



**DEPARTMENT OF PUBLIC SAFETY
REPORT TO THE 2009 LEGISLATURE**

**HRS 353G
CRIMINAL OFFENDER TREATMENT ACT**

**Department of Public Safety
Corrections Program Services Division
December 2008**

INTRODUCTION

The Department of Public Safety is statutorily required to report on an annual basis to the legislature and to the Governor, its findings concerning the need for and implementation of the various provisions of Chapter 353G. The report must include information collected under HRS 353G-13, subsection:

- (a) Every assessment program, treatment program, correctional center or facility, and parole agency that provides services pursuant to this chapter or that otherwise supervises a person or issues an order pursuant to this chapter shall keep case-specific records and aggregate data and statistics as may be required by the Department of Health and which shall be required by the statewide substance abuse treatment monitoring program under section 321-192.5. The Department of Public Safety shall collect data in accordance with section 321-192.5 from any assessment program, treatment program, treatment provider, correctional center or facility, and parole agency that provide substance abuse treatment to persons served through public funds administered by the Department of Public Safety.
- (b) The Department of Public Safety shall include in the contract with any treatment provider all criteria established by the Department of Health pursuant to section 321-192.5 to determine whether the treatment provider is achieving success in treating individuals with substance abuse problems/dependencies.
- (c) The Department of Public Safety, in conjunction with the Department of Health, shall report on an annual basis to the legislature and to the governor, its findings concerning the need for and implementation of the various provisions of this chapter. The report shall include information collected under subsection (a) and a synopsis of information or data necessary to determine the impact, utility, and cost benefits of the provisions of this chapter.
- (d) The Department of Public Safety, in conjunction with the Department of Health, shall establish an advisory board that shall be comprised of judges, prosecutors, defense attorneys, adult probation officials, parole officials, correctional officials, representatives of assessment programs and treatment programs, and individuals working in licensed alcohol and other drug abuse treatment facilities who are past consumers of treatment services. The advisory board shall meet periodically to discuss the provisions, implementation, and evaluation of this chapter, and to make recommendations to the Department of Health.

URINALYSIS DRUG TESTING OF OFFENDERS

The Department of Public Safety's Drug Detection Program (COR.08.10) for offenders and defendants was established in order to standardize a statewide program to detect, control and deter the unauthorized use and/or abuse of drugs and alcohol by adult

offenders/defendants in order to support the Department's commitment to its policy of zero-tolerance for substance abuse.

Drug testing is conducted at all of the Department's correctional centers, correctional facilities, community based programs and furlough programs. The general population at each facility is tested randomly at 5% per month in addition to having suspicion or cause to test the offenders. Offenders in community based and substance abuse treatment programs are tested a minimum of twice per month.

During FY 2008, 12,351 tests were administered statewide. 621 tests, or 5%, registered positive for drug use.

SUBSTANCE ABUSE TREATMENT SERVICES

Purchase of Service Contract – Outpatient Substance Abuse Treatment (former Level II):

Women's Community Correctional Center, Halawa Correctional Facility, Waiawa Correctional Facility, Kauai Community Correctional Center, Maui Community Correctional Center, and Kulani Correctional Facility provide Level II substance abuse treatment services through the Department of Public Safety's Purchase of Service Contract with Salvation Army.

Level II services utilize a cognitive behavioral treatment component lasting 144 hours, meeting once per week. The curriculum utilized is evidence based cognitive behavioral therapy. Level II services are for inmates who are at lower risk for criminal conduct and meet diagnostic criteria for substance abuse or dependence. They have had minimal disruption in their psychosocial or vocational functioning due to substance abuse. This level of service may also be appropriate (based on assessment) for inmates who have completed treatment programs in the community or during previous incarceration, but have not been able to maintain their recovery consistently.

For FY 2008, there were 194 admissions and 155 successful completions. 11 inmates were terminated due to rule violations. The remaining inmates continued with their programming, transferred to another facility, paroled, discharged from custody, and/or dropped out of treatment.

Residential Substance Abuse Treatment (former Level III):

Waiawa Correctional Facility (WCF):

KASHBOX Therapeutic Community (TC): 200 beds.
Operated by the Department of Public Safety, Corrections Program Services, Substance Abuse Services Branch.

KASHBOX is an intensive long-term, therapeutic community treatment program lasting 9-15 months. It is for inmates who are diagnosed as substance abusers

or substance dependent and who are assessed as having significant risk for criminal conduct.

Cognitive-Behavioral Treatment and Social Learning Theory are combined to address criminal thinking and behavior. The inmates work through the Residential Drug Abuse Program cognitive behavioral curriculum. As the TC residents live and work together separated from the general population, they hold each other accountable to practice recovery skills and change their criminal thinking and behavior.

The average daily participation of inmates in the program is 200 at any given time. There is also a waiting list for those in general population who recently transferred to Waiawa Correctional Facility to enter the program. At the beginning of FY2008, there were approximately 200 inmates in various stages of treatment in Kashbox. During the period from July 01, 2007 to June 30, 2008, there were 197 new admissions, 209 successful completions, and 20 terminations due to non-compliance with treatment plan. The remaining inmates continued their participation in the program after the June 30, 2008 date.

Kulani Correctional Facility (KCF):

HALE OLA HOOPONO Therapeutic Community (TC): 20 beds.
Operated by the Department of Public Safety, Corrections Program Services, Substance Abuse Services Branch.

HALE OLA HO O` PONO is an intensive long-term, therapeutic community treatment program lasting 9 to 12 months. This program uses the same treatment modalities described above for KASHBOX. The average daily participation of inmates is 20.

At the beginning of FY 2008, there were approximately 20 inmates in KCF's TC program. Between July 01, 2007 and June 30, 2008, there were 34 new admissions, 40 successful discharges and 3 terminations for non-compliance of program plans. The remaining inmates continued their participation in the program after the June 30, 2008 date.

Women's Community Correctional Center (WCCC):

Ke Alauala Therapeutic Community (TC): 50 beds.
The program is operated by Hina Mauka through a purchase of service agreement with the Department of Public Safety and is located within the WCCC facility. The program is an intensive long-term, 9 to 12 month therapeutic community.

Cognitive-Behavioral Treatment and Social Learning Theory are combined to address criminal thinking and behavior. As the TC residents live and work together separated from the general population, they hold each other accountable to practice recovery skills and change their criminal thinking and

behavior. Specialized services are also provided in the area of sexual and physical abuse, domestic violence, criminality and other types of gender responsive issues.

The average daily participation of inmates in the program is 50. At the beginning of FY 2008, there were approximately 50 inmates in the program. Between July 01, 2007 and June 30, 2008, there were 48 new admissions, 35 successful completions, and 14 terminations due to non-compliance with treatment plan. The remaining inmates continued their participation in the program after the June 30, 2008 date.

Oahu Community Correctional Center, Laumaka Work Furlough Center

Laumaka Bridge Program is a residential substance abuse re-entry, work furlough program for inmates who have completed Level II, or III substance abuse treatment while incarcerated. The program provides opportunities to practice social learning, cognitive, and recovery skills learned in treatment while transitioning to the community. Family therapy and job development services are provided as the inmate reconnects with family and community resources.

At the beginning of FY 2008, there were approximately 47 inmates in Laumaka Bridge program. Between July 01, 2007 and June 30, 2008, there were 77 new admissions, 55 successful completions, and 17 terminations due to non-compliance with treatment plan. The daily average inmate participation was 47 inmates at any given time.

Outcome Data:

From 7/1/04 through 6/30/06 there were 81 men who successfully completed the Bridge program. To date, 41 or 51% have not been re-arrested. 28 or 35% were arrested. 12 or 15% were parole violators.

Women's Community Correctional Center

Olomana Bridge Program is a residential substance abuse re-entry, work furlough program for inmates who have completed Level II, or III substance abuse treatment while incarcerated. The program provides opportunities to practice social learning, cognitive, and recovery skills learned in treatment while transitioning to the community. Family therapy, psychological, and job development services are provided as the inmate re-connects with family and community resources.

At the beginning of FY 2008, there were approximately 15 inmates in WCCC Bridge program. During the period from July 01, 2007 to June 30, 2008, there were 7 new admissions, 13 successful completions, and 4 terminations due to non-compliance with treatment plan. Due to Bridge counseling and WCCC case manager staff shortages, the daily average inmate participation was 6.

Outcome Data:

From 7/1/04 through 6/30/06, there were 34 women who successfully completed the Bridge program. Two years after completion, 68% were not re-arrested during that period.

DATA COLLECTION:

There are variations in the completion of clinical and administrative information regarding admission, discharge and follow-up forms being used with various agencies. While some service providers integrate the completion of admission forms as part of the intake process, others utilize internal forms, which are subsequently transposed into the Client Data System (CDS) forms.

Information from completed CDS forms is usually input into the electronic/computer file by administrative staff, which also ensures that all data fields are completed correctly. Agencies that provide services through multiple sites receive forms through faxes sent to a central location where data is input electronically. A hard copy of the completed form is printed and placed in the client's file.

Systems design for data collection and reporting must encompass substance abuse treatment provider agencies that provide a continuum of services (i.e., residential, intensive outpatient, outpatient, therapeutic living program) to a broad range of clients, as well as those whose programs serve a less diverse clientele (i.e., co-occurring mental illness/substance abuse, intravenous drug users) requiring specialized services.

Ensuring that data element definitions are consistently applied across all agencies is critical to the integrity of data submitted. Uniformity and accuracy in forms completion will require on-going training and quality assurance checks, as will training in maintaining confidentiality of patient records.

Participating agencies agreed that, upon completion of providers' staff training, data collection would begin. The first training session for the Department of Public Safety staff occurred on February 9, 2007. The Department's substance abuse treatment staff was trained in the CDS forms and data collection procedures. The Department's clerical staff training was completed in March 2007.

The training provided an understanding of the process of data input into the system, utilizing information from the CDS forms. ADAD staff provided information regarding system requirements, installation and transmission of data to the agency coordinator. ADAD installed their program into one of the Department of Public Safety's personal computer in order for the clinical and clerical staff to start the collection and compiling of data for the Department of Health's legislative reports.

Although there were initially a few technical problems to be resolved, CDS data was submitted to ADAD by Public Safety during FY 08.