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February 5, 2007

Senator Andrew McDonald  
Representative Michael Lawlor  
Chairs of the Judiciary Committee  
State of Connecticut  
General Assembly  
Hartford, Ct 06106

Distinguished Members of the Committee;

I am here today to speak in support of Raised Bill # 6987.

I have worked in the Department of Correction for 17 \_ years, with experience at 7 facilities; Niantic CI, Brooklyn CC, York CI, Corrigan CC, Radgowski CC, Gates CI and Bergin CC.

I am also the elected President of the Corrections Supervisors' Council in CSEA/SEIU Local 2001, the union representing public sector workers throughout our state. Our Council includes 600 supervisors in the DOC, representing Lieutenants, Training Officers, Captains, and Counselor Supervisors.

It is my honor to speak for this piece of needed legislation. I am very concerned about the increasing number of mentally ill inmates in our agency. Since the closing of Norwich State Hospital and Fairfield Hills, a great burden has been placed on these inmates and our members who work with them every day.

This increase has been followed by a decrease in the number of medical and mental health staff in the DOC. Assessment of inmates with medical and mental health issues is now, unfortunately done regularly by "on line staff." In particular, lieutenants who serve as shift supervisor, who have not received medical training are carrying much of this burden.

I believe this legislation will work to correct a great wrong. This wrong is the criminalization of mental illness. Inmates with certain mental illnesses used to be diverted by the courts to the hospitals that are now closed. Their closing, along with the downsizing of Connecticut Valley Hospital, has created a crisis where we do not have enough beds for inmates whose condition required the treatment of medical professional.

Instead, these "patients" are incarcerated in our agency as a last avenue of protection, both for themselves and the general public.

Currently, we are responsible for over 3,000 inmates who have been diagnosed with some form of mental illness. Though we have a dedicated facility for inmates with mental illness, it only houses approximately 650. Where are the other 2,350 inmates afflicted with a mental disorder? You'll find them in the general population in our facilities all over the state.



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This begs the question “why did we close psychiatric facilities if the need still exists?”

I feel this is a form of socio-economic discrimination. Those with access to medical insurance have access to treatment. The working poor can not afford such care. What avenues are left for those who need mental health treatment and cannot afford it? If the answer is incarceration in our DOC, then we need to make the needed investments in the DOC to be able to treat these patients

A promise was made when the states’ psychiatric hospitals were closed. Our elected officials agreed to create opportunities for supportive living environments for those who were cut off from the care these facilities once provided. We have failed to keep this promise.

Failing to keeping this promise has put the responsibility of providing for thousands with mental disorders on our DOC. However, fulfilling the resources needed to fulfill this obligation have been inadequate and inappropriate. The situation is further worsened because of the lack of supportive housing for offenders with mental illness, post-incarceration.

I can tell you firsthand that the Department of Correction is ill equipped to handle these needs, as many facilities do not have 24-hour medical care, and little, if any, mental health supports. This leaves correctional custody staff the responsibility to handle medical and mental health care issues for which they have received little to no training, and for which there are few additional resources.

This is a primary concern because the training in identification of mental illnesses is presently being conducted by health personnel who are medical or mental health experts. I believe this training should be done exclusively by medical or mental health professionals, and should also include a focus on the communication skills needed for dealing with inmates with mental health disorders. This legislation will deal directly with the improvement in training that is critically needed.

There is an agreement in the case of the Office of Protection Advocacy vs. the Department of Correction. However, this only covers two facilities, Northern CI and Garner CI, and it leaves behind youthful offenders who are housed at Manson Youth Institution as well as female offenders housed at York CI. Again, this legislation would cover all intake facilities and any facility with a mental health housing area.

I believe the best step would be to turn Garner CI over to the DMHAS, as they are best equipped to handle this unique population. I also believe that we should provide more community-based supportive living environments. I do not believe that such dramatic change is possible in the short term, so therefore we are left with the situation as it is. I am asking that this legislation be passed so we can provide better treatment that is more expansive for inmates with mental illness.



It is my hope that this legislation will require the department to better staff our prisons with mental health professionals. One of benefits would be to have medical or mental health personnel placed with inmates in 4-point restraints, as opposed to our custody staff, as is the current practice.

I believe that our members are not protected by the current laws on the books, nor is the designated inmate population. Please note the Connecticut Supreme Court in Wiseman vs. the State of Connecticut stated that in order for inmates to have these rights, it must be legislated. That is why I am here today.

I thank you for your time and ask for your help in passing this important legislation for the sake of our dedicated professionals working in the DOC, and the inmates the public expects us to serve.

Sincerely,

Michael J. O'Brien  
President

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