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System Mapping and Gap Analysis of the State of Hawai'i Department of Public Safety

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Table of Contents

List of Tables

List of Figures

Appendices

Preface

In 2016, House Concurrent Resolution No. 85 (HCR 85) asked the Chief Justice of the Hawai'i Supreme Court to establish a task force to study effective incarceration policies and best practices used in other states and countries, and their costs, and to make recommendations to the Legislature on ways to improve Hawai'i's correctional system, including recommendations for the design of future correctional facilities. The Task Force, to date, has produced two interim reports with 10 recommendations, excerpted below. Their final report, including any proposed legislation, is due twenty days prior to the convening of the Regular Session of 2019.

HCR 85 Task Force Recommendations Excerpts

1. The State should transition from a punitive to a rehabilitative, restorative, and therapeutic correctional system.
2. Hawai'i's core values should serve as the foundation for transforming the correctional system.
3. The Norwegian/European correctional model should also guide and inform the transformation of Hawai'i's correctional system.
4. The State should establish an academy to educate and train correctional workers at all levels and establish the highest levels of professionalism for correctional workers.
5. The State should establish numerical goals for reducing the prison population and recidivism rates through non-custodial alternatives to incarceration and focused, evidenced based rehabilitative programs for those in prison.
6. The legislature should defer action on a new jail to replace OCCC (O'ahu Community Correctional Center) until the Task Force issues its final report.
7. Enact legislation adopting the Task Force's vision statement, guiding principles, goals and objectives for Hawai'i's justice system.
8. Require the criminal justice system, including Corrections, Parole, Probation, Courts, Law Enforcement, Housing, Behavioral Health and Human Services agencies to work collaboratively with other stakeholders and the broader community to develop a strategy, along the lines recommended in this report, to reduce the projected jail population to around 150 to 200 beds, and reconsider the siting for the smaller facility with priority being given to a site near O'ahu's two courthouses.
9. Appoint a working group to plan and design an academy to train correctional workers at all levels.
10. Create and fund an independent oversight and implementation commission.

Improving the conditions, processes and outcomes of the correctional system, however, is not a new concern, but has been an issue in Hawai'i for several decades now, including nearly continuous Department of Justice involvement between 1985 and 2015, followed by ongoing and current concerns about the lack of mental health treatment, including the 2017 complaint filed by the American Civil Liberties Union (ACLU) with the U.S. Department of Justice (DOJ) to address overcrowding and unconstitutional conditions in 7 of 9 prisons and jails statewide.

In response to such concerns, the Interdisciplinary Committee on Intermediate Sanctions (ICIS) was established in 2000 to guide and monitor the use of empirically-based tools in the development and support of a continuum of evidence-based services with the goal of reducing recidivism by 30% from

65.9% by 2016. The current recidivism rate of 50.5% represents a 23% (or 15.4 percentage points) reduction in the baseline recidivism rate of the early 2000s, indicating progress. Moreover, substantial technical assistance from the Council of State Governments (CSG) helped implement the ongoing Justice Reinvestment Initiative (JRI; 2012 – present) and establish criminal justice system-wide goals and strategies for reducing the prison/jail population by 900 inmates by 2016. Unfortunately, despite the substantial overall reduction in recidivism, this initiative fell far short of its goal with an actual inmate reduction of 250 versus 900. Nonetheless, to build on this positive momentum, the Hawai`i Department of Public Safety (PSD) began partnering with the University of Hawai`i Research and Evaluation in Public Safety (REPS) program in 2015 in order to evaluate current services and administrative practices and help develop evidence-based programming and data-based decision-making at PSD. Most recently, a Reentry Office was created and staffed within PSD administration to improve programming and community reentry for inmates.

Furthermore, a shift towards reentry reform by PSD administration, appears to be indicated by a comparison of PSD's previous and current strategic goals, which shows a stronger current emphasis on reentry programming, staff development and safety for inmates as well as employees. Then too, if PSD incorporates forthcoming strategic plans by the Reentry Commission, as well as the HCR 85 Task Force, PSD strategic plan will likely reflect an even stronger reentry reform perspective. Lastly, PSD needs not look too far to find an example and model of transition to criminal justice EBP services and programming in the recent Hawai`i Judiciary Probation EBP initiative (from 2005-present), which PSD should consider and incorporate in its reentry reform planning. Exemplary strategic plans from other jurisdictions, such as Florida, should also be reviewed.

Table P.1 PSD Mission 2016 and 2017

PSD 2010 Mission	PSD 2017 Mission
To operate secure facilities with varying degrees of control and custody, to protect the community and to assist in the redirection of detained and committed persons. This will be achieved by assigning them to facilities based on their behavior and attitudes and consistent with the State's commitment and responsibility to provide a sequential phasing release programming	Enhance the continuum of reentry services to improve inmate readiness to reintegrate into our communities
To provide a safe and rewarding working environment for all employees	Establish safer jail and prison operations
To sustain the health and wellbeing of all detained and committed persons by operating lawful, safe and secured facilities that meet all environmental, health and safety codes	Maintain accurate and complete information across divisions
To provide a range of opportunities for detained and committed persons to address issues related to their convicted offenses, social, educational, vocational, substance abuse and therapeutic needs. To promote personal growth and maturity so that they may prepare themselves to return to the community as self-supporting, law-abiding and productive citizens	Develop an engaged and well-trained workforce

Given the preceding background and justification, it follows that the primary purpose of the current report is to highlight the accomplishments as well as gaps in PSD's progress as a correctional system in the implementation of reentry programming and reform efforts. This gaps analysis is not meant to

be just a criticism of PSD, but rather a useful guide for where the system currently is and where it can improve as it moves towards full implementation of an evidence- based reentry model. While there are critical reentry issues related to the broader criminal justice system (CJS) that includes law enforcement, the judicial system, community supervision, healthcare, housing, human services, labor/employment, etc., as well as corrections, the primary focus in this report is on the prison and jail system. Thus, in addition to the recommendations in this report, it is crucial in order to achieve overall criminal justice system reform and sustainability, that PSD be supported to coordinate and collaborate in a multidisciplinary, cross-agency manner with public and private providers of reentry resources and services. Therefore, the issue of cross-agency coordination and collaboration for overall criminal justice system reform is addressed in the final section of this report.

The following is a summary of what is contained in the remainder of this report. The first chapter describes the methods used to assess progress and gaps in the correctional system. The second and third chapters describe best practices regarding correctional operations and administration, respectively, and how that differs from current PSD efforts. At the end of each of these sections, a summary table is provided, which highlights the goals of the reentry reform model, describes current progress towards implementation of these goals, and summarizes the significant gaps in implementation. The final chapter summarizes the results of the system mapping and gaps analysis and offers suggestions for moving PSD/CJS reentry reform initiative forward.

Chapter I: Introduction

Effective reentry strategies are crucial given that almost all of Hawai'i's approximately 6,000 inmates will eventually be released. Moreover, Hawai'i's incarceration rate has quadrupled since the 1970s leading to a 600% increase in the inmate population since that time. Across the nation, two-thirds of inmates are rearrested within 3 years of release (Langan and Levin, 2002) and this once held true in Hawai'i too, though repeated efforts have seen Hawai'i's 3-year recidivism rate fall to its lowest reported rate (50.5%) for the past decade (ICIS, 2016). Currently, however, the lowest recidivism rates in the nation are only half that of Hawai'i, with only one quarter of inmates recidivating within three years in some states, so clearly there is room for improvement and further cost savings here.

Nonetheless, before proceeding, it is important to note that in the bigger criminogenic scheme of things, incarceration, as currently conceptualized and implemented across the United States, is more likely to increase criminogenic propensities than reduce recidivism (Andrews & Bonta, 2010; Cullen, Jonson & Nagin 2011), but that is a much larger philosophical and societal issue beyond the scope of this report. Thus, despite this report's recommendations to the contrary, nothing short of a radical reconceptualization of the entire criminal justice system may actually produce the ultimate goal of maximizing public safety. So, given this harsh reality and being limited to working within the confines of the current criminal justice system, it is important to minimize harm by adhering to best practices whose effectiveness are established and justified with scientific evidence.

Thus, according to best practices, in order to further reduce recidivism, PSD, in concert with its criminal justice system (CJS) partners, needs to increase evidence-based practices addressing critical needs of employment, education, substance abuse, mental health and family relations as well as inmate accountability. Within corrections, a key reentry reform best practice is to establish that reentry does not begin at the time an inmate is released or even shortly before, but, instead at intake. Thus, for PSD, the ideal correctional reentry program engages inmates in a process of change beginning at admission to prison/jail all the way through discharge from community supervision and beyond. (Burke, 2008). The recent establishment of a Reentry Office at PSD indicates progress in that direction. According to best-practice research, successful reentry also requires appropriate evidence-based practices, resources and programming, which are delivered to inmates based on their objectively-assessed risk and criminogenic needs. **Proper implementation of EBP reentry strategies (with medium-to-high-risk inmates) has been shown to lead to a 30% reduction in recidivism rates (Warren, 2007).** So, what are some of these more effective EBP reentry strategies and elements? There are several and case management is perhaps the most essential among them.

In an ideal system, case management and case planning are used to help inmates prioritize their own goals and ensure that inmates receive the services they need. This case planning information should be maintained and continually updated in a reentry plan. The current best practice in this regard is the use of a Transition Accountability Plan or TAP, which was developed in the national Transition from Prison to Community (TPC) initiative. See sample TAP template in appendix. Regularly scheduled objective assessments and updates to the TAP are critical for assuring that the TAP reflects progress and changes in the inmate's risks and needs over time. Finally, it is crucial that the TAP should be made available to all relevant stakeholders and follow the inmate

throughout the reentry process, an issue addressed in the data-based decision making chapter of this report.

Another crucial element and common pitfall of reentry efforts is the corrections culture itself, as well as the larger community's culture, values and priorities. This is because reentry reform challenges traditional corrections culture and its routine classification and security protocols that focus excessively on risk management. Reentry reform instead focuses on risk *reduction,* which means that both risk and needs are considered when making classification and placement decisions. In order to better address risk reduction, PSD and its correctional staff must shift from a security-based role focused on custody, supervision and monitoring to an inmate-based approach that engages inmates, holding them accountable for their actions but, at the same time, working with them to redirect their lives. Corrections staff must recognize that an important part of their job is to provide inmates with programming and resources that will help change their behavior. It also requires that facilities look closely at their operations and change them if they focus only or mostly on risk management. Finally, participation by correctional staff and the larger community in reentry reform is more likely once they understand that a more evidence-based, rehabilitative approach offers the best assurance of improved prison/jail conditions and thus, community and public safety.

Of course, this kind of organizational and community change requires strong, effective leadership, strategic planning and communication at multiple levels, including state government, corrections authorities (facilities, community supervision and parole board), as well as community partners (such as housing, employment, education, medical and human services). Once a comprehensive CJS strategic plan is in place, interdisciplinary leadership teams are needed to facilitate and guide reentry efforts at all levels in order to address the fragmentation among arrest, conviction, incarceration and community supervision processes (Burke, 2008). PSD's collaboration with REPS to establish and manage interdisciplinary leadership teams with its Reentry Office, Innovative Project Team and Data Governance Committee (DGC) initiatives, could be seen as an internal step in this direction but greater interagency-level collaboration and coordination is needed for comprehensive and sustainable CJS reentry reform to occur.

Because imprisonment has been shown to make recidivism *more likely* not less (Gendreau, Coggin & Cullen, 1999), taking such a systemic, comprehensive approach to reentry reform lends itself to the most cost-effective strategy of all - the prevention and diversion of persons *before* imprisonment occurs in the first place. This systemic cross-CJS approach, of course, requires intensive collaboration between all law criminal justice partners, the involvement, buy-in and agreement of all organizations on the plan for reentry reform and an evidence-based practice approach by all partners. Further guidance on implementing a systemic reentry reform effort can be found at the Department of Justice's National Institute of Corrections.

In summary, best practice indicates that reentry reform in Hawai'i will require:
    (1) A massive cultural shift to risk reduction rather than risk management of inmates
    (2) Collaboration within and across multiple agencies at many levels, and
    (3) Commitment of state government and leadership to support and improve the criminal justice system

Thus, true, lasting reentry reform will require an organizational and societal shift in perspective about inmates and the role of corrections to view inmates as capable of change and staff/administrators as agents of that change. It requires evidence-based practices, objective risk

and needs assessment, planning and transition activities and delivery of programming matched to the inmates' strengths and needs as well as risks. Then too, all aspects of reentry reform require performance measurement and quality improvement mechanisms to monitor success/failure of programming, so that the correctional system can be flexible, changing when warranted by the evidence. The system also needs to constantly remind itself that reentry is a process that begins at intake and that reentry is not so much a program or collection of programs but more of a framework to guide and encourage systematic reform efforts, including community outreach, education and support, to reduce recidivism and increase public safety.

Once this reentry reform foundation and plan are established, the ongoing reentry reform framework should be built around eight core areas identified in the best practice literature and where PSD's efforts should be focused. These include the following (for more information, see Coaching Packet on EBPs or Evidence-Based Practices):

- Assess actuarial risk/needs
- Enhance intrinsic motivation
- Target Interventions according to the Risk, Needs, Responsivity (RNR) and Dosage principles
  - Risk Principle: Prioritize supervision and treatment resources for higher risk offenders
  - Need Principle: Target interventions to criminogenic needs
  - Responsivity Principle: Be responsive to temperament, learning style, motivation, culture, and gender when assigning offenders to programs
  - Dosage: Structure 40-70% of high-risk offenders' time for 3-9 months
- Integrate assessment/treatment into sentence/sanction requirements to help determine/assure:
  - Offender's suitability for diversion;
  - Most appropriate conditions of probation to be imposed;
  - Offender's amenability to treatment;
  - Most appropriate treatment or level of supervision to be imposed;
  - Most appropriate sanction or behavioral control mechanism to be imposed;
  - Kind of sanction, incentive or additional service to be ordered upon a violation of probation; and
  - Whether or when to revoke probation
- Skill train inmates with directed practice (using cognitive behavioral treatment methods)
- Increase positive reinforcement (to 80% of all staff-inmate interactions)
- Engage ongoing support in natural communities
- Measure relevant processes/practices and provide measurement feedback

This report takes these core reentry reform areas and addresses them in the context of not only PSD and its administrative resources but also the entire CJS and statewide community as appropriate. The primary focus of this report, however, is on the gaps between where PSD is and where they want to be in terms of reentry reform and the related best practices summarized above. This report represents the early stages of an examination of PSD'S needs and efforts to implement reentry reform. It discusses what is currently occurring within Hawaiʻi's prisons and jails, highlighting any differences found between the ideals, goals, policies and practices. The primary objective here is to indicate where Hawaiʻi's correctional system is on track with its reentry reform efforts and where there are significant gaps and barriers. This gaps analysis is not just a criticism of PSD or the CJS, but hopefully a useful guide for where the system is on track and where it can improve as it moves

towards reentry reform. Please keep in mind while reading this analysis that though Hawai`i's CJS has its weaknesses, only 12% of our nation's jails offer an array of strategies that could form the basis for a comprehensive correctional strategy (Wilson, 2000).

Finally, though there are larger criminal justice system issues and factors, such as jail diversion, bail reform and community supervision, which are inextricably tied to recidivism reduction and reentry reform, the primary focus of this report is on the correctional (prison/jail) system, which is necessary but not solely sufficient, in determining an inmate's reentry success or failure. It is hoped, however, that future reports, produced in close collaboration with additional criminal justice system partners, will address these larger systemic issues. Further guidance on implementing a systemic reentry reform effort can be found at the National Institute of Corrections.

Methods

REPS began this multiphase process in 2017, by completing a review of evidence-based best practices in correctional programming as well as best practices from reentry reform initiatives. This compilation of best practices provides the basis for comparison of Hawai`i's current correctional and reentry reform practices. Multiple local sources, including the goals/objectives in PSD's Strategic Plan, ICIS reports and analyses as well as the HCR 85 Task Force recommendations, were also consulted in this process. Key additional REPS reports and presentations, as well as PSD planning documents, meeting minutes and annual reports were also considered as part of this analysis. This provided the necessary background for asking relevant questions of PSD staff and administrators to develop a comprehensive and objective perspective on reentry reform at PSD.

Structure of the Department of Public Safety

PSD is made up of 3 divisions (administration, corrections and law enforcement) which together comprise about 2,200 employees and serve about 6,000 prisoners. PSD includes state-operated prisons and jails as well as a privately operated prison in Arizona. There are six prisons (Halawa, Kulani, Waiawa, Women's, Saguaro and the Federal Detention Center) and four jails (Oʻahu, Hawaiʻi, Maui, Kauaʻi Community Correctional Centers). These facilities offer various services and programming to prisoners including addictions services, vocational services, education, family services, health services, mental health services, faith-based programming and other volunteer services.

The Hawaiʻi Paroling Authority (HPA) is administratively attached to PSD while Probation is part of the Judiciary in a completely separate state department. In addition to standard probation and parole programs, specialized programs are set up to target particular inmates, such as those with severe mental illness and substance abuse conditions. About 2500 prisoners are released from PSD custody each year. Incidentally, Probation's recent EBP initiative (from 2005-present) provides an example and model of transition to criminal justice EBP services and programming, which PSD should consider and incorporate in its reentry reform planning.

PSD organizational chart defines the structure of the Department. The governor appoints PSD Director. Beneath the Director are three deputy directors for administration, corrections and law

enforcement. The most current schematic (2016) shows three divisions – Administrative, Corrections and Law Enforcement. In addition to these divisions, other jurisdictions have separate divisions for Training, Legislative Affairs, Reentry and Prison Reform. The only change to PSD Organizational Chart over the past decade seems to be the addition of a Litigation Coordination Office (LCO) to the entities (including Public Information, Civil Rights Compliance, Executive Assistant, Internal Affairs and Inspections & Investigations) reporting directly to PSD Director. This change may be better understood by the data that the LCO reported 78 new tort claims in PSD's 2016 annual report, which would put PSD among the correctional departments with the most such inmate litigation claims according to a survey by Schlanger (2003). One office that does not appear on PSD'S organizational chart but does appear on other jurisdiction's organizational charts is an Office of Health Care Systems Advocate, which ensures that inmates get the health care treatment they should while in prison and upon release.

The most recent and hopeful reentry-reform-oriented addition to PSD organizational chart, under the general supervision of the head of the Office of the Deputy Director for Corrections, is the Reentry Coordination Office, which "is responsible to develop, implement, and maintain the comprehensive offender reentry system for individuals entering and exiting the correctional facilities in order to increase a person's success reentry into the community". The Office also assists in the planning, training, and coordination of evidence-based programs and services to better prepare inmates for community reentry. The Office also plans to "collaborate with community stakeholders to bridge the gap in services, while affording the community stakeholders with enhanced opportunities to receive inmates who reintegrate in the community". Finally, the Reentry Office also oversees the Inmate Classification Section, Programing, Planning and Training Section, Risk Assessment Section, and Victim Notification/Services Section.

Brief History of Reentry Reform in Hawai'i

Some of the key turning points in the history of reentry reform are listed in the figure below:

Table I.1 Significant Years in Reentry Reform in Hawai'i

1985-2000	DOJ oversight of PSD
2000-present	ICIS established
2002-2008	Serious &Violent Offender Reentry Initiative (SVORI) Grant Implemented
2003-present	Corrections Population Management Commission Established
2008	Comprehensive Offender Reentry Plan Law Passed
2008-2011	Prisoner Reentry Initiative (PRI) Grant Implementation
2009-2015	DOJ oversight of PSD
2010	Office of Hawai'ian Affairs (OHA) Report released
2010-present	Reentry Commission established
2012-present	JRI Initiative
2013-present	HOPE Probation program

2014-present	Act 149 EBP/Recidivism initiative
2015-present	PSD partners with UH REPS
2015-2018	SAMHSA Reentry Grant Implementation
2016-present	HCR 85 Task Force established
2017-present	Staffing of PSD Reentry Office
2017-present	ACLU lawsuit re: overcrowded jails

As PSD came out of its long period of oversight by the Department of Justice due to overcrowding and unconstitutional conditions at its facilities, the formation of the Interdisciplinary Council on Intermediate Sanctions (ICIS) in 2000, with its optimistic 15-year goal of reducing the state's 3-year recidivism rate from approximately 2/3 of inmates released to approximately 1/3 of inmates released, provided a light at the end of the tunnel of reentry reform. Though falling short of that goal, with the recidivism rate at 50% currently, ICIS, with its cross-agency database, Cyzap, has bolstered PSD's collaborative collection and analysis of recidivism-related data as well as its promotion of evidence-based practice (EBP), including actuarial risk/needs assessment, motivational interviewing training for new staff and the implementation of the Corrections Program Checklist (CPC) to monitor and address programmatic fidelity of PSD service providers to evidence-based practices.

In 2003 the Corrections Population Management Commission (CPMC) was formed in order to "establish maximum inmate population limits for each correctional facility and to formulate policies and procedures to prevent the inmate population from exceeding the capacity of each correctional facility" (Section 353F-4, Hawai'i Revised Statutes). Nonetheless, overcrowding of the majority of the state's correctional facilities remains an issue presently.

PSD received an additional shot in the arm with the award and implementation of a 2002-2008 Bureau of Justice Assistance (BJA) Serious and Violent Inmate Reentry Initiative (SVORI) grant to develop and implement reentry programming. Then, in 2008-2011, Hawai'i implemented a U.S. Department of Justice (DOJ)/Department of Labor (DOL) Prisoner Reentry Initiative (PRI) grant for pre-release and some post-release services for state and local inmates. It is not known what, if any, are the long-term impacts/lessons of these two initiatives.

In 2010, the OHA released the report, The Disparate Treatment of Native Hawai'ians in the Criminal Justice System, asking the criminal justice system to embrace Hawai'ian cultural values, formulate policies and procedures to eliminate the disparate treatment of Native Hawaiians in the criminal justice system, reduce the punitive nature of the criminal justice system and fund community-based and preventive alternatives to incarceration that address overrepresentation of Native Hawai'ians in the criminal justice system. This report led to the establishment of a Native Hawai'ian Justice Task Force and its related report.

In 2012, with the Council of State Governments (CSG) Justice Center assistance (2012-2016), PSD embarked on an even more systemic criminal justice reform effort thanks to the federally-funded Justice Reinvestment Initiative (JRI). The creation of a Justice Reinvestment Working Group, a committee made up of representatives from three branches of government, produced the following strategic policy solutions, which, except for the first three, were implemented by the legislature in 2012:

- Raise the felony theft threshold
  - Raised from $300 to $750 in 2016 but impact was minimized by passage of a law subjecting "habitual" theft inmates to mandatory minimum sentences
- Make it possible to post bail 24 hours a day and expand methods of payment
- Ensure minimum periods of supervision for felony inmates leaving prison
- Reduce probation terms for persons incarcerated for certain offenses
- Expand the size of the parole board from three to five members to increase the capacity to release more prisoners on parole
- Require the HPA to base programming requirements and release decisions on results of an objective risk assessment
- Release low-risk individuals at the end of their minimum sentence
- Limit the term of incarceration for first-time parole violations to 6 months
- Allow judicial discretion in sentencing second-time felony drug possession offenses
- Improve victim restitution collection and increase payments to victims
- Reduce delays in the pretrial process by requiring use of an objective risk assessment tool to inform detention and release decisions
  - Establish "re-entry intake service centers" within PSD to conduct pretrial assessments within three days of inmates' bookings
    - However, the HCR 85 Task Force (2017) reported that in fiscal year 2015, it still took an average of 32 days for pretrial inmates to be released on bail and 84 days on supervised release — virtually unchanged since fiscal year 2011
- Reentry Commission in 2010 to work with PSD in monitoring and reviewing the comprehensive offender reentry program, including facility education and treatment programs, rehabilitative services, work furloughs, and the HPA's oversight of parolees. The Reentry Commission makes recommendations to the Department, the HPA, and the Legislature regarding reentry and parole services.

In July of 2013, a study of Hawai'i's HOPE (or Hawai'i Opportunity Probation with Enforcement) program's supervision methods on pretrial supervision found that participants were half as likely as non-participants to be re-arrested or have their probation revoked, as well as 72% less likely to test positive for drugs. The HOPE probation program is a judge-supervised system of immediate sanctions for violations of conditions of probation, which, thanks to its demonstrated success and evidence-based decision-making by PSD administration to continue funding this cost-effective program has grown from 34 participants in 2004 to 2200 in 2014. The HOPE probation experience provides a memorable and crucial example of how local innovation, performance measurement and data-based decision making can be cultivated to create and maintain the elements a successful reentry system in Hawai'i.

In 2014, the State legislature passed Act 149 with the purpose of establishing a two-year Reentry Pilot Project within PSD to develop and implement a plan to demonstrate the cost-effectiveness of providing a coordinated system of reentry treatment and support services to help nonviolent, low-risk drug offenders transition from jail, or prison, back into the community. The legislative intent for the coordination of a systemic comprehensive continuum of treatment services include:
- Reducing the prison population and the cost of incarceration by decreasing recidivism among nonviolent, low-risk drug offenders;
- Identifying a network of key resources necessary for success; and

- Preserving public safety through careful initial screening and continued monitoring of participants in the project as they live in the community.

Act 149 required PSD to provide oversight over the pilot project and purchase, or contract, necessary services to support the provision of community-based treatment, including residential care, out-patient care, vocational rehabilitation, sober housing, psychiatric care, medical care, family reunification, and support from faith-based organizations, cultural groups, and recovery. Unfortunately, however, funding was not accessed or accessible for this purpose and no progress was made on this initiative.

Nonetheless, in fulfillment of the 2012 JRI legislation, PSD was able to eventually create and staff a Reentry Office to improve programming and community reentry for inmates. Also during this time, PSD began partnering with REPS since 2015 in order evaluate current services and help develop evidence-based programming and decision-making at PSD. However, the lack of improvement in overcrowding and mental health programming in PSD facilities, led to the formation of the HCR 85 Task Force in 2016 with the goal of producing recommendations for reducing recidivism and overcrowding in prison/jail, including advising on plans to replace the OCCC.

Finally, it is important to understand the economic environment during this time as well. Analysis of the 2012 Census Bureau Annual Government Finance Survey of state criminal justice systems' spending patterns, showed that Hawai'i has the second lowest per capita spending for corrections in country (Figure 1). **A closer look at this data also shows that Hawai'i has the lowest *percentage* of total criminal justice spending allotted to corrections in the entire country (Figure 2).** Regarding overall justice spending (i.e., courts, policing and corrections), Hawai'i places in the upper middle of the pack of states. Overall, the per capita fiscal data indicates that Hawai'i has average overall justice funding but a much smaller amount and percentage of its total criminal justice budget going to corrections compared to other states. It is likely this pattern still exists, as over the past 5 years since this data was compiled, the corrections budget has remained steady with slight 2% annual increases, putting the current budget of approximately $222,000,000, well below its peak of approximately $240,000,000 in 2010. Moving from a per capita spending analysis to a total budget allocation perspective, on average, states spend 5% of their total budget on corrections, while Hawai'i spends less than 3%. Although JRI funding is counted in this amount, external funding sources for PSD, include the Justice Assistance Grants (JAG), which, in 2018 prioritizes reducing recidivism rates, improving reentry efforts and enhancing records management systems and integrated justice information sharing as well as various crime prevention strategies.
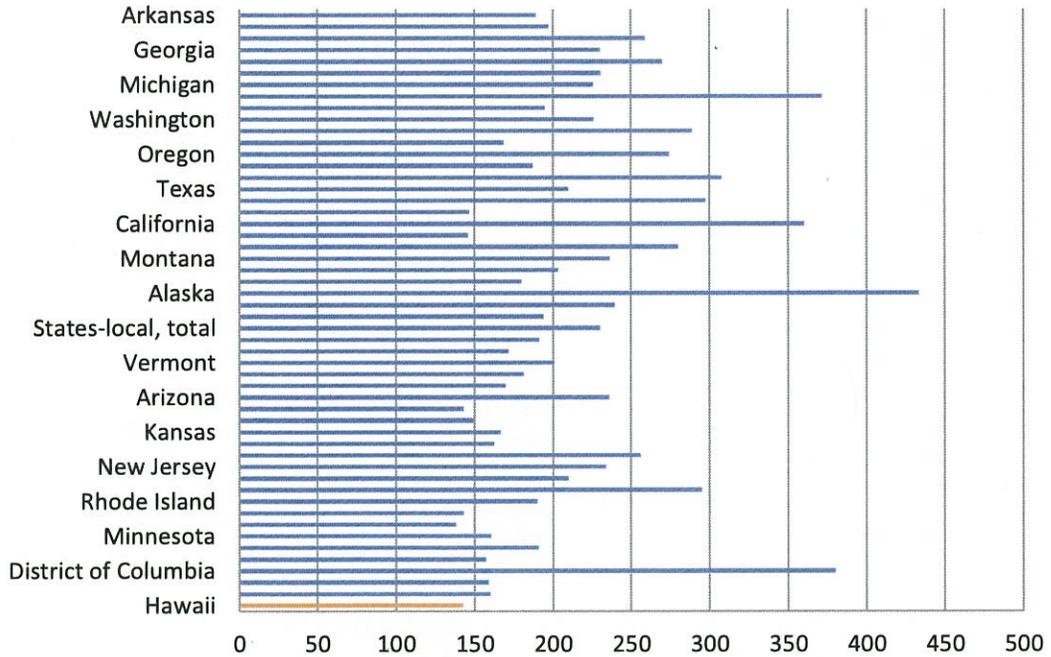
Figure 1. Per Capita Spending on Corrections
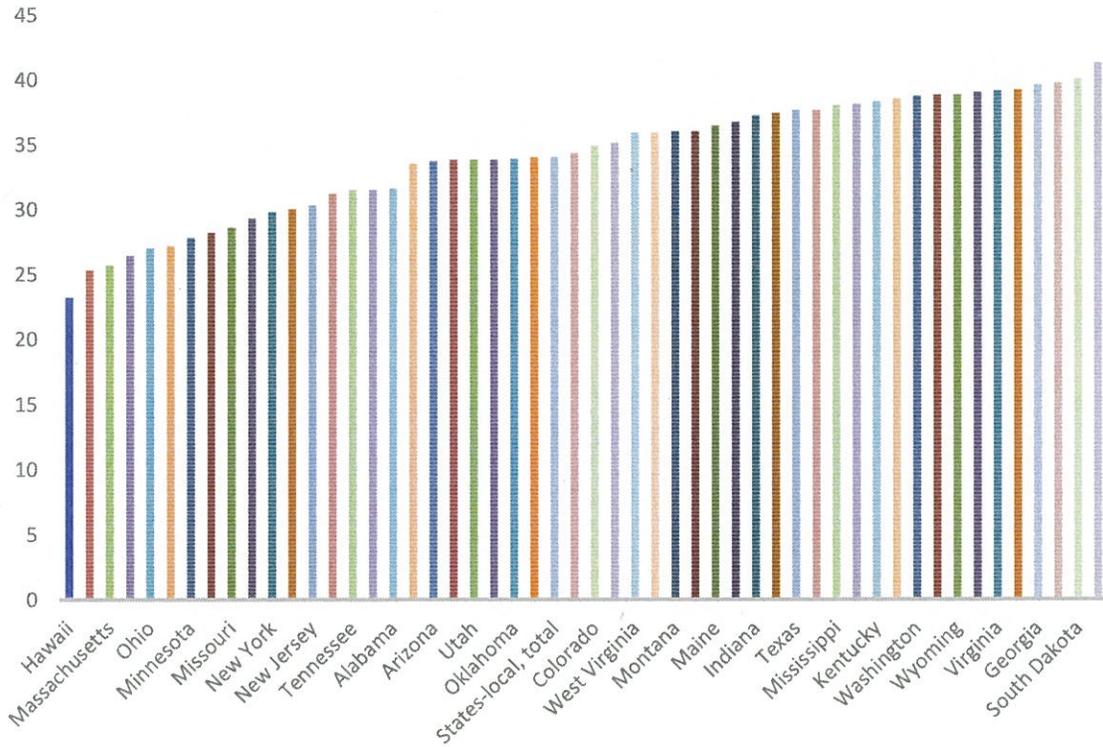
Figure 2. Percentage of Total Justice Budget Spent on Corrections

9

There appears to be a contradiction between the relatively low funding levels for Hawai'i's correctional system and the relatively high expectations of PSD, with PSD responsible for providing and/or procuring all of the following according to HRS [§353H-31] (Adult offender reentry programs and services) which reads: (a) The director of public safety may authorize purchase of service contracts, in accordance with chapter 103F, subject to legislative or other appropriate funding, for adult offender reentry programs and services that establish or improve the offender reentry system and in which each adult offender in state correctional custody is provided an individualized reentry plan. **(b) Subject to funding by the legislature or other appropriate sources, the department of public safety shall authorize the purchase of service contracts for activities that:**

(1) Coordinate the supervision and services provided to adult offenders in state custody with the supervision and services provided to offenders who have reentered the community;

(2) Coordinate efforts of various public and private entities to provide supervision and services to ex-offenders after reentry into the community with the offenders' family members;

(3) Provide offenders awaiting reentry into the community with documents, such as identification papers, referrals to services, medical prescriptions, job training certificates, apprenticeship papers, information on obtaining public assistance, and other documents useful in achieving a successful transition from prison;

(4) Involve county agencies whose programs and initiatives strengthen offender reentry services for individuals who have been returned to the county of their jurisdiction;

(5) *Allow ex-offenders who have reentered the community to continue to contact mentors who remain incarcerated through the use of technology, such as videoconferencing, or encourage mentors in prison to support the ex-offenders' reentry process;*

(6) *Provide structured programs, post-release housing, and transitional housing, including group homes for recovering substance abusers, through which offenders are provided supervision and services immediately following reentry into the community;*

(7) *Assist offenders in securing permanent housing upon release or following a stay in transitional housing;*

(8) Continue to link offenders with health resources for health services that were provided to them when they were in state custody, including mental health, substance abuse treatment, aftercare, and treatment services for contagious diseases;

(9) Provide education, job training, English as a second language programs, work experience programs, self-respect and life-skills training, and other skills needed to achieve self-sufficiency for a successful transition from prison;

(10) *Facilitate collaboration among corrections administrators, technical schools, community colleges, and the workforce development and employment service sectors so that there are efforts to:*
   a. Promote, where appropriate, the employment of persons released from prison, through efforts such as educating employers about existing financial incentives, and facilitate the creation of job opportunities,

including transitional jobs, for such persons that will also benefit communities;

    b.   Connect offenders to employment, including supportive employment and employment services, before their release to the community; and

    c.   Address barriers to employment, including obtaining a driver's license;

(11) Assess the literacy and educational needs of offenders in custody and provide appropriate services to meet those needs, including follow-up assessments and long-term services;

(12) *Address systems under which family members of offenders are involved with facilitating the successful reentry of those offenders into the community, including removing obstacles to the maintenance of family relationships while the offender is in custody, strengthening the family's capacity to establish and maintain a stable living situation during the reentry process where appropriate, and involving family members in the planning and implementation of the reentry process;*

(13) Include victims, on a voluntary basis, in the offender's reentry process;

(14) *Facilitate visitation and maintenance of family relationships with respect to offenders in custody by addressing obstacles such as travel, telephone costs, mail restrictions, and restrictive visitation policies;*

(15) *Identify and address barriers to collaborating with child welfare agencies in the provision of services jointly to offenders in custody and to the children of those offenders;*

(16) *Collect information, to the best of the department's ability, regarding dependent children of incarcerated persons as part of intake procedures, including the number of children, age, and location or jurisdiction for the exclusive purpose of connecting identified children of incarcerated parents with appropriate services and compiling statistical information;*

(17) *Address barriers to the visitation of children with an incarcerated parent, and maintenance of the parent-child relationship, such as the location of facilities in remote areas, telephone costs, mail restrictions, and visitation policies;*

(18) *Create, develop, or enhance prisoner and family assessments curricula, policies, procedures, or programs, including mentoring programs, to help prisoners with a history or identified risk of domestic violence, dating violence, sexual assault, or stalking reconnect with their families and communities, as appropriate, and become mutually respectful;*

(19) *Develop programs and activities that support parent-child relationships, such as:*

    a.   *Using telephone conferencing to permit incarcerated parents to participate in parent-teacher conferences;*

    b.   *Using videoconferencing to allow virtual visitation when incarcerated persons are more than one hundred miles from their families;*

    c.   *Developing books on tape programs, through which incarcerated parents read a book into a tape to be sent to their children;*

    d.   *The establishment of family days, which provide for longer visitation hours or family activities; or*

    e.   *The creation of children's areas in visitation rooms with parent-child activities;*

(20) *Expand family-based treatment centers that offer family-based comprehensive treatment services for parents and their children as a complete family unit;*

(21) Conduct studies to determine who is returning to prison and which of those returning prisoners represent the greatest risk to community safety;

11

(22) Develop or adopt procedures to ensure that dangerous felons are not released from prison prematurely;

(23) Develop and implement procedures to assist relevant authorities in determining when release is appropriate and in the use of data to inform the release decision;

(24) Utilize validated assessment tools to assess the risk factors of returning offenders to the community and prioritizing services based on risk;

(25) Facilitate and encourage timely and complete payment of restitution and fines by ex-offenders to victims and the community;

(26) Consider establishing the use of reentry courts to:
   a. Monitor offenders returning to the community;
   b. Provide returning offenders with:
      i. Drug and alcohol testing and treatment; and
      ii. Mental and medical health assessment services;
   c. Facilitate restorative justice practices and convene family or community impact panels, family impact educational classes, victim impact panels, or victim impact educational classes;

(27) Provide and coordinate the delivery of other community services to offenders, including:
   a. Housing assistance;
   b. Education;
   c. Employment training;
   d. Children and family support;
   e. Conflict resolution skills training;
   f. Family violence intervention programs; and
   g. Other appropriate social services; and

(28) Establish and implement graduated sanctions and incentives; and

(29) Provide technology and other tools necessary to advance post-release supervision.
   [L Sp 2007, c 8, pt of §2]

This issue of inadequate funding and resources will be more fully addressed throughout this report in terms of the sufficiency of current programming opportunities, levels and quality of reentry services for PSD inmates and custodies. Funding and resource issues aside, the italicized items above are in need of attention, ideally through a coordinated effort across criminal justice agencies and community partners.

Evaluation of Progress on Key Reentry Reform Goals

This report aims to assess the state of reentry reform efforts in Hawai'i by outlining and comparing PSD reentry goals and practices to national best practices. The goals of reentry reform in Hawai'i are gleaned from various sources, including the HCR 85 Task Force Report which lists ten reentry reform goals, as well as PSD's own 2017 five-year strategic plan. As a standard by which to compare Hawai'i's correctional system, key components of the national Transition from Prison to Community (TPC) model are considered best practices and will, among others, serve as a basis for this analysis of PSD resources and gaps.

Resources and recommendations for managing the process of reentry reform itself will also be presented. It would, for example, be extremely advantageous for PSD in partnership and close collaboration with its criminal justice system partners, to access national expertise and technical

assistance, such as SAMHSA's GAINS Center Sequential Intercept Mapping Workshop (Substance Abuse and Mental Health Services Administration Gather Assess Integrate Network Stimulate). Moreover, The Malcolm Baldrige Strategic Planning Criteria for Performance Excellence (CPE) is considered a best-practice approach for organizations engaging in performance quality improvement and strategic planning efforts (Ford and Evans 2000). The Council of State Governments' Reentry Policy Council also provides guidelines for the implementation of reentry (Report of the Reentry Policy Council 2005a). For further consideration, the Center for Sex Offender Management has a strategic planning guide geared toward organizations supervising sex offenders in the community (Carter and Morris 2002). The Office of Justice Programs (OJP), for example, recommends a three-phase reentry design, which may help PSD administration develop the implementation plan for its strategic goals and objectives:

- Phase 1, to Protect and Prepare, is provided during the offender's incarceration. Its primary goal is to encourage participation in programs offered by the institutions.

- Phase 2, to Control and Restore, focuses on the transition after release to the community, namely life skills, monitoring, etc.

- Phase 3, Sustain and Support, is heavily geared toward those offenders who have completed formal supervision by the criminal justice system and are independently utilizing mentoring and other services

To provide a structure for this analysis, the activities of reentry reform can be seen as being implemented and supported in two key areas: PSD operations and PSD administration. Operations involve the day-to-day activities within facilities, while administrative actions are everything that supports operations, such as staffing, training, fiscal, information technology, quality assurance and leadership. For the purposes of this report, target areas are specified within these two broad areas. In each area, we review the best practices, examine PSD's goals, summarize any applicable PSD policies and describe the current practice, as articulated by PSD staff/administrators and the documents we reviewed. Each section concludes with a summary of documented gaps. The next two chapters of this report examine the operational and administrative dimensions of PSD reentry reform. Each section concludes with a summary table of the national and local best practices, current operations and gaps. The concluding chapter provides a summary and recommendations for optimizing reentry reform in Hawai'i. In the appendices at the end of this report are sample logic models that describe the activities that should occur within the facilities to meet the goals of best correctional practices in Hawai'i. This includes a summary of the inputs, activities, outputs, and intended outcomes.

Chapter II: Reentry Process

Best practice emphasizes several key decision points or sequential intercepts, from arrest/intake to release from community supervision. Likewise, within prisons and jails, there are several crucial activities, including a thorough risk/needs/strengths assessment, case management, programming and release planning/preparation activities. In this chapter, we examine each of these key components, addressing areas for improvement in each. Ideally these elements are all part of a well-integrated process, with risk/needs/strengths assessment informing case management, which

makes programming decisions based on assessed needs, which then guides reentry planning and release preparation.

Reentry Logic Model
The figure below provides a simplified overview of reentry best practices, which begin at intake and end upon successful reentry. The model emphasizes the assessment and planning process that should occur to ensure that inmates' needs are identified and met through appropriate programming and services. A core assumption of the model is that the likelihood of recidivism will decrease if the reentry process can reduce criminogenic needs, increase protective factors, and actively involve inmates in behaviors that promote investments in their own reentry success. Criminogenic needs include anti-social attitudes and associations with anti-social peers, substance abuse issues, etc. Protective factors include supportive family, employment and education, etc.
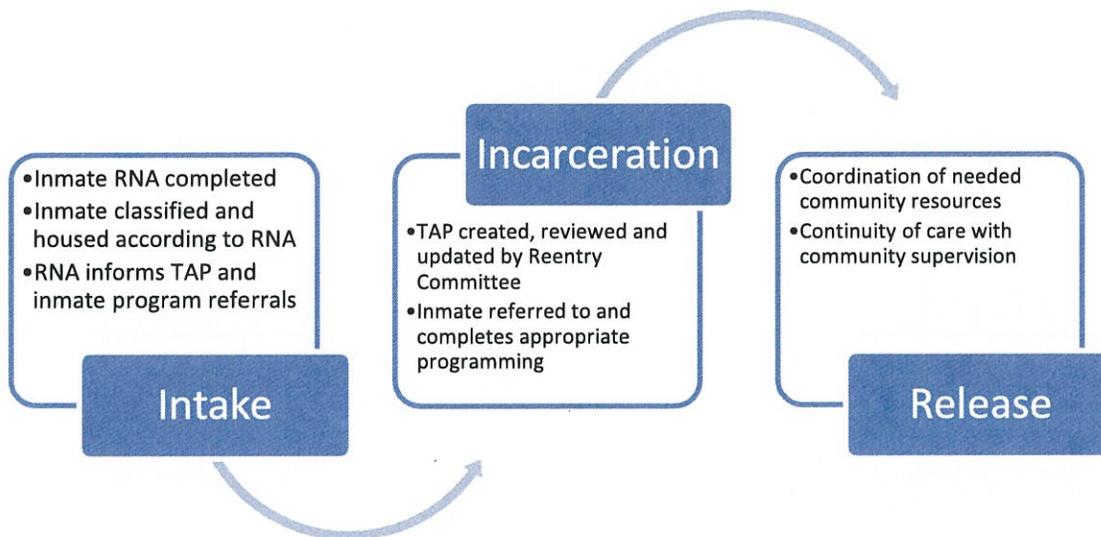
Figure 3. Simplified Overview of Reentry Best Practices

Intake and Assessment

Best Practices in Intake, Assessment and Placement

Assessment best practice requires adequate assessment of each inmate for correct classification and targeting of resources. It further requires the use of a standardized risk/needs assessment (RNA) instrument be administered to all inmates at intake and periodically thereafter throughout incarceration (typically every 6 to 12 months), prior to reentry and upon release to assess both recidivism risk, criminogenic and programming needs. Criminogenic needs include antisocial behaviors, pro-criminal attitudes, social supports for crime, substance abuse, poor family/marital

relationships, school/work failure, and lack of pro-social recreational activities. Specifically, the top criminogenic need factors from the "Big Six" list (e.g., anti-social values, criminal peers, low self-control, dysfunctional family ties, substance abuse, and criminal personality) should be prioritized for treatment in an effort to attain the largest reductions in recidivism (Taxman et al., 2004). Inmates with additional particular needs (e.g., substance abuse or mental health) should be further assessed with additional standardized assessment tools to determine the extent and nature of their other needs. Best practice also requires the use of assessments that determine receptivity and readiness for treatment (cognitive abilities, motivation to change, personality types, and interpersonal skills), strengths/talents/resources and learning abilities/styles. Thus, a proper comprehensive assessment looks at the whole person, not only at risk, but also needs, strengths and responsivity to treatment. An exemplary mental health assessment program for PSD to consider is the Clinical Assessment and Triage Services (CATS).

Key best practice standards for assessment include administering the RNA at appropriate intervals, assuring that the RNA tool, software and results are available to those needing to access them, and training and maintaining staff to administer the RNA so that the results are valid and reliable (e.g., flagging questionable responses). The RNA identifies both risks and criminogenic needs related to recidivism, such as substance abuse and criminal attitudes. Evidence-based practices indicate that programming is most effective with and should be targeted to those who are medium to high risk (Burke, Herman, Stroker and Giguere, 2010). **Low-risk inmates are unlikely to recidivate, and therefore don't benefit much from programming (Burke et al., 2010; Joplin et al., 2004), thus the focus for them should be on housing, medical and transportation versus behavior change interventions.**

On the other hand, high-risk inmates tend to be so enmeshed in a criminal culture that change is unlikely, making it less cost-effective to target this group for extensive programming (Burke et al., 2010). Nonetheless, all inmates must be given access to basic survival skills programming and links to all benefits and services that they are eligible for or need (ibid). **The results of the RNA are best utilized to determine correctional interventions and dosage for medium to high-risk inmates as they are most likely to benefit from such programming.** There are exceptions of course, as some inmates may be assessed as having extreme risk but also having receptivity to change, in which case, they should be considered for programming, whereas a medium-risk, low-need, low-receptivity inmate may actually be less appropriate for programming. Thus, programming based on security levels alone is insufficient if it does not consider the wide range of risk/needs profiles among inmates at each security level.

Incidentally, over-classifying inmates is a common mistake resulting in a security level that does not match their risk or needs, which can be detrimental to their successful reentry and increase the likelihood of recidivism. Using actuarial assessment leads to lower (i.e., more accurate) risk level classification even with 5-15% overrides being standard – half going to a lower classification and half going to a higher risk classification level (National Institute of Corrections, 2004).

Finally, it should be needless to say that criminogenic needs/risk assessment/classification is ideally what drives case planning/placement/treatment services, which will be the focus of the case management section below. A proven case planning and case management model for PSD to consider is the Transition from Prison to Community (TPC) model and manual which will be discussed further in the next section.

Goals for PSD Intake and Assessment Practices

The Hawaiʻi JRI (2012) recommended the use of a single programmatic RNA from pre-sentencing through reentry. The initiative suggested this tool be used to identify low risk, non-violent inmates so they can be diverted from prison into treatment and probation as well as to identify higher risk/needs inmates and appropriate services. The tool in use at this stage, a simplified 7-question version of the Ohio Risk Assessment System-Pretrial Assessment Tool (ORAS-PAT), however is not the same tool in use by PSD at the next stage. Thus, in order for PSD to continue its use of the LSI-R RNA within its facilities and also adhere to the JRI recommendation of a single programmatic RNA, it would need to replace the ORAS-PAT with the LSI-R. In addition, the JRI recommended that staff should continue to be trained in motivational interviewing, which should be used as part of the assessment process. The Council on State Governments has recently criticized the ORAS-PAT's use in Hawaiʻi for overclassifying (giving inmates a higher risk rating than they deserve), thus contributing to excessive rates pretrial incarceration. ISC does not appear to track or report this information but should be encouraged to do so as this may be leading to excessive rates of pretrial detention, a key driver of overcrowding.

PSD Policy and Practices Regarding Intake, Assessment and Placement

Initial inmate assessment, classification, program recommendations and housing suitability are incorporated into inmate intake procedures. The initial pre-trial intake occurs at one of the Intake Service Centers (ISC) affiliated with each Community Correctional Center or at the Reception Assessment and Diagnostics (RAD) unit after sentencing. The ISC conducts Prison Rape Elimination Act (PREA) evaluations as well as bail evaluations/reports using the ORAS-PAT in order to make risk-based recommendations to the court regarding pretrial release. ISC also supervises and monitors the success of these pretrial releases, reporting a 72% success rate in 2016, which translates to diverting 1,722 pretrial defendants from jail. Despite its success, PSD still may benefit from modifications and improvements to the process by looking to other pretrial diversion programs where 90% success rates have been achieved upon releasing 80% of pretrial defendants (e.g., Pretrial Justice).

Regarding mental health assessment, PSD policy (COR.10.1E.05) requires those with positive initial intake Mental Health (MH) screens to have Post-Admission Mental Health Assessment (PAMHA) within 14 days and positive PAMHAs are to be followed up by a Mental Health Evaluation (MHE)/ Comprehensive Treatment Plan (CTP) by a licensed Mental Health Professional (MHP).

PSD Practices Regarding Intake, Assessment and Placement

Though the LSI-R is in use and the top three criminogenic needs it identifies for each inmate are ostensibly used to guide treatment, it is not being used to determine classification level or housing which impact programming options. So, while the LSI-R is being administered at intake placement to guide interventions, classification decisions are based on a separate classification tool, which may result in inconsistencies and conflicting outcomes. The classification tool was recently revised but while it measures security risk it does not take into account an inmate's risks, protective factors or need for treatment the way the LSI-R does. Not surprisingly, then, REPS (report #6) found a concerning lack of concordance between the LSI-R risk assessment and inmate

classification. Furthermore, REPS (report #7) found that inmate LSI-R-assessed risk level, though it does decrease for high-risk inmates over time, it does not decrease for moderate risk inmates and in fact, increases for low-risk inmates.

Moreover, because training and retraining on proper LSI-R administration and anchors, as well as motivational interviewing, is largely limited to new hires, there is concern that the LSI-R assessment information may not be reliable. Also, while the LSI-R assessment is placed in the inmate's file, the information is not made available in an accessible electronic format, which suggests that this information is not being used at the facilities in a systematic way.

As such, current placement decisions appear to be guided primarily by a relatively simple classification tool. Thus, the more extensive inmate profiles the LSI-R could generate remain a relatively untapped resource for placement and programming. Until its use is expanded, placement decisions will not be fully informed by criminogenic needs but rather will continue to be more heavily influenced by logistical limitations, such as bed space, staffing, etc. Of course, criminogenic needs need to be balanced with logistical realities, but best practice emphasizes the relative greater importance and benefit of considering criminogenic need in making placement decisions. Obviously, overcrowding is one such logistical reality that must be overcome in order to more effectively utilize the LSI-R for implementing appropriate placement decisions. Finally, regarding reassessment closer to the timing of reentry, PSD may want to consider administering a reentry version of the LSI-R which focuses on reentry risk and needs.

Gap Summary for Intake, Assessment and Placement

Best practice includes using an objective RNA process that takes into account risk of recidivism and violence as well as criminogenic needs, as part of a comprehensive and strengths-based overall ongoing assessment and case planning process. The intake center uses the ORAS-PAT and the facilities use the LSI-R but neither of these instruments are being used to determine classification level or programming needs for inmates. Moreover, the ORAS-PAT, the LSI-R and the current classification form need to be validated for this population. Additionally, it does not appear that assessment information, particularly that which identifies programming needs as opposed to security risks, is being used in a systematic way to determine appropriate intervention and program placement. Furthermore, additional areas of interest, such as individual strengths, learning style, and receptivity and readiness for change, treatment, and rehabilitation are not being addressed. A key tool for PSD staff to use at this and every stage of inmate interaction is motivational interviewing and efforts such as the current ICIS-sponsored motivational interviewing (MI) training workshops by a national expert should be continued and expanded to include more PSD participation.

PSD Intake Service Centers (ISC) conduct PREA screening, which assesses inmates for victimization variables and predatory variables. The results of such a screening could be captured in Offendertrak, PSD's inmate management information system for use by facility security, program, and health care staff as well as PREA coordinators. More importantly, monitoring, analyzing, reporting, refining and validating pretrial assessment procedures at ISCs could help reduce excessive pretrial incarceration and jail overcrowding.

17

Table 2.1. Summary Assessment/Classification Gaps

Best Practices	• A valid, empirically-based, RNA should be objectively administered by case managers at intake and periodically, prior to reentry and upon release
	• Those flagged as having particular needs (e.g., substance abuse or mental health) should be assessed with more specific empirically-based instruments to further determine needs
	• Further assessment is needed to determine rehabilitation receptivity (cognitive abilities, motivation to change, personality types, interpersonal skills, and learning abilities)
	• Inmates should be reassessed with the same RNA instrument throughout their supervision (in the facility and the community) to determine both programming/treatment needs and appropriate supervision levels
	• All software/hardware needs should be addressed and all necessary training should be completed and updated
	• Correctional staff are trained, regularly retrained and supervised on motivational interviewing and other cognitive-behavioral positive reinforcement techniques
Current efforts	• LSI-R RNA tool has been in use by PSD statewide since 2011
	• The current classification tool assesses security risk and was recently revised to also account for inmate behavior/infractions
	• Reassessments are triggered by a change in inmate residence
	• Staff trained on MI primarily at time of hire
Identified gaps	• The current classification tool does not address positive inmate behavior nor does it take into account actuarial risk of recidivism
	• Classification is based on security risk; programming needs are not sufficiently addressed with the exception of mandates such as mental health/medical/special education, etc.
	• Different risk/needs assessment tools are used throughout the system (ORAS at pre-sentencing and LSI-R upon incarceration)
	• The current RNA tool, the LSI-R has not been sufficiently validated on the Hawai'i population
	• Inmate responsivity to treatment is not sufficiently integrated into case planning
	• There is no comprehensive, individualized, strengths-based assessment of each inmate

	• Correctional staff are not regularly retrained and supervised on motivational interviewing and other cognitive-behavioral positive reinforcement techniques
Recommendations	• Analyze, track, report, validate use of ORAS-PAT by ISC • Continued validation and staff training for proper use of LSI-R RNA as one tool in a comprehensive assessment of inmate motivations and strengths, as well as risks and needs • Assessment-driven case planning, treatment recommendations and dosages, which will necessitate doubling PSD's current EBP offerings • Use LSI-R to better inform inmate classification and housing decisions, for example, to avoid intermingling of high- and low-risk inmates • Increase opportunities for inmate good behavior to be acknowledged, rewarded and incorporated in classification, housing and release decisions, as well as daily staff-inmate interactions

Intake, Assessment, Placement Logic Model

As stated above, the initial risk needs assessment is a key point in the reentry process, but reassessments are also crucial activities. The LSI-R still needs to be validated on this population and be used throughout the inmate's prison stay to conduct required reassessments. The LSI-R also needs to be used appropriately to drive decisions and services that focus on risk reduction. This requires strong support from all areas of corrections for implementation, strong leadership, staff that is adequately trained and supervised (in motivational interviewing as well as actuarial assessment), and adequate planning. Best practice informs us that the inmates most likely to benefit from intensive services are inmates who are medium to high risk. PSD would need to define this population and closely examine current classification and housing procedures to determine whether these would require any adjustment. For instance, to meet the needs of this group, PSD may need to shift programs from one facility to another or implement similar programs across multiple facilities.

The figure below illustrates a logic model that focuses on the risk needs assessment process. Best practice dictates that all inmates should be assessed within 30 days of admission with reassessments that occur every six to twelve months. The immediate outcome is to ensure that inmates are classified appropriately according to both risks and needs with attention paid to risk reduction. This will ensure that classification officers have enough information to ensure that they place inmates in appropriate facility housing so that inmates' risks and needs can be addressed. The risk needs assessment is also key in guiding goal development within the TAP and recommending programming that will help inmates become more aware of their own strengths and needs. In the longer term, accurate assessment and related case management activities should lead to increased inmate motivation to change and responsibility for actions, decreased criminogenic needs, and increased stability and resiliency.
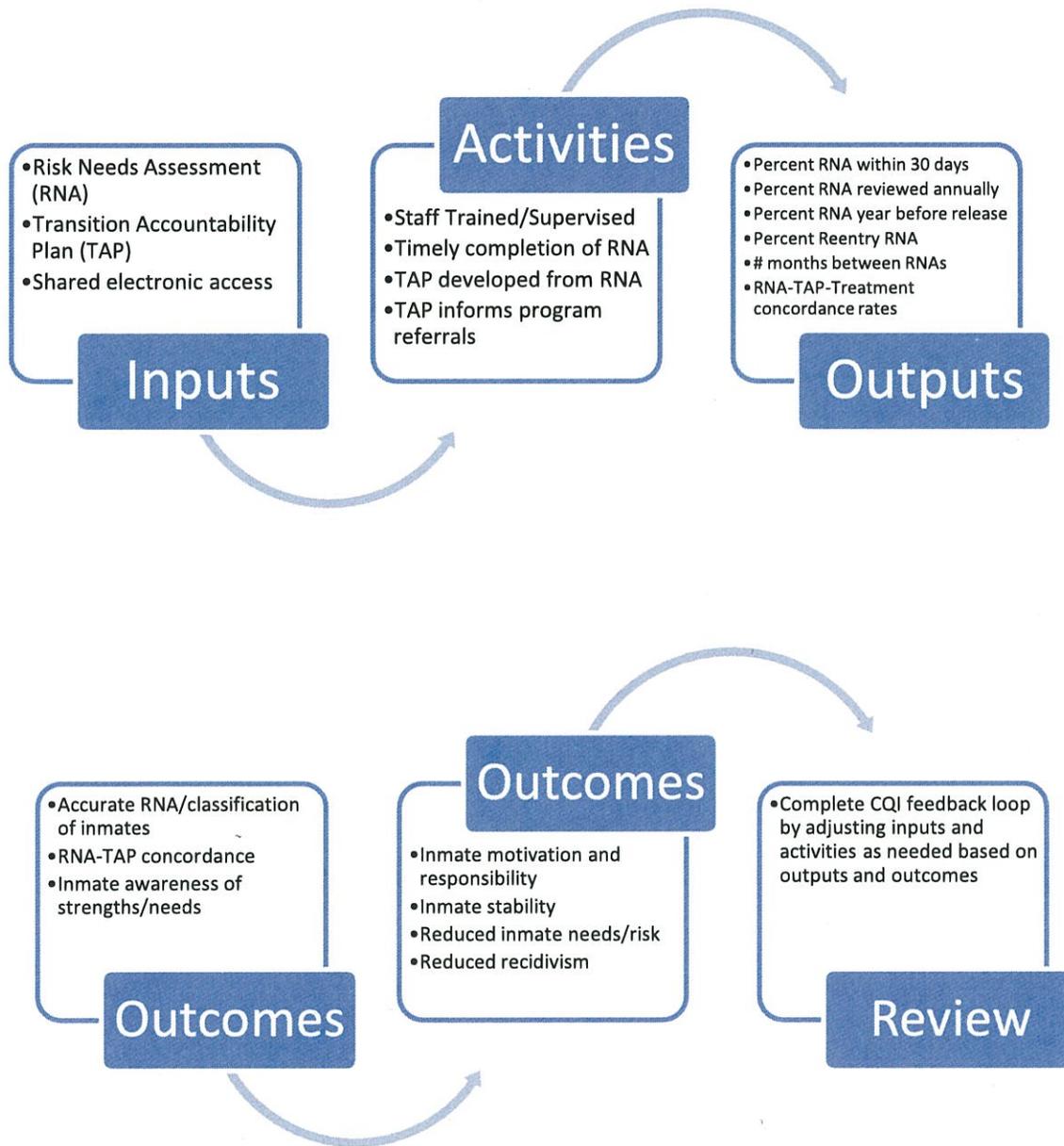
Figure 4. Logic Model Focusing on Risk and Needs Assessment Process

Case Management

Best Practices in Case Management

Best practice case management activities begin at intake, continue throughout the inmate's incarceration and end once the inmate completes any mandated community supervision. Best practice requires case managers to recommend programming to inmates based on their needs, and to encourage inmates to participate in relevant programming using techniques such as motivational interviewing. Assessment following the RNA approach is a fundamental part of this process that requires extensive administrative support to be done correctly, as best practice literature suggests poor inter-rater reliability without consistent training and adequate supervision.

Case planning can be supported with a best practice case management plan format which is in wide use across the country -- the Transition Accountability Plan (TAP). The TAP relies on RNA results to identify the programs and interventions needed to address an inmate's criminogenic needs while taking into account the inmate's projected release date. Medium- to high-risk inmates benefit most from risk reduction intervention strategies. Extreme risk or low-risk inmates are not targeted for risk-reduction strategies, but are appropriate for other interventions that would help ensure their success in the community, like employment, housing, and medical assistance. Monitoring levels, though, should differ between the groups, with extreme risk inmates monitored most closely while those at lower levels should be supervised less intensively.

The TAP is designed to involve multiple stakeholders and should explain the responsibilities of each party and hold them accountable. Case managers responsible for implementing the TAP will change over time, depending on where the inmate is in the system. At intake and during incarceration, prison staff will serve as case managers. At release from prison, responsibility for this role changes to probation/parole staff, then perhaps to human services personnel at discharge. The TAP, however, should follow the inmate (so the same TAP will be used throughout the process and be changed as needed), and the transfer of information should be seamless. The TAP should include specific, measurable, attainable goals that are revised as needed. The inmate, corrections staff, reentry personnel, probation/parole, service providers, inmate's families, victims, and other relevant entities should all participate in the development and implementation of the TAP. The TAP should address the inmate's needs (dynamic risk factors), hold the inmate accountable for his/her actions and help the inmate to become self-sufficient while maintaining public safety.

There are numerous resources to help PSD learn about and implement best practice Transition Accountability Plans at the following links:
- o Connecticut Inmate Accountability Plan
- o Transition from Prison to Community Resource Guides
- o Michigan Transition Accountability Plan Report

No matter the case plan format adopted by PSD, it is crucial, especially initially, that case manager supervisors be required and supported (perhaps by PSD DGC but preferably by a dedicated Performance Management team) to collect, analyze and provide feedback to staff and administration regarding the quality management and improvement of the case planning

process. A sample case plan quality monitoring worksheet is provided below:

Case Plan Fidelity Worksheet	**CM:**
	Date Reviewed:
	Client Reviewed:
	Coach:

1. Case plan addresses 2 criminogenic needs (with at least 1 goal for each need area) that are prioritized according to assessment results.
2. Each criminogenic need area breaks out at least 2 objectives
3. Each objective is SMART (Specific, Measurable, Achievable, Relevant, Time-bound)
4. At least one objective enhances intrinsic motivation
5. At least one objective utilizes skill training with directed practice
6. At least half of the objectives use a "face to face" technique
7. Additional feedback

Figure 5. Sample Case Plan Quality Monitoring Worksheet

Effective, evidence-based interventions should be available to inmates, targeted by risk and need and provided in an adequate dosage with attention to responsivity. Ideally, inmates will be engaged and motivated to change, although techniques such as motivational interviewing may be needed to encourage the inmate to both want and see the need for change. Best practice includes the day-to-day use of motivational interviewing as a tool to help inmates during daily interactions. **It is important to keep in mind and emphasize with correctional staff that every interaction is an opportunity for enhanced inmate motivation, rehabilitation readiness and recidivism risk reduction.**

Goals for PSD Case Management

Despite its crucial role, there is a lack of specificity in any of the HCR 85 or PSD strategic plan efforts regarding case management at PSD. Thus, PSD should adopt best practice goals for case managers to be more proactive in engaging inmates and encouraging their participation in relevant reentry programming as early as possible in their incarceration. Similar to other jurisdictions which have established reentry specialists with a background in case management to better link inmates to reentry programming, PSD's Reentry Office has proposed stationing reentry staff at each facility to serve a similar purpose. Ideally, these reentry coordinators would participate in regular interdisciplinary team meetings (e.g., with case managers, supervisors, program coordinators, and security staff) to discuss each inmate's needs/progress toward reentry. PSD may also consider national adult case manager caseload ratio standards, which are as follows: Intensive 20:1; Moderate to High Risk 50:1; Low Risk 200:1; Administrative No Limit. (PDC report)

PSD Policy Regarding Case Management

No policy related to case management and if none is in existence, one should be developed and implemented, addressing in particular clarifying the type and frequency of case manager duties, as well as supervision. This should also be addressed in the context of a more comprehensive planning and programming (P&P) on programs, the referral process, evidence-based practice, performance management and quality assurance.

PSD Practices Regarding Case Management

Assessment

PSD's case management (CM) relies mainly on the LSI-R for standardized assessment though it may not be suited for certain populations (like SPMI) or as an all-purpose assessment. There are inadequate resources for training and supervision to improve assessment tool fidelity, scoring, interpretation and program placement. REPS has indicated (in *LSI-R Report #7*) a non-concordance between LSI-R risk score and security/housing classification status, which is concerning considering that inmate classification is one of the main uses/purposes of this tool and given that intermixing different risk levels can increase the risk level of lower risk inmates who are housed with higher risk inmates. In fact, this is indeed what REPS discovered (*LSI-R Report #6*), finding that the risk scores of low-risk inmates, unlike medium- and high-risk inmates, increased with time in PSD facilities. One challenge jurisdictions face in addressing this situation is the reluctance of case managers/mental health workers to share their assessments of inmates with classification staff due to privacy concerns.

Case Planning

PSD's current case planning practices do not include a best practice case planning tool such as the TAP. Realistically of course, there would be inevitable resistance to the implementation of a new, more involved case planning procedure such as TAP, as was previously documented by the REPS 2016 KASHBOX program evaluation, which found significant resistance to a comprehensive assessment protocol despite substantial training and support. Moreover, in order to conduct the TAP, staff must believe and reassure that the inmate has strengths to build on, despite a tendency in prison culture to focus on inmate deficits as opposed to their strengths.

Referral to Programming

To achieve best practice, treatment/program referrals, targeting the inmate's most serious criminogenic needs, would be based on a TAP, which would be based on the results of the RNA and related assessments. In actual practice, however, placement decisions may reflect other needs, such as program capacity, security risk classification and bed space limitations, as much as programming needs. To empower and facilitate inmate choice and treatment motivation, consistent with best practice, PSD might provide a menu of available programming at orientation and throughout incarceration. Multiple methods and opportunities over time maximize the possibility of inmate engagement in programming. Peer-delivered approaches could be very effective in this regard, as well as multimedia approaches. The newly formed Reentry Office seems to be taking on this responsibility to improve programming information geared toward inmate interests and reading levels and should be encouraged and supported in this effort by PSD.

Motivation to Participate in Programming

The primary motive to participate in programming should be that the program meets the needs of the inmates. However, often this is not the primary motivation for participation in most programs, as capacity and other logistical needs often take precedence. An example of this is the placement of inmates in substance abuse programs solely because these programs offer cognitive component that the inmate needs. A second reason cited for participating in programming is eligibility for work release. That is, participation in particular programming (e.g. General Equivalency Diplopa or GED completion) is required in order for the inmate to be eligible to participate in Hawai`i Corrections Industries (HCI)/work release.

Practice Regarding Use of Motivational Interviewing

Best practice incorporates the daily use of motivational interviewing or similar techniques to engage the inmate in behavioral and cognitive change. It is a collaborative approach between the inmate and interviewer where staff does not tell the inmate what to do but instead encourages the inmate to change through reflective and empathic communication that builds on the inmate's intrinsic motivations. Training for motivational interviewing, however, is limited, with most staff trained only at the time of hiring. In order to use the technique properly, there must be multiple trainings and ongoing supervision of the use of the techniques in actual practice. Also, training guides should be geared toward criminal justice workers rather than medical, mental health or addictions staff. It is unclear whether current training and supervision have been customized for criminal justice, which may increase buy-in and use by staff. It is important to emphasize here that motivational interviewing offers a non-confrontational, as well as a more efficient and sustainable way for gaining compliance. Expertise may be found among mental health and addictions staff members who may be able to share their insights and recommendations with correctional line staff.

Gap Summary for Case Management

There is no policy or practice in place that provides for a comprehensive best practice assessment, case planning or related MI skills for CM staff. Moreover, there is limited and passive case manager involvement in preparing inmates for programming and reentry. In order for an effective case management system to be implemented, there must be support from all levels, and a mandate from the administration that would require that a TAP be completed with support/monitoring from supervisors and perhaps performance management personnel. Current case management limitations may be related to current staff responsibilities, qualifications, assignments and the actual number of staff available. While, it may be that current staff could, with adequate training, implement the TAP, it could otherwise require adding or incorporating other staff, from education, addictions or mental health, for example. Alternatively, it may be that PSD needs to consider hiring individuals with social work case management experience.

Of course, as is typical across state-run programs, there is a general assumption among line-level staff in particular that if the staff does not like the program, they just have to wait it out and it will go away. Thus, for a program to achieve broad buy in, PSD administration will have to repeatedly endorse and push a program or initiative and make it clear that the program is not simply the "flavor of the month" but rather a permanent new way of doing things. Ways that PSD has done

24

this in the past include creating and disseminating policies and directives, which staff expect and to some degree respond to and which may continue to be effective but must address the sustainability of the practice through supervision, training, evaluation/monitoring and administrative support and oversight. Staff encouragement through supervisory and administrative dashboards showing incremental and widespread improvement individually as well as programmatically and departmentally, would be a very useful tool to institutionalize in policy as well as practice. Frequent and specific employee and inmate performance feedback is crucial to supporting, motivating, enhancing and sustaining change. Ideally the training and supervision of case managers in motivational interviewing and cognitive-behavioral positive reinforcement strategies should extend to and include correctional officers as well as other staff members to whatever degree possible.

Table 2.2 Summary of Case Management Gaps

Best Practices	- Utilize a Transition Accountability Plan (TAP) - Initiate TAP at prison/jail intake or at time of pre-sentence report - Update and revise TAP as the inmate completes programs, acquires strengths, and prepares for release, and during community supervision - Include RNA results in TAP and match effective interventions with inmates' risks and needs. - Share TAP across facilities, departments and agencies - Case managers should manage and guide the TAP process - Case managers receive ongoing training/supervision in MI and other cognitive-behavior positive reinforcement strategies
Suggestions	- Provide evidence-based intensive case management for all inmates - Continue training/supervision in MI techniques - Use MI in conjunction with RNA - Establish CM and MI policy
Current efforts	- Some training has occurred with KASHBOX - Limited case management activities - Some interdisciplinary case/reentry planning occurs
Identified gaps	- More proactive case management needed - More interdisciplinary case planning meetings needed - Additional case management positions are needed - Programming is not targeted to RNA results - Attention is not paid to responsivity, except in limited circumstances which is program specific - Inadequate CM software and database/HER
Recommendations	- Revise CM policy and job descriptions, train and supervise CM staff to best practice standards, incl. RNA-based case planning using TAP - Train/supervise staff to increase consistency between RNA and programming referrals/completion - Fund, recruit and hire more CM and a statewide CM Director - Invest in/upgrade case management software - Increase opportunities for good behavior to be acknowledged/rewarded

Case Management Logic Model

Case management activities and an initial case plan should be introduced when an inmate gets to their first assigned facility. As mentioned above, a best practice here is the use of a Transitional Accountability Plan (TAP) that specifies the inmate's goals and plan for meeting those goals. It is a crucial component of best practice case management. A meeting to develop the TAP should occur at intake to the facility following orientation. Staff members from multiple disciplines (Education, Addictions, Mental Health, etc.) along with inmates and their case manager develop the TAP and review in multidisciplinary Reentry committee meetings. The purpose is to develop goals based on LSI-R results and to provide recommendations regarding programming to meet those goals, taking into account the projected release date. Case managers should conduct monthly reviews to monitor progress towards goals following the TAP and should document results in a shared electronic database. Full multidisciplinary Reentry team meetings should occur when inmates complete goals or when they need to initiate new goals. A key initial activity, then, would be the construction of a TAP for each inmate entering a facility. In order to accomplish this task, multiple resources must be available: staff; funding; relevant assessments; and software and hardware to create an automated and remotely accessible record of the TAP. The results of all assessments should be available to relevant staff. Ideally, this would be in an automated format and enable collaborations across disciplines and departments

There are a number of core assumptions in the case management logic model depicted below, including that there are an adequate number of trained staff and appropriate funding levels available to implement these activities. In addition, this model assumes strong leadership and support within PSD, that programming is available where inmates are assigned, and that the goals in the TAP are well defined and measurable. Best practice targets higher risk inmates, as current research suggests they are more likely to benefit from intensive programming. Thus, it may be more cost effective to carefully define the target population. A final assumption is that PSD determines the most appropriate target population prior to implementing the case management activities.

Inputs
- Risk Needs Assessment (RNA)
- Transition Accountability Plan (TAP)
- Shared electronic access

Activities
- Staff Trained/Supervised
- Timely completion of RNA
- TAP developed from RNA and routinely reviewed
- RNA determines programming

Outputs
- Percent inmates with TAP
- Staff attendance in Reentry Mtgs
- # Months between Reentry Mtgs
- RNA/TAP-Treatment concordance rate
- Treatment concordance rates by year for programenrollees & completers

Outcomes
- TAP completed
- Appropriate program referrals made
- Inmate engages in programming
- Inmate completes programs

Outcomes
- Increased inmate motivation, responsibility, stability, resiliency
- Reduced inmate needs/risk
- Reduced recidivism

Review
- Complete CQI feedback loop by adjusting inputs and activities as needed based on outputs and outcomes

Figure 6. A Case Management Logic Model Based on Certain Core Assumptions

Correctional Interventions

The previous section described how programming choices and assignments are made. This section considers program availability, offerings, quality and access. In particular, this section focuses on the programming segment of the spectrum of correctional interventions, a broader category, which according to the DOJ National Institute of Corrections, include all of the following:

- Employee Skills—including the communication skills and interactions needed to maintain

effective interpersonal relations with inmates, such as MI and positive reinforcement

- Case Planning—continuous case management decisions matching inmates to varying levels and types of supervision conditions
- Programming – services, including treatment and monitoring interventions;
- Sanctions—determinations of inmate accountability for assigned responsibilities and related compliance consequences, including punishment and reward
- Community Linkages—formal and informal interfaces with various community organizations and groups
- Case Management—manages individual case objectives and expectations within a prescribed set of policies and procedures and
- Organization—internal (operational) and external (policy environment) organizational structures, management techniques, and culture

Thus, it is clear that best practice programming is not meant to be delivered in a vacuum. It is important to consider related correctional interventions, like rapport building, motivational enhancement, positive reinforcement, and punishment (sanctions) as well as quality, access, capacity and other logistics. According to the National Institute of Corrections, it also requires the leadership and administration to provide the following essential ingredients for programming to be effective:

- Strategic Planning: Assess agency needs, create a strategic plan, and implement the plan.
- Policy and Procedure: Align external statutes and regulations as well as internal policy and procedure to support EBP.
- Align all business practices, not just supervision strategies, with EBP.
- Risk, Need, Treatment, and Fidelity: EBP requires effective assessment, case plans focused on criminogenic needs, relevant treatment, and a quality assurance process.
- Workforce: Focus on employee wellness and development, including awareness of research, skill developm6ent, leadership, and management of behavioral and organizational change processes, within the context of a complete training program and supportive human resources.
- Accountability and Improvement: Assess baseline and progress using quantifiable data. Measure employee practices (attitudes, knowledge, and skills) that are related to outcomes.
- Data: Provide employees timely, relevant, and accurate feedback regarding performance. Use data-driven advocacy to enhance community justice/correctional services.
- Engagement and Communication: Provide internal and external stakeholders with regular communication on EBP implementation, their role in it, the vision for the future, and the outcomes obtained.

Best Practices Regarding Correctional Interventions

Best practice is not simply achieved via any particular intervention or program but through a thorough and ongoing review and improvement of existing programs to assess whether they are effective and ensure that they are evidence based. Evidence-based programs are those that quality research has shown to be effective in reducing recidivism (Burke, 2008). Implementing EBPs with fidelity and maintaining fidelity to the model over time is the key to reentry reform but is also a

challenge which requires regular monitoring, structured supervision and consistent feedback. PSD should regularly consult resources of promising practices and what works for guidance and inspiration as well as continue to collaborate with experts such as REPS in developing its internal quality assurance and quality improvement processes and mechanisms.

Moreover, for every EBP in practice at PSD, staff should have access to, consult and follow standardized manuals focusing on skills training with directed practice using cognitive-behavioral methods. Staff training is an essential component of developing a culture of personal and institutional change by creating opportunities for well-trained staff to model and promote pro-social attitudes and behaviors while also maintaining a safe and secure environment. **Importantly, the use of such strategies has been shown to translate into reduced misconducts, reduced escapes, increased rates of inmates placed at lower security without incident, increased participation in programming, improved community re-entry and transition, and increased rates of release success.** A foundational skill for implementing cognitive-behavioral interventions is the use of motivational interviewing (MI) as well as other cognitive-behavioral and social learning tools, such as positive reinforcement, to encourage program compliance and behavior change.

Lack of sufficient MI and positive reinforcement, could explain why Hawai'i has a higher than average rate of max-out prisoners who do not participate in rehabilitative programming while incarcerated and are not subject to supervision once released. While on average 20% of inmates across the country max out, 32.6% of Hawai'i inmates do so, far less than the highest rate of maxing out of 64% in Florida but far more than the lowest rate of 0.4% in Oregon. To address this, Hawai'i could, like other states have done, require community supervision for all. In advance of that, however, an increased emphasis by PSD on motivational interviewing and positive reinforcement strategies by direct care staff in its facilities could and should result in greater levels of inmate participation in programming.

As stated in the assessment section earlier, effective programming depends on comprehensive, individualized and accurate assessment and thoughtful and thorough case planning. Ideally, the case manager should oversee the planning and programming process based on the inmate's risks and needs identified in the RNA. An important concept to understand here is that of Risk-Need-Responsivity (RNR) which refers to the practice of providing adequate intensity, type, individualization as well as dosage of programming based on inmate risk level. The *Risk Principle* emphasizes prioritizing supervision and treatment resources for higher risk inmates. The *Need Principle* call for targeting the top 3-4 criminogenic needs (e.g., anti-social values, criminal peers, low self-control, dysfunctional family ties, substance abuse, and criminal personality) at a minimum. The *Responsivity Principle* suggests matching interventions to inmate ability, temperament, learning style, motivation, culture, and gender when assigning programs. Another key best practice in RNR programming is that of providing the correct and adequate dosage of treatment. For example, best practice dictates that we structure 40-70% of high-risk inmates' time for 3-9 months. To properly address criminogenic needs requires approximately *200 hours of programming over 6-18 months for high-risk inmates and 100 hours of programming over 3-9 months for medium-risk inmates.* Obviously, following best practice programming dosage recommendations may require much different staffing ratios or assignments than are currently offered. Additionally, interventions should be individually matched to inmates' risks, needs, and their readiness for change, and should include opportunities for reinforcement for positive behavior in addition to sanctions for non-compliant behavior. The chart below shows the amount of programming hours required per day (across all facilities) to provide one hour per day of structured

intervention to each of PSD's approximately 4,000 in-state inmates at each risk level as well as overall. Best practice with medium-to-high-risk inmates, however, requires a dosage several times greater than the minimum dosages presented below, which should indicate the need for a major shift of staff time and resources, in order to accommodate best practices.

LSI-R Risk Level	Recommended Dosage	Daily Dosage
HIGH (35% of 4,000 = 1400)	200+ hours per 6-18 months	1400 inmate hours per day
MEDIUM (44% of 4,000 = 1760)	100+ hours per 3-9 months	1760 inmate hours per day
LOW (21% of 4,000 = 840)	0-99 hours per 1-6 months	0-840 inmate hours per day
Total inmate daily program hours needed statewide	Approximately 3000 hours/day	

Figure 7. A Chart of Programming Requirement

The calculation of 3000 inmate program hours above is based on providing one hour of programming per medium-to-high-risk inmate per day at each PSD correctional facility statewide. Adhering more closely to best practice, however, and structuring 40-70% of inmates' time might actually necessitate providing programming for 3-6 hours/day based on an 8-hour day or 5-8 hours/day based on a 12-hour day. But for the purposes of this report, just meeting the one hour per day minimum would require, for example, providing 150 one-hour structured EBP criminogenic thinking/needs-based interventions across state facilities each day, assuming an attendance rate of 20 inmates per structured group. For example, HCF, with a population of approximately 600 inmates, might provide about 20-30 one-hour EBP cognitive interventions on a daily basis, while OCCC, with a population of approximately 1200 inmates, might require twice that, or about 40-60 such structured interventions per day, in order to approximate best practice RNR programming standards for every possible inmate simultaneously, which may not be a realistic expectation. Instead, this calculation is best used as a comparison of current capacity with ideal capacity, so that an appropriate actual capacity can be identified.

Examples of cognitive restructuring programs for medium and high-risk inmates that address criminal thinking based on manualized treatments include: Reasoning and Rehabilitation, Thinking for a Change and Cognitive Self-Change. Thinking for Change (T4C) training for instructors, for example, can be brought to Hawai'i at no cost under the auspices of the National Institute of Corrections (NIC).

With these best practice interventions, it is important to note that skills are not just taught to inmates but are practiced or role- played, and the resulting pro-social attitudes and behaviors are positively reinforced by staff throughout the facility with rewards (e.g., letters of affirmation, reduced reporting requirements, bus passes, early termination, etc.). Skill practice involves specific steps of observing others, practicing new behavior, receiving feedback on the practiced behavior, and continuous improvement. For example, listening to a counselor describe anger management techniques, observing these techniques in others, and practicing and perfecting them over time will help inmates develop more productive responses to volatile situations. **Research tells us that the amount of skill practice inmates need depends upon their level of risk (i.e., the higher the risk level, the higher the need for skill practice).**

For inmates to benefit from skill practice and successfully change their cognitive (criminogenic thinking) patterns, staff members need to be able to:
- Help them develop awareness of their problems
- Teach them skills to better manage and make decisions

- Define and then practice prosocial modeling
- Use appropriate reinforcement (4/5 of the time) and disapproval strategies (1/5 of the time)
- Teach them problem-solving methods and strategies

As suggested above, a key best programming practice is to enhance inmate motivation to participate in rehabilitation and inmate behavior change through a positive reinforcement ratio of 4:1 with 4 positive staff-inmate interactions out of every 5 interactions. It should be noted, however, that increasing positive reinforcement should not be done at the expense of or in any way undermine administering swift, certain, and real responses for negative and unacceptable behavior even though inmates may initially overreact to new demands for accountability, seek to evade consequences, and fail to recognize any personal responsibility. With exposure to clear rules that are consistently (and swiftly) enforced with appropriate and graduated consequences and within an overall positively reinforcing environment, inmates will tend to comply in the direction of the most rewards and least punishments. **Staff who develop and master these inmate behavior change/management techniques should also be recognized and systematically rewarded for their demonstrated skill and improved outcomes as well.**

Education
Supported education is a key best practice in corrections and reentry as demonstrated by the exemplary supported education program study found at this link. Supported education should be closely linked to employment supports in reentry programming. Some additional key strategies around employment include:

- Create an efficient process for access to employment records during incarceration and assess vocational needs/interests of inmates on an ongoing basis.
- Provide sufficient staff training/educational opportunities to address the vocational needs of inmates.
- Develop policy to remove questions about criminal records from county/state employment applications during the initial application stage of the hiring process except for certain identified sensitive positions.
- Perform a background check once the candidate is selected or determined to be a serious prospect.
- Delete the criminal background question from initial application. For examples of "Ban the Box" policies, please visit the National Employment Law Project website
- Ensure that federal law, which requires that a conviction be "substantially related" to job responsibilities, is enforced.
- Outreach to the DLIR and businesses/employers to encourage use of available financial incentives for hiring people with criminal records.
- Develop data-sharing agreements to track post-release employment/earnings of former inmates.

Vocational Rehabilitation
Prison vocational rehabilitation programming provides one of the best returns on investment not only through reduced recidivism but also through contributions of productive working citizens who pay taxes and produce useful items/services. Correctional Industries (CI) in other jurisdictions is a particularly fruitful program with many diverse and mutually beneficial applications for inmates and society, such as the production of street signs, license plates, etc., but also more creative and collaborative endeavors to support education and sustainability. The NIC CI Initiative offers training

and technical assistance in this area and would be highly recommended for PSD's CI program. A best practice in CI is the partnership between CI and state government, such as street sign production by inmates for departments of transportation, for example. The prison manpower is available and there are various means for harnessing it, such as in Oregon, where it has been mandated since 1994 that inmates work or receive on-the-job training for 40 hours per week, forcing the DOC to find new ways to expand work opportunities for inmates. The legislature could also mandate partnerships wherein state and local government agencies must purchase items/services, such as road signs and license plates from prison/jail/CI/ Vocational Rehabilitation(VR) programs. It is important to keep in mind, however, that inmates who worked for private companies while incarcerated obtained employment more quickly, maintained employment longer, and had lower recidivism rates than those who worked in traditional correctional industries or were involved in other non-work activities (Moses & Smith, 2007). Thus, it may best serve PSD and public safety to expand into CI employment training partnerships with private companies.

Housing

Keys to supportive housing (http://www.reentryandhousing.org/) include increasing collaboration and efforts to remove barriers to affordable housing by:
- Working with the housing authority and homeless councils (Partners in Care and Hawaii Interagency Council on Homelessness) to remove any potential barriers in their policies and practices
- Working with affordable housing to make sure that there is no barring of formerly incarcerated persons reentering those units (i.e. to reunify with family) and
- Increasing the supply of housing dedicated to the formerly incarcerated
  - For example, Georgia created a Reentry Partnership Housing Project. The Georgia Department of Corrections collaborated with other agencies to get grant funding to provide short-term housing intended to alleviate the in-house parole burden to the Department
  - Based on findings that Pennsylvania inmates who lived in halfway houses had higher rates of recidivism than those who did not, Pennsylvania Department of Corrections (PDOC) implemented a performance incentive funding model in which PDOC works with housing vendors to establish baseline recidivism rates and then review their recidivism rates every six months. Housing providers can receive additional funds if they reduce recidivism below the baseline, or risk having their contracts revoked if recidivism is above the baseline. Results from the first reporting period indicate a 16-percent reduction in recidivism among the housing providers. To support continued progress, PDOC provides training in cognitive-behavioral interventions to housing providers

Unfortunately, transitional housing often faces significant resistance from would-be neighbors worried about rising crime rates and falling property values. However, a study by the Justice Policy Institute and researchers at George Washington University found crime in the District of Columbia was no more prevalent around halfway houses for ex-offenders than in areas where there were no such facilities, and that property values continued to increase on the blocks in which the houses were located. A recent study of a program in Washington state, which provides high-risk inmates with 12 months of housing support when they are released from prison, for example, found statistically significant reductions in new offenses and readmission to prison. It also found lower

levels of parole revocations among participants. While housing is the immediate goal of the program, participants, who live in heavily subsidized apartments, often with roommates, are required to engage in treatment, secure employment and work toward self-sustainability. Other examples include "The Castle" in West Harlem and Delancey Street in San Francisco. Another exemplary but more collaborative inter-agency effort is New York City's Frequent User Service Enhancement (FUSE) program, which provides apartments to roughly 200 homeless people who had both four jail and four shelter stays over the previous five years. By limiting trips to jails and shelters, the program generated savings of $15,000 per individual according to a two-year evaluation of the program. The program is now being replicated in nearly a dozen other cities, including Washington D.C. and Chicago, with a number of other cities in the planning stages.

Additional areas of best practice programming include the following:
- Trauma-informed care/trauma-specific services
- Domestic Violence prevention
- Family counseling and reunification (discussed in more detail in Community/Family chapter)
  - For more information, see Coaching Packet on Engaging Inmates' Families in Reentry

Mental Health and Substance Abuse Treatment
Because the 15-20% of inmates have serious mental illness, are incarcerated twice as long as other inmates and are twice as likely to be penalized for rule violations in jail/prison, the ultimate best practice in this area is diversion from incarceration into treatment when possible (Kaeble et al., 2016). Once incarcerated, however, best practice consists of the development and use of psychologically informed planned environments (PIPEs) and therapeutic communities that target specific behaviors, such as drug and alcohol abuse and violent behavior. Overall, this represents an attempt to bridge gaps between therapy and custody. Rehabilitation is being emphasized in many prisons, with some approaches using the development of rapport and therapeutic alliance through positive reinforcement and recognition of strengths in order to promote recovery among inmates.
Given the high rate of suicide in PSD facilities (BJA, 2016), it will be important for PSD to focus on best practice in suicide prevention. According to Jain (2011) there are six essential best practices for suicide prevention, including:
- A training program (including refreshers) for correctional staff to help them recognize suicidal inmates and respond appropriately to inmates in suicidal crises;
- Procedures to screen inmates systematically upon their arrival at the facility and throughout their stay in order to identify those who may be at high risk;
- A mechanism to maintain communication between staff members regarding high-risk inmates
- Written procedures which outline minimum requirements for housing high-risk inmates; provision of social support; routine visual checks and constant observation for more seriously suicidal inmates; and appropriate use of restraints;
- Development of sufficient internal resources or links to external community-based mental health services to ensure access to mental health professionals when required for further evaluation and treatment;
- A strategy for debriefing when a suicide occurs to identify ways of improving suicide detection, monitoring, and management.

Peer Support
An important component of best practice correctional programming is peer support/peer-delivered services in prison/jail. This type of service involves mentors with lived experiences similar to inmates

who assist and guide inmates through the reentry process including making contact with inmates while they are still in custody as well as after reentry into the community. There are many resources and descriptions of exemplary forensic peer support programs which PSD can model its own after. Given that mental health and substance abuse peer support services would be available through the DOH/MQD for the majority of SMI/substance use disordered inmates upon release and given PSD's strict prohibitions against employing ex-inmates and/or allowing them access to current custodies or even inmate records/data, facility-based forensic peer support may be the most amenable of peer services for PSD to provide. Again exemplary programs abound, such as at Amity Prison in New York and a handful of others, which train long-term prisoners, such as lifers, as counselors in their substance abuse treatment programs. Such peer counselors provide stability and continuity to the program and are potentially available 24 hours a day. All such peer counselors must be graduates of the program and complete a 2-year internship. They must also be motivated and respected by their peers. Lastly, such peer staff members have been known to make the most lasting and profound impression on those they serve in this capacity.

Best Practice in EBP Justification/Implementation

In recommending how to identify and implement best practices, we would be remiss if we did not describe as well the best practice in justifying and making the case for implementing/funding EBP/best practices. Thus, when planning and justifying increased resource allocation for the best practices described herein, it may be helpful to emphasize not only the empirical outcome-based evidence but also the cost-efficiency and approximate cost-benefit ratio of such programming in order to facilitate data-based decision-making by legislators/funders. The following table adapted from the Washington State Institute for Public Policy (WSIPP) website, for example, lists the cost-benefit ratio per dollar of expenditure of the eleven most cost-effective correctional interventions. A Results First initiative could help Hawai'i create a similar public policy resource specific to our state.

Most Cost-Effective Programs	Benefit-to-Cost Ratio
Post-secondary Correctional Education	$19.79
Intensive Supervision (Surveillance/Treatment)	$16.25
Case Management (Not swift/certain/fair)	$14.84
Outpatient or non-intensive drug treatment during incarceration	$14.16
Drug Offense Sentencing Alternative	$13.91
Outpatient/non-intensive drug treatment in the community	$13.45
Correctional Industries in prison	$12.68
Vocational Education in prison	$11.89
Inpatient or Intensive drug treatment in prison	$10.15
Employment Counseling and Transitional Job Training	$ 9.75
Correctional Education (basic skills)	$ 9.67

Figure 8. Sample Cost-Benefit Ratio for Eleven Most Cost-Effective Correctional Interventions

Establishing EBP best practice programming is important but equally important is monitoring and supporting fidelity to each EBP. Such efforts should aim to answer the following questions:
- o Are risk tools being administered properly?
- o Are the right factors targeted (criminogenic) and in the right order?
- o Are motivational and case plan techniques being used?
- o Does the program referral source use risk, need, and responsivity information?
- o Are programs applying social learning techniques properly?

Thus, PSD needs systematic mechanisms for the monitoring and reporting of staff and inmate performance to better inform organizational decision-making. Ideally, PSD will track change dynamically to reflect inmate change during incarceration and supervision. An innovative strategy being implemented by other jurisdictions is directly linking inmate pay levels with better performance, resulting in higher pay. For example, the Correctional Service Canada rates inmate performance on a 4-point scale (excellent, good, fair, poor) in the following areas: Full and active participation; Assignments completed; Interpersonal relationships; Attitude; Behavior; Effort; Motivation; Responsibility; Attendance/Punctuality. Additionally, PSD needs an overall strategy of demonstrating improved outcomes and cost-effectiveness of changes. In this way, the correctional system will continually learn and improve if it makes decisions based on data collection & analysis. Put another way:

- What gets measured gets done
- If you don't measure results, you can't tell success from failure
- If you can't see success, you can't reward it
- If you can't reward success, you're probably rewarding failure
- If you can't see success, you can't learn from it
- If you can demonstrate results, you can win public support
  (Adapted from Osborne & Gaebler, 1992)

Finally, adopting such practices would help PSD develop a Continuous Quality Improvement (CQI) approach that would further:
- o Identify what practices are working and what needs improvement
- o Help nurture a work environment that seeks to continuously learn and improve
- o Identify and implement needed enhancements within organizational processes and structures that will support quality of service delivery
- o Improve outcomes especially those around risk reduction

Goals for PSD Correctional Interventions

In its current 2017-2022 strategic plan, PSD states that its primary goal is to "Enhance the continuum of reentry services to improve inmate readiness to reintegrate into our communities". This represents a departure from PSD's previous strategic goals in 2010, which listed reentry/rehabilitation as the fourth of four goals, as follows: "To provide a range of opportunities for detained and committed persons to address issues related to their convicted offenses, social, educational, vocational, substance abuse and therapeutic needs. To promote personal growth and maturity so that they may prepare themselves to return to the community as self-supporting, law-abiding and productive".

The HCR 85 Task Force's broad recommendation that **"the State should transition from a punitive to a rehabilitative, restorative, and therapeutic correctional system"** supports the expansion/addition of the entire range of reentry-related programs and services, including educational, employment, life/social skills, successful faith based programs, cognitive remediation, substance abuse, domestic violence prevention, and family reunification, as well as policies and practices, such as motivational interviewing to increase participation in these programs.

To reiterate, as with all evidence-based practices, PSD can directly benefit in terms of improved inmate behavior and population management as well as long-term cost savings, because, ultimately, the community benefits if the inmate is productive and does not recidivate. Other benefits include community partnerships, wherein businesses can utilize the labor of inmates at a

cost lower than what they would pay those who are not incarcerated.

In its current strategic plan, PSD has a key objective to "Provide a comprehensive continuum of evidence-based and data-driven inmate services, and update policies and procedures to support change" including expansion of mental health services at all facilities, improvement of General Equivalency Development or General Equivalency Diploma (GED) completion rates, and enhancement of vocational programming at Work Furlough and Hawai'i Correctional Industries (HCI) to increase the number of inmates participating in employment and training programs. These are key objectives whose progress needs to be quantified, measured, tracked and reported by PSD for quality assurance purposes.

PSD Policy Regarding Programming

No policy related to programming other than PSD Adult Education P & P could be located and if none is in existence, one should be developed and implemented, particularly around addressing criminogenic needs. In fact, it appears that PSD could benefit from a comprehensive P & P on programming, the referral process, evidence-based practice, performance management and quality assurance.

PSD Practices Regarding Correctional Interventions

Criminogenic Thinking

Cognitive-behavioral approaches to anger/violence and other criminogenic thought/behavior patterns are particularly helpful for this population but inmates currently lack sufficient opportunities to partake in such programming. Part of the problem appears to be that standard prison operations, including inmate security classification and levels as well as lockdowns, often impact the availability of programming. Given the staffing and access limitations to providing sufficient quantity, quality and frequency of RNR programming, computer tablet technology is one innovation that would bypass such limitations by allowing instruction to be streamed to individuals within their cells or elsewhere in the facility and provide structured guided or independent study by inmates at any time. This would allow PSD to better align with the best practice model which requires that inmates not only participate in programming, but that they also receive an adequate dosage or programming during their incarceration (and community supervision). The guideline for high-risk inmates is to occupy 40-70% of their time with rehabilitative programming for 3-9 months for maximum impact on recidivism risk. Currently, however, there is only one Thinking for Change (T4C) instructor for the entire department, providing a 28-hour course (4 days/week) whenever sufficient inmates are enrolled, serving, for example, 34 inmates in 2017. PSD also contracts out for two other T4C preparatory courses (Lifestiles and Transformations), both 48 hour courses (4 days/week), which served 49 and 18 inmates, respectively, in 2017.

Eligibility for such cognitive programming seems to be limited by concerns that inmates with substance abuse issues are not appropriate for these courses until they complete substance abuse treatment. Also, as mentioned previously, inmates without substance abuse conditions but needing cognitive or criminogenic thinking programming are sometimes sent to substance abuse treatment in order to get the cognitive criminogenic thinking component of that service.

The reclassification and transfer of inmates can interfere with programming as well. Sometimes inmates are moved to another level or a different (even out-of-state) facility prior to completing

programming or vocational training. Staff pointed out that due to security issues, individual inmates or groups of inmates can be transferred without any advance notice, decimating programs such as HCI work lines. Best practice here would be to postpone inmate reclassification/transfer until inmates complete their programming.

Another programming access issue is the duration of incarceration and timing of release. Often the best time to begin programming is just prior to release. The obvious problem for inmates with long sentences, then, is that they are often not engaged in the most meaningful programming until the end of their sentences. Engaging earlier in programming can potentially reduce misbehavior, increase pro-social behaviors and even create the possibility of such inmates attaining status of trustee or peer support provider, which is key to efforts such as the Hawai'i Literacy program which trains inmates through one-on-one tutoring to teach fellow inmates literacy.

Educational
PSD maintains a robust educational program across facilities including a fully functioning SMS database of educational intake, process and outcome measures, which could be made more useful by making it more widely accessible by staff, such as vocational programming staff, outside of the education program. In fact, staff participating in the REPS innovative program development workshops have already discovered this need and proposed this solution.

Vocational
In 2016, Correctional Industries served 360 inmates, Goodwill served 271, Laumaka Work Furlough served 220 and Waiawa Correctional Facility's (WCF) 8-acre farm and hydroponics program served 37 inmates, indicating that about 20% of PSD custodies receive vocational rehabilitation services annually. While, the WCF staff take pride in providing inmates "with appropriate rehabilitative programs and an environment conducive for their continual progress" by working "with the individual as a whole with the hope that the individual will possess better coping, employment, family and life skills as they return to the community", one concern raised by PSD staff is the inmates' overall lack of "soft" or pre-employment skills, like communication, manners, problem-solving and conflict resolution as a barrier to sustained employment. Adoption of an adult education curriculum such as Habits of Mind or Makin' it Work could assist greatly in this matter. Given that approximately 20% of PSD inmates receive vocational rehabilitative services while incarcerated, another concern is the need to serve more of the 73% of PSD inmates who self-identify as having employment needs upon incarceration.

Mental Health
According to best practice, approximately 20 percent of inmates have mental illnesses requiring treatment, yet only about 10% of PSD inmates received specialized mental health treatment and the amount and quality of that treatment has been lacking until recently. Of course, it is important to recognize that state budget cuts since the economic downturn in 2008 have led to the criminal justice system becoming the de facto public mental health system, a role it is not prepared or funded to perform adequately. Nonetheless, according to a recent PSD report to the Legislature in 2018, despite the termination of 3 key mental health staff at OCCC last year, great strides have been made in increasing the level of mental health programming towards the goal of 20 hours per week, though community advocates are skeptical about the nature and quality of this programming, which some have said includes coloring book activities.

Best practice recommends a review of programming offered at each facility, assessing its

effectiveness and verifying that it is evidence based, which is beyond the scope of this report but a highly recommended activity for PSD, possibly in partnership with REPS, HCR 85 Task Force and others by bringing a Pew MacArthur Trust-funded Results First Initiative to Hawai'i in 2018 in order to better catalog and assess PSD programming. Though some PSD programming may be evidence based, valid data to evaluate and confirm this is lacking and would need to be defined and systematically monitored in order to make it possible to reach this determination in the future.

Therapeutic Community
Often implemented separate from the general population, therapeutic communities are among the most successful and intensive in-prison treatment programs, most appropriate for inmates with substance dependence. Key standards of this approach include the role of the community as a therapeutic agent, individual/group counseling, peer staff as role models (25-50% of staff with substance abuse history and 2 years sobriety), incentive/sanction system and the use of educational and work activities in order to achieve its four primary goals of (1) reduction in substance use, (2) cessation of criminal behavior, (3) employment and/or school enrollment, and (4) successful social adjustment. Nonetheless, therapeutic communities maintain a high level of control over participants, with treatment goals secondary to security. Program duration is typically 6 months, but there is evidence that longer program duration (9-15 months) with 6 months of community aftercare may be twice as effective as in-prison treatment alone. Because they are structured, hierarchical, and highly intense intervention programs, however, therapeutic communities are one of the most complex treatment models to implement and operate in a prison, requiring significant changes in the norms, values, and culture of the environment as well as a substantial commitment from prison administration and staff to structure and control the treatment community environment. Successful therapeutic communities have been established in New York (Stay'n Out), Delaware (KEY-CREST), San Diego (Amity), Texas (Kyle New Vision).

Programming Based on Assessment of Inmate Needs
According to self-reported inmate data on the LSI-R, 73% of PSD inmates have employment needs upon admission to prison/jail (REPS, 2017). Best practice suggests that for PSD to address employment needs, it would need to provide vocational services for 65% or 2400 of its approximately 3600 Hawai'i inmates. In state-operated and contracted programs combined, PSD serves about 900 inmates per year, or 23% of its total in-state inmate population. In 2016 SB2630, was signed which will allow HCI to sell inmate-made products and services on the open market to the general public, hopefully improving the viability and sustainability of that program.

Also, according to the LSI-R intake assessment, 37% of inmates have **housing** needs at the time of incarceration (REPS, 2017), which is likely exacerbated by length of incarceration. Thus, estimated demand for supportive housing services is likely greater than LSI-R data indicates. Though PSD has capacity in Clean & Sober Housing, this is considered Halfway Housing and is actually associated with a negative benefit-cost ratio according to WSIPP, which rated it with a 0% chance of delivering a positive cost benefit. Other states like Alaska are moving away from such housing in favor of smaller transitional homes. The table below compares current capacity of key PSD programming/services with estimates of the demand for such programs based on known base rates of inmate needs for PSD in-state population of approximately 4,000 inmates. For instance, 19% of PSD inmates were in mental health treatment at time of arrest and 55% reported mental health issues moderately to severely interfered with their lives (REPS, 2017), which translates to an approximate need for mental health programming/services for 50% of inmates, though currently

only about 12% receive such services in PSD facilities.

Service - Location	Actual Capacity	Estimated Demand
Substance Abuse - O'ahu	156 (4%) of inmates/year (KASHBOX+RIP)	3200/year (80% of inmates)
Vocational - O'ahu	900 (25%) inmates/year	1200 - 2400/year (33-65% of inmates)
Mental Health – OCCC	130 (12%) inmates/year	550/year (50% of inmates)
Criminogenic Thinking (i.e., T4C)	328 (33%) inmates/year (at Halawa Corrections Facility)	500 – 800/year medium-high risk (50-80% of HCF inmates)
Supportive Housing	0 (50 inmates/year in 17 clean & sober beds)	1000 - 1600/year (50-80% of annual releases)
Domestic Violence – Maui	271 per year (7% of inmates)	2000 per year (50% of all inmates statewide)

Figure 9. Capacity vs. Demand Comparison for Key PSD Services

Cultural/Religious Programming

Kahu Kaleo Patterson with the Native Hawai`ian Church as well as the Pacific Peace and Justice Center, Hina Wong and other cultural practitioners have plans to expand their Native Hawai`ian programming, which would be more in line with the recommendations of the Native Hawai`ian criminal justice reports and taskforce but a long way from the community advocate vision of ho'oponopono and restorative justice alternative to incarceration as well as Haka/Lua style cultural interventions for males, such as that available to inmates housed in Arizona, and as depicted positively in the 2017 documentary film entitled *Out of State.*

Regarding religious programs, PSD maintains a substantial, primarily church-based, volunteer corps of 860 individuals on O'ahu with 220 on Big Island. These volunteers provide approximately 2 hours of programming per month and comprise a substantial resource, which could be better utilized if volunteers could assess and collect data on inmates' needs and outcomes or better yet, be trained in and deliver or assist staff in delivering EBP RNR programming to inmates.

Other Key Criminal Justice Programming Needs

Similarly, though more relevant to the pre-incarceration phase of criminal justice involvement, the HCR 85 Task Force's 2017 Interim Report recommended that in order for treatment courts to accommodate all eligible participants, the state would have to expand the drug court from 200 to 500 participants, the mental health court from 40 to 80 participants, and the veterans court from 20 to 40 participants. If such recommendations were to be fulfilled, it could greatly improve PSD's capacity to serve its inmates needs in these areas.

Other jurisdictions who have similarly exited DOJ oversight in recent years, may provide examples and guidance in making needed improvements in key areas such as:
- Solitary Confinement and Discipline: The Pennsylvania DOC created specialized treatment units for offenders with serious mental illness and intellectual disabilities, where problems are resolved informally or with mental health staff and discipline is no longer permitted for self-injurious behavior.
- Out-of-Cell Options: Inmates with mental illness and intellectual disabilities are offered at least 20 hours per week out-of-cell time for activities and treatment. Treatment units are less

stark and now feature colorful murals and recovery-based messages, resulting in greater participation and fewer incidents of harm.

- Mental Health Diagnosis and Classification: The classification process has expanded to include all prisoners with a current or past diagnosis, protecting them from restrictive housing.
- Mental Health Care Delivery: In designated facilities specializing in treatment for prisoners with mentally illness or intellectual disabilities, inmates can benefit from expanded treatment services and mental health personnel.
- Training of corrections officers and peer specialists (inmates) to reinforce the efforts of mental health staff and to support prisoners in need of treatment and suicide prevention.

Gap Summary for Correctional Interventions

Best practices in corrections means providing effective, evidence-based programming. With little objective data resources, staff tends to rely on anecdotal evidence of programmatic effectiveness. Evidence-based programming, however, requires extensive data collection, analysis, evaluation and feedback in order to establish and maintain program efficacy. The most thorough program evaluation of PSD programming conducted to date was completed in 2017 on the Laumaka Work Furlough program and its findings are very resonant of issues found throughout PSD's programming. Thus, overall recommendations for PSD programming can be extrapolated from this evaluation which suggests that programming could be improved with the following enhancements:

- A program manual based on best practice and an RNR approach
- Individualized treatment planning and monitoring of individual progress in program
- Substance abuse assessment and programming
- Multidisciplinary team approach to case planning and management
- Matching of staff minimum qualifications to programming
- Regular/frequent supervision of program staff by licensed clinical supervisor
- Data dashboards for staff/supervisor feedback and decision making
- Staff training/re-training in evidence-based treatments
- Administrative support for staff professional development
- Clarification of overall purpose and mission of the program
- Specification of appropriate risk level(s) of referrals to the program
- Community relationships and collaboration for continuity of care

Thus, in addition to the overall need for increasing (i.e. doubling) the quantity of rehabilitative services PSD provides its inmates, PSD also needs to enhance its ability to monitor and support such programs and the personnel who staff them in order to enhance and ensure quality and/or fidelity of such programs. For example, in the area of vocational rehabilitation, CI is a particularly ripe opportunity to partner with state and county agencies, the university system and private organizations in order to train inmates to provide needed facility, utility, maintenance and other governmental functions. In fact, a recent study by Washington State University (WSU) found that inmates in CI work programs were significantly less likely to recidivate and significantly more likely to remain in the community longer without committing new offenses. Moreover, once back in the community, inmates who participated in CI programs were more likely to have a legal source of income, earn more than $1,000 per month, and earn an average of $1.03 more per hour than those who did not participate. Furthermore, inmates who participate in CI work programs were significantly less likely to commit a violent infraction during incarceration. Yet, currently PSD's CI serves less than one percent of PSD's

in-state inmate population, while an exemplary program like that in Washington State serves 15% of the entire statewide inmate population. Additionally, Washington State recently has set a goal of improving post release employment from 30% to 40%, which for Hawai'i to accomplish would require a data sharing agreement and infrastructure that currently does not exist. Embedding any internal reform effort for this and other programming areas in the greater community context is crucial for success and sustainability. Close collaboration with the Workforce Development Council (WDC) to take full advantage of relevant provisions of the Workforce Innovations and Opportunity Act (WIOA) state plan, which states that "American Job Centers are available to respond to inquiries from ex-offenders with general information on training and services and referrals to other agencies... Information on the Work Opportunity Tax Credit and federal bonding are also provided as incentives to offer employers when ex-offenders conduct a job search."

Table 2.3 Summary of Correctional Intervention Gaps

Best practices	- Ensure that effective interventions are available. - Interventions should be targeted by risk and need in adequate dosage with attention to responsivity. - Utilize evidence based programming. - Review programs to assess whether they are effective - Review policies to ensure that they target interventions on the basis of risk, needs, and responsivity. - NIC resources may be used to assess effectiveness including their implementation checklist, quality assurance manual and others.
Goals for PSD	- Decrease recidivism rates by ensuring evidence-based programming and services for inmates - Improve transition to ongoing services and programs in inmates' home communities - Expand substance abuse and mental health treatment capacities in prisons and in the community - Implement domestic violence prevention and family reintegration programs and education for inmates - Expand existing educational, employment, life/social skills, and faith-based programs that are successful - Partner with government agencies, community colleges, universities and businesses to create training and employment opportunities
Current efforts	- Some educational/vocational programming - Some cognitive-behavioral criminogenic needs programming - Some innovative programming including possible expansion of domestic violence/family reintegration programming
Identified gaps	- Clarification of overall purpose and mission of program - Program manuals based on best practice and RNR approach - Individualized treatment planning and monitoring of inmate progress and satisfaction - Multidisciplinary team approach to case planning and management - Supervision of program staff by licensed clinical supervisor - Data dashboards for staff/supervisor feedback, decision making and planning

	• Staff training/re-training in evidence-based treatments • Specification of appropriate risk level(s) of referrals to the program • Community relationships and collaboration for continuity of care
Recommendations	• Train and supervise facility staff on manualized RNR-based EBP • Provide inmates/staff with regular, user-friendly and motivational feedback on progress/lack of progress via individual-, staff-, supervisor- and program-level data dashboards • Increase administrative, training support for EBP development and implementation • Increase overall programming by doubling current capacity/availability of reentry-related EBP services • Utilize tablet technology to increase programming and accessibility and save costs • Increase staffing and reduce lockdowns • Reduce use of administrative segregation and follow suicide prevention best practices • Increase ratio of staff-to-inmate reinforcement to 4:1 • Implement therapeutic community model for inmates with mental health/substance abuse needs • Establish housing array beyond Clean & Sober option • Hire a Housing Director to develop partnerships and reentry housing array • Make better use of volunteer corps to collect data and assist in providing EBP/RNR services • Promote/expand successful local PSD programs, e.g., from neighbor island facilities • Improve coordination of educational and vocational inmate rehabilitation programs • Offer Habits of Mind educational curriculum to build soft employment skills • Develop data sharing agreements to track reentry employment outcomes for released inmates

Reentry Planning and Release Preparation

Reentry planning, involving the activities described in the previous chapters, provides the foundation for inmate release preparation. Release preparation includes ensuring that soon to be released inmates have the things they need, such as identification cards, housing, medication, support and links to community services. At this stage, a probation/parole plan based on the TAP would address the needs of the returning inmate. Best practice recommends a resource inventory of services be made available within facilities and in the community. The inventory should document programs and services available to support staff and as well as inmates.

Best Practices Regarding Reentry Planning and Release Preparation

1. Planning for reentry and community reintegration

- o Consult the TPC Reentry Handbook
- o Use a reentry checklist such as the GAINS Center Reentry Checklist
- o Follow the Assess, Plan, Identify, Coordinate (APIC) model
- o The most effective programs engage ongoing support in natural communities
  - Community reinforcement approaches that engage pro-social support for inmates during incarceration (e.g., treatment communities) and in the community to positively reinforce desired new behaviors have been found to be effective interventions for unemployment, substance abuse, and relationship conflict
  - Because risk for recidivism is highest in first weeks and months of release (and stabilize in years 2 and 3), front load supervision and support services, gradually diminishing intensity over time as behavior dictates (National Resource Council, 2007).

Goals for PSD Regarding Reentry Planning and Release Preparation

PSD Mission Policy (2010) is as follows: To provide a range of opportunities for detained and committed persons to address issues related to their convicted offenses, social, educational, vocational, substance abuse and therapeutic needs; To promote personal growth and maturity so that they may prepare themselves to return to the community as self-supporting, law-abiding and productive citizens. This mission policy is consistent with the formation of a central Reentry Office with the goal of creating a service system that begins at intake and follows the inmate to discharge from community supervision. A further step in that direction would be the fulfillment of the Reentry Office's plan to staff each facility with dedicated Reentry personnel, perhaps similar to how the Intake Service Centers operate on Oʻahu, Maui, Big Island and Kauaʻi. Other jurisdictions have done this, for example, in the form of Regional Transition Coordinators (RTC) and multidisciplinary Reentry Committee meetings. These RTC monitor the quality of existing community resources, maintain a directory of resources within their region, and act as a liaison between the case manager and community agencies.

PSD Policy Regarding Reentry Planning and Release Preparation

PSD Policy states that "the Field Services Branch of the HPA, in conjunction with the respective facility staff and individual inmate, will develop and finalize individual parole plans". Some additional potential policy considerations could be along the lines of: (1) expediting multidisciplinary reentry planning meetings for inmates within 180 days of their projected release from incarceration; developing comprehensive reentry plan 90 days before release; reviewing max-out prisoners' cases at least 60 days prior to release; notifying Health Services at least 30 days prior to release to ensure provision of medication upon release; requiring Mental Health, Substance Abuse and Medical Services to arrange follow-up/aftercare services in the community to the extent possible.

Furthermore, policy should stipulate that the parole plan address treatment, education, job development, financial needs, family support, life maintenance, victim notification, and institutional program participation.

PSD Practice Regarding Reentry Planning and Release Preparation

PSD's release preparation typically begins 30-60 days prior to release, at which time the case manager

begins to get paperwork together. In many cases, reentry meetings do not occur at all. Turnover, lack of training and inadequate supervision of case managers are barriers to the release process as well. The Reentry Office has recently created/revised a reentry checklist and resource guide. M aking it web-based would allow users update any out-of-date information.

Another concern is regarding the "maxed out" prisoners who are released without community supervision. An ongoing pilot program at HCF allows pre-release in-reach by community-based peer support providers one month before discharge at which time the peers help with access to transportation, housing, employment, healthcare and benefits. Early results after one year show a significant reduction in recidivism for this population which is PSD prisoner category most likely to recidivate.

Finally, the recently formed and staffed Reentry Office, housed in PSD administrative offices, proposes the creation and staffing of Reentry positions at each facility, which could greatly assist in PSD's release planning efforts. The current status of this proposal is unknown but would likely require funding and creation of new positions in order to fulfill such a proposal, which could be time consuming.

Key Barriers Inmates Face upon Reentry
There are major concerns about the dearth of housing available in the community for reentering inmates. When transitional housing is available, it costs money that many reentering inmates do not have. In some jurisdictions, probation and parole agencies provide funding for transitional housing, so additional system mapping involving other criminal justice agencies is needed in order to ascertain the level of capacity and demand in this area. In addition, sex-offender inmates are especially difficult to place and may end up serving in-house parole and then released without supervision at the end of their sentence.

Employment and related educational needs are also a major concern for many returning inmates, as not all inmates will have their educational needs met while incarcerated. There are not enough vocational training programs and job opportunities for inmates while they are incarcerated nor enough focus on teaching skills that can directly translate into employability (i.e. combination of transferable soft and technical skills).

Furthermore, given the lack of family-related programming and even visitation opportunities in PSD facilities, discussed previously, inmates upon release are often faced with returning to the same problematic relationships that led to their incarceration. Related to this concern is that family may not know how to support their loved one when they return or know what to expect and ties with children may have weakened or severed during incarceration.

Significantly, about one third of PSD custodies are housed on the mainland and are supposed to be returned to Hawai'i at least one year prior to expected release date to engage in release programming and planning. This, however, happens only about one third of the time due to various administrative and capacity issues, putting these returning inmates at a disadvantage for a successful reintegration.

Another barrier includes a lack of continuity of services from prison to community, which may be ameliorated by inclusion of community supervision and behavioral health providers' participation

44

in reentry planning. More broadly, the overall lack of coordinated community services available to meet the needs of returning inmates is a major barrier to successful reintegration of inmates.

Gap Summary Regarding Reentry Planning and Release Preparation

Best practice requires reentry planning be part of case management. PSD policy and procedures need to be in place to ensure that inmates releasing to supervision participate in reentry planning well in advance of their release date. Reentry Committee meetings need to occur and result in a plan that Probation and Parole officers can use to plan for services in the community as well as helping to ensure that inmates have access to the essentials they need prior to release. Family participation in the meetings and recommendations is lacking. Reentry planning should occur for every inmate, regardless of whether they are being released to community supervision or not. Policy should require that this occur, otherwise reentry planning will remain geared primarily towards those who are releasing to community supervision.

Progress is being made by the Reentry Office in the development of a resource inventory but must be continually improved, specific to each island and more widely available to the broad range of staff from whom inmates might learn about resources in the community. Creating an interactive online website, such as the one for Hawai'i juveniles (http://808youth.com) that lists community resources, would allow staff and providers to report changes to resources (closures, new facilities/programs, etc.) as well as allow for wider access among a range of staff.

Table 2.4 Summary of Reentry Planning and Release Preparation Gaps

Best Practice	• Supervision conditions should be directly related to case plans • Links to essential services and resources should occur as part of release preparation • Create and keep up-to-date a resource directory
Goals for PSD	• Provide evidence-based case management that begins at intake and ends at release (Reentry Office) • Improve health care transition in order to connect inmates with appropriate primary care medical services in their home communities (HCORP; Innovative Program Proposal) • Assist inmates in evaluating eligibility for existing public health insurance options, and facilitate continued access to prescriptions (HCORP; Reentry Office) • Establish reentry centers in appropriate facilities statewide to help with reentry process (Reentry Office)
Current efforts	• Inmates are typically given a 2-week medication supply • Efforts are being made to ensure that inmates have some of the essentials they need prior to release, such as identification cards, housing, links to community services, etc. at least for those releasing to community supervision • Max Outs are offered peer support services

Identified gaps	• Reentry centers/staffing have not been established in facilities • Reentry Committees are not functioning as multidisciplinary teams • Web-based resource directory
Recommendations	• Establish Reentry Offices/Staffing in each facility to coordinate Reentry Planning and Release Preparation • Improve multidisciplinary and family involvement in Case/Reentry Planning • Establish web-based facility- and community-based resource directories • Better prepare inmates and their families for family reunification

Reentry Planning and Release Preparation Logic Model

The figure below shows a proposed reentry planning logic model. Reentry planning is a continuation of the case management process. Case management activities include ongoing assessment of risks and needs and planning for meeting needs. Reentry planning also seeks to ensure that the inmate's needs continue to be addressed upon transfer to the community. This requires collaboration both within PSD and with outside agencies.

PSD Reentry Office plans to post a Reentry Officer in each facility statewide to assist with reentry planning and coordination with community resources. Ideally, the Reentry Officer should chair a multidisciplinary meeting to create a plan for each inmate being released, based on ongoing and cumulative assessments to date, in order to plan and coordinate services in the community to help address inmate needs.

These planning and coordinating activities are intended to increase inmate access to appropriate housing, treatment, employment/education, social service and other resources on reentry. The inclusion of family members and/or peer support in reentry meetings is expected to ensure that the inmate has appropriate social support upon reentry into the community and increase the likelihood of increased inmate motivation to change and responsibility, reduced criminogenic needs, increased stability, resiliency and the enhancement and maintenance of positive social relationships.

The logic model below suggests relevant performance measures of this process and expected outcomes, such as percentage of inmates referred to appropriate agencies, whether inmates received services based on referrals, the types of benefits and documents (SSI benefits, Identification cards, etc.) applied for and received, etc. Of course, collecting this type of outcome data would require collaboration with community agencies and information sharing agreements and processes.

Inputs
- Community resources & collaboration
- Inmate family involvement
- Reentry Team participation

Activities
- Regular Reentry Committee meetings
- Inmate referral to programs & services

Outputs
- Percent inmates with Reentry committe meeting (RCM)
- #/type of staff attending RCMs
- Percent RCMs with family
- Percent inmates referred to agencies to address all needed resources

Outcomes
- Inmates with reduced risk level at release
- Inmates with needed supports at release

Outcomes
- Increased inmate motivation, responsibility, stability, resiliency
- Reduced inmate needs/risk
- Reduced recidivism

Review
- Complete CQI feedback loop by adjusting inputs and activities as needed based on outputs and outcomes
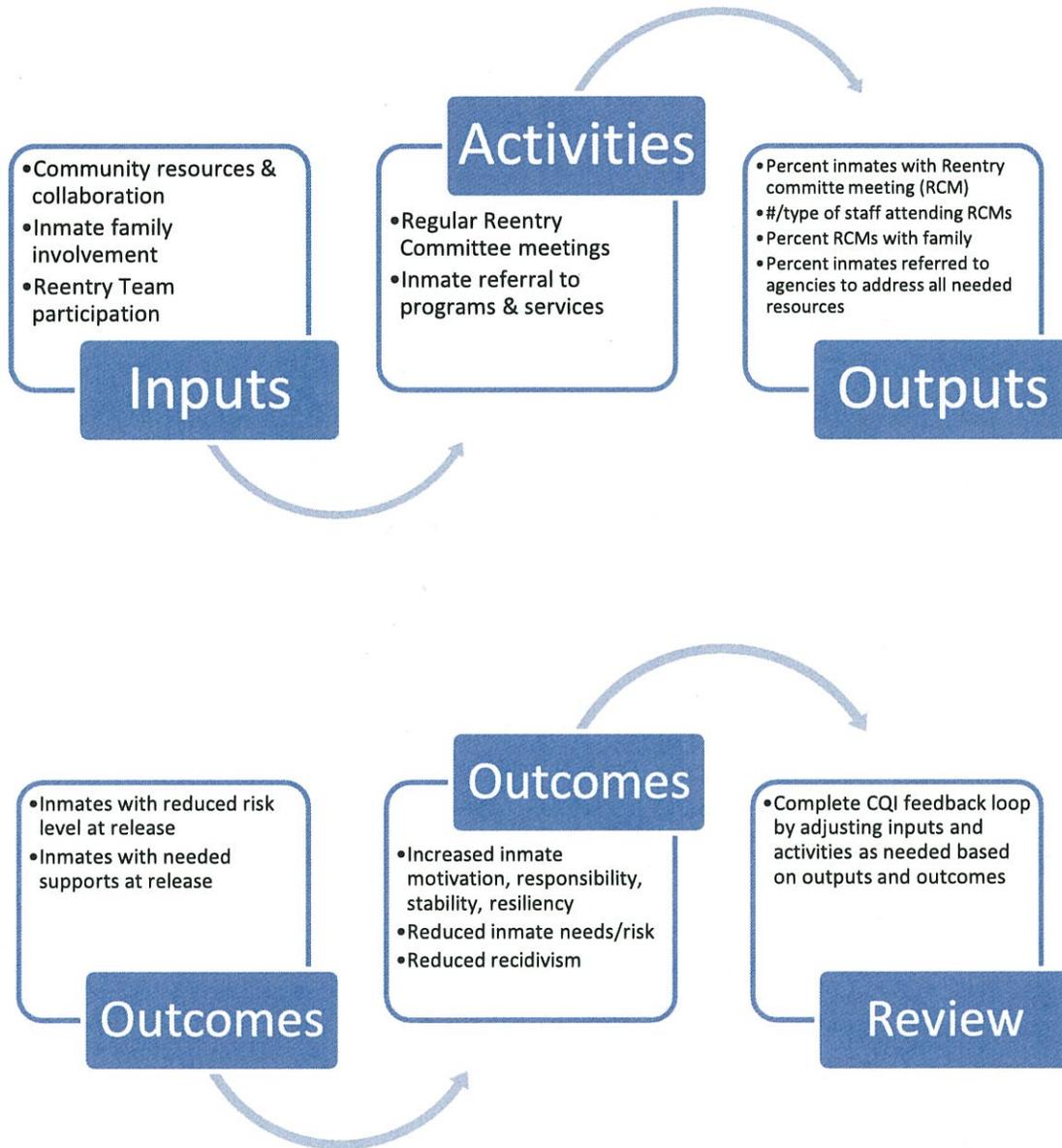
Figure 1. Logic Model for Performance Measures

47

Chapter III: PSD Administration

Best practice requires a proactive and responsive administration to support reentry services and reentry reform. This includes effective leadership, proper staffing/supervision. appropriate training, adequate infrastructure, supportive informational technology, performance management, effective communication and collaboration, strong community partnerships, family involvement, community support, and even victim participation. Ideally, the administration consistently sends a clear message of support for reentry reform at all levels of the agency. Unlike the programmatic issues discussed in the previous chapter, many infrastructure arrangements are not so much matters of policy and resources, but more stubborn matters of practice, personality and organizational culture.

Leadership and Support

Best Practices Regarding Leadership and Support

Best practice requires leadership at many levels, including community, gubernatorial, legislative, departmental, jails, prisons, probation, parole as well as state agencies for mental health, substance abuse, housing, human services, employment, vocational rehabilitation and educational services. Best practice emphasizes the need to construct teams with strong leaders who demonstrate a willingness to challenge basic assumptions, and to engage with other as well as nontraditional stakeholders in reentry reform (Burke, 2008). While PSD staff members at different levels are needed to support and coordinate these efforts, a commitment to reentry must come from the highest levels of state government in order to impact policy and ensure adequate resources, funding and oversight. Best practice leadership can be broken down into specific components, such as the Baldrige Criteria, including:
- Recognizing organizational history
- Assessing current conditions
- Describing the desired future
- Developing strategies to achieve the desired future
- Emphasizing strategic planning
- Emphasizing implementation planning, monitoring, and providing continuous feedback

Ideally, to accomplish comprehensive reentry reform, PSD leadership should consider the best practice of re-evaluating the agency's mission, vision, goals, objectives, and strategic implementation plan to facilitate sustained systemic change. For example, does "the Mission of PSD is to uphold justice and public safety by providing correctional and law enforcement services to Hawai`i's communities with professionalism, integrity and fairness" adequately describe where PSD is and where it wants to be? If not, best practice dictates the next step would be engaging stakeholders in strategic planning and revisioning agency's mission, which should also be promoted by the entire criminal justice system, for example, by launching an initiative/public campaign, such as *One Less Inmate. One Less Crime. One Less Victim*; *Stepping Up*; *Face-to-Face*. Crucially, however, PSD would need the state government's assistance to a large degree to better align funding with priorities, knowing that on average, states spend 5% of their total budget on corrections, whereas Hawai'i spends just 2-3%, according to the Bureau of Justice Assistance.

Goals for PSD Leadership and Support

A major community concern is PSD accountability and transparency. In fact, HCR 85 Task Force (2017) has concluded that "independent oversight is essential because jails and prisons are closed institutions and are not subject to the public scrutiny that applies to most other institutions" indicating that there may be issues of trust and transparency in the call for and implementation of reentry reform. Further, the Task Force requests the appointment of a reentry reform monitor responsible to review and assess a facility's policies, processes, programs, and practices objectively and accurately. If these recommendations are mandated and properly funded by the Legislature, it will be up to PSD leadership to cooperate with and fulfill them.

Again from the HCR 85 Task Force, another major goal is that PSD "should transition from a punitive to a rehabilitative, restorative, and therapeutic correctional system. To achieve such a transformation, there must be buy-in throughout PSD from the Director to the line-level staff with the goals, objectives and means clearly and consistently articulated in the form of policies, directives, actions, incentives, and others as well as direct internal and external communication."

PSD Practices Regarding Leadership and Support

PSD has been implementing the Justice Reinvestment Initiative (JRI) to improve inmate rehabilitation and reentry since 2012 when PSD worked with Council of State Governments (CSG) Justice Center to implement a pretrial risk assessment tool, develop a training and recertification strategy for staff on using risk assessments and establish a restitution collection database. This partnership resulted in the following improvements:
- Timely risk assessments of pretrial defendants to reduce pretrial incarceration
- Focus probation and parole resources on individuals most likely to reoffend; and
- Increase the amount of victim restitution and put mechanisms in place to collect, track, and disperse these funds effectively.

The JRI was projected to reduce the state's inmate population by 1,010 and save the state $130 million by the end of fiscal year 2018, and is currently about halfway toward that goal, with approximately 500 fewer inmates statewide than were incarcerated in 2012. In addition, between FY2012 and FY2015, monthly restitution collections doubled with $1.56 million in restitution collected from incarcerated people and parolees. In FY2014, PSD funded up to 22 victim services positions.

As a result of this initiative, PSD has been able to reinvest approximately $3.4 million annually to expand the availability of community-based treatment programs, hire additional corrections staff and parole officers to complete risk and needs assessments, support reentry efforts, and fund research, training and planning staff and services. This is a significant sign of leadership and support towards reentry reform.

Furthermore, PSD in partnership with REPS is using JRI funds to develop and implement several innovative, rehabilitative correctional programs, including the following:
- Comprehensive and Coordinated Inmate Assessment
- Family Strengthening and Domestic Abuse Reduction
- Elderly Medically Fragile Inmate Services and Housing

Also, fortunately for the State of Hawai'i, each island provides a unique perspective and opportunity to innovate and diversify services. Using networking resources, from meetings and conferences to newsletters and social media, PSD and its staff knowledge and morale could benefit greatly from sharing such innovative initiatives, such as Kaua'i 's Project Contempt Program, a valuable and unique program that assists the District Court in reducing the amount of bench warrants issued for "failing to appear" for offenses ranging from misdemeanors to violations.

Through a partnership with Hawai'i Community College Office of Continuing Education & Training (HCC OCET), the Kulani Correctional Facility (KCF) now offers an Agriculture/Horticulture program, Facility Maintenance Program and Hale Mua 'O Kulani Hawai'ian Culture Program. The Agriculture/ Horticulture program helps inmates develop essential work skills, while providing fresh hydroponic produce to the facility. The Facility Maintenance Program teaches inmates important trade skills like carpentry, masonry, drywall, electrical, and plumbing fundamentals. Hale Mua 'O Kulani Hawai'ian Culture Program offers classes like wood carving, lauhala weaving, and ho'oponopono. More classes are being added as each program develops. There are approximately 50 inmates currently enrolled in the programs offered through HCC OCET. This provides an excellent example of leadership through innovation and such efforts should be better promoted, recognized and supported by PSD.

Gap Summary Regarding Leadership and Support

Clearly the Hawai'i State Legislature is aware of the need for criminal justice reform in general and correctional/reentry reform, specifically, based on the task forces and initiatives supported to date, particularly HCR 85, as well as the statewide Reentry Commission and Corrections Population Management Commission (CPMC), whose efforts or at least documentation of these efforts appear to be dwindling in the past year, as attention seems to have shifted to the new jail project. For example, the legislature has even increased funding specifically for mental health staffing at PSD facilities but this has not been translated efficiently into the filling of needed positions to support the *existing* mental health programming. Because it is commonly accepted that 20% of inmates could benefit from such services, PSD mental health services should be doubled from the current capacity of serving approximately 10% of inmates. This would likely have the impact of improving both facility and, in the long run, public safety. Thus, community advocates, criminal justice professionals, state criminal justice agencies including, but not limited to PSD, as well as the legislature could benefit public safety by providing leadership in not only funding but assuring the effective implementation of funded reentry reform initiatives. Given the state's problematic history of insufficient reentry reform investment, follow through and sustenance, Hawai'i nonetheless finds itself at a juncture where a critical mass of numerous devoted yet disconnected advocates, commissions, task forces, committees, subcommittees, grants, partnerships, initiatives and funding could yet be coalesced into a cohesive and sustained reentry reform movement. The key appears to be funding and comprehensive implementation support and oversight at all levels of government.

Table 3.1 Summary of Leadership and Support Gaps

Best Practice	• Commitment from state government, key correctional and criminal justice leaders, chief executives from state agencies, and other community stakeholders is required • Each state that has implemented reentry reform has assigned staff at different levels to support and coordinate efforts.
Goals for PSD	• Create a PSD Oversight/Implementation Structure (HCR 85 Task Force). • Create Reentry Office branches in all facilities (Reentry Office) • Adopt policies, procedures, programming and leadership to support the philosophy that "reentry begins at arrest"
Current Practice	• Creation and staffing of Reentry Office in central administration • Support of staff ideas and proposals for innovative programming using JRI funds
Identified gaps	• No policy governing the Reentry Office mission and leadership role • Need systematic efforts to promote the idea that "reentry begins at arrest" • Need leadership at all levels to support and coordinate reentry reform efforts • Regular communication venues, such as cross-divisional meetings and internal newsletters re: reentry reform efforts • Systematic planning for implementing reentry reform
Recommendations	• Develop Reentry policy and directive to formalize and operationalize that reentry begins at arrest/intake. • Convene strategic planning to produce reentry reform mission statement, revise goals, objectives and assign tasks. • Develop Reentry Office policy to support its mission and objectives and fully staff its satellite presence in facilities statewide • Provide hands-on leadership that models/guides reentry/rehab philosophy/attitude among all staff from direct-care to administrative • Establish venues for multidisciplinary and cross-divisional staff meetings/communications to plan/implement reentry reform

Data-Based Decision Making

Data definition, collection, validation, analysis and reporting are key components of evidence-based practice and data-based decision making that learning organizations rely on. Evidence-based practice requires that people adhere to protocols when implementing programs, receive adequate training and supervision based on the protocol, track individual and programmatic processes and outcomes, and use evidence-based techniques and strategies when interacting with inmates. It also means that there should be ongoing research measuring the outcomes and effectiveness of programs and procedures and feeding into a CQI loop such as Act, Plan, Do, Change (APDC) so that the results of this research can be used to guide practice, assuming the organization is flexible enough to change when warranted.

Best Practices Regarding Data-Based Decision Making

Best practices in data-based decision making adhere to logical sequence of the following steps:

- Strategic planning and goal-setting with measurable objectives (i.e., performance/process

51

measures and indicators)

- Data definition, collection, analysis, reporting and feedback action loops for continuous quality improvement purposes applied to staff performance, supervisor performance and individual program, as well as agency- and system-level performance (e.g., recidivism rates)
- Data visualization and consistent, detailed documented performance feedback at all levels about inmate, staff, supervisor, administration and system-level performance/outcomes over time to show incremental change/improvement

Ideally for PSD, following best practices in this area would mean establishing and maintaining a Quality Assurance/Performance Management Office and a system to:

- o Measure key intermediate and long-term outcomes
- o Use this information to increase efficiency/effectiveness of services
- o Report important indicators/outcomes of programs
- o Objectively account for activities and accomplishments over time
- o Quantify the cost/benefit of investments and recommend additional resources if appropriate
- o Identify and intervene when implementation problems could threaten progress if not addressed in a timely fashion
- o Enhance accountability and transparency
- o Show progress to further engage and motivate staff and external stakeholders (e.g., funders, other vested parties) as a means to demonstrate accountability and cost effectiveness
- o For more information, see Coaching Packet on Measuring the Impact of Reentry: http://www.cpoc.org/assets/Realignment/measureimpact.pdf

PSD's partnership with ICIS presents an excellent opportunity to accomplish an analysis of indicators similar to what Georgia has accomplished by associating ratios of positive to negative drug screens, residential moves, number of days employed, and months attending programs, with increased completion of parole without commission of a new offense. Moreover, Georgia makes such key public safety measures available on a real-time basis through a web-based system so they can be routinely examined statewide, regionally, and by parole offices and officers. Those parole offices with the best performance for parole completion are recognized at annual gatherings of the Georgia Board of Pardons and Paroles, and leaders focus directly on this performance measure in all their interactions with staff.

Other jurisdictions have innovated ways of collecting data online for some programs, like victim services, with online surveys to track whether users of their services are satisfied. Questions might assess whether the staff were helpful and courteous, whether concerns were resolved in a timely manner, whether users were satisfied with the service and surveys should also provide a place for comments. In this way, satisfaction surveys can provide a method to assess whether the needs of the groups they serve are being met.

Goals for PSD Regarding Data-Based Decision Making

The HCR 85 task force report has recommended that the State should establish numerical goals for reducing the prison population and recidivism rates through non-custodial alternatives to

incarceration and focused, evidenced-based rehabilitative programs for those in prison. As a step towards the goal of providing evidence-based rehabilitative programs, PSD has already set for itself the goal of assuring that "all programs use data to drive content/services in its 2017-2022 strategic plan". PSD further plans to "develop a methodology to accurately capture statistics regarding GED completion rates and determine factors contributing to levels of GED completion rates" so that they may "identify best practices to increase educational achievement among inmates." As a final step in this proposed performance improvement/quality assurance APCD process, PSD plans to then develop a data-based action plan to increase the percentage of inmates who complete their GED while incarcerated.

Furthermore, the JRI has highlighted how collecting comparable outcome data, such as recidivism, over time can show progress or lack of progress in meaningful areas of concern and hopefully point to potential drivers or causes. For example, ICIS JRI data can tell us there has been a 23% decline in the 3-year recidivism rate in Hawai`i over the past decade, but more comprehensive criminal justice system data collection and analysis would be needed for determining what's responsible for this change. One potential source for the reduction in recidivism is the decrease in probation/parole violations since 2010 (see graph below based on a 2016 ICIS report) but many other factors are also at play and need to be monitored and reported in order to make informed decisions. Current Hawai`i probation/parole violation rates are at or below national averages of 5.4%/9% respectively.
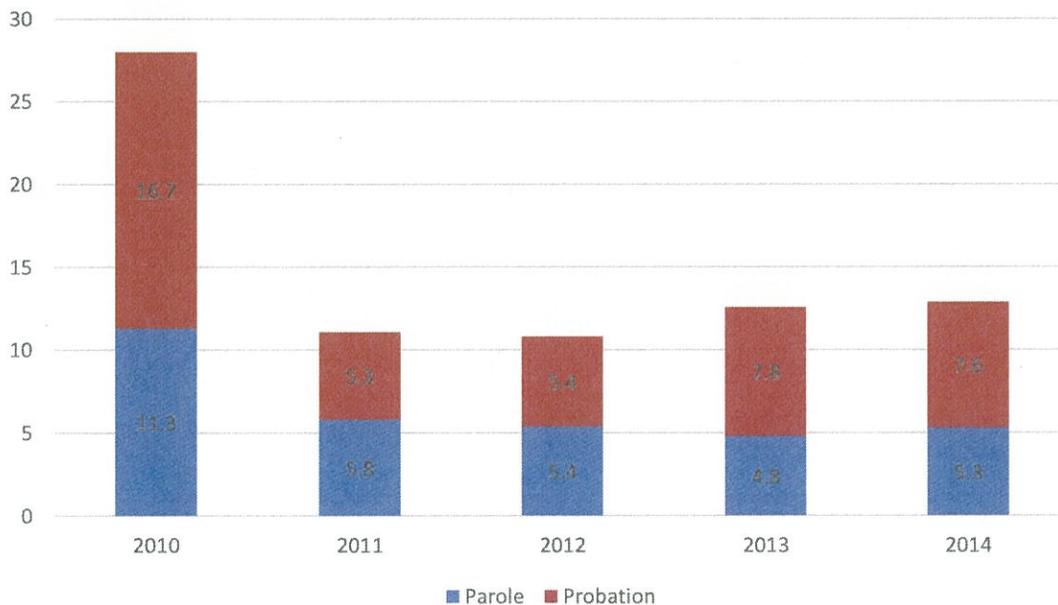
Figure 11. Percentage of Parolees and Probationers Who Recidivate Due To Technical Violations of Community Supervision Rules

PSD's University of Hawai'i partner, REPS, as well as the HCR 85 Task Force, both advocate and support Hawai'i's inclusion in the national Results First Initiative (RFI). Engaging with the Pew-MacArthur RFI will allow state policymakers to make data-driven decisions on how to use limited resources wisely to serve criminal justice clients both in custody and in the community. RFI helps stakeholders throughout the justice system to better understand the evidence behind currently-funded services for reducing recidivism, as well as the potential return on investment for using evidence-

based programs. RFI could help Hawai'i invest in programs resulting in the best outcomes for clients and the state.

The RFI approach has helped states identify effective programs and ones that needed to be changed or eliminated. States are using the data gathered through the RFI process to inform the design phase of new jail facilities by taking into account the need for additional programming space that is conducive to learning, as well as the types of programs to be offered in these spaces.

PSD Practice Regarding Data-Based Decision Making

Since 2002, PSD has participated in a collaborative, cross-agency, limited data-sharing effort through ICIS to track and reduce recidivism in Hawai'i by 30 percent from the 2000 rate of 65.9% to what would be among the nation's best 3-year recidivism rates at 45.9%. A five-year interagency statewide strategic plan was implemented using "best practice" principles to further enhance the use of intermediate sanctions, and to reduce recidivism in all parts of the criminal justice system. The strategic plan seeks to implement the systemic application of empirically based tools to assist in the management of inmates and to establish a continuum of effective services that meet their needs. It calls for a philosophical shift in the system and in decision-making, so that inmates receive "one voice, one message" throughout the system.
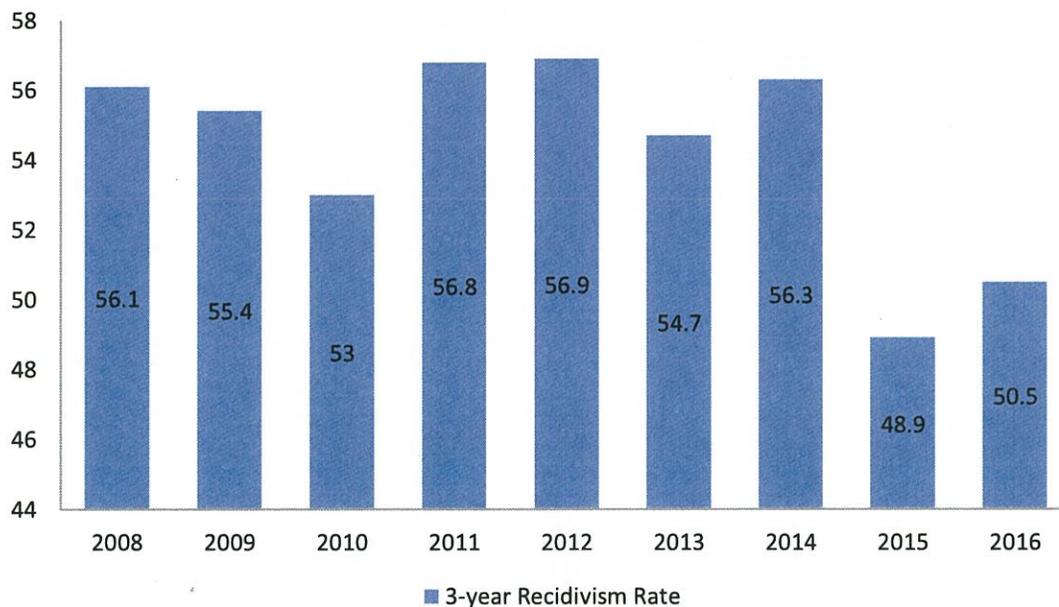
Figure 2. Hawai'i's Three-Year Recidivism Rates, 2008 to 2016

Aside from such collaborative data-based efforts as ICIS, it appears that throughout PSD individual staff collect data about their programs to assess their effectiveness, but there is no clear protocol or centralized network for gathering, storing, digitizing, automating, reporting, using, or sharing these data. As a result, information is rarely disseminated beyond the individual programs, unless requested by someone for other purposes, such as writing grants or responding to external surveys or program evaluations. In addition to the research conducted by individual programs, outside research partners are sometimes contracted to evaluate programs. These

research activities are typically grant/project specific, and therefore are limited to a particular time-frame and/or program. One internal data gathering/reporting activity that exists throughout PSD is the Kamakani Report. Though it is largely geared toward human resource, business and compliance practices, it may serve as a foundation for expanding PSD's data-based decision making efforts.

Another foundational effort is PSD's three-year (2016-2018) Data Infrastructure Improvement Project (DIIP), which has identified 87 different data systems in use at PSD, which capture a lot of data "but without clear processes for validation and reconciliation across the departments, the overall quality of the data is questionable" (Pas De Chocolat, 2015). The DIIP also found that "much of the data used for operations are lists and reports created outside of the data system" which require more and repeated staff effort to maintain and may cause stress, strain and mental fatigue. In order to initiate and support the process of identifying, centralizing and remotely accessing data for decision making, the DIIP has recommended and is assisting PSD to establish a Data Governance Committee, to plan and coordinate research activities within PSD. Such a centralized research group, staffed with knowledgeable personnel who have a background in program evaluation and research methods, would help PSD track and implement reentry reform efforts.

Furthermore, through its partnership with REPS, PSD is learning how to not only evaluate specific programs, such as Work Furlough, but also developing a program development/evaluation framework and guidelines for use by PSD staff, so that ongoing evaluation of all programs and procedures can be conducted independently by PSD staff. Moreover, key REPS reports promote PSD data-based decision-making to address, for instance, the nonconcordance between LSI-R risk assessment and inmate classification and the concomitant lack of decrease in LSI-R risk levels over time for low and moderate-risk inmates (except at HCF where risk level increases and at HCCC where it decreases for moderate-risk inmates). Further attention to these concerning data is warranted and recommended.

Finally, it is important to note that assuring quality data collection and assessment activities can help staff both improve the quality of services and realize they make a difference in terms of inmate outcomes. More importantly, this can potentially improve job performance and morale, which can then improve services and eventually outcomes, creating a positive upward feedback cycle to counteract any negative ones, such as the lowered morale that results from ongoing staff shortages and overworked personnel. Currently, the administration lacks a cohesive performance measurement and management infrastructure which is akin to trying to drive or fly a vehicle without a dashboard. A sample draft dashboard and additional recommended performance indicators to help PSD better administer and adapt its services are provided below. A PSD dashboard could also include strategic plan target rates for various indices and track the rate over time as in the Wisconsin DOC dashboard. Other exemplary dashboards include Michigan, Pennsylvania and Colorado.

DASHBOARD: HAWAIʻI COMPARED TO U.S.

Performance Measure	Nation	Hawaiʻi	Indication
Per Capita Corrections Spending	$230	$143	49th out of 50 states (BJS, 2012)
Corrections Percentage of CJ Budget	30%	23%	50th out of 50 states (BJS, 2012)
Incarceration Rate	.007	.005	43rd out of 50 states (BJS, 2014)

Community Supervision Rate	1.9%	2.1%	38th out of 50 states (BJS, 2014)
Incarceration Cost	$86/person/day	$140/person/day	3rd behind NY and NJ (Vera, 2012)
Incarceration Cost	$33,274/person/year	$51,100/person/year	3rd behind NY and NJ (Vera, 2012)
Prisoners in Private Prisons	8%	22.8%	5th out of 50 states (Pew, 2016)
Recidivism Rate	43%	51.5%	38th of 42 states (Pew, 2011)
Pretrial Detainees – Jail/Prison	62%/21.5%	50%/20%	Above avg. (Aborn & Cannon, 2013; ACLU)
Pretrial Detention – Average Duration	39 days	71 days	Worse than avg. (CSG, 2015 and 2017)
Prison Population – Felony Class	39% Class C or less	74% Class C or less	Worse than avg. (NYSC, 2010; HCR 85)
Parole Denial Rate	46%	66%	Worse than avg. (BJS, 2015; CSG, c2012)
Jail/Prison Occupancy Level	103.9%	115%	45th of 50 states
Release w/o Community Supervision (i.e., Max Outs)	22%	33%	Best practice = 16% or less (Pew, 2014)
Inmates with Housing Needs		29.2%	(ICIS, 2016)
- Improved Housing Situation		6.6%	
Inmates with Employment Needs		65.1%	(ICIS, 2016)
Inmates who Get Vocational Rehabilitation	30%	8% (WF/CI)	
Improved Employment Situation		11.4% (up from 4.2%)	(ICIS, 2016)
Inmates with High School Degree	51%		
Inmates w/o GED upon Release	40%		
Inmates in Educational Programming	35% (Travis et al. 2001)		
Inmates lacking Prosocial Support		45.4%	(ICIS, 2016)
- Improved Prosocial Support		6.6%	(ICIS, 2016)
Inmates with Drug Use Problem		53%	(ICIS, 2016)
- Improved Drug Problem		15.6% (up from 4.5%)	(ICIS, 2016)
Inmates with Alcohol Problem		29.9%	(ICIS, 2016)
- Improved Alcohol Problem		11.4% (up from 2.4%)	(ICIS, 2016)
Probation/Parole Violation	5.4%/9%	7.6%/5.3%	(BJS, 2014)
Staff Turnover Rate	<20%	10%	(PSD, 2016)
Job Satisfaction Rate			

Figure 13. Performance Dashboard US vs. Hawai`i

Gap Summary Regarding Data-Based Decision Making

PSD's current data collection efforts are siloed and fragmented, filed in hard copy or PDF scan

formats, requiring tedious and time-consuming manual extraction and coordination. The DIIP found that "the current information system is losing the department money by failing to support reporting and analysis needs. Timeliness is the critical issue. An information system that encourages PSD to perform expedient analysis would be a worthy investment. Also, by adding more data-capture requirements, for instance, by tagging stored data for ease of retrieval by author, modifier, approver and timestamps, can also be of assistance. Taking the step to make data more searchable from the outset will make the most of technology improvements, reducing the time and effort of search, reporting and analysis to get the most out of the data you capture."

Current research efforts are not as comprehensive as required by best practice. The partnership with UH REPS has the potential to help PSD become a self-sufficient, learning organization. Moreover, the initiation of a Data Governance Committee to address data infrastructure and utilization needs for the department represents a big step forward for PSD to become a more data-based decision making agency. Currently, however, data collection is not efficient, comprehensive nor used for long-term planning. Offendertak is the closest PSD has to an automated, digitized, searchable, historical, comprehensive database regarding inmate status and demographics, but needs to be linked to other inmate processes, like assessment, case management and programming participation and progress, most of which is compartmentalized or still kept on hard copy (i.e. paper) forms and stacked away in boxes.

PSD annual reports provide an interesting perspective on its internal performance monitoring capacity and functioning over time, where reports prior to 2015 appear to contain more data and analysis than later reports. For example, in 2012 and 2013, PSD Inmate Classification Office (ICO) reported the percentage breakdowns for custody levels by gender but not in any subsequent reports. Similarly, the Oʻahu Intake Service Center (OISC) reported percentage breakdowns for supervision levels and overall successful completions, even comparing this data to the previous year's data but not in subsequent annual reports. The OISC also reported staffing vacancies and indicated efforts to analyze and address this issue, which, unfortunately, as it involves the inefficiency of state hiring practices, may be largely out of PSD's control. This criticism is equally a recognition of the capacity of and opportunity for the department to re-generate these reports from the Offendertrak system still in use. This shift from performance data tracking and reporting to non-data-based narrative descriptions of basic unit functions in the most recent PSD annual reports may promote the apparent tendency (i.e., make it easier) to recycle information from previous years' reports and simply plug in the new numbers. But presenting such raw data as "10,000 bail reports" for example, without the context of how many were done in previous years and what is a reasonable goal or national standard of comparison, makes it difficult to understand the meaning and importance of such a number. An example for PSD divisions and units to follow is that of the Training and Staff Development unit, which produces its own data-based annual report that even includes a set of measurable goals and objectives for the coming year. Another example is from CJS partner agency The Judiciary.

Thanks to best practice cross-departmental data sharing, the ICIS provides PSD with excellent data analysis and reports, including 3-year recidivism rates for the past decade, which can help focus the department's reentry reform as well as larger CJS reform efforts. Even more relevant to PSD operations/administration, are ICIS annual Dashboard reports, which for example, point out that in the months prior to re-arrest, 55%-65% of recidivists reported difficulties with employment; 40-55% with drugs; 40-50% with peer groups, 25-30% with alcohol, and 20%-30% with housing. This information needs to be part of PSD's regular planning and program development activities by building such

reports into the meeting infrastructure, for instance, by incorporating ICIS report-outs into the monthly REPS EBP meetings with the Director and Deputy Directors.

Given the recent legislative and public scrutiny, it behooves PSD to be able to document its movement away from an unsafe or punitive correctional services system by accurately and regularly measuring, tracking, analyzing and reporting key indicators, such as frequency of use of disciplinary actions such as revocation of family visitation and frequency and duration of use of administrative segregation, as well as constructive advances such as (an increasing) ratio of positive to negative staff interactions with inmates. This could be done in the context of a merit-based or token economy system that demonstratively rewards inmates for good behavior.

Possible additional dashboard/scorecard performance measures for planning/programming might include (adapted from TPC Case Management Handbook):
- Percentage of high- and medium-risk inmates in which release plan was developed with counselor/probation officer/inmate participation
- Percentage of high- and medium-risk inmates who enter programs prioritized on their reentry plan
- Engagement rate for cognitive programs delivered to high- and medium-risk inmates
- Engagement rate for substance abuse programs for high- and medium-risk inmates
- Percentage of inmates completing their education
- Percentage of inmates completing cognitive programs
- Percentage of inmates completing alcohol and drug programs
- Percentage of high- and medium-risk inmates removed from a program by administrative action
- When is the LSI-R administered? What percentage of individuals have been administered the LSI-R at specific intervals (e.g., 2 months before release, 6 months before release)?
- What percentage of treatment plans are updated upon release?
- What is the degree of needs-based programming delivered in prison? In the community? (For example, is programming provided to address the three principal criminogenic needs?)
- Who is part of the transition (case management) team? Have we been successful at forging community partnerships?
- During incarceration, what is done to plan for employment, housing, substance abuse treatment, and other identified needs specific to the offender?
- Are these services linked with services outside of prison (continuity of care)?

Possible additional dashboard/scorecard performance measures for reentry might include (adapted from TPC Case Management Handbook):
- Percentage of offenders with housing at release
- Percentage of offenders with employment/education at release
- Percentage of designated offenders that continue alcohol and drug treatment after release
- Percentage of offenders participating in treatment under community supervision
- Percentage of offenders employed while under community supervision
- Percentage of restitution paid by offenders upon file closure
- Family need at intake/release
- Educational need at intake/release

58

- Does parolee have housing upon release? What type of housing?
- Does homelessness or type of housing impact recidivism rates?
- Does parolee have employment upon release? Where? What wages? What type of employment?

Possible additional dashboard/scorecard performance measures for community supervision and recidivism might include (adapted from TPC Case Management Handbook):
- Percentage of inmates successful 180 days after release to the community
- Percentage of inmates who successfully complete supervision
- Rearrest, reincarceration, and reconviction rates
- Rate of use of intermediate sanctions for technical violations

Table 3.2 Summary of Data-Based Decision Making Gaps

Best Practice	- Collect/analyze/report inmate needs, participation and progress to ensure sufficiency of programming - Follow evidence-based research to guide corrections practice
PSD Goals	- Maintain accurate and complete information across divisions (PSD Strategic Plan, 2017) - Implement a Data Governance Committee to plan, assess and satisfy data-based decision-making needs for PSD - Define an IT policy to help guide PSD to meet it data technology needs and select appropriate operating and engagement model frameworks (DIIP)
Current Efforts	- Intake LSI-R data is being gathered and used to learn about the inmate population - Partnerships with external entities help facilitate research - Some quality assurance processes are in place such as the Kamakani Report and other compliance surveys - Research is being used to find the needs of the current population in a limited way with the help of outside partnerships (e.g., UH REPS, ICIS)
Identified gaps	- Tracking of inmate needs/progress is not being conducted and compared to previous years to show progress/lack of progress for PSD administrative decision making - A Data Governance Committee needs support/resources - Performance measures and performance monitoring are lacking for internal as well as external service providers - Annual reports lack data tracking and analysis

Recommendations	• Build upon momentum of the REPS-led Innovative Program Initiative to design and implement a best practice inmate assessment and information system
	• Continue building and supporting the DIIP-recommended Data Governance Committee and link to such efforts as the innovative program initiatives
	• Identify, track and report key performance measures transparently and consistent with PSD strategic planning, goals and objectives
	• Add due dates and persons responsible for strategic plan objectives
	• Prioritize support/staffing for IT and newly formed Data Governance Committee
	• Expand Performance Management capacity, emphasizing attention to quality assurance of reentry reform processes/outcomes
	• Provide frequent quality/progress feedback dashboards to all levels of service from line staff to supervisors to administration
	• Include ICIS as well as REPS data/reports in regular EBP report-outs to PSD Administration for problem solving and action planning
	• Require basic performance measurement, tracking and (longitudinal) reporting by each PSD unit for inclusion in annual reports and for recognition of efforts and accomplishments

Staffing

Overall, staffing typically consumes 70-80% of correctional budgets, making it the most expensive and valuable resource even among all the other crucial components of prison operations and administration. Thus, it requires much attention and care in order to minimize its negative potential and maximize its efficiency and positive impact on inmate progress and reentry success.

Best Practices Regarding Staffing

Best practice suggests that reentry goals can be achieved without significant additional expenditures, but this requires redistributing the current workload of a fully staffed facility in a way that will address the goals of the reentry reform. For this to work, no duties should be added without first taking away some so that staff are not overburdened, as research has shown that higher staff stress levels may lead to inefficiency and discontent, which can be detrimental to staff and inmate interactions, hindering effective programming and reentry efforts (Lambert, Hogan, and Allen, 2006). Redistributing workloads to meet the goals of reentry best practices should begin with a needs assessment that focuses on personnel resources, skills, limitations, and current time demands, among other key elements. This would produce a realistic assessment of current workload burdens that PSD could use to determine whether and how workloads can be shifted to better meet reentry goals.

Goals for PSD Staffing

The key needs here are to ease overcrowding of facilities and the related overburdening of often short-handed staff, improve morale, enhance agency-wide communication and facilitate timely hiring of

unfilled positions. For instance, though PSD and its employees, particularly at OCCC, may see the promise of a new jail as an indicator of administrative support for staff as well as inmate needs, the HCR 85 Task Force wants the legislature to "defer action on a new jail to replace OCCC until the Task Force issues its final report [in 2019]." In the absence of more immediate, even if temporary, measures to ease overcrowding and inadequate infrastructure, such a perceived delay or cancellation of a new jail, could negatively impact staff and inmate morale and lead to more staff turnover and more difficulty hiring needed positions. Thus, a vicious cycle of poor staff morale, deteriorating jail conditions, diminished effective programming, increased inmate frustration and reduced prison/jail as well as public safety (Lambert, Barton-Bellessa & Hogan, 2015) could transpire as a result.

One oft-cited immediate solution would be for the Hawai'i Legislature to enact measures that will allow PSD to release low-level inmates such as pretrial misdemeanant detainees, who comprise up to 60% of the jail population, via electronic monitoring. Other solutions the legislature could consider would be to enact bail reform, such as that proposed by the Justice Reinvestment Work Group in 2012. The task force and PSD would also like to see the expansion of successful jail diversion programs and specialty courts, such as drug court and mental health court, to stem the flow of prisoners who may be better served and more successfully treated in the community.

PSD leadership is quite aware of the staff shortages and difficulty filling positions and in its current strategic plan has committed to conducting an audit of hiring barriers and developing an action plan to address them, as well as partnering with UH to increase training, internship and interest in employment opportunities at PSD among students. This aligns well with the current planning and development of a criminal justice major and graduate degree at the University of Hawai'i at Mānoa, which could greatly benefit PSD in the long run. Though it may not ease hiring, the department's plan to return to requiring comprehensive pre-employment screenings for all uniformed positions, could improve quality, fit and retention of its facility-based employees.

PSD Practices Regarding Staffing

Staff shortages have plagued the facilities, hindering reentry efforts. Hiring delays and barriers endemic to the state and its large departments, often prevent positions from being filled on a timely basis or at all. When positions are not filled the work burden is greater for those who remain, services are not provided to inmates, people cannot do the tasks they typically perform and instead have to do other jobs, much less to try to fully implement reform efforts in a systematic and far-reaching way. Staffing shortages can lead to overwork and burnout on the part of existing staff. This can in turn lead some staff members to leave, creating more vacancies that are not filled, or filled by people with less experience, creating a cycle that exacerbates the problem.

O'ahu Intake Service Center complained in 2015 that staff vacancies jeopardize the quality and timeliness of services. They also identified a need for case management and resources for felony defendants who are detained at OCCC who may be moderate risks but who are in need of cognitive readiness groups, substance and mental health treatment, and homeless services. They reason that "with appropriate services, the Courts may be willing to release more moderate risk defendants". Otherwise, these inmates, without the money to post bail or bond, remain held pretrial "for lack of appropriate services to mitigate risks and increase their likelihood of pretrial

release and success".

In addition to difficulty filling staff vacancies, PSD struggles with staff turnover, although in 2016, it claimed an average 10% staff turnover rate. It might be helpful, however, for planning and problem-solving purposes in future annual reports, to identify and separate out particularly problematic positions, such as Adult Corrections Officers (ACO), which many jurisdictions struggle to fill and keep filled due to the following key predictors of staff turnover: low organizational commitment; lack of job satisfaction; poor supervisory relationships and lack of communication; demanding hours and shift work; inadequate pay and benefits; stress and burnout; and wrong initial selection/employee not suited to the job. A full discussion regarding staff turnover reduction is beyond the scope of this report but is certainly worthwhile for further investigation and intervention by PSD and there are many excellent correctional staffing retention resources available.

Gap Summary Regarding Staffing

Lack of staffing, as a result of funding and hiring deficiencies, as well as absenteeism, appear to be hindering reentry reform at PSD. An assessment of staff needs and workload could be helpful not only for reentry reform, but for operations in general. In addition, the creation of the Reentry Office by PSD is a good start but should be expanded and connected to each facility. A final observation here is that PSD organizational structure seems to be bottom-heavy as opposed to top-heavy. In fact, BJS reported that in 2005, nationwide 2% of all staff were wardens, superintendents, or other chiefs or lead administrators, who made up only 1% of correctional staff in Hawai'i (as well as Pennsylvania, Rhode Island, Michigan, Florida, Maryland and Virginia) compared, on the other end of the spectrum, to 6% of correctional staff being administrative in Montana, Wyoming, and the District of Columbia. At its current incipient stage of development, however, PSD may benefit from another layer of top administrative area experts, in addition to the Director and Deputy Directors, to develop assessment, case management, treatment, education, employment and housing, similar to how the Adult Mental Health Division (AMHD) in the Hawai`i Department of Health (DOH) operated, with an expert cadre of service directors/coordinators in key service areas in addition to divisional leaders, as it came out from under DOJ oversight a decade ago. Currently, PSD Director and Deputy Directors roles appear tantamount to the DOH Director and Deputy Directors themselves running several major divisions, such as AMHD and Child and Adolescent Mental Health Department (CAMHD), as well as the Department itself. Not only does AMHD have its own Chief, but under the Divisional Chief are a chief who runs the Community Mental Health Center (CMHC) statewide clinic system as well as a chief who runs the Hawai'i State Hospital, which are somewhat equivalent to PSD statewide minimum- and medium-security facilities. Furthermore, while individual PSD facilities are headed by wardens, correctional staff actually report to each facility security officer, creating a potential source of conflict and confusion. This issue should be addressed in addition to restructuring and bolstering the capacity of PSD upper-level administration to develop, interact with and oversee PSD facilities and their day-to-day operations. Examples from other similarly sized correctional jurisdictions, such as Maine, could be helpful guides as well. Finally, PSD as well as its staff and those it serves, would benefit from additional resources and interventions to boost staff morale and wellness, following national best practices in this area.

Table 3.3 Summary of Staffing Gaps

Best Practice	- Monitor staff workload with attention to areas where work burden is disproportionate and redistribute tasks as needed - Reassign and/or enhance the current workforce to ensure that the goals of reentry reform can be met - Shift funding and resources to support workforce changes and ensure the success of reentry reform - Provide (peer) staff wellness resources and programs, for staff, in particular ACO's.
Goals for PSD	- Increase staffing of the Reentry Office with dedicated personnel stationed at each facility (Reentry Office) - Perform a job task analysis to inform training needs (TSD) - Expand CJ student intern programs to provide training and employment opportunities for students from social work, psychology, medicine, psychiatry, etc. (HCR 85)
Current efforts	- Volincor volunteers helping in the facilities - Reentry Coordination Office staffed and operating - Training/Staff Development transparent and productive
Identified gaps	- Facility overcrowding, overburdening of staff - Assessment of staff capacity, needs and workload - Reassignment/retraining of staff to facilitate reentry reform - Expansion of the Reentry Coordination Office with dedicated staffing in each facility - Staffing of a Performance Management program - Timely hiring practices and filling of vacant positions - Staff morale-boosting initiatives on wellness, stress management, communication/conflict resolution and self-care strategies as well as internal communiques and rewards for dedication, innovation and results

Recommendations	• Assess staffing needs based on RNR/reentry reform programming needs
	• Reallocate resources to support reentry reform staffing/ programming needs
	• Station Reentry Staff/Office at each facility
	• Enhance staff self-care resources and training
	• Reduce overcrowding of facilities and overburdening of staff
	• Hire case management, housing and employment statewide service directors

Training

Best Practices Regarding Training

Staff training is important for facilitating reentry efforts. It is needed in order to change attitudes and create an environment that is conducive to reentry reform. Training should cover correctional philosophy and psychology as well as criminology, as they relate to reentry. Training should involve all level of staff from line level to administration. Without training, staff are unlikely to understand the importance of adhering to best practice, including the pivotal role that a valid risk needs assessment plays in planning and delivering evidence-based programming, the need to collaborate with and reinforce inmate motivations to rehabilitate and reintegrate into the community. Finally, staff trainings should be evaluated for their effectiveness and adjusted as needed and, ideally, the evaluation component would be built in to the training.

Best practice training is exemplified and provided by NIC. Some jurisdictions ascribe to the American Corrections Academy (ACA) which offers different levels of correctional officer certification as a Certified Corrections Professional (CCP), for example. For healthcare programs there is the National Commission on Correctional Health Care (NCCHC).

PSD Goals Regarding Training

PSD 2017-2022 strategic plan lists "develop an engaged and well-trained workforce" as one of its four key goals. More specifically, it plans to "increase accessibility to training across divisions" by "removing obstacles that prevent awareness, ease of attendance, and successful tracking of training programs...", for example, by distributing quarterly training calendars and offering online training options. The HCR 85 Task Force has a larger vision and recommends the state "establish an academy to educate and train correctional workers at all levels and establish the highest levels of professionalism for correctional workers, adding that "most of the western states, including Arizona, Colorado, Idaho, New Mexico, Oregon, Utah, and Wyoming, have training academies that could serve as possible models for Hawai'i. Hawai'i could also learn much about training correctional workers from Norway, which has one of the best academies in Europe."

From the HCR 85 Task Force second interim report (2017):
> "The academy we envision would provide training for employees at all levels of the correctional system. It would include basic training for new employees, and continuing education for those already working in the correctional system. The training curriculum would

include a wide array of subjects including correctional philosophy, psychology, law, officer safety, mental health and addiction issues, public health and disease control, implementation of a state-wide rehabilitative strategy, civil and human rights, and related matters."

The training academy, especially if done in coordination with and as a way to expand and enhance current criminal justice system training resources and partnerships, would be a great reentry reform asset. We envision a coordinated training consortium which builds on criminal justice as well as behavioral health system training resources including PSD, HPA, Judiciary, Honolulu Police Department(HPD), AMHD, Alcohol and Drug Abuse Division (ADAD) and ICIS as well as building on university affiliations and partnerships, such as PSD three-year partnership with REPS and related ongoing efforts to develop a criminal justice graduate training program at UH Mānoa. Until that time, however, the current PSD training office, could be expanded and supported to serve as a resource for staff to learn and apply best-practice standards and a theoretical understanding of crime, criminogenic needs, recidivism, and principles regarding reentry reform.

PSD Practice Regarding Training

One of the department's strongest and most accountable practices is in the area of staff training and documentation, planning and internal reporting of these elements. The Training and Staff Development (TSD) unit is the only unit which appears to function autonomously in this sense by creating and updating its own annual plan with objectively measured goals and objectives, which could be improved by indicating percentages instead of raw numbers of staff served, comparing to previous years and national standards as well as reporting on results of customer satisfaction surveys it administers. With such elements in place, the TSD's annual report would be an exemplary model for all other PSD units/divisions to follow. Finally, PSD in collaboration with REPS plans to begin the process of seeking [National Commission on Health Care](#) accreditation in the coming year.

Gap Summary Regarding Training

While staff members have been provided with sufficient basic and safety training and even some training related to reentry efforts (e.g. Motivational Interviewing, LSI-R administration and utilization and others) more EBP- and rehabilitation-related training and staff support/supervision is required in order to move reentry reform forward. Case management is another crucial area of training for the department. While an introductory training on comprehensive assessment and process/outcome performance monitoring/management for KASHBOX direct-care staff was provided by REPS in 2015, follow up and expansion of such EBP-related staff training is vital to reentry reform success. A single training is not sufficient. Staff needs more in-depth training and related supervision to develop the skills they are being introduced to, including fundamental criminological theories, principles/philosophies surrounding corrections, and psychological outlooks to equip them with the tools they need to buy into and successfully carry out reentry reform. PSD at one point envisioned it and the HCR 85 Task Force has recommended creating a training academy to address these issues, but this has not yet been fully realized, although great strides appear to have been made by PSD in this area in the past several years. Having performance indicators, such as job satisfaction and staff turnover rates for traditionally high turnover positions, tracked over time and compared to national standards, for this area would help to quantify and verify efforts/success and identify issues.

Table 3.4 Summary of Training Gaps

Best Practice	- Train staff in the valid administration of empirically-based risk needs assessments, motivational interviewing, and responsivity assessment protocols - Offer frequent booster sessions to keep staff skills current - Develop in-house expertise to conduct ongoing staff training - Train staff in new ideas and behaviors that support reentry and reform efforts including EBP reentry programs, policies and procedures - Develop continuing education program for staff to attain best-practice standards and a theoretical understanding of crime, criminogenic needs, recidivism, principles regarding reentry reform, self-care, trauma-informed care and potentially professional certification
Goals for PSD	- Strengthen public safety training to better meet the needs of staff in delivering effective best practices (PSD) - Establish/expand training academy (PSD/HCR 85) - Develop and conduct a needs assessment to determine unmet training needs (PSD) - Establish a minimum standard for all job competencies and performance indicators, to be included in their performance evaluation program (PSD) - Create a career development program to promote professional growth (PSD) - Recognize successful participation in training programs to promote ongoing skills improvement and employee satisfaction (PSD)
Current efforts	- Most staff members have received an introduction to Motivational Interviewing - Training and certification on LSI-R has been provided - The inmate classification tool has been revised and staff retrained
Identified gaps	- Staff could benefit from retraining/certification/supervision on proper LSI-R-based assessment/interpretation and case planning - Most staff members have received only limited training in Motivational Interviewing and Cognitive Behavioral interventions - Training needs assessment has not yet been conducted - Continuing education program has not been fully developed
Recommendations	- Increase initial and ongoing training and professional development, especially in core EBP areas of RNR services - Promote professional development and cross-disciplinary collaboration through CJS partnerships to bring in technical assistance expertise and to host conferences and workshops - Conduct training needs assessment and include staff satisfaction survey results/analysis in annual reports - Measure, monitor and report staff turnover rates for high turnover positions such as ACO

Partnerships/Collaboration

Best Practices Regarding Partnerships and Collaboration

There are numerous systemic drivers of overcrowding and recidivism, such as homelessness, health/social/economic/ethnic disparities, which point to the need for greater governmental support for proven strategies, such as jail diversion, specialty courts, bail reform and restorative justice, as well as cabinet-level reentry reform coordination, support and oversight. Collaborative relationships-both within corrections departments and between corrections, criminal justice and community agencies/advocates- are essential to successful implementation of best practices. These kinds of partnerships and programs are required to ensure that inmates and former inmates are receiving the programming and services they need. Corrections systems, however, typically have an excessive amount of fragmentation complicating collaboration (Burke, 2008). A common problem is that facilities and community supervision authorities often do not share information or adequately plan for releasing inmates (Burke, 2008). This can be diminished or eliminated through the use of electronic transfer of case information as well as the assignment of probation/parole officers to provide in-reach to inmates in prison/jail in order to facilitate transition to community supervision.

In addition to strengthening collaboration within corrections departments and across the criminal justice system, it is also essential to have partnerships with non-correctional stakeholders. These collaborations facilitate the transition of services and support for inmates returning to the community. Corrections staff working on reentry programming must develop collaborations by identifying potential partners and reaching out to them. Once community partnerships are established, they can be formalized through Memoranda of Understanding (MOUs) that outline partner roles and responsibilities.

It is important to understand the definition of collaboration according to best practices. It goes beyond informal relationships and describes more formal agreements about the type of work and goals that will be achieved together. Though leadership takes a crucial role in developing and maintaining these collaborations, efforts are executed at all levels. For example, within corrections, collaborative teams involve members from senior-, middle- and line-staff levels and include corrections officers and program staff (Burke et al., 2010).

Goals for PSD Regarding Partnerships and Collaboration

The HCR 85 Task Force has recommended that the legislature require PSD "to work collaboratively with stakeholders and the broader community (including Corrections, Parole, Probation, Courts, Law Enforcement, Housing, Behavioral Health and Human Services agencies) to develop a strategy, along the lines recommended in this report, to reduce the projected jail population to around 150 to 200 beds, and reconsider the siting for the smaller facility with priority being given to a site near Oʻahu's two courthouses". The multifaceted, cross-departmental nature of such an endeavor would necessitate the convening of a comprehensive cabinet-level working committee with decision-making authority to effect changes in agency programming, policy and procedures. PSD has partnered with REPS to request federal technical assistance in convening such a broad-based working group to include housing, health and human services agencies as well as criminal justice agencies. This group, for example, could address the role of probation/parole decision making in both the designation and

revocation of community supervision status, and follow the model of other states such as Michigan, Missouri and Oregon who have significantly lowered the rate of technical violations of probation/parole, in order to achieve significantly lower recidivism rates, with Oregon claiming the nation's lowest recidivism rate of 22.9% and a 3.3% rate of returning inmates to prison on technical violations of conditions of community supervision. By contrast, Hawai'i's rate of probation/parole revocation was as high as 28% in 2010 and after a significant reduction, appears to be on the rise again, at about 13% (ICIS, 2016). Furthermore, in Hawai'i's 2013 prison release cohort, the most common reason for recidivism was technical parole violations, accounting for 27.8% of those returning to prison (ICIS, 2016).

PSD recognizes the importance of reentry reform across the criminal justice system but could do more to create and strengthen relevant partnerships and influence public policy in this matter. This is a systemic issue that has yet to be approached from a comprehensive, cross-agency perspective, despite or because of multiple siloed efforts to address some aspect of criminal justice reform, including the HCR 85 Task Force (focused on corrections only), the legislative committee on bail reform, reentry and overcrowding commissions, etc.

On the positive side, much as been done in the area of cross-agency data sharing and analysis, largely thanks to the existence of the Interagency Committee on Intermediate Sanctions (ICIS) and the Cyzap shared criminal justice database. Innovative partnerships and collaboration are important both within and outside of PSD. Examples of internal partnerships from other jurisdictions include the merging of vocational (e.g., Correctional Industries and Work Furlough) and educational divisions into a single, coordinated entity, with the purpose of developing stronger linkages between in prison work and educational programming in order to improve vocational preparation and employment outcomes.

Other jurisdictions have also benefitted from technical assistance on Sequential Intercept Mapping (SIM), which brings together not only typical criminal justice system partners, but also crucial community education, employment, health, housing and human service providers, in order to collaborate and problem solve issues related to recidivism and reentry reform. Other possibilities include creating an ongoing reentry advisory group to facilitate collaboration in PSD as well as with other criminal justice system-related partners, establishing a legislative liaison position to advise/educate the legislature on important criminal justice public policy matters and seeking public-private partnerships, such as the incorporation of a corporate technical training operation (e.g., Johnson Controls HVAC job training program in states like Indiana and Virginia) within a PSD correctional facility, which has been recently supported by Senator Nishihara. Then too, other jurisdictions have benefitted greatly from Americorps volunteers serving in corrections facilities.

PSD Practice Regarding Partnerships and Collaboration

Formal and Informal Partnerships within PSD

Under previous administrations, PSD has held regular cross-divisional meetings to share concerns/accomplishments and to collectively plan and problem solve but apparently this practice has fallen by the wayside. Currently, management seems to rely on informal relationships and collaborations, as well as formal directives from the administration. For example, though the Hawai'i Paroling Authority is administratively attached to PSD, there is no formal, ongoing method of communication and collaboration. The transition from prison to community supervision

is a key system intercepts and an important connection to make, but, unfortunately where collaboration is often missing (Burke, 2008). Some jurisdictions hold reentry committee meetings among parole officers and corrections representatives across disciplines (e.g., education, medical, mental health, addiction services, security, etc.) and such meetings provide the structure for formal collaborations and developing stronger partnerships.

Some recent positive developments, however, have resulted from an ongoing three-year partnership with the University of Hawai'i, including the formation of a Data Governance Committee (DGC) and an evidence-based program development cross-divisional collaborative within PSD. These collaboratives are designed to enhance the department's internal capacity to provide performance measurement, program evaluation, program development and continuous quality improvement for state-run as well as purchase-of-service contracted programs. Moreover, either entity could always be extended/expanded on an *ad hoc* or ongoing basis to include representatives from additional disciplines in order to accomplish broad or specified goals and/or to engage with leadership.

Collaboration/Partnerships Outside of PSD

Like relationships within PSD, both formal collaborations and informal partnerships exist between PSD and community agencies. Formal collaborations documented with contracts or MOU that most relate to reentry reform are those with the University and its community college system for medical services and vocational/educational programming in PSD facilities. Naturally, HCI also has had a number of established partnerships with various entities, such as the Department of Transportation, which allow them to provide work for inmates, translating into skills that potentially could help them get jobs once released.

Other formal collaborations include contracts for substance abuse and mental health services. Also, PSD works with Volincor to provide various programs within the prisons. It also maintains a beneficial relationship with the University of Hawai'i. For instance, in partnership with REPS, it administers innovative best practice demonstration projects to provide peer support reentry services for max-out prisoners as well as expedited, enhanced residential substance abuse treatment upon release to community supervision.

Gap Summary Regarding Partnerships and Collaboration

It can be expected that reentry reform may be slowed due to differences between traditional punitive and emerging rehabilitative philosophies and approaches to inmate management, as well as the sheer stress of such massive changes, which will inevitably involve differences of opinion about how to best proceed with reform, adversarial work styles or personality conflicts, and lack of cooperation when trying to implement new plans and policies. One important goal of collaboration is the transfer of case materials across staff, programs, facilities and departments. This functionality is not readily available. Nonetheless, the structure for formal external collaborations, such as the Reentry Commission, exists, but may get a reviving boost and a sense of renewal, if a more unified mission of reentry reform versus jail expansion can be adopted and implemented.

Key reentry-related gaps could be better addressed through formal partnerships with community organizations and government agencies representing housing, labor, education, health, mental

health and human services. PSD could also benefit from increased collaboration with postsecondary institutions, health service providers, and businesses. Collaborations with postsecondary institutions would facilitate prisoner education and entry into colleges and universities post incarceration but also help to provide staff as well as training for PSD. Furthermore, health care providers could come into PSD facilities and interview inmates prior to release to establish intake appointments, medication, etc., which would improve the continuation of services on the outside. Finally, by collaborating with the State Department of Labor and Industrial Relations (DLIR) and the business community, employment barriers could be better addressed. The goal would be to help improve inmates' work post-prison work opportunities as well as provide opportunities for work release while incarcerated. There needs to be more outreach to organizations in the community who may be amenable to partnering with PSD, but may not know about facility needs and what they could do to help. For example, Hawai`i Literacy and Partners in Development have a proven successful learning enrichment programs, which they are eager to implement within PSD facilities but need administrative support to do so. Also, though many community/faith groups come into the facilities to provide services, PSD could develop these relationships further and potentially collaborate with such groups on reentry grants, for example.

Table 3.5 Summary of Collaboration Gaps

Best Practice	- Emphasizes the importance of collaboration both within PSD and between PSD and outside agencies - Utilizes electronic transfer of case information to help reduce fragmentation through information sharing - Identifies and reaches out to community stakeholders to improve the coordination of services and support - Enhance faith-based services for the formerly incarcerated such as Adopt-a-Citizen program (One church- one citizen)
Goals for PSD	- Increase PSD collaboration with community health and social service providers (HCR 85) - Utilize national technical assistance on Sequential Intercept Mapping (SIM) to create a multidisciplinary, state-level Reentry & Reintegration Advisory Group to ensure collaboration in implementation of reentry reform efforts as well as information among state government entities, community-based organizations, and other stakeholders - Obtain legislative support for PSD reentry reform efforts to build long-term state government support and sustainability for reform (HCR 85) - Increase opportunities for newly released individuals to access health and social service benefits and entitlements by enhancing collaborative relationships with the gate-keeping health and social service agencies responsible for benefits and entitlements programs (HCORP) - Develop volunteer restorative justice panels throughout the state (HCR 85; OHA) - Partner with Americorps to expand services for inmates - Increase access to medication assisted treatment for substance abuse (HCORP)

Current efforts	• REPS, HCORP, Reentry Office and Data Governance Committee provide structure for collaboration across PSD divisions and offices but more is needed
	• Various collaborations have occurred between PSD and outside partners:
	  o Collaborated with REPS MAX-OUT and HCORP projects for peer support and expedited release for inmates needing residential substance abuse treatment
	  o Collaborating with ICIS for data sharing and analysis
	  o Supporting volunteers from the community to provide services within the facilities

Identified gaps	• Transfer of case information is not seamless or automated • Legislative support/funding has been lacking • More collaboration within PSD and with community agencies is needed • Partnership with UH/AmeriCorps could provide interns to work in the facilities to promote change • Increase collaboration between PSD's educational and vocational programs to increase preparation for and likelihood of successful employment

Recommendations	• Increase internal/external case/release preparation planning with multidisciplinary staff meetings which include inmate family members and other agency (probation/parole) representatives
	• Increase collaboration with Probation/Parole agencies and functions, including braided funding for reentry services such as housing/employment.
	• Increase collaboration with community agencies to increase volunteerism (inside and outside the facilities) and grant writing/funding
	    • Resume 1-on-1 literacy tutor training of prisoners by Hawai'i Literacy and increase number of community mentoring programs
	    • Implement early learning enrichment reading program for inmates with children in collaboration with Partners in Development
	• Continue/Expand cross-divisional communication/collaboration (DGC/Innovative Program Development Teams) to improve program development and quality assurance
	• Integrate Education, Work Furlough and Correctional Industries for better coordination and collaboration of educational/employment services
	• Promote cross-agency communication/collaboration, for instance, with a SIM workshop and ongoing commitment to joint systemic problem solving

Family/Community Outreach Support

Best Practices Regarding Family/Community Outreach and Support

Community and family support are crucial components of reentry reform but prevailing negative community attitudes can be a major barrier to reentry. A supportive community can reduce the

stigma and alienation experienced by inmates returning to the community (Young, Faye and Byrne, 2002). Best practice requires that the community be engaged in reentry efforts using strategies to educate the community with public forums on reentry and publicly disseminate information about transition and reentry efforts, emphasizing that successful rehabilitation and reentry is the best way to promote public safety. Best practice for ensuring family involvement in reentry recognizes that it is important to begin mending family relationships during incarceration. Best practice does not recommend the suspension or revocation of visitation privileges as a standard disciplinary tool. Other jurisdictions have implemented tools such as the Relational Inquiry Tool (RIT), a strengths-based assessment that helps inmates think about their individual and family strengths. A resource in this area for PSD is the Reentry is Relational Project, which involves family and social networks in reentry planning.

Naturally, contact with family and friends is important for social reintegration of prisoners ntand prison administrators should encourage communication with the outside world. Prisoners' contacts should be an entitlement, not a privilege, and should not be used as a reward or punishment. A rigorous study by the Minnesota Department of Corrections found that even a single visit reduced recidivism by 13% for new crimes and 25% for technical violations. (Minnesota Department of Corrections, 2011).

A best practice recommendation is to assist families by providing them (online) with basic information that families need to know, such as where the prisons and jails are located, information about visitation, basic information about probation and parole and tips for self care as well as a directory of resources. Some jurisdictions even allow family members to attend and participate in Reentry Committee meetings with the inmate who plans to live with their family. Another best practice is to provide videoconferencing as an option for inmates to stay in contact with their families, especially when extensive travel would otherwise be required. Some jurisdictions have a special office dedicated to serving inmates' families and, for example, coordinating family events and programming, such as *Fathers as Readers*.

Goals for PSD Regarding Family/Community Outreach and Support

Hawai'i adopted a resolution in 2005 requesting the departments of public safety and human services to form a task force to identify and develop appropriate programs and services for children of incarcerated parents and to provide support for incarcerated parents, where appropriate. The task force issued a report to the Legislature and was extended through 2012. Hawai'i also enacted legislation in 2008 to articulate guiding principles for use by state agencies when dealing with children of incarcerated parents. The principles were adapted from the Incarcerated Parents Bill of Rights created by the San Francisco Children of Incarcerated Parents Partnership. The principles include "children should be kept safe and informed at the time of the parent's arrest;" "the children's wishes should be taken into consideration regarding any decisions made concerning their welfare;" "if the children so choose, communication avenues should be made available such that children should have opportunities to see, speak to, or visit parents, where appropriate;" and "children should receive support for the desire to retain a relationship with an incarcerated parent, where appropriate."

Then, in 2007, legislation was enacted that, among other things, requires the director of public safety to establish policies that parent inmates be placed in facilities, consistent with public safety and inmate security, based on the best interest of the family rather than on economic or

administrative factors. The legislation also requires consideration when making prison placements of an offender's capacity to maintain parent-child contact. The provision also appropriates funding to support, among other things, the collection of data on children of incarcerated parents, including the number of children each inmate has, the children's ages, schools, caregiving arrangements and needed services.

Most recently, the HCR 85 Task Force recommends that PSD "support continuity in relationships between inmates and their families by providing services and spaces to heal and improve relationships with primary support networks' as well as "break the cycle of intergenerational incarceration by providing support for children of incarcerated parents and intervention programs that target at risk youth".

PSD Practice Regarding Community Outreach

Other positive relationships involve the Volincor program which prepares primarily faith-based volunteers to come into the prisons to help. Americorps could provide a more secular-based mentoring option as well, if such a partnership were forged with the Corporation for National and Community Service.

PSD Practice Regarding Family Support

The Women's Community Correctional Center (WCCC) provides exemplary community involvement through family support though much more is needed. It appears that inmates housed out of state have access to technology to facilitate familial involvement which is lacking for local inmates, despite simple and affordable computer tablet technology that could make this possible. It's important to note that although best practice requires that the suspension of visitation privileges be used judiciously, if at all, in order to encourage visitation, it is still a common practice in PSD facilities. Furthermore, the frequent use of lockdowns and segregation or canceling visitation due to lack of manpower, hinders reentry efforts, particularly in terms of the disruption to facility programming. Finally, PSD, with assistance from REPS, is developing a family strengthening/domestic violence prevention program for inmates.

Gap Summary Regarding Family/Community Outreach and Support

A substantial gap regarding community outreach is exemplified by the level of public education/opinion about reentry reform best practice and points to the need for a more proactive public education campaign by the department and criminal justice system partners as well. Given the predominantly negative media exposure for corrections and criminal justice in Hawai'i (and elsewhere), countering negative community perceptions about PSD is paramount. Though elsewhere, public opinion appears to be more strongly in favor of rehabilitation versus retribution for inmates, one recent local public opinion poll indicates that just 36% of residents think the best solution to jail/prison overcrowding in Hawai'i is to send drug inmates to substance abuse treatment, followed by building new prisons/jails (32%) and sending inmates out of state (29%), according to the annual household survey on crime and justice by the attorney general (AG, 2011). This finding seems to underscore the need for PSD to better educate the public about the effectiveness of treatment and rehabilitation of inmates. It would also support staff morale and pride to have the positive things that are occurring be communicated more widely throughout the department and even publicly.

Regarding family support, there appears to be a growing appreciation within PSD of the role of family and social support in the success of returning inmates. Administrative staff members have proposed an innovative family strengthening program which the department plans to support with JRI funding. These are programs that provide an opportunity for familial involvement and activities such as WCCC Kid's Day. Though ongoing since 2005 Kid's Day could be expanded, as it has been estimated that 85% of WCCC inmates have children and 70% of these children are minors, only 17 mothers (out of an estimated 200) and 37 children participated in 2017's Kid's Day at WCCC. Still, that is more than what the 1800 (58% of the 3200 in-state male parent inmates) receive, as there is apparently no such event for them at all. From a quality assurance/performance measurement perspective, the use of disciplinary actions should be tracked and reported in order to get a sense of how frequently suspension of visitation privileges is used as a sanction. It would also be important to track frequency of lockdowns as well as the use of segregation, as these also impact family visitation.

Finally, a family services office, as in other jurisdictions, may be needed to operate as a liaison between the prison facilities and the families. Such staff could field questions about inmate location, medical inquiries, projected release dates, visitation related inquiries, inmate safety, concerns, requests for funeral furloughs and questions about credit for money sent in, etc. This office could even track client satisfaction through an online survey. Overall, PSD could benefit from more programming and services to keep families positively involved with inmates and reentry planning.

Table 3.6 Summary of Family/Community Outreach and Support Gaps

Best Practices	- Proactively educate the public about reentry (success stories) - Support positive family involvement with inmates - Utilize the *Relational Inquiry Tool* or similar tool to supplement inmate needs/strengths assessment - Eliminate the use of suspension or revocation of visitation privileges as a standard disciplinary technique and assess & address frequency of staff-shortage-related lockdowns
Goals for PSD	- Encourage greater involvement of families in the reentry and reintegration process. Consider video visitation by families for in-state inmates (HCR 85) - Enhance public education/transparency regarding reentry, prison reform and public safety (HCR 85)
Current efforts	- There is some effort to raise community awareness and family involvement, mostly at WCCC - PSD is partnering with REPS to develop a family strengthening and domestic violence prevention program

Gap	Family:
	• No assessment of family needs
	• Family members could benefit from more positive interaction with inmates as well as more information on how to help inmates transition and reintegrate into the community
	• While there are efforts to engage the community and include families in inmates' lives primarily at WCCC, more could be done, especially for incarcerated fathers
	Community:
	• Overall lack of community outreach programs
	• Proactive public education and information efforts lacking
Recommendations	Family:
	• Assess and support family needs, reunification and participation in inmate reentry/transition planning
	• Increase family programming, particularly for inmate fathers and their children
	• Establish Family Liaison position/office
	Community:
	• Reach out to community through proactive public education campaign, promoting reentry reform through success stories, and providing online resource guides/information

Culture Change

Best Practice Regarding Culture Change

Best practice requires corrections departments to change from focusing on security and surveillance to a broader effort to engage inmates in the process of change, moving the overall mentality from risk management to risk reduction (Burke, 2008). Implementation of best practice requires changes in multiple areas of corrections, including assessment, classification, staff roles, skills, and performance measurements (Burke, 2008). In addition, Burke et al. (2010) argue that leadership, staff and partners have to believe people can change and have to support evidence-based practices, particularly those that focus on inmate motivation to change. According to best practice experts, this can best be achieved by the actions of leadership that demonstrate inmates are capable of change, a prospect which truly challenges corrections agencies and their leadership to alter and confront negative perceptions of inmates as a whole.

The lack of a full embrace of a rehabilitative versus retributive vision inhibits reentry reform success at PSD. The frequent use of lockdowns interferes with programming success and family unification. Prison jobs often take priority over programming, which allows the prison to keep inmates busy and controlled and offers an opportunity for inmates to earn money, but comes at the expense of other programming that should be guided by a good risk needs assessment and case management/planning.

PSD is a political organization, and as such, will reflect the desire of the government and, to some

degree, the public in terms of pursuing a retributive versus rehabilitative mission. Change is more difficult when the community is perceived to value punishment over rehabilitation. Recent polling, however, shows that in Hawai'i the public prefers rehabilitation over incarceration, with 36% opting for increasing substance abuse treatment over expanding jail space. Given such public sentiment, PSD mission itself "to uphold justice and public safety by providing correctional and law enforcement services to Hawai'i's communities with professionalism, integrity and fairness" may need to be revised to better reflect and accommodate the community and cultural values and practices of aloha, ohana, laulima and ho'oponopono. Though it may seem like security and rehabilitation oppose each other, they are actually compatible, as inmates whose needs are identified and addressed are much easier to manage and supervise. Providing inmates with appropriate and sufficient programming not only ensures rehabilitative goals are addressed, it actually enhances security, as PSD and other state CJS representatives have witnessed firsthand in Norway. Successful reentry efforts can have a broad positive impact on the community, the economy and society. **On the other hand, failing to engage with inmates in a positive way, may be the biggest compromise to security, job safety and satisfaction and, ultimately, public safety.**

Of course, as a new initiative, reentry reform will face the same challenge that corrections departments across the state and the nation face, which is that many staff members view new initiatives as transitory (Henderson and Hanley, 2006). To counter this, the administration must obtain and maintain substantial and sustained widespread buy-in to assure staff that reentry efforts are not temporary, but are a permanent, new way of doing business.

Finally, successful reentry reform will require some up-front expenditure of resources, but should yield significant long-term savings. Appreciating this requires long-term vision and orientation and represents a cultural change in our understanding of and faith in the return on investment (ROI) and cost-effectiveness of reentry reform (WSIPP, 2017). This can be a difficult leap of faith when money and resources are limited and the cost of reentry initiatives may seem excessive and unreasonable but many jurisdictions have realized massive savings from such initiatives (e.g., Texas, New York, California, etc.). Focusing on short-term goals reflects the current political culture and is something that needs to be addressed in order to implement any real, long-lasting change.

Goals for PSD Culture Change

The HCR 85 Task Force seeks a substantive, philosophical change in the criminal justice system's culture by requesting legislation adopting the task force's vision statement, guiding principles, goals and objectives for Hawai'i's justice system, which is one that "restores communities and makes them safer, is rooted in our cultural and social values, and promotes wellness, healing and human potential." Furthermore, the HCR 85 Task Force points to the Norwegian/European correctional model as a guide to inform the transformation of Hawai'i's correctional system. At PSD, there may already be some converts to such a vision who were part of the Hawai'i contingent that visited Norway, which impacted the subsequent enhancement of PSD training resources as well as the planning for the establishment of a training academy to address current staff training needs as well as long-term workforce development needs of the criminal justice system.

The HCR 85 Task Force has recommended that PSD "should transition from a punitive to a rehabilitative, restorative, and therapeutic correctional system" and that "Hawai'i's core values should serve as the foundation for transforming the correctional system". PSD's current operating principles carried over from its 2002 strategic plan emphasize a commitment to safety, efficiency, professionalism, empowerment and accountability for both staff and inmates. In its current strategic plan, PSD further commits to the values of loyalty, respect and humane treatment and cooperation. Thus, it appears that with continued participation of PSD in the HCR 85 Task Force in its final year, particularly at higher levels of authority, there could be a greater convergence of these two groups' visions and objectives.

PSD Practices Regarding Culture Change

Much of what has been written in this report relates to and relies on the culture of the organization. Best practice emphasizes a change from the traditional retributive, security-focused correctional culture to one that views incarceration as an opportunity to maximize potential and promote positive change while balancing security needs. A key here is the need for widespread adoption of a rehabilitation orientation throughout PSD – one that embodies the belief that every interaction is an opportunity to enhance inmate motivation, recovery, rehabilitation and community reintegration. Thus, the challenge will be instilling this attitude into the vision/norms/values of the direct-service employees who work there and to the day-to-day interactions of staff and inmates. Often this comes down to the general support given and received/perceived by co-workers and supervisors and their sense of team and value to the organization.

Simply the way staff and administrators speak to and discuss the inmate population, the role of the prison and their jobs reveals the culture of the organization. For example, does continued use of the word "inmate" help or hinder this kind of cultural change? Would the substitution of a more neutral word like inmate be more aligned with a rehabilitation and recovery-oriented culture? Once an inmate is released, does the continued use of the word inmate suggest and promote that these former inmates will not change? On the other hand, does using the word "men" or "women" offer a much more humane, respectful and personalized view of those who incarcerated? Others have used the term "custodies" in place of colder terminology such as prisoners, inmates and offenders.

Though such discussion of nomenclature has been rare at PSD, it is clear, however, that its administration's culture is taking the JRI to heart and attempting to shift away from a strictly security-oriented approach to one that is more rehabilitative. The creation of the Reentry Office indicates awareness of the importance of providing programming and implementing different ways of interacting with inmates, as does the administrative support for staff-initiated innovative programming to address needs for comprehensive and coordinated inmate assessment, addressing inmate domestic violence and family strengthening and attending to the elderly and medically-fragile inmate population.

Another key dimension of correctional culture change is the growing recognition within PSD administration of the multifactorial developmental drivers of crime and incarceration and the consequent need for a more systemic approach to addressing the upstream and downstream factors that impact health, education, social status, crime, arrest, and recidivism as opposed to

simply viewing inmates as somehow fundamentally flawed and different from the rest of us.

In addition to the views staff hold about inmates, their perspective about the role of prisons also speaks to the culture of the organization. While many may still hold the view that prison should only be about locking people up and throwing away the key, the administration appears to be emphasizing the importance of providing programming to inmates in order to improve reentry success. Practices within the facilities, however, indicate where programming and services stand in relation to security measures, with programming often curtailed or canceled due to security issues. The most extreme example is administrative segregation or solitary confinement which may improve security of the facility but comes at a high cost to the mental and emotional stability of inmates.

The most far-reaching cultural-change initiative involving PSD to date has been the Justice Reinvestment Initiative (JRI) which began in 2012 when it worked with Council of State Governments (CSG) Justice Center to implement a pretrial risk assessment tool, develop a training and recertification strategy for staff on using risk assessments and establish a restitution collection database. This partnership resulted in the following improvements:
- Timely risk assessments of pretrial defendants to reduce pretrial incarceration
- Focus probation and parole resources on individuals most likely to reoffend; and
- Increase the amount of victim restitution and put mechanisms in place to collect, track, and disperse these funds effectively.

The JRI was projected to reduce the state's inmate population by 1,010 and save the state $130 million by the end of fiscal year 2018, and is currently about halfway toward that goal, with approximately 500 fewer inmates statewide than were incarcerated in 2012. In addition, between FY2012 and FY2015, monthly restitution collections doubled with $1.56 million in restitution collected from incarcerated people and parolees. In FY2014, PSD funded up to 22 victim services positions.

As a result of this initiative, it has been able to reinvest approximately $3.4 million annually to expand the availability of community-based treatment programs, hire additional corrections staff and parole officers to complete risk and needs assessments, support reentry efforts, and fund research, training and planning staff and services. Currently, PSD in partnership with REPS is using JRI funds to develop and implement several innovative, rehabilitative correctional programs, including the following:
- Comprehensive and Coordinated Inmate Assessment
- Family Strengthening and Domestic Abuse Reduction
- Elderly Medically Fragile Inmate Services and Housing

Also, in partnership with REPS, it has promoted since 2015 the use of forensic peer support. In PSD's culture, such movement towards the acceptance of former inmates as colleagues and equals is a prime example of culture change.

Of course, culture in Hawai'i has another more far-reaching connotation regarding the host Native Hawai'ian culture, especially given the predominance of Native Hawai'ians among the state's corrections population. Despite the lack of an equally predominant Hawai'ian cultural presence in PSD programming, PSD supports the promotion of local values and culture in system planning and

development. It was an active participant in the Disparate Treatment Native Hawai`ians in the Criminal Justice System report by OHA, which identified issues in law enforcement, courts, corrections as well as probation and parole. Since that time, it has enhanced staff training protocols and resources to address the need for more humane staff-prisoner interactions and has established and staffed a Reentry Office in order to address the need for more cultural and rehabilitative programming identified as correctional needs in the OHA report. Furthermore, as of 2015, a high percentage of criminal justice staff (probation/parole officers and social workers/case managers) have been trained in the following evidence-based practices (ICIS, 2016): Motivational Interviewing (89.7%); Level of Service Inventory – Revised risk and needs assessment (87.7%); Cognitive Behavioral Treatment (89.3%); Collaborative Casework (83.1% of social workers/case managers only). Unfortunately, PSD staff percentages are unavailable for training in these EBPs.

Part of the culture problem at PSD is endemic to many large, bureaucratic state agencies and that is the lack of institutional memory of key events, learnings and issues. It is akin to an individual with amnesia struggling through each day and reinventing the wheel over and over again so to speak. It could do more to document and promote key milestones in its history, particularly so for its successes. For example, several major grants have been implemented in the past decade but their lessons may be all but forgotten due to lack of centralized historical documentation, which hinders the possible continuity of such meaningful efforts. On the contrary, PSD annual reports appear to be an exercise in rote repetition of past plans and accomplishments and could benefit from more current and data-driven reporting and analyses, safe in the knowledge that historical events are being safely filed away and not forgotten. Still, the importance of each PSD unit taking responsibility for setting measurable objectives, tracking outputs and outcomes and comparing them to those of previous years and national standards, will help give a clearer picture of where PSD is, has been and needs to go in the future. The institutional memorializing and self-promotion should not end there, however, as there is a public relations battle being fought and largely lost in the media constantly. It could benefit greatly from publishing is success stories both internally to boost staff pride, motivation and morale and externally for the public education and support.

Gap Summary Regarding Culture Change

Over recent years it appears that there have been some changes in the culture at PSD administration, establishing the Reentry Office and thereby promoting the value of rehabilitation. Shifting operations, however, to reflect the focus on rehabilitation versus security and retribution from the time of intake to the time of release will be a formidable and ongoing challenge. In order to change the correctional culture, administrators and supervisors must clearly and consistently express a reentry reform vision across multiple forums – in public, among colleagues and privately. To date, this stance has not been as thorough as is required to promote long-term change. While there are staff and administrators at many levels who truly believe in reentry efforts, this is not the prevailing viewpoint. Sufficient support for these efforts at all levels has not yet been achieved but appears to be moving slowly in the right direction.

Table 3.7 Summary of Culture Change Gaps

| Best Practice | • Focus less on security and surveillance and more on engaging inmates in a process of change (Burke, 2008: 22) |
	• Change from "risk management to risk reduction" (Ibid)
PSD Goals	• Foster cultural and organizational change within PSD with new ideas and behaviors that support reentry and reform
	• Adopt policies, procedures, programming and directives consistent with the idea that reentry begins at arrest
	• Report percentages of staff receiving EBP training for ICIS annual scoreboard report
PSD Practices	• JRI implementation has led to the creation and staffing of the Reentry Office in 2016, PSD has emphasized the importance of reentry reform and inmate rehabilitation
	• JRI implementation has also led to the support of staff-designed innovative program development which encourages new ways of thinking about and interacting with inmates
Identified gaps	• PSD administration could speed progress by being more proactive and demonstrative in sharing the excitement and rationale for reentry reform efforts and demonstrating the new way of talking/thinking about and treating inmates
	• More and stronger support for reentry reform is needed at all levels, including direct-service levels, especially among supervisors but also in terms of coordination and collaboration in the larger criminal justice system and government (See Collaboration section above)
Recommendations	• Establish intensive program of internal/external support, education, encouragement and status updates related to reentry reform
	• Talk the talk and walk the walk. Leadership should engage with staff/inmates at all levels/facilities and pave the way for former inmates to work for PSD and with former inmates
	• Require basic performance measurement, tracking and (longitudinal) reporting by each PSD unit for inclusion in annual reports and for recognition of efforts and accomplishments

Chapter IV: Summary, Recommendations, and Conclusion

The purpose of this report is to identify the gaps between current PSD practices and national/international best practices in reentry and reentry reform, keeping in mind that attaining best practice levels across all areas is more of an aspirational than an achievable goal. No correctional system is perfect but each system has its strengths and weaknesses. Clearly PSD is above average in some areas, such as actuarial assessment, but needs improvement in others, such as overall quantity and quality of programming, performance management and data-based decision making. It's also important to recognize that although the identified best practices in this report are evidence-based, any programming based on them must be adapted to fit the local context, taking into account local resources, culture, goals, etc. Best practices are not something that can just be introduced into a corrections system and be expected to work. It requires careful planning, long-term commitment and a substantial increase and/or redistribution of resources, but perhaps most importantly, a change in the organizational culture from retributive to rehabilitative with buy-in at every level. Reentry reform is not likely in a fragmented system. Thus, collaboration within and across criminal justice departments and divisions and with communities is crucial to reentry reform success. Collaboration is key at all levels of reentry reform, even and especially regarding staff-inmate and staff-supervisor interactions, as reentry programming is not authoritarian. It requires supportive staff and humane interactions that build rapport and trust in order to foster inmate participation and will to change/improve. Planning for reentry begins at intake not just before release. It requires creating an objective, risk/needs assessment-driven plan to harness strengths and address criminogenic needs through adequate dosage of relevant skill-building programs.

PSD has recently drafted a five-year Strategic Plan and established a Reentry Office, which can be seen as a move toward the development a comprehensive reentry reform plan, which will be needed to develop and guide the coordinated reentry reform efforts that are required. Of great value in this effort are the HCR 85 Task Force reports, which have identified key goals and input from the broader criminal justice and community perspectives. Then too, PSD-REPS and ICIS partnerships provide further support and guidance on needed programmatic and organizational enhancements, including this document, as well as a mechanism for implementation and action toward these goals.

The good news here is that many of the basic elements of a best-practice reentry model are already in place at PSD. It will, however, require, a substantial expansion (e.g., doubling) of current best-practice programming, as well as renewed commitment to ongoing training/supervision, adherence to detailed programmatic guidelines, and sufficient resources to address the existing level of inmate needs that would overwhelm current staff/program capacity.

The challenges for PSD programming begin with assessment. Although the Ohio Risk Assessment Scale (ORAS) and LSI-R are being used at intake, they are not effectively informing inmate classification, leading to a problematic mix of low, medium and high-risk inmates in the same facility and housing unit. Though these RNA tools are an excellent first step in the assessment process, they need to be bolstered by a more comprehensive assessment protocol, which addresses strengths as well as needs, but also social, educational and vocational history and readiness/willingness to change. The key staff members in any reentry reform are case managers. Policies and procedures, including qualified and effective supervision need to be

in place to support this crucial staff to become more proactive and interactive with inmates. Though staff members are initially trained in MI, more could be done to address the maintenance, upkeep and supervision of these crucial skills. A key role of case managers is case planning and coordination of services. Regarding case planning, a Transition Accountability Plan (TAP) is a nationwide best practice that PSD should strongly consider implementing and supporting. Moreover, interdisciplinary meetings (including family participation in release preparation) and oversight/coordination of the planning and progress monitoring process are sorely needed. This is true across the department where collaborations across PSD divisions, including HPA, could produce a much more cohesive and coordinated effort toward program continuity, recidivism reduction and reentry reform. PSD has been able to leverage its JRI funding to plan and support some reentry reform initiatives, focusing on family strengthening, elderly medically fragile inmates and comprehensive assessment/data collection and coordination. This latter initiative is an example of a project that could benefit from cross-divisional, multi-disciplinary planning and support, possibly via an existing group, such as the Data Governance Group and/or the REPS monthly EBP meetings with PSD administration, which could provide the model and support for a Reentry Reform Committee within the department. Such a committee could coordinate the implementation and monitoring of reform initiatives such as family strengthening activities that increase family visitation through videoconferencing and other programs, as well as the inclusion of families in Reentry Reform Committee meetings. The development of partnerships with outside agencies, such as the University of Hawai'i by PSD is a great start to establishing productive communication and bridges with the larger community and should be continued and expanded, particularly in the form of collaborative grant-writing for demonstration projects focused on increasing and sustaining the evidence-based practice capacity of the department, such as the current SAMHSA-funded HCORP project.

Of course, much more is going on at PSD and its facilities than can be documented here but the dedication of staff is clear and some have even risen to the challenge to conduct their own gap analyses in order to develop innovative programs to better serve inmates. PSD administration is to be commended for encouraging such innovation and teamwork. Moreover, it is clear that many PSD staff members work in difficult conditions because they believe deeply in PSD's mission. PSD administration must do more, though, to engage and support staff and clarify and demonstrate for them its commitment and follow-through on its reentry reform mission.

Thus, despite some positive efforts to implement reentry reform, there remain significant gaps in key areas where reentry efforts should be focused. In particular, assessment and case management and the links between them do not meet the standard of best practice. In part, this is due to gaps in the current infrastructure and additional staff, leadership, funding, resources, partnerships and collaboration are all needed before full reform can occur. To reiterate, funding and legislative action have a large role to play in building momentum for both correctional and overall criminal justice system reform efforts.

One way to address the funding gap is to increase grant funding. For optimal results but also due to limited staffing, PSD needs to collaborate with criminal justice system partners as well as with REPS and other University of Hawai'i partners. These efforts could supplement state funding for programming and speed the adoption of best practices. It is crucial though that grant evaluation be conducted in order to demonstrate that the program is not only beneficial but also

cost-effective so that the state and the Legislature can understand the value and justification for funding such programming. The next section provides suggestions for moving the reentry reform initiative forward, keeping in mind that all recommendations require the commitment of PSD to systematically pursue defined reentry reform goals and objectives.

Recommendations

The next step after completing the gaps analysis is to prioritize and target items for change. Clearly, enhancing reentry success is important for PSD, as evidenced by its adoption of best practices of standardized RNA assessment, educational/vocational programming, motivational interviewing and criminogenic thinking interventions. The key limiting factors, however, are insufficient levels and quality of these best practices and inadequate programmatic capacity, lack of adequate staff supervision and training, and overall inadequate funding. Further complicating and compounding matters is the need for greater continuity and coordination with probation, parole and community partners.

Recommendations for PSD Operations

Recommendations for Intake

The importance of a valid, standardized risk assessment cannot be understated. This is central to best practice, and without which, reentry reform will be impossible (Parent & Barnett, 2002). Thus, best practice requires accurately identifying those who are at increased risk of recidivism and then appropriately targeting treatment, programming and supervision to reduce an inmate's risk during, as well as, after incarceration. Criminogenic needs are the factors most highly related to recidivism for inmates and, therefore, should drive programming recommendations. Failure to accurately assess inmate risks and needs will substantially compromise reentry efforts.

Best practice and the Hawai'i's JRI both recommend a single Risk and Needs Assessment instrument to be utilized throughout incarceration and community supervision, and Hawai'i is ahead of most jurisdictions in this respect. The LSI-R, the RNA tool in use throughout most of Hawai'i's criminal justice system, needs to be revalidated for this population, however, in order to verify that this measure of risks of violence, recidivism and criminogenic needs (such as criminal personality, antisocial attitudes, low self-control, criminal peers, substance abuse and dysfunctional families) that have been found to influence recidivism elsewhere, still holds true here as well.

It should be noted that, the LSI-R, though used in correctional facilities across the nation, requires that the person using the assessment complete prior coursework in psychological testing and measurement. Thus, if PSD staff members do not meet this requirement, they should receive this education or assign staff members who are appropriately trained to implement the instrument. Fortunately, many of the resources, such as trainers, a training curriculum, trainers, forms and software, have already been developed (Ferguson, 2002). In addition, most of these instruments have been validated so they have been proven to be effective (ibid) elsewhere, but should be validated for the Hawai'i population before being used for classification purposes.

83

A useful purpose of this analysis would be to develop risk/need profiles of inmates to determine if there are different risks and needs at each facility. If so, the programming at those facilities should reflect those needs. When it's determined that inmates in the same facility have diverse risks and needs, those with similar risk/need profiles should be housed together. Thus, a clear picture of what the population looks like (specifically in terms of risk and need) would facilitate the effective distribution of both inmates and programs to ensure those who would benefit the most from a given program or set of programs would be able to access them. A resource directory that lists each program, its location, its target population and the length of time it takes to complete would assist placement decisions.

One source for such data-based-decision-making information is the REPS LSI-R Report Series, which indicates that while across facilities overall, LSI-R risk level decreases during incarceration for high-risk inmates, it *increases* for low-risk individuals (LSI-R Report #6). This is a significant problematic finding that requires a systematic, organizational response, monitoring and feedback to complete the cyclical quality assurance process. A potential reason for this finding could be that the LSI-R results are not consistently reflected in inmate classification decisions (LSI-R Report #7), leading to an inappropriate mix of high- and low-risk inmates in the facilities. LSI-R Report #6 provider another insight into PSD operations with the finding that, although risk level decreases during incarceration for moderate-risk inmates at Hawai`i Community Correctional Center (HCCC), it *increases* for such inmates at HCF, which again points to the need to further investigate classification and housing decision procedures at these facilities in order to better understand and respond to these findings. Ideally, PSD or ICIS will continue to produce REPS' LSI-R data analysis and reports to improve intake assessment, recommended treatment levels and overall case planning.

Additional key intake/assessment information collected by other jurisdictions includes: Demographics, offense types, risk level and criminogenic needs, socio-cultural background, length of incarceration, programs available at each facility, program utilization and completion, reason for incompletion, communities where inmates are being released to, proportion of inmates who are parole violators and what types of violations are they returning to prison for. Much of this data is already analyzed and reported by ICIS but has yet to be fully incorporated into PSD planning and decision making. It has been recommended that ICIS be invited to present this information at existing monthly report-out meetings of REPS data to PSD administration. This would also be important information/process for the DGC to consider/integrate.

Recommendations for Case Management

Case management best practice is not being fully implemented by PSD. Reform efforts should start with a staff and resource needs assessment, which can be used to determine who should be responsible for implementing comprehensive case planning, preferably with a recommended format such as the TAP. Whatever case planning format is selected, in order to use it effectively, it must be available to all staff who would need it, including classification officers, providers, probation and parole officers, etc. This is a consistent concern of PSD program managers who need access to information and data collected by and only accessible to other PSD programs. To address any Health Insurance Portability and Accountability Act (HIPAA) concerns, however, the plan should not contain medical records or clinical assessments. Of course, this issue should be examined further and perhaps taken up by the (DGC) in the absence of a Quality Assurance

84

or Performance Management Division, in order to alleviate any such concerns.

Recommendations for Programming

Ideally, programs would be provided to inmates by matching their needs and risk to the purpose of the programming. Also, best practice dosage recommendations should be followed in determining the number/frequency/length of programs assigned to each inmate since the number and duration of programs varies by inmate risk/need level. Staff can better match inmates to programming by considering responsivity factors such as learning style, temperament, culture, motivation and gender (Carter et al., 2007). Best practice also suggests that participating in programming that focuses on non-criminogenic needs is not as effective in reducing recidivism, whereas addressing multiple criminogenic needs is more beneficial than addressing three or less (Bumby, Carter, Gibel, Giguere, Gilligan & Stroker 2007). Though it's challenging to meet dosage requirements in the prison/jail setting because of interruptions due to staffing shortages, lockdowns, etc., proper dosage is essential for minimizing recidivism (Brazzell et al., 2009). Unless these issues (risks and needs, responsivity and dosage) are taken into account at all levels of PSD services, policy, supervision, administration and leadership, programming will be less effective and possibly detrimental in terms of recidivism (Bumby et al., 2007). In summary, to ensure appropriate programming, a risk needs assessment that accurately determines criminogenic needs and risk of recidivism must be administered, and programming should be matched accordingly and fit with inmate responsivity.

Recommendations for Release Preparation

While the need for multidisciplinary teamwork is clear throughout the reentry process, it is perhaps never more crucial than during release preparation. Reentry Committee meetings are recommended, ideally involving family and probation/parole, as well as inmate and key staff. It would also be beneficial to create an online community resource directory that staff as well as inmates and family, could easily access. Furthermore, it would help keep everyone abreast of changes in the existence or quality of community resources. One extremely scarce resource, for example, is adequate, affordable housing. More data is needed to determine the extent of the problem, which appears to require many times the resources currently being allocated to reentry housing. The next step is to conduct a cost-benefit analysis of the various types of housing options, including but not limited to transitional housing, and funding and partnership opportunities to increase the housing array and options for reentering inmates.

Finally, as mentioned above in the Data-Based Decision Making section, it would be useful to assess the current inventory of reentry programs, identifying locations, capacity, demand and (EBP) quality of programs. Another important programming dimension is whether the appropriate target population is enrolled in each program. We have heard from staff, for example, that inmates without substance abuse issues, are enrolled in substance abuse programming because so they may benefit from the cognitive therapy portion of the treatment. Increasing the availability of cognitive criminogenic needs-based programming could alleviate this problem. It is important for PSD, with REPS/ICIS assistance, to continue to examine relevant outcome measures such as employment and recidivism for each major program at each facility and to provide that feedback to program managers and staff for quality improvement purposes.

Recommendations for PSD Administration

Recommendations for Staffing

One of the most important things that PSD can do is to complete a staffing needs assessment by documenting and critically evaluating the number and type of staff available, their level of training, and their job description compared to the type of work they engage in. Next would be to decide what staff, training and organizational support would be necessary to fully implement the full complement and recommended dosages of best practices. Correctional work is stressful, particularly during times of change such as now with reentry reform underway, and stress can negatively impact job performance, satisfaction and safety, as well as inmate outcomes. Provide staff with ample access and encouragement to utilize and practice excellent self-care.

Typical sources of staff stress include role conflict (inconsistency of job roles), role ambiguity (uncertainty about responsibilities and how to do the job), and role overload (excessive demands in terms of quality or quantity of work or both) (Lambert, Hogan & Allen, 2006). Other key job stress factors include the working relationships between staff and supervisors and the degree of staff participation in programmatic and departmental decision-making. Such information will help PSD implement the necessary staffing changes to facilitate reentry reform.

It is interesting and important to note here that corrections employees experiencing role conflict (one measure of work stress) held less favorable attitudes towards rehabilitation (Maahs and Pratt. 2001). Likewise, staff who participate in organizational decision making hold a less punitive orientation than those who feel they have less influence (Farkas, 1999).

Consequently, supervisors, program administrators, wardens and PSD leadership should show support for line staff by making routine site visits to better understand the challenges. Site visits by management and administration could even include shadowing employees in order to gain a more comprehensive understanding of what takes place at the job and program level. This would also help to identify staff/program strengths as well as weaknesses, provide an opportunity to identify potential leaders and reentry reform champions and help management to engage with employees in a way that would build positive relationships.

Recommendations for Training

Though the quantity and quality of staff training at PSD is considered to have greatly improved over recent years, it may not yet be sufficient to implement best practice reentry reform. One model proposed is a training academy, which has worked in other jurisdictions, but realistically, PSD may want to consider hiring additional training staff and/or budgeting for trainers to travel to different facilities across the state versus paying for large groups of correctional staff to convene in Honolulu. Of course, PSD should partner with other CJS agencies to braid or blend funding to maximize efficiency and inter-agency coordination with combined staff training opportunities.

Recommendations for Partnerships/Collaboration with Agencies Outside of PSD

86

Best practice stresses the importance of partnership and collaboration with community agencies. It would be helpful for PSD to review, update, expand and renew current MOUs as necessary to address current and foreseeable needs. Other jurisdictions provide copious examples of best and innovative practices regarding reentry-enhancing partnerships, such as local banks providing inmates access to ATM cards, which tap into inmate accounts and allow them to make purchases in the canteen and, upon release, open a bank account at a participating branch, placing probation and parole staff on state/regional housing boards to increase housing funding and options for inmates, and expanding intern/volunteer-type programs such as Americorps. Numerous local opportunities exist but are underutilized, such as Hawai'i Literacy tutor training and Partners in Development Early Educational Enrichment (Fathers as Readers-type program) among others.

Recommendations for Improving Community/Public/Family Support

A key best practice for correctional/criminal justice systems is the development, maintenance and enhancement of community support. The public needs to be better informed about the advantages of reentry reform and how that can substantially reduce recidivism and cost-effectively improve public safety. The public, for example, and, in turn PSD, could benefit from greater awareness that it's more cost effective to provide rehabilitative programming in prison/jail than to simply keep inmates locked up (McCollister, French, Prendergast, Hall and Sacks, 2004). In fact, there is a growing awareness worldwide, that incarceration and longer prison/jail sentences do not reduce recidivism but, in fact, make it worse (Gendreau, Goggin, & Cullen, 1999). Already, more people in Hawai'i, favor expanding substance abuse treatment programming over imprisonment/jail expansion in order to reduce prison/jail overcrowding (Hawai'i Office of the Attorney General, 2010), so it could be advantageous for PSD and its partners to continue evolving public opinion toward greater support for reentry reform. Another example is that national public opinion supports supervision for all custodies, including max outs, who currently go unsupervised after release from prison but recidivate most often of all inmates. Other jurisdictions, such as Kentucky, are requiring community supervision for all released inmates.

Other innovative efforts in this area include programs where neighborhood volunteers assist inmates with housing, employment, transportation and even compliance with release conditions. These guardians also make presentations to community organizations about inmate reintegration (Young, Faye and Byrne 2002), which may help counter the resistance (a.k.a., not-in-my-back-yard or NIMBY stance) of many neighborhoods and communities to things like transitional housing or community-based residential programming. Hawai'i already has a small, but vocal and educated cadre of reentry reform advocates, who along with PSD's media spokesperson, could address public knowledge deficits in this area and, ultimately, create a more supportive and better funded environment for reentry.

Recommendations for Data-Based Decision-Making

Data-based program evaluation and continuous quality improvement is the key to implementing and maintaining evidence-based practices. Based on our review of existing practices, we have a number of recommendations to strengthen PSD's data-based decision-making capacity. First, we recommend that PSD create a central repository for all PSD data/research-related policies,

practices and programs, including internal as well as external (ICIS, REPS) efforts. In addition to having a central location for the hardcopy reports, PSD could consider creating an intranet page where reports would also be available electronically. At a minimum, it should create an electronic file listing the hard copy research reports, summarizing authorship, date, the sample, the purpose, and the key findings. It could also provide staff with electronic links to key pieces of research conducted at the national level. Creating an internal webpage with links to internal and external research related to reentry and other relevant correctional policies and programs would encourage staff development and be extremely useful for planning and grant writing. This is a task that could be accomplished by PSD staff or in partnership with REPS, for example. Furthermore, this compendium of data and reports, should be used to make well-informed, long term plans that will improve PSD's performance, accountability and efficiency. Moreover, there needs to be oversight of data quality and completeness. Accurate data is imperative for planning and quality improvement purposes. If data is not complete and accurate, program and practice effectiveness cannot be truly determined. Poor data will lead to erroneous information about outcomes, and ultimately, faulty decision-making. It would be ideal if the Data Governance Committee, as suggested by the Data Infrastructure Improvement Project, took responsibility for these activities, as well as others, including maintenance of administrative and programmatic dashboards/scorecards. Finally, the partnership with ICIS to conduct the CPC assessments of PSD internal and external programs should be expanded to include all programs on an annual basis and to include follow-up technical assistance on implementing action plans based on CPC recommendations. This could be accomplished through collaboration among ICIS, REPS and PSD but eventually should be managed by an internal PSD Performance Management and Improvement team, as exists in other state human service agencies in DOH and Department of Human Services (DHS), for example. Building a fully functioning PM/QA program is an essential foundation for PSD to become a mature, accountable, learning organization. Establishing new positions and the creation of a unit will be challenging but PSD need not reinvent the wheel when there is a wealth of guidance/resources from well-established QA programs/processes at CAMHD/AMHD/HSH in the DOH, among others.

Recommendations for Culture Change

Implementing best practice requires a shift in the culture of corrections (Burke, 2008). This starts with enhancement and promulgation of the agency's strategic plan, mission, vision, leadership style and collaborative efforts. A key objective here would be a unified department, with all levels of staff, from direct-care workers to the director, working together towards a shared vision of reentry reform and success. This can only take place by a direct, hands-on approach to intra-agency coordination, collaboration and communication within PSD.

Finally, from a societal, community and cultural values perspective, it is important to understand that "people are sent to prison *as* punishment, not *for* punishment, which requires us to understand how humane treatment can be delivered in such environments. If a punishment paradigm is allowed to prevail, more damage is inevitable – to individual prisoners, to their family and loved ones, and to the communities from which they have come and to which they return on release." (McKenna, Skipworth & Pillai, 2017) Thus, as the above authors state, "the collective challenge for all stakeholders is to help transform toxic penal environments into true recovery opportunities. In this endeavor, there may be much to borrow from the way in which some secure forensic hospitals have

blended care and custodial drivers to promote the recovery of this most vulnerable part of our community".

Recommendations for Goals

Aligning with and incorporating the vision, mission, goals and objectives of the HCR 85 Task Force reports as well as the forthcoming Reentry Commission strategic plan will be important for the unification of PSD leadership, agency and community. Prioritizing agency goals and focusing on the highest priority goals will likely maximize reentry reform progress and success. Finally, objectives need to be SMART (specific, measurable, achievable, realistic and time bound) and, for example, identify who is responsible for implementing them and tracking their processes and outcomes.

Recommendations for Leadership and Interdepartmental Collaboration

Best practice in leadership requires the clear and convincing top-down commitment to reentry reform of PSD administration and management through consistent communication and actions, keeping in mind that there may be a strong tendency for line-level staff to simply wait things out until the initiative and pressure to change eventually goes away. Another key element and dynamic in this process is that when staff are informed of changes, and have some input, they have better morale, which, in turn, results in better work performance (Flaherty-Zonis, 2007). It needs to be emphasized to staff repeatedly and in many different forms (i.e., visual, written, verbal, etc.) how reentry reform efforts will make their jobs safer, easier and more effective.

Another way to accomplish unification and strengthening of reentry reform efforts, is through interdepartmental, as well as intradepartmental collaboration across criminal justice system agencies. Spearheading a multiagency summit and ongoing efforts, for example, with available national technical assistance from SAMHSA to implement a Sequential Intercept Modeling workshop and action plan, could go a long way towards eliminating the gaps in the very interdependent corrections and criminal justice systems. Multiple, simultaneous but fragmented or siloed efforts at various aspects of criminal justice reform need to be considered as a whole in order to maximize the efficiency and impact of reform efforts. For instance, to effectively address incarceration and prison/jail overcrowding, one must address law enforcement in the form of criminalization of homelessness and mental illness, judicial issues of bail reform, mandatory sentencing, pretrial detention and the needed expansion of specialty courts, as well as continuity of PSD case planning and programming with probation and parole community supervision efforts. PSD cannot be alone in this effort but is often the focus of larger criminal justice system failings. A broader perspective is needed for meaningful and lasting change to occur in our state and PSD can do more to request, advocate, promote and coordinate such efforts.

In terms of intradepartmental coordination within PSD, the creation, enhancement and support of more coordinated, less hierarchical communication among administrative units, committees and PSD administration could increase communication, awareness, collaboration and mutual problem solving among agency staff. This is crucial to reentry reform, as well as overall cohesive management. A step in this direction is the planned development of a Data Governance Committee (DGC) to address PSD's data infrastructure needs and solutions, as well as the convening of PSD program managers in order to develop innovative program ideas

in collaboration with REPS. Ideally, the DGC, with support and participation from the highest level of PSD administration, can serve an overarching and coordinating function for the department's performance measurement/management and quality assurance data-based decision-making needs.

Other communication means, such as newsletters, emails, bulletin boards and perhaps even internal social networking, should be utilized as well to further advance the adoption of reentry reform as well as overall agency coordination, communication and staff collegiality and morale. Care should be taken, however, to help bridge the gaps between previously siloed PSD offices, units and staff, who may use terminology and jargon in different ways or that is unfamiliar to others in the same agency. A particularly useful tool to increase staff understanding and empathy for each other's roles is job shadowing and cross-training.

A bright spot for PSD in communicating its commitment to reentry reform is its promotion and reward of innovative programming and reentry reform efforts through the use of JRI funding. This is consistent with best practices of an administration introducing and responding to new ideas, clarifying how things work now, participating in ongoing planning, promoting positive facility culture, and strategic thinking (Flaherty-Zonis, 2007) and the recognition that staff who have a say in their work environment are better, more satisfied employees.

Finally, PSD fortunately does not have far to look in order to find a model systematic approach to EBP-based reentry reform because one exists in Hawaiʻi's federal probation program, which formulated its recent initiative around the following organizational (culture) change strategies:
- Review how staff spend their time and eliminate superfluous duties to make better use of existing resources in anticipation of extra time required to provide EPB;
- Hiring of new staff to support the EBP framework;
- Contracting a consultant in correctional evidence-based organizational development;
- Periodic evaluation of staff performance on EBP supervision and service delivery;
- Building morale through less hierarchal and more inclusive organizational structure;
- Open communication with and continuing education of staff as to both why and what is being changed; and
- Transparency of the entire shift from traditional compliance-based supervision to EPB, outcome-based supervision.

For the reader's convenience, in the table below is a condensed list and summary of the preceding recommendations, which is followed by an additional summary of recommendations from an EBP perspective. Next, the final chapter offers some suggestions for prioritization of the most crucial of the numerous recommendations throughout this report. Finally, a logic model for conceptualizing, organizing and implementing these ideas is presented.

Table 4.1 Summary of Recommendations

Areas of Concern	Recommendations
Intake and Assessment	• Analyze, track, report, validate use of ORAS-PAT by ISC • Validation and staff training for proper use of LSI-R RNA as one tool in a comprehensive assessment of inmate motivations and strengths, as well as risks and needs. • Assessment-driven case planning, treatment recommendations and dosages, which will require at a minimum doubling current EBP offerings • Use LSI-R to better inform inmate classification and housing decisions, for example, to avoid intermingling of high- and low-risk inmates • Increase opportunities for inmate good behavior to be acknowledged, rewarded and incorporated in classification, housing and release decisions
Case Management	• Revise CM policy and job descriptions, train and supervise CM staff to best practice standards, including RNA-based case planning using TAP • Train/supervise/monitor staff to increase consistency among RNA, interventions and programming referrals/completion • Fund, recruit and hire more CM and statewide CM Director • Invest in/upgrade case management software
Correctional Interventions	• Manualize, train and supervise RNR-based EBP • Provide inmate and staff with regular, user-friendly and motivational feedback on progress/lack of progress via individual-, staff-, supervisor- and program-level dashboards • More administrative, training support for EBP development and implementation • Promote/publicize successful local PSD programs, e.g., from neighbor island facilities • Increase overall programming by doubling capacity/availability of needed services • Increase staffing and reduce lockdowns • Reduce use of administrative segregation and follow suicide prevention best practices • Increase ratio of staff-to-inmate reinforcement to 4:1 • Establish housing array beyond Clean & Sober option • Utilize tablet technology to increase programming and accessibility and save costs • Consider therapeutic community model for inmates with mental health/ substance abuse needs • Hire a Housing Director to develop partnerships and reentry housing array • Make better use of volunteer corps to collect data and assist in providing EBP/RNR services • Improve coordination of educational and vocational inmate rehabilitation programs • Offer Habits of Mind educational curriculum to build soft employment skills

	• Develop data sharing agreements to track reentry employment outcomes for released inmates
Release Preparation	• Establish Reentry Offices/Staffing in each facility to coordinate Reentry Planning and Release Preparation • Improve multidisciplinary and family involvement in Case/Reentry Planning • Establish web-based facility- and community-based resource directories • Better prepare inmates and their families for family reunification
Leadership and Support	• Provide hands-on leadership that models/guides reentry/rehabilitation philosophy/attitude among all staff from direct-care to administrative • Convene strategic planning to produce reentry reform mission statement, revise goals, objectives and assign tasks. • Establish venues for multidisciplinary and cross-divisional staff meetings and communication to plan/implement reentry reform • Develop Reentry policy and directive to formalize and operationalize that reentry begins at arrest/intake. • Develop Reentry Office policy to support its mission and objectives and fully staff its satellite presence in facilities statewide • Require basic performance measurement, tracking and (longitudinal) reporting by each PSD unit for inclusion in annual reports and for recognition of efforts and accomplishments
Data-Based Decision Making	• Prioritize support/staffing for IT and newly formed Data Governance Committee • Expand Performance Management (PM) capacity, emphasizing attention to quality assurance of reentry reform processes/outcomes • Link PM to Strategic Plan and Add due dates and persons responsible for strategic plan objectives • Provide frequent quality/progress feedback dashboards to all levels of service from line staff to supervisors to administration • Include ICIS as well as REPS data/reports in regular EBP report-outs to PSD administration • Require basic performance measurement, tracking and (longitudinal) reporting by each PSD unit for inclusion in annual reports and for recognition of efforts and accomplishments
Staffing and Training	Staffing: • Assess staffing needs based on RNR/reentry reform programming needs • Reallocate resources to support reentry reform staffing/programming needs • Station Reentry Staff/Office at each PSD facility statewide • Enhance staff self-care resources and training • Reduce overcrowding of facilities and overburdening of staff • Hire experts in key program areas with statewide authority as directors of housing, employment and case management Training:

	- Increase initial and ongoing training and professional development, especially in core EBP areas of RNR services - Promote professional development and cross-disciplinary collaboration through CJS/UH partnerships to bring in technical assistance expertise and to host conferences and workshops - Conduct training needs assessment and include staff satisfaction survey results/analysis in annual reports - Measure, monitor, and report staff turnover rates for high turnover positions such as adult corrections officer positions
Partnerships and Collaboration	- Increase internal/external case/release preparation planning with multidisciplinary staff meetings which include inmate family members and other agency (probation/parole) representatives - Increase collaboration with Probation/Parole agencies and functions, including braided funding for reentry services such as housing/employment. - Increase collaboration with community agencies to increase volunteerism (inside and outside the facilities) and grant writing/funding - Resume 1-on-1 literacy tutor training of prisoners by Hawai'i Literacy and increase number of community mentoring programs - Implement early learning enrichment reading program for inmates with children in collaboration with Partners in Development - Continue/Expand cross-divisional communication/collaboration (DGC/Innovative Program Development Teams) to improve program development and quality assurance - Integrate Education, Work Furlough and Correctional Industries for better coordination and collaboration of educational/employment services - Promote cross-agency communication/collaboration, for instance, with a SIM workshop and ongoing commitment to joint systemic problem solving
Family/Community Outreach & Support	Family: - Assess and support family needs, reunification and participation in inmate reentry/transition planning - Increase family programming, particularly for inmate fathers and their children Community: - Reach out to community through proactive public education campaign, promoting reentry reform through success stories, and providing online resource guides/information
Culture Change	- Establish intensive program of internal/external support, education, encouragement and status updates related to reentry reform - Talk the talk and walk the walk. Leadership should engage with staff/inmates at all levels/facilities and pave the way for former inmates to work for PSD and with former inmates
Systemic Change*	- Systemic support, coordination and collaboration among all CJS partners is absolutely essential to achieve sustained reentry reform success at PSD - Collaboration with HCR 85 Task Force, community advocates, national

	technical assistance providers (e.g., CSG, Pew Trusts, SAMHSA GAINS Center, etc.) to convene broad-based stakeholder work group (e.g., Sequential Intercept Model – SIM- workshop)

*Supraordinate category added for emphasis

Another and important way to view PSD's overall status and progress on reentry reform and the implementation of evidence-based practice is from the evidence-based principle perspective, as adherence to these principles is associated with the most significant improvements and reductions in recidivism in studies of correctional systems. The following table assesses PSD's status/need according to the most well-established evidence-based principles.

Table 4.2 Assessed PSD Needs Based on Evidence-Based Principles

Evidence-Based Principles	Recommendations
Assess Actuarial Risk/Needs	LSI-R is in use but needs stronger links to classification, comprehensive assessment and case planning/treatment
Enhance Intrinsic Motivation	New staff trained in MI but need supervision and booster trainings
Target and Dose Interventions	History of low assessment – treatment/case plan concordance
Skill Train with Directed Practice	Criminogenic risk-focused cognitive-behavioral programming needs expansion as does overall programming capacity (x2)
Increase Positive Reinforcement	Need to train/supervise staff on 4:1 ratio of positive reinforcement to punishment
Engage Ongoing Support in Community	Need more collaborative partnerships/funding especially for housing and employment. Need more proactive internal and external dissemination and discussion of reentry reform best practices and success stories as well as educational responses to sensational media representations
Measure Relevant Processes and Practices	Performance management and Data infrastructure and governance limited. Need to plan, create and sustain a central automated data repository and expand performance improvement/quality assurance staff/resources. Obtain guidance/resources from other well-established QA

	programs/processes, e.g., CAMHD/AMHD/HSH in the DOH.
Provide Measurement Feedback	Increased use of timely key performance indicator dashboards and integration of data-based decision-making resources, performance management and quality assurance with help from Kamakani/ICIS/REPS
Organizational Development	Limited non-hierarchical and cross-disciplinary communication forums. Need to review/streamline work flow. Need more planning/oversight resources/staffing.
Collaboration	ICIS/REPS provide needed bridge to expanded cross-agency CJS collaborations but need to convene cross-agency work group (e.g., SIM Workshop) and maximize funding/resources for reentry reform (JAG Byrne, JRI, UH Internships and others such as BJA, SAMHSA, etc)

Conclusion and Discussion

In conclusion, it appears that the most overarching systemic issues for Hawai'i and its criminal justice system (CJS) to transcend in order to achieve reentry reform are related to the communication, clarification, prioritization, coordination, funding and implementation of meaningful and measurable reform goals and objectives for the entire criminal justice system, not just corrections. Although this report focuses primarily on opportunities within PSD, it must be emphasized that this needs to be a coordinated statewide interdepartmental initiative with centralized support and oversight in order to be successful. To this end, an interagency summit and work group, such as a Sequential Intercept Model (SIM) 2-day workshop, with broad legal, health, housing and human service agency representation and participation, is needed and should be the top priority to help problem solve, strategize and plan a comprehensive reentry reform initiative to reduce recidivism and build a stronger, safer community for the state. Within PSD, as well, coordination, communication and accountability are key factors that could vastly improve the agency's effectiveness and provide substantial support to reentry reform.

Related to this need for strategic planning, coordination and communication is the need for improved mechanisms and resources for data-based decision making. It will be helpful for PSD and the CJS to better understand and track the inmate/community supervision population, staffing/organizational needs, and programming continuity, quality and availability in order to make logical and timely programmatic decisions. This report serves as a beginning in identifying and addressing these needs. A positive next step in this direction would be a "Results First" initiative which could expand, promote and translate the reentry reform agenda into public policy and more cost-effective state funding decisions. Though it is already clear that current levels of facility-based RNR programming should be greatly expanded (i.e., doubled), an inventory of existing program capacity, demand and (EBP) quality should serve as the starting point for a further analysis that provides for each program a description of the target population, length of program and whether there are any constraints regarding the timing of the program. This would help determine whether it is most beneficial for inmates to participate immediately prior to release, as is the case for some addictions programming, or whether there is some other constraint. This data would also inform any changes in classification procedures, housing

95

assignments or program availability that may need to occur.

Furthermore, to support data-based knowledge and decision making, PSD should enhance partnerships with other CJS partner agencies, including ICIS and REPS, to collect, in addition to recidivism rates, other indicators of successful reentry including employment, housing, education, community treatment and supervision compliance, mental and physical health care indicators, and reduced involvement with pro-criminal associates (Burke, 2008). Another important indicator of reentry reform success, given that inmates who perceive more acceptance and support have a more successful reentry, would be changes in correctional staff and community attitudes towards inmates, which may be measured, internally by PSD, and externally by the Office of the Attorney General's annual public opinion survey and incorporated into PSD decision and policy making. Because they are influenced by a myriad of factors (including other system reform strategies, such as bail/sentencing reform, use of diversion programs, parole revocation practices, etc.), recidivism rates should not be solely relied upon for assessment of PSD reentry reform efforts and decision-making. More proximal and relevant indicators of PSD's reentry reform success might include staff knowledge/satisfaction, inmate/family satisfaction, employment and other positive quality of life indicators.

Equally important and related to data-based decision making is the need for a more comprehensive and coordinated assessment, case planning, referral, programming, and treatment protocol within PSD as well as between PSD and the community, including probation and parole. This starts with enhancement and fine-tuning of its existing risk needs assessment process, including the validation and implementation of a single risk assessment tool in Hawai`i as recommended by the JRI. Better coordination of risk assessment, classification and case planning is also needed within PSD, thus it is important to maintain the momentum of the proposed Assessment Coordination innovative program initiative, which is currently jointly supported by REPS and PSD with potential JRI implementation funding earmarked for FY19.

Finally, due to the focus of the current system mapping and gaps analysis project on areas for PSD improvement, it is important to also recognize the evidence of progress and change at PSD, which we have observed. Changes in PSD operations and culture are occurring but this change must be continuous or the reform efforts will stagnate or even regress as PSD's history over the past two decades has indicated. Full implementation of reentry reform requires long-term administrative, governmental and community support and commitment guided by a unified CJS vision and plan for a safer community.

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Appendices

Appendix 1. Sample Transition Accountability Plan (TAP)

Transition Plan[1]					
Inmate Last Name:		First Name:		MI:	Gender M □ F □
DOC Number:	SSN#		DOB:		Today's Date:
Name of Facility:		Person Completing Form:			
Current Status:	Pretrial Detainee □			Sentenced Inmate □	
Date of Admission:		Expected Release Date:			
Risk Level, Treatment, and Criminogenic Needs					
Was the inmate's screen and assessment questionnaire reviewed?				Yes □	No □
Risk/Needs Assessment Score:			High □	Medium □	Low □
Interventions Needed					
Identification					
Social Security Card	Yes □	No □	Veteran Identification Card	Yes □	No □
Birth Certificate	Yes □	No □	Passport	Yes □	No □
Alien Registration Card	Yes □	No □	Valid State ID/Driver's License	Yes □	No □
Picture Identification	Yes □	No □	Military Discharge Papers	Yes □	No □
Certificate of Naturalization	Yes □	No □	High School Diploma/ GED Certificate	Yes □	No □
Are any identification documents in inmate's property?					
If yes, specify type of documentation:					
If no, explain how identification is being obtained:					
Benefit Eligibility					
Public Assistance	Yes □	No □	Food Stamps	Yes □	No □
Medicaid	Yes □	No □	SSI	Yes □	No □
SSD	Yes □	No □	Veteran	Yes □	No □
Transportation					
If known – Time of Release					
Will someone pick up the inmate?				Yes □	No □
If yes, who?					
If no, how will the inmate get home?					
Housing					
Address at Release:				Apt #:	
City:		State:		Zip Code:	
Home Phone:		Cell Phone:		Work Phone:	
Residents in House:					

Does the inmate expect to be released to known housing?		Yes □	No □
Does the inmate expect to be released to a homeless shelter?		Yes □	No □
Type of housing assistance required:			

Medical/Mental Health/Dental

Primary health care needed:		Yes □	No □
Medical specialist needed:		Yes □	No □
Mental health provider needed:		Yes □	No □
Medication needed:		Yes □	No □
Date of last full physical:			

Substance Abuse Counseling/Treatment

Alcohol counseling/treatment needed:		Yes □	No □
Substance abuse counseling/treatment needed:		Yes □	No □
Level of care required:		Outpatient □	Residential □

Family

Will have custody of children:	Yes □	No □	If yes, how many?	Ages: ___, ___, ___, ___,
Family counseling needed:	Yes □	No □		

Education

Has GED	Yes □	No □	Has H.S. diploma	Yes □ No □
Continuing education needed:	Yes □	No □		

Employment

Job skills training needed:	Yes □	No □	Area of interest:
Job placement needed:	Yes □	No □	Special skills:

Financial Obligations

Court:	Child Support:	Medical:	Civil:
Other:	Other:		

In-Jail Program Participation

Completion Information				Postrelease Referral
AA/NA	Yes □	No □	N/A □	Yes □
Anger Management	Yes □	No □	N/A □	Yes □
Cognitive Behavioral Change	Yes □	No □	N/A □	Yes □
Domestic Violence	Yes □	No □	N/A □	Yes □
Education	Yes □	No □	N/A □	Yes □
Employment Skills	Yes □	No □	N/A □	Yes □
Inmate Worker	Yes □	No □	N/A □	Yes □
Parenting	Yes □	No □	N/A □	Yes □
Religious Studies	Yes □	No □	N/A □	Yes □
Substance Abuse	Yes □	No □	N/A □	Yes □
Other:	Yes □	No □	N/A □	Yes □
Other:	Yes □	No □	N/A □	Yes □

Post-Release Community Referrals

Check each need and then fill out a separate referral for each need.

Aging & Disability Services □	Community Corrections □	Domestic Violence □	Drug or Alcohol Treatment □	Education □
Employment □	Coping Skills	Management of Financial	Food/	Health Care

	–Family/ Children □	Resources □		Clothing □	Benefits □
Housing □	Identification □	Income/Benefits/Entitlements □		Life Skills Training	Medical/Dental Care/ Local Health Clinic □
Mental Health Care □	Medication Assistance □	Rent Assistance □		Social Security □	Transportation □
Unemployment □	Vocational Training □				

1. Referral Type:

In-Custody: □	At Discharge: □		Post-Release: □	
Agency Referred To:	Contact Phone:	Contact Person:		
Appointment Date/Time:	Location:	Referral Faxed/E-mailed: Yes □ No □		Fax # or E-mail Address

Reentry Accountability Plan:

My self-defeating behavior that blocks my success with this issue:		
My behavioral goal to address my issue is:		
My action plan to meet the above goal:	Target Completion Date:	Completion Date:
Staff action plan to meet the above goal:		
Comments:		

2. Referral Type:

In-Custody: □	At Discharge: □		Post-Release: □	
Agency Referred To:	Contact Phone:	Contact Person:		
Appointment Date/Time:	Location:	Referral Faxed/E-mailed: Yes □ No □		Fax # or E-mail Address

Reentry Accountability Plan:

My self-defeating behavior/problem that block my success with this issue:		
My behavioral goal to address my problem is:		
My action plan to meet the above goal:	Target Completion Date:	Completion Date:
Staff action plan to meet the above goal:		
Comments:		

3. Referral Type:

In-Custody: □	At Discharge: □		Post-Release: □
Agency Referred To:	Contact Phone:	Contact Person:	
Appointment Date/Time:	Location:	Referral Faxed/E-mailed: Yes □ No □	Fax # or E-mail Address

Reentry Accountability Plan:

My self-defeating behavior/problem that blocks my success with this issue:		
My behavioral goal to address my problem is:		
My action plan to meet the above goal:	Target Completion Date:	Completion Date:
Staff action plan to meet the above goal:		
Comments:		

4. Referral Type:

In-Custody: □	At Discharge: □		Post-Release: □
Agency Referred To:	Contact Phone:	Contact Person:	
Appointment Date/Time:	Location:	Referral Faxed/E-mailed: Yes □ No □	Fax # or E-mail Address

Reentry Accountability Plan:

My self-defeating behavior/problem that blocks my success with this issue:		
My behavioral goal to address my problem is:		
My action plan to meet the above goal:	Target Completion Date:	Completion Date:
Staff action plan to meet the above goal:		
Comments:		

Completion of Plan

Full plan completed and discussed with inmate?				Yes □	No □
If no, why?	Inmate refused □	Court release before plan completed □	Incomplete for other reasons □	Specify:	

Case Manager/Counselor Information

Name of Case Manager/Counselor:	
Facility:	Inmate Housing Area:
Date Memorandum of Agreement Signed:	Date Discharge Plan Completed:
Case Manager/Counselor (signature):	Phone #:
Supervisor:	Phone #: E-mail Address:

Inmate Agreement
I have participated in the completion of this transition plan, received a copy of this transition plan, emergency numbers for assistance in the community, and necessary psychiatric referrals (if necessary).
Inmate's Name:

Inmate's Signature:	Date:

Appendix 2
Acronyms and Abbreviations

ACA	American Corrections Academy
ACLU	American Civil Liberties Union
ACO	Adult Corrections Officer
ADAD	Alcohol and Drug Abuse Division (State Government)
AMHD	Adult Mental Health Department (State Government)
AG	Attorney General's Office (State Government)
APDC	Act Plan Do Change (procedure)
APIC	Assess Plan Identify Coordinate (model)
BJA	Bureau of Justice Assistance (Federal Government)
CATS	Clinical Assessment and Triage Services
CCP	Certified Corrections Professional
CI	Correctional Industries
CJS	Criminal Justice System
CQI	Continuous Quality Improvement
CM	Case Manager, Case Management (PSD)
CPC	Corrections Program Checklist
CPE	Criteria for Performance Excellence (Malcolm Baldrige)
CPMC	Corrections Population Management Commission (State of Hawai'i)
CSG	Council of State Governments
CTP	Comprehensive Treatment Plan
DGC	Data Governance Committee
DHS	Department of Human Services (State of Hawai'i)
DIIP	Data Infrastructure Improvement Project
DLIR	Department of Labor and Industrial Relations (State of Hawai'i)
DOC	Department of Corrections
DOH/MQD	Department of Health MedQuest Division
DOJ	Department of Justice (Federal Government)
DOL	Department of Labor (Federal Government)
EBP	Evidence-Based Practices
GAINS	Gather Assess Integrate Network Stimulate (A SAMHSA model)
GED	General Equivalency Diploma
FUSE	Frequent User Service Enhancement (New York Initiative)
FY	Fiscal Year
HCCC	Hawai'i Community Correctional Center
HCC OCET	Hawai'i Community College Office of Continuing Education & Training
HCF	Halawa Correctional Facility
HCI or CI	Hawai'i Correctional Industries
HCORP	Honolulu County Offender Reentry Program (project)
HCR	House Concurrent Resolution
HOPE	Hawai'i's Opportunity Probation with Enforcement
HPA	Hawai'i Paroling Authority
HPD	Honolulu Police Department (City Government)
ICIS	Interdisciplinary Committee on Intermediate Sanctions
ISC	Intake Service Center
IT	Information Technology
JAG	Justice Assistance Grant (Federal Government, Byrne)
JRI	Justice Reinvestment Initiative
KASHBOX	Knowledge Attitude Skills Habits Behavior Opinion and X-factor (program)
KCF	Kulani Correctional Facility
KEY-CREST	A Delaware Correctional System program

LCO	Litigation Coordination Office (PSD)
LSI-R	Level of Service Inventory-Revised
MH	Mental Health
MHE	Mental Health Evaluation
MHP	Mental Health Professional
MI	Motivational Interviewing (skills)
MOU	Memorandum of Understanding
NCCHC	National Commission on Correctional Health Care
NIC	National Institute of Corrections
NIMBY	Not In My Back Yard
OISC	Oahu Intake Service Center
OCCC	Oʻahu Community Correctional Center
OHA	Office of Hawaiʻian Affairs (State)
OJP	Office of Justice Programs (Federal Government)
ORAS-PAT	Ohio Risk Assessment System-Pretrial Assessment Tool
PAMHA	Post-Admission Mental Health Assessment
PIPE	Psychologically Informed Planned Environments
PDOC	Pennsylvania Department of Corrections
PREA	Prison Rape Elimination Act
PRI	Prison Reentry Initiative
PSD	Department of Public Safety (State of Hawaiʻi)
RAD	Reception Assessment and Diagnostics
REPS	Research and Evaluation for Public Safety (University of Hawaiʻi)
RIP	Relapse Intervention Program (e.g. KASHBOX+RIP)
RIT	Relational Inquiry Tool
RNA	Risk/Needs Assessment
RNR	Risk, Needs, Responsivity
RTC	Regional Transition Coordinators
SAMHSA	Substance Abuse and Mental Health Services Administration (Federal Government)
SB2630	Senate Bill 26340 (Hawaiʻi)
SMART	Specific Measurable Achievable Relevant Time-Bound (Objective)
SMI	Serious Mental Illness
SPMI	Serious and Persistent Mental Illness
SVORI	Serious and Violent Offender Reentry Initiative
T4C	Thinking for Change
TAP	Transition Accountability Plan
TPC	Transition from Prison to Community
TSD	Training Situation Document
UH	University of Hawaiʻi
VR	Vocational Rehabilitation
WCCC	Women's Community Correctional Center
WCF	Waiawa Correctional Facility
WSIPP	Washington State Institute for Public Policy
WSU	Washington State University