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No. \_

TESTIMONY ON HOUSE BILL 334  
RELATING TO COMMUNITY REINTEGRATION

by  
Clayton A. Frank, Director  
Department of Public Safety

House Committee on Public Safety  
Representative Faye P. Hanohano, Chair  
Representative Henry J.C. Aquino, Vice Chair

Thursday, February 12, 2009; 8:30AM  
State Capitol, Conference Room 309

Representative Hanohano, Representative Aquino, and Members of the Committee:

The Department of Public Safety (PSD) thanks the legislature for their interest in reintegration and our efforts in this area. However, PSD is already addressing the needs of female offenders throughout their entire sequential phasing process. We do not see the necessity of House Bill 334 at this time, and therefore, PSD does not support this measure.

For several years now, the Department of Public Safety has provided an array of gender-responsive services to assist women in successfully transitioning to the community. These services include Outpatient, Intensive Out-patient, and Residential Substance Abuse treatment Services at the Women Community Correctional Center (WCCC). Currently, the Department has a contract with Salvation Army in the amount of \$302,790 to provide outpatient treatment services to men and women who are incarcerated within the correctional institutions statewide. In addition, PSD has a contract for \$322,000 with Hina Mauka that provides residential substance abuse treatment at the WCCC Ke Alaula program that can accommodate 50 female offenders.

The Intensive outpatient treatment services are a new program that was recently started by qualified Department staff as a pilot project for up to 15 women at the WCCC. Additionally, the Department contracts with TJ Mahoney (\$900,090) and BISAC (\$248,400) to provide community based residential services that focus on transition and re-integration to the community. These programs provide job development, money management, life skills training, anger management, domestic violence, relapse prevention and work placement opportunities on the islands of Oahu and Hawaii.

The TJ Mahoney program, called Ka Hale Ho'Ala Hou No Na Wahine (Home of Re-awakening for Women) has 36 beds and the BISAC program has eight beds for female offenders. These programs provide female offenders with valuable assistance in their successful return to the community and the Department will continue to work with community-based programs to provide transitional services within our budgetary allotment.

Finally, I hope the information provided in this testimony provides clarity on the efforts of the PSD with respect to ensuring that we are addressing the rehabilitative and treatment needs of female offenders in our custody and/or under our supervision in the community.

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

## HB334 RELATING TO PUBLIC SAFETY.

Requires the Department of Public Safety to develop a plan to use current funding resources to improve community-based programs to assist female offenders in transitioning from prison back into the community

### HOUSE COMMITTEE ON PUBLIC SAFETY

Representative Faye Hanohano, Chair

Representative Henry Aquino, Vice Chair

DATE: Thursday, February 12, 2009

TIME: 8:30 a.m.

PLACE: Conference Room 309

## **Hawaii Substance Abuse Coalition (HSAC)**

Aloha, Chair Hanohano, Vice Chair Aquino and distinguished members. My name is Alan Johnson, Chairperson of the Hawaii Substance Abuse Coalition, which is a hui of 22 treatment agencies throughout the state.

### **HSAC supports HB334 subject to funding limitations and adequate time for planning. Further, HSAC offers “Cost Saving” ideas.**

We commend the legislature for addressing the escalating women’s offender population:

- Most women are sent to prison for non-violent drug offenses – most notably methamphetamine or “ICE.” (2006 Women's Prison Association report)
- Across the nation, new findings show that up to 80 percent of the women offenders have severe, long-standing substance abuse problems. In Hawaii, more than 80% of our female inmates have a history of substance abuse.
- Women have a much higher rate of ICE use than men. (ADAD 2007)
- Today, substance-abusing women are entering the jails and prisons of Hawaii and our Nation at unprecedented rates.

### **Substance abuse is driving the explosion of incarcerated women into prisons and jails.**

- This surge of women into jails and prisons has been correlated with the legal system’s increasingly punitive response to drug related behavior, and with the lack of viable treatment and alternative community sanctions for women (Owen and Bloom 1995).
- Most of the women are young—under 40 years old—and 8 of every 10 are parents.
- With the setting of mandatory minimum sentences and “three strikes and you’re out” laws, many women are now being incarcerated who would previously have remained in their communities under criminal justice supervision.

**... women enter prison at a more  
advanced and severe stage of drug abuse  
than men.**

- Several measures show that women offenders are more likely than male offenders to use drugs, they use more serious drugs than male offenders, and they use them more frequently. (National Institute of Justice [NIJ]1991, NIJ 1997).

**Women offenders suffer from a constellation of  
high-risk factors associated with both substance  
abuse and relapse.**

- Women prisoners also have a host of medical, psychological, and financial problems and needs (Owen and Bloom 1995).
- More than 80% of female jail detainees suffer from one or more lifetime psychiatric disorders, primarily:
  1. major depression and
  2. substance abuse.
- For the high proportion of women with severe substance abuse problems, substance abuse complicates and exacerbates other problem areas, such as
  1. family problems,
  2. lack of economic self-sufficiency,
  3. physical and sexual abuse, and the
  4. inability to cope with caring for children.
- For many addicted women offenders, their substance abuse is coincident with:
  1. poverty and
  2. multiple psychosocial problems,
    - mental illness,
    - a history of trauma and abuse, and
    - involvement in abusive relationships.
- Primary issues involve physical and sexual abuse and victimization.
- Imprisoned women come mainly from:
  1. poverty,
  2. have very low incomes,
  3. are disproportionately from minority groups
  4. tend to be undereducated and unskilled, and
  5. have sporadic employment histories.
- Imprisoned women are mostly:
  1. young, single heads of households
  2. more than 75% of all women in prison have children, and
  3. 67% of the women have children under the age of 18 (BJS 1994).
- Nearly 80 % of women inmates have experienced some form of abuse:
  1. **Physical Abuse:** 29 percent report being physically abused as children and 60 percent as adults;

2. *Sexual Abuse*: 31 percent report being sexually abused as a child, including incest, and 23 percent as adults
  3. *Emotional Abuse*: 40 percent report emotional abuse as a child and 48 percent as an adult (Bloom et al. 1994).
- The psychological impact of this violence includes depression, post-traumatic stress disorder, and low self-esteem. In summary, a significant number of women are suffering from post-traumatic stress disorder (PTSD)—a common aftermath of physical and sexual abuse or rape.

**Women offenders need specialized treatment  
for their substance dependency.**

- Treatment programs must be designed to address women-specific issues—those issues directly related to women’s substance abuse including mental health issues.
- Women require a different rehabilitation model than the usual male-model approach to therapy such programs with the knowledge, capacity, and resources to meet the special needs of women; the chronic medical and complex psychosocial problems unique to women; and the pressure of dependent children (Kandall 1996, p. 207).

**Ke Alaula and TJ Mahoneys**

**A treatment program for women now exists at WCCC  
as well as a continuing care upon release into the  
community—a service essential for maintaining  
recovery and reducing recidivism.**

Ke Alaula from Hina Mauka in partnership with Department of Public Safety is unprecedented as an evidenced best practices (EBP) and culturally competent treatment center at WCCC. Many states across the country are developing new programs to treat women similar to Ke Alaula. The benefits of the program are:

- *The correctional system benefits from treatment programs.* Treatment promotes in prisons provides an opportunity for growth and rehabilitation promoting responsible, mature inmate behavior, increase safety for security staff, and provide a positive structure for the offender’s time in custody and in the community after release.
- *The community benefits from increased public safety and decreased crime.* National Treatment Improvement Evaluation Study (NTIES)— this large-scale study showed that substance abuse treatment reduces subsequent crime on an impressive scale: prostitution dropped from 28 percent to 7 percent after treatment, arrests dropped by 67 percent; there was a decrease of 82 percent in women selling drugs, a decrease of 88 percent in those reporting shoplifting, and a decrease of 89 percent in reports of “beating someone up” (CSAT 1997a).

- **Treatment saves money.** It costs less money to treat a woman offender for substance abuse than to incarcerate her. Effective treatment results in savings to society that outweigh the costs of treatment by a factor of at least 4 to 1.
  1. **Incarceration. Treatment is considerable less expensive than incarceration.**
  2. **Foster care for children.** Foster care for the child of an incarcerated woman adds \$3,600 to \$14,000 a year, excluding administrative costs, to that total
  3. **In-custody AOD treatment.** Residential treatment programs can be operated in jails or prisons for about \$3,000 to \$9,000 per inmate per year in addition to the costs of incarceration.

**While the WCCC System includes best practices, the next steps are to increase intensity of programming, expand beds, and enhance programming with more culturally competent practices.**

Best practices are:

- Building a treatment approach that is rooted in an understanding about how women grow and develop, and about how these social and developmental factors affect addiction.
- Using sanctions in creative and reasonable ways that will reinforce treatment goals and engage women in treatment for the necessary length of time.
- Assessing each woman's needs in a comprehensive, yet flexible, manner so that needs are matched to the intensity and length of care required.
- Providing continuity of care, from the pre-sentencing period through in-custody treatment to continuing treatment and support during the months following release, so that women have an opportunity to develop the skills and resources to survive and contribute to their communities.
- Ensuring that women receive the housing and other services that they need so desperately in the early post-release period, to help them avoid both relapse and recidivism.

### **Cost Saving Ideas**

Communications, cooperative planning, the use of peers, volunteers, and mentors, and other creative strategies need not be expensive and can be effective ways to fill the service gaps.

*An excerpt from SAMHSA TAP 24 "Specific Treatment Approaches for Women Offenders, pg. 35 follows:*

### Recommendations

- 1 The local consortium or network needs to tie together the pivotal points of referral and supervision in the courts or community supervision agencies (probation and parole agencies) with the appropriate State and local agencies responsible for offender treatment services.
- 2 The services provided through the consortium should include addiction treatment, public health, primary health care, mental health services, supervision/testing by courts and corrections agencies, and child welfare services.
- 3 The consortium should create a new infrastructure or enhance existing components for a comprehensive criminal justice network by incorporating and integrating existing Federal, State, and locally funded projects. The consortium should identify and work with projects that serve specific target populations involved with the criminal justice system.
- 4 The model developed by the consortium needs to include a centralized intake point of entry where offenders referred by the courts and criminal justice system can be comprehensively assessed and referred to treatment. The model needs to include intake screening, assessment, and the provision of a continuum of care that includes case management, primary health and mental health care, and other services for eligible substance-abusing women offenders.
- 5 The consortium should integrate culturally sensitive services as appropriate for ethnic and other minority groups in terms of both program planning and implementation.
- 6 A core element of the network services should be a case management system that provides appropriate supervision and tracking. This case management is expected to include assisting clients with referrals, tracking clients, frequent case review, frequently scheduled random urine testing, a schedule of regular and frequent communication with community treatment providers, and frequent reporting of client progress to the referring criminal justice agencies.
- 7 Case managers may be situated at numerous points within the system. These case managers should be individuals knowledgeable about the criminal justice process, offender clients, substance abuse treatment, and child welfare and other women-specific services.
- 8 A system of intermediate sanctions and positive rewards should be implemented as a structure for client behavioral guidelines.
- 9 Comprehensive, women-specific treatment should be provided for women offenders with AOD abuse. This treatment should address the clinical issues related to women's substance abuse, including primary and specialty health care for infectious diseases and other physical disorders, mental health services, violence reduction and intervention, family counseling and job placement, services for victims of physical or sexual abuse, and services for families and children.
- 10 The public health component of the treatment regimen should involve local and/or State agencies that engage in screening and counseling for infectious diseases, as well as coordination with treatment providers. The infectious diseases of concern include HIV/AIDS, tuberculosis (TB), sexually transmitted diseases, and hepatitis B.
- 11 The consortium should develop an automated management information system (MIS) for rapid communication across agencies and to allow for rapid tracking and referral of clients for maximum system-wide utilization of treatment capacity. This MIS will be designed so that it continues to protect client confidentiality.
- 12 A goal for the system should be to expand service delivery and increase access to substance abuse, mental health, and primary care treatment for women offenders who need these services. A longer term goal should be to provide improved treatment outcomes by means of more effective treatment and recovery services. These improved outcomes can be measured through reduced drug usage and associated problems, lower criminal justice system recidivism, and improved health and social functioning.

## CSAT's Recommended Approaches for Establishing Networks

Excerpt from SAMHSA TAP 24 "Specific Treatment Approaches for Women Offenders, pg. 35:

## Recommendations

**1** *Each woman should receive a thorough assessment of her needs that is female-specific and culturally relevant. Very few instruments exist that are specific for women or even women-focused. The important issue is to be aware that the assessment needs to be comprehensive and to include domains that are particularly relevant to women. Appropriate instruments, as woman-focused as possible, should be used to obtain a complete criminal history; medical history; history of substance abuse; physical, emotional, and sexual abuse history; psychological history; and educational level.*

**2** *While the woman is incarcerated, a treatment team should do an in-depth assessment to identify the range of her medical, substance abuse, criminal justice, and psychosocial problems and develop an individualized treatment plan. That plan should address all the needs identified in the assessment, including homelessness. Treatment services should begin in the institution.*

**3** *Each woman should be tested for HIV/AIDS and be provided with pre- and post-test counseling as appropriate to State law, regulations, and administrative guidelines. In prison and jail programs for women, HIV testing should be available. The women need to be educated about HIV and encouraged to undergo HIV/AIDS testing. Counseling should be provided for all women tested for HIV/AIDS.*

**4** *Medical care should be provided for the woman through formal arrangements with community-based health care facilities. This care should include screening and treatment for infectious diseases, including sexually transmitted diseases and hepatitis, and immunizations. It should also include obstetrical and gynecological care, including prenatal obstetrical services for pregnant clients.*

**5** *Substance abuse education and counseling, psychological counseling (where appropriate), and other women-specific and culturally appropriate therapeutic activities should be provided throughout the continuum of care. Services should be offered in the context of family and*

other interpersonal relationships, including individual, group, and family counseling. Counseling based on individualized treatment plans should be provided for women who have experienced physical, sexual, psychological, and emotional abuse and trauma. Counseling based on the individualized treatment plan should also be provided for relapse prevention.

**6** *Family planning counseling should be provided. This needs to include information on prenatal care, birth control options, adoption, and education on perinatal transmission of HIV.*

**7** *Training in parenting skills should directly involve the mother-child dyad and, whenever possible, involve other family members. Women in treatment should be permitted and encouraged to participate in programs for their children, such as Head Start and Parent and Child Centers that incorporate parent participation.*

**8** *Interagency agreements should be developed with relevant child welfare agencies to address the needs of the children whose mothers are in local correctional facilities and to help make possible regular visits from children to the mothers who do not have custody of their children.*

**9** *Formal linkages should be established with community providers for provision of all necessary services. The services should include basic needs of food, clothing, housing, finances; assistance in legal matters, family planning, and vocational/educational needs; transportation; health care; mental health services; and support services.*

**10** *Specialized services should be provided for the children of female offenders. Children and other family members should be included in all levels of the service delivery network—in the continuum of prevention, treatment, and recovery. The program should provide therapeutic child care and child development services, including supervision of children while their mothers are engaged in treatment and other rehabilitative activities in the community.*

## **Community-based Systems Models that are available resources to help PSD Systems.**

**1** **Treatment Accountability for Safer Communities (TASC)** TASC, begun during the 1970s by the Bureau of Justice Assistance, is now a widely used model for bridging the gap between criminal justice agencies (courts and probation) and the treatment providers.

**2** **Drug Courts** Drug courts are an important development in treating the substance-abusing offender.

**3** **Integrated Management Information Systems** CSAT, through its Target Cities initiative, provides discretionary funding to develop infrastructure planning in major metropolitan areas. The approach of the CSAT Target Cities program is to develop an infrastructure that will support coordination, communications, and information sharing across the network. The projects focus on developing such integrating mechanisms as centralized intake units (CIUs) and management information systems.

**4** **Community Networks** Late in 1995, CSAT awarded eight cooperative agreements to develop and implement a sophisticated new concept— criminal justice treatment networks. This demonstration program involves consortia led by a local court or community corrections agency, which also include substance abuse treatment agencies and a range of health and mental health organizations. This holistic approach represents an intensive effort to build and strengthen networks made up of diverse organizations and systems that have conflicting goals, varied management and operating philosophies, and differing realities. Each network is developing an automated management information tracking system to document the progress of both programs and individual offenders. The most effective models—those that expand services in a cost-effective way and show enhanced treatment outcomes in reduced drug use, lower recidivism, and improved social functioning—will be appropriate for replication. The models selected for replication will include intake screening and assessment and will provide a continuum of care that includes case management, primary health and mental health care, and other supportive services.

**The way to help addicted women change, grow, and heal is to create programs and environments in which women can form relationships and mutual connections with others.**

Treatment should be available in the most appropriate location for the woman, whether that location is in prison, jail, or in a community setting with ongoing supervision. Whenever possible, treatment should be provided in the community, so that the woman's family can remain intact and the woman has the chance to become sober and drug-free under real-life conditions.

Evidence shows that effective treatment programming does empower these addicted women offenders to overcome their substance abuse, to lead a crime-free life, and to become productive citizens. Effective women-centered treatment— whether in a prison or community setting— benefits a woman and her children and represents a small investment but enormous savings for U.S. society. It costs considerably less to treat a woman than to build a jail cell to incarcerate her or to pay for a foster care placement for her child. Treatment is likely to offer long-term positive outcomes for the woman, reducing both her addiction and her criminal activity.

We appreciate the opportunity to provide information and are available for questions, if needed.

**Hepatitis Prevention, & Support Network of Hawai'i  
Prisoner Reintegration and Family Reunification Program**

1286 Queen Emma Street  
Honolulu, Hawaii 96813

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Andy Botts, Director

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February 12, 2009

COMMITTEE ON PUBLIC SAFETY

Rep. Faye Hanohano, Chair

Rep. Henry J.C. Aquino, Vice-chair

Thursday, February 12, 2009

8:30 a.m.

Conference room 309

HB 334

RELATING TO PUBLIC SAFETY

SUPPORT

My name is Andy Botts, Director of The Hepatitis Network's Prisoner Reintegration Program, and author of Nightmare In Bangkok. Reintegration programs are the key to reducing recidivism, yet we under-emphasize this important stage of incarceration for most of the incarcerated individuals in our Correctional facilities. I support this bill, as it addresses the individual requirements of women offenders, whose needs differ from men in many ways.

Thank you for the opportunity to testify in this matter, it is of great importance to consider.

Andy Botts, Director

Prisoner reintegration program

Author, Nightmare In Bangkok



the  
**Drug Policy  
Forum**  
of hawai'i

February 12, 2009

To: Representative Faye Hanohano, Chair  
Representative Henry J.C. Aquino, Vice Chair  
And Member of the Committee on Public Safety and Military Affairs

From: Jeanne Ohta, Executive Director

RE: HB 334 Relating to Community Reintegration  
Hearing: February 12, 2009, 8:30 a.m., Room 309

Position: Support

I am Jeanne Ohta, Executive Director of the Drug Policy Forum of Hawai'i. Thank you for this opportunity to testify in support of HB 334 which requires the Department of Public Safety to develop a plan to use current funding resources to improve community-based programs to assist female offenders in transitioning from prison back into the community.

DPFH believes community-based programs are more effective than incarceration and that current funds should be used to contract for gender-responsive community reentry beds rather than for medium-security prisons. The state would save money, formerly incarcerated women would rebuild their lives, work on restoring their families, and reenter the community as contributing members.

84% of incarcerated women are non-violent; 55.2% of female jail inmates, 47.8% of the women prisoners held in Hawai'i, and 22.2% of women serving their sentences abroad are eligible for community reintegration. It makes fiscal sense for the state to fund 6-9 month reentry beds for women who the Department deems pose no threat to public safety.

Hawai'i's female incarceration is almost twice the national average and rising. The majority of women appear to be sentenced for low-level drug offenses. Hawai'i must consider more effective options than incarceration. Incarceration is an expensive and ineffective policy to deal with these drug offenses.

Please pass HB 334 so that we can improve community-based programs. It is not only fiscally responsible, but ensures that effective reintegration takes place and ends the revolving door of recidivism.

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COMMITTEE ON PUBLIC SAFETY  
Rep. Faye P. Hanohano, Chair  
Rep. Henry J.C. Aquino, Vice Chair  
Thursday, February 12, 2009  
8:30am  
Room 309

**STRONG SUPPORT  
HB 334 – RELATING TO COMMUNITY REINTEGRATION**

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

My name is Carrie Ann Shirota and I offer my strong support for HB 334.

As a licensed attorney, and former deputy public defender and staff member of a re-entry program on Maui, I have had direct contact with the prison population and persons accused of crimes. Through these experiences, I learned that assisting individuals with their legal problems was simply a band-aid to the deep wounds that festered based on poverty, substance abuse, lack of marketable skills, lack of education and a disconnect from their communities. Without the tools to change their circumstances, many individuals were repeatedly processed through the criminal justice system. Sadly, our community pays the bill for this vicious cycle of incarceration.

I strongly support reintegration programs that give people the education and support to succeed. I urge you to pass HB 334 as it will provide opportunities of meaningful change to women affected by incarceration so that they may support their families and better prepare them for successful transition into the community. Everyone benefits when we achieve fundamental changes in our correctional system that enables a person to thrive and contribute to our community. Please pass HB 334 to the next committee.

Mahalo for the opportunity to submit testimony in support of this legislation.

Carrie Ann Shirota, Esq.  
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(808) 269-3858  
Cashiota@aol.com

To: The Honorable Faye P. Hanohano, Chair  
The Honorable Henry J.C. Aquino, Vice Chair  
House Committee on Public Safety

From: Laura Kay Rand, Vice President of Corporate Services  
Edwina Minglana-Kelly, Director of Employment Services  
Goodwill Industries of Hawaii, Inc.

Date: February 11, 2009

Re: **Testimony in support of H.B. 334 – Relating to Community Reintegration**

Goodwill Industries is among the largest human service non-profit organizations in Hawaii. Our mission is to help people find and succeed in employment. Last year, we placed 1,863 people find jobs in our community. Goodwill has fifty (50) years of experience assisting people who have barriers employment find jobs and gain self-sufficiency. Among the people we serve are people with a criminal history. This population experiences a great barrier to employment and requires extra assistance and support to successfully transition back into work and the community.

H.B. 334 will require the Department of Public Safety to develop and implement a plan to improve community based programs to assist female offenders in transitioning from prison back to the community. Testimonies from current service providers helping this targeted population can help streamline and strengthen criminal justice policies across the board and save taxpayers money, reduce recidivism, and increase public safety.

**Oahu**

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**MauI**

**MauI Office**  
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Last fiscal year, Goodwill provided job training and placement services to over 1,200 individuals with criminal history. Our Job Connections program on Oahu primarily assists women offenders referred by work furloughs such as Project Bridge and TJ Mahoney. Our program offers comprehensive employment services. Pre-employment work readiness services include outreach, intake, individual assessment, Individual Service Plan development and implementation, employment preparation and training, life and social skills training, job development, job carving and job placement. Post-employment work readiness services include assistance in transitioning to work, communication with employers, job retention workshops, and on and off-site job coaching and retention supports to assist participants in adjusting to the demands of the job. The program also follows up with each individual for one year after placement.

In the last program year, Job Connections serviced 91 clients, 86 (95%) were referred by the female work furloughs. Our experienced staff helped 84 of the 86 (98%) obtain and maintain employment and only 7 (8%) were discharged from our program due to re-incarceration.

Specialized services are needed to address the identified problem areas of the offenders as they transition back into the community. In our experience, the women come with a host of personal issues such as a history of sexual abuse. Many of the female offenders want to obtain employment, housing, and rid their substance abuse issues so they can re-unite with their children and families. 60 (70%) of the female inmates we served had children under 18 years of age waiting for them to come home.

The needs of women inmates differ in many respects—physically, emotionally, psychologically, and socially—from those of their male counterparts. Studies show that community programs have a higher success rate when the atmosphere is less confrontational and female counselors are present. The implementation of rehabilitation programs specifically designed with those differences in mind can effectively address the needs of female inmates and identify factors which may impede their ability to succeed post-release. Without experienced community-based providers such as Goodwill, their integration into the free world may not be as safe and successful.

We appreciate the opportunity to testify before the committee on this very important bill. H.B. 334 addresses the current deficiencies in our re-entry initiatives and, if implemented properly can eliminate the need for new prisons while saving money without sacrificing public safety.

Thank you for this opportunity to testify.

Franklin Jackson  
950 Luehu St Apt#403  
Pearl City, Hawaii 96782  
fjpearlcity@aol.com  
February 12, 2009

COMMITTEE ON PUBLIC SAFETY  
Rep. Faye Hanohano, Chair  
Rep. Henry J.C. Aquino, Vice-chair  
Thursday, February 12, 2009  
8:30 a.m.  
Conference room 309  
HB 334  
RELATING TO PUBLIC SAFETY  
SUPPORT

My name is Franklin Jackson, and I strongly support any and all alternatives to incarceration.

Mahalo for the opportunity to testify in this matter.

Franklin Jackson

**COMMITTEE ON PUBLIC SAFETY**

Rep. Faye Hanohano, Chair

Rep. Henry Aquino, Vice Chair

Thursday, February 12, 2009

Room 309

9:15 A.M.

**STRONG SUPPORT – HB 334 – Community-based Reentry Beds for Women**

[PBSTestimony@capitol.hawaii.gov](mailto:PBSTestimony@capitol.hawaii.gov)

Chair Hanohano, Vice Chair Aquino and Committee Members:

My name is Diana Bethel, and I am writing in strong support of HB 334 which requires the Department of Public Safety to develop a plan to use current funding resources to improve community-based programs to assist female offenders in transitioning from prison back into the community.

I believe that HB 334 is essential legislation to help prepare female offenders for reentry into the community upon release from prison. Given that 84% of female offenders in Hawaii are non-violent offenders, the majority of which are classified as eligible for "community custody," it is cost effective to provide reentry beds and support services to help individuals return to their families and become contributing members of the community rather than simply warehousing them in prisons at a high cost to the taxpayers and neglecting to provide effective reentry programs. It has been shown that reentry programs reduce the rate of recidivism, and this also reduces the cost to taxpayers.

Also, I support the suggested amendment indicating that PSD re-purpose the funds that they currently use to incarcerate woman and contract for gender responsive community reentry beds instead. The cost savings to the state would be substantial and released individuals would have a better chance of reintegrating successfully into the community.

Thank you for this opportunity to submit testimony in strong support of HB 334.

Sincerely,

Diana Bethel  
1441 Victoria St.  
Honolulu, Hawaii 96822