DEPARTMENT OF PUBLIC SAFETY
REPORT TO THE 2008 LEGISLATURE

ACT 144, S.B. NO. 914

MENTAL HEALTH SERVICES FOR COMMITTED PERSONS

December 2007

S.B. No.: 914 Act 144
Mental Health Services for Committed Persons

Department of Public Safety
Mental Health Care Plan

1. An assessment of the department's existing resources and staffing that is in place, additional resources and staffing needed to come up to standards, and needs to keep up with future demands;

   In response to item one and five, please refer to the attached five-year Mental Health Implementation Plan.

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

   The Department is in the process of assessing the feasibility of using telepsychiatry to provide mental health services to incarcerated offenders. The Health Care Division has contacted Mike Fukuda, with the Department of Psychiatry, University of Hawaii and with a Dr. Ofogh, mainland based, who provides remote telepsychiatry to patients. There is potential to utilize this method for mental health service delivery. However, the remote treatment method is much more successful with individuals who have mental disorders but who can function in general population settings. Remote telepsychiatry is not as successful with individuals who suffer severe mental disorders for primarily two reasons: the ability to focus on the screen and the televised image and because of the slight transmission delay that results during conversational exchanges.

   Telepsychiatry will enable the Department's Oahu based psychiatrist and psychologist to assess, screen and begin treatment options for patients with non-severe mental disorders housed in neighbor island facilities. This may or may not reduce the cost of travel to send providers to the other islands, as direct contact will still be required for patients with severe disorders.

   Providers are not based on each island. Providers from Oahu service the neighbor islands and are not available on site every day. Currently, during an emergency or when a patient's status changes the provided is informed via telephone. Telepsychiatry would allow the provider a verbal and visible tool to assess the situation.

   The largest cost savings in any form of telemedicine is the reduction in the amount of staff needed on site. This does not apply to severe medical and mental health cases. The telepsychiatry option will require the funding to purchase additional facility space to install equipment. Additional time is required to further study the feasibility of telepsychiatry for corrections. In the event the Department's feasibility study is favorable, a budget request will be prepared for the next Biennium.

3. The completion of departmental training and policy manual;

   The Department has revised all Mental Health Policies and Procedures incorporating the comments and suggestions of the consultant in mental health service delivery. The Department's Training and Staff Development Office and the Health Care Division's Mental Health Branch Administrator developed a mental health training manual that is

designed to present the goals of the present corrections mental health care reform based on best practices. It requires training for any correctional employee with inmate contact.

4. The appropriate type of updated record keeping system

   The Health Care Division and the IT section studied various electronic media storage systems that would allow the department to store archived records electronically. This would create space for current charts and would redirect archive staff to current records. It also allows instant access to the stored information regardless of what island the provider or nurse is on. To electronically store 2 to 3 years of archived charts would cost approximately $250,000.

   The cost of a full electronic medical record that would allow staff instant access and increase staff utilization of time and the electronic storage of archived records would cost approximately 2.5 million dollars.

5. An update on the feasibility study initiated by the departments of health and public safety regarding the expansion of the Hawaii State hospital to include an offender wing so as to adequately treat mental health patients who are incarcerated;

   There was no legislative or State mandate for a joint feasibility study initiated by the Departments of Health and Public Safety to expand the Hawaii State Hospital to include an offender wing so as to be able to adequately treat mental health patients who are incarcerated. In 2004, representatives of both Departments participated in a Forensic Facility Planning group called under the direction of CDS International, to plan a new forensic facility that would have been used jointly by both Departments. The planning group did not contemplate placement of the new building at the site of the Hawaii State Hospital. The planned building was envisioned as a structure that would accommodate incarcerated persons who need hospital level care for mental illness and certain DOH forensic mental health patients. The vision of the structure included shared common areas such as kitchen, laundry, infirmary, and administrative offices. PSD would have been responsible for security services at the facility and DOH would have been responsible for providing mental heath services. The estimated cost back in 2004 to build this structure was $166,000,000. The cost was prohibitive based on State economics at the time.

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

   Provided that there are no extreme upward changes to the inmate population, the enclosed 5-year plan identifies necessary staffing to begin to implement the mental health care reform based on information available to the Division at this time. The DOJ investigation of OCCC is not completed and the Mental Health Implementation Plan is a road map subject to change based on future recommendations by the Department's consultant, changes in population trends and community standards.

DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION
MENTAL HEALTH BRANCH

MENTAL HEALTH PROGRAM IMPLEMENTATION FIVE-YEAR PLAN (2006 – 2011)

LEGISLATIVE REPORT
LEGISLATIVE SESSION 2008
COMMITTEE ON PUBLIC SAFETY

SUBMITTED BY

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November 15, 2007

Executive Summary

In October of 2005 the U.S. Department of Justice (DOJ) Civil Rights Division conducted an investigation of the Oahu Community Correctional Center (OCCC) under the Civil Rights of Institutionalized Persons Act, 42 U.S.C. § 1997 (CRIPA). Three psychiatric consults were retained by the DOJ to perform the investigation and to submit their Experts' Findings and Report concerning the conditions of confinement of the seriously mentally ill. The context of the DOJ investigation was to determine whether OCCC mental health staff was providing sufficient services to meet the minimum constitutional and federal regulations. On November 19, 2005, the experts submitted a Joint Experts' Report and found conditions of confinement and treatment in need of immediate attention. Their report formed the basis for the Civil Rights Division DOJ Findings Report, issued to the State on March 14, 2007.

At the time of the 2005 DOJ investigation, the Hawaii Public Safety Department's (PSD) standard for mental health service delivery was based on state statutory rule that required identification and stabilization of persons with mental health needs.

A Five-Year strategic plan was designed with the intent to implement the mental health reform at OCCC and in successive years statewide throughout the other correctional facilities. This plan requires legislative support, approval and funding. This Five-Year Plan for Mental Health Programming provides a summary of our State's review of the mental health needs in our correctional system. The plan represents to the U.S. Department of Justice a good faith compliance effort and provides navigation benchmarks of necessary changes the Public Safety Department is taking. Appropriate mental health services will mainly depend on the legislative appropriation of positions in the current and supplemental budget requests. Once positions are appropriated, the staff hired will require adequate leadership, work space and the tools to conduct their duties. Adequate mental health training based upon new and revised policies, procedures and protocols is necessary for all staff to understand and implement the required changes in service delivery.

After all vacancies are filled (target date 2010-11), the Division anticipates that the Department will meet the minimum standards, provided the population remains within the projected growth rate. Adjustments to the staffing plan will be completed annually based on population trends and other necessary changes. The projections for year 4 and 5 are subject to change based on the final disposition of the DOJ investigation of OCCC and any changes in accepted standards.

Statewide Mental Health Branch

The Public Safety Department is committed to making mental health reform a top priority (Lopez, 11/4/05). In addressing the concerns for the mental health program at OCCC, PSD committed to the creation of a central branch for mental health in the Health Care Division. Further, PSD has initiated system wide reform of the mental health programs at other state correctional facilities in addition to OCCC in accordance with evidence-based practices.

Organizational Structure

In an initial response to the October 2005 oral exit meeting report by the DOJ consultants, the Department submitted a FY 2007 Supplemental Budget Request to the 2006 Legislative Session. The legislature granted the funding for the creation of a PSD Mental Health Branch Administrator (MHBA) position in to establish a leadership position dedicated specifically to mental health care services within the State. The position was funded and filled on May 16, 2006.

The MHBA works with the Health Care Division Administrator to assure that the State is in full compliance with the consultant's current recommendations for OCCC and to develop compliance at all other facilities in Hawaii. The Branch has been charged with the provision of a framework for jail and prison services that are based upon either evidence based or promising best practices. Functional performance of the work will be demonstrated through adherence to newly revised or established policies and procedures. Continuous quality improvement will be demonstrated through specific performance measures including interagency conferences, meetings with minutes, joint plans and budget, and written memorandums of understanding or agreement.

The current goal of the Mental Health Branch is to bring OCCC into full compliance with the Department of Justice concerns by 2111, a five-year span beginning in 2006.

A mental health organizational structure was completed and submitted to the Department of Budget and Finance for approval. On August 14, 2007, Budget and Finance approved the PSD Health Care Division organizational chart update from 1994 establishing Mental Health as a Branch.

Existing Branch Level Staff

FTE 1.0	Mental Health Branch Administrator
FTE 1.0	Program Analyst VI
FTE 1.0	Secretary II [Under recruitment]

Branch Administration Needs

In order for the MHBA to monitor the mental health programs statewide, quarterly funding for inter-island air travel is requested for all years. Funding appropriation is requested for the MHBA to attend two national conferences where best practices for forensic mental health and correctional mental health are presented. Funds are further requested for annual provision and update of professional textbooks, program supplies and computer software.

Training
Training requires the promotion, distribution and dissemination of relevant information on mental health as it relates to duties that the Departmental employees must deliver under CRIPA. Mental Health training is provided in partnership with the Department of Public Safety's Training and Staff Development Division. Training increases the job-related knowledge and skills of administrative, professional and support personnel who provide mental health services. To ensure that staff members working with inmates are able to recognize mental health disorders and suicidal tendencies, a comprehensive mental health care training program will be established in the coming year.

Pre-service Basic Corrections Training for all persons working with special needs individuals will also be revised. Qualified Mental Health Branch staff shall provide the curriculum development and the training. The training includes sessions on the rights of consumers, any changes in statutes, administrative rules, and policies and procedures.

The Branch Administrator, in coordination with PSD Training and Staff Development, has developed a curriculum for mental health reform training of all civilian and correctional staff concerning prison mental health issues as well as suicide prevention. In 2007 the OCCC civilian and correctional staff received the eight hour training. The Branch also conducted training on Maui and with staff from the Women's Community Correctional Center and Waiawa Correctional Facility.

Future Workforce Development
It has been difficult to recruit doctoral level professionals into State mental health care positions. The Department of Human Resources has determined that there is a class shortage of Clinical Psychologists. As a means of attracting professionals into the field a future workforce development initiative was begun in 2006 with funding of a doctoral level Clinical Psychology Internship. Both Interns who were in the program have graduated and have assumed positions within PSD. Given the success of this initiative, Doctoral level practicum and internship training is provided. The Department would like to expand the program to 4 doctoral interns a year, one for each of the Oahu correctional facilities. The stipend cost for each fellow is $10,000 per year for a 40 hour per week commitment.

Treatment
As was mentioned above, prior to the 2005 DOJ investigation of OCCC, Public Safety understood mental health services to be basic. Identification of mental illness and stabilization of symptoms was the mainstay of work. In 2005 the Department was informed that the CRIPA (Civil Rights of Institutionalized Persons Act, 1997) standard for services includes a treatment component for the seriously mentally ill while they are confined. The higher level of CRIPA's treatment standards requires substantial change to the approach the State of Hawaii has had toward mental health service delivery.

The mental health reform requires five areas of attention:

1. ***Intake Screening and Assessment*** (identify detainees with MH needs.)

2. ***Primary Care*** (1. Detainees housed in the general population who are not acutely mentally ill but who require situational or crisis mental health intervention, and 2. Detainees with mental disorders who are stable enough to follow the routine of the general population.)

3. ***Intermediate Care*** (1. Detainees with serious mental health needs who require therapeutic housing and treatment, and 2. Any detainee with mental health needs placed in administrative segregation or other seclusion.)

4. ***Intensive Care*** (Detainees with serious mental health needs who require transfer due to the need for hospital level of care.)

5. ***Transitional Care*** (Detainees with serious mental health needs who will require discharge planning and community services links).

Based upon the expert consultant's recommendations to date, the compliance standard for frequency of treatment delivery shall be twenty hours of out-of-cell programming per-detainee per-week for the seriously mentally ill in need of therapeutic housing and intermediate care. At least ten hours shall involve out-of-cell psychiatric/psychological therapy, including discharge planning, and at least 10 hours of out-of-cell recreational based therapeutic activities.

The program treatment design the Mental Health Branch Administrator has selected to implement in Hawaii is based on Illness Management and Recovery (IMR). The IMR is a set of specific evidence-based practices for teaching people with special needs how to manage their difficulties in collaboration with professionals and significant others in order to achieve personal recovery goals. Learning about the nature and treatment of mental illness and co-morbid substance use and/or other disorders can help individuals prepare for and prevent relapse, re-hospitalization and re-incarceration. IMR related programs helps the individual articulate personal long-term goals and to work progressively and more responsibly in illness self-management and supported employment. The practices included in IMR are often referred to by other terms such as Wellness Recovery Action Plan management (WRAP) and recovery and symptom management. This skill set goes beyond the classic medical model where patient involvement in treatment is passive. The five specific evidence-based practices in IMR include: psycho-education, behavioral tailoring, relapse prevention training, coping skills training, and social skills training.

Staffing

Presently there is not a uniform standard for the application of the numbers of mental health professionals needed for Hawaii's developing mental health Public Safety program. Nationally, most systems employ professionals from several disciplines to serve the mentally ill population. Traditionally, mental health professionals include psychiatrists, psychologists, psychiatric social workers or humans service professionals, and nurses. Additionally, mental health programs require the hire of administrative and clinical leadership to direct and supervise the provision of the mental health services to comport with generally accepted professional correctional standards of practice. The third set of employees consists of individuals who lend support to the above two groups in the form of records management, continuous quality improvement implementation and monitoring, and ancillary secretarial and data support. The forth set of employees required for adequate program delivery are the correctional staff on duty for the mental health services to be delivered.

The DOJ Investigators cited in their November 2005 OCCC Conditions of Confinement report the 1994 guidelines concerning staffing and core services for mental health services for the State of New York. They stated that these guidelines are pertinent to the identification and treatment of pretrial detainees with severe and persistent mental illness and/or those detainees requiring crisis services. This staffing guideline did not address substance abuse or diversion services. A

very general recommended number of staff expected in a jail setting was summarized by the following two formulas:

(1) 2.1 FTE staff per 10,000 annual jail admissions for mental health assessment, crisis intervention services at admission, and
(2) 7.6 FTE staff per 1,000 average daily jail census for ongoing mental health treatment and support services following admission.

The Investigators' Report states that the staffing guidelines would vary based upon local differences and needs. They specifically noted that for larger jails that require residential treatment units for mentally ill detainees, additional staffing (e.g. a 12-24 bed unit generally requires an additional 7.5 FTE mental health staff positions) is required. They noted that the best practices emphasize the access concept in the context of staffing. For example, the APA guidelines recommend that in jails, for 75-100 detainees with serious mental illnesses who are receiving psychotropic medications, that there be a 1.0 FTE full-time psychiatrist or equivalent.

For staffing of the three mental health units at OCCC, the Department's consultant identified the necessary staff to include: a psychiatrist, mental health professionals (e.g. psychologists, social workers, mental health technicians), activity therapists, nursing staff and a clerk in order to provide the necessary treatment services. The consultant emphasized the importance of a good working relationship between the mental health staff and correctional officers on these units with the mental health director having significant input regarding the selection of correctional officers assigned to the unit. Further they recommended that the officers have at least a six-month rotation to facilitate development of a treatment team concept.

The staffing ratio computations necessary for the provision of services for Hawaii's correctional facilities have been derived from the experts' report and through discussions with the State of Hawaii's expert consultant on mental health programs. This individual is a leading national expert in the provision of mental health services in correctional and criminal justice settings and is one of the authors of the New York staffing plan and he was one of the consulting members to the APA for the 2000 report.

Community Correctional Centers

Oahu Community Correctional Center

The Oahu Community Correctional Center is the State of Hawaii's largest community correctional facility. OCCC's design bed capacity is 628. The operational bed capacity is 954 with a current population of just under 1,200 detainees. The male to female ratio is 10:1. OCCC houses both 50% sentenced and 50% pretrial detainees. Mentally ill and developmentally disables inmates are to be identified as soon after admission to prevent functional deterioration and to receive necessary mental health care treatment. In FY 2007 OCCC had 6,721 admissions; with 3,415 individuals remaining in the facility 14 days or longer. This latter number is significant, as the National Commission of Correctional Health Care requires that a Mental Health Screen and Evaluation be performed on every individual whose stays exceed 14 days. In addition, Mental Health screens, performed by qualified mental health professionals, are completed for all persons transferring from OCCC to another facility.

OCCC is the only community correctional center with special needs mental health modules for males (Modules 1 & 2) and females (Module 8). Consequently, any detainee from the Neighbor

Island community correctional centers, who is in need of special mental health custody and treatment, is transferred to OCCC.

Of the 1,200 detainees at OCCC approximately 225 have been identified as suffering from severe and persistent mental illness (SPMI). Approximately 245 [28%] of the population have moderate mental illness co-occurring with substance abuse problems. Approximately 90 individuals reside on the three mental health modules, with the remainder of individuals with mental health needs residing in the general population.

Legal Framework

The experts performed their CRIPA conditions of confinement investigation and included legal standards in the report concerning all services including the type and volume of treatment necessary to meet the requirements of the Constitution and federal law. The legal standards are from the seminal cases concerning the Eighth and Fourteenth Amendments which include *Estelle v. Gamble*, 429 U.S. 97, 106, 97 S.Ct. 285, 292, 50 L.Ed.2d 251 (1976), *Farmer v. Brennan*, 511 U.S. 825, ----, 114 S. Ct. 1970, 1976, 128 L.Ed.2d 811 (1994), *Bell v. Wolfish*, 441 U.S. 520, 535-6, 560-1 (1979), *Civil Rights of Institutionalized Persons Act* 42 U.S.C. § (1997), *Hoptowit v. Ray* 682 F.2d 1237, 1253 9th Cir. (1982), *Doty v. County of Lassen* 37 F.3d 540, 546 9th Cir. (1994). The constitutionally minimal standards for mental health care in a prison were addressed in *Coleman v. Wilson* 912 F. Supp. 1282; 9th Cir. (1996). The Coleman v. Wilson case outlined six areas that correctional institutions must have:

1. A systematic program for screening and evaluating inmates to identify those in need of mental health care;
2. A treatment program that involves more than segregation and close supervision of mentally ill inmates;
3. Employment of a sufficient number of trained mental health professionals;
4. Maintenance of accurate, complete and confidential mental health treatment records;
5. Administration of psychotropic medication only with appropriate supervision and periodic evaluation; and
6. Basic programs to identify, treat, and supervise inmates at risk for suicide.

Further, while not definitive of constitutional standards, the other professional standards used by the experts were the "*Psychiatric Services in Jails and Prisons*," Second Edition, published by the American Psychiatric Association (2000), the Justice Department's National Institute of Corrections' "*Prison Health Care: Guidelines for the Management of an Adequate Delivery System*," and the 1992 Position Statement "*Mental Health Services in Correctional Settings," adopted by the National Commission on Correctional Health Settings.*"

DOJ Recommendations

In consultation with the experts, Public Safety began an immediate response to the deficiencies the DOJ cited in their October 14, 2005, oral report of findings. A funding request was submitted to the 2006 Legislative Session for FY 2007 for a total of 26 permanent positions, defined as mission-critical for development of a mental health branch and program. The consultant also recommended the hire of professionals with Masters or Doctorate degrees in Psychiatric Social Work/Human Services or psychology.

At the time of the 2005 DOJ investigation, the following staff was employed in MH Services at OCCC:

FTE 0.5	Psychiatrist
FTE 0.5	Psychiatrist
FTE 1.0	Psychologist
FTE 4.0	Social Workers
FTE 1.0	Clerk Steno

During the 2006 Legislative Session the Department began the process for reform. PSD requested and was granted the following positions effective July 1, 2006.

FTE 1.0	Section Administrator [filled]
FTE 1.0	Psychiatrist [filled]
FTE 1.0	RN (with psychiatric experience) [agency nurse filled]
FTE 1.0	Psychologist [filled]
FTE 2.0	Social Workers [filled]
FTE 2.0	Recreation Specialists [1 filled, 1 vacant]
FTE 1.0	Human Services Professional [filled]
FTE 1.0	Medical Record Technician [filled]
FTE 1.0	Clerk [selected]

At the same time, in addition to the 12 positions received from the 2006 Legislative Session, the Department shifted over from clinical services to MH services FTE 8.0 Paramedical Assistants. The Paramedical Assistants do not factor into the Department of Justice staffing requirements.

While recruitment was ongoing in 2006-07, the Department addressed the program space issue. Originally, the SPMI male detainees were in Module 4, the MH male detainees in transition to general population were in Module 3 and the female detainees were in Module 8. The two Modules housing the MH male detainees did not have program or office space. Modules 1 and 2 (SPMI and transition respectively) were renovated by the Warden to include program and office space. In November 2006, the male SPMI and the transitional detainees were moved out of Modules 3 & 4 and into Modules 1& 2. In addition to the program space, the Warden made provision for Modules 1 & 2 to have a dedicated recreation yard for exercise and recreation therapy. The renovations and the dedicated recreation yard have improved efficiency in delivering program services to those confined.

At the time the Division requested the positions in July 2006 it was apparent that there would be insufficient space available at OCCC for additional staff. Staff would not have office space, telephones or computer hook up. A portable unit was requested and allotted by the 2006 Legislative Session. The process to move a portable on site was started in July 2006. The Division, with assistance from our Contract Section, entered into a Tri-party agreement with the Department of Accounting and General Services (DAGS) and Hawaii Modular to purchase and locate a portable unit at OCCC for staffing space. The contract was negotiated and the portable was purchased and sited in place at OCCC on January 31, 2007. It was a horrendous task as gates and fences had to come down and big tree planters and trees had to be removed. Work continued on the interior and exterior (such as wheel chair ramp, stairs, etc.) until May of 2007. The electrical bid was issued in June of 2007 with an anticipated finish in January 2008. Telecommunication installation is expected during February 2008.

FY 2007 – Year Two Funding Request

The subsequent request to the 2007 Legislative Session was conservative regarding the Mental Health Reform Plan as the Division had not received the findings report from the DOJ and did not have agreed upon psychiatrist, psychologist or social worker to patient ratios. The following was requested and received from the 2007 Legislative Session for Mental Health Services:

FTE 1.0	Program Evaluation Analyst	[filled]
FTE 1.0	Medical Transcriptionist	[vacant]

In May of 2007 the State of Hawaii expert consultant performed a site visit of OCCC. Based upon his observations of the staff functions and service delivery, he made additional recommendations regarding staff ratios:

> Psychiatrists 1:200 for general population; 1:75-100 special needs
> Psychologists 1:200 for general population: 1 for each special needs module
> Psychiatric Social Workers/Human Services Professional 1:200 for general population; 1 for each special needs module
> Recreation Therapists 1 for each special needs module

It is important to note that the prior standard for psychiatric social work delivery, established in the Spear v. Cayatano Consent Decree, did ***not*** account for treatment, programming or for inmate re-entry discharge planning that the Department is now tasked to perform. Also in consideration is the necessity to have staff cover two shifts, five days a week.

FY 2008 – Year Three Funding Request

The March 14, 2007 Civil Rights Division's Finding letter based on the October 2005 site visit to OCCC by the DOJ reported that OCCC had six areas of deficiency:

1. Harmful methods of isolation, seclusion and restraint;
2. Inadequate treatment or therapy programs and services;
3. Inadequate monitoring of detainees while isolated or secluded, including while on suicide watch;
4. Insufficient mental health staff and clinical structures to care adequately for detainees;
5. Inadequate policies, procedures and quality assurance structures in place to direct the delivery of mental health services;
6. Inadequate discharge planning for detainees being discharged from OCCC.

In May of 2007, the State of Hawaii, expert consultant provided a ratio of psychiatrist to SPMI patients of 1:100 and the National Commission on Correctional Health Care (NCCHC) standards recommends five (5) physician hours per week for every 100 general population patients. Subtracting the SPMI patients from the total population count, a facility the size of OCCC would require FTE 1.0 Psychiatrist for general population inmates and FTE 2.0 Psychiatrists for SPMI detainees on day shift. OCCC currently has FTE 1.5 filled psychiatric positions and a FTE 0.5 vacant position (FTE 2.0 Psychiatrists). A total of three (3) positions are required. One FTE 1.0 Psychiatrist position is needed to meet the recommended standard.

The expert consultant recommended that at least one Psychologist as part of the team in each therapeutic housing unit (3 units). The Psychologist is responsible for developing and

monitoring the patient treatment plan. The number of SPMI in the units is a factor that must be considered. Module 8 [females] is less populated than Modules 1 & 2 [males]. The psychologist in Module 8 may cover the treatment needs of the SPMI general population females, the segregation unit, and medical infirmary that may house a SPMI patient. OCCC has FTE 2.0 Psychologists. Two additional FTE 1.0 Psychologists are required to meet the standard for both general population and special needs units' service delivery.

There are currently five (5) Social Workers and one (1) Human Service Professional positions. The Spear consent decree agreement was for the provision of Psychiatric Social Worker ratio of 1:200. When this ratio is applied to the current OCCC general population of 1,200 6 PSW positions are needed. Taking into account the recommendations for the staffing of the mental health modules, of 1 FTE PSW per module and the need for additional discharge planning, an additional 4 FTEs will be necessary. The social workers/mental health professionals assigned to the special housing units are to provide group treatment services to the patients in the morning and in the afternoon. An Intake and Discharge social worker is required for day and evening shifts. A total of FTE 10.0 social workers are required. An additional FTE 4.0 masters level Psychiatric Social Workers/Human Service Professionals are required.

The total number of Recreation Specialists required to service the SPMI population simultaneously in Modules 1, 2, & 8 in manageable groups during day shift is FTE 3.0. An additional FTE 1.0 Recreation Specialist is requested for the special needs mental health programming. The start-up cost needed for program supplies and materials is estimated at $9,000. An additional annual budget of 10,000 is requested to restock the program supplies, materials and to employ program instructors, such as for music, arts and crafts, and physical exercise.

The current FY 09 Supplemental Budget Request to the legislature for OCCC staffing includes:

FTE 1.0	Psychiatrist II
FTE 2.0	Psychologists
FTE4.0	Social Worker/Human Service Professionals (Master's Degree)
FTE 1.0	Recreation Specialist
FTE 1.0	Statistics Clerk II
FTE 1.0	Secretary II
$15,000	Psychological Equipment/Supplies Expense
$10,000	IMR materials including the Wellness Recovery Action Plan (WRAP)
$ 9,000	Recreation Program Supplies/Materials Expense
$15,000	Staff Education and Training Expense
$10,000	Clinical Psychology Doctoral Intern Stipend
$20,000	Mental Health Trailer telecommunication needs

These requests may need to be updated when an anticipated resolution with DOJ is finalized.

After all vacancies are filled (target date 2010-11), the Division anticipates that OCCC will meet the minimum standards, provided the population remains within the projected 3-5% growth rate. Adjustments to the staffing plan will be completed annually based on population trends and other necessary changes. The projections for year 4 and 5 are subject to change based on the final disposition of the DOJ investigation of OCCC and any changes in community standards.

Total projected OCCC Mental Health Staff

FTE 1.0	Section Administrator
FTE 3.0	Psychiatrists
FTE 1.0	RN (with psychiatric experience)
FTE 4.0	Psychologists
FTE 10.0	Social Workers/Human Services Professional
FTE 3.0	Recreation Specialists
FTE 1.0	Program Evaluation Analyst
FTE 1.0	Medical Record Technician
FTE 1.0	Medical Transcriptionist
FTE 1.0	Clerk Steno
FTE 1.0	Clerk
FTE 1.0	Statistics Clerk II
FTE 1.0	Secretary II

Hawaii Community Correctional Center

The Hawaii Community Correctional Center (HCCC) houses both pretrial and post sentence adult males and females (gender ratio 4:1). HCCC's two campuses house an average of 320 inmates per month. HCCC has a design bed capacity of 206, and operating bed capacity of 226. Approximately two-thirds of the population resides at the Downtown Complex and the remainder resides at the Hale Nani Unit in Panaewa District. The August 2007 total inmate count averaged at 309. Data reflects a growing pretrial population on the Big Island with an estimated monthly intake of over 200 individuals. The discharge/transfer rate is roughly equivalent to intakes. NCCHC Jail Health Standards require mental health screening of every individual who remains longer than 14 days as well as individuals who are transferring from the facility. Department of Public Safety 2007 data show there were 715 individuals at HCCC who were released with a Length of Stay of more than 14 days and less than one year.

The national estimate of mentally ill offenders in jail settings ranges between 15-20%, which would estimate HCCC's mentally ill inmates between 48-64 individuals. Actual numbers for the facility are substantially higher, due in large part to individuals being admitted to HCCC with mental dysfunction resulting from methamphetamine use. Presently 75 inmates (23% of all inmates) are receiving psychotropic medication. Another 40-45 individuals have been identified by the psychiatric social worker and nursing staff as individuals requiring special needs mental health care but who are not taking medication. Within that group at least 10 individuals have high acuity needs. This total places the estimate of special needs mental health individuals to over 30% of the population.

On average HCCC houses 15 704-404 pretrial inmates, whose stays exceed 90 days. In addition to those who are identified as 704-404 and housed at HCCC, the Hawaii circuit court system is directly court ordering an additional 1-3 individuals monthly directly to HSH because HCCC is known by the courts not to have the capacity to treat those who appear to suffer from acute mental disturbance.

It is clear that the special needs mentally ill are underserved at HCCC. HCCC does not have a special needs housing unit for mental health inmates, nor is there an interview office or consultation space for the sole psychiatric social worker or traveling psychiatrist. The current suicide room is logistically inadequate for monitoring and treatment of the high-risk person. There is inadequate space for programming to occur, and for current staff to work optimally.

The current mental health staff appropriation for HCCC is for one psychiatric social worker to work a five-day regular office hour's schedule. However, this SW provides a courtesy visit to KCF once a week. A provider located on the Island provides psychiatric services once a week. The SW is stationed in the Komohana Building. Inmates housed in other parts of the facility are restricted from accessing the building. For the SW or the psychiatrist to see individuals for assessment and treatment, accommodations must be made with the nursing staff to share their limited space in two buildings. At the Waianuenue Building, patients are seen in a closed hallway. There is no space available for any mental health programming at either campus. There is no evening, weekend or holiday mental health coverage. Crisis management is presently provided by the HCCC nursing staff and an on-call physician who may not know the individuals when psychiatric staff is not available. Nursing coverage is 16 hours daily. All inmates who cannot be managed for mental health special needs are transferred by air to OCCC or are taken by the Hawaii State Hospital on a MH-9 arrangement.

Applying the same philosophy used for OCCC, HCCC requires a FTE .75 Psychiatrist for SPMI and for the general population patients (1:100).

A FTE 1.0 Psychologist position is required to provide adequate and accessible mental health services for the special needs mental health individuals. When programming is established, the Psychologist will assess individuals, consult with the Psychiatrist on diagnoses and then create and monitor treatment plans and oversee service delivery of in-house programming as well as oversee case discharge planning. In addition to the hire of the Psychologist, the start-up cost needed for psychological assessment equipment and supplies is $5,000. An additional annual budget of $1,000 is needed to update equipment and replenish testing and scoring materials. As the program is developed, a doctoral fellowship position, at the cost of $10,000 per year, is requested. An initial start up cost for provision of psychosocial rehabilitation programming materials for inmates is estimated at $5,000. An additional annual budget of $2,000 is needed to replenish materials.

One SW is insufficient for the population needs where 20 hours of out-of-cell mental health programming per person per week is required. One FTE Social Worker is required to perform post-admission mental health evaluations, transfer screenings, crisis intervention and mental health programming and discharge planning. Two PSWs would also provide more coverage hours per day.

As part of the 5-year plan for the implementation of psychosocial rehabilitation programs at HCCC, the mental health section requires the establishment of recreational therapy for Mental Health Services. Of the 20 program hours per inmate per week, 10 hours must be therapeutic recreational out-of-cell time. One FTE Recreational Therapist is required to meet standards for the provision of psychosocial recreational programming. The start-up cost needed for program supplies and materials is estimated at $5,000. An additional annual budget of $2,000 is needed to restock the program supplies and materials.

A portable building is needed for basic office, records, consultation, individual and group treatment space. This structure will likely require external connections telephone and computer line access. There will also be a start-up cost for, room dividers and equipment (photocopy machine, fax, telephones and shredder) to establish the program.

The start-up cost needed for staff education and training is estimated at $5,000. An additional annual budget of $3,000 is needed to update training material and replace damaged equipment.

Existing Staff:

FTE	Psychiatrist one 8 hr day per week
FTE 1.0	Psychiatric Social Worker IV [4 days per week, 8 hour office schedule]

Requesting:

FTE 1.0	Psychologist
FTE 1.0	Social Worker
FTE 1.0	Recreational Therapist
FTE 1.0	Clerk Typist
$5,000	Psychological Equipment/Supplies Expense
$10,000	Wellness Recovery Action Plan (WRAP) Evidence based Group Treatment Program Materials, WRAP
$6.000	Recreation Program Supplies/Materials Expense
$5,000	Furniture/Equipment for Programming Expense
$5,000	Staff Education and Training Expense
$10,000	Psychology doctoral intern stipend
$151,332	Portable trailer
$ 15,000	Design & engineering
$ 5,452	Permit
$ 20,000	Site work (removing/relocating fencing & inmate labor cost)
$ 20,000	Electrical
$ 60,000	External electrical hook up
$ 10,000	Plumbing
$ 5,000	Telecommunications

After all vacancies are filled (target date 2010-11), the Division anticipates that HCCC will meet the minimum standards, provided the population remains relatively stable. Adjustments to the staffing plan will be completed annually based on population trends and other necessary changes. The projections for year 4 and 5 are subject to change based on the final disposition of the DOJ investigation of OCCC and any changes in community standards.

Total HCCC Mental Health Staff (5.0) if all request are met:

FTE 1.0	Psychologist (MHSA)
FTE 2.0	Social Worker
FTE 1.0	Recreational Therapist
FTE 1.0	Clerk Typist

Maui Community Correctional Center

The Maui Community Correctional Center (MCCC) houses both pretrial and post sentence adult males and females (gender ratio 5:1). MCCC has a design bed capacity of 209, and operating bed capacity of 301. The August 2007 total inmate count averaged at 312 at MCCC with 3 mental health transfers to the OCCC. Data reflects a growing pretrial population at Maui with an estimated monthly intake of 290 individuals. The discharge/transfer rate is equivalent to intakes. NCCHC Jail Health Standards require mental health screening of every individual who remains longer than 14 days as well as individuals who are transferring from the facility. Department of

Public Safety 2007 data show there were 600 individuals at MCCC who were released with a Length of Stay of more than 14 days and less than one year.

The national estimate of mentally ill offenders in jail settings ranges between 15-20%, which would estimate MCCC's mentally ill inmates between 45-60 individuals. Actual numbers for the facility are substantially higher, due in large part to individuals being admitted to MCCC with mental dysfunction resulting from methamphetamine use. Presently 60 inmates (20% of all inmates) are receiving psychotropic medication. Nursing staff has identified another 35-40 individuals who require special needs mental health care but who are not taking medication. Within that group at least 5 individuals have high acuity needs. This total places the estimate of special needs mental health individuals close to 30% of the population.

On average MCCC houses five 704-404 pretrial inmates, whose stays exceed 90 days. In addition to those who identified as 704-404 and housed at MCCC, the Maui court system is directly court ordering an additional 1-3 individuals directly to OCCC monthly because MCCC is known by the courts not to have the capacity to treat those who appear to suffer from acute mental illnesses.

The special needs mentally ill are underserved at MCCC. MCCC does not have a special needs housing unit for mental health inmates, nor is there office or consultation space for the sole psychiatric social worker or traveling psychiatrist. The current suicide room is logistically inadequate for monitoring and treatment of the high-risk person. There is inadequate space for programming to occur, and for current staff to work optimally.

The current mental health staff appropriation for MCCC is FTE 1.0 Psychiatric Social Worker to work a five-day regular office hours schedule and for a traveling psychiatrist to conduct clinic three times monthly. The PSW is stationed in cell 16. This cell is adjacent to where the high acuity patients are housed. The social worker's office is not able to be used for and inmate social worker contacts. For either the SW or the psychiatrist to see individuals for assessment and treatment, accommodations must be made with the nursing staff to share their limited space. The PSW may make arrangements to use the ACO Sergeant's office for interviews. There is no space available for any mental health programming at MCCC at this time. There is no evening, weekend or holiday mental health coverage. Crisis management is presently provided from the MCCC nursing staff and an on-call physician who may not know the individuals. All inmates who cannot be managed for mental health special needs are transferred by air to OCCC.

Applying the same philosophy used for OCCC, MCCC requires a FTE 1.0 Psychiatrist for SPMI and for the general population patients (1:100).

There are no FTE Psychologist positions at MCCC. A FTE 1.0 Psychologist position is required to provide adequate and accessible mental health services for the special needs mental health individuals. When programming is established, the Psychologist will assess individuals, consult with the Psychiatrist on diagnoses and then create and monitor treatment plans and oversee service delivery of in-house programming as well as oversee case discharge planning. In addition to the hire of the Psychologist, the start-up cost needed for psychological assessment equipment and supplies is $5,000. An additional annual budget of $1,000 is needed to update equipment and replenish testing materials. As the program is developed, a doctoral fellowship position, at the cost of $10,000 per year, is requested.

The Clinical Psychologist will be designated as the Mental Health Section Administrator for the development, implementation and monitoring of the mental health program at MCCC. One FTE

1.0 Clerk Typist position is needed for handling the daily clerical and records duties of the mental health section at MCCC.

Based upon the expert's recommendations for OCCC, the single PSW and at MCCC is insufficient for the population needs. A standard for staffing ratios for social work is 1:200 for general population inmates. Two FTE Social Workers are required to perform mental health programming and discharge planning. One more position is required to meet minimum standards comparable to that required at OCCC.

As part of the 5-year plan for the implementation of psychosocial rehabilitation programs at MCCC, the mental health section requires the establishment of recreational therapy for Mental Health Services in order for 10 hours of therapeutic recreational out of cell time. One FTE Recreational Therapist is required to meet standards for the provision of psychosocial recreational programming. The start-up cost needed for program supplies and materials is estimated at $6,000. An additional annual budget of $3,000 is needed to restock the program supplies and materials.

A portable building is needed for basic office, records, consultation, individual and group treatment space. This structure will likely require external connections telephone and computer line access. There will also be a start-up cost for furniture (desks, chairs, room dividers) and equipment (photocopy machine, fax, telephones, computers, computer software) to establish program. Cost estimates for this aspect of the program will need to be calculated similar to the method used for OCCC.

An initial start up cost for provision of psychosocial rehabilitation programming materials for inmates is estimated at $5,000. An additional annual budget of $1,000 is needed to replenish materials. The start-up cost needed for staff education and training is estimated at $5,000. An additional annual budget of $3,000 is needed to update training material and replace damaged equipment.

Existing Staff:

FTE	Psychiatrist [traveler 3x per month]
FTE 1.0	Psychiatric Social Worker IV

Requesting:

FTE 1.0	Psychologist (MHSA)
FTE 1.0	Social Worker
FTE 1.0	Recreational Therapist
FTE 1.0	Clerk Typist
$15,000	Psychological Equipment/Supplies Expense
$6,000	Recreation Program Supplies/Materials Expense
$5,000	Furniture/Equipment for Programming Expense
$5,000	Staff Education and Training Expense
$10,000	Psychology doctoral intern stipend
$151,332	Portable trailer
$ 15,000	Design & engineering
$ 5,452	Permit

$ 20,000	Site work (removing/relocating fencing & inmate labor cost)
$ 20,000	Electrical
$ 60,000	External electrical hook up
$ 10,000	Plumbing
$ 5,000	Telecommunications

After all vacancies are filled (target date 2010-11), the Division anticipates that MCCC will meet the minimum standards, provided the population remains relatively stable. Adjustments to the staffing plan will be completed annually based on population trends and other necessary changes. The projections for year 4 and 5 are subject to change based on the final disposition of the DOJ investigation of OCCC and any changes in community standards.

Total MCCC Mental Health Staff (5.0):

FTE 1.0	Psychologist (MHSA)
FTE 2.0	Social Worker
FTE 1.0	Recreational Therapist
FTE 1.0	Clerk Typist

Kauai Community Correctional Center

The Kauai Community Correctional Center (KCCC) houses both pretrial and post sentence adult males and females (gender ratio 6:1). The facility has a design bed capacity of 110, and an operating bed capacity of 128. This number has swelled to greater than 200 in prior years with recent administrative decisions to transfer inmates to other facilities. KCCC's campus has had several expansions over the years. The main building consists of two modules and three holding cells. Additionally, three cabins and an 80-bed dorm house an average of 130 inmates per month. The August 2007 total inmate count averaged at 139.

Data reflects a growing substance dependent prison population due to Hawaii's methamphetamine epidemic. The admission rate to KCCC averages 60 persons monthly with a discharge rate at KCCC at 40. NCCHC Jail Health Standards require mental health screening of every individual who remains longer than 7 days as well as individuals who are transferring between facilities. KCCC is accredited as a prison facility and uses those standards. Department of Public Safety 2007 data show there were 255 individuals at KCCC who were released with a Length of Stay of more than 14 days and less than one year.

The national estimate of mentally ill offenders in jail settings ranges between 15-20%, which would estimate KCCC's mentally ill inmates to range between 21-28 individuals. Actual numbers for the facility are substantially higher, due in large part to individuals being admitted to KCCC with mental dysfunction resulting from methamphetamine use. Presently 33 inmates (20% of all inmates) are receiving psychotropic medication. Another 20 individuals have been identified by the psychiatric social worker and nursing staff as individuals requiring special needs mental health care but who are not taking medication. Within that group at least 10 individuals have high acuity needs that require daily contact as well as treatment planning. This total places the estimate of special needs mental health individuals to over 30% of the KCCC population.

Presently KCCC has 7 HRS 704-404 pretrial inmates, whose mental health functioned has been questioned by the courts. Those individuals, regardless of charge, have stays, which routinely exceed 90 days, and more likely are 150+. The range of those living at KCCC at one time has

been as high as 11 in 2007. In addition to these individuals, during 2007 6 long-term high acuity needs mental health patients were transferred to OCCC for treatment.

It is clear that the special needs mentally ill are underserved at KCCC. KCCC does not have a special needs housing unit for mental health inmates, nor is there an interview office or consultation space for the sole .50 FTE psychiatric social worker or traveling psychiatrist. The traveling psychiatrist conducts clinic 1x every four to six weeks at the KCCC facility. The current suicide room is logistically inadequate for monitoring and treatment of the high-risk person. There is inadequate space for programming to occur, and for current staff to work optimally.

The current mental health staff appropriation for KCCC is for one .50 FTE psychiatric social worker to work a 20 hour weekday schedule and for a traveling psychiatrist to conduct clinic one time every four to six weeks. The PSW is stationed in the main building, which is separate to the infirmary. Inmate contact in this office is prohibited. For either the PSW or the psychiatrist to see individuals for assessment and treatment, accommodations must be made with the nursing staff to share their limited space. There is no space available for any mental health programming. There is no evening, weekend or holiday mental health coverage. Crisis management is presently provided by the KCCC nursing staff and an on-call physician who may not know the individuals. Nursing coverage is 16 hours daily. All inmates who cannot be managed for mental health special needs are transferred by air to OCCC or sent to the Hawaii State Hospital under the MH-9 procedure.

Applying the same standards used for OCCC, KCCC requires a FTE .25 Psychiatrist for SPMI and for the general population patients (1:100). A traveling psychiatrist will meet the required hours.

There are no Psychologist positions at KCCC. A FTE 1.0 Psychologist position is required to provide adequate and accessible mental health services for the special needs mental health individuals. When programming is established, the Psychologist will assess individuals, consult with the Psychiatrist on diagnoses and then create and monitor treatment plans and oversee service delivery of in-house programming as well as oversee case discharge planning. In addition to the hire of the Psychologist, the start-up cost needed for psychological assessment equipment and supplies $5,000. An additional annual budget of $1,000 is needed to update equipment and replenish testing and scoring materials. An initial start up cost for provision of psychosocial rehabilitation programming materials for inmates is estimated at $5,000. An additional annual budget of $500 is needed to replenish materials.

In addition to treatment of patients, the Clinical Psychologist will be the designated Mental Health Section Administrator for the development, implementation and monitoring of the mental health program at KCCC. One FTE 1.0 Clerk Typist position is needed for handling the daily clerical and records duties of the mental health section at KCCC.

Based upon the expert's recommendation, the single PSW (.50 FTE) and the Psychiatrist (.15 FTE) at KCCC is insufficient for the population needs as required where 20 hours of out of cell mental health programming per person per week is required. A standard for staffing ratios for social work was established in the Spear v. Cayatano Consent Decree. This ratio of 1:200 for general population inmates. This number did not account for acute treatment programming. Two FTE Social Workers are required to perform mental health programming and discharge planning.

As part of the 5-year plan for the implementation of psychosocial rehabilitation programs at KCCC, the mental health section requires the establishment of recreational therapy for Mental Health Services in order for 10 hours of therapeutic recreational out-of-cell time. One FTE Recreational Therapist is required to meet standards for the provision of psychosocial recreational programming. The start-up cost needed for program supplies and materials is estimated at $6,000. An additional annual budget of $3,000 is needed to restock the program supplies and materials.

A portable building is needed for basic office, records, consultation, individual and group treatment space. This structure will likely require external connections telephone and computer line access. The current infrastructure is currently utilized at capacity. There will also be a start-up cost for furniture (desks, chairs, room dividers) and equipment (photocopy machine, fax, telephones, computers, computer software) to establish the program. Cost estimates for this aspect of the program will need to be calculated similar to the method used for OCCC.

The start-up cost needed for staff education and training is estimated at $5,000. An additional annual budget of $1,000 is needed to update training material and replace damaged equipment.

Existing Staff:

FTE .15	Psychiatrist [traveler 1x every 4-6 weeks for a 5.5 hour work day]
FTE .50	Psychiatric Social Worker IV [5 days per week, 4 hour office schedule]

Requesting:

FTE 1.0	Psychologist/Mental Health Section Administrator
FTE 1.5	Social Worker
FTE 1.0	Clerk Typist
$5,000	Psychological Equipment/Supplies Expense
$10,000	Wellness Recovery Action Plan (WRAP) Evidence based Group Treatment Program Materials, WRAP
$10,000	Doctoral Intern Stipend
$6,000	Recreation Program Supplies/Materials Expense
$5,000	Furniture/Equipment for Programming Expense
$5,000	Staff Education and Training Expense
$151,332	Portable trailer
$ 15,000	Design & engineering
$ 5,452	Permit
$ 20,000	Site work (removing/relocating fencing & inmate labor cost)
$ 20,000	Electrical
$ 60,000	External electrical hook up
$ 10,000	Plumbing
$ 5,000	Telecommunications

After all vacancies are filled (target date 2010-11), the Division anticipates that KCCC will meet the minimum standards, provided the population remains relatively stable. Adjustments to the staffing plan will be completed annually based on population trends and other necessary changes. The projections for year 4 and 5 are subject to change based on the final disposition of the DOJ investigation of OCCC and any changes in community standards.

Total projected KCCC Mental Health Staff (5.0):

FTE 1.0	Psychologist/Mental Health Section Administrator
FTE 2.0	Social Worker
FTE 1.0	Recreational Therapist
FTE 1.0	Clerk Typist

When the mental health program is implemented at KCCC there will be additional needs upon the facility's Adult Correctional Officer staff as well as other auxiliary personnel. The planning needs for these individuals will require consultation with the facility warden.

Hawaii Prison Facilities

Halawa Correctional Facility

Section 353-7 HRS provides for the establishment of a high security correctional facility for the residential care, correctional services, and control of high custodial risk convicted felons or the temporary detention of high custodial risk persons awaiting trial. The high security correctional facility shall (b2) provide psychiatric and psychological evaluation. There is no mention of psychological treatment for the disorders after they have been diagnosed in this section of the statute. Subsequent statutory changes at the community correctional centers (353-13.3) and facilities housing female felons (353-6.5) now require mental health treatment. The Hawaii statutory provision did not specify the need for treatment. However, given the State's response to address potential deficiencies statewide, the Department of Public Safety is requesting the extension of the OCCC standards throughout the state to all correctional facilities for uniform compliance.

The Halawa Correctional Facility (HCF) houses both sentenced adult males and a lesser number of high-risk pretrial male detainees. HCF is comprised of two separate buildings: the Special Needs Facility and the Medium Security Facility. The Special Needs Facility has a design bed capacity of 90 and an operating bed capacity of 132. The September 2007 population count averaged at 127 male prisoners. The Halawa Medium Secure Facility has a design bed capacity of 496 and an operating bed capacity of 992. The September population count of male sentenced felons, pretrial felons and parole violators averaged at 1,017.

Due to the growing number of sentenced felons serving time in Hawaii, the Department of Public Safety has contracted with a private vendor to house Hawaii inmates in two mainland facilities and the Hawaii Federal Detention Center to house a proportion of Hawaii's prisoners. These individuals are screened for suitability with the special needs mentally ill remaining in Hawaii. September 2007 data show that the average contracted facility count was 2,144 (1948 males and 196 females). Longer sentences, especially for drug crimes, and fewer prisoners being granted first time parole or probation are the main reasons for the expanding state prison population growth. Additionally, there are a sharply increasing number of individuals now sentenced to HCF with mental health needs, subsequent to substantial dysfunction as a result of methamphetamine addiction. Since the State of Hawaii's statutory law prohibits the use of the not guilty by reason of insanity affirmative defense in cases where psychosis resulted from the use of drugs and alcohol, those individuals who are currently mentally ill secondary to substances are entering confinement and require high levels of mental health care.

Security and nursing services operates twenty-four hours a day, seven days a week. Physician and psychiatric services operates between 7:45 AM and 4:30 PM. Mental Health Services' goal is to operate two- over lapping, eight hour shifts. There are three special needs housing units for mental health inmates: Module C, which is located at the Special Needs Facility; Module 1-A-1, which is located at the Medium Security Facility and the Psychiatric Ward of the Infirmary, which is located within the Medical Unit at the Medium Security Facility.

According to a study released by the Justice Department in September 2006, 56 percent of inmates in state prisons reported mental health problems in the year, of that population, estimates of severe and persistent mentally ill range between 15 to 20%. The national estimate of mentally ill offenders in prison settings shows that one in five are seriously mentally ill, far outnumbering the number of mentally ill who are in mental hospitals. A 15-20%, estimate suggests that there are 170 to 225 (15% -20%) individuals housed at HCF who require special needs mental health care. This number is estimated to be higher based upon the Justice Department statistics, as all people screened to move to the mainland must be substantially free of mental illness. Those needing care must remain within the state. Therefore, the HCF statistics are higher than the national estimate because mental health detainees are not dispersed to mainland or smaller state facilities because of the mental health acuity and an absence of 24-hour coverage. Presently over 100 inmates are receiving psychotropic medication. The mental health staff has identified another 40-45 individuals who require special needs mental health care but who are not taking medication. Within that group at least 10 individuals have high acuity needs. This total places the estimate of special needs mental health individuals to over 30% of the population.

A March 2006 Memorandum of Understanding was entered into between the Department of Human Services (DHS) by Director; Lillian B. Koller, Esquire, and the Department of Public Safety (PSD) Director, Frank Lopez. The purpose of the MOU was for the facilitation of the processing of applications for financial assistance, food stamps, and medical assistance for seriously mentally ill individuals on Oahu who are paroled or have served their term and are released into the community. The effective date of the MOU is November 1, 2005.

It is clear that the mental health program at HCF requires substantial legislative funding to be placed in compliance with the guidelines that have been outlined for the current Department of Justice inquiry at OCCC.

The current mental health staff appropriation for HCF was based upon projections for psychiatric/psychological assessment of mentally ill inmates under statute. The more recent CRIPA standards necessitate treatment of the mentally ill. Further, the March 2006 MOU between the Department of Human Services and Department of Public Safety and the 2007 House Bill 500 (HB500 Part III, Section 101) requires an increase in the provision of continuum of care/re-entry programming that presently requires more of the HCF mental health staff than when staffing patterns were established over a decade ago. The current estimated growth rate of individuals entering the system in the next five years is 13%.

Applying the same standards for the program model used for the OCCC Mental Health Reform action, HCF requires a FTE 1.0 Psychiatrist for the general population inmates (# of I/Ms – SPMI) and FTE 2.0 Psychiatrists for the severe and persistent mentally ill (SPMI). A total of FTE 3.0 Psychiatrists are required. There are currently one full time and two part time positions at HCF. One of the part-time Psychiatrists is a traveling psychiatrist who services WCCC, KCCC and MCCC. That traveling position, although located at HCF for payroll purposes, is not counted in the number of Psychiatrists on hand to service HCF. The total positions currently on hand, excluding the traveling psychiatrist, are FTE 1.5 psychiatrist positions. In addition to

existing staff, and in accordance with expert recommendations, an additional 1.5 Psychiatrists are necessary to meet minimum required standards for a total of FTE 3.0 Psychiatrist for HCF.

There are currently FTE 2.0 Psychologist positions at HCF. An additional FTE 1.0 Psychologist position is required to provide adequate and accessible mental health services for the special needs mental health housing units (3). When programming is established, the Psychologist will assess individuals, consult with the Psychiatrist on diagnoses and then create and monitor treatment plans, oversee the service delivery of in-house programming, clinical data management reports, and oversee case discharge planning.

In addition to the hire of the Psychologist, the start-up cost needed for psychological assessment equipment and supplies is $20,000. Presently, the proper assessment tools for standard practice are unavailable at HCF. An additional annual budget of $8,000 is needed to update equipment and replenish testing and scoring materials.

As the program is developed, a clinical psychology doctoral fellowship position, at the cost of $10,000 per year, is requested. The intent of the fellowship is to assist with the recruitment of qualified mental health professionals who might not otherwise seek employment in the State prison mental health system.

FTE 1.0 Social Workers are required in addition to those now employed to provide adequate and accessible mental health care for general population inmates (1:200). In addition, FTE 3.0 Social Workers/Human Service Professionals are required for the three mental health-housing units at HCF [Module C, Module 1-A-1, and the Psychiatric Infirmary and the same division of patients as the Psychologist]. The units all need in-house group-based psychosocial treatment. A total of FTE 9 Social Workers/Human Service Professionals are required to implement the necessary Mental Health Reform changes where standard milieu, group and individual treatment will be provided on two shifts.

An initial start up cost for the provision of psychosocial group rehabilitation programming materials for inmates with special mental health needs is estimated at $10,000. An additional annual budget of $1,000 is needed to replenish materials.

As part of the 5-year plan for the implementation of psychosocial rehabilitation programs at HCF, the mental health section requires the expansion of the Occupational Therapy (OT) day shift Program for sentenced felons who will re-enter the community. In addition to the FTE 3.0 existing positions, the OT Program requires an additional FTE 2.0 Occupational Therapy Assistants to ensure the provision of adequate out-of-cell psychosocial treatment programs for special needs mental health inmates. The start-up cost needed for OT program supplies and materials are estimated at $6,000. An additional annual budget of $3,000 is needed to restock the program supplies and materials.

FTE 2.0 Registered Nurses with psychiatric experience are required for the SPMI inmates, who are prescribed psychotropic medications for their special mental health needs. The Registered Nurses (i.e., 1 day and 1 evening shift) would be primarily responsible for monitoring medication compliance and providing psychotropic medication education.

Due to security issues, positioning Paramedical Assistants in the mental health modules at HCF is not feasible in the same fashion done at OCCC. An alternative method to assist with activities of daily living (e.g., personal hygiene, nutrition), is to establish a budget for an inmate work line to assist with the special needs patients. This would not only provide needed employment

opportunities for inmates who seek the work for self-improvement, but also would reduce the cost for such care (e.g., an inmate on the work line in the HCF infirmary receives $0.63 per hour). By employing two inmates for each of the three mental health-housing units and both special holding units for 16 hours per day, year round, the total cost would be $36,792 as opposed to $175,392 for Paramedical Assistants..

The current FTE 0.5 Clerk Typist position is insufficient for handling quality improvement data entry tasks, statistics, as well as the daily clerical and secretarial duties of the mental health section at HCF. FTE 1.0 Secretary and FTE 1.5 Clerk Typist are required.

Presently there is insufficient space to provide for the current HCF staff. The current infrastructure is utilized at capacity. A portable unit is required for basic mental health offices, records, staff consultation, and for individual and group treatment.

The OCCC program development experience has demonstrated that the growth in mental health personnel will result in an increase in the use of medical records and an increase in the need for medical records personnel. There is currently a FTE 0.75 position that is difficult to fill. A FTE 0.25 will allow the MH Information Section to combine the two positions for a FTE 1.0. A total of FTE 2.0 Medical Records Technicians are required to ensure the availability of patient records for mental health documentation, accurate filling of legally sensitive documents, attainment of records of previous mental health treatment, and timely auditing for continuity of mental health patient care.

The start-up cost needed for staff education and training is estimated at $38,000. An additional annual budget of $3000 is needed to update library, group materials, and to replace damaged equipment.

To adequately equip the staff with materials necessary for basic work functions, external connections for telephone and computer line access will be needed. There will also be a start-up cost for equipment (photocopy machine, fax, shredder & telephones) to establish the program.

Existing Positions:

FTE	2.0	Psychiatrist [FTE 1.5; plus FTE 0.5 assigned to HCF but travels to other facilities.
FTE	1.0	Mental Health Section Administrator [FTE 1.0 vacant]
FTE	2.0	Clinical Psychologist [FTE 1.0 filled; FTE 1.0 vacant]
FTE	5.0	Social Worker/Human Service Professionals (SW/HSP)
FTE	1.0	Occupational Therapist [FTE 1.0 filled]
FTE	2.0	Occupational Therapist Assistant [FTE 2.0 vacant]
FTE	0.5	Clerk Typist [FTE 0.5 vacant]

Requested in the Supplemental Budget

FTE 1.5	Psychiatrist
FTE 1.0	Psychologist
FTE 3.0	Social Worker/Human Services Professional
FTE 1.0	Secretary
FTE 1.0	Statistics Clerk

Requested in the Biennium Budget

FTE 1.0	Social Worker/Human Services Professional
FTE 2.0	Occupational Therapist Assistants
FTE 2.0	Registered Nurses w/psychiatric experience
FTE 0.5	Clerk Typist
FTE 1.25	Medical Records Technician
$20,000	Psychological Equipment/Supplies Start-up Cost
$10,000	Psychosocial Group Program Supplies/Materials Start-up Cost
$ 6,000	OT Program Supplies/Materials Start-up Cost
$38,000	Staff Education and Training Expense
$37,000	Inmate Work line (PMA replacement) Expense
$10,000	Psychology Doctoral Intern Stipend
$151,332	Portable trailer
$ 15,000	Design & engineering
$ 5,452	Permit
$ 20,000	Site work (removing/relocating fencing & inmate labor cost)
$ 20,000	Electrical
$ 60,000	External electrical hook up
$ 10,000	Plumbing
$ 5,000	Telecommunications

After all vacancies are filled (target date 2010-11), the Division anticipates that HCF will meet the minimum standards, provided the population remains relatively stable. Adjustments to the staffing plan will be completed annually based on population trends and other necessary changes. The projections for year 4 and 5 are subject to change based on the final disposition of the DOJ investigation of OCCC and any changes in community standards.

Projected position count by 2010 (28.5)

FTE 3.0	Psychiatrists (excluding the FTE 0.5 traveler)
FTE 1.0	Mental Health Section Administrator
FTE 3.0	Psychologists
FTE 9.0	Social Worker/Human Service Professionals
FTE 1.0	Occupational Therapist
FTE 4.0	Occupational Therapy Assistants
FTE 2.0	Registered Nurses w/psychiatric experience
FTE 1.0	Secretary
FTE 2.5	Clerk Typists
FTE 2.0	Medical Records Clerk

In addition to the positions described above, it is anticipated that designated adult correctional officers will be needed to assist with program security.

Kulani Correctional Facility
The Kulani Correctional Facility (KCF) is a 160-bed minimum-security facility for sentenced male inmates. The facility has a design bed and operational bed capacity of 160. The August 2007 total inmate count averaged at 171. The KCF is the primary location for the Department's sex offender treatment program. Kulani has vocational and technological training through Correctional Industries. There is also an auto mechanics and heavy equipment certification course.

The admission rate to KCF averages 40 persons monthly with an approximate equivalent discharge rate. NCCHC Prison Health Standards require post admission mental health screening of every individual who remains longer than 7 days as well as individuals who are transferring between facilities. KCF is accredited as a prison facility and complies with those standards.

Kulani has few residents at the facility who suffer from severe and persistent mental illness. All inmates who cannot be managed for mental health special needs are transferred to Halawa Correctional Facility for treatment. Inmates referred to KCF receive prior screening to rule out severe mental health concerns. However, there are functioning residents at KCF who suffer from psychiatric problems but whose major symptoms are currently controlled by medication. Presently 17 persons are on medication and are seen one day every other week by the traveling psychiatrist. There are other individuals who have cognitive deficits which impacts upon their ability to do the major treatment offered. Nursing staff and the SW IV who oversee all health care and mental health patients estimate that at least 10% of the KCF population have special needs, either due to learning disabilities, minimal functioning and social skills, mental disorders or a combination thereof. They do not do as well in the major program sets and often need additional assistance to cope.

Situational problems arise throughout the population, which the PSW IV periodically counsels persons on. Currently the PSW IV from HCCC conducts a courtesy visit to the facility once per week to assist with mental health services on an ongoing basis. The periodic visits by the

psychiatrist and psychiatric social worker are 1:1 and do not provide for any out of cell treatments including group and recreation therapies.

A FTE 1.0 Psychologist position is required to provide adequate and accessible mental health services for patients with mental health needs and disorders. When programming is established, the Psychologist will assess individuals, consult with the Psychiatrist on diagnoses and then create and monitor treatment plans, oversee the service delivery of in-house programming, clinical data management reports, and oversee case discharge planning.

In addition to the hire of the Psychologist, the start-up cost needed for psychological assessment equipment and supplies is $10,000. [See attachment and itemized list]. An additional annual budget of $2,000 is needed to update equipment and replenish testing and scoring materials.

A FTE 1.0 Social Worker is required in to provide adequate and accessible mental health care for general population inmates (1:200). In addition, the SW/HSP is required to implement the necessary Mental Health Reform changes where standard milieu, group and individual treatment will be provided and discharge planning.

KCF does not have space available for mental health group treatment. A portable structure is required for treatment space.

Applying the same standards used for OCCC, KCF requires a FTE .25 Psychiatrist for SPMI and for the general population patients (1:100).

A single SW and limited Psychiatrist coverage are insufficient to establish and operate a mental health treatment program.

A FTE 1.0 Psychologist position is required to provide adequate and accessible mental health services for the special needs mental health individuals. When programming is established, the Psychologist will assess individuals, consult with the Psychiatrist on diagnoses and then create and monitor treatment plans and oversee and participate in the service delivery of in-house programming as well as oversee case discharge planning. In addition to the hire of the Psychologist, the start-up cost needed for psychological assessment equipment and supplies is $10,000. An additional annual budget of $2,000 is needed to update equipment and replenish testing and scoring materials. An initial start up cost for provision of psychosocial rehabilitation programming materials for inmates is estimated at $2,000. An additional annual budget of $500 is needed to replenish materials.

A FTE 1.0 Social Worker is required in to provide adequate and accessible mental health care for general population inmates (1:200). In addition, a FTE 1.0 Social Workers/Human Service Professionals is required to implement the necessary Mental Health Reform changes where standard milieu, group and individual treatment and discharge planning will be provided. In addition, part of the 5-year plan for the implementation of psychosocial rehabilitation programs statewide, the mental health section requires the establishment of recreational therapy for individuals with mental disorders in the order of 10 hours per week of out-of-cell time. The additional Social Worker/Human Services Professional will meet the standards for the provision of psychosocial programming. The start-up cost needed for program supplies and materials is estimated at $3,000. An additional annual budget of $6,000 is needed to restock the program supplies, materials and to employ program instructors, such as music, arts and crafts and physical exercise instructors.

One FTE 1.0 Clerk Typist IV position is needed for handling the daily clerical duties of the mental health section at KCF. The clerk positions must be of a high enough skill level to include record maintenance.

Space is needed for office, records, consultations and individual and group treatment space. This structure will require external connections for telephone and computer line that do not exist at this time. There will also be a start-up cost for room dividers and equipment (photocopy machine, fax, shredder and telephones to establish the program).

The start-up cost needed for staff education and training is estimated at $15,000. An additional annual budget of $1000 is needed to update training material and replace damaged equipment.

Existing Staff:

Psychiatrist [traveler - one day every other week]
Psychiatric Social Worker IV [1 day a week]

Requesting in the Biennium:

FTE 1.0	Psychologist
FTE 1.0	Psychiatric Social Worker/Human Service Professional
FTE 1.0	Clerk Typist
$ 15,000	Psychological Equipment/Supplies Expense
$ 10,000	IMR materials including the Wellness Recovery Action Plan (WRAP) Evidence based Group Treatment Program Materials, WRAP
$ 6,000	Recreation Program Supplies/Materials Expense
$ 5,000	Equipment for Programming Expense
$ 5,000	Staff Education and Training Expense
$151,332	Portable trailer
$ 15,000	Design & engineering
$ 5,452	Permit
$ 20,000	Site work (removing/relocating fencing & inmate labor cost)
$ 20,000	Electrical
$ 60,000	External electrical hook up
$ 10,000	Plumbing
$ 5,000	Telecommunications

After all vacancies are filled (target date 2010-11), the Division anticipates that KCF will meet the minimum standards, provided the population remains relatively stable. Adjustments to the staffing plan will be completed annually based on population trends and other necessary changes. The projections for year 4 and 5 are subject to change based on the final disposition of the DOJ investigation of OCCC and any changes in community standards.

When the mental health program is implemented at KCF there will be additional needs placed on security to provide Adult Correctional Officer coverage.

Total Projected KCF Mental Health Staff (5.0):

FTE 1.0	Psychologist (MHSA)
FTE 2.0	Social Worker
FTE 1.0	Recreational Therapist
FTE 1.0	Clerk Typist

Waiawa Correctional Facility

The Waiawa Correctional Facility (WCF) is a 334-bed minimum-security facility for sentenced male inmates. The facility has a design bed capacity of 294, and an operating bed capacity of 334. The August 2007 total inmate count averaged at 292. The WCF specializes in substance abuse treatment and work skill development. It has fewer severe and persistently mentally ill individuals than the state's four jails and the main prison at Halawa.

The admission and discharge rate at WCF averages 40 persons monthly. NCCHC Prison Health Standards require mental health screening of every individual who remains longer than 7 days as well as individuals who are transferring between facilities. WCF is accredited as a prison facility and uses those standards.

The primary program at WCF is the 200-bed KASHBOX (Knowledge, Attitudes, Skills, Habits, Behaviors, Opinions, X factor) therapeutic community. Participation in the KASHBOX program is six to nine months for those in the parole violator tract and nine to fifteen months for those on their way out of the system. The treatment program is known to be effective, but suffers from severe staff shortages. The program is known as confrontational requiring participants to withstand direct criticism. Program participants are housed separate from the other 134 general population individuals at the facility.

Nursing staff that oversee all health care patients estimate that at least 10% of the WCF population have special needs, either due to learning disabilities, minimal functioning and social skills, mental illness or a combination thereof. They are not suited to the major program set and therefore often refuse to participate in the programs available. Refusal to participate in the facility's program results in the detainee being transferred back to HCF. The refusal or inability to meet program standards with return affects parole plans. Critical support for the detainee is important at WCF in order to limit program failure.

WCF does not have a programming for mental health inmates. All inmates who cannot be managed for mental health special needs are transferred to Halawa Correctional Facility for treatment. The MH treatment program for WCF will be ambulatory and will provide necessary support and skills for transition back to the community.

The social workers (2 shifts) will provide post admission evaluations, triage, crisis intervention, discharge planning and programming.

A psychiatrist visits WCF for one day every other week. The health care unit has adequate space for 1:1 interviews. There is inadequate space for group based MH programming. A portable trailer will need to be purchased to allow for program space.

The current mental health staff appropriation for WCF is for a 1.0 FTE social worker to work a 40-hour weekday schedule. There is no evening, weekend or holiday mental health coverage.

Crisis management is presently provided by the WCF nursing staff and the on-call physician who is not a psychiatrist. Nursing coverage is 10 hours daily.

The FTE 1.0 SW and the intermittent Psychiatric visits are insufficient to establish and run a 20-hour per week/per inmate mental health program.

A FTE 1.0 Psychologist position is required to provide adequate and accessible mental health services for the special needs mental health individuals. When programming is established, the Psychologist will assess individuals, consult with the Psychiatrist on diagnoses and then create and monitor treatment plans and oversee service delivery of in-house programming as well as oversee case discharge planning. In addition to the hire of the Psychologist, the start-up cost needed for psychological assessment equipment and supplies is $5,000. An additional annual budget of $1,000 is needed to update equipment and replenish testing and scoring materials. An initial start up cost for provision of psychosocial rehabilitation programming materials for inmates is estimated at $5,000. An additional annual budget of $500 is needed to replenish materials.

The psychiatric social worker will provide crisis intervention, mental health program therapy and discharge planning.

As part of the implementation of psychosocial rehabilitation programs at WCF, the mental health section requires the establishment of 10 hours of therapeutic recreational therapy. One FTE Recreational Therapist is required to meet standards for the provision of psychosocial recreational programming. The start-up cost needed for program supplies and materials is estimated at $6,000. An additional annual budget of $1,000 is needed to restock the program supplies, materials and to employ program instructors, such as music, arts and crafts and physical exercise instructors.

One FTE 1.0 Clerk Typist position is needed for handling the daily clerical duties of the mental health section at WCF. Space is needed for basic office, records, consultation, individual and group treatment space. This structure will likely require external connections telephone and computer line access. There will also be a start-up cost for equipment (photocopy machine, fax, and shredder) to establish the program.

The start-up cost needed for staff education and training is estimated at $5,000. An additional annual budget of $1,000 is needed to update training material and replace damaged equipment.

Existing Staff:

FTE	Psychiatrist [traveler 1x every other week]
FTE 1.0	Psychiatric Social Worker IV

Requesting in the Biennium:

FTE 1.0	Psychologist
FTE 1.0	Social Worker
FTE 1.0	Recreation Therapist
FTE 1.0	Clerk Typist
$5,000	Psychological Equipment/Supplies Expense
$10,000	IMR materials including the Wellness Recovery Action Plan (WRAP)

	Evidence based Group Treatment Program Materials, WRAP
$6,000	Recreation Program Supplies/Materials Expense
$5,000	Furniture/Equipment for Programming Expense
$5,000	Staff Education and Training Expense
$151,332	Portable trailer
$ 15,000	Design & engineering
$ 5,452	Permit
$ 20,000	Site work (removing/relocating fencing & inmate labor cost)
$ 20,000	Electrical
$ 60,000	External electrical hook up
$ 10,000	Plumbing
$ 5,000	Telecommunications

After all vacancies are filled (target date 2010-11), the Division anticipates that KCF will meet the minimum standards, provided the population remains relatively stable. Adjustments to the staffing plan will be completed annually based on population trends and other necessary changes. The projections for year 4 and 5 are subject to change based on the final disposition of the DOJ investigation of OCCC and any changes in community standards.

When the mental health program is implemented at WCF there will be additional needs upon the facility's Adult Correctional Officer staff.

Total Projected WCF Mental Health Staff (5.0):

FTE 1.0	Psychologist/Mental Health Section Administrator
FTE 2.0	Social Worker
FTE 1.0	Recreational Therapist
FTE 1.0	Clerk Typist

Women's Community Correctional Center

Hawaii's total population of sentenced and incarcerated females is 588. 174 women reside on the mainland at the Otter Creek facility in Kentucky. 314 individuals reside in facilities in Hawaii, the Federal Detention Center and the Women's Community Correctional Center (WCCC). WCCC houses post sentence adult females only. WCCC has a design bed capacity of 258, and operating bed capacity of 260. The August 2007 total inmate count averaged at 232 at WCCC 227 of the inmates are sentenced felons, 4 are parole/probation violators. WCCC Medical Services has a medical infirmary that can also house mental health needs detainees. Health Care Services operates 24 hours a day. NCCHC Prison Standards require mental health screening of every individual who remains longer than 7 days as well as individuals who are transferring to another facility. WCCC health care data show that 15 individuals are screened monthly post admission in addition to transfers to other facilities. WCCC is an accredited prison by the NCCHC.

The Bureau of Justice Statistics prevalence estimates for state prison inmates are that 8-19% of prisoners have significant psychiatric or functional disabilities, an additional 15-20% of inmates require some form of psychiatric intervention during their incarceration (Metzner, 1993). 8-12% of prison inmates at any given time suffer from a serious mental disorder, such as schizophrenia, bipolar disorder and major depression (DiCataldo et al, 1995). The rate of serious and persistent mental illness among prisoners is three to five times the rate found in the community (GAINS,

1997). Teplin's 1994 study of prisoners with mental disorders reflects significant differences in incidence of mental illness between males and females. Women have a higher incidence of mental health needs. When comparing diagnostic concerns across gender, women show significantly higher ratios than men with regard to the diagnoses of Post-traumatic Stress Disorder and of Major Depression. These conditions are not necessarily overt and they do not always require medication. Based upon the significant growth rate of female offenders, and of the growing awareness of the differences between mental health needs by gender, national recommendations are for gender-specific assessment and treatment programming for incarcerated women with a psychiatric diagnosis.

The US Department of Health and Human Services, Substance Abuse & Mental Health Services Administration (SAMHSA) has provided important national data regarding substance use. Hawaii has had a dramatic up-trend of methamphetamine abuse, with need for treatment surpassing that of alcohol. Methamphetamine is the most abused substance among those entering the Hawaii prison population. Women's co-occurrence of crime with drug abuse is substantial.

The co-morbidity of methamphetamine to problems with mental functioning is known, through research studies and daily clinical work, to be significant. Many individuals, who would not otherwise suffer from mental disorders, develop significant psychiatric pathology, which can be permanent, due to the untoward effects of methamphetamine dependence. This variable alone accounts for a changing trend in the type of treatment a growing number of females entering long-term prison require. They have criminal problems, substance dependence issues, cognitive deficits and newly developed psychiatric symptoms. The Justice Department estimates a growth rate of incarceration for females in the coming years. Past data reflect the growth rate at 5% for women, as compared to 3.3% for men. The trend coincides with the increase in arrests for substances. Women are engaging in drug abuse and are being arrested for other crimes in addition to possession of illegal substances and paraphernalia. They are now receiving longer terms of incarceration.

Presently 86 of the female inmates at WCCC (37% of all inmates) are receiving psychotropic medication. There is no specific mental health treatment for these women apart from medication at this time.

The current mental health staff appropriation for WCCC is one FTE 1.0 Social Worker (SW). This position is designated to work a 40-hour week. The SW is responsible for mental health screening of all intakes and transfers, for general population mental health contact, for acute mental health crisis management. A 1.0 FTE SW/HSP is required to expand services to include 20 hours of therapeutic programming and discharge planning. In additional, the additional position will allow for crisis coverage over two shifts. Crisis management is presently provided from the WCCC nursing staff and an on-call physician who may not know the individuals when there is no psychiatric staff on site.

The FTE 0.50 traveling Psychiatrist assigned to HCF for payroll purposes services WCCC individuals twice a week. Female inmates with Mental Health disorders who cannot be managed in neighboring island facilities are transferred to OCCC if they are pretrial and to WCCC if they are sentenced. Inmates who cannot be managed for mental health special needs at WCCC are transferred by inter-agency agreement to the Hawaii State Hospital thru the MH-9 agreement. Though PSD makes the request, the determination to move is based on the DOH decision.

WCCC's designated special needs housing unit is Section (B) in Olamana Cottage. High acuity mentally ill individuals or individuals in crisis are housed at the facility's infirmary in the medical unit. There is insufficient space for mental health treatment and programming. A portable trailer was requested and approved for WCCC MH programming during the 2007 legislative session.

It is clear that the special needs mentally ill are underserved at WCCC in terms of milieu-based programming. In addition to the stated programming for dual diagnosis/co-occurring mental health treatment, special programming for those suffering from Post Traumatic Stress and those suffering from pre- and post-partum depression and eating disorders is planned.

There is a 0.50 FTE Psychologist position at WCCC. A FTE 1.00 Psychologist position is required to provide adequate and accessible mental health services for the special needs mental health individuals. When programming is established, the Psychologist will assess individuals, consult with the Psychiatrist on diagnoses and then create and monitor treatment plans and oversee service delivery of in-house programming as well as oversee case discharge planning. In addition to the hire of the Psychologist, the start-up cost needed for psychological assessment equipment and supplies is $5,000. An additional annual budget of $1,000 is needed to update equipment and replenish testing materials.

As the program is developed, a doctoral fellowship position, at the cost of $10,000 per year, is requested. The Clinical Psychologist will also be the designated Mental Health Section Administrator for the development, implementation and monitoring of the mental health program at WCCC. The MHSA will supervise the doctoral fellowship position.

One FTE 1.0 Clerk Typist position is required for handling the daily clerical and records duties of the mental health section at WCCC. In addition, there will be quality improvement data entry, statistics, patient encounter data tasks to maintain, and medical record maintenance.

Based upon the expert's recommendations, the 2 FTE SW positions should more than meet the standards for staffing ratios of 1:200 for general population inmates. In addition, the two SW positions are required to perform 10 hours of therapeutic programming per inmate per week and discharge planning on two shifts.

As part of the 5-year plan for the implementation of psychosocial rehabilitation programs at WCCC, the mental health section requires the establishment of recreational therapy for Mental Health Services of 10 hours of therapeutic recreational out-of-cell time. One FTE 1.0 Recreational Therapist meets standards for the provision of psychosocial recreational programming. The start-up cost needed for program supplies and materials is estimated at $5,000. An additional annual budget of $1,000 is needed to restock the program supplies and materials.

As the program develops, and if individuals housed on the Mainland are returned to Hawaii, a Mental Health Section Administrator will be needed to ensure the continued development, implementation and monitoring of the mental health program at WCCC.

FTE .10 Clerk Typist position is needed for handling the daily clerical and data collection duties of the mental health section at WCCC.

An initial start up cost for provision of psychosocial rehabilitation programming materials for inmates is estimated at $5,000. An additional annual budget of $1,000. is needed to replenish

materials. The start-up cost needed for staff education and training is estimated at $5,000. An additional annual budget of $1,000 is needed to update training material and replace damaged equipment.

Existing staff:

FTE .50	Clinical Psychologist
FTE 2.0	Psychiatric Social Worker IV
FTE 1.0	Recreational Specialist
1 portable trailer	

Requesting:

FTE 1.0	Psychologist/Mental Health Section Administrator
FTE 1.0	Clerk Typist II
$5,000	Psychological Equipment/Supplies Expense
$10,000	IMR materials including the Wellness Recovery Action Plan (WRAP) Evidence based Group Treatment Program Materials
$5,000	Recreation Program Supplies/Materials Expense
$5,000	Furniture/Equipment for Programming Expense
$10,000	Psychology doctoral intern stipend [year 4]
$10,000	Staff Education and Training Expense

After all vacancies are filled (target date 2010-11), the Division anticipates that WCCC will meet the minimum standards, provided the population remains relatively stable. Adjustments to the staffing plan will be completed annually based on population trends and other necessary changes. The projections for year 4 and 5 are subject to change based on the final disposition of the DOJ investigation of OCCC and any changes in community standards.

In addition to the positions described above, it is anticipated that designated Adult Correctional Officers will be needed to assist with program security. This staffing requirement will require consultation with the facility's warden.

Total Projected WCCC Mental Health Staff (5.5):

FTE 1.5	Psychologist/Mental Health Section Administrator
FTE 2.0	Social Worker
FTE 1.0	Recreational Therapist
FTE 1.0	Clerk Typist

FY 2009 – Year Four Funding Request

The maintenance and storage of paper medical records and other health care documents presents a space problem and hinders efficiency. Providers do not have instant and simultaneous access to paper records as they would to electronic records. Paper records must also be prepared for transfer with inmate movements between facilities. Documentation of patient encounters is very important for the continuity of care of the patient and for compliance requirements with auditors.

The old adage states, "if it's not documented, it didn't happen." The increase in medical and mental health staff impacts the ability for multi-users to access one paper record simultaneously results in staff recording patient encounters on singular pieces of paper rather than in the chart. This impacts medical record staff and results in lost documentation. The storage and maintenance of paper records has also created a space problem including violating OSHA and fire codes regarding aisles and exits.

The Health Care Division and the IT section studied various electronic document storage systems that would allow the department to store archived records electronically. This would create space for current charts and would redirect archive staff to current records. It also allows instant access to the stored information regardless of what island the provider or nurse is on. To electronically store 2 to 3 years of archived charts would cost approximately $250,000.

The cost of a statewide electronic medical record system that would include licenses for all islands were correctional facilities are located and that would allow staff instant access and increase staff utilization of time would cost approximately 2.5 million dollars.