

PUBLIC HEARING

CHAIRPERSON: Senator Catherine Osten

SENATORS: Formica, Bradley, Hartley,
Winfield

REPRESENTATIVES: Walker, Lavielle,
Candelaria, Dauphinais,
Dillon, DiMassa, Felipe,
Horn, Johnson, Nolan,
Pavalock-D'Amato, Petit,
Porter, Rosario, Tercyak,
Wilson

SENATOR OSTEN (19TH): So, we're going to start the Appropriations Public Hearing. You have three minutes to address your concerns or issues or gratification on any part of the budget that we have in front of us. And so first up we have Nicole Dunnaville, Courtney Mc Gill, I'm not going to try Sanders, and Rakima Sudds [phonetic]. All four of you are here? There's three of you? Come on up with them, please. [Laughing] And please tell me if I said your names correctly, please. You've got to press the red button and the button in front of you. Yep, there you go. And you have to state your name for the record.

ZARQUIS SANDERS: My name is Zarquis Sanders.

COURTISY MCGILL: Hi, my name is Courtney McGill.

NICOLE DUNNAVILLE: Hi, my name is Nicole Dunnaville.

SENATOR OSTEN (19TH): Okay. And you can go ahead.

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COURTISY MCGILL: Good evening -- good evening members of the Appropriations Committee. Solar Youth is a moving and base youth organization that works with 150 children per year. Our mission is to empower youth to achieve lifelong success. We do this through long-term supported relationships and programs that incorporate environmental exploration, youth lead problem solving and mindfulness. We currently receive funding through the Judicial Branch Youth Prevention Institution. Where I live it's easy for youth to get involved in negative activities I see every day. Growing up in these surroundings I feel so lucky to have been a part of Solar Youth nearly my entire life.

Over the past ten years I have been a part of every program that they offer. Starting at age 5 I participated in City College summer program. At age 9 I moved onto the Stewart Team and more recently was an intern in the Green Jobs Youth Development Program. Solar Youth is really like a second home to me. No matter where you are in your life you can count on Solar Youth to be there to support you.

Solar Youth is very important and a consistent presence in our neighborhood and supports youth and families in so many ways. It is a safe place for all ages to come together and be ourselves. With the focus on education and community action it has made my family way more aware of environmental changes and how individuals can make a difference.

In addition to being an intern I am also involved with Empowerment Program with Ms. Nicole. I am able to come talk to her privately about anything and she helps me go to school and preparing for my future. The Empowerment Team at Solar Youth is making more

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aware of the type of life that I want to live as I get older. What I might like to pursue and how I can make that happen for myself. Through my experiences at Solar Youth I have learned how to be punctual and plan ahead, how to be in more control of my feelings and more aware that what I say and do may have consequences. I care about my residents that live in my area and are closer to them than I have ever been before. I am aware of the my -- the many challenging issues surrounding my community and I know that -- what needs to be fixed and addressed, if it wasn't for Solar Youth I'd probably have no direction for my future or motivation to even go to school. Thank you for listening and I hope that you consider our request to continue funding Solar Youth.

ZARQUIS SANDERS: Hello, my name is Zarquis Sanders. I am 18 years old and I have been with Solar Youth since the spring of 2015. My experience has been with the Green Jobs Youth Developmental Program. I have been actively involved in this and Solar Youth has had a big impact on my neighborhood, my family and my friends by helping us become more self-aware and respectful of the community in which we live. It also gives youths and teens something constructive to do with hard work and dedication that the neighborhood kids put in to improve their community.

A recent project that I got to be a part of with Solar Youth includes a petition that my group started to get trashcans placed throughout the neighborhood to help cut down on litter. We walked around our neighborhood knocking on doors and were able to get three or four pages of signatures, which we then submitted to the Mayor's office. That is

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something that my team and I were truly proud of. Without Solar Youth I wouldn't care about keeping my community clean. I certainly wouldn't know how to organize a group. Solar Youth has shown me I can be so much more than I already knew I could be. This program has helped me with personal growth and has helped me improve on my speaking skills and has taught me how to advocate for myself. I have also learned that there is always someone out there I can help and there's always someone out there I can call on for support.

Solar Youth is known for its ties to the environment. There is a bigger part that is so critical. They help youth with their overall development success. And I currently I am also a member of the Environment team. Last year Nicole helped me to go on the HBCU trip in New York. There I learned about seven colleges that I was interested in and as a result I applied to the University of Savannah. Solar Youth offers visits to programs that help build our community and I hope that it continues to do this for many years to come.

SENATOR OSTEN (19TH): Do you have anything?

NICOLE DUNNAVILLE: Nope. [Laughing]

SENATOR OSTEN (19TH): You guys did a really wonderful job. It's hard to do public speaking and you were clear and concise and you did a really good job getting things forward. Are there any questions? Senator Winfield.

SENATOR WINFIELD (10TH): Thank you, Madam Chair. Not a question, just comment. One, you guys did really good. I know how difficult it is. I once sat on that side. And I just wanted to echo what

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you -- you said about the organization. I've had a lot of experience with Solar Youth. They even got me un-iced [laughing] once, a very cold day in the middle of the lake. But a lot of people think of Solar Youth as dealing with the environment but that's the hook. What they really do is deal with the issues and the lives of our children. So we could spend money in a lot worse ways than to put that money into Solar Youth, so thank you for coming today.

SENATOR OSTEN (19TH): Representative Walker.

REP. WALKER (93RD): Thank you, and welcome ladies and gentleman. You guys did a fantastic job and one thing I will say about Solar Youth is that it really takes the environment of the community and puts it in your arms and that's what I love about it because they don't take you out of the environment, they have you stay in your environment and work and clean and thrive and that to me is an incredible opportunity for you and for the community. So thank you so much for coming up here and talking to us. You did great.

NICOLE DUNNAVILLE: Thank you.

SENATOR OSTEN (19TH): Thank you. I just want to make sure that you stop over because we didn't get your name on signing in and we want to make sure that we have your name correct for the record. Representative Porter.

REP. PORTER (94TH): Thank you, Madam -- thank you, Madam Chair. Just wanted to kind of join the course of my colleagues. As you may or may not know, we're all New Haven legislators and definite have intimate

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experience with Solar Youth. I can't add to what's been said, but I do want to reiterate you guys did a fantastic job. You made me proud. Keep doing what you're doing. Keep coming in this building and many other buildings and wherever you go, remember to tell yours story, use your voice. There's so much power in that; and continue to influence your peers and bring them along because Solar Youth is definitely a very positive program and as the Senator said, it's not just about environment. I see it as a village. I love going and visiting and I'll ask you to do me one favor. Just tell Gammy [phonetic] Representative Porter said hello. [Laughing] Thank you, Madam Chair.

SENATOR OSTEN (19TH): Thank you very much. Appreciate it. Fernando Muniz.

FERNANDO MUNIZ: Good afternoon, Representative Walker, Senator Osten, distinguished members of the Appropriations Committee. First let me say what an honor it is to follow Solar Youth. I'm glad they were able to set the tone for tonight's hearing and remind us all what this is really about.

My name is Fernando Muniz and I'm the CEO of Community Solutions, Inc. Since 1962 CSI has promoted the Independence Responsible Citizenship and well-being of individuals and families involved in the criminal justice, juvenile justice and job welfare systems. I appreciate the opportunity to testify tonight regarding the Governor's budget on judicial and appropriations, which believe short-changes Connecticut's most vulnerable people by providing no additional funding for critical human services.

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Since 2007 community nonprofits like CSI have been under funded by at least \$461 million because state funding has not kept pace with inflation. At the same time, demand for community services continues to rise across the state. Today there are several hundred people who could be released to community settings but remain in expensive prisons because the state does not fund enough community placements. Community nonprofits provide essential services in every city and town in Connecticut, serving people in need and employing tens and thousands of people.

For example, my organization alone operates 17 criminal justice and child welfare programs in ten cities and states, which I will not read to you the -- the list, but as diverse as Bridgeport and Torrington and Plainville and Meriden. We employ nearly 300 people in those communities and serve many thousands of people every year. While we continue to provide high-quality services, state funding has not kept up with the inflation which makes it harder for nonprofits like ours to cover our costs.

This legislature should appropriate \$461 million over five years for community nonprofits. Since 2007 state funding short-falls means community nonprofits have fallen \$461 million behind the cost of services. The legislature should establish a five-year program to restore that funding beginning with the \$128 million for fiscal year '21 of which the net cost would only be \$67 million to the state after various federal reimbursements. This critical funding is needed to meet the needs of our states most vulnerable residents; and I thank you for your time.

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SENATOR OSTEN (19TH): Thank you very much. I have one question.

FERNANDO MUNIZ: Yes.

SENATOR OSTEN (19TH): My question would be, you said there were 700 people that are currently incarcerated that could be released.

FERNANDO MUNIZ: I'm sorry, Senator. I said several hundred.

SENATOR OSTEN (19TH); Oh, okay.

FERNANDO MUNIZ: The official count, the last time we got from the Department of Correction was close to 300 people that are ready for community release.

SENATOR OSTEN (19TH): Okay.

FERNANDO MUNIZ: And several others that are in the process of being certified.

SENATOR OSTEN (19TH): So my question is, not just about the -- the number, but I've been trying to get to is a point where we understand that there are a number of inmates that are incarcerated with mental health issues that often don't get released because in -- the programs that they would be released into, find them to be too expensive just because they need additional support services. They need medications that are expensive, so have -- do you have any idea how many of those 300 or so or hundreds of inmates are diagnosed as chronically mentally ill?

FERNANDO MUNIZ: Senator, I don't know how many of them are. I will tell you from our experience in our residential programs that the number of folks that are exiting to the work release programs that have significant mental health, as well as physical

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health needs is going up. And that's one of the reasons that we believe that we need to make more investments in those services, because as the prison population has decreased we have not reinvested those services -- those funds into the service system. And the system is largely unchanged from what it was 10 to 20 years ago. And that's where I really think we need an expansion of all those kinds of supports. Substance use services, mental health treatment, more intensive treatment for the older population that we're receiving today, you know. And so that's where we really think there needs to be a bigger investment.

SENATOR OSTEN (19TH): And I do think that if you went all the way back to when we closed the psychiatric hospitals that we never repurposed that money into the support services. So my concern is as we focus on the inmate population will we see a larger percentage of inmates that are diagnosed as chronically mentally ill and I don't like to complete substance abuse with chronically mentally ill because I think they're two different -- sometimes someone may have a need to self-medicate and may become addicted but I think that there's a difference with chronic schizophrenic and someone who has an opioid disorder, and I think that we are ignore -- I just really feel that we are ignoring those that are diagnosed with chronic mental illness today, not recognizing as a stand-alone issue. So, but does anyone have any questions? Representative Walker.

REP. WALKER (93RD): Thank you, Fernando. I have not seen you in quite some time. Fernando, for everybody -- he was part of our crew when we first stated doing Raise the Age way, way back. Although

you had black hair then, you didn't have gray hair.
[Laughing]

FERNANDO MUNIZ: Yeah, you look the same though
Representative Walker. [Laughing]

REP. WALKER (93RD): I like my hair color.
[Laughing] No, but thank you so much for everything
and your commitment to our kids and making mental
health and Social Services that everybody should
achieve. Thank you, and thank you for testifying.

FERNANDO MUNIZ: Thank you.

SENATOR OSTEN (19TH): Are there any other comments
or questions? Seeing none, thank you so much.
Becky Simonsen. Press the button so that your
microphone is on, please. There you go. Thank you.

BECKY SIMONSEN: Good evening, Senator Osten,
Representative Walker, and members of the Committee.
My name is Becky Simonsen. I'm a Lead Organizer at
SCIU 1199, New England and our union represents more
than 26,000 care workers cross the public and
private sectors in Connecticut. Among our 7,000
state employees, 600 of them are front line
healthcare workers in the Department of Corrections.

As you know, our members working in Connecticut
represents our doctors, nurses, psychiatrists,
social workers and other healthcare professionals
who care for a population with acute medical and
mental health illnesses. Our members must uphold a
Constitutional mandate to treat and rehabilitate
individuals who are incarcerated. 1199 members help
inmates cope with histories of trauma, abuse and
addiction while attempting to best give them the

tools they need to re-enter our communities, find work, and provide for their families.

We would first like to take this opportunity to thank you for increasing funding for inmate healthcare in last years' budget. This funding increase is a critical step in the right direction. However, Connecticut has a long way to go in addressing the problems affecting correctional healthcare.

We are at a significant juncture in the conversation about healthcare in Connecticut's prisons. 1199 union members, criminal justice reform activists inmates and their families and many of you, legislative champions have pushed the dialogue and let the crisis and correctional healthcare into the mainstream. It is imperative that we remember that the roots of this crisis are the systemic underfunding of health services and the systemic undervaluing of people who are incarcerated, as well as the people who care for them

Before last year's increase the budge for inmate medical services have been cut over 25 percent over the previous decade despite sky-rocketing medical costs and an increasingly acute and aging inmate population. That means staff ratios and policies including the number of nurses on a shift, ratio of inmates to prescribers or number of times a social worker would see a mentally ill inmate per month, all have been determined by the bottom line rather than a necessary standard for patient care and safety.

The scope of the staffing shortage continues to be severe. 1199 members have identified at least 250 healthcare vacancies across the state. Since July

1, 2018 114 healthcare staff have left the Department of Corrections. The department has hired 122 permanent frontline physicians since the transition meaning there are currently approximately 140 vacant positions statewide. The department ran a deficit this past year despite limited hiring. The budget is simply not enough to fill these vacancies. We need the legislature to take action to expand funding for our services.

As our members will describe, providing quality care means making a meaningful sustained investment in correctional healthcare and this does not end inside the walls of the prison or jail. We need to invest in medical and mental health re-entry services. We need to construct a robust system of healthcare services available to individuals as they re-enter our communities.

SENATOR OSTEN (19TH): Thank you. Are there any comments or questions? No? Thank you. I'm sorry, Rep -- Senator Winfield.

SENATOR WINFIELD (10TH): Yeah, I'm sorry. I was late. Do we have a copy of your testimony?

BECKY SIMONSEN: Yes.

SENATOR WINFIELD (10TH): We do? Okay. Thanks, okay. I just was checking.

SENATOR OSTEN (19TH): Thank you so much. Any other comments or questions? No? Thank you so much. Appreciate it. Next up is Gus Marks-Hamilton followed by Gabriela Bottino.

GUS MARKS-HAMILTON: Good evening Senator Osten, Representative Walker and distinguished members of the Appropriations Committee. My name is Gus Marks-

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Hamilton and I am a Field Organizer for the Smart Justice Campaign with the American Civil Liberties Union of Connecticut. I'm here today to testify in support of increasing funding for inmate medical services in the Department of Corrections budget within House Bill 5005, AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2021. Smart Justice is lead by people who like me have been directly impacted by the criminal legal system. People incarcerated in Connecticut have dignity and fundamental human rights. We ask the Appropriations Committee to recognize and honor those values by increasing the DOC's healthcare funding so it can provide adequate healthcare to incarcerated people. There is a healthcare crisis in Connecticut's prisons. One in three incarcerated people in the US has hepatitis C, chronic health conditions and mental health disorders affect incarcerated people at rates that far exceed their prevalence in the general population.

Despite incarcerated people's health needs as of July 2019 there was only one medical provider for every 579 inmates in Connecticut. As of January of this year, the Office of Fiscal Analysis found that there was a \$15.3 million deficiency in the inmate medical services account. I have experienced the inadequacies of the mental health system in Connecticut's prisons and jails and know firsthand how frustrating it can be to actively seek out mental health services but wait months for treatment.

If our state is going to incarcerate people then it also has an obligation to provide the people it has chosen to imprison with the health resources they need to live healthy lives in and outside of prison

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and jail. Funding for healthcare services for people who are incarcerated is critical no matter its source. I note though that closing Northern Correctional Institution, a facility that housed just 76 incarcerated people last fall could free up funds that would be well spent on healthcare for incarcerated people. The Smart Justice campaign strongly urges this Committee to increase DOC's healthcare funding so it can provide adequate healthcare to incarcerated people. Thank you.

SENATOR OSTEN (19TH): Are there any comments or questions? Representative Walker.

REP. WALKER (93RD): Thank you. Thank you for your testimony, and we are looking into Northern for a few things; one for that and one for possibly the phone service. So we are looking at that right now. Thank you. Thank you for your testimony.

SENATOR OSTEN (19TH): Any other comments or questions? Seeing none, thank you so much. Gabriela Bottino followed by Kiley Gosselin, and if you could both identify yourself.

GABRIELA BOTTINO: My name is Gabriela Bottino.

SENATOR OSTEN (19TH): You've got to turn your mic on too.

DR SOHVAB ZEHEDI: I'm Dr. Zehedi. I'm here for moral support.

SENATOR OSTEN (19TH): Okay. [Laughing] Okay. Go ahead.

GABRIELA BOTTINO: I've never done this before. Okay.

SENATOR OSTEN (19TH): You'll be fine.

GABRIELA BOTTINO: Good afternoon, Senator Osten and Representative Walker and members of the Committee. My name is Gabby, and I am a nurse employed by the Department of Corrections since 2018. Previously I was employed through UCONN since 2011. I feel privileged to provide medical care to the only people currently in the United States who are entitled to receive or refuse healthcare as provided by the 8th Amendment to the Constitution.

In total we have only 21 full-time nurses employed at Osborn to provide medical care 365 days, all 24 hours a day to estimated patient population of 1,300 plus men and a total of 17 housing units. Under this one roof we house mental health fives and medical fives, five being the highest acuity level in the DOC scoring system in the mental health infirmary and medical infirmary. Picture a medical unit in any war movie, in otherward it's an open room with hospital beds lined up. Any score lower than a five is housed in general population. Our general population includes but not limited to a methadone housing using, a handicap accessible ADA unit, and a mental health level four housing unit that holds over 200 inmates.

First I want to thank you for appropriating funds for inmate healthcare in the last years' budget. In the last year DOC health services has been able to initiate Hep C virus testing and treatment for a larger group of patients. We have more effectively tackled the opioid epidemic by inducting the med -- the medication assisted treatment program into multiple jails and prisons including Osborn through outside vendors. We have eliminated the Utilization Review panel. These are just a few examples of the progress made. This is why we are here today to ask

you to protect and continue to increase funding for inmate healthcare, because even with this progress today we stand at crisis staffing levels.

Currently at nursing -- Osborn nursing staffing levels are only at 44 percent, leaving 56 percent understaffing -- understaffed and these standards were from UCONN and they last were updated in 2016. Osborn Medical level five infirmary which is comparable to a stepdown unit, there's no assigned physician to care solely for these patients, which would be absolutely the expectation in a hospital setting. These are our most acute and chronic patients; infected wounds, new amputees, men receiving chemo, radiation, post-surgeries and so much more. With respect to senior medical providers we have a mere three at Osborn, one physician and two part-time APRN medical who are expected to efficiently care for every one of those 1,300 patients. Please imagine yourself as a patient in your local hospital if this was the environment.

We have a serious lack of resources. We have no appropriate disposal for hazardous, pharmaceutical waste. Men miss specialty appointments due to broken wheelchair vans. There's an estimated 1,800 UCONN specialty appointments that are approved yet UCONN has no slots for them. Our only in-service training since 2018 entailed reading a UCONN policy created in 2017. We are not American Heart Associated CPR certified. We have received no special medical emergency training yet are expected to perform as critical care response team when the resources and training are non-existent. As a nine-year medical employee with DOC, my career has turned this responsibility on my loved ones. This year we lost a beloved staff member to suicide. We comply

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with extensive mandatory overtime. There is no agency wellness program for health services employees. We strive to provide community standards care but history has proven our efforts are not enough to provide quality of care to our patients who we see as your brother, father, son, uncle. We are asking for your support to increase funding for DOC. I am concerned on a daily basis for patient and staff. Without health services staff becoming the public and DOC's priority, I fear history will repeat itself.

SENATOR OSTEN (19TH): Gabriela, are you almost toward the end of your --

GABRIELA BOTTINO: My last sentence. [Laughing] History will repeat itself meaning riots like 1960 and untimely deaths.

SENATOR OSTEN (19TH): Thank you very much for coming. I think you did a great job.

GABRIELA BOTTINO: Thank you.

SENATOR OSTEN (19TH): I do have a couple of questions regarding overtime. And so, you -- my understanding is a DOC nurse last weekend -- this last weekend we talked about staffing and she is -- has indicated to me that often you get mandated day after day after day without a rest day in between. That is uncommon --

GABRIELA BOTTINO: Yeah, yeah.

SENATOR OSTEN (19TH): -- to see you get mandated during your whole work week every day; is that true?

GABRIELA BOTTINO: That's true, that's very true, especially for third shift. We have three nurses that run third shift on our staff, that's it. And

they're on rotating schedules so they're drafted -- second shift is drafted -- I'm here on an unmandated night. As soon as I'm done here I'm going back to Osborn.

SENATOR OSTEN (19TH): Okay. And you talked a bit about taking care of the -- the inmate population. Now I worked in corrections as a custody side of the aisle and was there before UCONN so we had medical staff there, which I think is actually better for the inmate population to have staff at the prisons, at the appropriate staffing level.

GABRIELA BOTTINO: Yeah.

SENATOR OSTEN (19TH): You indicated that there was no segregation for someone who has certain conditions, so if someone is a cancer patient are they in with the regular population even though they may be experiencing lower immunity on --

GABRIELA BOTTINO: They're housed on a medical infirmary ward which I tried to explain is like a -- it's open room with hospital beds. So you may have a cancer patient -- we do have cancer patients right next to someone whose getting IV antibiotics for abscess and then there's a next bed with maybe back/spinal infusion returned from surgery and no separation between those wards.

SENATOR OSTEN (19TH): So there could be contamination from patient to patient?

GABRIELA BOTTINO: Uh-huh.

SENATOR OSTEN (19TH): And my last question is revolving around behavioral health. You indicated that there's not enough social workers. Are there enough psychologists and psychiatrists to

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appropriately designate or diagnose someone with a mental health condition?

GABRIELA BOTTINO: We have a mental health infirmary that houses our mental health five patients and that has one APRN up on that infirmary setting and then there's one APRN that takes care of D block, which is mental health four, which is a stepdown from the most of care. He -- he cares for that unit as well as they both have a case load for the general population.

SENATOR OSTEN (19TH): So do you again --

GABRIELA BOTTINO: No there's not a provider to care for those.

SENATOR OSTEN (19TH): Thank you. That's what I wanted to hear the answer to that question.

GABRIELA BOTTINO: No.

SENATOR OSTEN (19TH): So I think you did fine. You know we have been looking at the medical staffing levels of the Department of Correction. We know that there are issues that have to be dealt with but I don't know if anybody else has any comments or questions. Dr. Petit.

REP. PETIT (22ND): Thank you, Madam Chair. Thank you for your testimony. I wondered if you'd give the Committee your view on the biggest needs. Is it more the acute medical needs versus mental health, if I was going to segregate it from that point of view or do we have significant demands placed upon both sides of the equation?

GABRIELA BOTTINO: We have significant demands on both sides. Medical right now is in a more severe crisis. Our social workers are staffed on minimum

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staffing ratios. They're fully staffed on that minimal level. Of course that's not saying it's up to community standards. But medical we are, we drown already for staffing.

REP. PETIT (22ND): Is there -- we heard from DOC earlier today that they agreed -- that they were short on nurses. Would in addition to physicians would more APRNs or physicians assistants be helpful certainly on the acute medical side or the psychiatric side?

GABRIELA BOTTINO: Of course, yes, yes. APRNs and physician assistants, physicians.

REP. PETIT (22ND): Maybe I don't understand. Can -- you had 1,700 approvals/referrals waiting to go to UCONN so you know, you can do the simple math, that's 170 inmates a day going out, that's 100 business days to get everybody taken care of. Can they only go to UCONN or can they see a provider elsewhere or does it depend on their incarceration status?

GABRIELA BOTTINO: So it does not depend on their incarceration status? I handle the scheduling and coordination on the mental infirmary five patients, so a lot of times they're diagnosed in a local facility like St. Francis or JMH for our area in Somers and if their care starts there, I will continue their care there knowing that UCONN does not have slots for us. So it is not that they need to go to UCONN, but if it's a general referral for a dermatology, it's going to go into our UR system that then is waiting on UCONN.

REP. PETIT (22ND): So the system, that's felt to be the least expensive. You're not able to say whether

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it's a -- there's an appointment over here or we're waiting three months, but you have to wait the three months even though there's an appointment open elsewhere?

GABRIELA BOTTINO: It's -- logistically I'm not 100 percent sure of the reasoning why we're not just reaching for the general population, reaching out to see what's available, but from my experience if I -- if I have a patient on the mental health -- or medical five infirmary and he's at St. Francis initially, I'm following up with St. Francis.

REP. PETIT (22ND): And in terms of supervision setting, the open units you talk about, most -- most facilities will have the nurses that work the floor and there will be a shift supervisor or a floor supervisor; do you feel there's adequate supervision for -- you know say if you have 30 people in that unit or you're seeing 100 people in a clinic day, is there adequate supervision for -- for the nursing staff to oversee a number of issues?

GABRIELA BOTTINO: No, for nursing supervision, no. And a lot of our nursing triaging ends up needing to have some kind of medical provider to actually put a plan in place. And like I said, we only have one full-time physician and he's taking care of the medical -- the infirmaries. He's doing his case load. And the two APRNs that we have that are part-time, it's not guaranteed that they're there on a day that we need to see them. I don't know if I'm answering your question.

REP. PETIT (22ND): Yeah, and I guess I'll just ask one more and not take up too much time. The -- we heard from DOC earlier and it sounds like they made some headway with some hiring and are very deficient

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in some areas in terms of the number of folks. Are there any suggestions that you can make to being you know, on the ground, on the front lines doing this? Is there one or two suggestions that would help expedite, improve medical care or mental healthcare for the folks that you're seeing?

GABRIELA BOTTINO: Well we do need to be comparable to community standards, community health centers, what they're offering their providers. Our salary bases are not comparable to community centers, healthcare centers. Also I think there's a chain of command that can be -- better represent what we need.

REP. PETIT (22ND): And by the salaries you're referring to everyone, the physicians, the APRNs, PAs and nurses or are you referring strictly to nursing staff?

GABRIELA BOTTINO: For -- for example we have APRNs, they're hired as APRNs -- psychiatric APRNs are not hired as psychiatric APRNs, which is a higher paid grade. So when they're posting an APRN on the website it -- it's very confusing first of all. It looks like you want medical and mental health, which is going to decrease applicants right there. But when you're looking for specific mental health it should be posted mental health so they're getting that higher paid raise -- grade.

REP. PETIT (22ND): Thank you, Madam. I have a bunch more but I'll hold there because other people probably have questions.

SENATOR OSTEN (19TH): Representative Dathan.

REP. DATHAN (142ND): Thank you very much, Madam Chair, and thank you so much for your testimony.

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You really enlightened us to your daily challenges. And I'm sorry about your colleague. I mean that must have been a horrible, horrible experience, which really goes into my question about staff retention. It is an extremely stressful environment and I can't even imagine how you cope every day. And I know in a patient/doctor/nurse relationship you really need to have continuum of care so it behooves the state to ensure that we retain the good staff like yourselves. And is there any efforts made to ensure that we retain staff, and do you think is there anything that you know you could -- you would suggest that would help if it's having you know, one of the social workers that also help with the -- the inmates, you know available to the full-time staff or if there's other resources available for staff to be able to reach out with problems so we don't have any sort of issues like your -- you've had with your colleague. Thank you.

GABRIELA BOTTINO: Thank you. I think an easy solution would be giving employees debriefing time after traumatic events. We do deal with a lot of traumatic, what we call codes, emergencies and we're expected to go immediately back into our nursing roles and finish our job and take care of that situation and like I said, just continue. So I think an easy non-financial option would be just letting -- like regrouping as a team afterward and debriefing with your -- with your coworkers is important.

REP. DATHAN (142ND): Thank you very much, and good luck to you.

GABRIELA BOTTINO: Thank you, thank you.

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SENATOR OSTEN (19TH): Are there any other questions or comments? Seeing none, thank you so much. Dr. Petit, do you have any list of questions that we could get -- ask the agency to respond in a subcommittee, if you could work on that, that would be great. Thank you.

GABRIELA BOTTINO: Thank you.

SENATOR OSTEN (19TH): Thank you. Next up is Kiley Gosselin followed by Judge Frank Forgione.

KILEY GOSSELIN: Good evening, Senator Osten, Senator Formica, Representative Walker, Representative Lavielle, and distinguished members of the Appropriations Committee. Thank you for hearing my testimony today and the important vestments through the Department of Housing to support efforts to end homelessness here in Connecticut. My name is Kiley Gosselin and I'm the Executive Director of the Partnership for Strong Communities. We're a statewide non-profit policy and advocacy organization dedicated to ending homelessness, expanding affordable housing and building strong communities here in our state. We staff and manage the statewide Reaching Home campaign, which many of you may be familiar with, to end homelessness here in Connecticut. We, and our more 120 partners know that homelessness is an unacceptable condition as well as an expensive public policy problem. We work every year through an organized process to create and use one legislative agenda based on the latest data, calculations and best practices.

When Reaching Home began 15 years ago estimates for our state's homelessness population was around 30,000. Last year approximately 8,200 individuals

used emergency shelters and on any given day just over 3,000 people approximately experienced homelessness in our state, so we have a lot to be proud and the progress that we've made. And in fact many states, I just had a call in some partners in Minnesota today, are eager to learn more about how we've accomplished what we have. But our work here is far from done.

As many of you know every day in this state families with children, individuals and young adults find themselves struggling in a crisis point. They reach out to Two on One to enter or shelter system. They come from all walks of life. Some exiting our criminal justice system, DCF or hospitals. Other households simply finding themselves one of the more than 100,000 in Connecticut who spend more than half of their income on rent and can simply no longer make ends meet and we can change this narrative.

Investment in preventing folks from becoming homeless and rapidly matching them with permanent stable housing and services when they do, is not only the right thing to do, it makes financial sense too. The federal definition of ending homelessness is to make it rare, brief and one time. The Reaching Home campaign and our partners have spent much of the last year re-focusing our efforts around this goal of making homelessness rare, brief and one time by the end of 2023. We have spent months running calculations and examining our robust statewide data system to determine what type of financial investments would be necessary to take a first significant step towards that goal.

They are as follows:

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1) Please preserve the Department of Housing and Homelessness services line item at \$85.8 million. The Governor has proposed reducing the line by a little over \$1 million to account for lapsed funding administered by DFS for The Money Follows the Person program. We are asking that those funds be instead put towards shelter diversion, rapid exit and rapid re-housing under the Housing and Homelessness Service as line item in DOH's budget.

2) Please support the Governor's budget as it relates to funding the homeless youth line at \$2.3 million.

3) Please dedicate funding for our cans in Two on One in the amount of \$2.3 million as part of the housing and homelessness service line item. As you know, Two on One and cans are the front door of our homeless service system and they're currently funding out of fluctuating CIA resources as well as philanthropic funds. If we all want to more streamline effective system with shorter wait times, a dedicated funding stream is absolutely critical. This ensures that folks are assessed, receive an intake appointment and are matched with housing and services as quickly as possible.

4) Please invest \$1.47 million to assist individuals in youth with diversion and rapid exit. Diversion is a short-term -- often short-term or one-time financial assistance. It can be used for housing stabilization, rental arrearages, utilities or other crises that can be resolved quickly with flexible funding. It is much cheaper to provide this type of assistance than to allow individuals and families to enter our shelter system and stay there for months on end.

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SENATOR OSTEN (19TH): Are you almost done, Kiley?

KILEY GOSSELIN: Yep, one more to go. 5) Finally please invest \$1 million for supportive housing resources to house our most vulnerable, and additional \$375,000 to fund outreach workers to do the hard work of identifying folks who are unsheltered. Thank you for all the support you've given to this important problem in the past. I look forward to taking your questions.

SENATOR OSTEN (19TH): Thank you. Are there any questions? Representative Walker.

REP. WALKER (93RD): Thank you, and thank you for your testimony. First of all, your testimony is online, correct?

KILEY GOSSELIN: Correct.

REP. WALKER (93RD): Okay. So the one question I have is, I know you saw the \$1.2 million reduction and it says, according to the writeup; Governor -- or reduced funding and housing homelessness services by \$1.2 million to reflect delays in -- in transitions associated with money follows the person.

KILEY GOSSELIN: Correct.

REP. WALKER (93RD): Comment.

KILEY GOSSELIN: [Laughing] That's -- I know that you had folks from the Department of Housing here earlier today that spoke to this as well. It's my understanding that there are delays in using that funding related to folks exiting particularly nursing home and then again this is administered through DSS. So we're asking that that funding again be maintained as part of the housing and

homelessness line item. As I heard you speak about earlier today, obviously our housing needs are significant and if we can use that funding to prevent folks from entering our shelter system in the first place or helping them exit it quickly, we reduce trauma to families and reduce cost overall. So keeping that money in the system and using it for other housing purposes I think it makes wise financial sense.

REP. WALKER (93RD): And one of the things that I pointed out to the Commissioner was the fact that there's a report, the Annual Homeless Assessment Plan that comes from HUD; and according to that the fastest growing number of homeless are minority families in urban communities who have been -- who have lost their homes, either that or their apartments. And it has increased over the last year by 15 percent. So when we have a reduction of \$1.2 in this line item, I don't think that everybody's checking all the data that is available for the state of Connecticut, so I appreciate your testimony and I hope that our executive office will contact you to get more details on this account. Thank you, Kiley.

KILEY GOSSELIN: We'll be happy to share them. Thanks.

SENATOR OSTEN (19TH): Thank you. So we have several probate court administration judges that are here. Judge Frank Forgione, you're up but I have also Judge Lisa Wexler and Judge Chuck Norris, and Judge Clifton Graves. Is there anybody else here that's a judge that would like to come up?
[Laughing] Okay. Three, four? Oh, okay. All right. Go ahead.

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JUDGE FRANK FORGIONE: Good evening, Representative Walker, Senator Osten, Senator Formica and Representative Lavielle and members of the Appropriations Committee. Thank you for welcoming us. My name is Frank Forgione, I'm the Administrative Judge for the New Haven Regional Children's Probate Court, and I'm also the Probate Judge for the towns of Branford and North Branford.

I'd like to give you a brief overview of what we do in the probate courts. The probate courts are no longer the courts of our parents. In our parent's day the probate courts were viewed upon as basically trust and estate courts. Now we're primarily social service's courts. We created a regional children's court in New Haven, which was the first of its kind in the state of Connecticut and has lead to the creation of six in total.

At the children's courts we hear custody, guardianship, termination of parental rights, adoptions, emancipations and paternities. And what we see are children and families in a state of crisis. Our families today consist of relatives, friends and family members and what we frequently try to do is place a child in an appropriate setting so that that child can thrive and that child can grow. What we have learned is that if the first placement is an effective placement, the likelihood of that child succeeding in life is much greater. We try to place the children with family members if appropriate. And in so doing, the people that come to the children's court cannot be licensed as foster care providers. These are grandmothers, aunts, brothers and sisters and cousins seeking custody of children from infancy until they're 18 years old and they do so without any compensation.

The savings to the state of Connecticut annually is approximately \$66 million. Our guardians are entitled to kinship and respite grants, which have you have so generously funded annually but a very small amount. Each guardian for each child probably gets between \$250 and \$500 per child per year on average. When you consider cost of glasses, camps, special programs, computers, it's not nearly enough.

Constitutionally and by state statute we're required to appoint attorneys for children, for people who are proposed to be conserved, for indigent parents who are respondents in court proceedings and for conservatives who are indigent. We pay for that out of our own budget. The Governor's proposed reduction of \$8.6 million is greater than what we're state and constitutionally mandated to pay or attorneys who serve in our system.

We have become the true people's court. Most of our clientele are not represented by lawyers. They come to us in the children's court and I say this not lightly; they come to us and we frequently hear them say, we heard that you can help us. How many people go to court thinking that they're truly going to be helped. We have family specialists who are master level social workers who meet with the families, who assess the situations, who direct them to therapists to municipal and state programs where they can get help. They stay involved with the families throughout the duration of the case pending in the children's court, which may be and frequently is until the child turns 18. So once a -- once a guardian is appointed, and sometimes they're appointed in children as young as six months; the likelihood is that that family, that guardian is

going to stay involved until that child becomes an adult.

At this point I'd like to relinquish some of my time to one of my colleagues. Thank you.

JUDGE LISA WEXLER: All right. Okay. Can you hear me? Is that all right? Hello everybody, I'm Lisa Wexler and I have been the probate judge for the Westport, Westin district for about six years. I see some familiar faces, wonderfully familiar supportive faces and I also some new faces and I just want to say hello to Ms. Daffen. We haven't met face-to-face but I know that you're from very close to my district, so it's nice to meet you. I don't want to assume that anybody here really has a deep understanding with everything else you need to know about. I don't assume that you have a deep understanding of what we do. And actually I thought it was instructed, now this is from two years ago, so for some of this -- some of you this may be something that looks a little familiar but I know you get a lot of information. This is the, and please [ringing] -- am I allowed to continue?

SENATOR OSTEN (19TH): Keep going, keep going.

JUDGE LISA WEXLER: Oh, we have another minute? Okay. Do you have the probate court workload? Do all of you -- okay. I'd like to pass this around. I'd like you to see it. It's very instructive. It really shows over the course of time that while probate courts use to have the majority of their work be trust and estates, in fact for almost ten years now it has been lopsided and over time what my colleague just expressed, happens to be the majority of what we do, which is to say family court without divorce. That's really what probate court has

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become. Now in our district, we happen to have a mental health hospital. St. Vincent's Behavioral Health which is -- actually just merged with Hartford Hospital, and that means we're going to have a little bit more of that in our district but here's the bottom line.

St. Vincent's Behavioral health at one time was one of only four hospitals in the entire state of Connecticut to their credit who took poor people. It's a 76-bed hospital devoted to what they call behavioral health, which translates into people who are acutely ill with bipolar disorder and schizophrenia and sometimes an otherwise specified kind of paranoid or schizoaffective disorder. We probated judges have exclusive jurisdiction over those matters. And what that means as a practical matter is that more or less around once a week I am in the hospital, going to a hearing for one of four possibilities. I'm either there for committing a person to the hospital because I have been persuaded by clear, convincing evidence that that person is either greatly disabled or dangerous to herself or himself or others, and that there's no less restrictive means for that person for that person to be. There is no less restrictive place in our entire state for them to be. Or that person and/or needs a conservator, which is a separate hearing for the purpose of compelling the giving of medicine in an institutional setting over their own objection.

So let's think about what that really means. That means that I am creating an order in which someone has to take medicine they don't want to. Which means they may have to be restrained initially.

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SENATOR OSTEN (19TH): So, Representative Walker has some questions so we can move this [crosstalk].

JUDGE LISA WEXLER: I apologize.

REP. WALKER (93RD): I'm very happy that all of you are here to testify in support of this and to stop us from taking \$8.6 out of your fund. I want to go right to the \$8.6.

JUDGE LISA WEXLER: Sure.

REP. WALKER (93RD): So the \$8.6 represents a fund that we put in from the general fund into probate to cover your expenses because you do not collect any fees or anything in the very beginning and this covers the expense of the lawyers and all the services that you have to pay out until you actually start to collect fees from people; is that correct?

JUDGE LISA WEXLER: Yes, and Representative Walker, the vast majority people have mental illness of four.

REP. WALKER (93RD): Right.

JUDGE LISA WEXLER: And they're all required by the law to have representation.

REP. WALKER (93RD): Yep. I'm just trying to get my -- my colleagues who are new to understand what the urgency is for making sure that this money gets put back into the budget.

JUDGE LISA WEXLER: And my understanding as well, and you probably remember this better than I, is that when we consolidated in 2011 there was a bargain reached.

REP. WALKER (93RD): Yes, there was.

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JUDGE LISA WEXLER: And there was a third of our compensation as a citizen that was supposed to be funded, and two-thirds from fees and we have done that.

REP. WALKER (93RD): Okay. So I'm trying -- I'm trying -- I'm trying to condense this so that everybody understands that the purpose is. We're doing -- we're being very nice in having all of you together so [crosstalk].

JUDGE LISA WEXLER: And we appreciate it.

REP. WALKER (93RD): And we've got a lot of people out here that want to testify so I can stick to the question.

JUDGE LISA WEXLER: Okay.

REP. WALKER (93RD): So the point is that if you don't have this fund replenished by the general fund that you will not have money to pay for any of those services until you start to collect fees which possibly could be six to eight months down the road, correct?

JUDGE LISA WEXLER: Well, I think there's another piece. I don't think our budget accounts for the fees to be the entire pot. I think that the budget that we have created counts on the one-third that is coming from the legislature and taxpayers.

REP. WALKER (93RD): Correct, right. That -- that was part -- that's part of the agreement that happened back in 2011.

JUDGE LISA WEXLER: And so we still budget that way.

REP. WALKER (93RD): So for us what we need to do to maintain your -- your -- your probate court and the

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children's probate court, is important that we replenish this account.

JUDGE LISA WEXLER: Thank you, yes.

JUDGE FRANK FORGIONE: If I can consolidate it briefly, the revenue that we receive is still insufficient to cover our expenses to our fees.

REP. WALKER (93RD): I was going to go over that one. [Laughing]

JUDGE FRANK FORGIONE: [Crosstalk] absolutely necessary.

REP. WALKER (93RD): No, I'm just trying to break it down.

SENATOR OSTEN (19TH): And we have two other judges that have not had a chance to speak and one of them is from Norwich?

JUDGE CHUCK NORRIS: Yes, thank you. [Laughing]

SENATOR OSTEN (19TH): I'm sorry. [Laughing]

JUDGE CHUCK NORRIS: Just for the sake of time, again my name is Chuck Norris and I'm the --

SENATOR OSTEN (19TH): Could you speak into the microphone, please and turn it on. [Laughing]

JUDGE CHUCK NORRIS: My name is Chuck Norris and I'm the Norwich Regional Probate Judge. I've been in that job for about ten years and I too before I started that job had a drastically different impression as to what the probate courts do and you know without talking to each other, we all came to the same conclusion. I often refer to it as sort of a junior family court.

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And it's also become the place where the needs for people struggling with mental health issues or the needs of the conservators are sort of coordinated. They come to the court to -- to be appointed, to have conservators appointed or guardians appointed and we've become the facto, the coordinator of those and I don't want to -- I know there's other questions so I'll -- I'll save any other time for those.

SENATOR OSTEN (19TH): And then we -- just give me one more second. I'd like to get the last judge to actually give a -- at least hello and how are you. [Laughing] I know you know this lady next to me.

REP. WALKER (93RD): And what town are you from? [Laughing]

JUDGE CLIFTON GRAVES: I happen to be from the great city of New Haven so I just wanted to give a shout out to Representative Walker, Senator Osten and the delegates who are here, Representative Porter, Senator Winfield, Representative Dillon and Representative Candelora for the services they provide in supporting the probate courts over the years. We thank you for that.

And I would just piggyback on what my colleagues have already indicated that the need for this budget -- for this proposal under the Governor to be rejected because while he's promoting fiscal austerity this could result in human calamity given what you've heard from my colleagues as far as what the results would be for our courts. So we just encourage you, and last year when I was here I gave the Chairman of Criminal Justice, I said we desire and respect for the law and we must make the law respectable. Probate courts make the law respectable

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and accessible, and I think it's important for you to understand as legislatures, it's important for us to continue to be funded so we can continue to make the law respectable and accessible to the citizens of Connecticut. And so thank you.

SENATOR OSTEN (19TH): So thank you. I know that we have questions, which will probably get into the detail of some of the other things. Representative Rosario first, followed by Senator Winfield.

REP. ROSARIO (128TH): Thank you, Madam Chair. Good evening everybody. First of all I just want to say thank you. I've had the opportunity to work with the probate courts in Bridgeport both in a professional matter as a code enforcement officer working with clients who suffer from other mental health issues, but also on a personal -- on a personal level with my mother dealing with dementia and Alzheimer's and some of the things you have to go through when a parent is suffering from that disease, so I want to say that you guys offer services not only professionally but also with compassion. I just wanted to once again say, thank you.

JUDGE CHUCK NORRIS: Thank you.

SENATOR OSTEN (19TH): Senator Winfield followed by Representative Lavielle.

SENATOR WINFIELD (10TH): Thank you, Madam Chair. So I have had the good fortune of being the subcommittee chair of this Committee on judicial corrections for the last decade and I would say that every single year I've been the subcommittee chair, we have dealt with this same issue so nothing irritates me like this issue. This is the

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Appropriations Committee. I would -- I would say in my experience here there's very little that you could get the legislators who have sat on this Committee to agree upon the way that they agree upon the fact that we need to continue to fund the probate courts.

And we were talking about the \$8 million and what it won't allow you to do but I don't -- I don't think we have made it clear what it means for you not to do that. The hundreds of millions of dollars that would add back to our budget. It is fiscally irresponsible to make the cut that we are attempting to make here. And so I think you will find that this body is in agreement in ways that we often are not when it comes to the probate courts. Thank you.

SENATOR OSTEN (19TH): Representative Lavielle, followed by Representative Dathan.

REP. LAVIELLE (143RD): Thank you. Just to comment first. I do want to thank you all. I know you've had a hard day because every day is hard and you're still here at you know, now at the end of your day and many of you like Judge Wexler who represents one of my towns as a probate judge and we're very fortunate. I -- so I thank you for everything you do. I don't think people realize how hard it is to look at some of these situations.

I've been on this Committee eight of the ten years that I've been here and seems like we have to go through this almost every time. Not just in the initial budget year in the long session but in the short session too when we're revising. Somehow the money falls out again. And no matter we insist and how unanimous we are, it comes back. And that's ridiculous. Look at how much of your time it's

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taking, let alone ours, think about you. I made a comment this morning when we were having our briefing by the administrators and I'll just make that comment again. I think it says it all. I think given what you all do for the people of Connecticut and what you save for Connecticut's state government makes the ask that you're coming in with very, very small. And so I certainly hope that we will be able to restore those funds because this is absolutely ridiculous. Thank you very much for being here.

JUDGES: Thank you.

SENATOR OSTEN (19TH): Representative Dathan followed by Representative Porter.

REP. DATHAN (142ND): Thank you very much for being here. I actually reached out to my probate judges, Judge Stern and Judge Osterndorf, I think is how you say his name in New Haven and Norwalk and both of them have echoed everything you said. Judge Osterndorf said to me, look if we aren't going to be able to keep up with the services, these are going to have to go to Superior Court, which is going to affect the loads the Superior Court has. But overall, I just want to say that in looking at this -- this fund, this is kind of almost a -- you know 'cause we don't see any seasonality to the work that you do. It can be heavy and light and it can be very variable, all year long, all season long. It won't necessarily be in a recession or during normal course of business. So I'm looking at this \$8 million as like a rainy day fund to ensure that you know funding keeps going, that we're able to offer these services, and that we need to ensure that the funding is in place so that you guys can operate and

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in some courts like in New Cannon and Darian where the fees actually you know -- if they were stand alone they would be a profitable entity. But Norwalk and maybe some of the areas you serve don't have that luxury. So we need to ensure that the system is working for all and for everyone. So thank you again for your testimony.

JUDGES: Thank you.

SENATOR OSTEN (19TH): Representative Porter followed by Representative Candelora.

REP. PORTER (94TH): Thank you, Madam Chair. First I just want to thank each and every one of you for the work that you do. I think the thing that's really frustrating for me and I think it's actually been stated by my other colleagues in some form or fashion is the importance of probate court and how critical and fundamentally foundational it is to communities and to our constituents at pretty much many of their most vulnerable moments in life.

So it really does disturb me but it also scares me to think that we would even be considering making this kind of cut to probate court. And the only thing that I really wanted on the record was something that you said that resonated with me, because when I think about going to court, often times it's family court and criminal court and people are not excited to be going to those courts and they're actually not stepping into courts thinking somebody here is going to help me. And what you said was people contact your court because they need help. And I think that we really need to remember that. What other court -- I haven't had anybody else judge or otherwise come in here and state to this Committee or any other Committee that

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people are coming to court because they -- they're looking for help and they believe that you can help them. So I just wanted to say that and thank you again for the important, the critical work that you do. It is very much appreciated. Thank you, Madam Chair.

JUDGES: Thank you.

SENATOR OSTEN (19TH): Representative Candelora.

REP. CANDELORA (86TH): Thank you, Madam Chair. Also has House Committee Chair on the Committee I've seen throughout the years how you have been cut also how your fees have been capped. You're not collecting as you use to so you don't have the dollars to continue to provide the services as you did in the past, and that was the primary reason we added these additional dollars, so you could continue to provide the great work that you've been doing throughout the years.

It's not like you're getting funding from DMHAS, DCF or other departments to help you subsidize the services that you provide. That doesn't happen at all, and I don't think people in this state realize that, or people within this administration realize what kind of work that you do. And that you have not received any additional dollars. So I definitely will sit with my colleagues in the Senate to make sure we restore this funding.

JUDGES: Thank you very much.

SENATOR OSTEN (19TH): Thank you. And just -- I just also want to thank you, but I also think there is a crisis in this state and across this nation in regards to behavioral health and mental health and I think that that falls on your shoulders and it needs

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to be addressed. There needs to be some understanding that we are dealing with a full-blown crisis for mental health and behavioral health, so thank you very much.

JUDGE FRANK FORGIONE: Thank you.

JUDGE CLIFTON GRAVES: If we could, Senator Osten and Representative Walker we'd be remiss two of our colleagues who are with us.

SENATOR OSTEN (19TH): Okay.

JUDGE CLIFTON GRAVES: Mr. -- Judge Michael Grant who represents North Haven and also the children's court and also we're honored to have Judge -- Judge Beverly Streit-Kefalas, who is the first woman Probate Court Administrator in the state of Connecticut's history. We'll give her a shout out. [Applause]. Thank you.

SENATOR OSTEN (19TH): Do either one of you want to say anything while you're here?

JUDGE STEIT-KEFALAS: Thank you, Senator Osten. I had an opportunity to --

SENATOR OSTEN (19TH): You've got to get to the mic [crosstalk].

JUDGE STEIT-KEFALAS: Thank you, Senator Osten. I did have an opportunity this morning and I look forward to meeting with the subcommittee.

SENATOR OSTEN (19TH): Thank you.

JUDGE MICHAEL GRANT: Michael Grant from East Haven here. I'm here just to support the judges who spoke today.

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SENATOR OSTEN (19TH): Thank you very much. Have a nice -- have a nice night. Erin Kemple followed by Ruth Rivera.

ERIN KEMPLE: Good evening Senator Osten and Representative Walker. Thank you for giving me the opportunity to be able to testify here tonight. My name is Erin Kemple. I'm the Executive Director of the Connecticut Fair Housing Center. We're a statewide nonprofit that handles all of the fair housing -- we handle fair housing and foreclosure prevention in an effort to promote integration and to stabilize neighborhoods. This years the Senator's budget level funds the Connecticut Fair Housing Center with \$670,000 and I want to thank this Committee for funding the center at that level last year and we hope that you will continue to do so again this year.

So many of the issues that have been talked about tonight and that were talked about during the hearings earlier today are affected by housing discrimination and can be remedied by the work of fair housing advocates. One the chief causes of homelessness as Representative Walker said earlier is the fact that people of color are being displaced from their homes. They're being displaced because of eviction; they're being displaced because of bad conditions or they're being displaced because the places where they live have been condemned or otherwise made uninhabitable.

We know from our work that finding housing for people becomes much more difficult if someone is a person of color and if they're also a member of another protective class such as someone with a disability or someone with a lawful sort of income

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or a single mother with children. Then the chances of them being discriminated during their housing search is virtually 100 percent.

One of the other things that you've heard a lot from -- about tonight is people re-entering the community after reincarceration. So many of those people are prevented from finding adequate housing because the fact that they have a criminal record has been held against them. It is an issue that my office is working on and trying to get one of the premier data scraping companies in the country CoreLogic, to stop going back 99 years when providing information about someone's criminal record. One of the things that I know has come up a lot over the years is the increasing number of evictions that are resulting in people either losing their homes or becoming homeless. We know from our work that if someone has an eviction record, the likelihood that they will be able to find adequate safe and stable housing again goes down significantly since many landlords refuse to rent to someone with an eviction record.

And so I want to say thank you tonight, thank you for supporting the Connecticut Fair Housing Center in the past. Thank you for all of the work that you do, and know that the work that you're funding to my organization is having an effect on many of the issues that are important to this Committee and to the state of Connecticut. I would happy to answer any of your questions.

SENATOR OSTEN (19TH): Are there any questions or comments? Thank you so much.

ERIN KEMPLE: Thank you.

SENATOR OSTEN (19TH): Have a nice night.

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ERIN KEMPLE: Thank you, you too.

SENATOR OSTEN (19TH): Ruth Rivera followed by Nancy Howard.

RUTH RIVERA: Good afternoon. My name is Ruth Rivera. I am part of the starting program through The Connections, which is found the homeless use line item. Before I start I just wanted to say thank you for allowing me to speak today. Before I was part of the starting program I was homeless due to not having family or having a place to stay. I was living in my car and safety was a big issue for me as I was afraid of being alone. I was able to get into a shelter in Hartford where I stood until my case manager and I found an apartment that I love. Since I became part of the starting program I have had nothing but good experience, no longer feel like I am alone, I feel welcome, and I am grateful for the help I have received. Working with my case manager helped me change my life and I became more a responsible woman. I am currently working and live on my own, and I am not sure what tomorrow looks like but I am excited to be part of it. Once again, thank you for your time.

SENATOR OSTEN (19TH): So I -- [applause]. So I'm going to get yelled at for all the clapping so if we can do the silent clapping, please, that will be really good. [Laughing] Always trouble with my colleagues. I want to thank -- I want to thank you because you did a great job speaking and you did a wonderful job explaining your situation and I think that is certainly brave of you to be here today and I just want to thank you for doing that. You've made us all very proud. Any questions or comments except for Representative Walker? [Laughing]

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Representative Porter first then Representative Walker. [Laughing]

REP. PORTER (94TH): Oh my gosh, I don't have any questions. I just want to -- I want to salute you. You did a phenomenal job. You pulled on my heart strings, you really -- and that's what we need. We need folks that can come in here and tell their story. There is so much power in what you did and I want you to carry that with you and remember that and know it's going to be all right, okay? Thank you, Madam Chair.

SENATOR OSTEN (19TH): - Representative Walker followed by Representative Dimassa.

REP. WALKER (93RD): Thank you so much for coming up here and sharing your story. It's important for people to see faces. We see numbers on pages and it's time -- this is the time where we actually see the faces of the people who we are affecting and you have a beautiful story because you are trying to do everything that you can for yourself, to help yourself, and I can't thank you more for that, so thank you so much, and you -- you can come up and testify more, okay? Don't worry about that, okay? Thank you very much.

RUTH RIVERA: Thank you for having me.

SENATOR OSTEN (19TH): Representative -- don't go anywhere yet, Ruth. [Laughing] One more. Representative Dimassa.

REP. DIMASSA (116TH): Ruth, I just want to say thank you very much and listen, you know what? This is just proof that when we put resources in the right places and we have people that really want to

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do it, they can do it and that's why we do what we do so thank you very much.

SENATOR OSTEN (19TH): Don't go anywhere.
Representative Dillon. [Laughing]

REP. DILLON (92ND): Good evening. I'm going to be almost as fast. And I just want to say, your story, that is -- to echo my other colleague, the reason that an awful lot of us ran for office in the first place so being up here today, sharing your story, making yourself vulnerable and giving that power it's just tremendous for all of us, and so we are grateful to you. Thank you.

SENATOR OSTEN (19TH): I think that's it. Very good. [Laughing]

RUTH RIVERA: Thank you.

SENATOR OSTEN (19TH): Nancy Howard followed by Richard Cho. Nope, she's not here. [Background talking]. [Laughing]. Go ahead.

NANCY HOWARD: Okay. My name's Nancy Howard. We represent -- we're the co-presidents of CAPS, which is the Connecticut Association of Probate Courts. We're here for one, to thank you for giving us the -- or appropriating the 12.5 because we actually got raises for the first time in four and a half years. We didn't have a merit increase, we had nothing, and so it was very important because we were actually having people leave the system. And as the judges so eloquently put it, we are the people's court. That's -- we are the people that are on the front line that they come in and they say, we were told you can help us, and we're like okay. We can help you, what do you need? And so they go through it and it is so true, we are handling so many more

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conservatorships these days, children's matters, guardians of the intellectual and developmental disabled, just so many people don't know where to turn and we're there for that.

And so funding us you -- we can keep the staff that we need so that they're trained, 'cause it takes a long time to train somebody for people to understand exactly what these people to need. And to put a face on it, I just have -- not that I'm going to show you, but you know we get letters all the time, thanking people, pictures of kids that have graduated from college -- I mean from, you know school, or this one women that went on a cruise when she was 80 and she was so thankful, sent us pictures. I mean we get things all the time that people are so happy that we are there because the majority of these people can't afford an attorney. They can't afford you know; they're looking for something and that's what we represent.

IDELES GOMEZ: Hello Committee members. I'm Ideles Gomez. I'm the other co-president of the CAPS Association and I just want to add that a majority of what the probate courts do and the reason why the courts require the full funding which was requested involves the protection of vulnerable, at-risk people who are under-represented and who without the court's protection would have very little advocacy and would be subject to neglect, abuse or worse. The people who rely so heavily on the courts are those people in our communities who the courts -- who rely on the court's protection. They are the abused, neglected and abandoned children of the state who we appoint guardians for and oversee until they turn adults, the elderly who have lost their ability to think for themselves due to Alzheimer's

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or dementia and therefore can no longer care for themselves and rely on court-appointed conservators to manage their care. The intellectually and developmentally disabled individuals of the state who are born with a disability which limits or hinders their ability to make decision and care for themselves and require the appointment of a guardian to manage their affairs. And adult with psychiatric illness whom without court intervention would likely end incarcerated, institutionalized or worse.

In short we help families who are in crisis and help people who are at risk. We appointed alternate decision makers for the duration of their appointments and in doing so we reduce the alternate cost to the state of not having these services in place. Our files don't end when a conservator or guardian is appointed. That's where they begin and they stay with the court for the life of the appointment. The courts work will continue to increase as demand for the court services continue to increase. One more. [Laughing]

SENATOR OSTEN (19TH): One more? And then we've got to --

IDELES GOMEZ: It is crucial that the court's full budget be restored to the full amount requested to ensure the court's ability to effectively protect at-risk people who rely on our services.

SENATOR OSTEN (19TH): Thank you very much. Don't go anywhere. Let me see if anybody has any comments or questions. Yes, Senator Bradley.

SENATOR BRADLEY (23RD): Just quickly. I don't want to belabor this; I know it's getting late and everyone is getting tired, but there's a backlog,

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most specifically at the Bridgeport Court for emergency hearings that takes almost two weeks to have a hearing before a judge. Do you know if this funding now that you're getting will help alleviate that backlog because as you -- as you said so eloquently it is the people's court and addresses a lot of these issues that pull at the heartstring?

NANCY HOWARD: Do you want to take that or should I?

IDELES GOMEZ: Go ahead.

NANCY HOWARD: Okay. I became Chief Clerk of the East Hartford Probate Court in 2017. When I came in there was already a backlog that existed and the clerks are tasks with dealing with all the incoming petitions, which as I stated before there's an increased demand. We're getting grieving grandparents, parents, family members who come in at their wit's end because they're dealing with something that there's nowhere else for them to turn. So we're having to deal with cleaning up a lot of the old files, getting all that stuff off of the court's docket and then also dealing with all the incoming new petitions. So it's -- we try to balance it. We try to move things as quickly as possible.

IDELES GOMEZ: Basically if we could hire more people it'd be really great.

NANCY HOWARD: Most of the courts are understaffed so it would definitely be beneficial.

IDELES GOMEZ: We try to do the best with what we have. I mean, but there's just so much that with the staffing levels that we have to keep probate afloat.

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SENATOR BRADLEY (23RD): Madam Chair, if I may just follow up with one quick question. Through you, Madam Chair.

SENATOR OSTEN (19TH): Yes, go ahead.

SENATOR BRADLEY (23RD): Stafford Probate Court specifically has asked to have extended hours, weekends, that it would make it a lot easier for people to come in during the weekends and it will help with the backlog. What's the clerk's position on opening you know, on a Saturday let's say once a week, almost like the DMV.

NANCY HOWARD: Some of stay open late at night. We'll stay at open so they don't, you know -- we either open early in the morning or we stay open at least one day a week at night, so people don't you know just come from the 8 to 4 or the 8 to 4:30, so that they can come by the court. I don't know, I mean that's a -- I work weekends already.

[Laughing]

IDELES GOMEZ: I was going to say we already work after hours. Nancy's also Chief Clerk for the probate court and similar to me, she came in at the same time and had to deal with a huge backlog, so we stay beyond our paid hours. We come in on weekends. Clerks in my court ask if they can come in and work on a Saturday to get caught up, just to try to stay afloat and get ahead of the -- of the backlog.

SENATOR OSTEN (19TH): Thank you. Are there any other comments or questions? Thanks so much. Appreciate it. Next up is Richard Cho followed by Elizabeth Donius.

RICHARD CHO: Good evening, Senator Osten, Representative Walker and other distinguished

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members of the Committee. I want to thank you for allowing me to testify. My name is Richard Cho. I'm the CEO of the Connecticut Coalition to End Homelessness. It might surprise you tonight that I'm actually here to talk about investments needed in the Department of Correction and Judicial Branch budget, not the Department of Housing. I'll leave that to my colleague, Sara Fox.

But to really address a major human tragedy and public safety crisis that's effecting our state, which are the rates of homelessness among people who are being discharged from the criminal justice system. Last year my organization matched data with the DOC and the Office of Policy and Management and we matched records of people who used homeless shelters in our state and who were actually released with the Department of Correction and we found that there are 3,500 people who used homeless shelters in the last three years who are released from the Department of Corrections within the last three years. On an annual basis that amounts to nearly 1,200 people every year who are in our homeless shelters who are released from DOC within the last three years. That actually represents 20 percent, one-fifth of our whole homeless shelter population; and it represents 12 percent of the people being released from prisons and jails.

We also realize this is not only a problem that is much greater than we realized, but also that there are significant public safety and other challenges that this population faces. We realized that homeless individuals, when they're held in pre-trial detention, they're actually denied pre-trial release because of the lack of stable housing. Courts see that as a flight risk whereas 75 percent of

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detainees in our state are actually released on bond, 75 percent of the people who are homeless in our sample were actually held in jail for their full detention. We learned that homeless people when they're actually sentenced, they're held in prison longer beyond their potential release dates. It's been DOC's policy to release inmates or consider them for release at 50 percent of their sentence completion but we found that 80 percent of the sentenced homeless individuals that we found were held in prison for their maximum sentences, they were at end of sentence, meaning they were released without any form of supervision and that they spend more time behind bars than people who had housing.

We also find that people who are homeless end up having poor parole and supervision outcomes where homelessness decreases their chance of complying with the terms of supervision. They get violations and parole and probation revocations at a higher rate. It leads to a revolving door of prisons. In our matched analysis we found that half the people had six or more prior admissions to DOC. We also learned that this is a cycle that's been going on for this population for decades that really 60 percent of the people we identified had their first contact with DOC prior to the age of 24, so we're talking about people who as adolescents and young people were incarcerated, subsequently became homeless and they've been basically cycling on and on for decades.

So I'd like -- I quickly want to share, we found some stories of individuals, a man named Paul, 37 years old. He was first arrested at the age of 26, 11 years ago. He's been since arrested 17 times in eight different locations. He's been homeless

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continuously for that entire period. In April of this year he was -- he called 211 seeking a shelter. He was immediately arrested and sent back to DOC for a violation of probation. He will be up for consideration for release in April of this year. Most likely he'll end up and passed over for released being held in prison until next year only to be released at end of sentence, back to homelessness. This is a cycle that happens again for 1,200 people every year.

We know that DOC and CSSD are aware of this problem. They've been working to address this. CSSD has been conducting homelessness screening for all probationers to help them address their housing needs. They recently parted with Department of Housing to begin a small pilot and I know members of this Committee joined us for a tour where we met an individual who has been on probation release nine previous times. He's been homeless the entire time. This is his last chance of being out in the community. He has lived in his vehicle for the last 12 months, and this is his one chance of now being housed. But the program that CSDD and Department of Housing started only serves 15 people and we know there's many more people who need this assistance.

We're asking this Committee to invest resources within the Department of Corrections and the Judicial Branch budget to provide those agencies with the ability to not only screen inmates for housing status, but also contract out to provide assist -- housing navigation services, case management and rental assistance for people so they don't have to fall into the homeless system but can be practically prevented in terms of serving homelessness. We believe a program like that could

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have an average cost of \$7,600 per person so a million dollar investment could serve 131 people every year. A \$3 million investment can serve 394 people per year. A \$6 million investment can serve 786 people and we can begin to reduce the number of people from 1,200 a year who are homeless after incarceration to zero.

SENATOR OSTEN (19TH): Okay. I know you spoke really fast. [Laughing] Testimony's online. Any questions or concerns? Senator Bradley.

SENATOR BRADLEY (23RD): Through you. This has been my experience and I hate when people have an experience and they say well this is what it is across the state of Connecticut, but humbly in Bridgeport I see that homelessness especially when talking about the Judicial branch, that incarceration you're talking about is directly correlated with mental health. And unfortunately I often see parents who retain my services as an attorney and they beg me not to let their children out or not to let their loved ones out because they want to see them get mental health treatment, and the only way that those loved ones can get it is when they're in incarceration because when they're out, they can exit out of the program and not be made and not be forced to stay in the program and get the medication or the treatment that they need. So, do you think that that program would be better served? And I'm not sure with your research and knowledge -- obviously you have a knowledge greater than I, should also have a component with mental health and not just simply addressing the homelessness.

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RICHARD CHO: I would say absolutely. And what we're talking about in housing intervention, we're not just talking about housing and rental assistance, but also case management. One thing that the court support services division and Judicial Branch has shared is that they actually have access to mental health services. They partner with the Department of Mental Health and Addiction Services to be able to connect probationers to mental health care.

The challenge is if somebody's homeless they lose track of them. They have no way to actually connect them back to housing, so to me it's using housing as a platform so you can actually ensure that people are getting that mental healthcare. And I would say the same with the Department of Corrections where if they were able to contract with nonprofits who not only provided housing assistance, housing search, and mental housing and also subsidies for the housing but case management that helps them to get connected to that mental healthcare. I think it's that package, so thank you for that question.

SENATOR OSTEN (19TH): Any other questions or comments? Seeing none, thank you so much. Up next is Elizabeth Donius followed by Steve Kohn and Jason Patel, Patlis. And just for the Committee's information, many of the testimonies that are here today are online so you can check online. Please go.

ELIZABETH DONIUS: Hi, Senator Osten, Representative Walker and distinguished members of the Appropriations Committee. I would like to thank the Committee for their past support and ask them to continue to fund the Westville Village Renaissance

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Alliance, a small but mighty organization central to the economic vitality and cultural identity of Westville Village.

As you may know Westville Village is a historical -- historic commercial district in the heart of the New Haven neighborhood, Westville, a place that people of ages, incomes and ethnicities are proud to call home. Westville is known and loved for its vibrant art scene and its strong community spirit and these things make it a wonderful place to live, and the kind of place where people want to live. It is a true success story of creative placemaking.

WVRA plays many critical roles in keeping Westville vibrant through business recruitment, advocacy and support, through streetscape maintenance and investment; through marketing efforts to define our identity as a creative, diverse and family friendly community, through public art commissions, and through a formidable slate of community events including the annual Art Walk, the Hi-Fi Pie Fest summer concert series and pie-baking competition, the giant puppet and people-making mayhem parade and the Citywide Open Studios Westville weekend that draw thousands of visitors annually.

WVRA has a strong arts focus in our events, in our marketing efforts for Westville, and in our commitment to public art, and in our support and amplification of the artists and arts-related businesses that are the beating heart of our community. We recognize the important role the arts play not only in the Village's identity, but in its economic vitality. Westville's artists and strong arts identification have been the primary driver of the revitalization we have seen in recent years.

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Businesses like Lotta Studio, a photo studio that provides co-working for creatives and houses 13 individual artist studios and Mew Haven, Connecticut's first cat café are creating new community spaces. Even our newer more traditional retail outlets, like vintage and the record shop Elm City Sounds are hybrid businesses that do a significant percentage of their sales online. These businesses are increasing Westville's foot traffic while not being entirely being dependent on it. They are on the front lines of making modern main streets work, and they have brought a young, vibrant energy to Westville.

In the year since we last testified to this body, Westville has continued to grow. In 2018, Westville, WVRA successfully worked with local legislators to update our zoning code to incentivize mixed use development. This year the two largest lots in Westville sold. The properties are mostly surface lots in a flood zone. Proposed for these long-problematic properties are a collective 330 apartments. Both developments sit along a hidden stretch of the undervalued West River, and both propose highlighting this natural resource, and further developing our Riverwalk.

Another long key property on Whalley Avenue, the former Lesley Roy Studio, was purchased by the Children's Community Programs of Connecticut. Their gut renovation of this property is underway, and they expect to have 50 plus apartments -- 50 plus employees moved in this fall. A new restaurant from Franco Camacho, of Shell and Bones and Geronimo, and some people from our beloved Delaney's Tap have leased a space in the heart of the Village. That's

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two new restaurants we expect to open in the next three months.

Westville faces the same challenges many other main streets face, stubborn empty storefronts, problematic property owners, the questionable future of retail. There is still a lot of work to do. We will continue to recruit, support, amplify and advocate for Westville while providing our vibrant community with a year's worth of opportunities to come together and celebrate. I hope you will continue to provide us with this critical support.

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

Representative Walker followed by Representative Dillon.

REP. WALKER (93RD): Good evening. Where were you - - do you know where you're funded from?

ELIZABETH DONIUS: It's the Main Street Initiative.

REP. WALKER (93RD): Main Street Initiative, okay. And how much money did you receive? The last time you received money, how much did you receive?

ELIZABETH DONIUS: We are in the process of receiving \$100,000.

REP. WALKER (93RD): \$100, okay for last year. Okay. Thank you, thank you very much.

SENATOR OSTEN (19TH): Representative Dillon.

REP. DILLON (92ND): Thank you very much. Thank you for coming. I guess I was going to ask you if the state had released your money 'cause I was thinking of you and some other groups that have not gotten

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dollars from -- that were -- that were in the state budget. Have you actually gotten your money?

ELIZABETH DONIUS: Yes, thanks Representative Dillon. We did have money hit the bank this Monday morning.

REP. DILLON (92ND): That sounds good.

ELIZABETH DONIUS: Which we really needed so that was wonderful. [Laughing]

REP. DILLON (92ND): Right and I don't -- I don't know if you can really -- thank you so much for everything that you do. I know you've had a lot of challenges but it's really clear in the past couple of years that your mission in some ways had started out coordinating events, you know has changed because of dramatic changes in the slud mat, which have -- which have altered really maybe even the physical safety of some of the properties; it's hard to know. And also traffic issues. And I guess I want to know, are you getting what you need to solve those problems and is there a way that we can help you to either get all the resources or to partner with other -- to be able to work on for example, the climate issues which are very dramatic there in the past 10 years.

And second, and I was thinking of a traffic issue where one of the merchants told me that his car -- that his customers were getting their cars smashed on Rail Aid because it wasn't clear where the parking lane was, and it was never fixed and that front -- that store front then became open. He went -- he went to Woodridge, which is actually a lot of the businesses further up went to Woodridge during another period. That's an immediate competitor in a

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lot of ways. So if you could reflect on if there's any way that we can either get your more resources or find other ways to deal with traffic and climate issues that really might have the potential to undermine some of the work you're doing.

ELIZABETH DONIUS: Thank you, Representative Dillon. I think it's a really interesting question. I do think that we should explore how we could use those resources effectively and just reflecting while we're here how we use this money and why I think we earn it. I think our organization could be a model for other communities in terms of a targeted investment in a small area and having local people on the ground who really know how to coordinate and bring people together around those specific issues that are affecting microclimate -- microeconomic climates, which is how you can think of Westville. So I absolutely would love to explore ways that we could be involved in addressing the traffic issues and addressing the folk line issues that affect Westville, because I think we have very specific knowledge of how the different components in that economic environment interact and we have a place to -- to start there.

SENATOR OSTEN (19TH): All set? Thank you, thank you very much. Appreciate it. Steve Coan and Jason Patlis followed John Fisher, David Fay and Frank Tavera.

STEVE COAN: Thank you, Senator Osten, Representative Walker and members of the Committee. We appreciate your time tonight and we appreciate the support that we have had from the state of Connecticut. I'm here with my colleague, Jason Patlis, the new President of Norwalk Maritime

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Aquarium. We're very lucky to have him join us in the state. He has a long and distinguished track record. Most recently as President of the National Marine Sanctuaries Foundation, so delighted to be able to share the -- the testimony tonight. As I've -- with him. As I've stated in the past these two institutions are key to the economic vitality of the regions that they -- that they serve and together to the state of Connecticut. They generate -- both generate over \$100 million dollars a year in economic activity for the state including tax revenue and they're anchors of our state's tourism economy generating what's a \$13 billion dollar industry as you all know. And the tourism economy generates about one billion a year in tax revenue to the state annually. So from that perspective we respectfully suggest that the state's continued investment in the two aquariums is critically important to the tourism economy. I'm going to turn it over to Jason to speak to our joint mission.

JASON PATLIS: Thank you, Steve and it's an honor to joint the Maritime Aquarium at Norwalk and it's really a privilege to work with Steve Cohan and Mystic Aquarium. Steven's been a long term -- longtime colleague.

In terms of the mission you know Connecticut is extremely fortunate to have not just one but two of the nation's leading aquariums and I can tell you a lot of states are envious of the contributions that those aquariums make to the state both in terms of economic impact, which Steve mentioned and in terms of educational impact.

With regard to educational impact the two aquariums reach over 300,000 students and children each year

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and we do that with stem based, field based, inquiry based educational programming that reaches preschool, toddlers, all the way up to high school and college students. We reach every school district in the state and we extend that to New England and New York. We're the largest providers of stem education by far with a focus on at-risk and low-income school districts.

In addition to the educational mission both institutions play a very valuable role in research and conservation, and we work with many partners across the state and that's another important element that we contribute to the state. So with that, thank you very much for your long-standing support for the two aquariums and thank you for your interest this evening.

SENATOR OSTEN (19TH): Senator Formica.

SENATOR FORMICA (20TH): Good afternoon. Thank you both for your service and your great -- representing the great facilities that you do and so many different things. You talked about the educational component but the tourist component and the -- just the entertainment component so it's just great that you're there, and I have -- I have a fondness for fish myself. [Laughing] Although I use the other end of it, but thank you.

SENATOR OSTEN (19TH): Representative Dathan.

REP. DATHAN (142ND): Thank you very much, Madam Chair. And nice to see you again, Jason and we're so excited that you're in Norwalk. I just have to commend you for all the work that you do on behalf of the fish and behalf of the seals, but also really on behalf of the kids of Norwalk who just love

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coming to your aquarium. It's such a wonderfully rainy day activity and the programming and all the initiatives that you do really serve so many. So, I really see this as a great investment of the state and I'm really happy to support it, but thank you.

JASON PATLIS: Thank you very much, Representative. It was wonderful to have you join us for the ground breaking and again the support that you all provide for the two institutions is what allows us to have that success and that impact on our kids and the families, both in state and out of state. Thank you.

SENATOR OSTEN (19TH): Are there anymore comments or questions? Seeing none, thank you so much. Thank you for coming out and spending some time with us. Next up with John Fisher, David Fay and Frank Tavera. And somebody else. [Laughing] Okay, go ahead guys.

FRANK TAVERA: Good evening Senator Osten, Representative Walker, members of the Committee. I'm Frank Tavera, the CEO of the Palace Theater.

JOHN FISHER: John Fisher, Executive Director of the Shubert Theater in New Haven.

JASON PIETRANGELI: I'm Jason Pietrangeli. I'm the Chief Financial Officer at Stanford Center for the Arts Palace Theater.

DAVID FAY: And I am David Fay, the CEO at the Bushnell, right across the street. I have been deemed to lead the conversation here for just a second, but you know instead of going through the usual thing. We've been here many times and we talk about the economic impact of our institutions and what we do in a variety of different ways. But we

recently had an experience I think exemplifies what all of our institutions do that don't make the front pages, don't make the news.

About two years ago we commissioned the rights to Melba Patillo Beal's book, *Words Don't Cry*, which is about the Little Rock Nine and the integrating of central high school in Little Rock Arkansas. And we developed a play, a one-woman play with that that we've been able to share not only here with folks in our own region but it is now actually on a national tour around the country. And in working with Ms. Beals who is an amazing human being; she said don't just tell my story. Put it into the experience of today's high schools and she mentioned the challenges that kids in all of our schools face now when you know, they walk into lock-down situations. They actually go to school afraid that Lord knows what's going to happen in their schools.

And as we developed this we were able to present the realities of the challenge that those Little Rock Nine had walking into Central High School so many years ago. And while those kinds of challenges have changed, other challenges have surfaced. And we do a talk-back with the kids afterwards and they really come forward and talk about the bullying experiences that they have, and the other kind of fears that they face. It's a great conversation and I tell that story simply to say the feedback we've gotten is tremendous on it. It's a huge investment for us to do but it's something we know we need.

And as I sit here tonight listening to my friend, Richard Cho, talk about the challenges of homelessness, and I actually sit on his board and I've enjoyed working in that arena as well; I am

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honored to be in the state of Connecticut. I'm honored to be in a state that has great, wonderful historic, traditional, conservative values but has a progressive view on where we need to take our citizens and our communities. And my associates here and I work every day that we can to contribute both culturally, educationally, and to some extent spiritually to the communities in which we work. And I know you guys have been supporting for us for many years.

You face the same challenge we do, that actually the major funding of arts organizations from governmental sources is county government in our country. County and municipal government provides 50 percent of governmental arts funding to arts organizations in our country. Because of the way we're structured, there's only one place we can come and that's to you guys. So -- but we fall far behind the other states, we recognize that you're sharing a challenge that we share in the states -- it's just structured the way it is. But I tell you, after spending many years in other states doing this, I'm really glad to be here in Connecticut, so thank you for what you're doing. Thank you for the support that you provided us.

RANK TAVERA: On behalf of the four organizations, what we do could not be achieved without this support that we receive at the state level, whether it is the performances that are created, the educational programs, the lives that we touch, the quality of life changes we make within our community. So thank you for considering us and considering the arts always as a source of funding and a resource for us to kind of improve our cities throughout the state, so thank you very much.

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SENATOR OSTEN (19TH): Thank you. Representative Walker.

REP. WALKER (93RD): I'm sorry, did you want to go? [Crosstalk].

JASON FISHER: Thank you very much. We really do appreciate all of your support and work as part of our partnership between the four of us and all of you, and you have our testimony too which lays out the facts and figures.

REP. WALKER (93RD): Thank you. And yes, and you do a fabulous job and you're great. I just have one question 'cause we are here for the Appropriations and the budget. There was a reduction in your line item that --

FRANK TAVERA: It was not our line item.

REP. WALKER (93RD): Okay.

FRANK TAVERA: It was in the performing -- performance line item.

REP. WALKER (93RD): Yes.

FRANK TAVERA: That was because of an organization that is no loner in business, so that direct line item [crosstalk].

REP. WALKER (93RD): Okay. So -- so the Unified Theater?

FRANK TAVERA: Correct. That's not part of our consortium, but yes.

DAVID FAY: That's the performance of the production. That's like the regional theaters.

REP. WALKER (93RD): Well according to the line item, it says the performing theaters and it says

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that the Unified was in your line item and they are withdrawing -- they're taking out \$19,000.

FRANK TAVERA: We are considered the performing arts line item, performance center line item and then there's a performance theater line item. So [crosstalk].

REP. WALKER (93RD): Oh, okay. All right. I just wanted to make sure. Thank you very much.

DAVID FAY: Thank you for making sure. [Laughing] I appreciate that.

REP. WALKER (93RD): Oh no, you guys are great. I think you do a great job for the community and you -- you stuck true to what we said when we started this line item; make sure you get to the communities and all of you do a fabulous job of bringing the community into art and thank you.

FRANK TAVERA: Thank you.

SENATOR OSTEN (19TH): Representative Horn.

REP. HORN (64TH): Thank you, Madam Chair. I join my colleagues in thanking you for what you do bringing light in our world. I wanted to followup on a question there about the definition of what makes you the Connecticut Association for the Performing Arts as opposed to the other groups; what is the definition of that?

REP. WALKER (93RD): [Laughing] I just want to jump in really quick 'cause we have time -- we don't have that much time but, because we're the ones who created those. There are presenting theaters and there are performing theaters, so if they have a production that they bring here that -- that is coming from somewhere else that's considered a

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performing -- I mean a presenting and if they're performing it's something that's original from around the area. That's what it is.

REP. HORN (64TH): Thank you. [Laughing]

REP. WALKER (93RD): You're welcome.

SENATOR OSTEN (19TH): Does anybody else have any questions or comments? Representative Dillon.

REP. DILLON (92ND): I just wanted to say hello to John Fisher, although Mr. Fay you're always a wonderful source of knowledge to all of us, so it's really good to see you, but thank you for what you do.

SENATOR OSTEN (19TH): Is there anybody else? No? Thank You. Oh, wait a minute. Representative Felipe of Bridgeport.

REP. FELIPE (130TH): Thank you, Madam Chair and I wanted to thank all of you as most of my colleagues did for what you do, but also specifically for mentioning the educational component. I know that the arts and theater itself is a very good outlet for a lot of young people who are dealing with mental health issues, who are dealing with a lot of things that are going on in this lives that you know, based on the climate that we live in now. We might not have gone through as kids, I'm much younger than you are but [laughing], but the climate is ever changing and getting a little bit -- getting a little bity dicey and the theater really creates an outlet for people and I'm glad that you guys are there, so thank you.

FRANK TAVERA: Thank you, appreciate that.

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SENATOR OSTEN (19TH): Okay. We do have another -- Senator Hartley.

SENATOR HARTLEY (15TH): Very briefly, I just want to say the arts are so important to the quality of life and so from the Commerce Committee and my co-chair on Conservation Development, it's very much about economic development and you are so much a part of that. Thanks for all being here and thank you, Frank.

SENATOR OSTEN (19TH): Thank you. Anybody else? [Laughing] Thank you guys. [Laughing] Okay. Sarah Fox followed by Cynthia Rider.

SARAH FOX: Good evening. My name is --

SENATOR OSTEN (19TH): You've got to turn your mic on.

SARAH FOX: Oh, there we go. Good evening. My name is Sarah Fox and I work for the Connecticut Coalition to end Homelessness. Thanks so much having me Representative Walker, Senator Osten and all the distinguished Committee members. As I sit here today as I sat here for many years, I just think about the fact that while we've made great progress we're still asking for relatively little and our efforts to end homelessness make a difference in every community across the state and we have impact. And as someone who has experienced homelessness myself and who has seen my mother experience homelessness as well I can say it is really hard to stomach seeing or even learning about the fact that we face potential cuts to our line items.

Every dollar matters in our system. Every -- we have 75,000 calls for housing assistance every year

to United Way 211, which is our first sort of point of contact for individuals who are in a housing crisis. We have thousands of people who come into appointments every year and meet with our housing specialist in our community and are assessed and diverted successfully from shelter. And every day that we -- that we can help provide and have problem solving conversations with people at the brink of crisis and prevent them coming into shelter, it matters. It matters to that family, it matters to the children, it matters to the youth. Our services make a difference.

And I'm not going to sit here and go through everything, you have my testimony but I think you know when you -- when you reach out to us, when your legislative staff reaches out to us and you're concerned about your constituents remember that you're sitting here and there's a potential cut that could actually devastate our providers. I sit in rooms every day. I hear from providers across the state that are barely keeping their doors open and it's a real concern in every single community across the state. And if our providers can't make it work, that means we're going to have an increase in homelessness, we're going to have more people dying on the street and these things make a difference.

So when we heard early from Ruth about the difference her housing made for her, that's real and that counts and that saves dollars moving forward. So just you know, remember that. All of the money that -- in that -- all of the money that's being considered to be taken away, the \$1.6 for this year and \$1.2 million for next year for the Money Follows the Person, those dollars can be used effectively in your communities. They can help prevent people from

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coming into homelessness, they can help divert people and our Case Managers can have problem-solving conversations and they can also go to Rapid Rehousing. So, please consider this. Consider the great work that's taking place in your communities every day. We're trying to grow stronger. We're trying to meet the needs of people when they're experiencing homelessness and we're doing it and we're making it work with every dollar that you're giving up.

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

REP. WALKER (93RD): Hi Sarah, thank you. Thank you for your testimony and thank you for staying up here and staying committed to the communities and the housing. Thank you.

SENATOR OSTEN (19TH): Any other comments or questions? Seeing none, thank you so much. Followed by -- next up is Cynthia Rider followed by Armando Cruz.

CYNTHIA RIDER: Good evening, Senator Osten, Representative Walker and members of the Appropriations Committee. I'm very honored to be here for the first time. I'm Cynthia Rider and I am the new Managing Director of Hartford Stage. I began just this last summer in July of 2019.

So I'm here today speaking on behalf of the Connecticut Flagship Producing Theaters that

include Hartford Stage, Goodspeed Musicals, Long Wharf Theatre, the Eugene O'Neill Theater Center, Westport County Playhouse and Yale Repertory Theatre. So what makes us unique among the arts community and other things like our wonderful

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colleagues of the performing art centers that you just heard is that we are nonprofit professional theaters of a certain size that create theater from scratch right here in Connecticut. And collectively we infuse the state with \$42 million dollars in direct economic activity. We create more than 1,700 jobs for artists and administrators right here in Connecticut. We spend just under \$26 million in taxable payrolls. We purchase local materials in excess of \$6.6 million. We spend over \$2.5 million on local printing and advertising and over \$1.3 million on hotel nights and apartment rentals for guest artist housing. We attract nearly 400,000 audience members and beyond our economic impact, we also have an essential community impact. Each of our theaters has partnerships with schools, other local community organizations that offer a vast array of programs ranging from student matinees series that we do for young people to library discussions on inclusivity to training teachers. Collectively we serve over 40,000 students in the state of Connecticut.

Today just at Hartford Stage, since I'm there, if you were at Hartford Stage today you could have seen a brand-new play written by a Connecticut playwright and director that starts performances through -- on Thursday night and there were electricians and seamstresses and welders and carpenters all at work in our theater. Or if you were in our rehearsal hall you would have seen the incredibly talented young people at the Hart School at the University of Hartford who were in our theaters with great artists doing the very first reading ever of a brand-new play that they got to work on.

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Furthermore in terms of the level of quality, all of these six theaters have received national recognition, which we hope enhances Connecticut's reputation. Most recently A Gentleman's Guide to Murder which had its very first production here at Hartford Stage won the Tony Award for best musical. Connecticut was also represented in New York with The Realistic Joneses, with Yale Rep, Satchmo at the Waldorf and the Eugene O'Neill Theater in 2016 won the National Medal of Arts from the White House. Our productions have won nearly 100 national awards, including five Tony Awards for Outstanding Regional Theatre.

We greatly appreciate and applaud the investment that you've made in our future and the arts, but the last several years have been very hard for us. As businesses and residents make decisions about recruiting and retaining people, we hope that you would consider restoring some of our funding. We've had level funding over the last couple of years but we've seen a decrease from 2014, from \$,000 for our six theaters, down to \$259,000. So we thank you for your time and consideration.

SENATOR OSTEN (19TH): Thank you very much. Are there any comments? Representative Johnson.

REP. JOHNSON (49TH): Thank you, Madam Chair and I just wanted to thank you for the great work that you do at the Hartford Stage Company, and thank you for being here tonight.

CYNTHIA RIDER: Oh, thank you.

SENATOR OSTEN (19TH): Any other comments or questions? Seeing none, thank you so much.

CYNTHIA RIDER: Thank you.

SENATOR OSTEN (19TH): Armando Cruz. Is the person sitting next to you also going to be speaking? Why don't you come up too? I've got 12 of you but we'll do two at a time. We're trying to get --

ARMANDO CRUZ: First of all, good evening Senator Osten, Representative Walker and members of the Appropriations Committee. On a personal note, Dr. Petit, I don't know if you remember but as a 24-year-old man 33 years ago I just wanted to give you my gratitude once again for giving me great advice with your colleague, Dr. Chicarilli as far as pursuing my professional career. I just wanted to give you -- thank you for the recommendation you gave me when we were all colleagues at Bristol Hospital. Thank you.

SENATOR OSTEN (19TH): So you've got to give your name for the record.

ARMANDO CRUZ: My name is Armando Cruz and I am a Radiologic Technologist for the Department of Corrections working in several jails and prisons.

Tonight if I may, I will be speaking as an 1199 Delegate serving for the past 15 years. I have been working in Corrections for 24 plus years and I have encountered, seen, and been told by many of my co-workers of the staffing issues statewide. In providing professional and basic healthcare to the inmate population, my co-workers and I have given an extraordinary amount of time and effort in the care of our inmates. The staffing crisis that the Department of Corrections has inherited not only affects my co-workers but also in the wards of the state, mainly our inmates.

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As a whole, our professional staff of approximately 675 staff or so is only a band-aid on a hemorrhaging issue that should be resolved or fixed with adequate staff.

Let me give you an example we all have experienced. Let's just say we all walk into a clinic or hospital and ask for medical or mental health care. You are told that you're placed on a waitlist and will be called when it's your turn. Naturally, you ask how long will that be, and the response is 2-3 weeks. How would you feel? That's what inmates are encountering at this day and age.

I am going to go back to my timeline of my employment for the State of Connecticut. When I first started in 1996 as a member of the Department of Corrections there was approximately 1,100 health care professionals in mental health and medical for approximately 15,000 inmates. In my opinion, in my opinion only, health services for the inmate at that time were done in a timely fashion. Fast forwarding to about ten years after that in around 2008 when UConn Health Center was at the helm of overseeing the care of 19,800 inmates, allegedly due to the budget crisis, they dwindled our staffing to 750. That was the beginning of the downfall of the care that we have yet to recover from.

That brings us to the present staffing level of today, which is roughly 675 for 17,000 inmates. It is not feasible to perform all the duties that have to be provided and completed in a correctional atmosphere with these numbers, we have been told as a whole to do more with less, which we have. With the current numbers of staff, the state and the public have seen an increase in legal issues in many

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cases that could have been prevented. I stand here before you as a professional and proud state employee, to ask you to allocate the funding that this department direly needs. Thank you.

SENATOR OSTEN (19TH): Thank you.

STEVE SWAN: Good evening Senator Osten, Representative Walker --

SENATOR OSTEN (19TH): It's not on. It's got to have the red light on. There you go.

STEVE SWAN: Oh, okay. And members of the Committee. My name is Steve Swan. I am an LPN and cover Corrigan-Radgowski and Brooklyn Correctional Centers. Thank you for appropriating funds for inmate healthcare in last year's budget. Last time I was up here we had one part-time APRN for 1500 inmates. She resigned. But now we have a part-time MD and a temporary APRN so the waiting time to be seen by a prescriber is greatly reduced.

That being said, we are not out of the woods yet. In the nearly 18 years I have worked here I have seen the need for required services increase without additional resources. For example, Corrigan needs a minimum of 5 nurses to fill the essential posts on 2nd shift. Currently the staff is three, which means two of them are always on overtime. And of the three 2nd shift staffers, two are retiring in just a matter of months, which means in very short order, 80 to 100 percent of staff working 2nd shift will be doing so on mandatory overtime. Corrigan is not the worst staff facility; it's just the one I know most about. So, I am asking that for your continued consideration of what is needed to provide the required level of care. Thank you.

SENATOR OSTEN (19TH): Thank you. Representative Porter.

REP. PORTER (94TH): Thank you both for your testimony and listening to you, the latter, just makes me wonder can you speak to the impact that this is having on you're the inmates. We understand the impact that it's having on -- the detrimental impact that it's having on workers. I mean you're being stretched from top to bottom and sideways and upside down and I don't even understand how you're functioning but I do appreciate the fortitude you have to get this work done under practically impossible circumstances. But on the flip side of that, I would like for you to speak to how this is impacting the health and the mental health conditions of the people you're serving AKA the inmates.

STEVE SWAN: I will leave someone else to talk to the mental health who's more qualified for that. But one of the assignments I've had in the past was I was the Health Service Review Coordinator, which means I was the first step in inmates airing grievances with their healthcare. At one point all of the SFG, the gang-related inmates, 30 percent of them had been on the waiting list to see the dentist for more than six months because there's just not the staff or the resources to see them in a timely fashion. And on top of that, it -- their designation means that there's less access to them too. So they're limited time to get to the dentist and the fact that there wasn't a dentist, we had to borrow a dentist from other facilities but 30 percent of them waiting more than six months. I didn't count the guys who were on the wait list for less than six months. 30 percent of them had been

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waiting longer than six months to see a dentist, so that's just an example of wait times.

REP. PORTER (94TH): Thank you, Madam Chair, and thank you for that response.

SENATOR OSTEN (19TH): Representative Rosario.

REP. ROSARIO (128TH): Thank you, Madam Chair and good evening. Thank you for what you do. I wasn't going to speak on this 'cause I've spoken on this before but you know, I come from a different perspective. I have a loved one whose incarcerated and who is currently at Osborne and we've had incidents where he had to call and say, hey they haven't given me my cholesterol medicine or other issues. So I want to continue to work with you and the staff of the DOC because it literally is a life and death situation. I know many of us are on the outside and if the waiting room is full at St. Vincent, then we can go to Bridgeport Hospital or we can go to AFC Urgent Care. We have that choice of going to somewhere where we can get that care, but when you're in a correctional facility and you have choice and you have to wait, that's definitely something that's very sobering, so thank you for bringing it to light.

SENATOR OSTEN (19TH): Representative Felipe.

REP. FELIPE (130TH): Thank you guys for your testimony. Thank you, Madam Chair. Could you -- I know that you talked about waiting times, but could you speak to your knowledge on the time that folks have to actually see somebody and how the -- the restriction of those times affect the wait or the treatment that they get?

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STEVE SWAN: Do you mean providers access to the inmates?

REP. FELIPE (130TH): Yes, yes.

STEVE SWAN: Yeah there -- it is difficult. It's not like in a community setting where you -- you can just have people come in and they wait their turn. A lot of times you can only -- like the SRGs. They cannot be up there when anyone else is up there. And if something happens like there's a fight in an SRG unit, they have to clear out everybody who is already in medical to bring those guys up to be assessed, 'cause you can't intermingle them. You have SRG inmates, PC inmates, RHU inmates.

SENATOR OSTEN (19TH): So I'm just going to interrupt for a minute because you're using acronyms that understand and not everybody else is going to understand them. [Laughing] So, if you'll -- if you could just say PC is protective custody, SRG is security risk groups, you know just so that people understand because not everybody has -- is as familiar. I don't mean to interrupt you but it just makes it easier for us to sort of talk about it after you're not here.

STEVE SWAN: Okay. And the people on Administrative Detention and the chronic discipline inmates, they all have to be kept separate and sometimes you have providers who can't see anybody 'cause somebody in the next room is seeing one of those that has the limited access. And so there's some wasted time just because of the physical setup. You can't have these people intermingle.

REP. FELIPE (130TH): Thank you.

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

REP. PETIT (22ND): Thank you, Madam Chair. Thank you, Mr. Cruz. Good to see you. In terms of that wait list obviously you have to follow some sort of triage to try to see the more acute people sooner and the less acute people, do you think it impacts in a negative way that you see people who have been waiting a couple of weeks? If they had been seen earlier, the issue would be much smaller and more easily taken care of now that it has smoldered for a couple of weeks. I guess that's sort of a general question, but.

STEVE SWAN: Absolutely.

REP. FELIPE (130TH): And so maybe penny wise we may end up spending more caring for the problem several weeks or a month later because we didn't treat it early on?

STEVE SWAN: Correct.

SENATOR OSTEN (19TH): Are there any other comments or questions? Seeing none, thank you both. Next up is Jason Mancini followed by John Lawler.

JASON MANCINI: Looks like it's still on. Good evening Senator Osten, Representative Walker and members of the Committee. Thank you for the opportunity to speak about the role and importance of humanities in Connecticut. My name is Jason Mancini and I am the Executive Director of Connecticut Humanities Council. Connecticut Humanities is a state partner of the National Endowment for the Humanities and has been actively shaping and supporting the history, heritage, and civics foundation of our state since 1974. As the

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only state-wide humanities organization, our grants, programs, and digital initiatives provide access to high quality Connecticut-based content for all of Connecticut's residents and visitors.

During the past two completed fiscal years, since the State restored funding to CT Humanities, we have awarded approximately \$1.3M to over 140 Connecticut museums, historical societies, cultural organizations, and libraries. Through our digital platforms we provide humanities content to all of Connecticut's 169 towns through Connecticuthistory.org and to educators and students our teachCT.org websites. We also co-produce Today in Connecticut History with the office of the State Historian and we have recently piloted ConnTours, with two Ns, a heritage tourism mobile app. All of these sites highlight the remarkable people, places, events and ideas our state and we've had over 100 -- I'm sorry, we've had 1.5 million visitors to these websites.

As we look to build and sustain greater access to digital content, Connecticut Humanities has funded a new project with the Connecticut Digital Archive and the Connecticut Collections Alliance to integrate our state's digital heritage resources. We're now embarking on a comprehensive campaign to inventory, survey and create a needs assessment for Connecticut's Historical and Cultural organizations. Through our StepCT program we have provided leadership and training to nearly 50 small community organizations aimed at strengthening and guiding them to a more sustainable future.

In recent followup evaluations almost all the participating museums and historical societies have

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reported increased visitation and revenue as well as improved connection to their communities. In one respondent's words, CTH staff urged us to apply for national awards, which we received. This has energized board members and strengthened our plan giving campaign. With such positive feedback from participants we are prepared to launch another StepCT class later this year.

We annually receive about \$850,000 in funding for the National Endowment for the Humanities, which must be matched. NAH funding covers much of our operational costs and funding contributed by Connecticut's judicious -- has been judiciously dispersed through the Connecticut Humanities Fund.

An important provision of our granting program requires organizations to secure matching funds, thereby developing additional pathways to donors, granters and other funding sources. This multiplier affect is a direct result of the state investment in Connecticut Humanities and is critical to the vitality and sustainability of small and large nonprofits alike. We would be grateful for any increased -- any increase that would allow us to expand our investment in Connecticut's history and heritage community, our development of educational and heritage tourism resources, and our commitment to fostering civic engagement. Thank you for your continued support.

SENATOR OSTEN (19TH): Thank you. Miss you down (inaudible - 02:14:25). [Laughing] Are there any comments or questions? Seeing none, thank you very much for coming up.

JASON MANCINI: Thank you.

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SENATOR OSTEN (19TH): John Lawlor followed by David Rich.

JOHN LAWLOR: Good afternoon Senator Osten, Representative Walker and distinguished members of the Committee. My name is John Lawlor and I am the Director of Homeless Youth and Young Adult Programs at The Connection. I believe you heard from one of my youth, Ruth, earlier in the evening. And I'm here in support of the Governor's proposed budget which preserves the Homeless Youth line item and its existing funding as this funding plays a vital role in our state's ability to make youth homelessness rare, brief and non-recurring.

This funding is administered through a joint collaboration between the Department of Housing and the Department of Children and Families, and it provides critical services particularly tailored towards homeless young people throughout our state including case management, outreach, emergency shelter, short-term rental and some other housing options again, that are just specific toward the developmental needs of young people. All geared toward the young person quickly exiting homelessness, avoiding trauma and becoming self-sufficient.

Youth and young adult homelessness might not be a particularly visible problem in most of our communities in the state. It has a very different face than that of the -- their older counterparts who are homeless. They're often referred to as the invisible population for that. But just to put the scope of -- just to state the scope of what we are dealing with as a state, the most recent homeless youth point and time count that occurred in January

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2019 came out with a projection of over 9,000 homeless and unstably housed, unaccompanied young people age 24 and under in our state, 9,000 youth who every night on a daily basis are trying to sort out where they're going to sleep tonight.

And all too often what we've seen on the ground level is that those options unfortunately include the traditional means that we might associate with homelessness, staying outside, in an abandoned building, on a bench but also staying in places where they're subjected to severe physical and emotional abuse and trauma. Often exchanging sex for a place to stay the night or being trafficked. And that is a decision that these young people have to go through every single day.

Through the continued service and housing intervention that's funded through this item line the connection and close collaboration with the broader coordinated entry homeless system has been able to provide safe shelter, housing and other services to over 130 youth just last year alone. And there is some data in my written narrative in there but in short, what we've seen is that if you give these young people a safe place to stay and some services and some mentoring like case management services, they enroll in school, they go to school, they get jobs and essentially they exit towards permanent housing destinations and do not recycle back into the homeless systems and they do not recycle into other more costly systems as well, such as criminal justice, child welfare, etc. And that's what occurs when they don't have to constantly figure out where they're going to be able to sleep every day or two.

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Despite the number of the homeless people that we have been able to serve there are still several hundred that we can identify by name right now who are still waiting for these types of services. So in closing, just preserve the funding the homeless youth line item in the state budget is essential to our state being able to ensure that youth homelessness is rare, brief and occurs only one time by the end of 2020, which is our current state goal. Thank you again for your time and your continued support, and I'll be happy to answer any questions you have.

SENATOR OSTEN (19TH): Very good. Representative Walker followed by Representative Rosario.

REP. WALKER (93RD): First of all I just want to say thank you. You guys have been a great help for me especially at my real job. [Laughing] Because I've had many teenagers fall into my school that had no home and we were paying for them individually in the hotels and you guys have helped us, so thank you so much for that.

SENATOR OSTEN (19TH): Representative Rosario.

REP. ROSARIO (128TH): Thank you, Madam Chair. I want to thank you for all the work that you do. I also want to mention that youth homelessness really impacts our LGBTQ youth community and they are really at risk for those issues we mentioned before so we want to make sure we continue to fund those programs.

JOHN LAWLOR: They are very disproportionate homeless experience amongst the LGBTQ youth indeed. They are a very high priority for us.

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SENATOR OSTEN (19TH): Are there any other comments or questions? Thank you very much. Appreciate it. Up next is David Rich followed by Shirley Watson, if you have another 1199 person to come up with you. [Laughing] Thank you.

DAVID RICH: Senator Osten, Senator Formica, and Representative Walker, Representative Lavielle, and distinguished members here. It's a pleasure to be here. I'm here in support of your critical investments through the Department of Housing to address and/or end all forms of homelessness in Connecticut. You have my written testimony on line and I'd like to just focus on really three observations and three questions. Again, my name is David Rich and I represent Supported Housing Works, which is a backbone agency representing over 200 agencies in western Connecticut. Most of our work has been in Fairfield County but as of three weeks ago I have taken over those backbone responsibilities in Waterbury and Richfield, Richfield County.

First of all your investments are working. Connecticut continues to lead the nation in its efforts to end homelessness. As you've heard from my of my colleagues, homelessness in Connecticut has been reduced by over 32 percent over the last five years and remarkably 66 percent among chronic, in that period and really leading the nation.

Money as you know isn't enough. It's how that money is used and it goes a little beyond appropriations but I do want to single out really the -- I feel the unsung heroes, which are the state and federal employees that work at HUD, DOH, and DMHAS. In my mind they're the real rock stars and I think there

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will be many cases written on how incredibly they can list these valuable assets. They figure out how to put in the communities in ways that really work, they're able to assess direct target and work with agencies throughout Connecticut.

But too is one of the critical things that has happened in the last five years is the creation of what we call Coordinated Access Networks here in Connecticut. That's really the front end of our system. We never had that before. It was uncoordinated. It starts with two and one and now we have the ability to work together through these seven CANS throughout Connecticut to really understand and grapple with these deep-seeded issues, what is causing homelessness whether it be race or lack of affordability or income; and figure out how to divert funds from the system first before they become homeless and then really target those resourced when we have it. And I think that alone has been the biggest change in our system and the most remarkable impact.

So in that end, we're really urging three requests. One is to protect the available resources we have. We've stretched these and how -- and the impact we have with what we have through DOH and DMHAS is incredible. We know what happens when those are reduced, which happened in budget cuts four years ago. In months the amount of homeless went up. It was 1:1 ratio with those cuts in resources.

Two is to stabilize Funding for the CANS. This has been put together with shoestring and bubble gum for the last couple of years. Through CIA money and now surplus funds, whatever that means. I really urge you to look at this. This is a critical piece. If

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we don't figure out how to stabilize the funding for our system we really don't have a system that really works.

And then looking at some targeted new investments and what we're looking for is flexible funds. That was something that many Representatives throughout the country don't really think of. We want to mandate how it's used. We've seen how taking the money we have, putting it into buckets, putting it into folks who really need it but we are lacking is some of that flexible dollars. If someone's car breaks; just being able to give them \$300 to keep them out of the system, this is money well worth. If someone is behind on utilities, being able to right then with a front line staff providing \$300 to \$400 to get the electricity and heat back on. Those are critical, critical investments which we need to be able to provide at the front end of our system to ensure that people do stay out and those that are in can get out, and get out quickly and rapidly.

And lastly, there's been more talk lately on affordable housing and that's important here in Connecticut and that's interesting linked to the homelessness. So I really urge you as proposals are thrown out by your colleagues and others to really take these seriously and thoughtfully. Here in Connecticut as you know is one of the most inequitable states in the nation. I do a lot of my work in Fairfield County which is the most inequitable in the nation. These are issues we have to grapple with and continue to rely on town by town strategies is broken and it doesn't work. So thank you, thank you again for all your support over the years and your partnership with all of us.

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SENATOR OSTEN (19TH): Thank you. Are there -- Representative Johnson.

REP. JOHNSON (49TH): Thank you so much for your testimony. I've over this way.

DAVID RICH: Oh, sorry.

REP. JOHNSON (49TH): No worries. [Laughing] I just wanted to thank you for your testimony and your work with Assisted Living. Those are the kinds of housing opportunities I think that we need to kind of focus on because I think it will really help people that have the behavioral health issues. You know be reintegrated into the community more but having that support for the different types of behavioral health issues is really very, very necessary so I appreciate your work and would like to learn about how you're doing it and see whether or not we could do more of that throughout the state. So thank you for being here.

JOHN LAWLOR: Thank you.

SENATOR OSTEN (19TH): Any other comments or questions? Representative Felipe.

REP. FELIPE (130TH): Thank you, Madam chair. Thank you for your testimony and thank you for being here. Just a comment if I may. You work closely I know in Fairfield County with people and community services and every year we go to the Walk to End Homelessness and we aid that fight but we also -- that to me, is also a celebration of the work you do throughout the year. You mentioned rock stars and who the rock stars are but don't sell yourself short because you guys have been doing incredible work, especially down in our area, our neck of the woods so we really appreciate it, so thank you.

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DAVID RICH: Thank you. Thank you, Representative.

SENATOR OSTEN (19TH): Representative Horn.

REP. HORN (64TH): Thank you, Madam Chair. Nice to see you, David. I claim you as one of my own even though I know you stray into other districts as well. And I just want you to know some of what my other colleagues have said is that the passion of your advocacy goes 24/7 I happen to know and runs across a variety of different kinds of services, whatever lever will help address this problem. And in a variety of different communities and recognizing that it exists in pockets all over the state in communities that don't look the way -- they don't look like they have needs and they have tremendous needs, particularly the income and equality needs you mentioned a moment ago so I join my colleagues in thanking you for your work.

DAVID RICH: Thank you, Representative Horn I really appreciate that. And many of you do this, but I just know Representative Horn was out for the Point in Time Count and I really urge you all, if you have not done that just -- you don't have to go out for the whole four or five hours, just for an hour. It's an incredible experience to go out there and -- understanding really the needs, the aspirations, the faces of the homeless but also the front lines that are doing this day in and day out. It's -- I wouldn't miss it for anything in the world.

REP. HORN (64TH): I totally concur. On a freezing cold evening, it was the best evening I spent and the most powerful evening I had in a long time. I do recommend it.

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

DAVID RICH: Thank you very much, all of you.

SENATOR OSTEN (19TH): Shirley Watson. Please go ahead. I don't know, I can't tell if those mics are on because I can't see the light.

SHIRLEY WATSON: Good evening Senator Osten, Representative Walker, and other distinguished members of the Committee. My name is Shirley Watson. I'm a licensed clinical social worker. I work in the maximum security at MacDaugall Walker, and I'm here to basically represent the group of people in our community and our society that are historically disenfranchised and basically prohibited from being able to adequately advocate on their behalf and so I'm here to offer testimony in regard to that.

I work in health services unit -- I don't know why I'm nervous; I've done this before. But I work in a health services unit. I provide mental health care and the care that we provide does not happen in a vacuum. We work with medical; we work with custody, we work with other collaborative systems and the issue that is facing us, which has always faced us, but we wind up dealing with inmates that come in already feeling like they've been prejudged certainly. They've been judged in a court but they feel prejudged, but they also feel devalued as if their presence for some reason is less than the presence of people that are in the community. They come from traumatic circumstances, homelessness, co-occurring disorders which is the prevalence of mental health as well as substance abuse and they

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come from violent backgrounds and things like that. Certainly what I've experienced in a maximum care facility. And part of my care and my concern is to make sure when they come in, if they are extensively broken to help them to be able to put those pieces back together and it has become increasingly difficult to do that with low staffing and with reduced funding. It just becomes incredibly difficult.

When you have people that come in, you're able to provide whatever care you can in order to have these inmates feel like they are part of something that can be productive and important and then you try to move them over the treatment continuum so that ultimately if and when they get discharged back into the community they can somehow be able to sustain themselves and sustain themselves appropriately, productively, responsibly. And the work that we do is becoming more and more difficult so when these folks move out, there's a really good chance they're coming back in. Certainly they'll tell you the rates of recidivism are low and all that but if you look at the sentences that's probably why they're low, because they're staying in longer. And I just think that I'm here because the folks that I serve aren't here and I'd like to be able to lend my voice to theirs.

I do appreciate you hearing me out and I hope that you will seriously consider looking at the funding and looking at the staffing and helping us provide the best service we can. Thank you.

SENATOR OSTEN (19TH): Thank you. And you are?

GERARD GAGNER: Gerard Gagner. Good evening Senator Osten, Representative Walker and members of the Appropriations Committee. I'll keep this short

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'cause I know we're short on time and I'm -- and I'm free to answer any questions you'll have. I work at Carl Robinson Correctional Institution and Corrigan-Radgowski Correction Center, where I function as the principal psychiatrist. I have worked for the State as a psychiatrist in the prison system since June 2008. I strive to provide high quality mental healthcare to those Connecticut citizens who have been remanded to the Connecticut Department of Correction. Although it is unfortunate that persons have come to me in the prison system for treatment, as opposed to finding care at liberty with outpatient providers, I do believe that I possess the capacity to help those who are motivated for change.

While I see a disproportionate amount of substance abuse, I also see quite ill patients suffering with bipolar disorder, schizophrenia, and depression, among other mental illnesses. Corrections is an environment that unfortunately sees some of the most ill patients I have ever treated, but I do think that my colleagues and I in the prison system provide high quality healthcare in a manner that not only treats underlying substance abuse and mental illness, but finally -- but that finally stabilizes people and prepares them to move forward with their lives, to reconnect with society in a way that they are better fathers, better husbands, better workers and generally better citizens.

Those goals, which generally I have in mind with all the inmates who I manage within the corrections certainly are made more challenging when I am responsible for more and more inmates. That means the care I deliver shifts from chronic disease management and Representative Petit has mentioned

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that, to more of an acute management model in which simple stabilization, and not rehabilitation becomes the focus.

I absolutely appreciate the very challenging financial environment under which you in the Legislature and the Governor operate. After all my being a Connecticut resident means I know full well, what the burden of increased taxes and simultaneously shrinking monies for basic services means to the State of Connecticut. But I do view careful, thoughtful and robust acute funding of healthcare in the prison system as a long-term investment in the state in citizens who find themselves in the unfortunate position of being incarcerated, and also in the families who are no longer supported by their incarcerated family members and in society that must reintegrate the many inmates who eventually return to the streets.

For this reason I ask that you please continue to protect and increase funding for inmate healthcare system. Thank you.

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

REP. PORTER (94TH): Thank you, Madam Chair and I will ask you the question that I asked earlier that they weren't well within their wheelhouse, not that they didn't want to answer it. But it was a mental health question. And I'm just wondering if you can speak to you said, a psychiatrist, right? What your workload looks like. How many prisoners are you responsible for? How many inmates are you responsible for and do either one of you, or both of you can speak to what is the impact on the inmate and I'm asking because for me, it all boils down too

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-- we always talk about public safety and we want to make sure that you know, there's public safety. Over 90 percent of these folks are coming home and if they're going in with mental health issues, trauma, depression, schizophrenia --

GERARD GAGNER: Bipolar.

REP. PORTER (94TH): Bipolar or all those things that you mentioned and for extended amounts of time not getting their mental health needs taken care of. I'm really concerned that the conditions of, for public safety right? And that COs and faculty included but also other inmate safety and ultimately public safety.

GERARD GAGNER: So I think that's actually a really good question. I'll start off with the easy things. Corrigan-Radgowski have approximately 1250 inmates and Carl Robinson has about 1400 inmates and I serve both of those facilities. When I originally started in correction I worked at Northern and Carl Robinson and I used to work at Carl Robinson three days a week but with the same patient population I'm now working two days a week and that -- I now cover Corrigan-Radgowski three days a week. So my time at Carl Robinson has been reduced.

And I want to make it clear. I feel like when I was in private practice I was able to more clearly set how often I would be able to see people, and I -- and despite the fact that you have competitive pressures for time and I have to be at Corrigan, I have to be Radgowski, I have to be Carl Robinson, I do feel my obligation is to do a thorough job with the people that I see. So someone here, I forget who it was, asked how much time I actually spent or how many -- how much time -- I think it was actually

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Representative Petit, who asked how much time I actually spend with people. I do feel like for example, I guess the answer to that would be as much as I need.

So today for example I saw someone I hadn't seen before so I spent an hour and 15 minutes with him. Some people might find that excessive but to understand a complicated person, I actually think an hour and 15 minutes isn't actually all that long. In private practice I would be able to reschedule him sooner to get more information before I start providing in my case, medications or even psychotherapy. When I was in private practice I could see people more frequently, for a certain amount of time but then also I could provide psychotherapy and mid- management.

In the prison system I find that I still set my schedule but because I want to be thorough with people and I think it's dismissed to say, oh, I'm going to see you for 10 minutes, here are your pills, get out of my office; I think that's patronizing and I don't think that's actually good healthcare. And despite pressures I will not practice like that. I don't think that's helpful. I think that's when you get into problems with medication side effects, and I think again, that's picking on you Representative Petit, but I think you can understand that when you're able to sit there and you're able to explain, here are your symptoms, here you come from a broken family, homelessness whatever; here you in prison now. Here is what I recommend you do to help yourself, to help yourself get better to change behaviors and not simply give you a pill to quiet you, to give you a pill to pretend that that's going to change where you come

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from. You came from homelessness, you came from violence, you came from undesirable living situations. You now have these sort of feelings. You're not in prison, which then compounds those feelings. So now I want to talk about that and how you move forward from that. I want to talk about your sleep and the things you can do to help yourself to sleep. I want to talk about your substance abuse and the impact that that has on the fact that you're here for domestic violence.

You're here for domestic violence because you got drunk and you hit your girlfriend. If you weren't drunk you told me that you wouldn't hit your girlfriend. So you have a drinking problem. That needs to be treated. So I think when I look at people like that, I think if you have the opportunity to look at them as a whole person and understand their story, that's going to take time. Then you can actually move somebody forward in their life and then you save the state money. They don't come to prison, they're able to work, they're able to pay taxes, they're able to raise their children which means someone else isn't raising their children.

So when you hear this actually it's interesting; if you listen to the other people from other organizations come forward, they're all asking for the same thing. Human resources that you invest up front and in the long run you will see the prison population go down. You will see people in DCF go down because the people who are in prison who aren't taking care of their kids are now out on the streets and who is the best provider? I always tell the inmate this, who loves your kid more than you? No one. So when you're with your child you're able to

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raise them, you're able to provide the love and support that they need. iPods are irrelevant, Ugg boots are irrelevant, North Face puffy jackets are irrelevant. What is relevant is that you're present, you provide a loving, supporting environment. You tell them that they're special and unique, you're cared for, you're safe. You cannot do that when you're in prison.

So if I sit here with an inmate and I am able to understand who they are I can, hanging out with them -- it's unfortunate they're in prison, whatever, reality is they're in prison; I can now work with them to move forward, Shirley an move forward with them. All the people behind them can help them move forward. In the long run you'll see better outcomes. You see that with medicine. I hate to go on but I kind of feel passionately about this. If you can sit there and educate somebody; I can't tell you how many people don't understand when you drink alcohol your blood pressure goes up. If you've got your weight down, if you got your blood pressure -- or if you got your alcohol under control, you might need the hydrochlorothiazide for your blood pressure. Saving money, educating, empowering people. I could go on and on about this. [Laughing] But I think that's -- that's how I feel about that.

So if I'm not treating that, I'm not helping move forward and oddly, oddly they feel despondent, they feel disconnected, they feel invalidated. When you treat --

REP. PORTER (94TH): I get that and I know that we -- we have time constraints. We want -- either one of you to briefly speak to though, what is the

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manifestation that you see when these folks are not getting the treatment that they need?

SHIRLEY WATSON: If I can just -- bear with me, I just have a really quick antidote. This past Christmas holiday there was a young inmate, high bond so unsentenced that came in. He was young, African American male. He came in and it was the holiday season and he -- at the time I got the emergency call, the crisis call I was having Case Management with one of my clinical caseloads, so the gentleman that I was working with was already on my case load, it was his scheduled time, I was working with him. I got the crisis call. Went down the high bond unit, met with the inmate who was crying. He was practically hysterical. It was the holiday season and he was not with his family. It was not something he had been adjusted to. He was upset. He didn't know how to deal with it.

And what happened was, his -- his emotions were manifest in him covering his window, him doing things that in a regular custody type setting would have resulted in him going into restricted housing, AKA SEG. I had to go down there. I had to take him aside, I had to talk to him, I had to help him work out what he was going through at that moment. At the same time I had to be mindful of the fact that I had an inmate that I had just actually ushered out of my office, so we had to abruptly end our session so I could go and take care of this crisis. And the problem is, you are -- all too often we are shipped in two different directions, and so the person that I was able to help and I was able to get stabilized and ultimately refer to the psychiatrist, he was able to be helped right then and there.

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And if I had not been able to really triage that situation right then and there, I don't know what would have happened. I cover two buildings on a weekend. I'm literally running from one building to the other one. I'm the only one. If this situation had happened on a weekend, I don't know what would have happened because I would have had to have gotten in my car and driven to the other building, seven minutes to get through locked doors and get to a housing unit.

REP. PORTER (94TH): Thank you. I appreciate that, thank you Madam Chair.

SENATOR OSTEN (19TH): Dr. Petit.

REP. PETIT (22ND): Just a quick one. Thank you for those, that impassioned testimony from both of you. Just getting back to the practical world and I know in a perfect world we'd hire more social workers, nurses, psychiatrists, psychologists; what do you think it's the most need in terms of mental health? Do we need -- do we need more social workers; do we need more psychiatrists? Where would you -- where would you start?

SHIRLEY WATSON: Honestly I think that both of them need to be on the table. I think that there has to be a you know, a regular, some sort of consistent staffing. When you have Dr. Gagner who sees good gravy, how many inmates? Thousands of inmates. I come into my facility at Walker, I have maybe 550 inmates. When I come in I'm all by myself. There's nobody that works in that building except for me. So extensively I have 550 situations that I need to manage in a seven hour shift. So do I think we need more social workers? Absolutely because if I can work with these inmates or I can work with these

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guys on the ground level then they don't get to an acute situation where now I have to get Dr. Gagner because it's a crisis now. It's not just a regular case management session where I can help them develop appropriate coping skills and other things to help them manage their circumstance. So do I think they need more social workers? Absolutely. Do I think they need more psychiatrists? Absolutely. So to me, it's the same answer for both questions.

SENATOR OSTEN (19TH): All set Doctor?

GERARD GAGNER: I would agree with that and I would also add that, I would like you to conceptualize the answer to that in the context of what I -- I kind of went off on a long tangent with; because I also feel like again with many people are saying investment up front means less need long term, psychiatrists, psychologists, social workers. I mean it really is thin. It's thin folks. So we do the best we can but it's thin.

SENATOR OSTEN (19TH): Okay. Thank you.
Representative Johnson.

REP. JOHNSON (49TH): Thank you Madam Chair and thank you so much for your testimony and the analysis that you've given us. Just quickly. I know that earlier today we had testimony saying that probably about 75 percent of incarcerated people have behavioral health disorders. I'm wondering in terms of the way that we used to do things and we had behavioral health facilities and that we de-institutionalized everyone; I wonder if anyone has ever compared the numbers of psychiatrists and social workers and nurses that were providing care back in the day when they had a place for people

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with behavioral health disorders to what you have today for the same population but now they're incarcerated and if you can't give me the answer now, maybe later but it's just a thought that I have as I'm moving forward and looking at the shortages that are occurring here and the needs that people have both within the prison facilities and also once they're discharged, what kind of supportive services are we making sure people have. And part of this is making sure they have a house and part of it's making sure that they have the right kind of supportive services to make them move and transition into more productivity.

GERARD GAGNER: So I don't have an easy answer. That's a really good question. I trained at Brown University for medical school and residency and fellowship and it's a really good question because if you look at -- so I don't have exact numbers but if you look at mental healthcare years and years ago when you have chronic paranoid schizophrenic for example, it was not the same to just simply give medication. There was a lot of therapy that went along with that and that all added together was how your schizophrenic patient was able to function. So that's even occupational therapy.

If you go the grounds of Butler Hospital, you can still see the remanence of the greenhouse space. Patients there, the long-term patients there used to grow their own food. It wasn't to necessarily save money; it was to teach them skills, have an investment. If you're picking weeds you're not thinking about the voices telling you to hurt yourself kind of thing. If you bring in all encompassing approach to these kinds of things you find stability long-term. So your question is

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appropriate and if we can give you answers later on we will submit those.

SENATOR OSTEN (19TH): All set?

REP. JOHNSON (49TH): Yes, thank you so much for your answer. Thank you, Madam Chair.

SENATOR OSTEN (19TH): So you know I just want to say that I think there's a huge problem here that has to do with staffing both inside the prison but I also know quite frankly we don't have very many psychiatrists, psychologists that are treating people before they ever get incarcerated, so I think that's another staffing problem that I think that we need to respond to. So I don't think there is anything else for you guys so you guys are all set right now. But up next is Lawani Dawkins and followed Cathleen Kurzara and Ellen Durko, both of you are 1199, so Lawani Dawkins. Hi.

UNKNOWN: Hi, my name's Jose Leone [phonetic] I'm here for moral support for Lawani.

LAWANI DAWKINS: Good evening Senator Osten, Representative Walker, Senator Formica, Representative Lavielle and distinguished members of the Appropriations Committee. Hello my name is Lawani Dawkins. I live in Cottage House, which is a work release program funded by DOC and run by Perception Programs in Willimantic, Connecticut. When I entered the doors of Perception Programs I was broken. I didn't have a clue of who I was or what my purpose was. I didn't have anyone to turn to. I lived at Grace House for mental health issues. I started doing groups, opening to staff and peers. I ran peer meetings, which helped me open up, which was hard because I didn't trust

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nobody. I was able to get medications that I needed and began to trust my own decisions. Entering Grace House was my new beginning.

From there I went Next Step where I participated in more groups, began to share my story, began to understand why my life became unmanageable and learned skills to become -- to begin to make better choices. I learned patience, which I had struggles with but they (the struggles) didn't make me go backwards. I was able to look for a job and found employment at McDonalds. That was my first legal job ever. Next Step was a bigger house than Grace House. This was hard in the beginning but I learned from staff some skills to cope. I learned while working with our Budget Specialist how to use my money wisely. I have learned how to use some tools to help me make the right decisions. I also received help with my self-esteem, trauma, abuse, how to believe in myself to just name a few.

I recently moved to Cottage, which is a part of Next Step. I am learning how to say things in the right way, how to give to others what was so freely given to me. I try to encourage others that anything is possible as long as you believe in it. There's a lot of things to focus on and I leaned to focus on the best. The past is old, the future is ahead. I am so grateful for the opportunity to have a better life. Without this house without giving me a place to live, I would have been homeless or using drugs and alcohol.

The staff who wanted the best for me, they gave me opportunities that I didn't think I could ever get. The opportunities to speak my voice and be heard and to take advantage of what the houses have to offer.

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This is a great chance for me and I am so grateful for the staff. They showed me the things I need to learn to live in society. You can make it if you try, and I learned that at Next Step. Please increase funding to these programs so more people can benefit like I did. Thank you.

SENATOR OSTEN (19TH): Thank you very much for coming. Are there any comments or questions? We're all -- we're all clapping for you.

LAWANI DAWKINS: Thank you.

SENATOR OSTEN (19TH): Thank you very much. Up next is Cathleen Kuzara with Ellen Durko. So I'm going to tell all of the 1199 people if they want more staffing and funding, they have to go to Finance, Revenue and Bonding. Just reminding you, Finance, Revenue and Bonding. They get us the money that we can spend.

CATHLEEN KUZARA: Good evening Senator Osten, Representative Walker and members of the Appropriations Committee. My name is Cathleen Kuzara. I have been a registered nurse in the state of Connecticut and I have been practicing nursing about 35 years. I have worked for the Department of Corrections for the past 13 years.

I've seen many changes over the past 13 years. We have decreasing staffing numbers. We've hired a lot of per diem staff and agency staffing and this has created a divide in the need for permanently filled positions to provide continuity and follow through with the health issues that are present in the correctional community. Working in a correctional facility comes with many challenges. Nursing staff have a multitude of duties that we mut

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attend to on a daily basis. Excuse me. [Coughing]
While also contending with our responsibilities that
we have to assist in emergency situations.

On a daily basis we are routinely tasked with
receiving, logging, and distributing medication for
hundreds of patients some of whom require
medications two to three times a day. Nursing staff
are responsible for conducting daily, weekly,
monthly, and annual testing and evaluations for a
wide range of purposes. For instance, we aid in the
intake evaluations of new inmates that come into
each facility, conduct mental health and medical
screenings to ensure followup appointments for them.
On average an RN sick call, which is a daily sick
call that they sign up for, on a monthly basis we
can see up to 500 inmates plus. If it's cold season
it's usually more.

Then in addition to all of that we must be available
to aid in emergency situations, which can then
interfere with your ability to complete your routine
tasks. Keeping up with this work can be
challenging, particularly in facilities with
dangerously low staffing levels. I am fortunate to
work in a small facility with relatively good
staffing. We have a lot of regular fulltime people
here and that shows to me that are problems at other
institutions because when I have someone that I see
in sick call, they often say to me, I didn't expect
to be seen so soon. I just put in that request
yesterday. And when I ask them why, they mention
that other facilities where they were housed at,
they'd been waiting for up to a month to be seen.
With our electronic record, all sick call requests
are recorded when they're received and I find often
people on my list that may have been on that list

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for over a month already at another facility. And going back and checking their record it shows that they were not seen.

So I can see that this stress and the lack of the ability for the jails in large and facilities to meet their patient care needs come from. They just do not have enough fulltime nursing staff to meet their needs. Working in healthcare is demanding and stressful, however it can also be rewarding when at the end of the day you're driving home and you can feel good about the job you accomplished for the day. And also I can often feel good because my staffing is good, it seems like in these other facilities they just do not have enough people to get it done. They're working all the time, mandates, overtime, and it's really taxing on their health. So I'm asking this Committee to please protect and increase the funding for our healthcare services so that I may continue to provide the type of quality work that I can be proud of.

SENATOR OSTEN (19TH): Thank you.

ELLEN DURKO: Good evening Senator Osten, Representative Walker and members of the Appropriations committee. My name is Ellen Durko and I am a Registered Nurse at Functional Unit 10 which is Willard-Cybulski, Carl Robinson and Northern. Mainly I'm at Northern. I've been in corrections since 2015 and a nurse for a total of 40 years with mainly hospital experience.

I am here today to thank you for appropriating funds for inmate healthcare in last year's budget. Since I spoke last year our staff has seen marginal improvement in medical staffing, however all of our staffing concerns have not been alleviated in fact

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many continue to persist. We unfortunately are still being mandated frequently, which results in burnout and impacts quality of care. Furthermore, the list to see nurse practitioners and doctors are too long and we as nurses can only do so much.

The DOC has been and remains the de facto state-run mental health hospitals of yesteryear and de facto drug and alcohol detox centers. Many inmates are unable to access rehabs and ultimately end up incarcerated due to their addictions. An article in the news recently found that a high number of newly released inmates are those found deceased from opiate overdoses.

We offer truly outstanding mental healthcare in Corrections. Our group therapy and classes are every bit on par with inpatient psych facilities and rehab facilities. Our staff is committed to helping inmates improve their lives as well as provide them with medical, emotional and psychiatric support when they are at their most vulnerable. Incarceration is a time for reflection and the beginning of their healing journey from terrible childhood traumas. The majority of inmates are born into poverty and have multiple medical and psychiatric healthcare needs. Until society can come up with a better system to help those suffering we must and can fund DOC healthcare. We know that progress is being made and are here to ask you to protect and continue to increase funding for inmate healthcare. Thank you.

SENATOR OSTEN (19TH): Thank you. Are there any comments or questions? Thank you so much. Next is Matthew Eggen, also Department of Corrections 1199 and Dr. Sohrab Zahedi. I'm not certain I said that right. Thank you. Go ahead, guys.

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MATTHEW EGGEN: Good Afternoon Senator Osten, Representative Walker, and members of the Committee. My name is Matthew Eggen and I am a social worker in Department of Corrections. As of January, I have worked at Corrigan Radgowski Correctional Center for 8 years. I am now at Brooklyn Correctional.

Many of us sat here last year and brought you testimonials about the conditions front line DOC health services staff have been working with. We stated unequivocally that we love our jobs and are the best staff for these high stress jobs. We sit here united in front of you again stating that we are good at these jobs, despite the overwhelming stress we deal with every day. Some of the stress comes from the population we serve. Some of the stress comes from not enough resources and staff to provide the type of care everybody deserves.

Last year your Committee was generous enough to not only not cut our budget, something that had happened each of my previous 8 years of service, but in the 2020-2021 budget you increased it. Thank you for doing so, and we hope that you continue to see that the need for proper funding is critical in order to provide care you're -- to this challenging and underserved population.

We care about providing good quality care and despite front line staff's best efforts, we continue to struggle with the same issues of efficiency and efficacy of care. There are still crazy long waits to see providers, nurse sick calls are still routinely longer than they need to be. For example, at Corrigan we have been struggling with considerable logistical problems previously mentioned by Steve Swan of getting -- getting

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inmates routine care. Those are too -- there are too many reasons to highlight in these two minutes why this happens, but if we cannot see an inmate due to facility restrictions on Monday, the list of people we were to see that day doesn't get seen until the following week. I want to emphasize these are not emergencies. Emergencies will always get to the front of the line. But if you have a chronic issue that doesn't get resolved week after week, at some point that will become an emergency. Due to staffing cuts and chronic neglect of this aging population, staff are routinely triaging emergencies that likely could have been routine if only allowed to be seen in a normal course of business.

I sat here last year and highlighted that when an inmate has a medical issue that isn't cared for in a normal timeframe, this inmate begins to write to other disciplines to attempt to get resolution of their issue. Mental health regularly fields requests from inmates who are at varying stages of frustration, anger, and bargaining to attempt resolution. This pace as a result of years of budget neglect and mismanagement of resources, creates a dissonance that is felt every day in our work.

I restate, I want to do great work, and for the most part you have the right front line staff in the facilities to care for this population. Even when you have the right staff, when you don't have enough of them, and they are being mandated multiple times a week, week after week month after month, due to poor staffing, even the right staff struggle to provide quality care.

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Please, we need more help. Please do not lower what you have already allocated for us. We care about this under-served and challenging population and we are doing the best we can. We need more staff, we really do. Senator Osten, you previously mentioned and I just want to agree with you about the crisis level on behavioral health in the state and as it -- as a clinician in the state's largest provider of mental health services, despite DOC leadership statement that we are staffed at 90 percent of where we need to be, I would argue that that figure is grossly understated. And Senator Petit, you asked about ideas from my staff and they have to improve care and efficiencies. Most of us have ideas, however, the appearance to front line staff is that leadership says they're interested but in practice they do not proactively engage us. That's a problem. And lastly, when your maximum staff is the minimum you're going to run into problems; problems that you're experiencing getting mandated every day. Thank you for your time.

SENATOR OSTEN (19TH): Thank you. Are there any comments or questions? Seeing none.

DR SOHRAB ZAHEDI: Good evening Senator Osten, Representative Walker. My name is Sohrab Zahedi. I am a physician and psychiatrist. My colleague, Dr. Gerry Gagner stole most of my thunder [laughing] and took away most of the points I was going to make, but I think I bring a unique perspective as an 1199 union delegate but also an assistant clinical professor at the UCONN school of medicine.

I had opportunity to testify before this committee in 2019. And I wanted to say thank you for not just lending an ear but for also DOC budget for its

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medical services. This Committee knows with the population we deal with, has a higher disease burden than the general population, is majority minority and eventually they will return back into the community. Also that prisons are not healthcare facilities. We are there because of a 1976 Supreme Court decision that said it's legal, obligated for prison officials to provide medical care to inmates. It's the legal thing to do and we believe it's the right thing to do.

Now in 2019, I had the opportunity to bring three concerns before this Committee and I just wanted to give you guys a little update today. But before I do that, I have a confession to make. Shortly after my training and when I enrolled with Connecticut DOC and was an employee of UCONN health I used to complain as the budget cuts were taken away from clinical care. Whenever I saw the sprawling central office that D -- UCONN Correctional Managed Healthcare enjoyed on the campus of UCONN health. In retrospect, while I don't miss the middle managers, they did do many, many things right and I'll reflect on that in a second.

My first complaint when I came before you was at that point I didn't have a dedicated mental health nurse and since then, I keep saying it to anybody I can, the last person that I had a chance to explain that to was the expert psychiatrist for the Department of Justice. The DOJ is currently investigating the psychiatric services as some of you know. I still don't understand why is it that we don't -- we do not have a dedicated mental health nurse, especially when the Feds are there investigating the psychiatric services. The same is true for the other psychiatrists in the system.

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They're sort of stuck working with front line nursing staff who as you may know, are pretty burdened already as it is.

The second concern that I raised before you was my lamenting of the absence of UCONN's academic prowess and its managerial hierarchy, which was populated by highly accomplished, teaching physicians. The curbside consult was not only available at 3:00 in the morning but it was available through very experienced and qualified physicians who were not just leaders in correctional medicine but also professors at UCONN. I know I'm running out of time so I'll just leave you with this one little point that I wanted to make.

Things are not any better today than they were in 2019 when I testified before this Committee. Mere days ago members of the black and Puerto Rican caucus held an informational hearing on inmate medical care. I watched in online. Nobody who appeared before that Committee has any significant experience in correctional medicine. Some, who have appeared before that Committee, including individuals who used the title of doctor are neither trained in allopathic medicine nor licensed in this state. Others who testified before that Committee referred to inmates that we treat not as patients, but as criminals who need to be serviced.

And the last concern, some of us in the system are still teaching residents from UCONN and that affiliation remains today. So in that regard, I do end up on a note where things neither better nor worse and that I can still teach at UCONN. But in terms of the other matters, I will -- I've said it before and I say it again, we need a lot of help.

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SENATOR OSTEN (19TH): Thank you. Comments or questions? Dr. Petit.

REP. PETIT (22ND): Dr. Zahedi, the mental health nurse you're meaning a mental health RN or APRN or either?

DR. SOHRAB ZAHEDI: A dedicated RN or I've LPNs who can do the job as well.

REP. PETIT (22ND): Dedicated at a specific facility or that is associated with a specific physician?

DR. SOHRAB ZAHEDI: Ideally a physician but I'll take facility. [Laughing]

REP. PETIT (22ND): Thank you.

SENATOR OSTEN (19TH): Any other comments or questions? Thank you. Up next is Lygia Davenport followed by Kirsten Levinsohn. You should be all set as long as that red light's on. I can't see the red light.

LYGIA DAVENPORT: Red light is on.

SENATOR OSTEN (19TH): Okay, great. That's all that matters.

LYGIA DAVENPORT: Great, thank you. Good evening everyone. My name is Lygia Davenport and I am a board member and a proud mother of several young musicians at Music Haven. They're all high honor roll students, two violists and a cellos. I come before you today to advocate for continued funding of this amazing program.

Our children are better because of Music Haven, better at dealing with stress, better at focusing in school, better at being consistent even when other things in their lives may not offer the same

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consistency, Music Haven offers that. Music Haven is not just music lessons on a sliding scale or scholarship, but a comprehensive, program committed to the development of the whole child, guiding beginners into seasoned musicians by the time they graduate the program, and might I brag that 100 percent of our graduates have been accepted to college. They value their Music Haven roots and continue to remain committed to Music Haven and Music Haven continues to be committed to them.

Music Haven is the only organization that offers a completely free music program with private lessons to all of its students, and the value is literally priceless. Music Haven provides a safe haven for students of various abilities. It is a place where some of our students with learning differences find themselves. A place where young musicians build bonds with mentors and develop concentration skills, perseverance, and find calm in their expression of music. These skills last a lifetime.

The teachers are like no others. In their own right they are world class musicians, but to our children they are a projection of excellence that is now within their reach. The entire staff is comprised of dedicated adults that care, that offer consistency and genuinely want the children to do well. Familiar faces that greet students with a smile each and every time they arrive.

Music Haven is a reputable well-respected organization by not only families and community members but also other organizations as well. Many are willing to partner with us to work together to ensure that our young musicians receive all of the necessities that come with attending an after-school

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program as a lower income student, such as healthy snacks, yoga lessons and even safe transportation home.

Music Haven is a space where families from different backgrounds gather to cheer each other's children on, where we stand united in support of one another in the name of art, community, and extended family. Music Haven is a place where families are welcome to partake in the experience of learning with the child therefore creating stronger bonds. Music Haven touches lives of whole families and is essential for continuing to produce productive, self-expressing, amazing musicians that make our city, our state, our world a better place, with the gifts Music Haven brings out of its students. Music Haven's work with refugee families bridge people from all over the world through one common language, music. Music Haven is carpools with Tetris like moves to fit instruments and kids in the car, silly jokes and lots of laughter, boards games and chess tournaments while waiting for lessons, homework help and peer assistance, growing up together, supporting each other through almost anything.

State funding is an integral component in our program's ability to continue to create and inspire young leaders, young musicians of Connecticut. I urge you to consider continuing to fund Music Haven and the unique experience that it offers.

My children wanted to come and bring their instrument and play and possibly serenade you to encourage your support, but I actually invite you, I sincerely invite you to come out and see what makes us unique. You're welcome to come to any of our programs or concerts and support the youth, the

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future of Connecticut. I am certain it will make you proud to be a support to these amazing young people. I know I will be there. I hope to see some of you as well. Thank you for your time.

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

REP. WALKER (93RD): Thank you, Thank you and thank you for your testimony. The one thing that we know more than anything is when a child, no matter where they come from or what -- what level they are when they have music, it equal out -- it equal out -- it equals out the playing field for them and for all the others, so we know the importance of music, especially for children for creativity and just for learning how to soothe themselves so it's really important that we keep programs like Music Haven operating so that our kids can have that opportunity and I thank you for your testimony today.

LYGIA DAVENPORT: Thank you for that comment. I'm sure some of our students also wrote letters that you'll be able to read, yeah.

REP. WALKER (93RD): [Laughing] We counted about maybe 20.

LYGIA DAVENPORT: All right, and there's more coming.

REP. WALKER (93RD): Oh, yay.

LYGIA DAVENPORT: I couldn't bring mine. I think you'll have at least three more.

REP. WALKER (93RD): Good job. [Laughing] Thank you very much and thank you for your testimony.

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SENATOR OSTEN (19TH): Representative DiMassa followed by Representative Porter.

REP. DIMASSA (116TH): I just want to echo Representative Walker's comments and certainly your -- your supporters have been reaching out. I think they were shutting down the switchboards today at the Capital, so thank you very much for what you do and we'll certainly take a look at it, thank you. Thank you, Madam Chair.

SENATOR OSTEN (19TH): Representative Porter.

REP. PORTER (94TH): Thank you, Madam Chair and what a pleasure to see you. I mean they said it all. We know what music does. It -- it specifically for me though why it matters is, it actually helps children become much more apt at math and science and specifically math. Some of the subjects that many of the students in that area, partly in my district struggle, so I mean there are so many reasons why kids should have access to music and it upsets me that a lot of schools in my district don't offer music 'cause they don't have the resources to have music teachers in the schools.

I believe that music really would change the trajectory of so many of our strugglers who as if they had the kind of access that your -- your beautiful children have. I've met them. I know your story and I now how it has had a tremendously positive impact on your kids and where they -- they've been able to go because of Music Haven. So, thank you for coming in and taking the time and being patient and waiting. You've been here for quite a while.

LYGIA DAVENPORT: Yes.

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REP. PORTER (94TH): I thank you for that.

LYGIA DAVENPORT: After work, drop them off, denied them the Tetris movements of sticking the instruments in the car, drove up here and you know it's been a great experience to listen to some of the other programs and the needs that we have here in the state of Connecticut. And even though you know we have one sole single small program, if I had the capability I would expand it to every city and keep it at the same level because we have a family, a greater family and with our refugee program we welcome people from all over the nation. And like I said, they may come in not speaking much English but it allows our kids the ability to learn and to grow together through the commonality of music, so.

REP. PORTER (94TH): Absolutely. Music is universal. So thank you, and thank you Music Haven for providing -- what you provide for these parents and these children. Thank you, Madam Chair.

SENATOR OSTEN (19TH): Thank you, thank you. Are there any other comments or questions? Seeing none, thank you so much.

LYGIA DAVENPORT: Thank you all.

SENATOR OSTEN (19TH): Next up is Kirsten Levinsohn, New Haven Reads. I saw all the T-shirts, so.

[Laughing]

KIRSTEN LEVINSOHN: Good evening Madam Co-Chairs and Members of the Committee. My name is Kirsten Levinsohn, and I am the Executive Director of New Haven Reads, a literacy nonprofit in in New Haven. First, thank you for your terrific support over the years. I am here today to make the case for the critical need for restoration of \$50,000 of funds.

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These are funds we've been getting for many years. We were told in July we had the funds, and then we were told in August we no longer had the funds, and this is for our free, highly impactful, one-on-one after school tutoring program for struggling readers. We are working with 570 students weekly, some of whom are here with their parents, and have 175 more students on our waiting list. Without the reinstatement of \$50,000 in the budget, we will likely have to make severe cuts.

70 percent of New Haven third graders read below grade level, similar to other urban cities. Studies have shown that if a child is not reading at grade level by third grade, the chance that he will ever learn to read proficiently without intervention is small. New Haven Reads provides that intervention for struggling readers from pre-k to grade 12.

The mother of one of our former students recently told me of the tremendous impact New Haven Reads has had on her son, Brandon. He began our program in fifth grade reading at a second grade level. She told me with tears in her eyes about the behavior issues at school and at home. Then he started New Haven Reads and after a few months in her words, "everything changed." Now he is a high school senior and he's come back and is tutoring at New Haven Reads and supporting students who struggle in the same ways he did seven years ago. Brandon will study psychology in college next year.

Our program is based on the science of reading and is highly effective. Last year, 100 percent of our students improved their test scores and 72 percent improved their independent reading level a whole

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grade or more in a six month period of time between the pre-test and the post-test.

Our community and our state need our children to be able to read. A child who learns to read effectively is more likely to finish high school, go to college, and to get a good job. This obviously also means he or she will pay taxes as an adult.

Conversely, an average of 55 percent third graders who read below grade level will fail to graduate from high school. This translates to approximately \$260,000 in lost potential earnings across each individual's lifetime.

Our literacy program more than pays for itself down the road. I urge you, please put the \$50,000 back in the budget for New Haven Reads. Thank you. I am happy to take your questions as are any of these fine people here.

SENATOR OSTEN (19TH): Are there any comments or questions? Representative Walker.

REP. WALKER (93RD): Good evening.

KIRSTEN LEVINSOHN: Good evening.

REP. WALKER (93RD): Thank you so much for bringing your friends and your families up here today. I just want everybody to know that one of the greatest highlights that we have is we have this thing called Freddy Fixer Parade and when we started doing the parade we went to New Haven Reads and we said, we don't want to walk in a parade, we want to do something. So this young lady came and sell, well I've got a whole basement full of books, come on. So we loaded up a van and did the parade, which was

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a mile and a half and handed out I think as many as 10,000 books in one go.

KIRSTEN LEVINSOHN: Well, it's 1,100 but --

REP. WALKER (93RD): But -- but -- [crosstalk]. We've done it three years in a row.

KIRSTEN LEVINSOHN: That's correct. And just to that, I didn't even talk about our book bank. We give out 110,000 books every year.

REP. WALKER (93RD): And the most wonderful feeling was the smiling faces on the kids on the parades. They were so thrilled, they ran and got their brothers and sisters and said, could you give them a book too? And the idea that they held those books with as much joy as cotton candy, I think really said a lot to us. So thank you for what you do. You do a wonderful job, and we truly appreciate you. Thank you.

KIRSTEN LEVINSOHN: Thank you.

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

REP. PORTER (94TH): Thank you, Madam Chair and Kirsten, you already know how I feel about this program. Representative Walker talked about one of the highlights of giving the books out at the Freddy Fixer, but I think the highlight that is really the biggest for me is actually having been a tutor at the program working with the kids and understanding that when they come in -- just to see the change in them as they gradually you know, progress and they reach different levels, and I can so relate to the story that you're talking about and I can understand how Brandon was able to you know like turn his

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behavior around, because for a lot of people who can't read it's about self-esteem, you know. It's about you know having pride and feeling good about yourself and knowing that you can actually accomplish something that everybody should know how to do, right? So it really makes you feel very insecure and as kids, kids don't know how to process that so a lot of times they do act out.

So I just want to say thank you for persistence, thank you to your team. Thank you to the parents and the families that are here, and to that little cutie pie sitting back there. Hey. [Laughing] Thank you for coming out. Yeah, just thank you so much. I know the important of it. Reading is cliché. Reading is fundamental but it really is. If you can't read and write, what else are you going to be able to do that would you know give you a life that you -- would be sustainable, right, and prosperous. So what you do really does matter. It really is tremendous and I applaud you for coming up here every year making sure that you're getting from us what you need to continue to help these families and their children succeed, so thank you, thank you, thank you.

KIRSTEN LEVINSOHN: Thank you.

REP. PORTER (94TH): Thank you, Madam Chair.

SENATOR OSTEN (19TH): Senator Formica followed by Representative DiMassa.

SENATOR FORMICA (20TH): Thank you, Madam Chair. You know I agree all of what has been said and I've only met you this evening. [Laughing] So your passion was evident and I was pleased to get the opportunity to meet you and to learn about your

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program and it sounds like it's a wonderful, wonderful program in need of support, so.

KIRSTEN LEVINSOHN: Please come down and visit.

SENATOR FORMICA (20TH): Thank you very much. Great for all of you guys.

SENATOR OSTEN (19TH): Representative DiMassa.

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

SENATOR OSTEN (19TH): You're welcome.

REP. DIMASSA (116TH): Kirsten, thank you very much for being here. When you do the mass on this \$50,000, \$570 week comes out to like \$1.70 a year per individual; I've got to tell you how many programs we're going to get these kinds of results for that price. So, I think it's -- I think it's well worth the money. Thank you very much.

SENATOR OSTEN (19TH): Are there any other comments or questions? Seeing none, thank you so much. And this is how we do it.

KIRSTEN LEVINSOHN: Thank you so much.

SENATOR OSTEN (19TH): Robert Lafrance. Did he stay? He's gone? Bianca Stedman and Krystal Myers; are you both here? Bianca Stedman or Krystal Myers? Either one of you here? Are you guys coming? Okay, good. I'm sorry.

BIANCA STEDMAN: Can you hear me?

SENATOR OSTEN (19TH): No, I can't hear you. Is your mic on? You've got to press that button. There you go.

BIANCA STEDMAN: Good evening. My name is Bianca Stedman. Good evening, Senator Osten,

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Representative Walker and other esteemed members of the Committee. My name again is Bianca Stedman. I am a nurse at the maximum security correctional institution, Garner. I am speaking before you today to address the critical need for additional funding and I know you've heard that all evening, but that's how critical it is, and additional staffing in our medical and mental health units.

My colleagues and I, whom you heard prior before me, provide medical care in various forms. For example intake, routine monitoring, acute care, organizing patient care, and discharge functions. As part of the Health Services Unit, we are required to triage medical issues in real time as they occur. Our medical care and responsibilities do not happen in a vacuum. And what I mean by that is, they happen consecutively as well as concurrently.

With the most current staffing levels, there is an ostensible feeling of helplessness. Make no mistake; there is an absolute commitment to perform our jobs to the very best of our ability with the resources given to us. When I say helplessness it is because with the current funding and staffing situation, our ability to be more responsive in providing treatment is becoming increasingly difficult. It is my firm belief that if we could address medical issues as they present, we will be able to hopefully prevent more acute crises be it the result of behavioral or even mental health origins. And I've seen that a lot from where I do work.

We will be able to consistently perform the type of care that encourages inmates to become proactive in their medical care. For example, monitoring their

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food intake to prevent elevated blood sugar levels, high blood pressure, or other preventable chronic diseases for example what I just mentioned, hypertension, diabetes, Hep C, HIV, for example and so forth.

Our work is not meant to be one-sided. Inmates that receive a beneficial level of care will be able to return to their families and communities in a healthier state. Certainly there are also tangential benefits to increased staffing funding, improved collaboration between treatment systems, improved workplace safety, and reduced inmate medical crises.

All too often financial and cultural barriers prevent people from seeking adequate medical care while out in the community. When they are admitted to correctional facilities we try to identify previously undiagnosed or untreated medical issues. Increased staffing would allow us to perform more comprehensive assessments. We will be able to address these issues on the ground floor. One of our primary goals is to help inmates see that many medical issues can be regulated through their own behavioral efforts. [Ringing] I will be done in 30 seconds, I promise. Once this is realized, they are more willing to actively engage. This will hopefully improve their lots not just while incarcerated but once returned to the community.

I would like to conclude my testimony with a direct appeal. Our work can positively influence inmates to manage their lives. Our work saves lives. Far too often, we do minimum care because it's all that time, resources, and staffing allow. No one wants acute medical incidents to happen. You are in the

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position to help us literally and figuratively save lives. Please continue to protect and increase funding for inmate healthcare. Thank you.

KELLY SCHAER: Good evening Senator Osten, Representative Walker, and members of the Committee. My name is Kelly Schafer and I have worked within the Department of Corrections for the past 12 years as a Licensed Clinical Social Worker.

I went to school to be a social worker because I wanted to do something in a helping profession. I graduated from Smith College School for Social Work in 2005 and began my career with the Department of Corrections in 2007. Until just over a month ago, I had been the only social worker at Carl Robinson Correctional since I started. Carl Robinson is a medium security facility that houses just over 1300 men.

Currently, the department is struggling to recruit and retain mental health prescribers, namely psychiatrists and APRNs. The decrease in prescribers has left some facilities with very little coverage in regards to having an onsite person to refer inmates who could benefit from medication. Licensed social workers and counselors do provide regular case management, group therapy, crisis intervention and individual therapy, but none of these replace the fact that there will always be a certain portion of patients who are truly in need of medication.

Mental health services in prison are an incredibly vital part of treatment. Incarceration for many can be a very isolating experience. Many of the inmates' families cannot afford to put money on the phones, which leaves inmates with an immediate decrease in

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emotional support upon incarceration. Many families also cannot visit their incarcerated loved ones due to issues with transportation. Mental health services become an outlet for inmates to have a supportive ear and some encouragement to help them through their sentences.

Many inmates are also getting clean and sober at this time. With a sober mind, the guilt and shame many of them feel regarding their conduct that landed them in prison can be a huge emotional burden for them to bear. When we strip people's access to these services during incarceration, the risks of suicide become higher, mental health issues such as anxiety and depression become more prevalent, inmates may be more likely to return to prison after release, and the workers also begin suffering from compassion fatigue.

There is also a large number of individuals who suffer from true mental illness. Schizophrenia, bipolar disorder, personality disorders, and also major depression, these individuals need consistent care and support so that they remain stable while incarcerated.

I am asking for the committee to please protect and increase the funding for the health services budget within DOC, so that we can continue to provide support and treatment to the incarcerated population, and so that we can provide an opportunity for the inmates to use these services to improve their lives while incarcerated so they have a better shot at not coming back to prison. Thank you.

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

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REP. PORTER (94TH): Thank you. Can you just tell me what you mean when you say compassion fatigue, and what does that look like when -- and you said faculty, right?

KELLY SCHAFER: Yeah, yeah. Compassion fatigue is a term used for mental health providers including I would say even medical providers likely use the term also. It's a term that's used where you're just burnt out, where you're just absolutely on overload, where you kind of maybe internalized some of the issues that you're helping to treat and some of those symptoms kind of become present in the staff. It's a clinical term that we use.

REP. PORTER (94TH): And how -- how does that effect the worker and the inmate, everyone actually.

KELLY SCHAFER: I think you know it effects the worker in the sense in that people probably are using more sick time when they're burnt out. You know people may not be as invested in providing quality of care or they may not be able to emotionally themselves, be able to give that amount of emotion to the work that they're doing. And it effects the inmates because if their worker is burnt out, they're not giving the best care that they can give to the inmates so it's kind of a dual issue.

REP. PORTER (94TH): Thank you for that response, and thank you both for your testimony. Thank you, Madam Chair.

SENATOR OSTEN (19TH): Thank you. Are there any other comments or questions? Seeing none, thank you very much. Next up will be Mandi Jackson, and then the last two 1199 people will be after that. She's

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going to come up with Lydia Rostkowski, so I'm going to do Mandi Jackson.

MANDI JACKSON: Good evening, Senator Osten, Representative Walker and the entire Committee. Thank you for your stamina and listening to all the testimony. My name is Mandi Jackson. I'm the Executive Director of Music Haven. I just want to say before I start my testimony, I also wanted to speak on behalf of support for New Haven Reads. Music Haven has a number of students, probably a significant number of our students who also go to New Haven Reads and it's really important they're great partners for us, so I just wanted to add that. That's not in my written testimony.

So you heard a great deal from Ms. Davenport about what our program does and why it's important and I - - a lot of our students have also submitted testimony so I'll let them be the experts on that. I wanted to speak specifically to how the arts are funded here in our state because it's done a lot differently than it's done in a lot of other states. And specifically here in Connecticut to get any significant amount of funding in the arts you have to get on this list of organizations that receive this line item.

Music Haven was not on this list for many, many years. When I first started five years ago we started the process of trying to figure out how to get on this list and last year after significant advocacy from our students and their parents they met with members of New Haven Delegation and we finally did get an allocation of \$100,000. We were the only organization on that entire list that only had funding for the first year of the budget.

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So since then we've been trying to figure out how do we get that year two funding and what we've learned more recently is that we're not getting that year two funding and that we're no longer on that list and so I want to speak to the reasons why we need to be on that list and more organizations like ours need to be on that list.

Number one, we are the only organization in the State of Connecticut that provides this free programming. One-on-one lessons, a whole variety of programs. We're like a conservatory meets a community center. No other organization in the state does what we do. And there is absolutely no real funding source at the state level that provides resources of any kind to address inequities and access to the arts for low-income communities of color and virtually none of the funds on that list to fund an organization have a mission that is specifically to do that.

When we were added last year, that marks an important step toward actually recognizing that there needs to be support for organizations that provide access to low-income communities and communities of color. And to remove us from that list it contradicts all of the state's commitments, particularly with respect to the arts to diversity, equity and inclusion.

I want to make an argument now for the economic development -- from an economic development standpoint, why we should be funded. We are an arts organization that has good jobs, 90 percent of our staff is fulltime with salaries. These are good jobs for artists. They're fulltime salary with benefits. All of our staff make living wages and

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our allocation in the state budget stayed in New Haven because our staff moved to New Haven, live in New Haven, they buy homes, they raise families because we provide good jobs in arts.

Another economic development that I think is crucial is the future of the arts industry in this state requires that the sector figure out how to more -- how to be more racially and economically inclusive. Our students are not only future musicians or music teachers or whatever else they want to do, they and their families who are only exposed to music, classical music because we take away the economic barriers and open that door; they are the future ticket buyers and future audience members for the arts here in the state. This is inherently shrinking sector if it is a sector that speaks in response only or primarily to predominantly white communities.

If we lose this allocation, just to be clear we will essentially have no public funding for our program. We receive no funding from our local board of education. We receive no other state funds and so understand that for many, many years we were able to secure between \$80-\$100,000 dollars a year in competitive grant funds from a variety of sources. Those have been shrinking and disappearing and have become unavailable to us.

I just want to close by saying, as many people have said, a budget is a moral document and a budget is a much more clear articulation of our values than anyone could say. And this budget without funding for Music Haven says very clearly that the arts are a privilege and not a right and that the state of Connecticut doesn't believe it makes any sense to

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invest in arts programming for communities of color or low-income communities. This budget without Music Haven in it, is telling our nearly 80 kids, some of whom have been studying violin, viola or cello with us for more than a decade, that the state of Connecticut doesn't think that that's a very good use of their time or a good use of state money. It's telling them we value museums and symphonies and professional theaters but they themselves and their families cannot afford to visit, that we don't think it makes much sense to spend state money on them, on their community and on the music that they're working so hard to make.

Please send a more hopeful message and let them know that they are valued, their community is valued and that they have the right to play music and excel as musicians as much as anyone else in this state. Thank you.

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

REP. WALKER (93RD): Thank you Mandi for your testimony and I will say, I know it doesn't give you any solace but there was an error for your second year when they did the budget. It was left out so we will make sure that it is put back.

MANDI JACKSON: Thank you very much.

REP. WALKER (93RD): Thank you.

SENATOR OSTEN (19TH): Any other comments or questions? Thank you. Thank you so much. And we have two more 1199, Krystal Myers and Lydia Rostkowski. I don't know if there is anybody after that or if this is it. Okay.

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KRYSTAL MYERS: Good Evening Senator Osten, Representative Walker and members of the committee. My name is Krystal Myers and I am a Registered Nurse with the Department of Corrections at MacDougall-Walker. We came before you last session to advocate for increased funding for healthcare in our prisons, and I would like to thank you for providing us with that increase. With this we have seen improvements such being able to replace necessary equipment that was out dated such as vital signs machines. Today I am here to ask for your continued support and consideration to increase our budget to allow for necessary education and training which would give nurses the updated tools needed to provide the best care in the most efficient, safe, caring and cost effective way.

In a recent meeting with the DOC Commissioner and the Black and Puerto Rican Caucus the Commissioner stated that one of the major limitations for training staff is finding adequate coverage to fill in for staff as they are trained. And I completely agree with him. A solution to this problem would be to increase in the budget of course, to allow for the hiring a fulltime nurse educator, which Corrections does not have. They would travel to the different facilities. This would allow for on-site training and the flexibility to accommodate nurses' schedules. This also allows for consistent implementation of policy and procedures between facilities as well as sharing of best practices on important topics such as emergency medical response techniques, use of new equipment and medications. With dedicated staff coordinating and focusing completely on education it would allow nurses the resources needed to ensure success.

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In my other past nursing positions, it was mandatory to complete several hours in continuing education as a condition of employment. Training included topics such as safety, pharmacology, infectious disease, emergency preparedness, disease management and skills validations. These areas are extremely important for nurses to stay on top of their profession to ensure the best quality care to our patient.

An increase in our budget would also mean the ability to recruit and retain new nurses and providers. One of my responsibilities as a nurse at MacDougall-Walker is to provide Prompt Care which is a pilot program in which inmates sign up the night before to be seen by a nurse the next day. On any given day it is my responsibility to see upwards of 20 inmates. Unfortunately, on many days there aren't enough hours in the day to see everyone who has signed up. While doing Prompt Care we are also expected to do cuff checks, transfers, and handle emergencies, check on flu status patients. Then when an inmate is finally seen by a nurse after signing up week after week, it can then take three to four months to be seen by a provider, and that includes our chronic care patients. With extra posts added we would be able to better educate our patients on their conditions and be able to see our patients in a more timely fashion.

In conclusion, in order to provide the best quality of care to the inmates, I believe health services needs more education to focus on recruiting and to increase our staffing to better meet the needs of our aging population in a timely fashion.

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I would like to finish with one of my favorite quotes by Florence Nightingale. "Let us never consider ourselves finished nurses; we must be learning all our lives." Thank you for your time, consideration, and future support.

LYDIA ROSTKOWSKI: Good Evening Senator Osten, Representative Walker, Representative Porter and members of the Committee. My name is Lydia Rostkowski and I am from East Hartford. I am a Registered Nurse, currently employed as a Supervising Nurse at MacDougall-Walker in Suffield and have been employed as a Correctional Nurse for 11.5 years. First, I would like to thank you all for your attention to inmate healthcare and the appropriation of funds in last year's budget to the Department of Correction, specifically as it applies to Inmate Health Services.

Many steps have been taken to improve Health Services in the past year, specifically the effort made to address the severe staffing shortages within our facilities. However, I am present tonight to further advocate for funding inmate health services, for safe patient care, and for the needs of correctional Health Services staff. Correctional Nursing and working within the confines of a prison is different from other kinds of nursing. We are working in a stringent environment primarily focused on safety and security while trying to provide the best possible care to a diverse patient population who historically have suffered from a host of health disparities. Staff must really hone and strengthen their clinical assessment skills, prioritize problems and seek solutions while constantly being aware of safety and security concerns. Additionally, Correctional nursing is very

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autonomous in nature, so development of core skills for independent practice is crucial. These educational needs are absolutely necessary for staff.

My facility, MacDougall-Walker is considered one of the largest facilities in New England, housing nearly 2000 inmates between 2 buildings, all Security Level 4 and 5 inmates, maximum or nearly max inmates. We have a 24 bed infirmary and provide services for all of the sentenced Dialysis patients in the state. Our nurses pass medications to approximately 300+ inmates in the morning and 400+ in the evening along with treating approximately 130 diabetics, monitoring their blood sugar and administering insulin injections to them two to three times a day. Nurses also have a variety of scheduled treatments and dressing changes to tend to, plus routine sick call or Prompt Care visits along with being responsible for Emergency Code Response for some known medical issues such as seizures, low blood sugars or inmates fighting, or possibly something unknown such as an inmate found unresponsive having suffered a cardiac event, needing CPR or a having overdosed on unknown drugs and needing to be revived with Narcan, which just occurred last week.

Currently within the state of Connecticut and across the country, the inmate population is aging and stressed with an already taxed system with increased health care costs. Many of these inmates are afflicted with chronic diseases such as diabetes, hypertension, and chronic kidney disease, as well as a variety of infectious diseases such as HIV or hepatitis. Along with the health issues, we are encountering the issues of where to house the

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handicapped and aging population, and providing care to those that need increased assistance with their ADLs, activities of daily living.

Our goal as healthcare providers is to care for all of the inmates with their varied and often complex medical needs. Increased staffing allows for nurses to see more inmates daily and assures optimal nurse to patient ratios, ensuring timely and appropriate care along with patient teaching. Please continue to fully fund DOC healthcare so that our staff can continue to ensure that the highest quality care is being provided to our inmate population.

SENATOR OSTEN (19TH): Thank you. Are there any comments or questions? Representative Porter. Thank you both for your testimony and it's good to see you over there. I know the work you do and I know that both of you serve from your heart. I want you to speak to the Narcan issue that you referenced that happened last week, but before you do that I just want to ask each of you to answer, why correctional nursing? 'Cause it just -- it takes a special person. It's I have CNAs and other people who do jobs that I know are very hard to do, why correctional nursing?

KIRSTEN MYERS: So, my dad worked for the Department of Mental Health so I grew up going to Cedarcrest to serve Thanksgiving dinner to the population, underserved and I felt I fit in well here.

LYDIA ROSTKOWSKI: This became a passion. It didn't start out as one. I -- even when I was offered this job prior to coming to corrections probably ten years prior to ever coming, I thought no way, there's never going to be a way that I want to do this. Then I got here and I fell in love with it.

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It's different every day. It's you know, you do get to use all of your nursing skills and your humanity skills, your people skills. You talk to people at their most basic level and bring them up from there, so.

REP. PORTER (94TH): Thank you both and I'm very grateful that we have you in the state of Connecticut as correctional nurses. You are to be applauded so thank you. And if you could just speak to the Narcan issue because I'm like, Narcan, okay, I know why you need Narcan so how did that situation happen?

LYDIA ROSTKOWSKI: So I believe that particular inmate was out for court the day prior and they had come across some -- something. He -- I think he believes he had heroine. I believe it turned out to be Fentanyl and heroine mix but he was found unresponsive. Officers -- I mean this was an amazing code. They got there very quickly. The officers initiated CPR, nursing arrived with Narcan and within the hour he was out the door and I mean, thanking us before he left the building for reviving him.

REP. PORTER (94TH): Okay. Thank you for that and thank you again for your service to the state.

LYDIA ROSTKOWSKI: Could I please speak to one more thing, Representative Porter, I know you came from the Black and Puerto Rican caucus and I just wanted to speak to the inmate that was dropped off in New Haven. 'Cause I know you were upset by that. There was work done on that inmate prior to him being discharged. He did come from our facility and I know that the panel that was here that day couldn't really answer that question but I did bring an email

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from that day, the day prior. Unfortunately this was a bigger social problem. Every connection in the community was made. It's listed here who was contacted. His release was a special parole release and he was released on a Saturday. It's unfortunate because he was a homeless person. He had nowhere to go and there were no dialysis beds. So there was a Plan A and a Plan B and it included re-entry counselors, Dr. Puglusi and Juan from the Transition Clinic, Community Health, Federal Re-entry, New Haven Re-Entry, The Columbus Health, Yale New Haven Medical Social Worker, the program director for Emergency Shelter Management, New Haven Office of Building -- I mean just so many organizations that were contacted prior to his release and unfortunately there just weren't dialysis beds. I know my discharge -- the discharge nurses from my facility spent hours on this particular case and you know my response to her -- to her email that day as she was working late that night, I just said, no opposition and really great job despite a fairly difficult and hopeless situation.

So it's not that prior work wasn't done. There just wasn't an optimal solution and I don't think there is a bridge to the community or maybe one needs to be built; a better bridge for when people are discharged because that was an unfortunate thing but there was work done to try to get him the help he needed.

REP. PORTER (94TH): Thank you so much. I appreciate you bringing that information forward and I think Transition Clinic, because out of all the names that you just named as connections, they were the ones that I actually went with to pick him up off the grid, so they did show up.

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LYDIA ROSTKOWSKI: I just didn't want you to think like we just dropped him off on New Haven, 'cause that was not the case I mean from our standpoint. I do think there you know, needs to be more work done.

REP. PORTER (94TH): Absolutely. And that's something that myself and the Commissioner and some of the folks at Yale Transition are working on, bridging that gap to ensure that that doesn't happen again.

LYDIA ROSTKOWSKI: Yes, ma'am.

REP. PORTER (94TH): So thank you for that. All right. Thank you, Madam Chair.

SENATOR OSTEN (19TH): Don't go anywhere. Representative Pavalock-D'Amato.

REP. PAVALOCK-D'AMATO (77TH): Thank you. Just a -- Krystal, I just wanted to say thank you for coming to testify and I remember when you were in nursing school so it's pretty admirable that this is the route that you've taken and the woman that you've become. Just a couple of questions. How long are your shifts or how many hours a week are you currently doing?

KRYSTAL MYERS: Well if we're not mandated we work a rotating eight, five days a week, four days a week, eight hours. The union is currently under negotiations to try to get 12-hour shifts for us. It is a better work/life balance, especially for mandates. But they are trying to be able to mandate us from home. And so that is the push-back right now with that. So, technically I guess I work about 40 hours a week but that's without the mandates.

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REP. PAVALOCK-D'AMATO (77TH): So your shift at one time would be how long about?

KRYSTAL MYERS: Eight hours currently.

REP. PAVALOCK-D'AMATO (77TH): And you guys are trying to make it longer?

KRYSTAL MYERS: Yes.

REP. PAVALOCK-D'AMATO (77TH): Okay.

KRYSTAL MYERS: So it -- it helps with continuing care. I mean there's tons of studies that 12-hour shifts are better for handoff, better for the patients and it provides the work/life balance that allows us to destress.

REP. PAVALOCK-D'AMATO (77TH): And are there currently where you are at, are there open positions or are they open and unfilled, what's the staffing situation there?

KRYSTAL MYERS: So our facility has health gap, that is trying to bridge the gap. So it's temporary staff. So we still have to do overtime. We still have mandates but I don't think it's as bad as some other -- the other facilities.

REP. PAVALOCK-D'AMATO (77TH): Appreciate it. Thank you very much.

LYDIA ROSTKOWSKI: I can speak to that as well because we do use (inaudible - 03:54:34) currently. I am a nursing supervisor there. Our mandates aren't as bad as some of the other facilities. I think, you know Osborne maybe is worse. Other places, they are filling in the gaps. We are almost at full staffing but some facilities still need probably ten nurses where we only need four or five.

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REP. PAVALOCK-D'AMATO (77TH): So when you say mandate, can you just explain what you mean? You mean a certain number of nurses at a time or if you can explain that for everybody, 'cause I'm not sure we really understand that.

KRYSTAL MYERS: So a mandate is you come in for an eight hour shift and you're there for 16; you don't have a choice. It doesn't matter if you have a family, it doesn't matter -- so we -- it takes a different level of dedication for a nurse to work for the state in general because they do have that option to mandate whereas private facilities really don't have that.

SENATOR OSTEN (19TH): Are there any other comments or questions? Seeing none, thank you both. Appreciate it. Up next is Bobby Asher and Aleta Staton followed by Julia Wilcox.

ALETA STATON: Good evening Senator Osten, Representative Walker, Representative Porter and other members of the Appropriates Committee. We want to start off by thank you, thanking the legislature for its ongoing support and to share information about the International Festival of Arts and Ideas impact made possible through your consistent funding.

ALETA STATON: Since the founding of the International Festival of Arts & Ideas in 1996, our partnership with the State of Connecticut has touched many lives and brought much needed dollars to New Haven and our State.

The economic results are well documented and quantifiable. Thanks to a long-standing relationship with Quinnipiac University who has

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overseen an independent economic impact study each year of the Festival, we can confidently measure our direct and indirect economic impact. Over the course of our festival which is just 15 days per year, we generated an economic impact of \$9.2 million in 2019 and generated \$584,000 in sales tax. We also employ more than 180 people each summer and draw tens-of-thousands of people to Downtown New Haven, maintaining the city's vibrancy during otherwise slow summer months. And finally, the International Festival of Arts and Ideas provides paid opportunities for artists and speakers from Connecticut.

In 2019, 672 Connecticut-based speakers and artists were featured on our stages representing 75 percent of speakers and artists overall that year.

BOBBY ASHER: Good evening, I'm Bobby Asher, Director of Programming for the Festival. Part of the Festival's mission is to ensure that every person in the state of Connecticut that wants to participate in the Festival can do so barrier free. We do that by providing over 85 percent of our programming completely free of charge. And we do that through a combination of state and public and private funding. We try to be good stewards of the money that we are allocated through the state. We have audited every year. We match every public dollar 4:1 with private revenue.

Beyond the money we offer a lot of value and we're very proud of the work we do in our community and with our community. I want to talk about just one of those programs, the Arts and Ideas High School Fellowship Program. So for about the past ten years, we have welcomed 10-18 New Haven Public

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School sophomores and juniors. They come together for an intensive, semester-long course that we present in partnership with Gateway Community College. It gives them four credits -- college credits as part of their high school education and provides a bridge to higher education and future employment. One of those -- one alumni of that program, Ed Chase is now working as a fulltime member of the staff at Arts and Ideas, so we can draw direct line from the support that we give to those fellows and their success in the field of the arts and their professional development.

The students really rave about that program. One of them shared that they taught -- it taught them how to collaborate with others that have different ideas than you do. So on behalf -- I want to say thank you on behalf of the Festival but also as a person who started his path to this Committee room in an elementary school band program, became the first person in my family to go to college through public funding of the arts and through some of the programs like the Festival provides in our community, I thank you personally as well.

SENATOR OSTEN (19TH): Representative Walker.

REP. WALKER (93RD): Thank you, thank you Aleta, thank you very much for coming both of you. It's a pleasure to hear from you about this organization. This -- the International Arts and Ideas has done a fabulous job of maintaining arts instruction and appreciation, not only in New Haven but for the whole area of Connecticut because people from all over come down to the Arts and Ideas, and it's wonderful because especially when you see the

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families, and the kids and they are participating and it's like a -- it's a week of -- no, it's 10 days of great activities, oh it's 15 days. 15? Wow. [Laughing] It really is wonderful just to see the natural enjoyment for arts, those plays, spoken word, music, dance, everything possible. I know one time I saw some bagpipes or something that was very interesting. That was -- that was fascinating to see the bagpipes, but still, it's a great opportunity for everybody to just relax and enjoy arts together with everybody so thank you so much for what you do. Thank you.

SENATOR OSTEN (19TH): Are there anymore comments or questions? Representative Candelaria.

REP. CANDELARIA (9TH): Thank you, Madam Chair. I just want to echo the same sentiments. Those are the best 15 days that we see in New Haven but not only for New Haven, there's Greater New Haven, the State of Connecticut, the whole state of Connecticut and I think that needs to be said. You know many times because an event is held in New Haven just New Haven owns but in this particular case this is an event that the whole state of Connecticut gets to enjoy with their family. So I want to thank you for you continuing to do the work that you do.

SENATOR OSTEN (19TH): Are there any other? Representative Porter.

REP. PORTER (94TH): You know I could not not say anything. This is a New Haven thing and I mean it builds community; it builds social cohesion. I reminds me of a time during the summer for 15 days that we really get to be a village and not just a village for New Haven, but like my colleague said, Greater New Haven, State of Connecticut, folks that

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you don't get to see often you can count on seeing them. One or two or three or four or five of those 15 days people are coming down and they're coming with their folding chairs and they're coming with their wine and cheese and it's just a really great thing that you do, so I am very grateful for the work. I pray that you will continue to do what you do so that we can come and enjoy it; so thank you and thank you, Madam Chair.

SENATOR OSTEN (19TH): Thank you. Any other comments or questions? Seeing none, thank you both for staying all night with us. Appreciate it. [Laughing] Next up is Julia Wilcox followed by Kathy Flaherty.

JULIA WILCOX: Good evening Senator Osten, Representative Walker, Senator Formica, Representative Lavielle and distinguished members of the Appropriations Committee. My name is Julia Wilcox, Manager of Advocacy and Public Policy at the Connecticut Community Nonprofit Alliance. The Alliance is the statewide advocacy organization representing nonprofits, with a membership of more than 300 community organizations and associations. I appreciate the opportunity to testify and all of you being here tonight. You've heard from so many of our members this evening and as you've heard from them firsthand, Community nonprofits support people in need, enrich our quality of life, and employ tens of thousands. They are what make Connecticut a great place to live and work.

Community nonprofits and the people they serve have made substantial sacrifices during the past decade of state budget deficits. The 2020 Legislative Session provides a critical opportunity to begin to

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address the impact of this chronic underfunding and increase the stability of the nonprofit sector. Connecticut's economy is finally on the road to recovery, the budget outlook which is the strongest it has been in over a decade. As the state's projected surplus continues to grow, it is time to restore previous funding cuts and invest in the people served by the nonprofit community.

Given the current fiscal climate, I am here to respectfully request that the legislature appropriate \$461 million over five years for community nonprofits. Since 2007, nonprofits have lost at least \$461 million in state funding that has not kept pace with inflation or adequately covered increased costs of services and increased demands over the past 15 years. We respectfully submit the following recommendations. First, commit to increasing funding by the full \$461 million or 28 percent by Fiscal Year 2025. Second, appropriate \$128 million (a state net of \$67 million after federal reimbursement) in new funding for community nonprofits in Fiscal Year 2021, a 7 percent increase; and finally index the -- excuse me, index increases to inflation to ensure that state funding will keep pace with increased costs in the future.

For additional information I've included the extensive white paper of the alliance that I encourage you to read. It includes much of our methodology as well. And you also have detailed information regarding our recommendations on analysis over the DOC, CSSD, DECB and DOH budgets. And if I may, I'd like to just highlight -- [Ringing] or not, three quick points. But you do have my detailed testimony.

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SENATOR OSTEN (19TH): Thank you. Are there any comments or questions? Seeing none, thank you so much. Thanks for staying all night with us, Julia. Next up with Kathy Falherty followed -- is Noah Bloom here? Noah Bloom, going once, going twice. Is Bill Hosley here? Going once, going twice. You're our last speaker unless anybody else here wants to speak. [Laughing]

KATHY FLAHERTY: Well, Senator Osten, Representative Walker and distinguished members of the Appropriations Committee. I'm very pleased to be here tonight and you have my written testimony so I actually want to use this time to respond to what I've heard other people say since I've been here.

First is -- my name is Kathy Flaherty and I'm the Executive Director of Connecticut Legal Rights Project, a co-chair of the Keep the Promise Coalition and a member of the steering committee of the Connecticut Cross Disability Lifespan Alliance, but most importantly I'm also a person with lived experience. I am one of those people living in a diagnosis of what some people call chronic mental illness, some people call real mental illness, some people call serious mental illness; I just call it what they bill the insurance for. And I was civilly committed and I spent 60 days, my first year at Harvard Law School in the hospital. So one of the things that's really important in some of the discussion that I heard tonight, and I know a lot of you know better than this is that having a diagnosis does not equate to being violent and I really need all of you to remember that and I need you to call people who testify in front of you who claim that that's how they're working out when they say that.

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I do appreciate the DOC psychiatrist talking about things other than medications that help people heal. And I just want to -- I know you know this but part of the reason people end up in the criminal legal system is the state failed to keep the promise that it made decades ago to reinvest the money that was saved from closing large state hospitals into the community-based system of care. That's why the Keep the Promise Coalition was named, it's why we're still here, it's why I'm here tonight.

The other thing is the probable court judges themselves did a fantastic job defending their system and the one thing that I want to point out to you is my clients do not feel that the probate court system helps them. It's through the probate court system that their legal rights get taken away. It's through that probate court system that their liberty is taken away. It's through that probate court system where they are subjected to involuntary administration of psychotropic medications and involuntary application of electroshock. That is why we have been bringing more cases where we're appealing those probate court orders. So I am here defending their budget because the rule of law is supposed to still matter despite what is going on in this country today. And we need that legal system to work. We need that system to be able to pay for court appointed attorneys and for conservators. So when I saw the budget and I saw an \$8.5 million dollar cut, I do not know how a system is supposed to keep itself functioning with \$8.5 fewer million dollars; it doesn't make sense. So despite the fact that our clients are not happy with what goes on in probate court, despite the fact that we spend a lot of time, our time appealing what has happened to our

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clients in probate court, that system needs to function. And so, just so you know I'm -- I really don't have any useful comments regarding the DOC budget because we work in the civil legal system, but that does not mean that we do not recognize that our clients often fall into the criminal legal system because they're not accessing the services and supports because they're not available.

And so clearly something has to be one. I do not envy any of you your jobs and I will be in front of Finance, Revenue, and Bonding as well. Senator Osten made that point to us several years ago and we have been doing that and I'm well aware of the fact that you can only appropriate the money you've been given. So I'm happy to answer any questions but I'll also be back so if you don't want to do it tonight that's fine. [Laughing]

SENATOR OSTEN (19TH): Well I want to thank you for coming not only for hanging in there but doing all the work that you've done for Keep the Promise because I continue to say over and over again we have changed geography. We didn't change the mission. And quite frankly while we had a lot of people come tonight for the Department of Corrections in the medical field, the Department of Corrections is not designed to take care of mental health issues. That is not what we should be doing. That is just -- it is to me, the reason why many of those people ended up in corrections was because the judges had no place else to site somebody that was in crisis and I -- I don't like it. I don't agree with it, but I know that that's what happens.

KATHY FLAHERTY: Yeah, when people don't have access to the services and supports they need in the

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community, when we get around to the DMHAS budget hearing there is a specific line item in that DMHAS budget that really goes to providing people some services and support so they get out of the hospital. I just want to also point out that when people talked about closing the hospitals and de-institutionalization, please have the legal right to be in the community and be in the least restrictive environment that meets their needs and if there's not a legal basis for holding somebody and detaining somebody they should not be held and that's one of the big issues that we're trying to address as well, but I absolutely appreciate it when we criminalize disability related behavior and we criminalize poverty and people end up in a system that they don't belong in, we're failing as a state. And we can do better and we need to do better.

SENATOR OSTEN (19TH): Thank you. Are there any other comments or questions? Thank you very much, Kathy. Is there anybody else who wants to testify who has not testified? Is there anybody else who wants to testify? Brandon, you can't testify. [Laughing] Is there anybody else who wants to testify? Seeing none, we are closing this meeting.