

Senate Judiciary Committee Hearing
Subcommittee on the Constitution, Civil Rights, and Human Rights
“Reassessing Solitary Confinement II:
The Human Rights, Fiscal, and Public Safety Consequences”
Questions for the Record Submitted by Senator Al Franken

Questions for Rick Raemisch

Question 1. In your written testimony, you wrote: “Expecting a mentally ill inmate who is housed in Administrative Segregation long-term and without treatment to follow the rules is pointless. It’s my conviction that long-term segregation creates or exacerbates mental illness,” end quote. I think that a lot of corrections officers would agree with that statement. I certainly do.” Can you elaborate on the importance of mental health treatment options for inmates with mental illnesses?

With the deinstitutionalization process in the 1950's and 60's, state hospitals across the nation were shut down and the seriously mentally ill were moved into communities with little education provided to members of communities, and without the appropriate outreach services in place. In society, including corrections, it's imperative that we realize the behaviors that are going to be entering into communities and develop and establish coping mechanisms as well as continuity of care for those offenders with serious mental illness.

The prison system has become the treatment centers (or dumping ground) for those that are convicted of criminal offenses with underlying mental health issues that nobody has addressed. Once the offenders enter into the penal setting, their symptoms are frequently exacerbated by the anxiety associated with incarceration as well as the conditions of confinement that are imposed outside of the freedoms of society. Thus the reason that it's important that these offenders are identified early in their incarceration for mental health needs and even more so if their behaviors continue to escalate. The sooner we can identify and initiate treatment and coping skills for those offenders with mental illness, the better the chances are that the offender will understand the value in the treatment and participate in outpatient treatment when they leave the correctional setting. This is the number one reason why we work so hard to assess for and initiate treatment for any offender that is exhibiting any symptoms of mental health needs in the correctional setting.

You can only imagine what an administrative segregation cell does to someone, who is mentally ill to begin with. Our goal is zero major mentally ill inmates in segregation. On most days we are able to accomplish that goal. I now have two institutions dedicated to treating inmates with mental health issues. We are adopting the philosophy that you can't hold someone responsible for an incident that occurred as a result of a mental illness. I hope this answers your question Senator Franken. The bottom line is if we expect these individuals to be productive members of their community, we need to treat their mental illness first, before we attempt to address their criminogenic needs. Thank you for the honor of testifying before the Subcommittee.

Sincerely

Rick Raemisch
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