



State of Connecticut
GENERAL ASSEMBLY
Commission on Children



Policy Direction for 2007 Connecticut Commission on Children



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Introduction

The Commission on Children is mandated by law to advise the three branches of government and the public on issues and trends affecting children. The Commission identifies the best policies and investment strategies for ensuring a high quality of life for all children. It focuses, therefore, on improving primary prevention and building the capacity of communities and families to promote the health, safety, and learning of children.

To accomplish our mandate, the Commission recommends the following policy directions for 2007.

I. Prevention and Early Intervention



Goal: Under the “Vision 2020” legislation enacted in 2006 (Public Act 06-176), state government must dedicate a certain share of its budget to prevention, or investing in policies and programs with proven records of promoting health, safety, learning, and family self-sufficiency. This puts the focus on “what works,” rather than on more costly “crisis spending.” The legislation sets a goal of dedicating 10 percent of state expenditures to prevention programs by the year 2020.

Recommended policies

Reduce child poverty. Implement the recommendations of the Poverty/Prevention Council, which are aimed at reducing child poverty and helping families become self-sufficient. Priority investments include: job training and higher education; access to high-quality early care and education; access to health and mental health services; literacy interventions; housing; and transportation.

In addition, clarify that the prevention-related activities in the “Vision 2020” legislation (PA 06-179) shall continue past the law’s expiration date as part of the Child Poverty and Prevention Council.

Improve parents’ civic engagement. Enhance funding for the Parent Trust Fund, which provides communities with funding to train parents in civic leadership. Since 2001, 17 Connecticut towns have engaged 500 parents in programs that enhance the knowledge and skills they need to fully participate in civic life and to improve the quality of life for their children and communities. Comprehensive evaluation of one parent program, the Parent Leadership Training Institute (PLTI), revealed the following changes: 73% of the participants reported doing advocacy work after the program, for a 34% increase; and 52% participated in community organizing, for a 29% increase.²

Fact: The child poverty rate grew from 2004 to 2005. The percentage of Connecticut children living in families with incomes under the federal poverty level went from 10.8% in 2004 to 11.5% in 2005. The percentage of children living in families with incomes less than twice the poverty level grew from 22.6% to 25.2%.¹

¹ Child Poverty and Prevention Council Report to the Governor, 2007

² The Parent Trust Fund Newsletter, December 2006 Note. The Fund is a program of the Children’s Trust Fund, operated in collaboration with the Commission on Children and the Center for School Change.

II. Healthy Expectations for All Children



Goal: Insure all children and give them access to consistent, high-quality health services, including mental health services.

Recommended policies

HUSKY: Restore funding for community-based outreach and application assistance; align child and family eligibility to 185% of the federal poverty level (FPL), up from the current 150%; restore continuous eligibility; cover all pregnant women to 300% of FPL if their babies would be eligible for coverage in HUSKY A or HUSKY B; reimburse primary-care providers for care coordination (i.e., Medical Home) as part of pay-for-performance goals.

Oral health: Increase the rate reimbursement for dental care equal to the 70th percentile of regular fees (in 1999, 71% of all children enrolled in HUSKY received no oral health care because of low reimbursement rates paid to dental providers.) Rates have not changed in 15 years!

Fact: In Connecticut an estimated 68,000 children under the age of 18 (18.2% of the total) were uninsured throughout 2005.³ Significant policy changes raised administrative barriers to enrollment, resulting in a membership drop of 10,000 in July 2005 and an additional 15,000 in July 2006.

Children with special health care needs: Restructure the HUSKY Plus Physical benefit to better reflect the services needed by children with special health care needs. Allow parents the option to purchase HUSKY Plus coverage as a wrap-around to the commercial, private, or HUSKY B – Band 3 coverage. Establish a coordinating council of state agencies and families to better plan for and deliver services to children with special health care needs, with authority to implement policies and set budget priorities. This would help families under financial stress to meet the cost of child care.

³ HUSKY Program enrollment report, October 2006, DSS

Birth-to-Three program: Restore eligibility criteria to include: children with delays in speech only with some biological risk factors; babies weighing 751 to 999 grams; children diagnosed with mild speech delay conditions that have low probabilities of resulting in developmental delay; establish the threshold for lead-poisoned children for assessment from 45 micrograms per deciliter (ug/dl) to at least 15 ug/dl to ascertain benchmark cognitive conditions.

III. Children's Health and Safety in the Early Years



Goal: Make Connecticut children safe in their homes, in their families, and in school. Reduce child abuse and school violence, including bullying.

Recommended policies

Ensure that low-income mothers receive access to health care in the first trimester of pregnancy and provide them with parenting and care coordination for the first years of life.

One way to do this is to expand the Healthy Start and Nurturing Families programs. Both programs are nationally recognized, eligible for Medicaid matching dollars, and proven to be effective in improving parenting skills and child development. A University of Hartford evaluation of Nurturing Families found that in the first year of receiving services under the program, participating mothers saw significant increases in high school completion, employment, attaining income of over \$5,000, establishing independent households, and the ending of social isolation.⁴

Eliminate lead poisoning. Require universal lead screening at the ages of 12 years and 12 months. Currently, only Medicaid enrolled children are screened.

In addition, provide more funding to Lead Action for Medicaid Primary Prevention (LAMPP), a statewide organization that partners with local municipalities to assist property owners in

⁴ Executive Summary, Healthy Families CT Initiative, p.iv. University of Hartford, Center for Social Research

remediation of lead hazards, the major cause of lead poisoning. Currently, LAMPP expects to remediate close to 1,000 housing units in 12 cities in Connecticut with the help of an \$8 million grant from the federal Department of Housing and Urban Development (HUD). It is slated to receive \$700,000 in state bond funds as a match for the federal grant.

Fact: Annually, 1,500 Connecticut children are lead poisoned. Only 69% of Medicaid children are screened for lead paint poisoning, only 44% of all children statewide.⁵

Combat childhood obesity. Promote public awareness on the issue by encouraging healthy eating and life style habits; provide grants to municipalities to plan and implement outdoor activities; use the current asthma surveillance system as a model for one to monitor childhood obesity; expand access to fresh fruits and vegetables for low income families; implement the recommendations of the State Department of Education’s School Guidelines to Promote Healthy Nutrition and Lifestyles.

IV. School Readiness



Goal: “All children in Connecticut will reach appropriate developmental milestones from birth to age 5; begin kindergarten with the knowledge, skills and behaviors needed for success in school; and have K-3 education experiences that extend children’s birth to 5 learning and ensure consistent progress in achieving reading mastery.” – From “Ready by Five, Fine by Nine: Connecticut’s Early Childhood Investment Framework”⁶

A. Early Care and Education

Recommended policies

Expand Connecticut’s School Readiness Program for quality pre-kindergarten. Assure fiscal support for high-quality preschool for all three- and four-year-olds in families at or below 185% of the Federal Poverty Level, and increase this income eligibility standard as state resources permit. Estimated need for 12,944 additional program slots. The program currently

⁵ Connecticut Department of Social Services

⁶ Ready by Five Fine by Nine, report of the Early Childhood Education Advisory Council, November 2006.

serves 8,631 children (7,882 in 19 current or former Priority School Districts and 749 in 39 districts eligible for the School Readiness grant program.)

Address the state reimbursement rate for Department of Social Services-funded Child Development Centers serving children ages birth to five and school-age children. The average reimbursement rate for these slots in Fiscal Year 2007 is \$6,304, compared to \$8,025 per slot for school readiness slots.

“Quality child care in the early formative years of life is the determining factor in success in a child’s later years.” – Dr. Edward Zigler, Bush Child Development Center, Yale University, at a November 15, 2006, forum on infants and toddlers at the state Capitol.

Support funding for the teachers in the early childhood field through investments in scholarships, loans and loan reimbursement programs.

Continue support of the Connecticut Health Education Facilities Authority (CHEFA). Estimate of an additional 3,500 spaces in new facilities with state funding support.⁷

Expand opportunities to serve children from mixed incomes by adjusting the income eligibility requirements to allow for up to 100% of the state median income. Currently, DSS allows up to 75% of the SMI. The change would respond to research that shows better gains for children’s language development and behavior in mixed settings.⁸

B. Early Childhood Coordination and Accountability

Recommended policies

Delegate authority to local communities to develop birth to five councils for planning and monitoring early childhood services. Build on local school readiness councils established pursuant to CGS 10-16 0.

Create a readily accessible data system to support public policy, organizational management, and individual case management decisions to ensure fiscal accountability and measurable outcomes.

Establish a state entity to coordinate, plan and budget for the early childhood system across state agencies and be responsible for monitoring and reporting on outcomes achieved.⁹

Expand the quality and accessibility of child care. Components of this include:

1. **Establishing family support centers** in existing child development centers to: better coordinate services; provide outreach and education to families and all caregivers; and

⁷ Ibid

⁸ Carlotta Schechter, Ed.D, St. Joseph College Study

⁹ Ibid

leverage existing resources so families are better informed on issues ranging from health, mental health, nutrition, literacy and other topics essential to healthy child development and learning. Creation of these “hub” facilitates connection to families before the formal education process and will catch many problems earlier.

2. **Enhancing early childhood mental health consultation** for children in licensed Department of Social Services child-care settings to ensure early identification and intervention of behavioral problems.
3. **Expanding professional development opportunities to license-exempt family child care providers**, known as “kith and kin” care providers, mostly funded through the state Care4Kids child care subsidy program for Temporary Assistance for Needy Families (TANF) and low-income parents.
4. **Increasing funding and eligibility for Care4Kids child subsidy program** to offset decreases in funding and the transfer of TANF dollars to the state Department of Children and Families. Funding levels were increased to \$75 million for Fiscal Year 2007 but are still below the FY ‘01 level of \$122 million. On average, 48% fewer children received the child care subsidy per month in 2005 than in 2002 (from 28,175 to 14,655 children served per month on average).¹⁰

V. Early Reading Success



Goal: Have every child reading at grade level by Grade 4.

Recommended policies

Enhance pre-literacy training for all state-funded early care and education programs. Ensure that teachers are trained in emerging practices and know how to use song, conversation, rhyme, and books to reach each child.

Fact: Six in ten (62%) of Connecticut fourth-graders are not proficient in reading.¹¹

¹⁰ Policy Brief on Care4Kids, November 2006, CT Voices for Children and the CT Association of Human Services.

¹¹ National Assessment of Educational Progress.

Address the shortage of well-trained reading specialists available in kindergarten through Grade 3. One way to do this is to authorize entities that teach reading well to become alternative routes to certification (ARC.) This would increase the supply of specialists who utilize research-based practice.

Partner with the state’s public teaching colleges to ensure substantive courses in the science of reading instruction, as recommended by the State Reading Panel Report and codified in statute. Implement curriculum guidelines to standardize teacher certification.

Expand Reach Out and Read, a nationally recognized program that embeds pre-literacy and reading in pediatric practice to enhance cognitive development. Include in Medicaid reimbursement.

Authorize the state Department of Education to report on progress in using Early Reading Success grant funds to ensure accountability and performance outcomes.¹²

VI. Positive Youth Development



Goal: Youth succeed in school, make good decisions and enter the workforce ready.

Fact: In 2004, 25 percent – or about 10,000 – of Connecticut’s eighth-graders scored below proficiency level in reading

Recommended policies

Enhance Connecticut’s after school investment. Quality after school opportunities for children and youth demonstrate positive outcomes for children and youth, including increased academic success, fewer school behavior problems, less juvenile crime, and other positive developmental attributes. Connecticut increased investment to \$5 million in 2006 and expanded opportunities for many K-12 students, increased funding to non-priority school districts will continue progress in meeting the needs of all Connecticut children.

¹² Public Act 06-135, establishes new directives for spending grant dollars on research based reading, including: on-site teacher training and coaching; data on how the grant dollars correlate to reducing the achievement gap; focus use of grant dollars in grades 1 through 3; 4th grade attendance at summer school if not on grade level; and grade retention if not on grade level in reading.

Fact: Only one-third of Connecticut school-age children are enrolled in after school programs.

Fact: Of the Department of Children and Families budget of approximately \$800 million dollars, only .03% is used for prevention services for youth.

Fact: In 2004, the cumulative dropout rate in Connecticut was 8.8 percent; in our most at-risk districts, it was more than 20% -- and in some instances 50%.¹³

Youth policy. Incorporate accountability measures across state agency-funded programs and implement a data collection system to monitor progress. Authorize the Youth Futures Committee to assist local communities to develop Prevention Plans to better coordinate and leverage resources to meet state goals.¹⁴

Youth Engaged in School (YES). Hold school districts accountable and address the persistent dropout rates and poor school attendance in Connecticut's Priority School Districts to reduce the achievement gap. Enact legislation that requires schools with dropout rates higher than the state average to:

1. implement early intervention services;
2. implement school-wide, research-based discipline policies to reduce the number of suspensions and expulsions;
3. address educational disparities, especially in reading proficiency;
4. utilize more effectively the Families with Service Needs system for persistent truants;
5. establish a competitive grant to assist school districts to implement programs and policies to reduce drop out rates and improve high school graduation rates.

Juvenile Justice reform. Prioritize investment in early intervention and diversion from the juvenile justice system by allocating funds for Juvenile Review Boards and community-based services.

Gang prevention grant program. Establish a new grant program for Connecticut's five largest municipalities to address the growing problem of youth violence and gang activity.

Job opportunities. Continue funding for summer youth employment programs and other year-round "work-and-learn" models that link education and employment.

School bullying. Continue to address the issue of bullying in schools. 1) Direct the State Department of Education to establish a uniform method of reporting bullying incidences; identify and disseminate best practices in bullying prevention and intervention; establish a state ombudsperson. 2) Fund the Safe Learning Grant that provides funds to school districts to plan and implement best practices in bullying prevention for safe school environments.

¹³ Silent Crisis: Large Numbers of Youth are not Completing High School, Connect for Kids.

¹⁴ The Youth Futures Committee, established by PA 06-182 will report on a new blueprint for state investments to reach the goals established including, reduced juvenile delinquency; increased high school graduation and post secondary education and increased apprenticeship programs.

VIII. Family Strength



Goal: Ensure that all Connecticut families have the income and supports necessary to raise their children. (More than 70% of families in CT have at least one parent in the work force.)

Recommended policies

Family income: Increase participation in the federal Earned Income Tax Credit (EITC) and enact a state earned income tax credit. Research shows that this tax credit would help put \$43 million in the pockets of Connecticut's working poor.¹⁵

Welfare and the Jobs First program: More focus on careers that lead to better wages, opportunities for job training and education; more support services.

Employment Success Program: Increase use of the Employment Success Program, Prevention Services, and Safety Net Program to address barriers to employment as early as possible.

Payment standard: Increase the payment standard for cash benefits to account for inflation and cost of living in Connecticut. The Program Review and Investigations Committee reports that even when not inflated adjusted, temporary family assistance (TFA) cash benefits were higher in 1994 than in 2006.

Grandparents and other care-giving relatives: Align financial and other support services for them with those offered under the state Subsidized Guardianship Program for non-DCF families. Currently, more than 16,000 grandparents have primary responsibility for raising grandchildren under 18 years old in their households, according to Census data. That's far more than the approximately 4,300 children who lived in foster care during 2003-2004 and the 1,258 children funded in the subsidized guardianship program.

Fact: The legislature's Program Review and Investigations Committee reports that only 27% of recipients leaving temporary family assistance (TFA) programs had earnings above the federal poverty level, and almost half of active participants had no earnings in the quarter they left TFA.

¹⁵ CT Voices Report, 2004

Address the needs of the homeless: Earmark specific resources for housing, early care and education, job training, and transportation to move children and families into safe, stable housing as quickly as possible.

Fact: More than 1,500 children languish in shelters and are at risk for health, learning, and emotional problems.¹⁶

Ease hunger: Improve access to federally funded nutrition programs that directly benefit children, including food stamps, WIC (Women, Infants and Children), the school breakfast program, and summer food program.

Enhance fatherhood: Keep fathers engaged in their children's lives, regardless of income or family structure. Expand the state Fatherhood Initiative, which seeks to provide poor fathers with the necessary supports to increase parenting skills and economic self-sufficiency.

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¹⁶ Connecticut Coalition to End Homelessness