



**DEPARTMENT OF PUBLIC SAFETY  
REPORT TO THE 2010 LEGISLATURE**

**H.B. NO. 500, ACT 213 (2007), PART 3, SECTION 105,  
INMATES MENTAL HEALTH SERVICES AT  
OAHU COMMUNITY CORRECTIONAL CENTER,  
HALAWA CORRECTIONAL FACILITY, AND  
WOMEN'S COMMUNITY CORRECTIONAL CENTER,**

**S.B. 914, ACT 144 (2007)  
MENTAL HEALTH SERVICES FOR COMMITTED PERSONS**

**December 2009**

## **Introduction**

This report is written in compliance with requirements outlined in, H.B. NO. 500, Act 213 (2007), Part 3, Section 105, Inmates Mental Health Services at Oahu Community Correctional Center, Halawa Correctional Facility, and Women's Community Correctional Center, and S.B. 914, Act 144 Mental Health Services for Committed Persons. Whereas, the Department of Public Safety, Mental Health Service Branch, is obligated to report on:

“Measures of effectiveness, inmate care based on per-inmate hours of individual and group-based mental health treatment programs, level of medical management of mental health section inmates, amount of involuntary treatment, tracking of inmate mental health improvements or regressions.”

“Achievements, continuing improvements, ongoing problems in providing appropriate mental health care.”

As the subject matter of both of these requirements is closely interrelated, the Department found it appropriate to address both items collectively, as in the prior report.

## **Preface**

Dr. Mark R. Mitchell, Mental Health Branch Administrator (MBHA), Department of Public Safety, who assumed this role as of September 15, 2008, has prepared this report. Although there continues to be insufficiencies due to lack of infrastructure to support data collection, report production, analysis, monitoring and tracking, there has been improvement in the breadth and scope of treatment and programming. These findings, however, differ from facility to facility and commented on separately in this document. Additionally, there are areas of sustained good quality, which are outlined in the Summary of Findings. The report distinguishes between sufficient and insufficient findings on a facility-by-facility basis. Areas of insufficiency continue to be primarily due to a lack of personnel in both leadership and clinical positions.

## **Programming Hours**

Programming hours are outlined on the attached schedules. An updated schedule is attached for the most recently completed month at each facility. The recommendation for twenty (20) hours of programming for the Severe and Persistently Mentally Ill (SPMI) in our population is required by the federal Department of Justice. Programming hour requirements are further qualified as ten (10) hours of therapeutic programming and ten (10) hours of educational/recreational programming. However, in planning the number of programming hours, it is important to recognize the difference between programming hours offered and programming attended. The Department of Justice requires that each

individual attend 20 hours of programming per week. The schedules contained in this report identify group hours. Due to lack of full attendance in each group, actual individual hours will be lower than hours offered. At this point in time, in order to ensure that the Department come close to meeting individual hourly requirements, we have established a goal of offering 30 hours of programming (15 recreational and 15 therapeutic). Additionally, individual therapy hours are delivered by some of our clinical staff. This “productivity” is captured as “face to face” hours provided by each employee. However, due to the lack of a technical mechanism to capture these hours and a lack of sufficient support personnel, we are unable to differentiate these hours between therapeutic and recreational at this point in time. Therefore, these hours are not reflected in this report. We recently have modified documentation forms at OCCC that we are “piloting” in order to differentiate and capture this information, as well as distinguish the individual from the group interventions.

One of the three Mental Health modules (Module 1) at Oahu Community Correctional Center (OCCC) has met the overall required programming standards of twenty (20) hours per week. The remaining two Mental Health Modules at OCCC remain deficient due to staffing vacancies. However, staffing has been scheduled to bring OCCC into standards of compliance, which should be achieved by June 2010. Neither Halawa Correction Facility (HCF) nor Women’s Community Correctional Center (WCCC) have attained the required twenty (20) hours of weekly programming. The lack of compliance at HCF and WCCC is due to the fact that the balance of positions required to bring these facilities into compliance is presently frozen due to state budget exigencies. At this point in time, it is not know when these positions can be release and compliance achieved. At a minimum, during this period of uncertainty, both facilities have acquired psychology interns to assist in assessment and programming. Additionally, we are utilizing this time to standardize policies and procedures throughout the system, as well as standardize the content of programming through the implementation of national evidenced based practices and interventions.

The primary difference between this report and the prior years report is that there has been an increase in both the hours of programming delivered, as well as enhanced therapeutic and programming hours at OCCC. The attached schedules reflect that we are moving to a more balanced recreational and therapeutic delivery at OCCC, and on the verge of full compliance with programming hours. HCF, although lacking capacity to expand the clinic delivery and offer more scheduled, routine programming on a routine basis, utilizes two psychology interns to provide some assessments and therapy. Similarly, WCCC has obtained four psychology interns to assist in implementing a Trauma Informed Care program. Although, resources provided through the internships are extremely helpful, full compliance cannot be attained without the ability to fill positions originally scheduled by the legislature for these purposes.

#### **Accomplishments and Continuing Challenges:**

- (1) During the course of this past year, all policies and procedure affecting the delivery of mental health care have been revised, rewritten or

- (2) Psychiatry positions are at full capacity across all facilities.
- (3) At OCCC a Mental Health Section Administrator, one new Psychologist and one new Psychiatric Social Worker have been hired since this time last year. Additionally, one Recreational Specialist has been lost.
- (4) At OCCC, state-of-the-art rehabilitative programming modules (Lieberman Psychosocial Rehabilitation Modules) are being phased in as staffing increases.
- (5) At WCCC the Psychologist position was increased from .5FTE to 1.0FTE.
- (6) WCCC experienced an increase of 70 women with the termination of our mainland contract with Otter Creek.
- (7) Improved collaboration with the Adult Mental Health Division has resulted in a policy to connect eligible mental health inmates to community-based case management services up to six month prior to release to facilitate discharge to community mental health services. Additionally, present AMHD consumers who enter our Jails will continue to be followed by AMHD community-based case managers who will participate actively in discharge planning.
- (8) Policies and Procedures have been drafted to facilitate referral to AMHD for eligibility determination for inmates with serious and persistent mental illnesses.
- (9) As previously stated the ability to hire individuals with the clinical expertise to deliver and manage these services is critical. Confirming concerns outline in the prior report, some of the established positions have proven inadequate for compliance with the Department of Justice requirements. These positions are presently in the process of being re-described to recruit individuals with the required credentials.
- (10) State furloughs have slowed the hiring at OCCC, as we are still wrestling with the impact of “bumping” due to layoffs across the state.
- (11) With exception to OCCC, which is under federal oversight, the level of resources dedicated to this mental health care within the system remains inadequate, as many of the positions approved by the legislature are

- (12) Consistent with the prior report, the Mental Health Branch has reassessed the original five (5) year plan, and will be reorganizing the delivery and supervision of mental health services across facilities in order to improve efficiency and efficacy of care. The Mental Health Services Branch believes that it is more prudent and effective to concentrate the most of the delivery of mental health care for the SPMI within three facilities (OCCC, HFC & WCCC), rather than relying on inadequate physical environments for care in neighbor island facilities.

## Mental Health Program Weekly Schedule– October 2009

### OCCC Module 1 (Men’s Acute Treatment)

Acute stabilization, medication monitoring, behavioral observation and assessment.

<b>Time</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
6 am – 7 am	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
8:30 am – 9:30 am	Outdoor Recreation	Outdoor Recreation	Outdoor Recreation	Outdoor Recreation	Outdoor Recreation
10 am – 11 am		Treatment Team Meeting			
10 am – 11 am	Lunch	Lunch	Lunch	Lunch	Lunch
11 am – 12:30 pm	Indoor Art/ Activities – Susan K.	<b>Medication &amp; Symptom Management</b> – James M.	Indoor Art/ Activities – Susan K.	<b>Medication &amp; Symptom Management</b> – James M.	Indoor Art/ Activities – Susan K.
<b>3 pm – 4 pm</b>	<b>Anger Management</b> – Tom W.				
4 pm – 5 pm	Dinner	Dinner	Dinner	Dinner	Dinner
<b>5:15 pm – 6:15 pm</b>	<b>Health Realization Group</b> – Rhonda S.		<b>AA/NA Group</b> – Rhonda S.	<b>AA/NA Group</b> – Rhonda S.	
<b>6:15 pm – 7:15 pm</b>	<b>AA/NA Group</b> – Rhonda S.		<b>Life Skills</b> – Rhonda S.	<b>Life Skills</b> – Rhonda S.	<b>AA/NA Group</b> – Rhonda S.

**Mental Health Program Weekly Schedule – October 2009**  
**OCCC Module 7 (Men’s Continuing Treatment)**  
 On-going treatment

<b>Time</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
6 am – 7 am	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
8:30 am – 9:30 am	Outdoor Recreation	Outdoor Recreation	Outdoor Recreation	Outdoor Recreation	Outdoor Recreation
8:30 am – 9:15 am		Treatment Team Meeting			
10 am – 11 am	Lunch	Lunch	Lunch	Lunch	Lunch
<b>10:30 am – 11:30 am</b>					<b>Religious Educ. Support Group</b> – Chaplain Eddie
<b>11 am – 12:30 pm</b>		<b>Dual Diagnosis Group</b> – Jeff T., Malcolm L.			
<b>11:30 am – 1:00 pm</b>					<b>Dual Diagnosis Group</b> – Jeff T., Malcolm L.
<b>12:30 pm – 1:30 pm</b>		<b>Anger Management</b> – Tom W.			
<b>12 pm – 1:30 pm</b>	<b>AA/NA Group &amp; Life Skills</b> – Rhonda S.				
2:30 pm – 4 pm	Indoor Art/ Activities – Susan K.	Indoor Art/ Activities	Indoor Art/ Activities	Indoor Art/ Activities	Indoor Art/ Activities
4 pm – 5 pm	Dinner	Dinner	Dinner	Dinner	Dinner
<b>5:15 pm – 6:15 pm</b>					<b>AA/NA Group</b> – Rhonda S.

## Mental Health Program Weekly Schedule – October 2009

### OCCC Module 8 (Women’s Acute & Continuing Treatment)

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

<b>Time</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
6 am – 7 am	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
8:30 am – 9:30 am	Outdoor Recreation	Outdoor Recreation	Outdoor Recreation	Outdoor Recreation	Outdoor Recreation
9:15 am – 10 am		Treatment Team Meeting			
10 am – 11 am	Lunch	Lunch	Lunch	Lunch	Lunch
<b>11 am – 12:30 pm</b>		Indoor Art/ Activities – Susan K.		Indoor Art/ Activities – Susan K.	
<b>12 pm – 1 pm</b>		<b>Life Skills</b> – Rhonda S.			
<b>3:30 pm – 4:30 pm</b>		<b>AA/NA Group</b> - Rhonda S.			
4 pm – 5 pm	Dinner	Dinner	Dinner	Dinner	Dinner
<b>5 pm – 6 pm</b>			<b>Anger Management</b> – Tom W.		
6 pm – 8 pm				Religious Educ. (first / third week)	



**Mental Health Programming Hours Comparison - OCCC  
FY 2008 – FY 2009 Comparison**

Module	Treatment / Rehab Hours		Recreation/Activities/Education Hours	
	FY 2008	FY 2009	FY 2008	FY 2009
Module 1 (Men's Acute)	6	11	16	9.5
Module 7 (Men's Continuing Treatment)	3	6.5	20	13.5
Module 8 (Women's Acute & Continuing)	6	3	17	10
Other Individual Therapy Hours	0	168*	Not Applicable	Not Applicable

\*Note – No individual therapy hours we delivered in 2008. Monthly total of therapy hours needs to be differentiated among modules and counted by individual patient.

## Halawa Correctional Facility Monthly Program Schedule - Medium Security– October 2009

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1 8:15AM - 9:15AM <i>Social Skill Building (T)</i> 9:15AM – 10:15AM <i>Psycho – educational Group (T)</i>	2 8:15AM – 9:15AM <i>Recreation Therapy (R)</i>	3	4
5	6 8:15AM - 9:15AM <i>Social Skill Building (T)</i> 9:15AM – 10:15AM <i>Psycho – educational Group (T)</i>	7 8:30AM – 9:45AM <i>Recreation Therapy (R)</i>	8 8:15AM - 9:15AM <i>Social Skill Building (T)</i> 9:15AM – 10:15AM <i>Psycho – educational Group (T)</i>	9 8:30AM – 9:45AM <i>Recreation Therapy (R)</i>	10	11
12	13 8:15AM - 9:15AM <i>Social Skill Building (T)</i> 9:15AM – 10:15AM <i>Psycho – educational Group (T)</i>	14 8:30AM – 9:45AM <i>Recreation Therapy (R)</i>	15 8:15AM - 9:15AM <i>Social Skill Building (T)</i> 9:15AM – 10:15AM <i>Psycho – educational Group (T)</i>	16 8:15AM – 9:15AM <i>Recreation Therapy (R)</i>	17	18
19	20 8:15AM - 9:15AM <i>Social Skill Building (T)</i> 9:15AM – 10:15AM <i>Psycho – educational Group (T)</i>	21 8:30AM – 9:45AM <i>Recreation Therapy (R)</i>	22 8:15AM - 9:15AM <i>Social Skill Building (T)</i> 9:15AM – 10:15AM <i>Psycho – educational Group (T)</i>	23 8:15AM – 9:15AM <i>Recreation Therapy (R)</i>	24	25
26	27 8:15AM - 9:15AM <i>Social Skill Building (T)</i> 9:15AM – 10:15AM <i>Psycho – educational Group (T)</i>	28 8:15AM – 9:15AM <i>Recreation Therapy (R)</i>	29 8:15AM - 9:15AM <i>Social Skill Building (T)</i> 9:15AM – 10:15AM <i>Psycho – educational Group (T)</i>	30 8:15AM – 9:15AM <i>Recreation Therapy (R)</i>	31	

## Halawa Correctional Facility Monthly Program Schedule - High Security– October 2009

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			<b>1</b> 11:45AM – 12:45PM <i>Social Skills (T)</i> 12:00PM – 1:00PM <i>Recreation Therapy (R)</i> 12:30PM – 1:30PM <i>Activities Therapy (R)</i>	<b>2</b> 8:15AM – 9:15AM <i>Social Skills (T)</i> 9:15AM – 10:15AM <i>Activities Therapy (R)</i> 2:30PM – 3:30PM <i>Activities Therapy (R)</i>	<b>3</b> 8:30AM – 10:00AM <i>Education (R)</i> 12:00PM – 1:00PM <i>Recreation Therapy (R)</i>	<b>4</b>
<b>5</b>	<b>6</b> 11:00AM – 12:00PM <i>Social Skills (T)</i> 12:00PM – 1:00PM <i>Recreation Therapy (R)</i>	<b>7</b> 8:15AM – 9:15AM <i>Social Skills (T)</i> 9:15AM – 10:15AM <i>Activities Therapy (R)</i>	<b>8</b> 11:45AM – 12:45PM <i>Social Skills (T)</i> 12:00PM – 1:00PM <i>Recreation Therapy (R)</i> 12:30PM – 1:30PM <i>Activities Therapy (R)</i>	<b>9</b> 8:15AM – 9:15AM <i>Social Skills (T)</i> 9:15AM – 10:15AM <i>Activities Therapy (R)</i> 2:30PM – 3:30PM <i>Activities Therapy (R)</i>	<b>10</b> 8:30AM – 10:00AM <i>Education (R)</i> 12:00PM – 1:00PM <i>Recreation Therapy (R)</i>	<b>11</b>
<b>12</b>	<b>13</b> 11:00AM – 12:00PM <i>Social Skills (T)</i> 12:00PM – 1:00PM <i>Recreation Therapy (R)</i>	<b>14</b> 8:15AM – 9:15AM <i>Social Skills (T)</i> 9:15AM – 10:15AM <i>Activities Therapy (R)</i>	<b>15</b> 11:45AM – 12:45PM <i>Social Skills (T)</i> 12:00PM – 1:00PM <i>Recreation Therapy (R)</i> 12:30PM – 1:30PM <i>Activities Therapy (R)</i>	<b>16</b> 8:15AM – 9:15AM <i>Social Skills (T)</i> 9:15AM – 10:15AM <i>Activities Therapy (R)</i> 2:30PM – 3:30PM <i>Activities Therapy (R)</i>	<b>17</b> 8:30AM – 10:00AM <i>Education (R)</i> 12:00PM – 1:00PM <i>Recreation Therapy (R)</i>	<b>18</b>
<b>19</b>	<b>20</b> 11:00AM – 12:00PM <i>Social Skills (T)</i> 12:00PM – 1:00PM <i>Recreation Therapy (R)</i>	<b>21</b> 8:15AM – 9:15AM <i>Social Skills (T)</i> 9:15AM – 10:15AM <i>Activities Therapy (R)</i>	<b>22</b> 11:45AM – 12:45PM <i>Social Skills (T)</i> 12:00PM – 1:00PM <i>Recreation Therapy (R)</i> 12:30PM – 1:30PM <i>Activities Therapy (R)</i>	<b>23</b> 8:15AM – 9:15AM <i>Social Skills (T)</i> 9:15AM – 10:15AM <i>Activities Therapy (R)</i> 2:30PM – 3:30PM <i>Activities Therapy (R)</i>	<b>24</b> 8:30AM – 10:00AM <i>Education (R)</i> 12:00PM – 1:00PM <i>Recreation Therapy (R)</i>	<b>25</b>
<b>26</b>	<b>27</b> 11:00AM – 12:00PM <i>Social Skills (T)</i> 12:00PM – 1:00PM <i>Recreation Therapy (R)</i>	<b>28</b> 8:15AM – 9:15AM <i>Social Skills (T)</i> 9:15AM – 10:15AM <i>Activities Therapy (R)</i>	<b>29</b> 11:45AM – 12:45PM <i>Social Skills (T)</i> 12:00PM – 1:00PM <i>Recreation Therapy (R)</i> 12:30PM – 1:30PM <i>Activities Therapy (R)</i>	<b>30</b> 8:15AM – 9:15AM <i>Social Skills (T)</i> 9:15AM – 10:15AM <i>Activities Therapy (R)</i> 2:30PM – 3:30PM <i>Activities Therapy (R)</i>	<b>31</b> 8:30AM – 10:00AM <i>Education (R)</i> 12:00PM – 1:00PM <i>Recreation Therapy (R)</i>	

**Mental Health Programming Hours Comparison - HCF  
FY 2008 – FY 2009 Comparison**

Module	Treatment / Rehab Hours per wk		Recreation/Activities/Education Hours per wk	
	FY 2008	FY 2009	FY 2008	FY 2009
Medium Security Module	5	4	7	2.5
High Security Module	5	4	8	8
Other Individual Therapy Hours	Not Captured	Not Captured	Not Applicable	Not Applicable

## Women's Community Correctional Center Monthly Program Schedule - October, 2009

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
			<b>1</b> 9:00AM – 11:00PM <i>GP Individual Therapy (T)</i> 12:00PM – 2:00PM <i>SPMI</i> <i>Individual Therapy (T)</i>	<b>2</b> 9:00AM – 11:00AM <i>GP Individual Therapy (T)</i> 12:00PM – 2:00PM <i>SPMI</i> <i>Individual Therapy (T)</i> 12:15PM – 12:45PM <i>Exercise (R)</i>	<b>3</b> 9:00AM – 11:00AM <i>SPMI</i> <i>Individual Therapy (T)</i> 2:30PM – 4:00PM <i>Movies</i> <i>(R)</i>	<b>4</b>
<b>5</b> 9:00AM – 11:00AM <i>Religious Educ (R)</i>	<b>6</b> 9:00AM – 11:00AM <i>SPMI</i> <i>Individual Therapy (T)</i> 12:00PM – 2:00PM <i>Culinary Arts (R)</i>	<b>7</b> 9:00AM – 11:00AM <i>GP Individual Therapy (T)</i> 12:00PM – 1:30PM <i>SPMI</i> <i>Group Therapy (T)</i>	<b>8</b> 9:00AM – 11:00PM <i>GP Individual Therapy (T)</i> 12:00PM – 2:00PM <i>SPMI</i> <i>Individual Therapy (T)</i>	<b>9</b> 9:00AM – 11:00AM <i>GP Individual Therapy (T)</i> 12:00PM – 2:00PM <i>SPMI</i> <i>Individual Therapy (T)</i> 12:15PM – 12:45PM <i>Exercise (R)</i>	<b>10</b> 9:00AM – 11:00AM <i>SPMI</i> <i>Individual Therapy (T)</i> 2:30PM – 4:00PM <i>Movies</i> <i>(R)</i>	<b>11</b>
<b>12</b> 9:00AM – 11:00AM <i>Religious Educ (R)</i>	<b>13</b> 9:00AM – 11:00AM <i>SPMI</i> <i>Individual Therapy (T)</i> 12:00PM – 2:00PM <i>Culinary Arts (R)</i>	<b>14</b> 9:00AM – 11:00AM <i>GP Individual Therapy (T)</i> 12:00PM – 1:30PM <i>SPMI</i> <i>Group Therapy (T)</i>	<b>15</b> 9:00AM – 11:00PM <i>GP Individual Therapy (T)</i> 12:00PM – 2:00PM <i>SPMI</i> <i>Individual Therapy (T)</i>	<b>16</b> 9:00AM – 11:00AM <i>GP Individual Therapy (T)</i> 12:00PM – 2:00PM <i>SPMI</i> <i>Individual Therapy (T)</i> 12:15PM – 12:45PM <i>Exercise (R)</i>	<b>17</b> 9:00AM – 11:00AM <i>SPMI</i> <i>Individual Therapy (T)</i> 2:30PM – 4:00PM <i>Movies</i> <i>(R)</i>	<b>18</b>
<b>19</b> 9:00AM – 11:00AM <i>Religious Educ (R)</i>	<b>20</b> 9:00AM – 11:00AM <i>SPMI</i> <i>Individual Therapy (T)</i> 12:00PM – 2:00PM <i>Culinary Arts (R)</i>	<b>21</b> 9:00AM – 11:00AM <i>GP Individual Therapy (T)</i> 12:00PM – 1:30PM <i>SPMI Group Therapy (T)</i>	<b>22</b> 9:00AM – 11:00PM <i>GP Individual Therapy (T)</i> 12:00PM – 2:00PM <i>SPMI</i> <i>Individual Therapy (T)</i>	<b>23</b> 9:00AM – 11:00PM <i>GP Individual Therapy (T)</i> 12:00PM – 2:00PM <i>SPMI</i> <i>Individual Therapy (T)</i> 12:15PM – 12:45PM <i>Exercise (R)</i>	<b>24</b> 9:00AM – 11:00AM <i>SPMI</i> <i>Individual Therapy (T)</i> 2:30PM – 4:00PM <i>Movies</i> <i>(R)</i>	<b>25</b>
<b>26</b> 9:00AM – 11:00AM <i>Religious Educ (R)</i>	<b>27</b> 9:00AM – 11:00AM <i>SPMI</i> <i>Individual Therapy (T)</i> 12:00PM – 2:00PM <i>Culinary Arts (R)</i>	<b>28</b> 9:00AM – 11:00AM <i>GP Individual Therapy (T)</i> 12:00PM – 1:30PM <i>SPMI</i> <i>Group Therapy (T)</i>	<b>29</b> 9:00AM – 11:00PM <i>GP Individual Therapy (T)</i> 12:00PM – 2:00PM <i>SPMI</i> <i>Individual Therapy (T)</i>	<b>30</b> 9:00AM – 11:00AM <i>GP Individual Therapy (T)</i> 12:00PM – 2:00PM <i>SPMI</i> <i>Individual Therapy (T)</i> 12:15PM – 12:45PM <i>Exercise (R)</i>	<b>31</b> 9:00AM – 11:00AM <i>SPMI</i> <i>Individual Therapy (T)</i> 2:30PM – 4:00PM <i>Movies</i> <i>(R)</i>	

**Mental Health Programming Hours Comparison - WCCC  
FY 2008 – FY 2009 Comparison**

Module	Treatment / Rehab Hours per wk		Recreation/Activities/Education Hours per wk	
	FY 2008	FY 2009	FY 2008	FY 2009
SPMI Module	0	1.5	7.5	6
Other Individual Therapy Hours	22	12	Not Applicable	Not Applicable

- Hina Mauka offers Substance abuse programming from 7:15 AM to 8:30 PM daily that our SPMI cannot participate, as they are under the “Education” Branch of PSD. The MHBA will be meeting with this branch to discuss reciprocal arrangements to extend services to the SPMI.
- AA provides Group every Sunday from 12:00PM –1:00PM and NA provides Group every Wednesday evening from 7:00PM – 8:30PM. Our SPMI are restricted from these groups, as well.
- Total Life Recovery (a faith-based substance abuse treatment program) offers services 8:00AM – 4:00PM Monday – Friday. Our SPMI population does not participate in these services.

## Level of Medical Management & Involuntary Treatment

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

Table 1: Mental Health Clinical Contacts: FY 2008, 2009 & 2010 Year-to-Date

Table 2: Mental Health Outcome Measures by Facility: FY 2008, 2009 & 2010 Year-to-Date

<b>Mental Health Clinical Contacts: FY 2008, 2009 &amp; 2010 Year-to-Date</b>			
	<b>2008 Summary Statistics</b>	<b>2009 Summary Statistics</b>	<b>2010 Summary Statistics</b>
<b>Facility - OCCC</b>	Total	Total	Q1
Psychiatrist	25281	3722	1512
Psychologist	978	81	468
Social Worker IV	7659	17319	4575
<b>Facility - HFC</b>	Total	Total	Q1
Psychiatrist	64561	1800	387
Psychologist	1229	Not reported	Not Reported
Social Worker IV	13926	Not reported	Not Reported
<b>Facility - WCCC</b>	Total	Total	Q1
Psychiatrist	8315	641	12
Psychologist	169	1090	153
Social Worker IV	871	1748	121

**Table 2: Mental Health Outcome Measures by Facility  
FY 2008, 2009 & 2010 Year-to-Date**

<b>DATA ELEMENT / FACILITY</b>	<b>OCCC</b>	<b>WCCC</b>	<b>HCF</b>	<b>2008 Total</b>	<b>OCCC</b>	<b>WCCC</b>	<b>HCF</b>	<b>2009 Total</b>	<b>OCCC</b>	<b>WCCC</b>	<b>HCF</b>	<b>2010 1<sup>st</sup> Qtr</b>
Number of Inmates Admitted to a Psychiatric Infirmary (or transferred in-system for psych infirmary care)		158	122	<b>1148</b>	790	156	118	<b>1064</b>	251	4	20	<b>275</b>
Number of Inmates Transferred to a Facility with Special Psychiatric Housing	3	0	0	<b>3</b>	0	0	0	<b>0</b>	0	0	0	<b>0</b>
Number of Inmates Hospitalized for a Mental Health Condition (excluding HSH admissions) **	0	0	0	<b>0</b>	0	0	0	<b>0</b>	0	0	0	<b>0</b>
Number Inmates Placed on Suicide Watch	408	35	60	<b>503</b>	351	19	85	<b>455</b>	39	2	9	<b>50</b>
Number of Inmates Placed on Safety Watch	342	9	15	<b>366</b>	156	33	7	<b>196</b>	37	1	0	<b>38</b>
Number of Transfers to the Hawaii State Hospital	4	0	5	<b>9</b>	0	0	3	<b>3</b>	0	0	0	<b>0</b>
Number of Emergency Medical Responses	68	41	42	<b>151</b>	47	24	38	<b>109</b>	10	0	6	<b>16</b>
Number of Suicide Attempts/Gestures (unsuccessful)	3	1	7	<b>11</b>	2	0	2	<b>4</b>	2	0	0	<b>2</b>
Number of Successful Suicides	1	1	0	<b>2</b>	0	0	0	<b>0</b>	0	0	0	<b>0</b>
Number of Involuntary Mental Health Procedures **	14	0	4	<b>18</b>	9	0	5	<b>14</b>	3	0	0	<b>3</b>
Number of Mental Health Inmates Placed in Seclusion**	185	1	1	<b>187</b>	165	10	0	<b>175</b>	56	7	0	<b>63</b>
Number of Mental Health Inmates Placed in Restraints**	2	0	1	<b>3</b>	7	0	4	<b>11</b>	1	0	0	<b>1</b>



## Summary of Findings

Quality areas requiring maintenance of effort:

- (1) Monitoring system for the following qualitative elements:
  - a. Safety Watch
  - b. Suicide Watch
- (2) Outcome Measures
  - a. Emergency Medical Responses
  - b. Suicide Attempts
  - c. Successful Suicides
  - d. Involuntary Medication
  - e. Restraints
- (3) New Policies and Procedures comporting with national standards provide the foundation for improved and uniform care throughout the facilities. It is expected that the Federal Department of Justice will approve all Policies and Procedures by the end of calendar 2009.
- (4) State-of-the-art rehabilitative programming for mental health care (Lieberman Modules) is in the process of implementation at OCCC.

Sufficient areas requiring ongoing monitoring and continuous improvement:

- (1) A small core of outdated Policies and Procedures governing the operations of PSD Mental Health Services need to be reviewed and purged through a new annual P&P review process.
- (2) Post-Admission Mental Health Assessments are conducted on inmates/patients within 14 days for all admissions.

Partially sufficient areas requiring improvement:

- (1) Treatment plans exist for all SPMI inmates/patients, but still required improved measurable goals and objectives tied to program offerings.
- (2) Schedules exist for each unit/module for SPMI, but require greater breadth of therapeutic interventions for WCCC and HCF. The only issues affecting full compliance at OCCC will be to complete hiring personnel into approved vacant positions and the impact of the furlough on hours of programming that will be available.
- (3) Programming hours are captured, but not individual inmate/patient hours. OCCC will be piloting a process to capture this information on an individual level. This process will be implemented at the remaining facilities, as staffing permits.
- (4) Data collection, aggregation requires streamlining and organizing for more rapid and accurate report production to respond to both qualitative and informational needs – Plan to fill mental health branch Program Analyst position and Statistical Clerk positions at facilities. Unfortunately, there has been no progress on filling of any of these positions, to date. PSD is considering an interim plan to contract with the University of Hawaii to perform some of these functions for OCCC.

- (5) Improve integration and content of programming delivered by other branches at the facilities to the SPMI population (e.g. Substance Abuse is in the Education Branch, not the mental health branch). Greater integration of these programming elements is occurring at OCCC and WCCC. HCF utilizes a separate facility for most of the substance abuse services (Waiawa Correctional Facility). Greater integration cannot occur at HCF until authorized Mental Health Psychiatric Social Worker Positions are “unfrozen”.

Insufficient areas requiring remediation:

- (1) A new training program will be required in order to educate staff for consistent implementation of the new Policies and Procedures. Selectively, competency based curricula will need to be developed and tested.
- (2) Breadth of program offerings at HCF and WCCC – remediation linked to staffing and ability to recruit.
- (3) Organizational structure of Mental Health Services within facilities – New “Hub and Spoke” model for care is informally in process. This model will require fewer staff positions than originally proposed in the Department of Public Safety, Mental Health Service 5 Year Plan, yet when fully operationalized, comport with national standards of care at all facilities. Compliance will require the ability and budget to fill up to presently authorized level of FTE’s.
- (4) People in need of mental health services inappropriately admitted to Community Correctional Facilities (selective case problems continue) – continued work with AMHD to improve diversion into treatment.
- (5) Discharge linkage with AMHD Case Management (systemic problem with most providers) – Gradual improvement in work with AMHD in process on specific policies and procedures. It is expected by this time next year this item will appear in the “sufficient” category.
- (6) AMHD Eligibility Determination (selective case issues) – People re-diagnosed in OCCC as SPMI, but having been previously determined ineligible by AMHD.