

Hawaii Correctional System Oversight Commission

Written Testimony for Meeting 10/20/2022

From: Graham Chelius MD (Correctional Physician II at Kauai Community Correctional Center)

Aloha Commissioners,

First, I want to acknowledge your service to the citizens of the State of Hawaii. Even those who are currently incarcerated are valuable people who have immense potential, so thank you.

I have practiced on Kauai for 13+ years as a Family Physician, on the west side, and have delivered well over 1000 babies in Waimea. I also treat people with Substance Use Disorders (SUD) and about 4 years ago I began volunteering at KCCC to initiate Medication Assisted Treatment (MAT) for SUD, especially Opioid Use Disorder (OUD). In January 2022 I was hired as a part-time physician at KCCC.

THE PROBLEM:

MEDICATION ASSISTED TREATMENT: Roughly 60% of inmates have a history of SUD, and the risk of relapse after release is over 80% in the first 30 days without treatment. This results in high rates of re-arrest and overdose deaths. Increased sensitivity to a substance rapidly develops when not using during incarceration, so inmates leave and go back to their previous dose and often overdose. Nationally 1 in 7 overdose deaths are of people during the first several months after release. The risk is high enough that the First Circuit Court of Appeals found in 2018 that jails not offering MAT for OUD violate the 8th amendment prohibiting cruel and unusual punishment, as it is a partial death sentence. The Court also found that not treating SUD violates the Americans with Disabilities Act (ADA). Additionally, studies show a reduction in rearrests with MAT. Despite clear national guidelines, and our efforts at KCCC as a pilot project to provide evidence-based MAT for SUD, other Hawaii facilities have not implemented a treatment program. Additionally, even at KCCC where we have a well-developed program, lack of reentry planning results in many released inmates virtually guaranteed to relapse due to no continuation of treatment being planned.

REENTRY: There is a Reentry office at each facility, however from my experience their services are tragically limited. At KCCC, only sentenced felons receive reentry services, which leaves most inmates without services. Statewide reentry is failing. For example, A 2018 Hawaii law requires that DPS assist inmates with new IDs, however DPS data from last year showed the number of inmates who leave without an ID has not improved and has increased. My efforts to improve reentry services resulted in complaints to my superiors. While there is not a policy stating such, there is a widely held belief that Reentry applies only to sentenced inmates.

The result: Pre-trial inmates are often released with no MAT, no ID, no transportation, no insurance, no treatment plan, no way to call for services, and at KCCC, located along a remote highway, a long walk on the narrow shoulder miles to the nearest town with the risk of getting hit by passing traffic at 50+ mph. We must do better.

THE SOLUTION:

MAT is effective in terms of both relapse and rearrest. 11 inmates need to begin MAT prior to release to prevent one death. Additionally, one study, among the large body of scientific evidence, showed that MAT resulted in 0% re-arrests vs 30% with no MAT in the first 6 months after release.

In summary, the changes that are legally required and ethically necessary are:

- 1) Statewide implementation of MAT for SUD that meet the [2018 National Sheriff's Association guidelines](#).
- 2) A full restructure of Reentry at DPS: Lead, follow, or get out of the way. Reentry needs to be commanded to offer meaningful reentry services to all inmates, or the Healthcare Division needs to take over, and have the funding to hire staff to plan reentry just as we do for hospital discharge planning. Discharge planning is resource intense, highly effective, and carefully scrutinized by regulators who severely punish hospitals that perform poorly. This is the model DPS needs to mirror. The State of Hawaii has a legal and ethical responsibility to offer treatment for SUD that meet national standards for the incarcerated population, who are not just inmates but people in need of healthcare.

I have submitted proposals to fund reentry planning at KCCC but have been unsuccessful so far. Regardless, this would not be the system-wide change that is needed. This grant proposal is a more comprehensive look at the issues discussed along with references supporting the facts quoted in this document. Read it [HERE](#).

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