

Testimony for HB740-Restrictive Housing-Direct Release

House Judiciary Committee

Date: Feb. 24, 2020, 1:00 pm

From: K. Logan, Prince George's County

POSITION: SUPPORT WITH AMENDMENTS

My son has been put in solitary confinement or restrictive housing for extended periods because of behaviors due to untreated schizophrenia, both in a county jail and state prisons, rather than being admitted to a state hospital for appropriate treatment. HB 740 needs to be amended to ensure that inmates get the hospital treatment they need BEFORE being released to the community.

Medication helps relieve my son's symptoms and helps him cope with his illness. When taking medication, he is given prison work assignments and earns additional privileges for good conduct and functions well. The one time he was treated at Clifton T. Perkins Hospital, the state forensic hospital, before his trial. It made a huge difference. He voluntarily agreed to medication and his illness improved significantly.

However, whenever he relapsed due to medication changes or stopping medications due to lack of insight, he exhibited that same symptoms each time: severe paranoia, and psychotic thinking with distorted thoughts which cause aggressive assaultive behavior. If he were to relapse again near discharge and is put in restrictive housing, it would be imperative that he be sent to the hospital for treatment if he refuses medication. (Only a hospital can give medication over objection.) **To release him in an untreated psychotic state would gravely endanger both him and the public.**

THE POLICY OF THE STATE CORRECTIONAL SYSTEM, in my experience, has been to put inmates with psychosis in restrictive housing for months at a time rather than certifying them for involuntary hospital admission to get them back on their medications. After arrest, my son was in solitary confinement for several months in the Upper Marlboro jail of Prince George's County, and in restrictive housing for 1-2 months at Patuxent Institute and for 2-3 months at North Branch Correctional Institution. **Restrictive housing made his illness worse and caused great suffering.**

The treatments available in the correctional facilities, even at Patuxent, which specializes in treatment for mental illness, help little if my son refuses medication. Only a hospital, not correctional facilities, can give medication over objection if needed.

The lack of appropriate treatment may well have resulted in permanent brain deterioration and harm, since according to U.S. Assistant Secretary for Mental Health and Substance Abuse, Dr. McCance-Katz, "the longer a person goes without having their psychotic thinking ... treated, the more refractory their illness becomes over time."

It is not in anyone's best interest, particularly that of the prison staff, for an inmate to become increasingly dangerous in restrictive housing instead of stabilizing with hospital treatment when needed. Hospital treatment quickly after a relapse could have stabilized my son much sooner and avoided the need for any restrictive housing.

Please pass HB306 with the amendments recommended by the Maryland Chapter of SARDAA. They will facilitate getting someone sick like my son evaluated and transferred to a psychiatric hospital for appropriate treatment to avoid restrictive housing before release and improve the chance of a safe and successful release to the community.