Virtual Testimony on SB 1085

Autism Society of America,
Autism Society of Maryland, Autism Society of Baltimore-Chesapeake,
and People on the Go Maryland

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Dear Chairman Smith and other members of the Committee,

Thank you for the opportunity to submit testimony regarding SB 1085, a bill to restrict segregation in state correctional settings and to require data and training by staff.

My name is Carlean Ponder and I am here to testify on behalf of the Autism Society of America, the Autism Society of Maryland, Autism Society Baltimore-Chesapeake, and People on the Go Maryland. The Autism Society of America is the nation’s oldest and largest grassroots organization representing individuals on the Autism spectrum and their families. The Autism Society envisions a world where individuals and families living with Autism can maximize their quality of life, are treated with the highest level of dignity, and live in a society where their talents and skills are appreciated and valued. Along with our 70+ affiliates nationwide, we provide advocacy, education, information and referral, support, and community engagement opportunities at national, state, and local levels. Our Maryland affiliates include the Autism Society of Maryland, which works with families and Autistic individuals in Montgomery, Howard, and Anne Arundel County, and the Autism Society of Baltimore-Chesapeake, which covers Baltimore City and County. These affiliates have served the state by offering information and referral services, educational workshops, social and support groups, and are led by Melissa Rosenberg and Thairen Greene.

Autistic people are over-represented in jails and prisons. One study estimated the prevalence ranges from 9 to 18 percent of the incarcerated population, however, Autism is generally not included in screening assessments in jails and prisons. Underdiagnoses, particularly for Black, Indigenous and People of Color (BIPOC)
communities is very likely, and there are few accommodations for developmental disabilities in these settings. Autistic individuals are vulnerable in prison settings as they are more susceptible to victimization and face different challenges compared to the non-Autistic population. More specifically, individuals with Autism and/or intellectual disabilities often struggle to comprehend prison rules, rendering them particularly susceptible to exploitation and violence. This often results in disciplinary action involving restricted housing, often referred to as solitary confinement. The Marshall Project found that Autistic people are included in the overrepresentation of people with mental health disabilities sent to solitary confinement, often for prolonged periods.

Senate Bill 1085 limits the over-use of solitary confinement by requiring at least 4 hours of out-of-cell time, for no longer than 3 days in most cases, and at most, 15 consecutive days, when serious danger is shown through an evidentiary hearing. The bill includes protections for vulnerable populations, such as those who are Autistic, by requiring both a physician and managing officials to document that certain criteria are met. It also requires a mental and physical health assessment every 24 hours of placement in restrictive housing, which is critical for those with mental health and developmental disabilities. Consideration of the person’s disability, treatment options and alternative behavioral plans should be considered during any due process hearing.

A report by Disability Rights Maryland\(^1\) found through its investigation of restrictive housing practices in Maryland correctional facilities that people with serious mental

\(^1\) Beyond Incarceration: Lock Down for Persons with Disabilities, An Investigation by Disability Rights Maryland (2017)
illness are most likely to suffer harm from segregation. They are also more likely to be confined for longer periods of time. The average was 224 days of restrictive housing for people in this category.²

The data component of Bill 1085 will allow legislators, the public, and corrections facilities an accounting of how often and for what categories restricted housing is most used, as well as what steps were taken to find alternatives. We appreciate the addition of ensuring access to mental health professionals when in restrictive settings, along with the availability of physical and mental health assessments initially and every 24 hours.

Beyond Bill 1085, we have recommendations for services that should be available in correctional facilities regardless of whether a person is in restrictive housing or not. Screening exams for Autism and intellectual disability upon entry are crucial, as they determine whether prisoners will have access to supports. It is also important to note the shortage of mental health professionals in the state prison setting. The Disability Rights Maryland report noted that three of four direct mental health positions at NBCI were vacant in December 2016, and that limited group treatment options existed.³ Often, the pay is too low to attract and retain mental health professionals in correctional facilities. It is critical to support legislation that helps to remedy this issue.

Alternatives to solitary confinement, such as de-escalation spaces are also critical for the Autism community. This alternative allows for a designated area for an individual to engage in strategies to unwind before a behavioral trigger escalates.

² Id., page 10.
³ Id., pages 10-11.
In addition, requiring training that is based in trauma-informed care for all personnel working in these setting is recommended. This ensures that staff is aware of strategies to minimize behavioral disturbances through positive reinforcements, which would limit the need to use solitary confinement.

We look forward to working with the Maryland legislature to make this necessary change. Thank you for considering the testimony of the Autism Society of America as this bill moves forward. If you have any questions, please contact Delancy Allred, State Policy Coordinator at dallred@autismsociety.org, or Justice Center Director, Carlean Ponder at cponder@autismsociety.org.com.