

**Testimony before the Public Health Committee  
February 29, 2008**

**Support for SB 40**

**Support for SB 422**

Good morning, Senator Handley, Representative Sayers, and members of the Public Health Committee. My name is Alicia Woodsby, and I am the Public Policy Director for the National Alliance on Mental Illness, CT (NAMI-CT). I am here today to testify in support of SB 40, An Act Concerning Supportive Housing, and SB 422, An Act Concerning Supportive Housing for Individuals with Mental Illness.

SB 40 maintains the state's commitment to investing in supportive housing. NAMI-CT supports this funding to fulfill the commitment made in last year's budget for the creation of 150 new supportive housing units through the Next Step Initiative. However, we urge the state to fund the Reaching Home Campaign's request for an additional 650 new units, which is necessary to continue the state's commitment to supportive housing and to meet the demand for supportive housing and the growing capacity to create it.

SB 422 calls for the establishment of Alternative Incarceration Supportive Housing Programs in three areas of the state that, in addition to the programs and services traditionally offered by an alternative incarceration program, provides supportive housing services that include a residential and day reporting program for accused and convicted persons with mental health needs and substance use disorders.

Mental health alternatives to incarceration will reduce unnecessary incarcerations of people with psychiatric disorders by providing the courts with immediate access to treatment and programming. The state must provide residential alternative to incarceration options, in order to reach the most high risk population. Residential Alternative to Incarceration (AIC) programs have systematically excluded people with mental illnesses for years. As a result, the state provided funding for the first residential AIC in 2005, but the project was never sited. A residential AIC is a desperately needed option for many people with serious mental illness who need a higher level of community supervision and support than those who can be diverted with day reporting and/or comprehensive community treatment plans.

Currently, more than 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 2,200 to over 3,800 today. 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 often placed in 23 hour a day segregation as a disciplinary tool which exacerbates their symptoms, are more likely to serve their full sentence, and are more likely to be abused in prison when placed in the general prison population. **People with mental illnesses serve longer and harder time.**

Experts tell us that prisons are the worst possible environments for individuals experiencing serious psychiatric symptoms. ***Yet, only 50 percent of defendants with serious mental illnesses evaluated through the state's jail diversion program can actually be diverted from jail — largely because the judge does not have any alternative.***

Furthermore, the state's failure to provide adequate housing and supports for people with serious mental illnesses continues to push many people with mental illness into the prison system where they are least able to cope, do not receive appropriate care, and are more likely to remain there. Please support SB 422. It will open a substantial number of beds and amount of resources that could be made accessible for violent criminals who do belong in prison, and allow people who are sick to receive appropriate treatment.

Thank you for your time and attention.