

III. AGENCY RESOURCE NARRATIVES

BOARD OF EDUCATION AND SERVICES FOR THE BLIND

Overview:

The Board of Education and Services for the Blind (BESB) initiates, coordinates and provides education and training of Connecticut's blind and visually impaired children in order to maintain their academic, physical, emotional, and social progress at age-level, or diagnosed ability. BESB serves Connecticut's blind adults 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 self-sufficiency.

BESB provides rehabilitation services for all ages, ranging from newborns with vision impairments to seniors who are legally blind. Because blindness is often a degenerative condition, 75% of the agency's clients are seniors. The populations served by BESB may be broken down as follows: birth to five, school age, transitional, and adult populations.

Mission Statement:

To provide quality educational and rehabilitative services to all people who are legally blind or deaf-blind and children who are visually impaired at no cost to the clients or their families.

Agency Definition of Disability:

For the adult population to receive services from BESB, an individual must be legally blind. In order for children to receive services they must meet the state-defined visual impairment level, which is 20/70 best corrected vision.

Employment Supports, Training, Literacy or Self-Sufficiency Services to Transitioning Youth with Disabilities:

For the purposes of this study we are examining transitional services for blind and visually impaired high school students and adult vocational rehabilitation services. Transitional services are provided to legally blind high school students to assist the individual in developing an Employment Plan before graduating. During this time period the student will receive both child-specific and vocational rehabilitation services. Upon high school graduation, the individual will transition into BESB adult services, where they will have the opportunity to receive adult vocational rehabilitation services with the goal of obtaining independence through gaining employment.

CHILD SERVICES

Program Description:

BESB provides teachers of the visually impaired to work with all preschool children who are blind or visually impaired, at no cost to the family, upon the request of the parent or legal guardian. Once a child reaches school age and is enrolled in the Local Education Agency (LEA), the LEA may choose to utilize a BESB teacher of the visually impaired to work with their visually-impaired students, free of charge, or they may hire or contract for their own teacher of the visually impaired for these students. For LEAs that hire or contract directly for the services of a teacher of the visually impaired, they may seek reimbursement for this cost through BESB. Typically, the larger school districts choose to hire their own teachers as they have higher concentrations of children who are blind or visually impaired within the district population. There are 23 LEAs that have made their own arrangements for a teacher of the visually impaired, while another 108 LEAs select BESB for these services. The agency serves approximately 1075 children between the age of birth and high school graduation.

Eligibility Criteria:

To be eligible for transition services, an individual must be legally blind. Students determined to be visually impaired will be referred to BRS at the age of 16 for vocational rehabilitation services.

Success Measurement:

Determining success for individuals in children services is difficult in that individuals who are legally blind will remain with the agency, and those who are visually impaired will be referred to BRS. High school graduation is often not an indicative measure of success because LEAs might mandate that a student graduate once they reach a certain age.

Length of Time Consumers Participate:

Consumers typically receive transitional services between the ages of 14 and high school graduation, at which time they will transition to adult services if they are legally blind. If a student is visually impaired, they may receive BESB services until they turn 18.

TRANSITION SERVICES

Program Description:

BESB provides transition services to high school students prior to graduation. These services are aimed toward providing employment experience and school to college support.

If an individual is approaching high school graduation and is planning on attending college, they will be assigned a school-to-college counselor. In FY06 this counselor carried a caseload of 105 individuals. The school-to-college counselor makes referrals to college counselors and provides support to the student as they transition to college. BESB also maintains a Transition Coordinator who assesses the particular needs of individuals in the high school transitioning population, and creates programs for these consumers. The Transition Coordinator does not carry a caseload, but instead focuses on program development. The transition coordinator may attend consumers' Planning and Placement Team Meetings to understand the particular needs of the individuals. The main focus of transitional vocational rehabilitation services is to coordinate mentoring opportunities with successfully employed individuals who are blind, and to coordinate specific transition activities in individual and group settings to eligible consumers of the Vocational Rehabilitation Program at the agency. Some examples of transition school to work activities offered include but are not limited to:

- The Business Enterprise Summer Internship Program – Students in this program gain experience by job shadowing blind entrepreneurs who manage food services and retail operations. The program serves as a career exploration opportunity to encourage entrepreneurship.
- The Orientation and Mobility program is a week-long life skills seminar focusing on cooking, computer learning and basic mobility preparation.
- The LEAP program - provides computer skills training associated with daily events such as an errand trip outside of the home.
- Harkness Summer Programs administered by Oakhill School for the Blind serve as a summer camp for youth that incorporates visits to area employers and independent living skills orientation.
- The agency has an ongoing Mentoring program that links students with adults consumers that have been successfully placed in employment after receiving vocational rehabilitation services.
- The Exploration with Schools program assists students to work with their school systems to conduct career exploration.

Eligibility Criteria:

To be eligible for BESB transition services an individual must be legally blind.

Success Measurement:

The agency tracks the success rate of individuals who transition from high school into Vocational Rehabilitation services post high school graduation. The Transition Coordinator compiles a post-transitional follow-up report that seeks to identify the status of these consumers 5 years after they have left the high school setting. For the most recent report for 2005, 70% of the sample population was involved in competitive employment, 20% were in supportive employment settings, and 10% were involved in continuing education.

Length of Time Consumers Participate:

Consumers receive transition services between the ages of 14 – 18 or until high school graduation.

ADULT SERVICES – VOCATIONAL REHABILITATION**Program Description:**

If the child is considered to be visually impaired and not legally blind, they will be referred to BRS at the age of 16 for vocational rehabilitation services. The child will continue to receive BESB child services until high school graduation, at which time their case with BESB will close. If the child is legally blind, they may choose to receive BESB vocational rehabilitation services starting at the age of 14.

Individuals may enter BESB as adults without having received services as children. Adults are referred to the agency primarily by their doctor or through self-referral. To receive adult services, an individual must be determined to be legally blind. By law, a doctor must refer legally blind patients to BESB. When an individual is determined to be legally blind, they are placed on the state's blind registry. Once referred, the individual is contacted by an intake worker and by a vocational rehabilitation counselor to explain the services that are available. The individual may choose whether or not they wish to receive vocational rehabilitation services. If they wish to participate in vocational rehabilitation, they will be assigned a vocational rehabilitation counselor. There are 13 vocational rehabilitation counselors in the agency. Regardless of the decision of whether to participate in vocational rehabilitation services, they will be assigned a social worker to coordinate other services offered by BESB. About 10% of BESB consumers, or 1,000 individuals, are participating in the vocational rehabilitation process at any given time.

The Vocational Rehabilitation Division works with community rehabilitation providers, purchasing services such as vocational assessments, job coaching, supported employment and skill training to assist with preparing eligible consumers to achieve their individual

career goals. Consumers are active participants in the development of career goals and the identification of services and providers. This results in obtaining the skills and accommodations necessary to achieve vocational independence. The provision of appropriate adaptive technology and specialized skills training enables people who are blind to have the capability and qualifications to obtain and retain careers. The goal of the Vocational Rehabilitation Division is to assist people who are legally blind to obtain or maintain independence through careers that match their skills, interest, and abilities. Services offered include:

- Job-retention services enabling people to remain competitively employed.
- Assistive technology allowing individuals to function independently on the job or in training.
- Low vision evaluations, training, and aids that help individuals to make the best use of their remaining vision.
- Counseling services that help job seekers make informed vocational decisions. BESB also offers diagnostic counseling related to vocational planning and employment.
- Training at institutions of higher education, including: tuition and housing assistance, books and supplies, reader services, technology assessment, and other services identified between the student and the vocational counselor.
- Computer training, situational assessments, work evaluations, and other types of vocational training.
- Homemaker services providing training, equipment, and aids enabling individuals to independently manage their homes.
- Services and counseling that help high school students' transition to college, vocational training, or full-time employment.

Eligibility Criteria:

To receive vocational rehabilitation services an individual must be legally blind. By law, a physician must make a referral to BESB if an individual is found to be legally blind. All referrals are processed in the BESB office. Once an individual is found to be legally blind, they will be placed on the state's blind registry for the remainder of their lives and may access particular BESB services at any point.

Success Measurement:

Vocational Rehabilitation defines success as the achievement of an employment outcome as identified in the Individualized Plan for Employment of each individual. The agency refers to the achievement of career goals as a Status-26, the earning of wages at or above the commensurate wages of one's peers or satisfying any other criteria authorized by the United States Secretary of Education as an employment outcome. BESB follows federal reporting criteria in determining the success of a case. The agency measures success based upon achievement of the federally prescribed Standards and Indicators.

Length of Time Consumers Participate:

The average length of time a consumer receives vocational rehabilitation services at BESB is 33 months. The vocational rehabilitation counselor will follow-up with a consumer to assess job stability 90 days after the individual has attained employment. If the employment is determined to be stable, vocational rehabilitation services will close. An individual may appeal their services through the internal BESB appeals process, though Protection and Advocacy, or through a hearing with an impartial arbitrator at any time during their services. The consumer will remain on the state's blind registry once vocational rehabilitation services are complete, and may continue to receive other BESB services. While on the blind registry, a consumer may request specific BESB services at any time in their life.

Data Collection:

- Agency Maintains a Data Dictionary Agency Does Not Maintain a Data Dictionary

Vocational rehabilitation has its own off-the-shelf data management system made by Libera in New York. Its data is specific to the vocational rehabilitation model, which is the same data captured by BRS. The system allows for easy querying and data manipulation and is accessible to blind staff. Some of the data fields collected include:

- Social Security Number
- Client closure order
- Previous closure,
- Date of application
- Date of birth
- Gender
- Race
- Source of referral
- Level of education attained at application
- Individualized education program
- Living arrangement at application
- Primary disability
- Level of education attained at closure
- Occupation at closure
- Hours worked in a week at closure
- Type of public support at closure
- Reason for closure
- Primary source of support at closure
- Secondary disability
- Employment status at application
- Weekly earnings at application
- Hours worked in week at application
- Type of public support at application
- Monthly amount of public support
- Primary source of support at application
- Medical insurance coverage at application
- Date of eligibility determination
- Date of IEP
- Cost of purchased services
- Services provided
- Supported employment status
- Veteran status
- Significant disability
- Migrant and seasonal farmworkers
- Date of closure
- Monthly public support amount at

- Medical insurance coverage at closure
- Type of closure
- Projects with industry

MOUs/MOAs:

There is a three-way MOU with BRS, DOE and BESB for a consultant contract for transitional services for clients enrolled in secondary education.

Referrals:

Referral sources for both children and adult services have a very similar breakdown. Over 80% of referrals made to BESB come from doctors and approximately 10% are self-referral. All Referrals made to the agency vocational rehabilitation program are tracked in the Libera database system. On an individual basis, caseworkers will ask referring agencies for a release on personal information. BESB does not track outgoing referrals on a case-by-case basis.

BESB will make referrals to BRS for individuals in children services who are not legally blind at the age of 16.

Community Rehabilitation Providers:

BESB has working relationships with 75 CRPs – the same provider utilized by BRS. By law, BESB is required to provide services statewide so that individuals do not have to travel to receive services. BESB also uses out of state providers for their residential services. On average, these out of state placements last 6-9 months for an individual and focus on assisting the consumer to adjust to blindness.

BESB does not regularly track outcome data associated with the CRPs, but BESB staff did note that many of the CRPs do not have enough familiarity with the blind population to provide services in the most effective manner.

Budget:

Program Name	FY05 Program Appropriation	Funding Source	FY05 # of Clients Served	FY05 # of Youth Served	FY05 Per Client Expenditure	Percent of Program Spent on Employment Support/Transition Services	Percent of Program Spent on Youth
Children Services	\$7.1M	State	1,075	1,075	\$6,604	0	100%
Vocational Rehabilitation	\$3.8M	\$2.8M Federal 1\$M State	1,000	14 an over not youth	\$5,163	100%	0

Identified System Barriers:

BESB staff offered the following thoughts on the current system – the lack of vocational training in the public school systems leaves BESB clients at a severe disadvantage in terms of opportunities for successful employment and competitive wages after graduation. To correct this problem, schools should have their own counselors on site to assist these children in gaining a real work experience before they graduate from high school. School districts dedicate much of their transition activities on preparing students for matriculation to college or post secondary education. In the case of BESB consumers, the student might transition to a university, but they would be faced with fewer supports than were available in high school.

A possible infrastructure change would be the creation of benefits coordinator positions in addition to those offered by BRS. The position would help consumers to understand the benefit options tied to work. BRS was able to create such a position after receiving a federal grant.

DSS / BUREAU OF REHABILITATION SERVICES

Overview:

BRS is a unit within the Department of Social Services. The Bureau of Rehabilitation Services (BRS) creates opportunities that allow individuals with disabilities to live and work independently. There are four separate, yet inter-related component programs housed within in BRS that contribute toward these goals. The major component program of BRS is the **Vocational Rehabilitation (VR) Program**. The goal of the VR Program is to assist individuals with significant physical and mental disabilities to prepare for, obtain and maintain employment. On average, an individual remains in the VR Program for 21 months before case closure.

Mission Statement:

To create opportunities that allow individuals with disabilities to live and work independently.

Employment Supports, Training, Literacy or Self-Sufficiency Services to Transitioning Youth with Disabilities:

For the purposes of this study we are examining transitional services and vocational rehabilitation services. Transitional services are provided to high school primarily between the ages of 14-18 as a means of involving the student with the agency prior to graduation. Vocational rehabilitation services are offered to consumers after high school as a means of attaining employment. For the purposes of this study we are examining vocational rehabilitation services provided to individuals between the ages of 19-30.

Agency Definition of Disability:

The basic eligibility criterion for services is that an individual has an impairment that is an impediment to employment that *requires* vocational rehabilitation services in order to enter or retain employment. Due to funding limitations, BRS prioritizes eligible consumers for services. To receive BRS services, an individual must meet the federal definition of a significant or most significant disability. An individual with a significant disability is defined as having serious limitations in one or more (out of 7) functional areas. A most significant disability is defined as having serious limitations in a total of three or more functional areas.

Youth Transition Services

While an individual is in high school, they may receive transition services. Though primary responsibility for services to a student with disabilities rests with the local school system, BRS can play an important role in crafting the student's transition plan during the

last one or two years of their high school career. BRS counselors work with students to determine VR Program eligibility and to initiate and complete the BRS referral process prior to graduation. The counselor may participate in the student's Planning and Placement Team (PPT) meetings to familiarize themselves with family and staff involved in the development of appropriate transition goals and objectives. BRS must make transition planning available for students with disabilities that helps facilitate the development of the individualized education program (IEP).

BRS maintains a permanent transition counselor in each of the six largest school districts in the state. These districts include Hartford, New Haven, Danbury, New London, New Britain, and Norwich. The embedded counselors work directly out of the high schools in each school district to introduce students to BRS services at an early age.

For students seeking employment directly after high school graduation, The BRS counselor will work with the student, their family, and school counselors in the development of an Employment Plan that specifies what services and supports BRS will provide directly upon graduation from high school. The approval of a transitioning student's Employment Plan must be completed by the time the student leaves the school setting.

If the consumer's Employment Plan requires post-secondary training, the student may receive School to College services. BRS requires the transitioning student to sign the Client-Student Financial Information Exchange Form (VR-21) to determine the consumer's amount of school expenses and their resources. Any financial assistance provided by BRS will be based on information this form provides. Generally, the contribution that BRS will offer toward education expenses will be limited to no more than the costs of attending a commensurate program in the State Community College System (SCC). For those in baccalaureate programs that limit will generally apply for the first two years unless the SCC cannot offer full time transferable pre-requisites. In such cases, once the SCC can no longer offer commensurate training the contribution that BRS will offer toward general education expenses will be no greater than the cost of attending a commensurate program in the State University System.

Adult Services

VOCATIONAL REHABILITATION

Vocational Rehabilitation services are those described in an Employment Plan that are necessary for a consumer to prepare for, secure, retain or regain employment and are provided by BRS as long as services are unavailable to the client through any other resources. The services included in the program include the following:

- Vocational rehabilitation counseling and guidance, including information support services

- Referral and other services necessary to help applicants secure services from other agencies
- Vocational rehabilitation services to a family member
- Interpreter services for individuals who are deaf and tactile interpreting for the deaf and blind
- Job related services including job search and placement assistance, follow-up and follow-along services
- Occupational licenses, tools, equipment and supplies
- Personal assistance services by one or more persons designed to assist a person with a disability to perform daily living tasks.

Depending on the employment plan created in conjunction with the counselor and the client, several specific services may be available.

Situational Assessment: Provides an opportunity for the client to try one or more jobs to see how they match their interests and abilities. When it is agreed that a client is in need of a situational assessment, a counselor will work with the client to select a community rehabilitation provider to conduct the assessment. If needed, the provider will facilitate medical or psychological tests to gauge the extent of the client's disabilities and their vocational capacity. When a client begins employment, the provider will evaluate their capabilities and progress. During the situational assessment period, a client will usually be paid at the minimum wage.

Job Placement Services: When it is determined that a client is ready to begin employment, BRS may provide a number of different services, depending on client needs, to assist with placement. The services may be provided directly by BRS, or through other agencies.

- Job Seeking Sills – provides assistance with interviewing skills, resume writing and application techniques to help a client in their job search. JSS may be individual assistance or provided as part of a class.
- Job Clubs – group sessions that provide information on current local job openings, follow-up with employers, and ongoing support.
- Transitional Employment Program – a program to assist with training and performing on the job. In a TEP, a job coach accompanies a client to their work site and assists with learning new skills, communicating with management, and improving speed and accuracy.
- Benefits Workshops – classes or individualized sessions that will assist a client with understanding the work incentives available if they are receiving SSDI, SSI, Medicaid, or other state or federal benefits. A client will learn how earned income may affect their benefits and whether it is in their best interest to pursue employment.

Job Coaching: An employment specialist will provide a client with the support needed to retain a job in their own community. A client may have contact with the job coach for only a limited period of time, which is known as transitional employment. The

employment specialist may work with the employer to train the client on the skills needed for the job, assist the client with their transportation issues, or teach the client what is expected of them on the job.

Supported Employment: An employment specialist will provide supports to an employed individual with significant disabilities on an ongoing basis, with the goal of allowing the individual to retain employment. BRS will provide these services on a time-limited basis only, and the client must work with a counselor to decide who will provide the job coaching services once BRS services are finished. By law, these plans must be in place before a client begins supported employment. A counselor will often make referrals to other agencies where a client may look for continued supports.

Self-Employment Services: A client may seek to create and operate their own business through self-employment services. A client will develop a business plan that must be approved by the Connecticut Small Business Development Center as an economically viable proposal. BRS must agree to both the business goal and plan before providing services that might include training costs and disability-related vehicle or worksite modifications.

Post-Employment Services: Services provided after a case has been closed to help a client retain or advance in their current job, or find another job in a related field. Services are usually offered only if the client has a disability-related problem affecting their work. If a client's case has been closed and they are having difficulty with their job or wish to change jobs, they may again receive employment supports.

Transition Planning from School to Work: BRS provides assistance to students in facilitating the transition from school to work. BRS counselors may work with students who have severe disabilities, ages 14 and older, who want to go to work. The Counselor will assist in choosing curricula that will help the student prepare for employment, secondary education, or independent living and aid the family in accessing employment-related adult service programs. An employment plan will be created that will specify what services BRS will provide and the client's responsibilities for achieving successful outcomes.

Rehabilitation Technology: The evaluation and application of devices that assist individuals with disabilities to maintain or improve their ability to function. Rehabilitation Technology is used for the purpose of assisting individuals to work more independently or to participate more independently in an Employment Plan. There are many different types of technology ranging in level of simplicity, including a telephone with large buttons or a magnifier, to a computer with voice recognition software or a power scooter. BRS counselors work with consumers to determine the need for such devices and services. Once need has been determined, the counselor will refer the consumer to a technology specialist, who will meet with the consumer in their home or place of work to determine the devices that will be needed. After the technology

specialist writes a report, the BRS counselor will review the findings with the consumer and begin the process of purchasing the necessary devices and services.

Home Modifications: BRS can provide structural alterations to a consumer's home that allow them to work more independently or participate in an Employment Plan. Examples include the installation of a ramp or a lift, or the alteration of a doorway so that a consumer may enter or exit their home unassisted. A BRS counselor will work with the consumer to determine if these services are necessary. The counselor will contact the Bureau's home modification consultant who will visit the consumer's home with an architect and draw plans to make the modifications. The consumer will be involved in the entire process.

Vehicle Modifications: BRS can provide mechanical or structural changes to a passenger car or other motor vehicle that will permit an individual with a disability to safely drive or ride as a passenger for the purposes of employment. Modifications are usually considered as part of an individual's Employment Plan when accessible public transportation or other means are unavailable. The consumer must contact the Department of Motor Vehicle Handicapped Driver Training Unit to receive forms that must be completed by the consumer's physician. If the consumer's disability requires more complex equipment, they will be referred to the Easter Seals Mobility Center to determine if they can learn to drive, whether they can independently transfer from wheelchair to vehicle, the kinds of modifications needed and the type of vehicle that should be purchased.

Connect to Work Center

The Connect to Work Center is a component of BRS, focused on systems-change activities to better support the employment of individuals with disabilities. The mission of the center is to be the premier resource center for information on independent living and employment for individuals with disabilities, policy-makers and support systems.

The Center coordinates information on the programs and services individuals with a disability might encounter in their efforts to enter and retain competitive employment. Individuals with disabilities who are seeking employment must understand the impact of work on benefits such as housing, food stamps, medical insurance, and cash benefits. When an individual with a disability makes the decision to increase their independence through employment, many programs and benefits must be taken into account. The Center focuses on providing a more comprehensive approach to support services for individuals with disabilities. The focus of activities is to maximize independence and employment. Some of the Center programs include:

- Nursing facility transition
- Independent living
- Community bridging for adults and young adults with disabilities
- Personal assistance services

- Medicaid for people with disabilities who work
- Benefits counseling
- Ticket to Work program
- Assistive technology

BRS has 7 benefits counselors located in area offices. Because funding for these services comes from a variety of sources, benefits counselors may provide services to individuals from any state program who is seeking to increase their independence and employability. The Center assists consumers in providing a clear picture of the effects that employment will have on the range of benefits they receive. In SFY2006, between 750 and 800 consumers received benefits counseling services from the Center.

Eligibility Criteria:

To meet the federal definition of having a Significant Disability, an individual must have serious limitations in one or more functional areas and require multiple services over an extended period of time. BRS bases their services on an Order of Selection, giving service priority to individuals with a Most Significant Disability - serious limitations in a total of three or more functional areas. An individual may also qualify for having a most significant disability if they are expected to need significant on-the-job supports for the duration of employment. In FFY 2006 BRS is serving individuals determined to have both Most Significant and Significant Disabilities. In FFY 2005, 87.3% of applicants were deemed eligible for services, 3.6% of all applicants determined ineligible for services. 9.1% of all applicants had their cases closed without receiving an eligibility determination.

In order to determine if an individual is eligible for vocational rehabilitation services and to assign the individual's priority under an Order of Selection, an assessment for determining eligibility and priority for services must be completed. The assessment must include a review of existing data, including counselor observation, education records, and information used by the Social Security Administration. In cases where BRS believes that the individual is ineligible because they cannot benefit from rehabilitation services in terms of an employment outcome, the assessment for determining eligibility must include an assessment of the individual in real work situations with appropriate supports. Under limited circumstances where the individual cannot take advantage of trial work experiences or if options for trial work have been exhausted before BRS can determine whether or not the individual can benefit from services, BRS must conduct an extended evaluation to make the eligibility determination.

In making an eligibility determination, consumers must be given the benefit of the doubt when determining whether or not they can benefit from services. Eligibility determinations must be based on a determination by BRS that: the individual has a physical or mental impairment, the impairment constitutes or results in a substantial impediment to employment for that individual, the individual can benefit in terms of an

employment outcome from the provision of vocational rehabilitation services, and the individual requires vocational rehabilitation services to prepare for, enter into, engage in or retain gainful employment. An individual must intend to achieve an employment outcome that is consistent with their informed choice. Completion of the application process for vocational rehabilitation services is sufficient evidence of the individual's intent to achieve an employment outcome. If the consumer is not yet 18 years old at the completion of application, the individual's guardian must sign the application.

Data Collection:

- Agency Maintains a Data Dictionary Agency Does Not Maintain a Data Dictionary

BRS collects a lot of data, all of which is stored in the Wang System. Information the collect includes:

- Social Security Number
- Client closure order
- Previous closure,
- Date of application
- Date of birth
- Gender
- Race
- Source of referral
- Level of education attained at application
- Individualized education program
- Living arrangement at application
- Primary disability
- Level of education attained at closure
- Occupation at closure
- Hours worked in a week at closure
- Type of public support at closure
- Reason for closure
- Primary source of support at closure
- Medical insurance coverage at closure
- Type of closure
- Secondary disability
- Employment status at application
- Weekly earnings at application
- Hours worked in week at application
- Type of public support at application
- Monthly amount of public support
- Primary source of support at application
- Medical insurance coverage at application
- Date of eligibility determination
- Date of IEP
- Cost of purchased services
- Services provided
- Supported employment status
- Veteran status
- Significant disability
- Migrant and seasonal farmworkers
- Date of closure
- Monthly public support amount at closure
- Projects with industry

Success Measurement:

A successful outcome is achieved when a consumer obtains and maintains a job consistent with their employment plan. Examples of data element collected at successful closure include: occupations, hourly wages, medical insurance, primary source of support and a listing of services received. BRS examines hourly earnings of consumers as compared with those of the general population employed in similar positions. BRS also examines the number of hours a consumer is able to work and the level of public assistance they continue to receive after job placement. The VR programs success is evaluated in accordance with National Standards and Indicators prescribed by the U.S. Department of Education. These Standards and Indicators are based on:

1. The number of successful employment outcomes reported in a Federal Fiscal Years.
2. Of the individuals who exit the program after achieving a successful outcome, the percentage who are reported to be successful employment outcomes.
3. The percentage of successful outcomes that exit the program earning at least minimum wage.
4. Of the individuals who exit the program after achieving a successful outcome, the percentage who were determined to have a severe or most severe disability.
5. The average hourly earnings of all successful VR consumers as a comparative ratio to the average hourly earnings for all workers in the state.
6. The percentage of consumers who went from financially non-self supporting at application to self supporting at closure.
7. The service rate for all individuals from minority backgrounds as a ratio to service rates for those with non-minority backgrounds.

Through BRS, 1207 consumers entered or maintained competitive employment in FFY 2005. The average hourly wages of successfully rehabilitated consumers was \$14.98, with the average number of hours worked per week 30.6. 52.5% of consumers were working full-time at 35 hours or more per week. Over 44% of consumers were receiving medical benefits from their employers. The following provides a breakdown of vocations entered into by BRS consumers in FFY 2005:

- 12% Clerical
- 8% Food Service
- 8% Human Services
- 14% Industrial and Manufacturing
- 4% Maintenance
- 4% Medical Science and Services
- 20% Sales and Customer Service
- 8% Skilled Trades
- 8% Technical Managerial
- 6% Semi and Unskilled Labor
- 8% Education

Length of Time Consumers Participate:

The average length of time a consumer remains with BRS is 21 months. A case may be closed for several reasons before a consumer achieves successful employment. The following provides a break down of case closures reported by BRS is FFY2005:

Closure Reason	# Closed
1. Unable to Locate	53
2. Disability Too Severe	7
3. Refused Further Services	187
4. Death	0
5. Institutionalization	2
6. Transferred to Another Agency	24
7. Failure to Cooperate	53
8. No Disabling Condition	39
9. No impediment to Employment	33
10. Transportation not feasible or available	0
11. Does Not Require VR Services	14
12. Extended Services Not Available	0
13. All Other	9
Total 08 Closures	421

MOUs/MOAs:

Transitional Services

BRS has MOUs with the six largest school districts in the state to co-locate a Vocational Rehabilitation Counselor, and interpreter assistant, on-site at the school to provide vocational rehabilitation counseling to high school students with significant disabilities who are transitioning from school to work. The MOU provides the counselor with space in the high school so that they may more closely work with transitioning youths so that parents and faculty may become more involved and aware of all options available to the student after graduation.

Vocational Rehabilitation

BRS has a formal MOU with DMHAS to identify effective practices for providing employment and training services leading to competitive employment services for citizens with mental health and/or addiction disorders. This includes maximizing the collaboration and coordination of services so that this population may have access to all employment and training services. It also seeks to position the state to maximize the

utilization of all employment and training resources and funds to support competitive employment for this population.

Referrals:

Vocational Rehabilitation

The BRS Vocational Rehabilitation process typically begins with a referral of an individual to the agency. Referrals are usually made to the local BRS offices from a variety of sources including: physicians and medical institutions, Local Education Authorities, colleges and universities, community rehabilitation providers, the Social Security Administration and other state agencies. In many cases, the agency may be approached directly by the applicant. Of the 3,329 applications BRS received in FY2005, the agency received 932 self-referrals. 11% of all referrals made to BRS came from elementary/secondary schools, while an additional 3% of referrals came from post-secondary schools. The following provides a percentage breakdown of an individuals age at application:

- 17.4% aged 20 or younger
- 16.9% aged 21-30
- 19.5% aged 31-40
- 23.4% aged 41-50
- 16% aged 51-60
- 5.1% aged 61-70
- 1.7% aged 71 and older

For all cases closed in FY05, BRS made 442 referrals to other agencies. Due to limitations of the Bureau's MIS system, there is no specific information available regarding to which agencies these referrals were made. BRS does have formal and informal agreements that have been developed or have evolved over several years to provide comprehensive inter-agency support services to consumers.

Community Rehabilitation Providers:

BRS has active business relationships with 75 Community Rehabilitation Providers. These CRPs typically provide rehabilitative services to consumers in the workplace. CRP services were the largest area of Purchase of Service (POS) expenditure in FFY 2005 and represented 34% of the overall POS expenditures. The funding breakdown for services provided by CRPs is as follows: 55% (\$1.45M) Situational Assessment, 32% (\$841K) Job Coaching, 12% (\$315K) Job Placement, and 1% (\$26K) for other CRP services.

Budget:

The following is a budgetary breakdown by region and consumer age:

Western Region		<u>Avg 14-22</u>	<u>23 +</u>	<u>All Cases</u>
	Bridgeport District	\$3,671	\$2,642	\$2,838
	Waterbury District	\$2,378	\$2,273	\$2,297
	Region Total	\$2,905	\$2,443	\$2,541
Northern Region		<u>Avg 14-22</u>	<u>23 +</u>	<u>All Cases</u>
	Hartford District	\$2,289	\$3,020	\$2,852
	Region Total	\$2,289	\$3,020	\$2,852
Southern Region		<u>Avg 14-22</u>	<u>23 +</u>	<u>All Cases</u>
	New Haven District	\$3,473	\$2,043	\$2,358
	Norwich District	\$5,138	\$1,744	\$2,455
	Region Total	\$4,104	\$1,925	\$2,369
Aggregate Statewide Totals		<u>Avg 14-22</u>	<u>23 +</u>	<u>All Cases</u>
		\$3,041	\$2,475	\$2,601

Program Name	FY05 Program Appropriation	Funding Source	FY05 # of Clients Served	FY05 # of Youth Served	FY05 Per Client Expenditure	Percent of Program Spent on Employment Support/Transition Services	Percent of Program Spent on Youth
Vocational	\$7,922,359	State/Federal	2,962	998	\$2,601	100%	34%

Identified System Barriers:
Transition Services

For the system to work most effectively there need to be effective transition counselors at every high school to help facilitate the relationship between the student and BRS. Ideally, counselors should be assisting both students with IEPs – those with disabilities not in SPED, to link with BRS. With regards to transportation, there is a lack widespread, reliable, accessible transportation statewide.

Vocational Rehabilitation

There exists an entrenched societal, familial and educational culture of low expectation for persons with disabilities. This often leads to or is further compounded by lack of self-esteem. Many families have also come to rely on SSI as a dependable source of income and do not wish to see that diminished when the client becomes employed. Transportation is a major barrier for BRS consumers to retaining employment over an extended period of time.

COURT SUPPORTS SERVICES DIVISION

Overview:

The Court Support Services Division (CSSD) provides support services to the judges of the Superior Court for the State of Connecticut on cases of defendants referred to court on juvenile, criminal and civil matters. Defendants or clients may be pretrial or sentenced, and may be referred to programs as ordered by a judge or under the auspices of the Probation Department. Clients include adult criminal defendants, families involved in civil matters (e.g., divorce, child custody disputes), and youth and children referred to court for delinquent or status offending behaviors; including truancy, beyond control, and running away.

A significant number of children referred to juvenile court have their matters handled by a juvenile probation officer on a non-judicial basis, meaning that they do not go before a judge.

The chart below shows the relationship to age and offender status in Connecticut. Offenders age 16 and older are charged as adults, however, offenders aged 16 and 17 are labeled “youth” offenders by the court.

Age	Court
Under 16	Juvenile Court
16 +	Adult Court

Approximately 15,000 children with a total of 21,000 cases were referred to juvenile court in FY05, with about 4,000 cases disposed by placement on Probation. Of the 15,000 children referred, about 1,900 were detained on a pre-trial basis.

Regarding adult cases, in FY05, 120,454 criminal cases were filed in Superior court. There were 56,072 cases that resulted in a disposition of Probation.

Once legally possible, all clients are screened for criminogenic risks and needs, including substance abuse, mental health and educational concerns. Services for juveniles and adults include access to community based programs including outpatient and residential substance abuse treatment, outpatient and inpatient mental health evaluation and treatment, cognitive/behavioral programming at risk reduction centers and alternative to incarceration centers, and family therapy for high risk delinquents. It should be noted that a continuum of services for court-involved 16 and 17 year old youth does not exist. Currently, the legislature is concerning raising the age of juvenile court jurisdiction to include 16 and 17 year old youth and to provide funding for a network of age- and developmentally-appropriate services.

CSSD provides some direct services to clients including all client assessments, mediation, and employment support. Private providers are contracted by CSSD to manage specific programs. These programs may provide substance abuse counseling, mental health evaluations, employment supports, and education. Overall, CSSD contracts with 59 agencies for service provision, and spends in excess of \$79 million.

Mission Statement:

To provide the Judges of the Superior Court and the judicial system with timely and accurate information, quality assessments and effective services that ensures compliance with court orders and instill positive change in individuals and families.

CSSD also has 8 “Core Goals” that the agency uses to help achieve its mission. The Core Goals are:

- To promote compliance with court ordered conditions and sanctions through effective supervision practices.
- To provide the court with quality assessments and service alternatives that offer a continuum of evidence based program interventions that maximize positive outcomes for individuals, families, and victims of crime.
- To maintain and strengthen the effectiveness of all operational and administrative functions through a comprehensive process that establishes consistent definitions of performance standards that are reinforced by ongoing management systems.
- To strengthen CSSD’s capacity to collect, analyze, disseminate and use information to measure results of service delivery and business functions.
- To assure that each unit of CSSD and its staff have efficient tools and adequate support to achieve the agency’s goals and objectives.
- To develop, promote and integrate services in a public/private partnership that supports judicial decision making and provides assistance to individuals and families.
- To support and promote organizational proficiency by enhancing communication and collaboration, strengthening the infrastructure and fostering a diverse and dynamic workforce.
- To sustain and enhance a comprehensive program of professional development that promotes individual employee growth through training, mentoring, and career development

Agency Definition of Disability:

CSSD does not have a “mandated” agency definition of disability. Some clients may have disabilities as defined by other agencies upon referral to CSSD or as discovered by CSSD staff in working with the client. If CSSD staff suspect a client may have an

undiagnosed disability, staff can refer the client for an evaluation or for services from an appropriate community provider, CSSD contracted provider, or through another state agency.

Employment Supports, Training, Literacy or Self-Sufficiency Services to Transitioning Youth with Disabilities:

CSSD juvenile services provided by CSSD staff include probation and detention services. These services provide mental health screening, pre-dispositional social investigations for the court, referral for assessment and treatment, (community-based, inpatient or residential, as appropriate), monitoring of court orders, community-based supervision, and case management services.

Juvenile detention services include safe and secure housing for pre-trial clients detained by the court, contracted medical/mental health/dental and educational services, and recreational psycho educational programming.

DCF services are sought if there are concerns about abuse/neglect, status offending behaviors, or a need for residential treatment.

Contract Vocational Probation:

The Contract Vocational program allows children who are 14 and 15 years old to get working papers early if they cooperate with their probation officers to get a job. This is a pilot program operating in New Haven.

Connecticut Service Labor Program:

CSLP is a community service program that links CSSD clients to non-profits that in turn provide a connection to a Connecticut community in need of service. Activities include carpentry and landscaping. CSSD clients gain work experience, helping to prepare them for employment when they leave CSLP. CSLP clients are aged 16 and older. About 90% of the clients are sent to the program via court sentencing, the remaining 10% are direct referrals from probation.

Adult Services:

CSSD Adult Services include intake/assessment and referral, probation, and family mediation. Adult Services clients are 16 and older referred by the Court. CSSD Adult Service staff screen defendants for eligibility for release on bail, complete pre-sentence social investigations for the court, community supervision, case management, and screening and referral for community-based services. CSSD Adult Services staff has access to a network of contracted community-based services.

CSSD staff provides services to families involved in domestic violence and families in divorce court. The Family Services unit provides mediation counselors who work with families in divorce court, and may provide the following services:

- Custody and Visitation Mediation-Family Relation Counselors mediate with parents for up to 3, 2-hour sessions. These sessions assist Parents to resolve parenting disputes.
- Conflict Resolution-The family mediation counselor meets with parents and lawyers to review information. The counselor makes recommendations at the end of the session if no agreement has been reached.
- Issue Focused Evaluations-Counselors explore an issue that is impacting the family. The counselors gather information regarding the issue and make a recommendation to the parents and the court.
- Comprehensive Evaluations-This is an in-depth assessment of the family system by the Family Relations Counselor. This assessment informs a parental arrangement that is agreed upon by the family or forwarded to the court.

Frequently, child support mediation may drive employment outreach for parents. During the process of developing a financial plan, one or both of the parents may need to increase employment activity. CSSD will develop an employment plan, and will refer clients to DOL, or a local agency to help with job placement.

Data Collection:

Agency Maintains a Data Dictionary Agency Does Not Maintain a Data Dictionary

Most of the program information that CSSD collects, is located in the contracted provider section. Two data collection tools are utilized. CSSD's information system is extensive. CMIS, a web-based case management information system, is used by agency staff including, courts, bail commissioners, probation officers, detention officers, and family relations counselors

CMIS was developed by Softscape. A Similar system was developed for the Connecticut Department of Labor. One of the reasons CSSD purchased the Softscape system was the hope that the systems would be compatible, but up to this point, this has not been the case. The vendor has not provided a data dictionary for the system.

CMIS is part of the Judicial Information System, managed by the technical division of CSSD. The technical division will be responsible for building and maintaining CMIS in the future when the relationship between CSSD and Softscape ends.

CMIS collects the following information:

- Client Type
- CMS Client ID
- Intake Date
- Name
- DOB
- Place of Birth
- Gender
- Race
- SSN
- Lives with
- Address
- Youth Needs Interpreter?
- Youth Language Spoken
- Parent Needs Interpreter?
- Parent Language Spoken
- Does the Client have Insurance
- Type of Insurance
- Religious Affiliation
- Height
- Weight
- Eye Color
- Hair Color
- Marks
- Student Indicator
- Special Education
- Grade
- School Name and Location
- School Contact Person
- DCF Involvement?
- DCF type of Commitment
- Parole Officer
- Case Status
- Level
- Handling Decision
- Court Location
- Date Filed
- Action

Each contracted provider maintains its own information on clients in the program and submits this information to CSSD in paper form each month. This information is data entered by CSSD. Providers collect and submit the following information:

- Contractor
- Location
- Number of Slots
- Number of Beds
- Total at Start of Month
- Total Adds for Month
- Total Discharges
- Total Satisfactory Discharges
- Total at End of Month
- % Utilization
- % Satisfactory Discharges

While providers currently submit information in paper each month, in the future, CSSD will receive all provider information via a web-based system. This data system is the Contracted Data Collection System, and will be used solely by providers to report data. At this time, 14 providers have been provided laptops by CSSD, and have the capacity to input data into this web-based system. CSSD has plans to link all 270 providers to the system over the next few years. The Contracted Data Collection System collects the following data:

- Contract Number
- CMIS Case Number
- Contractor
- CMIS Client ID
- Program Model
- CMIS Client Name
- Location
- CMIS DOB
- Referral Date
- Intake Date
- Assessment Outcomes
- Program Termination Date
- Reassessment Outcomes
- Initiation Date
- Type
- Delivery Type
- Sessions Required
- Sessions Attended
- Completion Status Primary
- Completion Status Secondary
- Completion Date
- Pre-Test
- Post-Test
- Program Termination Reason Primary
- Program Termination Reason Secondary

Some of the above data elements have drop down boxes, where the provider is able to choose from a number of options. The Completion Status is an example of one of these data elements, and the options associated with it are below:

Evaluation Completion Status
Incomplete
Complete-No Treatment Recommendations
Complete-Recommend Group
Complete-Recommend IOP
Complete-Recommend Higher Level of Care
Complete-Recommend Individual Counseling
Complete-Recommend Psychiatric Evaluation

Service Type Completion Status
Complete-No Recommendations
Complete-Recommend Additional Services
Complete-Client Never Attended
Complete-New Legal Charges other than Positive Urinalysis and Excessive Absences
Incomplete-Excessive Positive Urinalysis
Incomplete-Excessive Absences
Incomplete-Recommend Higher Level of Care
Incomplete-Recommend other Services
Incomplete-Withdrawn by Referral Source
Incomplete-Moved from Area
Incomplete-Death

Assessment:

Each CSSD client receives an assessment when they enter service. Assessments are designed to judge the level of service a client requires, and helps probation officers determine what programs would benefit the client. Assessments are entered into an excel database and the CSSD Center for Program Research uses SPSS to analyze the data.

One assessment is called the Level of Service Inventory (LSI). The LSI is given to clients over age 16, within 14 days of the start of the probation term. This assessment predicts client risk and need, and is based upon the following elements:

- Criminal History
- Education/Employment
- Finances
- Family/Marital Status
- Accommodation
- Leisure/Recreation
- Companions
- Alcohol/Drug Problems
- Emotional/Personal
- Attitude/Orientation

The MASYI-2 is an assessment given to clients under the age of 16. This is an intensive psychiatric evaluation for clients in residential settings.

The ASUS is an assessment that is self-reported by the defendant. This assessment determines mood, degree of psychological stress, and emotional well-being. The ASUS mood and psychological scale ranges from 0 to over 20. 0 being a low degree of mood and psychological distress, over 20 indicating a very high degree of mood and psychological distress.

Success Measurement:

CSSD collects a vast amount of data, and reports on this data through a number of reports. Examples of reports and measurements that CSSD employs are:

- How many clients successfully complete a program
- How long it takes a client to complete a program
- Recommendations for further service
- Repeat clients
- Reassessment outcomes
- Sessions required and attended by each client

CSSD has the capacity to examine outcome rates by each direct service staff member. CSSD uses a benchmark state standard rate to ensure that all direct staff members are meeting a satisfactory amount of successful case outcomes. Below are examples of standards the CSSD counselor staff are measured by:

- Mediation: Initial face to face scheduled within 28 day standard
- Mediation: Initial face to face held within 28 day standard
- Mediation: Completed within 60 day standard
- Mediation: Agreement Status (# of cases closed vs. # of cases closed as full or partial agreement)

Length of Time Consumers Participate:

The amount of time that a client spends in a CSSD contracted program varies by client and program. If the client is pretrial, they will stay in the program until their court date. If ordered into a program by a judge or probation officer, the consumer may have a determined length of time they must stay in the program. If the program is employment based, the client may stay in the program until they have found a job.

MOUs/MOAs:

CSSD has many MOUs and MOAs with other agencies.

CSSD MOUs/MOAs with DCF:

- Hartford Juvenile Review Board: Community-based court diversion program co-funded by CSSD and DCF for the diversion of minor delinquency and status offending behaviors of children up to age 16 from the City of Hartford. Children referred to the Hartford Juvenile Review Board are screened for mental health issues and referred to services as appropriate.
- Multidimensional Family Therapy: CSSD buys MDFT services through DCF contracted providers to serve girls (up to age 16) and their families referred to the court due to status offending behaviors.
- Joint Juvenile Justice Strategic Plan: CSSD and DCF co-funded a contract with the Child Welfare League of America to develop a joint juvenile justice strategic plan to guide the delivery of juvenile justice services in Connecticut over the next 5 years. Central to the strategic plan is the strengthening the identification of need and delivery of services for children and youth (up to age 18) with disabilities, particularly, mental health and learning.
- MST Services: While CSSD and DCF contract separately for MST Services (multisystemic family therapy), the agencies have agreed to use similar contract language with providers to define service expectations, uniform fiscal reporting and performance monitoring.

- Inpatient Psychiatric Evaluation: DCF has agreed to reserve 20 beds at the state psychiatric hospital for children and youth (Riverview Hospital up to age 18) who are ordered by the court for an up to 30-day inpatient psychiatric evaluation. These children and youth are referred to court due to delinquency and status offending behavior and the court has determined that their psychiatric needs require an inpatient evaluation. In exchange, CSSD assigns a staff person to serve as the liaison to the court and to work at Riverview Hospital in the admissions office to facilitate the admission and discharge of court-ordered children and youth.
- CSSD and DCF through the Institute of Public Psychiatry have an MOA to provide community-based psychiatric services for children who are discharging from juvenile detention centers and alternative to detention programs. Annually, 100 juveniles are referred to this program, and CSSD funds half of the program's cost.
- CSSD through the University of Connecticut Health Center and DCF have an MOA to establish comprehensive data collection and analysis regarding children who are detained on a pretrial basis.

CSSD MOUs/MOAs with DOC:

- Jail Re-interview Program: DOC accepts CSSD staff into the jails to "re-interview" criminal pre-trial defendants who were initially denied bail or release by the court. CSSD staff interview the defendant to determine criminal background, treatment needs, treatment history, etc. and develop a community supervision plan to present to the Court in consideration of the person's release. This program helps relieve jail overcrowding at DOC and to identify those defendants who may benefit from pre-trial treatment services.
- Zero Tolerance Drug Prevention Program: CSSD and DOC share resources as appropriated. This program is managed by CSSD. DOC provides funds to CSSD for the program, and CSSD ensures that slots are held for DOC clients.
- Residential and Non-residential Services: DOC buys into the CSSD community-based service network which includes Alternative to Incarceration Centers, Sex Offender Treatment Services, and Transitional Housing. DOC buys slots at CSSD programs to serve offenders being released from prison on DOC or Parole Supervision.
- Parole to Probation Transition Protocol: DOC/CSSD protocol outlining responsibilities of notification by DOC to CSSD of offenders being released from prison who need to report to CSSD for probation services upon release. The protocol sets up procedures for the notification process and service plan development between the two agencies 90 days prior to the offender's release.

CSSD MOUs/MOAs with DMHAS:

- Mental Health Alternative Incarceration Center: Jointly funded effort between CSSD and DMHAS to serve mentally ill offenders referred by court due to significant

psychiatric or co-occurring disorders. Services include transitional residential treatment and intensive day treatment programming and reporting.

- Residential Substance Abuse Treatment Centers: CSSD buys services through the DMHAS service network for offenders in need of residential substance abuse treatment.

CSSD MOUs/MOAs with DSS:

- TANF Reporting: CSSD agrees to report to DSS any eligible claims under TANF for qualifying contracted services. CSSD reports expenditures under TANF for the following services: juvenile detention services, alternative to detention services, community-based detention services, truancy services, juvenile justice centers, alternative to incarceration services, multisystemic therapy, and juvenile court-based mental health assessments.

Referrals:

CSSD may refer individuals to DCF if there are concerns about abuse or neglect, status offending behaviors, or a need for residential treatment. DCF may investigate these cases while an individual is still receiving services from CSSD or after they have left the care of CSSD.

CSSD refers clients to their own provider network, but they may also refer individuals to the DMHAS provider network. Individuals referred to DMHAS are in need of residential mental health or substance abuse services.

When an individual leaves DOC custody, the individual may need to report to CSSD for probation services. DOC will notify CSSD prior to the release to expect the individual. This gives CSSD time to prepare for the individual to enter into their service network.

Community Providers:

CSSD uses community providers for the operation of many programs. Below are specific programs that deal with the target group.

Adolescent Clinical Treatment (ACT):

ACT is a community-based clinical program for children with serious psychiatric needs. ACT participants can be at any level of recidivism risk. 138 slots are available, providing service to 275 children annually.

Adult Behavioral Health Services (ABHS):

ABHS provides intensive outpatient services including substance abuse assessment, group and intensive outpatient substance abuse treatment, group anger management, and mental health evaluation and treatment to CSSD clients aged 16-30. Clients are referred

by intake assessments, pre-trial clients may be referred for evaluation only. Examples of ABHS programs include the Apt Foundation and Gender Specific.

The Apt Foundation is a program in the Bridgeport area for males and females aged 16 and 17 with substance abuse issues. Apt Foundation clients have a disability that requires an IEP. Staff includes four full-time teachers to work with the Apt students. There are 25 beds at this facility; the average stay is 3-6 months. Clients are referred to this facility if they are pretrial, ordered by a judge, or at the suggestion of their parole officer.

Gender Specific is a 50-bed women's only program located in Bridgeport that provides substance abuse services to clients 17 and older. Along with the substance abuse component, cognitive behavioral treatment is offered. Life skills services are also provided to the women who attend the program. The Connecticut Department of Labor provides employment services for Gender Specific.

Adult Risk Reduction Centers (ARRC):

ARRCs provide targeted interventions based on risk and need. This is an outpatient program for high risk adult offenders. Clients report daily for treatment, and typically have multiple needs. ARRCs focus on Anger Management, Substance Abuse, Aggression Replacement Training, Motivational Enhancement Training, Cognitive Restructuring, Reasoning and Rehabilitation, and Parenting.

Alternative to Detention Program (ADP):

ADPs serve as a residential alternative for pre-dispositional girls aged 14-16 who would otherwise be confined to detention centers. In classroom settings, clients are taught life skills including homemaking and setting up a checking account. Besides life skills, ADP provides substance abuse treatment, mental health screenings, and suicide prevention. ADP is located in Hartford, Bridgeport, and New Haven. Clients reside in the program for up to 6 months, and the annual number of clients varies.

Alternative Incarceration Centers (AIC):

Alternative Incarceration Centers are residential centers that provide services for males and females, 18 and older, though the majority of the population is 17 to 25. Clients are referred from probation, pre-trial, or must attend the program as a condition of their parole. Programs offered include substance abuse counseling, one-on-one case management, and an Employment Readiness program. The Employment Readiness program is held 5 days a week. Employment Specialists teach job search techniques, interviewing skills, and resume writing. The curriculum for the program depends on each client's need at the time of referral. Once clients are proficient in these skills, they will begin an active job search, and clients may in this program until they have found employment.

Building Bridges:

Building Bridges is a collaboration between CSSD and DOC to provide services to inmates both before and after release from correctional institutions. Services include case management, entitlement support, housing, transportation, health care, employment assistance, substance abuse, and mental health treatment. Services are provided to adult males 3-6 months prior to release, service provision continues upon release.

Center for Assessment, Respite and Enrichment (CARE):

CARE is a residential short-term, staff-secure assessment, respite and enrichment program for pre-dispositional girls. Clients voluntarily cooperate with this program as a means of avoiding entrenchment in the juvenile justice system. Following completion of the program, clients receive family-based therapy in their homes. CARE is located in Waterbury and New Haven. 12 slots are available, serving 200-300 girls annually.

Juvenile Risk Reduction Centers:

Juvenile Risk Reduction Centers are day programs that provide Substance Abuse Counseling and in-home family therapy for youth up to age 15. These centers provide a specific curriculum tailored to meet the needs of clients. Clients in Juvenile Risk Reduction Centers are medium risk for recidivism. A percentage of these clients have a disability. The following chart represents the location and number of beds in Juvenile Risk Reduction Centers:

Juvenile Risk Reduction Center Slots	
Forensic Health Services, Meriden/Middletown	16
Forensic Health Services, New Haven	64
Forensic Health Services, Manchester/Rockville	16
Forensic Health Services, Waterbury	24
Wheeler Clinic, New Britain	24
The Village for Families & Children, Hartford	32
Connecticut Renaissance, Inc., Bridgeport	32
Total	208

The centers listed above provide psycho-educational programming including Cognitive-Behavioral Therapy/Motivational Enhancement Therapy (CBT/MET), Aggression Replacement Therapy (ART), and Voices.

CBT/MET is a highly structured group treatment that helps boys focus on personal triggers for disruptive behavior and substance abuse issues, stressing the link between thoughts, behaviors, and emotions. This program leads to a decrease in recidivism when combined with Cannabis Youth Treatment (CYT) and Family Services Network (FSN).

- CYT is a skill-based group treatment that is designed to help juveniles refuse cannabis and other substances.
- FSN is a structured treatment that educates family members about the MET/CBT process, and helps juveniles develop the skills to achieve success in the program.

ART is another program for boys that addresses anti-social thinking by stressing anger control training. This training includes self awareness and anger cue development, teaches coping strategies, skills training, self-instruction, and social problem solving. ART also stresses moral reasoning training by widening social perspective through self-instruction and group interaction.

Voices is a program that addresses the unique needs of adolescent girls and young women. In a series of 18 group sessions facilitated over 9 or 18 weeks, participants are encouraged to identify their “power” and “voices” as individuals and as a group. The goal of this program is to increase protective factors and pro-social behaviors of participants. Voices uses a combination of cognitive-behavioral, psycho-educational, expressive arts, and relational therapies to teach this empowerment strategy. Voices reaches girls in various settings including juvenile justice, substance abuse, and residential homes participate in this program.

Latino Youthful Offenders Services:

Latino Youthful Offenders is a bi-lingual/bi-cultural community-based program located in New Haven. This program provides services to individuals aged 16-21. A maximum of 30 individuals may be in this program at one time. The goals of the program are to:

- Provide an alternative to incarceration for Latino youth, who if not for the availability of such a service, would otherwise be incarcerated
- Provide structured case management and services to pre-trial Latino participants based on assessed needs and/or court requirements
- Provide interventions and support services to Latino probationers as determined by a risk and needs assessment conducted by the referring agent
- Change the criminal behavior of young Latino offenders by fostering positive, independent lifestyles using a cognitive based approach to address their assessed needs.

Upon entering the program, individuals are assessed, and individual needs are determined. Once assessed, pre-trial clients are provided case management services for up to six months, which may include:

- Interventions
- Cognitive skills group
- Substance abuse intervention
- Job readiness and placement
- Education services
- Electronic monitoring
- Community service

Sentenced clients also have a needs assessment completed when they enter the program. Clients will receive case management services. These services may include:

- Interventions
- Cognitive skill group
- Substance abuse interventions
- Education services
- Job readiness and placement
- Community service

Multi-Systemic Therapy (MST):

MST is an evidence-based, intensive, community-based program for chronically violent or substance-abusing children. MST clients are at a very high and high risk of recidivating. There are 231 slots available, annually 693 children and their families are able to receive MST services.

Residential and Transitional Placement:

The Residential Program is an alternative to incarceration program which provides comprehensive supervision and treatment services to accused, court sentenced individuals, and probation clients. The Residential Program serves clients 16 and older, who require substance abuse, mental health, or dual diagnoses treatment. Besides treatment services, clients are taught independent living skills in classroom settings. GED equivalent education is also provided.

Residential Programs must meet strict reporting and evaluation standards. Clients typically reside in the programs for 6 months or longer.

Project Green and YCC are examples of Residential Programs.

Project Green is a residential substance abuse program for males 18 and older. This program operates in 2 locations, New Haven and Hartford, with a total of 49 beds. Project Green stresses an emphasis on service in state parks during the day, while the evenings are devoted to substance abuse counseling. There is an employment component of this program as well as a GED prep course. The curriculum for the employment component of the course includes:

- *Finding Job Leads*- This class stresses skill building, interview demeanor, and interview preparation
- *Job Searching*- This class teaches resume building skills and points to remember when completing job applications
- *Interviewing Skills*-This class stresses personal manner, calling back, and establishing a favorable impression

The average stay in Project Green is 4-6 months. Clients enter the program by the order of a judge, as a pretrial option, or if their probation officer refers them to the program.

YCC is a residential treatment facility that provides Substance Abuse services to males 18 and older. YCC has 30 beds; the average stay is 4-6 months. There is no education or employment component of this program, though YCC is trying to establish a relationship with New Haven LEA to provide the education component.

Budget:

Program Name	FY05 Program Appropriation	Funding Source	FY05 # of Clients Served	FY05 # of Youth Served	FY05 Per Client Expenditure ^A	Percent of Program Spent on Employment Support/Transition Services	Percent of Program Spent on Youth
Juvenile Risk Reduction Centers	\$1,306,143	CSSD and program income	624	624	\$2,093.18	N/A	100%
Alternative Incarceration Centers	\$15,234,092	CSSD and program income	1505*	N/A	N/A	N/A	N/A
Latino Youthful Offenders Services	\$389,509	CSSD and program income	25*	25	\$6,739.20	N/A	100%
Program Name	FY06 Program Appropriation	Funding Source	FY06 # of Clients Served	FY06 # of Youth Served	FY06 Per Client Expenditure ^A	Percent of Program Spent on Employment Support/Transition Services	Percent of Program Spent on Youth
Adolescent Clinical Treatment	\$1,665,161	CSSD and program income	275	275	\$6,055.13	N/A	100%
Adult Behavioral Health Services	\$2,473,04	CSSD and program income	N/A	N/A	N/A	N/A	N/A
Alternative Incarceration Centers	\$15,160,970	CSSD and program income	275**	N/A	N/A	N/A	N/A
Alternative to Detention Program	\$5,019,293	CSSD and program income	59*	N/A	N/A	N/A	N/A
Building Bridges	\$1,040,000	CSSD and program income	189*	189	\$5,502.65	N/A	100%
Center for Assessment Respite and Enrichment	\$1,728,030	CSSD and program income	200-300	200-300	\$5,760.1- \$8,640.15	N/A	100%
Juvenile Risk Reduction Centers	\$2,265,048	CSSD and program income	624	624	\$3,629.88	N/A	100%
Latino Youthful Offenders Services	\$399,401	CSSD and program income	25*	25	\$8,292.60	N/A	100%
Mediation Services	\$1,313,698	CSSD and program income	N/A	N/A	N/A	N/A	N/A
Multisystemic Therapy	\$5,897,447	CSSD and program income	693	693	\$8,510.02	N/A	100%
Residential Services	\$5,842,282	CSSD and program income	178*	N/A	N/A	N/A	N/A

^AThis number represents beds or slots in the program, not actual clients served.

**In FY06, the structure of AIC has changed. Slots are no longer allotted for each provider; CSSD is currently developing an estimate of the number of clients that are served by AIC per year. This fiscal year, programs are being told to take in as many clients as the program can accommodate.

***Program participants receive services for an indeterminate period of time

Identified System Barriers:

The following system barriers and suggestions were identified by agency staff.

The lack of community resources for at-risk children is one barrier identified by agency staff. CSSD suggests working with front-end prevention services in the communities, so that children completely avoid court interaction. The local systems of care need to be adequately funded to meet the mental health needs of the child and youth population in Connecticut.

There is no continuum of services for court-involved youth age 16 and 17 in Connecticut. The majority of CSSD Adult program do not cater to the developmental needs of this population. At the same time, they are too young for DMHAS services and for the most part too old for DCF services.

Stronger connections need to be developed between CSSD, DCF, DOC, DOL, and SDE to partner around the educational and vocational needs of court-involved children and youth in Connecticut. The work of the interagency Youth Vision Team is laying the

foundation for a collaborative effort to support successful outcomes for youth transitioning to the workforce.

Screening for educational disabilities needs to be strengthened across agencies. Access to educational advocacy and support services are needed for children and youth struggling in and out of school in order to provide access to appropriate services and educational/vocational opportunities.

Clarification of confidentiality laws and agency policies and procedures are needed to facilitate the exchange of information between agencies and providers serving the same clients.

Employers lack the confidence to hire individuals who are both disabled and have a criminal record.

DEPARTMENT OF CHILDREN AND FAMILIES

Overview:

The Department of Children and Families (DCF) is established under Section 17a-3 of the Connecticut General Statutes as a comprehensive, consolidated agency serving children (under age 18) and families. As a consolidated children's service agency, DCF has statutory responsibility for child welfare, substance abuse, juvenile justice and prevention services, and children's mental health services. DCF is mandated to license, monitor and evaluate certain categories of services provided by private and community providers, including outpatient mental health clinics for children, extended day treatment services, foster homes, group homes and emergency shelters, and residential treatment centers. In executing its mandates, DCF follows a system of five principles:

- *Principle One – Families as Allies:* The agency respects the integrity of families, and understands the importance of attachments between family members. Family involvement and self-determination in the planning and service delivery process is essential.
- *Principle Two – Cultural Competence:* Children and families will receive services in the context of their own family rules, traditions, history, and cultures.
- *Principle Three – Partnerships:* When serving children and families, the Department is part of the community, working in association with community leaders so that services are local, accessible, and individualized.
- *Principle Four – Organizational Commitment:* A successful organizational structure promotes effective communication, establishes clear directions, defines roles and responsibilities, values the input and professionalism of staff, creates a supportive, respectful and positive environment, and endorses continuous quality improvement and best practice.
- *Principle Five – Work Force Development:* The work force is highly qualified, well trained and competent, and is provided with the skills necessary to engage, assess, and intervene to assist children and families achieve safety, permanence and well-being.

DCF is also a direct provider of services, operating a children's psychiatric hospital (Riverview Hospital), a residential treatment program (High Meadows and the Connecticut Children's Place), and a facility for male adjudicated juvenile offenders (the Connecticut Juvenile Training School). Girls who are adjudicated as delinquent and committed to DCF by juvenile court receive services at DCF operated facilities, at private residential programs in the community and in their own communities while they live at home.

Agency Mission Statement:

The mission of the Department of Children and Families is to protect children, improve child and family well-being and support and preserve families. To accomplish these

efforts, DCF works within individual cultures and communities in Connecticut, and in partnership with others.

Employment Supports, Training, Literacy or Self-Sufficiency Services to Transitioning Youth with Disabilities:

DCF offers training, self-sufficiency, rehabilitation, and life skills supports in each of its many programs.

Agency Definition of Disability:

The agency does not define disability for their service provision. They do provide services to individuals with any kind of disability.

CHILD WELFARE SERVICES

The Bureau of Child Welfare Services provides an array of services that focuses on the safety and well being of children. Most services, excluding education, are provided through community rehabilitation providers. The agency provides a wide range of services to children, including placement services, in-home services, foster care, group home care, life skills training, and other self-sufficiency skills training. Services are provided to individuals that have been committed to the Department before the age of 18. If an individual is attending college, they may remain with the department until the age of 23. There are four major divisions within the Bureau of Child Welfare Services. In order for any youth to participate after 18, it is voluntary.

- **Hotline:** open 24 hrs/7 days a week to receive calls from people with questions, concerns, and reports of child abuse and neglect. The Hotline also provides evening, weekend, and holiday investigation responses to immediate situations concerning abuse and neglect of children. In addition, the Special Investigation Unit (under the Hotline umbrella) investigates reports of abuse and neglect of children in residential care facilities. Hotline staff is available to provide information to the community and professionals. It is also available to specific employers in need of background checks. Calls and concerns from DCF foster/adoptive parents are now also being handled by the Hotline. In 2005, the Department accepted 30,594 reports of abuse or neglect, of which 7,705 reports were substantiated, with 11,226 children being substantiated as abused or neglected.
- **Office of Foster and Adoption Service (OFAS):** responsible for the coordination, planning, and implementation of foster care and adoption initiatives statewide. On any given day there are 3,500 children in out of home care. Some of the children are hard to place due to their special needs and/or need for a home that will take a sibling group. Therefore, OFAS, in coordination with regional office Foster Care and Support Units, provides ongoing recruitment efforts (Open Houses), assessment, training and licensing/support services of foster care and adoptive parents. Specialized recruitment is also provided through OFAS in collaboration with regional

staff. This office is also responsible for out of state inquires and maintains a photo listing of children awaiting adoption.

- **Child Protective Services:** primarily carries out DCF's mandate and responsibility to investigate all reports of alleged child maltreatment and to provide services to all children found to be in such a condition. There are 14 regional offices located throughout Connecticut. A variety of services are provided to children in their homes as well as children in temporary and permanent placements - such as foster care, youth shelters, residential facilities, group homes, pre-adoptive homes. Voluntary Services offers support to families who contact the agency and meet the requirements. In order to best serve families with multiple needs, DCF contracts with numerous agencies to provide services such as psychiatric/psychological/therapeutic, anger management, parenting classes, parent aides, domestic violence, substance abuse, family preservation and reunification. All of these services are prepared to meet the needs of people of all ethnic/cultural backgrounds and are able to provide services in various languages.

ADOLESCENT DIVISION

Services from the Adolescent Division are provided to any youth aged 14 to 18 that has been committed to the Department. After an individual turns 18 their receipt of services is voluntary. It is the goal of DCF to strengthen its capacity to assist all committed youth in out-of-home care in their transition to an independent and productive adult life. To address this goal, the Department has developed a comprehensive, individualized, and coordinated program of services to meet the needs of youth in every facet of out-of-home care. The Adolescent Division operates 14 group homes and 2 maternity homes for pregnant and young mothers.

Independent Living Program:

The Independent Living Program is designed to assist DCF-committed youths to transition from group care services to self-sufficient and productive living.

- **Community Life Skills Program** - Community based life skills education and training programs for youth in foster care and other community settings. Admission criteria for the Community Life Skills Program are limited to DCF-involved youth between the ages of 14-18, residing in out-of-home placements within the community, with priority given to DCF-committed youth. The central component of the program is the community-based service model to provide life skills training, as well as the utilization of the DCF Life Skills Curriculum as the educational model for program participants.
- **Preparation for Adult Adolescent Self Sufficiency (PASS)** – Group Homes for youth ages 14-21 in out of home care who are ready for a less restrictive setting than a residential program and need to learn skills such as life skills, education, pre-employment, vocational and community connections that will allow them to move gradually to an interdependent and successful young adulthood. The second

component of this continuum is the SWEPT (Supportive, Work, Education and Transition Program), which is a semi-supervised transitional living program for youth ages 16-21. The goal of these programs is to prepare youth for adulthood, develop safe, secure family relationships and create linkages for youth within the community. Youth will continue to receive the life skills, educational assistance, employment and vocational supports which they will need to succeed.

- **Community Housing Assistance Program (CHAP)** - A semi-supervised, subsidized, housing component for youth ready for less supervision and more independence. To be eligible for CHAP, an individual must be DCF-committed, 17 years of age or older, be enrolled or have completed a DCF Life Skills Program, be employed at least part-time, and be enrolled in a full-time educational or vocational-educational activity. The adolescent specialist develops a monthly budget with the youth based on general living expenses. The maximum monthly subsidy allowable statewide is \$1,698, based on regional rent prices. The participant must follow a strict budget plan while participating in the program. CHAP utilizes 28 providers statewide for its services.

Treatment Planning:

The treatment planning process begins with the Independent Living Plan and Conference that provides the roadmap for independent living service delivery, and ends with the Transitional Living Plan and Conference which serves as the discharge, or transition from care plan.

- **Adolescent Planning Conference** – The mandate of this policy is that every youth in out-of-home care have a separate planning conference. The purpose of the conference is to determine the adolescent’s case goal and to put in to place the services which will allow for the accomplishment of the goal. Those to be invited are youth, significant adult, social workers, and a permanency planning team representative. This plan will then be reviewed through the treatment plan conferences. A second mandated plan will be held at the time of the youth’s 17th birthday to ensure his/her needs/goals are being met.
- **Adolescent Discharge Plan** - At least six months prior to the anticipated discharge from Department care, a conference is held to finalize an Adolescent Discharge Plan for all youth age 16 or older in out-of-home placement. The conference will determine the date the youth is scheduled to exit Department care, the youth’s anticipated living arrangements, sources and amount of income, assistance to be provided by the Department, and the specification of any aftercare services that will be necessary.

Support Programs and Services:

To support the Treatment Planning and Independent Living Program, DCF has a number of specific programs and opportunities that provide transition and life skills training to foster self-sufficiency.

- **Mentoring** – provides youth with a contact to their community other than the DCF Social Worker. Mentors and youth work together on a one-on-one basis to resolve issues identified by the youth. There are currently eight federally funded mentoring programs, and the agency is currently in the process of centralizing all foster care mentoring services.
- **Community Meetings** – the Independent Living Coordinator holds meetings every 6 months to solicit active community involvement from individuals and community groups regarding adolescent issues. Meeting discussions revolve around the unique problems facing youth leaving foster care, the region’s volunteer mentoring program, and further adult outreach in the community.
- **Youth Advisory Boards** – Youth Advisory Boards are in the process of forming in each of the 12 are offices. Each Board will be comprised of youth in out-of-home care. The Boards will address Department policies and procedures involving youth issues and the unique problems of youth transitioning from out-of-home care. A total of 60 youths will participate on the Boards. Also, the participants plan and coordinate an annual conference for younger children in DCF care.
- **CHEER Career Track** – the Department offers a Community Housing, Educational and Employment Resources program that provides financial assistance to youth 18 years of age or older who have graduated from high school or obtained a GED and demonstrated an interest in pursuing post high school employment services and apprenticeship programs.
- **Post Secondary Education Program** – the Department offers all previously-committed youth turning 18 the opportunity to continue with services on a voluntary basis. This allows for youth to participate in educational and training programs (e.g. college, vocational/trade schools, Job Corps, AmericCorps) and receive continued support from DCF.
- **Post Secondary Educational Support Program** – DCF has recently hired a Pupil Services Specialist to work within the Bureau to provide support to all DCF youth participating in the Post Secondary Educational Program. This position will support DCF youth and assist in maximizing their outcomes towards becoming successful adults. This position requires the staff member to be a State Certified Teacher with a proven history of working successfully with DCF youth.
- **Driver’s Education Program** – DCF youth must successfully complete a certified driver’s education program in order to obtain a driver’s permit or license. The Department will pay 50% of the cost of the driver’s education program.
- **Jim Casey Initiative** – in partnership with Connecticut Voices for Children, the Department was awarded the Jim Casey Youth Opportunities Initiative Grant to support systemic change and improve the outcomes of foster youth leaving care in the areas of youth leadership, youth engagement, employment, housing and physical and mental health. The initiative serves 45 individuals – 40 in Hartford and 35 in Bridgeport, with large amounts of data being collected.
- **Department of Labor** – The Department works in collaboration with the office of Workforce Competitiveness and the Workforce Investment Boards, which

- assist youth and community stakeholders in the planning and creating of employment opportunities for youth across Connecticut. DCF Adolescent Services has recently become a strong partner with DOL.
- **Fatherhood Program Initiative** – The Department is developing an initiative to work with young fathers to improve the well being of their children by increasing the proportion of children growing up with involved, responsible and committed fathers.
 - **Black Greek Alliance** – BGA is a group of DCF employees who are members of Black fraternities and sororities. The employees seek to enhance youth engagement practices and to provide advocacy towards educational achievement, job readiness/vocational skills and social stability. This work targets youth of African American heritage in an attempt to impact culturally relevant services including the disproportionate number of African American youth in the child welfare system.
 - **Wilderness School** – offers high impact wilderness programs in order to foster positive youth development. The school is designed as a journey experience, which is based on experiential and therapeutic learning models.
 - **Safe Harbor Program** – A collaboration between the Department and True Colors, Inc. The program was created to provide culturally competent, affirming service training for foster parents, adoptive parents and providers on issues regarding Lesbian, Gay, Bi-sexual, Transgender, Questioning and Inter-Sex youth.
 - **Job Corps Program** – a no cost educational and vocational training program, administered by the U.S. Department of Labor that helps youth between the ages of 16-23 by providing comprehensive job training and placement. The Department presently has 25 slots between the two CT sites for DCF-involved youth. There are other locations in the New England area that can be accessed for youth who are interested in training not offered at the CT sites. There are currently 14 DCF youths participating.

Regional Adolescent Services Staffing:

Regional staffing for the services outlined above is overseen by Adolescent Specialists. These Specialists are responsible for providing services to committed youth in out-of-home placements whose permanency goal is not reunification. These Specialists work with the youth in the development of the individualized independent living case plan, and provide case management to youths throughout their time with the department.

Eligibility Criteria:

To be eligible for services within the Adolescent Division, an individual must be DCF-committed and involved in an out-of-home placement.

Average Length of Time Consumers Participate:

There is no average length of time that youths participate in Adolescent Services. A majority of the youths will have been DCF committed since early childhood, while others individuals will be receiving services voluntarily. Tracking an average length of time therefore is difficult.

Success Measurement:

Success can be measured on a per contract basis by examining the percentage of children that are attending school or currently meeting a measurable requirement in their services. Depending on service category though, different data is collected – mostly at entry and discharge.

UNIFIED SCHOOL DISTRICT II

The Unified School District II is a school district established by Connecticut General Statute which operates within the Department of Children and Families under the supervision of a Superintendent of Schools. It provides educational services to students who reside in DCF facilities and whose treatment needs require they receive their education within the facility. It also provides educational services to students who are no-nexus and who have been placed by DCF in a private residential facility, psychiatric hospital or in the residential component of a Regional Education Services Center. (Discussion of DCF facilities is located under the Behavioral Health Services heading that follows.)

USD children and youth benefit from and receive a very structured, intense, and comprehensive diagnostic and evaluation services in an integrated program of treatment that provide opportunities for academic, vocational, physical and behavioral growth. The mission of USDII is to prepare children and youth to function successfully in a variety of life roles, including those of individual, citizen, producer, consumer, learner and facility member. This mission is accomplished through the provision of K-12 regular and special education comprehensive programs.

No Nexus Students:

No-Nexus status exists for a child only if one or more of the following criteria are applicable to each parent or guardian of the child:

- Parental rights have been terminated.
- The parent or guardian is deceased.
- The whereabouts of the parent or guardian is unknown.
- The parent or guardian does not reside in Connecticut
- The parent or guardian resides as a patient in a treatment facility and does not maintain a Connecticut residence.

- The parent or guardian resides as an inmate at a correctional facility and does not maintain a Connecticut residence.

No Nexus students are those children that are in private residential care, having moved from state facilities, and therefore have had no previous contact with any LEA. Once released from residential treatment, it becomes the responsibility of the LEA to provide comprehensive special education services to these children, as individual towns are ultimately responsible for the group homes located within their territory.

At the age of 15, students in the DCF-managed facilities will receive three transition goals as part of their Individual Education Plan (IEP). The three transition goals are titled: Community Participation, Employment/Post-Secondary Education, and Independent Living. There are child-specific objectives listed under each of these goals. Students will continue receiving services under their IEP until the age of 22, even if the level of credits needed for graduation has been attained. If all credits have been earned, the PPT will determine the student's needs, often focusing on transition goals. Most individuals will then transfer into adult mental health services or supervised living. Other students will transition into higher education or vocational training.

The agency has six educational coordinators statewide. One of the coordinators works with adjudicated children that have been placed on parole to involve them either with the unified school district or with the LEA. The five other counselors are in each of the regions and assist social workers in tracking the movements of children between group homes, state facilities, and reunification. The 603 Forms track every movement of the child between state facilities and group home placement. DCF utilizes the 603 form to advise the LEA about a no-nexus child to be put in a placement under the school board's jurisdiction. Fields on this form advise the LEA on the following:

- Student Name
- Date of Placement
- Whether Nexus Exists
- Reason for No-Nexus
- Special Education Needs
- Date of Birth
- Type of Placement
- Name/Address of Parent
- Whether Child under DCF Guardianship

Eligibility Criteria:

Access to USD II services is limited to DCF-committed youth who reside in DCF facilities or are No-Nexus students living in residential group homes. There are specific eligibility criteria for the four DCF facilities that are discussed below under Mental Health Services.

Average Length of Time Consumers Participate:

Information on average length of time is being gathered from USDII representatives.

Success Measurement:

While there is no standard definition of success for children involved in the agency's Unified School District, there are factors that can be measured that may provide an idea of success rate. The number of students receiving diplomas either from the state facilities or from the LEA's would be one indicator. Also, examining how many students have met the transition goals of their IEP would be another.

BEHAVIORAL HEALTH SERVICES

DCF has statutory authority to provide for children's behavioral health services. The Department operates Riverview School, High Meadows Residential Treatment Center, and the Connecticut Children's Place. Through Connecticut Community KidCare, the department also provides funding for a broad array of clinical and other services in the community, including Child Guidance Clinics, Extended Day Treatment Programs, Emergency Mobile Psychiatric Services, Respite Care, Family Advocacy and Intensive Case Management. The Department also shares responsibility for serving children in the juvenile justice system with the Judicial Branch, Court Support Services Division (CSSD). As part of its Juvenile Justice services, the agency also operates the Connecticut Juvenile Training School.

Connecticut Juvenile Training School:

Located in Middletown, CJTS is the state's only secure treatment facility for boys ages 12-17 who are committed delinquent. The average age of boys admitted in 2005 was 15 years, 10 months. The facility is currently operating with a total bed capacity of 122. The average length of stay for boys discharged from CTJS in 2005 was 4.9 months. Of the 218 admissions in 2005, 37% were admitted directly from court, 31% from residential placement, 18% from home, 8% from AWOL status (either from a pass from CJTS or from residential placement), 6% from an adult correctional facility, and <1% from a hospital. A risk assessment tool was implemented in 2005 that identifies boys risk level at intake and used to guide placement decisions. A needs assessment tool that identifies the factors that contribute to delinquency was piloted and fully implemented in 7/06.

Programming at CJTS includes the following:

- Clinical: Clinical services include individual therapy, family therapy, a family support group, Seven Challenges (a substance abuse treatment program), Aggression Replacement Training and various time-limited psycho-educational groups.

- Rehabilitation: Programs provided by the Rehabilitation Department include intramural sports, art therapy, music therapy, off grounds trips such as a fishing trip and attendance at sporting events, a media production group, and recreational and life skills programming offered in collaboration with the Boys and Girls Club.
- Residential: Programs offered by residential staff includes athletic events, passive leisure time activities and Positive Peer Culture (PPC), an evidence-based program utilized in adolescent residential facilities throughout the world. The PPC program seeks to establish a therapeutic milieu based on the notion that young people have the ability to work together to solve their problems.
- Education: **The Walter G. Cady School** is located within the Riverview School of Middletown, and provides services for male adjudicated youth. The School offers a full range of academic courses, literacy programs, and a variety of vocational programs, including culinary arts, building trades, horticulture, graphic arts, advanced computer application, electronics, and commercial cleaning. The Cady School has approximately 120 students enrolled in the school at any given time.
- Project Choice Mentoring Program: offers a continuum of mentoring opportunities for youth who are residents of the Connecticut Juvenile Training School while they are living at the facility, as well as when they are reintegrated into their home communities. Youths are paired with DCF and CJTS staff as well as community volunteers.
- Family Nights: The facility sponsors family nights where family members join staff and residents on grounds for an evening meal and programs. The highlight of this program was a Holiday event in December that was attended by 206 family members.
- Department of Labor and Trades Union Apprenticeship Program – Collaboration with Connecticut Department of Labor and the Trade Union Apprenticeship programs allowed eligible CJTS residents to visit local apprenticeship programs and worked to place residents in these programs at discharge.
- Boys and Girls Club – Saturday programming was provided to all residents for three (3) months by area Boys and Girls Club staff. This was expanded to 20 hours of on-site programming weekly beginning February 2006 and a pilot re-entry project that will provide intensive case management.

Riverview School:

Also located in Middletown, Riverview School is the only state supported psychiatric hospital for children and adolescents ages 5 through 17 in Connecticut. Patients are admitted to Riverview when their emotional disturbances, mental illness and/or personality disorder is so severe that they are at high risk or a danger to themselves or others, and intensive 24-hour care and treatment is necessary in a protected environment. Riverview has 98 beds.

High Meadows:

Located in Hamden, High Meadows is a residential treatment facility for severely emotionally disturbed adolescents between the ages of 12 to 17 who require intensive and comprehensive services, but who do not require the most restrictive environment available. High Meadows residential treatment program is for those whose behavioral and emotional disturbances are such that treatment can only be effected in a setting which protects the youth and/or community in a structured, 24-hour per day, environment. High Meadows is a 42 bed facility. Children in this residential facility may attend local public schools after a Placement Review Team and the LEA make a determination.

The Connecticut Children's Place:

Located in East Windsor, the CT Children's Place (formerly known as The State Receiving Home) is a 42-bed residential diagnostic center for children and youth ages 10 to 18 in need of protection due to abuse, neglect, abandonment, unmanageable behavior or sudden disruption in their current placement or residence. An emergency component responds to those in need of immediate removal from their current setting and for whom there are no interim placement resources. Diagnostic and evaluation services are available for children and youth requiring a therapeutic plan for future placement. CCP also provides brief treatment until a more permanent setting can be provided for the child. Children in this residential facility may be attending local public schools after a Placement Review Team and the LEA make a determination.

Eligibility Criteria:

There are no formal eligibility criteria for Behavioral Health Services. Eligibility determinations are relegated to an individual assessment-based determination.

Eligibility for the Connecticut Juvenile Training School is restricted to adjudicated youths. Eligibility for the Riverview Hospital is granted to youths with severe emotional and psychological disorders that represent a threat to themselves and others. High Meadows is reserved for severely emotionally disturbed adolescents who require 24 hour supervision in a structured setting. Eligibility for the Connecticut Children's Place is limited to youth victims of severe abuse or neglect, with unmanageable behavior, or whose residential placement has been disrupted. This is eligibility for the residential facilities; if they are part of the facilities they would be involved in schools.

Average Length of Time Consumers Participate:

Like Adolescent Services, there is no average length of time that children receive Behavioral Health Services.

Success Measurement:

DCF utilizes a set of positive outcome measurements to examine the success of its programs. The Positive Outcomes for Children measurements are listed as follows:

1. Commencement of Investigation	At least 90% of all reports must be commenced same calendar day, 24 hours or 72 hours depending on response time designation.
2. Completion of Investigation:	At least 85% of all reports ¹ shall have their investigation completed within 45 calendar days of acceptance by Hotline.
3. Treatment Plans:	At least 90% of cases ² shall have treatment plans that are clinically appropriate, individualized, developed with family and community members and approved within 60 days of opening in treatment, or a child's placement out of home.
4. Search for Relatives:	For at least 85% of children in placement, DCF shall conduct searches for relatives, extended or informal networks, friends, family, former foster parents or other significant persons known to the child. Excludes Voluntary cases.
5. Repeat Maltreatment:	No more than 7% of children ¹ who are victims of substantiated maltreatment during a 6-month period shall be the substantiated victims of additional maltreatment within 6 months.
6. Maltreatment of Children in Out-of-Home Care:	At least 60% of children who are reunified with parents/guardians shall be reunified within 12 months of their most recent removal from home. Excludes Voluntary cases.
8. Adoption:	At least 32% of children who are adopted shall have their adoptions finalized within 24 months of their most recent removal from home. Excludes Voluntary cases.
9. Transfer of Guardianship:	At least 70% of all children whose custody is legally transferred shall have their guardianship transferred within 24 months of their most recent removal from home. Excludes Voluntary cases.
10. Sibling Placement:	At least 95% of siblings currently in or entering out-of-home placement shall be placed together unless there are documented clinical reasons for separate placements. Excludes Voluntary cases and children for whom TPR has been granted.
11. Re-entry into DCF Custody:	No more than 7% of all children entering DCF custody shall re-enter care within 12 months of a prior out-of-home placement. Excludes Voluntary cases.
12. Multiple Placements:	At least 85% of children in DCF custody shall experience no more than 3 placements during any 12-month period, excluding respite, hospitalizations lasting less than 7 days, run-always, home visits, and CJTS. Excludes Voluntary cases.
13. Foster Parent Training:	Foster parents shall be offered 45 hours of post-licensing training within 18 months of initial licensure and at least 9 hours each subsequent year. However, relative, special study and independently licensed foster parents require 9 hours pre-service.
14. Placement Within Licensed Capacity:	At least 96% of all children placed in foster homes shall be in foster homes operating within their licensed capacity, except when necessary to accommodate siblings.
15. Needs Met:	At least 80% of all families and children shall have their medical, dental, mental health and other service needs provided as specified in the most recent treatment plan.
16. Worker-Child Visitation; Out-of-Home:	All children must be seen quarterly by a DCF social worker. At least 85% of children ² in out-of-home care shall be visited at least once monthly. Private agency social worker visits may count for monthly visits if the content of the visit is documented in LINK.
17. Worker-Child Visitation; In-Home:	At least 85% of all in-home cases shall have a social worker visit at least twice a month. All visits must be documented in LINK.
18. Caseload Standards:	No DCF social worker's caseload shall exceed the standard for more than 30 days.
19. Residential Reduction:	No more than 11% of the total number of children in out-of-home care shall be in residential placements. Includes Voluntary cases.
20. Discharge Measures:	At least 85% of children age 18 or older shall achieve specified educational/vocational goals prior to discharge (e.g. high school diploma, full time employment).
21. Discharge of Mentally Ill or Mentally Retarded:	DCF shall submit a written discharge plan to DMHAS or DMR for all committed or dually committed children ³ who are mentally ill or retarded and require adult services, within 180 days prior to anticipated discharge date.
22. Multi-Disciplinary Exams (MDE):	All children entering DCF custody must have an MDE. At least 85% of these must have had their MDE completed within 30 days of placement.

VOLUNTARY SERVICES

Voluntary services are DCF operated programs for children and youth with serious emotional disturbances, mental illnesses and/or substance dependency. This program is only for families who are not abusive or neglectful. Voluntary services emphasize a community-based approach and attempts to coordinate service delivery across multiple

agencies. At the foundation of this program is the requirement that parents and families are involved in the planning and delivery of services to their child or youth. Voluntary services reduce reliance on restrictive forms of treatment and out-of-home placement and ultimately, promote positive development.

An individual must be referred into Voluntary Services before the age of 18. There is an automatic age-out of voluntary services at the age of 21, unless the individual is enrolled in college, in which case they may receive services until the age of 23.

Eligibility Criteria:

A child is eligible for voluntary services if they have a serious emotional or behavioral disorder, if they have an emotional disturbance or is substance dependent, if their treatment needs cannot be met by the parent or guardian and if the child has not reached the age of 18 at the time of referral. Children are not eligible if they have an active protective case with the Department or the Department is in the process of investigating the family. However, exceptions to this rule can be made on a case by case basis.

Average Length of Time Consumers Participate:

There is no measurable average length of time that consumer's receive services voluntarily.

Success Measurement:

If the needs of the individual plan developed with the family are met, the case will be closed.

Data Collection:

Agency Maintains a Data Dictionary Agency Does Not Maintain a Data Dictionary

DCF collects a large amount of data on the populations that it serves. The chart below highlights some of the information collected in the LINK system: SSN is in the LYNK system.

- Consumer Address
- Assessment
- Background Check
- Mental Health Diagnosis
- Mental Health Treatment
- Consumer Budget
- Case Plan Information
- Adoption Information
- Assignment
- Bed Reservation
- Mental Health Referral
- Mental Health Treatment
- Case Closure
- Child Behavior

- Child Evaluations
- Child Health Issues
- Medicaid Report
- Education
- Employment
- Health Needs
- Independent Living
- Inquiry Narrative
- Investigation
- LEA History
- Living Arrangement
- Placement Request
- Risk Assessment
- Service Needs
- Special Education
- Treatment Plan
- Social Security Number
- Child Strengths
- Child Visitations
- Court History
- Eligibility
- Family Health History
- Home Inquiry
- Inquiry Form
- Inquiry on Sibling
- Investigation Appeal
- Legal Action
- Medical Profile
- Provider of Services
- Sibling Placement
- Service Type
- Special Needs
- Visit Plan

MOUs/MOAs:

Partnering with Sister Agencies:

DCF has a system to identify youth at the age of 15 who will need mental health care as adults. This triggers a referral to the Department of Mental Health and Addiction Services (DMHAS) for Young Adult Services. The target population for the DMHAS Young Adult Services (YAS) program is DCF- involved youth between the ages of 18 and 23 who have been diagnosed with a major mental illness and have a history of psychiatric hospitalizations, outpatient treatment, taking psychiatric medications, and residential treatment. This may include consumers who have a major mental illness along with a history of sexually offending/sexually reactive behavior that puts the community at risk, and those who have been diagnosed with a Pervasive Developmental Disorder and demonstrate behaviors that put the community or themselves at risk.

Through DMHAS Local Mental Health Authorities, consumers receive services that include: supported apartments, case management, outpatient treatment, medication management, individual, group, and family therapy, independent living skills training, school/vocational training, age and developmentally appropriate social supports, specialized sex offender services (when applicable), and social rehabilitation and recreation. The DCF referral form for this population contains the following fields:

- Client Name, Gender & DOB
- Social Worker Name & Supervisor
- SSI Application Complete
- DMR Client
- Ethnicity & Primary Language
- Social Security Number
- Receiving SSI
- DCF Committed Status

- Guardian Name & Address
- Plans for Reunification
- DMHAS Service Category
- Education Status at Transition
- Educational Nexus
- Criminal Activity
- On Parole/Probation
- IQ Scores
- Applied for, Denied, Appealed to DMR
- Foster Parent Name & Address
- Type of Current Placement
- Anticipated Level of Care Needed
- Current Grade Status
- Special Education
- Parole Officer Name
- DMHAS Diagnosis (Axis I,II,III)
- DMR Potentiality
- Past Head Injury

There is a MOU between DCF and DMHAS that keeps a child's DCF case open until the age of 21 if the child has been transferred to YAS and remains in high school, college or a vocational program. In these cases, DCF will fund services for the youth at DMHAS. If the child reaches the age of 21 and requires adult services and supports, but does not qualify for Adult Services at DMHAS, DCF will not close the child's case without finding alternate arrangements.

If a child does not qualify for services as an adult at either DMHAS or DMR, and the formal appeals process between the two agencies has been exhausted, DCF will request an interagency case conference. The Department reports that it is usually successful in convincing a sister agency of the youth's needs, and a plan is created to transfer needed services. After the age of 18, all services at DCF are voluntary. If an individual refuses services after age 18 and before the referral process is complete, they have a greater chance of becoming homeless or incarcerated. Of particular concern are individuals whose referral to YAS is not complete, as the target population for this program is 18-26.

Individuals with pervasive developmental disorders will be referred to DMHAS or DMR depending of their cognitive functioning. DCF will work with its sister agencies through the interagency case conferencing model to reach an agreement with the agency that will become responsible for the youth at transition. If DCF were working with DMHAS, individuals from both Commissioners' staff would be on hand, as well as the DMHAS Medical Director and the DCF Behavioral Health Division Head functioning as chairs of the meeting.

DCF will also make referrals to the DMR Voluntary Services program, which was created in FY2006. As of August 2006, 146 children had their cases transferred to DMR for Voluntary Services. An additional 47 children, who were themselves new transfers to DCF in July, 2006, were transferred to DMR Voluntary Services.

Community Rehabilitation Providers:

DCF utilizes a large number of Community Rehabilitation Providers throughout the state to in its provision of services. The following provides a breakdown of the types and number of facilities administered by providers:

Service Type	Number of Providers	Licensed Bed Capacity
Group Homes	45	263
Group Home – Maternity	2	48
Receiving Home	1	8
Residential Education	4	385
Residential Treatment	19	793
Residential Treatment – Subacute	3	44
Res. Treatment – Substance Abuse	2	32
Temporary Shelter	13	149
Temporary Shelter – Subacute	1	17
Extended Day Treatment Facilities	27	496
Outpatient Psychiatric Clinics	47	-
Child Placing Agencies	47	-
Permanent Family Residences	5	-
Out-of-State Approved Adoption	205	-

The agency reports that all children involved in DCF programs receive some form of vocational rehabilitation in varying degrees depending on placement. The agency does not track vocational services specifically as a service provision.

Budget:

Program Name	FY 05 Expenditures	Funding Source	FY 05 # of Clients Served	FY05 Per Client Expenditure	Percent of Program Spent on Employment Support/Transition Services	Percent of Program Spent on Youth
Adolescent Division						
	\$ 7,707,383	State				
	\$ 2,326,351	Chafee, ETV				
Total Adolescent Div.	\$ 10,033,734					100%
Unified School District						
	\$ 17,544,324	State				
	\$ 493,872	SDE				
Total USDII	\$ 18,038,196					100%
Mental Health Services						
	\$ 226,319,885	State				
	\$ 11,572,320	Federal				
Behav. Health Facility	\$ 243,266	Private				
Total Mental Health Serv.	\$ 238,135,471					100%
Voluntary Services *	Not Available					
*Voluntary Services Clients receive services that are part of Mental Health Services.						
Program Name	FY 06 Expenditures	Funding Source	FY 06 # of Clients Served	FY 06 Per Client Expenditure	Percent of Program Spent on Employment Support/Transition Services	Percent of Program Spent on Youth
Adolescent Division						
	\$ 10,087,326	State				
Chafee, ETV	\$ 2,346,173	Federal				
Total Adolescent Div.	\$ 12,433,499					100%
Unified School District						
	\$ 17,726,157	State				
SDE	\$ 371,260	Federal				
Total USDII	\$ 18,097,417					100%
Mental Health Services From Current Services BR-2						
	\$ 248,972,956	State				
	\$ 9,068,946	Federal				
	\$ 1,002,356	Private				
Total Mental Health Serv.	\$ 259,044,258					100%
Voluntary Services *	Not Available					
*Voluntary Services Clients receive services that are part of Mental Health Services.						

Identified Systems Barriers:

The services DCF provides to children are not tracked by disability, but rather by the particular needs of the child. The agency cannot track the number of children who are mentally retarded and receiving services. DCF has reported that it would be useful to be able to centrally verify a child's disability, especially the 504 and mentally retarded populations.

DCF refers consumers in need of mental health service to DMHAS at the age of 16 (changed from 15). Children who are eligible for MH services from DHMAS will receive a transition plan and will continue their IEP with DCF so that their education expenses will be paid for. However, not all children qualify for YAS, and therefore remain with DCF until the age of 21. DCF children receive very intensive services in group homes. When transferred to DHMAS, this level of service drops off dramatically due to a large population in need and a lack of resource. Likewise, a bottleneck situation ensues where each year a large population ages out of DCF services, inundating the DMHAS Adult Services caseload.

Connecticut does not have a single agency responsible for providing services to individuals with pervasive developmental disorders, such as autism. DCF will provide services to these individuals as children, yet as they reach adulthood, there is no existing safety net to provide these individuals with services.

There exists a transient problem between DCF Social Workers and the children they serve. The Department tries to maintain service continuity in the child's life, yet often these children are moving between homes, sometimes throughout the state, placing a strain on the Social Worker's ability to continuously monitor and provide service to that child. Also, there is often a wide range in age between the children in one particular family, with siblings living in different locations. With these various factors having an impact, data collection from the Social Worker is often done by hand, with collection and reporting language style varying between Social Workers. Querying is therefore often difficult when forms and language do not match in style and substance. DCF reports that it would be helpful to have a single form for data collection, such as the common IEP form issued by DOE.

Of the population that age out of DCF services, 50% will have not obtained a high school diploma, while 25% will become homeless and another 25% incarcerated. Overall, there are not enough services across the spectrum that can continually provide the intensive type of services that are needed for much of this population. While not all children that age out of DCF belong with DMHAS or DMR, they will still need intensive services as adults that are currently lacking.

DEPARTMENT OF CORRECTION

Overview:

The Department of Correction oversees an average of 18,000 inmates; including 8,738 offenders aged 14-30. Connecticut correctional institutions house jail populations who are awaiting sentence or on have been sentenced to short-terms, as well as prison inmates who have been committed to long-term sentences. Male youth offenders are held at the Manson Youth Institution (MYI), while female youth and adult offenders are held at a women's facility called the York Correctional Institution (YCI).

DOC staff suspect that a large percentage of the DOC population would meet the definition of disability as it is broadly defined by this project with learning disability and substance abuse as part of this definition. The DOC operates Connecticut's Unified School District #1 which provides educational services to inmates and is the largest school district in the state. All of the inmates at the Manson facility have IEPs. Inmates participate in programs such as GED preparation, vocational training, and Adult Basic Education, as well as other medical and social treatments.

Mission Statement:

The Department of Correction shall protect the public, protect staff, and provide safe, secure and humane supervision of offenders with opportunities that support successful community reintegration.

Agency Definition of Disability:

The Connecticut Department of Correction does not have an agency definition of disability, though it has directives and policies and procedures that insure reasonable accommodations for inmates who have ADA issues. For this report we will review all DOC transition-related programs, since most programs will have at least one participant who has a disability. A 1996 report from the Bureau of Justice Statistics states that 1/3 of all inmates nationwide report having a physical or mental disability.

Employment Supports, Training, Literacy or Self-Sufficiency Services to Transitioning Youth with Disabilities:

Program Description:

Education:

The Department of Correction is required to provide a comprehensive education to its inmates, particularly those who are still of school age. To meet this requirement, DOC maintains two shifts of teachers on staff at all times to ensure that inmates are able to

attend school during their incarceration. Educational, training, and vocational services provided by DOC to the Manson population include:

Inmate Program	Description of Program
211 Info Line	Helps inmates post-release with food, housing, transportation, substance abuse, domestic violence, childcare etc...
Adult Basic Education	Provides instruction in basic academic skills
Apprenticeship Programs	Programs range from 6 months to 3 years, upon completion students earn DOL apprenticeship certificates
Artists in Residence	Artists provide inmates with basic principles of fine art
Auto Body Technology	Teaches safety, welding, straightening, refinishing, mechanical principles, manual skills, framework and good work habits.
Automation Machining	Students learn machining skills including robot programming
Automotive Technology	Designed to educate students for a career as an automotive technician
Beginners and Advanced Art Programs	Pen, watercolor and painting technique including an exhibition of work
Career/Resources Fairs	A Resource for potential employment and post secondary educational opportunities
Computer Education	Provides an introduction to computer operations
CONNTAC-EOC (CT Talent Assistance Cooperative-Education Opportunity Center)	Representatives assist inmates with post-secondary and financial plans
Creative Writing	Helps students improve their writing
Culinary Arts	Students learn basic safety, sanitation, basic cooking, culinary techniques recipe conversions
Family Education and Therapy	Responsible parenting techniques for inmates with children
Family Re-Entry Program	Program to help individuals and families make a successful transition back to the community, a Re-entry plan is included in this program as well as job skills development
Fatherhood Initiative Program	Promotes positive involvement and interaction of non-custodial Fathers with their children
GED	For students functioning above an 8th grade level who wish to earn a High School diploma
Graphics & Print Technology	Students learn techniques for working in the printing field
Parenting Skills	Assists young fathers in developing basic parenting skills
Small Engine Repair	Teaches the repair of two and four cycle, and marine engines
Special Education and Pupil Services	Students with disabilities receive specialized support
STRIVE Program	Helps inmates find and keep jobs
Teaching English to Speakers of Other Languages/Language Acquisition Skills	An instructional program for students whose primary language is not English
Tech Prep Program/USD1 College Program	Opportunities for students to earn college credit through work with Community Colleges
The Transition Services Program-Video	This is an ongoing interactive video/discussion group which assists inmates with their transition back into the community
Thinking for a Change	Designed to help inmates change the way they think, develop social skills, and improve problem-solving skills
Transition/School to Community	Places students in employment and/or vocational ed programs, and provide inmates with a needs-based transition plan
Youth Offender Program	For offenders up to age 26, a transition counselor provides assistance with counseling to encourage the participant to acquire literacy skills as well as life/job skills while in prison

Due to the limited population of females under the age of 20, female prisoners may not have access to all of the above services. The services provided to female youth inmates are similar to the services provided to older female offenders, and include general education, GED preparation, Adult Basic Education, and hairdressing.

IEP Transition Plan:

Inmates work with the Department's School Planners to develop an IEP Transition Plan before discharge. This plan will help the inmate develop educational and other goals to assist them in planning for their time after discharge. Typical educational goals for an inmate after discharge include obtaining a GED, attending Community College, accessing job training skills, and other employment or education supports.

Adult Services:

Because the target population for this resource mapping exercise includes youth ages 14-30, several adult services programs are included in the review.

Inmates are encouraged to participate in a variety of programs operated within DOC institutions to prepare them for employment when they are released from custody. Counselors ensure that inmates create a plan for their education and/or vocational training when an inmate is processed into a DOC facility.

Upon entering a facility, the inmate is given an Offender Accountability Plan (OAP) which outlines the level of risk and need of an inmate. During incarceration, depending on the level of risk, need, and availability, an inmate will be able to participate in a variety of educational and vocational opportunities designed to help with transition back to the community.

Offender Accountability Plan:

When inmates enter the system, they meet with an Orientation Counselor and an Initial Classification Counselor, who is assigned within two business days of admission to the facility. The Classification Counselor will work with the inmate to develop an OAP based on the offender's scoring on several risk and need factors. DOC will provide resources that address all of the inmate's risk and need scores. The factors that are included in the OAP are:

Risk:

- History of Escape
- Severity of Violence of the Offense
- Past Discipline
- Length of Stay
- Violence History
- SRG Score (gang)

Need (measured on a scale of 1-5, 1 being low need-5 being high need):

- Medical
- Mental Health

- Alcohol/Drug
- Vocational
- Sex Treatment
- Education
- Community Resources

Inmates meet with a classification counselor every six months to review their risk and need scores. Inmates have an OAP for the entire time they are incarcerated. Classification counselors also submit paperwork on behalf of inmates when they are eligible for a security transfer. The classification counselor will ensure that an inmates' medical and mental health needs will be met if there is a transfer to a different facility.

Discharge Plan:

Each inmate is provided with a Discharge Plan 45 days prior to their release. The plan includes detailed information on:

- Who will be picking up the inmate
- Who the inmate will be staying with after release
- Referrals for appropriate candidates to substance abuse treatment and other supports.

If inmates are going to apply for entitlements, they will do so upon release, but in certain instances, they are able to access benefits just prior to release. For example, inmates that have a serious mental illness can apply for SSI while in prison to ensure that services are available upon release. DOC pays the salaries of two DSS benefits staff who work exclusively on DOC discharges.

A discharge counselor works with inmates when their parole dates are coming up or if they are ready for discharge. This counselor discusses the resources the inmate has on the outside, helps them apply for entitlements, and develops the discharge plan. If the client has significant mental health needs, DOC discharge planners will work with DMHAS three months before the end of the sentence to prepare the inmate and DMHAS.

Correctional Enterprises of Connecticut:

Correctional Enterprises of Connecticut (CEC) trains inmates to perform a valuable work activity, so they can return to society as responsible and employable members of the community. The CEC employs inmates to produce dentures, eyeglasses, refurbished furniture, and textiles, as well as working to perform data entry, graphic design, and printing. State agencies, municipalities, nonprofits, schools, and religious organizations are the only groups allowed to purchase goods from CEC. State agencies are mandated to purchase goods from the CEC if their cost is comparable to mainstream supplies.

The CEC also maintains the Private Sector Prison Industry Enhancement program (PSPIE), which enables companies to bring their own equipment to DOC facilities, and train the inmates to develop the company's product. The PSPIE program places inmates in a realistic working environment, pays them the federal minimum wage, and enables them to acquire marketable skills to increase the potential for successful rehabilitation and meaningful employment.

Job Center:

There are five job centers in the DOC system that serve inmates 18 and over. The Job Center program started in 2001, and has since provided employment support to 3,000 inmates. Job centers teach resume building, the attitude of a good employee, application completion, interview techniques, and provide the technology for job searching through the Connecticut Department of Labor database.

A Federal grant pays for the facilities and equipment, and DOC pays to staff the centers. Job Centers are located in pre-release facilities, which are level 2- medium security facilities. Inmates stay an average of 90-100 days in the pre-release facilities.

Paper intake forms are collected on the inmates who take advantage of this program, but the information is not collected in a database. Information collected on the intake form includes:

- Inmate name
- Number
- Date
- Expected release date
- The type of release expected
- The town they will be going to after release
- Does the inmate have a job when they get out?
- If the inmate does not have a job, would they like help finding one?
- What are the four most important things that the inmate needs to assist in finding and keeping a job?
 - Resume Writing
 - Interviewing Techniques
 - Computerized Job Search
 - Mock Interviews
 - Completing a Job Application
 - Addiction Services Program
 - Finding Support in your Community
 - Attitude of a good Employee
 - Overcoming Rejection
 - Job Skills Assessment

- GED/High School Diploma
- Other

The success of the program is not measured.

Eligibility Criteria:

All inmates are eligible for the programs offered by DOC, but no one is required to participate in any of the programs.

Data Collection:

Agency Maintains a Data Dictionary Agency Does Not Maintain a Data Dictionary

DOC maintains information on all inmates in an Access database called the Inmate Information System. DOC staff is able to use the system to look up information on inmates, and also input inmate data. All DOC facilities have access to this database which updates daily. DOC staff use the RT 50 screen to search for basic inmate information. This screen provides the following information for each inmate.

- | | |
|------------------------|---|
| ▪ Name | ▪ Emergency contact information |
| ▪ Race | ▪ Inmate number |
| ▪ Sex | ▪ Date of birth |
| ▪ Hair color | ▪ Location-which facility |
| ▪ Eye color | ▪ Jurisdiction-which court |
| ▪ Height | ▪ Status-sentenced or accused |
| ▪ Weight | ▪ Present status-un-sentenced or primary offense |
| ▪ Number of dependants | ▪ Date of this incarceration |
| ▪ SSN | ▪ Sentence-minimum and maximum |
| ▪ FBI number | ▪ Special Management Issues-i.e. gang involvement |
| ▪ Birth place | ▪ DNA taken-yes or no |
| ▪ Citizenship status | ▪ Registered Sex Offender-yes or no |
| ▪ Home address | |

The RT 60 screen gives a summary of each time an inmate enters DOC custody including date of entrance, length of stay and location of sentence.

The RT 77 screen shows the classification scores for each inmate. These are the risk and need scores that the classification counselor works with and adjusts for inmates when the scores are updated.

DOC staff is able to perform the following functions in the offender database. Some of these functions allow staff to search for inmate information, while other functions update inmate history:

- Release an inmate to parole or supervision
- Send proposed/approved transition plan
- Send release to Halfway House
- Admit new and old inmates
- Court and hospital scheduling by inmate number, court, facility, and court and facility
- Transfer form
- Sentence information
- Records transfers, releases, status change
- Alias Input
- Records name of inmates or staff whom an inmate should be separated from
- Search by name, SSN, or inmate number
- Update security information
- Update Security risks: friends and family information
- Court reporting screen
- Disciplinary report entry
- Online booking
- Housing unit information

The following are additional information collected by the offender database:

- Sentence information
- Counselor information screen
- Inmate movement history
- Counts of inmates housed in any facility
- Historical counts
- Community service population
- Daily residential count
- Visitors
- Security risks: friends and family information
- Housing unit
- Primary work assignment
- Date of entry/exit to facility
- Religious affiliations
- Parole information screen

Success Measurement:

As with correctional systems nationwide, success in the CT DOC is typically measure by the recidivism rate.

Community Providers:

DOC inmates receive services from the following community programs:

Families in Crisis

Families in Crisis, a private agency, works with inmates on a project called the Fatherhood Initiative Program. This program is designed to promote positive involvement and interaction of non-custodial Fathers with their children. The goal for the fathers who participate in the program is for the participants to assume emotional, educational, legal, financial and social roles as fathers. Families in Crisis also works with young fathers at MYI to develop basic family skills in a separate course called Parenting Skills.

STRIDE program

The STRIDE program is operated by a number of non profit affiliates of DOC. This program is designed to help people get and keep jobs, by actively assisting inmates in job placement and offering two-year long post placement support to help graduates succeed.

An individualized transition plan is developed for each STRIDE participant that addresses issues such a how to obtain housing, transportation, medical care, food, proper identification, and child support.

For at least 6 months after release, a STRIDE case manager provides support and advocacy for customers and serves as a liaison between employers, landlords, and family members. STRIDE consumers are non-custodial parents who are scheduled for pre-release or parole from a state correctional facility

The Center for Women and Families

The Center for Women and Families provides group counseling to female inmates who are preparing to return to the community. The Center for Women and Families assists these inmates in preparing a plan for non-criminal means of support, to locate adequate housing, and to enroll in education or vocational training. If an inmate is released into the Bridgeport area, the Center will continue to work with her following release.

Community Partner in Action

Community Partner in Action provides long term case management to inmates 6 months prior to release and 6 months following release. The program assists offenders prepare for and accomplish a successful transition back to the community. Inmates targeted to participate in this program have a history of incarceration, substance abuse, as well as a

lack of education, employment and housing. The program introduces inmates to community agencies that will help secure these resources.

MOUs/MOAs:

DOC has a procedural MOU with DCF regarding information transfer. When an inmate whose guardian is DCF, enters DOC custody, DCF will provide DOC with all pertinent information on the inmate. This communication happens immediately once a DCF child becomes the custody of DOC. This MOU also ensures that DCF is involved in the discharge planning for the individual.

DOC has an agreement with DMHAS regarding the coordination of treatment services and referrals between the agencies. When an inmate has a psychiatric condition that exceeds the limits of what can be provided within a correctional setting and requires hospital level of care, Whiting Forensic Division, provides clinical evaluation, stabilization and treatment. Each referral will be reviewed at the DOC/WFD quarterly meeting. Traditionally inmates are transferred to WFD for less than six months, but the agencies will collaborate on an appropriate treatment plan for long term care.

DOC has an MOU with DSS regarding DSS staff who help discharging intimates apply for benefits. DOC pays the salaries of two DSS benefits staff who work exclusively on DOC discharges.

Referrals:

While inmates are not ‘referred to DOC’, there are a number of instances whereby communication between agencies aids the process of an inmate entering or exiting from the DOC population. DMHAS jail diversion staff will notify jails from court of any DMHAS target person being sent to the jail. DMHAS, through a DOJ grant has staff involved with inmates with serious mental illness at the Garner and York facilities to help aid release.

DOC and DMHAS meet monthly regarding pending discharges of inmates who are DMHAS involved.

When inmates leaves DOC custody, it may be necessary for them to begin receiving services from other state agencies. During the discharge period, DOC and DSS staff provide inmates with the guidance they may need in order to apply for services while they are still in custody, enabling newly released inmates to immediately have access to services.

DOC and DCF also communicate frequently regarding inmates. If DCF is the guardian of an inmate, they will communicate any necessary information to DOC upon entry into the DOC population.

Budget:

Program Name	FY05 Program Appropriation	Funding Source	FY05 # of Clients Served	FY05 # of Youth Served ²	FY05 Per Client Expenditure	Percent of Program Spent on Employment Support/Transition Services	Percent of Program Spent on Youth
Manson Youth Vocational/Job Preparation Services	\$ 485,153	State Funds	280	280	\$ 1,733	100%	100%
York Facility Vocational/Job Preparation Services	\$ 508,190	State Funds	558	68	\$ 911	100%	11%
Job Center	\$ 538,839	State Funds	3,411	0	\$ 158	100%	0%
Correctional Enterprises of Connecticut	\$ 619,621	Revolving Funds ¹	386	N/A	\$ 1,605	100%	N/A
Program Name	FY06 Program Appropriation	Funding Source	FY06 # of Clients Served	FY06 # of Youth Served ²	FY06 Per Client Expenditure	Percent of Program Spent on Employment Support/Transition Services	Percent of Program Spent on Youth
Manson Youth Facility Vocational/Job Preparation Services	\$ 543,708	State Funds	197	197	\$ 2,760	100%	100%
York Facility Vocational/Job Preparation Services	\$ 622,354	State Funds	672	203	\$ 926	100%	23%
Job Center	\$ 576,056	State Funds	2,191	0	\$ 263	100%	0%
Correctional Enterprises of Connecticut	\$ 633,877	Revolving Funds ¹	332	N/A	\$ 1,909	100%	N/A

¹ Correctional Enterprises of Connecticut is a self-sustaining industries program funded by sales of commodities and services to other State Agencies, Municipalities and Non-Profits. The expenditure amount represents inmate wages earned in the program. CEC does not receive general fund appropriations.

² The State of Connecticut, Department of Correction considers "youth" to be offenders under the age of 21.

Identified System Barriers:

The key barrier that DOC identified in providing education and job supports to inmates is the amount of time it takes to get an IEP transferred from the inmate's home Local Education Authority (LEA, or school) when a youth offender enters custody. DOC is required to provide an education for the youth population, but this can often be very difficult without a copy of the inmate's IEP to determine the grade level, special education needs, and any health problems the inmate may have. Accessing the IEP earlier in the process would allow the Department to provide better resources to inmates, particularly those who are incarcerated for only a brief period.

Barriers present themselves when an inmate is released from DOC custody precipitously lacking all supports including housing and medication. DMHAS and DSS prefer to work with inmates during the discharge period to prepare them for their lives outside of DOC custody.

When children come into DOC care that are not also DCF involved, parents and guardians may not be cooperative or provide necessary information in a timely manner.

Offenders may violate the conditions of their parole leading to re-incarceration. In some cases the offender was able to successfully find a job and become involved in their community, but failed to follow the conditions of their parole. Inmates being held on a probation violation make up 12% of the people in DOC custody. When the inmate is returned to prison, offenders are disrupted or often no longer immediately available.

DEPARTMENT OF LABOR

Overview:

The Connecticut Department of Labor (CTDOL) is a partner in Connecticut's One-Stop System, which serves individuals statewide through Workforce Investment Act, Wagner-Peyser Employment Services, Unemployment Services, and Jobs First Employment Services. These services are accessed at 14 *CTWorks* Centers throughout the state. DOL also publishes labor market information including the *Connecticut Economic Digest*, *Connecticut Occupational Employment & Wages*, and *Soaring to New Heights... Connecticut Job Outlook 2004-2014*.

The following are on-line services offered by CTDOL:

Name of Service	Service Description
The Connecticut Job Bank	A no-cost on line employment resource for individuals and businesses. Job listings and resumes are posted to the Job Bank
Labor Market Information	Provides data on the economy, workforce and careers, including unemployment rates, wages and job growth
Education & Training ConneCTion	Internet site for information on education and training programs offered in Connecticut
Job & Career ConneCTion	On line career development system offering assistance in researching a career, finding training, and securing employment.

Other Employment and Training services CTDOL provides to consumers include:

Name of Service	Service Description
Apprenticeship Program	Offers individuals the opportunity to learn a career while getting paid. DOL provides registration, monitoring and recruiting services
Youth Employment Services	This category includes career days and job fairs for youth
Job and Career Fairs	Low cost high profile recruitment opportunities for employers
Job Corps	A federally funded training program for low income youths, offers education remediation vocational training, and social skills training
Federal Bonding Program	Provides bonding insurance for ex-offenders and other at-risk job applicants
Jobs First Employment Services	Connecticut's employment and training program for recipients of Temporary Family Assistance (TFA), state welfare for families
Career Express	DOL's mobile Career Center is equipped with eight computer workstations, high speed Internet access, and a wheelchair lift to bring job skills, development services and resources to individuals and employers across the state
Rapid Response	Prior to layoffs, team conducts "Early Intervention" sessions for employees with information about unemployment compensation benefits, job search assistance and training opportunities.
One-Stop Career Centers	Offers job seekers services throughout the state including career transition workshops, and resume writing

Mission Statement:

The Department of Labor is committed to protecting and promoting the interests of Connecticut workers. In order to accomplish this in today's ever-changing environment, we must assist workers and employers in becoming competitive in the global economy. We must take a comprehensive approach to meeting the needs of workers, employers, and other agencies that serve them. We must provide the highest-quality, integrated services in response to our customers' needs.

Agency Definition of Disability:

In the provision of services CTDOL does not require a customer to disclose whether or not they have a disability. If the customer decides to self-disclose, that customer is assigned a special assistance code that is captured on the applicant's registration. In such

cases CTDOL defines a person as having a disability in accordance with ADA guidelines when the individual:

- Has a physical or mental impairment that substantially limits one or more major life activities
- Has a record of such an impairment
- Is regarded as having an impairment

CTWorks CENTERS AND WORKFORCE INVESTMENT BOARDS

CTDOL provides oversight, leadership, and guidance to the Workforce Investment Boards (WIBs) and One-Stop Career Centers. CTDOL establishes policies and guidelines for the One-Stops and WIBs, and monitors the programs to ensure they are in compliance.

There are 14 *CTWorks* Centers and five Workforce Investment Boards in Connecticut. *CTWorks* Centers are located in Bridgeport, Danbury, Danielson, Enfield, Hamden, Hartford, Middletown, New Britain, New London, Norwich, Torrington, Waterbury and Willimantic. The Meriden Career Center is a satellite office and not a full *CTWorks* facility.

CTWorks Centers provide free resources for individuals looking for employment. Clients may search for jobs on their own, receive guidance and suggestions on a range of topics from staff, or be referred to more intense case management services. The goals of One-Stop Career Centers are to:

- Provide One-Stop shopping for employment services provided by various entities
- Better leverage resources and manage labor market cycles
- Better meet the needs of diverse populations
- Better prepare workers to meet the needs of local businesses.

Workforce Investment Boards are funded federally through the Workforce Investment Act, and the federal funds are distributed to the Boards through the CTDOL. WIBs administer both WIA and Jobs First Employment Services (JFES) programs with the goal of developing a skilled, educated and vital workforce to support each region. However, each WIB may target specific portions of the population for services.

A consortium of each region's chief elected officials oversees the WIBs, and appoints representatives from business, education, labor and public groups to serve on the Board of Directors. This Board is responsible for creating and implementing a strategic plan for the WIB that will include both public and private partners. WIBs are responsible for disbursement of local WIA funds for workforce investment. WIBs also maintain client

data and track clients when they have exited the program because funding is contingent upon the program's success.

There are seven key principles that WIA legislation was based upon and WIBs are committed to work toward. The principles are:

1. Streamline services through better integration at the local level through a One-Stop delivery system.
2. Empower individuals through choice, provision of information and support by One-Stop partners.
3. Universal access to the One-Stop system and to core employment-related services.
4. Increase accountability through establishment of performance measures.
5. Stronger role for local WIB focusing on strategic planning, policy development and oversight of local workforce investment system.
6. State and local flexibility to implement innovative and comprehensive workforce investment systems tailored to meet the needs of local and regional labor markets.
7. Improved youth programs linked more closely to local labor market needs and community youth programs and services, and with strong connections between academic and occupational learning.

WIA PROGRAM for ADULTS and DISLOCATED WORKERS:

Program Description:

Adults and Dislocated Workers who receive services funded by the WIA grant must have a significant barrier to employment. A high rate of success is a requirement for program funding, and therefore, individuals requesting service are given a basic skills test to assess their current skill set. If an individual needs remediation, they may be referred to Adult Basic Education (ABE) or English as a Second Language (ESL).

Eligibility:

Adults eligible for WIA funds must be U.S. citizens or have a legal right to work in the U.S., and be in compliance with selective service regulations. In Connecticut, priority is given to public assistance recipients and other low-income individuals due to the fact that there are limited funds available.

Individuals displaced from employment are also eligible for WIA. These individuals must be U.S. citizens or have a legal right to work in the U.S., be in compliance with selective service regulations, be terminated or laid-off, eligible or exhausted unemployment compensation or ineligible for unemployment due to insufficient earnings.

Success Measurement:

CT DOL adheres to strict federal reporting and performance requirements, all participants who receive significant staff involvement who exit the program are included in performance measures calculations, except those who received only self-service or informational activities. Significant staff involvement occurs if staff performs the following services:

- Assist participants in deciding on appropriate next steps in the search for employment, training, and related services, including job referral;
- Assist participants in assessing their personal barriers to employment; or
- Assist participants in accessing other related services necessary to enhance their employability and individual employment related needs.

There are 17 performance measures. This includes 15 core measures and two measures of customer satisfaction. There are separate WIA performance measures for adults and youth. The adult performance measures look for employment, job retention and earnings. On a statewide basis, Connecticut met or exceeded minimum performance measures for all 17 standards in FY05.

Adult and Dislocated Worker performance measures are outlined below:

Performance Measurements for Adult Service Recipients	
1. <i>Entered Employment</i>	Percentage of adults not employed at registration that attain employment after first quarter of exit.
2. <i>Retention Rate</i>	Percentage of adults employed in the third quarter after exit.
3. <i>Earnings Change</i>	Earnings difference from pre-program to post-program.
4. <i>Employment & Credentials Rate</i>	Percentage of adults who received a credential by end of third quarter of program exit.
Performance Measurements for Dislocated Worker Service Recipients	
5. <i>Entered Employment</i>	Percentage of dislocated workers who have entered employment by first quarter after exit.
6. <i>Retention Rate</i>	Percentage of dislocated workers who are employed in the third quarter after exit.
7. <i>Earnings Placement</i>	Earnings difference from pre-program to post-program.
8. <i>Employment & Credentials Rate</i>	Percentage of dislocated workers who received credentials by the end of the third quarter after exit.
Customer Satisfaction Measurement Elements for all WIA Service Recipients	
9. <i>Participant Satisfaction</i>	Measures satisfaction of individuals who have exited services during the quarter being reviewed.
10. <i>Employer Satisfaction</i>	Measures satisfaction of employers who have received significant services from the program, such as market information, personal contact with one-stop staff, and job order assistance.

For Program Year (PY05), the following chart illustrates the aggregate actual performance of the Workforce Investment Boards for adults and dislocated.

Adults	
	PY05 Performance
Entered Employment	78.40%
Employment Retention Rate	85.35%
Earnings Change	\$3,397
Employment & Credential Rate	73.54%
Dislocated Workers	
Entered Employment	87.90%
Employment Retention Rate	91.63%
Earnings Replacement	0.87%
Employment Credential Rate	73.93%

The following chart represents the aggregate actual performance of the WIA Adult participants that documented that they have a disability for PY04.

Outcomes for Adults with Disabilities		Number Served	Performance Rate
Adult Entered Employment		27	70.40%
Adult Employment Retention Rate		23	78.30%
Adult Employment and Credential Rate		24	70.80%
Earnings		Average Earnings Change	
Adult Earnings Change in Six Months		\$3,384	

The following chart represents the aggregate actual performance of WIA Dislocated Workers that documented that they have a disability for PY04.

Outcomes for Dislocated Workers with Disabilities		Number Served	Performance Rate
Dislocated Worker Entered Employment		19	84.20%
Dislocated Worker Retention Rate		31	96.80%
Dislocated Worker Employment and Credential Rate		16	56.30%
Earnings		Rate	
Earnings Replacement Rate		99.70%	

In addition to the current WIA Performance Measures, the U.S. Department of Labor has adopted new Common Measures that are intended to more uniformly reflect performance across various employment and training programs.

There are three common measures applied to WIA Adult and WIA Dislocated Worker populations. They measure participants entering employment, employment retention and average earning. The common measures are as follows:

Common Measures for Adult and Dislocated Worker Service Recipients	
<i>1. Entered Employment Rate</i>	The percentage of participants not employed at the upon entrance in the program, but who are employed in the first quarter after the exit quarter
<i>2. Employment Retention</i>	The percentage of participants employed in the first quarter after exit, who are employed in both the second and third quarter
<i>3. Average Earnings</i>	Average earning for the second and third quarters after exit

Employment Supports, Training, Literacy or Self-Sufficiency Services to Transitioning Youth with Disabilities:**WIA PROGRAM for YOUTH:****Program Description:**

As with adults who receive assistance from the WIA grant, a youth must have a significant barrier to employment to obtain services from WIA. If the youth is found to be eligible for the program, a case manager will be assigned to the individual. Participants are given a test to see if they need basic skills remediation. Remediation may take place in the context of an in-school WIA funded program, or through a linkage with or referral to adult education.

Connecticut does not target a specific age group in the provision of services. The 10 program elements identified in WIA legislation must be available to youth served under WIA. The WIB youth councils recommend the service delivery strategy which ensures that all 10 program elements are available to youth in their area. All WIBs offer workshops that focus on basic computer classes, job-readiness training and job search workshops. These workshops are available to the public, including youth.

The WIA program is geared toward youth with barriers that can be overcome with the assistance of case managers and other resources. This group is more likely to achieve success in the program. A case manager is appointed to each individual in the program. WIA youth services provide the following:

- Academic Enhancement – assistance in achieving academic and employment success through comprehensive educational and workplace skills activities.
- Employment Engagement – meaningful and effective connections to employers and employment opportunities.
- Mentoring – ongoing mentoring opportunities for eligible youth with caring adults.
- Employability and Occupational Skills Training – leading to full and part-time employment.
- Supportive Services – transportation, uniforms or tolls, and referrals to appropriate services.
- Recognition – incentives for achievement.
- Leadership Development – opportunities in activities related to leadership development, decision-making, citizenship, life skills and community service.

Eligibility Criteria:

WIA funded programs/services may be accessed by youth if they are 14-21 years of age, are low income as defined in WIA section 101(25), a member of a family whose income does not exceed the federal poverty or lower living standard income level. If the family of the youth does not meet the income eligibility criteria, the youth may be considered a low income individual if the youth's own income meets the poverty level or the lower living standard income level. The youth may also be eligible for WIA if they meet the criteria for cash payments under any federal, state or local public assistance program. The individual must also fall into one or more of the following categories:

- Deficient in basic literacy skills
- A school dropout
- Homeless
- A runaway
- A foster child
- Pregnant or a parent
- An offender
- Requires additional assistance to complete education or secure and hold employment

Success Measurement:

As with the adult performance measures, the youth performance measures are important for program funding. Youth performance measurements are divided by age category. The goal for clients age 19-21 is employment, while the 14-18 age group focuses on education. Youth performance measures are described below:

Performance Measurements for Youth Service Recipients	
Performance Measure Elements for Older Youth (19-21) Service Recipients	
<i>1. Entered Employment</i>	Percentage of older youth who have entered employment by the end of the first quarter after exit.
<i>2. Retention Rate</i>	Percentage of older youth employed at end of the first quarter after exit, who
<i>3. Earnings Change</i>	Earnings difference from pre-program to post-program
<i>4. Credential Rate</i>	Percentage of youth aged 19-21 who received a credential by the end of the third quarter after exit.
Performance Measurement Elements for Younger Youth (14-18) Service Recipients	
<i>5. Skills Attainment</i>	Percentage of basic skills, job readiness skills, and occupation skills attained during program in relation to skills goals.
<i>6. High School or GED Diploma Attainment</i>	Percentage of younger youth who attain a secondary school diploma or its equivalent by the end of the first quarter after program exit.
<i>7. Retention Rate</i>	Percentage of participants found in one of the following after the third quarter of exit: post-secondary education, advanced training, employment,
Customer Satisfaction Measurement Elements for all WIA Service Recipients	
<i>8. Participant Satisfaction</i>	Measures satisfaction of individuals who have exited services during the quarter being reviewed.
<i>9. Employer Satisfaction</i>	Measures satisfaction of employers who have received significant services from the program, such as market information, personal contact with One-Stop staff and job order assistance.

The following chart represents the aggregate actual performance of the Workforce Investment Boards in terms of the youth population in PY04.

Older Youth	
Entered Employment	74.85%
Employment Retention Rate	83.78%
Earnings Change	\$3,534
Employment & Credential Rate	61.84%
Younger Youth	
Retention Rate	84.80%
Skill Attainment Rate	84.50%
Diploma Equivalent Rate	69.60%

The following chart represents the aggregate actual performance of the Workforce Investment Boards in terms of the disabled youth population in PY04.

Outcomes for Older Youth with Disabilities		Number Served	Rate
Entered Employment		12	58.30%
Employment Retention Rate		13	76.90%
Employment and Credential Rate		15	40%
Earnings		Average Earnings Change	
Earnings Change in Six Months		\$2,175	
Outcomes for Older Youths with Disabilities		Number Served	Rate
Skill Attainment		212	98.10%
Diploma or Equivalent Rate		74	83.80%
Retention Rate		81	91.40%

There are also Common Measures for the youth population. These measures focus on employment/education success, retention, and skill building. The Common Measures are described below:

Common Measure for Youth Service Recipients	
<i>1. Placement in Employment or Education</i>	The percentage of youth employed or enrolled in higher education in the first quarter after exit
<i>2. Attainment of a GED or diploma</i>	The percentage of youth who attain a diploma, GED, or certificate by the end of the third quarter after exit
<i>3. Literacy/Numeracy gain</i>	The percentage of out-of-school youth who attain literacy or numeracy gains during a one year period

Data Collection for WIA Adults, Dislocated Workers, and Youth:

Agency Maintains a Data Dictionary Agency Does Not Maintain a Data Dictionary

CTDOL operates a Web-based case management system called *CTWorks* Business System, developed by CTDOL and Softscape. Standardized reports for routine review of demographic and funding source information are produced by the system. Ad hoc queries and reports can also be created.

Program success is important for federal funding, so clients are closely tracked while they are receiving service and after they exit the program. However, each Board maintains its own information which may include basic demographic data, disability information, and

SSN. Clients are tracked quarterly and annually for a federal report. Disability determinations are measured in aggregate in these reports.

Disability information collected from the federal report is not conclusive. Since one barrier is sufficient for an individual to access WIA funding and documentation is required to support each reported barrier, DOL staff anecdotally suggest that in many cases, only one barrier may be recorded for a client. There are a number of barriers that an individual may have that will qualify them for WIA services, e.g., homelessness, ex-offender, and foster care, are a few. Documentation to support the client's barrier is collected in hard copy, and maintained in paper files; it is not scanned.

Length of Time Consumers Participate:

A client may participate for any length of time. However, if 90 days has elapsed with no activity, the client is exited from the program. It is possible for the client to take a leave of absence from the program if they are not able to perform job search functions for a number of months. If the client takes a leave of absence, they will not be exited from the program after 90 days of no activity.

Case managers maintain contact with their clients for 12 months after they have exited the program. This follow-up is important when measuring success. A client may not have graduated, or received employment immediately after exiting the program, but may have subsequently achieved success. The follow-up also will provide individuals with further supports that they may need to remain in their jobs.

CTWORKS CAREER CENTERS

Program Description:

CTWorks Career Centers are Connecticut's One-Stop Centers that offer services to job seekers and employers throughout the state. The mandate for the One-Stop system is to create a vehicle for providing the full range of employment and training services in a coordinated information and service delivery system for individuals seeking first, new, or better jobs and for employers seeking to hire new workers or build the capacity of incumbent workers. Unemployment claims are not filed at One-Stops. These claims are filed over the phone or on line.

The following core services are offered through One-Stops:

- Job and career services – Job search and referral assistance, resume assistance, resource information, counseling and workshops.
- Veterans' employment services – Job assistance activities and programs that specifically target veterans as mandated by federal law.

- Unemployment Insurance services – Filing initial and continued claims and handling unemployment hearings for citizens filing for unemployment compensation.
- Jobs First Employment Services – Jobs First Employment Services is Connecticut’s welfare-to-work program that assists recipients of state welfare to become independent of assistance through employment. Since July 1, 1998, Jobs First Employment Services has been administered by the Department of Labor.
- WIA services.
- Mandated partner organizations, Bureau of Rehabilitation Services (BRS) and Senior Community Service Employment Program have a presence at One-Stops and can provide services to their clients or new referrals on site.

CTDOL reports that the direct referral to permanent jobs, the use of self-service resources by participants, and the provision of labor market information to job seekers are the most successful services that *CTWorks* Career Centers offer.

Consumers may also access self-services at the *CTWorks* Career Centers. Job searchers have access to an array of communication equipment for updating and sending resumes, and performing on line job searches.

All of the *CTWorks* Career Centers are outfitted with equipment that allows disabled individuals access to all of the resources. These resources include:

Resources available to disabled job search participants	
TDD	Voice-Activated Word-Processing Software
Phone Amplifiers	Braille Signage
Large Monitors	Adjustable height computer tables
Collection of service agencies for the disabled	Training for individuals with disabilities
Staff sensitivity training	Materials in large font
Earphones	Job search targeted to people with disabilities

In addition to the 14 *CTWorks* One-Stop centers, the *Career Express* operates as a mobile unit that travels throughout Connecticut to serve those who can not easily travel to the One-Stops, and youth who can be easily reached at schools.

The *Career Express* offers all of the services of the One-Stops, and includes high-speed Internet access, computer workstations and a hydraulic lift to enable individuals with disabilities access.

One-Stops also offer employer services. These services include:

- Access to qualified applicants
- Posting of jobs
- Job fairs
- Labor market information
- Assistance with recruitment activities

Eligibility Criteria:

Any individual may use the *CTWorks* Career Centers.

Data Collection:

Data is collected on every individual utilizing One-Stop services in one of three ways: 1) By phone when applying for Unemployment Insurance (UI), 2) In person during one-on-one staff registration and 3) In Career Centers on specialized computers. Self-service registrants must complete an online intake form providing general information such as name, address and phone number. Intake forms vary by location; barriers to employment are not addressed on the intake form. Once this form is completed the form is entered into a database, and the individual becomes a “member.”

Once registered, the client may utilize services in the Career Center for a self-directed job search. Each time a client uses the Career Center, they must “log in” to the specialized computers in the Career Center and record services they utilized which may include phone, fax, computer and/or copy machine.

Success Measurement:

CTWorks Career Centers do not track outcome data of participants who utilize the self-search job search function.

Length of Time Consumers Participate:

There is no limit on the length of time a consumer may use a One-Stop.

Adult Services:**JOBS FIRST EMPLOYMENT SERVICES**

Jobs First Employment Services (JFES) provides employment and training services to applicants and recipients of Temporary Family Assistance (TFA) Connecticut's welfare program for families. The program provides comprehensive, integrated services with the following goals.

- To enable Temporary Family Assistance (TFA) participants, through employment, to become independent of cash assistance by the end of the 21 month time limit established by law.
- To enable TFA participants who become independent of cash assistance to remain employed and independent of TFA.
- To ensure that federally-established participation rates are met through employment of TFA participants and engagement in other allowable work activities.

The State Department of Social Services (DSS) refers TFA applicants and recipients to DOL's JFES after the DSS worker makes a determination of participation status and conducts a service needs assessment. If DSS determines that the TFA client is mandatory (i.e., not exempt from participation due to incapacity) to participate in employment services, the DSS worker refers the client to the JFES orientation and intake session. At this session, an employment assessment is conducted and an employment plan developed with a JFES case manager.

The DOL contracts with the regional Workforce Investment Boards (WIBs) to provide JFES services such as case management and vocational education. In most One-Stop locations, JFES and WIA case management is integrated which facilitates JFES participants' access to WIA-funded services. Department of Labor staff in the local *CTWorks* Career Centers provides JFES participants with direct employment services such as job search assistance and job development.

JFES participants may range in age from 16 to 59. From July 1, 2005 to June 30, 2006, there were 10,466 JFES participants ages 16-30 out of a total 17,451 JFES participants for the same period.

Since TFA applicants/recipients who are deemed incapacitated by DSS are not required to participate in JFES, the program tends to have few participants with documented disabilities. The chart on the next page represents some employment barriers (not necessarily an indication of a disability) identified through the JFES employment assessment for active cases in June 2006:

Employment Barriers at Registration		
Barrier	Number	% of Applicants
No HS Diploma	2,098	26%
Low Math/Reading Skills	1440	18%
Health Issues	647	8%
Behavioral Health Issues	230	3%
Learning Disability	185	2%
Substance Abuse	131	2%

** This chart does not represent 100% of the barriers to employment faced by Jobs First clients.*

Eligibility Criteria:

Clients must be on Jobs First Employment Services.

Data Collection:

Agency Maintains a Data Dictionary Agency Does Not Maintain a Data Dictionary

Success Measurement:

WIBs are required to meet the following performance measurements in regard to the JFES clients that are referred them:

- A minimum of 40% of all JFES clients are expected to be placed by WIBs into employment.
- 50% of those placed in employment shall result in earnings equal to or greater than the TFA payment standard plus \$90 for a family of three.
- 25% of those placed in employment shall result in earnings equal to or greater than the Federal Poverty Level for a family of three which would make them independent of cash assistance.
- At minimum, 60% of those placed had to retain their jobs for a minimum of 13 weeks, with 35% staying on job for at least six months.
- 40% of JFES customers, who were employed when they left JFES, must attain at least a 10% increase in wages in the second full quarter following the exit from the program.

Length of Time Consumers Participate:

Connecticut residents may receive TFA for up to 21 months, though not necessarily consecutive months. They may move on and off of public assistance over time. While receiving assistance, recipients must be actively engaged in the Jobs First Employment Services. At the end of the 21 months of assistance, recipients of TFA may apply for two

six month extensions of cash benefits. During the extensions, unless determined to be incapacitated by DSS, the client will be required to continue to participate with Jobs First Employment Services.

Community Providers:

The following programs are initiatives supported by the Governor's Committee on Employment for People with Disabilities. The programs are affiliates of CTDOL, supported by U.S. DOL Office of Disability Employment Policy (ODEP).

YOUTH LEADERSHIP PROGRAM

Program Description:

The Connecticut Youth Leadership program is part of the Governor's Committee on Employment for People with Disabilities. The Youth Leadership program provides students with the opportunity to build the leadership skills they will need as young adults. The program accepts 40 students annually, and individuals must apply for the program through a competitive process. The application consists of 2 two written sections, and an interview. Students must demonstrate school and community involvement.

The program consists of a four day forum in late July or early August where students are divided into teams, and develop team plans for the school year. In the past, team plans have included raising money for charity, writing informational brochures about disabilities and speaking at schools. All of the adults who work with the student teams have a disability and have full-time employment.

Eligibility Criteria:

Students must be high school juniors or seniors and have a disability, (i.e., blind, visually impaired, hearing impaired, physical disability, mentally impairment or a learning disability).

Data Collection:

The Youth Leadership program does collect information on participants. A survey is sent to program participants every few years. However, program staff notes it is difficult to get participants to return the survey. Data is collected in paper form, and entered into a spreadsheet.

- Agency Maintains a Data Dictionary Agency Does Not Maintain a Data Dictionary

Success Measurement:

The Youth Leadership Program considers many achievements to be measures of program success. Such achievements include participants going on to higher education, getting employed or winning awards.

Length of Time Consumers Participate:

The program starts with a four day forum in late summer, and throughout the year, participants engage in group projects and other activities. Many participants stay connected to disability advocacy through Kids as Self-Advocates, and a YAHOO group that the program maintains.

HIGH SCHOOL/HIGH TECH**Program Description:**

High School/High Tech is a program that helps youth with disabilities make more informed decisions about their careers. The goal of the program is to reduce the high school dropout rate of youth with disabilities, increase enrollment in college and improve participation in employment-related activities.

Participants acquire a wide range of internship and job shadowing opportunities, not limiting their options to the computer and electronics field. Varied opportunities and practicum allow students to continually reinforce the soft skills necessary to compete in the technologically changing culture. Mentoring opportunities are offered to High School/High Tech students, including e-mentoring.

The Connecticut High School/High Tech program was started with a \$250,000, three year infrastructure grant from US DOL-ODEP in 2002. Currently, the program is self-sustaining, and supported by local Special Education programs through LEA's.

Eligibility:

Youth and Young adults with disabilities from the ages of 14 to 24 who have employment as their long term transition goal.

Success Measurement:

The following are considered successful outcomes of the program:

- Attend school and stay in school to graduate
- Explore career options based on interests, skills, and abilities
- Pursue post-secondary education/vocational training

- While in school or while enrolled in High School/High Tech participate in internships, job shadowing, work-based learning, mentoring, explore assistive technology, connect with the WIA Youth Programs, explore the state vocational rehabilitation programs.
- Secure employment in the career track of their choice.

Length of Time Consumers Participate:

Consumers may participate for any length of time between the age eligibility requirements.

Data Collection:

- Agency Maintains a Data Dictionary Agency Does Not Maintain a Data Dictionary

START ON SUCCESS**Program Description:**

Start on Success (SOS) provides a forum for Connecticut high school juniors and seniors with disabilities to explore their leadership potential. Urban and low income minority students with disabilities are targeted by this program. The SOS program establishes partnerships with students, teachers, parents, service providers and employers. These partnerships aim to teach employers and employees without disabilities about the advantages of hiring a youth with disabilities. There are five SOS sites in Connecticut. Programs are located in New Britain, New Haven, New London, Cromwell and Bristol.

The objectives of the SOS program are:

- Help students with disabilities to discover that they have abilities which are needed in the workplace;
- Help employers and their non-disabled employees to understand better the realities and advantages of hiring young people with disabilities;
- Demonstrate what can be accomplished at the local level through voluntary partnerships among students, teachers, parents, administrators, service providers and employers; and
- Enable these young people to become self-supporting participants in the lives of their communities.

Eligibility:

Eligible consumers are disadvantaged high school juniors and seniors.

Success Measurement:

Students who complete the program are considered to be SOS successes. There is a 90% rate of success.

Length of Time Consumers Participate:

Students generally participate in the program for two years.

Data Collection:

Agency Maintains a Data Dictionary Agency Does Not Maintain a Data Dictionary

SOS programs collect and report quantitative participation and outcome data as part of annual program reporting.

CONNECTICUT BUSINESS LEADERSHIP NETWORK

Program Description:

The Connecticut Business Leadership Network develops programs and initiatives to bring together key state and local organizations and employers to provide educational and training services needed to assist companies in recruiting job applicants with disabilities. The CTBLN hosts seminars for companies with the goal of making the society more inclusive for people with disabilities.

The CTBLN does not get federal or state financing. Volunteers run the programming.

Eligibility: *N/A*

Success Measurement: *N/A*

Length of Time Consumers Participate: *N/A*

Data Collection: *N/A*

Agency Maintains a Data Dictionary Agency Does Not Maintain a Data Dictionary

MOUs/MOAs:

DOL maintains MOUs/MOAs with various state, local and private entities for the provision of services including: the Commission for the Deaf and Hearing Impaired, Bureau of Rehabilitative Services, Language Line of California and others. *CTWorks*

Career Centers also maintain MOUs/MOAs with various community-based organizations for the provision of services in the One-Stop system.

The MOU that DOL maintains with the Commission on the Deaf and Hearing Impaired is to provide interpreters for the deaf. There is an average of 10 requests per week for these interpreters.

Under the Workforce Investment Act, all Workforce Investment Boards must enter into MOUs with all of their required One-Stop partners, which include those programs administered by BRS and Board of Education and Services for the Blind) BESB. The MOUs with all partners speak to the services and staffing which will be provided at each of the *CTWorks* locations, and may also address collocation of staff.

Referrals:

The WIBs will refer people to other agencies and specific programs including those funded through DOL such as WIA. However, each Board maintains its own method of reporting this information, and it is therefore not reported centrally.

High School/High Tech receives referrals from Local Education Authorities (LEAs) *CTWorks* Career Centers, Workforce Investment Boards, parents and counselors. SOS also receives referrals from LEAs.

Budget:

There are generally four funding sources for Connecticut's One-Stop System. These funding sources are Wagner-Peyser (WP), Workforce Investment Act (WIA) funds, Temporary Assistance for Needy Families (TANF), and Unemployment Insurance (UI). WP funds a variety of employment related labor exchange services including job search assistance, job referral and placement assistance, re-employment services and recruitment services. WIA funds serve individuals who have significant staff involvement at One-Stops; and TANF funds Jobs First Employment Services. UI benefits are provided on a temporary basis to individuals unemployed through no fault of their own.

The following chart represents WIA funding in Connecticut. Adult, dislocated worker, and youth funding is described in depth further in this report. Rapid Response funding is used to support employers, workers and unions affected by lay offs. The Rapid Response team provides information on layoff aversion, Unemployment Insurance, and provides WIA and One-Stop services. Statewide required activities include evaluation studies, incentive grants for regional cooperation, and technical assistance to regional areas that fail to meet performance measures. The following chart represents PY04 WIA spending: (PY 04 covers the period 7/1/04 through 6/30/05).

WIA Program Activity	Total Federal Spending
Adults	\$5,321,211.00
Dislocated Workers	\$4,897,426.00
Youth	\$6,313,748.00
Rapid Response	\$1,851,653.00
Statewide Required Activities	\$3,542,424.00
Total	\$21,976,462

The chart below summarizes CTDOL program funding.

Program Name	FY05 Program Appropriation	Funding Source	FY05 # of Clients Served	FY05 # of Youth Served	FY05 Per Client Expenditure	Percent of Program Spent on Employment Support/Transition Services	Percent of Program Spent on Youth
Jobs First Employment Services	\$16,188,098.00	TANF	16,317		1037		
CTWorks Business Systems Adult	\$5,371,211.00	WIA	1,867	0	\$2,877	100%	0%
CTWorks Business Systems Dislocated Worker	\$4,897,426.00	WIA	1,702	0	\$2,877	100%	0%
CTWorks Business Systems Youth	\$6,313,748.00	WIA		0	\$4,289	100%	100%
One-Stop Career Centers Wagner-Peyser	\$8,081,689.00	Wagner-Peyser	22690*	512	\$356.18	100%	2.00%
High School/High Tech	None	US DOL		126	N/A	95%	100%
CT Youth Leadership Program	\$73,479.00	IDEA, federal Innovation and Expansion funds	37	37	\$1,986	100%	100%
S.O.S	\$35,000	National Organization on Disabilities	60-80	60-80	\$437.5-\$583.3	100%	100%

Program Name	FY06 Program Appropriation	Funding Source	FY06 # of Clients Served	FY06 # of Youth Served	FY06 Per Client Expenditure	Percent of Program Spent on Employment Support/Transition Services	Percent of Program Spent on Youth
Jobs First Employment Services	N/A	TANF	N/A	N/A	N/A	N/A	N/A
CTWorks Business Systems Adult	N/A	WIA	N/A	N/A	N/A	N/A	N/A
CTWorks Business Systems Dislocated Worker	N/A	WIA	N/A	N/A	N/A	N/A	N/A
CTWorks Business Systems Youth	N/A	WIA	N/A	N/A	N/A	N/A	N/A
One-Stop Career Centers Wagner-Peyser	\$7,992,973.00	Wagner-Peyser	27000*	600	\$296.04	100%	2%
High School/High Tech	None	LEAs	Will know 12/31/2006	Will know 12/31/2006	N/A	100%	100%
CT Youth Leadership Program	\$82,851.00	IDEA, federal Innovation and Expansion funds	35	35	\$2,424	100%	100%
S.O.S	\$25,000	National Organization on Disabilities	60-80	60-80	\$312.5-\$416.67	100%	100%

***The Wagner-Peyser figure is the unduplicated number of recipients receiving staff-assisted services. Wagner-Peyser also funds self-service activities.**

The SOS Program is designed to be self-sustaining after three years. The Connecticut program started five years ago, and therefore, State Department of Education (SDE) no longer provides resources to the program. The program is run by a small amount of funding from the National Organization on Disability, in-kind resources and job site participants.

Identified System Barriers:

DOL staff identified the following system barriers for transitioning youth with disabilities.

Lack of transportation is a barrier for CTDOL clients. CTDOL ensures that all One-Stop locations are on a public transportation route. However, not all clients who utilize One-Stop services have access to a car, and the jobs that clients find may not be on public transportation routes. This barrier prevents some clients from taking jobs that they would otherwise be qualified for.

DOL staff indicated that support programs such as Adult Basic Education (ABE) and (English as a Second Language) ESL are at capacity. This means that WIA services may not be available for many perspective clients who do not qualify because they are in need of remedial education.

CAPITAL WORKFORCE PARTNERS

Overview:

Capital Workforce Partners (CWP), the Workforce Investment Board (WIB) for the greater Hartford, CT area, was established under the federal Workforce Investment Act (WIA) of 1998 to coordinate comprehensive programs contracted through private and public organizations. These programs develop a skilled, educated and vital workforce to support the economic growth of the 37 municipalities in the region. A consortium of the region's chief elected officials oversees CWP, and appoints representatives from business, education, labor, and public groups to serve on its board of directors. This Board is responsible for creating and implementing its strategic plan.

CWP is the result of a merger of two Workforce Investment Boards – the Capital Region Workforce Development Board and Workforce Partners of Mid-Connecticut. As a result of a 2003 state-mandated consolidation of eight workforce development boards to five, CWP now serves 37 municipalities, a total population of 959,322, and a labor force of 486,500, making it the largest workforce investment area in Connecticut. The programs administered by CWP serve all populations in the North Central Region of Connecticut. CWP contracts for all direct services to Adult and Youth job seekers.

Mission Statement:

The mission of CWP is to support an effective workforce development system that strategically connects economic development and education resources for the purpose of building and maintaining a strong and vibrant workforce.

Employment Supports, Training, Literacy or Self-Sufficiency Services to Transitioning Youth with Disabilities:

CWP offers a dynamic range of training and support services to youth, primarily those at risk.

Agency Definition of Disability:

CWP does not have a definition of disability as its services are available to the entire population.

Program:

Workforce Investment Act

Under the 1998 Federal Workforce Investment Act (WIA), CWP may only administer WIA funds for youth that are between the ages of 14 and 21, low income – assessed

through level of parent, guardian, or youth aged 18 and over (at or below 150% FPL) – and fall into one or more of the following risk categories:

- A high school or GED graduate who is basic skills deficient or underemployed
- A school dropout
- Is homeless, a runaway or a foster child
- Pregnant or parenting
- Linked with the juvenile justice system
- In need of additional assistance as defined by CWP

Through CWP, individuals may receive youth appropriate services until the age of 24 regardless of funding source. CWP focuses on three key areas of youth services – assisting out-of-school low-income, at risk youth to overcome barriers to employment through WIA and by providing summer and year round employment and learning opportunities to in-school youth. CWP staff estimate that many have hidden disabilities that have not previously been diagnosed. CWP coordinates with partners in the community and schools to make districts aware of the services it provides. The schools will in turn refer their student populations with special needs to CWP. 50% of the TANF population receiving services through CWP is under the age of 25.

Through the WIA, CWP provides resources to prepare low-income, at-risk youth ages 16-21 for careers and self-sufficiency. CPW administers services for both in-school and out-of-school youth, such as:

- Academic Enhancement – assistance in achieving academic and employment success through comprehensive educational and workplace skills activities.
- Employment Engagement – meaningful and effective connections to employers and employment opportunities.
- Mentoring – ongoing mentoring opportunities for eligible youth with caring adults.
- Employability and Occupational Skills Training – leading to full and part-time employment.
- Supportive Services – including mental health and substance abuse counseling.
- Recognition – incentives for achievement.
- Leadership Development – opportunities in activities related to leadership development, decision-making, citizenship, life skills and community service.

Because of changes in federal WIA policies, CWP has elected to use WIA youth funding for the out of school population only. However, Connecticut law states that children cannot drop out of school before the age of 18 without parental consent. Though a child might be chronically absent from school, they cannot be referred to CWP for work support services while they are enrolled with the school system.

SUMMER YOUTH EMPLOYMENT AND LEARNING PROGRAM

CWP provides a Summer Youth Employment and Learning Program (SYELP) for in-school youth between the ages of 14 and 19 during the summer months. In 2006, 1,650 youth were enrolled in the summer program. There were a total of 40 employment programs that youth participated in throughout the region, with 17 communities participating in the programs. Youth were involved in three different tiers of programming, ranging from career exploration activities to subsidized work experiences. The three tiers are as follows:

- ***Tier I - Project Based Learning and Career Exploration:***
Basic work-readiness and academic reinforcement program designed to provide youth with skills and opportunities to meet the challenges of adolescence through coordinated cooperative group experiences. Youth work on projects that benefit the community and examine career clusters as they relate to the project design. Youth are involved for 124 hours, July - August. They are paid \$22 per day. Participating youth are eligible to continue their involvement in the Year Round Learning & Employment Program in September. The average amount spent per youth is \$1,000.
- ***Tier II - Supported Work Environment & Career Exploration:***
The program is designed to continue and enhance employability skills, and academic reinforcement through direct supervision using a subsidized, simulated work environment. Youth have the opportunity to experience job activities that teachers and human service providers use in the field or after school settings. Youth are involved 124 hours, July – August. They were paid minimum wage. Participating youth are eligible to continue their involvement in the Year Round Learning & Employment Program in September. The average amount spent per youth is \$1,500.
- ***Tier III. Enhanced Employability Skills Training & Employment:***
The program is designed to continue and enhance employability skills, training and subsidized employment in the public and non-profit sector. Youth are matched with appropriate worksites to use their work readiness skills gained in Tier II. This program provides a paid work experience in the “real world”. Youth are involved 124 hours, July- August. They were paid minimum wage. Youth are eligible to continue their involvement in the Year Round Learning & Employment Program in September. The average amount spent per youth is \$1,500.

Students will typically participate in the program over consecutive summers, rising to a new tier level each summer. At the age of 17-18, high achieving students may have the opportunity to participate in the YES Academy, which provides one-on-one mentoring, educational classes, and team building exercises to better prepare youths for extended employment. The YES Academy Program Objective is to prepare youth for the workplace through job readiness training with a focus on customer service, and in turn,

provide area businesses with job ready, motivated young people to help them meet their goals including obtaining unsubsidized summer or year round employment.

In the past, WIA funds were used to fund a small portion of the Summer Youth Employment & Learning Program. Funding now comes from a variety of other sources. 70% of the funds go toward paying wages earned by the participating youths. The remaining 30% of funds pay for staff and programmatic costs.

The following chart provides a budgetary breakdown of the funding sources for the 2006 program:

Funding Source for Summer Youth Employment and Learning Program	Amount
CT Urban Youth Funding	\$1,300,000
City of Hartford	\$957,000
Hartford Foundation for Public Giving	\$350,000
American Savings Foundation	\$45,000
United Way	\$30,000
Total	\$2,682,000

Eligibility Criteria:

To be eligible for the program an individual must be enrolled in school, be eligible to work in the United States, have limited opportunities for learning about the world of work, and be considered low-income or at-risk of leaving school. CWP must give preferential order to youths that participate in the free and reduced school lunch program as mandated by state funding. In addition to an application, applicants must provide a copy of their Social Security Card, their most recent report card, all tax and employment forms, as well as an agreement to an employment code of conduct.

Average Length of Time Consumers Participate:

Consumers will typically participate in this program over the months of their four summers during their high school career, progressing through the program each summer.

Success Measurement:

CWP does not formally track outcomes related to this program. However, a successful outcome for this program may be considered a completion of training at the YES Academy during an individual's last summer of participation and a transition to successful and competitive employment.

YOUTH OPPORTUNITY (YO!)/ FUTURE WORKFORCE INVESTMENT SYSTEM

In 1999, the city of Hartford, in concert with the U.S. Department of Labor's Youth Opportunity Program, launched a five-year intensive effort to develop YO Hartford, a comprehensive youth-service strategy to address the poverty and unemployment issues that disproportionately impact young people. Hartford's youth represent a higher percentage of the city's population than youth in surrounding communities, and the city's unemployment rate, at 7%, is higher than national and regional figures. The unemployment rate for 16-24 year olds is higher still, exceeding 14.5%. Through CWP involvement, 1,390 youths received services including case management, peer-to-peer counseling, work readiness training, academic remediation, subsidized and un-subsidized employment opportunities leading to high school graduation, college and job placement.

With the close of the YO! Hartford program in June of 2005, CWP worked with the Mayor's office, the City of Hartford, and Hartford Public Schools in the development of the Future Workforce Investment System to provide coordination of services for youth throughout the City. The FWIS Leadership Committee sets policies, priorities for service, and assists in legislative advocacy on behalf of Hartford youth. Fifteen memorandums of understanding were delivered to a broad range of agencies to provide these transition services with financial support from unspent funds from the U.S. Department of Labor. In executing this transition, the city utilizes an information-sharing and tracking database, HartfordConnects, to keep track of youth consumers. The FWIS does not have an annual operating budget. It functions as a coordinating, policy setting, and legislative advocacy initiative.

Eligibility Criteria:

There is no program for FWIS and therefore there are no formal eligibility criteria. FWIS brokers on behalf of youth and brings in funding to various programs throughout the city.

Average Length of Time Consumers Participate:

There is no program for FWIS and therefore there is no average length of time for participation or set eligibility criteria. FWIS brokers on behalf of youth and brings in funding to various programs throughout the city.

Measure of Success:

The Future Workforce Investment System has four main goals: to increase the percentage of high school completions, college attendance and completion, youth who acquire living-wage jobs, and youth who engage in long-term, career-focused employment.

Adult Services

CTWORKS

In 1994, the Connecticut Department of Labor (DOL), in partnership with Connecticut's Regional Workforce Development Boards (RWDB) and the Connecticut Employment and Training Commission (CETC), secured a grant from the Employment and Training Administration of the US DOL to develop and implement a One-Stop Career Center system. The mandate for the One-Stop system is to create a vehicle for providing the full range of employment and training services in a coordinated information and service delivery system for individuals seeking first, new, or better jobs and for employers seeking to hire new workers or build the capacity of incumbent workers. The following provides a numerical breakdown of CTWorks centers and satellite branches:

- Connecticut operates 21 One-Stop centers with at least one full service center in each service delivery area. CT DOL is co-located in 13 centers.
- CWP administers and manages the contracts for six One-Stop or *CTWorks* centers.

Core services – available to the job seeker at the One Stop centers include:

- Job and career services – Job search and referral assistance, resume assistance, resource information, counseling, and workshops.
- Veterans' employment services – Job assistance activities and programs that specifically target veterans as mandated by federal law.
- Unemployment insurance services – Providing information on initial and continued claims and handling unemployment hearings for citizens filing for unemployment compensation.
- Workforce Investment Act (WIA) program services – Outreach, intake, eligibility determination, service referrals, and job placement services for economically disadvantaged youth and adults, dislocated workers, youth and adults with specific barriers, such as ex-offenders.
- Jobs First – Jobs First is Connecticut's Welfare-to-Work program that works to move TANF recipients off of cash assistance and meet the state's mandated participation rate. Since July 1, 1998, Jobs First has operated from *CTWorks*. Every participant receives an orientation of the One-Stop system, as well as a job-readiness assessment to determine their referral to self, group, or one-on-one services.

Self Services – Job seekers have access to an array of communication equipment for updating and sending resumes. Individual assistance is also available as several of CTWorks staff are nationally certified as resume writers.

Co-location of Services – In an effort to seamlessly integrate services from a variety of state and local agencies, partners of CTWorks have relocated staff or entire offices to the CTWorks centers. Of the 19 centers, 13 have collocation of the area's Regional

Workforce Development Board and many of the Centers have on-site prevocational training, often provided by the local community college.

Services for people with disabilities – Staff from every *CTWorks* center has received disability awareness training. In the North Central Region Service Delivery Area, a Disability Advisory Committee, which includes representatives from a variety of disability service providers, was formed to outline goals and coordinate services.

CTWorks centers have embraced the philosophy of Universal Design to assist in making centers and services more accessible for the entire population. Some of the centers have had an initial audit to recommend improvements to facilities and services.

Eligibility Criteria:

There is no universal eligibility criterion for individuals that wish to utilize the *CTWorks* One-Stop Centers – any adult may access core services. If an individual wishes to receive intensive training and services under WIA, the Workforce Boards in CT will prioritize their services due to limited funds. Adults with families living at or below 150% FPL, or workers who have been dislocated, will have a priority in receiving more intensive services.

Average Length of Time Consumers Participate:

CWP does not track the average length of time consumers are active in the *CTWorks* centers because there are a range of services and levels of involvement that individuals may utilize. Some individuals may only use the centers periodically for Internet job searches, while others may receive more intensive services at various times. Generally, individuals who receive intensive and training services through WIA are in activities for 18 months to 2 years.

Success Measurement:

Under WIA, federal standards require the tracking of 17 Performance Measurement Elements, broken down by service type as follows:

Performance Measurements for Adult Service Recipients	
1. Entered Employment	Number of adults not employed at registration that attain employment after first quarter of exit.
2. Retention Rate	Number of adults employed in the third quarter after exit.
3. Earnings Change	Earnings difference from pre-program to post-program.
4. Employment & Credentials Rate	Number of adults who received a credential by end of third quarter of program exit.
Performance Measurements for Dislocated Worker Service Recipients	

5. Entered Employment	Number of dislocated workers who have entered employment by first quarter after exit.
6. Retention Rate	Number of dislocated workers who are employed in the third quarter after exit.
7. Earnings Placement	Earnings difference from pre-program to post-program.
8. Employment & Credentials Rate	Number of dislocated workers who received credentials by the end of the third quarter after exit.
Performance Measure Elements for Older Youth (19-21) Service Recipients	
9. Entered Employment	Number of older youth who have entered employment by the end of the first quarter after exit.
10. Retention Rate	Number of older youth employed at end of third quarter after program exit.
11. Earnings Change	Earnings difference from pre-program to post-program
12. Credential Rate	Number of youth aged 19-21 who received a credential by the end of the third quarter after exit.
Performance Measurement Elements for Younger Youth (14-18) Service Recipients	
13. Skills Attainment	Number of basic skills, job readiness skills, and occupation skills attained during program.
14. High School or GED Diploma Attainment	Number of younger youth who attain a secondary school diploma or its equivalent by the end of the first quarter after program exit.
15. Retention Rate	Number of participants found in one of the following after the third quarter of exit: post-secondary education, advanced training, employment, military service, and qualified apprenticeships.
Customer Satisfaction Measurement Elements for all WIA Service Recipients	
16. Participant Satisfaction	Interviews conducted on a rolling basis for individuals who have exited services during the quarter being reviewed.
17. Employer Satisfaction	Interviews conducted with employers who have received significant services from the program, such as market information, personal contact with one-stop staff, and job order assistance.

There are also Common Measures for WIA service recipients as outlined below:

Common Measure for Adult and Dislocated Worker Service Recipients	
1. Entered Employment Rate	The percentage of participants not employed upon entrance in the program, but who are employed in the first quarter after the exit quarter.
2. Employment Retention	The percentage of participants who are employed in the first quarter after exit, who are employed in both the second and third quarter.
3. Average Earnings	Average earning for the second and third quarter after exit.

Common Measure for Youth Service Recipients	
1. Placement in Employment or Education	The percentage of youth employed or enrolled in higher education the first quarter after exit.
2. Attainment of a GED or diploma	The percentage of youth who attain a GED, diploma, or certificate by the end of the third quarter after exit.
3. Literacy/Numeracy Gain	The percentage of youth who attain literacy or numeracy gains during a one year period.

JOBS FIRST

The Jobs First Employment Services Program strives to assist welfare recipients to leave cash assistance and become self-sufficient. The program provides comprehensive, integrated services that enable individuals to become and remain independent of assistance. The stated goals of this program are as follows:

1. To enable Temporary Family Assistance (TFA) participants, through employment, to become independent of cash assistance by the end of the 21 month time limit established by law.
2. To enable TFA participants who become independent of cash assistance to remain employed and independent of TFA.
3. To ensure that federally-established participation rates are met through employment of TFA participants.

On July 1, 1998 an MOU was signed between the Department of Social Services (DSS) and the Department of Labor One-Stop system, transferring the responsibility of providing job placement services for welfare recipients to DOL. About 78% of all TANF adults utilizing the One-Stop Centers do so as part of their Jobs First requirements. In FFY05, CWP reports the following numbers relating to the population participating in the Jobs First program;

- 6,637 recipients of Temporary Family Assistance visited a *CTWorks* One-Stop center.
- 163 received training services through CWP providers.
- 78 received individual training scholarships totaling \$131,629.
- 2,623 maintained or entered employment, with average monthly earnings of \$1,013 – 60% higher than the eligibility standard for receipt of cash assistance.

Under the Welfare-to-Work program, Connecticut residents receiving cash assistance have access to a number of services ranging from health care to employment resources. The following is an outline of the services available to low income families:

- HUSKY Health Plan – Healthcare for Uninsured Kids and Youth is a service for all children up to age 19 that are in need of health coverage.

- Job search skills training – A series of modules in a group setting that provide instruction in identifying job leads, researching jobs and industries, job applications, interviewing, and employer expectations.
- GED Preparation – Aiding an individual in attaining the academic skills usually associated with the completion of secondary education.
- Job Readiness training – A supervised group and individual job search activity that may include classroom instruction in job search technique, life skills training and orientation to the working world, job placements and job development, and job seeker’s support groups.
- On the job training – Paid and supervised work activity in the public and private sector in which the worker receives training knowledge or skills essential for the full and adequate performance of a specific job.
- Occupational skills training – A formal vocational or occupational skills training conducted in a classroom setting, in a workplace setting, or in some combination of the two.
- Earned Income Tax credits – Assists low income individuals in meeting expenses by providing tax credits in the form of larger returns from filing federal income taxes.
- Transportation/Child Care benefits – Cash payments that assist individuals in their participation in employment service activities.
- English as a Second Language – Literacy instruction in a life skills or employability context for adults who have limited proficiency in the English language, as well as innumeracy, computing, and problem solving at levels necessary to function on the job and in the family.
- Support Services – Services that assist participants to successfully complete employment and training programs and/or maintain employment. Services may include cash assistance for child care or counseling services.
- Life Skills training – Engages Jobs First participants in the orientation to the world of work, motivational exercises, and family budgeting.

Eligibility Criteria:

To be eligible for this program, an individual must be receiving Temporary Family Assistance. A family is considered TFA-eligible if they have an annual income of \$10,020, with no greater than \$3,000 in assets. Individuals may continue to receive Jobs First services for up to one year after the termination of cash assistance. The maximum monthly cash benefit for a family of three is \$543, not to exceed \$6,516 per year. There is a 21 month lifetime limit for receipt of cash assistance, and benefits will not continue to children after limit has been reached.

Average Length of Time Consumers Participate:

Connecticut residents may receive TFA for up to 21 months, though they may move on and off of public assistance during this time. While receiving assistance, recipients must

be actively engaged in the JobsFirst program. Upon termination of cash benefits, individuals may apply for two 6-month extensions for continued participation in the JobsFirst program.

Success Measurement:

Success may be measured as achieving gainful and sustaining employment so that an individual no longer receives cash assistance. This is currently not being tracked.

Data Collection:

- Agency Maintains a Data Dictionary Agency Does Not Maintain a Data Dictionary

CWP does not maintain a data dictionary. The state Department of Labor collects and maintains all data related to the CTWorks and JobsFirst programs at the various One-Stop Centers. For the North Central region, CWP utilizes a database known as Hartford Connects to run ad hoc reports on information in the region. When the state must submit reports to the federal government, information is compiled at DOL and DSS.

The Youth Opportunity program maintains consumer information in the Hartford Connects database. The following data fields are the consumer information that is maintained in the database:

- | | |
|-----------------------------|------------------------|
| ▪ Social Security Number | ▪ Last Name/First Name |
| ▪ Zip Code | ▪ Gender |
| ▪ Active Participation | ▪ School Status |
| ▪ Name of Career Specialist | ▪ Enrollment Date |
| ▪ WIA Search Results | ▪ Site of Activity |
| ▪ Tier Level | ▪ Contact Date |
| ▪ Eligibility Date | ▪ Reason Ineligible |
| ▪ Enrollment Date | ▪ Age at Enrollment |
| ▪ Current Age | ▪ Address |
| ▪ Home Phone | ▪ Race/Ethnicity |
| ▪ Driver's License Status | ▪ Education Goals |
| ▪ Primary Language | ▪ Other Languages |
| ▪ Selective Service Status | ▪ Educational Status |
| ▪ Education Attainment | ▪ Comment Field |

Referral Form

- | | |
|---------------------------------------|--------------------------------------|
| ▪ Referral | ▪ Agency |
| ▪ Phone Number | ▪ How Long has Referrer Known Client |
| ▪ Will Client Receive Agency Services | ▪ What Service will Client Receive |

- Reason for Referral

Family Information

- Are you a Parent
- Number of Children
- Option to add more children
- Emancipated Youth
- Parent Name
- Parent Language
- Guardian Phone
- Emergency Contact Information
- Due Date if Expecting
- Number in Custody
- Family Size
- List of individuals who live at home
- Parent Phone
- Guardian Name
- Guardian Language

Education History Prior to Enrollment

- GPA at School
- High School Counselor
- Reasons for Leaving Schools
- Grade Level Attained at School
- Education Attainment
- List of Schools Attended
- Start/End Date at School

Skills & Training Acquired Prior to Enrollment

- Computer Access at Home
- Types of Computer Skills (Listed)
- Internet Access at Home
- Listing of Training Certificates

Work History Prior to Enrollment

- Name of Career Specialist
- Labor Force Status
- Stated Employment Goals
- Start/End Dates
- Earnings in 2nd & 3rd Quarter Preceding
- Transportation
- Employer Information
- Hours/Week & Wage

Other Information

- DCF Status & Past Involvement
- Health Care Plan & Physician
- Public Assistance Status
- Explanation of Disability
- History of Drug Use
- Current Use of Drugs
- Court History
- Conviction of Crime
- Court Status
- General Interests
- DCF Worker Name & Contact
- Date of Last Physical
- Disabilities & Barriers
- List of Barriers to Work
- Will take drug test
- Past & Current Drug Counseling
- On Probation
- Incarceration History
- General Personal Goals
- History of Abuse

- History of Assessments
- Reason for not using contraceptives
- Use of Contraceptives
-

MOUs/MOAs:

One-Stop centers have various mandatory programs. To provide this range of services, CWP has multiple Memorandums of Understanding with various agencies so that consumers have access to many programs. The following chart illustrates the agencies where CWP has an MOU and the programs that these agreements cover:

Department of Labor

- Wagner-Peyser
- WIA Adult, Dislocated Worker, Youth
- Veterans
- Trade Act
- Unemployment
- MSFW, Native American, Job Corp

State Department of Education

- WIA Title II Adult Ed

Community Colleges

- Manchester
- Asnuntuck
- Capital
- Tunxis

Department of Social Services

- Title V Older Americans
- United Labor Agency
- Easter Seals
- Community Renewal Team
- Experience Works

Bureau of Rehabilitation Services

- Title I Rehabilitation

Hartford Housing Authority

- Housing & Urban Development

Referrals:

Adults receiving Temporary Family Assistance without a work exemption must report to the One-Stop Centers to enroll in Jobs First programs. The individual will be referred to an employment counselor from their caseworker upon eligibility determination. The individual will participate in a group orientation and will receive a list of required activities.

Community Rehabilitation Providers:

CWP currently uses 25 different providers for the provision of services. These providers serve over 25,000 residents of North Central region each year through the *CTWorks* centers, with an average expense of \$2,244 per consumer.

Budget:

Program Name	FY05 Program Appropriation	Funding Source	FY05 # of Clients Served	FY05 # of Youth Served	FY05 Per Client Expenditure	Percent of Program Spent on Employment Support/Transition Services	Percent of Program Spent on Youth
WIA Youth	\$2,405,715	WIA	320	320	N/A	N/A	100%
WIA Adult	\$2,149,380	WIA			N/A	N/A	0%
WIA Dislocated Worker	\$1,928,058	WIA			N/A	N/A	0%
Jobs First	\$4,089,462	TANF	51%*	3,315	N/A	N/A	51%

* 51% of TFA caseload in North Central region are under the age of 25.

Identified System Barriers:
Youth & Transition Services

CWP noted that schools are often unaware of the services that CWP and the *CTWorks* One Stop centers can offer to a transitioning population. Likewise, they report that transition coordinators from other agencies might also be unaware of the services at CWP. Staff at the *CTWorks* One Stop centers are not trained to identify hidden disabilities that the LEA might not have diagnosed. Services will never be effective if disabilities are not known beforehand, as caseworkers do not provide social or vocational rehabilitation services.

Adult Services

Co-located WIB and CTDOL *CTWorks* career centers are mostly located in old state buildings. Though money has been spent to update these buildings to better serve consumers, they are often found to not be user-friendly, especially for the severely disabled population. Caseworkers at the one-stop centers are not trained as vocational rehabilitation service providers, so certain services for specific disabilities might not be available. Employers that utilize the one-stops do not support part-time employment. CWP risks the possibility of losing the support of its employers if too many of its consumers are capable only of part-time work. The agency reports that this is often a barrier for individuals with disabilities as certain individuals may not be capable of full-time employment.

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Overview:

DHMAS works to improve the quality of the life of the people of Connecticut by providing an integrated network of comprehensive, effective and efficient mental health and addiction services that foster self-sufficiency, dignity and respect. DHMAS provides services to people 18 and older; consumers younger than 18 receive mental health and substance abuse services through the Department of Children and Families.

Mental health and substance abuse services are provided across the state through a number of state facilities as well as private providers, and non-profit entities. LMHAs, hospitals, state colleges, and community-based providers all have programs that provide vocational assistance with recovery services. Within this group, there are services that are specifically targeted to youth --Young Adult Services and Central Access and Student Development.

DHMAS services include:

- MH/SA Inpatient Hospitalization
- Assertive Community Treatment
- Case Management
- Mobile Crisis and Respite
- MH/SA Residential
- Housing Supports
- Peer Supports
- Young Adult Services
- Forensic Services
- Dual Diagnosis Treatment
- Specialized Women's Services
- Methadone Maintenance
- Residential SA Detox
- Ambulatory Detox
- Psychosocial Rehab
- Job Supports/Vocational
- Basic Need Supports
- Outpatient and Intensive Outpatient
- Lab, Transport, pharmacy

Consumers are encouraged to interact with the community as part of their recovery. This is frequently accomplished through the employment services that are offered through the various providers.

Agency Definition of Disability:

DHMAS provides prevention services to all Connecticut citizens with a mandate to serve adult 18 years and older with psychiatric or substance use disorders, or both, who lack financial means to obtain such services on their own. DMHAS also provides collaborative programs for individuals with special needs, such as persons with HIV/AIDS infection, people in the criminal justice system, those with problem gambling disorders, substance abusing pregnant women, persons with traumatic brain injury or hearing impairment those with co-occurring substance abuse and mental illness, and special populations transitioning out the Department of Children and Families.

Employment Supports, Training, Literacy or Self-Sufficiency Services to People with Disabilities:

DMHAS provides employment related services to adults receiving services in the LMHAS and adults in the Cedarcrest and Connecticut Valley Hospital Programs. These programs provide services to the target population of youth in transition and will be discussed further in the following section.

Employment Supports, Training, Literacy or Self-Sufficiency Services to Transitioning Youth with Disabilities:

There were a total of 15,098 young adults in DMHAS care from July 1, 2005 through April 20, 2006. This group includes youth in the care of hospitals, in the Young Adult Services Program, LMHAS and private non-profits. The following chart illustrates the age of youth in Mental Health and Substance Abuse services as of June, 2005.

Age	Number Receiving Mental Health Services	Number Receiving Substance Abuse Services-State Agency	Number Receiving Substance Abuse Services Department of Correction	Number Receiving Substance Abuse Services-Private Non-profit	Number Receiving Other Services
18	164	11	24	458	4
19	456	20	39	725	3
20	591	47	57	824	2
21	663	54	64	946	9
22	699	68	27	1052	5
23	723	60	30	1080	6
25	724	68	33	1058	2
25	732	81	38	983	7

YOUNG ADULT SERVICES

Program Description:

DMHAS offers the Young Adult Services program for people age 18-25. Young Adult Services offers comprehensive mental health and substance abuse treatment and support for consumers who need an extremely high level of care; these consumers may be coming from residential facilities. As of April 30, 2006, there were 792 consumers in Young Adult Services.

The following table illustrates where the type of care and placement Young Adult Services consumers received, with a count of participants as of April 30, 2006.

Service	Number of Young Adult Service Clients April 30 2006
Acute In-Patient	51
Residential	13
Case Management	239
Out-Patient	489

Many consumers in Young Adult Services have no family support, and rely on the state as their sole support. There are two periods of transition for the clients in Young Adult Services. Transition into this program may begin when a consumer is 16, and a consumer frequently does not transition out of the program until they are in their late 20s.

A major focus of Young Adult Services is employment and education during both the first and second transition plan. A vocational counselor is part of all transition teams. The vocational counselor advises the consumer on employment choices. The consumer may receive employment services at any point in their recovery. The amount of employment service each consumer receives is determined on an individual basis.

Youth 18-25 who do not require the intense level of service provided by Young Adult Services may receive mental health and substance abuse services through the LMHAs.

Eligibility Criteria:

Consumers in Young Adult Services must be 18-25, and require the high level of services that the program provides. DCF identifies potentially eligible consumers and submits the information to DMHAS for eligibility determination. DCF and DMHAS provides transition services to these consumers, from the DCF children's program into the Young Adult Services program.

Success Measurement:

Success is determined by how many consumers leave the program having reached the goals they developed and identified on their service plan (more person centered). This may mean that consumers are employed, have their own housing, or have completed education. Because this is a relatively new program, outcome data is just beginning to be captured. DMHAS estimates that approximately 10% of the young adults exit the program before a successful outcome.

Length of Time Consumers Participate:

Consumers in the Young Adult Services program may receive services for several years. The program is designed for consumers aged 18 – 25, with an anticipated length of stay the full 7 years. As the first cohort of consumers age past 25, *the program is recognizing the option that service may need to be extended, for a certain cohort of individuals.....being lengthened to ensure that the consumer leaves treatment not at age 25, but when they are ready to transition back into the community.*

CENTRAL ACCESS & STUDENT DEVELOPMENT**Program Description:**

Central Access & Student Development (CASD) operated through the Department of Counseling and Family Therapy, is an education program based at Central Connecticut State University. The program provides college students who are in recovery from psychological and substance abuse experiences with support and advocacy while they are in college. CASD also plays an advocacy role for students recovering from mental health and substance abuse experiences.

CASD also offers staff development program presentations, motivational consumer presentations and out-reach to mental health provider agencies that have connections to students interested in attending college. These presentations are also offered at the CT community colleges as a way to build bridges of continued support for students with mental health issues who want to transfer to the four year University to continue their education in the pursuit of a Bachelors degree. Since the beginning of 2005, over 40 CASD presentations have been made to Connecticut Community Colleges, and state agencies and over 30 presentations have been made to on-campus organizations at Central Connecticut State University including the School of Social Work, Psychology Club, and Residence Life.

Eligibility Criteria:

Any student who attends Central Connecticut State and other campuses around the state, who would like CA&SD Services is eligible.

Data Collection:

Data on students including name, sex, age, race, and class, is collected and kept in locked paper files.

Success Measurement:

There are many measures of success for this program. These measures include:

- If a student graduates
- If a student withdraws from a course instead of failing
- If a student drops courses to have a more manageable course load
- If a student gets a job
- If a student leaves a job through the appropriate channels

Length of Time Consumers Participate:

A student may participate in a program as long as necessary. This is often 4 years or more. Students are inquiring about the program in the senior year of high school, and stay in the program even after they graduate.

Local Mental Health Authorities

Program Description:

The youth who do not need a hospital level of care receive services through LMHAs and providers. These services include:

Service	Number of Youth using the Service 2006
Acute In-Patient	69
Methadone Treatment	709
Drug Education	2983
Detox IP	779
Detox OP	243
Counseling and Educat	4
SAGA	267
Crisis	1969
ABI/TBI	7
Social Rehabilitation	201
Residential Rehabilitati	1049
Case Management	504
General Psychological	6
Intake/Evaluation	258
Recovery Support	1
Vocational Rehabilitatio	102
Out-Patient	4153
Partial Hospital	739
Forensic	33
Other	230

**The above table does not include Young Adult Services*

When a consumer enters the DMHAS system, the LMHA performs an evaluation to determine diagnosis, eligibility and service need. If the consumer is eligible for services, the LMHA and consumer work together to develop a recovery plan. Employment services may be included in this recovery plan. Each LMHA provides vocational counselors that help the consumer implement the recovery plan. These counselors offer many services including going to the job site to act as a liaison between the consumer and the employer. Employment support services are provided by LMHAs directly as part of their recovery services, or they are contracted to private providers.

The state has asked LMHAs to file plans that describe how they plan to increase employment participation among consumers. The following is an outline provided to the LMHAs to ensure that their agency employment plan is comprehensive. LMHAs are encouraged to include:

- basic demographic information regarding the total number of persons who are served by the agency and the number receiving employment services

- the agency's employment services structure including the roles of LMHA staff and affiliate clinical and employment providers
- the agency's employment planning process and the individuals who were involved in developing the plan
- the status of employment services as they are currently provided through the agency's service system
- the work that was done this year to develop this plan
- key employment system goals that have been identified for the coming year

Eligibility Criteria:

DMHAS, through the LMHAs serve consumers who are severely and persistently mentally ill, have an axis 1 diagnosis, need DMHAS services because the consumer has no private insurance, or have brain trauma. DMHAS does not provide services for youth under the age of 18; this cohort receives services from DCF.

Success Measurement:

Approximately 3,000 of the 35,000 consumers served by LMHAs receive employment services. Success is defined as achieving integrated competitive employment for the individual consumer. All transition plans have a column to track to the success of the individual.

In 2005, DMHAS and the LMHAs began working to strengthen the employment services offered by LMHAs. Each LMHA was asked to develop an employment plan. 13 of the 14 LMHAs have submitted employment plans to date. The goal of the employment plan is to develop a strategy for implementing recovery-oriented practices in the eight goal categories. These categories are:

- Developing an oversight structure
- Creating an array of activities
- Implementing evidence-based practices
- Embedding employment services within the treatment system
- Facilitating collaborative partnerships with community-based agencies
- Building stakeholder capacity
- Increasing the visibility of employment throughout the agency
- Developing measurement systems for quality assurance

In January 2006, DMHAS began collecting employment outcome indicator data from the LMHAs. Data is to be collected on those consumers who are receiving state funded employment services. The measures being used include:

- Percentage of consumers who find competitive jobs within 120 days after intake
- Percentage of consumers who maintain competitive employment for 60 days or more
- Percentage of people who are engaged in career-enhancement activities.

This data is being electronically submitted on a monthly and quarterly basis through a web-based system.

Length of Time Consumers Participate:

DMHAS conducts an annual consumer satisfaction survey. The 2005 edition surveyed 21,575 consumers. Eight out of ten consumers who responded to the survey had a positive perception of Access, Outcome, and Recovery. 90% of survey respondents agreed with the statement, “ I liked the services that I received here”. 815 of survey respondents thought the location of provided services was convenient.

HOSPITALS

Program Description:

There are youth beds in the state psychiatric hospitals. As of April 30, 2006, there were 120 Young Adults age 18-25 in psychiatric hospitals. Of these 120 youth, 51 were in the Young Adult Services program.

Cedarcrest and Connecticut Valley Hospitals are medium care facilities that encourage consumers to receive employment services through the supportive environment of the hospital and though the community.

Connecticut Valley Hospital has an onsite mall that contains a beauty salon, nursery, and bank. Patients may work in the mall to learn vocational skills to help with their transition back to the community.

Cedarcrest Hospital also offers vocational training. However, instead of an onsite mall, patients are placed in employment in the community. External job placement staff assists the patient to find access and maintain employment as part of the employment/recovery plan.

Eligibility Criteria:

To be eligible for hospital care, the client must be gravely disabled, and/or a danger to themselves or others. The client also must depend on entitlements to cover their hospital care.

Success Measurement:

The community is involved in the recovery and employment plans of consumers in both hospitals. When consumers are released from the hospital, they are encouraged to find and maintain employment or use the vocational skills they learned during in-patient treatment.

Length of Time Consumers Participate:

Consumers in Cedarcrest Hospital stay an average of 2 years in the hospital. Consumers in CVH, typically tend to spend many years in the care of the hospital.

Data Collection for LMHAs, Hospitals and Young Adult Services Program:

Agency Maintains a Data Dictionary Agency Does Not Maintain a Data Dictionary

DMHAS providers collect data and either electronically transfers this data to the Central office, or this information is data entered. Data is stored in the Visual Basic /SQL Database. Over 150 data elements are collected. Data elements include, demographic information, education level completed, vocational support, past hospitalization, and type of care currently under.

MOUs/MOAs:

DMHAS has an MOA with BRS to fund one FTE. This MOA funds the position of a liaison between the two agencies that coordinates employment and training services for individuals with psychiatric and/or addiction disorders. DMHAS funds this position at \$64,000, while BRS funds \$21,000.

DMHAS has an MOA with DCF. This relationship helps DMHAS identify youth who are eligible for the Young Adult Services program before they leave the care of DCF.

Referrals:

DMHAS consumers may be referred from several entities including from families, self referral, LEAs, other agencies, hospitals, and primary care providers. The source of referral is tracked by DMHAS at admission.

DCF has an MOA with DHMAS, and often refers consumers to DHMAS. DCF identifies children at the age of 15 for possible participation in the Young Adult Services program. DCF collects and provides consumer information pertinent to DMHAS. DMHAS will determine if the person is eligible for the program, and works with the

consumer, family, and the program they are currently in to develop the transition action plan, and coordinate services.

DMHAS case workers may refer consumers to other agencies on an individual basis, as appropriate.

Community Rehabilitation Providers:

LMHAs and 92 private providers, which include 27 community-based employment providers deliver service to consumers. These providers are used for case management, vocational services, psycho-social rehabilitation, out-patient substance abuse, and detox.

Psychosocial Clubs

Psychosocial clubs provide a range of services and frequently work in conjunction with the LMHAS to provide vocational training and employment supports. These clubs use social, vocational, and educational tools to integrate club members into the community.

Some psychosocial clubs house consumers. Here they learn daily living skills, shopping, cooking, cleaning, money management, and negotiating with landlords. Psychosocial clubs also provide case management services include acting as a liaison with clinicians and medical providers, transportation, medication and symptom monitoring, and arranging entitlements. Each consumer develops a plan with the club to ensure that all available support services are utilized.

The vocational programs offered through the clubs include working on site--at thrift stores or in the kitchen, temporary employment services where a consumer works for a number of weeks to get acclimated to employment, and career guidance.

Budget:

Program Name	FY05 Program Appropriation	Funding Source	FY05 # of Clients Served	FY05 # of Youth Served	FY05 Per Client Expenditure	Percent of Program Spent on Employment Support/Transition Services	Percent of Program Spent on Youth
Young Adult Services	\$25,319,969	Federal including SAMSHA, state and private	635	635	\$39,873.97		100%
Other Youth Services		Federal including SAMSHA, state and private	12032	12032			
LMHAs	\$139,609,187.00	Federal including SAMSHA, state and private					
Hospitals		Federal including SAMSHA, state and private					
CA&SD	\$75,000	Federal including SAMSHA, state and private					
Program Name	FY06 Program Appropriation	Funding Source	FY06 # of Clients Served	FY06 # of Youth Served	FY06 Per Client Expenditure	Percent of Program Spent on Employment Support/Transition Services	Percent of Program Spent on Youth
Young Adult Services	\$26,006,721	Federal including SAMSHA, state and private	792	792	\$32,836.77		100%
Other Youth Services		Federal including SAMSHA, state and private	14,304	14,304			
LMHAs	\$148,820,352	Federal including SAMSHA, state and private	35,000	35,000	\$4,252.01		
Hospitals		Federal including SAMSHA, state and private					
CA&SD	\$75,000	Federal including SAMSHA, state and private					

Identified System Barriers:

In regards to the Young Adult Services Program, the general experience of being outside a residential treatment facility with a lack of education, family supports, and transportation is difficult for consumers.

This population has risky behaviors, and staff needs to be trained to work with a spectrum of disorders.

There is also a barrier in regards to transition services from hospitals to LMHAs. The hospital provides employment supports, both counselors and actual employment to patients. It is not common practice for the hospitals and LMHAs to communicate about the patient's employment plan prior to or following the transition.

DEPARTMENT OF MENTAL RETARDATION

Overview:

The Department of Mental Retardation (DMR) provides employment and day services to residents of Connecticut with mental retardation transitioning/graduating from high school, aging out of their placement with the state's Department of Children and Families (DCF), or adults who meet eligibility requirements and require supports. Clinical eligibility for DMR services requires that a client reside in the state of Connecticut and have mental retardation as defined in state statute section 1-1g *or* have a medical diagnosis of Prader-Willi Syndrome.

Mission Statement:

The Department of Mental Retardation provides employment and day services to residents of the State of Connecticut who have mental retardation and who are transitioning/graduating from high school, aging out of their placement with the state's Department of Children and Families (DCF), or are adults who require support. The agency's mission statement is:

The Mission of the Department of Mental Retardation is to join others to create the conditions under which all people with mental retardation experience:

- **Present** and **participation** in Connecticut town life
- Opportunities to develop and exercise **competence**
- Opportunities to make **choices** in the pursuit of a personal future
- Good **relationships** with family members and friends
- **Respect** and **dignity**

Agency Definition of Disability:

The Connecticut General Statutes defines mental retardation as sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during developmental period. The individual must have an IQ below 70. The agency also provides services for individuals with Prader-Willi Syndrome, which is a neurobehavioral genetic disorder that must be diagnosed by a physician.

Employment, Training, Literacy, or Self-Sufficiency Services Offered:

DMR provides birth to death services for CT residents who meet the state's definition of mental retardation. Employment supports, training, and other habilitative self-sufficiency services are offered through the Department's Day Support Program, which includes both community and employment support services designed to increase consumers' independence and activity within the community.

In addition to these support services, residential supports are available for DMR clients to provide a living arrangement and assistance with daily living tasks. Residential supports are available to individuals in their own or family home, or in group arrangements, as well as in regional centers that are staffed 24 hours a day and day.

Employment Supports, Training, Literacy or Self-Sufficiency Services to Transitioning Youth with Disabilities:

Youth receive employment support, job training, and habilitation through DMR's Day Support program. This is the only program that the Department maintains to provide such services, and though it is not specifically targeted to youth, it provides supports to approximately 155 Young Adults (individuals aged 18 -21) and 8,287 adults over the age of 21.

Children under the age of 14 are provided support services through the Local Education Agency (LEA), but will also work with DMR regional education liaisons to address ad hoc needs of the children. Very few school-aged children receive significant support services until after their graduation.

As students get closer to graduation – typically around the age of 14 – the Department's Transition Coordinators begin to work closer with the student and district to plan for transitional supports after graduation. When a child is transitioning out of high school, between the ages of 18-21, they become eligible for day services with DMR, which includes vocational supports and individualized plans for improvement. Youth aging out of DCF are also provided residential supports.

DAY AND EMPLOYMENT SUPPORT PROGRAM

Program Description:

DMR provides eligible clients with Day and Employment Support services designed to increase independence, find jobs, and ensure that individuals remain a visible and active part of their community. The services provided under the program are aimed at maintaining people's independence through community experiences and employment. Day services are provided to adults, and therefore are not solely focused on transitioning youth.

The services offered include:

Day Support Options: These programs provide a community experience for DMR consumers to increase the participant's opportunities to interact with other people and become involved in their communities. Community experiences can include volunteering, trips to grocery stores, libraries, or other community events.

Therapeutic and specialized supports are also provided to individuals who require them.

Supported Employment: Supported employment is a job option for people with mental retardation in either an individual or group setting. Job coaches provide assistance and training to disabled individuals, and as skills increase the worker takes a greater role in the job. Supported employment occurs in a traditional employment setting such as a factories, restaurants, hotels, or hospitals.

Sheltered Employment: Sheltered workshops are settings where people with disabilities work in production-line fashion on projects that the workshop contracts to perform.

Vocational Training: DMR providers offer long-term employment and training services. DMR consumers may also receive vocational rehabilitation services from the Bureau of Rehabilitation Services.

Source: Connecticut Department of Mental Retardation Home Page

The following details the Department's Day Service by Age as of December 2005:

Day Program by Age - December 2005

DayType	Day Program Description	0-14	15-21	22-30	>30	Total
Employment Focused:						8,975
DSO	DAY SUPPORT OPTIONS		55	528	2,899	3,482
GSE	GROUP SUPPORTED EMPLOYMENT		48	734	2,134	2,916
SEI	INDIVIDUAL SUPPORTED EMPLOYMENT	1	49	339	729	1,118
SHE	SHELTERED EMPLOYMENT		3	100	809	912
EMP	COMPETITIVE EMPLOYMENT		3	97	432	532
JST	JOB SKILL TRAINING			6	5	11
CLW	CLIENT WORKER			1	3	4
Education Setting:						4,210
LEA	LOCAL EDUCATION AGENCY	1,996	1,890	82	3	3,971
SDE	DMR SCHOOL DISTRICT-EARLY CONNECTION	152	1			153
SCD	RES SCHOOL DAY PROGRAM	12	30	5	6	53
PRE	PRE-SCHOOL	32				32
PSE	POST SECONDARY EDUCATION			1		1
Other:						1,834
NDF	NO DAY PROGRAM - REFUSED	18	5	92	439	554
NDP	NO DAY PROGRAM - PROGRAM NEEDED	5	10	112	277	404
OD	OTHER DAY	23	5	142	117	287
UNK	Unknown Day Program	29	24	59	110	222
NDR	NO DAY PROGRAM - RETIRED		1		174	175
NDM	NO DAY PROGRAM-MEDICAL REASONS	4	2	10	117	133
EMX	UNEMPLOYED		1	17	41	59
	Total	2,272	2,127	2,325	8,295	15,019

Eligibility Criteria:

To be eligible for any DMR services, an individual must be diagnosed as mentally retarded, having sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during developmental period, and an IQ below 70. Individuals diagnosed with Prader-Willi syndrome will also qualify.

Section 1-1g - Definition of Mental Retardation:

Mental retardation means a significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.

- **"General Intellectual Functioning"** means the results obtained by assessment with one or more of the individually administered general

intelligence tests developed for that purpose and standardized on a significantly adequate population and administered by a person or persons formally trained in test administration;

- "**significantly subaverage**" means an intelligence quotient more than two standard deviations below the mean for the test (usually this means an IQ score of 69 or lower);
- "**adaptive behavior**" means the effectiveness or degree to which an individual meets the standards of personal independence and social responsibility expected for the individual's age and cultural group; (usually this is determined by a test such as the Vineland Adaptive Behavior Scale or the AAMR-Adaptive Behavior Scale);
- "**concurrently**" means that both deficits in intellectual functioning and deficits in adaptive behavior have to exist at the same time.
- "**developmental period**" means the period of time between birth and the eighteenth birthday.

Source: CT Department of Mental Retardation website

Individuals must also be eligible for Medicaid – with an active Medicaid number with the Department of Social Services – and enrolled in one DMR's Home and Community Based Services waivers in order to receive full services. Individuals who are not financially eligible at the time of application often work with the Department to develop and asset reduction plan with the goal of bringing the client in line with financial eligibility for the program.

Available funding is a prerequisite for receiving DMR services, and the Legislature funds the program annually to include particular target groups: those already receiving services, known individuals who have already applied to DMR for day/vocational services transitioning from a school setting, adolescents aging out of DCF, and a set number of people annually in accordance with DMR's multi-year Waiting List Initiative for residential services. When funding is not available, individuals are placed on a waiting list until resources are available.

Data Collection:

- Agency Maintains a Data Dictionary Agency Does Not Maintain a Data Dictionary

DMR's main a majority of its program specific data in the Connecticut Automated Mental Retardation Information Services (CAMRIS) system. CAMRIS has a number of tables that store client, program, and placement specific data. However, the Department

also utilizes a number of stand-alone platforms to assist them with other critical elements of managing their programs. For example, DMR has separate systems for client intake, Level of Need determination, waiting list management, and financial transactions. Most of these systems are not linked to CAMRIS in any meaningful way, which makes consistent data analysis difficult and often requires additional staff resources.

DMR maintains a detailed and up-to-date data dictionary for all fields in CAMRIS.

Success Measurement:

DMR does not utilize a single definition of success for any of its programs. Because the Department's consumers often receive support throughout the course of their life, DMR focuses on long-term goals of increased independence and activity. More immediate measures are taken during the ongoing review of client's Individual Plan's (IPs) and during the provider Quality Service Reviews (QSRs). However, these measures are very specific to the individual and not aggregated to a higher level to evaluate DMR's successes in placing consumers in competitive employment positions. However, the QSR will provide aggregate information on provider performance by 2007.

Length of Time Consumers Participate:

DMR consumers are entitled to services for life once they have been made eligible, provided that they continue to require support and meet eligibility requirements. The Department views its clients as lifelong participants and therefore does not track participation time as a meaningful measure.

MOUs/MOAs:

The Department maintains an MOU with the Department of Children and Families (DCF) to facilitate and coordinate the provision of services for children who may be eligible for Voluntary services through DCF and also eligible for services at DMR, as well as the coordination of Protection Services cases. Adopted on July 1, 2005, the agreement transferred the development of, and provision of voluntary services for children eligible for DCF and DMR services to the Department.

The agreement also holds that DCF is responsible for the provision of protective services for DMR children, while DMR is responsible for providing support, family training, respite, and other services to maintain the child safely in the home.

Referrals:

DMR case managers and staff will assist individuals and their families to obtain all of the services that they are entitled to. The Department does not maintain a formal referral relationship with any state agency that is substantiated within an MOU or the transfer of

client specific data, but does work with all agencies wherever they are able to provide assistance to the individuals they serve.

Community Providers:

The Department utilizes community providers to deliver approximately 87% of the Day and Employment support services received by DMR clients. These providers are available in all regions of the state.

Budget:

The following shows Department spending on the Day and Employment support programs in FY05 and FY06:

Program Name	FY05 Program Spending	Funding Source	FY05 # of Clients Served *	FY05 # of Youths Served **
Day and Employment Supports	\$1,466,567,474	State and Title XIX Funds/HCBS Waiver	9,127	33

Program Name	FY06 Program Spending	Funding Source	FY06 # of Clients Served *	FY06 # of Youths Served **
Day and Employment Supports	\$159,595,634	State and Title XIX Funds/HCBS Waiver	9,252	155

*FY05 figure based on 6/30/05 snapshot and FY06 figure based on 12/31/06 snapshot

** Based on the number of youths participating in Day Support, Supported Employment, Job Skills Training, and Sheltered Employment programs.

The ability to analyze DMR’s spending by age group and specific service types is limited due to the segregation of their budgeting and client systems. DMR is reviewing the possibility of providing this data and the report will be updated as received.

The count of individuals served includes children who are still in school and receiving almost all of their support services from their local district. Children in school do work with DMR transition coordinators and case managers and may receive some minimal supports while still enrolled in school, but DMR typically does not provide significant support services until after the child has graduated.

Identified System Barriers:

DMR staff identified a number of areas that have created barriers to providing adequate job support and employment services to their clients:

Jobs: Staff noted that there is little variety in the types of employment available to their consumers. Primary employment opportunities are in the grocery, food service, and janitorial industries, which present significant challenges in working with consumers to learn new skills and explore new employment opportunities.

These jobs are also often very difficult because they can require to the job site travel or work during 2nd shift hours when their daily supports are not available.

The lack of viable employment options for DMR consumers has been compounded by the recent struggles of the Connecticut economy. As the number of jobs in Connecticut has decreased, DMR has found more difficulty finding employers willing to work with their clients and also seen a sharp decline in supported employment opportunities.

Transportation: Finding available transportation is a significant barrier to individuals served as they transition from school into the community. Public transportation options can be very limiting for DMR consumers due to limited routes, inconvenient times, and limited adaptive capabilities. Providers do offer transportation but the distance of job availability to one's home is sometimes challenging and limits job searches.

Funding for Adult Entry to DMR Services: Annual funding for DMR is based on consumers already receiving services, individuals graduating from school who have already applied for DMR Day services, and a set number of clients annually in accordance with the Department's multi-year Waiting List Initiative for Residential Services. This does not always allow for consumers who apply for DMR services after graduation to receive supports immediately, which can cause a break in the continuum of services for these individuals. DMR indicated that funding for these services would allow them to provide supports to this population as they are needed.

DEPARTMENT OF SOCIAL SERVICES

Overview:

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 Emergency 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 1997; 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 Security Act; 12.) the state Social Services Plan for the implementation of the Social Services and Community Services Block Grants, pursuant to the Social Security Act; 13.) the Section 8 existing certificate program and the housing voucher program, pursuant to the Housing Act of 1937; 14.) the state plan for Title XXI; and 15.) Disability Determination Services.

Agency Mission Statement:

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.

Employment Supports, Training, Literacy or Self-Sufficiency Services to Transitioning Youth with Disabilities:

DSS provides funding for a variety of services that assist individuals in transition, as well as the disabled, become self-sufficient.

Agency Definition of Disability:

DSS defines disabilities on a per program basis in conjunction with specific federal guidelines.

MEDICAL SERVICES

The Division of Medical Care Administration and Regional Offices ensure that eligible children, youth, adults, and seniors are able to access needed medical and/or prescription medication coverage through Medicaid, the State Children's Health Insurance Program, the State-Administered General Assistance medical program, ConnPace, and other programs. Connecticut's HUSKY Plan (Healthcare for Uninsured Kids and Youth) combines services under Medicaid and the State Children's Health Insurance Program for eligible children, teenagers, pregnant women, and parents/caregivers. Medicaid fee-for-service coverage is provided to eligible elders and people with disabilities, while State-Administered General Assistance offers medical coverage to eligible adults.

HUSKY

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

HUSKY A:

DSS Regional Offices enroll into Medicaid managed care parents or relative caregivers with incomes at or below 150% of the federal poverty level; children up to 19 in families with incomes at or below 185% of the federal poverty level; and pregnant women with incomes at or below 185% of the federal poverty level. Families receiving Temporary Family Assistance are also enrolled into HUSKY A. Connecticut now operates one of the largest pre-paid Medicaid managed care programs in the nation, proportionate to the population.

HUSKY B:

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

HUSKY health care is free or low-cost, depending on family income. With the elimination of co-payment requirements for Medicaid, there is no cost sharing by the family for HUSKY A benefits, although co-payments and premiums continue to be required for many children enrolled in HUSKY B. The following chart provides a breakdown of HUSKY eligibility based on family size and income:

HUSKY Family Income Guidelines (Effective 4/1/2006 – 3/31/2007)

Family of 2	Family of 3	Family of 4	Family of 5	Family of 6	HUSKY Plan Feature
Under \$19,800	Under \$24,900	Under \$30,000	Under \$35,100	Under \$40,200	Free health care for parents who live with child or for relative caregiver like grandparent who lives with child. HUSKY A
Under \$24,420	Under \$30,710	Under \$37,000	Under \$43,290	Under \$49,580	Free Health care fore children under 19 and pregnant women. HUSKY A
From \$24,420 - \$31,020	From \$30,710 - \$39,010	From \$37,000 - \$47,000	From \$43,290 - \$54,990	From \$49,580 - \$62,980	Health care for uninsured children under 19; some co-payments. HUSKY B
From \$31,021 - \$39,600	From \$39,011 - \$49,800	From \$47,001 - \$60,000	From \$54,991 - \$70,200	From \$62,981 - \$80,400	Health care for uninsured children under 19; co-payments and premiums apply. HUSKY B
Over \$39,600	Over \$49,800	Over \$60,000	Over \$70,200	Over \$80,400	Health care for uninsured children under 19; group premium rate applies. HUSKY B

Children Enrolled in HUSKY Programs by Age

Child Age	HUSKY A	Child Age	HUSKY B
Under 1	14,213	Under 1	422
1 to 5	58,175	1 to 5	4,126
6 to 14	92,619	6 to 10	4,505
15 to 18	35,543	11 to 15	4,389
19 to 21	9,720	16 to 18	2,247

HUSKY Exam Coverage for Children by Age

Age Category	No. Exams
Birth to 1	6 Exams
1 to 5	6 Exams
6 to 10	1 Exam Every 2 Years
11 to 19	1 Exam Per Year

**Co Payment and Premium Maximums
(HUSKY B Only)**

Income	Co-Payment/Premium
Household income between 185% - 235% FPL	\$650 Max/Year
Household income between 235% - 300% FPL	\$1,250 combination/year
Household income above 300% FPL	No Maximum - Family Buy-in

The following chart highlights the benefits package available for HUSKY B, which provides health insurance to children who are not eligible for HUSKY A – the existing

full Medicaid program. The benefits package for HUSKY A is similar, except that there are no co-payments or premiums.

Benefit Features	HUSKY Coverage
Preventive Care	
▪ Inpatient Physician	100%
▪ Inpatient Hospital	100%
▪ Outpatient Surgical Facility	100%
▪ Ambulance	100% In Emergency
▪ Continued Stay	Arranged Through Provider
▪ Prescription Drug	\$3 co-pay on generics \$6 co-pay on brands
Mental Health	
▪ Inpatient	100 % / Conditions Apply
▪ Outpatient	\$5 co-pay / Conditions Apply. Supplemental coverage under HUSKY Plus
Substance Abuse	
▪ Detoxification	100%
▪ Inpatient	100% / Conditions Apply. Drug: 60 Days, Alcohol: 45 Days
▪ Outpatient	100% / Conditions Apply. 60 Visits per year
Skilled Nursing	
Home Health	100%
Hospice	100%
Short Term Rehab	100%
Long Term Rehab	HUSKY Plus
Lab and X-Ray	100%
Emergency Care	\$25 co-pay
Durable Medical Equipment	100%
Prosthetics	100%
Eye Care	\$5 co-pay
Hearing Exam	\$5 co-pay
Nurse Midwives	\$5 co-pay
Nurse Practitioners	\$5 co-pay
Podiatrists	\$5 co-pay
Chiropractors	\$5 co-pay
Hearing Aids	HUSKY Plus
Family Planning	
▪ Oral Contraceptives	\$5 co-pay
▪ Family Planning	100%

Eligibility Criteria:

For HUSKY A, parents or relative caregivers with incomes at or below 150% of the federal poverty level; children up to 19 in families with incomes at or below 185% of the federal poverty level; and pregnant women with incomes at or below 185% of the federal poverty level are eligible for services. Families receiving Temporary Family Assistance are also enrolled into HUSKY A. For HUSKY B, children under age 19 in families with incomes above 185% of the federal poverty level are eligible for services. The coverage is subsidized by the state and federal governments for children in families with incomes up to and including 300% of the federal poverty level.

Average Length of Time Consumers Participate:

DSS does not collect information on the average length of time consumers participate. There is an annual re-assessment of eligibility for all HUSKY program coverage.

Success Measurement:

The HUSKY A, B & Plus programs exist to ensure that all children in Connecticut may receive quality health coverage. As such, the agency does not formally define success for the HUSKY programs but does examine data related service delays and access to care.

CONNPACE:

The Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled Program (ConnPACE) began as a pilot program in 1986 to assist Connecticut's low-income elderly residents with their prescription expenses. In 1987, the program added coverage for the disabled and become permanent. ConnPace assists residents 65 years of age and over, and disabled residents 18 year of age and over, whose annual adjusted gross income is less than \$21,400 is single, or with a combined income of less than \$28,900 during SFY2005. ConnPace is a state-funded program. On application, an individual must submit proof of age, state residency, income, disability, and any insurance. Participants must apply annually for re-determination of eligibility. Once determined eligible, the participant is issued a ConnPace benefits card. The dispensing provider will confirm participant eligibility through an on-line data system, collects the co-payment, and dispenses the medication, billing ConnPace for the balance due.

As of December 31, 2005, 48,635 individuals were enrolled in the program, with 40,990 elderly recipients and 7,645 disabled enrollees. The SFY2006 budget appropriation for this program was \$79,550,246. The following chart displays the unduplicated count of enrollees for each of the different income levels for the time from July 1, 2005 to December 31, 2005. The table includes percentages representative of each group in relation to the total.

Income Levels	Number of Enrollees	Percent of Total Enrollees
Under \$3,000	320	0.60%
\$3,001 to \$6,000	940	1.80%
\$6,001 to \$9,000	4,473	8.60%
\$9,001 to \$12,000	12,484	24%
\$12,001 to \$15,000	12,555	24.20%
\$15,001 to \$18,000	8,747	16.80%
\$18,001 to 21,000	6,143	11.80%
\$21,001 to \$24,000	3,059	5.90%
\$24,001 to \$27,000	2,391	4.60%
\$27,001 to \$27,500	286	0.60%
\$27,501 to \$28,900	561	1.10%
Total	51,959*	100%

* Total unduplicated count of eligible enrollees during the reporting time

The following chart displays the unduplicated count of enrollees for six age levels for the period from July 1, 2005 to December 31, 2005:

Age Levels	Number of Enrollees	Percent of Total Enrollees
18 to 64 (Disabled)	8,139	15.70%
65 to 69	4,897	9.40%
70 to 74	7,079	13.70%
75 to 79	9,099	17.50%
80 to 84	10,331	19.90%
85 +	12,396	23.80%
Total	51959*	100%

* Total unduplicated count of eligible enrollees during the reporting time period.

Eligibility Criteria:

Eligibility guidelines are as follows:

- Be a resident of Connecticut for six months prior to applying
- Be 65 years of age or older or;
- Be between the ages of 18 and 64 and receiving disability benefits under the Social Security Disability Program (Title II) or the Supplemental Security Income Program (Title XVI);
- Have an annual adjusted gross income of less than \$21,400 if single, or combined income of less than \$28,900 if married.
- Not be enrolled in Medicaid, have prescription drug coverage that pays a portion or all of each prescription purchased, or have prescription drug coverage after a deductible has been met; and

- Must enroll in the Medicare-Approved Drug Discount Card with a \$600 Transitional Assistance Prescription Benefit, if a participant’s annual income is less than or equal to \$12,920 for a single person or \$17,321 for a married couple and has Medicare Part A and/or Part B.

Average Length of Time Consumers Participate:

DSS estimates that the average length of time a consumer participates in ConnPACE is about ten years. This information is not reported on.

Success Measurement:

ConnPACE program exists to assist low-income and elderly residents with their prescription expenses. As such, the agency does not formally define success for the ConnPACE program but does examine data related service provision and outcomes.

MEDICAID FOR THE EMPLOYED DISABLED

In 2000, DSS implemented a new program called the Medicaid for the Employed Disabled program to help people with significant disabilities keep their Medicaid benefits while they work. Benefits counseling from the Bureau of Rehabilitation Services (BRS) assist individuals in understanding how an increase in their earnings would impact their benefits. Persons eligible for Medicaid under the program receive all regular Medicaid services. Some individuals also may be eligible for personal assistance services. Eligible individuals may be charged a premium depending on income level.

In SFY2006 there have been 5,284 clients who have been enrolled for at least one month. The total SFY2006 expenditure for this program was \$57,334,378, with an average per client expenditure of \$10,850. The program is funded through the federal Ticket to Work and the Work Incentives Improvement Act of 1999. Funding also comes from the Balanced Budget Act for individuals over the age of 65. The following chart provides a breakdown of the number of individuals served per age bracket:

Age Group	Enrollees
18 to 30	782
31 to 45	2,131
46 to 60	2,033
61 to 64	38

Eligibility Criteria:

To be eligible for the Medicaid for the Employed Disabled program, an individual must meet the following eligibility criteria:

- Be working – including self employment
- Have a significant disability, based on Social Security standards

- Have income of no more than \$75,000 per year (above the income limit, an individual may qualify, if they have impairment-related work expenses)

Your liquid assets, such as bank accounts, may not exceed \$10,000 (\$15,000 for a couple).

Average Length of Time Consumers Participate:

DSS does not keep data on the average length of time individuals receive Medicaid for the Employed Disabled. DSS reports that measuring average length of time is difficult due to lapses and breaks in service for various reasons. This information is not reported on.

Success Measurement:

A successful outcome is achieved when a consumer obtains and maintains a job consistent with their employment plan. DSS/BRS collects and reports significant data related to a consumer achieving the goals set forth in their individualized employment plan.

Services for Families and Children

JOBS FIRST (Temporary Family Assistance)

The Temporary Assistance for Needy Families (TANF) program was signed into law on August 22, 1996. This federal legislation provides block grants to states to fund programs that provide services and benefits to needy families. TANF was designed to give states flexibility to operate programs that serve one of the following purposes:

1. Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;
2. End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage;
3. Prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and
4. Encourage the formation and maintenance of two-parent families.

Jobs First Principles & Objectives:

Temporary Family Assistance (TFA) is the name of the cash assistance program for basic and special needs that is paid to recipients of Jobs First. The guiding principles of Jobs First are as follows:

- It is better to work than to be on assistance.
- Assistance should be temporary.
- Parents who are able should be required to work in exchange for their benefits.

- Individuals should assume personal responsibility for their economic self-sufficiency.
- It is better for children to see their parents work than to collect assistance.
- Families leaving welfare for work should be supported with child care and Medicaid.

Previous welfare programs provided little incentive to find employment as most earnings were deducted from the cash benefit. Recipients were not allowed to have or accumulate any savings to plan for future emergencies. Jobs First was designed to reward work by providing incentives to self-support. The program is intended to provide transitional assistance and to supply individuals with the tools they need to become self-supporting.

Earned incomes of recipients of TFA that are working are not counted until they are equal to the federal poverty level. Recipients are thus allowed to keep all earnings up to the federal poverty level as well as the cash assistance benefits. Families are allowed to have up to \$3,000 in a bank account, and life insurance policies and pension plans are excluded. The equity value of an automobile in excess of \$9,500 counts towards the asset limit. The amount of assistance varies depending on which of the three regions of the state the family resides in. Adults in the family are subject to digital imaging of their fingerprints to prevent receipt of duplicate assistance.

Time Limits for Employable Recipients:

A time limit of 21 months has been instituted for those families who receive TFA and are considered employable. However, extensions of benefits for six months at a time are allowable for those families who have made every attempt to pursue or increase their earnings but through no fault of their own have been unable to do so. Families are exempt from limits if all of the adults in the household meet at least one of the following criteria:

- He or she is incapacitate or over 60;
- He or she is needed in the home because of the incapacity of another family member;
- He or she is not the parent of the dependent children and is not on the award;
- He or she is caring for a child under one year of age; (the child under one must not be a child covered by the family benefit cap provisions);
- She is a pregnant woman or one who recently gave birth if a physician has indicated that she is unable to work; (Note: A woman is automatically exempt for six weeks after giving birth. No physician's statement is required.)
- He or she is a parent under 18 years of age and is satisfactorily completing high school or a high school equivalency program;
- He or she is unemployable (a family in which one of the parents becomes employed, and maintains employment for a period of at least two consecutive months, will no longer be considered unemployable).

To be considered unemployable, a person must meet all of the following conditions. He or she must:

- Be age 40 or older
- Not be employed at any level

- Have less than a sixth grade education
- Have not been employed more than six months in the past five years
- Have cooperated with employment services requirements for 20 months of the 21 month time limit to a degree that would qualify the individual for an extension based on good faith effort.

Extension of Benefits beyond 21 months:

Jobs First Employment Services are designed to rapidly move recipients of TFA into employment and toward self-sufficiency. Priority is given to families subject to the 21-month time limit and all such families are required to participate in employment services. Jobs First uses a workforce attachment model, with employment being the immediate goal of the participant and job search a requirement before any other services are made available.

Extensions to the time limit are allowed for families who have good cause for being unemployed and underemployed at the end of the 21 months. Extensions are requested at month 20 or later and will be allowed for 6 months at a time if certain conditions are met. Eligibility for an extension is based on the following factors:

- The total family income is less than the payment standard; and
- Despite a good faith effort a client is unable to find or keep a job which allows income in excess of the payment standard.

A good faith effort is measured by the number of penalties imposed. A good faith effort has not been made if a client:

- Has had two or more Employment Services penalties imposed; or
- Quit a job, reduced hours, failed to accept additional hours or was fired for willful misconduct in the last 6 months of the time limit or during an extension to the 21 month time limit.
- The adult has two or more barriers to employment. A barrier to employment is a circumstance that reasonably interferes with a person's ability to obtain or retain employment with earnings at or above the TFA payment standard.

Families may not receive more than two extensions unless they have at least one of the following circumstances:

- The family is prevented from working due to domestic violence
- The adults in the home are not working due to two or more substantiated barriers to employment
- The adult in the home is working at least 35 hours per week earning at least the minimum wage and still earning less than the TFA payment standard, or
- The adult in the family works less than 35 hours due to a medical impairment that limits employment or the need to care for an incapacitated family member.

Minor Parents:

Minor parents are required, unless good cause exists, to live with a parent, stepparent, or legal guardian. If there is good reason why the minor parent cannot live with one of these, then the minor must reside with an adult relative or in an adult-supervised living arrangement. The minor parent may receive assistance living alone only if no adult supervised setting is available. In addition, the adult with whom the minor parent lives must apply for and receive assistance on behalf of the minor parent and the child. Unmarried minor parents who have not completed high school are required to attend school as a condition of eligibility.

Service Needs:

DSS makes an initial assessment of the service needs of a family before an individual is referred to the Department of Labor (DOL). The Department collects information in the areas of education, employment and training history, basic educational needs, and other social service needs such as transportation, child care, child support, domestic violence, substance abuse, and mental health. After this assessment is conducted, the person is referred to DOL which, in conjunction with the Workforce Investment Board and its case management provider conducts further assessments as needed to complete an employability plan. DOL and the Boards provide case management and other employment services to help participants reach their independence goals.

Sanctions and Penalties:

All TFA recipients are required to cooperate with the Employment Services Requirements. Under Jobs First, rules exist regarding penalties for non-cooperation with Employment Services. The following sanctions or penalties are applied during the first 21 months of receipt of TFA for failure, without good cause, to cooperate with the requirements of Employment Services, for voluntarily quitting a job without good cause and for being for willful misconduct:

- For the first offense, the TFA benefits are reduced by 25% for three months;
- For the second offense, the TFA benefits are reduced by 35% for three months;
- For the third offense, no TFA benefits are issued for a three-month period.

Those who fail to complete an employment services assessment are ineligible for assistance. If they comply within 30 days their benefits are automatically reinstated without penalty. Families in an extension who fail to cooperate with Employment Services are ineligible for the remainder of the extension and will not be eligible for future extensions based on a good faith effort to obtain or maintain employment.

Safety Net Services:

The Safety Net program exists to protect children and families who have exhausted their 21 months of TFA, are not eligible for an extension because they have not made a good

faith effort to obtain and maintain employment and have earnings below the payment standard. Safety Net services provide the family with basic needs such as food, shelter, and clothing, as well as offering counseling to help remove barriers to employment. Services are provided primarily through referral to existing community resources. Voucher for basic needs and rental assistance are also available to the families in Safety Net. Generally, Safety Net services are available for no more than 18 months.

Child Care Services for TFA Recipients

DSS operates the Care 4 Kids program to provide affordable child care to low and moderate income families in Connecticut. Individuals receiving TFA benefits and working or attending Jobs First Employment Services educational or training activities are eligible to receive Care 4 Kids services for their dependent children.

To be eligible for the Care 4 Kids program at application, family income must be below 50% of the state median income (SMI). The following chart provides a breakdown of income eligibility requirements, showing 50% of the SMI by family size:

50% SMI 2006 - 2007

Family Size	Annual Income
1	\$ 23,222.00
2	\$ 30,368.00
3	\$ 37,513.00
4	\$ 44,659.00
5	\$ 51,805.00
6	\$ 58,950.00
7	\$ 60,290.00
8	\$ 61,630.00

Families enrolled in the Care 4 Kids program can remain eligible for services until their income reaches 75% SMI. The following chart provides a breakdown of income eligibility requirements, showing 75% of the SMI by family size.

75% SMI 2006 -2007

Family Size	Annual Income
1	\$ 34,834.00
2	\$ 45,552.00
3	\$ 56,270.00
4	\$ 66,989.00
5	\$ 77,707.00
6	\$ 88,425.00
7	\$ 90,435.00
8	\$ 92,445.00

Working families transitioning off TFA benefits continue to be eligible for child care services. In SFY2006, an average of 1,671 families receiving TFA benefits was also accessing monthly child care benefits as part of their Jobs First Employment Services. The total cost of child care for TFA recipients in SFY2006 was \$13,100,000, with an average monthly cost of \$652. The average length of continuous service was roughly 20 months.

TFA Eligibility Criteria:

Eligibility is based on income being lower than a set standard and assets being below limits. Families are generally eligible for TFA if their income is 40% or less than the federal poverty level. For a family of four to meet the general income eligibility criteria for TFA their income would be approximately \$8,000 per year or less. The following chart represents the Federal Poverty Measure based on household size according to the United States Department of Health and Human Services:

National Federal Poverty Level

Persons in Family or Household	48 Contiguous State and D.C.
1	\$ 9,800.00
2	\$ 13,200.00
3	\$ 16,600.00
4	\$ 20,000.00
5	\$ 23,400.00
6	\$ 26,800.00
7	\$ 30,200.00
8	\$ 33,600.00

Average Length of Time Consumers Participate:

TFA time-limited clients are eligible for 21 months if they are making a good faith effort to find or keep employment. DSS reports that most clients receive the 21 months and then are eligible for two, six-month extension periods.

Success Measurement:

DSS measures success for time limited Jobs First clients as the attainment of successful employment and self-sufficiency. This information is tracked electronically and reported to the federal government.

STATE ADMINISTERED GENERAL ASSISTANCE (SAGA)

Through the SAGA program, the Department provides cash and/or medical assistance to individuals who are unable to work for medical or other prescribed reasons, and to families that do not meet the blood-relationship requirements of the Temporary Family Assistance program. Employable individuals are not eligible for SAGA cash assistance. However, employable individuals who abuse substances (drugs and/or alcohol) may be eligible to receive treatment and some financial support through the Department of Mental Health and Addiction Services' Basic Needs Program.

Application for SAGA services must be made at the local DSS offices. With limited exceptions related to abuse or neglect, un-emancipated minors (under 18) are not eligible for cash assistance. In addition, individuals must qualify as unemployable, short-term transitional or long-term transitional, described as follows:

- **Unemployable:** Determined by the Department's disability examiners to have a physical and/or mental impairment (or combination of impairments) that will prevent employment for six months or more. The medical impairment criteria are identical to those used in the SSI and Medicaid programs, adjusted for duration and severity. Individuals may also qualify as unemployable for the following non-medical reasons: under age 16; over age 65; over age 55 and no work history in the previous 5 years; full-time high school student; needed in home to care for an incapacitated spouse or child; needed in the home to care for a child under age 2; or, pending receipt of a state or federal means-tested program such as State Supplement for TFA.
- **Short-Term Transitional:** Medical documentation of inability to work for 2-6 months. Must have a recent work history in order to qualify under this category (earned at least \$500 in at least 3 of the last 5 calendar quarters, or was eligible to collect Unemployment Compensation during the previous six months).
- **Long-Term Transitional:** Medical documentation of inability to work for six months or more. No work history required; however, all cases are referred to the Department's disability examiners for a review of unemployability.

As of September 1, 2006, there were 32,494 individuals receiving SAGA benefits. The average benefit is \$206 per person per month. There is an asset limit of \$250 per person, or up to \$1,000 for a family of four or more. Automobile equity may not exceed \$4,500. Real property is subject to lien or mortgage.

SAGA Medical

The SAGA program provides medical assistance to low-income persons who do not qualify for, or who are awaiting an eligibility determination, for other state or federal programs. The program operates under DSS regulations. SAGA Medical covers almost all services covered under the Connecticut Medicaid program, with the exception of Long-Term Care and non-emergency medical transportation. There are no categorical program requirements; eligibility is based on income and assets only. The income limit for an individual ranges from \$476 - \$547 monthly, depending on what region of the state the individual lives in. The asset limit is \$1,000 per household. SAGA medical is not automatically linked to SAGA cash. Approximately 29,100 people receive SAGA medical assistance.

As of September 1, 2006, the total SAGA enrollment per age is as follows:

Age Range	Total Enrolled
18 to 30	8,280
31 to 50	17,622
51 to 70	6,581
Over 71	11
Total	32,494

Eligibility Criteria:

To be eligible for SAGA cash assistance services, individuals must qualify as unemployable, short-term transitional, or long-term transitional. Additionally, individuals must meet income requirements determined by their unemployable or transitional status. Active substance abusers are required to participate in treatment.

Average Length of Time Consumers Participate:

There is no time limit for SAGA medical. The length of time an individual stays on SAGA cash is based on his/her unemployability status. The agency reports that individuals that are considered unemployable usually receive cash benefits for up to one year, after which time they would most likely qualify for SSI. Transitional medical benefits are usually provided for anywhere between 2-6 months, though the agency does not keep formal data on this number.

Success Measurement:

SAGA does not have a formal success measurement. SAGA provides safety-net services to individuals in need. As such, the program seeks to work with individuals in moving toward self-sufficiency.

Housing Services**RENTAL ASSISTANCE PROGRAM**

The Rental Assistance Program (RAP) is the major state-funded program for assisting very-low-income families to afford decent, safe, and sanitary housing in the private market. Participants find their own housing, including apartments, townhouses, and single-family homes. The participant is free to choose any private rental housing that meets the requirements of the program, as described below. RAP certificates are funded through the Department of Social Services (DSS) and are administered statewide by DSS and its agent, J. D'Amelia & Associates (JDA). JDA subcontracts operation of the housing choice program to thirteen local Public Housing Authorities (PHAs) and one Community Action Agency throughout Connecticut.

A family that is issued a RAP certificate is responsible for finding a suitable housing unit of the family's choice where the owner agrees to rent under the program. This unit may include the family's present residence. Rental units must meet minimum standards of quality and safety as defined by the State of Connecticut, which has adopted the federal Housing Quality Standards (HQS) as determined by the U.S. Department of Housing and Urban Development (HUD). A housing subsidy is paid by JDA to the landlord directly on behalf of the participating family. The family then pays the difference between the actual rent charged by the landlord and the amount subsidized by the program.

In SFY2006, 1,600 leased families were served under this program with a total budget appropriation of \$11,700,000. The average monthly Housing Assistance Payment was \$666. There is currently a waitlist of 100 families for services at this time. A family must pay 40% of its monthly income on rent and utilities, while elderly and disabled families pay 30%.

Eligibility Criteria:

Eligibility for a RAP certificate is determined based on the household's annual gross income and the state's definition of a family. Participation is limited to U.S. citizens and specified categories of non-citizens who have eligible immigration status. In general, the family's income may not exceed 50% of the median income for the county or metropolitan area in which the family chooses to live. Connecticut has adopted the median income levels published by HUD, and these vary by location throughout the state.

During the application process, information on family composition, income, and assets will be collected by the PHA. The PHA will verify this information and use it to determine the family's eligibility and the amount of their housing assistance payment. If the PHA determines that a family is eligible, the PHA will place the family on a waiting list, unless it is able to assist them immediately. Once a family is chosen from the waiting list, the PHA will contact them and issue them a certificate.

Average Length of Time Consumers Participate:

The agency reports that the average length of time that families participate in the Rental Assistance Program is between 7 and 8 years.

Success Measurement:

There are no formal success measurements in terms of consumer outcomes or achievements. The agency reports that the only measures of success are contractor performance in areas of leasing rate, timely re-exams, inspections, and response to tenant concerns.

THE TEMPORARY RENT SUBSIDY PROGRAM

The Temporary Rent Subsidy Program (TRSP) assists low-income families in paying their housing costs. Two groups are targeted: 1.) recipients of TFA for whom lack of housing stability is a barrier to employment; and 2.) families who have exhausted their TFA benefits or are no longer eligible for TFA because they have been sanctioned off the program, with the result that the family is homeless or at risk of homelessness. In June 2005, 78 families were approved to participate and received an average subsidy of \$654 per month. Participants find their own housing and are free to choose any private housing that meets the requirements of the program.

Eligibility Criteria:

Eligibility is reserved for TFA-recipient families that for whom lack of housing is a barrier to employment, or for families who have been sanctioned off of TFA and who are homeless or at risk of homelessness.

Average Length of Time Consumers Participate:

TRSP helps those in the two target groups afford decent, safe and sanitary housing in the private market by providing a rent subsidy for up to 12 months

Success Measurement:

There is no formal success measurement, though the program is designed as a safety net to prevent homelessness.

TRANSITIONARY RENTAL ASSISTANCE PROGRAM

The Transitional Rental Assistance Program (T-RAP) is one of the safety net services provided by the Department. The purpose of the program is to assist families leaving TFA to afford private housing and thus ease the transition from welfare to work. Services are available for some families that exhaust 21 months of time-limited assistance and are not eligible for an extension because they have income over the payment standard. There is an income limit of 50% of the state median income level. Rental assistance is available for up to 12 months. Due to limited funding, a lottery system is used to select eligible recipients.

Approximately 155 families are served through T-RAP every month. In SFY2006, the program expended about \$1,200,000 with an average monthly Housing Assistance Payment of \$575 per family. There is currently no waitlist for services at this time.

Eligibility Criteria:

To be eligible for T-RAP, a family must meet the following conditions:

- The family has received TFA benefits,
- The family is not currently receiving TFA benefits,
- An adult member of the family has income from employment,
- Within 6 months of leaving TFA, the family files an application for T-RAP,
- The family is not already receiving a rental subsidy,
- An adult member of the household works at least 12 hours per week, or
- An adult member of household is employed and the family has income that exceeds the payment standard.

Average Length of Time Consumers Participate:

Families may receive T-RAP services for up to one year.

Success Measurement:

There are no formal success measurements in terms of consumer outcomes or achievements. The agency reports that the only measures of success are contractor performance in areas of leasing rate, timely re-exams, inspections, and response to tenant concerns.

SECURITY DEPOSIT GUARANTEE PROGRAM:

The Security Deposit Guarantee Program provides a guarantee to landlords of up to two months rent without actual payment for eligible families. Two groups of income-eligible persons can apply. The first includes persons who hold a Section 8 voucher or DSS rent subsidy (RAP, T-RAP) certificate newly issued while the applicant was on the waiting list of DSS or a housing authority. The second includes income-eligible households which reside in an emergency shelter or in emergency housing in CT. Emergency housing means a temporary residential facility, such as a hotel, motel, hospital, residential treatment facility, prison, alternative incarceration center, convalescent care center, state institution, or shelter for victims of domestic violence. Emergency housing also includes the private residence of a friend or relative which temporarily shelters households displaced within the past 45 days due to an eviction, catastrophic event, or domestic violence.

Also included are those who cannot remain in permanent housing because they:

- Have had one of several types of legal judgments entered against them.
- Have left housing to escape domestic violence.
- Have been displaced by a catastrophic event or other circumstances which has made their previous housing uninhabitable.
- Share an apartment with a leaseholder who is being evicted or who is engaged in criminal activity.
- Has been legally locked out.
- Live with a tenant who received a notice to quit due to termination of a rental agreement for lapse of time.
- Have relocated because a child in the family has been found to have an abnormally high level of lead in his or her head.

In SFY2006, 1,936 security deposits were guaranteed. A total of 594 claims were made by landlords, totaling over \$577,000 in expenditures. Funding for this program comes from both state and federal sources, with about 1/3 of the program being supported by funds from the Social Security Block Grant.

Eligibility Criteria:

There are certain income eligibility requirements for this program. To be eligible and applicant must meet one of the following conditions:

1. The applicant is a current recipient of some form of welfare, including Temporary Family Assistance, SAGA, General Assistance, Refugee Assistance, Aid to the Aged, Blind or Disabled, or Food Stamps, Safety Net, or Medicaid, or
2. The annual gross income of the applicant household does not exceed 150% of the Federal Poverty Income Guidelines.

Average Length of Time Consumers Participate:

The length of participation in this program is not measured – the populations that participate are usually very mobile and leave after one year. Claims are submitted by landlords for damages at a rate of one claim for every four security deposits guaranteed.

Success Measurement:

Success is measured and tracked by the number of families that have access to housing because the barrier of required security deposit is removed.

Budget:

Program Name	FY06 Program Appropriation	Funding Source	FY06 # of Clients Served	FY06 # of Youth Served	FY06 Per Client Expenditure	Percent of Program Spent on Employment Support/Transition Services	Percent of Program Spent on Youth
HUSKY A	\$722,945,943	Title XIX 50/50 match	286,438	210,270	\$199.65/month \$2,395/year	-	73%
HUSKY B	\$29,049,921	Title XXI 35/65 match	15,689	15,689	\$154.55/month \$1,854/year	-	100%
Temporary Family Assistance *	\$120,000,380	TANF, State	22,504 Families	-	\$543/month \$6,516/year	-	N/A
SAGA	\$85,800,000**	State	32,494	8,280	\$206/month \$2,472/year	-	25.50%
T-RAP	\$1,200,000	State	155 Families	N/A	\$575/month \$6,900/year	-	N/A
Temporary Rent Subsidy Program	\$87,984****	State	78 Families	N/A	\$654/month \$7,848/year	-	N/A
Rental Assistance Program	\$11,700,000	State	1,600 Families	N/A	\$666/month \$7,992/year	-	N/A
Security Deposit Guarantee Program	\$593,504	SSBG:\$197,728 State \$395,776	1,936 Deposits	N/A	\$306	-	N/A
ConnPACE	\$79,550,246	State	43,635***	N/A	\$101.92/month \$1,222.80/year	-	N/A
Medicaid for Employed Disabled	\$57,340,378	Ticket to Work Work & Incentives Improvement Act	5,284	782	\$10,850.56/year	-	15%

* Figures represent cash benefits provided to families with dependent children.

** Includes medical and administrative spending. Excluded from this figure is inpatient, emergency, and non-primary care from acute care hospitals

*** 40,990 elderly and 7,645 disabled individuals were served. Data for age of disabled unavailable.

****Based on unofficial number from DCF website.

Data Collection:

Programs and services administered through DSS use a variety of databases to maintain data and client information.

- Information for medical services, including HUSKY A, ConnPACE, and Medicaid for the Employed Disabled, as well as information relating to services for children and families are maintained in the DBMS (Database Management System), which has an IBM platform. DSS staff refer to this database as the Eligibility Management System (EMS). The chart below provides an overview of the vast amount of data maintained in DBMS.

Agency Maintains a Data Dictionary Agency Does Not Maintain a Data Dictionary

- Information relating to HUSKY B consumers is maintained in a separate internal database that has a data dictionary.

Agency Maintains a Data Dictionary Agency Does Not Maintain a Data Dictionary

- Information related to Housing is itself stored in different locations. RAP and T-RAP data is maintained by the housing contractor while the Security Deposit Program information is maintained at DSS in a FOCUS database. Individual shelters and transitional living programs have separate ways to keep track of client information. The Homeless Management Information System (HMIS) has the potential of having all client information in one database, ServicePoint.

Agency Maintains a Data Dictionary Agency Does Not Maintain a Data Dictionary

▪ Client Name	▪ Sex
▪ Race	▪ Marital Status
▪ Cause of Death	▪ Citizenship Status
▪ Resident of CT	▪ SSN
▪ Asset Assignment	▪ Date of Birth
▪ High School Graduation	▪ SSI Application Date
▪ Felon Status	▪ Reason for Job Loss
▪ Veteran Status	▪ Military Number
▪ Birth State	▪ Birth City
▪ Birth Hospital	▪ Re-Enrollment Status
▪ Application Status	▪ Reason for Denial
▪ Impairment	▪ Pregnancy Status
▪ Number of Children	▪ Alias Names
▪ TFA Penalty Imposed	▪ TFA Penalty Reason
▪ TFA Penalty Ending	▪ Medical Expense Type
▪ Medical Expense Amount	▪ Medical Provider
▪ Shelter Expense Amount	▪ Shelter Expense Type
▪ Child Care Provider	▪ Child Care Provider Address
▪ Employer	▪ Work Hours
▪ Asset Type	▪ Asset Amount
▪ Liquid Asset Amount	▪ Account Number
▪ Bank FDIC Number	▪ Vehicle Asset
▪ Vehicle Make	▪ Vehicle Model
▪ Property Asset Amount	▪ Property Address

▪ Insurance Asset Amount	▪ Insurance Type
▪ Disability Coverage	▪ Disability Type
▪ Disability Approval Status	▪ Disability End Date
▪ Other Agency Benefits	▪ Other Agency Benefit End
▪ Living Arrangement	▪ Legal Status Information
▪ Landlord Address	▪ Institution History
▪ Managed Care Provider	▪ Eligibility Status

 Agency Maintains a Data Dictionary

 Agency Does Not Maintain a Data Dictionary

Referrals:

DSS makes formal, tracked referrals to a variety of agencies, including DOL and the Workforce Investment Boards for the provision of the Jobs First program. The agency will also refer consumers to vocational rehabilitation services within DSS at BRS, or to BESB.

DSS receives referrals from a variety of agencies as it is the provider of Medicaid and TFA. BRS, DMR, DOC, and DCF all refer consumers to DSS for the provision of services.

MOU's/MOAs:

DOC has an MOU with DSS regarding DSS staff who help discharging intimates apply for benefits. DOC pays the salaries of two DSS benefits staff who work exclusively on DOC discharges.

DSS and CSSD have an MOU to report to DSS any eligible claims under TANF for qualifying contracted services. CSSD reports expenditures under TANF for the following services: juvenile detention services, alternative to detention services, community-based detention services, truancy services, juvenile justice centers, alternative to incarceration services, multisystemic therapy, and juvenile court-based mental health assessments.

DSS has an MOU with CWP and the *One Stop* Career Centers services under the following programs:

- Title V Older Americans
- United Labor Agency
- Easter Seals
- Community Renewal Team
- Experience Works

Community Rehabilitation Providers:

DSS utilizes a Housing Subsidy Contractor, J. D'Amelia & Associates, LLC, with 10 local housing agency subcontractors throughout the state.

Identified System Barriers:

Services to Children and Families: DSS reported that the vast size of the agency and the various points of contact individuals may have to access is in itself a barrier to accessing some needed services. For example, to receive TFA cash assistance, a parent will be assigned a case manager, who will refer them to the WIB. If the individual is found to have barriers to employment, a safety net counselor will be assigned, and if needed, the individual will be referred to BRS. Other points of contact within the agency would include the provision of rent assistance and food stamps. Transportation for the provision of TFA services often presents a barrier to individuals that live outside of urban areas. Substance abuse, especially among SAGA-recipients, is a major barrier to self-sufficiency.

Housing: Certain housing programs at DSS maintain waitlists do to a lack of resources and high demand. Lotteries are in place to offer services to new consumers, yet if a family is not picked they are presented with a serious barrier. The agency reports that individuals with physical disabilities might have a difficult time searching for and then accessing adequate and safe housing. Once an individual with a disability has gained housing, there is a need for community supports to be available.

STATE DEPARTMENT OF EDUCATION

Overview:

The State Department of Education (SDE) is the oversight agency for pre-K-12 education in the state of Connecticut. SDE provides oversight and technical assistance to the 192 public school districts in the state. In 2004, 577,398 students were enrolled in Connecticut public schools. The State Department of Education does not provide direct services to students and will typically only get involved in schools at the local level if the school is not performing or has not developed a sufficient plan to overcome an obstacle.

For youth with disabilities, the State Department of Education provides oversight and technical assistance to Local Education Authorities (LEAs), for Secondary Transitional Service. About 72,000 students statewide receive Special Education services. SDE supports LEAs in providing a smooth transition from high school to adult life for students receiving Special Education, including postsecondary education, employment community resources and/or independent living skills.

Students who have completed the requirements for their diplomas, but who have not met all of their transition goals, are eligible to continue to receive transition services through the Special Education programs in their LEAs. These services might include, but are not limited to: vocational assessment, training, functional academic skills, employment experiences, internships, job coaching, and independent living skills. Such services could be provided in a college or community setting and/or within the district high school.

Mission Statement:

The Connecticut State Board of Education will provide leadership that promotes an educational system which supports all learners in reaching their full potential.

Agency Definition of Disability:

For the purposes of this review youth with disabilities is defined as students receiving special education services. Students with the following disabilities receive special education services:

- Intellectual Disability
- Hearing Impairment
- Speech or language impairment
- Visual impairment
- Emotional Disturbance
- Orthopedic Impairment
- Other Health Impairment, including ADHD
- Specific Learning Disability

- Deaf-Blindness
- Multiple Disabilities
- Autism
- Traumatic Brain Injury
- Developmental Delay

Employment Supports, Training, Literacy or Self-Sufficiency Services to Transitioning Youth with Disabilities:

SECONDARY TRANSITION SERVICES

Program Description:

The State Department of Education does not provide direct services. SDE provides oversight and technical services to LEAs. The LEAs are each a part of a Regional Education Service Center (RESC). There are six of these in the state. RESCs are public non-profits that are funded by the state. RESCs provide fee for service activities as well as grants to local school districts. The purpose of each RESC is to enhance the quality of education and provide solutions to identified needs through a wide range of programs and services. Created under statute for the purpose of “cooperative action to furnish programs and services”, RESCs support both the instructional and the operational sides of school districts. They act as information conduits and district facilitators. RESCs also design and deliver community-based education, training or human resources programs.

Some of the services that RESCs provide are special education programs tailored to a variety of student conditions and needs, professional development for school staff, services to families and young children, technology training and support, extensive regional audiovisual center, and transportation services. Transition services that RESCs offer are alternative schools, and workforce training programs.

A few examples of transition programs within RESCs are explained below. The Cooperative Education Services RESC has a program that is designed to facilitate the transition from school to adult life. Utilizing a functional curriculum the activities in this program focus on assisting students to become as independent as possible in domestic, community and vocational settings. The EASTCONN RESC Young Adult Services program provides people ages 18-21 with mild to severe disabilities with transition assistance from school to work and help with other adult responsibilities.

Transition Plan:

Transition planning is a requirement of federal law for all children receiving Special Education. The Federal 2004 Individuals with Disabilities Act (IDEA) reauthorization states that a transition plan must be in place when the child turns 16. In Connecticut, the

first IEP to be in effect when the child is 16 and updated annually thereafter should include transition goals, objectives and services.

The IDEA legislation states that the transition plan must be “a coordinated set of activities...that is designed to be within a results-oriented process, that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child’s movement from school to post-school activities, including post-secondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult education, adult services, independent living, or community participation.”

In order to help LEAs to successfully transition special education students, SDE established an interagency transition task force in 1992. Representatives from DHMAS, BRS, DCF, DOL, high schools, and providers are part of this task force. In September 2004, the taskforce *published Connecticut’s Transition Training Manual and Resource Directory*. The *Manual* describes resources for transition services in Connecticut and delineates the goals of the Placement Team meetings at which transition planning occurs. transition. These goals include:

- What is the student’s long term goal in the area of Employment or postsecondary education?
- What is the student’s long term goal in the area of independent living?
- What is the student’s long term goal in the area of Community Participation?

Many LEAs have transition coordinators/specialists on staff. According to a 2002 survey, there are approximately 120 transition coordinators in Connecticut. While there are no specific certifications for a transition coordinator, 75% of these coordinators do hold a valid teaching certificate. 79% of the training coordinators/specialists hold Special Education certifications.

Transition Coordinators help establish links between the student, community, and school. Transition Coordinators are members of the Planning and Placement Teams (PPT) and help guide the PPT discussion to address post-school outcomes and develop IEP’s that provide the skills needed to achieve independence in adult life. Coordinators match the interests and skills of students with vocational settings by:

- Identifying and documenting students’ post-school goals, learning preferences, and need for accommodations
- Facilitating a student-centered plan focusing on student vision and preferences
- Using a variety of assessment information as a basis for the development of the IEP
- Identifying measurable transition-related goals and objectives that focus on post-secondary education or training, employment, independent living, and community and leisure activities.

Transition Coordinators facilitate the transition assessments necessary for effective transition planning. Transition assessments help identify the skills they need to develop to eventually gain employment. These assessments are part of a continual process that clarifies student's strengths, interests, and preferences, identifies the support that a student requires, and helps the LEA make referrals to the appropriate state agencies. Vocational assessment may include:

- interviews with students and parents
- aptitude tests
- achievement tests
- psychological tests
- situational assessments
- learning style inventories

When appropriate, and with written consent, adult service providers such as BRS, DMH, DMHAS, community colleges, Universities and residential and vocational facilities, many of which are part of the transition task force, might also have representatives participate in a student's transition team. At the IEP meetings and in their offices in the community, these agencies share information about eligibility requirements, and the services they offer. Occasionally, employers are also encouraged to attend IEP meetings. They can provide access their network of businesses and be advocates in the community.

Some students with disabilities do not graduate High School in four year. These students are eligible to continue to receive Special Education services, under the auspices of the Local Education Authority (LEA). Some of these students stay in High School to complete coursework or to complete additional courses. Other students move to a transition school, sometimes on a college campus and/or in a community setting, where they are taught not only academics, but life skills. Many students maintain employment in these settings, some with a mentor or job coach. These programs, detailed in the Connecticut Interagency Task Force in July 2005 include:

- The Burroughs Transition Program,
- The Farmington Valley Transition Academy
- The Hamden Transition Academy
- RISE Transition Program
- Work Experience Program, Off Campus Classroom
- Transition for Life
- Middlesex Transition Academy
- Region #19 Campus Experience Transition Academy

The above transition services typically begin when students either turn 18, or their last year of high school. LEA services terminate for these students at the end of the school year in which the student turns 21 or with the receipt of a regular diploma.

Some of the above transition services were initially funded by grants; others are funded directly by the LEAs. It is not the state's responsibility to fund these transition services in alternative settings. Frequently, they involve collaborations between multiple districts. Some programs are tuition driven, others had received federal grants.

Eligibility Criteria:

Students are eligible to receive Special Education services from LEAs until they graduate with a regular diploma, or through the end of the school year in which they turn 21-whichever occurs first. In some cases, a student may have all the credits he/she needs to graduate, but the PPT decides not to award a diploma because the student needs to receive additional transition services. These students may transition into a program aligned with a college campus or community setting, where additional life skills, vocational services, and education are offered.

Data Collection:

Agency Maintains a Data Dictionary Agency Does Not Maintain a Data Dictionary

The Student Information Center contains specific data. Historically, special education information has been kept on a DOS based system--PCI. This information is available by district on SDE's website in *Special Education Strategic School Profiles*. The following data is collected by district and maintained in the Special Education Data Application and Collection system (SEDAC):

- SPED School District Profile
- Total Number of Students To Whom the District is Responsible
- Number of Students with SPED disabilities for Whom the District is Fiscally Responsible
- District SPED Prevalence Rate
- Number of Students with Disabilities Placed Out-of District
- Number of Private Pay Students with Disabilities
- Number of FTE full time
- Number of SPED FTEs
- K-12 FTE administrators
- Educational Reference Group
- Total District Expenditures
- SPED Expenditures
- SPED Students with Limited English Proficiency
- SPED Students with free/reduced price meal

- SPED Prevalence by disability
- Count and % of Students by Racial/Ethnic Group within Disability Subgroups
- Percent of Time with Non-Disabled Students
- Students Placed out of District
- Educational Placement of Students with Disabilities
- Home School Attendance by students with Disabilities
- Extracurricular Participation by Students with Disabilities
- Number of Students with Disabilities Exiting Special Education
- Student Suspension and Expulsion Data
- Staffing Ratios
- SPED Expenditures
- Percent of expenditures for SPED
- Data for pre-k students with disabilities
- Percent of students performing at proficient or above on statewide assessments
- Participation in the 4th grade CMT by students with disabilities
- Participation in the 6th grade CMT by students with disabilities
- Participation in the 8th grade CMT by students with disabilities
- Participation in the 10th grade CMT by students with disabilities

SDE is constructing a database to collect statewide student data. When this database is complete, the special education database will be combined with it.

Each LEA must annually report the number of students, age 16 and older, who have transition goals and objectives in their IEPs. Data regarding specific transition services provided by districts are not collected by SDE.

Success Measurement:

An exiter survey was conducted in 2002, 2004, and 2006 with another survey starting in the spring of 2007. SDE will be surveying all special education students who left the LEAs 2 years prior. The survey collects information on the students' work activities, participating in postsecondary training or education and general satisfaction with their current life situation. The survey is now an annual part of SDE's Federal State performance Plan.

Surveys are collected on an individual consumer basis. SDE is interested in the geographic distribution of respondents as well as aggregate data. The surveys are coded to be identifiable. However, SDE looks at systemic data, and does not analyze how the data pertains to each individual.

Length of Time Consumers Participate:

Students may stay in Special Education until they receive their diploma or turn 21. Once a Special Education student has received his/her diploma, the school district is no longer required to provide services to the consumer. Some students who require additional transition services as determined by the PPT, may not receive their diploma until they reach the age of 21 even though they may have completed all coursework to graduate.

MOUs/MOAs:

SDE has an MOA with BRS to fund the position of state-level Transition Consultant between the two agencies. This liaison coordinates employment and training services for individuals with disabilities. SDE funds this salary, including fringe at 80%. BRS funds this FTE at 20%. Responsibilities for State Transition Consultant include:

- Collaborate with the state assistive technology coordinator in regard to transition issues.
- Facilitate the coordination between BRS and the LEAs, the surrogate parent program, and the CT Technical High School System regarding transition planning and services.
- Collaborate with the data management staff at BRS to identify mechanisms for collecting data on students referred to BRS during high school and the number of Employment Plans in place prior to graduation.
- Assist BRS Training Coordinator in developing collaborative training activities between secondary educators and BRS staff.
- Respond to all transition-related requests from BRS central office personnel.

Referrals:

SDE refers consumers on an individual basis to other agencies. There is no formal referral process or agreement between SDE and other agencies beyond what is described above. Frequently, people call the secondary transition coordinator with questions about other programs. They are referred to other agencies at this point. Because there is no formal method of referring consumers to other programs, specific referral data is not collected.

Community Providers:

There are over 70 community providers that serve youth in transition in Connecticut. The Community providers are used by clients of DSS, BRS, and DMR. These providers work with consumers with a spectrum of disabilities. Services offered include:

- Career Exploration
- Job Placement
- Job Coaching
- Transportation Training
- Social Skills Training
- Mobility Training
- IEP in Community Based Setting
- Recreation Leisure Training

In addition to the Community Providers, State Education Resource Center (SERC) is an SDE funded clearing house for special education information. SERC has been in operation since 1969 and serves as a centralized resource for professionals, families, and community members for education and early intervention/prevention. SERC is particularly focused children with special needs, at-risk learners, and diverse learners.

SERC has an extensive library including journals, books, instructional materials, tests, and AV/Computer materials. They also do much of the training for the Bureau of Special Education. SERC provides professional development, technical assistance initiatives, family education and support, and information and materials dissemination. SERC projects and initiatives include:

- Autism initiative
- Beginning Teachers
- SERC/BEST Cadre for exemplary professionals in Special Education
- Early Childhood Education
- Early Intervention project
- Families as Partners
- Initiative on Diversity in Education
- Integrated Student Support Services
- Leadership Initiative
- Literacy Initiative
- Least Restrictive Environment
- Mathematical Literacy
- Paraprofessionals as Partners
- Positive Behavior Supports
- Primary Mental Health Program
- Science Literacy

- Teaching & Learning-Strategies Intervention Program, Project CRISS, Co-Teaching, Attention Deficit-Hyperactivity Disorder, Differentiated Instruction Initiative, IEP's in the General Classroom
- Technology in Education
- Transition Initiative
- CT state summit on Over identification and Disproportion in the Implementation of IDEA
- Comprehensive System of Personnel Development

Budget:

The budget for transition programs was \$719,346 in FY05, and is \$253,778 in FY06. This budget includes salaries, fringes, grants to districts for transition programming, and conferences. The large gap in the budgets from FY04 to FY05, is due to the fact that in the past, SDE/BRS had discretionary funding available to support transition initiatives.

Program Name	FY05 Program Appropriation	Funding Source	FY05 # of Clients Served	FY05 # of Youth Served	FY05 Per Client Expenditure	Percent of Program Spent on Employment Support/Transition Services	Percent of Program Spent on Youth
IEP Services	\$1,248,362.403	Local, State, and Federal IDEA	73,028	73,028	\$17,605	100%	100%
Secondary Transition Services	\$719,346	State Department of Education	16,156	16,156	N/A*	100%	100%

Program Name	FY06 Program Appropriation	Funding Source	FY06 # of Clients Served	FY06 # of Youth Served	FY06 Per Client Expenditure	Percent of Program Spent on Employment Support/Transition Services	Percent of Program Spent on Youth
IEP Services	Not Available	Local, State, and Federal IDEA	72,017	72,017	Not Available	100%	100%
Secondary Transition Services	\$253,778	State Department of Education	15,974	15,974	N/A*	100%	100%

***Secondary Transition Services includes IEPs for grades 10-12. The per client expenditure was arrived at by dividing the appropriation for secondary transition services by the number of youth's served. Is this an accurate method of arriving at this figure?**

Identified System Barriers:

While SDE strives to maintain the flow of information, it is difficult to make sure that all stakeholders are operating with the same level of information. Public schools relinquish their responsibility in regards to secondary transition at the end of the school year in which the student turns 21. This may leave the disabled student without agency support.

SDE would like to see DMR involvement in student lives before age 22. While DMR maintains that they are willing to work with someone who is 18 or 19, they insist on advance notice, as they have a long waitlist of people who need services.

Students with disabilities who do not meet the requirements for services under IDEA may be provided with accommodations in regular education under section 504 of the Rehabilitation Act via a 504 Plan. 504 students are not eligible for the transition services

that are afforded to students receiving Special Education and SDE does not provide oversight to these children. There is not a specific program in SDE that deals with 504 students. Concerns about appropriate services are often referred to the Regional Office for Civil Rights that oversees Section 504.