From: mailinglist@capitol.hawaii.gov

To: WAM Testimony
Cc: kat.caphi@gmail.com

Subject: Submitted testimony for SB2592 on Feb 13, 2014 09:30AM

Date: Wednesday, February 12, 2014 8:16:59 AM

SB2592

Submitted on: 2/12/2014

Testimony for WAM on Feb 13, 2014 09:30AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Kat Brady	Community Alliance on Prisons	Support	No

Comments: Please support this bill that is the first step in creating the reentry system that was the intention of Hawai`i's Reentry Law (Act 8-2007). Mahalo

Please note that testimony submitted <u>less than 24 hours prior to the hearing</u>, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov



SB2592 PUBLIC SAFETY: Diversion and Re-entry Pilot Project

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

- Thursday, February 13, 2014 at 9:30 a.m.
- Conference Room 211

HSAC Supports SB2592:

Good Morning Chair Ige; Vice Chair Kidani; 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.

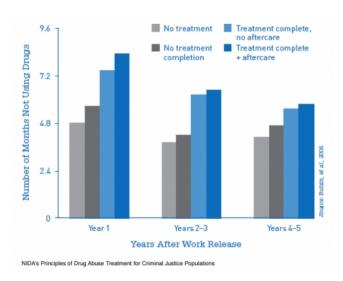
Outcomes will be improved by cross-agency coordination and collaboration among treatment providers, criminal justice professionals, and various other social service agencies.

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.



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.

From: <u>mailinglist@capitol.hawaii.gov</u>

To: WAM Testimony
Cc: green thumb@live.com

Subject: *Submitted testimony for SB2592 on Feb 13, 2014 09:30AM*

Date: Tuesday, February 11, 2014 2:22:28 PM

SB2592

Submitted on: 2/11/2014

Testimony for WAM on Feb 13, 2014 09:30AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Erin Welsh	Individual	Support	No

Comments:

Please note that testimony submitted <u>less than 24 hours prior to the hearing</u>, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov

To: WAM Testimony
Cc: theede@hawaii.rr.com

Subject: *Submitted testimony for SB2592 on Feb 13, 2014 09:30AM*

Date: Tuesday, February 11, 2014 3:21:56 PM

SB2592

Submitted on: 2/11/2014

Testimony for WAM on Feb 13, 2014 09:30AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing	
Teri Heede	Individual	Support	No	

Comments:

Please note that testimony submitted <u>less than 24 hours prior to the hearing</u>, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov