

## Intergenerational Poverty Advisory Committee - Minutes

Tuesday, March 18, 2014

1:00 p.m. to 4:00 p.m.

Department of Workforce Services – 1385 South State Street, Salt Lake City

**Committee Members:** Karen Crompton, Bill Crim, William Duncan, Joe Piccolo, Ray Reutzel, Dr. Doug Goldsmith

**Commission Members:** Jon Pierpont, David Burton

**Excused:** Brad Drake, Liz Zentner, Dr. Renee Olesen, Judge Ric Oddone

**Staff Support:** Casey Erickson, Carrie Mayne, Jessica Staker

**Attendees:** Mary Beth Vogel-Ferguson, Matt Davis, Geoffrey Landward, Patsy Chandler, Nic Dunn, Kim Auberger, Kristen Floyd, Karla Aguirre, Leslie Johnston, Drew Maxfield, Sheila Walsh-McDonald

AGENDA	DISCUSSION	RECOMMENDATIONS/ACTION
Welcome and Introductions	Welcome and Introductions (Bishop Burton) <ul style="list-style-type: none"> <li>• Approval of January 13<sup>th</sup> Committee meeting minutes</li> <li>• Progress on Commission Recommendations</li> </ul>	No changes were recommended for the January 13 <sup>th</sup> Committee meeting minutes. The minutes will be posted as written.  Karen recommended focusing the legislative bills that potentially affect IGP into a more defined area.
Progress on Data	Progress on Data (Carrie Mayne)	Casey Erickson and Carrie Mayne recommended creating a Research sub-committee in addition to the Early Childhood, Youth and Parent sub-committees.
IGP Evaluators	IGP Evaluators (Social Research Institute)	

AGENDA	DISCUSSION	RECOMMENDATIONS/ACTION
Sub-Committee Research and Recommendations	<p>Sub-Committee Research and Recommendations (Mary Beth Vogel-Ferguson)</p> <ul style="list-style-type: none"> <li>• See attached summary of the Sub-Committee recommendations.</li> <li>• Additional recommendations by the Committee: <ul style="list-style-type: none"> <li>○ Karen Crompton pointed out that the struggling economy forced older people to take jobs that would normally hire teens, leaving fewer employment options for them.</li> <li>○ Sheila Walsh-McDonald pointed out the importance of a successful education in finding non-traditional employment for women due to training requirements for these jobs.</li> <li>○ Dr. Doug Goldsmith brought up the importance of having the customer’s voice be part of the recommendations the Committee gives to the Commission.</li> </ul> </li> </ul>	<p>Bill Crim recommended adding mentoring and employers who allow employees paid time to work in the community to the list of recommendations.</p> <p>Joe Piccolo suggested the Committee recommend legislation that encourages employers to hire youth.</p> <p>Karen Crompton recommended looking into non-traditional jobs for single moms that will allow them to earn higher wages (e.g. construction jobs, etc.).</p>
Summary of Recommendations to the Agencies	Summary of Recommendations to the Agencies	Bill Crim recommended the agencies provide input on the Committee recommendations at the April 8 <sup>th</sup> meeting.
Overview of DWS IGP Pilot	Overview of DWS IGP Pilot (Karla Aguirre)	<p>The Committee recommended the Commission hear the DWS IGP pilot.</p> <p>Bill Crim recommended taking a look at running a portion of the pilot in a community that has connective tissue already established, such as United Way Promise Partnerships.</p>

AGENDA	DISCUSSION	RECOMMENDATIONS/ACTION
<p>Recommendations to Commission</p> <p>Public Comment</p>	<p>Recommendations to Commission</p> <p>Public Comment</p>	<p>The Research Sub-Committee will work on a survey or RFP to see what type of connective tissue other communities in Utah have.</p> <p>Mayor Piccolo and Karen Crompton suggested including the mayors and other city personnel in the discussion about the community resources, how they're working together and their recommendations.</p> <p>The Committee recommended the Commission hear the key recommendations and provide input to the Committee at the April 8<sup>th</sup> Commission meeting.</p> <p>The presentation given by Matt Davis and information on the DWS IGP Pilot will be sent to the Committee.</p>

## **INTERGENERATIONAL POVERTY ADVISORY COMMITTEE RECOMMENDATIONS**

**Draft - March 18, 2014**

### **EDUCATION (ACADEMIC SUCCESS AND CAREER SKILLS)**

#### **Early Childhood**

##### Pre-School

1. Access to high-quality care and learning through high quality standards based programs for infants and toddlers with educational, health and development components; high-quality child care, voluntary preschool for low-income 3- and 4- olds; and full day kindergarten. Increase the % of IGP children enrolled in a high-quality early education program. (Will need to determine the appropriate % based on current data).

##### Elementary School

2. Reduce the % of IGP children chronically absent from school. This goal is repeated in the Youth and Parent Plan.
3. Increase IGP children scores on standardized testing. (Third grade reading proficiency and Eight grade math proficiency).

#### **Youth**

1. Increase the number of high school students graduating with their class or re-engaging to receive a GED or Carnegie Certification
2. Increase % of youth exploring post-secondary education or trade education or military training/service
3. Increase % of youth engaged in employment appropriate for their age and circumstances

#### **Parent**

1. Increase the % IGP and Public Assistance Parents completing a GED or Carnegie Unit Diploma (credit bearing diploma) leading to the completion of post-secondary education or trade education.
  - a. Determine the appropriate percentage for a goal using adult education data.
  - b. Identify obstacles and responses necessary to accomplish this goal.

### **HOME AND FAMILY**

#### **Early Childhood**

1. Increase availability of parent education programs such as: evidence-based, home visiting programs for new and expectant families in the IGP cohort.
2. Increase availability of parent education programs that support development and nurturing of infants and toddlers in the IGP cohort.
3. Increase availability of parent education programs that support relationship education and adult/teen relationships in the IPG cohort.

## **Youth**

1. Build an infrastructure to advance and sustain the Strengthening Families Protective Framework\* within agencies working with the IGP population.
  - a. Provide additional evidence-based support, such as: home visiting to youth that are parenting.
2. Reduce the number of teen parents (116 in the IGP cohort).
3. Increase the % of IPG and Public Assistance youth that complete a relationship and/or parenting education class or workshop.
4. Specific to Foster Care children/youth. Adopt a child-based education tracking system within and across school districts.

## **Parent**

1. Increase the availability of parenting skills education programs (i.e. Parents as Teachers, Nurse/Family Partnership, etc.) for IGP households.
2. Task Utah Marriage Commission to use available research and focus groups to understand the barriers to marriage formation and maintenance.
3. Release a statewide Request for Information (RFI) to document evidence-based relationship, parenting, and financial literacy classes. Determine the capacity of community-based partners. Classes may be offered within DWS or a contract may be created with a community-based organization.
4. Task Utah Council on Financial and Economic Education with identifying the barriers to financial capability among IGP households and make recommendations for progress.
5. All state agencies that interact with IGP parents adopt the Strengthening Families Protective Framework.

## **HEALTH**

### **Early Childhood**

1. Increased understanding and utilization of the importance of a Primary Care Provider.
  - a. Increase coverage.
  - b. Increase local access.
  - c. Identify obstacles and response to the obstacles to accomplish the desired result.
2. Increased access to appropriate mental health services.
3. Increased knowledge and best practice for nutrition education.
  - a. Increased participation in the school breakfast program among IGP children.

### **Youth**

1. Decrease the number of youth engaged in risky behavior\*
2. Increase the number of youth with health care and a primary care provider
3. Increase access to mental health services

### **Parent**

1. Increased access, coverage and utilization of health care (understood as having a Primary Care Provider) among IGP households.
  - a. Identify obstacles and responses necessary to accomplish this goal.
2. Increased access to appropriate mental health services.
  - a. Identify obstacles and responses necessary to accomplish this goal.

**Early Childhood Subcommittee DRAFT Goals**  
Intergenerational Poverty Advisory Committee  
Updated: March 10, 2014

**Key Policy Area: Education (ages 0-8)**

High quality early care and education can play a critical role in promoting young children's early learning and success in life, while also supporting families' economic security.<sup>1</sup> Young children at highest risk of educational failure, those experiencing poverty and related circumstances that may limit early learning experiences, benefit the most from high quality early care and education programs.<sup>2</sup>

**Gaps Based on DWS IGP Data Report:**

The goal of the Intergenerational Welfare Dependency and Poverty project is to "end the cycle of poverty and welfare dependency for all Utah children ages 0-17". The 2013 report on Intergenerational Poverty, Welfare Dependency and the Use of Public Assistance highlights the following data for children living in households identified as IGP. There are a total of 288,818 children/youth living in households receiving public assistance. 52,426 children/youth living in households identified as IGP homes. A more detailed breakdown of the ages of children/youth in IGP: Children ages 0-5 - 28,798; ages 6-8 - 9,310; ages 9-17 - 14,318. Data focusing on research-based risk factors provides additional detail into the challenges IGP children/youth face. The National Center for Children in Poverty identifies eight risk factors: children in households with limited English proficiency; children in households with 4 or more children; children in households who have changed residence one or more times in the last year; children in households where the adult(s) lack a high school degree; children in households with an unmarried parent; children in households where the adult was a teen mother; children in households whose parent had no employment in the last year; children in households living in poorer communities. Per DWS data, the top three risk factors for children in non-IGP public assistance households are: parents had no employment, have changed residence one or more times in the last year, households with an unmarried parent. The top three for IGP households are: households with an unmarried parent, have changed residence one or more times in the last year, households with 4 or more children. Research states that children with 3 or more risk factors are more likely to experience school failure and other negative outcomes, including maladaptive behavior.<sup>3</sup> DWS data shows that of children/youth identified as IGP, 19,766 or 37.5% have three or more risk factors.

**Additional Utah Data:**

Sixty-four percent of children who regularly attend Kindergarten and first grade read on grade level after the third grade compared to 43% of children who miss nine or more days of school for both years.<sup>4</sup> Chronic absenteeism is defined as missing ten percent or more or eighteen days of the school year. In Utah, children who were chronically absent experience negative academic outcomes, including the following: more likely to read below grade level; poor performance on standardized test, lower grade point average, and more likely to drop out of high school than students who attend school regularly.<sup>5</sup> The Utah State Office of Education recently began reporting chronic absence rates by school. Among the identified IGP zip code areas, chronic absenteeism is between 6-14% higher than the state average.<sup>6</sup>

**Goals:**

Pre-School

1. Access to high-quality care and learning through high quality standards based programs for infants and toddlers with educational, health and development components; high-quality child care, voluntary preschool for low-income 3- and 4- olds; and full day kindergarten. Increase the % of IGP children enrolled in a high-quality early education program. (Will need to determine the appropriate % based on current data).

#### Elementary School

2. Reduce the % of IGP children chronically absent from school. This goal is repeated in the Youth and Parent Plan.
3. Increase IGP children scores on standardized testing. (Third grade reading proficiency and Eight grade math proficiency).

### **Key Policy Area: Home/Family**

Early relationships with parents and other primary caregivers are the building blocks of healthy human development, which has been well-documented in neuroscience, molecular biology, genomics, epigenetics, and economics.<sup>7</sup> What young children learn from the adults who raise them and care for them lays the foundations for future social, emotional, language, and cognitive growth.<sup>8</sup>

### **Gaps Based on DWS IGP Data Report**

Refer to Risk Factor Data in the Key Policy Area: Education.

Children being raised by a single parent typically do not have the same resources as children from two-parent households. According to the DWS IGP Data report , 26.3% of IGP families were identified as married, compared to 40.3% of non-IPG public assistance and 57.8% of the general Utah population. The data for those that identify themselves as divorced, 10.% IPG, 11.8% non IGP-public assistance and 7.1% of the general Utah population.

Per DWS data, the top three risk factors for children in non-IGP public assistance households are: parents had no employment, have changed residence one or more times in the last year, households with an unmarried parent. The top three for IGP households are: households with an unmarried parent, have changed residence one or more times in the last year, households with 4 or more children. Research states that children with 3 or more risk factors are more likely to experience school failure and other negative outcomes, including maladaptive behavior. DWS data shows that of children/youth identified as IGP, 19,766 or 37.5% have three or more risk factors.

### **Goals:**

1. Increase availability of parent education programs such as: evidence-based, home visiting programs for new and expectant families in the IGP cohort.
2. Increase availability of parent education programs that support development and nurturing of infants and toddlers in the IGP cohort.
3. Increase availability of parent education programs that support relationship education and adult/teen relationships in the IPG cohort.

### **Key Policy Area: Health**

Supporting healthy children isn't just about health coverage for kids. Covering parents is good for children too. Parents' access to health care supports effective parenting. Untreated physical and mental health problems can be a barrier to parents achieving adequate household income leading to self-sufficiency. The whole family is also more likely to be financially stable as the burdens of unexpected health problems and related costs are lifted.<sup>9</sup>

### **Gaps Based on DWS IGP Data Report**

Primary Care Provider: Specific data needed to determine the of IGP and non-IGP public assistance children receiving Medicaid.

#### **Mental Health:**

Untreated physical and mental health problems present multiple barriers to achieving an adequate household income leading to self-sufficiency. While the following data cannot be determined to be a causal factor of welfare dependency, they suggest a correlation of services provided by DCFS and the IGP recipient at DWS.

Of the 36,449 IGP recipients, 9,674 or 26.5% were victims as children and had a substantiated case with Child Protective Services. Of the 113,190 non-IGP public assistance recipients, 4,975 or 4.4% were substantiated victims.

The episodes of foster care were eight times higher for those in the IGP cohort than the non-IGP public assistance cohort. DCFS also tracks physical and mental health data for foster care children within their agency.

A strong correlation exists between welfare dependency and adverse childhood experiences. While causality cannot be determined by this data, further analysis is warranted.

#### **Goal:**

1. Increased understanding and utilization of the importance of a Primary Care Provider.
  - a. Increase coverage.
  - b. Increase local access.
  - c. Identify obstacles and response to the obstacles to accomplish the desired result.
2. Increased access to appropriate mental health services.

#### **Nutrition:**

According to the DWS IGP Data Report, in July 2011, approximately 72% of Utahns living in poverty were receiving food stamps. Table 9 of the DWS report identifies 20,710 IGP recipients as receiving food stamps and 81.2% of non-IGP public assistance recipients as receiving food stamps. Food stamps is the largest public assistance program in Utah.

Nutrition Education is a required component of the Food Stamps grant. DWS has a contract with Utah State University Extension to deliver nutrition education to families in Utah. However, USU does not maintain a list of current food stamps recipients that have attended nutrition classes. Kathy

Link and I have met with USU to discuss strategies that would provide targeted support for IGP families. USU is rewriting the contract scope of work to focus more directly on IGP families. The revision is due to DWS by August 2014. Revisions to the scope of work will be incorporated into the contract effective Oct 1, 2014.

According to the DWS IGP Data Report of the 52,426 IGP children, 48,586 or 92.7% receive food stamps. The data for the 254,491 non-IGP public assistance children receiving food stamps is 148,747 or 58.4%. Families that receive food stamps are also eligible for school breakfast. One of the goals of the IGP Parent Committee is to increase the number of IGP children that participate in the school breakfast program.

**Goal:**

1. Increased knowledge and best practice for nutrition education.
  - a. Increased participation in the school breakfast program among IGP children.

---

<sup>1</sup> Dearing, E., McCartney, K. & Taylor, B.A. (2009). Does higher quality early child care promote low-income children's math and reading achievement in middle childhood? *Child Development*, 80(5), 1329-49.

<sup>2</sup> Currie, J. (2001). Early childhood education programs. *Journals of Economic Perspectives*, 15(2), 213-238.

<sup>3</sup> Gutman, L.M., Sameroff, A.J., & Cole, R. (2003). Academic growth curve trajectories from 1<sup>st</sup> grade to 12<sup>th</sup> grade: Effects of multiple social risk factors and preschool child factors. *Developmental Psychology*, 39(4), 777-790.

<sup>4</sup> Attendance Works, *Attendance in the Early Grades*, <http://www.attendanceworks.org> (December 10, 2013).

<sup>5</sup> University of Utah Education Policy Center, *Research Brief: Chronic Absenteeism*, <http://uepc.utah.edu/documents/chronic-absenteeism-research-brief.pdf>. (December 10, 2013)

<sup>6</sup> Utah State Office of Education.

<sup>7</sup> Shonkoff, J.P. & Phillips, D.A. (2000). *From Neurons to Neighborhoods*. Retrieved from [www.nationalacademies.org/nrc/](http://www.nationalacademies.org/nrc/).

<sup>8</sup> National Scientific Council on the Developing Child. (2007). *The Science of Early Childhood Development*. Retrieved from [www.developingchild.net](http://www.developingchild.net).

<sup>9</sup> Center for Law and Social Policy. [www.clasp.org/.../whats-good-for-the-parent-is-good-for-the-child-access-to-health-care-coverage-benefits-the-whole-family](http://www.clasp.org/.../whats-good-for-the-parent-is-good-for-the-child-access-to-health-care-coverage-benefits-the-whole-family)

**Parent Subcommittee Goals**  
Intergenerational Poverty Advisory Committee  
Updated: March 15, 2014

**Key Policy Area: Education**

A two-generation approach to education presents the potential to multiply the return on investment in early childhood education for children and in postsecondary education for young parents. Research from a high quality Title I preschool program in Utah offers promising evidence that quality early education may close the achievement gap for low-income children.<sup>1</sup> A growing body of research demonstrates the connection between maternal education and child outcomes.<sup>2</sup> A parents' level of educational attainment, particularly post-secondary education, is a strong predictor of economic mobility. Education that includes skill development linked to high-demand jobs with opportunities for advancement is key.<sup>3</sup>

**Gaps Based on DWS IGP Data Report**

Education is a major determinant of potential earnings. In all of the post-secondary degree areas, the percentages of completion for the overall Utah population are much higher than those in the two public assistance cohorts, sometimes even ten times greater. Although a higher percent of IGP recipients are employed as compared to non-IGP public assistance recipients, they earn much lower wages on average.

The quarterly wages of IGP recipients were 24% lower on average than non-IGP public assistance recipients over the last 12 years, an average of \$1,100 per quarter.

IGP recipients were employed more often over the last 12 years than non-IGP public assistance recipients in the same age range and who received public assistance during SFY2013. However, according to the IGP Data report, the three sectors that employ a considerably higher percentage of IGP recipients were retail trade, administrative/waste management and accommodation/food services. The three sectors can be characterized as having low wages and high turnover. See figure 4, page 13 of the IGP Data report for data details.

**Why focus on women?** According to the DWS IGP Data Report, the health care and education industries employ about 32% of all employed women in Utah. However, only about 16% of IGP females work in these two sectors.

**Strategy:**

1. Increase the % IGP and Public Assistance Parents completing a GED or Carnegie Unit Diploma (credit bearing diploma) leading to the completion of post-secondary education or trade education.

- a. Determine the appropriate percentage for a goal using adult education data.
- b. Identify obstacles and responses necessary to accomplish this goal.

Data	Current	Future Strategy	Data and Measurement	Five/Ten
------	---------	-----------------	----------------------	----------

DWS IGP Report. SRI FEP Data	Policy/Practice Related to Goals			Year Work Plan
IGP Report: Table 6, page 9 Figure 2, page 10 Table 7, page 10 Table 8, page 11 Figure 4, page 13	<b>Department of Workforce Services</b>			<b>TBD</b>
	Karla Aguirre Family Employment Plan - TANF	Next Generation Kids. Develop a targeted case management system for IGP TANF families.  Two-Generation Approach <a href="http://www.aspeninstitute.org/about/blog/state-of-the-union-when-women-succeed-america-succeeds">http://www.aspeninstitute.org/about/blog/state-of-the-union-when-women-succeed-america-succeeds</a>	Pilot under development.	
478 child only cases. 177 within the IGP cohort. Zip code data	Lynette Rasmussen Child Only TANF Cases	Possible policy modification to support a home visiting element.	Pilot under development	
	<b>Department of Health – Sheila Walsh-McDonald</b>			
	TBD			

	<b>Department of Human Services</b>		Karla working with Human Services	
	Kyla Openshaw Case Worker Practice Model having case workers share information and work together. Five elements. Engagement, Assessing, Teaming (case workers coming together), Planning, Intervening.	Convene a group of key case workers from DWS and HS. Discuss how we can develop a team approach.		
				Case management piece.
	<b>Utah State Office of Education</b>			
	Marty Kelly Adult Education. Board Rule R-277-733. Focus on ELS. Focus on ages 16-99. Includes out of school youth. Focus on ESL, basic literacy, high school completion.	Increase focus on academic competency and literacy issues.  Should we develop a different strategy for men and women?	50% of those attending can't speak English.  Average age served 25-44.  Minimum fee charged.	
	Jeff Galli Corrections Education. Board Rule R-277-735.	The program does not include outreach to the family. What possible partnerships can be developed to provide family support?	Current data being studied on recidivism. Study with CCJJ and U of U. (Richard Fowles, Dave Walsh) MOU with DWS and USOE	

	<p>Robust (USU and SLCC) programs have been defunded. Funding now going to Davis Applied Technology.</p>		<p>What is the prevalence of IGP adults, youth and children associated with incarceration?</p>	
	<p>WIA transition part two. USOE under the WIA mandate will work to transition adult education students to post-secondary and career training opportunities.</p>	<p>Ensuring enrollment is not a requirement. Can recruit, encourage. Goal, we want you to transition, post-secondary. How to have an enduring impact?</p>		
		<p>College &amp; Career Readiness - Need to develop a cultural shift to value education.</p> <p>Accessibility. How to get families to the next steps. How to transition to the next step of education. Improve partnership with DWS and colleges. Can we do this lost-cost for families? How do a work partnership with refugee youth?</p>		
	<p>Cathy Davis. Utah Women in Education Commission.</p>	<p>Recently the Women in Education Project was transitioned to USOE.</p> <p>How do we focus on post-secondary education and completion for IGP women? How do we encourage women to seek education in STEM careers?</p> <p>HB90 Women in the Economy Commission. (two-years to sunset)</p> <p>The commission would work with public agencies and private organizations that provide services to Utah women in the economy or work to protect their rights. The effort would include evaluating the effectiveness of policies</p>	<p>Complete data reports:  <a href="http://www.utahwomenandeducation.org/research/research-and-policy-briefs/">http://www.utahwomenandeducation.org/research/research-and-policy-briefs/</a></p>	

		and programs geared to help women and providing information to the public on available services.  The commission would take a look at the human element of the economy, according to House Minority Leader Jennifer Seelig, D-Salt Lake City, the chief sponsor of the measure. Among other goals, she wants to find ways to improve educational attainment and identify barriers that impede women’s economic success.		
	<b>Juvenile Courts-</b>			
	TBD			

**Key Policy Area: Home/Family**

A recent study on economic mobility concludes: “The fraction of children living in single parent households is the strongest correlate of upward income mobility among all the variables we explored.”<sup>4</sup> Early relationships with parents and other primary caregivers are the building blocks of healthy human development, which has been well-documented in neuroscience, molecular biology, genomics, epigenetics, and economics.<sup>5</sup> What young children learn from the adults who raise them and care for them lays the foundations for future social, emotional, language, and cognitive growth.<sup>6</sup>

**Gaps Based on DWS IGP Data Report**

**Children being raised by a single parent typically do not have the same resources as children from two-parent households. According to the DWS IGP Data report, 26.3% of IGP families were identified as married, compared to 40.3% of non-IPG public assistance and 57.8% of the general Utah population. The data for those that identify themselves a divorced, 10.% IPG, 11.8% non IGP-public assistance and 7.1% of the general Utah population.**

**Strategy:**

- 1. Increase the availability of parenting skills education programs (i.e. Parents as Teachers, Nurse/Family Partnership, etc.) for IGP households.**
- 2. Task Utah Marriage Commission to use available research and focus groups to understand the barriers to marriage formation and maintenance.**

3. **Release a statewide Request for Information (RFI) to document evidence-based relationship, parenting, and financial literacy classes. Determine the capacity of community-based partners. Classes may be offered within DWS or a contract may be created with a community-based organization.**
4. **Task Utah Council on Financial and Economic Education with identifying the barriers to financial capability among IGP households and make recommendations for progress.**
5. **All state agencies that interact with IGP parents adopt the Strengthening Families Protective Framework.**

<b>DWS IGP Report</b>	<b>Current Policy/Practice Related to Goals</b>	<b>Future Strategy</b>	<b>Data and Measurement</b>	<b>Five/Ten Year Work Plan</b>
Table A.2, page 23	<b>Department of Workforce Services – Karla Aguirre, Rachael Stewart, Kathy Link, Kristen Floyd, Lynette Rasmussen</b>			
	Through contracts with community-partners, DWS’ Work Success program teaches parenting, communication classes and financial literacy.	<p>Expansion of the Work Success model.</p> <p>Implementing the Strengthening Families Protective Framework for all DWS case management.</p> <p>More detailed assessment of the IGP family. May include the following protective factors:            Parental resilience            Social connections            Knowledge of parenting and child development            Concrete support in time of need            Social and emotional competence of children</p> <p>Possible partnership with Circles, USA</p>		
	<b>Department of Health – Kathy Marti</b>			
	Targeted Case Management (TCM). New parent receiving Medicaid receives one-			Any connection to IGP?

	time visit by a public health nurse. In Utah County this is called Welcome Baby. Julie Olsen state program specialist.			
	<b>Department of Human Services – Kyla Openshaw</b>			
	Home Works is the umbrella program for all in-home services. (mild to moderate abuse in the home). Alternative to removing the children and placing them in foster care.	Structured roll out by region. Completed by March 2016.  Implementing the Strengthening Families Protective Framework for all Home-Works cases.	Funded for 5 years with the 4E Waiver to keep Foster Care children/youth in their own home. Federal funding. No state funding. After the 5 years. The states that do well will get the waiver funded on going. May ask for building blocks.  Amount of funding – savings from kids not coming into foster care.  DCFS has a contract with SRI to evaluate the program. Details forthcoming.	Can we use this data in our reports?  Nothing specific to focus on IGP. Family outreach is cyclical. Relates to IGP. Target area as families that need concrete support – IGP.
	Peer Parenting. In the home support. Evidence based, communication based curriculum – STEP. 2-4 hours weekly of hands on parenting education. Focus on parent/child interaction. Can be specialized to meet parent/family needs. Implemented in Dec 2013. Part of the waiver evaluations.		DCFS has a contract with SRI to evaluate the program. Details forthcoming.	Same
		Full gap analysis by region. Both in home and foster care services. Part of the waiver demonstration. Goal to have statewide consistency. Lack of services. Pilot site is completing case worker survey. Community service providers completed.		Incorporate all resource information into 211. Educate the IGP community about 211.
	Resource Facilitators. Program of substance abuse and mental health.	More information being gathered from Dinah Weldon.		

	Helping people navigate the system.			
		Gathering information from DSPD.		
IGP Report: Table A.14,page 28 IGP children 0-3. 10,456 (19%).	Early Childhood Utah	Parent education and parent-child interaction programs that support development and nurturing of infants and toddlers.		
IGP Report: Table A.17, page 29 Children with Disability. Yes. 1,149 (2.2%) None or not known. 51,277 (97.8%)		Screening, assessment and appropriate follow-up for developmental delays or disabilities.		
No Data.		Access to health care and education programs for children cared for by grandparents and other relative caregivers.		
		Prevention programs and services for children at risk of abuse and neglect and their families.  Family engagement policies starting with defining family engagement, establishing benchmarks of success for targeted populations, and monitoring progress.		
Human Services DCFS Substance Abuse and Mental Health		Community-based programs targeting sources of toxic stress such as violence, crime, substance abuse and mental illness, combined with support for parents and caregivers who need them		
United Way 211.		Compile or make more		

Next Generation Kids		comprehensive a resource list identifying mental health community partners and resources. Increase network of case workers providing the information.		

**Key Policy Area: Health**

**Supporting healthy children isn't just about health coverage for kids. Covering parents is good for children too. Parents' access to health care supports effective parenting. Untreated physical and mental health problems can be a barrier to parents achieving adequate household income leading to self-sufficiency. The whole family is also more likely to be financially stable as the burdens of unexpected health problems and related costs are lifted.<sup>7</sup>**

**Gaps Based on DWS IGP Data Report**

**The whole family is also more likely to be financially stable if the challenges related to health and nutrition are addressed.**

**Mental Health:**

**Untreated physical and mental health problems present multiple barriers to achieving an adequate household income leading to self-sufficiency. While the following data cannot be determined to be a causal factor of welfare dependency, they suggest a correlation of services provided by DCFS and the IGP recipient at DWS.**

**Of the 36,449 IGP recipients, 9,674 or 26.5% were victims as children and had a substantiated case with Child Protective Services. Of the 113,190 non-IGP public assistance recipients, 4,975 or 4.4% were substantiated victims.**

**Episodes of foster care were eight times higher for those in the IGP cohort than the non-IGP public assistance cohort. DCFS also tracks physical and mental health data for foster care children within their agency.**

**A strong correlation exists between welfare dependency and adverse childhood experiences. While causality cannot be determined by this data, further analysis is warranted.**

**Strategy:**

1. **Increased access, coverage and utilization of health care (understood as having a Primary Care Provider) among IGP households.**
  - a. **Identify obstacles and responses necessary to accomplish this goal.**
2. **Increased access to appropriate mental health services.**
  - a. **Identify obstacles and responses necessary to accomplish this goal.**

**Nutrition:**

According to the DWS IGP Data Report, in July 2011, approximately 72% of Utahns living in poverty were receiving food stamps. Table 9 of the report identifies 20,710 IGP recipients as receiving food stamps and 81.2% of non-IGP public assistance recipients as receiving food stamps. Food stamps is the largest public assistance program in Utah.

Nutrition Education is a required component of the Food Stamps grant. DWS has a contract with Utah State University Extension to deliver nutrition education to families in Utah. However, USU does not maintain a list of current food stamps recipients that have attended nutrition classes. Kathy Link and I have met with USU to discuss strategies that would provide targeted support for IGP families. USU is rewriting the contract scope of work to focus more directly on IGP families. The revision is due to DWS by August 2014. Revisions to the scope of work will be incorporated into the contract affective Oct 1, 2014.

According to the DWS IGP Data Report of the 52,426 IGP children, 48,586 or 92.7% receive food stamps. The data for the 254,491 non-IGP public assistance children receiving food stamps is 148,747 or 58.4%. Families that receive food stamps are also eligible for school breakfast. One of the goals of the IGP Parent Committee is to increase the number of IGP children that participate in the school breakfast program.

**Goal:**

1. **Increase targeted outreach to IGP families to increase knowledge of the importance of nutrition in children and youth and of available resources.**
  - a. **Understand why food stamp eligible families are not participating in the school breakfast program.**
  - b. **Identify obstacles and responses necessary to accomplish this goal.**
  - c. **Determine the appropriate percentage for a goal using adult education data.**

<b>DWS IGP Report</b>	<b>Current Policy/Practice Related to Goals</b>	<b>Future Strategy</b>	<b>Data and Measurement</b>	<b>Five/Ten Year Work Plan</b>
Table 13, page 18 Table 14, page 18	Department of Workforce Services – Kathy Link, Lynette Rasmussen			

Table 15, page 19 Table 16, page 19 Table 17, page 20				
Table 9, page 15 Table A.20, page 29	SNAP Nutrition Education. Current contract funded by USDA/s Supplemental Nutrition Assistance Program.	Targeted outreach to IGP Families through USU Extension.  Rewrite the contract to target IGP families. Partner with other nutrition education service providers. (WIC, DOH, USU, Utah's Against Hunger)		
	<b>Department of Health – Sheila Walsh-McDonald, Kathy Marti</b>			
	Primary Care Network		Data Sharing MOU in process.	Kathy to get me information on program specialists in each area.  Legislative Bill. Tele-health in public schools. Menlove.
	High risk insurance pool.			
	Immunization program			
	<b>Department of Health – Rebecca Fronberg, Teresa Whiting, Suzanne Leonelli</b>		What are the program measurements?  <a href="http://choosehealth.utah.gov/">http://choosehealth.utah.gov/</a>	How is this plan being publicized?  Can we target IGP families?
	Health and Nutrition State Plan. EPIC.			
	Home Visiting			
	<b>Human Services Kyla Openshaw</b>			
	Children and Youth Health	Collaboration with the	In early contract stages.	

		<p>Primary Children’s Medical Center on referrals that are made to DCFS. Preliminary contract phase. Dr Chris Campbell. Learning collaboration between pediatricians and DCFS.</p> <p>Main goals to enhance communication between medical reference and CPS.</p> <p>Improve communication basic medical screener (ped) and DCFS regarding children of in-home cases. Must be part of the team to know that ped patient is in the DCFS system.</p>		
	<b>Utah State Office of Education</b>			
	<b>Juvenile Courts-</b>			

**Blue denotes this goal is mentioned in the IGP/Youth Plan.**

<sup>1</sup> <http://www.utahchildren.org/newsroom/what-s-new/item/449-high-quality-preschool-closes-the-achievement-gap-fact-sheet>

<sup>2</sup> Magnuson, K. (2003). The Effect of Increases in Welfare Mothers’ Education on their Young Children’s Academic and Behavioral Outcomes. University of Wisconsin, Institute for Research on Poverty Discussion Paper. 1274-03.

<sup>3</sup> The Aspen Institute, Ascend, Two Generations, One Future. Moving Parents and Children Beyond Poverty Together. (2011).

<sup>4</sup> Raj Chetty, et al., 2014 “Where is the Land of Opportunity? The geography of intergenerational mobility in the United States” NBER Working Paper 19843 at [http://obs.rc.fas.harvard.edu/chetty/mobility\\_geo.pdf](http://obs.rc.fas.harvard.edu/chetty/mobility_geo.pdf); see also Raj Chetty, et al., “Equality of Opportunity Project” at <http://www.equality-of-opportunity.org/>; W. Bradford Wilcox, “Marriage Makes Our Children Richer—Here’s Why” The Atlantic, October 2013 at <http://www.theatlantic.com/business/archive/2013/10/marriage-makes-our-children-richer-heres-why/280930/>; James Pethokoukis, “Why Obama Frets About Income Inequality, Not Family Breakdown” American Enterprise Institute, December 30, 2013 at ; W. Bradford Wilcox, “John Rawls and Salt Lake City: Perfect Together” Family Studies, October 16, 2013 at <http://family-studies.org/john-rawls-and-salt-lake-city-perfect-together/>; Kate Antonovics & Robert Town, “Are All the Good Men Married? Uncovering the Source of the Marital Wage Premium” The American Economic Review 94(3):317-321 (2004); Michael DeGroot, “Moving Up: How Marriage and Education Affect the Face of Economic Mobility” Deseret News, September 18, 2013 at <http://www.deseretnews.com/article/865586674/Moving-up-How-marriage-and-education-affect-the-face-of-economic-mobility.html?pg=all>; Christine Kim, “Marriage

---

Combats Child Poverty” Heritage Foundation, December 6, 2013 at <http://www.spotlightonpoverty.org/ExclusiveCommentary.aspx?id=93e821a0-46b1-4562-b499-e8646300e8bf>; Kay Hymowitz, “No Place Like Home” Family Studies, October 17, 2013 at <http://family-studies.org/neighborhood-race-family-economic-mobility/>.

<sup>5</sup> Shonkoff, J.P. & Phillips, D.A. (2000). From Neurons to Neighborhoods. Retrieved from [www.nationalacademies.org/nrc/](http://www.nationalacademies.org/nrc/).

<sup>6</sup> National Scientific Council on the Developing Child. (2007). The Science of Early Childhood Development. Retrieved from [www.developingchild.net](http://www.developingchild.net).

<sup>7</sup> Center for Law and Social Policy. [www.clasp.org/.../whats-good-for-the-parent-is-good-for-the-child-access-to-health-care-coverage-benefits-the-whole-family](http://www.clasp.org/.../whats-good-for-the-parent-is-good-for-the-child-access-to-health-care-coverage-benefits-the-whole-family)

**Youth Subcommittee DRAFT Goals**  
Intergenerational Poverty Advisory Committee  
Updated: March 4, 2014

**Our coordinated approach ensures youth are empowered to contribute to Utah’s advancing economy by guaranteeing success as they pursue and achieve academic and career goals and as they develop healthy interpersonal relationships.**

**Key Policy Area: Education (ages 9-17)**

Students who graduate from high school on time are more likely to continue to post-secondary education and training. These students are more employable and have higher incomes than students who fail to graduate.<sup>1</sup> In 2011, median annual earnings for someone without a high school diploma were \$18,800, 70 percent lower than someone who graduated high school (\$26,700) and 39% of the median earnings of someone with a bachelor’s degree (\$48,300).<sup>2</sup>

Over 1.4 million youth ages 15-24 are out-of-school and out-of-work and are raising dependent children.<sup>3</sup> When youth are out of the education system, lack early work experience, and cannot find employment, the likelihood is poor that they will have the means to support themselves and meet the needs of their children.<sup>4</sup>

**Gaps Based on DWS IGP Data Report:**

The goal of the Intergenerational Welfare Dependency and Poverty project is to “end the cycle of poverty and welfare dependency for all Utah children ages 0-17”. The 2013 report on Intergenerational Poverty, Welfare Dependency and the Use of Public Assistance highlights the following data for children living in households identified as IGP. There are a total of 288,818 children/youth living in households receiving public assistance. 52,426 children/youth living in households identified as IGP homes. A more detailed breakdown of the ages of children/youth in IGP: Children ages 0-5 - 28,798; ages 6-8 – 9,310; **ages 9-17 – 14,318**. Data focusing on research-based risk factors provides additional detail into the challenges IGP children/youth face. The National Center for Children in Poverty identifies eight risk factors: children in households with limited English proficiency; children in households with 4 or more children; children in households who have changed residence one or more times in the last year; children in households where the adult(s) lack a high school degree; children in households with an unmarried parent; children in households where the adult was a teen mother; children in households who’s parent had no employment in the last year; children in households living in poorer communities. Per DWS data, the top three risk factors for children in non-IGP public assistance households are: parents had no employment, have changed residence one or more times in the last year, households with an unmarried parent. The top three for IGP households are: households with an unmarried parent, have changed residence one or more times in the last year, households with 4 or more children. Research states that children with 3 or more risk factors are more likely to experience school failure and other negative outcomes, including maladaptive behavior. DWS data shows that of children/youth identified as IGP, 19,766 or 37.5% have three or more risk factors.

In addition, Table A.16 of the DWS IGP references that the school status of 25,529 children between the ages of 0-17 is unknown. What is the age of these children/youth? Table A.18 references 116 youth ages 14-18 were pregnant in the reporting period.

Additional Utah Data:  
WIA education and employment.

Data provided by the Utah State Office of Education, identifies the three zip codes with the highest high school drop-out rate as West Valley (45%), Kearns (35%) and Ogden (31%).

**Education (Academic Success and Career Skills)**

**Goals:**

1. Increase the number of high school students graduating with their class or re-engaging to receive a GED or Carnegie Certification
2. Increase % of youth exploring post-secondary education or trade education or military training/service
3. Increase % of youth engaged in employment appropriate for their age and circumstances

DWS IGP Report	Current Policy/Practice Related to Goals	Future Goal/Strategy	Data and Measurement	Five/Ten Year Work Plan
<p>IGP Data Age and Gender Table A.14, page 28  <b>Refer to IGP Report. Table 7, page 10.</b></p>	<p><b>Department of Workforce Services – Rachael Stewart, Kimber Burks, Jolene Christian, Lynette Rasmussen</b></p> <p><b>WIA Youth  TANF after-school  CCDF after-school  Work keys  Utah Futures  Refugee Youth</b></p>	<p>Align with Prosperity 2020 Mentoring/tutoring. Can this be staffed with volunteers?  Access to quality afterschool programs</p> <p>Strategy with FEP customers to engage the entire family. For example: if there are school youth, are they enrolled in an afterschool program?</p> <p>All case worker engagement.</p> <p>Strengthening Families</p>	<p>Increase the % of youth performing at grade level according to end of year core testing."↑↓"</p> <p>Increase average composite ACT scores</p> <p>Increase availability of afterschool programs available to youth and teen, targeting the needs of IGP youth</p> <p>% of youth with high school diploma , GED or Carnegie Certification</p> <p>% of youth participating in career counseling, assessment on Utah Futures</p> <p>DWS employment data</p> <p>Participation in the DWS STEM pilot</p>	

	<p>Utah State Office of Education – Karl Wilson, Lisa Wisham 21st Century Community Learning Centers \$7,061,349 Federal 24,135 students served during 2012-13 school year</p> <p>2013 Spring 21st CCLC Competition: 18 total applicants, serving a total of 45 sites; total funds applied for - \$4,650,123; 8 new grants awarded, serving a total of 25 sites; Total funds awarded in new grants- \$2,148,051 Title I Preschool Karl Wilson School Guidance Counseling Lilian Jensen.</p>	<p>Possible involvement in IGP afterschool programs based on SB43. Additional funding.</p>	<p>21st Century regular program participants had teacher-reported improvements in student behavior</p> <p>2012-13 PPICS data: 75.27% of elementary 21st Century regular program participants had teacher-reported improvement in homework completion and class participation.</p> <p>72.32% of 21st Century regular program participants had teacher-reported improvement in homework completion and class participation. 67.29% elementary</p>	
	<p>Department of Human Services – Jennifer Larsen Home Works Program Utah Coordinating Council for Youth in Care</p>			
	<p>Department of Health – Sheila Walsh-McDonald, Heather Borski, Rebecca Fronberg</p>	<p>Prevention factors discussed under Health</p>		

**Key Policy Area: Home and Family**

**Adolescence is a period marked by significant neurological, physical, emotional, social and cognitive developmental transitions. Youth’s preparation for and success at navigating these transitions is influenced by their earlier development histories, experiences and as well as the**

**nature and impact of their current relationships, contexts and circumstances. Youth need nurturing adult support, positive peer relationships and wholesome experiences to help them navigate these transitions, to develop cognitive and social-emotional competence and to thrive in life.<sup>5</sup>**

**Gaps Based on DWS IGP Data Report:**

See gaps identified in the Education section.

The data focuses on WIA Youth. All WIA Youth that are parenting: 249 total with children ages 0-7. The average age of children is 3.5 years. 222 children are between the ages of 0-3. Further study of WIA youth connected to the IGP system shows: 83 total with children ages 0-7. The average age of the children is 3.5 years. Seventy-one are between the ages of 0-3.

**Additional Utah Data:**

Data from a March 2013 study analyzing children/ youth in the Foster Care and Juvenile Justice System validates the DWS Risk Factor data. A results summary of the research project highlights the following challenges: Kids in state care in Utah are - more mobile, resulting in a mean attendance in 9.79 different schools; have a lower GPA; have lower test scores in reading and math proficiency; and are disproportionately represented in special education services. An overall theme for the children/youth in this population is they experience a lot of change, social and emotional loss and academic setbacks. School less starts early and continues, exacerbated by emotional and behavioral responses to trauma.<sup>6</sup>

Additional data from the DWS report focusing on mental health and early childhood trauma of the IGP adult cohort may forecast the future adult life of Utah's foster care youth. (Untreated physical and mental health problems present multiple barriers to achieving an adequate household income leading to self-sufficiency. While the following data cannot be determined as a causal factor of welfare dependency, they suggest a correlation of services provided by DCFS and the IGP recipient at DWS.

Of the 36,449 IGP recipients, 9,674 or 26.5% were victims as children and had a substantiated case with Child Protective Services. Of the 113,190 non-IGP public assistance recipients, 4,975 or 4.4% were substantiated victims.

The episodes of foster care were eight times higher for those in the IGP cohort than the non-IGP public assistance cohort. DCFS also tracks physical and mental health data for foster care children within their agency. )

- 1. Build an infrastructure to advance and sustain the Strengthening Families Protective Framework\* within agencies working with the IGP population.**
  - a. Provide additional evidence-based support, such as: home visiting to youth that are parenting.**
- 2. Reduce the number of teen parents (116 in the IGP cohort).**
- 3. Increase the % of IPG and Public Assistance youth that complete a relationship and/or parenting education class or workshop.**
- 4. Specific to Foster Care children/youth. Adopt a child-based education tracking system within and across school districts.**

**\*The Center for the Study of Social Policy has developed a protective framework specifically focused on youth. The protective factors include: Youth Resilience, Social Connections, Concrete Support in Times of Need, Knowledge of Adolescent Development, Cognitive and Social-Emotional Competence in Youth.**

DWS IGP Data	Current Policy/Practice Related to Goals	Future Goal/Strategy	Data and Measurement	Five/Ten Year Work Plan
<p>116 IGP Teen Pregnancies WIA Youth with children ages 0-7.</p> <p>All WIA Youth – 249</p> <p>IGP WIA Youth - 83</p>	<p><b>Department of Workforce Services – Rachael Stewart, Kimber Burks, Jolene Christian, Lynette Rasmussen</b></p> <p><b>WIA Youth TANF afterschool CCDF afterschool Parent involvement requirement in afterschool grants</b></p>	<p>Home visiting contract for WIA Youth with children 0-3 years old in focus pilot area. 71 children. Will need to request breakdown by zip code.</p> <p>Next Generation Kids Child Only TANF cases</p>	<p>% of youth that complete a relationship education class/workshop</p> <p>Increase parental involvement, mentoring and leadership opportunities.</p> <p>Increase collaboration efforts with community partners.</p>	
	<p>Utah State Office of Education – Karl Wilson, Lisa Wisham</p>		<p><b>Need data on Granite School Districts teen mother program.</b></p> <p><b>Need data on WIA youth parents.</b></p>	
	<p>Department of Human Services – Jennifer Larsen</p> <p>The Utah Coordinating Council for Youth in Care (UCCYIC) is the group that is moving the work forward involving DHS youth and Education. I'm vice-chair of that group. We are working on improving literacy and numeracy gains in this population. We are currently reviewing this year's grant applications for funds for the 2014-2015 school year to improve the outcomes for these youth. We have also implemented an evidence-based mentoring system called Check &amp; Connect to address the mentoring needs of youth in care and their education. UCCYIC and the Education Initiative on Utah's Children (ED. IOU) have</p>			

	<p>done a major campaign to recruit Court Appointed Special Advocates (CASA's) to be educational advocates for children and youth in custody. We are also looking at striking certain language in Administrative Rules that restricts us from educating youth who have already received the GED or high school equivalent to further prepare them for higher education/vocational training.</p> <p>If you have other questions about the study, you can contact the DHS Education Liaison Jacqueline Leedy-Chamberlain or the Youth in Custody Director for the Utah State Office of Education, Travis Cook. Both are very knowledgeable about this study and what is being done to address the issues identified in the study.</p>			
	<p>Department of Health – Sheila Walsh-McDonald</p>			

**Key Policy Area: Health**

Numerous researchers have concluded that how youth respond to stressors is much more important than the stressor in determining their outcomes. Youth are more likely to achieve healthy, favorable outcomes and thrive if they are resilient. Resilience is the process of managing stress and functioning well even when faced with adversity and trauma.<sup>7</sup>

**Gaps Based on DWS IGP Data Report:**

The whole family is also more likely to be financially stable if the challenges related to health and nutrition are addressed.

**Mental Health:**

Untreated physical and mental health problems present multiple barriers to achieving an adequate household income leading to self-sufficiency. While the following data cannot be determined to be a causal factor of welfare dependency, they suggest a correlation of services provided by DCFS and the IGP recipient at DWS.

Of the 36,449 IGP recipients, 9,674 or 26.5% were victims as children and had a substantiated case with Child Protective Services. Of the 113,190 non-IGP public assistance recipients, 4,975 or 4.4% were substantiated victims.

**Episodes of foster care were eight times higher for those in the IGP cohort than the non-IGP public assistance cohort. DCFS also tracks physical and mental health data for foster care children within their agency.**

**A strong correlation exists between welfare dependency and adverse childhood experiences. While causality cannot be determined by this data, further analysis is warranted.**

**Other relevant Data: Health Department Prevention Data.**

- 1. Decrease the number of youth engaged in risky behavior\***
- 2. Increase the number of youth with health care and a primary care provider**
- 3. Increase access to mental health services**

**\*Risky behaviors include:** Behaviors that contribute to unintentional injuries and violence, Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection, Alcohol and other drug use, Tobacco use, Unhealthy dietary behaviors, Inadequate physical activity

DWS IGP Data	Current Policy/Practice Related to Goals	Future Goal/Strategy	Data and Measurement
	<b>Department of Workforce Services – Rachael Stewart, Kimber Burks, Jolene Christian, Lynette Rasmussen</b>	Targeted nutrition education and outreach to IGP Families through USU Extension.	Medicaid enrollment data Reduce the % of sexually transmitted disease Reduce the suicide rate in youth Substance Abuse and Mental Health Data Attendance data What is the measurement? <a href="http://health.utah.gov/vipp/pdf/FactSheets/Youth.pdf">http://health.utah.gov/vipp/pdf/FactSheets/Youth.pdf</a>
	Utah State Office of Education – Karl Wilson - Title One Lisa Wisham - 21 <sup>st</sup> Century CLC Debbie Lewis - Suicide prevention. Vern Larsen - Gang prevention, safe and drug free schools. Jeff Galli – incarcerated parents		
	Department of Human Services – Jennifer Larsen Utah Coordinating Council for Youth in Care		

	<p>Department of Human Services – Substance Abuse and Mental Health Dinah Weldon</p>	<p>DSAMHI – Substance Abuse and Mental Health</p> <p>3.5 million general fund</p>	<p>3,983 total customers served</p> <p>1,876 School-Based Behavioral Health 1,044 FRF 1,063 Mobile Crisis Teams</p> <p>School-Based 50-88% decrease in office disciplinary referrals % Increased academic performance 50% decrease in suspensions, 30% decrease in truancy, 36-97% in absenteeism, 46-77% reduction in tardiness</p>
	<p>Department of Health – Sheila Walsh-McDonald, Heather Borski, Rebecca Fronberg</p> <p>Goal 2 Preventing tobacco use Helping teen tobacco users quit Reducing exposure to secondhand smoke Preventing youth use of “emerging” tobacco products—e-cigarettes, etc. Increasing rates of physical activity Improving healthy eating Preventing teen dating violence Preventing domestic violence Preventing traumatic brain injuries, ensuring appropriate care for sports concussions Preventing distracted driving Promoting car seat, seat belt and helmet use Preventing suicide Preventing unintentional injuries during school-sanctioned</p>	<p>State of Utah Health Strategic Plan. EPIC</p> <p>More of the same—specific emphasis: Emerging tobacco products, esp. e-cigarettes</p> <p>Improving school-based physical activity Promoting healthy family meals</p>	<p>For nearly all health topics and youth: SHARP Survey: Youth Risk Behavior Survey/Prevention Needs Assessment <a href="http://choosehealth.utah.gov/documents/pdfs/2011%20News%20LetterA.pdf">http://choosehealth.utah.gov/documents/pdfs/2011%20News%20LetterA.pdf</a> School Health practices: School Health Profiles Survey <a href="http://choosehealth.utah.gov/documents/pdfs/SHP12_final.pdf">http://choosehealth.utah.gov/documents/pdfs/SHP12_final.pdf</a> Tobacco: <a href="http://www.tobaccofreeutah.org/pdfs/Utah_Youth_Smoking_Trends.pdf">http://www.tobaccofreeutah.org/pdfs/Utah_Youth_Smoking_Trends.pdf</a></p> <p>Healthy Weight: <a href="http://choosehealth.utah.gov">http://choosehealth.utah.gov</a> Child Height/Weight Study <a href="http://choosehealth.utah.gov/documents/pdfs/Overweight_In_Utah_Report2">http://choosehealth.utah.gov/documents/pdfs/Overweight_In_Utah_Report2</a></p>

		Suicide prevention	012.pdf  Violence and Injury Prevention: <a href="http://health.utah.gov/vipp/">http://health.utah.gov/vipp/</a>  Observational surveys National Violent Death Reporting System Student Injury Reporting database
--	--	--------------------	---

KEY NOTES:

Focus on IGP Youth

Focus on Foster Care Youth

Focus on youth with incarcerated parents

---

<sup>1</sup> The Annie E. Casey Foundation, 2013 Data book: State Trends in Child Well-Being, 27.

<sup>2</sup> Ibid.

<sup>3</sup> The Annie E. Casey Foundation. (2002). Youth and Work: Restoring Teen and Young Adult Connection to Opportunity. Kids Count Policy Report.

<sup>4</sup> Ibid

<sup>5</sup> Center for the Study of Social Policy. Youth Thrive Protective and Promotive Factors.

<sup>6</sup> Foster Care and Educational Outcomes Study. (March 2013). Utah State University, Susan Cutler Egbert, Derrick Tollefson. Title IV-E Research.

<sup>7</sup> Center for the Study of Social Policy. Youth Thrive Protective and Promotive Factors.