

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



DEPT. COMM. NO. 213

TOMMY JOHNSON
DIRECTOR

Melanie Martin
Deputy Director
Administration

Sanna Muñoz
Deputy Director
Corrections

Mark Hanohano
Deputy Director
Law Enforcement

STATE OF HAWAII | KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF PUBLIC SAFETY
Ka 'Oihana Ho'opalekana Lehulehu
1177 Alakea Street
Honolulu, Hawaii 96813
808-587-1288

No. _____

December 14, 2023

The Honorable Ronald D. Kouchi
President and Members of the Senate
Thirty-second State Legislature
State Capitol, Room 409
Honolulu, Hawai'i 96813

The Honorable Scott K. Saiki
Speaker and Members of the
House of Representatives
Thirty-second State Legislature
State Capitol, Room 431
Honolulu, Hawai'i 96813

Dear President Kouchi, Speaker Saiki, and Members of the Legislature:

For your information and consideration, I am transmitting a copy of the **Act 144, Session Laws of Hawaii. 2007 Mental Health Services for Committed Persons**, as required by Act 212, Session Laws of Hawaii 2018, §353H, Hawaii Revised Statutes. In accordance with Section 93-16, Hawaii Revised Statutes, I am also informing you that the report may be viewed electronically at: [Department of Public Safety | 2023 Reports to Legislature \(hawaii.gov\)](https://www.dps.hawaii.gov/2023-reports-to-legislature)

Sincerely,



Tommy Johnson
Director

Enclosure



**DEPARTMENT OF PUBLIC SAFETY
REPORT TO THE 2024 LEGISLATURE**

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

December 2023

**Annual Report to the Legislature
In response to Act 144, Session Laws of Hawaii, 2007
Mental Health Services for Committed Persons**

Introduction

This report is hereby submitted to fulfill the requirements outlined in Act 144, Session Laws of Hawai'i, 2007, specifically:

- (1) *The Department of Public Safety shall submit a report to the Legislature no later than twenty days prior to 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, Session Laws of Hawai'i (SLH), 2007, the Department shall report on six (6) specific items of concern. These six 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 or 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 the Oahu Community Correctional Center (OCCC) up to national standards for correctional mental health care. In 2015, the Department successfully disengaged from an extended Corrective Action Plan with the DOJ. However, during the maintenance period over the next two years, the Mental Health Branch failed to remain compliant with the standards agreed upon with the DOJ, necessitating programmatic and structural changes, that included changes to the Branch's leadership. Since the 2018 fiscal year, mental health services at OCCC significantly improved and demonstrated sustained compliance with the DOJ requirements for the provision of mental health services. This success has informed the Department's expansion of compliance efforts at other Hawaii facilities.

Mental Health Staffing

On June 30, 2017, there were thirty-nine (39) vacant positions and thirty-eight (38) filled positions in the Mental Health Branch statewide (see Table 1 below), as compared with the current thirty-seven (37) vacant positions and fifty-one (51) filled positions in the Mental Health Branch statewide.

Table 1. Comparative Statewide Mental Health Branch Staffing.

Positions by Classification	July 1, 2017		November 28, 2023		Comments
	Vacant	Filled	Vacant	Filled	
Psychology	10	6	17	6	
Social Services	16	17	13	27	
Nursing	3	6	3	10	
Occupational Therapy	2	1	0	0	
Recreation	2	1	0	2	
Office Support	6	7	3.5	6	
TOTAL	39	38	36.5	51	

Recruitment and retention of mental health staff has been particularly challenging at all correctional facilities. The Department has employed various means for improving recruitment and retention efforts (e.g., obtaining eligibility as a National Health Service Corps loan repayment program site, accreditation by the American Psychological Association through HIPIC and WICHE as a clinical psychology internship site, funding to support the DHRD licensed health care professional pilot project), and participation in the DHRD WikiWiki Hire program. In addition, the Health Care Division suggests the following to improve recruitment:

- (1) **Recruitment Above the Minimum:** Over the last several years, the Health Care Division recommended hiring numerous mental health applicants. Applicants have declined positions due to the low rate of pay and working conditions. Additional resources are needed to support the application of recruitment above the minimum for mental health staff candidates.
- (2) **Review of the Existing Recruitment Process:** The recruitment and onboarding processes remain unpredictable and inefficient. Consideration should be given to reviewing existing recruitment and onboarding requirements and procedures to improve the efficiency of hiring processes.

- (3) **Mental Health Office:** Previously employed mental health staff have been assigned office space within locked units/modules creating safety concerns or have been expected to share office space with non-health care staff causing confidentiality issues involving protected health information. Consideration should be given to establishing sufficient mental health office space at PSD facilities to improve working conditions and protect sensitive, private health information.

Over the past few years, the Department identified two (2) key areas affecting mental health resource and staffing needs: a) retention of licensed clinical psychologists and b) weekend and relief coverage. The Department greatly appreciates the Legislature's consideration and ongoing effort in providing resources needed for these critical staffing issues.

- (1) **Retention of Licensed Clinical Psychologist:** Over the last six years, the Department has been unable to retain twenty-one (21) Clinical Psychologists; ten (10) clinical psychologists resigned over the last year. The Department participates in the Statewide DHRD (Department of Human Resources Development) Pilot Project for Licensed Health Care Providers. Act 248, SLH 2022, provided the Department with budgetary resources to address the issues of recruitment and retention for Clinical Psychologists. DHRD has been assisting the Department with implementation of the resources to improve recruitment and retention efforts and become salary competitive with other State, Federal, and local agencies. Implementation of the recruitment and retention plan, however, continues to experience human resources issues within the Department. Due to the national and local shortages of licensed clinical psychologists, an immediate increase in salary for currently employed licensed clinical psychologists is indicated.
- (2) **Weekend and Relief Coverage:** As identified by Dr. Joel Dvoskin, in his 2018 Expert Report, the Department is not currently staffed to provide mental health services on weekends. The Department is also not staffed to provide relief mental health coverage for vacation, sick, and other time-off. The current number of allotted Clinical Psychologist positions at our correctional facilities statewide was designed by the mental health staffing plan to provide clinical psychology services during normal business hours (i.e., Monday through Friday, 0745 to 1630). An assessment of the mental health needs of individuals in custody, however, indicates that the current staffing plan does not fully meet the needs of the comprehensive Suicide Prevention Program, as evidenced by the absence of evening and weekend Clinical Psychology services at our Mental Health Sections statewide.

Individuals in custody do not only become suicidal and do not only require therapeutic intervention for the reduction of suicide risk during normal business hours. Presently, an individual being monitored for suicide risk over the weekend must wait until the next business day for evaluation and treatment of suicide risk. An individual who enters a correctional facility during the evening and exhibits suicide warning signs must wait until the next business day for a Suicide Risk Evaluation. These scenarios requiring urgent psychological evaluation and intervention are common problems identified in the Suicide Prevention Program as caused by the limitations of available Clinical Psychologists. Act 248, SLH 2022, allotted the addition of one Clinical Psychologist at six correctional facilities (i.e., Halawa Correctional Facility (HCF), Oahu Community Correctional Center (OCCC), Women's Community Correctional Center (WCCC), Hawaii Community Correctional Center (HCCC), Maui Community Correctional Center (MCCC), and Kauai Community Correctional Center (KCCC), to enable the Department to begin addressing the urgent need for evening and weekend mental health services.

Mental Health Services

Over the past year, Quality Assurance data continued to demonstrate overall sustained compliance with DOJ requirements for the provision of mental health services at OCCC, HCF, WCCC, HCCC, and KCCC. The identified facilities showed continued compliance in treatment plan completion rates and discharge plan completion rates. OCCC, HCF, and WCCC showed ongoing compliance with the provision of psychosocial treatment group activities in designated residential mental health modules for individuals in custody who have been diagnosed with severe and persistent mental illnesses.

Despite the successes in the provision of mental health services, the continuous quality improvement program identified ongoing areas of concern: designating residential mental health housing areas at all jail facilities and maintaining inclusion and exclusion criteria for housing individuals in custody in the designated residential male mental health module (i.e., module 11), at OCCC. The purpose of Module 11 at OCCC was to establish and maintain a safe and therapeutic environment and milieu for vulnerable individuals diagnosed with severe and persistent mental illnesses. Housing violent predatory individuals with gang affiliations in the same module contradicts the intent of the housing and the ability to deliver effective mental health interventions. Resources are needed to address the adverse impact of overcrowding at PSD facilities statewide.

a. Suicide Prevention

State Mental Health Directors and Health Authorities at the National Commission on Correctional Health Care, the American Correctional Association, and the National Institute of Corrections continue to report increasing rates of suicide in correctional facilities nationwide. The October 2021 Bureau of Justice Statistics report confirmed increases in deaths by suicide of 85% in state prisons and 13% in local jails between 2001 and 2019. In comparison to other combined jail and prison systems (i.e., Alaska, Connecticut, Delaware, Rhode Island, and Vermont), **Hawaii had the lowest average rate of suicide per 100,000 prisoners for the period 2015-2019.** The Department is dedicated to the continued commitment of suicide prevention in our correctional facilities. As the nation and the Department continue to uncover additional considerations of risk for suicide, our efforts in implementing suicide prevention strategies to address new knowledge persist. Our ongoing goal of developing an infallible suicide prevention program remains unchanged.

The Department administers a comprehensive and multifaceted team approach to the Suicide Prevention Program, which includes the following components: training, identification, referral, evaluation, treatment, housing, monitoring, communication, intervention, notification, reporting, review, and postvention. Individuals in custody receive three levels of screening for the identification of suicide risk. Upon admission to the correctional system, all individuals in custody receive Intake Screening for the identification and immediate referral of urgent health care needs, including suicide risk. Individuals in custody also receive the Nursing Initial Health Assessment and the Post-Admission Mental Health Screen within fourteen (14) days of admission to the correctional system. Individuals in custody identified as having a serious mental health need are referred to a Qualified Mental Health Professional or Licensed Mental Health Professional for further evaluation and/or intervention.

Over the past year, quality assurance data showed continued compliance at OCCC, HCF, WCCC, HCCC, and KCCC with the administration of Post-Admission Mental Health Screens, Suicide Risk Evaluations, and Caring Contact Follow-ups. The MCCC suicide prevention program was initiated in the last year with limited mental health staffing.

b. Psychiatric Services

Psychiatry positions are aligned within the Medical Services Branch of the Health Care Division. A significant challenge for the Department is the recruitment and retention of experienced and qualified licensed health care professionals. The national shortage of physicians and psychiatrists has been well documented. The American Medical Association (AMA), the Health Resources and Services Administration (HRSA), and the Association of American Medical Colleges (AAMC) have projected an ongoing deficit in physicians and psychiatrists.

While many causes have been identified as contributors to the problem, the baby-boomer generation has reached retirement age, and the large size of this group has had unavoidable impact. The projection on the Hawaii healthcare workforce shortage presented at the 2023 Hawaii Health Workforce Summit was dismal. In order to compete in the national market for the recruitment and retention of psychiatrists, an increase in budgeted salary may be needed to match local and national demand.

c. Student Education Partnerships

In partnership with the University of Hawaii John A. Burns School of Medicine (JABSOM) and the Queen's Health Systems (QHS), the Department provides an opportunity for JABSOM residents to complete clinical rotations in psychiatry at the Oahu Community Correctional Center. Additional funding to match JABSOM and QHS cost increases will be required to continue these contractual agreements.

Through an ongoing agreement with the Western Interstate Commission for Higher Education (WICHE), the Department offers American Psychological Association (APA) Accredited Clinical Psychology Internship positions with preference to Hawaii residents or individuals who intend to practice in Hawaii. The Department also offers Post-Doctoral Clinical Psychology fellowships through the WICHE program. Along with the Department of Education and the Child and Adolescent Mental Health Division of the Department of Health, the Department of Public Safety is subject to increased costs associated with participation in the Hawaii Psychology Internship Consortium (HIPIC). Additional resource requirements are also needed to expand the APA accredited Clinical Psychology internship opportunities for residents of Hawaii.

The Department serves as a Practicum Training Site for the Hawaii School of Professional Psychology at Chaminade University of Honolulu (formerly Argosy University, Hawaii). Licensed Clinical Psychologists provide on-site training for diagnostic, intervention, and advanced practicum graduate students. The Department has also been engaged in partnership discussions with the Psychology Department at the University of Hawaii Manoa Campus and the Hawaii Pacific University to become possible Practicum Training Sites.

2. The use of alternative services, such as telemedicine, to provide mental health services to incarcerated offenders.

In January 2020, the Health Care Division partnered with Dr. Kelley Withy of JABSOM to implement telepsychiatry services at the Hawaii Community Correctional Center, and later at the Oahu Community Correctional Center. The timeliness of the collaborative partnership, predating the onset of the coronavirus pandemic, resulted in the successful implementation of telepsychiatry services. In 2021, the Health Care Division implemented telehealth capabilities at all correctional facilities statewide.

3. The completion of a departmental training and policy manual.
 - a. The Department continues to update the training curriculum for Mental Health, Suicide Prevention, and Restraint and Seclusion. Four-hour core courses are offered to all new employees in Mental Health and Suicide Prevention, with two-hour refresher courses in both subject areas every other year. Restraint and Seclusion is a two-hour core course with two-hour refreshers every other year. The trainings are targeted at staff having direct contact with inmates. Additionally, all staff are required to have initial First Aid/CPR training with periodic renewals for certification. The trainings continue to be offered as part of Basic Correctional Training (BCT) and Corrections Familiarization Training (CFT) for all new uniformed and non-uniformed facility employees, respectively.
 - b. The Health Care Division has updated many of its policies and procedures contained in the Departmental Policy Manual. All new employees are required to be oriented to this manual.
 - c. Mental Health Policies and Procedures are reviewed annually. In addition to adherence with State and Federal law, Mental Health Policies and Procedures are revised in accordance with the current version of the NCCHC Standards for Prisons, NCCHC Standards for Jails, NCCHC Mental Health Standards for Correctional Facilities, and ACA Performance-Based Standards and Expected Practices for Adult Correctional Institutions.

4. The appropriate type of updated record-keeping system.

The existing electronic health record system is the leading challenge for the Health Care Division. The current system was inoperable from June 2022 to February 2023. Prior to the coronavirus pandemic, the Department began working collaboratively with the Department of Health (DOH) and the Department of Human Services (DHS) on the procurement of an electronic health record system that would allow for access to records across departments. This project was suspended due to the coronavirus pandemic. The Department had been actively exploring procurement alternatives for an electronic health record system that will meet our anticipated, future needs. The Department is currently awaiting the outcome of the Corrections Collaboration Project RFP that would provide both offender management and electronic health record systems.

The Hawaii Health Information Exchange (HHIE) is the State's designated entity for health data exchange. HHIE was established to enhance care coordination, improve the health outcomes of Hawaii's patients, and reduce the cost of care for both patients and healthcare providers. In September 2019, the Department completed required system-use trainings and became a receiving participant with HHIE.

5. An update on the feasibility study initiated by the Departments of Health and Public Safety regarding the expansion of Hawaii State Hospital (HSH), to possibly include a wing so as to be able to adequately treat mental health patients who require incarceration.

a. The DOH 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 7-year phases focusing on demolition, replacement, and construction. In April 2022, HSH opened a new 144-bed psychiatric facility. Presently, HSH is "over census" and has been for several years since the inception of the requirement outlined in Act 144. At this time, no capacity exists to entertain the designation of a wing or expansion to routinely transfer incarcerated individuals to HSH for mental health treatment. Court-mandated transfers to HSH via the Clark Amended Permanent Injunction continues to contribute to HSH census issues.

b. There is an assumption in this requirement that individuals diagnosed with mental health disorders are not being treated "adequately" in PSD correctional facilities. However, the Department has been able to demonstrate more than adequate mental health treatment at OCCC for these inmates and despite the physical challenges of our antiquated facilities, the care is "adequate" and will continue to improve.

6. Any other suggestions or ideas to improve mental health services to incarcerated individuals to comply with local, state, and federal laws and mandates.

- a. The current number of allotted nursing positions at the minimum-security facilities, WCF and KCF, and our neighbor island jail facilities provides nursing services approximately eight to twelve hours a day. An assessment of the health care needs of individuals in custody, however, indicates that the current staffing plan does not fully meet the needs of the comprehensive Suicide Prevention Program, due to the absence of 24-hour, in-facility health care coverage.

When an individual in custody is at moderate to high acute risk for suicide, the provision of 24-hour inpatient-level of care monitoring by nursing staff at designated intervals is an essential component of the Suicide Prevention Program. Additionally, nursing staff must be available 24-hours a day to provide in-person Mental Health and Medical Crisis Assessment and Intervention, particularly when mental health staff are not on duty. The current system of relying on Security staff to make health care decisions when health care staff are not available at the facility is ill-advised.

Act 248, SLH 2022, established the nursing positions needed to provide the missing weekday and weekend nursing coverage at PSD facilities statewide. The allotted positions are currently either filled or in the process of recruitment.

- b. Over the last several years, Lindsey Hayes, the Prevent Suicide Hawaii Task Force, and Correctional Health Authorities across the country have reported that the national suicide rate has been on the rise. Despite the overwhelming concern, there are still only three empirically-supported therapy approaches for suicide prevention: Dialectical Behavior Therapy (DBT), Beck's Cognitive-Behavioral Therapy (CBT), and Collaborative Assessment and Management of Suicidality (CAMS). Due to difficulties in adapting DBT and CAMS to the correctional environment, Beck's CBT has proven to have the greatest utility in our correctional settings. In September 2019, certification in Beck's Cognitive-Behavioral Therapy became available. As part of the Zero Suicide Initiative, resources are needed to support Clinical Psychologists in becoming certified in Beck's CBT. Certification is the preferred method for demonstrating and ensuring competence in the therapy.

- c. As identified by Dr. Dvoskin in his 2018 Expert Report, the Department's mental health staff is in need of additional recurring resources for ongoing training in order to improve the quality of psychosocial treatment groups.

The Health Care Division has taken many steps to strengthen the delivery of mental health services to those incarcerated in Hawaii facilities. However, the lack of recurring financial resources remains a key obstacle in the hiring, retention, and ongoing training requirements of professional staff and in ensuring that 24-7 mental health services are available to support the comprehensive Suicide Prevention Program as well as to address other serious mental health needs of inmates.