



**DEPARTMENT OF PUBLIC SAFETY
REPORT TO THE 2017 LEGISLATURE**

**ACT 144, SESSION LAWS OF HAWAII 2007
MENTAL HEALTH SERVICES FOR COMMITTED PERSONS**

DECEMBER 2016

Act 144, Session Laws of Hawaii 2007 Annual Report to the Legislature

Introduction:

This report is being submitted to fulfill the requirements outlined in Act 144, Session Laws of Hawaii 2007. Specifically:

(1) The Department of Public Safety shall submit a report to the Legislature no later than twenty days prior the commencement of the 2008 regular session and every session thereafter...

(2) This written report shall be submitted in a form understandable by lay readers and made available to the public.

Itemized Report:

As outlined in Act 144, the Department reports annually on six (6) specific items of concern. These six (6) items are listed below (as extracted from the statute), followed by the Department's status report on each item.

- 1) Assessment of the Department's existing resources and staffing, and additional resources and staffing needed to bring mental health services up to standard and to keep up with future demands.
 - a. The focus on the federal investigation and subsequent Settlement Agreement between the State of Hawaii, Department of Public Safety (PSD) and the Federal Department of Justice (DOJ) was to bring Oahu Community Correctional Facility (OCCC) up to national standards for correctional mental health care. The Department has successfully disengaged from an extended Corrective Action Plan with the Department of Justice. Therefore, OCCC is considered to be in compliance with national standards of correctional mental health care, but requires that a few longer-term vacancies be filled in order to remain in compliance.
 - b. During FY 2014, the department requested and received staffing and other resources to address deficiencies in mental health care in the remaining correctional facilities. Positions were funded for half of the 2014 fiscal year, with anticipated phase-in of positions over the course of FY 2014-15. PSD submitted annualization requests to support the continued funding of these positions, in consideration of the prior budget cycle. The addition of new positions required a reorganization of mental health services. As of the writing of this report, the reorganization is awaiting consultation with the Union for positions affected by

the organizational changes. However, a small number of the positions are proceeding forward for posting and recruitment, as they are not affected by the organizational changes. It is anticipated that the reorganization will be fully approved in the near future; all position descriptions have been revised or rewritten consistent with the new table of organization for mental health services. Of paramount importance are positions to provide clinical leadership in our neighbor island facilities. These positions will be the first to be secured.

- c. Other resources to support Psychology Internships in our facilities were similarly initiated at OCCC, and within the FY2014-15 budget, \$150,000 was requested and authorized to continue this initiative. OCCC has been fully accredited by the American Psychological Association (APA) for doctoral and post-doctoral internships. The expanded resources identified in the FY 2014-2015 budget permitted PSD to place a post-doctoral position at the Women's Community Correctional Center (WCCC) in addition to the pre-doctoral position at OCCC. As the new staffing is phased into WCCC, we will prepare the facility for APA site surveys and accreditation. The following year, it is anticipated that the accreditation process will be initiated at Halawa Correctional Facility (HCF), depending on how quickly supervising Psychology staffing can be expanded at each facility, which is subject to approval of the reorganization.
- 2) The use of alternative services, such as the use of telemedicine, to provide mental health services to incarcerated offenders.
- a. A telemedicine system has been installed across PSD facilities. The telemedicine system is being effectively utilized by psychiatrists to perform general evaluations, medication reviews and medication renewals. However, telemedicine is of limited practicality in the delivery of crisis-related mental health care, since much of the direct provision of care attends to risk-related assessments requiring face-to-face interaction with inmates.
 - b. Tele-mental-health has demonstrated the greatest efficacy in the delivery of **“group”** outpatient care. PSD's approach to the delivery of mental health care is fundamentally through “inpatient-type” treatment to inmates residing in special mental health units (modules) within the facilities. Inmates presenting either Seriously Mentally Illnesses (SMI) or Severe and Persistent Mental Illnesses (SPMI), who are not in specialized mental health modules that can be effectively managed in the General Population, receive the outpatient level of care, but our delivery is individual vs. group. Therefore, staffs at each of the facilities deliver the medication management and supportive counseling at an individual level across all facilities.
 - c. The PSD requested and received \$80,000 in FY 2014-15 to renovate two rooms as “Sensory Rooms” at HCF for the purpose of de-escalating inmates in psychiatric

crises. At present the department is scheduling the positions required to staff the interventions, while appropriate rooms are being identified for renovation.

- 3) The completion of a departmental training and policy manual.
 - a. The PSD/MH branch continues to update the training curriculum for “Mental Health Services”, “Suicide Prevention”, and “Restraint and Seclusion”. Four-hour core courses are offered to all new employees in Mental Health Services and Suicide Prevention, with two-hour refresher courses every other year. Restraint and Seclusion is a two-hour core course with two-hour refreshers every other year. These trainings are targeted at staff having direct contact with inmates. Additionally, all staff members are required to have initial First Aid/ CPR training, and periodic renewals for certification. These continue to be offered as part of Basic Correctional Training (BCT) and Civilian Familiarization Training (CFT) for all new uniformed and non-uniformed facility employees, respectively. During FY2015, Mental Health Services and Suicide Prevention training was expanded to include the Law Enforcement Division.
 - b. PSD has updated many of its mental health-related policies and procedures contained in our Policy Manual. All new employees are required to be oriented to this manual.
 - c. Mental Health Policies and Procedures are reviewed annually for general operational updating, as well as to integrate any changes in practices to continue to remain current with or ahead of national standards.

- 4) The appropriate type of updated record-keeping system.
 - a. The Health Care Division has completed the installation and training for the new Electronic Medical Record (EMR) in all correctional facilities.

- 5) An update on the feasibility study initiated by the Departments of Health and Public Safety related to the expansion of Hawaii State Hospital (HSH) to include a wing that may adequately treat mental health patients who are incarcerated.
 - a. DOH has submitted a 21-year plan to address the census issues related to HSH. It is PSD’s understanding that this plan is comprised of three (3), seven-year phases focusing on demolition, replacement, and construction. Presently, HSH is “over census” and has been for several years since the inception of the requirement outlined in this legislation. At this point, no capacity exists to entertain designation of a wing or expansion to treat incarcerated mental health patients.
 - b. There is an assumption in this requirement that individuals with mental health disorders are not being treated “adequately” in PSD correctional facilities. However, PSD has been able to demonstrate more than adequate treatment at OCCC for these inmates and, despite some of the physical challenges of the

construction of our antiquated facilities, the care has been deemed “adequate” to “good” and will continue to improve, particularly with the additional staff being phased-in during the current 2017 fiscal year.

- 6) Any other suggestions or ideas to improve the provision of mental health services to incarcerated individuals to comply with local, state and federal laws and mandates.
 - a. Periodically, inmates with extreme mental health disorders require long-term involuntary treatment with medication. Recognizing that PSD did not have the capacity to administer long-term involuntary medication for such individuals, PSD proposed and eventually saw the passage of a new statute that permitted such treatment in correctional facilities. Since the enactment of this statute, PSD has routinely secured court authorized medications for mentally ill inmates in need of such intervention. In the past Legislative session, the Department operationally refined this statute to streamline the process, while continuing to protect the due process rights of patients.
 - b. There is a new national initiative (Stepping-Up Initiative) to attempt to reduce the number of individuals with mental health disorders in correctional facilities. Many of the mentally ill are incarcerated for minor violations such as trespassing, violating park rules, etc. Additionally, once mentally ill individuals are incarcerated, they remain longer than non-mentally ill individuals with similar charges. PSD is participating with the City and County of Honolulu in the beginning stages of this endeavor. Under a proposal prepared and submitted by the PSD Mental Health Branch Administrator, Honolulu County was one of 21 selected in the country for a collective of governmental employees to participate in the Stepping-Up Initiative in Washington, DC. This past year, the PSD Mental Health Branch Administrator, the DOH Forensic Director, the City’s Director of Community Services and a delegate from the Honolulu City Council participated with several other counties across the United States. Additionally, both the PSD Mental Health Branch Administrator and the DOH Director of Forensic Services were asked to present at break-out plenary sessions at the conference. The PSD Mental Health Branch Administrator is in the initial stages of needs assessment of the population, as a precursor for service development. The success of this initiative will be largely dependent upon: (1) the filling of PSD/MH infrastructure positions to collect the required data and (2) expanding and restructuring community mental health services with the DOH and DHS.