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POSITION ON PROPOSED LEGISLATION

BILL: HB 921, Juvenile Law - Confinement and Restrictive Housing - Limitations

FROM: Maryland Office of the Public Defender

POSITION: Favorable

HEARING DATE: April 1, 2026

The Office of the Public Defender urges this Committee to issue a favorable report on House Bill 921. We thank the bill sponsor and his staff for all the work and collaborative efforts poured into this legislation. With these efforts, HB 921 represents a critical step toward aligning Maryland law with established science and data, constitutional principles, and basic human dignity.

House Bill 921 recognizes what research has consistently demonstrated: isolating children and adolescents causes severe and lasting harm, particularly to their still developing brains. This bill limits the use of restrictive housing, often called solitary confinement, for youth in Department of Juvenile Services (DJS) facilities and provides essential protections while maintaining facility safety.

The Devastating Impact of Restrictive Housing on Youth

As attorneys who represent young people in Maryland's juvenile justice system, we witness firsthand the devastating psychological and developmental harm that prolonged restrictive housing inflicts on our clients. Young people are neurologically and psychologically distinct from adults. The adolescent brain, particularly the prefrontal cortex responsible for impulse control, reasoning, and decision-making, continues to develop into a person's mid-twenties. Subjecting youth to extreme isolation during this critical developmental period can cause irreparable neurological damage.

The American Psychological Association (APA), in its 2024 Resolution on Opposing Involuntary Individual Isolation of Youth, concluded that "room confinement deprives youth of normal developmental needs and causes physical and psychological harm". Research has documented that social and environmental deprivation, the hallmarks of restrictive housing, produces measurable alterations in brain structure and function. Even brief periods of isolation can shift brain activity patterns toward abnormal states, affecting regions responsible for social interaction, memory, and communication.

The mental health impacts of restrictive housing on children and youth are profound and well-documented across multiple authoritative sources. Research consistently shows that isolating youth for 22 or more hours per day leads to severe psychological harm, including:

- Depression and anxiety disorders
- Panic attacks and paranoia
- Hallucinations and perceptual distortions

- Rage, anger, and revenge fantasies
- Suicidal ideation and self-harm behaviors
- Exacerbation of existing mental health conditions
- Post-traumatic stress symptoms
- Cognitive impairments affecting learning and memory
- Social withdrawal and inability to maintain relationships

These harms manifest quickly. The APA found that children and youth experience symptoms of paranoia, anxiety, and depression even after very short periods of isolation. The psychological damage often persists long after release, making it difficult for young people to adjust to society and maintain healthy relationships. The American Academy of Child and Adolescent Psychiatry (AACAP) emphasizes that "solitary confinement of juveniles is cruel, inhumane, and ineffective" and should never be used as punishment or discipline.

Perhaps most alarming is the connection between restrictive housing and suicide. Youth in solitary confinement are more likely to commit suicide than youth in the general detained population. The isolation, sensory deprivation, and lack of meaningful human contact create conditions of profound despair, particularly for young people who lack fully developed coping mechanisms.

The National Commission on Correctional Health Care (NCCHC) explicitly recommends that "juveniles should be excluded from solitary confinement of any duration" due to these documented risks. Maryland's own data from the Juvenile Justice Monitoring Unit (JJMU) shows a 350% increase in suicide ideation incidents correlated with increased use of seclusion in state juvenile facilities.

Notably, the scientific research on youth brain development, mental health impacts, and suicide risk applies universally to all adolescents, regardless of facility type. A 16-year-old in a DJS facility suffers the same neurological damage from prolonged isolation as a 16-year-old in a DPSCS facility. AACAP, APA, NCCHC, and other authoritative medical bodies make no distinction between facility types when condemning juvenile solitary confinement.

Federal juvenile solitary confinement reforms, state statutory protections, and professional organization policies apply across facility types precisely because the harm is uniform. Maryland should follow this evidence-based approach.

Universal Professional Consensus Against Juvenile Solitary Confinement

Maryland would join an overwhelming national and international consensus recognizing the harm of restrictive housing for children and youth. Leading medical, legal, correctional, and human rights organizations have condemned the practice.

Medical and Mental Health Organizations

- **American Psychological Association (2024):** Adopted a resolution stating that "room confinement of youth in any juvenile justice setting should be prohibited except in exigent circumstances posing imminent risk of physical harm," and even then "limited to the briefest time necessary, not to exceed four hours". The APA explicitly opposes use for discipline, punishment, administrative convenience, retaliation, or staffing shortages.
- **American Academy of Child and Adolescent Psychiatry (2024):** Maintains policy position that "solitary confinement of juveniles is cruel, inhumane, and ineffective" and "should never be used as punishment or discipline". The AACAP supports the United Nations Mandela Rules prohibition on solitary confinement of juveniles.

- **National Commission on Correctional Health Care (2024):** Recommends that "juveniles should be excluded from solitary confinement of any duration". The NCCHC emphasizes that isolation exacerbates mental health conditions and interferes with adolescent developmental needs.
- **American Academy of Pediatrics:** Opposes solitary confinement of youth due to documented psychiatric and developmental harm.

Correctional Administration and Juvenile Justice Organizations

- **Council of Juvenile Correctional Administrators:** Leads the Stop Solitary for Kids national campaign and has "denounced the use of solitary confinement" in juvenile facilities. The Council represents juvenile justice administrators from across the country who have operational expertise in maintaining facility safety without prolonged isolation.
- **Center for Children's Law and Policy & Center for Juvenile Justice Reform at Georgetown University:** Co-lead national efforts to eliminate juvenile solitary confinement, providing evidence-based alternatives and technical assistance to states.
- **Justice Policy Institute:** Documents that solitary confinement of youth "is dangerous, ineffective, obsolete, wasteful and unnecessary".

Human Rights and International Bodies

- **United Nations Special Rapporteur on Torture:** Declared that solitary confinement of juveniles may constitute torture and called for absolute prohibition. The UN Mandela Rules prohibit solitary confinement of individuals under age 18.
- **Human Rights Watch:** Documented in its 2012 report "Growing Up Locked Down" that youth in solitary confinement in US facilities suffer severe psychological harm, and specifically highlighted Maryland as a jurisdiction requiring reform. In 2025, Human Rights Watch reiterated that "Maryland Should Do Better by Children Accused of Crimes".

Federal Government Recognition

- The Obama administration banned solitary confinement of juveniles in federal prisons in 2016, specifically citing negative mental health implications and youth developmental vulnerabilities. The federal Juvenile Justice and Delinquency Prevention Reauthorization Act of 2024 places strict limits on restrictive housing for youth, limiting secure confinement to no more than 15 days and requiring extensive procedural protections.

This universal consensus, spanning medicine, corrections, law, and human rights, provides powerful validation that HB 921 is long overdue. No reputable medical or professional organization defends prolonged juvenile solitary confinement.

We recognize that facility officials must maintain safety and order. When facilities invest in alternatives to isolation, de-escalation training, trauma-informed practices, mental health services, structured programming, violence decreases and both youth and staff are safer.

Maryland can learn from reform jurisdictions: the Annie E. Casey Foundation's JDAI sites reduced detention populations and restrictive housing while maintaining or improving safety outcomes. The key is

not prolonged isolation, which the evidence shows is dangerous and ineffective, but rather the investment in evidence-based alternatives that address root causes of behavioral challenges.

Beyond the moral and constitutional imperatives, limiting restrictive housing makes practical and fiscal sense. Young people subjected to prolonged isolation are more likely to experience mental health crises requiring expensive emergency intervention. Maryland's FY2024 data shows that 38.5% of individuals in restrictive housing have diagnosed mental health conditions—conditions that deteriorate in isolation, often necessitating psychiatric hospitalization or crisis services.

Youth traumatized by isolation are more difficult to rehabilitate and more likely to reoffend upon release. The trauma of restrictive housing often creates new behavioral problems and criminal risk factors rather than resolving existing ones. This undermines the juvenile justice system's core rehabilitative mission and compromises public safety.

By contrast, investment in mental health services, educational programming, and individualized behavioral interventions produces better long-term outcomes at lower cost. Youth who receive appropriate therapeutic services and maintain connections to education and family are more likely to successfully reintegrate into their communities. This approach enhances public safety more effectively than isolation while reducing long-term correctional and social service costs.

House Bill 921 recognizes what science has conclusively established: prolonged isolation causes severe and lasting harm to young people's developing brains. It provides essential protections while maintaining facility officials' ability to respond to genuine safety threats.

As public defenders, we represent Maryland's youth who enter the justice system, young people who deserve the opportunity to heal, grow, and change. Prolonged isolation destroys that opportunity, causing lasting psychological harm that no reputable medical organization endorses. Maryland can and must do better.

We urge this Committee to join the growing national consensus and pass House Bill 921. Our young people, even those who have made serious mistakes, deserve evidence-based practices that promote rehabilitation rather than practices that cause irreparable harm. Locking children alone in cells for extended periods serves no legitimate purpose and violates both science and human dignity.

For these reasons, the Maryland Office of the Public Defender urges this Committee to issue a favorable report on HB 921.

Submitted by: Maryland Office of the Public Defender, Government Relations Division.

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