

MARYLAND PRISONERS' RIGHTS COALITION

TESTIMONY – SUPPORT Corrections – Restrictive Housing – Serious Mental Illness

Chair Clippinger, Vice Chair Atterbeary, and Committee Members

Thank you for the opportunity to voice our **SUPPORT** for HB0851.

The clinical definition of a Serious Mental Illness (SMI) 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 burden of mental illnesses is particularly concentrated among those who experience disability due to SMI.* However, the Department of Public Safety and Correctional Services (DPSCS) has often chosen to ignore these definitions. When inmates exhibit symptoms of their SMI, the department, very often prescribes isolation or punishment that further exacerbating these mental illnesses.

There are currently more than 2500+ inmate residence of the DPSCS who have been diagnoses with a serious mental illness. Even with the DPSCS's Office of Inmate Health and Clinical Services (OIHC), there has been gross mishandling of SMI residents, often leading to further deterioration. When the Department is approached about these issues, whether by family members or organizations like ours, we are given the run around or just uninformed, bad information.

So, you may ask, what is the OIHC and what do they do? The OIHC, is a department or unit with the DPSCS, which state that they “oversee the delivery of mental health services to ensure a continuum of care and a comprehensive service system that includes acute inpatient, long-term residential, step-down, out-patient and transitional care. Psychologists are located in every geographical region of the State to: treat the seriously mentally ill, respond to mental health crises, and provide routine as well as follow-up counseling services to the offender population. These clinicians work together with the private psychiatric services provider to ensure that the mental health needs of the offenders are met in the most clinically appropriate manner” **BUT** yet our organization (the MPRC) fields hundreds of calls for assistance with SMI abuses within the DPSC. – Something is clearly wrong!

So let's start to put this into perspective.

HB0851 would begin to hold the Department responsible by clarifying and using the clinical definition of SMI, provided by medical professionals. It would prevent DPSCS personnel from placing individuals with SMI on restrict housing without exigent circumstances which would warrant that the individual is of imminent harm to themselves or others and for a maximum of 15 days. It would require the department of perform wellness check on these individuals, so they don't harm themselves while in these

restrictive settings. The legislation also offers oversight to the use of restrict housing, especially in this case, by requiring the Department to report how they are using restrict housing.

These are common sense requests to mitigate serious liability not just to the department but to the individual staff member who ultimately implement the day-to-day decisions. This legislation comes at minimal cost to our state and prevents extreme back end costs, both in terms of human capital and actual fiscal expenditures.

Let's take a common-sense approach to mental health. We have made great strides to do so in our general society; so why have we forgotten that the incarcerated population is part of this same society and therefore will return to live among us, as neighbors, friends, and loved ones.

For these reasons, **we urge this committee to pass HB0851!**