SCOPE AND DIRECTION

This report is a 10-Year Corrections Master Plan update for the Hawaii Department of Public Safety (PSD) 10-Year Corrections Master Plan completed by Carter Goble Associates, Inc. in 1991. As such this update provides an assessment of the status of findings and recommendations that were made in 1991 for each existing correctional facility (CF) and each county-based community correctional center (CCC) compared to what was found in making an inspection the same facilities in October 2003. It also provides a recommended plan for meeting the projected jail and prison capacity needs for the next 10 years. Unlike the 1991 master plan this update is intentionally more limited in focus to the correctional facility needs of the State and does not focus on the management and operational conditions and needs of the system. This effort had its genesis in a legislative proposal that suggested that a "secure correctional treatment facility" be located on the Island of Hawaii. This update examines the total correctional facility needs of the Hawaii system to determine what facility improvements, expansions and/or new facilities are needed and whether or not such a facility would help meet those needs and what its role and mission would be.

In the Hawaii system the CFs are the prisons, which are dedicated to confining adjudicated criminal offenders whose length of sentence is longer than one year and have usually committed a felony crime. The CCCs are the county jails located on each of the four major islands where adult pre-trial detainees are confined pending adjudication and where prison inmates are returned for a minimum or community custody assignment near the end of their prison sentence to begin a transition back to their home county where they will be released. The CCCs also hold misdemeanant criminal offenders who are sentenced to less than one year of incarceration and are likely to complete their entire period of confinement in that facility.

PROJECTED NEEDS

A new 10-year correctional population projection analysis has also been completed and is contained in Chapter 2 of this report in the same general sequence of analysis as found in the 1991 plan. A major difference in this update, however, is that by agreement with the PSD the consultant completed an independent projection analysis this time, whereas the 1991 plan utilized the projection done for the PSD by an another independent consultant. Also, this time there are two separate projections, one for CFs and one for CCCs that have been prepared by the PSD staff. The comparative results of these projections are summarized near the end of Chapter 2. The Department's projection for the CCCs is done annually by staff, whereas a separate "Sentencing Simulation Model" (SSMP) was developed for projecting CF populations by staff working under a term-limited federal grant.

For the most part the consultant's projected average daily population (ADP) outcomes were slightly lower than the internal projections done by the PSD. In summary the 2003 current situation and the resulting projected needs for the coming 10-Year term are:

- 2003 annual average of 5,657 Hawaii prisoners in Hawaii and mainland prisons with a Hawaii system rated capacity of 3,369 operational beds (1,760 CFs and 1,609 CCCs)

- 2008 projected annual average of 7,083 Hawaii prisoners with a projected system capacity need of 7,625 operational beds (4,059 CFs and 3,566 CCCs)

- 2013 projected annual average of 8,320 Hawaii prisoners with a projected system capacity need of 8,950 operational beds (4,863 CFs and 4,087 CCCs)

While these projection results may seem high to some it is important to remember that over the decade of the 1990s the Hawaii correctional population grew by 95%. Both the consultant's projections and the PSD staff's independent projections for 2010 show a very close substantial reduction in the growth rate for the 10-year period to between 47% and 49% respectively, almost half of the rate for the last decade. Certainly any number of major changes in public safety policy, law enforcement, sentencing laws or practices, or the economy could cause an increase in the rate of growth.

As is obvious the Hawaii correctional system has a substantial and immediate need to increase its operating capacity, especially if the approximate 1,400 Hawaii prisoners currently housed in mainland prisons due to lack of suitable secure space in Hawaii are to be returned. If those 1,400 inmates were returned to Hawaii today without the addition of any new facilities or facility expansions, Hawaii would have one of the most overcrowded correctional systems known anywhere at 168% of operating capacity.

Even without the mainland prisoners, however the Hawaii system is still overcrowded today to levels that create very tenuous conditions and security concerns in certain facilities as found during the facility inspections. System-wide the number of inmates confined in Hawaii facilities constantly exceeds the rated capacity with an average inmate count in 2003 of 111% of the rated bed count. Throughout the nation most states and local jails try to follow a professional practice guideline to maintain population at no more than 95% of rated bed capacity, which is obviously an impossible goal when the right kind and number of beds are just not available.

IMPROVE FACILITY MAINTENANCE FUNDING

One of the key findings from the facility inspections is the degree of maintenance and repair needs that seem to be a chronic condition throughout the system. From accounts by Wardens and staff it appears that while maintenance, repair and replacement needs are proposed and budgeted annually, many of those needs go unfunded repeatedly. In addition to the added impacts of overcrowding most of the facilities exhibit conditions needing repair or improvement, which through deferral and neglect and less than adequate annual maintenance funding only shorten the useful life of the buildings and building systems.

EXPAND EXISTING SUPPORT SPACES

Additionally, besides obsolescent spaces found in some of the older facilities (Halawa SNCF, Kulani CF, Waiawa CF, WCCC, and all four CCCs original housing units and support spaces) there is a lack of adequate space to support efficient and effective operations and inmate supervision. Much of the additional space that was recommended as being needed in the 1991 Master Plan is still needed and only more so today. Specific estimates of support spaces needed in each existing

facility and the approximate present value 2003 cost to construct them are included in this improvement plan with details in Appendix A.

EXISTING FACILITY IMPROVEMENT PLANS

Chapter 3 contains the facility evaluations and the recommended 10-Year Master Plan with specific expansion and new facility proposals, estimated present value construction costs, a proposed 2-Phase implementation schedule, and annual operating cost estimates. At the beginning of this project the consultant visited all nine of the State's CFs and CCCs to be able to compare the status and conditions of each in relation to the findings and recommendations developed in the 1991 Master Plan. In doing so the functional, operational and capacity conditions of each facility were examined by the consultant team and are summarized at the beginning of Chapter 3. Following that section the bulk of the Chapter provides a facility-by-facility assessment with planning recommendations that include:

1. Recommended Role and Mission
2. Recommended Capacity by Custody Levels
3. Changes and Improvements Needed (since 1991 and as of 2003)
4. Expansion Potential and Continued Use
5. Updated Site Plan and Space Needs

10-YEAR DEVELOPMENT PLAN SUMMARY

Following the "Existing Facilities Capacities and Improvement Recommendations" a section entitled "Recommended Capacity Planning Guidelines" begins with the computation of the number of beds needed to accommodate the 10-year population projection results from Chapter 2. Separate security level cohorts are recommended for allocating the projected number of beds needed for the CFs and the CCCs based on historic data analysis, comparative guidelines from other systems, ACA guidelines and the consultant's experience elsewhere. In deriving the recommended number of beds needed by security level by facility three important planning factors are included: (1) population fluctuations and peaking in the CCCs; (2) regular classification separation needs in all facilities; and (3) temporary special management beds needed beyond the operational capacity beds in all facilities. These computations are explained and used to generate the projected total beds needed.

The recommended 10-year plan is divided into two 5-year planning, design and construction phases (2004 to 2008 and 2009 to 2013) both as a cost management strategy for the capital improvements program and as a means to more closely match the timing of activating new capacity with projected growth. This could help avoid paying for and bringing excessive capacity on-line too soon compared to when it is needed. The 10-Year program includes recommendations to:

1. <u>Expand Existing Facilities in Phase 1 2004-2008 for Long-range Use</u>
    - Halawa Medium Security CF
    - Kulani CF

2. Expand Existing Facilities in Phase 1 2004-2008 for Short-term or Temporary Use (unless recommended total replacements can be made before the end of Phase 2)
    - Waiawa CF
    - Women's CCC

3. Build New Facilities in Phases 1 and 2 Over 10 years – 2004-2013
    - Build a new Secure Special Needs Treatment CF – Phase 1
    - Demolish Halawa Special Needs CF – Phase 1
    - Replace Kauai, Maui and Oahu CCCs – Phase 1
    - Build new West Hawaii CC in Kona – Phase 1
    - Replace Hawaii CCC (except Hale Nani WFC) – Phase 2
    - Replace Waiawa CF – Phase 2
    - Replace Women's CCC – Phase 2
    - Build a new medium security CF – Phase 2
    - Build two new minimum security CFs – Phase 2

4. Development Option of CF Correctional Complex on One Site on Oahu (instead of six sites)
    - To contain: New Special Needs Treatment CF; WCF replacement; WCCC replacement; new medium security CF; 2 new minimum security CFs; central production kitchen, RAD/Intake unit, medical clinic and warehousing.

Master planning concept guidelines and new facility staffing guidelines used in developing the plan recommendations are specified in Chapter 3 and sizing and cost estimators used are detailed in Appendix A. Recommended bed allocations that are standards compliant are specified by security level for each existing facility in Table 3-5. Table 3-6 summarizes the recommended number of new beds by security level separately for CFs and CCCs organized by the two 5-year development phases. The total plan is described in narratives for each separate expansion project and each new facility. In summary the recommended 10-Year plan includes:

Phase 1 – 2004 – 2008: builds 1,860 CF operational beds and 3,427 CCC operational beds resulting in a new system capacity of 7,129 operational beds as follows:

- Retain 2003 existing 1,616 CF rated operational beds and 89 special management beds at: HMSCF; KCF; WCF; WCCC; and 226 CCC operational beds and 3 special management beds at HCCC.

- Add 1,860 CF operational beds and 106 special management beds at 2003 present value dollars of approximately $179 million construction cost or $239 million project cost, excluding financing and land acquisition costs for:

    - 1,362 operational bed expansions at HCF, WCF, WCCC, and KCF
    - 498 operational beds in a new Special Needs Secure Treatment CF either at Halawa or a new site on Oahu
    - Demolish existing Halawa SNCF to allow Halawa MSCF expansion

- Replace Kauai, Maui and Oahu CCCs and build a West Hawaii CC at Kona for 3,427 operational beds and 176 special management beds at 2003 present value dollars of approximately $238 million construction cost or $321 million project cost excluding financing and land acquisition costs for:

    - KCCC 343 operational beds, 16 special management beds
    - MCCC 761 operational beds, 40 special management beds
    - OCCC 1,964 operational beds, 104 special management beds
    - WHCC 359 operational beds, 16 special management beds

- Construct additional Administration, Program Services, and Support & Operations spaces at four existing CFs and four existing CCCs to resolve *existing* space deficiencies for their 2003 rated bed capacities and compliance with minimum space standards.

    - 4 CFs: Approximately 87,900 square feet of space for approximately $23 million construction cost or $30 million project cost.
    - 4 CCCs: Approximately 82,400 square feet of space for approximately $17 million construction cost or $22 million project cost.
    - *Replacement of any of the existing facilities (as recommended) between 2004 and 2013 could avoid the need for these expenditures accordingly.*

Phase 2 – 2009 – 2013: builds 2,506 CF operational beds and 612 CCC operational beds resulting in a new system capacity of 8,899 operational beds as follows:

- Retain operational bed capacity from Phase 1 including: 2,254 CF beds at expanded HMSCF, KCF, and new Special Needs Treatment CF; and 3,527 CCC beds at new KCCC, MCCC, OCCC, WHCC and Hale Nani WFC.

- Add 2,206 CF operational beds plus 124 special management beds at 2003 present value dollars of approximately $208 million construction cost or $281 million project cost, excluding financing and land acquisition costs for:

    - 613 operational beds in a new medium security CF (288 medium, 325 minimum; could also replace KCF if expanded to add a 310-bed treatment unit)
    - 350 operational beds in a new minimum security CF
    - 512 operational beds in a new women's CF (replaces WCCC)
    - 756 operational beds (256 medium, 500 minimum) in a new medium security substance abuse treatment CF (replaces WCF)
    - 275 operational beds in a new minimum security CF

- Add 82 operational beds at the new MCCC and 196 operational beds at the new OCCC at 2003 present value dollars of approximately $11 million construction or $15 million project cost excluding financing and land acquisition costs.

- Replace Hawaii CCC with 334 operational beds and 16 special management beds at 2003 present value dollars of approximately $23 million construction cost or $31 million project cost excluding financing and land acquisition costs.

A breakdown of the preliminary budget estimates for implementing the recommended 2-Phase 10-Year Capital Improvements Plan is included in Tables 3-9 and 3-10 at the end of Chapter 3. Also, preliminary estimates of the probable annual operating costs for each recommended expansion or new facility are provided in Table 3-11. Essentially they confirm that while the State will obviously have an overall increase in operating costs there are resulting cost savings likely due to the replacement of obsolete and operationally inefficient facilities with contemporary designs that yield much greater staffing pattern efficiencies in the housing units. Just for the recommended replacement of the three CCCs on Kauai, Maui and Oahu and addition of the West Hawaii CC in Kona the estimated operating cost savings for only the added bed capacity is approximately $4.4 million annually in present value dollars compared to using existing operating conditions and costs.

IN CONCLUSION

It is important to note that there are four facts that have a significant effect on the magnitude of the preliminary cost estimates for this 10-Year Master Plan as follows:

1. Since the consultant's completion of the 1991 master plan there has been a substantial degree of facility deterioration, apparent deferred maintenance, and delayed needed improvements coupled with overcrowding beyond the design capacities of all facilities in the system;

2. Many of the existing facilities have obsolete layouts and small housing unit sizes that result in higher numbers of housing staff and thus higher annual operating costs than would be the case with a contemporary design. Considering that over the first 20 to 30 years of a correctional facility's life span that its construction cost will equal approximately 10% of the total of all capital and operational expenditures for the 20- to 30-year term, whereas annual operating expenses will account for approximately 90% clearly suggests that replacing operationally inefficient facilities is a beneficial long-term economic choice.

3. Existing facilities, recommended expansions and new facilities constructed should comply with the current physical plant standards of the American Correctional Association applicable to Adult Correctional Facilities, Adult Local Detention Facilities and Adult Community Residential Services. While these are sound professional practice standards that have proven to be useful and defensible in litigation against many state and local corrections agencies, they should be viewed as <u>minimum</u> standards to be complied with that do not result in excessive space or space conditions; and

4. The approximate 1,400 Hawaii prisoners currently housed in mainland facilities are included in the projections and subsequent recommended plan for return to Hawaii facilities within the 10-year plan as was agreed they should be with the PSD at the beginning of this study.

By its intended scope this study focuses on and recommends what should be done ideally to make Hawaii's correctional facility capacity meet existing and projected need without consideration for fiscal funding capacity, socio-political concerns or what could happen if current public safety policy, law enforcement and/or sentencing laws were changed substantially.

It is important to know that statistical comparisons show that Hawaii is and has been exceeding the use of non-incarceration and community-based alternatives and limiting the use of prison and jail to a much greater degree than on average for all 50 states as well as for those 11 other states with populations under 2 million. For example, In 1995 Hawaii's per capita incarceration rate for prison inmates per 100,000 population was 151 compared to the average of 245 for the 11 other states and 311 for all 50 states.[1] For 2001 Hawaii's incarceration rate grew to 269, but is still low compared to 291 for the 11 other states and 373 for all 50 states.

Although it may not be feasible to make continued substantial gains in the use of diversion to community-based supervision and alternative sanctions in light of Hawaii's unusually low incarceration rate it is clear that the policies and practices that have resulted in this performance should not be relaxed or reversed. Otherwise the projected need for jail and prison beds both in this study and by the PSD staff would only increase.

If full funding of the recommended plan is not approved then very careful consideration should be given to the setting of priorities for which expansions and which new facilities should be funded and by when. Without substantial improvement and capacity expansion of the correctional system it is possible that Federal Court intervention could occur again in Hawaii as it did in 1984, which required a decade of work to satisfy the Court as it has in five other states.[2]

[1] 2001 Corrections Yearbook, Criminal Justice Institute, Inc., and PSD data.
[2] From 1976 through 2002 at various times Alabama, Arizona, Louisiana, Tennessee, and Texas have had their correctional systems temporarily controlled by the Federal Court resulting in major multi-year expenditures for constructing many new prisons and required increases in staffing, medical and food services, and inmate treatment programs.