

Appropriations Subcommittee Work Session, March 14, 2023

Q: Provide list of capital projects needed for medical/mental health expansion in regards to report submitted in January.

A: Public Act 22-133 required the Department of Correction to submit a plan developed in accordance of Section 1 (b) of this act concerning the delivery of health care and mental health care services to inmates of correctional institutions. The plan was submitted January 20, 2023 and identified a staffing plan that would require 308 positions and funding for those positions (without fringe or benefits) of \$21.93M. While the plan identified broad structural and physical building requirements such as new assessment and exam rooms (estimated 10), additional dental and exam chairs/suite (estimated 20), and furniture, fixtures, equipment, and associated utility infrastructure cost have not been developed. Further building studies and plans would be required especially given the scope and need to integrate these spaces into a secure correctional facility.

Q: Provide a detailed breakdown of vocational village budget.

A: The Vocational Village project has provided the Department of Correction with the opportunity to dedicate \$20M in funding to support its offender population by investing in infrastructure, programming and education. This three (3) phased project will seek to offer participating offenders the necessary training to secure employment in the community in an effort to become a productive member of society. Phase One of the project is estimated to cost \$1.23M and involves initial investments to improve and create preliminary programming space and purchase equipment, such as CDL driving simulators that will be available to offenders are Carl Robison CI, York CI, and Brooklyn CI. Phase Two of the project is anticipated to cost approximately \$6.15M and involves on-going improvements to existing and new programming space. The Third and final phase of the project is estimated to cost approximately \$10M and will include a large investment in the establishment of a Vocational Building that will be dedicated to supporting, advanced welding and manufacturing, culinary arts and hospitality, masonry and computer coding. Remaining funds will be used for such items as administrative costs, licensing, staffing needs, and contingencies.

See attached budget

Q: What is the total cost of the free phone calls?

A: DOC has expended \$1,798,020 to date in FY23 (6 months paid) and are contractually obligate to pay \$3,596,040 this FY. This is based on the current contract between the state and the telephone provider. We do not know what next year's cost will be as this current contract is expiring and DAS is negotiating a new contract pursuant to the recent DAS RFP/procurement for a new Inmate Telephone contract. It should be noted that the department has received funding in prior budgets totaling \$9.5M that could support the costs of the telephone and messaging contract(s). The Department of Administrative Services (DAS) issued a request for proposal (RFP) for Inmate Telephone Services in March of 2022. Vendor proposals were submitted in May of 2022. Since that time, proposals were submitted by vendors and they were reviewed and scored by an evaluation committee based on criteria identified in the RFP. A proposed vendor was selected for the right to negotiate a contract for these services and a draft contract is in

the final stages of review prior to being submitted to the vendor. It is anticipated that a contract may be finalized in the next several weeks.

Q: What is the specific training that CO's need to monitor calls and messages? Why do monitors need to be CO's? Why can't you use a different/non-hazardous duty classification?

A: Only Department of Correction staff who have been instructed and trained in the following shall be authorized to operate recording devices and handle recordings:

1. The Regulations of State Agencies Sections 18-81-28 through 18-81-51, Inmate Communications;
2. The operation of recording and listening devices;
3. The telephone recording and listening guidelines;
4. Administrative Directive 10.7, Inmate Communication
5. Kenneth Washington vs Larry Meachum Commissioner of Correction

Correction Officers are additionally utilized due to their knowledge of the prison system, knowledge of the inmate population and knowledge of everyday function of our system. Communications are also important to the department's security and intelligence functions. Custody staff also receive annual detailed Security Risk Group Training and complete the 14-week academy, which provides them with a full understanding of the penological system and policies governing the inmate population.

Q: What is the process for inmates leaving prisons with ID's?

A: Identification, Discharge Planning and Release:

- Discharge Planning Process – Per Directive 9.3, Discharge Planning begins when an offender is first admitted into our Custody. However, our Discharge Planning Checklist shall be initiated by the Records office 60 days prior to each inmate's discharge. The checklist shall be forwarded to the unit counselor for completion. If an offender is identified as homeless, the unit counselor notifies the Reentry Counselor so the appropriate services and referrals can be made. Below is a breakdown of the various reentry services that are provided:

Identification Procurement – Reentry Counselor's weekly review lists to identify those who are eligible or in need of ID procurement. DOC is restricted by Memorandums of Understanding and Policy as to when we are able to initiate ID procurement. Examples of identifications and process time are:

- Birth Certificates can be requested 3 years prior to release.
- Social Security Cards can be requested 6 months prior to release. (Driven by federal Social Security Administration requirements)
- New DMV ID's can be requested only when the offender has a birth certificate and social security card and is within 6 months of release (including releases under community release mechanisms.
- Additionally, if an offender already had identifications on entry DL/ID renewals and duplicates can be requested.

- Number of Inmates discharging w/out ID – The Department of Correction considers the term “discharge” as an offender’s end of sentence date (EOS) however; the Community metrics also identify those discharging from court as a DOC discharge. With that said, the number of non-ID releases is difficult for DOC to track due to the pre-trial population who are often released directly from Court with little to no advanced notice, making it extremely challenging for DOC to query this data.
- Number of IDs secured annually - In FY22 (07/01/21-06/30/22) a total number of 4,898 ID’s were initiated and secured by The Department of Correction (this includes birth certificates, social security replacement cards, replacement driver’s license & non driver ID)
 - Birth Certificates: 1,548
 - Social Security Card: 1,986
 - Driver’s License: 258
 - Non Driver ID: 1,097
 - Marriage/Divorce Rec: 9
- Number of EOS Annually – For the year end of 2022:
 - 4,492 inmates EOS from facility or community supervision
 - 84 discharge by death (29 in facility custody, 55 community)
 - 3,938 discharge did not return from court

Of the sentenced discharges entered into the Discharge Planning screen (RTDP) please see below:

FY22: 4188 total, 3801 (90.7%) with ID
 FY21: 4540 total, 4114 (90.6%) with ID
 FY20: 5955 total, 5290 (88.8%) with ID
 FY19: 4513 total, 3989 (88.3%) with ID
 FY18: 5177 total, 4548 (87.8%) with ID

These percentages include both, those discharging from a facility and from Parole Supervision. When these numbers are run, we use specific codes representing a different form of ID. In order to break those percentages down even further I would need more time. However the above percentage represents individuals discharging from all of DOC’s jurisdictions (ie from facility and parole supervision) with at least (1) form of ID. This percentage DOES NOT include our unsentenced/pretrial population nor those discharging from Court.

Procedure Of When An Inmate Is Released.

The Department of Correction has several community release mechanisms (forms of supervision) where transportation is pre-arranged by DOC/Parole and Community Services. When an individual is released to supervision, they are either transported to one of our contracted Halfway Houses or released to a sponsor (which normally consists of a family member or friend).

Each facility has a facility specific procedure for issuing bus passes for an End of Sentence offender. For example, Garner CI and MacDougal Walker, do not allow pickups from their facilities. Offender’s that are housed there are required to be transported to county jails, which is coordinated by facility staff. Each facility purchases their own bus passes through a purchasing requisition.

Per Administrative Directive 3.7, Offenders are released with a personal check if they have money on their Inmate Accounts. They are unable to use this money until they cash their check. The Department of Correction also has Gate Money (AD 3.11). If an offender has served 24 continuous months of sentenced incarceration and has been indigent for a period of time they are eligible for Gate Money, in the amount of \$50. Gate Money is an earned privilege in the form of a check that also needs to be cashed.

Discharge planning takes place when an offender is approximately six months from any eligible form of release; this includes community release and EOS populations. At the six-month mark, Reentry Counselors begin applying for identifications such as a birth certificate, social security card and state ID. The Discharge Process in accordance with Directive 9.3 begins 60 days prior to discharge by our Records Staff, utilizing the Discharge Planning Checklist and Transportation Log. The log documents whether the offender has transportation, clothing, IDs, has to register for the Deadly Weapon Offender Registry or Sex Offender Registry, if DNA testing is required, if there is a need to close out an Inmate Account Balance, Gate Money eligibility is reviewed and DCF notifications, Health Services and Addiction Services referrals are completed.

****It is important to note that an offender can refuse any and all assistance offered. It is also important to note that a large number of offenders are discharged from Court. (Ex. If an offender goes to court and his/her case is dismissed, he is unable to return to DOC Custody and will be released from the Court House.) We would have to defer to the Judicial Branch for further discussion on their release processes. For DOC specifically: Hartford, Bridgeport and New Haven Correctional Centers (jails) are the only DOC facilities where offenders are able to walk out the door without money or a bus pass in hand and/or with no coordinated transportation, if they choose.**

Inmates Leaving With Identification (Percentage, Process, Etc.)

The process to obtain IDs is outlined in AD 10.15 Inmate Personal Identification Procurement and Storage. DOC also has MOUs with DMV and SSA. DOC can assist with obtaining identification when an inmate is sentenced and within a certain time frame from discharge. DOC can request a birth certificate 3 years prior to discharge. DOC can request a SS card 6 months prior to discharge. DMV time frame is a little more fluid because licenses/IDs expire at different times for renewals or duplicates. To apply for a new DMV ID, the inmate needs to be within 6 months of end of sentence and we need to have both their birth certificate and SS card per the Federal Real ID Act. It should be noted, CT DOC is unable to assist an incarcerated individual whose birthplace is Puerto Rico due to PR's requirements. This individual must be able to supply a VALID state ID in order to request a replacement birth certificate. Needless to say, our population is unable to obtain a valid state ID without having a replacement birth certificate. CT DOC has experienced this issue since 2018, which has significantly affected our Puerto Rican population for 2022. For reference, during 2019, DOC had a total number of 1,355 incarcerated individuals who were born in Puerto Rico and only 90 of 1,355 have birth certificates on file. As of 2/3/23, DOC has a total number of 892 incarcerated individuals, born in Puerto Rico resulting in that could benefit from ID procurement.

During 2022, approximately 80% of all incarcerated individuals that discharge were released with at least one form of identification (birth certificate, SS card, DMV ID, etc. As stated above, there are multiple challenges that DOC has experienced with obtaining identification. 1. Inability to obtain identification for the incarcerated Puerto Rican

population 2. Individuals waivers due to having them secured at home with social supports
3. Individual waivers, not interested in spending their personal funds on IDs since DOC is not able to make procurement mandatory 4. The change in our population currently our un-sentenced/pre-trial population is nearly 50% of our incarcerated population.

Q: What percentage of people don't stay at the DOC (in the medical field) because of salary? What are the top reasons for staff leaving inmate medical services? How do you know the above information? How do you collect this information – i.e. exit interviews, surveys, etc... How do you know that the state's rate of pay is an impediment for hiring medical staff? What data do you have to back up this assertion? What are you specifically doing to retain medical staff? What specifically are you doing to recruit medical staff?

A: Unfortunately, there is no definitive answer for staff departing solely for salary constraints, given that many of the departing employees are not compelled to complete exit interviews.

Anecdotal data from candidates, along with comparing CT Department of Labor's Occupational Wage Data with the State of CT salaries, the discrepancies are clear. The median average for Registered Nurses in CT (which includes public sector data) is \$86,878, while the midrange salary for CT state employees is \$79,008. The reality is the private sector pay is even higher than \$86k if the calculations excluded public sector data.

There are many compelling reasons why medical staff part ways with CT-DOC some of which are working conditions (mandated double shifts, other schedule issues, required interaction with offender population); salary being just one of the factors, but what we believe to be an overwhelming component.

Discussions with/written communication from exiting employees, optional exit interview process and staffing complaints has assisted in leading us to believe that some of what can be controlled lies within a fair and equitable rate of pay at or above what the typical non-hazardous duty setting may garner at doctor's offices or hospitals.

As of 2/28/2023: Since July 1 we have made 53 actual job offers for RN positions and 22 of those were declined, with at least 14 of those due to salary (some said so directly, others took other jobs and salary and working conditions were likely a factor in their decision). Of the remaining eight, it seems six were related to schedule issues, one was due to a medical condition, and the other reason was unknown.

As of 8/16/22: we had 68 registered nurse vacancies. We have conducted 112 RN nurse interviews since 8/26/2022.

As of 3/7/2023: CT DOC still had 75 vacant registered nurse vacancies.

CT-DOC has been conducting interview events/job fairs, presenting at educational institutions that offer nursing degrees, processed direct contact notices via email targeting licensed individuals, use of contractually permitted bonuses as appropriate, expanded social media presence.

CT DOC has held four hiring/interview events in the past 8 months with an additional scheduled in early April partnering on a new initiative with Talent Solutions to create media content (video testimonials, photos, etc.) using current staff and supervisors.

Since August of 2022, DOC HSU has sent over 37,000 emails to registered nurses in CT and RI.

From an in-house perspective, we have been working with the union to implement 12-hour shifts (nurses), reclassification of positions as appropriate, working with the union to increase scheduled hours per week as appropriate, increased recruitment efforts to reduce amount of mandated shifts.

Expanded use of contracted agency staff (63 nursing staff actively working with CT DOC) in an effort to decrease mandatory overtime.

Many efforts have been extended to try and correct the hiring and retaining issues for our medical staff and we keep fighting the battle as up-hill as it often seems.

Q: What is the average amount of OT for a CO per week?

A: The Department currently has 3,425 filled Correction Officer positions. With the FY23 average, overtime hours per pay period at 63,084.24 hours, each CO would work approximately 9.21 hours per week.

Q: What is the difference in the community support services for agency requested vs. governor recommended in the budget?

A: The \$5,916,922 proposed by the Governor for each of the two years reflects the cost of the FY 2022 4% and the FY 2023 5.41% COLA increases, previously supported through funding with the Office of Policy and Management. The COLA increases have been part of the Governor's support for the health and human services non-profit community. The Governor's Proposed Budget for the FY24-25 Bienium funds these expense directly with State agencies (in this case DOC), who will work with its contracted provider network to have the funding appropriately allocated within their specific contracts and program budgets.

Q: What percentage of people don't stay at the DOC (in the medical field) because of salary?

A: While DOC seeks exit interviews from department staff, those employees are not compelled to complete exit interviews

Q: What are the top reasons for staff leaving inmate medical services?

A: Working conditions (required interaction with offender population, mandated double shifts or schedule,); salary

Q: How do you know the above information? How do you collect this information – i.e. exit interviews, surveys, etc...

A: The Department seeks to establish productive discussions and written communication with exiting employees and offers an employee exit interview process (optional for the individual to complete).

Q: How do you know that the state's rate of pay is an impediment for hiring medical staff? What data do you have to back up this assertion?

A: Anecdotal data from candidates and DOC's hiring experience.

As of 2/28/2023: Since July 1 the Department has made 53 job offers for nursing (RN) positions and 22 were declined. The department was able to determine that 14 of those 22 declines were due to salary (direct reporting or others took jobs where salary was determined the likely factor in the decision). Of the remaining 8 of 22, it appears 6 were related to schedule, one was due to a medical condition, and the other reason was unknown.

DOC has conducted 112 nurse (RN) interviews since 8/26/2022. As of 3/7/2023 CT DOC still has 75 registered nurse vacancies.

Additionally, a review of CT Department of Labor data. When comparing CT Department of Labor's Occupational Wage Data with the State of CT salaries the discrepancies are clear. The median average for Registered Nurses in CT (which includes public sector data) is \$86,878, while the midrange salary for CT state employees is \$79,008. The reality is the private sector pay is even higher than \$86k if the calculations excluded public sector data.

Q: What are you specifically doing to retain medical staff?

A: DOC is working with the union to implement 12-hour shift (nurses), reclassification of positions as appropriate, working with union to increase scheduled hours per week as appropriate, increased recruitment efforts to reduce amount of mandated shifts.

Expanded use of contracted agency staff (63 nursing staff actively working with CT DOC) in an effort to decrease mandated overtime.

Q: What specifically are you doing to recruit medical staff?

A: Conducting interview events/job fairs, presenting at educational institutions that offer nursing degrees, direct contact via email targeting licensed individuals, use of contractually permitted bonuses as appropriate, expanded social media presence

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