Meeting Summary for Women & Children's Health Committee Zoom Meeting

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Quick recap

Laura Clancy, the Executive Director of the Bridge Project, (laura@bridgeproject.org) presented about the Bridge Project, a program providing unconditional cash assistance to low-income pregnant women and new mothers, and its expansion into Connecticut. The meeting also covered the program's impact, scalability, partnerships, and future plans, as well as discussions on equity, demographics, and potential collaborations with other programs (https://bridgeproject.org/apply/).

Next steps

Laura to provide Christina with contact information to discuss potential collaboration on benefit cliffs cost analysis study.

Bridge Project team to continue pursuing statewide benefits waivers for program participants in Connecticut.

Bridge Project team to explore opportunities for collaboration with the universal home visitation program in Bridgeport.

Fatmata and DSS team to finalize preparations for launching the maternity bundle in January 2025.

Katie Thiede and ICAN team to work on raising awareness and strengthening enrollment in the HUSKY Health Limited Benefit Family Planning Program.

Director Bill Halsey to review and sign MOU with ICAN to formalize partnership on family planning program.

Katie and ICAN team to organize a convening and training for FQHC leaders on the HUSKY Health Limited Benefit program.

Bridge Project team to continue monitoring application demographics to ensure equitable representation across Connecticut counties.

Summary

Co-Chair Amy Gagliardi introduced the guest speaker, Laura Clancy, the Executive Director of the Bridge Project, who was set to present about the Bridge Project. Laura shared her screen and began her presentation, which was visible to David and Amy. The meeting was being recorded and David was assisting Laura in managing the time effectively.

Unconditional Cash Program for Low-Income Moms

Laura, the representative of the largest consistent unconditional cash program for babies and low-income mothers in the country, discussed the program's impact and its expansion into Connecticut. The program, which has committed \$60 million to low-income moms and their babies, aims to break intergenerational cycles of poverty by providing cash assistance to pregnant women and new mothers. Laura highlighted the program's efficiency, with 96% of funds going directly to the mothers, and its positive impact on mental health, stress reduction, and household harmony. She also emphasized the program's scalability and its ability to target specific populations. Laura addressed common myths about unconditional cash, such as its potential to reduce workforce participation and increase vice spending, citing research that contradicts these claims. She concluded by discussing the program's approach, which

includes a mixed-method research and data collection approach, and its expansion into Connecticut.

Expanding Cash Assistance for Pregnant Women

Laura discussed the expansion of their program, which provides unconditional cash to pregnant and postpartum women, with a focus on local, state, and policy change. The program, which started in New York City and is now operating in Milwaukee, Connecticut, and other states, aims to prevent harm, maximize efficiency, and prioritize dignity. The program has received significant funding from private philanthropists and public organizations, including a \$1.5 million allocation from the New York City Council for a program targeting homeless pregnant women. Laura also mentioned the program's potential impact on reducing rates of neglect and abuse in foster care, and its role in sparking government interest in cash programs. The program is currently in expansion mode, with plans to open sites in the Appalachian region of Ohio, West Virginia, and Kentucky, and is in exploration conversations with other states.

Cash Program Expansion and Eligibility

Laura discussed the progress and future plans of the cash program for low-income mothers and their babies in New York State. She mentioned that the program has received significant funding and has expanded into Connecticut, where it is now the only statewide mother-infant cash program in the country. The program in Connecticut will provide over 10 million dollars directly to mothers over the next three years. Laura also highlighted the eligibility criteria for the program, which includes being 18 or older, 23 weeks or less in pregnancy, living in Connecticut, having an annual household income of 44,000 or less, and not needing an SSN or ITIN to apply. She emphasized the importance of the program's benefits counseling to ensure participants understand any impact on their benefits.

Supporting New Mothers with Cash

Laura discussed the organization's approach to supporting new mothers. She highlighted the importance of building trust through unconditional cash assistance, which also allows for leveraging local resources. The organization offers a virtual workshop series covering topics such as postpartum anxiety, lactation support, and child development. They also encourage connections to Healthy Start, a program providing resources like baby bonds, paid leave, and home visiting programs. Laura emphasized the need for mothers to retain flexibility with cash for essential expenses like transportation, copays, and healthy food. She also mentioned the organization's focus on supporting mothers with high-risk pregnancies or complicated births.

Bridge Program's Connecticut Progress

Laura presented the progress of the Bridge program in Connecticut, which aims to support low-income pregnant women and new mothers. She shared that the program has received over 2,000 applications, with the majority coming from the three most populous counties. The program has been successful in reaching a diverse group of participants, with a high proportion of Black or African American and Hispanic or Latino applicants. Laura also discussed the program's partnerships with various government agencies and its efforts to secure statewide waivers and public funding for the program. She expressed gratitude for the opportunity to work in Connecticut and emphasized the program's goal of reaching moms in rural areas. Amy and Christina Morales also participated in the discussion, with Christina asking a question about the program's data on mom's participation.

Bridge Project Demographics and Selection

Christina and Laura discussed the demographics of the Bridge Project, with Laura revealing that about 70% of the 125 selected moms in Connecticut have full-time jobs, including many working under the table. Christina asked about the lottery process for selecting participants, to which Laura explained that they use a random number generator to select from eligible applicants each month. Fatmata William (DSS) raised concerns about ensuring equity in the selection process and the potential impact of the program on Medicaid benefits. Laura clarified that the program is framed as a gift and that participants receive a call with a social worker to discuss potential impacts on their benefits. Laura also discussed the program's focus on wealth-building and financial literacy, and its potential for long-term sustainability through a combination of public and private funds.

Diverse Participant Selection and Transparency

Laura discussed the importance of considering various dimensions such as geography, race, age, and home language when selecting participants for their program. She mentioned that they aim to enroll up to 100 moms a month and have time to course correct if they're not seeing the desired application mix. Laura also addressed the issue of moms who prefer not to disclose their race, attributing it to the current climate. She emphasized the need for transparency throughout the application process and the positive impact of the program on moms who participate. Fatmata expressed her appreciation for the session and looked forward to more. Laura also responded to Kathleen's question about the experience of moms who are not participating in the initial 500, stating that they try to be transparent about their eligibility and provide regular updates.

Prenatal Leave Program Success Discussed

Laura discussed the success of their prenatal leave program in New York, which was announced by Governor Hochul. She mentioned that the program allows eligible individuals to use their State Paid Family Leave for prenatal appointments without impacting their paycheck. Laura also highlighted the effectiveness of their program's advocates, particularly mothers who have gone through the program. She expressed interest in connecting with mothers who haven't joined the program to advocate for more unconditional cash and diaper coverage. Laura also shared that their program has seen strong word-of-mouth referrals, with many people finding out about it through personal connections. Christina asked about the numbers per county, to which Laura clarified that the numbers represent the proportion of slots reserved for each county based on their poverty rate.

Cash Benefit Program and Home Visitation

In the meeting, Laura discussed the potential for a cash benefit program to increase trust in home visitation programs and reduce the likelihood of child removal due to neglect. She also mentioned a national partnership with the Nurse Family Partnership to explore this idea. Amy expressed excitement about the project being brought to Connecticut. Rep. Jenn Leeper mentioned a universal home visitation program for new mothers in Bridgeport, which could potentially collaborate with the work being done. Fatmata announced the launch of the Maternity Bundle in January 2025. Katie discussed the need to raise awareness about the Husky Health Limited Benefit Family Planning Program in Connecticut, which currently has low enrollment and utilization. She also mentioned an upcoming meeting with FQHC leaders to discuss the program. Eva Forrest expressed appreciation for the presentation and confirmed attendance on behalf of DSS in future meetings. The next meeting was scheduled for January 13, 2025 with a presenter from the CT Children's Hospital.