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Senate Judicial Proceedings Committee
2 East Miller Senate Office Bldg.
Annapolis, MD 21401

Re: SB 0268 Correctional Services – Restrictive Housing – Individuals With Developmental or Intellectual Disabilities

To: Honorable Senator Henson

As a hospital medicine physician, emeritus who has cared for incarcerated individuals in the past, I am aware that there is difficulty in flagging an incarcerated individual for assessment when it comes to neurocognitive and neuropsychiatric disorders. There is no blood test or brain imaging that can diagnose these problems quickly. Diagnosis may take multiple assessments for a trained individual. Many people who may benefit from early intervention and do not receive it find themselves incarcerated when they do not have a support system that recognizes their disability. The unfortunate thing is that the behaviors that result from these disabilities may lead to further disciplinary action or population disruption when the illness has gone unchecked. Many of these incarcerated individuals find themselves in segregated housing units which brings me to this SB-0268.

I have searched the literature to find peer reviewed and statistically significant data regarding the effects of segregation on incarcerated individuals. I did not find any literature that applied specifically to this bill. I did however find many submissions that illustrate what I would like for you to take from my testimony. Simply put, anyone with neuropsychiatric deficits (including but not limited to the autism spectrum, dementia spectrum, psychotic spectrum, depression, traumatic brain injury, etc.) will not improve without significant interaction but also worsen with prolonged isolation. This has been seen in the hospital setting with nursing care and notably in our largest worldwide event, the COVID-19 pandemic. This was not true isolation/restrictive segregation since people could still go outside, talk on the phone and have limited interaction during the world-wide

lockdown period. The effects of this type of isolation was shown to worsen and sometimes cause deleterious mental states.

Fatma Ayan's study on correctional officers during lockdown showed that more than 70% exhibited severe depression symptoms and more than 25% exhibited severe anxiety following the prolonged "lockdown period." Keep in mind that the correctional officers were allowed to go home at the end of a shift and still showed this type of pathology. Lena Mechetanz's study on incarcerated individuals compared learning capabilities of those with known schizophrenia spectrum disorders who were subjected to restrictive housing to those who were not. It was demonstrated that those who were isolated showed a decreased ability to perform. Celia Kwan's study on those with neurodevelopmental disabilities who were socially isolated or experiencing prolonged loneliness showed an overall negative outcome when compared to those who were integrated. Stacey Smallfield's Practice Guidelines for treatment of patients with Alzheimer's Disease and Neurocognitive Disorders recommend occupational therapy like conversation and reminiscence, exercise and sensory interventions for maintenance of cognition.

In short, early diagnosis with treatment and limiting continuous restrictive housing will improve the corrective action that prison should be providing and in so doing, reduce recidivism. I do appreciate your review of my testimony and hope that you recognize my support for this bill.

Sincerely,

Dr. Tricia Downing, MD, MS