



**Testimony of the National Alliance on Mental Illness (NAMI) of
Connecticut before the Judiciary Committee**

March 3, 2014

IN SUPPORT OF

Proposed House Bill 5221: AAC the Recommendations of the Connecticut Sentencing Commission
Regarding Lengthy Sentences for Crimes Committed by a Child or Youth and the Sentencing of a
Child or Youth Convicted of Certain Felony Offenses

Senator Coleman, Representative Fox and members of the Judiciary Committee, my name is Daniela Giordano and I am the *Public Policy Director* with the National Alliance on Mental Illness (NAMI) of Connecticut. NAMI Connecticut is the state affiliate of NAMI, the nation's largest grassroots mental health organization dedicated to building better lives for all those affected by mental illness. NAMI Connecticut offers support groups across the state, educational programs, and advocacy for improved services, more humane treatment and an end to stigma and economic and social discrimination. We represent individuals who actually live with mental illness and parents and family members of individuals living with mental illness. I submit this testimony on behalf of NAMI Connecticut in support of HB 5221.

HB 5221 provides parole eligibility rules tailored for juveniles. Individuals serving sentences of more than 12 years for crimes that occurred before they turned 18 would have an opportunity to be heard by a parole board after serving a substantial portion of their sentences. Release would not be guaranteed but would be possible only if, after thorough review, the parole board determined that a person had truly rehabilitated and could be safely released. HB 5221 also eliminates mandatory life-without-parole sentences for juveniles and allows judges to consider youth-related factors in sentencing juveniles transferred to adult court.

We know that many of the behaviors that lead children and youth to commit crimes - especially impulsive, risk-taking behaviors and behaviors involving peer pressure are all too often the result of unmet behavioral and mental health needs. About a quarter of all children have an emotional-behavioral disorder. However, research shows that between 70 to 80 percent of children and adolescents with a diagnosable mental illness fail to receive mental health services.¹

¹ U.S. Department of Health and Human Services. Mental Health: A Report a/the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

Implementing parole eligibility rules tailored for juveniles and eliminating mandatory life-without-parole sentences for juveniles will provide an opportunity for the justice system to take into consideration the mental health status of offenders. Implementing parole eligibility rules tailored for juveniles will also allow the justice system to consider whether those offenders with mental health conditions have had an opportunity to seek rehabilitation and treatment while serving a portion of their sentences.

There is also well-established scientific evidence showing that adolescents have underdeveloped brains that make them lack foresight and be more susceptible to peer pressure than adults, both of which can lead to involvement with crime. Furthermore, multiple studies indicate that approximately 70% of youth in the juvenile justice system meet criteria for at least one mental health disorder. Among those youth in the juvenile justice system with a mental health diagnosis, 60% also met criteria for a substance use disorder.² However, youth can overcome mental health obstacles. Youth are resilient and have a greater capacity than adults to change for the better, even though they may have experienced psychological harm.

For the above reasons, NAMI Connecticut supports HB 5221. Thank you for your time.

² Youth with Mental Health Disorders in the Juvenile Justice System: Results from a Multi-State Prevalence Study, Jennie Shufelt, M.S. & Joseph Coccozza, Ph.D. 2006.