



HB 0851
Restrictive Housing-Serious Mental Illness

MCAA Position: **OPPOSE**

TO: Judiciary Committee

DATE: February 5, 2021

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. The language of HB 851 gives very broad meaning to the terms “Serious Mental Illness” and “Significant Functional Impairment”. It gives little consideration to the complexities of the various diagnosis of SMI and the wide range of differing behaviors associated with each. Each individual case of mental illness in a jail or prison must be managed by the professionals given that responsibility. These very broad meanings of words mean that the vast majority of inmates in the State of Maryland could not be managed safely through the use of restrictive housing, which is absolutely necessary in many cases.

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 851 redefines SMI which 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 851 and ask the committee for an unfavorable report.