



TESTIMONY OF THE CONNECTICUT JUVENILE JUSTICE ALLIANCE

FOR THE BIPARTISAN TASK FORCE ON GUN VIOLENCE PREVENTION AND CHILDREN'S SAFETY SUBCOMMITTEE ON MENTAL HEALTH JANUARY 29, 2013

Sen. Harp, Rep. Wood, and members of the Task Force's Subcommittee on Mental Health, my name is Abby Anderson and 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 systems, and advocating a safe, effective and fair system for those involved. Thank you for the opportunity to testify today.

Mental health and juvenile justice are overlapping – but not identical – fields. Sometimes the distinction gets blurred. The juvenile justice system often serves as a de facto mental health system because the actual mental health system is inadequate to meet demand and is difficult to access. That needs to change.

Mental illness and delinquency are not interchangeable. I cannot stress that enough. Most children and adolescents with mental illness will never break the law. The juvenile justice system does, however, serve many with mental illness and a history of trauma. We owe it to these young people to provide effective treatment within the system and access to a continuum of supportive services outside the system so that they can be successful and remain out of trouble.

No one should enter the juvenile justice system solely because of mental health needs. Contact with the justice system puts young people at risk of educational failure and a host of other bad outcomes. The system is also one of the most expensive places to deliver services. Yet parents may be advised to have their child arrested because they cannot find anywhere else to get help. Imagine being told that the only way to help your sick child is to send him away in the back of a squad car.

At the same time, children should not be denied access to the services they need because of juvenile justice system involvement. Currently, having juvenile justice system involvement is an exclusionary factor in terms of access to DCF voluntary services. This is not acceptable, and we would ask that new mental health services created in this state are available to ALL children – no matter what part of the system they may, or may not, have touched.

Connecticut does have effective community-based resources, but they must be scaled up significantly to meet the need. In some cases, services must be improved. Fewer children would enter the system inappropriately, if the state would:

Give school staff the information and resources they need to identify and manage emotional-behavioral problems. Of course, if we stop at identification and don't provide services, we merely create an opportunity for children to be stigmatized. CSSD, DCF and SDE have worked together through the School-Based Diversion Initiative to help communities make better use of

Emergency Mobile Psychiatric Services. This type of effort should be expanded; it has been evaluated, and shows clear, positive outcomes.

Create more comprehensive School Based Health Centers that provide medical and mental health services. About 80% of children who get mental health services access them at school. Let's increase resources where they are most likely to be used. Funding to create more of these centers was cut from last year's budget.

Improve the continuum of services for youth substance abuse treatment, both in- and out-patient. Advocates have long discussed the need for more community-based and inpatient substance abuse treatment services. The system did an admirable job of transitioning to an older population after the Raise the Age change to include 16 and 17 year olds. More work remains, however, to ensure the system can appropriately serve these older adolescents with longer standing substance abuse, different relationship issues and a need for independent living upon reentry.

Support more Juvenile Review Boards and make sure they have the resources to do their job; This community-based court-diversion model has been highly successful at connecting kids to services without involving the courts.

Ensure that where police officers are in schools, Memorandums of Agreement (MOA) outline roles and responsibilities and graduated responses to misbehavior;

The Alliance released a report today that highlighted our work with three communities who used a variety of strategies, centered by strong MOAs, to drastically reduce arrests in schools.

You may be wondering just how many kids enter the juvenile justice system who would more appropriately be served by the children's mental health system. I wonder too, as the data on this question is not well-defined. We are asking the Judicial Branch and DCF to examine their records and determine the answer to this question. We do know that the number of youth in the system who have experienced previous traumatic events is remarkably high. Universal trauma screenings and services through schools, especially in urban areas, could go a long way to prevent delinquent acts. But a better understanding of who exactly comes into the juvenile justice system and their behavioral health histories is necessary to ascertain exactly what diversion and interventions are needed.

As we hold youth accountable for their actions, we must also provide them with the rehabilitative tools and supports they need NOT to reoffend. Many youth leaving the juvenile justice system have uncertain housing – especially those with mental health issues. What can we do we prevent homelessness? Some youth with mental health needs will be transitioning from DCF to DMHAS care. Are the proper planning and engagement protocols in place to ensure these youth do not fall through the system's cracks? The Alliance would ask this committee to investigate the plans of DCF and CSSD to serve these older youth's mental health needs.

In thinking about this issue, I'd ask you to imagine crossing one word off your charge. Imagine you are The Subcommittee on Health. What if we were talking about physical illness? Suppose I

told you parents had their kids arrested because that was the only way to get them the insulin they needed? Suppose I told you that the juvenile justice system was discharging kids who took heart medication, but gave them no prescription or referral to a doctor?

It would be an outrage. We wouldn't stand for it. I'd submit to you that health is health - mental or physical. The urgency is the same.

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-CT 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