



**Testimony of the National Alliance on Mental Illness (NAMI) of
Connecticut before the Judiciary Committee
March 30, 2015**

IN SUPPORT OF

Proposed Senate Bill 1127: *AN ACT CONCERNING MANDATORY MINIMUM SENTENCES FOR CHILDREN TRIED AS ADULTS.*

Proposed House Bill 7050: *AN ACT CONCERNING THE JUVENILE JUSTICE SYSTEM.*

Proposed House Bill 7042: *AN ACT CONCERNING PLACEMENT OF CHILDREN BY THE COMMISSIONER OF CHILDREN AND FAMILIES (DCF).*

Senator Coleman, Representative Fox and members of the Judiciary Committee, my name is Susan Kelley and I am *the Child and Adolescent Policy Manager* at the National Alliance on Mental Illness of Connecticut (NAMI Connecticut). In addition to providing educational programs and support groups, NAMI Connecticut advocates at the state level for improved mental health and related services and supports, and ending stigma and discrimination against persons living with mental health challenges. I am testifying today on behalf of NAMI Connecticut in support of **SB 1127, HB 7050, and HB 7042.**

SB 1127 will permit the court to depart from imposing the mandatory minimum sentence on a child who was transferred to the adult court, for good cause shown.

This change is consistent with the U. S. Supreme Court's reasoning in *Miller v. Alabama*, 132 S. Ct. 2455 (2012), which requires that a court give individualized review for factors, such as amenability to treatment and propensity for change before sentencing a youth to life without parole.

As recognized in *Miller, and Graham v. Florida*, 130 S. Ct. 2011 (2010), extensive research and well-established scientific evidence demonstrates that adolescents have underdeveloped brains, making them more impulsive and susceptible to peer-pressure than adults, and lacking in foresight. This evidence strongly supports that juveniles should be treated differently from adults in the justice system because among other things, juveniles generally have a greater likelihood for successful rehabilitation and less culpability for their actions.

We also know that many of the behaviors that lead youth to commit crimes are all too often the result of unmet behavioral and mental health needs. 64 percent of youth involved in the juvenile justice system in Connecticut have a diagnosable mental health disorder;¹ and 80 percent of children

¹ Behavioral Health Services for Young Adults Task Force Report (2014)

admitted to detention report trauma histories.² Nationally, substance abuse is linked to 78 percent of cases where juveniles are taken into custody.³ As a result, long prison sentences and mandatory minimum sentencing requirements unfairly punish youth with untreated mental health and behavioral disorders. Giving youth offenders a second chance is critically important when viewed from this mental health perspective, particularly when research shows 70 to 80 percent of all children and youth nationwide with a diagnosable mental illness fail to receive mental health services.⁴

Allowing courts to sentence juveniles to less than the mandatory minimum will allow the justice system to take into account, as it should, such individual factors as the mental health status of juvenile offenders, and consider whether those offenders with mental health conditions have had an opportunity to seek rehabilitation and treatment.

In addition, it is very troublesome that a disproportionate number of children of color are being unfairly punished in this way, as minority youth are over-represented in the juvenile justice system and under-represented in the behavioral health system. Enacting SB 1127 would be a significant step forward in juvenile justice while Connecticut continues to undertake the difficult task of improving access to quality mental health services for all children in Connecticut, under the Children's Behavioral Health Plan of PA-13-178, the Sandy Hook Commission Report of 2015, and related work.

We also support all components of **HB 7050**, which permits discretionary transfer to adult criminal court for children charged with a class B felony; raises the age for transfer from age 14 to age 15; raises the age of a child from 16 to 18 concerning certain protections for an admission, confession, or statements by a child; requires the Juvenile Justice Policy and Oversight Committee (JJPOC) to continue its review of Connecticut's juvenile justice system; and prohibits children from being shackled or otherwise restrained prior to being adjudicated a delinquent unless such restraint is necessary to ensure the safety of the public.

We commend the Committee for raising HB 7050 because each component recognizes that our children deserve to be treated as growing and maturing young persons. To that end, our juvenile sentencing laws and how we treat detained children will now more accurately reflect what we know from best practices both nationally and in Connecticut: better outcomes are attained for juveniles by limiting the number of children transferred to the adult criminal system; the brains of adolescent and young adults are not fully developed until age 25; children often outgrow troublesome behaviors, are highly amenable to treatment, and have greater capacity for change than adults.

Specifically, we support HB 7050's prohibition against physically restraining children through the use of shackles unless there is a true safety concern. The practice of shackling our children is particularly pernicious when we know that children of color are disproportionately represented in

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

³ CASA Columbia (2004). Accessed:

<http://www.casacolumbia.org/addiction-research/reports/substance-abuse-juvenile-justice-children-left-behind>

⁴ *Mental Health: A Report of the Surgeon General*, Rockville, MD; US Dept. 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.

the juvenile justice system though studies tell us that youth of all races and ethnicities engage in similar behaviors.⁵ Furthermore, unshackling of children prevents re-traumatization of the overwhelming numbers of children who enter the juvenile justice system with mental health problems, histories of trauma, or both, and is consistent with and helps promote trauma-informed practices that Connecticut is undertaking throughout the state.

The other provisions of HB 7050 similarly are significant steps forward to improve juvenile justice: discretionary transfer of children charged with class B felonies to the adult criminal system appropriately recognizes that children can and should receive treatment and services in juvenile programs; raising the age of transfer from age 14 to age 15 furthers the goal of limiting the number of children transferred to juvenile court in light of best practices; raising the age for protections afforded to confessions/admissions/statements by children from age 16 to age 18 recognizes the impressionability of young persons; requiring the JJPOC to continue its review of the state's juvenile justice system validates its current work and the importance of considering and implementing further reforms. For all of these reasons we support HB 7050 in its entirety.

We further support **HB 7042**. Under no conditions should a child be transferred to adult prison unless he or she has been charged with an adult crimes and their case has been transferred to adult court. DCF is under state mandate to serve all children, including those with difficult problems. If a child has complex problems and is difficult to handle, DCF must find alternative services or programs to meet this child's needs as it does for all children in Connecticut who have a range of behaviors and needs. Singling out a child for adult prison is against this mandate and should not be permitted.

In conclusion, we support **SB 1127**, **HB 7050**, and **HB 7042**.

Thank you for the opportunity to address the Judiciary Committee.

Respectfully submitted,

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⁵ Centers for Disease Control Youth Risk Behavior Surveillance. Accessed at <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>.