstrated outcomes resulting in industry-recognized credentials, gainful employment in emerging industry sectors, increased earnings and achievement or progression towards a secondary education credential.

Upon awarding the additional designated program funding for Year Two of the JFES I-BEST pilot, contracts were finalized and WIBs and their vocational and adult basic education providers will be providing training that is expected to result in the following credentials:

- Auto Technician Certificate
- Certificate of Learning (American Hotel and Lodging Educational Institute)
- Certified Nursing Assistant
- CT Asbestos Supervisor License
- CT Lead Supervisor License
- CT Lead Worker License
- Culinary Arts Certificate
- Food Safety Certificate
- Deconstruction Overview Certificate
- Medical Office Receptionist Certificate
- Medical Terminology Certificate
- Medication Administration by DDS
- Microsoft Office/Adobe Certificate
- Microsoft Technology Associate Certificate
- National Professional Certification in Customer Service from NRF (National Retail Federation)
- OSHA HAZWOPER 40-hour Certificate
- OSHA 10-hour Card for Construction
- OSHA Universal Precaution by the American Red Cross
- Psychological Management Training (PMT) Certification by CREC Polaris Center
- Qualified Food Handler License (OSHA 10, First Aid, CPR, AED certificate)
- Medical Office Assistant (6 college credits from Manchester Community College to be applied towards this degree)

▪ **JFES Intake Enhancement:**

In May 2014, DOL procured a motivational trainer who specializes in welfare reform, case management and motivational service delivery in an effort to learn how to better assess the employability of participants and develop the skills and strategies to empower participants to make changes in their lives on their path towards self-sufficiency. Another vital element of the training was learning how to build individualized employment plans in collaboration with participants to promote ownership and overall commitment to the JFES program.

The motivational trainer, a national expert in her field, also examined the current JFES intake/orientation process in order to develop and launch a new model “Motivating and Engaging TANF Participants” that focused on connecting the participant’s motivation to the three JFES program goals listed below and to reinforce the commitment to obtaining employment.

JFES Program Goals:

- Enable participants, through employment, to become independent from cash assistance by the end of the 21-month time limit established by law
- Enable participants who become independent from cash assistance to remain employed and independent of TFA
- Ensure that federally-established participation rates are met

▪ **Standardizing Employability Assessments:**

An Assessment Sub-Workgroup was formed with the mission of reviewing various employability and career interest inventory assessments to provide a more in-depth standardized employability assessment for JFES participants. The workgroup chose to pilot the Career Occupational Preference System (COPSystem) which consists of a career guidance program that outlines individual’s occupational interests, abilities and work values. In addition, all JFES participant’s capable of taking the reading and math skills are being evaluated through the Comprehensive Adult Student Assessment System (CASAS) to better identify adults in need of math and/or reading skills remediation and to assist with placement into education and/or employment and training programs.

TANF Employment & Training Workgroup Potential Recommendations:

- JFES I-BEST initiative - pending pilot evaluation
- Motivational Intake Enhancement - on-going evaluation
- Standardized Employability Assessments - pending pilot evaluation

Appendix C

COUNCIL MEMBERS

2014

Anne Foley, Chair
Under Secretary
Office of Policy and Management

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

Stephen Anderson
Supervising Environmental Analyst
Department of Agriculture

Gregg Cogswell
Senate Republican Office
Connecticut General Assembly

Renee Mitchell-Coleman
Section Chief
Department of Public Health

Bernadette Conway
Judge
Superior Court

Kathleen Durand
Director of Strategic Initiatives
Department of Housing

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

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

Gregory Gray
President
Board of Regents for Higher Education

Mary Ann Handley
Former State Senator

Tanya Hughes
Executive Director
Commission on Human Right and Opportunities

Myra Jones-Taylor
Commissioner
Office of Early Childhood

Carol Meredith
Director
Department of Mental Health and Addiction Services

Mary Mushinsky
State Representative
Connecticut General Assembly

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

Peter Palermino
Program Manager
Department of Social Services

Monica Rinaldi
Warden
Department of Correction

Lisa Rivers
Transit Manager
Department of Labor

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

Faith VosWinkel
Assistant Child Advocate
Office of Child Advocacy

Elaine Zimmerman
Executive Director
Commission on Children

Lezlye Zupkus
State Representative

Child Poverty and Prevention Council Staff
Pamela Trotman, Planning Specialist,
Office of Policy and Management

Appendix D
STATUTORY AUTHORITY
Connecticut General Statutes Sections 4-67x and 4-67y

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

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

abuse programs and services, for such parents and children, and (G) accessible childhood nutrition programs.

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

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

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

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

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

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

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

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

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

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

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

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

(h) Not later than July 1, 2006, the Office of Policy and Management shall, within available appropriations, develop a protocol requiring state contracts for programs aimed at reducing poverty for children and families to include performance-based standards and outcome measures related to the child poverty reduction goal specified

in subsection (a) of this section. Not later than July 1, 2007, the Office of Policy and Management shall, within available appropriations, require such state contracts to include such performance-based standards and outcome measures. The Secretary of the Office of Policy and Management may consult with the Commission on Children to identify academic, private and other available funding sources and may accept and utilize funds from private and public sources to implement the provisions of this section.

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

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

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

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

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

establishment of multiple enrollment sites where feasible; (5) reduction of current response times to clients for safety net programs, including, but not limited to, the federal Supplemental Nutrition Assistance Program, the federal Special Supplemental Food Program for Women, Infants and Children, the National School Lunch Program and other federal child nutrition programs, the temporary family assistance program, the child care subsidy program, heating and rental assistance, eviction prevention services and free and reduced preschool meal programs; (6) identification of appropriate revisions to regulations and procedures to be streamlined to increase program access; (7) maximization of availability of targeted case management and intervention services; (8) assessment of the unique needs of children of soldiers serving or returning from war or other military service; and (9) maximization of all federal funding opportunities.

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



House Bill No. 5323

Public Act No. 14-132

AN ACT CONCERNING THE CHILD POVERTY AND PREVENTION COUNCIL.

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

Section 1. Subsection (a) of section 4-67x of the 2014 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(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, [Housing, Agriculture](#) and Economic and Community Development, the Labor Commissioner, the Chief Court Administrator, the chairperson of the Board of Regents for Higher Education, the Child Advocate and the executive directors of the Commission on Children, [the Office of Early Childhood](#) 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.

Sec. 2. Subsection (g) of section 4-67x of the 2014 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(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. On or before November first of each year from 2015 to 2020, inclusive, each budgeted state agency that provides prevention services to children shall, within available appropriations, report to the joint standing committees of the General Assembly having cognizance of matters related to appropriations, human services and children 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.

(4) Each agency report shall also include (A) a list of agency programs that provide prevention services, (B) the actual prevention services expenditures for the most recently completed fiscal year, and (C) the percentage of total actual agency expenditures in the most recently completed fiscal year that were actual prevention services expenditures.

Sec. 3. Section 4-67v of the general statutes is repealed. (*Effective from passage*)

Approved June 6, 2014