

CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

State Fiscal Year 2004

(July 2003-June 2004)

PATRICIA A. WILSON-COKER, J.D., M.S.W., Commissioner

Michael P. Starkowski, Deputy Commissioner, Administration

Claudette J. Beaulieu, Deputy Commissioner, Programs

Established - 1993

Statutory Authority - Title 17b

Central Office - 25 Sigourney Street, Hartford, CT 06106

Number of Employees - 1,877

Operating Expenses - \$171,924,417

Program Expenses - \$3,604,491,182

**Structure - Commissioner's Office, Regional Administration, Administrative Operations,
Program Operations**

Mission

The Department of Social Services provides a continuum of core services to meet the basic needs of food, shelter, economic support, and health care; to promote and support the choice to live with dignity in one's own home and community; and to promote and support the achievement of economic viability in the workforce. The Department gains strength from a diverse environment to promote equal access to all agency programs and services.

Statutory Responsibility

The Department of Social Services is designated as the state agency for the administration of 1.) the Child Care Development Block Grant, pursuant to the Child Care and Development Block Grant Act of 1990; 2.) the Connecticut Energy Assistance Program, pursuant to the Low Income Home Energy Assistance Act of 1981; 3.) programs for the elderly, pursuant to the Older Americans Act; 4.) the state plan for Vocational Rehabilitation Services; 5.) the Refugee Assistance Program, pursuant to the Refugee Act of 1980; 6.) the Legalization Impact Assistance Grant Program, pursuant to the Immigration Reform and Control Act of 1986; 7.) the Temporary Assistance for Needy Families program, pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996; 8.) the Medicaid program, pursuant to Title XIX of the

Social Security Act; 9.) the Food Stamp program, pursuant to the Food Stamp Act of 1977; 10.) the State Supplement to the Supplemental Security Income Program, pursuant to the Social Security Act; 11.) the state Child Support Enforcement Plan, pursuant to Title IV-D of the Social Security Act; 12.) the state Social Services Plan for the implementation of the Social Services and Community Services Block Grants, pursuant to the Social Security Act; 13.) the Section 8 existing certificate program and the housing voucher program, pursuant to the Housing Act of 1937; 14.) the state plan for Title XXI; and 15.) Disability Determination Services.

Public contact points

Websites:

- DSS general: www.dss.state.ct.us
- ConnPACE: www.connpace.com
- HUSKY Plan: www.huskyhealth.com
- Fatherhood Initiative of Connecticut: www.fatherhoodinitiative.state.ct.us
- Elderly Services: www.ctelderlyservices.state.ct.us
- Bureau of Rehabilitation Services: www.brs.state.ct.us
- Child Care Services (including Care4Kids): www.dss.state.ct.us/ccare/index.htm
- Child Support Enforcement: www.dss.state.ct.us/csrec/csrec.htm
- Long-Term Care Ombudsman: www.ltcop.state.ct.us/
- Connecticut Human Services Infrastructure initiative: www.dss.state.ct.us/HSI/index.htm

Toll-free information:

- General public information: 1-800-842-1508
- HUSKY healthcare: 1-877-CT-HUSKY
- ConnPACE: 1-800-423-5026
- Child support enforcement: 1-888-233-7223
- Child care services: 2-1-1 or 1-800-811-6141
- Care4Kids child care subsidy program: 1-888-214-5437
- Elderly services: 1-800-443-9946
- Connecticut Home Care Program for Elders: 1-800-445-5394
- Bureau of Rehabilitation Services: 1-800-537-2549 (TTY: 860-424-4839)
- Connect-to-Work Center for people with disabilities: 1-800-773-4636 (TTY: 860-424-4839)
- Winter heating assistance: 2-1-1 Infoline or 1-800-842-1132
- Fraud and recoveries (including lien matters): 1-800-842-2155
- Long-Term Care Ombudsman: 1-866-388-1888
- 2-1-1 INFOLINE: dial 2-1-1, 24-hours-a-day, seven-days-a week. Information and referral, crisis intervention services. Operated by United Way of Connecticut with DSS funding.

General TDD/TTY for persons with hearing impairment: 1-800-842-4524

DSS Regional Offices:Northern Region

- **Hartford**—3580 Main Street 06120; 860-723-1000, or 1-800-566-2244. TDD/TYY: 860-566-7913. Silvana Flattery, Regional Administrator
- **Manchester**—699 East Middle Turnpike 06040; 860-647-1441, or 1-800-859-6646. TDD/TYY: 860-647-5821. Kenneth Derrick, Social Services Operations Manager
- **New Britain**—270 Lafayette Street 06053; 860-612-3400, or 1-866-723-2591. TDD/TYY: 860-827-7151. Michele Farieri, Social Services Operations Manager
- **Willimantic**—676 Main Street 06226; 860-465-3500, or 1-866-327-7700. Linda Roache, Social Services Operations Manager

Western Region

- **Bridgeport**—925 Housatonic Avenue 06604; 203-551-2700, or 1-877-551-2700. TDD/TYY: 203-579-6821. Frances Freer, Regional Administrator
- **Stamford**—1642 Bedford Street 06905; 203-251-9300, or 1-866-663-9300. TDD/TYY: 203-251-9304. Evelyn Balamaci, Social Services Operations Manager
- **Waterbury**—249 Thomaston Avenue 06702; 203-597-4000, or 1-866-454-1108. TDD/TYY: 203-597-4175. Bonnie Wilkes, Marva Perrin, Social Services Operations Managers
- **Danbury**—342 Main Street 06810; 203-207-8900. TDD/TYY: 203-797-4032. John Souchuns, Social Services Operations Manager
- **Torrington**—62 Commercial Boulevard 06790; 860-496-9600, or 1-800-742-6906. TDD/TYY: 860-482-5719. Marc Paletsky, Social Services Operations Manager

Southern Region

- **New Haven**—194 Bassett Street 06511; 203-974-8000. TDD/TYY: 203-974-8394. Ronald Roberts, Regional Administrator
 - **Middletown**—117 Main Street Extension 06457; 860-704-3100. Cheryl Parsons, Social Services Operations Manager
 - **Norwich**—401 West Thames Street 06360; 860-823-5000. TDD/TYY: 860-892-1429. Randy McKenney, Social Services Operations Manager
- **Services provided by DSS Regional Offices** include Temporary Family Assistance; Food Stamps; Medical Assistance (HUSKY Plan for children, eligible parents/caregivers, pregnant women; and Medicaid for elders, people with disabilities); Medicare premium affordability assistance; State-Administered General Assistance; State Supplement Program; Social Work Services; Child Support Enforcement Services; Rehabilitation Services; Housing Assistance.

- **For DSS Bureau of Rehabilitation Offices, see page 22**

News media contact point:

- David Dearborn, 860-424-5024; david.dearborn@po.state.ct.us.

Legislative relations contact point:

- Matthew Barrett, 860-424-5012; matthew.barrett@po.state.ct.us.

Freedom of Information Act document request contact point:

- Email to David.dearborn@po.state.ct.us; Written requests to Public and Government Relations Office, 25 Sigourney Street, Hartford, CT 06106

Department Chief of Staff and Directors:

Chief of Staff: Astread Ferron-Poole; Public and Government Relations Director: Matthew Barrett; Communications Director: David Dearborn; Affirmative Action Director: Irene Mason; Human Resources Director: Rudolph Jones; Legal Affairs, Regulations, Administrative Hearings Director: Brenda Farrell; Strategic Planning Director: Dawn Homer-Bouthiette; Medical Care Administration Director: David Parrella; Certificate-of-Need and Rate-Setting Director: Gary Richter; Medical Administration Operations Director: Marcia Mains; Medical Administration Managed Care Director: Rose Ciarcia; Medical Policy and Behavioral Health Director: Mark Schaefer, Phd; Adult Services Acting Director: Marion Wojick; Elderly Services Director: Pamela Giannini; Child Support Director: Diane Fray; Family Services Director: Kevin Loveland; Social Work and Preventive Services Director: Silvia Gafford-Alexander; Rehabilitation Services Director: Brenda Moore; Contracts Administration Director: Kathleen Brennan; Management Information Systems Director: Alex Tucciarone; Quality Assurance Director: James Wietrak; Administrative Services Director: Dennis Barry; Fiscal Analysis Director: Lee Voghel; Long-Term Care Ombudsman: Teresa Cusano. Organizational and Skill Development Director: Judy Feinstein

Commission on Aging executive director:

Julia Evans Starr; 860-424-5360. www.coa.state.ct.us.

Public Service Information and Highlights of SFY 2004

Medical Services

The Division of Medical Care Administration and Regional Offices ensure that eligible children, youth, adults, and seniors are able to access needed medical and/or prescription medication coverage through Medicaid, the State Children's Health Insurance Program, the State-Administered General Assistance medical program, ConnPACE, and other programs. More than 430,000 people each month were eligible for coverage in SFY 2004, including many children and youth receiving services from the Department of Children and Families. Connecticut's HUSKY Plan (Healthcare for Uninsured Youth) combines services under Medicaid and the State Children's Health Insurance Program for eligible children, teenagers, pregnant women, and parents/caregivers. Medicaid fee-for-service coverage is provided to eligible elders and people with disabilities, while State-Administered General Assistance offers medical coverage to eligible adults.

During SFY 2004, the legislature and administration passed several changes in the Medicaid, ConnPACE and State Administered General Assistance (SAGA) programs to help contain ever-increasing costs in the largest portion of the state budget. The budget deficit caused reductions in some program areas, followed by restorations when the budget situation improved.

New medical program for State-Administered General Assistance

In the June 2003 Special Session, the SAGA Medical Program underwent the largest administrative change since the state assumed responsibility for general assistance in 1997. Effective January 1, 2004, hospital, primary care and other medical services were subject to a capped appropriation. Claims for dates of service on or after January 1, 2004, were pro-rated to ensure that overall hospital expenditures fell within the appropriation. Effective August 1, 2004, the Community Health Network of Connecticut assumed responsibility for administering all primary care services as well as pharmaceutical, primary care and specialty clinic services. The management of the non-hospital services and the introduction of a primary care service delivery model promised to improve access to SAGA medical program services and monitoring of health outcomes.

HUSKY eligibility and cost-sharing

Eligibility for parents and adult caregivers in HUSKY A households was decreased from 150% to 100% of the federal poverty level (FPL) on April 1, 2003, pursuant to deficit-reduction legislation. The full impact of this policy change was not yet realized by the end of the fiscal year, due to a ruling by the U.S. Second Circuit Court of Appeals that required Transitional Medical Assistance (TMA) to be provided to households receiving earned incomes. The two-year TMA period for these families is scheduled to expire on March 31, 2005. Continuous eligibility for children in HUSKY for up to 12 months and

guaranteed eligibility for adults for up to six months were also eliminated by the deficit-reduction legislation.

ConnPACE

Legislation passed to allow for an estate recovery and asset-eligibility test in the ConnPACE pharmaceutical assistance program. Upon learning of the magnitude of voluntary disenrollments and the significant drop in completed applications due to the estate recovery provision, on November 18, 2003, the Governor announced that ConnPACE estate recovery would not be pursued administratively. The Governor introduced legislation to statutorily repeal the estate recovery enabling authority. The asset test was implemented as part of the eligibility determination process for ConnPACE. Individuals with assets of \$100,000 (single)/\$125,000 (couple) was short-lived. In May 2004, the state legislature repealed the ConnPACE asset test requirement, after recommendation by the administration.

Pharmacy cost-containment

- The cost of prescription drugs continued to increase at the most rapid rate of all medical services. Beginning April 15, 2003, a \$1 prescription co-payment was implemented for most clients in fee-for-service Medicaid and SAGA. Effective November 1, 2003, the co-payment per prescription was increased to \$1.50. The co-payment was repealed, effective July 1, 2004, as a result of the improving state economic climate.
- As SFY 2004 began, to help contain costs without adversely affecting clients' health, the Department implemented a Pharmacy Prior Authorization Program for Medicaid (fee-for-service), ConnPACE and SAGA, requiring prior authorization for 1.) all brand-name medications when a chemically equivalent generic product is available; 2.) for all prescriptions over \$500; and 3.) for all early refills of prescribed drugs. PA became fully operational on July 16, 2003.
- To implement the legislatively-mandated Preferred Drug List (PDL), the Department worked with the legislature to reconstitute a Pharmaceutical & Therapeutics Committee to provide clinical expertise and PDL recommendation. The required members, including clinical experts and medical professionals such as a geriatrician, pharmacists and nurses, were appointed by the Governor, effective January 12, 2004. The Committee serves as advisors in the establishment/adoption of a Preferred Drug List. The Committee will review an unlimited number of drug classes and all of the drugs included in each class, and will provide recommendations for additions to/deletions from the Preferred Drug List. Although it is charged to review clinical data, the Committee will also review the relative value of the supplemental rebates agreed to by manufacturers and any evidence presented by manufacturers that supports the inclusion of products on the Preferred Drug List. The first class of drugs recommended for inclusion on the Preferred Drug List will be proton pump inhibitors.

Implementation and repeal of co-payments

- Beginning November 1, 2003, hospital outpatient services and most physician, clinic and specialty services covered under Medicaid for adults were subject to a co-payment of \$2 per visit. However, as a result of the state's improving economic climate, the co-payments were repealed, effective July 1, 2004.

HUSKY (Healthcare for Uninsured Kids and Youth; www.huskyhealth.com) offers health coverage to Connecticut children up to age 19 in all income levels and to eligible parents or caregivers. HUSKY is a combination of Medicaid managed care (HUSKY A); managed-care coverage for children in higher-income families (HUSKY B, or State Children's Health Insurance Program); and supplemental services for children with special health care needs who are enrolled in the subsidized portion of HUSKY B (HUSKY Plus).

HUSKY has been rated by the Children's Defense Fund as one of the three best programs nationally for eligibility and benefit levels. HUSKY has a toll-free customer hotline (1-877-CT-HUSKY), apply-by-phone option, and informative website (www.huskyhealth.com), augmented by community outreach. During SFY 2004, HUSKY A membership peaked at an all time high of 304,633 individuals in May, before falling back to 302,952 (212,175 children and 90,777 adults) at the end of the state fiscal year. HUSKY B enrollment has leveled off during the last year, with enrollment at 14,553 by the end of the year. The Healthy Start anti-infant mortality program continues to serve high-risk, low-income pregnant women and families.

Specifically, DSS Regional Offices enroll into Medicaid managed care (HUSKY A) parents or relative caregivers with incomes at or below 100% of the federal poverty level; children up to age 19 in families with incomes at or below 185% of the federal poverty level; and pregnant women with incomes at or below 185% of the federal poverty level. Families receiving Temporary Family Assistance (cash benefits) are also enrolled into HUSKY A. Connecticut now operates one of the largest pre-paid Medicaid managed care programs in the nation, proportionate to the population.

Children under age 19 in families with incomes above 185% of the federal poverty level are eligible for HUSKY B health coverage. The coverage is subsidized by the state and federal governments for children in families with incomes up to and including 300% of the federal poverty level. Children families with higher incomes can access HUSKY B coverage at an unsubsidized group rate.

Both HUSKY A and HUSKY B offer a comprehensive benefits package that includes preventive care, outpatient physician visits, prescription medicines, in-patient hospital and physician services, outpatient surgical facility services, mental health and substance abuse services, short-term rehabilitation, home health care, hospice care, diagnostic x-ray and laboratory services, emergency care, durable medical equipment, eye care, hearing exams, and dental care. HUSKY A also offers additional services such as non-emergency medical transportation and Early and Periodic Screening, Diagnosis and Treatment services for children. Additional coverage for

eligible children enrolled in HUSKY B with physical and/or behavioral health needs is available under HUSKY Plus.

HUSKY health care is free or low-cost, depending on family income. With the elimination of co-payment requirements for Medicaid, there is no cost-sharing by the family for HUSKY A benefits, although co-payments and premiums continue to be required for many children enrolled in HUSKY B. Pursuant to legislation passed during the 2003 June Special Session, premiums for HUSKY B were increased, effective February 1, 2004, from zero to \$30 per child or \$50 for two or more children in families with incomes between 185% and 235% of FPL; for children with family incomes between 235% and 300% of FPL, the premiums increased from \$30 to \$50 for one child and from \$50 to \$75 for two or more children. In June 2004, the premiums were rolled back to their pre-February levels.

The Department is planning to ‘carve out’ HUSKY behavioral health specialty services during 2005. This carve-out is part of a broader collaboration with the Department of Children and Families under the Connecticut Community KidCare initiative. Under Connecticut Community KidCare, the Departments will jointly contract with an administrative service organization to manage the behavioral health services available under the HUSKY A, HUSKY B and DCF Voluntary Services Programs. The development of this integrated administrative model should markedly improve the state’s ability to involve families in policy and planning, serve children in their homes and communities, reduce unnecessary hospital stays, and manage the program to higher outcome and performance standards.

ConnPACE (Connecticut Pharmaceutical Assistance Contract to the Elderly and Disabled; www.connpace.com) helps eligible senior citizens and people with disabilities afford the cost of most prescription medicines. In SFY 2004, the monthly ConnPACE enrollment averaged approximately 51,000. Late in SFY 2004, approximately 21,000 ConnPACE clients were given the opportunity to enroll in the new Medicare Rx Transitional Assistance program, with an effective date of July 2004. Work began on coordination of ConnPACE benefits with the start of the Medicare Part D prescription drug coverage in January 2006.

The Connecticut AIDS Drug Assistance Program provides pharmacy assistance for persons with HIV or AIDS with income up to 400% of the FPL (\$3,104 monthly income). Approximately 1,638 people received services during SFY 2004.

The Connecticut Insurance Assistance Program for AIDS Patients

(www.dss.state.ct.us/pubs/ciapap.pdf) helps persons who are diagnosed with HIV or AIDS to take advantage of a federal law that allows for an extension of employer-provided group health insurance to people who become unemployed. The maximum adjusted income limit for a single person is \$1,552 per month. In SFY 04, the program paid extended insurance premiums for 435 clients.

Medicaid for the Employed Disabled (www.dss.state.ct.us/divs/medemp.htm) allows people with disabilities to engage in employment without risking eligibility for needed medical services.

Approximately 2,300 residents with disabilities receive medical coverage through this program. Individuals may have incomes up to \$75,000 per year. Some participants are charged a premium (10% of their income in excess of 200 percent of the FPL). Liquid assets may not exceed \$10,000 for a single person or \$15,000 for a couple.

State-Administered General Assistance (SAGA) covers most of the services available under Medicaid for single adults who do not qualify for that coverage. Behavioral health services are managed by the Department of Mental Health and Addiction Services. Enrollment into the SAGA Medical Assistance program increased by approximately 4,000 individuals during SFY 2004. At the end of the fiscal year, 29,579 individuals were receiving SAGA medical assistance.

The Connecticut Home Care Program for Elders (CHCPE; www.dss.state.ct.us/svcs/CHCPE/) is a comprehensive home care program designed to enable older persons at risk of institutionalization to receive the support services they need to remain living at home.

The CHCPE provides a wide range of home health and non-medical services to persons age 65 and older who are institutionalized or at risk of institutionalization. Available services include adult day health, homemaker, companion, chore, home delivered meals, emergency response systems, care management, home health, assisted living and minor home modification services. The individual must meet the income and asset limits to be eligible for the program.

The program has a three-tiered structure through which individuals can receive home care services in amounts corresponding to their financial eligibility and functional dependence. Two categories within the program are funded primarily with state funds; the third category is funded under a Medicaid waiver.

Prospective clients are referred by community home-health agencies, hospitals and nursing facilities. Interested people can call the program directly at 1-800-445-5394. Individuals who meet both the financial and functional criteria are referred for an independent, comprehensive assessment. This assessment determines the prospective client's needs and whether a plan of care can be developed which will safely and cost-effectively meet those needs in the community. The program served 17,131 clients in SFY 2004.

Medicare Premium Affordability Assistance is available to help eligible residents pay for Medicare coverage. Application is made at DSS regional offices.

ConnTRANS (Connecticut Organ Transplant Fund; www.dss.state.ct.us/pubs/Conntrans.pdf), supported by donations from taxpayers who earmark a part of their state tax refund, helps those who need or have received an organ transplant when their expenses are not covered by another source.

Supporting Regional Offices and the Division of Medical Care Assistance in the delivery of medical services to DSS clients are the Divisions of Adult Services and Family Services and Office of Public and Government Relations.

Services for Families and Children

Jobs First (Temporary Family Assistance)

DSS operates *Jobs First*, Connecticut's welfare reform program, providing **Temporary Family Assistance** (TFA) to families in need of cash assistance. Since 1996, Jobs First has been successful in helping thousands of parents move into the workforce and off welfare rolls. The Aid to Families with Dependent Children caseload in December 1995, a month before implementation of the major program changes, stood at 57,855. In June 2004, the Department's Temporary Family Assistance caseload was 22,458.

Jobs First is a time-limited program that emphasizes early case-management intervention and participation in the labor market. The program provides 'safety net' services to families that exhaust their time limit, have income limits below the payment standard (cash benefits level), and are not eligible for an extension because they did not demonstrate a good-faith effort.

Jobs First established a time limit of 21 months for families that contain an adult who is able to work. Extensions beyond 21 months are available if the adult cannot find a job that makes the family financially independent. Able-bodied adults are referred to the Department of Labor (DOL) and regional Workforce Investment Boards for help in finding work; those who are already working receive help in increasing their hours of work or wage level. During the 21 months, and during extensions, recipients must cooperate with DOL and make a good-faith effort to find a job and keep working. At the end of the time limit, a family may be eligible for an extension of benefits if they have income less than the payment standard; have made a good-faith effort to find work; or have experienced circumstances beyond their control which kept them from finding work or keeping a job.

Beginning May 1, 2003, the **Employment Success Program** was implemented to provide early intervention, in-depth assessment and intensive case management services to recipients of TFA who are mandatory participants in Employment Services. This program seeks to address client barriers that prevent successful participation in the TFA program.

Beginning July 1, 2003, time-limited recipients could receive no more than two extensions to the 21-month time limit unless they met certain criteria: having two or more substantiated barriers to employment; working full-time and not earning at least the welfare payment standard; or not being able to work full-time because of a medical impairment or because of caregiving responsibilities for a disabled household member.

In most parts of Connecticut, a single parent with two children and no other income, who does not get a housing subsidy, receives \$543 in monthly cash benefits (also called the payment standard). This amount may vary slightly as the state has three regions that pay different benefit rates based on housing costs. Recipients can also receive special-need benefits, such as emergency housing, or moving and storage expenses. Additionally, the family may receive HUSKY A (Medicaid) and Food Stamps, help in paying for child care, and assistance in obtaining child support payments.

As of June 2004, TFA was helping 22,458 families in Connecticut--9,606 in the time-limited program and 12,852 who were exempt from time limits because of hardship criteria. Many families are employed but continue to be eligible for cash assistance because their earned income is below the program limit, which equates to 100% of the federal poverty level.

Connecticut was awarded federal performance bonuses in recognition of Jobs First work participation rates for the 2000, 2001, 2002 and 2003 federal fiscal years.

Safety Net services are provided to those families who have exhausted their 21 months of benefits, have an income still below the payment standard, and do not qualify for an extension because of their failure to comply with work requirements. Help with meeting basic needs is available, along with case management and service coordination. The Safety Net program served approximately 375 families as of June 2004

The Temporary Rent Subsidy Program (TRSP) assists low-income families in paying their housing costs. Two groups are targeted: 1.) recipients of TFA for whom lack of housing stability is a barrier to employment; and 2.) families who have exhausted their TFA benefits or are no longer eligible for TFA because they have been sanctioned off the program, with the result that the family is homeless or at risk of homelessness. TRSP helps those in the two target groups afford decent, safe, and sanitary housing in the private market by providing a rent subsidy for up to 18 months, through June 2004. In September 2003, 242 families were approved to participate and received an average subsidy of \$654 per month. Participants find their own housing and are free to choose any private housing that meets the requirements of the program.

Transitory Rental Assistance (T-RAP) is available for some families that exhaust 21 months of time-limited assistance and are not eligible for an extension because they have income over the payment standard. There is an income limit of 50% of the state median income level. Rental assistance is available for up to 12 months. Due to limited funding, a lottery system is used to select eligible recipients.

In 2002, DSS began the **Good News Garage**, a vehicle donation program, through a contract with Lutheran Social Services of New England. This initiative, supported with TANF high-performance bonus funds and in-kind assistance from the Department of Labor, donates automobiles to Jobs First recipients whose transportation-to-work needs cannot be met by public or other means. This program will provide approximately 200 vehicles to welfare recipients during the term of the contract.

Child Care Services

During SFY 2004, over 15,000 income-eligible children participated each month in the **Child Care Assistance Program (Care4Kids)**, while contracts to state-supported child day care centers and school-age programs served another 8,500 children monthly. DSS continued to support the Child Care Facilities Loan Fund, awarding loans to create new spaces for children at child care facilities.

Quality Enhancement Grants, at a funding level of \$1.4 million, helped 18 priority school districts develop local quality initiatives that support the communities' family and caregiver needs. Local School Readiness Councils in the designated communities used the funds to serve over 1,600 child care providers, including kith and kin, caring for almost 3,300 children in various ways: direct services to children and families, consultation services to child care centers and family providers, training and staff development, mini-grants for minor renovations, instructional materials and equipment, and public education campaigns. Health, safety and education kits were distributed to 'kith and kin' caregivers newly approved into the Child Care Assistance Program to improve their child care environment. DSS continued to fund child care licensing and inspection staff at the Department of Public Health. DSS also provided funds to the Department of Children and Families and the Department of Public Safety to support child-abuse and criminal-background checks for certain child care providers in the Child Care Assistance Program.

Child Care INFOLINE (dial 2-1-1), supported by agency funds and United Way of Connecticut, received over 38,000 telephone calls from parents seeking child care information and referrals to child care centers and homes in their area. The Early Childhood Training and Resource Academy, a joint project with the Child Health and Development Institute of Connecticut, helped nearly 1,194 caregivers receive training in the Connecticut Charts-a-Course curriculum and achieve the nationally recognized Child Development Associate credential. The statewide Accreditation Facilitation Project provided support and technical assistance to 128 child care centers and has been working with pilot programs and services for family day care homes and school-age providers. The Connecticut Charts-a-Course Scholarship Fund provided 604 individuals with financial assistance to support their attendance at training seminars for college credits.

The Child Care Apprenticeship program collaboration continued with the Department of Labor. The Connecticut Early Childhood DataConnections project to expand and enhance the early childhood research and data analysis capacity. The child care unit also participates in the Child Day Care Council, Head Start Advisory Council, Head Start Statewide Collaboration Project, Commission on Children, Healthy Child Care Connecticut, and the HUSKY Plan. The University of Connecticut Cooperative Extension System distributes a quarterly newsletter, "All Children Considered," to 25,000 readers under a contract with the Department.

Summary highlights for child care services during fiscal 2004:

- 84,296 children received subsidized child care services in Connecticut.

- 15,271 children and their families received monthly financial assistance from the **Care4Kids** program.
- 6,438 preschool children participated monthly in the **School Readiness Program**.
- 4,528 children, ages 1-12, participated monthly in the **State-supported Child Care Center Program**.
- 5,902 early caregivers participated in the statewide training offered through the **Training Program in Child Development**.
- **Connecticut Charts-a-Course** scholarships benefited 604 early caregivers; 174 achieved the Child Development Associate credential.
- The **Accreditation Facilitation Project** worked with 128 child care center sites to achieve national accreditation. As of June 2004, there were 346 NAEYC-accredited centers in Connecticut.

You can learn more about these and other child care activities in the state in the Child Care Annual Report. The report may now be viewed or printed from the DSS website at (www.dss.state.ct.us/pubs/CCAnnReport04.pdf).

Child support Enforcement Services

Child support enforcement services are available to all families in Connecticut. Deprivation of a parent's support is the only criterion for eligibility, regardless of a family's income. DSS is the lead agency for child support enforcement activity, working closely with the Judicial Department's Support Enforcement Services Division and the Office of the Attorney General to establish and enforce paternity, financial, and medical orders.

Total child support collections for SFY 2004 were \$270.1 million, an increase of \$10.4 million over SFY 2003. This figure includes \$182.5 million that was collected and sent to families not receiving public assistance; \$9.7 million of current support that was sent through to families receiving assistance; and \$32.6 million retained by the state for repayment of assistance benefits. Another \$27.6 million was collected for families not requesting child support services from the state, but whose court-ordered support goes through the state disbursement system; and \$17.4 million was collected and sent to families in other states.

Child support efforts that involve other state agencies include: the Paternity Registry and Voluntary Paternity Establishment Outreach program, which works with the Department of Health and hospitals; employer reporting of all newly-hired employees; a bilingual outreach and

education effort, which provides child support information in both English and Spanish; and the Partners Executive Council, which works to improve the child support program.

While core functions remain a major focus for the Department's Bureau of Child Support Enforcement (BCSE), a number of **initiatives were implemented to improve the quality of customer service, program performance, and service delivery**. Connecticut has worked diligently in the areas of child support automation, including the federal certification of the child support automated system. BCSE continued participation in longstanding collaborative efforts such as Access and Visitation, providing services to never-married couples in Hartford and New Haven; and the Voluntary Paternity Establishment Program, providing services in 29 area hospitals and Madonna Place of Norwich, a Fatherhood Initiative program site.

Legislative, regulatory and procedural changes have encouraged non-custodial parents to become more involved with their children, with a special emphasis on more effective arrears management. Some of the efforts were the following:

- Legislation making the Fatherhood Initiative permanent;
- Legislation requiring court modification of an order, if requested, based on the present financial ability of the obligor when he/she is institutionalized or incarcerated;
- Child Support Guidelines Commission focusing on low-income obligor issues;
- Revision and implementation of non-custodial parent contact forms to support early intervention and obtain information to establish realistic orders;
- Legislation to ensure initial arrearages is based on actual ability to pay;
- Passage of the arrearage adjustment regulations; and
- Legislation to authorize additional entities to participate in the voluntary paternity establishment program.

Legislation was also passed to authorize the interception of one-time lottery winnings of at least \$5,000. While withholding of lottery winnings has been a law since 1988, its use was limited to delinquent obligors who were annuity winners, as there was no mechanism to track single hits prior to the payout.

Customer service enhancements reflect the wide array of technological advances available to the consumer. The Automated Clearing House Debit Program offers direct-paying obligors the option to have payments deducted directly from their bank account to pay child support debts. The obligor also has the convenience of establishing this type of payment arrangement via the internet. Custodial parents are offered the option of having child support payments directly deposited into existing bank accounts or may participate in the Pay Access program, which provides a debit-card account which functions in a manner similar to direct deposit.

Parents can access the DSS child support website at www.dss.state.ct.us/csdc/csdc.htm for more information. This site also has links to the federal child support website, the other child support

partners in Connecticut, the state's Fatherhood Initiative website, and the State Disbursement Unit (www.ctchildsupport.com).

Both websites have been enhanced with direct links to applications for services, payment information, employer information packets, and other state and federal child support websites. These new tools have assisted Connecticut in sending more of the child support collected to parents, and keeping the number of undistributed payments at a level that is one of the lowest in the nation.

A focus on reducing undistributed collections has been a federal initiative for the past two years, and Connecticut has provided guidance and best practices to other states through national teleconferences.

Outreach and training were provided for Connecticut's HUSKY (medical insurance for children) and Connecticut's Care 4Kids (child care assistance) programs to educate providers and workers on the benefits available to clients and their children through child support services.

John S. Martinez Fatherhood Initiative of Connecticut_____

The Fatherhood Initiative of Connecticut was established by the General Assembly in 1999, and renamed the John S. Martinez Fatherhood Initiative in 2003 to honor one of its founding fathers, the late legislator from New Haven. The Fatherhood Initiative promotes public education concerning the responsibilities and rewards of fatherhood; assists men in preparation for the emotional, legal, and financial aspects of fatherhood; and promotes the establishment of paternity and child support. The Department funds three fatherhood research and demonstration projects. Each pilot site is targeted to serve up to 100 fathers and families each year. The program offers a comprehensive set of services, including:

- case management;
- life skills training;
- parenting education; and
- referrals to education, training and employment services

The Fatherhood pilot projects are currently being operated by Madonna Place in Norwich, Career Resources Inc. in Bridgeport, and Families in Crisis Inc. at the Manson Youth Correctional Facility in Cheshire.

Cash Assistance for Adults

State-Administered General Assistance

Through the **State-Administered General Assistance (SAGA)** program, the Department provides cash and/or medical assistance to eligible individuals who are unable to work for medical or other prescribed reasons, and to families that do not meet the blood-relationship requirements of the Temporary Family Assistance (TFA) program. Approximately 4,130 individuals were receiving SAGA cash assistance at the end of SFY 2004.

Employable individuals are not eligible for SAGA cash assistance. However, employable individuals with drug and/or alcohol abuse problems may be eligible to receive treatment and some financial support through the Department of Mental Health and Addiction Services' (DMHAS) Basic Needs Program.

General application for SAGA services is made at local DSS offices. Further information: www.dss.state.ct.us/svcs/financial.htm, and scroll down.

State Supplement Program

The **State Supplement** Program provides cash assistance to the elders, people with disabilities, and people who are blind, to supplement their income and help maintain them at a standard of living established by the General Assembly. To receive benefits, individuals must have another source of income such as Social Security, Supplemental Security Income, or Veteran's benefits.

To qualify as aged, an individual must be 65 years of age or older; to qualify as disabled, an individual must be between the ages of 18 and 65 and meet the disability criteria of the federal Social Security Disability Insurance program; and to qualify as blind, an individual must meet the criteria of the Social Security Disability program, or the state Board of Education and Services for the Blind. The program is funded entirely by state funds, but operates under both state and federal law and regulation. Incentives are available to encourage recipients to become as self-supporting as their ages or abilities will allow. State Supplement Program payments also promote a higher degree of self-sufficiency by enabling recipients to remain in non-institutional living arrangements.

People eligible for State Supplement are automatically eligible for Medicaid. Approximately, 17,170 people were receiving State Supplement benefits at the end of SFY 2004. Further information: www.dss.state.ct.us/svcs/financial.htm, and scroll down.

Services for the Elderly, People with Disabilities & Social Work Services

(See also: Medical Services and Cash Assistance for Adults)

During SFY 2004, the DSS Elderly Services Division administered approximately \$23 million from the federal Older Americans Act and other federal and state funds to provide a multitude of services to an estimated 106,082 seniors.

Older Americans Act-funded services include home care, transportation, housekeeping, respite for caregivers, nutritional services (meals served in a group environment and meals-on-wheels), health promotion and disease prevention, legal assistance, adult day care, senior center operation, employment, and education and counseling.

Highlights of Older Americans Act Program for SFY 2004:

- Services were provided to 57,830 elders and their caregivers;
- 2,293,227 home-delivered meals were served statewide;
- 1,070,497 meals were served in group settings to elders;
- 271,262 trips were provided for elders to doctor appointments, shopping and recreational activities;
- 112,516 hours of homemaker services were provided; and
- 538,793 adult day care hours for personal care were funded.

The Department's **Older Workers Program** offered employment and training opportunities to 600 seniors in 2004. **Elderly Health Screening** programs provided a multiphase health screening to elders, with the primary goal of early detection of disease. During SFY 2004, a total of 4,155 elders received health-screening services.

The information and education program of the **Connecticut Partnership for Long-Term Care** recruited and trained volunteer counselors to help consumers plan for the costs of future long-term care. During SFY 2004, this alliance with private industry responded to 1,557 requests for information and publications about long-term care insurance, counseled more than 487 prospective consumers, and conducted six forums to educate the public about "The Missing Link in Retirement Planning: Why and When to Consider Long-term Care Insurance," reaching more than 402 people.

Through the **Retired and Senior Volunteer Program (RSVP)**, volunteers provided community services at schools, hospitals, libraries, local and state social services agencies, and community events; visited homebound individuals; transported people to medical appointments; and assisted in preventive health care clinics and disaster preparedness education. DSS provides a portion of the senior volunteer program funding, supporting 410 of the 5,142 active RSVP volunteers in the 12 programs. The Eastern Fairfield County RSVP was awarded the President's Volunteer Service Award for its contributions to the City of Bridgeport.

The Department's **CHOICES** (Connecticut's Health insurance assistance, Outreach, Information and referral, Counseling and Eligibility Screening) Program (1-800-994-9422) served tens of thousands of seniors, people with disabilities and their caregivers through individual counseling and community outreach and education events. The program counseled 52,564 individuals on health insurance issues such as Medicare, Medigap insurance and Medicaid coverage. CHOICES counselors also assisted 9,210 individuals with non-insurance issues such as housing, transportation and legal services. Over 5,000 individuals were assisted with ConnPACE issues and enrollment. Over 17,000 individuals were reached through educational and outreach activities, such as health fairs and presentations in the community. The success of the program is due in part to the 199 volunteers across the state.

Connecticut's National Family Caregiver Support Program provides services to family caregivers in several different areas, including information and assistance, counseling, support groups, and respite. One-on-one assistance was provided to 4,313 individuals; 5,045 were served through counseling, support groups, and training; 770 received respite services; and 614 were served with supplemental services. The program also provided information through presentations, a newsletter, and broadcast media.

The program also serves grandparents or older relatives caring for children up to age 18 through support groups, trainings, legal assistance and respite. In addition, DSS Elderly Services is actively involved in the **GAPS (Grandparents As Parents Support) Network**, which includes over 130 agencies and organizations dedicated to helping grandparent caregivers and their grandchildren.

The Connecticut Statewide Respite Care Program is designed to offer short-term respite to caregivers of individuals with Alzheimer's disease and related dementias. In SFY 2004, 523 individuals received direct services such as adult day care, home health services, skilled nursing, and overnight respite. In addition, 640 families benefited from counseling, case management and education provided by the five Connecticut Area Agencies on Aging and the Alzheimer's Association, Connecticut Chapter.

The Elderly Services Division provided technical assistance and support to the **Connecticut Kinship Care Legal Task Force**, a collaborative group of aging and children's network professionals which was formed by the Division in SFY 2003. The group received a grant from the ABA Partnerships in Law and Aging Programs to provide quarterly educational seminars for attorneys, social workers, court and state agency personnel in each of the regions throughout Connecticut to address kinship care legal issues, especially issues for grandparents raising grandchildren. Project partners include AARP, CT Legal Services, Greater Hartford Legal Aid, Medical Legal Partnership Project of CT Children's Medical Center, and Center for Children's Advocacy, Area Agencies on Aging, CT Probate Courts, CT Bar Association Children's Law and Elder Law Sections, Departments of Social Services and Children & Families, and UConn School of Social Work Alumni Association. The Task Force held eight seminars in SFY 2004.

The Elderly Services Division collaborated with the Connecticut Coalition to Improve End of Life Care to sponsor a conference on this important subject.

During the fiscal year, the Department received \$463,830 as a result of a nationwide anti-trust Alzheimer's settlement with Mylan Laboratories. In response to this, Elderly Services held five Alzheimer's focus groups around the state in December 2003 to offer an opportunity for caregivers and professionals to provide input on existing service gaps, as well as ideas and suggestions on methods for filling those gaps for families with Alzheimer's. Following these focus groups, in the spring of 2004, Elderly Services chose two organizations, the New England Cognitive Center of Hartford and Mulberry Gardens of Southington, through a competitive request for application process to receive the settlement funds. Each organization received funding to provide innovative and replicable programming for individuals with Alzheimer's and their families for a two-year period beginning July 1, 2004.

Elderly Services participated in a ten-part original series for CPTV called *Seniors Living a Quality Life*. Staff were interviewed on the topics of family caregiving, grandparents as parents, nutrition and meal options, exploring the senior network, Medicare, and prescription drug issues. The series began in February 2004, with a new episode airing each month. It has been well-received by older adults, caregivers, and professionals in the aging network in Connecticut.

Elderly Services has an extensive website at www.ctelderlyservices.state.ct.us. During this fiscal year, there were over 300,000 'hits' and more than 100,000 files downloaded. In addition, Elderly Services began using an e-mail list of professionals in the aging network, to communicate regularly with the aging network with announcements and updates.

The **Long-Term Care Ombudsman Program** investigated 1,510 complaints made by or on behalf of nursing home residents with quality-of-life and quality-of-care concerns. Information and consultation were provided to 1,394 consumers. Because of this service promoting self-advocacy, consumers were often able to resolve nursing home issues without the intervention of an Ombudsman.

Altogether, the program helped a total of 37,650 individuals during SFY 2004. In addition, the Volunteer Resident Advocate program covers approximately 65 percent of the nursing facilities in the state with a total of 144 dedicated volunteers. Resident Advocates made 4,300 nursing home visits. Further information: www.ltcop.state.ct.us/ or 1-866-388-1888.

Protective Services for the Elderly assists persons age 60 and older who have been identified as needing protection from abuse, neglect and/or exploitation. During SFY 2004, agency social workers provided services to 3,745 persons living in the community and 530 residents of long-term care facilities. The **Conservator of Person** program, for indigent individuals 60-and-over who require life management oversight, helped 590 individuals; and the **Conservator of Estate** program provided financial management services to 147 people in the same age group.

During the fiscal year, the **Community Based/ Essential Services Program** provided services designed to prevent institutionalization to 2,047 persons with disabilities. Seven hundred and

nine persons received help through the **Personal Care Assistance Program** (people with disabilities between age 18 and 64); and 522 individuals were provided assistance under the **Acquired Brain Injury (ABI) Program**. Both programs operate under Medicaid waivers.

The **Acquired Brain Injury Barriers Fund** of \$25,000 helped remove or limit barriers that prevented participation in the ABI program. The **Family Support Grant Program** helped 39 families with children with developmental disabilities other than mental retardation in meeting extraordinary expenses of respite care, health care, special equipment, medical transportation and special clothing.

Regional and Central Office social work staff provided **Family Social Work Services**, such as counseling, case management, advocacy, information and referral, housing and homelessness assistance and consultation, to 3,553 families and 269 individuals.

The federal Supplemental Security Income Program serves people who are elderly, disabled, or blind. In Connecticut, this is augmented by the **State Supplement Program**. As SFY 2004 ended, the State Supplement Program was serving 17,882 persons (5,447 aged, 104 blind, 12,331 disabled).

The **Connecticut Home Care Program for Elders** is a comprehensive and cost-effective way for older persons at risk of institutionalization to receive the support they need to remain in their homes (further information under Medical Services toward the beginning of this report).

The **Teenage Pregnancy Prevention Initiative**, designed to prevent first-time pregnancies in at-risk teenagers, continued to target 12 urban areas: Hartford, Bridgeport, New Haven, New Britain, New London, Waterbury, Norwalk, Stamford, East Hartford, Norwich, West Haven and Willimantic, as well as rural northeastern Connecticut. The programs served 2,075 individuals.

The **Family Planning Program** provided comprehensive reproductive health care services to 14,000 low-income residents. The **Families in Training Program** helped 75 families, and more than 2,000 persons received counseling through the **Family Counseling Program**.

Social Work and Prevention Services Division staff provided more than 30 educational and training sessions to community members, professional associations, agency and institutional staff on DSS social work programs and services. Staff developed practice standards for the agency social work programs; program data bases to track client services and outcomes; and revised several sets of regulations to comply with recent statutory changes. Local area public forums were held to offer consumers, providers and advocates to provide input into the Personal Care Assistance Waiver renewal application, and into the Statewide Traumatic Brain Injury Plan development.

Through the **Bureau of Rehabilitation Services**, DSS provided vocational rehabilitation services to 8,534 job seekers with disabilities with the goal of promoting success in employment. Of this number, 1,383 clients entered the competitive workforce during SFY 2004.

The bureau's **Connect-to-Work Center** provides a single access point for information about the impact of wages on federal and state benefits (800-773-4636; TTY: 860-424-4839; email: connecttowork.dss@po.state.ct.us). This program provided comprehensive benefits planning, assistance, and outreach to 835 individuals in the past year. The Center also provided systems analysis and research.

As a major partner in the implementation of the Workforce Investment Act, bureau staff serve on each of the state's Regional Workforce Development Boards, and bureau offices in Norwich and New London are co-located in Department of Labor One-Stop Centers. In addition, more than 1,032 individuals with disabilities participated in independent living programs through the agency's network of five **Centers for Independent Living**: the Center for Disability Rights, West Haven; Disabilities Network of Eastern Connecticut, Norwich; Disability Resource Center of Fairfield County, Stratford; Independence Northwest, Naugatuck; and Independence Unlimited, Hartford (see www.brs.state.ct.us/programs_pg4.htm).

The **Connecticut Tech Act Project** continued its partnership with People's Bank to provide low-interest loans, enabling people with disabilities to buy assistive technology devices and equipment. To date, more than 325 loans have been approved, at a combined value of more than \$2.5 million. The project's web site, www.techactproject.com, received more than 70,000 visitors.

The latest Tech Act partnership drawing much national attention is the New England Assistive Technology (NEAT) Marketplace. The Project provided \$50,000 in seed money to start NEAT as a recycling and demonstration center, using a unique business model approach to creating self-sustaining programs. In a few short years, it has become a multi-service center with a current value of over \$5,000,000. The Tech Act project director and the NEAT director are in constant demand throughout the country to discuss NEAT in terms of the use of a business model to develop sustainable programs. The Project was described by the Rehabilitation Engineering and Assistive Technology Society of North America as "a Model for the 21st Century."

The bureau's **Disability Determination Unit** helped process applications for Social Security Disability Insurance and Supplemental Security Income on behalf of 36,989 clients. As it has for the past ten years, this unit again ranked as one of the top disability determination units in the nation, based on productivity and effectiveness and superior public service.

In collaboration with the Department of Mental Health and Addiction Services, the bureau completed the third year of a systems change project to improve employment outcomes for individuals with psychiatric and/or addiction disorders. Staff facilitates joint employment planning through interagency teams and strategies to provide more comprehensive and integrated services to this population.

DSS Bureau of Rehabilitation Offices:

Central administrative office

25 Sigourney Street, Hartford 06106; 860-424-4844 or 800-537-2549 (toll-free in Connecticut). TDD/TYY: 860-424-4839.

Northern Region

- ***Hartford**—3580 Main Street 06120; 860-723-1400 (TDD/TTY: 860-723-1430/860-723-1395)
- **East Hartford**—CT Works, 1137 Main Street 06108; 860-289-2904 (voice and TDD/TYY).
- ***Manchester**—699 East Middle Turnpike 06040; 860-647-5960 (voice and TDD/TYY).
- **Enfield**—Smyth's Corner, 77 Hazard Avenue 06082; 860-741-2852 (voice and TDD/TYY).
- ***New Britain**—270 Lafayette Street 06053; 860-612-3569 (voice and TDD/TYY).
- **Dayville/Killingly**—Bell Park Square, Suite 202, 559 Hartford Pike, 06241; 860-779-2204 (voice and TDD/TYY).

Western Region

- **Bridgeport**—1057 Broad Street 06604; 203-551-5550 (voice and TDD/TYY).
- ***Stamford**—1642 Bedford Street 06905; 203-251-9430 (voice and TDD/TYY).
- ***Waterbury**—249 Thomaston Avenue 06702; 203-578-4550 (voice and TDD/TYY).
- ***Danbury**—342 Main Street 06810; 203-207-8990 (voice and TDD/YTTY).
- ***Torrington**—62 Commercial Boulevard, Suite One 06790; 860-496-6990 (voice and TDD/TYY).

Southern Region

- **New Haven**—Suite 301, 414 Chapel Street 06511; 203-974-3000 (TDD/TYY: 203-974-3013/203-974-3009).
- ***Middletown**—117 Main Street Extension 06457; 860-704-3070 (voice and TDD/TYY).
- **Norwich**—Future Works, Suite 200, North Building, 113 Salem Turnpike 06360; 860-859-5720 (voice and TDD/TYY).
- **New London**—Shaws Cove Six 06320; 860-439-7686 (voice and TDD/TYY).
- **Ansonia**—Birmingham Group, 435 East Main Street 06401; 203-735-9444 (voice and TDD/TYY).

*Co-located with DSS Regional Office

Housing Assistance

Through various **homeless assistance programs**, DSS supported 47 emergency shelters with a total of 1,777 beds, serving more than 16,513 adults and children, plus three day shelters and nine programs that provide advocacy, housing, and health services.

The **Transitional Living Program** helped families and adults move from shelters into independent living, while the **Home Share Program** helped about 401 families and individual clients find housing by matching them with clients willing to share in the cost of maintaining a home. The **AIDS Residence Program** provided housing and support services to 736 people. The **Security Deposit Assistance Program** provided help to more than 2,000 families in obtaining permanent housing.

Under the **Rental Assistance Program**, DSS provided rental subsidies to 1,600 families and adults living in privately-owned housing. One-year rental subsidies were provided under the Transitional Rental Assistance Program to approximately 135 former Temporary Family Assistance-recipient families per month. Under the federal **Section 8** program, DSS provided rental assistance so that 5,450 families and adults could move into and afford safe and sanitary housing. Special program categories under Section 8 include the Welfare to Work, Family Unification, Non-Elderly Disabled, and Mainstream Housing Opportunities for Persons with Disabilities programs.

DSS also works closely with the Department of Children and Families in administering the Section 8 Family Unification program, promoting family unity by providing housing assistance to families for whom the lack of adequate housing is a primary factor in the separation, or the threat of imminent separation, of children from their families.

DSS has a memorandum of understanding with the Department of Mental Health and Addiction Services, the Office of Policy and Management, the Department of Economic and Community Development, and the Connecticut Housing Finance Authority in support of the **Supportive Housing Pilots Initiative**. This is designed to create service-supported, affordable housing opportunities for people affected by mental illness or chemical dependency who are facing homelessness. The Department has devoted 200 Section 8 vouchers to project-based programs developed as part of this initiative.

The **Eviction Prevention Program** reduced homelessness by preventing 1,850 families from being evicted from rental properties or their own homes, through the provision of mediation services and rent bank subsidies. The statewide network of **Domestic Violence Shelters** provided a safe haven for 2,020 victims of family violence and provided non-shelter services, including community and organizational information sessions, to an additional 39,000 persons.

Energy and Food Assistance, Community Programs

The **Connecticut Energy Assistance Program (CEAP)** is administered by the Department of Social Services and coordinated by regional Community Action Agencies, in cooperation with municipal and other non-profit human service agencies. Connecticut residents who need help paying their primary heating bills apply for energy assistance at about 160 community sites. CEAP is available to households with incomes up to 150% of the federal poverty guidelines. Households with even higher incomes, up to 200% of the federal poverty guidelines, are eligible for CEAP if they include a person who is at least 60 years of age or a person with disabilities. Efforts are made to accommodate homebound applicants.

Families or individuals may obtain help with their winter heating bills, whether the primary heating source is a utility (natural gas or electricity) or a deliverable heating fuel (oil, kerosene, wood, and propane). CEAP-eligible households with incomes up to 150% of federal poverty guidelines, whose rent includes heat, and who pay more than 30% of their gross income toward their rent, are eligible for renter benefits. DSS assisted 66,147 CEAP-eligible households during the 2003-04 heating season.

A new feature to the CEAP is the inclusion of funds from 'Assurance 16,' which are designated for the purpose of providing services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance. These services include case management, needs assessments, counseling, energy education and assistance with energy vendors.

Due to increased federal funding, DSS received an additional \$3,283,574 in emergency contingency funds allowing the **Contingency Heating Assistance Program** to assist 13,017 households with incomes up to 60% of the state median income. DSS also administered federal funds for a Weatherization Assistance program providing energy-efficient measures to approximately 968 households with incomes up to 200% of the federal poverty level. Further information: 1-800-842-1132.

The **Food Stamp Program** provides monthly benefits to help eligible families and individuals afford food purchases. Benefits are provided electronically, enabling clients to use a debit-type swipe card at food markets. Income- and asset-eligibility guidelines apply. The general income limit is 130% of the federal poverty level. Maximum monthly food benefit examples are \$141 for a single person and \$471 for a four-person household. Application is made at local DSS offices. At the end of SFY 2004, approximately 97,100 Connecticut households (including 76,650 children) were receiving Food Stamp benefits, an increase of about 8,650 households from a year earlier. Application to the Food Stamp program is made at local DSS offices.

The **Emergency Food Assistance Program** distributes available food from the U.S. Department of Agriculture to soup kitchens, food pantries, and shelters that serve people in need. The program distributed approximately 2.1 million pounds of food valued at \$1.4 million. The **Supplemental Nutrition Program** purchases high-protein foods for distribution to food

pantries, soup kitchens, and shelters through a statewide network of 300 agencies. Approximately 743,000 pounds of food, with a value of \$711,468 were distributed.

The Department provides federal funding to agencies that assist in the **resettlement of refugees**, including Catholic Charities, Episcopal Social Services, International Institute of Connecticut, Jewish Federation Association of Connecticut, and Lutheran Community Services. Besides funding for employment assistance to refugees, DSS directly assists refugees through cash, medical and Food Stamp assistance.

DSS administers a significant portion of the federal **Social Services Block Grant** (SSBG) program; some goes to other state agencies. For federal fiscal year 2003, Connecticut received \$20,286,555, which was allocated to 12 of the 29 allowable service categories. In general, funds are used to provide services to state residents who are at or below 150% of the federal poverty level. Some services, such as protective services for adults, protective services for children, and information and referral are provided without regard to income.

The SSBG also supports direct service programs, grant programs, and programs and services provided by other state agencies. Programs supported with SSBG funds include: community-based services, protective services for the elderly, emergency shelters for the homeless, shelters for victims of domestic violence, child day care services, services for SAGA clients, and the Supported Employment Program. Funds also provide administrative staff support for housing programs, including emergency shelters for the homeless, shelters for victims of domestic violence, rent banks, and the security deposit program.

Funding to state agencies includes: Department of Mental Retardation for supported employment; Office of Protection and Advocacy for advocacy services for people with disabilities; Commission on Deaf and Hearing Impaired for protective services; Board of Education and Services for the Blind for community integration and support; and Department of Mental Health and Addiction Services for substance abuse treatment, supportive housing, outpatient counseling, independent and transitional living, and information and referral.

In addition, DSS provides SSBG funds for more than 194 programs through private non-profit and municipal service providers. Services include: adult day care, substance abuse counseling, home-delivered meals, protective services for children, information and referral, case management, family planning, legal services, services for persons with disabilities and employment. In the last year, 347,065 adults and 114,666 children received services from programs supported by SSBG funds.

Under the federal **Community Services Block Grant** program, DSS funnels 90 percent of the funds received to local community action agencies. They leverage public and private grants to help low-income people with programs such as employment and training, Head Start, child care, neighborhood services, meals-on-wheels, and crisis intervention.

Through the **Neighborhood Facilities Program**, DSS provides grants for planning, site preparation, construction, renovation, and acquisition of facilities for child care centers, elderly

centers, multi-purpose human resource centers, domestic violence programs, emergency shelters, shelters for the homeless, food distribution facilities, and accommodations for people with HIV and AIDS. In the past year, DSS received approval from the State Bonding Commission for eight projects with a combined value of \$3.1 million.

Connecticut Human Services Infrastructure Initiative and Strategic Planning

The Department, in conjunction with Infoline 2-1-1 and the state's 12 Community Action Agencies (CAAs), began implementation of the **Connecticut Human Services Infrastructure (HSI) initiative** during SFY 2004. This initiative seeks to streamline access to services within the CAAs and between CAAs, DSS and other human service partners by strengthening referral and coordination to best connect the public to available helping services throughout Connecticut. Further information is online at www.dss.state.ct.us/HSI/index.htm and at the Connecticut Association for Community Action website at www.cafca.org. **The Division of Strategic Planning** provided DSS staff support to the planning and implementation of HSI. The Division also served as staff coordinator for of the John Martinez Fatherhood Initiative of Connecticut.

Public and Government Relations

The Office of Public and Government Relations assisted thousands of elders, people with disabilities, families seeking medical coverage and the general public with inquiries about DSS services during SFY 2004. The topics of nearly 8,500 telephone and written requests for information and assistance received by one staff member give a snapshot of public interest: Medicaid, 3,853; financial assistance, 2,224; housing, 204; insurance, 66; home care, 172; elderly protective services, 189; ConnPACE, 150; general information, 63; transportation, 78; legal assistance, 80; Medicare, 145; health care, 55; managed care, 14; nursing homes, 41; employment, 30; tax relief, 28; reverse annuity mortgage, 48; adult day care, 19; elderly nutrition, 33; energy assistance, 54; Connecticut Partnership for Long-Term Care, 16.

The Public and Government Relations Office provides legislative program management; legislative constituent referral and problem-solving facilitation; customer relations and advocacy services; news media relations; public communications about DSS services; outreach and education services for the HUSKY Plan and related services; Freedom of Information Act compliance; website development and maintenance; intergovernmental research and communication with federal and state agencies, including client information inquiries by out-of-state human service agencies; and other support services.

The Department's general public information line is 800-842-1508; written inquiries can be directed to Public and Government Relations, DSS, 25 Sigourney Street, Hartford, CT 06106; or pgr.dss@po.state.ct.us). Legislative relations contact: Matthew Barrett at 860-424-5012 (matthew.barrett@po.state.ct.us). News media contact: David Dearborn at 860-424-5024

(david.dearborn@po.state.ct.us). HUSKY outreach and education: Glendine Henry @ 860-424-5543 (glendine.henry@po.state.ct.us).

Legal Services

The Office of Legal Counsel, Regulations and Administrative Hearings is responsible for serving as an in-house counsel to the Department; overseeing the promulgation of agency regulations; and, when authorized by statute, providing hearings to clients and providers who are aggrieved by an agency action.

Quality Assurance

Through tracking, monitoring, and investigating overbilling, the **Division of Quality Assurance** recovered over \$10.5 million from vendors and providers who had overbilled the Department for services rendered to clients. DSS recovered and saved more than \$227 million from third parties (including insurance companies and Medicare) who were responsible for paying for services for clients. By investigating approximately 3,700 cases of fraud, the agency recovered, sought recovery, saved, or referred for prosecution over \$2.3 million.

DSS also recovered more than \$10.2 million through liens and mortgages on real estate, estate claims, assigned assets, and Title XIX reimbursements. The Department prevented approximately \$4.6 million in Medicaid, Food Stamps, and TFA fraud through the use of its pre-eligibility Fraud Early Detection Program. Working with the DAS Financial Services Center, over \$31 million was recovered in additional funds through estates, lawsuits, and other collections.

Affirmative Action

The Department of Social Services is strongly committed to the concepts, principles, and goals of affirmative action and equal employment opportunity. These objectives are commensurate with the state's policy of compliance with all federal and state constitutional provisions, laws, regulations, guidelines, and executive orders that prohibit discrimination. The **Affirmative Action Plan**, submitted on March 30, 2004, was approved and granted continued annual filing status by the Connecticut Commission on Human Right and Opportunities. DSS administers its programs, services, and contracts in a fair and impartial manner.

In the past year, this agency continued to monitor and improve its practices in employment and contracting, giving special consideration to affirmative action goal attainment, diversity training for all employees, and contract compliance. At the close of the November 30, 2003, affirmative action reporting period, 33% of DSS employees were minorities, 66% were women, and 1.48 percent was self-proclaimed as having a disability. During the plan year, DSS hired 51 new employees: 15 (29%) were minorities and 31 (60%) were women.

As part of this ongoing commitment, the Department's affirmative action posture is reflected in the established, and Department of Administrative Services-approved, goals for small-, women-, and minority-owned business enterprises. The agency actively solicits participation from these categories in its selection of contractors.