DAVID Y. IGE
GOVERNOR

DEPT. COMM. NO. 271

MAX N. OTANI
DIRECTOR

Maria C. Cook
Deputy Director
Administration

Tommy Johnson
Deputy Director
Corrections

Jordan Lowe
Deputy Director
Law Enforcement

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
919 Ala Moana Boulevard, 4th Floor
Honolulu, Hawaii 96814

No. _____

December 28, 2020

The Honorable Ronald D. Kouchi,
President and Members of the Senate
Thirty-first State Legislature
State Capitol, Room 409
Honolulu, Hawaii 96813

The Honorable Scott K. Saiki, Speaker
and Members of the House of the
House of Representatives
Thirty-first State Legislature
State Capitol, Room 431
Honolulu, HI 96813

Dear President Kouchi, Speaker Saiki, and Members of the Legislature:

For your information and consideration, I am transmitting a copy of the **Report on Mental Health Services for Committed Persons**, as required by Act 144, Session Laws of Hawaii 2007. In accordance with Section 93-16, Hawaii Revised Statutes, I am also informing you that the report may be viewed electronically at: https://dps.hawaii.gov/wp-content/uploads/2020/12/Report on Mental Health Services for Committed Persons.pdf.

Sincerely,

Max N. Otani
Director

Enclosure

DEPARTMENT OF PUBLIC SAFETY
REPORT TO THE 2021 LEGISLATURE

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

December 2020

Annual Report to the Legislature
In response to Act 144, Session Laws of Hawaii, 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 to 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 to 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 next two years, the Mental Health Branch failed to remain compliant with the standards agreed upon with the DOJ, necessitating programmatic and structural changes, which included change in the Branch's leadership. Since the 2018 fiscal year, mental health services at OCCC significantly improved and demonstrated sustained compliance with the DOJ requirements for the provision of mental health services. As a result, the Department has been expanding compliance efforts at other Hawaii facilities.

Mental Health Staffing

In June 2017, thirteen (13) out of thirty-four (34) positions were vacant at the Oahu Mental Health Section (see Table 1 below). As a result of the 2019 Health Care Division needs assessment and through the 2020 Reorganization of the Health Care Division, two Office Support positions were moved to the Research and Statistics Unit within the Health Care Division to support the Health Care Quality Assurance Program, which expands the Mental Health Quality Assurance Program to additional areas of health care service delivery. At present, there are four (4) vacant positions within the Oahu Mental Health Section. Three Clinical Psychologist positions have recommended hires awaiting completion of the recruitment process. The one (1) remaining vacant position is in active recruitment.

Table 1. Comparative Mental Health Staffing at OCCC

	July 1, 2017		**November 15, 2020**		**Comments**
Positions by Classification	**Vacant**	**Filled**	**Vacant**	**Filled**	
Psychology	2	3	3	2	Three recommended hires pending completion of the background check.
Social Services	6	6	1	11	One vacancy created by resignation on 7/22/20.
Nursing	3	6	0	9	
Recreation	2	1	0	2	
Office Support	0	5	0	3	Two positions moved to the Research and Statistics Unit within the Health Care Division to support the Health Care Quality Assurance Program.
TOTAL	**13**	**21**	**4**	**27**	

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), as compared with the current sixteen (16) vacant positions and fifty-four (54) filled positions in the Mental Health Branch statewide. Due to the coronavirus pandemic and as a result of SB126, SD1, HD1, CD1, nine (9) vacant mental health positions were temporarily defunded in July 2020 through the end of the current fiscal year. The seven (7) remaining funded

vacant positions are in active recruitment with five (5) recommended hires pending completion of the recruitment process. The Mental Health Branch also intends to re-describe the vacant Occupational Therapist position to a Clinical Psychologist position to support the overwhelming demand for trauma therapy at the Women's Community Correctional Center (WCCC).

Table 2. Comparative Statewide Mental Health Branch Staffing.

	July 1, 2017		November 15, 2020		Comments
Positions by Classification	**Vacant**	**Filled**	**Vacant**	**Filled**	
Psychology	10	6	6	10	Four recommended hires pending completion of the background check (3 OCCC and 1 WCCC).
Social Services	16	17	7	28	
Nursing	3	6	0	9	
Occupational Therapy	2	1	1	0	Position pending GOV approval for re-description to Clinical Psychologist
Recreation	2	1	0	2	
Office Support	6	7	2	5	One recommended hire pending completion of the background check.
TOTAL	**39**	**38**	**16**	**54**	

During the coronavirus pandemic, correctional mental health has often been overlooked as frontline health care workers. In our jails and prisons, mental health staff gear up several times daily in full personal protective equipment (PPE) to provide much needed in-person mental health services in medical isolation and quarantine areas for incarcerated individuals. In July 2020, SB126, SD1, HD1, CD1, temporarily defunded more than half of the Department's vacant mental health positions through the end of the current fiscal year. The Department wishes to reiterate the importance of our essential frontline mental health positions in not only performing day-to-day clinical functions in the facilities, but the urgency of helping incarcerated individuals in navigating the mental health aspects of the extended coronavirus crisis. The Legislature's consideration of reinstituting these critical funds would be greatly appreciated.

Over the past three years, the Department has also identified three (3) key areas affecting mental health resource and staffing needs:

(1) **Statistics Clerk (2.0 FTE)**: Previously, two (2) Statistics Clerk positions were abolished by Act 53, SLH 2018. The two positions were critical for compliance with the DOJ requirement of maintaining a Quality Assurance program. Without the two positions, the Department would have been unable to sustain compliance with the DOJ requirement. In order to temporarily maintain compliance, the Department was obliged to contract with RCUH (Research Corporation of the University of Hawaii) for a maximum of one year, to temporarily receive the services of two Mental Health Statisticians. Due to the coronavirus pandemic, the Department was unsuccessful in the request to re-establish the Statistics Clerk positions during the past Legislative session. The Department will again request the re-establishment of the Statistics Clerk positions in the upcoming Legislative session.

(2) **Retention of Licensed Clinical Psychologist**: The Department participates in the Statewide DHRD (Department of Human Resources Development) Pilot Project for Licensed Health Care Providers. The program, however, requires the Department to fund the program through non-existent resources. Within the past three years, the Department lost four licensed Clinical Psychologists to other agencies that had the resources to competitively recruit licensed providers. In addition, prospective licensed applicants from federal and private agencies have declined Clinical Psychologist positions due to the Department's budgetary constraints and non-competitive salaries. The Department continues to respectfully request an increase in budgetary resources for Clinical Psychologists, in order to become salary competitive with other State, Federal, and local agencies.

(3) **Weekend and Relief Coverage**: As identified by Dr. Joel Dvoskin, in his 2018 Expert Report, the Department is not currently staffed to provide mental health services on weekends. The Department is also not staffed to provide relief mental health coverage for vacation, sick, and other time-off. The current number of allotted Clinical Psychologist positions at our correctional facilities statewide was designed by the mental health staffing plan to provide clinical psychology services during normal business hours (i.e., Monday through Friday, 0745 to 1630). An assessment of the mental health needs of individuals in custody, however, indicates that the current staffing plan does not fully meet the needs of the comprehensive Suicide Prevention Program. The identified problem is an absence of evening and weekend Clinical Psychology services at our Mental Health Sections statewide.

Individuals in custody do not only become suicidal and do not only require therapeutic intervention for the reduction of suicide risk during normal business hours. Presently, an individual being monitored for

suicide risk over the weekend must wait until the next business day for evaluation and treatment of suicide risk. An individual who enters a correctional facility during the evening and exhibits suicide warning signs must wait until the next business day for a Suicide Risk Evaluation. These scenarios requiring urgent psychological evaluation and intervention are common problems identified in the Suicide Prevention Program as caused by the limitations of the current allotment of Clinical Psychology positions. The addition of one Clinical Psychologist at six correctional facilities (i.e., Halawa Correctional Facility, Oahu Community Correctional Center, Women's Community Correctional Center, Hawaii Community Correctional Center, Maui Community Correctional Center, and Kauai Community Correctional Center), would allow the Department to begin addressing the urgent need for evening and weekend mental health services.

Mental Health Services

Over the past year, mental health services at OCCC showed overall sustained compliance with DOJ requirements for the provision of mental health services. Table 3 illustrates Quality Assurance data for Treatment Plan completion rates at OCCC over the last three years. The data clearly shows sustained improvement in treatment plan completion rates, with the highest completion rates occurring during the past two years. The Department's approach to the treatment planning process, which was modified from the previous practice of completing the task by the fourteenth day to completion of the treatment plan upon identification of an individual with a serious mental health need, has contributed to the improved outcome.

Table 3. Percentage of Treatment Plans Completed at OCCC.

Treatment Plans Completed (%)				
Month	**2017**	**2018**	**2019**	**2020**
January	41%	100%	100%	100%
February	33%	100%	100%	100%
March	74%	100%	100%	100%
April	41%	71%	100%	100%
May	36%	62%	100%	100%
June	19%	59%	100%	100%
July	44%	100%	100%	100%
August	75%	100%	100%	100%
September	82%	100%	100%	100%
October	85%	99%	100%	100%
November	92%	100%	100%	
December	100%	100%	100%	

As mentioned above, the Department has been expanding DOJ compliance efforts at other Hawaii facilities. Table 4 shows Quality Assurance data for Treatment Plan completion rates at WCCC and HCF beginning July 2018. Over the past year, WCCC and HCF have been in sustained compliance with a 100% completion rate. In November 2019, HCCC also started tracking Treatment Plan completion rates. Over the past year, HCCC has demonstrated a sustained 100% completion rate. In January 2000, QA data collection expanded to include KCCC Treatment Plan completion rates. KCCC has sustained a 100% completion rate.

Table 4. Percentage of Treatment Plans Completed at WCCC, HCF, HCCC, and KCCC.

Treatment Plans Completed (%)				
2018	**WCCC**	**HCF**	**HCCC**	**KCCC**
July	83%	100%		
August	80%	100%		
September	88%	100%		
October	100%	100%		
November	100%	100%		
December	94%	100%		
2019	**WCCC**	**HCF**	**HCCC**	**KCCC**
January	100%	100%		
February	100%	100%		
March	100%	100%		
April	100%	100%		
May	100%	100%		
June	100%	100%		
July	100%	100%		
August	100%	100%		
September	100%	100%		
October	100%	100%		
November	100%	100%	100%	
December	100%	100%	100%	
2020	**WCCC**	**HCF**	**HCCC**	**KCCC**
January	100%	100%	100%	100%
February	100%	100%	100%	100%
March	100%	100%	100%	100%
April	100%	100%	100%	100%
May	100%	100%	100%	100%
June	100%	100%	100%	100%
July	100%	100%	100%	100%
August	100%	100%	100%	100%
September	100%	100%	100%	100%
October	100%	100%	100%	100%

Quality Assurance data from May 2016 through July 2017 showed the average monthly provision of psychosocial treatment group activities in designated mental health modules at OCCC were minimal to non-existent (see Table 5 below).

Table 5. Average Monthly Psychosocial Treatment Group Activities in Designated Mental Health Modules at OCCC (05/2016 – 07/2017).

OCCC			
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	**Module 1**	**Module 2**	**Module 8**
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

Since August 2017, all three designated OCCC mental health modules had demonstrated overwhelmingly significant improvement and overall sustained compliance in the average, monthly out-of-cell, psychosocial treatment group activity hours through July 2020 (see Table 6 below). In August 2020, OCCC experienced an outbreak of the coronavirus, which impacted operations throughout the facility. Psychosocial treatment group hours showed a corresponding decline reflecting the effects of quarantine requirements for designated mental health modules. Although group activities were suspended at times for public health and safety reasons, mental health services continued through individual psychosocial interventions and activities, which are not reflected in the monthly psychosocial treatment group hours from August 2020 to October 2020. Despite resource limitations and the negative impact of the coronavirus pandemic, the Oahu Mental Health Section demonstrated sustained compliance with this DOJ requirement.

Table 6. Average Monthly Psychosocial Treatment Group Activities in Designated Mental Health Modules at OCCC (08/2017 – 10/2020).

OCCC			
2017	**Module 1**	**Module 2**	**Module 8**
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
December	23.06	21.25	20.75
2018	**Module 1**	**Module 2**	**Module 8**
January	27.90	26.30	29.00
February	21.06	28.79	31.38
March	24.12	31.00	25.00
April	23.83	29.10	24.60
May	22.40	30.30	26.50
June	27.25	30.88	28.63
July	27.5	29.2	30.7
August	37.9	29.1	38.1
September	36.4	26.4	43.6
October	30.1	31.0	34.1
November	32.0	20.9	18.2
December	Construction	30.8	Construction
2019	**Module 1**	**Module 2**	**Module 8**
January	Construction	28.0	Construction
February	Construction	23.1	Construction
March	26.8	18.7	Construction
April	34.7	32.3	Construction
May	18.4	32.4	Construction
June	20.5	20.0	26.8
July	40.1	31.4	21.9
August	21.8	27.2	22.4
September	46.8	46.6	27.6
October	45.1	41.3	37.9
November	38.0	42.9	47.0
December	31.2	33.5	30.5
2020	**Module 1**	**Module 11**	**Module 8**
January	31	28	32
February	33	23	30
March	33	20	35
April	42	22	31
May	50	55	31
June	41	62	31
July	40	39	35
August	21	15	16
September	17	18	17
October	16	16	15

Table 7 shows Quality Assurance data for the average monthly provision of psychosocial treatment group activities in designated mental health modules at WCCC and HCF. The Women's Mental Health Section includes one residential mental health module and the Halawa Mental Health Section operates four residential mental health housing areas. In April 2020, one HCF residential mental health housing area was temporarily repurposed to accommodate facility housing needs. In March 2020, the Mental Health Branch began implementing modifications to the structure of psychosocial group activities to ensure compliance with social distancing requirements and infection prevention measures. Over the last year, despite the coronavirus pandemic, WCCC and HCF have demonstrated sustained compliance in the average, monthly out-of-cell, psychosocial treatment group activity hours.

Table 7. Average Monthly Psychosocial Treatment Group Activities in Designated Mental Health Modules at WCCC and HCF.

2018	**WCCC OB**	**WCCC OB-J**	**HCF M1A1**	**HCF M7I**	**HCF M7II**	**HCF M7III**
January	14.3		15.8	10.0	10.5	10.5
February	15.5		10.5	12.7	11.8	13.1
March	16.3		13.7	11.8	13.5	13.8
April	15.1		19.1	15.8	17.0	17.3
May	21.4		16.2	13.7	14.6	13.5
June	22.4		23.8	15.4	16.2	18.0
July	17.7		22.0	15.8	15.3	13.3
August	21.7		15.5	13.2	13.6	11.4
September	23.8		21.5	17.5	16.8	16.7
October	27.4		20.3	23.2	23.9	21.1
November	22.9		21.2	21.1	22.0	20.4
December	22.3	11.06	20.5	22.1	22.6	20.9
2019	**WCCC OB**	**WCCC OB-J**	**HCF M1A1**	**HCF M7I**	**HCF M7II**	**HCF M7III**
January	25.9	25.8	16.4	22.0	22.4	21.4
February	27.8	34.2	16.1	20.1	21.6	18.7
March	27.6	38.7	20.1	20.7	21.4	18.9
April	24.8	44.4	24.5	15.4	16.9	15.4
May	27.3	23.6	21.7	11.9	10.8	11.5
June	32.2		25.8	20.2	20.9	19.9
July	37.3		20.8	24.2	23.7	23.0
August	27.9		27.6	45.3	45.4	45.4
September	25.8		25.4	48.3	48.8	48.7
October	34.2		28.1	46.4	45.0	47.2
November	32.8		27.8	42.5	42.2	41.4
December	28.4		25.3	44.1	43.8	41.5

2020	WCCC OB	WCCC OB-J	HCF M1A1	HCF M7I	HCF M7II	HCF M7III
January	38		35	45	44	42
February	29		22	44	38	38
March	21		20	38	39	37
April	21		31	40	40	
May	20		27	38	36	
June	21		33	32	33	
July	25		21	35	34	
August	33		24	32	32	
September	29		24	32	31	
October	25		23	32	31	

Quality Assurance data from January 2017 through July 2017 showed Discharge Plans were not completed at OCCC as required by National Correctional Mental Health Standards (see Table 8 below). Over the seven-month period, January-July 2017, only 9% of OCCC Discharge Plans were completed. In September 2017, action by Mental Health Administration resulted in significantly improved completion rates for the provision of discharge plans. Since January 2018, OCCC has demonstrated overall sustained compliance and significant improvement with the requirement of providing discharge planning for individuals in custody with serious mental health needs.

Table 8. Percentage of Discharge Plans Completed at OCCC.

Discharge Plans Completed (%)				
Month	**2017**	**2018**	**2019**	**2020**
January	11%	100%	100%	100%
February	12%	100%	100%	100%
March	7%	100%	100%	100%
April	10%	100%	100%	100%
May	5%	100%	100%	100%
June	10%	100%	100%	100%
July	9%	100%	100%	100%
August	14%	100%	100%	100%
September	52%	100%	100%	100%
October	78%	100%	100%	100%
November	90%	100%	100%	
December	98%	100%	100%	

Table 9 shows Quality Assurance data for Discharge Plan completion rates at WCCC and HCF beginning July 2018. WCCC and HCF have been in sustained 100% compliance. In April 2020, KCCC began tracking Discharge Plan completion rates. KCCC has since demonstrated a 100% completion rate.

Table 9. Percentage of Discharge Plans Completed at WCCC, HCF, and KCCC.

Discharge Plans Completed (%)			
2018	**WCCC**	**HCF**	**KCCC**
July	100%	100%	
August	100%	100%	
September	100%	100%	
October	100%	100%	
November	100%	100%	
December	100%	100%	
2019	**WCCC**	**HCF**	**KCCC**
January	100%	100%	
February	100%	100%	
March	100%	100%	
April	100%	100%	
May	100%	100%	
June	100%	100%	
July	100%	100%	
August	100%	100%	
September	100%	100%	
October	100%	100%	
November	100%	100%	
December	100%	100%	
2020	**WCCC**	**HCF**	**KCCC**
January	100%	100%	
February	100%	100%	
March	100%	100%	
April	100%	100%	100%
May	100%	100%	100%
June	100%	100%	100%
July	100%	100%	100%
August	100%	100%	100%
September	100%	100%	100%
October	100%	100%	100%

Suicide Prevention

State Mental Health Directors and Health Authorities at the National Commission on Correctional Health Care, the American Correctional Association, and the National Institute of Corrections continue to report increasing rates of suicide in correctional facilities nationwide. The Department is dedicated to the continued commitment of suicide prevention in our correctional facilities. As the nation and the Department continue to uncover additional considerations of risk for suicide, our efforts in implementing suicide prevention strategies to address new knowledge persist. Our ongoing goal of developing an infallible suicide prevention program remains unchanged.

The Department administers a comprehensive and multifaceted team approach to the Suicide Prevention Program, which includes the following components: training, identification, referral, evaluation, treatment, housing, monitoring, communication, intervention, notification, reporting, review, and postvention. Individuals in custody receive three levels of screening for the identification of suicide risk. Upon admission to the correctional system, all individuals in custody receive Intake Screening for the identification and immediate referral of urgent health care needs, including suicide risk. Individuals in custody also receive the Nursing Intake Assessment and the Post-Admission Mental Health Screen within fourteen (14) days of admission to the correctional system. Individuals in custody identified as having a serious mental health need are referred to a Qualified Mental Health Professional or Licensed Mental Health Professional for further evaluation and/or intervention.

Table 10 shows the percentage of Post-Admission Mental Health Screens completed at OCCC, WCCC, HCF, HCCC, and KCCC. Over the last year, OCCC, WCCC, and HCF have demonstrated a sustained 100% completion rate. In an effort to expand and measure compliance at Neighbor Island facilities, the Department initiated data tracking at HCCC and KCCC in April 2019. The data shows HCCC and KCCC have also maintained a 100% completion rate.

Table 10. Percentage of Post-Admission Mental Health Screens Completed.

PAMHA Completed (%)					
2017	**OCCC**	**WCCC**	**HCF**	**HCCC**	**KCCC**
November	99%				
December	100%				
2018	**OCCC**	**WCCC**	**HCF**	**HCCC**	**KCCC**
January	100%				
February	100%		100%		
March	100%	79%	94%		
April	100%	100%	100%		
May	100%	100%	100%		
June	100%	93%	100%		
July	100%	91%	100%		
August	100%	100%	100%		
September	100%	100%	100%		
October	100%	100%	100%		
November	100%	100%	100%		
December	99%	100%	100%		
2019	**OCCC**	**WCCC**	**HCF**	**HCCC**	**KCCC**
January	99%	97%	100%		
February	99%	100%	100%		
March	99%	100%	100%		
April	100%	100%	100%	100%	100%
May	100%	100%	100%	100%	100%
June	100%	100%	100%	100%	100%
July	100%	100%	100%	100%	100%
August	100%	100%	100%	100%	100%
September	100%	100%	100%	100%	100%
October	100%	100%	100%	100%	100%
November	100%	100%	100%	100%	100%
December	100%	100%	100%	100%	100%
2020	**OCCC**	**WCCC**	**HCF**	**HCCC**	**KCCC**
January	100%	100%	100%	100%	100%
February	100%	100%	100%	100%	100%
March	100%	100%	100%	100%	100%
April	100%	100%	100%	100%	100%
May	100%	100%	100%	100%	100%
June	100%	100%	100%	100%	100%
July	100%	100%	100%	100%	100%
August	100%	100%	100%	100%	100%
September	100%	100%	100%	100%	100%
October	100%	100%	100%	100%	100%

Table 11. Percentage of Suicide Risk Evaluations Completed.

Suicide Risk Evaluations Completed (%)								
2017	**OCCC**		**WCCC**		**HCF**		**HCCC**	
	Admit	D/C	Admit	D/C	Admit	D/C	Admit	D/C
August-December	100%	100%						
2018	**OCCC**		**WCCC**		**HCF**		**HCCC**	
	Admit	D/C	Admit	D/C	Admit	D/C	Admit	D/C
January	100%	100%						
February	100%	100%						
March	100%	100%						
April	100%	100%						
May	100%	100%						
June	100%	100%						
July	100%	100%	100%	100%	100%	100%		
August	100%	100%	100%	100%	100%	100%		
September	100%	100%	100%	100%	100%	100%		
October	100%	100%	100%	100%	100%	100%		
November	100%	100%	100%	100%	100%	100%		
December	100%	100%	100%	100%	100%	100%		
2019	**OCCC**		**WCCC**		**HCF**		**HCCC**	
	Admit	D/C	Admit	D/C	Admit	D/C	Admit	D/C
January	100%	100%	100%	100%	100%	100%		
February	100%	100%	100%	100%	100%	100%		
March	100%	100%	100%	100%	100%	100%		
April	100%	100%	100%	100%	100%	100%	100%	100%
May	100%	100%	100%	100%	100%	100%	100%	100%
June	100%	100%	100%	100%	100%	100%	100%	100%
July	100%	100%	100%	100%	100%	100%	100%	100%
August	100%	100%	100%	100%	100%	100%	100%	100%
September	100%	100%	100%	100%	100%	100%	100%	100%
October	100%	100%	100%	100%	100%	100%	100%	100%
November	100%	100%	100%	100%	100%	100%	100%	100%
December	100%	100%	100%	100%	100%	100%	100%	100%
2020	**OCCC**		**WCCC**		**HCF**		**HCCC**	
	Admit	D/C	Admit	D/C	Admit	D/C	Admit	D/C
January	100%	100%	100%	100%	100%	100%	100%	100%
February	100%	100%	100%	100%	100%	100%	100%	100%
March	100%	100%	100%	100%	100%	100%	100%	100%
April	100%	100%	100%	100%	100%	100%	100%	100%
May	100%	100%	100%	100%	100%	100%	100%	100%
June	100%	100%	100%	100%	100%	100%	100%	100%
July	100%	100%	100%	100%	100%	100%	100%	100%
August	100%	100%	100%	100%	100%	100%	100%	100%
September	100%	100%	100%	100%	100%	100%	100%	100%
October	100%	100%	100%	100%	100%	100%	100%	100%

In 2018, the Department's Clinical Psychologists received Suicide Risk Evaluation training. Table 11 shows the completion rates of Suicide Risk Evaluations for infirmary admissions and discharges. Since August 2017, OCCC has demonstrated a sustained 100% completion rate. WCCC and HCF have maintained the 100% completion rate for Suicide Risk Evaluations on admission and discharge since July 2018. In an effort to expand and measure compliance at Neighbor Island facilities, the Department initiated data tracking at HCCC in April 2019. The data shows HCCC has maintained a 100% completion rate.

Upon discharge from infirmary level care, individuals in custody are provided Caring Contact in-person follow-up services at two periods: 1-3 days and 7-10 days post-discharge. Table 12 shows the percentage of Caring Contacts completed during both periods. Over the last year, OCCC and WCCC have demonstrated sustained 100% completion rates. At the July 2020 Mental Health Quality Assurance Quarterly Meeting, data identified completion rate issues at HCF and HCCC. Mental Health Section Administrators conducted root cause analyses and implemented corrective action. HCF and HCCC have since maintained 100% completion rates.

Table 12. Percentage of Caring Contact Follow-Up Completed.

Caring Contact Follow-Up Completed (%)								
2017	**OCCC**		**WCCC**		**HCF**		**HCCC**	
	1-3 days	7-10 days	1-3 days	7-10 days	1-3 days	7-10 days	1-3 days	7-10 days
July	93%	100%						
August	100%	91%						
September	100%	100%						
October	98%	100%						
November	100%	100%						
December	100%	100%						
2018	**OCCC**		**WCCC**		**HCF**		**HCCC**	
	1-3 days	7-10 days	1-3 days	7-10 days	1-3 days	7-10 days	1-3 days	7-10 days
January	94%	100%						
February	100%	100%						
March	100%	91%						
April	100%	100%						
May	100%	100%						
June	100%	100%						
July	100%	100%	100%	100%	100%	100%		
August	100%	100%	100%	90%	100%	100%		
September	100%	100%	100%	100%	100%	100%		
October	100%	100%	100%	100%	100%	100%		
November	100%	100%	100%	100%	100%	100%		
December	100%	100%	100%	100%	90%	90%		
2019	**OCCC**		**WCCC**		**HCF**		**HCCC**	

	1-3 days	7-10 days	1-3 days	7-10 days	1-3 days	7-10 days	1-3 days	7-10 days
January	100%	100%	100%	100%	100%	100%		
February	100%	100%	100%	100%	100%	100%		
March	100%	100%	100%	100%	100%	100%		
April	100%	100%	100%	100%	100%	100%	100%	100%
May	100%	100%	100%	100%	100%	100%	100%	92%
June	100%	100%	100%	100%	100%	100%	100%	90%
July	100%	100%	100%	100%	100%	100%	100%	100%
August	100%	100%	100%	100%	100%	100%	100%	100%
September	100%	100%	100%	100%	100%	100%	100%	100%
October	100%	100%	100%	100%	100%	100%	100%	100%
November	100%	100%	100%	100%	100%	100%	100%	100%
December	100%	100%	100%	100%	100%	100%	100%	100%
2020	**OCCC**		**WCCC**		**HCF**		**HCCC**	
	1-3 days	7-10 days	1-3 days	7-10 days	1-3 days	7-10 days	1-3 days	7-10 days
January	100%	100%	100%	100%	100%	100%	100%	100%
February	100%	100%	100%	100%	100%	100%	100%	100%
March	100%	100%	100%	100%	100%	100%	75%	100%
April	100%	100%	100%	100%	100%	83%	100%	88%
May	100%	100%	100%	100%	100%	88%	86%	100%
June	100%	100%	100%	100%	100%	95%	100%	100%
July	100%	100%	100%	100%	100%	100%	100%	100%
August	100%	100%	100%	100%	100%	100%	100%	100%
September	100%	100%	100%	100%	100%	100%	100%	100%
October	100%	100%	100%	100%	100%	100%	100%	100%

Since December 2017, the Department has demonstrated significant improvements in several other mental health service areas. The following highlights the Department's accomplishments since the previous report:

- All facility Mental Health Administrators statewide obtained Certified Correctional Health Professional (CCHP) status with the National Commission on Correctional Health Care (NCCHC). The NCCHC CCHP project is designed to improve health care staff knowledge about the NCCHC standards. The goal is to provide education to health care staff on all relevant NCCHC standards through ongoing education at the facilities during monthly staff meetings on a routine and ongoing basis. This will be accomplished by the requirement of Mental Health and Nursing Administrators to become NCCHC CCHPs (and subsequently obtaining CCHP-MH or CCHP-RN status). In November 2019, 67% of Nursing Administrators obtained CCHP status.

- In November 2019, the Oahu Community Correctional Center achieved Accredited status by the National Commission on Correctional Health Care (NCCHC).

- In December 2019, Mental Health First Aid Instructors completed the Department's first official Mental Health First Aid certification course for new mental health employees and clinical services staff. The 8-hour training helps individuals identify, understand, and respond to signs and symptoms of substance use and mental illness.

- In January 2020, the Oahu Community Correctional Center established a Residential Mental Health Module dedicated for individuals in custody with severe and persistent mental illnesses. The project corrected the limitations on housing availability for eligible inmates with serious mental health needs by expanding the residential mental health bed capacity from only 8 cells in Module 2 to the entire Module 11 with 32 cells. The corrective action also allowed for the implementation of a level system based on mental health acuity and treatment needs.

- In January 2020, the Oahu Community Correctional Center and the Halawa Correctional Facility implemented the Segregation Diversion and Treatment Program through the establishment of Structured Living Units, which attempts to divert inmates with severe and persistent mental illnesses (SPMI) from segregation. The pilot project emphasizes mental health treatment, as opposed to punishment, for inmates diagnosed with SPMI who experience certain misconduct violations.

- In January 2020, the Health Care Division partnered with Dr. Kelley Withy of JABSOM to implement telepsychiatry services at the Hawaii Community Correctional Center, and later at the Oahu Community Correctional Center.

- In February 2020, mental health staff completed the 2-day Motivational Interviewing training conducted by the Interagency Council on Intermediate Sanctions (ICIS).

- In March 2020, Mental Health First Aid Instructors completed the second Mental Health First Aid certification course for new mental health employees and clinical services staff.

- In March 2020, the Mental Health Branch started training on the Pandemic Response Plan for COVID-19 for purposes of implementation of the plan and modification to existing practices. As the Centers for Disease Control and Prevention (CDC) updated guidance to COVID-19 over time, training and procedural modifications to mental health service delivery have been revised accordingly and continue to the present day.

b. Psychiatric Services

Psychiatry positions are aligned within the Medical Services Branch of the Health Care Division. A significant challenge for the Department is the recruitment and retention of experienced and qualified licensed health care professionals, particularly psychiatrists. The national shortage of physicians and psychiatrists has been well documented. The American Medical Association (AMA), the Health Resources and Services Administration (HRSA), and the Association of American Medical Colleges (AAMC) have projected an ongoing deficit in physicians and psychiatrists.

While many causes have been identified as contributors to the problem, the baby-boomer generation has reached retirement age, and the large size of this group has had unavoidable impact. Statistical data on physician shortage numbers presented at the 2019 Hawaii Health Workforce Summit showed a dismal projection in which 50% of Hawaii physicians are age 55 and over. Over the last two years, the Department lost 1.75 FTE Physician to retirement, 1.0 FTE Psychiatrist to retirement, and 1.0 FTE Psychiatrist to another higher paying department. In order to compete in the national market for the recruitment and retention of psychiatrists, an increase in budgeted salary is needed to match local and national demand.

c. Student Education Partnerships

In partnership with the University of Hawaii John A. Burns School of Medicine (JABSOM) and the University Clinical, Education & Research Associates (UCERA), the Department provides an opportunity for JABSOM residents to complete clinical rotations in psychiatry at the Oahu Community Correctional Center. Additional funding to match JABSOM and UCERA cost increases will be required to continue these contractual agreements.

Through an ongoing agreement with the Western Interstate Commission for Higher Education (WICHE), the Department offers an American Psychological Association (APA) Accredited Clinical Psychology Internship position with preference to Hawaii residents or individuals who intend to practice in Hawaii. The Department also offers a Post-Doctoral Clinical Psychology fellowship through the WICHE program. Along with the Department of Education and the Child and Adolescent Mental Health Division of the Department of Health, the Department of Public Safety is subject to increased costs associated with participation in the Hawaii Psychology Internship Consortium (HIPIC). Additional resource requirements are also needed to expand the APA accredited Clinical Psychology internship opportunities for residents of Hawaii.

The Department serves as a Practicum Training Site for the Hawaii School of Professional Psychology at Chaminade University of Honolulu (formerly Argosy University, Hawaii). Licensed Clinical Psychologists provide on-site training for diagnostic, intervention, and advanced practicum graduate students.

2. The use of alternative services, such as telemedicine, to provide mental health services to incarcerated offenders.

   In January 2020, the Health Care Division partnered with Dr. Kelley Withy of JABSOM to implement telepsychiatry services at the Hawaii Community Correctional Center, and later at the Oahu Community Correctional Center. The timeliness of the collaborative partnership, predating the onset of the coronavirus pandemic, resulted in the successful implementation of telepsychiatry services. The Health Care Division intends to continue to explore additional uses of telepsychiatry at our other correctional facilities.

3. The completion of a departmental training and policy manual.

   a. The Department continues to update the training curriculum for Mental Health, Suicide Prevention, and Restraint and Seclusion. Four-hour core courses are offered to all new employees in Mental Health 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 with periodic renewals for certification. The trainings continue to be offered as part of Basic Correctional Training (BCT) and Corrections Familiarization Training (CFT) for all new uniformed and non-uniformed facility employees, respectively. During FY 2015, Mental Health Services and Suicide Prevention Training was expanded to include the Law Enforcement Division.

   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. In addition to adherence with State and Federal law, Mental Health Policies and Procedures are revised in accordance with the current version of the NCCHC Standards for Prisons, NCCHC Standards for Jails, and NCCHC Mental Health Standards for Correctional Facilities.

4. The appropriate type of updated record-keeping system.

   The existing electronic medical record system is a leading challenge for the Department. The current system lacks the capability to integrate with pharmacy software, which necessitates a dual order system that inefficiently expends valuable psychiatry and nursing staff resources. Prior to the coronavirus pandemic, the Department began working collaboratively with the Department of Health and the Department of Human Services on the procurement of an electronic medical record system that would allow for access to records across departments. This project has been suspended due to the coronavirus pandemic. The Department intends to resume the collaborative exploration of an alternative electronic medical record system that will meet our anticipated, future needs.

   The Hawaii Health Information Exchange (HHIE) is the State's designated entity for health data exchange. HHIE was established to enhance care coordination, improve the health outcomes of Hawaii's patients, and reduce the cost of care for both patients and healthcare providers. In September 2019, the Department completed required system-use trainings and became a receiving participant with HHIE.

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 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, the Department has been able to demonstrate more than adequate mental health 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.

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. The current number of allotted nursing positions at our neighbor island jail facilities provides nursing services approximately twelve hours a day at HCCC, MCCC, and KCCC. An assessment of the health care needs of

individuals in custody, however, indicates that the current staffing plan does not fully meet the needs of the comprehensive Suicide Prevention Program. The identified problem is an absence of 24-hour, in-facility health care coverage at our neighbor island jails.

When an individual in custody is at moderate to high acute risk for suicide, the provision of 24-hour infirmary-level of care monitoring by nursing staff at designated intervals is an essential component of the Suicide Prevention Program. Additionally, nursing staff must be available 24-hours a day to provide in-person Mental Health and Medical Crisis Assessment and Intervention, particularly when mental health staff are not on duty. The current system of relying on Security staff to make health care decisions when health care staff are not available at the facility is ill-advised.

In order to provide 24-hour nursing services at our neighbor island jails, an additional 3.5 FTE Registered Nurse III positions are needed at each of the three neighbor-island jails.

b. Over the last several years, Lindsey Hayes, the Prevent Suicide Hawaii Task Force, and Correctional Health Authorities across the country have reported that the national suicide rate has been on the rise. Despite the overwhelming concern, there are still only three empirically-supported therapy approaches for suicide prevention: Dialectical Behavior Therapy (DBT), Beck's Cognitive-Behavioral Therapy (CBT), and Collaborative Assessment and Management of Suicidality (CAMS). Due to difficulties in adapting DBT and CAMS to the correctional environment, Beck's CBT has proven to have the greatest utility in our correctional settings. In September 2019, certification in Beck's Cognitive-Behavioral Therapy became available. As part of the Zero Suicide Initiative, resources are needed to support Clinical Psychologists in becoming certified in Beck's CBT. Certification is the preferred method for demonstrating and ensuring competence in the therapy.

c. As identified by Dr. Dvoskin in his 2018 Expert Report, the Department's mental health staff is in need of additional resources for ongoing training in order to improve the quality of psychosocial treatment groups.