



Good afternoon. For the record, Mary Botkin for AFSCME Cn 75 representing the men and women working in Oregon's Prisons.

Generally AFSCME would agree that prison is no place for individuals who suffer from any mental illness. Unfortunately Oregon's prisons are now the largest mental health facility in Oregon. More appropriate alternatives of community treatment options simply do not exist. The promise of good community based treatment options for the mentally ill have never been a reality for this population. Instead they find themselves on the streets, in parks and living without housing, appropriate treatment or any real plan for their needs. Instead they have been moved to the criminal justice system as the only stable housing and treatment model available.

Prison and Jail officials, Corrections officers and local police and sheriffs do not have the training skills or resources to manage this difficult and challenging population. However, the alternative to returning these men and women to the streets after committing violent and serious crimes is not an option either. Consequently, the criminal justice system while certainly not perfect is really the only alternative available to law enforcement and citizens who want to see their community safe and secure from individuals who are unable to control unacceptable behaviors.

In an effort to begin a discussion on how to manage the unmet needs of the chronically mentally ill by Executive Order dated October 8, 2003, Governor Kulongoski appointed a **Governor's Mental Health Task Force** to address specific issues related to the delivery of mental health services to Oregonians. In their report, *Governor's Mental Health Task Force Report*, September 2004, the authors identify short-term actions as well as long-term strategies to improve the lives of Oregonians with mental illness.

The Oregon Department of Corrections under the leadership of Max Williams established the **Managing Mental Illness in Prison Task Force** to go on further to examine the aspects of how to effectively manage the mentally ill once they enter the corrections system. Historically, prison structures were not equipped to treat the mentally ill. Rather, corrections systems were organized along the lines of restraining the criminally inclined and protecting the outside population. To successfully fulfill the charter of the Oregon Accountability Model, the Department of Corrections must adapt.

This Task Force identified the issues, supplied findings, and provided recommendations for action. A copy of the full report is attached to this testimony

Members of this task force were:

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On Pages 63 through 71 you will find the final recommendations of the MMIP Task Force, on pages 71 and 72 you will note that the budgetary requirements are left blank. No budget allocations have been made to support the Recommendations of the 2004 Task Force. SB 739 identifies no funding stream either.

I am here today not to oppose or support SB 739 but rather to point out the difficulties in making this legislation work inside the walls of Oregon's Prisons.

On Page 3 of the printed bill Section 2 sub (1) (a) through (g) outline all of the actions that may not be taken to maintain control of an inmate who is in the custody of the Department of Corrections. The list is just generally unworkable in a prison environment. It is not that we think these are unreasonable ideas or that they may not represent **best practices** in a traditional therapeutic environment that is designed to house, treat and maintain the best mental health therapies available. But there is no ability for many reasons that this law, if passed, could be implemented and maintained in Oregon's current prison system.

If it is the desire of the proponents of this legislation to establish the secure mental health facility designed to meet the needs of Oregon's chronically mentally ill population then we believe that is appropriate. Oregon desperately needs a facility to manage the needs of the mentally ill population as well as those individuals who have multiple diagnoses who are convicted of crimes as well as a well-funded community system and appropriate housing for these individuals when they are released. Releasing them without needed and critical supports to a community unable or unwilling to manage their needs is simply a repeat of what we are doing now.

Turning our prison system into this type of a facility is not reasonable. It is what we are doing because we have no other housing or treatment alternatives. SB 739 would be a great idea if we had a specialized facility but currently the DOC does not have the staffing, expertise, budget or capacity to meet the criteria outlined. Nor is it within the budgetary framework of past, current or unfortunately future legislative possibilities.

Thank you.