

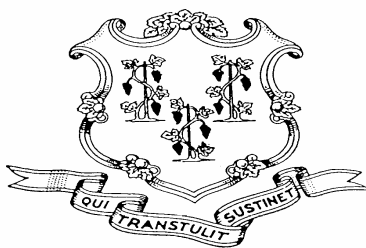
STATE OF CONNECTICUT

Child Poverty Council

Initial Plan

**For submission to the
Appropriations Committee, Human Services Committee
and Select Committee on Children
of the Connecticut General Assembly**

January 2005



Marc S. Ryan, Secretary,
Office of Policy and Management
Chair of the Child Poverty Council

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I. EXECUTIVE SUMMARY

In the Spring of 2004, the Connecticut legislature enacted Public Act 04-238 establishing a Child Poverty Council. The Council is charged with recommending strategies to reduce child poverty in the State of Connecticut by fifty percent within ten years. The Child Poverty Council began monthly meetings in July 2004 and produced this initial report for legislative consideration in January 2005.

One of the major strengths of the Child Poverty Council has been the development of strong partnerships with several state agencies, the legislative branch and non-governmental agencies working towards the development of an effective, comprehensive plan of action to reduce child poverty in the state by 50% over the next ten years.

The report contains an inventory of current programs which highlights the major investments and significant contributions the state already makes to address child poverty. While some individuals may contend that the state currently spends a sufficient amount on child poverty programs, the Council believes that these issues should be the highest priority for decision-making during the 2005 legislative session. By providing some new resources, and as importantly, targeting existing resources and providing a coordinated framework, Connecticut has a real opportunity to reduce child poverty in the short and long term.

In order to engage in strategies that translate into improved child poverty outcomes, the Council is putting forth 67 recommendations for executive and legislative branch consideration within the following framework:

- I. Enhance Families' Income and Income-Earning Potential
- II. Help Low-Income Families Build Assets
- III. Enhance Affordability of Health Care, Housing, Child Care, and Early Childhood Education
- IV. Support Safety Net Programs for Families with Multiple Barriers
- V. Enhance Family Structure and Stability
- VI. Further Study

The Council will continue to meet over the next ten years to further refine its recommendation and measure the state's progress in reducing child poverty.

II. INTRODUCTION

A. Requirements of Public Act 04-238

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

The specific charges to the Council include:

1. Identify and analyze the occurrence of child poverty in the state;
2. Analyze the long-term effects of child poverty;
3. Analyze the costs of child poverty to municipalities and the state;
4. Conduct an inventory of statewide public and private programs that address child poverty;
5. Document the percentage of target population served by such programs;
6. Identify and analyze any deficiencies or inefficiencies of such programs;
7. Develop procedures and priorities for implementing strategies to achieve a fifty percent (50%) reduction in child poverty, including :
 - Vocational Training
 - Educational Opportunities
 - Housing
 - Day Care and After School Programs
 - Health Care Access
 - Treatment Programs and Services
 - Child Nutrition

In developing the plan, the Council must consult with experts and service providers and submit the plan to the legislature by January 1, 2005 with annual updates beginning January 1, 2006.

B. Organizational Structure

The Child Poverty Council began monthly meetings in July 2004. The membership of the Child Poverty Council includes representation from 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 Departments of Children and Families, Education, Higher Education, Labor, Mental Health and Addiction Services, Mental Retardation, Public Health, Social Services, Corrections, Transportation, Economic and Community Development, Health Care Access, and Child Advocate, chairperson of the State Prevention Council, Executive Director of the Children's Trust Fund, and the Executive Director of the Commission on Children. The Secretary of the Office of Policy and Management serves as the Chairperson of the Council. Council membership is listed in Appendix B of this report.

At its initial Council meeting members determined the need for a working committee and subsequently established a subcommittee with representatives from its member agencies. Several of the Council members also served as active participants on the subcommittee. The subcommittee served to execute activities tasked by the Child Poverty Council including but not limited to providing input and completing components of plan to reduce child poverty by 50% in the State of Connecticut.

The Child Poverty Council set direction based on the Public Act, established and provided guidance to the subcommittee on specific tasks and reviewed, modified and approved all subcommittee work. The Child Poverty Council met monthly for the period of July 2004 through December 2004. The Council meetings, as well as the subcommittee meetings, were open to the public and several interested individuals and groups attended each meeting. All Council meetings were broadcasted by Connecticut Television Network (CT-N).

C. Child Poverty Council Activities

A Council and Subcommittee workplan was developed and used as a guide to all activities to ensure that all requirements of the Public Act were addressed in a timely manner.

The first two areas agreed upon by the Council were the analysis of the occurrence of child poverty, and the analysis of the long-term effects and cost of child poverty. The Council realized that the analysis component of the plan was a work in progress and prior to its completion responses and input from experts

in the field was warranted. To that end, the Council decided to hold a Policy Briefing, four roundtable discussions and one public hearing.

On September 22, 2004, the Council held a Policy Briefing with national and state child poverty experts including representatives from the business and academia sectors. The following individuals were invited to provide insight on the causes, impacts and cost of child poverty as well as potential strategies to assist in the reduction of child poverty:

- Thabiti Anyabwile – Senior Associate, Center for the Study of Social Policy
- Nancy K. Cauthen – Political Sociologist, National Center for Children in Poverty
- Elaine Thomas-Williams – Project Director, National Foundation for Teaching Entrepreneurship
- Chris Bruhl, Chief Executive Officer, Southwest Area Commerce and Industry Association of Connecticut
- Ann Dandrow – University of Connecticut
- Charles Super – University of Connecticut School of Families Studies
- Ken Couch – University of Connecticut -Economic Department
- Paul Dworkin – University of Connecticut – Pediatrics Department
- Wayne Villemez – University of Connecticut – Sociology Department

During the month of October the Council held four roundtable discussions to obtain the perspective of community programs and community members on issues relating to child poverty as well as solutions. The discussions were held in Bridgeport, Willimantic, Harford and New Britain. The four roundtable discussion sessions focused on specific topic areas including:

- Child Care, school readiness, after school, mentoring, literacy and accessibility to child nutrition;
- Employment, training, literacy and housing;
- Community development; and
- Health care access, treatment programs and substance abuse.

One public hearing was held in Hartford. This forum was used to allow the public to provide comments on the child poverty reduction plan. Public feedback was consistent with the recommendations outlined in the plan.

Data collected from the policy briefing, roundtable discussions, public hearing and literature review combined have contributed to the development of this comprehensive child poverty plan. Many state partners, community groups and individual community members also assisted in providing input on the plan. The Connecticut Voices for Children, Expert Panel, Commission on Children, Legal Assistance Resource Center (on behalf of the Welfare Working Group), and the Child Poverty Workgroup were very instrumental in the development of this plan.

As a result of the above forums and the assistance of a broad base network of experts in the area of child poverty, the Council developed a list of alternative options as well as recommendations for action. Priority areas were agreed upon and are highlighted in the Executive Summary and later in this plan.

The Public Act also required the Council to develop and implement a statewide inventory to document public and private programs that address child poverty. The subcommittee was tasked with this responsibility. The subcommittee developed and disseminated an inventory questionnaire to fifteen (15) state agencies to gather data on existing statewide programs that serve children and their families in the area of poverty prevention, self-sufficiency programs focused on lifting people out of poverty and/or programs that provide support services for people in poverty. The Council produced a matrix that cross-referenced the plan's major objectives with the programs identified in the inventory. This coupled with the inventory allowed the Council to identify gaps in services and service areas and provided valuable information to assist in the development of its recommendations to reduce child poverty by 50% within ten years.

The Child Poverty Council will be responsible for annual updates to the joint standing committees of the General Assembly on the implementation of the plan and the extent to which state actions are in conformity with the plan.

E. Website

The Child Poverty webpage is on the State of Connecticut, Office of Policy and Management Home page. The website address is:

<http://www.opm.state.ct.us/pdpd1/cpc/childpovertycouncil.htm>

III. Description of Child Poverty in Connecticut

Definition of “Child Poverty”

Federal poverty measures have been used since the 1960s to determine the prevalence of poverty and eligibility for many programs and services. Calculation of the Federal Poverty Level (FPL) is based on the assumption that a family’s food budget constitutes about one-third of its after-tax income.¹ However, research has suggested that this assumption is no longer valid for many low-income families, and that a higher poverty threshold would be a more accurate indicator of poverty. Over the past decade, government poverty experts have proposed many experimental models for alternative poverty measurement that would incorporate other costs, as well as non-cash benefits, into the FPL formula.²

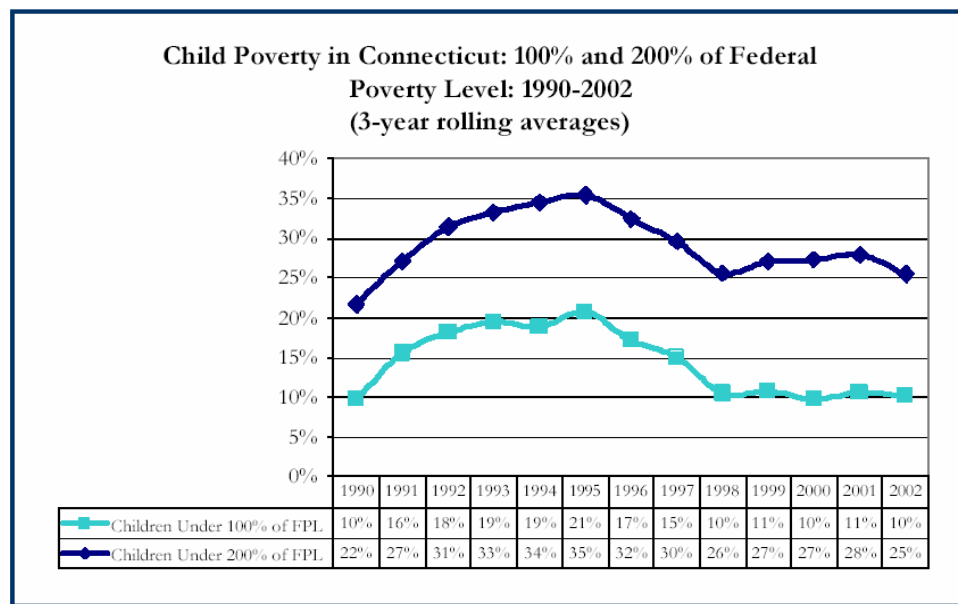
Children who live in low-income families up to 200% of the federal poverty level face many of the same risks as those children officially acknowledged to be in poverty, including poor health, learning difficulties and social and emotional problems.³ They also have many of the material hardships and financial pressures that officially poor families face. Missed rent payments, utility shut offs, inadequate access to health care, unstable child care arrangements, and running out of food are not uncommon for these families.

About one-quarter (24%) of Connecticut children – and 26% of children under age 6 -- live in low-income families below 200% of the federal poverty level (2000-2002 average).⁴ Since 1990, the proportion of Connecticut children living below 200% of the FPL has ranged between about one in four of all Connecticut children to more than one in three children. This fluctuation has occurred in spite of improvements in the economy overall.

For these reasons, the definition of child poverty, for the purposes of the Council and its mandate to reduce child poverty in Connecticut by fifty percent, will be twofold:

- Children under age 18 whose family income is below 100% of the federal poverty level; and
- Children under age 18 whose family income is below 200% of the federal poverty level.

This dual definition will allow the Council to measure the impact of its initiatives on both the very poor and the relatively poor children in this state.



Source: U.S. Bureau of the Census, reported in Hall, D., & Geballe, S. (2004, Sept.). *The state of working Connecticut, 2004*, 47. Data CONNECTIONS. New Haven: Connecticut Voices for Children.

The following information highlights the level and extent of child poverty in Connecticut. The facts and figures have been culled from a variety of sources. The causes of poverty are a complex assortment of many different and interlocking areas of deprivation ranging from education to access to services. We must keep in mind that behind the statistics, families are living in poverty.

Unless otherwise noted, the data below reflects the indicator used by the federal government to measure poverty - families with income at or below 100% of the federal poverty level based on family income, size and type.

Connecticut Population

In 2000, Connecticut had a total population of slightly over 3.4 million, of which, just under a quarter were children under the age of 18.

- Total State Population¹ 3,405,565
- Total children under the age of 18¹ 841,688

Child Poverty in Connecticut

- In 2003, 88,600 children under the age of 18 were living in families whose income was below the federal poverty level. This represents 10.8% of all Connecticut children.⁵
- The federal poverty level for a family of four in 2004 is \$18,850. ⁶
- Twenty-four percent (24%) of Connecticut's children live in households with income at or below 200% the federal poverty level.¹

Trends

Connecticut's child poverty rate fluctuated over the decade, however at the beginning of 1990 and the end of 2003 the rate remained approximately the same at 10%.

- The child poverty rate in 2002 was 10.4% which is slightly lower than the 10.7% child poverty rate reported in 1990. During the same time period, child poverty decreased nationally from 18.3% to 16.6%. ⁴

Comparison to Other States

- Connecticut's average child poverty rate for 2001-2002 was 10.2% and compared favorably with other states. Connecticut's child poverty rate was the sixth lowest in the nation. The national average child poverty rate for 2001- 2002 was 16.5%.⁶
- In 2002, the state with the lowest child poverty rate was New Hampshire, at 7%, while the state with the highest rate was Arkansas, at 29.7%. ⁷

Female-Headed Families

- Although there has been a decrease in the child poverty rate in families headed by single mothers, a disproportionate number of these families are poor. The child poverty rate in families headed by single mothers declined over the decade – from 34% in 1990 to 27% in 2000. The reduction in child poverty was even greater for mother-headed families with children under age 5, falling from 52% living in poverty in 1990 to 37% in 2000.⁸

- In 2001, the child poverty rates for neighboring states were Massachusetts (12%), New York (19%) and Rhode Island (15%), as compared to Connecticut's child poverty rate of 10%. ¹

Race and Ethnicity

- The poverty rate for Latino children under 18 in Connecticut was 31% and 25% for African-American children under 18. The poverty rate for White children under 18 was 4.2%.⁸⁹
- Latino children are seven times more likely to live in poverty than White, non-Hispanic youth. African-American children are six times more likely.⁹¹⁰

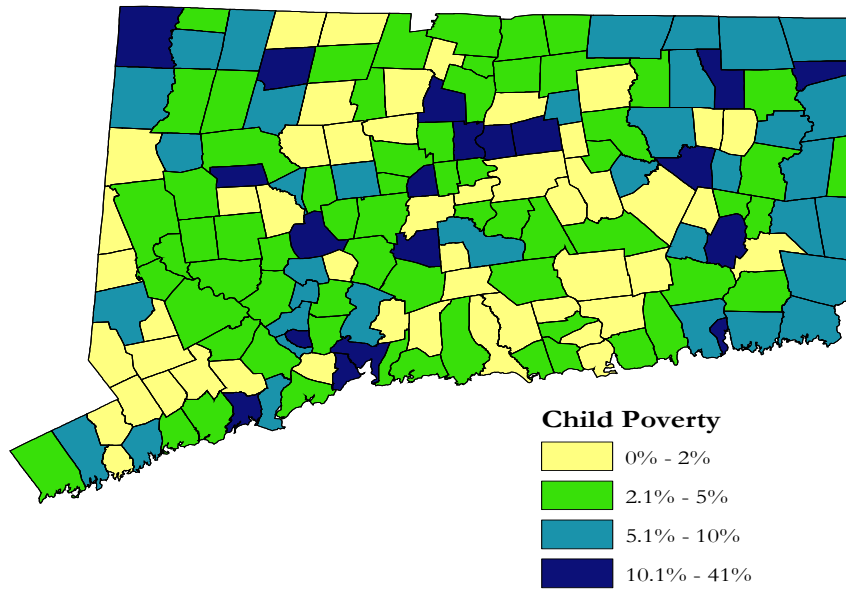
Municipalities

Compared to the statewide average, child poverty rates are high in Connecticut's larger cities.

- Hartford had the second highest rate of child poverty (41%) of any city in the nation with a population over 100,000. ¹
- In New Haven, 32% of children under 18 lived in poverty. ¹
- In Bridgeport, 25% of children under 18 lived in poverty. ¹
- Most of Connecticut's large cities experienced declines in child poverty between 1990 and 2000, while the inner ring suburbs of large cities saw the greatest increases in child poverty. For example, Hartford's child poverty rate declined from 43.8% in 1990 to 41.3% in 2000, while the child poverty rate increased in East Hartford, West Hartford, Bloomfield, Windsor, Wethersfield and Manchester. ⁴

The following maps have been developed based on data from 2000 Census.

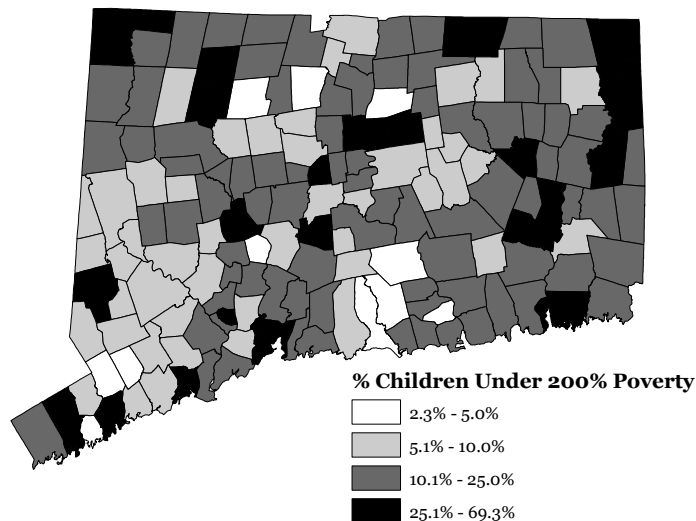
Child Poverty, Census 2000



Children Living under 200% of the Federal Poverty Level

Statewide, 24% of children live in families whose income is below 200% of the federal poverty level. The rates for individual towns range from a high of 69% in Hartford to a low of 2% in Madison and Prospect. Thirty towns have child poverty rates greater than the statewide average of 24%. These towns represent a mixture of urban, suburban, and rural settings. They are: Ansonia, Bozrah, Bridgeport, Bristol, Danbury, East Hartford, Groton, Hartford, Killingly, Meriden, Naugatuck, New Britain, New Haven, New London, North Canaan, Norwalk, Norwich, Plainfield, Salisbury, Sprague, Stafford, Stamford, Thompson, Torrington, Waterbury, West Haven, Winchester, and Windham.

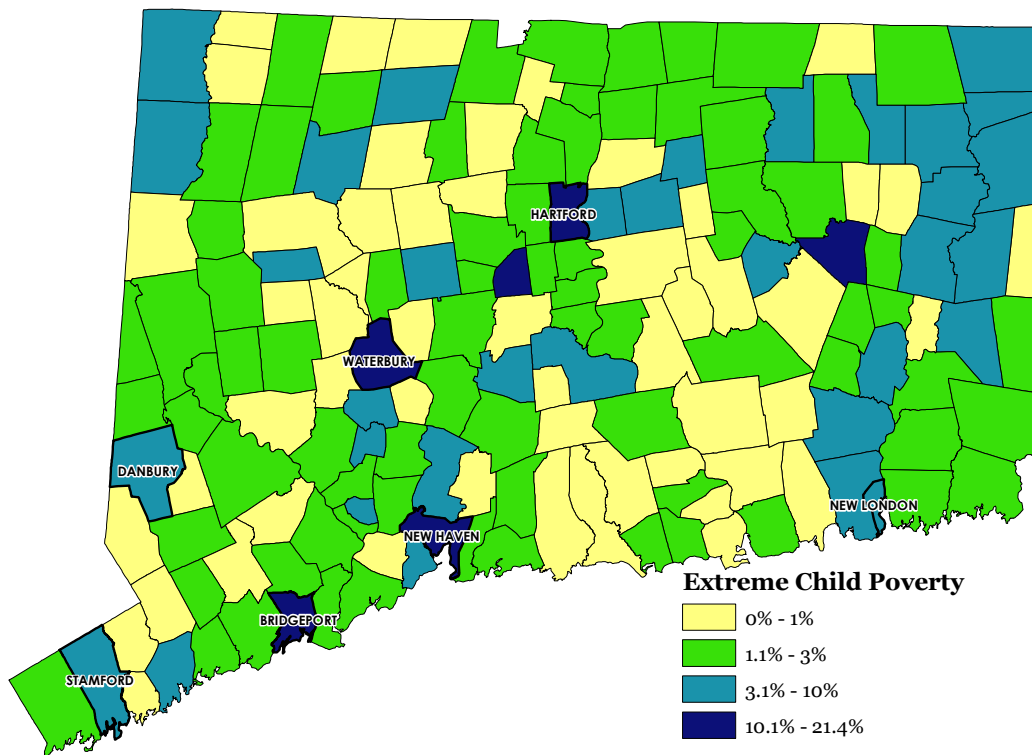
Percent of Children below 200% of poverty



Children living under 50% of the federal poverty level

Four percent (4%) of Connecticut's children lived in extreme poverty (below 50% of the federal poverty level) in 2001.¹¹ Research indicates that, when compared to less extreme poverty experienced later in childhood, extreme poverty during the first five years of life has especially harmful effects on children's future life chances.¹²

Children Living in Extreme Poverty (less than 50% Federal Poverty Level), Census 2000



IV. Analysis of Causes of Child Poverty

Many Factors Influence Child Poverty

Thousands of Connecticut children live below or near the poverty line because their families lack sufficient income to meet their essential needs for food, clothing and shelter. Child poverty is foremost an economic issue, and it is tied inextricably to family poverty. When families are poor, their children are poor.

Many families are just an illness or divorce away from a dramatic and sustained decline in family income. However, the underlying reasons why a family remains impoverished may involve complex issues. Because poverty often has long-lasting, multigenerational effects that begin in childhood, the problems that confront a family living in poverty may also influence whether a child in that household is also poor when they grow up and enter adulthood. Factors that unravel a family's financial well-being may have an impact far into the future.

Addressing the economic and non-economic factors that bring about family poverty is the key to reducing and preventing child poverty. By understanding how these factors affect children and families entering poverty and those who are already poor, we can better identify strategies to assist families in becoming economically self-sufficient.

Analysts and researchers use various approaches to explain poverty issues. Some people analyze attributes of economic and social structures and issues, such as lack of quality jobs, industry changes, lack of opportunity, and discrimination. Racism and gender bias are frequently identified, both in economic and social contexts, as significant factors affecting poverty.

Many analysts focus on the social and demographic patterns of low-income communities or of families living in systemic poverty. Some place attention on the attributes of low-income workers that impact productivity, such as literacy and work skills, education, job training or ability to work.

In a poor family, other risk factors serve as "intensifiers", factors that, given the already poor conditions, can make conditions for the child even worse. Another way to say this is that poverty is the "great magnifier". It magnifies all other risk factors.¹³ As a result of the relationship between poverty and other risk factors, the causes and effects of poverty are closely connected, and the effects of poverty

can have a cyclical effect by circling back and becoming causes themselves of further poverty. For example: A low-income family might move to a high-crime neighborhood due to lack of affordable housing elsewhere. As a result, the family would be more likely to be victimized by crime that robs the family of possessions and assets, or that neighborhood's isolation might restrict the family's opportunities to find a nearby permanent job at a sufficient wage, thus sinking the family further into poverty.

This section focuses on five major causes of poverty:

- A. High cost of living
- B. Changing economy
- C. Lack of educational attainment
- D. Lack of assets and supports; and
- E. Family structure

A. High Cost of Living

Connecticut is one of the wealthiest states in the nation, which compounded with its highly skilled workforce, makes the cost of living very high.

For Connecticut families with children, economic self-sufficiency requires a much higher annual income than is needed for adults who are not raising children. Household expenses (including food, housing, child care, transportation and health care) nearly double for a single adult when that adult begins raising an infant.

For Connecticut residents who are not highly educated and skilled, the cost of living often exceeds their income, which may bring their households below the poverty line. Nearly one-quarter (24%) of Connecticut children live in families with an income less than 200% of the federal poverty line, which is about \$37,000 for a family of four.¹⁴

For many families in Connecticut, homeownership is out of reach. Even rental housing is out of reach for many families. Connecticut is the sixth most expensive state for rental housing. According to the National Low Income Housing Coalition, the Stamford-Norwalk area is the third least affordable region for rental housing of any metropolitan area in the country.¹⁵

Low Wages

For many families, employment alone does not lead to economic self-sufficiency. A parent who has a full-time job and makes the minimum wage earns well below the poverty line (\$18,400/year for a family of 4 in 2003). In 2003, despite working full-time, full-year, 9% of Connecticut workers (105,000) earned less than \$20,000 annually, and more than a quarter of a million workers earned less than \$30,000 annually.¹⁶

Nationally, 25% of workers earn less than \$8.70 an hour (\$18,000 a year) before taxes or health insurance, which puts a family of four under the federal poverty level.¹⁷

Connecticut Full-Time, Year-Round Workers Earning Less than \$20,000; Less Than \$30,000 (2003)			
	All	Men	Women
Less Than \$20,000 (#)	104,461	43,580	60,881
Less Than \$20,000 (%)	9%	6%	13%
Less Than \$30,000 (#)	260,421	118,610	141,811
Less Than \$30,000 (%)	23%	17%	30%

Table VI-1

Source: US Census Bureau, American Community Survey, 2004¹
(Reprinted from Hall, D., & Geballe, S. (2004, Sept.). *The state of working Connecticut*, 2004, 44. Data CONNECTIONS. New Haven: Connecticut Voices for Children.)

Self-Sufficiency

Along with several states, Connecticut developed a “self-sufficiency standard” to provide a more accurate picture than the federal poverty measure of what families need to meet their expenses. In 1999, the Connecticut Office of Policy and Management commissioned *The Self-Sufficiency Standard for Connecticut*, which set benchmarks for self-sufficiency in Connecticut.

The self-sufficiency standard “defines the amount of income required to meet basic needs (including paying taxes) in the regular ‘marketplace’ without public subsidies-such as public housing, Food Stamps, Medicaid or child care-or private/informal subsidies-such as free baby-sitting by a relative or friend, food provided by churches or local food banks, or housing shared with relatives or friends.” The standard includes costs for housing, child care, food,

transportation, health care, taxes and miscellaneous expenses. It incorporates regional and local variation in costs, includes the net effect of taxes and tax credits, and takes into account that many costs differ by family size and composition and by the age of the children.¹⁸

Several basic need components make up the standard, such as food and housing. The authors, Dr. Diana Pearce and Jennifer Brooks of the University of Washington, used specific data sets for each component when calculating the standard for different family types. Some of these sets have been updated and are readily available. Updating the other data sets, such as the health care component, is more problematic. We have been unable to obtain the computer model that was presumably used to calculate the standard, thus any attempts we would make to update the standard could potentially be called into question. Some have suggested simply inflating the original figures by an appropriate inflation index. We agree with the Office of Legislative Research that it is not clear whether this approach would provide a reliable update, and we do not recommend using such a method.

The Office of Workforce Competitiveness is currently working on a comprehensive and reliable update to the Self Sufficiency standard.

“Hidden” Costs of Poverty

Low-income families often face a range of “hidden” costs of poverty – costs that do not get widespread attention – that can serve to keep a family poor or drive it deeper into poverty. For example, simply getting to work is disproportionately more costly and time-consuming for low-wage workers. With jobs leaving cities such as Hartford for the suburbs, inner-city residents must travel to surrounding towns for employment.¹⁹ When jobs become available in cities, many applicants apply: 4,000 Hartford residents showed up on a recent Saturday morning to apply for 800 positions at the new Charter Oak Marketplace.²⁰

Jobs for low-wage workers often are inaccessible via public transit, while buying and owning a car is excessively costly. The cost of purchasing and owning a car is higher for low-income residents of Hartford than for their suburban counterparts. Low-income families, especially those transitioning from welfare to work, not only have smaller savings for such a purchase, but also have little or poor credit history to attain low-interest commercial financing necessary to make up the difference.²¹ Car buyers with poor credit histories often pay extremely high interest rates, and city dwellers may pay very high car insurance rates.²² A Hartford resident on Laurel Street will pay 33% more (annually \$400 more) for auto insurance for a 1992 Honda Accord than a West Hartford resident living on

Farmington Avenue. For those who purchase sub-quality cars, the cost of repairs often exceeds the value of the car and creates employment instability.²³

In addition, low-income families living in economically isolated rural and urban communities often face higher costs of living based on where they live and have fewer choices of where to spend limited resources. Such families often are “captive consumers”, paying higher prices for inferior basic goods and services than their suburban counterparts.²⁴

Cost of Health Care

In a survey of Connecticut’s kindergarten teachers in low-income school districts, 65% of the teachers identified specific health problems among children entering kindergarten – including asthma, skin rashes, ringworm and lack of physical exams.²⁵

Low-income workers frequently end up paying a lot more for family health care costs than higher paid workers who are covered by their employers.

Uninsured families are more likely to go without preventive care, leading to costly emergency visits and hospitalizations. Without health insurance, a medical emergency or chronic condition needing ongoing treatment can threaten the household’s financial security.²⁶

High-Cost Health Coverage

In many cases, low-wage workers are either not eligible or cannot afford the employer-sponsored health benefits for themselves and their family.

Even though some low-income families qualify for HUSKY medical coverage, others do not and end up buying high-cost coverage or paying out-of-pocket. A health insurance quote from Anthem showed that Connecticut individual coverage costs from \$155 to \$263 and family coverage from \$477 to \$702 per month, depending on the deductible, coinsurance and co-payment.²⁷ Low-income parents who do not have public insurance often have to make difficult financial trade-offs between getting health care for themselves and their children and buying groceries, paying rent or paying for car repairs.²⁸

In some families that do qualify for HUSKY, the parent refuses to accept the coverage, perhaps due to the stigma of public health insurance.

For many uninsured workers and those who have gaps in insurance, medical care can become medical debt. A national survey in 2001 found that half of the uninsured had problems paying for their medical care, and a significant portion of those had been contacted by collection agencies. The average amount of medical debt was about \$9,000, ranging from less than \$1,000 to more than \$100,000. Such medical debt can become a lifetime obstacle to accumulating real assets or savings.²⁹

Child with Special Health Care Needs

Caring for a child with special health care needs can quickly drain the income of a family. Annual expenditures to care for a child with special needs vary, but can deplete the financial resources even of middle- and upper-income families, placing them at risk of poverty. For example, board and care costs for non-institutionalized children with special needs in DCF's care average \$16,911/year; costs for complex cases requiring institutionalization at one hospital annually average \$328,270.³⁰

Low- and moderate-income families are more likely to have children with special health care needs. These children tend to be more economically disadvantaged, with a greater percentage living in poverty, living in single-parent families, living with nonworking parents, living with a parent in fair or poor health, and receiving cash assistance through either SSI or TANF. Nationally, more than 13% of low-income children with special health care needs are uninsured, and 29.8% have public insurance.³¹

When a low-income parent does not have health benefits at work – including health insurance and sick leave to care for a child – a child's serious illness may be more likely to prompt the parent to leave their job to take care of the child, thus forcing that family deeper into poverty. The shortage of home health aides also may affect the parent's ability to care for the child without giving up his or her job.

Mental Health Disorders

According to the U.S. Surgeon General, children at greatest risk for behavioral health problems include those from a family that has experienced multigenerational poverty, and those who were born at low birth weight (which is more likely among children in poverty).³²

The consequences of mental health disorders in adults can be severe, including

unemployment, poverty, involvement with the criminal justice system and homelessness. Poverty is common among the Connecticut population with mental health disorders.³³

In addition to potential job loss, home loss and homelessness, mental health problems can interfere with a parent's ability to take care of their children. These parents are at risk of their children entering foster care.

Substance Abuse and Domestic Violence

Substance abuse and domestic violence are additional individual and family problems that can affect whether a family lives in poverty. These problems may be reflected in lost productivity and high health costs. They not only impair the ability to work, but also affect the parenting process, which can hinder child development. As a result, children may enter school without the cognitive, social and emotional skills and competencies they need to succeed, setting the stage for increased placement in special education, grade retention and ultimately school drop-out. Recent studies found that women who have been physically abused are at higher risk for depression, and that those who are at higher risk for depression are more likely to report drug use.³⁴

B. Changing Economy

Global Economy Demands Highly Skilled Workers

In the rapidly changing global economy, workers increasingly need high skills in critical thinking, problem solving, and intellectual flexibility to shift from one task or project to another. They must have high language and math skills, technological capability and a strong capacity to work in teams. Many rote tasks associated with manufacturing have been replaced with multiple tasks that change and require a different sort of analysis and strategic thinking. Upward mobility requires a college degree.

According to the U.S. Department of Labor: "The American economy is confronted with the challenges of rapid technological changes, the globalization of world markets, and profound demographic shifts. These forces are reshaping the workplace in terms of the nature and types of jobs, the composition of [the] workforce, and workers' education, skills, and experiences in the world of work."³⁵

- *Workers with postsecondary credentials are more likely to be employed than those with a high school education or less.* In 2000, 87.8% of workers with a college degree were employed, which is a 12% higher employment rate than for those with just a high school diploma, and a 40% higher employment rate than for those with less than a high school diploma.³⁶
- According to a National Association of Manufacturers survey, over 80% of manufacturers reported a shortage of highly qualified applicants with specific educational backgrounds and skills.³⁷
- According to the Bureau of Labor Statistics, jobs requiring postsecondary education will account for 42% of the total job growth between 2000 and 2010. However, the growth in the number of workers with postsecondary education over the next 20 years is expected to be only 19%, which is much lower than the 38% rate between 1980 and 2000.³⁸

Job openings in Connecticut are heavily oriented toward low-wage jobs requiring little preparation. In 2000, occupations requiring postsecondary education or training provided opportunities for 89,740 positions that paid a total over \$5.9 billion (at an average salary of more than \$60,000) while occupations with the least preparation requirements provided opportunities for nearly five times as many (429,560) positions that paid a total payroll of only about \$9 billion (at an average salary of more than \$20,000).³⁹

The new economy does not promise the long-term security or benefits found in manufacturing jobs of the past. Long-term security for the family where a worker is in one job with protection and benefits has been eclipsed by a global market with dramatically changed labor market needs.

Workforce Skills do not match Workforce Needs

Many high-paying jobs with benefits require competencies that low-skilled, low-educated workers often do not possess. Increasingly, post-secondary training is becoming a prerequisite for jobs offering a higher standard of living, even though customized on-the-job employer training for such jobs is often unavailable.

Workforce need and workforce skills are not aligned. In Hartford alone there are 70,000 job openings. Yet the high school graduates from the city itself are not able to fill them. They lack the education or workforce skills necessary for the kinds of jobs opening up in the business sector. Employers hire from without.

The Connecticut Department of Labor reported that the state lost 63,000 jobs from July 2000 to July 2004, a 3.7% loss of the state's total number of jobs at Connecticut's employment peak prior to the national recession.⁴⁰ In 2001 alone, Connecticut workers lost 8,000 manufacturing jobs and 18,000 service jobs.⁴¹

Unemployment

In the 2000 Census, 25% (more than 200,000) of Connecticut's children did not have a full-time, year-round employed parent; Connecticut ranked 25th in the nation on this measure. Connecticut's 4.8% unemployment rate in June 2004 is double the 2.4% rate exactly four years earlier, prior to the most recent recession. While 11 towns have unemployment rates of less than 2%, 15 towns have unemployment rates that exceed 6%.⁴²

Many of the largest cities have very high unemployment rates, led by Hartford (10.2% and Bridgeport (8.4%). In many cases, these cities have adjacent inner-ring suburbs that also have higher-than-average unemployment rates, suggesting that the challenges experienced by the cities extend to their neighboring communities.⁴³

Top Ten Unemployment Rates Among CT Towns, June 2004	
TOWNS	June 2004 Rate (%)
HARTFORD	10.2%
BRIDGEPORT	8.4%
WINDHAM	8.3%
WATERBURY	8.1%
NEW BRITAIN	7.8%
DERBY	7.6%
NEW LONDON	7.2%
ANSONIA	7.1%
NEW HAVEN	7.0%
EAST HARTFORD	6.7%

Table IV-1

Source: CT Department of Labor, LMI, 2004

The 2003 unemployment rates in Connecticut among Latino (10.3%) and African-American (9.7%) workers were more than twice the rate of white workers (4.5%).⁴⁴ About one quarter of all unemployed persons are "long-term" unemployed, meaning that they have been unemployed for more than 26 weeks.⁴⁵

The lower the level of educational attainment, the more likely that a worker will be unemployed. In Connecticut and nationally, those lacking a high school degree experienced unemployment rates (12%) in 2003 that were 4 times greater than those experienced by persons with at least a bachelor's degree (3%).⁴⁶

The widespread unemployment affecting many Connecticut families places children at risk of not having their basic needs met for food, clothing, and shelter.

Gender

Employment segregation is another factor. Nearly two-thirds of all women workers in Connecticut work in only two occupational categories – “technical/sales and administrative” and “service”. Jobs dominated by women have been historically under-valued and continue to be so.⁴⁷ In the United States, women made only 75.5 cents for every dollar that men earned in 2003.

The chart below shows national average annual salaries for selected jobs, calculated by the U.S. Bureau of the Census for 1999 (The Connecticut Department of Labor indicated that average annual salaries for most of these jobs in Connecticut are higher.)

Gender Gaps in U.S. Occupations (1999)⁴⁸

LOWER EARNING JOBS	MALE	FEMALE	RATIO
Waiters and Waitresses	\$19,000	\$15,000	79%
Maids, housekeepers, cleaners	\$19,000	\$15,000	79%
Miscellaneous, agriculture work	\$18,000	\$14,000	78%
Cooks	\$17,000	\$15,000	88%
Food prep, serving, fast food	\$17,000	\$15,000	88%
Food Prep	\$16,000	\$15,000	94%
Counter attendants, cafeteria	\$16,000	\$13,000	81%
Dining room, cafeteria, bartender	\$15,000	\$15,000	100%
Dishwasher	\$14,000	\$12,000	86%

Using the chart above, if a male and a female each headed a family of four and worked in identical housekeeping jobs, the gap of 79% or \$4,000 per year, would place the male-headed family above the federal poverty level, and drop the female headed family below the poverty line.

The proportion of Connecticut women working full-time, year-round yet earning less than \$20,000 (13%) and less than \$30,000 (30%) is approximately double the proportion of Connecticut men working full-time, year-round who are earning such low incomes (6% and 17% respectively).⁴⁹

In 1997, women in Connecticut earned approximately 74 cents for every dollar earned by men, or an average of \$179 less per week or \$9,308 per year.⁵⁰

Race and ethnicity

The disproportionate number of African Americans and Latinos living in poverty corresponds, in part, to their overrepresentation in low-paying jobs, higher rates of unemployment, higher rates of layoff (displacement), and the significant wage gap between whites and non-white workers in the same job.⁵¹

Among African Americans surveyed in a national study, 28% said they had been treated unfairly at work because of their race, compared to 16% of workers of other races and 6% of white workers. Workers of Hispanic origin were also more likely than non-Hispanic workers to experience race-based unfair treatment (22% vs. 8%).⁵²

According to the federal Equal Employment Opportunity Commission (EEOC), employee complaints of discrimination and racial harassment in the U.S. workplace have increased significantly in the last ten years, from a little more than 3,000 per year in 1991, to almost 9,000 in 2000. Employee charges of retaliation for complaints about discrimination and racism have also increased, as have damage awards to employees in EEOC lawsuits involving race-based charges. Discrimination remains a major concern for many workers.⁵³

The Connecticut Commission on Human Rights and Opportunities (CHRO) is designated by the EEOC to process illegal discrimination complaints in the state. CHRO has received a steady increase in the number of cases involving race-based discrimination, from 577 cases in 2000/1 to 680 cases in 2003/4.⁵⁴

C. Lack of Educational Attainment

Education is the key to career success and economic self-sufficiency. Yet nearly one in eight persons (12.4%) over age 25 in Connecticut do not have a high school diploma. More than one-third of these persons (4.4% of the general population over 25) have less than a 9th grade education.⁵⁵ About two-thirds (65.4%) of Connecticut persons over age 25 do not have a bachelor's degree.⁵⁶

Among Connecticut's 16 to 19 year-olds in 2003, 8% were dropouts; they were not enrolled in school and had not graduated from high school.⁵⁷

High school dropouts ages 16-19 in Connecticut are twice as likely to be African Americans (10.8%) than non-Hispanic whites (4.5%) (2000 Census); they are nearly five times more likely to be Latino (21.2%).⁵⁸ African American teens ages 16-19 (12.6%) are three times more likely not to be in school or working than non-Hispanic white teens (4.1%); Latino teens (17.5%) are four times more likely.⁵⁹

Low Educational Achievement Leads to Low Earnings Growth

Higher education is one of the most effective ways that parents can raise their families' incomes. Conversely, low education levels of parents increase the likelihood of low family income. The national poverty rate among families headed by a person with less than a high school education is 24%, for those with some college education it is 7% and for those with at least a bachelor's degree it is 2%.⁶⁰

If parents have low education levels, full-time employment does not protect their families from poverty. Nationally, nearly three-quarters (73%) of children whose parents do not have a high school degree live in low-income families, compared with only 15% of children whose parents have at least some college education.⁶¹

Children who drop out of school or complete school unable to read above elementary levels will encounter limited job choices as adults. Due to their low literacy skills, they may not be able to fill out a job application or find work that provides a decent wage.

Low Literacy Impedes Educational Advancement, Work Success

Illiteracy or low literacy is a passport to poverty. Today's economy and society require literacy skills at Level 3 or higher, measured on a five-point scale. Approximately 300,000 greater Hartford adults, or roughly 41% of the adult population are functioning below Level 3. Below this level, people have difficulty filling out a job application or reading the newspaper, street signs, ATM screens, or the dosage on a medicine bottle. As a result, these adults do not have some of the most fundamental economic, social and personal abilities.⁶²

Nationally, 43% of people with the lowest literacy skills live in poverty, 17% receive food stamps, and 70% have no job or part-time job.⁶³

The personal impact of low literacy skills is seen at many levels. School children fall behind their classmates; youth drop out of school; adults lack the skills to succeed in today's economy and are often unemployed or underemployed; parents cannot help their children develop pre-literacy skills, read them a story or help them with their homework. Illiteracy impacts every facet of a person's life including the ability to read dosage or precautions on medicine bottles, vote properly, apply for jobs or just read a newspaper.

Functional illiteracy – the lack of basic skills such as reading, writing and computation – is a problem that affects the home and work life of families in Connecticut. Over 340,000 adults cannot read well enough to understand medicine labels, fill out a job application, or read to their children. Illiteracy is

inter-generational. Children of functionally illiterate adults are twice as likely as their peers to become functionally illiterate as their peers of literate parents.

Businesses suffer productivity losses from employees' lack of basic skills. Over \$60 billion is lost in productivity each year by American businesses due to employee's lack of basic skills.

Achievement Gap

By the time they begin formal schooling, children in low-income families already lag significantly behind their more affluent peers academically, socially and physically.⁶⁴ If they do not make up this ground early in the school years, they will have a real challenge in obtaining a good job later in life.

The performance of Connecticut students on the Nation's Report Card reveals this disturbing gap:

- At the fourth grade level, only 18% of low-income students met the proficiency standard, compared with 53% of children from high-income families. Only 12% of Connecticut's low-income students met the math proficiency standard, compared with 54% of children from higher-income families.⁶⁵
- In eighth grade, only 15% of low-income students met the reading proficiency standard, compared with 45% of children from higher-income families. Only 12% of low-income students met the math proficiency standard, compared with 44% of children from higher-income families.⁶⁶

Many low-income families frequently move because they cannot afford to keep their home, they end up living in temporary doubled-up housing, or move from one homeless shelter to another. This disruption can affect student achievement because in general children who move and change schools have lower math and reading scores and are less likely to graduate from high school on time.⁶⁷

Schools with high proportions of low-income children are more likely to have inexperienced teachers, fewer computers, less Internet access, larger class sizes and unstable enrollment than schools with lower proportions of low-income children.⁶⁸ Therefore, the children who have the greatest need for quality schools often do not have access to them.

D. Lack of Assets and Supports

Low-income families move in and out of poverty, depending on the job market and other factors affecting family economic self-sufficiency. Many families lack the coordinated assets and supports needed to impede further poverty or to facilitate economic success. Assets are an important way to strengthen a family's financial independence.

Asset Formation and Protection

Asset formation and protection are essential strategies in helping families become and stay economically secure. Financial assets can transfer into income quite readily and soften difficulties during hard times. Assets protect against economic ruin, from such things as parental unemployment or severe illness.

Assets can provide a bridge to help families move permanently out of poverty. For example, if a married family of median income in Frog Hollow (a Hartford neighborhood) participated in a homeownership Individual Development Account (IDA), the family could purchase a home within three years.⁶⁹ When welfare-to-work policies lift people to the poverty line but leave them without (and often penalize them for having) sufficient assets to survive a family sickness or accident, the family is at great risk of falling back into poverty.⁷⁰

The vast majority of assets are in the possession of high earners. Nationally, the top quintile of earners commands 43% of earned income but controls 86% of net financial assets.⁷¹

Lack of Assets

Most low-income families have few if any assets to help them weather even a short-term loss of employment.

Nearly one in four (22.5%) of Connecticut households are “asset poor”. That is, their net worth is insufficient to support the household for more than three months if family income is interrupted.⁷²

One in six Connecticut households have either no or negative net worth, in which the households debt is greater than all its financial assets.

Many low-income families have few assets to leverage if they are confronted by a financial crisis, such as a job layoff or long illness. Many of these families have

less than a few hundred dollars in cash, savings, and other assets that they could quickly access in a time of need. Consequently, most of these families are likely to have a very difficult time weathering even a short-term loss of income.⁷³

For a family to be economically secure, they need: (1) a steady and predictable income to pay for basic needs; (2) savings and assets such as a car; and (3) human and social capital (including education, experience, skills and professional networks) to obtain a better-paying job.⁷⁴

Minorities face racial/ethnic disparities in asset development

Asset poverty – defined as the lack of sufficient net worth to subsist at the poverty level for three months without other support – is much more prevalent among minority families. In Connecticut, where overall asset poverty is around 22%, the asset poverty rate of non-white households is almost four times that of white families – making Connecticut the worst-ranking state in the nation on asset poverty by race.⁷⁵

Owning a home is the largest source of assets for most Americans, but in Connecticut, this opportunity is limited. The home ownership rate in Connecticut is below the median (28th), and in particular, the gap in homeownership between white and non-white families is the 5th largest among all states.

Lack of affordable housing depletes family income

Affordable housing is in short supply:

- Almost 68,000 new or rehabilitated units of affordable housing would be required to meet the needs of Connecticut's poorest residents.
- When affordability was computed separately within 10 housing markets across the state, there were 56 cities and towns in the state where less than 28% of the housing was affordable to a household with 80% of the regional median income.⁷⁶

A housing subsidy such as Section 8 can help put a family on track to purchase a home. Hartford families of median income (\$26,154) that participate in Section 8 are estimated to have a surplus of \$3,389 every year. In contrast, families without a housing subsidy are left with only \$666 at the end of the year.⁷⁷

Low Homeownership Rates

Homeownership is a key indicator of financial stability. It increases the likelihood that a family will enjoy better living conditions and that their children will succeed in life. Homeowners, who accumulate wealth as the investment in their homes grows, are often more involved in their communities, and have children who tend on average to do better in school and are less likely to become involved with crime. Communities benefit from real estate taxes homeowners pay, and from stable neighborhoods homeowners create.⁷⁸

Homeownership rates in Connecticut differ by race and ethnicity, with 28% of Latinos, 37% of African Americans, and 74% of white non-Hispanics owning homes.⁷⁹

E. Family Structure

Number of Parents is Related to Whether Children Are Poor

The number of parents living with a child is generally linked to the amount and quality of human and economic resources available to that child. Since women generally earn less than men for various reasons, single women have a higher risk of being poor than single men.⁸⁰

Nationally, children of single mothers are much more likely to live in low-income families below 200% of the FPL (71%) than are children of single fathers (46%) or two parents (27%).⁸¹ In 2003, the poverty rate for female-headed households nationally increased to 28%.⁸²

Absence of Fathers Denies Children Crucial Support

Fathers are very important in the development of a child. Research overwhelmingly supports the benefits that accrue to children and families through positive father involvement.

When children do not receive support from both parents, they lack crucial financial and personal resources in their lives.

According to 2001 national data, among families in which children are living with their mothers and have noncustodial fathers, just under half receive child support payments.

For poor families, the likelihood of receiving child support is much lower – only about 36% receive payments. For those who receive child support, the average received is \$2,550 per year, or \$213 per month. For families with income between 100 and 200% of the poverty level, about 50% receive payments, and the average received is \$3,980 per year, or \$332 per month.⁸³

Under the best of circumstances, a father is a source of love, nurturance, guidance and support. Research shows that children need the care of both parents. Unfortunately, changing family structures and social and environmental pressure have left many children with just one parent.

Research shows that a father's absence in a child's life can be devastating.

Children living in fatherless homes are:

- 5 times more likely to live in poverty
- 9 times more likely to drop out of school
- 37% more likely to abuse drugs
- 2 times more likely to be incarcerated
- 2.5 times more likely to become a teen parent
- 20 times more likely to have behavioral disorders
- 32 times more likely to run away

(Resource: DHHS Fatherhood Statistics)

During the 1990s, policy makers concentrated on reforming the welfare system to help get single mothers back into the workforce. Support systems with employment-based services were created to assist women meet the financial needs of their families. There has been little investment in low-income fathers – the other half of the parental equation.

Low-income fathers share many of the same characteristics as welfare mothers- minimal job skills, limited work history and low education levels. They can benefit from the same type of supports and services. Currently, no formal social service network exists to assist low-income fathers to become financial providers or help them gain skills to become better parents to their children.

Fathers and others, often judge their worth as parents by the financial contribution they can make. This notion is reinforced by systems that usually recognize fathers only after they fail to meet financial expectations. Men have far more to offer their children than financial support. Research demonstrates that children benefit in a variety of ways when they have significant positive involvement with their fathers. Children have fewer behavioral problems, higher levels of sociability, high level of school performance, demonstrate important problem solving skills and have increased cognitive capacities when their fathers are involved. It is of course, important to underscore the importance of financial support when we discuss the needs of poor children. Yet it is equally important to make clear that a father's presence in his child's life is important to the child's well being and healthy development.

High Crime Levels, Parental Incarceration Add to Isolated Families' Difficulties

High levels of crime in some communities further isolate poor families with children. Family members in high-poverty urban neighborhoods are more likely to be victims of crime.

Children in these neighborhoods are also more likely to have a parent – usually a father – go to prison. While information about the children of the incarcerated and the economic status of their families is not available, it is safe to assume that most of the incarcerated have come from, or have left behind, families that live at or below the poverty level.

Persons of color and men are more likely to be incarcerated. Non-Hispanic Whites make up an estimated 77% of the Connecticut population.⁸⁴ However, of the 18,583 inmates in Connecticut on July 1, 2004, 29% were white, 43% were African-American, and 27% were non-white Hispanic. The vast majority (93%) of the inmates were male.⁸⁵

Rates of Incarceration Per 100,000 ⁸⁶			
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	White	Black	Hispanic
Connecticut	199	2,991	1,669
National	378	2,489	922

Connecticut's rates show an even greater racial and ethnic disparity than the national rates. The glaring disparity in the incarceration rates, translates to a similarly disproportionate economic impact on the families and children of the African American and Hispanic prisoners. About 70% of Connecticut's prisoners

are people of color and almost half of them come from just four cities – Hartford, New Haven, Bridgeport, and Waterbury.⁸⁷

A national ratio of children dependents to prisoners is roughly 75 children for every 100 incarcerated.⁸⁸ If this formula were applied to Connecticut's incarcerated population, for a very conservative estimate, we would find that at least 13,891 children in Connecticut have a parent in prison.

Incarceration of a parent takes away a wage earner and further impoverishes children. It also increases the likelihood that a child will be an offender and imprisoned himself later in life. A child whose father is incarcerated is five to seven times more likely to be incarcerated later in life.⁸⁹

Children who grow up with a parent in jail are more likely to live in low-income neighborhoods where they are exposed to violence, drugs, hunger, homelessness, abuse and mental health problems. ⁹⁰ Parents that are left raising a child alone because a partner or other parent is incarcerated is often left struggling financially, which can drag a family into poverty.

Unintended consequences of incarcerated parents on children include problems with separation, caretaking, schooling, antisocial behavior during childhood, educational failure, precocious sexuality, premature departure from home, early childbearing and marriage, and idleness and joblessness during adolescence and early adulthood. Often times older children in families with an incarcerated parent are left to care for younger children, reducing the chances of school success.⁹¹

Children whose parents are in prison – like children of other parents who leave the home --are more likely to be raised by a non-parent. In Connecticut, nearly 19,000 grandparents are responsible for meeting the basic needs of their grandchildren.⁹² Of Connecticut grandparents responsible for their grandchildren under age 18, an estimated 17% live in poverty.⁹³

Conclusion

The factors leading to child and family poverty are numerous, diverse and complex. They start with economic self-sufficiency and the difficulties that many families have in finding and keeping quality jobs with benefits that provide protections and supports.

The reasons for poverty also include educational deficits, the high cost of living, health care crises, a lack of assets and supports to build family financial security, family structure changes, discrimination and other factors.

V. Long Term Effects and Costs of Child Poverty

Poverty is a very expensive circumstance – for the children who are more likely to suffer health, social and educational deficits, for the families who lack income and resources to meet their children’s basic needs and to plan for a stable future, and for the municipalities and the State of Connecticut, which miss out on a much-needed productive workforce and instead pay for costly interventions to address poverty-related health and social problems.

Taxpayers ultimately pay for all of the losses resulting from child poverty – in higher expenditures on medical care, social services, criminal justice, cash assistance and losses to the economy – as well as higher tax rates to make up for lower tax contributions from those whose earning potential has been reduced by poverty.

Significant efforts to eliminate child poverty will not be effective unless the long-term effects of poverty on children are understood. This section focuses on the following effects of child poverty and the related costs incurred by families, communities and governments:

- A. Lost economic opportunity
- B. Compromised physical health
- C. Reduced cognitive abilities
- D. Lower school achievement
- E. Emotional and behavioral outcomes, and
- F. Teenage pregnancy

When parents can consistently pay for their family’s basic needs – including food, shelter, clothing, housing, health care and transportation – their children are economically secure. Family economic security brings benefits for the child and family, including a much greater likelihood of health and nutritional well-being, safety from crime, educational achievement and career advancement. It brings benefits for municipalities and for the State of Connecticut, including a better educated, healthier and more productive workforce, lower health and crime costs, better quality of life, increased attractiveness to business, and higher property values.

When parents cannot meet their children’s needs, child and family poverty and their correlates – including the lack of family economic security and the lack of food security – result in significant direct and indirect effects and costs for children, families, municipalities and the State.

The impacts of child poverty can be found in the increased incidence of health, education and social problems among those living in poverty, as well as in the economic problems that affect families, communities and the national economy. Children who are poor are more likely to die in infancy, have a low birth weight, lack health care, housing, and adequate food, and receive lower scores in math and reading.⁹⁴

The negative long-term effects of poverty on children are numerous and run the gamut from outward aggression and depression to increased risk of lead paint poisoning and growth stunting.

Poverty-related causes, effects and fiscal costs yield cyclical impacts

Poverty-related causes, effects and fiscal costs are closely connected, and the impact of poverty can have repeated costly impacts on families, municipalities and the state. The effects of poverty can have a cyclical effect by circling back and becoming causes themselves of further poverty. For example, some of the results of poverty (e.g. moving to a high-crime neighborhood due to lack of affordable housing elsewhere) can result in a family sinking further into poverty (e.g. crime might rob them of their possessions/assets, and/or crime that limits business activity there might help limit their opportunities to find living-wage or permanent work where they live).

Duration, extent and timing of child poverty affect its impact

The impacts of child poverty are greatly affected by its duration, extent and timing. Children who live below the poverty line for many years or who live in extreme poverty (under 50% of FPL) are at particular risk for serious problems. For example, as this paper describes, children in families experiencing long-term poverty are at significantly increased risk for low birthweight and reduced cognitive abilities. In addition, young children are most vulnerable to the adverse consequences of extreme poverty.

Fewer than half of those who are poor are likely to experience long-term poverty. But among African-Americans and children the probability of long-term poverty is higher. While only one-fourth of whites ever experience poverty in one of thirteen years, almost two-thirds of all African-Americans experience at least one year of poverty. Because African-Americans are much more likely to be poor for long periods of time, they are much more likely to suffer the cumulative effects of continuing poverty.⁹⁵

A. Lost Economic Opportunity

The demands of the global economy, the pace of technological development, the short product life cycles and new flexible production processes demand a more highly educated and flexible labor pool, at entry level and beyond. When poverty lowers the educational and work success rate of thousands of Connecticut's current and future workforce members, significant costs accrue not only for individuals but for municipalities and the State as well.

Children in poverty at greater risk of lower earnings as an adult

The cost of child poverty in labor and economic productivity terms is severe. Children living in poverty are at greater risk of lower wages and lower earnings in their adult years.⁹⁶ Low-wage workers and their families live in a state of asset poverty, in which they cannot save enough to acquire assets because a disproportionate share of their income goes to pay for subsistence.⁹⁷

The lost economic potential can be seen in many ways, including educational failure and the large number of out-of-work young adults. Connecticut's teen jobless rate (ages 16-19) rose from 55.9% in 2001 to 60.1% in 2002 (annual average).⁹⁸

Lost future productivity from poverty: a billion-dollar loss for Connecticut

Each year that a child spends in poverty results in a cost of \$11,800 in lost future productivity over his or her working life.⁹⁹ The United States labor force will lose an estimated \$137 billion in future economic output for every year that more than 12 million poor children grow up to be less productive and effective workers.¹⁰⁰

Since 88,600 (10.8%) of Connecticut's children live in poverty, the Connecticut labor force is projected to lose over \$1 billion in future productive capacity for every year that this number of Connecticut children live in poverty. Conversely, ending a year of child poverty in Connecticut is projected to save \$1 billion.¹⁰¹

Children living in poverty are more likely to depend on government welfare programs when they grow up. Children from the poorest fifth of families are twice as likely to receive welfare when they are older.¹⁰² By their late 20s and early 30s, children raised in poor families are much more likely to be poor than children from middle- and upper-income families.¹⁰³

Businesses, consumers pay when productive workers are missing

These costs affect employers and consumers, making it more difficult for businesses to expand technology, train workers or produce high-quality products.¹⁰⁴ Businesses pay when poor children grow up to become less educated, less productive workers who require additional training, cannot read well enough or work fast enough to master work responsibilities and new techniques. Consumers pay when higher business costs and lower productivity result in higher prices, lower quality or limited selection of goods.¹⁰⁵

Taxpayers, public institutions lose when children don't succeed

Additional costs are borne by schools, hospitals and taxpayers, as poor children are held back in school and require special education and tutoring; experience a lifetime of heightened medical problems and reliance on social services; and fail to earn and contribute as much in taxes.¹⁰⁶

Taxpayers ultimately pay for all of the losses resulting from child poverty – in higher expenditures on medical care, social services, criminal justice, cash assistance and losses to the economy – as well as higher tax rates to make up for lower tax contributions from those whose earning potential has been reduced by poverty.

A glance at taxpayers' bill for poverty-related social services:

Estimated FY 2005 projected costs for selected Connecticut programs (from the Child Poverty Council inventory–draft version of 9/1/04) – state-only costs:

Food Stamp Program (DSS) - \$234,733
Healthy Start (DSS) - \$1,200,000
HUSKY A (DSS) - \$382,000,000
HUSKY B (DSS) - \$8,000,000
Child Day Care (DSS) - \$6,900,088
Care 4 Kids (DSS) - \$31,300,000
Supportive Housing for Families (DCF) - \$3,500,000
DMHAS Prevention Programs - \$970,546
Birth to Three (DMR) - \$22,652,724
Nurturing Families Network (CTF) - \$5,500,000
National School Lunch and Milk (SDE) - \$2,354,000
School Breakfast (SDE) - \$1,481,815
School Readiness (SDE) - \$44,576,500
School Readiness-Severe Need Schools (SDE) - \$4,248,548
Early Reading Success (SDE) - \$21,460,287

Head Start (SDE) - \$4,473,000

Annual cost per family/case of selected Connecticut social services:¹⁰⁷

- Annualized cost of Temporary Family Assistance (TFA) program (per case) = \$5,172
- Average annual HUSKY cost for a TFA family - \$4,720
- Average annual food stamp cost per family - \$1,920 (estimated)
- Average annualized child care subsidy cost per TFA family - \$7,270

B. Compromised Physical Health

Growing up in poverty can have a serious impact on children's health and development. Compared to children in more affluent families, children living in poverty have worse nutrition and more physical health problems on average, as well as lower average scores on measures of cognitive development (such as verbal ability, reading readiness and problem solving).¹⁰⁸ Poverty is also associated with an increase in emotional and behavioral problems.¹⁰⁹

Poverty is associated with numerous health crises and conditions

Children in poverty are 3.6 times more likely than nonpoor children to have poor health and 5 times more likely to die from an infectious disease.¹¹⁰ Poor children are at increased risk of stunted growth, anemia,¹¹¹ asthma, obesity and poor cognitive development.¹¹² They are two to three times more likely to have delayed immunizations, to contract bacterial meningitis, and to be lead poisoned.¹¹³

In a survey of Connecticut's kindergarten teachers in low-income school districts, 65% of the teachers identified specific health problems among children entering kindergarten – including asthma, skin rashes, ringworm and lack of physical exams.¹¹⁴

Many low-income families are uninsured or underinsured, get less care

Connecticut's uninsured are 10 times less likely to get care for an injury or illness and 7 times less likely to get care for a medical emergency than those with insurance. The uninsured receive fewer medical services and are 25% more likely to die prematurely.¹¹⁵

Uninsured families risk that a child may become seriously ill, resulting in major hospital bills that will be difficult for the family to pay. Uninsured persons are much more likely to go without needed health care, receive fewer preventive services, and less regular care for chronic conditions.

Uninsured persons tend to delay care until problems worsen and are more likely to access care in a hospital emergency room. Connecticut residents are more likely to visit the emergency room than other Americans - 399 for Connecticut vs. 374 US visits/1,000 population in 2000. Connecticut emergency room visits grew by over 15% between 1998 and 2000. Once admitted to a hospital, uninsured patients are more likely to die there.¹¹⁶

Uninsured families often cannot pay their medical bills. For many families, medical debt becomes a permanent obstacle to accumulating real assets or savings.¹¹⁷

When families cannot afford medical care, hospitals, insurers and the state assume much of the burden. In 2000, Connecticut hospitals averaged 3.6% of overall costs in uncompensated care. One half of the total uncompensated care for the state was borne by the nine urban hospitals in Hartford, New Haven, Bridgeport and Waterbury. Hospitals in other parts of the country are so overwhelmed with demand from uninsured patients that they have begun curtailing services and limiting who may be admitted.¹¹⁸

The cost of asthma

Poor children are more likely to have asthma than nonpoor children. In 2002, 8% of poor children had asthma compared to only 6% of nonpoor children¹¹⁹

In Connecticut, the estimated direct medical costs associated with treating persons with asthma in 2001 were \$154.4 million based on national factors, and the estimated indirect costs due to missed work and other impacts were \$108.9 million for a total cost of \$263.3 million.¹²⁰

Hunger and food insecurity linked to ill health, educational deficits

Low-income households are much more likely than others to suffer from hunger and food insecurity because they have fewer resources to buy food.¹²¹ In Connecticut, 230,000 people, or 6.8% of the state population, are food insecure, meaning that they have limited or uncertain access to nutritionally adequate and safe food. Almost 90,000 people in Connecticut are hungry at some point during the year.¹²² In a 2001 study, one in five Connecticut children under the age of

twelve were hungry or at risk of hunger.¹²³ In 2000-2002, 7.6% of Connecticut households were food insecure, and more than a third of these food insecure households also experienced hunger.¹²⁴

Many health and developmental problems are related to the lack of food security in low-income families and the difficult choices faced by many low-income working parents. Hunger and food insecurity impair health status, making people less likely to resist illness and more likely to become sick or hospitalized.¹²⁵ Low-income single mothers with children are especially likely to experience high levels of food insecurity and hunger. Nationally, 47 percent of these households are food insecure and in 13 percent of them, one or more individuals (usually the mother) go hungry at times because of lack of resources available to buy food.¹²⁶

Hunger is widely known to impair cognitive or mental function in children, leading to a reduced ability to learn and lower grades and test scores. Lack of adequate resources for food also negatively affects behavior, especially among children, leading to a greater need for mental health and special education services.¹²⁷

Food insecurity places children at risk for multiple negative outcomes that will have important implications for their future, and that of their communities, municipalities and the State. Children from food insecure and hungry homes have overall poorer health status. They are more susceptible to some illnesses and infections, more likely to be hospitalized, and more susceptible to low-level complaints like colds, sore throats and stomach-aches. Children with inadequate nutrition are more likely to show signs of iron deficiency, the major cause of anemia. More than one million low-income children have anemia, which is a strong predictor of learning and behavior problems later in life.¹²⁸

Poverty poses difficult choices: paying rent vs. feeding family

When parents must choose between buying food and paying the rent, eating nutritiously during pregnancy may not be an option. As a result, newborns may be premature and underweight, and later on they may be prone to colds and poor health.¹²⁹ A survey of food pantry clients in Connecticut revealed that 33% had to choose between food or paying rent; 35% had to choose between paying for food or utilities; and 32% had to choose between food or medical care.¹³⁰

Poverty, food insecurity raise risk of obesity

When poor families are food insecure, the lack of adequate resources for food can result in weight gain due to the need to maximize caloric intake (low-income

families may consume lower-cost foods with higher levels of calories per dollar to stave off hunger), a trade-off between food quantity and quality (food-insecure households reduce the quality or variety of food consumed before they reduce the quantity of food eaten), overeating when food is available, and physiological changes that help the body conserve energy when diets are periodically inadequate. With fewer resources to buy food, the poor are particularly susceptible to damage from food insecurity, hunger and obesity.¹³¹

Poor parents often have limited options. Fast food chains are concentrated in low-income urban neighborhoods, and their low-cost “extra value” fare contains a high percentage of saturated fat. Parents turn to other techniques to stretch available food – including preparing low-cost dishes, amending rotten food, and diluting dishes and drinks. These options place their family’s health at risk.¹³²

Obesity has costly direct and indirect consequences for families, health systems and the government programs that pay for emergency and long-term illness care. Obesity is a risk factor for heart disease, diabetes, several types of cancer, and other chronic health problems. It also is associated with premature death and disability, increased health care costs and lost productivity.¹³³

In 1999, approximately nine percent (9.1%) of Connecticut high school students were overweight. A 2000 study reviewed Hartford public school students’ health assessments and found that 21 percent of Hartford tenth-graders were obese.

Nationally, over 50% of all obese six-year olds are projected to become obese adults.¹³⁴ In 2000, the estimated cost of obesity nationally was \$117 billion (\$61 billion in direct costs; \$56 billion in indirect costs mostly due to heart disease, diabetes and hypertension). There are an estimated 300,000 deaths attributable to obesity each year.¹³⁵

Immunizations

Connecticut’s children are immunized at a higher rate (94%) than children in any other state, due in large part to the state’s outreach efforts to families living in poverty.¹³⁶ Nationally, in 2001, only 72% of children of low-income families had vaccination coverage compared with 79% of higher income children.¹³⁷

Without such immunizations, children are at high risk of serious and costly illnesses. The measles epidemic of 1989-1990 that killed 101 children nationwide resulted from many preschool children being unvaccinated, especially poor and minority children who used acute care clinics and emergency rooms as their primary source of care but were not immunized in this setting.¹³⁸ Continued

efforts in Connecticut and other states to vaccinate children avert deaths, illnesses and health care costs caused by preventable diseases such as measles.

Prenatal care

Mothers who do not receive any prenatal care are three times more likely than mothers receiving adequate prenatal care to deliver low birthweight infants. From 1992 to 2001, there was an 11% decrease in Connecticut mothers receiving late or no prenatal care.¹³⁹

In Connecticut, between 1999-2001, there were 13,519 births to mothers with late or no prenatal care. Hartford accounted for 1,243 of these births and Bridgeport accounted for 1,229. These communities are two of Connecticut's poorest cities.¹⁴⁰

In 2001, 11.2% of births in Connecticut were to a mother who received late or no prenatal care: 7.5% were to white mothers, 17.7% were to black mothers and 21.2% were to Hispanic mothers.¹⁴¹ White mothers are twice as likely as black mothers and three times as likely as Hispanic mothers to receive timely prenatal care. This may be due to the high rates of uninsured and teen pregnancy among minority women.¹⁴²

Poverty is a key risk factor for low birthweight

Poverty is one risk factor for delivering low birthweight babies. Between 1999-2001, Connecticut had 9,599 low birthweight babies. In Hartford alone, there were 765 low birthweight babies in this same time period, and in Bridgeport, there were 700 low birthweight infants.¹⁴³

Low birth weight occurs most often to babies born to single mothers with little education and to African American mothers, all of which are groups with high poverty rates. Poverty status had a statistically significant effect on both low birth weight and the neonatal mortality rate for whites but not for blacks. White women in poverty in the year of their child's birth were 80% more likely to have a low birth weight baby than mothers above the poverty line. Duration of poverty also had an important effect: if a white woman was poor both at the time she entered the study sample and at the time of a pregnancy 5 to 10 years later, she was more than three times more likely to deliver a low birth weight infant than a white woman who was not poor at both times.¹⁴⁴

In comparison to normal weight babies, low birth weight infants are more likely to experience physical and developmental problems, to require special education classes or to repeat a grade.¹⁴⁵

One out of every ten babies born in the poorest cities in Connecticut is a low birth weight baby. According to the Department of Public Health, between 1999-2001, the statewide average for low birth weight infants was 7.4%. In the state's poorest cities, the percentage of low birth weight babies ranged from a low of 8.3% in New Britain, to 11.6% in Hartford.¹⁴⁶

Children in poverty are more likely to meet the requirements for early intervention services for children with disabilities. Serious physical disabilities, grade repetition, and learning disabilities are more prevalent among children who were low birth weight as infants.¹⁴⁹

The state budget appropriated nearly \$33.7 million in FY 2003-04 in state and federal funds for the Birth-to-Three program that serves children with disabilities.¹⁵⁰

Health problems at birth

Children in poverty are:

1.6 times more likely to die as infants

1.8 times more likely to be born premature

1.9 times more likely to have a low birthweight birth

2.8 times more likely to have inadequate prenatal care.¹⁴⁷

If all U.S. women received adequate prenatal care, the estimated savings would be \$14,755 per low-birthweight birth prevented.¹⁴⁸

Poor children, especially those born at low birthweight, are more likely to die young

Children in poverty are up to three times more likely to die during childhood.¹⁵¹ Poverty is a greater risk to children's health status than is living in a single parent family.¹⁵² A baby born poor is less likely to survive to its first birthday than a baby born to an unwed mother, a high school dropout, or a mother who smoked during pregnancy.¹⁵³

Low birth weight is the key risk factor for infant mortality.¹⁵⁴ Post neonatal infant deaths (29 to 365 days old) are likely to stem from environmental conditions and inadequate access to health care. Between 1999-2001, infant mortality rates declines by 19% for both white and Hispanic children, while rates increase by an astounding 56% for black children. This has a strong link to low-

income communities. More than one-third of all infant deaths in Connecticut occurred in its poorest cities. Between 1997-2001, Connecticut had 1,422 infant deaths, 144 of which occurred in Hartford, and 141 of which were in Bridgeport. 23 were in New London, 52 in New Britain, 78 in Waterbury and 84 were in New Haven.¹⁵⁵

Low birthweight children in their first year result nationally in a \$4 billion annual cost.¹⁵⁶

Health problems in childhood

Children in poverty are:

1.5 to 3 times more likely to die in childhood

2.7 times more likely to have stunted growth

3 to 4 times more likely to have iron deficiency as preschoolers

1.5 to 2 times more likely to be partly or completely deaf

1.2 to 1.8 times more likely to be partly or completely blind

about 2 times more likely to have serious physical or mental disabilities

2 to 3 times more likely to die from accidental injuries

1.6 times more likely to catch pneumonia.¹⁵⁷

Lead poisoning

Although many health-related costs have not been analyzed, lead poisoning has been identified as a very significant health risk and costs of child poverty. Mean blood lead levels have been found nationally to be 9% higher for one- to five-year-olds in families living in poverty than for those with incomes twice the poverty level.¹⁵⁸ In Connecticut, 9.1% of children on Medicaid have elevated levels.¹⁵⁹

Some low-income families live in homes without heat or with hazards such as lead-based paint. Faulty pipes and water leakage can result in mold and roach infestation, which cause many children to develop asthma or other respiratory diseases – the major chronic diseases causing children to miss school.¹⁶⁰

Lead poisoning is a common pediatric health problem that can lead to learning disabilities, lowered intelligence or behavioral problems. Children under age 6 are particularly susceptible to lead poisoning as their neurological systems and organs are still developing. With early detection and treatment of low levels, children can thrive. Yet children with chronic, high levels suffer significant and irreversible damage. Connecticut's seven poorest cities accounted for 70% of all children between 2000-2002 that were identified with elevated blood levels, while they only accounted for one-third of all children screened for lead poisoning.¹⁶¹

A 1995 Hartford study emphasizing the link between child poverty and lead poisoning found that children enrolled in Medicaid had a greater risk of being exposed to lead because of their living conditions.¹⁶² Nationally, low-income children under age five are four times more likely than children in high-income families to have dangerous lead levels in their bloodstream.¹⁶³

Studies have linked prenatal lead exposure with low birth-weight, stunted growth, hearing loss, and damage to children's blood production and kidney development.¹⁶⁴

According to the U.S. Department of Health and Human Services, each additional unit of lead detected in a child's blood will cost an average of \$1,147 in lost lifetime earnings.¹⁶⁵

Homelessness

Some families have lost their home due to lack of income or a medical emergency and are homeless, which may expose their children to health and crime risks on the street or in public shelters. Children who become homeless are exposed to the communicable diseases and chaos found in shelters and suffer increased infant mortality, chronic diarrhea, asthma, delayed immunizations, family separation, missed school and other damage.¹⁶⁶ Of the estimated 33,000 Connecticut persons who experience homelessness in a 12-month period, 13,000 are children.¹⁶⁷

Health problems in children increase health care costs for families and the State

Health-related problems in children increase the cost of health care for families and for taxpayers by raising the cost of subsidized health care such as the HUSKY program for low-income children and families, as well as the costs at public and private hospitals. Hospitals, health insurers and social services pay

when a low-income child suffers physical or mental disabilities that require costly care.¹⁶⁸

In FY 2003, Connecticut children's acute care hospitalization charges totaled \$607 million, including \$237 million for Medicaid recipients and \$9 million for uninsured primary payers.¹⁶⁹

**Connecticut Children's¹ Acute Care Hospitalization Charges
for All Acute and Chronic Diseases, FY 2003**

Primary Payer	Discharges	Total Charges	Average Charge	Mean Charge
Workers Compensation	16	\$204,986.00	\$12,811.63	\$7,227.00
Medicare	53	\$382,525.00	\$7,217.45	\$3,425.00
Medicaid	22,789	\$237,328,799.00	\$10,414.64	\$2,973.00
Commercial Insurance Company	6,878	\$52,815,399.00	\$7,678.89	\$2,515.00
Blue Cross	12,332	\$105,859,764.00	\$8,586.24	\$2,410.00
CHAMPUS	734	\$5,635,142.00	\$7,677.31	\$1,700.00
HMO	21,063	\$168,322,370.00	\$7,997.83	\$2,457.50
PPO	3,955	\$27,442,579.00	\$6,965.12	\$2,443.00
Uninsured ²	1,836	\$9,142,791.00	\$4,993.33	\$2,493.00
Total	69,656	\$607,134,355.00	\$8,721.32	\$2,606.00

Source: CT Office of Health Care Access Discharge Database

¹ 0- 18 years old

² Primary payers classified as "self-pay," "no charge" or "other"

Poor children are insured through public health programs

Connecticut children in low-income families without health insurance obtain coverage through Medicaid (HUSKY A), S-CHIP (HUSKY B), SAGA or General Assistance.

In Connecticut, nearly 90,000 young children in FY 2002 were insured through HUSKY A for some length of time, including 15,612 infants, 31,176 toddlers and 42,356 preschoolers.¹⁷⁰

C. Reduced Cognitive Abilities

Poverty affects cognitive development

Poverty can have a profound effect on a child's cognitive development. Long-term exposure to poverty may result in more significant, but typically reversible, damage. Children that live below the poverty line are 1.3 times more likely to have developmental delays or learning disabilities than non-poor children.¹⁷¹

Oral language development and pre-literacy are the bridge and precursors to language skills development in kindergarten and first grade. However, an average child growing up in a low-income family receiving welfare hears one-half to one-third as many spoken words as children in more affluent households. At these rates, a low-income child hears 10 million words by age 3 while a high-income child hears as many as 30 million words by then. The low-income child would know about 3,000 words by age 6, while the child of the high-income family would have a vocabulary of 20,000 words.¹⁷²

Poverty leads to poor health and developmental delays that can result in substantially increased educational costs in remedial education, higher per child education costs, and the achievement gap between children from different income levels.¹⁷³

The effects of long-term poverty on measures of children's cognitive ability are significantly greater than the effects of short-term poverty. In one study, children who lived in persistently poor families had scores on various assessments of cognitive ability six to nine points lower than children who were never poor.¹⁷⁴

Poor nutrition can interfere with brain development

Low nutritional intake typically results in low motivation, attentiveness, and emotional expression, which can negatively affect critical developmental processes, such as parent-child attachment and communication, play and learning.¹⁷⁵ Undernutrition and environmental factors associated with poverty can permanently retard physical growth, brain development, and cognitive functioning.¹⁷⁶

Low-income families are less likely to arrive at school well-nourished. Federal school food programs serve children nutritious food at school. However, Connecticut continues to lag behind the nation in participation in the federally funded School Breakfast Program, leaving many low-income children at risk during the school day.

In 2002-2003, for the first time, Connecticut ranked among the ten worst states in the nation in providing a free or reduced price breakfast for those who are eligible. Connecticut also ranked third to last among schools that participate in both the National School Lunch Program and the School Breakfast Program. Connecticut was at 49.8%, ranking it 49th in the nation.¹⁷⁷

The cost of special education

Taxpayer-supported schools pay when poor children need special education or must repeat a grade. In the 2001-2002 school year, Connecticut school districts spent \$213,637,160 of the state's total special education expenditures (\$955,656,108) in ERG I (the state's poorest school districts).¹⁷⁸

D. Lower School Achievement

Poverty is associated with significant negative child outcomes, including greater risk for poor school performance, behavior problems, and learning disabilities.¹⁷⁹ Poor children are at increased risk of repeated years of schooling, lower test scores and less education.¹⁸⁰ Poverty puts children at a greater risk of falling behind in school than does living in a single parent home or being born to teenage parents.¹⁸¹

An estimated 18,000 children in Connecticut are in need of a quality preschool program.¹⁸² The lack of quality early education can have a significant impact on children's readiness for school and their potential for lifelong educational and work success. In a survey of kindergarten teachers in low-income school districts in Connecticut:

- 75% of children who did not attend preschool arrived at kindergarten lacking basic language and literacy skills such as being able to use complete sentences, to respond when spoken to, to identify their name in print, or to recognize the first ten letters of the alphabet; and
- 70% of children who did not attend preschool were unable to perform basic math tasks such as recognizing numbers, counting to ten or drawing basic shapes.¹⁸³

According to the National Center for Education Statistics, an Early Childhood Longitudinal Study revealed that as a child's risk factors, such as poverty, increase, the child experiences smaller gains between kindergarten and third grade in the areas of reading and mathematics.¹⁸⁴

Children in poverty more likely to experience poorly performing schools

Poor children often receive their education in the poorest schools. Schools with high proportions of low-income children are more likely to have inexperienced teachers, fewer computers, less Internet access, larger class sizes and unstable enrollment than schools with lower proportions of low-income children.¹⁸⁵

ERG I school districts, which includes Connecticut's poorest schools and poorest children, have the largest kindergarten classroom size, averaging about 20 students per classroom. Research has documented that the smaller the classroom size, the better a child will do academically. This is especially true for poor and minority children. At risk children are much more vulnerable to the negative impact that larger classroom sizes will have.¹⁸⁶

Nationally, poor students have less access to computers at school as well as at home, and third-grade teachers in the poorest schools are more likely to report inadequate supplies of textbooks and other equipment.¹⁸⁷ Poor high school students are taught by out-of-field teachers more often than non-poor students, which means that poor students may not always be taught by a teacher with the same expertise in English, science, and math as non-poor children.¹⁸⁸

Therefore, the children who have the greatest need for quality schools often do not have access to them. As a result of these risk factors, students at these schools with concentrated poverty often experience lower educational achievement and diminished prospects for the future.¹⁸⁹

Health problems, food insecurity interfere with learning

Health-related problems that are higher among children in poverty, such as lead poisoning, have a significant impact on children's school attendance and ability to learn. Lead-poisoned children are seven times more likely to drop out of high school and six times more likely to have a reading disability.¹⁹⁰

Hunger adversely impacts a child's learning. Hungry and food insecure children are at greater risks for deficits in cognitive development and academic achievement. Studies have shown that even mild to moderate malnutrition can place children's proper development at risk and, in particular, can limit a child's ability to grasp basic skills and to fulfill their learning potential. Children from households with insufficient food have poorer test scores. In one study, 6- to 11-year-old children from food-insufficient households had significantly lower arithmetic scores and were more likely to have repeated a grade than children from food-sufficient households. Food-insufficient teenagers are more likely to have been suspended from school.¹⁹¹

Homelessness, frequent moves interrupt education

Most poor families with children cannot afford their rent or mortgage based on federal housing affordability guidelines. In 2003, the fair market rent for a two-bedroom apartment in Connecticut was \$936 per month, or 82% of the average monthly income for a worker earning the state minimum wage of \$7.10 per hour.¹⁹²

Inability to afford housing is one reason why low-income families move frequently, double up with other families, or try to avoid bill collectors. From 1999 to 2003, requests from Connecticut families for homeless shelter increased by 248%, while requests from adults ages 18-34 increased by 177%.¹⁹⁴

Housing affordability negatively impacts children's school attendance and ability to learn. Children who move and change schools have lower math and reading scores and are less likely to graduate from high school on time.¹⁹⁵

The achievement gap

Children growing up poor in Connecticut perform on educational tests at a much lower level than do higher-income children. Connecticut's achievement gap – for the children caught on the wrong side of it – means a downward spiral of low literacy levels, poor academic achievement and lack of employable skills. For the State, it means an unevenly and poorly-prepared workforce, a lowered tax base, and the increases in crime and prison that follow school failure.

Dropout rates

Many young people in poverty leave school without a high school diploma and lacking education and skills necessary to find a living-wage job in an increasingly technologically-complex marketplace.

Education problems

Poor students are:

9 test points lower in average IQ scores by age 5

11 to 25 percentiles lower on average achievement scores for ages 3 and older

1.3 times more likely to have learning disabilities

2.0 times more likely to have repeated a grade

3.4 times more likely to have been expelled

one-third less likely to attend college

one-half as likely to earn a bachelor's degree

11 times more likely than wealthy youths to drop out of school.¹⁹³

In Connecticut's inner cities, such as Hartford, Bridgeport, New London, and New Britain, the high school drop-out rate is about 30%.¹⁹⁶ In a national study that covered dropout rates by family income from 1972 until 2001, high school students from low-income families dropped out of school six times as often as students from high-income families.¹⁹⁷

Dropping out of high school has severe and long-lasting consequences. A high school dropout has a far lower earning potential. Not having a high school diploma leads to decreased employment options and higher unemployment. High school dropouts are more likely to live in poverty, to receive government assistance and to be involved in crime.¹⁹⁸

E. Emotional and Behavioral Outcomes

Poverty is related to children's social and emotional development. One study found that *long-term* poverty is associated with children's anxiety and unhappiness, while *current* poverty is associated with externalized behaviors, such as disobedience and aggression.¹⁹⁹

Poor children's lives more likely to be turbulent

Research shows that the lives of poor children are more likely to be turbulent, due to changes in family structure and frequent moves. In turn, children with turbulent lives are more likely to have worse social and emotional outcomes.²⁰⁰ In some cases, those worse outcomes play a part in a young person who grew up in poverty engaging in crime at some point in their lives.

When that happens, citizens and property owners pay if a low-income child grows up to be violent or to steal. Taxpayers pay police, prosecutors, courts and prisons to bring offenders to justice.

The lifetime costs for an individual who becomes a career criminal, becomes a heavy drug user and drops out of school can exceed \$1 million per person.²⁰¹ The average annual cost to care for one youth at the Connecticut Juvenile Training School (CJTS) is officially \$282,000 (\$774 per day). In contrast, the University of Connecticut undergraduate tuition, fees, room and board for the 2003-2004 school year total \$13,710 for in-state students at the Storrs campus.²⁰²

Low-income parents are less likely to have strong support

Lower income parents report feeling more economic pressure, argue more about money, and use more harsh and inconsistent discipline with their children.²⁰³

The harsher treatment vanishes, however, if poor parents have strong social support, according to a nationwide study. However, poor parents are less likely to have strong support.²⁰⁴

Among adolescents, family economic pressure may lead to conflict with parents, resulting in lower school grades, reduced emotional health, and impaired social relationships. Other research suggests that it may be income loss or economic uncertainty due to unemployment and unstable work conditions, rather than poverty per se, that is a source for conflict between parents and teens leading to emotional and school problems.²⁰⁵

Emotional & behavioral problems

Children from low-income families experience emotional and behavioral problems more often than non-poor children. One study of low birth weight five-year-olds found that children in persistently poor families had more internalizing and externalizing behavior problems than children who had never been poor.²⁰⁶ According to the National Institute of Child Health and Development, poor behavioral and cognitive performance is exhibited more often among three-year-old children with depressed mothers than children whose mothers are not depressed.²⁰⁷

A number of factors have been cited to explain increased emotional and behavioral problems in poor children, including increased exposure to parental depression and domestic violence and substance abuse and alcoholism.²⁰⁸ Poor children with depressed mothers may also suffer from aggression, problems forging relationships with other children, trust issues, and future vulnerability to substance abuse.²⁰⁹

Connecticut spends more than twice as much on average on a prisoner as it does on a public school student. In 1997-1998, Connecticut spent \$8,904 per pupil, compared with \$21,677 per inmate.²¹⁰ In FY 2003-2004, Connecticut's average daily expenditure per inmate was \$76.11.²¹¹

Family problems may lead to costly child welfare intervention

Where family dysfunction results in removal of children from the home, child welfare services may involve costly foster care placements. Child abuse and neglect nationally have been estimated to result in an annual cost of \$24 billion in hospitalization, chronic health problems, mental health care, child welfare services, law enforcement and judicial costs.²¹²

High-poverty, severely distressed neighborhoods isolate families, increase risks for children's futures

The problems associated with concentrated poverty – including higher crime, troubled schools and poor health – place a great burden on city resources, discourage neighborhood investment and limit residents' opportunities. Families living in high-poverty neighborhoods become isolated from educational, social and employment opportunities elsewhere. They are often unable to participate in the regional economy.²¹³ Concentrated poverty can destroy the lives of the people trapped in these neighborhoods, leaving them with few opportunities for good education and good jobs.²¹⁴

Poor parents are limited by low income in their ability to choose neighborhoods and schools. Poverty may lead their families to live in an extremely poor neighborhood characterized by social disorganization (crime, unemployed adults, lack of strong neighbor support system) and few resources for child development (such as parks and playgrounds, after-school programs, child care and health care facilities).²¹⁵

Poor families are often isolated from supermarkets, which interferes with their ability to find affordable, nutritious food for their families. There are fewer supermarkets per capita in low-income neighborhoods than in upper- and middle-income neighborhoods. Nationally, white neighborhoods have, on average, five times as many supermarkets as predominantly black neighborhoods. The more supermarkets a neighborhood has, the more fruits and vegetables its residents eat.²¹⁶

Poor families less likely to be homeowners, more likely to live in unstable community

When families are poor, they are less likely to be homeowners and they may have trouble affording a rental home or apartment. Hartford's 25% home ownership rate places it last in the state.²¹⁷ The National Low Income Housing Coalition ranks Connecticut as the sixth least affordable state in the nation.²¹⁸ A family must earn \$18.00/hour – more than 2.5 times the state's minimum wage of \$7.10 -- to rent a modest two-bedroom apartment in Connecticut.²¹⁹

For some families, having enough money to purchase a home is not the only obstacle. Housing discrimination, including steering minority homebuyers to specific neighborhoods and providing little assistance, affects families from many backgrounds.²²⁰

Low homeownership rates negatively affect community stability and deny families and their children important benefits. Research has determined that positive benefits result from homeownership for children, including education attainment, a lower teen pregnancy rate and increased civic engagement through social and political involvement at all levels of government.²²¹

The negative extremes of family economic indicators are concentrated in large cities and some smaller cities. Median family income is below \$30,000 in Hartford and New Haven, and between \$30,000 and \$36,000 in small cities such as Bridgeport, New London and Waterbury – compared to \$64,692 for the state as a whole.²²²

Poverty, isolated communities can lead to civic disengagement

Low-income families that must work long hours to put food on the table have less time to parent and less time to be involved in their community. Because many low-income working parents do not earn vacation time, sick time or parental leave, they may have less opportunity and energy to share family life with their children. This exhaustion can further isolate parents and children. It may also rob families of hope and optimism, which can further reduce their ability to hope for and seek a better future for their children through civic engagement.

Research indicates that the concerns of lower or moderate income Americans, racial and ethnic minorities, and legal immigrants are systematically less likely to be heard by government officials.²²³ In the 2002 election, Connecticut's cities with the three highest poverty rates produced the three lowest voter turnout rates.²²⁴

F. Teenage Pregnancy

Teenage birth rates are higher among low-income teens

Teenage birth rates are higher among poor teens. The rate of out-of-wedlock births among poor teens is almost three times the rate among non-poor teens.²²⁵ By age 24, girls in low-income families are twice as likely to have become single mothers as girls who grew up in middle-income homes.²²⁶

In Connecticut, Hispanic teens are the most likely to become parents before the age of 18. One in five Hispanic children is born to a teen mother. Hispanic and African American girls are more likely to live in poverty than white teenage girls, and they are more likely to become teen mothers. According to statistics

published by the Department of Public Health, the statewide average for births to teens ages 15-19 between 1999-2001 was 7.6%. In 6 out of the 7 poorest cities in Connecticut (Hartford, Windham, New Britain, New Haven, Bridgeport, Waterbury, and New London), the percent of births to teens was more than double that of the state average. It ranged from a low of 13.6% in New London, to 20.8% in Hartford.²²⁷

The probability of a teenager's having an out-of-wedlock birth declines significantly at family income levels above twice the poverty threshold.²²⁸

Teen mothers are more likely to drop out of high school and not graduate from college

Only four in ten women (41%) who become mothers before they are 18 years of age ever complete high school. This limits the mother's employment options, putting her at long-term risk of low-wage earnings.²²⁹

According to the National Institute of Child Health and Human Development, teen mothers are more likely to drop out of high school and are less likely to receive a college degree.²³⁰

The children of teenage mothers are more likely to perform poorly in school. They are 50% more likely to repeat a grade, have lower performance on standardized tests, and are less likely to complete high school than the children of older mothers.²³¹

VI. Inventory of Statewide Child Poverty Programs

The Child Poverty Inventory is a comprehensive list of statewide programs that provide assistance to people in poverty or at risk of falling into poverty. Not all of these programs have a specific mandate to address poverty, but they may have a positive impact on lifting families and children out of poverty.

The State of Connecticut currently funds eighty-one (81) statewide programs that provide assistance to people in poverty or at risk of falling into poverty. In FY 2004, the State allocated \$2.3billion that includes a combination of Federal \$1,089,770,825; State 1,278,927,574 and Private \$26,108,394.

The Child Poverty Inventory is organized by agency and the programs are categorized under each agency by program types. The program types are listed under the following categories:

- Prevention (19 Programs)
- Self-Sufficiency (19 Programs)
- Support for people in poverty (43 Programs)

Of the program types, 71% of the programs are funded through the Department of Social Services, Public Health and Education. The remaining 29 percent is broken up between the following departments: Higher Education, Mental Health and Addiction Services, Children Trust's Fund, Children and Families, Mental Retardation and Economic and Community Development.

The Department of Social Services funds 26 programs that totaled \$1.3 billion in Federal and State dollars in FY04 (757,532,314 Federal) and (629,116,387 State).

The Department of Public Health funds 17 programs, total allocated in FY04 was \$555 million including Federal, State and Private Funds (\$56,620,823 Federal; \$487,354,623 State; \$11,084,501 Private)

The Department of Education funds 14 of the programs, total allocated in FY04 was \$320 million including Federal, State and Private Funds (\$237,933,881 Federal; \$73,638,229 State; \$8,766,040 Private)

The Department of Labor funds 7 programs, total allocated in FY04 was \$41.6 million including Federal, State and Private Funds.

The Department of Higher Education funds 4 programs, total allocated in FY04 was \$35 million including Federal, State and Private Funds.

The Department of Correction funds 3 programs, total allocated in FY04 was \$1.6 million including Federal, State and Private Funds.

The Department of Economic and Community Development funds 5 programs, total allocated in FY04 was Not Available

The Department of Mental Health and Addiction Services funds 3 programs, total allocated in FY04 was \$9.9 million including Federal, State and Private Funds.

The Department of Mental Retardation funds 1 program, total allocated in FY04 was \$38 million including Federal, State and Private Funds.

The Department of Children Families funds one program, total allocated in FY04 was \$1 million including Federal, State and Private Funds.

The percentages of programs by categories:

- Nineteen (19) of the eighty-one programs or 24% focus on prevention, which educate the public to help reduce the incident of poverty. Prevention programs are geared towards educating the public to help reduce the incident of poverty for low -income families.
- Twenty three (23) percent of the programs aid low-income families or individuals to gain self-sufficiency. Eighteen of the 81 programs fall in this category.
- Fifty-four (54) percent of the programs provide monetary support for low-income families and people living in poverty. Forty-three of the eighty-one programs fall in this category.

The number and percentages of program types by agency:

- There are a total of 19 prevention programs, of this total 53% is funded through the Department of Public Health, 16% operate through the Department of Corrections, 11% operated through the State Department of Education, and the Department of Social Services , and 5% through the Department of Mental Health and Addiction Services and Head Start Programs.
- There are 19 programs that provides assistance to individuals and families living in poverty to gain self-sufficiency, of this total 37% is funded through the Department of Labor, 21% through the Department of Higher Education, 26% through the Department of Social Services , 11% through the State Department of Education and 5% through the Department of Children and Families.
- There are 43 programs that provide support for people living in poverty, of this amount 44% is operated through the Department of Social Services, 20% through the State Department of Education, 16% through the Department of Public

Health, 13% through the Department of Economic Community Development and the remaining 6% through the Department of Mental Retardation, Children's Trust Fund and Mental Health and Addiction Services.

List of Child Poverty Programs by State Agency

Department of Social Services

Bureau of Rehabilitation Services
Food Stamp Program
Connecticut National Family Caregiver Program
Connecticut Energy Assistance Program
Child Support
Healthy Start
HUSKY A
HUSKY B
Katie Beckett/ Medicaid
Child Day Care Centers
Care4Kids
Head Start Collaborative
Family Support Grant
Families in Training
Domestic Violence Prevention
Teen Pregnancy Prevention
Family Crisis Services
Transportation to Work
Good News Garage
Rental Assistance
Section 8 Housing Voucher
Security Deposit Guarantee
Transitional Rental Assistance
Temporary Family Assistance
Safety Net Services
Community Services Block Grant

Department of Children and Families

Supportive Housing for Families

Department of Mental Retardation

Birth to Three

Mental Health and Addiction Services

Women and Children's Specialty Programs
Prevention Programs
Project Safe

Children's Trust Fund

Nurturing Families Network

Higher Education

Student Financial Aid
Minority Advancement Placement
Gear-Up College Scholarship
AmeriCorps

Education

The Young Parent Program
Education of Homeless Children
21st Century Continuing Community Learning Centers and Extended School Hours
National School Lunch and Milk
School Breakfast Program
Child and Adult Care Food Program
Summer Food Services Program
Title I Part A
School Readiness
Early Reading Success
Head Start
School Readiness: Severe Need Schools Program
Even Start Program

Labor

Jobs First Employment Services
Wagner Peyser
Job Fair
Work Opportunity Tax Credit

Individual Development Accounts
Workforce Investment Act
Child Care Specialist Apprenticeship Program

Public Health

Childhood Lead Poisoning
Tobacco Use Prevention and Control Program
5 Day Nutrition Education
STD Control Program
Lead Environment Management and Environmental Practitioner Licensure
Community Health Centers
Family Planning
Maternal Child Health Information
Oral Health Promotion and Disease Prevention
Abstinence – Only Education
Special Supplemental Nutrition Program for Women, Infant and Children
HIV/AIDS Surveillance Program
Child Day Care Licensing
School Based Health Centers
Immunization Program
Sickle Cell Transition Program

Department of Correction

Job Center
Educational Training
Volunteer & Recreation Services

Department of Economic and Community Development

Affordable Housing
Federal Small Cities Community Development Block Program
ConPlan
Limited Equity Cooperative
Moderate Rental

Programs by Categories

Prevention Programs

Job Center Program: This Department of Corrections program provides pre-employment training, transitional counseling and employment referral for the successful re-integration of offenders back into the workforce. FY04 \$16,930

Educational Training Program: This Department of Corrections program provides academic skills in the areas of reading, language arts, science and social studies to incarcerated inmates. FY04 \$16,930 (Federal), \$1,669,970(State)

Oral Health Promotion and Disease Prevention: This Department of Public Health Program is designed to implement effective culturally appropriate oral health promotion, and disease prevention programs that adopt, adapt and enhance best practices. FY04 \$216,021-(State)

Abstinence – Only Education: This Department of Public Health Program provides community based sex education, to promote abstinence from sexual activity among racially and ethnically diverse youth between the ages of nine and fourteen. FY04 \$352,231 (Federal)

Prevention Programs: This Department of Mental Health and Addiction Services program provides an array of capacity building and public awareness on prevention through local and statewide agencies. FY04 \$2,031,593 (Federal), \$40,000 (State)

STD Control Program: This Department of Public Health program provides a variety of services to adolescents to reduce the transmission and incidence of selected STD. FY04 \$1,085,643 (Federal), \$1,074,130 (State).

5 Day Nutrition Education Program: This Department of Public Health program targets parents, preschool children, and teachers in Head Start and School Readiness programs through workshops using imaginative and fun activities to teach nutrition. FY04 \$657,000 (Federal)

Head Start Program: This program provides comprehensive services in education, health and job training to children and families. FY04 \$50,597,771 (Federal), \$4,521,150 (State)

Family Planning Program: This Department of Public Health program provides family planning services to all persons desiring them, targeting particularly undeserved populations. FY04 \$1,076,964 (State)

Head Start Collaborative Program: This Department of Social Service program is designed to improve outcomes and opportunities for young children from birth to age five through comprehensive child development services for low-income families. FY04 \$ N/A

Even Start Program: This Department of Education program provides intensive family literacy services to parents and children to help parents become full partners in the education system and help break the cycle of poverty and low family literacy. FY04\$ 1,815,059 (Federal)

Immunization Program: This Department of Public Health program provides access to vaccines for medically underserved children through community awareness, outreach and referral services, and community partnerships. FY04 \$15,009,000 (Federal), \$471,591,007 (State)

Teen Pregnancy Prevention Program: This Department of Social Service program provides comprehensive community based programming through community partnerships to spread awareness about pregnancy prevention. FY04 \$2,063,299 (State)

Early Reading Success Program: This Department of Education program supports the implementation of a district reading plan to improve reading skills and achieve reading competency among children K-3. FY04 \$17,386,872 (State)

Volunteer & Recreation Services: This Department of Corrections program provides inmates with numerous opportunities to develop intellectually, physically and morally through addiction awareness, educational services and chaplaincy services. FY04 \$ N/A

Childhood Lead Poisoning Program: This Department of Public Health program uses a three-pronged approach to address childhood lead poisoning issues in an effort to reduce and eliminate the incidence of lead poisoning in the children. FY04 \$919,748 (Federal), \$536,780 (State)

Tobacco Use Prevention and Control Program: This Department of Public Health program provides guidance and direction on: preventing youth from starting to smoke by using cessation services. FY04 \$1,010,252 (Federal), \$101,025 (State)

Lead Environment Management and Environmental Practitioner Licensure: This Department of Public Health program provides a wide range of program activities that relate to lead poisoning prevention and in particular, childhood lead poisoning prevention. FY04 \$472,000 (Federal), \$ 427,000 (State)

Community Health Centers: This Department of Public Health program provides a wide range of high quality preventative and primary care services to individuals, children and families. FY04 \$ 410,200 (Federal), \$4,359,492 (State)

Self-Sufficiency Programs

Bureau of Rehabilitation Services: This Department of Social Services program provides a variety of services to individuals with a physical or mental impairment that has an impediment to employment. FY04 \$15,584,049 (Federal), \$6,962,451 (State)

Katie Beckett/ Medicaid: This Department of Social Services program provides Medicaid eligibility waivers to special needs children to prevent them from being forced into nursing homes for care. FY04 \$ N/A

Family Support Grant: This Department of Social Services program provides monthly subsidies to parents or guardians of children under the age of 18 with developmental disabilities, other than mental retardation to meet extraordinary expenses. FY04 \$ 75,339 (State)

Supportive Housing for Families: This Department of Children and Families program provides subsidized housing and case management to families within the Department who have inadequate housing to preserve safety, permanency and well being of their children. FY04 \$ 1,006,000 (State)

Student Financial Aid: This Department of Higher Education program provides grants to needy students, including students from families in poverty, to enable them to attend college. FY04 \$N/A

The Young Parent Program: This Department of Education program provides resources to local and regional school districts to design develop and implement education programs for young parents with day care components in a school setting. FY04 \$221,513 (State)

Jobs First Employment Services: This Department of Labor program provides employment services to TANF recipients preparing for and maintaining employment. FY04 \$15,136,998 (State)

Wagner Peyser Program: This Department of Labor program provides assistance in securing employment for clients and employees for employers. FY04 \$7,573,138 (Federal)

Job Fair Program: This Department of Labor program is designed to assist any individual seeking employment in the job placement process. FY04 \$89,051 (Private)

Work Opportunity Tax Credit Program: This Department of Labor program provides a federal tax credit to employers who employ TANF, food stamp and supplemental income recipients. FY04 \$251,617 (Federal)

Workforce Investment Act Program: This Department of Labor program provides case management; job counseling and training services to youths aged 14-21 that have difficulties gaining employment. FY04 \$17,754,363 (Federal)

Individual Development Accounts Program: This Department of Labor program provides assistance and support to low income individuals who want to save and build assets. FY04 \$207,500 (State), \$310,894 (Federal), \$352,697 (Private)

Child Care Specialist Apprenticeship Program: This Department of Labor program provides TANF eligible individuals with the opportunity to participate in a Child Care Apprenticeship Program that provides job training and related classroom instruction. Program graduates earn a certificate that may lead to increased earnings and educational opportunities. FY04 \$400,000 (Federal)

Families in Training Program: This Department of Social Service program provides parenting assistance to families who have children participating in educational and rehabilitative programs. FY04 \$ N/A

School Readiness Program: This Department of Education Program provides preschool and child care as well as linkages to family services, health care, nutrition, parent education and literacy. FY04 \$37,576,500 (State), \$8,766,040 (Private)

Minority Advancement Placement Program: This Department of Higher Education program provides supplemental education and counseling to secondary students preparing for college. FY04 \$2,237,021 (State)

Gear-Up College Scholarship Even Start Program: This Department of Higher Education program provides scholarships to college recipients to supplement the cost of a college education. FY04 \$ 1,000,000 (Federal)

AmeriCorps: This Department of Higher Education program provides full-time or part-time services such as education to teenagers aged 16 and older. FY04 \$1,028,461 (Federal), \$430,647 (State), \$769,789 (Private)

Family Crisis Services program: This Department of Social Service program provides family counseling to low income individuals and families to improve outpatient mental health, substance abuse and interpersonal relationships. FY04 \$455,175 (State)

Support for People in Poverty Programs

Food Stamp Program: This Department of Social Service program provides monthly benefits to low-income families to buy food. FY04 \$192,387,466 (Federal), \$234,733 (State)

Connecticut National Family Caregiver Program: This Department of Social Service program provides support for grandparents and other relative caregivers aged 60 and over who are caring for children aged 18 years and under. FY04 \$1,988,214 (State)

Connecticut Energy Assistance program: This Department of Social Service program provides heating subsidies to households to supplement their heating costs. FY04 \$ 40,756,968 (Federal)

Healthy Start Program: This Department of Social Service program provides outreach for children and pregnant women who are eligible for HUSKY A. FY04 \$200,000 (Federal), \$1,197,872 (State)

HUSKY A Program: This Department of Social Service program provides medical coverage to adults and children with an income of 185% of the poverty level. FY04 \$323,326,646 (Federal), \$325,728,147 (State)

HUSKY B Program: This Department of Social Service program provides benefits based on the state employee health insurance plan for children whose family income is too high. FY04 \$14,823,057 (Federal), \$ 8,235,808 (State)

Good News Garage Program: This Department of Social Service program provides vehicles to TFA recipients who are employed or have a bona fide job offer and need transportation. FY04 \$301,174 (State)

Women and Children's Specialty Programs: This Department of Mental Health and Addiction Services program provides short and long term residential treatment for women with drug addiction. FY04 \$2,751,194 (Federal), \$1,541,991 (State)

Security Deposit Guarantee Program: This Department of Social Service program provides assistance to individuals and families whose income do not exceed 150% of the federal poverty level. FY04 \$129,646 (Federal), \$ 342,239 (State)

Birth to Three Program: This Department of Mental Retardation program provides family centered-intervention services to families with children under age three with developmental delays or disability. FY04 \$ 4,893,649 (Federal), \$29,881,314 (State), \$3,343,759 (Private)

Nurturing Families Network Program: This Children's Trust Fund program provides comprehensive support and direct services to high risk parents who are involved in domestic violence, substance abuse, and parents of children with special needs. FY04 \$4,418, 504 (State)

Education of Homeless Children Program: This Department of Education program provides education to homeless children and youth to ensure equal access to public education including preschool. FY04 \$448,548 (Federal)

21st Century Continuing Community Learning Centers and Extended School Hours: This Department of Education program provides after school programs for low performing students in school districts that have 40% of the population participating in free/reduced lunch program. FY04 \$ 5,519,420 (Federal), \$3,030,669 (State)

National School Lunch and Milk Program: This Department of Education program provides funds to support the service of nutritious meals to children in schools and residential child care institutions. FY04 \$ 52,599,961 (Federal), \$2,354,000 (State)

School Breakfast Program: This Department of Education program provides funds to support the service of nutritious breakfast to children in schools and residential care institutions. FY04 \$10,076,371 (Federal), \$ 1,481,815 (State)

Child and Adult Care Food Program: This Department of Education program provides funds to support nutritious meals and snacks to children in day care centers, family day care homes, recreational programs and emergency shelters FY04 \$ 9,573,565 (Federal)

Summer Food Services Program: This Department of Education program provides funds to public and private organizations to support the service of nutritious meals to children during the summer months when schools are closed. FY04 \$745,670 (Federal)

Title I Part A Program: This Department of Education program provides financial assistance to local educational agencies and public schools with high numbers or percentages of poor children. FY04 \$106 ,557,516 (Federal)

Maternal Child Health Information Program: This Department of Public Health program provides toll free twenty-four hour information and referral service on health care and support for Connecticut's residents. FY04 \$223,544 (Federal)

Special Supplemental Nutrition Program for Women, Infant and Children: This Department of Public Health program provides specific supplemental food for good health and nutrition during critical times of growth and development. FY04 \$34,462,356 (Federal), \$11,084,501 (Private)

HIV/AIDS Surveillance Program: This Department of Public Health program provides Hepatitis BB, HIV information and case management services to pregnant women. FY04 \$827,872 (Federal)

Child Day Care Licensing Program: This Department of Public Health program issues licenses and technical assistance to eligible day care home, group and center providers. FY04 \$ 666,791 (Federal), \$2,093,917 (State)

School Based Health Centers: This Department of Public Health program provides primary preventative health and mental health services, health promotion and health education activities. FY04 \$288,096 (Federal), \$5,767,729 (State)

Affordable Housing: This Department of Economic Development program provides housing developments that are owned and operated primarily by non-profit organizations, in which tenants pay 30% of their adjusted income or a base rent which ever is greater. FY04 \$ N/A

Federal Small Cities Community Development Block Program: This Department of Economic Development program provides decent housing and suitable living environment by expanding economic opportunities, for persons at or below 80% of the area's median income. FY04 \$ N/A

ConPlan: This Department of Economic Development program provides home investment partnerships to create and preserve affordable housing. FY04 \$N/A

Safety Net Services: This Department of Social Service program provides assistance to recipients of Temporary Assistance for Needy Families and recipients who lost their TFA benefits with outreach services, case management and counseling. FY04 \$4,867,635 (State)

Transitional Rental Assistance Program: This Department of Social Service program provides assistance to families whose income is less than 50% of the median family income who are transitioning off Temporary Family Assistance (TFA). FY04 \$1,148,963 (Federal)

Section 8 Housing Voucher program: This Department of Social Service program provides assistance to low income residents through rental subsidies to property owners. FY04 \$44,602,304 (Federal)

Transportation to Work Program: This Department of Social Service program provides new and expanded services to TANF eligible individuals to eliminate transportation barriers to work. FY04 \$399,430 (Federal), \$3,819,000 (State)

Limited Equity Cooperative: This Department of Economic Development program provides loans, grants or a combination of both to non- profit developers to create cooperative housing and train residents in self-management and operation of the housing complexes. FY04 \$ N/A

Moderate Rental: This Department of Economic Development program provides subsidize housing through the local housing authorities to low-income individuals. FY04 \$N/A

Sickle Cell Transition Program: This Department of Public Health program provides and array of services to individuals with sickle cell anemia. FY04 \$45,000 (State)

Project Safe: Provides outreach, testing, and treatment to individuals addicted to substance abuse and referred to the Department of Mental Health. FY04 \$900,000 (State)

Community Services Block Grant: This Department of Social Service program provides assistance to low income families and or individuals overcome obstacles and solve problems that impede their progress towards self-sufficiency, through programming that promotes independent. FY04 \$8,028,162 (Federal), \$3,819,981 (State)

Asthma Program: This Department of Public Health program provides technical assistance regarding asthma-related community initiatives to health care facilities. FY04 \$236,000 (Federal), \$55,558 (State)

School Readiness: Severe Need Schools Program: This Department of Education program provides a preschool program and child care as well as linkages to family services, health care, parent education, literacy programs and nutrition. FY04 \$2,309,249 (State)

Child Support Program: This Department of Social Service program provides services to TFA recipients, Medicaid, IV-E foster care, as well as any individual who is not receiving any form of public assistance. FY04 \$41,008,000 (Federal), \$21,006,000 (State)

Domestic Violence Prevention: This Department of Social Service program provides safe and supportive shelter services to victims of domestic or family violence. FY04 \$ N/A

Child Day Care Centers: This Department of Social Service program provides child day care centers for children in disadvantaged economic, social or environmental conditions. FY04 \$20,595,470 (Federal), \$2,472, 524 (State)

Care4Kids Program: This Department of Social Service program provides affordable and quality child day care services for families with low and moderate income. FY04 \$31,447,044 (Federal), \$30,479,233 (State)

Temporary Family Assistance Program: This Department of Social Service program provides cash benefits to families who are unemployed and seeking employment. FY04 \$21,030,075 (Federal), \$102,603,216 (State)

Rental Assistance Program: This Department of Social Service program provides rental subsidies to low income families to obtain housing. FY04 \$12,318,787 (State)

Total Allocation of Funds by Agency for Fiscal Years 2003-2005

	2003	2004	2005	Total
Department of Social Services				
Federal	795,882,405	757,532,314	771,096,200	2,324,510,919
State	493,154,504	629,116,387	595,588,522	1,717,859,413
Private	4,416,572			4,416,572
Department of Children and Families				
Federal				
State	1,006,000	1,006,000	1,006,000	3,018,000
Private				
Department of Mental Health and Addiction Services				
Federal	4,681,657	4,782,787	7,744,564	17,209,008
State	3,156,000	3,487,991	6,012,537	12,656,528
Private	1,500,000	1,702,557	1,702,557	4,905,114
Department of Mental Retardation				
Federal	5,431,894	4,893,649	4,590,942	14,916,485
State	30,395,807	29,881,314	22,652,724	82,929,845
Private	3,964,501	3,343,759	5,000,000	12,308,260
Children's Trust Fund				
Federal			5,500,000	5,500,000
State	4,303,952	4,418,504		8,722,456
Private				

	2003	2004	2005	Total
Department of Higher Education				
Federal	3,257,263	2,220,753	3,812,715	9,290,731
State	33,836,936	32,906,664	39,812,688	106,556,288
Private	1,125,478	769,789	1,211,313	3,106,580
 Department of Education				
Federal	231,798,923	237,933,881	194,993,785	664,726,589
State	72,018,642	73,638,229	87,947,296	233,604,167
Private	10,434,411	8,766,040		19,200,451
 Department of Labor				
Federal	36,760,089	25,786,618	36,204,184	98,750,891
State	15,292,594	15,447,892	17,213,870	47,954,356
Private	177,190	441,748	236,471	855,409
 Department of Public Health				
Federal	55,337,911	56,620,823	55,063,234	167,021,968
State	682,286,268	487,354,623	498,779,241	1,668,420,132
Private	11,120,777	11,084,501		22,205,278
 Department of Corrections				
Federal		16,930	69,198	86,128
State	1,472,002	1,669,970	16,930	3,158,902
Private			1,000,000	1,000,000
	2003	2004	2005	Total
Department of Economic and Community Developments				
Federal			30,788,876	30,788,876
State				
Private				

Note: The above table indicates the total amount of funds allocated to each state agency for fiscal year 2003-2005. The totals are divided into three categories Federal, State and Private Funds. It is important to note that the amount represented does not include 100 percent of the programs listed in the inventory because some programs did not have the information available prior to the development of this report.

VII. List of Alternative Options

This section of the report contains a list of alternative options to reduce child poverty in Connecticut by fifty percent over the next ten years which were gathered by the Child Poverty Council from a variety of sources. These sources include: Council members, workgroup members, national and state child poverty experts, roundtable participants, state agencies, community groups, and individuals affected by child poverty proposed policy recommendations.

The alternative options are organized under six major objectives, which are not in priority order. The objectives are to:

- I. Enhance Families' Income and Income-Earning Potential
- II. Help Low-Income Families Build Assets
- III. Enhance Affordability of Health Care, Housing, Child Care, and Early Childhood Education
- IV. Support Safety Net Programs for Families with Multiple Barriers
- V. Enhance Family Structure and Stability
- VI. Further Study

In reviewing all of the alternative options, the Child Poverty Workgroup, a subcommittee of the Council, identified the following top six priorities for Council consideration:

1. Ensure accessible, affordable, and quality early childhood education and child care options for low-income families.
2. Improve access to existing social services and provide home visiting services for at-risk families with children under age five.
3. Develop a strategy to implement a refundable state Earned Income Tax Credit (EITC) program to supplement low-wage parents over the next ten years
4. Enhance access to medical care by ensuring public or private health insurance coverage for parents.
5. Enhance parents' educational attainment, skills, and employment opportunities.
6. Expand availability of affordable housing options for families, including supportive housing, by expanding rental assistance.

I. Enhance Families' Income and Income Earning Potential

- A. The Council offers the following recommendations to support and enhance job training and education for recipients of Temporary Family Assistance (TFA).
 - 1. Allow post-secondary education and vocational training to count toward the federal work participation requirement under the Temporary Family Assistance (TFA) program.
 - 2. Provide a more comprehensive up-front assessment of barriers to employment to more quickly identify those fragile families/high barrier populations.
 - 3. Implement a system to address the needs of JFES participants having inadequate reading or math skills, including assessing each participant to determine the reason for this lack of skills and developing an individualized plan to remove these barriers to employment or, if such a plan cannot be developed and implemented within 21 months, classifying the participant as exempt from the JFES work requirement and TFA time limits.
 - 4. Spend higher proportion of TFA funds on job training and education. (Kids Count) Increase funding for the purchase of education and training for Jobs First Employment Services (JFES) participants by \$18 million, with the funds to be spend only on acquiring education and training for JFES participants, including basic skills training, vocational and occupations skills training and certification programs, depending on the needs of the participants.
- B. Increase low-income parent's access to literacy, post-secondary, and vocational education.
 - 1. Enhance literacy programs for adults including Adult Basic Education (ABE) and GED services.
 - 2. Increase vocational training opportunities for populations that do not have a high school diploma or have limited English proficiency.
 - 3. Provide assistance with vocational and post-secondary education expenses such as tuition, books, and supplies, child care, transportation, tools or license fees.
 - 4. Create state-funded work-study programs to supplement federal work-study programs to provide supplemental income.
 - 5. Provide subsidies for low-income individuals to attend community college, e.g. through means-tested tuition relief.

- C. Increase English as a Second Language programming by partnering with businesses or offering incentives to businesses that provide English as a Second Language programming.
- D. Provide low-income individuals with an expectation of success regarding possibilities and techniques for achievement.
- E. Link training to industries and encourage training programs to develop curricula to meet workforce shortage and high growth employment areas.
- F. Provide public jobs programs. This could be accomplished by increasing participation in the Hiring Incentive Tax Credit program authorized under C.G.S. Sec. 12-217y which is available to companies that hire recipients of the Temporary Family Assistance (TFA) program.
- G. Provide additional incentives for businesses to locate in areas accessible to low-income individuals.
- H. Provide resources to the Workforce Investment Boards and strengthen the employer service component of the CTWorks centers as a “one-stop” for services that employers need.
- I. Create dependent exemptions against the state income tax.
- J. Create a child care and/or child education credit that phases out as household income increases and is at least partially refundable for parents whose income tax liability is too low to take full advantage of the credit (offset some of a family’s costs in providing quality educational experiences for their children).
- K. Expand property tax rebates (now available for low-income elderly and disabled homeowners and renter) to low-income families who are raising children (offset high housing costs).
- L. Provide outreach to increase awareness of and participation in the federal Earned Income Tax Credit (EITC) for families that are eligible.
- M. Establish a refundable state Earned Income Tax Credit (EITC) program to supplement low-wage parents.
- N. Increase tax system equity by charging higher income tax rates for the highest earners.

The state already has a progressive income tax structure. In 2002, 7% of the top earners (those earning \$150,000 or more) paid 48% of the tax.

- O. Dedicate part of community college graduates' income tax directly to the community college system through a "check off" box on income tax forms to target funding.
- P. To enhance the ability of municipalities to provide support and resources for low-income families, the state should provide payment in lieu of taxes (PILOT) for group homes.

II. Help Low-Income Families to Build Assets

- A. Strengthen the state's Individual Development Account (IDA) program that assists low income earners to accumulate assets such as an automobile, education and/or other assets necessary to become more economically self-sufficient. Develop and/or enhance matched savings accounts such as IDAs and Universal Savings Accounts. Make IDAs available to all working families.
- B. Encourage entrepreneurship.
- C. Encourage homeownership programs that facilitate homeownership, especially in central cities and among minorities. Expand the second mortgage pool which allows purchase of a home without down payment.
- D. Curb predatory lending by limiting interest rates and banning negative amortization. Encourage low-income individuals to bank and accumulate assets.

III. Enhance Affordability of Health Care, Housing, Child Care and Early Childhood Education

- A. Increase access to affordable child care.
 - 1. Increase the Care4Kids child care subsidy to more closely match the current market costs.
 - 2. Increase the number of Care4Kids child care certificates.
 - 3. Expand facilities for child care.
 - 4. Expand Care4Kids eligibility to cover those in education or job training programs.
- B. Ensure quality child care.
 - 1. Enhance training of child care workers.

2. Ensure adequate wages and health insurance benefits for child care workers.
- C. Provide a system of “education through birth” by continuing to support school readiness and early childhood educational programs.
1. Create one coordinated system for early childhood education.
 2. Enhance pre-school teacher training, including on-site consultation for pre-school teachers to encourage continuing education toward advanced degrees.
 3. Amend the pre-school system to allow for full-day, full-year or school-day, school-year pre-school programming.
 4. Advocate for year-round school programming for grades K-3 in low-income districts.
 5. Provide comprehensive early childhood education programs with mandated parent involvement.
- D. Reduce housing costs.
1. Expand availability of state rental assistance subsidies.
 2. Expand the Transitional Rental Assistance Program (T-RAP) to allow families to remain eligible for a longer period of time.
- E. Expand availability of affordable, family-sized housing units.
1. Provide incentives to housing developers to develop family-sized units
 2. Create a Housing Trust Fund.
 3. Expand supportive housing for families
 4. Expand use of Low Income Housing Tax Credits to help finance housing and rehabilitation efforts.
- F. Support maintenance of owner-occupied housing by providing subsidy or tax incentive to low-income property owners for rehabilitation projects.
- G. Enforce laws ensuring non-discrimination based on rent source.
- H. Ensure public or private health care coverage for parents.

1. Provide tax incentives to small businesses that offer health insurance to employees and their dependents
2. Allow uninsured parents to buy into state employee health insurance plan.
3. Reduce medical expenses by expanding HUSKY to cover the uninsured parents and relative caregivers of all HUSKY-eligible children with premiums increasing as family income increases up to 300% of the federal poverty level.

Currently, parents and caretaker relatives of children in HUSKY A can get HUSKY coverage for themselves if their incomes are not more the 100% of the federal poverty level. There is presently no coverage for parents of HUSKY B children. The cost of any expansion of this program to additional parents will be depended upon the eligibility standards established for the final program. Each additional life covered will cost approximately \$2,400 in FY 2006.

4. Restore presumptive and continuous eligibility provisions under HUSKY.

In 2003, the legislature repealed presumptive eligibility and continuous eligibility for HUSKY A families. Presumptive eligibility allowed children's coverage to begin even before DSS verified financial information that the family provided. Continuous eligibility allowed a child's HUSKY A coverage to continue for a 12 month period, even if the parent or caretaker's financial circumstances improved during the year.

5. Enhance mechanism to provide information about employer sponsored health insurance coverage for TFA participants transitioning off cash assistance.
 6. Advocate for universal health insurance for families of children living in poverty.
- I. Ensure access to sufficient number of health care providers in the community and timely appointments.
 - J. Strengthen health care coordination and outreach to improve effectiveness.
 - K. Enhance prevention and early intervention programs.
 1. Increase education about preventing disease and accessing disease prevention services, e.g. diabetes, obesity.
 2. Provide immunizations for all children.

3. Increase early identification and accessible, culturally appropriate health promotion and care services for all families, especially families with a parent or child with mental illness or substance abuse problems
- L. Enhance medical and behavioral health care availability for families with special needs
1. Strengthen care for children with special health care needs through transitional programs and medical home model through the Department of Public Health.
 2. Expand availability of behavioral health inpatient and outpatient treatment services for all children and parents in need
 3. Increase shelters and transitional living options for people discharged from inpatient behavioral health treatment facilities.
- M. As an alternative to child care, subsidize parents to stay at home and care for their children. Other states, such as Montana, have established an At Home Infant Care Program for Low income parents of infants which offers them a choice to go to work and use a child care subsidy or stay at home and receive a monthly stipend. This approach could be combined with distance learning through educational technology to prepare them for employment.
- N. Expand, enhance and subsidize after-school programming.
- O. Enhance availability of transportation.
- P. Enhance public schools in large cities by shifting the Educational Cost Sharing formula to provide more resources in certain municipalities.
- Q. Develop incentives to recruit and retain qualified teachers to work in low income school districts
- R. Enhance drop out prevention efforts.
- V. Support Safety Net Programs for Families (*with parents who have multiple or extraordinarily high barriers to employment*)
- A. Provide intensive case management to identify the ways to reduce barriers to employment for families identified with extreme barriers to employment.
 - B. Enhance the level of financial support for families with extreme barriers to employment until parents can bring in earnings by increasing TANF cash assistance levels.

- C. Create a child only grant for those children whose parents have died or are incapacitated or are in the care of a grandparent.

DSS already provides TFA to children who live with a grandparent, including “child only” cases.

- D. Rethink the 21 month time limit in the Temporary Family Assistance (TFA) Program.
- E. Improve food stamp participation rates.
- F. Enhance Unemployment Insurance for those who have been laid off from work
 - 1. Extend benefit period
 - 2. Increase benefits
 - 3. Create additional “good cause” exemptions to voluntary quit provisions
 - 4. Expand eligibility for benefits to part-time workers

VI. Enhance Family Structure and Support

- A. Create stable, two-parent homes with two earners.
 - 1. Increase economic opportunity for men in order to increase marriage rates.
 - 2. Enhance fatherhood initiatives and child support enforcement
- B. Provide family planning and decrease teen pregnancy
- C. Ensure culturally competent case management services.
- D. Establish and maintain an infrastructure to support young at-risk families through early intervention.
 - 1. Provide culturally competent newborn-through-five home visiting medical and social services to enhance parent/child interaction and parenting skills, parent education, work and life skills and to access community resources and build social support.
- E. Convince the general public and the business community of their self interest in ending poverty

VII. Further Study

- A. Undertake a study to identify the eligibility cliffs in Connecticut's various assistance programs and develop recommendations regarding the most effective and economically-efficient ways to provide supplemental assistance to support families' journeys to economic self-sufficiency.
- B. Evaluate the effectiveness of the implementation of Child Poverty Council recommendations

VIII. Council Recommendations

After review of the alternative options at their December 2004 meeting, the Council agreed upon the following 67 recommendations.

While some may contend that the state currently spends a sufficient amount on child poverty programs, the Council believes that these issues should be the highest priority for decision-making during the 2005 legislative session. By providing some new resources, and as importantly, targeting existing resources and providing a coordinated framework, Connecticut has a real opportunity to reduce child poverty in the short and long term.

The recommendations are organized under six major objectives, which are not in priority order. The objectives are to:

- I. Enhance Families' Income and Income-Earning Potential
- II. Help Low-Income Families Build Assets
- III. Enhance Affordability of Health Care, Housing, Child Care, and Early Childhood Education
- IV. Support Safety Net Programs for Families with Multiple Barriers
- V. Enhance Family Structure and Stability
- VI. Further Study

I. Enhance Families' Income and Income Earning Potential

- A. Support and enhance job training and education for recipients of Temporary Family Assistance (TFA).

It should be noted that the state's FY05 budget adjustments contained several initiatives under the TANF High Performance Bonus distribution intended to meet these goals by enhancing parents' educational attainment, skills, and employment opportunities. Among these are \$479,500 for the Women in Transition program, \$400,000 for Child Care Apprentice training, \$1.15 million for Early Job Entry initiatives, \$250,000 for the Hartford Literacy Council, \$460,000 for the Employment Success

program, \$600,000 for the Good News Garage, and \$950,000 for Welfare to Work Transportation. DSS also has General Fund appropriations of \$1.2 million in FY05 for Employment Opportunities and \$2.6 million for the Transportation for Employment Independence program.

1. Allow post-secondary education and vocational training to count toward the federal work participation requirement under the Temporary Family Assistance (TFA) program.

Currently, the state allows time-limited TFA recipients to engage in a limited amount of job training. Post secondary education is generally not an option unless the client is already working or engaged in specifically sanctioned work-related activities for the first twenty hours. While this proposal is currently permissible to some extent, pending federal legislation for TANF reauthorization is expected to have more stringent work requirements and would limit the state's ability to implement this proposal. Implementation of this initiative would require changing the language in the U.S. Senate's proposed reauthorization bill, which is the bill most likely to move forward.

2. Provide a more comprehensive up-front assessment of barriers to employment to more quickly identify those fragile families/high barrier populations.

Currently, DSS is expected to conduct an initial assessment and make an immediate referral to DOL of all time-limited individuals for a more comprehensive assessment and development of a workplan. In 2004, the state increased penalties for families that do not comply with the need to complete an upfront assessment²³² The legislation specifies that temporary family assistance will not be granted to an applicant prior to the applicant's attendance at an initial scheduled employment services assessment interview and participation in the development of an employment services plan. The SFY 2005 budget²³³ transfers \$1.1 million from DSS to DOL to augment the up-front assessment of barriers to employment to more quickly identify those fragile families and high barrier populations.

3. Implement a system to address the needs of Jobs First Employment Services (JFES) participants having inadequate reading or math skills, including assessing each participant to determine the problem and how to address it to the extent possible.

Currently, DOL assesses time-limited JFES participants and identifies barriers to employment, including reading and math skills. According to the October report on the JFES program, "At a Squint," 37% of the time-limited population were identified as having math/reading skills barriers, making it the third highest reported barrier, after transportation and child care. Under current law, the DSS commissioner is permitted to grant TFA time limit extensions to recipients with two or more barriers to employment, up to a maximum of 60 months of benefits.

4. Spend higher proportion of Temporary Family Assistance (TFA) funds on job training and education.

It should be noted that, while spending a higher proportion of TFA funds on job training and education would translate into a reduction elsewhere, the Council did not identify where the reduction should be taken.

- B. Increase low-income parent's access to literacy, post-secondary, and vocational education.
 1. Enhance literacy programs for adults including Adult Basic Education (ABE) and GED services.
 2. Increase vocational training opportunities for populations that do not have a high school diploma or have limited English proficiency.
 3. Provide assistance with vocational and post-secondary education expenses such as tuition, books, and supplies, child care, transportation, tools or license fees.
 4. Expand subsidies for low-income individuals to attend community college, e.g. through means-tested tuition relief.

Several funding sources already fund these activities, including state-funded programs such as: the Capitol Scholarship Grants Program which provided \$5 million in 2004 in awards to students based on academic merit and financial need; the Connecticut Independent College Student Grant Program (CICSG) which provided \$15 million in 2004 in need-based grants to Connecticut residents attending private institutions in the state; the Connecticut Aid for Public College Students Program (CAPCS) which provided \$16 million in 2004 in

need-based grants to Connecticut residents attending public institutions in Connecticut.

In addition, there are smaller programs such as the Minority Teacher Incentive Program, the Connecticut Information Technology Scholarship and Loan Reimbursement Program, awards to children of veterans, and tuition benefits to veterans and senior citizens. The Women in Transition program under Charter Oak provides subsidies for community college and is supplemented by over \$200,000 in TANF High Performance Bonus funds. If this program demonstrates effectiveness, the state general fund could pick up this funding in FY 2007 when the bonus funds are gone or further customize the CAPCS program to provide these subsidies.

In total, state financial assistance programs provided approximately \$42 million in aid for higher education in FY 2004 and it is expected that the same programs will provide approximately \$69 million this year. Expanding traditional state financial aid grants, rather than creating new grants, would make more effective use of the administrative structure already in place and would minimize additional administrative overhead costs. In addition, increasing outreach and public awareness of existing grants would address the concern that every year Pell grants and other financial aid grants are unspent because there is inadequate information and/or public understanding about the availability of federal, state and private financial aid.

5. Increase English as a Second Language programming by partnering with businesses or offering incentives to businesses that provide English as a Second Language programming.
6. The Council should explore options to provide low-income individuals with an expectation of success regarding possibilities and techniques for achievement.

Examples of relevant policies are mentor programs or providing college education for low-income children that complete high school. However, the expectation of success and techniques for achievement should be an integral part of existing or new programming, not just in employment and training, but throughout the service delivery system.

- C. Continue to link training to industries and encourage training programs to develop curricula to meet workforce shortage and high growth employment areas.

The state should consider expansion of the Jobs Funnel approach. The Hartford Construction Jobs Initiative, or “Jobs Funnel”, continues to build on its early success. The program has graduated more than 475 individuals into high paying construction and service industry jobs. Successful graduates include individuals who have been homeless or incarcerated. The Jobs Funnel model has been replicated in the New Haven area in partnership with employers, the workforce board, community agencies and unions. In New Haven, the city has strongly engaged in the Jobs Funnel model and incorporated the program as part of the EEO and Compliance Department in the city.

In addition, the Workforce Investment Act (WIA) under the Department of Labor allows individuals to choose how to use job training dollars to meet their individual career goals within specific industries. The workgroup recommended targeting financial aid to individuals who pursue jobs in priority workforce shortage areas and high growth business areas.

- D. Explore expansion of the Hiring Incentive Tax Credit program authorized under C.G.S. Sec. 12-217y which is available to companies that hire recipients of the Temporary Family Assistance (TFA) program and other programs to aid individuals in obtaining employment.

Increase participation in the Hiring Incentive Tax Credit authorized under Section 12-217y of the Connecticut General Statutes. This credit is available to companies that hire recipients of the Temporary Family Assistance (TFA) program. The employees must have been receiving TFA benefits for at least nine months and have worked at least 30 hours per week to qualify. A corporation may claim a credit of \$125 for each full month that the worker is employed. Unused credits may be carried forward for five succeeding income years. In 2000, 25 credits were claimed for a total of \$40,492.

- E. Provide additional incentives for businesses to locate in areas accessible to low-income individuals.

These incentives currently exist as state Enterprise Zones and Neighborhood Revitalization Zones, as well as federal Empowerment Zones.

F. Provide resources to the Connecticut Department of Labor, the Workforce Investment Boards and other CTWorks partners and strengthen the employer service component of the CTWorks centers as a “one-stop” for services that employers need.

G. The Council should seriously study tax relief methods including the following:

1. Create dependent exemptions against the state income tax.

If Connecticut based its dependent exemption on the federal child tax credit, but only allowed 10% of the credit to be claimed on state returns, the potential cost would be \$26.5 million. Connecticut’s income tax is designed with large exemption levels in order to eliminate the need for a multitude of special interest exemptions and credits, while still exempting lower income individuals from the tax. The enactment of special interest exemptions could be the beginning of an income tax code riddled with special interest initiatives.

2. Create a child care and/or child education credit that phases out as household income increases and is at least partially refundable for parents whose income tax liability is too low to take full advantage of the credit (offset some of a family’s costs in providing quality educational experiences for their children).

If Connecticut based its child care credit on the federal child care credit, but only allowed 10% of the credit to be claimed on state returns, the potential cost would be \$3.3 million. This estimate is only for child care – not child education.

3. Expand property tax rebates (now available for low-income elderly and disabled homeowners and renter) to low-income families who are raising children (offset high housing costs).

H. Provide outreach to increase awareness of and participation in the federal Earned Income Tax Credit (EITC) for families that are eligible.

Earned Income Tax Credits (EITC) provide tax reductions and wage supplements for low-and moderate-income working families. The federal tax system has included an EITC since 1975, with expansions in 1986, 1990, 1993 and 2001. The credit is capped at \$4,300 for a family with two

children and \$2,604 for a family with one child; the credit then phases out gradually. In 2002, more than 21 million families and individuals claimed the federal EITC. The EITC has been widely praised for success in supporting work and reducing poverty. According to the Center on Budget and Policy Priorities, the federal credit now lifts more children out of poverty than any other government program. In 2002, 4.9 million people, including 2.7 million children, were removed from poverty as a result of the federal EITC. The federal EITC also has proven effective in encouraging work among welfare recipients.

Funding was provided through DSS a few years ago for outreach and public information and the function was then transferred to DOL to achieve this goal. Funding was eliminated due to budget constraints.

- I. Establish a refundable state Earned Income Tax Credit (EITC) program to supplement low-wage parents (This recommendation was adopted by a vote of 13 to 4.)

The success of the federal EITC has led 18 states, including all of Connecticut's neighbors, to enact state EITCs that supplement the federal credit. Most of those states follow the federal practice of making the credit "refundable" – a family receives the full amount of its credit even if the credit amount is greater than the family's income tax liability. A refundable Connecticut EITC at 20% of the federal credit would cost approximately \$48 million in SFY 2005, at 10% of the federal credit would cost \$24 million and at 5% would cost \$12 million. Other states' refundable credits range from 5% (in Illinois and Oklahoma) to 30% (in New York). New federal regulations offer the opportunity to finance a portion of the cost of a refundable credit from the TANF block grant. Five states (Iowa, Maine, Oregon, Rhode Island, and Virginia) offer "non-refundable" credits that limit the amount of credit to a family's income tax liability, although this approach reaches fewer working poor families and is less likely to be an effective work incentive.

II. Help Low-Income Families to Build Assets

- A. Strengthen the Connecticut Department of Labor's Individual Development Account (IDA) program that assists low income earners to accumulate assets such as an automobile, education and/or other assets necessary to become more economically self-sufficient. Develop and/or enhance matched savings accounts such as IDAs and Universal Savings Accounts. Make IDAs available to all working families.

- B. Encourage entrepreneurship.
- C. Encourage homeownership programs that facilitate homeownership, especially in central cities and among minorities. Expand the second mortgage pool which allows purchase of a home without down payment.
- D. Curb predatory lending by addressing loopholes that may be in the law.

III. Enhance Affordability of Health Care, Housing, Child Care and Early Childhood Education

A. Increase access to affordable child care.

1. Increase the Care4Kids child care subsidy to more closely match the current market costs.

Current law requires the DSS Commissioner to conduct an annual rate review to ensure that the payments are sufficient to permit equal access to a variety of child care settings.

2. Increase the number of Care4Kids child care certificates.

DSS provides child care subsidies directly to eligible clients through the Care4Kids program. In FY 2005, the state appropriated \$74,122,738 for these subsidies. On average, each slot within this program costs \$621 per month.

3. Expand facilities for child care.

DSS has two grant based programs that in FY 2005 will provide \$11,118,527 for state run centers and \$11,371,500 for town run centers.

4. Expand Care4Kids eligibility to cover those in education or job training programs.

Current law²³⁴ allows Care4Kids subsidies to go to people to who are working, attending high school, or receiving TFA and participating in an approved education training or other job preparation activity.

B. Ensure quality child care.

5. Enhance training of child care workers, especially for “kith and kin” providers. Continue to support the differential rate to encourage use of licensed child care centers.

To encourage the use of quality child care, the state has set a differential rate. The effectiveness of this approach should be examined along with the need to increase the differential rate to further encourage use of quality settings.

6. Ensure adequate wages and health insurance benefits for child care workers.

C. Provide a system of “education through birth” by continuing to support school readiness and early childhood educational programs.

1. Strengthen linkages to coordinate with system for early childhood education.

The current system of separate programs is not integrated. This categorization of children for programmatic purposes creates competition for resources. The state could explore improved integration of SDE’s early childhood education program with DSS’s Care4Kids program. It is likely that blending funding would have a positive impact on an all-day experience.

2. Enhance pre-school teacher training, including on-site consultation for pre-school teachers to encourage continuing education toward advanced degrees.
3. Amend the pre-school system to allow for full-day, full-year or school-day, school-year pre-school programming.
4. Advocate for year-round school programming for grades K-3 in low-income districts.
5. Provide comprehensive early childhood education programs with mandated parent involvement.

D. Reduce housing costs.

1. Expand availability of state rental assistance subsidies.

DSS has a FY05 general fund appropriation of \$12.3 million for the main Rental Assistance program, \$1.15 million for Transitional Rental Assistance, and a TANF bonus allocation of \$1.12 million for Transitional Rental Subsidies. DSS has an additional \$9.5 million in general fund support available for other Housing and Homeless Services.

2. Expand the Transitional Rental Assistance Program (T-RAP) to allow families to remain eligible for a longer period of time. In addition, the state should allow use of T-Rap for individuals re-entering education and needing assistance with rent.

The T-RAP program provides up to 12 months of rental assistance to families who are leaving TFA, provided the adult caretaker is working. In 2004, the circumstances under which families can get T-RAP were expanded, essentially allowing families with lower incomes to receive the benefit.

E. Expand availability of affordable, family-sized housing units.

1. Provide incentives to housing developers to develop family-sized units
2. Create a Housing Trust Fund.
3. Expand supportive housing for families

The Interagency Council on Supportive Housing and Homelessness is releasing a report recommending the development of an additional 1,000 units of supportive housing over the next three years. This initiative is expected to cost the state approximately \$15 million on an annual basis.

4. Expand use of Low Income Housing Tax Credits to help finance housing and rehabilitation efforts.

F. Support maintenance of owner-occupied housing by providing subsidy or tax incentive to low-income property owners for rehabilitation projects.

G. Enforce laws ensuring non-discrimination based on rent source.

H. Ensure public or private health care coverage for parents.

DSS currently funds a wide variety of health care coverage. The Medicaid Managed Care program will spend approximately \$668 million in FY05 to provide medical coverage for 300,000 women and children.

1. Provide tax incentives to small businesses that offer health insurance to employees and their dependents
2. Consider use of SCHIP or other funds to subsidize small employers to make it more affordable for families to provide health insurance coverage.
3. Continue to explore ways to expand health coverage for parents. As many as 13,000 parents and relative caregivers will lose HUSKY coverage in April. This issue will likely be a priority for legislative consideration during the 2005 session of the general assembly.
4. Enhance mechanism to provide information about employer sponsored health insurance coverage for TFA participants transitioning off cash assistance.

The state is moving forward with the Small Employer Insurance Subsidy Program targeting low income working families. The state expects to have a program operational by FY 2005.

- I. Ensure access to sufficient number of health care providers in the community and timely appointments.
- J. Strengthen health care coordination and outreach to improve effectiveness.
- K. Enhance prevention and early intervention programs.
 1. Increase education about preventing disease and accessing disease prevention services, e.g. diabetes, obesity.
 2. Provide immunizations for all children.

The state currently has an immunization program under C.G.S. Sec. 19a-7f which provides vaccines at no cost to health care providers in Connecticut to administer to children so that cost of vaccine is not a barrier to age-appropriate vaccination in the state.

3. Increase early identification and accessible, culturally appropriate health promotion and care services for all families, especially families with a parent or child with mental illness or substance abuse problems
- L. Enhance medical and behavioral health care availability for families with special needs
1. Strengthen care for children with special health care needs through transitional programs and medical home model through the Department of Public Health.
- DSS' HUSKY Plus currently provides special health care services for children eligible for HUSKY B and additional services are provided through Title V.
2. Expand availability of behavioral health inpatient and outpatient treatment services for all children and parents in need
- As the state moves forward with KidCare, there will be an additional focus on children with behavioral health care needs.
3. Increase transitional living options for people discharged from inpatient behavioral health treatment facilities.
- M. Expand, enhance and subsidize after-school programming.
- The state is mandated to follow federally established eligibility rules. There are also dollars for Anti-Hunger Programs funded with the Social Services Block Grant (SSBG).
- N. Enhance availability of transportation.
- O. Develop incentives to recruit and retain qualified teachers to work in low income school districts
- P. Enhance drop out prevention efforts.
- VI. Support Safety Net Programs for Families *(with parents who have multiple or extraordinarily high barriers to employment)*

- A. Provide intensive case management to identify the ways to reduce barriers to employment for families identified with extreme barriers to employment.
- B. Rethink the 21 month time limit in the Temporary Family Assistance (TFA) Program. (This recommendation was adopted on a vote of 10 to 5.)
- C. Improve food stamp participation rates.

VI. Enhance Family Structure and Support

- A. Create stable, two-parent homes with two earners.
 - 1. Increase economic opportunity for men in order to increase marriage rates.
 - 2. Enhance fatherhood initiatives and child support enforcement
- B. Provide family planning and decrease teen pregnancy
- C. Ensure culturally competent case management services.

DSS recently launched the Human Service Infrastructure initiative, aimed at establishing a coordinated, statewide social service system. This initiative was provided \$2.64 million in FY05. There are also related resources available under the Community Action Agencies (almost \$2 million in FY05), the 211 Infoline (over \$2.9 million in FY05) as well as state funded services provided by state employees.

- D. Establish and maintain an infrastructure to support young at-risk families through early intervention. Provide culturally competent newborn-through-five home visiting medical and social services to enhance parent/child interaction and parenting skills, parent education, work and life skills and to access community resources and build social support.
- E. Convince the general public and the business community of their self interest in ending poverty

VII. Further Study

- A. Undertake a study to identify the eligibility cliffs in Connecticut's various assistance programs and develop recommendations regarding the most effective and economically-efficient ways to provide supplemental assistance to support families' journeys to economic self-sufficiency.
- B. Evaluate the effectiveness of the implementation of Child Poverty Council recommendations

IX. Implementation Plan

One of the major strengths of the Child Poverty Council has been the development of strong partnerships with several state agencies, the legislative branch and non-governmental agencies working towards the development of an effective, comprehensive plan of action to reduce child poverty in the state by 50% over the next ten years. This plan is not an academic exercise but is a document with an emphasis on accountability.

While many individuals may contend that the state currently spends a sufficient amount on child poverty programs, the Council believes that these issues should be central to decision-making during the 2005 legislative session. By providing some new resources, but as importantly, targeting existing resources and providing a coordinated framework, Connecticut has a real opportunity to reduce child poverty in the short and long term.

In order to engage in strategies that translate into improved child poverty outcomes, the Council is proposing the following framework:

- The Council will hold a briefing and public hearing with the legislature in February on the proposed policy recommendations.
- The Council will work during the Spring of 2005 to identify a plan of action for the next two years and the key issues to be addressed.
- Legislature will consider proposals and take action on those it deems most necessary.
- The Council will develop measurable goals and outcomes. State agencies will be responsible for submitting to the Office of Policy and Management an annual status report on initiatives developed and implemented to enhance outcomes in the area of child poverty.
- The Office of Policy and Management will be responsible for coordinating efforts with the Council for the development and submission of annual plans to the Legislature.

On-Going Role of the Council

The Child Poverty Council will meet as needed to fulfill the requirements of Public Act 04-238.

Appendix A

Public Act 04-238

AN ACT CONCERNING CHILD POVERTY AND THE USE OF PSYCHOTROPIC MEDICATIONS WITH CHILDREN AND YOUTH IN STATE CARE.

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

Section 1. (NEW) (*Effective from passage*) (a) There shall be a Child Poverty Council consisting of the following members or their designees: The Secretary of the Office of Policy and Management, the president pro tempore of the Senate, the speaker of the House of Representatives, the minority leader of the Senate and the minority leader of the House of Representatives, the Commissioners of Children and Families, Social Services, Correction, Mental Retardation, Mental Health and Addiction Services, Transportation, Public Health, Education, Economic and Community Development and Health Care Access, the Labor Commissioner, the Chairman of the Board of Governors for Higher Education, the Child Advocate, the chairperson of the State Prevention Council, the chairperson of the Children's Trust Fund and the executive director of the Commission on Children. The Secretary of the Office of Policy and Management or the secretary's designee shall be the chairperson. The council shall develop a ten-year plan, to begin upon the effective date of this section, to reduce the number of children living in poverty in the state by fifty per cent.

(b) The 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, pre-literacy, 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 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 provisions of this section.

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

(f) On or before January 1, 2006, and annually thereafter, until January 1, 2015, the council shall report, in accordance with section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and human services and to the select committee having cognizance of matters relating to children on the implementation of the plan and the extent to which state actions are in conformity with the plan.

(g) 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.

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

Appendix B

Child Poverty Council Membership

Marc Ryan, Chairperson

George Coleman
Associate Commissioner
Department of Education

Valerie Lewis, Commissioner
Department of Higher Education

Matt Dabrowski
Senate Republican Office

John Mengacci, Chairperson
State Prevention Council

Patricia Downs, Executive Director
Department of Economic and Community
Development

Jeanne Milstein
Child Advocate

Darlene Dunbar, Commissioner
Department of Children and Families

Mary Mushinsky
State Representative

Karen Foley-Schain, Director
Children's Trust Fund

Andrew Norton
Chief of Staff
House Republicans

Norma Gyle
Deputy Commissioner
Department of Public Health

Peter O'Meara, Commissioner
Department of Mental Retardation

MaryAnn Handley
State Senator

Pamela Sucato
Legislative Program Manager
Department of Transportation

Marie Houser, Director of Administration &
Operations
Department of Labor

Cristine Vogel, Commissioner
Office of Health Care Access

Mary Johnson, Director of Programs &
Treatment
Department of Correction

Patricia Wilson-Coker, Commissioner
Department of Social Services

Thomas Kirk, Commissioner
Department of Mental Health and Addiction
Services

Elaine Zimmerman, Executive Director
Commission on Children

Appendix C

Child Poverty Subcommittee Membership

Anne Foley: Chair

Pamela Trotman-OPM

Tamekia Walton-Student Intern

Kim Andy
Workforce Investment Board

Valerie Lewis
Department of Higher Education

Neil Ayers
Office of Fiscal Analyst

John McCarthy
Department of Labor

Marybeth Bonadies
Office of Health Care Access

Mary Mushinsky
State Representative

Dawn Homer-Bouthiette
Department of Social Services

Karen Ohrenberger
Department of Mental Health and Addiction
Services

Thomas Brooks
Commission on Children

Julie O'Leary
Court Support Services Division

Elizabeth Brown
Commission on Children
George Coleman
Department of Education

Kathryn Reddington
Department of Mental Retardation

William Rivera
Department of Children and Families

Renee Coleman-Mitchell
Department of Public Health

Charlene Russell-Tucker
Department of Education

Devon Conover
Department of Public Health

Virginia Sampietro
Workforce Investment Board

Patricia Downs
Department of Economic Community
Development

Pamela Sucato
Department of Transportation

Karen Foley-Schain
Children's Trust Fund

Jon Swift
Office of Workforce Competitiveness

Stacey Gerber
Department of Children and Families

Jack Thompson
State Representative

Mary Ann Handley
State Senator

Susan Vater
Children's Trust Fund

Patrick Hynes
Department of Corrections

Faith VosWinkel
Office of Child Advocacy

Lorna Joseph
Department of Labor

Elaine Zimmerman
Commission on Children

Appendix D

Inventory Methodology and Results

The following survey was sent to state agencies participating in the Child Poverty Council regarding statewide child poverty programs:

STATEWIDE PROGRAMS ONLY

Agency Name:

Program Name:

Prepared By:___

Contact Telephone Number:

Amount of Funds:
FY 2003-2005

Federal _____
Private _____

State _____

Eligibility Criteria: _____

Activity Measures:

(e.g.
number of
people served
annually)

Description of Program:

Please check the category (ies) that best describe your area of influence.

Prevention of Poverty _____

Self-Sufficiency _____

Support for people in poverty X

Optional: Please identify program and/or policy strengths.

Contact Person: pamela.trotman@po.state.ct.us

The results of the survey are contained on the following pages:

Agency Name: Department of Social Services		2003	2004	2005
	Federal	15,584,049	15,650,869	15,913,930
Program Name: Bureau of Rehabilitation Services	State	6,962,451	6,962,451	6,928,451
	Private			
Program Type: Self-Sufficiency	Total	22,546,500	22,613,320	22,842,381
Program Activity Measure:		7,062	7,915	8,000 active cases per year

Program Description: The Bureau of Rehabilitation Services provides a variety of services to individuals with a physical or mental impairment that is a substantial impediment to employment. These services include: counseling, community assessments, home and vehicle modifications, physical restoration, post-secondary training, job coaching, job seeking skills, placement, on the job training, rehabilitation and technology.

Agency Name: Department of Social Services		2003	2004	2005
	Federal	160,556,086	192,387,466	192,387,466
Program Name: Food Stamp Program	State	1,839,332	234,733	234,733
	Private			
Program Type: Support for people in poverty	Total	162,395,418	192,622,199	192,622,199
Program Activity Measure:		157,028 monthly	166,615 monthly	166,615 monthly

Program Description: The Connecticut Department of Social Services operates the Federal Food Stamp program and the State Funded Food Stamp program for people who are not eligible for the federal program due to their status as non-citizens. The programs provides monthly benefits to low-income families to buy food. One is eligible for these services if they work for low wages, unemployed or work part-time, receive welfare benefits, elderly, disabled and live on a small income.

Agency Name: Department of Social Services		2003	2004	2005
	Federal	1,859,512	1,988,214	1,998,214
Program Name: Connecticut's National Family Caregiver Program	State			
	Private			

Program Type: Support for People in Poverty	Total	1,859,512	1,988,214	1,998,214
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Program Activity Measure:	1,384 individuals
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Program Description: Connecticut National Caregiver Support Program provides support for grandparents and other relative caregivers aged 60 and over who are caring for children 18 years of age or under as well as family members aged 60 and over. The program provides support for grandparents and family caregivers through information, assistance, counseling, training, supplemental and respite services.

Agency Name: Department of Social Services	2003	2004	2005
	Federal	45,871,781	40,756,968
	State		36,922,453
Program Name: Connecticut Energy Assistance Program	Private	4,416,572	2,005,000
Program Type: Support for People in Poverty	Total	50,288,353	42,761,968
			36,922,453

Program Activity Measure:	59,449 households	59,177 households	59,177 households
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Program Description: The Connecticut Energy Assistance program subsidizes heating costs during the winter to those households who meet 150% of the Federal Poverty Guidelines. Households receive subsidy based on their income and heating source. Benefits are distributed for primary heating source.

Agency Name: Department of Social Services	2003	2004	2005
	Federal	40,004,000	41,008,000
	State	20,008,000	21,006,000
	Private		21,000,000
Program Name: Child Support Prevention, Self-Sufficiency, Support for people living in poverty	Total	60,012,000	62,014,000
			62,000,000

Program Activity Measure:	210,000 families	208,530 families	209,000 Families
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Program Description: The Child Support program provides services to TFA recipients, Medicaid, IV-E foster care, as well as any individual who is not receiving any form of public assistance. These services include: location of non-custodial parent, disbursement of child support payments, enforcement of child support orders through the court or administratively, child support establishment and medial orders and make referrals to programs for access and visitation among various fatherhood initiatives.

Agency Name: Department of Social Services	2003	2004	2005
Federal	200,000	200,000	200,000
Program Name: Healthy Start	State	1,137,175	1,197,872
Private			1,197,872
Program Type: Support for people living in poverty	Total	1,337,175	1,397,872
Program Activity Measure:	7,132	8,447	8,957

Program Description:: Healthy Start provides outreach for children and pregnant women who are potentially eligible for HUSKY A (185% of FPL). Healthy Start achieves this goal through outreach to populations in which there is a high potential for Medicaid.

Agency Name: Department of Social Services	2003	2004	2005
Federal	300,320,597	323,326,646	352,000,000
Program Name: HUSKY A	State	302,672,270	325,728,147
Private			355,043,000
Program Type: Support for people in poverty	Total	602,992,867	707,043,000
Program Activity Measure:	287,442	302,952	303,448 parents and children 212,191 children 0-19 only

Program Description: HUSKY A is the managed care portion of Medicaid that serves children and families, including pregnant women with household incomes up to 185% of the Federal Poverty Limit, adults or children receiving TANF or two year transitional medical coverage, parents with household income up to 100% of the Federal Poverty Limit, and children age 0-19 with incomes up to 185% of the Federal Poverty Limit.

Agency Name: Department of Social Services	2003	2004	2005
Federal	14,037,318	14,823,057	15,473,000
Program Name: HUSKY B	State	7,836,823	8,235,808
Private			8,538,168
Program Type: Support for people in poverty	Total	21,874,141	23,058,865
Program Activity Measure:	20,637 children	22,625 children	22,625 children

Program Description: The HUSKY B is the State of Connecticut Health Insurance program for Connecticut that provides benefits based on the State employee health insurance plan to children whose income are to high for Medicaid. To be eligible for this program one has to be between the ages of 0-19 and fall between 185-300% of the Federal Poverty Limit

Agency Name: Department of Social Services	2003	2004	2005
	Federal		1,600,000
Program Name: Katie Beckett/Medicaid	State		1,600,000
	Private		
Program Type: Self-Sufficiency	Total		3,200,000

Program Activity Measure:

125 slots

Program Description: The Katie Beckett waiver allows the Department to apply institutional deeming rules to children with special needs who are applying for Medicaid. The purpose is to provide a means of gaining Medicaid eligibility for these children without forcing them into nursing homes.

Agency Name: Department of Social Services	2003	2004	2005
	Federal	22,737,007	20,595,470
Program Name: Child Day Care Centers	State	1,659,865	2,472,524
	Private		1,983,138
Program Type: Prevention, Self-Sufficiency, Support for people in poverty	Total	24,396,872	23,067,994
			22,635,956

Program Activity Measure:

4,400 monthly

4,350 monthly

4,300 monthly

Program Description: The Child Day Care Program provides child day care centers for children disadvantaged by reasons of economic, social or environmental conditions. The eligibility criteria is at or below the 75% of the State Median Income.

Agency Name: Department of Social Services	2003	2004	2005
	Federal	41,171,641	31,447,044
Program Name: Care 4 Kids	State	57,744,231	30,479,233
	Private		38,734,449
Program Type: Prevention, Self-Sufficiency, Support for people in poverty	Total	98,915,872	61,926,277
			72,000,000

Program Activity Measure: 22,700 monthly 15,210 monthly 17,000 monthly

Program Description: The Care 4 Kids program provides affordable and quality child day care services for families with low and moderate income.

Agency Name: Department of Social Services	2003	2004	2005
	Federal 50,006,000		275,000
Program Name: Head Start	State 4,005,000		68,750
Collaboration			
	Private		
Program Type: Prevention, Self-Sufficiency, Support for people in poverty	Total 54,011,000		343,750

Program Activity Measure: 8,106

Program Description: The Head Start Collaborative is an early childhood program designed to improve outcomes and opportunities for young children from birth to age five through comprehensive child development services for low-income families. These services include: healthcare, welfare, childcare assistance, education, community service, family literacy, activities for children with disabilities and homeless children.

Agency Name: Department of Social Services	2003	2004	2005
	Federal		
Program Name: Family Support	State 77,659	75,339	75,339
Grant			
	Private		
Program Type: Self-Sufficiency	Total 77,659	75,339	75,339

Program Activity Measure: 25-30 children 25-30 children 25-30 children

Program Description: The Family Support grant is administered by the Department of Social Services to provide monthly subsidy to a parent or guardians of children under the age of 18 with developmental disabilities, other than mental retardation to meet extraordinary expenses. The income limit is 140% of the State's Median Income.

Agency Name: Department of Social Services	2003	2004	2005
	Federal		29,651
Program Name: Families in Training	State		
	Private		

Program Type: Self-Sufficiency, Support for people in poverty	Total		29,651
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Program Activity Measure:		90 families
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Program Description: The Families in Training Program provides parenting assistance to families with children who are participating in educational developmental, teen mentoring, and rehabilitative and residential programs.

Agency Name: Department of Social Services	2003	2004	2005
	Federal		2,418,723
	State		1,820,374

Program Name: Domestic
Violence Prevention

	Private		
Program Type: Self-Sufficiency	Total		4,239,097

Program Activity Measure:	1,082 women ; 1,125 children
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Program Description: The Domestic Violence and Prevention Program provides safe and supportive shelter services to victims of domestic or family violence. Any family or household member who is a victim of domestic violence in the home is eligible for this service.

Agency Name: Department of Social Services	2003	2004	2005
	Federal	1,224,435	2,163,299

Program Name: Teen Pregnancy Prevention	State	1,023,729	2,063,299
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	Private		
Program Type: Support for people in poverty	Total	2,248,164	2,063,299
			2,163,299

Program Activity Measure:	2075 teens	2075 teens	2075 teens
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Program Description: The Teen Pregnancy Program provides comprehensive community-based teen pregnancy programming based on community partnerships through schools, clergy, local government, community agencies, private sector, parent and teens. Service is provided through education, career, family life and sex education activities designed to spread awareness about pregnancy prevention.

Agency Name: Department of Social Services	2003	2004	2005
	Federal		
Program Name: Family Crisis	State	455,175	455,175

Services

Program Type: Support for people in poverty	Private			
	Total	455,175	455,175	455,175
Program Activity Measure:		2,000 families	2,000 families	2,000 families
Program Description: Provides family counseling services to low-income individuals and families to improve outpatient mental health, substance abuse issues and interpersonal relationships.				
Agency Name: Department of Social Services		2003	2004	2005
Program Name: Transportation to Work	Federal	600,000	399,430	391,801
	State	3,173,694	3,819,000	3,263,932
Program Type: Self-Sufficiency, Support for people in poverty	Private			
	Total	3,773,694	4,218,430	3,655,733
Program Activity Measure:		65,820	80,505	
Program Description: The Transportation to Work Program provides new and expanded services to TANF eligible individuals to eliminate transportation barriers to work thus making it easier for the client to transition from welfare to work.				
Agency Name: Department of Social Services		2003	2004	2005
Program Name: Good News Garage	Federal			
	State	584,630	301,174	350,000
Program Type: Support for people in poverty	Private			
	Total	584,630	301,174	350,000
Program Activity Measure:		94 cars	78 cars	72 cars
Program Description: The Good News Garage provides vehicles to TFA recipients who are employed or have a bona fide job offer and need transportation to accept and maintain employment.				
Agency Name: Department of Social Services		2003	2004	2005
Program Name: Rental Assistance	Federal			
	State	12,261,256	12,318,787	12,318,787
	Private			

Program Type: Self-Sufficiency, Support for people in poverty	Total	12,261,256	12,318,787	12,318,787
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Program Activity Measure:	1,760 households	1,650 households	1,500 households
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Program Description: The Rental Assistance Program is designed to provide rental subsidies to low income families to obtain housing. Any household whose income is less than 50% of the State's median family income for the geographical area in which the applicant resides.

Agency Name: Department of Social Services	2003	2004	2005
Federal	35,703,823	44,602,304	45,254,135

Program Name: Section 8 Housing
Voucher

Program Type: Self-Sufficiency, Support for people in poverty	Total	35,703,823	44,602,304	45,254,135
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Program Activity Measure:	5,375 families	5,542 families	5,700 families
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Program Description: The Section 8 Housing Program Choice Voucher Program provides assistance to low income families in obtaining housing through rental subsidies to property owners. Any household with an income less than 50% of the median family income for the Primary Municipal Statistical Area where the family resides.

Agency Name: Department of Social Services	2003	2004	2005
Federal	129,646	129,646	129,646

Program Name: Security Deposit Guarantee	State*	508,778	342,239
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Program Type: Support for people in poverty	Total	638,424	471,885	129,646
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Program Activity Measure:	1,302	1,989	1,989
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Program Description: The Security Deposit Guarantee program provides assistance to individuals and families whose income do not exceed 150% of the federal poverty level. Candidates are eligible for this program if they hold a section 8 voucher, or a certificate from the Rental Assistance Program, homeless, living in shelter, and release into the community from a hospital, or prison.* State funds represent spend-down escrow from previous fiscal years utilized to cover the cost of landlord claims for security deposits. FYI. FY 2005 for the state amount is based on FY 2004 spend down. The information is not available.

Agency Name: Department of Social Services	2003	2004	2005
Federal	1,287,770	1,148,963	1,148,963
Program Name: Transition Rental Assistance	State		
	Private		
Program Type: Self-Sufficiency, Support for people in poverty	Total	1,287,770	1,148,963

Program Activity Measure: 130 families month 130 families month 130 families month

Program Description: The Transition Rental Assistance Program provides assistance to families whose income is less than 50% of the median family income in that geographical area. who are transitioning off Temporary Family Assistance (TFA).

Agency Name: Department of Social Services	2003	2004	2005
Federal	56,775,137	21,030,075	23,001,000
Program Name: Temporary Family Assistance	State	102,603,216	112,300,000
	Private		
Program Type: Self-Sufficiency, Support for people in poverty	Total	124,375,507	135,301,000

Program Activity Measure: 22,265 households 22,458 households 22,500 households

Program Description: The Temporary Family Assistance program provides cash benefits to families who are unemployed and are preparing or seeking employment. The eligibility criteria for this program is based on income in proportion to family size and an asset limit of \$3,000 per family household.

Agency Name: Department of Social Services	2003	2004	2005
Federal			
Program Name: Safety Net Services	State	4,867,635	2,930,712
	Private		
Program Type: Self-Sufficiency, Support for people in poverty	Total	4,867,635	2,930,712

Program Activity Measure:	335 Safety Net	750-1000 Employment Success Program (ESP);160 Temporary Rental Assistance (TRSP); 375 Safety Net (SN)	306 ESP;78 TRSP;450 SN
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Program Description: The Safety Net provides assistance to recipients of the Temporary Family Assistance and recipients who lost their TFA benefits with outreach services case management and counseling.

Agency Name: Department of Social Services	2003	2004	2005
Program Name: Community Service Block Grant/Human Service Infrastructure	Federal 7,803,603	8,028,162	7,871,550
	State 3,819,981	3,819,981	3,819,981
Program Type: Self-Sufficiency, Support for people in poverty	Private Total 7,803,603	11,848,143	11,691,531

Program Activity Measure:	32-34.5% of children	77,009 children age (0-17)
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Program Description: The Community Service Block grant/ HIS Program provides assistance to low income families and or individuals overcome obstacles and solve problems that impede their progress towards self-sufficiency, through programming that promotes independent living.

Agency Name: Department of Children and Families	2003	2004	2005
Program Name: Supportive Housing for Families	Federal 1,006,000	1,006,000	3,500,000
Program Type: Self-Sufficiency	Private Total 1,006,000	1,006,000	3,500,000

Program Activity Measure:	160 families	160 families	365 families
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Program Description: The Supportive Housing for Families provides subsidized housing and case management to families within the Department of Children and Families with inadequate housing that jeopardize that safety and permanency and well being of their children.

Agency Name: Department of Mental Health and Addiction Services **2003** **2004** **2005**

	Federal			
Program Name: Project SAFE	State	900,000	900,000	
	Private			

Program Type: Self-Sufficiency, Support for people in poverty	Total	900,000	900,000	
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Program Activity Measure: 8298 individuals 9,171 individuals

Program Description: Project Safe provides outreach, testing and treatment to individuals addicted to substance abuse and are referred to the Department of Mental Health Addictive Services by the Department of Children and Families.

Agency Name: Department of Mental Health and Addiction Services **2003** **2004** **2005**

	Federal	2,420,428	2,751,194	2,751,194
Program Name: Women and Children's Specialty Programs	State	1,250,000	1,541,991	1,541,991

	Private	1,500,000	1,702,557	1,702,557
Program Type: Support for people in poverty	Total	5,170,428	5,995,742	5,995,742

Program Activity Measure: 95/77 beds (women & children; 313 people served residential treatment; 142 slots available; 448 people served outpatient treatment)

Program Description: Provides short and long-term residential and outreach treatment for women with drug addiction. These programs allow women to continue treatment while pursuing employment and educational goals.

Agency Name: Department of Mental Health and Addiction Services **2003** **2004** **2005**

	Federal	2,261,229	2,031,593	4,993,370
Program Name: Prevention Programs	State		40,000	970,546
	Private			

Program Type: Prevention of Poverty	Total	2,261,229	2,071,593	5,963,916
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Program Activity Measure:	225,057 - information sharing 8,461 technical assistance and training
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Program Description: provides an array of capacity building and public awareness on prevention through local and statewide agencies, community-based programs.

Agency Name: Department of Mental Retardation	2003	2004	2005
Program Name: Birth to Three	Federal 5,431,894 State 30,395,807 Private 3,964,501	4,893,649 29,881,314 3,343,759	4,590,942 22,652,724 5,000,000
Program Type: Support for people in poverty	Total 39,792,202	38,118,722	32,243,666

Program Measure:	9,403	9,463	9,400 eligible children and families 7,500 new referral/yr
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Program Description: The Birth to Three Program provides family centered- intervention services to families with children under the age of three with developmental delay or disability.

Agency Name: Children's Trust Fund	2003	2004	2005
Program Name: Nurturing Families Network	Federal 5,500,000 State 4,303,952 Private	4,418,504	5,500,000

Program Type: Support for people in poverty	Total 4,303,952	4,418,504	5,500,000
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Program Activity Measure:	5,300	5,300	3,500 screened, 1,000 home visits, 400 members in group
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Program Description: The Nurturing Families Network is a program that provides comprehensive support and direct service to all parents with a focus on high-risk parents including those involved with domestic violence and substance abuse, addressing mental health concerns and parents of children with special needs and disabilities. Intensive weekly home visits are provided to the high-risk families. The eligibility criteria is first time parents at risk for child abuse or neglect.

Agency Name: Department of Higher Education		2003	2004	2005
	Federal	122,350	192,292	390,000
Program Name: Student Financial Aid	State	31,254,268	30,208,996	37,200,000
	Private			
Program Type: Self-Sufficiency	Total	31,376,618	30,401,288	37,590,000

Program Activity Measure: 19,390 grant recipients 19,220 grant recipients 19,485 grant recipients

Program Description: The Department of Higher Education administers three major student financial aid programs which provide grants to needy students, including students from families in poverty, to enable them to attend college. The Capitol Scholarship Program awards grants to the neediest students first. This program is supplemented with just under \$400,000 of federal LEAP funds. The Connecticut Aid to Independent College Student Grant Program and the Connecticut Aid to Public College Student Grant Program are allocated to individual colleges which, in turn, award grants to needy students.

Agency Name: Department of Higher Education		2003	2004	2005
	Federal			
Program Name: Minority Advancement Program	State	2,237,021	2,267,021	2,267,021
	Private			
Program Type: Prevention, Self-Sufficiency, Support for People in poverty	Total	2,237,021	2,267,021	2,267,021

Program Activity Measure: 1,926 College students 1,464 College students 1,300-1,400 pre-college students; 200-250 college students

Program Description: Pre-college program – Connecticut College Awareness and Preparation (ConnCAP) Program provides supplemental education and counseling to secondary students to prepare them for college. College program – Connecticut College Access and Success (ConnCAS) program provides grants to public colleges and universities to support outreach, admission and retention of targeted students.

Agency Name: Department of Higher Education		2003	2004	2005
Program Name: GEAR UP: CT College Scholarship Program	Federal	1,000,000	1,000,000	1,000,000
	State			
Program Type: Prevention, Self-Sufficiency, Support for people in poverty	Private			
	Total	1,000,000	1,000,000	1,000,000
Program Activity Measure:		101 college scholarships	262 college scholarships	250-275 college scholarships

Program Description: College scholarships are awarded to eligible applicants to wholly or partially fill the gap between financial aid packages and actual college costs. The average scholarship award has been \$3,900.

Agency Name: Department of Higher Education		2003	2004	2005
Program Name: AmeriCorps	Federal	2,134,913	1,028,461	2,422,715
	State	345,647	430,647	345,647
	Private	1,125,478	769,789	1,211,313
Program Type: Self-Sufficiency, Support for people in poverty	Total	3,606,038	2,228,897	3,979,675
Program Activity Measure:		345	104	328

Program Description: The Sickle Cell Transition Program provides individual counseling and educational sessions to adolescents with sickle cell disease between the ages of 14 and 21 to ensure a smooth transition from pediatric to adult primary care and hematology providers.

Agency Name: Department of Education		2003	2004	2005
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Program Name: Young Parent Program	Federal State	221,513	221,513	221,513
Program Type: Self-Sufficiency	Private Total	221,513	221,513	221,513
Program Activity Measure		261 teen parents 176 infant /toddlers	270 teen parents 142 infant/toddlers	

Program Description: The Young Parents Program provides resources to local and regional school districts to design , develop and implement education programs for young parents with day care components in a school setting.

Agency Name: Department of Education		2003	2004	2005
Program Name: Education of Homeless Children and Youth	Federal State	509,813	448,548	496,557
Program Type: Support for people in poverty	Private Total	509,813	448,548	496,557
Program Activity Measure;		904 children 235 parents		

Program Description: The Education of Homeless Children and Youth provides education to homeless children and youth to ensure equal access to public education including public preschool.

Agency Name: Department of Education		2003	2004	2005
Program Name: 21st Century Community Learning Centers & Extended School Hours Program	Federal State	3,030,036 2,950,559	5,519,420 3,030,669	7,932,681 2,994,752
	Private			

Program Type: Support for people in poverty	Total	5,980,595	8,550,089	10,927,433
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Program Activity Measure:	3,830 Learning Center; 33,100 Extended school Hours	4,380 Learning Center 36,410 Extended School Hours	3,960 Learning Center
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Program Description: The 21st Century Community Learning Centers& Extended School Hours Program provides after school programs for low performing students in school districts that have 40% or higher of their student population participating in the free/reduced lunch program.

Agency Name: Department of Education		2003	2004	2005
	Federal	52,563,887	52,599,961	53,378,583
Program Name: National School Lunch and Milk Programs	State	2,354,000	2,354,000	2,354,000
	Private			
Program Type: Support for people in poverty	Total	54,917,887	54,953,961	55,732,583

Program Activity Measure:	262,497 children daily	264,944 children daily	270,000 children daily
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Program Description: The National School Lunch and Milk Programs provides funds to support the service of nutritious meals to children in schools and residential child care institutions. Meals are provided to all children and are free/reduced price for children from low income families at or below 185% of the poverty level.

Agency Name: Department of Education		2003	2004	2005
	Federal	9,878,796	10,076,371	11,259,869
Program Name: School Breakfast Program	State	1,481,815	1,481,815	1,481,815
	Private			
Program Type: Support for people in poverty	Total	11,360,611	11,558,186	12,741,684

Program Activity Measure:	46,929 daily	47,365 daily	49,000 daily
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Program Description: The School Breakfast Program provides funds to support the service of nutritious breakfast to children in schools and residential care institutions.

Agency Name: Department of Education	2003	2004	2005
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	Federal	8,496,428	9,573,565	10,112,033
Program Name: Child and Adult Care Food Program	State			

	Private			
Program Type: Support for people in poverty	Total	8,496,428	9,573,565	10,112,033

Program Activity Measure:

17,043 daily	16,688 daily	16,726 daily
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Program Description: The Children and Adult Care Food Program provides funds to support the service of the nutritious meals and snacks to children in day care centers, family day care homes, recreation programs and emergency shelters.

Agency Name: Department of Education	2003	2004	2005
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	Federal	973,084	745,670	873,680
Program Name: Summer Food Services Program	State			

	Private			
Program Type: Support for people in poverty	Total	973,084	745,670	873,680

Program Activity Measure:	10,561 daily	7,056 daily	10,500 daily
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Program Description: The Summer Food Service Program provides funds to public and private organizations serving children during the summer months when schools are closed. Meals are provided free to children in low income areas or to children enrolled in summer programs for low income families at or below t185% of the poverty guidelines.

Agency Name: Department of Education	2003	2004	2005
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Federal	104,127,191	106,557,516	109,103,100
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Program Name: Title I Part A	State			
	Private			
Program Type: Support for people in poverty	Total	104,127,191	106,557,516	109,103,100

Program Activity Measure: 99,971

Program Description: The Title I Part A program provides financial assistance to local educational agencies and public schools with high numbers or percentages of poor children to ensure that all children meet the State's academic content and student achievement standards.

Agency Name: Department of Education	2003	2004	2005
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Program Name: School Readiness	Federal			
	State	35,553,856	37,576,500	46,093,861
	Private	10,434,411	8,766,040	
	(parent fees and child care subsidies)			

Program Type: Self-Sufficiency, Support for people in poverty	Total	45,988,267	46,342,540	46,093,861
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Program Activity Measure: 6,237 slots 6,554 slots

Program Description: The School Readiness Program provides a preschool program and child care as well as linkages to family services, health care, parent education, literacy and nutrition programs. Children ages 3 and 4 who reside in the priority schools districts with at least 60% of families who are at or below 75% of the State Median Income.

Agency Name: Department of Education	2003	2004	2005
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Program Name: Early Reading Success	Federal			
	State	17,386,872	17,386,872	19,672,286
	Private			

Program Type: Support for people in poverty	Total	17,386,872	17,386,872	19,672,286
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Program Activity Measure:

Program Description: The Early Reading Success Program supports the implementation of a district reading plan to improve reading skills and achieve reading competency among children K-Children. This service is available to children ages 3 and 4 and eligible 5 year olds whose parents meet the federal income poverty level.

Agency Name: Department of Education		2003	2004	2005
	Federal	49,984,520	50,597,771	51,590,214
Program Name: Head Start	State	4,512,734	4,521,150	4,521,150
	Private			
Program Type: Self-Sufficiency, Support for people in poverty	Total	54,497,254	55,118,921	56,111,364

Program Activity Measure:	6,528	6,603	6,618
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Program Description: The Head Start Program provides comprehensive services in education, health including dental and mental, children with disabilities, nutrition, social service for children and families, Parent education and job training.

Agency Name: Department of Education		2003	2004	2005
	Federal			
Program Name: School Readiness: Severe Need Schools Program	State	2,300,832	2,309,249	4,248,458
	Private			
Program Type: Self-Sufficiency, Support for people in poverty	Total	2,300,832	2,309,249	4,248,458

Program Activity Measure:	345	350	429
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Program Description: The School Readiness: Severe Need School Programs provides linkages and support to family services, health care, parent education, literacy programs and nutrition. This service is available to children ages 3 and 4 who reside in priority school districts where there are "severe

need schools".

Agency Name: Department of Education		2003	2004	2005
	Federal	2,235,168	1,815,059	1,837,282
Program Name: Even Start Program	State			
	Private			
Program Type: Prevention, Self-Sufficiency, Support for people in poverty	Total	2,235,168	1,815,059	1,837,282

Program Activity Measure:

Program Description: The Even Start Program provides intensive family literacy services that involve parents and children in an effort to help parent become full partners in the education of their children and help break the cycle of poverty and low family literacy.

Agency Name: Department of Labor		2003	2004	2005
	Federal	25,689,373	17,754,363	27,305,812
Program Name: Workforce Investment Act	State			
	Private			
Program Type: Self-Sufficiency	Total	25,689,373	17,754,363	27,305,812
Program Activity Measure:		6,329	4,622	5,250

Program Description: The Workforce Investment Act provides case management, job counseling and training services to youth aged 14-21 who are low income, unemployed and / or experiencing employment barriers.

Agency Name: Department of Labor		2003	2004	2005
	Federal		207,500	141,471
Program Name: Individual Development Accounts	State	81,868	310,894	250,000

Program Type: Self-Sufficiency	Private	42,161	352,697	141,471
	Total	124,029	871,091	532,942

Program Activity Measure:	35	98	152
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Program Description: The Individual Development Accounts provides assistance and support to low income individuals save and achieve economic sufficiency through asset accumulation.

Agency Name: Department of Labor	2003	2004	2005
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Program Name: Jobs First Employment Services	Federal State	15,210,726	15,136,998	16,963,870
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Program Type: Self-Sufficiency	Private			
	Total	15,210,726	15,136,998	16,963,870

Program Activity Measure:	16,997	14,504	17,000
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Program Description: The Job First Employment Service assists TANF recipients in preparing for, locating and maintaining employment to gain self-sufficiency.

Agency Name: Department of Labor	2003	2004	2005
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Program Name: Wagner Peyser	Federal State	10,679,018	7,573,138	8,081,689
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Program Type: Self-Sufficiency	Private			
	Total	10,679,018	7,573,138	8,081,689

Program Activity Measure:	41,931	40,704	40,000
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Program Description: The Wagner Peyser Program is a federally funded program that assists in securing employment for clients and employees for employers.

Agency Name: Department of Labor	2003	2004	2005
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Program Name: Job Fairs	Federal State
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Program Type: Self-Sufficiency	Private	135,029	89,051	95,000
	Total	135,029	89,051	95,000

Program Activity Measure:

Program Description: The Job Fair program is designed to assist any individual seeking employment.

Agency Name: Department of Labor	2003	2004	2005
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Program Name: Work Opportunity Tax Credit (WOTC)	Federal State	338,122	251,617	275,212
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Program Type: Self-Sufficiency	Private			
	Total	338,122	251,617	275,212

Program Activity Measure:	3,302 Certifications	3,221 Certifications	3,400 Certifications
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Program Description: The Work Opportunity Tax Credit Program provides a federal tax credit to employers who employ AFDC recipients (Aides to families with dependent children), TANF recipients, food stamp recipients and supplemental income recipients.

Agency Name: Department of Labor	2003	2004	2005
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Program Name: Child Care Specialist Apprenticeship	Federal State	53,576	400,000
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Program Type: Self-Sufficiency	Private		
	Total	53,576	400,000

Program Activity Measure:	10 participants	60 participants
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Program Description: This program provides TANF eligible individuals with the opportunity to participate in a Child Care Apprenticeship Program that provides job training and related classroom instruction. Program graduates earn a certificate that may lead to increased earnings and educational opportunities.

Agency Name: Department of Public Health	2003	2004	2005
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	Federal	236,000	236,000	350,000
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Program Name: Asthma Program	State	5,690,977	55,558	555,558
	Private			
Program Type: Self-Sufficiency, Support for people in poverty	Total	5,926,977	291,558	905,558

Program Activity Measure:

Program Description: The Asthma Program conducts extensive surveillance activities to obtain data related to asthma prevalence, mortality, hospitalization, and emergency department usage. These data drive other program component activities and interventions. The program also provides technical assistance regarding asthma-related community initiatives to health care facilities, physician offices, schools, childcare centers, and local health departments. The program, in conjunction with community stakeholders, has developed and is implementing a Statewide Asthma Plan.

Agency Name: Department of Public Health	2003	2004	2005
	Federal		
Program Name: Sickie Cell Transition Program	State	47,500	45,000
	Private		
Program Type: Self-Sufficiency, Support for people in poverty	Total	47,500	45,000

Program Activity Measure:	60 Educational Workshops and Counseling	54 Educational Workshops and counseling
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Program Description:

Agency Name: Department of Public Health	2003	2004	2005
	Federal		
Program Name: Childhood Lead Poisoning Program	State	922,066	919,748
	Private		
Program Type: Support for people in poverty	Total	548,460	536,780
			60,000
			11,000,000
		1,456,528	11,920,000

Program Activity Measure:	69,709 children	73,565 children	69,000 children
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Program Description: The Childhood Lead Poisoning Prevention Program (CLPPP) in Connecticut uses a three-pronged approach for addressing childhood lead poisoning issues. The mission of CLPPP is to reduce and then eliminate the incidence of lead poisoning in the children of Connecticut by 2010.

Agency Name: Department of Public Health		2003	2004	2005
Program Name: Tobacco Use Prevention and Control Program	Federal	1,010,252	1,010,252	1,010,252
	State	106,651	101,025	
	Private			
Program Type: Support for people in poverty	Total	1,116,903	1,111,277	1,010,252

Program Activity Measure:

Program Description: The program provides guidance and direction on: preventing youth from starting to smoke, using cessation services including the CT Quit Line (1-866-END-HABIT), the statewide ban, the dangers of secondhand smoke to adults and children, and identifying and addressing tobacco related disparities and the groups affected by them. The program also works with health care providers on preventing tobacco use and treating tobacco addiction.

Agency Name: Department of Public Health		2003	2004	2005
Program Name: 5 Day Nutrition Education	Federal	810,000	657,000	673,000
	State			
	Private			
Program Type: Self-Sufficiency, Support for people in poverty	Total	810,000	657,000	673,000
Program Activity Measure:		50,000	36,000	39,000 estimated

Program Description: Targets parents, preschool children, and teachers in Head Start and School Readiness programs through workshops using imaginative and fun activities to teach nutrition.

Agency Name: Department of Public Health		2003	2004	2005
Program Name: STD Control Program	Federal	1,182,443	1,085,643	1,150,564

Program Type: Self-Sufficiency, Support for people in poverty	State	1,028,405	1,074,130	1,218,213
	Private			
	Total	2,210,848	2,159,773	2,368,777
Program Activity Measure:		40,000	40,000	40,000

Program Description: The STD Control Program provides a variety of services to attempt to reduce the transmission and incidence of selected STD. The adolescent population, free STD screening and treatment is provided in school based health clinics, family planning clinics, juvenile detention centers and at STD clinics.

Agency Name: Department of Public Health		2003	2004	2005
Program Name: Lead Environment Management and Environmental Practitioner Licensure	Federal	457,000	472,000	487,226
	State	412,000	427,000	442,572
	Private			
Program Type: Support for people in poverty	Total	869,000	899,000	929,798

Program Activity Measure: 42 lead abatement and consultant contractor licenses, 248 lead abatement and consulting personnel certificates, 262 license renewals, 577 certificate renewals, 23 investigations, 135 dwelling inspections, 27 audits and 34 site visits to health depts.

Program Description: Provides a wide range of program activities that relate to lead poisoning prevention and in particular, childhood lead poisoning prevention. Monitors blood lead level case files and lead-related environmental health hazards. Works in partnership with local health departments when a child has been lead poisoned, to ensure that lead hazards are identified and properly abated.

Agency Name: Department of Public Health	2003	2004	2005
	Federal 410,200	410,200	
Program Name: Community Health Centers	State 4,557,592	4,359,492	4,359,492
	Private		
Program Type: Support for people in poverty	Total 4,967,792	4,769,692	4,359,492

Program Activity Measure: 160,000 children and adults 171,000 children and adults 170,000 children and adults

Program Description: Community Health Centers have been the critical source of health care for the poor, undeserved, vulnerable populations at risk for poor health status in selected communities statewide. A wide range of high quality preventative and primary care services are provided including: pediatric, adolescent, adult and geriatric health care, prenatal and postpartum (at selective sites), dental, addiction, mental health and social services including outreach.

Agency Name: Department of Public Health	2003	2004	2005
	Federal		21,140
Program Name: Family Planning	State 1,078,501	1,076,964	959,193
	Private		
Program Type: Prevention, Support for people in poverty	Total 1,078,501	1,076,964	980,333

Program Activity Measure: 14,000 14,000 36,152

Program Description: The purpose of the Family Planning Program is to make family planning services available to all persons desiring them, targeting particularly undeserved populations. Because the family planning clinic is often the initial point of entry into health care for many of its clients, individuals are screened and referred for other needed health and related social services.

Agency Name: Department of Public Health	2003	2004	2005
	Federal 193,544	223,544	253,544
Program Name: Maternal Child Health Information and Referral Services	State 78,646		
	Private		
Program Type: Support for people in poverty	Total 272,190	223,544	253,544

Program Activity Measure:	111,955	111,000	111,000
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Program Description: Toll free twenty-four hour information and referral service on health care and support for Connecticut's residents.

Agency Name: Department of Public Health	2003	2004	2005
Federal			
Program Name: Oral Health	250,000	216,021	50,000
Promotion and Disease Prevention			
State			
Private			
Program Type: Prevention	250,000	216,021	50,000
Total			

Program Activity Measure:

Program Description: Implement effective culturally appropriate oral health promotion, and disease prevention programs that adopt, adapt and enhance best practices.

Agency Name: Department of Public Health	2003	2004	2005
Federal	330,484	352,321	
Program Name: Abstinence - Only			352,231
Education			
State			
Private			
Program Type: Prevention	330,484	352,321	352,231
Total			

Program Activity Measure: 421 Clients served

Program Description: Provides community based abstinence-only education, to promote abstinence from sexual activity among racially and ethnically diverse youth nine to fourteen years old.

Agency Name: Department of Public Health	2003	2004	2005
Federal	34,116,548	34,462,356	34,420,000
Program Name: Special			
Supplemental Nutrition Program for			
Women, Infants and Children			
State			
Private	11,120,777	11,084,501	11,000,000

Program Type: Support for people in poverty	Total	45,237,325	45,546,857	45,420,000
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Program Activity Measure:		620,649	623,703	60,223
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Program Description: Provides specific supplemental food for good health and nutrition during critical times of growth and development.

Agency Name: Department of Public Health	2003	2004	2005
Federal	678,295	827,872	80,000
State			80,000

Program Name: HIV/AIDS Surveillance Program

Program Type: Support for people in poverty	Total	678,295	827,872	160,000
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Program Activity Measure:

175 women

Program Description: The HIV Aides Surveillance Program provides Hepatitis BB, HIV information and case management services to pregnant women.

Agency Name: Department of Public Health	2003	2004	2005
Federal	697,983	666,791	460,412
State	20,996,800	2,093,917	2,275,246

Program Name: Child Day Care Licensing

Program Type: Support for people in poverty	Total	21,694,783	2,760,708	2,735,658
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Program Activity Measure:

Family Day Care 3,289,
Group Day Care 57
Centers 1,592

Program Description: The Child Daycare Licensing Program issues licenses and technical assistance to eligible day care home, group and center providers.

Agency Name: Department of Public Health	2003	2004	2005
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Program Name: School Based Health Centers	Federal	288,096	288,096	288,096
	State	5,767,729	5,767,729	5,892,729
Program Type: Support for people in poverty	Private			
	Total	6,055,825	6,055,825	6,180,825
Program Activity Measure:		44,278 enrolled 117,836 visits		

Program Description: The School Based Health Centers provides primary preventative health and mental health services, health promotion and health education activities.

Agency Name: Department of Public Health		2003	2004	2005
Program Name: Immunization Program	Federal	14,005,000	15,009,000	15,009,000
	State	641,723,007	471,591,007	471,489,007
Program Type: Prevention	Private			
	Total	655,728,007	486,600,007	486,498,007
Program Activity Measure:		0-18 yrs of age (800,000)	0-18 yrs of age (800,000)	0-18 yrs of age (800,000)

Program Description: The immunization program focuses on 12 vaccine preventable childhood diseases by providing access to vaccines for medically underserved children through community awareness , outreach and referral services, and community partnerships.

Agency Name: Department of Corrections		2003	2004	2005
Program Name: Job Center	Federal		16,930	69,198
	State			16,930
Program Type: Poverty Prevention	Private			
	Total		16,930	86,128
Program Activity Measure:			4,947 Inmates served	

Program Description: The Job Center Program provides pre-employment training, transitional counseling and employment referral for the successful re-integration of offenders back into the workforce.

Agency Name: Department of Corrections		2003	2004	2005
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Program Name: Educational Training	Federal State	1,472,002	1,669,970
Program Type: Poverty Prevention	Private Total	1,472,002	1,669,970

Program Activity Measure: 8,111

Program Description: The Educational Training Program is designed to provide academic skills in the areas of reading, language arts, science and social studies to incarcerated inmates.

Agency Name: Department of Corrections **2003** **2004** **2005**

Program Name: Volunteer & Recreation Services	Federal State	1,000,000
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Program Type: Support for People in Poverty	Private Total	1,000,000
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Program Activity Measure: 30,000 families

Program Description: The Volunteer Recreation Services provides inmates with numerous opportunities to develop intellectually, physically and morally through addiction awareness, educational services and chaplaincy services.

Appendix E

Endnotes

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