PA10-133

HB5360

Children	325-327, 405-406, 499-666	173
House	1670-1758	89
Senate	3973-4012	40
		302

JOINT
STANDING
COMMITTEE
HEARINGS

SELECT
COMMITTEE
ON CHILDREN
PART 1
1 – 333

2010
INDEX

Because we might be able to write one version that would meet their -- they're very -- being chairs of Judiciary, they're extremely careful about Supreme Court decisions and so you can head that off by meeting with them in advance. That would help this Committee write it correctly.

If you're willing to take on that assignment anybody here that's representing the grandparents. Just a suggestion -- it makes things go smooth. Thank you, Madam Chair.

REP. URBAN: Are there any more questions from the Committee? Seeing none, thank you for your testimony.

Next on our list Stacey Violante and I can't read the last name. Its bill number 292. Welcome Stacey.

STACEY VIOLANTE OTE: Is that better? Do you want me to start over? In addition, I chair a statewide group looking at issues for runaway and homeless youth in Connecticut. So, I'm here today to testify in support of raised Bill 292 AN ACT CONCERNING HOMELESS YOUTH.

HB5360
HB5116D

I have submitted written testimony. I will make a few points here and then be available for any questions. First, I would like to point out that I did hear part of the Department's testimony and I have looked at their written testimony. Part of what I think we both agree on, the Department of Children and Families and myself and the team, is the importance of this issue and the need to elevate this issue from one of being an invisible population to one with a coordinated

system of services. What we'd hoped to do in this bill is two things. One, is provide a lead agency to coordinate services and two, I would like to talk with the Committee and respectfully request a section on data collection.

The coordinated services is extremely important. It'd be what some of us have called the third leg of the stool in looking at issues of vulnerable children and youth. The first leg, being the child welfare system which already exists and which is the proper place for some children and youth. The second place being the Judicial system which is a system in place for necessary services for kids in the juvenile justice system. But, for kids outside of those two systems who are homeless, access to services is virtually non existent. We know there are only 13 beds in the state for this population. We really need a third leg of this stool. Maine just passed a law such as this; New Jersey passed a law about ten years ago to address this population.

The data, we don't have enough data on how many kids we have in this state, who are runaway or homeless youth and I've submitted attached to my testimony, a fairly updated version of the data that we do have. We did submit something similar last year and we've updated portions of it. You can see that the numbers are all over the place. We really do not have a good handle in this state on how many homeless youth we have.

Lastly, I would say that this bill also dove tails nicely with the raised Bill 5360, Section 4 of that bill, which AN ACT CONCERNING

CHILDREN AND THE RECESSION which also looks at issues of homeless youth and unaccompanied homeless youth.

So, at this time I'd be happy to take any questions.

SENATOR MUSTO: Thank for coming. Were you here when the DCF representatives testified on this bill?

STACEY VIOLANTE COTE: I have their written testimony and I spoke with the legislative liaison outside of the room. I didn't hear the full testimony of their oral testimony.

SENATOR MUSTO: Okay. Part of the -- well, thanks for coming down and thanks for your work on this. We did ask them about the statewide task force and being on that, maybe you can give us some impressions as well. You and I've talked about this bill before and it was my understanding that the statewide -- and maybe it was just your take on it, but isn't it the statewide task force's position as a group, that what we need here is for DCF to have some system where their service providers give them information regarding homeless youth that the service providers come in contact with regardless of whether those children, those youth are ever actually in DCF care?

STACEY VIOLANTE COTE: What I can say is that the task force includes folks from DCF, Department of Education, Court Support Services Division, private providers, some of which are here today to speak. And, the data gap which is what we

JOINT
STANDING
COMMITTEE
HEARINGS

SELECT
COMMITTEE
ON CHILDREN
PART 2
334 – 666

2010

pg 10, line 7

Center for Children's Advocacy
University of Connecticut School of Law
65 Elizabeth Street, Hartford, CT 06105

TESTIMONY IN SUPPORT OF RAISED BILL NO. 292
AN ACT CONCERNING HOMELESS YOUTH

March 2, 2010

This testimony is submitted on behalf of the Center for Children's Advocacy, a private, non-profit legal organization based at the University of Connecticut School of Law. The Center provides holistic legal services for poor children in Connecticut's communities through individual representation and systemic advocacy. I am an attorney at the Center and the Director of the Center's Teen Legal Advocacy Clinic, which provides legal services to teens throughout the state. In addition, I am the chair of the Connecticut Team on Runaway and Homeless Youth,[1] a statewide group of professionals interested in improving access to services and supports for runaway and homeless youth in the state of Connecticut. The Team is comprised of state agencies such as the Department of Children and Families (DCF), Court Support Services Division, and the State Department of Education, as well as private providers throughout the state including The Council of Churches of Greater Bridgeport, RYASAP, CT Coalition to End Homelessness, True Colors, Kids in Crisis, the Village for Families and Children as well as others.

I write today to urge you to support Raised Bill No. 292, "An Act Concerning Homeless Youth." The Center is supporting this bill because we believe it will improve Connecticut's ability to provide supports and services to an *invisible* population. We also believe this bill will bring much-needed attention to the needs of homeless youth in this state. The bill seeks to provide a lead state agency, CT Department of Children and Families, to coordinate existing services for this population and report to the legislature about the efficacy of the programs.

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Why do we call homeless youth "the invisible population"? This is because there is very little known about these kids in Connecticut. They are invisible because:

- there is little data on this population
- there are few services for this population
- there is little coordination between a multitude of systems and agencies serving this population
- there is little awareness of this population in Connecticut

Who are Connecticut's homeless youth? They are youth who come into the care of the DCF due to abuse or neglect and then runaway from DCF care. They are also youth who *refuse* services from DCF. They are gay, lesbian, bisexual and transgender youth who have been kicked out of their homes after "coming out", adolescent boys who are not allowed into family homeless shelters, and youth who are victims of commercial sexual exploitation. The National Association for the Education of Homeless Children and Youth

HB5340

[1] The Connecticut Team on Runaway and Homeless Youth was convened in the summer of 2008 in response to a request by the American Bar Association's Committee on Homelessness and Poverty as well as the National Network for Youth that each state bring together advocates to affect systemic change on behalf of runaway and homeless youth.

states that parental abuse and neglect is a primary cause of homelessness among unaccompanied youth (homeless youth who are on their own).[2] The National Network for Youth estimates that according to studies of a homeless youth sample, 33% had been in foster care, 51% had been physically abused, and 60% of girls and 23% of boys had been sexually abused.[3]

In Connecticut, *we do not have an accurate number of runaway and homeless youth.* We know that the National Crime Information Center (NCIC), a database maintained by the Federal Bureau of Investigation, reported on October 20, 2008 that there were 236 active runaway cases and 4,300 purged records for runaway cases in Connecticut for 2008. (Please see attached data sheet.) We also know that the National Runaway and Homeless Youth Management and Information System reported a total of 269 runaway and homeless youth in Connecticut for fiscal year 2008/09.[4] A report from the Office of Legislative Research indicates that though the number is difficult to precisely count, there are more than 350 unaccompanied homeless children under the age of 18 in Connecticut.[5]

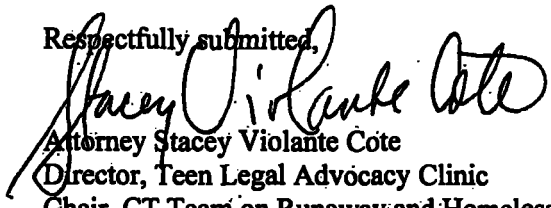
Regardless of the actual number of homeless youth, we know from our work in updating the data from last year that the *numbers of homeless youth have increased in all categories*- from the national reporting agencies to Connecticut's state agencies. To wit, the number of runaway incidents of children/youth in DCF care increased in by 207 from 2008 to 2009.

For this reason, we respectfully ask the committee to consider one change to the bill. **The bill should include a section on reporting the number of homeless youth in the state.** Section 2 currently requires a report to the legislature evaluating the program established under Section 1. Instead, we would suggest that the bill require the department to count the number of homeless youth by February 1, 2011. Time is of the essence.

This bill also dovetails nicely with Raised Bill No. 5360 Sec 4, An Act Concerning Children in the Recession. Both seek to address this vulnerable population.

Thank you for your time and consideration.

Respectfully submitted,



Attorney Stacey Violante Cote
Director, Teen Legal Advocacy Clinic
Chair, CT Team on Runaway and Homeless Youth

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[2] "Using What We Know: Supporting the Education of Unaccompanied Homeless Youth." 39, Julianelle, Patricia, The National Association for the Education of Homeless Children and Youth, February 2008, available at http://www.naehcy.org/dl/uwwk_youth.pdf.

[3] "Unaccompanied Youth: Fast Facts" National Network for Youth, citing YouthCare, Inc., 1998, available at http://www.nn4youth.org/media/factsheets/FactSheet_Unacompanied_Youth.pdf.

[4] This number is believed to be a far underestimate of the total number of homeless youth in CT as it only includes reports from grantees of a national grant to work with runaway and homeless youth.

[5] "Poverty, Homelessness, and Children." CT Office of Legislative Research (July 7, 2008).

CHAIRMEN: Senator Musto
Representative Urban

VICE CHAIRMEN: Senator Meyer
Representative Jarmoc

MEMBERS PRESENT:
SENATORS: Boucher

REPRESENTATIVES: Hovey, Hamm, Mioli, Mushinsky, Thompson

REP. URBAN: Good afternoon everyone and I would like to welcome you to a very, very special public hearing today. Today we are going to be listening to a bill on Children in the Recession and (voices of children in the background) there are some of those children right there who we are so concerned about.

I think that the number one statistic that we want to think about is that because of this recession, which is no fault of these children, but because of this recession we will have 35,000 children in the state of Connecticut falling into poverty from which they will never recover. It will impact their lives forever and at a cost to the state of Connecticut of $800 million a year. That would be in lost productivity, it would be in developmental delay, it would be in health care costs. We are so fortunate in the state of Connecticut to have a speaker who saw this and who decided that he would lead on this issue and establish a Task Force which has been working over the last months many hours. We have gone out in the field so that we can hear from the public, we have met here with experts and the fruits of

our labor is this bill that you will see today. But before I call on the speaker, we happen to have, as I'm sure you heard in the background, but it is the Hartford Neighborhood Center and we have some of those very children that we are so concerned about and this afternoon we actually have some books. So, if we could get them to come up here and we can give them their books (voices from children) --

I understand that they're past their nap time so I am so thrilled that they were even able to sit still for that amount of time.

So now I would like to call our first speaker, who actually is the Speaker of the House, Christopher Donovan.

Thank you, Mr. Speaker.

REP. DONOVAN: Hello Chairwoman Urban, Senator Meyer, Representative Hovey, Representative Mioli, Representative Thompson and members of the Children's Committee. It is great to be here, great to be here with the kids. You get some books here and it will be great.

I am just here to say pretty much thank you for all the hard work the members of this Committee did and others on raising and working on House Bill 5360, AN ACT CONCERNING CHILDREN IN THE RECESSION. It recognizes what's happening in our state for a good number of children and that is they're caught in a very rough time and this recession is hurting them tremendously. As with any emergency we need to act and this bill does just this. I want to say the bill is a job well done and we need to work on it and make sure it gets passage. It deals with some basic things which we talk about in government and that is efficiency. Just as you hear from

businesses saying we have to have efficiencies in government, we need to make sure that departments we apply to and get permits from know what is going on -- where do I go -- that's in this bill. So that parents and children, if they have needs, concerns, utilizing what agencies we already have, what expertise we already have, what services we already have, in a way that makes it easier for them to get what they need.

The other thing is it targets what we need; education, jobs, housing, nutrition. Those are the real needs of children in our state, so I want to thank you for that as well.

Another aspect which we have a partner in Washington, we have an administration and a Congress that is working hard for children, coming up with good ideas. I heard good news from Congressman Larson and his advocacy to help out children. The Task Force had hearings throughout the state and congressional delegation was there. They care too. And they are helping us out, whether it's the Breakfast Program, whether it's assistance in job training. They are there to help and we need to do whatever we can to make sure that our state works with them as partners and we get all the resources we need.

The other is education. Like the Governor, this bill says let's help children get the education in terms of higher education and let's make sure that we can help them out with loans and loan assistance.

Those are all good ideas. They are all in this bill. It's a great package. Again I want to thank Representative Urban, Representative Jarmoc and all the members of the Task Force

who helped out on this. It's great work and I'm very happy and proud to be associated with your hard work. So, thank you very much.

REP. URBAN: Thank you, Mr. Speaker.

Are there questions?

So can I assume from your testimony, Mr. Speaker, that the cost of doing nothing are way too high?

REP. DONOVAN: Well, you know it's like any emergency. When there is an emergency in our community we have to respond. I saw what the state did when -- in Haiti when people needed assistance, people in our state responded. When Katrina happened, people in our state responded. We have an emergency for the children in our state and we need to respond.

REP. URBAN: I couldn't agree with you more.

Thank you, Mr. Speaker, for your testimony.

REP. DONOVAN: Thank you, Madam Chair.

REP. URBAN: Next on our list is Elaine Zimmerman, Commission on Children.

Welcome, Elaine.

ELAINE ZIMMERMAN: Nice to have a hearing with the sound of children in the hearing the whole time, it's like a little brook.

Representative Urban, members of the Committee, my name is Elaine Zimmerman with the Commission on Children. I am here in support today of Raised Bill 5360. Children are historically lost in our country and in our states in hard

times. This year the recession, as most of you know, is anticipated to lead to 3 million children in our country falling into poverty. The national cost is estimated by economists to be $1.7 trillion; in our state it is estimated to be $800 million per year in what will be health care costs and lost wages for 35,000 children.

As you know, we have traveled the state talking to families around the state; urban, rural, suburban, and we've heard stories like one young man who came here in Hartford and testified and told us that he concentrates each day on not eating. If that's what we have a teenager doing, concentrating on not eating, that sentence just bolds me over.

Again and again there were families who came who are on the verge, on the tip of homelessness, about to be homeless. There were others living in cars and there were others worried that they were going to have to place their children someplace else. There are also children talking about wishing that they could run away; some children, particularly young adults and teens, saying that they were thinking that it would be better if they could leave their families so they weren't the burden in the cost, particularly where there is more siblings and they're seeing the cost because one or more parents have lost their jobs. Our state is holding a secret the way that almost dysfunctional families hold a secret which is that we really have a crisis and we are not adequately responding.

I am very proud with all the work that went in -- so many people and experts -- to put together a bill that is comprehensive, that addresses housing, homelessness, hunger,

childcare and a seamless delivery system. People came to hearings and talked again and again about being middle class, losing their house, losing their job, being hungry, feeling quite humiliated going to get and admit that they needed food, and getting there and then being told they needed to come back the next day, and then being told they needed to come back the next day. We have people being told to come back for services to sign up for services up to three days.

This is the middle class story where one is dealing with a set of humbling, crashing experience. Then there are those who are the working poor and the poor who are coming to get services and for them they are taking four buses. They are giving up their entire day and they are also being told to come back. So we need a system where we, in a more immediate way, streamline access points, create a single point of entry and make things easier for people so that they are not hungry, humiliated and get what government is supposed to provide. This is a friendly bill. It does exactly what government should do in times of crisis; come together and help those and help the state be as efficient as possible.

We have costed out the components and we've also looked at the recommendations where other states have done this. For example, Representative Jarmoc referenced at a previous press conference -- but what we learned, for example, in Florida where they created a streamlined online system for services. It is saving them $83 million a year. This is the sort of thing that we can do simultaneously saving the state money. There will be people that are going to say this bill is a coster, but it costs us $800 million a year, so

anything that is less than that is a wash and then, I believe, that the cost of this is going to be rather insignificant. The bill does say that child care has to be available because we have found that people are losing their jobs because they don't have access to child care and we need to make sure, particularly in a recession, that we keep child care open and that we keep Care4Kids open. That will cost something. It's going to cost us $19 million. So somebody might say this bill is a coster, there is $19 million there, but it is much more expensive to have people out of work.

So in this particular case what we have to do is have column one of the cost and column two if we don't do it. And if we don't do it, we are going to be in much more severe trouble. I think you have every reason to be proud that this is the first state doing this and paying attention to children which is not what people usually do in a crisis. So we wholeheartedly support the bill and are glad to work with you in any area that needs further hammering and sculpting.

Thank you.

REP. URBAN: Thank you, Elaine.

Do we have any questions for Elaine?

Senator Meyer.

SENATOR MEYER: Thanks, Elaine, for your good effort here.

I am concerned that this bill will only be an important message this year and not implemented because of the budget situation. Have you had any discussions with the Appropriations

Committee, in particular, to know whether or not this will get funded?

ELAINE ZIMMERMAN: Well there has been discussion with OFA to cost out each component part. There has been a very serious look at the opportunities to bring in federal dollars. For example, Senator Meyer, we know that we have approximately 11 percent who are hungry in our state, which is a high number for our state and it is growing. If we implemented, and there are better experts here than I am but it is just one example to answer you, where if we did the Summer Food Program and a more robust Breakfast Program, we actually would be bringing in several million dollars from the federal government. So what may look in sections like a cost or actually if we did it we would be bringing in more money.

So things aren't exactly what they look like and what we are trying to do is to make sure that we maximize every opportunity. The (inaudible) Emergency Fund for our state, we're eligible for $133 million and one of the things that some states are doing is they're having the same problem we're having. This is not a Connecticut problem per se and a shortage of state employees to deal with the demand in the recession, but a lot of other states are using their (inaudible) Emergency Funds to pay for short term state employees to address the public's need for services.

So the entire thing could be paid for in the short term through the (inaudible) Emergency Fund for state employees who could be helping people get on unemployment insurance or get on food stamps. So what might appear like a cost, if we just applied that's eligible, states are getting workers. So we just have to be as

entrepreneurial and creative as we can be and then I think it is all quite doable.

What I worry about is I worry that because we are entering an election that these sorts of things can become footballs instead of really paying attention to what is right and what government should be doing.

SENATOR MEYER: Well you know the scope of services encompassed by this bill is marvelous and as I was looking for ways to see implementation, not just the strong message but the implementation, it occurred to me that instead of just involving the state agencies, which is what this bill does, we ought to be involving the nonprofit sector as well. There are a whole bunch of, as you know well, whole bunch of organizations in our communities that if they were going to come in and help with some of the implementation could really make a difference in getting it done and not just be a good message. I would like to see an amendment to this bill, actually, that empowers the nonprofit sector to come in and help with the implementation of all the scope of service.

ELAINE ZIMMERMAN: There is no question that the more that we can partner state to community and community with the private sector, the private sector has been incredibly helpful on this bill and the corporate sector is very interested in helping.

REP. URBAN: Thank you, Senator.

Do we have any other questions for Elaine?

Representative Jarmoc, the Co-Chair of this Task Force.

REP. JARMOC: Thank you, Elaine. Good afternoon. Thank you for being here.

ELAINE ZIMMERMAN: Good afternoon.

REP. JARMOC: Thank you also for your tremendous help and support with this initiative. It really has made such a difference and I really thank you for all of your hard work and your staff's.

ELAINE ZIMMERMAN: Thank you.

REP. JARMOC: It's really been tremendous.

Just -- and I hear Senator Meyer in what he is discussing in regard to cost because absolutely in this economy and in our current budget situation that we are in Connecticut, cost is absolutely, I think, at the forefront of everyone's mind and so just a few thoughts on the cost of doing nothing.

Again we talked about 35,000 children following into poverty as a result of this recession at a cost of $800 million annually to our state if we do nothing. So if we do nothing in terms of hunger, let's say, and from the testimony that we received throughout the state from hearings and also hear in Hartford, nearly 11 percent of Connecticut households are hungry. Food pantries throughout our entire state are consistently seeing a 30 to 50 percent increase in individuals seeking assistance from 2008 to 2009. On a national level, hunger costs our country $90 billion a year and $800 per American household, so I think that is pretty significant in terms of if we can act as a legislature to try to intervene before these costs spiral out of control in the long and short term. I think it would be what do they

say, penny wise, we won't say pound foolish to not to. In terms of homelessness, I remember testimony back in the fall. We were listening to individuals who work in the area of housing and homelessness.

Connecticut's homeless shelters are currently at 107 percent capacity, so we have seven percent of homeless individuals seeking shelter that we don't have beds for those individuals, coupled with the fact that there was a gentleman who testified, I think it was in Waterbury, who spoke about homelessness and so we are not even counting those people who are living with family members or going from household to household as a result of their homelessness. And so, homelessness is impacting our state in rural and urban areas. The annual cost of a homeless shelter for a family of three is actually $26,280 a year, whereas a RAP, rental certificate, is actually $9,000 a year. So these are just sort of things to think about.

Also you had mentioned, and I think it is such an important fact about streamlining services and being more effective in the way we provide services to individuals, but also much money we could save through that efficiency. And so the state of Florida, as you had mentioned, has saved $83 million a year by streamlining their online application system through their Department of Social Services. I know that, I am hearing, the Department of Social Services is working toward that. I am going to be honest with you and say that I have heard that for quite some time. And so I don't have that confidence that I would like to have and am hopeful that we will get there. That this is actually going to happen and I know that people in my community are going back to the

Department of Social Services two and three times because their application has been lost, it's a paper application. They are having to take time off from work in order to go there and it's just becoming -- in terms of lost time and inefficiency -- I think that we really need to more strongly move toward that.

So I just -- the cost issue is absolutely an imperative factor for us to consider, but I also think it is incredibly important that we also take a look at how we could be more efficient and how we could actually be saving money by implementing things more efficiently.

ELAINE ZIMMERMAN: Thank you, Representative Jarmoc.

It certainly has seemed that that's been the information that we've received around the state. It's one of those things that we know that sometimes a crisis can actually give us very important information. As we traveled the state it became very clear where we were being inefficient. And so where we can, instead of some big long study to figure out how to make the government more efficient, we have some answers because we did all travel the state. It is so clear that there are certain things we need to do that we need to oil better and the great news is that they are also cost savers. So -- I think that Senator Meyer's earlier comment just (inaudible) with Representative Jarmoc's, this is going to save us millions in the long run.

If we don't do something, it will cost us $800 million a year and I think that what we have to do in whatever way is possible is to make sure this doesn't become a political football of the Legislature and the Executive Branch in a

fight. This is bigger than that and humbler than that so we need to get to work.

REP. JARMOC: And I just -- when we point to that figure of $800 million a year, Elaine, and I think it is so important that we continue to point out that information, this is not a figure that we just sort of randomly as a task force pulled out of the sky, First Focus out of New York City came at their own expense to testify before our Task Force and they are a policy group. They've studied this nationally and they were kind enough at no cost to do that for our state of Connecticut so that we could very clearly understand the cost of this recession in terms of children and our state. And so that $800 million is a very solid number. It's not just something that we came up with on our own in order to argue our point. Does that make sense?

ELAINE ZIMMERMAN: Yes, I think -- actually one of the things that we haven't said is that when the presentation on the economic costs to the state were offered, we were also told something pretty awful which is that the gains that our state has made in the last three decades have already been wiped out. So the combination of $800 million with the gains that children have received is worrisome. But we can't solve all of this, but we can certainly do some. And if we can decrease the number of children who had fallen into poverty by helping the parents get jobs, making sure there is child care, decrease the poor performance that we know we're going to see if children are homeless or hungry or too stressed, that is something. And then where a child does fall down into that hole, let's make sure that we address the impact as well as we can -- buffer it that is to say.

REP. URBAN: Are there any other questions from the Committee?

Representative Thompson.

REP. THOMPSON: Not a question, an observation.

Elaine, you're a very creative person and I don't know whether you're responsible for this or not but it was good to see the kids receiving books and so on, pencils. I want to suggest that I am a little older than you, I think, and I go back to -- I'm a Depression baby. In fact, I was born on Herbert Hoover's birthday, August 10, as a matter fact. I grew up in New York City, Staten Island. I went to Public School 20 and we were just coming -- the Depression was there and then World War II began and I can remember very clearly, I think it was probably the second or third grade, there was a time during the day when the teacher would stop class and we'd break out our knitting needles and she would bring out khaki wool and balls of wool and we would sit there and knit for the boys overseas. Now I have this picture of her going down and (inaudible) and then you have a long line of wool and cutting it and saying thank you.

We also had a -- money was very, very scarce in those days. Many of our kids had been hit, like all of our families, by the Depression. We had a Savings Stamp Program and you could bring in a nickel or dime and that would be taken by the teacher and put into a little savings book and when you -- it would take forever to fill the book, but when you did, you have something. The whole idea was kids were involved in giving back, and I thought that it might stretch your creativity a bit but you might think about getting kids to be cognizant

of what is going on around them and participate. Firemen out in Chicago a couple of years ago began collecting junk bicycles that they had in the poor neighborhoods and they had a pact with the kids of the local grammar schools if they'd maintain a certain average in school, they would receive a bike at the end of the school year. They had to come in and show the fire fighters -- and a lot of things like that were creative and I can still --

ELAINE ZIMMERMAN: It's a great idea.

REP. THOMPSON: I hope that you will give that some -- I'm certainly thinking about some ideas.

ELAINE ZIMMERMAN: When we did the hearings around the state, Representative Thompson, we did one year that Congressman Larson opened up and stayed for. He has a Youth Cabinet and they ran the hearing for Hartford. They studied the recession, they shared stories, and they traveled in their district talking to other youth. We were so lucky to have youth come testify and one actually testified at the press conference just before -- and I believe that there will be another youth from the Youth Cabinet of the Congressman to testify. It is a component of what you are talking about, but I bet we can think about more ideas, so thank you.

REP. URBAN: Do we have any other questions for Elaine?

I would just like to mention, Elaine, that we have worked together on the Appropriations Subcommittee of Results Faced Accountability and the RBA component has been included in this bill. I'm wondering whether you have a few

comments to make about that when we're talking about whether we know if things are working, and database decision making and indicators and all the things that RBA brings to the table?

ELAINE ZIMMERMAN: Well this bill requires results based accountability so that we know in the interventions what we're doing and whether it's working or not. It's just that simple. We shouldn't do anything in government that isn't working. Obviously some things may not work one year and they can work another. You have to understand why something isn't working, but if it isn't working over a few years it's time to say goodbye to it. Especially now, we need to make sure that we're really putting out the fire where the fire is. So I'm so glad that this is based on results based accountability. It's done simply because we don't want to burden any department or any deliverer of service with having to do yet another thing in such difficult times. We have a few indicators to measure so that we can see whether these goals are met.

REP. URBAN: Thank you, Elaine. I too would like to echo my Co-Chair's words on your work on the Task Force. It was amazing and very much appreciated.

Thank you so very much.

ELAINE ZIMMERMAN: Thank you.

REP. URBAN: Next on our list is the Child Advocate, Jeannie Milstein.

Welcome, Jeannie.

JEANNIE MILSTEIN: Thank you. Good afternoon (tape blank for a few seconds) members of the Select

Committee on Children. Thank you for the opportunity to testify in support of House Bill 5360, AN ACT CONCERNING CHILDREN IN THE RECESSION.

I've had the opportunity to address Speaker Donovan's Task Force on Children in the Recession. I commend them on their hard work, leading to their thoughtful and comprehensive report that sets forth the recommendations in Bill 5360. I am enthusiastically in support of this bill as it provides for a real and tangible approach to strengthening the safety net for Connecticut's children and families.

For families the devastating effects of a recession are not confined to economic struggles. Research and anecdotal evidence demonstrates strong correlations between poverty and child abuse and neglect. Drastic financial changes are also linked to increases in substance abuse, domestic violence and school dropout rates. Loss of income also leads families to decrease or completely cease giving children prescription medications or seeking medical care because of the expense of their co-payment. Even when families are able to maintain their rent or mortgage payments during periods of unemployment or underemployment, the threat of utility shutoffs due to inability to pay heating and electric bills loom large and children are often found to be living in homes with inadequate or unsafe utilities.

There is also concern that instances of Shaken Baby Syndrome may be rising as a result of caregivers' increased levels of stress and frustration over unemployment and layoffs. These are but a few examples of the complex interaction between economic hardship and the

risks to the safety and well-being of our children.

This bill comprises a thoughtful and coordinated response to these concerns. The bill specifically targets services that comprise the critical safety net for families facing the profound effects of the recession. The bill provides for job training and educational opportunities, including increased eligibility for student loans. We know from the work of the Child Poverty and Prevention Council that attaining post-secondary education will have the greatest positive impact on improving families' financial stability.

Child care subsidies are also allowed for both parents to work or attend school while their children are cared for in a safe environment. Rental housing and utility assistance and foreclosure prevention services will help families avert homelessness and discontinuation of utility services. Food and nutritional support programs for homes and schools and enhance access to health insurance will provide the fundamental needs for children's health.

Youth engagement and leadership opportunities, as we've seen from the great work of the young people who were involved in our Task Force, will instill the next generation the value of working together for the benefit of all, getting to Representative Thompson's point.

The critical importance of these efforts will ensure a healthy society in which families are safe and productive and children are nurtured and educated. The importance of the safety net cannot be overstated.

So we talked about services, now we'll talk about practices. The practices promoted by this bill in order to provide these services including interagency data sharing, collaborative strategic planning, cross training of agency staff, streamlined application processes, facilitating families access to services, partnering with community agencies, your point Senator Meyer, private providers, municipalities, and philanthropic organizations, maximizing federal funds, reporting in an RBA framework, and engaging youth in communities, are all good practice, and frankly good business, for human service agencies, not only when the state is in the throes of recession, but also during more prosperous times.

So thank you again and I urge you, on behalf of the children, to support this bill. There is no better time than right now for Connecticut state agencies and their partners to embrace and enact this bill and these practices to improve outcomes for the families we serve.

REP. URBAN: Thank you so much for your testimony, Jeannie.

I'm going to refer back now to another results based accountability and RBA study that we just did on prevention. We were looking at some really great numbers on children free from abuse that we have made such progress and now I understand that the latest numbers that are coming out show that that progress is reversing itself, and we would assume that has something to do with the recession.

JEANNIE MILSTEIN: Well I think -- the numbers, in terms of abuse and neglect report steady, when you talk to the workers on the front line, it's

very clear that they are seeing the overwhelming increases in neglect of children because families are just so overwhelmed right now. They are absolutely seeing the impact of this recession. Again, the risk of losing your home, the risk of losing food subsidies, child care subsidies, think about the stresses on families and what that does to a child, along with the increases in domestic violence and substance abuse.

REP. URBAN: Absolutely. Thank you.

Are there any questions from the Committee for Jeannie? Seeing none.

JEANNIE MILSTEIN: Thank you.

REP. URBAN: Thank you so much for your testimony.

Next up to testify is Laura Amenta from the Children's Trust Fund Council.

LAURA AMENTA: Good afternoon, Senator Musto, Representative Urban and members of the Select Committee.

My name is Laura Amenta and I am the Chair of the Children's Trust Fund Council. The Children's Trust Fund is Connecticut's lead department charged with preventing child abuse and neglect and ensuring the positive growth and development of children. On behalf of the Council, I applaud the efforts of this Committee to put in place more support for families and children during the recession. I am here in support of Bill 5306, but I am also here today to urge you to consider adding the Children's Trust Fund to the proposed Children in the Recession Team, and to include in the bill the Trust Fund's programs which address

the social and emotional stress that families are under. I draw your attention specifically to line 17 through 21 of the bill which seek to mitigate the long term impact of the economic recession on children, provide appropriate assistance and resources to families to minimize the number of children who enter into poverty and prevent the human and fiscal costs of the recession, including child abuse and neglect.

The Children's Trust Fund Nurturing Families Network encompasses all of these strategies. The Nurturing Families Network home visitation program has been statistically proven to make a significant difference in strengthening the lives of the families it serves. The program offers intensive support for high risk and hard to reach families living in poverty.

Home visitors work against a backdrop of unwanted babies, domestic violence, the recession, and the high potential for abuse and neglect. Evaluations of NFN have found early identification of developmental delays and health issues. Program participants make statistically significant gains in life course outcomes including education, employment and self sufficiency, program participants experience a significant decrease in parental frustration and sadness, and an increase in coping and stress management skills, an annualized rate of child abuse and neglect among program participants that are under 1.4 percent, well below the expected rate of 20 percent, for a significantly comparable population.

Studies of similar programs across the nation show that children benefit in several addition ways. There is evidence that home visitation

improves school readiness. One study, conducted by the Missouri Department of Elementary and Secondary Education, found that children enrolled in preschool whose families participated in home visitation scored significantly higher on all measures of intelligence, achievement and language ability than children in comparison groups whose families did not receive home visitation. Research has shown long-term benefits, resulting in reduced rates of tobacco and alcohol abuse, episodes of running away, behavioral problems, arrests, convictions, and sexual promiscuity among teenagers.

In a stable economy the work of the Trust Fund has numerous benefits, but in a recession our work becomes even more valuable. The work of the Trust Fund is part of a core safety net and first response to families under stress. Nurturing Families Network, Family School Connection, Help Me Grow and Kinship and Respite Funds, all the programs of the Trust Fund, all address the fiscal, social and emotional stress that families are under in order to prevent it from turning into abuse and neglect.

This committee is working to put in place more support for families and children during the recession. At the same time, I am at a loss to understand why this current administration is proposing cutting key safety nets like Nurturing Families Network that can mitigate the impact of a recession.

Researchers at the University of North Carolina at Chapel Hill have studied the effects of the recession on children and concluded that safety nets are necessary. Safety nets put into place during the 1974-75 recessions worked to keep

all trends favorable including infant-mortality rates, participating in prenatal care and infant-feeding programs, all of which are measures of hunger and malnutrition. The researchers concluded that this was because the mid-70's was a period of expansion of Great Society programs. The safety nets put into place worked.

In contrast, the policy response of the Reagan Administration was the opposite. As the 1981-82 recession deepened, programs affecting the poor were cut back. Since fifty-one percent of the poor are children, they paid the heaviest price in that recession.

One of the worst trends from the 1981-82 recessions was a rise in child abuse, closely associated with unemployment, economic hardship and stress on parents. This trend is surfacing in the current recession. Child abuse is up and infant-mortality rates are increasing in parts of the nation, particularly hard hit by the recession.

Line 43 of your bill calls for creating and implementing a plan to identify and support families who are at risk of abuse or neglect in a declining economy. I offer that the Trust Fund is already doing just that. Legislators in Connecticut must stand up and support proven strategies such as home visitation that will protect our children in this recession.

Thank you.

REP. URBAN: Thank you for your testimony, Laura.

Senator Meyer.

SENATOR MEYER: Laura, I really like your suggestion about adding the Children's Trust Fund to the Team, to the Recession Team. It is quite remarkable that the agencies that are empowered under this bill are not here today. DCF is not here, Public Health is not here, and Education is not here. Here we are trying to exercise a very fundamental role of government and yet these agencies, each of which I'm told was invited to be here today, chose not to come. So -- and you're here and you're offering to have the Children's Trust Fund be part of the team and I say hurrah to that and hopefully we'll amend this bill to put the Children's Trust Fund right in there.

LAURA AMENTA: Thank you.

REP. URAN: Thank you, Senator.

Are there any other questions for Laura?

Laura, I would just like to comment that you too have worked very closely with the RBA team and have done tremendous things and we can certainly attest to the efficacy of your programs through our database decision making. So, I thank you and the Trust Fund for your participation.

LAURA AMENTA: Thank you, Representative Urban.

REP. URBAN: Thanks for your testimony.

LAURA AMENTA: Thank you.

REP. URBAN: We are very happy to have with us today a member of Congressman Larson's Youth Cabinet and we're going to call him up to testify next. Calvin Brown.

Thank you for coming, Calvin.

CALVIN BROWN: Thank you very much members of the Select Committee on Children, fellow cabinet member, other esteemed officials and spectators. My name is Calvin Brown and I am a member of Congressman John Larson's Youth Cabinet from Bristol. I am here today in support, strong support of Bill 5360, AN ACT CONCERNING CHILDREN AND THE RECESSION.

The presiding theme of the Youth Cabinet's work is a question of what is the America we want. After the hearing on December 5 of which I was a part of, what became overwhelmingly and painfully clear is that right now in hard times like these the more important focus is the America that so many people desperately need. Homeless shelters are filled in the state of Connecticut. C

hildren are losing their homes, losing their ability to receive an adequate education, parents are losing their jobs and have no way to feed, shelter or cloth their young. Not only is this a frightening reality but it is a deeply sad and angering one. I am glad to testify that I support the legislation our esteemed legislators have put forward because I believe it addresses these terrible problems. This legislation will help parents find work and job training while allowing their children to stay safe in school, take preventative measures to protect homeless children from dropping out of school and improve access of higher education eligibility.

It will encourage schools to employ innovative breakfast service methods to help nourish students and also look into keeping their doors open during the summer to provide meals for

students who need them even during their time off.

This bill will research enacting a fund that would provide low interest rate loans to families facing housing, hunger, utilities, or unemployment crisis and it will convey information to communities on youth leadership opportunities that will keep youth engaged in their communities.

These are just the pieces of the legislation that I know will directly impact the members of my community in a positive way in Bristol and across the state. The previously highlighted aspects of the legislation are comprehensive and historical steps being taken only here in Connecticut. These measures will help to protect youth in the state from being negatively impacted by economic downturns in the future. Therefore, I call for all lawmakers across the state to embrace this legislation.

And if you'll indulge me quickly I would like to say something directly on behalf of youth in my community and those that I have talked to. We, the youth, are the driving force of America. We have not been around long enough to create any of the messes plaguing the world today but we will most certainly be the ones left to fix them. Therefore, it is my opinion that it is imperative to enact this legislation and to build that safety net for youth in our state. I believe, as has been pointed out earlier, that not only is the cost too high to take no action, it is a cost that is unaffordable.

Thank you very much.

REP. URBAN: Thank you, Calvin, for that stirring testimony. I would like to just comment when you say you haven't been around long enough to create any of the messes and we fully understand that we are leaving you a world that we would like to at least be the same, if not a better place. But I would also urge you -- I am so glad that you are a member of Congressman Larson's Youth Cabinet -- you do know that the youth at 18 to 30 year old age group doesn't vote which is the greatest percentage and you can really drive the way that we do things if you can get your fellow youth out there to participate and vote. It's wonderful to have somebody here like you and we are thrilled.

Are there any other questions or comments for Calvin?

Senator Boucher.

SENATOR BOUCHER: Madam Chairman, I also would like to commend you on your conviction and your strong testimony. Your organization is certainly well served, as is the Congressman, and certainly the state of Connecticut.

Thank you for coming.

REP. URBAN: Are there any other questions or comments?

Calvin, again thank you so much for your testimony. It's very heartening to have someone like you come in and spend the time and interact with us.

Thank you.

Next we have Rodrick Goodjohn. Welcome again Rodrick. We really appreciate having you here.

RODRICK GOODJOHN: Thank you. (Inaudible) Representatives, I appreciate the extension of my voice. I am a single parent father from New Haven, Connecticut who fell on hard times because of medical conditions. I have had three heart attacks since 2008 through 2009 which left me in a very precarious position where I feel into the shelter system. In that shelter system I found obstacles for men. There are plenty opportunities for our women, single parent mothers for the shelter system, but I found only one shelter in the New Haven area that accepted a man with a child.

Again I am likened myself to be not a branch of the problem but within the root of the problem because I fell into a homeless position after being a homeowner, which lost his home, a hard worker who can't find work now because they wonder if my medical condition will allow me to work again. And I also fall in a very precarious position where I have a 12-year-old son who is riding a fence. I don't know how the average American looks at it, but from the vantage point of an African-American father, that is a very tough age because that's the age where peer pressure kind of takes control of our inner city children and they feel like, you know what, I'm hungry and if I can't eat maybe I should go get it myself. So I would like to -- that we all need to support this bill because our children are our future. I liken it to the fact that our children are -- our adults who are to be productive in our society for our future.

So I support the Bill 5360 and I thank -- not only is Connecticut taking a stance on looking at our children in the sense that they are our future and they are taking the role as the

forefathers for a bill that could extend across America and help our youth.

This bill isn't really about me, like I say, it's about what I branch off of me.

Thank you.

REP. URBAN: That's perfect timing, Rodrick.

Are there any questions for Rodrick from the members of the Committee?

I would just like to thank you so much for coming and sharing your story with us.

RODRICK GOODJOHN: Thank you.

REP. URBAN: Thank you very much.

Next on the list is Jane McNicol.

Welcome Jane.

JANE McNICOL: Thank you.

You have written testimony and I will summarize because there's people who have been waiting a long time and don't do this professionally.

I'm Jane McNicol. I'm the Director of the Legal Assistance Resource Center of Connecticut, the advocacy and support center for the legal services program in the state. I first want to thank the members of the Children in the Recession Task Force for their work on this important issue and the members of this Committee for continuing that work.

I want to briefly highlight a couple of things that I think are really important in this bill

and to Senator Meyer's point. It probably doesn't actually require any more money, it's more about doing things in a different way, and one is looking at streamlined and coordinated applications so that people who are eligible for programs that currently exist and are funded can get those benefits. It is extremely frustrating, not to say negligent, that we have assistance programs in place that people are simply not able to access because of complicated application procedures and barriers that we put up.

Secondly, specifically focusing on Section 8 of this bill which relates to the Temporary Family Assistance and Jobs First Employment Services programs, the basic Cash Assistance Programs for very poor people in the state. I want to strongly endorse a proposed change in the Jobs First Employment Services program which would mandate the Department of Labor to include as an approved work activity two and four year degree programs for people who are required to meet the state's work requirements.

This is a change that members of a group I work with, the Welfare Working Group, have long advocated. One of the clear pathways out of poverty is education and training that enables people to get jobs where they can actually support their families. For parents in the Jobs First Employment Services Program this path has been consistently blocked by first a programmatic emphasis on getting a job as quickly as possible, any job, and by a bar on approving post secondary education as a work activity. This is a change we can make now and it is a change that should not be limited only to the time when we are in deep recession when unemployment is above eight percent. There is no reason why this shouldn't be an option and

it is available to people in appropriate circumstances at any time that they are in the Jobs First Employment Services program.

So again, thank you very much for your work on these issues and I hope that you will pay particular attention to that piece of the bill.

REP. URBAN: Thank you, Jane.

Do we have any questions?

Senator Boucher.

SENATOR BOUCHER: Thank you, Madam Chair.

On your emphasis on the changes to the Job First Program, do you know what the cost of something like that would be to the state, and if possible that may have been one of the stumbling blocks to this issue in the past?

JANE McNICOL: There is not necessarily a cost unless you are, and this bill does not, mandate, for instance if the state pays for those people in those programs, but in fact many people can access it through a Pell grant. What they can't do is continue to get cash assistance while they are going to an educational program. There is, and I mention this in my testimony, there is difficulty -- there is some consideration you have to give to meeting the Federal Work Participation requirements.

Everybody cannot go into education, but that is -- many states manage this. States only have to meet -- well in Connecticut there is something like a 25 to 30 percent participation rate once you've taken into account of credits and things, so that means that 70 percent of

the people in this program don't have to be meeting the Federal Work requirements but do have to be meeting state work requirements. Our requirements can be broader than the federal's and yes the Department of Labor needs to manage that and needs to pay attention to that. But it doesn't need to completely bar an activity.

REP. URBAN: Senator Meyer.

SENATOR MEYER: Jane, the Office of Policy and Management gave some testimony, written testimony, with respect to this bill and a pertinent part of that testimony follows and I would like you to comment on it. OPM opposes the bill for several reasons but the first reason is "the bill is duplicative of existing efforts. There are multiple public agencies, federal, state and local, and programs on the books already that carry out the purposes of this bill". Do you agree with that or not agree with that?

JANE McNICOL: I think actually that is one of the things the bill addresses. There are an enormous variety of organizations that are trying to work on these issues. From the outside it often seems that they are not working together very well and that this bill would be aimed towards trying to improve that.

REP. URBAN: Any other questions for Jane?

The one recommendation I did see that you made on the Jobs First Employment is not to limit it to when there is an eight percent unemployment rate.

JANE McNICOL: Right. There doesn't seem to be any particular advantage to doing that except that

you have a probably larger body of people who are not able to find work and therefore could easily be putting their time into education.

REP. URBAN: Thank you, and thank you for your testimony.

JANE McNICOL: Thank you. Thank you for getting me on second.

REP. URBAN: No problem.

David Fink, Partnership for Strong Communities.

Welcome, David.

DAVID FINK: Afternoon, Representative Urban, Senator Musto, members of the Committee. I am David Fink. I am the Policy Director for the Partnership for Strong Communities. We are a statewide housing policy organization and we advocate and educate for an end toward homelessness, the creation of more affordable housing and development of strong communities around the state. We are here today to strongly support Raised Bill 5360 and moreover the very thorough and thoughtful and committed work by the people involved with the task force. You are all to be congratulated because what you've done is laid bare the obstacles that low-income children and their families face. They're obstacles that have to be overcome, but unfortunately, frankly, they are obstacles that these children have faced for a very long time.

You've not only done yeoman's work in identifying the education, health care, nutrition, employment and social service needs that these children have, I think you've done a very good job in the report identifying that

these children and their families mightily from a lack of a safe, secure home. Our emergency shelters are full, the waiting lists for DSS-administered Section 8 vouchers and Rental Assistance Payment certificates is 8,000 families and anywhere from three to six years long. There is, in short, no room at the inn for these children.

The bill will help them enormously and I will not take a lot of time going through all of it, but I wanted to make two key points.

The first is the Leadership Team proposed in the bill is a good idea. We found that the Interagency Council on Supportive Housing and Homelessness brings together many of these same agencies and it works very well. It is a productive vehicle for creating supportive housing. We suggest that the agencies involved in housing creation; DECD, CHFA and OPM, which oversee the Housing Trust Fund, the HOME Connecticut program, grant-making and other housing related efforts, be represented on the team. That would be helpful we believe.

Secondly, we commend you and the committee for Section 4, which instructs the agencies involved to impede homelessness and improve housing conditions by continuing rental assistance, providing foreclosure prevention, and offering incentives for affordable housing creation. The fact is you say within available appropriations as you know, appropriations these days are not all that available.

I can take you through, but I realize for want of time I won't. Shelters are 100 percent to capacity, one in four renting families make less than 50 percent of median income and spend more than half of it on housing, they are this

close to homelessness. When it comes to housing, children and the recession are going to be in recession for a long time unless we can devote more housing resources and create more supply.

I'm happy to answer your questions and I appreciate the opportunity you've given us and all the work you've done. Thanks.

REP. URBAN: Thank you, David, for your testimony.

Do we have any questions?

I think that your statistics on the homeless are very troubling and we know that we have a problem and I do know with an available appropriations is an issue and we are going to try our hardest to get some of this done. And I thank you.

DAVID FINK: Wish you luck and we're happy to help.

REP. URBAN: Thank you very much, David.

Next on our list is Maggie Adair.

Welcome, Maggie, and thank you for your good work on the Task Force.

MAGGIE ADAIR: Thank you.

Good afternoon, Representative Urban and members of the Select Committee on Children. My name is Maggie Adair. I am the Deputy Director at The Connecticut Association for Human Services. CAHS is a 100-year-old state nonprofit organization. We're working to end poverty and to engage, equip and empower all families in Connecticut to build a secure future.

I am testifying strongly in support of H.B. 5360, AN ACT CONCERNING CHILDREN IN THE RECESSION. This bill addresses many important factors that contribute to child poverty, which is exacerbated in an economic downturn as deep as the one families are experiencing in Connecticut. As a member of the Task Force, I've heard firsthand about the tremendous challenges that families cope with every day as they struggle to pay bills, put food on the table and a roof over their head. I've heard Roger's story today. Roger is just one of many families, many families in the middle class who have now fallen into poverty. I also listen to people presenting to the Task Force about needed policy and practice solutions. Many of these ideas are incorporated into this bill and should be given consideration.

I wanted to make just a few points. CAHS will be testifying later today separately on the child care provision of this bill.

About the Leadership Team -- we believe that legislators should also be included on this Leadership Team. We also strongly urge that the Leadership Team should reach out to parents affected by the recession. Their voice must be at the table. They know firsthand how the recession is affecting their children and what policy changes would make the biggest difference in their lives. I also commend Senator Meyer for commenting that the nonprofits should have a role in this Leadership Team. I think I do concur that I think it is concerning that the state agencies are not here to testify publicly about this bill, that is a concern.

About single point of entry, we believe firmly that there should never be any wrong door. Unfortunately that is not the case in Connecticut as people have said before, low income people have to go through so many doors and get to so many locations and then they are turned away and have to come back. It is very frustrating. As far as online applications, that is long overdue in this technological age. It is hard to believe that we don't have online applications. DSS, Kevin Loveland, actually is working on a modernization project. We need to make sure that project continues and the money is not held back on that project. But that only affects DSS, so that is one step in the right direction. The bigger step would have combined online applications.

I just wanted to talk about reduced application time for public benefits. Many people -- we are hearing from many people that they are waiting 60 days, even longer, to get SNAP, Care 4 Kids and HUSKY. That is just unacceptable. For a person applying with Care 4 Kids, if 60 days that person can't take the job, then they have to go back on public benefits.

Finally I wanted to talk briefly about benefits outreach. They talked about community-based outreach for benefits that is critical, actually organizations like CAHS, End Hunter CT!, the Hispanic Health Council, do food stamp outreach. I do want to point out that the Governor -- one very important part of the outreach is HUSKY Infoline, from the United Way, the Governor has proposed to totally eliminate HUSKY line. We are going to really push very strong that that does not happen. That is a valuable service that is desperately needed in Connecticut.

And finally we applaud the Speaker of the House for establishing the Children and the Task Force Recession. It was a great Task Force. It is wonderful work. We heard from advocates about needed policy changes and held public hearings to hear from parents and children about how the recession has impacted their lives. This legislation is a product of the work of the Task Force and has the support of the Speaker of the House. We urge you to support this bill.

REP. URBAN: Thank you, Maggie.

Are there any questions for Maggie?

Representative Jarmoc.

REP. JARMOC: Good afternoon, Maggie.

Thank you. I know you served on this Task Force. We truly appreciate all of your assistance with this. It's been a huge effort and we thank you. I really also thank you for pointing out the importance of the partnership that is necessary if we are to cooperatively work to assist children in this recession. It is disappointing that not one of our state agencies is represented here today to provide input. I know some of them have submitted testimony, but as you know when they submit testimony it's always helpful to be able to have a dialogue and if they have some concerns about it I would love to have that dialogue. But unfortunately when none of them have showed up and it is such a crisis in our state, where do we move from here? So I really do thank you for being here and for showing up and providing your input.

MAGGIE ADAIR: I wanted to say something. I really like the bill that it calls it an emergency team, it is not a council. It's not some huge body, so that it can be flexible and nimble. I think it's so important that because it is a team it can bring in other players to figure out solutions. Nonprofits will have lots of ideas, parents certainly will have lots of ideas. I would really like to see that happens as opposed to as we have seen with other entities previously. There has not been input from the community and also we have not seen any policy changes coming out of those entities.

REP. JARMOC: Absolutely. And I think it is also important to note that if we're to work within interagency, and to do that in a way that is successful, if we were doing that as a state, if we were working interagency and responding to this crisis, then we would not have likely had the testimony and the data and the statistics that we received since September as we have held hearings. And so to say that what we're doing as a state now, which is a little bit of what I'm hearing from some of the agencies is that there is duplication here, if you're doing it than please tell me why it's not working and we need to be doing something that does work and that is what this bill directly speaks to in a very comprehensive way.

I appreciate your testimony very much.

MAGGIE ADAIR: Just one more point, I've wanted to say that the agencies work very hard. This is not at all a slight against them. They are working very hard. They are doing really good work. But this bill simply puts a mechanism so that it makes it easier for them to communicate and really work together. I think that is a

hard thing with a bureaucracy as the state government.

Thank you.

REP. URBAN: Thank you and thank you for pointing that out, Maggie.

We have another question from Senator Boucher.

SENATOR BOUCHER: Thank you, Madam Chairman.

There is no question that this is a hugely ambitious bill, very comprehensive, and there may be some reluctance possibly on the part of some agents. I'm just guessing that the scope of it is so large and given that we're looking at $4 billion in deficits in the year 2012, 2013 or 2014 that some of the cost parameters that were mentioned with regards to certain loan programs and so forth can run into the millions and millions of dollars.

But even just with regards of just adding a few staff members to do this program, it may seem in normal years not so bad, not so difficult to do $200,000 for a couple of two or three full time people. That given the kind of economic environment that we're facing -- that maybe their concern might be that how do you budget for this and if the funding isn't provided within this particular bill, their hands might be tied, or the fact that it would encumber them to certain services that currently they might not be able to provide because of funding or in order to accomplish it may have to take away from other critical services they might currently have. I just wondered your reaction to some of that concern.

MAGGIE ADAIR: I think certain section of this bill would not cost monies. In fact, I think it would save money. For instance if you did get the state agencies to really work together, you're going to eliminate duplicate services, people doing the same thing. For instance I think if you go to the online applications, that is an upfront investment, but it has already actually been budgeted by the state. That means that there's going to be fewer DSS workers who are -- the stories are outrageous -- it's just reams and reams and reams of paper. We have hundreds of people standing outside the DSS offices.

They come up, they get their paperwork, and by the time they get to the front door its 5:00, and they come back the next day. Then the paperwork gets lost. That's just an amazing amount of wasted time, inefficiency. So there is one other savings that you could do. So I just think there are certain provisions -- I think you can save money and as other people have been saying before, we can't afford not to do this. $800 million costs are because of this recession and how it's impact on children and families. We have to be bold and think about investments. I mean obviously some provisions of this bill, and if you look at the language within available appropriations, some of it won't happen overnight because of the fiscal situation.

SENATOR BOUCHER: I might add that one of the best things that I've heard in the short time that I've been at the hearing was about streamlining the paperwork, not having duplicate, and that is a concern that is being expressed not just in the departments that we're discussing, but in all state departments, including the Department of Transportation, the Department of

Education and so forth. The state could do well by having some standard application. I think there even had been bill proposals. In fact, I think I even put a bill proposal in last year to try to get us to look at that issue and, like you said, not having agencies working more easily between each other if you do standardize that process and I hope that certainly is one of the things that does get some extra attention.

MAGGIE ADAIR: One other savings that I didn't get to because I ran out of time in this bill is I think it is very exciting about the TANF Emergency Contingency Fund. I mean technically we could bring in as much as $133 million. It's probably not realistic but we can bring in millions and millions of dollars. I'm actually headed over there right now in the Governor's Office. There is a Task Force that is working very hard to bring in, working with nonprofits and foundations to figure out what type of private sector money has been spent on TANF eligible activities that could then -- nonprofits could actually get as much as a four to one match on this. So there is money that can be brought in. It just needs a little bit of creativity, innovation and hard work and that's what we're doing right now.

REP. URBAN: Thank you, Maggie, for addressing that. That was going to be my question, so you already addressed it. Thank you so much for your testimony.

MAGGIE ADAIR: I just actually heard that 100 nonprofits as of yesterday afternoon had submitted paperwork showing the amount of money that foundations had given to them over the last year, showing an increase that they may be eligible for that first 80 percent match. It

was very exciting, 100 nonprofits. And it is exciting to see foundations working on this as well as the community colleges, higher education and business.

REP. URBAN: Yeah, working together. What a novel concept.

MAGGIE ADAIR: Yes, working together.

REP. URBAN: That's terrific.

Are there any more questions or comments for Maggie?

Thank you very much for your testimony.

MAGGIE ADAIR: Thank you very much.

REP. URBAN: Next on our list is Lucy Nolan, another member of our Task Force and we appreciate your good work too, Lucy.

LUCY NOLAN: Thank you.

Good afternoon, Senator Musto, Representative Urban. My name is Lucy Nolan. I am the Executive Director of End Hunger Connecticut! We are a statewide food security and anti-hunger organization and I also sat on the Task Force and dealt a lot with the nutrition issue. I'm just so pleased with this legislation and I think this is really a -- I want to say a first step because I think at least for the nutrition pieces this is something that should be in -- should be codified right now not for just the recession but for all times.

We know results based accountability. We know that more kids will get food if there is more outreach. We also know that hunger goes down

when more people are getting SNAP benefits. I was a little concerned looking today at the video where somebody from Waterbury said she couldn't get SNAP benefits because her car was too much. There hasn't been a car requirement for three years. You guys legislated that out, you all legislated it out. Also with the change in SNAP this year at 185 percent of the federal poverty level as the income limit, there are no assets at all, so even people who have savings accounts -- they just count the income, they don't have to count what that money is. It just shows we need to do more outreach. As an outreach person, I'm saying we need to get it out there more.

I just wanted to -- the other thing about having changed the SNAP rule since last July, is now all the programs, all the child nutrition programs and SNAP, all the nutrition programs are on the same level. They're all at -- to be eligible its 185 percent, which then again just makes it more clearer that we need to have all the state agencies working together. If a family is on SNAP, their children are automatically eligible for free meals. And right now DSS and SDE do trade names twice a year. It would be great if they did it once a month. But with people who are in WIC, they should be getting SNAP. SNAP should be on the WIC program and that's addressed with DPH in here.

I also want to say very quickly that if we increased our Summer Food Program and our School Breakfast Program, just those two programs out of all the programs that are here, we could bring in an additional $8.4 million in federal funding to the state. It's because they're 100% federally funded programs, and that doesn't include WIC and it doesn't include

After School Snacks or After School Suppers, as well, in the money.

Thank you.

REP. URBAN: Thank you, Lucy. I do see that you're making a recommendation.

LUCY NOLAN: Yes.

REP. URBAN: Would you please let us know a little more about that.

LUCY NOLAN: Yes. On Section 6, Subsection 3, we would like to add -- we would like you to add day care homes in there because there are a lot of homes, home day care homes, that can serve after school snacks and they are not in this legislation. I think that was just an oversight.

We would also like, but I'm not -- well never mind because I don't think this is the right place for it.

REP. URBAN: Are there any other questions?

Senator Boucher.

SENATOR BOUCHER: Thank you, Madam Chair.

Just for edification so the public knows and everyone knows, currently we already provide breakfast and lunch, and then also some of that in the summer as well for those that qualify, for children that qualify currently, is that your understanding?

LUCY NOLAN: We have -- we offer lunch in a majority of all of the schools that some people have to pay for it -- it is defined by income. We are

the last state in the nation for the number of schools that offer school breakfast, percentage of schools that offer school breakfast. Only 39 percent of the children who receive a free or reduced price lunch receive breakfast at school. However, it used to be 33 percent for a number of years and one of those reasons is because there has been some outreach that we've been able to do with SEC on that. I can tell you that it works. And then summer food, there is only about 25 percent of those children who are getting free or reduced price meals during the school year are actually getting meals in the summer. So we are missing 75% of the kids.

SENATOR BOUCHER: But they could if they came forward, would be eligible for that, the program is in place.

LUCY NOLAN: The program is in place but it's a little bit difficult administratively. That's one of the reasons why we support outreach because we have staff people that go and talk to communities and are able to help build that in and get people on the program. We also help bring more sites on because not all of them are available to people.

SENATOR BOUCHER: Now that is in addition to being able to be qualified for food stamps as well?

LUCY NOLAN: Yes.

SENATOR BOUCHER: And those qualifications for food stamps, did that not go up in the last couple of years in Connecticut? I think we're doing fairly well there. Do you know what the income level is for qualifying for food stamps?

LUCY NOLAN: If a family applies -- well it's 185 percent of the federal poverty level, which is

about $40,000 for a family of four with no asset limits. What this -- this happened last June and why it's been so great is because so many people who are unemployed, who've never been on -- you had to have any kind of nutrition assistance are now able to get it. And that's why the not having assets is so important too, because people aren't spending down what they've saved before they can get some help with food. Because it is -- they've changed the name to Supplemental Nutrition Assistance Program because it is a nutrition assistance program.

REP. BOUCHER: Very good.

Thank you for outlining what Connecticut is doing and how it could do better. Appreciate it.

LUCY NOLAN: Thank you.

REP. URBAN: Lucy, on your -- the numbers which I think are very interesting on the New Britain public school, because sort of intuitively we think if we're doing something like this it must be costing us a great deal, and yet the numbers that you show us here say quite the opposite.

LUCY NOLAN: This was, even I have to say, a surprise to us. But that when -- when they were serving breakfast in the -- New Britain was serving breakfast before school, they were serving it, they would basically get the free people -- anybody, it was not universal, so that not everyone could get it. And they were serving 32,000 kids and making about $48,000 on this. When they did it during the school day and fed everyone, nobody had to pay for breakfast. They were serving 61,500 kids and

they were making $90,000; so they were actually bringing in money plus feeding so many more kids. When we think about school breakfast, we think about the kids who don't eat at home. But actually one of the main kids that this affects is often middle class kids because they may not be eating a good healthy breakfast. Where in the school, kids are eating very good, healthy breakfasts and research shows that if kids eat breakfast they do much better on reading and math tests. They behave better and there is less absenteeism. So it is a good program.

REP. BOUCHER: Yes, it's amazing those numbers, and I'm so glad you brought those to our attention and certainly the points that you make about a child and breakfast where it has been well documented.

LUCY NOLAN: Yes.

REP. URBAN: Are there any other questions or comments for Lucy?

Seeing none. Oh, Representative Hamm.

REP. HAMM: I'm wondering, have you given any thought, it sounds like the major expenditure that we would have to put forward in order to make some progress in this area is in the outreach area. Is that really about what I was hearing?

LUCY NOLAN: Yes.

REP. HAMM: Have you contemplated what the right number is?

LUCY NOLAN: Yeah, actually we had some legislation a couple of years ago that was very similar to

this. There are a couple pieces. One if there is increase in school breakfast -- we would like to see an increase in the school breakfast and that was about $500,000 is what the SDE said. Because as more kids eat, there's a line item in the budget, but as more kids eat, it draws down. It makes less per meal reimbursement and so we want to make sure that some of the bigger schools don't lose money.

But we thought between $100,000 and $250,000 would be something just to get a staff person; a one person who could really just go out there and do some outreach. We have grants that are called Operation Participation Grants and Hunger Connecticut has been given $3,000. Last year we saw a 74 percent increase in one community that took one of these grants. It's a $750 grant to get a community to buy recreational equipment or art supplies, something to bring the kids into the summer feeding site and they've used it for raffles and we've seen nothing but success.

REP. HAMM: I know Middletown took advantage and has just had wonderful results.

LUCY NOLAN: That's right. Middletown is the shining star, I have to say. They've just been great.

REP. HAMM: Thank you.

LUCY NOLAN: Thank you.

REP. URBAN: Any other questions? Seeing none.

Thank you, Lucy, so much for your testimony and also for your service on the Task Force.

LUCY NOLAN: Thank you very much.

REP. URBAN: And we look forward to continuing to work with you.

Next on our list to testify is Nancy Carrington from the Connecticut Food Bank.

Welcome, Nancy.

NANCY CARRINGTON: Good afternoon, Senator Musto, Representative Urban, Representatives of the Committee.

My name is Nancy Carrington. I'm CEO of Connecticut Food Bank, which is the largest centralized source of donated food in the state of Connecticut. I am here to speak on House Bill Number 5360, AN ACT CONCERNING CHILDREN IN THE RECESSION.

Connecticut Food Bank serves 650 food-assistance programs in six of Connecticut's eight counties. That includes Litchfield, Fairfield, Middlesex, New Haven, New London and Windham counties. Food-assistance programs include food pantries, soup kitchens, overnight shelters, child and adult day programs for low-income people. We are distributing some 37 tons of food every business day, but we know we haven't ended hunger.

House Bill 5360 contains critical provisions that will help Connecticut's anti-hunger advocate's effectively combat childhood hunger in and out of our schools. In Connecticut, households with children struggle with food hardship a lot more than households without children. Chronic hunger in children has long-term health, developmental, educational, and workforce and job-readiness repercussions.

According to the Food Research and Action Center and Gallup organization, one in five Connecticut households with children does not have enough money to buy the food that they need.

About Thanksgiving time last year, we were contacted by NBC nightly news that they wanted to do a story about a person who was feeling the effects of the recession. It's always a delicate thing to ask people to testify about their personal -- to tell their personal story, particularly for TV. But Sue, who lives in a shoreline town, agreed that she wanted to tell her story. The first thing that she said to me on meeting me was I don't want you to think I'm a bad mother.

And what I learned was that Sue was a single mother of four children. She was struggling to keep food on the table. She was a middle income house owner and doing okay with her working full time, but she lost her job when the company, for which she did purchasing, downsized and she has been without work since last year. Sue is struggling to be able to feed her children and many days has to choose between whether it will be breakfast or dinner. She will wake her children up she said often late or at the last minute for school such that she -- they don't have time for breakfast, they will get lunch at school and then she has money for dinnertime.

Her visions of House Bill 5360 would encourage schools to participate in the school breakfast program so children like Sue's will not have to start school hungry.

The proposed legislation would also provide outreach funds as Lucy mentioned for the Summer

Food Service Program, which helps to ensure children are fed during the months when they have no access to school meals. Increased outreach funds and grants to site sponsors will help reach and feed more children.

Your support is critical at this difficult time. I thank you for your time and consideration and I hope that you will entertain coming to visit Connecticut Food Bank, one of the many food assistance programs that are feeding so many people in this state.

Thank you.

REP. URBAN: Thank you so much for your testimony, Nancy. It certainly highlights that number of $800 for households that Dr. Brown came up with at Harvard as to why there is that cost, because we have to put together these food banks and we have to have people that are working in them so that we can actually get food to our families that need it.

Thank you for your testimony.

Do we have -- Senator Boucher.

SENATOR BOUCHER: Thank you, Madam Chairman.

Much has been said this morning about, or afternoon, about outreach. You seem to be in a great spot with regards to being able to reach individuals and the example that you just cited. Do you often encourage them to apply for the state program for food stamps since it's become much more generous in the last couple of years?

NANCY CARRINGTON: I think that many, many of our food assistance programs do encourage people to

seek assistance and, unfortunately as has been stated earlier, I think many times the -- even an emergency request for assistance are not able to be handled because of the overload of work at DSS.

SENATOR BOUCHER: So given this individual makes use of the school breakfast and lunch program, they also would be -- they would have access to food stamps at the same time?

NANCY CARRINGTON: I believe that her income with her unemployment put her just above the level where she would be eligible for food stamps.

SENATOR BOUCHER: I'm a little confused because don't you have to qualify at a certain income level to actually access the food -- the free lunch program at school?

NANCY CARRINGTON: I think -- I'm not certain of her particular -- the exactitude of her particular situation, but was able, I do believe, to get reduced price lunch.

MS. URBAN: Are there any other questions or comments? Sure, Representative Jarmoc.

REP. JARMOC: Thank you.

Senator Boucher, I was hearing what you were saying and listening also and it's interesting. In December I shadowed a woman from my community in Enfield who is a client of the Enfield Food Shelf and I, for that week, lived her life and fed myself on the food shelf and my daughter participated with me.

She, this woman we shadowed, has a daughter around the same age and so it was interesting. She qualified for assistance through the food

shelf, but she did not qualify for food stamps. So it was a little interesting. Therefore, in addition to what she received from the Enfield Food Shelf, she had an additional $20 a week out of her budget to pay for food at the grocery store. And so that is what I lived on as well. It was incredibly difficult and I don't know how she does it every week but she does.

I'm not sure how the qualifications work, but I think it's similar in other communities as well.

REP. URBAN: Any other questions or comments? Seeing none.

Thank you so much, Nancy, for your testimony.

NANCY CARRINGTON: Thank you.

REP. URBAN: Next to testify is Gloria McAdam from Foodshare. Welcome, Gloria.

GLORIA McADAM: Thank you.

Good afternoon, members of the Committee. I'm Gloria McAdam. I'm the President of Foodshare. We're the food bank serving the other two counties in Connecticut, the greater Hartford area. I'm in my 26th year at Foodshare and I have never seen anything like this past year. Local food pantries reporting a 20 percent increase in the number of families coming in for help. I should comment that the highest demand time in local food pantries is in the summer when the kids are out of school. Everyone seems to think it's the winter or holidays, but it's actually the summer when the kids are out of school so they don't have access to those school meals.

And right now not a week goes by that I hear about a new person in line at some food sight saying something like "I used to donate to this program and I never thought I would need this help, but I do because I need to feed my children, so here I am in line asking for food."

I certainly appreciate the challenges of the current state budget situation. There are steps we can take that will help ensure that hungry children are fed and bring more federal dollars into the state without costing the state significantly more.

Our participation rates in the Child Nutrition Programs are so low that we estimate we can bring in an additional $9 million federal dollars simply by bringing participation in all these Child Nutrition Programs up to the national averages. The national averages are not really very high.

Right now, in essence, we are leaving that money on the table and we should be going after it with everything we have in order to make sure that our children come through this recession with the proper nutrition that will lead to good health in the long term.

So I am here supporting Raised Bill 5360, and it includes several important components around child nutrition that will help bring in these funds and strengthen the programs.

First, on breakfast, our grandmothers always told us that it's the most important meal of the day, and you can imagine without breakfast it would be hard for anyone, child or adult, to focus. It only makes sense hungry children

can't learn; and ask most public school teachers, they'll confirm. They know who has had breakfast and who hasn't. And yet, as Lucy said, Connecticut is last in the nation for the number of schools that actually offer school breakfast and our participation rate is way below that of other states.

Providing breakfast is part of the school day, will increase participation, it's not that difficult to do. In Bloomfield they started doing it this past year with what's called a "grab and go" breakfast. It's essentially a "brown bag breakfast" the kids pick up on their way into school. So we can make sure that all children from low-income families have that option of getting breakfast at school.

I was particularly glad to see the components of the bill about coordinating the various programs, school meals, Summer Food, After School Snacks, and so on to make sure that families are enrolled in everything they're eligible for and sort of having to go to five different offices and five different applications, help them do that all at once.

The most important thing to me was about the Supplemental Nutrition Assistance Program, or SNAP, because we can best feed children by feeding families. With DSS workers' caseloads now exceeding 1,500 clients, approval of benefits has often taken as long as two months, twice the time required by the federal regulations. And yes, we have budget challenges. As someone who runs a successful non-profit business, I know that organizations need to adapt to changing times and emerging needs.

Applications from Connecticut families for the SNAP benefit are up by 30 percent in the past year. DSS needs to respond to that by changing to meet this increased demand, get benefits to people quickly and they can do that be reorganizing the work load, reassigning workers, making better use of technology or just simplifying the application process. We need to fix the administrative issues in order to get food to hungry families, not just because it's the right thing to do, but it makes sense for our economy too.

Research shows us that every dollar of SNAP benefits provided to a family returns $1.73 to the local community's economy. So it is definitely a win-win that we just need to do.

Thank you.

REP. URBAN: Thank you for your testimony.

If I can just sort of summarize because I think we're getting a real agreement among a lot of people that are testifying. The in-class breakfast program, the outreach and streamlining our process are kind of the three biggest things that you see. Is that putting it correctly?

GLORIA McADAM: I would say yes, that's true. Streamlining the process to me would be the biggest one because of the long waits to get food stamps or SNAP benefits. If a family is hungry today, they need food soon; not two months from now.

REP. URBAN: And amazingly if we streamline the process, we're actually saving ourselves money.

GLORIA McADAM: We should be able to save money at the same time.

REP. URBAN: And the outreach as we've already found out by listening to Lucy's numbers, if we outreach and we get more people into the Breakfast Programs we can actually end up in the black and not in the red. So it all makes sense.

GLORIA McADAM: Right. I would certainly support the earlier comments about engaging the nonprofits. Nonprofits are doing outreach. Actually at Foodshare we have a SNAP outreach program that's done with volunteers, so there is a variety of ways to get at this but we need to make sure it happens.

REP. URBAN: Thank you, Gloria.

Are there any questions or comments for Gloria? Seeing none.

Thank you for your testimony.

GLORIA McADAM: Thank you.

REP. URBAN: Rick Porth from United Way.

Welcome, Rick.

RICK PORTH: Thank you everyone for giving me the opportunity to present some testimony on S.B. 5360. There are many good ideas in this bill and you're definitely focusing on the most important issues in the state and the most prevalent issues. In a minute I'll talk about why we believe that at United Way of Connecticut. Primarily I'm here to offer support for the bill and also to offer United

Way of Connecticut's help in trying to address some of the bill's priorities.

We at United Way of Connecticut have worked for many years in partnership with the state government to benefit tens of thousands of Connecticut residents through our 2-1-1 Service, through 2-1-1 Child care, through the HUSKY Infoline, through Child Development Infoline and Care 4 Kids. During 2009, 2-1-1 handled over 360,000 phone calls and nearly half a million service requests. Our 211ct.org website recorded more than 525,000 searches on our online 2-1-1 database. That's grown tremendously over the last couple of years. We think in large measure because of the condition of the economy and the recession that is the subject of your bill.

When we do record the calls that we take and the reasons people ask us for help, a large proportion of the calls address the priorities in H.B. 5360. And the back of the testimony, written testimony, provided there is a little chart with the five most prevalent reasons people called request for service in 2009. More and more callers seek help with basic needs such as utilities, finding housing, financial assistance, food, public assistance programs. In 2009 referrals for basic needs services accounted for 41 percent of all the service requests that we got, and the largest increases were in referrals for housing and financial assistance and public assistance. Food came in at number nine on the list and has been moving very steadily and actually fairly rapidly up the list of priorities, the reasons why people call and I want to back up the testimony of the last few people.

We think that you really have focused in on the most important issues and we'd like to offer our help through the work that we have been doing and will continue to do in the future.

So, for example, when you talk about improving service delivery and systems and processes, streamline and integrate public information and access to services, online applications, screening tools, benefits, we feel that 2-1-1 and 211ct.org and our 2-1-1 navigator, which is an online benefit screener that allows people to answer a few simple questions and get an idea of which benefits they're eligible for, and then access information on those benefits and the applications. Now the applications can't be submitted electronically now, but people can get applications online through 211ct.org and we'd like to continue to help and maybe even do more to support what you're trying to achieve there.

We also provide the emergency mobile psychiatric service through the Department of Children and Families which helps to address one of your other priorities, addressing child trauma and issues related to that in the home. We service single point of entry for the brand new homelessness prevention and rapid rehousing program in the state. While it's been challenging because of the sheer volume of people asking for help, we think we've gotten off to a good start with our partners at DSS, other state agencies and the Connecticut Coalition to End Homelessness.

Care 4 Kids is one of our programs and we support the recommendation and I should stop at that. But again my main purpose in testifying is to say you're right on target and we'd like to be part of the solution going forward.

Thanks.

REP. URBAN: It sounds like you already are, Rick. We really appreciate what you've done. The whole 2-1-1 and the navigation of the system, those are obviously ways that we want to move.

I do have a question for you on your top five requests for services, do you have this data going back so that we can actually establish a baseline?

RICK PORTH: We do.

REP. URBAN: And is the trend an upward trend?

RICK PORTH: Absolutely. We can provide the last few years of this data, the top 25 reasons why people call us statewide. You'll be able to see how different items move up and down that list. We can do that.

REP. URBAN: Well, in view of the fact that we've asked in this bill for the agencies to be involved in a RBA report card, these are the types of things that they are going to have to be dealing with. So being able to establish that kind of baseline for us would be very instructive.

RICK PORTH: I would be glad to provide that information.

REP. URBAN: I would really appreciate that. That would be great.

Any other questions or comments from the Committee?

RICK PORTH: One other quick comment, meant to be mostly positive here but while I have the chance, any help that the legislature can provide us on restoring funding for our HUSKY Infoline Program would be much appreciated.

REP. URBAN: Yes, we have already heard that and we fully understand it. So thank you so much. Thank you, Rick.

RICK PORTH: Thank you, Representative Urban. Thank you everyone.

REP. URBAN: Next on our list to testify is Sherry Linton from the Association of Human Services.

Welcome, Sherry.

SHERRY LINTON: Thank you.

Good afternoon, Committee members, and thank you for the opportunity to testify in favor of H.B. 5630. I would also like to thank the Task Force for actually acknowledging the fact that the needs of families are complex and they must be addressed concurrently to decrease the probability of families being propelled even further into poverty.

I think I want to reiterate and stress again the need for the streamlining of the application and enrollment process for families that are trying to apply and enroll for state funded services. I have heard it over and over again just how cumbersome the process is for families and providers that are applying for services.

I would like to speak a little more specifically to the pieces of the bill that relates to early care and education, starting

with Section 2 that really speaks to the need to really minimize the amount of stress and the amount of paperwork that is required of applicants, particularly with the Care4Kids Program. I've heard over and over again from providers, I've worked within the program that administers Care4Kids and now I am actually advocating for families and providers and have consistently heard over the ten years that I have been doing this work that there is just a constant need to apply, reapply, submit paperwork, paperwork is lost, when the program is open to a new income criteria area, if a family just recently submitted an application, they are still required to resubmit a brand new application as recently occurred in November when the Care4Kids Program opened. So I really, really would like to stress the need to really look at that area and how we can become more efficient in the application process and the requirements for documentation from families and providers.

In addition, I would also like to stress the fact that the providers say that they often get no notice when the program is opening or closing. For example, recently last May the Care4Kids Program closed with no notice at all to providers. The providers were unable to plan for the families that they were going to lose the income that was going to be coming into their centers. So that piece is very, very important to the early care and provider community to ensure that they receive at least a 60 days notice when the program is going to be closing so they can plan for the financial repercussions of the closing of the Care4Kids Program.

And finally I would like to stress the need that we really adhere to the legislature's

budget for the Care4Kids Program. The original budget of $103 million to be dedicated and committed to childcare services. Currently DSS is looking to spend the minimum that is necessary to have a maintenance of effort to keep in Connecticut the stimulus dollars, but we really need to look at the needs of families and ensure that we adhere to what the legislature originally budgeted for families.

So lastly, I would really like to again praise the Task Force for recognizing the comprehensive needs of families and the need to address these areas concurrently. I'm hoping that the Select Committee and the Legislature across the board will also concur on those needs.

Thank you.

REP. URBAN: Thank you, Sherry, so much for your testimony and again, we hear the streamlining and people waiting and applications getting lost and --

SHERRY LINTON: And those are no cost, I think that's a piece too, the no cost efficiencies I think we really need to do that as soon as possible.

REP. URBAN: Exactly and I think that's one of the things that we want to emphasize as we continue to move this bill forward that we are looking at things that are trying to address savings, not spending.

SHERRY LINTON: Right. Correct.

REP. URBAN: I thank you very much for pointing that out and for your testimony.

Are there any questions? Yes, Representative Hamm.

REP. HAMM: Yes. This is actually more a comment than a question, it's a rare time when I feel I need to rise to the defense of the Department of Social Services. Since it's come up over and over about how long the wait lists are and how hard it is to get any of the benefits approved, I wanted to put on the record that Commissioner Starkowski testified before our subcommittee that they are mindfully aware of it, they are pulling people from all the regions to streamline a team and he's promising that within about two months you're supposed to not have a problem.

SHERRY LINTON: Right.

REP. HAMM: So, we'll have to hold him to it.

SHERRY LINTON: Yes and I think I get that --

REP. HAMM: But that is, in fact, the representation that the department believes that they are on it and that they are going to fix it.

SHERRY LINTON: Right. I'd love your support in ensuring that we have the practice in addition to the procedure and the policy.

Thank you.

REP. URBAN: I thank you for pointing that out because that is always the difficulty to make sure we follow through. But I am so glad, Representative Hamm, that we have him on record as saying he's going to work in that direction. So that's terrific.

SHERRY LINTON: Thank you.

REP. URBAN: Thank you so much for your testimony.

Next on our list to testify is Kaneish Crenshaw from Mothers for Justice.

It doesn't seem that she's here.

How about Deborah Peorio from Connecticut Association of School Based Health. Welcome, Deborah.

DEBBIE POERIO: Thank you.

Good afternoon, Representative Urban and members of the Committee. My name is Debbie Poerio and I am here speaking on behalf of the Connecticut Association of School Based Health Centers in support of Bill 5360, AN ACT CONCERNING CHILDREN IN THE RECESSION.

Connecticut has wisely invested in building a cost effective and accessible system of care to address the health care needs of children and adolescents through school based health centers for over 20 years. Currently there are over 78 centers that provide comprehensive medical, mental health and dental services to 44,000 students annually through 131,000 visits. Students describe their school based health centers as a place where they feel safe and know that their health and emotional issues will be addressed. Families rely on these services so that parents can stay at work and their children can stay in school and continue to learn.

For many families the loss of employment, health insurance, transportation, even their homes, has placed a great strain on both parents and children. Incidents of family

violence have increased as families struggle to survive. For these children, accessing care in their school based health center is more important than ever. The cost effective services provided in the school based health centers assure that children will receive the care that they need to thrive. Over the last 18 months as the recession has deepened and unemployment has risen, school based health centers have had more demand for mental health care services as students struggle to cope with family stress.

In your report of the Task Force on Children in the Recession, you cite the long term negative impact of family violence in children and the critical importance of early intervention. School based health centers provide the early intervention that can reduce long-term effects of violence on children and staff serve as liaisons between the family and the school to strengthen children's support services and network. In light of the effects of the current recession and the proven positive impact that school based health centers have had on children's health, I'd be remiss if I didn't mention the proposed reductions to school based health centers and the Governor's Deficit Mitigation Plan. In this year's fiscal year, school based health centers have already received a 5 percent reduction and the Governor has proposed an additional $1 million reduction before the close of this fiscal year.

In addition, in fiscal year 2011, the budget is proposed to cut an additional $1.23 million in services to the school based health center. Your Task Force report clearly indicates that this is not the time to eliminate the easily accessible health care that our children receive in school based health centers. Our

country mandates that every child has the right to an education, but not to health care?

How do we justify reducing access to necessary health care services and school based health centers when we know families are struggling with issues of unemployment and homelessness. And if we do nothing as your Task Force states, these children and families will end up seeking non-emergency care in our emergency rooms which will cost 16 times more than a visit to the school based health center.

In conclusion, we applaud the fine work that this Committee and this Task Force has done and we stand by and ready to support your actions and your plan.

Thank you.

REP. URBAN: Thank you so much for your testimony, Deborah, and certainly health care is a very troubling area and we are well aware of the effectiveness of the school based health centers. So I thank you for your testimony.

Are there any questions for Deborah? Seeing none.

Thank you for being here with us today.

Next on our list is Archibald Stuart. Take your time Mr. Stuart.

Thank you so much for being with us today.

ARCHIBALD STUART: I'd like to start this -- first of all I should mention who I am. I'm a retired professor of the social welfare policy at the University of Connecticut School of Social Work and I am currently trying to leave

behind a book I am writing called Policy Actions and Struggles for Social Justice and it's that I want to talk about.

I want to start on a personal note and say Jack Thompson mentioned what happened in his youth. When I was about 12 years old I was in a nice school in the suburbs where we had about 10 boys in the class who were there from a home for children who were kept there because -- not because they were neglected, but because their family was poor. In 1935 we passed the Aid to Families with Dependent Children Program and those ten kids could go back home. Little did I realize that almost 75 years later I would be testifying in concern with the oppressive cuts we've had and benefits to the programs that have deprived children of the rights they had under the Act that was set up in 1935.

In 2001 I was in Poland and I was able to visit to Auschwitz Concentration Camp and everyone sees the display of the shoes of children that were killed there. I said to myself, I understand why this is happening. We're doing the same thing to children on welfare. This is an example of human oppression. So I want to deal with two oppressive elements that I think have gotten to our state program of aid to what we call the (inaudible) Program. One was the flat grant which was established in '72 which stopped paying actual rent that people were paying and gave everybody the same grant regardless of what rent they were paying. I think this has had a very devastating effect when rents have increased and people don't have the money in the grant to pay the rent. This is going to increase homelessness and I think we need to study the impact to this (inaudible) taking the impact of the recession on this.

The second oppressive cut, and this is even more horrendous, is to cut kids off basic substance after 21 months when their families were employable with effection that somehow this is going to increase employment. There is not a stint of evidence that that happened. All we've done is taken children off the right to basic substance and this is clearly an act of human oppression and it is clearly targeted, and I think everybody should admit this, to African-American and Hispanic children in this state.

I think most of the white society has ignored this. The Connecticut Association of Voices for Children has completely ignored this. They are not speaking at all for those cut off. The (inaudible) for communities is doing very little about the right to affordable housing for very poor people.

We need to start addressing this. So I want in this proposal to suggest a couple of things that I think we should do to address this aspect and one is to -- I mention them here -- one is to just put in instead of the cost to human rights of the recession and put the emphasis more on human rights. Secondly we printed the (inaudible) Program is in small type and it sort of conceals that this is really what we're talking about the (inaudible) aid to families in needed families. We're covering that up and I think we should stop doing that.

The next is that we should include that the Department of Social Services should study the impact of the recession and on the impact of the Flat Grant and the 21 time limit on children's rights with reverence to the (inaudible) of your rights an the convention on

charter rights to children and identify how oppressive this is. What happens to kids when their families don't have enough money to pay the rent? This is clearly hurting school progress and so on.

Lastly, I would like to recommend we have in the proposal that we've abandoned certain restrictions when employment gets more than eight percent. I'd like to see us abandon the time limit when our employment is over eight percent because clearly then people who are cut off cannot find jobs and this is just oppressing kids and so on.

In other words, these oppressions are a monument to -- oppression of our minority children over here and I think we white society have got to face this and be honest about it and not ignore the damn thing. And that's just some of my --

REP. URBAN: Thank you for your testimony, Dr. Stuart. Certainly you have a wealth of knowledge and we applaud the fact that you're writing a book on social justice and we thank you for your testimony. I know that you came to one of our field hearings also and we really appreciate that.

Are there any questions or comments for Dr. Stuart.

Representative Mushinsky.

REP. MUSHINSKY: Thank you.

Dr. Stuart, just wanted to comment on -- there is a pocket of low income and struggling children who are not African-American and not Hispanic, they are white kids in northeast

Connecticut and the poverty indicators, adolescent pregnancy indicators, mental health indicators, all very close to urban populations of minority kids, it's actually the same situation with these children but they are trapped by isolation and lack of jobs for their parents in northeast Connecticut. So I just don't want you to forget them too. There is another whole population.

ARCHIBALD STUART: Okay, in this book I'm writing I'm analyzing racial differences and in family income. The median family income of an African-American family is only 65 percent of the median income of white families. We are not closing that gap and I think it's a real challenge to us. How are we going to educate a kid when their family has about half the income of the white kids in the school? What we've proven is that an army base where there is practically no segregation, total integration, the African-American children do as well as the whites. In other words, our school progress is a product of poverty and discrimination against African-Americans and we're not eliminating that. Education is not eliminating that.

REP. URBAN: Thank you.

ARCHIBALD STUART: Does that answer what --

REP. MUSHINSKY: I think because your book is written on a bigger scale, you're emphasizing that racial disparities, but I just wanted to put on the record that we also have a population in Connecticut that is white, that's suffering the same types of gaps and lagging behind on education and health care and a number of other indicators which I hope we will also, the Children's Committee also will keep

an eye for the success of those children as well.

ARCHIBALD STUART: Yes, I think we should bear in mind we have the largest gap between rich and poor of any state in the union and we have a lot of tax base we could be using that we're not using to fund these programs. It's not a matter of cost to us, it shouldn't be.

REP. URBAN: Thank you very much, Dr. Stuart, for your testimony.

And next on our list to testify is Dr. Vivian Cross. Welcome back to our Committee, Dr. Cross.

VIVIAN CROSS: Thank you.

I'd like to commend the Select Committee on Children for the kind of work you do to advocate on behalf of children. You have a mammoth task before you, but I'm glad that this committee exists.

I'm here in support of Raised Bill Number 5360 and the reason I'm supporting this bill is because there's definitely a tremendous need to address all of the sections, but in particular Section 2 of Bill 5360 which seeks to simplify access to services. What we're looking at in this section are seven different state agencies and what I'm reminded of is a statement that Dr. James Comer from the School Development Program at Yale University stated, January 31, 2008. He talked about the silo effect and how it's very, very difficult to get services to children because state agencies act in isolation and they're not connected. They're not linked and they act as silos.

So, truly this bill will address that issue. I am also in support of this bill in regards to other sections, including Section 13 and 14 that talk about accountability to seek results in transparency. There really is a need for RBA, results based accountability, between agencies to make sure that children get the services rightfully due them. Whether it's through health issues, educational issues, in regards to children and families, all of these agencies really need to be held accountable to make sure that services are rightfully provided to children that are entitled to them under federal law.

I'd like to also kind of piggyback on Raised Bill Number 5314, and again this is another children's issue. I'd like to connect and link with the presentation that was given on childhood lead poisoning and asking that you consider including in that language a portion of the bill that will hold state agencies responsible for complying with federal law in regards to children that qualify for services under the Individuals with Disabilities Act; in Section 504 of the Rehabilitation Act, children that are entitled to services because of their impairment.

And I just met earlier today with the State Department of Education's Bureau of Accountability and Improvements and I said to them what can we do to make sure that the different bureaus in the parts of the State Department of Education comply with federal law regarding children with impairments due to lead poisoning? The outcome of that discussion earlier today and a discussion on Tuesday of this week when four state agencies met together to talk about how they could work together to address the needs of children that are impaired

due to lead poisoning -- the outcome of that was that there really needs to be legislation. So in order for state agencies to be held accountable and to comply with federal law, there's got to be language and there has to be a statute to require them to do what they're really supposed to be doing in terms of complying with federal law.

I'm here today because my heart was touched when a parent called me this week and said to me that her child was lead poisoned at age one. Birth to Three didn't pick up this child. The child's elevated blood level was three times the Center for Disease Control's level of concern. The child is now going on four years old. Birth to Three missed this kid. Three to Five which is under Child Fines, State Department of Education, missed this kid and the parents were pleading with me to get services because the child is out of control and has impairments. But just too basically summarize, we're asking for your support for both bills, 5360, on behalf of Connecticut's children, and also Bill 5314 on behalf of children that are impaired or impacted by neurotoxins.

REP. URBAN: Thank you so much for your testimony.

Are there any questions from anyone on the committee? And there's the bell.

VIVIAN CROSS: I made it.

REP. URBAN: Thank you so much for testifying.

We have no more people signed up, but is there anyone here who would like to testify who did not sign up?

(Inaudible) Absolutely.

LUZ SANTANA: My name is Luz Santana.

REP. URBAN: State your name for the record.

LUZ SANTANA: My name is Luz Santana.

REP. URBAN: State your name for the record.

LUZ SANTANA: My name is Luz Santana. I'm the Director for a neighborhood organization called (inaudible) and we have been working so hard for so many years to see that all children be left out of poverty and we have worked and they got that bill to eliminate child poverty by 50 percent by 2014, right, am I correct? It's so frustrating that while we have (inaudible) is the opposite. Our children have been falling into poverty more and more and more. We have been coming to the state screaming and yelling to ask for something to happen.

It kind of -- I hope this (inaudible) to see something to really happen so that we can fulfill that promise that by 2014 our kids are going to be out of poverty. I wanted to talk to what you're concern about non-white children, non color children, I consider everybody color, because white is color too. When we are referring to children, we do not want to discriminate. Unfortunately it's a reality (inaudible) that our children the ones that are nonwhite are the one who pays the price constantly because what they've been shown is just those parents who don't want to work, they want all the handouts and that's why the kids are in poverty. But in reality, there's so much children in poverty that white that they are color, if you want to put it like that.

We want it to work for all of us. But we don't want all children to stay (inaudible). We want to make sure that our children be (inaudible) out of poverty too. Not get the (inaudible) children.

And I hope, I really hope, that (inaudible) listen to everybody but I really will continue to work with the Legislature and with the speaker to make sure that this happens regardless of the cost, regardless of the cost. We got to do it because what it is in that (inaudible) we happen to have problems (inaudible) counseling all the time because we need to save money or because we don't have money. So it doesn't matter. I think that the future of our children is important and the crisis that families are going through are too hard. You know, you have seen it, if you've been around the state so you have seen it. It is no life. So you can imagine all people in the cities in the poor neighborhoods, what people have to go through. So I hope that I won't be disappointed.

Thank you for all your efforts.

REP. URBAN: Thank you for your testimony.

I would just point out that with many of the things that we're suggesting in this bill, we would actually end up either saving money or getting additional monies from the federal government for programs for children.

Are there any questions or comments?

Seeing none.

This public hearing is closed.

The Connecticut General Assembly

Pg 1, line 2

House Democrats

Children's Committee PUBLIC HEARING
Thursday, March 6, 2010

Speaker Christopher Donovan's Testimony in SUPPORT of

House Bill No. 5360 (Rasied) AN ACT CONCERNING CHILDREN IN THE RECESSION.

Representative Urban, Senator Musto and members of the committee:

I wish to express my strong support for **House Bill No. 5360 (Raised)**, An Act Concerning Children in the Recession. As you know this bill was created out of the recommendations of the Taskforce on Children in the Recession that has been meeting and listening around the state to the public on how this recession is affecting their children and families. This bill has been created to propose a comprehensive approach to assist children and families throughout the state who are middle class and lower income; urban, suburban and rural. It is important to note that many of the specifics in this bill are only triggered during times of an economic recession which is indicated by at least an 8% state unemployment rate. This proposal is not mandating or implementing permanent social programs or changes. It is creating temporary relief while our families work to get back on their feet.

When times are difficult and people are suffering, government must step up an assist them, not cut and run. What else is the purpose of government if not to help people in the times they need it most?

This bill implements several important and urgent government responses whenever our state may be in a recession such as 1) improving service delivery so the families eligible for services can receive them in an efficient and timely manner, 2) helping people get back to work by providing vital child care, and 3) making sure tragedies such as increasing rates of infant mortality due to low birth weights are diminished.

Most importantly, the programs in this bill are created with the sensitivity to the state budget when a recession is upon us. The bill requires the maximizing of federal funds, coordination across federal and state agencies, and partnering when possible with philanthropy and others in the private sector. The bill creates an emergency leadership team to ensure that government is working as efficiently as possible to implement assistance programs during this recession. It utilizes results based accountability policy to make sure what we do works.

The evidence suggests that children will feel the impact of the economic crisis far into the future. They are our future, and we must do everything we can to protect them from the ravages of this recession or any other down the road.

I would like to thank this committee for raising this comprehensive and much needed bill. I thank the committee for their time and consideration on this matter.

Room 4100 • Legislative Office Building • Hartford, CT 06106-1591 • (860) 240-8500 • hdo@po.state.ct.us

pg 1
line 6

State of Connecticut
GENERAL ASSEMBLY

Commission on Children

Testimony of Elaine Zimmerman
Executive Director
Connecticut Commission on Children

Select Committee on Children
Connecticut General Assembly
March 4, 2010

Senator Musto, Representative Urban and Members of the Committee:

Enclosed please find comments in support of **R.B. 5360, An Act Concerning Children in the Recession.**

Children are historically lost in hard times. This year the recession is anticipated to cause three million children to fall into poverty. The cost will be 1.7 trillion dollars. In Connecticut 35,000 children will fall into poverty, costing our state $800 million per year in health care and lost wages alone.

Over one fourth of those using food pantries now are working families. Over 100,000 children under 12 years of age are at risk of hunger. In Connecticut, more children are homeless and living in families under tremendous stress.

Fully 28 percent of the state's children have parents with no full-time, year-round employment. Home foreclosures have pushed many families into the rental market, which in turn is driving up rents — despite falling incomes and rising unemployment. As a result, many families won't find housing at all.

In just one year Connecticut homeless shelters reported a 30 percent increase in the number of families they had to turn away due to lack of space. Few things hurt children more than housing instability and homelessness.

Food insecurity affects child development. The increased odds for cognitive, behavioral, and other development delays have implications for educational achievement. In the past two years, increasing rates of infant mortality and low birth-weight infants, along with dropping rates of mothers receiving timely prenatal care during the first trimester, suggest that a once-positive Connecticut trend may be reversing direction, erasing three decades of improvement. Low birth weight costs our state $184 million per year in preventable hospitalizations.

18-20 Trinity St. Hartford, CT 06106 Phone: (860) 240-0290 Fax: (860) 240-0248 Website: cga.ct.gov/coc

Connecticut is the first state in the nation to step forward to initiate a comprehensive and thoughtful response to the recession's impact on children. R.B. 5360 is comprehensive and bold. It is a true result of civic engagement over a year and a half of study and discourse.

The findings and policy details include detective work in diverse regions of the state to see what families are facing in Torrington, Killingly, Bridgeport, Hamden, Hartford, Enfield. R.B. 5360 is not a bill to address poverty, but a bill to buffer the impact of the recession on the middle class and the workers of this state who have suddenly found themselves facing a cliff they never expected or deserved

Much of what is in the proposed bill reflects what good government should be – streamlined for the public with attention to the public good in health, safety and quality of life. The bill tries to simplify government at no and very low cost with large gains in savings and public access. It is focused on the public, not state agency need.

R.B. 5360 has ingredients that respond to families in the urban, suburban and rural sectors. It is different from how we usually write law in that it crosses issues and authority so we are sure not to fragment the family.

R.B. 5360 understands that the recession is like any sudden emergency – you need leadership fast and resilient to work across agency and boundary to put out the fire, whatever the flame is. We cannot stop the recession from its course. But we can make sure we understand its impact on children and buffer the impact fast and capably. For this reason, it is recognized by the National Conference of State Legislatures as a model for the nation

Thank you for your time. I am glad to answer any questions.

18-20 Trinity Street * Hartford, Connecticut 06106 Phone: (860) 240-0290 Fax: (860) 240-0248 website www.cga.ct.gov/coc/

The State of our Children in the Recession

FACT: An additional 35,000 Connecticut children will fall into poverty during this recession.

FACT: Food pantry requests for assistance increased 40% from 2008 to 2009.

FACT: Homeless families in Connecticut are different today: 32% are working but have no home.

FACT: Homelessness among Connecticut's rural and suburban families increased 33% from 2008 to 2009.

FACT: Homeless shelters throughout Connecticut are at – or above – 100% of their capacity.

FACT: Three-quarters of Connecticut children live in housing that fails to meet the definition of "affordable" – which is housing that costs no more than 30% of a household's annual income.

FACT: Joblessness for 16- to 24-year-old black men has reached "Great Depression proportions".

FACT: Youth unemployment is at its highest level since World War II. Only 34% of Connecticut teens were employed in 2009, compared to 49% in 2000.

FACT: 45,000 people in Connecticut (3.2% of the population) are hungry at some point during the year.

FACT: A child who falls into poverty during a recession is twice as likely to live below 200% of the Federal Poverty Level as an adult.

THE COST OF DOING NOTHING

FACT: This recession will lead to 35,000 children falling into poverty. They will not recover when the recession does.
COST: This will cost Connecticut $800 million per year according to First Focus, a Washington-based firm analyzing economic impacts on children.

FACT: Low birthweight is a growing trend in Connecticut and is a preventable condition for newborns. Low birthweight costs in dollars and poor child outcomes.
COST: CT spent $184 million in hospitalizations for low birthweight babies in 2008.

FACT: Nearly 11% of Connecticut households are hungry. Food pantries reported a 30-50% increase in requests for assistance from 2008 to 2009.
COST: Hunger costs the country $90 billion a year and $800 per American household.

FACT: Rural and suburban homelessness in Connecticut increased by 33% from 2008 to 2009.
COST: The annual cost of a homeless shelter for a family of three is $26,280. A RAP rental certificate costs $9000 a year.

FACT: Many homeless children stay back one year in school and have difficulty finishing high school..
COST: The 9400 high school dropouts from Connecticut's Class of 2009 will cost our state $2.4 billion in lost wages.

FACT: Some state services can help the public while bringing in federal dollars.
COST: Connecticut will bring in at least $8.4 million in federal funds if we increase use of our school breakfast and summer food program.
COST: Every food stamp dollar generates $1.73 in economic activity, but only 53% of Connecticut's eligible working families receive food stamps.

FACT: Online streamlined applications for state services help the customer, reduce errors and save money.
COST: Florida saves $83 million dollars a year in their online applications, and error rates have markedly dropped.

FACT: Some youth and young adults are giving up college as a goal due to cost and family stress.
COST: Lack of a college degree costs families in economic security. A college graduate's average household wealth is 9 times that of a high school graduate.

State of Connecticut
GENERAL ASSEMBLY

1st Quarterly Report of
House Speaker Christopher Donovan's Task Force on Children in the Recession

Submitted January 2010

Representatives Karen Jarmoc and Diana Urban
Task Force Co-chairs

Download this report and other Task Force materials at: www.cga.ct.gov/coc/taskforce.htm

Table of Contents

OVERVIEW	3
HUNGER AND NUTRITION	4
HOUSING AND HOMELESSNESS	5
EMPLOYMENT—AND UNEMPLOYMENT	6
EARLY CARE AND EDUCATION	7
HIGHER EDUCATION	8
FAMILY HEALTH CARE	9
FAMILY AND COMMUNITY VIOLENCE	10
TEENS AND AFTER-SCHOOL PROGRAMS	10
COORDINATION AND SYSTEMS	11
TASK FORCE MEMBERSHIP	13

Overview

On June 16, 2009, Speaker of the House Christopher Donovan announced that he was forming a legislative task force to find ways to help Connecticut's youngest citizen's deal with the impact of the current recession.

Connecticut thus became the first state in the nation to undertake such an effort. On the day the Speaker made his announcement, experts attending a forum organized by the Commission on Children provided estimates of just how badly the downturn will affect future generations:

- An additional 35,000 Connecticut children will fall into poverty during this recession.
- As adults, these children will earn an average of $19,000 less annually than their Connecticut peers who avoided poverty.
- The economic cost to Connecticut from forgone earnings and poorer health of these children will run to $800 million per year.
- The percentage of Connecticut residents living in poverty jumped by the largest margin of any state in the country between 2007 and 2008, according to the U.S. Census. The percentage of Connecticut children living in families with incomes under the federal poverty level rose from 11.1 percent in 2007 to 12.5 percent in 2008.

"There is no greater risk to Connecticut's future than the adverse effects of this recession on our children. The evidence suggests that children will feel the impact of the economic crisis far into the future. They are our future, and we must do everything we can to protect them from the ravages of the recession. From economic security to hunger, healthcare, family and parental support, child care, education and safety, our children are at risk and it is our responsibility to care for their needs." **--Speaker Donovan**

Representatives Karen Jarmoc and Diana Urban were named co-chairs of the Task Force, whose members included not only legislators but designees of Connecticut's congressional delegation and representatives of social-service agencies. The deliberative process began with national experts – including economists, other scholars, and foundation leaders – talking about the cost of recessions historically. By mid-December 2009, the Task Force had heard approximately 10 hours' worth of presentations and testimony, over three meetings and a public hearing, which was held in Hartford for residents of the 1st Congressional District. The Task Force intends to hold one hearing in each of the state's five districts.

Below is a summary of what the Task Force has learned so far regarding the recession's impact on many aspects of children's lives, along with proposed policy approaches for addressing these problems.

Hunger and Nutrition

- Nearly 11 percent of the households in Connecticut are "food insecure," meaning the heads of these households are at high risk of being unable to feed themselves or their families. This year food pantries report a 30-50 percent increase in requests for assistance from 2008.

- The federal Supplemental Nutrition Assistance Program (SNAP) has proven the most effective tool for ensuring that people don't go hungry, yet an estimated 30 percent of the Connecticut families that are eligible do not participate.

- In the 3rd quarter of 2008, the 2-1-1 info-line received 6,000 calls regarding food and nutrition questions; at the end of the third quarter of 2009, about 9,000 calls were received.

- Half of all U.S. children will, at some point during their childhoods, live in households that use food stamps, according to a recent study conducted by Washington University in St. Louis and Cornell University in New York.

- Connecticut is losing $9 million in federal funds because it doesn't participate in certain child nutrition programs.

"I want to give you a picture of how this economy is knocking out an entire family – a very hard-working family. I have a mother who's sick and a step-father who just lost his job ... In our refrigerator right now there are about two things: a half-bottle of juice and a box of eggs. The tension in our house is hard. I stay away as much as possible ... I have completed two programs in cooking, I have five different certifications. I've applied for five or six jobs a day, and I've gotten no interviews ... Sometimes I say to a friend, 'OK, what can I do to get some quick money?' I know the answer to the question, but I won't go there. I don't want to throw everything away, but I think about it – believe me, I do."

- Latasha Fitzwilliams, 20, of Hartford, at the Task Force's public hearing for residents of the 1st Congressional District, Dec. 5, 2009.

- Fully 75 percent of the children who eat free or reduced-price lunches at school do not receive meals from the summer feeding program, even though they'd qualify.

- Connecticut is last in the nation when it comes to school participation in the national School Breakfast Program, with only 39 percent of eligible children eating breakfast in school.

Possible solutions: Streamline the application process for federal nutrition programs; create more access to DSS regional offices; increase the efficiency of DSS in processing applications and providing services for SNAP; and do more and better outreach for SNAP and child nutrition programs, such as school meals, summer feeding, and after school snack, and WIC.

Key presentations: Lucy Nolan, executive director of End Hunger Connecticut, and Gloria McAdam, president and CEO of Foodshare.

Housing and Homelessness

- The extent of the housing crisis in Connecticut revealed itself on January 28, 2009, when communities across the state conducted their third-annual count of homeless people and found that 32 percent of the homeless families they encountered had jobs. It was also found that:

    1. Sixty percent of the adults in homeless families had 12th-grade educations or higher.

    2. Rural and suburban homelessness saw a dramatic increase from 2008, especially for families and children in families; both were up 33%.

    3. Homeless shelters throughout Connecticut are at or above capacity.

- Of Connecticut's 400,000 renting households, fully 100,000 earn less than 50% of the median income and spend more than half that income on housing, leaving little for food, clothing, transportation, and other necessities. These families are "this close" to homelessness.

- Children experiencing homelessness face great challenges. High mobility, precarious living conditions, and severe poverty combine to present significant educational barriers. They perform below their peers in math and reading and are more likely to be held back.

- For low-income families seeking to buy homes, the opportunities have withered. In 2000, 65.2% of Connecticut ownership units were valued at less than $200,000; by 2008, the percentage had fallen to 19.8%.

- The state has built virtually no affordable housing in the last decade; it ranks 47th in units built per capita since 2000. Worse, 4,500 of the existing affordable rental units could revert to market-rate prices unless preserved in the next six years.

Possible solutions: Preserve the remaining housing available to low-income families; create more safe and affordable housing in communities across Connecticut; increase homelessness-prevention programs; and secure full implementation of the federal McKinney-Vento Act to ensure homeless children and youth receive education.

Key presentations: David Fink, policy and communications director, Partnership for Strong Communities; Carol Walter, executive director, Connecticut Coalition to End Homelessness.

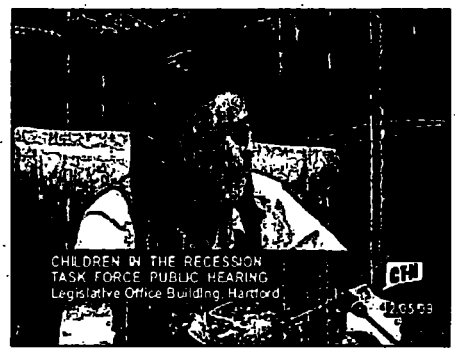
Employment—and Unemployment

- Connecticut's unemployment rate stood at 8.4% by November 2009, with 91,000 workers filing for UI benefits weekly.

- Just under half of unemployed workers receive unemployment insurance benefits, but in Connecticut that money doesn't go nearly as far as it does in other states. Connecticut's replacement rate, or the percentage of the worker's former wages replaced by UI, is only 29.9%. The U.S. average is 34.9%.

- The impression that Connecticut is a high-wage state can be misleading, because Connecticut is also a high-cost state.

- Joblessness for 16-to-24-year-old black men has reached "Great Depression proportions" according to the Washington Post. Nationally, it was 34.5 percent in October—more than three times the rate for the general U.S. population.



"I come from a middle-class family ... We bought a house before the recession started, and both of my parents had jobs. My mom lost her job almost three months ago ... Now my main concern – instead of school and extracurricular activities and finding ways to get scholarships to go to college – is finding a job. I've applied for jobs, but there aren't any for students after school ... I'm worried that one day I'll come home and my dad won't have a job either. It's just difficult, because high school students shouldn't have to deal with supporting their families."

- Glastonbury High School junior Kara Googins, at the Task Force's public hearing in the 1st Congressional District, Dec. 5, 2009.

Possible solutions: The "Two Generation Now" approach, which promotes the economic well-being of parents while simultaneously ensuring that young children are healthy, safe, and succeeding in school. It does this by supporting programs that help low-income adults get and hold jobs and access available public benefits.

Also, the state could avail itself of the TANF (Temporary Aid to Needy Families) Emergency Contingency Fund – a $5 billion fund created by the federal government to provide additional fiscal relief to the states. The fund is meant to provide basic assistance, non-recurring short-term benefits, and subsided employment, providing states with a 4:1 match based on increased spending over the 2007-2008 fiscal years. Connecticut is eligible for up to $133 million.

Key presenters: Jamey Bell, Connecticut Voices for Children; John Padilla, Annie E. Casey Foundation; Jane McNichol, Legal Assistance Resource Center of Connecticut; and George Wentworth, National Employment Law Project.

Early Care and Education

- Early care and education should take a two-generational approach, since it allows parents to work and provides their children with consistent, safe, and enriched learning experiences.

- Families earning low wages cannot afford to work if they lack access to affordable child care. Families who cannot work fall deeper into poverty, and the children don't receive the early education they need to succeed later in school.

- Decades of research shows that children receiving consistent, high-quality early care and education enter school ready to learn, succeed, and when reaching adulthood are productive working members of society. Early childhood programs can yield returns of $18 for each dollar invested.

- The cost of child care in Connecticut is either the first or second most expensive part of the family budget, depending upon where a family lives. Low-income children can enroll in a variety of federal and state-funded early care and education programs. The Care 4 Kids child care subsidy program provides parents with the financial means, through vouchers, to enroll their children in early-care programs.

- Due to the budget deficit, the state closed the Care 4 Kids program to new, non-TANF applicants in Summer 2009. Then it reopened the program in Fall 2009. Now it anticipates closing again in early 2010. This practice has caused turmoil for families and providers alike.

Possible Solutions: Keep enrollment to the Care 4 Kids program open, to enable low-income parents to continue working or secure new employment. If the program absolutely must be closed, provide 60 days' notice to parents and providers. Maintain funding for: state-funded centers, state-funded Head Start, School Readiness, and Family Resource Centers.

Key presenter: Maggie Adair, Connecticut Association for Human Services

Higher Education

- Enrollment in Connecticut's public colleges and universities is at an all-time high, due in large part to unemployed or underemployed workers seeking graduate degrees in hopes of making themselves more employable, the high quality of education offered, and the affordability compared to private schools.

- Students transferring from Connecticut community colleges continues to increase, up 51 percent since 2001. At seven of the 12 Connecticut Community Colleges in 2009, the number of students who transferred to the Connecticut State University System (CSUY) matched or surpassed previous record levels.

- More than 1,000 students transferred from out-of-state colleges and universities to CSUS universities in Fall 2009, and four out of five, about 83 percent, were Connecticut residents. That's up from 76 percent last year.

- Financial aid is also at an all-time high, though it is not enough to meet the need.

- Ninety-three percent of the students in the state university system come from Connecticut, and 86 percent of the graduates remain here.

"Along with being a student, I have four jobs on campus. Most of the students at my school work at least two jobs to help pay their way through college. I have friends who've taken semesters off to go back home to help their families ... It does affect our grades ... Are we really going to be the driving force [in this country] if, by the time we graduate, we're already tired of working?"

- Bualong Ramize, Wesleyan University student, at the Task Force's public hearing in the 1st Congressional District, Dec. 5, 2009.

- Parents of high school children say the recession has put a significant dent in what they can contribute toward college tuition. Fidelity Investments, in its third-annual College Savings Indicator study, found that parents can cover only 11 percent of the total cost of their children's college education. That's down from 15 percent in 2008.

- A large percentage of Connecticut's future workforce must come from urban areas, yet only 20 percent of the students currently in those areas will get college degrees.

Possible solutions: Continue the governor's policy of using state bonding for undergraduate and graduate students to receive student loans at reasonable interest rates through credit unions. In the meantime, community colleges are looking for creative ways to save students money, such as reusing more books, creating payment plans and partnerships, and providing manufacturing scholarships. (Key presenters: Chancellor David Carter, Connecticut State University System; President Martha McLeod, Asnuntuck Community College.)

Family Health Care

- Nationally, at least 121,000 children have lost health insurance coverage as a result of parents losing their jobs in the recession, according to Congress' Joint Economic Committee.

- In its 2008 American Community Survey, the U.S. Census Bureau found that 9 percent of all Connecticut residents – or about 310,600 of them – were going without health insurance. An estimated 4.9 percent of children under the age of 18 (or 39,578) were uninsured.

- The 2008 survey was the first in which the Census Bureau prepared city-level estimates for health insurance coverage in Connecticut. The estimates of the total uninsured ranged from 11.8 percent in Waterbury to approximately 20 percent in Stamford, Bridgeport, and Danbury. Estimates for uninsured children ranged from 3.5 percent in New Haven to 13.4 percent in Danbury.

- From 2006 to 2008, Connecticut averaged 255 infant deaths per year, according to the state Department of Public Health. Of those, three-quarters occurred before the 28th day of life, and half of those were linked to low birth weight, which is strongly connected to poverty. Infant mortality tends to be a lagging indicator in recessions, so the state may see an increase this year.

- New polling data from the University of Michigan Health System shows that as parents face increasingly difficult financial decisions in this recession, it's often their children's health that gets short shrift -- especially in uninsured and lower-income families.

Possible solutions: The Department of Public Health has compiled a report on plans to counteract low birth weight and solve the disparities in prenatal care. Recommendations include: a) maximize co-enrollment in Women, Infants and Children (WIC) and Medicaid for all eligible women; b) expand tobacco cessation programs targeted at pregnant women; c) promote use of the Centering Pregnancy model of prenatal care. These programs may be paid for through the state tobacco funds and the TANF Emergency Funds.

Key presenters: Dr. Carol Stone, Family Health Section, Department of Public Health.

Family and Community Violence

- Nationally, we are seeing an increase in family violence, especially in areas such as neglect, because families are unable to provide basic needs to children. There is also the possibility for the recession to result in increased fatalities of children.

- The recession will cause children to suffer more family violence. It is a stressor for struggling parents already involved in abusive relationships with family members.

- A study from Liz Claiborne and The Family Violence Prevention Fund shows an increase in teen dating violence -- directly tied to the economic downturn. The study says nearly one in three teens reports being the victim of verbal, physical or sexual abuse. Nearly one in four says they've been harassed by e-mail or text messaging. Nearly half of the respondents report being controlled, threatened or pressured to do things against their will.

Possible solutions: Family violence results in long-term negative impacts on the family. Dealing with the trauma immediately when it happens can help negate the long-term effects on children. Early intervention is critical. Everyone who works around children, such as teachers and child-care workers, needs training on how to recognize abuse and how to respond to it. As animal abuse is often a predictor of family abuse, cross-report information between animal-control officers and child-welfare investigators.

Key presentations: Jeanne Milstein, Connecticut Child Advocate; Erika Tindill, executive director, Connecticut Coalition Against Domestic Violence.

Teens and After-School Programs

- Youth unemployment is at its highest level since World War II.

- The New York Times reports that over the past two years, "government officials and experts have seen an increasing number of children leave home for life on the streets, including many under 13." These teenagers, having seen their families suffer foreclosures, layoffs, and other economic calamities, often believe they're doing their families a favor by leaving.

- After-school programs across the nation are struggling with both recession-related budget shortfalls and recession-related enrollment increases. A national survey last spring revealed that three in five programs have seen their funding drop in the past two years. Meanwhile, demand for the programs keeps rising -- in part because of the recession, as laid-off parents seek help in providing for their children.

- Capital Workforce Partners reports that summer youth employment programs in Connecticut helped put 4,000 youths to work this summer, but an additional 7,000 applicants had to be turned away for lack of funds

- Connecticut's workers already are the eighth-oldest in the nation, and a major "brain drain" – caused by youth leaving the state for better employment opportunities – is making the problem worse.

Possible solutions: Create more opportunities in service and after-school programs to keep youth safe and engaged; give youth more opportunities in civic leadership; continue to build youth employment; and expand summer youth work opportunities, using TANF emergency funds.

Key presenters: Thomas L. Phillips, Capital Workforce Partners, and Gwendolyn L. Busch, Youth@Work.

Coordination and Systems

- Connecticut parents in need of unemployment benefits, food stamps, and other recession-related services have suffered unnecessary delays, frustration, and embarrassment because of state requirements that they apply for each service separately.

- Families seeking food assistance have had trouble reaching intake staff or have been told to return the next day due to high demand and a shortage of caseworkers.

- Some DSS intake workers have as many as 2,000 cases.

- In the case of child care, parents who applied for the service have been told within weeks that they'd have to reapply because the state had closed and restarted the service.

- Many other states have avoided this – and saved money in the process – by consolidating their applications for various services, often by relying on new technologies.

Possible solutions: Train social-service employees to handle client intake across agency lines; utilize technology to make it easier for people to determine whether they're eligible for programs; create a master contract or coordinated leadership team across agencies and branches of government to address the specific and discrete needs of families in the recession and systemic coordination, as we did following the 9/11 attacks.

DISCLAIMER: This report relies on the data publicly available at the time of publication. The Task Force understands that the data is subject to change.

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pg2
line 2

TESTIMONY OF JEANNE MILSTEIN, CHILD ADVOCATE BEFORE THE SELECT COMMITTEE ON CHILDREN

March 4, 2010

Good Morning Senator Musto, Representative Urban and Members of the Select Committee on Children. Thank you for the opportunity to testify **in support of House Bill No. 5360, An Act Concerning Children in the Recession.**

I have had opportunities to address Speaker Donovan's Task Force on Children in the Recession. I commend them on their hard work, leading to their thoughtful and comprehensive report that sets forth the recommendations in Bill No. 5360. I am enthusiastically in support of this bill, as it provides for real and tangible approach to strengthening the safety net for Connecticut's families and children.

For families, the devastating effects of a recession are not confined to economic struggles. Research and anecdotal evidence demonstrate strong correlations between poverty and child abuse and neglect. Drastic financial changes are also linked to increases in substance abuse, domestic violence, and school drop-out rates. Loss of income often leads families to decrease or completely cease giving children prescription medications or seeking medical care because of the expense of their co-payments. Even when families are able to maintain their rent or mortgage payments during periods of unemployment or underemployment, the threat of utility shut-offs due to inability to pay heating and electric bills looms large, and children are often found to be living in homes with inadequate or unsafe utilities. There is also concern that instances of shaken-baby syndrome may be rising as a result of caregivers' increased levels of stress and frustration over unemployment and lay-offs. These are but a few examples of the complex interaction between economic hardship and risks to the safety and well-being of children.

House Bill No. 5360 comprises a thoughtful and coordinated response to these concerns. The bill specifically targets services that comprise the safety net for families facing the profound effects of the recession. This bill provides for job training and educational opportunities, including increased eligibility for student loans. We know from the work of the Child Poverty and Prevention Council that attaining increased post-secondary education will have the greatest positive impact on improving families' financial stability.

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Child care subsidies also allow both parents to work or attend school while their children are cared for in a safe environment. Rental housing and utility assistance, and foreclosure prevention services will help families avert homelessness and discontinuation of utility service. Food and nutritional support programs for homes and schools, and enhanced access to health insurance will provide the fundamental needs for children's health. Youth engagement and leadership opportunities in our communities will instill in the next generation the value of working together for the benefit of all. The critical importance of these efforts will ensure a healthy society in which families are safe and productive, and children are nurtured and educated; the importance of the safety net cannot be overstated.

Further, the practices promoted by this bill in order to provide these services, including interagency data-sharing; collaborative strategic planning; cross-training of agency staff; streamlined application processes; facilitating families' access to services; partnering with community agencies, private providers, municipalities, and philanthropic organizations; maximizing federal funds; reporting in an RBA framework; and engaging youth in communities, are all good practice – and good business – for human service agencies, not only when the state is in the throes of recession, but also during more prosperous times. I urge you on behalf of children to support House Bill No. 5360. There is no better time than right now for Connecticut's state agencies to embrace and enact this bill, and these practices, to improve outcomes for the families we serve.

pg 2, line 4

Testimony of Laura Amenta,
Chair, Connecticut's Children's Trust Fund Council
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Prepared for the Select Committee on Children
Public Hearing – Thursday, March 4, 2010

Good afternoon. My name is Laura Amenta and I am the chair of The Children's Trust Fund Council.

The Children's Trust Fund is Connecticut's lead department charged with preventing child abuse and neglect and ensuring the positive growth and development of children.

On behalf of the council, I applaud the efforts of this committee to put more in place to support families and children during the recession.

I am here today to urge you to consider adding the Children's Trust Fund to the proposed Children in a Recession team and to include in this Bill the Trust Fund's programs which address the social and emotional stress families are under in order to prevent it from turning into abuse and neglect.

I draw your attention specifically to lines 17 – 21 in the bill which seek to

1) Mitigate the long term impact of economic recession on children
2) Provide appropriate assistance and resources to families to minimize the number of children who enter poverty and the impact of the recession that extends into adulthood through lost earning and poor health (line 18)
3) Prevent human and fiscal costs of recessions including.... child abuse and neglect

The Children's Trust Fund's Nurturing Families Network encompasses all these strategies. The Nurturing Families Network home visitation program has been statistically proven to make a significant difference in strengthening the lives of families it serves. The program offers intensive support for high risk and hard to reach families living in poverty.

Home visitors work against a backdrop of unwanted babies, domestic violence, the recession, and the high potential for abuse and neglect. Evaluations of Nurturing Families Network have found:

- Early identification of developmental delays and health issues through regular screening.

- Program participants made statistically significant gains in life course outcomes including education, employment, and self sufficient living.
- Program participants experienced a significant decrease in parental frustration and sadness, and an increase in coping and stress management skills.
- Annualized rate of child abuse and neglect among program participants at high risk under 1.4% - far lower than the expected rate of 22%.

Studies of similar programs show that children benefit in several additional ways.

There is evidence that home visitation improves school readiness. One study (conducted by the Missouri Department of Elementary and Secondary Education) found that children enrolled in preschool whose families participated in home visitation - scored significantly higher on all measures of intelligence, achievement, and language ability than children in comparison group whose families did not receive home visitation.

Research has shown long-term benefits – resulting in reduced rates of tobacco and alcohol abuse, episodes of running away, behavioral problems, arrests, convictions, and sexual promiscuity among teenagers. (David Olds 15 year follow-up – Elmira Home Visiting Program 1998).

In a stable economy the work of the Trust Fund has numerous benefits, but in a recession our work becomes even more valuable. The work of the Trust Fund is part of a core safety net and a first response to families under stress. Nurturing Families Network, Family School Connection, Help me Grow, The Kinship and Respite Funds - all address the fiscal, social and emotional stress families are under in order to prevent it from turning into abuse and neglect.

This committee is working to put more in place to support families and children during the recession. At the same time, I am at a loss to understand why the current administration is proposing cutting key safety nets like Nurturing Families Network that can mitigate the impact of a recession.

Researchers at the University of North Carolina at Chapel Hill have studied the effects of recession on children and concluded that safety nets are necessary. Safety- nets put into place during the 1974- 75 recession worked to keep all trends favorable including infant-mortality rates, participation in prenatal care and infant-feeding programs, which are measures of hunger and malnutrition. The researchers concluded that this was because the mid-70's was a period of expansion of Great Society programs. Safety-nets put into place worked.

(2)

In contrast the policy response of the Reagan Administration was the opposite. As the 1981-82 recession deepened, programs affecting the poor were cut back. Since fifty-one percent of the poor are children, they paid the heaviest price in that recession.

One of the worst trends from the 81-82 recession was a rise in child abuse, closely associated with unemployment, economic hardship and stress on parents. This trend is surfacing in the current recession. Child abuse is up sharply, and infant-mortality rates are increasing in parts of the nation particularly hard hit by the recession.

Line 43 of this bill calls for creating and implementing a plan to identify and support families who are at risk of abuse or neglect in a declining economy. I offer that the Trust Fund is already doing just that. Legislators in Connecticut must stand up and support proven strategies such as home visitation that will protect our children in this recession.

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pg2, line 21

Testimony before the Select Committee on Children on
RB 5360 - An Act Concerning Children in the Recession

by Jane McNichol, Executive Director
March 4, 2010

Good afternoon. I am Jane McNichol, Executive Director of the Legal Assistance Resource Center of Connecticut, the advocacy and support center for legal services programs in the state. We represent the interests of very-low income residents of the state. LARCC is also the convenor of the Welfare Working Group, a group of about 25 advocates who have monitored Connecticut's family welfare program since 1995.

First, I want to thank the members of the Children in the Recession Task Force for their work on this important issue and the members of this Committee for continuing that work. R.B. 5360 identifies and addresses many important issues and actions which can help families with children who are struggling to meet the basic needs of their families and to help children not only to survive but to advance in these difficult times.

The provisions in this bill relating to **streamlined and coordinated applications for needed public benefits are particularly important.** People in need who are eligible for state or federal assistance should not be denied that assistance because we have put up too many barriers and created complicated systems which have the effect of denying available assistance or discouraging people from pursuing existing programs.

Section 8 of this bill, relating to the Temporary Family Assistance and Jobs First Employment Services programs, touches on issues that the Welfare Working Group has been following for a number of years. Connecticut's basic family cash welfare program, the Temporary Family Assistance or **TFA program, has one of the shortest time limits for receipt of cash assistance for families in which the parents are deemed able to work.** Families in this category are generally limited to 21 months of cash assistance, with the possibility of two six-month extensions if the family remains very poor and has obeyed program rules. While there are some exceptions to these rules, in reality, most families with a parent who is required to meet the work rules will not receive cash assistance for more than 33 months.

This is too short a time for parents to address barriers to employment in good times. In these times of very high unemployment and limited job opportunities, the time limits are simply absurd. With the recently passed extensions in Unemployment Compensation, workers who have been laid off can receive Unemployment Compensation benefits for 93 weeks – essentially the same 21 month time limit as parents in the TFA program.

This bill would make a third six-month extension available to families if the family remains very poor and has followed program rules when the unemployment rate is above 8%. This is an intelligent and compassionate measure which will provide some income stabilization to families with children during these difficult times. I think that Connecticut's children would be better served if the trigger unemployment rate was 6.5% or if the rate calculation was made regionally. But these are refinements which can be made if this policy is in place when the state's unemployment rate falls below 8% and the state's fiscal condition has improved.

I also welcome the proposed change the Jobs First Employment Services which would mandate including two- and four-year degree programs as approved work activities for parents who are required to meet the state's work requirements. This is a change that members of the Welfare Working Group have long advocated. One path out of poverty is education and training for well-paying jobs. For parents in the JFES program, this path has been consistently blocked by the emphasis on getting a job as quickly as possible and by the bar on approving post-secondary education as a work activity.

This is an important policy change. **There is no reason to limit this change to times when the unemployment rate is above 8%.** I would urge that you rewrite this portion of the statute to make the option of post-secondary education available at any time, not just when the unemployment rate is high.

In adopting this needed change, we should be aware that Connecticut's need to meet federal work participation rates may mean that the state cannot permit every parent who desires and could benefit from post-secondary education to enroll in this education. Under current federal rules, parents engaged in education can only count towards meeting the federal work participation rates to a limited extent.

But we need to make the change proposed in Sec. 8 so that the Department of Labor will begin to approve two- and four-year degree programs as work activities under the state program. Currently, departmental policy forbids including participation in two- and four-year degree programs in an approved work plan. This blanket prohibition is neither required nor necessary under federal law.

We should also work in the coming months and years, as the federal government considers reauthorization of the TANF block grant, to make federal rules more supportive of education and training for JFES parents.

Thank you again for your consideration of this bill and these issues.

P92 line 12

Members of the Select Committee on Children, fellow Cabinet Members, other Esteemed Officials, and spectators, my name is ***Calvin Brown and I am the member of Congressman John Larson's Youth Cabinet from Bristol.*** *I am here today in support of Raised Bill 5360 "An Act Concerning Children in the Recession"...*

The presiding theme of the Youth Cabinet's work is a question of "What is the America We Want." After the Hearing on December 5th, what became overwhelmingly and painfully clear is that right now, in hard times like these, the more important focus is The America that So many people desperately NEED. Homeless shelters are filled in the State of Connecticut. Children are losing their homes, losing their ability to receive an adequate education. Parents are losing their jobs and have no way to feed, shelter, or clothe their young. Not only is this a frightening reality, but it is a deeply sad and angering one.

I am glad to testify that I support the legislation that the Commission on Children has put forward because I believe it addresses these terrible problems. This legislation will:

- Help parents find work and job training while allowing their children to stay safe in school
- Make it so that changes in eligibility or qualifications for programs designed to help families will not take effect until the specifics have previously been posted for 60 days.
- Will continue rental assistance programs to allow families affordable housing and will provide incentives for towns that promote affordable housing. Also will help to prevent foreclosures.
- Take preventative measures to protect homeless children from dropping out of school and improve access of higher education eligibility.
- Encourage schools to employ innovative breakfast service methods to help nourish students, and also look into keeping their doors open during the summer to provide meals for students who need them, even during their time off.
- Will require publication of federally funded child nutrition programs throughout the state.
- Will research enacting a fund that would provide low interest rate loans to families facing housing, hunger, utilities, or unemployment crisis.
- Will convey information to communities on Youth Leadership opportunities that will keep youth engaged in their communities.

These are just the pieces of the legislation that I know will directly impact the members of my community in a positive way in Bristol. The previously highlighted aspects of the legislation are direct and historical steps being taken only here in Connecticut. These measures will help to protect youth in this state from being negatively impacted by economic downturns in the future. Therefore, I call for all lawmakers across the state to embrace this legislation.

We The Youth are the driving force of America. We have not been around long enough to create any of the messes plaguing the world today, but we will most certainly be the ones left here to fix them. Therefore, it is my opinion that taking care of the young people in a community should be the number one priority of lawmakers across the country. I call for youth and lawmakers to stand up together and make their voices heard in the midst of this recession- from New Haven to Litchfield, from Connecticut to California.

pg 3, line 8

Testimony to the Select Committee on Children
by **David Fink, Policy Director, Partnership for Strong Communities**
Thursday, March 4, 2010

Representative Urban, Senator Musto, honored members of the Committee,

I am David Fink, policy director of the Partnership for Strong Communities, a statewide housing policy organization that engages civic and political support to solve homelessness, create affordable housing and develop strong, vibrant communities.

I am here today to strongly support Raised Bill 5360, An Act Concerning Children in the Recession and, moreover, the thorough, thoughtful and committed work of the Children in the Recession Task Force. Rep.Urban, Rep. Jarmoc, Elaine Zimmerman, Gary Turco and many others have laid bare the many obstacles low-income children and their families face, obstacles that must be overcome, but obstacles that, frankly, they have faced since long before this recession began.

You have done yeoman's work identifying the education, healthcare, nutrition, employment and social service needs that these children have. The task force report clearly identifies that these children and their families suffer mightily for lack of a safe, secure home. Our emergency shelters are full, the waiting lists for DSS-administered Section 8 vouchers and Rental Assistance Payment certificates is 8,000 families and 3-6 years long! There is, in short, no room at the inn for these children.

This bill will help them enormously, and I will not take your time reiterating its many strengths. I have just a few suggestions.

1. The Leadership Team proposed in the bill is a good idea. We have found that the Interagency Council on Supportive Housing and Homelessness, which brings together many of the same agencies, has been a productive vehicle for the creation of supportive housing. We suggest the agencies involved in housing creation – DECD, CHFA and OPM, which oversee the Housing Trust Fund, the HOMEConnecticut program, grant-making and other housing related efforts – be represented.

2. We commend the committee for Sect. 4, which instructs the agencies involved to impede homelessness and improve housing conditions by continuing rental assistance, providing foreclosure prevention, and offering incentives for affordable housing creation – all within "available appropriations."

As you know, of course, those appropriations are not all that available. And what is available is not enough to deal with the problem. As I said:

- Shelters are at 100% of capacity. And of the 10,241 clients served in shelters last year, almost 1,300 were children, according to the CT Coalition to End Homelessness.
- Rental assistance: 5,700 households are on the waiting list for Section 8 vouchers and 2,350 are on the waiting list for RAPs through the Department of Social Services. Meanwhile, local housing authorities maintain their own waiting lists which remain closed. When the state opened those waiting lists in 2007, 50,000 households applied for assistance that, today, remains out of their reach. We would all like a homeless child or family to get a voucher or RAP to immediately find a place to live, as this legislation nobly recommends. That is not going to happen. The waiting list is 6 years long for the former, three years long for the latter.
- I should also point out that tens of thousands of families in CT are not in shelters, but are "this close" to homelessness. 26% of all households earn less than 80% of median income and spend more than 30% of that income on housing. But unbelievably, 100,000 renting families earn less than 50% of median and spend more than half that meager income on housing. They live in old, asbestos- and lead-laden apartments, spending too much for overcrowded conditions, usually in cities and neighborhoods with overburdened schools and few programs or services for children and families. The loss of a job, or even a paycheck, and they are on the street or in a shelter.
- The bottom line is that we need a greater supply of housing units tied to a greater supply of vouchers. Connecticut is 47th in the nation in units built per capita since 2000. What we have built isn't for children in a recession, but rather large single-family homes and expensive 55-and-over retirement communities that, frankly, don't want children.

We at the Partnership for Strong Communities want to thank you very, very much for your heartfelt concern and very hard work. Currently, significant housing rehabilitation is happening with limited capital resources to keep existing units available and affordable. The state could enhance this investment by dedicating Housing Trust Fund dollars or other capital sources to create habitable, energy-efficient dwellings for children and families. That investment could also provide jobs for parents and ensure that children in safe homes perform better in school and feel a sense of security in their lives. For the sake of these children, we hope you will ensure they have an appropriate, affordable place to live. An emergency shelter is no place to do homework and sleep peacefully.

Thank you.

Pg 3, line 12

CAHS

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Testimony before the Select Committee on Children
Re: H.B. 5360 – An Act Concerning Children in the Recession
Submitted by Maggie Adair, Deputy Director
Connecticut Association for Human Services
March 4, 2010

Good afternoon, Senator Musto, Representative Urban, and members of the Select Committee on Children. I am Maggie Adair, Deputy Director of the Connecticut Association for Human Services (CAHS). CAHS is a 100-year-old statewide nonprofit organization that works to end poverty and to engage, equip, and empower all families in Connecticut to build a secure future.

I am testifying in support of H.B. 5360 – An Act Concerning Children in the Recession. This bill addresses many important factors that contribute to child poverty, which is exacerbated in an economic downturn as deep as the one families are experiencing in Connecticut. An estimated additional 35,000 children will fall into poverty in Connecticut in this current economic downturn. We also know that when the recession ends, those same children will remain in poverty for another five to seven years. The impact of children thrown into poverty for this length of time has long-term ramifications in terms of educational outcomes, income, and productivity.

As a member of the Speaker's Task Force on Children in the Recession, I heard first-hand about the tremendous challenges that families cope with every day as they struggle to pay bills, put food on the table, and a roof over their head. I listened to the stories of young people who feel desperate, who experience hunger every day, and who feel the pain of their parents who are doing everything they can to provide for their children.

I also listened to people presenting to the Task Force about needed policy and practice solutions. Many of their ideas are incorporated into this bill and should be given consideration.

This bill seeks to: 1) improve service delivery, system and processes; 2) promote cross-agency communication; 3) expand community outreach; 3) keep parents working or give them resources to look for work; 4) expand educational opportunities for low-income parents; 5) maximize federal funding and coordination; and 6) require outcome measurement and transparency.

I would like to comment on key provisions in the bill. CAHS is testifying separately on the child care provision in the bill.

Leadership Team: CAHS supports the establishment of a children in the recession leadership team to implement and coordinate an "emergency response" to children affected the recession. This team is unique because 1) it only takes action when children are affected by a recession, 2) it requires state

agencies to communicate, coordinate, and take immediate action to address the needs of children, and 3) it can be nimble and flexible.

We have suggestions to make the emergency children in the recession leadership team more effective. Legislators – both Democrats and Republicans – should be included on the leadership team. The leadership team should reach out to parents affected by the recession. Their voice must be at the table – they know first-hand how the recession is affecting their children and what policy changes would make the biggest differences in the lives of their family.

Single Point of Entry and On-line Application and Enrollment Processes: CAHS believes there should be no wrong door for a family to enter seeking support. Unfortunately, that is currently not the case. Families seeking assistance must enter multiple doors at different locations to access different services. This creates confusion and frustration for parents as they make their way through the labyrinth. Not only does it cost families time and money, it also costs the state through uncoordinated, duplicated efforts. It is hard to believe that in this technological age that Connecticut has not implemented on-line, internet-based combined-enrollment processes. People actually stand out in long lines in front of DSS offices to submit paper applications and often are turned away and told to report the next day. The Department of Social Services is working on a modernization project that will establish on-line applications. It is critical this project moves quickly along and that funding for the project is not held back. A bigger step would be to create one single on-line application for all public benefits.

Reduced Application Time: The time its takes for an application to be processed so people can enroll in SNAP, Care 4 Kids, or HUSKY and other programs is unacceptable. For SNAP, the state is supposed to process applications within 30 days of receipt. We are hearing that the application process for SNAP and Care 4 Kids is taking at least 60 days, if not more. A 60-day wait for a parent applying for Care 4 Kids jeopardizes the ability for the parent to take the job. A 60-day wait for SNAP benefits means that children are going hungry. The reason for the long delay in processing applications is two-fold: 1) lack of DSS staff to manage caseloads, and 2) processing applications by paper instead of through on-line applications. It's time for Connecticut to seriously address this long-standing problem that poses an undue hardship on struggling families.

Benefits Outreach: Community-based outreach is critical to ensure that people know about all the benefits, tax credits, and other resources that are available. Several nonprofit organizations, including CAHS, End Hunger CT! and the Hispanic Health Council, reach out to communities to make sure that eligible people enroll in SNAP. SNAP enrollment has risen dramatically – 30.8 percent between November 2008 and November 2000. The alarming increase is due to the state increasing eligibility from 133 percent to 185 percent of the poverty level and due to the many families who have lost jobs and are seeking SNAP support for the first time in their lives. Currently, 313,000 people are enrolled in SNAP.

Connecticut used to invest more into outreach for other programs such as Care 4 Kids and HUSKY. The state until recently contracted with nonprofit providers to conduct HUSKY outreach, but that money has been eliminated. Care 4 Kids outreach out in the field was eliminated several years ago. One valuable outreach tool for HUSKY outreach does remain: United Way HUSKY Infoline. HUSKY Infoline answers questions, provides assistance with applications, and helps families access health care services. In 2009, HUSKY Infoline received 60,699 income calls and made more than 44,700 outbound calls on behalf of Connecticut families. Unfortunately, the Governor proposes in her FY11 mid-term budget to eliminate HUSKY Infoline. CAHS implores the General Assembly to keep this critical outreach and referral service.

3.

TANF Approved Work Activity: CAHS supports including attending two- and four-year degree programs as a work-approved activity under TANF. The federal government allows this as a work approved activity, but Connecticut regulations do not. There is no reason to bar a TANF client, who is able and ready to attain a college degree, from doing so as a participant in the TANF program. The more education a TANF participant attains, the higher wage that person will likely earn.

TANF Emergency Contingency Fund: This portion of the bill seeks to ensure that Connecticut maximize matching federal funds under the TANF Emergency Contingency Fund. CAHS is a member of the Governor's TANF Emergency Contingency Fund work group, which is identifying both state and private-sector funding that would qualify for either an 80 percent match or four-to-one match in federal dollars. The work group is seeking to maximize federal funding in three areas: 1) increased TANF cash assistance (the state has already submitted an application due experiencing in an increase in the TANF caseload); 2) one-time, non-recurring services falling under TANF eligible services; and 3) subsidized employment.

The TANF Emergency Contingency Fund has reached out to foundations, nonprofits, higher education, and businesses to identify previous increased funding to nonprofits that would qualify for the federal match. Moving forward, any foundation putting up funds for subsidized employment or one-time, non-recurring services could enable the receiving nonprofit to qualify for a federal four-to-one match.

Technically, Connecticut could receive as much as $133 million in federal match funds though this number is most likely not realistic. Nonetheless, with some hard work, vision, and innovation, Connecticut could succeed in drawing down significant TANF Emergency Contingency Funds.

There is a concerted effort to extend the TANF Emergency Contingency Fund past the September 2010. The extension is critical to allow states to weed through this complicated process, identify state and local increased funding eligible for a match, and wisely design programs to spend the money in a manner that actually supports people and moves them onto a positive economic path. Without the federal extension, the language in this bill will be moot; however, if the extension passes, the bill language pushes Connecticut to maximize federal funds under this program.

We applaud the Speaker of the House for establishing the Children in the Recession Task Force, which heard from advocates about needed policy changes and held public hearings to hear from parents and children about how the recession has impacted their lives. This legislation is a product of the work of the Task Force and has the support of the Speaker of the House. We urge the Committee to vote in favor of H.B. 5360.

Thank you for giving me the opportunity to testify today.

pg 4, line 1

Testimony before the Select Committee on Children in favor of
H. B. No. 5360, AN ACT CONCERNING CHILDREN IN THE RECESSION
March 4, 2010

Good afternoon Senator Musto, Representative Urban and members of the Select Committee on Children. My name is Lucy Nolan and I am the executive director of End Hunger Connecticut! a statewide anti-hunger and food security organization. I also sit on Speaker Donovan's Task Force on Children in the Recession. I am here today to speak in favor of HB 5360, An Act Concerning Children in the Recession. This is a very timely bill, and frankly, can't be enacted soon enough to create some very positive changes for the children of Connecticut.

I will be limiting my remarks to the nutrition pieces of the legislation, which are Sections 5 and 6. Overall, the three main focuses of this legislation will increase the economic stability of many families during these tough economic times: safety net and other program coordination and outreach, increasing response time for those services and maximization of federal funds in order to increase access. The federal nutrition programs are a prime example of this.

More than 14.6 percent of households in Connecticut reported not having enough money to buy food that they needed during the prior twelve months in 2009, according to the Food Research and Action Center (FRAC). In households with children almost 1 in 5, or 18.7%, struggled to put food on the table. Each of the five Congressional Districts in Connecticut had more than one in ten residents reporting food hardship in 2008-2009. This legislation is needed.

With the increase of income limits up to 185% of the federal poverty level, with no asset limits, we saw a huge increase in the number of people applying for, and receiving SNAP benefits. **A side benefit of this change is that SNAP eligibility is on par with the child nutrition programs which allows a better flow of eligibility and participation on all the federal food programs.** I would like to note that with this increase there is categorical eligibility to free school meals to any child whose family is receiving SNAP benefits – increasing the need for ongoing coordination between DSS and SDE.

Increasing participation in the federal food programs, specifically the Supplemental Nutrition Assistance Program or SNAP (formally food stamps), School Breakfast, Summer Feeding, After Schools Snacks and Suppers, and Special Supplemental Food Program for Woman Infants and Children, also known as WIC will not only increase food security for many families, it will bring needed monies into the state. **EHC! calculates that Connecticut will receive over $8.4 million if we met the national average on just the school breakfast and summer feeding *alone*.** This legislation gives communities the tools to get to those averages.

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During the 2006 Connecticut legislative session $100,000 was added to the school breakfast line item, $50,000 of which went towards pilot grants for in-classroom breakfast. These grants made a tremendous and contagious impact on breakfast participation in the communities that took advantage of the program. The grants, awarded to schools in New Britain, Stratford, and Bridgeport, were extremely successful in upwards of tripling the number of children eating breakfast each day. This pilot project started with three schools and a year later expanded to include 17 schools within these three school districts.

This legislation would increase outreach to schools to offer "after the school bell" breakfasts. Bringing breakfast into the classroom, or making it part of the school day, encourages participation and eliminates the timing barrier often associated with breakfast programs who serve before the bell, making it hard and sometimes impossible for students to participate. The other major barrier is the stigma attached to those children receiving free and reduced price breakfast; this is eliminated with "universal" or free for all breakfast.

After one year, New Britain increased the reach of their breakfast program, and made it free for all students. You can see from the table below that the district did not lose any funds – infact they doubled the money coming in! AND, most importantly, more children got a breakfast – that helps them be better students.

New Britain Public Schools

Meal and Cost Comparison - Pre and Post In Classroom Breakfast

Pre In Class Breakfast

Meals By Catergory	Total Meals	Reimbursement Rate	Total $	Cash Income	Grand Total
Free	26,005	$1.61	$41,868.05	$0.00	$41,868.05
Reduced	1,997	$1.31	$2,616.07	$0.30	$3,215.17
Paid	4,380	$0.24	$1,051.20	$0.50	$3,241.20
Totals Per Month	32,382		$45,535		$48,324

Post In Classroom Breakfast **2008**

Meals By Catergory	Total Meals	Reimbursement Rate	Total $	Cash Income	Grand Total
Free	53,452	$1.61	$86,057.72	$0.00	$86,057.72
Reduced	2,596	$1.31	$3,400.76	$0.00	$3,400.76
Paid	5,475	$0.24	$1,314.00	$0.00	$1,314.00
Totals Per Month	61,523		$90,772		$90,772

The Summer Feeding Program feeds children when school is out. Only about 25% of those children who eat a free and reduced school meal receive food in the summer. One of the reasons our participation is so low can be partly attributed to lack of awareness on behalf of providers and families. HB 5360 proposes forming a child nutrition outreach program within

the State Department of Education to conduct program outreach for the federal School Breakfast Program, Summer Nutrition Programs, and Child and Adult Care Food Program (which includes matching after school programs with after school snacks and a soon to be implemented supper program).

Summer Food increased significantly through community outreach and small Operation Participation grants (sponsored by EHC!): Bridgeport: 57% increase (from 197,000 to 310,000 meals served), Middletown, 33% increase (17,500 to 23,000 served), and Hartford saw an increase from 150,000 meals to 200,000. For 9 months a collaborative, organized by EHC!, met to work on increasing the Summer Food sites and accessibly in north eastern CT, a rural and very low-income section of the state, using outreach and public education. The work had a positive
outcome - an increase of over 500 meals served per day – a 74% increase. Outreach works to feed children when they may go without.

The federal Child and Adult Care Food Program funds after-school snacks and, soon to be implemented suppers for at-risk children in the state. **We would ask that in Section 6 (3) "day care homes" be included in the language (line 179).** We want to encourage as many day care and home care centers to offer the program as possible.

The WIC program is a preventative nutrition program that provides nutritious foods, nutrition education, and access to health care to low-income pregnant women, new mothers, and infants and children at nutritional risk. To be eligible for participation in the WIC program an individual must be (1) low-income with a household income below 185% of the federal poverty level; (2) nutritionally at risk, as evaluated by a health professional and (3) a pregnant or postpartum woman, or an infant, or a child under five.

Participants are provided with a monthly food package tailored to enhance their health and nutritional needs which includes vitamins and mineral content usually missing in a low-income diet. Children who receive WIC food packages have lower incidences of iron-deficiency anemia. This is vitally important as anemia affects a child's ability to learn, as well as decreases motor development and creates an increase to susceptibility to lead poisoning.

It is also one of the most effective nutrition programs in the federal arsenal to defeat food insecurity and related outcomes. It is estimated that every dollar spent on WIC results in a savings of between $1.77 and $3.13 in Medicaid cost to newborns and their mothers. That cost estimate does not include the future savings in successfully preventing overweight and ensuing diseases in young children – creating healthy habits in early life. Additionally, a University of California and RAND study showed that WIC participation improved birth outcomes by reducing low birth weight by 29% and very low birth weight by half. This is significant as low and very low birth weight babies are at significant risk for lower earnings, education status and employment rates as adults.

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As you can see, these federally funded programs are meant to ensure that children have the necessary nutrition needed to be healthy, to learn and to play. In many instances, when a child has enough to eat the overall family nutritious needs are met. It is critically important in these times of need that there is proper outreach and coordination of programs and that these programs are accessible in a timely manner, especially the SNAP program.

pg 4, line 24

TESTIMONY IN SUPPORT OF H.B. No. 5360:
AN ACT CONCERNING CHILDREN IN THE RECESSION

March 4, 2010

Good afternoon Members of the Select Committee on Children:

My name is Nancy Carrington. I am CEO of Connecticut Food Bank, the largest centralized source of donated emergency food in Connecticut. I am here to speak in support of House Bill No. 5360: An Act Concerning Children in the Recession.

Connecticut Food Bank serves 650 food-assistance programs in six of Connecticut's eight counties: Fairfield, Litchfield, Middlesex, New Haven, New London and Windham. Food-assistance programs include food pantries, soup kitchens, shelters, and child and adult day programs for low-income people. We are distributing 37 tons of food every business day.

House Bill No. 5360 contains critical provisions that will help Connecticut's anti-hunger advocates effectively combat childhood hunger in and out of our schools. In Connecticut, households with children struggle with food hardship a lot more than households without children. Chronic hunger in children has long-term health, developmental, educational, and workforce and job-readiness repercussions.

According to the Food Research and Action Center and Gallup organization, 1 in 5 Connecticut households with children does not have enough money to buy the food they need.

Recently, I met a single mother who told me about the challenges she and her four children face as they struggle to keep food on the table. Sue, a middle class homeowner living on Connecticut's shoreline, was laid off from her purchasing job last year when a local company had to downsize. She has been looking for a job since then. To help stretch her unemployment benefits, Sue has been eating at a local soup kitchen for lunch while her children are in school. But Sue has to cutback on food for her children so she can continue to keep the family home. Fortunately, her children qualify for free school lunches. But the school district doesn't offer an expanded school breakfast program so five days out of the week Sue's children go without breakfast so they can have dinner at night.

Provisions in House Bill No. 5360 would encourage schools to participate in the federal School Breakfast Program so children like Sue's will not have to start their school day hungry.

The proposed legislation would also provide outreach funds for the Summer Food Service Program, which helps ensure children are fed during the months when they have no access to school meals. Increased outreach funds and grants to site sponsors will help reach and feed more children.

Your support is critical at this difficult time. Thank you for your time and consideration. I hope you will join the fight against hunger and you will visit our food bank to see the challenges we and your constituents are facing each day.

Connecticut Food Bank
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New Haven, CT 06531
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f/ 203.469.4871 f/ 203.256.1648 f/ 203.759.1921
www.ctfoodbank.org

pg 5, line 8

FOODSHARE
"When hunger stops, so will we."
www.foodshare.org
FEEDING AMERICA
A member of
450 Woodland Ave, Bloomfield, CT 06002-1342
Phone (860) 286-9999 / Fax (860) 286-7860

Testimony before the Select Committee on Children

Connecticut General Assembly
March 4, 2010

Presented by:

Gloria J. McAdam
President and CEO, Foodshare

Good afternoon, my name is Gloria McAdam and I am the President and CEO of Foodshare, the food bank serving the greater Hartford area. I'm in my twenty-sixth year at Foodshare and I have never seen growth in the numbers of families needing help with basic necessities like food as has happened in this past year. Local food pantries report a 20% increase in the number of families coming in looking for help. Not a week goes by but that I hear about a new head of household in a line at a food pantry or the Mobile Foodshare truck who says something like, "I used to donate to this program, and I never thought I would be here needing help. But I need to feed my children, so here I am."

I appreciate the challenges of the current state budget situation, but there are steps we can take that will help ensure that hungry children are fed and bring more federal dollars into the state, without costing the state significantly more. It is estimated that we could bring an additional nine million federal dollars into Connecticut simply by bringing participation in all the federal child nutrition programs up to the national averages! We are, in essence, leaving that money on the table right now, and we should be going after it with everything we have, in order to make sure that our children come through this recession with the proper nutrition that leads to good health.

Raised Bill 5360, An Act Concerning Children in the Recession, includes the following important child nutrition components that will help bring these federal dollars into the state:

- Establishment of an in-classroom breakfast program -- Our grandmothers always told us that breakfast is the most important meal of the day. Without breakfast it can be hard for anyone, children or adults, to focus and it only makes sense that hungry children cannot learn. Ask most any public school teacher, they will certainly affirm that common sense assumption! And yet, Connecticut is last in the nation for the number of schools that offer school breakfast and our student participation is way below that of most other states. Providing breakfast in the classroom (or as a part of the school day) significantly increases a student's likelihood of accessing the program and its benefits. It's not that difficult to do and there are federal funds to support the program. In Bloomfield this past year, a "grab and go" breakfast program was established that allows students to pick up what's essentially a "brown bag breakfast" on their way into school. Let's make sure that all children from low-income families have the option of breakfast at school.

- Establishing an outreach program for Child Nutrition Programs within the State Department of Education to ensure more programs and children participate in school breakfast, summer food, after school snacks, and day care/child care meals. These federal Child Nutrition Programs are designed to ensure children have the nutrition they need to grow and succeed; however, our participation rates are very low, again meaning that we are leaving money on the table. We need to act to increase awareness of and access to these crucial programs.
- Coordinating outreach and reducing response times for families applying for the Supplemental Nutrition Assistance Program (SNAP, formerly called food stamps). We can best feed children by feeding families and currently Connecticut only enrolls about two-thirds of those families eligible for this important nutrition assistance in SNAP. With Department of Social Services eligibility workers having caseloads that exceed 1,500 clients, approval of complete applications is often taking as long as two months, twice the amount of time required by USDA regulations. I appreciate the challenges of the state budget, but as someone who runs a successful nonprofit business, I also know that organizations need to adapt to changing times and emerging needs. Applications from Connecticut families for SNAP benefits are up 30% in the past year. DSS needs to consider how to meet this increased demand and get these benefits to people in a more timely fashion by reorganizing the workload, reassigning workers, making better use of technology, or simplifying the application process. When a family needs food, they need it now, and waiting two months can mean they are truly going hungry. We need to fix these administrative snafus, not only because it's the right thing to do for hungry families, but because SNAP dollars have been demonstrated to be the most effective economic stimulus available to us. Every dollar of SNAP benefits provided to a family returns $1.73 in economic activity to the local community. This is definitely a win-win!

Of course, my primary work is in the private sector of emergency food assistance and let me assure you that we are upholding our roles and responsibilities, too. Last year, Foodshare distributed 12 million pounds of food to more than 300 local organizations that feed hungry people right here in the greater Hartford area. This is about 16 tons of food each and every day of the year, more than a tractor-trailer load of food getting out to people in need every single day!

Some people hear about Foodshare, and think, "Wow, the private sector can take care of the problem of hunger." I'm here to tell you first and foremost -- that is wrong! Yes, 12 million pounds of food per year is a lot of food. But through our partner agencies, Foodshare serves 128,000 people, including 50,000 children, in greater Hartford each year. 12 million pounds of food divided up among 128,000 people works out to less than 100 pounds of food per person per year. Less than two pounds of food per week, when most of us eat about a pound of food each and every time we sit down for a meal. Foodshare could double or triple in size and it still would not be enough!

I am NOT suggesting that Foodshare should double or triple in size. I believe that ensuring that everyone has access to enough nutritious food to sustain themselves and lead healthy and productive lives is the responsibility of the entire community – government and charities, individuals and organizations. We in the private, charitable sector need government to do its share if we are to end hunger in Connecticut.

The steps outlined in this important legislation will go a long way toward upholding state government's obligation to make sure that our children have proper nutrition so they can grow, learn, and prosper.

Thank you.

pg 5, line 18

United Way of Connecticut

2-1-1

Select Committee on Children - Public Hearing
March 4, 2010

Testimony Presented by United Way of Connecticut

My name is Richard Porth. I serve as the CEO of United Way of Connecticut. Thank you for the opportunity to provide testimony today about HB 5360, AAC Children in the Recession and about how United Way of Connecticut contributes to addressing a number of the bill's priorities.

United Way of Connecticut (UWC) helps meet the needs of Connecticut residents by providing information, education, and connection to health and human services. We have been partners with the State of Connecticut for many years; and we are proud of our service together with the state government to tens of thousands of Connecticut residents through 2-1-1 services, 2-1-1 Child Care services, HUSKY Infoline, Child Development Infoline, and Care 4 Kids. All of these services are provided in partnership with the State government and primarily funded by the Department of Social Services. UWC also receives funding from the Department of Public Health, the Department of Developmental Services, the Department of Children and Families, and the Department of Transportation.

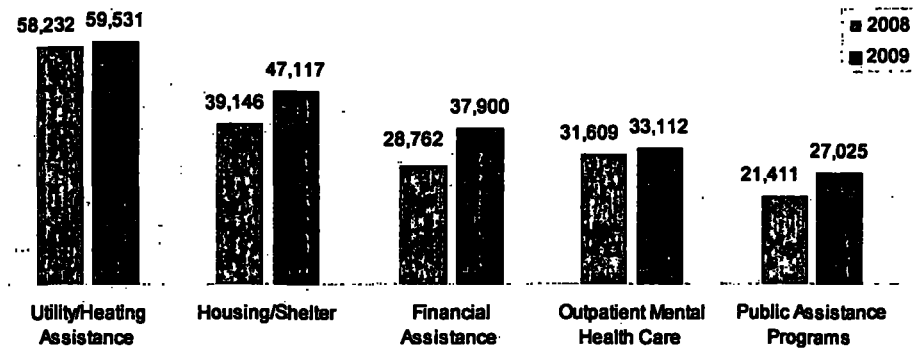
United Way of Connecticut's 2-1-1 is Connecticut's link for state residents to find the health and human services they need to weather difficult times and to make a better life. 2-1-1 is free, confidential, and available 24 hours a day, 365 days a year to all state residents regardless of income, language, or age. 2-1-1 uses a regularly updated computerized database with information on approximately 4,500 public and non-profit health and human service providers, 48,000 different services, and over 4,800 licensed child care providers. During 2009, 2-1-1 handled over 360,000 calls and nearly half a million service requests. And, the 211ct.org website recorded more than 525,000 searches in our online 2-1-1 database. We refer people to a range of human services from utilities and housing and food to financial assistance, and more. We also record those requests in the aggregate to provide reports to inform government and nonprofit leaders on the level of need for various types of human services.

United Way of Connecticut is working hard on a number of the priorities outlined in HB 5360, helping to

streamline and integrate public information and access to services, and providing access to applications on-line and to our 2-1-1 Navigator benefits screener. 2-1-1 currently serves as the single point of entry for people facing homelessness in the new Homelessness Prevention and Rapid Re-housing Program. And, when we take calls in our 2-1-1 center, a large proportion of them address priorities within HB 5360.

More and more, callers seek help with basic needs such as paying for utilities, finding housing, financial assistance, food resources and public assistance programs. In 2009, referrals for basic needs services rose, in some cases dramatically, and accounted for 41 percent of all referrals. The largest increases in referrals were for housing, financial assistance, and public assistance programs. Referrals for utility assistance topped the list but saw a lesser increase (Figure 1).

Figure 1 – United Way 2-1-1 Top 5 Requests for Service: Connecticut – 2008, 2009



Source: United Way 2-1-1

State support for 2-1-1 ensures that more people will have an opportunity to access a range of health and human services for which the state provides millions of dollars of funding. It is a modest investment in the state's human services delivery infrastructure during these tough times when thousands of Connecticut residents need such help, many for the first time. State support also allows UWC to continue as a strong partner for state government, responding nimbly and professionally to state requests for help on specific projects which need quick follow through. Again, we are proud of our work in partnership with the state government serving children and their families particularly during this time of great need in Connecticut.

Thank you for the opportunity to provide testimony today.

Attachment: UWC 2-1-1 Information Sheet

pg 61
line 4

CAHS

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Testimony before the Select Committee on Children

Subject Matter: Children in the Recession

H.B. No. 5630: An Act Concerning Children in the Recession

Submitted by Sherry Linton, Early Care and Education Policy Analyst

The Connecticut Association for Human Services (CAHS) would like to thank Senator Musto, Representative Urban and the members of the Select Committee on Children for the opportunity to testify in favor of H.B.5630. This comprehensive bill serves to address an array of the issues facing children and families during these challenging economic times. The bill acknowledges the fact that the needs of families are complex and must be addressed concurrently to decrease the probability of families being propelled into greater poverty.

First, I would like to applaud the recognition that individuals seeking state-funded services should not be forced to navigate multiple levels of bureaucracy in order to be determined eligible for services being administered by the same state agency. CAHS fully supports Section 2.(b) of the proposed legislation that recommends (1) a single-point-of-entry procedure for state-funded programs and services...and (2) the promotion of combined, on-line application and enrollment processes for programs that serve children or families.

Second, applicants of state-funded services are often required to submit and resubmit documentation based on shifts in the Departments' eligibility criteria. The burden on applicants that are already in stressful situations having to apply for services should be alleviated, at no additional cost to the state, by the actions recommended in Section 2(c), "within available appropriations, and in accordance with the provisions of federal law, a client-friendly and reasonable timeline within which applications shall not be required to be resubmitted if a family recently applied for services and changes in eligibility temporarily have altered the application process or program closed to applications and then reopened." For example, in the case of the child care subsidy program, Care4Kids, was abruptly opened in November of 2009 but required all, including those that had previously sent in applications and had been placed on a waitlist, to resubmit new applications.

In addition to the burdens being placed on applicants for services, in many cases, as in the case of the child care subsidy program, burdens are also being placed on the providers of early care and education. CAHS is in full support of Section 3(2) of this bill to ensure that providers are given timely—not less than sixty days after public notice--when there are anticipated changes in the program that would result in discontinuation of subsidies and/or when there are anticipated changes in the eligibility criteria. Especially during these financially taxing times when child care providers are struggling to keep their programs open, it is a reasonable ask for the Department of Social Services to give provides ample notice that they can plan accordingly for the prospective loss of income.

Last but certainly not least, the legislature budgeted $103M in funds for FY10 to the child care subsidy program based on the demand for services, the trend of deficit spending in previous years, and the realization that low-income families need assistance in accessing reliable child care in order to work. Unfortunately, this decision is being undermined through the creation of forced lapses in spending by the Department of Social Services limiting enrollment in the program at will. The program was abruptly closed in May of 2009 with restrictions in eligibility that resulted in some families being bumped from the program when they experienced small increased in income. As a result, enrollment in the program plummeted to the extent where the Department has now opened the program from November of 2009 through June 2010 in hopes of reaching the maintenance of effort spending required by federal guidelines in order for the state to retain child care stimulus funding. The funding originally budgeted by the legislature should be, "strictly and fully utilized for child care purposes that enable parents to work and children to thrive," as outline in the bill because there still exists an exasperating need for assistance in accessing reliable child care in order for families to work and/or seek employment.

CAHS supports the overall intent of H.B.5360 with specific commitment to the sections outlined in this testimony. We are an organization that has been working for 100 years to combat poverty and create opportunities for children and families. The recommendations outlined are in full alignment with that mission, and we trust that the legislature will recognize that these recommendations are in alignment with the mission of the state.

For more information: Sherry Linton (860)-951-2212 ext. 233, slinton@cahs.org

Pg 61
line 15

Testimony in Support of RB 5360, *An Act Concerning Children in the Recession*
Connecticut Association of School Based Health Center, Inc.
March 4, 2010

Good afternoon Representative Urban, Representative Jarmoc, and members of the Select Committee on Children. My name is Deborah Poerio, and I am a member of the Board of Directors of the Connecticut Association of School Based Health Centers, a statewide organization that represents seventy-eight school based health centers in nineteen Connecticut communities. On behalf of the Association, I am providing testimony in support of Raised Bill 5360, *An Act Concerning Children in the Recession*

Connecticut has wisely invested in an accessible system of care to address the health care needs of children and adolescents through school based health centers. These 78 Centers provide comprehensive medical, mental health and dental services to 44,000 students annually in 131,000 visits. Students describe their school based health centers as a place where they feel safe and know that their health and emotional issues will be addressed. Families rely on these services so that parents can stay at work and their children can stay in school and continue to learn. For many families, the loss of employment, health insurance, transportation, and even their homes have placed great strain on both parents and their children. Incidents of family violence have increased as families struggle to survive. For these children, accessing care in their school based health center is more important than ever.

The cost effective services provided in SBHCs assure that children will receive the care they need to thrive. Over the last eighteen months, as the recession has deepened and unemployment has risen, SBHCs have had more demand for mental health services as students struggle to cope with family stress. In your report of the *Task Force on Children in the Recession*, you cite the long-term negative impact of family violence on children, and the critical importance of early intervention. School based health centers provide that early intervention that can reduce the long-term effects of violence on children, and often serve as the liaison between the family and the school to strengthen the child's support network.

In light of the effects of the current recession and the proven positive impact that school based health centers have on children's health, I would be remiss if I did not mentioned the proposed reductions to school based health centers in the Governor's deficit mitigation plan. In this fiscal year, SBHCs have already received a 5% reduction, and the Governor has proposed an additional $1 million reduction before the close of *this* fiscal year. In addition, the FY 2011 budget proposes another $1.23 million dollar reduction.

Your Task Force report clearly indicates that this is not the time to eliminate the easily accessible health care that our children receive in school based health centers. Our country mandates that every child has the right to an education but not to health care? How do we justify reducing access to necessary health care services in school based health centers when we know families are struggling?

We applaud the fine work of the Task Force on Children in the Recession and stand ready to support your efforts. Thank you very much for the opportunity to submit this testimony. Please feel free to contact me or Jesse White-Frese', CASBHC Executive Director, for additional information.

Healthy Kids Make Better Learners

CASBHC P.O. Box 771 North Haven, CT 06473 203-230-9976

pg 6, line 17

Testimony by Prof. Archibald Stuart on Raised Bill No. 5360 on Children in the Recession

My testimony is based on the belief that Speaker Donovan in creating the Task Force on Children in the Recession gave us and opportunity to deal with the basic rights of children to sustenance especially in terms of food, clothing, housing and medical care. In my opinion this gives us an opportunity to look at two cuts in benefits to children and their families in recent years in what is now called the Temporary Assistance of Needy Families program (TANF) operated by the state Department of Social Services The first was the adoption of the flat grant program that pays families a flat benefit based solely on family size that does not consider what the cost of actual rent and utilities to the family.. Families who pay no rent due to living with relatives receive the same flat grant. Clearly the flat grant does not cover the rent that many families are forced to pay and increased homelessness has been a result. The second was the even more drastic cut that limited benefits for TANF recipients with an employable head to 21 months. This was sold on the belief that there were many jobs going unfilled due to the unavailability of workers. There is scant evidence that the time limit reduced overall unemployment and if it achieved anything made it a little easier to fill part time low wage jobs so that most who found these part time jobs did not earn enough to escape poverty. My own analysis is that these cuts where really an effort to punish the employable poor so as to improve the morale of the low paid laborer. These cuts were clearly targeted to African Americans and Hispanics who disproportionately represent the unemployed poor. The cuts deprived children and their families of the basic human right to sustenance which is a form of human oppression and hence the cuts were really a form of oppression for African Americans and Hispanics that White non -Hispanics have a need to deny. This oppression has been covered up by the media and elsewhere because it is not what White non -Hispanics want to hear but most African Americans that I have talked to believe that it is oppression targeted to their children and their families. I think that the proposed legislation also tries to cover this up and hence I want to challenge those who have drafted this bill to abandon their racism and be honest about what these cuts are really about namely oppression of African American children and their families. With this as a basis I would like to submit the following modest changes in the proposed bill:

Change in Sec, 1,b, to read "prevents the costs to human rights and fiscal cost of the recession".

Next in 1 , b,, c, to capitalize, the temporary family assistance program to read "Temporary Assistance of Needy Families program" that seems to be an effort to cover up the TANF program.

Next in sec 4. a, add a no 5 to read "study the impact of the recession and especially flat grant and the 21 month time limit on the human rights of children and their families to basic sustenance including food, clothing, housing and medical care as defined in
article 25 of the Universal Declaration of Human Rights and Article 27 of the Conventionof Rigts of the Child.

Lastly in Sec.8 add that when unemployment exceeds 8 percent that the 21 month time limit for employable family heads in the TANF program be eliminated..

18th Annual Premier Cares Award entry form

ENTRY DEADLINE: Entries must be received by Friday, July 31, 2009.

APPLICATION GUIDELINES FOR THE EIGHTEENTH ANNUAL MONROE E. TROUT PREMIER CARES AWARD

1. The program must improve access to the delivery of healthcare services to the medically underserved population of the United States, or otherwise substantially improve health status. This award is intended to recognize a collective effort or project rather than an achievement by an individual or group of individuals.
2. The program must be a not-for-profit entity, in either the public or private sector.
3. The program must be able to show measurable benefits/outcomes covering a full two-year span prior to **Friday, July 31, 2009.**
4. The program must be capable of being replicated.
5. The entry form must be filled out completely. Incomplete applications will be disqualified prior to judging.
6. This year, only **finalists** will be asked to provide a **process map** for their program's development and growth to ensure replicability. Examples of process maps are at: http://www.premierinc.com/about/mission/social-responsibility/cares/process-maps.pdf
7. To see how aspects of your entry will be weighted and scored by the judges, please refer to: http://www.premierinc.com/about/mission/social-responsibility/cares/scoring-sheet.pdf
8. **Please adhere to the page limits specified below for the "Summary" and "Statement of Purpose" sections. Thank you.**

Instructions:
- Save this form to your computer.
- Complete the form and gather all supporting documentation.
- E-mail the completed form to caresaward@premierinc.com.
- If you have not heard from a Cares Award representative within two business days after your submission, please e-mail caresaward@premierinc.com.

Attachments:
- Upload your entire application and attachments at http://sendspace.com/multiupload.html.
- Enter caresaward@premierinc.com as the "Recipient's e-mail".
- **Enter your program name or e-mail address in the "Your e-mail" field.**

If you need assistance with this process, please contact Premier's Solution Center at 1.877.777.1552.

Program name	CenteringPregnancy Group Prenatal Care
Sponsoring organization (if applicable)	Centering Healthcare Institute
Program Web site (if applicable)	http://www.centeringhealthcare.org
E-mail address	srising@centeringhealthcare.org
Mailing address	558 Maple Avenue, Cheshire, CT 06410
Contact person	Sharon Rising, MSN, CNM
Title	Executive Director
Telephone	203-271-3632
Fax	203-272-3460
Is entry associated with a hospital or health system, which one?	No

Section 1: Summary
Provide a brief summary of the program being nominated. Include geographic service area, description of the population(s) served, number of employees and volunteers at work in the program, length of time in existence, brief history, annual total expense budget figures for last two years of operation, major sources of funding, and any other important facts.

Section 2: Statement of purpose

Describe the program's objectives, its approaches to specific community problems, and the actions taken to achieve program goals. Explain how this program is *unique* compared to others across the country. Provide examples of how this program is *innovative and creative* in solving community problems.
Note: If the program is broad-based, concentrate on areas that have been the most successful in terms of community impact, innovation, results, etc. Emphasize "social utility," the impact on local health status, and role the program fills that other initiatives do not.
(Please insert your response here. Please do not exceed two pages.)

Section 3: Outcomes (Not just activity or volume, but actual impact to achieve better health.)
Describe how the program's success and effectiveness are measured. Provide supporting data that shows measurable benefits over a two-year period. Specific outcomes information should include: number of people directly impacted, improvement in health status indicators, examples of how the program has been replicated (if applicable), positive behavior change, improved access to services, etc. Charts and graphs of the program's impact over time are helpful.
(Please insert your response here. Please ensure that all text and graphics/charts are visible. If your response does not fit cleanly on the page, please upload your response as a separate attachment using the instructions above.)

Section 1: Summary

CenteringPregnancy is the first innovation in prenatal care in approximately 100 years. First piloted by Sharon Schindler Rising, CNM, MSN, in 1993, this redesign brings women out of the exam room into a group setting where they receive basic prenatal checkups, build community with other women, and gain knowledge and skills in pregnancy, childbirth and parenting. Two healthcare providers facilitate groups of 8-12 women of similar gestational ages. Instead of short visits alone with a provider, CenteringPregnancy has ten 120-minute sessions from about week 14 of pregnancy through one-month postpartum. That is, 20 hours of prenatal care across pregnancy, compared to about 2 hours – at no additional cost.

CenteringPregnancy care is provided in more than 300 sites in the U.S including, hospital, public health, and school based clinics, federally qualified health centers, and private practices. This model of group prenatal care serves the general needs of all pregnant women and meets the special needs of racial and ethnic groups. Women in Centering groups have varied socio-economic backgrounds ranging from low literacy to college graduates, rural and urban, US born as well as refugees. Groups in the U.S. have been conducted in several languages e.g., Spanish, Chuukese, and Vietnamese allowing for culturally sensitive care. This prenatal care model transcends barriers to bring women together to share what they have in common: the desire to have a healthy baby and a safe, satisfying labor and delivery experience.

Centering Pregnancy is consistent with the Monroe E. Trout Premiere Cares Award criteria as follows:

1. **Innovation:** Prenatal care is taken from individual experience into group care providing assessment, education and support. This is a major paradigm shift in the delivery of prenatal care.
2. **Outcomes:** CenteringPregnancy reduces premature births and improves other maternal child health outcomes including breastfeeding rates, return for postpartum visits, and pregnancy spacing, and satisfaction as shown in randomized controlled trials and other studies.
3. **Replicability:** The model exists in more than 300 sites throughout the U.S., Canada and other countries and is highly replicable. The model is used in education and training of future midwives and doctors. Additionally, site training and follow-up agency support is well established.
4. **Evaluation methodology:** CenteringPregnancy has been the focus of several federally and philanthropically funded studies and is currently being evaluated in a large translational randomized controlled trial in New York City.
5. **Strength of supporting documents:** References from a large body of published data have been provided. Letters of support echo the message that Centering is an innovation with profound impact that has been replicated and has a strong evaluation base.

The Centering Healthcare Institute (CHI) (formerly Centering Pregnancy and Parenting Inc.) a 501c3 organization founded in 2001 provides services to help health care providers throughout the U.S. implement CenteringPregnancy group care. Six office staff support the coordination of training workshops, consultation, and development and disbursement of patient recruitment and education materials. Approximately 40 contracted professionals throughout the U.S. conduct training workshops to prepare providers to implement CenteringPregnancy in their setting. There is a large body of supporters and volunteers around the country and beyond called upon for outreach, sharing resources, and moral support for sites implementing change.

CHI receives income from agencies and providers for training, consultation and materials that support patient education. Expenses include salaries and contract labor, development and production of programs and materials, promotion, and site support. Profits are reinvested into the organization for the development and promotion of the Centering Models of care.

Insurers reimburse CenteringPregnancy care the same as traditional care. Clinical sites invest in the model to improve the way they provide care and improve patient and provider satisfaction. March of Dimes has helped dozens of sites with start up costs through state grants in excess of $1.5 million, because of the impressive outcomes in studies that indicate this is a fit with their campaign to reduce prematurity.

2007 and 2008 Centering Budget Summary		2007	2008
Income	Training, consultation, sales to sites implementing Centering programs	$ 498,826	$1,068,887
Expenses	Develop, promote and implement Centering programs and products	$ 461,708	$ 887,997
Net Income	Reinvested to further develop and expand Centering models of care	$ 37,117	$ 180,890

Section 2: Statement of purpose

CenteringPregnancy is an innovative model for providing complete prenatal care to women within a group setting. CenteringPregnancy is based on the premise that prenatal care is most effectively and efficiently provided to women in groups. CenteringPregnancy groups provide a dynamic atmosphere for learning and sharing that is impossible to create in a one-to-one encounter. Individual care provides limited contact with providers, typically does not provide support services, and is often too fragmented to respond to the complex needs of pregnant women. Hearing other women share concerns, which mirror her own helps the woman normalize the experience of pregnancy. Groups are empowering as they provide support to the members and increase individual motivation to learn and change. Providers and patients report greater satisfaction with group compared to traditional care and the natural extension of prenatal care has led to CenteringParenting[1] groups continuing well baby and well woman care through the first year postpartum.

In 2001, the Institute of Medicine published a seminal document, *Crossing the Quality Chasm*, that established 10 rules for the redesign of health care. The 13 Essential Elements that define the Centering model address all of these to improve prenatal care. (Comparison table Section 3: Outcomes) The Essential Elements establish the framework and conditions that intentionally create a patient-centered environment in which traditional hierarchal relationships are broken down and shared leadership occurs. Furthermore, the standards include assessment of outcomes that allow clinical providers to identify changes and flexibility to make adjustments that best fit with their clinical setting and for their patients, healthcare providers, and ancillary staff.

Essential Elements that define CenteringPregnancy

1. Health assessment occurs within the group space
2. Women are involved in self-care activities
3. A facilitative leadership style is used
4. Each session has an overall plan
5. Attention is given to the care content; emphasis may vary
6. There is stability of group leadership
7. Group conduct honors the contribution of each member
8. The group is conducted in a circle
9. Group size is optimal to promote the process
10. The composition of the group is stable, but not rigid
11. Involvement of family support people is optional
12. Opportunity for socialization within the group is provided
13. There is on-going evaluation of outcomes

CenteringPregnancy prenatal care brings together 8 – 12 women of similar gestational age for ten 2-hour sessions starting at approximately 14 weeks gestation. The sessions start and end on time, eliminating a common waiting time before appointments. During the first 30 minutes, women obtain their own blood pressure and weight, determine their gestational age, and record the data in their health record. Then, individually, women take turns in a private area within the group space for a brief assessment and triage with the provider to listen to the baby's heartbeat, measure uterine growth, and speak about specific concerns. General questions of interest to most women such as how to deal with back pain are brought to the group so all will benefit. Food to encourage socializing and music playing in the background make for a welcoming atmosphere. Each woman has a Mom's Notebook divided into 10 sessions with materials related to educational content areas. A Self-assessment sheet (SAS) allows each person to review information and is a resource for later discussion. After check in and assessments, everyone is seated in a circle and the provider and co-facilitator encourage discussion about the educational information for that session. Initially introductions take place and group guidelines and confidentiality are addressed. Interactive exercises allow participants to get to know each other, relax, and talk about subjects of common interest. Knowledge, beliefs, and experiences are shared at whatever level is personally comfortable. The women, provider and nurse spend about 60 to 90 minutes together exploring ideas and information.

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[1] CenteringParenting is currently provided in several U.S. sites, and a study of this model is underway at Yale. Further model expansion includes lifecycle applications for chronic health conditions with CenteringDiabetes taking the lead.

CENTERINGPREGNANCY® Session Outline & Self Assessment Sheets (SAS)

Session 1 Program overview, ground rules, nutrition
SAS: Personal Goals, Core Content Ranking, Weight Chart
Session 2 Common complaints of pregnancy, exercise, oral health
SAS: Common Discomforts
Session 3 Relaxation/stress reduction, breast feeding, parenting issues
SAS: Relaxation Methods, Thinking About Breastfeeding
Session 4 Relationship issues, sexuality, contraception, preterm labor
SAS: Contraceptive Issues, Family Assessment
Session 5 Signs of labor, birth procedures
SAS: Personal Goals update from Session 1
Session 6 Labor/birth continued, pediatric care resources
SAS: Comfort Measures for Labor, Self-Inventory
Session 7 New baby care, breast feeding, siblings, oral health
SAS: Decisions of Pregnancy, Evaluation I
Session 8 Emotional adjustment postpartum, support system, birth concerns
SAS: Personal Assessment
Session 9 Birth concerns/stories, postpartum issues, playing with your baby
SAS: Pregnancy Review Sheet; Thinking Ahead
Session 10 Continued birth stories, pregnancy/birth/postpartum newborn
SAS: Evaluation II, Final Summary of Outcomes

Groups are powerful vehicles to assist participants to achieve goals that would be unattainable by individuals. CenteringPregnancy is founded on the philosophy that pregnancy is a process of wellness and a time when many women are likely to take responsibility for their own health and learn to participate in self-care. The general advantages of group interventions include improved learning and skills development, attitude change and motivation and enhanced insight development through sharing of common life experiences. In turn, groups can hasten the development of new community norms for health enhancing behaviors that are supported by members of the group. In this way, groups provide inherent support for individual members. Finally, groups may be cost effective through more efficient use of professional and staff time.

All women may benefit from participating in a group in which shared experiences reduce a sense of isolation, of being "the only one with a problem." However, Centering is especially useful to address disparities for women who are isolated socially and/or at increased risk for adverse outcomes. One woman's questions are another woman's questions. A Spanish-speaking woman in an English speaking group expressed that she was very glad to be in a group with other women who asked questions that she had but was reluctant to voice. A group of women can be a powerful influence to encourage change. In one prenatal group, a teen mom shrugged in response to a discussion about birth control methods after delivery. She received strong messages from the other women that she should not get pregnant right away. At the next prenatal visit, she proudly announced she had a plan for birth control and received positive feedback from the group. In a clinic where TB rates are very high and compliance with treatment is about 50%, a group of pregnant women were able to "normalize" having positive TB results and they had a 100% compliance with treatment postpartum.

The innovation of the Centering model is poised to change the paradigm of care, shifting the focus of healthcare service delivery from the priorities and values of the system or provider to the beneficiaries of care: women and their families. In so doing, community building and empowerment of women and families are encouraged, costs are reduced, satisfaction is increased and outcomes are improved. It is the goal of CHI that every woman who would like group prenatal care is able to find a site that can provide it.

Section 3: Outcomes

Most pregnancy women and their infants are healthy and at low risk. Yet maternal and newborn hospital charges ($86 billion in 2006) exceed those of any other condition according to Childbirth Connection, a leading organization in the promotion of safe, effective and satisfying evidence-based maternity care. Despite great advances in technology in obstetrical technology, only the costs are increasing, while outcomes decline. Women and infants bear that price. In 2009, Childbirth Connection put forth recommendations for health care reform that suggest "women and infants are best served by access to safe, low-intervention primary maternity care that supports their innate capacities for birthing, breastfeeding and attachment, avoids overuse, and gives priority to prevention, wellness, and appropriate referral and treatment as needed." CenteringPregnancy group care helps women understand how to navigate a complicated healthcare system and take an active role in determining how their needs can be met with the right type of care when it is needed.

Infant mortality is an important indicator of a nation's health. Among the leading causes of death in infants are preterm birth and low birth weight. Low birth weight is a major threat to the health and well-being of infants. Low birth weight infants are at much greater risk of dying before their first birthday. Those who survive are at an increased risk of neurological problems, mental retardation, lower respiratory tract condition and general morbidity. Furthermore, studies suggest that individuals born with low birth weight may be at risk for chronic conditions in adulthood including high blood pressure, heart disease and diabetes. Sixty three percent of low birth weight is due to preterm births. "Preterm birth is the leading cause of death in the first month of life in the United States. Since 1990, the preterm birth rate has increased almost 20 percent costing the nation more than $26 billion a year" according to a 2006 Institute of Medicine report.

Many known risk factors associated with low birth weight such as ethnic background, socio economic status and obstetric history are beyond a woman's control. However, lifestyle behaviors such as weight gain during pregnancy, use of alcohol and other drugs, and risk behaviors are within a woman's control and may be influenced by education and group support. Stress from lack of partner or maternal support contributes to poor birth outcomes and may be mediated by social support and stress reduction techniques that can be taught.

CenteringPregnancy has been the subject of peer-reviewed published studies, including two randomized controlled trials in which, statistically significant improved outcomes for participants in the group care versus those in traditional individual care have been documented. These differences include reduction in preterm birth, low weight infants, and significantly increased patient satisfaction with care in groups. Comparison of CenteringPregnancy group prenatal care to individual care has consistently shown improvements among group care participants. Of particular interest, are findings that populations known to be at increased risk such as teens and African American women may see even greater results. In a randomized controlled trial of 1047 young women (ages 14-25) in New Haven CT and Atlanta GA, Ickovics and colleagues documented a 33% reduction in preterm births across all participants. In a subset analysis of African American women, who represented 80% of the sample, there was a 41% reduction in preterm births. While the mechanism is not clearly understood, themes are emerging to suggest that CenteringPregnancy has a combined effect of stress reduction, education and empowerment that bring about a dramatic effect.

SELECTED STUDIES AND SUMMARIES

Group Prenatal Care and Preterm Birth Weight: Results From a Matched Cohort Study at Public Clinics Ickovics 2003

Prospective matched cohort study involving 458 women conducted to determine the impact of group versus individual care on birth weight and gestational age.

Findings: Group prenatal care results in higher birth weights especially for infants born preterm. Of those who delivered preterm, women in group care delivered infants that were two weeks older and one pound larger.

Table 2. Birth Outcomes Stratified by Treatment Group

	Centering group prenatal care (n = 229)	Individual prenatal care (n = 229)	P
Birth weight (g)	3228.2 (540.1)	3159.1 (640.7)	<.01
Preterm	21 (9.2)	22 (9.6)	.83
Early (< 33 wk)	2 (0.9)	7 (3.1)	
Late (33–36.9 wk)	19 (8.3)	15 (6.5)	
Low birth weight (< 2500 g)	16 (7.0)	23 (10.0)	.38
Very low birth weight (< 1500 g)	3 (1.3)	6 (2.6)	N/A*
Neonatal deaths	0 (0)	3 (1.3)	N/A*

Abbreviation as in Table 1.

Data are presented as n (%), except birth weights (top row), which are mean (standard deviation).

* Cell sizes too small to permit statistical testing.

Ickovics. Group Care Improves Birth Weight. Obstet Gynecol 2003 pg 1054

Average birth weight for preterm and term infants stratified by group vs individual care

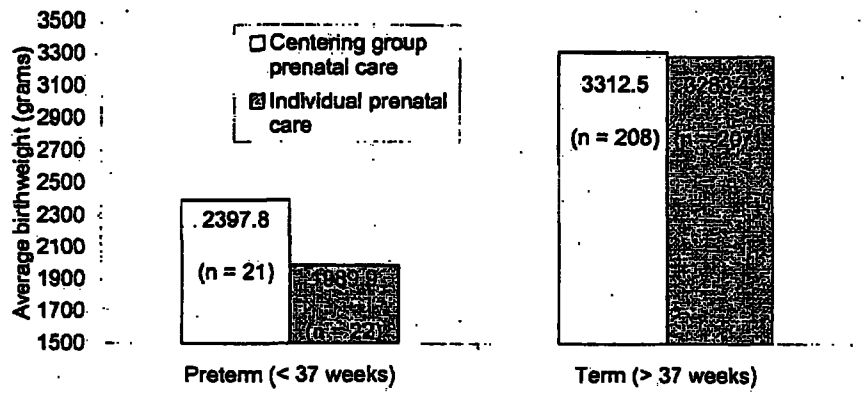


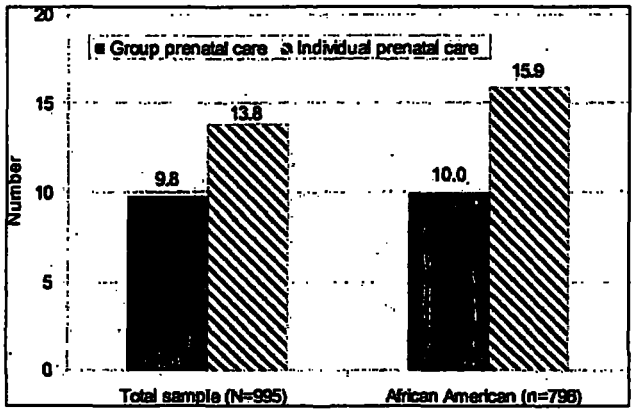
Figure 1. Average birth weight for preterm and term infants, stratified by group versus individual prenatal care.
Ickovics. Group Care Improves Birth Weight. Obstet Gynecol 2003.

Group Prenatal Care and Perinatal Outcomes A Randomized Controlled Trial Ickovics 2007

Randomized control group involving 1047 women in public clinics in 2 cities (New Haven, CT and Atlanta, GA) compared the effects of prenatal care between those in Centering group care and individual care.

Findings: Women randomly assigned to group care were significantly less likely to experience preterm birth. Overall women in CenteringPregnancy group care experienced a 33% lower rate of preterm birth and African American women (representing 80% of the sample had a 41% lower rate of preterm birth. CenteringPregnancy is more multifaceted than many other clinical and psychosocial interventions that seek to augment care with more visits or more information using didactic approaches, which may be one reason for these relatively favorable outcomes.

Fig. 2. Preterm delivery for total sample and African Americans only.



All analyses were controlled for factors that were different by study condition ($P \leq .10$), despite randomization(race, age, prenatal distress, history of preterm birth) and clinical risk factors strongly associated with birth outcomes (smoking, prior miscarriage or stillbirth). Total sample: odds ratio (OR) 0.67, 95% confidence interval (CI) 0.44–0.99, $P \leq .045$; African American only: OR 0.59, 95% CI 0.38–0.92, $P \leq .02$.
Ickovics. Group Prenatal Care and Perinatal Outcomes. Obstet Gynecol 2007.pg 336

Survival curve illustrating comparison of outcomes in traditional and Centering group care.

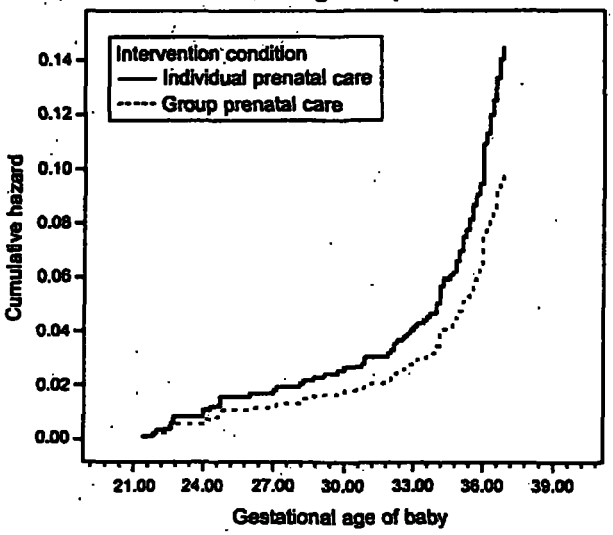


Fig. 3. Hazard function for preterm birth.
Ickovics. Group Prenatal Care and Perinatal Outcomes. Obstet Gynecol 2007.pg 336

CenteringPregnancy Smiles: implementation of a small group prenatal care model with oral health. Skelton 2009

Program evaluation: A rural Kentucky county with the worst perinatal outcomes in the state implemented CenteringPregnancy in 2006 with an added oral health component: CenteringPregnancy Smiles. The level of poverty among participating women was very high with > 80% on Medicaid. The oral health status for this population was very poor and that was the primary target for the intervention using CenteringPregnancy as a vehicle for added oral health exams, treatment and education.

They conducted the CenteringPregnancy Smiles program for 410 women over two years and found preterm birth rates reduced from 14% to 6 % and rates of low birth weight deliveries from 8 % to 5 %. The improvement was greater than the estimated 20% of adverse birth outcomes that could be linked to oral infections based on previous studies. The authors deduced a synergistic benefit was achieved.

They estimate a savings of $1.5 million in medical bills by preventing 37 preterm births.

Table 2.

BIRTH OUTCOMES AND PRENATAL CARE FOR SINGLETON BIRTHS: DESCRIPTIVE DATA

	Group prenatal care—2006–07 (n=132)	Regional births in 2004[a]	Kentucky births in 2004[a]	National births in 2004[a]
Birth outcomes and prenatal care				
Preterm birth (%)	6.6	13.7	12.6	10.8
Gestational age[b]	39.1 ± 3.0	NA	NA	NA
Low birth weight (%)	5.3	7.3	7.0	6.3
Birth weight[c]	3365 ± 568	NA	NA	NA

[a]March of Dimes Foundation. March of Dimes Foundation website. White Plains, NY: 2009. Available at: http://www.marchofdimes.com/.
[b]weeks, w ± SD
[c]grams, g ± SD
NA = not available

CenteringPregnancy group prenatal care: promoting relationship-centered care. Massey 2006

It is important to understand the mechanisms by which Centering has had its clinical outcomes in order to replicate the positive health outcomes and to consider its application as a best practice model of care in a variety of settings. Themes have been identified in studies that indicate the 13 Essential Elements that define Centering Models establish the basis for the success of this relationship-based approach. Qualitative studies demonstrate the correspondence of Centering with leading recommendations for health care improvement such as the Institute of Medicine's Ten Rules for Health Care Redesign.

Massey and colleagues compared the IOM's Rules for Health Care Redesign and grafted on Centering Essential Elements. As such, Centering is demonstrated as an exemplary model of relationship based care.

Correspondence of CenteringPregnancy® Essential Elements with the Institute of Medicine's Rules for Health Care Redesign

IOM's Rules for Health Care Redesign	Essential Elements of CenteringPregnancy®
Care is based on continuous healing relationships.	Continuity and stability of group leadership Group composition is stable, but not rigid Facilitative leadership
Care is customized according to patient needs and values.	Each session has an overall plan; emphasis varies with group needs Facilitative leadership Opportunity for socialization is provided
The patient is the source of control.	Women are involved in self-care activities Facilitative leadership
Knowledge is shared and information flows freely.	Each session has an overall plan; emphasis varies with group needs Facilitative leadership Group is conducted in a circle
Decision-making is evidence-based.	There is on-going evaluation of outcomes
Safety is a system property.	Women are involved in self-care activities Group is conducted in a circle Continuity and stability of group leadership Involvement of family support people is optional
Transparency is necessary.	Women are involved in self-care activities There is on-going evaluation of outcomes Group is conducted in a circle
Needs are anticipated.	Facilitative leadership Each session has an overall plan; emphasis varies with group needs
Waste is continuously decreased.	Health assessment occurs within the group space Continuity and stability of group leadership
Cooperation among clinicians is a priority.	Non-hierarchical cooperation occurs between different service providers

Pregnancy outcomes of adolescents enrolled in a CenteringPregnancy program. Grady 2004

Evaluation of 124 teen moms who received prenatal care in CenteringPregnancy groups demonstrated both improved outcomes and high satisfaction scores. The Centering group had a low rate of preterm delivery (10.5%) and low birth weight infants (8.9%) and the cesarean rate was 13.7%. The mean satisfaction score was 9.2 out of 10.

Table 3. Responses to Evaluation II: Group Care

Question	Yes n (%)	No n (%)	Don't Know n (%)
Did you get to know other women in the group?	86 (98)	2 (2)	
Were you comfortable having your physical assessments in the group setting?	84 (96)	3 (3)	
Would you rather have had your physical assessment in an exam room?	19 (22)	65 (74)	3 (3)
Did you feel satisfied that the assessment was adequate?	87 (99)	1 (1)	
Was it OK with you to have men in the group?	84 (95.5)	4 (4.5)	
Was it OK to have men present in the room during the physical assessment?	75 (85)	13 (13)	
Do you think it is important to get the group together once or twice after you deliver?	85 (97)	3 (3)	
Are you planning to keep in contact with any of the other group members?	50 (57)	37 (42)	1 (1)

From 12 of 13 Centering groups, 88 of 113 participants responded: 77.9% response rate.

Grady MA, Bloom K. (2004) Pregnancy outcomes of adolescents enrolled in a CenteringPregnancy program. Journal of Midwifery & Women's Health, 49(5): pg 416

Table 4. Demographic Characteristics and Outcomes of the Centering and Two Comparison Groups

	Centering n = 124	2001 Comparison Group n = 144	1998 Comparison Group n = 233
Age [mean (SD)]	15.85 (1.2)	16.5 (0.9)*	16.3 (1.2)*
Race			
African American (%)	116 (93.6)	130 (90.3)	198 (85.0)*
Caucasian (%)	6 (6.3)	13 (9.0)	35 (15.0)*
Other (%)	1 (1.0)	1 (0.7)	0 (0.0)
Preterm deliveries <37 wk (%)	13 (10.5)	37 (25.7)†	54 (23.2)*
Low birth weight <2500 g (%)	11 (8.87)	33 (22.9)†	42 (18.3)*
Cesarean births (%)	17 (13.7)	21 (14.6)	37 (15.9)

* $P < .05$ compared to Centering group.

† $P < .02$ compared to Centering group.

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Section 4: Support

St. Peter's Medical Group
Broadway
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Medical Office Building located at 2550 Broadway • Helena, Montana 59601

July 20, 2009

Re: Premier Cares Award

Centering Healthcare Institute.
Award for Centering Pregnancy

Centering Healthcare Institute's Centering Pregnancy Program is a clear improvement in the delivery of Prenatal Care to all women. Our practice has been working to include evidence based medicine in all of our care. For many years we have been delivering standard individual care to pregnant women with little assessment of outcome. At last we have evidence that we can make a difference.

Helena is a small, rural Montana town of 29,000. Our small, hospital-owned clinic began offering Centering Pregnancy as an option to women two years ago. The data are clear. There is a reduction in pre-term delivery and for those that deliver early there is an additional two weeks of gestation. I have been doing obstetrics since 1984. The only other thing that has had this much impact is fetal kick counts developed by the Navy in 1986. There is no added cost and there is clear benefit. We spend a lot of time and effort avoiding lawsuits. This program actually improves care. With one other clinic in Montana we are providing a model that the Indian Health Service is looking to implement.

Our group has reached a point where we believe women need to give informed consent to remain in individual care, rather than group care. Centering Healthcare Institute has a philosophy of collecting data and acting upon the information for a process of quality improvement. It is exciting to be involved in the developing edge of medicine.

The Centering Pregnancy Model is being implemented across the nation with similar results and it is being used as a model for well child care, diabetes, heart disease and many other chronic illnesses. It does not just help the under served. It is open to all comers and there is benefit to all of them. Group care and support will continue to expand. And the model will come back to Centering Pregnancy.

It is an honor and a privilege to write this letter of support for their nomination for the Premier Cares Award.

Thank you.

Richard P. Sargent MD

Richard P. Sargent, MD

MONTEFIORE MEDICAL CENTER
The University Hospital
for the Albert Einstein
College of Medicine

OBSTETRICS & GYNECOLOGY
AND WOMEN'S HEALTH

ALBERT EINSTEIN
COLLEGE OF MEDICINE
OF YESHIVA UNIVERSITY

July 29, 2009

To Whom It May Concern:

I am pleased and honored to write this letter of support for CenteringPregnancy Program. I am very familiar with this Program and feel that it would be an ideal recipient of the Premier Cares Award. Our organization was trained by Centering Healthcare Institute in November 2001 in the CenteringPregnancy program and we have since instituted the Program in several of our outpatient offices at Montefiore Medical Center.

Montefiore Medical Center is the leading provider of healthcare in the Bronx, New York. It operates a large network of ambulatory care offices, many that focus their resources on patients at significant risk of poor outcomes. The Montefiore office at which I see patients is a community health center that delivers about 1,000 women each year. That office primarily cares for indigent women with a variety of needs. We first implemented this model of care in early 2002 and have found it an ideal way to better address the issues that our patient encounter.

This remarkable Program provides routine prenatal care plus all of the things that should be a part of routine prenatal care but providers often do not have the time to address. For example, the Program offers pregnant women and their partners the opportunity to learn about nutrition, contraception, the process of labor and delivery, and care of newborns. All this is provided in a group setting where women learn from each other and are able to create a support network. The providers who lead the groups facilitate them rather than simply teach the participants. This allows the participants to gain confidence in their own judgement and validate the lessons they have learned. They are able to form truly nurturing bonds among themselves and with their providers.

Our anecdotal findings that this is a superior way to provide prenatal care have recently been confirmed in a well designed clinical trial that randomized inner-city adolescents who were pregnant to Centering or traditional prenatal care. In that study, during the period of follow up (1 year after the delivery), the investigators found increased rates of breastfeeding, fewer sexually transmitted infections, fewer repeat pregnancies, and interestingly, fewer preterm births in the index pregnancies. All from a program that incurs minimal additional costs for the agency that implements the model.

We have also found that the program is ideal for training residents in obstetrics and gynecology. Centering allows them to spend time getting to know their patients, learning about their needs and concerns more fully than can be achieved in the typical 10 minute office visit. Through this Program providers, on average, are able to spend 20 hours with their patients instead of only two hours. This allows them to really get to know their patients and to understand their concerns.

Women who have participated in the Centering Program in our office have raved about it. On anonymous surveys that we have done, they rate the program only with superlatives.

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29 July 2009

Dear Members of the Search Committee for the 18th Annual Monroe E. Trout Premier Cares Award:

I am pleased to write the strongest possible letter of support for **The Centering Healthcare Institute** in their application for the 18th Annual Monroe E. Trout Premier Cares Award. I have worked with the organization since 2001, when we received funding from the National Institutes of Health to conduct a large 2-city randomized controlled trial to evaluate CenteringPregnancy, group prenatal care. The evidence is clear: women randomly assigned to CenteringPregnancy had clinical, behavioral, and psychosocial outcomes as good or better than those who received standard individual prenatal care. For example, we found that women randomly assigned to CenteringPregnancy were 33% less likely to have preterm delivery (Ickovics et al., Obstetrics & Gynecology, 2007) and 50% less likely to have rapid repeat pregnancy (i.e., within 6 months) or an incident sexually transmitted disease in the first postpartum year (Kershaw et al., American Journal of Public Health, 2009/in press). We achieved better outcomes with no difference in cost.

Based on these successes, we were again funded by the National Institutes of Health to do a large translational study in New York City (2006-2011). We are currently collaborating with The Community Healthcare Institute as well as with Clinical Directors Network, Inc. on a 14-site translational study. The purpose of this new study is to try to replicate our initial outcomes as well as add process outcomes (uptake, fidelity, sustainability), and cost effectiveness. To date, we have fully recruited and randomized 14 community hospitals and health centers across all 5 boroughs of New York, and individual patient recruitment is underway. Our target is 100 young women aged 14-21 per clinical site for a total of 1400 participants. Demographically, these are primarily Black and Hispanic young women, traditionally vulnerable and underserved – and for whom CenteringPregnancy may have the greatest impact.

Sharon Schindler Rising and her colleagues at The Centering Healthcare Institute are committed to innovation and to the best in evidence-based practice – two fundamental goals of Premier Cares. In short, CenteringPregnancy simply transforms the way prenatal care is delivered. I have seen CenteringPregnancy implemented across more than a dozen clinical sites. I can assure you that it is also highly replicable.

Since the application does a good job of describing the CenteringPregnancy purpose and outcomes, I'd like to describe some of the benefits I have observed as part of this innovative model of prenatal care for clinical sites, health care providers and patients themselves. For the clinical sites, CenteringPregnancy promotes greater access to prenatal care and its complementary services. It can maximize time of support personnel (e.g. social worker, nutritionist, counselors, and translators) to increase efficiency. CenteringPregnancy presents an attractive program to the community that has led to favorable publicity,

and attracted new patients to the clinical site. It can reduce traffic and confusion in the health centers, leading to higher satisfaction among administrators, providers, and patients. Finally, there are many financial incentives as well. CenteringPregnancy is fully reimbursable, and can provide for enhanced billing for bundling of complimentary services (e.g., education, counseling, nutrition, smoking cessation). With women in a group space, CenteringPregnancy frees up exam rooms for other paying procedures. Incentive payments through better performance may also be possible, depending on the health system.

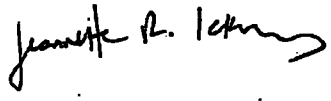
For providers, CenteringPregnancy is advantageous in increasing contact time and improving continuity of care. It is a more efficient use of time and more efficient way to share information around a broad range of services, including but not limited to nutrition, substance abuse, labor preparation, breastfeeding, and parenting skills. In this way, CenteringPregnancy integrates care with education and with community development.

Finally, for patients, CenteringPregnancy increases contact time with healthcare providers dramatically: 2 versus 20 hours of prenatal care – all scheduled in advance. Within this additional time, the quality of care is also substantially enhanced: promoting patient self management and empowerment, as well as the opportunity to discuss more issues into greater depth. Patients and providers can address physical/psychosocial changes and the behavioral changes required to maintain healthy pregnancy, exposing all women to all information, including those too embarrassed to ask a particular question. Both formal and informal support are enhanced. And CenteringPregnancy is flexible enough to adapt to cultural differences, providing exceptional prenatal care for patients and their families.

The Centering Healthcare Institute has a clear vision and set of professional goals. Moreover, the leadership and staff have the integrity, dedication and perseverance to achieve these goals. Over the years, I have been very fortunate to work with an extraordinarily accomplished group of collaborators. The Centering Healthcare Institute is notable in many ways, including never resting on their considerable laurels, but always striving to improve the quality of their approach. They are eager to establish CenteringPregnancy programs around the country and around the world to improve prenatal care and perinatal outcomes for all women.

In closing, I believe that The Centering Healthcare Institute would be an excellent recipient of the 18th Annual Monroe E. Trout Premier Cares Award. I am confident that they will continue to develop and implement this innovative prenatal care model – as well as develop further innovations in pediatrics and care for chronic disease. If you have any questions or would like any additional information, please do not hesitate to contact me. Yours in health –

Sincerely,



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AHRQ http://www.innovations.ahrq.gov/content.aspx?id=1909

Innovation Profile:
Group Visits Focused on Prenatal Care and Parenting Improve Birth Outcomes and Provider Efficiency

Summary

The Centering Healthcare Institute offers two group care models, one for pregnant woman (known as CenteringPregnancy) and one for new mothers (known as CenteringParenting), that integrate health assessment, education, and support into a unified program. Groups meet in ten 2-hour sessions in which participants receive health assessments, learn care skills, participate in facilitated discussions, and develop a support network. A study of CenteringPregnancy found that group care participants received better prenatal care, had fewer preterm births, were more likely to initiate breastfeeding, and had better prenatal knowledge than those receiving "usual" care. Sites using the model also report an enhanced capacity to serve nonpregnant patients, as the group sessions free up resources previously used to provide one-on-one care.

See the Description of the Innovative Activity section for information on expansion of the languages in which program materials are available, the Context section for an update on current site locations, and the Planning and Development Process section for a description of how the implementation process has been redesigned for new sites (updated May 2009).

Evidence Rating *(What is this?)*

Strong: The evidence consists primarily of randomized controlled trials that test the impact of the CenteringPregnancy care model on key outcomes, including adequacy of prenatal care, likelihood of a preterm birth, and rates of sexually transmitted infections.

What They Did

[Back to Top]

Problem Addressed

Inadequate prenatal care is common (especially among minorities) and associated with poor health outcomes, including preterm delivery and low birth weight. Providing adequate prenatal care in a one-on-one setting can be difficult for busy clinicians who face continued pressure to increase productivity. Because clinicians often provide the same kinds of education and pre- and postnatal care to women in similar stages of their pregnancy and/or parenting, group visits may offer the potential to provide better and more efficient care. However, such visits are often not available.

- **Lack of prenatal care, especially among minority groups:** In 2004, 5.7 percent of non-Hispanic Black women who gave birth received inadequate prenatal care (5.7 percent), followed closely by Hispanic women (5.4 percent). The comparable figure among non-Hispanic White women is 2.2 percent.[1]
- **Leading to poor outcomes:** Numerous studies have shown that inadequate prenatal care is associated with poorer pregnancy outcomes, particularly an increase in the risk of preterm delivery, low birth weight, and small-for-gestational-age infants.[2] For example, one study found that women who received inadequate care had a 2.8 times greater risk of a preterm delivery.[3]
- **Largely unrealized potential of group visits:** Because education and care needs are quite similar among women in similar stages of pregnancy and/or parenting, the provision of pre- and postnatal care is well suited to group visits. In fact, physicians offering group visits for appropriate patients have increased their productivity by as much as 30 percent and reduced appointment wait times by about two-thirds,[4] while simultaneously achieving high levels of patient satisfaction; studies show that 96 percent of women

prefer receiving prenatal care in groups.[5] Despite these potential benefits, group care remains uncommon, although interest and adoption is growing among agencies looking to enhance access and patient satisfaction and reduce costs.

Description of the Innovative Activity

The two models include ten 2-hour sessions that focus on ongoing patient assessment, education, and support provided in a small group setting by a health care clinician (e.g., a physician, nurse practitioner, or midwife) trained in pre- and postnatal care. Key elements of the program are described below:

- **Program logistics:** The CenteringPregnancy model brings together groups of 8 to 12 pregnant women in a similar period in their pregnancy, while the CenteringParenting model brings together 5 or 6 mother-baby pairs. Participants represent a range of ages, educational attainment, socioeconomic levels, and ethnicities. The CenteringPregnancy model includes ten 2-hour prenatal care group sessions, beginning in the second trimester (12 to 16 weeks) and going through 40 weeks. Compared to traditional one-on-one care (which offers approximately 2 hours of prenatal care over the course of the entire pregnancy), CenteringPregnancy offers substantially more time with a provider (20 hours), thus enabling patients to examine issues in greater depth, enhance health behaviors and self-care skills, build social support, address sensitive topics, and reduce stress. Once women complete the CenteringPregnancy model, they can continue with the next phase of group care via the CenteringParenting model that provides well-woman/well-baby care. This program is also structured as ten 2-hour education/assessment sessions that begin postpartum and extend through the baby's first year of life.

- **Key model elements:** Both group-class models have 13 "essential elements" as described below:
  - **Health assessment:** One-on-one health assessments are provided within the group space; assessments occur on a mat placed in the corner of the meeting room. Basic privacy is maintained by the use of a low-to-the-ground assessment area, the playing of music, and the general activity associated with check-in and socializing that occurs at the snack table. Assessment activities that demand greater levels of privacy can be performed after the group session in an examination room.
  - **Structured session plans:** Each session has an overall, structured plan of activities.
  - **Core content:** The Centering Healthcare Institute has developed a framework to guide the content of the sessions. Although topic emphasis may vary, all essential content is covered over the course of the 10 sessions. Institute-developed materials are referenced at meetings and used for self-care. In addition to being available in English and Spanish, the materials have been translated into Arabic, Vietnamese, and Chukese (as of May 2009). Providers complete a tracking form at the end of each session to document the content provided.
  - **Circle format:** The group is conducted in a circle to facilitate learning, social interaction, and problem-sharing.
  - **Group composition:** The composition of the group is stable but not rigid, which promotes supportive relationships while still allowing for new members.
  - **Group size:** Between 8 and 12 patients participate in each group, a

size considered optimal to promote the process.

- **Self-care:** Participants are empowered to embrace self-care activities. They take their own blood pressure and weight and record the results on their chart. If program leaders recommend it, they also check their own urine with urine dipsticks. (This process is considered educational, despite the lack of evidence that urine dipstick use improves outcomes.) CenteringParenting participants weigh and measure their babies (including head circumference) and continue to monitor their own weight.
- **Facilitative leadership:** Group leaders adopt a facilitative leadership style, which enables participants to contribute to the discussion and problem-solving (as opposed to a didactic leadership style, which involves one-way communication of information).
- **Consistent leadership:** Leaders tend to stay with their groups throughout all sessions, thus providing continuity of care from a single provider.
- **Culture of respect:** Group conduct honors the contribution of each member. The group facilitators try hard to listen to each woman as she shares her own cultural beliefs and values. Occasionally, a talking stick is passed among participants.
- **Outside support:** Group members have the opportunity to involve family members/partners in pre- and postnatal care if they so desire.
- **Social interaction:** Sessions include opportunities for socializing within the group, so that participants can build a community that provides support.
- **Outcomes evaluation:** Ongoing evaluation of outcomes ensures that patients receive high-quality care.

- **Insurance reimbursement:** Insurers reimburse providers as they would for an individual encounter with a provider; a chart note is made at every visit for documentation purposes.

References/Related Articles

Centering Healthcare Institute Web site. Available http://www.centeringhealthcare.org

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Ickovics J, Kershaw T, Westdahl C, et al. Group prenatal care and perinatal outcomes: a randomized controlled trial. Obstet Gynecol. 2007;110(2 Pt 1):330-9. [PubMed]

Contact the Innovator

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Did It Work?

[Back to Top]

Results

A randomized control trial (RCT) of the CenteringPregnancy model found that group care participants received better prenatal care, had fewer preterm births, were more likely to initiate breastfeeding, and had better prenatal knowledge than those receiving "usual" care. Another RCT found that the program reduced sexually transmitted infections, which are associated with increased risk of preterm delivery. Sites using the model also report an enhanced capacity to serve nonpregnant patients and to meet payer documentation requirements.

- **Better pregnancy outcomes:** An RCT found that CenteringPregnancy participants were less likely than those enrolled in usual care to receive inadequate prenatal care (26.6 percent of program participants received inadequate care, compared to 33 percent of those getting usual care) or to deliver prematurely (9.8 percent vs. 13.8 percent). Participants were also more likely to initiate breastfeeding (66.5 percent vs. 54.6 percent) and had better prenatal knowledge, greater readiness for labor and delivery, and higher satisfaction with their prenatal care.
- **Fewer sexually transmitted infections among African-American teens:** Another RCT found lower rates of chlamydia and gonorrhea among teenage African-American CenteringPregnancy participants than among

those receiving usual care (8.9 percent vs. 22.8 percent); in addition, those with no history of sexually transmitted infections who were assigned to CenteringPregnancy were more likely to remain infection-free up to 1 year postpartum (4.6 percent vs 10.8 percent).

- **Enhanced access for other patients and services:** Some participating sites have found that CenteringPregnancy frees up capacity and space to serve nonpregnant patients, thus reducing waiting times for appointments and/or enhancing the ability to accept new patients. Essentially, by removing prenatal care patients from one-on-one care, sites add clinical capacity that can be used for other billable activities.
- **Enhanced documentation:** Participating sites report an enhanced ability to meet payer documentation requirements related to various components of prenatal care and education.

Evidence Rating *(What is this?)*

Strong: The evidence consists primarily of randomized controlled trials that test the impact of the CenteringPregnancy care model on key outcomes, including adequacy of prenatal care, likelihood of a preterm birth, and rates of sexually transmitted infections.

How They Did It

[Back to Top]

Context of the Innovation

The Centering model was developed by Sharon Schindler Rising, a Connecticut nurse-midwife, after she found herself facing an overwhelming demand for prenatal care and realized that much of this care was duplicative across patients. The model was piloted in 13 groups (3 of which were teen groups) in 1993 and 1994; positive quantitative and qualitative outcomes prompted the development of a formal 2-day training workshop and broader dissemination of the program in 1998. As of May

2009, the models have been implemented in more than 300 sites in almost every state, several provinces in Canada, the United Kingdom, Australia, Germany, and Sweden. Sites include hospitals, public health clinics, women's and family health centers, private physician offices, birthing centers, and other organizations. The model has also been implemented at several military bases and Indian Health Service sites. New group care programs, including programs focused on diabetes and senior care, are currently in development.

Planning and Development Process

Sites that implement the CenteringPregnancy model have typically followed these key steps:

- **Gathering basic information:** The site gathers initial information about the model from a variety of sources, including Centering Healthcare Institute's information packet, a system assessment, the Biz Card (a PowerPoint presentation that provides an overview of the model, including the results of the RCT), the institute Web site (http://www.centeringhealthcare.org/), and published articles.
- **Creating a steering committee:** The site forms a planning/steering committee to oversee the planning process. The committee might include an administrator, a provider, a nurse, a medical assistant, a front desk clerk, a social worker, a consumer, and/or a representative from a relevant community agency. Once the planning committee is formed, the institute will send initial planning materials to guide preparation for a workshop.
- **Training:** Several institute training programs are available for administrators, providers, and clinic staff. An initial 2-day training session provides an overview of the model, room setup, curriculum, program promotion, and participant recruitment, while a second session focuses on training participants to become group facilitators. The institute helps the

planning committee select the training program that best fits its needs.

- **Creating an implementation timeline:** The planning committee creates a timeline for implementation and submits it to the institute, which provides appropriate support and consultation.
- **Applying for site approval:** The site applies for formal approval from the institute, which applies specific standards during the approval process. Site approval involves (1) completing a self-evaluation report; (2) documenting that the 13 essential elements are in place; and (3) undergoing a 1.5-day site visit during which the visitor meets with key organizers, reviews documents, observes a group meeting, and provides technical assistance as needed. After the visit, the site receives a formal written report that provides feedback and approval designation. Site approval is active for 2 years, after which a short updated report must be filed to obtain renewal of approval.
- **Planning for sustainability:** The site should plan for sustainability. For example, the site creates a budget that includes ongoing expenses for patient materials, staffing, food, administrative time, and data collection and evaluation.
- **Requesting consultation as needed:** The site may request consultation from Centering Healthcare Institute at any time. The institute encourages sites to stay in touch with the organization and to be part of the larger network of CenteringPregnancy sites.
- **Redesigning the process for new sites:** As of May 2009, all new sites contract with Centering Healthcare Institute to begin the process of model implementation, with the first step being to redesign the traditional system to accommodate group care. A consultant assigned to the site works with the steering committee during the approximately 2-year process of model implementation, site approval, and sustainability planning.

Resources Used and Skills Needed

- **Staffing:** Sites may use existing staff or hire new staff for the program. Staffing for the models typically include a clinician (e.g., a physician, nurse practitioner, or midwife) who is credentialed to provide prenatal care, along with a nurse or medical assistant. Sites may also have a part-time program coordinator (who devotes perhaps 1 day per week), social worker, translator, and/or administrative staff to handle patient check-in.
- **Costs:** Costs are highly variable across sites; therefore, general estimates cannot be provided. Centering Healthcare Institute can offer cost estimates depending on individual site characteristics, usually by providing cost data from similar sites that have implemented the program. Some general cost guidelines appear below:
    - **Initial costs:** Training costs average roughly $500 per staff member for the basic training; sites should also budget $4,000 for the site visit.
    - **Ongoing costs:** Ongoing costs consist primarily of staffing-related expenses, along with patient materials, food, administrative time, and data collection/evaluation. Sites should budget materials cost of $20 per participant.
- **Physical space:** The program can be implemented wherever prenatal care occurs, such as in community health centers, physician office waiting rooms (during evening hours), birthing centers, hospital clinics, public health clinics, and other locations. The meeting room must be large enough to comfortably provide care, including space to accommodate approximately 20 participants sitting in an open circle (i.e., with no central barrier such as a conference room table), a mat on the floor in the corner of the room (for assessments), a check-in table for measuring blood pressure and weight, and a table for refreshments.

Funding Sources

Centering Healthcare Institute

Centering Healthcare Institute has received several small grants from the national office of the March of Dimes. In addition, National Institutes of Health research grants have funded studies to examine the impact of the program. Although implementing agencies will generally have to commit internal funds to the startup and ongoing operation of the model, grants may be available from local, state, and national foundations and government agencies and from the March of Dimes.

Tools and Other Resources

The Centering Healthcare Institute has developed a table on the 10 Rules for Redesign that is based on the six Institute of Medicine aims; it is available in: Rising SS, Kennedy HP, Klima C. Redesigning prenatal care through CenteringPregnancy. J Midwifery Womens Health. 2004;49(5):398-404. [PubMed] Other tools available from CenteringPregnancy include Mom's Notebook; Facilitator's Guide to the Mom's Notebook; Family Notebook; Group Facilitation Monograph; and many other tools to help facilitate group sessions. Visit http://www.centeringhealthcare.org for more information on these materials.

Adoption Considerations

[Back to Top]

Getting Started with This Innovation

- **Ensure that group facilitator is a good listener:** A good listener can help participants share ideas and concerns, participate in problem-solving, and become engaged in their own care.
- **Obtain adequate training:** Group facilitation is a special skill that is not necessarily intuitive.
- **Have a champion at the site:** The champion can be an administrator,

physician, midwife, or other individual who believes that the model offers better service to patients.

- **Develop evaluation plan and budget:** Set up a system to evaluate the program's impact, and add the program to the site's budget as a distinct line item.

Sustaining This Innovation

- **Fully embrace the new care model:** Consider transitioning the model to the point that it becomes the primary (or only) option for receiving pre- and postnatal care. Centering Healthcare Institute recommends that a site start with three or four pilot groups but then expand the program quickly so that it serves at least 60 percent of eligible patients, thus making it the primary model of care for patients. Patients should be allowed to opt out of group care if they so desire.

Additional Considerations and Lessons

- Centering Healthcare Institute is in the early stages of piloting the CenteringDiabetes model; in addition, other health population-specific models are being designed. The Centering model's "essential elements" work for almost any population except the acutely ill.

Use By Other Organizations

- Several OB/GYN and family medicine residencies have incorporated Centering group leadership into resident rotations, as have several midwifery schools. In addition, other models of group care, focused mainly on chronic care, are being used in some sites; these are often called "shared medical appointments."

Comment on this innovation/Read other comments.

Disclaimer: *The inclusion of an innovation in the Innovations Exchange does not constitute or imply an endorsement by the U.S. Department of Health and Human Services, the Agency for Healthcare Research and Quality, or Westat of the innovation or of the submitter or developer of the innovation.* Read more.

[1] Late or no prenatal care. Child Trends DataBank. Available at: http://www.childtrendsdatabank.org/indicators/25PrenatalCare.cfm

[2] Schramm WF. Weighing costs and benefits of adequate prenatal care for 12,023 births in Missouri's Medicaid program, 1988. Public Health Rep. 1992 Nov-Dec;107(6):647-52. [PubMed]

[3] Krueger PM, Scholl TO. Adequacy of prenatal care and pregnancy outcome. J Am Osteopath Assoc. 2000 Aug;100(8):485-92. [PubMed]

[4] Bronson DL, Maxwell RA. Shared medical appointments: increasing patient access without increasing physician hours. Cleve Clin J Med. 2004;71(5):369-77. [PubMed] Available at: http://www.ccjm.org/PDFFILES/Bronson504.pdf (If you don't have the software to open this PDF, download free Adobe Acrobat Reader® software.)

[5] Centering Healthcare Institute. The Centering Model for Group Health Care. Cheshire, CT: Centering Healthcare Institute.

Innovation Profile Classification

Disease/Clinical Category: Pregnancy; Premature birth; Sexually transmitted diseases

Patient Population: Age > Fetus; Newborn (0-1 month); Infant (1-23 months); Adult (19-44 years); Gender > Female; Vulnerable Populations > Children; Impoverished; Medically or socially complex; Women

Stage of Care: Preventive care

Setting of Care:	Ambulatory Setting > Birthing center, Community social setting; Hospital outpatient facility; Physician office (individual); Physician office (group practice); Public health clinic
Patient Care Process:	Preventive Care Processes > Prenatal care; After Care Processes > Follow-up care; Monitoring; Patient-Focused Processes/Psychosocial Care > Improving patient self-management; Patient education; Provider-patient communication
IOM Domains of Quality:	Effectiveness; Patient-centeredness
Organizational Processes:	Physical environment modification; Process improvement; Staffing; Training, knowledge management
Developer:	Centering Healthcare Institute
Funding Sources:	Centering Healthcare Institute

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Date verified by innovator: May 20, 2009.

FOR IMMEDIATE RELEASE

PREMIER

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Prenatal health initiative improving health outcomes of mothers and babies wins Premier healthcare alliance national award

Centering Healthcare Institute "CenteringPregnancy Group Prenatal Care" program selected as 2010 Monroe E. Trout Premier Cares Award winner

PHOENIX (January 27, 2010) — Centering Healthcare Institute has been honored by the Premier healthcare alliance with the 18th Annual Monroe E. Trout Premier Cares Award for its CenteringPregnancy Group Prenatal Care program, which provides an innovative prenatal group care model now present in more than 300 sites across America. Centering Healthcare Institute last night received the Cares Award and $70,000 for the work it has done to provide care to mothers and babies nationwide.

Sponsored by Premier and its member hospitals, the Cares Award recognizes exemplary efforts by not-for-profit community organizations to improve the health of populations in need. Representatives of the Centering Healthcare Institute (CHI), located in Cheshire, Connecticut, received the Cares Award during Premier's annual Governance Education Conference, January 25-27 in Phoenix.

"We are very pleased to be honored through the Trout Premier Cares award for our innovative work in health care delivery. We believe that we are changing communities one group at time", states Sharon Schindler Rising, CHI's Executive Director.

Since 2001, Centering Healthcare Institute has had the mission "to change the paradigm of health services to a group care model in order to improve the overall health outcomes of mothers and babies across the life cycle." Sharon Schindler Rising, a certified nurse-midwife, developed CenteringPregnancy® to bring women out of the exam room into a group setting where they receive basic prenatal checkups, build community with other women, and gain knowledge and skills in pregnancy, childbirth and parenting. Overall, women in this group care experience a 33 percent lower rate of preterm birth, demonstrating a dramatic impact on health outcomes.

A panel of hospital professionals, as well as health and business industry leaders, selects the winner and five finalists, which all receive cash awards for use in further improving their programs. "The efforts of these great organizations are making a significant positive impact on communities across the country," said Susan DeVore, Premier's president and CEO. "Simply, they are transforming the way healthcare is delivered in our communities by providing care to those most in need."

March 4, 2010

To: Sen. Anthony J. Musto, Co-Chair, Select Committee on Children
Rep. Diana S. Urban, Co-Chair, Select Committee on Children
Sen. Edward Meyer, Vice Chair, Select Committee on Children
Rep. Karen Jarmoc, Vice Chair, Select Committee on Children

Sen. Paul R. Doyle , Chair, Human Services Committee
Rep. Toni E. Walker , Chair, Human Services Committee
Sen. Eric D. Coleman, Vice Chair, Human Services Committee
Rep. Catherine F. Abercrombie, Vice Chair, Human Services Committee

From: David Radcliffe, Director

RE: RB 5360 Children and the Recession, An Urgent Response to the Family

Connecticut is the first state to address the impact of the recession on children. During these difficult times, 35,000 children will fall into poverty in our state. If we do nothing, this will cost 800 million dollars to our taxpayers. RB 5360, landmark proposed legislation, seeks to reduce the impact of the recession on children, in both fiscal and personal cost, through strategies that reduce the number of children who fall into poverty and that mediate the traumatic effects of sudden poverty on the family.

Benefits of RB 5360 include:

- Maximizes federal funding and coordination
- Improves service delivery, systems and processes
- Addresses job shortages and unemployment
- Helps parents work and children thrive
- Maintains educational opportunities for youth and young adults
- Maximizes interagency and private sector partnerships
- Ensures public accountability

Thank you and all of the participants of the Speaker's Recession Taskforce for your leadership on this critically important issue.

Cc: Speaker of the House Chris Donovan
President Pro Tempore, Senator Don Williams

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www.meridenchildrenfirst.org

appropriations", we are concerned that the department would have to divert funding from the actual provision services to individuals to fulfilling the requirements placed on the leadership team.

We are worried that by having to devote precious administrative time and resources to serving on this leadership team, we are being drawn away from our agency's core mission of serving individuals with intellectual disabilities and developmental delays. Although the bill's intent is admirable, there are other grou including the Child Poverty and Prevention Council, which have the charge of responding to children's economic insecurity. In these tough economic times, DDS needs its entire administrative staff to focus on preserving the health, safety and well-being of the more than 19, 000 individuals who receive on-going suppo and services from the department.

Thank you for the opportunity to express our concerns with H.B. 5360. Please contact Rod O'Connor, DDS Legislative Liaison at (860) 418-6130, if you have any questions.

State of Connecticut
Department of Developmental Services

M. Jodi Rell
Governor

Peter H. O'Meara
Commissioner

Kathryn du Pree
Deputy Commissioner

TESTIMONY OF THE
DEPARTMENT OF DEVELOPMENTAL SERVICES
TO THE
SELECT COMMITTEE ON CHILDREN
March 4, 2010

Senator Musto, Representative Urban and members of the Select Committee on Children. I am Peter O'Meara, Commissioner of Developmental Services (DDS). I am submitting written testimony in opposition to **House Bill 5360 - An Act Concerning Children in the Recession,** that provides for the establishment of a children in recession leadership team that would implement and coordinate the state's emergency response to children affected by the recession.

The Commissioner of Developmental Services (DDS), who is named as one member of the children in recession leadership team, is not a good fit with the intended mission of this team. There are 5,000 infants and toddlers in the Birth to Three program and another 28% of the DDS caseload includes youth under the age of twenty-two. However, DDS is an agency that provides services primarily to adults with intellectual disabilities. DDS supports and services are provided to those individuals who meet the eligibility requirements for a diagnosis of mental retardation. There is no DDS qualification for eligibility based upon income-level or ability to pay for services. Once an individual is determined to be eligible for DDS services, a Level of Need Assessment (LON) for that individual is used to determine a budget for supports and services. These eligibility and budget determinations are not based on recession criterion but on what an individual needs by way of supports and what funding is available from the department.

The DDS services that are provided to children are Birth to Three Services and the Voluntary Services Program (VSP). Birth to Three services are available to all families who have a child that may be at risk of developmental delays. There is a sliding scale fee for services that only begins when a family's income is greater than $45, 000. Again, these services are based upon specific criteria for developmental delays in a child and are available to all families regardless of a family's income or a family's economic constraints
In the same way, the Voluntary Services Program (VSP) determines eligibility and services based upon criteria that begin with the child's intellectual disability coupled with a child's emotional, behavioral, or mental health needs.

DDS's model of service provision is based on an individual's psychiatric and behavioral needs, not a child's or a family's economic circumstance. Service provision does not fluctuate due to economic upturns or downturns but changes due to an individual's level of need and the funding that is available from the Department of Developmental Services. This model does not fit with the charge of this leadership team as outlined in House Bill 5360. And, because the various provisions in Section 1 of the bill are required to be done "within available

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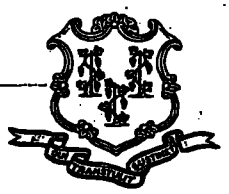

STATE OF CONNECTICUT
OFFICE OF POLICY AND MANAGEMENT

TESTIMONY PRESENTED TO THE SELECT COMMITTEE ON CHILDREN
March 4, 2010

Robert L. Genuario
Secretary
Office of Policy and Management

Testimony Opposing House Bill No. 5360

AN ACT CONCERNING CHILDREN IN THE RECESSION

Senator Musto, Representative Urban and distinguished members of the Select Committee on Children, thank you for the opportunity to offer testimony on House Bill No. 5360, An Act Concerning Children in the Recession.

This bill is a well-meaning statement of concern about the effects of the current economic downturn on children in this state. We cannot argue with the need for government, along with families, friends, neighborhoods, communities and charitable organizations, to make extraordinary effort to help those populations that are most vulnerable and are least able to help themselves, including children whose families have fallen on hard times.

However, this proposed legislation is not an effective response. In general, it is unnecessary and may have any number of undesirable consequences for the state and its taxpayers, not the least of which is providing potential fodder for litigation. Our major concerns with the bill fall into the following categories:

- It is duplicative of existing efforts. There are multiple public agencies, federal, state and local, and a panoply of programs on the books already, that carry out the purposes of this bill.

- The bill largely consists of vague statements of goals or outcomes which are non-specific as to what is required.

- Most provisions of the bill are " within available appropriations". We strongly oppose enactment of requirements that are unfunded in an adopted state budget. None of these provisions are funded in the existing state budget for FY 11 nor in the Governor's proposed budget. If the agencies are not provided funding in an enacted state budget, they will either not implement the provisions or will shift resources away from critical programs and services to do so. Neither approach is acceptable or ultimately helpful to the children of the state.

CHI supports the legislative efforts of this committee to advocate for the needs of children and families who may be at increased vulnerability in the current economic recession.

Attached please find documents that provide background information for Select Committee on Children leadership and members on CenteringPregnancy which is referenced in this bill – Sec. 9 (inserted below)

1) Press release announcing the Trout Premiere Care Award CHI received in recognition for the impact CenteringPregnancy has shown to improve birth outcomes through peer reviewed published studies. The application for the award provides the short review of the model and selected study results. This was the basis for the award selection. Of note, out of six recipients in 2010, CHI received the top award and one other recipient was a CenteringPregnancy program in Washington D.C.

2) AHRQ Innovation Profile for CenteringPregnancy which is a very good description of the model as well as this organization's assessment of the program and research findings.

The Centering Healthcare Institutes website is http://www.centeringhealthcare.org/ for more information including a bibliography section with pdf files of many of the published findings.

Sec. 9. (NEW) (*Effective from passage*) The Department of Public Health, within available appropriations and in collaboration with the Departments of Social Services and Education, shall endeavor to prevent the increase in low-birth-weight infants resulting from the recession, to reduce the cost to the state from unnecessary hospitalizations of such infants, as well as the health and cognitive injury to children resulting from such condition, and to decrease the growing racial disparity in the rates of occurrence of low-birth-weight infants by (1) maximizing co-enrollment in the federal Special Supplemental Food Program for Women, Infants and Children and Medicaid for all eligible women; (2) encouraging tobacco cessation programs targeted to pregnant women; and (3) promoting the use of the centering pregnancy model of prenatal care. The department may recover the costs of implementing the provisions of this section through funds available from the Tobacco and Health Trust Fund established under section 4-28f of the general statutes and the federal Temporary Assistance for Needy Families Emergency Fund.

Thank you for sharing this information with your committee. Feel free to contact me for any further information.

Colleen Senterfitt, MSN, CNM
Associate Director

Centering Healthcare Institute
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SEIU Local 2001
CSEA
Stronger Together

Catherine A. Osten
President
Patrice Peterson
Secretary/Treasurer
Robert D. Rinker
Executive Director

My name is Stacey Malitz, I am the Organizing Director for CSEA, SEIU Local 2001. We represent and work with child care providers all around the state. We support **HB 5360 An Act Concerning Children in the Recession.**

The quarterly report by House Speaker Donovan on Children in the Recession has outlined obstacles facing many low income parents around the state in securing quality and affordable childcare. Early childhood education is a key building block to success for children later in life. As the recession continues and possibly worsens a greater need for access to quality affordable childcare will continue to increase. At-home childcare providers give low income parents the flexibility, access and comfort to leave their children in the hands of a trusted adult. As does the many state funded childcare centers.

Programs such as Care 4 Kids provide a vital avenue to many low income parents to continue to work and support their families. We need to find a solution to maintain funding for parents who may lose their jobs. These parents should be able to continue receiving subsidized childcare for a reasonable period of time while seeking to secure new employment.

At the very least funding should remain the same, however the need for greater access may grow and the potential for unattended children being left at home should be noted as a possible consequence should funding for these vital programs be eliminated or reduced.

Thank You.

SERVICE EMPLOYEES INTERNATIONAL UNION, CLC, CTW • CONNECTICUT STATE EMPLOYEES ASSOCIATION
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Written Testimony Before the Select Committee on Children

March 4, 2010

HOUSE BILL 5360 AN ACT CONCERNING CHILDREN IN THE RECESSION

The Department of Social Services appreciates the struggles facing so many of Connecticut's children and families every day to meet basic needs such as food, housing, and medical care. Those in need are the clients we serve everyday and who flood our regional offices throughout the state. In November 2009, in fact, the department showed an 18% increase from the previous year in enrollment across entitlement programs, with the greatest demand in the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, and in Medicaid, which includes the HUSKY plan.

However, while the bill's intentions may be well-meaning, DSS has serious concerns about the far-reaching mandates contained within it, as well as the ability of any state agency to achieve what are largely vague and immeasurable goals. Consequently, DSS opposes HB 5360.

Although the bill is written "within available appropriations," it is clear that its mandates would have significant fiscal impacts if fully implemented. Given the current budget crisis, there is no funding available to expand or grow existing programs beyond current levels. Without funding, we question the value of creating unachievable expectations in legislation.

Another concern is the potential for litigation we foresee if these provisions are enacted. Throughout the bill, there are broad pronouncements of the state's affirmative responsibility to assure the well-being of all children. Such statements in state law have in the past subjected the state to litigation in which plaintiffs have asserted that the state is legally responsible to provide the services that support the statement. In other words, plaintiffs have claimed that specific services are in fact "entitlements" that the state must fund regardless of available appropriations. House Bill 5360 may well support new claims of that nature.

We have additional concerns with particular provisions of the bill. Section 1 establishes a new "recession leadership team" to implement and coordinate the state's emergency response to children affected by the recession and creates a statewide planning process. This team would be duplicative of the work the Child Poverty and Prevention Council has been doing for several years to coordinate state efforts that address the needs of families in poverty. Given the state's current investment in this area, which has been upheld as a model for other states, there is no need to stretch limited state resources further on duplicative efforts.

Section 2 would require DSS to develop a plan for a comprehensive state service approach to enable low-income families to access state benefits and services. We are pleased to inform you that this effort is already well underway with the department's Modernization of Client Service Delivery (MCSD) initiative. The department is in the process of procuring the services of a vendor to develop a web-based online benefits screening and application system. The initial system will support these processes for DSS benefit programs administered through our regional offices, including Temporary Family Assistance (TFA), the Supplemental Nutrition Assistance Program (SNAP) and the HUSKY program. In our Request for Proposals the department asked for a system that could form a "Framework for the Future" to which additional programs could be added. This could include the Care 4 Kids child care assistance program, the Connecticut Energy Assistance Program, the WIC program and other programs that serve low-income families and adults. This effort is already well underway, and legislation is not needed to further this effort.

Section 2 also would mandate that the department develop a timeframe within which a family would not be required to resubmit an application if the family recently applied for services. One reason the department requires an application is to establish the date a client applied for services. This importantly serves as the basis for determining the beginning date of benefits and a timeframe against which to measure the standard of promptness for application processing. Although the department cannot support this provision as written, we would be willing to explore provisions that would permit a shorter application to be used if the family had recently applied for benefits. The web-based application system referenced earlier as part of our Modernization initiative will populate the online application form with information already known to the department, thus streamlining the process for those individuals reapplying for benefits. This will essentially accomplish the purpose of this provision by not requiring the family to replicate information and resubmit documentation previously provided.

Section 3 would require the department to accept applications from all eligible families for the Care 4 Kids program if the unemployment rate is 8% or higher, requires notice of program changes, and delays the effective date of such program changes to 60 days after notice. Under current program guidelines, the department accepts all applications regardless of the unemployment rate. Timely notices are currently provided when program changes are made, in particular when the program must close due to budget limitations. Delaying implementation of program changes for 60 days will result in additional costs to the program. Finally, all funds are already used to support parents who must work, as required by current statute.

Regarding Section 4, the department has provided and will continue to provide rental assistance within the levels supported by available appropriations, subject of course, to rescissions; therefore this provision only restates current agency practice. The remaining provisions this section appear to place a burden on the department to assure that the Connecticut Housing Finance Authority, the Connecticut Fair Housing Center and the Department of Economic and Community Development continue existing programs and policies. The Department of Social Services has no authority to dictate the policies or practices of these agencies and therefore these provisions are unwarranted. Likewise subsection (b)(1) appears to shift to from the Department of Education to DSS the responsibility for assuring that homeless children avoid school failure.

Section 5 would require the department to collaborate with other state agencies. Collaboration and coordination regularly occur among state agencies where appropriate, because agencies recognize the value to our programs and the clients we serve. However, we also understand that our programs and the populations they target have their own requirements (often federally mandated) and funding streams tied to those requirements. Thus, determining when and where collaboration is warranted and will achieve desired outcomes should be left to the administrating agencies to decide. One highly successful example of

interagency collaboration is the Connect-ability initiative, designed to increase competitive employment for people with disabilities. DSS, in partnership with the Department of Labor, Department of Mental Health & Addiction Services, Department of Developmental Services, the State Department of Education, along with advocacy organizations and consumers, are working to create the premier technical assistance center around employment disability.

Regarding provisions of Section 7 concerning accessing the Temporary Assistance for Needy Families (TANF) Emergency Contingency Funds, the department is already working closely with the United States Department of Health and Human Services, the Governor's Office, the Department of Labor, Office of Workforce Competitiveness, the regional Workforce Investment Boards, private foundations and other funders, non-profit agencies, the Community Technical College and State University systems, and municipalities to access this funding stream. Federal requirements for accessing these funds are stringent and difficult to navigate, but nevertheless we are making a concerted effort to apply for these funds. We have already filed an application for the "basic assistance" category of these funds to reflect caseload increases and anticipate receiving federal approval shortly. Furthermore, the Governor recognizes the importance of these funds to needy families in Connecticut and has sent a letter to the Congressional delegation requesting their support for the extension of TANF Emergency Contingency funds for an additional year. Legislation is not necessary to further encourage this effort.

Section 8 would require that the department make changes to the Jobs First Employment Services (JFES) program to permit and encourage participants to participate in two-year and four-year degree programs. Although the department is not opposed to applying this provision to JFES participants who are nearing completion of such programs, we are opposed to providing for such extended education and training programs for most JFES participants as they are inconsistent with the Jobs First program's 21-month time limit. Most importantly however, four-year college degree programs generally do not meet the federal TANF work participation requirements.

There are provisions in both Sections 7 and 8 for additional extensions to TFA time limits utilizing TANF Emergency Contingency funds. Such extension would require additional appropriations for the 20% state share of any such program expansion. In addition, this funding source is temporary. All of the cost of any ongoing extensions will then have to be borne by the state. This is contrary to the language of the bill that these additional extensions be provided within available appropriations.

Despite the goals this bill seeks to achieve, the department must oppose HB 5360 due to its duplicative efforts and unfunded initiatives that will only set unreachable objectives, and may subject the state to litigation.

Thank you for your consideration of the department's comments.

CONNECTICUT
VOICES
FOR CHILDREN

Testimony in Support of H.B. 5360:
An Act Concerning Children in the Recession
Jamey Bell, J.D., Executive Director
Select Committee on Children
March 4, 2010

Good afternoon, members of the Select Committee on Children. I am testifying on behalf of Connecticut Voices for Children, a research-based public education and advocacy organization that works statewide to promote the well-being of Connecticut's children, youth, and families.

CT Voices for Children was honored to be a member of House Speaker Christopher Donovan's Task Force on Children in the Recession, co-chaired by the Honorable Representatives Karen Jarmoc and Diana Urban. We wholeheartedly support the goals and recommendations of the Task Force as laid out in the 1st Quarterly Report, and as reflected in H.B. 5360. It is axiomatic that children are the future, and we must invest in them now if they are to become successful and contributing citizens, parents, workers and leaders. The specific challenges to children's development imposed by the current economic recession-- in the areas of hunger and nutrition, shelter, unemployment and underemployment, safe and appropriate educational opportunities from early childhood on, health care, and safety and freedom from violence-- are comprehensively documented by the Report. The Task Force concluded, based upon the evidence presented, that during this economic recession, ***children will be harmed and will not fully recover*** without concerted and sustained action by adults within the state of Connecticut to prevent this harm.

CT Voices particularly applauds the bill's requirement that the state maximize federal fund opportunities under the TANF Emergency fund and any other federal emergency, matching or temporary assistance programs. We also fully support the requirements of streamlining, coordinating and putting time limits on the public benefits applications processes, including for nutrition and prenatal care, and the recommendations of continuing TFA cash assistance, rental assistance and student loan assistance. Through these measures the bill recognizes and addresses the reality that during an economic recession, individuals-- and especially children who rely upon adults for their survival-- need MORE support in order to sustain progress rather than less.

Connecticut's recovery from this unprecedented economic recession, and its prosperous future, depend on a solid infrastructure which supports our businesses, families and communities—an infrastructure which depends on a healthy and educated workforce, good schools, effective transportation, and engaged communities with a high quality of life. But this necessary infrastructure in turn depends on sustained public investment in these public infrastructures. Allowing any children to fall into poverty during this recession undermines this infrastructure, and threatens Connecticut's economic recovery. Therefore CT Voices supports a balanced and equitable revenue system that reflects the priorities and values of the state's residents, and meets its overall economic needs.

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During this recession, the needs of Connecticut residents have grown, but the revenues necessary to meet those needs have declined. More than ever, families need quality health care, education, child care, training, and jobs. Connecticut needs revenue solutions to address the gap between growing needs and reduced resources.

Therefore, because we believe that the laudable goals and recommendations of the Task Force on Children in the Recession are not likely to be successful with some of the restrictions contained in the implementing legislation, we urge that the following modifications be adopted:

1) Remove the modifying language "within available appropriations" from the implementing legislation. During a period of dramatic economic recession, such qualifying language *undermines the very purpose* of focusing on mitigating the effects of the recession on children. While adults can withstand a period of hardship and exceptional challenges, children cannot, and the adults and systems responsible for children's well-being must be fully supported in their efforts to sustain children until recovery occurs.

2) Empower the "Children in the Recession Leadership Team", or some other entity, to explore and recommend revenue solutions necessary to sustain support to prevent children from falling into poverty during this fiscal year and beyond.

CT Voices for Children has proposed a revenue package that balances the Fiscal Year 2011 budget, preserves vital state services, and establishes an adequate revenue base that will prepare us for the significant deficits that are projected for Fiscal Year 2012 and beyond.

To achieve this, we propose the following revenue increases:

- Increase income taxes for those who can best afford it – the state's wealthiest residents;
- Delay reductions in the gift and estate tax;
- Increase the sales tax and adopt an Earned Income Tax Credit;
- Raise taxes on unhealthy products, including soda; and
- Restore the scheduled Petroleum Gross Earnings Tax rate increase.

In addition, in order to comprehensively plan for an economic system that supports all of its children, and especially those in danger of falling into poverty during difficult economic periods, CT Voices recommends a series of measures to promote transparency, accountability and fairness in the budget process:

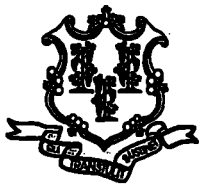
- Evaluate and reduce unproductive tax breaks (exemptions, deductions, and credits);
- Close corporate income tax loopholes by adopting mandatory combined reporting;
- Review and restructure business taxes; and
- Position the state to tax Internet sales.

Thank you for the opportunity to testify today.

STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES

Public Hearing Testimony of
Commissioner Susan I. Hamilton, M.S.W., J.D.

Select Committee on Children
March 4, 2010



H. B. No. 5360 - AN ACT CONCERNING CHILDREN IN THE RECESSION

The Department of Children and Families **expresses concern regarding** H.B. No. 5360 - AN ACT CONCERNING CHILDREN IN THE RECESSION.

The Department appreciates the diligent efforts put forth by the Task Force on Children in the Recession in the gathering of data and feedback from a broad cross-section of Connecticut. We concur with many of the broad policy goals outlined in the report; however, we believe that to enact many of these recommendations statutorily is unnecessary and creates confusing and unfunded mandates on the part of several state agencies.

DCF would also point out that there are other existing advisory boards that have similar responsibilities to the work of this task force, including the Child Poverty and Prevention Council established by Section 4-67x of the General Statutes. Further diffusing these coordinating efforts is counterproductive.

Finally, we point out that the Task Force's First Quarterly Report includes information that "nationally, we are seeing an increase in family violence, especially in areas such as neglect, because families are unable to provide basic needs to children. There is also the possibility for the recession to result in increased fatalities of children."[1] DCF is carefully monitoring a variety of caseload and reporting trends in the child protection, mental health and juvenile justice areas, and we have yet to identify any significant negative trends overall. In fact, we continue to experience significant decreases in juvenile commitments and the number of children in out-of-home care.

This is not to say that economic factors don't have a deleterious effect on families and children. In fact, there is a positive correlation between poverty and abuse and neglect. As members of this Committee know, in response to this phenomenon, the Department continues its investment in the development of a Differential Response System (DRS), which is a child welfare best practice that has been found to be responsive to families, particularly those in economic distress. With respect to the sections of the legislation that relate to child protection matters, the Department believes that implementation of DRS holds greater promise than the multiple strategies vaguely outlined in this legislation.

Thank you for your consideration of the Department's views on this bill.

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[1] Connecticut General Assembly, Task Force on Children in the Recession, *1st Quarterly Report*, January 2010, page 10.

Select Committee on Children
March 4, 2010

Testimony of Mark K. McQuillan, Commissioner of Education

ON

RAISED BILL 360: AN ACT CONCERNING CHILDREN IN THE RECESSION HB5360

The Department of Education opposes Raised Bill 360 which requires the Department of Education to administer, within available appropriations, a child nutrition outreach program to increase participation in the federal School Breakfast Program, federal Summer Food Service Program and federal Child and Adult Care Food Program, and then to utilize results-based accountability to determine the impact of these activities. Our child nutrition unit already conducts outreach and administers all of these programs and therefore additional legislation is not required to do so. At the same time, while the Department is currently conducting these activities, there is concern that this legislative mandate could create an unrealistic expectation and not allow the Department to determine appropriate adjustments to agency wide strategies based on individual program participation should staffing patterns change or implementation of new federal programs be required. In addition, requiring the Department to develop RBA templates for each of these activities, collect and report the data, implement outreach activities beyond those describe above, and develop a data development agenda without providing any additional administrative funds would create an undue burden on Department staff that we cannot support.

The bill requires the Department to encourage schools to participate in the federal School Breakfast program. Just this past year, the Department created a "Connecticut Breakfast Expansion Team" lead by the Department with representatives from the New England Dairy Council, End Hunger Connecticut, the School Nutrition Association of Connecticut and General Mills which is specifically designed to increase participation in the school breakfast program. This group conducts ongoing outreach, especially to high need districts, provides direct technical assistance to all schools that request assistance and has developed promotional materials. Of note, some of the barriers to increasing participation in this program is not the lack of outreach but rather challenges around logistics and scheduling as well as the lack of understanding by school administrators that school breakfast programs are available to all communities, not just for the neediest communities. The Department is working aggressively to remove these barriers.

The bill further requires that the Department encourage local and regional school districts to sponsor Summer Food Service Program sites, recruit other sponsors of such sites and make grants to site sponsors to assist them in increasing child participation. On an annual basis, the Department monitors, evaluates and reports on the Summer Food Service Program (SFSP). In addition, as required by the United States Department of Agriculture regulations, the Department conducts outreach for the summer food service program, by issuing press releases and targeting communities that are eligible to participate based on number of children eligible for free and reduced meals. The SFSP has consistently increased participation by approximately 11% over the last two years.

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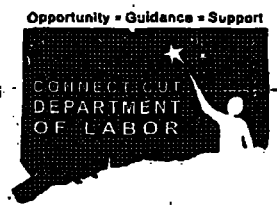

Linda L. Agnew, Acting Commissioner

Public Hearing Written Testimony of
Acting Commissioner Linda Agnew
Select Committee on Children
March 4, 2010

Good afternoon Senator Musto, Representative Urban and members of the Select Committee on Children. Thank you for the opportunity to provide you with written testimony regarding a bill on your public hearing agenda today. My name is Linda Agnew and I am the Acting Commissioner of the Department of Labor.

I have significant concerns regarding H.B. # 5360 for the following reasons:

- The bill creates a Children in Recession Leadership Team, which duplicates existing efforts of multiple agencies and Commissions, including agencies' involvement in the Child Poverty and Prevention Council, codified at Conn. Gen. Stat. §4-67x.
- Section 1, subsection (c)(7), of the bill requires agencies to "maximize the availability of targeted case management and intervention services" but does not specify to which services this mandate pertains. Moreover, most services, e.g., Jobs First Employment Services (JFES), which are administered by CTDOL, are already serving at maximum capacity.
- Section 2 of the bill mandates the development of a comprehensive state service approach, which is essentially already in operation. Several agencies, such as DSS and CTDOL, already work in an integrated fashion to best serve JFES participants, through regulations, agency policies and shared automated databases, while still ensuring compliance with state and federal confidentiality guidelines and administrative procedures.
- Section 7, subsection (a)(2), of the bill strives to utilize the subsidized employment category in a manner which potentially contravenes Federal law and subsidized employment guidelines, which are in place to ensure the protection of the rights of existing employees, e.g. layoff rights and member rights under collective bargaining agreements.
- Section 7, subsections (a)(1) and (b), duplicate existing efforts already employed by DSS and CTDOL as part of a Governor's workgroup pertaining to maximizing subsidized employment and youth employment opportunities.
- Section 8 of the bill conflicts with federal TANF regulations and would affect CTDOL's performance measurements for purposes of federal participation rates, potentially jeopardizing the receipt of federal grants.

Thank you again for this opportunity. Please feel free to contact my staff or me if you need additional information.

200 Folly Brook Boulevard, Wethersfield, CT 06109

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

TESTIMONY PRESENTED BEFORE THE SELECT COMMITTEE ON CHILDREN
March 4, 2010

Lisa Davis, Branch Chief, Public Health Initiatives 860.509.7794
Ellen Blaschinski, Branch Chief, Regulatory Services Branch- 860-509-8171

House Bill 5360 - An Act Concerning Children in the Recession

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The Department of Public Health opposes House Bill 5360.

There is no question regarding the importance of protecting the health and well-being of Connecticut's children. The mandates in this proposal, however, are duplicative of existing efforts currently being carried out. The department has addressed many of the key aspects within the language of this proposed bill through the following activities:

- The Departments of Social Services, Education and Public Health continue to have discussions concerning the requirements and procedures related to early childcare and early childhood education to simplify procedures, improve program and policy coordination, and increase efficiencies and access points. These action steps are consistent with the mandates of Special Act 09-10 and Special Act 09-03, as amended by Public Act 09-232 that require the Commissioner of Social Services to work with the Commissioners of Education and Public Health to conduct a joint study of early childhood education procedures to identify requirements and procedures that are duplicative or unnecessary.

- A state priority has been identified within the Title V Maternal and Child Health (MCH) Block Grant of the Connecticut Department of Public Health (DPH) to reduce health disparities in the MCH population, and especially disparities related to teen pregnancy, low birth weight, prenatal care and infant mortality. In response, DPH applied for and was awarded technical assistance through the Health Resources and Services Administration of the U.S. Department of Health and Human Services to explore ways in which state and local MCH partners can work together to address these disparities through a coordinated perinatal system of care. A forum was planned and conducted in August 2009 and September 2009 with statewide and community-based MCH leaders in the state to review and analyze MCH data, examine programs and resources that are currently available, and reach consensus about how best to enhance coordination of existing programs and resources. The objective was to identify several action steps of low-cost that could be implemented by community-based and regional organizations immediately and completed within a short time frame. Programs included in the discussion were: Centering Pregnancy, Nurturing Families Network, Hartford federal Healthy Start, New Haven federal Healthy Start, WIC, state Healthy Start, the Fatherhood Initiative, Planned Parenthood of Connecticut, and Real Dads Forever. Prioritized interventions and prevention strategies were identified as a result of this collaboration.

- There are multiple agencies and community based organizations who are working collaboratively to address and enhance the health of children and youth at all times with the School Health and Mental Health Advisory Group, Coordinated School Health Program, Medical Home Advisory Group for Children and Youth with Special Healthcare Needs and School Based Health Centers, etc. These initiatives are a few examples of existing state agency programs and groups that share information to coordinate and maximize resources.

Our programs currently support services to the uninsured or to those who face barriers to care, and we recognize the need to utilize existing resources to maximize capacity and responsiveness to the needs of the public. This bill largely consists of vague and non-specific statements of goals or outcomes without proposing any specific policy changes. A bill of this complexity has the potential to directly defeat its purpose by mandating activities within given limitations and may make any success difficult to if not impossible.

Each state agency is responsible for programs and initiatives that come from different funding sources and each has a different set of requirements and regulations. The proposed bill fails to recognize the cross-agency coordination and collaboration efforts that already exist. We understand that Connecticut residents are best served by health and human services that are strong, specific and maximize their scope through existing collaborations. A state-based patchwork of inconsistent guidelines will not advance the mission of any individual agency nor will it promote effective management or improved outcomes of necessary services. In addition to the potentially self-defeating guidelines offered in this proposal, the language also exposes state human service agencies to liability for failure to meet the standards as drafted. The requirements established under existing statutes offer a clear intent for each program. As such, the agency and the public are left with a consistent expectation of policy outcomes. Overly broad language will create unnecessary confusion and may lead to litigation that detracts from the agency's mission. Legislative measures that continue to address the needs of the state's children will ensure that appropriate goals are met based on a common understanding of policy objectives.

Finally, significant resources would be necessary to carry out the mandates of this proposal. Most sections state "within available appropriations" which, without funding, means that they either we will not be implemented or will require a shift of resources from actual programs in order to do so. As funding for these mandates is not provided for in the Governor's budget, we cannot support this bill at this time.

Thank you for your consideration of the Department's views on this bill.

H – 1079

CONNECTICUT
GENERAL ASSEMBLY
HOUSE

PROCEEDINGS
2010

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PART 6
1558 – 1869

Committee on Judiciary.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hewett, you have the floor, sir.

REP. HEWETT (39th):

Mr. Speaker, I move -- Madam Speaker, I move that this bill be referred to GAE.

DEPUTY SPEAKER KIRKLEY-BEY:

Is there any objection? Is there any objection to the referral? Hearing none, so ordered.

Will the Clerk please call Calendar Number 179.

THE CLERK:

On page 32, Calendar 179, Substitute for House Bill Number 5360, AN ACT CONCERNING CHILDREN IN THE RECESSION, favorable report of the Committee on Appropriations.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban, you have the floor, ma'am.

REP. URBAN (43rd):

Thank you, Madam Speaker.

I move the joint committee's favorable report and passage of the bill.

DEPUTY SPEAKER KIRKLEY-BEY:

The question is acceptance of the joint committee's favorable report and passage of the bill.

Will you remark further, ma'am?

REP. URBAN (43rd):

Thank you, Madam Speaker.

House Bill 5360, An Act Concerning Children in the Recession, is the result of year-long hearings in the rural, suburban and urban sectors of our state, as well as research with economists and other national experts on the impact of this recession on our children.

Madam Speaker, this bill takes the existing child poverty and prevention counsel and constitutes a leadership team to respond to this recession and any recession that might occur after this. Connecticut is the first State in the United States to focus on the impact of this economic downturn on children and youth.

While we made our way around the state with this task force, we heard about families and children that are suffering from hunger, from homelessness and having trouble receiving state services. We all know this recession is unprecedented and uncharted and having a profound impact on foreclosures, unemployment and family stressors.

Recently, in Atlantic Magazine, Don Peck wrote an

article that he referred to the social legacies of what he was calling, "The Great Recession." And he said they would be with us for a long, long time.

Economists are trying to figure out exactly what shape this recession is taking. We talk about a "V" shaped recession with a quick rebound. We talk about a "U" shape, where you're down for a bit and then you come back up. A "W," which is called a double-dip recession, or an "L" shape where there is no recovery for a long time.

Former Secretary Robert Reich, on his blog, is suggesting that this is a whole new recession and he refers to it as "X" shaped. I know that that image is illusive, Madam Speaker, but what former Secretary Reich is saying is that there will be no recovery until we come up and find a new economic model.

While we are trying to figure out how we get on solid ground and get out and get our economy back, children and families are suffering. As I mentioned, we have been all over the state with this task force and we have found and learned that families are having trouble finding shelter when they're homeless. We have 107 percent capacity in our homeless shelters.

We also found that families were having trouble

even being taken in to a homeless shelter. We found that teachers are seeing more and more children who are hungry. And we had stories about children whose tummies are grumbling in class because they haven't had enough to eat. We learned that there are parents that don't even know about the eligibility for food stamps.

So by learning these things, we included a section on homelessness. We included a section on nutrition and food for children and families. And we included a section on outreach so that families and parents might know exactly the programs that they are eligible for to feed their children and their families.

We also learned as we went around the state that families are going for state services and often being told to come back two, three days in a row, again while their children are waiting for food or services. We found that families are living in cars in Fairfield County as well as other counties throughout our states and that they are skipping meals because they simply don't have the money to eat three meals a day.

We learned that some school superintendents wonder what to do when children leave their school

because they have become homeless. And the children will then lose the teacher that they had, so the stability of having that teacher there for them is lost.

We learned that some state workers are referring families to federal offices when our own State provides the services. In other words, they are not familiar with services that are provided in different departments. So we had a section directing our agencies to work across silos, both in the agency as well as the department and to immediately institute training in all services for families that are facing a crisis.

Madam Speaker, this is not a poverty issue as we have known it before. 25 percent of those going to food pantries are working. There is simply not enough money to buy food throughout the week. I visited my own food pantry in Stonington, the Pawcatuck Neighborhood Center, just last week to find that the demand for food in the town of Stonington is three times what it has previously been.

House Bill 5360 takes what we have and coordinates it for families. It directs agencies to work and plan out of silos, just as we did, Madam

Speaker, after the tragedy of 911. There is a precedent for us to work together in an emergency and we are looking at the profound impact that this is having on family stability and childcare.

And we also included a section on childcare for families who are struggling to stay in the workforce, knowing that if we invest in early childhood education every dollar that we spend returns to the State $16.

Some might say that this bill presents noble ideas, but that it costs money. On the contrary, this bill brings in money to the State. If we reach the national average in school breakfast programs and summer feeding programs we can bring in 8 to 9 million dollars to the State of Connecticut in federal money.

Madam Speaker, I would reiterate that we are last percentagewise in the state of children participating in our school breakfast and summer feeding programs. And I would also point out that we are first in the nation in our achievement gap. And I would say to my colleagues, does anybody see a connection there? If children are hungry, how can we expect them to also be learning?

It also brings in money by changing how we do things and the cost of changing how we do things pales

against the fiscal gains. For example, if we computerized and streamline our service access for the public we can save millions. The State of Florida did this and the saved $83 million per year and their error rates dropped remarkably. The National Governors Association is pushing states to do this and we were visited by the Annie Casey Foundation, who offered their help in getting us to expedite our system so that we are computerized and streamlined.

House Bill 5360 says that a recession is an emergency for children and should be treated as such by the State. We know that we have low birth weight babies that are costing us in unnecessary hospitalization $184 million a year. We know that if we maximize federal participation in food programs that for every dollar we get in we will have $1.73 back in economic activity. So this is an emergency.

First Focus, a think group out of Washington DC, has told us that, through their research, 35,000 children will fall into poverty in the state of Connecticut. When the economy recovers they will not and it will cost our State $800 million annually through these children's adult years. This is in the cost of health care and lost wages. We haven't even

factored in the cost of developmental delays and possible incarceration by children who have been left behind. Madam Speaker, this is an emergency.

Madam Speaker, the Clerk has in his possession an amendment, it's LCO 4021. I ask that he call it and I be allowed to summarize.

DEPUTY SPEAKER KIRKLEY-BEY:

Will the Clerk please call LCO 4021, which will be designated House Amendment "A."

THE CLERK:

LCO Number 4021, House "A," offered by Representatives Urban and Jarmoc.

DEPUTY SPEAKER KIRKLEY-BEY:

The Representative has asked leave to summarize. Is there any objection? Is there any objection? Hearing none, so ordered.

Please summarize, madam.

REP. URBAN (43rd):

Thank you, Madam Speaker.

This is a strip-all amendment. The amendment comes -- becomes the bill and it has factored in all comments from hearings, committee meetings, task force and the executive branch. This amendment has deleted areas that cost. It has simplified language. It

protects us against liability. It utilizes existing structures so we are not creating anything new to address our family crisis. And it recognizes the problems facing our young families returning from war and meeting this recession. It also takes numerous recommendations from the Office of Policy and Management.

And I would like to remind my colleagues that the overriding purpose of this bill is to be sure that every federal dollar that can be accessed will be tapped for the children of the state of Connecticut and that the State will be streamlined and as customer friendly as possible.

I'd also like to take the opportunity to thank the task force members for the enormous amount of work that went into the hearings, the materials that had to be read and then putting together this bill in a collegial fashion.

I would also like to add that I have heard that we should be doing all these things already, and I heartily agree that we should be doing all these things already, but as we made our way around the state it became painfully obvious that we were not doing all these things already.

And for that reason, there is also an accountability section in this bill, and I'm sure that everyone that knows my champion of results-based accountability would be aghast if there wasn't an accountability section in this bill, but there is. So that we are sure that the things that we are asking to happen here do happen.

Thank you, Madam Speaker. I move adoption.

DEPUTY SPEAKER KIRKLEY-BEY:

The question before us is on adoption of House Amendment "A."

Will you remark?

Representative Cafero.

REP. CAFERO (142nd):

Thank you, Madam Speaker.

Madam Speaker, ladies and gentlemen of the Chamber, I think Representative Urban, in setting out the purpose of the amendment and the underlying bill, touched upon something that is all too familiar for all of us, especially in these tough economic times. Especially for those of us who are lucky to be parents, blessed to be parents and frankly, anybody who has a child in their life, in their neighborhood, in their community.

When you see the effects of poverty on a child there is nothing more heart wrenching. To talk about a child who is hungry because he or she has not had breakfast before they go to school, it's a thought that we find it hard to comprehend and yet, it is reality.

To think about a child who had nothing to do with the fact that their parent might have lost their job or their home, or finds themself in a homeless shelter -- rips at our heartstrings.

And I think we as a State must do all we can do to make sure there is the appropriate safety net for those children in these tough economic times, but frankly, in all types. Because ladies and gentlemen, as you know what is a cruel reality is whether during a recession, a depression, or even the boom times, there is poverty, there is sickness, there is homelessness, there is unemployment. And the true measure of a state is what they do about those most needy of its citizens at all times, not just certain times.

And so with that, Madam Speaker, I would ask some questions through you to the proponent of the amendment.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban, prepare yourself.

Representative Cafero, please proceed.

REP. CAFERO (142nd):

Thank you, Madam Speaker.

Through you, Madam Speaker to Representative Urban, Representative Urban, I note that in your summary of the amendment that's before us you indicated that you had heard the criticism that this should already be being done. And you agreed with that statement.

I'm wondering if the things called for in the amendment are being done through our state government as we speak.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Thank you, Madam Speaker.

Certainly, through you, Madam Speaker, the maximization of the monies in the school breakfast and summer feeding program, we are percentagewise last in the state. So certainly, that section is not being done.

Do I think that agencies are aware that we are last in the state? Yes, I do, but we are not reaching even a benchmark of the norm, the average, the national average in the United States. So in that instance, I don't think that we are reaching the point that we should be reaching.

In areas, such as Care for Kids, we have asked that there be an extension when the Care for Kids is shut down. That was not presently being done. What would happen is it would be shut off within a day, so parents were left without child care.

And without going into extraordinary detail, I would simply say, I believe that the agencies are aware of the problems and that they have started to work on them. And we're asking them to expedite, to go across silos and to really work as hard as they possibly can so that 35,000 children do not fall into poverty during this recession.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Cafero.

REP. CAFERO (142nd):

Thank you, Madam Speaker.

Through you, Madam Speaker to Representative

Urban, is there anything in our current law that would prohibit these agencies today from working together to solve the problems that you indicated, to solve or work better together, as you put it, across silos? Is there anything in our statutes that prohibits them from doing that, that would longer be prohibited by virtue of the passage of this amendment?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Thank you, and through you, Madam Speaker, my answer to that would be, no, there isn't. But what we are asking is we are asking our agencies to step up and lead. And we know that leadership doesn't cost anything. So we are saying in these really terrible times, we need to do to more with less. We need this to be happening.

So no, there is not anything stopping it, but we as the legislative body are directing our agencies to lead.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Cafero.

REP. CAFERO (142nd):

Through you, Madam Speaker, I note in the first paragraph, Representative Urban, that there is an establishment of the Child Poverty and Prevention Council. And it seems to indicate, that for purposes of the section, the council as a subcommittee established under the subsection shall meet quarterly if the unemployment rate of the state, as reported by the labor commissioner, is 8 percent or greater.

Does that mean the council would not meet if it was under 8 percent? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker, the child poverty and prevention council is a council that's already established that meets twice a year. We are merely making them the leadership team and asking that when the unemployment rate goes over 8 percent that they bump up their meetings to meet more often, so that we can work on the impacts of this recession.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Cafero.

REP. CAFERO (142nd):

Thank you.

Through you, Madam Speaker, does the council that currently exists, do they currently work to mitigate the long-term impact of the economic recessions on children?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker, they work on the long-term impacts of poverty. What we are asking them to do, because of the research out of First Focus, this is different. We are looking at 35,000 children falling into poverty, children who are not presently in poverty.

So we are asking the Poverty and Prevention Council to broaden what they are doing during this recession or any recession that might follow to address the issues that are brought on by the recession.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Cafero.

REP. CAFERO (142nd):

Well, through you, Madam Speaker, isn't it true that the council's current mission is to provide appropriate assistance and resources to families in order to minimize the number of children who enter poverty?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Thank you, Madam Speaker.

Through you, the good Representative is absolutely correct, but meeting annually is not meeting enough to respond -- I'm sorry, twice annually is not enough to respond to a recession of this magnitude.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Cafero.

REP. CAFERO (142nd):

And through you, Madam Speaker, and I mean this with the utmost respect, is it possible we could just say, hey folks, why don't you meet some more because it's tough times? Do wee need to legislate that?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker, in the best of all possible worlds, I would hope that it was already happening, but as we have found it's not already happening so we are directing them to this.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Cafero.

REP. CAFERO (142nd):

Through you, Madam Speaker, has there been any communication with the council that indicates an unwillingness for them to meet shy of us passing this piece of legislation?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker, there are people that we speak to all the time on the poverty and prevention council, but I would turn the question back to the good Representative and say, that leadership would say that they would be doing this already and be coming to us to let us know that they're doing it.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Cafero.

REP. CAFERO (142nd):

I'm sorry, Madam Speaker. Maybe I didn't understand the response.

I guess my question is -- I would understand if the agencies said to us, you know what? We think twice a year to meet is enough, and we're not going to meet four times a year. And that would require us to say, darn it, we think it's in the wisdom of this General Assembly, you should meet four times a year, especially when the unemployment rate is over 8 percent. And if you're not going to do it, well, darn it, we're going to pass legislation to make you do it.

So I guess I'm curious to know, has that been the response from these agencies? Have they refused to meet four times a year?

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker.

I'm sorry, I was distracted. Could you just

repeat the last part of that question?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Cafero.

REP. CAFERO (142nd):

Thank you, Madam Speaker.

The question basically said, are the -- is the council, as it currently is constituted, according to you, to meet twice a year, refusing to meet four times a year, necessitating us to pass this legislation? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker.

Yes, it was our understanding that they were looking for us to make this move in order to push to the quarterly meetings. But they were satisfied with the twice annual -- I mean, the two times a year meetings.

Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Cafero.

REP. CAFERO (142nd):

Thank you, Madam Speaker.

I guess I'm somewhat confused by the answer because what I heard is, they were looking to us to meet four times -- to tell them to meet four times a year.

And you know, ladies and gentlemen, and I say this with the utmost respect to Representative Urban, Representative Jarmoc, and all those who worked on this bill, how do you argue with this bill except to say this -- and here is the problem that our constituents see with government. We have an issue where we want to help children in poverty.

We want to make sure they've got food in their belly when they go to school. We want to make sure they have proper health care. We want to make sure that they have a roof over their head. We want to make sure they have clothes on their back. We want to make sure that maybe their parents have childcare to enable them to go and earn some money to support their family.

And we have for years, and should be very proud of it, as a State of Connecticut, provided agency after agency and program after program to do that: school breakfast programs, homeless shelters, day care

programs, job-training.

And frankly, we never did so with regard to what the unemployment rate is, because whether it's 1 percent or 8 percent, a hungry child is inappropriate. A child going to school without breakfast is unacceptable, but yet we find necessary to pass bill after bill, year after year that's going to make it better. We're really going to make them to their job now.

And we never ask ourselves, well, why aren't they doing their job now? Why aren't these people working, meeting four times a year? We have school breakfast programs all over the state of Connecticut. If they're not being fully utilized, will this council make that difference? Let's get to the root of the problem.

Sometimes, you know, the old saying is, if it ain't broke, don't fix it. But if it is broken, get rid of it. If we have a system currently that is not working, with all due respect, another layer of government to coordinate what they're already not doing isn't going to help.

If in fact it is true that we are under serving our poor child population, then damn it, we better do

something more than this. We better do something more than this. And it should be regardless of whether we're in a recession or a boom. Kids are kids.

And sometimes we pass these bills and it makes us feel good, but in the end, the very people we say we're going to serve don't see a hill of beans of difference and that's the biggest tragedy.

I applaud the efforts of Representative Urban and Representative Jarmoc for going around and speaking to people to find out what is the problem here. But let's get to the root of the problem. Let's not put another layer of bureaucracy to say, now we're going to make them do it.

We have to sit here and tell a council whose mission it is to minimize the effects of poverty on children to meet four times a year instead of two times a year and we've got to pass a bill to tell them to do it. Well, what's wrong with that picture? My God.

We've got to think about what we're doing, folks. Because what we do doesn't just make us feel good. We're trying to do something for the people that we represent and we want to do something that is meaningful.

Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, sir.

Representative Johnson, you have the floor.

REP. JOHNSON (49th):

Thank you, Madam Speaker.

And I rise in very strong support of this bill. I want to thank the Speaker for his work and also the members of the Committee on Children for their hard work on this.

As many of you know, the people in my town have a very difficult time paying for education. I have -- according to the State Department of Education's website, we are the least able to afford to pay for education in our community.

And so, I went after I heard about this bill and I checked with my town's social services department. Fully 3 percent of the children in my town are homeless at any given year, and we have many, many children who are hungry and we have many, many low-income people who are being evicted from their houses because they can't afford to pay their rent because of this recession.

So because of that and because my town is also a

town that has the highest achievement gap in the state, and this is in the state with the highest achievement gap, we arguably have the highest achievement gap in the entire country.

When you look at the statistics and the fact that you have many children who are homeless in my community, in my district, and many, many people who are really struggling to make a living; many farmworkers in my district who are seasonal employees.

We really appreciate House Bill 2360. So I urge my colleagues to support this bill. This bill will coordinate services for people so they can do one-stop shopping for benefits. And also, it will help people get their children to school and not live in this turmoil of being evicted, in a homeless shelter and then go back to trying to find a place to live after that.

So thank you, Madam Speaker, and I urge the support of this bill.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, Representative Johnson.

Representative Mushinsky.

REP. MUSHINSKY (85th):

Mushinsky. Thank you, Madam Speaker.

Mushinsky is the lobbyist in the hall.

But anyway, I rise to support the amendment and the bill. I was the Legislator that worked on the original Child Poverty and Prevention Council.

And for members who were not here in '04, we said at the Legislature that our intention was to cut the child poverty rate in half over a ten-year period. So in 2004, it was a 10 and a half percent child poverty rate for Connecticut, and that meant by the year 2014 we wished to be at 5.25 percent child poverty, and then hopefully, keep working on it until it was zero.

However with the recession kicking in, the child poverty rate has been rising. It is now -- or a year ago, it was 12.5 percent. So it's going up. It's going in the wrong direction. It's going up instead of down. And this bill seeks to refocus our attention on moving that number down and doing what we can as Legislators to move the number down, and retain the goals of the original legislation.

The best part of this bill is the one-stop assistance. We have other bills going through the Chamber right now and upstairs in the Senate that will help the business community and small businesses achieve efficiencies and get more government

assistance by one-stop shopping where they will come in and a helpful state worker will direct them to all the different avenues of help they need to weather the recession. Well, this is the same type of thing we are offering in this bill to struggling families who have children who are deeply affected by the recession and we know these families are increasing in number.

So in this bill, especially in Section 2, we are creating one-stop efficiencies for the families. When they come in they are desperate. They don't know where to turn the next. The state worker will say, we can put you in this program. We can send you to this job training. Did you know that you can get assistance for energy? And all these things would be done in the same office by the state worker, just as we are planning to do for small businesses in other legislation that is pending before us.

In Section 8, we're directing the Department of Social Services to pursue Jobs First Training for these families by pursuing federal TANF funds and redirecting them.

And Representative Cafero asked, well, why aren't we doing this now? Sometimes it takes a focused effort by the Legislature to send the department in

that direction, to collect federal funds through a new way. And we passed legislation here that pursued federal funds and we were able to get 50 percent matched for programs we were doing for training unemployed family heads. And that didn't happen until we passed the legislation. It was a good idea. We did the bill. The agency now knew that the Legislature wanted them to chase down this federal money, and they did it. And we are now reaping the benefits.

So this bill in Section 8 is directing the DSS to pursue the Jobs First training money by redirecting federal TANF funds. This is going to help our constituents. It will help our struggling families. Maybe they wouldn't have done it if we didn't pass this bill.

So sometimes a little push from the Legislature towards chasing down that federal money pays off. It paid off before. It can pay off again if we pass this bill. So I compliment the Children's Committee cochairs and all who worked on this bill.

I think it's going to help families and we've got to keep in mind that our job here is to reduce child poverty, not just to sit and let it happen. Our job

here is to reduce it down, as we promised we would in 2004.

I hope you'll support the amendment. I hope you'll support the bill.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, Representative Mushinsky.

Representative Gibbons, you have the floor.

REP. GIBBONS (150th):

Thank you, Madam Speaker.

I've been listening to the debate here and I've see this bill before, only I saw the original bill in Human Services. And is a very hard bill to speak against, because it's really motherhood and apple pie and it's all the things that we want for our families and our children.

The reason we have more children in poverty today is because we have more families where there isn't a major wage earner. We have more families struggling because their incomes are down. We have more families in trouble because they can't get medical assistance. They can't get job training sufficient to the jobs that they want. They have been evicted from their apartments.

I'm not sure exactly how this bill is going to

help them. I have the same concern that the Minority Leader said, that if we are going to require this council to meet four times a year rather than two times a year, are we expending their energy and time in meetings when we really should be directing them to be out in the field?

As the previous speaker said, I think one of the best parts of this bill is that we are going to maximize children who are taking advantage of our breakfast and our food supplements at school. But once again, why isn't this being done already? Why do we have to have a bill to do this? Why can't the superintendents of education throughout the state say that we have far more children eligible for these programs than we are -- we have enrolled? Let's get going and get them in there.

We hear in Human Services all the time about whether our DSS and DCF and the other agencies are getting the sufficient federal funds that they are asking for; whether they're seeking them, whether the State is getting all the money we should be able to get from Washington. And we don't really have a ready answer from this. I'm not sure this bill is really going to bring in more money, but if it does, then I

think it is certainly going to be useful.

We should be getting all the money we need out of the SNAP program and that would certainly help low birth weight children. It would help pregnant mothers who don't have the means to have the nutritional effects that they should be having when they are pregnant.

I'm still concerned that this bill does more to make us feel good than actually reduce children in poverty. But if my Democratic colleagues assure me that it is a step in the right direction, then possibly I will support it here where I did not in the committee. But I do think that we all have to take it unto ourselves to help, not these -- only these children, but these families, too.

We all have poverty in every single one of these communities, our communities. We all have families where people are without work and that is the real problem as to why we have so many more children in poverty today. And we all have to work towards that as we move forward to see what we can do to get our state out of the recession, to provide financial assistance for the children, for the parents, for the families in need.

So thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you.

Representative Hovey, you have the floor.

REP. HOVEY (112th):

Thank you, Madam Speaker.

I want to thank you all for your long and laborious efforts on this legislation. This legislation is an outgrowth from the frustration that we as Legislators feel when we try to get information ourselves, and when we hear from our constituents about their experiences when they're put through moving from one referral to another referral, or through a maze of bureaucracy and never really seem to get their needs met.

We believe that we have agencies that are responsible for overseeing all of these areas, but we hear from our constituents and observe that the job is not getting done. This bill is basically micromanaging of the agencies involved. And I look at most of this and wonder why the Child Poverty and Prevention Council has not addressed these issues without this mandate. We know that they file reports and we also know that those reports often are not

viewed and they're definitely not acted upon. That's a frustrating situation for us.

As I read this legislation I have to say that it upsets me that we as Legislators have to tell or legislate any agency here in the state to maximize federal dollars. It's unbelievable. Are you kidding me? Isn't that what they are tasked to do as a priority, bring the dollars home from the federal government?

In this economy and with the taxes our constituents pay, this is just beyond comprehension. Every child in this state that qualifies should be getting free or reduced nutrition, and especially breakfast, as we know that children who have empty tummies cannot learn.

That all being said, the one thing that I do like about this bill is its component of accountability. You can call it RBA or whatever you want to call it, I really don't care. And I don't care what the format is that's used, except that it needs to be based on best practice and it should be one of those pieces that is a requirement.

We as a Legislature should be receiving reports from the various agencies that include statistical

comparisons, analyses that indicate efficacy and lack thereof. It's only common sense that we should fund things that are effective and making a difference. We should get rid of things that aren't working and we should analyze how to improve those things that are considered marginal. I sometimes feel that the agencies feel that if they wait us out it will never come to fruition.

So while I have voted against this bill before, at this time I will support it purely for the accountability piece. But we need, as a Legislature, to stop micromanaging. We need to ask for accountability. We need to move to pro-business and growth practices in this state and that will give our children the ability to thrive.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, Representative.

Representative Heinrich, you have the floor.

REP. HEINRICH (101st):

Thank you, Madam Speaker.

Madam Speaker, I, too, stand in support of this legislation.

You know, in these difficult times we've been -- we have the necessity of having some very difficult

discussions. We have to talk about our limited resources. We have to talk about what we're going to do with them to use them wisely. We have to examine programs, each one of them, and determine which ones work and which ones don't. And we have to use those limited resources in the ways that work.

The Minority Leader asked us the question, is there anything prohibiting our agencies from working together now? I wish he were still here to hear the discussion of what everyone has had to say, but I would like to address that question for those who are still here to listen.

I think it's not a matter of what's in the statute that limits them working together. It's what's not in the statute that's limiting them from working together. And that is setting goals and articulating those goals. We have a separation of government, a separation of powers, but that separation of powers requires us as a Legislature to have checks and balances.

Everyone who stood up has acknowledged that the status quo is not working. It is therefore our requirement to let them know what our priorities are so that they can start meeting them, because clearly

they are not. Clearly they are not. And I think one of the most important parts of this legislation is setting forward and articulating the goals that we want to reach.

Now we heard in the Appropriations Committee people who were concerned that we were setting the bar too high; these are goals we can never reach. Ladies and gentlemen of the Chamber, we should set the bar high. We're talking about children in poverty. If we're only reaching for the sky when we could be reaching for the stars, then something is extremely wrong both with what we're reaching for and the system that's trying to provide it.

I will say one more thing. If we are setting our goals now, I feel it's very late in the game and I'm disappointed that we haven't set these goals before, but that's no reason not to set them now. Because again, the system is not working. The status quo is not reaching the children they need to reach. And if we don't set these goals, the Connecticut ship of state will remain rudderless.

Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, Representative.

Representative Lambert, you have the floor.

REP. LAMBERT (118th):

I rise to support this bill, Madam Chairman.

Being -- having a privilege of being on the children's task force, I'd just like to relate that Milford is not one of those towns that has poverty, but I can tell you, Madam Chairman that this is the first time that some of my constituents have been touched.

They do not know how to navigate the system. For the very first time I've had architectural engineers' wives call me up -- have four children; they had nowhere to go. They did not know how to get SNAP, the programs. They didn't know how to even ask for the schools to get their children free breakfasts. And it wasn't because of the intelligence. It was because, Madam Chairman, at this point in their life they never ever, ever thought that this economic crisis would ever touch them.

And for those people I think it's so important that Representative Urban and Representative Jarmoc went around the state and let people know that their legislators are here to help them. These are the individuals that I was touched by, people calling me

up and did not have the next week's food; no money for food. This is unheard of. They did -- never ever, ever experienced this in their lifetime.

And for these people to have one place to go to, to be able to turn around and say, I can call someone up and have them direct me. There is so much pride involved in this. They don't want to go to five agencies and repeat their heartbreak. This way, this bill will give a us clearinghouse, as you may say, because it will help those individuals without having to repeat their story over and over again.

And I say for the first time that this recession has hit so many people and now I hear people who used to criticize. They would say, oh, we have to feed people. Oh, we have to do this for them. But now those same people are saying, thank God that we have these systems in place, because now they can utilize them. They can go there. They can get help. They don't have to worry about becoming homeless.

For the first time I had to tell this woman -- it was August -- that you have to apply for energy assistance in heating. Why August? They never navigated that. They don't know the competition among the poverty.

So I say that this bill is not criticizing the system we have. This bill is turning around and improving the system that we have. And if it's triggered by an 8 percent recession, then that is what we need to do. If we need to meet four times a year to save children and make sure no one falls through the cracks I think this is what we should -- go in this direction.

And I just want to thank the chairmen, Representative Urban and Representative Jarmoc, one more time for making this bill become a possibility.

And thank you.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, Representative.

Representative Jarmoc, you have the floor.

REP. JARMOC (59th):

Thank you, Madam Speaker.

As cochair of the Children in the Recession Task Force, I am very much in support of this legislation today. Clearly the months and months of work of this task force which resulted in this legislation that we have put together here, legislation that is very much driven by data, that has very clear expectations, timelines and outcome measures.

In regard to Section 1, there were some questions relating to the Child Poverty and Prevention Council and whether or not we should be mandating through statute that they meet quarterly. This section was actually through negotiation with the Office of Policy and Management, which is actually the Governor's budget office. And there was concern on the part of the Office of Policy and Management that twice a year -- more than twice a year would be too difficult for them from a staffing standpoint to meet.

But there was also a very strong and clear feeling after the months of public hearings and the data that we were able to find out, that there really needed to be more of an emergency response to children in a recession.

And so what the language says is basically, the Child Poverty and Prevention Council can actually just create a subcommittee, which is not really a layer of bureaucracy. It is allowing that subcommittee to address the emergency response to children in the recession. And so I want to be sure that that is very clear to people in regard to that particular section.

As someone who represents the town of Enfield, which has seen a 12 percent increase in the number of

children receiving food through the local food shelf, also Enfield is one of five communities that has been sited by the State Department of Education as a community in need of a summer food program due to the fact that the number of children living in poverty in my community, and very specifically, due to this recession, have fallen -- we have now reached that threshold where we have been sited as a community in need.

And I'm proud that we are going to actually be accessing those federal dollars. We're not utilizing state money. We'll be accessing federal dollars to be able to offer for the first time a summer food program to what is expected to be 200 children every day this summer in the town of Enfield. And I'm very pleased that it's happening for our kids in my community.

And so I'd like to thank my cochair, Representative Diana Urban for all of the hard work in putting this legislation together. I'd also like to thank Speaker of the House, Christopher Donovan, for creating this task force and having the wisdom to be the first state in the nation to recognize the need of children in the recession, and that a recession is different and that there should be an emergency

response. And there should be a response to those additional 35,000 children that we expect to fall into poverty.

I'm also pleased that Marian Wright Edelman will be coming to Connecticut on Friday, April 30th, to celebrate this bill and what Connecticut is doing for children in the recession.

Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, Representative.

Representative Bye, you have the floor.

REP. BYE (19th):

Thank you, Madam Speaker.

And I'd like to take a moment to thank Representative Jarmoc and Urban for their work on this and the leadership of our Speaker.

I stand to get some clarification about a part of the bill.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban, prepare yourself.

Representative Bye, please proceed.

REP. BYE (19th):

Representative Urban, on line 89 in the bill, where it says, the department shall notify the public

if program eligibility or status has been altered.

And here's the part I want you to pay attention to, any change in eligibility or program terms, except the opening of the program or expansion in eligibility shall be effective not less than 30 days after public notice of such change. This seems like a really good idea to make sure that both programs and families have notice if there will be changes in these programs.

So I want to be sure that what you say, the Child Care Subsidy Program closes intake, and that there will be notice, that there will be notice in the case that the -- they plan to close the program going forward.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Thank you, Madam Speaker.

And thank you, Representative Bye for that question, giving us the chance to clarify it on the floor.

Through you, Madam Speaker, it most definitely includes program closure and also includes closing of intake.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Bye.

REP. BYE (19th):

Thank you, Madam Speaker.

That answers my question.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Miller, you have the floor, sir.

REP. MILLER (122nd):

Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

You're welcome, sir.

REP. MILLER (122nd):

The one thing I noticed in the amendment, which is now the bill -- well, let me first just complement both Representative Jarmoc and Representative Urban for their compassion for children.

But the one thing I noticed in the bill about half a dozen times, it talked about available resources or monies and it also referred to government, federal government agencies. And I think that -- therein lies the problem, the federal government.

The State of Connecticut has always gotten the short stick -- the short end of the stick from

Washington, whether it be for education, for our highways, for infrastructure, you name it. And Connecticut, we do not get our fair share of dollars and yet, we're the largest contributor to the federal government when it comes to how much money we send in and what little we get back.

We just passed a bill to deal with gasoline. For 20 years I've been writing to our federal counterparts in Washington about the futures market. And finally, after 25 years -- and it's not because I wrote these letters -- the country as a whole got so upset over being charged an additional dollar a gallon for heating oil and gasoline because of trading in the commodities market, that the federal government finally made a change and is going to put some controls in to govern how they work.

We sent in a form for the Race to the Top for education funds. We got nothing. We sent a form in for the Tiger Funds. I know in Stratford and in New Haven there's two bridges going to be built. They're going to be a total of a billion dollars and we've got nothing from the Tiger Funds.

So obviously there's a disconnect between Washington and the State of Connecticut. We just

don't get our money even though we put in the largest share as far as per dollar contributed to Washington.

I do have one question, though. Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban, prepare yourself.

Representative Miller, please proceed.

REP. MILLER (122nd):

I've seen a lot of bills come through this place over the years, but Section 12, why is that needed and why is that in there?

Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker, I just need to get to Section 12.

Through you, Madam Speaker, this was -- it's the liability piece, which in no way impacts sovereign immunity. We have talked to the Attorney General, but it was through the task force and OPM that asked us to be sure that this liability piece was included in the bill.

The Attorney General has told us that it

doesn't -- it's not a necessity to have it in the bill, but if we want it in the bill and makes people feel more secure that it's there, that there is no problem with having it in the bill. But it was a specific request from the Office of Policy and Management.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Miller.

REP. MILLER (122nd):

Thank you for that answer.

And the way I read it is that if people aren't doing their job, there's no liability as far as them losing their job. And I'll just conclude with that last remark, Madam Speaker.

Thank you so much.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, sir.

Representative Alberts, you have the floor.

REP. ALBERTS (50th):

Thank you, Madam Speaker.

A question, if I may, to the proponent?

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban, prepare yourself.

Please frame your question, sir.

REP. ALBERTS (50th):

Thank you, Madam Speaker.

I'm trying to determine the impact on municipalities in the state if this bill that's before us, now amended, becomes law. Is there a fiscal note on the various provisions here for our municipalities?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker, the only fiscal impact on communities -- and this has happened in New Britain as well as Stonington -- and that has to do with the school breakfast program and the summer reading program. They actually bring money to the community.

And my own director of social services in Stonington, Beth-Ann Stewart, testified at the task force hearing in Gales Ferry -- actually we did it. But this brought money back into the town, which they were then able to plow back into the program. So the fiscal impact is, in fact, to bring money back to the municipalities.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Madam Speaker.

So potentially, there may be a timing situation, if I understand the proponent correctly, that perhaps there may be some expenditure of funds initially by a municipality to meet some of the stipulations that are here, but ultimately the expectation is that additional revenues will be collected to offset that.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker, no. There will not be any additional funds spent by the municipality. You perhaps might be referring to -- in the fiscal note there is a reference to a part-time grants person in the state Department of Education.

But when that federal money does start to come in there is a 1 percent administrative fee that can be taken by the State. It's the state administrative fee that would cover any part-time person that they might

have to bring in. And we're looking -- sorry, Madam Speaker. And we are looking for a total of 8.4 million.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Madam Speaker.

I did have a question or two as it related to Section 4, which is lines 93 through 106. As I understand this section, the goal here is to help ensure that the DSS, the Department of Social Services would work to help allocate funding and resources to help ensure that there are homeless shelters to address families across the state. Is that not correct?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker, yes.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Alberts.

REP. ALBERTS (50th):

And as I look at this, I don't see fiscal note here. And so as I read this, the goal is to ensure that DSS perhaps has its eye on making sure that in meeting the needs of homeless people across the state it doesn't neglect the needs of families and housing them. Is that not correct?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker, that would be correct. And I would add to the good Representative that we are actually looking for our agencies to lead in these areas because the homeless shelters are at 107 percent of capacity.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Madam Speaker.

And I guess that goes to the point that I was going to make. This is a vital concern across the state. In Northeastern Connecticut we do have a shortage of suitable housing for families.

And my concern is that this bill does address that making sure people keep an eye on having housing for adult families and looking at putting families together, but without additional resources allocated to this, in a very strange bizarre sort of way we maybe encourage families and encouraging housing for families in leu individuals.

So while I'm -- it's very commendable to push forward and look for the housing for families, but there may be a sacrifice in terms of the overall number of individuals that we can serve through our homeless shelters.

So it's just a sad commentary on the times that we're in, but I do think the proponent for her answers.

Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, sir.

Representative Hetherington, you have the floor, sir.

REP. HETHERINGTON (125th):

Thank you, Madam Speaker.

If I may address several questions to the proponent?

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban, prepare yourself. Representative Hetherington, please frame your question.

REP. HETHERINGTON (125th):

Thank you.

Through you, Madam Speaker, I certainly applaud all you've done on this, but I have just a couple of questions in terms of getting a better perspective on the problem. You mentioned, through you, Madam Speaker, you mentioned that we are -- I think you said twice, we are among the worst in the state. I assume you meant the worst in the United States. That is, Connecticut is among the worst in the United States in terms of child poverty. Is that correct?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker, actually what I said, and the good Representative is right; the United States. We rank last percentagewise in the United States in the percentage of children that are receiving school breakfast and summer feeding

programs. But we rank first in the United States in the achievement gap.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington.

REP. HETHERINGTON (125th):

I see. Thank you. How do we define children in poverty?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker, it's based on a percentage of income level.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington.

REP. HETHERINGTON (125th):

Thank you.

That would be family income level.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Oops. Through you, Madam Speaker, sorry.

Through you, Madam Speaker, it's usually based on a family size. And the normal one that we look at is a family of four.

REP. HETHERINGTON (125th):

I see.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington.

REP. HETHERINGTON (125th):

Thank you, madam.

Through you, Madam Speaker, what has been the history over the last decade of children in poverty in Connecticut? Have we got better? Have we gotten worse? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker, we have done a results-based accountability study, which the PRI has helped us with and the Appropriations Committee, looking actually at children. And our numbers, what we call in results-based accountability, our population results, which are our bigger numbers, and the Commission on Children actually does a great deal of work in this area.

Our population, meaning our overall results, were actually starting to look better until we hit this recession. And I think Representative Mushinsky also mentioned that this recession has taken numbers where we're actually kind of starting to turn the curve in some very critical areas and the numbers are now going back up.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington.

REP. HETHERINGTON (125th):

The numbers are, in effect, getting worse.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker, I'm really sorry. Could you just please repeat the question?

REP. HETHERINGTON (125th):

Yes. You said that the numbers are going up, so I understand that to mean they're getting worse.

Through you, Madam Speaker.

REP. URBAN (43rd):

Through you, Madam Speaker, the 2008 family

poverty rate increased at 17.5 percent over the 2007 rate. And an 8.1 increase over the 2004 rate.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington.

REP. HETHERINGTON (125th):

Through you, Madam Speaker, where do you place the beginning of the current recession?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker, are you really sure you want to ask me that question? I could talk about that forever.

REP. HETHERINGTON (125th):

Oh, well.

REP. URBAN (43rd):

Through you, Madam Speaker, it's -- that's one of the issues we have to look at it this bill. We know that there are lagging indicators. We know that there are indicators that are supposed to tell us when we get into a recession.

And starting to talk about when we went into the

session depends upon which economist that you're talking to. So it's a very difficult question to look at.

We try to use the unemployment rate as a leading indicator because if we use GDP, we know that we have to look at two consecutive quarters of negative growth in order to say that you're in a recession. So it's not a science, even though economics is called the "dismal science," there is not a science.

So through you, Madam Speaker, I would have to say that the housing boom, which was, I will call a bubble, and that was followed by our subprime mortgage crisis, by credit default swaps, by other toxic investments. It was a sort of churning of issues off of Wall Street that fed out of the housing boom. Although I could go back to Y2K and talk about that, too.

But as I said, it's an inexact science, but we certainly know with the unemployment rate that we're facing here in Connecticut, which does not even measure the discouraged worker, that unemployment rate puts us at 15, 16, 17 percent. We're clearly in an unprecedented place in history.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington.

REP. HETHERINGTON (125th):

Thank you, Madam Speaker.

I know the lady has expertise in this area so I was welcoming her answer.

Does it appear to you, through you, Madam Speaker, that we are -- and I heard your reference earlier to what kind of a shape this recession was. Does this look like a double dip to you?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker, my answer to that would be no. I'm actually agreeing with former Secretary Robert Reich, and he has referred to this recession as the "X." And although that is illusive, what he is saying is this is a recession that we have never seen before and that until and unless we find a new model of economic growth, he does not see us coming out of this recession in a healthy, fashion.

He has suggested that the increase that we are seeing in GDP is a function of the stimulus funds that

President Obama has sent to the states in the United States and it is not indicative of a healthy recovery at this point in time.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington.

REP. HETHERINGTON (125th):

Thank you.

And through you, Madam Speaker, I'd like to focus just for a moment on the subject of homelessness and housing, which was referenced earlier. Is it anticipated that this program would incorporate those mortgage foreclosure prevention programs that are available?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker, I heard mortgage foreclosure programs, but I didn't hear the actual question.

REP. HETHERINGTON (125th):

Okay. Well, that was --

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington, please.

REP. HETHERINGTON (125th):

The question was whether or not in these sources that are going to be used, are we going to direct people and educate them to the foreclosure prevention programs that are out there?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

I would say that yes, we will try to have people and have knowledge of what is available for them in foreclosures.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington.

REP. HETHERINGTON (125th):

Thank you. And I thank the lady for her kind answers.

It certainly is laudable that the amount of work that has gone into this to produce all of these good reflections and plans for improvement of the condition of our children.

I can't help but think that -- and while I plan to support this bill in many ways because I respect

the people who sponsored it and because, of course, I sympathize with its goals, but I can't help but think that we are leaving this money on the table, this federal money. That we are leaving these resources unutilized.

You know, we have so many, so many entities in the State that attempt to focus on the condition and the betterment of children. You know, we have a Department of Children and Families. We have a Department of Social Services. We have a Child Poverty and Prevention Council. We have a task force on children and so forth and so forth. With all of these resources, both official and unofficial, both administrative and in an advocacy role, we don't -- haven't done this.

We haven't gained these resources. We haven't gained access to these resources. We haven't created the single access point. And it looks like we, you know, we waged war on poverty and poverty won because we've -- there's no evidence that over the years we have made the kind of effective progress that would be contemplated by this bill.

So I'm going to support it. I'm just disappointed that with all of the entities we have in

Connecticut that advocate or administer on behalf of children, that we yet need more legislation that, in form, is a little bit amorphous. But it seems to be a good cause and I applaud the dedication of the sponsors. And so I'll be supporting it.

Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, Representative.

Representative Miner, you have the floor.

REP. MINER (66th):

Thank you, Madam Speaker, and good evening.

Madam Speaker, like many that have spoken before me, I think the challenges that we seek to deal with in this bill are challenges that we should be trying to deal with. And I do have a couple of, I guess, concerns and questions. One has to do with the number of times that I read within available appropriations -- and as the ranking member on appropriations, and I think you know, just about every meeting we struggle to balance the dollars that we appropriate with the needs of these commissions and agencies.

And I'm curious, through you, how this action today will serve to change what we already have

budgeted to do within the Department of Children and Families, Department of Social Services and so on. I understand that we want to set a course, but I'm curious as to whether we've thought about what list of things we may not do as a result of this.

Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker, and I certainly appreciate the good Representative's observation that there might be opportunity costs to going within available appropriations. But I would also suggest that when we're talking about available appropriations, we might want to look at something called an increase in productivity.

That the workers that we have and the programs that we have, that people would increase their productivity in a time of emergency. So that I think in the business world we might call it, doing more with less, and all within a framework, as I've already pointed out, of accountability where we measure how much we do, how well we do it and is anyone better off.

And I would also, is the good Representative is amenable, I'd like to yield to my cochair for a few words regarding this particular area.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Miner.

REP. MINER (66th):

Certainly, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Jarmoc.

REP. JARMOC (59th):

Thank you, Representative Miner.

And I'd like to just convey to you that this actually was of great concern to us as a task force and also has the Select Committee on Children moving forward with how we as a State can identify and move forward with our emergency response to the 35,000 children that may fall into poverty as a result of this recession.

We were also very conscious of our state budget and our limited resources. And therefore, we did some research in regard to how this bill would impact our state agencies that are being asked to do specific things, very targeted specific things related to

timelines that we are going to expect of them during this emergency response to children in the recession.

So in regard to, for example, the State Department of Education and to maximize the summer food program, which is expected -- we as a State can qualify for $8.4 million in federal funds to feed children in the summer -- and breakfast year round.

There are 1649 employees in the State Department of Education. Within the State Department of Education, for example, 35 of those individuals are in management positions. And so our feeling was within available appropriations was reasonable in that case.

Also we speak to tasks that we expect of the Department of Social Services. And certainly, as I'm identifying the number of individuals within certain state agencies, I'm not saying that all those individuals will be doing this work. But it just is a feeling that, for example, that within the Department of Social Services there are 1588 employees. And so our hope is that within that figure and in the Department of Social Services there are 70 individuals in management level positions, that there would be the individuals currently employed in those state agencies to achieve these goals, and that within available

appropriations is reasonable.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Miner.

REP. MINER (66th):

Thank you, Madam Speaker. If I could, just a few more questions to the team, through you. On lines --

DEPUTY SPEAKER KIRKLEY-BEY:

Represent -- okay.

REP. MINER (66th):

To whoever.

On line 77 and 78 -- actually, I think it starts on line 76, it talks about the department being able to accept donations to accomplish the purposes of this section.

And through you, is there a mechanism in place by which philanthropic contributions can be passed through under our current procedures without coming back through the Legislature?

Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Jarmoc.

REP. JARMOC (59th):

Through you, Madam Speaker, my understanding is

yes.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Miner.

REP. MINER (66th):

And so, through you, how would that occur, please?

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Jarmoc.

REP. JARMOC (59th):

Through you, Madam Speaker, this bill would direct one of the 1588 employees within the Department of Social Services to take on that role of working with the philanthropic community to access private dollars to respond to the needs of children in the recession in our state.

Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Miner.

REP. MINER (66th):

Fair enough, Madam Speaker.

The concern that I have is that quite often we establish programs that we think have value to achieve a goal that we think has purpose. And if we don't have the money, sometimes we're able to get the money

from somebody else to achieve that goal.

And I'm not sure exactly whether that answer completely satisfies the question about how it would occur, but my concern is that we establish a practice, a policy and a funding stream that we then have to live within. So theoretically, if we were able to acquire a hundred thousand dollars for this purpose through philanthropic organizations, my expectation would be that someone would become accustomed to that flow of money, the purpose would be met and then we would then be finding som way to come up with the money within our budget.

Not being critical of the goal. I'm not being critical of the process. I just want us to be aware that this may not be never ending. That somehow, either philanthropic funds or federal funds, whether they be for a breakfast program or for any of these other goals in here, probably aren't forever. And they're going to take the place of something else within our budget even though they say, currently within available appropriations.

There was a question earlier about Section 3 relative to the notice to provide timely notice in the case of a subsidy change. And my question is, to the

proponents, is that anticipated to be in the newspaper? Is that something that we expect will be done through the Internet process here in the State of Connecticut?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban/Jarmoc.

REP. MINER (66th):

Perfect.

REP. URBAN (43rd):

Thank you.

Through you, Madam Speaker, we expect it to happen through the child care programs through their normal networks of communication.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Miner.

REP. MINER (66th):

Thank you, Madam Speaker.

And the reason I ask that question is, as I've continued to look at our budget and how we spend our money, it's become apparent to me that we have obligations under the federal program, federal rules and under some of the court decisions that we have to

provide timely notice in certain ways.

And so that question in conjunction with a question that was already asked about Section 12 really gives me some concern that we are proceeding down a road to deal with a problem that we know exists with funds that we think we can appropriate for this purpose. And I think if I understand the language in Section 12, recognize that in all likelihood there's going to be a court challenge if we don't continue it.

If I could, through you, did the Attorney General, when he offered his opinion, say that this language in Section 12 provided any real protection to the State of Connecticut?

Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker, first of all, I would like to observe to the good Representative that the bill is triggered by a recession. So anything within this bill is triggered by a recession.

The Attorney General was of the opinion that we, in fact, did not have to have this section, but that it would do no harm to have this section in the bill.

And OPM asked for this section.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Miner.

REP. MINER (66th):

So if I understand the gentlelady correctly, we didn't have to have this section; it would do no harm. But if my question was whether it actually afforded the State any protection, I don't think I got an answer in the affirmative to that. Am I correct?

Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Jarmoc.

REP. JARMOC (59th):

Thank you.

This liability clause actually does provide protection. It does provide protection. It was not deemed absolutely necessary, but it was an issue that was raised during the public hearing process by the Office of Policy and Management. And we, in our due diligence, as policymakers, were responding to that question and that concern.

Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Miner.

REP. MINER (66th):

Thank you, Madam Speaker. And I thank the gentlelady for her answers.

I've not had a chance to seek out any of those that I would consider to be strong advocates for one group or another in this building. But I may -- I probably won't even ask them that question. Because I suspected, if I'm right and this really doesn't give us a lot of protection, if there is a feeling that this is the kind of service we should be providing anyway, I suspect that there may be some court action.

Not that that would drive me away from voting for this, because as I said in the beginning, I think there are many reasons why we should be working to protect this population certainly at this time, but generally at all times.

Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, sir.

Representative Rebimbas, you have the floor.

REP. REBIMBAS (70th):

Thank you, Madam Speaker.

And I'd like to start off by saying that I

certainly want to thank everyone who worked so diligently and hard and with all the research in putting this bill together.

I could not support a bill more, certainly considering its title of Concerning Children in the Recession. But what I would like to remind everyone is this is exactly what we should be doing whether or not we are in a recession.

And I do sit on the Appropriations Committee and I do not recall someone saying that the goals would be set too high. It's certainly my belief that we can never set the goals too high when it does come to our children.

So with that said, I'm going to repeat what I said on the Appropriations Committee which is, shame on us for having all these agencies out there and not having the programs either properly being managed and be the programs reaching the children the way that they should.

We should have been prepared. We should have already had these programs established, well established so then the children who would be benefiting from them, we would not have to pass additional bills.

I think this is a perfect example of us trying to rethink of, what are we going to do moving forward? We should be consolidating a lot of these agencies. We have much too many chiefs and not enough Indians. Too many leaders and not enough workers.

I think all too often by having too many agencies duplicating programs, duplicating certain other types of assistance to the children and family of the most needy in the state of Connecticut, we don't have people taking responsibilities when they fall short, when these programs are not providing the services that they're meant to be providing.

So I think it's very important that we, as we move forward, as we are able to accept some of these federal fundings -- the federal fundings are not going to last forever. So we need to determine how are we, as the State, going to be funding these new responsibilities that we're putting forth in this bill.

What we need to do is we need to consolidate. We need to make sure that these funds are not just being allocated to a variety of different agencies, but we're able to focus those agencies and services and we're able to put that funding for the best use so

then the families and the children in the state of Connecticut can truly reap the benefits of the purpose of some of these programs and services that we have out there.

And just for clarification, through you, Madam Speaker, if I may, to one of the proponents of the bill, clarify a section that I have a question on.

DEPUTY SPEAKER KIRKLEY-BEY:

Please proceed.

REP. REBIMBAS (70th):

Thank you, Madam Speaker.

One of my questions is regarding the eligibility notice. As I read it, it indicates that it requires a 30-day notice of any change in eligibility in order to, obviously, be eligible for a program.

I wondering if that's 30 days before the eligibility actually takes effect, before the changes take effect, or is that simply that we need to put notice out there for a 30-day period? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker, 30 days before it

closes.

DEPUTY SPEAKER KIRKLEY-BEY:

Do you want her to repeat that?

REP. REBIMBAS (70th):

Or probably just clarify.

Through you, Madam Speaker, 30 days before it closes, so therefore, if the decision is made by the agency that the eligibility changes, it will take effect the same moment the change is made for the next, at least, 30 days.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker, I'm not sure I understand the question.

Previously the program could be closed immediately and when it was closed immediately there were children that were left without child care and parents that could not go to work. So through the efforts of the task force it became obvious that we could not have the programs closing immediately. So then we asked that we be given a 30-day notice before the program closes.

And I'm sorry if I'm being obtuse. I'm just -- if you could frame the question, if I'm not getting to what -- the answer that you want.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Rebimbas.

REP. REBIMBAS (70th):

Thank you.

And through you, Madam Speaker, I guess just to clarify that, so before the program can close it needs to stay open for 30 days. So that change needs to stay available for 30 days.

What happens, through you, Madam Speaker, if there is no more funding in that program if that's expected? Most often, there's language that says, you know, through the time the funding is still available.

So through you, Mr. Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker, I'm so glad for that question because it came up to us when we were looking at. This is something that the agency should be planning for. They should know where they are, with

the monies available and they should be able to work into a 30-day notice so that we don't leave families without child care.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Rebimbas.

REP. REBIMBAS (70th):

Thank you, Madam Speaker. And thank you to the Representative for that response.

That was one of the things I was concerned about, because I'm happy to hear that it stays open for 30 days and not that the -- it will only take effect after 30 days because I would be concerned then for those families that couldn't reap those benefits when it's most needed at that moment.

So once again, thank you for the proponents of the bill and the hard work that was placed into it.

And thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Thompson.

REP. THOMPSON (13th):

Thank you, Madam Speaker.

I rise to speak in support of the amendment and the underlying bill. And perhaps I can clarify some

things that were said today.

Along with Representative Mushinsky, I was active in the creation of the poverty council when it was originally created. Some of the people who were here then, for example, Crystal Truglia, are not here now.

But it was said early on that we were required to meet twice a year. I think we met much more than twice a year. We had meetings at the call of the chair or when requested by someone else.

Mary was named as the delegate from the -- representing the House to the council. And I subsequently was made her alternate. But due to the courtesy of the Chair -- that time, I think, it was the same Chair now, Robert Genuario -- I was given permission to speak freely and even to vote, but we never had a question whether or not my vote was legal or illegal.

But the council met. It reviewed various issues, had experts come in and advised us and reported regularly to this body, to the Legislature, on their findings and kept us abreast of their best thinking.

And of course, we did not anticipate the recession. It came along and I think the idea to have something to trigger emergency action, as is specified

in our bill, was a great idea. It made sense. And as it is proving here today, it's got us talking about real issues.

Secondly, there was some talk about philanthropy. I think philanthropy in Connecticut is a great resource for us. I can remember when we were expanding health care, the children's health insurance program and so on, we created the Children's Health Council. And that council raised several million dollars. Do you remember the name Judy Solomon? She was executive director of that.

But I can remember a meeting of the -- of that group, the Children's Health Council. I was invited to sit in on a meeting. And a couple of outreach workers, who were provided to us by donations from the private sector, were reporting. And their job was to go out and alert the population that we had health services available to them. We were expanding these services and so on.

And two ladies came in one day and met with these young ladies. And after they verified that they indeed could obtain health insurance, HUSKY for their children, they said, would you mind if we asked our boss? He's a wonderful guy, doesn't pay us as much as

we'd like and he can't afford health care. If he would allow somebody to come in and talk to our workers, our other employees?

And they went out and talked to this group and signed up 70 single female mothers for HUSKY and providing -- I was thinking the other day about the six days of leave that we were hoping employers would provide that. That was a good example of the small employer who couldn't afford to provide health insurance to his employees, but as a result of the program which we were providing, they were able to cover the whole workforce there, apparently. And it was a great benefit to, not only the employees, but also to their employer and to our state.

I also want to point out that while we sit here and we can be critical of, perhaps, the executive branch or others out in the private sector and so on -- as a matter of fact, I can remember in 2003 when, among other things, we cut back on health insurance for some of the people we were trying to help.

In addition to that we cut back on the Birth to Three program. And I do represent us in the Birth to Three Committee, coordinating committee. And I

remember very clearly the complaints we received from that organization at the time. So when I was appointed to the Birth to Three Committee, I asked them, what were the results of our cutbacks? And I can remember the woman's name, the director of that unit was Linda Goodman.

She said, give me some time and I'll get back to you. She came back to, I think, the very next meeting we had -- which was not monthly, I think it was bimonthly -- and she said, over the two-year period we lost about 800 kids a year. It was 1600.

Now we estimate that 50 percent of those children, had they been in from birth and through the first five years of life, 50 percent of them would not require special education. And that happened the second year.

And the cost to the State eventually would be about $24 million a year. So we had that -- those numbers, or we should have had them and we didn't realize we went ahead through our legislative process and cut off these children, and cut off a lot of other people. It was a bad year. So when we look around to find fault, you know it really begins at home.

Last fall I went to the poverty council and I

said, I would like to make a request to the council.

And the chairman said, okay, Jack. Come in at the next meeting. Well, I came in at the next meeting armed to make a request and we ran out of time.

So I came back the next meeting, but in the meantime I had the opportunity to sit down with the chairman and one of his staff members. And I said, what I want to say is that while the federal government is planning on creating a new health plan, and it looks like it has some wings, I want us to do something as a poverty counsel because I think the most important thing you can do for kids is to make sure that they get health care.

From day one, as soon as they arrive here on Earth, they're guaranteed a spot for health care. And it was my impression that the biggest provider of health care to the poor, primary health care that is, is the federally qualified health centers. I know some of you have heard me mention that before, but I think it's true.

That's the whole purpose, whether it's poor kids, poor elderly, they're the biggest provider of primary care to the Medicare population, the Medicaid population, the SAGA population, as it turns out poor

kids.

And we live in a state which has extremes. Extreme wealth, extreme poverty. Three of our largest cities are among the poorest, top poorest for populations over a hundred thousand in the country. I think at one time Hartford was actually number one on that bad list. Not much higher now. Bridgeport is not far behind, and New Haven, too.

So we have a very unusual -- and you talk about the achievement gap. It comes back to poverty. So we have the perfect storm now. We have a bipartisan approach, a bipartisan approach to health care through the federally qualified health centers.

President Bush, for all the criticism we Democrats leveled at him, he was right on the money in not only supporting, but expanding the federally qualified health program. And when he left, President Obama came in and continued right where President Bush left off, only he then expanded into the health care for the nation.

But there was bipartisan support from day one on the role of getting health care to the poor and those in need, those who did not have easy access to medical care. And the bill that was signed and is now in law

had two features, the House and the Senate plans both agreed on expansion of the federally qualified health centers.

And remember that name, Judy Solomon? She's now down in Washington working on things like that. And I called her and I said, what do the numbers look like, Judy?

She said, Jack, there's going to be $11 billion this next fiscal year to expand federally qualified health centers.

So it's my judgment that that's the most important thing we can do, to address the issue of poverty in our state, is to make sure those children and poor people have access to health care and they'll get it through the federally qualified health centers. And this body has already in the past worked cooperatively with the federally qualified health centers.

And so I went to the council on poverty. And I asked them if we could do something to encourage our congressional delegation. Well, we put in a bill and I put in a request to the council. And before the council could act, guess what? This body endorsed that same principle, that we would expand and continue

to work with the federal government in expanding health insurance for the very poor.

So what I'm suggesting here is with the good work of the recession group, thank you, Mr. Speaker, and the good intentions of everybody sitting in this room, that we can come together. We can come together and get this program off the ground and we can use the health initiative as a good example of the federal government working with the state government and so forth.

So we corrected that Birth to Three lapse. We can correct and fill in the blanks now. And I don't question the members of the council -- although several of them who are on the poverty council are executive administrators, have spoken against this legislation because they don't think it's necessary. Well, I beg to differ with them.

And I believe they will agree with me, that if we have this opportunity to put things together and address these issues in a united way, and I appeal to both sides of the aisle to do this, it's the one opportunity we have two get things right.

So, Mr. Speaker, thank you for giving me the time and I hope we will support this 100 percent.

Thank you.

(Speaker Donovan in the Chair)

SPEAKER DONOVAN:

Thank you, Representative.

Would you care to remark further? Care to remark further? If not, let me try your minds. All those in favor of the amendment, please signify by saying, aye.

REPRESENTATIVES:

Aye.

SPEAKER DONOVAN:

All those opposed, nay.

The ayes have it. The amendment is adopted.

Remark further on the bill as amended? Remark further on the bill as amended? If not, staff and guests come to the well of the House. Members take their seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll call. Members to the chamber. The House is taking a roll call vote. Members to the chamber, please.

SPEAKER DONOVAN:

Have all the members voted? Have all the members

voted? Please check the roll call board to make sure your vote has been properly cast. If all members have voted, the machine will be locked, and the Clerk will please take a tally. The Clerk, please announce the tally.

THE CLERK:

House Bill 5360 as amended by House "A."

Total Number voting	144
Necessary for adoption	73
Those voting Yea	137
Those voting Nay	7
Those absent and not voting	7

SPEAKER DONOVAN:

The bill as amended is passed.

Will the Clerk please call Calendar 218.

THE CLERK:

On page 34, Calendar 218, Substitute for House Bill number 5425, AN ACT CONCERNING SPECIAL EDUCATION, favorable report by the Committee on Appropriations.

SPEAKER DONOVAN:

The Vice Chair of Human Services, the Meriden Representative Cathy Abercrombie, you have the floor.

REP. ABERCROMBIE (33rd):

Good evening, Mr. Speaker. Thank you very much.

S – 610

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SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, as the next two items to mark the first is calendar page 11, Calendar 489, House Bill 5360; and the next bill after that is calendar page 14, Calendar 512, House Bill 5248.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Calendar page 11, Calendar Number 489, Files Number 324 and 663, Substitute for House Bill 5360 AN ACT CONCERNING CHILDREN IN THE RECESSION, as amended by House Amendment Schedule "A," favorable report of the committees on Children, Human Services and Appropriations.

THE CHAIR:

Senator Musto.

SENATOR MUSTO:

Thank you, Mr. President.

I move adoption of the joint committee's favorable report and passage of the bill.

THE CHAIR:

On acceptance and passage in concurrence with the House, will you remark, sir?

SENATOR MUSTO:

Yes, Mr. President, thank you.

Members of the chamber, Mr. President, this does a great many things during this difficult time that we are having a recession in the state of Connecticut an across the country.

When the unemployment rate hits 8 percent, for example, it kicks in a provision in the Child Poverty and Prevention Council, which we are making the lead agency for children in the recession in this matter.
That committee is going to be meeting more often while we have a recession. The Council's going to work with various departments around the state and in government to try to do a myriad of things.

The bill was created by the Speaker's task force that went around the state into each congressional district and held meetings. We listened to the residents of the state of Connecticut. The people came to us with their concerns: what's going on in the state of Connecticut, how the recession is affecting them, and, most importantly, how the recession is affecting their children.

But we all know that the children are affected by the recession, most importantly -- or most strongly when

their parents are. So there are many provisions in this bill, as well, that relates to the family services that could be provided. Temporary assistance for needing families is increased. Food programs for the children that are affected by the recession are increased.

This bill gives us more federal dollars for things, like, school lunch programs, school breakfast programs, and food programs. This bill allows under certain circumstances for more money to come in from the federal government for temporary assistance for needy families. It provides that someone who is trying to make -- get an education during the time of recession when they cannot otherwise find a job that that education experience will be treated as work under certain federal programs so we'll get even more money from the federal government.

Another thing this bill does that I think is very important is that it's -- excuse me -- it starts the no-wrong-door policy of the state of Connecticut. It allows people who are applying for assistance, applying through DSS to go to any place in DSS and other agencies and if those agencies will coordinate those programs so that people will not be left out of programs they're otherwise eligible for. Other federal monies will follow in that

respect, as well, and it will make our state services provided to our citizens stronger.

These are critically important things in this time of recession, Mr. President. It brings in federal money and that provision, the no-wrong-door provision, when Florida implemented it, for example, they saved $88 million. And their error rates on these applications went down because there were fewer data entry errors. Lower error rates, more federal money and state's savings, these are things, I think, we can all get behind in this bill.

And I want to compliment the Department of Social Services for working in this bill with the legislature. We found out, also, when we were going around the state that many of the things that we're trying to get at in this bill that the legislature thinks are so important, DSS has already started doing, but they've been not able to implement for whatever reason. DSS will be implement these programs.

And we've worked with DSS and with OPM to make sure that this bill is appropriate for the State of Connecticut and its citizens. I think the policy that DSS has annunciated and in this bill that the legislature has annunciated is, well, consistent with each other,

perhaps, even coterminous, and that this bill should be passed by this legislature.

Thank you very much.

THE CHAIR:

Thank you, Senator.

Will you remark further?

Senator Prague.

SENATOR PRAGUE:

Thank you very much, Mr. President.

I just want to comment on a bill that's so critically important to our children and to the future of this state and, frankly, to our country. After all, it's our children who are going to follow in our footsteps. And the way children develop, as children, will be significant in their development as adults.

I remember years ago when I was teaching school, we used to provide school breakfasts for kids because even then it is was the sincere believe that when children have a full stomach, they do better in school, they learn better, they feel better about themselves, and I think this is one of the most important pieces of legislation that's come before this chamber. Thank you.

THE CHAIR:

Thank you, Senator.

Senator Boucher.

SENATOR BOUCHER:

Good evening, Mr. President.

Here we are on the last evening of this session, which is supposed to be the short session, although it may feel like it's longer than usual this evening. And we have before us a very ambitious, very comprehensive bill that tries to do many, many, many laudable things.

However, I have to say in reading through this bill, it raises a lot of questions. Particularly, the number -- the amount of -- within available appropriation segments that I believe go a long way to weakening this bill considerably and really do not allow for it to really realize the goals that it was stated to have.

And just to -- because it's such a far reaching comprehensive bill, I would like to go over some of the sections and ask some questions of the proponent of the bill, my good friend and very distinguished chair of the Children's Committee.

First of all, I might add that I understand that many of the agencies that were included in this bill, -- and there were quite a few, the Department of Children and Families, the Department of Social Services, Department of Education, even the judiciary, and other

organizations and departments that -- that really govern the many, many different programs that we have to cover the issues explained here.

And we might add, at the beginning, that Connecticut is indeed a very, very compassionate state. It does a lot to help its families and children. And now they we have been or in a recession for a substantial period of time, you can see why a subject, like this, was brought forward.

In the very first section, Section 1, that describes the Child Poverty and Prevention Council that was established previously, which would constitute the children recession leadership team, would make recommendations to the State's emergency response to children that are affected by the recession.

And, at the very start of this, it raises a question that has troubled me, I believe when we were looking at the language of this, and that is to define really how we would consider who would be identified as children being affected by the recession. And, in fact, that would be something, I think, right off the very bat if that has -- some thought has been given by that who would these children be, how would we identify them, what would be the parameters that would help us to reach out to these

children, and, through you, Mr. President, may I ask our distinguished chair, if he can give us a sort of an example or that category of identified children that would be targeted by this very large and comprehensive legislation. Through you, Mr. President.

THE CHAIR:

Senator Musto.

SENATOR MUSTO:

Thank you, Mr. President.

Through you, children in the recession are the children we anticipate will be falling into recession -- excuse me -- into poverty as a result of the recession. It was estimated, when we started this program, the task force invited some experts out and I know sometimes we here experts were invited out and we're not quite sure where they're from and whatnot and, frankly, at this hour, at this time, I'm having a little trouble remembering myself, but I know that you were there and I know that -- that you heard the same testimony I did.

It's estimated that, approximately, 35,000 children in the State of Connecticut alone will fall into poverty as a result of the recession, as a result of their families losing jobs, either one income or both incomes, parents going back to work at lower waged jobs or -- or

at a fraction of their former salaries, children who are going to be displaced from their homes as a result of foreclosures because their parents can no longer make the mortgages. Children who are going to -- not only be displaced from their homes, but suffer homelessness and be admitted to shelters, and we did some work here, again, with you in the Children's Committee regarding children who cannot go to shelters because they're the wrong age or the wrong gender and, therefore, end up on their friend's couches or on the streets or in adult shelters, which may sometimes be worse.

We've talked some about homeless children where the schools -- and you mentioned in your comments, too, and I think it was -- it was insightful that there are many agencies that deal with these children, and one of them is public schools. And we heard a great deal of testimony about children who go to public school, and their teachers or their principals realize that they're homeless. They're having trouble coming to school. They're coming to school with dirty clothes. They're unshowered, unfed. And they find out that the children are homeless. The families are homeless. But the boards of education -- it's not their job. They're not quite sure what to do about it.

And some of the other agencies that are listed here in this bill -- the Department of Education is just one; they need to coordinate with DSS. They need to coordinate with DCF. They need to look at a comprehensive response to this and that's what we're trying to do with this.

The types of children who we're talking about here are children that we're already seeing every day, but we expect they'll be more of them. And, for that reason, this is not only, again -- and I do share your concerns about the lack of funding. I think we've just had conversations tonight and for the rest of this session about funding problems, but we're trying to establish a policy. We're trying to do what we can in these times to, at least, focus our energies where they're most appropriate, to coordinate, to break down our silos, and, hopefully, again, to garner some more federal money and to make some cost savings through this consolidation, through you, Mr. President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Yes, thank you, Mr. President. And I really appreciate the answers by my chair of the Children's Committee.

I'm still having a difficult time trying to ascertain how we would identify these children. Would they come forward voluntarily? Would their parents bring them to our state agencies? Would there be an outreach in the various agencies to find these children and, particularly, the question arises since we have put a parameter in the first section of this bill that -- that seeks to say that this would only go into affect -- in other words, we would only be dealing with these children if they -- if our unemployment rate was greater -- or is 8 percent or greater for the preceding three months.

In doing that, I think we would be limiting the population. Not only would we be limiting the children that we would be serving, but it would also be for a -- a variable period of time because that 8 percent -- and I do have a further question on this, I think I've asked this before and still am concerned about getting an answer that -- that makes sense to me, and that why is the 8 percent unemployment the number that was achieved? Is there a body of evidence to show that that is the threshold where if you reach that or above it that we

will produce a certain number of children that would need to be served because we should know what we're dealing with. We can't be functioning in an area where we don't have a sense of how much in state resources would be required by so many various agencies of the state.

As I said, this is a very, very ambitious bill and it would be extremely important to know just what we're dealing with. And through you, Mr. President, could I please ask how and why the 8 percent number was achieved? Why is it not 6 or 7 percent, or 9, 10 percent, as some economists might point to, through you, Mr. President.

THE CHAIR:

Senator Musto.

SENATOR MUSTO:

Thank you, Mr. President.

And I do thank Senator Boucher for the question because there was some concern about this when we brought this bill out.

There are -- there are really two answers. The first is that the 6 percent number has to do with the amount of unemployment at which certain federal benefits kick in. And so we took that 8 percent number in large part from the federal government and from their programs.

The second thing we did, through my cochair Diana Urban and her research with other economists, was to look at what really is the definition of a recession and what are some indicators of a recession. And one of the indicators was 8 percent unemployment. Now, maybe 7.9, maybe 8.1, I mean, obviously, we've all heard the expression, you know, economists say on one hand and on the other hand, but 8 percent seemed a reasonable number. We did take it somewhat from the federal government, and we did do our own investigation and determined that that was one of the indicators that would indicate a recession. Through you, Mr. President.

Actually, Mr. President, before I finish that, I do want to compliment my ranking member, Senator Boucher. We have worked very well together on this and other bills, and although this one might not go unanimously, it will be the first one of mine that didn't. I'm going to give it a shot.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Mr. President, I -- I do thank my colleague for those very kind words, and I would say that the feeling is mutual. It was a very collaborative experience, not

only with my chairs and ranking members, but also with the wonderful staff of the Children's Committee, and I thank him for his answers.

I know a lot of work went into this. A lot of agencies were consulted, and they did work to make this language a little bit better, although I think there is still a great deal of concern on the part of OPM and others because of the very ambitious areas of this. And I'm not going to prolong the discussion of this this evening. But I do need to point out that there are nearly 13 sections in this very ambitious bill that all state that they should be pursued within available appropriations.

It brings me a great deal of concern because when you have they many sections -- in fact, the vast majority of the sections are all within available appropriations. I had a lot of concern, and I actually was thinking very seriously about proposing amendments to strike those sections out because, in fact, if we cannot support this with funding in this budgetary, then we're not really serious about pursuing this, it -- it doesn't belong here. It's not the way we should be bills.

Although I think the message we're sending is excellent, we are concerned about our children. And I

will tell you that I do commend those individuals. I do -- I do commend the individuals that worked hard to bring this -- this particular bill out, and I -- I will leave the discussion open to others should they have any further questions. Thank you, Mr. President.

(The President in the Chair.)

THE CHAIR:

Thank you, Senator Boucher.

Will you remark further as -- on the bill as amended?

Senator Musto.

SENATOR MUSTO:

Thank you, Mr. President.

As I said before, I do want to take this opportunity, we did work very hard with DSS on this and to all the good work that they did in the Commission on Children.

This is a comprehensive bill, as Senator Boucher's pointed out. It does a great many things. And I hope it does them all well. And I hope it does them all in a reasoned way. And so I would urge passage of this -- of this bill.

THE CHAIR:

Thank you, sir.

Will you remark further on the bill?

Senator Fasano.

SENATOR FASANO:

Thank you, Mr. President.

If I can, to the proponent of the bill, when this was --

THE CHAIR:

Senator Musto.

SENATOR FASANO:

Thank you.

THE CHAIR:

You're welcome.

SENATOR FASANO:

When this bill was put together in the committees and the public hearings, what type of input and from who did you receive input for or from, and I know this takes a lot of collaborative efforts and I'm just sort of -- to understand the bill a little bit better, if you could just elaborate on what type of people got together, what type of groups were consulted when you created this bill? Through you, Mr. President.

THE CHAIR:

Senator Musto.

SENATOR MUSTO:

Thank you, Mr. President, and through you.

A very good question, I'm sorry I did not address it in the first place.

The hearings we had all around the state were bringing people who were affected by poverty to the table and, not only people who were affected by poverty, but those who dealt with people affected by poverty. We had representatives from DSS testify just on their own behalf who would come to the meetings -- the meeting I was at, my friend Senator Gomes was there. The Speaker of the House was there. There were other members of both Congress. We had Congressman Himes come in the 4th Congressional District, as well as state leaders.

And the people who showed up were, as I said we had DSS workers show up and give us their experiences, not their positions, not DSS's position, but their experiences as workers. We had people who had lost jobs or whose spouses had lost jobs who were being foreclosed on, who were facing -- having to make decisions about what bills to pay, when to pay them, or if -- whether to pay them at all.

We had some children testify. Just about -- obviously, with some -- with some assistance from their parents but just about some of the things that they were

going through, having going to school, whether they were getting school lunches, whether they were getting breakfasts, whether they were having food sent home with them in their back packs.

We had people come and testify about other issues sort of ancillary to that, people talking about people turning to drugs or alcohol due to their despair, due to the poverty. And people -- actually, some advocates coming and saying people were committing crimes, crimes, where one of theft was going up, for example, because people were out of work and people were trying to get food, and people were trying to pay their bills. So we had -- and, actually, again, I almost forgot certain people who said they were considering turning to drugs or alcohol because that was the only way they could get certain programs was by claiming that they were on drugs or addicted to alcohol.

We had a great many people come and tell us their stories. And it was just like any other public hearings any of us have been to around here in the past. We took those considerations into account and we drafted this bill. Through you, Mr. President.

THE CHAIR:

Senator Fasano, you -- (inaudible) -- you ready?

SENATOR FASANO:

Thank you, Mr. President.

I appreciate Senator Musto's answers to my question. And I think that it is very difficult to get the folks that you brought to the table. And I think each one plays a different role, and I think it is shown in the assembly of the bill.

Thank you very much, Mr. President.

THE CHAIR:

Thank you, sir.

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President.

Through you, if I may, a couple of questions to the proponent of the bill.

THE CHAIR:

Senator Musto.

SENATOR RORABACK:

Thank you, Mr. President.

Through you to Senator Musto, I was wondering if Senator Musto had an opportunity to review the fiscal note that's been prepared in connection with the bill, as amended, through you, Mr. President, to Senator Musto.

THE CHAIR:

Senator Musto.

SENATOR MUSTO:

Through you, Mr. President, yes.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

And, Mr. President, directing Senator Musto's attention to the first paragraph of the fiscal note, this bill -- I'm very happy to see this bill before us and one of the difficulties of the phenomenon we face as a state is that, as our capacity to meet needs diminishes, the needs of the people of our state increase. And I think this bill is a good example of the dilemma we face.

Through you, Mr. President, to Senator Musto, the fiscal note -- the first paragraph of the fiscal note says the bill is anticipated to result in various impacts described below. Under the bill, these provisions are to be implemented within available appropriations and, therefore, will result in one of four outcomes.

Through you, Mr. President, to Senator Musto, which of the four outcomes that the Office of Fiscal Analysis predicts are possible, does he hope will occur, through you, Mr. President, to Senator Musto, if he has an opinion.

THE CHAIR:

Senator Musto -- excuse me, yes, Senator Roraback.

SENATOR RORABACK:

And if I may, Mr. President, I'd like, I think for the benefit of the people that don't have the fiscal note in front of them. The four outcomes that OFA says are possible is: One, the agencies will proceed to do what they're told and spend money they're not supposed to spend and then come back to the legislature and ask for the money; two, the agencies will wait until they get money before they do any of the things the bill asks them to do; three, the agencies will take money from other things they're supposed to be doing and direct it to these responsibilities; or, four, the agencies won't be able to do what the bill asks them to do.

So none -- and I'm -- I'm not meaning to be difficult, Mr. President, I'm just wishing to identify how hard it is in a time of shrinking resources to find the wherewithal to meet growing needs.

So, through you, Mr. President, to Senator Musto, and it's not a trick question. I just wonder and maybe the answer is a mix and match as to different sections of the bill. Section A, I'll take Outcome 1. Section B, I'll take Outcome 4. So through you, Mr. President, to

Senator Musto, I just welcome his thoughts on -- on that question. Thank you.

THE CHAIR:

Senator Musto.

SENATOR MUSTO:

Thank you, Mr. President.

In answer to the question, I think it is the latter. I think we are going to require certain things be done from all four of those categories. There may be some things in this bill that the agencies cannot implement. That's an unfortunate reality as Senator Boucher and I discussed a moment ago. We are at a crossroads in this state. We are lacking funds and there may be some things that the departments just cannot do.

Certainly, there should be some coordination with the departments. Certainly, those things that bring in federal monies should be accomplished. Certainly, the no-wrong-door provisions that, hopefully, will save money and reduce error rates, thereby, potentially even saving more money, should be implemented. But if the departments cannot do them, I think the departments cannot do them.

And the people on the ground, the people in the departments, are really to a certain extent who have to

make these decisions on a day-to-day basis. We in the legislature set policy. We in the legislature tell the departments what we think they should do. Sometimes the agencies cannot do it and so that is a very real possibility, that somethings they may not be able to do.

There are also things that the agencies may have to delay, of course, implementation of. But we hear a lot around hear about doing more with less. And I think that sometimes that rings hollow because if we could have done more with less, maybe we already would have. Maybe we can do more with less; maybe we do have to become a little more efficient. And maybe some of the federal monies we get will help us implement some of the other programs.

There is, for example, under one provision of the bill, I believe it's under getting monies for the federal breakfast programs. We'll be able to keep 1 percent of the monies as an administrative fee. If that 1 percent turns out to be enough, great. If it turns out to not enough, we may have to spend a little more money in order to get those federal funds and feed children. If it turns out to be more than we need to implement that program, then maybe we win.

Like any bill, I think this bill is an outlook on the future of what we expect to happen and what we hope will happen, and, hopefully, we'll win. If we lose some money, well, then we've lost some money. But I do think it's a fair question. I don't think it's a trick question at any means. But it's one of the hard decisions that we are making as a legislature, and I expect it'll be some of the hard decisions that our departments will be making as well. Through you, Mr. President.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President.

And I raise this issue because I think increasing we're -- we're seeing a phenomena where the General Assembly passes laws, enacts policies and then directs the agencies to implement those policies without committing the resources necessary to get the job done. I mean, this year the Judicial Branch threw a flag on the play because, Mr. President, the legislature had directed the Judicial Branch to do many, many important policy initiatives and then turned around -- turned around and pulled the plug on the funding. But we didn't take away

the obligation we had given them to do things but we took away the money.

Mr. President, the legislature needs to be mindful of not imposing obligations on agencies to do laudable things if we don't have the ability to provide them with the funding to get the job done. Nothing erodes confidence in government more than when we make false promises. And we don't make false promises because we're bad people. We make false promises because we cling so, hopefully, to the notion that somehow they'll find a way to do more with less. And, to some extent, we know they're trying to do more with less but they're not miracle workers.

So Mr. President, I appreciate Senator Musto's recognition of the fact that implementing this bill may be a challenging proposition, and I just don't want people watching this debate to think, oh, great, the legislature just passed this bill; all will be right with the world. There's a lot more work ahead to make sure provisions, like this, are implemented.

Thank you, Mr. President.

I thank Senator Musto for his answers.

THE CHAIR:

Thank you, sir.

Senator Kissel.

SENATOR KISSEL:

Thank you very much, Mr. President.

I'd like to commend Senator Musto and the others involved in moving this bill forward.

I had the great good fortune that the Speaker of the House of Representatives invited me to attend one of these in-the-state hearings. It was attended by Representative Jarmoc of Enfield, who was appointed by the Speaker of the House to serve as one of the co-chairs or the chair of the task force.

It seems to be the modus operandi of the Speaker of the House of Representatives to select Democrats from his caucus to head up task forces and have them go throughout the state of Connecticut. And that's all well and good. I look forward to the day when the Speaker appoints some Republicans to head up some of these task forces, but I'm not holding my breath. Representative Tallarita was there. The Speaker of the House of Representative was there in Enfield. Congressman Joe Courtney was there, members of different advo -- advocacy groups were there as well. And the hearing was held at Asnuntuck Community College on a winter Saturday from about 9:00 in the morning until about noontime. And I counted and

there was approximately 25 people that came to testify and probably about 20 of those people served in social service agencies in the town of Enfield or surrounding communities. And about five folks were just regular folks that came and talked about some of the difficulties that they had given the recession.

It's a laudable proposal. I agree with Senator Boucher. As much as I am going to cosponsor this legislation, it is aspirational -- it is aspirational. There is not a lot of funding tied into it because we don't have any money. I mean, we got into the whole notion that we are running in the red. You know, we just -- just two hours ago, we're scrambling to borrow a billion dollars, a billion dollars, just to fix fiscal year 2011.

If I'm out in the state of Connecticut watching this on CTN, maybe we need an act concerning state government in the recession as opposed to children in the recession. We don't have enough money to put our own house in order and, yet, we continue down the path of creating more and more and more programs. But how can you turn your back on kids? You can't. This is mom, apple pie and all the other good things. And there's no dollars associated so it's warm and fuzzy and good and we'd like to move

forward in that direction. But is it the be all and the end all? No, no. And sometimes doing something small that's properly funded and well thought out can be better for the people of Connecticut because they're going to wake up and after the effective date, they're going to be able to and rely on that government program.

Do we care about kids in the recession? Absolutely. I care about kids. Do I care about grownups in the recession? Absolutely. Do I care about my seniors in the recession? Absolutely. Do we care about everybody in the state of Connecticut because that's whom we serve? Absolutely.

Nonetheless, I thought it was a good thing that as much as, perhaps, this task force was a bit partisan in its makeup. At least the Speaker of the House saw fit to extend an invitation to come to the hearing and to listen to the people that testified and for that I give him credit. That's a good thing.

But I think that this chamber and this building works far better when we really exchange ideas between Republicans and Democrats and when there's, if not an equal balance in the makeup of our task forces, at least it's as close as possible. I -- I guess I get a little bit concerned when I see a task force on domestic

violence, a task force on children in the recession, task force on correctional issues and they're all sort of headed by, you know, the Speaker and they basically appoint a disproportionate number of Democrats to Republicans. And then -- then our colleagues go out there and trumpet this as the next best thing to sliced bread.

We have a committee structure and the committee structure is balanced in a way that reflects the makeup of this legislative body. And I would hope that going forward that the concept of task forces don't run too far down the road.

I remember way back when when we were in the majority, when it was 19-17 Republicans, and it was about -- I want to say 1994 to, like, '96 or thereabouts. I actually was working with members of the House because we had, I would guess, 40 bill proposals that had as an element task forces. In those days, task forces were part of legislation and it was a common practice. And we had on the last day of session -- one of the roles that I was appointed by my leadership at that time was to negotiate with -- at that time the House was controlled by Democrats -- and we would try to weed that 40 -- list of 40 task forces down to about seven or eight. And over

the years we sort of moved away from that process and bills with task forces got put in -- sent over to legislative management. And up until a couple of years ago, task forces were somewhat frowned upon as a lot of window dressing but with not a lot of substance. And the pendulum seems to moving its way back in the other direction.

You can never fault the people that really want to do good, Democrat or Republic, and you cannot fault the goals of these task forces. They all strike a chord. And with this one and the one on domestic violence -- and the one on domestic violence, in particular, I think address certain things that given the recession's affect on people's famile -- behavior in a family setting and some of the tremendously horrible cases that have occurred in the last year or two, that was an area where it's fruitful for a task force to be created.

I guess my only caution while being supportive of this bill and, again, happy to cosponsor the -- the measure as aspirational for our kids -- is that given the fact that we're going to be facing a year or two or three with multibillion dollar deficits, I think that we need to be very cautious in laying a layer of task forces on top of our committee system.

We are all charged when we get elected to be advocates for our constituents. We are all charged to go out there in our districts and represent our constituents and their concerns. And if we get to a point where the leadership either of this chamber, which I don't believe Senator Williams has sort of proceeded down this path but down in the House they sort of seem to be moving in this path. I just -- just have a concern that there's going to be an awful lot of -- of this going on. And I think that by setting up a construct that by its nature is disproportionately favorable to one party, it almost sort of excludes the other party. And nobody wants to be playing in a rigged game.

You know even though that representation on our committees here is disproportionate, we have rules. We have procedures. You know when I -- when I went to the hearing that took place in Enfield at Asnuntuck Community College with the task force, I asked the people in charge is there a record being kept of the testimony. No, we don't have money for that but people are free to write down notes if they want. I asked the chair at that time can I get copies of everything that was submitted. I was promised that. It never was forthcoming. I wanted a list of all the people that testified. That was never

forthcoming. So let's -- let's be serious. I mean is it a road show just to gin up support for certain concepts and self-promote individuals or is it really getting down to substance? Let's not kid ourselves.

So on this one, happy to support it; domestic violence, happy to support it; corrections where Senator Guglielmo and myself on the subcommittee on staff safety, happy to support it, but it started off, this concept with hearings in the building, and now it's proceeded to hearings throughout the state but without the creation of records, without access to information as to who testifies, without creating that sort of library of information that allows us to go back and check what's going on. It has a propensity to go down in a path that excludes the minority. And while today Republicans are in the minority and Democrats are in the vast veto-proof majority that can change. And as Alexis de Tocqueville wrote, as Senator LeBeau has reminded me on many occasions, we need to be concerned regarding the tyranny of the majority.

And I don't see that tyranny here, and, certainly, there's no tyranny involved in Senator Musto wanting to proceed with this bill. He cares about children as much as anybody in this building.

But, again, I guess I'm a little bit of a policy wonk. I think process matters as much as policy sometimes. And to the extent we leave process then I think that allows us to get lost when it comes to policy. Thank you very much, Mr. President.

THE CHAIR:

Thank you, sir.

Will you remark further on the bill as amended by House "A"?

Senator Boucher, are you standing to ask a question?

SENATOR BOUCHER:

Yes.

THE CHAIR:

Please for a second time, ma'am

SENATOR BOUCHER:

Yes, Mr. President, with your indulgence and approval for the second time, if I may?

THE CHAIR:

Be my pleasure.

SENATOR BOUCHER:

Given the comprehensiveness of this bill and the need to define a little bit more clearly some of the vagueness of some of the statements in here that are --

THE CHAIR:

Excuse me, Senator Boucher.

SENATOR BOUCHER:

Yes.

THE CHAIR:

I can't hear Senator Boucher. Could you please take your conversations somewhere else please?

Senator Boucher --

SENATOR BOUCHER:

Yes.

THE CHAIR:

Please proceed.

SENATOR BOUCHER:

Thank you. Thank you very much, Mr. President. It's much appreciated.

And I'm -- I'm not going to belabor this issue much longer. I know a lot of folks has -- have talked about it.

But given that the -- the -- actually, that the Child Poverty Prevention Council will become or constitute the leadership team and that they were, in fact, given a mission to achieve a very, very aggressive goal of 50 percent reduction in child poverty in the state by June 30, 2014, just four years away. And when

this was enacted, they required a report on or before January 1st of each year from 2006 to 2015 to the General Assembly committees cognizant of these matters, particularly, the Select Committee on Children, of the matters relating to children, on the implementation of the plan and progress made towards meeting the child poverty reduction goal as sus -- specified in the section. Through you, Mr. President.

I -- I know that, both, our good Senator and I are new to this committee but through you, if he has any recollection of being provided this report and -- and its -- the results to date. Through you, Mr. President.

THE CHAIR:

Senator Musto.

SENATOR MUSTO:

Through you, Mr. President. No, I do not, Senator Boucher.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you very much, Mr. President.

It seems like we are tripping over ourselves to try to do the right thing and, certainly, this bill, this comprehensive bill tries to do it as well.

And I'm just going to ask one question further in an effort to define in the first section under subsection B, where the council shall work in consultation with other government agencies to develop and promote policies, practices, procedures within available appropriations to mitigate the long-term impact of economic recession on children and provide appropriate assistance. Through you, Mr. President. Could -- do we -- can -- at least for guidance to those committees that are going to be working on this, could we give them a definition, a kind of a parameter, of exactly what we mean by mitigating these long-term impacts? Through you, Mr. President.

THE CHAIR:

Senator Musto.

SENATOR MUSTO:

Yes. Thank you, Mr. President.

Some of the things that we're talking about we've sort of talked about before in this discussion, but I -- I do want to make them explicit for Senator Boucher and for the agencies.

Again, we are -- the hour's late and -- and we are talking about this quite a bit so I will keep it somewhat short, but mitigating the long-term impact of economic recessions on children means feeding them. It means

doing some of these school lunch programs, the food programs that we have. It means making sure that their parents have money for housing. That means some of the temporary assistance for needy families programs getting, again, more money from the federal government.

It means helping with jobs which, again, an example of that in the bill is providing for education to be treated as a work activity for purposes of, again, some of the federal programs. We want to keep parents working. We want to keep children fed. We want to keep families housed. Those are the things we're talking about.

And I thank Senator Boucher for the question.

Thank you, Mr. President.

THE CHAIR:

Thank you, sir.

SENATOR BOUCHER:

Thank you, Mr. President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

And I appreciate the answers. I think it certainly helped to clarify quite a bit.

Again, to close so much of this is in -- within available appropriations that it is a concern for some of us in moving this bill forward. And, in particular, in some of the sections that are currently being done by the various agencies or would require probably a staff person, some estimates in the neighborhood of $30,000 plus benefits which could make it a $50,000 position. So I think, in going forward, we have to be honest about what we're trying to accomplish here.

It is a laudable goal, and I appreciate the good chairman of the committee for his patience with our questions and for the clarification. Through you, Mr. President.

THE CHAIR:

Thank you, Senator Boucher.

Will you remark further on House Bill 5360 as amended by House "A"?

Senator Musto.

SENATOR MUSTO:

Thank you, Mr. President.

I'm going to give it a shot and ask that this be placed on consent.

THE CHAIR:

There is a motion on the floor to place this item on consent.

Senator Boucher, you're grimacing there?

I'm sorry. Could you please use your microphone?

Do you object, ma'am?

SENATOR BOUCHER:

Well, if it's okay with you. I think on this such a large comprehensive bill I think we should have a roll call vote.

Thank you.

THE CHAIR:

There's objection, sir.

We'll call for a roll call vote. The machine will be open.

THE CLERK:

Immediate roll call has been ordered in the Senate. Will all Senators please return to the chamber. Immediate roll call has been ordered in the Senate. Will all Senators please return to the chamber.

THE CHAIR:

Have all Senators voted? Have all Senators voted? If all Senators have voted, please check your vote. The machine will be locked. The Clerk will call the tally.

THE CLERK:

Motion is on passage of House Bill 5360 in concurrence with the action of the House.

Total Number of Voting	32
Those voting Yea	32
Those voting Nay	0
Those absent and not voting	4

THE CHAIR:

The bill passes.

Senator Looney.

SENATOR LOONEY:

Yes, Mr. President, if the Senate might stand at ease for just a moment.

THE CHAIR:

The Senate will stand at ease.

(Chamber at ease.)

THE CHAIR:

The Senate will come back to order.

Senator McKinney.

SENATOR MCKINNEY:

Thank you, Mr. President.

Mr. President, I know the hour is late, but it would -- we would not do service to the circle and the people of the state of Connecticut today if, in addition to paying tribute to the four members of this circle who are leaving us, we did recognize and pay tribute to our Lieutenant Governor and the President of the Senate.