

**Testimony before the Judiciary Committee
November 27, 2007**

Criminal Justice Reform Proposals # 4 and # 8

Good afternoon, Senator McDonald, Representative Lawlor and members of the Judiciary Committee.

Thank you for this opportunity to speak with you regarding the criminal justice reform proposals currently under consideration by the state. I am Louise Pyers, the Criminal Justice Project Director for the National Alliance on Mental Illness of Connecticut (NAMI-CT). I am also President of the Connecticut Alliance to Benefit Law Enforcement, (CABLE) the state's sole source provider of Crisis Intervention Team Training for law enforcement officers.

I am concerned about segments of Proposals #4 and #8, as they will have a significant and detrimental impact on persons with mental illness. I am also concerned about lack of separation between illness and criminality. There has been little to no distinction between people who are suffering from serious and persistent psychiatric disabilities - **neurobiological brain disorders** - and those who are truly predators and criminals.

The vast majority violent behavior in our society is caused by people without psychiatric disorders. The U.S. Surgeon General reports that the likelihood of violence by people with mental illness is low. Yet people with mental illnesses are often portrayed negatively and erroneously. According to Otto Wahl, PhD., professor of psychology at George Mason University in Virginia, "mental illness is a poor predictor of violence ranking well after factors such as youth, male gender, history of violence, and poverty."

Proposal #4 recommends the construction of a 1200 bed medical and mental health prison. Prison is not the appropriate place to provide treatment to people with serious psychiatric illnesses. A more fiscally sensible alternative would be to take half of the \$150 million building cost and half of the \$88.9 million operating cost being proposed for the new facility and invest it in the community mental health system, the expansion of jail diversion programs, crisis intervention teams, residential alternatives to incarceration programs, and intensive twenty-four hour psychiatric treatment options. This would relieve prison overcrowding, saving millions of dollars in the long term and allow people who are sick to receive treatment in the appropriate setting.

In addition, a three strikes law that includes misdemeanors as recommended in Proposal #8 will disproportionately impact people with mental health and substance use disorders. Often times, when people with mental illness are not linked to the appropriate services, they become highly symptomatic, and end up cycling in and out of the prison system for low level offenses related to their illness. A three strikes law that includes misdemeanors (as defined as a predicate offense within the proposal) will put these people at risk for life imprisonment with one additional felony offense. Alternatively, a focus on community integration and services, including treatment, supportive housing and employment, would reverse the trend of re-incarceration related to low level violations.

Mental illnesses are treatable, yet, only 50% of defendants with serious mental illnesses who are identified and evaluated can be diverted from jail - largely because the judge does not have any community based treatment and supportive housing alternative. A well-known study published in the June 2007 issue of *Psychiatric Services* asserts that, "a large percentage of persons with severe mental illness received their acute psychiatric inpatient treatment in the criminal justice system rather than in the mental health system... The resources of the mental health system need to be greatly expanded, with priority given to treating persons who are criminalized or who are in danger of becoming criminalized."¹

NAMI-CT supports long-term solutions, such as the recent proposals set forth by the Court Support Services Division. These proposals include a Mental Health Diversionary Program that would institute an accelerated rehabilitation option for nonviolent offenders with psychiatric illnesses, an Intensive Pretrial Supervision Program for Defendants with Psychiatric Disabilities to expand pretrial release options, and the expansion of the Mental Health Probation Program to reduce the number of technical violations for this population.

We urge you to consider innovative solutions that are not only more humane, but more cost effective for the state. Please do not take us down an old and tragic path.

Thank you for your time and attention to address this critical issue in our justice system. I am willing to answer any questions you may have.

Louise C. Pyers, MS
Criminal Justice Project Director, NAMI-CT
President, CT Alliance to Benefit Law Enforcement (CABLE)

¹ Lamb, Richard H., M.D., Weinberger, Linda E., Ph.D., Marsh, Jeffrey S., M.D., and Gross, Bruce H., J.D., Ph.D. (2007). Treatment Prospects for Persons With Severe Mental Illness in an Urban County Jail. *Psychiatric Services*.