

Transcript

August 14, 2025, 7:03PM

H **Hawaii Correctional System Oversight Commission** 0:51

So you guys are unmuted, but I'm gonna see if I have to leave.
Have you guys leave the room and come back in 'cause the camera.
OK, so trying to get this set up. If you can hear us.
I may take a few more minutes for you to be able to see us.
Yes.

MM **Martin, Melanie** 1:09

Hear you.

H **Hawaii Correctional System Oversight Commission** 1:26

OK.
The Photoshop.
Do you have to cook, Melanie?
Can you hear us?

MM **Martin, Melanie** 1:38

Yes, we can hear you.

H **Hawaii Correctional System Oversight Commission** 1:41

I see. Now. Can you hear me?

MM **Martin, Melanie** 1:44

Yes, we can hear you.

H **Hawaii Correctional System Oversight Commission** 1:45

I can't hear you yet.

MM **Martin, Melanie** 1:45

Can you hear me?



Hawaii Correctional System Oversight Commission 1:47

We can't hear you yet, so no, it might be on our side, Melanie.



Martin, Melanie 1:49

OK, I gotta fix.



Hawaii Correctional System Oversight Commission 1:50

Yeah, it might be on our side, so.

OK.



Martin, Melanie 2:03

Testing.



Hawaii Correctional System Oversight Commission 2:05

OK, we can hear you now, Melanie. Thank you.



Martin, Melanie 2:08

Can you hear me now?



Hawaii Correctional System Oversight Commission 2:10

Yes. Morning.



Martin, Melanie 2:11

OK.

Thank you.



Hawaii Correctional System Oversight Commission 2:14

Formally had to be our tester.

Good morning, everyone.

Mark Patterson, chair of Hawaii Correctional System Oversight Commission. Thank you for being with us.

Call this meeting to order.

So, happy to greet all of you this morning.

Hear from beautiful Kaneohe at the foothills of the Polo on the campus of the

Women Community College.

It's always good to be here.

Well, this is our first time on this side of that. So love it.

Love it here.

Love it here.

No traffic driving into the meeting anyway.

Let's do a roll call real quick.

Bravo, Deborah.

You're muted, Ron.

IR

Ibarra, Ronald 3:02

Oh here.

H

Hawaii Correctional System Oversight Commission 3:03

Yep, Martha tornai here.

Mike Town here, Mark Brown here. And then Mark Patterson here.

All of our Commissioners are present here today.

Thank you so much. I'm gonna do a.

Let's take care of one quick business item.

Real now I'll take a motion to accept the meetings of the Thursday, July 10th, 2025 meet.

2nd it's been moved by Judge Town and seconded by Martha that we accept.

This meeting minutes for Thursday, July 10th, 2025. Any discussion.

Right here.

Hearing none, all in favor say aye.

IR

Ibarra, Ronald 3:49

Alright.

H

Hawaii Correctional System Oversight Commission 3:50

Aye, all opposed, say say any abstentions? A motion pass.

Thank you everyone on that.

Before we get into our first agenda items.

Just wanted to get a flow for everyone for the public, for here, when we when we in my attempt to manage the agenda you folks had it took off our website. We're

gonna have a discussion or a presentation on the agenda item and then I'm gonna open up.

The floor to public testimony on that agenda item only.

And then we're gonna have.

After public testimony is closed, we'll have a discussion.

Among the Commissioners and do the business at that time. I wanna make note when we do our public testimonies from the community, which is very valuable to us in the process that have been mandated to do.

Your testimony is to the Commissioners, not the presenters.

Yeah. So questions are asked to us and then we would ask you keep your testimonies for two minutes.

And then #3 state of the agenda item.

That is being addressed in the time at the end of the meeting, we will have an open public testimony where you can bring up any issues that you might want us to follow up on or share with us at that point.

So that's our public testimonies and and the way that it will be managed today and and every time that we meet.

So thank you folks for that now.

Good morning, Melanie.

Thank you for being here.

We're gonna move on to item agenda #4 the monthly update from the Department of Corrections.

I understand that the director couldn't be here so.

You will be representing DCR at this time. Thank you.

MM Martin, Melanie 5:50

Aren't you?

Aren't you so lucky?

H Hawaii Correctional System Oversight Commission 5:52

Yes, we are.

MM Martin, Melanie 5:53

I'm just kidding. I'm just kidding.

So Director Johnson couldn't be here today.

He sends his regrets.

He really doesn't have any updates for the O, Triple C or any other of our facilities at this time, but I am here to take notes and to take back any questions you might have for the director and the department.

So thank you for letting me be here.

H **Hawaii Correctional System Oversight Commission** 6:21

Cancel.

All right.

Thank you, Melanie for that.

Your presence here at this time.

We're gonna move on to item number 5 and we're very excited to have this presentation today.

Doctor mcfree. Did I say that right?

Yes, Doctor McCreya, the clinical psychologist from the Hawaii State Hospital covering an overview of the Hawaii revised statute 70444 legal process, which pertains to the examination of a criminal defendant's mental or physical condition when they're finished to proceed or responsibility for conduct is.

An issue in the case this is a very important topic for the.

2nd at this time in our tours of the counties and the jails.

As well as the prisons, we are aware of the increase of the mental health concern in every facility and we want to make an understanding at the front end of our system what happens in the judiciary in regards to mental health.

RF **Ronald Fujiyoshi** 7:28

Hello. Hey, how do I get?

H **Hawaii Correctional System Oversight Commission** 7:30

Intake and assessment and evaluation. And how are they filling up?

RF **Ronald Fujiyoshi** 7:32

You.

Go on the agenda and then it has a Microsoft Teams and click.

H **Hawaii Correctional System Oversight Commission** 7:38

From Ron, can you, Ron, please mute yourself?

Ron, can you mute yourself?

RF **Ronald Fujiyoshi** 7:43

Yeah, go.

Yeah, I'm on it.

I'm on it.

KB **Kat Brady** 7:49

Cancel.

H **Hawaii Correctional System Oversight Commission** 7:50

Ron Fujim Yoshi, please mute yourself.

Please mute it though, George.

Good. So without no further ado. Doctor Mabry. Good morning everyone.

Thank you so much.

I am doctor Baker Brady.

I am a clinical and forensic psychologist.

I work at Hawaii State Hospital.

I was trained clinically and I'm more to fighting forensic psychology and I'm very passionate about forensics in its interplay between the justice system and mental health.

And I could take three days to talk to you guys about competency and ngri and all that stuff, but I'm gonna try to connect it to around 30.

So I'm trying to structure my slide deck.

I like to kind of.

Focus it on The Who? What, where, when, why and how?

So to try to condense everything and I the caveat of this is that I know about this system. I've lived this, so I might use phrases or terms that I just assume everyone else knows.

So feel free to stop me if I'm going too quickly or if I am assuming that something is common knowledge.

It's all my knowledge, but I wanted to start with the what so.

The what?

Oh, sorry.

Julia, take the quickest finger.

So what?

What? So legal fitness and penal responsibility?

So legal fitness is fitness is the statutory language for the state of Hawaii.

We call it legal fitness.

And other jurisdictions.

It's called competency to proceed, so I'll probably interchange those two phrases throughout this presentation.

But competency or fitness to proceed is someone's hurdle.

That to your state of mind to proceed through their legal case.

So in Hawaii 70443 it's defined as no person who exists with a physical or mental disease disorder defect who lacks capacity to either understand the proceedings against them or assist in their own defense shall be tried, convicted, or sentenced for the Commission for of.

An offense of as long as such incapacity endures, and although more into competency.

Competency to proceed on the next couple slides. But what I will want to take out of this is fitness is here and now it's someone experiencing a mental health crisis or episode that is impinging their ability to work with their attorney to engage in a reason.

Decision making process or to weigh the evidence in order to move forward with the defense strategy. And if they're exhibiting those symptoms.

Then should be questioned.

Penal responsibility in the different state of time.

It's at the time of alleged conduct and this is more penal responsibility, is what is kind of more commonly known as not guilty reason, insanity or ngri.

So that's the conduct at the time of the crime alleged.

So no apparent not responsible for conduct, the time of the conduct as a result. Here you go, physical or mental disease disorder or defect.

They lapse substantial capacity to either appreciate the wrongfulness of their actions.

Or conform their actions to the requirements of the law.

So you use this the initial NGRI Rhode Island.

Oh yes. Yes, thank you so much.

Ngri stands for not guilty by reason of insanity.

So in Hawaii, it's called not penalty responsible.

So someone is adjudicated ngri.

They've found that they're acquitted of their charges, admitted typically to the Hoysi hospital.

For this, yes, of course.

So if it is to proceed, is the here and now penal responsibility is a retrospective?

Kind of evaluation of whether someone had a mental health episode that was impacting their ability to make a conscious choice or make reasonable decisions at the time.

So who evaluates the defendant?

And we're going to move on to The Who in Hawaii?

We have a panel system or one of the few states.

It's not the only that employs a panel system for felony charges, so.

For felony charges for both fitness and penal responsibility.

There's a three panel they have to consist of psychiatrists, psychologists, or qualified physicians, and one of the three has to be from the department, directed by the director of so they are, for all intents and purposes, a state employee.

Who and the other two are contract employees that are taken from a list of private evaluators.

For non felony cases, so for misdemeanor and petty misdemeanor charges, it's only one qualified exam.

And that examiner is from the director.

So the why this is the big ticket item. So why do we care if someone is competent?

Why do we care if someone is fit to board with their case?

Well, this is grounded in a landmark Supreme Court case from 1960s the US v. Jackson versus the United States.

And they found that trying someone who.

Is so mentally ill that they cannot understand their charges.

They can't.

Because or they can't make reasonable logical decisions is akin to buying them what they call in absentia or as if as if they were given there.

So the duties standards require that someone has a sufficient present ability to consult with the Council with a reasonable degree of rational understanding and a rational as well as factual understanding of the proceedings against them.

And I'll kind of break this down in the next slide.

But proceeding with someone's legal case, if someone is incompetent to proceed or

unfit or too mentally ill to understand what's going on, it really goes against the integrity and the fidelity of justice system.

You're under the assumption that there are two sides trying to prove a point, and both of those sides are well equipped with, you know, all the ammunition they need to prove their point. And if someone can defend it is too mentally ill to provide alibis to consult with.

Their counsel.

To provide witnesses then it's not.

All legal jurisdictions in every state have something again to dusty.

So again, even 403 statute that I referenced earlier, you'll see there's pieces of dusky within our statute. So the ability to understand the proceedings and to assist in their own defense, those are kind of the two core.

Pillars of Dutski is the understanding and the ability.

From which we will go through.

So just kind of a legal fitness or competency breakdown, I will spend a lot of time on this slide.

It's just more to give people a background of what competency is and why it's important. So if you look at HRS or juski, there's kind of the knowledge component and these are all of the.

Kind of big ticket items when you're looking at if I'm going to go through a legal proceeding, I'm going to need to know what I'm charged with.

I'm going to need to know what sentencing.

The options there are I'm gonna need to know who's who in sport. I'm gonna need to know if I plead guilty.

What that means, right?

That's kind of a knowledge problem of that ability.

The other part I think is the most complex part of the appreciation problem.

It's more so. This is the ability to communicate with your attorney. If I'm experiencing a thought disorder in which my thoughts are jumbled and I'm speaking bubbles and I don't understand.

That's gonna really impact my ability to consult with them and assist my special being able to be appropriately import, being able to testify if I need to.

How I think about the appreciation from the rational understanding is taking the information in the knowledge and applying my own case, right? So I know what feels unique, but I'm not gonna be found guilty because I own the Hawaiian Island.

So therefore I own the judiciary.

So therefore I'm not right.

So I know what it means, but I can't apply it to my case because the mental conditions.

So this is a big slide and this is what I'm gonna send most of my time because this is, you know, potatoes and this is the where, when and how this is so.

Everyone from your locked into what you say in hospital or into jail is arrested for some for fraud.

They go to jail, they cover aid and plea hearing.

It's typically within the initial processes of the court, but sometimes it can be later on.

If anyone in court questions someone's ability to understand the charges or sits in their own defense, a motion for confidence, the evaluation can be.

Put for for the judge.

There have been times repeated have people at the hospital where the judge has asked for a compenss.

Ating with their defendant. But there's anyone in court who questions competency and ask for.

Once there is a suspicion of incompetence, they become what's called a 404 legal status.

Basically what that does it lets the panel know we have concerns about competency.

Can you please comment?

So the four O 4 process. This is typically done within DCR because.

The to in order to move from a 404 which is a pre adjudication of competency or incompetency to a 406, which is the finding of the competency in that count.

So a panel has to come.

Either one panel for misdemeanor 3 panel for a felony and they're gonna ask the defendants all these questions.

What are your charges?

What's the maximum sentiments?

Who is on your side in order?

What do you want to be?

Why do you want to be that?

Do you have another help desk or like all of the things that anyone kind of in this room would need to know to move forward with their case? They're going to ask them if they don't have a mental health disorder that's impacting your ability to

engage in that.

Panel process. They're going to be so.

Form Core doesn't have to become a force if someone comes into. There are a lot of reasons that someone might.

Look like they're having a mental health episode.

Like active substance use and by the time they see the panel they it's gone out of their system and they're completely, you know, able to engage in that process.

There's also individuals who'd rather not talk to their attorney because they don't want to move forward with their charges.

So me not wanting to move forward isn't an incompetence issue. It's part of it personality issue. So those individuals.

Would hopefully see them.

There's no question there's no mental health disorder here, so there's no question.

If the individual is exhibiting psychiatric symptoms or mood symptoms that are impacting their ability to move forward with the panels, submit a report to the court and that opinion will be that they are incomplete received.

It's at that point that they go from being a four O 4, which is a question of incompetency to a four O 6.

Which is a five day. At that hearing, we have the state hospital has 72 hours to accept the individual. As soon as they are found to.

Once they come to the hospital, our goal for individuals within this 704 process are really medications and fitness programming. The target treatment is to get them fit to proceed so they can move on with their legal case for all of its purposes.

They're gonna be at the hospital.

For as long as they need to, until we can, you know, get them a bit to proceed.

So we do fitness classes, we do fitness one to ones.

We do practice hand evaluations.

And those, those are kind of under the purview of.

Psychology and social work.

But I'll give give credit where credit is due.

I can teach people all about what the judge does all day.

But if they are so psychotic they can't pay attention to what I'm saying, I'm gonna get nowhere without medications.

So medications and fitness programming are the keys to success when it comes to regaining confidence to proceed once the treatment team at Hawaii Hospital

believes someone has the ability to move forward with their case, we can request that panel that came back when they were in DCR Cust.

To come back and reevaluate them again.

They can make the same two opinions.

No, they're still they continue to be incompetent or unfit.

They need to stay in the hospital or yes, they are now ready to move on to their base.

One, they are deemed competent, they go back to VCR custody to await trial.

And they have the option.

This is.

These are the main fora, of course. You know, there's there's other CLI options, they swore, but for the sake of brevity, guilty. Not guilty, no contest. And the one that we're really concerned with.

With the 704 processes and not built to be reusable, insanity and DRI or not being responsible.

So again, if you could tell fitness is how they're doing at the hospital. If they're active, they're not actively symptomatic, they're able to look at their attorney ngri is, how are they months, weeks, years ago, when that crime was committed?

So the panel will evaluate them, not for.

Fitness, but they'll evaluate for.

Penal responsibility, if the panel believes that at the time of the crime the individual was not in the state of mind to behold.

Responses for their action. The judge will acquit them by reason of insanity and majority of the time commit them to Hawaii.

So the majority of the time, there are some individuals with maybe minor charges that will be acquitted and granted a release.

Which we'll talk about later, but majority of individuals are acquitted by reasonable.

At that point, they're after what you see in hospital for no less than 90 days.

So some patients come in after being good and committed.

No, no less of a nightmare. You have to be here.

You have to probably heard that one right.

You guys have to be here for at least 90 days before we can petition for the court.

So the treatment focus shifts at what is possible from competency and fitness because they've been found fit, they've chosen to go ngri and it's now about treatments, rehabilitation and safety.

So because now we're not looking at whether they're ready to move forward with the

legal process we're looking at if they're ready to move forward into the community and how we can we safely reintegrate people.

Into the community and take into account the risk factors and their protect. So this could take for some individuals. It could only take the 90 days. It could take three months, it could take three years, it could take 30 years.

There is no maximum time frame that someone can be at the hospital for an MRI.

That's because when I plead guilty, I am sentenced, right, I.

Did something wrong? I'm admitted.

To it. I'm gonna be there.

This is the punishment. You sit in the corner for 5 minutes and think about what you've done. When I plead Ngri, I'm saying I don't need punishment. I need treatment.

And how long could I need treatment?

Potentially for the rest of my life.

So it's really up to the patient to demonstrate safe behaviors for prolonged period of time. It is up to the treatment team to find them if they.

Discharge option that would be.

All of their needs.

And it's really up to the community to sometimes there's a couple of individuals that the the treatment team thinks that they are on their pathway out, but the community's just not ready to, you know.

Accept them back without certain conditions.

So we really have to work as a team because the whole goal is reintegration and having the treatment needs of the individual fit with the need for community safety.

But that's not going to happen.

Then they're not going to let out of the class once we believe that if someone as satisfied all those conditions, we can't just say, hey, they're ready to go, we have to ask our friends the panel to come back.

And the panel now is going to shift their focus for competency to safety and discharge community. So the first half place to go, do they have insight into their continued need for treatment?

Do they understand the mental illness?

They're going to have to check in with the psychiatrist to case manager.

Is the discharge placement an adequate fit for their level of needs?

Do they have supervision and support?

If the panel does not believe that they're ready, then they say at what age?

Hospital for as long as necessary if.

The panel believes that someone is ready to be discharged onto conditional release.

They become a 415 legal status and I will explain more what CR conditional release is.

So conditional release.

Is like probation but with mental health trips.

So not only do they have to check in with the probation officer, they have to drug screen, they have to stay where the court tells them to stay, stay away from drugs, alcohol. They also have to see a psychiatrist take a medication and interact with the case manager.

So that is one of the it's basically probation with mental health.

So when someone is on conditional release.

Speech. They and they do.

Well, then, they never have to go back to the hospital again.

That's awesome.

And we have a lot of people who do really well on conditional release and they never have to see my face again for misdemeanor conditional release.

Last one year. So from the day that I'm discharged, if I do well on conditional release August 14, 2026, I will be discharged from.

Felonies.

Conditional release.

Act as long as the patient, I guess, or client states it right.

So I could be on CR and some people are on CR for felonies for longer time periods than had they just served their sentence.

So conditional release for felonies is indefinite. Penicillin release 4 misdemeanors is one year.

So if someone is going out and doing well, then they back to the hospital.

Unfortunately, if someone goes out and violates their conditional release in some way, they.

The treat.

Outpatient treatment team can petition the court to send them back to the hospital.

As what's called a 413, one. So 413 is a violation of Finnish police.

So the way I like to think about it is not all four elevens become 413, so not all people who have been ngri violate their CRS. But everyone who's a 413 has at some

point been.

So.

It's usually the the trifecta of violations is someone.

And stop using or stop taking your medications. Start using substances.

One of those three, and I would win almost every time.

So those are the three main.

Umm. Treatment targets that when they are readmitted to the hospital, that's what we're looking at, what happened.

Oh, you stopped your medications. You had a research into symptoms, and then you used methamphetamine to self medicate.

Let's get you some symptom management classes.

Let's put you in some substance classes and we're trying to look at the patterns, behaviors that have gotten them into trouble before and trying to target treatment to focus.

On those types of behaviors, so, Oh my gosh, I forgot my special bonus section on the top here. So.

This isn't.

This is a really it's part of the 704 process just because I think it's important to note because I'll be talking about it a little bit later.

So we're gonna rewind 10 minutes until I never talk about CR.

We're gonna go back to competency or fitness, right?

The fitness statute presumes that.

Someone's going to be able to regain fitness, right?

It makes that assumption.

That, and I don't like saying regain because it makes it sound like they've had a passive in the beginning and some of them will never had and will never so.

If the individual comes, there are certain types of diagnosis that are just, no matter what we do, no matter what we try, they're just not amenable to treatment in that way.

So hospitalizing someone with something like a neurocognitive disorder, dementia, where they can barely remember where they are. Are they supposed to remember everything they need to know about the course of steps, right?

Someone with intellectual disability who's never going to be able to really capture the nuances of what they need to know in the court system. If you put someone at Hawaii State Hospital as incompetent or unfit.

Who have those types of diagnosis?

And you're expecting him to be fit.

It's basically a life sentence at the hospital, so in the 70s, the Supreme Court got ahold of this, and as a result.

We have within a reasonable amount of time, the treatment team has to provide an opinion one way or the other on whether someone can be released.

So reasonable is one of those kind of legal terms that they love, because what is reasonable right for a misdemeanor?

Reasonable could be a few months for a felony.

A. It could be a few years.

How much time would we need to decide that someone?

No matter what we try, no matter what we do, there never gonna be a release.

To to fitness.

Now research shows that 90% of individuals can be restored within the year with treatment.

So if you're looking at someone who's treatment compliant for more than a year, year and a half two years, it might be something else going on other than a psychotic disorder.

It might be a memory issue.

Maybe cognitive issue learning disability?

So if the person been at the hospital for a prolonged amount, maybe don't think that there's anything that we.

We can.

Do to help them move forward with their legal case. Then we ask for the panel to come back.

But this time they're looking at their ability to sort. Is this person ever gonna have the capacity to move forward with the case if they say yes, then we keep trying.

They say no, then they are found irresponsible and they're simply committed if they see if the panel believes that they're dangerous, they're simply committed or they're discharged.

The panel does not hold to their details so.

We have individuals who are no longer leaving, but at one point they were leaving.

So those are your individuals that we have.

We have one right now.

He had a criminal trespass.

One charge of he was trespassing on a hotel and he has dementia, so.

About a year later.

He was found unresorable, but the team believed that it was just he could not meet his needs for basic care.

He wouldn't be able to find housing.

He would be able to care for himself or her medications, so we asked that they civilly commit him instead of just discharging someone who couldn't take care of themselves.

So that's kind of an example of someone who was had a mental health disorder that was to the extent that they were found unrestorable. And because we didn't think that it was, he was a danger to himself.

Released him.

He was civil in it, so no longer going to press tough charges, but.

Up.

Any questions on it?

That's a big fly start caller.

Half my time you're talking about it.

Or we could.

Or we could wait till the end of like November.

Yeah. Thank you. OK, awesome. So.

A.

A.

Just a shout out to the misdemeanors.

That's to to that it was.

People were curious about how many.

State Hospital as of yesterday, when I checked our census, we had 18.

Petting students. So these are the legal statuses that we have associated with those individuals.

4/21 is a illegal status.

I didn't really get into those. Individuals are here for a short period of time in order for us to assess whether they need criteria, civil commitment, we try to get them appropriate. Closing, for all intents and purposes, they're unfit.

And if they use seven days, then the.

So we have 5.

421-4406.

You have five that have been found, not been used proper HRI and we have 4 MH sixes. So the ones that were initially unfit and then found unresorable and simply admitted the length of stay for our petty misdemeanors is 2012, 2025 and eight of. These patients have been hospitalized for over.

In terms of how many individuals we have with misdemeanor cases right now, we have 3/4, of course. So the four oh fours are the ones who typically would get assessed in DCR, but usually the public defender for medical necessity asked that they wait for their initial EV.

So that's a tool.

Then you have 34 four sixes.

Those are the individuals who are found.

Incompetent after.

Sees them 411 support 13 the activity of those individuals and then 12 inmates, so 12.

The range, the length of stay is from 1997 to 2025.

22 of these individuals have been hospitalized for over one year, and 17 more of them have been hospitalized for two years.

So someone had asked me said that the Council might be interested in this first.

So I pulled it up yesterday.

But this and don't don't hate me for this, this last one.

Oh my God, I said.

Whoever wants it, this is a kind of mop up of the 704.

That I created and don't try to read it on your paper side like that for you.

But I can send you the actual. I can send you, George, the the Word document that I have on that has been trying to, you know, we get into a slide, but it's all.

Of the.

My nonsensical rabbi's and a nice little.

So I thought that it's that captures a lot more of the. I think the details of the 704 process.

So I.

Wanted, that is everything.

Your your visuals are indeed.

An example of the complexity.

Can you help us?

Close my print.

You're probably made a little bit more color up, but.

Let's do this real quick.

Yeah. George, can you bring back everyone on the screen and and read it something we're we're gonna have ask questions. They're gonna ask. Ask questions.

OK, great.

And she said she's open to taking questions too. OK.

I just want to see them George as possible.

We're going to open up this next section for public testimony.

Please wave at us or raise your hand if you and we can ask your questions and we'll have the doctor respond if you have any testimonial questions at this time, there's about 30.

He wants to jail.

Yes, we're in the room.

Go ahead.

Hi folks. You may want to bring Jill.

Or so you can hear.

It's very better.

I'm on.

My. Oh, here's my OK.

Sorry, I was wondering.

I noticed a big piece of paper from the last few years.

I was wondering particularly.

At the beginning, like the.

In terms of the number of admission, I think that.

If I had to kind of think about it, I think it's the change in one of our statutes which.

Changed the amount of time that individuals were combined for a misdemeanor.

So initially, honestly, people were provided the hospital for longer than they had.

They served their full sentence.

Darn. So we tried to force correct and make it more.

Kind of comparable to the amount of time that they would have, you know, had they been, you know, adjudicated.

So I think that it's more you're seeing the same people over and over, but.

In or more frequency.

Does that make sense?

So I think it was a change in that and the way that we proceeded with fair charges.

So if someone if someone was initially committed for a misdemeanor, they stay there for 60 days.

Until they're charged with dismissed.

Now it's more like 10.

So you'd see.

So someone could potentially be in or out readmitted three times in the time that they would have to submit.

It's non violent.

Yes, OK.

Of course.

Any questions online?

Seeing none, commissioners.

Comments.

Commissioners, first of all, what's current at the state hospital and what concentrates?

I got old ears, Martha.

What's it for?

Census at the state hospital and all that.

What percent are forensic cases versus other civil communities?

That is a great question. As of yesterday it was 379.

We're usually recovering around 375 to 380.

And I can definitely give you that that actual numbers from my my data sheet that I could pull, but if I had to estimate, it's probably.

It's probably 80 to 90% friends.

90% friends, yeah.

And so and then the 80, the 18 and the 64 misdemeanors that you just talked about, which is 82, yes, on top of that, I'm telling you, yes.

And that's so I guess that would be a good a good maybe.

Comparison. So if the 18 penny misdemeanor is 4.

Or civil of the 64 misdemeanants 12 are civil.

So those are the MH6's are the civil commitments.

So we're just looking at kind of the the percentages of those and it probably makes the whole. I'm just I'm if you're seeing 80%, there's more than.

Yeah. OK.

Yeah, yeah. The rest of the shelves, so.

The rest of the.

I guess it would be around 280 or something.

So even though the MH 60s are considered civil commitments, they still came in through the public adjustments.

So made-up of forensic. Yeah, it's not.

And another question I had is in the past, if an inmate severely beat compensated wildlife and done.

We were able to transfer them to the state hospital.

The need to take care of her.

Do any of those transfer? Is that so?

We in the last year, I think we took.

What? OK.

There's a there's a certain MHI think it's MH 9.

There's the other set.

There's nothing for that.

Yeah.

Any more questions? No, thank you.

TF

Toni Floerke 42:48

Show me.

IR

Ibarra, Ronald 42:50

Mark, I have a question.

H

Hawaii Correctional System Oversight Commission 42:50

Does he borrow?

IR

Ibarra, Ronald 42:52

Yes, doctor. Fauci, I appreciate your chart.

It's been awhile since I sat in a criminal case since I've been retired now for.

But.

Your your commitments to the state hospital these seven O fours or the four sixes are all court ordered.

The criminal justice in the that go to the criminal justice or the civil commitment, correct?

H **Hawaii Correctional System Oversight Commission** 43:17

Yes.

IR **Ibarra, Ronald** 43:19

So, do you know what happens to the I call participants or defendants before they came to the state hospital by court order?

Where they're replaced.

And how long it took for the panel to examine them after the arrest and brought to court?

H **Hawaii Correctional System Oversight Commission** 43:39

Yeah. So.

We we sometimes get them as four horse, so they are free panel.

And it's at this point it's taking a little while to get the pants done.

That's both for individuals who are in custody, but also individuals who are at the hospital or individuals at the hospital that we believe are competent, and it's taking time to get them out fit. And so I think there's.

I have a backlog in going both ways if that makes sense.

IR **Ibarra, Ronald** 44:14

Yes.

H **Hawaii Correctional System Oversight Commission** 44:15

The I know that the evaluators that I work with, particularly the state, the state evaluators, are awesome.

And they do a very good job, but they just don't have the resources right now. I think to to keep up with the demand and it's a nationwide, it's called a competency crisis.

There's a nationwide competency crisis where the referrals are much larger than our bandwidth is able to.

You know, so.

Because, boy, he's not.

Unfortunately, we're not unique in that this is a nationwide issue that on my listservs to talk about all the time trying to decrease the time from the the question of incompetency to the finding and trying to figure out where to best treat those

individuals because some individuals Don.

Need hospital level care for confidence restoration.

They could do it outpatient because you know the resources are slim.

It's it's kind of the hospitals are one-size-fits-all.

So yeah, I don't know if that's your question, but yeah, I think it's taking a for in my. I can't speak to DCR, but in the hospital the judges are setting out competency when we buy.

I wrote a letter asking for competency evaluation because I believe one of my patients was fit and they set the court date out two months.

So that's just my my experience.

IR Ibarra, Ronald 45:28

OK.

So there's.

A.

People or defendants who have been arrested are awaiting competency for for hearings while in jail and while they're in jail, everything is suspended until the compens.

Ation.

H Hawaii Correctional System Oversight Commission 45:49

Yes.

IR Ibarra, Ronald 45:51

And how long have you experienced as far as a a panel being?

Appointed and the hearing.

Taking place.

H Hawaii Correctional System Oversight Commission 46:05

For the initial competency, I'm not quite sure.

For review hearings, they typically set those every 90 days.

IR Ibarra, Ronald 46:15

OK.

Do you know where the?

These examinations take place.

In jail or jail state hospitals.

H **Hawaii Correctional System Oversight Commission** 46:28

That's good.

Yes, the the initial evaluation takes place typically in DCR custody.

IR **Ibarra, Ronald** 46:29

For.

H **Hawaii Correctional System Oversight Commission** 46:33

I know the evaluators go to O triple CI. Think they're trying to get more options in terms of telehealth and video conferencing with the outer islands.

With their, with their departments, and they do come to the hospital to conduct very validate.

IR **Ibarra, Ronald** 46:53

That has helped shorten the time for the examination by examining examining the person of my a video or phone.

Is that right you think?

H **Hawaii Correctional System Oversight Commission** 47:03

Yes.

That's definitely.

IR **Ibarra, Ronald** 47:06

Do you have enough panel members to do the examinations?

H **Hawaii Correctional System Oversight Commission** 47:12

No, I don't know.

That's that's really.

I mean they they are doing the best that they can with what they have, but there are they definitely need more more help.

IR **Ibarra, Ronald** 47:25

Our concern is Commission as we oversee the jail population and you know, we've been visiting the jail and I've always asked pretrial statuses, and it's a big concern that it's over 50% of the population in jail have not yet been convicted, whether they're under 4 four exam.

Or just waiting to trial, but if?

If they don't get their examination.

They were just waiting in jail until the examination can be done.

They won't go to state hospital, right?

H **Hawaii Correctional System Oversight Commission** 48:03

Right.

IR **Ibarra, Ronald** 48:05

And So what?

H **Hawaii Correctional System Oversight Commission** 48:05

Because there hasn't been an opinion that they have a mental illness that would. Impact their competency.

IR **Ibarra, Ronald** 48:11

OK. And how would they get to a state hospital before the four four examination while they're in jail?

H **Hawaii Correctional System Oversight Commission** 48:20

So there is a way for the public defenders to ask for medical necessity, but that becomes an issue because sometimes.

I say this.

When they come to the hospital, we don't see a mental health issue. It might have been that they just didn't want to talk to their attorney and it's difficult once they're at the hospital to inform judiciary like we believe this person doesn't need our level of care and.

Send them back.

So does that make sense?

So there is an Ave. for that but.

It's it's difficult because there has been.

Someone who is trained to evaluate mental health conditions that say someone needs the hospital level care. That's kind of what we've run into, you know.

IR **Ibarra, Ronald** 49:14

OK. And and and if?

H **Hawaii Correctional System Oversight Commission** 49:15

Easy to get up into the hospital and it's hard to advocate to to be in a particular.

IR **Ibarra, Ronald** 49:19

Yeah.

But if they don't get to those hospital, they'll get whatever treatment they can get at the jail.

H **Hawaii Correctional System Oversight Commission** 49:29

Sorry, you cut out a little.

IR **Ibarra, Ronald** 49:32

They don't get to the state hospital for treatment while awaiting their case.

They'll remain at the jail.

Getting whatever treatment they can get.

H **Hawaii Correctional System Oversight Commission** 49:41

Yes.

IR **Ibarra, Ronald** 49:44

OK.

I appreciate it. Thank you.

H **Hawaii Correctional System Oversight Commission** 49:48

Thank you, Ronald. Dusky is dusky.

Right on the cusp of trial, people tend to meltdown.

Understandably stressful, the attorney may shift around.

It's hard to get along with the attorneys.

Or not even with real good public defenders. Do you have tools that allow you to

evaluate in the?

I don't know the right word, but the meltdown.

Factor of dusky and you don't have to give me a long answer, but it 'cause that those are real hard. I'd get them on the stand and I'd ward them ahead of time.

Eyeball dieball and then you may or may not get a meltdown as a mediator. I try to get some incentive.

Yeah. And the flip side of that is no contest, which is very problematic in my opinion.

I don't know how the other judges feel.

No contest sounds to me like.

A weird thing? Legal gobbledygook.

I want you to know that from my standpoint.

I always.

I always get confused by not confused, but always have a difficult time trying to explain it.

You know, like, so am I guilty.

I'm like fine so.

It's a great work to know because I think it speaks to what I didn't have as my note.

I know that's something important to say is that there has to be a threshold condition for competency.

I can't.

Going to court is overwhelming.

Going to court could be super anxiety provoking and just having a kind of reaction to something that's typically could be anxiety provoking doesn't mean I'm right. Now if I'm, you know, having mental health symptoms of part of that is that I'm paranoid.

And I've been able to keep it from the treatment team because I don't want to save the student possibly.

More and I would have pretend like I'm fine so that I get to the core and then I'm sitting there and all of a sudden I stand up and say I know my attorney is a liar.

I know he's, you know, talking to the judge behind my back and hates me.

That would be more of a competency issue because it's really anchored in a mental instead of something that I would believe is a reasonable response to something that's that's could be triggering, if that makes sense.

All right.

Thank you.

Yes.

OK.

Thank you for the presentation.

It's been so helpful. I've had a couple very fast questions under the fitness breakdown. When you're breaking down the knowledge prong and the appreciation, I was just curious like are these standards kind of following national standards?

Are there national standards?

Like question like. Yeah, I guess that's.

We used this.

This is kind of what I've taken.

I've worked in Washington state and Florida, and I've kind of taken these from different times.

This is the consistency between the states. Is the knowledge file and the appreciation it's really going to. What's the desk and criteria and states break it down in different ways.

This is just how I honestly this is what I.

So I was like, oh, what would I teach you?

Because these are the main things when I'm doing a competency assessment, this is what I want.

This is this is what they need minimally to be able to move forward so that it's kind of breaking out the ability to consult with counsel with a rational understanding and a factual understanding, see things and that's kind of how and I think a lot of states break.

It up into the two prong.

I know one of the competency assessments.

The evaluation of competency.

The stand trial.

Break it up in that.

OK, a factual understanding, fractional understanding and consolidation. OK.

Great. Thank you.

And then one other question on the Hawaii State Hospital chart.

You had mentioned that when somebody needs to go to the Hawaii State Hospital, they're there for no less than 90 days.

You're mentioning how that's in statute. Yeah, at the four level. Yes, for the four level, but curious like, is that reasonable?

Like, are there folks who can potentially gain competency?

Before 90 days, like where did the 90 days? So before the competency doesn't have the 90 days requirement.

It's just the quick fix.

So those were found NGR it's not.

You're acquitted.

Committed. Now you can leave the next day. It's saying you're acquitted and committed.

You need treatment if you can't apply for conditional release for 9 days.

Oh, I see. I see. OK.

Let's see.

There have been people come in.

We evaluated them after two weeks. They've started taking medications.

They cleared up.

Well, they are not on substance anymore and we're like, they don't even need to be here for, you know, nine weeks, let alone 90 days.

So got it.

But anyway, you know what I mean. They don't even.

They're ready to come into now we can ask for.

You're able to got it. OK. Sorry. I have one more question for the part that says if they're found unrestorable and civilly committed or discharged for who civilly commits them the the initiating plus. So yeah, so the panel will kind of send the recommendation to the judge and.

Then the judge. Thank you.

Before I, Jesus say my closing remarks, I want to see a representative iwomoto.

Do you still have your question?

R

Rep. Kim Coco Iwamoto 55:10

I I do.

Thank you. If I may, and I'm sorry if this was already kind of addressed because I'm having some technical difficulties on my side, but my question was first of all, I really appreciate the flow chart with all the arrows and what happens if this happens and what happens?

If this happens, what I wanted to know is the follow up I guess to what Director Johnson brought up, but also what Judge Barrett, which is the timeline?

What's mandatory?

What? Where?

There's some wiggle room. All those arrows.

What is the minimum timeline?

The maximum weight.

What are the choke points in the flow chart?

What needs more money allocated from the legislature?

What is just is a staffing issue that no matter how much money we throw, there's just not enough bodies.

What is required by admin rules?

What's required by statute?

Is there a flow chart that has all of those those dates and the the authorizing what?

Whatever's authorizing that time frame?

H **Hawaii Correctional System Oversight Commission** 56:22

No, and that is an awesome question that I could spend a lot of time, but I'll try to answer it the the two. I think the main time frames that we are aware of are when someone's found unfit as four or six.

We have 72 hours at the hospital to admit because they're going to find an incident.

So that's the 1st.

The first kind of time for statute.

There's other things like, uh, people who are 411, so people are 413, so they violate their CR.

They have a right to adhere within 72 hours. They have a right to a hearing every 90 days.

You know after the fact.

That's something that would be helpful.

I could definitely create a document like that and and send it over as well as kind of some of the anecdotal leads.

What the hospital sees?

What the court evaluation branch sees?

And major struggles in terms of getting these evaluations done efficiently and effectively, because I do have my thoughts on that. But I I definitely am able to go into a lot of detail that would be helpful.

Yeah, we want everyone, but we want that too.

And representative, we all want to. We'll we'll get with you on that.

OK.

Thank you.

Is there a way you can put up that that, that, that visual again?

TP **Ting, Henry P** 57:48

Hey.

H **Hawaii Correctional System Oversight Commission** 57:54

And why?

Why you're doing that 'cause? I wanted to make some remarks on the visual.

What is the mission of the Hawaii State Hospital?

It's to provide safe and effective treatment for pork ordered forensic patients.

Is there a number on on?

Or a pathway for community to have services from the state hospital.

Not this point. There is so.

I think we've accepted community patients, but that is an administrative decision.

So like case by case by case and you have to consult with the administration and is does that come through the Community mental health system? If they need help, they reach out to the state hospital typically, typically the Yep, the community mental health system, the emergency departments.

OK.

I presume that population is thriving. Whether you can accept, that's if unfortunately.

Order to take individuals. It's just that the fortunate priority, if we had, we had community beds.

That would be great.

To cover.

TP **Ting, Henry P** 59:22

Oh, hey, this is Henry Tang with the public defender's office.

If I if I could go back just a little bit, the the representative's question in terms of what resources could be could be laid, you know in my personal experience with my clients, you know there there's there's minimal treatment at the facilities.

H **Hawaii Correctional System Oversight Commission** 59:35

Yes.

TP **Ting, Henry P** 59:40

They're usually just being housed or medicated until until until the the actual doctors can.

H **Hawaii Correctional System Oversight Commission** 59:44

Sure.

TP **Ting, Henry P** 59:46

I mean, if there's a three panel or one panel for the doctors to come see them.

And so there's always a short and perhaps.

I think it's really has to do with. I mean my guess is it has to do with the pay for the for the healthcare providers to come and and my guess also with regard to the number of doctors that are available to do the three panels and the.

One panels has to do with how much they're they're bringing, compensated for that.

And so I. So I think I think if if the health care providers are being paid more, there would be more.

People available to give care as well as to do the evaluations.

Thank you.

H **Hawaii Correctional System Oversight Commission** 1:00:23

Justin, Rachel. Thank you, Henry.

Rachel Thompson, the deputy director.

Of the public defense. Go ahead, Rachel.

R **Rachel L. Thompson, Deputy Public Defender** 1:00:30

Hi.

Hi. Hi, good morning.

So I couldn't raise my hand on the the team's function, but I I would completely agree with what what Henry just said. My experience working with the public Defender's Office is that we have spoken to a lot of the examiners for the three panels and I.

Know that the state does in this office has been really short staffed, especially this past year has just been pretty astronomical.

The the short staffing issues and it causes significant delays in our clients cases.

Pieces and I think the low pay for examiners is a huge contributing factor to why we're losing examiners and we're not getting new ones which does create sometimes months you know or or even longer delays in the disposition of cases that leads to people being kept at.

The hospital longer as well as people being held in DCR custody for a significant period of time.

Also, you know from the public defender's side, you know, we deal with clients.

You know all from petty misdemeanors.

Up to you know.

Serious felony cases, and it is very frustrating when oftentimes if there is a fitness issue, we have to wait significant amount of time for people that are being housed in custody either at the hospital or at DCR waiting for the one panel examinations. And I know that there.

A staffing shortage issue, but a lot of times like I think doctor Mcburdy shared a lot of these people do spend more time in custody than their maximum penalty that they would face if they.

Were to plead out?

For example, but it's as a public defender, you can't force your client who may be unfit to accept some kind of an offer, even if it would result in them getting released from custody sooner.

So that's really kind of a struggle that we've had is we do have clients that on petty misdemeanors are being held in jail for an excess of 30 days and are being held at the hospital in excess of 30 days. And it is really frustrating and it's just.

A resource issue.

One of the other things that has come up is with that the Act 87.

Which replaced Act 26 for nonviolent petty misdemeanors.

We've had an issue here in the Third Circuit where and it kind of become the practice of the judges to hold people in custody because it was convenient to complete the examination within the seven day timeline required by the statute, which we opposed vigorously on our end. But.

You know, if they have no contact information, so I understand it's difficult also to comply with the statute if they have no.

To be contacted by the examiners, but now we have a 14 day timeline under App 87, but we're still seeing significant delays even if people are being held in custody to get those evaluations done.

And oftentimes, we're coming back in 14 days.

There's no report.

They haven't been contacted.

The people are in custody and we have to again, like, beg the judges. Please let these people out like they're being held longer.

Than the statute requires. We're not able to comply with the statute because a limited resources with the Department of Health.

But our clients shouldn't have to suffer by, you know, being held in custody or being sent to the hospital.

We don't have any services here that really would act 87 and Act 26 was intended to provide for short term mental health care.

We just don't have the resources here on the neighbor islands and so if someone is suffering some kind of a psychotic episode, you know, we can talk with Doctor Shields, who is our forensic coordinator and we get them sent to the state hospital.

But if those evaluations aren't.

Done within the 14 days.

Then they're stuck waiting for a continuance to come back for for the report.

Or they're stuck in DCR custody. And for someone who is clearly mentally ill, all of our evidence says don't put them in jail.

But unfortunately we don't really have an alternative. We have the jail or the hospital, or we let them out on the street.

So I think there's just a huge lack of resources for for mental health treatment, especially on the neighbor islands. And we do have a disproportionate amount of people in custody on low level misdemeanors and petty misdemeanors.

Who really need mental health treatment?

But we have no services to give them, so that's just kind of my comments about it.

PJ

Park, Candace J 1:04:36

Yeah.

H

Hawaii Correctional System Oversight Commission 1:04:43

Thank you, Rachel. Appreciate all of that.

I'm sorry, George, can you put that out screen one more time?

I I just have to make some final comments.

This has been a great discussion and great presentation.

I really didn't think that the fishing of the state hospital was solely Florence.

Yeah. So that's important to know and understand.

A couple questions real quick.

On on the on the points in this system.

Put up it's is you folks collecting the data where 4446411. I mean, are there numbers of what's flowing through this?

Like how often or.

Like how many? Yes, yeah.

So I mean, we'll have.

We could have snapshots of time and then look up how many were at the office.

Yep, exactly.

Yeah, I think we we we might get that data to, yeah.

OK.

We'll follow up on that.

When I look at this, this doesn't even count those who are actually found guilty and end up in our prisons.

Just Halawa, Arizona.

Where? Yeah.

So that's that's another number we have to look at in terms of involvement of.

Identified mental health in a system, but when I look at this and everyone here on any given day in Hawaii driving around, doing our daily life.

We will encounter mental health in our community.

Yeah. And so when we look at this, when I see this and understanding that the majority of the state hospital beds is forensic and and you know we can question lengths of time and things of that nature.

We're we're at a point in time where I question, you know, what do we have available for those who are in the Community because we see so much of them.

Yeah. What is that system look like and what policy changes do we need to recommend or or collaborate with?

Other state agencies to say hey, maybe DCR should take the responsibility of the Hawaii State Hospital has right now and let Hawaii State Hospital take care of the community.

Yeah, we're talking about if we're going to build a billion dollar jail, what is the mental health component that's going to be part of that jail that can resolve a lot of the issues. The entire state is having at this time. When I look at this, this DI.

That she put together.

That's almost 300 beds.

That's an entire or two 2000 units.

Yeah, that can be implemented into the jail and then reform the entire jail system.

O triple C will be the hub for all mental health issues in the state of Hawaii.

Jails. Yeah. Right now we, we we can honestly state as a Commission. And I'm gonna boldly state this everyone that our jails are not capable of managing their mental health populations. Great.

Yeah, there is no plan.

Yeah, but again, that mental health population is beyond what's already at the state hospital.

We haven't currently, so we need to within corrections, have dedicated mental health units where they are getting that treatment.

I don't know whether it'll be in play for the state hospital because we already got Apple.

We're already there, but I do.

I'm trying to advocate also for the community's need.

Yeah, the community needs a state hospital.

We all know that I actually thought that the state hospital was supposed to be serving the community, but no, it's designed for, for instance, so it's easy to point to the Department of Health and see, that's your guy's job and not do anything about it. Yeah, so.

Now we have to think at a higher level and say we need fixed responsibilities.

I mean, we could still have this right here in a DCR facility in collaboration with the Department of Health.

And some states have that because you already.

You're already doing it, but you're doing it in a state hospital in a DoH facility.

Yeah, but I really kind of want to advocate for the community right now because the community's in need and creating that system. And how do we incorporate this into a DCR in collaboration with the DoH? If we're going to spend a billion dollars on a new FAC?

And what you're saying about the community has?

If some of those community needs can be met through the state hospital, may prevent people from committing the crimes.

Our emergencies.

Our hospital emergency rooms are overwhelmed with mental health.

And they don't have a place to divert.

That's why when we drive around Honolulu, we see them walking around in paper suits.

Downtown everywhere you know, so that this is where the Commission is, is, is.

Is kind of going outside of its mandate, but not yeah, 'cause we serve the community as well as the.

The Department of Corrections Rehabilitation no oversight, but I think we need to make noise about this so that people start thinking because in the last decade of jail planning, nobody has brought up the mental health population.

Nobody has brought up the issues in all the jails.

In the prisons and how we manage that mental health system, because they're going to be really stuck into the Community and if they're coming in and out, that's a telltale sign too.

So that's why numbers are important.

So I'm kind of looking at a higher level of what kind of what what we need to do to push policy, a representative your model to really look at responsibilities and how to reform in order to reform the the.

DC Rs mental health capabilities.

We have to support the reform of the Community mental health system.

Yeah. I think one of the observations that's clearly dovetails with what you've just said is the fact that every facility we've been in, we've learned, it's been reiterated that the Department of Health is not involved in mental health in these prisons, which to me absolutely doesn't make any.

That's just not consistent with other justice systems, so.

That really places DCR in a bind because they have to compete with other governmental institutions in hiring mental health staff.

Secondly, they don't have the funding to be able to provide and attract the kind of credentials that you would need, particularly in that specialized surrounding and three.

Ultimately, they end up with individuals who are either social workers and I love social workers. They do.

A wonderful job, but in those scenarios you really need a higher criteria of expertise and education.

I mean, you know, the standards are different too, because for example, the

individual, one of the individuals in Halaba who was part of the mental health department actually was had.

And is a nice and fine gentleman.

It's not boards board certified.

Which to me is inconsistent with every other.

Institutional type of organization that has.

Sort of. You know, standards that are bare minimum and then board certified always seem to be extremely important in terms of one of those criteria.

So it's a problem I think.

I agree with you.

It's it's, you know, it's.

It's not set up right now to deal with these. Our presidents are not set up to deal with these various different mental health issues.

By no means go ahead, Mike.

Doctor, I'm really interested in the discussion about gravely disabled somebody.

Is has to be tied down and medicated or locked up and we're getting a lot of activity now in the legislature about that.

But that Rep is here.

So what is?

Is there a trend there?

Is there a trend to get more gravitas?

Disabled people actually committed or not.

And I want you to speak freely.

No, I it's it would be.

It would be great I think.

There are a lot of points that just really stuck with me because if if we could do some sort of collaboration to do a jail based restoration system.

There would be open beds for the individuals who would benefit from the level. I mean voice chat is secure.

It's it's a high level of parents, you know, some of the individuals could benefit from a jail based restoration program.

Be competent in three months and move forward with their case.

You know, if they, you know, if they had their adequate treatment, are they getting committed?

I get these calls from dear friends whose kids have gone 100% off the rails drugs.

They've shaved their head. They're tattooed.
Nothing wrong with that necessarily.
But and they're they're beside themselves.
And what are the doctors? The system will not respond.
Yeah, as long as we are required by law order to take individuals, they're speaking freely.
There will be no space for community emissions.
How do they come in on image 6 or image?
So they whatever they could cover, that's it's free and far between.
And that's an administrative the administration has to approve it.
But if they're going, you gotta take it.
There's no excuse, Marth. Martha.
I'm gonna just put some historic perspective on this, that.
The territory has a department of institutions that started in 1939 and that had health corrections in the same department.
So therefore they were unified.
It was one became a state.
They separated them, but the Department of Health continued to provide mental health services to offenders up until our consent decree.
It was our consent decree was settled in June of 1985 and within about two or three years, Department of Health was no longer involved in the course of our consent decree. The state hospital went through what and suddenly they were not able to accept those who.
Were Ngri and others. So you started with individual suits to get people who were kept.
At at Hawaii State Prison as not guilty by reason of insanity because there was no room at the state hospital.
So this is a very complex problem, but again, as Mark was just suggesting, there are states that have the unification between health and corrections. And Florida once say that I look at many, many years ago, but it's like the the Correctional officers, health providers, security, mental health. Prov.
Services. So there are examples already these combinations.

H **Hawaii Correctional System Oversight Commission** 1:16:08

Thank you, Martha.

I'll take two more questions and then and then Bon Rachel.

Rachel, you muted?

My hand may have come down.

R **Rachel L. Thompson, Deputy Public Defender** 1:16:24

Are you?

Are you talking to Rachel Thompson?

I.

H **Hawaii Correctional System Oversight Commission** 1:16:26

Yes, yes, yes, Rachel.

R **Rachel L. Thompson, Deputy Public Defender** 1:16:26

I previously OK. I had previously had my hand raised.

I can't.

My hand raised function isn't showing on my thing, so if it's up I apologize.

H **Hawaii Correctional System Oversight Commission** 1:16:33

OK.

Thank you. OK.

R **Rachel L. Thompson, Deputy Public Defender** 1:16:36

OK.

H **Hawaii Correctional System Oversight Commission** 1:16:36

Hi Kat.

Are you there?

KB **Kat Brady** 1:16:38

Yes, I am.

Let's go back to how we got into this mess.

We actually had a community mental health system that was decimated in the Lingal

administration and for 20 years we've never built that back up. So now.
Our fall back position is to put people who are struggling with mental health issues.
Into jail or prison.
And that is dangerous.
So many people decompensate in that environment and you know the director has,
you know, clearly said.
We we really cannot handle mental health.
We are not equipped to do that.
And.
I think the legislature needs to really start.
Rethinking.
Community mental health system.
So there are places where people in the community can go and they don't have to
go to, you know, the state hospital, which is, you know, already overburdened.
So I I just.
I want to remind people that we did have a community mental health system and we
don't anymore.
We have bits and pieces, but we have no system.
And we need to really start thinking.
Of systems thinking rather than oh, we have a program here and a program there.
It's like, no, we need a system because we have so many young people who are
struggling with mental health issues.
This is not going to go away and locking people up is not the answer. Thank you.



Hawaii Correctional System Oversight Commission 1:18:30

Thank you, Kate.
I want to thank Doctor.
For being here today.
Go ahead.
Thank you so much, reporter Sydney. I wanted to see if there's 26 and 87. The
Republic is talking about.
Have you seen more people going in and out?
Frequently seeing at the state hospital.
I I think it's just anecdotally because I'm not on all of the ambitions.
It is like I think I said it's more frequent, but it's typically similar individuals that

we've seen before so.

The.

Like I said, they're they're not there as long so.

They go out and potentially commit the same type of.

Houseless type charge like that. Criminal trespass back and then spend the 10 days and then go out for a period of time and then come back.

Which raises any questions about what's the community support?

So yeah, so from the hospital perspective, everyone is offered placement.

Not everyone is inclined.

To accept placement.

Sorry, really quickly. How has this impacted your overall?

It's it's it is, it waxes and wanes because there's technically more emissions, but there's also more distractions.

So the people who might have been committed before 60 days are now.

So I think I think just the admission and the census in general is a reflection also nationwide.

We our state doesn't have a lot of lists.

Server they ask about wait lists for people waiting from jail to hospital. Our state doesn't have a way for required to take something.

That so there's no waiver.

Yeah.

Thank you once again.

Doctor McBride for doing here. Are you going to join us on the tour?

I had when when, George?

Up to you.

I mean, you might be tired of looking at us already, but you know, we're we're gonna hospital after this.

It was important not to, as a entire Commission to go judge. Ibarra has already went with us once already, and just to see the operation there and and meet the staff.

Staff, we want to work with you, Doc. In in terms of the data that you're collecting in the system that you put forth with us and we don't have a, you know, there's a lot that was said today.

You know a lot of information. This diagrams as complex as they are were helpful, was very helpful. And there is there is so much more that's missing from that diet.

Take the full picture on Commissioners.

So hopefully by next September we'll have some kind of strategic plan.

How to move forward and prepare for something?

But thank you for all on your comments.

At this time, we're going to move on to item number six the agenda.

The overview of the Oversight Coordinator report, and I'm going to ask our oversight coordinator, slash director.

To give her a report.

Thank you.

Hi everyone.

My name is Preston Johnson.

And our report is publicly posted on our website.

I'm just going to very briefly cover this so that we can report.

I know that's been a long meeting already.

Skipping right down to the death and placidity section.

Unfortunately, I do have a death in custody 2 report.

It's not in the report as of now, because the report was posted before this occurred, but on August 9th at approximately 8:55 AM, a person in custody who is male and 63 years old.

Was found unresponsive in his cell. Staff responded immediately and the person in custody was transferred to the hospital.

But unfortunately, on August 11th this person was pronounced deceased and this does appear to be a suicide.

Moving forward to events attended Commissioner tourney and I attended.

A proof class graduation ceremony, which was very exciting.

It was in Hilo. You know, the department has been working very, very hard on their recruitment efforts.

Right now they have about a 33% vacancy rate, which I believe is down quite a bit from when Director Johnson was started.

I think it was almost 40% when he started.

So they are working hard on that.

Perhaps to see and happy to support staff had also gone to a couple different events.

They went to the Dynamic Healing Center to learn more about trauma, informed care and you know how they they manage that there with successful re-entry. They also participate in the Dismas Charity Board meeting.

This is really to learn more about what's going on in the federal system with reentry

so that we can kind of learn from them and bring it home.

To our state system.

And then staff also ascended the hall of a resource fair.

This was a huge fair which hosted over 70 vendors, which is fantastic and so people in custody can actually move and kind of learn about vendors in the community, learn about, you know, different things they may have access to.

Also, the Hawaii Rolling Authority participates in this, which I love because then they can explain more of their process, what they're looking for when folks are in front of the full board, it makes that process a little less scary.

So we we really appreciate that they participate in that and then for projects we are working on our complaint management system. For those of you who supported the Commission's budget requests, thank you times a million because we did secure a case management system through that budget request.

And now in two weeks, we are preparing for a 15 week integration process where we can actually have a true management system.

We can post all of our stats on our website of the complaints for getting the types of complaints you're receiving, the demographics of who's complaining.

You know close.

You know, all all the different information that I know, people have been really waiting for. So we appreciate everyone's patience and that we're really excited to get moving.

And I just wanted to make a brief announcement.

We are hiring currently.

We're hiring a prison oversight specialist who will be investigating all of our prisons, including saggaro out in Arizona.

And so if you know anybody.

With investigative experience or experience with the criminal justice system, and especially correctional.

Who may be interested in that position?

It is posted on our website.

I believe the posting is coming down on Monday. Yeah, Monday.

So please share widely and quickly and and hopefully we can have some great applicants.

Other than that, I have nothing else to report.

Where was the death interest?

Oh, I'm sorry.

It was an old triple thief.

Yeah. Oh, triple C.

Thank you.

And that will be reported officially.

In our next month's report, so we'll make sure that we have that.

What's the total now?

This year, yeah, this year is definitely less than last year. I I want to say this is the fifth this year, I wanted to say that I'm not positive, but I I'll double check, make sure I send you all the numbers. Thank you.

Thank you, Kristen.

I'll open up for public testimony on the oversight coordinators report. Anyone.

Hearing none.

Commissioners, any questions for coordinator?

No.

Thank you.

Did you use?

Kristen continues to do great work with her and her staff.

We want more staff so we can do more great work. Thank you, Kristen.

You can't.

Let's move on to item number seven. An overview of our tour of the Maui Community Correctional Center.

Marcus K We visited Maui Community Correctional Center on Thursday, June 26th, 2025.

The population there continues to be below capacity.

The greater capacity IS300.

One in 2023, when we were there was 299 in twenty 24215. It was low enough they were able to close one of the units.

In 2025, it's 221.

Just check the population report, the most recent one.

Today, it's up to 240. So we do have to keep our eye on, hopefully it does not increase. Again what we did observe was a very cordial relationship between inmates and staff, and that included both uniform and pavilion staff, and they assume that one of.

Those facilities that we continue to see this positive relationship between the two,

the facility was very clean and well maintained for what they have.

Remember, the first building's open?

Mid 70s and things have been added on over that time.

Doesn't mean it doesn't need updates. It's constantly being repaired, but it's still for what they had.

They kept it very.

Dormant one and two for pretrial. There were 18 inmates in there.

The capacity is 40.

The 18 inmates were assigned there work in the kitchen.

Dorm 6 and seven are sentenced and furlough.

The capacity is 100, but there were only 27 there, so only 20.

Only you want six end was being used and we discovered that the furlough inmates are living in the same unit sentenced inmate. It has been the practice of the department in the past. From the time we introduced Earlo, which was in I think 78 was when we.

Introduced it that we did not mix furlough inmates with other inmates because it would be.

Unnecessary. The pressure put on them.

To bring stuff back from the community.

So we did express that concern.

We're also very concerned that only was the three inmates who are participating in furlough on the time.

Very low number, but this is been a continual complaint or concern that we've had about the number of people who are participating in Burlow and Wessel at our minimum security facilities.

The let's see the people in dorms 6 that they did have limited access.

Programs and they were especially concerned as these people. These men were nearing the end of their term.

That they need to get more programs that will support their transition into the community.

They do not have enough activities, a constant problem finding modules A&B, which is one of the newer modules.

It is A2 Storey facility that has 32 beds 24 hours.

I'm sorry.

It has 48 beds.

It has like a two-story.

There were 20 or 32 pre trials on that day and 24 sets. The 24 sets were on the 1st floor. The pre trials on the 2nd floor, the pre trials because of the number of cells.

This meant that we had cells that were double cell.

And even 1 cell was triple cell.

The inmates are not mixed in the day room, so only the pretrial could be out in the day room at one time and then when they go back in, it will be the sentence.

Be out in the day room. One thing we were happy to see. It's one of the few places where people had much more time out of cell. Six hours and 25 minutes a day out of cell. Good.

Each group had two hours a day in the morning and two hours in the afternoon in the day room.

And then they were released for 45 minutes for each of the three meals in the day room.

Again, the constant complaint was lack of meaningful activities and too few tablets. Be available on one inmate said that if they do have fights, they don't have too many fights. But they said usually fights are related to access to tablets. The tablets have a very wide range of programs, so I was sitting with one inmate that was doing a AL. Anonymous. But he had not really explored it, so with me he started exploring.

The programs are very, very extensive.

Of what you can take.

And.

We also had complaints about the high cost of store order.

And again, this is the complaint we hear from throughout the facilities.

Module D is disciplinary saying it was designed to be maximum security, so it has six cells in it and they were designed to be just one inmate per cell. But currently there were 10 min inmates in there, so some were double cell. They just had one hour per. Day out of cell, they ate their meals in the cell.

One complaint that they did or one concern that we had is they do not have direct. Access to the grievance or medical request system, which means there's not a pad sitting outside where they can grab a form, fill it out, and then deposit it into a secure box.

They have to instead ask for one of these forms, and that's really bad when it has to do with grievances.

The grievance box also is not in a living unit.

It's by the control station to a secure door.

So if the inmate holds on to the grievance until there is someone available to escort them to the box so they can put it in the box.

The director explained to us.

Or I director the award and explained it was because they had a catalog on the on the box and some inmates would rip the padlock off and use it as a weapon.

So we have suggested why don't you get one with a key lock or another type of lock, not a pad.

They have no access to tablets at the wall and really no activity is provided to them while they're in disciplinary set.

On module two and three, have the women in them.

The module two had a total capacity is 9, and that's because they're a total of nine cells available.

The reason?

The capacity is for single cell is because of the size of the cells.

They did not need ACA standards for more than two inmates, so, but there were, in fact, in Model 214 inmates in those nine cells, which means that the majority or many of them were double cells.

One of the quads in Module 2 was converted to the medical unit.

That's where you have the dentist is located there.

Also, the eye doctor and the medical staff, and it means that when men need to access the medical unit, they traaze through the day room of a woman's area.

And so the women have to go back to their small day rooms.

But they can visually see the men and one woman.

Told me it's upsetting for their ex-boyfriend is one that constantly goes through.

And she doesn't care that too much.

Another group that goes to everyday a number of times a day are the men who are in the kitchen work line because their dorm is outside of of module 2 until they transfers through module 2.

Again, the women have to be out of the area when the transfers transferes in through. We discovered with the women. There were many that were severely mentally ill.

And.

The the staff mentioned while the a number of admissions of women are down, those that are coming in appear to be more severely mentally ill than in the past and

also have serious substance abuse problems.

Again, too few tablets and a lack of meaningful activity during the day to keep occupied. They would like to have.

More to do.

Holding an intake is closer to the administration area.

And there are cells there that were for people originally coming into the facility.

Review done and people that may be waiting for things to take place.

These are dry cells, meaning they have no toilets or sinks in them, but they are being used for housing too often currently while we were there, there were three women, one in each of these cells.

Again, it was not designed for residential living.

They're very, very dark.

They're devoid of any natural light coming in, and they're very, very.

Great graph. I mean it's a, it's like going in.

You've heard a box going in the boxing corrections, something that is dark and dank.

That's what it's like.

It's like a dark SIM.

One needed is also used for Suicide Watch and if someone is on Suicide watch at ACO is right in the area to take care to view them.

We do.

I'm very pleased to announce that visitation contact visitation has been reinstated as of April of 2025.

So that's back again.

We did not have time to visit Kitchen Library education area, so we don't have any report on that.

We did not visit all the the housing units.

I'm going to ask Kristen to go over a previous recommendations and the status of absolutely so one recommendation that I believe we've had of since 2022 is again making sure that those grievance and medical form drop boxes are in all modules.

And especially a model like segregation.

This this is particularly important because there's a federal law.

That requires people in custody to go through their administrative processes first before filing a lawsuit.

And so, you know, it really, really impedes that process. If people can't even get a form or have a, say, space to drop it without worrying about staff asking questions of

potentially looking at the form.

It does sound like the department is now looking.

In.

Department grade grievance boxes, which do not have padlocks on them.

I always make sure to make it clear that there's never a situation where a padlock should be in a Correctional Facility for a lock box, for a door, for anything, because it is extremely dangerous.

So I'm happy to hear that they're at least looking into other options now. The Commission also had recommended.

To increase program opportunities. Again, this is an older recommendation.

That we continue to bring up M triple CI will say that they do a great job, at least trying to make sure that what they have is consistent. Most recently, I think they had five graduates who graduated with their GED at at MCC, which is great I think.

It's one of the few graduations we've seen happen at a jail, so.

What they offer they do offer consistently.

I think one of the issues is that there's just simply not enough.

We witnessed a lot of vital time and again back to the tablets.

It seems reasonable to to increase the amount of tablets that are there, and it does sound like the department is is looking into that now.

The last recommendation here is to expand furlough utilization at M Triple C and what's really important to note here is that this isn't something that the warden and M triple C can control.

When we're talking about increasing those who are in furlough, what we're talking about is looking at the system as a whole and really looking at a mix of classification, but also the amount of people who need to be transferred. And you know, because people need to be moving.

From ABBA, so why Avar Fulani which is minimum security and then down to furlough so that they can really prepare to get back out into the community? And what we're seeing is that there's blockages.

At each step.

And so we're bringing that up again.

This is a a a issue that you know the the department director would really need to take a deeper look at.

It's not based facility facility. It really is a a system wide issue, but we really want to extend special thanks to M triple C in their time of the warden there and the chief

security are truly, truly phenomenal professionals.

M Triple C is very lucky to have them and we really appreciate.

What they in particular have done in the past and taking our recommendation seriously and doing the best that they can to implement them?

So I really appreciate their time.

Thank you, mark. Martha and Kristen, we'll take some public comment on Mark.

Mark, I have one question.

Can we do the public testimony?

Go ahead. Public testimony on the report given on M Triple C.

Hearing none, Mike.

Yeah.

The issue of chaplains chaplaincies.

Providing social resources and I've I've heard good things from the chaplains are welcome, particularly on Maui.

I had a luncheon recently with the folks in the Prison Fellowship and it really works because they're often volunteers. Many of them have been formerly incarcerated, and I just can't emphasize that enough.

So I I guess it's a question we need to ask.

More often, and if it's really working or not, the folks I met with for lunch, it was amazing course and they put on a good face and they make a good argument. And I believed him.

No.

Thank you, Mike. Ron.

I'm good.

Here on the coming and broken up.

IR

Ibarra, Ronald 1:40:59

Are you talk to me or Ron Fujiyoshi?

H

Hawaii Correctional System Oversight Commission 1:41:00

Yeah, you have.

If you have any comments on the report, Ronald.

IR

Ibarra, Ronald 1:41:04

No, thank you, Kristen.

H **Hawaii Correctional System Oversight Commission** 1:41:05
Yeah.

IR **Ibarra, Ronald** 1:41:07
No.

H **Hawaii Correctional System Oversight Commission** 1:41:07
Yeah, I just have one comment. Maui has always been a very.
Impressive visit on a on a on a, on a.
Leadership and the staff and what they do with what they don't have. Yeah. So we
always, always good time to hear their concerns and see their success.
Is that they're having at this time?
My concern is and and and and this is something that the Commissioners we want
you to think about is that you know the system.
Is clogged in in regards to movement.
Yeah, and and we, we kind of seen that.
With the report that doctor gave today in terms of mental health in the statehouse?
Yeah.
System is clogged.
Yeah, and and if you look at leadership structure.
Sure, there is certain responsibilities that mid management level to to navigate and
assure that system movement is happening when you have as many empty beds that
DCR has in its minimum security facilities and in its furlough programs in every
island.
There is significant concern, yeah, because if there are so many empty beds that are
not being filled at the back end.
Of our correctional system.
Then you're wondering whether or not any of the offenders that are being housed in
Halawa in Arizona have any hope.
Of ever getting out, yeah.
And so that's my issue right now, because that determines behavior.
Yeah.
I think there has hopelessness, right? And they don't care.
And then they're gonna miss. Behave. OK, and things happen.

Yeah. So we really need to figure out how do we push the CR.
We just lost power.
That's been happening a lot.
I know it happened to me yesterday.
Yeah, before that too.
Now we gotta reboot everything.
Shut off.

IR **Ibarra, Ronald** 1:43:15
But still can't hear you.

H **Hawaii Correctional System Oversight Commission** 1:43:17
Crystal Kira.

IR **Ibarra, Ronald** 1:43:20
Yeah, we still can hear you.

H **Hawaii Correctional System Oversight Commission** 1:43:22
OK.
I'm sorry, you guys.
Electricity just went off.
We lost everybody.

IR **Ibarra, Ronald** 1:43:27
Yep.

H **Hawaii Correctional System Oversight Commission** 1:43:27
So let me go back on my bandwagon we need.
We really need to.
Departmental leadership to figure out why.
Why we're not managing any type of movement through the we're not trying to
push people that they'll deserve.
But we're trying to look at why we have so many empty.
Yeah, you can't talk about improving your re-entry system when you have empty
beds.

Yeah, there's no need for reentry system. If you have empty beds and consistently have empty beds.

Yeah. So if you have an empty beds and you're saying that you have no programs when when, as they're doing their time, I don't know.

But to my fellow Commissioners, I think it's been awhile since we've had we've seen these empty beds over a year and and knowing no improvement.

Or any site seeing or filling up these beds or any movement toward it we have.

We've seen large vacancies in our in our ACOs positions and we see movement on trying to fill those.

Yeah, we see.

We have a lot of empty beds.

We see no movement in trying to fill that.

Yeah. So how do we how do it's?

It's it's, it's it's upon us to encourage PCR to to make some kind of movement.

In that system.

To start filling beds again.

It's also part of our mandate, yes.

Reentry is key. Reentry is key.

Yep. So with that being said, thank you for that report. Martha and Kristen, we move into item number 8, public comment.

This is where we open up. For those of you who have been sitting in our meeting for any items or concerns that you may have for the Commission to to look at or research and then please keep it to two minutes.

And I'll begin with Andrea. Hi, Andrea.

We can't hear you. You're muted.

I'm hearing you're muted.

There we go.

AH **Andrea Hernandez** 1:45:28

OK. Can you hear me now?

H **Hawaii Correctional System Oversight Commission** 1:45:29

OK.

AH **Andrea Hernandez** 1:45:30

OK.

Sorry about that. OK.

So my name is Andrea and this is my first appearance at a meeting, but I've been advocating for over five years since my wife is an inmate and I'm in the process right now of getting a group together of solution based family members.

And why I'm here is because I wanted to ask if there is a possibility of getting a platform where we can communicate with the DCR.

Are and with the wardens? I think it's really important that we can have a back and forth dialogue with them because you know some of you who know me know that I am very thorough.

I research I communicate with other organizations within the community to get their perspectives. You know, if it's something that they would be involved in.

And I wanna try to take everybody's perspectives and concerns into account before we actually bring an idea to the table. And it's really hard to do that when we don't have the facility perspective.

I wasn't gonna go into detail at the meeting about any of the issues that were working on, but since it has been so focused on mental health, I wanted to mention that one thing.

We've really been working hard on is trying to work with private providers to open up the option for inmates to be able to communicate with their.

Providers, at their own expense from their tablets while they're in custody.

Because of the serious lack of mental health care, and I've gotten a really positive response from the providers.

You know, many of them can offer a sliding scale.

So if the inmates are on disability or if they have family members that can pay for it, that should be really feasible.

That's just one thing that I would want to be able to discuss with the facilities and see if we can find a way to make that happen.

Then I'm really encouraged that director Johnson's article in the Civil beat, the recent article, said that he's interested in collaborating.

Because that's what we want to, you know, we're all on the same side. We want these inmates to be successful and we want them to not come back after they get released.

And I feel like there's just always been a block in communication that family members are seeing.

As adversaries and nuisances, and we want to work to change that.

So I'm hoping for a regular scheduled remote meeting or even an e-mail like a group e-mail communication if Director Johnson is willing to instruct them to respond so that we actually can get a dialogue going and try to see if we can implement some of these things. Thank.

You.

H

Hawaii Correctional System Oversight Commission 1:48:06

Thank you, Andrea.

I know you can contact us on our website, e-mail and just give us your e-mail and then we'll see how we can connect you with the DCR and and the other networks on the same concerns that you have. OK. Thank you.

AH

Andrea Hernandez 1:48:22

OK, Kristen knows how to reach me.

H

Hawaii Correctional System Oversight Commission 1:48:25

Good to ever thank you.

AH

Andrea Hernandez 1:48:27

Thank you.

H

Hawaii Correctional System Oversight Commission 1:48:29

Hi Kat.

KB

Kat Brady 1:48:31

Aloha. I've been getting a load of letters about the Hawaii contract monitor in Saguaro.

She seems to.

Intervene in things that are not herculana like male like.

The law library, which they now reduce to three hours a week, and that's really difficult.

H

Hawaii Correctional System Oversight Commission 1:48:56

Yeah.

KB **Kat Brady** 1:49:01

Called and I was speaking to somebody who's working on a lawsuit and he said he was the only one in there.

There were six empty slots, and yet.

You know, he's limited in his time. So, and I asked him.

So how do you file?

And he said, well, I have to hand write and I said, don't you have a typewriter or is there access to a typewriter?

And he said I have a typewriter.

But the commissary does not sell ribbons, so he's been unable to use his typewriter.

So there are simple things that could easily be fixed and would give people some hope that they can move forward.

H **Hawaii Correctional System Oversight Commission** 1:49:39

OK.

I wanna do a.

I got enough of it.

KB **Kat Brady** 1:49:48

And I'm really concerned.

She seems to be intervening in.

Mail in medical issues and grievances and you know, her job is to make sure that.

The contract is complied with, so I've started just recently getting emails from families about her because they're so the people are so frustrated.

So I I asked at one meeting if she comes to Hawaii once a year, if the legislature and or the Commission or both.

Could hold a meeting where the community would be allowed to ask questions.

That would be so helpful.

We pay her salary.

And.

You know that's she should be accountable to the community that pays her salary and the people for whom she advocates.

So I'm just asking one more time.

Can we please set up a meeting when Jennifer Beckler comes to Hawaii for her once a year visit?

H **Hawaii Correctional System Oversight Commission** 1:50:57

Yes.

You announced polygraph here. Thank you.

KB **Kat Brady** 1:50:59

Thank you.

H **Hawaii Correctional System Oversight Commission** 1:51:04

Yeah, sorry.

There's a lot of hands up.

Thank you for your continued advocacy on this on this subject.

We'll do a commitment to make have a response for you by our next meeting and we'll work on that.

In the meantime, thank you, Ronald.

Ronald, I can't hear you.

OK.

I see it.

Ronald, you're on mute.

Can you on muting?

No, we can only mute morning, Ron.

Ron, can you unmute your mic?

RF **Ronald Fujiyoshi** 1:51:54

Now, can you hear me now?

H **Hawaii Correctional System Oversight Commission** 1:51:56

Yes, yes.

RF **Ronald Fujiyoshi** 1:51:58

Ronald Fujiyoshi for ohanao pachele.

I want to thank the Commission for the last meeting where you put on the agenda.

The three items are compassionate release.
Second look and good time.

H

Hawaii Correctional System Oversight Commission 1:52:15

Yes.

RF

Ronald Fujiyoshi 1:52:15

I I'm I'm appreciative of the conversation from the Commission and people who participated and.

You know.

What I wanted to really focus on was the.

Lifers without parole.

Life without parole because I think the three that we were talking about.

Basically, do not refer to life without parole because they are not allowed to participate in certain programs that make it difficult.

So I hoping that the Commission is has an agenda to invite.

The new head of the Paroleing authority.

Because I think not only by legislature, but administrative.

Changes that some of these.

Compassionate release and other things can be improved, and so we can have a dialogue.

I think that will open up other possibilities.

Of course you you should know that ohano pachele has, since 2003 November had two of our officers who were key members of the first opening ceremony of MAKAHIKI at the Watonga at the.

Diamondback prison that was running run by now core civic in what?

Oklahoma. And so that Oklahoma County has consistently been working with incarcerated men who who wanted to practice their religion to help with.

Participation and curriculum of the makahiki.

Now we hope that we know that some of the participants and even the leaders are members who are having life without parole.

And so we want to pursue this and hope that other the Commission can work with us as well as people who are attending your hearings, that we can work together on work, on bills that we can submit to the next, next or future legislators that open up the.

Possibility of having these people who are participating in.
Cultural based programs that are helping them, but they don't have.
For the.

Easy access to to hope on getting out in the future. So thank you for all your work
and we hope that we can work together, especially last time they were two children
of Bull Stanley who was one of them. And I think one of the persons was related.

PJ **Park, Candace J** 1:55:01
OK.

RF **Ronald Fujiyoshi** 1:55:06
To Chico Santiago, who first spoke.
So I think these people are model people who should be allowed.
Ability to.
Get out.
So we would love to work with others, with the Commission and with the the
department to help.
Promote these avenues for being released.
Thank you very much.

H **Hawaii Correctional System Oversight Commission** 1:55:30
Thank you, rob. Thank you, rob.
Thank you, Ron.
That's a great idea in regards to the paroleing authority. We'll reach out to Gene
Demelo and see how we can make that and make that happen as a presentation for
us.
But thank you. And and just so you know, the Commission has been doing some
behind the scene, work on the compassion release. And the second look.
Punishment. What do I call it?
Second leg sentencing.
Second, look for 2nd.
Second, look something second look.
Second scene, you know, as we prepare for the next legislative session.
Thank you, Ronald.
Tarina, are you there? Bang. Ah.

TF **Terina Fa'agau** 1:56:09

Aloha kako. My name is Terena fangal.

H **Hawaii Correctional System Oversight Commission** 1:56:11

Hello.

TF **Terina Fa'agau** 1:56:13

I'm a staff attorney at Native Hawaiian Legal Corporation and thank you for having Ron go first because I was a nice lead in as well.

H **Hawaii Correctional System Oversight Commission** 1:56:17

OK.

TF **Terina Fa'agau** 1:56:22

I just wanted to take a quick minute of your time to Mahalo everybody for the efforts of the Commission and especially as it pertains to native Hawaiian traditions and customs that are exercised by PAHO.

Within the system.

We've seen this Commission be receptive and thoughtful and show support, especially for organizations like Ohana, Hoopa, Kele, and we also wanted to express our support for Ohana Hopa Kelly and the efforts as Ron talked about, especially with Makahiki and Makahiki, season is feels like it's always coming up.

Once one ends, which we were able to, we're fortunate to be able to go to the Saguaro and Halawa closing.

Ceremonies and happy to see that that's been able to continue since it started, as Ron said.

Decades ago now.

But yeah, we just wanted to express that we are continuing to work with Ohana Hopkley to support cultural programming as he said, and to support our PAHO in that way. And we're very appreciative of the Commission as well for continuing these efforts.

H **Hawaii Correctional System Oversight Commission** 1:57:39

Hello. I'm mahalo, tarina.

Thank you for being here for those words. Appreciate you.
Yeah. Moving on, Tony, are you there?

TF Toni Floerke 1:57:48

I am.

I don't know what's going on with my camera, but I wanted to just.

I wanted to just follow up and ask if there was any update.

I know ACLU was working on a campaign for getting folks back from Saguaro, and I know during this meeting you folks have mentioned a number of vacancies at our other jails and prisons.

Has there been any change or any movement or any discussion about?

Moving the men back from Saguaro to Hawaii.

H Hawaii Correctional System Oversight Commission 1:58:21

No, I'm gonna say no.

There's been no formal announcement of saying that we're gonna move in a direction to move back the men from Saguaro.

That's the best way to answer that at this time.

TF Toni Floerke 1:58:31

OK.

OK.

Thank you.

H Hawaii Correctional System Oversight Commission 1:58:36

Thank you, Tony, for bringing that up, Bill.

It is a concern and and.

We we believe.

It's something that may be brought up.

We just don't how yet in the next legislative session.

We'll keep you into thank you, Tori.

Rachel.

R Rachel L. Thompson, Deputy Public Defender 1:58:57

Hi, thank you and thank you guys for for all the work you're doing.

I know I've. I've met with M's Johnson in the past and she's been very. Insightful and instructive about ways that we can continue to work with the Commission to advocate on behalf of our office. One thing I did want to bring up to the Commission is the ongoing issues as far as communication with clients on the Oahu facilities for the neighbor island offices. We cannot fly over to go visit our clients when we call halava or O. Triple C We are not able to call and speak to our clients. We have to leave a message and hope that they have money and their books or they can get our our direct numbers are on their pans list so they can call us back. We're not able to schedule appointments with them, so it makes it really difficult to communicate with any of our, you know pre trial or sentence. Clients that have been transferred to Oahu.

H **Hawaii Correctional System Oversight Commission** 1:59:49
OK.

R **Rachel L. Thompson, Deputy Public Defender** 1:59:53
So that's that's one thing.

H **Hawaii Correctional System Oversight Commission** 1:59:53
Yeah.
Hello there you go.

R **Rachel L. Thompson, Deputy Public Defender** 1:59:55
The second thing with respect to communication is H triple C for all the things that it does lack for our clients, we are able to relatively easily get in touch with them. We have numbers to all of the direct housing units and we can typically call. Sometimes we have to call multiple times a day to be able to speak to our clients, but we are are able to actually call a particular housing unit and they can go call the person and bring them to the phone. So that is one. I think H triple C is trying to do to allow us to speak to our clients. However, we do have an issue. It's been a persistent issue. The Department of Corrections doesn't believe that certain court hearings that are scheduled for clients are ones that they have to go to.

So like pretrial conferences or status conferences, the Department of Corrections will not send inmates for those scheduled court hearings.

Which is really frustrating for our clients in custody because a lot of times at a pretrial conference, that's when a case can be resolved.

There's there's ongoing plea negotiations and things like that, but if the clients aren't transported, if we can't reach them on the day of 'cause, sometimes we get plea offers at the last minute where we aren't able to communicate anything meaningful at the pretrial conference and things have to.

Be delayed so if there is a way for.

The Department of Corrections to comply with, you know, court hearings.

I know that they don't believe that certain hearings are appropriate, but if the court is scheduling a hearing, the sheriff should pick them up and bring them to court.

There shouldn't be an issue about whether the the warden believes that they should or shouldn't be transported. If they have a court hearing, they should be expected to be transported to court, for example.

I'm not sure if this is different in the other circuits, but for the Big Island I know in Hilo and Kona inmates are not transported to court for like further proceedings or pretrial conference hearings, which is unacceptable.

Well, I've had several conversations and tried to complain directly to the warden.

We've brought it up with the judiciary. We used to be able to schedule like a status conference with defendant present, which was kind of a quasi hearing to have them brought to court.

But then DCR has refused to do that.

So unless we send specific instructions for some kind of a substantive type of hearing, they won't bring the defendants to court. Which?

I I've brought this issue up a number of times over the past.

Years and it's very frustrating. Part of the reason why it's helpful if they're brought to court is because for the Kona office, we have to drive an hour and a half to the facility to be able to visit our clients and we've been short staffed pretty chronically for.

The last few years and so we have very limited time to actually be able to do that and it leaves the weekends to be able to go do jail visits. The jail visits happen in the cafeteria, so it's not a private, confidential setting. And there's other inmates or. Staff walking around.

And so that has been something that we've brought up as a concern.

So if they're brought to the courthouse, we do have a private attorney conference room, so we can actually have a meaningful discussion and engage in a confidential consultation with our clients, review sensitive discovery videos, photos, etc.

So that's another reason why bringing them to court for these status conferences or for their pretrial conferences is really helpful so that we can actually have a meaningful discussion with our in custody clients.

So I just wanted to raise that as kind of an ongoing issue. We've tried to triage it with with the judiciary, but it's still an ongoing concern that we have.

H **Hawaii Correctional System Oversight Commission** 2:03:30

I assume that's on Rachel.

I was concerned to hear you say I'm with a lot of what you have to say, but particularly that if your offenders are located on on Wahoo that you have to wait until they have enough money to buy time to participate to get in touch with you.

R **Rachel L. Thompson, Deputy Public Defender** 2:03:50

That's that's what my clients have reported.

I've I've had people that have said, oh, we tried to call you but didn't have money in my books. And so the client shouldn't have to have to pay to contact their attorney. They shouldn't have to wait weeks or months to get their quarter appointed counsel put on on their pans list.

H **Hawaii Correctional System Oversight Commission** 2:04:02

Is that?

R **Rachel L. Thompson, Deputy Public Defender** 2:04:07

There should be automatic access to all public defender offices in the state and all of the court appointed Council offices should also be automatically added to the clients pans list if they do have conflict counsel.

But I do think that that's really problematic if people are being denied access to their attorneys.

H **Hawaii Correctional System Oversight Commission** 2:04:28

Thank you.

Thank you for those concerns. We'll follow up.

Thank you our community for your concerns at this time.

Commissioners, this we bring this meeting to a closure.

There's a few announcements.

We will be the Commission will be touring all triple C as a follow up tour September 4th.

As a group.

And then our next meeting Thursday, September 11th will be back at the office in Honolulu. The Lil Papa Amelia building at 9:00 and after that.

Commission meeting we will be touring the Women's Community Correctional Center.

So that's our next two tours before we meet again and then any other questions from the Commissioners before we close our meeting.

Hearing none.

We're about to go up the hill now and see the state hospital.

Thank you all for being here and having this great discussion.

A lot of follow-ups to do afterwards, but we appreciate your presence here and this being with us in our journey of reform.

Law and Marlow. Mahalo. Yeah.

TF

Toni Floerke 2:05:53

Thank you.

□ stopped transcription