



**TESTIMONY OF THE CONNECTICUT JUVENILE JUSTICE ALLIANCE
FOR THE PUBLIC HEALTH COMMITTEE
MARCH 20, 2013**

COMMENT TO IMPROVE PROPOSED S.B. No. 1136 AN ACT CONCERNING MENTAL HEALTH SERVICES

Senator Gerratana, Representative Johnson and members of the Public Health Committee, thank you for the opportunity to testify today. My name is Abby Anderson; I am the executive director of the Connecticut Juvenile Justice Alliance. The Alliance is a statewide, nonprofit organization working to reduce the number of children and youth entering the juvenile and criminal justice system, and advocating a safe, effective and fair system for those involved.

We all know the research about the number of youth facing mental health issues in our state. The Juvenile Justice Alliance is involved because we know that many youth with mental health needs end up in the juvenile justice system. The children's mental health advocacy community has been one of our closest and strongest allies over the years because again and again they watch their children with mental health needs get arrested. Children shouldn't have to go to court to finally get their mental health needs met. And children with mental health needs shouldn't be in a detention or Connecticut Juvenile Training School setting because our continuum of children's mental health services couldn't meet their needs.

This is not a denunciation of those responsible for children's mental health services in the state. It is an acknowledgement that we are all living and working within a system that is imperfect and must be improved. We applaud the efforts of this and other committees who have made a commitment to improve children's mental health services. With regards to SB 1136, we ask that the population of youth within the juvenile justice system who have mental health needs are included. And we ask that you get more information about how many of the kids in the juvenile justice system with mental health needs could and should have been more effectively and cheaply served prior to system involvement.

It is a tricky question – which kids truly need justice system involvement versus which kids could or should have been served within the children's mental health system? But it's one we need to ask, answer and address. We do know that an astonishingly high number of youth in Connecticut's juvenile justice system have experienced serious trauma in their lives. If that trauma had been addressed in their community, when it occurred, could their arrest have been avoided? Maybe not all – but certainly some, if not many. We know that an unacceptably high number of youth enter DCF care for child welfare or behavioral health issues and are then arrested out of their DCF placement – becoming justice involved youth. During the last six months of 2012, 246 DCF youth were arrested from a DCF placement. That's a 20% increase from the 6 month period before. Obviously, the services we have in place to meet the needs of our children aren't working. We need to do better.

This legislation asks for the Commissioner of DMHAS to come up with a plan for mental health services for young adults and uses Australia's Headspace program as a model. We would encourage this committee to ensure that the needs of the population of youth just discussed are included in this plan. We'd also ask that DCF be included in this planning process. DCF has responsibility for the behavioral health needs of youth in this state until the age of 18. Since the implementation of Raise the Age, justice-involved youth can be in the custody of DCF until their 20th birthday. Because of their wide-ranging responsibility for the behavioral health needs of children, youth and young adults, DCF must be included in the formation of this plan.

We would also ask that you encourage the Departments, when deciding whether to consider implementing new programs for young adults in Connecticut, to take a comprehensive look at the services and supports we already have in place. We know that there are very effective interventions and services for children and youth in Connecticut, but they tend to be limited to certain communities or are unable to meet the high level of demand. There are some behavioral health interventions occurring within the juvenile justice system that could possibly be appropriate for youth prior to system involvement. As part of its work, the group suggested by this legislation should determine which interventions are most effective and would be good candidates for expanding into the broader young adult population.

The mental health system for youth and young adults and the juvenile justice system are invariably intertwined. Please ensure that the population of youth who exist in both worlds are not forgotten or left out of these conversations and discussions. They tend to be the youth who have already been forgotten or left behind many times before.

Thank you again for your commitment to the mental health needs of our youth and the opportunity to testify. I am happy to answer any questions you may have via phone or email at 203-579-2727 or abby@ctjja.org.

Alliance member organizations:

AFCAMP, Center for Children's Advocacy, Center for Effective Practice, CHDI Children's Community Programs, Connecticut Association for Human Services, Connecticut Legal Services, Connecticut Voices for Children, Connecticut Youth Services Association, Community Partners in Action, FAVOR, FSW, NAMI Connecticut and the Keep the Promise Coalition, Office of the Chief Public Defender, Office of the Child Advocate, RYASAP, The Tow Foundation, The Village for Families and Children