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**TESTIMONY OF JAN VANTASSEL, ESQ.  
REGARDING CRIMINAL JUSTICE REFORM  
JUDICIARY COMMITTEE**

**November 27, 2007**

Good afternoon. My name is Jan VanTassel. I am the Executive Director of the Connecticut Legal Rights Project, a statewide non-profit agency that provides free legal services to low income adults with psychiatric disabilities on matters related to their mental health and civil rights. For several years CLRP has played a lead role with other advocacy organizations encouraging the state to develop cost-effective community based alternatives for persons with psychiatric disabilities who can be treated and monitored there rather than being incarcerated.

Connecticut's Prison and Jail Overcrowding Commission (PJOC) created the impetus for unprecedented collaboration between the Department of Correction, Department of Mental Health and Addiction Services and the Judicial Branch. The PJOC specifically identified the lack of adequate housing and community services for persons with psychiatric disabilities as factors contributing to the State's prison overcrowding. In fact, studies have found that persons with mental illness are more likely to be incarcerated and to serve proportionately longer sentences than other persons convicted of similar criminal offenses.

As a result of interagency collaboration Connecticut has implemented a number of innovative programs to prevent the unnecessary or extended incarcerations of persons with mental illness. These programs, including jail diversion, day reporting and crisis intervention training for police, have demonstrated that they can protect both the public safety and taxpayer dollars. The more recent allocation of funds to train specialized parole and probation officers to monitor persons with psychiatric disabilities provides further opportunities to assure that the high cost of incarceration is spent on dangerous individuals who require confinement to protect the public rather than as the only option for housing or treatment.

I am testifying today on two specific elements in the proposals under consideration by this committee. The first are the proposals to establish new correctional facilities; either a 1000 bed medium security facility and/or a 1200 bed medical and mental health facility. Before endorsing the expenditure of millions of dollars that such facilities will require, it is incumbent upon this committee to determine the number of persons currently incarcerated, including persons with mental illness who have not committed crimes of a serious nature, who could be monitored in the community. Information regarding the DMHAS jail diversion program indicates that a substantial number of the persons recommended for jail diversion are incarcerated solely due to the lack of housing and community services for them. Judges understandably recognize that they have no viable options.

At the same time, however, the state has failed to provide sufficient funding to meet the capacity of developers for supportive housing that might serve these individuals at less than half the cost of incarceration. During the last round of requests for proposals for scattered site supportive housing, a total of 729 units were requested by applicants, but only 250 units could be funded. Similarly, there were insufficient funds for all of the development applicants. Fourteen proposals for 378 units were submitted, but only 168 units could proceed. The state missed an opportunity to create 689 new units of supportive housing, while funding less than 50% of the requests. Ironically, not that long ago state officials were worried that the state lacked that the development capacity to keep pace with the need for supportive housing. Now we are lagging behind the capacity, running the risk that developers will stop pursuing this housing due to inadequate state commitment.

I do not mean to suggest that supportive housing is the solution to prison overcrowding. However, I know that it can be part of the solution and that it is a far better investment than building more prisons. Connecticut has cost-effective models of alternatives to incarceration that must be funded before we go down the road of building more prisons, regardless of their level and focus.

The second element of the proposals before you of specific concern to CLRP are the so-called "three strike" bills. I urge this committee to approach these measures with caution, particularly the manner in which you handle misdemeanors and non violent offenses. While I understand the state's interest in establishing clear rules and limits, the fact remains that many individuals with psychiatric disabilities become embroiled in the criminal justice system as a result of their illness, and our laws must provide the judicial discretion to factor that into its decision-making process. I have had clients whose disability-related inability to cope with a situation was exacerbated by a security guard who grabbed the individual and caused an unnecessary altercation that resulted in criminal charges.

Many people do not realize that persons with mental illness who comply their medication regimen can still have relapses, even when they have followed the prescription. Another little known fact is that persons with psychiatric disabilities are more compliant with their prescriptions than the general population.

Unfortunately, the lack of individualized treatment services and/or stable housing frequently contributes to encounters with law enforcement for our clients. The state's failure to invest adequately in housing and community services when state hospitals were closed is, in my opinion, a more serious crime than many that my clients commit. I urge you to avoid compounding that error in judgment by casting too wide a net in your legislation.