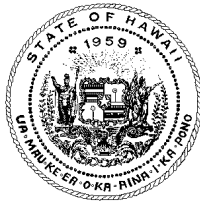


JOSH GREEN, M.D.  
GOVERNOR  
KE KIA'ĀINA



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAII  
**DEPARTMENT OF CORRECTIONS  
AND REHABILITATION**  
*Ka 'Oihana Ho'omalu Kalaima  
a Ho'oponopono Ola*  
1177 Alakea Street  
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Rehabilitation Services  
and  
Programs

No. \_\_\_\_\_

TESTIMONY ON SENATE BILL 104  
RELATING TO CORRECTIONS.

By  
Tommy Johnson

Senate Committee on Public Safety and Military Affairs  
Senator Brandon J.C. Elefante, Chair  
Senator Glenn Wakai, Vice Chair

Wednesday, January 29, 2025; 3:00 p.m.  
State Capitol, Conference Room 225 & via Videoconference

Chair Elefante, Vice Chair Wakai, and Members of the Committee:

The Department of Corrections and Rehabilitation (DCR) **strongly opposes** Senate Bill (SB) 104, which seeks to restrict the use of solitary confinement in state-operated and state-contracted correctional facilities, with certain specific exceptions. This measure also requires DCR to use appropriate alternatives to "solitary confinement" for vulnerable inmates as defined in SB 104 and requires a progress report on full compliance with the Act to the 2026 Legislature.

DCR strongly opposes this measure as it is unnecessary and, in many ways, duplicative in several areas of DCR's attached correctional policy (COR.11.01) Administrative Segregation and Disciplinary Segregation. DCR's policies and procedures are periodically reviewed and updated to ensure continued alignment with the guidelines of the National Institute of Corrections (NIC) and the American Correctional Association (ACA). As written, SB 104 does not follow the guidelines of the NIC nor the ACA. The attached DCR policy was recently updated during 2024 as part of periodic review and update procedures and is posted on our website for anyone to access and review.

The DCR notes, that the term “solitary confinement” is no longer used; instead, there are now several levels of confinement used nationwide that are more specifically described both to ensure the safety and well-being of inmates and to address unacceptable, disruptive, and violent behaviors displayed by some inmates. As written, SB 104, would restrict DCR’s ability to ensure the health and safety of inmates; placing unneeded barriers that would prevent DCR from acting promptly to address volatile situations that routinely occur in correctional facilities across the nation.

Recently, there have been unprovoked attacks by inmates on correctional staff resulting in serious injuries. One officer suffered a serious skull fracture, another was seriously injured because of being pushed down a flight of stairs as he rushed to intervene and assist an inmate being assaulted, and yet another officer sustained facial injuries after being punched in the face by an inmate. Several nurses have been injured by inmates for no apparent reason while attempting to provide them with treatment. If enacted, the requirements of SB 104 would hinder or delay DCR’s staff intervention, which would increase the levels of danger and disruption to staff, other inmates, and the good governance of facility operations.

The Department notes, that age, developmental disability, and mental illness have very little to do with the State’s requirement for the protection of others from harm, assault, and even loss of life. DCR has the responsibility to assure the safety and well-being of all offenders. Separating and monitoring offenders exhibiting inappropriate behaviors are necessary for the greater good and the protection of those offenders.

In attempting to cover most scenarios, the measure’s requirements tend toward generalities, which run counter to the updated national standards which are moving towards more specificity for administrative and disciplinary segregation. DCR’s current policies and procedures regarding inmate classification, housing, and internal disciplinary processes, including the inmate’s ability to avail themselves of the complaint and grievance processes, all help to ensure inmates are not mistreated and housed in

Senate Bill 104 Relating to Corrections

Senate Committee on Public Safety and Military Affairs

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locations consistent with their level of custody and security requirements. This fosters participation in the appropriate programs of need and the overall safety of an institution.

Thank you for the opportunity to provide testimony in **strong opposition** to SB 104.

Attachment

	<b>DEPARTMENT OF CORRECTIONS AND REHABILITATION</b> <b>CORRECTION ADMINISTRATION</b> <b>POLICY AND PROCEDURES</b>	<b>EFFECTIVE DATE:</b> January 1, 2024	<b>POLICY NO.:</b> COR.11.01
		<b>SUPERSEDES (Policy No. &amp; Date):</b> COR.11.01 of November 28, 2014	
	<b>SUBJECT:</b> <b>ADMINISTRATIVE SEGREGATION AND DISCIPLINARY SEGREGATION</b>		Page 1 of 13

## 1.0 PURPOSE

To establish a statewide policy and procedure for the segregation of inmates from the general population based on supervision requirements, offender status, medical and mental health considerations and other conditions of confinement at a Department of Corrections and Rehabilitation (DCR) Correctional Facility.

## 2.0 SCOPE

This policy shall apply to all Departmental Facilities of the Corrections Division, and it is applicable to all staff, contractors, volunteers, and inmates.

## 3.0 REFERENCES, DEFINITIONS & FORMS

### .1 References:

- a. Hawaii Revised Statutes (HRS), Section 353-A, Director of Corrections and Rehabilitation, Powers and Duties.
- b. Department Directives from Director Ted Sakai dated May 7, 2013, Placement of Inmates in Segregation is hereby superseded by this policy.
- c. Department Policy and Procedure (P&P), COR 13.02, Adjustment Committee Composition.
- d. Department Policy & Procedure, COR 13.03, Adjustment Procedures Governing Serious Misconduct Violations and the Adjustment of Minor Misconduct Violations.
- e. Department Policy & Procedure, COR.10.1A.01, Health Care Section, Access to Care.
- f. Department Policy & Procedure, COR.10.1E.09, Health Care Section Segregated Inmates.

### .2 Definitions:

- a. Adjustment Committee Hearing – An administrative due process hearing to determine if there is a preponderance of evidence to find an inmate guilty of a misconduct violation as defined in COR.13.03.

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- b. Administrative Segregation – Inmates may be segregated on a temporary basis from the general inmate population on the order of a watch commander or higher authority, when their continued presence in general population presents an immediate threat to the safety of self or others, jeopardizes the integrity of an investigation of alleged serious misconduct or criminal activity, or endangers institutional security. The terminology “administrative segregation” is not applicable to general population maximum custody or general population protective custody inmates housed in segregation unit.
- c. Disciplinary Segregation – Placement of an inmate in a designated segregation housing unit in a cell separated from the general population, after being found guilty of a misconduct violation and issued a sanction by a formal adjustment committee hearing. Disciplinary segregation includes the loss of certain privileges consistent with DCR policy and as authorized by the Warden or designee.
- d. Program Committee – The Warden or designee shall assign more than one staff member from the following programs/sections: case management, medical/mental health professionals, and/or security staff to conduct this hearing. The Program Committee hearing may be conducted by utilizing video technology.
- e. Segregation – Confinement of an inmate in a cell that is separated from general inmate population.
- f. Serious Misconduct – A greatest (6), high (7), or moderate category (8) misconduct, all of which are considered to pose a serious threat to the safety, security or welfare of the staff, other inmates, the community, or the institution, and subjects the inmate to the imposition of serious penalties such as segregation for longer than four hours.
- g. Serious Misconduct Adjustment – A serious misconduct shall be addressed through the formal adjustment committee hearing process.
- h. Wardens or Designees – The facility administrator or next supervisory level in chain of command at a correctional center or correctional institution (i.e. Deputy Warden or Chief of Security or Correctional Supervisor), who may be authorized temporary assignment into the Warden’s position.

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### **.3 Forms**

- a. Administrative Segregation Form (DCR 8226), Parts A, B, C, D.
- b. Weekly Administrative Segregation Unit Log (DCR 8316).
- c. Administrative Segregation Facility Report for the Institutions Division Administrator.

## **4.0 POLICY**

It is the policy of DCR, Corrections Division, to develop procedures to ensure that an inmate is treated fairly and receives due process, through a multi-disciplinary approach when being assessed and placed in segregation. Placement in segregation is intended to support the rehabilitative process while maintaining security, the orderly running and the good governance of the facility, and as a means to promote an environment of rehabilitation and safety.

## **5.0 PROCEDURES**

### **.1 ADMINISTRATIVE SEGREGATION**

- a. Inmates may be segregated from the general inmate population according to DCR policy by the Watch Commander or higher authority, when the continue presence of the inmate in the general inmate population presents an immediate threat to the safety of self or others, jeopardizes the integrity of an investigation of an alleged serious misconduct or criminal activity or endangers institutional security.
- b. This placement is subject to the review of the Warden or designee within twenty-four (24) hours or as soon as is practicable on the next business day following a weekend or holiday (i.e. If placed on Saturday and Monday is a holiday, then the Warden will review on Tuesday) of the inmate's placement at which time a decision shall be made to continue administrative segregation or to release the inmate back to the general inmate population.
- c. All inmates have the right to seek administrative review of their placement in administrative segregation through the inmate grievance process.

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d. Placement

1. The Watch Commander or higher authority is authorized to place an inmate in administrative segregation, and is required to document that placement as described below.
2. The Warden or designee shall consider whether an inmate's continued presence in the general inmate population presents an immediate threat to the safety of self or others, jeopardizes the integrity of an investigation related to an alleged serious misconduct or criminal activity, or endangers the institutional security as determining factors for placement of an inmate in administrative segregation.
3. The Warden or designee may consider reliable sources of information, including confidential information, to substantiate that the inmate's continued presence in the general inmate population poses a threat to the community, property, self, staff, other inmates, security, or the orderly running and good government of the facility and thereby warrants placement in administrative segregation.

e. Required Documentation

1. The inmate's conduct along with any confidential or other reliable information shall be documented on an Incident Report, DCR 8214 (Attachment A) or in an Inter-Office Memorandum (IOM) to substantiate the facts that warrant administrative segregation.
2. This report must be completed and forwarded to the person who authorizes placement of the inmate in administrative segregation prior to the end of their shift.
3. The Watch Commander or higher authority who authorizes placement shall complete the Administrative Segregation Form, Part A (DCR 8226), which functions as the "written authorization" for placement in administrative segregation and is subject to the Warden's review by the next business day following a weekend or holiday.
4. A copy of "DCR 8226, Part A" shall be provided to the inmate within twenty-four (24) hours of placement in administrative segregation.

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5. The "DCR 8226, Part A" shall include the following information:

- a) Reason for the inmate's placement in administrative segregation;  
and
- b) The approximate length of segregation and/or the date of the next scheduled review.

f. Notification

1. The Watch Commander or higher authority shall immediately notify health care staff of the placement of an inmate in administrative segregation.
2. At the facility without twenty-four (24) hour on site health care, the inmate's placement in administrative segregation shall be reviewed immediately when health care staff next reports for duty. The facility shall ensure the inmate has more frequent observations (15 minute checks or constant observation) until the inmate is reviewed by health care staff and/or mental health staff.
3. The designated health care staff shall assess the inmate's placement in administrative segregation prior to admission into the segregation unit or as indicated above for facilities without twenty-four (24) hour on site health care. The health care staff shall determine whether physical health or mental health issues exist that contraindicate the inmate's placement in administrative segregation. The health care staff shall immediately notify a mental health professional if there are any indications that the inmate has mental health issues.
4. Mental health staff shall conduct a mental health review within twenty-four (24) hours of an inmate's placement in administrative segregation. This review applies to all inmates and is not limited to those inmates with known or suspected mental health issues or inmate who exhibit behaviors that impact their ability to be safely placed in administrative segregation. If an inmate is placed in administrative segregation during a weekend in a facility without seven-day mental health coverage, mental health staff shall conduct a review immediately upon next reporting to duty.
5. If there are compelling security reasons for the continued placement of an inmate in administrative segregation, despite health care

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concerns, the Warden shall be immediately notified by the Watch Commander or higher authority.

The Warden shall review the findings of the Watch Commander and health care staff. Based on these findings, the Warden shall determine the most appropriate placement for the inmate, and notify in writing the Institutions Division Administrator (IDA) of the placement and reasons for the inmate's placement.

g. Review of Inmate's Status In Administrative Segregation

1. The Warden or designee shall review the documentation related to the inmate's placement in administrative segregation within twenty-four (24) hours of placement or as soon as is practicable on the next business day following a weekend or holiday. This is when the Warden or designee shall make the initial decision as to whether the inmate is to be placed on administrative segregation or released back to the general inmate population.
2. The Warden or designee shall conduct a personal interview with the inmate no later than seventy-two (72) hours from the date of the placement in administrative segregation to determine if administrative segregation is still warranted.
3. The Warden or designee shall prepare a written record to document the interview, the decision whether to continue placement, and the justification for the recommended action. A copy of the decision and justification shall be provided to the inmate on DCR 8226, Part B.
4. By the fifteenth (15<sup>th</sup>) day after an inmate's initial placement in administering segregation, the Facility Program Committee shall hold a due process hearing to assess the need to continue an inmate's placement in administrative segregation. This shall be the inmate's formal due process opportunity to contest his/her placement in administrative placement.
5. The Facility Program Committee shall formulate a case management action plan for the inmate's "progression out" of administrative segregation and include a written record of their decision to confirm the administrative segregation placement or to release the inmate back to the general inmate population. A copy of the decision shall be provided to the inmate on DCR 8226, Part C.

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6. Thirty (30) days after an inmate's initial placement in administrative segregation and every thirty (30) days thereafter, the Warden or designee shall personally interview the inmate, reassess the case management action plan, and make a written record of his/her decision to either confirm the continued administrated segregation housing or to release the inmate back to the general inmate population. A copy of the decision shall be provided to the inmate on DCR 8226, Part D.
7. The Warden shall notify the IDA every thirty (3) days of an inmate's continued placement in administrative segregation and the status of the inmate's compliance with the case management action plan.
8. The IDA shall conduct monthly reviews of all inmates who have been in administrative segregation for thirty (30) days or more. This shall include a review of all documentation relevant to the inmate's placement including, but not limited to: Incident reports or IOMs generated as part of the initial placement; case management action plan; documentation justifying continued placement; grievance appeals; and medical/mental health assessments.
9. The IDA shall consider whether a transfer of the inmate to a facility where he/she may be placed in the general inmate population would be appropriate or if continued placement in administrative segregation is warranted.
10. The IDA shall submit a written report of the results of each thirty (30) day review to the Deputy Director of Corrections (DEP-C).
11. The DEP-C shall consider whether a transfer of the inmate to a facility where he/she may be placed in the general inmate population would be appropriate or if continued placement in administrative segregation is warranted.

## .2 DISCIPLINARY SEGREGATION

- a. Inmates may be required to serve a period of disciplinary segregation as a consequence of a guilty finding for a violation of a serious misconduct. Disciplinary segregation includes the loss of certain privileges as dictated by facility policy.

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- b. All inmates have the right to seek administrative review of an adjustment committee's decision of placement in disciplinary segregation through the grievance process.
- c. Placement
  1. The Watch Commander or higher authority is authorized to place an inmate in disciplinary segregation based on an adjustment committee hearing and finding of guilt based on a preponderance of the evidence for violating a serious misconduct (COR.13.03).
  2. If an adjustment committee issues a sanction of disciplinary segregation exceeding a period of sixty (60) days, he expressed written approval of the IDA is required.
  3. Any disciplinary segregation sanction shall consider an inmate's medical and mental health needs, the gravity of the facts, and the severity of the serious misconduct violation.
  4. The Warden or his/her designee may modify any adjustment committee's sanction in accordance with COR.13.03.
- d. Required Documentation
  1. The Adjustment Committee shall document their findings and disposition on the Notice of Report of Misconduct and Hearing form (DCR 8210A).
  2. A copy of the Notice of Report of Misconduct and Hearing form (DCR 8210A) shall be signed by the inmate and a copy shall be provided to the inmate. The inmate's refusal to sign shall be documented.
  3. The Notice of Report of Misconduct and Hearing form shall include, but not be limited to the following information:
    - a) A listing of the misconduct violated;
    - b) Findings of the adjustment committee;
    - c) The evidence relied upon;
    - d) The denial of witnesses;
    - e) Listing of any privileges revoked and the justification;
    - f) Length of the disciplinary segregation.

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e. Notification

1. The Watch Commander/Correctional Supervisor or higher authority shall immediately notify health care staff of the placement of an inmate in disciplinary segregation.
2. At any facility without twenty-four (24) hour on site health care, the inmate's placement in disciplinary segregation shall be reviewed immediately when health care next reports for duty. The facility shall ensure that the inmate has more frequent observations (15 minute checks or constant observation), until reviewed by health care staff and/or mental health staff. It should be noted that a facility is able to schedule placement when health care staff is on duty.
3. The designated health care staff shall assess the inmate's placement in disciplinary segregation prior to his/her assignment to the segregation unit. As any facility without twenty-four (24) on site health care to assessment shall occur when health care staff next reports for duty to determine whether physical health or mental health issues exist that contraindicate the inmate's placement in disciplinary segregation. The health care staff must immediately notify a mental health professional if there are any indications that the inmate has mental health issues.
4. Mental health staff shall conduct a mental health review within twenty-four (24) hours of an inmate's placement in disciplinary segregation. This review applies to all inmates, and is not limited to those inmates with known or suspected mental health issues or inmates who exhibit behaviors that impact their ability to be safely placed in disciplinary segregation. If an inmate is placed in disciplinary segregation during a weekend in a facility without seven-day mental health coverage, mental health staff shall conduct a review immediately upon next reporting day.
5. If there are compelling security reasons for the continued placement of an inmate in disciplinary segregation despite health care concerns, the Warden shall be immediately notified by the Watch Commander or higher authority.
6. The Warden shall review the written findings of both the Watch Commander and the health care staff. Based on these findings, the Warden shall determine that most appropriate placement for the

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inmate, and notify in writing the Institutions Division Administrator of the placement and reasons for the inmate's placement. The IDA will discuss the matter or any conflict with the Deputy Director of Corrections, who will make the final decision on the inmate's placement.

f. Review of Inmate's Status In Disciplinary Segregation

1. The Warden shall review the adjustment hearing documentation (DCR 8210A) related to an inmate's placement in disciplinary segregation within twenty-four (24) hours, or on the next official business day if placement was effectuated on a weekend or holiday.
2. The IDA shall be notified in writing prior to day sixty (60) of an inmate's disciplinary segregation to seek authorization for any consecutive sanction.

g. Inmate Monitoring in Administrative Segregation and Disciplinary Segregation

1. A health care professional shall tour each segregation housing unit by observing each inmate at cell front once per day. The health care professional shall communicate with the staff on duty in the segregation unit to identify any inmate with medical or mental health concerns.
2. Each segregation unit shall have a locked inmate medical request collection box located in an area accessible to inmates during out of cell timer (i.e. showers, recreation, phone calls). Only health care staff shall have access to the contents of these boxes. Health care staff shall retrieve the contents of these boxes daily, review and address any inmate request slips located within the box or make a referral to the appropriate health care professional.
3. The health care professional shall review any inmate request slips deposited in the units' medical request collection boxes to ascertain any other health related issues or concerns. Any action taken shall be documented in the inmate's official medical record file. The health care professional's tours shall be documented in the segregation unit logbook.

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4. A mental health professional shall tour each segregation housing unit(s) not less than five (5) times per week. The mental health professional shall communicate with the staff on duty in the segregation unit to identify any inmate with mental health or well-being concerns. Any action taken shall be documented in the inmate's official medical record file. The mental health care professional's tours shall be documented in the segregation unit logbook.
5. The Adult Correctional Office (ACO) in the segregation unit shall personally observe each inmate in segregation once every thirty (3) minutes at irregular intervals, unless an inmate's behavior requires more frequent observations (15 minute checks or constant observations), based on a recommendation from a health care professional or as required by Section 4.1.f.2. The ACO shall document his/her observations in the unit logbook.
6. The ACO shall document in real time the following: meals, showers, hygiene, cell inspections, recreation, visits, telephone calls, and interaction with medical, mental health, facility administration, watch supervisors, case managers, grievance specialist, and other program staff on the Weekly Segregation Activity form (DCR 8316). The ACO shall maintain the unit logbook in accordance with COR.05.08: Post and Area Logbooks. This shall be maintained for the purpose of review and a formal record.
7. The Segregation Unit Sergeant, Security Lieutenant, and Watch Commander shall observe every inmate in the segregation unit at least once on each shift, inclusive of weekends and holidays. These individual's observations shall be documented in the unit logbook and the visit shall be documented on DCR 8316.
8. The Warden, Deputy Warde, and COS shall tour each segregation unit once each week to observe each inmate, review DCR 8316, and sign the unit logbook. This is to assure that an inmate's visits, activities, privileges, recreation, observations by staff, and reviews are being conducted as required by this policy.
9. The IDA shall tour each segregation unit once every ninety (90) days for compliance and observation of each inmate, review DCR 8316, and sign the unit logbook.

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h. Basic Living Conditions for Administrative Segregation and Disciplinary Segregation

1. Inmates in segregation shall receive privileges consistent with a facility's available resources and security consideration.
2. Disciplinary segregation is a punitive action for an inmate found guilty of serious rule misconduct. An Adjustment Committee may deny the inmate any number of privileges as set forth in the misconduct policy and disciplinary record.
3. Inmates in segregation shall have non-contact personal visits in accordance with the facility visit policy. All official visits shall be non-contact, except at the discretion of the Warden a contact official visit may be afforded. It is important to note that the presence of a security concern will always warrant non-contact official visits.
4. Inmates in segregation shall be allowed non-official telephone calls in accordance with the facility's telephone policy. All official or legal phone calls, such as attorney (if a docketed case exists), ombudsman, and other official State and Federal agencies shall not be restricted.
5. All inmates in segregation based on their status as administrative segregation or disciplinary segregation shall have the opportunity to maintain basic hygiene and shall have access to courts, health care, social workers, spiritual advisors, reading materials, and recreation.

i. Documentation for Administrative Segregation and Disciplinary Segregation


1. All completed administrative segregation documentation and adjustment hearing documentation shall be distributed as dictated on the relevant form(s).
2. The original documents for administrative segregation and disciplinary segregation shall be filed in the inmate's institutional file or jail file.
3. Each Warden shall submit the Administrative Segregation Facility Report to the IDA by Wednesday of the following week.

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4. It is important to retain all information as dictated by the State of Hawaii, Department of Accounting and General Services' (DAGS) records retention schedule.

APPROVAL RECOMMENDED:


JAN 01 2024  


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Deputy Director for Corrections Date

APPROVED:


JAN 01 2024  


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DIRECTOR Date

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**DEPARTMENT OF CORRECTIONS AND  
REHABILITATION  
ADMINISTRATIVE SEGREGATION  
FORM PART A**

INMATE'S NAME: \_\_\_\_\_

INMATE'S SID: \_\_\_\_\_

HOUSING MOVEMENT FROM/TO: \_\_\_\_\_

**REASON(S) FOR PLACEMENT IN ADMINISTRATIVE SEGREGATION (PART A)**  
TO BE COMPLETED BY WATCH COMMANDER OR HIGHER AUTHORITY

**CHECK ALL THAT APPLY:**

- ☐ INMATE PRESENTS AN IMMEDIATE THREAT TO SAFETY OF SELF OR OTHERS
- ☐ INMATE JEOPARDIZES INTEGRITY OF INVESTIGATION OF ALLEGED SERIOUS MISCONDUCT OR CRIMINAL ACTIVITY
- ☐ INMATE ENDANGERS INSTITUTIONAL SECURITY
- ☐ OTHER \_\_\_\_\_

**DESCRIPTION OR CIRCUMSTANCES WHICH SUPPORT THE REASON(S) FOR PLACEMENT:**

☐ CONTINUED ON ATTACHED PAGE ☐ IF BASED ON CONFIDENTIAL INFORMATION, DATE INMATE NOTIFIED \_\_\_\_\_

DATE OF PLACEMENT:	PRINT NAME AND TITLE OF AUTHORIZING PERSON:	SIGNATURE OF AUTHORIZING PERSON:
DATE AND TIME NOTICE SERVED ON INMATE: _____/_____/_____ HOURS	PRINT NAME AND TITLE OF STAFF SERVING PLACEMENT NOTICE:	SIGNATURE OF STAFF SERVING PLACEMENT NOTICE:
	INMATE SIGNATURE AND DATE:	<input type="checkbox"/> INMATE REFUSED TO SIGN. THE STAFF MEMBER SERVING THE FORM WITNESSED THE REFUSAL AND PROVIDED THE INMATE A COPY THIS FORM.

**DISTRIBUTION: INMATE, INSTITUTIONAL FILE, SEG UNIT, FACILITY HCU CLINICAL SECTION ADMINISTRATOR, COS, CS /III**



**DEPARTMENT OF CORRECTIONS AND  
REHABILITATION  
ADMINISTRATIVE SEGREGATION  
FORM PART B**

INMATE'S NAME:

INMATE'S SID:

CURRENT HOUSING:

**FACE TO FACE REVIEW (PART B)**

THE FOLLOWING IS TO BE COMPLETED DURING THE 72 HOUR ADMINISTRATIVE REVIEW BY THE WARDEN OR DESIGNEE

**INMATE WAIVERS:**

- ☐ INMATE WAIVES OR DECLINES INTERVIEW WITH REVIEWING PARTY  
☐ NO WITNESS(ES) REQUESTED BY INMATE

INMATE SIGNATURE

DATE/TIME:

**WITNESSES REQUESTED FOR REVIEW PROCESS**

WITNESS NAME AND SID:

WITNESS NAME & SID:

WITNESS NAME AND SID:

WITNESS NAME & SID:

DECISION: ☐ RELEASE TO \_\_\_\_\_ ☐ MAINTAIN SEG HOUSING PENDING PROG COMMITTEE REVIEW  
☐ MUST BE HOUSED IN A SINGLE CELL

REASON FOR DECISION (IF NECESSARY, ATTACH ADDITIONAL PAGES):

PRINT NAME OF WARDEN OR DESIGNEE :

SIGNATURE OF WARDEN OR DESIGNEE:

DATE/TIME: /

PRINT NAME AND TITLE OF STAFF SERVING RESULTS:

SIGNATURE OF STAFF SERVING RESULTS:

DATE/TIME: /

INMATE SIGNATURE AND DATE/TIME:

☐ INMATE REFUSED TO SIGN. THE STAFF MEMBER SERVING THE FORM WITNESSED THE REFUSAL AND PROVIDED THE INMATE A COPY THIS FORM.

**DISTRIBUTION: INMATE, INSTITUTIONAL FILE, SEG UNIT, FACILITY HCU CLINICAL SECTION ADMINISTRATOR, COS, CS III**



**DEPARTMENT OF CORRECTIONS AND  
REHABILITATION  
ADMINISTRATIVE SEGREGATION  
FORM PART C**

INMATE'S NAME:

INMATE'S SID:

CURRENT HOUSING:

**PROGRAM COMMITTEE REVIEW (PART C)**

THE FOLLOWING IS TO BE COMPLETED DURING THE ADMINISTRATIVE REVIEW BY  
THE PROGRAM COMMITTEE ON THE FIFTEENTH (15<sup>TH</sup>) DAY FOLLOWING SEGREGATION PLACEMENT

INMATE WAIVERS:

- ☐ INMATE WAIVES OR DECLINES TO BE PRESENT AT PROGRAM  
COMMITTEE REVIEW  
☐ NO WITNESS(ES) REQUESTED BY INMATE

INMATE SIGNATURE

DATE/TIME:

**WITNESSES REQUESTED FOR PROGRAM COMMITTEE**

WITNESS NAME AND SID:

WITNESS NAME & SID:

WITNESS NAME AND SID:

WITNESS NAME & SID:

PROGRAM COMMITTEE MEMBER OR MEMBERS (LIST NAME, TITLE, AND IDENTIFY THE CHAIRPERSON):

DECISION: ☐ RELEASE TO \_\_\_\_\_ ☐ MAINTAIN SEG HOUSING SUBJECT TO NEXT SCHEDULED REVIEW  
(HOUSING) ☐ MUST BE HOUSED IN A SINGLE CELL

REASON FOR DECISION (IF NECESSARY, ATTACH ADDITIONAL PAGES):

PRINT NAME OF CHAIRPERSON:

SIGNATURE OF CHAIRPERSON:

DATE/TIME: /

PRINT NAME AND TITLE OF STAFF SERVING RESULTS:

SIGNATURE OF STAFF SERVING RESULTS:

DATE/TIME: /

INMATE SIGNATURE AND DATE/TIME

DATE/TIME: /

☐ INMATE REFUSED TO SIGN. THE STAFF MEMBER  
SERVING THE FORM WITNESSED THE REFUSAL AND  
PROVIDED THE INMATE A COPY THIS FORM.

DISTRIBUTION: INMATE, INSTITUTIONAL FILE, SEG UNIT, FACILITY HCU CLINICAL SECTION ADMINISTRATOR, COS, CS I/II

DCR 8226 (01/2024)



**DEPARTMENT OF CORRECTIONS AND  
REHABILITATION  
ADMINISTRATIVE SEGREGATION  
FORM PART D**

INMATE'S NAME:

INMATE'S SID:

CURRENT HOUSING:

**WARDEN OR DESIGNEE REVIEW (PART D)**

THE FOLLOWING IS TO BE COMPLETED DURING THE ADMINISTRATIVE REVIEW BY THE WARDEN OR DESIGNEE  
ON DAY THIRTY (30) FOLLOWING THE ADMINISTRATIVE SEGREGATION PLACEMENT  
AND EVERY THIRTY (30 DAYS) THEREAFTER

**INMATE WAIVERS:**

- ☐ INMATE WAIVES OR DECLINES INTERVIEW WITH  
WARDEN/DEPUTY WARDEN
- ☐ NO WITNESS(ES) REQUESTED BY INMATE

INMATE SIGNATURE

DATE/TIME:

**WITNESSES REQUESTED FOR REVIEW**

WITNESS NAME AND SID:

WITNESS NAME & SID:

WITNESS NAME AND SID:

WITNESS NAME & SID:

DECISION: ☐ RELEASE TO \_\_\_\_\_ ☐ MAINTAIN SEG HOUSING PENDING PROG COMMITTEE REVIEW  
(HOUSING) ☐ MUST BE HOUSED IN A SINGLE CELL

REASON FOR DECISION (IF NECESSARY, ATTACH ADDITIONAL PAGES):

PRINT NAME OF WARDEN OR DESIGNEE:

SIGNATURE OF WARDEN OR DESIGNEE:

DATE/TIME: /

PRINT NAME AND TITLE OF STAFF SERVING RESULTS:

SIGNATURE OF STAFF SERVING RESULTS:

DATE/TIME: /

INMATE SIGNATURE AND DATE/TIME

DATE/TIME: /

☐ INMATE REFUSED TO SIGN. THE STAFF MEMBER  
SERVING THE FORM WITNESSED THE REFUSAL AND  
PROVIDED THE INMATE A COPY THIS FORM.

**DISTRIBUTION: INMATE, INSTITUTIONAL FILE, SEG UNIT, FACILITY HCU CLINICAL SECTION ADMINISTRATOR, COS, CS III,  
IDA, DEP-C**

DCR 8226 (01/2024)

**DEPARTMENT OF PUBLIC CORRECTIONS AND REHABILITATION  
WEEKLY ADMINISTRATIVE SEGREGATION LOG**

WEEK OF \_\_\_\_\_

INMATE NAME:	SID #:	LOC OF UNIT:
DATE AND TIME ADMITTED:	TENTATIVE RELEASE DATE:	
DATE AND TIME RELEASED:	MH CASELOAD: Y / N	MEDICATION: Y / N

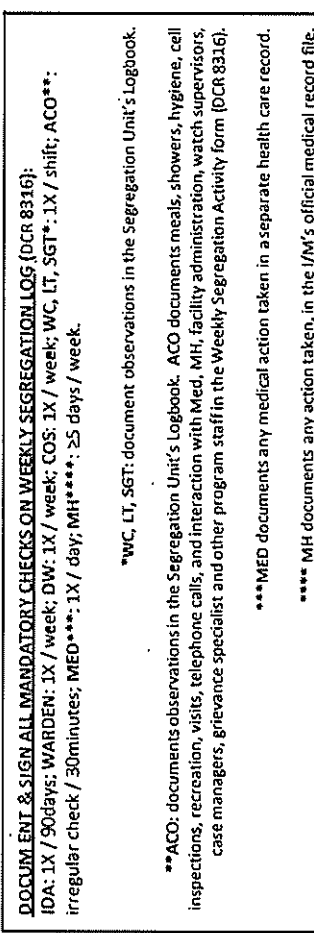
DATE	SHIFT	CHOW (B.L.D.) JW (B.L.D.)	SHOWER SHOWER	HYGIENE (Per Tooth) Total (per Shift) (Per B.L.D.)	CELL INSPECTION	RECREATION	VISITS (V/P) PHONE (P)	MENTAL HEALTH	MEDICAL	WARDEN/DEPUTY WARDEN/COS	WATCH COMMANDER/ SUPERVISOR	SW, HSP, GRIEV, VOL.	DAY
	1												S
	2												U
	3												N
	1												M
	2												O
	3												N
	1												T
	2												U
	3												E
	1												W
	2												E
	3												D
	1												T
	2												H
	3												U
	1												F
	2												R
	3												I
	1												S
	2												A
	3												T

CHOW, SHOWER, CELL INSPECTION, RECREATION: (Y) for YES; (N) for NO; (R) for REFUSED, PRINT INITIALS AND THE TIME. SCHEDULE OF MANDATORY CHECKS: WARDEN - 1X every week; DW - 1X every week; COS - 1X every week; WC - 1X every shift.

UNIT LOGBOOK: SEG UNIT LT/SGT - 1X every shift; SEG UNIT ACO - Irregular checks every 30 min.; MEDICAL - 1x per day; MH - ≥5x per week. TURN IN COMPLETED FORM TO COS AT THE END OF THIRD WATCH (SATURDAY).

REVIEWED BY ADMIN CAPT/LT/WC    DATE \_\_\_\_\_

Incident occurs, or information received.



**WEEK OF**

**COMMENTS**

**STATE OF HAWAII  
DEPARTMENT OF CORRECTIONS AND REHABILITATION**

**INCIDENT REPORT**

Facility: \_\_\_\_\_

Prepared on: \_\_\_\_\_

TO: \_\_\_\_\_ THRU: \_\_\_\_\_  
(Administrator/Section Supervisor) (Watch Supervisor)

DATE	TIME	NARRATIVE (Specify inmate name & ID and location if related to misconduct)

By: \_\_\_\_\_  
Reporting Officer/Employee Title

ORIG - FACILITY ADMINISTRATOR  
CANARY - CONTROL OFFICER  
PINK - ATTACH TO MISCONDUCT REPORT



STATE OF HAWAII  
DEPARTMENT OF CORRECTIONS AND REHABILITATION  
CORRECTIONS DIVISION

Prepared On: \_\_\_\_\_ Facility: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

NOTICE OF REPORT OF MISCONDUCT AND HEARING

TO: \_\_\_\_\_  
NAME SID NO. HOUSING UNIT

You are herein notified that a written report of misconduct was filed against you on \_\_\_\_\_.  
A copy of the charge(s) is listed below.

A hearing on the charge(s) has been scheduled and you are to be present at \_\_\_\_\_  
(LOCATION)  
\_\_\_\_\_, on \_\_\_\_\_  
(TIME) (DATE)

As required by Department of Corrections and Rehabilitation procedure, this hearing has been scheduled to determine the facts and administer just corrective action. You have the right to: 1) Have any charge explained to you; 2) Explain any written material concerning the charge; 3) Request charge(s):

\_\_\_\_\_  
CHAIRMAN

.....  
Received notice of charges and rights:

I acknowledge receipt of the Notice of Report of Misconduct and Hearing. I understand I may have counsel substitute. The Adjustment Committee must be notified as to who your counsel substitute is within a reasonable time, not less than 12 hours prior to the hearing.

I do ☐ I do not ☐ waive my right to 24 hour prior notice.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
RESIDENT

Findings and Disposition of Corrective Action with evidence relied upon for decision:

\_\_\_\_\_  
COMMITTEE CHAIRPERSON

\_\_\_\_\_  
DATE

.....  
Findings and disposition:

\_\_\_\_\_  
INMATE

\_\_\_\_\_  
DATE

ORIGINAL: Inmate Active File  
COPY: Committee Chairperson; Inmate



**TESTIMONY IN SUPPORT OF SENATE BILL 104**  
RELATING TO CORRECTIONS  
Senate Committee on Public Safety and Military Affairs

January 29, 2025

3:00PM

Room 225

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Dear Chair Elefante, Vice Chair Glenn, and members of the Senate Committee on Public Safety and Military Affairs:

The Office of Hawaiian Affairs (OHA) **SUPPORTS SB 104**, which restricts the use of solitary confinement in state correctional facilities, requires the Department to develop written policies and procedures for inmates currently in solitary confinement and going forward, requires a review of certain housing placements by the Commission, and requires a report be submitted to the Legislature and the Commission which will allow the bodies to pursue risk mitigations, as appropriate. Solitary confinement is a severe form of punishment which should only be used in exceptional circumstances, with a high degree of oversight and for limited periods of time. SB 104 reflects this, demonstrating a measured approach to uphold the rights of incarcerated persons.

OHA strongly supports policies which reduce harmful psychological, social, cultural, and economic impacts on pa‘ahao, their ‘ohana, and the greater Hawaiian community. Native Hawaiians continue to be disproportionately impacted by Hawai‘i’s criminal justice system, comprising 20% of the general population but 40% of people in prison<sup>1</sup>. In 2021, 5.1% of

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<sup>1</sup> “Is There an Uneven Administration of Justice for Native Hawaiians in Hawai‘i? - A Report of the Hawai‘i Advisory Committee to the United States Commission on Human Rights” Hawai‘i Advisory Committee

Hawai'i's total prison population was held in solitary confinement<sup>2</sup>. 245 people were held in solitary confinement for 15 or more days, and 103 people in men's prisons were held in solitary confinement for one year or more<sup>3</sup>.

The Revised United Nations Standard Minimum Rules for the Treatment of Prisoners, as referenced in SB 104, prohibit the use of solitary confinement for a time exceeding fifteen consecutive days and characterize this disciplinary sanction as a form of "torture or other cruel, inhuman or degrading treatment or punishment"<sup>4</sup>. It is also worth highlighting that nationally it has been estimated that a year in solitary averages \$75,000 per prisoner – about three times the average annual cost of incarceration in the United States<sup>5</sup>. Despite the significant cost, both to the prisoners and the public, solitary confinement does not actually reduce violence or prison problems<sup>6</sup>.

In addition to being overrepresented in prisons, the NHPI community experiences higher rates of depression, suicide, and anxiety compared to other ethnic groups in Hawai'i<sup>7</sup>. Although the risk of serious harm exists for all

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(September 2011) at p. 3 - Letter of Transmittal,

<https://www.usccr.gov/files/pubs/docs/HawaiiAdministrationJusticeNativeHawaiiansReport.pdf>

<sup>2</sup> "Time-In-Cell: A 2021 Snapshot of Restrictive Housing based on a Nationwide Survey of U.S. Prison Systems," The Correctional Leaders Association & The Arthur Liman Center for Public Interest Law at Yale Law School (August 2022) at p. 8, [time in cell 2021.pdf](#)

<sup>3</sup> "Time-In-Cell: A 2021 Snapshot of Restrictive Housing based on a Nationwide Survey of U.S. Prison Systems," The Correctional Leaders Association & The Arthur Liman Center for Public Interest Law at Yale Law School (August 2022) at p. 8; p. 11, [time in cell 2021.pdf](#)

<sup>4</sup> "The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)," United Nations Office on Drugs and Crime (2015) at p. 14, [https://www.unodc.org/documents/justice-and-prison-reform/Nelson\\_Mandela\\_Rules-E-ebook.pdf](https://www.unodc.org/documents/justice-and-prison-reform/Nelson_Mandela_Rules-E-ebook.pdf)

<sup>5</sup> "Solitary Confinement in the United States: The Facts," Solitary Watch (2023), <https://solitarywatch.org/facts/fag/#:~:text=How%20much%20does%20solitary%20confinement,a%20regular%20maximum%20security%20prison.>

<sup>6</sup> Keramet Reiter "The Root of America's Over-Use of Solitary Confinements in Prison – And How Reform Can Happen," Scholars Strategy Network (November 2, 2018), [The Root of America's Over-Use of Solitary Confinements in Prison — and How Reform Can Happen | Scholars Strategy Network](#)

prisoners, it is intensified for those who suffer from a pre-existing mental illness or other vulnerabilities.<sup>8</sup> Solitary confinement often has catastrophic consequences for those who are subjected, including worsening symptoms such as depression, anxiety, and hallucinations, the impediment of rehabilitation, recovery, and community re-integration and adverse long-term consequences for cognitive and adaptive functioning<sup>9</sup>.

The impacts of solitary confinement on the mental and psychological health of incarcerated persons are extensive and well documented. Since 2009, 42 states have established laws restricting or eliminating solitary confinement<sup>10</sup>. In 2018, Congress adopted the bipartisan First Step Act, which eliminated solitary confinement in federal prisons for young people except for those posing immediate, physical risks. Such an extreme form of punishment should accordingly be upheld to scrupulous standards of conduct, with frequent evaluations of inmates before, throughout, and following.

The Office of Hawaiian Affairs urges this committee to **PASS SB104**.  
Mahalo nui for the opportunity to testify on this critical issue.

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<sup>7</sup> Catherine Jara, Ngoc Phan, “Understanding Hawaiian Identity and Well-being to Improve Mental Health Outcomes for Hawaiian Young Adults,” PMC PubMed Central (May 2024), [https://pmc.ncbi.nlm.nih.gov/articles/PMC11070781/#:~:text=Mental%20health%20is%20a%20serious,Pacific%20Islander%20\(NHPI\)%20community.&text=The%20NHPI%20community%20experience%20higher,ethnic%20groups%20in%20Hawaii](https://pmc.ncbi.nlm.nih.gov/articles/PMC11070781/#:~:text=Mental%20health%20is%20a%20serious,Pacific%20Islander%20(NHPI)%20community.&text=The%20NHPI%20community%20experience%20higher,ethnic%20groups%20in%20Hawaii)

<sup>8</sup> Craig Haney, “Restricting the Use of Solitary Confinement,” Annual Reviews (January 2018), <https://www.annualreviews.org/content/journals/10.1146/annurev-criminol-032317-092326>

<sup>9</sup> “Solitary Confinement,” NAMI (2025), <https://www.nami.org/advocacy/policy-priorities/stopping-harmful-practices/solitary-confinement/>

<sup>10</sup> Hernandez D. Stroud, “Reforming Solitary Confinement Without the High Court,” Brennan Center for Justice (February 21, 2024), <https://www.brennancenter.org/our-work/analysis-opinion/reforming-solitary-confinement-without-high-court>

JOSH GREEN, M.D.  
GOVERNOR



MARK PATTERSON  
CHAIR

CHRISTIN M. JOHNSON  
OVERSIGHT COORDINATOR

COMMISSIONERS  
HON. R. MARK BROWNING (ret.)

HON. RONALD IBARRA (ret.)

MARTHA TORNEY

HON. MICHAEL A. TOWN (ret.)

**STATE OF HAWAII**  
**HAWAII CORRECTIONAL SYSTEM OVERSIGHT COMMISSION**  
**E HUIKALA A MA'EMA'E NŌ**  
235 S. Beretania Street, 16<sup>th</sup> Floor  
HONOLULU, HAWAII 96813  
(808) 587-4160

TO: The Honorable Brandon J.C. Elefante, Chair  
The Honorable Glenn Wakai, Vice Chair  
Senate Committee on Public Safety and Military Affairs

FROM: Mark Patterson, Chair  
Hawaii Correctional System Oversight Commission

SUBJECT: Senate Bill 104, Relating to Corrections  
Hearing: Wednesday, January 29, 2025; 3:00 p.m.  
State Capitol, Room 225

Chair Elefante, Vice Chair Wakai, and Members of the Committee:

The Hawaii Correctional System Oversight Commission (HCSOC) **supports the intent** of Senate Bill 104, Relating to Corrections, which restricts the use of solitary confinement in state-operated and state-contracted correctional facilities while also highlighting some potential **amendments**.

On page 24, line 3, solitary confinement is defined as occurring when all of the following conditions are present:

- 1) A committed person is confined in a correctional facility pursuant to disciplinary, administrative, protective, investigative, medical, or other purposes;
- 2) The confinement occurs in a cell or similarly physically restrictive holding or living space, whether alone or with one or more other committed persons, for twenty hours or more per day; and
- 3) The committed person's activities, movements, and social interactions are severely restricted.

On page 24 line 10 and 11, the statement “or with one or more other committed persons” should be stricken as it changes the definition of solitary and does not align with national understanding, guidance, or research quoted in the preamble that is specific to solitary confinement. Nationally, solitary confinement is understood to be housed alone in one’s cell.

Alternatively, the Committee could consider changing the wording of ‘solitary confinement’ to ‘restrictive housing’ which allows for a more broadened definition. The Department of Justice (DOJ) defines restrictive housing as, “any type of detention that involves: (1) removal from the general inmate population, whether voluntary or involuntary; (2) placement in a locked room or cell, whether alone or with another inmate; and (3) inability to leave the room or cell for the vast

majority of the day, typically 22 hours or more.” Given Hawaii’s shift to a rehabilitative and therapeutic corrections system, the Commission strongly believes that the current definition of 20 hours is sufficient for the purpose of this bill.

The Commission has been concerned regarding the use of restrictive housing throughout the state and state contracted correctional facilities. A small example of this is the Commission’s July 2022 reporting on the usage of a program called, Special Housing Incentive Program (SHIP) utilized by the contracted CoreCivic Saguaro facility in Arizona. Regarding SHIP, the July 2022 monthly Oversight Coordinator report states:

The Commission has serious concerns regarding the Special Housing Incentive Program (SHIP). Although SHIP is noted to be a programming house, **the reality is that it is 12-plus months in a segregated housing setting**. SHIP placement occurs after the violation of specific institutional rules. SHIP is broken down into three Phases, each four months long, with more out-of-cell time introduced in each phase. Phase one has one hour of outdoor recreation time per day (**23 hours in cell**), phase two has one hour of outdoor recreation and one hour of dayroom recreation per day (**22 hours in cell**), and phase three has three hours of combined outdoor and dayroom recreation time per day (**21 hours in cell**).

During the visit, more than 80 people from Hawaii were in the three phases of SHIP. Saguaro also houses people in custody from Idaho, and SHIP is not an option for or offered to those from Idaho. None of the facilities operated by Hawaii PSD offer SHIP either. For example, if an institutional rule violation occurs at Halawa Correctional Facility, the person in custody usually faces up to 60 days in disciplinary segregation if found guilty, not 12 months in SHIP.

The Commission is extremely concerned about the long-term physical and psychological effects of 12-plus months in a segregated housing setting, which are now well-documented and studied. The trend nationally is to decrease the amount of time in segregated housing settings. With the state of Hawaii’s transition to a therapeutic model of corrections, SHIP should be reevaluated and potentially eliminated in totality as it does not align with a rehabilitative framework.

To this day, SHIP is still utilized daily and again, this is only one example. The Commission believes there are various examples of segregated housing utilized through the corrections system and appreciates the legislature’s foresight to include required quarterly reporting from the Commission on the usage of solitary confinement through the corrections system.

Should you have additional questions, the Oversight Coordinator, Christin Johnson, can be reached at 808-900-2200 or at [christin.m.johnson@hawaii.gov](mailto:christin.m.johnson@hawaii.gov). Thank you for the opportunity to testify.

JON N. IKENAGA  
PUBLIC DEFENDER

**DEFENDER COUNCIL**  
1130 NORTH NIMITZ HIGHWAY  
SUITE A-254  
HONOLULU, HAWAII 96817

**HONOLULU OFFICE**  
1130 NORTH NIMITZ HIGHWAY  
SUITE A-254  
HONOLULU, HAWAII 96817

**APPELLATE DIVISION**  
TEL. NO. (808) 586-2080

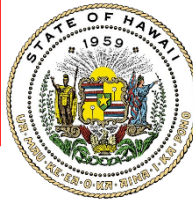
**DISTRICT COURT DIVISION**  
TEL. NO. (808) 586-2100

**FAMILY COURT DIVISION**  
TEL. NO. (808) 586-2300

**FELONY DIVISION**  
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**FACSIMILE**  
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**LATE**



STATE OF HAWAII  
**OFFICE OF THE PUBLIC DEFENDER**

January 28, 2025

HAYLEY Y. C. CHENG  
ASSISTANT PUBLIC DEFENDER

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**SB104: RELATED TO CORRECTIONS**

**Chair Elefante, Vice-Chair Wakai, and Members of the Committee on Public Safety and Military Affairs:**

The Office of the Public Defender (OPD) **supports SB104**. This bill restricts the use of solitary confinement in both state-operated and state-contracted correctional facilities to certain limited situations, imposes important safeguards, including procedural due process protections, and subjects the use of solitary confinement to independent oversight.

Section 1 of the bill clearly sets out the numerous issues associated with the use of solitary confinement as a disciplinary or management tool in correctional facilities. There are no significant positive benefits associated with solitary confinement. By contrast, solitary confinement can often causes severe and permanent damages that persist even after individuals are released from incarceration.

Prisons and jails are already inherently harmful, and placing people in solitary confinement adds an extra burden of stress that has been shown to cause permanent changes to people's brains and personalities. In fact, the part of the brain that plays a major role in memory has been shown to physically shrink after long periods without human interaction. And since humans are naturally social beings, depriving people of the ability to socialize can cause "social pain," which researchers define as "the feelings of hurt and distress that come from negative social experiences such as social deprivation, exclusion, rejection, or loss." Social pain affects the brain in the same way as physical pain, and can actually cause more suffering because of humans' ability to relive social pain months or even years later.

The irreparable damages caused by solitary confinement are unjustifiable, and have led the United Nations to consider solitary torture when used for longer than 15 consecutive days. But this overwhelming research is often

ignored in jails and prisons, where solitary confinement is frequently used as a “solution” to nearly every problem that arises, including disobedience, perceived threats, alleged gang affiliation, and even supposedly for individuals’ own protection.<sup>[1]</sup>

While the OPD generally opposes the use of solitary confinement for any purpose, this bill addresses some of the major concerns that are raised when solitary confinement is utilized. Safeguards such as restrictions keeping individuals from “vulnerable populations” from being placed in solitary confinement, pre-confinement medical and mental health examinations and independent review of the cases of persons placed in solitary confinement are all critical.<sup>2</sup>

The OPD suggests that language be added to subsection (a)(12) of the bill which confirms that the person held in solitary confinement not be denied access to their legal counsel.<sup>3</sup> Access to legal counsel will provide an additional safeguard to ensure that all requirements and restrictions regarding solitary confinement are being followed and is often necessary if the individual has pending court matters.

Thank you for the opportunity to comment on this measure.

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<sup>1</sup> Herring, Tiana, “The research is clear: Solitary confinement causes long-lasting harm,” Dec. 8, 2020, Prison Policy Initiative ([https://www.prisonpolicy.org/blog/2020/12/08/solitary\\_symposium/](https://www.prisonpolicy.org/blog/2020/12/08/solitary_symposium/))

<sup>2</sup> Subsection (a)(4)(C) of the bill at p.7, guarantees that the committed person be given representation at the hearing to contest the solitary confinement decision. The OPD suggests that the representation be by an independent person or agency who is not employed by the Department of Corrections and Rehabilitation.

<sup>3</sup> Subsection (e)(2) of the bill at p.19, clarifies that persons who are subject to less restrictive interventions as alternatives to solitary confinement be give access to legal assistance. This right should be extended to persons in solitary confinement as well.



**SB-104**

Submitted on: 1/24/2025 8:16:03 PM

Testimony for PSM on 1/29/2025 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Louis Erteschik	Testifying for Hawaii Disability Rights Center	Support	Written Testimony Only

Comments:

We have always felt that solitary confinement should either never be utilized or at most rarely, and only under exigent circumstances. It is particularly damaging to individuals who already have a mental illness. We understand that there may currently be protocols in place regarding the use of solitary confinement. However, we believe that codifying these restrictions would be much better.

# COMMUNITY ALLIANCE ON PRISONS

P.O. Box 37158, Honolulu, HI 96837-0158

Phone/E-Mail: (808) 927-1214 / [kat.caphi@gmail.com](mailto:kat.caphi@gmail.com)

*Today's Inmate; Tomorrow's Neighbor*



## COMMITTEE ON PUBLIC SAFETY AND MILITARY AFFAIRS

Senator Brandon Elefante, Chair

Senator Glenn Wakai, Vice Chair

Wednesday, January 29, 2025

Room 225 & VIDEOCONFERENCE

3:00 PM

### **STRONG SUPPORT FOR SB 104 – REFORMING SOLITARY CONFINEMENT/SEGREGATION**

Aloha Chair Elefante, Vice Chair Wakai and Members of the Committee!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative promoting smart justice policies in Hawai'i for more than two decades. This testimony is respectfully offered on behalf of the 3,717 Hawai'i individuals living behind bars<sup>1</sup> and under the "care and custody" of the Department of Corrections and Rehabilitation on any given day. We are always mindful that 928 - 25% - of Hawai'i's imprisoned male population are serving their sentences abroad -- thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Kanaka Maoli, far, far from their ancestral lands.

Community Alliance on Prisons is grateful for the opportunity to share our **research and alternatives in strong support of SB 104** that restricts the use of solitary confinement in state-operated and state-contracted correctional facilities, with certain specified exceptions. Our testimony has been informed by the former Director of the Department of Public Safety, Ted Sakai, as well as the numerous letters and calls from people inside and their families outside.

This bill prohibits the use of solitary confinement and requires the use of appropriate alternatives for committed persons who are members of a vulnerable population and requires

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<sup>1</sup> DCR Weekly Population Report, January 20, 2025

<https://dcr.hawaii.gov/wp-content/uploads/2025/01/Pop-Reports-Weekly-2025-01-20.pdf>

DCR to develop UPDATED written policies and procedures by 7.1.26, review committed persons placed in solitary by 4.1.26 and report to the legislature.

When the Hawai'i Delegation went to Norway in 2015, led by Justice Michael Wilson, they toured Norwegian prisons with a Delegation from North Dakota, which included the Director and Deputy Director for Corrections. After they arrived home, the Director of the North Dakota Prisons asked for all the files of those in solitary. There were approximately 100 files of people in solitary at that time. The Director went through each file and released most people from solitary because the trip to Norway made her realize the harms the state was inflicting on its people by the use of solitary. Between January 2016 and December 2019, the number of people in solitary confinement in North Dakota decreased by more than 74% and the length of solitary sentences decreased by 59%

It is common knowledge that humans are social beings, and how they are treated while under the care and custody of the state matters greatly as they will eventually reenter their communities. Research has shown that isolation is one of the most damaging things that a human can endure. Luckily, there are alternatives to punitive sanctions such as Solitary, Segregation, the Hole, Restrictive Housing, Special Housing Unit (SHU), or whatever other euphemisms are used to cover up the harms caused by the state.

## ALTERNATIVES TO SOLITARY <sup>2</sup>

### *“Alternatives to Solitary Enhance Prison Safety*

Instead of addressing the root causes of violence in prisons, solitary confinement is used as a catch-all for responding to disobedience and managing populations. This has created a cycle within carceral facilities where both violent and nonviolent behaviors are punished with more violence. The following approaches have been shown to reduce violence against both correctional staff and incarcerated people.

***Decarceration:*** When examining rates of prison violence in comparison with population levels, a 2007 study found that individuals with histories of violent behavior were more likely to commit violent acts when housed in an overcrowded facility. By decreasing overcrowding, facilities decrease the likelihood that a volatile individual will be placed in a situation that instigates violent acts. In addition, fewer people in prison means more resources for programming and other options shown to reduce violence.

***Increased Visitation:*** A 2012 study found that individuals who were visited while incarcerated were less likely to commit both high and low-level misconduct. The same study

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<sup>2</sup> NEW FACT SHEET EXPLODES THE MYTH THAT SOLITARY CONFINEMENT REDUCES VIOLENCE IN PRISONS, by [Jean Casella](#) | February 28, 2023. <https://solitarywatch.org/2023/02/28/new-fact-sheet-explodes-the-myth-that-solitary-confinement-reduces-violence-in-prison/>

found that those who had visitation were less likely to reoffend upon release. Through increasing opportunities to connect with loved ones, correctional departments can disrupt violence by fostering meaningful human connections and systems of support.

***Racial Diversity Among Staff:*** Evidence gathered from a 1995 study found a correlation between prisons' ratios of white to Black correctional staff and rates of both inmate and staff assaults. This lack of diversity, combined with specific acts of racist discrimination and abuse, is a barrier to trust between staff and incarcerated individuals.

***Positive Incentives:*** Reward systems in prison (RSPs), or remunerative controls, are used throughout the world as an alternative to punitive or coercive control methods of prison management. A review of current research on RSPs showed that they are "effective in advancing mental health among mentally ill participants, decreasing violent behavior among high-risk participants, increasing academic achievement, and reducing problem behavior among adolescents and young adults."

***Increased Autonomy:*** As opposed to the "control model" that dominates U.S. prisons, some European prisons rely more on a "responsibility model" or "consensus model" that gives incarcerated people greater freedom and responsibility, while prison staff enact the minimum amount of control required to keep order. The principle of "normalization" is central to Norwegian prisons' approach. When building Halden Prison, Norway set out to "design life inside correctional facilities to resemble life outside prison as much as possible." Although "nearly half [of incarcerated people at Halden are imprisoned for violent crimes like murder, assault or rape]," incidents of violent behavior or threats are extremely rare.

***Enhanced Programming:*** Data collected and analyzed by the U.S. Bureau of Justice Statistics found that participation in substance abuse, sex offender, family and life skills, vocational, and educational programming was associated with significant reductions in prisoner-on-prisoner violence. Additionally, a 2003 study of 4,000 incarcerated people across 185 facilities showed that individuals "employed both inside and outside of the facility were significantly less likely to assault staff."

***Staff Training and Approaches:*** The Norwegian Department of Correctional Services (NDCS) base their operations on principles of "dynamic security," emphasizing communications and relationship-building between staff and incarcerated people. In 2015, following participation in an exchange program with the NDCS, North Dakota began instituting reforms targeted at reducing the use of solitary confinement. Included in these reforms were the development of a transition unit for those exiting solitary, changes to disciplinary policies, changes to correctional officer training, and "articulat[ing] individualized plans that incorporate positive reinforcement strategies to address negative behaviors."

We cannot emphasize enough the importance of training. Just as Warden Bersch from North Dakota discovered when she realized that solitary/segregation is inhumane, Hawai'i can also realize that punitive sanctions like solitary don't comport with the values that our communities hold dear.

While Community Alliance on Prisons is aware of the department's policies and procedures Policy No. COR. 11.01 that supersedes COR. 11.01, dated 12.12.09, this bill UPDATES COR. 11.01 dated 11.28.14. This bill is the work of CAP and Ted Sakai, who authored the current COR. 11.01 and felt that there needed to be a pathway out of solitary/segregation. Ted and I worked on this bill incorporating his decades of correctional experience and best practices and Community Alliance on Prisons' direct communication with people while they are in difference forms of segregation.

We have never been convinced that isolating a human being from other humans is an appropriate sanction. Humans need contact, and many people decompensate while in solitary/segregation, which aggravates their vulnerable condition. We have witnessed people who were mentally stable going into segregation and who emerge from solitary/segregation in poor shape. This is concerning as these folks can become prey for predators, putting the facility in turmoil and potentially causing a lockdown or worse.

In Saguaro, putting someone in segregation appears to be arbitrary. We have received a recent letter from one of our men in Saguaro who has refused the 'voluntary' SHIP (Special Housing Incentive Program), which is lockdown for 23 hours a day, then 22 hours a day. THIS IS NOT A PROGRAM. IT IS LOCKDOWN, where Bronson Nunuha was murdered in 2010. Why doesn't a person have the right to refuse a 'voluntary' program? **SHIP is a sanction, not a program.** People in solitary/segregation need to keep their brains active. There must be some classes, mental health and substance treatment, and other forms of education, so that they can keep their brains active. What can people learn in a place of isolation and potential violence? Nothing that helps build community!

Other letters talk about solitary/segregation in Saguaro being the ability of the facility to seize their property, which sometimes 'gets lost' when they are released from segregation or before hearings their documents appealing the sanction are "lost". The unfairness is striking and doesn't bode well for people who will be returning to our communities. We don't need more bitter, angry people who exit incarceration with few skills to support themselves or their families. This helps no one.

Halawa's Special Holding Unit (SHU) also has problems as the letters and phone calls we receive indicate. Gang activity appears to be alive and well there. We are concerned because people have said that they fear for their lives and many families have asked for our help. People should not fear for their lives when they are in the 'care and custody' of the state.

There is a plethora of research on the harms that solitary/segregation cause – and it is not just while the person is incarcerated – these effects can last a lifetime. In other words, the state harms people in their care and custody and then returns them to the community where some people have committed suicide.

## **THE RESEARCH**

### **CALCULATING TORTURE**<sup>3</sup>

The most recent research is entitled, **CALCULATING TORTURE** (2023)<sup>3</sup>, the first ever comprehensive accounting of the number of people in solitary in both prisons and jails, using data from the federal Bureau of Justice Statistics, two state prison systems that did not report to BJS, and Vera Institute of Justice’s survey of local jails. Finds there are approximately 122,000 people locked in solitary for 22+ hours on any given day in the United States, far more than previously estimated.

This report documents that the incidence of solitary confinement in this country is far greater than anyone has previously reported. It is now more urgent than ever that local, state, and federal jurisdictions across the United States end this massive system of government torture that causes devastating harm; leads to death; increases the risks of violence in places of detention and outside communities; and is disproportionately inflicted on Black people, Latino/a/x people, Native people, and other people of color. Ending solitary confinement would stop torture, save lives, and improve safety – not only for 122,000 people, but for everyone.

### **REPETITIVE SELF-HARM IN SOLITARY CONFINEMENT**<sup>4</sup>

Terry A. Kupers, M.D., M.S.P

A big part of the psychological harm of solitary confinement in prison and jail is the extraordinarily high risk of suicide and self-harm. Averaging the various states for which we have figures for prison suicide rates, 50% of prison suicides – actions leading to death, as distinct from attempts – occur among the 3% to 6% or 8% of the prison population consigned to some form of solitary confinement. It is important to examine the link between solitary

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<sup>3</sup> **CALCULATING TORTURE** - Analysis of Federal, State, and Local Data Showing More Than 122,000 People in Solitary Confinement in U.S. Prisons and Jails, A Report by Solitary Watch and the Unlock the Box Campaign, May 2023. <https://solitarywatch.org/wp-content/uploads/2023/05/Calculating-Torture-Report-May-2023-R2.pdf>

<sup>4</sup> **Repetitive Self- Harm in Solitary Confinement**, Terry A. Kupers, M.D., M.S.P., Correctional Health Reporter, Volume 24, No. 3 Summer 2023 ISSN 1526-9450 Pages 53–76.  
<https://solitarywatch.org/wp-content/uploads/2023/07/CHC-2403-01-Kupers-Self-Harm.pdf>

<sup>5</sup> **Nowhere Else to Go—Solitary Confinement as Mental Health Care**  
Nathaniel P. Morris, MD; Jacob M. Izenberg, MD, June 16, 2023.  
<https://jamanetwork.com/journals/jama/article-abstract/2806498>



confinement on the one hand, and prison suicide and self-harm on the other. A large amount of research provides evidence that solitary confinement for longer than 15 days causes emotional distress, damage and disability.

According to the United Nations' Standard Minimum Rules for the Treatment of Prisoners, the "Mandela Rules": "For the purpose of these rules, solitary confinement shall refer to the confinement of prisoners for 22 hours or more a day without meaningful human contact."

**But it is not social isolation alone that causes lasting damage; there is also the lack of meaningful activity.**

*(UNs' Standard Minimum Rules for the Treatment of Prisoners, the "Mandela Rules, U.N. Office on Drugs and Crime, December, 2015.)*

...The strongest root "cause" of prison suicide is solitary confinement itself. In that light, self-harm in solitary is iatrogenic. The self-harm and the suicide are iatrogenic in the sense the prisoner known to be at very high risk of suicide or self-harm is sent to the place we know is correlated very strongly with self-harming and suicidal behavior. And typically, mental health staff perform a pre-segregation evaluation and approve the individual's return to solitary confinement. ...

The alternative to returning the self-harming prisoner to solitary confinement is transfer to a mental health setting, perhaps a "stepdown" residential mental health treatment unit within the prisons. A basic principle of the Hippocratic Oath sworn by physicians is "first, do no harm."

## IN THE NEWS

### Nowhere else to go - Solitary Confinement as Mental Health Care <sup>5</sup>

Solitary confinement, or the isolation of incarcerated people in housing that severely restricts out-of-cell time and other activities, is a controversial practice in jails and prisons. Placement into solitary confinement is associated with adverse health outcomes, including psychiatric distress, self-harm, and deterioration of physical well-being.<sup>1,2</sup> Like incarceration broadly, solitary confinement disproportionately affects people from racial and ethnic minority populations, particularly Black people.<sup>3</sup> For both its harms and racial inequities, long-term solitary **confinement** has attracted increasing scrutiny, yet even short periods of such confinement can be harmful. A troubling pattern has emerged across the US of using short-term solitary confinement to manage acute psychiatric distress; these practices reflect the ongoing crisis of inadequate community-based mental health services and the results of leaving such care to jails and prisons.

### The Mayor Calls Solitary a Safety Measure. They Call It Torture.

More than a half-century after he was locked in solitary confinement on Rikers Island, Victor Pate still avoids elevators.

“The enclosure, that small space when the doors close: It’s so reminiscent of going into that cell and the door closing on me,” Mr. Pate, 71, said at a City Hall rally this week supporting a bill [banning solitary confinement](#) in most cases in New York. “I’ve not gotten beyond that.”

Community Alliance on Prisons urges the committee to look at the harms caused by the state and the big impact that has on the families and communities to which they return. We CAN stop the harm and give people a chance at success. Letting people sit idle with no programming or visitation is cruel and serves no one, including the correctional system.

Mahalo nui!





## TESTIMONY FROM THE STONEWALL CAUCUS OF THE DEMOCRATIC PARTY OF HAWAII

### SENATE COMMITTEE ON PUBLIC SAFETY AND MILITARY AFFAIRS

January 29, 2025

**LATE**

### Testimony in Support of Senate Bill [104] Relating to Discrimination

Aloha Chair Elefante, Vice Chair Wakai, and esteemed Members of the Committee:

My name is Abby Simmons, Chair of the Stonewall Caucus of the Democratic Party of Hawaii, and we are writing in strong support of SB104, which seeks to significantly restrict the use of solitary confinement in Hawaii's correctional facilities. This bill is a crucial step toward reforming our criminal justice system by ensuring that incarcerated individuals are treated with dignity and provided with the rehabilitation opportunities they need to successfully reintegrate into society.

#### The Harmful Effects of Solitary Confinement

Decades of research have demonstrated that solitary confinement causes severe and lasting harm to incarcerated individuals, including:

- Permanent psychological damage, leading to depression, anxiety, hallucinations, and increased suicide risk.
- Worsened physical health outcomes, including higher rates of heart disease, strokes, and premature death.
- Higher recidivism rates, as individuals released from solitary struggle to reintegrate into society.

Studies have also shown that solitary confinement disproportionately impacts vulnerable populations, including individuals with mental illnesses, young adults, and the elderly. It is neither an effective disciplinary tool nor a humane correctional practice.

#### SB104 Brings Hawaii in Line with Best Practices

By limiting the use of solitary confinement to only extreme and necessary situations, SB104 aligns Hawaii with national and international standards, including:

- The United Nations' Nelson Mandela Rules, which classify prolonged solitary confinement as a form of torture.
- Policies enacted in over 24 states that have restricted or banned solitary confinement.
- Scientific findings that show rehabilitation-focused practices lead to better outcomes for incarcerated individuals and public safety.

**Key Reasons to Support SB104:**

- ✓ It protects mental and physical health by limiting solitary confinement to no more than 15 consecutive days and prohibiting its use for vulnerable populations.
- ✓ It increases oversight and transparency by requiring the Department of Corrections and Rehabilitation to review solitary confinement placements and provide quarterly reports to the Legislature.
- ✓ It improves public safety by ensuring that incarcerated individuals receive rehabilitation services, education, and human interaction, which reduce recidivism and make reentry into society more successful.
- ✓ It prioritizes humane correctional practices while still allowing for emergency measures when necessary for safety reasons.

In summary, Hawai'i has an opportunity to be a leader in humane and evidence-based criminal justice reform by passing SB104. The current system of solitary confinement is not only inhumane but also counterproductive to rehabilitation and public safety. This bill ensures that solitary confinement is only used when absolutely necessary, while also providing clear guidelines for oversight and alternatives.

We urge you to pass SB104 without amendments to protect the well-being of incarcerated individuals, promote effective corrections policies, and strengthen our communities.

Thank you for the opportunity to testify.

Respectfully,

Abby Simmons (she/her)  
Chair & SCC Representative  
Stonewall Caucus  
Democratic Party of Hawai'i  
<https://linktr.ee/stonewalldph>  
(808)352-6818



Committee: Corrections, Military & Veterans  
Hearing Date/Time: Wednesday, January 29, 2025 at 3:00pm  
Place: Conference Room 225 & via Videoconference  
Re: Testimony of the ACLU of Hawai'i in support of SB104 Relating to Corrections

Dear Chair Elefante, Vice Chair Wakai and Committee Members:

The American Civil Liberties Union of Hawai'i ("ACLU of Hawai'i") writes in **support of SB104**. This bill restricts the use of solitary confinement in state-operated and state-contracted correctional facilities, with certain specified exceptions. The bill also requires the Department of Corrections and Rehabilitation (DCR) to develop written policies and procedures regarding solitary confinement by 7/1/2026 and requires the Hawai'i Correctional System Oversight Commission to review certain housing placements. SB104 further requires DCR to develop policies and procedures to review committed persons placed in solitary confinement and develop a plan for committed persons currently in solitary confinement by 4/1/2026, as well as requires a report to the Legislature and the Hawai'i Correctional System Oversight Commission.

The ACLU of Hawai'i is committed to transforming Hawai'i's criminal legal system and building anew vision of safety and justice. First and foremost, we **advocate for diversion and decarceration strategies to reduce the number of people in our jails and prisons**, the majority of whom are Native Hawaiians, Pacific Islanders and people of color. Simultaneously, we advocate for evidence based community supervision practices, humane conditions of confinement, meaningful rehabilitation opportunities, and comprehensive re-entry support services that starts from the first day of incarceration.

Over the past few decades, Hawai'i, similar to the continental United States, has increasingly used solitary confinement to hold incarcerated people in isolation. Although the Department of Public Safety uses the label "restrictive housing," "administrative segregation," or "disciplinary segregation" rather than solitary confinement, this is merely a difference in terminology that amounts to the same practice.

Solitary confinement that lasts more than 15 consecutive days is recognized by the United Nations and various human rights organizations as torture. This practice places incarcerated persons alone in cells for 22-24 hours per day with little or no human interaction or outside stimulus, often causing negative psychological reactions in all persons subjected to it. Solitary confinement is known to be especially devastating for people with mental illness who are

disproportionately represented in solitary confinement.<sup>1</sup> It can also bring on mental illness where it did not exist before. Some people are confined in solitary for months, years, and even decades.

Solitary confinement is extremely costly, and studies show that it neither deters violent behavior in jails and prisons nor prevents recidivism.<sup>2</sup> Research also shows that incarcerated people deprived of normal human contact cannot properly reintegrate into society, resulting in higher recidivism rates.<sup>3</sup>

As long as jails and prisons exist, we must limit the use of solitary confinement. At minimum, Hawai‘i’s practices must meet the **American Bar Association Standards for Criminal Justice, Treatment of Prisoners**.<sup>4</sup> This requires appropriate procedures prior to placing a person in solitary; decreasing extreme isolation, close mental health monitoring for people in solitary and ending the solitary confinement of persons with mental illness.

In addition, better alternatives exist to placing people in solitary confinement. Here are a few examples of successful federal and state measures:

- Colorado Department of Corrections had an external review conducted of its administrative segregation policies and practices. As a result of reforms implemented, Colorado reduced its administrative segregation by 36.9%.
- Michigan reformed its administrative segregation practices through incentive programs. As a result, the number of violent incidents and misconduct dropped.
- Maine reduced its special management population by over 50% and expanded access to programming and social stimulation.
- Mississippi changed its use of solitary confinement and reduced the segregated population of one institution from 1000 to 150 and eventually closed the entire unit.

### **PSD Has Failed to Provide Solitary Confinement Data for Consideration by Lawmakers**

In the past, the Department of Public Safety (now renamed the Department of Corrections and Rehabilitation) has opposed similar bills, in part, because it “has many similarities with PSD’s established policies and procedures which are periodically reviewed and updated as appropriate.”

Rather than citing system-wide data to support their opposition in the past, PSD/DCR cited anecdotal data. **While anecdotal data should be considered in shaping public policy, it is not a substitute for system-wide data.** PSD, like all governmental agencies, have a responsibility to

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<sup>1</sup> Roy King, The Rise and Rise of Supermax: An American Solution in Search of a Problem? 1 PUNISHMENT & SOC. 163, 177 (1999). See also, <https://news.un.org/en/story/2011/10/392012>

<sup>2</sup> DANIEL P. MEARS, URBAN INST., EVALUATING THE EFFECTIVENESS OF SUPERMAX PRISONS 4 (2006).

<sup>3</sup> See, e.g., KERAMET REITER, PAROLE, SNITCH, OR DIE: CALIFORNIA’S SUPERMAX PRISONS AND PRISONERS 50 (2006).

<sup>4</sup> ABA Standards for Criminal Justice, Treatment of Prisoners, 23-1, et. Seq (2010).

provide agency wide data to assist Hawai'i lawmakers while deliberating on proposed bills that may become public policies.

To assist with meaningful discussion on this measure, the following questions are offered for consideration by lawmakers:

1. Is it a goal or objective of DCR to reduce the number of people placed under administrative and disciplinary segregation?<sup>5</sup>
2. What is the **current total number and percentage** of people in **administrative segregation** compared to the general population in Hawai'i's jails and prisons and out-of-state private for profit prisons? How does the current total number and percentage of people placed in administrative segregation compare to 5 years ago?
3. What is the **current total number and percentage of people in disciplinary segregation** compared to the general population in Hawai'i's jails and prisons and out-of-state private for profit prisons? How does the current total number and percentage of people placed in disciplinary segregation compare to 5 and 10 years ago?
4. What **reforms** have DCR implemented in the past five years to reduce the number of people placed under administrative and disciplinary segregation?
5. How are DCR's current policies and practices relating to administrative and disciplinary segregation **similar** to the proposed bill?
6. How are DCR's current policies and practices relating to administrative and disciplinary segregation **different** from the proposed bill?
7. How **many people** are placed under **administrative segregation** in Hawai'i's jails and prisons, as well as Saguaro prison in Arizona?
8. How **many people** are placed under **disciplinary segregation** in Hawai'i's jails and prisons, as well as Saguaro prison in Arizona?
9. What is the **duration** under **administrative segregation (shortest to longest length)**?
10. What is the **duration** under **disciplinary segregation (shortest to longest length)**?
11. How many people in our jails and prisons in Hawai'i and out of state private for profit prisons have **committed suicide** while under administrative segregation or disciplinary segregation, or upon release from administrative segregation or disciplinary segregation in the past five years?
12. Has the Department of Public Safety **consulted with experts to conduct a third party external review of its administrative and administrative segregation policies and**

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<sup>5</sup> <https://www.civilbeat.org/2016/12/do-hawaii-prisons-overuse-solitary-confinement/>

**practices** similar to Colorado that reduced its administrative segregation population by 30%?

Since the vast majority of people in solitary confinement are eventually released back into the community, it is essential that we invest our limited public dollars in proven alternatives that lead to greater rehabilitation and pave the way for successful re-entry and reintegration.

In closing, we respectfully request that you pass SB104.

Sincerely,

**Carrie Ann Shiota**

Carrie Ann Shiota

Policy Director

ACLU of Hawai'i

[cshiota@acluhawaii.org](mailto:cshiota@acluhawaii.org)

*The mission of the ACLU of Hawai'i is to protect the fundamental freedoms enshrined in the U.S. and State Constitutions. The ACLU of Hawai'i fulfills this through legislative, litigation, and public education programs statewide. The ACLU of Hawai'i 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 Hawai'i has been serving Hawai'i for over 50 years.*

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**SB-104**

Submitted on: 1/26/2025 2:17:49 PM

Testimony for PSM on 1/29/2025 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Isis Usborne	Individual	Support	Written Testimony Only

Comments:

Aloha e Chair Elefante, Vice Chair Wakai, and Members of the Committee,

I very much support this bill, which should limit the cruel use of solitary confinement in prisons and jails; please note that this is a practice that is also used to separate trans prisoners from the rest of the population, not just as punishment for any actual wrongdoing. We should be preventing such inhumane practices and instructing our prisons & jails to respect incarcerated peoples identities instead of giving people more trauma to deal with.

Mahalo,

Isis “Izzy” Usborne (they/them)

Kapahulu Ave resident (96815)

2026 JD Candidate at William S. Richardson School of Law

Advocacy Co-Chair of Lambda Law Hawai‘i, a law student organization at UH Mānoa

**SB-104**

Submitted on: 1/26/2025 7:13:08 PM

Testimony for PSM on 1/29/2025 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Michael EKM Olderr	Individual	Comments	Written Testimony Only

## Comments:

While I support the intention of this bill, I think it falls short. I would prefer that we would end the practice of solitary confinement in its entirety. It causes more problems than it solves, and it worsens the mental health of those subjected to it. Increases the violent tendencies, especially if one wasn't prone to violence beforehand. And It's historically been abused by guards going through a power trip. It's been shown time and time again to be a cruel form of punishment whose only purpose seems to ensure that those who come out of solitary confinement are more likely to become repeat offenders.



**SB-104**

Submitted on: 1/27/2025 12:04:59 PM

Testimony for PSM on 1/29/2025 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Carla Allison	Individual	Support	Written Testimony Only

Comments:

My name is Carla Allison, a 28 year resident of Honolulu, and I strongly support SB104.

TO: The Honorable Brandon J.C. Elefante  
Chair, Senate Committee on Public Safety and Military Affairs  
The Honorable Glenn Wakai  
Vice Chair, Senate Committee on Public Safety and Military Affairs

FROM: Kathy Hammes, Individual Citizen

RE: SB 104 RELATING TO CORRECTIONS.

HEARING: January 29, 2025, at 3:00 PM

POSITION: Support SB104

I am writing to request your support for SB 104, a bill that limits the use of solitary confinement to be used only in extremely limited circumstances, such as immediate safety risks, and requires extensive protections for individuals, especially those in vulnerable populations. It is well known that solitary confinement causes psychiatric deterioration, especially for people with mental illnesses. This bill provides for improvements in the procedures relating to solitary confinement and for appropriate monitoring and oversight.

Implementing this bill is key to improving the treatment of people who end up incarcerated, especially those who ended up there because they are severely mentally ill.

I hope I can count on your support for this bill. Thank you for the opportunity to provide written testimony in support of SB104.

**SB-104**

Submitted on: 1/28/2025 9:38:50 AM

Testimony for PSM on 1/29/2025 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Carolyn Eaton	Individual	Support	Written Testimony Only

## Comments:

Aloha, Chair Elefante, Vice Chair Wakai, and Members of the Committee,

My name is Carolyn Eaton. I am a Makiki resident and a staunch supporter of the Hawai'i Correctional System Oversight Commission. I strongly support this bill and the promise it entails to decrease the terrible sequence of deaths in custody our Dept. of Corrections and Rehabilitation has overseen in recent history.

The focus for reform should be held unwaveringly on the fact that most incarcerated individuals will return to live among us on the "outside," in one island community or another. Most of these individuals have family and friends who dearly hope "time served" will not have damaged the physical or mental health of their loved ones.

Updating written policies to guide sparing use of "solitary confinement," in mind of the damage it often inflicts, should result in improved morale among facility staff and leadership. Punishment is "out," rehabilitation is our choice.

The story related in testimony submitted by Community Alliance on Prisons, that of the visit of Hawai'i and North Dakota delegations to tour Norwegian prisons in 2015, illustrates two examples of learning and use of evidence. Let us now, with this 2025 Session, with your approval of this bill, put Hawai'i on the path of improving outcomes for our incarcerated and all Hawai'i communities. We must halt the accumulation of suicides and aggravated mental harm among our people.

Mahalo for your consideration of this most important measure and of my position in support.

**SB-104**

Submitted on: 1/28/2025 5:29:17 PM

Testimony for PSM on 1/29/2025 3:00:00 PM

**LATE**

Submitted By	Organization	Testifier Position	Testify
Barbara Polk	Individual	Comments	Written Testimony Only

## Comments:

While I strongly support the intent of this bill, I have one concern. The introduction to the bill includes the following:

(4) Require the department of corrections and rehabilitation to develop policies and procedures to review committed persons placed in solitary confinement and develop a plan for **committed persons currently in solitary confinement by April 1, 2026.**

Although the bill limits solitary confinement to 15 days, this statement appears to extend the time in solitary for more than a year for persons currently in solitary confinement. The statement appears to be an interpretation of part of Section 3. on the final page of the bill. The sentence quoted above and perhaps also Section 3 must be changed to avoid this interpretation.

**LATE**

**SB-104**

Submitted on: 1/28/2025 3:32:50 PM

Testimony for PSM on 1/29/2025 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Stephen Munkelt	Individual	Support	Written Testimony Only

Comments:

I strongly support the limitations on the use of solitary confinement proposed in SB 104. As a criminal defense attorney for over 40 years I am aware that in the U.S. more individuals have been held in solitary, for a longer time, than in any other country. it is now well established that psychological, emotional and physical harm are inflicted by even short periods in solitary, and this type of confinement is recognized as a form of torture.

Corrections officials can give reasonable explanations of why they use solitary, but there is no reasonable excuse for the harm that it causes the effected individuals. SB 104 balances these two realities by limiting the reasons for, and duration of, solitary confinement, and by requiring expert medical or psychiatric advice and staff training on the use of the practice.

Our respect for the life and dignity of each person, even when they have committed crimes, requires the passage of SB 104.

**SB-104**

Submitted on: 1/28/2025 11:33:59 PM

Testimony for PSM on 1/29/2025 3:00:00 PM

**LATE**

Submitted By	Organization	Testifier Position	Testify
Veronica Moore	Individual	Support	Written Testimony Only

## Comments:

To: Brandon J.C. Elefante, Chair

Glenn Wakai, Vice Chair

Public Safety and Military Affairs Senate Committee Members

Members of the Senate Committee on Judiciary

Members of the Senate Committee on Ways and Means

From: Veronica Moore, Individual Citizen

Date: January 28, 2025

RE: Upcoming Hearing for SB 104

Measure Title: RELATING TO CORRECTIONS.

Report Title: DCR; Hawai'i Correctional System Oversight Commission;  
Correctional Facilities; Committed Persons; Solitary Confinement;  
Restrictions; Report

To All Concerned,

My name is Veronica Moore and I am in support of Senate Bill (SB) 104 as I believe the implementation of this bill is necessary for those in the custody of the Department of Corrections and Rehabilitation (DCR) given the detrimental impact of solitary confinement, and it will aid in fostering the rehabilitative component of the DCR for this particular area of custody. I believe, however, that this bill can be stronger in the following areas,

- On page 5 of the SB 104 it says,

“(7) A clinician shall evaluate on a daily basis each committed person who has been placed in solitary confinement, in a confidential setting outside of the committed person's cell whenever possible, to determine whether the committed person is a member of a vulnerable population.”

“Daily basis” and “whenever possible” are differing time periods. Clarification is needed to ascertain whether the clinician would evaluate the committed person in a confidential setting on a daily basis, or whenever possible.

- On pages 9 and 10 of the bill, the following can be read,

“(13) Each committed person held in solitary confinement shall receive a written copy of the committed person's sanction and the criteria for a pathway back into the general population. The department shall ensure that the committed person understands the reason for the sanction and the criteria for the pathway back into the general population. The committed person's case manager shall work with the committed person in solitary confinement to develop a plan of action to reduce the committed person's violations, return to the general population, and work on the committed person's rehabilitation; and”

Identifying when the committed person will receive this information and develop a plan of action with their case manager is critical as it will assist the individual to be well-informed about the extent of their situation.

- Lastly, on pages 24 and 25 it reads as follows,

“(2) Initiate a review of each committed person placed in solitary confinement during the immediately preceding fiscal year to determine whether the placement would be appropriate in light of the requirements of section 353- , Hawaii Revised Statutes; and”

Clarification is needed regarding whether the use of the word “preceding” is appropriate, or if ‘succeeding’ would be more accurate considering it seems unlikely that a review can be initiated for each committed person placed in solitary confinement the fiscal year prior to being placed in confinement so as to determine whether placement was appropriate.

Overall, the heart and motive behind this bill is evident which is also why I support it. Again, clarifying the areas described above will strengthen this bill, in my opinion. Thank you for introducing this bill, and I appreciate the opportunity to present testimony regarding it.

Sincerely,

Veronica M. Moore

**SB-104**

Submitted on: 1/29/2025 7:53:05 AM

Testimony for PSM on 1/29/2025 3:00:00 PM

**LATE**

Submitted By	Organization	Testifier Position	Testify
Cathy Tilley	Individual	Support	Written Testimony Only

## Comments:

I strongly support SB104. We all have heard from experts it is an unsafe and unhealthy way to treat people. It does not reform or help rehabilitate. Its long overdue to stop this practice unless it is absolute necessary for the safety of others

Cathy Tilley