



## Testimony for HB297

Date: March 7, 2024

From: Evelyn Burton, Maryland Advocacy Chair, Schizophrenia & Psychosis Action Alliance

### **POSITION: SUPPORT WITH AMENDMENTS**

Among the most serious grievances I hear from families with an incarcerated loved one with serious mental illness, is the extended use of restricted housing for those with exacerbation of their serious mental illness without evaluation of the need for hospitalization. Their complaints to the correctional authorities that their loved one needs to be certified for hospital treatment rather than punished, fell on deaf ears. A correctional ombudsman unit is desperately needed to investigate these situations and report to the legislature.

One family previously testified: “My son has been put in solitary confinement or restrictive housing for extended periods because of behaviors **due to untreated schizophrenia**, both in a county jail and state prisons, rather than being admitted to a state hospital for proper treatment. Only the state hospitals, since they have appropriate medical staffing, not correctional facilities, can give involuntary medication if needed.

While in jail and then prison, my son has become unstable due to medication changes or because he stopped taking his medication, due to his inability to recognize that he has an illness. When not taking psychiatric medication, my son becomes psychotic with distorted thoughts, severe paranoia and is out of touch with reality. **This psychosis caused assaultive behavior which resulted in disciplinary action, including restrictive housing.**

After arrest, my son was in solitary confinement for several months in the Upper Marlboro jail of Prince George’s County, and while in the state prisons, in restrictive housing for 1-2 months at Patuxent Institute and for 2-3 months at North Branch Correctional Institution (NBCI). It is disturbing to me that with a clearly defined mental illness, he has been allowed to deteriorate several times to the point of becoming dangerous, **even at Patuxent Institute which is a prison specializing in the care of those with mental illness. Their programs will not help if he refuses medication. Restrictive housing made his illness worse and caused great suffering. The lack of proper treatment may well have resulted in permanent brain deterioration and harm.** Hospital treatment quickly after a relapse could have stabilized him much sooner and avoided the need for any restrictive housing.”

To ensure that the ombudsman unit can address these issues and report to the legislature appropriately, we respectfully request that the amendments below be added to SB134 and that the bill as amended be given a favorable report.

6-904(A)(2) CONDUCT INDEPENDENT REVIEWS AND ASSESSMENTS OF:

(III) APPLICATIONS FOR ADMISSION TO A STATE PSYCHIATRIC HOSPITAL FOR THOSE WITH A MENTAL DISORDER, THE NUMBER APPROVED, THE ADMISSION WAIT TIME, CARE AND CONFINEMENT WHILE WAITING FOR ADMISSION, AND THE LENGTH OF HOSPITALIZATION;

~~[(III)] (IV)~~ PLANS BY AGENCIES TO EXPAND, RENOVATE, OR CLOSE FACILITIES;

~~[(IV)] (V)~~ EDUCATIONAL AND VOCATIONAL PROGRAMS FOR INDIVIDUALS CONFINED BY ANY AGENCY; AND

~~[(V)] (VI)~~ AGENCY POLICIES ON RESTRICTIVE OR PROTECTIVE HOUSING.

6-907 (E)(1) FAMILY MEMBERS OF CONFINED INDIVIDUALS INCLUDING  
(a) AT LEAST ONE FAMILY MEMBER OF A CURRENTLY OR PREVIOUSLY CONFINED INDIVIDUAL WITH SERIOUS MENTAL ILLNESS  
AND;

(b) AT LEAST ONE FAMILY MEMBER OF A CURRENTLY OR PREVIOUSLY CONFINED INDIVIDUAL. WITH A HISTORY OF SUBSTANCE USE;

(5) INDIVIDUALS WITH BACKGROUNDS IN HEALTH CARE AND SOCIAL WORK INCLUDING

(I) AT LEAST ONE PSYCHIATRIST SPECIALIZING IN SERIOUS MENTAL ILLNESS AND;

(ii) AT LEAST ONE PSYCHIATRIST SPECIALIZING IN ADDICTIONS.

#### SECTION 6 (1)

(ii) evidence-based behavioral health and substance abuse counseling AND  
MEDICATION MANAGEMENT; [and]

(iii) RESTRICTIVE HOUSING FOR THOSE WITH A MENTAL DISORDER; AND

~~[(III)]~~ (iv) mentoring and reentry programs; and