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Senator William C. Smith, Jr., Chair  
Senator Jeff Waldstreicher, Vice Chair  
Judicial Proceedings Committee  
2 East  
Miller Senate Office Building  
Annapolis, Maryland 21401

Dear Chair Smith, Vice Chair Waldstreicher, and Members of the Committee:

**RE: SB0052: Juvenile Justice Restoration Act of 2024**

**Position: SUPPORT**

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral-level psychologists throughout the state, asks the House Judiciary Committee to report FAVORABLY on SB0052.

The adolescent brain is not capable of the same level of rational thought as the adult brain; adjudicating children and adolescents in an adult judicial system places them in a process that was neither built to accommodate their needs nor suited to prevent them from committing further crimes. Juveniles processed in the adult criminal system have significantly higher rates of recidivism than those processed in the juvenile system, with some estimates finding the rates over 80%. If the goal of our judicial system is to decrease crime, then it is clear that processing youth in the adult criminal system is not the path to reach that goal. Some might express concern that extremely violent youth who have not been able to be served in the juvenile system will not be able to be served should this law be enacted, but this law will only serve to remove the automaticity of the process. Youth who fail services in the juvenile system will still be able to be waived to the adult system should the need arise.

Thank you for considering our comments on SB0052. If we can be of any further assistance as the Judiciary Proceedings Committee considers this bill, please do not hesitate to contact MPA's Legislative Chair, Dr. Stephanie Wolf at [mpalegislativcommittee@gmail.com](mailto:mpalegislativcommittee@gmail.com).

Respectfully submitted,  
*Brian Corrado, Psy.D.*  
Brian Corrado, Psy.D.  
President

*Stephanie Wolf, JD, Ph.D.*  
Stephanie Wolf, JD, Ph.D.  
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association  
Barbara Brocato & Dan Shattuck, MPA Government Affairs

Second, we would like to point out that AOT programs can effectively rely on psychologists in addition to psychiatrists. The San Francisco program is one example: <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/AOT/default.asp>. Therefore, we would like to request an amendment to revise many of the 14 instances of the word “Psychiatrist” to “Psychiatrist or Psychologist,” to indicate that testimony from psychologists should be relied upon to an equal extent to that from psychiatrists.

Third, this bill makes sincere efforts to ensure that individuals mandated to AOT do not suffer adverse effects to their reputations by ensuring that petitions remain under seal and, in 10-6A-06.B.5, that being mandated to AOT “may not be used in any subsequent legal matter” where an adverse outcome could occur by the fact of being mandated. This bill would benefit from additional directions to court officers about maintaining records of proceedings and judgments under seal, as well, not just the initial petitions.

Fourth, this bill stipulates reasonable criteria that must be met before a court may mandate to AOT. It so happens that these criteria are broader than the criteria for involuntary inpatient treatment. Unfortunately, this difference may create difficulties for individuals who are mandated to AOT but do not adhere to treatment plans: they are required to submit to an emergency evaluation, but emergency staff must meet stricter criteria to consider involuntary admission for inpatient treatment. As a result, individuals mandated to AOT may not be admitted for necessary inpatient treatment as intended by this bill. This bill would benefit from revising involuntary inpatient admission criteria to align more closely with AOT criteria.

Fifth, community organizations have historically been concerned that implementation of AOT without concurrent increases in funding will stretch their already limited resources. Specifically, prior testimony has indicated that individuals mandated to AOT will ultimately displace individuals who are seeking care voluntarily. This bill would benefit from identifying funding sources to increase care resources so that all individuals are able to access quality outpatient care on a consistent basis.

Thank you for considering our comments on HB 576. If we can be of any further assistance as the House – Health and Government Operations Committee considers this bill, please do not hesitate to contact us at [mpalegislativecommittee@gmail.com](mailto:mpalegislativecommittee@gmail.com).

Respectfully submitted,

*Brian Corrado, Psy.D.*  
Brian Corrado, Psy.D.  
President

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