

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



STATE OF HAWAII | KA MOKU'ĀINA O HAWAI'I
**DEPARTMENT OF CORRECTIONS
AND REHABILITATION**
*Ka 'Oihana Ho'omalu Kalaima
a Ho'oponopono Ola*
1177 Alakea Street
Honolulu, Hawaii 96813
808-587-1288

TOMMY JOHNSON
DIRECTOR

Melanie Martin
Deputy Director
Administration

Pamela Sturz
Deputy Director
Correctional Institutions

Sanna Muñoz
Deputy Director
Rehabilitation Services
and
Programs

No. _____

December 18, 2024

ELECTRONIC TRANSMISSION: mark.patterson@hawaii.gov
christin.m.johnson@hawaii.gov

Mark Patterson, Chairperson
Hawaii Correctional System Oversight Commission
235 S. Beretania Street, 16th Floor
Honolulu, HI 96813

RE: Responses to Facility Site Tours and December 2024 Monthly Coordinator's Report

Dear Chair Patterson:

The Department of Corrections and Rehabilitation (DCR) received the commissions facility site tour for the Waiawa Correctional Facility (November 21, 2024) and the Halawa Correctional Facility (December 5, 2024) on December 16, 2024, and the commission coordinator's December 2024 report on December 17, 2024. We respectfully provide the following comments, rebuttals and clarifying information to the commission regarding the commission's recommendations:

a. Waiawa Correctional Facility (WCF):

Recommendation No. 1: DCR population and changes in custody levels are continuously monitored and movement is initiated as appropriate. Because of the distance of WCF (and KCF) from hospital level care, inmates who are minimum and community custody housed at HCF and in AZ who have certain health conditions cannot be medically cleared to be housed there as doing so would endanger their lives. Also, while there are a number of inmates at HCF and in AZ who are minimum or community custody, the length of time to the end of their respective minimum term(s) are years away and in some cases decades down the line. In reading the report, no details regarding these salient issues are provided and creates an

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erroneous impression that the department is not addressing the recommendation, when in fact, the department is in complete compliance with our policies and Act 8 (HSL 2007) regarding the return of out-of-state inmates.

Recommendation No. 2: Both of our minimum-security facilities (WCF and KCF) lack the required level of medical professionals to care for medically frail inmates and their respective conditions would bar them from being medically cleared for transfer to either facility. Also, the distance of both facilities from hospital level care is too great and would jeopardize their health and safety. In reading the report, no details regarding these critically important issues are provided and creates an erroneous impression that the department is not addressing the recommendation, when in fact, the department is in complete compliance with its policies and procedures and in doing so, we are not jeopardizing the health and safety of medically frail inmates.

Recommendation No. 3: All food produced at the WCF should be shared with other Oahu facilities (HCF, OCCC, and WCCC) for use by those facilities as a cost saving measure. At present, WCF does not produce an overabundance of food that can be donated. During 2023 – 2024 WCF produced 17,042 pounds of usable produce, totaling a savings of \$58,752.07 (wholesale cost). From this total, WCF transferred 3,091 pounds of produce to WCCC, a total of \$9,609 savings to the taxpayers. The DCR will investigate the possibility of donating excess produce so that we are prepared to do so when needed. However, currently, WCF is not yet producing enough produce to provide to HCF or OCCC.

b. Halawa Correctional Facility (HCF):

Recommendation No. 1: At present, staffing levels prevent opening any additional areas. However, we are aggressively recruiting and should HCF's staffing levels improve and additional staff report to work as scheduled, the department can consider doing so. Because of our aggressive recruiting efforts, the DCR has reduced the ACO vacancy rate from 30.9% to 24%, but more work in this area is needed, and therefore, our aggressive recruitment efforts will continue. In 2023, the DCR graduated 56 ACO recruits with 3 classes. In 2024, the DCR graduated 136 ACO recruits increasing to 6 classes, which will continue for 2025, 2026, and beyond.

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Additionally, BCRC classes and physical ability testing will be held on the neighbor islands when there are six or more recruits. This will allow ACO recruits who live on the neighbor islands to attend the training academy and stay with their families. Training academy is hiring additional sergeants to conduct these additional BCRC classes and COPAT equipment was purchased to do the physical ability testing. With respect to murals, this has already begun with the gymnasium and will continue. As for planting native Hawaiian plants, the department does not object to this recommendation and will have the Warden of HCF review this matter.

Recommendation No. 2: DCR's former Corrections Health Care Administrator, Dr. Gavin Takenaka, who is a mental health professional was involved in the planning and design of the proposed expansion of HCF's health care unit as was former Medical Director Dr. Caroline Mee. It is our understanding that Dr. Takenaka did include key mental health staff in this process. Some newer staff may not have been involved and some staff who were with the department may not have been included, which was the purview of Dr. Takenaka and Dr. Mee at that time. That said, lighting fixtures and natural light from windows, is being considered.

Recommendation No. 3: The department has an aggressive recruitment operation for all classes of work, including Psych Social Workers and Clinical Psychologists. The fact of the matter is people in these professions and others would rather work in a clinical setting than in prisons and jails. In addition, our vacancies as they relate to Clinical Psychologist is directly related to two major issues outside of the department's control. The first is the requirements for Clinical Psychologists who work for the DCR are required to be licensed within two years of their hire date or their employment with the DCR must be terminated. During the pandemic, we were able to keep them on longer, but in the end, those who did not become licensed had to be terminated. Most of those terminated were hired by the Department of Health (DOH), which does not have the same statutory requirements for licensure as the DCR. In addition, the recent loss of several Clinical Psychologists is a direct result of the DOH hiring them away from the DCR by offering higher salaries than the DCR can pay.

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Recommendation No. 4: This issue was discussed during the last commission meeting and while a decision has been made to permanently close the Special Needs Facility, the DCR is required to notify both the HGEA and UPW and will extend the notification to our employees prior to publicly releasing this decision.

Recommendation No. 5: The statement is correct that both projects have been funded and are currently being executed. However, it should be noted, the DCR has no control over the pace of work of DAGS staff, who are the expending agency as well as any consultants, construction companies, and/or vendors hired by DAGS.

Recommendation No. 6: The DCR is in the process of assisting the HCI with expanding employment training and job opportunities for additional inmates specifically designed to increase inmate participation which could lead to gainful employment after release.

Recommendation No. 7: The DCR is providing voluntary internet-based trauma informed care training via the Windward Community College for ACO's statewide and have requested funding to do the same for non-uniformed staff statewide. Additionally, DCR is participating with the Office of Wellness and the Resilience (OWR) to receive trauma informed training. OWR will train our training sergeants, who will in turn train ACOR's and other staff in trauma informed care. With respect to placing/assigning training Sergeants to the facilities, this was tried and didn't work as they were constantly being pulled from their duties to fill in for ACO's who called in sick. Therefore, apart from the Neighbor Islands, all training Sergeants are being consolidated at our Training Services Division (TSD) to provide for more efficient use of their time. Training Sergeants will be dispatched to facilities as needed to conduct required training on all shifts. As for the training academy curriculum, sites were surveyed to determine appropriate adjustments. Additionally, after academy graduation, sites provide on-the-job training to better prepare staff for their roles at their assigned facilities.

Recommendation No. 8: Case Managers are provided with training via the Interagency Council on Intermediate Sanctions (ICIS), which is in addition to attending training provided at TSD, DHRD, and attendance at both, local and mainland training conferences. Attendance at mainland conference is based on the need for the training and availability of resources to fund the training.

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Recommendation No. 9: The DCR has not refused to support or stay neutral on compassionate releases for certain offenders. In fact, the DCR, HPA, and Prosecutor's office already have a robust and very efficient "medical release" program and protocols in place which supports compassionate release when appropriate. It should be noted, the primary burden of a successful compassionate/medical release program for terminally ill or medically fragile is identifying family or housing options with the ability and willingness to manage their extensive medical needs. Recent proposed legislation places burdensome requirements on the DCR and HPA, which could not be met without additional staffing and resources.

In addition, the timeline of the proposed legislation from when a request is received until action being taken is lengthier than the current robust and efficient process in place. It recommended the commission familiarize itself with the current medical release process, including those types of cases where neither the DCR nor HPA can take action to release offenders (i.e., court imposed mandatory minimum terms, serving life without the possibility of parole, ICE detainers, etc.). It is further recommended the commission consider developing statutes that hinders a medical facility from discriminating against inmates for care because of their criminal record.

Moving forward, I recommend the commission more thoroughly review processes, procedures, etc., and communicate with DCR leadership to gain a more thorough understanding information to the public that is erroneous or misleading. As always, the DCR stands ready to discuss issues of concern with the commission in the hopes of the commission gaining a better understanding of departmental operations, scarce resources, and limitations.

Sincerely,


Tommy Johnson
Director, DCR

cc: DEP-A, DCR
DEP-C, DCR
DEP-R, DCR