

Good afternoon,

My name is Tanya Belknap. I am a Licensed Clinical Social Worker and the Mental Health Director at the El Paso County Criminal Justice Center. I have worked in the Mental Health department at the jail for almost 4 years and have been able to witness and treat some of the most significant cases of mental illness in our community. The Mental Health program focuses on suicide prevention, crisis intervention, treatment with psychotropic medications, teaching of coping skills to manage mood, behavioral responses, and effects of trauma using various theoretical approaches.

In the past year there have been approximately 130 patients identified as Chronically Mentally Ill within the facility which can be defined as an individual with significant mental illness such as psychosis, schizophrenia, or bi-polar. In 2017 we had a total of 213 patients sent to the state hospital for a competency evaluation and/or restoration. On average, the El Paso County jail has a total of approximately 30 patients daily waiting to go the state hospital for proper treatment and competency assessments. With the wait time for the state hospital at an all time high, it is critical that we be able to intervene during that high risk period in the facility.

There have been various cases where I have witnessed patients in the most vulnerable state of their mental illness with no reprieve. Without the ability to provide involuntary medications, numerous individuals have experienced negative outcomes secondary to their mental state and the inability to assist with management of their mental illness. Patients that are experiencing a significant psychotic episode, mania or other mind altering episode do not often have the capacity to understand the importance of medication assistance, tending to hygiene, nutrition, and daily basic needs. They often obtain new charges and engage in possible self-harm, along with other unfortunate results. Although I have numerous disturbing examples of persistently mentally ill patients that I have worked with, due to time constraints, I will provide one patient example that could have benefited from involuntary

medications while in custody. We will call him "Marty". Marty was brought into the facility on a failure to comply on a "False info to Pawnbroker" charge in October of 2015. Within the first 5 days of Marty's incarceration, he attempted to assault a deputy which resulted in a "use of force". Marty continued to display odd behaviors such as responding to internal stimuli, engagement in self-harming behaviors, delusional thoughts of alternate reality, and disruptive and aggressive behaviors which quickly resulted in placement on suicide watch, segregation and housing in single cell in the medical unit for safety and best observation. The patient was often observed fully nude while in his cell displaying erratic behaviors, would not engage with mental health, was aggressive toward staff, disobeyed orders, lost an excessive amount of weight and would often engage in sexually self soothing behaviors in an aggressive manner. with possible consequences of self injury. Unfortunately, Marty was in custody for almost 4 months prior to being transported to the state hospital and due to his mental impairment would not engage in medication treatment prior to transfer to the hospital. His stay at the state hospital was approximately 4 months for competency restoration and stabilization on medications. I have observed other cases where a psychotic patient engaged in self-mutilation in a desperate attempt to release the demons from his body, a female who pulled out her own tooth and forced it into a self created open wound in her arm, a man who ate his own feces, and a man punch himself in the face repeatedly simply to get the voices to stop.

Based on my personal experience with individuals enduring severe mental illness, the types of behaviors displayed by Marty and the other examples provided, are often typical of someone that would benefit from immediate therapeutic interventions through involuntary medications. The hope is that once involuntary medications have been administered for a short period of time, the patient will become stable enough to consent in further treatment while in the facility and upon release.

Mental illness is a public awareness issue. We need to expand the care within the facility and reassess the legal restraints of the type of treatment patients are able to receive while in custody. It is important to establish continuity of care in order to assure continued treatment and medication management upon release. Community mental health and restoration treatment need to be enhanced in order for this to be a success in addition to alleviating the possibility of criminal justice facilities becoming the depended upon resource for restoration and treatment.

In conclusion, involuntary medications would be a significant benefit to the already dynamic mental health program provided at the El Paso County jail and other criminal justice centers. We need to work together as a community to best provide long-term treatment both during incarceration and upon release.