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**CITY AND COUNTY OF HONOLULU**

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**THE HONORABLE DAVID IGE, CHAIR  
SENATE COMMITTEE ON WAYS AND MEANS  
Twenty-Seventh State Legislature  
Regular Session of 2014  
State of Hawai`i**

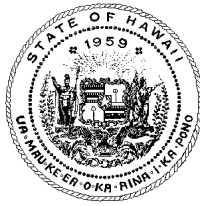
March 25, 2014

**RE: H.B. 2363, H.D. 2, S.D. 1; RELATING TO PUBLIC SAFETY.**

Chair Ige, Vice Chair Kidani, and members of the Senate Committee on Ways and Means, the Department of the Prosecuting Attorney, City and County of Honolulu, submits the following testimony in support of House Bill 2363, H.D. 2, S.D. 1.

We thank the House Committee on Public Safety for amending H.B. 2363 with a H.D.2 that clarifies that the participants in the pilot project will be male and female nonviolent, low-risk drug offenders who are eligible for early release or parole, and not low-risk male and female offenders diverted from the Oahu Community Correctional Center.

The Department of the Prosecuting Attorney of the City and County of Honolulu supports H.B. 2363, H.D. 2, S.D. 1. Thank for you the opportunity to testify on this matter.



STATE OF HAWAII  
**DEPARTMENT OF PUBLIC SAFETY**  
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TESTIMONY ON HOUSE BILL (HB) 2363, HOUSE DRAFT (HD) 2, SENATE DRAFT (SD) 1  
RELATING TO  
PUBLIC SAFETY

by  
Ted Sakai, Director  
Department of Public Safety

Senate Committee on Ways and Means  
Senator David Y. Ige, Chair  
Senator Michelle N. Kidani, Vice Chair

Tuesday, March 25, 2014; 9:10 a.m.  
State Capitol, Conference Room 211

Chair Ige, Vice Chair Kidani, and Members of the Committee:

The Department of Public Safety (PSD) would like to comment on HB 2363, HD 2, SD1, which establishes a two-year reentry pilot project within PSD for the provision of a coordinated system of reentry treatment and support services to assist non-violent, low-risk male and female drug offenders in transitioning to the community from jail or prison.

PSD agrees that the amendments made helps clarify the intended participants in the pilot project, the intended role of PSD, and the intended services to be provided. Having inmates prepared for release into the community will provide offenders a better opportunity for success, thereby increasing public safety. This bill as written, will allow PSD to provide reentry services to offenders, other than the sentenced felon population.

HB 2363, HD 2, SD1

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Many jail detainees are in need of similar services to those that were sentenced to prison, and without such services, will often recidivate and return to incarceration.

Thank you for the opportunity to provide comments.



HAWAII SUBSTANCE ABUSE COALITION

## **SB2592 PUBLIC SAFETY: Offender Re-entry Pilot Project**

SENATE COMMITTEE ON WAYS AND MEANS: Senator David Y. Ige, Chair; Senator Michelle N. Kidani, Vice Chair

- Tuesday, March 25, at 9:10 a.m.
- Conference Room 211

## **HSAC Supports HB2363 HD2 SD1:**

*Thank you Chair Ige; Vice Chair Kidani; And Distinguished Committee Members for the opportunity to submit written testimony in support of HB2363. My name is Alan Johnson, Chair of the Hawaii Substance Abuse Coalition, an organization of more than twenty treatment and prevention agencies across the State.*

**The Hawaii Substance Abuse Coalition fully supports funding a two-year pilot project to demonstrate the cost effectiveness of selective early release of nonviolent offenders with substance-abuse issues from incarceration into a coordinated system of community-based treatment programs and reentry support services.**

The purpose of HB2363 HD2 SD1 is to break the cycle of recidivism by providing community-based treatment coupled with wrap around services that meets the holistic needs of the offender spanning the gamut of substance use disorder treatment, mental health services, vocational rehabilitation, physical medical treatment, family reunification, case management support, parenting skills, domestic violence or anger management, and effective supervision.

This pilot will demonstrate that using modern science to provide community-based services in a more effective way can reduce recidivism, reduce Hawai'i's prison population as well as reduce the cost of incarceration.

A network of key resources must be tailored to fit the needs of the offender and should target factors that impact criminal behavior. The treatment plan and correctional supervision monitoring can develop a continuity of care for drug abusers that is effective for them to reenter community. A balance of rewards and sanctions can encourage pro-social behaviors and treatment participation. Co-occurring drug abuse and mental health problems require an integrated approach including medications that are a most important part of treatment. Treatment for offenders reentering the community should include strategies to prevent and treat serious, chronic medical conditions, especially HIV/AIDS, hepatitis B and C and tuberculosis.

**Through a partner network, treatment providers and supervision can help non-violent, drug abusing offenders to effectively integrate back into their communities in a way that is healing and productive to themselves, family members and others.**

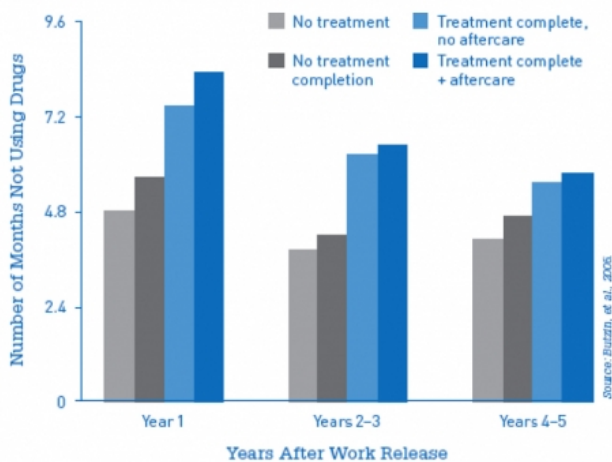
**Outcomes will be improved by cross-agency coordination and collaboration among treatment providers, criminal justice professionals, and various other social service agencies.**

Offenders need support because they generally have family difficulties, limited social skills, mental health disorders, educational and employment problems, infectious diseases, and other medical issues. Because stress is a contributing factor to relapse, offenders re-entering the community often need help when facing their many challenges and stressors such as re-uniting with family members, obtaining housing, and complying with supervision requirements. Stressors can even include daily decisions especially considering that they recently were released from a highly controlled prison environment.

Offenders must be guided to avoid or cope with environments associated with drug use, which can trigger cravings and cause relapse. Offenders need help to deal with situations such as a loss of support from family, or encountering past acquaintances who are still involved in drug or criminal activity. Because engaging in old activities that were once associated with drug activity can trigger strong cravings and cause a relapse, a coordinated approach of key resources is the best way to intervene to any threats to successful recovery as well as provide the skills to avoid or cope with situations that could lead to relapse.

**Recovery from drug addiction requires effective treatment, followed by management of the problem over time.**

The best treatment is to match evidenced-based interventions to individual needs at each stage of recovery development. Cognitive-behavioral therapy, positive and negative reinforcements to effect behavior change and motivational enhancements can improve recovery success. Community care after release is critical for reducing relapse and recidivism. The period surrounding release from prison is a critical time for offenders, for them to realize the potential for a drug-free and crime-free life in the community.



Case management and referrals to other medical, psychological, and social services are crucial components for offender treatment. Research demonstrates that providing treatment to individuals involved in the criminal justice system decreases future drug use and criminal behavior while improving social functioning. Blending the functions of criminal justice supervision with drug abuse treatment and support optimally serves both public health and public safety concerns.

**Public safety is preserved through careful initial screening and continuing monitoring of participants in the project as they live in the community.**

NIDA's Principles of Drug Abuse Treatment for Criminal Justice Populations

Ongoing and comprehensive assessments are needed during reentry to determine the nature and extent of an individual's drug problems, establish whether problems exist in other areas that may affect recovery, and enable the formulation of an appropriate treatment plan. Personality disorders and other mental health problems are prevalent in offender populations; therefore, comprehensive assessments should include ongoing mental health evaluations with treatment planning for these problems.

In general, drug treatment should address issues of motivation, problem solving, and skill-building for resisting drug use and criminal behavior. Lessons aimed at supplanting drug use and criminal activities with constructive activities and at understanding the consequences of one's behavior are also important. Tailored treatment interventions can facilitate the development of healthy interpersonal relationships and improve the participant's ability to interact with family, peers, and others in the community. Ongoing assessments are needed because offenders' needs change during re-entry especially housing, child care, medical, psychiatric, and the need for social support services including vocational and employment assistance. Offenders need help and guidance to practice interpersonal relationships as they develop a drug-free peer support network so that they can learn how to live drug-free in their community.

**In any case, treatment is needed to provide the skills necessary to avoid or cope with situations that could lead to relapse. Research also reveals that with effective drug abuse treatment, individuals can overcome persistent drug effects and lead healthy, productive lives.**

We appreciate the opportunity to submit written testimony and are available for questions.

# COMMUNITY ALLIANCE ON PRISONS

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## COMMITTEE ON WAYS AND MEANS

Sen. David Ige, Chair

Sen. Michelle Kidani, Vice Chair

Tuesday, March 25, 2014

9:10 a.m.

Room 224



## SUPPORT HB 2363 HD2, SD1 - REENTRY PROGRAM FOR NONVIOLENT DRUG OFFENDERS

Aloha Chair Ige, Vice Chair Kidani and Members of the Committee!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, community initiative promoting smart justice policies for more than a decade. This testimony is respectfully offered on behalf of the 5,800 Hawai'i individuals living behind bars, always mindful that approximately 1,500 Hawai'i individuals are serving their sentences abroad, thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Native Hawaiians, far from their ancestral lands.

HB 2363 HD2, SD1 provides systematic reentry programming for nonviolent, low-risk drug offenders by establishing the Reentry Pilot Project for Nonviolent, Low-risk Drug Offenders. Effective July 1, 2020, and repealed on June 30, 2016.

Community Alliance on Prisons supports this measure and anything that will jump start Chapter 353H, HRS -Hawai'i's Reentry Law that was passed in 2007 and never implemented.

There's an old adage that says you need to spend money to make money. Community Alliance on Prisons respectfully asks the committee to view the funding needed to secure contracts for service delivery in our communities as an investment in social capital.

This is a good start and we are happy to see the evaluation as an important part of reentry. We hope that the evaluation piece would be done by an independent entity and presented to the Legislature and the general public for review.

Although this is a program, Community Alliance on Prisons wants to emphasize that reentry is not a program; **REENTRY IS A PROCESS**. And the process starts the day someone is incarcerated. Without ongoing preparation, success is an even greater challenge.

**"Reentry isn't rocket science; it's actually much harder."**

*Ted Sakai, Hope in Hawai'i Conference*

Humans are complex beings. NASA can find the broken part and replace it...in humans...not so easy.

The National Institute of Corrections *Transitions from Prison to Community* Reentry Handbook chapter on “Beyond Corrections and Criminal Justice - Barriers to Reentry” indicates some of the barriers individuals exiting incarceration face in reentering the community and some of the services they need.

- Up to one-third of all adult offenders within correctional institutions have a diagnosable mental disorder, yet receive no appropriate services in prison.<sup>1</sup>
- Three-fourths of adult inmates have substance abuse problems, yet only about 10 percent receive formal treatment while incarcerated.<sup>2</sup>
- Of incarcerated adults and juveniles with mental disorders, 60 to 75 percent have co-occurring substance abuse difficulties.<sup>3</sup>
- Of adults released from correctional placement, 40 percent have not obtained a general equivalency diploma (GED) or high school diploma.<sup>4</sup>
- Only one-third of inmates receive vocational training while incarcerated.<sup>5</sup>
- Fifty-five percent of inmates have children under 18 years of age.<sup>6</sup>

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<sup>1</sup> Paula M. Ditton, *Mental Health and Treatment of Inmates and Probationers* (Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 1999); and Caroline Wolf Harlow, *Profile of Jail Inmates, 1996* (Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 1998).

<sup>2</sup> Theodore Hammett, “Health-Related Issues in Prisoner Reentry to the Community” (paper presented at the Reentry Roundtable on Public Health Dimensions of Prisoner Reentry, Urban Institute, Washington, DC, October 2000); and Christopher J. Mumola, *Substance Abuse and Treatment, State and Federal Prisoners, 1997* (Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 1999).

<sup>3</sup> *The Prevalence of Co-Occurring Mental and Substance Abuse Disorders in Jails* (Washington, D.C.: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, National GAINS Center for People With Co-Occurring Disorders in the Justice System, 2002); and “Co-Occurring Mental Health and Substance Use Disorders Among Youth Involved in the Juvenile Justice System,” online tutorial, National GAINS Center for People With Co-Occurring Disorders in the Justice System and the University of Washington, 2001), [www.ncmhjj.com/curriculum/juvenile/index.htm](http://www.ncmhjj.com/curriculum/juvenile/index.htm) (accessed May 22, 2008).

<sup>4</sup> Caroline Wolf Harlow, *Education and Correctional Populations* (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2003).

<sup>5</sup> Ibid.

<sup>6</sup> Jeremy Travis, Elizabeth Cincotta McBride, and Amy Solomon, *Families Left Behind: The Hidden Costs of Incarceration and Reentry*, Washington, DC: Urban Institute, 2006. [www.urban.org/url.cfm?ID=310882](http://www.urban.org/url.cfm?ID=310882)



Clearly, these deficits and challenges raise barriers to offenders seeking employment that will generate a living wage and lead to a stable and law-abiding lifestyle. Yet the public agencies created and funded to provide services to address these challenges have not traditionally identified returning offenders as a population in which they have an interest.<sup>7</sup>

“Reentry occurs outside of the bricks and mortar of the prison walls, and, therefore, involving those state and local partners who connect with . . . offender[s] once they leave prison is critical . . . While engaging those nontraditional partners certainly takes more time and effort, it’s very encouraging to see solutions brought to the table that any one agency alone could never provide, and to see agencies begin to understand their organization as playing a part in ensuring that prisoners exit prison as law-abiding, contributing members of society.”<sup>8</sup>

*Hannah Heck, Policy Director Office of the Governor State of Georgia*

Community Alliance on Prisons respectfully asks the committee to see this bill as an investment in social capital. **Instead of bricks and mortar, you are investing in developing safe, healthy and just communities.**

Reducing our imprisoned population by providing more and better community services to directly address the most common pathway to crime is a sound social policy and fiscal decision. We must always remember that more than 95% of incarcerated persons will be returning to their communities. How do we want them to return?

Community Alliance on Prisons urges your support...build communities; not prisons!

*Today's Inmate Is Tomorrow's Neighbor*

Mahalo for this opportunity to testify.

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<sup>7</sup> TPC REENTRY HANDBOOK Implementing the NIC Transition from Prison to the Community Model, THE National Institute of Corrections TPC Case Management Handbook, August 2008, page 6.  
<https://s3.amazonaws.com/static.nicic.gov/Library/022669.pdf>

<sup>8</sup> TPC REENTRY HANDBOOK, page 7