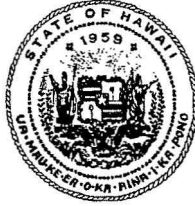


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TESTIMONY ON SENATE BILL 2524 SD2
RELATING TO PUBLIC SAFETY

by
Clayton A. Frank, Director
Department of Public Safety

House Committee on Public Safety and Military Affairs
Representative Cindy Evans, Chair

Thursday, March 13, 2008; 8:30 a.m.
State Capitol, Room 309

Representative Evans, Representative Har, and Members of the Committee:

The Department of Public Safety (Department) opposes Senate Bill 2524 SD2, which would require the Department to conduct a feasibility study for a separate forensic treatment facility within the Department and to end the practice of housing mentally ill prisoners in solitary confinement and with the general prison population.

The Department is very concerned that the passage of this measure would have an adverse impact on the priorities as outlined in the Governor's Executive Supplemental Budget. The cost associated with completing the feasibility study has been conservatively estimated to be approximately \$600,000.

The State is presently addressing concerns raised by the Department of Justice (DOJ) with regards to the Oahu Community Correctional Center (OCCC). These already existing efforts will create forensic treatment services at the OCCC facility for seriously mentally ill detainees. In good faith, the Department has moved forward on plans to implement DOJ mental health program recommendations throughout our facilities statewide. The Department is presently requesting funding for the necessary mental health staff. There is adequate dedicated mental health care space available at

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COMMITTEE ON PUBLIC SAFETY & MILITARY AFFAIRS

Rep. Cindy Evans, Chair

Rep. Sharon Har, Vice Chair

Thursday, March 13, 2008

8:30 AM

Room 309

STRONG SUPPORT SB 2524 SD2 – FORENSIC TREATMENT FACILITIES

Aloha Chairs Evans and Har and Members of the Committees!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative working on prison reform and criminal justice issues in Hawai`i for a decade. I respectfully offer our testimony, always being mindful that Hawai`i has more than 6,000 people behind bars with more than 2,000 individuals serving their sentences abroad, thousands of miles away from their homes and their loved ones.

SB 2524 SD2 requires the department of public safety to conduct a study of the feasibility of creating separate forensic treatment facilities for mentally ill prisoners in all community correctional centers or, in the alternative, a separate, centralized forensic treatment facility. Makes an appropriation. Effective 7/1/2025.

Community Alliance on Prisons is deeply concerned about incarcerated mentally ill individuals. We are pleased that this bill does not allow mentally ill prisoners to be in the general population and also disallows solitary confinement. We remind the committee that mentally ill inmates in our correctional system are the least fortunate members of our community. That is why it is crucial that the Legislature stay on top of this issue, which is of concern across the nation.

In our experience we have found that Hawai`i has many people with mental illness or co-occurring disorders (mental health and substance abuse problems), especially among the incarcerated female population. Sadly, inmates are often accused of faking symptoms, intimidated to silence them, and then ignored. Research shows that prison harms people, and people with mental illness are especially vulnerable since they might not have the resilience necessary to withstand these kinds of responses.

Prisons were never intended as facilities for the mentally ill, yet that is one of their primary roles today. Many of the men and women who cannot get mental health treatment in the community are swept into the criminal processing system after they break the law.

In the United States, there are three times more mentally ill people in prisons than in mental health hospitals, and prisoners have rates of mental illness that are two to four times greater than the rates of members of the general public. While there has been extensive documentation of the growing presence of the mentally ill in prison, little has been written about their fate behind bars.

Our incarcerated population today does not share the same profile as the population twenty years ago, but it appears that staff training still focuses on 'take downs' rather than meeting the needs of many of today's inmates who are suffering from addiction and mental illness. Hawai'i needs to hire staff (including security staff) with psychological training to work with today's inmate population. An ongoing training program for existing and new staff to help them understand best practices for interacting with mentally ill inmates needs to be created.

I serve as a member of the UH Institutional Review Board (IRB) and the only prisoner advocate in the state. The IRB's role is ensuring that research is conducted in an ethical and non-coercive way. According to the federal government, prisoners are a protected class, and the mentally ill are also considered a protected class, thus mentally ill inmates have a higher level of protection.

Establishing forensic facilities at community correctional centers is at least an acknowledgement that we need to address this issue. Our concern, however, is that the facility be adequately staffed by compassionate people who have had appropriate psychological training to manage a facility housing people with mental illnesses.

It may be simplistic, and it is certainly ironic when one considers that
in 1955 there were 550,000 beds in state psychiatric hospitals;
in 1999 there were 6,000 beds in state psychiatric hospitals

In 1972 there were 200,000 inmates;
In 1997 there were 2 million inmates

Many of the men and women who cannot get mental health treatment in the community are swept into the criminal processing system after they break the law. Is the under-funding of community beds and community mental health centers a major contributing factor in the rising population of incarcerated mentally ill?

Identifying people with mental illness when they come under the supervision of corrections, ensuring that these individuals receive appropriate treatment, and preparing them for reintegration into the community will help prevent future crimes. After care is a key component of the services rendered. Treatment provided in facility must be continued after release in the community. Studies show that only 30% of individuals with mental illness leave correctional facilities received mental health services upon their release (Washington State Institute for Public Policy)

Appropriately addressing the needs of the incarcerated mentally ill will enhance public safety. Improved responses to individuals with mental illness will make better use of tax dollars.

We can no longer ignore this pressing problem.

Community Alliance on Prisons urges passage of SB 2524 SD2.

Mahalo for this opportunity to testify.

the larger Oahu facilities such as the OCCC, Women's Community Correctional Center, and the Halawa Correctional Facility, but not at the small neighbor island facilities. As there are few serious mentally ill patients at the small facilities and they are transported for treatment at the larger Oahu facilities as needed.

It is important to distinguish between seriously mentally ill inmates and those inmates with far less severe mental-health issues. It is not uncommon for inmates that require some form of mental-health treatment and whose conditions are readily manageable to be housed successfully in the general prison population.

In addition, at times, it is necessary to temporarily house inmates with mental health illnesses separately from the remainder of the population for their own safety and the safety of other inmates and staff. In such cases, the temporary segregation of the inmate is closely monitored and is not done for disciplinary reasons, but rather for safety and the continued safe operations of the facility. As written, this measure severely hampers the Department's ability to effectively and safely manage the inmate population and places inmates and staff at risk of harm. This measure also dramatically increases the State's vulnerability to liability from those injured as a result of the department not being able to temporarily segregate and house inmates with mental health illnesses separately.

Due to the Department's fiscal concerns, as well as practical space limitations at our smaller facilities, we respectfully oppose this measure.

Thank you for the opportunity to provide testimony on this measure.