



**DEPARTMENT OF PUBLIC SAFETY
REPORT TO THE 2012 LEGISLATURE**

**H.B. NO. 500, ACT 213 (2007), PART 3, SECTION 105,
INMATES MENTAL HEALTH SERVICES AT
OAHU COMMUNITY CORRECTIONAL CENTER,
HALAWA CORRECTIONAL FACILITY, AND
WOMEN'S COMMUNITY CORRECTIONAL CENTER,**

**S.B. 914, ACT 144 (2007)
MENTAL HEALTH SERVICES FOR COMMITTED PERSONS**

December 2011

Introduction

This report is written in compliance with requirements outlined in, H.B. NO. 500, Act 213 (2007), Part 3, Section 105, Inmates Mental Health Services at Oahu Community Correctional Center, Halawa Correctional Facility, and Women's Community Correctional Center, and S.B. 914, Act 144 Mental Health Services for Committed Persons. Whereas, the Department of Public Safety, Mental Health Service Branch, is obligated to report on:

“Measures of effectiveness, inmate care based on per-inmate hours of individual and group-based mental health treatment programs, level of medical management of mental health section inmates, amount of involuntary treatment, tracking of inmate mental health improvements or regressions.”

“Achievements, continuing improvements, ongoing problems in providing appropriate mental health care.”

As the subject matters of both of these requirements are closely interrelated, the Department found it appropriate to address items collectively, as in prior reports.

Preface

There continues to be insufficiencies in general, due to the lack of infrastructure to support data collection, report production, analysis, monitoring and tracking. There also continues to be improvement in the breadth and scope of treatment and programming, particularly at Oahu Community Correctional Center (OCCC). Over the last two (2) years, OCCC has made significant strides toward achieving compliance with national standards for correctional mental health care working on collaboration with the Federal Department of Justice to satisfy stipulations and provisions outlined in a Settlement Agreement with the State of Hawaii.

The findings in this report indicate that there are significant differences among Department of Public Safety facilities, and that these differences are primarily related to the historical inability to fill legislatively established mental health positions due to funding constraints. Only within the last month has the Department of Public Safety made a concerted effort to fill some of the mental health positions at facilities other than OCCC in an effort to improve the quality and quantity of mental health services.

The differences among department facilities are noted separately throughout this document. Additionally, there are areas of sustained good quality and, in fact, excellence that are outlined in the Summary of Findings. The report distinguishes between sufficient and insufficient findings on a facility-by-facility basis. Areas of insufficiency continue to be primarily due to a lack of personnel in both leadership, clinical and administrative support positions.

Programming Hours

Programming hours are outlined on the attached schedules. An updated schedule is attached for the most recently completed month at each facility. The recommendation for twenty (20) hours of programming for the Severe and Persistently Mentally Ill (SPMI) in our population is required by the federal Department of Justice. Programming hour requirements are further qualified as ten (10) hours of therapeutic (or structured) programming and ten (10) hours of unstructured leisure or recreational activities. However, in planning the number of programming hours, it is important to recognize that there is a difference between programming hours offered and programming attended. The Department of Justice requires that each individual receive/attend 20 hours of programming per week. The schedules contained in this report identify group hours. Lack of full attendance/participation in structured groups' leads to actual individual hours being lower than total hours offered. At this point in time, in order to ensure that the Department comes close to meeting individual hourly requirements, we have established a goal of offering 25 hours of programming (15 structured and 10 unstructured). In addition to group therapy and activities offered on the mental health modules, clinical staff provides individual therapy hours. Individual therapy is essentially "productivity" and captured as "face to face" hours provided by each employee. Within the last 6 months, we have modified documentation forms and data collection process at OCCC, and we are now capable of differentiating actual "treatment offered" from "treatment received" on an individual case-by-case basis.

Consistent with last fiscal year all three Mental Health Treatment Modules at Oahu Community Correctional Center (OCCC) met or exceeded the overall required programming standards of twenty (20) hours per week. It should be noted that the Department of Justice requirement have been made more explicit and redefined as 10 hours of "structured or therapeutic" and 10 hours of "unstructured or leisure". The latter measure is reported as general out of cell, leisure time. During the last year, practices were changed at OCCC that dramatically reduce "lock down" time, resulting in the MH inmates having a 7 fold increase in "out of cell / leisure time".

With the new definitions provided by the DOJ, Women's Community Correctional Center (WCCC) is in compliance with national standards for programming hours,

Halawa Correction Facility (HCF) has not attained the required twenty (20) hours of weekly programming. The lack of compliance at HCF is due to the fact that the balance of positions required to bring these facilities into compliance has just recently been release for recruitment. Compliance at these facilities will be depended on our recruitment and retention efforts.

The primary difference between this report and the prior years report is that there has been a sustained increase in both the hours of programming delivered, as

well as enhanced therapeutic and programming hours at OCCC. The attached schedules reflect that we are moving to a more balanced recreational and therapeutic delivery at OCCC, and in full compliance with required programming hours. However, both HCF and WCCC still lack the staffing to expand the clinic delivery and offer more scheduled, routine programming and less individual counseling and crisis intervention.

Finally, we have a very rigorous CQI process in place at OCCC that has produced important data and analytic reports permitting the Mental Health Branch to make constant and on-going adjustments to our treatment delivery, as well as significant qualitatively improvement in the care that is provided. It is our hope to mirror these processes at our other facilities.

Accomplishments and Continuing Challenges:

- (1) All major Policies and Procedure are fully operational at OCCC. Annual review resulted in some on going improvements in these P&P's resulting from our Continuous Quality Improvement processes.
- (2) Women's Community Correctional Center is now in compliance with national standards for mental health programming hours
- (3) The Department performed very well in the three DOJ reviews that occurred over this past year. However, due to the initial delays in scheduling personnel during the start-up three years ago, we were unable to achieve full compliance at the end of June 2011, as initially required in the Settlement Agreement. Therefore, it was agreed between the State and the DOJ that the state would proposed a redrafted new Settlement Agreement that would only focus on four remaining items that had not achieved substantial compliance. The State of Hawaii, Department of Attorney Generals is in process of redrafting the Settlement Agreement in collaboration with the DOJ. Parties interested in the details of our compliance can request copies of the most recent Independent Monitors Report from the Office of the Attorney General.
- (4) The Health Care Division entered into a contract with the John A. Burns School of Medicine, Department of Psychiatry to create a Psychiatry Residency Program at OCCC.
- (5) Some Psychiatry positions have become vacant at OCCC and HCF, and the Division is in the process of recruitment.

- (6) As previously stated the ability to hire individuals with the clinical expertise to deliver and manage these services is critical. However, the Mental Health Section of OCCC, with the exception of one nursing position and one psychiatry position, is essentially fully staffed and fully compliant with DOJ standards.
- (7) In certain situations, the STO time in lieu of furloughs continues to have affected our ability to ensure that we have an even distribution of clinical staffing required to perform time-critical assessments against the timelines that have been agreed to with the Department of Justice and are imbedded in our policies and procedures. In order to comply with requirements, we continue to incur additional on-call and overtime in order to ensure that our response times meet with standards and requirements.
- (8) With exception to OCCC, which is under federal oversight, the level of resources dedicated to mental health care within the system remains inadequate. Recently, mental health positions have been released for recruitment at our remaining facilities. The Division and Branch are working diligently to fill these vacancies. As we strive to ensure substantial compliance with all Department of Justice requirements at OCCC, it is hoped that these minimal standards can be applied at all facilities in the future.
- (9) Consistent with the prior report, the Mental Health Branch has reassessed the original five (5) year plan, and will be reorganizing the delivery and supervision of mental health services across facilities in order to improve efficiency and efficacy of care. The Mental Health Services Branch believes that it is more prudent and effective to concentrate the most of the delivery of mental health care for the SPMI within three facilities (OCCC, HFC & WCCC), rather than relying on inadequate physical environments for care in neighbor island facilities.

Mental Health Program Schedule – October 2011
OCCC Module 7 (Men’s Continuing Treatment)
 On-going treatment

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday/Sunday
6 am	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
7 am – 8 am		Community Meeting – Jeff T.				
8 am – 9:30 am	Outdoor Recreation – Faith K.	Outdoor Recreation – David L.	Outdoor Recreation – David L. Bible Study – Kalihi Union Church (8 am – 10 am)	Outdoor Recreation – David L.	Outdoor Recreation – David L.	
8:30 am – 9:30 am			Treatment Team Meeting			
10 am	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
10:30 am – 11:30 am		Art Group/Indoor Activity – Kuulei M.	Men’s Process Group – Dana S.	Art Group/Indoor Activity – Kuulei M.	Self Esteem – Dana S.	Orientation/Life Skills – Stephen L.
11:30 am – 12:30 pm	Wellness Group – Marissa O. & Shirley C.	Dual Diagnosis Group – Jeff T. (11:30 pm – 1:00 pm)				
12:30 pm – 1:30 pm	Anger Management – Dana S.					
2:30 pm – 3:30 pm					Art Group/Indoor Activity – Faith K.	
4 pm	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
4 pm – 5:30 pm		B.R.I.D.G.E.S. Education – United Self Help		B.R.I.D.G.E.S. Education – United Self Help		
6 pm – 8 pm				Bible Study – Calvary Chapel Honolulu		

**Mental Health Average Weekly Programming Hours - OCCC
FY 2008 – FY 2011 Comparison**

Module	Structured / Treatment Hours			
	FY 2008	FY 2009	FY 2010	FY 2011
Module 1 (Men's Acute)	6	11	21	16
Module 7 (Men's Continuing Treatment)	3	6.5	14.5	18.25
Module 8 (Women's Acute & Continuing)	6	3	15.5	20.4
Other Individual Therapy Hours*	0	168	5	0

Module	Leisure / Unstructured Recreational Activities			
	FY 2008	FY 2009	FY 2010	FY 2011
Module 1 (Men's Acute)	16	9.5	7.5	85
Module 7 (Men's Continuing Treatment)	20	13.5	7.5	85
Module 8 (Women's Acute & Continuing)	17	10	8.5	85

*Note – The Mental Health Branch is in the process of creating a data structure to capture total treatment hours received by individual more specifically. However, there has been an intentional shift to minimize individual hours in favor of group interventions, with the exception of assessments, which are represented in the Mental Health Clinical Contacts Table later in this report.

Halawa Correctional Facility - Medium Security – Sample Monthly Program Schedule

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1 8:15AM - 9:15AM <i>Social Skill Building (T)</i> 9:15AM – 10:15AM <i>Psycho – educational Group (T)</i> 5:00PM – 6:00PM	2 8:15AM – 9:15AM <i>Recreation Therapy (T)</i> 5:00PM – 6:00PM <i>Recreation (R)</i>	3 5:00PM – 6:00PM <i>Recreation (R)</i>	3
5	6 8:15AM - 9:15AM <i>Social Skill Building (T)</i> 9:15AM – 10:15AM <i>Psycho – educational Group (T)</i> 5:00PM – 6:00PM <i>Recreation (R)</i> 6:30PM – 7:30PM AA/NA (E)	7 8:15AM – 9:15AM <i>Recreation Therapy (T)</i> 5:00PM – 6:00PM <i>Recreation (R)</i>	8 8:15AM - 9:15AM <i>Social Skill Building (T)</i> 9:15AM – 10:15AM <i>Psycho – educational Group (T)</i> 5:00PM – 6:00PM <i>Recreation (R)</i>	9 8:15AM – 9:15AM <i>Recreation Therapy (T)</i> 5:00PM – 6:00PM <i>Recreation (R)</i>	10 5:00PM – 6:00PM <i>Recreation (R)</i>	11
12	13 8:15AM - 9:15AM <i>Social Skill Building (T)</i> 9:15AM – 10:15AM <i>Psycho – educational Group (T)</i> 5:00PM – 6:00PM <i>Recreation (R)</i> 6:30PM – 7:30PM AA/NA (E)	14 8:15AM – 9:15AM <i>Recreation Therapy (T)</i> 5:00PM – 6:00PM <i>Recreation (R)</i>	15 8:15AM - 9:15AM <i>Social Skill Building (T)</i> 9:15AM – 10:15AM <i>Psycho – educational Group (T)</i> 5:00PM – 6:00PM <i>Recreation (R)</i>	16 8:15AM – 9:15AM <i>Recreation Therapy (T)</i> 5:00PM – 6:00PM <i>Recreation (R)</i>	17 5:00PM – 6:00PM <i>Recreation (R)</i>	18
19	20 8:15AM - 9:15AM <i>Social Skill Building (T)</i> 9:15AM – 10:15AM <i>Psycho – educational Group (T)</i> 5:00PM – 6:00PM <i>Recreation (R)</i> 6:30PM – 7:30PM AA/NA (E)	21 8:15AM – 9:15AM <i>Recreation Therapy (T)</i> 5:00PM – 6:00PM <i>Recreation (R)</i>	22 8:15AM - 9:15AM <i>Social Skill Building (T)</i> 9:15AM – 10:15AM <i>Psycho – educational Group (T)</i> 5:00PM – 6:00PM <i>Recreation (R)</i>	23 8:15AM – 9:15AM <i>Recreation Therapy (T)</i> 5:00PM – 6:00PM <i>Recreation (R)</i>	24 5:00PM – 6:00PM <i>Recreation (R)</i>	25
26	27 8:15AM - 9:15AM <i>Social Skill Building (T)</i> 9:15AM – 10:15AM <i>Psycho – educational Group (T)</i> 5:00PM – 6:00PM <i>Recreation (R)</i> 6:30PM – 7:30PM AA/NA (E)	28 8:15AM – 9:15AM <i>Recreation Therapy (T)</i> 5:00PM – 6:00PM <i>Recreation (R)</i>	29 8:15AM - 9:15AM <i>Social Skill Building (T)</i> 9:15AM – 10:15AM <i>Psycho – educational Group (T)</i> 5:00PM – 6:00PM <i>Recreation (R)</i>	30 8:15AM – 9:15AM <i>Recreation Therapy (T)</i> 5:00PM – 6:00PM <i>Recreation (R)</i>	31 5:00PM – 6:00PM <i>Recreation (R)</i>	

Avg. Weekly Totals:

- 6 hours of Therapy / Week

- 6 hours of Recreation & Education / Week

Halawa Correctional Facility - High Security – Sample Monthly Program Schedule

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1 11:45AM – 12:45PM <i>Social Skills (E)</i> 12:00PM – 1:00PM <i>Recreation Therapy (T)</i> 12:30PM – 1:30PM <i>Activities Therapy (T)</i>	2 8:15AM – 9:15AM <i>Social Skills (E)</i> 9:15AM – 10:15AM <i>Activities Therapy (T)</i>	3 8:15AM – 9:15AM <i>Social Skills (E)</i> 9:15AM – 10:15AM <i>Activities Therapy (T)</i> 12:00PM – 1:00PM <i>Recreation Therapy (T)</i>	4
5	6 11:45AM – 12:45PM <i>Social Skills (E)</i> 12:00PM – 1:00PM <i>Recreation Therapy (T)</i> 12:30PM – 1:30PM <i>Activities Therapy (T)</i>	7 8:15AM – 9:15AM <i>Social Skills (E)</i> 9:15AM – 10:15AM <i>Activities Therapy (T)</i>	8 11:45AM – 12:45PM <i>Social Skills (E)</i> 12:00PM – 1:00PM <i>Recreation Therapy (T)</i> 12:30PM – 1:30PM <i>Activities Therapy (T)</i>	9 8:15AM – 9:15AM <i>Social Skills (E)</i> 9:15AM – 10:15AM <i>Activities Therapy (T)</i>	10 8:15AM – 9:15AM <i>Social Skills (E)</i> 9:15AM – 10:15AM <i>Activities Therapy (T)</i> 12:00PM – 1:00PM <i>Recreation Therapy (T)</i>	11
12	13 11:45AM – 12:45PM <i>Social Skills (E)</i> 12:00PM – 1:00PM <i>Recreation Therapy (T)</i> 12:30PM – 1:30PM <i>Activities Therapy (T)</i>	14 8:15AM – 9:15AM <i>Social Skills (E)</i> 9:15AM – 10:15AM <i>Activities Therapy (T)</i>	15 11:45AM – 12:45PM <i>Social Skills (E)</i> 12:00PM – 1:00PM <i>Recreation Therapy (T)</i> 12:30PM – 1:30PM <i>Activities Therapy (T)</i>	16 8:15AM – 9:15AM <i>Social Skills (E)</i> 9:15AM – 10:15AM <i>Activities Therapy (T)</i>	17 8:15AM – 9:15AM <i>Social Skills (E)</i> 9:15AM – 10:15AM <i>Activities Therapy (T)</i> 12:00PM – 1:00PM <i>Recreation Therapy (T)</i>	18
19	20 11:45AM – 12:45PM <i>Social Skills (E)</i> 12:00PM – 1:00PM <i>Recreation Therapy (T)</i> 12:30PM – 1:30PM <i>Activities Therapy (T)</i>	21 8:15AM – 9:15AM <i>Social Skills (E)</i> 9:15AM – 10:15AM <i>Activities Therapy (T)</i>	22 11:45AM – 12:45PM <i>Social Skills (E)</i> 12:00PM – 1:00PM <i>Recreation Therapy (T)</i> 12:30PM – 1:30PM <i>Activities Therapy (T)</i>	23 8:15AM – 9:15AM <i>Social Skills (E)</i> 9:15AM – 10:15AM <i>Activities Therapy (T)</i>	24 8:15AM – 9:15AM <i>Social Skills (E)</i> 9:15AM – 10:15AM <i>Activities Therapy (T)</i> 12:00PM – 1:00PM <i>Recreation Therapy (T)</i>	25
26	27 11:45AM – 12:45PM <i>Social Skills (E)</i> 12:00PM – 1:00PM <i>Recreation Therapy (T)</i> 12:30PM – 1:30PM <i>Activities Therapy (T)</i>	28 8:15AM – 9:15AM <i>Social Skills (E)</i> 9:15AM – 10:15AM <i>Activities Therapy (T)</i>	29 11:45AM – 12:45PM <i>Social Skills (E)</i> 12:00PM – 1:00PM <i>Recreation Therapy (T)</i> 12:30PM – 1:30PM <i>Activities Therapy (T)</i>	30 8:15AM – 9:15AM <i>Social Skills (E)</i> 9:15AM – 10:15AM <i>Activities Therapy (T)</i>	31 8:15AM – 9:15AM <i>Social Skills (E)</i> 9:15AM – 10:15AM <i>Activities Therapy (T)</i> 12:00PM – 1:00PM <i>Recreation Therapy (T)</i>	

Avg. Weekly Totals:

- 8 hours
Therapy /
Week

- 5 hours
Education
/ week

Women's Community Correctional Center Program Schedule - October, 2011

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
2	3 7:30AM – 8:30AM Cognitive Skills Group (T) 12:00PM – 1:00PM Individual Therapy (T) 1:00PM-2:00PM Lieberman Module Group (T) 2:00PM-3:00PM Individual Therapy (T)	4 9:30AM – 10:30AM Self Esteem Group (T)	5 9:30AM – 10:30PM Self Esteem Group (T) 1:00PM – 2:00PM Lieberman Module Group (T) 2:00PM-3:00PM Individual Therapy (T)	6 7:30AM – 8:30PM Cognitive Skills Group (T) 8:30AM –10:30AM Trauma Group (T) 1:00PM-2:00PM Self Esteem Group (T) 6:00PM-7:00PM Zumba (T)	7 9:30AM –10:30AM Life Skills Group (T) 11:00AM – 1:00PM Movies (R) 1:00PM-2:00PM Culinary Arts (T)	8
9	10 7:30AM – 8:30AM Cognitive Skills Group (T) 12:00PM – 1:00PM Individual Therapy (T) 1:00PM-2:00PM Lieberman Module Group (T) 2:00PM-3:00PM Individual Therapy (T)	11 9:30AM – 10:30AM Self Esteem Group (T)	12 9:30AM – 10:30PM Self Esteem Group (T) 1:00PM – 2:00PM Lieberman Module Group (T) 2:00PM-3:00PM Individual Therapy (T)	13 7:30AM – 8:30PM Cognitive Skills Group (T) 8:30AM –10:30AM Trauma Group (T) 1:00PM-2:00PM Self Esteem Group (T) 6:00PM-7:00PM Zumba (T)	14 9:30AM –10:30AM Life Skills Group (T) 11:00AM – 1:00PM Movies (R)	15
16	17 7:30AM – 8:30AM Cognitive Skills Group (T) 12:00PM – 1:00PM Individual Therapy (T) 1:00PM-2:00PM Lieberman Module Group (T) 2:00PM-3:00PM Individual Therapy (T)	18 9:30AM – 10:30AM Self Esteem Group (T)	19 9:30AM – 10:30PM Self Esteem Group (T) 1:00PM – 2:00PM Lieberman Module Group (T) 2:00PM-3:00PM Individual Therapy (T)	20 7:30AM – 8:30PM Cognitive Skills Group (T) 8:30AM –10:30AM Trauma Group (T) 1:00PM-2:00PM Self Esteem Group (T) 6:00PM-7:00PM Zumba (T)	21 9:30AM –10:30AM Life Skills Group (T) 11:00AM – 1:00PM Movies (R)	22
23	24 7:30AM – 8:30AM Cognitive Skills Group (T) 12:00PM – 1:00PM Individual Therapy (T) 1:00PM-2:00PM Lieberman Module Group (T) 2:00PM-3:00PM Individual Therapy (T)	25 9:30AM – 10:30AM Self Esteem Group (T)	26 9:30AM – 10:30PM Self Esteem Group (T) 1:00PM – 2:00PM Lieberman Module Group (T) 2:00PM-3:00PM Individual Therapy (T)	27 7:30AM – 8:30PM Cognitive Skills Group (T) 8:30AM –10:30AM Trauma Group (T) 1:00PM-2:00PM Self Esteem Group (T) 6:00PM-7:00PM Zumba (T)	28 9:30AM –10:30AM Life Skills Group (T) 11:00AM – 1:00PM Movies (R)	29
30	31 7:30AM – 8:30AM Cognitive Skills Group (T) 12:00PM – 1:00PM Individual Therapy (T) 1:00PM-2:00PM Lieberman Module Group (T) 2:00PM-3:00PM Individual Therapy (T)					

Avg. Weekly Totals (WCCC):

- 16 hours of Structured Recreation & Therapy/week for 2011 - Approximately 85 hours of unstructured/leisure activities/week for 2011.

Level of Medical Management & Involuntary Treatment

Annual and quarterly levels of Medical Management, Involuntary Treatment and additional measures of effectiveness for each facility are contained in the following tables:

Table 1: Mental Health Clinical Contacts: FY 2008, 2009, 2010 & 2011.

Table 2: Mental Health Outcome Measures by Facility: FY 2008, 2009, 2010 & 2011.

**Table 1: Mental Health Clinical Contacts
FY 2008, 2009, 2010 & 2011 to End of Fiscal Year**

	FY 2008 Summary Statistics	FY 2009 Summary Statistics	FY 2010 Summary Statistics	FY 2011 Summary Statistics
Facility - OCCC	Total	Total	Total	Total
Psychiatrist	25281	3722	5671	3643
Psychologist	978	81	3164	3666
Social Worker IV	7659	17319	19224	24233
Facility - HFC	Total	Total	Total	Total
Psychiatrist	64561	1800	2098	2143
Psychologist	1229	NR	NR	NR
Social Worker IV	13926	NR	NR	NR
Facility - WCCC	Total	Total	Total	Total
Psychiatrist	8315	641	523	530
Psychologist	169	1090	1702	1090
Social Worker IV	871	1748	1895	2236

* NR – Not Reported due to lack of support staff

**Table 2: Mental Health Outcome Measures by Facility
FY 2008, 2009, 2010 & 2011 to End of Fiscal Year**

DATA ELEMENT / FACILITY	2008			2009			2010			2011						
	OCCC	WCCC	HCF	2008 Total	OCCC	WCCC	HCF	2009 Total	OCCC	WCCC	HCF	2010 Total	OCCC	WCCC	HCF	2011 Total
Number of Inmates Admitted to a Psychiatric Infirmory (or transferred in-system for psych infirmory care)	868	158	122	1148	790	156	118	1064	931	66	119	1116	1199	57	97	1273
Number of Inmates Transferred to a Facility with Special Psychiatric Housing	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0
Number of Inmates Hospitalized for a Mental Health Condition (excluding HSH admissions) **	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number Inmates Placed on Suicide Watch	408	35	60	503	351	19	85	455	457	41	80	579	742	42	50	834
Number of Inmates Placed on Safety Watch	342	9	15	366	156	33	7	196	165	32	43	240	381	53	48	482
Number of Transfers to the Hawaii State Hospital	4	0	5	9	0	0	3	3	1	1	0	2	0	1	0	12
Number of Emergency Medical Responses	68	41	42	151	47	24	38	109	41	43	28	112	67	42	32	141

Number of Suicide Attempts/Gestures (unsuccessful)	3	1	7	11	2	0	2	4	6	1	1	8	1	2	0	3
Number of Successful Suicides	1	1	0	2	0	0	0	0	1	0	0	1	2	0	0	2
Number of Involuntary Mental Health Procedures **	14	0	4	18	9	0	5	14	8	0	1	9	12	0	1	13
Number of Mental Health Inmates Placed in Seclusion**	185	1	1	187	165	10	0	175	149	13	0	162	28	0	0	28
Number of Mental Health Inmates Placed in Restraints**	2	0	1	3	7	0	4	11	4	0	1	5	14	0	0	14

Summary of Findings

Quality areas requiring maintenance of effort:

- (1) Monitoring system for the following qualitative elements:
 - a. Safety Watch (Comprehensive – OCCC; Partial - other facilities)
 - b. Suicide Watch (Comprehensive – OCCC; Partial - other facilities)
 - c. Disciplinary Lockdown Mitigation (OCCC only)
 - d. Mental Health Seclusion (Comprehensive – OCCC; Partial – other facilities)
 - e. Restraints (Comprehensive – OCCC; Partial - other facilities)
- (2) Outcome Measures
 - a. Emergency Medical Responses (all facilities)
 - b. Suicide Attempts (all facilities)
 - c. Successful Suicides (all facilities)
 - d. Involuntary Medication (all facilities)
- (3) New Policies and Procedures comporting with national standards provide the foundation for improved and uniform care throughout the facilities are in operation at OCCC. Rollout at remaining facilities is dependent on staffing.
- (4) State-of-the-art rehabilitative programming for mental health care (Lieberman Modules) has been implemented at OCCC and WCCC.
- (5) Trauma Informed Care – WCCC and OCCC staff trained and integrated into mental health service delivery.
- (6) Programming Hours (Comprehensive – OCCC; Partial – other facilities). Schedules exist for each unit/module for SPMI, but require greater breadth of therapeutic interventions for WCCC and HCF. Programming hours are captured, but not individual inmate/patient hours. OCCC has successfully piloted a process to capture this information on an individual level. This process will be implemented at the remaining facilities, as staffing permits. Major shifts have occurred in that goal this year with the initiation of the Lieberman Psychosocial Rehabilitation Modules, as well as our Trauma informed Care interventions.

Sufficient areas requiring ongoing monitoring and continuous improvement:

- (1) Idiosyncratic facility specific Policies and Procedures need to be reviewed and either incorporated into new statewide PSD Mental Health Services Policies and Procedures or Purged through an annual P&P review process.
- (2) AMHD Eligibility Determination (selective case issues) – People re-diagnosed in OCCC as SPMI, but having been previously determined ineligible by AMHD.

Partially sufficient areas requiring improvement:

- (1) Treatment plans exist for all SPMI inmates/patients, but still required improved measurable goals and objectives tied to program offerings (Comprehensive – OCCC; Partial – other facilities)
- (2) New MH Discharge Planning (Comprehensive – OCCC; Partial – other facilities)

- (3) A new training program has been created in order to educate staff for consistent implementation of the new Policies and Procedures. Selectively, competency based curricula are in the process of development. (OCCC – fully operationalized, not operationalized at other facilities).
- (4) Data collection, aggregation requires streamlining and organizing for more rapid and accurate report production to respond to both qualitative and informational needs. Advocacy is required to fill Statistical Clerk, Support and Clinical positions at all facilities. Unfortunately, there has been no progress on filling of any of these positions except at OCCC. PSD has negotiated an interim contract with the University of Hawaii to perform some of these functions at OCCC and will attempt to expand to other facilities, as resources permit.
- (5) Improve integration and content of programming delivered by other branches at the facilities to the SPMI population (e.g. Substance Abuse is in the Education Branch, not the mental health branch). Greater integration of these programming elements is occurring at OCCC and WCCC. HCF utilizes a separate facility for most of the substance abuse services (Waiawa Correctional Facility). Greater integration should occur this fiscal year with the filling of a Mental Health Psychiatric Social Worker Positions at HCF, WCCC and WCF.
- (6) Discharge linkage with AMHD Case Management (systemic problem with most providers) – Gradual improvement in work with AMHD in process on specific policies and procedures. Pilot Community Reentry Program between PSD Mental Health Services, AMHD and the Institute for Human Services has been in place for about 2 years.
- (7) HSH transfers – a Memorandum of Understanding was been created between the Department of Public Safety and the Department of Health to facilitate transfers of inmates requiring higher levels of psychiatric care. Initially this has been working extremely well. However, recent attempts to transfer appropriate individuals have not occurred in a timely manner.

Insufficient areas requiring remediation:

- (1) Breadth of program offerings at HCF – remediation linked to staffing and ability to recruit.
- (2) Organizational structure of Mental Health Services within facilities – New “Hub and Spoke” model for care is informally in process. This model will require fewer staff positions than originally proposed in the Department of Public Safety, Mental Health Service 5 Year Plan, yet when fully operationalized, comport with national standards of care at all facilities. Compliance will require the ability and budget to fill up to presently authorized level of FTE’s.