

Good Morning! Chairman Uecker and members of the Senate Finance Subcommittee on Corrections, thank you for the opportunity to testify before you today. My name is Najmuddeen Salaam and I bring to you 18 years of experience with incarceration and 6 plus years of a crime free life after incarceration and in my second to last quarter of completing a master's degree in General Studies in Human Behavior. Relevant to today I share with you the fact that after incarceration I realized I was institutionalized, lacked many cognitive abilities, lacked the social competence and abilities to even speak for myself or describe the impact of the socioeconomic barriers I met head on, which made for a difficult reintegration. Had it not been for a support system, being encouraged to continue my education and innovative leadership of Marion Correctional Institution I would not be standing here today. I now work at the very same prison that I was released from January 7, 2009 as an ODRC contractor for Healing Broken Circles, Inc. as a Community Development Director and return to the very prison I was released from as an employee.

The U.S Department of Justice (2015) states that over 10,000 ex-prisoners are released from America's state and federal prisons every week and arrive on the doorsteps of our nation's communities. More than 650,000 ex-offenders are released from prison every year, and studies show that approximately two-thirds will likely be rearrested within three years of release. Glaze and Kaeble (2014) estimate 6,899,000 individuals were under supervision of adult correctional systems at the end of 2013. The latest Bureau of Justice Statistics (BJS) survey of mentally ill prisoners by James and Glaze (2006) is reported to be the "only national source of detailed information on offenders who have mental health problems" (p. 11). Their report showed that 1,264,300 inmates, not including individuals on probation or associated with community corrections, had mental health problems. Those estimates represent 45% of federal offenders, 56% state offenders, and 64% jail inmates (James et al., 2006).

In my personal experience I have witnessed hundreds of underserved men who were in need of mental health services during incarceration. Often times these individuals were kept heavily medicated as a form of treatment of their mental illness. Upon my release I was not diagnosed with any condition, but I can tell you that I shared similar affects of incarceration with the more than 600,000 men and women released from prison each year. Anxiety, poor coping skills to minimize stress, inadequate social competencies that further induced anxiety and paranoia. The stigma and stigmatization after incarceration made me wrestle with depression, self medicate with alcohol and make poor decisions. From walking about 100 feet to get to my destination inside of Ohio prisons I was directionally and spatially challenged by not knowing which direction was north, south, east or west. This resulted in low self esteem, isolation and withdrawing from social gatherings to avoid feeling like a foreigner in the streets of Columbus. Corrections officials and mental health practitioners have overloaded caseloads and lack proper personnel to supervise, treat and assist inmates who suffer from mental illness, albeit pre or post release. I therefore offer this testimony in hopes that you would reconsider and grant more funding for ODRC's efforts to amplify their efforts to provide mental health services with OMAS and improve the quality of services and lower recidivism throughout Ohio prisons with the goal of making safer communities by treating the thousands of inmates who suffer from some form of mental illness.

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### Reference

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