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The Protection and Advocacy System for the State of Maryland

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DISABILITY RIGHTS MARYLAND
HB 1154: Correctional Services - Restrictive Housing
House Government, Labor and Elections Committee
February 26, 2026

Position: Support

Disability Rights Maryland (DRM) is Maryland's state-designated Protection and Advocacy organization with responsibility under law to protect individuals with disabilities from abuse, neglect and rights violations. Over the past decade, DRM has investigated the mental health care and conditions for individuals with mental illness in DPSCS correctional facilities. DRM has toured many of the state's facilities, reviewed thousands of pages of medical records and state policies and engaged with representatives of the Department of Public Safety and Correctional Services (DPSCS) and incarcerated individuals throughout the State. Our testimony is informed by what we have learned through this work and from those who are directly impacted. DRM has found the care and conditions provided to individuals with serious mental illness to be seriously inadequate, and that individuals with disabilities in restrictive housing are exposed to harm and significant risk of serious harm.[1] We support HB 1154's proposed changes to the use of restrictive housing for vulnerable groups in DPSCS facilities.

DRM is grateful that HB 1154 proposes to change the definition of and limit the use of restrictive housing for individuals with disabilities. The proposed bill supports social science research that has led numerous organizations to call for the elimination of or significant limitation to the use of segregation for persons with mental illness. Organizations recognizing such harm include the: National Commission on Correctional Health Care; the Society of Correctional Physicians; the American Psychiatric Association, the American Public Health Organization; the American Psychological Association, and the U.S. Department of Justice.

With regard to the very high fiscal note projected by DLS based on DPSCS information, DRM concludes that this information may not be reliable or fully accurate. As the U.S. Department of Justice noted in their 2016 "Report and Recommendations Concerning the Use of Restrictive Housing," "In recent years, a number of states have reformed their restrictive housing policies, resulting in significant decreases in their segregation populations. Several states have credited these changes for other improvements within their correctional facilities, including reduced prison violence, higher officer morale, ***and substantial cost savings***." (Emphasis added.) Article available online at REPORT AND RECOMMENDATIONS

[1] To remedy the substantial risk of harm to Marylanders with serious mental illness in restricted housing in DPSCS facilities, DRM filed *DRM v. Scruggs*, Civil Action No. 1:21-cv- 02959-MJM. That case is still pending in U.S. District Court.

CONCERNING THE USE OF RESTRICTIVE HOUSING. Further, the fiscal note fails to take into account long term savings and decreases in recidivism and long-term disability of incarcerated persons. Researchers have found "that IP [Incarcerated Person] groups especially in need of rehabilitative programming and that are especially high risk for in-prison and reentry problems (e.g., IPs with mental health problems) are more likely to be placed in [restrictive housing], and that poorer mental health corresponds with more stays in [restrictive housing] over the course of a prison sentence. The longitudinal analysis of mental health and RH also suggest that poor mental health could be exacerbated by [restrictive housing] placements. Thus, a proper cost-effectiveness evaluation surrounding RH usage would consider not only short and long term implications for misconduct and aggregate prison safety, but also any detrimental impacts RH practices might impose on the other correctional goals that fall under the purview of the prison system. Joshua C. Cochran, John D. Wooldredge, Claudia N. Anderson, Joshua Long, "Examining the Use and Impacts of Restrictive Housing," July 2022.

The horrific conditions in restrictive housing units in Maryland's prisons are difficult to imagine for anyone who has not spent time inside them. Individuals in restrictive housing—another term for segregation or solitary confinement—are often kept in their cells for 23 hours a day. On days that do not have scheduled recreation or shower times, or when recreation or showers are cancelled, often due to staff shortages, people may not leave their cells. When recreation is allowed, it is often held in cages. Some people may not leave their cells for weeks at a time. Cells no larger than parking spaces may be frigid in the winter and reach extremely high temperatures in the summer. In their cells, people often have nothing to do. They may be given tablets they can use to call their families and attorneys, or, in disciplinary segregation in some of Maryland's facilities, they may have their tablets taken away, making it difficult or impossible for them to contact the outside world at all. People can spend prolonged time in these conditions, especially in administrative segregation. There is no limit on how long an individual may remain on administrative segregation in Maryland. And the use of restrictive housing in Maryland's prisons is increasing; 38.5% of incarcerated individuals in DPSCS custody were subject to restrictive housing in FY24, compared to 26% in FY2022, and 18% in FY2021 (DPSCS did not issue a Restrictive Housing Report for prisons in FY23). DPSCS' FY 24 Restrictive Housing Report, the most recent report on record, states "FY 2024 marks the largest single-year increase in restrictive housing in six years. The overall rate of restrictive housing placements has increased at a faster pace than the general incarcerated population." (p.2, available online at COR §9-614_FY 2024.docx).

The extreme isolation of restrictive housing, even for short amounts of time, has significant impacts on mental health. 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. Yet, DPSCS uses restrictive housing for many people who already have a serious mental illness (SMI). In FY

2024, DPSCS reported that 34% of individuals with SMI were placed in restrictive housing at some point in the year. Some of them were placed in restrictive housing multiple times. This is a slight decrease from FY 2022, in which DPSCS reported that 38.5% of incarcerated individuals with serious mental illness were placed in restrictive housing (DPSCS' Restrictive Housing Report states that these numbers are not directly comparable, due to data methodology changes in FY 24, see COR §9-614_FY 2024.docx p. 15).

The number of individuals in restrictive housing in Maryland who have a serious mental illness is almost certainly undercounted. While the National Commission on Correctional Health Care has estimated that 17.5% of individuals in state prisons have schizophrenia, bipolar disorder, or major depression, and the American Psychiatric Association has estimated that approximately 20% of individuals in American prisons have a serious mental illness, DPSCS reported that in FY 2024, 2608 individuals in DPSCS were diagnosed with a serious mental illness- only 16.8% of the 15,510 people incarcerated by DPSCS that year. Even short-term segregation carries a substantial risk of serious harm. 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. Maryland has a legal and moral obligation to ensure adequate care and protection from harm for those in its custody.

If there are questions, please feel free to contact Luciene Parsley, Litigation Director, lucienep@disabilityrightsmd.org; 443-692-2494.