Good afternoon Senator Osten, Representative Walker, Senator Formica, Representative Lavielle and members of the Appropriations Committee. I am Rollin Cook, Commissioner-designate of the Department of Correction. With me today is our agency Chief Fiscal Officer Michael Regan and members of my executive team.

The Governor’s budget proposal for the Department of Correction will challenge us in some areas, however I am confident that with the support of the Governor, the Legislature, the Judicial Branch, sister agencies, community partners and the hard-working men and women of the Department of Correction we will be successful in our efforts to fulfill our mission and our mandates within available resources.

The Department of Correction has continued to examine all aspects of its business model for opportunities to improve offender outcomes, increase operational efficiencies, reduce costs and improve and enhance safety and security for the citizens of Connecticut. Despite the difficult fiscal conditions of the past several years, we have been able to make key investments in modernizing our systems. We have embraced Lean which is empowering staff to identify and implement process improvements with the ultimate goal of reducing recidivism and improving offender outcomes. Over the last several fiscal years this agency has progressively and substantially reduced costs through the closing of facilities, various housing units and annexes as the incarcerated offender population has systematically decreased. Savings associated with the closures alone exceeds $25 million.

The largest component of our operating budget is labor. Our staffing compliment is largely dictated by the size of our inmate population. Inmate population drives the costs of the prison system. Fewer inmates lead to lower costs. As our expenditures are based on our inmate population, in order to achieve additional savings, we need to continue to responsibly decrease our inmate population through improved offender outcomes. Connecticut’s incarcerated population has decreased by over 21% over the past several years and we have progressively reduced our general fund requirements by $79 million.

Future reductions in the state’s incarcerated population will primarily come from reductions in the state’s recidivism rate.

As most of you know, the overwhelming majority of individuals incarcerated in our state are eventually released back into our communities. Great efforts are made to ensure a successful transition of an offender because their success or failure significantly impacts the health and safety of our communities and more specifically, the lives of our citizens.

Providing our offenders opportunities for success, is not only the right thing to do, it is also a key component to keeping our cities and towns safe and keeping our judicial and correctional systems affordable.

Incarceration is expensive, but not preparing offenders for reentry and not supporting their reintegration into our society after incarceration is equally costly.
By reducing the impediments offenders face returning to our community, after a period of incarceration, through the provision of the supports necessary to achieve successful reintegration, I am confident that we are making a lasting and positive impact on the rate of recidivism in the state which will increase the safety of our communities, improve the lives of our citizens, reduce the number of individuals incarcerated in our correctional system and ultimately reduce the cost of corrections in Connecticut.

The path to successful reentry begins within our correctional facilities, through rehabilitative programming, education, substance abuse treatment and appropriate medical care, but it does not end upon an offender’s release from incarceration. Data tells us that successful reentry requires the application of evidence informed reentry strategies, policies, methods and services both pre and post incarceration.

DOC is working to reduce recidivism through both its facility based reentry programs and its community supervision efforts as well as through collaborative work with sister state agencies and our state’s non-profit social service providers.

Within our facilities DOC is employing numerous strategies to improve offender outcomes such as the T.R.U.E and W.O.R.T.H programs which are therapeutic environments within the prison system for young adults between the ages of 18-25 that support rehabilitation and character development.

Education is also an important strategy in reducing recidivism. There is solid evidence that links education with reduced recidivism. For example, a study by the Rand Corporation found that “Inmates who participate in correctional education programs had a 43 percent lower chance of recidivating than those who did not”. The Department employs 76 teachers and 31 vocational instructors in its Unified School District #1 to serve the needs of a population that is assessed to need English as a second language, adult basic education, GED preparation and job skills training across a wide variety of fields. We are working to enhance our educational services to leverage education’s power to reduce recidivism.

The provision of appropriate healthcare while incarcerated is essential to achieving better offender outcomes and is also required by our constitution. We must not neglect these facts and ensure we meet the national standard of care. No exceptions!

As I mentioned earlier, the overwhelming majority of incarcerated offenders are eventually released from our jails and prisons. Health care issues not addressed during the offender’s period of incarceration will ultimately be addressed by our community health care system and primarily paid for by the public – often at a much higher cost due to worsening of the offender’s health issues post release.

As I stated, states have a constitutional and legal responsibility and obligation to provide prisoners with “reasonably adequate” healthcare “at a level reasonably comparable with modern medical science and of a quality acceptable within prudent professional standards”.

As of July 1, 2018, the Department of Correction assumed the provision of inmate medical services from the University of Connecticut Health Center’s Correctional Managed Health Care subsidiary (UCONN). Over the past seven and a half months we have worked diligently to not only integrate the former UCONN operation into DOC, but to redesign, restructure and enhance how medical, dental and mental health care are provided to the inmate population. To these ends we have:
• Reviewed and revised the organizational structure of inmate medical services to improve care and create operational efficiencies;
• Implemented a Patient Priority and Transportation system to provide inmates with better and more timely access to specialty services;
• Implemented an Electronic Health Records system and an Electronic Medication Administration Record;
• An extensive review of clinical practices within our facilities is in process;
• A thorough review and update of all of our inmate medical policies and procedures is in process; and
• Issued an RFP for numerous outpatient services and laboratory services and an RFP for pharmacy services.

Our goal and our constitutional obligation is to provide a community standard of care for all of our inmates. We are currently reviewing all of the healthcare policies we inherited from UCONN and are basing our practices on national standards such as those used and publicized by the National Commission on Correctional Health Care, the American Correctional Association and the Centers for Medicare and Medicaid Services. We are seeking to employ Medical Management and Population Health Management systems which emphasize preventative care and chronic disease management. These efforts are underway, but will take some time to be fully implemented.

Facilitating care and maintaining the continuity of care post incarceration is a critical component of successful reentry. This includes helping offenders apply for health coverage and creating linkages to community health systems and providers to ensure that the investments and positive outcomes made in an offender’s health while in prison are maintained post incarceration. DOC is actively working with its sister state agencies, including but not limited to the Departments of Social Services, Mental Health and Addiction Services, Public Health, and Veterans Affairs to ensure that continuity of care is maintained.

Finally, and most importantly, is the trained and professional staff necessary to provide quality care that in turn produces long-term savings. I would like to recognize and applaud our incredible healthcare staff and their efforts under very difficult circumstances. I know it has been extremely challenging for them, especially considering the staffing concerns we face, yet they have shown up every day and given 110% in all of their responsibilities.

Upon the transition of the provision of inmate healthcare from UCONN to DOC, we inherited a significant number of vacancies. This difficult situation was compounded with the departure of a number of medical staff resulting from the natural uncertainties surrounding a change of this magnitude. To make things even more challenging, nationally there is a shortage of physicians and advance practice registered nurses, which makes recruitment difficult for all medical organizations, let alone prison systems. We have been working tirelessly and with significant resolve to fill our medical position vacancies and are making progress. Since July 1, 2018 we have hired 36 staff for our inmate medical unit. We currently have 10 additional individuals committed to starting this month and there are eighty-four vacant positions that are at various stages of the hiring process.

With regard to recruitment:
• We have posted all positions on the Connecticut jobs portal which is repeated on most other major job boards;
• Management positions were posted at Indeed, LinkedIn, and associations related to corrections and healthcare;
• We have created a short video that is included with all of our postings;
• DAS is promoting our positions in social media;
• We are using our own Twitter account to promote positions; and
• We are sponsoring a health services focused career fair on March 27th.

We continue to explore new ways to publicize our hiring needs and correctional healthcare career opportunities as well as new ways to recruit healthcare professionals.

Research shows us that offenders face many challenges in securing stable housing upon release from prison. Research also informs us that the lack of stable, secure housing is a significant contributor to an offender’s potential to re-offend. Housing is the foundation for all other programs. DOC is working with the Department of Housing and other housing groups throughout the state on permanent supportive solutions and other housing initiatives aimed at providing a stable and secure residence for offenders’ post incarceration.

Identification and access to mass transit is essential for employment (as well as for receiving vital services such as housing, SNAP benefits, medical, mental health, and substance abuse treatment). Providing state identification cards and bus passes to discharging inmates increases an offender’s chances of successfully reentering society and remaining out of prison.

Please know that we remain committed to controlling costs and pursuing efficiencies, where possible, while continuing our primary mission of maintaining a safe, professional, and efficient correctional system. The department is dedicated to honoring the rights of crime victims, and to making sure that high-risk offenders receive proper oversight and interventions as we continue our efforts to reduce recidivism, lower crime and help people overcome addiction. We will continue to strive to improve public safety for the citizens of Connecticut, to ensure a safe environment for staff, and to provide offenders with progressive opportunities to safely reintegrate into their communities as productive members of society.

I appreciate this opportunity to speak with you today, and I would be happy to answer your questions.