



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

**ACT 144 (2007)  
MENTAL HEALTH SERVICES FOR COMMITTED PERSONS**

**September 2012**

## **Introduction**

This report is written in compliance with requirements outlined in Act 144, Mental Health Services for Committed Persons. Whereas, the Department of Public Safety, Mental Health Service Branch, is obligated to report on:

“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**

Although there continues to be insufficiencies in general due to 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) and Women’s Community Correctional Center (WCCC). Over the last four (4) 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 settlement agreement has subsequently been reduced from the original thirty-seven (37) list of items to four (4) outstanding items written in a general Compliance Plan. The target date for compliance for these few remaining mental health issues is June 30, 2013.

The findings in this report continue to reflect that there are significant differences among Department of Public Safety facilities, and that these differences are primarily related to the inability to fill legislatively established mental health positions in a timely and efficient manner. The differences among our 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 and clinical positions. However, comparative to last fiscal year, qualitative measures collectively demonstrate significant overall improvement, with many measures moving from insufficient to sufficient and from sufficient to qualitative.

## **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 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 received by inmates to be 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 30 hours of programming (15 structured and 15 unstructured) at OCCC. In addition to group therapy and activities offered on the mental health modules, clinical staffs provide individual therapy hours. Individual therapy is essentially "productivity", and is captured as "face to face" hours provided by each employee. However, due to the lack of a uniform technical mechanism to capture these hours, we are only capable of reporting just hours and not the content of what has been specifically delivered to inmates with mental health problems receiving this type of intervention.

Collectively, the three Mental Health modules at Oahu Community Correctional Center (OCCC) met the overall required programming standards of twenty (20) hours per week. However, there were individual variations among the units. Due to the long-term absence of a staff person and a vacancy, the Women's' Mental Health Module fell below requirements by 1 ½ hour per week, delivering an average of 18.5 versus 20 hours.

This year, for the first time, Women's Community Correctional Center (WCCC) has attained the required twenty (20) hours of weekly programming. This is largely due to the adding a second Psychiatric Social Worker position that permits additional groups to be offered.

HCF continues to be in non-compliance with required programming hours due to the lack staffing. This is largely due to the fact that HCF had not had its Mental Health positions released for recruitment until recently. At this point in time, compliance largely is dependent on the speed of the personnel process in recruitment of qualified candidates.

The primary difference between this report and the prior years report is that there has been an increase in both the hours of programming delivered, as well as enhanced therapeutic and programming hours at OCCC, as well as WCCC coming into compliance with programming hour requirements. The attached schedules reflect that we are moving to a more balanced recreational and therapeutic delivery at OCCC and WCCC, and on the verge of full compliance with programming hours. However, HCF still lacks the staffing to expand the clinical delivery and offer more scheduled, routine programming and less individual counseling and crisis intervention.

### **Accomplishments and Continuing Challenges:**

- (1) Policies and procedures that had been written were reviewed and approved by the Department of Justice. These policies and procedures

have been in effect for a little more than one year. Therefore, all Mental Health Policies and Procedures underwent an internal annual review within the Mental Health Branch. Minor modifications were made to effect procedural improvement. We have imbedded the annual review of Mental Health Policies and Procedures into our “Mental Health Continuous Quality Improvement (MH/CQI)” process, which has been in existence for three (3) years at OCCC.

- (2) The Mental Health Branch of the Department has achieved substantial compliance on the majority of the original 37 items outlined in “the Settlement Agreement”. A short-term “Compliance Agreement” has been created between the parties to address the four (4) remaining compliance items. The remaining mental health issues are on schedule to achieve compliance by 06/30/13, at which time the Department of Justice should suspend oversight activities. 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.
- (3) There is a vacancy in the HCF Psychiatry position. Therefore, the WCCC psychiatrist is splitting time between the two facilities.
- (4) As previously stated the ability to hire individuals with the clinical expertise to deliver and manage these services is critical. It is with pleasure that we are able to report that the Mental Health Section of OCCC, with the exception of one nursing position and one psychiatric social worker position, is essentially fully staffed and fully compliant with DOJ standards.
- (5) In certain situations, the impact of state “supplemental time off” (STO) days have effected 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 have found it necessary to incur additional on-call and overtime in order to ensure that our response times meet with standards and requirements.
- (6) With exception to OCCC, which is under federal oversight, the level of resources dedicated to mental health care within the system remains inadequate. 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.
- (7) Following the commitment made in the prior report, the Mental Health Branch has reassessed the original five (5) year plan, and has created a new organizational model for mental health services 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. The new tables of organization provide the structural design that will serve as the foundation for subsequent new position request that will be required to increase service capacity to achieve compliance with national standards not only at WCCC and HCF, but also at neighbor island facilities.

**Mental Health Program Schedule– August 2012**  
**OCCC Module 1 (Men’s Acute Treatment)**

Acute stabilization, medication monitoring, behavioral observation and assessment.

**Recreation/Activities/Educational Hours - 9.5**  
**Therapeutic/Rehabilitative Programming Hours – 17.45**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday/Sunday</b>
8:00–9:30AM Outdoor Recreation (R)	8:00–9:30AM Outdoor Recreation (R)	8:00–9:30AM Outdoor Recreation (R)	8:00–9:30AM Outdoor Recreation (R)	8:00–9:30AM Outdoor Recreation (R)	
		8:00–10:00AM Bible Study (E)			
	8:30-9:30AM Treatment Team Meeting				
					9:30-10:00AM Life Skills Group (T)
10:15-11:30AM Art/ Activities (T)	10:15-11:15AM Med & Sympt. Mgt. (T)	10:30AM- 12:00PM Art/ Activities (T)	10:15-11:15AM Relapse Prevention (T)	10:15-11:45AM Art/ Activities	
11:30AM-1:30PM BRIDGES Group (T)	11:15AM- 12:15PM Wellness Group (T)				
2:30-4:00PM Criminal Thinking (T)	2:30-4:00PM Therapeutic Activities (T)	2:30-4:00PM BRIDGES Group (T)	2:30-4:00PM Therapeutic Activities (T)	2:30-4:00PM Therapeutic Activities (T)	

**Mental Health Program Schedule – October 2009**  
**OCCC Module 7 (Men’s Continuing Treatment)**  
 On-going treatment

**Recreation/Activities/Education hours – 11.5**  
**Therapeutic/Rehabilitative Programming hours – 16.0**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday/Sunday</b>
8:00-9:30AM Outdoor Recreation (R)	8:00-9:30AM Outdoor Recreation (R)	8:00-9:30AM Outdoor Recreation (R)	8:00-9:30AM Outdoor Recreation(R)	8:00-9:30AM Outdoor Recreation (R)	
	9:00-10:00AM Treatment Team Meeting	8:00-10:00AM Bible Study (E)			
10:30-11:30AM Community Meeting (T)	10:30-11:30AM Art/Activities (T)	10:30-11:30AM Mens Process Group (T)	10:30-11:30AM Art/Activities (T)	10:30-11:30AM Cognitive Behav. Group (T)	10:30-11:30AM Life Skills (T)
11:30AM-1:00PM Safety & Stress Group (T)				11:30AM-1:00PM Art/Activities (T)	
	4:00-5:30PM BRIDGES Group (T)		4:00-5:30PM BRIDGES Group (T)		
6:00-8:00PM Meditation (T)			6:00-8:00PM Bible Study (E)	6:00-8:00PM 12 Step Recovery (T)	

**Mental Health Program Schedule – October 2009**  
**OCCC Module 8 (Women’s Acute & Continuing Treatment)**

Both Acute stabilization, medication monitoring, behavioral observation and assessment, and on-going treatment.

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday/Sunday</b>
				9:00-10:00AM Treatment Team Meeting	
			10:00-11:00AM Wellness Group (T)		
		10:30AM-12:00PM Art/ Activities (T)			
	11:00AM-12:30PM Art/Activities (T)				
			11:30AM-1:00PM Art/Activities (T)		
		12:00-1:30PM BRIDGES Group (T)		12:00-1:30PM BRIDGES Group (T)	12:00-1:30PM Life Skills (T)
12:30-1:30PM Self-Control Group (T)					
2:30-4:00PM Outdoor Recreation (R)	2:30-4:00PM Outdoor Recreation (R)	2:30-4:00PM Outdoor Recreation (R)	2:30-4:00PM Outdoor Recreation (R)	2:30-4:00PM Outdoor Recreation (R)	

**Recreation/Activities/Education hours – 7.5**

**Therapeutic/Rehabilitative hours – 11.0**



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

<b>Module</b>	<b>Structured / Treatment Hours</b>			<b>Leisure / Unstructured Recreational Activities</b>		
	<b>FY 2008-9</b>	<b>FY 2009-10</b>	<b>FY 2010-11</b>	<b>FY 2008-9</b>	<b>FY 2009-10</b>	<b>FY 2010-11</b>
Module 1 (Men's Acute)	6	11	17.45	16	9.5	9.5
Module 7 (Men's Continuing Treatment)	3	6.5	16.0	20	13.5	11.5
Module 8 (Women's Acute & Continuing)	6	3	11.0	17	10	7.5
Other Individual Therapy Hours*	0	168	N/A	N/A	N/A	N/A

\*Note – No individual therapy hours we delivered in 2008. Monthly total of therapy hours needs to be differentiated among modules and counted by individual patient.

**Halawa  
Correctional  
Facility  
Program  
Schedule –  
Medium  
Security–  
October  
2011**

**Avg. Weekly  
Totals:**

- 6 hours of  
Therapy /  
Week

- 6 hours of  
Recreation &  
Education /  
Week

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>	4
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>	

## Halawa Correctional Facility Program Schedule – High Security– October 2011

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 – August, 2012**

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
			<b>1</b> 7:30AM – 8:30AM Community Meeting (T) 10:00AM-11:00AM Cog. Skills (T) 1:00PM – 2:00PM Sympt. & Med. Mgt/(T)	<b>2</b> 7:30AM – 8:30AM Community Meeting (T) 8:30AM-10:30AM Seeking Safety (T) 12:00PM-1:00PM Current Events (T) 3:00PM-4:00PM Ukulele Lessons (E)	<b>3</b> 7:30AM-9:30AM Group Therapy Class (T) 9:30AM-10:30AM Life Skills (T) 12:00PM – 2:00PM Movies (R)	<b>4</b>
<b>5</b>	<b>6</b> 7:30AM-9:30AM Group Therapy Class (T) 9:30AM-10:30AM Apprec. Day Practice (R) 1:00PM – 2:00PM Sympt. & Med. Mgt. (T)	<b>7</b> 7:30AM – 8:30AM Community Meeting (T) 9:30AM-10:30AM Apprec. Day Practice (R) 12:00PM-1:00PM Current Events (T)	<b>8</b> 7:30AM – 8:30AM Community Meeting (T) 10:00AM-11:00AM Cog. Skills (T) 1:00PM – 2:00PM Sympt. & Med. Mgt.(T)	<b>9</b> 7:30AM – 8:30AM Community Meeting (T) 8:30AM-10:30AM Seeking Safety (T) 12:00PM-1:00PM Current Events (T) 3:00PM-4:00PM Ukulele Lessons (E)	<b>10</b> 7:30AM-9:30AM Group Therapy Class (T) 9:30AM-10:30AM Life Skills (T) 12:00PM – 2:00PM Movies (R)	<b>11</b>
<b>12</b>	<b>13</b> 7:30AM-9:30AM Group Therapy Class (T) 9:30AM-10:30AM Apprec. Day Practice (R) 1:00PM – 2:00PM Sympt. & Med. Mgt. (T)	<b>14</b> 7:30AM – 8:30AM Community Meeting (T) 9:30AM-10:30AM Apprec. Day Practice (R) 12:00PM-1:00PM Current Events (T)	<b>15</b> 7:30AM – 8:30AM Community Meeting (T) 9:00AM-10:00AM Cog. Skills (T) 10:30AM-11:30AM Apprec. Day Practice (R) 1:00PM – 2:00PM Sympt. & Med. Mgt. (T)	<b>16</b> 7:30AM – 8:30AM Community Meeting (T) 8:30AM-10:30AM Seeking Safety (T) 12:00PM-1:00PM Current Events (T) 3:00PM-4:00PM Ukulele Lessons (R)	<b>17</b> HOLIDAY	<b>18</b>
<b>19</b>	<b>20</b> 7:30AM-9:30AM Group Therapy Class (T) 9:30AM-10:30AM Apprec. Day Practice (R) 1:00PM – 2:00PM Sympt. & Med. Mgt. (T)	<b>21</b> 7:30AM – 8:30AM Community Meeting (T) 9:30AM-10:30AM Apprec. Day Practice (R) 12:00PM-1:00PM Current Events (T)	<b>22</b> 7:30AM – 8:30AM Community Meeting (T) 9:00AM-10:00AM Cog. Skills (T) 10:30AM-11:30AM Apprec. Day Practice (R) 1:00PM – 2:00PM Sympt. & Med. Mgt. (T)	<b>23</b> 7:30AM – 8:30AM Community Meeting (T) 8:30AM-10:30AM Seeking Safety (T) 12:00PM-1:00PM Apprec. Day Practice (R) 3:00PM-4:00PM Ukulele Lessons (E)	<b>24</b> APPRECIATION DAY	<b>25</b>
<b>26</b>	<b>27</b> 7:30AM-9:30AM Group Therapy Class (T) 9:30AM-10:30AM Apprec. Day Practice (R) 1:00PM – 2:00PM Sympt. & Med. Mgt. (T)	<b>28</b> 7:30AM – 8:30AM Community Meeting (T) 9:30AM-10:30AM Apprec. Day Practice (R) 12:00PM-1:00PM Current Events (T)	<b>29</b> 7:30AM – 8:30AM Community Meeting (T) 9:00AM-10:00AM Cog. Skills (T) 10:30AM-11:30AM Apprec. Day Practice (R) 1:00PM – 2:00PM Sympt. & Med. Mgt. (T)	<b>30</b> 7:30AM – 8:30AM Community Meeting (T) 8:30AM-10:30AM Seeking Safety (T) 12:00PM-1:00PM Current Events (T) 3:00PM-4:00PM Ukulele Lessons (E)	<b>31</b> 7:30AM-9:30AM Group Therapy Class (T) 9:30AM-10:30AM Life Skills (T) 12:00PM – 2:00PM Movies (R)	

**Avg. Weekly Totals (WCCC):**

- 14 hours of Therapy/week
- 6 hours of Education & Recreation/wk

## **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 Year-to-Date**

	<b>FY 2008 Summary Statistics</b>	<b>FY 2009 Summary Statistics</b>	<b>FY 2010 Summary Statistics</b>	<b>FY 2011 Summary Statistics</b>
<b>Facility - OCCC</b>	Total	Total	Total	Total
Psychiatrist	1629	3722	5671	3712
Psychologist	978	81	3164	3166
Social Worker IV	7659	17319	19224	14838
<b>Facility - HFC</b>	Total	Total	Total	Total
Psychiatrist	833	1800	2098	1091
Psychologist	1229	NR	NR	NR
Social Worker IV	13926	NR	NR	NR
<b>Facility - WCCC</b>	Total	Total	Total	Total
Psychiatrist	673	641	523	352
Psychologist	169	1090	1702	2093
Social Worker IV	871	1748	1895	1989

\* NR – Not Reported due to lack of support staff

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

<b>DATA ELEMENT / FACILITY</b>	<b>OCCC</b>	<b>WCCC</b>	<b>HCF</b>	<b>2008 Total</b>	<b>OCCC</b>	<b>WCCC</b>	<b>HCF</b>	<b>2009 Total</b>	<b>OCCC</b>	<b>WCCC</b>	<b>HCF</b>	<b>2010 Total</b>	<b>OCCC</b>	<b>WCCC</b>	<b>HCF</b>	<b>2011 Total</b>
Number of Inmates Admitted to a Psychiatric Infirmary (or transferred in-system for psych infirmary care)	868	158	122	<b>1148</b>	790	156	118	<b>1064</b>	931	66	119	<b>1116</b>	1094	66	120	<b>1280</b>
Number of Inmates Transferred to a Facility with Special Psychiatric Housing	3	0	0	<b>3</b>	0	0	0	<b>0</b>	0	0	0	<b>0</b>	0	0	0	<b>0</b>
Number of Inmates Hospitalized for a Mental Health Condition (excluding HSH admissions) **	0	0	0	<b>0</b>	0	0	0	<b>0</b>	0	0	0	<b>0</b>	0	0	0	<b>0</b>
Number Inmates Placed on Suicide Watch	408	35	60	<b>503</b>	351	19	85	<b>455</b>	457	41	80	<b>579</b>	686	42	88	<b>816</b>
Number of Inmates Placed on Safety Watch	342	9	15	<b>366</b>	156	33	7	<b>196</b>	165	32	43	<b>240</b>	410	28	55	<b>493</b>
Number of Transfers to the Hawaii State Hospital	4	0	5	<b>9</b>	0	0	3	<b>3</b>	1	1	0	<b>2</b>	1	3	0	<b>3</b>
Number of Emergency Medical Responses	68	41	42	<b>151</b>	47	24	38	<b>109</b>	41	43	28	<b>112</b>	99	45	38	<b>182</b>
Number of Suicide Attempts/Gestures (unsuccessful)	3	1	7	<b>11</b>	2	0	2	<b>4</b>	6	1	1	<b>8</b>	3	0	0	<b>3</b>
Number of Successful Suicides	1	1	0	<b>2</b>	0	0	0	<b>0</b>	1	0	0	<b>1</b>	1	0	0	<b>1</b>
Number of Involuntary Mental Health Procedures **	14	0	4	<b>18</b>	9	0	5	<b>14</b>	8	0	1	<b>9</b>	25	4	9	<b>38</b>
Number of Mental Health Inmates Placed in Seclusion**	185	1	1	<b>187</b>	165	10	0	<b>175</b>	149	13	0	<b>162</b>	22	3	0	<b>25</b>
Number of Mental Health Inmates Placed in Restraints**	2	0	1	<b>3</b>	7	0	4	<b>11</b>	4	0	1	<b>5</b>	26	0	0	<b>26</b>



## 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. Treatment Planning (Comprehensive - OCCC Only)
  - d. Disciplinary Lockdown Mitigation (Comprehensive - OCCC only)
  - e. Programming Hours (Comprehensive – OCCC & WCCC; Partial – other facilities)
  - f. MH Discharge Planning (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)
  - e. Mental Health Seclusion (Comprehensive – OCCC; Partial – other facilities)
  - f. Restraints (Comprehensive – OCCC; Partial - other facilities)
- (3) 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.
- (5) Trauma Informed Care – WCCC and OCCC staff trained. In the process of integrating delivery into the MH services.

### Sufficient areas requiring ongoing monitoring and continuous improvement:

- (1) Selective non-operational mental health Policies and Procedures created prior to this administration that remains within the PSD Policy manual need to be purged.
- (2) Discharge linkage with AMHD Case Management (systemic problem with most providers) – Gradual improvement in work with AMHD in process on specific policies and procedures. Community Reentry Program between PSD Mental Health Services, AMHD and the Institute for Human Services has been in place for three (3) years.
- (3) HSH transfers – a Memorandum of Understanding has between the Department of Public Safety and the Department of Health facilitates transfers of inmates requiring higher levels of psychiatric care.
- (4) 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) Psychiatric Medication Practices (OCCC only)
- (2) 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, partially operationalized at other facilities).
- (3) Data collection, aggregation requires streamlining and organizing for more rapid and accurate report production to respond to both qualitative and informational needs. Plan to fill Statistical Clerk, Support and Clinical positions at 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.
- (4) 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 cannot occur at HCF until authorized Mental Health Psychiatric Social Worker Positions are filled.
- (5) Organizational structure of Mental Health Services within facilities – New “Hub and Spoke” model for care is formally “in process” for approval. 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.

**Insufficient areas requiring remediation:**

- (1) Breadth of program offerings at HCF – remediation linked to staffing and ability to recruit.