



Department of Social Services

Annual Report

Fiscal Year 2004-2005



Patricia A. Wilson-Coker
Commissioner



CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

State Fiscal Year 2005

(July 2004-June 2005)

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 - \$179,248,585

Program Expenses - \$3,728,781,600

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.

Significant Accomplishments/Highlights of SFY 2005:

- Recognized by the United States Department of Agriculture for achieving a Food Stamp payment error rate of 4.94% for FFY 2004, that is below the national performance measure of 5.88%.
- More than 40 state leaders met with national experts for first statewide symposium in the nation on multidisciplinary consultation in early care settings co-sponsored with the Child Health and Development Institute. Proceedings published in *Developing a Multi-Disciplinary Consultation System for Early Care and Education in Connecticut: A Symposium*.
- More than 200 scholarships were awarded to early childhood staff for coursework to complete college degrees through a collaborative professional development initiative with the CT Head Start Association and the CT Association for Community Action.
- The centralization of social work has been accomplished through DSS' realignment to three Regions.
- The Willimantic and Hartford offices are working with staff in the Central office Food Stamp unit on a pilot to allow Farmer's Markets to accept EBT for the 2005 growing season. Print materials inform clients of available food products at the Farmer's Markets and the ability to use their EBT card for fresh produce purchase at the Markets.
- Quality Enhancement Grants 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 approximately 2,000 child care providers, including kith and kin, caring for almost 4,000 children in various ways.
- Due to past success in collaborative training with state partners, Connecticut was selected as one of six pilot states for domestic violence training.

- Total child support collections for SFY 2005 were \$284.1 million, an increase of \$13.9 million over SFY 2004. This figure includes \$191.6 million that was collected and sent to families not receiving public assistance; \$1.9 million of current support that was sent through to families receiving assistance; and \$43.1 million retained by the state for repayment of assistance benefits.
- Through the Older Americans Act Program for SFY 2005, services were provided to 56,745 elders and their caregivers; including meal service both at-home and in group settings; proving trips for doctors appointments, shopping and recreation; homemaker services and adult day care hours for personal care.
- The Bureau of Rehabilitation Services' **Disability Determination Unit** processed applications for Social Security Disability Insurance and Supplemental Security Income on behalf of 35,370 clients. The DDS was among the first group of states nationwide to revamp their business process and successfully implement an electronic disability claims folder, which is resulting in more efficient claims processing for CT residents. In April 2005 this unit received the Associate Commissioner's Citation for Excellence in leadership, performance and professionalism in guiding the Connecticut Disability Determination Services through the electronic disability process.
- In FY 2005, the Department, in conjunction with Infoline 2-1-1 and the state's 12 Community Action Agencies (CAAs), continued the implementation of the Connecticut Human Services Infrastructure (HSI) initiative. The initiative seeks to streamline access to services within CAAs and between CAAs, DSS and other human service partners by: better use of existing resources, connecting clients to community resources before, during and after DSS intervention, getting clients to DSS better prepared to use services efficiently, coordinating all "helping" services within the human service infrastructure and identifying client barriers early in the process.
- Through tracking, monitoring, and investigating over billing, the **Division of Quality Assurance** recovered over \$12.5 million from vendors and providers who had over billed the Department for services rendered to clients. DSS recovered and saved more than \$228.5 million from third parties (including insurance companies and Medicare) who were responsible for paying for services for clients.

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, Click on “Families with Children” under “Programs and Services”
- Child Support Enforcement: www.dss.state.ct.us, Click on “Families with Children” under “Programs and Services”
- Long-Term Care Ombudsman: www.ltcop.state.ct.us/
- Connecticut Human Services Infrastructure initiative: www.dss.state.ct.us, Click on link to HSI

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.
- CHOICES: 1-800-994-9422

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 24*

News media contact point:

- Matthew Barrett, 860-424-5012; matthew.barrett@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 Matthew.barrett@po.state.ct.us. Written requests to Freedom of Information Act Officer, Public and Government Relations Office, 25 Sigourney Street, Hartford, CT 06106

Commission on Aging executive director:

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

Department Chief of Staff and Directors:

Chief of Staff: Astread Ferron-Poole; Public and Government Relations Director: Matthew Barrett; Affirmative Action Director: Irene Mason; Human Resources Director: Rudolph Jones; Legal Affairs, Regulations, Administrative Hearings Director: Brenda Farrell; Strategic Planning Manager: Anthony Judkins; 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; Bureau of Aging, Community and Social Work Services Director: Pamela Giannini; Child Support Director: Diane Fray; Assistance Unit Director: Kevin Loveland; 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; Acting Long-Term Care Ombudsman: Maggie Ewald; Organizational and Skill Development Director: Doreen Klase

Public Service Information for SFY 2005***Regional Office Highlights******Northern Region******DSS' Realignment to Three Regions***

With the full implementation of the three region's re-alignment, the Northern region is comprised of one regional office with three sub-offices, serving fifty-nine towns with a total of 95,084

unduplicated active assistance units. The Northern region is the largest of the three regions, serving approximately 38% of the statewide active assistance unit caseload.

The regional offices provide direct service to eligible clients in the areas of Food Stamps, Temporary Financial Assistance (TFA), State Supplement, Medical, OMB, SLMB, and SAGA cash and medical assistance. In addition, the regional office provides onsite Child Support Services, Social Work Services, as well as Client Fraud and Resources Services. Of particular note, this year is within the Client Fraud and Resources units. These units piloted a project concentrating within certain supportive programming, such as child care services, in which a high level of fraud would be most likely, as well as, determining the impact on future procedural requirements and service delivery in those program areas.

Additionally, the Northern region has continued its cooperative relationships with services providers in the areas of employment services, HUSKY services and services to single adults, by developing ways of improving service delivery to better the lives of the citizenry of the Northern Region.

Farmer's Markets

The Willimantic and Hartford offices worked with staff in the Central office Food Stamp unit on a pilot to allow Farmer's Markets to accept EBT for the 2005 growing season. Staff in those respective offices has assisted in an outreach campaign, which includes promoting the program through the display of flyers and posters in the reception areas. Their materials inform clients of available food products at the Farmer's Markets and the ability to use their EBT card for fresh produce purchase at the Markets.

Offices in the Northern region have also worked cooperatively with the University of Connecticut and the Department of Public Health to provide Food Stamp nutrition education for Food Stamp applicants and clients. In an effort to assist in providing information to Food Stamp clients, an array of handouts related to nutrition is available in the reception areas.

Hospital Workers

The Northern region has expanded its collaboration with area hospitals in terms of efforts to facilitate access for medical services. Staff has been out stationed at various hospitals within the region so prospective clients can be expeditiously determined eligible for these critical services.

Additionally, planning activities have begun to effectuate the assignment of regional staff into area long-term care facilities to enable determination of benefits in a timely manner for individuals seeking assistance.

End Hunger

Staff continues to assist in outreach to households in the Northern region with respect to participation in the Agency's food stamp program. Working cooperatively with the End Hunger! CT Coalition, outreach activities have centered on benefit processing, service providers, training and public awareness campaigns.

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. 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.

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. 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 150% 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.

The Department has 'carved 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. 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 pays for drugs determined by the U.S. Food and Drug Administration to prolong the life of people with AIDS, or HIV infection. To be eligible for the program in Connecticut, an individual must have a physician certification that the individual has HIV infection, HIV disease or AIDS, must not be a recipient of Medicaid, and must have net countable income within 400% of the Federal Poverty Level. In addition, the individual must apply for Medicaid within two weeks of approval for this program.

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.

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. Through the SAGA program, the Department provides cash and/or medical assistance to 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 29,100 clients receive SAGA medical assistance, and approximately 4,050 individuals receive SAGA cash assistance.

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

The Connecticut Home Care Program for Elders

(CHCPE; www.dss.state.ct.us, click on "Elders" under Programs and Services) 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 their 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.

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 Bureau of Assistance Programs, the Bureau of Aging, Community and Social Work 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 2005, the Department's Temporary Family Assistance caseload was 21,177.

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 2005, TFA was helping 21,177 families in Connecticut—8,572 in the time-limited program and 12,605 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 200 families as of June 2005.

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 12 months, through June 2005. In June 2005, 78 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.

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.

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 2005, 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 8,300 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 approximately 2,000 child care providers, including kith and kin, caring for almost 4,000 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. DSS continued to fund childcare 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 35,000 telephone calls from parents seeking child care information and referrals to child care centers and homes in their area. The Training Program in Child

Development helped nearly 1,136 caregivers receive training in the Connecticut Charts-A-Course curriculum to achieve the nationally recognized Child Development Associate credential. The statewide Accreditation Facilitation Project provided support and technical assistance to 145 childcare centers. The Connecticut Charts-a-Course Scholarship Fund provided 263 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, as did the Connecticut Early Childhood DataConnections project. DSS also participates in the Child Day Care Council, Head Start Advisory Council, Head Start Statewide Collaboration Project, Commission on Children, Early Childhood Partners, Early Childhood Alliance, Universal Preschool Advisory Committee and Forums and the HUSKY Plan.

Summary highlights for childcare services during fiscal 2005:

- Close to 85,000 children received subsidized childcare services in Connecticut.
- Approximately 13,000 children and their families received monthly financial assistance from the **Care4Kids** program.
- 7,494 preschool children participated monthly in the **School Readiness Program**.
- 4,321 children, ages 6 weeks to 12 years, participated monthly in the **State-supported Child Care Center Program**.
- 6,274 early caregivers have participated in the statewide training offered through the **Training Program in Child Development**.
- **Connecticut Charts-a-Course** scholarships benefited 263 early caregivers; 128 achieved the Child Development Associate credential.
- The **Accreditation Facilitation Project** worked with childcare center sites to achieve national accreditation. As of June 2005, there were 502 NAEYC-accredited centers in Connecticut.
- The University of CT Cooperative Extension System, under a contract with the Department, distributed the quarterly newsletter “All Children Considered” to 16,000 readers.

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).

Connecticut Head Start Collaboration Office

Established in Connecticut in 1996 through a grant from the US DHHS Head Start Bureau, the purpose of the Head Start State Collaboration Office (HSSCO; Head Start Act of 1998, 42 USC 9801 *et seq.*) is to facilitate coordination of Head Start services in eight priority areas: health care, welfare, child care, education, community services activities, family literacy services, activities related to children with disabilities and services for homeless children. The HSSCO works toward enhancing the capacity of Head Start and other early childhood programs to improve outcomes and opportunities for young children and their families through activities that:

- Assist in building early childhood systems and access to comprehensive services and supports for all low-income children;
- Promote widespread collaboration and partnerships between Head Start and other appropriate programs, services, and initiatives, including child care and state preschool; and
- Facilitate the involvement of Head Start in the development of State policies, plans, processes and decisions affecting the Head Start population and other low-income families.

Significant accomplishments during SFY 2005 include:

- HSSCO and the Child Health and Development Institute of CT co-sponsored the first statewide symposium in the country on multidisciplinary consultation in early care settings that brought national experts together with over 40 state leaders. This completed a multi-year US DHHS supplemental grant to the HSSCO to support the development of early childhood consultation in the state. Proceedings were published in *Developing a Multi-Disciplinary Consultation System for Early Care and Education in Connecticut: A Symposium*.
- Through a separate US DHHS supplemental grant for professional development, the CT Head Start Association and the CT Association for Community Action assessed the educational needs of staff in early childhood programs and provided over 200 scholarships for coursework toward completion of degree programs.
- Due to past success in collaborative training with state partners, Connecticut was selected as one of six pilot states for domestic violence training. A state team attended the training-of-trainers in Oklahoma City and returned to provide a 5-day domestic violence training to Head Start family service staff from across the state.
- In collaboration with Healthy Child Care New England, webcast technology was utilized to convene over 100 participants, including state regulators, policy makers, and state nursing boards to discuss the administration of medications in early care settings.

- Concluded efforts under the eight-year federal grant initiative, Healthy Child Care Connecticut, which included completing the review process of the CT Child Day Care Council for revising state child care regulations to better align with *Caring for Our Children National Health and Safety Standards*.
- Efforts continued with national partners to develop awareness of the needs of young children who are experiencing homelessness through data reports and a number of public presentations.

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 2005 were \$284.1 million, an increase of \$13.9 million over SFY 2004. This figure includes \$191.6 million that was collected and sent to families not receiving public assistance; \$1.9 million of current support that was sent through to families receiving assistance; and \$43.1 million retained by the state for repayment of assistance benefits. Another \$31.0 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 \$18.2 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. 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:

- New Child Support Guidelines Regulations focusing especially on low-income obligor issues were approved by the legislature on May 3, 2005.
- Implementation of the arrearage adjustment regulations continued, with the creation of a brochure and finalization of all materials.
- Connecticut provided guidance and best practices regarding arrears management to other states through a national teleconference as well as a presentation at the Eastern Regional Interstate Child Support Association Conference.

Customer service enhancements reflect the wide array of technological advances available to the consumer. Western Union now provides direct-paying obligors the option to have make child support payments at any Western Union location. 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. Through directed mailings to custodial parents during the year, the number receiving child support through direct deposit increased from approximately 15,000 to over 24,000. In addition 18 states now electronically exchange child payments with Connecticut via EFT, instead of through checks.

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, 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.

The child support voice response system underwent a complete overhaul to provide better and more targeted information to all clients. This included a change that allows TANF clients to access the information regarding their child support pass-through.

John S. Martinez Fatherhood Initiative of Connecticut

The Department's Fatherhood Initiative, in consultation with the National Practitioners Network For Fathers and Families (NPNFF), developed a certification process for fatherhood programs in the state of Connecticut. It is the first of its kind in the nation; the certification process provides uniform standards and rigid guidelines of practice for fatherhood programs located in the state. This strategy ensures consistent and quality service delivery to low-income, non-custodial fathers and their families, while also recognizing exemplary fatherhood programs.

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 4,096 individuals were receiving SAGA cash assistance at the end of SFY 2005.

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, 15,993 people (4,887 aged, 92 blind, and 11,014 disabled) were receiving State Supplement benefits at the end of SFY 2005. Further information: www.dss.state.ct.us/svcs/financial.htm, and scroll down.

The Food Stamp Program

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 \$149 for a single person and \$499 for a four-person household. Application is made at local DSS offices. At the end of SFY 2005, approximately 101,798 Connecticut households (including 78,825 children) were receiving Food Stamp benefits, an increase of about 4,698 households (2,178 children) from a year earlier. Application to the Food Stamp program is made at local DSS offices. We were recently recognized by the United States Department of Agriculture for achieving a payment error rate of 4.94% for FFY 2004, which is below the national performance measure of 5.88%.

Through the **Food Stamp Program Nutrition Education Plan** we provide nutrition education intervention to Food Stamp Program recipients and applicants. For FFY 2005 we received \$2,144,151 in federal matching funds to partner with the University of Connecticut and the Department of Public Health to provide these nutrition education activities.

We received \$340,000 in federal matching funds for **Food Stamp Outreach** for FFY 2005. We partnered with the Connecticut Association for Human Services (CAHS) and End Hunger Connecticut! Inc. to provide outreach services and activities for potential Food Stamp recipients. This year we received an additional \$40,000 for a faith-based outreach initiative.

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

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

The DSS Elderly Services Division merged into a newly created Bureau of Aging, Community and Social Work Services. The Division is now entitled the DSS Aging Services Division (State Unit on Aging). During SFY 2005, the Aging Services Division administered approximately \$24 million from the federal Older Americans Act and other federal and state funds to provide a multitude of services to an estimated 108,952 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 2005

- Services were provided to 56,745 elders and their caregivers;

- 1,528,797 home-delivered meals were served statewide;
- 1,050,611 meals were served in group settings to elders;
- 272,581 trips were provided for elders to doctor appointments, shopping and recreational activities;
- 110,412 hours of homemaker services were provided; and
- 532,762 adult day care hours for personal care were funded.

The Department's **Older Workers Program** offered employment and training opportunities to 600 seniors in 2005 **Elderly Health Screening** programs provided a multiphase health screening to elders, with the primary goal of early detection of disease. During SFY 2005 a total of 4,800 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 2005 this alliance with private industry responded to 1,657 requests for information and publications about long-term care insurance, counseled more than 626 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 600 people.

Through Aging Services Volunteer Programs, 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. There are over 900 volunteers who provide support to elders in their community.

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 58,775 individuals on health insurance issues such as Medicare, Medigap insurance and Medicaid coverage. CHOICES counselors also assisted 10,015 individuals with non-insurance issues such as housing, transportation and legal services. Over 5,000 individuals were assisted with ConnPACE issues and enrollment. Over 18,000 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 200 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 5,727 individuals; 6,150 were served through counseling, support groups and training; 800 received respite services; and 600 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 Aging 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 2005, 672 individuals received direct services such as adult day care, home health services, skilled nursing, and overnight respite. In addition, 670 families benefited from counseling, case management and education provided by the five Connecticut Area Agencies on Aging and the Alzheimer's Association, Connecticut Chapter.

Aging 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.

The Long-Term Care Ombudsman Program is committed to promoting and maintaining the highest quality of life and care for the state's 30,000+ nursing home residents. Through a combination of direct services to nursing home residents, partnerships with the state's elderly services networks, and rigorous systemic and legislative advocacy, the Ombudsman Program continues to expand and improve, paving the way for ongoing improvements in the state's long term care system. The Program investigates complaints made by or on behalf of nursing home residents with quality-of-life and quality-of-care concerns. Information and consultation are also provided to consumers. Because of this service promoting self-advocacy, consumers are often able to resolve nursing home issues without the intervention of an Ombudsman.

In addition, the Volunteer Resident Advocate program covers approximately 65 percent of the nursing facilities in the state with a large team of dedicated volunteers. Resident Advocates made thousands of 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 2005 agency social workers provided services to 3,766 persons living in the community and 386 residents of long-term care facilities. The **Conservator of Person** program, for indigent individuals 60-and-over who require life management oversight, helped 582 individuals; and the **Conservator of Estate** program provided financial management services to 155 people in the same age group.

During the fiscal year, the **Community Based/ Essential Services Program** provided services designed to prevent institutionalization to 1,910 persons with disabilities. Eight hundred and eighty-four (844) 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 \$27,500 [estimate pending EMS report] helped remove or limit barriers that prevented participation in the ABI program. The **Family Support Grant Program** helped 42 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 5,868 brief interventions for 1,839 families and individuals including counseling, case management, advocacy, information and referral, housing and homelessness assistance and consultation, through the **Family and Individual Social Work Services**.

The federal Supplemental Security Income Program serves people who are elderly, disabled, or blind. In Connecticut, State Supplement Program augments the federal 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 837 individuals.

The **Family Planning Program** provided comprehensive reproductive health care services to 13,440 low-income residents. The **Families in Training Program** helped 75 families, and more than 2,668 persons received counseling through the **Family Counseling Program**.

Social Work Services 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 databases to track client services and outcomes; and revised regulations to comply with recent statutory changes. The PCA Waiver was renewed effective October 1, 2004 and available slots increased from 498 to 698. Regulations have been revised. The Social Work Division implemented an Administration on Aging, Alzheimer's Disease Demonstration grant staffed by social workers, a project coordinator and a nurse practitioner. They have provided services to 36 clients and their families.

Through the **Bureau of Rehabilitation Services**, DSS provided vocational rehabilitation services to 6,789 job seekers with disabilities with the goal of promoting success in employment. Of this number, 1,353 clients entered the competitive workforce during SFY 2005.

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 767 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 serves 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 1033 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. As of March 31, 2005, there were 114 *active* loans being serviced. The original value of these loans was over \$1,534,000 with a current balance remaining of \$818,000. Money in the bank currently available for new loans is \$1,108,945. Besides being used for new equipment, the loan fund is also used to purchase refurbished items from the NEAT Marketplace.

The bureau's **Disability Determination Unit** processed applications for Social Security Disability Insurance and Supplemental Security Income on behalf of 35,370 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. The DDS was among the first group of states nationwide to revamp their business process and successfully implement an electronic disability claims folder, which is resulting in more efficient claims processing for CT residents. April, 2005 this unit received the Associate Commissioner's Citation for Excellence in leadership, performance and professionalism in guiding the Connecticut Disability Determination Services through the electronic disability process.

In collaboration with the Department of Mental Health and Addiction Services, the bureau completed the fourth 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, 11th Floor, Hartford 06106; 860-424-4844 or 800-537-2549 (toll-free in Connecticut). TDD/TYY: 860-424-4839.

Northern Region – Iris Mellow-Barnes, District Director

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

Southern Region – Michael Marino, District Director

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

Western Region – Kathleen Marchione, District Director

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

*Co-located with DSS Regional Office
+ Regional Administrative 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 2,500 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 150 former Temporary Family Assistance-recipient families per month. Under the federal **Section 8** program, DSS provided rental assistance so that 5,600 families and adults could move into and afford safe and sanitary housing. Special program categories under Section 8 include the 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 62,322 CEAP-eligible households during the 2004-05 heating season.

A feature of 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.

DSS also administered federal funds for a Weatherization Assistance program providing energy-efficient measures to approximately 838 households with incomes up to 200% of the federal poverty level. Due to limited funding, DSS was unable to re-instate the **Contingency Heating Assistance Program (CHAP)**, which in previous years assisted households with incomes up to 60% of the state median income. Further information: 1-800-842-1132.

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 5.1 million pounds of food valued at \$3.6 million. The **Supplemental Nutrition Program** purchases high-protein foods for distribution to food pantries, soup kitchens, and shelters through a statewide network of 350 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 2004, 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, and services for SAGA clients.

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 128 programs through private non-profit and municipal service providers. Services include: 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, 117,671 adults and 41,211 children received services from programs supported by SSBG funds.

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 nine projects with a combined value of \$5.6 million.

Connecticut Human Services Infrastructure Initiative and Strategic Planning

In FY 2005, the Department, in conjunction with Infoline 2-1-1 and the state's 12 Community Action Agencies (CAAs), continued the implementation of the Connecticut Human Services Infrastructure (HSI) initiative. The initiative seeks to streamline access to services within CAAs and between CAAs, DSS and other human service partners by: better use of existing resources, connecting clients to community resources before, during and after DSS intervention, getting clients to DSS better prepared to use services efficiently, coordinating all "helping" services within the human service infrastructure and identifying client barriers early in the process. It's a new way of doing business; over 1,000 staff at DSS, CAAs and 211 have been cross-trained on the HSI process and multi-agency coordination has been established. It is envisioned that clients would leave the system employed and informed about services in their community to help them maintain independence, connect to helpful resources, build assets and grow with their community. 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 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 in all areas of the Agency's mission during SFY 2005.

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 and Media Relations contact: Matthew Barrett at 860-424-5012 (matthew.barrett@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 provides the opportunity for applicants and recipients of Department of Social Services programs to contest actions taken by the Department, including, but not limited to, the:

- Denial of applications for Food Stamps, cash benefits, medical benefits, Child Care Assistance program benefits;
- Discontinuance of Food Stamps, cash benefits, medical benefits, Child Care Assistance program benefits;
- Reduction or amount of Food Stamps, cash benefits, Child Care Assistance program benefits;
- Administrative Disqualification Hearings for the Temporary Family Assistance and Food Stamp programs.
- Recoupment of benefits, including liens placed by the Department of Social Services;
- Child support hearings pertaining to administrative offset, state and federal income tax offset, and property liens;
- Nursing Home discharge hearings.

Quality Assurance

Through tracking, monitoring, and investigating overbilling, the **Division of Quality Assurance** recovered over \$12.5 million from vendors and providers who had overbilled the Department for

services rendered to clients. DSS recovered and saved more than \$228.5 million from third parties (including insurance companies and Medicare) who were responsible for paying for services for clients. By investigating approximately 3,400 cases of fraud, the agency estimates that it recovered, sought recovery, saved, or referred for prosecution over \$2.7 million.

DSS also recovered almost \$11.8 million through liens and mortgages on real estate, other claims, assigned assets and Title XIX reimbursements. The Department prevented approximately \$4.8 million in Medicaid, Food Stamps and TFA fraud through the use of its pre-eligibility Fraud Early Detection Program. Working with DAS Financial Services Center, almost \$36 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, 2005, 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.

During 2005, Affirmative Action 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, 2004, affirmative action reporting period, 34.2 percent of DSS employees were minorities, 67.1 percent were women, and 1.5 percent was self-proclaimed as having a disability. During the plan year, DSS hired 74 new employees: 28(48.7 percent) were minorities and 55(74.3 percent) 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.

Division of Financial Management and Analysis

The Division of Financial Management and Analysis supports the department through the provision of a full range of operational and budgetary financial functions. During SFY 2005, the Division underwent a significant organizational transformation, establishing four key service centers.

Budget & Federal Funds Group

The combination of the Budget and Federal Reporting units under a single service center consolidated similar budgetary, spending plan and accounting functions. Former financial management process tended to segregate our State General Funds under our budget unit, while federal funds were handled by a separate and distinct Federal Reporting unit, with its focus on federal reporting requirements. The vast majority of our program areas combine the use of both federal and state funding sources. The integration of these two units supports a focus on the joint financial management of federal and state resources in support of the agency.

The group is responsible for budgeting and reporting for over \$4 billion in state and federal funds. In the past year, this group has been involved in providing fiscal analyses on several major Department initiatives, including: Medicare Part D, the SAGA program restructuring, various DSH initiatives, and special openings of the Care 4 Kids program.

Client Services Accounting Group

The functions of Benefit Accounting, Accounts Receivable and the Convalescent Accounting units combined to form the Client Services Accounting Services group. With its charge to manage funds associated with our benefit/entitlement programs, the primary of which is Medicaid, the current Benefit Accounting group is brought together with the Convalescent Accounting unit, also responsible for accounting activities related to the long-term care portion of the Medicaid program. As the vast majority of our receivables are related to our Medicaid program and closely related to the actions of our Benefit Accounting unit, the location of the Accounts Receivable unit within this service center builds upon this focus.

During the past year, the group successfully accounted for the \$3.9 billion benefit payment checkbook account, collected over \$33 in receivable balances including over \$14 million in nursing home recoupments due to notification sent to the homes requiring them to bill client's private insurance.

Funds Management & Reporting Group

The Fund Management and Reporting service center has been established to better support fiscally oriented program operations and the DFMA service centers. This group is charged with meeting both the internal DFA and external program area fund management and reporting needs. Among the activities coordinated through this service center are fund postings to the State accounting system and related internal systems, the development of reporting mechanisms to support operational and external agency needs, the maintenance of the chart of accounts, and the oversight of the spending plan process.

While newly formed, during the past year this group has process over \$4 billion in allotments for the agency, monitored comparable CORE-CT accounting balances for the Department and has begun the development of new, user-friendly financial reporting mechanisms to facilitate information sharing within the agency.

Payroll & Accounting Support Group

The Payroll and Accounting group combines payroll and several accounting functions. By bringing together these various support functions, accounting policies and procedures to support the agency will be better coordinated and will build upon a shared accounting expertise and overall direction. The functions combined under this area include Accounts Payable, Cash Management, Child Support Accounting and Payroll.

During the past year, this group has been responsible for processing approximately 22,000 vouchers for payments to our vendors, the disbursement of over \$230 million in Child Support collections, and the modification of procedures in the Cash Management and Accounts Payable areas to accommodate CORE-CT systems changes.

Contracts Administration

Administrative Services

This Division provides support to the entire Department. The Division provides support for all of the "physical" parts of the agency; 20 offices, phones, cars, print shop, mail, etc. as well as some major centralized client processing activities.

Accomplishments for FY 05 included reducing future phone bills by more than \$70,000/year by changing providers, increasing office security to comply with HIPPA and constantly looking for ways to reduce the mailing costs for over 6 million pieces of mail each year. The Division also screens benefit recipients against lists of fleeing felons, incarcerated individuals and those living in other states. These activities ensure that DSS benefits go only to eligible clients.

One of the units adds approximately 1000 newborns to the roles each month. This speedy processing helps reimburse hospitals for medical costs when the newborns' families are eligible for assistance. The Federal government then shares such costs.

The Division is responsible for distribution of over \$30 million of Electronic Food Stamp and cash benefits monthly.

Management Information Systems

The Management Information Systems (MIS) Division of the Department of Social Services has two distinct sections, Information Technology (IT) and non-IT. These sections have provided extensive technical support to both the program and administrative areas of the agency in support of their previously described initiatives and accomplishments for SFY2005.

The IT section is responsible for the technical computer systems changes, maintenance and administration. This includes Operations (batch and on-line processing), Help Desk Support and Communications, LAN/WAN Administration, Microsystems, Applications Development (including programming and systems analysis) and Data Base Administration units.

Operations, Helpdesk, LAN/WAN and Communications Support Units

With a staff of 21, 17 in the Operations, Helpdesk area and 4 supporting the LAN/WAN areas, overall support is provided in the following areas:

OPERATIONS:

- Computer operations / maintenance
- PC/Mainframe networking
- Batch schedules / processing
- Library functions
- Data transmission / receipt
- Data control functions
- Report distribution
- Disaster recovery
- Equipment installation
- Field Relocation

LAN SUPPORT:

- LAN/WAN Technical support
- Active Directory Administration
- Citrix Terminal Servers and Applications
- Email Administration
- Data Backup / recovery
- Virus protection / Operating System Patch Management
- Capacity Planning and Performance
- Security
- Internet Access
- Technical Standards
- New product evaluation

Coordination of effort amongst the staff of these two areas is critical and is essential to the successful maintenance of the mainframe and LAN/WAN environments. The functioning of the data center is a 24 x 5 process with 2 staff assigned to both the second and third shift primarily for the processing of both the production and test Eligibility Management System (EMS) cycles along with generation of daily notices, checks, and the communicating of various data files to various entities via FTP or various other types of media.

Supporting over 3000 PC's and 70 Servers utilizing the DSS infrastructure, the staff maintains all the hardware and is responsible for troubleshooting and problem resolution for the agency in an effort to support the agency in performing their daily activities and ability to provide the necessary services to the customers.

PC Microsystems – Applications Unit

The Microsystems unit provides a variety of computer based system and application support services in order to ensure the efficient operation of the Department's program and support divisions. The unit develops/documents software for office automation applications, evaluates new hardware/software to improve program effectiveness, procurement of hardware and software systems, and manages/maintains data management systems.

The Microsystems unit, in addition to providing Client/Server application support and development services to the Department, is also responsible for designing, maintaining and determining the technical path of Internet and Intranet-based web sites associated to the Department. The unit provides a structured approach for maintaining content on these sites as well as following State design guidelines, accessibility mandates and interoperability practices.

The Microsystems unit maintains nine (9) primary agency websites and two Intranet sites. Maintenance of these sites includes content management, change management and design modifications. New web sites are added at a rate of approximately two per year.

Applications Development and Data Base Administration Unit

The Application Development and Data Base Administration unit provides the core IT support for the agency including Application requirements, analysis, development, implementation and maintenance to the mainframe environment. The main application this unit provides the application support for is the Eligibility Management System (EMS). This mainframe system provides fully integrated data processing support for the determination of client eligibility, benefit calculation and issuance, financial accounting, and management reporting. EMS supports many of the agency's major programs such as Temporary Family Assistance (TFA), Medical Assistance (Medicaid and State Medical Assistance), Food Stamp, State Supplement to the Aged, Blind, and Disabled, and the State Administered General Assistance (SAGA) and Refugee Assistance Cash and Medical assistance programs. EMS also supports the Managed Care Program and the TFA Diversion Program.

The non-IT side of MIS provides support to the IT side as well as supplying other services to the Department, the Legislature, other State Agencies, and the general public. The non-IT division

of MIS is referred to as *MIS Support Services*. *Support Services* encompasses the broad range of responsibilities and duties staff provide to the Department, other State Agencies and the general public. Within MIS Support Services are the following three units: the User Support Unit (EMS and CCSES), the Systems Planning Unit, and the Information Services Unit.

User Support Unit (EMS and CCSES)

Eight professional staff and one manager work in the MIS User Support Unit. Six staff perform EMS User Acceptance Testing, Help Desk functions, EMS Project Management, EMS Systems Functional Requirements Definition, and EMS Security. Two staff perform CCSES Help Desk and CCSES User Acceptance Testing and assist in CCSES Project Management and CCSES Business and Systems Functional Requirements Definition.

EMS User Support Unit

User acceptance testing of changes to EMS is the process of testing new computer software from a user's perspective before the changes are moved into the production region of the system.

Help Desk for EMS users is available from 8:00 AM to 4:30 PM, Monday through Friday. The Help Desk responds to questions ranging from password resets to system functionality problems. The EMS help desk requires inquiries to come via authorized EMS users. The Help Desk also issues emails documenting systems changes as well as alerting staff to systems problems and any necessary "workarounds". Help Desk staff assists users in developing work requests.

Project Management of EMS systems changes handles the requested or required changes in an orderly manner, including acting on priority items first. Project management also includes working with business contacts (users) to obtain needed information in order to meet targeted project implementation dates.

Business and systems functional requirements definition for changes to EMS is a process where the user is asked to define the business rules for changes or enhancements to the EMS system. Using the business requirements documentation, MIS prepares a detailed systems specification document that incorporates the business rules with the system functionality changes, i.e., database changes, eligibility changes, changes to screens or new edit messages, etc.

CCSES User Support Unit

User acceptance testing of changes to the Child Support/CCSES computer systems is the process of testing new computer software from a user's perspective before the changes are moved into the production region of the system.

Help Desk for CCSES users is available from 8:00 AM to 4:30 PM, Monday through Friday. The Help Desk responds to questions ranging from password resets to system functionality problems. CCSES users have the ability to contact the CCSES Help Desk directly. The Help Desk also issues emails documenting systems changes as well as alerting staff to systems

problems and any necessary “workarounds”. Help Desk staff assists users in developing Problem Discovery Notices or PDN’s. CCSES support staff also identify and make some changes to the system, including updating code tables.

Project Management of CCSES systems changes handles the required changes in an orderly manner, including acting on priority items first. Project management also includes working with business contacts (users) to obtain needed information in order to meet targeted project implementation dates.

Business and systems functional requirements definition for changes to CCSES is a process where CCSES staff assists the project owners with identifying business requirements and with work request development. In the final definition stages, CCSES staff review and provide comments on change specifications.

Systems Planning Unit & Information Services Unit

Eight staff and one manager work in the Information Services and Systems Planning units of MIS. Four professional staff provide information services, including TANF participation and high performance bonus reporting, management reporting and quality control data analysis. Three professional staff perform systems planning, budget preparation, forms creation and records retention management. One staff person provides clerical support services.

Systems Planning is responsible for providing overall MIS project management and planning activities for EMS, CCSES, and PC projects. In addition, it is responsible for MIS budget and spending plan completion; Departmental forms and forms transmittal development (hard copy and intranet), dissemination, and ordering; records (including DSS client case record information) retention and management. Systems Planning also acts as a liaison for DOIT/DSS interactions and is responsible for the Information Technology Agency Review and Planning (ITARP) group.

Information Services is responsible for creating and modifying EMS management reports; performing analysis and documenting and defining the methodology for quality control selection criteria and outcomes and reporting the results to federal and state entities; compiling data and reporting on the TANF high performance bonus and TANF participation rates; creating and modifying regional “download” files; analyzing and writing requirements for adhoc reports as well as validating the report results; responding to outside queries for information; and performing general data analysis.

The Office of Organizational & Skill Development (OSD)

The Office of Organizational & Skill Development (OSD) unit is a collaborative group of skilled professionals who work from a social justice foundation to support DSS staff and the organization in providing services that are client centered. We are committed to the philosophy

that people are the organization. We support the organization through services that contribute to the development of a learning community that builds the competency of staff and the organization to meet the DSS mission.

Our core services include - Training and Staff Development, Organizational Development (OD), Media, Systems and Graphic support

The goal of OSD is to provide timely, relevant and effective organizational and staff development activities to: improve the quality and competency of service delivered to DSS customers; insure a culturally responsive delivery of services that recognizes and affirms diversity; improve job performance through the institution of measures of accountability to inspire public confidence; provide employees with opportunities to develop their potential within the context of the organization and overall career development; assist DSS' customers and staff to develop skills, understand and access DSS services, comply with DSS policy and support the DSS Vision, Mission, Values, and Goals.

We accomplish this by developing staff skills to perform the tasks and activities of their current jobs; educating employees to assume greater responsibilities; participating in the Department's short and long range efforts to improve the effectiveness of the organization and its partnerships; educating and preparing individuals/families receiving DSS services; educating/training DSS' external partners to perform tasks and activities that support the DSS Vision, Mission, Values and Goals; accessing resources that expand DSS' capacity to provide training, providing organizational and staff development activities; and instituting systemic interventions that support organizational operations in the area of communication, project management, access, and service.

OSD has six major service areas: DSS Program Knowledge and Skills Training; Computer Systems Software Training, Development, and Support; Human Resource Development Activities In The Areas of Leadership, Management, Supervisory, Professional, and Individual Growth and Development; Organizational Development/Internal Consulting Activities; Media and Graphics Production; Social Work Education

OSD accomplishments include the design and development of community forums with our HUSKY Community Partners to improve knowledge, communication and process; partnering with CT Works to deliver comprehensive skills and to build knowledge of agency programs; the De-linking Cash & Medical training for staff; SAGA training and program overview for partner agencies; the development of community partnerships in the City of Willimantic; training and development partner with Program Division and Rushmore Training Group to implement corrective action to the Food Stamp program as a result of the reinvestment funds; the facilitation and support for the development of standards of cooperation to eliminate errors in paternity establishment; Non-Citizen training and updates; HSI Training Academy partner; Client Fraud training for staff; facilitation of creation of standards of operations for Social Work Supervisors; ADA; HIPAA; Core-CT training for DSS; Core-CT Project support; the provision of GIS (Geographical Information System) services for DSS staff to utilize in planning of service areas and program design; the design and delivery of new and innovative courses in the areas of

professional and individual growth and development like Transforming Workplace Conflict, Pumping Neurons, Boost Your Spirits and Job Performance; and the design and development of videos, Photo Novella, annual reports and brochures for HSI, VOICES, Connecticut Kids, Ombudsman, The Commission on Aging and others.

OSD is established through a collaborative agreement with The University of Connecticut School of Social Work and The Connecticut Department of Social Services. We are committed to the provision of ongoing and innovative educational and organizational services for DSS, its employees, its partners and clientele.

Human Resources Division

The Human Resource Division is responsible for providing technical guidance and support to the employees of the central and regional offices. Staff are involved in addressing issues which impact Human Resource management for the agency as a whole, through coordination of policy issues, involvement in labor relations activity and, in general, with the objective of ensuring that the quality of Human Resource service throughout the Department remains consistent.

Functions of the Human Resource Division include: provision of general personnel services to all staff; coordination and administration of information related to personnel data collection, decentralized examination and the development and dissemination of agency policies and procedures; participation in labor relations activities with respect to contract administration and negotiation, staff training and the grievance process; administration of medical and benefits; and implementation of Health and Safety programs, including employee wellness education and Workers' Compensation.