# **SB 781**

## **Measure Title:**RELATING TO COMMUNITY REINTEGRATION

### **Report Title:**

Community-based Reintegration Program

### **Description:**

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.



### STATE OF HAWAII DEPARTMENT OF PUBLIC SAFETY

919 Ala Moana Boulevard, 4th Floor Honolulu, Hawaii 96814 CLAYTON A. FRANK DIRECTOR

DAVID F. FESTERLING

Deputy Director Administration

TOMMY JOHNSON Deputy Director

Corrections

JAMES L. PROPOTNICK

Deputy Director

Law Enforcement

No.

## TESTIMONY ON SENATE BILL 781 RELATING TO COMMUNITY REINTEGRATION

by Clayton A. Frank, Director Department of Public Safety

Senate Committee on Public Safety and Military Affairs Senator Will Espero, Chair Senator Robert Bunda, Vice Chair

> Tuesday, February 3, 2009; 1:15PM State Capitol, Conference Room 229

Senator Espero, Senator Bunda, 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 Senate Bill 781 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. 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.

Senate Bill 781 February 3, 2009 Page 2

The Intensive Out-patient 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 island of Oahu and Hawaii.

The TJ Mahoney program, called Ka Hale Ho'Ala Hou No Na Wahine (Home of Reawakening for Women) has 36 beds and the BISAC program has 8 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 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.

UNIVERSITY OF HAWAI'I AT MANOA

College of Social Sciences
Women's Studies Program

February 2, 2009

### COMMITTEE ON PUBLIC SAFETY AND MILITARY AFFAIRS

Sen. Will Espero, Chair

Sen. Robert Bunda, Vice Chair

Tuesday, February 3, 2009

1:15 PM

Room 229

STRONG SUPPORT

SB 781 – PSD to Develop Plan to Increase Community Reentry Beds for

Women

Sent to: PSMTestimony@capitol.hawaii.gov

Thank you Senators Espero and Bunda for convening this extremely important hearing.

My name is Meda Chesney-Lind. I am currently a Professor of Women's Studies at the University of Hawaii at Manoa. I am also a past Vice-President of the American Society of Criminology. Today, however, I am speaking as an individual.

I strongly support the proposed bill. As a matter of history, I'd like to resubmit testimony I provided on this same topic exactly a decade ago. Sadly, very little has changed for our women inmates except that more are doing their time in inappropriate and unsafe mainland prisons. Given their profile, coupled with a 22% decrease in Hawaii's crime rate, it is a nearly complete waste of tax payer dollars to continue this now long established and unnecessarily wasteful practice.

### Here's my earlier testimony:

As most of you are aware, Hawaii achieved a dubious distinction recently. We led the nation in prison population growth. The number of inmates sent to Hawaii prisons increased by 21.6% in one year compared to a national increase of only 4.7%.

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Women's Studies Program

With reference to women prisoners, the state also has some disturbing and dubious distinctions. In 1997, we led the nation in the proportion of our state prison population that is female (10.2%); the national average is 6.4%. We also had the third highest increase in the number of women incarcerated between 1996-1997: a stunning 31.2% compared to a national average of 6.2%. Moreover, the other two state's showing large increases all imprisoned less than 100 women, compared to the 505 Hawaii incarcerated in 1997. Finally, we are third highest in the nation in the proportion of our prison population incarcerated in other state or federal prison systems—12.1% compared to a national average of 0.5%.

While we do not have complete current data on the offense characteristics of all women in Hawaii's prisons. However, on the specific question of women doing time for drug offenses, the data clearly indicate that we have seen a dramatic increase in the number of women doing time for these crimes; in 1990, about one quarter (24.7%) of sentence felons were incarcerated for these offenses; today, it is 53%.

Earlier data (1990), indicate that nearly 85% were incarcerated for non-violent offenses (property, fraud, forgery, prostitution, DUI, disorderly conduct, vagrancy and narcotic drug laws). At that point, 7% were serving time for probation and parole violators. Moreover, in (1991) indicated that during a two month period, 55% of the admissions to WCCC were probation or parole violators. More recent data suggests that, if anything, the offense profile of current Hawaii offenders is even less serious today.

Strong leadership is necessary if we are to be smart on crime rather than simply mindlessly tough. Fortunately, an intelligent response to Hawaii's crime problem, particularly its problem with women offenders is possible without jeopardizing public safety.

We can and should do better in corrections by spending scarce dollars in a smart way. This means reserving prison space for violent offenders who jeopardize public safety and finding other ways to deal with property and drug offenders. We can start with reinvigorating the notions of probation and parole, and seeking solutions to the problems of minor offenders with alternative sanctions and in-community programs.

An excellent place to start, and one suggested by these resolutions, is to vigorously seek alternatives to women's incarceration since the vast majority are non-violent offenders with less serious criminal histories than male inmates. Women offenders problems with drugs also have a different source than their male counterparts, since many female offenders have histories of physical and sexual abuse--for them, drugs are often a form of self medication. Estimates vary regarding the number of women in prison with drug problems, but one estimate from the Center for Substance Abuse Prevention is that "up

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to 80 percent of the women offenders in some state prisons systems now have severe, long standing substance abuse problems."

The cost, to women, of imprisonment is especially harsh, since most of the women we send to prison are mothers, and unlike the males who are incarcerated who can count on their wives to keep the family together, women and children face a terrible crisis when she is imprisoned. Policies, like that of shipping women far from home, place an even greater burden on the imprisoned women; currently, we have 80 women at Central Oklahoma Correctional Facility, which means it is effectively the third largest prison for women in Hawaii. I've received numerous, heart wrenching letters from the women incarcerated on the mainland.

Here's a section from one letter I received:

"We have children and family in the islands, whom we miss very much. Our children are our bond, and we are not there with them. It tears us a part, especially during the weekends when we were allowed visitation in Hawaii. We call our families and children, but what makes it sad is--when their voices are heard, and when they hear our voices--most of the time on the telephone is spent crying. We desperately miss our kids. We want to be there with them. Can you help us?

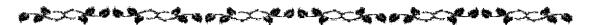
We have a choice: we can continue to pay mainland profit-making corporations to warehouse our women, or we can seek in-community setting where they can be with their children while working on their drug problems and gaining employment skills.

Models of these gender specific programs such as Summit House in North Carolina which is a residential alternative to incarceration program, operating in a homelike setting, for female offenders and their children. Summit House targets high risk non-violent female offender who have been charged with a drug offense and for whom prison is a likely sentence. In this program, women serve their sentences in the community with their young children while dealing with their drug problems and developing educational and work skills that will enable them to live crime-free lives upon release. Summit House has been rigorously evaluated and found to have a far lower recidivism rate than prison.

Surely, programs like Summit House could and should work in Hawaii; lets give them a try.

### COMMUNITY ALLIANCE ON PRISONS

76 North King Street, Honolulu, HI 96817 Phone/E-Mail: (808) 533-3454/kat.caphi@gmail.com



### COMMITTEE ON PUBLIC SAFETY AND MILITARY AFFAIRS

Sen. Will Espero, Chair Sen. Robert Bunda, Vice Chair Tuesday, February 3, 2009 1:15 PM Room 229 STRONG SUPPORT

SB 781 - PSD to Develop Plan to Increase Community Reentry Beds for Women Sent to: PSMTestimony@capitol.hawaii.gov

Aloha Chair Espero, Vice Chair Bunda and Members of the Committee!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative working to improve conditions of confinement for our incarcerated individuals, enhance our quality of justice, and promote public safety. We come today to speak for the 6,000+ individuals whose voices have been silenced by incarceration, always mindful that more than 2,000 of those individuals are serving their sentences abroad, thousands of miles from their homes and loved ones.

SB 781 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.

Community Alliance on Prisons is in strong support SB 781, although we note that the description of the bill calls on PSD to use current funding, the bill calls for an appropriation.

Community Alliance on Prisons believes that if PSD re-purposes the funds that they currently use to incarcerate woman and contracted for gender responsive community reentry beds instead, the state would save money, formerly incarcerated women would rebuild their lives, work on restoring their families, and reenter the community as contributing members.

The reclassification study for which the Department of Public Safety has contracted the Criminal Justice Institute has found that 84% of incarcerated women are non-violent and that 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. Hawai`i could save millions by purchasing 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. We must examine the social and economic costs of incarcerating low level drug offenders, especially mothers.

There is an more effective way to help strengthen families and prison is not it.

For more information on women in the criminal justice system, The Sentencing Project has published a number of interesting reports:

### **OVERVIEW:**

http://www.sentencingproject.org/tmp/File/Women%20in%20CJ/women\_cjs\_overview(1).pdf

### INVOLVEMENT WITH CRIME:

http://www.sentencingproject.org/tmp/File/Women%20in%20CJ/women\_involvementincrime.pdf

### MOTHERS:

http://www.sentencingproject.org/tmp/File/women\_mothersinprison.pdf

### INADEQUACIES OF PRISON SERVICES:

http://www.sentencingproject.org/tmp/File/Women%20in%20C]/women\_inadequaciesprisonservices.pdf

### BARRIERS TO REENTRY:

http://www.sentencingproject.org/tmp/File/Women%20in%20CJ/women\_barriers.pdf

Mahalo for allowing us to testify in STRONG SUPPORT of SB 781. Community Alliance on Prisons urges passage of this important bill, which can help Hawai'i's families, save money, and promote public safety.

### TJ MAHONEY & ASSOCIATES

Ka Hale Ho`āla Hou No Nā Wāhine — The Home of Reawakening For Women 524 Kaaahi Street Honolulu, HI 96817 (808) 748-4300

COMMITTEE Public Safety and Military Affairs

Senator Will Espero, Chair, Senator Robert Bunda, Vice Chair

DATE, TIME Tuesday, February 3, 2009, 1:15 p.m PLACE State Capitol, Conference Room 229

RE Strong Support of SB 781

Good afternoon Chair Espero, Vice Chair Bunda, and members of the Committee. My name is Lorraine Robinson. I am the Executive Director of TJ Mahoney & Associates, Ka Hale Hoʻāla Hou No Nā Wāhine, a non-profit program dedicated to empowering women to successfully transition from prison to the community. I've served in this capacity for over 13 years and prior to that as a social worker at the Women's Community Correctional Center. I am writing in strong support of Senate Bill 781.

TJ Mahoney is a leader in community corrections with over 30 years experience assisting offenders with community re-entry. We have contracted with the Department of Public Safety since 1992 and have received national recognition for our work with women offenders. We utilize leading edge, best practice gender responsive programming. Our services are comprehensive in scope and address the complex and multiple needs of the population we serve. 68% of our residents have remained out of prison for 3 years after completion of our program.

In my work, I have come to the clear conclusion that releasing a woman from prison without transitional support is a serious disservice to her, her family, and our communities. In order to end up in prison, a woman has made a series of self-destructive and anti-social choices that have caused damage to her and to others. The typical female offender comes from a background of poverty, low educational achievement, family history of addiction and incarceration, physical, emotional, or sexual abuse (unresolved trauma), and few resources to address these risk factors. Women often self-medicate through drugs, creating addiction and leading to a lifestyle of criminality and incarceration. In order for a woman to succeed in the community after release from prison, she must change not only her behaviors, but her beliefs about herself and what she is capable of accomplishing. This type of change takes time and practice. In most cases, it simply cannot be done without assistance and support.

Community re-entry programs can help by:

- providing offenders with support to sustain employment and advance in their careers, decreasing both welfare dependency and the inclination to return to criminal behavior for economic reasons
- helping offenders address the root causes of their criminality and anti-social behavior
- reducing the potential for delinquency among the children of program graduates through targeted skills development for their parents
- reducing recidivism and the associated costs, both financial and social, of the cycle of crime and incarceration, contributing to safer communities for all of Hawaii's people

As discussed in Senate Bill 781, female offenders are typically non-violent and do not pose a risk to public safety. The vast majority will be released to the community. It is incumbent upon us to do what we can to insure that these women will not re-offend. From my experience with offenders and in light of the research on offender re-entry, I strongly support this bill. All of us benefit from safer communities. Thank you for the opportunity to testify.



Via E-mail: PSMTestimony@Capitol.hawaii.gov

Committee: Committee on Public Safety and Military Affairs

Hearing Date/Time: Tuesday, February 3, 2009, 1:15 p.m.

Place: Room 229

Re: <u>Testimony of the ACLU of Hawaii in Support of SB 781, Relating to</u>

Community Reintegration

Dear Chair Espero and Members of the Committee on Public Safety and Military Affairs:

The American Civil Liberties Union of Hawaii ("ACLU of Hawaii") writes in strong support of SB 781, which seeks to require the Department of Public Safety to develop a plan (using current funding resources) to improve community-based programs to assist female offenders in transitioning from prison back into the community.

The Department of Public Safety is undergoing a reclassification of inmates and finding that 55% of women are in community custody. By their own definition, these women can be in the community (rather than in prison, at substantial cost to Hawaii's taxpayers). Simply put, funds should be shifted from incarceration to community beds for these women where at all possible, and every effort should be made to provide these women with the support and services they need to become productive and responsible community members.

The mission of the ACLU of Hawaii is to protect the fundamental freedoms enshrined in the U.S. and State Constitutions. The ACLU of Hawaii fulfills this through legislative, litigation, and public education programs statewide. The ACLU of Hawaii is a non-partisan and private non-profit organization that provides its services at no cost to the public and does not accept government funds. The ACLU of Hawaii has been serving Hawaii for over 40 years.

Thank you for this opportunity to testify.

Sincerely,

Daniel M. Gluck Senior Staff Attorney

ACLU of Hawaii

American Civil Liberties Union of Hawai'i P.O. Box 3410 Honolulu, Hawai'i 96801 T: 808.522-5900 F: 808.522-5909 E: office@acluhawaii.org www.acluhawaii.org

### SB781 RELATING TO COMMUNITY REINTEGRATION.

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.

### COMMITTEE ON PUBLIC SAFETY AND MILITARY AFFAIRS

Senator Will Espero, Chair Senator Robert Bunda, Vice Chair

DATE:

Tuesday, February 3, 2009

TIME:

1:15 p.m.

PLACE:

Conference Room 229

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

Aloha, Chair Espero, Vice Chair Bunda and distinguished members. My name is Alan Johnson, Chairperson of the Hawaii Substance Abuse Coalition.

## HSAC supports SB781 subject to funding limitations and adequate time for planning.

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

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.

The services provided through the consortium should include addiction treatment, public health, primary health care, mental health services, supervision/testing by courts and corrections agendes, and child welfare services.

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.

The model developed by the amsortium 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.

The consortium should integrate culturally sensitive services as appropriate for ethnic and other minority groups in terms of both program planning and implementation.

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 dients 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.

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.

A system of intermediate sanctions and positive rewards should be implemented as a structure for client behavioral guidelines.

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 infections 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.

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.

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 dient confidentiality.

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.

### Recommendations

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 womenfocused. 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 womanfocused 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.

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.

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.

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.

Substance abuse education and counseling, psychological counseling (where appropriate), and otherwomen-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.

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.

Sintemagency 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.

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.

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.

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.

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.

Community Networks Late in 1995, CSAT awarded eight cooperative

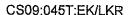
agreements to develop and implement a sophisticated new concept— criminal justice treatment networks. This demonstration program involves consortialled by a local court or community corrections agency, which also include substance abuse treatment agencies and a range of health and mental health organizations. 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.





To: The Honorable Will Espero, Chair

The Honorable Robert Bunda, Vice Chair

Senate Committee on Public Safety and Military Affairs

From: Laura Kay Rand, Vice President of Corporate Services

Edwina Minglana-Kelly, Director of Employment Services

Goodwill Industries of Hawaii, Inc.

Date: February 3, 2009

Re: Testimony in support of S.B. 781 – 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 require extra assistance and support to successfully transition back into work and the community.

S.B. 781 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.

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.

#### **Oahu**

Administrative Office 2610 Kilihau Street Honolulu, HI 96819-2020 Business: (808) 836-0313 Facsimile: (808) 833-4943 www.higoodwill.org

Beretania Office 1085 South Beretania Street Honolulu, HI 96814-1603 Business: (808) 524-6942 Facsimile: (808) 521-1637

### East Hawali

Hilo Office 500 Kalanianaole Avenue, Suite 1 Hilo, HI 96720-4756 Business: (808) 961-0307 Facsimile: (808) 969-3861

### <u>Maui</u>

Maui Office 250 Alamaha Street, Suite N16A Kahului, HI 96732-2493 Business: (808) 873-3972 Facsimile: (808) 873-3974



Goodwill Industries of Hawaii, Inc.

Testimony in Support of SB781 Page 2

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. S.B. 781 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.

### Qanu

Administrative Office 2610 Kilihau Street Honolulu, HI 96819-2020 Business: (808) 836-0313 Facsimile: (808) 833-4943 www.higoodwill.org

Beretania Office 1085 South Beretania Street Honolulu, HI 96814-1603 Business: (808) 524-6942 Facsimile: (808) 521-1637

### East Hawaii

Hilo Office 500 Kalanianaole Avenue, Suite 1 Hilo, HI 96720-4756 Business: (808) 961-0307 Facsimile: (808) 969-3861

#### Maui

Maui Office 250 Alamaha Street, Suite N16A Kahului, HI 96732-2493 Business: (808) 873-3972 Facsimile: (808) 873-3974



February 3, 2009

To: Senator Will Espero, Chair

Senator Robert Bunda, Vice Chair

And Member of the Committee on Public Safety and Military Affairs

From: Jeanne Ohta, Executive Director

RE: SB 781 Relating to Community Reintegration

Hearing: February 3, 2009, 1:15 p.m., Room 229

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 SB 781 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 SB781 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.

Board of Directors Pamela Lichty, M.P.H. President

Kat Brady Vice President

Heather Lusk Treasurer

Katherine Irwin, Ph.D. Secretary

Michael Kelley, D.Phil.

Richard S. Miller, Prof. of Law Emer.

Robert Perkinson, Ph.D.

Donald Topping, Ph.D. Founder 1929-2003

P.O. Box 61233 Honolulu, HI 96839

Phone: (808)-988-4386 Fax: (808) 373-7064

Email: info@dpfhi.org Website: www.dpfhi.org COMMITTEE ON PUBLIC SAFETY AND MILITARY AFFAIRS Sen. Will Espero, Chair Sen. Robert Bunda, Vice Chair Tuesday, February 3, 2009 1:15 PM Room 229

### STRONG SUPPORT SB 781 – RELATING TO COMMUNITY REINTEGRATION

Aloha Chair Espero, Vice Chair Bunda and Members of the Committee!

My name is Carrie Ann Shirota and I offer my strong support for SB 781.

As a licensed attorney and former deputy public defender and staff member of a re-entry program in Hawai'i, I have had direct contact with the prison population and persons accused of crimes. It was difficult to realize that assisting individuals with their legal problems was but a band-aid to the deep wounds that festered based on economic difficulties, 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 SB 781 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 enable a person to thrive and contribute to our community. Please vote for SB 781.

Mahalo for your support!

Carrie Ann Shirota, Esq. Kahului, Hawai`i (808) 269-3858 Cashirota@aol.com

## Hepatitis Prevention, Education, Treatment & Support Network of Hawai'i

### Prisoner Reintegration and Family Reunification Program

1286 Queen Emma Street

Honolulu, Hawaii 96813

www.idlinks.com

Andy Botts, Director

poidogpub@hawaiiantel.net

808-942-4276

February 3, 2009

COMMITTEE ON PUBLIC SAFETY Senator Will Espero, Chair Senator Robert Bunda, Vice-chair Tuesday, February 3, 2009 1:15 p.m. Conference room 229 SB 781 Relating to Community Reintegration

**SUPPORT** 

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

### COMMITTEE ON PUBLIC SAFETY AND MILITARYYAFFAIRS

Sen. Will Espero, Chair Sen. Robert Bunda, Vice Chair Tuesday February 3 2009 1:15 PM Room 229 SB781 Strong support

Hello Chair Espero, Vice Chair Bunda and members of the Committee

My name is Cathy Tilley and I am a member of the Community Alliance on Prisons and I have a son who is an inmate at Saguaro Correctional Facility in Arizona.

I strongly support SB 781 requiring 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. Most of the women are non violent and are very willing to do the community based programs. Most of the women are mothers and need the opportunity that programs like TJ Mahoney provide. These programs help them stay connected with their families. Reentry programs are going to be much more productive than incarceration and in the long run a lot cheaper. Why keep nonviolent offenders in prison when they would be so much better off in programs

Sincerely, Cathy Tilley 621 Pauku St Kailua, HI 96734 808 961 6274 From: Jyoti Mau [mailto:light@jyotimau.com] Sent: Monday, February 02, 2009 2:13 PM

To: PSM Testimony

Subject: Support of SB781

Sen. Will Espero, Chair

#### COMMITTEE ON PUBLIC SAFETY AND MILITARY AFFAIRS

Sen. Robert Bunda, Vice Chair

Tuesday, February 3, 2009

1:15 PM

Room 229

SB781

**SUPPORT** 

Dear Legislators,

I find SB781 to be invaluable to the health of our State. Statistics stating that Hawaii has one of the fastest rising incarcerated female populations in the nation (almost twice the national average), and that 84% are nonviolent and have no threat to public safety, really call upon us to aide these women- the majority of whom are mothers. I feel that a community is only as strong as its families, and helping mothers to reintegrate back into their families and communities safely is very important. Also, it has been proven that treatment works better than prison sentences for minor offenses. We should do everything in our power to help the mother's of Hawaii's keiki. To prevent a vicious cycle of unhealthy habits. Thank you for your time and energy spent on this bill.

Sincerely,

Jyoti Mau

### aquino3-Linda

From:

mailinglist@capitol.hawaii.gov

Sent:

Sunday, February 01, 2009 3:13 PM

To: Cc: PBStestimony thirr33@gmail.com

Subject:

Testimony for SB781 on 2/3/2009 1:15:00 PM

Testimony for PSM 2/3/2009 1:15:00 PM SB781

Conference room: 229

Testifier position: support
Testifier will be present: No
Submitted by: Arvid T. Youngquist
Organization: The Mestizo Association

Address: Phone:

E-mail: <a href="mailto:thirr33@gmail.com">thirr33@gmail.com</a>
Submitted on: 2/1/2009

Comments:

Chair Will Espero
Vice Chair Robert Bunda
honorable Members of the Senate
Public Safety and Military Affairs

First and foremost, let me congratulate you all on your appointments, re-elections, and elections.

I support SB 781 Relating to Community Re-Integration of female offenders (companion bill to HB 334).

A measure to improve the re-integration of female offenders to society upon release is a pragmatic as well as a practical approach. An improved coordination mechanism will make the outlook better for the prisoners who need such a support system.

This Legislature's Women's Caucus bill is one of the very few package bills already scheduled for a hearing and I urge your recommendation of adoption. I commend your new Senator Michelle N. Kidani for stepping up to the plate. In the future, I encourage the distaff members of the Senate to co-sponsor an increased number of the various caucus' packages, i.e. Keiki, Kupuna, Labor, Women etc.

Mahalo for this opportunity to provide testimony in support of SB 781 and for the hard work that you do, and the even harder work you will be shouldering in the coming Session months. Best wishes.

Ake Mashite Omedeto and Ganbatte Kudasai! ("1 of 16,588 local voices")