

Karen James

8525 SW Pfaffle Street, Tigard, OR 97223

503.348.3002

karen.james3@comcast.net

TO: Joint Committee on Public Safety

DATE: April 3, 2013

RE: Support for HB 3194 Public Safety Package

My name is Karen James and I am testifying in support of the Oregon Public Safety Package, HB 3194.

According to the Oregon Department of Corrections, over half of Oregon's prisoners have a mental or emotional disorder and many also have an addiction. The natural history of these diseases often leads to behaviors that can result in incarceration.

My son is dually-diagnosed—which means he has a mental illness as well as an addiction. He committed a Measure 11 crime—Robbery II—and was sentenced to 60 months in prison. Prison only exacerbated his condition and he served the last 2 years of his sentence in the Oregon State Penitentiary mental health infirmary.

I agree with the Commission's recommendation to re-direct funds to diversion courts, re-entry and community-based services. I also agree with the Commission's recommendation that sentences should be reduced and judicial discretion allowed for some Measure 11 crimes. Had a judge been allowed discretion in my son's case, he may have taken his mental state into account with a less-severe sentencing outcome. A judge may have sentenced my son to diversion court allowing him to remain in the community, hold him accountable for his crime, mandate mental health treatment, and allow continued support of his family and community-based services.

Instead, Oregon spent \$30,000 per year for a total of \$180,000 for him to just sit in prison.

My son is now in the community, post-prison supervision mandates medication and treatment, he receives support from his family. He is doing OK.

But DOC is ill-equipped to safely and effectively transition people with mental illness out of the prison system. Only through my relentless, time-consuming advocacy was my son released with services in place in the community. Others with mental illness who release from prison are not so lucky and they find themselves without medication once the prison's 30-day supply runs out, unable to help themselves, alone and often homeless.

For this population, the continuum of care is crucial. Transitioning back to their communities after prison is difficult at best, but a change in routine for a person suffering from a mental disorder can cause regression and a disruption in medication can be devastating.

It's time to get smart on crime by reinvesting some corrections reform-generated funds into addiction, mental health treatment, diversion courts and re-entry programs.

Thank you for this opportunity to testify. Again, I urge your support for HB 3194.