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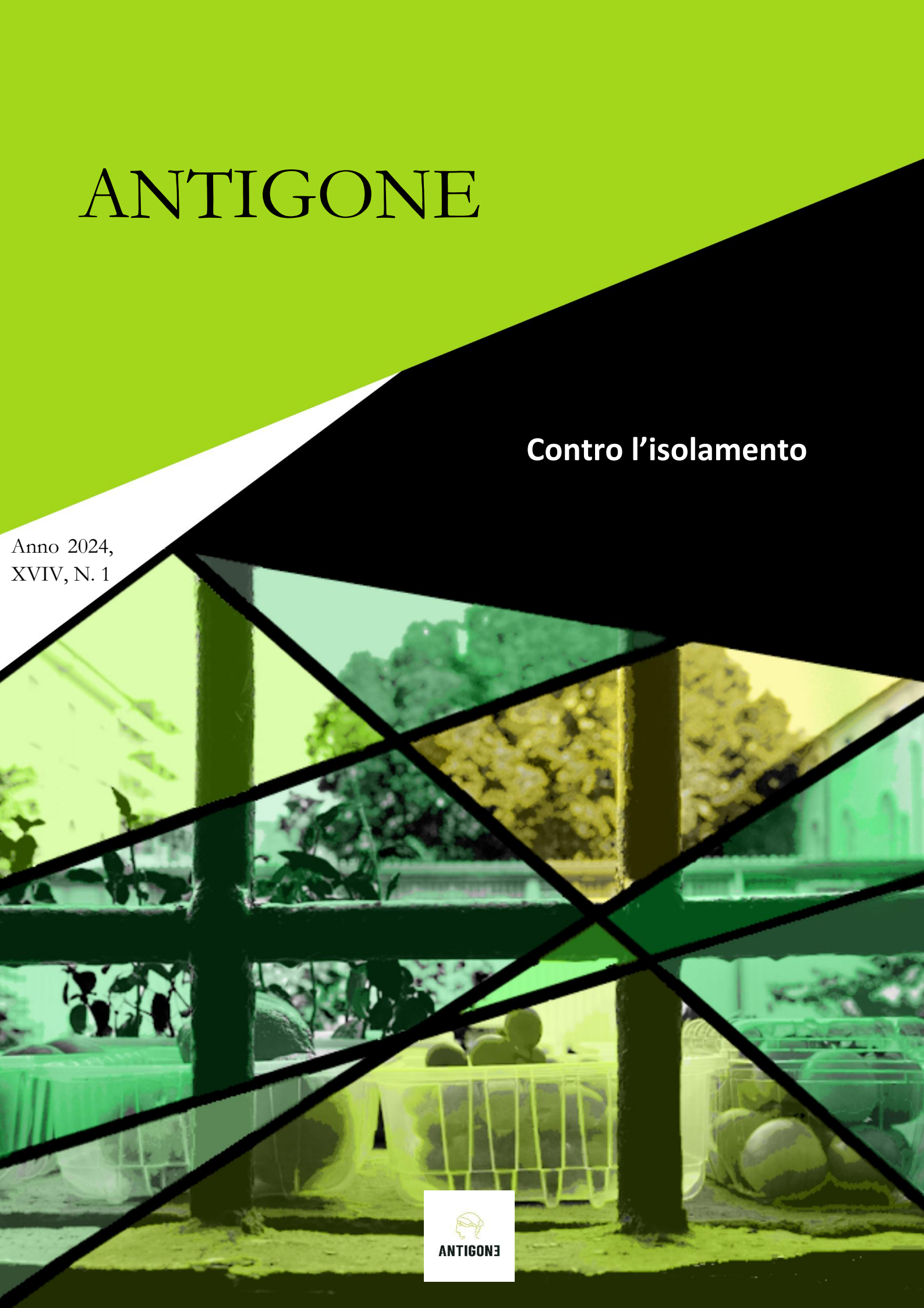

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N. 1/2024 CONTRO L'ISOLAMENTO

a cura di Rachele Stroppa

INDICE

DECREASING THE USE OF SOLITARY CONFINEMENT FOR A SAFER COMMUNITY

*Rick Raemisch**

Abstract

This paper chronicles the experience of the author as Executive Director of the Colorado Department of Corrections from 2013 to 2019, during which time significant reforms were implemented to reduce the use of solitary confinement. The article begins by highlighting the tragic circumstances of the author's appointment, which followed the assassination of his predecessor by a former inmate recently released from solitary. The author outlines the reforms implemented during his tenure, which included a shift away from long-term solitary confinement, the development of alternative housing units, and increased access to mental health treatment. The paper discusses the positive outcomes of these reforms, such as reduced violence, increased safety, and improved reintegration opportunities for inmates. Ultimately, the paper argues that solitary confinement is a harmful practice that should be minimized or eliminated altogether.

Keywords: *solitary confinement, reforms, alternatives, USA*

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During July of 2013 I was appointed by Colorado Governor Hickenlooper to be the Executive Director of the Colorado Department of Corrections. I received this position in the worst possible way. My predecessor, Tom Clements, was assassinated by a man with mental health issues who had spent seven years in solitary confinement and was released directly into the community. The practice of releasing inmates that were in solitary directly to the community was something all States were doing. After a month of being on parole he cut off his ankle monitor, acquired a handgun, ordered food, and murdered the food delivery person. He then took that person's uniform and responded to my predecessor's residence where he shot and killed him when he answered the front door. Ironically, Mr. Clements had been appointed by Governor Hickenlooper to progressively move the Department of Corrections forward, including greatly reducing the use of solitary confinement. When Mr. Clements started in 2011 there were over 1500 inmates in solitary confinement which was roughly 6.8% of the inmate population. Some inmates had been in solitary for over 24 years. There were two Colorado supermax prisons dedicated to housing inmates in solitary. I was appointed to continue or exceed Mr. Clements reforms.

When I started my position in Colorado those incarcerated in solitary were in their cells 23 hours per day, five days per week, and on weekends 24 hours per day. My experience has shown me that most suicides and self-harm incidences occur in solitary confinement cells. I also believe and what I have observed that those in long term solitary confinement come out worse than when they went in. Simply put I do not believe solitary confinement works. In my experience, inmates that are placed in solitary confinement for disciplinary reasons are sent there in one of two ways. They were either involved in a disciplinary infraction without thinking of their actions, which is how many of them got sentenced to prison in the first place, or they knew full well that the act they were committing would result in them going to solitary, but they did it anyway. Because we were not finding solutions to what was causing them to commit conduct that led to them being placed in solitary to begin with, there were many repeat offenders. This included those with mental health issues that were often disruptive because of their mental illness.

In July of 2014 we began our solitary confinement reforms. I put together an executive team that believed as I did that the use of solitary confinement did more harm than good. Colorado, like all States, used a level system for those in solitary confinement. In other words, if you earned your way into solitary confinement you had to earn your way out by progressing to various levels to earn your way out of solitary. Unfortunately, this led to individuals progressing and then regressing due to minor rule infractions which caused them to stay in solitary, sometimes for years. If you were struggling with mental

health issues this often meant you couldn't advance through the level system because you couldn't understand the rules. Our guiding principles started with the understanding that we would no longer rely on the use of long-term solitary confinement. We would review each individual case where an inmate was in solitary and use solitary confinement b for only those that were the most dangerous, violent, and disruptive inmates that caused an immediate threat to staff and other inmates. In addition, we would no longer place those inmates with a serious mental illness in solitary.

Initially, we also revised our solitary confinement policies where an inmate's status would be reviewed every 30 days by mental health and case management staff. An inmate would no longer be placed in solitary under an indeterminate sentence. They would know why they were being sent to solitary and when they would be released. A progressive management (step down) process would be developed where offenders leaving solitary can resocialize with groups of other offenders, yet still be managed in highly structured and controlled environments to ensure the safety of staff and other offenders.

As previously mentioned, at the time I was appointed to the Department of Corrections, those suffering from mental illness could still be sent to solitary. Prisons in the United States are the largest provider of mental health services. 36% of the male offender population at the time had mental health needs. 10% have a serious mental illness. Often offenders don't recognize their mental health needs due to paranoia, distrust, or fear of vulnerability. So, we developed residential treatment programs, which at the time could treat up to 543 offenders. The purpose of the residential treatment programs was to provide treatment programs with incentive level systems for offenders with mental illness, and/or intellectual and developmental disabilities, and criteria for movement/ transition for R.T.P. offenders. The goal was to defer offenders being placed into solitary confinement for behaviors that are directly related to their mental illness or disability. R.T.P.'s offer group and individual therapy including cognitive behavioral therapy (C.B.T.), and dialectical behavioral therapy (D.B.T.). C.B.T. assists offenders by helping them to identify how perception of an event or experience can have a powerful effect on emotional, behavioral, and psychological responses to that event or experience.

D.B.T. focuses on decreasing life-threatening behaviors that interfere with the quality of life, and effectiveness of therapy. D.B.T. provides offenders with tools to replace their ineffective coping mechanisms.

To provide successful treatment opportunities, R.T.P. program staff continue to evaluate the effectiveness of curricula and add new approaches to healing, such as a recreational therapy program using music to assist with coping skills. One R.T.P. program delivery was restructured to a progressive incentive-based program and incorporated

alternative delivery methods such as animal assisted therapy. Animal assisted therapy provides opportunities for inmates to engage with rescued dogs. During interactions with the dogs, inmates are encouraged to identify emotional shifts, thereby increasing their self- awareness. When we started releasing inmates out of solitary about 200 refused to come out. We used incentives to get them to voluntarily come out. As an example, one inmate who had been held in solitary for 15 years with mental health issues came out after he was allowed to spend time with a therapy dog.

Colorado, when I arrived, was progressive in several ways. For example, two prisons were dedicated to those with mental health issues. Unfortunately, at the mental health prison where the most serious mentally ill were sent, they were still placing inmates in solitary, some suffering from a serious mental illness. A short time after I arrived at the department and observed this practice, I banned solitary confinement at that facility. A very good sergeant, who was assigned to that facility emailed my deputy, and stated "you're going to get someone killed". To replace the use of solitary confinement cells one of the things staff did was to develop what they called de-escalation cells. These cells were formerly solitary confinement cells and were repurposed. Colorful paints covered the walls, a comfortable chair was placed in the room, a chalkboard and chalk were in the room, de-escalation materials were added, and soft noise such as waves were piped into the room.

These rooms were unlocked, and the inmates had access to them 24 hours a day, seven days a week. One offender that I was aware of was using a room up to five times a day. To me, that was five times a day the inmate was not exploding. Six months after I banned solitary at that facility, I was giving an out of state college professor a tour and the same sergeant mentioned above was working. Unsolicited, the professor asked the sergeant if incidences had dropped since the reforms were put in place. The sergeant smiled and said yes. When asked how much the sergeant replied by over 80%. This caused us to look at offender data concerning this facility. We saw a steady decrease in offender demographics. In 2014 there were 44 special inmate controls used and only 3 in 2015, a 93% decrease.

Forced cell entries decreased by 77% from 2014 to 2015, and offender on staff assaults decreased by 46% from 2014 to 2015. Inmate on inmate assaults also greatly decreased. The de-escalation cells became so popular and productive for staff and inmates that they were implemented in other facilities. This prison for the seriously mentally ill now had the correct treatment programs and policies in place. Because of our successes at this facility first by policy, then by statute, we banned the placing of seriously mentally ill inmates in solitary except under extreme exigent circumstances.

The placing of women in solitary was banned accept to use cells for a cool down period for a maximum of 72 hours. When I retired as Executive Director in January of 2019 no female had stayed 72 hours in one of those cells. No juveniles are in the Colorado prison system but if they were placed in solitary would also have been banned. We eliminated death row where there were three death row inmates locked down 23 hours per day for years. They could now leave their cells for a minimum of four hours per day and could socialize with each other. There were no reported incidents. During 2014 and 2015 assaults were the lowest since 2006. At the time I left, they were beginning to rise but that was due to issues other than the reforms. I had previously mentioned that my predecessor was murdered by an inmate released from solitary directly to the community, and that all States were using this practice. In fact, I heard stories where if an individual being released from solitary did not have anyone picking him up, that two officers would place him in street clothes, and chain his legs, and his arms were chained around the waist. The correctional officers would then drive the inmate and place him on a public bus, take the chains off and leave. These types of practices told me we had lost sight of our mission which was public safety. Our reforms were geared towards public safety. A safer facility means a safer community when they are released. In 2013 prior to implementing our reforms, 70 inmates were released from solitary directly to the community. Since March of 2014 no offender has been released directly to the community from solitary. The programs were developed to remove prisoners from solitary several months prior to their release and gave them programming to assist and prepare them for reentry.

For those inmates that were housed in our one remaining supermax prison, we implemented units that would ensure their safe transition to the general population. We did have two supermaxes when I arrived, and one was new. Due to the reforms, it became vacant, and we repurposed the remaining one as described above. We implemented management control units (M.C.U.), and close custody transition units (C.C.T.U.), that provide a progressive step-down management process for offenders transitioning back to the general population. M.C.U. and C.T.U. offenders are out of their cells at least 4 hours per day in groups of eight to 16. When I left, there were less than 130 inmates in these units, which was less than 1% of our prison population. The remaining cells were treated basically as a higher security general population prison. The inmates had control of entrance and exit from their cells into the day room and were not locked down except for evening sleep hours. Reentry units were formed. Programming such as computer/IT training was implemented along with other job skill related programs. Other programs such as those that would bring visitation between the fathers and their children were implemented. In the past these inmates were

in their cells 23 hours per day and now with the proper programming and treatment, the results were staggering. Suicides dropped, self-harm was down, violence decreased, and the staff and inmates now interacted with each other. The facility was professionally quiet. In this former supermax was now a unit where the inmates had free access to the hallways to complete tasks. Employers were now coming to the facility to perform prerelease job interviews. The former 948 bed new supermax remains closed.

I have been told by several heads of Corrections that they have some inmates that are just too violent and dangerous to be let out of solitary. I have informed them that we all have some incredibly dangerous inmates, but they are in the extreme minority. One of the programs we developed for these inmates was where five at a time were brought out of their cells and confined to restraint tables which we had developed. We then gave them programming. You can imagine what the first few weeks were like with them constantly acting up. You cannot give up on trying to change their behavior. After a few weeks they began to listen, and then to participate. The goal was first to get them off the restraints, and then with the proper treatment, have them safely return to the general population. The majority did with no further infractions. The research is now overwhelming that solitary confinement damages an individual physically, emotionally, mentally, and neurologically, and if this is correct and, I believe it is, then we need to find a different tool unless you are never going to release the person from solitary. Because if you are, you are releasing a person more dangerous than when he went in. Let's get back to our mission of public safety.