



Maryland Chapter

Schizophrenia and Related Disorders Alliance of America

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Testimony for HB 740-Correctional Services-Restrictive Housing-Direct Release

House Judiciary Committee, Chairman Luke Clippinger

Date: Feb. 25, 2020, 1:00 pm

From: Evelyn Burton, Advocacy Chair, SARDA Maryland Chapter, burtonev@comcast.net

POSITION: SUPPORT WITH AMENDMENTS

The Maryland Chapter of SARDA represents families, professionals, and individuals living with serious brain disorders such as schizophrenia, bi-polar disorder and major depression. We strongly support the goals of HB740 to avoid the discharge of inmates directly from restrictive housing and provide them with mental health counseling and transition services.

Unfortunately, without amendments this bill does nothing to provide needed psychiatric hospital treatment for those with serious mental illness prior to release and thus puts the community in grave danger. As family testimony from Star Lopez, Trever A. , and Karen Logan shows, it is not unusual for inmates with active psychosis to be placed in restrictive housing.

According to Dr. Thomas Insel, former director of the National Institute of Mental Health, **“An active psychotic illness is associated with irrational behavior and violence can be part of that. The numbers are stunning...There is a fifteen fold reduction in risk of homicide with and without treatment.”**

Psychosis is very often caused by refusal of medications. Since only hospitals, not correctional facilities are permitted, appropriately, to give medication over objection, hospitalization may be required to treat the psychosis. Our amendment addresses this by requiring an examination of an inmate that poses a grave risk of harm to self or others to determine if the inmate meets the criteria for involuntary hospital admission. If so, it requires that an application for hospital admission be made. By including the word “self”, the amendment also aims to reduce suicides after release from untreated illness.

Our amendments also address the provision of transition services to those who pose a substantial and immediate threat to others and an inmate who requests voluntary placement in administrative or restrictive housing. Both may have mental health challenges. We see no reason to deny these inmates transition services including assistance in finding housing and obtaining government benefits and service referrals. They may need it more than others. Resocialization programming could be provided in non-group settings for these inmates.

Please give a favorable report to HB740 with SARDA’s amendments (attached) to facilitate needed hospital treatment and ensure that no inmate is ever released from restrictive housing with untreated active psychosis.

Amendments for HB740 Restrictive Housing-Direct Release Proposed by the Md Chapter of SARDA
2/24/20

Page 2 lines 14 and 15 [9-614.2 (B)(1)] delete all.

Page 2 lines 18 & 19 [9-614.2 (B)(3)] delete all.

Page 2 line 26 [15 [9-614.2 (D)(1)] after SETTING add OR OTHER APPROPRIATE SETTING.

Page 3 line 18 (9-614.2(E)(1)(I) After “HARM TO”, insert “SELF OR”

Page 3 line 20 15 [9-614.2 (E)(I)] after “EXHAUSTED” add “ AND THE INMATE HAS BEEN EVALUATED BY A PHYSICIAN, PSYCHIATRIC NURSE PRACTITIONER OR PSYCHOLOGIST TO DETERMINE IF THE INMATE MEETS THE CRITERIA FOR INVOLUNTARY HOSPITAL ADMISSION AS SPECIFIED IN HEALTH GENERAL SECTION 10-617 AND IF A SECOND MENTAL HEALTH PROFESSIONAL, AS SPECIFIED IN HEALTH GENERAL §20-615, CONCURRED, CERTIFICATES AND AN APPLICATION FOR INVOLUNTARY HOSPITAL ADMISSION WERE COMPLETED ACCORDING TO HEALTH GENERAL §10-615 AND §10-616.