SENATOR OSTEN (19TH): The Department of Corrections including the Board of Pardons and Parole would [Background announcement] like to start their presentation, however you want to start this, you can go ahead and start.

CARLTON GILES: Good morning. Or good afternoon, I'm sorry, I'm Carleton Giles. Good afternoon, Senator Osten, Representative Walker. Senator Formica, Representative Lavielle and the honorable members of the Appropriations Committee.

I'm Carlton Giles, Chairperson of Board of Pardons and Parole. I'm joined, of course, I'm with Commissioner Rollin Cook and I am joined by my executive director Richard Sparaco. I am here today to provide testimony in support of Governor Lamont's proposed budget for our agency in the upcoming biennium.

The Board, as you all know, is an independent agency within the Department of Correction for administrative purposes only. As a result, the
Board's budget regularly appears as a line item within the larger DOC budget.

Currently, the Board has 70 fulltime and six part-time authorized positions with 65 fulltime and three part-time are filled. To fulfill its mission, the Board has the independent authority to grant or deny parole, to establish conditions of parole or special parole, to rescind or revoke parole or special parole and to grant pardons, commutations and certificates of employability.

Additionally, the Board is responsible for administering incoming and outgoing parole transfers and extraditions under the interstate compact for adult offender supervision.

The Board remains committed to the efficient and careful use of every dollar appropriated. As a relatively small agency, we strive to be a good steward of fiscal resources by conservatively filling only the positions required to meet our immediate needs.

Although our responsibilities have increased, we've managed to absorb costs and have refrained from requesting any additional funds above what is absolutely necessary. The Governor's proposed budget allows us to maintain appropriated staffing levels while making adjustments for state employee wage increases.

In mind of the Governor's criminal justice initiatives, in this next biennium the Board will be focusing on continuing to increase fairness in the parole revocation process with the goal of reducing the high cost to the correction system of parole violations. The Board will continue to work with agencies as stakeholders collaborate and analyze the
best available parole violation data, identifying factors contributing to returns to prison and developing strategies and approaches to lower recidivism.

Additionally, the Board is working on a new data system for our pardons division that is projected to go online live in July of this year. The new e-pardon system will allow for online processing of pardon applications and a more efficient review process for all staff.

It is imperative at this point to note that any reductions in the proposed budget will prevent the agency from moving forward with these initiatives as well as the further development of the Board's planning, research, development division, legal and legislative division and revocations and rescissions unit.

In conclusion, the Board is committed to fulfilling all of its responsibilities in the most efficient and fiscally prudent manner possible in order to best serve the citizens of the State of Connecticut.

However, any changes to funds as appropriated may compromise our ability to continue to implement programs and review and improve existing practices as required by statutory mandates.

Thank you so much for your continued support and I'm happy to provide any additional information the committee might require or to answer any questions you may have. Thank you.

SENATOR OSTEN (19TH): Commissioner, you're up next. We'll ask questions afterwards.

ROLLIN COOK: Okay, great. Good afternoon, Senator Osten, Representative Walker, Senator Formica,
Representative Lavielle and members of the Appropriations Committee.

I'm 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 and, of course, the Chair of the Board of Pardons, Carlton Giles.

The Governor's budget proposal for the Department of Corrections will challenge us in some areas. However, I'm confident that with the support of the Governor, the legislature and the judicial branch, sister agencies, community partners and the hard-working men and women of the Department of Corrections, we will be successful in our efforts to fulfill our mission and our mandates within available resources.

Department of Corrections 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've been able to make key investments in modernizing our systems. We've embraced Lean which is empowering staff to identify and implement process improvements with the ultimate goal of reducing recidivism and approving 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 dollars. The largest component of our operating budget is labor. Our staffing complement is largely dictated by the size of our inmate population.

Inmate population drives the cost 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 percent over the past several years and we've progressively reduced our general fund requirement by $79 million dollars.

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 community. Great efforts are made to ensure a successful transition of an offender because of success -- 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's 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 society after incarceration is equally costly.
By reducing the impediments offenders face returning to our community after a period of incarceration through the provisions of the supports necessary to achieve successful reintegration, I'm 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 with our -- begins within our correctional facilities; the 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.

The DOC is working to reduce recidivism for both its facility-based region programs and its community supervision efforts as well as through collaborative work with our sister state agencies and our state nonprofit social service providers.

Within our facility's Department of Corrections is employing numerous strategies to improve offender outcomes such as the True and Worth programs which are therapeutic environments within the prison system for young adults between the ages of 18 to 25, a support rehabilitation and character development.

Education is also an important strategy in reducing recidivism. There's solid evidence that links the education with reduced recidivism. For example, a
study by the Rand Corporation found that inmates who participated in correctional education programs had a 43 percent lower chance of recidivating than others who did not.

The Department employs 76 teachers and 31 vocational instructors at its Unified School District Number One 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're 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. It is also required by our Constitution. And let's 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. Healthcare issues not addressed during the offender's period of incarceration will ultimately be addressed by our community healthcare 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 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 Corrections assumed the provisions of inmate medical services from the University of Connecticut Health Center's Correctional Managed Healthcare Subsidiary that I'll refer to as UCONN from here forward.

Over the past seven-and-a-half months, we've worked diligently to not integrate -- or to work diligently to not only integrate the former UCONN operation into the DOC but to redesign, restructure and enhance how medical, dental and mental health care are provided to the inmate population.

To these ends, we've reviewed and revised the organizational structure of inmate medical services to improve care and create operational efficiencies. We've implemented a patient priority and transportation system to provide inmates with better and more timely access to specialty services.

We've implemented an electronic health record system and an electronic medication administration record. We began an extensive review of clinical practices within our facilities and a thorough review and update of all of our inmate medical policies and procedures as currently in process.

We've also 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 inmates. We're currently reviewing all of the healthcare policies we've inherited from UCONN and are basing our practices on national standards such as those used and publicized by the National Commission on Correctional Healthcare, the American
Correctional Association and the Centers for Medicare and Medicaid Services.

We're 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 an offender’s health while in prison are maintained post incarceration.

Department of Corrections is actively working with the sister agencies including but not limited to the Department of Social Services, Mental Health and Addiction Services, Public Health and Veterans Affairs to ensure the 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'd like to recognize and applaud our incredible healthcare staff and their efforts under very difficult circumstances. I know it's been extremely challenging for them, especially considering the staffing concerns we have yet they have shown up every day giving 110 percent at all of their responsibilities.

Upon the transition of the provision of inmate healthcare from UCONN to the Department of Corrections, 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 the change of this magnitude.

To make things even more challenging, nationally there's a shortage of physicians and advance practice registered nurses which makes recruitment difficult for all medical organizations let alone a prison system.

We've been working tirelessly and with significant resolve to fill our medical position vacancies and are making some progress. Since July 1st, 2018, we've hired 36 staff for our inmate medical unit. We currently have ten additional individuals committed to starting this month and there are 84 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 job boards. Management positions were posted at Indeed, LinkedIn and associations related to corrections and healthcare. We've created a short video that's included with all of our postings. DAS is promoting our positions in social media. We're using our own Twitter account to promote positions and we're sponsoring a health services focused career fair March 27th.

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

Just a final couple thoughts in around the need for housing, identification and public transportation. 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 reoffend. Housing is the foundation for all programming. Department of Corrections is working with the Department of Housing and with 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 their addictions.

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'd be happy to answer any questions that you may have.

SENATOR Osten (19th): So I want to thank you both for coming today and I'll just ask -- there are a ton of different questions that I know a lot of people here are gonna be asking so -- so I have a couple questions.

So you know that I worked in the Department for 21 years and so I actually thought it was another wise decision that I made because it gave me a career working with people and I found it to be a very, very good opportunity in my life and certainly pointed me in a lot of directions.

So can you bring to the work group -- I don't need it right now -- but the number of facilities that are still open and the census by facility?

ROLLIN COOK: Yes.

SENATOR Osten (19th): And then what are the unit -- which of the units and buildings will you be closing so that I can have a listing of that at the working group. I don't need it right now, so.

ROLLIN COOK: Yes we can, we can do that for you.

SENATOR Osten (19th): And do you have the number of correctional officers that are slated to retire in the next three to four years? And then I'll like that at the work group also, so then I can have that information.

So and how many positions are you trying to fill in the rank of correctional officer in the next little bit of time, I'd like to know that. You know, the classes -- how long are the classes now? That I'd forgotten.
ROLLIN COOK: Twelve weeks. I think they're 12 weeks long.

SENATOR OSTEN (19TH): Twelve weeks long? And so that is -- I think it was less than that when I started but that would just be my age showing, not -- not anything else. Everyone giggles next to me, so. [Laughter] So the two of them on both sides.

So we've got a problem, there's no secret here. We've had a problem with inmate medical services. And one of the problems that we've had is with female inmates. And I worked at both Niantic and York. Starting at Niantic and went to York. Actually went to Brooklyn and then went to York.

But we used to bring -- I don't need an answer on this right now either -- but we used to bring female inmates that were delivering babies to Lawrence + Memorial Hospital. And I always thought that that was a much better system than having the babies -- I'm not certain that babies should be born in prison but I don't think we wanna see that happen again and certainly there was a problem that happened with that.

Again, that's an ongoing case and I don't need you to sort of talk about that particular case but we used to bring women who delivered babies to Lawrence + Memorial and they were able to handle some of the problems that happened with babies, in particular those who may be addicted upon birth who might have some other problems based on a probable at-risk lifestyle by the mom.

And so I just want to make sure that we're looking at all possibilities so that we don't have that problem again.
And one of the other things that I think that we have a lot -- and there are numbers that I would like. I would like to understand how many people are diagnosed as chronically mentally ill of the prison system. And of those chronically mentally ill, how many are doing the entire sentence? Are they doing day-for-day, are they staying their entire incarceration because a halfway house or group home doesn't want to have that chronically mentally ill inmate because they're a lot more expensive to handle.

And how many of those chronically mentally ill inmates, when they discharge, if they've done day-for-day, are being placed in homeless shelters around the state? And I have a problem with that, sorta, I don't think that that's the wisest thing to do and maybe we're not doing that but it's a sense I have that might -- that might be happening.

And I -- across this country we have a huge problem with psychiatric services and so are we covering psychiatric services, in particular, of female inmates, many of whom are suffering from either domestic violence or they're suffering from sexual trauma pre-adolescence. So I'd like to understand if you're tracking that. That's something that I'm concerned about long-term.

And I know I'm giving you a laundry list of things but I find it easier --

ROLLIN COOK: I'm writing it, so are they.

SENATOR OSTEN (19TH): And I know most of the people behind you and I really think that the staff that you have are doing a -- you know, by and large an excellent job and they care about the job that they do.
So I just wanna thank you for doing that excellent job. I think that that's extremely important.

On the -- again, on the mental health portion of things, we used to have -- when I was a Lieutenant in the Department of Correction -- we used to have a hard time giving information because of the HIPAA law so that those people who are watching an inmate may not necessarily know that they're an inmate that's not taking their medication.

And while I don't know that we can handle that in today's budget, I'd like to understand where we're moving in regards to this issue. Because if we have the person who is taking care of someone on a day-to-day basis, a correctional officer or a shift supervisor, and they don't know that someone is decompensating because they're not taking their medication and the problem ends up with us having to possibly either remove the person or use force on the person because of a -- because of someone that may be acting out through no fault of their own because of their mental illness. I'd like to understand where we're going with that. I'd like to have a better idea on what we're doing with those who are being increasingly incarcerated and the -- that are chronically mentally ill.

My last question that I'd like to understand is you have a large number of staff that are teachers and I'd like to understand the number of students that come in have issues that have not been identified such as dyslexia and autism because national reports show that those are two diagnoses that are not being found out at the school level and we end up finding them out when they end up incarcerated when it would've been far cheaper for us to find it out
earlier and would've given that person an opportunity to be more successful.

So if you know how many of your -- in particular those under the age of 21 -- are you finding out that they're diagnosed with a previously undiagnosed special education needs.

And I wanna thank you for coming, both of you, and I know most of my questions were for the Commissioner. I'll have more questions for you later. So I wanna thank you and Representative Walker.

REP. WALKER (93RD): Thank you and good afternoon. Thank you for coming. First of all, let me just -- for my -- for Boards of Pardons and Paroles, I'd like a breakdown of your line item. I'd like to know what goes into that line item.

Somehow we have gone away from giving us the breakdowns and everything -- what is your OE, what is your PS -- and things like that.

And the other thing would be I'd like to know where you're doing any type of programming out in the state of -- in the community for people who are trying to eliminate incarceration records and things like that.

So I'd like to get that -- your schedule on that one.

And good afternoon, Commissioner, good afternoon.

ROLLIN COOK: Good afternoon.

REP. WALKER (93RD): Welcome, this your -- your first -- first visit with us.

ROLLIN COOK: Yes, everything is the first right now.
REP. WALKER (93RD): Yeah, it is. Yeah, it is. So my first question is are we at 90 percent filled for our roster right now?

ROLLIN COOK: Not -- you wanna answer that, Michael? 'Cuz we're not. So we will be getting there.

MICHAEL REGAN: We're not. We're currently I believe at around 88 percent, 87 percent.

REP. WALKER (93RD): Okay. The reason why I asked that is because one of the line items in this budget says "Reduce overtime funds maintaining at 90 percent." We haven't reached the 90 percent so we're reducing already and we haven't even reached the 90 percent.

So that -- that would -- that sort of started (sic) me when I started looking at your budget. I mean there's a litany of reductions in your budget that, I mean, just -- that's like $10.1 million dollars in closures, in reducing overtime, in reducing overtime in parole at community services.

I wanna understand how there's an expectation that we can achieve that. If you think that that's possible then I'd like to know how we can do that.

But I don't think we can and not have crime go back up. In looking at your budget, I looked at it there and it was funny because it was when you said it in your testimony when you said that your -- your majority of your -- your costs are personnel. I said, "Oh," so I looked at -- looked at it and you know, sort of balanced that out and then I realized only less than five percent of it is actually community services which keep people in -- in the community.

ROLLIN COOK: For parole.
REP. WALKER (93RD): For -- for community support services. Your community support services is only $34 million dollars. And -- or thirty -- yeah, $34 million dollars and I mean that's a small amount if we are trying to -- we're trying to maintain a good percentage of recidivism not happening in -- in here.

I applaud the fact about the drivers' license and the ID, that's huge for -- for working with the population out there in the community so I definitely thank you for that support.

Going onto -- so going onto your reduction in overtime and then also talking about how you get to that point. I tried to figure out so I looked at the fact that you -- you have a deficiency, this -- this -- that came up in the end of June. You didn't but -- the previous administration did.

And I looked at the amount that you had for -- for deficiency and it's about $38 million dollars and 20 of it is medical.

ROLLIN COOK: Mm-hmm.

REP. WALKER (93RD): So I'd like to know how many of your staff that you have here that's 6117. First of all, how many of them -- I don't know if I heard you answer. How many of the 6117 are filled positions?

And then how many of those positions, if they are, are -- are attributed to the medical services group? And the reason why I ask that is according to our sheets, this -- the 6117 that I have on my sheet, that's been since 2018 and you just took over UCONN medical in 2018 so I'm a little concerned because I don't see how we're automatically blending that into the numbers.
Was UCONN medical part of your staffing numbers? And you wouldn't know that but would somebody else be able to tell me that?

MICHAEL REGAN: I can. UCONN staffing numbers were not part of our -- our complement -- prior to July 1st.

REP. WALKER (93RD): That's what I thought.

MICHAEL REGAN: Yeah, and since -- since then, we've transitioned over or hired up about 624 medical staff. That includes administrative staff associated with the medical unit as well.

REP. WALKER (93RD): Okay, so do you understand my confusion?

MICHAEL REGAN: I believe what you're saying is that you're concerned that the -- the authorized count hasn't changed?

REP. WALKER (93RD): Yes. And the fact that it hasn't changed and then we're trying to staff up and then I look at your numbers going on, going forward with this, you're talking about increasing your numbers and I don't see that on the sheets either.

So I don't see that incorporated in projections for positions, fulltime positions for DOC. So I'd like to understand where are these positions going to be placed and where they're gonna be paid for, I guess, and trying to understand that.

So the -- the medical staffing, the contract for two RFPs that we sent out, one for the pharmacy and one for the -- the actual operations. Are they gonna be incorporated into your -- your fulltime count or is that going to be a privatized or outsourced, I should say. Outsourced contract that covers staffing.
MICHAEL REGAN: The RFPs aren't for staffing, they're for services and those are for the services that are performed within our facilities.

The way our model works is all the medical care that -- we provide primary medical care within our facilities, just like you would go to your primary care physician.

REP. WALKER (93RD): Right. Right.

MICHAEL REGAN: For specialty services, we would contract out for those so if they needed to go to an orthopedist or an oncologist, we would contract those services so it would not be displacing anything that's currently done and it would not -- they wouldn't be staff, they would be contracted services so it could be any provider that --

REP. WALKER (93RD): Okay so -- so if I'm reading this right, we have inmate medical at 100 and -- or 98 -- $98 million dollars. That is the contract that we are going to -- or is that the staffing that we're going to be paying for?

MICHAEL REGAN: Ninety-eight million dollars?

REP. WALKER (93RD): Yes.

MICHAEL REGAN: I have no idea what she's talking about. Okay, the agency requested -- now that -- that figure, that's the inmate medical services line item within -- within the budget.

REP. WALKER (93RD): Correct.

MICHAEL REGAN: That pays for both PS for our staff plus our OE. So that would be -- those contracts will be part of the OE portion of that.
REP. WALKER (93RD): Okay. I may have this blank look like I don't understand, it's probably because I don't. So I just -- I would just -- if you could just break it down for us, that's all. If you could give us -- because I have -- I have staffing, I would like to know what are your staffings that you have that are with DOC and your personnel. You have 408 -- okay, 300 and -- $393 million that are personnel.

MICHAEL REGAN: Yes.

REP. WALKER (93RD): So what part of that are medical and what part aren't, okay? You don't need to tell me now, you can bring it to the group.

MICHAEL REGAN: Okay.

REP. WALKER (93RD): No, no, I -- these are questions that I want to be brought. And I'll stop because I'm confusing myself so I'll -- Senator -- Senator Winfield.

SENATOR WINFIELD (10TH): Thank you, Madam Chair. As I'm listening to the conversation with Representative Walker, I'm still not sure if your authorized count needs to go up or not. Someone just -- yes or no.

ROLLIN COOK: Yes sir. Are you talking about our officer positions? To get it -- to get it to 90 percent?

SENATOR WINFIELD (10TH): I'm talking about Representative Walker's question about the medical staff not being included and does that affect what your authorized count actually needs to be?

MICHAEL REGAN: Right now, as I said, we've hired on about -- transitioned over or hired a total of 624 people within our medical unit. We have 84
positions that are in various stages of hiring and we're filling another ten this month. So that would be our medical unit.

Currently we have about 5,952 fulltime employees. And that includes those medical staff and that's a difference of around 200 positions between our authorized count and our current filled. I don't know if -- if that answers the question.

SENATOR WINFIELD (10TH): It's okay. [Crosstalk] It's okay, I'm going to send you a very detailed request prior to the work group so that it is crystal clear what I'm asking.

So one other question. Your hires versus what you need. So you have 36 you've hired plus ten, that's 46 and I -- I get all of that. How many people do you have in -- in this part of the system that are actually going away, right? Because you're trying to get -- so you had a deficiency in the number of people that you had to do the work. You've made efforts to increase that number by hiring -- applaud you. But how many people are retiring, leaving -- how many people do you project? Because that would actually increase [crosstalk].

ROLLIN COOK: You mean just for medical, Senator?

SENATOR WINFIELD (10TH): Yes.

MICHAEL REGAN: I don't have that information with me today but we can get that for you.

SENATOR WINFIELD (10TH): Okay, that's important because if you're hiring people and it puts you below or right around the number that you're currently at, that doesn't satisfy what you need to be doing. And as I - I know the prior commissioner and I would assume that the current commissioner
believe that inmate medical problems is probably one of the most important things that we deal with and so one of the questions that underlies everything we're doing here -- recognizing that this is the budget section, is what you're going to be doing to deal with that problem. And if we're hiring people to get right back to where we are, then it doesn't appear to me that we're doing enough.

And so to that question, I guess, I don't understand given that -- let me ask a question. The inmate medical services in your budget, you have 98, the government has 85. What does that do to what you intended? I'm assuming that you put that 98 in there for a reason.

MICHAEL REGAN: That was based on our -- our best estimate projection at the beginning of the fiscal year. Recommendation goes in in September. At that time we had about a month's worth of data on our inmate medical operation.

It transitioned from UCONN to DOC July 1st.

SENATOR WINFIELD (10TH): Are you suggesting that the governor's number reflects what actually is -- or I'm trying to figure out what that difference means to you running the system.

ROLLIN COOK: I don't know the answer to that.

SENATOR WINFIELD (10TH): I need -- we need to know what that number actually means to you. My assumption is that when you put in your recommendation, you put in the recommendation for a reason. I'm hoping that reason is so that you can run the system efficiently and effectively.
A change of that amount, particularly given what's happened in this state seems to me to be a larger number change that should ever happen. I could be wrong. I would like you to provide me with the data that would show that I'm wrong.

ROLLIN COOK: Yes, sir.

SENATOR WINFIELD (10TH): On the IDs, I have a question. So it says that you have about 8,800 inmates who would possibly avail themselves with these IDs. Is that in both years of the budget?

MICHAEL REGAN: I'm sorry, could you repeat that, please?

SENATOR WINFIELD (10TH): So the inmate IDs, 8,800, I did a little math and if you took it -- there's two different numbers, there's a $30 dollar number and a $22.50 number. If you took the $22.50 number, divide it into -- you have about 10,220. If you took the $30 dollars, you have about 7,665 which indicates to me that what you actually did was a combination of the two. Just kind of figuring out what you might have out of the 8,000. But then it appears that that means that in each year you're talking about 8,800, is that correct?

MICHAEL REGAN: I'm not sure -- I'm not sure on that number, I'd have to get back to you on that.

SENATOR WINFIELD (10TH): Okay, I would like to know that because that -- I'm not sure that that sounds correct to me and I will say to you I'm very much about these. I actually spent a number of years trying to push this through here and finally got it through. So I'm not against it, I just wanna know what we're doing here.
And then just a general question that I hope that we can get answers. And I don't know if you've done this yet but you looked at other parts of the budget and seen what changes in other parts of the budget will do to the prison system because some of the changes we're making in other parts of the budget may increase the need for -- not the need -- may increase incarceration. I won't say the need because I don't think we need to incarcerate people. But the choices we make sometimes lead to that.

ROLLIN COOK: That's an answer that I can -- I think I can finally answer for you and I'll tell you yes, we did a complete evaluation just in my short time here and I know that they were working on it before then. And so we're constantly looking at it to see if there's areas that are gonna be affected by a change that we make. And I would tell you that that's always a fear. But you try to analyze the very best you can and anticipate where those problems are going to be.

So I would say yes, in my short time here we've been doing it as well.

SENATOR WINFIELD (10TH): Okay, if you could kind of -- not right now but when we come back to the work group, if you could give me more information on what your analysis shows, and I guess a similar question on the Board of Pardons and Paroles, so as I look at the numbers on the Board of Pardons and Parole and in terms of the 7.1 million and 6.5 million, and then I read the testimony that was offered, "The Governor's proposed budget allows us to maintain appropriated staffing levels while making adjustments for state employee wage increases."

I'm assuming that the number that was put in was to make sure that you could do everything you needed to
do, you weren't putting numbers that were provided. So if that is the case, how does that reduction allow you to keep doing what you needed to do?

CARLETON GILES: Some of that, Senator, is reflected in the fact that we don't know what the Governor will do in terms of sending folks over to us. So we have that staffing level that we have to be prepared for.

SENATOR WINFIELD (10TH): I'm not sure I understand how that actually answers my question. But again, I guess I will send you a very detailed question. It will be later today.

CARLETON GILES: Okay, all right, we'll get the information for you, I'm sorry if I missed --

SENATOR WINFIELD (10TH): Sometimes we just can't get it done in this -- in this meeting. So I want to thank both of you for your time and welcome, Commissioner.

REP. WALKER (93RD): Thank you. Representative Candelaria.

REP. CANDELARIA (95TH): Thank you, Madam Chair. Hello, Commissioner. Just a quick question. Actually, a couple questions. In our budget document, it says that you're reducing overtime because of your fulfilling your 90 percent master roster. Yet you're around 85, 86 percent currently. How long would it take you to reach that 90 percent?

ROLLIN COOK: Well, I would assume it's one more class, Representative. We have a class that's either gonna start in April or May and that would bring us up to that 90 percent number.

REP. CANDELARIA (95TH): Also, you're reducing the overtime for Parole Community Service by a million
dollars. I just want to know kinda how you plan to achieve that. You don't have to give me an answer now.

And how much was the -- when we had our services at UCONN, UCONN was providing our medical services, do you know how much that line item was for? Or anybody knows the answer to that?

MICHAEL REGAN: In fiscal year '18 it was $82 million dollars.

REP. CANDELARIA (95TH): Eighty-two million dollars. For how many positions?

MICHAEL REGAN: That I don't know.

REP. CANDELARIA (95TH): If you can get me that, how many positions. And do we know how many positions we currently have now? Because the reason, I understand that we're short over 100 positions. And I'm a little bit concerned about the quality of care that we're providing to our inmates. So if you could provide me that answer.

And also, if you can provide me what is the rate -- the ratio between provider and inmates. That's important for me to know.

Also, right now you're outsourcing for pharmaceutical services, right, the pharmacy services? How are you providing that currently right now?

MICHAEL REGAN: We currently have an interim contract with the University of Connecticut and they are acting as our -- our pharmacy.

REP. CANDELARIA (95TH): They're acting as the pharmacy. Okay, thank you for that and also, how are you managing specialties and other outside
services that the inmates may require? Can you provide me a little bit about that as far -- you don't have to do it now. I just wanna know what your referral process is and how are you managing that. Are inmates getting all the specialty services that providers are referred them for. So if you'll get me that information then that'll be great. And I have other questions but I'll turn it over for this to ask. Thank you, Madam Chair.

REP. WALKER (93RD): Thank you. I just want to piggy back off of the question about the pharmaceuticals. So you're saying that -- that UCONN is providing it. Now with that -- with that contract that we have with UCONN, we are the ones that have the authority for bulk purchasing. Does that mean that UCONN is piggybacking off of our purchasing powers in order to fulfill this contract?

MICHAEL REGAN: I do not know how they go about their pharmaceutical procurement. We are essentially piggybacking off of what University Health Center does for John Dempsey and their other providers through their pharmacy.

ROLLIN COOK: We'll get that answer for you, though.

REP. WALKER (93RD): Yeah, would you please because I do believe that was a sticking point that we had last year with them because they wanted the ability to -- to utilize our purchasing power and if that's the case, then I just wanna know what are we getting out of that deal. Senator Formica.

Okay, Representative Lavielle. Maybe I'll find something to make you ask a question about

REP. LAVIELLE (143RD): Thank you, Madam Chair. Thank you for your testimony. Just a few pieces of
information that would be helpful to us in the -- in the work sessions.

And one, I -- you've had an awful lot of requests for information and perhaps some of this will be buried in there. But I'm -- I'm looking, for example, just at the budget summary. Where, for example, for inmate medical services which is obviously a big issue. The -- your request was for what it was, $98.9 and $102 million of the two years.

And the Governor has asked for substantially less, in one case something very close to what -- in '20 very close to what you had in '18.

So I just wanna get a handle on whether that's going to enable you to accomplish everything that you're doing and what the, you know, what exactly, I think Representative Walker asked you a while ago for the breakdown of the line items. But you know, does -- does -- what -- what was covered in what you asked for that you wouldn't be getting given the Governor's recommendation?

Second, when you discussed the RFPs, it's not -- it's not altogether clear to me whether we have a pretty solid idea of what you're going to be willing to accept as financial terms in those RFPs so that, you know, we know how much. Do you have a clear estimation already of what you'll be paying for the offers you select? So any information on that would be helpful.

And finally, the unit and building closures which have allowed you to save some money over the years and going forward. I was just curious as to whether anything is -- do any of those buildings belong to the Department? And is anything being done with
them as a consequence of their being closed. Are they -- are you able to use them for any profitable purpose or revenue -- revenue-generating purpose?

ROLLIN COOK: I believe all of those are units of a larger facility so there wouldn't be any -- the facility wouldn't be completely shut down, it would simply be the units that are shut down. And then the staff reallocated to different units within that facility or other facilities as necessary. So it doesn't pre-up --

REP. LAVIELLE (143RD): It doesn't change the facility cost either, I guess, except maybe some utility cost.

ROLLIN COOK: It could change facility cost a little bit, yes, based on power usage and things like that. But probably not to the level that you were speaking of before.

REP. LAVIELLE (143RD): Yes.

ROLLIN COOK: But we can provide that to you as well, if you'd like that.

REP. LAVIELLE (143RD): That would be great, thank you.

ROLLIN COOK: Okay.

REP. LAVIELLE (143RD): And finally, this probably falls into Representative's Walker ask a while back. But just some insight into the -- what you were asking for under the Board of Pardons and Paroles and the difference between that and what the Governor has recommended.

CARLETON GILES: So we'll get that information to you.
REP. LAVIELLE (143RD): Wonderful.

CARLETON GILES: That was what Senator Winfield asked for. Thank you.

REP. LAVIELLE (143RD): Thank you very much, appreciate it.

SENATOR OSTEN (19TH): Thank you, Representative Dathan. Then Representative Johnson, then Representative Rosario.

REP. DATHAN (142ND): Thank you, Madam Chair. Welcome aboard. Thank you very much for your information today, I find it very useful.

I just wanted to follow up with Senator Osten's request for the census. I'm wondering, just wanna make sure for the avoidance of doubt within that census you can indicate how many staff members are in each of those. Break them out by sort of job roles, if you will, as well as the number of prisoners -- prisoners and inmates at those facilities. And if there are any sort of like more at-risk prisoners or things like that, if you can also include that in the census.

ROLLIN COOK: Okay.

REP. DATHAN (142ND): Also, I was wondering do you all have a trend analysis? You talked here that the incarcerated population has decreased by over 21 percent over the past several years. Do you do any sort of trends?

ROLLIN COOK: We do and then also OPM does a lot of that information so we could provide that to you as well.

REP. DATHAN (142ND): Yeah, so I'd love to see like maybe like the last ten years by prisoner or inmate,
excuse me. Inmate and also if the inmate -- of the total inmates, how much are reoffenders in those numbers, on an annual basis. And also, if you can also highlight on that same chart the total general fund requirement for each year.

ROLLIN COOK: The total what? I'm sorry.

REP. DATHAN (142ND): General fund requirement per year.

ROLLIN COOK: Oh, okay.

REP. DATHAN (142ND): And in your -- so my second question really is in your opinion with our facilities, do we have any opinions of a total facility that we could maybe not use and transfer inmates to maybe some of the other openings that we have?

ROLLIN COOK: Thank you for asking a question that I can answer.

[Laughter]

REP. DATHAN (142ND): Thank you.

ROLLIN COOK: Thank you. Thank you. So we have already looked at that and I would tell you from a corrections professional's point of view, you want to have a variety of different areas that you can manage different inmate populations. That allows you to one, classify them into the different classifications that you were even talking about. But also allows you to do programming and rehabilitation and education.

And each one of those facilities has some of those -- some of those things available to them. But then other times they don't. Some facilities may be a little bit weaker. We don't wanna shut that down
because then we would lose the ability to do that -- that type of programming.

So thank you again for asking a question that I knew the answer to.

REP. DATHAN (142ND):  I'm here. Thank you very much for your testimony and thank you Madam Chair.

REP. WALKER (93RD):  Thank you, Representative Johnson then followed by Representative Rosario.

REP. JOHNSON (49TH):  Thank you, Madam Chair and thank you -- over here.

ROLLIN COOK:  There you are, sorry.

REP. JOHNSON (49TH):  Thank you for your testimony and your work and congratulations.

I just have a few questions and you can bring the answers to our meeting. One is to address a little bit more detail about the inmate medical services. I'm very concerned about the reduction, especially given the history that's occurred in the last few years.

And also, looking through your testimony, the standard of care that you have for different levels of incarcerated folks, I think that we need to take a look at what their -- what their level of care might have been, say for example, if they were in another type of facility.

If they were in a nursing facility, for example. What kind of standard of care would they get in that type of environment, say if they've got diabetes, psychosis, these kinds of things that would be going on someplace else, how would you address that? How would it be addressed, say for example in a behavioral health facility? Is it comparable?
So if we could find out what the levels of care are and what you're doing and if -- whether or not you're staffed adequately, whether or not the attention physician -- by the physician -- is as given the same as it would be in a different type of facility. I think that it would be comparable. I know that you're looking at national standards, according to your testimony, but I think that maybe we have pretty good standards in Connecticut for other types of facilities so it might be something to compare and contrast with. Just because I think it's going to be easier for us to be able to standardize the care based on what's going on in Connecticut, perhaps.

And other standards, when you look nationally, they may have a different type of a system so I wouldn't want to compare it say to a privatized system. I'd want to try and do something that would be more publicly oriented.

ROLLIN COOK: I would say we'll be happy to do that. We'll make sure that we show that to you and I think Representative Johnson, one of the things you're gonna see is that the care that people receive inside correctional facilities, the standard of care is oftentimes higher than what people receive in the community. But we'd be glad to show that to you.

REP. JOHNSON (49TH): I don't mean in the community when they're outside in their homes, I mean --

ROLLIN COOK: Yes, ma'am, we'll make sure that we provide that to you.

REP. JOHNSON (49TH): Great, thank you for that. Okay, the second question is having to do with what occurs when someone is paroled. I know that a lot of times people are paroled and they -- if they're
paroled early and they haven't served all their time because they have been able to obtain some sort of credit, that they are put into maybe a halfway house and a work environment.

We need also to take a look at what happens when they fill out their fulltime and they're not placed in these things and they're just left on the street which is my understanding that occurs. And too, are left to be fending for themselves or put into homeless shelters which is really problematic, particularly since many of the homeless shelters are closing down in the whole region in Eastern Connecticut.

So I wanna make sure that there's a plan that we can put into effect that doesn't allow the discharge of people into the -- into the community without a place to live without a -- without access to maybe some type of identification so that when they get out they have access to medical care that would be followed up. A connection maybe between the Department of Corrections and the local Federally Qualified Health Center or some other type of provider that -- in that circumstance, too. So any information you have about that and how that's occurring all throughout the state would be really helpful.

ROLLIN COOK: Yes, ma'am.

REP. JOHNSON (49TH): And then finally, with respect to workers compensation, I see that you have a worker’s compensation hearing on line items. I'd like to know what happens when an employee is injured and -- what the rate of return is back to work after the injury.

ROLLIN COOK: Okay.
REP. JOHNSON (49TH): And how long will it take to get them back because oftentimes our workers compensation system in the state has been holding up people's treatment so I'd like to know what kind of turnaround you have there.

ROLLIN COOK: Okay.

REP. JOHNSON (49TH): Thank you so much. Thank you, Madam Chair.

SENATOR OSTEN (19TH): Thank you very much. Representative Rosario.

REP. ROSARIO (128TH): Thank you, Madam Chair and welcome, Commissioner Cook and Chairperson Giles to the -- back to the Appropriations Committee and to the State of Connecticut.

I have a question regarding healthcare as you're sensing a trend. But specifically, towards opiate, the opiate treatment. I understand there was a black market on Suboxone in our correctional facilities and I just wanted to see if there's an update on if we're prescribing it legally to our inmates at the moment.

ROLLIN COOK: I don't -- I'm hearing no from behind me. So I assume that we're not, in regards to Suboxone itself. And you're right, that is a oftentimes considered across the country, it's contraband for sure inside of our correctional facilities and stuff, obviously. But I don't believe it's being prescribed in our facility at this time.

REP. ROSARIO (128TH): Well, that is very concerning news. I have a -- a loved one who's currently incarcerated in the system right now and he's suffered an opiate addiction throughout the better
course of his adult life and to see that -- that people have to get it illegally is something that's very concerning.

ROLLIN COOK: Do they -- I believe -- that's what I was gonna say, I believe there's other formularies that they use for those types of things whether it's methadone or other things that they use rather than Suboxone. I would assume that they would provide that to the -- to your loved one when they're there. So we can talk -- I mean we could provide, again, information on that as to why typically it's not -- it's not provided, that particular prescription. As part of that presentation when we come back to the work group, if you'd like.

REP. ROSARIO (128TH): Absolutely. Thank you.

ROLLIN COOK: Yes sir, thanks.

SENATOR OSTEN (19TH): Thank you very much. Senator Formica.

SENATOR FORMICA (20TH): Thank you very much. Good afternoon and welcome. I was spurred into a couple of questions here with regard to facilities closing. We have in East Lyme, Gates has been closed for a number of years. I wondered if you noticed some potential buildings being closed -- I wonder if we can get for the working group kind of an accounting of how much it costs to keep those buildings closed and what, if any, we have plans to do anything with those buildings, even if we can. I'm not even sure.

Gates was a fairly large facility that was, you know, they put a lot of money into it years ago and I don't know what you really do with those things. But if you could give us an idea how much that's costing.
Do you have any idea of that now or --

ROLLIN COOK: The only thing I can tell you is typically, from my own experience in Utah, those facilities are often mothballed so there's -- in fact it's very difficult to get them fired back up. It can be very expensive to do such things.

So I'm assuming they did the same thing here to minimize the amount of cost for, you know, the different types of utilities and things like that. It's all shut down.

In fact, I was asking those types of questions when we were discussing what units we could possibly shut down or even what facilities we could use better for the juvenile population as well.

SENATOR FORMICA (20TH): Yeah, consolidate. So I think at one point they were using the kitchens, right, to distribute --

ROLLIN COOK: I believe so.

SENATOR FORMICA (20TH): I believe so in Gates. I don't think they're doing that anymore.

ROLLIN COOK: I don't think so. The Gates was the one that when I was doing my tours around to the different facilities that I lit up a little bit that it would be nice to be able to use that one again but they told me that it had been mothballed so to speak so it'd be very expensive to get it up and running again.

I think the other problem with that particular facility is just sometimes it's very far away from families so it's difficult for them to get to that facility so that's a challenge as well.
SENATOR FORMICA (20TH): So I think I may have mentioned, Commissioner, during the conversation we had that at the last meeting where I met you and about the sewer allotment for the town of East Lyme. There's a lot tied up with Rocky Neck, there's a lot tied up with Gates, there's a lot tied up over there that, you know, could be better put to use as those communities are all growing because now the beach systems in Old Lyme are looking to come on board and East Lyme and then Waterford and then New London.

So if there's a way, if we're not gonna be utilizing that, you know, is there a way that that capacity could be folded into the system if we're gonna do it. That's part of my interest in the -- in the question.

So and then CJTS, if you could, for the committee, come back with a, you know, how that's affected you.

I'm sorry, I thought somebody was talking to me in the back. How that's affecting you, certainly, with regard to staff transition and all of that, just kind of have a detail of that and I think that's it. Thank you very much.

ROLLIN COOK: Thank you.

SENATOR FORMICA (20TH): Thank you, Madam Chair.

SENATOR OSTEN (19TH): Thank you very much.

Representative Candelaria.

REP. CANDELARIA (95TH): Thank you, Madam Chair. I just have a couple follow-up questions. In regards to the closures that you have. You have sags of 3.9 approximately. I'm curious to know where you moving -- if any personnel with that percentage is being moved to. Have those closures already established
or are we in that process -- in the middle of that process, those closures?

Because we're putting in the savings -- oh, you're doing fiscal year 2020 so I want an idea when do you foresee that these closures will happen and where would that personnel go to? Where would they be allocated?

Also, when it comes -- I just wanna go back to the -- to the medical services. What standards of care are you utilizing? I know you may not have the answer and who oversees your standards of care? Are we just providing care without any -- I'm assuming you have no supervision but what standards do we follow to ensure that we're providing adequate care for our inmates?

That's one. Also I would like to see if you can get me -- I wanna see how we have improved the health of our inmates. I wanna see what their A1C was three months ago, where they are today. Are we managing that? You know, diabetes, the high blood pressure -- how have we improved the care of our inmates?

Because my concern is that if we're not providing the -- if we don't have, first of all, the medical staff to provide the quality of care that we're looking for then I'm assuming that when we look at the health of our inmates, it hasn't changed. So I would like to see that in detail. You don't have to provide it now, maybe you may have it for the work group if you don't have it by then but at some point I would like to see that information.

ROLLIN COOK: Okay.

REP. CANDELARIA (95TH): And thank you, Madam Chair.
SENATOR Osten (19th): Thank you. Representative Porter.

Rep. Porter (94th): Thank you, Madam Chair and good afternoon, Chairperson Giles and Commissioner Cook. Just a couple of questions. Regarding the 220 inmates opioid treatment, can you tell me what other use disorders that you have with DOC as far as inmates go? What else are you medically treating besides opioid addiction? That can be for the sub-committee, you don't have to answer that now. But that's one thing that I wanted to know.

And the other thing is hospice care. How many inmates do you currently have on hospice care and how many of those inmates have six months or less to live?

Thank you, Madam Chair and thank you both.

Senator Osten (19th): Are there any other comments or questions? Seeing none, thank you both. See you at the working groups.

So I'm wondering, is Probate here? Oh, there you go, guys. Come on up.

Paul Knierim: How are you?

Senator Osten (19th): You can start whenever you're ready.

Paul Knierim: Thank you. Good afternoon, Senator Osten, Representative Walker, members of the Appropriations Committee.

Senator Osten (19th): Do we have any testimony today? Did you bring any with you?

Paul Knierim: Yes, I submitted written testimony earlier.
SENATOR OSTEN (19TH): Do you all have it over there? Go ahead, you can start. Thank you.

PAUL KNIERIM: Okay. Thank you. My intent anyway is to summarize it. But I'm Paul Knierim, Probate Court Administrator. With me is our Finance Director, Andrea King. And also our new Legislative Liaison, Jason Bowser. You may be accustomed to thinking agriculture when you see him but hopefully going forward you'll think probate. Actually, you'll think full funding probate when you see him. That's my hope.

Thank you very much for the time to offer some thoughts about the probate court system budget this year and thank you for your support in years past through some challenging periods of time.

I'm here to explain why the appropriation amounts contained in the judicial branches recommended budget for the probate courts is an absolute necessity for the probate courts this year. Those numbers are -- fiscal '20, $7.2 million dollars. Fiscal '21, $12.5 million dollars. In comparison, the Governor has recommended adjustments, would flat fund us relative to the current year at $4.4 million dollars for the next two years.

It's also imperative that I alert you to a serious concern associated -- an additional concern with the Governor's budget proposal in regard to the change with the estate tax filing deadline. That change causes a one-year $7 million dollar reduction in probate fee revenue in fiscal '20.

The combined effect of those two things -- underfunding and the change to the estate tax together would cause us to have a $14 million dollar
operating deficit next year, leaving us insolvent during the course of that fiscal year.

Now, back to our funding requests, just a couple of brief comments on it. In developing the requests included in the Judicial Branch's recommended budget, we strictly adhered to two key principles. First, we limited our request to items that were either driven by external cost increase factors beyond our control or things that would improve the long-term efficiency of the probate court systems operation.

Our second key objective in developing the budget proposal for you -- and this is very important -- is to prudently use the remaining surplus in the probate administration fund that we have today in a way that eases the impact of our funding needs on the general fund. The committee will recall that our general fund support was eliminated altogether in fiscal '16 and the support for the courts today is well below what it was before that time.

As I alerted the committee in my testimony last year, we've been able to smooth that situation because we had a surplus in the probate administration fund but that arrangement comes to an end in the upcoming biennium and that's what's so critically important.

Our proposed budget would draw down the remaining $4 million dollars of surplus in the probate administration fund in fiscal '20 meaning that there's no remaining surplus for fiscal '21 and that's the reason why the numbers go up appreciatively between the two years of the biennium.
I hasten to add that our careful plan to make use of the surplus to ease impact on the general fund works only if the budget suspends the automatic sweep of our fund that would otherwise happen on June 30th. If that doesn't happen, our general fund appropriation for fiscal '20 would need to go up by $4 million dollars.

I mentioned the proposed change on the estate tax filing deadline. Just a couple of more details on this. The bad news is that it causes a one-time reduction in probate fee revenue and that's because we expect about a quarter of the estates that would ordinarily be filing and paying their probate fee in fiscal '20 will be able to defer that payment until fiscal '21 and it rolls forward from there. So we never catch up on that unless we were to go back to a six-month filing deadline at some future point.

So fortunately it only affects us for one year, not ongoing but it's a serious gap. Nearly 25 percent of our decedent estate fee revenue in the next fiscal year and as I've told you many times, the SENA state fee revenue is the engine of the finances of the probate court system.

So if the budget were to flat fund us as per the Governor's recommendation, our fund balance in tandem with that estate tax change would fall below zero in the coming fiscal year. We'd be insolvent during the first of the fiscal year.

If worse yet, the sweep is suspended and we are not fully funded, our projected fund balance at the end of fiscal '20 is a negative $6.5 million dollars. Bankruptcy in short.

I'll close by just offering a reflection. As the committee considers our fiscal needs, I urge you to
keep in mind the enormous value proposition that the probate court system represents to this state. You'll hear from some judges later this evening about particular services, functions of the court with respect to children and seniors and persons with disabilities.

But for now let me stress three what I consider very key points. First, if I could, although you may not have my testimony just yet, there is a chart on the very last page of that testimony that looks like this, a yellow bubble chart and I hope you can have a look at it shortly.

What it demonstrates is what a crucial role the probate courts have with many other state agencies. So the -- the other circles here are all other state agencies.

And the enormous savings that those agencies achieve as the result of the family-centered community-based services that the probate courts facilitate. It's hundreds of millions of dollars per year in comparison to the $50 million dollar per year cost it takes to operate the probate court system per year.

I do regret you don't have the copies because there are a couple of charts I was eager to show you but the other point that I think is so important is how small the general fund appropriation is relative to the cost of running a probate court.

So in the next fiscal year, our recommended general fund appropriation is $7.2 million dollars against an operating cost just shy of $51 million dollars. That's only 14 percent of the operating cost of the system. If you put together those two things, the hundreds of millions of dollars that state agencies
save from our services and the leverage that the state has, how little general fund appropriation it takes to operate the probate court system. It's enormous leverage and it's an enormous value proposition from my standpoint.

Finally, I ask you to bear in mind how cost-effective the operation of the probate courts is. Our caseload is up 29 percent over the last five years. That's enormous growth. That's almost six percent year in and year out. And the mental health arena in our caseload is up 56 percent in that same time period.

Despite that enormous growth, we are a far leaner system than we were eight years ago when you asked us to consolidate. We closed over half of our courts. To date we've saved the state $32 million dollars in operating costs by doing that.

And we've managed through this rapid rise in our caseload only by embracing efficiencies wherever we can find them, technology to improvement efficiency and streamline procedures. The bang for the buck from the system is really enormous.

So with that, I appreciate very much your hearing me out and happy to answer questions and urge both the funding numbers and the branches recommended budget and suspension of the sweep because that is so, so important.

Thank you.

SENATOR OSTEN (19TH): So we're printing out our copies for your presentation.

PAUL KNIERIM: Thank you.
SENATOR OSTEN (19TH): We should have that -- and Representative Walker will be first followed by Representative Johnson.

REP. WALKER (93RD): Good afternoon. Thank you for coming and testifying.

PAUL KNIERIM: Good afternoon, Representative.

REP. WALKER (93RD): One of the things that really should've shocked me when I went to traditional legislative breakfast in New Haven, I asked them, I said, "If some horrible reason probate court goes out, runs out of money, what would happen to your court? What would the cases and what court would be impacted the most?" And they said family court.

And family court is the most crowded of all the courts that they have right now. I think they average -- in New Haven they average over 1200 cases a year and part of the problem is addressing family needs. So the value that you provide in addressing what you do now, it's important for everybody to understand. I think that's critical going forward.

I would like a sheet -- one sheet -- from you which is -- you may have it here, let me see. No. I need it a little bit clearer, one page, that sort of talks about two what-if scenarios. One is getting the full funding that you have and what happens if you don't get the funding. And where are the impacts, you know, with the estate tax, with the -- I think it's with 2.8 that's being reduced in the Governor's budget for --

PAUL KNIERIM: Yes.

REP. WALKER (93RD): -- and the 8.9 -- those things. So that we can see exactly very clear, just the numbers. We can read the content but we need to see
just the numbers of what the impact is. And how many courts you have and how many judges you have.

PAUL KNIERIM: Thank you, we can do that.

REP. WALKER (93RD): Thank you. Thank you, ma'am.

SENATOR OSTEN (19TH): Representative Johnson.

REP. JOHNSON (49TH): Thank you, Madam Chair and thank you so much for your testimony today, I really appreciate it and the work that you do in the probate courts.

PAUL KNIERIM: Thank you, Representative.

REP. JOHNSON (49TH): So one of the -- one of the programs that has been put together in the last several years is the children's court and so I'd like to know more about how the children's courts are doing, which communities they serve, exactly how the social work -- social workers you have in these courts are addressing a lot of the family needs in the circumstances and again, I think Representative Walker has a really good point to make in terms of what would happen without the children's court and the probate court system. It's one of the systems that I think that is really not thought of very much in general. People do think about the estates and that sort of thing but they don't really stop to think of all the work that is done by the probate court with respect to the issues having to do with small children.

The other thing is a program that I mentioned earlier today and that's the Melissa Project and I think it's valuable and very important to helping people -- people stay in the community getting the coordination of services that must occur.
And also, another part of the work the probate court does that is really very important to stopping the people from being incarcerated or hospitalized, having that coordination of service that you do is -- are two of the things, I think, that really, really make a difference for people.

And just -- my question went to the Department of Corrections and how much they -- you're working with them in terms of when people who have behavioral health disorders are discharged from the corrections program, may be working with parole officers and that sort of thing. We know that we have a fairly large group of people who are incarcerated who have behavioral health disorders. How is that -- how is that connecting, perhaps, with a program like the Melissa Program and helping us keep people from being re-incarcerated.

So you can bring those to the work group and thank you so much for your work.

PAUL KNIERIM: Thank you very much. I'd just point out they're very key points that you made, Representative Johnson. In the children's court arena, we in the probate courts, I think labor with the misconception of what we do is decedent’s estates and historically that was a large part of our work and continues to be an important part.

But the social service arena, mental health cases, children's matters, seniors, persons with disabilities is really where the lion's share of our work lies today.

I mentioned before mental health cases are up 56 percent over the last five years. Children's cases are up 22 percent. That need is huge and we are trying to fill that need with the children's courts.
We have struggled, however, in our efforts to make those services available statewide because of budget constraints.

REP. JOHNSON (49TH): And if we could figure out a way to show the savings, then maybe we could give more to the probate courts. And also, the fact that the probate courts really understand the people's rights and have real respect for that sort of due process that must occur. So thank you again for your work. Thank you, Madam Chair.

PAUL KNIERIM: Thank you.

SENATOR OSTEN (19TH): Thank you. Are there any other comments or questions? Representative Lavielle.

REP. LAVIELLE (143RD): Thank you, Madam Chair. I don't have any questions for you, I just wanted to thank you for what is always a very cogent presentation and I - I really think we've got to do something to address this situation.

And I remember our discussions three or four years ago and I know how disastrous it would've been if we hadn't helped the probate courts to operate and I hope that there was some oversight -- just an oversight going on here about the delay and the estate tax filing. I hope so because we really -- there are too many people who are served by what you do who cannot function otherwise.

So again, thank you and please let us know whatever you need.

PAUL KNIERIM: Thank you, Representative, and I do think what I'm trying to alert you to on the estate tax front is an unintended consequence of trying to align our state's estate tax with the federal estate
tax but it's just so important to know what those consequences are because it's such a direct impact to us. Thank you.

SENATOR OSTEN (19TH): Senator Winfield.

SENATOR WINFIELD (10TH): Thank you, Madam Chair, and just briefly, I don't have any questions which for you is probably a fortunate thing.

I want to thank you as a person who has sat as chair of this subcommittee for a while. We've had a lot of conversation about what you do. I think it's important that people pay attention to the sheet that shows about three-quarters of a billion dollars in savings. I don't think that's something that is native knowledge to most people. And I think it should heavily affect the way that we treat you under the budget.

Having said that, you don't need to stop by my office. After this period of time that we've gone through working together, I get it. Thank you again for coming and presenting in a way that you always do.

PAUL KNIERIM: Thank you very much, Senator, I appreciate it.

SENATOR OSTEN (19TH): Are there any further comments or questions? Seeing none, thank you very much, appreciate you coming.

PAUL KNIERIM: Thank you very much.

SENATOR OSTEN (19TH): And we will end this portion and we will start our public hearing portion at 6:30. In an hour-and-a-half.