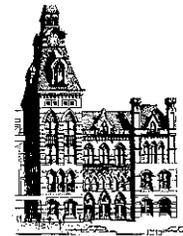




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**Testimony of the City of New Haven  
Before the Appropriations Committee**

*Regarding*  
**Corrections Department Funding**

*Submitted by*  
**Althea Marshall-Brooks, Community Services Administrator**  
February 19, 2013

Senator Harp, Rep. Walker, and members of the Appropriations Committee,

The City of New Haven is pleased to have the opportunity to comment on the Corrections Department Budget in support of continued funding for designated Department of Corrections staff at the Department of Social Services to expedite Medicaid enrollment and for targeted funding for medical care for those transitioning back into society.

Each month, between 100 and 125 inmates are released into New Haven. A significant proportion, or 80-85% of these inmates face chronic medical and behavioral health challenges including HIV/AIDS, obesity, cancer, HepC, diabetes, etc. Many inmates, upon reentering society have a tremendous number of logistical concerns: locating housing, obtaining official identification, searching for employment, reuniting with family members, etc. In this flurry of activity, attending to one's health needs can often be tremendously overwhelming. This inattention to health concerns is problematic for a patient's health. When conditions such as these are not attended to, individuals face both the direct consequences of the condition and an exacerbation of otherwise minor conditions. Moreover, when access to health care is delayed a reentrant has a twelve times increased risk of death. For instance, when an individual is not holding to their regimen for HIV/AIDS, pneumonia or the flu can be fatal.

A 2011 survey of 427 individuals who returned to New Haven from incarceration demonstrated this problem. The survey found that 86% of respondents indicated that they did not have Department of Social Service entitlements in place. Over a quarter of participants report taking medications prior to release, but 30 percent of those individuals did not receive medication to take with them upon release. Even those who received medication upon release cite obtaining medication as a challenge; seven out of ten individuals taking medication before release say that obtaining medication is a barrier to reentry.

This inattention to health is devastating for the community at large as many former inmates do not have health insurance. When they fall ill these concerns are not addressed immediately, however, when they come to a head, the former inmate usually shows up in a hospital emergency room, where the bills are the biggest. As we consider the reductions in uncompensated care, it is important to ensure the care of those transitioning back into society. Recognizing that preventative care is essential to curbing health care costs we must 1) continue to fund Department of Corrections staff at DSS to quickly process Medicaid enrollments and improve the process to ensure that these enrollments occur prior to release and 2) ensure that every inmate has access to health care services once released by creating a medical transition plan upon release whether end of sentence (EOS) probation or parole.

By proactively addressing re-entry health care, we can improve health outcomes, reduce recidivism and reduce long term health care costs. Thank you for your consideration.