



Department of Public Safety and Correctional Services

Office of the Secretary

6776 Reisterstown Road, Baltimore, Maryland 21215
410-585-3346 – TOLL FREE 877-379-8636 • www.dpssc.maryland.gov

STATE OF MARYLAND

WES MOORE
GOVERNOR

ARUNA MILLER
LT. GOVERNOR

CAROLYN J. SCRUGGS
SECRETARY

ANTHONY A. GASKINS
CHIEF OF STAFF

OLUWATOYIN BAKARE
ACTING DEPUTY SECRETARY
ADMINISTRATION

DAVID GREENE
DEPUTY SECRETARY
OPERATIONS

ANGELINA GUARINO
ASSISTANT SECRETARY
DATA, POLICY AND GRANTS

RENARD E. BROOKS
ASSISTANT SECRETARY
PROGRAMS, TREATMENT &
RE-ENTRY SERVICES

BILL: SENATE BILL 268

POSITION: LETTER OF SUPPORT

EXPLANATION: Senate Bill 268 directs the Department of Public Safety and Correctional Services to assess incarcerated individuals for a developmental or intellectual disability. Based on the assessment, a clinical professional may recommend the incarcerated individual not be placed in restrictive housing for more than 15 consecutive days within a 30-day period.

COMMENTS:

- Currently, all incarcerated individuals receive an Intake Medical & Mental Health Screening (IMMS) within four hours of arrival into an intake facility to identify and address any medical and mental health needs of the individual.
- Referrals are made to the medical and mental health team, including referrals for medication continuation. Urgent or emergent medical conditions identified during the IMMS are immediately referred to a medical provider for assessment and intervention.
- A suicide risk evaluation is completed within 24 hours of intake by a clinician followed by a 7-day suicide risk evaluation shortly after. Additionally, a 7-day physical is completed.
- If any suicidality is reported, the incarcerated individual is immediately seen by clinical staff and appropriate orders for observation are placed.
- For mental health, an incarcerated individual can be referred to a specialized mental health housing, a special needs unit or mental health unit.
- When special medical needs and physical disabilities are identified, patients are issued durable medical equipment or special housing when applicable.

- Incarcerated individuals placed in restrictive housing are most often housed in a doubled bunked cell with another incarcerated individual and are allowed continued use of their tablets to access entertainment and programming.
- Writing materials are distributed as needed, and the facility librarian makes weekly visits to the restrictive housing units to provide books and book exchanges.
- Clinical nurses make daily rounds to restrictive housing units and peer support specialists actively engage the incarcerated individuals in problem solving to facilitate a successful transfer back to the general population.
- Incarcerated individuals in restrictive housing has the same access to care as those in general population. Additional weekly rounds are conducted for incarcerated individuals with serious mental illness to conduct assessments which are documented.
- Routine and specialized screenings are essential in creating a safer and rehabilitative environment within our correctional facilities. Identifying underlying issues like mental health conditions, substance use challenges, cognitive impairments, and other specific needs allows for more accurate classification, individualized care plans, and better overall outcomes for incarcerated individuals.

CONCLUSION: For these reasons, the Department of Public Safety and Correctional Services respectfully requests this Committee vote **FAVORABLE** on Senate Bill 268.