



**DEPARTMENT OF PUBLIC SAFETY
REPORT TO THE 2018 LEGISLATURE**

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

December 2017

**Annual Report to the Legislature
In response to Act 144, Session Laws of Hawai'i, 2007
Mental Health Services for Committed Persons**

Introduction

This report is hereby submitted to fulfill the requirements outlined in Act 144, Session Laws of Hawai'i, 2007, specifically:

- (1) The Department of Public Safety 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, Session Laws of Hawai'i, 2007, the Department shall report on six (6) specific items of concern. These six items are listed below (as extracted from the statute), followed by the Department's 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 the Oahu Community Correctional Center (OCCC) up to national standards for correctional mental health care. In 2015, the Department successfully disengaged from an extended Corrective Action Plan with the DOJ. However, during the maintenance period over the last fiscal year (FY 2016-17), the Mental Health Branch failed to remain compliant with the standards agreed upon with the DOJ, necessitating programmatic changes, including in the Branch's leadership. An Organizational Needs Assessment was undertaken to examine the state of OCCC's performance in relation to stakeholder expectations. It was completed in August 2017, and the following significant findings identified areas urgently requiring change.

Mental Health Administration

Leadership within the OCCC Mental Health Section was found to be ineffective. There were multiple allegations of mismanagement and “tanking” of operations by the former Mental Health Administrators. Alleged non-work activities at the desk of the temporarily-assigned Mental Health Section Administrator resulted in an ongoing and profuse culture of apathy and lack of motivation within the section. Staff demonstrated an absence of respect for leadership and indifferent job performance.

A new Chief of Mental Health Operations was appointed in August 2017 to improve the leadership and culture of the mental health section at OCCC. On November 1, 2017, the new OCCC Mental Health Section Administrator, a licensed Clinical Psychologist, replaced the previously unlicensed administrator as the Responsible Mental Health Authority, bringing important clinical expertise to the section.

Organizational Structure

The Organizational Structure of the Mental Health Section at OCCC was found to be poorly designed. The three existing supervisory chains within the structure did not allow for accountability of work performance. Existing positions were illogically placed within a chaotic structure not aligned with job class. The former Mental Health Administration essentially wasted the opportunity to implement critically needed restructuring of the Mental Health Branch following the settlement with the DOJ. By November 2017, the new Mental Health Administration had successfully completed the reorganization of the Mental Health Branch, which addressed the supervisory, structural, and accountability issues identified in the needs assessment.

Mental Health Staffing

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 one-half of the 2014 fiscal year, with the anticipated phase-in of positions over the course of FY 2014-2015. The Department had submitted requests to support the continued funding of these positions in the prior budget cycle. The November 2017 reorganization of the Department’s Mental Health Branch has enabled the Department to move forward in the recruitment of vacant positions critical to the provision of adequate mental health services.

In June 2017, thirteen (13) out of thirty-four (34) positions were vacant at the OCCC Mental Health Section (see Table 1 below). To date, an additional seven (7) positions have been filled, leaving six (6) vacancies.

All the Clinical Psychologist and Office Support positions have been filled. Three of the four Social Worker/Human Services Professional vacancies are in the process of being filled – two positions have applicants recommended for hire, and an employee from a neighbor island will fill another. The remaining vacant positions include one Corrections Recreation Specialist, one Para-Medical Assistant, and one Social Worker/Human Services Professional.

Table 1. Comparative Mental Health Staffing at OCCC

Positions by Classification	July 1, 2017		December 20, 2017		Comments
	Vacant	Filled	Vacant	Filled	
Psychology	2	3	0	5	
Social Services	6	6	4	8	2 applicants recommended for hire; 1 position to conduct interviews; 1 employee to be relocated into position from neighbor island
Nursing	3	6	1	8	Awaiting external applicant list
Recreation	2	1	1	2	Awaiting internal applicant list
Office Support	0	5	0	5	
TOTAL	13	21	6	28	

On June 30, 2017, there were thirty-nine (39) vacant positions and thirty-eight (38) filled positions in the Mental Health Branch statewide (See Table 2 below). Two additional vacancies were created due to a retirement and a promotional transfer to another Division within the Department. Since June 30, 2017, thirteen (13) mental health positions have been filled. Applications are currently being processed to hire seven (7) additional mental health positions: four Clinical Psychologists and three (3) Social Worker/Human Services Professionals.

Table 2. Comparative Statewide Mental Health Branch Staffing.

Positions by Classification	July 1, 2017		December 20, 2017		Comments
	Vacant	Filled	Vacant	Filled	
Psychology	10	6	7	9	4 applicant recommended for hire for KCCC, HCCC, and HCF
Social Services	16	17	11	22	3 applicants recommended for hire
Nursing	3	6	1	8	Includes paramedical staff plus (1 RN)
Occupational Therapy	2	1	1	1	1 position re-described to fund 0.5 FTE Psychologist and SW/HSP to 1.0 FTE
Recreation	2	1	1	2	
Office Support	6	7	6	7	
TOTAL	39	38	27	49	13 position filled; 1 retired and 1 promotional transfer out

Mental Health Services

The duties and responsibilities of various OCCC mental health positions, including equivalent positions, appeared to differ based on preferential treatment from former administration. Patient care employees were often unnecessarily misused for non-patient care duties. The existence of the exclusion of employees within the Oahu Mental Health Section also resulted in the abandonment of available resources and several areas of deficiency in the delivery of mental health services at OCCC.

Continuous Quality Improvement data from January 2017 through June 2017 showed Treatment Plans were not completed as required by National Correctional Mental Health Standards. (See Table 3 below.) Over the six-month period, January-June 2017, only 42% of Treatment Plans were completed. In August 2017, action by Mental Health Administration resulted in significantly improved completion rates for the provision of treatment plans. The August-November 2017 completion rate was 83%, with November 2017 showing a completion rate of 92%.

Table 3. Frequency and Percentage of Treatment Plans Completed at OCCC Mental Health Section.

	Treatment Planning		
2017	Total (N)	Completed (N)	Completed (%)
January	131	54	41%
February	145	48	33%
March	148	108	74%
April	154	63	41%
May	111	40	36%
June		21	19%
July	128	56	44%
August	145	109	75%
September	128	105	82%
October	114	97	85%
November	107	98	92%

Continuous Quality Improvement data from May 2016 through July 2017 showed the average weekly provision of psychosocial treatment group activities in designated mental health modules at OCCC were minimal to none. (See Table 4 below.) Since August 2017, all three designated mental health modules (i.e., Modules 1, 2, and 8), have demonstrated overwhelmingly significant improvement in average, weekly out-of-cell, structured, psychosocial treatment group activity hours.

Table 4. Average Weekly Psychosocial Treatment Group Activities in Designated Mental Health Modules at OCCC.

	Average Weekly Psychosocial Treatment Group Program Hours		
2016	Module 1	Module 2	Module 8
May	0.80	11.65	0.50
June	4.20	5.80	0.35
July	4.90	8.35	0.00
August	7.65	12.80	0.40
September	5.00	7.65	0.80
October	4.75	6.90	0.60
November	2.25	2.80	1.20
December	1.45	1.85	1.10
2017			
January	1.70	2.60	1.55
February	1.85	2.80	1.60
March	1.65	3.20	1.30
April	0.60	2.40	2.00
May	0.00	3.80	1.95
June	0.20	3.40	2.25
July	1.20	1.80	1.80
August	18.35	16.05	19.55
September	23.00	23.12	29.18
October	23.37	20.10	24.43
November	25.15	19.60	24.95

In addition, Continuous Quality Improvement data from January 2017 through July 2017 showed Discharge Plans were not completed as required by National Correctional Mental Health Standards. (See Table 5 below.) Over the seven-month period, January-July 2017, only 9% of Discharge Plans were completed. In September 2017, action by Mental Health and Facility Administration resulted in significantly improved completion rates for the provision of discharge plans. The September-November 2017 completion rate was 72%, with November 2017 showing a completion rate of 90%.

Table 5. Frequency and Percentage of Discharge Plans Completed at OCCC Mental Health Section.

	Discharge Planning		
2017	Total (N)	Completed (N)	Completed (%)
January	131	15	11%
February	145	17	12%
March	148	11	7%
April	154	15	10%
May	111	5	5%
June	115	12	10%
July	128	11	9%
August	145	20	14%
September	128	67	52%
October	114	89	78%
November	107	96	90%

Since July 2017, the Department has demonstrated significant improvements in several other mental health service areas. For example, in August 2017, the Department implemented Mental Health Clinical Performance Enhancement reviews, which evaluate the appropriateness of mental health services delivered by direct patient care clinicians. In September 2017, the Department initiated the Mental Health Segregation Review and the Pre-Segregation Mental Health Referral processes for all inmates placed in segregation. In October 2017, the Department rescinded the previous mental health administration directive to provide only finger foods for inmates on watch status for safety reasons. The Department now provides safety utensils with meals for such patients. In November 2017, the Department hired a Clinical Psychologist, who functions as the Prison Rape Elimination Act (PREA) specialist, to provide required trauma therapy in accordance with the federal PREA mandate. In December 2017, the Oahu Mental Health Section will initiate regularly scheduled Inter-Facility Treatment Team Meetings with Neighbor Island Mental Health Sections to improve continuity of care and better address the clinical needs of off-island patients.

In October 2017, OCCC completed the NCCHC on-site survey and obtained health services reaccreditation. OCCC remains in compliance with standards involving screening, assessment, triage, and referral to a licensed mental health professional. OCCC also remains in compliance with standards on suicide prevention, segregation, and use of clinically-ordered restraints. In 2015, NCCHC revised national standards to require 24-hour mental health coverage of acute care mental health modules. Additional staffing, either via the redescription process or a future budget request, will be required in order to meet this need.

- b. 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.
 - c. A partnership with the University of Hawai'i at Manoa John A. Burns School of Medicine, Department of Psychiatry provides Psychiatry residents with a rotation at OCCC. The residents and their Professors assist in the treatment of the acute mental health patient population.
 - d. The soon-to-be-released 2018 revision to the NCCHC standards will require ongoing assessment of existing resources and staffing to meet updated standards.
2. The use of alternative services, such as the use of telemedicine, to provide mental health services to incarcerated offenders.

A telemedicine system is presently being utilized to provide tele-psychiatry services to the neighbor island correctional facilities and the Waiawa Correctional Facility. Tele-psychiatry services have served to decrease the transportation costs and the wait times for appointments with the Department psychiatrists.

3. The completion of a departmental training and policy manual.
- a. The Department continues to update the 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 in both subject areas every other year. Restraint and Seclusion is a two-hour core course with two-hour refreshers every other year. The trainings are targeted at staff having direct contact with inmates. Additionally, all staff are required to have initial First Aid/CPR training, and periodic renewals for certification. The trainings 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 PSD Law Enforcement Division (Sheriffs/Narcotics Enforcement Divisions).

- b. The Health Care Division has updated many of its policies and procedures contained in the Departmental 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 best practices to continue to remain current or ahead of national standards.
4. The appropriate type of updated record-keeping system.

The Health Care Division utilizes an Electronic Medical Record (EMR) for all inmate patients 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 possibly include a wing so as to be able to adequately treat mental health patients who require incarceration.
- a. The DOH has submitted a 21-year plan to address the census issues related to HSH. It is PSD's understanding that this plan is comprised of three 7-year phases focusing on demolition, replacement and construction. Presently HSH is "over census" and has been for several years since the inception of the requirement outlined in Act 144. At this point in time, no capacity exists to entertain the 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, PSD has been able to demonstrate more than adequate treatment at OCCC for these inmates and in spite of some of the physical challenges of our antiquated facilities, the care is "adequate" 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 proposed and eventually saw the enactment of a new statute that enabled such treatment in the correctional facilities. Since the approval of this statute, PSD has routinely secured court-authorized medications for mentally ill inmates in need of such intervention. In the past 2017 legislative session, the Department sought to operationally refine this statute to streamline the process, while continuing to protect the due process rights of patients.

b. The Department continues to support and participate in the Stepping-Up Initiative, in conjunction with the Department of Health and the City and County of Honolulu. This initiative will attempt to reduce the number of individuals with mental health disorders, who were 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.

c. Future Department plans to improve the delivery of Mental Health Care:

A Centralized Mental Health Treatment center is currently being designed for the Halawa Correctional Facility to house and centralize treatment services for the facility's Severely Mentally Ill patients. It will include individual and group treatment areas and adjacent offices for the mental health staff.

The plans for the new OCCC facility will include a centralized mental health treatment area which would provide a higher level of care for patients from OCCC and support for the neighbor island correctional facilities.