Senate Committee on Corrections & Juvenile Justice

February 2, 2016

Presented by:
Rick Cagan
Executive Director

NAMI Kansas is the state organization of the National Alliance on Mental Illness, a grassroots organization whose members are individuals living with mental illnesses and their family members who provide care and support. NAMI Kansas provides programs of peer support and education by and for our members through a statewide network of 17 local affiliates and support groups. We advocate for individuals who are living with mental illness to ensure their access to treatment and supportive services.

NAMI Kansas supports the recommendations of the Kansas Juvenile Justice Workgroup as reflected in SB 367. Overall these recommendations will strengthen Kansas's juvenile justice system, improve outcomes for children and families, protect public safety, and ensure more effective use of taxpayer dollars by:

- Preventing deeper juvenile justice system involvement
- Focusing the most expensive system resources on youth who pose the greatest public safety risk;
- Increasing the quantity and quality of community-based programs in every part of the state; and
- Sustaining effective practices through oversight and reinvestment

Providing courts with access to appropriate community-based services for juvenile offenders and their families while focusing out-of-home placements on more serious offenders results in greater public safety and better outcomes overall. We should be reducing expenditures on out-of-home placements and shifting outlays to more effective alternatives that can strengthen families. This overall shift in policy can improve public safety, enhance accountability, and ensure better outcomes for children, families, and citizens of our state while reinvesting in proven community solutions.

610 SW 10th Avenue ▪ Suite 203 ▪ PO Box 675 ▪ Topeka, KS 66601
785-233-0755 ▪ 785-233-4804 (FAX) ▪ 800-539-2660
info@namikansas.org ▪ www.namikansas.org

Failing to correct these problems now will only cost us more tax dollars in the future. More importantly, it will deny too many of our young people the opportunity to be successful, productive members of our communities and our workforce.

Our interest in juvenile justice reform begins with our understanding that about one in ten children have a serious mental or emotional disorder.[1] This means that more than 31,000 children in Kansas live with serious mental health conditions.[2] One-half of all lifetime cases of mental illness begin by age 14, three-quarters by age 24.[3] Fewer than half of children with a diagnosable mental disorder receive any mental health services in a given year. Suicide is the third leading cause of death among youth and young adults aged 15-24.[4] Among children between 10 and 17 years of age, suicide is the 2nd leading cause of death.

Over 50 percent of students with a mental disorder age 14 and older drop out of high school—the highest dropout rate of any disability group.[5] Approximately 53 percent of Kansas students aged 14 and older living with serious mental health conditions who receive special education services dropped out of high school.[6]

A report from the National Center for Mental Health & Juvenile Justice found that 70 percent of youth in juvenile justice systems have at least one mental health disorder with at least 20 percent experiencing significant functional impairment from a serious mental illness. Many end up in the system simply because they need mental health services and can't access them in their community. Yet while in custody, many don't receive the treatment they need. They end up getting worse, not better. While detained, these adolescents are kept from their families who they need the most. Youth in custody have a four times greater risk of suicide than their peers. Once they have entered the criminal justice system, they are likely to stay in it. Re-arrest rates are as high as 75 percent within three years after confinement. There should be options for diversion to treatment and continued support during and after confinement.

To the extent that solitary confinement is used in juvenile correctional facilities for youth with severe psychiatric symptoms, it should be discontinued. Solitary confinement causes extreme suffering and can make the illness worse. Placing juveniles in solitary confinement can permanently impact development and increases risk of suicide. Just last week, President Obama announced a ban on solitary confinement for juvenile offenders in the federal prison system, saying the practice is overused and has the potential for devastating psychological consequences.[7]

NAMI believes that everyone should have access to mental health care. Every community must have access to an appropriate crisis response system. Law enforcement intervention should be used as a last resort. We must partner with youth-serving agencies and criminal justice leaders to ensure that youth with mental health treatment needs get the support they need to stay out of jail. Those involved in nonviolent offenses should be diverted into effective home and community-based treatment programs.

Thank you for your consideration of these comments in support of SB 367.

[1] U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 1999, pp. 408-409, 411.
[2] U.S. Public Health Service, Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda, (Washington, DC: Department of Health and Human Services, 2000).
[3] Kessler, R., Berglund, P., Demler, O., Jin, R., Merikangas, & Walters, *Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Co-morbidity Survey Replication (NCSR). General Psychiatry, 62, June 2005, 593-602.*
[4] National Institute of Mental Health, "Suicide in the U.S.: Statistics and Prevention,"2009, http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-preevntion/index.shtml
[5] U.S. Department of education. *Twenty-third annual report to Congress on the implementation of the Individuals with Disabilities Act. Washington, D.C., 2006.*
[6] U.S. Department of Education, Office of Special Education Programs, Data Accountability Center, IDEA Data, "State Rank-Ordered Tables," Table 1.3b, DANS (July 15, 2008)
[7] "Obama bans solitary confinement for juveniles in federal prisons," *Washington Post*, January 26, 2016. https://www.washingtonpost.com/politics/obama-bans-solitary-confinement-for-juveniles-in-federal-prisons/2016/01/25/056e14b2-c3a2-11e5-9693-933a4d31bcc8_story.html