

SUPPORT with amendments SB 746 – Pretrial Mental Health Screening

MARYLAND ALLIANCE FOR JUSTICE REFORM
Working to end unnecessary incarceration and build strong, safe communities



TO: Chair Bobby Zirkin and Senate Judicial Proceedings Committee

FROM: Phil Caroom, MAJR Executive Committee

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Maryland Alliance for Justice Reform (MAJR) supports SB 746 as a step towards ensuring uniform, statewide, “best practices” mental health screening of Marylanders arrested but not released before bail review.

Although the Dept. of Public Safety and Correctional Services (DPSCS) may have uniform screening of individuals admitted to their facilities, the local detention centers do not. A November 2017 survey by MAJR and the Md. Correctional Administrators Association (MCAA) disclosed that:

- Only 57% of counties currently offered systematic screening for mental illness.
- A majority (74%) report that they have the resources to obtain some type of pretrial treatment *if the need is recognized*; but, the remainder do not have treatment resources readily in place.
- The timing and manner of screening varies widely among counties.

In December 2018, the National Alliance for Mental Illness (NAMI-Md. Chapter) and MAJR followed up, convening a focus group of Maryland stakeholders, including representatives of county detention center administrators, Maryland Courts, the Behavioral Health Administration, attorneys and advocates. They concluded:

*“Maryland jail wardens and national studies agree that **“more mentally ill persons are in our jails and prisons than hospitals.”** Wardens also complain of insufficient resources for both community-based, in-jail, and post-release treatment. Based on recent studies, the numbers show:*

-At least 39% of Maryland’s local jail inmates have mental health disorders. (Compared to other national studies, however, these estimates may be too low.) For nearly 9 of 10 such inmates—or 35% of the total, drug abuse complicates their conditions. Perhaps, one-quarter of these are estimated to suffer serious disorders such as schizophrenia, major depression, etc.

-95% of county jail inmates will eventually return to the community and, if mental health and substance abuse issues remain untreated, they are very likely to cycle back into the system through the county jail, again and again.

- Effective November 2017, 7 of 24 Maryland counties’ detention centers had no systemic pretrial mental health screening system and, even in counties with programs, there is no uniform screening system. Therefore, the State lacks sufficient data to properly target resources.”

While some amendments (see back side) are needed to clarify the timing and local detention focus of HB 746, MAJR strongly urges its adoption to begin the process of providing needed resources to the estimated 39% mentally-ill Marylanders awaiting trial in our jails, as well as seeking future pretrial treatment that may avert the need for further incarceration and taxpayer costs.

NOTE: Phil Caroom offers this testimony on behalf of the Maryland Alliance for Justice Reform executive committee and not on behalf of the Maryland Judiciary.

PROPOSED AMENDMENTS TO SB 746 from NAMI / MAJR focus group:

Sec. 11-201.1. *PRETRIAL MENTAL HEALTH SCREENING AT LOCAL DETENTION FACILITY*

(1) WHENEVER A PERSON IS NOT RELEASED BY THE DISTRICT COURT COMMISSIONER, THE STAFF OF THE LOCAL DETENTION FACILITY PROMPTLY SHALL SCREEN SUCH PERSON FOR MENTAL DISORDERS USING A BEST-PRACTICES INSTRUMENT DESIGNATED BY THE BEHAVIORAL HEALTH ADMINISTRATION AFTER CONSULTATION WITH THE MARYLAND CORRECTIONAL ADMINISTRATORS ASSOCIATION.

(2) THE MENTAL DISORDER INSTRUMENT DESIGNATED TO BE USED FOR THE SCREENINGS SHALL BE CAPABLE OF BEING ADMINISTERED BY AN EMPLOYEE, OTHER THAN A HEALTH CARE PROVIDER, PROVIDED THAT SUCH EMPLOYEE IS TRAINED AS DIRECTED BY THE BEHAVIORAL HEALTH ADMINISTRATION. THE DESIGNATED SCREENING MAY BE ADMINISTERED IN COMBINATION WITH SUBSTANCE ABUSE, RISK ASSESSMENT, OR OTHER SCREENING.

(3) THE RESULTS OF SUCH MENTAL DISORDER SCREENING SHALL BE MADE AVAILABLE TO THE COURT, COUNSEL, ANY TREATING PHYSICIAN AND APPROPRIATE MENTAL HEALTH PERSONNEL, BUT SHALL BE DESIGNATED AS CONFIDENTIAL.

(4) THE RESULTS OF SUCH MENTAL DISORDER SCREENING SHALL BE COMPILED AS A SEMIANNUAL AND ANNUAL SURVEY IN COOPERATION WITH THE GOVERNOR'S OFFICE FOR CRIME CONTROL AND PREVENTION AS PART OF DATA COLLECTION REQUIRED BY STATE GOVERNMENT ARTICLE, § 9-3208.

Article - Health - General

§ 10-1403. Crisis response centers for mental health

Services provided

(a) The Crisis Response System shall include:...

(3) An evaluation of outcomes of services through:

(i) An annual survey by the Administration of consumers and family members who have received services from the Crisis Response System; and

(ii) Annual data collection on the number of behavioral health calls received by police AND FROM LOCAL CORRECTIONAL FACILITIES, attempted and completed suicides, unnecessary hospitalizations, hospital diversions, arrests and detentions of individuals with behavioral health diagnoses, and diversion of arrests and detentions of individuals INCLUDING, AS AVAILABLE, PRETRIAL MENTAL DISORDER SCREENINGS, ASSESSMENTS, AND ANY TREATMENT PROVIDED, with behavioral health diagnoses.

State Government, § 9-3208

§ 9-3208. Collection and reporting of data

Pretrial detention data

...(b) On or before March 31 each year OR AS OTHERWISE DIRECTED BY STATUTE, each county and the Division of Pretrial Detention and Services shall report to the Board the following information for the prior calendar year regarding individuals held in pretrial detention:

(1) the number of individuals detained pretrial on the same day each year;

(2) the mean and median days individuals were detained in pretrial detention;

(3) the charges under which individuals were detained in pretrial detention;

(4) the reasons why individuals were unable to secure release;

(5) the number of individuals who were released during the pretrial period;

(6) THE RESULTS OF MENTAL DISORDER SCREENING FOR INDIVIDUALS NOT RELEASED BY COMMISSIONERS; and

~~(6)~~(7) the disposition of each case.

