



***In Support of SB 987: AN ACT CONCERNING REINVESTMENT OF SAVINGS ACHIEVED THROUGH A REDUCTION IN CORRECTIONAL FACILITY POPULATION INTO REENTRY AND COMMUNITY-BASED SERVICES AND PROGRAMS with changes***

Senator Winfield, Representative Stafstrom, and distinguished members of the Judiciary Committee, my name is Rebecca Simonsen and I am a Vice President with the New England Healthcare Employees Union District 1199. Our union represents 26,000 health care workers across the public and private sectors in Connecticut, approximately 3,000 of which deliver care in the Department of Mental Health and Addiction Services and the Department of Correction.

Our union brings together working people of every color. Our members are disproportionately Black and brown and the vast majority are women. 1199 members provide critical safety net services to our most vulnerable residents— including providing health care and mental health care in prisons and mental health care throughout DMHAS, despite chronic underfunding that has reduced services and hurt our clients. I come before you today to testify in support of SB 987—but with one addition.

Let's be honest: we live in one of the wealthiest states in the wealthiest country in the history of the world—but we are also among the most unequal and racially segregated. Some people in Connecticut have access to every kind of benefit this state has to offer due to their zip code, class, and skin color: housing, education, quality health care, decent employment, mental health care if they need it, etc. Yet other people in our state are not afforded those same resources to thrive—purely because of the extreme inequalities that we have allowed to skyrocket over the last few decades.

When society does not meet the basic needs of working people, especially working people of color, it vastly increases the chance that they will wind up in prison. And once they are released, it vastly increases the chance they will wind up back in prison. A person leaving prison is 12 times more likely to die in the first two weeks of their release than a person in the general population. Connecticut residents with a criminal record face over 550 systemic barriers to re-integration into society.

Our policy choices are the key way to finally address the systemic inequalities that lead to such horrifying outcomes. In this historic moment, District 1199 has joined with the ACLU, CCEH, and Transitions Clinic and other organizations to advocate for justice reinvestment – so that we take a step towards putting an end to the disastrous system of mass incarceration and reverse the decades of austerity and segregation that have hurt all

of our communities, and disproportionately communities of color. The time is now to invest in the resources that our communities need so that there are not two Connecticuts but one.

The key word here is reinvestment, because over the last few decades, as we have spent public dollars building prisons, we have been slashing public dollars to social welfare. Passing SB 987 would reallocate funding to several essential housing, health care, and mental health care services that people need.

SB 987 funds an expansion to the DMHAS-run mobile crisis units so anyone across the state experiencing a mental health emergency can receive mobile crisis services 24 hours a day, 7 days a week, 365 days a year. Although Mobile Crisis Services are a critical jail diversion intervention and clearly needed now more than ever, chronic underfunding has cut them to the bone—leaving huge gaps in coverage on nights and weekends statewide. For example, the Bridgeport and Stamford regions each rely on just two clinicians to respond to mental health emergencies during the day—and zero during the night.

Now responsibility has fallen on police officers—not mental health professionals—to be the first responders to mental health emergencies. According to a national study, twenty percent of all 911 calls are related to a mental health emergency. People with mental health issues are sixteen times more likely to be killed by the police. Here in CT, over fifty percent of those who have been killed by police since 2001 were experiencing a mental health crisis.

We have seen the need for mobile crisis services skyrocket during the COVID-19 pandemic. At Capitol Region Mental Health Center in Hartford, crisis calls have tripled since the beginning of the pandemic. At Southwest Connecticut Mental Health System in Bridgeport and Stamford, calls have increased by over 400%. And across the state, the mental health acuity of the individuals who receive mobile crisis services has increased since the pandemic, many more elderly people are utilizing mobile crisis services, and the intersecting impacts of the pandemic have pushed existing services beyond their capacity.

In the first two weeks after release from prison, former inmates are 12 times more likely to die than any other individuals in the general population. This is a racial justice issue: Connecticut's prison population is 43% Black and 26% Latino.

Every month, about 2,000 formerly incarcerated people, disproportionately Black and brown, re-enter their communities from prison or from pre-trial detention. Many of them leave the criminal justice system—and often enter it—with unaddressed mental health and medical issues. Inmate medical services have been systematically underfunded, exacerbating the problem. Providing supportive mental health, medical, and re-entry services is critical to ensuring that these individuals are able to get back on their feet.

But many people who want support services are not able to obtain them, because the existing re-entry system is a patchwork of services that is difficult and frustrating to navigate. Connecticut must provide quality inmate healthcare and comprehensive and accessible community-based mental health and re-entry services so that everyone has a chance to succeed. This bill would expand re-entry support services within DOC and DMHAS by adding re-entry healthcare workers to help them prepare for their transition, to connect individuals to existing re-entry services in the community, and to target supports for the specific populations that have fallen through the cracks.

Along with the housing, community health care and other investments, these targeted reinvestments add up to not just piecemeal reforms but would represent a paradigm shift by addressing the ways the criminal justice system has harmed people and expanding the life-saving services people need to not just survive, but to thrive.

Finally, we have one addition we would make to Senate Bill 987, and that would be to add funding for the critical Clean Slate legislation to the reinvestment priorities of this bill, specifically for \$2 million of the reinvested funds be set aside to fund the most expansive version of Clean Slate legislation.