



INTRODUCTION

The 2003 Master Plan Update was intentionally time- and scope-limited by PSD and DAGS to focus on updating correctional facility capacity needs projections and a resulting capital improvements plan for expanded and/or new facilities. In this 2-month project, neither time nor budget was available to also undertake the comprehensive evaluation and plan development for the PSDs 22 management, operational and support services components that were addressed during the 9-month planning period undertaken for the 1991 master plan. Consequently, this 10-year update does not include a new or updated management and operations plan (1991 Plan chapter 3) or a redevelopment of Department Philosophy and Mission (1991 Plan chapter 1). This appendix is intended as a limited review of the topics in those two chapters of the 1991 master plan to provide pertinent recommendations for consistency in relation to this capital improvements plan 10-year update. Following is a section-by-section topical series of observations and recommendations for consideration in that regard, which uses the same section and topic headings as used in the 1991 document where applicable.

1991 CHAPTER 1 – DEPARTMENT PHILOSOPHY AND MISSION

The 1-page “Philosophy and Mission” statement from 1991 is still quite relevant and appropriate to the PSDs direction in 2003. However, in light of the PSDs progress and development of correctional treatment and rehabilitative services since 1991 a modification of the statement would be appropriate. With the continued need for community-based corrections and “pre-release/re-entry preparation and aftercare services” and the general trend of most correctional agencies, both in the US and other countries, to have a major focus on treatment and attempting to improve the behavior of criminal offenders, changes to the first and second paragraphs are suggested for consideration as follows:

1. Change the 1st paragraph to read as follows: *“The overall mission of the State of Hawaii Public Safety Department Division of Corrections is the protection of the public by providing safe, secure and humane correctional environments in all facilities that encourage and support positive and lasting behavioral change by criminal offenders prior to their release.”*
2. Change the last sentence of the 2nd paragraph to read as follows: *“All constitutional rights of the inmate population will be observed, and all American Correctional Association (ACA) Standards for Adult Correctional Institutions, Adult Local Detention Facilities and Adult Community Residential Services will be met.”*

1991 CHAPTER 3 – MANAGEMENT AND OPERATIONS PLAN

Most all of the improvements and changes called for in the 1991 plan are either still needed or have been implemented since 1991. While it is not within the scope of this current update to redo this very detailed systems evaluation and improvement plan, the following observations, variations or changes are recommended for consideration under their respective headings.



Section B. Classification, Case Management and Programs

Inmate Management

The RAD Unit (inmate reception and diagnostic unit) currently located inside Module 1 at the Halawa MSCF should be relocated to the recommended new Special Needs Secure Treatment Facility. This would allow the Halawa CF Module 1 to house more general close or high-medium security population and allow the design of the new RAD space to be customized to the unique needs of a prison intake and diagnostic unit. In following the 1991 recommendation for a comprehensive “case management” approach to corrections the development of “individualized treatment plans” should be initiated at the time of intake by correctional counselors working closely with the inmate at the RAD Unit.

Substance Abuse

As the types of drugs of abuse have changed significantly since 1991 to now include so-called synthetic and designer drugs that are much lower cost and thus in more widespread use the needs for substance abuse treatment has grown substantially. In the 1991 Plan it was noted that 75% of a sample of inmates admitted drug use and that the most widely used drugs were 39% alcohol, 13% marijuana and 11% cocaine. Today Hawaii is known as one of the original locations for “ice” use, which is relatively easily made in small homemade laboratories, more easily distributed and readily available at relatively low cost than other drugs. Reportedly, brain damage can be significant, but reversible, whereas a very small number of cases cannot be healed or reversed resulting in permanent mental disability.

As of October 2003 the PSD reported the 2,690 males (54% of 2003 ADP) and 347 females (52% of 2003 ADP) were identified as being in need of substance abuse treatment. The PSD currently has 230 Level 3 dedicated male treatment beds and 50 Level 3 dedicated female treatment beds. For the lower Level 2 treatment no beds are dedicated, but 106 male slots and 38 female slots are available. Thus, the system’s total treatment capacity at one time is 424 inmates (14% of need) compared to the total 2003 identified need of 3,037 inmates.

The need for space for treatment programs is thus even greater today than in 1991 and with overcrowding the total “continuum” of treatment services called for in the 1991 Plan is still not fully in place. While the WCF is an important treatment-based facility that includes a therapeutic community unit, its current capacity and minimum security level limits its potential reach. The WCCC has a 22-bed unit dedicated to female treatment as a therapeutic community. The use of therapeutic communities inside correctional facilities has proven effective in a number of states and where feasible are worth establishing in other facilities as well.

Instead of concentrating substance abuse in only one or a few facilities all CFs and all CCCs should provide some level of education and treatment as feasible so that inmates at all security levels can receive treatment continuously rather than once or intermittently throughout their stay. The continued and growing prevalence of substance abuse and dependency in jail and prison populations is so widespread that limiting treatment to only a few facilities is not sufficient for a



correctional system that desires to try to change criminal behavior and reduce recidivism rates. Moreover, research has shown that providing a continuum of education and treatment of varying levels of intensity and focus throughout an inmate's stay is more effective than providing it only at intermittent or transitional periods or only near the end of a sentence.

Today the PSDs substance abuse program concentrates on treating offenders only near the end of sentence due to capacity and funding limitations. With limited resources there is validity in providing end-of-stay treatment only as survey research findings indicate that treatment tends to "wear off" after an inmate leaves a program. However, an "end of stay" approach is not the total answer; especially knowing that "relapse prevention" is needed both inside and outside of prison as is aftercare follow-up in the community. As noted by the PSDs Substance Abuse Administrator newer evidence suggests that treatment at the "transitional" stages of an inmate's confinement is more effective than only treatment near the end of sentence. Critical transitional stages include: (1) at the time of the inmate's intake into the system; (2) at the time of transfer to another facility; and (3) upon return to the community. However, as noted above the concept of a "continuum of treatment" that maintains and reinforces treatment throughout an inmate's confinement and at the community level upon release or transfer to community supervision, which was recommended in the 1991 master plan, can have even greater beneficial impact rather than just periodic treatment and is still recommended by this update.

Due to the volume of need it is not simply not appropriate or worthwhile to attempt to concentrate all substance abuse in one facility as many states have found, but rather provide the resources and space in all CFs and all CCCs. Doing so allows all inmates to be matched to the level of security needed with different security level facilities and still start, continue or re-take appropriate treatment regimes throughout their term of custody. Moreover, there needs to also be follow-up aftercare and relapse prevention efforts both inside all the correctional facilities and in the community after release, which may exceed the PSDs jurisdiction and probably its funding. Accordingly, the State's parole and probation systems could be useful in helping facilitate such a "continuum of treatment" that goes beyond current PSD operations, but will require significant coordination between the involved agencies and community providers.

Sex Offenders

Like other program and treatment areas the treatment capability for sex offenders in the system is currently limited to the capacity of the KCF on Hawaii, which is an open minimum security facility. As such the KCF provides an important function, especially near the end of sentence which follows the same reasoning as to when it is best to treat substance abusers. However, the number of sex offenders that are in higher security facilities is substantial as indicated by the growth in the system's sex offender population from 275 in 1992 to 675 and one female as of September 2003. The 1991 Plan called for a 20-bed intensive treatment therapeutic community to be established at the KCF and for a centralized intensive assessment center at a new special needs facility. *That recommendation is still valid and is supported by the new master plan with a dedicated treatment unit recommended to be included in the proposed 498-bed Special Needs Secure Treatment Facility.*



Women's Issues

In 1991 the PSD was in the process of relocating female prison inmates from the old WCCC to the remodeled juvenile corrections facility known today as the WCCC located on the northeast side of Oahu. Due to litigation against the State at that time to provide adequate and equitable correctional capacity, services and programs for female offenders the WCCC was excluded from the 1991 master plan. The remodeling and expansion of the WCCC appears to have substantially improved the capacity, services, programs and general conditions for women since 1991. Since the juvenile corrections facility was designed with a substantial amount of activity and program space it provides more than enough space for programs as required by space standards. There remains, however, as documented in the facility assessment of chapter 3 some deficit in administrative, support/operations, and housing space for the rated bed capacity.

As compared to the WCCC the four county CCCs continue to be much more limited in the space needed for women prisoners as they were in 1991. The development of sufficient and comparable space for females at the county CCCs is probably the area of greatest need in the whole system for women prisoners. If the CCCs had adequate space for women the need for sending some females to the WCCC would be reduced.

Academic Education, Vocational Education and Inmate Programs

In 1991 the lack of computer equipment for classrooms and labs was the major need for both academic and vocational education. That need appears to have been addressed in most facilities, however, the four county CCCs remain the most deficient in this area due to their overcrowding and lack of adequate space. The lack of space limits the ability to provide "job preparedness" training and classes, which has been proven to be a vital element for successful reintegration of criminal offenders. Most all facilities except the WCCC were found to be lacking in the amount of space needed for programs and inmate activities in general including programs for sex offender treatment and substance abuse education and treatment as noted above.

Correctional Industries

Many states have had success in engaging private sector industries to establish operations inside prisons and jails. This appears to be an area in which the PSD has not yet established any such relationships but should be given consideration. At least on a trial basis an industrial recruitment specialist could be either employed in a staff position or contracted by the PSD to attempt to recruit local industries and employers to consider entering an employment contract with the PSD. A number of state DOCs and local jails have been successful in this regard even to the extent of having inmates paid minimum wage. In some cases these employers have hired former inmates who worked for them inside a correctional facility where they became a trained laborer ready for employment on the outside. Some effort also needs to be made to attempt to recruit a private sector employer who would provide training and work opportunities for the developmentally disabled with a sheltered workshop type operation.



Library Services

Similar to 1991 the libraries throughout the system are lacking adequate space and the situation has only worsened in some facilities due to overcrowding. The law libraries at some facilities are inadequate for conventional books storage. Consideration should be given to converting regular law libraries to a computerized system with the use of desktop PCs since entire law libraries are now readily available on CD-ROM disks, which provides a big space savings.

Recreation

Adequate space is lacking both inside and outside at most facilities. With overcrowding it becomes almost impossible at the CCCs and difficult at the Halawa MSCF for staff to provide inmates with the ACA standard of at least one hour a day of physical recreation.

Volunteers

All facilities are generally lacking any dedicated or even shared space designated for the regular use of volunteers. Each correctional facility should have either a full- or part-time staff person assigned as a volunteer coordinator. Volunteers can be vital when there is not sufficient funding or staffing for the provision of programs and counseling services. The coordinator position can be essential to organizing volunteers and their activities to coincide successfully with the needs of inmates.

Religion

As with other program and activity areas spaces available for religious activities are inadequate and in some cases no designated space is clearly available at all times for multi-denominational religious practice and activities. This is also an area where a volunteer coordinator can be valuable in helping assure that religious leaders and mentors from the community including all denominations are made available to inmates both on an individual and group basis within the security limitations of the particular facility. During the facility intake/RAD process an assessment should be made of each new inmate's religious involvement and desires. Religious involvement and activities have been proven to be a very successful in helping a criminal offender to make a lasting positive behavioral and lifestyle change.

Release Preparation

The time and efforts spent by an inmate during the year prior to their release has been proven to be critical in determining the likelihood of succeeding on the outside and avoiding a relapse or return to criminal behavior. Individualized case management by assigned staff and assisting the inmate with developing a release plan are vital to a successful re-entry to free society. The Hawaii system has a sound procedure of returning a prisoner to the CCC on the island of their scheduled release at about one year before the release date. The time spent here in both inside and community-based



activities, work and training is very important and the State should be sure that each CCC has adequate staff and space for this function. The development of “half-way houses” should also be considered to expand the “community residential” capability of the system rather than limiting it to minimum security work furlough centers.

Domestic Violence Education and Treatment

One of the treatment program areas that seem to be lacking in the Hawaii system is in education and treatment programs for domestic violence perpetrators. There tends to be a relatively high incidence of domestic violence among sentenced prisoners and the provision of treatment services and programs for this area can have a beneficial impact on behavioral change. The PSD should implement a DV treatment program such as the “Duluth Model” that has been successful in other state systems, both at the community corrections level as well as inside prisons and jails.

Section C. Support and Operations

Human Resource Management

Training was new in the Department as an organized function in 1991 and consequently a substantial number of management and programmatic recommendations were provided. Since that time a feasibility and planning study was made in an attempt to develop a new Departmental training center, which was never funded. As training is a vital component of the success of any corrections agency and to the providing staff with opportunity for progressive employment it is recommended that the PSD seek authorization to develop a central training academy that could also be made available for joint law enforcement training and thereby probably achieve wider support for funding by the Legislature. If only some of the new facilities recommended in this master plan update are approved for implementation the training needs of the PSD will grow substantially and the availability of a dedicated purpose-designed training academy would be an important staff development support resource.

Medical Health Care

Adequate triage or clinic space is not available in several facilities and is most lacking in the county CCCs. Many spaces originally designed for medical services have been compromised or relocated to other spaces. Following are several specific recommendations for improving medical health care throughout the system:

- The system lacks a single medical center or clinic that should be co-located with a central intake/RAD unit and a new Special Needs Treatment Facility as the Halawa SNCF is totally inadequate and is recommended for demolition.
- Most all facilities need some medical observation beds, which would make them sufficient from a space needs standpoint as long as there was one central medical clinic



located in one prison facility where inmates could be sent for closer observation, specialist examinations and limited treatment.

- Re-entry linkages need to be made known to all staff involved in pre-release planning for inmates so that those with continuing medical and/or mental health needs can be linked to appropriate providers in the community upon release.
- The system needs an infectious disease control and response plan, policies and procedures.
- The proposed new Special Needs Treatment CF on Oahu should be identified as the location for the physically disabled, geriatric and infirm inmates who cannot remain in a general population assignment.
- In the future if a correctional complex is developed on Oahu on one large site to include the Special Needs Treatment Facility one of the other medium or minimum security facilities also recommended to be co-located on that site would be appropriate for housing the disabled, infirm and geriatric populations, which would free up space for others in the adjacent Special Needs Treatment CF.

Mental Health Care

The system currently lacks an adequate treatment facility for the mentally disordered who cannot live in general population congregate housing units. The construction of such a unit was recommended in 1991 and is included as a component of the recommended 498-bed Special Needs Treatment Facility.

Of the approximate 13% to 15% of the total prison population that has some type of mental disorder it can be expected that only about 5% of that population will need to be assigned at least temporarily in a separate housing unit rather than in a general population unit. In addition to the prison system needing a dedicated facility for the acute and certain chronic mentally disordered inmates each CCC should have a designated cell pod for housing the mentally disordered along with other special needs inmates.

In most cases it should be expected that the vast majority of inmates with mental disorders should be able to be stabilized with a combination of medication and behavioral management training thus enabling them to return to or remain in a general prison. Most inmates that are assigned to the Special Needs Treatment CF at or during admission should also be able to be transferred to a general prison after diagnosis and stabilization are completed. The number of inmates who cannot be treated and stabilized and transferred from the new Special Needs Treatment CF should be relatively small in number. Space in this facility must be constantly turned over to avoid it becoming an end-of-line facility for too many inmates. Successful contemporary treatment programs in other states have proven that most mentally disordered inmates can in fact remain stable in a general population prison.



Visitation

The CCCs were inadequate for accommodating non-contact visitation in 1991 and remain so today. The CFs tend to have appropriate space for contact visitation, but in some cases not enough, which requires extended visitation hours and attendant security staffing.

Food Service and Warehousing

Both food service contracting and the development of a central warehouse system were recommended to be studied for feasibility in 1991 but no change has occurred yet in either system. Food service contracting has become quite prevalent in both jail and prison systems. The need for and feasibility of a central warehouse is usually justified on the basis of being able to make large bulk purchases of prison supplies, which generates major cost savings by discounts received for making a large bulk purchase. With suppliers being prevalent on Oahu it would be questionable as to whether the capital investment could be justified. The facilities on the other islands should have adequate storage space added to avoid shortages and have at least 12 days of food supplies on-hand in the event of an emergency.

Commissary

A central commissary system was recommended in 1991 for its cost control benefits. If the Department ever decided to build a large central warehouse system the commissary system could also be integrated with that operation.

Laundry

The laundries at the CFs were generally sufficient or at least had space to be able to add laundry machines as needed. The four CCCs, however, have a variety of domestic washers and dryers that should be replaced by commercial grade machines.

Facility Management

The computerized maintenance management system (CMMS) and a system-wide maintenance coordinator that were recommended in 1991 have still not been purchased or hired. Given the repeated lack of adequate funding for normal repairs and maintenance that is endemic for all facilities the implementation of both would be most beneficial and is recommended as a top priority need that should be initiated in 2004 as a critical element of the 10-Year Master Plan.