



**STATE OF HAWAII**  
**HAWAII CORRECTIONAL SYSTEM OVERSIGHT COMMISSION**  
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**Women's Community Correctional Center (WCCC)**  
**August 2024 Site Tour Observations**  
**Date of Report: September 26, 2024**

In accordance with the Hawaii Correctional System Oversight Commission's (the Commission, HCSOC) mandate to oversee the State's correctional system, on Thursday, August 15, 2024, the Commission toured the Women's Community Correctional Center (WCCC) collectively as a group. The tour included three of the five Commissioners – Mark Patterson, Martha Torney, and Ron Ibarra in addition to the Oversight Coordinator. The Commission had unfettered access to staff and the facility. There were three new buildings under construction: Building A (secure housing), Building B (intake), and Building C (administration) that will be opening in the coming months. The Commission visited Building B, Building C, Olomana Cottage, and Akahi Cottage.

This report encompasses notes from the Commissioners and will be discussed during the Commission's monthly public meeting held on September 26, 2024.

Follow Up on Previous Recommendations

On September 21, 2023, the Commission toured WCCC and released a public report on October 19, 2023, outlining findings from the visit and five recommendations. Below are the five recommendations that stemmed from the October 2023 report in addition to updated findings based on the August 2024 site observations. Overall, the Women's Community Correctional Center has done well in finding solutions to the following recommendations.

**1) Review new construction plans for Building A (secure housing) and implement as many therapeutic and rehabilitative spaces as possible.**

The Commission is pleased to report that the facility leadership prioritized repainting of Building A to better support rehabilitative and therapeutic spaces. Additionally, the facility has a new mural that was funded by the Women's Prison Project. The facility is currently reviewing other spaces where murals can be added and considering additional outdoor spaces for in-person visitation.

**2) Secure desperately needed funding for facility updates.**

The Commission is pleased to report that the medical spaces, infirmary, and kitchen have been upgraded. The bathrooms in Ahiki Cottage are still in need of renovation as the paint has peeled off the walls and floor, but the Commission was informed by people in custody that a janitor cleans the showers and shower drain daily.

**3) Ensure appropriate access to the Law Library, and ease of access to defense attorney information.**

The Commission did not note any concerns with access to the law library since the last visit nor has the Commission received complaints regarding access.

**4) As the Department of Public Safety plans new facilities or housing units, the design should be consistent with the rebuilt and reimagined Ho'okipa Cottage.**

This covers statewide facilities and housing units. This will be monitored as an ongoing recommendation.

**5) Continue and further the current trajectory of leaders at WCCC.**

WCCC has done an impressive job with prioritizing leaders who are focused on rehabilitative and therapeutic practices. Because of this effort, WCCC has an honor dorm, which the Commission believes is the only facility in the State to have this. Additionally, the facility has incorporated kickball and volleyball competitions, and there is a space that is currently being renovated into a gym. Much of the funding for these projects was supported by the Women's Prison Project.

Current Concerns

While touring, the Commission noted a large number of women housed in the infirmary on suicide watch. After inquiring, the Commission learned that since February 2024, WCCC has not had a psychologist on staff. This has caused a very serious backlog of individuals on suicide watch who otherwise would have been removed. The Commission was informed that previously, individuals may have been placed on suicide watch for a few days to a week, depending on their needs and psychological assessment. However, since losing the psych doctor, individuals are left to remain on suicide watch for weeks to months with no indication of when they will be removed.

If someone is placed on suicide watch, policy requires that they are housed individually in each cell and requires constant one-on-one observation from an Adult Correctional Officer (ACO). This creates significant constraints on staffing levels if individuals are placed on suicide watch for longer than they need to be.

WCCC does have two telemed doctors who virtually see patients once per week. However, Commissioners were told that the doctors are not familiar with the patients at WCCC, have a maximum number of individuals they can see per week, and must provide care to the entire facility. Additionally, nursing staff are concerned that telemed doctors are hesitant to release individuals from suicide watch due to potential liability. This issue has created 1) delayed mental health care for the facility, 2) appointments that take significantly longer than having an in-house doctor, and 3) individuals on suicide watch, who may have been cleared otherwise, for particularly long periods of time.

An additional concern is that disciplinary time (required time in segregation) is on pause until individuals are released from suicide watch. Staff informed the Commission that individuals on suicide watch are not permitted to use the phone, including for legal calls or calls to the Ombudsman, which adds to an already restrictive and isolated environment. Given the backlog of patients on suicide watch, the Commission is concerned about the total amount of time spent in isolated settings (suicide watch straight to disciplinary segregation).

Therefore, the Commission recommends:

- **Immediately Prioritize Hiring a Psychologist for WCCC**

Immediately prioritize hiring a psych doctor for WCCC and have other facilities assist with assessing individuals on suicide watch at WCCC in the interim. Psychologists from other facilities can rely not only on the patient and previous mental health records, but on the nurses who spend significant time with those individuals as suicide watch is in the medical unit.

Additionally, the facility should consider limiting or eliminating the requirement for disciplinary segregation time for those on suicide watch who have already spent extended periods of time (2 weeks or more) in an isolated environment with limitations to their families.

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