



Our Mission



The Bridgeport Child Advocacy Coalition (BCAC) is a coalition of organizations, parents, and other concerned individuals committed to improving the well-being of Bridgeport's children and families through research, education, advocacy, and mobilization. Our coalition is grassroots and independent, diverse and motivated. Together, we advocate for policy and systems change that will clear a path to a better future, particularly for Bridgeport's most vulnerable and marginalized children and families.

On July 1, 2019, BCAC and RYASAP (Regional Youth Adult Social Action Partnership) forged a new partnership in which BCAC is now working under the RYASAP umbrella. Established in 1985 and serving the Greater Bridgeport region, RYASAP works to ensure the safe and healthy development of youth, young adults, and families by actively engaging organizations, public officials, and community leaders around issues that matter most to the community.



Executive Summary

Over the past decade, Bridgeport's youth and families have faced many challenges and achieved many successes: a story of both struggle and hope. As we reflect on the past ten years, we must take time to learn from what has worked and consistently iterate for increased impact to benefit Bridgeport children. On this note, we are happy to report that in July 2019, the Bridgeport Child Advocacy Coalition (BCAC) joined the Regional Youth Adult Social Action Partnership (RYASAP). This collaboration adds strength-to-strength and gives us the opportunity to align advocacy, capacity-building and direct services to lift up our young people.

And now, the State of the Child in Bridgeport report enters its 34th printing. Some themes have remained constant and others have evolved. It remains a losing battle to raise a family on a minimum wage in Bridgeport as it results in a deficit greater than a single-parent's annual salary. Even with the phased wage increases passed by Connecticut's legislature in 2019, the challenge to merely exist for single parents is nearly insurmountable. Too many families are struggling to make an honest living working multiple jobs while sacrificing that time dedicated to being together. To compound this issue, the fastest growing occupations do not align with Bridgeport's employment opportunities. The barriers are not just economic as infant mortality rates for African American women are disturbingly high and disproportionate to that of other races. One out of every three children in Bridgeport is still living in poverty. We cannot accept these statistics as life as we know it.

Signs of progress and momentum continue to emerge as Bridgeport's schools and nonprofits continue to do more with less. The graduation rate has risen to its highest level in a decade and chronic absenteeism rates are trending down in our high schools. Both in-school and out-of-school suspension rates are on the decline. Smarter Balanced Assessment scores at levels 3 & 4 continue to increase and outpace the state's average increases and college enrollment in years one and two after graduation is improving. Social and emotional learning is taking root and making a significant positive impact on our students and their families as well as our educators. We are seeing an increased sense of belonging to the school community and an increase in academic engagement. School environments are improving with the development of a new Harding High School building and the plans for a new Bassick High School are on the horizon.

These achievements serve as a source of inspiration and the challenges serve as a source of focus reminding us how far we have come and a reminder of how far we have to go. We hope you utilize the 2019 State of the Child in Bridgeport report to continue on this journey of uncovering what is amazing in all of our children.

We have work to do.


Marc Donald
 Executive Director


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 Public Policy & Research Analyst

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TOTAL
BRIDGEPORT
CHILDREN

33,983

TOTAL
BRIDGEPORT
POPULATION

144,898



CHILDREN
AS PERCENT
OF TOTAL
POPULATION

23.4



Bridgeport's Children and Youth

20,572

NUMBER OF
STUDENTS IN
BRIDGEPORT
PUBLIC SCHOOLS

Age Composition

AGE	POPULATION
UNDER AGE 3	4,714
AGES 3-4	3,935
AGES 5-8	7,744
AGES 9-11	6,217
12-14 YEARS	4,664
15-17 YEARS	6,652
18-19 YEARS	5,516
20-24 YEARS	13,154

Source: U.S. Census Bureau, 2018 American Community Survey¹



Racial and Ethnic Composition

RACE	UNDER 18	18-24
AFRICAN AMERICAN	35.8%	32.3%
ASIAN	1.7%	5.8%
HISPANIC	46.4%	33.1%
MULTIRACIAL	7.9%	4.9%
WHITE	8.2%	23.9%

Source: U.S. Census Bureau, American Community Survey average 2014-2018

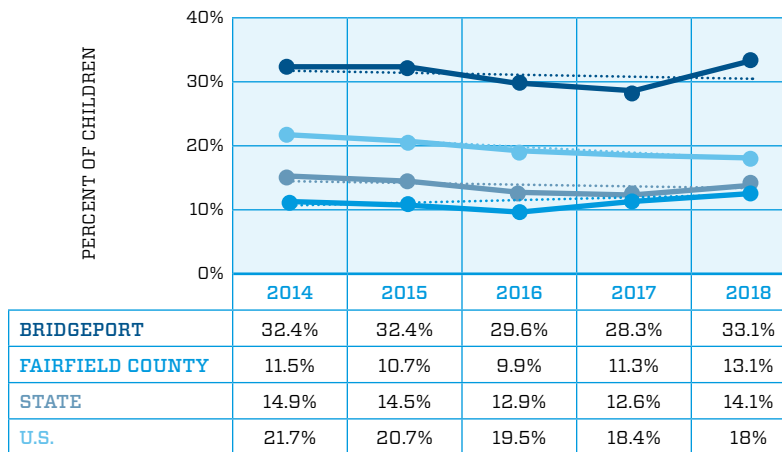
Poverty

Children and families living in high concentrations of poverty often face devastating toxic stressors and a lack of opportunity more than their wealthier counterparts experience. Children exposed to environments rife with poverty grapple with negative impacts on their cognition, emotion, and self-regulatory learning skills. Although every child handles growing up in poverty differently, the adverse impact on development is scientifically proven to cause effects from neurological problems to continued low socio-economic status throughout their lifespan. Exposure to poverty breeds stress and insecurity in the home environment, causing children to be susceptible to depression, academic deficits, and more likely to engage in behavioral transgressions. The future of our families, communities, and nation belong to all children; however, their success and ability to be a productive contributor in society are compromised through long term exposure to poverty. To achieve equitability of income and step out of poverty in Bridgeport, it will take collated efforts of micro and macro engagement in grassroots organizing and advocacy with policy and systems change.

In 2018, Bridgeport's child poverty rate increased 16.9%, ending its seven year long decline since 2011. Out of the 33,983 children living in Bridgeport, more than one of every three continue to live in poverty. Bridgeport's child poverty rate is more than double Fairfield County and Connecticut, and still surpasses that of the United States' 18%.

Bridgeport Rate of Child Poverty Spikes; Fairfield County and Connecticut also Record Increases

PERCENT OF CHILDREN LIVING BELOW THE FEDERAL POVERTY LEVEL, 2014-2018



Fairfield County and Connecticut both recorded child poverty increases, 15.9% and 11.9% respectively. Collectively, 24.2% of Bridgeport's population lives under the FPL (an 18.6% increase from 2017), compared to a statewide (increased) rate of 10.4%.



11.5 %

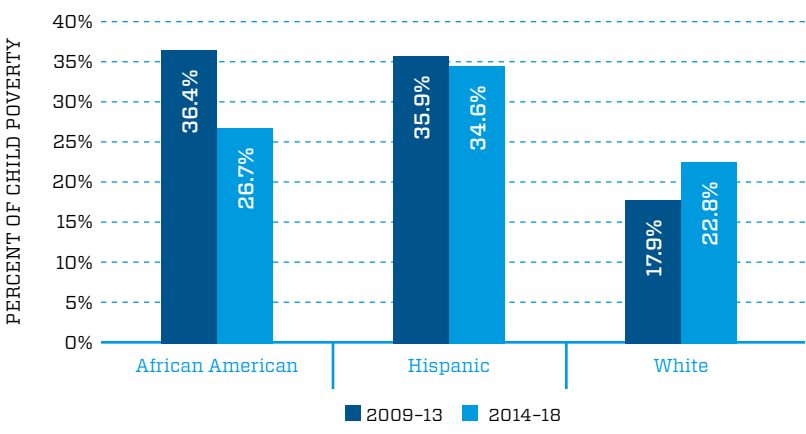
OF BRIDGEPORT HOUSEHOLDS DO NOT OWN A COMPUTER

AND

14.4 %

DO NOT HAVE INTERNET ACCESS

Poverty Declines for Children of Color



BRIDGEPORT CHILD POVERTY, BY RACE, 5 YEAR AVERAGES

31.2% of Bridgeport children living under the FPL are under 5 years old. The average rate of child poverty from 2014-18 in Bridgeport was 26.7% of African American children, 34.6% of Hispanic children, and 22.8% of white children. Although the rate of African American and Hispanic children in poverty has declined since 2009, both populations continue to outnumber the percentage of white children under the FPL.

In Bridgeport, the estimated living wage for a family of three is \$35.14 per hour, more than triple Connecticut's minimum wage pay. An adult (working full-time) with two children would need to make \$73,084 in annual income before taxes to pay for the expenses of housing, food, child care, medical costs, and transportation.ⁱⁱ

In May 2019, the Connecticut General Assembly voted to increase the state minimum wage to \$15 an hour over the next several years. As of October 1, 2019, Connecticut's minimum wage increased to \$11. The next wage increase will be \$12 an hour on September 1, 2020. The federal minimum wage, \$7.25, has not increased since 2009.

Bridgeport Left Behind as Fairfield County and Connecticut's Median Family Income Increases

	2014	2015	2016	2017	2018
BRIDGEPORT	\$48,388	\$45,244	\$51,010	\$52,768	\$51,769
FAIRFIELD COUNTY	\$104,987	\$105,514	\$111,950	\$112,574	\$115,811
STATE	\$88,819	\$91,388	\$94,449	\$93,870	\$98,100

Bridgeport's median family income decreased 1.8% from 2017 to 2018 while Fairfield County's increased 2.8% and Connecticut's 4.5%. Over a five-year time-span, Bridgeport recorded the lowest increase in median family income (6.9%) compared to Fairfield County (10.3%) and Connecticut overall (10.4%).

ANNUAL EXPENSES FOR ONE ADULT AND TWO CHILDREN

BASED ON A SALARY* OF \$22,880

MINUS FIXED ANNUAL EXPENSES

HOUSING -\$19,651	FOOD -\$7,715	TRANSPORT -\$8,341	CHILD CARE -\$13,904
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HOUSEHOLD DEFICIT: -\$26,731



*Salary based on working full-time at minimum wage, before taxes. Calculated for the Bridgeport-Stamford-Norwalk metro area.



CHILD HUNGER

As of November 2019, there were 128,517 children statewide enrolled in the Supplemental Nutritional Assistance Program or SNAP (formerly known as food stamps). Of those children, 12,176 lived in Bridgeport.

An estimated 13.4% (29,400) of Fairfield County children suffered from food insecurity in 2017 compared to 15.5% of children statewide. In 2017, 9.4% of Fairfield County residents were food insecure.ⁱⁱⁱ Food insecurity is defined as the inability to afford or access enough food for an active, healthy lifestyle. 12.4% of Connecticut households were food insecure from 2016-18 with another 4.2% reporting very low food security.^{iv}

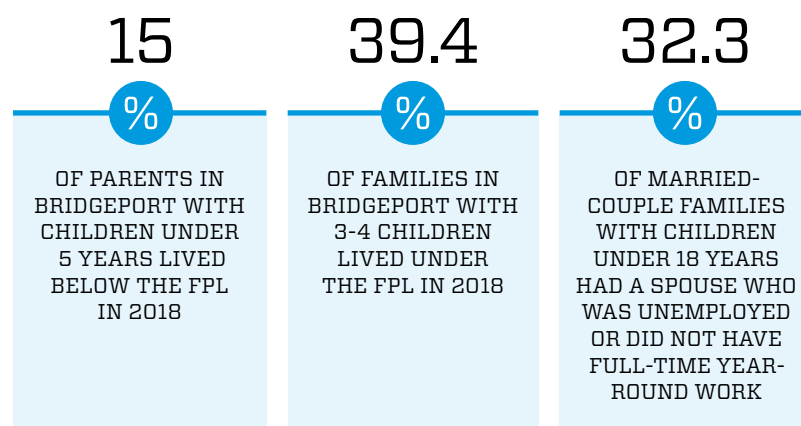
From 2012-16, 37.6% of Bridgeport residents reported feeling worried or stressed about having enough money to purchase nutritious meals.^v

In December 2019, the United States Department of Agriculture formalized new work requirements for recipients of SNAP. In April 2020, SNAP recipients can only receive benefits for three months out of every 36-month period unless they are working or participating in training programs for a minimum of 20 hours a week. Historically, states have been able to create waivers for areas that face high unemployment, but this new rule would limit states from waiving those standards. In Connecticut, 1 in 10 people receive SNAP benefits. In Bridgeport, this will affect thousands of individuals and families.

FAMILY STATUS

In 2018, 41.6% of Bridgeport residents' place of birth were reportedly outside of the United States (including Puerto Rico and U.S. island areas). 38.5% of Bridgeport's foreign-born population are naturalized U.S. citizens.

In 2018, 48.4% of Bridgeport children under the age of 18 lived in single-parent families (37.3% with a single mother and 11.1% with a single father), compared to 32.8% of children statewide (24.5% with a single mother and 8.3% with a single father). Over the last 5 years, the number of married-couple family households in Bridgeport decreased 2.8%.



In 2018, 44.3% of single female-headed households with children under the age of 18 in Bridgeport lived in poverty (increasing 38.8% since 2017), compared to 11% of families under the FPL with children under the age of 18 headed by married couples.

In 2018, 1,180 Bridgeport children were cared for by a grandparent, a 35% decrease from the 1,817 children recorded in 2017. In cases of grandparents raising grandchildren, 41% of parents were reportedly not present.

Voter Engagement in Bridgeport

Suppression, Significance and Opportunity

For two years, Bridgeport advocates made concerted efforts to increase voter turnout and break down voter suppression. Voter suppression, strategies intended to influence the outcome of elections by discouraging or preventing specific groups of people from voting, presents itself in many different forms. Examples of voter suppression in Connecticut are:

- Felony Disenfranchisement = losing the right to vote when convicted of a felony.
- Limited Early Voting = Election Day is held during weekdays when it is difficult for working individuals and families to fit going to the polls into their schedules, and polls are only open until 8pm.
- Gerrymandering = electoral district lines created in a way that favors one political party over another party.

Voter suppression is almost always targeted at preventing communities of color, the working class, and low-income individuals from casting their ballot. Combined with misinformation about polling locations, candidates running for election, deadlines and more, voter turnout rates in the United States are notoriously low, most especially during municipal elections.

What's the significance behind municipal elections?

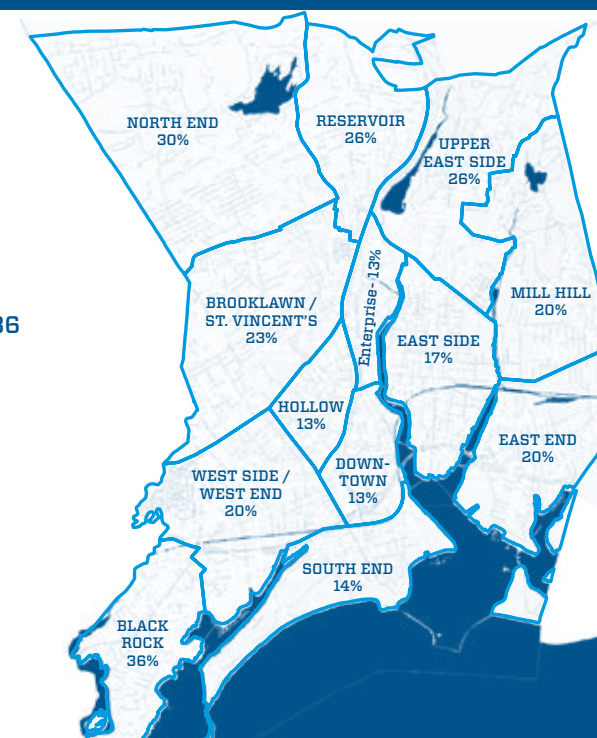
Elections for local government positions such as the board of education or city council impact communities greatly, yet they consistently garner the lowest voter turnout. Locally elected officials affect nearly every aspect of everyday life including: policing and public safety, the educational and environmental quality of schools, public transportation, job training programs, and more. Municipal elections are Bridgeport residents' greatest chance at making impactful changes to the city's structure and management.

Although Bridgeport's voter turnout rate for the 2019 municipal election was the second lowest in Fairfield County, Bridgeport increased the number of residents casting their ballot from 9.8% in 2017 to 21.9% in 2019, an increase of 123%.

2019 MUNICIPAL ELECTION VOTER TURNOUT BY NEIGHBORHOOD

Municipal Election Voter Turnout Results, 2019:

- Bridgeport Eligible Voters: 74,554
- Bridgeport Registered Voters: 16,386
- Bridgeport Voter Turnout: 21.9%
- Fairfield Voter Turnout: 45.8%
- Westport Voter Turnout: 39.4%
- Statewide Voter Turnout: 33.5%



Economic Insecurity

Economic security goes beyond stable employment, affordable housing, and access to dependable transportation; although, they are all stressors of economic insecurity. Economic security is a human right that is out of reach for many in the Bridgeport community. When accounting for housing, child care, food, transportation, and health care in Connecticut, a household's minimum spending budget has increased by 16% for a single household and 23% for a family of four from 2010 to 2016. Increased daily living costs account for an astonishingly high percentage of the average household income in Bridgeport; a family of four's household expenses are 77% of a two parent income before taxes. The high need for public assistance and equitable income in Bridgeport in comparison to that of the more affluent households in Fairfield County is a systemic policy issue. Political awareness, in part, makes it possible for us to address economic instability and the unequal rates of need for state assistance and living wage pay in order to function optimally. Economic instability is a barrier to progress and fuels multi-generational poverty.

39.4



OF BRIDGEPORT HOUSEHOLDS RELY ON SOME SORT OF PUBLIC ASSISTANCE, COMPARED TO

13.3



OF FAIRFIELD COUNTY HOUSEHOLDS

HOUSING

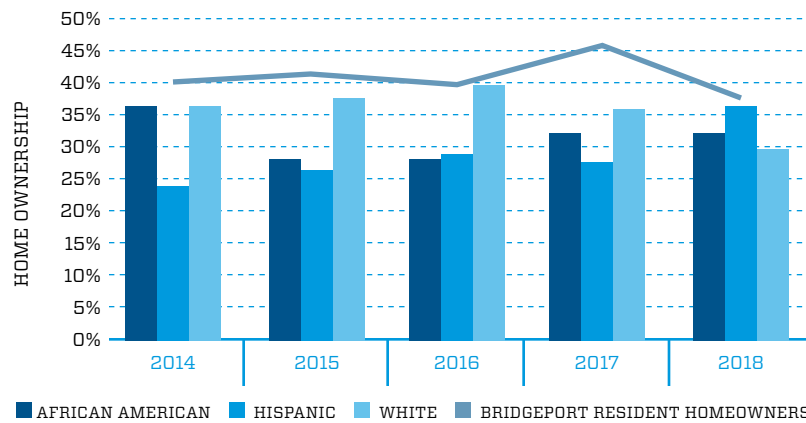
In 2019, the fair market rent (FMR)^{vi} for a two-bedroom apartment in Greater Bridgeport was \$1,293 a month, an increase of 0.7% since 2015 but a 6.5% increase since 2009.

The 2019 FMR in Bridgeport was 67.8% of what a parent working 40 hours a week at minimum wage (\$11/hour) earned before taxes (\$1,906 a month). The established standard for housing affordability is that individuals should not spend more than 30% of their income on housing.

There are 2,122 public housing units in Bridgeport, of which 1,884 (88.7%) are two bedrooms or more. As of January 2020, there were 665 families on the waiting list for public housing in Bridgeport.

As of January 2020, there were 2,775 Bridgeport individuals and families utilizing Housing Choice Vouchers (otherwise known as Section 8 rental assistance vouchers), with 2,692 individuals and families on the waiting list.

Home Ownership in Bridgeport on the Decline



Only 37.8% of Bridgeport residents own homes, compared to 62.1% who rent. Of the homeowners in 2018, 32.5% were African American, 36.6% were Hispanic, and 29.9% were white. From 2014-18, home ownership increased 45.7% for Hispanics and decreased by 14.6% for African Americans and 21.4% for white home owners.

HOMELESSNESS

In 2019, 139 children reportedly spent time in a Bridgeport emergency shelter or transitional housing.^{vii} Of these children, 84.8% were under the age of 13 years old. Statewide, 1,602 children stayed in an emergency shelter or transitional housing in 2019, 83.4% of which were under 13 years old.

Out of the 139 children who spent time in a Bridgeport emergency shelter or transitional housing, 59.7% were African American, 46% were Hispanic, and 36.6% were white.

68 Bridgeport families with children were without a home in 2019.

During CT's 2019 Point-in-Time (PIT) count, an annual single night census in January of people experiencing homelessness, 21 Bridgeport youth aged 14-17 were found homeless and 202 unstably housed 14-17 year olds. Bridgeport is the third highest ranking city or town in CT with youth who were counted during the PIT Count as absent of stable housing.^{viii}

In 2016, Bridgeport was ranked 39th out of 100 for evictions in large cities in the United States at 5%, or 4.3 evictions per day. Out of those evicted, 33.1% were African American, 39.3% were Hispanic, and 21.2% were white.^{ix}

EMPLOYMENT

Fastest Growing Workforce Occupations in CT, 2016-26*	CT Employment Growth Projections, 2016-26
Architecture and Engineering Occupations	16%
Community and Social Service Occupations	11%
Computer and Mathematical Occupations	13%
Healthcare Support Occupations	12.3%
Personal Care and Service Occupations	13.6%

FIGURE 1

Top 5 Industries Most Populated by Bridgeport Residents, 2018	Percent of Bridgeport Residents in those Industries, 2018	CT Industry Growth Projections, 2016-26
Arts, Entertainment, and Recreation, and Accommodation and Food Services	13.1%	9.6%
Construction	9.3%	7.1%
Educational Services, and Health Care and Social Assistance	25.5%	10.5%
Manufacturing	9%	6.5%
Retail Trade	12.9%	0.3%

FIGURE 2

CT's fastest growing occupations only share slight commonalities with Bridgeport residents' most populated industries (Figures 2-1).

The unemployment rate in Bridgeport decreased from an annual average of 6% in 2018 to 5.4% in 2019. Bridgeport continues to have the highest unemployment rate in Fairfield County and in 2019 was ranked third in the state for those out of work or unable to find a job.



MORE THAN

1
IN
3

CHILDREN IN BRIDGEPORT LIVE IN POVERTY



In 2018, the unemployment rate for Bridgeport youth ages 16-19 who were looking for work was 22.2%, a 38.1% decrease from 2017 and a 32.1% decrease since 2014 (32.7%). The percentage of unemployed youth in Bridgeport remains higher than the state overall (17.9%). However, for the first time in almost a decade, it is nearly the same rate as Fairfield County's (22%).

From 2014-18, 8.1% of Bridgeport youth were reportedly not enrolled in school, employed nor in the labor force compared to 5.1% of youth statewide reportedly not enrolled in school, employed nor in the labor force.

Only 1.8% of Bridgeport residents were recorded to be incorporated business owners in 2018, compared to 4.8% of Fairfield County business residents; a 21.7% decrease since 2017.

GEOGRAPHICAL MOBILITY AND TRANSPORTATION

In 2018, 11.9% of Bridgeport residents moved in and out of Bridgeport but stayed within Fairfield County compared to 9.5% in 2017. 19% of those who moved but stayed within Fairfield County had a graduate degree or higher, and 29.4% of them earned over \$50,000. 2.1% of Bridgeport residents in 2018 moved to Bridgeport from another country, and 4.5% moved from another state in the U.S.

In 2018, 18.1% of occupied households in Bridgeport did not have a car (a 5.7% decrease from 2017), compared to 7.3% in Fairfield County and 8.6% statewide. 15.1% of Bridgeport residents carpooled to work, while 8.6% used public transportation.

An estimated 43.9% of Bridgeport workers using public transportation were living under 149% of the FPL in 2018, compared to 22.8% in 2017. 8.9% of Bridgeport residents work outside of Fairfield County and 8.5% travel outside of Connecticut for work.

THE LARGER IMPACT OF ECONOMIC INSECURITY



Beyond poverty, economic insecurity is the risk that working individuals and families face when met with unpredictable experiences that threaten livelihood. These risks are inherently financial, but often exacerbate and affect a family's emotional, mental, behavioral, and physical well-being. Consider:

- Changing trends in employment industries: CT's fastest growing occupational predictions for 2016-26 only share slight commonalities with Bridgeport residents' most populated industries.
- Unaffordable housing: a two-bedroom apartment in greater Bridgeport is nearly 70% of a full-time income before taxes.
- Slipping into poverty can feel inevitable: a Bridgeport resident working full-time with more than one child can easily accrue thousands of dollars of debt just trying to cover basic expenses.

Each of these economic considerations has the potential to make or break a household. Economic insecurity in Bridgeport means more than zero dollars in the bank.

Early Childhood Development, Education & Child Care

Birth to five are the most essential and impactful years for cognitive and social development in a child's life, yet not all children are afforded the level of care, attention, and opportunities required for optimal development. Full-time infant or toddler care in Connecticut costs over \$15,000 annually, or 30% of a Bridgeport household's median family income compared to 13% of a Fairfield County household's median family income. Less than 50% of Bridgeport kindergarteners were enrolled in pre-kindergarten, compared to over 90% of Fairfield kindergarteners. Parents are children's first teachers, however when parents are too busy working and providing to foster all of a child's cognitive, behavioral, and developmental needs, adequate early childhood education and developmental inequities can be nearly impossible to overcome. Economic deprivation in early childhood erodes school readiness and academic success throughout ongoing years of development. Unfortunately, there remains large disparities between parents of Bridgeport to those in overall Fairfield County who are able to afford early childhood educational programs, and high-quality developmental care. Affordable, high quality care and educational programs for our youngest leave them better prepared to contribute to and become members of a global economy.

CHILD CARE CAPACITY AND NEED

In 2018, there were 15.6 child care spaces per 100 children under the age of 3 in Bridgeport, compared to 18.5 spaces per 100 children under the age of 3 statewide. For the 5,470 Bridgeport children ages 3-5 in 2018, there were 68 nursery school capacity slots to serve them, with one vacancy.

In 2018, 59.5% of children under the age of 6 and 72.5% of children ages 6-17 lived in families in which both parents were in the labor force.

Out of the 615 Bridgeport children referred to the Connecticut Birth to Three System in FY 2018, 63.5% were actually served.^{xi}

There are 6,912 families in Bridgeport with children ages birth-four. The four Bridgeport family resource centers serving these families closed in 2017 due to a lack of state funding and as of January 2020, three have re-opened.



CHILD CARE COSTS & QUALITY

In 2019, the average cost for full-time licensed child care for infants and toddlers was \$303 per week at a daycare center and \$218 per week at a family daycare. For preschool-aged children, the average cost per week was \$248 per week at a full-time daycare center and \$206 at a family daycare.^{xii}

In 2018, Connecticut was ranked 20th nationally for the least affordable center-based infant care (up 1 spot from 2017 and 6 spots from 2016) and 24th for least affordable family child care for infants (up 5 spots from 2017). For single parent households, Connecticut holds the 13th spot in unaffordability of center-based care for infants to school-aged children (stationary in ranking since 2017).^{xiii}

Since the November 2017 reopening to all applicants, children enrolled in Care4Kids, Connecticut's child care subsidy program, increased 19.4% as of October 2019. From 2018 to 2019, Bridgeport lost 4.7% of its infant and toddler Care4Kids enrollment.

2,019 children attend Bridgeport child care centers or preschool programs accredited by the National Association for the Education of Young Children (NAEYC) or its equivalent. Out of the 47 Bridgeport child daycare centers and group daycare homes licensed by the state of Connecticut, only 12 are NAEYC accredited. Approximately 1,000 Bridgeport children attend programs that meet standards established by Head Start.



IN 2018-19

38

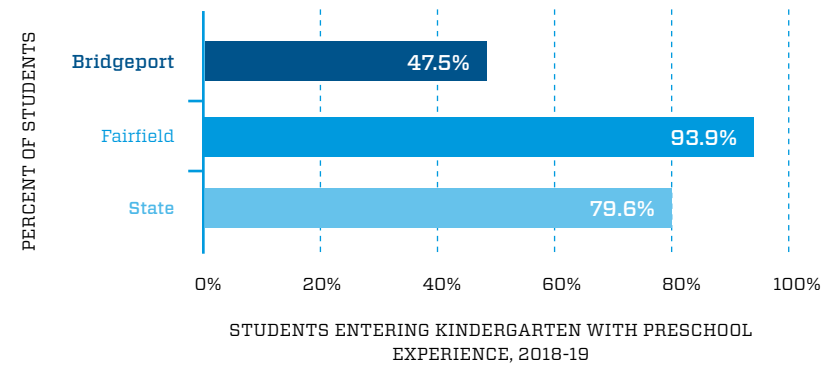
%

OF BPS
KINDERGARTENERS
AND 1ST GRADERS
WERE CHRONICALLY
ABSENT

EARLY CHILDHOOD EDUCATION AND DEVELOPMENT

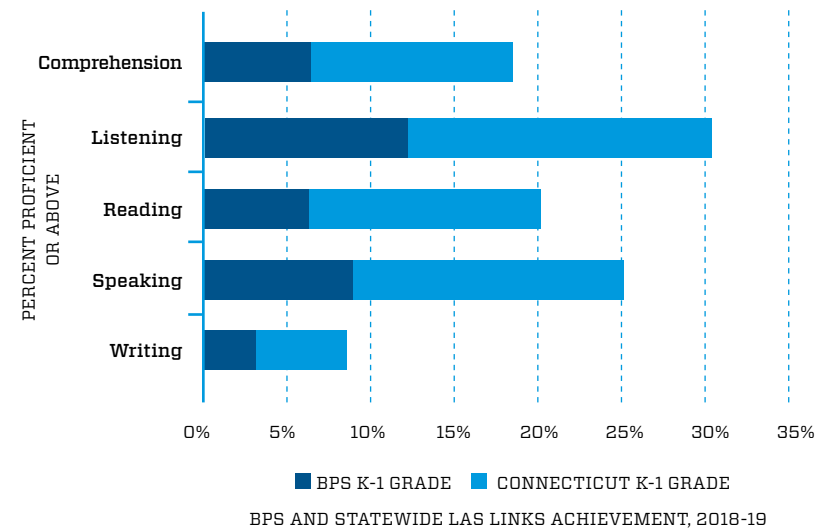
From 1986 to 2019, the highest percentage of monies allocated to early childhood care and education from the state's General Fund was 1.7% in 1999 and 2002. In 2019, 1.2% of Connecticut's General Fund was spent on early child care and education.

Bridgeport Kindergarteners with Preschool Experience is Far Below Fairfield Public School Rates



Bridgeport Public School (BPS) kindergarteners who have had the experience of preschool moves farther away from Fairfield and Connecticut public school rates, from 74.8% in 2017-18 to 47.5% in 2018-19.

BPS and Statewide Students in Grades K-1 Annual English Proficiency Assessment



In 2019, BPS English Language Learners (ELL) in kindergarten and 1st grade scored lower in all Language Assessment Scales (LAS) Links composites than ELL students statewide.

IN
2017,
CONNECTICUT
YOUTH WITH
3 OR MORE ACES*
WERE FOUND TO
HAVE NOTABLY
HIGH RATES OF^{xiv}:

LOW EDUCATIONAL ATTAINMENT: 11.2% OF BRIDGEPORT YOUTH AGES 18-24 DID NOT GRADUATE HIGH SCHOOL.

UNEMPLOYMENT: 22% OF BRIDGEPORT YOUTH ARE UNEMPLOYED, THE SECOND HIGHEST RATE IN FAIRFIELD COUNTY.

FOOD INSECURITY: 37.6% OF BRIDGEPORT RESIDENTS ARE WORRIED ABOUT HAVING ENOUGH MONEY TO PURCHASE NUTRITIOUS MEALS.

TRAUMA-FOCUSED TREATMENTS: ACES ARE SEVERELY STRESSFUL OR TRAUMATIC EVENTS THAT AFFECT YOUTH BEFORE THE AGE OF 18 AND CAN HAVE ENDURING NEGATIVE CONSEQUENCES ON OVERALL HEALTH AND WELL-BEING. EARLY DETECTION AND EVIDENCE-BASED TREATMENTS HAVE BEEN PROVEN TO HELP MITIGATE THE EFFECTS OF ACES. CURRENTLY, BRIDGEPORT IS UTILIZING THE FOLLOWING TREATMENTS: TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY (TF-CBT), COGNITIVE BEHAVIORAL INTERVENTION FOR TRAUMA IN SCHOOLS (CBITS), AND CHILD AND FAMILY TRAUMATIC STRESS INTERVENTION (CFTSI).

*Adverse Childhood Experiences (ACEs)

THE LARGER IMPACT OF INADEQUATE EARLY CHILDHOOD CARE AND EDUCATIONAL EXPERIENCES



Beyond preparation for grade school, early childhood care and education is the holistic foundation for aiding in a child's social, emotional, cognitive, behavioral, regulatory, and moral development in order to build a robust basis for lifelong learning and well-being. The inadequate development or absence of any of those measurements of early childhood well-being can have irreversible lifelong consequences. The high cost of early childhood care prevents children in households that cannot afford the care from experiencing quality and stimulating programs and activities with licensed caregivers able to teach multiple forms of learning. Children who are not exposed to critical developmental teachings such as how to effectively communicate and manage emotions, promoting a sense of self-worth, or how to take positive risks are ill-prepared when these situations arise that require these skills. Consider:

- Single parents in Bridgeport pay up to 55.8% of their income for center-based infant child care.
- Children who are exposed to poor-quality early childhood care environments are more likely to have unmet socio-emotional needs, be less prepared to meet the demands of K-12 education, and suffer from lasting educational and economic deficiencies.
- Economists have estimated that long-term investments in high quality early childhood care and development have a rate of return as high as 16%, particularly for children in marginalized families.^{xv}

By focusing on ways to make high quality child care more affordable, and ensure that young children are receiving equitable, holistic educational services that will prepare them for 21st century classrooms, we progress towards lifelong developmental success.

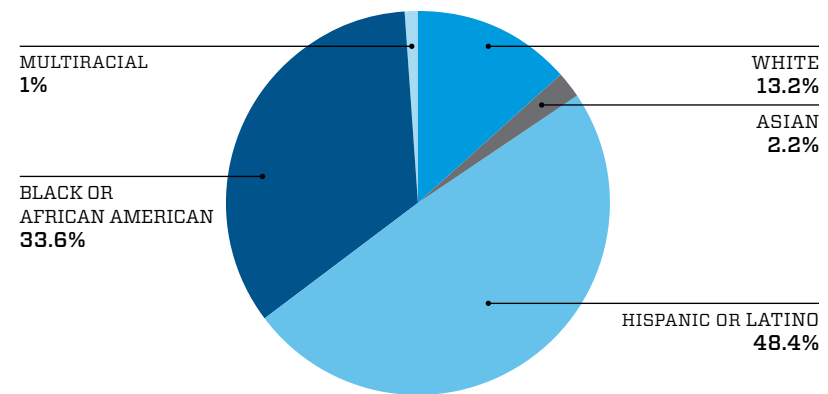
Education

Education is the basis for a more promising future for youth entering into young adulthood; not just for academic purposes but serving as the starting point for establishing healthy social, emotional, and cognitive guidelines for development. Bridgeport, however, continues to grapple with inadequate funding resources, high turnover of faculty and staff, and students growing up in poverty and violence. With over 70 languages spoken in the Bridgeport community, it is nearly impossible to provide all students and caregivers with the most suitable resources. Underfunded by tens of millions of dollars and an inadequate number of faculty prevents Bridgeport students from reaching their maximum potential in learning and shortchanges our Bridgeport students and educators. To create a more equal opportunity for the diverse community of Bridgeport, it is vital for stakeholders (parents, students, educators and school staff, and community advocates) to be present and vocal locally and at the state level.

BRIDGEPORT PUBLIC SCHOOL STUDENT PROFILE

As of December 1, 2019, there were 20,572 students in the Bridgeport Public School District.^{xvi}

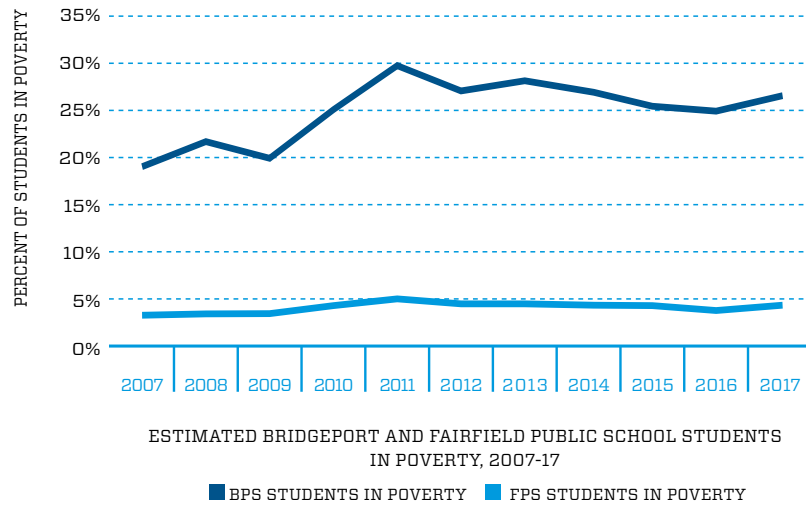
Racial and Ethnic Composition of Bridgeport Schools, 2018-19



During the 2018-19 school year, 100% of Bridgeport Public School students were eligible for free or reduced-priced breakfast and lunch, compared to 42.1% of students statewide. Free or reduced-priced school meals are given to students living in families who earn less than 185% of the FPL (\$38,443 for a family of three in 2018), though not all families in Bridgeport earn less than this percentage.

During the 2018-19 school year, 17.6% of Bridgeport students (3,630) were not fluent in English, compared to 7.6% of students statewide. Bilingual education is provided in Spanish, Portuguese, and Haitian Creole for all students and English as a second language (ESL) services are available for all other languages. There are currently 70 languages spoken by students in Bridgeport public schools.

BPS Students Remain in Poverty Across a Decade



From 2007-17, BPS students in families below the FPL grew by 41.4%. The Fairfield Public School District had a sustained 10 year 4.3% average of students belonging to households below the FPL compared to the BPS District's 10 year average of 27.5% of students in households below the FPL.

Breakout of Special Education Students in Bridgeport by Category, 2018-19

AUTISM	8.7%
EMOTIONAL DISTURBANCE	7%
INTELLECTUAL DISABILITY	5%
LEARNING DISABILITY	44.5%
OTHER DISABILITIES	9.6%
OTHER HEALTH IMPAIRMENT	18.1%
SPEECH / LANGUAGE IMPAIRMENTS	7.1%

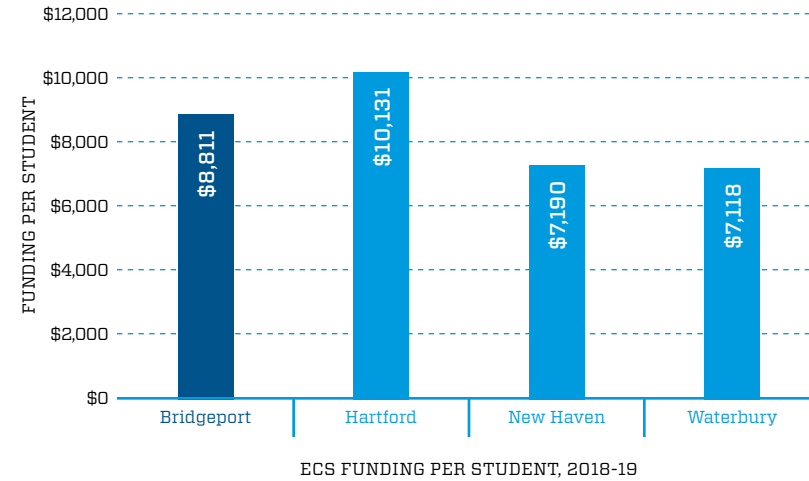
17.5% of Bridgeport students (3,602) received special education services in 2018-19, compared to 15.4% statewide (81,758). From 2015-19, the rate of BPS special education students has increased by 15.6% while special education spending per student has decreased 2%.

Over the 2018-19 school year, 229 students with special education needs were placed out-of-district, a 31% decrease from 2017-18.

THE CITY OF
BRIDGEPORT
SPENDS
\$3,213
PER STUDENT

COMPARED TO
FAIRFIELD'S
\$15,551
PER STUDENT

State Education Cost Sharing (ECS) Dollars Across Connecticut's Largest Cities



Since 2015, the BPS District has lost more than an estimated 50 million dollars in funding due to increased appropriation cuts by the City of Bridgeport resulting in over 200 lost staff positions (including aides, literacy coaches, and interventionists), diversionary programs, and recreational programs. Over the last decade (2009-19), statewide appropriations for K-12 education has decreased 11.3%.

In the 2018-19 school year, out of 1,672 BPS teachers, 73.6% were white, 11% Hispanic, 12.6% African American, 2.2% Asian, and .5% were of Native American descent. In the BPS District, there are 2.5 minority educators for every 100 minority students. Across 39 schools, the BPS District employed 106 full-time counselors, social workers, and school psychologists, 67 paraprofessional instructional assistants, and 253 special education paraprofessional instructional assistants.





BPS SECURITY GUARD GOES ABOVE AND BEYOND

When Harry Bell thinks of Bridgeport, he thinks of home and family. Most of all, he thinks of a better future for youth in Bridgeport. Harry grew up in Bridgeport and experienced firsthand the lack of supports and resources available to many young people. Harry has had a passion for community outreach work from early on – acting as a basketball coach at a young age, starting the first rugby team to coordinating toy and coat drives. As a security guard at James J. Curiale School, Mr. Bell has spent countless hours mentoring and caring for students. Often times, security guards are the first responders to fights and bullying situations. In addition to that work, Bell is an Outreach Worker with StreetSafe Bridgeport, a RYASAP program that provides a way for our young people to move away from the violence and move toward safe, healthy and productive futures. StreetSafe Outreach Workers are dedicated to developing face to face, consistent connections to proven at-risk youth in order to interrupt conflict and guide them toward resources such as jobs, housing, mental health, and educational opportunities. Through his personal and professional experience, Harry Bell understands the importance of mentoring, empathy and kindness and developed “*The Color of Positive Thought*” mentoring program. With the BPS’s Social & Emotional Learning Initiative and, integrating the Color of Positive Thought, The RULER Approach and Restorative Practices to the District, Bell knows the importance of transforming our schools from a punitive environment to a more restorative climate resulting in the reduction of out-of-school and in-school suspensions as well as chronic absenteeism. Bell is that familiar face who prides himself on building positive relationships with our youth giving them an outlet to express themselves. Bell understands that education is critically important but positive mental and behavioral health can be a catalyst for better learning and brighter futures for our kids and their families here in Bridgeport.

SOCIAL AND EMOTIONAL CLIMATE

Since the Social and Emotional Learning Initiative has been introduced and integrated into the Bridgeport public schools over the past several years, BPS students surveyed in 2019 reported positive perceptions in the below categories^{xvii}:

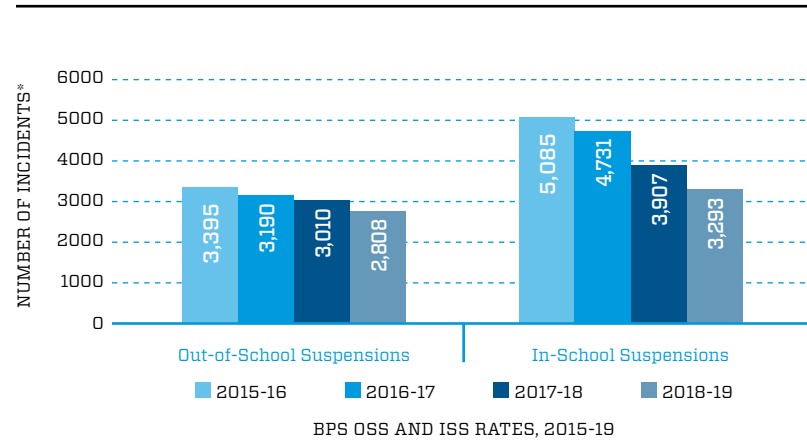
3-5th Graders	6-8th Graders	9-12th Graders
Academic Engagement Emotional engagement and active involvement in classroom activities		
83%*	85%*	82%*
Personal Safety Physical safety at different locations in and around school		
73%*	69%	70%*
Student-Teacher Trust Level of trust in student-teacher relationships		
90%*	83%*	80%*
Sense of Belonging How connected students feel to the school community		
63%*	49%*	38%*
Emotional Climate Social-emotional support that students receive from their teacher(s) and classmates		
73%*	63%*	58%*

*Percent has improved since 2018

SCHOOL DISCIPLINE

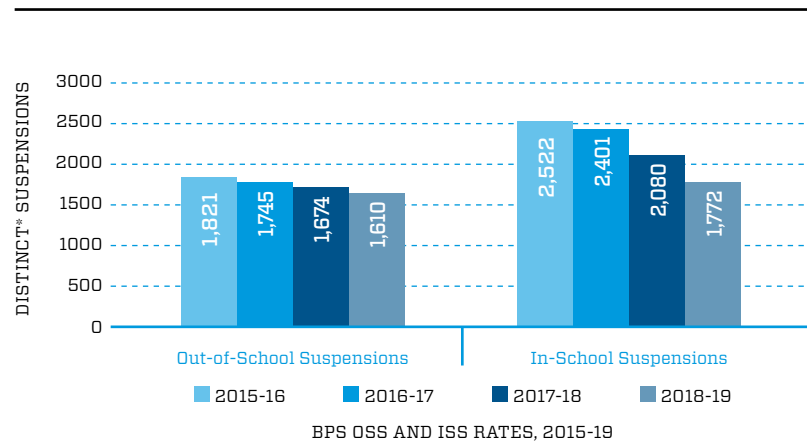
During the 2018-19 school year, BPS students received 2,808 out-of-school suspensions (OSS), a decrease of 6.7% from the previous school year. 3,293 in-school suspensions (ISS) were given in 2018-19, a 15.7% decrease since 2017-18.

BPS OSS and ISS Continue to Decrease



*‘Incidents’ means the total number of suspensions given.

As Does the Number of Students Committing Infractions



*‘Distinct’ means the number of individual students suspended.

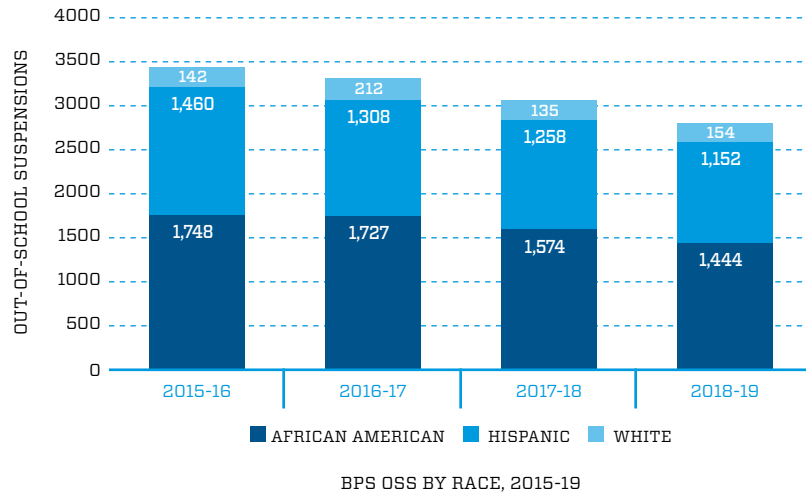
DISTINCT OUT-OF-SCHOOL SUSPENSIONS DECREASED

11.5



FROM 2015-19

Students of Color Consistently Receive the Bulk of Out-of-School Suspensions



African American and Hispanic children represent 82% of the BPS population, and 92.4% of OSS in 2018-19. Over the past four school years, African American and Hispanic students represented 94% of all OSS, compared to 5% of white students.

Students receiving special education services during the 2018-19 school year were given 879 OSS, a 20.9% decrease from the 1,112 given in the previous academic year. The number of special education students with ISS also decreased, from 1,139 in 2017-18 to 790 in 2018-19 (a 30.6% decrease).

Major Types of Violations for Out-of-School Suspensions

INCIDENTS	DAYS SUSPENDED
DISRUPTIVE BEHAVIOR	191
FIGHTING/ALTERCATION/PHYSICAL AGGRESSION	619
INSUBORDINATION/DISRESPECT	327
PHYSICAL ALTERCATION	241
SERIOUS DISORDERLY CONDUCT	130

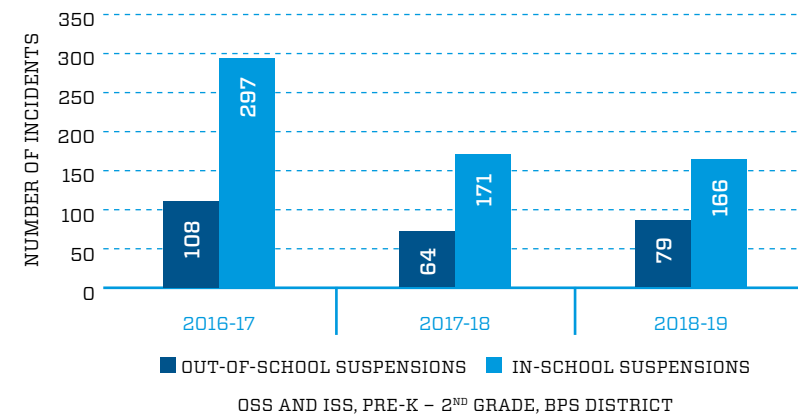
Elementary and high school students receive OSS for a wide array of violations. 54.5% of all OSS are for non-violent, minor incidents.

Expulsions have decreased 32.2% from 2017-18 (59) to 2018-19 (40).

PRE-KINDERGARTEN-2ND GRADE

In 2015, Connecticut was the first state to pass legislation (PA 15-96) to ban suspension or expulsion of children in preschool through 2nd grade, except in cases where the child's conduct is "of violent or sexual nature" that endangers the child or others. During the 2018-19 school year, BPS ordered 79 OSS for children in preschool – 2nd grade, an increase of 23.4% from the previous school year.

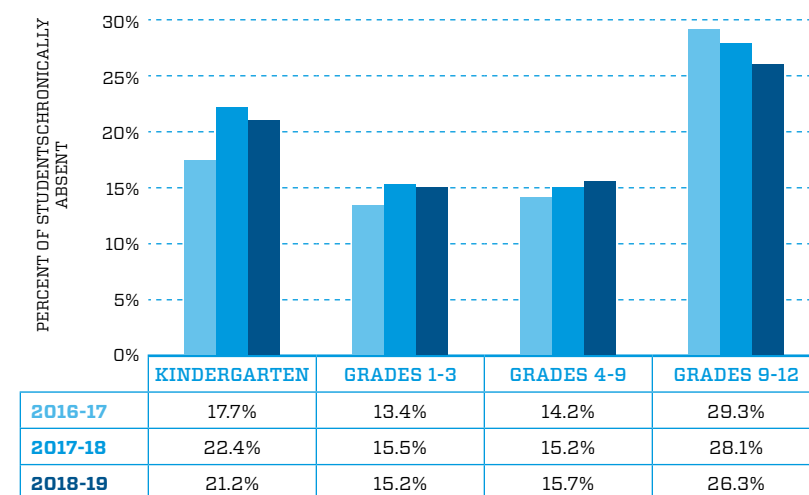
Out-of and In-School Suspensions; Our Youngest Students



CHRONIC ABSENTEEISM

During the 2018-19 school year, 18.8% of Bridgeport students were chronically absent, a 2.5% decrease since 2017-18.

Chronic Absenteeism Across Grade Levels



IN 2018-19

10.4



OF STUDENTS STATEWIDE WERE CHRONICALLY ABSENT

COMPARED TO

18.8



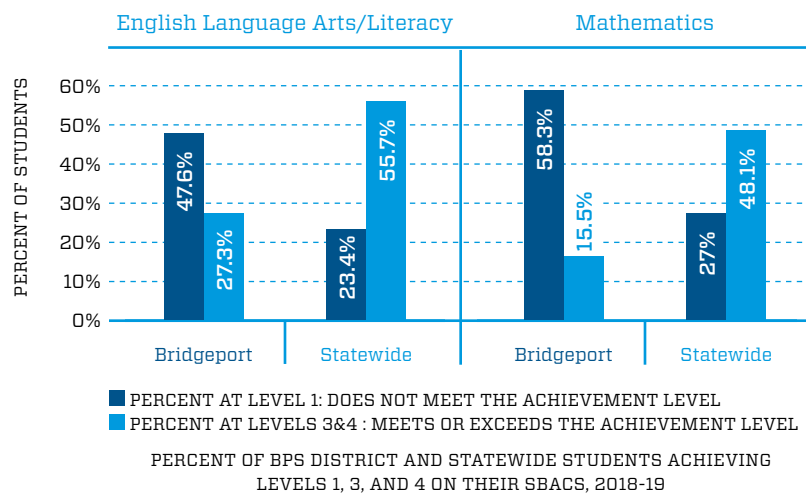
OF BPS STUDENTS

70%
 OF BPS STUDENTS CONSIDERED HOMELESS ARE NOT MEETING THE ACHIEVEMENT LEVEL ON THEIR SBACS

Since 2016, all grades except for 9-12 have increased days absent from school. From school years 2016-19, chronic absenteeism in grades K-8 increased 15% and Bridgeport public high schools decreased by 10.2%.

Since 2014, chronic absenteeism has increased 4.5% for African American students and decreased 2.3% for Hispanic students and .6% for white students. In 2018-19, 18.5% of African American students were chronically absent, 20.7% of Hispanic students, and 16.3% of white students.

Smarter Balanced Assessment Results, 2019



In 2018-19, BPS continues to fall behind statewide rates of students meeting or exceeding the SBAC achievement level in English Language Arts and Literacy (ELAL) and Mathematics. BPS has higher rates of students at Level 1 in both categories by 71%.

Over the last four school years (2015-19), BPS has increased the rate of students at Levels 3&4 of their ELAL SBACs by 22.4% and Mathematics Levels 3&4 by 61.5%. BPS's improved SBAC Levels 3&4 rates outpace CT's four year statewide rates of a .1% increase in ELAL and a Mathematics increase of 9.3%.

Bridgeport SAT Scores Compared to Statewide Scores, Class of 2019

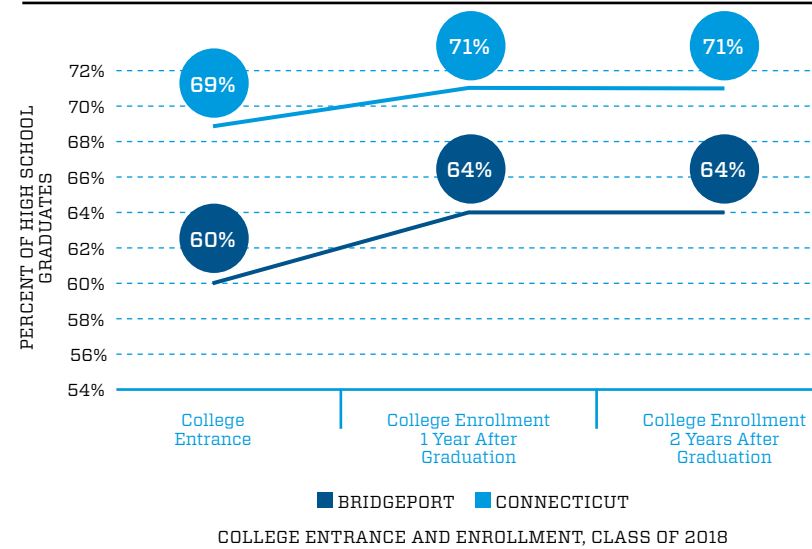
	ENGLISH AND LANGUAGE ARTS	MATHEMATICS
BRIDGEPORT	440	417
STATEWIDE	514	500

SAT scores for Bridgeport high school students have dropped 1.1% in English and Language Arts (ELA) and 3.6% in Mathematics from school years 2017-18 to 2018-19. Over the past four school years, ELA rates have declined .2% and Mathematics 1.2%. Statewide, average SAT scores from 2015-19 have declined as well, lowering 1.1% in ELA and .3% in Mathematics.

COLLEGE READINESS

From 2018-19, 46.9% of 11th graders and 61.7% of 12th graders in Bridgeport were enrolled in college-and-career readiness courses, compared to 74.5% of 11th graders and 85.2% of 12th graders statewide.

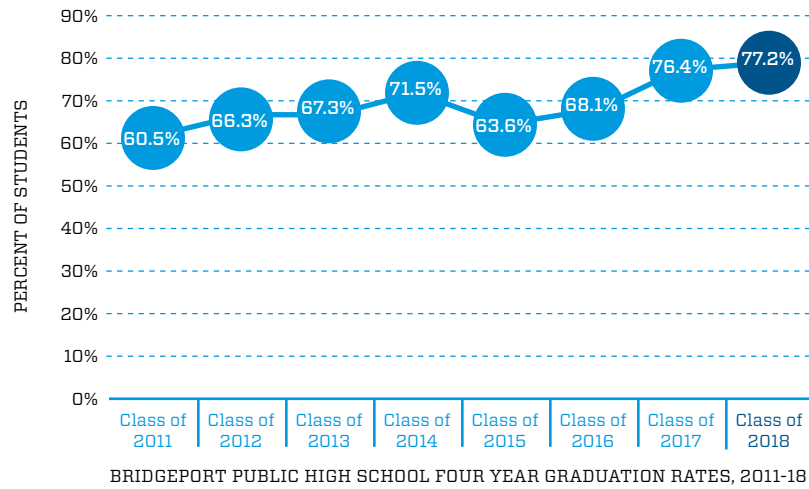
Bridgeport Close to Statewide College Enrollment Numbers



An estimated 60% of Bridgeport public high school students who graduated in 2018 entered college that same year in the fall, compared to 69% of public high school students statewide. The percent of Bridgeport students enrolling in college increased during years one and two after high school graduation, as did the number of college-enrolled students statewide.



Bridgeport Graduation Rate Rises to its Highest in '10 Decade



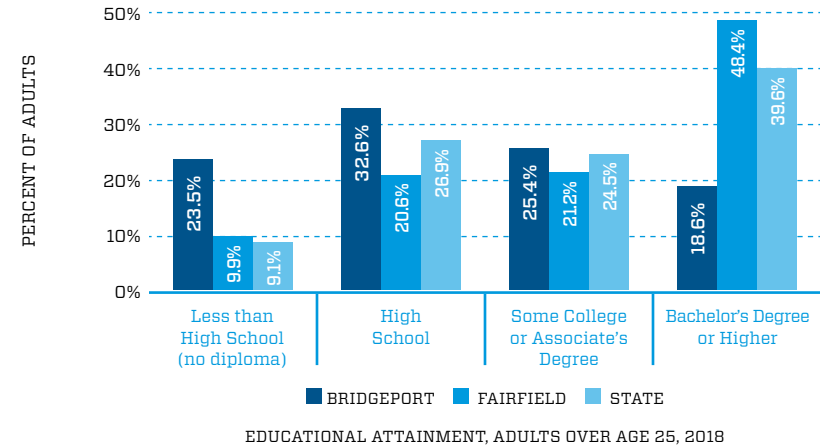
Since the Class of 2011, Bridgeport students who graduated high school within four years has risen 27.6% to 77.2%. Statewide, 88.4% of high school students graduated within four years in 2018.

ELL students in the BPS District graduate at a lower rate than students with English as their primary language. 64.2% of ELL students graduated with a high school diploma in 2018, compared to 77% non-ELL students.

55.4% of Bridgeport students receiving special education services in 2017-18 graduated with a standard high school diploma (a 8.1% decrease from 2016-17), compared to 65.1% statewide.



Bridgeport Adults Make Improvements Towards Higher Educational Attainment Compared to Fairfield County and Statewide



In 2018, the percent of Bridgeport residents over 25 without a high school diploma decreased 10.9% and those with a bachelor's degree or higher increased 14.1%. Bridgeport residents over 25 with some college experience or have earned an associate's degree hovers closely in line with Fairfield County and statewide rates.

34.7%

OF BRIDGEPORT ADULTS OVER THE AGE OF 25 WITHOUT A HIGH SCHOOL DIPLOMA LIVE IN POVERTY, A

26.1%

INCREASE SINCE 2017

THE LARGER IMPACT OF INADEQUATE EDUCATION

What is the larger impact of an unequitable, low quality education? It moves far beyond a city's geographic parameters. An inadequate education stunts an individual's future livelihood, has links to criminal justice system involvement, and takes its toll on society as a whole from lost productivity to higher costs of public services. For example, the U.S. loses an estimated \$192 billion dollars in combined income and tax revenue with each cohort of students who never complete high school.^{xviii} In a city like Bridgeport, indicators such as a low ratio of emotional and cognitive support staff (social workers, guidance counselors, paraprofessionals) to students, inadequate city and state educational investment, and high achievement gaps of students by race and ethnicity all contribute to the definition of an unequitable education.

By advocating for educational improvements such as closing academic achievement gaps, ensuring that all students receive a fair and quality education (including students in juvenile justice settings), and increasing graduation rates, we highly increase the likelihood that more of our community's youth will go on to make significant contributions to the economy and world around them, benefiting everyone.

Health

Pursuant to one's health are many of social determinants already covered in this report. Poverty, economic insecurity, transportation, and language barriers all play a role in health care access and utilization. Bridgeport struggles with these determinants in addition to severe health disparities in race, ethnicity, and socioeconomic status. Although health disparities in Bridgeport and statewide have been addressed by public health initiatives (Healthy CT 2020 for example), health care underutilization and racial disparities remain critically apparent and cost our state hundreds of millions annually. To address Bridgeport's health inequalities, further strategic advocacy and implementation plans of action beyond 2020 are needed for reform.

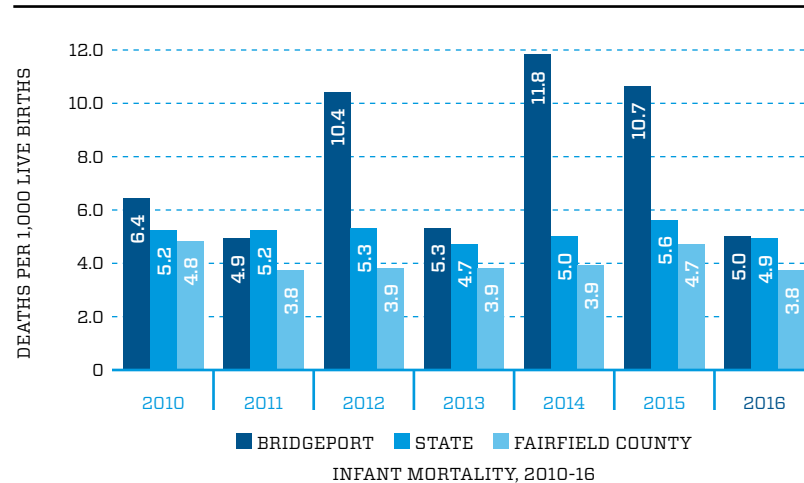
INFANT AND MOTHER HEALTH

In 2016, 5.2% of Bridgeport mothers received late or no prenatal care during their pregnancies compared to 3.5% of mothers statewide.^{xix}

In 2016, Bridgeport had the second highest number of resident fetal deaths in Connecticut; 63% were of African American mothers, 27% were of Hispanic mothers, and 0 were of white mothers. During that same year, Bridgeport had the third highest number of neonatal deaths (an infant's death within the first month of life); 62.5% were of African American descent, 25% of Hispanic descent, and 0% white.

In 2016, the infant mortality rate in Bridgeport was 5.0 infant deaths in the first year of life per 1,000 live births, compared to 10.7 in 2015, a decrease of 53.2%.^{xx}

Infant Mortality in Bridgeport Decreases



In 2016, 8.8% of all Bridgeport babies were born with low birthweight (less than 5.8 pounds at birth), compared to 10% in 2015, and 7.8% statewide. Accidents (unintentional injuries) and a combination of short gestation and low birthweight were the leading cause of death for infants under five years of age in Connecticut in 2016.

Smoking has been correlated to premature births. In Bridgeport, 3.2% of mothers reported smoking during pregnancy, compared to 5.9% statewide. 61.5% of Bridgeport mothers had a pre-pregnancy Body Mass Index (BMI) indicating overweight or obesity compared to 49.3% of mothers statewide.

Vital Statistics for Mothers by Race and Ethnicity in Bridgeport, 2016

	AFRICAN AMERICAN	HISPANIC	WHITE
INFANT MORTALITY (INFANT DEATHS PER 1,000 LIVE BIRTHS)	10.3%	2.2%	0%
LOW BIRTHWEIGHT	12.8%	7.4%	5%
LATE OR NO PRENATAL CARE	7.5%	4.2%	2.5% ^{xxi}
INFANT NEONATAL INTENSIVE CARE UNIT (NICU) ADMITTANCE	11.6%	9.8%	7.5%

In 2016, 2.9% of Bridgeport deliveries were completed by certified nurse midwives compared to 10.1% statewide. 10.1% of Bridgeport infants were admitted into the NICU in 2016, compared to 8.3% of infants admitted statewide. 61.3% of Bridgeport mothers used Medicaid to pay for their birthing delivery compared to a statewide Medicaid delivery payment rate of 38.4%. 59.1% of mothers received Women, Infants, and Children (WIC) program qualified food during that timeframe compared to 31.2% of mothers statewide.

PREVENTATIVE HEALTH CARE

The percent of Bridgeport children born in 2016 and enrolled in the state-wide Immunization Information System who were vaccinated against major vaccine-preventable diseases before they turned 2 was 87.4%, compared to a similar percentage of 87.9% in 2015.

PHYSICAL HEALTH

Obesity rates for CT 2-4 year olds enrolled in WIC programs has declined, from 17.1% in 2010 to 14.4% in 2016. In 2018, 43.3% of children ages 5-12 in households earning less than \$25,000 annually were reportedly obese, a 30.8% increase since 6 years earlier (33.1%).

In 2018, Connecticut was ranked as having the 7th lowest obesity rate for youth ages 10-17 in the nation (11.5%).

BPS Students Compared to Students Statewide Reaching State Physical Fitness Health Standard

	GRADE 4	GRADE 6	GRADE 8	GRADE 10
BPS STUDENTS, % PASSED	46.5%	49.2%	49.9%	63.2%
ALL CT PUBLIC SCHOOL STUDENTS, % PASSED	56.1%	53.5%	50.9%	51.4%

PHYSICAL FITNESS* TEST RESULTS, BPS VS. STATEWIDE, 2018-19
*Physical fitness is measured by Curl Up, Mile Run, Push Up, and Sit and Reach tests

From 2014-19, BPS 4th graders have improved 30.2%, 6th graders 44.2%, 8th graders 52.5%, and 10th graders 37% for all physical fitness tests combined. Comparatively, statewide physical fitness improvements from 2014-19 are: 10.4% for 4th graders, 4.9% 6th graders, 1.1% 8th graders, and a decline of 0.9% for 10th graders.

Connecticut's obesity rate for adults has increased, from 23% in 2010 to 27.4% in 2018. From 2012-16, the CT Behavioral Risk Factor Surveillance System survey recorded 68.5% of Bridgeport residents had BMIs over the recommended index for respondents' height and weight.

48.4



OF BRIDGEPORT RESIDENTS SPEAK A LANGUAGE OTHER THAN ENGLISH

BRIDGEPORT RESILIENCY AND RECOVERY

Bridgeport, CT is a city like so many others that has struggled intensely with the opioid epidemic. Fentanyl, an opioid, is 50 times more potent than morphine and was involved in hundreds of drug-related incidents in Bridgeport from 2015 to 2019. Halfway through 2019, deaths by opioids in Bridgeport were up to 30, 46.8% of the Southwest region's opioid deaths. "I know we're making a positive impact based off what our members tell us and data regarding the number of life-saving medications administered here in the Southwest CT region that reverse opioid overdoses. But I wonder, is it enough? Is there something that we're missing?" remarked Sheila Wylie, Prevention Corps Program Manager. In 2015-16, Connecticut began actively pushing communities to administer medications such as Naloxone that can reverse opioid overdoses, but by that point the state had already amassed thousands of opioid-related deaths. So, what's a city like Bridgeport to do? The Connecticut Community for Addiction Recovery community center in Bridgeport is lauded for their free of charge

services, most notably their daily meetings that cover everything from women's empowerment groups to meditation. Another resolution to the opioid crisis has been education and prevention, two areas that are a specialty of The Hub (Regional Behavioral Health Action Organization) and Prevention Corps. The Hub supports and coordinates behavioral health initiatives from overseeing Local Prevention Councils to providing Narcan kits and training communities and emergency response teams on how to use them. Prevention Corps, an AmeriCorps initiative, provides proactive community education to prevent and decrease opioid and prescription drug abuse. Since launching in 2017, Prevention Corps has formed nearly 300 community partnerships and trained over 900 community members in overdose reversal. Bridgeport and its residents are resilient, and they continue to work towards recovery and develop healthy coping mechanisms throughout this crisis.



BRIDGEPORT ACCRUED NEARLY

\$9M

DOLLARS IN HOSPITALIZATION AND EMERGENCY DEPARTMENT CHARGES IN 2017,

THE **3rd** HIGHEST COST IN THE STATE

ASTHMA

In 2018, 10.3% of adults and 9.7% of children suffered from asthma in CT. Of those children, 10% were African American, 12% were Hispanic, and 7.8% were white. 8.9% of children suffering from asthma in CT are between ages 5-9 years old.

In Bridgeport, the age-adjusted child rate of emergency department (ED) admittances due to an asthma diagnosis was 158.2 per 10,000 populations, in 2018, the 6th highest rate in CT. In 2010, that rate was 13.4% higher at 179.4 ED visits per 10,000. The adult rate of asthma-related emergency room visits in Bridgeport was 94.9 per 10,000 populations, the 7th highest rate in CT. Comparatively, statewide asthma ED visits were 57.9 per 10,000 populations.

Bridgeport, Hartford, New Haven, Stamford, and Waterbury residents only represent 18% of Connecticut's total population, but accounted for 44% of the \$102 million asthma acute care charges in 2018.

Asthma is triggered by a variety of factors, such as outdoor pollutants and tobacco smoke, which are found in high quantities in urban areas such as Bridgeport. Among CT students surveyed in 2017, 45.2% reported having an asthma attack due to secondhand smoke exposure at an indoor or outdoor public place.

LEAD POISONING

In 2017, 209 Bridgeport children under the age of six had lead poisoning (based on a confirmed blood lead level >5 ug/dL).^{xxii} This is a 19.9% decrease from 2016 (261 children).

In 2017, 77.8% of Bridgeport children under the age of two were screened for lead poisoning. African American children were 3.9 times more likely to get poisoned by lead and Hispanic children 1.4 times more likely than white children in Connecticut.

85.6% of Bridgeport occupied housing units were built before 1980, compared to 71.7% in Fairfield County and 70.4% statewide. 36.7% of Bridgeport's housing was built in 1939 or earlier. Lead paint was not banned nationwide until 1978.

HEALTHCARE AND ORAL HEALTH

According to the U.S. Census, 4.7% of Bridgeport children were uninsured in 2018, compared to 6.9% in 2017. 17.7% of Bridgeport youth ages 19-25 years old were uninsured, an increase of 2017's 16.2%. Among all Bridgeport residents, 13.8% were uninsured in 2018, compared to 14.3% in 2017. 22.9% of Bridgeport residents without a high school degree are uninsured. Statewide, 2.6% of children and 5.3% of all residents were uninsured in 2018, declining from those uninsured in 2017 (3.1% of children and 5.5% of the total population).

In 2017-18, the National Survey of Children's Health reported 8.9% of CT children aged 1-17 years experienced 1 or more oral health issues such as bleeding gums, decayed teeth, or cavities.^{xxiii} 38.8% of CT children aged 7-9 years old have at least 1 dental sealant.

20.7% of households earning less than \$35,000 experienced dental decay in 2018. Children ages 5-11 experienced the highest level of dental decay out of 0-17 year olds at 17.5%.

TEEN AND YOUNG ADULT HEALTH AND MENTAL HEALTH

In 2018, 796 Bridgeport adolescents age 20 and younger were diagnosed with a sexually transmitted disease, compared to 430 in 2017, an increase of 85.1%. Bridgeport's rate of sexually transmitted diseases in 2018 was 37.8 cases per 1,000 adolescents, compared to 13.7 cases per 1,000 adolescents statewide.

In 2017, of the over 1,000 Bridgeport residents living with Human Immunodeficiency Virus (HIV), 7.6% were under 30 years old. 1.7% of all Bridgeport HIV cases in 2017 were classified as perinatal. From 2013-17, Bridgeport averaged 35 new HIV cases a year with 32.8% of cases affecting youth under 30 years old.

In CT, 5.4% of adolescents aged 18-25 identified themselves as having a serious mental illness (including major depressive episodes and serious thoughts of suicide) in 2015-16, an increase from the 4% identified three years prior.

In 2016, suicide was ranked third in CT deaths of 10-14 year olds and second in deaths of 15-19 year olds. In 2017, 8.1% of CT high school students attempted suicide. From 2015-17, CT recorded 19.4 deaths by suicide per 100,000 adolescents aged 15-19.

BRIDGEPORT HAS

6

MENTAL HEALTH FACILITIES FOR CHILDREN AND ADOLESCENTS

4

OFFER MENTAL HEALTH SERVICES IN SPANISH

AND

4

OFFER PROGRAMS SPECIFICALLY AIMED AT HELPING YOUTH WHO HAVE EXPERIENCED TRAUMA

SUBSTANCE ABUSE AND PREVENTION

As of November 2019, 38 cases of vaping-related lung injuries resulting in hospitalization occurred in CT, with 44.7% of cases belonging to residents in Fairfield County, the highest percentage of vaping-related lung injuries in the state.

In a national study conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), from 2017-18, 12.6% of Connecticut residents aged 12-17 were found to have consumed alcohol, a 7.3% decrease from the 13.6% of 12-17 year olds in 2014-15. Approximately 46.9% of young adults aged 18-25 were recorded engaging in alcohol binging during that same time frame.^{xxiv}

An estimated 2.5% of CT residents aged 12-17 and 8.7% of 18-25 year olds were reported to needing, but not receiving, treatment at a specialty facility for illicit drug use.^{xxv} From 2014-18, 270 CT adolescents aged 18-24 suffered drug overdoses, 57.4% of which involved fentanyl. From 2017-18, 2.3% of CT teens aged 12-17 and 7% of adolescents 18-25 misused prescription drugs.

From 2014-18, the Department of Mental Health and Addiction Services (DMHAS) recorded 10,025 admittances for opioid related treatment in Bridgeport, 57.4% (5,763) of whom are unduplicated individuals. From 2015 to July 2019, there have been 215 drug related deaths of Bridgeport residents due to fentanyl/opioid use. In 2018, Bridgeport had the third highest number of fentanyl/opioid-related deaths in Connecticut.

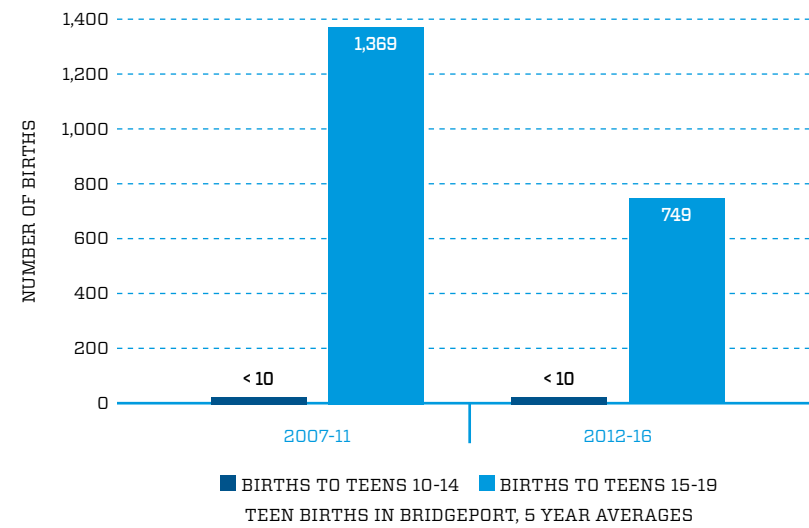
In 2019, Bridgeport offered 16 pharmacies with Naloxone, six behavioral health outpatient medication assisted treatment (MAT) providers, three methadone MAT clinics, and two intensive outpatient MATs programs. There are 14 substance abuse facilities in Bridgeport, 3 of which have SAMHSA-certified opioid treatment programs.

TEEN PREGNANCY

From 2012-16, there were 749 births to Bridgeport teens 15-19 years old, a decrease of 45.2% compared to 2007-11. During both 2007-11 and 2012-16, the annual average number of births to 10-14 years olds was a data suppressed amount under 10. The 2012-16 birth rate for Bridgeport teens was 27.1 births per 1,000 teenage girls compared to a statewide rate of 11.8 births per 1,000 teenage girls.



Teen Pregnancy in Bridgeport



THE LARGER IMPACT OF POOR HEALTH



What is the cause and consequence of poor health? Healthcare quality and accessibility has much to do with an individual and community's quality of life. Inadequate healthcare can trap individuals and communities into cycles of intergenerational poverty and chronic health conditions. Yet, healthcare can almost be viewed as an afterthought in areas with high financial affluence and low number of toxic stressors. The state of a community's health affects the interpersonal and economic outcomes for everyone. Consider:

- All CT residents pay for the \$102 million in acute asthma care charges accrued in 2019, although 40% of those emergency hospitalizations are concentrated in specific areas of the state.
- Insurance doesn't guarantee access or utilization of healthcare. Many healthcare services require high-cost co-pays for Bridgeport families on a strapped budget; the 2019 ALICE report found that in CT, 22% of those earning less than \$30,000 annually had not been to the dentist in the last two years, compared to less than 12% of those with incomes above \$75,000.^{xxvi}
- Fairfield's 2012-16 average of infant mortality was 3 deaths per 1,000 live births, compared to Bridgeport's 9 infant deaths per 1,000 live births.

Environmental hazards, language and culture barriers, health care and treatment discrimination, and high levels of ACEs are just some of the characteristics affecting the health of the Bridgeport community. What is crucial to understand is how Bridgeport's health, good or bad, affects all of Connecticut. The broader economic and social costs of a city's poor-quality healthcare cannot be overstated.

Juvenile Justice

Historically, juvenile justice has meant punishing youth of any age for offenses they have committed by placing them in youth or adult institutions and giving youth a record that has lasting, harmful effects well into their adulthood. Developmental and behavioral science studies now show that early intervention, prevention and diversion are more effective at curbing misbehaviors than formal and detrimental early system involvement. Connecticut shares a growing awareness that youth held in criminal justice-like settings is counterproductive to reducing recidivism and addressing the root causes of the misaligned behavior(s). Under 50 juveniles spent time at Manson Youth Institution in 2019, a 78% decrease from the beginning of the '10 decade. Placing juveniles in adult prisons and Bridgeport and Hartford's already bed-limited detention centers are not restorative alternatives. How does Connecticut hold minors accountable for their actions and do so in a rehabilitative way? Connecticut, too, is in need of changes to its juvenile justice system. Youth can still be transferred to adult court, a practice that increases rather than decreases the potential for repeated violent offenses. Youth can still be held in solitary confinement, another practice that does not curtail behavior or address the causes of misaligned actions. Finally, CT's juvenile justice system continues to be racially imbalanced; in 2017 youth of color accounted for 80.2% of Bridgeport and Hartford detention admissions.

The information in this section is an update to the baseline analysis of the juvenile justice system in Bridgeport reported in the 2017 State of the Child in Bridgeport report: who's affected, where youth end up, and vetted suggestions for policy reform that serve to heal and repair harm, moving us from a punitive culture to a restorative one.

JUVENILE JUSTICE IN CT: WHAT HAS HAPPENED IN A YEAR

The information below are some of the most notable juvenile justice system adjustments that have been made on an executive, political and field level in Connecticut throughout 2019.

Executive and Policy Recommendations for CT's Juvenile Justice System

Pursuant to Public Act 19-187, the Juvenile Justice Policy and Oversight Committee (JJPOC) was tasked with researching other states' methods of transferring juveniles to adult criminal court and recommending organizational and programmatic alternatives by 2020. With assistance from the Improving Outcomes for Youth (IOYouth) Initiative and Center for Children's Law and Policy, several recommendations were made from further consolidation within the Judicial Branch to the creation of an executive branch agency to manage a continuum of residential placement options for juveniles. If suggested recommendations are passed, it would systematically change how all minors are handled in the CT youth justice system. Also included in this public act are requirements that^{xvii}:

- 1) The Commissioner of Correction and Court Support Services Division develop a policy of best practices in facilities where youth are detained, especially regarding the areas of: suicidal and self-harming behaviors, the use of solitary confinement, the use of chemical agents, and the use of prone restraints of juveniles.
- 2) There are "independent ombudsperson services" in all facilities where juveniles are incarcerated.

Resurgence of the Bridgeport Youth Gun Violence Prevention Task Force

In 2019, Bridgeport responded to a community call to better address the growing concern of youth gun violence by re-establishing the Bridgeport Youth Gun Violence Prevention Task Force (BYGVP-TF). Comprised of local community leaders, advocates, legislators, the Bridgeport Police Department, retired detectives, state officials, community nonprofits, and clergy, the BYGVP-TF works throughout the year studying local gun violence data trends, effective proactive and reactive outreach, and providing meaningful programmatic alternatives for youth at risk.

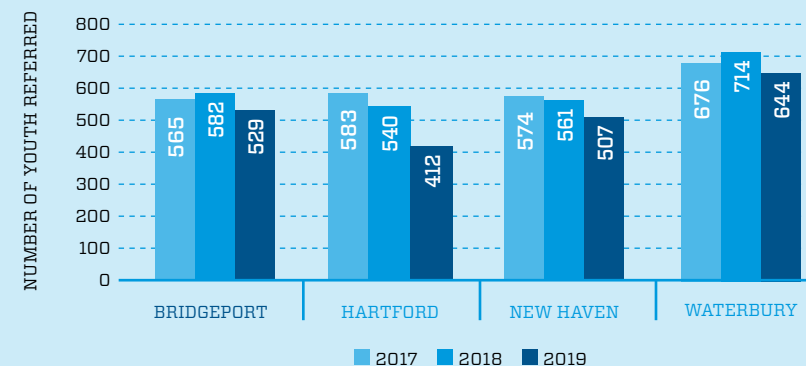
SCHOOL-BASED DELINQUENCY

During the 2018-19 school year, 54 school-based arrests were made in the Bridgeport Public School District, a 14.2% decrease from 2017-18 and a 70.8% decrease since 2012-13. 70.3% of these arrests were of males and 29.6% were females.

In FY 2018-19, 151 youth were referred to the Bridgeport Juvenile Review Board (JRB), compared to 155 in FY 2017-18. During the 2018-19 school year, 37.6% of youth referred were African American, 41.7% Hispanic, and 1.3% white. 54% of referrals came from Bridgeport security resource officers, 3.7% from local or state police, and 31% came from probation or juvenile court. The top 3 reasons for Bridgeport JRB referrals were: larceny (21.2%), breach of peace (5.4%), and trespassing (2.7%). The lowest 2 were assault and interfering (2%), and disorderly conduct (1.3%).

Out of the youth who have been discharged from the Bridgeport JRB program during 2018-19, 77% completed the program successfully.

Juvenile Court Delinquency Referrals^{xxviii}



JUVENILE COURT DELINQUENCY REFERRALS FOR YOUTH UNDER 18 BY MAJOR CT CITIES, 2017-19

DURING THE 2018-19 SCHOOL YEAR, YOUTH ARRESTED IN A BPS WERE

48.1



AFRICAN AMERICAN

37



HISPANIC

11



WHITE

16

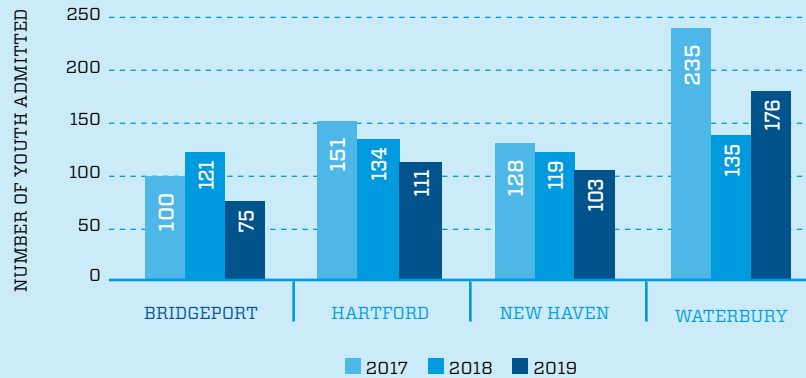


OF BPS STUDENTS 'STRONGLY AGREE' TO WORRYING ABOUT CRIME AND VIOLENCE IN THEIR SCHOOL

Bridgeport juvenile court referrals decreased 6.3% from 2017-19, compared to a 29.3% decrease in Hartford, an 11.6% decrease in New Haven, and a 4.7% decrease in Waterbury. African American youth made up 57% of all delinquency referrals to a Bridgeport juvenile court. Hispanic youth accounted for 34.7% of referrals and white youth 6.8%.

In 2019, 39.5% of all juvenile court delinquency referrals were children 15 years old or younger, an 8.2% increase since 2018.

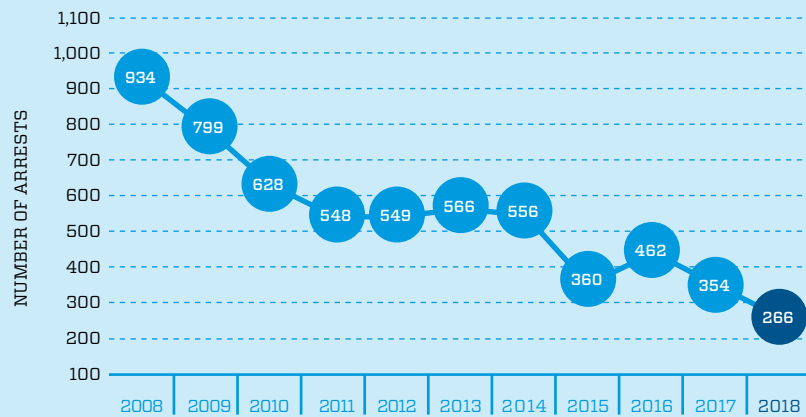
Juvenile Detention Admissions^{xxix}



DETENTION ADMISSIONS FOR YOUTH UNDER 18 BY MAJOR CT CITIES, 2017-19

From 2017-19, Bridgeport juvenile detention admissions declined 25% compared to Hartford's 26.4% decline, New Haven's 19.5% decline, and Waterbury's 25.1% decline. In 2019, 56.4% of all juveniles admitted to the Bridgeport Detention Center were African American, 39.7% were Hispanic, and 1.2% were white.

Arrests of Bridgeport Youth Decrease Again in 2018



JUVENILE (UNDER AGE 18) ARRESTS IN BRIDGEPORT, 2008-18

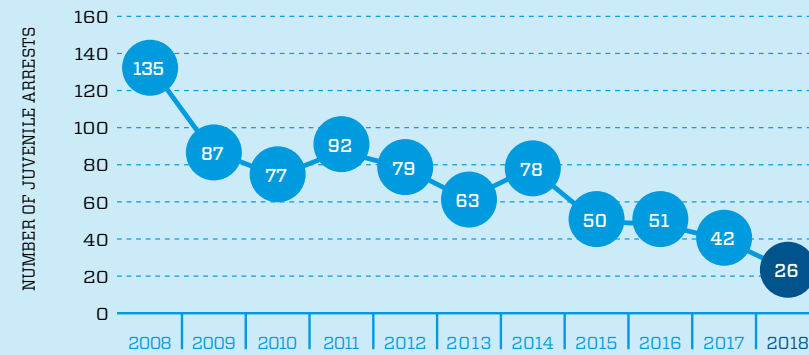
In 2018, there were 266 juvenile arrests in Bridgeport, a 24.8% decrease compared to 2017 and a 71.5% decrease since 2008. In 2018, Bridgeport's juvenile crime arrest rate at 17.1 arrests per 1,000 youth ages 10 to 17 was lower than the statewide rate of 20.1 arrests per 1,000 youth.

In 2018, 125 arrests, 46.9% of all juvenile arrests in Bridgeport, involved children 15 years of age or younger, compared to 209 arrests in 2017.

29%

OF JUVENILES IN THE BRIDGEPORT DETENTION CENTER ARE 15 YEARS OLD AND YOUNGER

Juvenile Arrests for Violent Crimes in Bridgeport



JUVENILE (UNDER AGE 18) ARRESTS FOR VIOLENT CRIMES IN BRIDGEPORT, 2008-18

Juvenile arrests for violent crimes (defined as murder, manslaughter, rape, robbery, and aggravated assault) in Bridgeport decreased by 38% from 2017 to 2018 and 80.7% since 2008.

THE AVERAGE LENGTH OF STAY AT BRIDGEPORT'S DETENTION CENTER COSTS OVER

\$9,000

OR

\$800

A DAY PER MINOR

KEY CHALLENGES AND STRATEGIES FOR REFORM

CHALLENGES

Restructuring Connecticut's Juvenile Justice System

No recommendations have been formally presented to the CT General Assembly.

- > Creating an entity or state department division that oversees all juveniles involved in the justice system, allowing for standardization of consistency and quality, operation efficiencies, and the potential of lower recidivism rates.

Full Funding for Juvenile Justice Diversion

Juvenile justice diversion is underfunded by nearly \$20 million.

- > Funding for juvenile justice services, most significantly diversion, has fluctuated for years at the expense of our youth and social service providers.

POLICY REFORM

Reforming Age Limits

Both recommendations have not been passed legislatively.

- > **Raising the Lower Age.** Raising the lower age of juvenile court jurisdiction, which in 2019 was still at seven years old.
- > **Raise the Age 3.0.** Raising the age of juvenile jurisdiction from 18 to 20 (all youth who are of "teen" age).

Eliminating Youth Transfers to Adult Criminal Courts

Adult pretrial or sentenced youth are held at Manson or York Correctional Facilities.

- > Keeping all juveniles under 18 years old out of the adult courts, allowing for harm reduction and repair to take place in restorative and developmentally-appropriate environments.

CTJJA JUSTICE ADVISORS BRING NEW MEANING TO JUVENILE JUSTICE

When we think of healthy environments for our youth, we often think of somewhere where they can play, make mistakes, learn from those mistakes, and grow in an unthreatened environment. Unfortunately, that is not the reality for many Bridgeport youth who have been affected by the juvenile justice system either from their own experiences or through family members'. When youth and community members have little systemic input, how can we ensure our community is one where everyone feels safe – regardless of their economic standing or racial/ethnic background? Enter the Connecticut Juvenile Justice Alliance (CTJJA), a youth/adult partnership organization working to end the criminalization of youth. The Alliance includes staff, a Steering Committee, and Justice Advisors. Justice Advisors are 18-25 year olds from communities most impacted by the justice system, dedicated to using their first and/or second hand justice experience to disrupt the pathways that funnel youth into courts and prisons.

CTJJA decided to evolve into a youth/adult partnership organization because they know their work is strengthened when they have diverse expertise and experiences as part of their Alliance. They incorporate youth voices, and the voices of those most impacted by the justice system, to ensure their work is credible and authentic. CTJJA Justice Advisor cohorts in Bridgeport and New Haven together pursue the primary goal of, “meaningfully incorporating voices and experiences from those most impacted by the justice system into all discussions around juvenile justice policy, practice, and reform.” Justice Advisors learn how to effectively use their voice and experiences to not only drive policy change, but change within communities as well. CTJJA believes that the Justice Advisors prove that young adults can compellingly advocate for themselves and create tables of change, as they work towards ending the criminalization of youth.



Safety

Positive relationships in safe, supportive and restorative community settings enable children to thrive socially, emotionally, behaviorally, and cognitively. However, when adverse childhood experiences (ACEs) such as violence, conflict, discrimination, and intergenerational poverty disrupt a child's development, the caustic effects can last a lifetime. ACEs and toxic stress sustained over long periods of time further harm the healthy development of children and can make everyday tasks of focusing in school or connecting with peers a serious challenge. Considering the embedded nature of violence and conflict, approaching safety in a restorative, multi-generational way has shown to be a transformative alternative in helping our city become one of amity and prosperity.

ENVIRONMENTAL SAFETY HAZARDS

According to the U.S. Environmental Protection Agency (EPA), poor indoor air quality ranks among the top five environmental health risks to the public. Correlation of indoor air pollutants to adversities in schools has been proven and includes issues such as reducing teacher, staff, and student performance to increases in the potential for short and long term health ailments. Out of Connecticut's 169 towns/cities and subsequent individual public school districts (PSD), BPS is one of ten PSD that either do not participate in, or only had some schools participating in, the EPA's Tools for Schools Indoor Air Quality program as of May 2018.

SCHOOL SAFETY

From 2017-18, 74 incidents of restraint and seclusion (R/S) in the BPS District were recorded, 72.8% fewer incidents than the Hartford Public School District, a school district with similar enrollment counts and demographics as BPS. Emergency restraints in the BPS District increased from a data suppressed amount of under 5 in 2016-17 to a significant 27 incident count in 2017-18. Emergency seclusions decreased 20.3% during those same school years. R/S procedures are intended to isolate an individual in order to reduce the risk of injury/

harm to themselves or others. Decades worth of research shows R/S is not effective in reducing the occurrence of problem behaviors and instead can result in lifelong trauma.

Restraint and Seclusion

	ALL R/S INCIDENTS	EMERGENCY RESTRAINTS*	EMERGENCY SECLUSIONS**
	INCIDENT COUNT/STUDENT COUNT	INCIDENT COUNT/STUDENT COUNT	INCIDENT COUNT/STUDENT COUNT
BRIDGEPORT	74/37	27/17	47/21
HARTFORD	273/80	226/75	47/24

* Emergency Restraint means any mechanical or personal restriction that immobilizes or reduces the free movement of a child's arms, legs or head.

** Emergency Seclusion means the confinement of a child in a room, whether alone or with staff supervision, in a manner that prevents the child from leaving.

DOMESTIC AND SEXUAL VIOLENCE^{xxx}

In 2018, there were 747 arrests for family violence in Bridgeport, the fourth highest number of arrests for family violence in CT. From 2017-18, Bridgeport recorded a 24.7% increase in family violence offenses (from 1,195 offenses to 1,491). Bridgeport's rate of family violence arrests was 23.0 arrests per 1,000 families, compared to 19.0 statewide. From 1987-2018, Bridgeport recorded the highest number of family homicide victims in Connecticut (67).

Family violence in Connecticut occurs most frequently during warmer weather months, May through September (1,499 violent incidents compared to 1,351 from October-April in 2018). In 2018, no court order or order of protection was in place for 78.2% of all family violence incidents.

7.5% of Connecticut high school students reported being physically forced to have sexual intercourse against their will, and 10% reported experiencing sexual violence in a dating relationship in 2017.

In 2018, 86% of women at York Correctional Institute reportedly experienced sexual assault or trauma in the past.

26

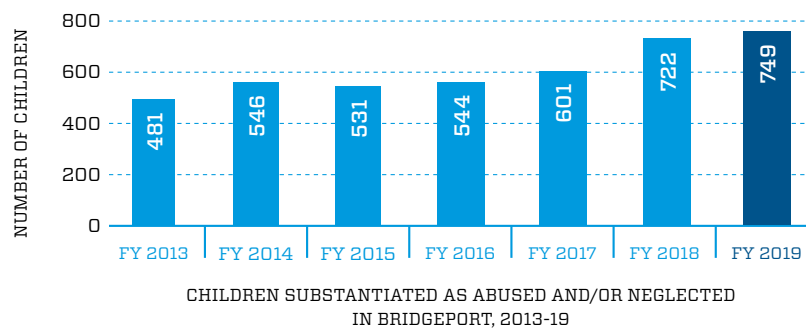


OF BPS STUDENTS FEEL EITHER SOMEWHAT SAFE OR NOT SAFE AT ALL WHEN TRAVELING BETWEEN HOME AND SCHOOL^{xxx}

IN
2018
EMOTIONAL ABUSE AND SEPARATED OR DIVORCED PARENTS WERE THE MOST PREVALENT ACES EVENTS AFFECTING CHILDREN IN CONNECTICUT

CRIME

Bridgeport Child Abuse Cases Steadily Increase

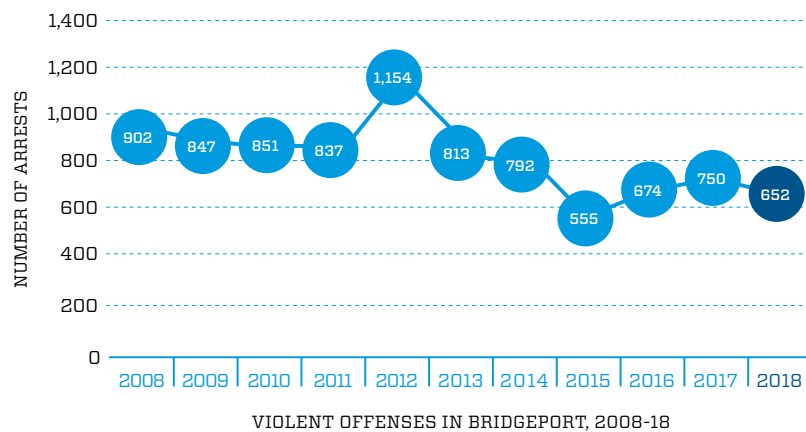


From FY 2017-18 to 2018-19, the number of children in Bridgeport substantiated as abused and/or neglected increased 3.7%. Statewide, there was a 6.5% decrease over the last two fiscal years.

In 2018-19 in Bridgeport, there were 22.0 children substantiated as abused or neglected per 1,000 children, compared to 10.3 children substantiated as abused and/or neglected per 1,000 children statewide.

From 2017-18, homicides reported by the Bridgeport Police Department declined 47.6%. In 2018, all Bridgeport homicides were perpetrated by individuals between the ages of 10-29 years old and 83% of incidents involved a firearm.

Violent Offenses in Bridgeport Across a Decade



Violent offenses in Bridgeport decreased 13% from 2017 to 2018. Over the course of a decade, violent offenses have decreased 27.7%. Murder and rape were responsible for 14.7% of all violent offenses in 2018.

In 2018, there were 3,857 arrests made in Bridgeport, a 1.9% increase since 2017.

Firearms were involved in 26.2% of all aggravated assaults and 30.6% of all robberies in 2018.

In 2018, Bridgeport represented 11.8% of all violent crime incidents reported in CT. There are 207 violent crime offenses per 100,000 CT residents, compared to 380 violent offenses per 100,000 United States residents.

INCARCERATION

From FY 2008-09 to a decade later in FY 2018-19, the number of males under 18 admitted to Manson Youth Institution declined 91.7%, despite a 5.7% increase from FY 2017-18 to FY 2018-19. From FY 2008-09 to FY 2018-19, females under 18 admitted to York Correctional Institution decreased as well by 96.2%.

On any given day in 2019, there was an average of 657 individuals in Bridgeport's Correctional Center (BCC), a 30.1% decrease from the average daily population of individuals in the BCC a decade prior (941 in 2009). 2.9% of detainees were 20 years old or younger. African American individuals represented 47.5% of the BCC, compared to 28.4% of Hispanic and 23.9% of white detainees.

86.3% of detainees at the BCC are awaiting trial or are incarcerated in lieu of posting a bond. Bridgeport is one of five CT cities where they total 16% of the state's population but make up 44% of pre-trial admissions statewide.

In 2019, Bridgeport incarcerated a daily average of 59.2 individuals per 10,000 residents, compared to Connecticut's average of 42.3 individuals per 10,000 residents. Connecticut's prison population declined 5.5% in 2019.



THE LARGER IMPACT OF VIOLENCE



Violence — whether it be familial, interpersonal street crimes, or hate crimes is a public health issue affecting not just the individual or group that a violent act is aimed at but entire communities. The roots of violence range from individualistic factors (such as a history of substance abuse) to societal (racial or economic inequalities), but the damage it causes beyond a city's walls is universal. Consider:

- Children and youth with prolonged exposure to violence are more likely to struggle in identifying and regulating their emotions.
- Violence has lasting implications on a country's level of productivity, economic losses, and citizens' diminished quality of life.

Addressing the social, emotional, physical and mental health needs of children and youth exposed to violence is a complex process that requires trauma-informed responses and diverse therapeutic interventions. Bridgeport has the potential and resiliency to deliver these solutions and reduce the root causes leading to violence.

Notes, Definitions and References

- i Census data from the 2018 American Community Survey, unless otherwise noted.
- ii Living Wage as calculated for a family of 3 (one adult; two children) by Massachusetts Institute of Technology (MIT), Living Wage Project. (2019). Retrieved from <https://livingwage.mit.edu/metros/14860>.
- iii Feeding America, Map the Meal Gap. Overall Food Insecurity in CT by County in 2017. (2019).
- iv United States Department of Agriculture (USDA). Household Food Security in the United States in 2018. (2019). Retrieved from <https://bit.ly/30UUhk>.
- v CT Department of Public Health. CT Behavioral Risk Factor Surveillance Survey. (2019).
- vi The U.S. Department of Housing and Urban Development (HUD) defines Fair Market Rent (FMR) as “the 40th percentile of gross rents (including utilities) for typical, non-substandard rental units occupied by recent movers in a local housing market.”
- vii Emergency and traditional housing information analyzed from Homeless Management Information System (HMIS) data, provided by CT Coalition to End Homelessness. (2019).
- viii CT Coalition to End Homelessness. CT Counts. (2019). Retrieved from <https://bit.ly/36vJfTr>.
- ix Eviction Lab. (2018). Retrieved from <https://bit.ly/2Rr4oKf>.
- x Fastest growing workforce occupations and 2016-26 industry and employment growth projections derived from CT Department of Labor. Labor Market Information. (2019).
- xi The CT Birth to Three System guides families on how to meet the developmental and health-related needs of their infants and toddlers who have delays or disabilities.
- xii Licensed full-time child care center and home prices are averages, as reported by individual providers to CT 2-1-1 Child Care, 2019. Child care providers have the option not to report their fee for services to the state and some provider’s exceptionally high costs can alter averages. Thusly, these averages should not be taken as the definite price of child care for all centers and homes in Bridgeport.
- xiii Child Care Aware of America. The US and the High Price of Child Care. (2019). Retrieved from <https://bit.ly/385695F>.
- xiv CT Department of Public Health. Adverse Childhood Experiences in CT. (2018). Retrieved from <https://bit.ly/36scAyi>.
- xv Rolnick, J.A., & Grunewald, R. Early Childhood Development: Economic Development with a High Public Return. Federal Reserve Bank of Minneapolis. (2003). Retrieved from <https://bit.ly/2RxDm45>.
- xvi Education data retrieved and analyzed from the Bridgeport Public School District Data Department, and the CT State Department of Education (EdSight), unless otherwise noted. 2019.
- xvii Panorama Annual Student School Climate Fall Survey, BPS District, 2019.
- xxviii Teachers College Columbia University. Cost of Inadequate Education to Society Is Hundreds of Billions of Dollars, Researchers Say. (2005). Retrieved from <https://bit.ly/37Anljq>.
- xix Health care statistics analyzed and derived from the CT Department of Public Health and American Community Survey, unless otherwise noted. (2016-19).
- xx Bridgeport’s 2016 infant mortality rate was deemed to have a Relative Standard Error (RSE) of 31.6%. Rates and proportions with an RSE above 30% are considered to be of low reliability.
- xxi Due to an RSE above 30%, the rate of white mothers who experienced late or no prenatal care should be considered to be of low reliability.
- xxii According to the CT Department of Public Health, children are considered lead poisoned when diagnosed with a confirmed blood lead level >5 ug/dL.
- xxiii Child and Adolescent Health Measurement Initiative. 2017-2018 National Survey of Children’s Health data query. Retrieved from www.childhealthdata.org. (2019).
- xxiv Annual percentages based on 2017 and 2018 NSDUHs.
- xxv Ibid.
- xxvi United Way. ALICE: A Study of Financial Hardship in Connecticut. (2018). Retrieved from <https://bit.ly/30Zcah>.
- xxvii State of Connecticut. Public Act No. 19-187. Sections 3-7. Retrieved 2019.
- xxviii Racial & Ethnic Disparities (RED) Committee. Retrieved 2019.
- xxix Ibid.
- xxx Panorama Annual Student School Climate Fall Survey, BPS District, 2019.
- xxxi Violence, crime and incarceration statistics analyzed and derived from the CT Department of Emergency Services and Public Protection and CT Department of Corrections. (2008-19).

RYASAP & BCAC Leadership

Marc Donald	<i>Executive Director</i>
Ashley R. Blanchard	<i>Public Policy and Research Analyst</i>
Mary Pat Healy	<i>Editor</i>
Mory Hernandez	<i>Community Organizer/Healthcare Advocate</i>
Diana Planas	<i>Parent Leadership Training Institute (PLTI) Coordinator</i>

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Coalition Members

A Child’s World, Inc.	GBAPP
ABCD, Inc.	Golden Hill United Methodist Church
All Our Kin	Greater Bridgeport Latino Network (GBLN)
American Association of University Women - Bridgeport Branch	Hall Neighborhood House, Inc.
Big Brothers Big Sisters of SWCT	Connecticut Institute for Refugees and Immigrants
Boys & Girls Village, Inc.	The Kennedy Center
Bridgeport Hospital	McGivney Community Center
Bridgeport Neighborhood Trust	Mercy Learning Center
Bridgeport Public Education Fund	Mount Aery Baptist Church
Bridgeport Public School District	New Beginnings Family Academy
Burroughs Community Center	Nichols United Methodist Women
Cardinal Shehan Center	Optimus Health Care
Career Resources, Inc.	The Salvation Army
Caroline House	School Volunteer Association of Bridgeport
Center for Family Justice	Southwestern AHEC, Inc.
The Child & Family Guidance Center	Southwest Community Health Center
Christ & Holy Trinity Church	St. Mark’s Day Care Center
Congregation B’nai Israel	St. Vincent’s Medical Center
Congregation Rodeph Sholom	St. Vincent’s Special Needs Center
CT Against Gun Violence (CAGV)	Summerfield United Methodist
Connecticut Legal Services, Inc.	Trinity Episcopal Church
Council of Churches of Greater Bridgeport	Unitarian Church in Westport
The Discovery Museum	Unitarian Universalist Church of Greater Bridgeport
Fairfield Grace United Methodist Church	United Way of Coastal Fairfield County
Fairfield University	Wakeman Boys & Girls Club – Smilow Burroughs Clubhouse

Special Thanks to:

EDWARD S. MOORE FOUNDATION

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BCAC at RYASAP

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**State of
the Child in
Bridgeport
2019**

**Bridgeport is resilient.
Every day, we are making strides in so many ways.**

Together, BCAC and RYASAP share the vision that all Bridgeport families deserve the supports needed to achieve their full potential.

RYASAP Program Summary

B

Bridgeport Child Advocacy Coalition (BCAC) is a coalition of organizations, parents, and other concerned individuals committed to improving the well-being of Bridgeport's children and families through research, education, advocacy, and mobilization.



Bridgeport Parent Leadership Training Institute (PLTI) offers a stimulating 20 week program empowering parents and caregivers' leadership and civic skills to address issues of concern such as accessible child and health services, quality and accountability in education and in their community.



CT Juvenile Justice Alliance is a team of dedicated advocates, policy makers, and community organizers committed to ending the criminalization of youth. The Alliance pursues meaningful reforms at state and local levels and facilitates dialogue amongst a diverse set of juvenile justice stakeholders.



The HUB supports and coordinates behavioral health initiatives (mental health, suicide, substance misuse, and problem gambling) in Southwest Connecticut. The Hub raises awareness, develop priorities, and stimulate initiatives to fill gaps in services.



The Juvenile Review Board (JRB) diverts youth under 18 away from arrest and juvenile court for low level crimes and status (truancy, school misbehavior, etc.) offenses.

Mediation Program engages the young person and integrates restorative justice practices for juvenile offenders, victims and their advocates to address conflict, repair harm done and prevent further involvement in the juvenile justice system.



Prevention Corps (an AmeriCorps program) combats the opioid crisis by empowering AmeriCorps members to work in community health nonprofits to provide solutions through education, awareness, and stigma reduction.



Public Allies of CT engages 18-25 year-olds in full-time paid apprenticeships and engages them in intensive skills and leadership training through community-building projects, personalized coaching and critical reflection.



StreetSafe Bridgeport employs outreach workers from Bridgeport with neighborhood credibility to reduce gang and gun violence among youth using mentoring and partnerships for pro-social activities and employment.

