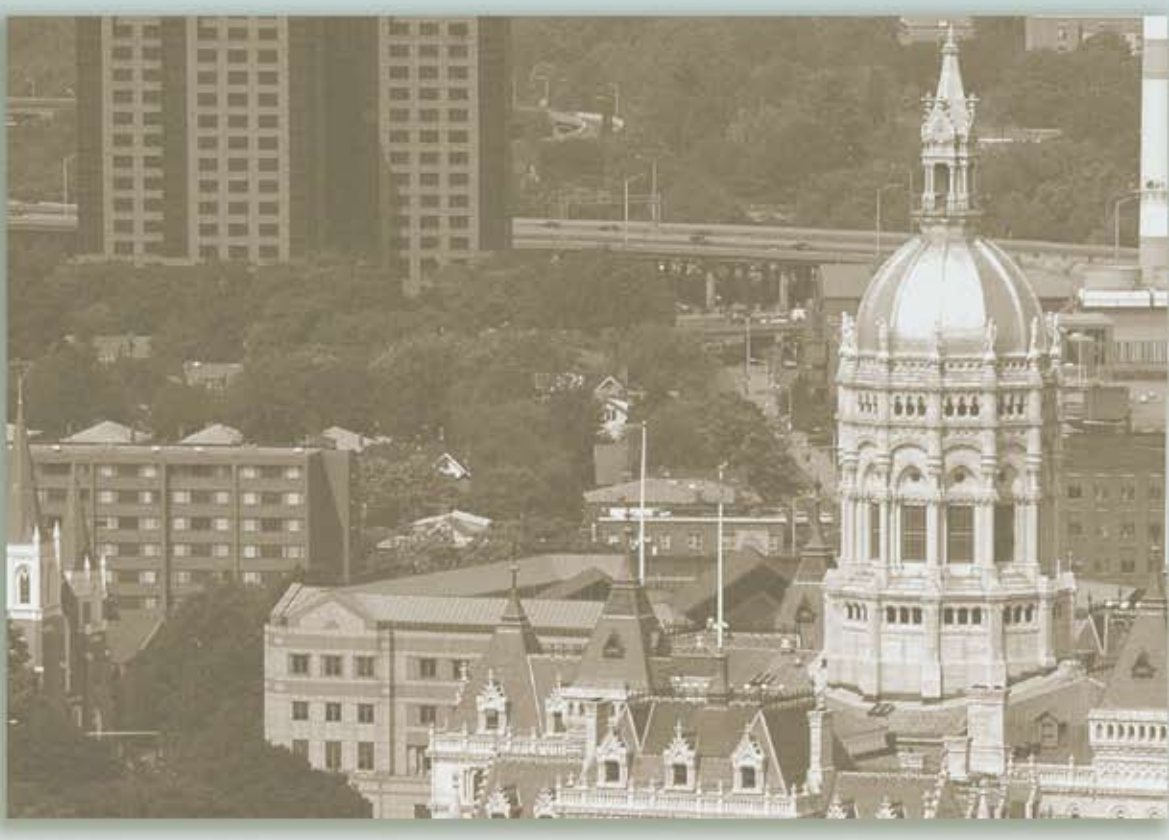


Connecticut Department of Social Services 2006-2007 Annual Report

CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

State Fiscal Year 2007

(July 2006-June 2007)

MICHAEL P. STARKOWSKI, *Commissioner*
Claudette J. Beaulieu, *Deputy Commissioner, Programs*
Amalia Vazquez Bzdyra, *Deputy Commissioner, Administration*
***Established* - 1993**
***Statutory Authority* - Title 17b**
***Central Office* - 25 Sigourney Street, Hartford, CT 06106**
***Number of Employees* – 2,035**
***Operating Expenses* - $194,330,755**
***Program Expenses* - $4,026,987,600**
***Structure* - Commissioner's Office, Regional Administration, Administrative Operations, Program Operations**

Mission

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

Statutory Responsibility

The Department of Social Services is designated as the state agency for the administration of 1.) the Child Care Development Block Grant, pursuant to the Child Care and Development Block Grant Act of 1990; 2.) the Connecticut Energy Assistance Program, pursuant to the Low Income Home Energy Assistance Act of 1981; 3.)

programs for the elderly, pursuant to the Older Americans Act; 4.) the state plan for Vocational Rehabilitation Services; 5.) the Refugee Assistance Program, pursuant to the Refugee Act of 1980; 6.) the Legalization Impact Assistance Grant Program, pursuant to the Immigration Reform and Control Act of 1986; 7.) the Temporary Assistance for Needy Families program, pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996; 8.) the Medicaid program, pursuant to Title XIX of the Social Security Act; 9.) the Food Stamp program, pursuant to the Food Stamp Act of 1977; 10.) the State Supplement to the Supplemental Security Income Program, pursuant to the Social Security Act; 11.) the state Child Support Enforcement Plan, pursuant to Title IV-D of the Social Security Act; 12.) the state Social Services Plan for the implementation of the Social Services and Community Services Block Grants, pursuant to the Social Security Act; 13.) the Section 8 existing certificate program and the housing voucher program, pursuant to the Housing Act of 1937; 14.) the state plan for the Title XXI State Children's Health Insurance Program; and 15.) Disability Determination Services.

Public contact points

Websites:

- DSS general: www.ct.gov/dss
- Aging Services: www.ct.gov/agingservices
- Bureau of Rehabilitation Services: www.brs.state.ct.us
- Child Care Services (including Care4Kids): www.ct.gov/dss, keyword "Care4Kids"
- Child Support Enforcement: www.ct.gov/dss and follow the link for "Families with Children"
- Connect-Ability: www.Connect-Ability.com
- ConnPACE: www.connpace.com
- Human Services Infrastructure Initiative: www.ct.gov/dss, keyword "HSI"
- HUSKY Plan: www.huskyhealth.com
- Fatherhood Initiative of Connecticut: www.fatherhoodinitiative.state.ct.us
- Long-Term Care Ombudsman: www.ct.gov/ltcop

Toll-free information:

- General public information: 1-800-842-1508
- Aging services: 1-866-218-6631
- Bureau of Rehabilitation Services: 1-800-537-2549 (TTY: 860-424-4839)
- Care4Kids child care subsidy program: 1-888-214-5437
- Child care services: 2-1-1 or 1-800-811-6141
- Child support enforcement: 1-888-233-7223
- CHOICES: 1-800-994-9422
- Connect-Ability: 866-844-1903
- Connecticut Home Care Program for Elders: 1-800-445-5394
- Connect-to-Work Center for people with disabilities: 1-800-773-4636 (TTY: 860-424-4839)
- ConnPACE: 1-800-423-5026
- Fraud and recoveries (including lien matters): 1-800-842-2155
- HUSKY healthcare: 1-877-CT-HUSKY
- Long-Term Care Ombudsman: 1-866-388-1888
- Winter heating assistance: 2-1-1 Infoline or 1-800-842-1132
- 2-1-1 INFOLINE: dial 2-1-1, 24-hours-a-day, seven-days-a week. Information and referral, crisis intervention services. Operated by United Way of Connecticut with DSS funding.

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

DSS Regional Offices:

Northern Region

Silvana M. Flattery, Regional Administrator

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

Western Region

Frances A. Freer, Regional Administrator

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

Southern Region

Ronald Roberts, Regional Administrator

- **New Haven**—194 Bassett Street 06511; 203-974-8000. TDD/TYY: 203-974-8394. Ronald Roberts, Regional Administrator. Cathy Patton and Peter Bucknall, Social Services Operations Managers.
- **Middletown**—117 Main Street Extension 06457; 860-704-3100. TDD/TYY: 860-704-3054. Lourdes Hunt, Social Services Operations Manager.
- **Norwich**—401 West Thames Street 06360; 860-823-5000. TDD/TYY: 860-892-1429. Cheryl Parsons, Social Services Operations Manager.

- **Services provided by DSS Regional Offices** include Temporary Family Assistance; Food Stamps; Medical Assistance (HUSKY Plan for children, eligible parents/caregivers, pregnant women; and Medicaid for elders, people with disabilities); Medicare premium affordability assistance; State-Administered General Assistance; State Supplement Program; Social Work Services; Child Support Enforcement Services; Rehabilitation Services; Housing Assistance.

DSS Bureau of Rehabilitation Offices:

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

Northern Region – **Michael Marino, District Director**

- +***Hartford**—3580 Main Street 06120; 860-723-1400 (TDD/TTY: 860-723-1430/860-723-1453)
- **Dayville/Killingly**—Bell Park Square, Suite 202, 559 Hartford Pike, 06241; 860-779-2204 (voice and TDD/TYY).
- **East Hartford**—CT Works, 1137 Main Street 06108; 860-289-2904 (voice and TDD/TYY).
- **Enfield**—Smyth's Corner, 77 Hazard Avenue 06082; 860-741-2852 (voice and TDD/TYY).
- ***Manchester**—699 East Middle Turnpike 06040; 860-647-5960 (voice and TDD/TYY).
- ***New Britain**—270 Lafayette Street 06053; 860-612-3569 (voice and TDD/TYY).

Southern Region – **Iris Mellow-Barnes, District Director**

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

Western Region – **Kathleen Marchione, District Director**

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

*Co-located with DSS Regional Office
+ Regional Administrative Office

News media contact point:

- David Dearborn, 860-424-5024; david.dearborn@ct.gov.

Legislative relations contact point:

- Matthew Barrett, 860-424-5012; matthew.barrett@ct.gov.

Freedom of Information Act document request contact point:

- Email to Matthew.barrett@ct.gov. Written requests to Freedom of Information Act Officer, Public and Government Relations Office, 25 Sigourney Street, Hartford, CT 06106

Department Chief of Staff and Directors:

Chief of Staff: Walter J. Gaffney; Public and Government Relations Director: Matthew Barrett; Communications Director: David Dearborn; Affirmative Action Director: Irene Mason; Human Resources Director: Astread Ferron-Poole; Legal Affairs, Regulations, Administrative Hearings Director: Brenda Parella; Strategic Planning Manager: Anthony Judkins; Medical Care Administration Director: David Parrella; Certificate-of-Need and Rate-Setting Director: Gary Richter; Medical Administration Operations Director: Marcia Mains; Medical Administration Managed Care Director: Rose Ciarcia; Medical Policy and Behavioral Health Director: Mark Schaefer, PhD; Bureau of Aging (SUA), Community and Social Work Services Director: Pamela Giannini; Child Support Director: Diane Fray; Assistance Programs Director: Kevin Loveland; Bureau of Rehabilitation Services Director: Brenda Moore; Contracts Administration Director: Kathleen Brennan; Information Technology Services Director: Alex Tucciarone; Quality Assurance Director: James Wietrak; Administrative Services Director: Dennis Barry; Financial Management and Analysis Director: Lee Voghel; Long-Term Care Ombudsman: Nancy Schaffer; Organizational and Skill Development Director: Darleen Klase

Significant Accomplishments/Highlights of SFY 2007:

- **Older Americans Act Program**
  Through the Older Americans Act Program for SFY 2007, services were provided to 85,265 elders and their caregivers, including meal service both at-home and in group settings; providing trips for doctors appointments, shopping and recreation; homemaker services and adult day care hours for personal care. An additional 62,121 consumers received information and referral services.
  On June 1, 2007, the Administration on Aging awarded the Department of Social Services, Aging Services Division, the grant entitled **Empowering Older People to Take More Control of their Health Through Evidence-Based Prevention Programs: A Public/Private Collaboration.** This three-year initiative will provide $250,000 each year to empower older adults to take more control of their health through lifestyle changes that have been proven effective in the reduction of disease. The grant will mobilize the aging, public health, and non-profit sector at the state and local level to disseminate low-cost, evidence-based disease and disability prevention programs at the community level. The Connecticut project incorporates three primary service areas with the South Central and Western regions focusing on fall prevention and the North Central region, the Stanford Chronic Disease Self-Management Program. The partners for this initiative include, the North Central Area Agency on Aging, the Western CT Area Agency on Aging, the Agency on Aging of South Central CT, the Yale School of Medicine/Connecticut Collaboration for Fall Prevention, the Consultation Center, Inc., Home to Home, Inc., the Hartford Department of Health and Human Services and the UConn Center on Aging.

- **Aging Services**
  In SFY 2007, Aging Services launched a new web based data management system called SAMS (Social Assistance Management System) from Synergy Software Technologies. The new system provides comprehensive client and service information and complete data integration across the care continuum for elders and their caregivers.

- **Child Support Enforcement**
  Total child support collections for SFY 2007 were $ 300.9 million, an increase of $10 million over SFY 2006. This figure includes $ 201 million that was collected and sent to families not receiving public assistance; $ 1.7 million of current support that was sent through to families receiving assistance; and $ 45 million retained by the state for repayment of assistance benefits.

- **HUSKY Outreach and Retention Initiative**
  Continuing with Governor M. Jodi Rell's initiative of providing health care coverage for all uninsured children in Connecticut, the department has begun extensive outreach and retention activities through collaboration with community partners and school districts to connect parents with the HUSKY Plan. Community, regional and statewide outreach grants totaling $600,000 have been

awarded through competitive selection by the Department of Social Services, administering agency of the HUSKY Plan.

In addition, 15 statutorily-defined 'priority school districts' are receiving a total of $370,000 to conduct personnel training and student/parent outreach activities about the HUSKY Plan, in conjunction with the Department of Education. Regional education service centers will be receiving $130,000 to provide outreach and training services under the grant program.

As an example of regional initiatives, the Department of Social Services Western Region is working with four vendors to outreach to uninsured children. Targeted outreach in Stamford and Bridgeport, in addition to regional and state efforts, will work closely with schools and uninsured families to enroll children. HUSKY Forums held throughout the Western Region annually bring together school, hospital, clinic and social service partners to the five offices to troubleshoot and improve service delivery of the HUSKY program.

- **Pandemic Influenza Preparation**
  With the confluence of all state agencies, the Northern Region participated in creating the region-wide portion of the structural components of the agency plan, as well as participating in the implementation of a statewide drill to test the emergency medical response of the State. This exercise involved extensive preparation throughout and up to the actual drill. It proved to be a helpful guide in the event of any future statewide emergency.

- **DSS Rx-Xpress**
  The **DSS Rx-Xpress Bus** serves as a mobile public assistance center that works with CHOICES (Connecticut's program for Health assistance, Outreach, Information and referral, Counseling and Eligibility Screening) to provide seniors and other eligible persons with Medicare Rx information and enrollment assistance. In addition, the bus is an outreach resource in rural, suburban and urban communities where it provides eligibility screening and enrollment into public assistance programs, including Title 19 and Food Stamps. During SFY '07, the bus participated in 79 events and had 1,200 visitors. Regional DSS eligibility staff participated in over 20 events during this period.

- **Food Stamps Outreach**
  DSS, working with the Connecticut Department of Agriculture and the U.S. Department of Agriculture Food & Nutrition Services, has increased the number of farmers markets accepting Food Stamps more than threefold. There are currently 18 markets that provide access to Food Stamps electronic benefits cards. In an attempt to increase traffic at the markets DSS is sending its mobile office, the Rx-Xpress, to some of the markets. While the primary outreach of the Rx-Xpress is Medicare Part D, Food Stamp outreach personnel, staffed from the regional offices, are also available.

The Department also supports Food Stamp outreach activities through collaborative efforts with Connecticut Association for Human Services, End Hunger CT! and the Hispanic Health Council. Outreach staff assist DSS by answering Food Stamp-related questions and providing nutrition information to applicants. In an effort to increase and improve access to the Food Stamp program, DSS regional staff actively participate in quarterly Food Stamp Advisory committees and answer questions about the program. The Western Region also supports food stamp outreach activities in the region through collaborative efforts with the Greater Waterbury Interfaith Ministries, the recipient of a USDA outreach grant. Through their network of 70 faith-based organizations, Greater Waterbury Interfaith Ministries trains volunteers and staff to pre-screen, provide application assistance and distribute information on the Food Stamp program. In an effort to increase and improve access to the Food Stamp program, DSS regional staff actively participate in quarterly Food Stamp Advisory Committees and answer questions about the program.

The Bureau of Rehabilitation Services had several highlights this year:

- **Connect-Ability**
  Through the Connect-to-Work Center, **Connect-Ability** was launched at the bureau's Second Annual Employment Summit. Formerly known as the Medicaid Infrastructure Grant, this initiative is a four-year, multi-million dollar federal grant to reduce barriers to employment for people with disabilities. Not only does the initiative connect employers to job seekers with disabilities, **Connect-Ability** addresses the attitudes and biases that have hindered people with disabilities from being seen as valuable assets in the workplace. A comprehensive marketing campaign was launched that focuses on the abilities and potential contributions that people with disabilities can make and will target the negative perceptions that often keep people with disabilities from being considered for employment. To learn more about **Connect-Ability,** go to www.connect-ability.com or call 866-844-1903 (toll-free).

- **Able Lives**
  BRS helped fund *Able Lives: Redefining People Living with Disabilities*, a documentary series produced by Connecticut Public Television that exhibits real challenges faced daily by persons with disabilities and the victories won in overcoming those challenges. *Able Lives*, which received three Emmy nominations, features several successful BRS consumers. Episode One received the Emmy for Public/Current Affairs Program.

- **Innovative Employment Opportunities**
  The Bureau of Rehabilitation Services, under its director Brenda Moore, has been an active participant in bringing a **Walgreens Distribution Center** to Connecticut in 2009 where new technology (bar code scanners and specialized operator interfaces for inventory management) will enable one-third of the employees to be people with disabilities. This initiative involves a consortium of

many state agencies working with individuals with disabilities. The Connecticut facility will be modeled after one currently operating in South Carolina where 40% of the 264 employees have disabilities, but the facility is 20% more efficient than the chain's older facilities.

- **Disability Determination**
  The bureau's **Disability Determination Unit** processed 33,200 client applications for Social Security Disability Insurance and Supplemental Security Income. As it has for the past ten years, the Disability Determination Services Unit (DDS) again ranked as one of the top ten in the nation in productivity, effectiveness, and public service. The DDS was the recipient of three prestigious Social Security awards this year. This unit earned a Social Security Commissioner Citation for outstanding leadership, performance, and public service; the Social Security Administration Commissioner's Team Award; and a SSA Regional Commissioner Superior Public Service Award. The DDS was one of six states in the nation to test and implement Social Security's Disability Service Improvement. As part of this initiative, the DDS instituted a Quick Disability Determination Unit that expedites processing the claims of the most severely disabled clients. Claims referred to this unit by a predictive model selection have averaged a 5 - 11 day processing time frame. The DDS has also continued refining its electronic business process, which has resulted in more efficient processing of all client claims for benefits.

Public Service Information for SFY 2007

Regional Office Highlights

Northern Region

The Northern region is comprised of one regional office with three sub-offices, serving fifty-nine towns with a total of 95,703 unduplicated active assistance units. The Northern region is the largest of the three regions, serving approximately 36% of the statewide active assistance unit caseload.

The regional offices provide direct service to eligible clients in the areas of Food Stamps, Temporary Financial Assistance (TFA), State Supplement, Medical, OMB, SLMB, and SAGA cash and medical assistance. In addition, the regional office provides onsite Child Support Services, Social Work Services, as well as Client Fraud and Resources Services.

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

Regional Processing Units (RPU)
This is a centralized unit in the New Britain sub-office that handles all presumptive eligibility for HUSKY as well as, expedited eligibility for pregnant women cases for the entire Northern region. In this manner the Northern region can bring forth and emphasize an expedited service delivery for this critical medical eligibility piece and reduce gaps in client medical coverage.

Outstationed Workers for Acute Care and Long Term Care Facilities
The Northern Region continues its collaboration with area hospitals. In addition, this year these services have expanded by the development of outstationed workers in long-term care facilities in the Northern region. In this way the Department of Social Services is able to deliver the health care services needed both in the acute care and long-term care setting. Bringing health care coverage to our more vulnerable neighbors in a quick, comprehensive manner greatly assists in expeditiously determining eligibility for these critical services.

Mobile Office Eligibility Services Pilot Project
In its ongoing endeavor to expand client access and services the department is embarking on a Mobile Office Eligibility Services Pilot Project in the Northern region. The objectives of the pilot are to exercise the capacity of DSS regional staff to process initial applications, process selected interim changes, and make appropriate social service referrals from the department's mobile office facility. The pilot further seeks to better connect clients with agency programs and services.

Western Region

The Western Region is comprised of one regional office located in Bridgeport, and sub-offices located in Waterbury, Danbury, Stamford, and Torrington. These offices provided services to 149, 567 recipients in 57 towns located in Fairfield, Litchfield and New Haven counties. The Western Region handles 32 % of the state's social services caseload.

The regional offices provide direct service to eligible clients in the areas of Food Stamps, Temporary Financial Assistance (TFA), State Supplement, Medical, Medicare Savings Programs and State-Administered General cash and medical assistance. In addition, the regional office provides onsite Child Support Services and Social Work Services.

Also the Regional offices maintain cooperative relationships with a network of service providers in the areas of child care, employment services, food and sheltering services and HUSKY (state insurance for uninsured children and adults).

SERVICE ENHANCEMENTS

Regional Processing Units (RPU)
To improve eligibility processing, a centralized unit located in the Bridgeport office handles all presumptive eligibility for HUSKY as well as expedited eligibility for pregnant women cases for the entire Western region. This unit works closely with 65 Qualified Entities (hospitals and health clinics) in the region to expedite over 200 applications a month.

Outstationed Workers
DSS staff outstationed in regional hospitals and health centers continue to grow in number throughout the Region to provide dedicated eligibility determination services. DSS staff are currently stationed at the following locations: Stamford Hospital, Norwalk Hospital, Bridgeport Hospital, St. Vincent's Hospital, Danbury Hospital.

Bridgeport Community Health Center became the state's first health care center to be joined with the services of an outstationed DSS eligibility worker.

In addition, DSS and the Regional Workforce Development Board (more commonly known as the WorkPlace) are part of a national demonstration project under the guidance of Manpower Demonstration Research Corporation (MDRC). An outstationed DSS worker joins with DOL and Regional Workforce Development Board staff to assist families. The research project is examining if work supports (i.e. DSS benefits such as Food Stamps, Medical and Child Care assistance) allow individuals and families to retain employment and have that employment become a productive career. The goal is to expand this to provide on site DSS services in the future, allowing both providers and our clientele to benefit from prompt processing of needed medical benefits.

Document Scanning

The Bridgeport and Danbury offices are the Western Region testing sites for the states use of scanners for all document imaging for eligibility documentation verification. The use of this scanning equipment in all offices will allow for enhanced tracking and retention of all documents.

The Waterbury and Bridgeport offices in the Western Region took the lead in establishing a statewide pilot with 2-1-1 Infoline to assist clients in obtaining the new federal required verifications needed for proof of citizenship and identification. This effort will now be rolled out over the next year in all DSS offices with 2-1-1 Infoline.

CT Works Partners/Welfare to Work

Western Region DSS staff from the TFA units in all five offices meet monthly with their Connecticut Works partners to coordinate employment service activities for 4,534 welfare-to-work clients, including referrals to orientations and sanctioning of non-compliant clients. In addition both the Stamford and Waterbury offices are co-located with CT Works to provide better service delivery for TFA clients.

School Readiness Councils

DSS holds membership on School Readiness Councils in each of the five regional office locations.

DSS regional administration is an active participant in the Bridgeport Blueprint implementation, a strategic plan to prepare children to learn from birth to eight years of age.

Internal Process Improvements

The Western Region held its first ever regional child support retreat, which included child support staff from regions and central office. Best practices were identified and shared to improve program outcomes and service delivery. A strategic action plan was created and designed to improve the coordination of services between eligibility and child support staff to support customer service

The statewide implementation of the best practices handbook is in process. This handbook was initially created by Western Region staff, with the help of Organizational & Skill Development, to identify eligibility processing best practices. The handbook underscores clear priorities and processes that assist staff in prioritizing and managing their assignments. This tool will now be used for all new staff training statewide.

Southern Region

Service Delivery

The Southern Region is currently comprised of one regional office with two sub-offices operated by 300 staff. The three Southern Region offices are responsible for providing eligibility determinations and social services benefits to families and individuals in 55 cities and towns in the Southern Region. DSS staff are located in offices in New Haven, Middletown and Norwich and out-stationed at Yale New Haven Hospital, St. Raphael's and Connecticut Valley Hospital in Middletown. Staff process applications and redetermine eligibility for food stamps, Temporary Financial Assistance (TFA), HUSKY, Medicaid, State Supplement, Long Term Care and SAGA Cash and Medical. In addition, the regional offices provide Child Support Services, Social Work Services, as well as Client Fraud and Resources Services. The Southern Region is the smallest of the regions, serving approximately 31% of the agency's active caseload. It maintains 83,353 unduplicated households equaling 142,547 active recipients. The Southern Region implemented the first comprehensive informational regional web site as part of the state government portal.

CT Works Partners

Southern Region DSS staff from the TFA units meet monthly with their CT Works partners to coordinate all employment service activities for 1,890 time-limited TFA clients, including referrals to orientations and sanctioning of noncompliant clients.

Housing Authority Income Verification Pilot

The Housing Authority of New Haven (HANH) seeks information/verification from DSS regarding the amount of benefits it provides to individuals who are applying or receiving housing assistance from the Housing Authority. To expedite the income verification process, DSS and HANH have signed a MOA, which stipulates that HANH will provide to DSS a current electronic list of Section 8 and Public Housing applicants and participants that have been identified as receiving TANF, State Supplement, SAGA cash or food stamp benefits. DSS will use the list to compare to its database and then provide HANH with verification of benefits. This process has been piloted in the New Haven regional offices and will reduce the number of phone calls, written budget letter requests, and increase the overall service efficiency to clients.

Regional Processing Unit

To increase access to HUSKY and improve the timeliness of processing applications for pregnant women, the first statewide operational Regional Processing Unit was established in the Middletown office in January 2006. After reviewing applications for eligibility, qualified medical entities in the community accept applications and grant temporary Medicaid assistance to children. The applications are faxed to the Regional Processing Unit for continued medical coverage.

Collaboration with Head Start
DSS works with the local Head Start programs in New Haven to recruit TFA clients with children up to 5 years old. To increase enrollment in Head Start, DSS has done the following:

- Distributed flyers in reception area
- Hosted recruiters from Head Start in reception area
- Sent e-mails to staff informing them of openings
- Mailed flyers to all TFA families with children up to age 5
- Sponsored a training on the McKinney-Vento Homeless Assistance Act

In an effort to get more homeless children into Head Start, DSS staff are working with staff from Head Start, the emergency shelters, the City of New Haven, the School Readiness Council and the New Haven Diaper Bank to identify and enroll children.

Medical and Health Care Services

The Division of Medical Care Administration and Regional Offices ensure that eligible children, youth, adults, and seniors are able to access needed medical and/or prescription medication coverage through Medicaid, the State Children's Health Insurance Program, the 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 (Healthcare for UninSured Kids and Youth; www.huskyhealth.com or 1-877-CT-HUSKY**)** offers health coverage to Connecticut children and families. The program has two parts, HUSKY A and HUSKY B.

HUSKY A is available to those children up to age 19 and pregnant women with income below 185% of the federal poverty level and children who are in the care or custody of the Department of Children and Families. Parents or relative caregivers have also been eligible for HUSKY A if their income is below 150% of the federal poverty level; however, this limit has been raised to 185% as of July 1, 2007. Families receiving Temporary Family Assistance (cash benefits) are also enrolled in HUSKY A. HUSKY A is a combination of Medicaid and managed care and is free to the enrollee.

HUSKY B (or State Children's Health Insurance Program) is available to those children up to age 19 who are uninsured with family income above 185% of the federal poverty level. The state and federal governments subsidize the coverage for children in families

with income up to and including 300% of the federal poverty level. Uninsured children in families with higher incomes can access HUSKY B coverage at an unsubsidized group rate. HUSKY B coverage is provided through a managed care delivery system. It requires small co-payments and may also require a monthly premium depending on family size and income.

Both HUSKY A and HUSKY B offer a comprehensive benefits package that includes preventive care, outpatient physician visits, prescription medicines, in-patient hospital and physician services, outpatient surgical facility services, mental health and substance abuse services, short-term rehabilitation, home health care, hospice care, diagnostic x-ray and laboratory services, emergency care, durable medical equipment, eye care, hearing exams, and dental care. HUSKY A also offers additional services such as non-emergency medical transportation and Early and Periodic Screening, Diagnosis and Treatment services for children. Supplemental services are available for eligible children with special physical health care needs who are enrolled in the subsidized portion of HUSKY B (HUSKY Plus).

Once enrolled in HUSKY, families choose a Managed Care Organization (MCO) to coordinate the benefits package. Each MCO offers a network of participating doctors, dentists, hospitals, pharmacies, and other specialty providers that families must use. As of January 1, 2006, mental health and substance abuse services are provided through the CT Behavioral Health Partnership, an integrated system of behavioral health services jointly administered by the Departments of Social Services and Children and Families (DCF).

The Connecticut Behavioral Health Partnership (CT BHP) was established to improve the state's ability to involve families in policy and planning, serve children in their homes and communities, reduce unnecessary hospital stays, and manage services to higher outcome and performance standards. DSS and DCF have contracted with ValueOptions, Inc. to serve as the administrative service organization (ASO) for the CT BHP. The ASO is responsible for customer service and for managing quality and access under the new system. DSS and DCF retain responsibility for contracting with behavioral health service providers and for rate setting. The CT BHP also provides limited benefits to children involved with DCF who may not otherwise be eligible for HUSKY A or HUSKY B.

Under the CT BHP, DSS and DCF have established Enhanced Care Clinics, a major new initiative focused on improving access to outpatient services and the quality of those services. Enhanced Care Clinics are hospital and freestanding behavioral health clinics that have agreed to meet higher access and quality standards in return for higher fees. The timely access standards were scheduled to go into effect on September 1, 2007. In the future, DSS and DCF will introduce other standards related to collaboration with primary care, member services and engagement, co-occurring disorders, evidenced based practice, specialty care and cultural competence.

Connecticut continues to operate one of the largest pre-paid Medicaid managed care programs in the nation, proportionate to the population. As of June 2007, there are

296,484 individuals enrolled in HUSKY A. Likewise, there are 16,531 enrollees in HUSKY B. Furthermore, HUSKY has been rated by the Children's Defense Fund as one of the three best programs nationally for eligibility and benefit levels. The HUSKY program has been very successful getting children immunized by age two. Eighty-one percent of children in HUSKY A and 80 percent of children in HUSKY B, who turned two in 2004, were up-to-date on their immunizations. The HUSKY A rate is substantially higher than most Medicaid programs in other states.

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

ConnPACE (Connecticut Pharmaceutical Assistance Contract to the Elderly and Disabled; www.connpace.com) helps eligible senior citizens and people with disabilities afford the cost of most prescription medicines. Work began on coordination of ConnPACE benefits with the start of the Medicare Part D prescription drug coverage in January 2006.

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

The Connecticut Insurance Assistance Program for AIDS Patients (www.ct.gov/dss - DSS Search Term "ciapap") helps persons who are diagnosed with HIV or AIDS to take advantage of a federal law that allows for an extension of employer-provided group health insurance to people who become unemployed. The maximum adjusted income limit for a single person is $1,552 per month.

Medicaid for the Employed Disabled: (www.ct.gov/dss - DSS Search Term "medemp") allows people with disabilities to engage in employment without risking eligibility for needed medical services.
Approximately 4,200 residents with disabilities receive medical coverage through this program. Individuals may have incomes up to $75,000 per year. Some participants are charged a premium (10% of their income in excess of 200 percent of the FPL). Liquid assets may not exceed $10,000 for a single person or $15,000 for a couple.

State-Administered General Assistance (SAGA) covers most of the services available under Medicaid for single adults who do not qualify for that coverage. Behavioral health services are managed by the Department of Mental Health and Addiction Services. Through the SAGA program, the Department provides cash and/or medical assistance to individuals who are unable to work for medical or other prescribed reasons, and to families that do not meet the blood-relationship requirements of the Temporary Family Assistance (TFA) program.

Approximately 31,800 clients receive SAGA medical assistance, and approximately 4,200 individuals receive SAGA cash assistance.

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

The Connecticut Home Care Program for Elders (CHCPE; www.ct.gov/dss, click on "Elders" under Programs and Services) is a comprehensive home care program designed to enable older persons at risk of institutionalization to receive the support services they need to remain living at their home.

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

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

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

Medicare Premium Affordability Assistance, such as such as the Qualified Medicare Beneficiary and Specified Low-Income Medicare Beneficiary programs, is available to help eligible residents pay for Medicare coverage. Application is made at DSS regional offices.

ConnTRANS (Connecticut Organ Transplant Fund; www.ct.gov/dss, follow the link for Publications, and scroll down to the Brochures list), supported by donations from taxpayers who earmark a part of their state tax refund, helps those who need or have received an organ transplant when their expenses are not covered by another source.

Supporting Regional Offices and the Division of Medical Care Assistance in the delivery of medical services to DSS clients are the Bureau of Assistance Programs, the Bureau of Aging, Community and Social Work Services, and Office of Public and Government Relations.

Family Medical Services

The Division of Assistance Program helps provide Medicaid-funded services to TFA and non-TFA recipients. Additionally, other target groups include: Military Veterans, Foster and Adoptive Children in DCF care, and Breast and Cervical Cancer patients.

During this year HUSKY Medicaid coverage has been provided to 1,242 DCF Foster Care children and 251 Subsidized Adoptive children. An additional 515 youth, transitioning from DCF care on their 18th birthday, were granted medical coverage until the age of 21. Subsidized Guardianship medical benefits granted for this period were 429.

Through the division's relationship with 18 statewide 'Qualified Entity" hospitals, 89 women were granted medical coverage for Breast or Cervical Cancer.

Counseling services and medical coverage for Veterans provided for 339 granted cases.

Services for Families and Children

Jobs First (Temporary Family Assistance)

DSS operates ***Jobs First***, Connecticut's welfare reform program, providing **Temporary Family Assistance** (TFA) to families in need of cash assistance. Jobs First has been successful in helping thousands of parents move into the workforce and off welfare rolls. In June 2007, the Department's TFA caseload was 18,524. Jobs First is a time-limited program that emphasizes early case-management intervention and participation in the labor market. Jobs First establishes a time limit of 21 months for families that contain an adult who is able to work. Extensions beyond 21 months are available if the adult cannot find a job that makes the family financially independent. Able-bodied adults are referred to Jobs First Employment Services (JFES) administered by the Department of Labor (DOL) and regional Workforce Investment Boards for help in finding work. During the 21 months, and during extensions, recipients must cooperate with JFES and make a good-faith effort to find a job and keep working. At the end of the time limit, a family may be eligible for an extension of benefits if they have income less than the payment standard; have made a good-faith effort to find work; or have experienced circumstances beyond their control that kept them from finding work or keeping a job.

In most parts of Connecticut, a single parent with two children and no other income, who does not get a housing subsidy, receives $560 in monthly TFA cash benefits (also called the payment standard). This amount may vary slightly as the state has three regions that pay different benefit rates based on housing costs. Recipients can also receive special-need benefits, such as emergency housing, or moving and storage expenses. Additionally, the family may receive HUSKY A (Medicaid) and Food Stamps, help in paying for child care, and assistance in obtaining child support payments.

Safety Net services are provided to those families who have exhausted their 21 months of benefits, have an income still below the payment standard, and do not qualify for an extension because of their failure to comply with work requirements. Help with meeting basic needs is available, along with case management and service coordination. The Safety Net program served 133 families between June 2006 and June 2007.

The **Employment Success Program** (ESP) provides early intervention, in-depth assessment and intensive case management services to recipients of TFA who are mandatory participants in Employment Services. This program seeks to address client barriers that prevent successful participation in the TFA program. The ESP works with 100 referrals per month and opens 40 new cases each month.

The Department of Social Services provides grant funding for the administration of **Transportation To Work (TTW)** programs for TANF/TANF eligible clients. The intent of the funding is to assist TANF/TANF eligible clients to overcome their transportation barrier to employment. Currently, there are 5 DSS contractors administering the TTW program statewide. The Department of Transportation is a partner in the TTW program, offering its insight and complementary funding through its Jobs Access Reverse Commute program and through funding from the Federal Transportation Administration.

Transitionary Rental Assistance (T-RAP) is available for some families if an adult member is employed at the time the family leaves the Temporary Family Assistance Program (TFA) and either (1) has income which exceeds the TFA payment standard or (2) is employed for a minimum of twelve hours per week. There is an income limit of 50% of the state median income level. Rental assistance is available for up to 12 months. Approximately 140 families on average receive a housing subsidy. Due to limited funding, a lottery system is used to select eligible recipients.

The Food Stamp Program provides monthly benefits to help eligible families and individuals afford food purchases. Benefits are provided electronically, enabling clients to use a debit-type swipe card at food markets. Income- and asset-eligibility guidelines apply. The general income limit is 130% of the federal poverty level. Maximum monthly food benefit examples are $155 for a single person and $518 for a four-person household. By June 2007 105,079 Connecticut households (including 78,939 children) were receiving Food Stamp benefits. Application to the Food Stamp Program is made at local DSS offices.

Child Care Services

Summary highlights for childcare services during SFY 2007:

- Nearly 115,000 children received subsidized childcare services in Connecticut.

- 18,141 children and their families received monthly financial assistance from the **Care4Kids** program.

- 8,571 preschool children participated monthly in the **School Readiness Program** and another 4,382 children, ages 1-12, participated in the **State supported Child Care Center Program**.

- Connecticut Charts-A-Course scholarships benefited more than 1,300 early caregivers. Of them, over 200 achieved the Child Development Associate credential.

- The Accreditation Facilitation Project worked with 252 child care center provider sites to achieve national accreditation. As of June 2007, there are 548 centers accredited by the National Association for the Education of Young Children, 23 National AfterSchool Association - accredited school-age programs and 7 National Association for Family Child Care-accredited family day care homes in Connecticut.

- In SFY 07, the DSS Child Care Team and the Fraud and Recoveries Unit of Quality Assurance embarked on two fraud prevention and detection initiatives. The Fraud Early Detection Program and the Active Case Assessment Program were developed to ensure that those parents and/or providers receiving benefits from the Care 4 Kids Program were truly entitled to those funds. Both programs have proven themselves to be extremely cost effective measures and are discussed in further detail in pages following for Quality Assurance activities.

You can learn more about these and other child care activities in the state in the Child Care Annual Report. The report may now be viewed or printed from the DSS website at (www.ct.gov/dss, follow the link for Publications and scroll down to Annual Reports).

During SFY 2007, 18,141 income-eligible children participated each month in the **Child Care Assistance Program (Care4Kids)**, while contracts to state-supported child day care centers and school-age programs served another 8,300 children monthly. DSS

continued to support the Child Care Facilities Loan Fund**,** which creates new spaces for children at child care facilities.

Quality Enhancement Grants, at a funding level of $1.14 million, helped 19 priority school districts develop local quality initiatives that support the communities' family and caregiver needs. Local School Readiness Councils in the designated communities used the funds to serve approximately 2,300 child care providers, including relatives, caring for more than 4,000 children in various ways: direct services to children and families, consultation services to child care centers and family providers, training and staff development, mini-grants for minor renovations, instructional materials and equipment, and public education campaigns. DSS continued to fund childcare licensing and inspection staff at the Department of Public Health. DSS also provided funds to the Department of Children and Families and the Department of Public Safety to support child-abuse and criminal-background checks for certain child care providers in the Care 4 Kids Program.

211-Child Care INFOLINE, supported by agency funds and United Way of Connecticut, received over 35,000 telephone calls from parents seeking child care information and referrals to child care centers and homes in their area. The Training Program in Child Development helped nearly 1,300 caregivers receive training in the Connecticut Charts-A-Course curriculum. Of these, 200 achieved the nationally recognized Child Development Associate (CDA) credential. The statewide Accreditation Facilitation Project provided support and technical assistance to 252 childcare centers. The Connecticut Charts-a-Course Scholarship Fund provided almost 300 individuals with financial assistance to support their attendance at training seminars for college credits.

The Child Care Apprenticeship program collaboration continued with the Department of Labor, as did the Connecticut Early Childhood DataConnections project. DSS also participates in the State Child Day Care Council, Early Head Start Professional Development Project, Head Start Advisory Council, Head Start Statewide Collaboration Project, Commission on Children, Early Childhood Partners, Early Childhood Alliance, Universal Preschool Advisory Committee and Forums, and the HUSKY Plan.

Connecticut Head Start Collaboration Office

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

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

Significant accomplishments during SFY 2007 include:

- The Head Start State Collaboration Office and the Child Health and Development Institute of CT co-sponsored the first statewide symposium in the country on multidisciplinary consultation in early care settings that brought national experts together with over 40 state leaders. This completed a multi-year US DHHS supplemental grant to the HSSCO to support the development of early childhood consultation in the state. Proceedings were published in *Developing a Multi-Disciplinary Consultation System for Early Care and Education in Connecticut: A Symposium*.

- Through a separate DHHS supplemental grant for professional development, the CT Head Start Association and the CT Association for Community Action assessed the educational needs of staff in early childhood programs and provided over 200 scholarships for coursework toward completion of degree programs.

- Due to past success in collaborative training with state partners, Connecticut was selected as one of six pilot states for domestic violence training. A state team attended the training-of-trainers in Oklahoma City and returned to provide a 5-day domestic violence training to Head Start family service staff from across the state.

- In collaboration with Healthy Child Care New England, webcast technology was utilized to convene over 100 participants, including state regulators, policy makers, and state nursing boards to discuss the administration of medications in early care settings.

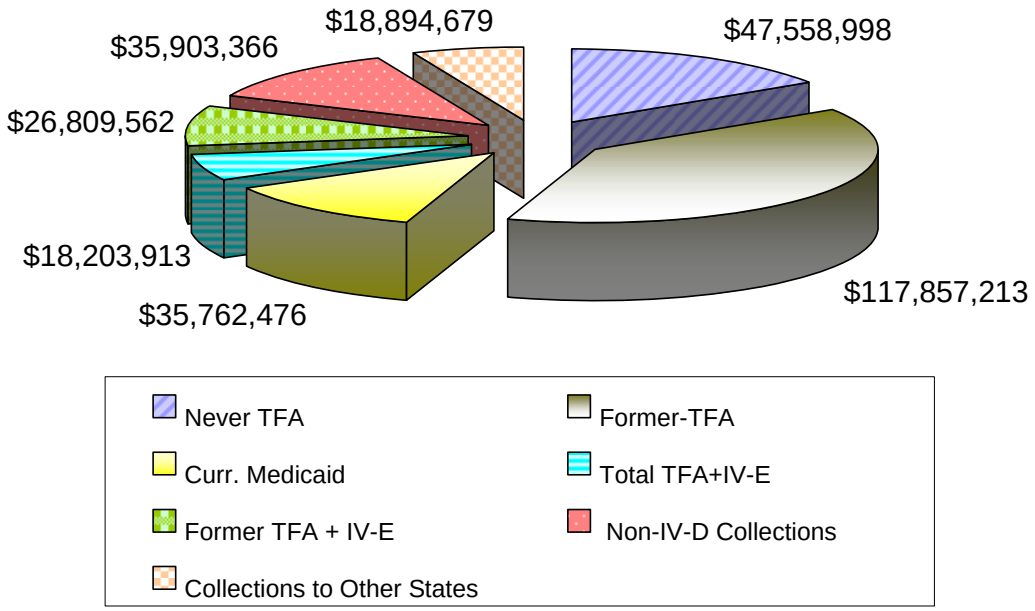
- Concluded efforts under the eight-year federal grant initiative, Healthy Child Care Connecticut, which included completing the review process of the CT Child Day Care Council for revising state child care regulations to better align with *Caring for Our Children National Health and Safety Standards.*

- Efforts continued with national partners to develop awareness of the needs of young children who are experiencing homelessness through data reports and a number of public presentations.

Child Support Enforcement Services

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

Child Support Collection Summary by Family Type



Total child support collections for SFY 2007 were $300.9 million, an increase of $10 million over SFY 2006. This figure includes $201 million that was collected and sent to families not receiving public assistance; $1.7 million of current support that was sent through to families receiving assistance; and $45 million retained by the state for repayment of assistance benefits. Another $35.9 million was collected for families not requesting child support services from the state, but whose court-ordered support goes through the state disbursement system; and $18.9 million was collected and sent to families in other states.

Child support efforts that involve other state and local agencies include: the Paternity Registry and Voluntary Paternity Establishment Outreach program, which works with the Department of Health and hospitals; employer reporting of all newly-hired employees; the arrears adjustment program which works with the fatherhood sites, and the Partners Executive Council, which includes representatives from all the child support cooperating agencies and works to improve the child support program.

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

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

- Connecticut provided guidance and best practices regarding arrears management to other states through a presentation at the national meeting of child support directors. Connecticut, considered to be a national leader in medical support, highlighted its successes at a national child support conference. Finally, Connecticut made presentations to national and regional payroll associations regarding income withholding and electronic disbursement and collections.

- Connecticut has completed its programming to implement access to records of cellular mobile telephone and other wireless telecommunication service providers for location information. The Bureau of Child Support Enforcement is working with several major providers to implement the automated match.

- The ability to serve capias executions (orders of support) on noncustodial parents who fail to appear in court was enhanced by the hiring of two additional special police. The officers were trained and in March 2007 began working independently. The unit of 4 between March and June 2007 served an average of 62 capias each month.

- A robust legislative package was promulgated that included language required for implementation of the child support requirements of the Deficit Reduction Act 2005; a proposal for implementation of a reasonable cost standard for medical support and other medical support provisions; **and** adoption of changes to Connecticut's existing Uniform Interstate Family Support Act (UIFSA) consistent with the 2001 revisions approved by the National Conference of Commissioners on Uniform State Laws.

- Included in the legislative changes was a statutory requirement for a $25 fee to be paid by clients not currently receiving financial assistance from the state, Medicaid or foster care. The fee will be implemented in October 2007.

- Also significant was a change to allow interception of both IRS and State Tax refund payments to collect child support arrearages for families whose

children have all reached the age of majority. This provision will also be implemented in October 2007.

During this period DSS-BCSE continued implementation of the multi-faceted plan developed during the prior two years to increase the reliability of the paternity data required by the federal Office of Child Support Enforcement and eliminate the penalty against the TANF block grant (a penalty of $4.8 million imposed in 2007 for FFY 2005). Based on these efforts, the informal exit conference with the OCSE auditors in June 2007 indicates that Connecticut has passed data reliability for paternity for FFY 2006 and achieved a paternity establishment percentage of 92%. If the final report reflects these same results, Connecticut will not have a penalty imposed for FFY 2006. In addition, Connecticut has filed an appeal with the Department of Health and Human Services regarding the penalty that was imposed for FFY 2005. If that appeal is upheld, Connecticut may be able to be reimbursed for the $4.8 million penalty that was recently imposed.

Debit Card Alternative

Legislation was signed in June 2006 requiring recipients to receive child support through either direct deposit or the new debit card. The new ***VISA***® branded card provides Connecticut child support recipients' with access to a broader network of ATM's and retail establishments from which to access child support funds. The rollout on the new card began during July 2006 and was issued in increments across the state during the fall, winter and spring 2007 through directed mailings to custodial parents that advised of the options available and the advantages of each. As of the end of June 2006 the number of custodial parents receiving child support through direct deposit or the debit card was 26,300. As of July 23, 2007, the number of families receiving support by electronic payment increased to 53,478. In addition, 43 states now electronically exchange child payments with Connecticut via EFT, instead of through checks.

Parents can access the DSS child support website at www.ct.gov/dss; follow the link for Families with Children for more information. This site also has links to the federal child support website, other child support partners in Connecticut, the state's Fatherhood Initiative website, and the State Disbursement Unit (www.ctchildsupport.com).

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

John S. Martinez Fatherhood Initiative of Connecticut

In SFY 2006-07, the Department was awarded a five-year, $5 million ($1million/year) grant from the Department of Health and Human Services, Administration for Children and Families (ACF) to implement a Promoting Responsible Fatherhood demonstration project. The grant will incorporate strategies encompassing all three of the ACF-

established authorized activity areas: Healthy Marriage, Responsible Parenting and Economic Stability. Each of the five state-certified fatherhood programs that are partners in the grant (Families In Crisis, Inc-Manson Youth Institute-Cheshire Family Strides-Torrington, New Haven Family Alliance-New Haven, New Opportunities, Inc.-Waterbury and Madonna Place-Norwich) will target primarily low-income fathers, new fathers, fathers-to-be, and young fathers who may be single, unmarried, non-custodial or cohabitating. This target group will also include couples interested in marriage and/or those who identify themselves as engaged. Each program site is targeted to serve a minimum 100 fathers and eight couples for a total of 500 fathers and 40 couples served annually. The goal of the program is to provide our target populations with a cohesive continuum of care that connects them to services. Our services will offer enhanced prevention and intervention strategies to promote healthy marriage, responsible parenting and economic stability. Each of the five identified fatherhood programs will deliver the Exploring Relationships and Marriage with Fragile Families and the 24/7 Dad curricula to program participants as part of the Healthy Marriage and Responsible Parenting activities. Curriculum is also being developed for delivery to DSS staff and our community partners that will enhance knowledge and skills in assessing domestic violence and cognitive limitations and the ability to connect these clients to appropriate services.

The Department will collaborate with multi-disciplinary partners statewide to effect positive change targeting low-income fathers and couples. Our partners for this project in addition to the five fatherhood programs are the Connecticut Coalition Against Domestic Violence, DSS/Bureau of Rehabilitation Services, The Consultation Center at Yale University (that will conduct the evaluation) and multiple community based stakeholders. In the first year of project implementation the Department seeks to accomplish the following tasks:

- Execute contracts with identified partners
- The five certified fatherhood programs will hire the requisite staff
- Formalize MOUs with appropriate partners
- Plan a statewide multi-media campaign and outreach activities
- Begin development and delivery of staff training sessions
- Initiate the evaluation process
- Certify an additional fatherhood site to begin work on the project in year 2

The Department, in consultation with the National Practitioners Network for Fathers and Families, developed a certification process for fatherhood programs in the State of Connecticut. It is the first of its kind in the nation; the certification process provides uniform standards and rigid guidelines of practice for fatherhood programs located in the state. This strategy ensures consistent and quality service delivery to low-income, non-custodial fathers and their families, while also recognizing exemplary fatherhood programs. Through this project fatherhood program operators can qualify to participate in

the CT Arrearage Adjustment Program. Currently, five certified fatherhood programs provide services across the state.

- The Department is looking to expand the state certified fatherhood program sites from 5 to at least 6 by the fall of 2007, as Career Resources, Inc-Bridgeport, is slated to begin the certification process. The Certification Review Committee is set to begin its review of the agency on August 15, 2007.

Cash Assistance for Adults

State-Administered General Assistance

Through the **State-Administered General Assistance (SAGA)** program, the Department provides cash and/or medical assistance to eligible individuals who are unable to work for medical or other prescribed reasons, and to families that do not meet the blood-relationship requirements of the Temporary Family Assistance (TFA) program. Approximately 4,200 individuals were receiving SAGA cash assistance at the end of SFY 2007.

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

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

State Supplement Program

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

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

People eligible for State Supplement are automatically eligible for Medicaid. Approximately, 15,316 people (4,689 aged, 90 blind, and 10,537 disabled) were receiving State Supplement benefits at the end of SFY 2007. Further information: www.ct.gov/dss, keyword "financial" and scroll down.

The Food Stamp Program

The **Food Stamp Program** provides monthly benefits to help eligible families and individuals afford food purchases. Benefits are provided electronically, enabling clients to use a debit-type swipe card at food markets. Income- and asset-eligibility guidelines apply. The general income limit is 130% of the federal poverty level. Maximum monthly food benefit examples are $155 for a single person and $518 for a four-person household. At the end of SFY 2007, approximately 105,079 Connecticut households (including 78,939 children) were receiving Food Stamp benefits. Application to the Food Stamp program is made at local DSS offices. We were recently recognized by the United States Department of Agriculture for achieving a payment error rate of 5.46% for FFY 2007.

The **Food Stamp Program Nutrition Education Plan** provides nutrition education intervention to Food Stamp Program recipients and applicants. For FFY 2007 the Department received $2,313,624 in federal matching funds to partner with the University of Connecticut and the Department of Public Health to provide these nutrition education activities.

The Department received $986,193 in federal matching funds for **Food Stamp Outreach** for FFY 2007. To provide outreach services and activities for potential Food Stamp recipients, the Department partnered with the Connecticut Association for Human Services (CAHS), End Hunger Connecticut! Inc., and the Hispanic Health Council. In this fiscal year the Department received additional monies for two faith-based outreach initiatives.

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

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

As part of the DSS Bureau of Aging, Community and Social Work Services, the DSS Aging Services Division (State Unit on Aging) administered approximately $24 million from the federal Older Americans Act and other federal and state funds to provide a multitude of services to 85,265 seniors. In addition, 62,121 consumers received information and referral services.

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

Highlights of Older Americans Act Program for FY 2007

- 1,520,853 home-delivered meals were served statewide;
- 983,931 meals were served in group settings to elders;
- 204,821 trips were provided for elders to doctor appointments, shopping and recreational activities;
- 63,516 hours of homemaker services were provided; and
- 154,005 adult day care hours for personal care were funded.

The Department's **federally-funded Senior Community Service Employment Program (SCSEP)** offered employment and training opportunities to 178 seniors in 2007. An additional 240 seniors were provided referrals to non-subsidized employment and referral services. **Elderly Health Screening** programs provided a multiphase health screening to elders, with the primary goal of early detection of disease. During SFY 2007 a total of 2,811 elders received health-screening services.

The Connecticut Partnership for Long-Term Care, an alliance between the State of Connecticut and the private insurance industry, is a program through which Connecticut residents can buy specially designed, state-approved, competitively-sold long-term care insurance that is designed to help seniors pay for long-term care without depleting their assets and impoverishing themselves. The program is a partnership between the Office of Policy and Management and the Department of Social Services. The Aging Services division of the Department of Social Services oversees the program. In State fiscal year 2007, the Aging Services division mailed 290 information packets; counseled more than 200 people and made more than 40 community visits. In addition, 538 people attended six public forums. Since the inception of the CT Partnership Information and Education program in 1992, the division has responded to 45,859 calls for information, counseled more than 5,200 individuals, and presented 86 public forums for 9,304 Connecticut residents. The Office of Policy and Management and Department of Social Services made group presentations to 44,330 people, and served thousands more through the CT Partnership.org web site. The State of Connecticut was the first in the nation to develop a Partnership for Long-Term Care.

With the support of the Aging Services Division, 5,204 volunteers from the Retired and Senior Volunteer Program (RSVP), Seniors Helping Seniors and St. Luke's Elder Care Program continue to aid the community by providing services at schools, libraries, hospitals and local and state social service agencies. In addition, this year the volunteer programs have initiated new volunteer opportunities for seniors and by doing so, assisted many of our homebound elderly in the areas of grocery shopping, friendly visiting and transportation to medical appointments. By providing these services, the volunteers play

a very important role in helping our seniors remain in their homes as safely and independently as possible.

The Department's **CHOICES** (Connecticut's Health insurance assistance, Outreach, Information and referral, Counseling and Eligibility Screening) Program (1-800-994-9422) served thousands of seniors, people with disabilities and their caregivers through individual counseling and community outreach and education events. CHOICES was very busy this year assisting state residents with Medicare Rx (Part D) implementation problems. Several thousand individuals were assisted with ConnPACE issues and enrollment. In SFY 2007, the Program counseled 33,394 individuals on health insurance issues such as Medicare, Medigap insurance, and Medicaid coverage. Still more CT residents were reached through educational and outreach activities, such as health fairs, presentations, and enrollment events in the community. The success of the program is due in part to the network of 400 volunteers as well as the ability to perform remote-site counseling statewide with the DSS Medicare Rx-Xpress Bus. CHOICES also received a Performance Plus Award from the Centers for Medicare and Medicaid Services this past year for its exceptional achievement in serving Medicare beneficiaries.

The Administration on Aging awarded a third cycle of funding, consisting of $180,000 for each of three years, an increase of 13%, to the CHOICES **Medi$ave** SMP (Senior Medicare Patrol) project. The SMP project educates and empowers seniors throughout the state to address healthcare fraud, abuse and related scams such as identity theft, mail cons, and internet hoaxes. During the past year, over 34,700 consumers attended 376 group and community education events that provided information on how to protect themselves from healthcare fraud and scams, as well as how to detect and report them to appropriate officials. Additionally, an estimated 5,200,000 people were reached by media events.

The **DSS Rx-Xpress** serves as a mobile public assistance center that works with CHOICES to provide seniors and other eligible persons with Medicare Rx information and enrollment assistance. In addition, the Bus is an outreach resource in rural, suburban and urban communities where it provides eligibility screening and enrollment into public assistance programs, including Medicaid and food stamps. During SFY '07, the Bus participated in 79 events and had 1,200 visitors. Regional DSS eligibility staff participated in over 20 events during this period.

Aging Services has an extensive new website at <u>www.ct.gov/agingservices</u>. In SFY 2007, the Aging Services website underwent a large scale transformation to become part of the State website portal system. The site is designed to provide information about the programs and services available to assist older adults in Connecticut, their families, and their communities. In addition, it is intended to help consumers and professionals easily find services for older adults.

Congregate Housing Services Program (CHSP)
This program provides meals and supportive services to frail elders and persons with temporary and permanent disabilities in rural areas of the state. This year the program served 11 of the most vulnerable housing communities complexes located in the eastern and western area of the state. During FFY 2007, 375 frail older adults were served. Services provided were meals, transportation to hospital and medical institutions, shopping, recreational and educational activities, as well as informing the participants of benefits and entitlements as their needs change. Services are provided by a Resident Service Coordinator.

The Home Share Program
The Aging Services Division sponsors three Home Share programs which match older adults who are having difficulty maintaining their homes, or don't want to live alone, with another older adult who needs affordable housing. The program also offers housing counseling to older adults. At least one member of a match must be aged 60 or over. Home Share programs are available in Eastern and South Central Connecticut through the Area Agency on Aging and the Newington Senior and Disabled Center. In SFY 2007, the three programs counseled 379 people and matched 20 older adults. Since 1985, 660 older adults have been matched to Home Share.

Connecticut's National Family Caregiver Support Program provides services to family caregivers in several different areas, including information and assistance, counseling, support groups, and respite. In the last year, one-on-one assistance was provided to 7,459 individuals; 9,117 were served through counseling, support groups and training; 689 received respite services; and 827 were served with supplemental services. The program also provided information via the Internet, through presentations, newsletters and broadcast media.

The National Family Caregiver Support Program also serves grandparents or older relatives caring for children up to the age of 18 through support groups, trainings, legal assistance and respite. In addition, DSS Aging Services Division oversees the **GAPS (Grandparents As Parents Support) Network,** which consists of 145 agencies and 36 support groups dedicated to helping grandparent caregivers and their grandchildren. The DSS Aging Services Division oversees the dissemination of information to the Network and has established a Network Directory and Listserve to provide and share information with relative caregivers and organizations that work with kin caregivers throughout the state.

The **Connecticut Statewide Respite Care Program** is designed to offer respite services to caregivers of individuals with Alzheimer's disease and related dementias. In SFY 2007, 620 individuals received direct services such as adult day care, home health services, skilled nursing, and overnight respite. In addition, approximately 1,500 individuals benefited from counseling, case management or education provided by the five Connecticut Area Agencies on Aging and the Connecticut Chapter of the Alzheimer's Association.

The **New England Cognitive Center's Brain Get Your Mind Moving (G.Y.M.M.) Program** was awarded a two year grant in SFY'05 and SFY'06 as a result of a request for proposal developed by the Aging Services Division of DSS in response to drug settlement funds received by the Department of Social Services. The excellent performance of this grantee earned an allocation in the state budget for SFY'07. The New England Cognitive Center's Brain G.Y.M.M. Program utilized a two-tiered non-pharmaceutical approach to addressing the needs of the individual with Alzheimer's disease. Two primary interventions-exercises on the computer that target specific areas of cognition, and hands-on cognitive training in a small group or workshop environment were measured and evaluated to determine whether the Program could maintain cognitive functioning levels in individuals with Alzheimer's Disease. In SFY'07, 50 clients participated in one of the two Brain G.Y.M.M. programs, 1,200 hours of programming were provided, and approximately 300 hours of cognitive assessments were made. Study results indicated that 88% of the Brain G.Y.M.M. participants showed significant cognitive gains in one or more of the targeted domains (which include memory, language, visual/spatial ability, attention, reaction time and problem solving). The remaining 12% of participants appeared to stabilize during the training, showing no significant cognitive decline over the length of the program cycle, which lasts on average three months.

In SFY 2007, the Aging Services Division was awarded a second round of funding of $250,000 from the Administration on Aging for its **Alzheimer's Demonstration Program** to continue to provide community-based services to low- income, rural and ethnic/cultural underserved populations.

Protective Services for the Elderly assists persons age 60 and older who have been identified as needing protection from abuse, neglect and/or exploitation. During SFY 2007 agency social workers provided services to 3,318 persons living in the community and 447 residents of long- term care facilities. The **Conservator of Person** program, for indigent individuals 60-and-over who require life management oversight, helped 513 individuals; and the **Conservator of Estate** program provided financial management services to 113 people in the same age group.

During the fiscal year, the **Community Based/ Essential Services Program** provided services designed to prevent institutionalization to 2,154 persons with disabilities. Six hundred and ninety-eight persons received help through the **Personal Care Assistance Program (**people with disabilities between age 18 and 64); and 308 individuals were provided assistance under the **Acquired Brain Injury (ABI) Program.** Both programs operate under Medicaid waivers.

The **Acquired Brain Injury Barriers Fund** of $23,192 helped remove or limit barriers that prevented participation in the ABI program. The **Family Support Grant Program** helped 20 families with children with developmental disabilities other than mental retardation in meeting extraordinary expenses of respite care, health care, special equipment, medical transportation and special clothing.

Regional and Central Office social work staff provided brief interventions for 2,508 families and individuals including counseling, case management, advocacy, information and referral, housing and homelessness assistance and consultation, through **Family and Individual Social Work Services.**

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

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

The **Teenage Pregnancy Prevention Initiative**, designed to prevent first-time pregnancies in at-risk teenagers, continued to target 12 urban areas: Hartford, Bridgeport, New Haven, New Britain, New London, Waterbury, Norwalk, Stamford, East Hartford, Norwich, West Haven and Willimantic, as well as rural northeastern Connecticut. The programs served 723 individuals.

The **Family Planning Program** provided comprehensive reproductive health care services to 15,440 low-income residents. The **Family Counseling Program** served more than 4,263 persons.

In addition to the above services, Social Work Services staff provided more than 100 educational and training sessions to community members, professional associations, agency and institutional staff on DSS social work programs and services. Staff continued to develop practice standards for the agency social work programs; program databases to track client services and outcomes; and revised regulations to comply with recent statutory changes.

The Long-Term Care Ombudsman Program

The **Long-Term Care Ombudsman Program** is committed to promoting and maintaining the highest quality of life and care for residents of nursing homes, residential care homes and assisted living communities in Connecticut. The Program's mission is to protect the health, safety, welfare and rights of these long term care consumers.

The program responds to, and investigates concerns and complaints made by, or on behalf of, residents of long-term care facilities. Information, education, and consultation are also provided in order to promote and support self-advocacy. Through a combination of direct services to long-term care consumers, partnerships with the state's elderly services and persons with disabilities networks, as well as rigorous systemic and legislative advocacy, the ombudsman program presses for ongoing improvements to the state's long term care system.

The Long-Term Care Ombudsman Program is an independent office of state government, with the state ombudsman housed with the Department of Social Services in Hartford, and regional ombudsman throughout the state.

Beyond paid staff, a team of dedicated Volunteer Resident Advocates also works to further enhance Program support of residents, both individually as well as collectively, through Resident Councils. These volunteers make thousands of visits with residents on a weekly basis.

In SFY 2007, the Long-Term Care Ombudsman Program handled 1,675 complaints and spent 9,789 hours in providing 5,985 units activities/services and 3,677 visits. During this same timeframe, a total of 27,600 individuals was served.

For further information: www.ct.gov/ltcop or 1-866-388-1888.

Bureau of Rehabilitation Services

Through the **Bureau of Rehabilitation Services (BRS)**, DSS provided vocational rehabilitation services to 8,516 job seekers with disabilities with the goal of promoting success in employment. Of this number, 1,297 clients entered the competitive workforce during SFY 2007, with other clients helped toward setting and meeting employment goals.

BRS hired six counselors to work within **inner city high schools** to improve the ability to serve students from varied cultural backgrounds and students in poverty. The counselors will work with students as young as 14 (and their families) who have significant functional deficits. They will also become liaisons to the five Centers for Children with Special Healthcare Needs to focus on meeting transition requirements and will work closely with the 504 transition coordinators in each local education association to reach students who have a disability but are not in Special Education.

These counselors will also collaborate with the Medicaid Katie Beckett Waiver to identify youth who are receiving home-based medical services instead of hospital-based services by age 14, if possible, for comprehensive rehabilitation planning. BRS established an internal transition committee to address policy issues and develop initiatives such as the BRS transition website. This committee collaborated with the Department of Education and other adult service agencies to promote comprehensive transition for consumers exiting secondary education.

BRS hired three counselors stationed at **state mental health facilities** where they conduct joint employment planning through interagency teams and develop strategies that provide more comprehensive and integrated services to this population. This collaboration with the Department of Mental Health and Addiction Services is the sixth

year of a systems change project to improve employment outcomes for individuals with psychiatric and/or addiction disorders.

Under the leadership of the BRS director, 11 state agencies formed a memorandum of understanding to develop a **resource map** of all services and supports to young adults with disabilities. This 160-page report is a comprehensive map of transition services for approximately 90,000 CT residents and is the source for an online, publicly accessible database of transition services scheduled to be running by September 2007. The database will act as a resource guide for individuals needing services and supports to enter and retain employment. This work was funded by a grant from the National Governors' Association and is viewable at www.ctschooltowork.com.

BRS initiated the **Autism Spectrum Disorder (ASD) Clinical Committee** that meets monthly with staff, consumer's families, etc., to provide understanding of this disorder cluster and to help develop plans. The committee includes consumers, family members and professionals and it enables everyone to provide strategies to improve employment outcomes.

In addition to **Connect-Ability** (www.Connect-Ability.com) highlighted on page nine of this report, the bureau's **Connect-to-Work Center** provides a single access point for information about the impact of wages on federal and state benefits (800-773-4636; TTY: 860-424-4839; email: connecttowork.dss@po.state.ct.us). This program provided comprehensive work incentives planning, assistance, and outreach to 1,049 individuals in the past year.

The **Connecticut Tech Act Project** implemented two new programs. The first is the Tech Mentor Program, a statewide peer-to-peer mentoring service for individuals with disabilities who need assistive technology. The second program is The Assistive Technology Exchange in New England, an online classifieds where new and used assistive technology devices can be found for sale or donation. Go to www.getATstuff.com to see numerous devices posted on the AT Exchange. The Connecticut Tech Act Project has also funded the opening of a second Assistive Technology Equipment Recycling Center, in partnership with the New England Assistive Technology (NEAT) Marketplace located at the Disability Resource Center of Fairfield County.

Through the five **Centers for Independent Living** [the Center for Disability Rights, West Haven; Disabilities Network of Eastern Connecticut, Norwich; Disability Resource Center of Fairfield County, Stratford; Independence Northwest, Naugatuck; and Independence Unlimited, Hartford] individuals with disabilities participated in independent living programs as follows: active cases - 821; information & referrals- 5,145; and transitions from skilled nursing facilities - 39. Please see www.brs.state.ct.us/programs_pg4.htm for center addresses.

The **State Rehabilitation Council (SRC)** developed a survey to rate consumer satisfaction after office visits. Completed surveys are sent to the District Director and the

SRC Consumer Satisfaction Committee for review. This survey is currently in use at all BRS district and sub offices.

The Regional Satisfaction Survey conducted this past year showed a 10% increase in consumer satisfaction with information on entitlements from the survey of 2003.

The bureau hosted a **summer workshop** for young adults with disabilities during the summer of 2006 to address benefit issues, accessibility issues, personal assistance services and adult employment supports.

BRS was the major event sponsor for the **Youth Leadership Forum (YLF),** an educational and motivational forum for 40 high school juniors and seniors with physical and mental disabilities on the main campus of the University of Connecticut. The program helps participants identify and strengthen leadership skills and define community projects to achieve at the end of the forum. Bureau personnel helped plan and staff the event and the SRC provided financial support.

The **Ticket to Work Program** now includes the program administration of the Supported Employment Program and the state Employment Opportunities. This move will enable the program administrator for the bureau to better coordinate employment support programs. All three programs serve consumers in supported employment with different job supports.

BRS completed year one of a five-year plan for addressing our **succession challenges.** The Bureau created a plan for management, a small succession committee, career development training for supervisors, and individual development planning with all staff.

Housing Assistance

Through various **homeless assistance programs,** DSS supported 45 emergency shelters with a total of 1,777 beds, serving more than 14,663 adults and children, plus six programs that provide advocacy, housing, and health services.

The **Transitional Living Program** helped families and adults move from shelters into independent living. The **AIDS Residence Program** provided housing and support services to 933 people. In addition, funding was provided to twelve Beyond Shelter Programs. These programs improve housing retention by providing coordinated services to landlords and households leaving homeless shelters or transitional living programs into independent housing.

The **Security Deposit Assistance Program** provided help to more than 2,500 families in obtaining permanent housing. These services are provided through DSS regional offices.

Under the **Rental Assistance Program,** DSS provided rental subsidies to 1,850 families and adults living in privately owned housing. One-year rental subsidies were provided under the **Transitionary Rental Assistance Program** to an average of 160 former Temporary Family Assistance-recipient families per month.

Under the federal **Section 8 Housing Choice Voucher Program and Section 8 Moderate Rehabilitation Program**, DSS provided rental assistance so that 5,350 families and adults could move into and afford safe and sanitary housing. A special program category under Section 8 includes the **Mainstream Housing Opportunities for Persons with Disabilities Program.** Competitive HUD funding awarded to DSS is used to provide housing subsidies to eligible individuals with disabilities who often face difficulties in locating suitable and accessible housing. The Department currently receives funding for 150 households.

DSS works closely with the Department of Children and Families in administering the Family Unification Program, promoting family unity by providing housing assistance to families for whom the lack of adequate housing is a primary factor in the separation, or the threat of imminent separation, of children from their families. The housing component of the Nursing Home Transition Program enables eligible nursing home residents to safely return to the community and a more self-sufficient lifestyle through a rental subsidy provided by the department. The Connecticut Association of Centers For Independent Living (CACIL) and their member agencies work with licensed nursing facilities to identify eligible individuals. Once the necessary community support systems have been identified and put in place, CACIL contacts DSS for a Rental Assistance Program certificate. There have been 108 rental subsidies provided to date.

DSS has a memorandum of understanding with the Department of Mental Health and Addiction Services, the Office of Policy and Management, the Department of Economic and Community Development, and the Connecticut Housing Finance Authority in support of the **Supportive Housing Pilots/Next Steps Initiative**. This is designed to create service-supported, affordable housing opportunities for homeless families and people affected by mental illness or chemical dependency who are facing homelessness. The Department has devoted 550 Section 8 and state Rental Assistance Program rental subsidies as part of this initiative.

Energy and Food Assistance, Community Programs

The Connecticut Energy Assistance Program (CEAP) is administered by the Department of Social Services and coordinated by regional Community Action Agencies, in cooperation with municipal and other non-profit human service agencies. Connecticut residents who need help paying their primary heating bills apply for energy assistance at about 140 community sites. CEAP is available to households with incomes up

to 150% of the federal poverty guidelines. Households with even higher incomes, up to 200% of the federal poverty guidelines, are eligible for CEAP if they include a person who is at least 60 years of age or a person with disabilities. Efforts are made to accommodate homebound applicants. Due to passage of PA 07-242 DSS will assist households with incomes up to 60% of the state median income in the Contingency Heating Assistance Program (CHAP) for the 2007 – 2008 program year.

Families or individuals may obtain help with their winter heating bills, whether the primary heating source is a utility (natural gas or electricity) or a deliverable heating fuel (oil, kerosene, wood, and propane). CEAP-eligible households with incomes up to 150% of federal poverty guidelines, whose rent includes heat, and who pay more than 30% of their gross income toward their rent, are eligible for renter benefits. For information on applications and eligibility: www.ct.gov/staywarm or dial 2-1-1. DSS assisted 84,632 CEAP/CHAP-eligible households during the 2006-07 heating season.

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

DSS also administered federal funds for a Weatherization Assistance program providing energy-efficient measures to approximately 717 households with incomes up to 200% of the federal poverty level. Further information: 1-800-842-1132.

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

DSS administers a significant portion of the federal **Social Services Block Grant** (SSBG) program; some goes to other state agencies. For federal fiscal year 2007 Connecticut received $20,020,231, which was allocated to 12 of the 29 allowable service categories. In general, funds are used to provide services to state residents who are at or below 150% of the federal poverty level. Some services, such as protective services for adults, protective services for children, and information and referral are provided without regard to income.

The SSBG also supports direct service programs, grant programs, and programs and services provided by other state agencies. Programs supported with SSBG funds include: community-based services, protective services for the elderly, emergency shelters for the homeless, child day care services, and services for SAGA clients.

Funding to state agencies includes: Department of Mental Retardation for supported employment; Office of Protection and Advocacy for advocacy services for people with

disabilities; Commission on Deaf and Hearing Impaired for protective services; Board of Education and Services for the Blind for community integration and support; and Department of Mental Health and Addiction Services for substance abuse treatment, supportive housing, outpatient counseling, independent and transitional living, and information and referral.

In addition, DSS provides SSBG funds for more than 121 programs through private non-profit and municipal service providers. Services include: substance abuse counseling, home-delivered meals, protective services for children, information and referral, case management, family planning, legal services, services for persons with disabilities and employment. In the last year, 84,817 adults and 16,056 children received services from programs supported by SSBG funds.

Through the **Neighborhood Facilities Program**, DSS provides grants for planning, site preparation, construction, renovation, and acquisition of facilities for child care centers, senior centers, multi-purpose human resource centers, domestic violence programs, emergency shelters, shelters for the homeless, food distribution facilities, and accommodations for people with HIV and AIDS. In the past year, DSS received approval from the sState Bond Commission for six projects with a combined value of $2.8 million.

In addition, DSS was given the responsibility for 12 projects funded with OPM Urban Act funds in the amount of $13.2 million, and ten Small Town Economic Assistance Program projects in the amount of $3.5 million.

The Emergency Food Assistance Program distributes available food from the U.S. Department of Agriculture to soup kitchens, food pantries, and shelters that serve people in need. The program distributed approximately 5.1 million pounds of food valued at $3.6 million. The **Supplemental Nutrition Program** purchases high-protein foods for distribution to food pantries, soup kitchens, and shelters through a statewide network of 350 agencies. Approximately 743,000 pounds of food, with a value of $711,468 were distributed.

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

Connecticut Human Services Infrastructure Initiative and Strategic Planning

In FY 2007, the Department and its Division of Strategic Planning oversaw further efforts in the implementation of the Connecticut Human Services Infrastructure (HSI) initiative, in its continuing collaboration with 2-1-1 Infoline and the state's 12 Community Action

Agencies (CAAs). The initiative seeks to streamline customer access to services within CAAs and between CAAs, DSS and other human service partners by better use of existing resources, and by connecting clients to community resources before, during and after DSS intervention. This enables DSS clients to be better prepared to use services efficiently, coordinating all "helping" services within the HIS initiative and identifying client barriers early in the process. HSI is changing the way of doing business on behalf of the state's most vulnerable individuals and families.

During this year, the CAAs have focused on the review and restructuring of program and service delivery, addressing staffing issues as needed. They are discovering and implementing, often with great creativity, more ways to help their customers with fewer separate appointments necessary. Further emphasis has been placed on the implementation of an MIS system that is able to collect extensive customer information, including basic demographics, identified needs, plans for service, interventions provided and outcomes achieved which are then available to staffs across several programs. Recognizing that there are several data systems employed within the CAA network, the Connecticut Association for Community Action (CAFCA) secured a grant for development of a "data bridge"—software that will allow participating agencies to integrate individual customer information gleaned from multiple data systems across a broad network of provider agencies. Further information is online at www.ct.gov/dss, keyword "HSI" and at the Connecticut Association for Community Action website at www.cafca.org.

Public and Government Relations

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

During SFY 2007, PGR completed nearly 100 Freedom of Information Act requests. The office also supported outreach for the new Medicare Prescription Drug Coverage Program, also known as Medicare Rx, to assist Connecticut's eligible seniors and people with disabilities in enrolling for a prescription plan. The outreach included presentations, press conferences, web updates, and promotion of the DSS Rx-Xpress, a mobile assistance center operated by DSS and CHOICES (Connecticut's program for Health assistance, Outreach, Information and referral, Counseling and Eligibility Screening).

The Office of Public and Government Relations assisted over 26,000 elders, people with disabilities, families seeking medical coverage and the general public with inquiries in all areas of the agency's mission during SFY 2007.

The Department's general public information line is 800-842-1508; written inquiries can be directed to Public and Government Relations, DSS, 25 Sigourney Street, Hartford, CT 06106; or (pgr.dss@ct.gov). Legislative relations contact: Matthew Barrett at 860-424-5012 (matthew.barrett@ct.gov); Freedom of Information Act contact: Matthew Barrett at 860-424-5012 (matthew.barrett@ct.gov); Media Relations contact: David Dearborn at 860-424-5024 (david.dearborn@ct.gov); HUSKY outreach and education: Jayne Gary @ 860-424-5096 (jayne.gary@ct.gov).

Legal Services

The Office of Legal Counsel, Regulations and Administrative Hearings provides the opportunity for applicants and recipients of Department of Social Services programs to contest actions taken by the Department, including:

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

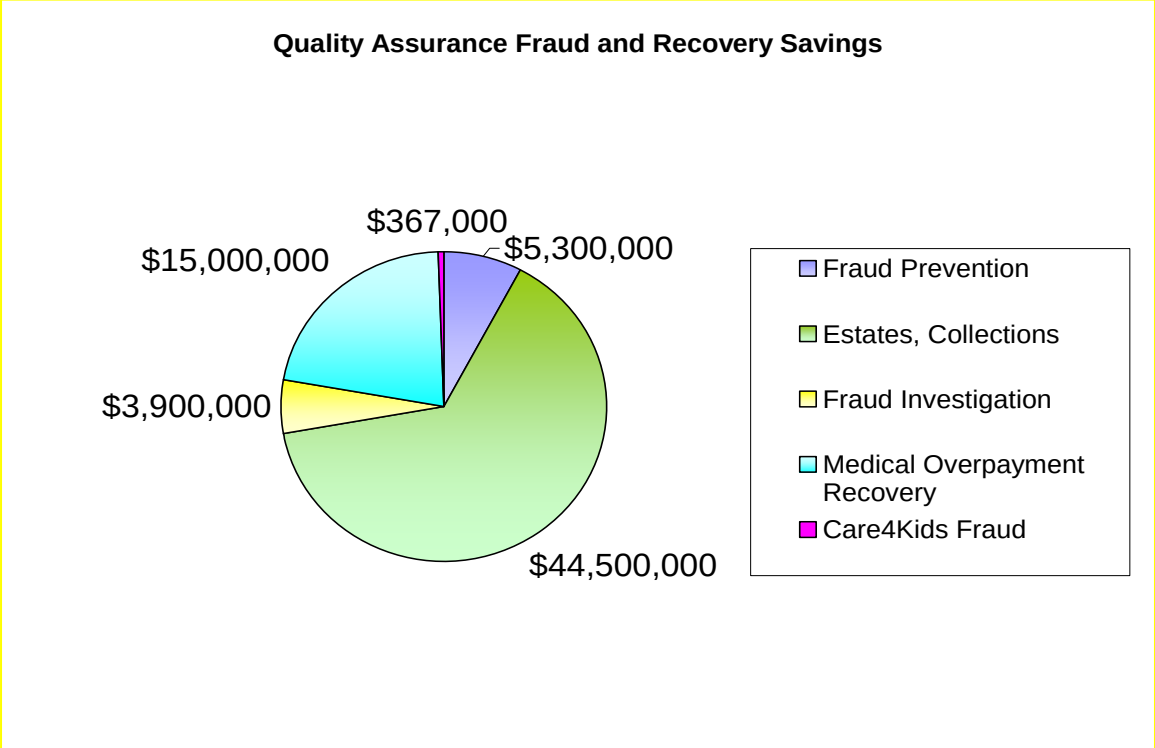
Quality Assurance

The Fraud and Recoveries Division of Quality Assurance recovered and saved more than $135 million from third parties (including insurance companies and Medicare) that were responsible for paying for services for clients. The department, through its Third Party Liability Unit, continues to insure that the Connecticut Medical Assistance Program is the payer of last resort by recovering Medicaid-paid health care from third parties (including insurance companies and federal Medicare) who were responsible to pay for the clients' health care costs. The division also recovered almost $8.0 million through liens and mortgages on real estate, and prevented approximately $5.3 million in Medicaid, Food Stamps and TFA fraud through the use of its pre-eligibility Fraud Early Detection Program. Working with DAS Financial Services Center, almost $44.5 million was recovered in additional funds through estates, lawsuits and other collections. In addition, by investigating approximately 3,600 cases of fraud, the agency estimates that it recovered, sought recovery, saved, or referred for prosecution over $ 3.9 million.

The Medical Provider and Contract Audit Division conducts audits and reviews of payments made to medical service providers. The Audit Division identified over $15 million in overpayments to providers during the SFY 2007. The audit process has, on occasion, identified providers who are suspected of committing fraud. In each instance,

the matter is referred to the Medicaid Fraud Control Unit (MFCU) of the Office of the Chief State's Attorney. The MFCU is then required to determine if an investigation into the suspected fraud is warranted. The Audit Division also works closely with the Office of the Attorney General on matters that require civil or administrative action.

In this fiscal 2007, the Fraud and Recoveries Division of Quality Assurance initiated a new fraud prevention measure with the Care 4 Kids Active Case Assessment Program (ACAP). The ACAP began operations in May 2007 and examined potentially fraudulent Care 4 Kids recipients who were actively receiving payments. In the time the ACAP Unit has been operational, it has closed 40 ineligible cases, thereby saving this program a total of $367,000 in benefits issued to ineligible recipients. Additionally, in its second year, the Care 4 Kids Front End Early Detection Program (FRED) conducted 1,124 investigations and saved $4.8 in fraudulently issued childcare benefits. The ACAP Program supports the DSS Quality Assurance goal of only providing benefits to those



truly eligible.

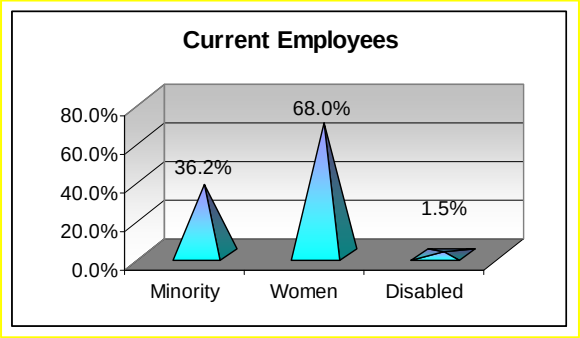
Affirmative Action

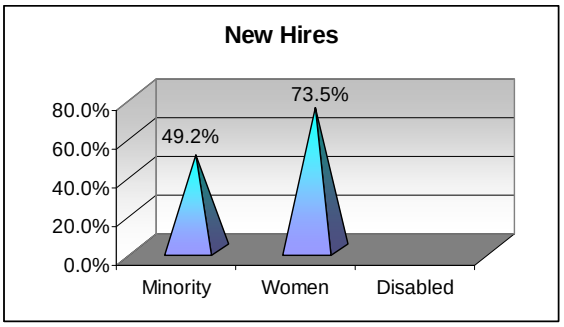
The Department of Social Services is strongly committed to the concepts, principles, and goals of affirmative action and equal employment opportunity. These objectives are commensurate with the state's policy of compliance with all federal and state constitutional provisions, laws, regulations, guidelines, and executive orders that prohibit discrimination. The **Affirmative Action Plan** was approved on June 14, 2007, and granted continued annual filing status by the Connecticut Commission on Human Right

and Opportunities. DSS administers its programs, services, and contracts in a fair and impartial manner.

During 2007, the Department of Social Services continued to monitor and improve its practices in employment and contracting, giving special consideration to affirmative action goal attainment, diversity training for all employees, and contract compliance. At the close of the November 30, 2006, affirmative action reporting period, 36.2 percent of DSS employees were minorities, 68 percent were women, and 1.5 percent was self-proclaimed as having a disability. During the plan year, the Department hired 189 new employees: 93 (49.2 percent) were minorities and 139 (73.5 percent) were women.

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





Division of Financial Management and Analysis

The Division of Financial Management and Analysis (DFMA) supports the department through the provision of a full range of financial oversight and operational functions. These financial management activities are provided through four key service centers outlined below**.**

Budget Group
The Budget Group is responsible for budgeting for over $4 billion in state and federal funds. Ongoing functions of this group include developing estimates of agency spending, monitoring against these estimates, facilitating the development of agency budget options, and providing updates on the status of the budget process for the agency. In the past year, this group has been involved in providing fiscal analyses on several major Department initiatives, including: Medicare Part D, the Charter Oak Health Plan, the expansion of Medicaid for adults to 185% of the federal poverty level, and the Raymond vs. Rowland lawsuit resolution.

Client Services Accounting Group
The functions of Benefit Accounting, Accounts Receivable and the Convalescent Accounting comprise the Client Services Accounting Services group. The Benefit

Accounting unit is responsible for the management of funds associated with our benefit/entitlement programs, the primary program being Medicaid. The Convalescent Accounting unit is also responsible for accounting activities related to the long-term care portion of the Medicaid program. As the vast majority of our receivables are related to our Medicaid program and closely related to the actions of our Benefit Accounting unit, the Accounts Receivable unit is located within this service center.

During the past year, the group successfully accounted for the $4.06 billion benefit payment checkbook account and collected over $38.9 million in receivable balances.

Funds Management & Reporting Group

The Fund Management and Reporting service center is charged with meeting both the internal Division of Financial Management and Analysis and external program area fund management and reporting needs. Among the activities coordinated through this service center are fund postings to the State accounting system and related internal systems, the development of reporting mechanisms to support operational and external agency needs, the maintenance of the chart of accounts, Generally Accepted Accounting Principles reporting, Disproportionate Share Payments to Hospitals Program reporting and shared oversight of the spending plan process.

During the past year, this group has processed over $4 billion in allotments for the agency, monitored CORE-CT accounting balances for the Department and developed new, user-friendly financial reporting, as well as forums and tools to facilitate information sharing within the agency.

Payroll & Accounting Support Group

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

During the past year, this group has been responsible for processing approximately 22,000 vouchers for payments to vendors, the disbursement of over $266 million in Child Support collections, the processing of multiple federal reports for over 50 federal grants, and the successful implementations of procedures in areas including Accounts Payable and Cash Management to support the upgrade of the CORE-CT Financial system.

Actuarial Research and Analytical Support

The Actuarial Research and Analytical Support unit supports the Department by providing a significant, in-house analytical capacity. This unit is responsible for the development of capitation rates, pursuing revenue initiatives, and providing the analytical support for State Medicaid waivers and State Medicaid Plan Amendments, as well as providing actuarial and analytical support to other program areas within the Department as needed. This unit works with staff from program areas to research and analyze issues, recommending changes to policy and procedures as are warranted.

Administrative Services

The Administrative Services Division provides support to the entire Department. This includes all of the "physical" parts of the agency - all regional offices, a fleet of more than 150 cars, print shop, mail to all 37 office locations as well as more than 4.4 million notices to clients per year. By presorting this mail, the agency saves almost $30,000 monthly on postage.

The Division also performs major centralized client processing activities. These include checking client earnings against Dept. of Labor records and compiling more than 8,000 statements of assistance that are used to recoup millions of dollars annually.

Benefit recipients are screened against lists of fleeing felons, incarcerated individuals and those living in other states. These activities ensure that DSS benefits go only to eligible clients.

One of the units adds approximately 1,000 newborns to the HUSKY healthcare program each month. This speedy processing helps reimburse hospitals for medical costs when the newborns' families are eligible for assistance. The federal government then shares such costs.

The Division is responsible for distribution of over $30 million of Food Stamp and cash benefits monthly via a debit card system. The Electronic Benefits Transfer unit changed procedures and eliminated the need for 90,000 client trips to DSS offices every year.

The archiving unit appropriately destroyed more than 600,000 paper records being stored off-site, saving thousands of dollars in storage costs.

Information Technology Services

The Information Technology Services (ITS) Division has two distinct sections, Information Technology Technical Services and Support Services. These sections have provided extensive technical support to both the program and administrative areas of the agency in support of their previously described initiatives and accomplishments for SFY 2007.

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

Operations, Helpdesk, LAN/WAN and Communications Support Units
With a staff of 42 in the Operations, Helpdesk area and supporting the LAN/WAN areas, overall support is provided in the following areas:

OPERATIONS:

- Computer operations / maintenance
- PC/Mainframe networking
- Batch schedules / processing
- Library functions
- Data transmission / receipt
- Data control functions
- Report distribution
- Disaster recovery
- Equipment installation
- Field Relocation
- Telephone Support (including cell and BlackBerry devices)

LAN SUPPORT:

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

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

Supporting over 3,000 PCs and 70 servers utilizing the DSS infrastructure, the staff maintains all the hardware and is responsible for troubleshooting and problem resolution in an effort to support agency staff in performing their daily activities and ability to provide the necessary services to the customers.

PC Microsystems – Applications Unit

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

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

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

Applications Development and Data Base Administration Unit

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

Support Services section provides support to the Technical Services section, as well as supplying other services to the Department, the legislature, other state agencies, and the general public. Within ITS Support Services are the following three units: the User Support Unit (EMS and CCSES), the Systems Planning Unit, and the Information Services Unit.

Help Desk for EMS users is available from 8 a.m. to 4:30 p.m. Monday through Friday. The Help Desk responds to questions ranging from password resets to system functionality problems. The EMS help desk requires inquiries to come via authorized EMS users. The Help Desk also issues emails documenting systems changes as well as alerting staff to systems

problems and any necessary "workarounds." Help Desk staff assist users in developing work requests.

CCSES User Support Unit

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

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

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

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

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

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

The Office of Organizational & Skill Development (OSD)

The Office of Organizational & Skill Development is a group of skilled professionals who support the Department through training and organizational development services that enhance staff skills and support the DSS mission.

Core services include - Training and Staff Development, Organizational Development, Media, Systems and Graphic support.

The Mission of OSD is the provision of timely, relevant and effective organizational and staff development activities to: enhance knowledge, skills and abilities of the staff to ensure DSS customers receive effective services; ensure a culturally responsive delivery of services that recognizes and affirms diversity; improve job performance through the institution of measures of accountability to inspire public confidence; provide employees with opportunities to develop their potential within the context of the organization and overall career development; facilitate compliance with DSS policies; institute systemic interventions that support organizational operations in the area of communication, project management, access, and service.

OSD is deployed in four service areas – Programs; Leadership and Professional Development; Administrative; and Special Projects Service Areas. OSD accomplishments include the design and development of community forums with our HUSKY community partners to improve knowledge, communication, access and process; CORE training for new employees; the establishment of a Human Infrastructure Initiative Training Academy; the production of annual reports and graphic design and the initiation of a supervisory certificate program.

OSD is established through a collaborative agreement with the University of Connecticut School of Social Work and the Connecticut Department of Social Services.

Human Resources Division

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

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