

**Testimony by Patricia Sollock, AA Detention Facilities, MCAA  
Submitted to Senate Finance Committee  
Hearing, February 28, 2023  
Regarding SB 459  
POSITION: OPPOSE**

My name is Patricia Sollock. I have nearly 40 yrs. experience as a mental health provider and have been Mental Health Director of two jails in MD, including Anne Arundel's where 35% of the population has major psychiatric disorders.

Throughout my career, I have advocated for the humane treatment of this population in hospitals because they refuse treatment and cannot be stabilized in jails. Restrictive housing is our only management option to ensure their and everyone's safety.

**I join MCAA in opposing SB 459 for the following reasons:**

1. Lacks understanding of the population in restrictive housing
2. Ignores unintended consequences

**Population in Restrictive Housing:**

- Chronic/ severely mentally ill: poor judgment, exhibit delusions/hallucinations, lack insight and refuse treatment
- Hygiene poses a health hazard: smear or throw feces or urine onto others, drink toilet water.
- Medical conditions can become life-threatening when treatment for diabetes, kidney, or cardiovascular disease is refused.
- Require in-patient treatment to stabilize but MDH hospital admissions take up months.
- Can be violent, vulnerable, or engage in self-harm or suicide attempts. They do not respond to logic: Example of a man's recent note to the psychiatrist: "I crave male genitalia, want to eat flesh and I am going to kill them all". Where do you house this person?

**Unintended Consequences of SB459**

- If not in restrictive housing one /one supervision is imperative for everyone's safety. Jails do not have the resources for this supervision.
- Assaults or self-harm incidents would also increase; thus liability, lawsuits, etc.
- Individuals could acquire additional charges for assaults resulting in lengthier incarceration.
- Healthcare providers have autonomy to recommend restrictive housing if clinically indicated. Interfering with their practice would result in provider resignations. This would be catastrophic since almost 50% of inmates are under psychiatric care and provider recruitment in jails has become increasingly difficult.

By delaying immediate access to hospital treatment, Maryland demonstrates deliberate indifference towards the wellbeing of this ADA protected population. We must focus on fixing a broken MH system instead of displacing the responsibility of providing hospital-level care unto jails where our sickest citizens end up incarcerated for crimes committed as a result of the very illnesses that they cannot get treatment for while in the community and even less while incarcerated. Jails are not psychiatric hospitals; thus, restrictive housing becomes our only safe management option for this population.