



TESTIMONY IN SUPPORT OF
R.B. 1059:
AN ACT CONCERNING THE CORRECTION ACCOUNTABILITY COMMISSION,
THE OFFICE OF THE CORRECTION OMBUDS, THE USE OF ISOLATED
CONFINEMENT, SECLUSION AND RESTRAINTS, SOCIAL CONTACTS FOR
INCARCERATED PERSONS AND TRAINING AND WORKERS' COMPENSATION
BENEFITS FOR CORRECTION OFFICERS

March 21, 2021

Judiciary Committee

Dear Senator Winfield, Representative Stafstrom, and members of the Judiciary Committee:

The Center for Children's Advocacy (CCA), a non-profit organization affiliated with University of Connecticut School of Law, submits this testimony in support of **R.B. No. 1059, also known as the PROTECT Act.** CCA urges the Committee to pass this important bill into law. R.B. 1059 will create more accountability and oversight for the Department of Correction (DOC) and its treatment of all individuals within its custody, ensure the transparency to which our incarcerated citizens, their loved ones and the general public are entitled around the use of solitary confinement, and most importantly, limit the use of harmful and unnecessary isolation practices, especially for the youngest and most disabled members of DOC's population.

CCA's mission is to promote and protect the legal rights and interests of our state's most vulnerable children and young adults who are dependent upon the judicial, child welfare, health and mental health, education, and juvenile justice systems for their care. CCA engages in individual representation and systemic advocacy on behalf of youth and young adults through the age of 24 years old. Through our TeamChild Youth Justice, Right Direction: Homeless Youth Advocacy and Child Welfare Advocacy projects, we work with many youth and young adults in DOC custody assisting them with accessing an education, housing, and benefits, and also helping them to understand their legal rights. **The real life, recent and current experiences of the clients we represent inform this testimony.**

There is no question that solitary confinement and prolonged isolation have a significant deleterious and often irreparable impact on one's mental health.¹ This impact is significantly pronounced for individuals with mental illness and for youth who are still developing. We have seen the harmful and negative impacts the use of isolation along with the removal of social and family contact privileges during periods of isolation have on our clients. It leads to decreased mental health confounded by anxiety, depression and loss of sleep, and is often coupled by difficulty maintaining family relations and a general inability to cope upon return to the community. **It is no surprise that one too many of our clients who have experienced prolonged isolation have recidivated.**

The following powerful quote from one of our clients who experienced extensive isolation as a minor gives insight into its negative impacts:

“I spent like 10 months in SRG. In SRG you are just in this cell with nothing... your mind has no choice but to go somewhere else, that's the only way to survive.... Being in SRG and seg made me numb. Now I don't feel feelings like I used to, like a normal person would – SRG did that to me. It made me more like – I don't know – emotionless – just numb. The worst thing could have happened to me and I just wouldn't have cared.... I really can't explain it. I mean at the time I was only 16 – you just can't do that to a kid – our minds are still developing. It definitely cannot be healthy. I am still numb...”²

This young man has since recidivated twice as a young adult. Another young adult client, who is also a special education student receiving services on account of his emotional disability, was recently placed in isolation for two weeks during which time he received none the education mandated by his IEP. **DOC must be held accountable for these harmful practices; R.B. 1059 will ensure that accountability happens.**

By passing R.B. 1059, the Committee will ensure a framework to limit and mete out unnecessary practices of isolation and confinement used by DOC impacting thousands of our incarcerated citizens every day, including countless young adults under the age of 25 years old. 1059 will achieve this as follows:

- Sections (1) and (2) will create a Correction Accountability Commission inclusive of multiple directly impacted individuals and an Office of the Correction Ombuds, respectively, which together will be responsible for the oversight, monitoring and evaluation of correctional practices, and making recommendations for the improvement of such practices,

¹ Metzner, Jeffrey, Felner, Jamie, *Solitary Confinement & Mental Illness in U.S. Prisons: A Challenge for Medical Ethics*, *The Journal of the American Academy of Psychiatry and the Law*, Vol. 38, Issue 1, March 2010, p.104-105 found at: <http://jaapl.org/content/38/1/104>

² “SRG” and “seg” are shortened terms used by incarcerated citizens referring to different forms of isolation used by DOC.

- Section (3) creates a **specific definition of isolation to equate to confinement in excess of eight (8) hours a day** and establishes minimum standards and clear protocols around the use of such isolation, where there currently are none, limiting periods of complete isolation to no more than 72 hours. This section **also removes DOC's ability to place youth under 18 years old on administrative segregation status**³;
- Section (3) establishes **clear reporting requirements for the use of isolation**, including outlining the various forms of restrictive housing status used by DOC and mandating that only staff at the level of Captain or above can impose such status;
- Section (4) **significantly limits DOC's ability to remove family and social contact visits for punitive purposes**, a current DOC practice which directly impacts countless young people we serve, particularly those disabilities that manifest behaviorally, and is extremely deleterious to their emotional well-being and often times, and;
- Section (5), (6), (7) and (8) and (9) add several protections to promote the training and wellness of correctional and parole officers employed by DOC.

In addition, **R.B. 1059 establishes special protections that are crucial for young adults under the age of 22, including additional protections for youth under the age of 18 as well as protections people with developmental and mental disabilities.**

For all of the above-mentioned reasons, **CCA urges the Committee to pass R.B. 1059, the PROTECT Act**, into law swiftly and without further delay. To do so will benefit of all Connecticut's citizens by making our Correctional facilities safer and instilling transparency and accountability around questionable and harmful practices that impact our most vulnerable incarcerated citizens.

Thank you for your consideration, and please do not hesitate to contact us with questions, concerns or comments.

Respectfully submitted,

/s/

Marisa Halm, Esq.

Director, TeamChild Youth Justice Project

³ Federal legislation passed in 2018 has taken steps to significantly curtail the use of isolation to those instances when physical harm is imminent. Additionally, the Juvenile Justice and Delinquency Prevention Action (JJDP A), passed the same year, requires states to engage in the regular reporting of the use of isolation and strategies in play to reduce it. Stop Solitary for Kids, *Not in Isolation: How to reduce room confinement while increasing safety in youth facilities*, June 2019, p. 9 found at <http://www.stopsolitaryforkids.org/wp-content/uploads/2019/06/Not-In-Isolation-Final.pdf> Connecticut, an anomaly at the national level, has conspicuously opted out of this legislation.