



Maryland Chapter

Schizophrenia and Related Disorders Alliance of America

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Testimony for HB742 Corrections- Restrictive Housing – Serious Mental Illness-Assessments

House Judiciary Committee, Chairman Luke Clippinger

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

From: Evelyn Burton, Advocacy Chair of the Maryland Chapter of SARDA

POSITION: SUPPORT WITH AMENDMENTS

The Maryland Chapter of SARDA represents families, professionals, and individuals living with serious mental illness. We strongly support the goals of HB742 to reduce the use of restrictive housing for those with serious mental illness and support treatment. However, without several amendments, HB742 will fail to address restrictive housing and denial of hospital treatment for the most ill, those with psychotic illnesses, including schizophrenia, bi-polar disorder and major depression.

As family testimony before you from Trevor A, Karen Logan, and Star Gomez describe, restrictive housing is torturous for someone with untreated psychosis. **However, if you only read one complete page of testimony, I urge you to read the written testimony of Karen Logan, whose son has been diagnosed with schizophrenia is in the state prison system.**

Her testimony points to an insidious unspoken policy in the state prisons to substitute the use of restrictive housing for months at a time in lieu of needed hospital treatment for those with aggressive behavior caused by untreated psychosis. She writes “with a clearly defined mental illness, he has been allowed to deteriorate several times to the point of becoming dangerous... Their programs will not help if he refuses medication. **Repeatedly, instead of being sent for needed hospital treatment, he received restrictive housing.**”

Data from the State prisons appears to support this policy. According to Dr. Nero, director of Mental Health at Patuxent Institute there were only “5 offenders certified for placement in a State hospital for psychiatric treatment from July 1, 2016 to July 1, 2017. ” This seems an usually low number considering that the Treatment Advocacy Center estimates 3,199 inmates with serious mental illness in the state prisons.

Our proposed amendment would address this denial of hospital treatment by requiring an examination at the start of restrictive housing to determine if the criteria for involuntary hospital admission are met. If so, completion of the required certificates and hospital admission application would be required.

A second amendment adds the diagnoses of Schizophrenia, bi-Polar Disorder and Major Depression to the definition of Serious Mental Illness, since restrictive housing has known deleterious effects on those individuals regardless of the illness symptoms displayed.

A third amendment adds “THREATS OF HARM, ASSAULTS OR HARM TO OTHERS” to the list of behaviors that can be indicative of serious mental illness as was the case with Karen Logan’s son.

The last amendment requires data reporting on the inmate population with serious mental illness, the use of restrictive housing and the use of hospitalization so that the department and the legislature can see the scope of the problems and track improvements.

Please support HB742 with our attached amendments to reduce restrictive housing and facilitate needed hospital treatment for those with serious mental illness. (amendments attached.)

Amendments to HB742 Proposed by the Maryland chapter of SARDAA 2-25-20

Page 2 line 15 (9-614.2 (A)(3)) After “INCLUDES” add “SCHIZOPHRENIA, BII-POLAR DISORDER, MAJOR DEPRESSION AND”

Page 3 line 11 [9-614.2 (A)(3)(III)] After “SELF HARM;” add “OR (IV) THREATS OF HARM, ASSAULTS OR HARM TO OTHERS AS A CONSEQUENCE OF AN UNDERLYING MENTAL DISORDER”

Page 3 line 28 (9-6.12) after “RESTRICTIVE HOUSING” add
(F) AN INMATE WITH A SERIOUS MENTAL ILLNESS WHO IS PLACED IN RESTRICTIVE HOUSING SHALL BE EVALUATED WITHIN 24 HOURS BY A PSYCHIATRIC NURSE PRACTITIONER, PSYCHOLOGIST OR PHYSICIAN TO DETERMINE IF THE INMATE MEETS THE CRITERIA IN HEALTH GENERAL §10-617 FOR INVOLUNTARY HOSPITAL ADMISSION. IF THE INMATE MEETS THE CRITERIA, THE INMATE SHALL BE EXAMINED BY A SECOND MENTAL HEALTH PROFESSIONAL AS REQUIRED UNDER HEALTH GENERAL §10-615, WITHIN THE NEXT 24 HOURS . IF BOTH PROFESSIONALS AGREE, CERTIFICATES AND AN APPLICATION FOR HOSPITAL ADMISSION SHALL BE COMPLETED ACCORDING TO HEALTH GENERAL 10-615 and 10-616.

Page 4 line 7 (9-6.12(F)(3)) after DOCUMENTED add
G. THE DEPARTMENT OF CORRECTIONS AND LOCAL CORRECTIONAL FACILITIES SHALL REPORT TO THE HOUSE JUDICIARY AND SENATE JUDICIAL PROCEEDINGS COMMITTEES EACH YEAR BY NOV. 1ST, THE FOLLOWING:

(1) THE NUMBER OF INMATES WITH SERIOUS MENTAL ILLNESS, INCLUDING SEPARATELY THE NUMBER OF INMATES WITH SCHIZOPHRENIA, WITH BIPOLAR DISORDER AND WITH MAJOR DEPRESSION.

(2) THE NUMBER OF INMATES WITH SERIOUS MENTAL ILLNESS WHO WERE PLACED IN RESTRICTED HOUSING, AND FOR EACH TIME, HOW LONG.

(A) THE NUMBER OF INMATES WITH SCHIZOPHRENIA, BI-POLAR, AND MAJOR DEPRESSION WHO WERE PLACED IN RESTRICTED HOUSING, AND FOR EACH, HOW LONG AND HOW MANY TIMES.

(B) THE NUMBER OF INMATES WHO WERE PLACED IN RESTRICTIVE HOUSING THAT WERE FOUND TO MEET CRITERIA FOR INVOLUNTARY HOSPITAL ADMISSION IN THE EXAMINATION UNDER 9-6.12(F), AND HOW FOR HOW MANY WERE CERTIFICATES AND AN APPLICATION FOR HOSPITAL ADMISSION COMPLETED.

(C) THE NUMBER OF INMATES CERTIFIED FOR INVOLUNTARY HOSPITALIZATION THAT WERE ADMITTED TO A HOSPITAL.

(D) THE AVERAGE NUMBER OF DAYS FOR TRANSFER TO THE HOSPITAL FOR INMATES CERTIFIED FOR INVOLUNTARY HOSPITALIZATION.

(D) THE AVERAGE NUMBER OF DAYS THAT INMATES CERTIFIED FOR HOSPITALIZATION REMAINED IN THE HOSPITAL.