



Advocacy and Action
for Connecticut's
Mental Health

**Testimony of the National Alliance on Mental Illness of Connecticut (NAMI CT)
Before the Judiciary Committee
April 1, 2015**

IN OPPOSITION TO

Senate Bill 951, AN ACT CONSOLIDATING CRIMINAL JUSTICE, JUVENILE AND FAMILY SERVICE PROGRAMS.

Good afternoon Senator Coleman, Representative Tong and members of the Judiciary Committee, my name is Susan Kelley and I am the Child and Adolescent Policy Manager for the National Alliance on Mental Health, Connecticut (NAMI Connecticut). NAMI Connecticut offers support groups, educational programs, and advocacy for improving mental health services and ending stigma and discrimination related to mental health. We represent individuals, families, and caregivers who are impacted by mental health concerns. I am also staff to the Children's Committee of the Keep the Promise Coalition (KTP), the largest united group of stakeholders in mental health and related issues in the state. I am testifying on behalf of both NAMI Connecticut and KTP today.

We oppose **SB 951**, which would implement recommendations made in the Governor's proposed 2015-2016 budget concerning moving juvenile programming and support services from the Court Support Services Division (CSSD) of the Judiciary branch into the Department of Children and Families (DCF).

Under CSSD's leadership, Connecticut has been recognized nationally for its successful, innovative juvenile justice reform over the past decade, and for significant, positive outcomes that reform has created. The proposal to dismantle CSSD, the very entity that has realized these benefits, is wrongheaded.

CSSD currently is responsible for 97 percent of the juvenile justice system, including pre-adjudicatory services for children at-risk of entering or who are in the juvenile justice system. These pre-adjudication programs include trauma-based treatment and services, mental health and substance abuse services that help divert youth from court, keep them out of detention, and reduce their likelihood of requiring more services and/or reoffending.

Children with mental health conditions and substance abuse issues are overrepresented in the juvenile justice system. In Connecticut, 64 percent of the children involved in the juvenile justice system have a mental health disorder,¹ and 80 percent of children admitted to detention report trauma histories.² A recent report by the Council of State Governments on best practices for reducing recidivism recommends that youth with mental health needs be served outside the juvenile justice system where appropriate.³ Similarly, national best practices are moving in the direction of in-home and community based services. CSSD has been moving the state in this direction, running detention and a host of programs that hold children accountable while supervising them in the community, and developing strategies to divert kids from the system entirely when appropriate.

For example, SUNY Albany is evaluating the Raise the Age change in Connecticut. Comparing samples from 2009 (16 year olds treated as adults) and 2010 (16 year olds treated as juveniles), the 16 year olds processed as juveniles are 38 percent less likely to be re-arrested according to the two-year follow up compared to those processed as adults.

DCF is responsible for 3 percent of Connecticut's juvenile justice population, the youth who receive out-of-home placement and incarceration. Thus, DCF's juvenile justice experience is on the opposite side of where the state is going in terms of achieving positive outcomes for public safety (smaller system, lower recidivism).

CSSD's stewardship of juvenile justice is working and achieving significant gains. Under these circumstances, let's leave well enough alone.

Thank you very much for this opportunity to address the Judiciary Committee.

Respectfully submitted,

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¹ CSSD presentation to Behavioral Health Services for Young Adults Task Force (2014).

² *Building a Trauma-informed System of Care for Children in Connecticut*, presentation to Sandy Hook Commission, 2012, Robert Franks, PhD, formerly of Connecticut Center for Effective Practice, Child Health and Development Institute.

³ CASA Columbia (2004). Accessed: <http://www.casacolumbia.org/addtion-research/reports/substance-abuse-juvenile-justice-children-left-behind>.