

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



STATE OF HAWAII | KA MOKU'ĀINA O HAWAI'I
**DEPARTMENT OF CORRECTIONS
AND REHABILITATION**
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No. _____

December 23, 2024

The Honorable Ronald D. Kouchi
President and Members of the Senate
Thirty-third State Legislature
State Capitol, Room 409
Honolulu, Hawai'i 96813

The Honorable Nadine K. Nakamura
Speaker and Members of the
House of Representatives
Thirty-third State Legislature
State Capitol, Room 431
Honolulu, Hawai'i 96813

Dear President Kouchi, Speaker Nakamura, and Members of the Legislature:

For your information and consideration, I am transmitting a copy of the Annual Report on the Criminal Offender Treatment Act in response to HRS 353G-13(c). In accordance with Section 93-16, Hawaii Revised Statutes, I am also informing you that the report may be viewed electronically at <https://dcr.hawaii.gov/2025-reports-to-legislature/>.

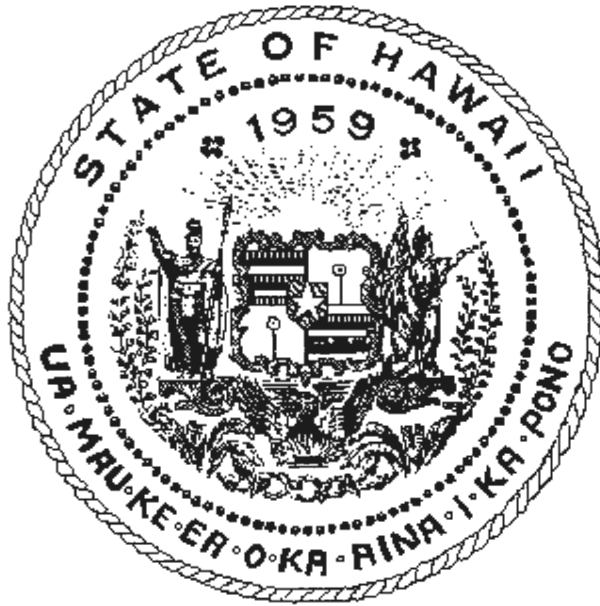
Should you have any questions regarding this report, please have your staff contact Teresita V. Fernandez, Business Management Officer, at 587-1236.

Sincerely,



Tommy Johnson
Director

Enclosure



**DEPARTMENT OF CORRECTIONS AND REHABILITATION
REPORT TO THE 2025 LEGISLATURE**

**IN RESPONSE TO HRS 353G-13 (c)
CRIMINAL OFFENDER TREATMENT ACT**

December 2024

INTRODUCTION

The Department of Corrections and Rehabilitation (DCR) is statutorily required to report on an annual basis to the Legislature and to the Governor, its findings concerning the need for and implementation of the various provisions of Chapter 353G. The report must include information collected under HRS 353G-13 (c), subsection:

- (a) Every assessment program, treatment program, correctional center or facility, and parole agency that provides services pursuant to this chapter or that otherwise supervises a person or issues an order pursuant to this chapter shall keep case specific records and aggregate data and statistics as may be required by the Department of Health and which shall be required by the statewide substance abuse treatment monitoring program under section 321-192.5. The Department of Corrections and Rehabilitation shall collect data in accordance with section 321-192.5 from any assessment program, treatment program, treatment provider, correctional center or facility, and parole agency that provide substance abuse treatment to persons served through public funds administered by the Department of Corrections and Rehabilitation.
- (b) The Department of Corrections and Rehabilitation shall include in the contract with any treatment provider all criteria established by the Department of Health pursuant to section 321-192.5 to determine whether the treatment provider is achieving success in treating individuals with substance abuse problems/dependencies.
- (c) The Department of Corrections and Rehabilitation, in conjunction with the Department of Health, shall report on an annual basis to the legislature and to the governor, its findings concerning the need for and implementation of the various provisions of this chapter. The report shall include information collected under subsection (a) and a synopsis of information or data necessary to determine the impact, utility, and cost benefits of the provisions of this chapter.
- (d) The Department of Corrections and Rehabilitation, in conjunction with the Department of Health, shall establish an advisory board that shall be comprised of judges, prosecutors, defense attorneys, adult probation officials, parole officials, correctional officials, representatives of assessment programs and treatment programs, and individuals working in licensed alcohol and other drug abuse treatment facilities who are past consumers of treatment services. The advisory board shall meet periodically to discuss the provisions, implementation, and evaluation of this chapter, and to make recommendations to the Department of Health.

URINALYSIS DRUG TESTING OF OFFENDERS

DCR's Drug Detection Program policy and procedure (COR.08.10) for offenders and defendants was established in order to standardize a statewide program to detect, control and deter the unauthorized use and/or abuse of drugs and alcohol by adult offenders/defendants to support DCR's commitment to its policy of zero-tolerance for substance use.

Drug testing is conducted at all DCR's correctional centers, correctional facilities, community-based programs and furlough programs. The general population at each facility is tested randomly at 5% per month in addition to having suspicion or cause to test the offenders. Offenders in community-based programs are tested a minimum of twice per month. Offenders in substance abuse treatment programs are tested a minimum of once per month.

During Fiscal Year 2024, the substance abuse services branch continued to manage the Offender Drug Detection program within the state. To facilitate offender accountability to a drug-free, zero-tolerance program, DCR has contracted the services of Thermofisher Microgenics to provide immunoassay testing machines at eight facilities statewide. For FY 24, 8,750+ specimens have been collected and 99,538 individual assays screened by the immunoassay machines with 602 or 7% of those specimens resulting in a "positive" screen (93% negative). The top 3 substances of concern are presented in order of prevalence. By far the most commonly present substance is Buprenorphine (246 or 41%), followed by amphetamines/methamphetamines (186 specimens or 31%). Last is Creatinine (94 or 16%). Creatinine is a metabolite that identifies a level of dilution within a urine sample and is the number one means employed by individuals to avoid drug detection. Substances of special interest- Fentanyl (7 specimens or 2%) and Cotinine (30 or 5%). Cotinine is a metabolite that appears in humans when nicotine is broken down by the body. This assay assists facilities in battling contraband within its boundaries, helping to keep the facility, staff, and population safe and accountable. The substance abuse services branch continues to work with Thermofisher Microgenics to develop and boost its drug detection program to keep pace with the ever-changing chemistry trends of the illicit substance market.

SUBSTANCE ABUSE TREATMENT SERVICES

*It is important to note that the aftereffects of COVID-19 on the staffing patterns of DCR, contractors, and the public continue to impact the viability, consistency, and accessibility of programming throughout the Corrections Program Services, Substance Abuse Services Branch throughout FY 24. The Substance Abuse Services Branch of DCR continues to work diligently with the facilities and contracted vendors to re-establish program services to pre-covid standards and enrollment numbers.

Outpatient Substance Abuse Treatment

Outpatient substance abuse treatment or *OPS* is offered at the Halawa, Waiawa and Kulani Correctional Facilities, as well as the Women's, Maui and Kauai Community Correctional Centers.

OPS programming places an emphasis on cognitive-behavioral based treatment components and strategies. This allows the offenders to develop a system to examine their thinking and its link to their substance use and criminal behaviors. Offenders examine these concepts during group instruction at least two times per week for up to two hours per session. Most cohorts are completed within a four to six-month period. However, for more complex cases, programming may be extended.

The curriculum utilized varies slightly from facility to facility. However, programs utilize evidence-based curriculum developed by The Change Companies. Each unit or *Interactive*

Journal is modular in design and can be utilized independently of one another. This arrangement allows offenders to enter treatment cohorts almost seamlessly, while minimizing wait times.

Outpatient services are best matched to inmates who are at *lower risk of criminal conduct* with *low* needs, meeting the diagnostic criteria for mild to moderate substance use disorders. Offenders meeting these criteria typically have had minimal disruption in their psychosocial or vocational functioning due to substance use/abuse.

Fiscal year 2024 data indicates that 143 offenders housed at correctional facilities within the State of Hawaii participated in Outpatient or RTL 3 substance treatment services (down 23% from last FY). One-hundred thirty-two (132) or 92% of offenders successfully completed treatment.

Intensive Outpatient Substance Abuse Treatment

Intensive Outpatient or *IOP* relies heavily on cognitive-behavioral principles that examine an offender's thinking, feelings and behaviors linked to substance use and/or criminal activity. IOP consists of no less than four groups per week, often providing instruction for up to three hours per group session in some instances. Most cohorts are completed within a nine-month period. However, for more complex cases, programming may be extended.

IOP programming also utilizes the Change Companies' evidence-based, cognitive-behavioral interactive journaling curriculum to address offender substance use and criminal thinking needs. Each group is a modified open-ended group with a maximum of 15 participants. The limited number allows a more intensive interaction with group members.

Outpatient services are best matched to inmates who are at *moderate risk of re-offending* and *moderate to high* needs, meeting the diagnostic criteria for mild to moderate substance use disorders, meaning individuals have had moderate to high disruption in their psychosocial or vocational functioning due to substance use/abuse. Assessment and treatment planning, individual counseling on family issues, and continuing care services are available for each participant.

IOP services are provided through purchase of services contract for offenders at the Halawa Correctional Facility and the Women's Community Correctional Center. Civil-Service staff provide IOP treatment services at both the Waiawa and Kulani Correctional Facilities.

Fiscal year 2024 data indicates that 135 offenders housed at correctional facilities within the State of Hawaii participated in Intensive Outpatient or RTL 4 substance treatment services (down 19% from last FY) of which 83* or 61 % of offenders successfully completed treatment.

Residential Substance Abuse Treatment:

Residential substance abuse treatment provides intensive long-term residential treatment utilizing the Therapeutic Community (TC) model. Most cohorts' average length of stay is approximately between a nine and twelve-month period. However, for more complex cases, programming may be extended. Residential programming is best matched for offenders that score as being at high-risk for re-offending and have moderate to high needs for substance use/abuse treatment.

Therapeutic community model relies heavily on both Cognitive-Behavioral Treatment and Social Learning Theory. These strategies are combined to address criminal thinking and behavior. The inmates work through nine interactive journals: Community, Opportunity to Change, The ABC's of Thinking, Rational Self-Counseling, Challenging Thinking, Pro-Social Lifestyle, Connecting with Others, Strategies for Success, and Moving Forward. These journals are a part of the Residential Drug Abuse Program (RDAP) curriculum *series* developed by the Change Companies. A large emphasis is placed on role modeling, role playing, and skill building. As TC residents are separated from the general population of inmates, a "community" can be developed where offenders live and work together; holding one another accountable to the practice of recovery and skill development to change their criminal thinking and behavior with guidance from program staff serving as the rational authority.

The Department offers two therapeutic communities: *KASHBOX* at the Waiawa Correctional Facility, and *Ke Alaula* at the Women's Community Correctional Center.

KASHBOX which is an acronym for Knowledge, Attitudes, Skills, Habits, Behaviors, Opinions, and X factor, is operated and staffed by the Department and has the capacity to serve *up to 52 inmates*. Ke Alaula is operated by Hina Mauka through a contract with the Department. The normal capacity serves *up to 50 female offenders*. However, due to staffing pattern challenges, program capacity has been limited to 25 female offenders at a time.

KASHBOX program continues the use of evidence-based practices.

- A KASHBOX Program Manual was created to ensure compliance with the Corrections Program Checklist, an instrument that measures compliance with evidence-based practices for offender programs.
- A KASHBOX Curriculum and Lesson Plan manual continues to be utilized based on the Residential Drug Abuse Program curriculum and marries it to specific daily lesson plans. Each lesson plan has a scheduled period for homework review, introduction of the lesson for the day, role modeling of the skills taught, and practice sessions for those skills.

For FY 24, total residential programming logged 62 participants (down 43%) of which 56 or 90% successfully completed programming. For success to be possible with this population, it is imperative that the population receive consistent and persistent programming at a high dosage and duration. Achieving the targets proved difficult as programming for this high-risk, high-need population was greatly impacted by staffing challenges at both programs and subsequent suspensions in programming periodically throughout the year to contend with facility lockdowns and other programmatic stoppages.

Reintegration Services – Oahu Community Correctional Center / Laumaka Work Furlough Center & the Women's Community Correctional Center Bridge Programs

The Department also provides substance abuse specific reentry services for inmates transitioning from the institution setting and back into the community through Bridge work furlough programs at Laumaka Work Furlough Center (LWFC) and the Women's Community Correctional Center. The Bridge program's focus is to successfully re-integrate both male and female offenders back into the community by capitalizing on the offender's completion of primary treatment and providing a continuum of care to build off past successes. Programming is enhanced at this

juncture with job development services, life skills, and family education, therapy, and reunification opportunities. Offenders pursue work in the community while in Bridge continuing to work on substance abuse issues and criminogenic areas.

Family Education and Therapy is available to offenders participating in the Bridge programs through contracted services within the community. Offenders are introduced to educational group components using evidence-based curriculum for five sessions lasting up to two hours. The focus of these services is to increase awareness for offenders of the benefits that family counseling may have when attempting to reunify with family in the community. Further sessions are available for the offender past the initial five sessions by request and can include the offender's family in the community.

Federal funding via the Residential Substance Abuse Treatment (RSAT) grant, continues to provide the primary funding of both Bridge programs. The Bridge Program currently provides up to 64 beds at OCCC and 15 beds at WCCC to serve the reentry and furlough populations.

Fiscal year 2024, data indicate that 15 *female offenders* participated in the Bridge furlough program (up 7% from last FY) of which 9 offenders or 60% successfully completed programming. High completion percentage is due to participant carryover from the previous fiscal reporting year.

Fiscal year 2024, data also indicates that 55 *male offenders* participated in the Bridge furlough program of which 47 offenders or 85% successfully completed.

Saguaro Correctional Center

Intensive Outpatient and Intensive Residential substance abuse treatment programs are available via contract through Core Civic. Services are provided at the Saguaro Correctional Center located in Eloy, Arizona.

Intensive Residential Treatment (IRT- IOP within a Therapeutic Community) is available for offenders housed at the Saguaro Correctional Center (SCC) in Arizona. Services offered through the IRT program are similarly structured to IOP services in scope. The only significant difference is the modality in which the program is administered and facilitated.

The IRT program is facilitated in a Therapeutic Community (TC) setting. TCs are structured, psychologically informed environments – they are places where the social relationships, structure of the day and different activities together are all deliberately designed to help people's health and well-being provision that separates the treatment program from the general inmate population within a prison setting. The IRT/TC provides a treatment environment that spans 24-hours, and creates the offenders from the general population and have built-in routines and responsibilities that are a large part of the treatment process which are paired with the groups and individual sessions traditionally found in the IOP programs.

Fiscal year 2024 data indicates that 256 offenders enrolled in substance abuse treatment (combined) programming with 138 or 53% successfully completed.