

NEIL ABERCROMBIE  
GOVERNOR



STATE OF HAWAII  
**DEPARTMENT OF PUBLIC SAFETY**  
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No. \_\_\_\_\_

**TESTIMONY ON HOUSE BILL 1088  
RELATING TO CORRECTIONS**

by  
Jodie F. Maesaka-Hirata, Interim Director  
Department of Public Safety

House Committee on Finance  
Representative Marcus R. Oshiro, Chair  
Representative Marilyn B. Lee, Vice Chair

February, 24, 2011, 10:45 AM  
State Capitol, Conference Room 308

Chair Oshiro, Vice Chair Lee, and Members of the Committee:

The Department of Public Safety is testifying in support of H.B. No. 1088, which revises Chapter 353 of the Hawaii Revised Statutes in order to permit the Department to seek court orders for the involuntary administration of mental health medications.

Adopting the revisions in this statute would give the Department statutory authority, similar to that of the Department of Health, to obtain a court order allowing it to administer mental health medications on an involuntary basis to refusing inmates that present a danger to themselves and others due to mental illnesses.

From a clinical perspective, it has been empirically demonstrated that individuals who remain untreated for their mental illnesses experience greater brain damage as the

result of cycling in and out of psychosis. Individuals treated for their mental illness have a better prognosis and are able to more meaningfully participate in other forms of treatment targeted at rehabilitation, recovery and community reentry.

The present system of care in our correctional facilities allows individuals to refuse necessary medications. When these individuals decompensate to the point of presenting a danger to themselves and others, they are frequently secluded and/or restrained, and administered short-term emergency medications; only to cycle through the same presentation over and over again. When cases become extreme, these individuals can be transferred to Hawaii State Hospital. The transfers to the state hospital almost always result in the hospital securing an order for involuntary medication, for which it has statutory authority. Subsequently, these individuals are stabilized on medications and returned to the correctional system only to begin the cycle of refusal, decompensation, dangerousness, seclusion, restraint, emergency medications and rehospitalization all over again.

Another group of mentally ill inmates for whom this measure would be effective, as well as have significant treatment and cost saving implications for the state, are individuals who are admitted to our facilities for the purpose of determining fitness - competence to stand trial and criminal responsibility. Those who are truly mentally ill generally require treatment with medications to "restore fitness", thus permitting them to be "able to understand the nature of the charges against them", as well as to "assist in their own defense"

It is not uncommon for these individuals to refuse medication. Left untreated, they are almost always determined "unfit to proceed", and subsequently sent to the State Hospital. The State Hospital restores them to fitness frequently by securing an order for involuntary medication. Once "restored", they are returned to the correctional facility, frequently to return to refusing treatment. These cases present even greater systemic problem and cost implications; as these individuals are not only bouncing between correctional facilities and the state hospital, but also in and out of our courts,

being restored and becoming unfit, and continuously being examined and reexamined for fitness.

This measure will greatly enhance the Department's efforts in improving the delivery of mental health services to its population, would improve the quality of life of its detainee and inmate population and would decrease the number of transfers between the Department and the Hawaii State Hospital.

Thank you for the opportunity to testify on this measure.