



**DEPARTMENT OF PUBLIC SAFETY
REPORT TO THE 2007 LEGISLATURE**

**HRS 353G
CRIMINAL OFFENDER TREATMENT ACT**

I. 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 provides substance abuse treatment to person 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.
- (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.

HRS 321-192.5 Substance Abuse Treatment Monitoring Program.

- (a) To determine the effectiveness of substance abuse treatment services and

maintain accurate numbers of individuals receiving publicly funded substance abuse treatment, the Department shall establish a statewide substance abuse treatment monitoring program to collect the following information from all treatment providers accredited by the Department, pursuant to section 321-198, on every individual who receives substance abuse treatment paid by public funds. Treatment providers report admission and discharge data, as determined by the Department, with a final annual report due no later than sixty days after the close of the fiscal year, which shall include:

- (1) An accurate count of all admissions and discharges during the reporting period;
- (2) An unduplicated count of individuals served by each treatment provider;
- (3) Demographic data on each individual as determined by the department, which may include age, race, ethnicity, employment status, sources of payment, source of referral to treatment, length of treatment, and the primary substance for which treatment was sought;
- (4) Data on the number of individuals who were discharged due to successful completion of treatment and the reasons individuals withdrew from treatment during the reporting period;
- (5) Six-month follow-up data on persons who were discharge due to successful completion of treatment, reporting on criteria for measurement of successful treatment as determined by the Department; and
- (6) Any other information deemed relevant by the Department to assess the effectiveness of treatment on each individual.

- (b) The Department shall establish criteria to measure the success of treatment for individuals and establish criteria to determine whether the treatment provider is achieving success in treating individuals with substance abuse. The Department shall include in the contract with the treatment provider all criteria to determine whether the treatment provider is achieving success in treating individuals with substance abuse.

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.

FY 06 Drug Testing Data:

Month	# Tests Given	# Tests Positive	% Positive
July 05	1024	95	9
Aug 05	666	78	12
Sep 05	619	82	13
Oct 05	898	45	5
Nov 05	1016	45	4
Dec 05	982	42	4
Jan 06	620	60	10
Feb 06	1293	60	5
Mar 06	1000	69	7
Apr 06	976	27	3
May 06	796	25	3
Jun 06	963	20	2

SUBSTANCE ABUSE TREATMENT SERVICES

Purchase of Service Contract (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 receive 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 Criminal Conduct and Substance Abuse Treatment. The first 8 modules are used as a stand-alone program resulting in a self-assessment. Each unit systematically builds on the previous module, thereby increasing the level knowledge and awareness. Level II services are for inmates who are at lower risk criminal conduct and meet diagnostic criteria for substance abuse or dependence. They have had minimal disruption in their psychosocial or vocational functioning. 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 06 there were 396 admissions and 199 successful discharges. The remaining 197 inmates continued with their programming, transferred to another facility, paroled, discharged from custody, dropped out or unaccounted for. Salvation Army provided this service but not at each of the correctional facilities. The Department does not have substance abuse treatment staff assigned at each of

the correctional facilities to monitor the continuum of care and account for each inmate.

Therapeutic Community (Level III):

Waiawa Correctional Facility (WCF):

KASHBOX Therapeutic Community (TC): 200 beds.

Operated by Department of Public Safety Substance Abuse Treatment staff.

KASHBOX is an intensive long-term, therapeutic community treatment program lasting 9-15 months. It is for inmates who are diagnosed as 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 all 50 sessions of the Criminal Conduct and Substance Abuse Treatment 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. For FY 06 there were 253 admissions, 87 successful completions, and 8 terminations due to non-compliance with treatment plan. The remaining 158 inmates continued their participation in the program, which is 9-15 months in duration.

Kulani Correctional Facility (KCF):

HALE OLA HOOPONO Therapeutic Community (TC): 26 beds.

Operated by Department of Public Safety Substance Abuse Treatment staff.

HALE OLA HOOPONO 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 26.

For FY 06 there were 35 admissions, 39 successful discharges and 2 terminations for non-compliance of program plans.

Women's Community Correctional Center (WCCC):

Ke Alaula 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 months 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 sex and physical abuse, domestic violence, criminality and other types of gender responsive issues.

The average daily participation of inmates in the program is 50. For FY 06 there were 74 admissions, 30 successful completions, and 23 terminations due to non-compliance with treatment plan. The remaining 21 inmates continued their participation in the program, which is 9-12 months in duration.

RESIDENTIAL SUBSTANCE ABUSE TREATMENT FOR STATE PRISONERS (RSAT) PROJECT BRIDGE (Federally 75% & State Match 25%):

Oahu Community Correctional Center, Laumaka Work Furlough Center

Laumaka Bridge Program is a residential substance abuse treatment 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 re-connects with family and community resources.

For FY 06 there were 57 admissions, 36 successful completions, and 13 terminations due to non-compliance with treatment plan. Prior to June 1, 2006, the daily average inmate participation was 32 inmates. At the present time, the daily average is 47 inmates at any given time.

Outcome Data:

The recidivism definition for the Laumaka Bridge Program is when an offender is involved in a new arrest or parole revocation within 2 years after completing the program. Of the 82 male offenders who completed the program and released from custody into the community from December 1, 2001 through December 31, 2003, 71% remained arrest free for new crimes.

Women's Community Correctional Center

Olomana Bridge Program is a residential substance abuse treatment 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.

For FY 06 there were 24 admissions, 21 successful completions, and 3 terminations due to non-compliance with treatment plan. The daily average inmate participation is 15 inmates at any given time.

Outcome data:

The recidivism definition for the Olomana Bridge Program is when an offender is involved in a new arrest or parole revocation within 2 years after completing the program. Of the 38 female offenders who completed the program and released from custody from December 1, 2001 through December 31, 2003, 87% remained arrest free for new crimes.

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 schedule will begin on March 27, 2007.

The training will provide an understanding of the process of data input into the system, utilizing information from the CDS forms. ADAD staff will provide information regarding system requirements, installation and transmission of data to the agency coordinator. Upon completion of the training for all the agencies, ADAD will provide and install the program in the Department of Public Safety's equipment in order for the clinical and clerical staff to start the collection and compiling of data for the Department of Health, ADAD legislature reports.