



HB 0742
Restrictive Housing-Serious Mental Illness-Assessments

MCAA Position: **OPPOSE**

TO: Judiciary Committee

DATE: February 25, 2020

FROM: T.D. Reece, President

The use of Restrictive Housing has long been recognized as a legitimate measure to ensure the orderly operation and safety of a correctional facility. HB 742 redefines a long-standing definition of Serious Mental Illness (SMI) used within the corrections profession. Serious Mental Illness as defined by the National Institute of Mental Health is “as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.” The proposed legislation attempts to cite specific behaviors that indicate a SMI which can and will be easily manipulated and acted out by individuals without a proper diagnosis of SMI. Self-serving inmates manipulating how SMI is defined will not improve the local jails’ ability, with already very limited resources, to provide the proper treatment to those truly in need.

Local correctional facilities are constructed with cells not hospital rooms. Individuals suffering with a SMI are often taken to local detention centers to be held until a bed in a State Mental Hospital is available simply because there is no other place to safely house the individual. The Maryland Department of Behavioral Health has been consistently working with the MCAA to reduce the length of time this process may take.

Local Jails all operate specialized units where inmates live in more restrictive settings than general population. Placement in restrictive housing is carefully considered, and when appropriate is guided by sound security policies along with medical and mental health professionals who must balance the need to protect the individual, other inmates, and staff.

Restrictive housing for a Serious Mental Illness as outlined in HB 742 redefines SMI in a way that will lead to serious abuses by individuals not suffering with SMI, and will greatly impact the already non-existent resources available to care for those with a SMI. Limiting to 15 days the time an individual diagnosed with SMI may spend in restrictive housing will greatly increase the risk of self-harm once that individual is in less restrictive and/or less observable areas.

The placement of the seriously mentally ill in local detention facilities awaiting commitment to a State Mental Hospital has always been scrutinized, but often contributes to the safety of the individual and the community when no other immediate placement exists. Today's challenge is to allow the Mental Health Professional working in the local facilities to assess the individual and properly diagnose SMI. They must work with the correctional professionals to determine the safest means of housing the individual until transfer to a State Mental Health Hospital. MCAA is strongly opposed to any effort to legislate a definition of an SMI diagnoses or a specific length of time the individual may remain in the safest housing condition available.

The Maryland Correctional Administrators Association Opposes HB 742 and ask the committee for an unfavorable report.