Testimony of NAMI (National Alliance on Mental Illness) Connecticut
By Thomas Burr
Judiciary Committee
March 25, 2022

Senator Winfield, Representative Stafstrom, and members of the Judiciary Committee; my name is Thomas Burr, and I am the Community and Affiliates Relations Manager of the Connecticut Chapter of the National Alliance on Mental Illness (NAMI Connecticut). I am testifying today in support of:

**S.B. 445** - AN ACT CONCERNING THE PROVISION OF EMERGENCY MEDICAL SERVICES TO AN INDIVIDUAL WHO IS IN THE CUSTODY OR CONTROL OF A PEACE OFFICER.

**S.B. 458** - AN ACT CONCERNING THE PROVISION OF SUBSTANCE USE DISORDER SERVICES AND MENTAL HEALTH SERVICES TO INDIVIDUALS WHO ARE INCARCERATED.

**S.B. 459** - AN ACT CONCERNING THE COMMISSION FOR CORRECTIONAL OVERSIGHT, THE USE OF ISOLATED CONFINEMENT, SECLUSION, RESTRAINTS, STRIP SEARCHES, SOCIAL CONTACTS FOR INCARCERATED PERSONS, TRANSPARENCY FOR CONDITIONS OF INCARCERATION AND CORRECTIONAL OFFICER TRAINING.

NAMI is dedicated to building better lives for those with lived experience with mental health illness and their families. NAMI Connecticut and its nine local affiliates provide support groups and educational programs for people with mental health conditions and their loved ones and advocates for policies to improve the lives of people affected by mental health conditions.

NAMI’s national public policy is focused in 3 main areas, one of which is to improve care. As a national organization, NAMI fights for policies to ensure people get the best possible care. This includes expanding access to health insurance, requiring parity coverage of mental health care, and ensuring that the right services are available at the right time.

Another focus of NAMI’s public policy advocacy is to intervene early, where we fight for policies to ensure people get help early. This includes better research to detect and identify mental illness, integration of mental health care into primary care settings, and access to mental health in schools.

The 3rd focus is to divert people involvement in the criminal justice system. NAMI fights for policies to get people help, not handcuffs. This includes expanding access to crisis services, promoting best practices in de-escalation, and diversion of people experiencing psychiatric crises to treatment.
Regarding S.B. 445:
This bill’s stated purpose is to require the provision of emergency medical services to an individual who experiences an emergency medical condition or is medically unstable while in the custody or control of a peace officer. While in a perfect world anyone in distress with a mental health condition would always be initially addressed by responders from Mobile Crisis, the reality is sometimes police are called, or simply happen to be the first to arrive on scene. Requiring emergency medical services be provided to those that require them should lead to better outcomes, for both the persons needing assistance, as well as the first responders. Therefore, NAMI CT supports this bill.

Regarding S.B. 458:
This bill is intended to require the Commissioner of Correction to review, evaluate, and make recommendations on the provision of substance use disorder treatment services and mental health services to individuals who are incarcerated. NAMI CT wholeheartedly supports this, as the current availability of substance abuse and mental health treatment in Department of Correction facilities to date has been underfunded, understaffed, sporadic, and could definitely stand improvement.

Regarding S.B. 459:
As part the Stop Solitary CT Coalition, we support S.B. 459, as we believe that this bill:

Ensures Oversight & Accountability:
Creates an Ombudsman and Advisory Commission for Correctional Oversight to evaluate the operations of prisons, jails, and halfway houses throughout Connecticut. The Commission will consist of twelve members, including formerly incarcerated people, family members, experts in medicine, mental health and corrections, and representatives from the executive and legislative branches. The Commission will have the authority and responsibility to order unscheduled and unrestricted site visits; inspect DOC records; and establish a confidential system to receive feedback from incarcerated people, family members, and DOC personnel, all of whom will be protected from retaliation for cooperating with the Commission. The Commission will publish its findings and hold quarterly meetings to promote a safe, effective, and humane correction system in Connecticut.

Mitigates Extreme Isolation:
Addresses severe, enduring harms of isolation in Connecticut prisons. Brings Connecticut in compliance with the internationally accepted Nelson Mandela Rules that isolated confinement be used only as a last resort, for the shortest possible term, and never for more than fifteen consecutive days (or twenty days total within any sixty-day period). Provides that all
incarcerated people must have at least five hours out of cell per day unless isolated confinement is strictly necessary to protect staff and incarcerated people. Ensures minimum wellness standards in isolated confinement, including five hours out of cell.

**Ends Misuse of Lockdowns:**
Ends the misuse of lockdowns, which have become a routine means to evade the Governor’s executive order, confining incarcerated people to their cells and denying their basic human needs for days or weeks on end. Bans training days and meetings as an excuse for lockdowns.

**Promotes Correctional Officer Wellness:**
Requires that the DOC implement training and other strategies to support staff in mitigating trauma and its effects, such as burnout, substance abuse, aggression, and suicide.

**Promotes Transparency:**
Requires public reporting on key indicators within the Connecticut correction system, including prevalence of mental illness, use of force incidents, and availability of education and other programs.

*Therefore, in conclusion, we support S.B. 445, S.B. 458 and S.B. 459.*

Thank you for your time and attention.

Respectfully,

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