

House Bill 294- Juvenile Court – Jurisdiction

Judiciary

February 10, 2022

Position: Favorable

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates, and concerned citizens for unified action in all aspects of mental health, mental illness, and substance use. We appreciate this opportunity to present testimony in support of House Bill 294.

HB 294 provides due process protection to Maryland children by requiring that all criminal cases involving a minor begin in juvenile court, not adult court. This bill would not prevent children from being tried in adult court, it just means a judge will get to decide which kids get tried in adult court after a full hearing, rather than law enforcement. We thank the sponsor for introducing this bill and would like to provide a few points on why this legislation should be passed.

According to [The Sentencing Project](#), there is an overuse of automatic transfer. States have shrunk their use of automatic transfer; down from 15,000 to under 10,000 per year over the past decade. The youth justice system has the skills, staff, and knowledge to assist young people. The charges placed on a young person do not drive dangerousness or risk to public safety. Starting kids in the adult system and then returning them to juvenile exacerbates trauma and recidivism. Only nine states send more than 200 kids to the adult court every year.

When we lock up young people, they are more likely to be exposed to extreme violence, fall prey to abuse, and suffer from illnesses. Even if young people manage to escape direct physical abuse in juvenile or adult facilities, exposure and proximity to violence in and of itself causes trauma. The data shows that [80% of those kids are black](#) and [87% of those cases do not result in an adult criminal conviction](#).

Racial and ethnic minorities have less access to behavioral health services than white people. They are less likely to receive needed care and they are more likely to receive poor-quality care when they are treated. Troublingly, although this results in disparate minority criminalization, incarcerated people of color are less likely to be identified as having a behavioral health disorder and are less likely to receive treatment.

For these reasons, MHAMD supports House Bill 294 and urges a favorable report.

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