



**DEPARTMENT OF PUBLIC SAFETY
REPORT TO THE 2016 LEGISLATURE**

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

November 2015

ACT 144 Annual Report to the Legislature

Introduction:

This report is being written to fulfill the requirements outlined in ACT 144. Specifically:

(1) the department of public safety shall submit a report to the legislature no later than twenty days prior the commencement of the 2008 regular session and every session thereafter...

(2) This written report shall be submitted in a form understandable by lay readers and made available to the public.

Itemized Report:

As outlined in ACT 144, the department shall report on six (6) specific items of concern. These six (6) items are listed below (as extracted from the statute), followed by the departments status report on each item.

- 1) Assessment of the department's existing resources and staffing, and or additional resources and staffing needed to bring mental health services up to standard and keep up with future demands.
 - a. The focus on the federal investigation and subsequent Settlement Agreement between the State of Hawaii, Department of Public Safety (PSD) and the Federal Department of Justice (DOJ) was to bring Oahu Community Correctional Facility (OCCC) up to national standards for correctional mental health care. The Department has successfully disengaged from an extended Corrective Action Plan with the Department of Justice. Therefore, OCCC is considered to be in compliance with national standards of correctional mental health care, but requires that a few longer-term vacancies be filled in order to remain in compliance.
 - b. During FY 2014 the department requested and received staffing and other resources to address deficiencies in mental health care in the remaining correctional facilities. Positions were funded for ½ of the 2014 fiscal year, with anticipated phase-in of positions over the course of FY 2014-2015. The PSD

submitted annualization requests to support the continued funding of these positions consideration in the prior budget cycle. The addition of new positions required a major reorganization of mental health services. As of the writing of this report, the reorganization has not been approved and no recruitment can be initiated. It is anticipated that the reorganization will be approved in the near future with recruitment to begin immediately upon approval. All position descriptions have been revised or rewritten consistent with new table of organization for mental health services.

- c. Other resources to support Psychology Internships in our facilities were similarly initiated at OCCC, and within the FY2014-2015 budget, \$150,000 was requested and authorized to continue this initiative. OCCC has been fully accredited by the American Psychological Association (APA) for doctoral and post-doctoral internships. The expanded resources identified in the FY 2014-2015 budget, permitted the PSD to place a post-doctoral position at Women's Community Correctional Center (WCCC) in addition to the pre-doctoral position at OCCC. As the new staffing is phased into WCCC, we will prepare the facility for APA site surveys and accreditation. The following year, it is anticipated that the accreditation process will be initiated at HCF, depending on how quickly supervising Psychology staffing can be expanded at each facility which is subject to approval of the reorganization.
- 2) The use of alternative services, such as the use of telemedicine, to provide mental health services to incarcerated offenders.
- a. A telemedicine system has been installed across PSD facilities. However, it is of limited practicality in the delivery of mental health care, since much of the direct provision of care attends to risk related assessments requiring face-to-face interaction with inmates.
 - b. Tele-mental-health has demonstrated the greatest efficacy in the delivery of **“group”** outpatient care. PSD's approach to the delivery of mental health care is fundamentally through “inpatient-type” treatment to inmate residing on special mental health units (modules) within the facilities. Inmates presenting with either Seriously Mentally Illnesses (SMI) or Severe and Persistent Mental Illnesses (SPMI) who are not on specialized mental health modules that can effectively managed in the General Population receive outpatient level of care, but our delivery is individual vs. group. Therefore, staffs at each of the facilities deliver the medication management and supportive counseling at an individual level across all facilities.
 - c. The PSD requested and received \$80,000 in FY 2014-2015 to renovate two rooms as “Sensory Rooms” at HCF for the purpose of de-escalating inmates in psychiatric crises. At present the department is scheduling the positions required

to staff the interventions, while appropriate rooms are being identified for renovation.

- 3) The completion of a departmental training and policy manual.
 - a. The PSD/MH branch continues to update training curriculum for: “Mental Health Services”; “Suicide Prevention” and “Restraint and Seclusion”. Four hour core courses are offered to all new employees in Mental Health Services and Suicide prevention, with two-hour refresher courses every other year. Restraint and Seclusion is a two-hour core course with two-hour refreshers every other year. These trainings are targeted at staff having direct contact with inmate. Additionally, all staffs also are required to have initial First Aid/ CPR training, and periodic renews for certification. These continue to be offered as part of Basic Correctional Training (BCT) and Civilian Familiarization Training (CFT) for all new uniformed and non-uniformed facility employees, respectively. During FY2015, Mental Health Services and Suicide Prevention Training was expanded to include the Law Enforcement Division.
 - b. The PSD has updated many of its policies and procedures that are contained in a Policy Manual. All new employees are required to be oriented to this manual.
 - c. Mental Health Policies and Procedures are reviewed annually for general operational updating, as well as to integrate any changes in practices to continue to remain current with or ahead of national standards.

- 4) The appropriate type of updated record-keeping system.
 - a. The Health Care Division has completed the installation and training for the new Electronic Medical Record (EMR) in all correctional facilities.

- 5) An update on the feasibility study initiated by the departments of health and public safety regarding the expansion of Hawaii State Hospital (HSH) to include a wing so as to be able to adequately treat mental health patients who are incarcerated.
 - a. The DOH has submitted a 21 year plan to address the census issues related to HSH. It is the PSD’s understanding that this plan is comprised of three (3), seven (7) year phases that focus on demolition, replacement and construction. Presently HSH is “over census” and has been for several years since the inception of the requirement outline in this legislation. At this point in time, no capacity exists to entertain designation of a wing or expansion to treat incarcerated mental health patients.
 - b. There is an assumption in this requirement that individuals with mental health disorders are not being treated “adequately” in PSD correctional facilities. However, the PSD has been able to demonstrate more than adequate treatment at

OCCC for these inmates and, despite some of the physical challenges of the construction of our antiquated facilities, the care is “adequate to good” and will continue to improve, particularly with the additional staff being phased-in during this fiscal year.

- 6) Any other suggestions or ideas to improve mental health services to incarcerated individuals to comply with local, state and federal laws and mandates.
 - a. Periodically, inmates with extreme mental health disorders require long-term involuntary treatment with medication. Recognizing that PSD did not have the capacity to administer long-term involuntary medication for such individuals, PSD submitted and eventually obtained a new statute that permitted such treatment in the correctional facilities. Since the approval of this statute, the PSD has secured court authorized medications for approximately 10 mentally ill inmates in need of such intervention. It is the department’s intent both to continue to operationally refine this statute, as well as pursue statutes that are operational in other states to streamline the procedures for administering involuntary treatment with mental health medications.
 - b. There is a new national initiative (Stepping-Up Initiative) to attempt to reduce the number of individuals with mental health disorders in correctional facilities. Many mentally ill are incarcerated for minor violations such as trespassing, violating park rules, etc. Additionally, once mentally ill individuals are incarcerated, they remain longer than non-mentally ill individuals with similar charges. The PSD is participating with counties who elect to sign on to the Stepping-Up Initiative. As of the writing of this report only recently has Hawaii County elected to participate, and the Mental Health Branch Administrator of PSD has been in communications with the collaborative who is working on the initiative. The success of this initiative will be largely dependent upon expanding and restructuring community mental health services with the DOH and DHS.