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Maui Community Correctional Center (MCCC)
May/June 2023 Site Tour Observations
Date of Report: July 20, 2023

On Thursday, May 18th, 2023, the Hawaii Correctional System Oversight Commission (the Commission, HCSOC) toured the Maui Community Correctional Center (MCCC) collectively as a group. The tour included four of the five Commissioners – Martha Torney, Mike Town, Ted Sakai, and Ron Ibarra in addition to the Oversight Coordinator, Christin Johnson and Special Assistant, George Choe. Unfortunately, the timing of the tour was very limited as the meeting directly before the tour went longer than expected, leaving only an hour and a half to see the facility. Due to lack of time, the Commission decided to have two Commissioners and staff head back at a later date to MCCC to complete the tour.

On June 6th, 2023, Commissioners Ron Ibarra and Ted Sakai, Oversight Coordinator, Christin Johnson and Reentry and Diversion Oversight Specialist, Cara Compani completed a tour of MCCC. This report encompasses notes from the Commissioners and will be discussed during the July public meeting held on July 20th, 2023.

MCCC SITE TOUR OBSERVATIONS

General Observations

The Warden, Liane Endo, is a great leader with immense compassion. Staff were very welcoming and friendly. The educational instructors are very passionate and ready to expand opportunities for people in custody.

Commissioners saw people in custody with laptops who were working on different programming/classes. They were able to bring their laptop or tablet back to their cells to continue programming outside of the education area. Additionally, MCCCs court booths were in working order for virtual court appearances or virtual funeral visits.

The Law Library has the Hawaii Revised Statutes and Hawaii Reports. People in custody also have access to LEXIS to work on legal research. Information on entering Drug Court and practices were available which is important because Drug Courts focus on rehabilitation. There were also other non-legal books. The space was more than adequate and staffed by an experienced librarian.

Physical Plant

Overall, the facility was very clean, however, the facility is in clear need of updates and proper funding for those updates. Below are some of the most notable areas in need of maintenance or construction:

1. Staff dining room – part of the floor was missing, the space needs better lighting, and there was mold on the ceiling vent.

2. Dorms 6 & 7 Bathroom – the bathroom needed serious updating. The wall by the sinks was completely deteriorating and, in some areas, missing. Floor pieces by the showers were also missing. Many of the toilet bowls were broken and inoperable, and the smell was terrible. Mold was also present throughout the bathroom.
3. Module A – water was leaking through the ceiling tiles.
4. Hallway near Kitchen – ceiling tiles were missing and there was water leaking from the ceiling.
5. Holding cell – Heavy graffiti was throughout the cell.

Some Parts of the Facility are Badly Overcrowded.

The official capacities for all of Hawaii's facilities were set in 2001 by the Corrections Population Management Commission (CPMC). The capacities were based on the American Correctional Association Standards. The functions of the CPMC were transferred to the HCSOC. The Commission adopted the capacities set by the CPMC (except as modified for pandemic conditions) because the ACA Standards for housing have not changed significantly in the intervening years. The official capacities take into consideration a variety of factors, such as the level of out-of-cell time afforded to people in custody; the number of toilets, sinks and showers; and amount of dayroom space. Below are clear examples of overcrowded spaces:

1. Modules A and B each have an official capacity of 48. On June 6, the headcount in Module A was 75 (156% capacity), and the count in Module B was 78 (163% capacity). Three and four people in custody were housed in cells designed for two.
2. Dorms 1 and 2 have a total capacity of 40. 16 double bunks are placed in each dorm (160% capacity.
3. Dorm 3 has a capacity of 12. There appeared to be about 20 women housed there. (~167% capacity).

Unacceptable Level of Idleness in Several Areas of the Facility.

The official capacity limits assume a prescribed level of activity within the housing unit. For Modules A and B, the capacity limits assume that the people in custody spend no more than 10 hours per day in their cells. For Dorms 1 and 2, the capacity limits were based on the size of the day room available in the building. The capacity limit for Dorm 3 was generously set at 12 because of the specific program that was operating in that unit at the time.

The level of idleness in these units is unacceptable. In Modules A and B, people in custody are allowed out of their cells for two hours in the morning and two hours in the afternoon or evening, plus 20 minutes per meal period. They spend 19 hours a day in their overcrowded cells. With this level of lock-up time, conditions in Modules A and B are closer to that of restrictive housing than general population.

Restrictive Housing Units Practices Need to be More Closely Examined

Module C houses people in custody in administrative segregation. Module D houses people in custody in disciplinary segregation. In Module C, people in custody are allowed to be out of their cells for two hours per day. In Module D, people in custody are allowed out of their cells for one hour per day. Meals are served in the cells. There was one ACO in the control center observing Modules C and D.

The Commission did note several immediate problems in Module D:

1. The log entries were made by the ACO in the control station, not by the person making the visit. This needs to be corrected. For example, if a nurse visits a person in custody, the nurse should make the entry and affix their initials. Likewise, the ACO who actually serves the meal should affix their initials.

2. The times of the visits were not noted. This is an important piece of documentation that must be recorded in real time.
3. People in custody who are placed in these units do not have ready access to the grievance system. In these modules, people in custody must ask for a grievance form and may be asked to state what the grievance is regarding. In Module D, the locked grievance box is placed outside of the secure door which means that people in custody must ask an ACO to drop the grievance on their behalf.
4. In Module D, the Medical Request box is also placed outside the secure door. All medical requests should be handled confidentially. People in custody should be able to freely make such requests rather than ask a staff member to drop the request on their behalf

Further, in accordance with PSD policy, individual in-cell observation should occur at least once every 30 minutes at irregular intervals. This is the *minimum*, with more frequent observation when necessary.[1] During the tour, the one ACO in the control center could not see inside the cells from the post, and it became clear that individual cell checks are done every hour.

This same hourly in-cell check occurs for the females separated in the holding cells in the intake area. However, the cell window in the intake cell was small, couldn't be seen from the ACO post, and was difficult to see in even when standing in front of the cell. The Commission is concerned that people housed in these restrictive areas are not being checked in accordance with policy.

Additionally, people in custody housed in Module D, disciplinary segregation, for more than 60 days will do 60 days in disciplinary segregation, get a day or two break, and then go back into segregation for the remainder of the time (e.g., 30 more days). There are additional PSD policy requirements when segregation exceeds 60 days, including the written approval of the IDA.[2] The Commission has two main concerns with this practice:

1. It is apparent that the one-to-two-day break is being utilized to get around the restrictive housing policy which limits segregation to 60 days.
2. Even if all policies are being adhered to, more than 30 days in segregation is detrimental to physical and mental health and overall well-being. Disciplinary segregation beyond 30 days should be used rarely and sparingly. There is significant research regarding the impact of segregation on a person's health, particularly since 2014 when this policy was implemented. The policy needs to be updated to reflect federal and ACA standards.

<u>Intake Unit is Highly Inadequate</u>

The intake unit was designed and built in the 1970's, when MCCC first opened. At the time, the facility was designed to hold 20 people in custody. It is clearly inadequate for today's needs for the following reasons:

1. The unit has few cells to hold people in custody being received into or processed out of the facility.
2. On the day of the Commission's second visit, three of the cells were occupied by people in custody with serious medical conditions. There were no medical staff present during the tour of the unit.
3. One of the cells is designated for suicide watch. Staff assigned to suicide watch would be able keep constant observation only by standing directly outside of the cell. A sitting officer would not be able to see into the cell.

[1] Hawaii Department of Public Safety, Corrections Administration Policy and Procedure, *Administrative Segregation and Disciplinary Segregation Policy*, COR.11.0, dated 11.2014; Federal Standards—Standard 7.05 Supervision of Inmates—and also ACA Standards state the same 30-minute requirement.

4. The ACO on duty told us six or seven intakes at the same time would overwhelm the unit. They would not be able to properly secure the new people in custody. The practice in such a situation is to shackle some people in custody and have them wait in the sally port that leads to the outside.

Serious Fire Safety Issues in Dorms 1 and 2

Dorms 1 and 2 are contained in a wooden structure. The exit doors at the end of Dorms 1 and 2 are chained and padlocked. According to an ACO, this is done to prevent people in custody from leaving the dorm, which would present a security problem. However, this practice creates a serious fire safety issue. These doors are designed to afford an emergency exit for the occupants of the dorms. If there is a fire – especially a fire near the front of a dorm or in the common area between the dorms, the people in custody would not be escape until someone unlocked the padlocks. The padlocks need to be removed immediately. The doors should be equipped with alarms that sound every time they are opened.

It is further noted that the fire escape plan for Dorms 1 and 2 is on an 8" by 10" laminated sheet placed near the front entry. When Commissioners and staff reviewed the plan, they were unable to discern the escape routes. Because of the density of wooden structures in the area immediately surrounding Dorms 1 and 2, it would be difficult for a person in custody to navigate their way to the area of refuge. If staff are not doing it now, the facility would be well-advised to conduct regular fire drills and briefings so that the people in custody are familiar with procedures in case of fire.

Inadequacy of the Medical Unit

The issues described in the above section on the Intake attest to the severe limitations of the medical unit. It is the Commission's understanding that a new medium security housing unit is being constructed. When this is completed, some of the units housing women will be converted to be utilized by the health care staff. Hopefully, this will provide the facility with more adequate suicide watch and infirmary cells. The Commission intended to discuss this with the health care staff during the visit, however, they were in an all-hands meeting during the visit.

The Commission identified several system-wide issues that MCCC cannot address alone:

1. MCCC needs better support for staff, especially after potentially traumatic incidents (e.g., suicide, assaults, unwell colleagues). PSD should provide professionals for staff to confidentially speak with, at low to no cost to staff, including therapists and PTSD treatment providers.

2. The length of time spent in jail pre-trail is too long. The Commission spoke with several people in custody who were pre-trail for more than two years. This contributes to facility overcrowding and is detrimental to rehabilitation and other reentry efforts. Prisons are better suited to house people in custody long-term and offer the programs and services needed for rehabilitation. Jails do not have the same capacity, resources, or directive. Jails are intended to house people awaiting trial—presumed to be innocent—and those in transition, either back to the community after one year or less or to prison for longer sentences.

3. Lower security level modules are under capacity, while higher security level modules are over capacity.
    - For men in custody, the more secure settings—Modules A and B—were generally overrated capacity (with four people for each cell designed for one or two people at the most), while the less secure settings were generally under rated capacity (with

open beds). It is important to break down rated and current capacity by module and correlated security level to see the whole picture.
    - The furlough module is underutilized. There were three males on the furlough module, with a dozen more men on furlough living in the community under the custody of PSD. This module has a capacity for more than 20 people. Furlough placement and classification is not a decision made at the facility level but a custody and classification issue based on PSD policy.

4. Women in the jails need equal access to services and programs. Women and men are both housed at MCCC, and women represent the minority. Therefore, most programming, movement, and access have been designed with men in mind. Federal standards require that women and men in custody have equal access to services and programs.[3]
    - For example, movement for women is minimal because they must be separated from the male population at all times, limiting access to programming and other services outside of their actual housing unit. The facility is doing its best with space limitations, however, there needs to be designated space for women, not just to sleep but to support programming, recreation, healthcare, and the other needs of the population.

Recommendations to be considered by the Department of Public Safety:

1) **Officers need immediate policy refresher training on unit management.**
Officers should be reminded how to properly manage their logbooks in accordance to policy. This should include accurate timestamps of every individual who enters the unit. Further, officers should be reminded about 30-minute checks within restrictive housing as it was apparent that hourly checks were being conducted.

2) **Grievance and medical forms and drop boxes should be inside the modules.**
In Modules C and D, grievance forms, the grievance request box, medical request forms, and the healthcare request box should be placed and available in the module where people in custody have easy and daily access without asking staff. Officers should also be reminded of confidentiality of grievances and healthcare requests.

3) **Restrictive Housing policies need to be updated to align with federal standards.**
There is significant research regarding the impact of segregation on a person's health, particularly since 2014 when PSD's policy on restrictive housing was implemented. The policy needs to be updated to reflect federal and ACA standards.

4) **Fire Safety needs to be prioritized.**
The chains and padlocks off of Dorms 1 and 2 need to be removed immediately, and the doors should be equipped with alarms that sound every time they are opened. Additionally, if staff are not doing it now, the facility would be well-advised to conduct regular fire drills and briefings so that the people in custody are familiar with procedures in case of fire.

The Commission extends special thanks to the MCCC staff for their time, professionalism, and expertise during the tour.

[3] Federal Standards for Prisons and Jails, Chapter 1. Inmate Rights, p. 8 to 9