

CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

State Fiscal Year 2011

(July 2010-June 2011)

Roderick L. Bremby, Commissioner (effective April 4, 2011)

Claudette J. Beaulieu, Deputy Commissioner, Programs

Established - 1993

Statutory Authority - Title 17b

Central Office - 25 Sigourney Street, Hartford, CT 06106

Number of Employees - 1,935

Operating Expenses - \$ 191,759,299

Program Expenses - \$ 5,195,775,795

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

MISSION

The Department of Social Services provides a continuum of 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 Supplemental Nutrition Assistance Program (Food Stamp), 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 the Title XXI State Children's Health Insurance Program; 15.) Disability Determination Services and 16) State plan for the U.S. Department of Energy – Weatherization Assistance Program for Low-Income Persons – Title 10, Part 440, Direct Final Rule – Federal Register, June 22, 2006.

DEPARTMENT OVERVIEW

The Department of Social Services provides a wide range of services to the elderly, persons with disabilities, children, families, and individuals who need assistance in maintaining or achieving their full potential for self-direction, self-reliance and independent living. Services to families, children, elders, adults and persons with disabilities include medical coverage, food and nutrition assistance, housing and energy assistance, independent living, social work and protective services, vocational rehabilitation, and financial subsistence. The Department of Social Services was established on July 1, 1993, through a merger of the Departments of Income Maintenance, Human Resources, and Aging. The merger resulted from legislation based on recommendations by the Harper-Hull Commission report in 1992.

PUBLIC CONTACT POINTS

Websites and web pages:

- DSS general: www.ct.gov/dss
- Aging Services: www.ct.gov/agingservices
- Bureau of Rehabilitation Services: www.ct.gov/brs
 - Connecticut Tech Act Project: www.CTtechact.com
 - Connecticut Tech Act AT Recycling Program: www.getATstuff.com
 - Connect-Ability: www.Connect-Ability.com
 - Connect-to-Work Center: www.connecttoworkcenter.state.ct.us
- Charter Oak Health Plan: www.charteroakhealthplan.com
- Child Care Services (including Care4Kids): www.ct.gov/dss, search on “Care4Kids”; also www.ctcare4kids.com
- Child Support Enforcement: www.ct.gov/dss and follow the link for “Families with Children”
- Connecticut Pharmaceutical Contract for the Elderly and the Disabled (ConnPACE): www.connpace.com
- HUSKY Plan: www.huskyhealth.com
- Connecticut Behavioral Health Partnership: www.ctbhp.com
- Connecticut Medical Assistance Program: www.ctdssmap.com
- Winter heating assistance: www.ct.gov/staywarm
- John S. Martinez Fatherhood Initiative of Connecticut: www.fatherhoodinitiative.state.ct.us
- Long-Term Care Ombudsman: www.ct.gov/lcop
- Supplemental Nutrition Assistance Program (formerly food stamps): www.ct.gov/snap

Toll-free information:

- General public information: 1-800-842-1508
- TDD/TTY for persons with hearing impairment: 1-800-842-4524
- Aging services: 1-866-218-6631
- Bureau of Rehabilitation Services: 1-800-537-2549 (TTY: 860-424-4839)
 - Connect-Ability: 866-844-1903

- Connect-to-Work Center: 1-800-773-4636 (TTY: 860-424-4839)
- Child care services: 2-1-1 or 1-800-811-6141
- Care4Kids child care subsidy program: 1-888-214-5437
- Charter Oak Health Plan: 1-877-77-CTOAK (1-877-772-8625)
- Child support enforcement: 1-888-233-7223
- CHOICES (Connecticut Health Insurance Assistance, Outreach, Information and Referral, Counseling and Eligibility Screening): 1-800-994-9422
- Connecticut Aids Drug Assistance Program (CADAP): 1-800-233-2503
- Connecticut Home Care Program for Elders: 1-800-445-5394
- Connecticut Pharmaceutical Contract to the Elderly and the Disabled (ConnPACE): 1-800-423-5026
- Connecticut Behavioral Health Partnership: 1-877-552-8247
- Connecticut Medical Assistance Program Client Assistance Center (Medicaid Fee-for-Service Program): 866-409-8430
- Connecticut Dental Health Partnership: 1-866-420-2924 or 1-855-CTDental (1-855-283-3682)
- Fraud and recoveries (including lien matters): 1-800-842-2155
- HUSKY Plan (information and referral, applications, accessing healthcare services for children, parents, relative caregivers and pregnant women): 1-877-CT-HUSKY (1-877-284-8759)
- Long-Term Care Ombudsman: 1-866-388-1888
- Winter heating/Weatherization assistance: 2-1-1 or 1-800-842-1132
- 2-1-1 Infoline: dial 2-1-1. Available 24/7. Information and referral, crisis intervention services. Operated by United Way of Connecticut with DSS funding.

DSS CENTRAL ADMINISTRATION

25 Sigourney Street, Hartford, CT 06106-5033

Department Chief of Staff and Directors:

Chief of Staff and Affirmative Action Director: Astread Ferron-Poole; Communications Director: David Dearborn; Human Resources Director: Jeanne Anderson; Legal Counsel, Regulations, Administrative Hearings Director: Brenda Parrella; Strategic Planning Manager: Anthony Judkins; Medical Care Administration Director: Mark Schaefer, Ph.D.; Certificate-of-Need and Rate-Setting Director: Christopher Lavigne; Medical Director: Robert Zavoiski, M.D.; Bureau of Aging (State Unit on Aging), Community and Social Work Services Director: Pamela Giannini; Child Support Director: David Mulligan; Bureau of Rehabilitation Services Director: Amy Porter, Ph.D.; Contracts Administration Director: Kathleen Brennan; Information Technology Services Director: Louis Polzella; Quality Assurance Director: John McCormick; Financial Management and Analysis Director: Lee Voghel; Long-Term Care Ombudsman: Nancy Shaffer; Organizational and Skill Development Director: Darleen Klase

News media/public information/client information and referral:

- David Dearborn, 860-424-5024
Email: david.dearborn@ct.gov
- Kathleen Kabara, 860-424-5068
Email: kathleen.kabara@ct.gov

Legislative/intergovernmental relations:

- Carolyn Treiss, 860-424-5538
Email: carolyn.treiss@ct.gov
- Heather Rossi, 860-424-5646
Email: heather.rossi@ct.gov

Freedom of Information Act document request contact point:

- Email to: david.dearborn@ct.gov and sallie.kolreg@ct.gov

DSS REGIONAL OFFICE INFORMATION

Services provided through DSS Regional Offices include Temporary Family Assistance; Supplemental Nutrition Assistance Program (formerly food stamps); Medical Assistance (HUSKY Plan for children, eligible parents/caregivers, pregnant women; Medicaid for elders and adults with disabilities; Medicaid for Low-Income Adults; Medicare premium affordability assistance; State-Administered General Assistance; State Supplement Program; Social Work Services; Child Support Enforcement Services; Rehabilitation Services; Housing Assistance. For highlights of SFY 2011, please see page 38.

DSS Northern Region - Silvana M. Flattery, Regional Administrator

Serving: Andover, Avon, Ashford, Berlin, Bloomfield, Bolton, Bristol, Brooklyn, Burlington, Canterbury, Canton, Chaplin, Columbia, Coventry, Eastford, East Granby, East Hartford, East Windsor, Ellington, Enfield, Farmington, Glastonbury, Granby, Hampton, Hartford, Hebron, Killingly, Manchester, Mansfield, Marlborough, New Britain, Newington, Plainfield, Plainville, Plymouth, Pomfret, Putnam, Rocky Hill, Scotland, Simsbury, Somers, Southington, South Windsor, Stafford, Sterling, Suffield, Thompson, Tolland, West Hartford, Union, Vernon, Wethersfield, Willington, Windham, Windsor, Windsor Locks and Woodstock.

- **Hartford**—3580 Main Street 06120; 860-723-1000, or 1-800-566-2244. TDD/TYY: 860-566-7913. Silvana M. Flattery, Regional Administrator. Alejandro Arbelaez and John Hesterberg, Social Services Operations Managers.
- **Manchester**—699 East Middle Turnpike 06040; 860-647-1441, or 1-800-859-6646. TDD/TYY: 860-647-5821. Linda Roache, Social Services Operations Manager.
- **New Britain**—30 Christian Lane, New Britain 06051; 860-612-3400, or 1-866-723-2591. TDD/TYY: 860-827-7151. George Chamberlin, Social Services Operations Manager.
- **Willimantic**—676 Main Street 06226; 860-465-3500, or 1-866-327-7700. Albert Williams, Social Services Operations Manager.

DSS Western Region - Frances A. Freer, Regional Administrator

Serving: Barkhamsted, Beacon Falls, Bethel, Bethlehem, Bridgeport, Bridgewater, Brookfield, Canaan, Cheshire, Colebrook, Cornwall, Danbury, Easton, Fairfield, Goshen, Hartland, Harwinton, Kent, Litchfield, Middlebury, Monroe, Morris, Naugatuck, New Fairfield, New Hartford, New Milford, Newtown, Norfolk, Norwalk, North Canaan, Oxford, Prospect, Redding, Ridgefield, Roxbury, Salisbury, Sharon, Sherman, Southbury, Stratford, Thomaston, Torrington, Trumbull, Warren, Washington, Waterbury, Watertown, Weston, Westport, Winchester, Wolcott and Woodbury.

- **Bridgeport**—925 Housatonic Avenue 06604; 203-551-2700, or 1-877-551-2700. TDD/TYY: 203-579-6821. Frances A. Freer, Regional Administrator. Phil Ober and Alexis Kiss, Social Services Operations Managers. Regional Processing Unit for HUSKY applications, Poonam Sharma, Manager.

- **Danbury**—342 Main Street 06810; 203-207-8900. TDD/TYY: 203-797-4032. Patrick Hearn, Social Services Operations Manager.
- **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. Marva Perrin, Social Services Operations Manager.
- **Torrington**—62 Commercial Boulevard 06790; 860-496-9600, or 1-800-742-6906. TDD/TYY: 860-482-5719. John Souchuns, Social Services Operations Manager.

DSS Southern Region - Ronald Roberts, Regional Administrator

Serving: Ansonia, Bethany, Branford, Bozrah, Chester, Clinton, Colchester, Cromwell, Deep River, Derby, Durham, East Haddam, East Hampton, East Haven, East Lyme, Essex, Franklin, Griswold, Groton, Guilford, Haddam, Hamden, Killingworth, Lebanon, Ledyard, Lisbon, Lyme, Madison, Meriden, Middlefield, Middletown, Milford, Montville, New Haven, New London, North Branford, North Haven, North Stonington, Norwich, Old Lyme, Old Saybrook, Orange, Portland, Preston, Salem, Seymour, Shelton, Sprague, Stonington, Voluntown, Wallingford, Waterford, Westbrook, West Haven and Woodbridge.

- **New Haven**—194 Bassett Street 06511; 203-974-8000. TDD/TYY: 203-974-8394. Ronald Roberts, Regional Administrator. Cathy Patton and Frederic Presnick, Social Services Operations Managers.
- **Middletown**—117 Main Street Extension 06457; 860-704-3100. TDD/TYY: 860-704-3100. Peter Bucknall, Social Services Operations Manager.
- **Norwich**—401 West Thames Street 06360; 860-823-5000. TDD/TYY: 860-892-1429. Cheryl Parsons, Social Services Operations Manager.

BUREAU OF REHABILITATION SERVICES (BRS) OFFICE INFORMATION:

BRS provides vocational rehabilitation services to assist Connecticut residents with significant disabilities to find and keep employment.

Note: Legislation that took effect July 1, 2011 (the beginning of State Fiscal Year 2012) placed the DSS Bureau of Rehabilitation Services into a new state Bureau of Rehabilitative Services. The new bureau also includes the Board of Education Services for the Blind, the Commission on Deaf and Hearing Impaired and portions of the Workers' Compensation Commission and Department of Motor Vehicles. The Bureau of Rehabilitative Services is attached to DSS for administrative purposes only. Pending the appointment of a bureau director, DSS Commissioner Roderick L. Bremby was serving as acting director.

Central administrative office - Amy Porter, Director

25 Sigourney Street, 11th Floor, Hartford 06106; 860-424-4844 or 800-537-2549 (toll-free in Connecticut). TDD/TYY: 860-424-4839.

BRS Northern Region – Lynn Frith, District Director

- **Hartford**—3580 Main Street 06120; 860-723-1400 (TDD/TTY: 860-723-1430/860-723-1453)
- **Danielson**—95 Wescott Road, 06239; 860-412-7070 (voice); 860-412-7034 (TDD/TTY).
- **Enfield**—Office temporarily closed; staff working out of Hartford office.
- **Manchester**—699 East Middle Turnpike 06040; 860-647-5960 (voice); 860-647-5968 (TDD/TTY).
- **New Britain**—30 Christian Lane 06051; 860-612-3569 (voice).

BRS Southern Region – Iris Mellow-Barnes, District Director

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

BRS Western Region – Kathleen Marchione, District Director

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

SIGNIFICANT ACCOMPLISHMENTS/HIGHLIGHTS OF SFY 2011

Overview

The Department of Social Services continued to deliver critical assistance to an increasing number of Connecticut residents during fiscal 2011. As the need for public entitlement programs like Medicaid coverage and food assistance remained on an upward trend, DSS staff sustained heavy workloads of application processing, eligibility determination and case maintenance.

On April 4, 2011, Roderick L. Bremby took office as DSS Commissioner after appointment by Governor Dannel P. Malloy. Commissioner Bremby, a former seven-year Secretary of the Kansas Department of Health and Environment, was unanimously confirmed for a four-year term by the Connecticut Senate.

“DSS is an agency with a critical mission—having Rod’s leadership and experience will help us streamline the agency and provide services to the people who are depending on them the most,” Governor Malloy said in his appointment announcement.

Bringing public-sector management experience at the municipal and state level in Texas and Kansas, Commissioner Bremby began his term by emphasizing the themes of service, communication and accountability in visits with DSS staff throughout the state. The Commissioner also began a comprehensive evaluation of the agency, while taking immediate steps to accelerate a sweeping initiative to modernize client service delivery through technological upgrades.

Taking the helm of an agency charged with overhauling the administration of several major public health coverage programs, Commissioner Bremby oversaw preparations to transform the system from managed health care to an ‘administrative services organization’ structure. The initiative was scheduled to take effect January 1, 2012, expanding care coordination and support for the first time to Medicaid beneficiaries who are elderly or with disabling conditions and representing other improvements such as enhanced medical data collection and budget savings.

Commissioner Bremby succeeded Michael P. Starkowski, who served as agency head from 2007 through March 2011.

Serving nearly 700,000 individual Connecticut residents and managing over \$5.1 billion in public expenditures, DSS continued to play an indispensable role in the human services safety net, especially in light of the sustained economic downturn.

Healthcare Initiatives: Covering Our Uninsured

- As fiscal 2011 began, Connecticut was becoming the first state to capitalize on the federal Patient Protection and Affordable Care Act by expanding Medicaid coverage to a new segment of the single adult population. With federal approval, DSS transferred its State-Administered General Assistance medical coverage beneficiaries to the new

Medicaid for Low-Income Adults program, retroactive to April 2010. The move provided more extensive health benefits package and first-time federal revenue for clients previously funded by solely by state expenditures. The program serves very low-income, single, childless adults who do not qualify for Medicaid because they are under age 65, do not have a permanent qualifying disability, are not pregnant, or do not have a child under age 19. Further information: www.ct.gov/dss/cwp/view.asp?Q=461916&A=2345.

- A second initiative to expand health care options was specifically designed for individuals with pre-existing conditions that prevented them from getting coverage in the past. Beginning August 1, 2011, the **Connecticut Pre-Existing Condition Insurance Plan** utilized federal funds to offer coverage regardless of income or age. The new program joined the state-sponsored Charter Oak Health Plan -- opened in July 2008 and also covering people with pre-existing conditions -- to give Connecticut residents a wider range of coverage and benefit level options. Further information: www.ctpreexistingconditionplan.com; www.charteroakhealthplan.com.
- Meanwhile, the **HUSKY Plan** (Healthcare for Uninsured Kids & Youth) provided extensive health coverage to nearly 400,000 children, teenagers, parents, relative caregivers and pregnant women. HUSKY A (Medicaid) serves children under 19, parents and relative caregivers in households earning at or below 185% of the federal poverty level and pregnant women earning at or below 250% of the federal poverty level while HUSKY B (Children's Health Insurance Program) offers coverage to children under 19 in households of any income above 185% of FPL. Further information: www.huskyhealth.com.
- A change in state law made it possible to make changes in the **Medicare Savings Programs**, which help many eligible Connecticut residents pay Medicare Part B premiums, deductibles and co-insurance. Specifically, the state raised the income-eligibility limits and eliminated the asset reporting requirement. Beneficiaries could earn up to \$2,091.67 for a single person and \$2,816.67 for a couple to qualify for one of the Medicare Savings Programs, or MSP: www.ct.gov/dss, search term "Medicare Savings Programs." In July 2011, legislation deemed Connecticut residents eligible for Medicare as no longer eligible for ConnPACE. However, with the changes in eligibility for MSP, most no longer eligible for ConnPACE would be eligible for MSP. Once enrolled, Medicare Part D co-pays actually went down to \$6.30 or less; through Medicaid-funded MSP, DSS pays for Medicare Part B premiums (\$96.40-\$115.40 per month), and some individuals who are eligible for the MSP may even qualify to have their 20% co-insurance and Medicare deductibles covered by the state.

Serving More Connecticut Residents: Critical DSS Programs

- Nine key DSS programs showed total enrollment of more than one million at the end of SFY 2011 (duplicative number of clients, meaning a person enrolled in more than one program, such as medical coverage and food aid, is counted twice). To track this caseload level, DSS listed client participation across nine selected entitlement programs -- Temporary Family Assistance; Medicaid (including HUSKY Part A and Medicaid for

Low-Income Adults); state-funded medical assistance, including home care services; Connecticut AIDS Drug Assistance Program; State-Administered General Assistance (SAGA) cash assistance; Qualified Medicare Beneficiary Program; Supplemental Nutrition Assistance Program (food stamps); and the Charter Oak Health Plan.

Individual program growth highlights included:

- 356,750 Connecticut residents receiving federally-funded SNAP/Food Stamp benefits, up 8% from the end of SFY 2010;
- 393,111 individuals receiving HUSKY A/Medicaid coverage, up 3% from the end of SFY 2010.

'Money Follows the Person' and Long-Term Support and Service System

The **Money Follows the Person Program** (MFP), a Medicaid 'rebalancing demonstration' initiative, makes services available to transition Medicaid-eligible clients back to the community. Eligible individuals must have resided in nursing homes or other institutions for a period of no less than 90 qualified days. This program receives an enhanced federal match based on a grant application that the state was awarded in 2007. Since the program was opened in 2008, DSS and service partners have transitioned 832 people to the community.

In addition to transition services, the demonstration provides long-term supports and services to participants for the first 365 days in the community. Services range from personal care assistance and/or nursing to transportation and/or housing. The unique service mix provided to each participant is studied to determine impact on quality of life, cost and health outcomes. Data collected informs additional MFP initiatives designed to increase options for community long-term care as an alternative to institutionalization.

On February 8, 2011, Lieutenant Governor Nancy Wyman and Office of Policy and Management Secretary Ben Barnes announced a new initiative combining Money Follows the Person and a long-term support and service system 'right-sizing' initiative to assist nursing facilities in adapting to changing needs of the aging population. At the same time, a long-term expansion of MFP to 5,200 transitions by 2016 was announced.

Funded by the federal Centers for Medicare and Medicaid Services, the long-term support and service initiative aims to balance Connecticut's system and provide individuals participating in the Medicaid program with a choice regarding where they receive their care and support. The initiative is being guided by a strategic plan developed in partnership with stakeholders. The plan will address removal of barriers or challenges within Medicaid that prevent choice in the system. Targeted focus areas for change include home- and community-based services, including waivers, hospital care transitions, workforce development, nursing home modernization/diversification, and housing and transportation. Strategies and tactics will be funded by the MFP demonstration. As barriers that prevent persons participating in the Medicaid program from having a choice regarding where they receive care and services, demand for

institutional care is expected to decrease. MFP competitive grants will be awarded to nursing facilities that align business practices with the strategic plan and seek to redefine and diversify their business model within the new long-term support and service continuum.

Child Support

Connecticut's **child support enforcement program** collected nearly \$310.8 million in court-ordered child support during SFY 2011. The program sent \$209 million in parental support to children whose families are not receiving state cash assistance benefits. Another \$17.8 million went to children living out of state.

At the same time, state taxpayers benefited from approximately \$16.4 million in child support collected from parents of Connecticut children receiving Temporary Family Assistance. Most of this amount goes back to the state as reimbursement for public assistance benefits. Another \$22.5 million was collected on past-due amounts and kept by the state in lieu of current or past public assistance benefits.

Consumer information: 1-800-228-KIDS or on-line at www.ct.gov/dss and click on Families with Children and Child Support Resource Center; or www.jud.ct.gov/childsupport.com.

As of June 30, 2011, the program provides services on 195,899 cases. 10% of these cases are Current Assistance (active cash assistance – support assigned to the State), 53% are Former Assistance (payments to the family), and 37% are Never Assistance cases (payments to the family). 74% of the caseload have a court order for support and/or health care coverage in place.

Aging Services

CHOICES (Connecticut's program for **H**ealth insurance assistance, **O**utreach, **I**nformation and referral, **C**ounseling, and **E**ligibility **S**creening), was ranked second out of 54 such programs nationally by the U.S. Centers for Medicare and Medicaid Services, the program's highest performance ranking to date. CHOICES continued to use a statewide network of community-based paid staff as well as 629 volunteers to provide older adults and adults with disabilities with health insurance assistance, outreach, information and referral counseling, and eligibility screening. In SFY 2011, CHOICES assisted more than 73,900 people.

In June 2011, the CT CHOICES program was awarded a national Certificate of Appreciation from the Centers for Medicare and Medicaid Services "in appreciation of State Health Assistance Program Services to Medicare Beneficiaries who are potentially eligible for the low income subsidy."

American Recovery and Reinvestment Act (ARRA)

DSS played a central role in Connecticut's implementation of the American Recovery and Reinvestment Act, also known as the federal stimulus bill. While the majority of projects were completed in SFY 2010, the following outlines key activities in SFY 2011:

- **Weatherization:** ARRA Supplemental Funding for the Weatherization Assistance Program is designed to reduce energy costs for low-income families, particularly for the elderly, people with disabilities, and children, by improving the energy efficiency of their homes while ensuring their health and safety.
 - 5,076 units were weatherized in SFY 2011. This number includes 206 state-financed elderly housing units weatherized through the Department of Economic and Community Development pilot project in northwestern Connecticut. Included also are 19 DSS-funded homeless and domestic violence shelters for the equivalent of 273 units.

- **Homelessness Prevention and Rapid Rehousing:** The goal of the Homelessness Prevention and Rapid Rehousing Program is to provide financial assistance and services to prevent individuals and families from becoming homeless or to re-house/stabilize those who have already become homeless.
 - 8,287 clients were served through the Homelessness Prevention and Rapid Rehousing Program --6,818 through prevention and 2,195 through rapid rehousing.
 - 2-1-1 Infoline made 81,947 referrals to housing / shelter services.

- **Child Care and Development Fund:** ARRA Supplemental Funding for the Child Care and Development Fund provides child care financial assistance to low-income working families and funds activities to improve the quality of child care. In addition, approval has been made to support one-time funding of programs in the child-care system. During SFY 2011, ARRA quality funding was distributed among four vendors for child care quality activities. Some of the quality projects funded by ARRA include development of curriculum for administration of medication in day care settings, workshops on playground safety, web-based data reporting systems (to reduce errors and increase speed of federal reimbursement claims) and computer system enhancements for child care management information systems.

- **Vocational Rehabilitation Program:** With American Recovery and Reinvestment Act (ARRA) funding, the Bureau of Rehabilitation Services (BRS) created an **Employment Division** to enhance statewide employer development. The Employment Consultants are responsible for local and regional job development efforts. The Employment Division has developed 179 work outcomes for consumers, with 89 of those outcomes taking the form of On-the-Job Trainings with local employers. Connect-Ability partnered with the Employment Division and created and developed employer-focused materials.

- **Chronic Disease Management:** ARRA provided funding for the statewide expansion of the Chronic Disease Self-Management Program. This program teaches older adults with chronic diseases practical skills to manage chronic health problems and the program gives the older adult the confidence and motivation they need to

manage challenges of living with a chronic health condition. In SFY 2011, the program was offered at 54 sites to 612 people with a variety of chronic diseases.

- **Connecticut Child Support Enforcement System:** Throughout SFY 2011, the Connecticut child support program continued development and implementation of major programming enhancements to the Connecticut Child Support Enforcement System (CCSES). The CCSES enhancements, or ‘ACE’ project (ARRA-funded CCSES Enhancements) consists of two programming efforts: 1) simplification of CCSES case status and case type, and 2) installation of all current updates from the Federal Parent Locator System and Federal Case Registry.
 - **Simplification of CCSES Case Status and Case Type** - Since CCSES was brought online in 1987, many system status and case type codes were added as required by federal and state law, and programmatic changes. The addition of each code however, created a more complex web of programming. In recent years, more than 500 case type/case status combinations evolved into a major problem, making child support case processing more difficult and programming more costly.
 - **Updates to Federal Case Registry and Federal Parent Locator System** - The Federal Parent Locator System is an assembly of systems operated by the federal Office of Child Support Enforcement, designed to assist states in locating putative fathers, noncustodial parents, and custodial parties for the establishment of paternity and child support obligations, and the enforcement and modification of orders for child support, custody and visitation. It also identifies support orders or support cases involving same parties in different states. Developed in cooperation with states, employers, federal agencies, and the judiciary, the Federal Parent Locator System was expanded by welfare reform to include other child support information and collection resources such as the Federal Case Registry: a national database that contains information on individuals in child support cases and child support orders. Connecticut’s ongoing interface with many Federal Parent Locator System programs had been highly successful.
 - It is anticipated that the ACE project enhancements will:
 - Improve services to families by increasing available time for staff to manage child support caseloads
 - Save time and effort through increased automation.
 - Increase federal child support performance ranking and associated incentive funding
 - Help to avoid federal non-performance sanctions
 - Increase productivity to offset staff shortages
 - Reduce costs by making future system programming simpler and less costly
 - Make CCSES a viable, long-term solution to total system replacement

MAJOR PROGRAM AND SERVICE AREAS

Medical and Health Care 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 Charter Oak Health Plan, ConnPACE, and other health coverage programs. Connecticut's HUSKY Plan (Healthcare for Uninsured Kids and Youth) combines services under Medicaid and the State Children's Health Insurance Program for children, teenagers, pregnant women, and parents/caregivers. Medicaid fee-for-service coverage is provided to eligible elders, adults with disabilities and other low-income adults, while Charter Oak offers coverage to uninsured adults of all incomes.

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 Communications/Public and Government Relations.

HUSKY (Healthcare for Uninsured Kids and Youth; www.huskyhealth.com or 1-877-CT-



HUSKY) offers health coverage to Connecticut children and families. The program has two parts, HUSKY A (Medicaid) and HUSKY B (Children's Health Insurance Program).

In SFY 2011, Connecticut continued to operate HUSKY as one of the leading public health care programs in the nation. Over 396,900 individuals were enrolled in HUSKY A, and over 15,270 in HUSKY B, as the fiscal year ended.

Children under 19 are eligible without regard to their family income level, since HUSKY B coverage includes an unsubsidized coverage option (same benefits but higher family cost-sharing). The HUSKY A income-eligibility ceiling of 185% of the federal poverty level applies to parents and relative caregivers, while an income limit of 250% of the federal poverty level applies to pregnant women.

HUSKY has a toll-free customer hotline (1-877-CT-HUSKY), apply-by-phone option, and informative website (www.huskyhealth.com).

In SFY 2011, DSS continued successful 'carve-out' services from the general managed health care services in the HUSKY and Medicaid fee-for-service environments. Mental health and substance abuse services are provided through the Connecticut Behavioral Health Partnership, an

integrated system of behavioral health services jointly administered by the Departments of Social Services and Children and Families since January 2006. DSS assumed management of pharmacy benefits in February 2008, with providers and HUSKY members now utilizing one, rather than multiple, preferred drug list. The Connecticut Dental Health Partnership oversees all dental benefits afforded to HUSKY A, HUSKY B and Medicaid fee-for-service programs through an administrative services organization arrangement.

The department's primary care case management pilot program, named HUSKY Primary Care, offered HUSKY A-eligible families in certain areas an alternative enrollment choice to the traditional managed health care plan options. In SFY 2011, HUSKY Primary Care was available in the New Haven, Hartford, Putnam, Waterbury and Windham areas. For more information, please visit www.huskyhealth.com and click on 'Enrollment'; or www.huskyhealth.com/hh/cwp/view.asp?a=3573&q=457384.

The Charter Oak Health Plan



Charter Oak is a state-sponsored health coverage program designed for uninsured residents aged 19 through 64. Charter Oak, like HUSKY B, has no upper income limit for service eligibility.

Charter Oak offers a comprehensive benefits package that includes preventive care, primary care and specialist office visits, emergency room and inpatient hospital coverage, outpatient surgery, maternity, behavioral health, skilled nursing, durable medical equipment and prescriptions. As SFY 2011 ended, 9,446 previously uninsured Connecticut residents were enrolled in Charter Oak coverage. For a full list of benefits and their co-pays/deductibles, visit www.charteroakhealthplan.com.

At the end of SFY 2011, Charter Oak offered a flat monthly premium of \$307 to new enrollees, regardless of income, and annual deductibles and co-insurance ranging from \$150 to \$900, depending on income.

Enrollee costs were scheduled to rise on September 1, 2011, as a result of budget legislation reducing subsidy levels for those still eligible for subsidies; and as a result of overall higher medical costs incurred by the program. The monthly premium for all enrollees who joined the program on or after June 1, 2010, was scheduled to rise from \$307 to \$446 per month (all income levels).

The monthly premium for enrollees who joined before June 1, 2010, was scheduled to increase (based on income levels). Before September 1, 2011, the range for this group was \$129 to \$296, depending on specific income. Beginning September 1, the range was to become \$215 to \$446.

Since its inception in 2008, Charter Oak has generally attracted an older population with more chronic health care conditions than originally anticipated, leading to higher-than-anticipated costs. Consequently, premiums were adjusted for the higher program costs after actuarial analysis of claims utilization data. The state legislation that created the program – and new 2011

state budget legislation – govern the extent of available state subsidies to enrollees. This accounts for the higher cost, beginning September 1, 2011

In addition, the annual benefit cap of \$100,000 was scheduled to be rescinded (there is still lifetime \$1 million benefit cap). The \$7,500 annual prescription medication benefit cap, and the \$4,000 cap on durable medical equipment, were to be rescinded.

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. During the fiscal year, ConnPACE continued to coordinated benefits with Medicare Part D and the department’s Medicare Savings Programs.



The Connecticut AIDS Drug Assistance Program (www.ct.gov/dss - DSS search term “cadap”) pays for drugs determined by the U.S. Food and Drug Administration to support individuals with AIDS/HIV. To be eligible for the program in Connecticut, an applicant must have a physician certification, 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. CADAP coordinates benefits with Medicare Part D and other third party coverage. There are approximately 1,900 individuals enrolled in the program during this fiscal year.

Med-Connect, Medicaid for the Employed Disabled: (www.ct.gov/dss - DSS Search Term “Med-Connect”) allows people with disabilities to become and stay employed without risking eligibility for medical coverage.

Approximately 5,000 residents with disabilities receive Medicaid 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 federal poverty level). Liquid assets may not exceed \$10,000 for a single person or \$15,000 for a couple.

With federal approval in SFY 2010, DSS transferred its State-Administered General Assistance medical coverage beneficiaries to the **Medicaid for Low-Income Adults** program. Connecticut was the first state in the nation to receive federal approval to expand Medicaid under the Patient Protection and Affordable Care Act. This program continued in SFY 2011 to serve very low-income, single, childless adults who do not qualify for Medicaid because they are under age 65, do not have a permanent qualifying disability, are not pregnant, or do not have a child under age 19. Over 75,000 Connecticut residents were being served under the Medicaid for Low-Income Adults Program at the end of SFY 2011. Further information: www.ct.gov/dss/cwp/view.asp?Q=461916&A=2345.

The **Medicaid for Aged/Blind/Disabled** program continued to serve approximately 60,442 low-income elders and adults with disabilities, including about 18,427 residents in long-term care facilities.

The Connecticut Home Care Program for Elders (CHCPE; www.ct.gov/dss, 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. The program serves approximately 15,000 frail elders statewide. Available services include adult day health, homemaker, companion, chore, home delivered meals, emergency response systems, care management, home health, assisted living, personal care assistant, assistive technology, mental health counseling 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. Persons receiving services under the state funded portion of the program are required to pay a co-pay for the services they receive.

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 Savings Programs, such as such as the Qualified Medicare Beneficiary and Specified Low-Income Medicare Beneficiary programs, are available to help eligible residents pay for Medicare coverage. A change in state law made it possible to make changes to help many eligible Connecticut residents pay Medicare Part B premiums, deductibles and co-insurance. Specifically, the state raised the income-eligibility limits and eliminated the asset reporting requirement. Beneficiaries can now earn up to \$2,260.92 for a single person and \$3,052.74 for a couple to qualify for one of the Medicare Savings Programs: www.ct.gov/dss, search term “Medicare Savings Programs.” In SFY 2011, the department served approximately 112,655 individuals through the Qualified Medicare Beneficiary program and another 4,481 individuals through the Specified Low-Income Medicare Beneficiary and Additional Low-Income Medicare Beneficiary programs. Application is made at DSS regional offices.

ConnTRANS (Connecticut Organ Transplant Fund; www.ct.gov/dss, follow the link for Publications, and scroll down to the Brochures list), 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.

Medical Coverage for Children at DCF (www.ct.gov/dss, search term “Family Services”)

The Family Support Unit provides medical benefits for children cared for by the Department of Children and Families (DCF). During SFY 2011, HUSKY A coverage was provided to 1,453 children in DCF foster care and 172 children in subsidized adoption care. An additional 350 youths, transitioning from DCF care on their 18th birthday, were granted medical coverage until the age of 21. Medical benefits were also granted for 176 children in subsidized guardianship. The Bureau of Assistance Programs also helps provide Medicaid-funded services to Temporary Family Assistance recipients and eligible breast and cervical cancer patients.

Services for Families and Children

The department operates **Jobs First**, Connecticut’s welfare reform program, providing **Temporary Family Assistance** (TFA) to families in need of and eligible for cash assistance. Jobs First has been successful in helping thousands of parents move into the workforce and off welfare rolls. At the end of SFY 2011, the department’s TFA caseload was 18,150 households.

Jobs First is a time-limited program that emphasizes early case-management intervention and participation in the labor market. Jobs First establishes a time limit of 21 months for families that contain an adult who is able to work. Extensions beyond 21 months may be available if the adult cannot find a job that makes the family financially independent. Able-bodied adults are referred to Jobs First Employment Services, administered by the Department of Labor and regional Workforce Investment Boards, for help in finding work. During the 21 months, and during extensions, recipients must cooperate with the Jobs First Employment Services program and make a good-faith effort to find a job and keep working. Among the beneficiaries of TFA are children who are living with their grandparents.

Safety Net services are provided to families who have exhausted their 21 months of benefits, have an eligible child in the home, have income below the TFA benefit level for their family size, and do not qualify for an extension due to the exhaustion of the time limits. Help with meeting basic needs is available, along with case management and service coordination. The Safety Net program served 832 families in SFY 2011.

The **Employment Success Program** (ESP) provides early intervention, in-depth assessment and intensive case management services to TFA recipients who are mandatory participants in Jobs First Employment Services. This program seeks to address client barriers that prevent successful participation in the TFA program. ESP served 791 families in SFY 2011.

The Individual Performance Contract Program (IPC) provides case management services to families who have been penalized for non-compliance with **Jobs First** Employment Services and are at risk of being ineligible for an extension of benefits. The IPC is an opportunity for the adults in the household to restore a good faith effort by removing barriers to employment in order to qualify for an extension of benefits. IPC served 232 families in SFY 2011.

The department funds **Transportation to Work (TTW)** programs for TFA and low-income working clients. The funding assists clients in overcoming their transportation barrier to employment. There are five DSS contractors administering the TTW program statewide. The

Department of Transportation is a partner and offers insight and complementary funding through its Jobs Access Reverse Commute program and the Federal Transportation Administration. The TTW program served 42,808 individuals in SFY 2011.

Transitory Rental Assistance (T-RAP) is available for some families if an adult member is employed at the time the family leaves the TFA and either (1) has income which exceeds the TFA payment standard; or (2) is employed for a minimum of 12 hours per week. There is an income limit of 50% of the state median income level. Rental assistance is available for up to 12 months. Approximately 150 families, on average, receive a housing subsidy. Due to limited funding, a lottery system is used to select eligible recipients.



The Supplemental Nutrition Assistance Program (or SNAP), formerly called Food Stamps, 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 185% of the federal poverty level. Maximum monthly food benefit examples are \$200 for a single person and \$668 for a four-person household. At the end of

SFY 2011, 356,750 Connecticut residents were receiving SNAP benefits in 195,028 households, a significant increase over previous years.

The SNAP Nutrition Education Plan provides nutrition education intervention to SNAP recipients and applicants. For SFY 2011, the department received \$2,990,876 in federal funds to partner with the University of Connecticut, Hispanic Health Council, Inc. and the Department of Public Health to provide these nutrition education activities

The SNAP Outreach program provides activities such as SNAP benefit pre-screening, group presentations and public awareness campaigns to potential SNAP eligible individuals. The department received \$1,029,353 in federal funds for SNAP Outreach for SFY 2011. Connecticut Association for Human Services, End Hunger Connecticut! and the Hispanic Health Council have contracted with the department to provide outreach services. For more information on SNAP, visit www.ct.gov/snap.

Child Care Services

As lead agency for child care services, DSS continued administration of a range of programs and activities, in collaboration with partner agencies and providers.

- The Care 4 Kids program, operated with the United Way of Connecticut, provided subsidies for the care of approximately 30,000 children. About 12,000 families received an average of \$602 in child care benefits each month. For more information on Care 4 Kids, visit www.ctcare4kids.com.

- The state-supported Child Day Care contract program provides child care opportunities to help low-income families begin and retain employment. The program served 4,590 children.
- Nearly 2,700 children of school age participated monthly in the department's Before- and After- School program through seven contractors.
- Connecticut Charts-A-Course, the state's single early care and education professional development program, through a combination of state General Fund appropriations and federal ARRA funds provided scholarships benefiting more than 1,860 early care and education caregivers.
- As of June 2011, there were 443 centers accredited by the National Association for the Education of Young Children a 2% increase over the prior year.

The department's Child Care Unit and the Fraud and Recoveries Unit continued two **fraud prevention and detection initiatives** in SFY 2011. The Fraud Early Detection Program and the Active Case Assessment Program were developed to ensure that those parents and/or providers receiving benefits from the Care 4 Kids Program were truly entitled to those funds. The department continued efforts to reduce administrative errors, improper payments and detect, prevent and recover fraudulent overpayment claims through an array of administrative controls. Strategies included active monitoring of business functions processes, data integrity reporting and production and performance measurement. Corrective action initiatives focused on areas determined to be error-prone and included staff training initiatives and collaboration with the Departments of Public Health, Public Safety, Children and Families, Education and Labor, Criminal Justice and the Office of the Attorney General.

Quality Enhancement Grants, at a funding level of \$1.16 million, helped 19 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 2,800 child care providers, including relatives, caring for more than 4,500 children in various ways: direct services to children and families, consultation services to child care centers and family providers, training and staff development, instructional materials and equipment, and public education campaigns. The department also provided funds to the Departments of Children and Families and Public Safety to support background checks in the areas of child abuse and criminal records.

2-1-1 Child Care, supported by department funds and United Way of Connecticut, received over 35,000 phone calls from parents seeking child care information and referrals to child care centers and homes in their area, and from child care providers interested in information and referral services. They also have an interactive childcare search tool available online at <http://search.211childcare.org/>.

The Training Program in Child Development helped nearly 146 caregivers receive training in the **Connecticut Charts-A-Course** curriculum. The statewide Accreditation Facilitation Project provided support and technical assistance to 282 childcare center sites. Of these, 151 achieved NAEYC accreditation. The Connecticut Charts-a-Course Scholarship Fund provided almost

1,860 individuals with financial assistance to support their attendance at training seminars for college credits.

The department also is a member and participant on the State Child Day Care Council, Head Start Advisory Council, Head Start Statewide Collaboration Project, Commission on Children, Early Childhood Partners, Early Childhood Alliance, Early Childhood Education Cabinet and its committees.

Readers can learn more about these and other child care activities in the state in the Child Care Annual Report. Visit the DSS website at www.ct.gov/dss, follow the link for Publications and scroll down to Annual Reports.

Child Support Enforcement Services



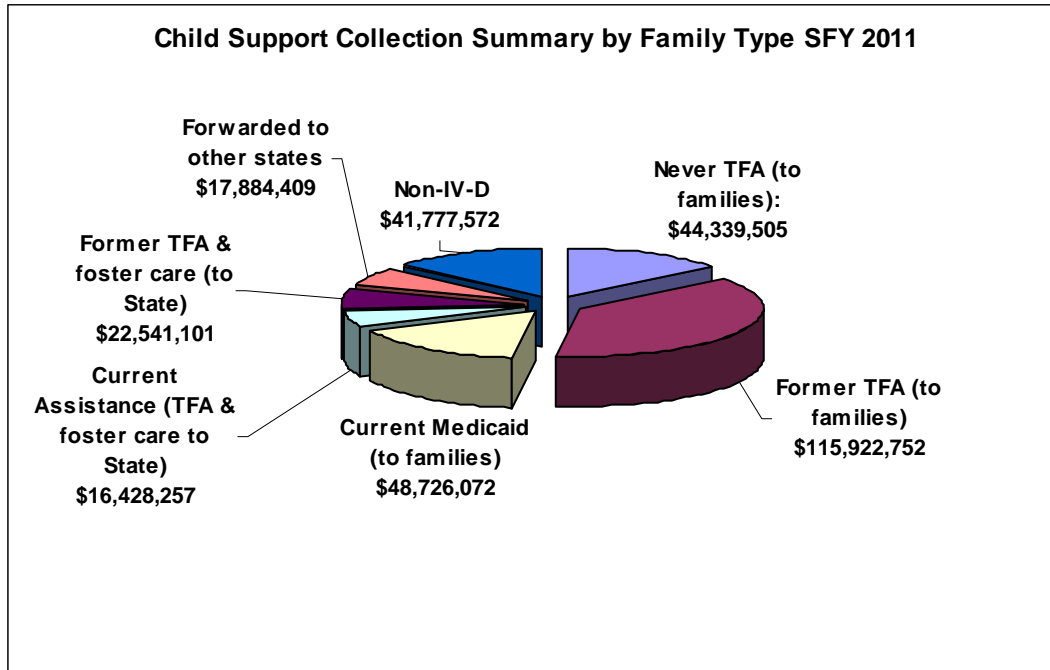
Child support enforcement services are available to all families in Connecticut. A need for assistance in establishing and maintaining financial support from both parents is the only criterion for service eligibility, regardless of a family's income.

DSS is the lead agency for Title IV-D child support enforcement activity, working closely with the Judicial Branch's Support Enforcement Services, and the Office of the Attorney General to establish and enforce paternity, financial, and medical orders.

The child support enforcement program collected nearly \$310.8 million in court-ordered child support during SFY 2011. The program sent \$209 million in parental support to children whose families are not receiving state cash assistance benefits. Another \$17.8 million went to children living out of state.

State taxpayers benefited from approximately \$16.4 million in current child support collected from parents of Connecticut children receiving Temporary Family Assistance. Another \$22.5 million was collected on past-due amounts and kept by the state in lieu of current or past public assistance benefits. Fifty percent of this support is retained by the state as a general fund deposit; fifty percent is the federal share as reimbursement for public assistance benefits.

Consumer information: 1-800-228-KIDS or on-line at www.ct.gov/dss and click on Families with Children and Child Support Resource Center; or www.jud.ct.gov/childsupport.com.



The DSS Bureau of Child Support Enforcement is committed to assisting families in reaching independence through increased financial and medical support, establishment of paternity for children born out of marriage, and integration of the principles of the Fatherhood Initiative.

Child support efforts that involve other state and local agencies include: the Paternity Registry and Voluntary Paternity Establishment Outreach program, which works with the Department of Public Health and hospitals; employer reporting via the Department of Labor of all newly-hired employees; the Arrears Adjustment Program, which works with the Fatherhood Initiative sites; and the Partners Executive Council, which includes representatives from all child support cooperating agencies (Attorney General, Judicial) and works to improve the child support program.

While core functions remain a major focus for the Bureau of Child Support Enforcement, as the lead Title IV-D agency, a number of initiatives are in place to improve the quality of customer service, program performance, and service delivery. The bureau continued participation in longstanding collaborative efforts such as Access and Visitation, providing supervised visitation and other parental counseling services to never-married couples; and the Voluntary Paternity Establishment Program, providing services in 29 area hospitals and six Fatherhood Initiative program sites.

Two bills proposed for improvement of the child support program passed the legislature in the 2011 session. The first, P.A. 11-219, *AAC Child Support Enforcement and Expedited Establishment of Paternity and Support in Title IV-D Cases*:

- Authorizes immediate redirection of support payments to the state when a child begins receiving temporary family assistance or Title IV-E foster care payments, provided subsequent notice is given to the obligee of the support order, if other than the present custodial party
- Limits retroactive arrears chargeable to the noncustodial mother or father in establishment cases to the three years preceding the filing of the petition or agreement to support
- Eliminates a \$50 processing fee for the amending of a birth record by the Department of Public Health (DPH) based on receipt of an acknowledgment of paternity
- Authorizes the IV-D agency to disclose information in the paternity registry maintained by the Department of Public Health (DPH) with agencies under cooperative agreement with the IV-D agency for child support enforcement purposes
- Establishes a procedure for notifying the parties and docketing disapproved agreements to support for a hearing on support
- Authorizes electronic service of income withholding orders
- Authorizes information sharing in IV-D cases with the Department of Correction and the Judicial Branch
- Authorizes the state Treasurer to review a list of IV-D obligors before paying out unclaimed property to claimant, and withhold payout until DSS notifies the IV-D obligor of child support arrearage and right to hearing
- Expands the authority of judicial marshals to execute capias mittimus orders in court facilities
- Amends direct income withholding due process provisions under the Uniform Interstate Family Support Act (UIFSA)
- Authorizes support enforcement officers to acknowledge legal instruments necessary for review and adjustment of IV-D support orders

The second, P.A. 11-214, *AAC Minor and Technical Changes to the Child Support Statutes*;

- Provides that a submittal in electronic format is sufficient for meeting the requirement for an annual child support program self-assessment report
- (A) Adopts consistent usage of the terms “Bureau of Child Support Enforcement,” “temporary family assistance” or “TFA,” and “Temporary Assistance for Needy Families” or “TANF” throughout the various statutes relating to the Title IV-D program; and (B) corrects various references to sections of UIFSA that were amended in the 2007 legislative session; and make other minor corrective and clarifying language changes
- Makes various technical amendments to the statutes concerning the Commission for Child Support Guidelines
- Amends the definition of “IV-D support cases” in the Family Support Magistrate’s Act to include TFA and HUSKY A cases.

In August 2010, the Connecticut child support program also initiated an innovative and money-saving partnership with the state of Rhode Island. Child support payment processing for the two states is now co-housed at the Connecticut State Disbursement Unit (SDU) facility in Windsor. Both states realize savings associated with payment processing functions performed by the CT SDU contractor, Systems and Methods, Inc. Connecticut savings under the SDU contract totaled in excess of \$121,000 for SFY 2011.

John S. Martinez Fatherhood Initiative of Connecticut



During SFY 2011, the Department continued to administer a five-year, \$5 million grant from the Department of Health and Human Services, Administration for Children and Families (ACF), to implement a *Promoting Responsible Fatherhood* demonstration project.

The grant incorporates strategies encompassing all three of the ACF-established activity areas: Healthy Marriage, Responsible Parenting and Economic Stability. Each of the six state-certified fatherhood programs (Career Resources, Inc., Bridgeport; Families In Crisis, Inc. (serving incarcerated fathers); Family Strides, Inc., Torrington; New Haven Family Alliance, Inc.; New Opportunities, Inc., Waterbury and Madonna Place, Inc., Norwich) target primarily low-income fathers, new fathers, fathers-to-be, and young fathers who may be single, unmarried, non-custodial or cohabitating and couples who identify themselves as engaged or in a committed relationship, or who are interested in marriage.

Each program site is targeted to serve a minimum 100 fathers and eight couples for a total of 500 fathers and 40 couples served annually. Services offer enhanced prevention and intervention strategies to promote healthy marriage, responsible parenting and economic stability.

In addition, in December 2010, the six above programs and four new programs (Community Renewal Team, Inc., Hartford; CT Department of Correction; Greater Bridgeport Area Prevention Program, Inc. (serving teen fathers); and Village for Families and Children, Inc., Hartford) successfully completed the *Connecticut Fatherhood Program Certification Project*. State-certified fatherhood programs are recognized for the provision of quality services to fathers and ultimately benefit the children who live in low-income families. For more information, visit www.ct.gov/fatherhood.

The Children's Trust Fund

The Children's Trust Fund is responsible for the administration of several major state and federally funded initiatives that prevent child abuse and neglect by helping families and communities be responsive to children, ensuring their positive growth and development. These efforts include funding a broad range of organizations to implement evidenced-based programs, testing innovations in the field and conducting research to assess the effectiveness of programs and developing strategies for improvement.

The Trust Fund's major programs are researched and evaluated by the University of Hartford Center for Social research. The evaluation is a vital ingredient in the development of the Trust Fund programs and has consistently shown that the programs are making a positive difference in the lives of the children and families that participate.

In addition, the Trust Fund is responsible for the administration of the Community-Based Program to Prevent Child Abuse (CBCAP), a federal program to support innovative community-based prevention efforts. As a part of the CBCAP program the Trust Fund has launched several important initiatives.

The Children's Trust Fund has been working on a number of groundbreaking projects that will benefit families and children throughout the state and make a significant contribute to the prevention field.

In-Home Treatment for Maternal Depression: The Children's Trust Fund launched a randomized control trial to study in-home cognitive behavioral therapy offered in tandem with Nurturing Families Network (NFN) home visiting services. Preliminary results of study show a statistically significant improvement within the experimental group from the baseline to the follow-up assessment and a statistically significant improvement in the experimental group when compared to the control group.

Home visiting program for new fathers and men: Ten NFN sites have hired male home visitors to provide home visiting services to fathers and men. The program is among the first of its kind in the country. The fathering home visitors have made a few adjustments to the program including meeting with fathers and men not living with their baby, more evening visits, and a stronger emphasis on employment.

Preventing Shaken Baby Syndrome within high risk populations: The Children's Trust Fund initiated a randomized control group study to test the two shaken baby prevention models with the high risk mothers participating in the Nurturing Families Network. The two-year study determined that one model, the *Period of Purple Crying*, was significantly more effective than the other. The Children's Trust Fund has trained all of the Nurturing Families Network home visitors in the more effective model.

In addition, the Trust Fund staff trained the prison system re-entry counselors to provide the *Period of Purple Crying* shaken baby syndrome prevention program to men leaving prison.

Financial Assistance for Adults

Through the **State-Administered General Assistance (SAGA)** program, the department provides cash 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 program. Approximately 4,759 individuals were receiving SAGA cash assistance at the end of SFY 2011.

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' Basic Needs Program.

General application for SAGA services is made at local DSS offices. Further information: www.ct.gov/dss, search on "financial" and scroll down.

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. At the end of SFY 2011, 15,396 people (4,576 aged, 86 blind, and 10,734 with other disability) were receiving State Supplement benefits. Further information: www.ct.gov/dss, search for "financial" and scroll down.

Services for Older Adults, People with Disabilities & Social Work Services

See also: (Medical and Health Care Services and Financial Assistance for Adults)

As part of the DSS Bureau of Aging, Community and Social Work Services, the DSS Aging Services Division (also known as the State Unit on Aging) administered approximately \$26 million from the federal Older Americans Act and other federal and state funds to provide a wide range of services to nearly 87,000 older adults in Connecticut. In addition, nearly 62,116 consumers received counseling regarding health insurance issues.

Older Americans Act-funded services are provided to adults age 60 and older. These services include home care, transportation, housekeeping, respite for caregivers, nutritional services (meals served in a group environment and meals-on-wheels, also known as home-delivered meals, as well as nutrition education and nutrition counseling as appropriate), legal assistance, adult day care, senior center operation, employment, and education and counseling.

Highlights of Older Americans Act Program for the year:

- 1,280,793 home-delivered meals were served statewide;
- 946,301 meals were served in group settings to older adults;
- 190,038 trips were provided for older adults to doctor appointments, shopping and recreational activities;
- 68,379 hours of homemaker services were provided; and
- 116,240 adult day care hours for personal care were funded.

Nursing Home Diversion

Connecticut's nursing home diversion initiative, titled, "Choices At Home," is a two-part project in the south central and western regions of the state:

Part 1: Development and implementation of a 'cash and counseling' option of service delivery. This option takes existing program dollars available through the federal Title III-E, National Family Caregiver Support and CT Statewide Respite Care programs and transforms them into flexible funds that allowed 39 consumers to hire and receive care from a caregiver of their choice. Additionally, the option expands the supplemental services benefit of the National Family Caregiver Support program from \$750 to \$4,000 for 112 consumers under this initiative. Selected consumers received supplemental services such as home modifications and other critical items that allowed them to remain at home and deter or significantly delay nursing home placement.

Part 2: Development and implementation of pilot Aging and Disability Resource Centers (ADRC), known as "Community Choices" in south central (operated by the Agency on Aging of South Central CT & the Center for Disability Rights) and western regions (operated by Western

CT Area Agency on Aging and Independence Northwest). These two regional ADRCs provide consumers with long-term care information, assistance and support (more below).

The Nursing Home Diversion grant concluded on Thursday, September 30, 2010. Since that time, the consumer directed service option piloted through the CT Statewide Alzheimer's Respite Care Program (CSRCP) as part of this grant has been adapted and permanently implemented as a service option available through the CSRCP. Plans to permanently incorporate a consumer directed service option into the National Family Caregiver Support Program are ongoing as well.

Aging and Disability Resource Center (ADRC)

The Aging Services Division began implementation of Aging and Disability Resource Centers (ADRCs), also known as "Community Choices," in Connecticut. An ADRC is envisioned to assist individuals 18 and older who are seeking services and support, regardless of disability, through a coordinated system of information and access. ADRCs are resource hubs of information and assistance, including completing benefits applications and planning for long-term care option supports and services. Connecticut's third ADRC, North Central Community Choices, began in the north central region in May 2010 and is operated by the North Central Area Agency on Aging, Independence Unlimited and Connecticut Community Care, Inc. Community Choices may be reached by calling 1-800-994-9422.

Veterans' Directed Home- and Community-Based Services Program

The Aging Services Division's successful application for a joint funding opportunity offered by the federal Veterans Administration and the Administration on Aging has created a Veterans' Directed Home- and Community-Based Services option in the south central region of the state. This partnership with the Agency of Aging of South Central CT and the VA CT Healthcare system is designed to keep veterans in the community by self-directing their own care and receiving services in their home by the caregiver of their choice. The program is a new VA service option that has the potential to be integrated into the permanent menu of VA service offerings nationwide. Connecticut launched this new option in SFY 2010 and has enrolled 30 veterans, the maximum number allowable at this time. As of June 2011, the program expanded into Fairfield County in partnership with the Southwestern CT Area Agency on Aging. In the first month, 10 veterans in Fairfield County were enrolled onto the program.

Senior Medicare Patrol (SMP)

The Senior Medicare Patrol Program empowers seniors to prevent becoming victims of health care fraud. This program helps Medicare and Medicaid beneficiaries, family members, caregivers and others on identifying health care fraud. SMP staff and volunteers educate Medicare beneficiaries on the steps to protect their personal information and detect potential errors, fraud and abuse on their health care bills and Medicare Summary Notices. SMP staff and volunteers also educate seniors on identifying deceptive health care practices, such as illegal marketing, and reporting errors and suspected fraudulent activities. The SMP program is funded by the U.S. Administration on Aging, Department of Health and Human Services. To learn more about the program, become a SMP volunteer or arrange for a presentation, the public may

contact any one of the five Area Agencies on Aging at 1-800-994-9422 or the statewide SMP Coordinator at (860) 424-5293.

Elder Rights

Under the Older Americans Act, the Aging Services Division is tasked with providing state leadership in securing and maintaining the legal rights of older individuals, coordinating the provision of legal assistance, providing technical assistance, training, and other supportive functions to the aging network, legal assistance providers, ombudsmen, and other persons, as appropriate, and assisting older individuals in understanding their rights, exercising choices, benefiting from services and opportunities authorized by law.

Legal Assistance for Older Americans

Through the Older Americans Act, Title IIIB funding is provided to the five Area Agencies on Aging to contract with legal services organizations to provide free counseling and representation on many elder law issues. Due to limited funding, the following categories have priority for representation: access to health care; federal and state benefit and support programs; rights of nursing home residents; and legal issues which are a direct result of a client's poverty.

Health Care Planning and Advanced Directives

Through the Aging Services Division, DSS publishes and distributes *Advanced Directives: Planning for Future Health Care Decisions* – for Connecticut consumers. During SFY 2011, Aging Services Division distributed over 1,200 Advanced Directive packets and the division's Legal Services Developer made presentations concerning advanced directives for consumers and health care and aging services providers at conferences and community meetings

The Aging Services Division, one of the founders of the Connecticut Coalition to Improve End-of-Life Care, represents DSS on the coalition's executive board. DSS co-sponsored the coalition's annual meeting, "Life Support Interventions: Fact vs. Fiction" on October 20, 2010. The keynote speaker was Dr. Gerard J. Kerins, MD, FACP, Section Chief of Geriatrics, Hospital of St. Raphael, Associate Clinical Professor at Yale School of Medicine and member of the CT Commission on Aging

Through the advisory board of the Connecticut Triad, the Aging Services Division continued to strengthen community partnerships that help reduce crime and the fear of crime of the state's older residents in SFY 2011. On September 17, 2010, the Board sponsored the 9th annual conference, "Responding to Elder Abuse – Preventing Victims from Falling Through the Cracks," including keynote speaker Manhattan Assistant U.S. Attorney Elizabeth Loewy, a nationally recognized expert on prosecuting elder abuse cases. In May 2011, the board published its first Program Information Guide to assist communities in forming and operating their own Triad programs to promote senior safety. A copy of the publication can be found on the Division's website - <http://www.ct.gov/agingservices>

Elderly Nutrition Services

The department provides funding under Title IIIC of the Older Americans Act, as well as state appropriations, to serve nutritionally balanced meals and provide nutrition education and counseling to individuals 60 years and older and their spouses at 200 Senior Community Cafés statewide. Meals, nutrition education and counseling are also delivered in homes to frail, homebound or otherwise isolated persons. (Meals and these nutrition services may also be

provided to persons with disabilities living in senior housing facilities that have Senior Community Cafes.)

Elderly Health Screening Program

This program provides health screening services oral health, geriatric assessments, follow-up care and programs related to health promotion and wellness to persons age 60 and over at various sites throughout Connecticut in SFY 2011, funding of \$361,683 made it possible for 2,943 older adults to benefit from the services provided through this program.

Connecticut Statewide Respite Care

This state-funded program offers case management and short-term respite to individuals with Alzheimer's disease and related disorders. In SFY 2011, the services of 389 consumers were recertified, and a total of 611 individuals received direct services such as adult day care and home health services.

The New England Cognitive Center's Brain Get Your Mind Moving (G.Y.M.M.) Program

Working with the New England Cognitive Center, this program utilizes a two-tiered non-pharmaceutical approach to address the needs of individuals with Alzheimer's disease. The two primary interventions target specific areas of cognition and hands-on cognitive training in a small group or workshop environment. In SFY 2011, 40 consumers participated in the program, approximately 27,360 hours of cognitive training were performed and 228 sessions were conducted.

CT Statewide Fall Prevention Initiative

The overall objective of the Connecticut Collaboration for Fall Prevention (CCFP) is to decrease the rate of falls among community's dwelling older adults by embedding an evidence-based, multidisciplinary, multi-factorial fall risk assessment and intervention strategy throughout Connecticut. The intervention consists of changing prevailing knowledge, attitudes, skills, and behaviors related to fall risk factor assessment and prevention among relevant care providers and ultimately among older adults. This initiative provided interventions at 334 facilities and reached 8,250 individuals.

Senior Community Service Employment Program

Funded under Title V of the Older Americans Act, this is a training and employment program for low-income adults aged 55 and older. The program offers part-time community service training in non-profit organizations to enhance skills and provide on-the-job work experience. During SFY 2011, this program served 262 older adults through the Title V program. A total of \$1.84 million in funding from Title V and the 2010 Appropriations Act for SFY 2011.

The Connecticut Partnership for Long-Term Care

The Partnership provides education and outreach and offers, through private insurers, special long-term care insurance to help individuals increase their options and avoid impoverishing themselves when paying for their long-term care.

Coordinated by the Office of Policy and Management, the Partnership has an information and education program managed by DSS. This education program offers one-on-one counseling, distributes materials, and conducts regional public forums and other presentations.

During SFY 2011, the Partnership responded to 523 requests for information, counseled 309 people and reached 463 people through its five regional public forums and other presentations. To date, over 52,000 Connecticut residents have purchased Partnership-approved long-term care policies.

Retired and Senior Volunteer Program (RSVP)

This program recruits individuals age 55 and older for meaningful and challenging volunteer opportunities to benefit communities and non-profit organizations throughout the state. Eleven programs across the state had 3,487 participating volunteers in SFY 2011.

Volunteers from the Heart

Using a volunteer service credit program, volunteers age 55 and older provide support such as transportation to medical appointments and grocery shopping for other individuals 55 and older who are frail or homebound. In return, the volunteers receive one credit hour for each hour volunteered, with credits redeemed at any time during the life of the program to be used for similar services for themselves and their family members. During SFY 2011, 58 new consumers received services.

Project Home Share

Two home-share programs in the state facilitate arrangements to enable two adults to share a home in exchange for a financial contribution to household expenses, services, companionship, or some combination. The service matches single adults, one of whom must be age 60 or over, who are having difficulty maintaining their homes because of financial, social, or physical needs, with other adults who need decent, affordable housing and/or do not want to live alone. During SFY 2011, the program counseled 247, enrolled 45 adults and matched six adults over age 60 with other adults.

Congregate Housing Services

Through funding from the Department of Housing and Urban Development, the Area Agencies on Aging provide services such as case management, personal assistance, housekeeper/chore, companion and transportation to older adults residing in rural elderly housing, with eight sites in eastern Connecticut and ten sites in western Connecticut. In SFY 2011, 309 consumers were served through this program.

The **Connecticut National Family Caregiver Support** Program, funded under Title IIIIE of the Older Americans Act, is operated in partnership with the DSS Aging Services Division and the state's Area Agencies on Aging. The program provides services to caregivers, including family members caring for relatives age 60 and older, grandparents or older relatives caring for children 18 years of age or under, and those caring for adult children with disabilities.

During federal fiscal year 2011, the program provided information and assistance to 6,238 individuals. Caregiver training, counseling and support group services were provided to 1,008 consumers. Respite care services were provided to 425 caregivers and supplemental services such as home safety devices, medical supplies and medical-related equipment were provided to 649 consumers.

The **DSS Rx-Xpress** serves as a mobile public assistance center that works with CHOICES to provide older adults and other eligible persons with Medicare Part D prescription drug benefit information and enrollment assistance. In addition, the DSS Rx-Express service conducts outreach in rural, suburban and urban communities, where DSS regional staff provide eligibility screening for various public assistance programs, including Medicaid, Charter Oak Health Plan, HUSKY, SAGA, Medicare Savings and SNAP (Food Stamps.) During SFY 2011, DSS participated in 94 events and provided information and eligibility screening to 1,905 people through this mobile service option.



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 2011, agency social workers provided services to 3,481 persons living in the community. The Department also received 211 report forms regarding residents of long-term care facilities. The Conservator of Person program, for indigent individuals 60-and-over who require life management oversight, helped 353 individuals; and the Conservator of Estate program provided financial management services to 107 people in the same age group.

The federal Supplemental Security Income Program serves people who are elderly, disabled, or blind. In Connecticut, the State Supplement Program augments the federal program. As the state fiscal year ended, the State Supplement Program was serving 17,882 persons (5,447 aged, 104 blind, and 12,331 with other disability).

During the fiscal year, the **Community Based/ Essential Services Program** provided services designed to prevent institutionalization to 843 persons with disabilities. There were 848 persons who received help through the **Personal Care Assistance Program** (people with disabilities between age 18 and 64); and 386 individuals were provided assistance under the **Acquired Brain Injury Program**. Both programs operate under Medicaid waivers.

The **Family Support Grant Program** helped 25 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.

Family and Individual Social Work Services

Regional and Central Office social work staff provided brief interventions for 3,229 families and individuals, including counseling, case management, advocacy, information and referral, housing and homelessness assistance and consultation, through Family and Individual Social Work Services.

The **Teenage Pregnancy Prevention Initiative**, designed to prevent first-time pregnancies in at-risk teenagers, continued to target the urban areas of Hartford, New Haven, New Britain, Waterbury, Meriden, Norwich, New London, Torrington, West Haven and Willimantic, as well as Bridgeport, East Hartford and Killingly re-opening. The programs served 540 individuals.

In addition to the above services, Social Work Services staff provided more than 100 educational and training sessions to community members, professional associations, agency and institutional staff on DSS social work programs and services. Staff continued to develop 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 **Long-Term Care Ombudsman Program (LTCOP)** serves residents of long-term care facilities, including nursing homes, assisted living facilities and residential care homes. Regional Ombudsmen investigate and work to resolve complaints made by or on behalf of residents. Additionally, Ombudsman staff educates long-term care consumers and the general public about long-term care issues and concerns. The State Ombudsman monitors and advocates at the state and national levels the policies and laws affecting quality care and services for long-term care residents. Nine Regional Ombudsman advocate for change at the facility level, as well as in regard to public policy and law. In addition to the Regional Ombudsman, there are three intake counselors.



Information and outreach are important aspects of Ombudsman work. Regional Ombudsman and Volunteer Resident Advocates of the program provide complaint and non-complaint visits to long-term care facilities and work with administration at these homes to make improvements in the quality of care and services for the residents. Essential to the Ombudsman role and responsibility is facilitating self-advocacy amongst residents. The State Ombudsman and Regional Ombudsmen educate and empower residents individually through casework, with groups of residents through the facility Resident Council and with families through the care planning process and Family Council activities. The LTCOP works with other state agencies, advocacy organizations and a wide variety of stakeholders and organizations. Ombudsman work is always directed by the resident him/herself and the effectiveness of Ombudsman work is largely based on identifying and resolving issues and customer satisfaction of outcomes.

In SFY 2011, there were approximately 35,000 skilled nursing facility, assisted living facility and residential care home beds in Connecticut. The Long-Term Care Ombudsman Program served these long-term care residents and received 2,078 complaints. The preponderance of complaints was in regard to care issues and residents' rights related to autonomy and choice as well as admission, transfer, discharge and eviction issues. The Regional Ombudsmen provided 1,666 individual consultations, attended 299 Resident Council meetings and provided 254 consultations to facilities. The State Ombudsman was the federally-appointed Patient Care Ombudsman for each of the nursing homes in bankruptcy in Connecticut during SFY 2011. It was her responsibility to oversee the well-being of the hundreds of residents in these bankrupt facilities, as well as those residents in closing nursing homes during this time period. For further information: www.ct.gov/ltcop or 1-866-388-1888.

Housing Assistance

Through various **homeless assistance** programs, DSS supported 44 emergency shelters with a total of 1,349 beds, and 112 family units serving more than 11,675 adults and children, plus six programs that provide advocacy, housing, and health services.

The **Transitional Living Program** served more than 2,248 individuals, and helped families and adults move from shelters into independent living. The **AIDS Residence Program** provided housing and support services to approximately 900 people. In addition, funding was provided to 14 **CT Beyond Shelter Programs**. These programs improve housing retention by providing coordinated services to landlords and households leaving homeless shelters or transitional living programs into independent housing.

Also, during SFY 2011, the department's new "**Housing First for Families**" program became fully operational, as five regional providers to families in emergency shelters. The program will assist households in obtaining permanent affordable housing or stable shared housing. The family will be engaged with the HFF coordinator for 30 days to transition them out of the shelter and into housing. Follow-up will also be provided to ensure that households are stably housed. During the first year of the program, 194 families were served with HFF services.

The department contractually requires its emergency shelter, transitional living, AIDS residential, CT Beyond Shelter, Housing First for Families and Homelessness Prevention and Rapid Re-housing providers to enter data into CT Homeless Management Information System in efforts to begin to capture unduplicated client level and service data on the populations that we serve.

The department was also awarded \$10.8 million in American Recovery and Reinvestment Act funds for the **Homelessness Prevention and Rapid Rehousing Program (HPRP)**. The department contracted with six regional agencies – CTE, Inc., Columbus House, Mercy House & Shelter Corp, Inc., Thames Valley Council for Community Action, Inc., Journey Home, Inc., and New Opportunities, Inc. - to provide services to services to prevent individuals and families from becoming homeless, or to re-house/stabilize those who have become homeless. The program provides funding to assist both families and individuals who are at imminent risk of homelessness, or who are literally homeless. Examples of assistance provided include:

- Financial assistance
 - Temporary rental assistance for a maximum of 18 months, including shallow (partial) subsidies, declining subsidies, and subsidies deeper than Section 8 subsidies
 - Up to 6 months of back rent, which counts against the 18 month maximum
 - Security and utility deposits
 - Up to 18 months of utility payments, including up to 6 months of back utility payments
 - Moving cost assistance (not furnishings)
 - Motel and hotel vouchers up to 30 days

- Outreach and other services
 - Housing search and placement services, such as tenant counseling, representative payee services with respect to housing costs, and mediation and outreach to landlords
 - Case management services
 - Service coordination
 - Legal services to help people stay in their housing (not assistance with mortgages)
 - Credit repair, including money management and resolving personal credit issues

2-1-1 Infoline of Connecticut provided eligibility screening and referrals for all HPRP programs in the state. For individuals and families who were not eligible for HPRP services, 2-1-1 made referrals to other appropriate services. During SFY 2011:

- 4,185 unduplicated clients were served through the Homelessness Prevention and Rapid Rehousing Program; 3,049 through prevention and 1,176 served through rapid re-housing.
- 2-1-1 Infoline made 71,409 referrals to housing / shelter services.

The **Security Deposit Assistance Program** provided help to more than 2,542 individuals and families in obtaining permanent housing. These services are provided through DSS regional offices.

Under the **Rental Assistance Program (RAP)**, DSS provided rental subsidies to 2,691 families and adults living in privately-owned rental housing and supportive housing projects. One-year rental subsidies were provided under the Transitional Rental Assistance Program to an average of 60 former Temporary Family Assistance-recipient families per month.

Under the federal **Section 8 Housing Choice Voucher Program** and **Section 8 Moderate Rehabilitation Program**, DSS provided 6,496 rental vouchers so families and adults could move into and afford safe and sanitary housing. A special program category under Section 8 includes the Mainstream Housing Opportunities for Persons with Disabilities Program. Competitive HUD funding awarded to DSS is used to provide housing subsidies to eligible individuals with disabilities who often face difficulties in locating suitable and accessible housing. The department currently receives funding for 150 households. There is a waiting list, which is currently closed to new applicants. When the list is about to be opened, a notice and pre-application form is placed in local newspapers and media outlets, as well as on the DSS website.

The **HUD-Veterans' Affairs Supportive Housing (HUD-VASH)** program combines Housing Choice Voucher rental assistance for homeless veterans with case management and clinical services provided by the US Department of Veterans' Affairs (VA). VA provides these services for participating veterans at VA medical centers and community-based outreach clinics. The department was awarded 90 of these special vouchers.

DSS works closely with the Department of Children and Families in the **Family Unification Program**, promoting family unity by providing both Section 8 and RAP 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. The housing component of the **Money Follows the Person Program** enables eligible nursing home residents to safely return to the community and a more self-sufficient lifestyle through a rental subsidy provided by the department. Once the necessary community support systems have been identified and put in place, transition coordinators make referrals to DSS for a Rental Assistance Program certificate. There have been 318 rental subsidies provided since the program began in 2009.

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, the Department of Children and Families and the Connecticut Housing Finance Authority in support of the **Supportive Housing Pilots/Next Steps Initiative**. This is designed to create service-supported, affordable housing opportunities for homeless families, homeless youth aging out of the child welfare system and people affected by mental illness or chemical dependency who are facing homelessness. The department has devoted Section 8 and state Rental Assistance Program rental subsidies as part of this initiative.

Energy and Food Assistance, Community Programs

The **Connecticut Energy Assistance Program (CEAP)** is administered by DSS and coordinated by regional Community Action Agencies, in cooperation with municipal and other non-profit human service agencies. 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).

During SFY 2011, DSS and its service partners assisted 117,876 CEAP/CHAP-eligible households, distributing \$108 million in federally funded energy assistance through CEAP and Contingency Heating Assistance Program (CHAP).

- 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.
- CEAP-eligible households with incomes up to 150% of the federal poverty guidelines, whose heat is included in their rent, and who pay more than 30% of their gross income toward their rent, are eligible for renter benefits.
- CEAP includes liquid assets eligibility requirements.

The **Contingency Heating Assistance Program** is also administered by DSS and coordinated by the regional Community Action Agencies.

- CHAP is available to households who are ineligible for CEAP assistance, but whose incomes are less than 60% of the state median income guidelines.
- CHAP benefits are not available to households whose heat is included in their rent.
- CHAP includes liquid assets eligibility requirements.

For additional information regarding CEAP and CHAP, households can refer to: www.ct.gov/staywarm or dial 2-1-1.

DSS also administered federal funds for a **Weatherization Assistance** program, providing energy-efficient measures to approximately 250 households with incomes up to 60% of the federal poverty level. (See also, weatherization section under the American Recovery and Reinvestment Act section on page 11.) Further information: 1-800-842-1132 and <http://www.ct.gov/dss/weatherize>.

The department provides federal funding to agencies that assist in the **resettlement of refugees**, including Catholic Charities, Episcopal Social Services, International Institute of Connecticut, and Jewish Federation Association of Connecticut. Besides funding for employment assistance to refugees, DSS directly assists refugees through cash, medical and Supplemental Nutrition Assistance Program assistance.

Through the **Neighborhood Facilities Program**, DSS provides grants for planning, site preparation, construction, renovation, and acquisition of facilities for child care centers, senior centers, multi-purpose centers, domestic violence programs, emergency shelters and shelters for the homeless, food distribution facilities, and accommodations for people with HIV and AIDS. During SFY 2010, DSS received approval from the state Bond Commission for four projects with a value of \$1,475,000. These various projects included a roof replace for Jubilee House, an educational tutorial facility in Hartford, roof and drainage improvements at the Prudence Crandall facility, a women's housing facility in New Britain and construction assistance for a new health facility in Middletown operated by the Middletown Community Health Center, Inc. as well as renovations to the social services agency TVVCCA in Norwich which is the primary provider of social services in that town.

In addition, DSS was given the responsibility for nine projects funded with OPM Urban Act funds in the amount of \$10,345,000; and four Small Town Economic Assistance Program projects in the amount of \$670,000. These various renovation projects are located in Somers, Thompson and Warren.

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 8.2 million pounds of food in SFY 2011. The **Supplemental Nutrition Program** purchases high-protein foods for distribution to food pantries, soup kitchens, and shelters through a statewide network of 448 agencies. Approximately 562,261 pounds of food, with a value of \$604,422.00 were distributed through this program.

Repatriation Services are provided for U.S. citizens who are or were residents of Connecticut and who need emergency evacuation from another country for medical treatment, to escape from a dangerous or hostile environment, or are being deported from another country. DSS works with International Social Services, a subcontractor for the U.S. Department of State, to assist Connecticut repatriates to find housing and access medical treatment. DSS Social Workers provide transitional case management to repatriated citizens.

Connecticut Human Services Infrastructure Initiative and Strategic Planning



During SFY 2011, the department and its Division of Strategic Planning oversaw further services under the Connecticut Human Services Infrastructure (HSI) initiative, in collaboration with 2-1-1 Infoline and the state's 12 Community Action Agencies (CAAs). The initiative seeks to streamline customer access to services within and between CAAs, DSS and other human service partners by better use of existing resources, and by connecting clients to community resources before, during and after DSS intervention. This enables DSS clients to be better prepared to use services efficiently, coordinating all "helping" services within the HSI initiative and identifying client barriers early in the process.

The CAAs and their statewide organization, the Connecticut Association for Community Action (CAFCA), have launched an automated benefits enrollment calculator. The calculator was created to help residents easily find out what state and federal programs they may be eligible for. By taking a few minutes and answering some anonymous questions about themselves, their family and others who may live in their home, the calculator is to determine what programs and benefits people are potentially eligible for and how they can go about applying for those programs. Funding was provided through the Community Services Block Grant and the American Reinvestment and Recovery Act. CAA staff can help customers with this tool and individuals can also access the calculator on the CAFCA website at <http://cafcacalculator.cafca.org/>.

During SFY 2011, automated benefits calculator clinics were held on-site for 120 staff at all 12 CAAs. Desk aids for using the calculator were developed and distributed to case managers. These were specifically tailored to the needs of each agency, based on the type of case management software in use.

The "Using ABC: Case Management and the Program Policies Behind ABC" training has been provided to over 218 case managers at all 12 CAAs. Training needs assessment continued, incorporating feedback from training participants, in addition to utilizing an online survey tool. A 38-page manual for CAA case managers on the automatic benefits calculator and DSS programs was completed and distributed to agencies.

As of this November 2011, over 2,236 members of the public have accessed the automated benefits calculator via the CAFCA website. Besides ease to the public, CAA case managers have saved time and resources in connecting clients to programs (the calculator has been integrated into CAAs' energy and case management software).

DSS REGIONAL OFFICES

The Department's Regional Offices provide direct services to eligible clients in the areas of Supplemental Nutrition Assistance Program (formally food stamps), Temporary Financial Assistance, State Supplement, Medical Assistance and State-Administered General Assistance. In addition, Regional Offices provide on-site Child Support Services, Social Work Services, as well as Fraud Investigations, and Resources Investigations (public assistance recovery) services. Regional Offices also include staff of the Bureau of Rehabilitation Services.

Northern Region

The DSS Northern Region is comprised of a regional office (Hartford) with three sub-offices (Manchester, New Britain, Willimantic), serving 59 cities and towns with a total of 131,172 unduplicated active 'assistance units' (technical term for households, whether a family or single individual), for a total of 223,684 active recipients. The Northern Region is the largest of the department's three regions, serving approximately 37% of the statewide active caseload.

Regional Processing Unit is a centralized unit in the Hartford office that handles all presumptive eligibility for HUSKY, as well as expedited eligibility for pregnant women; newborns; children who are transitioning from HUSKY B to HUSKY A; and HUSKY applications received directly in the region. In this manner, the Northern Region can expedite service delivery for this critical medical eligibility piece and reduce gaps in client medical coverage.

Outstationed Staff at Acute-Care and Long-Term Care Facilities -- The Northern Region's collaboration with area hospitals expanded with the development of out-stationed eligibility workers in long-term care facilities and the expansion to community health care clinics. In this way, DSS is able to support health care coverage and services needed both in acute-care and long-term care settings, as well as in communities.

Mobile Office Eligibility Services -- The Northern Region continues to expand client access and services through the DSS Rx-Xpress Bus at regional events, such as the Veterans' Stand Down, SNAP/Food Stamp outreach, farmers' markets and other venues. Not only does this initiative offer enhanced service to connect clients with the agency, the mobile office has been extremely helpful in providing continuity in services during times when additional office space is needed.

Hartford Community Court -- The DSS Hartford office has a successful cooperative relationship at the Hartford Community Court with several community partners, including the City of Hartford, the Department of Mental Health and Addiction Services and the state Judicial Branch. The court attends to "quality of life" and misdemeanor crimes in Hartford, with defendants willing to enter a conditional plea of guilty to avoid or receive a shortened prison time by performing community service. The DSS representative facilitates the transition of detainees to the community by granting applications for DSS programs, responding to client

inquiries, performing interim eligibility changes, and providing technical assistance to participating partner agencies regarding DSS programs and procedures.

SNAP E-Faxing -- All Northern Region offices collaborate with End Hunger CT! (EHC) and its partners to facilitate submission of Supplemental Nutrition Assistance Program applications, electronically, via 'E-Fax.' The collaboration and technology has proven effective and advantageous to SNAP applicants/recipients and the partners who take part in the initiative. Each month EHC submits applications electronically to a designated DSS contact person, who distributes for processing.

Service Delivery Enhancements:

Hartford Office

SNAP Team -- From team of nine eligibility services staff, one worker is assigned on a rotating basis to screen mail-in applications and assign the applications to another member of the team. The screener also identifies potential expedited applications and these are immediately handed off to one worker assigned to process them. The third member on the rotation interviews and processes applications for 'walk-in' clients. In addition, staff specialize in SNAP Redetermination and Periodic Review Form processing and are responsible for all case updates within the assigned functional area.

Manchester sub-office

Family SNAP/HUSKY -- This unit is divided between Intake and Case Maintenance, with all HUSKY redeterminations are initiated by clerical staff and then processed by a designated worker. The SNAP redeterminations go to a group of designated workers, who process SNAP redeterminations.

TFA Family -- Two workers are now assigned to screening activities for all applications to determine if they qualify for cash assistance and scheduling required appointments with a TFA worker. If there is no cash assistance eligibility but expedited SNAP eligibility, applications are processed and moved to the Family Intake Unit or Regional Processing Unit.

Adult/Community Elderly -- This unit is divided between Intake, SNAP redet/PRF processing and Case Maintenance, with every application logged into a database and assigned to an intake worker. They are responsible for processing the case and then turning it over to Case Maintenance staff. Staff are assigned to one of the three functions. Staff members are not assigned a caseload and are responsible for all case updates and redeterminations within the assigned functional area.

Long-Term Care The Long-Term Care unit is also divided between Intake and Case Maintenance. Additionally, the two staff members assigned to Case Maintenance work together with Intake on a combined caseload.

Enfield Outposting – In an effort to expand client services to the Northern most portion of our service area, Enfield, we have collaborated with the Mary Lou Strom Community Health Center, and have out stationed a worker on a regular basis, in order to bring services into the community and reduce the number of times residents may have to drive a considerable distance to avail themselves of our services.

New Britain sub-office

Client Benefit Center -- The office operates a fully-functioning, bilingual-capacity Benefit Center that features four dedicated staff who respond to client inquiries concerning application and redetermination status, updates or clarifications on requested information to be submitted, and deadlines for submission. Another 20 staff rotate through the Benefit Center during the workday and respond to nine voice mailboxes carefully scripted to explain and request information on the common client changes that impact SNAP (and related program) eligibility and/or benefit amount.

Structured Processing -- Eligibility units have been reconfigured to focus on SNAP program maintenance and support other core programs. Certain staff specialize in and concentrate on SNAP applications and redeterminations, with the goal of addressing the dramatic increase in program participation, reducing processing times, and reducing program errors. Other staff maintain emphasis on related programs to ensure timely benefit issuance and customer service.

Express SNAP Grants -- The office maintains a special focus on SNAP applications via a dedicated service-window that fields client inquiries, assists with program applications, updates client information and tags completed applications. A dedicate team of eligibility services workers (co-located in the office's reception area) receives such applications and ensures expedited processing.

Community Outreach-- New Britain staff volunteer to work aboard the DSS Bus (a fully equipped and retro-fitted RV) in service to clients living in outlying areas. As a result of these outreach events, clients and staff have the opportunity to share important case information, document and update program data, and establish connections with community partners.

Willimantic sub-office

Call Center - Adult Cases

The Adult Unit implemented two teams with dedicated telephone lines, providing clients with greater efficiency by assigning cases to a customer service team rather than specific workers. The new format allows staff to be assigned where the need is greatest at any given time, such as telephone calls, redeterminations and interim changes.

Structured Processing

For each of the following areas -- TFA/Family Support, SNAP, SAGA Cash, State Supplement, HUSKY and Medicaid for Aged, Blind and Disabled/Low-Income Adults -- an assigned worker coordinates all new applications.

Community Involvement, Collaborations and Initiatives

The Northern Region participates in a wide range of community-based efforts to improve the coordination of services and develop prevention and early intervention services to address the needs of high-risk populations. In addition, the Region maintains an active Speaker's Bureau of trained volunteer staff who provide information and workshops on DSS programs to community-based agencies, consumer groups and statewide organizations. Following is a list of some of the committees and organizations which the Northern region participates in.

Hartford Area Child Care Collaborative, a project of the Hartford Foundation for Public Giving. The Northern Region participates on the steering committee, supporting the collaborative's work on such priorities as the education and credentialing of early childhood teachers, promotion of researched-based curriculum, building leadership and advocating for high quality child care at the local, state and national level. The collaborative also piloted the **Safe Families, Safe Homes** training model for early childhood programs, addressing issues of domestic violence affecting young children.

Hartford/West Hartford System of Care an interagency/community group originally supported by the Department of Children and Families to address the needs of families with children with behavioral health needs. The DSS Northern region participates on both the steering committee and monthly membership meetings.

Greater Hartford Children and Domestic Violence Collaborative, addressing issues of domestic violence and the effect on children and families in the Greater Hartford and Manchester areas by bringing together domestic violence services, court officials, DCF, DSS, domestic violence consultants, city services, police, and local agencies to coordinate and improve services. It is facilitated by Interval House.

Department of Public Health's Injury Community Planning Group, multi-disciplinary interagency group charged with developing a comprehensive state injury prevention plan as part of a federal Centers for Disease Control five-year grant. The Northern Region also participates in the intentional injury workgroup, the community assessment workgroup and peer violence workgroup.

Community Health Center of New Britain Advisory Board, a leader in the development of electronic medical records, autism screening, dental services provided on-site in New Britain schools. The board developed a public benefit website at Qualify4care.com, where people can learn if they qualify for public health insurance.

The Bristol Continuum of Care, addressing issues of homelessness in Bristol and responsible for the design and oversight of the HUD grant for the homeless, including the St. Vincent DePaul shelter programs, supportive housing programs, and homeless outreach and services.

Windham County Re-entry Council, addressing issues affecting people who are returning to the community from prison. The council meets regularly to facilitate coordination of services.

Generations Family Health Center, with DSS meeting regularly with staff of the Willimantic-based provider to help coordinate services and share information on public benefits.

Eastern Workforce Investment Board, addressing employment issues, including transportation to work for Temporary Family Assistance clients for work, which is especially challenging in this area of the state.

Southern Region

The Southern Region is comprised of a regional office (New Haven) and two sub-offices (Middletown and Norwich), serving 55 cities and towns across south central and southeastern Connecticut. The Region has a total of 312 staff, including 185eligibility staff, 27 social workers and 31 child support investigators. The Southern Region serves approximately 30% of the agency's active caseload, which includes 119,860 unduplicated households and 207,524 active recipients.

Regional Processing Unit -- To improve eligibility processing, a centralized unit located in the Middletown office handles all presumptive eligibility for HUSKY, as well as expedited eligibility for pregnant women and Newborn Initiative cases for the entire Southern Region. This unit works closely with 22 'Medicaid Certified entities' (hospitals and health clinics) in the region to expedite over 200 applications a month.

CT Works Partners -- Southern Region staff from the TFA units meets quarterly with their CT Works partners to coordinate all employment service activities for 2,253 time-limited TFA clients, including referrals to orientations and sanctioning of noncompliant clients.

Regional Client Fraud and Investigations Unit -- Based in New Haven, this unit now completes investigations formerly handled by Resources Investigations staff. Separate training and focus support more comprehensive investigations.

Outstationed Staff at Hospitals and Service Providers -- A total of five New Haven regional office eligibility staff is out-stationed at the Hospital of St. Raphael, Yale New Haven Hospital, and the Cornell Scott Hill Health Center. Two Middletown regional office eligibility staff are outstationed at the Connecticut Valley Hospital.

Two DSS workers are out-stationed at New Opportunities, Inc. in Meriden one day a week. This benefits those who need and/or want to be seen by a DSS worker and may have transportation issues when traveling to Middletown.

Income Verification Pilot

An electronic data exchange Income Verification pilot was developed, with the assistance of the DSS Information Technology Services Division and the Housing Authority of New Haven's IT division. The New Haven Regional Office was the original pilot of a process that eliminated the need for faxing budget/income information to the New Haven Housing Authority. This process does away with client office visits and delays associated with over 1,000 New Haven clients who

need to meet HUD income verification requirements. This pilot is now being offered to other housing authorities in an effort to eliminate an archaic income verification practice for all housing authorities and DSS.

Mobile Office Eligibility Services Regional office eligibility staff are deployed on an ongoing basis to all Southern Region city/town locations where the DSS Rx-Xpress Bus is stationed. Such efforts have increased availability and access of DSS programs to the general public.

Community Partnerships during SFY 2010 included:

New Haven

- Participate in advisory meetings for SNAP (formerly Food Stamp) and HUSKY outreach.
- Represent DSS on DCF Advisory Council, New Haven's Re-entry Roundtable, Greater New Haven Regional Alliance to End Homelessness, Job Corps Advisory Council, System of Care Collaboration and the Male Involvement Network.
- Participate in program planning/development —DCF's Differential Response System Regional Plan; New Haven Early Childhood Plan; Child First and Project Soar.
- Member of the New Haven Early Childhood Council and Early Head Start Policy Council.
- Through Help Me Grow Community Networking Breakfast meetings and Speakers' Bureau, provide programmatic information to other service providers and neighborhood groups.

Norwich

- Meet monthly with TVCCA's Care Team.
- Participate in the annual Homeless Connect Event, a collaborative event of all the region's social services agencies to reach out to the homeless population in the area.
- Staff a table at two events with the Department of Correction each year for inmates who are close to being released.

Middletown/Meriden

- Member of Middletown's School Readiness Council and Middletown's Children's Coalition.
- End Hunger Collaborative
- Member of Meriden Children First

Western Region

The DSS Western Region is comprised of a regional office (Bridgeport) with four sub-offices (Danbury, Stamford, Waterbury and Torrington), serving 57 cities and towns in Litchfield and Fairfield County. The Western Region serves over 200,000 recipients, representing nearly one-third of the department's total clientele statewide.

Regional Processing Unit, a specialized regional unit in the Bridgeport office, handles all presumptive eligibility for HUSKY, expedited eligibility for pregnant women, interim changes for HUSKY, Newborn Initiative applications, and Charter Oak-to-Medicaid for Low-Income Adults cases for the Western Region. In addition, there are 62 qualified entities, direct providers of medical services in the community and DSS partners in the facilitation of access to medical benefits. This unit has 12 dedicated staff and screens over 1,000 applications per month.

Community Partnerships and Modernization Initiatives in SFY 2011 included:

- Workload management and time study of all eligibility staff functions.
- Staff automated reception log and redetermination log, tracking and identifying timeliness of staff seeing clients.
- Phone survey done manually by staff to identify call volume, reasons for call and disposition times, in preparation for the department's Modernization of Client Service Delivery initiative.
- Waterbury Call Center, moving all eligibility services workers into a virtual call center to prepare and determine lessons learned for Modernization of Client Service Delivery. Eligibility staff work in teams to answer calls and process work.
- Long-Term Care Workgroup developed to identify standard practices in each office and identify system delays for payments to nursing homes and delays in application processing. This Western Region pilot has resulted in a statewide group meeting with nursing home association members to create statewide system improvements.
- Newborn Initiative –working with the Office of Skill Development, staff created statewide system used by 32 state hospitals to expedite enrollment of all uninsured newborns. Created computer-based tracking system and moved enrollment from 53-day average to three days.
- Info Desk Pilot –Triage style reception area service model that began in Bridgeport office and is now statewide customer service representative model used statewide.
- Leadership 2000- diversity model that brings together vertical slice of all staff functions to improve relationships and communication within Western region.
- HUSKY Community Forums- staff hold quarterly meeting with community partners to update on all current medical and benefit changes.
- Long-Term Care Community Forums – nursing home staff invited to regional offices to update on current info and improve relationships and timeliness of applications and payments.

OTHER DIVISIONS WITHIN DSS

Communications/Public and Government Relations

The **Office of Communications/Public & Government Relations** provides public information, legislative, news media, information/referral, and client services in support of the department's mission and statutory mandates. The office works closely with DSS divisions and regional offices, serving as direct contact point for media, legislators, applicants and clients, and the general public.

Staff assists applicants and clients who call or email for information, referral and assistance with food, medical, housing, subsistence, and related needs. The office researches and helps resolve client service issues, including referrals from the Governor's Office and members of the General Assembly.

Support functions include: advising on and coordinating legislative proposals; providing advocacy and representation at the General Assembly; serving as press secretary, departmental spokesperson and media contact point; preparing public information materials and news releases in support of agency services and initiatives; coordinating public relations with community organizations, grantees and individual clients and complainants; serving as Freedom of Information Act contact point and response coordination; conducting website development, maintenance and content management; program management of \$3.7 million contract with United Way of Connecticut/2-1-1/HUSKY Infoline.

The office also provides verification of client information for state Office of Victim Services; verification of Temporary Assistance to Needy Families client information for other states for purposes of federal time-limit tracking; and client verification with Office of Policy and Management and municipalities for Renters' Tax Relief Program for elderly and individuals with disabilities; and Verification of Medicaid eligibility and resolution of medical services for clients in liaison with legal entity representing Connecticut hospitals.

The Communications/Public & Government Relations Office is on call for Governor's emergency response communications team, in conjunction with Department of Emergency Management and Homeland Security; and participates in agency's continuity of operations plan (including 'web EOC,' a state emergency operations communications site).

During SFY 2011 the office continued communications support to departmental program initiatives, while assisting applicants, clients and members of the general public by phone, email and outside referrals. A special highlight in customer service was establishment of a 'client information tracking system,' in conjunction with Regional Offices and the Division of Information Technology Services. The new system facilitates communication and problem resolution on behalf of clients; improves efficiency when clients contact multiple offices; and provides a central clearinghouse of information about client inquiries, complaints and service

resolutions. Over 1,800 client inquiries were routed through the client information tracking system for investigation/resolution during SFY 2011.

Legal Services

The **Office of Legal Counsel, Regulations and Administrative Hearings** provides in-house legal counsel to the agency, oversees the regulation promulgation process and provides administrative hearings in accordance with the Uniform Administrative Procedure Act for applicants and recipients of DSS programs who wish to contest actions taken by the department, including:

- Denial of applications for and discontinuance of SNAP, cash benefits, medical benefits, Child Care Assistance program benefits;
- Reduction of amount of SNAP, cash benefits, Child Care Assistance program benefits;
- Administrative Disqualification Hearings for the Temporary Family Assistance and Food Stamp programs. (Follow this link for the Administrative Disqualification Hearings Homepage - <http://www.ct.gov/dss/cwp/view.asp?a=2349&q=304650>)
- Recoupment of benefits, including liens placed by the DSS;
- Child support hearings pertaining to administrative actions including, state and federal income tax offset, credit bureau reporting and property liens;
- Nursing facility transfer and discharge hearings.

Quality Assurance

The Office of Quality Assurance is responsible for ensuring the fiscal and programmatic integrity of all programs administered by the Department of Social Services. In addition, QA is responsible for ensuring the integrity of all administrative functions of the Department. The office has four separate divisions, each with unique program integrity functions: Audit, Fraud & Recoveries, Quality Control, and Special Investigations. During SFY 2011, QA identified over \$370 million in overpayments, third-party recoveries, and cost avoidance.

The **Audit Division** is responsible for the federally mandated audits of medical and health care providers that are paid through the various medical assistance programs administered by the department. The Audit Division's Grants & Contracts Unit is responsible for reviewing federal and state single audit reports. The unit is additionally responsible for reviewing financial reporting of activity for various DSS grants and contracts with non-profit agencies and municipalities. The Audit Division's Internal Audit Unit performs audits of the department's operations, involving review of administrative and programmatic functions and the electronic data processing systems used in their support.

The **Fraud & Recoveries Division** ensures that the department is the payor of last resort for the cost of a client's care by detecting, verifying, and utilizing third-party resources; establishing monetary recoveries realized from liens, mortgages, and property sales; identifying and deterring recipient fraud; and establishing recoveries for miscellaneous overpayments. The division's Central Processing Unit is responsible for the day-to-day operations of the Electronic Benefits Transfer (EBT) program. The EBT program distributes Supplemental Nutrition Assistance Program and cash assistance benefits to qualifying agency clients.

The Fraud & Recoveries Division's Client Fraud Unit includes investigation staff located at both Central and Regional Office locations. This unit performs investigations through the use of its pre-eligibility Fraud Early Detection Program and other fraud investigation measures. The Real Property Unit recovers monies owed to the department through liens and mortgages on real estate. The Third-Party Liability Unit is responsible for identifying and recovering the cost of health care from third parties, including insurance companies and Medicare, when responsible for payment of the health care services.

The **Quality Control Division** is responsible for the federally-mandated reviews of child care, Medicaid, and the SNAP programs. A newly-established set of federally-required Medicaid reviews has been implemented under the Payment Error Rate Measurement program. Reviews of Temporary Assistance for Needy Families cases and special projects may also be performed by this unit.

The **Special Investigations Unit** is charged with the responsibility of coordinating and conducting activities to prevent, detect, and investigate fraud, waste, abuse, and overpayments in the programs administered by the department. The unit uses data analysis of payments to identify aberrant billing activity and pursues collection of such overpayments. In addition, specialized investigations are performed on suspect providers to determine if a fraud referral is

appropriate. Fraud referrals are pursuant to a memorandum of understanding with the following agencies: the Office of the Chief State's Attorney, the Office of the Attorney General and the U.S. Department of Health and Human Services' Office of the Inspector General. Once referred, each entity independently determines if a criminal or civil investigation is appropriate. The Special Investigations Unit is also responsible for the review and approval of all provider enrollment applications.

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, 2011 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 SFY 2011, the Department of Social Services 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, 2010, affirmative action reporting period, 41.3% of DSS employees were minorities, 70.4% were women, and 1.2% was self-identified as having a disability. During the plan year, the department hired 113 new employees: 52 (46%) were minorities and 79 (69.9%) were women.

The department's affirmative action posture is reflected in the established, 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 a full range of financial oversight and operational functions. These financial management activities are provided through four key service centers outlined below.

The Budget and Payroll Group is responsible for budgeting for well over \$5 billion in state and federal funds and over 50 distinct budgeted accounts. Ongoing functions of this group include developing estimates of agency spending, producing or reviewing detailed spending plans, monitoring against these plans and estimates, facilitating the development of agency budget options, and providing updates on the status of the budget process for the agency. In addition to operational expenses, the Budget Unit develops forecasts and expenditure reports for the many complex health and cash assistance services DSS provides to eligible state residents.

During SFY 2011, this group has been involved in providing fiscal analyses on several major department initiatives. These include implementation of Medicaid for Low-Income Adults, prior authorization for specified dental procedures, increased utilization review, and many others.

Within this group, the Payroll Unit is responsible for management and oversight of payroll and benefit services to nearly 2,000 employees of the department.

The Federal Reporting and Accounting Services Group includes the Federal Reporting, General Accounting, Accounts Payable and Convalescent Accounting functions. The Federal Reporting unit is responsible for the financial reporting of federal grants and for the department's public assistance cost allocation plan. The General Accounting unit coordinates the fund postings to the state accounting system, in addition to the maintenance of the Chart of Accounts and the Random Moment Sample System, which supports the cost allocation process. This unit is also responsible for the Department's American Recovery and Reinvestment Act (ARRA) reporting. The Accounts Payable unit is responsible for all vendor payments issued through the state accounting system. The Convalescent Accounting unit is responsible for accounting activities related to the long-term care portion of the Medicaid program.

During the past year, this group allocated over \$371.8 million in Department administrative costs for the purpose of accessing federal reimbursement, reported on over 135 federal grants, processed over 25,000 CORE-CT payment vouchers and successfully assisted in Medicaid payment starts for reimbursement of care provided in skilled nursing facilities.

The Fund Management and Reporting (FMR) Group is charged with meeting the department's fund management and reporting requirements. This area is responsible for the calculation and filing of the federal award requests and claiming for Connecticut's Medicaid, Children's Health Insurance and Money Follows the Person programs. In SFY 2011, funding from revenue generating programs resulted in approximately over \$3.82 billion in federal revenue for the state. FMR is also responsible for cash management for all federal accounts. The Cash Management area oversees the drawdown and reconciliation of 200+ grants contained on five different federal draw systems. In SFY 2011, this area drew down over \$4.12 billion for the state.

FMR also contains the Benefit Accounting Unit (BA), which is responsible for the management of funds associated with over 30 DSS benefit entitlement programs utilizing state and federal funds, such as Medicaid and Temporary Family Assistance. Other programs include ConnPACE, Charter Oak, Husky B, Supplemental Security Interim Assistance, State Supplemental Benefits, State-Administered General Assistance, along with several other benefit programs, with an annual total of over \$5.5 billion.

The Accounts Receivable unit, responsible for a significant level of receivables related to the Medicaid program, as well as those of other agency programs, is located within this service center. During SFY 2011, the department successfully collected over \$300 million in receivables.

The Actuarial Research and Analytical Support Unit supports the department by providing an in-house analytical capability. This unit is responsible for the development of capitation rates for the department's managed care services, developing estimates for complex medical program changes, and providing the analytical support for state Medicaid waivers and state Medicaid plan amendments. The unit also is available to provide actuarial and analytical support to other program areas within the department as needed. This unit works with staff from program areas to research and analyze issues, recommending changes to policy and procedures, as warranted.

Contract Administration

The Division of Contract Administration is comprised of four separate functional units: Contracts; Facilities Management and Support Services; Procurement and Purchasing. Collectively, the division is charged with the oversight and administration of all contract, procurement and purchasing functions for the department, including the development and approval of purchase orders to process contract payments and payments for the purchase of commodities and services for the Department. In addition, the Facilities Management Unit is responsible for the management of building facilities and intra-agency operations.

Contract Administration staff provide direction and support in all administrative contract activities for the purchase of training, technical assistance and other services. The staff work with DSS program divisions to contract for the delivery of client services through the development and execution of 'purchase of service' contracts with non-profit, community-based human service agencies and other governmental agencies. In addition, contract staff work with other department staff to arrange for the delivery of services to the department through development and execution of 'personal services agreements.' Unit staff also work with sister state agencies to develop Memoranda of Agreement and Understanding to ensure that the transfer of funding between agencies is properly expended and monitored and that the needs of both DSS and the sister agencies are met in terms of their inter-dependence on one another.

Contract Administration staff ensure that the Department complies with policies and procedures pertaining to contracting promulgated by the Office of Policy and Management (OPM) and that all contracts contain the requisite contract provisions, as directed by the OPM and the Attorney General's Office. Annually, staff process over 1,000 contracts and amendments with over 350 contractors.

Staff members work directly with OPM and the Attorney General's Office to assist in the development and dissemination of policies and procedures for the development and execution of Purchase of Services contracts for the provision of direct-client services and Personal Services Agreements for the purchase of services for the Department. They also implement and participate in the training of department staff on new or revised contractual requirements or processes and ensure that state contract compliance rules for all contract and procurement activities conducted by the department are followed in the areas of contract development, processing and administration.

In addition to the development of contracts to support the programs within the Bureau of Assistance Programs and the Bureau of Aging, Community and Social Work Services, the Contract Administration staff, primarily through its director and the staff attorney dedicated to the unit, work closely with Medical Care Administration staff and the Division of Financial Management and Analysis to maintain current contracts and to implement new initiatives through contracts and memoranda of understanding. The recent paradigm shift toward value-based purchasing, through the implementation of Affordable Care Act provisions to ensure the purchase of quality medical services, is helping DSS better negotiate and monitor its medical care administration contracts.

Contract Administration's role in SFY 2011 was especially important as the first elements of the federal Affordable Care Act were unfurled, particularly in extending the Medicaid benefit to the State-Administered General Assistance (SAGA) medical beneficiary population (effective 7/1/10) and in initiating the Connecticut Pre-Existing Condition Insurance Plan. The SAGA-to-Medicaid for Low-Income Adults roll-out required amending seven existing contracts and the addition of a sub-contractual relationship through a managed care organization. Additionally, procurements for a Non-Emergency Medical Transportation broker, a statewide behavioral health program contractor, and an administrative services organization for medical care management were all released.

Contract Procurement staff are responsible for managing the department's procurement process for purchase of service and personal services agreement contracts, and for ensuring that every procurement is conducted in full compliance with applicable laws, rules and regulations. The unit is responsible for ensuring a fair, open and competitive selection process and to select the best candidate(s), based on ability and cost, to negotiate a contract with the department. Contract Procurement staff maintain the legal procurement file and, once the procurement activity is complete, work with contract administration and program staff on the development and implementation of the resulting contract(s).

Purchasing Staff are responsible for the purchase, receipt and delivery of all commodities, supplies, and services for the department. Staff ensure that purchases are conducted in accordance with state guidelines and state statutes that may include the solicitation and review of multiple bids. Staff serve as liaison and facilitator of purchases from contract awards that originate with the Departments of Administrative Services and/or Information Technology. Purchasing Staff also initiate the payment process following the receipt of the purchased items through the initiation and the development of the purchase orders used to process the payments.

Purchasing staff are the primary contact for all vendors of services and supplies; and is the agency's surplus coordinator. They also participate in facilitation of asset management through the identification of equipment purchased to be entered in the state's CORE-CT asset management system; the review of new office equipment; and the review and continuation of lease and maintenance agreements for all office equipment throughout the agency.

The supervisor of the Purchasing Staff is the designated coordinator for the agency credit card (P-Card) used by department staff specifically authorized for certain purchase transactions,

including but not limited to charges associated with travel needs. Travel arrangements are handled by the travel coordinator and are charged to the P-card. This includes booking airline, train or bus reservations and making hotel or motel reservations. The travel coordinator also handles employee reimbursements including mileage, meals, registrations, licenses, etc

Purchasing staff also arrange for vehicle rental for Central Office staff through DAS Fleet Services and Enterprise Rental Car.

The **Payment Processing and Fiscal Support Services Staff** initiate and amend purchase orders in the CORE-CT system to facilitate payments to a contracted vendor for services provided on behalf of or for the department. In addition, this staff is responsible for the development and submission of the department's annual Small Business & Minority goals and the ongoing quarterly reporting on efforts to comply with the goals, as approved by the Department of Administrative Services.

The **Facilities Management and Support Services Staff** provide support services to all DSS offices, including the 12 Regional Office locations, Central Office, and several Bureau of Rehabilitation Services locations throughout the state, including Disability Determination Services. Support services address building and maintenance matters, including security, health, safety and environmental issues, emergency requirements and compliance with all federal, state and local building code regulations. Facilities Management coordinates the development of the statewide facilities plan to maintain and secure office space and manages the state's process to request and obtain leased space necessary for department operations. Facilities Management is the department's primary liaison with the state's leasing group, now functionally part of the Department of Administrative Services, and manages the DSS fleet of 82 vehicles.

Information Technology Services

The Information Technology Services Division encompasses several sections, including Technical Services, Support Services, the Data Warehouse, and the Document Center/Mailroom. These sections have provided extensive technical support to both the program and administrative areas of the agency.

The **Technical Services 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 in the Operations, Helpdesk area and 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
- Telephone Support (including cell and BlackBerry devices)

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 among 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 hour a day and six day a week process with two staff assigned to each of the second and third shifts, primarily for the processing of both the production and test Eligibility Management System cycles along with generation of daily notices, checks, and the communicating of various data files to the appropriate entities via file transfer protocol or various other types of media.

Supporting over 3,000 PCs and 50+ servers utilizing the DSS infrastructure, the staff maintains all the hardware and is responsible for troubleshooting and problem resolution in an effort to support agency staff in performing their daily activities and ability to provide the necessary services to the customers.

The **PC Microsystems - Applications Unit** provides a variety of computer-based system and application support services to support the 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.

In addition to providing client/server application support and development services to the department, the unit is also responsible for designing, maintaining and determining the technical path of internet and intranet-based web sites associated with 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 unit maintains eleven 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.

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. 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, Medical Assistance (HUSKY and Medicaid), Supplemental Nutrition Assistance Program, State Supplement to the Aged, Blind, and Disabled, the State Administered General Assistance, and the Refugee Cash and Medical assistance programs.

The **Support Services Section** provides support to the Technical Services Section, as well as supplying other services to the department, the legislature, other state agencies, and the general public. Within ITS Support Services are the User Support Group (EMS and CCSES Help Desks), the Systems Planning Unit, and the Information Services Unit.

EMS User Support Group - the 'Help Desk' for EMS users -- responds to questions ranging from password resets to system functionality problems.

CCSES User Support Group - provides testing of changes to the Child Support/CCSES computer systems tests new computer software from a user's perspective before the changes are moved into the production region of the system. The group also handles project management of CCSES systems changes, and provides 'help desk' service.

The **Systems Planning Unit** is responsible for providing overall ITS project management, EMS project management, EMS business and systems functional requirements definition and various other planning activities for EMS, CCSES, and PC projects. In addition, it is responsible for ITS budget and spending plan completion; departmental forms and forms transmittal development (hard copy and intranet), and records (including DSS client case record information) retention

and management. Systems Planning also acts as a liaison for Department of Information Technology/DSS interactions and is responsible for the Information Technology Agency Review and Planning Group.

The **Information Services Unit** 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 Temporary Assistance to Needy Families high-performance bonus and TANF participation rates; creating and modifying regional 'download' files; analyzing and writing requirements for reports, as well as validating the report results; responding to outside queries for information; and performing general data analysis.

The **Data Warehouse Administration Unit** manages a system that provides users access to Connecticut Medical Assistance Program data for the creation of ad hoc queries and reports, as well as for producing regularly scheduled reports. The data warehouse system operates the Management and Administrative Reporting and Surveillance and Utilization Review subsystems for the Medicaid Management Information System. It also has fraud/abuse and overpayment functionality. It serves as a decision support system for program and financial analysis and the ability to respond to information requests.

The **Document Center/Mailroom/Archiving Services Unit** provides departmental printing and mail insertion services, including more than 4.4 million notices to clients per year. The automated inserting equipment can process 2,000-4,000 items per hour and can affix the proper discounted postage rate in one process. By presorting the mail, the department saves approximately \$30,000 a month on postage.

The Archiving Services Unit provides the department with support relative to document storage. The unit handles all archiving services including, retrieval, re-file, and the ordering of supplies.

Office of Organizational & Skill Development *"Building Skills, Developing Success"*

The Office of Organizational & Skill Development provides the department, its staff, and partners with training and organizational development services that enhance staff skills and support the DSS mission.

Core services include - training and staff development, organizational development, media, web-based training, systems and graphic support in programs, computer systems, leadership and professional development. The Office of Organizational & Skill Development supports organizational development initiatives such as the John S. Martinez Fatherhood Initiative, Traumatic Brain Injury, Modernization of Client Service Delivery and others.

The mission of the Office of Organizational & Skill Development is the provision of timely, relevant and effective organizational and staff development activities to: enhance knowledge, skills and abilities of the staff to ensure Department of Social Services customers receive effective services; ensure 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; facilitate compliance with DSS policies; institute systemic interventions that support organizational operations in the area of communication, project management, access, and service.

The Office of Organizational & Skill Development is deployed in four service areas – Programs; Leadership and Professional Development; Administrative; and the MultiSystems Service Areas. OSD accomplishments include focus groups with clients and providers in preparation for the Modernization of Client Service Delivery Initiative, training and organizational development for the implementation of universal design standards in service; skill building in DSS programs like the Supplemental Nutrition Assistance Program, Temporary Assistance to Needy Families, Child Support, Social Work and Medicaid; supervision; and technology training.

OSD continues to partner with staff in training for DSS partners (other state agencies, Community Action Agencies, and hospitals) in topics like the Voluntary Paternity Establishment program, the use of the Eligibility Management System, programmatic overviews, and others.

OSD is established through a collaborative agreement with the University of Connecticut School of Social Work and DSS. This unique agreement provides for federal reimbursement to the state General Fund.

Human Resources Division

The Human Resources 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: providing 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 other benefits; and implementation of health and safety programs, including employee wellness education and workers' compensation.

Bureau of Rehabilitation Services

Note: Legislation that took effect July 1, 2011 (the beginning of State Fiscal Year 2012) placed the DSS Bureau of Rehabilitation Services into a new state Bureau of Rehabilitative Services. The new bureau also includes the Board of Education Services for the Blind, the Commission on Deaf and Hearing Impaired and portions of the Workers' Compensation Commission and

Department of Motor Vehicles. The Bureau of Rehabilitative Services is attached to DSS for administrative purposes only. Pending the appointment of a bureau director, DSS Commissioner Roderick Bremby is serving as acting director. The following section covers the Bureau of Rehabilitation Services during SFY 2011, before the reorganization.]



The mission of the Bureau of Rehabilitation Services (www.ct.gov/brs) is to create opportunities that enable individuals with significant disabilities to work competitively and live independently. Staff strive to provide appropriate, individualized services, develop effective partnerships, and share sufficient information so that consumers and their families may make informed choices about the rehabilitation process and employment options.

BRS administers the Title I Vocational Rehabilitation (VR) and Title VI Supported Employment (SE) programs of the Rehabilitation Act of 1973, as amended. Consumers who have significant disabilities receive individual assistance in preparing for, finding or keeping a job. BRS receives this federal funding from the Rehabilitation Services Administration, Office of Special Education and Rehabilitative Services, at the [U.S. Department of Education](http://www.ed.gov).

BRS assisted 8,441 consumers in Federal Fiscal Year (FFY) 2011. BRS assistance in the amount of approximately \$9.2 million helped these consumers to prepare for employment opportunities. The expenditures covered a broad range of services including community rehabilitation providers; adaptive technology like home and vehicle modifications; devices to replace limbs or assist with hearing; training programs and supplies to complete training; tuition, fees, and books needed for college education; evaluations and treatments for physical, psychological, and psychiatric conditions; and other services needed to maintain consumers as they progress along in their individual plans. BRS successfully rehabilitated 1,171 consumers to enter or maintain competitive employment.

In addition to assisting consumers to prepare for, acquire and maintain employment, BRS also assists employers seeking qualified candidates for employment. BRS led several efforts to improve the process of helping consumers find work or to improve the climate in which consumers interacted with employers and community rehabilitation providers, while seeking training and employment. Several projects and programs used in that effort are described below.

Connect-Ability, a technical assistance center funded by the Medicaid Infrastructure Grant, strives to reduce barriers to employment by creating a strong competitive employment infrastructure. Staff assists key stakeholders (job-seekers, employers, state agencies, and disability advocates) in navigating Connecticut's employment system for job-seekers and employees with disabilities.

Through a marketing campaign, Connect-Ability:

- Strengthened capacity to assist state agencies by providing technical assistance to the populations they support to enhance the employment of people with disabilities.

- Created three new television and radio spots, print ads, and internet banner ads and also redesigned its website: www.connect-ability.com. The ads featured actual BRS service consumers and the Connect-Ability tag line, “See the ability. See how we can work together.” Staff responded to 300 calls for technical assistance; 25,000 unique visitors sought information from the website. Brochures and other materials were also created for job seekers and employers.
- Recognized top employers at the June 2011 **Employment Summit** for their commitment to employing people with disabilities.
- Collaborated with 50 employers to participate in **National Disability Mentoring Day**, an initiative that provides workplace skills and experiences to students and jobseekers with disabilities. Over 175 “mentorees” participated in activities from mock interviews, company tours, and company overviews.
- Helped launch the national marketing campaign “**Think Beyond the Label**,” a collaboration of states to enhance systems that provide opportunities for people with disabilities to enter the workforce. The goals of this campaign are to change attitudes about hiring people with disabilities, raise awareness of the need for diversity in the workplace, and counter stereotypes.

Under the Connect-Ability **Transportation** activities, BRS engaged in the following:

- Developed a web-based trip planner in partnership with CT TRANSIT and the Connecticut Department of Transportation to help individuals plan their bus trips. The trip planner is available at www.cttransist.com.
- Hosted over 250 individuals at six transportation workshops co-sponsored with the Connecticut Association for Community Transportation (CACT) and the Kennedy Center. These workshops helped to increase awareness of existing transportation options, networking, advocacy, and exposure to Connect-Ability and CACT.
- Provided new public transportation services and alternatives beyond those required by the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et. Seq.) with New Freedom Initiative (NFI) grants from the federal Department of Transportation. This funding assists individuals with disabilities with transportation to and from jobs and employment support services. The NFI provided funding for four wheelchair accessible taxis, two new taxi voucher programs, and two Mobility Ombudsman positions.
- Collaborated with the Connecticut Department of Transportation (DOT) and the Kennedy Center to standardize the ADA paratransit applications. The goal was to have one application that can be used statewide by all paratransit providers.

Pre-employment Skills for Consumers

In May 2011, BRS hosted the latest **Consumer Prep Rallies**, a series of day-long events geared to prepare consumers to successfully navigate a job fair and converse in on-the-spot interviews.

Small group instruction and individual readiness preparation were provided. Consumers participated in a mock job fair, practiced skills presented in the training, and received feedback on their efforts. Consumers received copies of their resumes that had been reviewed and revised as a part of the training. Prep rallies were held in Bridgeport, Hartford, Middletown, New Haven, Norwich, and Waterbury, enabling hundreds of consumers to attend. This innovative approach prepared consumers to participate in jobs fairs around the state. Connect-Ability partnered with BRS to help promote the prep rallies and develop materials for the events.

Wages and Public Benefits

The **Connect-to-Work Center** within BRS provides a single access point for information about the impact of wages on federal and state benefits. Community Work Incentive Coordinators provide comprehensive benefits analysis summaries to help people with disabilities maximize income by working and using federal, state and community resources appropriately to enable sustained employment and increased self-sufficiency. The project hosted 62 workshops during the federal fiscal year.

The Center, selected to participate in a national Individual Development Account (IDA) Pilot Project, has been designated as an **“Innovation Champion” for 2010** by Corporation for Enterprise Development, a national organization. IDA accounts assist low- and moderate-income people to save money and receive significant matching funds that will help them increase their assets and financial stability. The IDAs began enrollment in Connecticut in July 2011. Participants in IDAs must be employed or must plan on becoming employed, and receive a Social Security benefit due to disability.

These IDA accounts will enable BRS consumers to buy a vehicle needed for work. IDA consumers will receive financial literacy training and budget mentoring. This program will be self-sustaining, based on its tie-in with Social Security’s Ticket to Work program and may be replicated around the country. The Connect to Work Center Work Incentives Planning and Assistance Project staff collaborated with BRS and Connect-Ability staff, Co-opportunity, Inc. (a community non-profit agency that provides financial education), and the Social Security Administration.

Business Updates

Business Leadership Network: The Connecticut Business Leadership Network (BLN), a coalition of employers working to increase employment opportunities for people with disabilities, continued to grow. The BLN has a total of 190 members representing 93 companies, one federal agency, nine state agencies, 23 non-profit organizations, five municipalities, four higher education institutions, four public schools, and 61 individuals.

Employer Engagement: Connecticut employers were surveyed to determine the best practices in recruitment, hiring and retention of people with disabilities and six were selected as top employers for people with disabilities in Connecticut. Nineteen companies have signed a pledge to proactively recruit people with disabilities by placing their company logo with a link to their job openings on the Connect-Ability website.

BRS continued its **Employment Partnerships** with **Walgreens** by referring consumers for training and employment. Approximately 46% of the more than 550 workers at the distribution center in Connecticut are employees with a disability. Walgreens is planning to expand training for consumers with disabilities to its retail business nationally, and BRS is ready to partner with the pharmacy on this new initiative.

Through the Arc of Quinebaug Valley, **Lowe's** has established a training program at its distribution center in Plainfield. This business partnership, similar to the Walgreens model, has received positive feedback from Lowe's and BRS consumers who have participated in this partnership. While the initial class included five consumers, many more have participated in the training beyond this reporting period.

Employment Division

With American Recovery and Reinvestment Act (ARRA) funding from 2009, BRS developed three program areas in 2010. In some cases, this funding was blended with state or federal dollars from the vocational rehabilitation program.

- BRS created an **Employment Division** to enhance statewide employer development. The Employment Division developed 179 work outcomes for consumers, with 89 of those outcomes taking the form of on-the-job trainings with local employers. Connect-Ability partnered with the Employment Division and created and developed employer-focused materials.
- BRS partnered with the state Department of Education, the Regional Educational Service Centers (RESC), the Connecticut Parent Advocacy Center, and the State Education Resource Center (SERC) to develop the **Regional Education Service Center /State Education Resource Center Transition Resource Counselor Initiative**. This initiative will help develop effective working partnerships between BRS and local education agencies; coordinate services for students and families regarding employment; increase capacity for of the organizations to collaborate on vocational rehabilitation services; and develop a plan to sustain this collaboration. Each RESC and SERC hired a transition resource counselor to identify supports and services available through BRS and other state adult service agencies.
- ARRA funds helped to improve **Client Services** for BRS consumers with community rehabilitation providers in the areas of job placement, interview preparedness, and employment readiness.

Consumer Services

The **Connecticut Tech Act Project** strives to increase independence and improve the lives of individuals with disabilities through increased access to and acquisition of Assistive Technology (AT) devices for work, school, and community living.

The Tech Act added a new AT Device Loan Program. BRS consumers may borrow from a new inventory of devices while they engage in working evaluations, on-the-job training, or work. This loan program allows the consumer, VR counselor, and employer to determine if the AT

device will remove barriers and increase independence for consumers as they perform their job duties.

Individuals using Public Assistance

BRS collaborated with DSS Bureau of Assistance Programs and the Temporary Assistance for Needy Families (TANF) Program to hire four state-funded **TANF/VR Counselors**. These counselors screen TANF consumers subject to sanctions for not complying with their employment plans. Screenings occur at the conciliation interview. As part of that process, consumers are offered the opportunity to be screened in one or more of these three areas: mental health, substance abuse and/or learning disabilities.

Services for Individuals Who are Deaf

Through the **CRP Differential Rate Pilot Program**, community rehabilitation providers increased their knowledge of the deaf culture and increased their ability to provide services in American Sign Language so deaf consumers can better access suitable services.

BRS is moving closer to installing 20 **video phones** to provide better access to consumers who are deaf and hearing-impaired. The plan includes installing one video phone in each regional and field office and two video phones in the bureau's central office.

The rehabilitation counselors for the deaf are currently working with community work incentive coordinators to develop a series of **benefit counseling workshops for deaf consumers**.

Independent Living

Through the five **Centers for Independent Living (CIL)** --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 -- individuals with disabilities received four core independent living services: advocacy, information & referral, peer counseling, and independent living skills training. BRS also received ARRA funding for the independent living programs under Title VII, Chapter 1, Part B, to augment independent living services. Four of the centers used this funding to increase the independent living and pre-vocational skills for consumers with vocational goals; the fifth center used the funding for students with disabilities who are transitioning from school to independent living to employment.

Four of the CILs were approved by the Social Security Administration to become Employment Networks: Disabilities Network of Eastern CT, Independence Unlimited, Independence Northwest, and the Disability Resource Center of Fairfield County.

Disability Determination Services (DDS), located within BRS, is responsible for deciding eligibility for the Social Security Disability Insurance (SSDI) and Supplemental Security Insurance (SSI) programs. These programs provide cash benefits to individuals who are unable to maintain employment due to the severity of their disabilities. DDS processed 40,000 client applications (filed at local Social Security Administration field offices or online at www.ssa.gov) for SSDI and SSSI during SFY 2011. The Connecticut DDS remains ranked as one of the top in

the nation in productivity, effectiveness, and public service and continues to achieve a low cost-per-case rate in the nation.

Board of Education and Services for the Blind

Note: Legislation that took effect July 1, 2011 (the beginning of State Fiscal Year 2012) placed the Board of Education and Services for the Blind into a new state Bureau of Rehabilitative Services. The new bureau also includes the Bureau of Rehabilitation Services, the Commission on Deaf and Hearing Impaired and portions of the Workers' Compensation Commission and Department of Motor Vehicles. The Bureau of Rehabilitative Services is attached to DSS for administrative purposes only. Pending the appointment of a bureau director, DSS Commissioner Roderick Bremby is serving as acting director. The following section covers the Board of Education and Services to the Blind during SFY 2011, before the reorganization.]



Brian G. Sigman, Executive Director

Keith L. Maynard, Deputy Executive Director

Established – 1893

Statutory authority – CGS Sec. 10-293 through 10-311(a)

Central office - 184 Windsor Avenue, Windsor, Connecticut, 06095

Web address - www.ct.gov/besb

Total employees – 113

Recurring operating expenses- \$17.9 million

Organizational Structure

The BESB Program contains four separate service units which provide a full range of services to clients of all ages: an Adult Services Unit that serves as the central intake for clients and provides independent living training services to adults; a Children's Services Unit that provides Braille instruction and support to children who are blind or visually impaired and professional and technical assistance to school districts; a Vocational Rehabilitation Unit that helps adults who are legally blind obtain and retain employment; and a Business Enterprises Unit that offers entrepreneurial opportunities to people who are blind.

Mission

The Board of Education and Services for the Blind Program is responsible for initiating, coordinating and implementing the education and training of Connecticut's children with blindness and visual impairment in order to maintain their academic, physical, emotional and social progress at age level, grade level or diagnosed ability level. The BESB Program also serves Connecticut's adults with blindness through ongoing educational, vocational and living skills programs in order to empower them to achieve employment success in their chosen profession and to enhance their independence and self-sufficiency.

Statutory Responsibility

The Board of Education and Services for the Blind (BESB) Program operates under the authority of Chapter 174 of the Connecticut General Statutes and maintains a confidential registry of people who are blind in Connecticut as required by statute. The BESB Program provides

comprehensive independent living services, adaptive aids and devices and volunteer supports, among other rehabilitative services, to adults who are legally blind or deafblind and children who are visually impaired, legally blind or deafblind, with a goal of maximizing independence and community inclusion. Under the provisions of Connecticut General Statutes Section 10-295, the Program provides to any school district upon written request the services of Teachers of the Visually Impaired to address the vision-related developmental needs of students who are blind, deafblind or visually impaired. Services to students often include the provision of large print or Braille textbooks, adaptive note taking devices and low vision magnifying aids to facilitate participation in classroom learning. The Program also provides reimbursement to school districts for the costs of hiring Teachers of the Visually Impaired on their own.

For adults who are legally blind or deafblind, services include independent living instruction such as training in safe cooking techniques or community travel using a long white cane or white support cane. Vocational rehabilitation services, including the sponsoring of post-secondary education and training where applicable, are available to enable eligible clients to achieve gainful employment. The Program works with employers in job placement activities and also to implement strategies that result in the retention of employment for clients who are experiencing vision-related impediments on the job.

Entrepreneurial opportunities are available through the Business Enterprise Program, providing eligible clients who are blind with the ability to operate businesses in the food services industry and at newsstands and gift stores at government locations throughout the state.

Public education activities on topics related to blindness are offered on an ongoing basis to senior centers, local education agencies, nursing homes, community rehabilitation providers, civic groups, service provider networks and employers.

The BESB Program is advised by a Board appointed by the Governor and the leaders of the General Assembly. Its members are Alan Sylvestre (Chair), Eileen Akers, Christine Boisvert, Carol Gillispie, Patrick Johnson, Jay Kronfeld, Dr. Chris Kuell, Stephen Thal, Randa Utter, Betty Woodward and Roderick L. Bremby who, as the Commissioner of the Department of Social Services, serves ex-officio.

Public Service

The Board of Education and Services for the Blind Program is the state's lead program for the coordination and provision of services to Connecticut residents who are legally blind. Founded in 1893, BESB was among the first state programs in the nation for people who are blind and that proud heritage is reflected in an unsurpassed dedication to public service.

For fiscal year 2011, the client registry for the Program contained 10,942 Connecticut residents. A total of 643 newly blind individuals were added to the registry, 447 of whom, or nearly 70 percent, were age 65 or older. Of that total number of new clients, 94 were children, bringing the total number of children on the registry to 1,074.

The Program primarily delivers services through itinerant means, going into the homes, schools and places of employment of BESB clients to deliver rehabilitative evaluations and training. In fiscal year 2011, the Program increased the total number of hours of direct rehabilitative services provided to clients by 5 percent to over 27,000 hours, providing crucial educational assistance to children, career assistance to adults and transition-age youth, and improvements in independent living to clients of all ages. Additionally, over 6,500 hours of outreach, consultation and public education services were provided to educators, community providers, employers and vending locations in fiscal year 2011, an increase of nearly 10 percent over fiscal year 2010.

In fiscal year 2011, the Program provided nearly 4,000 hours of direct Orientation and Mobility services - an increase of over 11 percent from the previous year - to teach safe travel techniques to children and adults, enabling clients to access their communities and participate in education and employment. In addition, the Program provided over 2,100 hours of Rehabilitation Teaching services to increase safety and independence in daily living tasks, representing an increase of nearly 50 percent. BESB Program Social Workers provided more than 2,100 hours of independent living services – an increase of over 9 percent- including adjustment to blindness counseling and referrals to community providers. Last year, in collaboration with the National Federation of the Blind of Connecticut (NFB-CT) and the Connecticut Radio Information System (CRIS), services through NFB Newsline grew to 1,016 subscribers who gained access to state and national newspapers through touchtone telephones. Subscribers accessed NFB Newsline more than 23,000 times during the year, with a total of almost 7,200 hours of news information delivered. Nearly 5,000 electronic newsletters were also sent to Connecticut subscribers during the year.

Opportunities for entrepreneurial employment in food service and retail operations at locations such as courthouses, government office buildings, community colleges, postal facilities and such popular tourist locations as Hammonasset Beach, Rocky Neck Beach and Gillette's Castle are provided through the Business Enterprise Program. This program is administered under both the federal Randolph-Sheppard Act and Connecticut General Statutes Section 10-303. The Business Enterprise Program is completely self-funded, with income derived from commissions on vending machine sales at federal, state, and municipal buildings and properties throughout Connecticut. Through these commissions, the program funds the opening of new locations and renovations to existing locations. In addition, funding from vending machine commissions is utilized to cover the cost of medical benefits for these entrepreneurs who are blind. Participants of the program receive training and support services through field representatives from the agency. In total, 7,000 hours of training and support were provided during fiscal year 2011, a nearly 3 percent increase over 2010. There were 48 entrepreneurs who participated in the program during the past federal fiscal year, up from the previous year. These entrepreneurs increased the number of employees to 70 workers within their operations, 15 percent of whom also had disabilities. Combined gross sales for these business ventures exceeded \$4.6 million. Despite the challenging economy, the combined total net income of these 48 entrepreneurs exceeded \$1.2 million.

The BESB Program provided the services of its own Teachers of the Visually Impaired to 113 school districts across the state, at no cost to cities and towns, for direct instruction and

consultation services to maximize the participation of children who are blind or visually impaired in public education. Over 7,600 hours of educational assistance, with just over half of those hours in Braille assessment and training, were provided to students served by the agency in fiscal year 2011. For the 20 school districts that directly hired or contracted for their own Teachers of the Visually Impaired, the program provided over \$1.3 million in funding reimbursements. Statewide, the BESB Program served a total of 912 school-age students across Connecticut, 91 of whom use Braille as a primary or secondary reading mode. In addition, the BESB Program served 72 children who are under the age of three and therefore not yet served by any school district.

Through the provision of Vocational Rehabilitation (VR) services, authorized under Title I and Title 6, Part B of the federal Rehabilitation Act, as amended, for the past federal fiscal year ending September 30, 2010, 99 individuals achieved successful employment outcomes. Cumulative annualized earnings for all vocational rehabilitation clients exceeded \$2.5 million. The Vocational Rehabilitation unit served 969 participants and increased the number of new applicants over the previous year by 40 percent to 173. Vocational Rehabilitation staff delivered over 1,300 hours of employer outreach services in state fiscal year 2011. In addition, the VR unit provided over 2,000 hours of direct vocational counseling services to clients served in the program. Transition school-to-work initiatives to prepare high school students for employment and post-secondary education included 13 summer programs in state fiscal year 2011, providing 111 opportunities in activities such as career exposure, mentoring, independent living skill development and leadership training.

Improvements and Achievements 2010-11

- With a goal of providing more timely and cost efficient services to clients, the BESB Program continued to offer a model for centralized service delivery in the Greater Hartford and Bridgeport regions in 2011. Through this one-stop approach, 10 sessions were held in Bridgeport and one in neighboring Trumbull, serving 52 clients. All of the clients received Rehabilitation Teaching services and 42 of them also received Low Vision services from an optometrist partnering with the Program. Orientation and Mobility services and Social Work services were provided to 38 and 42 clients respectively. Two hundred and forty-two (242) daily living aids and 83 low vision aids were dispensed directly to clients in these sessions. In Hartford, BESB Program staff held 84 one-on-one sessions with clients. Rehabilitation teaching services were provided in all instances with 151 daily-living aids and 111 low-vision aids dispensed. In total, nearly 400 daily living aids and almost 200 low vision aids were provided directly to clients accompanied by personalized, professional instruction in their use. Many clients were also helped with referrals to the Connecticut Library for the Blind and to their telephone carrier for free directory assistance.
- Over 1,000 hours of specialized adaptive technology services were provided to enable children who are blind or visually impaired to access classroom materials through the use of speech, Braille and large font devices.

- Twelve school-age students experienced college life for one week at Wesleyan University through the LIFE Program developed by the Children's Services Unit. The residential program provided these students with an opportunity to live in a dormitory, prepare meals and travel independently on the campus. Students also participated in a community service project at a local soup kitchen.
- The Skills for Life mobility program was expanded to two locations in August 2010 to increase accessibility to the program. This provided the opportunity for 15 students who are blind or visually impaired to receive intensive training in indoor and outdoor travel using white canes. Students utilized public transit and received training in complex street crossings using tactile and auditory techniques.
- BESB's volunteer program participated in the 2010 Summer Youth Employment and Learning Program, opening the door for area at-risk youth to develop job readiness, leadership and decision-making skills while volunteering at BESB. Students received 120 hours of on-the-job training and evaluation in career competency areas such as business math, computer literacy and customer service through BESB's Volunteer Program. New this year, the Volunteer Program also collaborated with L.I.S.A., a community-based program that assists individuals with special needs to develop vocational and social skills.
- Individuals and organizations provided over 14,000 volunteer services hours to the Program and its clients during fiscal year 2011. BESB clients were directly assisted by volunteers with such daily living activities as grocery shopping and reading mail. Volunteers also assisted with transcribing books and materials into Braille. The estimated total value of these volunteer hours to clients and the state approached \$310,000.
- The number of vending machine locations which support entrepreneurial employment for clients rose to 893 during fiscal year 2011, with a total of 1,682 vending machines at those locations. Overall customer satisfaction with the level of vending services and support remains high. Over 370 consumer site surveys were conducted and the average customer satisfaction rating grew from 88 to 92 percent.
- Combined efforts from BESB Program volunteers, including the continued collaboration with the Department of Correction for inmate volunteers, resulted in a total of 200 textbooks and novels being transcribed into Braille for use by school children who are blind. These volunteer transcriptionists enabled the Program and the state to save over \$115,000 in Braille book purchases, nearly a 9 percent increase in savings over last year.
- Results of an independent client satisfaction survey conducted by the Center for Public Policy and Social Research found that Vocational Rehabilitation (VR) clients remain very satisfied with the unit's services. Ninety-eight percent of respondents reported satisfaction with BESB VR Counselors coordination of services, an increase of 19 percent. Overall satisfaction with the BESB's VR program has increased to its highest recorded level ever with a mean rating of 8.6 out of 10. Finally, the survey also showed

that more than 9 out of 10 (94 percent) of respondents would recommend BESB's Vocational Rehabilitation services to a friend.

- In 2011, the Children's Services Unit purchased 279 Braille books and 875 large print books for school districts to provide to children who are blind or visually impaired to enable their full participation in classroom learning. The Program's Braille library also loaned an additional 113 Braille and 466 large print books to school districts. Over 4,000 volumes were added to the Program's lending library during the year. There are now over 60,000 catalogued volumes in one central location available at no cost to all Connecticut students who are blind or visually impaired. BESB's Braille unit also assisted other state agencies and groups with their Braille needs. The Braille unit transcribed Braille programs and guides for the Connecticut Council on Culture and Tourism to use at an art exhibit that featured the works of artists with disabilities. In addition, the Braille unit transcribed menus and calendars for residents of assisted living centers, manuals for telephones and appliances, and books for use in guide dog training. Several college students who needed Braille materials on short notice were able to use the Braille unit as a helpful and fast-acting resource. A number of municipalities were assisted with converting printed materials into Braille for town residents.
- This year, the BESB Program completed its multi-year Strategic Plan. Through this plan, many innovative proposals were developed and executed to help people with blindness move toward more productive and independent lives. The Strategic Planning team was a collaborative effort that included BESB Program staff and leadership, community partners, Board members and persons with blindness. The final product of the planning process was the creation of goals for timely service provision by all four units of BESB. Over the lifespan of the Strategic Plan, the Program implemented Job Seeking Skills classes for Spanish speaking clients, a Blind Pedestrian Safety Awareness Campaign with public service announcements, collaboration with Department of Transportation on accessible crosswalk design, development of an emergency response information guide for First Responders, a fire safety procedures manual, a transportation resource guide, a functional gains survey to measure the effectiveness of Independent Living services, and implementation of a new cost savings approach for the provision of low vision devices.
- A new initiative for fiscal year 2011 was the Camp Abilities program held in Andover, Connecticut. The 6-day program served 16 students with visual impairments. In addition, 5 students developed leadership skills while serving as Counselors in Training. Students participated in low ropes team-building sessions and a high ropes challenge course. They also received daily instruction in swimming, wrestling, beep baseball, goal ball and archery.
- A second new initiative was the Sports Adventure Weekend, which was held for high school students in December and again for middle school students in March. A total of 33 students participated in general fitness and track and field activities. Students learned adaptations for traditional physical education games to enhance their inclusion in school sports and there were team competitions in beep baseball and goal ball. Eight additional

- Ongoing Braille instruction classes for paraprofessionals serving students who read Braille were provided at no cost to school districts, with 17 paraprofessionals attending throughout the year at four conveniently located sites across the state.
- With the assistance of federal ARRA funding (American Recovery and Reinvestment Act of 2009), the BESB Program had a unique opportunity to create new programs and expand on existing ones for the career development of our clients. BESB's Vocational Rehabilitation (VR) unit has built up its new Internship program which offers financial incentives to employers to provide paid training and durational work opportunities to people who are blind, which in turn provides valuable experience and exposure to a wide range of career possibilities. With the utilization of these ARRA funded initiatives, 27 clients transitioned into jobs at businesses across the state.
- BESB's Board of Directors continued to refine the performance benchmarks set by the former BESB Monitoring Council and has added many new benchmarks in an ongoing continuous improvement initiative for the Program. There were 10 performance benchmarks set for the Program and its four units for the past year. These goals included public outreach, trainings for food service facility operators who are blind, parent education programs and job seeking skills classes. All ten benchmarks were achieved.
- The BESB Program organized and conducted eight full days of training throughout the year for school district classroom teachers, paraprofessionals, Birth-to-Three personnel, preschool teachers and other service providers who work with students who are blind, visually impaired or deafblind. A total of 361 professionals and paraprofessionals – an increase of 20 percent over last year - attended these trainings, increasing their understanding of visual impairments, and learning strategies and techniques for working with children from birth through high school graduation. BESB continues to assess statewide needs in assisting local districts with the challenges of serving children with significant vision loss. One new component to the training schedule this year was a full-day workshop designed specifically for physical education and adaptive physical education teachers working with children with visual impairments. This workshop focused on strategies and accommodations to allow students to more fully participate in active physical education in their schools.
- The BESB Program sponsored a Technology Fair in June, with more than 100 attendees. The Fair featured a wide range of cutting edge services and products for people who are blind. Attendees were also able to sign up for services such as CRIS Radio and the National Federation of the Blind's (NFB) Newslite service.

Information Reported as Required by State Statute

The Board of Education and Services for the Blind remains committed to the achievement of workforce diversity. The Board of Education and Services for the Blind's last Affirmative Action Plan was unanimously approved by the Connecticut Commission on Human Rights and Opportunities (CHRO) in January of 2011. There were two hires this last fiscal year, a Rehabilitation Teacher for adults and an Orientation and Mobility Instructor for children. Both hires met established Affirmative Action goals, achieving 100 percent Goal Attainment. The Program provides a diverse and inclusive work setting. Members of traditional minority groups represent more than one out of every six employees and over 65 percent of all employees are female.

The BESB Program also prides itself as a model of opportunity for persons with disabilities and strives, by example, to eradicate historical and mistaken prejudices. The Program employs 10 persons with blindness, comprising nearly one out of every ten employees. This last year the Program merged its Blindness Matters Committee with its Diversity Committee into one committee to provide a more unified and holistic focus on issues of accommodation, inclusion and respect. The Committee assembles a diverse group of employees from throughout the agency, facilitating a free exchange of ideas and initiatives to educate staff and others on issues of cultural sensitivity and diversity. The BESB Program continues in its strong commitment to equal employment opportunity in contracts, programs and policies, including affirmative action. The Program has developed and implemented hiring and contracting goals to maintain a diversified work and contracting force. All BESB Program policies and procedures are consistent with state and federal reporting procedures.

Commission on the Deaf and Hearing Impaired

Note: Legislation that took effect July 1, 2011 (the beginning of State Fiscal Year 2012) placed the Commission on the Deaf and Hearing Impaired into a new state Bureau of Rehabilitative Services. The new bureau also includes the Bureau of Rehabilitation Services, the Board of Education and Services for the Blind and portions of the Workers' Compensation Commission and Department of Motor Vehicles. The Bureau of Rehabilitative Services is attached to DSS for administrative purposes only. Pending the appointment of a bureau director, DSS Commissioner Roderick Bremby is serving as acting director. The following section covers the Commission on the Deaf and Hearing Impaired during SFY 2011, before the reorganization.]



Executive Director: Stacie J. Mawson

Established: 1974

Statutory authority: Conn. Gen. Statutes Chapter 814 Sec. 46(a)-27 through 46(a) – 33(b)

Office: 67 Prospect Avenue, 3rd Floor, Hartford, CT 06106-2980

Employees: nine full-time employees and one assistant accountant on loan from Department of Administrative

Services, 45 part-time employees

Recurring operating expenses 2010-2011:

General Fund: \$2,837,044.91

Federal Funds: \$211,361.54

Reimbursements: \$1,883,286.09

Other Funds: \$1,618.60

Organizational Structure:

- Administration, Interpreting Department, Counseling Department
- Fiscal operations managed by the Department of Administrative Services (DAS)
- Human resources/affirmative action functions managed by the DAS SmART Unit

Agency Mission/Statutory Authority

The Commission on the Deaf and Hearing Impaired (CDHI) is a state-wide coordinating agency established to advocate, strengthen and implement state policies affecting deaf and hard-of-hearing individuals and their relationships to the public, industry, healthcare and educational opportunities. Connecticut has approximately 280,000 deaf and hard-of-hearing residents, including 17,000 who are profoundly deaf. CDHI interpreting and counseling services are available to state residents who are deaf or hard of hearing.

CDHI was placed under the Department of Social Services for administrative purposes only per Public Act 93-262, effective July 1, 1993. The agency's business and human resource functions were consolidated into the Department of Administrative Services, effective October 1, 2005.

CDHI is mandated to maintain an updated statewide registry of interpreters for the deaf. This requires CDHI to monitor the education and certification of interpreters working for compensation in the State of Connecticut, as per Conn. Gen. Statute Sec. 46(a)-33(a). There are 175 registered interpreters of which 167 are certified and qualified to work in the State of Connecticut. The names of the interpreters who are qualified to work in the state are posted on the agency's website.

Interpreting Department:

The primary responsibility of the CDHI Interpreting Department is to provide certified interpreting services for individuals who are deaf and hard of hearing in situations involving the person's legal and constitutional rights, health, safety, employment and educational opportunities. Currently, 59 percent of these services support other state agencies and allow for conduction of business with deaf and hard of hearing individuals. Provision of these services also ensures multiple state agencies to be in compliance with the Americans with Disabilities Act, and provides deaf and hard of hearing citizens of Connecticut with equal access to state services. Besides daily requests from the Judicial Department, the Department of Mental Health and Addition Services, Department of Children and Families, to name a few, the Interpreting Department also responds routinely to police and hospital emergencies on nights and weekends. CDHI is also the sole provider of interpreting services for the state university and community college educational systems. All interpreting services rendered by CDHI are reimbursable; those monies supplement the overall agency budget.

Counseling Department:

The Counseling Department provides individual, family and group counseling, consultation services and outreach and advocacy to deaf and hard of hearing consumers. As there are only two full time licensed professional counselors employed by the agency, the counselors have developed collaborations with other state and local community agencies to create a team approach to working with deaf and hard of hearing consumers that includes, but is not limited to employment support, case management, crisis management, and psychiatric and psychological services and those that utilize providers who can or are willing to communicate with the client's preferred mode of communication and have an understanding of deaf culture and hard of hearing norms.

Along with the above-mentioned services, CDHI also serves as an information resource center. When possible, the staff provides training to employers, municipalities and nursing homes, and shares information with those who may need hearing aids, or refers those who may have questions about receiving appropriate services, sign language, or deafness. The agency also spearheads legislation regarding the deaf and hard of hearing, and ensures compliance to such legislation.

Public Service

CDHI continues to collaborate with organizations serving the deaf and hard of hearing communities within Connecticut. These activities enable CDHI to be responsive to the community's needs. Below are brief listings of public service activities undertaken by both departments during fiscal year 2010-2011:

Interpreting Department:

- Coordination of practicum interpreting student placements; provision of experience in interpreting to Northwestern Connecticut Community College interpreting students.
- Representation of agency on DCF Deaf Advisory Group; presentation to DCF staff in Willimantic in April.
- Representation of agency in collaborative work with Connecticut Hospital Association to ensure that hospital emergency interpreting is handled appropriately.
- Engagement in in-service and outreach activities upon request; coordinator participated in one day-long interagency seminar, and in one day-long training of nurses at Hartford Hospital.
- Involvement in Connecticut Department of Emergency Management and Homeland Security Emergency Preparedness training exercises; provision of interpreters for media briefings and other functions as requested by the Office of the Governor.
- Collaboration with Bureau of Rehabilitation Services to coordinate two separate training workshops for CDHI interpreters and BRS interpreter assistants in June.

Counseling Department:

- Both counselors carry caseloads ranging from 55 to 60 active cases on a monthly basis. In addition, special activities included the following:
- A three-hour presentation to providers from the DCF Willimantic office on how to work with deaf and hard of-hearing children and families within the DCF system.
- Collaboration with BRS' Heidi Forrest and Arlene Lugo (CT Tech Act Project) to offer a presentation to high school senior students from the American School for the Deaf and CREC-Soundbridge.
- Collaboration with Cassandra Bjoryslawskij (Communication Advocacy Network) to present to New Britain CT Works staff and Hartford CT Works staff.
- Facilitation of Deaf Artisans Group in presenting their arts and crafts for sale to the general public; follow-up group will start to meet in the fall to develop marketing strategies, learn how to price their merchandise and how to network with each other.
- Presentation to DCF Commissioner Joette Katz regarding the mission of the DCF Deaf and Hard of Hearing Advisory Council, as well as discussion on addressing the needs of mental health concerns for deaf and hard-of-hearing children and families.
- One counselor served as Co-Project Coordinator for five days for the Youth Leadership Forum Camp at the University of Connecticut.
- Hosting of WISE - Work Incentive Seminars (part of the Ticket to Work program with Social Security) event, along with staff from BRS, with the topic of provision of Social Security funding assistance funds to deaf and hard of hearing community members.
- Planning for monthly orientation outreach sessions to the community to provide information on both BRS and CDHI services at various BRS sites throughout the state.

In addition, the executive director represented the agency on the Connecticut Telecommunications Relay Service advisory board and at the Connecticut Council of Organizations Serving the Deaf meetings. Annual statistical data compiled by both the

interpreting and counseling departments has been a tool used to document and assess services provided to the consumers. In addition to the public service provided by the two departments, members of CDHI's Advisory Board also represent a diverse population within the deaf and hard of hearing communities and provide feedback on how various community needs are being addressed.

Improvements/Achievements

During fiscal year 2010-2011, initiatives and achievements of the Commission on the Deaf and Hearing Impaired included the following:

Interpreting Department:

- Scheduling and delegation of work for 46 part-time field interpreters; approximately 13,600 assignments, equivalent to roughly 26,000 hours of interpreting services statewide.
- Partnership with software developer to complete work on customization of interpreter scheduling system (Avianco). The project, which was implemented in April 2010, is in its final stages; the department is working closely with the developer to ensure the system satisfies the current request for proposals. This software will allow the office to be paper-free and allow vendors to request and confirm interpreting requests online. Interpreting department payroll and billing processes will become automated during fiscal year 2011-2012. A series of software training sessions was provided for all field staff interpreters.
- Creation of a new supplementary website www.ctinterpreter.com; field interpreters may log on from this website and vendors may make interpreting services requests online.
- Daily office operations:
 - Rendering of immediate decisions on day-to-day issues that need to be dealt with when there are barriers to the expected service (i.e., interpreters out ill, highways closed and other events that impact scheduled interpreters from otherwise completing their assignments).
 - Data entry of assignment requests that are called in, faxed, or e-mailed.
 - Data entry of new active contracts from over 700 vendors; contacting vendors for missing billing information; maintenance of business accounts online.
 - Review of non-automated payroll; separate timesheets need to be matched up with assignments and reviewed and calculated each month.
 - High volume of phone calls in which there may be interpreter requests, cancellations or changes to existing assignments. Also handling of phone calls from interpreters with situations currently occurring on the job and resolution.
- Preparation for elimination of executive director position and merger into newly created Bureau of Rehabilitative Services agency; participation in transition leadership meetings.
- Routine handling of labor issues and participation in labor management meetings.
- Continued collection activities to provide increased revenues from severely past due accounts.

Counseling Department:

- Provided a work study internship opportunity to a student from the American School for the Deaf from September to June.

- Created five wellness groups held in Hartford, Middletown and Newington and Norwich, serving approximately 32 deaf and hard of hearing individuals on a weekly basis.
- Hosted Child of Deaf Adults and Hard of Hearing groups that focused on positive behaviors and self-advocacy techniques.
- Collaborated with the Middletown Community Health Center Family Wellness Program to host a play group for families in which there were deaf and/or hard-of-hearing family members to promote positive parenting skills.
- Weekly counseling services in Norwich (housed at Southeastern Mental Health Authority) and New Haven (housed at New Haven BRS) areas to address counseling needs in those parts of the state.
- Counselors represented the agency at the following statewide meetings:
 - DCF Deaf and Hard of Hearing Advisory Council – quarterly
 - Department of Mental Health and Addiction Services Deaf and Hard of Hearing Task Force – quarterly.
 - Deaf Interagency Meeting – hosted a day-long event in April that included agencies and providers who work with individuals and families where there is identified hearing loss
 - Governor’s Coalition for Youth with Disabilities – monthly
 - Youth Leadership Project, Inc. Planning Committee – monthly
 - Birth-To-Three Interagency Coordinating Council - quarterly
 - Southeastern Mental Health Agency Providers Network Meeting – every other month

Agency-Wide:

- Community outreach included 100 hours of deaf culture and disability sensitivity training to First Responders statewide.
- CDHI collaborated with multiple state agencies successfully to achieve goals of shared benefit to the consumers that are mutually served.
- Provided extensive information and referral to Connecticut residents seeking information on services available to assist individuals who are deaf and hard of hearing.