

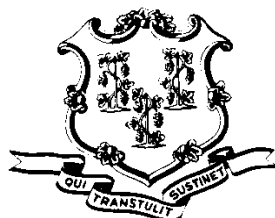
*STATE OF CONNECTICUT*

# **Child Poverty and Prevention Council**

## **January 2012 Progress Report**

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

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



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# I. Executive Summary

In 2006, two councils -- the active Child Poverty Council and the inactive Prevention Council -- were consolidated into one coordinated body<sup>1</sup>. The statutory purpose of the Child Poverty and Prevention Council is to:

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

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 recommendations for future action to reduce child poverty in this state. In addition, as required by Connecticut General Statutes (C.G.S.) Section 4-67x<sup>2</sup> the report also contains examples of successful interagency collaborations and a report on prevention services.

## **A. Trends in Child Poverty in Connecticut**

The Council continues its focus on reducing child poverty both among “very poor” households with income below 100% of the federal poverty level (\$18,310 for a family of three and \$22,050 for a family of four in 2010)<sup>3</sup> and “poor” households with income below 200% of the federal poverty level (\$36,620 for a family of three and \$44,100 for a family of four in 2010)<sup>4</sup>.

In 2010, the most recent year for which we have data, Connecticut’s child poverty rate for “very poor households” with income below 100% of the federal poverty level was 12.8%, a slight increase from the 2009 child poverty rate of 12.1%. While Connecticut experienced an increase in the child poverty rate over the previous year, Connecticut’s child poverty rate of 12.8% remain substantially below the national child poverty rate of 21.6%. Connecticut had the 2<sup>nd</sup> lowest child poverty rate in the nation where child poverty rates range from 10% in New Hampshire to 32.5% in Mississippi. Additionally, Connecticut ranks 50<sup>th</sup> of all the states and D.C. -- only New Hampshire (at 10%) had a lower child poverty rate in 2010.

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

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

<sup>3</sup> See <http://aspe.hhs.gov/poverty/figures-fed-reg.shtml>

<sup>4</sup> Source: U.S. Department of Health and Human Services Poverty Guideline 2010. Monthly percentage data calculated by the Office of Policy and Management and rounded to the nearest dollar.

For “poor” households with income below 200% of the federal poverty level, Connecticut’s child poverty rate in 2010 was 26.8% which represents a significant increase over the previous year’s rate of 23.1%. Using this measure the national child poverty rate is 43.6% and Connecticut ranks 50<sup>th</sup> of all the states and D.C. -- only New Hampshire has a lower child poverty rate at 18.4%.

**Child Poverty in Connecticut 2003-2010**

|  | 2003  | 2004  | 2005  | 2006  | 2007  | 2008  | 2009  | 2010  |
|--|-------|-------|-------|-------|-------|-------|-------|-------|
| Percentage of children under 18 in households with income < 100% fpl | 11.0% | 10.5% | 11.6% | 11.1% | 12.5% | 12.5% | 12.1% | 12.8% |
| State Rank for percent of children in households < 100% fpl          |       |       | 46    | 49    | 47    | 42    | 49    | 50    |
| Percent of children under 18 in households with income < 200% fpl    | 23%   | 23.9% | 25.8% | 25.8% | 27.5% | 26.2% | 23.1% | 26.8% |
| State Rank for percent of children in households < 200% fpl          |       |       | 48    | 49    | 48    | 50    | 50    | 50    |

Rates of child poverty in Connecticut continue to vary significantly based on location, ranging from 9.9% in Danbury to an overwhelming 44.5% in Hartford. African American and Hispanic children are significantly more likely to live in poverty in Connecticut than white children. According to an analysis of the 2010 American Community Survey data conducted by Connecticut Voices for Children, 29.4% of black children and 28.4% of Hispanic children live in poverty as compared to 5.3% of white children.<sup>5</sup> Poverty rates also vary by family structure as single parent families with related children are ten times more likely to live in poverty than married couples with children.<sup>6</sup>

Using the most recent data available, the percentage for all low income and poor children in Connecticut increased from the previous year, suggesting that more families fell into poverty.

<sup>5</sup> Connecticut Voices for Children, Summary of the American Community Survey 2010 One Year Estimates

<sup>6</sup> U.S. Census Bureau 2010 American Community Survey Chart S1702

## **B. State Actions Taken to Address Child Poverty in 2011**

In 2011, the following state policy and budget changes were made in furtherance of the Child Poverty and Prevention Council's recommendations:

- **State Earned Income Tax Credit Program.** In 2011, Connecticut joined 24 other states and the District of Columbia with a state earned income tax credit. As proposed by Governor Malloy and enacted by the General Assembly, this fully refundable credit will provide a benefit of up to approximately \$1,700 to approximately 190,000 low-income families in Connecticut. The federal earned income tax credit is the country's largest and most successful anti-poverty program. In November 2011, Governor Malloy, legislative branch and the Department of Revenue Services held a promotion event to announce the new tax credit program for low income families. Prior and during the upcoming tax season continued efforts will be made to promote both the federal and state earned income tax credit programs.
- **Supportive Housing.** Consistent with the Governor's budget proposal, the legislature enacted the development of 150 new units of supportive housing across the state. These units provide permanent, affordable housing matched with support services for families and individuals at risk of homelessness. Funding provided in the state budget included \$30 million in capital funding for the development of the units, \$1.5 million annually in new rental assistance subsidies through the Department of Social Services, and \$1 million for supportive services through the Department of Mental Health and Addiction Services.
- **Affordable Housing.** The enacted state budget included \$100 million (\$50 million in each year of the biennium) for housing development and rehabilitation projects to increase the availability of affordable housing options for low-income families.
- **Federal Emergency Homeowners Loan Program (FEHLP)** was initiated in April 2011. The Connecticut Housing Finance Authority (CHFA) initially received \$29 million with a goal of assisting 640 homeowners in Connecticut. The overwhelming response to the program, and CHFA's effectiveness in distributing funds to those in need, prompted the United States Department of Housing and Urban Development (HUD) to provide additional funding for Connecticut, increasing the amount available for loan assistance to \$49 million. With this funding, CHFA was able to approve a total of 1,070 assistance loans to homeowners by November 1, 2011.

- **Emergency Mortgage Assistance Program (EMAP).** The success of the FEHLP program created additional demand for CHFA's EMAP program which provides needed mortgage assistance to Connecticut homeowners who are facing foreclosure and, by October, the program was facing imminent closure due to lack of resources. Governor Malloy worked with State Treasurer Denise Nappier to commit a portion of the FY12 expected lapse in general fund debt service to allow CHFA to issue \$20 million in bond funds. This funding allowed CHFA to provide an additional 280 loans to home owners facing foreclosure over the last half of FY12.
- **Early Childhood System.** In 2011, Governor Malloy created a coordinated early childhood system in Connecticut. The state budget and related legislation transferred the Child Care Services Program and the School Readiness Quality Enhancement account from the Department of Social Services to the Department of Education and provided \$2 million in additional funding to bring the Department of Social Services Child Day Care rates to parity with the School Readiness slot rates. Another bill calls for the coordination of more of the early childhood programs within the next few years.
- **Academic Achievement Gap.** Public Act 11-85 establishes 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. Among other responsibilities the task force must develop a master plan to eliminate the achievement gaps. The act also creates an Interagency Council to assist the task force in the development and implementation of the master plan to close the achievement gaps.
- **Board of Regents for Higher Education.** In 2011, the General Assembly adopted Governor Malloy's proposal to create one Board of Regents for Higher Education in order to improve coordination, expand transparency, and streamline administrative structures in the state's higher education system. The adopted budget reorganizes the state system of higher education by establishing a 19-member Board of Regents fir Higher education to serve as the governing body for the Connecticut State University System, the community-technical colleges, and Charter Oak State College, which includes seventeen academic institutions serving approximately 100,000 students. The Board of Regent will merge the central office functions of the constituent units, which will result in savings through economies of scale.
- **Job Creation.** In October, Governor Malloy called a special session of the General Assembly to focus on job creation and retention in the state. As a result, two significant bills were enacted. Public Act 11-1 OSS, AA Promoting Economic Growth and Job Creation in the State establishes new and existing business

assistance, economic and workforce development, and job training programs. Among other things, the act authorizes rapid response financial assistance programs for small businesses, a temporary subsidy for employment and training costs for a small business that hire eligible new employees, and expands the First Five and Manufacturing Reinvestment Account. In addition, Public Act 11-2 OSS creates the Connecticut Bioscience Collaboration program to support establishment of a bioscience cluster anchored by a research lab at the UConn Health Center and provides state funding for Jackson Laboratory's new billion dollar personalized medicine project. A collaborative effort between Jackson Laboratory, the State of Connecticut, the University of Connecticut and Yale University, the Jackson Laboratory for Genomic Medicine will accelerate the development of new medical treatments tailored to each patient's unique genetic makeup. Permanent jobs associated with the facility total more than 6,800 over 20 years, including 300 direct jobs within 10 years and 600 direct jobs within 20 years.

- **TANF Contingency Funding.** Connecticut received \$32.4 million in new federal funds to provide: short-term emergency room services to families, subsidized employment opportunities to individuals, baby supplies, school supplies, support services to assist families to remain in their homes and summer camp opportunities for children.

### **C. Priority Recommendations to Address Child Poverty in 2012**

In 2009, the Child Poverty Council engaged the Urban Institute to provide an economic analysis of which 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.

Based on this quantitative analysis and further discussion, the Council's recommendations for action in 2012 are:

#### REDUCE HOMELESSNESS:

1. Increase Rental Assistance Program certificates (RAPs) available to families with children.
2. Re-open the Security Deposit Guarantee Program.

3. Continue to implement supportive housing for families with children.
4. Align investments of state agencies in family housing between the Departments of Economic and Community Development, Mental Health and Addiction Services, Social Services, and Children and Families.

#### ENHANCE EARLY CHILDHOOD EDUCATION

1. Allow low-income parents up to 75% of the state median income (instead of the current 50%) to enroll in Care4Kids. This would need to be phased in over several years due to the cost. Increase eligibility to 75% of state median income for minor parents, including the parents of a minor parent in the income calculation.
2. 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

#### INCREASE ATTAINMENT OF ASSOCIATES' DEGREES

1. Expand Western Connecticut State University’s Bridges program to all community colleges. Under this program, professors work with middle- and high-school students, administrators and teachers in priority school districts to reduce the need for remedial education.
2. On a biennial basis, the Board of Regents should collect and distribute data to inform all public school districts of remedial education needs and six-year college graduation rates. This data should inform remedial education decisions by the state Department of Education.
3. Replicate the “Achieving the Dream” model at community colleges to close student achievement gaps.
4. Expand financial aid strategies to cover cost of living expenses.

#### ENHANCE ACCESS TO FEDERAL NUTRITION AND ENERGY ASSISTANCE PROGRAMS

1. DSS should, within available appropriations, increase enrollment for federal energy and nutrition assistance programs. Potential actions could include: streamlining applications, improving access to DSS offices, increasing efficiency of application processing, enhancing outreach, implementing “modernization”,



creating “one-stop shopping”, improving communication, and granting expedited benefits.

### **D. Prevention Report**

The report contains a summary of each state agency’s report on prevention services provided in 2011. 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”.

For FY 2011, nine state agencies reported expenditures of over \$293 million for 42 comprehensive primary prevention programs. The FY 11 amount expended for each program ranged from \$500 for Shaken Baby Prevention and Safe Sleep Public Awareness Campaign at DCF to over \$74 million for School Readiness in SDE. These investments combined demonstrate a significant commitment to prevention services by state agencies.

The state agency prevention programs described in the report are:

|   |   |
|---|---|
| <p><b>Department of Children and Families</b><br/> <i>DCF/Head Start Partnership</i><br/> <i>Early Childhood Consultation Partnership</i><br/> <i>Early Childhood Services</i><br/> <i>Positive Youth Development</i><br/> <i>Shaken Baby Prevention and Safe Sleep Public Awareness Campaign</i><br/> <i>Youth Suicide</i></p> | <p><b>Department of Public Health</b><br/> <i>Easy Breathing Asthma Program</i><br/> <i>Child Day Care Licensing</i><br/> <i>Community Health Centers</i><br/> <i>Family Planning</i><br/> <i>Immunization Program</i><br/> <i>Injury Prevention</i><br/> <i>Intentional Youth Violence</i><br/> <i>Lead Poisoning Prevention Control</i><br/> <i>Newborn Screening and Tracking</i><br/> <i>Nutrition, Physical Activity and Obesity</i><br/> <i>Oral Health-Home by One</i><br/> <i>Rape Crisis and Prevention Services</i><br/> <i>Tobacco Use Prevention and Control</i><br/> <i>Women, Infant and Children</i></p> |
| <p><b>Department of Developmental Services</b><br/> <i>Birth to Three</i><br/> <i>Family Support Services</i></p>   | <p><b>Department of Social Services</b><br/> <i>Family Development and Training and Credentialing Program</i><br/> <i>Family Empowerment Initiative</i><br/> <i>Family School Connection</i><br/> <i>Healthy Start</i><br/> <i>Help Me Grow</i><br/> <i>Kinship and Respite Fund</i></p>  |

|  |  |
|--|--|
|  | <i>Nurturing Families Network</i><br><i>Shaken Baby Syndrome</i><br><i>Fatherhood Initiative</i><br><i>Teen Pregnancy Prevention</i>         |
| <b>Department of Education</b><br><i>School Readiness</i><br><i>Even Start Family Literacy</i>   | <b>Judicial Branch Court Support Services</b><br><i>Educational Support Services</i><br><i>Family Support Centers</i>                        |
| <b>Department of Labor</b><br><i>Jobs First Employment Services</i><br><i>Youth Employment Services</i>                                  | <b>Office of Policy and Management</b><br><i>Title V Delinquency Prevention Program</i><br><i>Governor's Urban Youth Violence Prevention</i> |
| <b>Department of Mental Health and Addiction Services</b><br><i>Partnership for Success</i><br><i>Tobacco Prevention and Enforcement</i> |  |

### **E. Successful Interagency Collaborations**

Examples of successful interagency collaborations described in this report are:

- State Prevention Enhancement Initiative Consortium
- DCF Head Start Partnership
- Child Day Care Licensing Program
- State Healthy Start Program
- Children and Youth with Special Health Care Needs
- The Tobacco Program
- Environmental Health Program

## II. Background

### A. State Prevention Council

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

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

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

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

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

As stipulated in the public act, the Governor's biennial budget document for fiscal years ending June 30, 2008-2021, must include a prevention report with recommendations for appropriations for primary prevention services administered by state agencies that served on the State Prevention Council.

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

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

## **B. Child Poverty Council**

In the Spring of 2004, the Connecticut legislature enacted Public Act 04-238, An Act Concerning Child Poverty establishing a Child Poverty Council. The Council was charged with recommending strategies to reduce child poverty in the State of Connecticut by fifty percent (50%) within ten years.

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

The Council engaged in numerous strategies to gather the appropriate data to assist in the formation of its recommendations and presented its first report to the Legislature in January 2004. The report contained 67 recommendations to reduce child poverty in Connecticut by fifty percent over a ten year period. The recommendations were organized under six major objectives:

- enhance families' income and income-earning potential;
- help low income families build assets;
- enhance affordable health care, housing, child care and early childhood education;
- support safety net programs for families with multiple barriers;
- enhance family structure stability; and

- further study child poverty issues and solutions.

In July 2005, the legislature enacted Public Act 05-244, An Act Concerning the Implementation of the Recommendations of the Child Poverty Council. This public act made the executive director of the Commission on Human Rights and Opportunities a member of the Child Poverty Council and required the Council to meet at least twice a year to review and coordinate state agency efforts to meet the goal of reducing child poverty by 50% by June 30, 2014. The Council's annual implementation reports to the legislative committees included progress made toward meeting this goal. The Council continued its work to develop strategies to implement, monitor and report on the implementation of the recommendations.

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

### **C. Child Poverty and Prevention Council**

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

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

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

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

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

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

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

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

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

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

At the January 2008 meeting, the Council considered the expert advice and adopted 12 priority recommendations for action and two process recommendations. The Council's priority recommendations were grouped into five major categories including 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 of which 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. The recommendations are in section VI of the report.

In 2010, the legislature enacted Public Act 10-133, An Act Concerning Children in the Recession<sup>7</sup>. 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.

This public act imposes additional responsibilities relating to children in poverty. The Council decided to adhere to the new requirement by incorporating the recommendations of the Children in Recession Task Force with the Council recommendations. The Council’s revised recommendations are included in Section VI of the report.

The Child Poverty and Prevention Council webpage, which contains the 2005 Initial Child Poverty Plan and the subsequent Progress Reports (2006-2011), along with meeting agendas and minutes, is on the State of Connecticut, Office of Policy and Management home page. The website address is:  
[http://www.ct.gov/opm/cwp/view.asp?a=2997&Q=383356&opmNav\\_GID=1809](http://www.ct.gov/opm/cwp/view.asp?a=2997&Q=383356&opmNav_GID=1809)

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<sup>7</sup> See Appendix C for Public Act

### III. Progress Report

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

#### **A. 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 2010 data. The Council continues to focus on reducing child poverty both among "poor" households with income below 100% of the federal poverty level (\$18,310 for a family of three and \$22,050 for a family of four in 2010)<sup>8</sup> and "low income" households with income below 200% of the federal poverty level (\$36,620 for a family of three and \$ 44,100 for a family of four in 2010)<sup>9</sup>. Because Connecticut has a high cost of living, both measures are used in order to give a more complete picture of poverty in Connecticut. The 200% FPL measure roughly corresponds to Connecticut's Self-Sufficiency Standard, a measure of the income necessary for a family to meet basic needs.

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

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<sup>8</sup> See

<http://aspe.hhs.gov/poverty/figures-fed-reg.shtml>

<sup>9</sup> Source: U.S. Department of Health and Human Services Poverty Guideline 2010. Monthly percentage data calculated by the Office of Policy and Management and rounded to the nearest dollar.



In 2010, the most recent year for which we have data, Connecticut’s child poverty rate for “very poor households” with income below 100% of the federal poverty level was 12.8%, a slight increase from the 2009 child poverty rate of 12.1%. While Connecticut experienced an increase in the child poverty rate over the previous year, Connecticut’s child poverty rate of 12.8% remain substantially below the national child poverty rate of 21.6%. Connecticut had the 2<sup>nd</sup> lowest child poverty rate in the nation where child poverty rates range from 10% in New Hampshire to 32.5% in Mississippi. Additionally, Connecticut ranks 50<sup>th</sup> of all the states and D.C. -- only New Hampshire (at 10%) had a lower child poverty rate in 2010.

For “poor” households with income below 200% of the federal poverty level, Connecticut’s child poverty rate in 2010 was 26.8% which represents a significant increase over the previous year’s rate of 23.1%. Using this measure the national child poverty rate is 43.6% and Connecticut ranks 50<sup>th</sup> of all the states and D.C. -- only New Hampshire has a lower child poverty rate at 18.4%.

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

**Children Poverty in Connecticut 2003-2010**

|                               | 2003  | 2004  | 2005  | 2006  | 2007  | 2008  | 2009  | 2010  |
|-------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|
| Percent of children under 18  | 11.0% | 10.5% | 11.6% | 11.0% | 11.1% | 12.5% | 12.1% | 12.8% |
| Connecticut rank among states |       |       | 46    | 49    | 47    | 42    | 49    | 50    |

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

|                                      | 2003  | 2004  | 2005  | 2006  | 2007  | 2008  | 2009  | 2010  |
|--------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|
| Percent of children under 18         | 23.0% | 23.9% | 25.8% | 25.8% | 27.5% | 26.2% | 23.1% | 26.8% |
| Connecticut rank among states and DC |       |       | 48    | 49    | 48    | 50    | 50    | 50    |

In general, the most recent data suggest that, additional children are living in poverty. The percentage of “poor” children increased between 2009 (12.1%) to 2010 (12.8%). The percentage of all “low income” children significantly increased from 2009 (23.1%) to 2010 (26.8%). Since the inception of the Child Poverty Council in 2003, the percentage of “poor” children living in poverty has gradually increased from 11.0% in 2003 to 12.8% in 2010. Similarly, the percentage of all “low income” children increased from 23.0% in 2003 to 26.8% in 2010.

While Connecticut experienced a slight increase in the child poverty rate over the previous year, Connecticut’s child poverty rate of 12.8% remain substantially below the national child poverty rate of 21.6%. Connecticut had the 2<sup>nd</sup> lowest child poverty rate in the nation and ranked 50<sup>th</sup> of all the states and DC-only New Hampshire (10.0%) had a lower child poverty rate in 2010.

Examining all “low income” households with income below 200% of the federal poverty level, Connecticut’s child poverty rate in 2010 was 26.8% which represents a 3.7% increase over the previous year’s rate of 23.1%. Using this measure the national child poverty rate is 43.6% and Connecticut ranks 50<sup>th</sup> of all the states and DC-only New Hampshire has a lower child poverty rate of 18.4%.

Rates of child poverty in Connecticut continue to vary significantly based on location, ranging from 9.9% in Danbury to an overwhelming 44.5% in Hartford. Black and Hispanic children are more likely to live in poverty than white children.<sup>10</sup> According to an analysis of the 2010 American Community Survey data conducted by Connecticut Voices for Children, 29.4% of black children and 28.4% of Hispanic children live in poverty as compared to 5.3% of white children<sup>11</sup>.

Family structure also significantly impacts risk of child poverty. Single parent families with children are about 10 times more likely to live in poverty than married couple families with children. In 2010 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 29.8%.<sup>12</sup>

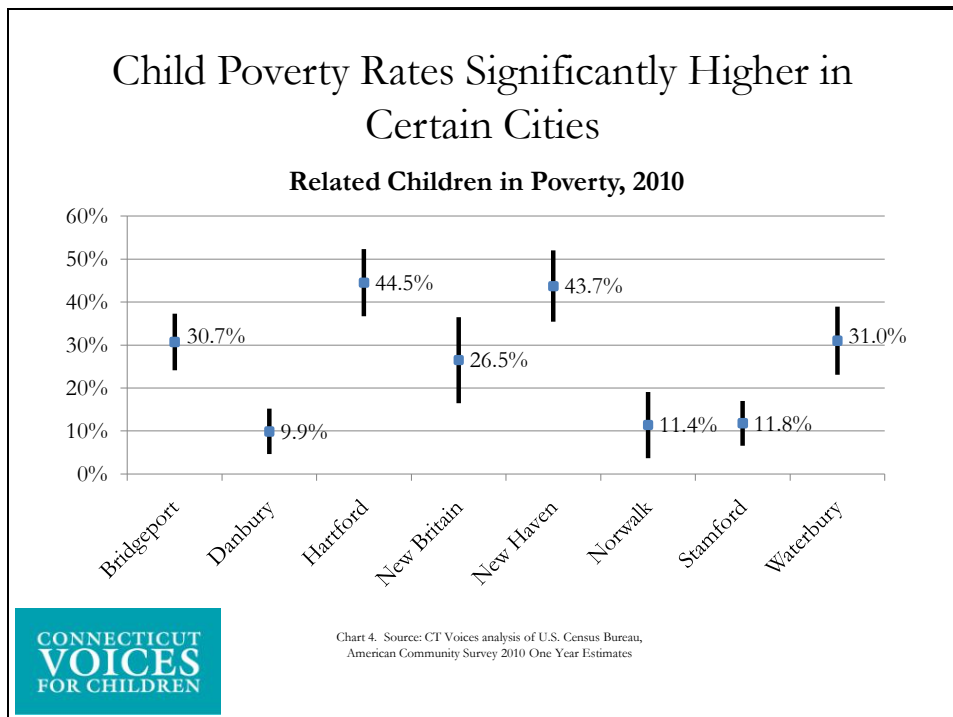
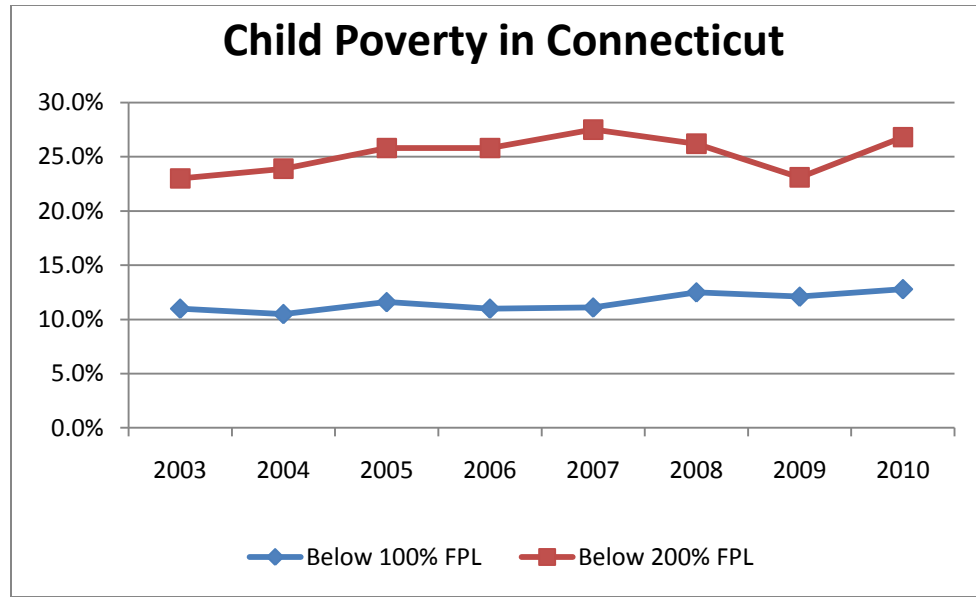
The chart below depicts child poverty rates in Connecticut since the inception of the Child Poverty and Prevention Council and the charts on the following pages, prepared by Connecticut Voices for Children for the Council, illustrate the disproportionate impact of poverty on some of the state’s children.

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<sup>10</sup> U.S. Census Bureau, 2010 American Community Survey Chart S1701

<sup>11</sup> Connecticut Voices for Children, Summary of the American Community Survey 2010 One Year Estimates

<sup>12</sup> U.S. Census Bureau, 2010 American Community Survey Chart S1702



# Trends in Child Poverty in the Large Cities

## Related Children in Poverty, 2006-2010

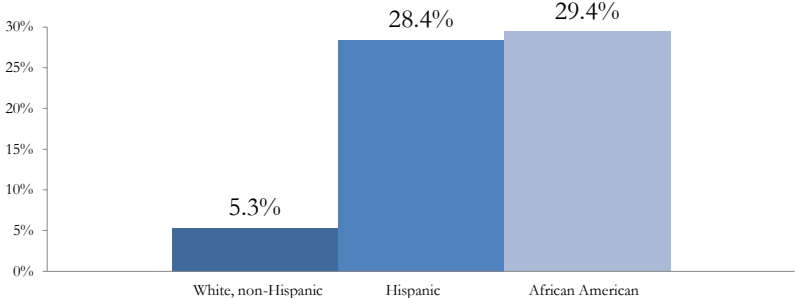


CONNECTICUT  
**VOICES**  
FOR CHILDREN

Chart 5. Source: U.S. Census Bureau, American Community Survey  
2006-2010 One Year Estimates

# Racial and Ethnic Disparities Persist

Poverty Rates by Race/Ethnicity (All Children)

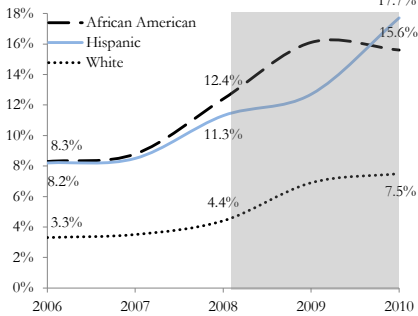


Charts 6. Source: CT Voices analysis of U.S. Census Bureau American Community Survey (ACS) 2010 One Year Estimate

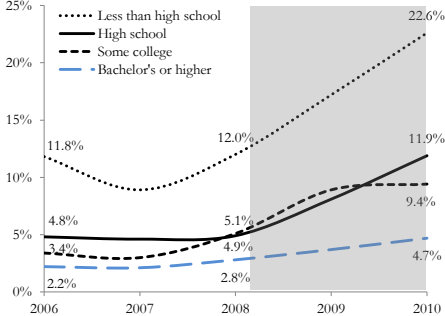


# Disparities in Unemployment Rates

Unemployment by Race 2006 to 2010



Unemployment by Education 2006 to 2010



Charts 7-8. Source: CT Voices and Economic Policy Institute analysis of U.S. Census Bureau Current Population Survey (CPS) data.



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

Included below are the Council's priority recommendations and a synopsis of state actions taken in 2011 to address child poverty and promote healthy, safe and productive lives and reduce the likelihood of crime, violence, substance abuse, illness, academic failure and other socially destructive behaviors.

### **FAMILY INCOME AND EARNINGS POTENTIAL:**

1. **FEDERAL EARNED INCOME TAX CREDIT (EITC):** Increase use of federal EITC with a target group of working poor families.
  - **State Earned Income Tax Credit Program.** In 2011, Connecticut joined 24 other states and the District of Columbia with a state earned income tax credit. As proposed by Governor Malloy and enacted by the General Assembly, this fully refundable credit will provide a benefit of up to approximately \$1,700 to approximately 190,000 low-income families in Connecticut. The federal earned income tax credit is the country's largest and most successful anti-poverty program. In November 2011, Governor Malloy, legislative branch and the Department of Revenue Services held a promotion event to announce the new tax credit program for low income families. Prior and during the upcoming tax season continued efforts will be made to promote both the federal and state earned income tax credit programs.
  
2. **HOUSING/HOMELESSNESS SERVICES:** Keep children out of homeless shelters.
  - **Supportive Housing.** In 2011, the legislature enacted the development of 150 new units of supportive housing across the state. These units provide permanent, affordable housing matched with support services for families and individuals at risk of homelessness. Funding provided in the state budget included \$30 million in capital funding for the development of the units, \$1.5 million annually in new rental assistance subsidies through the Department of Social Services, and \$1 million for supportive services through the Department of Mental Health and Addiction Services.
  - **Affordable Housing.** The enacted state budget included \$100 million (\$50 million in each year of the biennium) for housing development and rehabilitation projects to increase the availability of affordable housing options for low-income families.
  - **Federal Emergency Homeowners Loan Program (FEHLP)** was initiated in April 2011. The Connecticut Housing Finance Authority (CHFA) initially received \$29 million with a goal of assisting 640 homeowners in Connecticut.

The overwhelming response to the program, and CHFA's effectiveness in distributing funds to those in need, prompted the United States Department of Housing and Urban Development (HUD) to provide additional funding for Connecticut, increasing the amount available for loan assistance to \$49 million. With this funding, CHFA was able to approve a total of 1,070 assistance loans to homeowners by November 1, 2011.

- **Emergency Mortgage Assistance Program (EMAP).** The success of the FEHLP program created additional demand for CHFA's EMAP program which provides needed mortgage assistance to Connecticut homeowners who are facing foreclosure and, by October, the program was facing imminent closure due to lack of resources. Governor Malloy worked with State Treasurer Denise Nappier to commit a portion of the FY12 expected lapse in general fund debt service to allow CHFA to issue \$20 million in bond funds. This funding allowed CHFA to provide an additional 280 loans to homeowners facing foreclosure over the last half of FY12.

## **EDUCATION:**

### **3. EARLY CHILDHOOD EDUCATION:**

- **Early Childhood System.** Governor Malloy created a coordinated early childhood system in Connecticut. The state budget and related legislation transferred the Child Care Services Program and the School Readiness Quality Enhancement account from the Department of Social Services to the Department of Education and provided \$2 million in additional funding to bring the Department of Social Services Child Day Care rates to parity with the School Readiness slot rates. Another bill calls for the coordination of more of the early childhood programs within the next few years.
- **Academic Achievement Gap (P.A. 11-85).** Public Act 11-85 establishes 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. Among other responsibilities the task force must develop a master plan to eliminate the achievement gaps. The act also creates an Interagency Council to assist the task force in the development and implementation of the master plan to close the achievement gaps.

4. **POST-SECONDARY EDUCATION:** Expand access to our state colleges for late teens and young adults, particularly our community colleges, and expand programs intended to encourage high school students to pursue a college education.

- **Board of Regents for Higher Education.** The General Assembly adopted Governor Malloy's proposal to create one Board of Regents for Higher Education in order to improve coordination, expand transparency, and streamline administrative structures in the state's higher education system. The adopted budget reorganizes the state system of higher education by establishing a 19-member Board of Regents for Higher education to serve as the governing body for the Connecticut State University System, the community-technical colleges, and Charter Oak State College, which includes seventeen academic institutions serving approximately 100,000 students. The Board of Regent will merge the central office functions of the constituent units, which will result in savings through economies of scale.

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

- **Job Creation.** In October, Governor Malloy called a special session of the General Assembly to focus on job creation and retention in the state. As a result, two significant bills were enacted. Public Act 11-1 OSS, AA Promoting Economic Growth and Job Creation in the State establishes new and existing business assistance, economic and workforce development, and job training programs. Among other things, the act authorizes rapid response financial assistance programs for small businesses, a temporary subsidy for employment and training costs for a small business that hire eligible new employees, and expands the First Five and Manufacturing Reinvestment Account. In addition, Public Act 11-2 OSS creates the Connecticut Bioscience Collaboration program to support establishment of a bioscience cluster anchored by a research lab at the UConn Health Center and provides state funding for Jackson Laboratory's new billion dollar personalized medicine project. A collaborative effort between Jackson Laboratory, the State of Connecticut, the University of Connecticut and Yale University, the Jackson Laboratory for Genomic Medicine will accelerate the development of new medical treatments tailored to each patient's unique genetic makeup. Permanent jobs associated with the facility total more than 6,800 over 20 years, including 300 direct jobs within 10 years and 600 direct jobs within 20 years.



## INCOME SAFETY NET:

6. SUPPORT FOR YOUNG MOTHERS ON TFA: Make case management services available to some young mothers on TFA so that they and their children would have access to family support services, particularly during the twelve months after having a child.
  - **TANF Contingency Funding.** Connecticut received \$32.4 million in new federal funds to provide: short-term emergency room services to families, subsidized employment opportunities to individuals, baby supplies, school supplies, support services to assist families to remain in their homes and summer camp opportunities for children.

## IV. 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.<sup>13</sup> Each state agency represented on the Council which provides primary prevention services to children provided a report on at least two prevention services provided by their agency. Prevention services are defined as "policies and programs that promote healthy, safe and productive lives and reduce the likelihood of crime, violence, substance abuse, illness, academic failure and other socially destructive behaviors". In Fiscal Year (FY) 2011, nine state agencies expended over \$293 million to administer 42 comprehensive primary prevention programs and services that positively impact Connecticut's children and families. The summary of the state agency prevention report is on the following page.

| <b>Department of Children and Families</b>                      |  |   |  |
|---|--|---|--|
| <b>Program</b>  | <b>FY11 Funding</b>                      | <b>Service Level</b>  | <b>Description</b>   |
| DCF/Head Start Partnership                                      | No cost                                  | 8,728 children (0-5 yrs old); 44 pregnant women; 14 DCF area offices; 75 DCF staff and 100 Head Start staff | A partnership to develop strategies to promote young children's healthy development and the stability of the child within the family.      |
| Early Childhood Consultation Partnership                        | \$2,347,995                              | 3,035 children and 1,192 teachers   | Prevent children birth to age 6 from being suspended or expelled from their early care and education setting due to challenging behaviors. |
| Early Childhood Services  | \$520,512                                | 77- 112 families served in Parents in Partnerships and 70 families in Child First                           | Promotes the development of positive parenting skills and the development of healthy children.   |
| Positive Youth Development                                      | \$558,975 program<br>\$90,000 evaluation | 434 children and 73 adults  | Funds six agencies to provide positive youth development and family strengthening programs.  |
| Shaken Baby Prevention and Safe Sleep Public Awareness Campaign | \$500                                    | Over 100 private and state leaders  | Support public awareness strategies about the dangers of shaken baby syndrome.   |
| Youth Suicide Prevention  | \$ 41,500                                | 1,090 individuals trained   | Statewide awareness campaigns and training.  |
| <b>Total</b>  | <b>\$ 3,559,483</b>                      |   |  |

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

| <b>Department of Developmental Services</b> |                      |   |   |
|---|----------------------|---|---|
| <b>Program</b>                              | <b>FY 11 Funding</b> | <b>Service Level</b>  | <b>Description</b>  |
| Birth to Three                              | \$50,287,770         | 9,468 children and families   | Early intervention services to all infants and toddlers who have developmental delays or disabilities.                      |
| Family Support Services                     | \$ 5,314,883         | 1,328 individuals and children-Respite Centers, and 813 individuals and children<br>- Family Support Services | Services, resources and other forms of assistance to help families raise their children who have intellectual disabilities. |
| <b>Total</b>                                | <b>\$ 55,602,653</b> |   |   |

| <b>Department of Education</b>             |                     |   |   |
|--|---------------------|---|---|
| <b>Program</b>                             | <b>FY11 Funding</b> | <b>Service Level</b>  | <b>Description</b>  |
| Early Childhood Program (School Readiness) | \$74,820,544        | 10,430 children in priority and competitive school readiness programs | Expands and enhance access to and availability of school readiness and child-day care programs. |
| Even Start Family Literacy                 | \$479,919           | 61 even start families  | Intensive family literacy services to low-income parents and children.                          |
| <b>Total</b>                               | <b>\$75,300,463</b> |   |   |

| <b>Department of Labor</b>     |                      |                        |   |
|--------------------------------|----------------------|------------------------|---|
| <b>Program</b>                 | <b>FY 11 Funding</b> | <b>Service Level</b>   | <b>Description</b>  |
| Jobs First Employment Services | \$17,557,963         | 16,490 annual caseload | Provides employment services to families in receipt of time- limited state cash assistance. |
| Youth Employment Program       | \$3,500,000          | 1,853 youth            | Provides employment services for youth aged 14 through 24.                                  |
| <b>Total</b>                   | <b>\$21,057,963</b>  |                        |   |

| <b>Department of Mental Health and Addiction Services</b> |                      |  |  |
|---|----------------------|--|--|
| <b>Program</b>  | <b>FY 11 Funding</b> | <b>Service Level</b>   | <b>Description</b>   |
| Partnership for Success                                   | \$2,300,000          | 95,408 clients served by PFS coalition, including 37,077 individuals between 5 and 17 years old. | 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. |
| Tobacco Prevention and Enforcement                        | \$100,000            | 2,101 retail inspections and 65,563 audio and printed material                                   | Enforcement and strategies to reduce underage tobacco use.   |
| <b>Total</b>  | <b>\$ 2,400,000</b>  |  |  |

| <b>Department of Public Health</b>                  |                     |   |   |
|---|---------------------|---|---|
| <b>Program</b>                                      | <b>FY11 Funding</b> | <b>Service Level</b>  | <b>Description</b>  |
| Asthma Program:<br>Pediatric Easy Breathing Program | \$500,000           | 4,689 children surveyed and 1,078 or 23% with asthma  | A professional education program that trains pediatric providers to administer a validated survey to determine whether a child has asthma.  |
| Child Day Care Licensing                            | \$4,869,368         | 112,506 Licensed Capacity   | Regulates child day care programs through technical assistance, application processing, facility monitoring, complaint investigation, and enforcement activities.   |
| Community Health Centers                            | \$5,102,912         | 298,268 clients   | Provides comprehensive, community-based, primary and preventive health care.  |
| Family Planning                                     | \$1,073,559         | 31,466 people with reproductive health services over 54,000 visits, conducted outreach and education to 1,911 people, provided educational presentations to 1,231 at-risk teens and 230 incarcerated and/or women in domestic violence shelters and distributed 400,000 free condoms. | Provides preventive and primary reproductive health care through health care services, information, and education to low-income women of reproductive age.  |
| Immunization Program                                | \$43,995,538        | 79% of the state's children aged 2  | Prevent disease, disability and death from vaccine preventable diseases in infants, children adolescents and adults.  |
| Injury Prevention - Childhood Motor Vehicle         | \$30,000            | 250 parents/caregivers and 693 children   | Child passenger safety education and child booster seats provided to parents and caregivers.  |
| Intentional Youth Violence                          | \$69,167            | 6,303 youth   | Raises awareness, increase knowledge and changes manageable behaviors.  |
| Lead Poisoning Prevention and Control               | \$3,085,246         | 245,428 children  | Prevents lead poisoning and promotes wellness through primary and secondary prevention activities.  |
| Newborn Laboratory Screening and Tracking           | \$1,858,366         | 39,585 infants screened   | Screening for inborn genetic disorders which have the potential for severe health consequences.   |
| Nutrition, Physical, Activity and Obesity           | \$764,342           | 105,000 children and families –SNAP-Ed; 12,660 Preventive Health Services   | Supports social, emotional, cognitive, and language development in young children while encouraging healthy eating and physical activity. The program trains and motivates teachers, provides materials, and serves as an ongoing resource to promote the implementation of nutrition education and physical activity in the preschool classroom. |
| Oral Health-Home by One                             | \$160,000           | 25,000 children   | Builds integrated partnerships with the early childhood community at the state and local levels that focus on oral health as essential to the overall health and well-being of children in the state.   |

|   |                      |  |  |
|---|----------------------|--|--|
| Rape Crisis and Prevention Services                                   | \$ 1,064,978         | 19,029 children, youth, adolescents and young adults; 48 professional training offered to 923 professionals; 2,570 primary victims and 1,207 secondary victims served. | Makes available to sexual assault victims and their families free and confidential services such as crisis intervention, support and advocacy, survivor groups, 24-hour hotline, and emergency transportation. |
| Tobacco Use Prevention and Control                                    | \$2,247,399          | 10,384 individuals   | Provides local cessation and prevention programs.  |
| Special Supplemental Nutrition Program for Women, Infant and Children | \$48,078,732         | 13,722 infants, 30,166 children and 11,789 women   | Provides nutrition and breastfeeding education, supplemental food, and referrals for health and social services to eligible women, infants and children.   |
| <b>Total</b>  | <b>\$112,899,607</b> |  |  |

| <b>Department of Social Services</b>                  |                      |  |   |
|---|----------------------|--|---|
| <b>Program</b>  | <b>FY 11 Funding</b> | <b>Service Level</b>   | <b>Description</b>  |
| Family Development Training and Credentialing Program | \$40,000             | 45 students received credentials.  | Training human services staff to better engage and support families in prevention efforts.  |
| Family Empowerment Initiative                         | \$200,000            | 690 participants through home and group based services.  | Seven nationally recognized prevention programs that assist high risk group of parents and other involved in the lives of children.                       |
| Family School Connection                              | \$930,000            | 217 families   | Provides intensive services to families whose children are at risk of school failure.   |
| Healthy Start   | \$1,600,000          | 5,103 mothers  | Ensures maternal and child health outcomes through enrollment in Husky.   |
| Help Me Grow  | \$380,000            | 2,401 children and families and 2,588 families through 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.                           |
| Kinship and Respite Fund                              | \$1,050,000          | 3,117 grants to 1,201 children and 1,911 adults  | Probate court administered program awards small grants to aid children living with relatives who are court appointed guardians.                           |
| Nurturing Families Network                            | \$10,389,000         | 1,950 families – intensive home visits 500 families-parenting groups, 5,868 screened and connection services to 1,820 individuals. | Provides intensive home visits; nurturing parenting groups; nurturing connection; home visits tailored to fathers; and home cognitive behavioral therapy. |
| Shaken Baby Syndrome                                  | \$ 20,000            | 1,230 parents  | Provides education programs on this topic to parents with young children.   |
| Fatherhood Initiative                                 | \$1,195,000          | 844 participants   | Outreach and awareness education and training for parents related to parenting, healthy relationships and healthy marriages.                              |
| Teen Pregnancy Prevention                             | \$ 1,936,074         | 690 participants   | Prevents teen pregnancy and welfare dependence through awareness education and support services.  |
| <b>Total</b>  | <b>\$ 17,740,074</b> |  |   |

| <b>Judicial Branch Court Support Services</b> |                      |                      |  |
|---|----------------------|----------------------|--|
| <b>Program</b>                                | <b>FY 11 Funding</b> | <b>Service Level</b> | <b>Description</b>   |
| Educational Support Services                  | \$657,600            | 346 participants     | Supports families to ensure that children's educational needs are identified and free and appropriate educational services are accessible. |
| Family Support Centers                        | \$3,372,805          | 1,117 participants   | A multi-service "one-stop" service for children and families referred to juvenile court.   |
| <b>Total</b>                                  | <b>\$ 4,030,405</b>  |                      |  |

| <b>Office of Policy and Management</b>     |                             |                               |  |
|--|-----------------------------|-------------------------------|--|
| <b>Program</b>                             | <b>FY 11 Funding</b>        | <b>Service Level</b>          | <b>Description</b>   |
| Title V Delinquency Prevention Program     | No funding for FY 2010-2011 | N/A                           | Provides grants to cities and towns for delinquency prevention and early intervention projects.  |
| Governor's Urban Youth Violence Prevention | \$763,544                   | 1,286 youth (12-18 years old) | Provides grants to municipalities and nonprofits that serve youth in urban neighborhoods who are at-risk of exposure to or involvement with violent behaviors. |
| <b>Total</b>                               | <b>\$763,544</b>            |                               |  |

## V. Examples of Successful Interagency Collaborations

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

### **State Prevention Enhancement Initiative Consortium**

The Strategic Prevention Enhancement (SPE) Initiative is a one year grant funded by the Center for Substance Abuse Prevention of the US Department of Health and Human Services to enhance and expand the statewide prevention infrastructure to reduce the likelihood of substance abuse and their related consequences. The SPE Consortium includes representatives from: prevention and health promotion efforts across Connecticut; substance abuse prevention priority populations; and State agencies involved in substance abuse prevention and health promotion such as the Departments of Children & Families, Public Health, Social Services, Veterans Affairs, Education, Consumer Protection, Transportation, Emergency Services & Public Protection, Motor Vehicles, Pardons & Parole and Corrections. Representatives for the Judicial Branch and Office of Policy & Management are also involved on the Consortium.

### **DCF Head Start Partnership**

The focus of this partnership is to develop strategies to promote young children's healthy development and the stability of the child within the family. All fourteen Department of Children and Families (DCF) Area Offices have formed partnerships with the Head Start programs in their area affording more young children in DCF placement and DCF involvement the opportunity to receive a high quality preschool experience and more support and resources for their parents. The partnership has expanded and now includes Early Childhood Consultation Partnership, DCF Supportive Housing, and Child FIRST.

### **Child Day Care Licensing Program**

In June 2010, the Departments of Social Services (DSS) and Public Health (DPH) entered into a Memorandum of Agreement (MOA) which allowed for the transfer of federal funds provided by the American Recovery and Reinvestment Act (ARRA) from DSS to DPH to fund enhancements of the child care licensing system. Specifically, the funding allowed for the transition of all of the child day care databases into a new licensing system known as eLicense. The new licensing system takes advantage of new technology capabilities that increase efficiency and service quality for licensed providers, researchers, parents, the general public, and other interested stakeholders.

### **State Healthy Start Program**

Department of Public Health (DPH) provides funding to Department of Social Services (DSS) to administer the State Healthy Start Program. DPH and DSS conducted joint site visits to the Healthy Start subcontractor sites. The agencies collaborated on the drafting of the new contract language to implement changes to Healthy Start that promote screening of women for risk of abuse and neglect, and a system to refer women for services and enrollment into a comprehensive home visiting program. The new contract period was expanded from 3 years to 5 years. Revised contract language decreased the frequency for DSS to submit programmatic and financial expenditure reports to DPH from quarterly to three times per year.

### **Children and Youth with Special Health Care Needs (CYSHCN)**

A MOU exists between DPH and DSS Bureau of Rehabilitative Services (BRS) to strengthen collaborative efforts between both agencies to promote successful transition for Children with Special Health Care Needs to all aspects of adult life, including adult healthcare, work and independence.

Representatives from DSS, as well as representatives from the former Marge Care Organizations (MCO) administering HUSKY participate in Medical Home Advisory Council (MHAC) meetings and participated in the MHAC planning retreat (October 2010), facilitating the incorporation of HUSKY outreach as an integrated part of Connecticut's medical home efforts.

### **The Tobacco Program**

The Department of Public Health is currently working with the Department of Social Services on the QUIT Program, which is an incentive program to help Medicaid participants quit smoking. DSS received a five-year grant for this new program.

### **Environmental Health Program**

The Lead and Healthy Homes Program (L&HHP) works with the Department of Social Service (DSS) and the Refugee Resettlement Agencies to ensure refugee children are screened for lead. The L&HHP collects and integrates refugee arrival information from the Centers for Disease and Control electronic disease notification to monitor screening in the refugee population.



## VI. Recommendations for Prevention Investment and Budget Priorities

In 2009, with funding provided by the Early Childhood Education Cabinet, the Office of Policy and Management contracted with the Urban Institute to develop an economic model to determine how the implementation of various policy options would change the number of children living in poverty in Connecticut.

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

### Findings

According to the report, child poverty rates are substantially lower in Connecticut than in the United States as a whole. In 2006, using the federal poverty level (FPL), 10.7% of Connecticut'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 is \$351 million using the standard definition and \$372 million using the NAS threshold.

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

| <b>Recommendation</b>  | <b>Standard Poverty Rate (10.7%)</b> | <b>200% Poverty Rate (25.2%)</b> | <b>NAS Poverty Rate (10.9%)</b> |
|--|--------------------------------------|----------------------------------|---------------------------------|
| 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> )   | <b>9.2%</b>                          | 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%                                 | <b>22.6%</b>                     | 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   |                                      |                                  | <b>7.7%</b>                     |
| 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:

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

In 2011, the Council continued to focus on its top three recommendations. At the December 2011 council meeting, the Departments of Children and Families, Education, Mental Health and Addiction Services and Public Health gave the Council an update on their programs and services provided to homeless children and youth. The Departments programs described in the report include:

Department of Children and Families:

**Supportive Housing for Families** provides subsidized housing and intensive case management services to DCF families for whom inadequate housing jeopardizes the safety, permanency and well being of their children.

**Supportive Housing for Young Adults** serves to prevent or end homelessness for young adults struggling to maintain safe and stable housing. The program will serve 36 young adults for one year.

## Department of Developmental Services

**Connecticut Birth to Three System** provides early intervention services to infants and toddlers with disabilities and developmental delays and their families. Individuals with Disabilities Education Act (IDEA)-Part C specifically requires the state to make extra efforts to locate eligible children who are homeless.

## Department of Education

**McKinney-Vento Education for Homeless Children and Youth Program** sub-grants to LEAs for the purpose of facilitating the enrollment, attendance, and success in school of homeless children and youth. Funding to Local Education Authorities (LEAs) supports activities ranging from tutoring or other instructional support to referrals for medical, dental, and other health services.

## Department of Mental Health and Addiction Services:

**Supportive Housing Program** provides housing based case management services to the heads of households that are homeless or at risk of homelessness. The program also ensures that all children are enrolled in school and treatment services are available as needed.

The **PILOTS** program provides supportive housing services similar to the Supportive Housing Program and serves 75 homeless families.

**Next Step Program** provides the same services as the PILOTS program. There are 76 units of supportive housing for homeless families.

**Shelter Plus Care** provides 175 units for homeless families through rental subsidies and DMHAS matches services through the existing Local Mental Health Authority system.

## Department of Public Health:

**AIDS/HIV Prevention Program** funds three Street Smart programs that target runaway and homeless youth ages 11-18. It is a multi-session, skills-building program designed to help youth practice safer sexual behaviors and reduce substance abuse.

**Community Health Centers** –seven health centers receive federal funding to provide health services to the homeless population.

## COUNCIL PRIORITY RECOMMENDATIONS

In 2011, the Council engaged three community advocacy groups, Connecticut Voices for Children, Connecticut Association for Human Services and Legal Assistance Resource Centers of Connecticut to develop and recommend short-term low to no cost strategies to implement the Council's priority recommendations. The advocacy group provided practical short-term strategies as an initial step that the Council can incrementally build upon in its efforts to reduce child poverty in Connecticut. The Council's recommendations for action in 2012 are identified below as "Council Priority Recommendation".

1. **EARNED INCOME TAX CREDIT:** Maximize the benefits of the federal and the newly enacted state Earned Income Tax Credit (EITC)
  - a) Continue to publicize usage of the *state* EITC with working poor families, building upon Governor Malloy and the Department of Revenue Services' EITC promotional event on Nov. 22, 2011. Support the Department of Revenue Services' campaign to promote the state EITC. Continue support of private efforts to promote both the federal and state EITCs, such as Personal Service Announcements involving the Governor and other state officials, at little or no cost to the state.
  - b) Work actively to promote Volunteer Income Tax Assistance sites.

### 2. **HOMELESSNESS:** (COUNCIL PRIORITY RECOMMENDATION)

Keep children out of homeless shelter.

- a) Increase Rental Assistance Program certificates (RAPs) available to families with children, within available appropriations. The Council supports rental assistance programs prioritizing services to populations such as families involved in the child welfare system who are separated or at risk of permanent separation, young adults ages 18-24 who have aged out of the child welfare system and are homeless or at risk of being homeless, and families with children with physical and mental health needs.
- 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).
- d) Align investments of state agencies in family housing between the Departments of Economic and Community Development, 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.

## EDUCATION:

### 3. EARLY CHILDHOOD EDUCATION: (COUNCIL PRIORITY RECOMMENDATION)

- 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.

### 4. 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.

5. POST-SECONDARY EDUCATION: (COUNCIL PRIORITY RECOMMENDATION)  
Increase Attainment of Associates Degrees.

- a) 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.
- b) 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.
- c) 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.
- d) 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.



6. **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.

#### **INCOME SAFETY NET:**

#### **7. 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.

Latest birth data: in 2009, there were 2,619 births to teens statewide, including 2,211 babies born to teen in HUSKY A and B and in FFS Medicaid. Also: 1) The CDC awarded the City of Hartford \$4.5 M for reducing teen pregnancy by 10%. 2) Hartford also just received a federal Healthy Start grant for improving pregnancy outcomes and reducing infant mortality (DPH is lead agency).

8. ENHANCE ACCESS TO SUPPLEMENTAL NUTRITION PROGRAM:  
(COUNCIL PRIORITY RECOMMENDATION)

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**

### **9. REDUCE TEEN PREGNANCY**

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

### **10. 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:**

11. **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.

Connecticut-specific census information using the new measure will not be available until the next release of the supplemental poverty measure in late 2012. For now, data is available on a regional level – the Northeast.

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. It is unclear whether the new measure will show a “rise” or “decline” in poverty in CT. While the cost of living is higher in CT it is possible that CT provides more income support than other states. Also, CT has above average access to healthcare for the poor which could result in a “decline” in poverty in CT.

Nonetheless, the new measure available in late 2012 will allow us to measure how different social programs contribute to reducing poverty.

## 12. 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.

**Appendix A**  
**COUNCIL MEMBERS**  
**2011**

Anne Foley, Chair  
Under Secretary  
Office of Policy and Management

Laura Amenta  
Chairperson  
Children's Trust Fund Board

Claudette Beaulieu  
Deputy Commissioner  
Department of Social Services

Robert Brothers  
Executive Director  
Commission on Human Right and Opportunities

Gregg Cogswell  
State Republican Office  
Connecticut General Assembly

Renee Mitchell-Coleman  
Section Chief  
Department of Public Health

Lile Gibbons  
State Representative  
Connecticut General Assembly

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

Christine Keller  
Judge  
Superior Court

Robert Kennedy  
President  
Board of Regents  
Higher Education

Dennis King  
Manager of Community Advocacy  
Department of Transportation

Terrence Macy  
Commissioner  
Department of Developmental Services

Carol Meredith  
Director  
Department of Mental Health and Addiction Services

Mary Mushinsky  
State Representative  
Connecticut General Assembly

Mark Polzella  
Director  
Department of Labor

Brett Rayford  
Central Office Administrator  
Department of Children and Families

Cheryl Resha  
Manager  
Department of Education

Monica Rinaldi  
Warden  
Department of Correction

Faith VosWinkel  
Assistant Child Advocate  
Office of Child Advocacy

Elaine Zimmerman  
Executive Director  
Commission on Children

**Child Poverty and Prevention Council Staff**

Pamela Trotman  
Planning Specialist  
Office of Policy and Management

# Appendix B

## STATUTORY AUTHORITY

**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 Governors of Higher Education, the Child Advocate, the chairperson of the Children's Trust Fund Council and the executive directors of the Commission on Children and the Commission on Human Rights and Opportunities. The Secretary of the Office of Policy and Management, or the secretary's designee, shall be the chairperson of the council. The council shall (1) develop and promote the implementation of a ten-year plan, to begin June 8, 2004, to reduce the number of children living in poverty in the state by fifty per cent, and (2) within available appropriations, establish prevention goals and recommendations and measure prevention service outcomes in accordance with this section in order to promote the health and well-being of children and families.

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

(c) In developing the ten-year plan, the council shall consult with experts and providers of services to children living in poverty and parents of such children. The council shall hold at least



one public hearing on the plan. After the public hearing, the council may make any modifications that the members deem necessary based on testimony given at the public hearing.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(P.A. 04-238, S. 1; P.A. 05-244, S. 1; P.A. 06-179, S. 3; 06-196, S. 27; P.A. 07-47, S. 1; 07-73, S. 2(b); 07-166, S. 1; 07-217, S. 6; Sept. Sp. Sess. P.A. 09-5, S. 29; P.A. 10-179, S. 94.)

History: P.A. 04-238 effective June 8, 2004; P.A. 05-244 made technical changes, added executive director of Commission on Human Rights and Opportunities as council member in Subsec. (a), specified mandatory minimum number of meeting times and reporting requirements

in Subsec. (f) and required development and implementation of state contract protocol in new Subsec. (g), redesignating existing Subsecs. (g) and (h) as Subsecs. (h) and (i), respectively, effective July 11, 2005; P.A. 06-179 amended Subsec. (a) to insert Subdiv. designators and substitute "Child Poverty and Prevention Council" for "Child Poverty Council", to add the Chief Court Administrator, to delete the chairperson of the State Prevention Council, to add "promote the implementation of" re ten-year plan, and to add Subdiv. (2) re establishing prevention goals and recommendations and measuring outcomes, amended Subsecs. (b) and (c) to add "ten-year" re plan, amended Subsec. (f) to insert Subdiv. (1) designator and provide that meetings held at least twice annually shall be for the purposes set forth in the section, inserted new Subsecs. (f)(2) and (g) re council and agency reports, and redesignated existing Subsecs. (g) to (i) as Subsecs. (h) to (j) (Revisor's note: In Subsec. (f)(2) the word "this" in the phrase "this subsection (g) of this section" was deleted editorially by the Revisor's for accuracy); P.A. 06-196 made a technical change in Subsec. (g), effective June 7, 2006; P.A. 07-47 amended Subsec. (f)(2) to extend the council's annual reporting requirement re funding of prevention services to the Governor and the General Assembly to January 1, 2015, amended Subsec. (g)(1) to extend the annual reporting requirement of budgeted agencies to the council to November 1, 2014, and made technical and conforming changes in Subsecs. (f) and (g); pursuant to P.A. 07-73 "Commissioner of Mental Retardation" was changed editorially by the Revisors to "Commissioner of Developmental Services", effective October 1, 2007; P.A. 07-166 amended Subsec. (a) to make technical changes, effective June 19, 2007; P.A. 07-217 made technical changes in Subsec. (a), effective July 12, 2007; Sept. Sp. Sess. P.A. 09-5 amended Subsec. (a) to change "Children's Trust Fund" to "Children's Trust Fund Council", effective October 5, 2009; P.A. 10-179 amended Subsec. (a) by deleting reference to Commissioner of Health Care Access and by making technical changes.

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

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

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

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

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

(P.A. 10-133, S. 1.)

History: P.A. 10-133 effective June 8, 2010.



**Substitute House Bill No. 5360**

**Public Act No. 10-133**

**AN ACT CONCERNING CHILDREN IN THE RECESSION.**

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

Section 1. (NEW) (*Effective from passage*) (a) The Child Poverty and Prevention Council, established pursuant to section 4-67x of the general statutes, 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.

Sec. 2. (NEW) (*Effective from passage*) (a) The Department of Social Services, in consultation with the Labor Department and the Departments of Education, Public Health and Children and Families, shall seek, within available appropriations, to promote efficiency, reduce costs and administrative error rates and simplify the application process for families eligible for benefits by streamlining and integrating public information and access to programs.

(b) For the purpose of subsection (a) of this section, the Department of Social Services shall develop, within available appropriations, a plan for a comprehensive state service approach that may include (1) the development and promotion of a single, simplified, on-line application and enrollment process for programs administered by the Department of Social Services that serve children or families; (2) the use of the Internet to develop and increase public access to on-line screening tools, benefit calculators and on-line applications that facilitate prompt access to programs administered by the Department of Social Services and benefit information; and (3) the promotion of access to direct assistance with application and enrollment processes through community-based organizations. Not later than January 31, 2011, the department shall submit the plan to the joint standing committee of the General Assembly having cognizance of matters relating to human services and to the select committee of the General Assembly having cognizance of matters relating to children. The department may consult with and accept donations from philanthropic organizations to accomplish the purposes of this section.

(c) The Department of Social Services shall develop, in accordance with the provisions of federal law, a client-friendly application process which shall not require applications to be resubmitted if a family applied for services and, not more than thirty days after the date the application was submitted, the family experienced a change in circumstances or the program closed to intake applications and then reopened.

Sec. 3. (NEW) (*Effective from passage*) The Department of Social Services shall provide timely public notice if, for any reason, the child care subsidy program closes intake. The department shall notify the public if the program eligibility or status has been altered. Any change in eligibility or program terms, except opening of the program or expansion in eligibility, shall be effective not less than thirty days after public notice of such change.

Sec. 4. (NEW) (*Effective from passage*) (a) The Department of Social Services, in consultation with appropriate state agencies and within available appropriations, shall (1) allocate existing funding and resources to ensure the availability of homeless shelters that accept intact families or that assist families to find adequate alternative arrangements that allow the family to remain together; (2) review program eligibility requirements and other policies to ensure that unaccompanied homeless children have access, to the fullest extent practicable, to critical services that such children might otherwise have been prevented from receiving due to age or guardianship requirements; and (3) work, in accordance with state and federal law, to seek relief from income garnishment orders through the appropriate judicial authority if it is deemed appropriate to be in the best interests of children and families.

(b) The Department of Education, in consultation with appropriate departments, shall seek full utilization of the federal McKinney-Vento Homeless Assistance Act to protect children falling into homelessness from school failure and dropping out of school and to improve access to higher education.

Sec. 5. (NEW) (*Effective from passage*) The Departments of Social Services, Public Health and Education shall collaborate to decrease hunger resulting from the recession by coordinating, within available appropriations, state-wide public access, information and outreach, and promoting, within available appropriations, cross-referral and collocation of entry points and application processes for the federal Supplemental Nutrition Assistance Program, child nutrition programs and the federal Special Supplemental Food Program for Women, Infants and Children and increase federal reimbursements.

Sec. 6. (NEW) (*Effective July 1, 2010*) (a) The Department of Education shall administer, within available appropriations, a child nutrition outreach program to increase (1) participation in the federal School Breakfast Program, federal Summer Food Service Program and federal Child and Adult Care Food Program; and (2) federal reimbursement for such programs.

(b) The child nutrition outreach program shall:

(1) Encourage schools to (A) participate in the federal School Breakfast Program; (B) employ innovative breakfast service methods where students eat their breakfast in their classrooms or elsewhere after school starts, rather than only before school and only in the cafeteria; and (C) apply to the in-classroom breakfast grant program pursuant to section 10-215g of the general statutes;

(2) (A) Encourage local and regional school districts to sponsor Summer Food Service Program sites; (B) recruit other sponsors of such sites; and (C) make grants to site sponsors to assist them in increasing child participation;

(3) Encourage day care centers to participate in the Child and Adult Care Food Program; and

(4) Publicize the availability of federally-funded child nutrition programs throughout the state.

Sec. 7. (NEW) (*Effective from passage*) (a) The Department of Social Services shall maximize federal fund opportunities from the Temporary Assistance for Needy Families Emergency Fund established pursuant to the American Recovery and Reinvestment Act P. L. 111-5, in order to assist families facing unemployment, housing crises, increasing debt, homelessness or other hardships. The department shall seek to utilize, in accordance with the provisions of federal law:

(1) The nonrecurrent, short-term benefits category of the Temporary Assistance for Needy Families Emergency Fund for eligible purposes, including, but not limited to, housing, transportation, work expenses, family safety, low birth weight reduction, food and nutrition. The benefits funded pursuant to this subdivision may include, but not be limited to, mortgage assistance, eviction relief, car repair, work clothes, domestic violence services, home visitation and on-the-job training; and

(2) The subsidized employment category of the Temporary Assistance for Needy Families Emergency Fund for eligible purposes, including, but not limited to, youth employment programs and the alleviation of specific labor shortages and state worker shortages where the jobs created help families apply for state services.

(b) The department shall work with the private sector, including philanthropic, business and nonprofit agencies as well as any consortium of such groups, for eligible purposes and as third-party participants to qualify for, access and maximize federal funding from said emergency fund through donation, in-kind spending and training of subsidized workers.



(c) The department shall implement the provisions of this section within available resources.

Sec. 8. (NEW) (*Effective from passage*) Not more than sixty days after the effective date of this section, the Department of Social Services, within available appropriations and to the extent permitted by federal law, shall establish and implement a procedure for the following modification in the temporary assistance of needy families program whenever the state unemployment rate, as reported by the Labor Commissioner, is eight per cent or greater for the preceding three months. The Jobs First program shall permit and encourage parents to pursue education and training and shall approve, as work activities, two- and four-year degree programs. A recipient shall be eligible for assistance under this modification for at least six months even if the state unemployment rate for subsequent quarters is not eight per cent or greater. The department may seek federal support to pay for such modifications through funds provided from the federal Temporary Assistance for Needy Families Emergency Fund.

Sec. 9. (NEW) (*Effective from passage*) The Department of Public Health, within available appropriations and in consultation with the Departments of Social Services and Education, shall seek to reduce the incidence of low birth weight among infants and reduce the cost to the state from unnecessary hospitalizations of such infants by (1) maximizing coenrollment in the federal Special Supplemental Food Program for Women, Infants and Children and Medicaid for all eligible women; (2) encouraging tobacco cessation programs targeted to pregnant women; and (3) promoting the use of the centering pregnancy model of prenatal care. The department may recover the costs of implementing the provisions of this section through funds available from the Tobacco and Health Trust Fund established under section 4-28f of the general statutes and the federal Temporary Assistance for Needy Families Emergency Fund.

Sec. 10. (*Effective from passage*) The Commission on Children, in consultation with the private sector, shall research the viability of enacting a state children and the recession fund that would provide funds and low-interest loans to families facing short-term crisis in housing, utilities, hunger and unemployment. Not later than January 1, 2011, the commission shall report, in accordance with the provisions of section 11-4a of the general statutes, its findings to the joint standing committee of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies.

Sec. 11. (NEW) (*Effective from passage*) The Commission on Children shall coordinate information on youth leadership opportunities that keep youth engaged in the community. The commission shall inform the General Assembly and the public of such opportunities.

Sec. 12. (NEW) (*Effective from passage*) No cause of action or liability shall arise against the state, any of its agencies or subdivisions, or any state official, employee or agent, for failure to comply with the provisions of sections 1 to 9, inclusive, of this act.

Sec. 13. (NEW) (*Effective from passage*) (a) The Department of Social Services shall submit a report on the policies and interventions promoted pursuant to sections 2 and 3 of this act, subsection (a) of section 4 of this act and sections 7 and 8 of this act. The report shall include key outcome indicators and measures and set benchmarks for evaluating progress in accomplishing the purposes of said sections. The department shall submit the report on or before January 1, 2011, to the joint standing committee of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies, in accordance with the provisions of section 11-4a of the general statutes.

(b) The Department of Education shall submit a report on the policies and interventions promoted pursuant to subsection (b) of section 4 and section 6 of this act. The report shall include key outcome indicators and measures and set benchmarks for evaluating progress in accomplishing the purposes of said sections. The department shall submit the report on or before January 1, 2011, to the joint standing committee of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies, in accordance with the provisions of section 11-4a of the general statutes.

(c) The Department of Public Health shall submit a report on the policies and interventions promoted pursuant to section 9 of this act. The report shall include key outcome indicators and measures and set benchmarks for evaluating progress in accomplishing the purposes of said section. The department shall submit the report on or before January 1, 2011, to the joint standing committee of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies, in accordance with the provisions of section 11-4a of the general statutes.

Approved June 8, 2010