



**STATE OF CONNECTICUT
JUDICIAL BRANCH**

EXTERNAL AFFAIRS DIVISION

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**Appropriations and Children Joint Hearing on the
Implementation of P.A. 13-178, AAC the Mental, Emotional and Behavioral Health of
Youths**

**Testimony of the Honorable Bernadette Conway,
Chief Administrative Judge, Juvenile Matters.**

Good afternoon Senator Bartolomeo, Representative Urban, Senator Bye and Representative Walker, and members of the Children and Appropriations Committees. My name is Bernadette Conway and I serve as the Judicial Branch's Chief Administrative Judge for Juvenile Matters. Thank you for the opportunity to appear before you today to talk about the Judicial Branch's efforts to address the mental, emotional and behavioral health of the children who are referred to our juvenile courts.

Every day, in juvenile courthouses throughout the state, judges and court staff diligently attempt to ensure that every child who enters the court system receives individualized justice. At the same time, judges and court staff remain cognizant of their co-existing obligation to safeguard the safety and well-being of all citizens and to maintain a steadfast loyalty to the rule of law.

I recently listened to a colleague analogize the commencement of a court case with getting on a superhighway. You do not get on unless you have to. Once on, the only way off is an exit ramp. If you miss your exit you have no choice but to proceed to the next exit – which may be very far away. Continuation on the highway brings inevitable fatigue and wear and tear. Whether the cost of travel is worth it depends on a lot of variables. Picture the referral of a child to delinquency court as the entrance ramp to the superhighway. Whether the trip is worth it calls for the balancing of a child's right to individualized justice with meeting the needs and expectations of the community and victims. Not all juvenile referrals need to proceed past or even onto the entrance ramp, that ramp being the front door of the courthouse. Therefore, probation staff assess all new cases to determine whether we can divert the child, either back to the community for handling by the local Juvenile Review Board (JRB), back to the school if it is

a school-based arrest that does not warrant court involvement or, if it's appropriate, to stay within the juvenile courthouse having a probation officer work with the child, but leaving lawyers and judges out of the case (this is known as non-judicial handling of cases). Why should we try to keep kids off the proverbial courthouse highway? The Judicial Branch's and national data support this irrefutable conclusion: The longer a child stays out of the juvenile justice system, the better the outcome is for that child. Moreover, the longer a child stays in the juvenile justice system and the further the child goes into the system the worse the outcome is for that child.

So, diversion, the ramp which avoids having a child get on the superhighway or once on allows the child to exit sooner rather than later, takes shape in several different forms. Judicial continues with its School-Based Diversion Initiative (SBDI). SBDI trains school personnel to identify students with behavioral health challenges and to refer students to Emergency Mobile Psychiatric Services (EMPS). EMPS provides on-call clinicians to come to a crisis scene, whether it be the school classroom or the family home. EMPS follows the child and works to engage the child and family for up to six weeks and to assist in transitioning the child to a longer term mental health provider. Presently, SBDI operates in 21 schools in 10 different school districts. The rate at which children are referred to EMPS at schools using SBDI is up by 44% and arrests at those schools are down by 19% on average. Use of EMPS means less ER visits, less arrests and court referrals, and less school suspensions/expulsions. Our data supports expansion of School-Based Diversion Initiative to additional school districts.

Obviously, police play a significant role in directing traffic onto the proverbial highway. Ongoing training of police, including school resource officers, is needed for maximum diversion to be achieved.

Community-based and operated JRBs play a vital role in diverting children away from delinquency court. More are needed. JRBs, using the Balanced and Restorable Justice Model, hold children accountable, address victim complaints, identify mental health and other needs, and link to services. JRBs need access to evidence-based interventions and case management services so as to enhance their ability to divert as many children as possible with a greater rate of success.

Inevitably, there are children whose offenses/behaviors dictate entrance into and/or progression through the court system - the proverbial highway. These are children who may require detention. Our detention population now averages a total of approximately 50 per day collectively in the Hartford and Bridgeport Detention centers and approximately 24 in the secured community-based centers --- a far cry from the detention population of seven years ago. Clinical Court Coordinators (CCCs) are licensed mental health professionals, and present in the

courthouse to assess a child's mental health and to make timely recommendations to the Court of what the child may or may not need. CCC's presence has decreased the use of detention and has allowed for children to safely return home sooner and with a clearer and more appropriate usage of community-based service providers. My personal belief, which I have shared with other states that look to Connecticut for best practices, is that the creation of and the placement within each of the juvenile courthouses of a Clinical Court Coordinator is one of the most significant improvements judicial has made in how we handle children with mental, behavioral and emotional health issues.

For those children in need of inpatient psychiatric hospitalization, their hospital admissions are now streamlined; Judicial and DCF (Solnit) have successfully collaborated in establishing a protocol, thereby reducing the amount of time a child waits for an inpatient psychiatric hospital bed.

The Judicial Branch spends \$30 million in treatment services that include evidence-based interventions such as MST (Multi-Systemic therapy), MDFT (Multi-Dimensional Family Therapy), Functional Family Therapy, IICAPS (Intensive In-home Child and Adolescent Psychiatric Services), MET/CBT (Motivational Enhancement Therapy / Cognitive Behavioral Therapy) for substance use, Anger Replacement Therapy (ART), TFCBT (Trauma-Focused Cognitive Behavioral Therapy) and MTFC (Multi-Dimensional Treatment Foster Care). The Judicial Branch is dedicated to continuing to look for and when possible to implement evidence-based best practices. We know we need to do better in accessing effective treatment for both inpatient and community-based services for drug use. The Branch has begun a pilot program in four courts framing the issue of substance use as a public health issue rather than criminal conduct and we have begun to work with consultants and staff from NIAT (The Network for the Improvement of Addiction Treatment). The goals are to reduce waiting time for treatment, increase admissions to appropriate treatment, reduce the number of missed appointments and increase treatment retention.

The work we do with the nonjudicial handling of delinquency cases extends to status offenders as well. The runaway or truant or out of control child may gain access to the same mental health services and providers and yet remain off the superhighway, thereby avoiding the pitfalls of progressing further into the system. Our use of CYFSC allows us to work with status offenders and their families using community-based service providers.

To conclude, while things have gotten better and we are doing many positive things to advance the mental health of the children who interface with the Court, there is always a need to do better. Section 7 of P.A. 13-178 authorized but did not require the Judicial Branch to seek funding to perform a study to determine whether children and young adults whose primary need is mental health intervention are placed into the juvenile justice or correctional systems rather than receiving treatment for their mental health issues. Respectfully, the Branch submits that separating mental health from the commission of a juvenile offense may lend itself to a false dichotomy. There are children who are in need of effective, evidence-based mental health services both within and outside of the juvenile court system. The Judicial Branch, in affording all children who interface with the Court individualized justice, continues its efforts to keep children off the proverbial superhighway, and for those children whose cases do enter and remain within the courthouse, the Branch strives to achieve as optimal an outcome as possible for the child while remaining faithful to its obligations to all. Therefore, if the focus remains on the acquisition and the continued implementation of the most effective and timely services, mentally, emotionally and behaviorally challenged children both on and off the proverbial highway benefit significantly.

The Branch looks forward to continuing its collaboration with the stakeholders here today in achieving that end. Thank you.