

# **Mapping Change 2005**

**A SERIES OF BRIEFING PAPERS  
ON KEY PROGRAMS  
WHICH ASSIST LOW-INCOME PEOPLE**

*Produced by*

CABHN - The Connecticut Alliance for Basic Human Needs  
80 Jefferson St., Hartford, CT 06106    Tel: 860.278.5688

April, May, June 2005

# A New Mapping Change



## Introduction

Since 1992, CABHN (Connecticut Alliance for Basic Human Needs) has produced and distributed a briefing book on programs in Connecticut that assist low-income people. This year, we are providing this information in a new way. **We will be distributing one-page briefing papers on key programs periodically over the next three months.** The individual papers can be added to this folder as they are made available to create a reference work on key state programs for low-income residents.

Each paper will provide a description and history of a program or issue and will end with a number of policy recommendations.

Topics to be covered include:

- ✓Self-Sufficiency Wage
- ✓Medicaid
- ✓Child Care
- ✓Food Assistance
- ✓Supportive Housing
- ✓Elder Issues/Medicare
- ✓Immigrant Issues
- ✓Education & Training
- ✓TFA
- ✓SAGA Medical & Cash
- ✓Unemployment
- ✓Energy Issues
- ✓ADA Accomodation issues

Papers will also be posted on the web at [www.larcc.org](http://www.larcc.org). as they are released.

## Background on People in Poverty and Low-Wage Employment in Connecticut

- More than 250,000 people in Connecticut live below the federal poverty line (2000 Census), with 11% of Connecticut's children living in poverty (Economic Policy Institute).
- In 2003, over 100,000 Connecticut workers earned less than \$20,000 despite working full-time all year. Over 260,000 workers earned less than \$30,000 despite working full-time all year. (US Census Bureau, American Community Survey, cited in State of Working Connecticut 2004, Connecticut Voices for Children)

- There were 63,200 fewer jobs in Connecticut in September of 2004 than in July of 2000. Connecticut's 4.8% unemployment rate in June, 2004, was double the June, 2000 rate. (State of Working Connecticut 2004, Connecticut Voices for Children)

As the chart below illustrates, working a low-wage job or receiving Temporary Family Assistance (TFA) will not enable a family to get out of poverty or achieve self-sufficiency:

	Hartford Region	New Haven Region	Stamford Region
Federal Poverty Level for a Family of 3	\$16,090	\$16,090	\$16,090
Maximum TFA Cash Benefit for a Family of 3	\$6,516	\$6,516	\$7,632
Minimum Wage Earnings (1 worker, 40 hrs/wk, 52 wk/yr)	\$14,768	\$14,768	\$14,768
Self Sufficiency Wage Family of Three (one parent, one pre-schooler one school age)	\$33,192	\$36,108	\$44,208

These stark figures illustrate how important state programs are to people in Connecticut struggling to meet the basic needs of themselves and their families.

*"Wars against nations are fought to change maps; wars against poverty are fought to map change."*

- Muhammad Ali

---

## *Recommendations*

---

Upcoming briefing papers in this series will address in more detail state programs which help Connecticut residents close the gap between what they can earn and what they need to support themselves and their families. The recommendations below set out broad strategies for raising earnings and otherwise filling the gaps that families face.

1. Provide assistance with costs of child care, health care, housing and food. Many of the briefing papers which follow in this series will address specific programs already in place to meet these needs and how these programs can be improved.
2. Provide targeted education and training to improved workers' job-related skills.
3. Require minimum paid leave policies to accommodate the needs of workers' health and family.
4. Adopt a state Earned Income Tax Credit.
5. Increase the ability of workers to meet basic needs by raising the minimum wage and protecting workers' rights to organize on the job.
6. Adopt economic development strategies to increase the number of living wage jobs in Connecticut.



## 2005 Federal Poverty Guidelines

Federal Poverty Guidelines Effective February 2005	
Size of Family Unit	48 Contiguous States and D.C.
1	\$9,570
2	\$12,830
3	\$16,090
4	\$19,350
5	\$22,610
6	\$25,870
7	\$29,130
8	\$32,390
For Each Additional Person, Add	\$3,260

Note: Guidelines for Alaska and Hawaii differ from contiguous states and D.C.

The **poverty guidelines** are a version of the federal poverty measure. They are issued each year in the *Federal Register* by the **Department of Health and Human Services (HHS)**. The guidelines are used for **administrative** purposes — for instance, determining financial eligibility for certain federal programs.

Some of the programs using the guidelines or percentage multiples of the guidelines in determining eligibility include:

*Head Start*

*Low-Income Home Energy Assistance Program*

*National School Lunch & Breakfast Programs*

*AIDS Drug Assistance Program*

*Children's Health Insurance Program*

*Food Stamps*

*Medicaid*

*Weatherization Assistance for Low-Income Persons*

*Job Corps*

*Legal Services for the Poor*

The poverty guidelines are designated by the year in which they are issued. For instance, the guidelines issued in February 2005 are designated the 2005 poverty guidelines. However, the 2005 HHS poverty guidelines only reflect price changes through calendar year 2004; accordingly, they are approximately equal to the Census Bureau poverty thresholds for calendar year 2004.



## The Self-Sufficiency Standard for CT

The Self-Sufficiency Standard measures how much income is needed, for a family of a given composition in a given place, to adequately meet its basic needs without public or private assistance. The Standard takes into account the costs of housing, food, childcare, health care, transportation, taxes, and miscellaneous expenses. It can be calculated for seventy different family types in order to account for different numbers and ages of children. Self-Sufficiency Standards have been calculated in thirty-six states.

### The Self-Sufficiency Standard in Connecticut

Connecticut is the only state that established a self-sufficiency standard by statute. In 1998, the state legislature passed a bill to establish a self-sufficiency measurement, defined as "...a calculation of the income an employed adult may need to meet his family's needs, including, but not limited to, housing, food, day care, transportation and medical costs."

The measurement must take into account geographical variations in costs and the age and number of children in the family. The statute also requires that the self-sufficiency measurement be distributed to state agencies to use in guiding individuals who are seeking education, training or employment in establishing personal financial goals and estimating the amount of income such individuals may need to support their families. The statute prohibits the use of the measurement to analyze the success or failure of any program or to determine eligibility for any benefit. Conn. Gen. Stat. §4-66e(a-e) In 1999, the self sufficiency measurement was incorporated into the state law implementing the federal Workforce Investment Act, defining an "underemployed worker" as "a worker whose education and skill level limit the worker's capacity to earn a wage comparable to 100% of the self-sufficiency measurement" and an "at-risk worker" as someone "who must seek other employment in order to meet the self-sufficiency measurement." Further, the bill requires the CT Employment and Training Commission to identify core services that include assessment of job seekers utilizing the self-sufficiency measurement. Conn. Gen. Stat. §31-111.

In 2002, the Connecticut General Assembly amended the statute to require the Office of Workforce Competitiveness, in consultation with the Office of Policy and Management and within budgetary resources, to update the self-sufficiency standard by January 1, 2003 and every three years thereafter. The law also requires OWC to distribute the measurement to all state agencies that counsel individuals seeking education, training or employment.

### Why We Need a Self-Sufficiency Standard in Connecticut Instead of Relying Exclusively on the Federal Poverty Level

Connecticut's per capita income is the highest in the nation. As a result, federal poverty guidelines are not very relevant to the actual needs of Connecticut families. For example, the federal poverty threshold for a family of four is \$19,350 per year, (2005 HHS Guidelines at <http://aspe.os.dhhs.gov/poverty>) which averages \$1,613 a month.

However, to be self-sufficient in Connecticut, a family of three including one adult and two school-age children would need to earn significantly higher wages per month depending upon the region in which they reside. For example:

- In the Hartford region this family would have to earn \$2,300 a month,
- In the Waterbury region this family would have to earn \$2,504 a month,
- In the Northeast region this family would have to earn \$2,542 a month,
- In the Southeast region this family would have to earn \$2,639 a month; and
- In the Stamford-Norwalk region this family would have to earn \$3,091 a month to be self-sufficient.

*"Wars against nations are fought to change maps; wars against poverty are fought to map change."*

*- Muhammad Ali*

# The Self-Sufficiency Standard for CT

## Using The Self-Sufficiency Standard to Help Families End Reliance on Temporary Family Assistance (TFA)

The Self-Sufficiency Standard measures the point at which economic independence for families begins—not where poverty ends. It is a useful tool both for individuals who are seeking to end their reliance on TFA and other public assistance programs, as well as for those who are making policy decisions that affect the success or failure of such families.

### The Self-Sufficiency Standard can be used to:

- ✓ Assist recipients of public assistance and their counselors to set realistic goals for employment and to find the education and training needed to achieve those goals;
- ✓ Focus workforce development on strategies that will help families become economically self-sufficient so that public dollars are used wisely;

- ✓ Assist policy makers to make choices that help families achieve economic independence, e.g., childcare assistance, tax credits, health insurance assistance, and economic development;
- ✓ Provide employers, workers and policymakers with realistic information about the wages and benefits needed for families to meet basic expenses in any given geographic region.

Integration of The Self-Sufficiency Standard into welfare and workforce policies and practices will strengthen them by providing the information and tools necessary to help families successfully enter the labor market and end their reliance on public assistance. *The Self-Sufficiency Standard can help state governments focus on lasting poverty reduction.*

---

## Recommendations

---

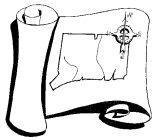
### State:

- Report on programs and support services that are moving families toward self-sufficiency, highlighting those that appear to have a particularly positive effect on self-sufficiency;
- Require a study of a random sample of individuals who leave welfare, regardless of reason for termination, for two years to compare incomes to individual family self-sufficiency budget wages. A random sample of other low-income families could also be included in such studies.

### Federal:

- Provide a TANF bonus based on superior progress in moving families from welfare toward self-sufficiency, with the bonus distributed to states on a competitive basis.
- Require that all states adopt a measure of income needs that employed adults require to cover their families' basic costs, as Connecticut has done. The measurement can be specific to each state yet ensure comparability across states by using comparable data sources.

*This brief was prepared by Leslie Gabel-Brett, Executive Director, Permanent Commission on the Status of Women., and produced by the Connecticut Alliance of Basic Human Needs (CABHN) 80 Jefferson Street, Hartford, CT 06106. The full series will be available at [www.larcc.org](http://www.larcc.org) on completion of issue.*



## HUSKY Health Insurance

The HUSKY health insurance program was created in 1997 with the unanimous support of the General Assembly and the support of the Governor. HUSKY provides low-cost or free health coverage to almost 320,000 children, parents, and pregnant women. HUSKY A covered 214,577 children and 91,122 parents in December of 2004. HUSKY B, which is only available to children, covered 15,254 children in December.

HUSKY has helped reduce the number of uninsured families in the state, is far less costly than commercial plans, and is subsidized by the federal government. Connecticut receives 50 cents in federal matching funds for every dollar spent on HUSKY A (Medicaid) and 65 cents for every dollar spent on HUSKY B (State Children's Health Insurance Program, SCHIP).

The chart below shows income guidelines for families from two to four members; families with more members can call 1-800-CT HUSKY for income guidelines.

### Services

Children in HUSKY A are eligible for the comprehensive Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit package. Children in HUSKY B are eligible for a benefit package that includes a full range of preventive services, including dental services, without any co-payments. HUSKY B does include \$5 co-payments for non-preventive visits and \$3 costs for generic drugs and \$6 for name brands. Many other services, including inpatient care, prescription drugs, and vision and hearing examinations, are also included in the HUSKY B package. The HUSKY Plus program is for children in HUSKY B who have intensive physical health or behavioral health needs. Adults in HUSKY A receive a less generous benefit package than do children but they still have access to many preventive services, including dental care, as well as to in-patient hospitalization and prescription drug coverage. The benefits are less generous for adults because adults are not covered by federal EPSDT requirements.

Income Level	Family 2	Family of 3	Family of 4	HUSKY Plan Features
At or below 100% Federal Poverty Level (FPL)	\$12,830	\$16,090	\$19,350	<b>HUSKY Part A</b> - totally free program. Full Medicaid benefit with no premium or co-payments. <b>Parents, pregnant women, and children under age 21 are eligible.</b>
Over 100% but at or below 185% FPL	from \$12,830 to \$23,736	from \$16,090 to \$29,767	from \$19,350 to \$35,798	<b>HUSKY Part A</b> - totally free program. Full Medicaid benefit with no premium or co-payments. <b>Only children under age 19 and pregnant women are eligible.</b>
Over 185%, but at or below 235% FPL	from \$23,736 to \$30,151	from \$29,767 to \$37,812	from \$35,798 to \$45,473	<b>HUSKY Part B</b> - with no Premiums but some co-payments. Eligible for HUSKY Plus. <b>Only children under age 19 are eligible.</b>
Over 235% FPL but at or below 300% FPL	from \$30,151 to \$38,490	from \$37,812 to \$48,270	from \$45,473 to \$58,050	<b>HUSKY Part B</b> - with monthly premium of \$30 for first child; maximum family premium of \$50; some co-payments. Eligible for HUSKY Plus. <b>Only children under age 19 are eligible.</b>
Over 300% FPL	over \$38,490	over \$48,270	over \$58,050	<b>HUSKY Part B</b> - with group premium rate; some co-payments. <b>Only children under age 19 are eligible.</b>

*"Wars against nations are fought to change maps; wars against poverty are fought to map change."*

- Muhammad Ali

# HUSKY Health Insurance

Preventive care through HUSKY reduces costs for the entire health care system. It is well-established that uninsured families often forego preventive services. This leads to far more costly emergency visits and hospitalizations. These higher health care costs are shifted to medical providers, other areas of the state

budget, and low-income persons themselves. Visits to the emergency rooms for conditions that could have been managed on an outpatient basis can clog our emergency rooms, reducing the response time for those with true emergencies.

---

## Recommendations

---

### 1. Restore HUSKY A parent coverage.

All parents of children enrolled in HUSKY A should be covered by HUSKY. Most uninsured parents are working, but either their employers do not offer health insurance or they work part-time and are not eligible for coverage. Aligning HUSKY A income eligibility for parents and their children at 185% of the FPL, will enable entire families to get coverage at the same income level. This will help keep parents healthy and able to work. Research shows that parent coverage also increases the rates of health coverage for children.

Full family coverage at 185% of FPL would also assist the approximately 13,000 parents who are slated to lose coverage on April 1, 2005 when their two-year Medicaid extension ends. These parents have continued to receive Medicaid coverage under a special category known as transitional medical assistance (TMA). TMA enables families to retain publicly funded health insurance for up to 24 months from when they would otherwise lose coverage due to increased earnings or child support. TMA acts as an incentive to keep jobs as well as a bridge to employment that offers employer-sponsored health insurance.

### 2. Help children sign up and keep their Medicaid benefits by restoring “presumptive eligibility” and “continuous eligibility” procedures that streamline enrollment.

**Presumptive eligibility (PE)** is Connecticut’s “fast track” HUSKY registration, allowing for same-day enrollment in the state health insurance program

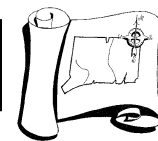
eligibility, sick children can get medical services, including prescription medications, as soon as they need them.

**Continuous eligibility (CE)** enables children to keep HUSKY coverage for up to one year after enrollment or renewal regardless of any changes in income or family structure that would otherwise make them ineligible. CE was first implemented in 1998 and was eliminated in 2003. Over 7,000 children lost their HUSKY coverage in 2003 when CE was eliminated.

CE can address the “churning” that is common in HUSKY, as families cycle on and off the program due to temporary changes in their income. Research shows that low-income families experience more changes in family structure, geographical mobility, and wage fluctuations than do those with higher incomes.

For example, if a parent with a child in HUSKY worked extra hours during the Christmas holiday rush, her child might be over-income for HUSKY A for one or two months. Without CE, the family would have to switch the child’s coverage to HUSKY B, and then back to HUSKY A. Such transitions often result in gaps in coverage.

CE saves state dollars because it can lower the administrative costs associated with processing applications and increase the continuity of care. This in turn lowers monthly health care costs because continuity of care reduces the need for more expensive health care, such as hospitalizations and treatment in emergency rooms.



## Early Care & Education Programs

Most of Connecticut's children, including tens of thousands of infants and toddlers, spend at least part of their week in early care or child care programs. As part of an effort to close Connecticut's educational achievement gap, Governor Rell has called for the development of plans to expand and finance early care and education (ECE). To adequately expand school readiness and insure a high quality of care and education for all children, consideration should be given to (1) the quality of ECE services, (2) funding and subsidies, (3) professional development and career incentives, and (4) the ECE infrastructure.

### Connecticut's Child Care Subsidies

Connecticut's child care subsidy system consists of two payment programs: (1) vouchers or checks issued to parents to pay for services provided by a caregiver and (2) grants or contracts paid directly to child care programs to fund their operations. Both programs are administered by the state Department of Social Services (DSS).

### Care 4 Kids - Vouchers to Parents

As of July 1, 2004, the Care 4 Kids program is open to:

- Families receiving Temporary Family Assistance (TFA) in which the parent(s) is working or enrolled in JobsFirst employment training;
- Families who received TFA at some time within the last 5 years. Prior to July, 2004, families were eligible for Care 4 Kids if they had received TFA within the previous six months.
- Teen parents completing high school; and
- Non-TFA working families with income of less than 50% of the state median income (SMI), called from wait list. Once on the program, families remain eligible until their income rises to 75% of SMI.

### Wait List Status Report

From March through November 2004, DSS notified 11,000 families from the Care 4 Kids wait list of available subsidies. Of that number nearly 1,500 have enrolled. As of November 2, 2004, approximately 1,800 families remain on the wait list.

### Care 4 Kids Contract Administration

In January 2005, United Way of Connecticut, administrator of Child Care INFOLINE, will become Care 4 Kids contract administrator, replacing ACS.

### State-funded Centers - Connecticut's Grant Program

There are 109 public child care centers of varying sizes located throughout the state. These centers offer care and education at a sliding fee scale based on income. State-Funded Centers currently serve over 4,300 children. This system has been serving children and families since the late 1960s. Programs fulfill the dual function of providing affordable child care services to the working poor and quality preschool educational services to children. All state-funded centers are required to be accredited by the National Association for the Education of Young Children (NAEYC) by January 2005. Many of these programs enroll children participating in the state's School Readiness program as well as those receiving the Care 4 Kids child care subsidy.

### Unit Rate-Per Child Payments for Care

State-funded centers receive \$5,400 per child per year from DSS, approximately \$2,000 less per child than preschoolers funded by School Readiness. Yet in many cases, children whose care is funded by DSS and those whose care is funded by School Readiness are in the same classroom, receiving the same services.



# Early Care & Education Programs

As a result of this disparity and the loss of Care 4 Kids funding resulting from the establishment of the program wait list, the majority of state-funded child care centers will begin their sixth year of level funding.

## Quality ECE Services

A broad coalition of early care and education advocates supports the expansion of the state's School Readiness program. This expansion should follow the existing school readiness model, which includes high

standards of care and education; full-day, full-year programs; and the participation of local school readiness councils in guiding program development and direction.

In planning new or expanded programs to narrow the student achievement gap, working parents' need for full-day, full-year care should reflect the work-based requirements associated with the TFA and the limited resources of low-income working families.

---

## Recommendations

---

The piecemeal development of ECE policy and programs has created great fragmentation of what appears to be, but is not a system. Lack of access to the Care 4 Kids program can harm children's development, most notably due to poor quality care. Parents' ability to enter the workforce and remain employed is also affected, as is the fiscal viability of early care programs.

The following policy and funding changes would begin to create the needed system:

### 1. Care 4 Kids

- a. Set initial eligibility for Care 4 Kids at 75% of SMI for families in all priority groups.
- b. Use the name, address and phone number of each child's child care provider to insure that the Care 4 Kids subsidy administrator can reach families when they become eligible for a subsidy.
- c. Presume that parents who present one-month's proof of appropriate income are eligible for a Care 4 Kids subsidy.
- d. Initiate outreach services to inform income-eligible families of the subsidy program.

### 2. ECE Grant Programs

- a. Equalize per child payment rates for the School Readiness and State-Funded Center programs
- b. Increase payment rates to more realistically reflect the cost of care for centers that meet the State Department of Education's quality criteria.

**3. Expand the School Readiness program** to, at a minimum, the ERG I School districts.

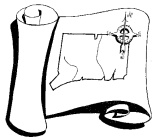
### 4. Funding

Adequately fund the ECE infrastructure, including expanded support for program accreditation, scholarships and loan forgiveness, teacher credentials, facilities expansion, and the child care subsidy system.

### 5. Standardize data collection

Implement a standardized data collection system, based on aggregated information that insures anonymity. Little is known about the average wage earned by teachers in all settings or the number of children enrolled in regulated versus unregulated care. Without this kind of information, we will be unable to plan intelligently for expanded services.

*This brief was prepared by Jude Carroll of the Connecticut Association for Human Services, Director of Connecticut KIDS COUNT Project, and produced by the Connecticut Alliance of Basic Human Needs (CABHN) 80 Jefferson Street, Hartford, CT 06106. Full series will be available at [www.larcc.org](http://www.larcc.org) on completion of issue.*



## Food And Nutrition Assistance

The most recent United States Department of Agriculture (USDA) report on Hunger and Food Insecurity, released in November 2004, found that there were 36.3 million hungry and food insecure Americans, including 13.3 million children. This number is up from 31 million in 1999. According to the Food Research and Action Center's 2004 State of the States Report, in Connecticut approximately 250,000 people or 7.6% of all households are food insecure and 2.8% of those households, or 92,000 people, also experience hunger.

Connecticut's present nutrition safety net and recommendations on how to make it stronger are outlined below.

### State Supplemental Nutrition Assistance Program (SSNAP)

The state of Connecticut has two Food Banks, Foodshare and Connecticut Food Bank, that distribute much of the food to local "emergency" food providers who in turn give the food to people in need. Support for the Food Banks comes from State Supplemental Nutrition Assistance Program (SSNAP) funding. Monies from this program are used to purchase only nutritious produce and high protein foods; there is no administrative allowance. Hundreds of agencies participate in the program and hundreds of thousands of residents benefit from it. All SSNAP foods are purchased from Connecticut-based businesses.

### Food Stamp Program

The cornerstone of the federal food programs is the Food Stamp Program. In federal fiscal year 2004, the Food Stamp Program (FSP) served an average of 195,980 people per month in Connecticut, with an average benefit of \$84 per person. Since October 2003 there has been a 6 % increase in the number of people participating in FSP. More than half of all food stamp recipients are children. Still, according to a joint report by Mathematica Policy Research, Inc. and the USDA, Connecticut's FSP participation rate is only 67%, leaving an estimated 33% or 75, 570 people eligible for food stamps but not receiving them.

To be eligible for food stamps, as of October 1, 2004, an individual or family may not have a gross

monthly income of more than 130% of the federal poverty level. Households with an elderly or disabled member are not subject to these income guidelines. The Department of Social Services administers FSP in Connecticut.

Although the Food Stamp Program is a federal program, the state has some flexibility in designing the program to best serve the needs of Connecticut residents. Towards that end, in October, 2003, DSS opened eligibility for food stamps for single adults regardless of work status, lifting a federally imposed time limit. DSS continues to use USDA exemptions to issue food stamp benefits for this population.

In 2004, Connecticut re-opened intake for the State Supplemental Food Stamp Program, a completely state-funded program for legal immigrants not eligible for food stamps under the federal guidelines. The state is currently providing a reduced food stamp benefit for this population, a cut that began in January of 2004 as a result of the state's budget crisis.

### Child Nutrition

Congress reauthorized all of the child nutrition programs, including the National School Lunch Program, School Breakfast Program, Summer Food Program and WIC, in June 2004. Some of the most important changes affecting Connecticut are mandatory direct certification of food stamp households for school meals programs beginning in the 2006-07 school year, establishing local Wellness Councils and providing automatic school meal eligibility for migrant, homeless and runaway children.

Underutilization of the School Breakfast Program (SBP) continues to be a problem in Connecticut. According to the Food Research and Action Center's 2004 School Breakfast Scorecard, only half of Connecticut's schools participating in the school lunch program also provide breakfast, ranking Connecticut next to last nationally in school participation in the program. Connecticut only requires K-8 schools to offer school breakfast if 80% of lunches served are free and reduced price (F&RP) eligible. There is also a small grant for severe need schools (those where 40% or more of the lunches served in the second preceding year were F&RP eligible), and a small reimbursement for each breakfast served.

---

*"Wars against nations are fought to change maps; wars against poverty are fought to map change."*

*- Muhammad Ali*

# ***Food And Nutrition Assistance***

Last year, Connecticut adopted legislation to address the growing child obesity problem. Under this legislation:

- Schools must make available dairy products (including low-fat dairy products), 100 % natural juice products, water, and fresh or dried fruits when foods are sold in school buildings during the school day.
- Each student must have at least 20 minutes for lunch each full school day.
- Students in grades K-5 must have a period of physical exercise every full day of school.

## **Elderly Nutrition Programs**

The Elderly Nutrition Programs, Meals On Wheels and Congregate Meals provide quality food and nutrition for older adults so that they can live independently in their homes. Congregate Meals promotes good nutrition while helping to prevent isolation by encouraging the elderly to leave their

homes, socialize with others, and access other services. For homebound elderly, Meals On Wheels provides one hot meal a day as well as daily social contact. These programs target seniors in greatest need, with special emphasis given to low-income elderly. Many of these seniors, particularly those who receive Meals On Wheels, rely on the program as their sole source of food and nutrition.

## **Community Food Security**

Community food security means that all persons may obtain a culturally acceptable, nutritionally adequate diet through local non-emergency sources at all times. An important goal of food security, especially at the state level, is to link concerns such as environmental protection and preservation of local farming with urban-based concerns such as reducing hunger and expanding access to affordable food. The community issues of food availability, the quantity and quality of that food, and the sustainability of the food production system are integral to establishing community food security.

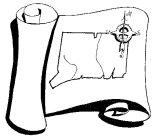
---

## ***Recommendations***

---

- Pursue all opportunities to maximize the use of state and federal funding to decrease hunger and increase food security.
- Increase state funding for SSNAP and Elderly Nutrition Programs.
- Dedicate state funding for food stamp and child nutrition outreach.
- Continue to explore federal options to ensure greater access and participation in the Food Stamp Program.
- Implement the Transitional Benefit Alternative (TBA) passed in 2002.
- Restore the full benefit level for the State Supplemental Food Stamp Program for legal immigrants.
- Increase the minimum food stamp benefit for the elderly and disabled from \$10.00 to \$25.00.
- Require schools to offer breakfast in those schools in which 40% of their students receive a free or reduced price lunch.
- Make funds available to severe needs schools to increase participation in SBP, through a universal, in-classroom breakfast pilot program.
- Change reimbursement rates for school meals to a per meal basis to increase local school district funding for the Summer Food Service Program.
- Require 30 minutes of physical education per full day of school for grades K-8.
- Continue to fund and support the policy recommendations of the Connecticut Food Policy Council, which addresses statewide food security issues.

*This brief was prepared by Sally Mancini of EndHunger CT! and produced by the Connecticut Alliance of Basic Human Needs (CABHN) 80 Jefferson Street, Hartford, CT 06106 . Full series will be available at [www.larcc.org](http://www.larcc.org) on completion of issue.*



## Employment & Training

### Overview of the Jobs First Program

A key element of the Jobs First program is Employment Services (JFES), a program to help cash assistance recipients attain independence through employment. JFES is operated by the State Departments of Social Services (DSS) and Labor (DOL) and the Regional Workforce Investment Boards (RWIBs).

The goals of the Jobs First Employment Services System are to:

- ❑ enable TFA participants, through employment, to become independent from cash assistance by the end of the 21-month time limit established by state law;
- ❑ enable TFA participants who become independent from cash assistance to remain employed and independent of TFA; and
- ❑ ensure that the federally established participation rates are met through employment of TFA participants and engagement in allowable TANF work activities deemed appropriate based on assessment of clients' needs.

The JFES System provides assistance with job search, employment, education and training and support services. However, the program services are tied very closely to the federal work activities in which mandatory clients must participate.

### Client Characteristics

Of the 8,831 time limited clients in the JFES system in December 2004: 87% were female; 85% were between 18 and 39 years of age; and 37% had not completed high school. Of these participants, 30% were currently employed with an average wage of \$8.65. Only 10% of the participants were in vocational education or occupational skills training and 8% were enrolled in basic education services while 43% were in job search activities.

### Balanced Work First Approach

The JFES System began as a labor market attachment model—clients were simply forced into the workforce. In 1999, the Balanced Work First approach was implemented to respond to the needs of recipients who were having trouble moving from welfare to work. Under the Balanced Work First approach, a range of services are provided including preparing for a job, finding a job, skills development, vocational education, adult basic education, substance abuse and behavioral health services, and domestic violence counseling. This approach was specifically designed to individualize case management services to each participant with the goal of finding the right combination of support services, educational services and job training to move the recipient into lasting employment. The intent is to prepare even the recipients who are hardest to employ to enter the workforce and gain economic independence.

### Case Management Policy

The Department of Labor contracts with the RWIBs to provide case management services to all TANF participants through local service providers. Case management ensures that participants make it through the Employment Services program from the beginning until the participant is no longer eligible. Case management follows participants across service providers and ensures that the participant is referred to the appropriate activities. Case management is critical to the success of the participant in becoming and remaining independent of welfare, and also to the success of the state in meeting TANF participation rates. Clients with multiple barriers to employment (55% of the JFES caseload have at least two barriers) often need more intensive support in order to be successful. Currently the system does not have the resources to provide these intensive services.

### Funding for Employment Services

The level of state funding for the Jobs First Employment Services provided to TANF recipients by the Department of Labor has decreased steadily over the past five years. In fiscal year '99, nearly \$20 million was appropriated to the DOL to provide these services.

---

*“Wars against nations are fought to change maps; wars against poverty are fought to map change.”*

*- Muhammad Ali*

# *Employment & Training*

In FY '03, the amount appropriated for Employment Services was \$15 million. With inadequate resources available in the system, the balanced work first approach is limited in its success and individuals do

not get the services they need to effectively transition from welfare to work.

---

## *Recommendations*

---

- ❑ **Make full use of federal TANF funds to increase opportunities for current welfare recipients and low wage workers to get the education and training they need to increase their earnings, and restore sufficient funding to the Employment Services Program to successfully do the job.**

Like most states, Connecticut has dramatically decreased the welfare caseload and the number of people receiving cash assistance. Therefore, our state has the opportunity to use more of its TANF block grant on other programs and services for needy families. Some states have implemented creative new programs with federal TANF funds to assist very low wage workers to go to school while they are working and to receive assistance for child care and transportation. The federal TANF block grant was designed to give states the flexibility to innovate and create programs that would help families move out of poverty. Connecticut can use TANF funds to help workers participate in education and job training so they can earn enough to be economically self-sufficient.

- ❑ **Promote adult basic education and literacy services for those lacking a high school diploma or English proficiency.**

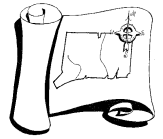
With much of the caseload functioning below a high school equivalency, the state must support literacy and basic skills training through adult education and community-based organizations. Additional funding is necessary to provide these services to a large number of TANF clients as well as the general population traditionally served in these programs.

- ❑ **Change state regulations to allow participation in education or job training to meet the work requirement.**

More than a dozen states now allow recipients to participate in education or job training programs and count the hours of participation as “work.” Some states, such as Illinois and Maine, even use segregated state funds to assist such participants and “stop the clock” so that participants can complete educational programs that will enhance their employability. Implementing such a policy in Connecticut will assist welfare recipients who need education or training in order to earn enough to become economically self-sufficient.

- ❑ **Increased funding for higher-wage, higher-skill training programs through community-based organizations, colleges, unions and other education and training providers.**

Leveraging funding and programs available through the state’s community college and university systems, including post-secondary degree programs, would enhance the education and training services available through the system. The JFES vocational education slots also should be increased to accommodate a larger number of clients as well as providing higher skill, higher wage training for those not ready for college courses. Special efforts should be made to encourage women to consider “nontraditional” career options in technology or the trades because these jobs offer higher wages and better benefits.



## Jobs First/TANF

In August of 1996, President Clinton signed legislation making fundamental changes in the federal family welfare system (then AFDC or Aid to Families with Dependent Children) for the first time since its adoption in the 1930's. The new federal funding mechanism for family welfare is TANF (Temporary Assistance for Needy Families). Connecticut had already implemented major changes to its family welfare system through its Jobs First waiver to the AFDC program. The TANF and Jobs First systems impose time limits and work requirements on many families with children who are receiving cash assistance through the family welfare program.

### Connecticut's family welfare system, Jobs First, has three major components:

**Temporary Family Assistance (TFA)** provides cash assistance to eligible families. Some families are exempt from the work requirement but, if not exempt, adults must seek employment or participate in activities designed to lead to employment and families are limited to 21 months of cash assistance, plus limited 6-month extensions.

**The Jobs First Employment Services program (JFES)** provides support to families in the time-limited portion of the Jobs First program. JFES is run by the Department of Labor (DOL) in conjunction with the Department of Social Services (DSS).

**The Safety Net program** provides special services and vouchered assistance, but no cash, to families which are at risk of losing benefits.

### Basic Provisions of Jobs First

#### Time Limits

Cash benefits are limited to 21 months unless the family qualifies for an exemption or extension.

#### Exemptions

Exemptions are available to families when the parent (or caretaker relative) is: incapacitated or another family member is incapacitated or; age 60 or older or; not part of assistance unit or; caring for a

child who is not subject to the family cap rules and is under the age of one or; the family is headed by a pregnant or post-partum woman who has a doctor's certificate indicating that she is unable to work or; the caretaker relative is unemployable or is a minor parent.

#### Extensions

Extensions are available when families are earning less than the grant (plus \$90 work expense) despite good faith efforts to follow the rules; or families are unable to meet requirements due to circumstances beyond their control, regardless of past good faith efforts. Recipients are limited to 2 extensions unless the family can document two or more severe barriers to employment or meets other strict criteria. Very few families receive more than 2 extensions. In virtually all cases, cash benefits are limited to 60 months.

NOTE: Extensions are not automatic. Recipients must apply. Extensions need not follow at the end of the 21 months; a family can apply for an extension later.

#### Income Eligibility

Parents, pregnant women and caretaker relatives are eligible for assistance if their income, minus certain deductions, is less than the "needs standard". In most of the state, the needs standard for a family of three is \$745 per month.

#### Amount of Cash Assistance

For a family of three in most of the state, the cash benefit is \$543 per month. Under Jobs First, the family can earn income up to the federal poverty level without losing benefits for 21 months. However, if the family's earned income is more than the monthly benefit at the end of 21 months, the family is no longer eligible for cash assistance.

### The results of Jobs First and TANF:

**1. The number of families receiving assistance has dropped significantly - from 59,194 families in August, 1996 to 23,944 in September, 2004.**

---

*"Wars against nations are fought to change maps; wars against poverty are fought to map change."*

*- Muhammad Ali*

# *Jobs First/TANF*

**2. Increasingly, families receiving cash assistance are exempt from work requirements.** In September of 1998, only 11,747 families (31.4% of the caseload) were exempt from work requirements. In September, 2004, of the 23,944 families receiving cash assistance, 12,814 (54%) were exempt from time limits and work requirements. Only about 9,700 families (41%) were in the Jobs First Employment Services (JFES) portion of the system.

Of families receiving exemptions, approximately 60% are “child only” cases, cases in which only the children in the family are receiving cash assistance and 20% are cases in which the adult family member is caring for a child under the age of one (if the child was not conceived while the parent was receiving cash assistance).

**3. Families face many barriers to employment.** Case managers in the JFES system identify barriers faced by employment services clients as it works with these clients. According to case managers, JFES participants face the following barriers: transportation (65%); child care (54%); math/reading skills (34%); limited work history (34%)

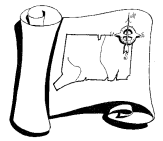
---

## *Recommendations*

---

- ❑ More resources should be directed to **basic skills education** (including Adult Basic Education, GED and English as a Second Language programs) and vocational skills training for JFES participants;
- ❑ **Earlier and more intensive screening for disabilities and barriers to employment** should be conducted for TFA applicants and JFES participants so that participants are enrolled in training and education programs that will best meet their needs;
- ❑ Exceptions to time limits should be adopted to **permit JFES participants to pursue education and training** and to allow for continued receipt of cash assistance during times of high unemployment;
- ❑ Exemption or extension policy should permit **people with disabilities** who can only work limited hours to receive cash assistance for more than 60 months.

*This brief was prepared by Jane McNichol, Director of the Legal Assistance Resource Center of CT, Inc., and produced by the Connecticut Alliance of Basic Human Needs (CABHN) 80 Jefferson Street, Hartford, CT 06106 . Full series will be available at [www.larcc.org](http://www.larcc.org) on completion of issue.*



## SAGA

The State Administered General Assistance program provides cash and medical assistance to very low-income individuals. The program is entirely state-funded. For more than 300 years, Connecticut law provided that the subsistence needs of destitute residents be met by towns. This was done through the General Assistance program with costs shared between the towns and the state. Over the past decade, this system was radically modified to provide for full state funding of the program and to limit eligibility for cash assistance and the amount of assistance available. In 2004, the SAGA medical program was converted to a managed care system.

### Cash Assistance

Cash assistance is provided only to destitute people who are “unemployable” or unable to work due to a documented disability. A person is designated as “unemployable” if he or she:

- ✓ is under 16 years old, 65 years old or older, or 55 years old or older with a history of chronic unemployment
- ✓ has an impairment prohibiting participation in employment or employment-related education or training which is expected to last at least six months
- ✓ is awaiting receipt of SSI or a state financial assistance program
- ✓ is needed to care for a child under 2 or an incapacitated child or spouse
- ✓ is a full-time high school student or a VISTA volunteer

SAGA cash assistance is only available to people with substance abuse issues if they are in treatment. Cash assistance is not available to individuals or families whose Temporary Family Assistance (TFA) benefits have terminated because of time-limits or non-compliance with the family welfare program.

To be eligible for SAGA cash assistance, an individual can have no more than \$250 in assets. The cash benefit level is reduced by the amount of any other income.

### SAGA cash assistance benefit levels are:

- ✓ \$200 a month for most single individuals
- ✓ \$50 a month for “transitional” individuals who are not required to pay for shelter. Transitional individuals are individuals with a documented disability expected to last between 2 and 6 months and a recent connection to the workforce, or individuals with a documented disability who are awaiting determination of unemployment.
- ✓ \$50 per month less than the TFA benefit for a similarly-sized family.

About 4,000 individuals and 9 families were receiving cash assistance in October of 2004. In the early 1990’s, when the program was available to all destitute residents of the state and unemployment levels were high, more than 30,000 people were receiving cash assistance through SAGA.

About 50% of the recipients of SAGA cash assistance are women.

### Medical Assistance

Medical assistance is provided to approximately 29,000 very low-income residents of Connecticut through SAGA. The SAGA medical program offers a range of preventive and treatment medical and specialty services. At one time, the SAGA medical program mirrored the Medicaid program in its range and scope of covered services. Over the last few years, many services have been eliminated from the program including non-emergency medical transportation, vision, home health care, durable medical equipment, podiatry, chiropractic, naturopathic services and physical, occupational and speech therapy services.

Beginning in January 2004, the SAGA medical program converted from a fee-for-service program to a managed care program. Most recipients are required to receive their primary and specialty health care through federally qualified health centers (FQHCs). Others get care through private providers when they cannot access an FQHC. Hospital services are also available to recipients. The transition to the managed care program was completed in October 2004.

---

*“Wars against nations are fought to change maps; wars against poverty are fought to map change.”*

*- Muhammad Ali*

# SAGA

As part of the restructuring, funding for the program was capped. Hospital, FQHC and private provider payments are capped under the program at \$123 million, essentially the same amount of money spent on the program in SFY 2004.

## Eligibility Requirements

SAGA medical recipients cannot have more than \$1,000 in total assets, except that recipients can own a home and a car valued at not more than \$4,500.

The income eligibility limits for individual SAGA recipients vary depending on the region of the state and the number of people in the assistance unit. For example, an individual SAGA medical recipient cannot have more than \$476.19 in monthly income

(\$5,714 per year) in the Hartford area, while he or she may have up to \$574.86 in monthly income (\$6,898 per year) in the Fairfield County area. The income limit increases based upon the size of the assistance unit. \$150 of earned income per month is disregarded in calculating eligibility for the program.

As in the cash assistance program, virtually all of the 29,000 recipients of SAGA medical assistance are single adults. About 40% are women. The approximate age distribution of recipients is:

18 - 29 years	- 22%
30 - 39 years	- 24%
40 - 49 years	- 32%
50 - 59 years	- 17%
60 - 64 years	- 4%

---

## *Recommendations*

---

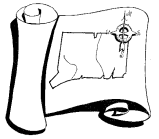
### Cash Assistance:

- Restore cash assistance benefit levels to subsistence levels and implement measures to ensure that reasonable housing costs are covered by the benefits
- Restore eligibility for all destitute persons who cannot work or cannot find employment, including people with short term disabilities.

### Medical Assistance:

- Restore full funding of provider costs under the medical assistance program.
- Cover non-emergency transportation costs for people who cannot reach assigned providers
- Restore as covered services the services provided by Medicaid, with the long-standing exception of long-term care services
- Provide due process protections for SAGA patients under the managed care system.

*This brief was prepared by Jane McNichol, Director of LARCC and produced by the Connecticut Alliance of Basic Human Needs (CABHN) 80 Jefferson Street, Hartford, CT 06106 . The full series will be available at [www.larcc.org](http://www.larcc.org) on completion of issue.*



## Child Support/The Fatherhood Initiative

Child support is an important income supplement for low-wage families. But child support alone will not lift families out of poverty. Various studies have concluded that if all absent parents paid the maximum possible under applicable guidelines, poverty would be reduced between 5% and 20%.

The state's involvement in child support enforcement goes back three hundred years and developed from efforts to recover the cost of welfare payments. Now states have a duty under federal law to establish paternity, establish support and enforce child support obligations. The duty applies to all present and former recipients of Temporary Family Assistance (TFA) and anyone else who applies for help from the Child Support system. The program is funded with federal and state funds.

### Connecticut's Support Enforcement System

The state's support enforcement system is housed primarily in two state agencies: the Department of Social Services (DSS) and the Judicial Department. Total staffing between the two agencies was 475 people in Fiscal Year 2003. Generally, cases are the responsibility of DSS until a support order is established; they then become the responsibility of the Judicial Department. Other agencies, including the Attorney General's Office and the State Police, also play a role. Payment processing has been contracted out to Fleet Bank.

### Services available under the program include

- establishing support and paternity;
- enforcing support through court enforcement, wage withholding and administrative remedies such as license revocation or intercept of tax refunds or property liens; and
- modifying existing orders.

Child support services are an important resource for Connecticut families because many families cannot afford to hire private counsel to enforce support. While

the volume of cases (212,823 cases for FY 2003) strains the system, many people are helped through this system. The system collected a total of \$222,361,658 in child support payments in FY 2003.

### Fatherhood Initiative and Employment and Training Programs for Fathers

The administrative efficiency achieved by the support enforcement system occasionally comes at the cost of fairness to the noncustodial parent. The child support magistrate system, a streamlined division of the superior court exclusively for support matters, handles a huge volume of cases. Most of the noncustodial parents who appear there are unrepresented and, as a result, relevant legal considerations are not always heard.

The Fatherhood Initiative, begun in 1998 under the auspices of DSS, is meant to redress some of these inequities. The program aims to promote "the positive involvement and interaction of fathers with their children," with an emphasis on children who receive or did receive TFA assistance. The goal is to strengthen the link between emotional and financial responsibility with support for parenting and job skills. The Initiative implicitly recognizes that past policy has emphasized financial responsibility over all other aspects of parenting. The Commissioner of Social Services chairs the Fatherhood Council which has sponsored pilot programs with a research and evaluation component.

### Evaluations of Pilot Projects

There is still much room for improvement in the approach the support enforcement system takes to low income parents required to pay child support, according to the final report evaluating the fatherhood pilot projects. The projects were monitored and evaluated by the Center for Social Research at the University of Hartford. The researchers followed 328 program participants between September, 2000 and December, 2002. The final evaluation was issued in December, 2003. It examined the barriers facing program participants and the effectiveness of the project in

---

*"Wars against nations are fought to change maps; wars against poverty are fought to map change."*

*- Muhammad Ali*

improving fathers' involvement in children's lives and compliance with support obligations. The evaluation found that the failure to pay support is too often equated with a father "not caring" about his children. This idea, well entrenched in the support bureaucracy, leaves little room for those struggling to get out from under the life reverses that trigger non-payment of support.

The report concluded that the twin goals of the Fatherhood Initiative: positive involvement with children and compliance with support obligations are not complementary, and may in fact conflict. While increased involvement may increase payment of support, the reverse was not shown. That is, increasing child support compliance was not shown to increase fathers' involvement with their children. According to the report, the pilot projects did increase employment significantly. Participants increased their rate of full-time employment (from 26% to 57%) and their payment of support (from 27% to 42%.) However, fathers' involvement with their children showed significantly less improvement. The rate of weekly contact with children rose from 59% to 64%.

## Recent Statutory Changes

Connecticut has made a number of statutory changes in the past two years in keeping with the aims of the Fatherhood Initiative. Among these changes are:

- orders for incarcerated individuals must be based on actual ability to pay;
- orders entered for support due prior to the entry of the order must be based on better evidence, and are subject to adjustment if better information becomes available; and
- arrearages owed to the State can be reduced in certain situations for parents paying child support who are making efforts to foster their relationship with their children and pay current support.

## Changes to Child Support Guidelines

The Connecticut Child Support Guidelines Commission completed a revision of child support guidelines in the fall of 2004. The proposed regulation will be reviewed by the Regulations Review Committee in the spring of 2005. Among the changes proposed:

- Maximum hourly wages included in income will be capped at 45 hours per week, with possible deviation up to 52 hours. This reconciles the guidelines with the statute.
- The cost of medical insurance will be deducted from the gross income of the parent who pays it when determining a support order, rather than being allocated between the parents.
- A low income obligor's combined support and medical order will no longer be capped at the guideline amount, but low-income obligors are exempt from contributing to the cost of HUSKY.
- The child support guideline schedule which dictates the support obligation of people at various income levels will apply to combined incomes of \$4,000 per week (up from \$2,500.)
- Low income obligors are no longer exempt from contributing to the cost of childcare.



## Supportive Housing and Homelessness

About 33,000 people (20,000 households) in Connecticut experience homelessness each year. Over 16,000 people use the state's emergency shelter system each year. According to the most recent statistics on state-funded homeless shelters, about 18% of those using shelters are children, 11% are parents and 72% are single individuals.

Connecticut has been a leader in creating supportive housing as a comprehensive response to chronic, long-term homelessness. People living in supportive housing have their own apartments, enter into lease agreements and pay their own rent, just as in other rental housing. The difference is that they can access, at their option, support services – such as the help of a case manager, help in building independent living skills, and connections to community treatment and employment services – designed to address their individual needs.

### Supportive Housing Demonstration Program

In the early 1990's, the national Corporation for Supportive Housing, a private, non-profit organization dedicated to promoting supportive housing around the country, joined forces with the State of Connecticut, several housing developers, and several human services providers to create the Connecticut Supportive Housing Demonstration Program. This initiative produced 281 units of service-enriched permanent housing for homeless and at-risk populations. This demonstration program, researched by the University of Pennsylvania Health System in 2002, substantiated the success of supportive housing:

- ❑ Formerly homeless tenants of supportive housing had reduced their use of Medicaid-reimbursed inpatient medical care by 71% after moving into supportive apartments.
- ❑ Eight out of nine supportive housing projects saw their property values go up by more than 30% after the projects were built.

- ❑ Every dollar of state investment in the development of the nine projects yielded \$3.43 in economic and fiscal benefits to the state and local economies in the form of jobs, taxes, contracts for services, and other related economic activity.

### Supportive Housing Pilots Initiative

In 1998, the Corporation for Supportive Housing (CSH) and the Connecticut Department of Mental Health and Addiction Services (DMHAS) launched a major new supportive housing production initiative called the Supportive Housing Pilots Initiative (Planning and Implementing Housing Options for Long Term Success). The goal of the Pilots Initiative was to create 600 new units of service-supported housing serving homeless or at-risk families and individuals with mental illness or chemical dependency. Pilots is a statewide, multi-phase initiative that is focused on 1) increasing the capacity of the nonprofit community to plan and implement housing approaches that meet local needs, 2) securing state and federal funding for the housing, and 3) successfully developing and operating these housing units.

These initiatives and others have led to the creation of more than 2,200 supportive housing units located in 26 communities throughout Connecticut. Some of these are in single site developments of moderate size (30-40 apartments) that integrate people who are homeless with people who simply need affordable housing. There are also many scattered site supportive housing programs.

Despite the success of this service-enriched housing, chronic homelessness still exists in Connecticut. An estimated 10,000 additional units of supportive housing are needed in Connecticut in the next ten years to address chronic homelessness and create supportive housing that fits into communities.

*"Wars against nations are fought to change maps; wars against poverty are fought to map change."*

---

## *Recommendations*

---

Connecticut has developed a strong statewide foundation for the creation of supportive housing as a solution to homelessness. In January, 2005 the state's Interagency Council on Supportive Housing and Homelessness recommended the creation of 1,000 units of supportive housing over the next three years. This policy:

- ❑ Builds on Connecticut's successful track record in supportive housing production.
  - ❑ Extends the best practices of supportive housing to families and young adults.
  - ❑ Targets people who frequently use crisis and emergency services with a more stable, cost-effective option.
  - ❑ Creates new linkages with the Connecticut Department of Labor in Connecticut's One-Stop Career Centers.
  - ❑ Employs an established, effective process of State interagency collaboration.
  - ❑ Partners with seasoned community-based nonprofits to create and operate the housing, and supports their work with focused technical assistance and land-banking resources.
  - ❑ Maximizes the use of federal mainstream resources for support services funding, and uses these resources and state funds to leverage federal, philanthropic, and corporate investment for rent subsidies, predevelopment financing, and capital.
- ❑ **700 of the 1,000 supportive housing units will be created through property development** (rehabilitation of existing buildings or new construction). This includes all 350 units for families and 350 units for adults. The housing units will be spread among 25-40 projects developed statewide by experienced, community-based organizations.
  - ❑ **Larger housing developments will have a mixed tenancy.** Integration of people with special needs and people who do not have such needs prevents stigma and is the preferred approach by local neighborhoods and consumers. Of the 700 development units, 350 will target households with special needs, and 350 will target other households who need affordable rental housing.
  - ❑ **The remaining 300 supportive housing units will use existing, privately owned apartments.** Nonprofit providers will provide rent subsidies and tenant support services to residents of these units.



## Energy Assistance

### Program History and Description:

The Connecticut Energy Assistance Program (CEAP) provides assistance in meeting winter heating bills to low-income families. CEAP operates from November 1 until late winter. CEAP is administered by the Department of Social Services (DSS) through the community action agencies (CAA). Each fall three legislative committees (Human Services, Appropriations, and Energy and Technology) approve a plan for the administration of CEAP, which is developed by DSS. The plan is then submitted to the federal Department of Health and Human Services for federal funding.

In the early 1980's, CEAP effectively targeted actual heating expenses for individual households. Most low-income households rent and have limited ability to control energy related expenses; they lack legal authority or resources to make conservation improvements. The Governor's Energy Assistance Advisory Council (GEAAC), with representatives of the administration and the CAAs, Infoline, Operation Fuel, the utilities, deliverable fuel vendors, the elderly and other program beneficiaries, monitored CEAP's operation and advised the administration and legislature regarding program modifications. It also leveraged considerable support from the utility companies for the operation of CEAP.

In the early 1990's, CEAP moved to a fixed grant, disregarding actual need. GEAAC did not endorse this program modification and was discontinued. While subsistence welfare benefits were being reduced and energy expenses were rising, all state funding for energy assistance was eliminated. Benefits were reduced and "secondary heat" benefits were eliminated. "Secondary heat" is generally electric. Electric heat is often needed to supplement poorly functioning older heating systems in low-income dwellings.

Until the winter of 2002-03, CEAP provided assistance to households with income up to 150% of the federal poverty level (FPL); households with an elderly or disabled member with income between

150% and 200% of FPL received assistance through the state funded State Appropriated Fuel Assistance program (SAFA).

Beginning in the winter of 2002-03, SAFA was funded out of CEAP funding, although no additional funds were made available to cover SAFA households. In recent years, when additional federal funds were made available mid-winter, CEAP has also provided assistance to households with income up to 60% of state median income under the Contingency Heating Assistance Program (CHAP). Currently all funding in CEAP is federal, with the exception of a small amount of petroleum settlement funds.

CEAP benefits for the winter of 2004-05 have been substantially reduced and CHAP assistance is not likely to become available. Households heating with utilities (natural gas or electric) will receive between \$185 and \$375, only 19% to 34% of the benefits available to households heating with deliverable fuels (oil, propane, coal or wood). Low-income utility-heated households are protected from the loss of utility service between November 1 and April 15, but service can be terminated in mid-April if an arrearage is owed. Utility service is a necessity, not only for the provision of heat but also for lights, hot water, refrigeration, including refrigeration of medications, cooking, flushing toilets and maintaining basic hygiene. Persons who are elderly, disabled or ill, and infants are particularly vulnerable when utility service is lost, especially during cold spells.

Over the years, the CEAP plan has provided for benefit levels based on a conservative estimate of available federal funds. In the last several years, the CEAP plan allowed DSS to shift benefit levels during the winter without legislative review or public oversight. This has made it difficult for low-income families to budget for actual heating expenses.

These shifting benefit levels are particularly problematic for households eligible for the utility arrearage forgiveness programs: In the mid-1980's, gas companies were required to offer arrearage forgiveness programs to customers receiving energy assistance for

*"Wars against nations are fought to change maps; wars against poverty are fought to map change."*

*- Muhammad Ali*

gas heat. Beginning in the winter of 2004-05, electric companies must offer such programs to customers receiving energy assistance for electric heat. Old debt is forgiven in exchange for regular budgeted payments; the amount of the payments is determined in early winter and is based in part on the level of anticipated energy assistance. Some eligible households cannot

participate successfully because they cannot afford the required budgeted payments. Later additions to the benefits do not retroactively reduce the required budget payments and do not cure the inability of households to take advantage of the arrearage forgiveness programs and thereby maintain year-round service.

---

## *Recommendations*

---

❑ **Restore state funding for CEAP.** State funding needs to be available to ensure the availability of adequate benefit levels for those in need and to allow for knowledge of benefit levels at a time when households are budgeting for heating costs and applying for arrearage forgiveness programs.

❑ **Create a new independent energy assistance advisory council** to advise the administration and the legislature about the energy assistance program. Energy assistance has complex interactions with other programs such as arrearage forgiveness, weatherization assistance, and subsistence welfare benefits, as well as consumer protections. Each year, the proposed plan is

made public shortly before a legislative hearing where the decision to act on the CEAP plan is made. Advance collaboration with all affected parties in plan development does not occur, and there is no time to educate legislators regarding options for a more effective, cost-effective or better targeted plan.

The advisory body should be independent of administration control to ensure objectivity. Appointments should be made by both the administration and the legislature. People with appropriate expertise and knowledgeable independent representatives of program beneficiaries should be included as members of the advisory body.



## Department of Social Services Accommodation of Disabled Persons (ADA)

The Connecticut Department of Social Services (DSS) serves an impoverished population with a high level of disabilities.<sup>1</sup> It does not have a systematic way to identify and assist people whose disability may impede their ability to follow DSS requirements for applying for or maintaining critically needed subsistence benefits, including cash assistance under TFA, AABD (State Supplement) or SAGA; medical assistance under Medicaid and SAGA; and Food Stamps.

Identification of people's disabilities is critical to providing reasonable accommodations so that people with disabilities can obtain and maintain the basic supports available through state benefit programs. Raymond v. Rowland, a pending federal class action lawsuit, challenges DSS' failure to implement appropriate system-wide procedures and regulations for identifying disabilities and addressing the need for accommodations.

Legal protections for persons with disabilities. The Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 require that state agencies provide people with disabilities with meaningful and equal opportunity to access available benefits and services. In Connecticut, there is currently no statewide policy guidance to ensure agencies understand how to carry out their responsibilities under these laws, nor is there effective oversight to ensure agencies comply with the law.

### *Issues in identifying and documenting disabilities:*

- Some disabilities do not necessarily preclude individuals from working, but may limit them in some important way (e.g., a brain injury limiting comprehension of written material).
- Some disabilities are hidden - certain mental health problems, cognitive impairments such as retardation or low IQ, and learning disabilities.

- Some disabilities make it difficult for individuals to understand they are disabled, particularly an issue with certain types of mental illness or cognitive impairments.
- Some people may never have been properly diagnosed; some may require new evaluations to determine the implications for the individual or to demonstrate eligibility for a program that requires that a recipient be disabled.
- Although DSS administers the Medicaid and SAGA medical programs, it does not assist individuals who may need new evaluations to access them where disability makes navigating those systems difficult. At the same time, DSS requires that people with disabilities shoulder the burden of demonstrating their disability and any need for accommodation.
- Issues with DSS contractors. In addition to directly administering the programs referenced above, DSS contracts with HMOs, clinics and various other medical service providers, and with Community Action Agencies. It also contracts out program administration in the ConnPACE program, child care assistance and energy assistance programs. DSS does not provide clear guidance to contractors regarding their obligations under the ADA and Section 504, nor is there any mechanism for DSS and contractors to share information regarding the need for accommodations once an individual has been identified as having a disability and being in need of accommodation.

*"Wars against nations are fought to change maps; wars against poverty are fought to map change."*

*- Muhammad Ali*

---

## Recommendations

---

### Require DSS to:

1. systematically identify individuals applying for or receiving assistance who are disabled. Appropriate screening tools exist that could be utilized by DSS staff to identify disability; untested tools and worker observation should not be utilized as the only identification method as these are inadequate, particularly with hidden disabilities.
2. systematically track and accommodate persons with disabilities where a disability limits the individual's ability to obtain and maintain subsistence benefits administered by DSS. This requires appropriate policy, clear instructions to agency workers regarding steps they must take to ensure tracking and accommodation, supervision and agency support.
3. notify DOL of the disability and need for accommodation of TFA recipients required to participate in employment services at DOL so DOL can provide appropriate accommodations and take the individual's needs into account in developing an employment plan. If disabling conditions are not taken into account, a family may be inappropriately sanctioned in the TFA program and the family may fail to achieve self-sufficiency within the limited period cash assistance is available.
4. notify DSS contractors of their obligations to identify and accommodate people with disabilities in DSS programs, and ensure that contractors have appropriate policies and practices in place to comply with the ADA and Section 504.
5. with recipient's permission, notify DSS contractors of individual recipient's need for accommodation where DSS has identified such need.
6. assist persons who may be disabled to obtain current evaluations and documentation of disability, where disability may make it difficult for the individual to do so independently.

7. provide interim benefits and accommodations to individuals who may be disabled while the individual cooperates in obtaining needed evaluations and documentation of disability and the need for accommodation.
8. assist individuals in seeking disability benefits available through the Social Security Administration. This will result in people with disabilities who are unable to work receiving federally-funded, Social Security benefits, rather than state-funded benefits. Social Security benefits are higher than TFA and SAGA benefits and can alleviate many of the burdens of extreme poverty on individuals and families.

### Authors: Shirley Bergert and Lucy Potter

<sup>1</sup> Studies demonstrate the existence of a disproportionate level of disability among persons receiving assistance, including the US General Accountability Office studies of the TANF population, US Census Bureau data, and DSS and Connecticut Department of Labor (DOL) statistics. For example, Census Bureau reports indicate that over 40% of persons receiving means-tested cash, food or rent assistance had a severe disability, and the occurrence of disability in the general population over age 22 years increases by age from a low of 14.9%, including 6.4% with severe disabilities, to 71.5%, including 53.5% with severe disabilities for those who are 80+ years old. GAO reports indicate 44% of TANF recipients nationwide had at least one physical or mental health impairment, three times higher than the non-TANF population, 38% reported an impairment severe enough to need help with some major life activity such as keeping track of money and bills, and 29% reported a mental impairment. The August 2004 DOL "At-a-Squint" report of TFA recipients indicated 3,436 had a math or reading skill barrier to employment, 849 had a health barrier, 298 had a mental health barrier, and 191 had a learning disability.