



2024 Prenatal-to-3 State Policy Roadmap

CONNECTICUT

prenatal-to-3
policy IMPACT CENTER



VANDERBILT
Peabody College

A Roadmap to Strengthen Your State's Prenatal-to-3 System of Care


Grounded in the science of the developing child and based on comprehensive reviews of the most rigorous evidence available, this Prenatal-to-3 State Policy Roadmap provides 12 evidence-based policy solutions that foster the nurturing environments infants and toddlers need to thrive.

The annual Roadmap includes:

- policy profiles that summarize the research and related impacts on child and family outcomes, and the progress states have made towards full and equitable implementation, and
- state profiles that track implementation of each effective Roadmap policy and strategy, and 18 child and family outcome measures that assess the wellbeing of its infants and toddlers.

Number of Implemented Effective Roadmap Policies by State

4 out of 4	CA	CO	CT	DC	MA	NJ	NY	OR	RI	WA	10 States		
3 out of 4	HI	IL	ME	MD	MI	MT	NE	NM	VT	VA	10 States		
2 out of 4	AK	AZ	AR	DE	IN	IA	MN	MO	NV	OH	SD	11 States	
1 out of 4	FL	ID	KS	KY	LA	NC	NH	ND	OK	PA	UT	WV	12 States
0 out of 4	AL	GA	MS	SC	TN	TX	WI	WY					8 States

 State newly implemented at least one effective policy since October 1, 2023.

Few States Are Doing It All, But Many Are Moving Forward

Three states fully implemented four new Roadmap policies and strategies to strengthen their prenatal-to-3 system of care in the last year – Colorado, Montana, and North Carolina.



pn3policy.org/roadmap/ct

Explore Connecticut's Roadmap

We're here to help. Contact us to inquire about our state services at pn3center@vanderbilt.edu or submit a request for our services online at pn3policy.org/state-services.

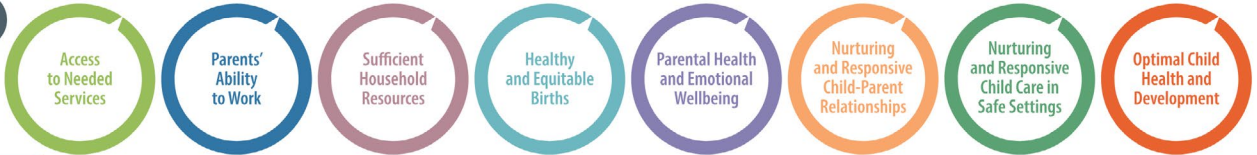
Prenatal-to-3 State Policy Roadmap

Effective policies impact PN-3 goals and research provides clear state legislative or regulatory action. **Effective strategies** impact PN-3 goals, but the research does not yet provide precise guidance for state legislative or regulatory action.

● Policy/strategy is aligned with goal in column
Policy/strategy does not align with goal in column (intentionally blank)

GOALS

To achieve a science-driven PN-3 goal:



POLICIES

Adopt and fully implement the **effective policies** aligned with the goal

	Access to Needed Services	Parents' Ability to Work	Sufficient Household Resources	Healthy and Equitable Births	Parental Health and Emotional Wellbeing	Nurturing and Responsive Child-Parent Relationships	Nurturing and Responsive Child Care in Safe Settings	Optimal Child Health and Development
Expanded Income Eligibility for Health Insurance	●		●	●				●
Paid Family and Medical Leave for Families with a New Child	●	●	●	●	●	●		●
State Minimum Wage of \$10.00 or Greater		●	●	●	●			●
Refundable State Earned Income Tax Credit of at Least 10%		●	●	●				

STRATEGIES

Make substantial progress relative to other states toward implementing the **effective strategies** aligned with the goal

	Access to Needed Services	Parents' Ability to Work	Sufficient Household Resources	Healthy and Equitable Births	Parental Health and Emotional Wellbeing	Nurturing and Responsive Child-Parent Relationships	Nurturing and Responsive Child Care in Safe Settings	Optimal Child Health and Development
Reduced Administrative Burden for SNAP	●							
Comprehensive Screening and Connection Programs	●				●			●
Child Care Subsidies	●	●	●					
Group Prenatal Care	●				●			●
Community-Based Doulas	●			●		●		●
Evidence-Based Home Visiting Programs						●		
Early Head Start		●			●	●	●	●
Early Intervention Services					●			●

OUTCOMES

Measure progress toward achieving the PN-3 goal.









Health Insurance Adequate Prenatal Care Developmental Screenings	Parental Employment	Child Poverty Crowded Housing Food Insecurity	Preterm Births Infant Mortality	Maternal Mental Health Parenting Support	Daily Reading Daily Nurturing Behaviors Parenting Stress	Access to EHS	Breastfeeding Immunizations Child Maltreatment
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Note: More extensive information on each of the eight PN-3 policy goals can be found in the [Prenatal-to-3 Policy Clearinghouse](#).

2024 Connecticut Roadmap Summary

Effective Roadmap Policy

2024 Policy Snapshot

 Expanded Income Eligibility for Health Insurance to 138%	 160% of the FPL	Connecticut has expanded Medicaid eligibility under the Affordable Care Act. Parents earning up to 160% of the FPL are eligible for Medicaid coverage in CT.
 Paid Family and Medical Leave for Families with a New Child	 12 weeks	Connecticut has a paid family and medical leave program that provides up to 12 weeks of benefits.
 State Minimum Wage of \$10.00 or Greater	 \$15.69 per hour	The current state minimum wage in Connecticut is \$15.69 and is adjusted annually for inflation.
 Refundable State Earned Income Tax Credit of at Least 10%	 40% of the federal credit	Connecticut has a refundable state EITC equal to 40% of the federal credit.

 State has adopted and fully implemented the policy  State has newly adopted and fully implemented the policy since October 1, 2023

Effective Roadmap Strategy

2024 Strategy Snapshot

 Reduced Administrative Burden for SNAP	  12-month Certification Period	 Simplified Income Reporting	 Online Case Management
Comprehensive Screening and Connection Programs	  Statewide Goal	 Medicaid Funding	 State Funding
Child Care Subsidies	  Income Eligibility (85% SMI)	 Limit Family Copayments	 Equitable Reimbursement Rates
Group Prenatal Care	  Enhanced Medicaid Reimbursement Rate	 State Funding	
Community-Based Doulas	  Medicaid Coverage	 Fund Training and Credentialing	
Evidence-Based Home Visiting Programs	  Medicaid Funding		
 Early Head Start	  State Support		
Early Intervention Services	  Very Low Birthweight Qualification	 At-Risk Qualification	 Eliminate Family Fees

 State implemented all key policy levers  State has met criteria for the lever since October 1, 2023  State has met the criteria for the lever  State has not met the criteria for the lever

Prenatal-to-3 Outcomes to Measure Impact



Data marked with a * should be interpreted with caution. For additional information regarding calculation details, data quality, and source data please refer to Methods and Sources.