



**Testimony of the Alliance for Children's Mental Health (ACMH)
Before the Judiciary Committee
February 20, 2018**

IN SUPPORT OF:

HB 5040: AN ACT CONCERNING ADJUDICATION OF CERTAIN YOUNG ADULTS IN JUVENILE COURT

HB 5042: AN ACT CONCERNING PROSECUTION OF LOW-RISK YOUNG OFFENDERS IN ADULT COURT

Senator Kissel, Senator Doyle, Representative Tong, and members of the Judiciary Committee, my name is Susan Kelley, thank you for the opportunity to testify before the Committee today. I am Director of the Alliance for Children's Mental Health (ACMH), which is an independent, statewide policy and advocacy group in Connecticut that focuses solely on children's mental health, including the critical overlap of mental health with child-serving systems such as education, child welfare, and juvenile justice.

I am here today to testify on behalf of ACMH in support of HB 5040 and HB 5042. Looking through the lens of optimizing children's mental health for all children in the state, ACMH supports these bills because they carry out important policies of reducing incarceration among young adults, and increasing the likelihood that these individuals will be successful and not re-offend in the future.

Unfortunately, the juvenile justice system often has been the default mental health system for youth with behavioral issues, particularly for youth of color. An estimated 70 percent of young people in juvenile detention have a diagnosable mental health condition, according to a number of national studies. Approximately 90 percent of juvenile justice-connected youth have been exposed to trauma (*Impact Report, Advancing Trauma-Informed Systems for Children*, Sept. 2015, Child Health and Development Institute). The experience of childhood trauma is linked to the onset of over a quarter of all adolescent psychiatric disorders; exposure to traumatic events can disrupt brain development and can have lifelong adverse effects on emotional and physical wellbeing. *Id.* Young people with untreated mental health conditions should have access to treatment and services, including opportunities to continue their education so they have the best chance at success as adults.

Regarding HB 5042, ACMH supports this bill but believes, among other things, its youthful offender eligibility provisions should be strengthened. It is appropriate to afford low risk young adults ages 18-10 to certain protections currently available to youth 17 and under. This result is supported by scientific brain studies showing that the brain areas involved in reasoning and

self-control are not fully developed until age 25—all youth, 17 and under as well as youth ages 18-20, share this tendency toward impulsive and reckless behavior. HB 5042 would prevent low-risk youth from having life-altering, permanent negative consequences for such behavior. It makes sense to be able to move less serious cases through the courts in a way that would allow young people to continue to be contributing members of society. HB 5042 should be strengthened, however, regarding youthful offender eligibility. Current law excludes from youthful offender eligibility anyone who was adjudicated of a serious juvenile offense (SJO) while still a juvenile. Removing this exclusion and allowing the judge in the adult matter to determine if the young adult's history makes them appropriate for youthful offender status comports with the law and science that indicates youth should be considered whenever culpability and consequences are imposed on a young person.

ACMH also supports HB 5040 (Raise the Age) which would over time, create a new category of "young adults" within the juvenile justice system's jurisdiction for individuals between the ages of 18-20. By July 2021, youth 20 and under would in most circumstances benefit from the protections and services of the juvenile justice system, including behavioral health services. Given the state's fiscal crisis, we agree that raising the age needs to be phased in, and even if this bill passes this year, its effects will only take place for one cohort of youth more than a year from now.

While ACMH supports these bills as appropriate next steps to continue important juvenile justice reforms, we know that smooth implementation of these efforts will require sufficient services and supports in place to meet the needs of youth under 21 in both the juvenile system as well as for "youthful offenders" emerging from the adult court. The state must continue to invest in and adequately fund community-based behavioral health and juvenile justice services to keep youth from entering the juvenile justice system in the first place as well as for youth who would be better served by the juvenile, not adult criminal, justice system.

Thank you for your time and attention. I would be happy to answer any questions you may have.

Respectfully submitted,

Susan R. Kelley, JD

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Director of Children's Policy, NAMI Connecticut

ACMH is housed at NAMI Connecticut; NAMI Connecticut is a member participant and fiduciary for AMCH

Organizations/individuals joining in the above testimony

NAMI Connecticut

CTJJA

Empowering Children and Families

Lori Clemente, parent

Stamford Youth Services

ACMH Member Participants

This list of member participants does not indicate that each organization or individual joins in the above ACMH testimony.

Connecticut Juvenile Justice Alliance (CTJJA)
CT Legal Services
CT Community Non Profit Alliance
Clifford Beers Clinic
Center for Children's Advocacy
Family Forward Advocacy CT
CT Voices for Children
Kids in Crisis
Family and Children's Aid, Danbury
Dr. Irv Jennings, child psychiatrist, FCA
African Caribbean American Parents of Children with Disabilities (AFCAMP)
Connecticut Alliance of Foster and Adoptive Families (CAFAF)
National Alliance on Mental Illness, Connecticut (NAMI Connecticut)
National Association of Social Workers, Connecticut
Child Guidance Center of Southern CT
The Village of Children and Families
Jesse Lewis Choose Love Foundation
Susan Graham, Family Champion and CONNECT consultant
Christine Rowan, Parent (Newtown)
Lori Clemente, Parent (Killingworth)
Grace Grinnell, Parent (Canton)
David Marcus, Parent, Innovative Advocacy Solutions LLC
Connecticut Association of School Based Health Centers
Yale School of Public Health
Dr. Frank Fortunati, child psychiatrist, Yale
Child Health and Development Institute (CHDI)
Child First
Office of the Child Advocate
Stamford Youth Services Bureau
Early Childhood Alliance
Empowering Children and Families
CT Council of Child and Adolescent Psychiatry
Academy of Child and Adolescent Psychiatry

