



# NAMI Connecticut

Connecticut's Voice on Mental Illness

## Testimony before the Judiciary Committee

March 13, 2006

Good afternoon, Senator McDonald, Representative Lawlor, and members of the Judiciary Committee. My name is Karen Zimmer and I serve on the board of directors of the National Alliance on Mental Illness of Connecticut. I am here today to speak to you as a representative of the members of NAMI-CT, and as the family member of an individual with a serious mental illness.

My son, Noah, was a shy, gentle child, a boy scout, and a vegetarian because he didn't want to hurt animals. He was diagnosed with schizoaffective disorder and substance abuse in his early 20s, and has been in and out of hospitals, jails, and shelters many of the last several years. Because he had a failure to appear in July 2004, due to being homeless and psychotic at the time, he spent 7 months in Garner and Osborn, and was released one year ago with no place to live or follow-up requirements. Although he was stabilized on medication during those 7 months, he received very little other treatment, and was denied access to AA meetings because he was told his addiction was not bad enough.

While incarcerated, he was propositioned by two cellmates, as well as intimidated and beaten by a third. He was given anti-Semitic literature by someone who did not realize his Jewish heritage. This past year Noah generally refused to participate in treatment and has been hospitalized about 5 times involuntarily. Most recently, he was arrested for breach of peace while intoxicated. The police brought him to the hospital for an evaluation, and there he assaulted an emergency room orderly. In his paranoia, he thought the person was torturing him. Now he's in jail again. This is a heartbreaking cycle that many of us have to watch with our loved ones. I have not given up on him, and will always hope that he can realize his potential.

The court system can be a terrific point of entry for people who are not already in treatment. An arrest can be a great opportunity to get someone with a serious mental illness into the long-term help that they require. Two weeks of hospitalization, while exorbitantly expensive for the state, doesn't do the trick for many people. To just lock up a person with serious mental illness is a huge waste of opportunity and money. For many years now NAMI-CT has become increasingly concerned with the criminalization of individuals with mental illnesses. The recommendations of HB 5651, particularly Section 8, are critical initiatives because close to 20% of people incarcerated in CT prisons and jails suffer from mental illness. It costs much more to house a person with mental illness in a prison setting than it does to provide supportive housing.

The recommendations of HB 5651 are fundamental steps for reversing the current trend of spending our dollars on warehousing people like my son. I do have personal experience with Crisis Intervention Teams, one of the recommendations. I witnessed two CIT trained police officers talk my son into going to the hospital a few years ago. Their skill was impressive, and both my son and I received respect and dignity despite his odd behavior. This program should be available in all police departments.

In addition, we urge you to pass HB 5782, and note our support for the concept of HB 5542. Additional information about our position is attached in our official testimony. If we in CT pride ourselves on our education and rational beliefs, don't we owe better care to those who, through no fault of their own, are already suffering, and to ourselves, the best bang for our tax bucks?

Thank you for the opportunity to speak today. I hope you will take the time to review the attached information.



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## Official Testimony of NAMI-CT

For many years now our organization has become increasingly concerned with the criminalization of individuals with mental illnesses. The recommendations of HB 5651, particularly Section 8, are critical initiatives for the following reasons:

1) Currently, close to 20% of persons incarcerated in CT prisons and jails suffer from a mental illness. Since 2000, the number of inmates with moderate to serious mental illnesses rose from 2,247 to over 3,700.

2) Individuals with serious mental illnesses do not belong in the prison system. Experts tell us, along with good sense, that "prisons are the worst possible environments for individuals experiencing serious psychiatric symptoms". It costs significantly more to house a person with mental illness in a prison setting than it does to provide supportive housing (~ \$40,000 vs. \$13,000). When people with mental illness are not linked to the appropriate services **many of these individuals end up falling through the cracks of the treatment systems and into the criminal justice system.**

3) A lack of available services and waiting lists result in many individuals with mental illnesses remaining in jail for extended periods of time before they are able to transfer to the appropriate services. On example of this is with the state's jail diversion program, where two of the three main reasons cited for the inability to successfully divert people with mental illness are approximately 300 out of the 500 individuals who are screened monthly are **1) no home/stable place to live 2) no available services in the community** (approximately 300 out of the 500 individuals who are screened monthly are not diverted).

4) Another alarming trend is the fact that individuals with psychiatric disorders are not paroled at the same rate as the general prison population in Connecticut. This appears to be the result of the lack of appropriate discharge plans and/or the reluctance of the Parole Board to confront the multiple barriers and complex needs of inmates with mental illnesses.

Reports show that prisoners with mental illnesses often find themselves in violation of the prison rules through the exhibition of their symptoms, have greater than average disciplinary rates, are more likely to serve their full sentence, and are more likely to be abused in prison. **People with mental illnesses serve longer and harder time.**

Services, including treatment, supported housing and employment, need to be offered on a much broader scale to reverse the trend of reincarceration related to parole violations. The recommendations of HB 5651 are fundamental steps for reversing the current trend of spending our dollars in the wrong places and warehousing people with serious mental illnesses in prisons.

Crisis Intervention Teams (CIT), police who are trained to interact with someone in a psychiatric crisis, are a necessary step in building a comprehensive, cost-effective, community-based care system through which police can divert individuals to local treatment facilities to access medications, housing assistance and supported employment.

CIT is Connecticut's only effective pre-arrest jail diversion model with proven outcomes for reducing costs to the state and saving lives.

The Mental Health Day Reporting Centers will reduce unnecessary incarcerations of people with psychiatric disorders by providing the Department of Corrections and the courts with immediate access to treatment and programming. We urge you to support the pre-arrest and post arrest jail diversion programs in this bill, and to stop the systematic exclusion of people with serious mental illnesses from Alternatives to Incarceration.

In addition, we urge you to pass HB 5782, An Act Concerning the Age of a Child for Purposes of Jurisdiction in Delinquency Matters and Proceedings. Many of these youth have significant mental health and other needs that are not addressed by the adult system. They should be in a system that treats them, and helps them to become productive adults. These youth are placed directly into a gap within the services system making them ineligible for services in the juvenile system and inappropriate for services suitable for adults.

We would also like to note our support for the concept of HB 5542, An Act Concerning the Rights of Inmates with Psychiatric Disabilities. People with serious mental illnesses within our prisons need the same protections and access to treatment as those in the community. Although we fully support the intent of this bill, we feel that certain revisions are necessary to ensure its clear implementation. We would be happy to provide you with further information upon your request.

Thank you for the opportunity to address these important issues.