

Children's Agenda 2001

A Policy Framework for Children, Youth and Families



children's Alliance
of New Hampshire
RAISING OUR VOICES FOR CHILDREN

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Dedication

The New Hampshire Child Advocacy Network proudly dedicates this second annual Children's Agenda to the memory of Bruce E. Friedman, a tireless advocate for the children of New Hampshire.

INTRODUCTION

The NH Child Advocacy Network (NH CAN) proudly presents its second annual publication: the *Children's Agenda 2001*— a child-centered plan of action for the legislature, governor, state agencies, social service providers, business sector and local communities.

The *Children's Agenda 2001* arises out of a lengthy collaborative process involving the partners and supporters of NH CAN. Our partners and supporters include child-serving individuals and organizations, educators, representatives from various faith-based groups, members of the business community, advocacy organizations, and regional collaboratives. We benefited from technical resources generously provided by members of state government — resources that ranged from data to policy suggestions. And we engaged in statewide outreach to assure input from various citizens groups too often excluded from policy-setting work.

The work of NH CAN, as reflected in our *Children's Agenda*, is based upon five core principles:

- Every child in New Hampshire should have a meaningful opportunity to develop to his or her full potential.
- Parents, families, communities, all levels of government, and the business sector have a shared obligation to assure this meaningful opportunity for all children.
- Supporting children means supporting families.
- Prevention is the most effective intervention.
- Any and all interventions need to respect diverse racial, cultural and economic differences.

This year, as last year, the *Children's Agenda* sets forth critical goals and action steps to improve child health and well being in four categories: health and wellness, education, child safety and protection, and economic security. We use these categories as an organizational tool, well aware that the needs of children cannot be so neatly divided. Many action steps could fit under more than one category. Many recommended interventions, such as quality parenting education, early childhood education, community schools and after school programming, are effective

means of advancing our goals across all four categories.

Finally, many needs cited in the *Children's Agenda* arise out of the pervasive challenge of child poverty. Sometimes poverty is the obvious villain and sometimes it is lurking behind another barrier. Even as New Hampshire is riding on the crest of financial prosperity, an alarming number of our children live in poverty and extreme poverty. NH CAN recognizes that New Hampshire must address child poverty now, if we are to ensure long-term gains for our children and for our society.

The *Children's Agenda* is not an academic exercise. It is a working document with an emphasis on accountability. Each and every action step has at least one "action step leader," an individual or organization actively working on achieving progress in the identified area. If any *Children's Agenda 2000* action steps have been modified in or eliminated from the *Children's Agenda 2001*, the reader can identify NH CAN's basis for the change in the *Children's Agenda 2000 Final Status Report* that is available on request, at no cost, from the Children's Alliance of NH. If any priority areas are not addressed in the *Children's Agenda*, it often is due to the lack of an action step leader. In such areas, efforts will be made to find leaders and to include action steps in next year's *Agenda*.

Finally, the *Children's Agenda* relies upon current data to set its action steps. Our work, together with the perspective provided by the *KIDS COUNT New Hampshire 2000* data book, gives rise to a recommendation which cuts across all categories and applies to all action steps: Invest in data collection systems. The document highlights critical gaps in information that pose a challenge to informed decision-making. Implementing reliable data collection systems should be a priority of the executive branch, supported as necessary by the legislature.

We hope you will reference the *Children's Agenda* regularly. Our intent is to inform, inspire, and empower every New Hampshire resident so that child health and well being become a clear priority in policy and budget-setting. We must move beyond rhetoric to action. As John F. Kennedy once said: "We are not here to curse the darkness, but to light the candle that can guide us through the darkness to a safe and sane place." Allow the *Children's Agenda 2001* to be your candle.



Health and Wellness

All children in New Hampshire will be free of preventable disease and will receive quality physical, mental, behavioral, developmental and dental services that promote and sustain their well being.

GOAL 1: PROMOTE UNIVERSAL ACCESS TO HEALTH CARE

FACTS

- ❑ Approximately 25,000 children in New Hampshire have no health insurance coverage. Of those children, approximately 74% are eligible for, but not enrolled in, one of the Healthy Kids state sponsored health insurance plans.¹
- ❑ Children whose family income is no higher than 185% of the federal poverty income limits can receive Healthy Kids Gold health coverage at no cost. Children whose family income is between 185% and 300% of the federal poverty income limits can receive Healthy Kids Silver health coverage for a low monthly premium.²
- ❑ Uninsured children are more than three times as likely as insured children to go without at least one needed medical service.³
- ❑ In 1999, New Hampshire ranked 8th nationally for child immunizations of two year olds.⁴
- ❑ For every dollar spent on immunization, as much as \$29 dollars can be saved in direct and indirect costs.⁵
- ❑ A recent statewide survey reported that 10% of New Hampshire pediatricians and 20% of family practitioners stated they will take on fewer Medicaid children as patients if reimbursement levels are not increased.⁶
- ❑ Our state Medicaid plan does not currently provide for reimbursement of school-based preventive health.⁷
- ❑ Low income families, especially poor children, are most likely to suffer from dental disease and loss of teeth.⁸ In 1999, among New Hampshire Medicaid-enrolled children, only 30% received a diagnostic dental service, only 30% received a preventive dental service, and only 11% received a restorative dental service.⁹
- ❑ Incarcerated youth are specifically excluded from Medicaid eligibility by federal statute.¹⁰ New Hampshire has no current comprehensive program to fund the medical needs of these youth.
- ❑ Racial diversity is becoming an increasingly critical issue in New Hampshire: 1) about fifty-two languages are spoken in Manchester public schools; 2) an estimated 3,000 to 3,500 refugees now live in New Hampshire; and 3) about 250 to 300 refugees arrive every year to the state.¹¹

RECOMMENDED ACTION STEPS

Administrative Agencies

- 1.1 Improve access to health care for New Hampshire children by maximizing enrollment in and coverage by Healthy Kids programs. Specific steps include:
 - (a) screening insurance status of all children at the start of each school year (including pre-school age children enrolled in licensed day care centers);
 - (b) providing parents/guardians of identified uninsured children with information on low or no cost health insurance; and
 - (c) promoting legislation to increase Medicaid reimbursement to pediatricians, family practitioners and dentists to ensure access to comprehensive primary care for Medicaid recipients.
- 1.2 Foster the physical and oral health of all children, including low-income children by :
 - (a) assisting school systems in developing school-based preventive and primary health and dental care services;
 - (b) identifying funding sources (e.g., grants, Medicaid); and
 - (c) providing technical assistance to secure funding and to implement services.

- 1.3 Assess access to and funding of comprehensive health care for incarcerated youth.
- 1.4 Assess health disparities and barriers to health care for children and pregnant women in New Hampshire who are among ethnic, racial, and/or socioeconomic minorities.

Legislature, Governor and Council

- 1.5 Assure long-term funding of Healthy Kids Silver by providing an adequate state match for Title XXI funding of all eligible children.

GOAL 2: ENSURE COMPREHENSIVE MENTAL, EMOTIONAL AND BEHAVIORAL HEALTH AND ADDICTION SERVICES

FACTS

Emotional Health and Mental Illness

- ❑ Approximately 21% of U.S. children between 9 and 17 years have a diagnosable mental or addictive disorder with some degree of impairment-- more than 25,000 in New Hampshire alone.¹²
- ❑ Between fiscal years 1995 and 2000, the number of children served by community mental health centers in New Hampshire for severe emotional disturbance or at-risk for severe emotional disturbance increased by 93%, from 3,787 to 7,315 children.¹³
- ❑ Children are affected by the mental health of their parents. Interventions which address parents' mental health issues, as well as interventions that jointly address parent and child problems, can have immediate benefits for children.¹⁴
- ❑ Parity legislation covering a broad range of emotional, behavioral, mental and addiction diagnoses would enable children to receive necessary treatment that families could not otherwise afford.¹⁵ Initial research reveals that parity legislation is less costly than predicted by insurance companies.¹⁶
- ❑ Families are essential partners in service delivery to children and youth.¹⁷

Alcohol, Tobacco and Other Drug (ATOD) Use

- ❑ Young people who begin drinking before age 15 are four times more likely to develop alcohol dependence than those who begin drinking after age 21.¹⁸
- ❑ 47% of 9th graders surveyed in 1999 reported having at least one alcoholic beverage in the prior month.¹⁹
- ❑ 28.6% of New Hampshire high school students surveyed in 1999 reported smoking at least one cigarette every day for the past month.²⁰
- ❑ Only 6.3% of New Hampshire youth (ages 12 - 17) who are alcohol dependent currently receive treatment services.²¹
- ❑ The level of peer substance use can have a substantial impact on the academic performance of students in the same school.²²
- ❑ Many scientific studies have demonstrated the substantive and cost effectiveness of ATOD prevention, intervention and treatment services, including school-based programs such as life skills training and after school mentoring.²³
- ❑ School based addiction prevention efforts are enhanced by involving youth in healthy pursuits that reduce their exposure to risky situations and/or situations that promote the use of drugs and alcohol.²⁴

RECOMMENDED ACTION STEPS

Administrative Agencies

- 2.1 Develop a statewide plan for ATOD prevention, intervention and treatment services and provide technical assistance and training to implement such services at the community level.
- 2.2 Increase education and support services for families in their role as primary caregivers for children with mental, emotional, behavioral and developmental disabilities.

Legislature, Governor and Council

- 2.3 Increase the level of funding, through allocation of alcohol and tobacco tax and settlement monies, and other revenues, for ATOD prevention, intervention and treatment services so that state per capita funding rises to the level of the national average within the next three years.

- 2.4 Increase access to comprehensive ATOD, mental, emotional, behavioral and developmental health services by:
 - (a) supporting comprehensive parity legislation; and
 - (b) increasing Medicaid coverage of related services.

Individuals, Communities, Schools and Businesses

- 2.5 Increase support from parents, community leaders, and business for school and community based prevention programs, such as student assistance programs, volunteering, mentoring, and programs to increase understanding of mental illness, addiction and related stigma.

GOAL 3: SUPPORT COMPREHENSIVE HEALTH EDUCATION TO FOSTER HEALTHY LIVES

FACTS

Teen sexual activity and pregnancy

- ❑ 42.9% of New Hampshire students surveyed in 1999 in grades 9-12 reported engaging in sexual intercourse.²⁵
- ❑ Teen births have risen steadily in New Hampshire since 1992, after a twenty year decline.²⁶
- ❑ Children born to teenage mothers are less likely to receive adequate prenatal care, and are more likely to live in poverty, and experience poor health and school failure.²⁷
- ❑ Youth are 37% more likely to become teen parents if they are not involved in any after-school programming.²⁸
- ❑ Teen pregnancy programs focusing on mentoring, building self-confidence, tutoring, reproductive education, and volunteer/community service have shown greater successes than programs providing reproductive health care services alone.²⁹

Parenting

- ❑ Children begin learning from birth and some of their most important learning takes place in the first three years of life.³⁰
- ❑ Providing pregnant women and mothers of newborns with education, both written and oral, on health, development and safety can foster more informed and nurturing parenting.³¹

Oral Health

- ❑ Research shows a strong link between poor oral health and a variety of other serious health problems including heart disease and low-birth-weight babies.³²
- ❑ Poor oral health disproportionately affects low income children.³³
- ❑ The incidence of tooth decay is significantly less in communities with fluoridated water.³⁴ However, only 37% of New Hampshire residents served by municipal water supplies receive the benefits of community water fluoridation.³⁵

RECOMMENDED ACTION STEPS

Administrative Agencies

- 3.1 Reduce unprepared teen parenting by promoting comprehensive health and sexuality education and parenting information as an integral part of K-12 school curricula.
- 3.2 Educate parents and pediatric care providers about healthy pregnancies and healthy development by supporting broad-based, statewide dissemination of and training on two new health and parenting manuals: *Healthy Mom/Healthy Baby* and *Growing Up Healthy*.
- 3.3 Educate the public regarding the benefits of community water fluoridation.

Individuals, Communities, Schools and Businesses

- 3.4 Develop teen programming focused on asset building strategies such as mentoring and community service learning to reduce risk of teen pregnancies and other adverse outcomes.
- 3.5 Provide teens with a full range of community-based sexuality education and family planning services, including pregnancy, STD, AIDS, abstinence and contraceptive information, to encourage responsible decision-making.



Education

All children in New Hampshire will receive an equitably funded education that is appropriate to their academic and social emotional needs and that promotes their optimal growth and development.

GOAL 4: ENSURE AN ADEQUATE EDUCATION FOR ALL CHILDREN IN NEW HAMPSHIRE

FACTS

- ❑ Public education is a fundamental building block of our society, culture and government.³⁶
- ❑ The provision of an adequate education to every New Hampshire child is the constitutionally mandated duty of the state government.³⁷ Neither poverty, geography, disability, racial, ethnic, nor cultural factors provide a justification for failing to offer every child an adequate education.
- ❑ An adequate education goes beyond reading, writing and arithmetic and includes: oral and written communication skills, knowledge of economic, social, political and governmental systems, knowledge of mental and physical wellness, grounding in the arts, and preparation for post secondary education.³⁸
- ❑ The expenditures per pupil, scope of program offerings, condition of buildings, and quality of learning opportunities in New Hampshire schools vary significantly among school districts.³⁹ While the state average cost per pupil for the 1998-1999 school year was \$6,009.31, Portsmouth spent \$9,607.85 per pupil and Manchester spent \$5,097.63 per pupil.⁴⁰
- ❑ 38% of all school buildings in New Hampshire are in extensive need of repair or replacement.⁴¹ Deteriorated school buildings negatively impact student learning.⁴²

RECOMMENDED ACTION STEPS

Administrative Agencies

- 4.1 Promote meaningful school reform by:
 - (a) adopting a research based understanding of child development;
 - (b) adopting valid, multiple measures of school and student performance to develop long-term school improvement plans; and
 - (c) promoting development of high quality educators.
- 4.2 Seek funding to support a comprehensive assessment, by an independent qualified examiner, of the condition of all public school buildings in New Hampshire.
- 4.3 Foster links amongst different education levels, from preschool, to the K-12 system, to post secondary education, so that all children, including children with special needs and impoverished children, enter and leave school prepared to meet their full potential.

Legislature, Governor and Council

- 4.4 Support the constitutional right of all students to an adequate education by:
 - (a) assessing the cost of an adequate education at a level which ensures high quality;
 - (b) fully funding the costs as required by law; and
 - (c) supporting a long-term, sufficient and reliable revenue plan.

Individuals, Communities, Schools and Businesses

- 4.5 Recognize and applaud efforts to define adequacy at a level which ensures a high quality education.

GOAL 5: PROMOTE UNIVERSAL, QUALITY EARLY CHILDHOOD EDUCATION

FACTS

- ❑ In 1997, 74% of children between 6 weeks to 13 years in New Hampshire had working parents. An estimated 60% of those children needed care outside of the home.⁴³
- ❑ During that same period of time, New Hampshire had enough licensed child care slots for only 32% of the children needing care.⁴⁴
- ❑ A child can spend more hours in child care before entering public school than she will spend in the classroom from grades one through twelve, combined.⁴⁵
- ❑ High quality early learning experiences produce a variety of positive results, including higher school achievement and a decreased likelihood of retention in grade school, need for special education or likelihood of committing criminal offenses when older.⁴⁶ Indeed, for every dollar spent on preschool programs, taxpayers can reap a benefit of over seven dollars.⁴⁷
- ❑ The children of high income families are nearly twice as likely to attend preschool than children of low income families.⁴⁸
- ❑ New Hampshire Early Head Start and Head Start programs enable children to enter kindergarten with the knowledge and skills needed to achieve.⁴⁹ Yet in the year 2000, only 40 % of income eligible New Hampshire families are receiving Early Head Start and/or Head Start services due to limited available services.⁵⁰
- ❑ Currently, twenty-three New Hampshire school districts (covering 34 towns) have no public kindergarten.⁵¹
- ❑ Nearly 15% of New Hampshire's six year olds do not attend kindergarten.⁵²
- ❑ The short and long term positive effects of public kindergarten are well-documented: children who attend public kindergarten are likely to be better-prepared upon entering elementary school and may continue to have an advantage in later years.⁵³

RECOMMENDED ACTION STEPS

Administrative Agencies

- 5.1 Support quality, accessible early childhood education so that all children enter school ready to learn by:
 - (a) improving standards and administrative enforcement of standards to protect child safety and improve quality of early childhood education programs;
 - (b) increasing reimbursement rates and other incentives, including health insurance, for early childhood educators;
 - (c) setting tiered reimbursement rates to encourage early childhood educators to become licensed or accredited; and
 - (d) assuring timely payment of state fees which subsidize the cost of care.

Legislature, Governor and Council

- 5.2 Include and fund universal, free public kindergarten as an essential element of an adequate education.
- 5.3 Increase access of all families to quality child care by:
 - (a) providing funding for parent education and early childhood education programs, such as Head Start and Early Head Start, as an integral part of the state's overall education plan;
 - (b) creating incentives for private sector employers to subsidize the cost of child care for low income parents; and
 - (c) basing reimbursement rates for child care providers caring for low income children on the true cost of quality care.

GOAL 6: PROMOTE SCHOOLS AS COMMUNITY RESOURCES

FACTS

- ❑ Parental involvement in children's schooling is the single best indicator of educational success.⁵⁴
- ❑ Benefits of parental involvement include children earning higher grades, attending school more regularly, demonstrating more positive attitudes and behaviors, and graduating from high schools and enrolling in post secondary education at higher rates.⁵⁵
- ❑ The goals of school-community partnerships include: improving educational outcomes; providing access to medical and social services to meet the comprehensive needs of children and families; and strengthening ties to existing human, social and economic supports in the community.⁵⁶
- ❑ Child care and before and after school programs are two of the most pressing needs of children and families according to 92% of respondents to a 1995 national survey.⁵⁷
- ❑ The benefits of school-age out-of-school programming and child care include: improved social skills, reduced problem behavior, increased academic performance, reduced juvenile crime, decreased likelihood of alcohol, tobacco and other drug use, and reduced teen pregnancy.⁵⁸
- ❑ School safety has become a topic of increased urgency. In a 1999 statewide survey of high school students: 16.9% of the students reported carrying a weapon (such as a gun, knife or club) on one or more of the past 30 days; 7.5% of the students surveyed reported carrying a weapon on school grounds during the same time frame; and 7.6% of the students surveyed reported being threatened or injured with a weapon on school property one or more times during the past 12 months.⁵⁹
- ❑ Many students do not feel safe in school: 1) 80% of girls nationwide have reported experiencing some form of sexual harassment in school;⁶⁰ 2) 97% of students in a national survey reported regularly hearing homophobic remarks from peers;⁶¹ and 3) lesbian and gay youth are two to six times more likely to attempt suicide than other youth and may account for 30% of all completed suicides among teens.⁶²

RECOMMENDED ACTION STEPS

Administrative Agencies

- 6.1 Improve educational outcomes by developing and disseminating policies and best practices designed to encourage parents, students and citizens to become active partners in the education of all children.
- 6.2 Identify and disseminate best practice school frameworks that effectively integrate family friendly, school-based services and expanded school hours to promote the optimal growth and development of children beginning at birth.
- 6.3 Promote the creation and development of safe and challenging learning environments by making grants available to communities and school districts for best practice, research-based models of violence prevention training and programming.

Legislature, Governor and Council

- 6.4 Provide funding for before- and after-school programs and out of school time programs for school aged children.

Individuals, Communities, Schools and Businesses

- 6.5 Work with local schools to expand community-school-parent partnerships.



Child Safety and Protection

Children and families in New Hampshire will receive the protection and supports they need so that all children live free of maltreatment from birth through adulthood.

GOAL 7: ELIMINATE CHILD MALTREATMENT THROUGH PREVENTION AND INTERVENTION

FACTS

- ❑ Nationwide, an average of three children per day die as a result of abuse and neglect.⁶³
- ❑ The New Hampshire Division of Children, Youth and Families (DCYF) reports that, in 1998, it referred 6,381 cases, involving 8,974 children, to district offices for assessment.⁶⁴ Of the 814 identified perpetrators, 701 were parents of the child victims.⁶⁵
- ❑ DCYF is currently unable to maintain worker caseloads consistent with national standards due in part to a high staff turnover rate of 29% for the past two fiscal years.⁶⁶
- ❑ It is impossible to assess whether all abused and neglected children in New Hampshire are being identified and protected by the state due to deficiencies in state data tracking and collection.⁶⁷
- ❑ Child abuse and neglect are direct antecedents to juvenile delinquency, addiction, school failure and drop out, teen pregnancies and emotional disturbances.⁶⁸
- ❑ Poverty, addiction and domestic violence all contribute to child maltreatment.⁶⁹
- ❑ An effective child welfare system must partner with other human service provider systems. A full continuum of services should be offered to children and families, from prevention, to family preservation, to family reunification and, in some cases, to termination of parental rights and permanency planning.⁷⁰
- ❑ Research shows that family resource centers and other coordinated community based efforts to support families result in significant reductions in family violence, child abuse, welfare dependence, adolescent pregnancy, and low birth weight infants.⁷¹

RECOMMENDED ACTION STEPS

Administrative Agencies

- 7.1 Develop clear protocols to improve interagency coordination at both the state and local level for families involved in multiple systems of care. Such protocols should include screening for and early intervention to address mental illness, addiction, and school dysfunction.
- 7.2 Work with all child service providers to have in place quality parent education and support services or to create linkages to existing parent education and support services.
- 7.3 Adopt and meet national accreditation standards to ensure appropriate DCYF caseload levels, caseworker training and supervision, and other indicators of quality.

Legislature, Governor and Council

- 7.4 Enact legislation to support, expand and fund early intervention and prevention programs, such as parent education and support programs.

Individuals, Communities, Schools and Businesses

- 7.5 Work with regional planning committees and other local leaders to develop community plans that include voluntary supports for families, beginning with community needs assessments and resulting in concrete action plans.

GOAL 8: PREVENT YOUTH CRIME AND ENSURE JUSTICE FOR COURT INVOLVED YOUTH

FACTS

- ❑ There are numerous risk factors for court involvement including: poverty, family violence, poor school performance, addiction, mental illness and lack of appropriate supervision.⁷²
- ❑ Youth who enter the juvenile justice system at age 14 or younger, are more likely to become chronic offenders and are disproportionately responsible for all serious and violent crimes committed by juveniles.⁷³
- ❑ The cost to American taxpayers is approximately \$1.7 to \$2.3 million for every youth who drops out of high school and becomes a chronic criminal offender and drug user.⁷⁴ 80% of all prisoners are high school drop outs.⁷⁵
- ❑ The majority of youth crime takes place during after-school and early evening hours.⁷⁶ Further, children and youth are most likely to be victims of crime in the hour directly following school release.⁷⁷ Currently in New Hampshire, there are about 30,000 unsupervised youth after school.⁷⁸
- ❑ In state fiscal year 1999, 70 juvenile service staff provided services to more than 2,300 juveniles adjudicated delinquent and 800 juveniles adjudicated to be children in need of services (CHINS). Individual caseloads vary from 45-80 per juvenile service officer.⁷⁹
- ❑ Families with court-involved children might not be accessing community services due to the current law requiring parental reimbursement to counties for such services.⁸⁰
- ❑ Youth who are tried as adults are at greater risk of reoffending than youth who remain in the juvenile court system.⁸¹
- ❑ In New Hampshire, the age of prosecution as an adult was reduced to age 17.⁸²
- ❑ There is no uniform, reliable statewide data collection system for juvenile and CHINS cases in New Hampshire which makes it impossible to track trends or identify important causal factors in juvenile delinquency and CHINS cases.⁸³

RECOMMENDED ACTION STEPS

Administrative Agencies

- 8.1 Promote funding for and implementation of best practice school and community-based prevention programs for children and families.

Legislature, Governor and Council

- 8.2 Reconsider the requirement that parents reimburse counties for services provided in child protection, CHINS and delinquency cases.
- 8.3 Raise the age of prosecution for adult offenses back to 18 years.

Individuals, Communities, Schools and Businesses

- 8.4 Invest in the use of community buildings, including school buildings, for all types of positive child and youth activities.

GOAL 9: SUPPORT AND PROTECT YOUTH IN TRANSITION TO ADULTHOOD

FACTS

Homeless and/or State-Involved Youth

- ❑ Between 1996 and 1999, there has been a significant rise in the number of reported homeless youth and children.⁸⁴
- ❑ During a one day count in October 1999, New Hampshire schools reported 200 high school students as homeless and New Hampshire shelters reported 269 youth as homeless.⁸⁵ These numbers are by all accounts underreported: there are likely many more homeless children and youth in New Hampshire.⁸⁶
- ❑ Some of our youth are under the nominal protection of the state. In one statewide program, 50% or more of youth who were homeless or on the verge of homelessness were either the responsibility of the Division for Children, Youth and Families or subject to the jurisdiction of juvenile court.⁸⁷

- ❑ Other homeless youth seek to avoid involvement with the state and/or local law enforcement, and have been known to misrepresent their age to attain shelter at an adult facility, despite the fact that it is illegal and potentially unsafe for a teen to be in an adult shelter.⁸⁸
- ❑ Transitional Living Programs have succeeded in fostering a more successful transition to adulthood by providing hundreds of youth nationally with independent living skills and increased employability and earnings potential.⁸⁹

Disabled Youth

- ❑ At a series of federally mandated focus groups conducted statewide in October of 2000, parents of children with disabilities overwhelmingly indicated that current state services for youth in transition from school to adulthood are inadequate.⁹⁰

RECOMMENDED ACTION STEPS

Legislature, Governor and Council

- 9.1 Authorize the establishment of a Teen Transitional Living program to provide homeless teens with a structured, safe program that will help them successfully make the transition to adulthood.

Individuals, Communities, Schools and Businesses

- 9.2 Work together to create a continuum of voluntary services that respects family rights and cultural differences and provides homeless teens, on a strictly volunteer basis, emergency shelter, case management and longer-term housing and support.
- 9.3 Foster a successful transition to adulthood for youth with disabilities by increasing coordination between governmental agencies, schools and providers.



Economic Security and Well Being

All children will live free of poverty and have safe and affordable housing, sufficient and nutritious food, and other essentials necessary to support their physical, social, emotional, and cognitive development.

GOAL 10: PROMOTE FAMILY ECONOMIC INDEPENDENCE

FACTS

- ❑ Today in New Hampshire, approximately 67,000 children - almost 1 in 4 of our children statewide - live in families with an annual income below 200% of the federal poverty level (approximately \$26,500 for a family of three).⁹¹
- ❑ The New Hampshire average estimated livable wage (i.e., wage needed to meet a family's basic needs) for a single person with two children is \$39,354/year, or \$18.92/hour.⁹²
- ❑ The average annual wage in New Hampshire in 1997 was \$29,291, ranging from a low of \$19,019 in the Colebrook labor market area to \$34,530 on the seacoast.⁹³
- ❑ Two of the three most common occupations in the state (salesperson and cashier) pay a median wage of less than \$6.50/hour (or \$13,520/year).⁹⁴
- ❑ From 1995 to 1999, the monthly gross rental cost for a two bedroom unit has increased in every county in New Hampshire, with an increase of over 20% in the most heavily populated areas of the state.⁹⁵
- ❑ New Hampshire ranks 48th nationally in its lowest fair market rent as a percentage of minimum wage.⁹⁶
- ❑ The average New Hampshire family with children in child care spends 18% of its income on child care. Low income families in New Hampshire spend 25% of their income on child care.⁹⁷
- ❑ New Hampshire companies lose up to \$24 million per year in child care related absenteeism.⁹⁸
- ❑ There is no child care assistance available to families of four earning any more than \$32,395 annually and single parents with one child earning more than \$21,375 annually.⁹⁹
- ❑ The federal earned income tax credit (EITC) provides an average credit of more than \$1,900 to families with children, and covers families with incomes up to \$27,400 or \$31,200 (depending on the number of children in the family).¹⁰⁰ In 1998, New Hampshire taxpayers claimed a total of \$77 million in federal earned income tax credits.¹⁰¹
- ❑ Research indicates the earned income tax credit is successful in (1) increasing employment among single female parents, and (2) lifting children out of poverty. Indeed, the EITC has been found to have greater positive impact on child poverty than any other program or category of programs.¹⁰²

RECOMMENDED ACTION STEPS

Administrative Agencies

- 10.1 Implement a sliding fee scale for child care subsidies that increases eligibility criteria on a scale similar to that of New Hampshire Healthy Kids and that eases parents off subsidy payments on a graduated scale.
- 10.2 Educate eligible families about the federal earned income tax credit which rewards work and helps lift families out of poverty.

Legislature, Governor and Council

- 10.3 Support efforts to raise the minimum wage in New Hampshire so that full time work brings family income above the poverty level.
- 10.4 Appropriate state funds to obtain federal matching funds for the creation of affordable and adequate housing.

GOAL 11: PROTECT AND EXPAND ECONOMIC SAFETY NET FOR CHILDREN AND FAMILIES

FACTS

- ❑ Currently, an eligible single parent with one child in New Hampshire receives \$531/month under Temporary Assistance for Needy Families (TANF) — less than 56% of the federal poverty guidelines.¹⁰³
- ❑ The maximum monthly TANF shelter allowance is \$293,¹⁰⁴ less than a third of the median monthly gross rental cost in NH for a two bedroom unit.¹⁰⁵
- ❑ Of those turning to New Hampshire shelters in 1999, 1,375, or half the total, were children.¹⁰⁶
- ❑ The average monthly transportation cost for a New Hampshire family of four with two working parents is \$403.00, and for a single parent with two children, the monthly average is \$255.¹⁰⁷
- ❑ The New Hampshire Statewide Community Youth Profile cited lack of adequate transportation as one of the most pressing needs faced by families living in New Hampshire.¹⁰⁸
- ❑ Although under federal welfare reform law, a state can transfer up to 30% of its TANF dollars to invest in child care system improvements, New Hampshire is one of only three states nationally that has opted to transfer 0% of its dollars to child care.¹⁰⁹
- ❑ Research shows that post secondary education significantly increases an individual's ability to find employment, retain employment and secure better paying employment.¹¹⁰ Only 4.85% of all TANF recipients in September 2000, were engaged in post secondary education.¹¹¹
- ❑ Part-time workers (those working fewer than 35 hours/week) comprise approximately 19% of the workforce and the vast majority of part time workers are women, teenagers, or adults age 65 or older.¹¹²
- ❑ As of September 2000, the unemployment trust fund in New Hampshire was about \$324 million, making it one of the most solvent trust funds in the country.¹¹³
- ❑ As of March 31, 2000, New Hampshire had \$13 million in unspent federal TANF funds — a full 10% of the total funds awarded from FY 1997 through FY 1999, plus one-half of FY 2000.¹¹⁴

RECOMMENDED ACTION STEPS

Administrative Agencies

- 11.1 Draw down and invest federal TANF surplus funds to support and develop programs of critical interest for low income families, including child care, after school care, housing, job training, post secondary education and transportation.

Legislature, Governor and Council

- 11.2 Support expansion of unemployment insurance coverage to part-time workers.
- 11.3 Support funding of a paid family and medical leave program from reliable and equitable sources.
- 11.4 Support efforts to remove barriers and expand access to post secondary education for lower income residents, including TANF recipients and the working poor.
- 11.5 Appropriate money for the Homeless Prevention Fund to help families retain their housing when faced with a financial emergency.

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NH CAN Partners and Supporters
(continued from front inside cover)

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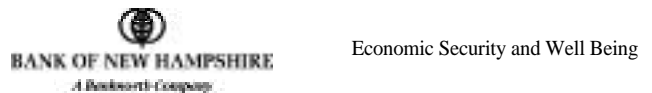
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