Written Testimony
In Favor
HB – 0297 – Correctional Ombudsman

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My name is Alexis Kloiber, and I am a student attorney testifying on behalf of the American University Washington College of Law Decarceration and Re-entry Clinic in support of the Correctional Ombudsman Bill. Our clinic supports and advocates for individuals before the Maryland Parole Commission, as well as at resentencing hearings under the Juvenile Restoration Act. In this capacity, we spend a great deal of time visiting Maryland facilities and interacting with employees and inmates within.

As a family member of a previously incarcerated individual and representative of a current member of the incarcerated population in Maryland, I understand only too well the toll that time spent in prison can have on individuals, especially their mental health. Mental health issues in Maryland's prison and jail systems are pervasive and known. However, recent surveys and incidents have shown that the toll is particularly difficult on the female population.[1] As of 2018, Maryland imprisoned 76 women for every 100,000 people (almost 50% of the rate of the United States in total (133)).[2] Incarcerated women (worldwide) are five times more likely to have a mental health disorder than women in the general population, including depression, stress, aggressiveness, drug dependence issues, and other psychological illnesses.[3] Thus, the issue is a substantial one.

Currently the Office of Inmate Health and Clinical Services, under the authority and supervision of the Executive Director of Field Support for Treatment Services, is responsible for the provision of treatment to those under the control and custody of DPSCS.[4] Studies have shown that women are in need of various services related to mental health, including access to health services, comprehensive and continuous mental health assessments and treatment, empathy, gender-based

[1] U.S. Dep't of Justice, Bureau of Justice Statistics, *Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12* (June 2017), available at https://s3.documentcloud.org/documents/3872819/Indicators-of-Mental-Health-Problems-Reported-by.pdf ("A larger percentage of females in prison (20%) or jail (32%) than males in prison (14%) or jail (26%) met the threshold for SPD (serious psychological distress) in the past 30 days."); Manuel Villa, *The Mental Health Crisis Facing Women in Prison*, The Marshall Project (June 22, 2017), ("Although women make up only 7 percent of the prison population, 66 percent of women in prison reported having a history of a mental disorder, almost twice the percentage of men in prison."); *Segregation and Suicide: Confinement at the Maryland Correctional Institution for Women*, Disability Rights Maryland (Dec. 14, 2018) [hereinafter DRM Report], available at https://disabilityrightsmd.org/wp-content/uploads/2018/12/MCIW_Report-Final.pdf.
[2] Aleks Kajstura, *States of Women's Incarceration: The Global Context 2018*, Prison Policy Initiative (June 2018), https://www.prisonpolicy.org/global/women/2018.html (this number includes women in federal prisons within Maryland).
[3] Hidayati, et al., *Women Behind Bars: A Scoping Review of Mental Health Needs in Prison*, 52 Iran J. Public Health 243, 243 (2023).
[4] *Office of Inmate Health and Clinical Services*, DPSCS, https://www.dpscs.state.md.us/agencies/ots.shtml (last visited February 26, 2024).

care, drug treatment, counselling, and more.[5] Information is sparse regarding the care incarcerated women are actually receiving, but general studies have found that in an incarceration setting, women's experiences with prison-based mental healthcare result in strained relationships with prison staff; a reduction in ability to self-manage their own mental wellbeing because of a curtailment of their civil liberties; and the erosion of privacy and dignity.[6] Such a dismal outlook on the current landscape only heightens the call for more oversight, which an independent, Correctional Ombudsman would help to provide.

To provide further context, I ask the committee to consider Disability Rights Maryland (DRM)'s 2018 report regarding mental healthcare conditions and segregation at the Maryland Correctional Institution for Women.[7] MCIW is the only women's prison in Maryland and serves as an excellent example of the mental health issues perpetrating the female incarcerated population. DRM instituted this review of MCIW after receiving several complaints following the suicide of a young female inmate, Emily Butler, who had been held in segregation. The complaints raised issues regarding a "lack of adequate healthcare, use of segregation, and neglect and abuse of individuals with disabilities…"[8] DRM found that the segregation, infirmary, and mental health units within MCIW are the most restrictive within the facility,[9] and do not foster a "calm and safe"[10] environment. Further, DRM determined that MCIW's response to the suicide (for other inmates) was not sufficient to prevent future harm, and that MCIW failed to "exercise reasonable standards of care" during the events surrounding the suicide.[11] We have heard from clients at MCIW, that though there are over 400 women[12] housed at MCIW, there is only *one* therapist to see them all.

The report highlights MCIW's use of segregation for inmates who have been accused of committing infractions, prior to their investigations. Once placed in segregation, the women are "removed from participation in vocational or job programming opportunities."[13] The women are isolated – away from activity, other people, any visitors, etc. The care the women are provided (food, shower, etc.) is sparse, according to records DRM obtained.[14] Before Ms. Butler tragically took her life, she was sent to segregation after a dispute with another inmate, a friend. MCIW was aware of Ms. Butler's mental health history, as was detailed in a prior psychiatric evaluation and history of mental health services received since 2008.[15] However, when Ms. Butler asked to speak to a mental health professional (and her father) after being put in segregation, her requests were

[5] Hidayati, et al., *supra* note 3, at 247.
[6] Bright, et al., *Women's Experiences of Prison-Based Mental Healthcare: A Systematic Review of Qualitative Literature*, 19 Int'l J. of Prisoner Health 181, 191 (2023) (qualitative review of various studies regarding women's mental healthcare in prisons worldwide – authors noted that none of the studies made explicit the mental health services available to women).
[7] DRM Report, *supra* note 1.
[8] *Id.*, at 1.
[9] *Id.*, at 2.
[10] *Id.*, at 1–2 (quoting Warden Maragret Chippendale).
[11] *Id.*, at 2.
[12] *DPSCS Average Daily Population - FY2022 Annual Report*, available at https://www.dpscs.state.md.us/publicinfo/publications/pdfs/Annual%20ADP%20FY%202022.pdf.
[13] *Id.*, at 3.
[14] *Id.* at 3–4.
[15] *Id.*, at 6.

denied.[16] DRM found that Ms. Butler was "not screened or evaluated for mental health concerns prior to being placed in segregation."[17]

A Correctional Ombudsman would provide insight into these matters, and maybe could have provided a light at the end of the tunnel for Ms. Butler. A Correctional Ombudsman will identify and publicize systemic issues and ensure compliance. The DRM Report notes that only six weeks before Ms. Butler tragically took her life, another inmate who was in segregation for five months also committed suicide.[18] Further, if DRM was receiving complaints about the lack of proper mental healthcare, neglect, and abuse, we can assume these complaints were made to facility staff as well. Proper oversight would have ensured a full investigation of this incident and those complaints which the facility staff and DRM received, and ensured MCIW was held accountable for its lack of actions. It could have even possibly prevented such a tragedy, as Ms. Butler's requests for mental health during and before her segregation would have been properly handled.

Currently, DPSCS contracts its healthcare, including mental healthcare, services out to a third party, which in and of itself creates transparency issues. Instituting an independent Correctional Ombudsman would provide an avenue towards accountability within the system, and ensuring the mental health needs of *all* in the incarcerated population are met. An incarceration setting only exacerbates mental health issues,[19] and we must do better. "Prisons and jails… are anti-therapeutic."[20]

I strongly urge the committee to vote favorably on this legislation.

[16] *Id.*
[17] *Id.*
[18] DRM Report, *supra* note 1, at 5.
[19] Katie Rose Quandt & Alexi Jones, *Research Roundup: Incarceration Can Cause Lasting Damage to Mental Health*, Prison Policy Initiative (May 13, 2021), https://www.prisonpolicy.org/blog/2021/05/13/mentalhealthimpacts ("Research shows that, while it varies from person to person, incarceration is linked to mood disorders including major depressive disorder and bipolar disorder.").
[20] The Marhsall Project, *supra* note 1 (Eric Balaban, a senior staff counsel with the American Civil Liberties Union National Prison Project).