



**DEPARTMENT OF PUBLIC SAFETY
REPORT TO THE 2011 LEGISLATURE**

**HB 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,**

**SB 914, ACT 144 (2007)
MENTAL HEALTH SERVICES FOR COMMITTED PERSONS**

December 2010

Introduction

This report is written in compliance with requirements outlined in, HB No. 500, Act 213 (2007), Part 3, Section 105, Inmates Mental Health Services at Oahu Community Correctional Center (OCCC), Halawa Correctional Facility (HCF), and Women's Community Correctional Center (WCCC), and SB 914, Act 144, Mental Health Services for Committed Persons. Whereas, the Department of Public Safety (PSD), Health Care Division, Mental Health 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 PSD found it appropriate to address items collectively, as in prior reports.

Preface

Dr. Mark R. Mitchell, PSD Mental Health Branch Administrator (MHBA), who assumed this role as of September 15, 2008, prepares this report. 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 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 United States Department of Justice (DOJ) 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 PSD correctional facilities, and that these differences are primarily related to the inability to fill legislatively established mental health positions due to funding constraints. The differences among our correctional 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 correctional facility-by-correctional facility basis. Areas of insufficiency continue to be primarily due to a lack of personnel in both leadership and clinical positions.

Programming Hours

Programming hours are outlined on the attached schedules. An updated schedule is attached for the most recently completed month at each correctional facility. The recommendation for twenty (20) hours of programming for the Severe and Persistently Mentally Ill (SPMI) in our population is required by the DOJ. 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 DOJ requires that each individual attend twenty (20) hours of programming per week. The schedules contained in this report identify group hours. Lack of full attendance/participation in structured group lead to actual individual hours being lower than total hours offered. At this point in time, in order to ensure that PSD comes close to meeting individual hourly requirements, we have established a goal of offering thirty (30) hours of programming, fifteen (15) structured and ten (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. We recently have modified documentation forms at OCCC that we are “piloting” in order to differentiate and capture this information, as well as distinguish the individual from the group interventions.

In comparison to last fiscal year where only one (1) of the three (3) Mental Health Modules, Module 1 at OCCC met the overall required programming standards of twenty (20) hours per week, this year. The remaining two (2) Mental Health Modules at OCCC remain deficient due to staffing vacancies. Neither HCF nor WCCC have attained the required twenty (20) hours of weekly programming. The lack of compliance at HCF and WCCC is due to the fact that the balance of positions required to bring these correctional facilities into compliance is presently frozen due to state budget exigencies. At this point in time, it is not known when these positions can be released and compliance achieved.

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. The attached schedules reflect that we are moving to a more balanced recreational and therapeutic delivery at OCCC, and on the verge of full compliance with 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.

Accomplishments and Continuing Challenges:

- (1) Policies and procedures (P&P) that had been written and were, at this time last year, “soon to be reviewed by the DOJ for their final approval,” were approved, and implemented. This year we have been “fine tuning” and making operational modifications of these policies,

- (2) The PSD has moved a significant number of provisions outlined in the Settlement Agreement, from “non-compliance” to “substantial compliance.” Parties interested in the details of our compliance can request copies of the most recent Independent Monitors Report from the Department of the Attorney General.
- (3) Psychiatry positions remain at full capacity across all correctional 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 (1) nursing position, is essentially fully staffed and fully compliant with DOJ standards.
- (5) In certain situations, the impact of state furloughs 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 DOJ and are imbedded in our P&P. 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 DOJ requirements at OCCC, it is hoped that these minimal standards can be applied at all correctional facilities in the future.
- (7) 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 correctional facilities in order to improve efficiency and efficacy of care. The Mental Health 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 (3) correctional facilities (OCCC, HFC & WCCC), rather than relying on inadequate physical environments for care in neighbor island correctional facilities.

Mental Health Program Schedule– December 2010
OCCC Module 1 (Men’s Acute Treatment)

Acute stabilization, medication monitoring, behavioral observation and assessment.

Time	Monday	Tuesday	Wednesday	Thursday	Friday
6 am – 7 am	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
8:00 am – 9:30 am	Outdoor Recreation	Outdoor Recreation	Outdoor Recreation	Outdoor Recreation	Outdoor Recreation
8:45 am – 9:45 am					Life Skills
9:15 am – 10:00 am		Treatment Team Meeting			
10:00 am – 11:00 am	Lunch	Lunch	Lunch	Lunch	Lunch
10:00 am – 11:00 am	Coping Skills		Community Meeting	Community Meeting	Substance Abuse
11 am – 12:30 pm	Art Group	Medication & Symptom Management (until 12:00 pm)	Art Group	Medication & Symptom Management (until 12:00 pm)	Art Group
12:00 pm – 1:00 pm	Medication Management	Wellness Group		Anger Management	
4 pm – 5 pm	Dinner	Dinner	Dinner	Dinner	Dinner
5:30 pm – 8:00 pm	Narcotics Anonymous Education /Life Skills		Narcotics Anonymous Education / Life Skills (until 7:00 pm)		Narcotics Anonymous Education / Life Skills (until 7:00 pm)

Unstructured Recreation/Leisure Hours - 7.5

Therapeutic/Rehabilitative Programming Hours - 21

Mental Health Program Schedule – December 2010
OCCC Module 7 (Men’s Continuing Treatment)
 On-going treatment

Time	Monday	Tuesday	Wednesday	Thursday	Friday
6:00 am – 7:00 am	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
7:00 am – 8:00 am			Community Meeting		
8:00 am – 9:30 am	Outdoor Recreation	Outdoor Recreation	Outdoor Recreation	Outdoor Recreation	Outdoor Recreation
8:30 am – 9:15 am		Treatment Team Meeting			
10:00 am – 11:00 am	Lunch	Lunch	Lunch	Lunch	Lunch
10:30 am – 11:30 am		Art Group		Art Group	Art Group
11:30 am – 1:00 pm	Wellness Group (until 12:30 pm)	Dual Diagnosis Group	Coping Skills (until 12:30 pm)		Dual Diagnosis Group
12:30 pm – 1:30 pm	Anger Management				
4 pm – 5 pm	Dinner	Dinner	Dinner	Dinner	Dinner
5:00 pm – 8:00 pm		Narcotics Anonymous Education / Life Skills		Narcotics Anonymous Education / Life Skills	

Unstructured Recreation/ Leisure Activities Hours – 7.5
Therapeutic/Rehabilitative Programming hours – 14.5

Mental Health Program Schedule – December 2010
OCCC Module 8 (Women’s Acute & Continuing Treatment)

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

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00 am – 7:00 am	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
8:00 am – 9:00 am	Community Meeting			Wellness Group	Forensics Basics	Crisis Management
10:00 am – 11:00 am	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
10:15 am – 11:15 am	Medication Management	Treatment Team Meeting	Art Group	Alcoholics Anonymous Meeting	Coping Skills	
11:30 am – 12:30 pm	Anger Management	Indoor Art/Activities		Indoor Art/Activities	Crisis Management	Life Skills
12:00 pm – 1:30 pm		Substance Abuse	Narcotics Anonymous Education / Life Skills			
2:30 pm – 4:00 pm	Outdoor Recreation	Outdoor Recreation	Outdoor Recreation	Outdoor Recreation	Outdoor Recreation	
4:00 pm – 5:00 pm	Dinner	Dinner	Dinner	Dinner	Dinner	
4:30 pm – 5:30 pm	Narcotics Anonymous Education / Life Skills		Narcotics Anonymous Education / Life Skills	Narcotics Anonymous Education / Life Skills	Narcotics Anonymous Education / Life Skills	
6 pm – 8 pm				Religious Educ. (first / third week)		

Unstructured Recreation/ Leisure Activities Hours – 8.5
Therapeutic/Rehabilitative hours – 19.5

**Mental Health Average Weekly Programming Hours - OCCC
FY 2008 – FY 2010 Comparison**

Module	Structured / Treatment Hours			Leisure / Unstructured Recreational Activities		
	FY 2008	FY 2009	FY 2010	FY 2008	FY 2009	FY 2010
Module 1 (Men's Acute)	6	11	21	16	9.5	7.5
Module 7 (Men's Continuing Treatment)	3	6.5	14.5	20	13.5	7.5
Module 8 (Women's Acute & Continuing)	6	3	19.5	17	10	8.5
Other Individual Therapy Hours*	0	168	5	N/A	N/A	N/A

*Note – No individual therapy hours were delivered in 2008. 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 (F)	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 - December 2010

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
			1 8:30AM – 12:00PM GP Individual Therapy (T) 1:00PM – 2:30PM GP Anger Management (T) 1:00PM-2:30PM Lieberman Group Module (T) 12:00PM – 2:00PM SPMI Individual Therapy (T)	2 8:30AM – 12:00PM GP Individual Therapy (T) 12:00PM – 2:00PM SPMI Individual Therapy (T)	3 12:00PM – 2:00PM SPMI Individual Therapy (T) 2:30PM – 4:00PM Movies (R)	4
5	6 10:00AM-11:00AM Exercise Group 12:00PM – 1:00PM SPMI Individual Therapy (T) 1:00PM-2:30PM Lieberman Group Module (T)	7 8:30AM – 10:00AM Seeking Safety Trauma Group (T) 10:00AM-12:00PM GP Individual Therapy (T) 12:00PM – 1:15 Seeking Safety Trauma Group (T)	8 8:30AM – 12:00PM GP Individual Therapy (T) 12:00PM – 1:00PM SPMI Individual Therapy (T) 1:00PM – 2:30PM GP Anger Management (T) 1:00PM-2:30PM Lieberman Group Module(T)	9 8:30AM – 12:00PM GP Individual Therapy (T) 12:00PM – 2:00PM SPMI Individual Therapy (T) 2:30PM – 4:00PM Arts & Crafts (R)	10 12:00PM – 2:00PM SPMI Individual Therapy (T) 2:30PM – 4:00PM Movies (R)	11
12	13 10:00AM-11:00AM Exercise Group 12:00PM – 1:00PM SPMI Individual Therapy (T) 1:00PM-2:30PM Lieberman Group Module (T)	14 8:30AM – 10:00AM Seeking Safety Trauma Group (T) 10:00AM-12:00PM GP Individual Therapy (T) 12:00PM – 1:15 Seeking Safety Trauma Group (T)	15 8:30AM – 12:00PM GP Individual Therapy (T) 12:00PM – 1:00PM SPMI Individual Therapy (T) 1:00PM – 2:30PM GP Anger Management (T) 1:00PM-2:30PM Lieberman Group Module(T)	16 8:30AM – 12:00PM GP Individual Therapy (T) 12:00PM – 2:00PM SPMI Individual Therapy (T)	17 12:00PM – 2:00PM SPMI Individual Therapy (T) 2:30PM – 4:00PM Movies (R)	18
19	20 10:00AM-11:00AM Exercise Group 12:00PM – 1:00PM SPMI Individual Therapy (T) 1:00PM-2:30PM Lieberman Group Module (T)	21 8:30AM – 10:00AM Seeking Safety Trauma Group (T) 10:00AM-12:00PM GP Individual Therapy (T) 12:00PM – 1:15 Seeking Safety Trauma Group (T)	22 8:30AM – 12:00PM GP Individual Therapy (T) 12:00PM – 1:00PM SPMI Individual Therapy (T) 1:00PM – 2:30PM GP Anger Management (T) 1:00PM-2:30PM Lieberman Group Module(T)	23 8:30AM – 12:00PM GP Individual Therapy (T) 12:00PM – 2:00PM SPMI Individual Therapy (T) 2:30PM – 4:00PM Arts & Crafts (R)	24 12:00PM – 2:00PM SPMI Individual Therapy (T) 2:30PM – 4:00PM Movies (R)	25
26	27 10:00AM-11:00AM Exercise Group 12:00PM – 1:00PM SPMI Individual Therapy (T) 1:00PM-2:30PM Lieberman Group Module (T)	28 8:30AM – 10:00AM Seeking Safety Trauma Group (T) 10:00AM-12:00PM GP Individual Therapy (T) 12:00PM – 1:15 Seeking Safety Trauma Group (T)	29 8:30AM – 12:00PM GP Individual Therapy (T) 12:00PM – 1:00PM SPMI Individual Therapy (T) 1:00PM – 2:30PM GP Anger Management (T) 1:00PM-2:30PM Lieberman Group Module(T)	30 8:30AM – 12:00PM GP Individual Therapy (T) 12:00PM – 2:00PM SPMI Individual Therapy (T)	31 12:00PM – 2:00PM SPMI Individual Therapy (T) 2:30PM – 4:00PM Movies (R)	

Average Weekly Totals (WCCC):

- 21.25 hours of Structured Recreation & Therapy/week for 2010 versus 22 hours for 2009
- 3.0 hours of unstructured/leisure activities/week for 2010 versus 7 ½ hours for 2009
 - Hina Mauka offers daily substance abuse programming from 7:15 AM to 8:30 PM that our SPMI cannot participate, as they are under PSD Corrections Programs Services (CPS). The MHBA will be meeting with CPS-Education to discuss reciprocal arrangements to extend services to the SPMI.
 - AA provides group every Sunday from 12:00PM –1:00PM and NA provides group every Wednesday from 7:00PM – 8:30PM. Our SPMI are restricted from these groups as well.
 - Total Life Recovery, a faith-based substance abuse treatment program, offers services Monday-Friday from 8:00AM – 4:00PM. Our SPMI population does not participate in these services.

Level of Medical Management & Involuntary Treatment

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

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

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

Table 1: Mental Health Clinical Contacts FY 2008, 2009 & 2010 Year-to-Date			
	FY 2008 Summary Statistics	FY 2009 Summary Statistics	FY 2010 Summary Statistics
Facility - OCCC	Total	Total	Total
Psychiatrist	25281	3722	5671
Psychologist	978	81	3164
Social Worker IV	7659	17319	19224
Facility - HFC	Total	Total	Total
Psychiatrist	64561	1800	2098
Psychologist	1229	NR	NR
Social Worker IV	13926	NR	NR
Facility - WCCC	Total	Total	Total
Psychiatrist	8315	641	523
Psychologist	169	1090	1702
Social Worker IV	871	1748	1895

* NR – Not Reported due to lack of support staff

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

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

Summary of Findings

Quality areas requiring maintenance of effort:

- (1) Monitoring system for the following qualitative elements:
 - a. Safety Watch (Comprehensive – OCCC; Partial - other correctional facilities)
 - b. Suicide Watch (Comprehensive – OCCC; Partial - other correctional facilities)
 - c. New Disciplinary Lockdown Mitigation (OCCC only)
- (2) Outcome Measures
 - a. Emergency Medical Responses (all correctional facilities)
 - b. Suicide Attempts (all correctional facilities)
 - c. Successful Suicides (all correctional facilities)
 - d. Involuntary Medication (all correctional facilities)
 - e. Mental Health Seclusion (Comprehensive – OCCC; Partial – other correctional facilities)
 - f. Medical Restraints (Comprehensive – OCCC; Partial – other correctional facilities)
- (3) New P&P comporting with national standards provide the foundation for improved and uniform care throughout the correctional facilities are in operation at OCCC. Rollout at remaining correctional facilities is dependent on staffing.
- (4) State-of-the-art rehabilitative programming for mental health care (Lieberman Psychosocial Rehabilitation Modules) has been implemented at OCCC.
- (5) Trauma Informed Care – WCCC and OCCC staff trained in the process of integrating delivery into the mental health services.

Sufficient areas requiring ongoing monitoring and continuous improvement:

- (1) Selective outdated P & P governing the operations of PSD Mental Health Branch need to be purged through a new annual P&P review process.

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 correctional facilities)
- (2) New MH Discharge Planning (Comprehensive – OCCC; Partial – other correctional facilities)
- (3) Programming Hours (Comprehensive – OCCC; Partial – other correctional 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 is piloting a process to capture this information on an individual level. This process will be implemented at the remaining correctional facilities, as staffing permits. WCCC needs to continue to systematically convert from individual to group therapy interventions as the predominate mode of delivery. 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.

- (4) A new training program has been created in order to educate staff for consistent implementation of the new P&P. Selectively, competency based curricula are in the process of development. (OCCC – fully operationalized, not operationalized at other correctional facilities).
- (5) 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 correctional 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 correctional facilities, as resources permit.
- (6) Improve integration and content of programming delivered by other branches at the correctional facilities to the SPMI population (e.g. Substance Abuse Services is in PSD CPS, not the PSD Mental Health Branch). Greater integration of these programming elements is occurring at OCCC and WCCC. HCF utilizes a separate correctional 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 “unfrozen.”
- (7) Discharge linkage with Department of Health (DOH), Adult Mental Health Division (AMHD) Case Management (systemic problem with most providers) – Gradual improvement in work with AMHD in process on specific P&P. Pilot Community Reentry Program between PSD Mental Health Branch, AMHD and the Institute for Human Services has been in place for about one (1) year.
- (8) Hawaii State Hospital (HSH) transfers – a Memorandum of Understanding has been created between PSD and DOH to facilitate transfers of inmates requiring higher levels of psychiatric care.
- (9) AMHD Eligibility Determination (selective case issues) – People re-diagnosed in OCCC as SPMI, but having been previously determined ineligible by AMHD.

Insufficient areas requiring remediation:

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