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STATE OF HAWAI'I | KA MOKU'ĀINA 'O HAWAI'I
DEPARTMENT OF CORRECTIONS AND REHABILITATION
Ka 'Oihana Ho'omalu Kalaima a Ho'oponopono Ola
1177 Alakea Street
Honolulu, Hawai'i 96813

No. _____

January 5, 2026

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

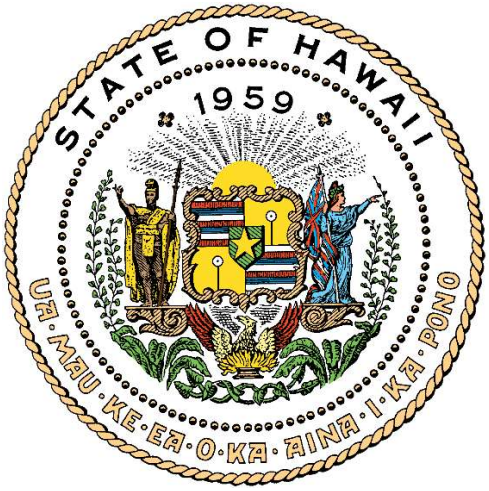
The Honorable Nadine K. Nakamura, Speaker
Members of the House of Representatives
Thirty-Third Hawai'I State Legislature
State Capitol, Room 431
Honolulu, Hawai'i 96813

Dear President Kouchi, Speaker Nakamura, and Members of the Legislature,

For your information and consideration, I am transmitting a copy of the Department of Corrections and Rehabilitation's Report on Mental Health Services for Committed Persons, as required Act 144, Session Laws of Hawai'i, 2007. In accordance with Section 93-16, Hawai'i Revised Statutes, I am also informing you that the report may be viewed electronically at https://dcr.hawaii.gov/publications/reports-to-legislature/.

Sincerely,

Tommy Johnson
Director



DEPARTMENT OF CORRECTIONS AND REHABILITATION
REPORT TO THE 2026 LEGISLATURE

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

December 2025

Annual Report to the Legislature
In response to Act 144, Session Laws of Hawai'i, 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 (now known as the Department of Corrections and Rehabilitation (DCR)) shall submit a report to the Legislature no later than 28 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.*

Historical Events:

The focus on the federal investigation and subsequent Settlement Agreement between the State of Hawai'i, Department of Public Safety (PSD) (now Department of Corrections and Rehabilitation (DCR)) and 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 PSD 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. This necessitated programmatic and structural changes that included leadership. Since the 2018 fiscal year, mental health services at OCCC significantly improved and demonstrated sustained compliance with DOJ requirements. This success informed DCR's expansion of compliance efforts at other Hawai'i facilities. This expansion project met the unexpected challenges of the 2020 Pandemic. The three years that followed were inflated with federally funded staffing agencies which helped to satisfy all requirements despite the national staffing deficit. Following the pandemic, very few agency staff have taken state positions, and the mental health branch has had to adjust to an increase in mental health referrals, while facing even more severe national staffing shortages. According to the most recent data from the World Health Organization (WHO), the rates of anxiety and depression had increased by 25%, and the National Institute of Health (NIH) reported a 16% increase in drug use and a 23% increase in alcohol abuse since 2019. Substance Abuse and Mental Health Services Administration (SAMHSA) also reported as of 2024, that an average of 44% of those in jails and 37% of those in prisons, have a mental illness compared to the general population of 18%. While 63% of people in jail, and 58-65% of people in prison, have a substance use disorder. The current landscape for mental health services is changing rapidly and the DCR is adjusting to those needs. A greater focus has been placed on substance use disorders and treatments which affect resources and have increased patient loads. The shift to tele-health highlighted during

the pandemic, although beneficial in community, has proven to be challenging in the correctional setting, however, DCR will continue to work to identify a department-wide solution.

Itemized Report:

As outlined in Act 144, Sessions Laws of Hawai'i (SLH), 2007, the Department previously known as the Department of Public Safety (PSD), now the Department of Corrections and Rehabilitation (DCR) shall report on six (6) specific items of concern. These six items are listed below (as extracted from the statute), followed by the Departments status report on each item.

1. **Resources and Staffing**: Assessment of the Departments 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. Recruitment: Recruitment has continued to be a challenge for all facilities. Both licensed psychologists and psychiatrists are heavily recruited in the State with several departments and private vendors vying for the same applicants. Recruitment continues to be managed by the Department of Human Resources Development (DHRD). Since 2021, recruitment candidates have significantly diminished for licensed psychologists. In 2025, we were able to bring on only one unlicensed applicant who will have two years to complete licensure. We have had a long-standing contract with University of Hawai'i (UH) John A. Burns School of Medicine (JABSOM) and Hawai'i Residency for psychiatry residence and although they assist greatly with the patient load it has not yielded any civil servant applicants. Alternatively, our substance use disorder resident has agreed to a part-time contract with the hopes of a full-time position in the future.

    b. Retention: We recently had several licensed psychologists leave DCR to work for Department of Health's (DOH) Adult Mental Health Division (AMHD). The DOH continues to be our biggest competition to staffing due to providing better working conditions than those in our correctional facilities. Working conditions, including long hours and limited clinical space in our facilities, are the primary challenge to retention of mental health staff for DCR. Unlicensed psychologists have also proved to be difficult to maintain. Pursuant to Hawai'i Revised Statute §465-7.6 (Licensure of state employed clinical psychologists), they are required to be licensed within two (2) years of their start date. Over the past six (6) years, none of the unlicensed psychologists have been able to obtain licensure and DCR has lost over 7 staff members due to incomplete licensure. To address this, we will attempt to procure a vendor for licensed mental health providers this year.

c. Increase Positions: After the conclusion of the Psychiatric Mental Health Nurse Practitioners (PMHNP) and intake Advanced Practice Registered Nurse (APRN) Pilot from 2022 to 2024, we have a foundation for position descriptions and workflows to request positions. This year the DCR requested an additional 35 positions (7.0 FTE licensed psychiatrists, 10.0 FTE APRN/PMHNP's and 18.0 RNs) as recommended by a third-party assessment contracted by DCR in response to the Opulento, *et al*. case. The Governor has included this in his executive budget package; however, it is pending legislative approval. If approved, recruitment will begin mid-2026.

d. Weekend and Relief Coverage: The 2018 Expert Report by Dr. Joel Dvoskin identified the lack of weekend coverage as an additional barrier to care. DCR concurs with this finding and agrees that a mental health crisis requiring intervention is not limited to five days a week. It is the Departments goal to ensure mental health coverage at designated facilities through the weekends. The organizational change to increase mental health Registered Nurse (RN) and APRN positions will alleviate this concern, which we hope to accomplish by the end of calendar year 2026.

Table 1. Statewide Mental Health Branch Staffing

Positions by Classification	Positions	Filled State	Filled Agency/EH	Vacant	Position Deficit
Psychologist	22	4	0	**18**	**81%**
Social Worker/HSP	40	25	3	**13**	**32%**
RNIV	**1**	**1**	**0**	**0**	**0%**
PMA/Rec.	14	8	0	**8**	**57%**
Support Staff	9	6	0	**3**	**33%**
Psychiatrist	4.5	3.5	0.5	**.5**	**11%**
APRN	0	0	1	0	

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

a. Telemedicine: In the correctional setting has proven to be more difficult than originally anticipated. Several problems have been identified over the past two years, and a new approach is currently under review for implementation.

b. Challenges to distribution of services: For the safety and security of our facilities, portable electronic devices have been historically prohibited in our facilities. But the most significant challenge faced by the department is the lack of infrastructure to support the internet and power required. Facilities do not have private or therapeutic space required for mental health

services delivered this way. The pillar boxes purchased during COVID could be used as spaces for privacy, but tablets or independent devices would still be required for use inside these boxes. Additionally, pillar boxes are only available in some facilities, some have been damaged by inmates and are no longer operable.

c. 2026 Project Implementation: After several failed attempts to make telemedicine widely available to residents in all facilities, a new prospect of individual tablets separated from the pillar boxes is underway. The Director has supported a department managed wi-fi and tablet system to provide inmates with access to video-conferencing from within housing. pillar boxes will be available at some facilities to provide privacy. The healthcare division has contracted to have 1,000 tablets deployed in November 2026 as part of phase one of the project implementation. Phase two, if funded, will deploy another 1,000 tablets in 2027. If successful this will allow DCR, DOH and private mental health providers access to inmates despite security and structural limitations.

3. Training and Policy Manual: The completion of a departmental training and policy manual.

a. Updates: The DCR continues to update the training curriculum for Mental Health Services, Suicide Prevention and Crisis Intervention for current staff. Courses are required for all new employees and review/refresher courses are required for retained staff. First Aid and CPR requirements are renewed annually. A certification program for suicide prevention and certification is under review by the Mental Health Branch Administrator, which will increase the number of qualified mental health providers in facilities. A quality assurance program which will include a policy review system is to be initiated in 2026. It will include Policy Manuals, as well as Training Manuals, referred to as a Standard Operating Procedures Manual. Manuals will be printed and distributed by the Central Office to ensure standardization.

b. Standards: All training and policies continue to be measured against all National Commission on Correctional Health Care (NCCHC), American Correctional Association (ACA) and Department of Justice (DOJ) standards.

c. Review: By these standards, all policies are reviewed annually.

d. Supporting Change: The greatest challenge the Healthcare Division has identified in this area is in promoting a culture of change with established staff. To help support long-term change, the Division will be adopting an annual auditing system, as well as charging the Public Health Nursing Office, with the task of supporting changes through the Quality Assurance Program.

4. **Electronic Medical Record:** The appropriate type of updated record-keeping system.

   a. The current electronic medical record (EMR) system was implemented shortly after the original 2007 session. At the time only one system existed that catered to correctional healthcare. The system is currently outdated and our biggest hinderance to efficient care. Due to the NASPO Value point contract the DCR signed a new vendor contract in June of 2025. The current timeline for system build, data migration, training and go live is twelve months. Implementation is underway and scheduled to be go live in June of 2026.

   b. The healthcare staff is working diligently to ensure that all workflows are up to date.

   c. It is anticipated that the implementation of the new system will reduce staffing needs by ten to twenty-five percent due to increased efficiency. Thereby freeing up those staff to assist in other areas.

   d. The system will also be integral for telemedicine and will serve as the software platform for the above-mentioned 2026 Telemedicine Project Implementation.

5. **DOH forensic capacity study:** An update on the feasibility study initiated by the DOH and DCR regarding the expansion of Hawai'i State Hospital (HSH), to possibly include a wing to be able to adequately treat mental health patients who require incarceration.

   a. In April of 2022, HSH opened a new 144-bed psychiatric facility. All reports have indicated the HSH is still currently over census. In 2023, a patient killed a staff member which brought in to question the facilities ability to manage violent residents with mental health issues.

   b. It is DCR's opinion that a significant portion of non-violent detainees with persistent mental illness would be better served at HSH. We recognize that the biggest challenge to this distinction is those with dual diagnosis, persistent mental illness and moderate to severe substance use disorder. DOH and DCR have revisited their historical MOA and are renewing their commitment to work together to identify appropriate housing for those patients with SMI diagnosis to ensure appropriate housing.

6. **Additional Plans for improved care:** Any other suggestions or ideas to improve mental health services to incarcerate individuals to comply with local, state and federal laws and mandates.

   a. Suicide Prevention: a current review of suicidal prevention practices has identified that best practices also include crisis prevention. Suicidality is a very narrow diagnosis and treatment plan. By broadening our approach to crisis intervention, we allow for an increase in services. Being acutely suicidal is the very extreme of a continuum. It is a symptom of several other conditions including loneliness, fear, depression, hopelessness and chemical imbalances. By viewing it as a crisis continuum we will hopefully increase the use of the services and be able to accurately identify individuals in need of services.

   b. Trauma Informed Care (TIC): DCR has aligned with the TIC Task Force to support the development of coursework. Our department trained three staff initially, two of which transferred to DOH. Currently DCR has one trainer who would be responsible for developing a curriculum to train staff and inmates. We will continue to work with TIC task force to strengthen our trauma informed practices.

   c. Screening: This year we will be launching a new approach to our current mental health screening process. Traditionally all detainees are screened on intake and again two other times for any historical risk factors associated with mental health needs. These questions include substance use, child physical and sexual abuse questions among others. It is theorized that the sensitive nature of the questions may be yielding false negatives. This year we will be giving detainees the opportunity to answer these questions in private, at intake one time. Any affirmative responses will trigger a follow-up assessment where rapport will be established prior to the assessment. We will also be using an objective screening tool for illicit drug use on intake to increase referrals for dual diagnosis individuals.

   d. Testing: In partnership with U.H. Manoa Department of Psychology DCR is hoping to include several formal testing opportunities to inmates upon incarceration. Our goal is to improve our diagnostic criteria to include learning disabilities, executive function disorders among other neurodivergent disorders to increase staff's awareness of patients' needs.

Summation:

In summation, it is apparent to DCR administration that many of the hard-earned successes of the past ten years must be reviewed considering the post pandemic health care arena. A successful playbook includes understanding that the game will forever be advancing. Our ongoing staffing challenges have decreased the availability of qualified licensed staff at all facilities. Therefore, we must adjust our current organizational chart to include a broader spectrum of licensed professionals like PMHNP's and mental

health nurses. Opening our facility to partnerships with the JABSOM psychiatry residence which will benefit both our inmates as well as those seeking their education on island. Telemedicine, which has greatly improved health care availability on a national level, has both hurt our facility staffing as well as been difficult to implement.

Persistence should allow us to overcome those challenges and ensure this community standard of care within our facilities. A new EMR will offer a much more expansive scope of services that will increase productivity and reduce many of the superfluous workflows that delay care. Early testing, and screening, continue to be our greatest ally in expanding and ensuring mental health services.