

HB297_Bowers_SUPPORT_WITH_AMEND.pdf

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Position: FWA

Testimony for HB297

Senate Judicial Proceedings Committee

Date: Feb 7, 2024

From: Theresa Bowers 6509 Greentree Rd., Bethesda, Maryland 20817

POSITION: SUPPORT WITH AMENDMENTS

“Most people can’t handle one or two days in segregation” - this was said to me by Brent Cohen, Chief of Staff, Office of the Assistant Attorney General, US Department of Justice - He was a panelist at the screening of the movie “Definition of Insanity”. Sunday evening February 25th, 2024 in DC.- Segregation sounds almost pleasant doesn’t it? It is the kindest way to describe being put in hell. It is also called isolation by some, the hole would be the vernacular used by those who’ve been tortured by it.

Can you imagine what 20 days would do to any animal - let alone a human?

It isn’t “restrictive housing” - it’s unmitigated torture that science has proven normal or “sane” people can’t withstand. Yet someone with severe mental illness, like my son who they knew was undermedicated and suffers from schizoaffective disorder with bipolar disorder, OCD, anxiety disorder, PTSD and Autism was subjected to for **TWENTY DAYS!** Traumatic doesn’t begin to describe the hell he suffered.

I was told - when complaining about my son’s lack of appropriate medication prior to this event - “We’re a jail not a hospital - we know what they are doing.”

My son’s crime was wanting his 10 minutes outside and questioning a guard for asking him to “lock in” early to his cell. Apparently my son didn’t look psychotic enough or exhibit enough illness - and didn’t appear remorseful enough at his “jail hearing”, where he was expected to explain himself to a panel of judges - by himself without any assistance or understanding of what was happening to him.

When I questioned the Chief of Behavioral Health at the facility - he said he had no idea what had happened to my son. He said the Security Division has “their own rules”. Yet, knowing that my son was undermedicated and struggling with tortuous psychosis - he and others watched him decompensate - defecating and urinating on himself - smearing it on himself, the walls, his bed - I was told surreptitiously by a guard that my son was forced to drink out of the toilet, because the water didn’t work - they allowed it to continue for a full 20 days!

They tortured and abused my son to the point of being incompetent to stand trial, Now it's costing the state thousands of dollars attempting to restore him at Perkins- not to his mental capacity prior to segregation - no -just enough to stand trial, a much lower bar.

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My son no longer knows who I am!

My concerns fell on deaf ears until after they broke him - they wanted ME to request another evaluation - when they should have immediately sent him to hospital for acute care. The facility is only reviewed once every 3 years - and if I filed a complaint - it is nothing but paper pushing - not to mention the additional negative repercussion that he would incur because I complained.

Those prisoners held in solitary were 78% more likely to die by suicide and 54% more likely to die by homicide within the first year after release—and “127% more likely to die of an opioid overdose in the first 2 weeks after release,” the authors write.

<https://journalistsresource.org/home/solitary-confinement-research-primer/#:~:text=Those%20prisoners%20held%20in%20solitary,release%2C%E2%80%9D%20the%20authors%20write.>

This institutionalized torture MUST STOP! To ensure that the ombudsman unit can address these issues and report to the legislature appropriately, I respectfully request that the amendments below be added to HB297 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

HB297_S&PAA_SUPPORT_WITH_AMEND.pdf

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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