

# **SB 2592**

## RELATING TO PUBLIC SAFETY

Authorizes the establishment of a diversion and reentry pilot project. Appropriates funds. Repeals July 1, 2016.

PSM, WAM

NEIL ABERCROMBIE  
GOVERNOR



STATE OF HAWAII  
**DEPARTMENT OF PUBLIC SAFETY**  
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No. \_\_\_\_\_

TESTIMONY ON SENATE BILL 2592  
A BILL RELATING TO PUBLIC SAFETY  
Ted Sakai, Director  
Department of Public Safety

- Senate Committee on Public Safety, Intergovernmental and Military Affairs  
Senator Will Espero, Chair  
Senator Rosalyn H. Baker, Vice Chair

Tuesday, January 28, 2014, 3:00 p.m.  
State Capitol, Conference Room 224

Chair Espero, Vice Chair Baker, and Members of the Committee:

The Department of Public Safety **supports** Senate Bill 2592, Relating to Public Safety. This bill establishes a two-year diversion and reentry pilot project within the Department of Public Safety for male and female inmates on Oahu. 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 utilize 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.

The Department would recommend that the following amendments be made:

- Delete all references of “non-violent” offenders and replace it with “low risk” offenders. There are offenders that were convicted of crimes that were violent, but would be considered low risk in community placement. This change would also provide the program a broader pool of applicants and more flexibility in reaching the target population of 100 offenders.
- Include a new subsection to read: “The pilot project shall be based on evidence-based principles.” The application of evidence-based principles will enhance the chances for success and assure replicability.

There is concern as to whether the amount appropriated would be sufficient to serve 100 offenders per year. In addition to program delivery, funds for program evaluation would also need to be expended to determine the pilot’s outcome.

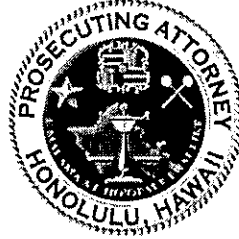
We thank you for considering this measure and our opportunity to testify.

DEPARTMENT OF THE PROSECUTING ATTORNEY  
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**THE HONORABLE WILL ESPERO, CHAIR  
SENATE COMMITTEE ON PUBLIC SAFETY,  
INTERGOVERNMENTAL AND MILITARY AFFAIRS**  
Twenty-Seventh State Legislature  
**Regular Session of 2014**  
State of Hawai'i

January 28, 2014

**RE: S.B. 2592; RELATING TO PUBLIC SAFETY.**

Chair Espero, Vice-Chair Baker, and members of the Senate Committee on Public Safety, Intergovernmental and Military Affairs, the Department of the Prosecuting Attorney, City and County of Honolulu, submits the following testimony in **opposition** to Senate Bill 2592.

While the Department strongly agrees that additional treatment programs are long-overdue for drug offenders and other offenders in need of services, S.B. 2592—as currently written—would put the public at increased risk, and thus is not in the best interest of public safety. In addition to 50 offenders who are eligible for early release or parole, the proposed pilot program aims to take 50 inmates directly out of Oahu Community Correctional Center ("OCCC")—who are presumably not eligible for early release or parole—and place them into the community (see pg. 4, lines 1-2). 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 relapse 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 S.B. 2592 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.

In addition to the foregoing, the pilot program described in S.B. 2592 proposes to monitor recidivism rates for 18 months after the participant's release from jail or prison (see pg. 4, lines 8-10). The Department believes the recidivism monitoring should be much longer, as some offenders are only caught for subsequent offenses occurring 2, 3, 4 or more years after their release from jail or prison. To limit recidivism monitoring to 18 months—and even limiting status monitoring to 6 months—will likely provide an inaccurate and/or incomplete picture of the pilot program's results.

For all of the reasons stated above, the Department of the Prosecuting Attorney of the City and County of Honolulu opposes S.B. 2592. Thank for you the opportunity to testify on this matter.



HAWAII SUBSTANCE ABUSE COALITION

### **SB2592 PUBLIC SAFETY: Diversion and Re-entry Pilot Program**

SENATE COMMITTEE ON PUBLIC SAFETY, INTERGOVERNMENTAL AND MILITARY AFFAIRS: Senator Will Espero, Chair; Senator Rosalyn Baker, Vice Chair

- Tuesday, January 28, 2014 at 3:00 p.m.
- Conference Room 224

### **HSAC Supports SB2592:**

*Good Morning Chair Espero; Vice Chair Baker; 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 and reentry support services.**

The purpose of SB2592 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.**

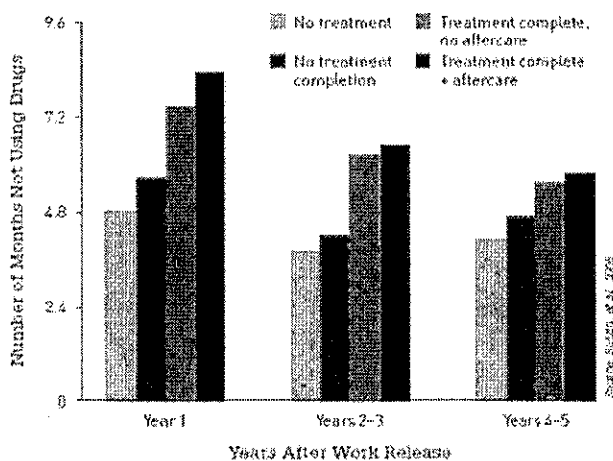
**Outcomes will be improved by cross-agency coordination and collaboration among treatment providers, criminal justice professionals, and various other social service agencies.**

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.



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

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.**

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 provide testimony and are available for questions.