

HB0921_MHAMD_FAV.pdf

Uploaded by: Ann Geddes

Position: FAV

HB 921 – Juvenile Law – Confinement and Restrictive Housing - Limitations

Judicial Proceedings Committee

April 1, 2026

Position: FAVORABLE

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of HB 921.

HB 921 severely curtails the use of restrictive housing (solitary confinement) for minors. Solitary can only be used when a child poses a danger to themselves, others, or is at risk of escape. The bill also requires that a medical and behavioral health assessment of a minor who is placed in solitary confinement must be conducted within 30 minutes and then at regular intervals, and it codifies additional protections when a youth is in solitary. Such measures are critical.

Mental health conditions are prevalent among juvenile offenders. Some estimates suggest that the numbers are as high as 30% with depression or dysthymia, 30% with attention-deficit hyperactivity disorder, 7% with bipolar disorder, and 32% with posttraumatic stress disorder.¹

Placing youth in restrictive housing causes mental health distress and exacerbates existing mental health conditions. Studies have shown that placing adults in isolation for an extended time causes serious psychological damage, and the negative impact on juveniles is more profound. Solitary confinement can cause both neurological damage as well as psychological damage and can lead to suicide.² Accordingly, President Obama banned the use of solitary confinement for juveniles in the federal prison system in 2016. Two years later, Congress passed bipartisan legislation, the First Step Act (S. 756), to prohibit the use of solitary confinement on children in the federal system. The bill was signed into law by President Trump.

Maryland should follow the lead of the federal government and prohibit the use of solitary confinement for children. Until then, severe restrictions and protective measures must be put into place. HB 921 does this, therefore we urge a favorable report.

¹ Lee Underwood et.al. Mental Illness and Juvenile Offenders. International Journal of Environmental Research and Public Health (2018).

² Minors in custody - Solitary Confinement. Child Crime Prevention and Safety Center.
<https://childsafety.losangelescriminallawyer.pro/minors-in-custody-solitary-confinement.html>

JPR - HB 921- Juvenile Law – Confinement and Restr

Uploaded by: Betsy Fox Tolentino

Position: FAV

Aruna Miller
Lt. Governor

Wes Moore
Governor

Betsy Fox Tolentino
Secretary

Date: April 1, 2026
Bill Number/Title: HB 921- Juvenile Law – Confinement and Restrictive Housing – Limitations
Committee: Judicial Proceedings Committee
DJS Position: Favorable

The intent of HB 921 is to clearly outline how room seclusion may be used for youth in the care of the Department of Juvenile Services (DJS). The Department shares the goal of this legislation: to ensure that any use of seclusion is tightly limited, clearly defined, and aligned with nationally recognized best practices for juvenile facilities.

DJS appreciates that our proposed amendments were adopted, strengthening the bill and ensuring consistency with Maryland law. As amended, the bill:

- Places the language in the Human Services Article, aligning it with existing statutes governing DJS;
- Updates terminology to better reflect the Department’s rehabilitative mission; and
- Requires DJS to adopt regulations that incorporate and formalize existing practices that already significantly limit the use of seclusion.

The amended bill establishes a clear statutory framework that:

- Prohibits the use of locked door seclusion and restraints as punishment, convenience, a staffing substitute, or retaliation;
- Limits use to situations where all less restrictive measures have been exhausted and there is an immediate and substantial risk of physical harm or risk of escape;
- Requires that any use be trauma-informed, developmentally appropriate, and time-limited;
- Ensures regular visual supervision, timely medical and behavioral health assessments, and access to basic needs; and
- Requires that seclusion end as soon as the risk has passed and be followed by a debrief and behavioral health review.

For context, current law already places meaningful limits on this practice. Under Human Services Article § 9–227 and COMAR 16.18.02.03, DJS is prohibited from using locked door seclusion as punishment and may only use it to protect safety or prevent escape, subject to strict time limitations and oversight.

By incorporating these amendments, HB 921 aligns statute with current DJS practice, strengthens accountability, and ensures that standards governing seclusion are further detailed through regulation under Maryland’s Administrative Procedure Act, including public transparency and legislative oversight.

As amended, HB 921 reflects a balanced, evidence-based approach that prioritizes safety, accountability, and the rehabilitative needs of youth.

For these reasons, the Department respectfully urges a favorable report on HB 921, as amended.

Contact: Kara Aanenson, Assistant Secretary, External Affairs, kara.aanenson@maryland.gov

HB 921 CCJR CFCC Joint Testimony FAV.pdf

Uploaded by: Heather Warnken

Position: FAV



Joint Testimony of The University of Baltimore School of Law's Sayra and Neil Meyerhoff Center for Families, Children and the Courts (CFCC) & Center for Criminal Justice Reform (CCJR)

In Support of HB 921

Juvenile Law - Confinement and Restrictive Housing - Limitations

March 30, 2026

Dear Chair Smith and Members of the Senate Judicial Proceedings Committee:

The Sayra and Neil Meyerhoff Center for Families, Children, and the Courts (CFCC) at the University of Baltimore School of Law envisions communities where children and families thrive without unnecessary involvement in the legal system. We engage communities in all that we do to work towards transforming systems that create barriers to family well-being. CFCC offers this testimony in partnership with the Center for Criminal Justice Reform (CCJR) at the University of Baltimore School of Law. The CCJR is dedicated to supporting community-driven efforts to improve public safety and address the harm and inequities caused by the criminal legal system.

CFCC and CCJR strongly support HB 921, which seeks to limit the Department of Juvenile Services' practice of placing youth in restrictive housing (i.e., solitary confinement) and ban the use of solitary confinement solely for punishment, convenience, retaliation, or staff shortages. This bill will help **protect vulnerable youth from inhumane conditions, support fundamental rights, and strengthen protections for Maryland's youth.**

I. Solitary confinement subjects youth to inhumane conditions.

The practice of placing youth in solitary confinement subjects children to inhumane conditions that resemble torture. In Maryland, the Department of Juvenile Services ("DJS" or "The Department") uses a system of "Restrictive Housing" or "Administrative Segregation" in place of terms like solitary confinement. Individuals placed in restrictive housing may spend twenty-two or more hours in a cell with small ballistic-resistant windows removed from nearly all human contact. These cells, which can be smaller than the interior of a car, are often devoid of clocks. In some instances, restrictive housing units may keep the lights on at all times.

These conditions are unacceptable for anyone, but they are especially harmful when imposed on our state's youth. Furthermore, research has shown that this policy is not evenly applied. Youth solitary confinement is used disproportionately against individuals based on their race, sexual orientation, gender identity and expression, or disability status. Research from across the nation concludes that Black, queer, or disabled youth are more frequently subjected to

solitary confinement than their peers.¹ Indeed, solitary confinement does the most harm to our most vulnerable populations.

The use of involuntary solitary confinement is inherently traumatic, and for many youth in the system - who already carry significant histories of violence, abuse, and neglect - it compounds that trauma. A 2024 report by Human Rights for Kids and Annie E. Casey Foundation found that, among Marylanders who were incarcerated in adult prisons since childhood, more than 70% had experienced physical and emotional abuse and 45% had experienced sexual abuse prior to their system involvement.² Placing child victims of abuse in solitary confinement exacerbates their trauma in significant ways.

II. **Solitary confinement negatively impacts the intellectual, physical, and emotional development of children.**

Adolescence is a highly consequential time of neurological and social development for youth. It is a time when young people deepen their sense of identity and develop important social skills that will be useful later in life. Isolation is the enemy of healthy adolescent development because it can place children at risk of severe impairment in the development of their prefrontal cortex, which is the center of executive functioning and emotional regulation.³ This risk is even more prevalent for youth who have experienced trauma or who have disabilities that may already be impairing the function and development of their prefrontal cortices

The psychological damage of solitary confinement can also have disastrous impacts on youths' mental health and lead to suicide.⁴ Many youth in the legal system are wrestling with mental health conditions such as depression (30%), post-traumatic stress disorder (32%), and attention-deficit hyperactivity disorder.⁵ The isolation that young people experience during solitary confinement can create new mental health problems and worsen existing conditions. The stress of solitary confinement also harms physical health. The limitations of exercise and movement can result in children's developing bodies failing to get the requisite amount of exercise they need. This can lead to physical health declines that also have mental and behavioral health consequences. Additionally, youth have reported experiencing sexual and physical assaults from adults while in solitary confinement. The decision to place a child in solitary confinement can have a significant impact on their very survival, as studies show a 30% increased risk of early death amongst youth who are incarcerated in adult facilities, where

¹ Unlock the Box, Just. Pol'y Inst. & Solitary Watch, Youth in Solitary (2024), <https://justicepolicy.org/wp-content/uploads/2024/11/Youth-in-Solitary-JPI-Branding.pdf>.

² Annie E. Casey Found. & Hum. Rts. for Kids, Disposable Children: The Prevalence of Child Abuse and Trauma Among Children Prosecuted and Incarcerated As Adults in Maryland (2024), https://assets.aecf.org/m/resourcedoc/Report_disposablechildren_2024.pdf.

³ Yosuke Nishihata et al., *Effect of Juvenile Social Isolation on Excitability of Prefrontal Pyramidal Cells with Different Subcortical Axonal Projections*, 19 Front. Cell. Neurosci. 1549352 (May 30, 2025), <https://pmc.ncbi.nlm.nih.gov/articles/PMC12163027/>.

⁴ Michael E. Kraut, *Minors in Custody – Solitary Confinement*, Child Crime Prevention & Safety Ctr., <https://childsafety.losangelescriminallawyer.pro/minors-in-custody-solitary-confinement.html> (last visited Feb. 24, 2026).

⁵ Lee A. Underwood & Aryssa Washington, *Mental Illness and Juvenile Offenders*, 13 Int'l J. Env'tl. Res. & Pub. Health 228 (2016), <https://pmc.ncbi.nlm.nih.gov/articles/PMC4772248/>.

they are known to be placed in solitary confinement for their “protection.”⁶

III. Solitary confinement violates fundamental human rights.

It has long been recognized that the practice of solitary confinement, particularly when applied to children, constitutes a violation of fundamental human rights. The United Nations Convention on the Rights of the Child (UNCRC) explicitly states that children must be safeguarded from inhumane forms of punishment and torture.⁷ The United Nations has reiterated and bolstered its commitment to ending solitary confinement in subsequent publications and policy guidelines.⁸ A state practice of solitary confinement creates a system of state-sanctioned child abuse. By utilizing policies of isolation not in accordance with these standards, the Department is implementing a harmful and traumatizing process that, if utilized by parents, would be grounds for a child abuse and neglect allegation.

IV. Codifying restrictions provides stronger protections for Maryland’s Youth and protects public safety.

Passing HB 921 will help ensure that the General Assembly’s expressed intent to restrict the placement of youth in solitary confinement is actualized. In 2019, Maryland’s legislative body passed HB1001 which banned the use of solitary confinement for youth but allowed for exceptions to that rule at the determination of the managing official of that correctional facility. Our fellow colleagues have explained how this exception has swallowed the rule and rendered HB 1001 ineffective for the purpose of restricting the solitary confinement of youth. In addition to providing the protections of HB 1001, HB 921 will also ensure that youth in solitary confinement have sustained access to educational services and mental, medical, dental, and health care.

The alternative imperils public safety. When youth who are already traumatized have that trauma intensified, outcomes deteriorate. Youth are more likely to experience mental health crises, struggle to regulate behavior, and face greater challenges upon reentry, all of which increases the risk of reoffending. By protecting youth HB 921 also protects public safety.

Conclusion

HB 921 will take meaningful steps to respect the human rights of Maryland’s youth and protect them from the inhumane conditions of solitary confinement. **For these reasons, the CFCC and CCJR strongly support HB 921 and urge a favorable report.**

⁶ Elizabeth S. Barnert, *Confining Children in Adult Prisons May Kill Them: New Evidence to Inform Policy Action*, 6 JAMA Network Open e2321755 (2023), <https://pmc.ncbi.nlm.nih.gov/articles/PMC10833501/>.

⁷ Convention on the Rights of the Child, Nov. 20, 1989, 1577 U.N.T.S. 3

⁸ See U.N. Guidelines for the Prevention of Juvenile Delinquency, G.A. Res. 45/112, Annex, 45 U.N. GAOR Supp. (No. 49A), U.N. Doc. A/45/49, at 201 (Dec. 14, 1990) (“The Riyadh Guidelines”) and U.N. Rules for the Protection of Juveniles Deprived of their Liberty, G.A. Res. 45/113, Annex, 45 U.N. GAOR Supp. (No. 49A), U.N. Doc. A/45/49, 67 (Dec. 14, 1990) (“The Beijing Rules”).

HRFK Testimony in Support of HB 921 (Senate).pdf

Uploaded by: James Dold

Position: FAV



**TESTIMONY IN SUPPORT OF HB 921 BEFORE THE MARYLAND SENATE
JUDICIAL PROCEEDINGS COMMITTEE**

April 1, 2026

Dear Chair Smith and Members of the Maryland Senate Judicial Proceedings Committee:

Human Rights for Kids respectfully submits this testimony for the official record to express our support for HB 921. We are grateful to Delegate Moreno for his leadership in introducing this bill and appreciate the Maryland Legislature's willingness to address these important human rights issues concerning Maryland's children.

Over the years too little attention has been paid to the most vulnerable casualties of mass incarceration in America — children. From the point of entry and arrest to sentencing and incarceration our treatment of children in the justice system is long overdue for re-examination and reform.

Human Rights for Kids is a Washington, D.C.-based non-profit organization dedicated to the promotion and protection of the human rights of children. We work to inform the way the nation understands Adverse Childhood Experiences (ACEs) from a human rights perspective, to better educate the public and policymaker's understanding of the relationship between early childhood trauma and negative life outcomes. We use an integrated, multi-faceted approach which consists of research & public education, coalition building & grassroots mobilization, and policy advocacy & strategic litigation to advance critical human rights on behalf of children in the United States.

Human Rights for Kids supports HB 921 because it will end the shameful practice of placing children in solitary confinement while in the custody of the Department of Juvenile Services. The practice of placing youth in solitary confinement, or room seclusion as it's known in Maryland, is a clear human rights abuse. The United Nations Convention on the Rights of the Child (CRC) requires that children be protected from torture as well as cruel and unusual punishment, and the U.N. Committee on the Rights of the Child has deemed solitary confinement a violation of Article 37 of the CRC. The Committee against Torture and the Special Rapporteur on Torture have also classified the use of solitary confinement on children as cruel, inhumane, and degrading treatment. Because HB 921 will effectively ban the practice of

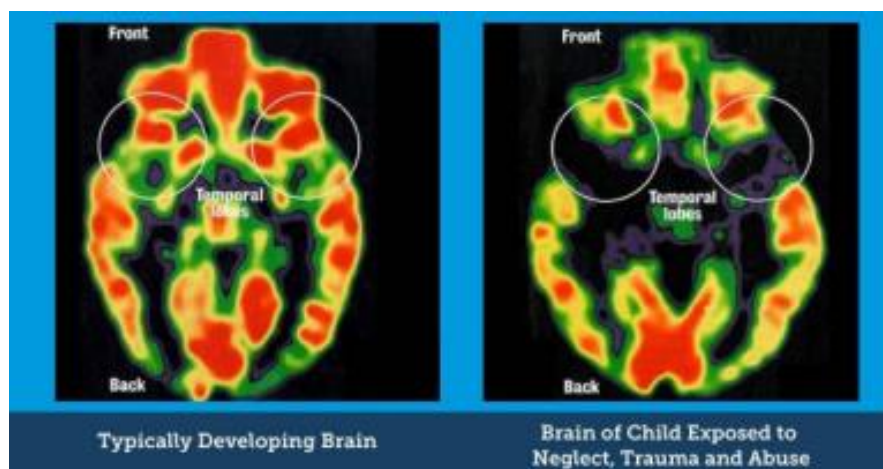
placing children in solitary confinement in Maryland’s juvenile justice system, we strongly urge the committee to issue a favorable report.

Effects of Solitary Confinement

Children placed in solitary confinement can experience profound negative physical, emotional and psychological effects, including but not limited to psychosis, depression, increased aggression and increased risk of suicide. The use of solitary confinement on children can also lead to their failure to develop positive social skills, limit their access to developmental and educational resources, and can cause stunted physical growth due to inadequate diet and exercise. For children who have experienced trauma and abuse prior to their detention, the harmful effects can be even more profound.

The sad reality is that the overwhelming majority of youth who cycle in and out of Maryland’s youth justice system have experienced significant trauma prior to their arrival. In 2024, HRFK released a report detailing the prevalence of ACEs among children tried as adults in Maryland where we observed an average ACE score of 6.4 out of 10. Nearly 74% had experienced physical abuse and around 40% experienced sexual abuse. The average age that this group of children first experienced abuse was just *six years old*. Notably, nearly **90%** of these children come from homes where one or both parents are absent. And in about 50% of those cases, parental absence is due to *parental incarceration*. These facts allow us to understand the contributing factors that lead children to become system involved in the first place.

Another important finding from our study was that 60% of respondents had prior involvement in the state’s juvenile justice system. Similar studies have confirmed high rates of trauma among youth adjudicated delinquent, with 90% of these youth experiencing 2 or more ACEs. Trauma exposure of this magnitude often leads to early onset PTSD which has been shown in brain scan imaging to impact brain development as detailed in the image below.



Approximately 42% of respondents in our study indicated that they had previously been hospitalized for a mental health issue and 80% had been placed in solitary confinement while under the age of 18.

National Consensus Against the Use of Solitary Confinement

The United States Attorney General’s National Task Force on Children Exposed to Violence concluded that “[n]owhere is the damaging impact of incarceration on vulnerable children more obvious than when it involves solitary confinement.” This is perhaps why, as the DOJ has reported, more than half of suicides within juvenile correctional facilities occur when a child is in some type of isolation.

Major medical and mental health organizations, including the American Psychological Association, the American Academy of Child and Adolescent Psychiatry, the American Medical Association, and the American Public Health Association, recognize the risks of solitary confinement for youth and many categorically oppose its use. For example, the American Psychological Association, recommends that “solitary or room confinement of youth—involuntary isolation of a youth in a locked room or cell—be prohibited” except in truly emergency circumstances in response to an imminent danger. In 2012, the American Academy of Child and Adolescent Psychiatry (AACAP) issued a policy statement stating its concurrence with the United Nations standards and opposing the use of solitary confinement on minors.

Similarly, major correctional associations, including the American Correctional Association (“ACA”), National Commission on Correctional Health Care, and Council of Juvenile Correctional Administrators, oppose solitary confinement for youth.

In 2016, President Barack Obama instituted a ban on solitary confinement for children in the federal prison system, citing its overuse and “potential for devastating psychological consequences.” Two years later, Congress codified this prohibition for youth at the federal level through the passage of the First Step Act in 2018 (S. 756) which was signed into law by President Trump.

Why We Must Codify the Prohibition on Solitary Confinement

Previous legislative efforts on this issue resulted in a new law directing DJS to develop regulations that prohibit the use of room seclusion for purposes of punishment. However, that law did not cover other circumstances such as administrative convenience or staffing shortages. Moreover, administrative mischief in the regulatory process resulted in several carve out exemptions that circumvented the legislature’s intent. For example, under Md. Code Regs. 16.18.02.03 subsection (c), a DJS officer may extend a child’s stay in solitary confinement up to 72 hours. But even this is not a hard and fast rule since the superintendent can declare an emergency and hold the youth in solitary confinement for even longer.

It is critically important that Maryland follow Congress’ lead by setting strict statutory guidelines for when and under what circumstances a child may be placed in temporary isolation. Deferring to administrative regulations is an invitation to mischief that will ultimately harm youth and open the state up to costly litigation.

HB 921

Under HB 921, a child cannot be placed in isolation solely for punishment, convenience, retaliation, or staffing shortages. If isolation is used at all, it must be a temporary response to an immediate and substantial safety risk, with strict safeguards - including:

- A requirement that the facility justify the placement and use the least restrictive conditions practicable
- A mental health screening within half an hour, and access to needed services

These restrictions and carefully crafted exceptions follow standard best practices nationally.

Redemption for Maryland

Nelson Mandela once said, “*There is no keener revelation of a society’s soul than the way in which it treats its children.*” What does it say about our soul then if we allow our most vulnerable children, the vast majority of whom are Black, to be subject to this terrible form of torture?

With the passage of HB 921, Maryland can find redemption by recognizing the humanity in our system involved kids and ensuring that they never experience this type of cruel, degrading, or inhumane treatment ever again. **It is for the foregoing reasons that Human Rights for Kids respectfully requests that the Committee issue a favorable report on HB 921 by Delegate Moreno.** Thank you for your time and consideration.

Submitted by:

James Dold
Chief Executive Officer & Founder
Human Rights for Kids

HB 921-JPR -Juvenile Law- Restrictive Housing - UU

Uploaded by: Karen Clark

Position: FAV



Unitarian Universalist Legislative Ministry of Maryland

Testimony in Support of HB 921- Juvenile Law - Confinement and Restrictive Housing - Limitations

To: Senator Will Smith, Jr., Chair, Senator Jeff Waldstreicher, Vice-Chair,
and Members of the Judicial Proceedings Committee
From: Karen “Candy” Clark, Lead Advocate Criminal Justice Reform
Unitarian Universalist Legislative Ministry-Maryland
Date: April 1, 2026

The Unitarian Universalist Legislative Ministry of Maryland asks for a favorable vote on **HB 921 - Juvenile Law - Confinement and Restrictive Housing - Limitations**. This bill aligns with our values of justice and equity, which call us to honor the inherent worth and dignity of all people, which includes those behind prison walls.

HB 921 specifies **WHEN** and **HOW** a minor may be placed in “Locked Door Seclusion” or “Restrictive Housing,” or “Solitary Confinement.” This can be a traumatic period for the minor and steps must be taken to assure their safety and health, while making the adjustments needed for an effective placement. The process demonstrates a well thought out plan that aligns with our values of equity and justice, which “honors the worth and dignity ‘of the minor.

Depending on the circumstances a minor may be required to be placed in restrictive housing or may personally volunteer to enter.

The following list describes **WHEN** “Locked Door Seclusions” could be implemented:

1. A minor could not be placed in restrictive housing solely for discipline, punishment, staff convenience, staff shortage, or retaliation. However, a minor may temporarily be placed in restrictive housing if there is an immediate risk of physical harm to the child or others, or an imminent chance of escape.
2. After all less restrictive measures have been tried.
3. When placed in restrictive housing, the minor is to be situated in the least restrictive conditions possible and given an explanation about the reason for the change.
4. The locked door seclusion should be terminated as soon as the threat is over followed by a debriefing with a behavioral health review.

HB 921 also clarifies **HOW** a “Locked Door Seclusion” would need to be implemented:

- a. Trauma informed, developmentally appropriate, and time-limited.
- b. With a health care provider to conduct a screening of the minor’s mental health within 30 minutes of the placement and offer any mental health services needed. *In addition, the child care staff would need to perform visual inspections of the child in 15 minute intervals.*
- c. Including: scheduled snacks and meals, access to water, bathrooms and hygiene items, as well as educational services.

HB 921 provides a comprehensive guide for helping a minor adjust to the newness or changes to the incarceration system. This thoughtful expanse of work balances the juvenile’s safety with their mental health and well-being, which honors their inherent worth and dignity. However, all of our incarcerated can benefit by a clear and calm path to help them navigate this system as it guides them towards their release.

We ask for a favorable report on **HB 921**.

Karen “Candy” Clark
Criminal Justice Reform Lead Advocate

Choice HB 921 FAV JPR 2026.pdf

Uploaded by: Kelly Quinn

Position: FAV



THE CHOICE PROGRAM AT UMBC

THE SHRIVER CENTER

**House Bill 921
Juvenile Law - Confinement and Restrictive Housing - Limitations
Judicial Proceedings
April 1, 2026
Position: Favorable**

The Choice Program at UMBC respectfully urges the Committee to issue a **favorable report** on House Bill 921: Juvenile Law - Confinement and Restrictive Housing - Limitation which would limit the circumstances under which an incarcerated minor may be involuntarily placed in restrictive housing.

We have served over 27,000 systems-involved Maryland youth since 1988, standing as a proven alternative to the school-to-prison pipeline. Our primary goal is the explicit and urgent reduction in the number of Black and Brown young people ensnared in the youth legal system. Our model is built to dismantle racist structures by using strengths-based approaches grounded in Positive Youth Development, holding high expectations for youth and families, and pairing those expectations with high levels of support. This work is founded on the more than century-old belief that children are categorically different from adults, and that young people should never be defined by their worst mistake. These principles are essential to addressing the deep racial inequities at both the individual and systemic levels.

The separate establishment of juvenile detention centers was originally intended as a critical legal reform: a clear acknowledgment that young people deserve a system distinct from the adult correctional model. This system was founded in 1899 on ideals of rehabilitation over punishment, viewing young people uniquely capable of change and focusing resources on essential education, counseling, and skill development. Its core functions are meant to be the protection of young people from adult influences and the delivery of age-appropriate justice that accounts for a minor's cognitive and emotional development. Furthermore, the system's aim is to prevent recidivism by addressing underlying issues like mental health, substance abuse, and family challenges, thereby promoting successful reintegration.

However, the current reality of the youth legal system proves that these foundational ideals are frequently betrayed, resulting in the disproportionate confinement and harm of Black and Brown youth as noted by the Maryland Equitable Justice Collaborative's report *Breaking the 71%: A Path Toward Racial Equity in the Criminal Legal System* (2025). The proposed legislation is therefore not just an administrative change, but a necessary measure to reclaim the original anti-punitive and rehabilitative intent of the youth legal system. By establishing that a young people may not be placed in restrictive housing for discipline, punishment, or administrative convenience, and by specifying critical protocols, this bill takes a concrete step toward dismantling one of the most punitive and isolating practices that perpetuate systemic harm and undermine the belief in a young person's capacity for positive change.

Community repair and well-being depend on a vision of safety that rejects the impulse to punish children harshly. This legislative session presents an opportunity to affirm the importance of rehabilitation and to reduce racial and ethnic disparities, particularly for children and young adults.

For the sake of Maryland's children, families, and communities, we respectfully urge this Committee to vote favorable on HB 921.

For more information contact:

Kelly Quinn, Ph.D., Managing Director

OPD Favorable_HB921.cross-over.pdf

Uploaded by: Krystal Williams

Position: FAV



NATASHA DARTIGUE
PUBLIC DEFENDER
KEITH LOTRIDGE
DEPUTY PUBLIC DEFENDER
HANNIBAL KEMERER
CHIEF OF STAFF
ELIZABETH HILLIARD
DIRECTOR OF GOVERNMENT RELATIONS

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.

Authored by: Krystal Williams, krystal.williams1@maryland.gov

References

Human Rights for Kids, *U.N. Universal Periodic Review (UPR) of the United States (Children's Rights)*, April 7, 2025. <https://humanrightsforkids.org/publication/u-n-universal-periodic-review-upr-of-the-united-states-childrens-rights/>

Human Rights for Kids, *EMLER Report: The Inhumane Treatment of Children in the U.S. Criminal Justice System*, April 25, 2025. <https://humanrightsforkids.org/publication/emler-report-the-inhumane-treatment-of-children-in-the-u-s-criminal-justice-system/>

Dimon, L. (2019). *Solitary Confinement of Adolescents: A Mental Health Crisis*. University of Michigan School of Public Health. https://sph.umich.edu/pursuit/2019posts/solitary_confinement_of_minors.html

American Psychological Association. (2024). Resolution on Opposing Involuntary Individual Isolation of Youth in Juvenile Justice Settings. <https://www.apa.org/about/policy/isolation-youth.pdf>

Council of Juvenile Correctional Administrators. (2024). Stop Solitary for Kids Campaign. <https://cjja.net>

Barnett, B. S., et al. (2020). The solitary confinement of incarcerated American youth during COVID-19. *Journal of the American Academy of Psychiatry and the Law*, 48(3).
<https://pmc.ncbi.nlm.nih.gov/articles/PMC7286258/>

Shufelt, J. L., & Cocozza, J. J. (2006). Youth with Mental Health Disorders in the Juvenile Justice System: Results from a Multi-State Prevalence Study. National Center for Mental Health and Juvenile Justice.

Annie E. Casey Foundation. (2025). Juvenile Detention Alternatives Initiative (JDAI).
<https://www.aecf.org/work/juvenile-justice/jdai>

The Sentencing Project. (2024). System Reforms to Reduce Youth Incarceration.
<https://www.sentencingproject.org/reports/system-reforms-to-reduce-youth-incarceration-why-we-must-explore-every-option-before-resorting-to-confinement/>

Obama White House. (2016). Fact Sheet: Department of Justice Review of Solitary Confinement.
<https://obamawhitehouse.archives.gov/the-press-office/2016/01/25/fact-sheet-department-justice-review-solitary-confinement>

Vera Institute of Justice. (2022). The Impacts of Solitary Confinement.
<https://www.vera.org/publications/the-impacts-of-solitary-confinement>

The Solitary Confinement of Juveniles: It Is a Cruel and Unusual Punishment. *Idaho Law Review*, 234.
<https://digitalcommons.law.uidaho.edu/cgi/viewcontent.cgi?article=1234&context=idaho-law-review>

American Civil Liberties Union. (2024). No Child Left Alone: A Toolkit on Eliminating the Solitary Confinement of Youth.
https://www.aclu.org/sites/default/files/field_document/toolkit_juvenile_solitary_briefing_paper_final.pdf

Solitary Watch. (2024). Children in Solitary Confinement Fact Sheet. <https://solitarywatch.org/wp-content/uploads/2024/06/SW-Fact-Sheet-7-Children-in-Solitary-v20240621.pdf>

American Academy of Child and Adolescent Psychiatry. (2024). Solitary Confinement of Juvenile Offenders Policy Statement.
https://www.aacap.org/aacap/Policy_Statements/2012/Solitary_Confinement_of_Juvenile_Offenders.aspx

National Commission on Correctional Health Care. (2024). Position Statement: Solitary Confinement (Isolation). <https://www.ncchc.org/wp-content/uploads/Solitary-Confinement-Isolation.pdf>

Maryland Juvenile Justice Monitoring Unit. (2022). Annual Report. Maryland Office of the Attorney General. [https://dlslibrary.state.md.us/publications/AG/JJMU/SG6-406\(b\)_2022\(1\).pdf](https://dlslibrary.state.md.us/publications/AG/JJMU/SG6-406(b)_2022(1).pdf)

Maryland Department of Public Safety and Correctional Services. (2024). Restrictive Housing Report – Fiscal Year 2024. [https://dlslibrary.state.md.us/publications/Exec/DPSCS/COR9-614\(b\)\(1\)_2024.pdf](https://dlslibrary.state.md.us/publications/Exec/DPSCS/COR9-614(b)(1)_2024.pdf)

The Sentencing Project. (2026, February 4). Over 1000 Kids Charged as Adults Last Year—Maryland Senate Weighs Major Reform. <https://www.sentencingproject.org/press-releases/over-1000-kids-charged-as-adults-last-year-maryland-senate-weighs-major-reform/>

WYPR News. (2025, March 2). A National Outlier, Maryland's Jails Fail to Protect Young Inmates. <https://www.wypr.org/wypr-news/2025-03-03/a-national-outlier-marylands-jails-fail-to-protect-young-inmates>

Maryland Department of Juvenile Services. (2024). Data Resource Guide Fiscal Year 2024. https://djs.maryland.gov/Documents/DRG/Data_Resource_Guide_FY2024.pdf

Maryland Department of Juvenile Services. (2018). Policy RF-741-18: Behavior Management – Rules and Discipline. https://djs.maryland.gov/Documents/policies/residential/Behavior-Management–Rules-and-Discipline_RF-741-18.pdf

National Conference of State Legislatures. (2025). The Use of Solitary Confinement on Youth. <https://www.ncsl.org/civil-and-criminal-justice/the-use-of-solitary-confinement-on-youth>

National Conference of State Legislatures. (2025). States Search for Balance in Use of Juvenile Solitary Confinement. <https://www.ncsl.org/resources/details/states-search-for-balance-in-use-of-juvenile-solitary-confinement>

The SPRING Group. (2026). A Report on Juvenile Solitary Confinement: By The States. <https://www.thespringgroup.org/articles/a-report-on-juvenile-solitary-confinement-by-the-states>

Stop Solitary for Kids Campaign. (2024). Reducing Room Confinement While Increasing Safety in Juvenile Facilities. Council of Juvenile Correctional Administrators, Center for Children's Law and Policy, Center for Juvenile Justice Reform at Georgetown University, Justice Policy Institute. <https://cjja.net>

Annie E. Casey Foundation. (2021). No Place for Kids: The Case for Reducing Reliance on Juvenile Incarceration. <https://www.aecf.org/work/juvenile-justice>

Barnert, E. S., et al. (2022). Adverse Psychiatric and Health Impacts of Restrictive Housing for Incarcerated Adolescents. *JAMA Pediatrics*, 176(1). <https://pubmed.ncbi.nlm.nih.gov/33961987/>

United Nations Office of the High Commissioner for Human Rights. (2011). UN Special Rapporteur on Torture Calls for Prohibition of Solitary Confinement. <https://www.ohchr.org/en/press-releases/2011/10/un-special-rapporteur-torture-calls-prohibition-solitary-confinement>

Human Rights Watch. (2012). Growing Up Locked Down: Youth in Solitary Confinement in Jails and Prisons Across the United States. <https://www.hrw.org/report/2012/10/10/growing-locked-down/youth-solitary-confinement-jails-and-prisons-across-united>

Human Rights Watch. (2025, March 11). Maryland Should Do Better by Children Accused of Crimes. <https://www.hrw.org/news/2025/03/12/maryland-should-do-better-children-accused-crimes>

U.S. Congress. (2024). S.5250 - Juvenile Justice and Delinquency Prevention Reauthorization Act of 2024. 118th Congress. <https://www.congress.gov/bill/118th-congress/senate-bill/5250/text>

Individuals with Disabilities Education Act (IDEA), 20 U.S.C. § 1400 et seq.

Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884.

The Sentencing Project. (2024). System Reforms to Reduce Youth Incarceration. <https://www.sentencingproject.org/reports/>