DEPARTMENT OF PUBLIC SAFETY
REPORT TO THE 2014 LEGISLATURE

ACT 144 (2007)
MENTAL HEALTH SERVICES FOR COMMITTED PERSONS

September 2013

Introduction

This report is written pursuant to Act 144 (2007), "Mental Health Services for Committed Persons" which requires the Department of Public Safety to report annually to the Legislature on "Achievements, continuing improvements, ongoing problems in providing appropriate mental health care."

Preface

Although there continues to be insufficiencies in general due to lack of infrastructure to support data collection, report production, analysis, monitoring and tracking, there also continues to be improvement in the breadth and scope of treatment and programming, particularly at Oahu Community Correctional Center (OCCC) and Women's Community Correctional Center (WCCC). Over the last four (5) years, OCCC has continue to make significant strides toward achieving compliance with national standards for correctional mental health care working on collaboration with the Federal Department of Justice to satisfy stipulations and provisions outlined in a Settlement Agreement with the State of Hawaii. The settlement agreement has subsequently been reduced from the original list of thirty-seven (37) items to four (4) outstanding items written in a general Compliance Plan. The target date for compliance for the remaining mental health issues was June 30, 2013. However, the Department of Justice in collaboration with the State of Hawaii, jointly decided to extend the Compliance Plan focusing singularly on the item of Suicide Prevention. Even prior to the revision of the Compliance Plan, the Mental Health Branch of the Department initiated some of the agreed upon requirements related to Continuous Quality Improvement (CQI) studies. As of the writing of this report, two (2) CQI studies of Suicide Risk Evaluation, daily follow-up progress notes, suicide treatment plans and follow-up requirements have been completed. Additionally, four (4) studies have been completed related to Emergency Evaluations and one (1) study has been completed relating to "after-hours intake evaluations." As we move toward full compliance with the Plan, we are ready to refocus efforts on improvements at other correctional facilities and the overall system of care.

We acknowledge that there are significant differences among Department of Public Safety facilities, and that these differences are primarily related to staffing levels at the various facilities. At some facilities, we have had difficulty filling highly specialized professional positions, such as Psychiatrist and Psychologist using traditional recruitment methods. Tat most facilities, we simply do not have enough positions to provide the level of care required to provide treatment that meets national standards for correctional mental health care. Therefore, the Department has generated a request to the legislature for positions required to achieve compliance at all correctional facilities.

The differences among our facilities are noted separately throughout this document. Additionally, there are areas of sustained good quality and, in fact, excellence that 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. However,

comparative to prior fiscal years, qualitative measures collectively demonstrate significant overall improvement, with many measures moving from insufficient to sufficient and from sufficient to qualitative.

Programming Hours

Programming hours are outlined in the attached program schedules. An updated schedule is attached for the most recently completed week or 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 (or structured) programming and ten (10) hours of unstructured leisure or recreational activities. However, in planning the number of programming hours, it is important to recognize that there is a 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. Lack of full attendance/participation in structured groups' leads to actual individual hours received by inmates to be lower than total hours offered. At this point in time, in order to ensure that the Department comes close to meeting individual hourly requirements, we have established a goal of offering 30 hours of programming (15 structured and 15 unstructured) at OCCC. In addition to group therapy and activities offered on the mental health modules, clinical staffs provide individual therapy hours. Individual therapy is essentially "productivity", and is captured as "face to face" hours provided by each employee. However, due to the lack of a uniform technical mechanism to capture these hours, we are only capable or reporting just hours and not the content of what has been specifically delivered to inmates with mental health problems receiving this type of intervention. A proxy for individual hours is the contact information contained in Table 1 of this report.

Collectively, the three Mental Health modules at Oahu Community Correctional Center (OCCC) met the overall required programming standards of twenty (20) hours per week. However, there were individual variations among the units. Due to the long-term absence of a staff person and a vacancy, the Women's Mental Health Module at OCCC fell below requirements by 2 hours per week, delivering an average of 18.0 versus 20 hours.

For the second year in a row, Women's Community Correctional Center (WCCC) has attained the required twenty (20) hours of weekly programming. Although the loss of a second PSW due to personnel actions hampered the ability of WCCC to achieve this goal, the use of three (3) psychology interns assisted in filling the gap permitting additional groups to be continued to be offered. However, there are many other mental health issues at WCCC that remain out of compliance with national standards (since that is not the purpose of this report, these could be enumerated upon request).

HCF continues to be in non-compliance with required programming hours due to the lack staffing. At this point in time, compliance largely is dependent both our ability to fill

high level professional positions as well as expansion of services related to the 2014-15 budget request.

Accomplishments and Continuing Challenges:

(1) Policies and procedures that had approved by the Department of Justice, continue to be modified for both improved operation and content subsequent to the mental health branches annual reviews, as well as findings elicited from CQI studies and Clinical Reviews. Most policies and procedures have been in effect for about 5 years, with modification reviews conducted annually. We have imbedded the annual review of Mental Health Policies and Procedures into our "Mental Health Continuous Quality Improvement (MH/CQI)" process, which has been in existence for five (5) years at OCCC.

(2) The Department has achieved substantial compliance on the majority of the original 40 items outlined in "the Settlement Agreement". A short-term "Compliance Agreement" was been created between the parties to address the four (4) remaining compliance items, with compliance anticipated by 06/30/13. However, the Department of Justice and the State of Hawaii, has mutually agreed to extend the "Compliance Agreement" to June 1, 2014 to address the singular item of Suicide Prevention, at which time the Department of Justice should suspend oversight activities.

(3) The HCF full time psychiatry vacancy identified in last years report was filled. However, this employee has recently filed his retirement papers, and we will either fill the position or recruit a locum tenens. In addition, HCF has two psychology and two psychiatric social worker vacancies. These positions are in active recruitment

(4) As previously stated the ability to hire individuals with the clinical expertise to deliver and manage these services is critical. The mental health section of OCCC has been down by two psychology positions. Additionally, there have been long-term vacancies in one Psychiatric Social Worker, the Assistant Mental Health Section Administrator, two Paramedical Assistants, one nursing position and a recreational therapist. As a result, both assessments and programming have been negatively effected, as evidenced in some of our CQI studies. All positions are in continuous active recruitment.

(5) Supplemental time off (STO) days has ended, restoring staff to full-time statuses. This permits the mental health branch to ensure that we have an even distribution of clinical staffing required to perform time-critical assessments against the timelines that have been agreed to with

the Department of Justice and are imbedded in our policies and procedures.

(6) With exception to OCCC, which is under federal oversight, the level of resources dedicated to mental health care within the system remains inadequate. As we strive to ensure substantial compliance with all Department of Justice requirements at OCCC, we have used this initiative as a template for proceeding forward with a request to the legislature for positions directed at bringing all correctional facilities into minimal compliance with national correctional standards for mental health care.

(7) The Department 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. As such we are reviewing a new organizational model that will improve efficiency and efficacy of care. The proposed organization will provide the structural design that will be required to increase service capacity to achieve compliance with national standards not only at WCCC and HCF, but also at neighbor island facilities.

Mental Health Weekly Program Schedule– August 2013
OCCC Module 1 (Men's Acute Treatment)

Acute stabilization, medication monitoring, behavioral observation and assessment.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday/Sunday
6 am	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
8 am – 9:30 am	Outdoor Recreation	Outdoor Recreation	Outdoor Recreation **Bible Study** – Calvary Chapel Pearl Harbor (8 am – 10 am)	Outdoor Recreation	Outdoor Recreation	
8:30 am – 9:30 am		Treatment Team Meeting				
10 am	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
10:15 am – 11 am	**Art Group/Indoor Activity** (10:15 am – 11:30 am)	**Medication & Symptom Mgmnt.** (10:15 am – 11:15 am)	**Art Group/Indoor Activity** (10:30 am – 12 pm)	**Relapse Prevention** (10:15 am – 11:15 am)	**Art Group/Indoor Activity** (10:15 am – 11:45 am)	
11 am – 12 pm		**Wellness Group** (11:15 am – 12:15 pm)				
11:30 am – 1 pm	**B.R.I.D.G.E.S. Education**					
1:30 pm – 2:30 pm	Watch change	Watch change	Watch change	Watch change	Watch change	Watch change
2:30 pm – 4 pm			**B.R.I.D.G.E.S. Education**			

Treatment Hours – 10.25 **Recreational Hours – 9.5**

Mental Health Weekly Program Schedule – October 2013

OCCC Module 7/2 (Men's Continuing Treatment)

Rehabilitation and Treatment

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday/Sunday
6 am	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
8 am – 9:30 am	Outdoor Recreation	Outdoor Recreation	Outdoor Recreation	Outdoor Recreation	Outdoor Recreation	
9:30 am				Treatment Team Meeting		
10 am	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
10:30 am – 11:30 am	**Community Meeting**	**Art Group/Indoor Activity**	**Wellness Group**	**Art Group/Indoor Activity**	**Cognitive-Behavioral Group**	
11:30 am – 12:30 pm	**AA Meeting**				**Art Group/Indoor Activity**	
12:30 pm – 1:30 pm	**Music & Art**		**Music & Art**	**Life Skills**		
1:30 pm – 2:30 pm	Watch change	Watch change	Watch change	Watch change	Watch change	Watch change
2:30 pm – 4 pm	**B.R.I.D.G.E.S. Education**			**B.R.I.D.G.E.S. Education**		
4 pm	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner

Therapeutic Hours – 13.0 **Recreational Hours – 7.5**

Mental Health Weekly Program Schedule – October 2013

OCCC Module 8 (Women's Acute & Continuing Treatment)

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

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday/Sunday
9 am			Treatment Team Meeting			
10 am	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
10 am – 11 am			**Art Group/Indoor Activity –** (10:30 am – 12 pm)	**Wellness Group**	**Life Skills**	
11 am – 12 pm		**Art Group/Indoor Activity** (11 am – 12:30 pm)		**Art Group/Indoor Activity** (11:30 am – 1 pm)		
12 pm – 1:30 pm		**Seeking Safety** (12:30 pm – 1:30 pm)	**B.R.I.D.G.E.S. Education**		**B.R.I.D.G.E.S. Education**	
1:30 pm – 2:30 pm	Watch change	Watch change	Watch change	Watch change	Watch change	Watch change
2:30 pm – 4 pm	Outdoor Recreation	Outdoor Recreation	Outdoor Recreation	Outdoor Recreation	Outdoor Recreation	

Treatment Hours – 10.5 **Recreation Hours – 7.5**

Mental Health Programming Hours Comparison - OCCC
FY 2008 – FY 2013

Module	**Structured / Treatment Hours**			**Leisure / Unstructured Recreational Activities**		
	FY 2008-9	**FY 2009-10**	**FY 2010-11**	**FY 2008-9**	**FY 2009-10**	**FY 2010-11**
Module 1 (Men's Acute)	6.00	11.00	17.45	16.00	9.50	9.50
Module 7 (Men's Continuing Treatment)	3.00	6.50	16.00	20.00	13.50	11.50
Module 8 (Women's Acute & Continuing)	6.00	3.00	11.00	17.00	10.00	7.50
Other Individual Therapy Hours*	0.00	168.00	*			

*Note – No individual therapy hours we delivered in 2008. Monthly therapy hours are captured by discipline as part of contact information in Table 1 found later in this report.

Module	**Structured / Treatment Hours**			**Leisure / Unstructured Recreational Activities**		
	FY 2011-12	**FY 2012-13**	**FY 2013-14**	**FY 2011-12**	**FY2012-13**	**FY2013-2014**
Module 1 (Men's Acute)	12.00	10.25		7.50	7.50	
Module 2 (Men's Continuing Treatment)	14.00	13.00		11.50	7.50	
Module 8 (Women's Acute & Continuing)	10.00	10.50		7.50	7.50	
Other Individual Therapy Hours*	*	*				

HCF Sample Monthly Program Schedule – Medium Security- 2013

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		8:15AM - 9:15AM *Social Skill Building (T)* 9:15AM – 10:15AM *Psycho – educational Group (T)* 5:00PM – 6:00PM *Recreation (R)*	8:15AM – 9:15AM *Recreation Therapy (T)* 5:00PM – 6:00PM *Recreation (R)*	5:00PM – 6:00PM *Recreation (R)*
8:15AM - 9:15AM *Social Skill Building (T)* 9:15AM – 10:15AM *Psycho – educational Group (T)* 5:00PM – 6:00PM *Recreation (R)* 6:30PM – 7:30PM *AA/NA (E)*	8:15AM – 9:15AM *Recreation Therapy (T)* 5:00PM – 6:00PM *Recreation (R)*	8:15AM - 9:15AM *Social Skill Building (T)* 9:15AM – 10:15AM *Psycho – educational Group (T)* 5:00PM – 6:00PM *Recreation (R)*	8:15AM – 9:15AM *Recreation Therapy (T)* 5:00PM – 6:00PM *Recreation (R)*	5:00PM – 6:00PM *Recreation (R)*
8:15AM - 9:15AM *Social Skill Building (T)* 9:15AM – 10:15AM *Psycho – educational Group (T)* 5:00PM – 6:00PM *Recreation (R)* 6:30PM – 7:30PM *AA/NA (E)*	8:15AM – 9:15AM *Recreation Therapy (T)* 5:00PM – 6:00PM *Recreation (R)*	8:15AM - 9:15AM *Social Skill Building (T)* 9:15AM – 10:15AM *Psycho – educational Group (T)* 5:00PM – 6:00PM *Recreation (R)*	8:15AM – 9:15AM *Recreation Therapy (T)* 5:00PM – 6:00PM *Recreation (R)*	5:00PM – 6:00PM *Recreation (R)*
8:15AM - 9:15AM *Social Skill Building (T)* 9:15AM – 10:15AM *Psycho – educational Group (T)* 5:00PM – 6:00PM *Recreation (R)* 6:30PM – 7:30PM *AA/NA (E)*	8:15AM – 9:15AM *Recreation Therapy (T)* 5:00PM – 6:00PM *Recreation (R)*	8:15AM - 9:15AM *Social Skill Building (T)* 9:15AM – 10:15AM *Psycho – educational Group (T)* 5:00PM – 6:00PM *Recreation (R)*	8:15AM – 9:15AM *Recreation Therapy (T)* 5:00PM – 6:00PM *Recreation (R)*	5:00PM – 6:00PM *Recreation (R)*
8:15AM - 9:15AM *Social Skill Building (T)* 9:15AM – 10:15AM *Psycho – educational Group (T)* 5:00PM – 6:00PM *Recreation (R)* 6:30PM – 7:30PM *AA/NA (E)*	8:15AM – 9:15AM *Recreation Therapy (T)* 5:00PM – 6:00PM *Recreation (R)*	8:15AM - 9:15AM *Social Skill Building (T)* 9:15AM – 10:15AM *Psycho – educational Group (T)* 5:00PM – 6:00PM *Recreation (R)*	8:15AM – 9:15AM *Recreation Therapy (T)* 5:00PM – 6:00PM *Recreation (R)*	5:00PM – 6:00PM *Recreation (R)*

Therapeutic Hours per week – 6.00 **Recreational Hours per week – 6.00**

HCF Sample Monthly Program Schedule – High Security– 2013

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		11:45AM – 12:45PM *Social Skills (E)* 12:00PM – 1:00PM *Recreation Therapy (T)* 12:30PM – 1:30PM *Activities Therapy (T)*	8:15AM – 9:15AM *Social Skills (E)* 9:15AM – 10:15AM *Activities Therapy (T)*	8:15AM – 9:15AM *Social Skills (E)* 9:15AM – 10:15AM *Activities Therapy (T)* 12:00PM – 1:00PM *Recreation Therapy (T)*
11:45AM – 12:45PM *Social Skills (E)* 12:00PM – 1:00PM *Recreation Therapy (T)* 12:30PM – 1:30PM *Activities Therapy (T)*	8:15AM – 9:15AM *Social Skills (E)* 9:15AM – 10:15AM *Activities Therapy (T)*	11:45AM – 12:45PM *Social Skills (E)* 12:00PM – 1:00PM *Recreation Therapy (T)* 12:30PM – 1:30PM *Activities Therapy (T)*	8:15AM – 9:15AM *Social Skills (E)* 9:15AM – 10:15AM *Activities Therapy (T)*	8:15AM – 9:15AM *Social Skills (E)* 9:15AM – 10:15AM *Activities Therapy (T)* 12:00PM – 1:00PM *Recreation Therapy (T)*
11:45AM – 12:45PM *Social Skills (E)* 12:00PM – 1:00PM *Recreation Therapy (T)* 12:30PM – 1:30PM *Activities Therapy (T)*	8:15AM – 9:15AM *Social Skills (E)* 9:15AM – 10:15AM *Activities Therapy (T)*	11:45AM – 12:45PM *Social Skills (E)* 12:00PM – 1:00PM *Recreation Therapy (T)* 12:30PM – 1:30PM *Activities Therapy (T)*	8:15AM – 9:15AM *Social Skills (E)* 9:15AM – 10:15AM *Activities Therapy (T)*	8:15AM – 9:15AM *Social Skills (E)* 9:15AM – 10:15AM *Activities Therapy (T)* 12:00PM – 1:00PM *Recreation Therapy (T)*
11:45AM – 12:45PM *Social Skills (E)* 12:00PM – 1:00PM *Recreation Therapy (T)* 12:30PM – 1:30PM *Activities Therapy (T)*	8:15AM – 9:15AM *Social Skills (E)* 9:15AM – 10:15AM *Activities Therapy (T)*	11:45AM – 12:45PM *Social Skills (E)* 12:00PM – 1:00PM *Recreation Therapy (T)* 12:30PM – 1:30PM *Activities Therapy (T)*	8:15AM – 9:15AM *Social Skills (E)* 9:15AM – 10:15AM *Activities Therapy (T)*	8:15AM – 9:15AM *Social Skills (E)* 9:15AM – 10:15AM *Activities Therapy (T)* 12:00PM – 1:00PM *Recreation Therapy (T)*
11:45AM – 12:45PM *Social Skills (E)* 12:00PM – 1:00PM *Recreation Therapy (T)* 12:30PM – 1:30PM *Activities Therapy (T)*	8:15AM – 9:15AM *Social Skills (E)* 9:15AM – 10:15AM *Activities Therapy (T)*	11:45AM – 12:45PM *Social Skills (E)* 12:00PM – 1:00PM *Recreation Therapy (T)* 12:30PM – 1:30PM *Activities Therapy (T)*	8:15AM – 9:15AM *Social Skills (E)* 9:15AM – 10:15AM *Activities Therapy (T)*	8:15AM – 9:15AM *Social Skills (E)* 9:15AM – 10:15AM *Activities Therapy (T)* 12:00PM – 1:00PM *Recreation Therapy (T)*

Therapeutic Hours per week – 6.00 **Recreational Hours per week – 5.00**

WCCC Sample Monthly Program Schedule – 2013

Mon	*Tue*	*Wed*	*Thu*	*Fri*
		7:30AM – 8:30AM Community Meeting (T) 10:00AM-11:00AM Cog. Skills (T) 1:00PM – 2:00PM Sympt. & Med. Mgt/(T)	7:30AM – 8:30AM Community Meeting (T) 8:30AM-10:30AM Seeking Safety (T) 12:00PM-1:00PM Current Events (T) 3:00PM-4:00PM Ukulele Lessons (E)	7:30AM-9:30AM Group Therapy Class (T) 9:30AM-10:30AM Life Skills (T) 12:00PM – 2:00PM Movies (R)
7:30AM-9:30AM Group Therapy Class (T) 9:30AM- 10:30AM – 11:30AM - Recreation 1:00PM – 2:00PM Sympt. & Med. Mgt. (T)	7:30AM – 8:30AM Community Meeting (T) 9:30AM- 10:30AM – 11:30AM - Recreation 12:00PM-1:00PM Current Events (T)	7:30AM – 8:30AM Community Meeting (T) 10:00AM-11:00AM Cog. Skills (T) 1:00PM – 2:00PM Sympt. & Med. Mgt.(T)	7:30AM – 8:30AM Community Meeting (T) 8:30AM-10:30AM Seeking Safety (T) 12:00PM-1:00PM Current Events (T) 3:00PM-4:00PM Ukulele Lessons (E)	7:30AM-9:30AM Group Therapy Class (T) 9:30AM-10:30AM Life Skills (T) 12:00PM – 2:00PM Movies (R)
7:30AM-9:30AM Group Therapy Class (T) 9:30AM- 10:30AM – 11:30AM - Recreation 1:00PM – 2:00PM Sympt. & Med. Mgt. (T)	7:30AM – 8:30AM Community Meeting (T) 9:30AM- 10:30AM – 11:30AM - Recreation 12:00PM-1:00PM Current Events (T)	7:30AM – 8:30AM Community Meeting (T) 9:00AM-10:00AM Cog. Skills (T) 10:30AM-11:30AM Apprec. Day Practice (R) 1:00PM – 2:00PM Sympt. & Med. Mgt. (T)	7:30AM – 8:30AM Community Meeting (T) 8:30AM-10:30AM Seeking Safety (T) 12:00PM-1:00PM Current Events (T) 3:00PM-4:00PM Ukulele Lessons (R)	HOLIDAY
7:30AM-9:30AM Group Therapy Class (T) 9:30AM- 10:30AM – 11:30AM - Recreation 1:00PM – 2:00PM Sympt. & Med. Mgt. (T)	7:30AM – 8:30AM Community Meeting (T) 9:30AM- 10:30AM – 11:30AM - Recreation 12:00PM-1:00PM Current Events (T)	7:30AM – 8:30AM Community Meeting (T) 9:00AM-10:00AM Cog. Skills (T) 10:30AM – 11:30AM - Recreation 1:00PM – 2:00PM Sympt. & Med. Mgt. (T)	7:30AM – 8:30AM Community Meeting (T) 8:30AM-10:30AM Seeking Safety (T) 12:00PM-1:00PM Apprec. Day Practice (R) 3:00PM-4:00PM Ukulele Lessons (E)	7:30AM – 8:30AM Community Meeting (T) 9:00AM-10:00AM Cog. Skills (T) 10:30AM – 11:30AM - Recreation 1:00PM – 2:00PM Sympt. & Med. Mgt. (T)
7:30AM-9:30AM Group Therapy Class (T) 9:30AM- 10:30AM – 11:30AM - Recreation 1:00PM – 2:00PM Sympt. & Med. Mgt. (T)	7:30AM – 8:30AM Community Meeting (T) 9:30AM- 10:30AM – 11:30AM - Recreation 12:00PM-1:00PM Current Events (T)	7:30AM – 8:30AM Community Meeting (T) 9:00AM-10:00AM Cog. Skills (T) 10:30AM – 11:30AM - Recreation 2:00PM Sympt. & Med. Mgt. (T)	7:30AM – 8:30AM Community Meeting (T) 8:30AM-10:30AM Seeking Safety (T) 12:00PM-1:00PM Current Events (T) 3:00PM-4:00PM Ukulele Lessons (E)	7:30AM-9:30AM Group Therapy Class (T) 9:30AM-10:30AM Life Skills (T) 12:00PM – 2:00PM Movies (R)

Therapeutic Hours per week – 14.00 **Recreational Hours per week – 6.00**

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, 2011, 2012 & 2013 (to date)

Table 2: Mental Health Outcome Measures by Facility: FY 2008, 2009, 2010, 2011 2012 & 2013 (to date)

Table 1: Mental Health Clinical Contacts
FY 2008, 2009, 2010, 2011, 2012, 2013

	FY 2008 Summary Statistics	FY 2009 Summary Statistics	FY 2010 Summary Statistics	FY 2011 Summary Statistics	FY2012 Summary Statistics	FY2013 Summary Statistics*
Facility - OCCC	Total	Total	Total	Total	Total	All facilities
Psychiatrist	1629	3722	5671	3712	3712	4743
Psychologist	978	81	3164	3166	3166	6919
Social Worker IV	7659	17319	19224	14838	14838	17285
Facility - HFC	Total	Total	Total	Total	Total	
Psychiatrist	833	1800	2098	1091	1145	-
Psychologist	1229	NR**	NR**	NR**	NR**	-
Social Worker IV	13926	NR**	NR**	NR**	NR**	-
Facility - WCCC	Total	Total	Total	Total	Total	
Psychiatrist	673	641	523	352	352	-
Psychologist	169	1090	1702	2093	2374	-
Social Worker IV	871	1748	1895	1989	1989	-

* Format for data collection converted to facility aggregates during 2013, individual facility statistics unavailable.

** NR – Not Reported due to lack of support staff

Table 2: Mental Health Outcome Measures by Facility
FY 2008, 2009, 2010, 2011, 2012 & 2013

DATA ELEMENT / FACILITY	OCCC	WCCC	HCF	**2008 Total**	OCCC	WCCC	HCF	**2009 Total**	OCCC	WCCC	HCF	**2010 Total**	OCCC	WCCC	HCF	**2011 Total**
Number of Inmates Admitted to a Psychiatric Infirmary (or transferred in-system for psych infirmary care)	868	158	122	**1148**	790	156	118	**1064**	931	66	119	**1116**	1094	66	120	**1280**
Number of Inmates Transferred to a Facility with Special Psychiatric Housing	3	0	0	**3**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**
Number of Inmates Hospitalized for a Mental Health Condition (excluding HSH admissions) **	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**
Number Inmates Placed on Suicide Watch	408	35	60	**503**	351	19	85	**455**	457	41	80	**579**	686	42	88	**816**
Number of Inmates Placed on Safety Watch	342	9	15	**366**	156	33	7	**196**	165	32	43	**240**	410	28	55	**493**
Number of Transfers to the Hawaii State Hospital	4	0	5	**9**	0	0	3	**3**	1	1	0	**2**	1	3	0	**3**
Number of Emergency Medical Responses	68	41	42	**151**	47	24	38	**109**	41	43	28	**112**	99	45	38	**182**
Number of Suicide Attempts/Gestures (unsuccessful)	3	1	7	**11**	2	0	2	**4**	6	1	1	**8**	3	0	0	**3**
Number of Successful Suicides	1	1	0	**2**	0	0	0	**0**	1	0	0	**1**	1	0	0	**1**
Number of Involuntary Mental Health Procedures **	14	0	4	**18**	9	0	5	**14**	8	0	1	**9**	25	4	9	**38**
Number of Mental Health Inmates Placed in Seclusion**	185	1	1	**187**	165	10	0	**175**	149	13	0	**162**	22	3	0	**25**
Number of Mental Health Inmates Placed in Restraints**	2	0	1	**3**	7	0	4	**11**	4	0	1	**5**	26	0	0	**26**

Table 2: Mental Health Outcome Measures by Facility (cont.)
FY 2008, 2009, 2010, 2011, 2012 & 2013

DATA ELEMENT / FACILITY	OCCC	WCCC	HCF	2012 Total	OCCC	WCCC	HCF	2013 Total*
Number of Inmates Admitted to a Psychiatric Infirmary (or transferred in-system for psych infirmary care)	1094	66	120	**1280**				**976**
Number of Inmates Transferred to a Facility with Special Psychiatric Housing	0	0	0	**0**				**38**
Number of Inmates Hospitalized for a Mental Health Condition (excluding HSH admissions) **	0	0	0	**0**				**1**
Number Inmates Placed on Suicide Watch	686	42	88	**816**				**617**
Number of Inmates Placed on Safety Watch	410	28	55	**493**				**378**
Number of Transfers to the Hawaii State Hospital	1	3	0	**4**				**35**
Number of Emergency Medical Responses	99	45	38	**182**				**236**
Number of Suicide Attempts/Gestures (unsuccessful)	3	0	0	**3**				**19**
Number of Successful Suicides	1	0	0	**1**				**3**
Number of Involuntary Mental Health Procedures **	25	4	9	**38**				**36**
Number of Mental Health Inmates Placed in Seclusion**	22	3	0	**25**				**171**
Number of Mental Health Inmates Placed in Restraints**	26	0	0	**26**				**29**
* Facility totals available only and reflects all 7 facilities								

Summary of Findings

Quality areas requiring maintenance of effort:

(1) Monitoring system for the following qualitative elements:
   a. Safety Watch (Comprehensive – OCCC; Partial - other facilities)
   b. Suicide Watch (Comprehensive – OCCC; Partial - other facilities)
   c. Treatment Planning (Comprehensive - OCCC Only
   d. Disciplinary Lockdown Mitigation (Comprehensive - OCCC only)
   e. Programming Hours (Comprehensive – OCCC & WCCC; Partial – other facilities)
   f. MH Discharge Planning (Comprehensive – OCCC; Partial – other facilities)

(2) Outcome Measures
   a. Emergency Medical Responses (all facilities)
   b. Suicide Attempts (all facilities)
   c. Successful Suicides (all facilities)
   d. Involuntary Medication (all facilities)
   e. Mental Health Seclusion (Comprehensive – OCCC; Partial – other facilities)
   f. Restraints (Comprehensive – OCCC; Partial - other facilities)

(3) Policies and Procedures comporting with national standards provide the foundation for improved and uniform care throughout the facilities are in operation at OCCC. Rollout at remaining facilities continues to be dependent on staffing.

(4) State-of-the-art rehabilitative programming for mental health care (Lieberman Modules) has been implemented at OCCC.

(5) Trauma Informed Care – WCCC and OCCC staff trained.

Sufficient areas requiring ongoing monitoring and continuous improvement:

(1) Selective non-operational mental health Policies and Procedures created prior to this administration that remains within the PSD Policy manual need to be purged.

(2) Discharge linkage with AMHD Case Management has improved, but remains provider dependent (e.g. some AMHD providers are more conscientious than others). Gradual improvement in work with AMHD on specific policies and procedures (e.g. MH-9 Transfer Policy). Community Reentry Program between PSD Mental Health Services, AMHD and the Institute for Human Services has been in place for four (4) years.

(3) HSH transfers – a Memorandum of Understanding has between the Department of Public Safety and the Department of Health facilitates transfers of inmates requiring higher levels of psychiatric care remains in place, but DOH will only acknowledge transfer requests from OCCC and not other facilities.

(4) AMHD Eligibility – Periodic referrals to AMHD for eligibility consideration are completed going well, with 100% agreement on referrals. Interestingly there are many more cases that OCCC is identifying that AMHD has determined eligible that the PSD/Mental Health Branch believes are

misdiagnosed and should be ineligible for AMHD services. OCCC clinicians' re-diagnose selective individuals, informing AMHD of the conclusions.

Partially sufficient areas requiring improvement:

(1) Psychiatric Medication Practices (OCCC only)

(2) A new training program has been created in order to educate staff for consistent implementation of the new Policies and Procedures. Selectively, competency based curricula are in the process of development. (OCCC – fully operationalized, partially operationalized at other facilities).

(3) 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 Statistical Clerk, Support and Clinical positions at facilities. Unfortunately, there has been no progress on filling of any of these positions except at OCCC. PSD has negotiated an interim contract with the University of Hawaii to perform some of these functions at OCCC and will attempt to expand to other facilities, as resources permit.

(4) 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 positions are filled.

(5) Organizational structure of Mental Health Services within facilities – New "Hub and Spoke" model for care is still in the review process prior to approval. 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.

Insufficient areas requiring remediation:

(1) Breadth of program offerings at HCF remains the greatest area for deficiency for the system and remediation is dependent on staffing and ability to recruit qualified candidates.