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**THE HONORABLE HENRY J.C AQUINO, CHAIR**  
**HOUSE COMMITTEE ON PUBLIC SAFETY**  
**Twenty-Seventh State Legislature**  
**Regular Session of 2014**  
**State of Hawai'i**

January 30, 2014

**RE: H.B. 2363; RELATING TO PUBLIC SAFETY.**

Chair Aquino, Vice-Chair Ing, and members of the House Committee on Public Safety, the Department of the Prosecuting Attorney, City and County of Honolulu, submits the following testimony in **opposition** to House Bill 2363.

While the Department strongly agrees that additional treatment programs are long-overdue for drug offenders and other offenders in need of services, H.B. 2363—as currently written—would put the public at increased risk, and thus is not in the best interest of public safety. In addition to offenders who are eligible for early release or parole, the proposed pilot program aims to take inmates directly out of Oahu Community Correctional Center ("OCCC")—who are not eligible for early release or parole—and place them into the community (see p. 2, lines 14-15). Unless the proposed program involves a secured and locked treatment facility, the enrollment for this program should be strictly limited to those inmates eligible for early release or parole.

Indeed, it is currently impossible for the Committee—and the public—to assess the strengths or weaknesses of the proposed pilot program, as H.B. 2363 does not provide any specific plans nor details of the program, other than to describe the general benefits of "community based treatment" and "reentry support services." There are no indications whether the pilot program's participants would be housed at a residential treatment facility, whether such facility would be secured, nor are there any specific parameters for selecting program participants (other than them being "nonviolent," which is not defined). Overall, there is simply

no indication as to what, if any, safeguards would be in place to ensure the safety of the community.

For all of the reasons stated above, the Department of the Prosecuting Attorney of the City and County of Honolulu opposes H.B. 2363. Thank for you the opportunity to testify on this matter.

NEIL ABERCROMBIE  
GOVERNOR



STATE OF HAWAII  
**DEPARTMENT OF PUBLIC SAFETY**

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TESTIMONY ON HOUSE BILL (HB) 2363  
RELATING TO  
PUBLIC SAFETY  
Ted Sakai, Director  
Department of Public Safety

House Committee on Public Safety  
Representative Henry J.C. Aquino, Chair  
Representative Kaniela Ing, Vice Chair

Thursday, January 30, 2014; 10:00 a.m.  
State Capitol, Conference Room 309

Chair Aquino, Vice Chair Ing, and Members of the Committee:

The Department of Public Safety (PSD) **supports** HB 2363 which establishes a two-year diversion and reentry pilot project within PSD for the provision of systematic diversion and reentry programming for low-risk male and female drug offenders. Having inmates prepared for release into the community will provide them a better opportunity for success, thereby increasing public safety. This bill as written, will allow the Department to provide reentry services to inmates other than the sentenced felon population. Many jail inmates are in need of similar services to those that were sentenced to prison, and without such services, will often recidivate and return to jail. It is the Department's plan to utilize this project on the pretrial, misdemeanor, and sentenced felon probation population.

Thank you for the opportunity to present this testimony.

# COMMUNITY ALLIANCE ON PRISONS

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## COMMITTEE ON PUBLIC SAFETY

Rep. Henry Aquino, Chair

Rep. Kaniela Ing, Vice Chair

Thursday, January 30, 2014

10:00 a.m.

Room 309

## SUPPORT HB 2363 - DIVERSION AND REENTRY PILOT PROGRAM

Aloha Chair Aquino, Vice Chair Ing and Members of the Committee!

Hau`oli Makahiki Hou! My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a 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 authorizes the establishment of a diversion and reentry pilot project and appropriates funds. Repeals July 1, 2016.

Community Alliance on Prisons strongly supports reentry. We are happy to see proposals that recognize that reentry is a weak link in the system that needs strengthening.

We believe that if we extend the current collaboration of DLIR and PSD to include the community and businesses, we can have a robust reentry system. The successful Hawai`i Island Going Home program is a model that can be replicated and strengthened throughout Hawai`i nei.

Hawai`i already has examples of what works with our people. Reducing the prison population and releasing individuals incarcerated for nonviolent drug offenses who have been working on their rehabilitation is a great idea that offers hope. As Mother Teresa said, *To live without hope is to live without bread.*

Mahalo for this opportunity to testify.



HAWAII SUBSTANCE ABUSE COALITION

## **HB2363 PUBLIC SAFETY: Diversion and Re-entry Pilot Program for Low Risk**

HOUSE COMMITTEE ON PUBLIC SAFETY: Representative Henry Aquino, Chair; Representative Kaniela Ing, Vice Chair

- Thursday, January 30, 2014 at 10:00 a.m.
- Conference Room 309

## **HSAC Supports HB2363:**

*Good Morning Chair Aquino; Vice Chair Ing; And Distinguished Committee Members. 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 providing an alternative to incarceration by diverting nonviolent offenders with substance-abuse issues from incarceration into a coordinated system of community-based treatment programs, community organizations, and reentry support services.**

The purpose of SB2392 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 coordinating criminal justice supervision with the gamut of substance use disorder treatment, mental health services, vocational rehabilitation, physical medical treatment, family reunification, faith-based services, case management support, parenting skills, domestic violence or anger management, and culture oriented programs.

This pilot will demonstrate that using modern science integrated with community support groups 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. And medications are most important part of treatment. Treatment for offenders reentering the community should include strategies to

**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, their family and their community.**

prevent and treat serious, chronic medical conditions, especially HIV/AIDS, hepatitis B and C and tuberculosis.

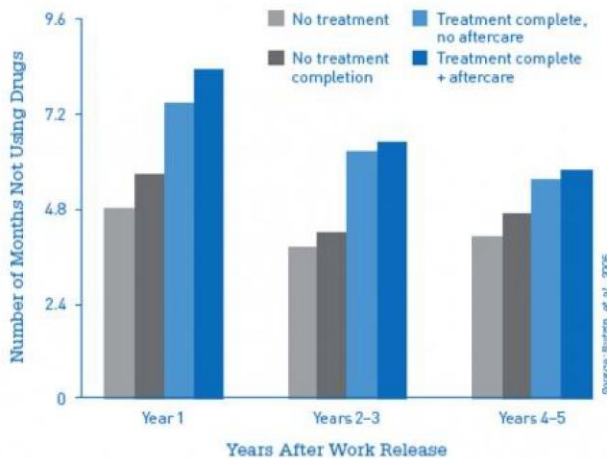
**Outcomes will be improved by cross-agency coordination and collaboration among treatment providers, criminal justice professionals, various other social service agencies and community groups including faith-based and culturally oriented groups.**

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. Connections to faith-based organizations, culturally oriented groups, and other positive and supportive social groups are important as well.

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 groups 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.**

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 offender's needs change during re-entry especially housing; child care; medical, psychiatric, and the need for social support services; as well as vocational and employment assistance. Offender need help and guidance to practice interpersonal relationships as they develop a drug-free peer support network to 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 provide testimony and are available for questions.



DOING THE MOST GOOD

Founded in 1865

William Booth  
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Andre Cox  
General

James Knaggs  
Territorial Commander

John Chamness  
Divisional Commander

Melanie Boehm  
Executive Director

# The Salvation Army

Addiction Treatment Services

**LATE**

1/29/14

## **HB263 PUBLIC SAFETY: Diversion and Re-entry Pilot Project for Low Risk Drug Offenders**

HOUSE COMMITTEE ON PUBLIC SAFETY: Senator Henry Aquino, Committee Chair and Kaniela Ing, Vice Chair

- Thursday, January 30, 2014 at 10:00 a.m.
- House Conference Room 309

## **The Salvation Army Addiction Treatment Services supports HB2363:**

The Salvation Army Addiction Treatment Services (ATS) strongly supports the efforts to address the reduction in recidivism of non-violent low risk substance abusing offenders. Community based treatment for the provision of a continuum of care of substance abuse treatment services including case management, vocational services, family programming, and aftercare is a healthy and cost-effective alternative for diversion and re-entry efforts. The early release of non-violent drug using offenders to a community based substance abuse treatment facility will likely demonstrate an effective treatment option. Recidivism will be reduced and there will be a decrease in the prison population of the most appropriate target group to transition back to responsible community living and treatment.

Experienced treatment providers currently in the community are able to provide this type of continuum of care immediately. Treatment providers match risk assessment scores with individualized treatment planning thereby providing evidence-based treatment interventions for maximum effectiveness toward achieving targeted treatment outcomes. This directly translates out to a decrease in new arrests, decreased use of substances, and increased compliance with supervision stipulations. Offenders learn new pro-social skills that enhance relapse/recidivism prevention plans and increase the success of offenders' integration back into responsible community living.

Individualized and comprehensive treatment planning and treatment interventions take into account all aspects of an offender's reintegration. Providing evidence based practices using Cognitive-Behavioral interventions will result in transformation of offender thought patterns, an increase in impulse control, a decrease of criminal attitudes, and a re-adjustment in offender associations. This impacts an offender's ability to realize his/her potential and returns him/her to drug-free and crime-free community living.

Offenders who are matched with the right treatment interventions, structure, support, and accountability through integrated community collaborations engage in a holistic approach to their care. Often times this includes but is not limited to collaborations with primary care physicians, therapists, psychiatrists, social services, and supervision officers. Community based treatment facilities engaging in this kind of evidence-based interventions can and will make a difference for positive outcomes when working with early released non-violent offenders.

Sincerely,

Melanie T. Boehm MA, LMHC, CSAC  
Executive Director

Participating Agency



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