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Maryland House Judiciary Committee – Bill Hearing
Tuesday, February 1, 2022 1:00 PM
Written Testimony in Support of House Bill 67

Disability Rights Maryland (DRM) is the state-designated Protection and Advocacy agency authorized under the Protection and Advocacy for Individuals with Mental Illness Act and the regulations thereto to protect and advocate for the rights of individuals with mental illness. DRM has been working to review and advocate for improved conditions in state correctional facilities, particularly in restrictive housing units. We have visited and toured several facilities, reviewed thousands of pages of records, met with wardens, engaged with administrators and representatives of the Department of Public Safety and Correctional Services (DPSCS), and communicated with both incarcerated individuals and correctional staff throughout the State. Our testimony is informed by what we have learned through this work and from those who are directly impacted.

The use of restrictive housing is DRM's main focus in state correctional facilities. Studies have shown that confining an individual in a cell for 22 hours or more per day is a harmful practice that can cause depression, trauma, paranoia, anxiety, suicidal ideations, and exacerbate existing mental illness. The effects of restrictive housing can continue to impact people after they are released from these units. DRM has interviewed and reviewed records for several individuals who have reported feeling unprepared to interact with their peers when they are returned to general population or with friends and family upon their release back to the community due to their anxiety.

Very little, if any, mental health services are provided to individuals in restrictive housing units to mitigate these effects. Health care records indicate that some individuals may not receive any structured out of cell services or programming for months at a time. Mental health treatment in segregation is typically limited to psychiatric medication or occasional work sheets that must be completed alone in cell. The quality of mental health care in these units is grossly inadequate and it is not reasonable to expect individuals to be equipped to return to their communities and social networks immediately following segregation. These issues have become more urgent during the ongoing pandemic as the primary COVID response in several DPSCS facilities was to impose restrictive housing conditions on people in general population without systemic accommodations to allow recreation for smaller groups or virtual programming to address the risk of harm. For context, DPSCS reported an average daily population of 18,803 in their FY 19 Report on Restrictive Housing (most recent data publicly available).

It is imperative that some transitional programming is provided to individuals in restrictive housing before they are released, especially considering the general lack of mental health care

available in these units. DRM urges this committee to address these issues and provide a favorable recommendation for House Bill 67.

Respectfully,

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