

Good afternoon, Council Members. My name is Brittany Vazquez and I am a Forensic Social Worker who was previously employed as a Clinical Case Manager for the Department of Corrections. In my time working for DOC, I witnessed the overuse of Solitary Confinement measures. Solitary Confinement by DOC is used in response, not only to harmful actions, but to minor infractions, safety concerns, gender identity, and mental health crises. Solitary Confinement has been proven to negatively impact behavior, emotional regulation, and socialization, and exacerbates mental health conditions.

The use of solitary measures, such as, punitive segregation, protective custody, Special Management, and Safe Cells has not made the jail any more safe for the incarcerated people and staff. We have an opportunity to become leaders toward the elimination of solitary measures by utilizing the budget to hire more Correction Officers, offer crisis response training, utilize the Central Treatment Facility as a facility to provide behavioral health treatment, and have an increased presence of mental health professionals to care for those who have mental illness, address concerns of the incarcerated people before they escalate to violence, and participate in crisis intervention.

The ratio of Correction Officers to incarcerated people is severely skewed. Although, Correction Officers will always be outnumbered, hiring more Correction Officers will allow for safety measures to be implemented in order to prevent and intervene in assaults. To attract more individuals to the position, incentives, such as, higher salaries and pension and retirement plans can be implemented. In addition to this, more training can be implemented surrounding teambuilding, communication, and crisis intervention. Specifically, Crisis Intervention Team training can be required especially for those staff who will be interacting with individuals who have mental illness. This is a nation-wide training that requires collaboration between law enforcement and behavioral health providers to ensure safe de-escalation of mental health crises.

The Central Treatment Facility lacks what it appears to promise: treatment. Currently DOC has a male mental health unit and a female mental health unit. In evaluating the budget, we have a great opportunity to restructure and utilize units in CTF to offer specialized care for our incarcerated people who's illnesses are at different levels of severity and who need different levels of care. These units can have mental health teams and CIT trained Correction Officers assigned to them to ensure everyone's mental health needs are appropriately treated. We can eliminate "Safe Cells" by offering two reserved beds on each unit for individuals experiencing suicidal ideation to be placed on Suicide Watch. With an increase in CO's 24hr suicide watch would be feasible.

I ask that you consider these suggestions in the budget and hold a hearing on the ERASE Act introduced by your colleagues, as soon as possible to move toward ending the use of Solitary Confinement in all of its forms.