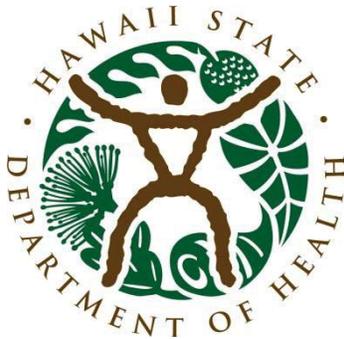


REPORT TO THE TWENTY- EIGHTH LEGISLATURE
STATE OF HAWAI`I
2015



PURSUANT TO HAWAI`I REVISED STATUTE §334-16

Requiring the Department of Health to Submit an Annual Report to the Legislature
Summarizing Yearly Data on Forensic Patients at
Hawaii State Hospital

Prepared by:
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Executive Summary

In accordance with Section 334-16, of the Hawaii Revised Statutes, the Department of Health is submitting this report to the 2015 Legislature that provides forensic patient data.

In 2008, legislation was passed that established the requirement for submission of this annual report. The purpose of this report is to provide a summary of yearly data on forensic patients.

An additional request was made in 2014 to include data on injuries and assaults on staff as well as data on injuries and assaults on patients. Beginning with this fiscal year, the report will include a designated section for this information.

This report discusses these findings:

- Admissions remain at historically high levels and continue to cause overutilization of inpatient psychiatric resources.
- The majority of admissions are individuals who were found unfit (HRS §704-406), are in need of evaluation for fitness (HRS §704-404), or who have a temporary revocation HRS §704-413(1). Although there is year-to-year variability, these three legal statuses were the primary reasons for the increase in the census over the previous six years.
- In FY 2014, 142 individuals with a legal status of unfit (HRS §704-406) were admitted and accounted for 49% of admissions, compared with 37% of the total admissions in FY 2013.
- Discharges for FY 2014 decreased by approximately 5% and is related to lack of capacity of appropriate community discharge placements.
- In FY 2014, 118 individuals with a legal status of conditional release (HRS §704-415) and 59 individuals with a legal status of fit to proceed (HRS §704-405) were discharged accounting for 61% of discharges.
- At the end of FY 2014, there were 244 patients with a combined total length of stay of 272,880 days which is equivalent to an average of three years per patient.
- Comparative data from the Western Psychiatric State Hospital Association demonstrates that assaults on staff and injuries from assaults and containment are comparable to other adult western state forensic hospitals and are better than the majority of Western Psychiatric State Hospital Association comparator hospitals.

All data, unless explicitly noted otherwise, will be for FY 2014. Beginning with this fiscal year, the report has been re-designed to increase readability and utility. Along with a table of contents, key terms and definitions are stated at the forefront of this report. Prior fiscal year data is available in the Appendix of this report and in previous report submissions.

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Key Terms and Definitions

Legal Status	Definition
HRS §334-60.2 HRS §334-74	Involuntary Hospital Criteria, also known as Civil Commitment and MH-6 Transfer of Residents of Correctional Facilities, also known as MH9
HRS §704-404	Evaluation of Fitness to Proceed
HRS §704-405	Fit to Proceed
HRS §704-406 HRS §704-406(1) HRS §704-406(1)(a) HRS §704-406(1)(b) HRS §704-406(3) HRS §704-406(4)	Unfit to Proceed Unfit to Proceed, Released on Conditions Unfit to Proceed, Charge is a Petty Misdemeanor not Involving Violence, Charge Dismissed after 60 days Unfit to Proceed, Charge is a Misdemeanor not Involving Violence, Charge Dismissed after 120 days Found Fit to Proceed and Civilly Committed Found Un-restorable and Civilly Committed
HRS §704-411(1)(a) HRS §704-411(1)(b) HRS §704-411(1)(c) HRS §704-411(3)	Acquitted (on the Ground of Physical or Mental Disease, Disorder or Defect Excluding Responsibility) and Committed to the Director of the Department of Health Acquitted and Conditionally Released Acquitted and Discharged Post-Acquittal Hearing on Dangerousness
HRS §704-413(1) HRS §704-413(4)	Temporary Hospitalization for Violating Terms of Conditional Release Revocation of Conditional Release
HRS §704-415	Conditional Release
HRS §706-607	Civil Commitment in Lieu of Prosecution or of Sentence
Admission	Individuals who are committed to the custody of the Director of the Department of Health and have entered the Hawai'i State Hospital.
At Risk	Previously Hospitalized at the Hawai'i State Hospital or meets the Following Criteria: <ul style="list-style-type: none"> • Axis 1: Includes Psychotic Features • Criminal Involvement past 5 years, Past/Present Substance Usage • The World Health Organization Disability Assessment Schedule (WHODAS) Score of 40 or Higher to Assess the Level of Functional Impairment
Civil Commitment	An individual who is found by the court to be dangerous to self and/or others or is gravely disabled and there is no less restrictive alternative than hospitalization.

Legal Status	Definition
Conditional Release	An individual who has been Acquitted of a crime and who is found by the court not to be a danger to themselves, others, or the property of others and is released into the community with conditions.
Discharge	Patients released from custody of the Director of the Department of Health.
Length of Stay	As of the 2015 Legislative Report, total days spent in a facility bed inclusive of inpatient days at Hawai'i State Hospital and, if transferred, Kāhi Mōhala Behavioral Health, abbreviated in report as LOS.
Re-Admission	Individuals with a previous admission who are committed to the custody of the Director of the Department of Health.
Transfer to Kāhi Mōhala Behavioral Health from Hawai'i State Hospital	Patients identified as being appropriate for transfer from the Hawai'i State Hospital to the contracted supplementary inpatient psychiatric beds at Kahi Mohala.
Transfer back to Hawai'i State Hospital from Kāhi Mōhala Behavioral Health	Patients transferred back to the Hawai'i State Hospital from the contracted supplementary inpatient psychiatric bed.
Unfit to Proceed	A defendant lacks the capacity to understand the proceedings against him or her and to assist in the defendant's defense, as determined by the court.
Voluntary	A patient admitted to Hawai'i State Hospital without legal restriction.
Waived Beds	Beds in addition to those included in the Hawai'i State Hospital's licensed bed capacity (Not standard with respect to area, or access to toileting facilities).

Key Term	Definition
Forensic	Describes patients at HSH that have a status generated by a criminal court; for example a court ordered admission
Forensic Mental Health Hospital	A hospital that provides specialized mental health treatment for mentally ill individuals who have been involved with the criminal justice system and high risk civilly committed patients.

Introduction and Overview

The Hawai'i State Hospital (HSH) is the only publicly funded psychiatric hospital in Hawai'i. Located in Kaneohe since the 1930's, the HSH provides adult inpatient psychiatric services and is part of the Department of Health (DOH) Adult Mental Health Division (AMHD). The census upon which its budget is based is 168 patient beds. The census exceeding the budgeted number of patients requires the regular use of overtime or adjustments to increase staffing.

HSH is licensed by the DOH, through the Office of Health Care Assurance (OHCA). HSH was re-licensed by OHCA in 2014. The state license is effective for one year until May 31, 2015. OHCA has licensed HSH up to a maximum capacity of 202 patient beds. A patient census over 178 requires the use of substandard patient rooms ("waived beds"). For example, these rooms are defined as substandard with respect to total area, direct access to a bathroom, or a room with no exterior window. For those beds, OHCA waives the standard licensure requirements for a hospital bed.

HSH is accredited by The Joint Commission (TJC). TJC re-accredited HSH for up to 36 months following the most recent accreditation survey, conducted in November 2011. (The HSH received an unannounced survey in November 2014. Results of that survey are currently being reviewed. Accreditation is pending submission of the HSH corrective action plans and approval from TJC.)

In addition to the 168 patient beds at HSH, there is a contract for supplementary adult inpatient psychiatric beds at Kāhi Mōhala Behavioral Health (KMBH). KMBH is a private psychiatric hospital owned by the not-for-profit corporation, Sutter Health. During FY 2014 the state contracted for 40 beds at KMBH. This contract is funded through the AMHD and is supported entirely by state general fund appropriations. For the purposes of this report, data on patients transferred from HSH to these KMBH contracted beds (and vice versa), are included in the data reporting and analyses, unless explicitly noted otherwise. In addition, two patients committed to the custody of the Director of the Department of Health are hospitalized out of state.

On Oahu, at Queen's Medical Center, Castle Medical Center, Wahiawa General Hospital and on the Neighbor Islands at hospitals affiliated with the Hawai'i Health Systems Corporation, there are psychiatric units which may be utilized by individuals served by AMHD, either before, after, or instead of admission to HSH. Data regarding the frequency of admission, length of stay (LOS) in days and commitment status under these contracts are not routinely tracked at an individual case level, and therefore are not included in this report. It is estimated that the contribution of these contracts to overall utilization is minimal. It is important to note that each county has other capacities to address the needs for inpatient psychiatric care.

Finally, there is variability in the extent and availability of outpatient community mental health resources (e.g., mental health clinic access, group home capacity, and outpatient

psychiatric availability). Outpatient resources partially determine the need for inpatient clinical supports.

Reporting Requirements of Hawai'i Revised Statutes (HRS) §334-16

Part I. Gross Numbers of Admissions and Discharges

Table 1 illustrates the total number of admissions to HSH, transfers from HSH to KMBH, transfers back to HSH from KMBH, and discharges from HSH and KMBH.

Table 1: Admissions, Transfers and Discharges

	Admissions	Transfers to KMBH from HSH	Transfers Back to HSH from KMBH	Discharges
FY 2014	299	54	2	289
FY 2013	301	65	0	303

For every month of FY 2014, utilized capacity exceeded budgeted capacity by between 22 and 35 patient beds. The average number of patient beds over capacity was 28 for FY 2014. Waived beds were frequently used by HSH for an extended period of time (e.g. for more than a few days or part of a week per occurrence). There was a 22% increase of beds over capacity from FY 2013 to FY 2014.

The average number of admissions in FY 2014 was 25 per month and the average number of discharges was 24 per month for the fiscal year. In comparison, for FY 2013, on average, there were 25 admissions and 25 discharges per month.

The continued high number of admissions for FY 2014, after high rates of admissions for the preceding years, is the direct cause of the substantial over capacity/over utilization during this reporting interval. Discharges decreased by fourteen patients from FY 2013 to FY 2014. The rate of discharges was insufficient, given admissions, to have HSH at or below capacity, or to result in a sustained, substantial reduction in monthly census.

For FY 2014, 130 (44%) of the admissions had not been previously admitted to HSH. Re-admissions for the fiscal year were 169 (56%). This admission and re-admission rate is inclusive of all commitment categories. In comparison, for FY 2013, of the 301 total admissions, 176 (58%) were re-admissions and 125 (41%) were admitted to HSH for the first time.

Part II. Number of Admissions to, Discharges from, and Lengths of Stay in the Hawai'i State Hospital, Broken Down by the Following Commitment Categories

- A. HRS §704-411(1)(a): Acquitted on the Grounds of Physical or Mental Disease, Disorder, or Defect and Committed to the Custody of the Director of Health (Acquit and Commit)--Also Commonly Referred to as "Not Guilty by Reason of Insanity" or NGRI.¹

Table 2 identifies the number of admissions, resolution of this legal status and discharges for FY 2013 and FY 2014 with a legal status of acquit and commit.

Table 2: Admissions, Resolutions and Discharges with a Legal Status of Acquit and Commit by Fiscal Year

Fiscal Year	Admissions	Resolutions	Discharges
FY 2014	23	6	1
FY 2013	18	9	0

- 1) Admissions: For FY 2014, 23 patients were admitted pursuant to HRS §704-411(1)(a). These admissions accounted for seven percent of the total admissions for FY 2014 of which 75% of these patients were charged with felonies and 25% were charged with misdemeanors. Sixty-two percent of patients with this legal status were new to HSH.

In comparison, for FY 2013, individuals with this legal status accounted for 6% of the total admissions. There was a 33% increase from FY 2013 to FY 2014 for these admissions.

- 2) Resolutions: Patients with this admission legal status, when it is resolved, are generally discharged with a legal status of HRS §404-415 (Conditional Release). During FY 2014, six patients with this admission legal status were discharged with a different legal status.
- 3) Discharges: During FY 2014, one patient with this legal status was transferred to a facility on the mainland. One patient with this legal status expired (this individual's LOS was over 40 years). Patients with this legal status represent 0.33% of the discharges.

¹ Methodological Note on Reporting of Commitment Status: Frequently it is the case that the commitment status of a patient changes during the course of the hospitalization. For instance, a patient committed pursuant to HRS §704-406 (Unfit to Proceed) can become HRS §704-411(1)(a) (Acquit and Commit) during their inpatient treatment, after they have become HRS §704-405 (Fit to Proceed). For the purposes of this report, Commitment Section of status is assessed at the point in time of interest; that is, for information requested regarding admissions, the commitment status or section at the time of **admission** will be used; for discharge, the convention for this report is to use the commitment status at the time of **discharge**. Length stay for patients remaining at the end of the fiscal year will be categorized by the forensic or commitment status under which those patients are currently held, not their original commitment section.

- 4) Length of Stay for Patients Remaining on HRS §704-411(1)(a): At the end of FY 2014, there were 48 patients (20% of the patient population) with this legal status. The LOS averages over eight years. The range of the LOS for these patients was from five days to over 37 years. In comparison, for FY 2013, there were 50 patients at the end of the fiscal year with this commitment status. The number of patients remaining on this legal status decreased by two from FY 2013 to FY 2014. Generally, patients committed pursuant to HRS §704-411(1)(a) continue inpatient status much longer than average.

B. HRS §704-411(3): Post-Acquittal Hearing

During FY 2014, there were no patients with this legal status.

C. HRS §704-413(1): Temporary Hospitalization for Violating Terms of Conditional Release

Table 3 identifies the number of admissions and discharges for FY 2013 and FY 2014 with a legal status of temporary hospitalization for violating terms of conditional release by fiscal year.

Table 3: Admissions, Resolutions and Discharges with a Legal Status of Temporary Hospitalization for Violating Terms of Conditional Release by Fiscal Year

Fiscal Year	Admissions	Resolutions	Discharges
FY 2014	75	65	0
FY 2013	104	48	0

- 1) Admissions: For FY 2014, there were 75 admissions pursuant to HRS §704-413(1). These admissions accounted for 25% of the total admissions. This was the second most frequent commitment status. To compare, for FY 2013, there were 104 admissions representing 35% of the total admissions. There was a twenty-eight percent decrease in patients hospitalized for Temporary Hospitalization for HRS §704-413(1) from FY 2013 to FY 2014.

Admissions for HRS §704-413(1) are disproportionately re-admissions (84%). Commonly, individuals committed pursuant to HRS §704-413(1) were charged with an offense, found not guilty by reason of insanity, admitted to HSH or another inpatient facility and subsequently granted conditional release.

At times, re-admission is required whereby the individual is then committed to the Director of Health for violating the terms of their

conditional release. When re-hospitalized, it may be substantially later in time, sometimes many years, from the date of the original charge for which they were Acquitted and Committed [HRS §704-411(1)(a)].

- 2) Discharges: There were no patients discharged with this legal status.
- 3) Resolutions: Sixty five patients with this legal status resolved during FY 2014 and were discharged with a different legal status. Almost all individuals admitted on HRS §704-413(1) are released with their CR reinstated (HRS §704-415).
- 4) Length of Stay for Patients Remaining on HRS §704-413(1): HRS §704-413(1) states that an individual can only remain hospitalized on this legal status for one year. After that time, the CR is revoked and the legal status is changed to HRS §704-413(4).

At the end of FY 2014, there were 37 patients continuing on this legal status with an average LOS of 114 days. The median LOS was 62 days. These 37 individuals accounted for 15% of the remaining patient population at the end of the fiscal year. This compares with 53 patients continuing on HRS §704-413(1) for FY 2013 and is a thirty per cent decrease.

D. HRS §704-404: Evaluation of Fitness to Proceed

Table 4 identifies the number of admissions, resolution and discharges for FY 2013 and 2014 with a legal status of evaluation of fitness to proceed.

Table 4: Admissions, Resolutions and Discharges with a Legal Status of Evaluation of Fitness to Proceed by Fiscal Year

Fiscal Year	Admissions	Resolutions	Discharges
FY 2014	42	34	5
FY 2013	54	27	6

- 1) Admissions: For the FY 2014, 42 individuals were admitted pending an Evaluation of Fitness to Proceed, representing 14% of the total number of admissions for the fiscal year. Of the individuals with this legal status, 29% presented with felony charges, 54% with charges of misdemeanor or less, and 17% were probation violations (no severity rating). Seventy one percent of patients admitted with this status had not been previously admitted to HSH. There were twelve fewer patients admitted with this legal status from FY 2013 to FY 2014 for a 22% decrease.

- 2) Discharges: In FY 2014, there were five discharges on this legal status. Three patients went to jail and two were placed in the community. For FY 2014, patients with a legal status of HRS §704-404 represented four percent of HSH discharges.
- 3) Resolutions: During FY 2014, 34 patients with this legal status resolved and were discharged. Most individuals with this legal status are discharged as fit to proceed under HRS §704-405.
- 4) Length of Stay for Patients Remaining on HRS §704-404: At the end of FY 2014, there were six patients remaining on this commitment status, representing approximately two percent of the total census. These six patients had an average LOS of 80 days with a median stay of 50 days. In comparison, at the end of FY 2013 there were 11 individuals on this commitment status, representing approximately four percent of the total census. These 11 patients had an average LOS of 68 days with a median stay of 31 days. There was a 20% decrease in the number of patients remaining on HRS §704-404 from FY 2013 to FY 2014.

E. HRS §704-406: Unfit to Proceed

Table 5 identifies the number of admissions, resolution and discharges for FY 2013 and FY 2014 with a legal status of evaluation of fitness to proceed.

Table 5: Admissions, Resolutions and Discharges with a Legal Status of Evaluation of Fitness to Proceed by Fiscal Year

Fiscal Year	Admissions	Resolutions	Discharges
FY 2014	142	53	1
FY 2013	112	70	1

- 1) Admissions: For FY 2014, there were 142 patients admitted under HRS §704-406. Of these individuals, 32% were charged with felonies, 64% were charged with misdemeanors or offenses of a lower grade, and four percent had charges could not be classified (e.g. Unfit to Revoke Probation). Fifty-two percent of these patients had no previous admission to HSH and 48% were re-admissions. This legal status, by far, accounts for the most admissions to HSH. In FY 2014, individuals with a legal status of HRS §704-406 accounted for 49% of admissions, compared with 37% of the total admissions in FY 2013. There was a 22% increase of individuals admitted with this legal status from FY 2013 to FY 2014.

Of the 142 patients in this legal status for FY 2014, 36 (25% of HRS §704-406 admissions) were HRS §704-406(1)(a) (charged with a petty misdemeanor not involving violence and charges dismissed after 60

days). Individuals committed as Unfit to Proceed were likely to be charged with an offense of grade misdemeanor or lower. For example, for petty misdemeanor charges (30%), most of these did not involve a charge of an offense against another person (26%).

- 2) Discharges: One patient with this legal status was discharged in FY 2014.
- 3) Resolutions: Fifty three patients with this legal status were discharged with a different legal status. Twenty-one patients were discharged during FY 2014 with a legal status of §704-406(1) (Unfit to Proceed, Released on Conditions). There were 13 patients (nine percent of HRS §704-406 admissions) that were HRS §704-406(1)(b) (charged with a misdemeanor not involving violence and charges dismissed after 120 days). These individuals do not have a legal status at the time discharge, unless committed civilly at the end of the respective interval. If the patient meets the criteria for Civil Commitment, a petition is filed with the Family Court.

Nineteen patients with this legal status were found Fit to Proceed (HRS §704-405). Further, 40 individuals with a legal status of HRS §704-406(1)(a) or HRS §704-406(1)(b) were discharged with no legal status. One patient with a legal status of HRS §704-406(1)(a) was civilly committed.

The average LOS for patients with a legal status of HRS §704-406 whose legal status was resolved varied widely, from 11 days to over three years. The mean was approximately 119 days and the median was approximately 60 days. In FY 2013, there were 142 patients whose HRS §704-406 legal status was resolved compared to 119 patients in FY 2014.

- 4) Length of Stay for Patients Remaining on HRS §704-406: At the end of FY 2014, there were 81 patients remaining on HRS §704-406 (Unfit to Proceed). Their average LOS ranged from nine days to over 6 years. The average LOS was 226 days, the median was 91 days. This group of 81 patients was 33% of all patients remaining at the end of the fiscal year.

F. HRS §704-413(4): Revocation of Conditional Release

Table 6 identifies the number of admissions and discharges for FY 2013 and 2014 with a legal status of revocation of conditional release.

Table 6: Admissions, Resolutions and Discharges with a Legal Status of Revocation of Conditional Release by Fiscal Year

Fiscal Year	Admissions	Resolutions	Discharges
FY 2014	3	0	0

Table 6: Admissions, Resolutions and Discharges with a Legal Status of Revocation of Conditional Release by Fiscal Year

Fiscal Year	Admissions	Resolutions	Discharges
FY 2013	0	0	0

- 1) Admissions: In FY 2014, there were three individuals admitted pursuant to this section. One patient was charged with a felony and three were charged with misdemeanors. All of these patients had previous admissions to HSH. In FY 2013, there were no individuals admitted with this legal status. Most patients with this legal status were admitted on HRS §704-413(1) (Temporary Hospitalization for Violating Terms of Conditional Release) and were hospitalized over one year resulting in their CR being revoked.
- 2) Discharges: No patients were discharged with this legal status during FY 2014.
- 3) Resolutions: No patients were discharged with a different legal status during FY 2014. Individuals under this legal status are generally discharged under HRS §704-415 (Conditional Release).
- 4) Length of Stay for Patients Remaining on HRS §704-413(4): There were 42 patients remaining on this legal status at the end of FY 2014 accounting for 17% of the patient population. The average LOS for these patients was five and one half years. The range of LOS for these individuals is 11 days to 30 years and the median was 450 days indicating that individuals on HRS §704-413(4) stay much longer than average.

G. Civil Commitment²

Table 7 identifies the number of admissions, resolutions and discharges for FY 2014 with a legal status of civil commitment.

Table 7: Admissions, Resolutions and Discharges with a Legal Status of Civil Commitment by Fiscal Year

Fiscal Year	Admissions	Resolutions	Discharges
FY 2014	12	11	0
FY 2013	13	11	0

- 1) Admissions: There were 12 individuals admitted pursuant to Civil Commitment statutes representing four percent of the total admissions.

² HRS §334-60.2, HRS §706-607, HRS §704-406(3), and HRS §704-406(4)

Many patients admitted on civil commitment had a prior legal status of Unfit to Proceed (HRS §704-406) and were deemed unrestorable by the courts, and civilly committed.

- 2) Discharges: No patients were discharged with this legal status during FY 2014.
- 3) Resolutions: There were 20 patients Civilly Committed who were discharged in FY 2014 representing six percent of the total discharges, they were discharged with no legal status. One patient had a LOS of almost 28 years.
- 4) Length of Stay for Patients Remaining Civilly Committed: At the end of FY 2014, 23 patients were Civilly Committed with an average LOS of three years representing nine percent of the remaining patients. The LOS varied between five days to almost 16 years. The median LOS was 400 days.

H. Voluntary Patients

- 1) Admissions: No voluntary patients were admitted in FY 2014. The last patient that was admitted on voluntary status was in August of 2011.
- 2) Discharges: Six voluntary patients were discharged in FY 2014 representing two percent of all discharges. Each of these six patients was found Unfit to Proceed and their legal status was resolved. These patients needed to remain until discharge arrangements in the community were finalized. They all had a short LOS as voluntary patients. They were discharged with no other legal status.
- 3) Length of Stay for Patients Remaining on Voluntary Status: Seven voluntary patients remained at the end of FY 2014 accounting for three percent of the patient population. The average LOS for these patients is eight years. The LOS ranges from 339 days to 25 years.

I. Other Admission Legal Status

During FY 2014, there was one admission with a legal status of HRS §334-74. This patient was also discharged within the fiscal year.

Table 8 summarizes the admission legal status categories for FY 2014.

Table 8: FY 2014 Admissions

Legal Status at Admission	Number of Admissions
HRS §334-74 ¹	1
HRS §704-404	42
HRS §704-406	142
HRS §704-411(1)(a)	23
HRS §704-413(1)	75
HRS §704-413(4)	3
Civil Commits ²	12
None	1
Total	299

¹MH-9; ²HRS §704-406(3), §704-406(4) and §706-607

J. Other Commitment Sections on Discharge

1) 704-405 Fit to Proceed

During FY 2014, 59 patients were found to be Fit to Proceed (HRS §704-405) (20% of discharges), their admission legal status was either 704-404 or 704-406.

2) 704-411(1)(b)

Four patients (one percent of discharges) were released with a legal status of HRS §704-411(1)(b) (Acquitted and Conditionally Released) during FY 2014.

3) 704-415 Conditional Release

In FY 2014, there were 117 patients (40% of discharges) discharged on Conditional Release with a legal status HRS §704-415. In FY 2013, there were 74 patients (24% of discharges) discharged on legal status HRS §704-415.

Patients discharged on Conditional Release may have been hospitalized as HRS §704-413(1), HRS §704-413(4), HRS §704-411(1)(a), HRS §704-404 or HRS §704-406. HRS §704-415 (Conditional Release) is the most common legal status on discharge. Patients discharged on this status present great diversity in LOS, ranging from days to decades. The large majority are discharged to a private community setting (i.e., living with family, friends or on their own) or to a community supported housing program.

4) No legal status

For FY 2014, there were 78 patients that had their legal status resolved and were discharged without a legal status. These patients accounted for 27% of all discharges.

5) Summary of Discharge Data for FY 2014.

Please see Table 9 for the summary of FY 2014 discharges.

Table 9: FY 2014 Discharges

Legal Status at Discharge	Number of Discharges
HRS §334-74	1
HRS §704-404	5
HRS §704-405	59
HRS §704-406	1
HRS §704-406(1)	21
HRS §704-411(1)(a)	1
HRS §704-411(1)(b)	4
HRS §704-415	118
Expired	1
None	78
Total	289

Part III. Number of Individuals Committed to the Hawai'i State Hospital by Each Court and County

A. Court

Table 10 presents the admissions for FY 2014, further analyzed by Circuit (generally felony charges), District (generally misdemeanor or charges of lower grade), and Family Courts, as well as for East Hawai'i and West Hawai'i separately.

Table 10: HSH Admissions by Committing Court and County for FY 2014³

County	Circuit Court	District Court	Family Court	Total	Percent
Honolulu	79	92	12	183	61
Hawai'i	16	34	5	55	18
<i>Hilo</i>	8	24	3	35	12
<i>Kona</i>	8	10	2	20	7
Maui	16	10	3	29	10
Kaua'i	18	12	2	32	11
Total	129	148	22	299	100
Percent	43	49	7	100	

For FY 2014, the highest number of admissions came from District Court (148 or 49%). Honolulu and Hawai'i Counties admitted more individuals from District Court while Maui and Kaua'i Counties admitted more individuals from Circuit Court.

B. County

For FY 2014, Honolulu County accounted for 61% of total admissions. Hawai'i County accounted for 18% of the admissions. Please refer to Table 11 below for admissions by County.

Table 11: HSH Admissions by County for FY 2014⁴

County	Number of Admissions	Percent of Admissions	Percent of Population
Honolulu	183	61	70
Hawai'i	55	18	14
Maui	29	10	11
Kaua'i	32	11	5

³ Two patients were admitted without criminal charges. One was an MH-9 (HRS §334-74) Transfer of Residents of Correctional Facilities) and the other had no legal status.

⁴ Two patients were admitted without criminal charges. One was an MH-9 (HRS §334-74) Transfer of Residents of Correctional Facilities) and the other had no legal status.

Part IV. Gross LOS in the Hawai'i State Hospital

A. At the end of FY 2014, there were 244 patients at HSH and KMBH. These patients had a total LOS of 272,880 days which is equivalent to an average LOS of three years per patient. The range was from five days to 38 years. The median was 271 days. Nineteen patients had a LOS of ten years or more.

Please note that some patients have more than one legal status and some will likely have a change of legal status, sometimes changing legal status multiple times during admission.

B. Patients Remaining at the end of the Fiscal Year.

Table 12 presents the number of patients remaining at the end of FY 2014.

Table 12: Patients Remaining at the End of FY 2014

	LEGAL STATUS							
	Examination of Fitness to Proceed – HRS §704-404	Unfit to Proceed HRS §704 - 406	Acquitted and Committed HRS §704 - 411(1)(a)	Temporary Hospitalization - HRS §704 - 413(1)	Revocation of CR HRS §704 - 413(4)	Voluntary	Civil Commitments ⁵	Total Census
Total Patients	6	81	48	37	42	7	23	244
Average LOS (in days) as of 6/30/2014	80	226	3,047	120	1,460	2,960	400	
Percent of Remaining Patients	2	33	20	15	17	3	9	100

Patients committed as Unfit to Proceed (HRS §704-406) increased this fiscal year compared with the previous fiscal year by four percent. Patients whose Conditional Release was Revoked, HRS §704-413(4), increased by 26% from FY 2013 to FY 2014. Patients hospitalized under HRS §704-413 (Temporary

⁵ HRS §334-60.2, HRS §706-607, HRS §704-406(3), and HRS §704-406(4)

Hospitalization for Violating Terms of Conditional Release) decreased by 24% from FY 2013 to FY 2014.

The average LOS for all forensic patients remaining in the hospital for FY 2014 was 2.7 years at the end of FY 2014.

For FY 2014, even though admissions decreased by 0.7% from the overall average, the LOS decreased by 14% when compared to the overall LOS for all forensic patients for all reported fiscal years. Compared with overall average LOS for all forensic patients for all reported fiscal years, the LOS decreased by four percent from FY 2013 to FY 2014.

At minimum, there are three forensic subgroups:

- The HRS §704-406 and HRS §704-404 subgroup. These patients are admitted for a relatively short period of time (longer with more serious charges) and account for over 62% of admissions and accounted for 39% of patients remaining at the end of the fiscal year.
- Another subgroup includes patients who are Acquitted and Committed [HRS §704-411(1)(a)]. This subgroup accounts for about nine percent of admissions and account for 20% of patients remaining at the end of FY 2014. They are a relatively small number of admissions, but with very long LOS.
- The final subgroup is Temporary Hospitalization for Violating Terms of Conditional Release [HRS §704-413(1)]. This group accounts for 35% of admissions and includes patients who were previously Acquitted and Committed, discharged on Conditional Release (HRS §704-415) then re-admitted for violating their Conditional Release. They make up 15% of the patients remaining at the end of FY 2014. The LOS for this subgroup's hospitalization is limited to one year, at which time the patient, if not suitable for reinstatement of their Conditional Release, has their Conditional Release revoked resulting in their legal status becoming HRS §704-413(4). Generally, upon revocation, and depending on their charge, treatment progress and history, the length of stay for the Conditional Release revoked group of patients appears similar to those committed by HRS §704-411(1)(a).

Part V. Number of Hawai'i State Hospital Patients on Forensic Status, Broken Down by Categories of Underlying Crimes, Such as Crimes Against a Person, Sex Offenses, and Property Crimes, Sorted by the Grade of the Offense

Table 13 includes a summary of admissions during FY 2014 with the underlying offense, the grade of the offense, and whether the offense was against a person or not

Table 13: Admissions by Legal Status and Grade of Offense for FY 2014

	Evaluation of Fitness to Proceed	Unfit to Proceed	Acquit and Commit	Temporary Hospitalization for Violating CR	Revocation of Conditional Release	Civil Commitments	MH-9	No Criminal Charge	Total	Percent
Total Admits with Felony Charges	12	46	17	48	1				125	42
Felony A	1	4	3	4					12	4
<i>Offense against another</i>	1	4	3	4					12	4
<i>Offense not against another</i>										
Felony B	2	8	3	8					22	7
<i>Offense against another</i>	1	4	1	2					8	3
<i>Offense not against another</i>	1	4	2	6					14	5
Felony C	9	34	11	36	1				91	30
<i>Offense against another</i>	4	15	5	20	1				45	15
<i>Offense not against another</i>	5	19	6	16					46	15
Total Admits: Misdemeanor Charges	23	84	6	27	2	12			155	51
Misdemeanors	16	42	4	21	1	3			88	30
<i>Offense against another</i>	11	23	2	16		2			55	18
<i>Offense not against another</i>	5	19	2	5	1	1			33	11
Petty Misdemeanors	7	42	2	6	1	9			67	22
<i>Offense against another</i>	1	5		5		2			13	4
<i>Offense not against another</i>	6	37	2	1	1	7			54	18
Violation – Offense not against another		7							7	2
Unrecognized – Offense not against another	7	5							12	4
No Criminal Charge							1	1	2	<1
Total	42	142	23	75	3	12	1	1	299	100
Percent	14	47	8	25	1	4	<1	<1	100	

One hundred seventy-four individuals admitted (58%) had a charge of a misdemeanor or less. The second most common grade of admissions was individuals charged with a Misdemeanor (88 individuals or 30%). These individuals were mostly charged with Assault 3 (22 individuals) and Criminal Trespassing 1 (13 individuals). Sixty-seven individuals (22%) were admitted with a charge of a Petty Misdemeanor. Most of these individuals were charged with Criminal Trespassing 2 (26 individuals) and Theft 4 (12 individuals). Seven (two percent of admissions) individuals were admitted for Violations. Five of these individuals were charged with violation of Park Rules and Regulations (Revised Ordinances of Honolulu 1990 §10-1.2). Twelve (four percent) admissions were Unfit to Proceed for Revocation, Modification of Probation Conditions (HRS §706-625) of which the grade is Unrecognized.

One hundred twenty-five individuals admitted with felony charges represented 42% of all admissions. The most common grade of all admissions was individuals charged with a Felony C (91 or 30% of admissions). These individuals were mostly charged with Terroristic Threatening 1 (16 individuals), Unauthorized Control of a Propelled Vehicle (10 individuals) and Promoting a Dangerous Drug 3 (10 individuals). Felony B's accounted for 22 individuals or seven percent of total admissions. These individuals were mostly charged with Robbery 1 (six individuals) or Burglary 1 (six individuals). Twelve (four percent of admissions) individuals were admitted with a Felony A charge. Most of these individuals were charged with Robbery 1 (four individuals) and Attempted Murder 2 (three individuals).

Of all admissions, 166 individuals (55%) individuals were charged with crimes which did not involve another individual. The grade with the most number of these individuals was Petty Misdemeanors (54 individuals or 18%). These individuals were mostly charged with Criminal Trespassing 1 (26 individuals) and Theft 4 (12 individuals). The grade with the second highest number was individuals charged with a Felony C (46 individuals or 15%). The most common charges for this group were Unauthorized Control of a Propelled Vehicle (10 individuals) and Promoting a Dangerous Drug 3 (10 individuals).

During FY 2014, five individuals were admitted to the hospital with sexual offense charges. Two individuals were charged with Sexual Assault 1 (Felony A), two individuals were charged with Failure to Comply with Sex Offender Registration Requirements (Felony C), and one individual was charged with Sexual Assault 4 (Misdemeanor). Also, four individuals admitted were charged with Open Lewdness (Petty Misdemeanor). These admissions represent approximately two percent of all admissions. Twelve of the 204 patients remaining (approximately five percent) as of the end of FY 2014 were initially charged with sexual offenses as the primary charge associated with either their initial admission or re-admission.

Staff Injuries and Assaults on Staff

During the 2014 Legislative Session, the Hawai'i Senate conducted informational and investigational hearings on HSH. The Senate Investigational Committee issued a report (Senate Spec Com. Rep. No. 1, Senate – 2014, State of Hawaii) after the hearings were complete. The report contained a number of conclusions and recommendations including recommending HSH submit a written report, "To the legislature providing the status of its efforts in implementing" the Committee's recommendations. This written report was requested for both the 2015 and 2016 legislative sessions. Specifically, the Senate requested that data on employee assaults and injuries be provided. The following material is intended to provide this information and to be responsive to the Senate Investigational Committee's specific request. Other material responsive to the SCR 3 report recommendations may be found in the HSH Action Plan for Safety (as of December 17, 2014), and in the plans, policies, procedures and other documents of HSH. The HSH safety plan is accessible by request from HSH Administration by calling (808) 247-2191.

Workplace violence has been identified as an issue for the healthcare industry for over twenty-five years, especially for staff of public sector psychiatric hospitals (Love & Hunter, 1996). Unfortunately, there are no scientifically validated interventions to reduce assaults on healthcare workers (Rivara & Thompson, 2000; Runyan, Zakocs & Zwerling, 2000). The Occupational Safety and Health Administration (OSHA) Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers (2004) are advisory only and have not been validated by evaluation data. However, two of the OSHA defined elements of an effective violence prevention program is: recordkeeping and program evaluation.

HSH, as a component of its quality improvement activities, has been keeping records of patient assaults since 2006 and of staff injuries since 1990. In addition to record keeping, HSH performs ongoing evaluation of assaults and staff injuries on a regular basis through its Performance Improvement Committee and collaborates with other Western public hospitals in performing joint evaluation projects. HSH belongs to the Western Psychiatric State Hospital Association (WHPHA).

WHPHA compares performance measures among member hospitals and encourages participation in joint research and surveys to continuously improve services provided to the citizens served by publicly operated hospitals. The Western Psychiatric State Hospital Association (WPSHA) consists of state run psychiatric hospitals from fifteen western states (Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington and Wyoming).

During 2013, WPSHA performed a benchmarking study on staff injuries. In 2014, WPSHA performed a benchmarking study on aggression. HSH participated in both studies. The HSH data are reported with comparisons from appropriate WPSHA hospitals in Graphs One and Two and Table Fourteen. Table Fourteen presents the HSH data.

HSH defines an assault as any overt act (physical contact) upon the person of another that may or does result in physical injury and/or emotional distress. Examples include, but are not limited to, hits, spits, kicks, sexual assaults, or any physical injury intentionally inflicted upon another person. In the WPSHA report for FY 2014, HSH included events where contact was not made. The data is reported as rates per 1000 patient days so that the rates can be compared across hospitals with differing numbers of beds. For FY 2014, HSH had 71,619 total patient days.

Table 14 provides HSH data on violence which includes patient-to-patient aggression, patient-to-staff aggression and patient to visitor aggression.

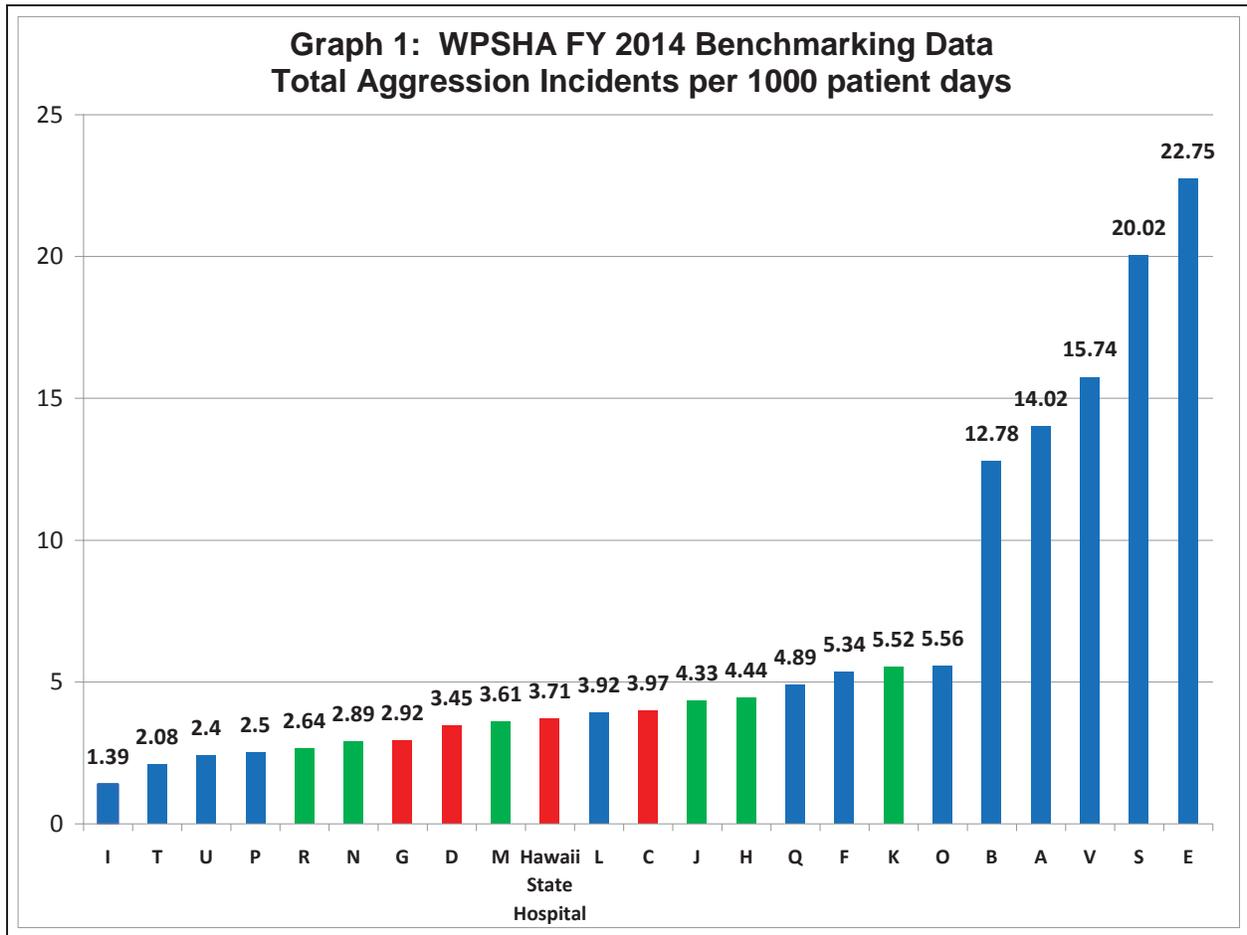
**Table 14: WPSHA Benchmarking Project FY 2014
Violence in State Hospitals**

Category	HSH Rate
Patient to Patient aggression	2.01
Patient to Staff aggression	1.70
Patient to Visitor Aggression	0.00
Total Aggression Incidents	3.71

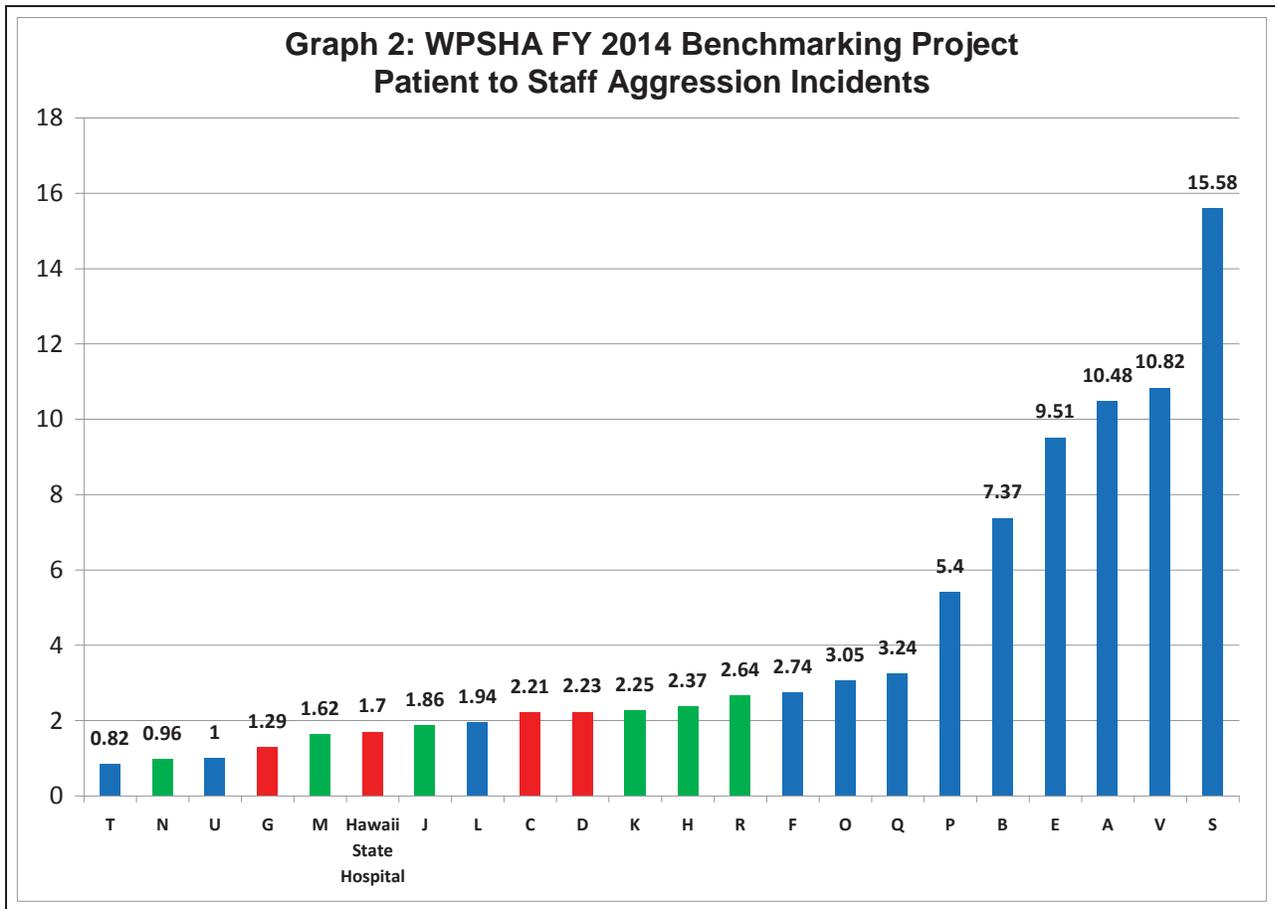
The twenty WPSHA hospitals that participated in the study and treat adults are used to compare with HSH with their classification (civil, forensic or mixed) in Graphs 3, 4 and 5.

Each WPSHA graph contains color coded bars. There are four WPSHA hospitals that participated in the study (including HSH) that treat only adult forensic patients (red bars). There are thirteen WPSHA hospitals that participated in the study that treat a mixture of adult forensic and civilly committed patients (blue bars). There are four WPSHA hospitals that participated in the study that treat only civilly committed adult patients (green bars).

Graph 1 illustrates WPSHA comparison data on total aggressive incidents for FY 2014.

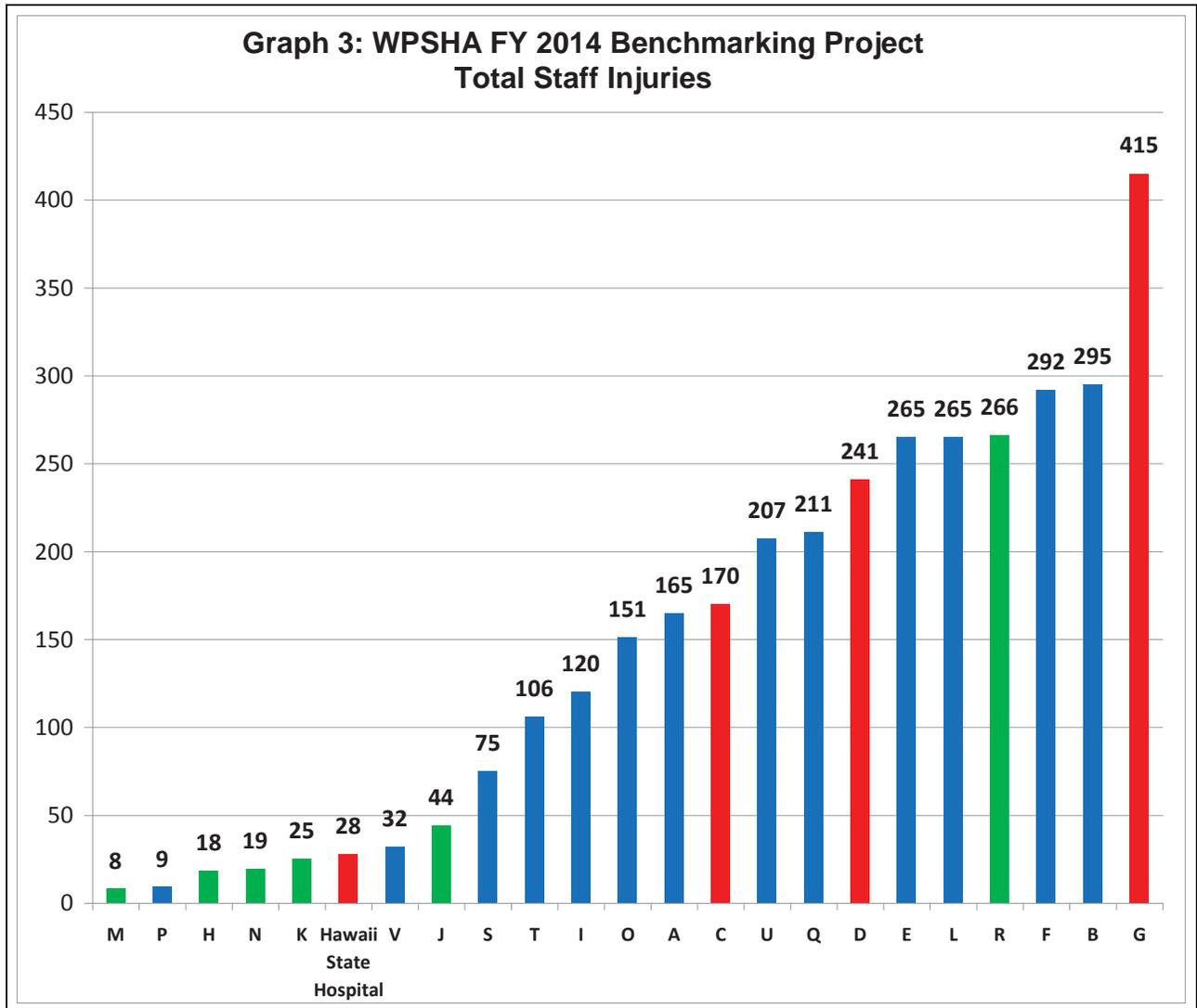


Graph 2 illustrates WPSHA comparison data specifically on patient to staff aggression incidents for FY 2014.

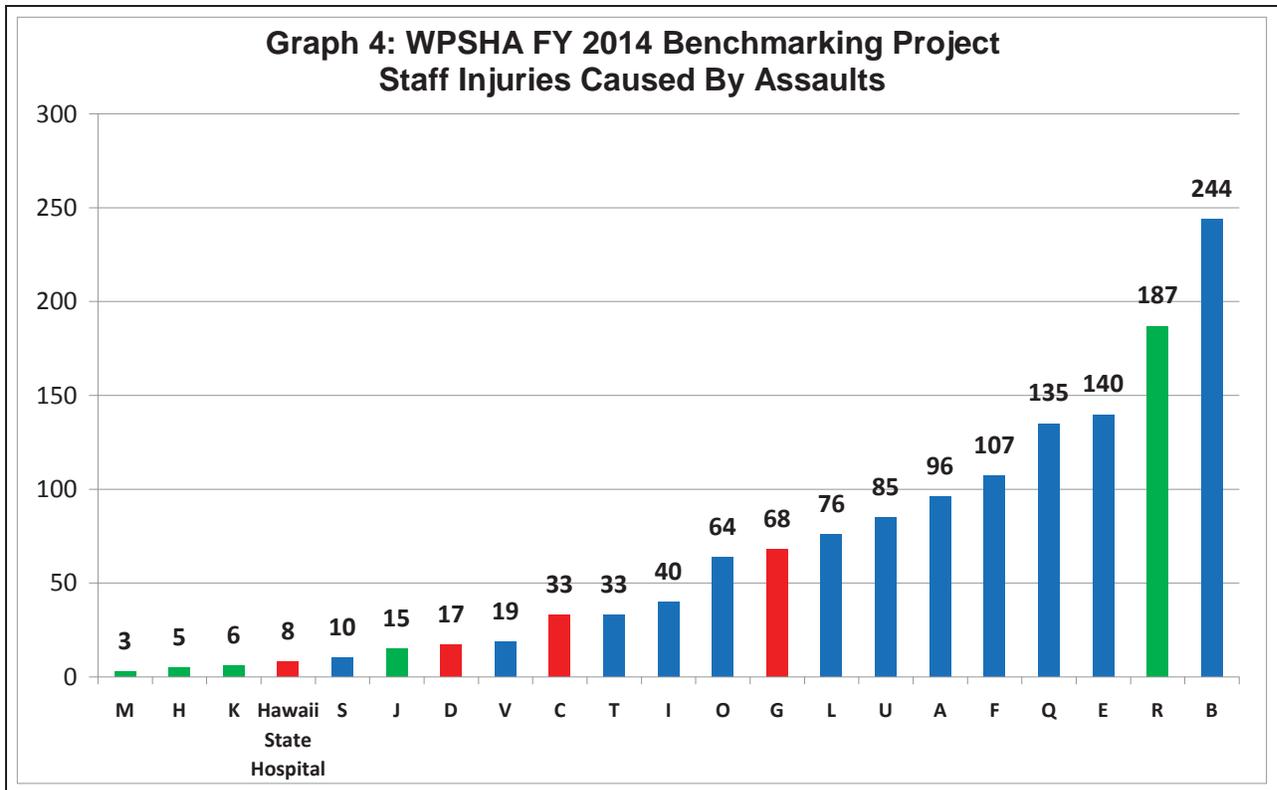


In 2014, WPHSA performed a benchmarking study on staff injuries. HSH participated in this study. Similar to the aggression data, HSH data are reported with comparisons from appropriate WPSHA hospitals in Graphs three four and five. Table Fifteen presents the HSH raw data as rates similar to the aggression data. The data is reported as rates per 1000 patient days so that the rates can be compared across hospitals with differing numbers of beds. For FY 2014, HSH had 75,000 total patient days.

Graph 3 illustrates WPSHA comparison data on total staff injuries for FY 2014.



Graph 4 illustrates WPSHA comparison data specifically on staff injuries from assaults for FY 2014.



Containment activities are used when individuals are threatening or assaultive. Graph 5 illustrates the comparative WPSHA data on staff injuries resulting from containment activities.

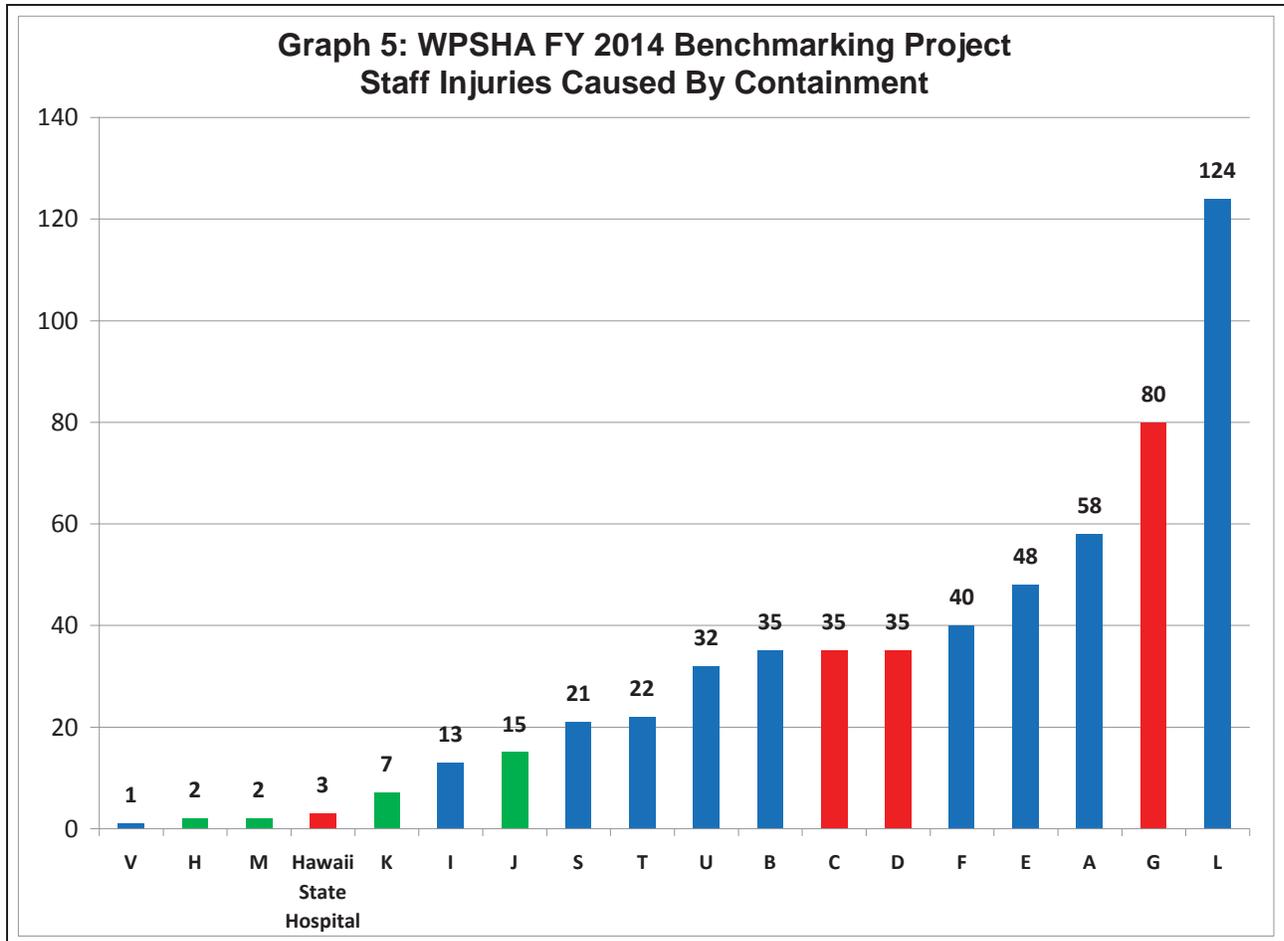


Table 15 provides a summary of the WPSHA FY 2014 Benchmarking Project data for HSH injury rates.

Table 15: Summary of WPSHA FY 2014 Benchmarking Project HSH Injury Rates

Category	HSH Rate
Containment Injury	0.04
Assault Injury	0.12
Accident injury	0.25

Although the goal for workplace safety plans is zero assaults and zero injuries from assaults, no current healthcare setting has achieved that goal. HSH participates in record keeping and evaluation activities to reduce assaults and staff injuries from

assaults. Reviewing the comparative data from WPSHA in the graphs demonstrates that the HSH assaults on staff rates and injuries from assaults and containment are comparable to other 100% adult forensic hospitals and better than the majority of WPSHA comparator hospitals.

Conclusion

The terms of commitment pursuant to HRS §704-404, HRS §704-406, HRS §704-413(1), HRS §704-413(4), or HRS §704-411(1)(a) do not specifically require that an individual has a treatable mental illness or that inpatient psychiatric treatment can reasonably be expected to ameliorate either dangerousness or lack of fitness to stand trial. The latter is most evident in those cases in which an individual is committed as Unfit to Proceed with a progressive neurological disorder or other cognitive limitations.

At the end of FY 2014, there were approximately 10-15 patients with either neurological disorders or significant cognitive impairments which prevent their functioning in the community without significant supports. The absence of mental health diagnoses for these patients means that they may not receive services in the community from the AMHD. For some of these patients (e.g., those who have obtained maximal inpatient benefit), it is not apparent that there is a community-based agency responsible for providing necessary support services.

During the entire fiscal year, there were very high levels of concurrent physical health problems in many patients. A significant number of these patients required acute medical treatment while they were admitted.

Notwithstanding that these admissions were court ordered admissions, many of the patients who are committed may not otherwise clinically require inpatient level supports. Similarly, many patients who require inpatient level clinical supports at the time of admission remain in the hospital long after they have obtained maximal clinical benefit. This is usually because there is either an impediment to their discharge in terms of forensic evaluation of fitness, criminal responsibility or continuing dangerousness, a delay in the Judicial determination that the individual can transition to a lower level of care, proceed to trial or there is not another, less restrictive setting available which can adequately provide for their clinical needs while addressing risk.

Finally, as noted, for the entire FY 2014, HSH was substantially over census. There may well be individuals in the community who could clinically benefit from state operated inpatient psychiatric hospitalization who are not able to access services, except through the forensic commitment processes noted above. This report and previous reports reveal that there are multiple clinical, forensic and other subgroups in HSH. Patients in these subgroups typically have a different clinical course and forensic process. Additionally, these patients experience different challenges in arranging for successful discharge. Patients from these groups present very different treatment and behavioral challenges.

Once a patient's legal status is resolved or the patient is released by the court and he or she is ready for discharge from the inpatient setting, access to community-based resources for residential housing is limited. For example, at the time of the patient's discharge, all residential housing beds are filled at the level the patient needs. When this situation occurs, the patient must stay in the hospital until an appropriate housing bed is available or until all other resources are investigated.

Honolulu, Hawai'i, Maui, and Kaua'i Counties offer the following levels of housing:

- 24-hour group homes which provides support staff 24/7 and provide intensive support to consumers who would otherwise decompensate;
- 8 to 16-hour group homes with staffing between 8 and 16 hours a day and provides less intensive support than 24 hour group homes;
- Semi-Independent Living which provides staffing 8 hours a day and focuses on community integration.
- Specialized Residential Services Programs (Honolulu and Maui Counties) which provides both treatment and programming with a goal of independent living at the housing site as well as 24/7 supervision.
- Therapeutic Living Program (Honolulu County) which provides a semi-permanent housing program for adults who are not appropriate for an Intermediate Care Facility (ICF) level of care but who require a higher level of care than a 24 hour group home service. The TLP is a 24-hour supervised, licensed facility that addresses the needs of individuals, often with co-morbid conditions, who require supervision, medication administration, education and skill building to live more independently (i.e. medication adherence, budgeting, shopping, household chores, and preparing foods, etc.).
- Licensed Crisis Residential Services (LCRS) which provides 24/7 nursing staff and provides a number of services for crisis stabilization. This service is available in Honolulu (16 beds), Hawai'i (9 beds), and Maui (8 beds). The LOS ranges from one to ten days for these beds and they are not intended for long term residency.
- Expanded Adult Residential Care Homes (E-ARCH) which provides ICF level of care for adults who have medical and psychiatric health conditions that prevent them from obtaining housing at a lower level of care or at a non-AMHD funded E-ARCH placement.

Please refer to Table 16 which shows the statewide capacity for housing services.

Table 16: AMHD Statewide Bed Count by County

Type of Housing Services	Honolulu	Hawai'i	Maui	Kaua'i	Totals
Expanded Adult Residential Care Home	25*	0	0	0	
Specialized Residential	78	0	8	0	86
Therapeutic Living Program	22	0	0	0	22
24 Hour Group Home	158	16	8	10	192
8 to16 Hour Group Home	102	54	38	5	199
Semi-Independent Living	146	40	21	18	225
Total	506	110	75	33	724

*Note: E-ARCH count represents total number of contracted E-ARCH licensed primary care givers who have a capacity ranging from 1 to 3 E-ARCH level residents per care giver.

Increased housing resources are regularly reviewed and hybrid discharge settings are evaluated. One such initiative has resulted in the newest category of housing options, the AMHD Expanded Adult Residential Care Home (E-ARCH) Program. This program is primarily for patients ready to be discharged from HSH who need ICF level of care. Through extensive screening, training, and additional resources from AMHD, this housing option continues to provide long-term support for patients who are unable to maintain community tenure at a lower level of care. At the end of FY 2014, the AMHD E-ARCH Program housed 41 consumers. During FY 2014, six patients were discharged to an AMHD funded E-ARCH.

As of July 1, 2008, the HSH began operating a State Operated Specialized Residential Services Program (SOSRP) on hospital grounds. The SOSRP provides comprehensive services to aid individuals in developing daily living skills, which enable them to manage symptoms and regain functioning lost due to mental illness and substance abuse. This program has a capacity of 22. Through much of this reporting interval, the SOSRP was at or near its capacity, accepting many patients on discharge from HSH, most on Conditional Release. The SOSRP admitted 18 patients during FY 2014, more than six percent of all outright discharges and more than any other single community provider. SOSRP also discharged 18 patients during FY 2014. This is down from 39 discharges in FY 2013. It may be that more placements at the special residential level of care would help to address some aspects of inpatient census management.

HSH, AMHD, and DOH, together with community partners, continue to plan and develop other appropriate post-hospital placement alternatives for patients who are ready for discharge.

For additional information, please contact HSH Administration at (808) 247-2191.

References

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Appendix

NOTE: All tables included in this appendix were designed based on previous definitions of key terms such as admission and discharge. Tables include only data as referenced in the title.

Beginning with this fiscal year, revised definitions for admission and discharge are used in the report. Additionally, definitions used for new key terms such as transferred to KMBH and transferred back to HSH were added to indicate continuity between the HSH inpatient days and the KMBH inpatient days collectively for each key term. For FY 2013 and FY 2014, please refer to pages three through eight in this report.

Beginning with FY 2015, new tables will be included in the report that clearly identify the admission, transfer and discharge data as defined in the key terms section of this report.

Table 17: Admissions to HSH (including Transfers to KMBH) with a Legal Status of Acquit and Commit by Fiscal Year

Fiscal Year	Number of Patients
FY 2012	18
FY 2011	13
FY 2010	17
FY 2009	8
FY 2008	13

Table 18: Admissions to HSH (including Transfers to KMBH) with a Legal Status of Temporary Hospitalization for Violating Terms of Conditional Release by Fiscal Year

Fiscal Year	Number of Patients
FY 2012	83
FY 2011	89
FY 2010	70
FY 2009	60
FY 2008	57

Table 19: Admissions to HSH (including Transfers to KMBH) with a Legal Status of Evaluation of Fitness to Proceed by Fiscal Year

Fiscal Year	Number of Patients
FY 2012	45
FY 2011	28
FY 2010	26
FY 2009	30
FY 2008	29

Table 20: Admissions to HSH (including Transfers to KMBH) with a Legal Status of Unfit to Proceed by Fiscal Year

Fiscal Year	Number of Patients
FY 2012	118
FY 2011	77
FY 2010	100
FY 2009	85
FY 2008	110

Table 21: Average Length of Stay of HSH Unfit to Proceed Patients whose Legal Status was Resolved and were Discharged

Fiscal Year	Average LOS
FY 2012	145
FY 2011	201
FY 2010	154
FY 2009	140
FY 2008	53

Table 22: Average Length of Stay of Unfit to Proceed Patients Remaining in HSH and KMBH by Fiscal Year

Fiscal Year	Patients Remaining Unfit to Proceed	Percent of Census at HSH and KMBH	Average LOS at the end of Fiscal Year
FY 2012	74	33	276
FY 2011	56	28	234
FY 2010	67	33	224
FY 2009	62	31	189
FY 2008	53	27	161

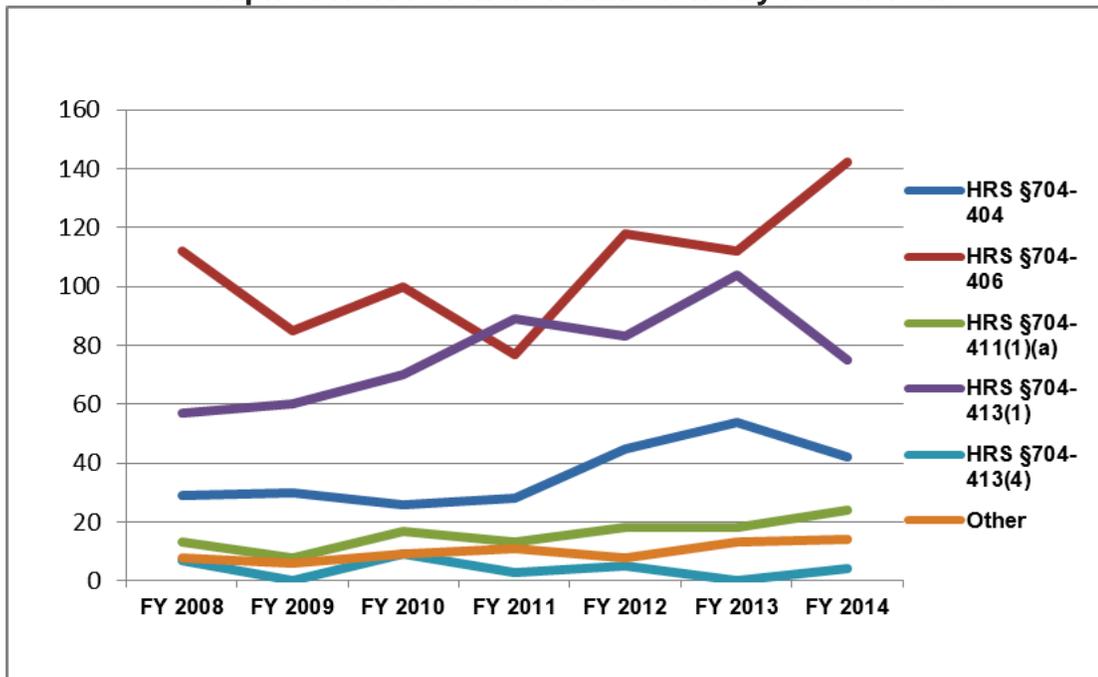
Table 23: Admissions to HSH (including Transfers to KMBH) with a Legal Status of Revocation of Conditional Release by Fiscal Year

Fiscal Year	Number of Patients
FY 2012	5
FY 2011	3
FY 2010	9
FY 2009	0
FY 2008	7

Table 24: Admissions Civilly Committed by Fiscal Year

Fiscal Year	Number of Patients
FY 2012	4
FY 2011	2
FY 2010	6
FY 2009	2
FY 2008	3

Graph 6: HSH Forensic Admissions by Fiscal Year



The majority of HSH admissions are individuals who are unfit (HRS §704-406), evaluations for fitness (HRS §704-404) or temporary revocations HRS §704-413(1). Although there is year to year variability, these three legal statuses drive the increase in HSH census over the previous six years.