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Testimony on SB 251: AAC Programs Administered by the Department of Social Services
Human Services Committee
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Submitted by: Stephen Karp, Executive Director

On behalf of the National Association of Social Workers, Connecticut chapter representing 3,000 members we offer these comments on SB 251. We support this bill as one step toward improved outcomes for recipients of DSS services however the problems necessitating SB 251 are so severe as to require a range of responses including but not limited to this bill.

When I was in graduate school I had a policy professor who said that "poor people get poor services". While this is not always the case it has become true in regards to clients of DSS who are either applying for benefits or filing for continuance of benefits. We have numerous members who assist low income individuals needing to interact with DSS, particularly social workers who work in local city and town social services, and in asking them about this bill here is just a sampling of the feedback NASW/CT has received:

- Wait times on the phone range from over an hour to three or more hours. In one case the social worker, who works in the judicial system, called DSS and was put on hold. Forgetting to disconnect the call she left the office to go to court, came back and discovered she was still on hold.
- A 20 something man who was born addicted to drugs is successfully utilizing a methadone program covered under HUSKY and working part-time when he can. His father assists him by filing his son's redetermination documents for HUSKY and SNAP in a more than timely manner. DSS cannot locate the documents so discontinues his HUSKY coverage. The man arrives at the methadone clinic but is denied treatment due to loss of HUSKY coverage. By the time the town social worker and father resolves the problem the man has returned to using heroin. He is back on methadone but it was a huge setback to his recovery.
- A local town social service director wrote " We spend an inordinate amount of our time trying to undo the mistakes of DSS. Countless residents being denied or discontinued because DSS is behind, loses information, their computer system continues to automatically generate negative notices because DSS hasn't processed paperwork timely. We are responding to emergency prescriptions and food because of this broken system, not every community can or will."
- A woman is struggling with depression, unemployment and subsequent loss of insurance coverage. While working toward recovery and gaining employment this woman also faced the arduous task of trying to secure HUSKY insurance. This process took over 6 months and 3 applications as DSS misplaced two of those applications. In the meantime she accrued hefty medical bills for the mental health treatment and medications that she needed as part of her recovery.

- Recipients go to the DSS office but if there are more than 50 people on line they are sent away and told to return another day. Even when they speak with a DSS worker they may be told that their paperwork has not been sent over from the scan center so they cannot be helped that day.
- Not all individuals have access to or can negotiate use of online submission of paperwork. Individuals with dementia, mental illness or significant physical incapacitation are losing HUSKY benefits due to not being able to readily submit necessary documentation for continuance of eligibility.
- Even when documentation is submitted it gets lost or is not entered on time to avoid a letter notifying the individual that their benefits are being discontinued. We have had numerous reports of documents needing to be submitted multiple times.
- Clients have received letters informing them that their benefits have been approved or reauthorized and at the same time receive letters saying they are denied or benefits are being discontinued.

SB 251 is one answer to these problems however it is not sufficient. Additionally we recommend immediate additional staffing to deal with the workload, additional phone capacity to handle the volume of calls being received and a moratorium on discontinuance of benefits for at least six months and perhaps longer, until the current backup of cases is completed and there is reasonable assurances that the systems in place can manage the service demand.

There is an important lesson in all of these problems, that being that neglect of an agency that serves low income individuals and families has extremely negative consequences. Connecticut's governmental structures have left DSS without adequate support for far too many years. IT systems were ancient, staffing was allowed to decline to unacceptably low levels and previous administrations ignored obvious needs. Low income households are not campaign donors, they don't hire lobbying firms and in general they lack political power. The populations served by DSS are vulnerable, at risk, low income individuals and families that deserve better from policy makers and policy implementers. Positive action is needed immediately and on an ongoing basis, first to right the current situation and secondly to assure that we do not have a repeat in the future of these current difficulties. As a state we can do better!