



**August 31, 2017 Public Hearing Testimony before the
Connecticut General Assembly
Appropriations, Human Services, and Energy & Technology Committees**

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
BLOCK GRANT ALLOCATION PLAN FFY 2017/2018**

Distinguished Chairpersons, Vice-Chairpersons, Ranking Members, and Members of the Appropriations, Human Services, and Energy & Technology Committees:

Thank you for holding this hearing on the proposed Low Income Home Energy Assistance Program (LIHEAP) Block Grant Allocation Plan for FFY 2017/2018. My name is Michelle James and I serve as the Executive Director of the Community Action Agency of Western Connecticut, Inc. (CAAWC) and as Vice-Chair of the Connecticut Association of Community Action (CAFCA). CAFCA is the state association for Connecticut's Community Action Agencies (CAAs), the state and federal designated anti-poverty agencies serving all 169 cities and towns across Connecticut.

Each year, the Connecticut Energy Assistance Program (CEAP) continues to help almost a hundred thousand households: our elderly and our families with children who come in our doors looking for help with their heating bills and to avoid unnecessary energy crises.

What are our poorest families are up against during the coldest months of the year? Connecticut residents pay the highest energy costs in the nation¹ and, over 322,000 of these households owe \$1,241 more in energy bills than they can afford to pay.

These costs put families in crisis mode, threatening their ability to pay for other critical, basic needs. They are forced to choose between heating their homes and other necessary costs like food, medicine, child care, health care, and housing. Sometimes people resort to unsafe ways of keeping warm, including the use of improperly vented portable heaters, stoves, fireplaces, barbeque grills, or overloading electrical circuits. These methods are fire hazards and create the risk of carbon monoxide poisoning².

Dr. Deborah Frank, M.D., distinguished professor and pediatrician with the Boston University School of Medicine and the Boston Medicine Center, testified before Congress³ that when certain household costs cannot be avoided and their heating bill is due, many poor families facing energy crises dip into the only flexible part of their budget to bridge the gap:

¹ Bernardo, Richie, "2017 Most & Least Energy-Expensive States", *WalletHub*, July 12, 2017, <https://wallethub.com/edu/energy-costs-by-state/4833/>

² Office of Community Services, "LIHEAP Brochure in English", 11/1/2009 <https://www.acf.hhs.gov/ocs/resource/liheap-brochures> (Accessed 8/17/17)

³ Climbing Cost of Heating Homes: Why LIHEAP is Essential: Hearing before the Senate Committee on Children and Families, Senate, 110th Cong. (2009) (testimony of Dr. Deborah A. Frank)

their food budget. She notes that families and doctors know children will freeze to death before they starve to death, and that this tradeoff jeopardizes children's current and future health and development by increasing a family's food insecurity. This is known to doctors and researchers as the "heat or eat" dilemma⁴. She further stated:

"These untenable choices wreak havoc on all our citizens, but particularly on the health of our youngest and most vulnerable children. Babies and toddlers ages 0 to 3...are also among the most physiologically vulnerable to cold stress. We know...there is a partially effective medicine to protect children in this current epidemic of energy insecurity. That medicine is called LIHEAP. LIHEAP is a child survival program. LIHEAP is a child health program. LIHEAP is nutrition program, and LIHEAP is a child development program."

It is clear LIHEAP doesn't just help Connecticut's most vulnerable and at-risk households, those with children, the elderly, and the disabled, afford high home energy costs. It is, at its core, a health and safety program—LIHEAP positively impacts overall health and wellness. At our Community Action Agencies, LIHEAP is a gateway to other programs and services families may not have known they were eligible for such as weatherization, child care, or Supplemental Nutrition Assistance Program (SNAP) benefits. This integrated service delivery approach provides families with the short and long-term support they need to survive and thrive.

Programs like LIHEAP are critical investments in our communities. In 2016/2017, our network processed over 97,500 households with CEAP applications and provided over 84,000 eligible households with energy assistance (FY 2016/17 data available on page 3). We would like to commend Commissioner Bremby and DSS for not only basing its CEAP allocation on level funding from FFY 2017 (minus the 5% sequester budget cut), but also for the additional FFY 17 carryover funds and available LIHEAP vendor refunds. Additionally, we are truly grateful that Connecticut has decided to continue its policy of allocating additional assistance to low-income families so that they can remain eligible for food assistance. In closing, our network is pleased to fully support the Department's CEAP 2017/2018 Allocation Plan for the LIHEAP Block Grant.

On behalf of Connecticut's Community Action Network, I would like to thank you and Governor Malloy for continuing to strongly advocate for this critical program, and thank Commissioner Bremby for his ongoing support and that of his staff at the Department of Social Services.

I am happy to take any questions you may have.

⁴ Stephanie Ettinger de Cuba, John Cook, and Deborah A. Frank, *Fuel for our Future: Impacts of Energy Insecurity on Children's Health, Nutrition, and Learning*, Children's Sentential Nutrition Assessment Program (C-SNAP), 2007, available at: http://www.centerforhungerfreecommunities.org/sites/default/files/pdfs/fuel_for_our_future_energy%20insecurity_Sept07.pdf

Chart 1: CEAP Total Caseload Comparison

Agency	<u>2016/2017</u> <u>(final)</u>	<u>2015/2016</u> <u>(final)</u>
ABCD (Bridgeport/Norwalk)	12,095	15,340
CAAWC (Danbury)	7,237	5,001
CRT (Hartford/Middletown)	22,543	24,506
TEAM (Derby)	3,536	3,794
HRA (New Britain)	6,305	7,277
CAANH (New Haven)	10,372	11,278
TVCCA (Norwich)	8,424	8,792
NOI (Waterbury/Meriden)	20,204	20,981
ACCESS (Willimantic)	6,829	7,215
Statewide Totals:	97,545	104,184

Data from DSS

Chart 2: CEAP Eligible Caseload Comparison

Agency	<u>2016/2017</u> <u>(final)</u>	<u>2015/2016</u> <u>(final)</u>
ABCD (Bridgeport/Norwalk)	10,343	13,442
CAAWC (Danbury)	5,760	4,399
CRT (Hartford/Middletown)	19,315	21,124
TEAM (Derby)	2,886	3,104
HRA (New Britain)	5,002	5,549
CAANH (New Haven)	8,625	9,397
TVCCA (Norwich)	7,301	7,671
NOI (Waterbury/Meriden)	18,585	19,217
ACCESS (Willimantic)	6,359	6,758
Statewide Totals:	84,176	90,661

Data from DSS