

## Department of Social Services

### *At a Glance*

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

**Michael P. Starkowski, *Deputy Commissioner, Administration***

**Rita M. Pacheco, Claudette J. Beaulieu (appt. 6/16/03), *Deputy Commissioner, Programs Established - 1993***

***Statutory Authority - Title 17b***

***Central Office - 25 Sigourney Street, Hartford, CT 06106***

***Number of Employees – 1,877***

***Operating Expenses - \$187,500,117***

***Program Expenses - \$3,537,289,378***

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

### **Mission**

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

### **Statutory Responsibility**

The Department of Social Services is designated as the state agency for the administration of (1) the child care development block grant pursuant to the Child Care and Development Block Grant Act of 1990; (2) the Connecticut energy assistance program pursuant to the Low Income Home Energy Assistance Act of 1981; (3) programs for the elderly pursuant to the Older Americans Act; (4) the state plan for vocational rehabilitation services; (5) the refugee assistance program pursuant to the Refugee Act of 1980; (6) the legalization impact assistance grant program pursuant to the Immigration Reform and Control Act of 1986; (7) the temporary assistance for needy families program pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996; (8) the Medicaid program pursuant to Title XIX of the Social Security Act; (9) the food stamp program pursuant to the Food Stamp Act of 1977; (10) the state supplement to the Supplemental Security Income Program pursuant to the Social Security Act; (11) the state child support enforcement plan pursuant to Title IV-D of the Social Security Act; (12) the state social services plan for the implementation of the social services block grants and community services block grants pursuant to the Social Security Act; (13) the Section 8 existing certificate program and the housing voucher program pursuant to the Housing Act of 1937; (14) the state plan for Title XXI; and (15) Disability Determination Services.

## **Public Service and Accomplishments of SFY 2003**

### **Public contact points**

**Website:** [www.dss.state.ct.us](http://www.dss.state.ct.us)

### **Toll-free information:**

- General public information: 800-842-1508
- HUSKY healthcare: 877-CT-HUSKY
- ConnPACE: 800-423-5026
- Child support enforcement: 888-233-7223
- Child care services: 2-1-1 or 800-811-6141
- Elderly services: 800-443-9946
- Home care programs: 800-445-5394
- Rehabilitation services: 800-537-2549
- Winter heating assistance: 2-1-1 or 800-842-1132

**TDD/TYY for persons with hearing impairment:** 1-800-842-4524

### **DSS Regional Offices:**

- Hartford—860-723-1000
- Manchester—860-647-1441
- New Britain—860-612-3400
- Waterbury—203-597-4000
- Danbury—203-207-8900
- Torrington—203-496-9600
- Norwich—860-823-5000
- New Haven—203-974-8000
- Middletown—203-704-3100
- Bridgeport—203-551-2700
- Stamford—203-251-9300

### **Medical Services**

The Division of Medical Care Administration and Regional Offices ensure that eligible children, youth, adults, and seniors are able to access needed medical and/or prescription medication coverage through the Medicaid, State Children's Health Insurance Program, State-Administered General Assistance, ConnPACE, and other programs. More than 430,000 people each month were eligible for coverage in SFY 2003, including many children and youth receiving services from the Department of Children and Families.

During SFY 2003, the legislature and administration made some important changes in the Medicaid, ConnPACE and State-Appropriated General Assistance (SAGA) programs to help contain ever-increasing costs in the largest portion of the state budget.

- Effective Jan. 1, 2003, coverage in Medicaid and SAGA was ended for adults at independently-enrolled providers for the following optional services: chiropractics, podiatry, psychologists, physical therapy, speech therapy, and occupational therapy. Sites still available to clients for the above services include: nursing facilities, chronic disease hospitals, inpatient and outpatient hospitals, clinics, physician offices, pharmacies, facilities for people with mental retardation, and psychiatric hospitals.
- Eligibility for parents and adult caregivers in HUSKY A households was decreased from 150% to 100% of the federal poverty level (FPL) on April 1, 2003, pursuant to deficit-reduction legislation. Implementation of this policy is delayed for families who would become ineligible due to earnings above the federal poverty limit, pending adjudication by the Second Circuit Court of Appeals. The policy did go into effect for all new applicants and for those families whose household income exceeded 100% of the federal poverty limit due to unearned income.
- Beneficiary co-payments were increased to \$16.25 per prescription, and the annual enrollment fee rose from \$25 to \$30, in the Connecticut Pharmaceutical Assistance Contract to the Elderly and Disabled (ConnPACE).
- The cost of prescription drugs continued to increase at the most rapid rate of all medical services. In May 2003, a \$1 prescription co-payment was implemented for most clients in fee-for-service Medicaid and SAGA. As SFY 2003 ended, to help contain costs without adversely affecting clients' health, the Department was implementing a Pharmacy Prior Authorization Program for fee-for-service Medicaid, ConnPACE and SAGA, requiring prior authorization for all brand-name medications when a generic equivalent is available, for all prescriptions over \$500, and for all early refills of prescribed drugs.

DSS has enrolled the entire Temporary Family Assistance population (adults and children) and children in families with income at-or-below 185 percent of the federal poverty level into **Medicaid managed care**. As a result, Connecticut now operates one of the largest pre-paid health plan networks in the nation, proportionate to population. This network has successfully mainstreamed clients, allowing them to obtain the same medical services available to the general public.

**HUSKY (Healthcare for Uninsured Kids and Youth)** offers health coverage to Connecticut children up to age 19 in all income levels. HUSKY is a combination of Medicaid managed care (HUSKY A); managed health insurance for children in higher-income families (HUSKY B, or State Children's Health Insurance Program); and supplemental services for children with special health care needs (HUSKY Plus).

HUSKY health care is free or low-cost, depending on family income. A comprehensive benefits package includes: preventive care, outpatient physician visits, prescription medicines, in-patient hospital and physician services, outpatient surgical facility services, mental health and substance abuse services, short-term rehabilitation and physical therapy, skilled nursing services, home health care, hospice care, diagnostic x-ray and laboratory services, emergency care, durable medical equipment, eye care and hearing exams, and dental care. Additional coverage for special physical and/or behavioral health needs is available for eligible children under HUSKY Plus.

Rated by the Children's Defense Fund as one of the best programs nationally for eligibility and benefit levels, HUSKY has a toll-free customer hotline, apply-by-phone option, and informative website, augmented by community outreach. During SFY 2003, HUSKY A membership peaked at 208,624 children in May, before falling back to 205,520 children at the end of the state fiscal year. The decline in eligibility reflects the legislative elimination of the 'continuous eligibility' coverage group. HUSKY B enrollment grew to 14,655 in June 2003. Total membership in HUSKY A, children and adults, stood at 294,331 as of the end of the state fiscal year. The Healthy Start anti-infant mortality program continues to serve high-risk, low-income pregnant women and families.

**ConnPACE** helps eligible senior citizens and people with disabilities afford the cost of most prescription medicines. Approximately 7,000 new clients were added to the program, bringing total enrollment to about 51,000.

**The Connecticut Home Care Program for Elders** is a comprehensive and cost-effective way for older persons at risk of institutionalization to receive the support they need to remain in their homes. This program provides a wide range of home health and non-medical services to people 65-and-older who qualify financially and functionally. Available services include: adult day care, homemaker, companion, chore help, home-delivered meals, emergency response system, care management, home health, and assisted living. The program served almost 15,000 clients in SFY 2003, including the diversion of 3,528 people from nursing home placement. The Nursing Home Transition Grant program helped de-institutionalize 38 nursing home residents.

The department expanded home care services to include minor home modifications and assisted living services to be provided in state-funded congregate housing private assisted living facilities and other assisted-living pilot or demonstration projects. The agency has also expanded the income eligibility for clients in the state-funded portion of the home care program, provided they meet functional criteria. Current income limits are \$1,656 or less per month, with asset limits of \$18,132 for individuals and \$27,198 for couples.

The **Connecticut AIDS Drug Assistance Program** provides pharmacy assistance for persons with AIDS or HIV. Some 1,838 people received services during SFY 2003. The Connecticut Insurance Assistance Program for AIDS Patients helps persons who are diagnosed with AIDS to take advantage of a federal law that allows for an extension of employer-provided group health insurance to people who become unemployed. The maximum adjusted income limit for a single person is \$1,478 per month; countable assets are limited to \$10,000. Last year, the program paid extended insurance premiums for 490 clients.

**Medicaid for the Employed Disabled** allows persons with a disability to engage in employment without risking eligibility for needed medical services. Approximately 2,300 disabled residents receive medical coverage through this program. Individuals may have incomes up to \$75,000 per year. Some participants are charged a premium (10% of their income in excess of 200 percent of the FPL). Liquid assets may not exceed \$10,000 for a single person or \$15,000 for a couple.

**State Administered General Assistance (SAGA)** covers most of the services available under Medicaid for single adults who do not qualify for that coverage. Behavioral health services are managed by the Department of Mental Health and Addiction Services. On average, SAGA serves approximately 25,000 cases each month. While 20,675 of these receive medical assistance only, this program also provides financial aid to approximately 4,300 unemployable and transitional individuals each month.

### **Services for Families and Children**

DSS operates *Jobs First*, Connecticut's welfare reform program, providing **Temporary Family Assistance (TFA)** to those in need of cash assistance. Initiated by Governor John G. Rowland in 1996, Jobs First has been successful in helping thousands of parents move into the workforce and off welfare rolls. The Aid to Families with Dependent Children caseload in December 1995, a month before implementation of the sweeping program changes, stood at 57,855. In June 2003, the department's client caseload (now called Temporary Family Assistance) had dropped to 22,261. This is a time-limited program that emphasizes early case management intervention and participation in the labor market. The program provides Safety Net services to families who exhaust their time limit and are not eligible for an extension.

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

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

Starting in October 2001, time-limited recipients could receive no more than three extensions (legislative change to two extensions began in July 2003) to the 21-month time limit unless they met certain criteria: having two or more substantiated barriers to employment, working full time

and not earning at least the welfare payment amount, or not being able to work full time because of a medical impairment or because of caregiving responsibilities for a disabled household member. There is an absolute federal limit of 60 months of benefits unless the recipient cannot work because of domestic violence. Recipients in extensions must continue to cooperate with DOL.

Under TFA, an unemployed parent with two children and no other income, who does not get a housing subsidy, receives \$543 in monthly cash benefits. Recipients can also receive special benefits, such as emergency housing, or moving and storage expenses. Additionally, the family may receive Medicaid and Food Stamps, help in paying for child care, and assistance in obtaining child support payments.

As of June 2003, TFA was helping 22,261 families in Connecticut: 9,852 in the time-limited program and 12,409 who were exempt from time limits because of hardship criteria. Many families are employed but continue to be eligible for cash assistance because their income is below the program income limit.

Connecticut was successful in meeting the TANF (Temporary Aid to Needy Families) work participation rates for federal fiscal year 2002. The calculated rate was 26.6 percent, which exceeded a required rate of 21 percent (after a 29 percent caseload reduction credit) at-or-above 30 hours per week. The combination of time limits, earnings incentives, child care and health insurance, and other services has helped to achieve these excellent results.

**Safety Net** services are provided to those families who have exhausted their 21 months of benefits, have an income still below the payment standard, and do not qualify for an extension because of their failure to comply with work requirements. Help with meeting basic needs is available, along with case management and service coordination. The Safety Net program served 335 families as of November 2002 with a decline in the number of referrals in the following months because the program closed intake for a short period due to fiscal restraints. When the program reopened in February 2003, the activity increased and 175 referrals were received.

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

In 2002, DSS began the **Good News Garage**, a vehicle donation program, through a contract with Lutheran Social Services of New England. This initiative, supported with TANF high-performance bonus funds and in-kind assistance from the Department of Labor, donates

automobiles to *Jobs First* recipients whose transportation to work needs cannot be met by public or other means. This program will provide approximately 200 vehicles to welfare recipients during the term of the contract.

In an average month, nearly 23,000 income-eligible children participated in the **Child Care Assistance Program**, while contracts to state-supported child day care centers and school age programs served another 8,500 children. DSS continued to support the Child Care Facilities Loan Fund, awarding loans to create new spaces for children at child care facilities.

**Quality Enhancement Grants**, at a funding level of \$1.4 million, helped 17 priority school districts develop quality child care services which helped nearly 6,200 pre-school age children. Local School Readiness Councils in the designated communities used the funds in a variety of innovative ways: direct services to children and families, consultation services to child care centers and family providers, training and staff development, mini-grants for minor renovations, instructional materials and equipment, and public education campaigns.

**Child Care INFOLINE**, supported by agency funds and United Way of Connecticut, received nearly 27,251 telephone calls from parents seeking child care information. The Early Childhood Training and Resource Academy, a joint project with the Child Health and Development Institute of Connecticut, helped nearly 1,481 caregivers receive training in the Connecticut Charts-A-Course curriculum and achieve the nationally recognized Child Development Associate credential. The statewide Accreditation Facilitation Project provided support and technical assistance to 159 child care centers and has been working with pilot programs and services for family day care homes and school-age providers. The Connecticut Charts-A-Course Scholarship Fund provided 1,252 individuals with financial assistance to support their attendance at training seminars for college credits.

The Child Care Apprenticeship program collaboration continued with the Department of Labor, community colleges and New Opportunities child development center. In collaboration with the Child Health and Development Institute of Connecticut, the department was successful in obtaining federal and private funds to establish the Connecticut Early Childhood DataConnections project to expand and enhance the early childhood research and data analysis capacity. The child care unit also participates in the Child Day Care Council, Head Start Advisory Council, Head Start Statewide Collaboration Project, Commission on Children, Healthy Child Care Connecticut, and *HUSKY*. The University of Connecticut Cooperative Extension System distributes a quarterly newsletter, "All Children Considered," to 25,000 readers under a contract with the department.

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

Total child support collections for SFY 2003 were \$259.7 million, an increase of \$10 million over SFY 2002. This figure includes \$164.6 million that was collected and sent to non-

assistance families, and \$10.6 million of current support that was sent through to families receiving assistance. Another \$22.3 million was collected for families not requesting child support services from the state, but whose court-ordered support goes through the state disbursement system.

Child support efforts that involve other state agencies include: the Partners Executive Council, which works to improve the child support program; the Paternity Registry and Voluntary Paternity Establishment Outreach program which works with the Department of Health and hospitals; licensure of child care centers, group day care homes, and family day care homes; employer reporting of all newly hired employees; and a bilingual outreach and education effort, which provides child support information in both English and Spanish. Agreements with several Workforce Investment Boards provide employment services to noncustodial parents, and ensure that they establish paternity and/or support once they are in the Welfare to Work program.

The department and the Judicial Branch provide an access and visitation program to never-married couples in Hartford and New Haven. When noncustodial parents come before the Magistrate Court to establish support orders and indicate they are not able to visit with their child(ren), a staff member tries to see if an agreement can be facilitated.

**The John S. Martinez Fatherhood Initiative of Connecticut** was established by the General Assembly in 1999 and renamed in 2003 to honor one of its founding fathers, the late Representative John S. Martinez of New Haven. The Fatherhood Initiative promotes public education concerning the responsibilities and rewards of fatherhood; assists men in preparation for the emotional, legal, and financial aspects of fatherhood; and promotes the establishment of paternity and child support. The Initiative serves approximately 300 fathers and families each year through pilot sites in Norwich, Bridgeport and the Manson Youth Correctional Center in Cheshire.

### **Services for the Elderly, People with Disabilities, Social Work Services**

During SFY 2003, the DSS Elderly Services Division administered approximately \$23 million in funds from the federal Older Americans Act and the State of Connecticut to provide a multitude of services to an estimated 100,000 seniors.

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

Highlights of Older Americans Act Program for SFY 2003:

- Services were provided to 57,772 elders and their caregivers;
- 2,292,958 home delivered meals was served statewide;
- 1,070,491 meals was served in group settings to elders;



- 264,824 one-way trips were provided for elders to doctor appointments, shopping and recreational activities;
- 111,413 hours of homemaker services were provided; and
- 538,514 adult day care hours for personal care were funded.

The Department's **Older Workers Program** offered employment and training opportunities to 550 seniors in 2003. **Elderly Health Screening** programs provided a multiphase health screening to elders. The primary goal is the early detection of disease. During SFY 2003, a total of 1,370 elders received health screening services.

The information and education program of the **Connecticut Partnership for Long-Term Care**, recruited counselors to advise consumers on how to plan for the costs of future long-term care. During SFY 2003, this alliance with private industry responded to 1,941 requests for information and publications about long-term care insurance, counseled more than 590 prospective consumers, and conducted six forums to educate the public, reaching more than 460 people.

Through the **Retired and Senior Volunteer Program (RSVP)**, volunteers provided community services at schools, hospitals, libraries, local and state social services agencies, community events, visited homebound individuals, transported people to medical appointments, and assisted in preventive health care clinics. DSS provides a portion of RSVP's funding, supporting 475 of the 6,093 active RSVP volunteers in the 12 RSVP programs.

The Department's **CHOICES** (Connecticut's Health insurance assistance, Outreach, Information and referral, Counseling and Eligibility Screening) Program served 66,887 seniors, persons with disabilities and their caregivers through individuals counseling, community outreach and education events and usage of the media. The program counseled 54,567 individuals on health insurance issues such as Medicare, Medigap insurance and Medicaid coverage. CHOICES counselors also assisted 12,320 individuals with several non-insurance issues such as housing, transportation and legal services. Over 16,900 individuals were reached through educational and outreach activities such as health fairs and presentations in the community. The success of the program is due in part to the 133 volunteers who serve beneficiaries across the state.

**Connecticut's National Family Caregiver Support Program** provides services to family caregivers in several different areas, including information and assistance, counseling, support groups, and respite. During SFY 2003, one-on-one assistance was provided to 4,352 individuals; 2,672 persons were served through counseling, support groups, and training; 398 people received respite services; and 404 individuals were served with supplemental services. The program also provided information through presentations, a newsletter, and broadcast media.

The program also serves grandparents or older relatives caring for children up to age 18 through support groups, trainings, legal assistance and respite. In addition, DSS Elderly Services has been actively involved in the **GAPS (Grandparents As Parents Support) Network** that includes over 129 agencies and organizations dedicated to helping grandparent caregivers and their grandchildren.

**The Connecticut Statewide Respite Care Program** is designed to offer short-term respite to caregivers of individuals with Alzheimer's disease and related dementias. In SFY 2003, 490 individuals received direct services such as adult day care, home health services, skilled nursing, and overnight respite. In addition, over 500 families benefited from counseling, case management and education provided by the five Connecticut Area Agencies on Aging and the Alzheimer's Association, Connecticut Chapter.

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

The Elderly Services Division collaborated with the Connecticut Coalition to Improve End of Life Care to develop and produce the publication, *Beginning the Conversation about Death, Dying and End-Of-Life Care in Connecticut*. The booklet evolved from the voices of participants in 29 focus groups. The focus groups were convened to explore attitudes about end-of-life care.

The **Long-Term Care Ombudsman Program** investigated 1,611 complaints made by or on behalf of nursing home residents with quality of life and quality of care concerns. Information and consultation were provided to 1,192 consumers. Because of this service promoting self-advocacy, consumers were often able to resolve nursing home issues without the intervention of an Ombudsman. The program helped a total of 46,685 individuals during SFY 2003. The Volunteer Resident Advocate program covers 65 percent of the nursing facilities in the state with a total of 158 dedicated volunteers.

**Protective Services for the Elderly** assists these persons age 60 and above who have been identified as needing protection from abuse, neglect and/or exploitation. During SFY 2003, agency social workers provided services to 4,328 persons living in the community and 530 residents of long term care facilities. The **Conservator of Person** program, for indigent individuals 60-and-over who require life management oversight, helped 661 individuals, and the **Conservator of Estate** program provided financial management services to 180 people in the same age group.

During the fiscal year, the **Community Based/ Essential Services Program** provided services, designed to prevent institutionalization, to 2,713 persons with disabilities. Four hundred and sixty four persons received help through the **Personal Care Assistance Program** (disabled persons between age 18 and 64), and 169 individuals were provided aid under the **Acquired Brain Injury Program**. Both programs operate under Medicaid waivers.

The **Acquired Brain Injury Barriers Fund** of \$50,000 helped remove or limit barriers that prevented participation in the program. The **Family Support Grant Program** helped 30 families (with children with developmental disabilities other than mental retardation in meeting the extraordinary expenses like respite care, health care, special equipment, medical transportation and special clothing).

Social work staff provided **Family Social Work Services**, such as counseling, case management, advocacy, information and referral, housing and homelessness assistance and consultation, to 2,932 families and 449 individuals.

The federal Supplemental Security Income Program serves people who are elderly, disabled, or blind. In Connecticut, this is augmented by the **State Supplement Program**. As SFY 2003 ended, the State Supplement Program was serving 17,882 persons (5,447 aged, 104 blind, 12,331 disabled).

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

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

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

The **Eviction Prevention Program** reduced homelessness by preventing 1,958 families from being evicted from rental properties or their own homes through the provision of mediation services and rent bank subsidies. The statewide network of **Domestic Violence Shelters** provided a safe haven for 2,020 victims of family violence and provided non-shelter services, including community and organizational information sessions, to an additional 39,000 persons.

The **Social Work and Prevention Services Division** earned the department two competitive federal grants: a traumatic brain injury planning grant, and an Alzheimer's services demonstration grant. Both will be implemented in the coming fiscal year. Staff provided more than 30 educational and training sessions to community members, professional associations, agency and institutional staff on DSS social work programs and services. Staff developed practice standards for the agency social work programs; program data bases to track client services and outcomes; and revised several sets of regulations to comply with recent statutory changes.

Through the **Bureau of Rehabilitation Services**, DSS provided vocational rehabilitation services to 9,992 job seekers with disabilities with the goal of helping them succeed in employment. Of this number, 1,722 entered the competitive workforce. The Connect to Work

Center began operations, providing a single access point for information about the impact of wages on federal and state benefits. This program provides comprehensive benefits planning, assistance, and outreach, as well as systems analysis and research.

As a major partner in the implementation of the Workforce Investment Act, bureau staff serve on each of the state's Regional Workforce Development Boards, and bureau offices in Norwich and New London are co-located in One-Stop Centers. In addition, more than 950 individuals with disabilities participated in independent living programs through the agency's network of five **Centers for Independent Living**.

The **Connecticut Tech Act Project** continued its partnership with People's Bank to provide low-interest loans, enabling persons with disabilities to buy assistive technological devices and equipment. To date, more than 275 loans have been approved, at a combined value of more than \$2.5 million. The project's web site received more than 85,000 visitors.

The bureau's **Disability Determination Unit** helped process applications for Social Security Disability Insurance and Supplemental Security Income on behalf of 36,139 clients. As they have for the past ten years, this unit again ranked as one of the top disability determination units in the nation, based on productivity and effectiveness.

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

**ConnTRANS** (Connecticut Organ Transplant Fund), which is 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.

## **Services in the Community**

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

Families or individuals may obtain help with their winter heating bills whether the primary heating source is a utility (natural gas or electricity) or a deliverable heating fuel (oil, kerosene, wood, and propane). CEAP-eligible households with incomes up to 150 percent of federal poverty guidelines, whose rent includes heat, and who pay more than 30 percent of their gross

income toward their rent, are eligible for Renter Benefits. DSS assisted 65,836 CEAP eligible households during the past heating season.

Due to increased federal funding, DSS received an additional \$8,513,758 in emergency contingency funds allowing the **Contingency Heating Assistance Program** to assist 13,665 households with incomes up to 60 percent of the state median income. DSS also administered federal funds for a Weatherization Assistance program providing energy-efficient measures to approximately 1,068 households with incomes up to 200 percent of the federal poverty level.

**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. With support from the Department of Administrative Services, the program distributed approximately 1.5 million pounds of food valued at \$850,000. The **Supplemental Nutrition Program** purchases high-protein foods for distribution to food pantries, soup kitchens, and shelters through a statewide network of 240 agencies. Approximately 475,000 pounds of food, with a value of \$436,468, were distributed.

DSS administers a significant portion of the federal **Social Services Block Grant (SSBG)** program; some goes to other state agencies. For federal fiscal year 2003, Connecticut received \$20,330,680, which was allocated to 20 of the 29 allowable service categories. In general, funds are used to provide services to state residents who are at-or-below 150 percent of the FPL. Some services, such as protective services for adults, protective services for children, and information and referral are provided without regard to income.

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

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

In addition, DSS provides SSBG funds for more than 113 programs through private non-profit and municipal service providers. Services include: adult day care, substance abuse counseling, home-delivered meals, protective services for children, information and referral, case management, family planning, legal services, services for persons with disabilities and employment. In the last year, 337,394 adults and 137,176 children received services from programs supported by SSBGs.

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

Through the **Neighborhood Facilities Program**, DSS provides grants for planning, site preparation, construction, renovation, and acquisition of facilities for child care centers, elderly centers, multi-purpose human resource centers, domestic violence programs, emergency shelters, shelters for the homeless, food distribution facilities, and accommodations for people with HIV. In the past year, DSS obtained approval from the State Bonding Commission for eight projects with a combined value of \$3.1 million.

## **Housing Services**

Through various **homeless assistance programs**, DSS supported 47 emergency shelters with a total of 1,777 beds, serving more than 16,513 adults and children, plus three day shelters and nine programs that provide advocacy, housing, and health services. The **Transitional Living Program** helps families and adults move from shelters into independent living. The **Home Share Program** served about 401 families and individual clients find housing by matching them with clients willing to share in the cost of maintaining a home. The **AIDS Residence Program** provided housing and support services to 736 people. The **Security Deposit Program** provided help to more than 2,600 families in obtaining permanent housing.

Under the **Rental Assistance Program**, DSS provided rental subsidies to 1,750 families and adults living in privately owned housing. One-year rental subsidies were provided under the Transitional Rental Assistance Program to approximately 140 former TFA recipient families per month. Under the federal **Section 8** program, DSS provided rental assistance so that 5,100 families and adults could move into, and remain in, safe and sanitary housing. Special program categories under Section 8 include the Welfare to Work, Family Unification, Non-Elderly Disabled, and Mainstream Housing Opportunities for Persons with Disabilities programs.

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

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

## **Public and Government Relations**

**The Public and Government Relations Office** assisted thousands of elders, people with disabilities, families seeking medical coverage and the public with inquiries about DSS services. Among the topics of over 12,500 calls received by the office's public information line: Medicaid, 5,042; financial assistance, 3,109; housing, 371; insurance, 138; home care, 315; elderly protective services, 245; ConnPACE, 194; general information, 131; transportation, 149; legal assistance, 122; Medicare, 199; health care, 89; managed care, 30; nursing homes, 73; employment, 53; recreation, 56; tax relief, 53; reverse annuity mortgage, 82; adult day care, 41; elderly nutrition, 50; energy assistance, 64; Connecticut Partnership for Long-term Care, 39. The office handles legislative and news media relations, public communications, and customer relations and advocacy.

## **Legal Affairs**

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

## **Strategic Planning**

**The Division of Strategic Planning** coordinated the review of program and administrative areas to ensure that programming and resources are aligned with the agency's mission, core service functions, legislative mandates, and budget. This planning and program support process has encompassed internal reorganization, regional office consolidation, and a statewide initiative to streamline and coordinate the provision of social services for low-income families, known as the Human Service Infrastructure Initiative (HSI). HSI is a collaboration between the department, two of its key human service contractors--2-1-1 Infoline and the Community Action Network—and human services organizations statewide. The Division also served as staff coordinators of the John Martinez Fatherhood Initiative of Connecticut.

## **Reducing Waste**

Through tracking, monitoring, and investigating overbilling, the **Office of Quality Assurance** recovered over \$21.5 million from vendors and providers who had overbilled the department for services rendered to clients. DSS recovered and saved more than \$190 million from third parties (including insurance companies and third-party tortfeasors) who were liable for injuries and illnesses that affected clients. By investigating approximately 5,000 cases of fraud and overpayment, the agency recovered and saved over \$3 million. DSS also recovered more than \$9.7 million through liens and mortgages on real estate, estate claims, assigned assets, and Title XIX reimbursements. The department prevented approximately \$6 million in Medicaid, Food Stamps, and TFA fraud through the use of its pre-eligibility Fraud Early

Detection Program. Working with the Bureau of Collection Services, DSS recovered additional funds through estates and lawsuits.

### **Information Reported as Required by State Statute**

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 31, 2003, was approved and granted continued annual filing status by the Connecticut Commission on Human Right and Opportunities. DSS administers its programs, services, and contracts in a fair and impartial manner.

In the past year, this agency continued to monitor and improve its practices in employment and contracting, giving special consideration to affirmative action goal attainment, diversity training for all employees, and contract compliance. At the close of the November 30, 2002, affirmative action reporting period, 33.0 percent of DSS employees were minorities, 68.0 percent were women, and .99 percent were self-proclaimed as having a disability. During the plan year, DSS hired 70 new employees: 25 (35.0 percent) were minorities and 54 (77.0 percent) were women.

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