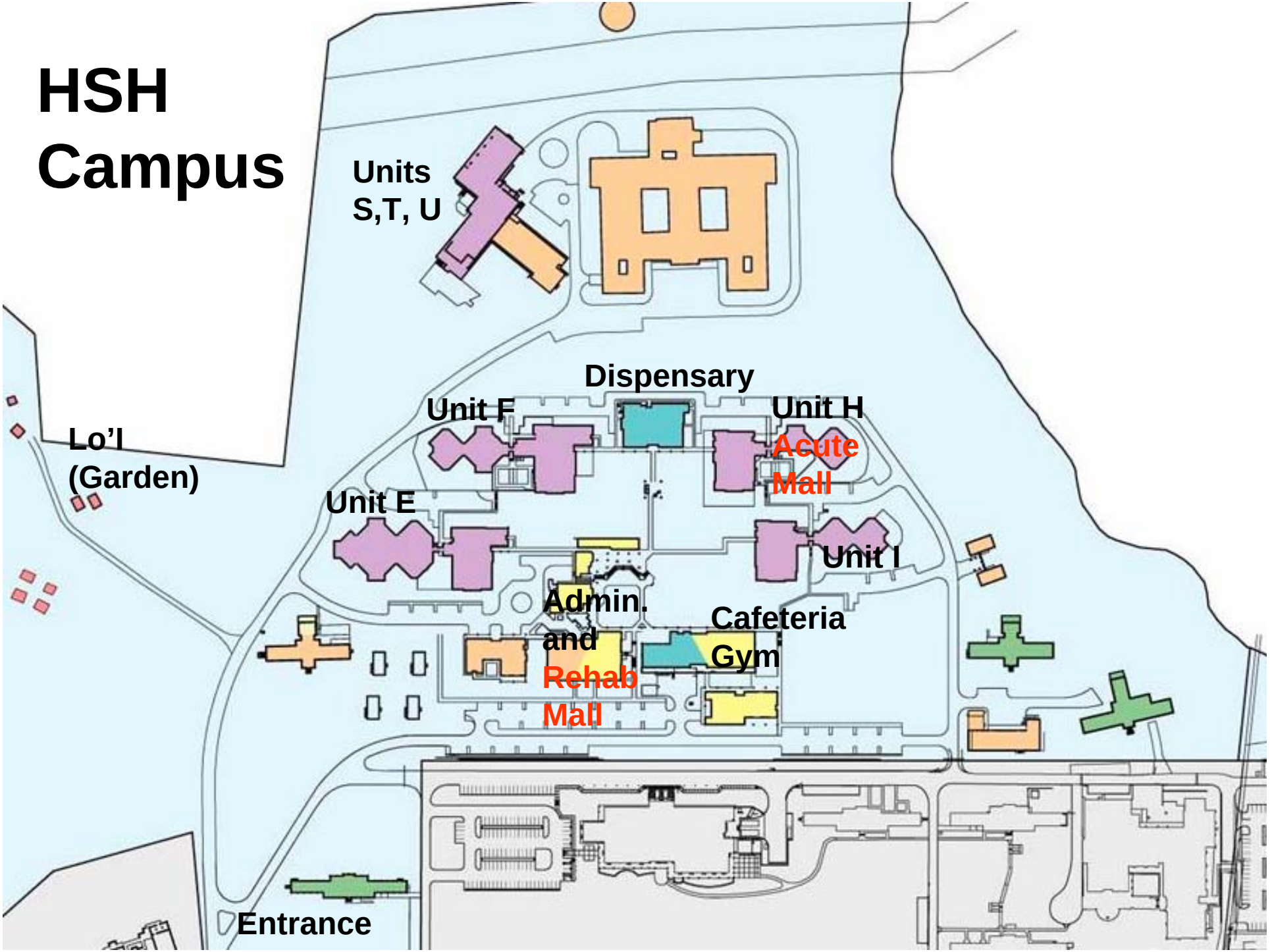
SCR NO. 117
Task Force
Meeting 1
Presentation

October 19, 2006

Background HSH

- Current issues driving the discussion:
  - HSH census typically above construction/budgeted capacity
  - HSH not physically configured for committed patients
    - Guensberg building outdated and not configured for current patient mix
    - Lower Campus designed for rehabilitation
  - Are there too many patients in State inpatient beds ?
    - HSH + contracted inpatient facilities + community hospitals
  - Patient population
    - largely committed by criminal court (forensic)
    - Long term care for many patients post discharge-Rehab of Hale Haloa may provide an option

HSH Campus


Units S,T, U
Dispensary
Unit F
Unit H
Acute Mall
Lo'I (Garden)
Unit E
Unit I
Admin. and Rehab Mall
Cafeteria
Gym
Entrance

HSH History I

1989 U.S. Dept. of Justice (DOJ) investigation of HSH conditions begins

1991 Complaint and Settlement Agreement filed

1995 Stipulated Contempt citation; Remedial Plan ordered;

1996 Additional Stipulations and Order to improve conditions: Initial JCAHO accreditation achieved

1999 Special Monitor appointed; reaccredited by JCAHO

HSH History II

2001 Special Master appointed; Guensberg building closed and patients moved to lower campus; Guensberg repairs ordered

2002 Final HSH Remedial Plan approved and ordered; Re accredited by JCAHO
Kahi contract begins (16 patients,>>32,40)

2003 Community Plan approved and ordered; HSH opens Rehabilitation Mall

2004 US District Court dismisses claims against HSH; action continues concerning Community Plan

HSH History III

2005 JCAHO Reaccredited October

2006 US DOJ case re: Community Plan to be dismissed November 30; Current census = 187 patients; served by approximately 650 staff; 41 additional patients on contracted unit

Process of Clinical Care

- **Focus of Treatment:**
  - Forensic: Deal with danger and legal realities
  - Medical: Effectively treat identified disorders
  - Recovery: Assist patient with personal goals
- **Continuous treatment planning:**
  - HSH clinical treatment team, led by psychiatrist, includes patient, community providers and families
  - Regularly updated plan coordinates
    - Medications, therapy/programming, social rehabilitation with overall goal of patient recovery

Patient Programming

- Unit H: Admission Unit
  - Has its own programming “Mall”
  - Patients stay on the unit
- All other Units:
  - Patients attend programming at the “Rehabilitation Mall” 9:00 to 1:30 weekdays
  - Patients are on “their” Units otherwise, unless on outings or after hours/weekend programming

Rehabilitation Mall: Daily Schedule

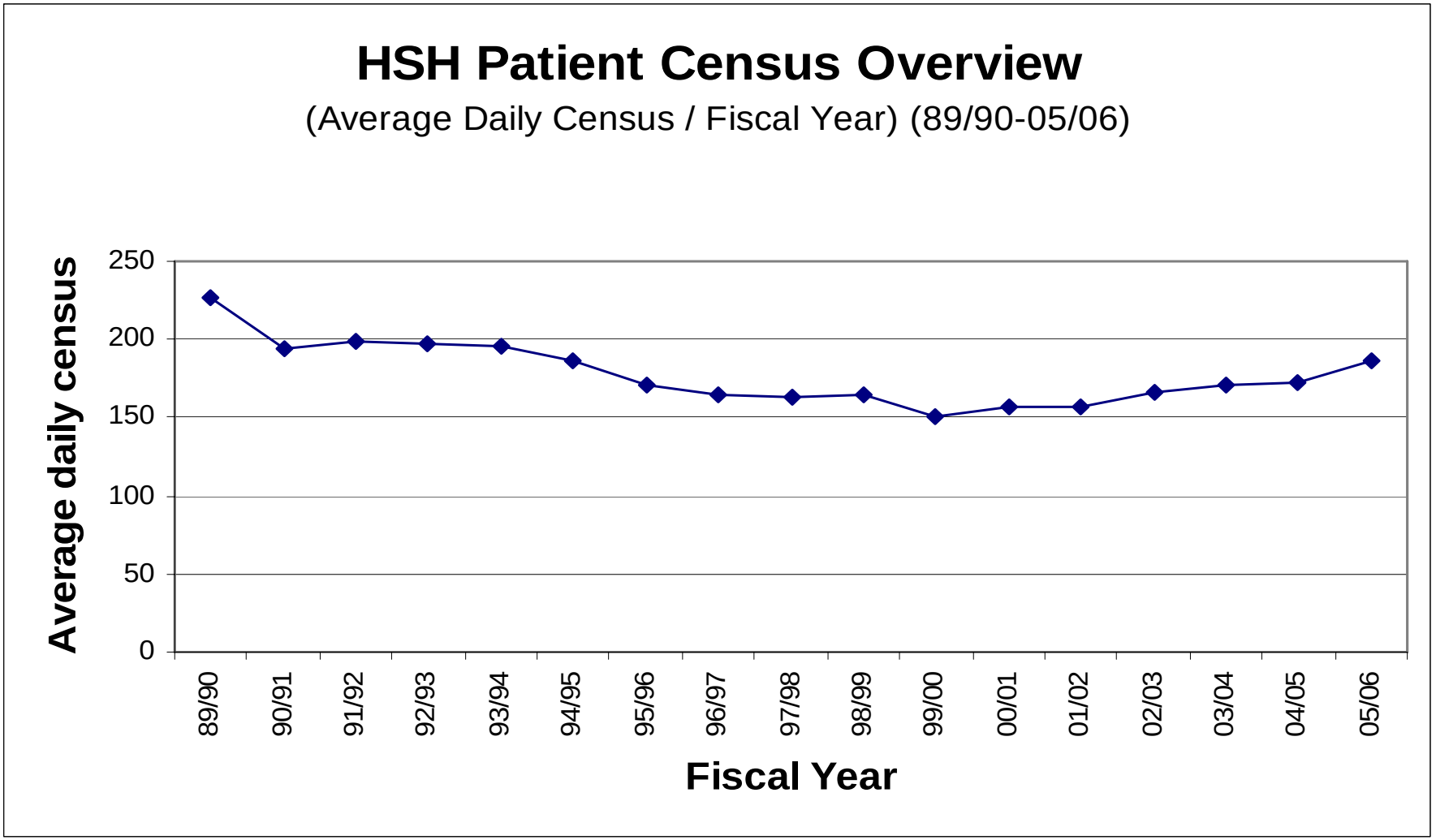
09:00-09:15	Collect in “Home Room”
09:15-10:05	**Activity/Class I**
10:05-10:15	Transition/Smoke break
10:15-11:15	**Activity/Class 2**
11:15-11:30	Home Room
11:30-12:00	Lunch Break (group a)
11:30-12:00	Unit-supervised Activity (a)
12:00-12:30	Unit-supervised Activity (b)
12:00-12:30	Lunch Break (group b)
12:30-13:20	**Activity/Class 3**
13:20-13:30	Collect in “Home Room”
13:30	Return to Units

Treatments: Summary

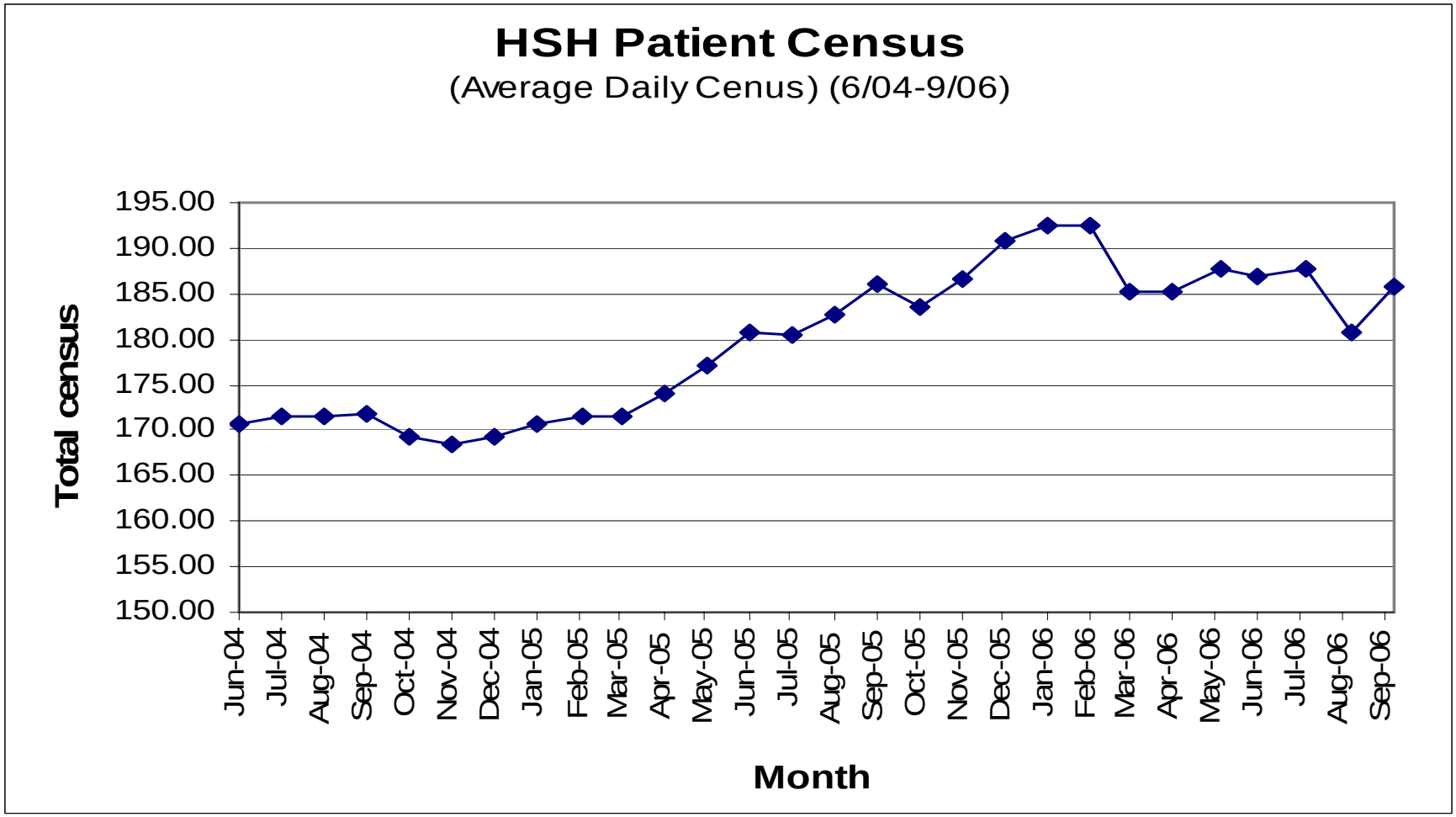
- **Medical/biological:**
  - Treat nonpsychiatric medical conditions (e.g.: Diabetes, Hepatitis)
  - Psychiatric: Antipsychotics, Antidepressants, Mood Stabilizers, Antianxiety medications
- **Psychological:**
  - Individual/group therapy, cognitive/behavioral, educational interventions

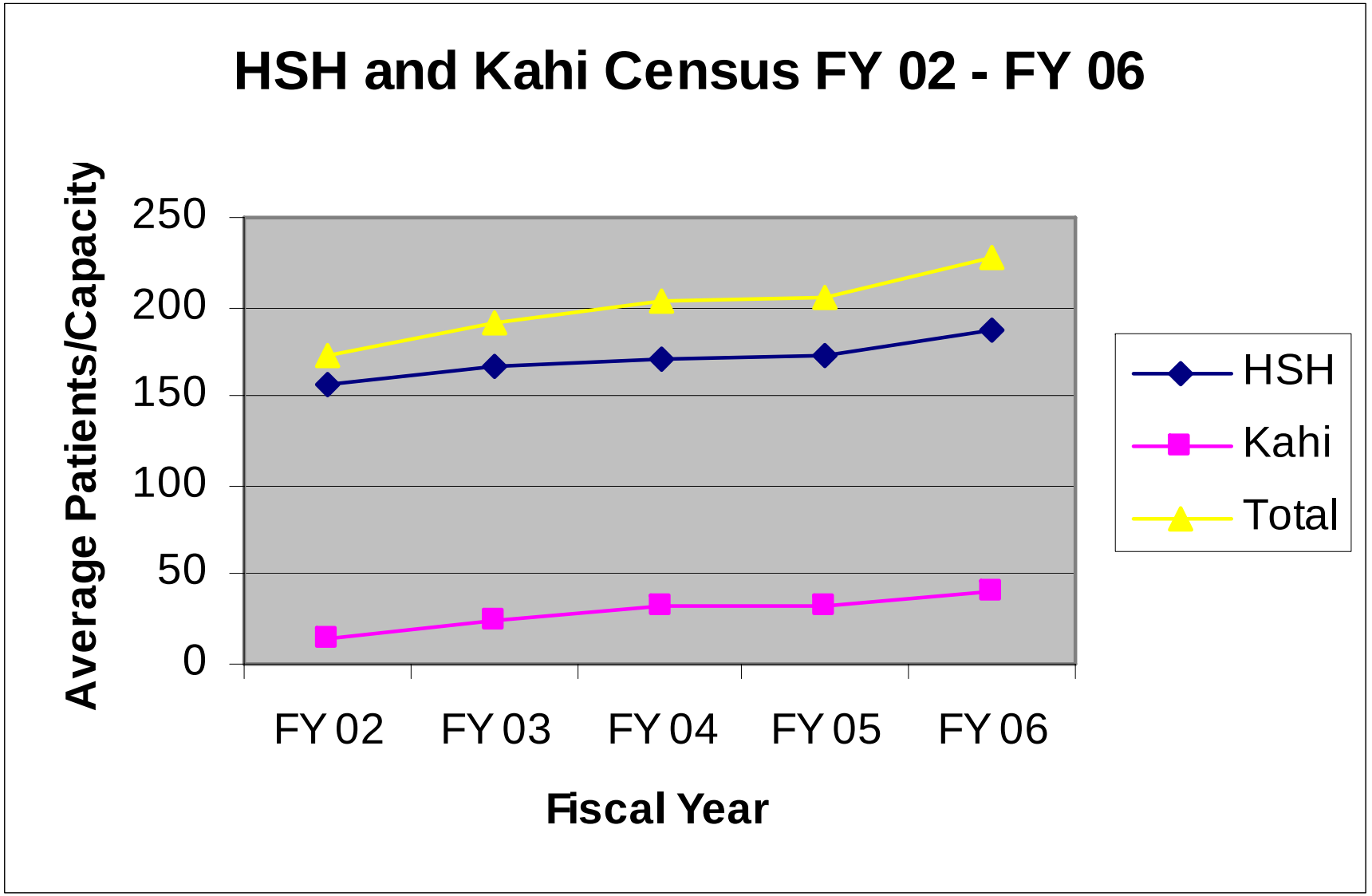
- **Social:**
  - Help resolve legal status issues
  - Food/clothing/shelter
  - Community reintegration, with meaningful activities (job/education) and relationships

HSH Census 1989 – 2006

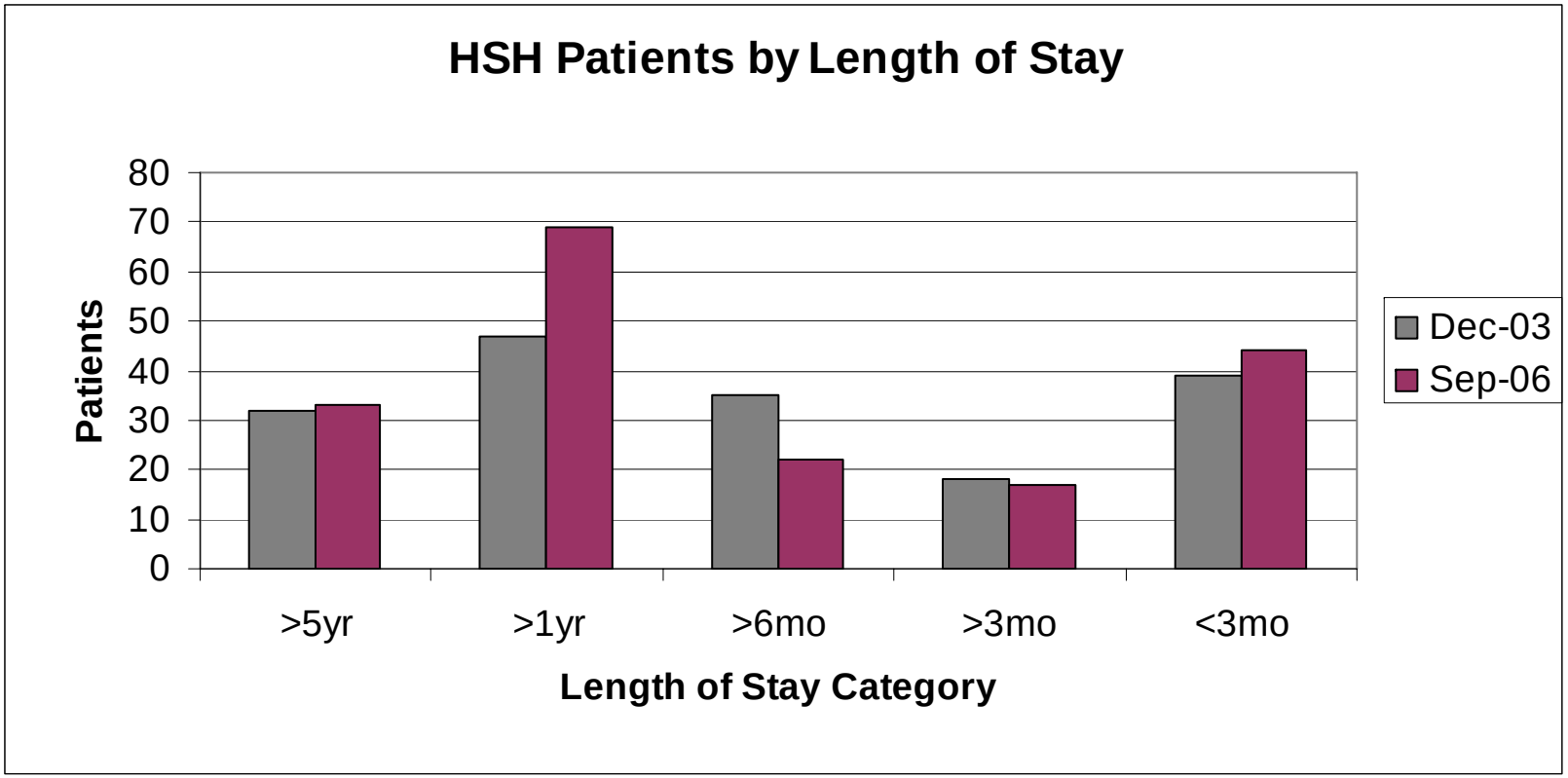


HSH Census 2004 - 2006




HSH and Kahi Census FY 02 - FY 06
Average Patients/Capacity
250
200
150
100
50
0
FY 02
FY 03
FY 04
FY 05
FY 06
Fiscal Year
HSH
Kahi
Total

Treatment Duration



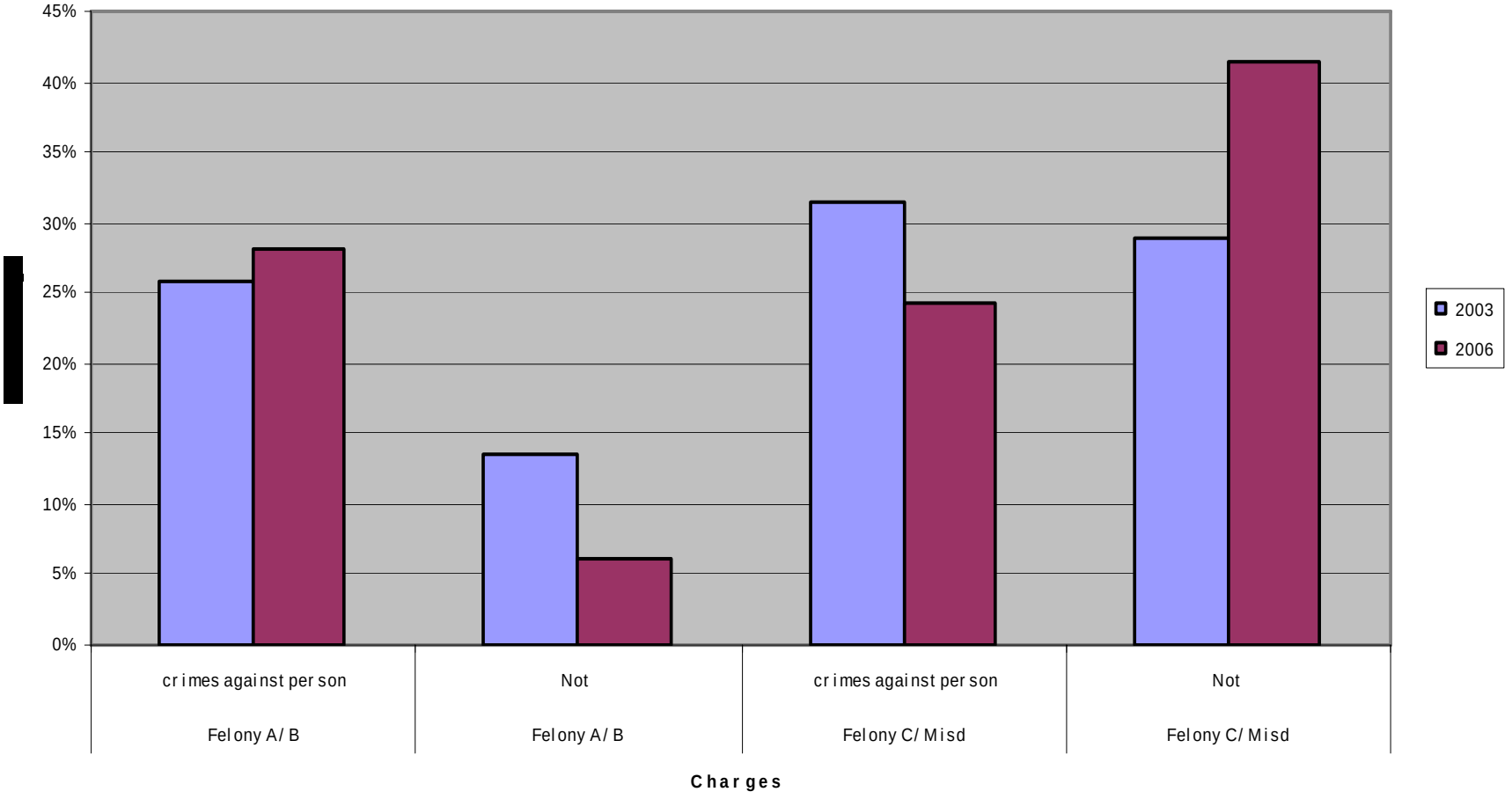
2003 – 2006 compared

Legal Status	Year	2003	2006
Acquitted and Committed	Patients	**45**	**63**
	Avg. length of stay (days)	**2857**	**2387**
Conditional Release	Patients	**38**	**44**
(Hold and revocation)	Avg. los	**1047**	**1146**
Hospital Totals as of Sept 1	Patients	**176**	**186**
	Avg los	**1189**	**1327**

Current HSH Patients

- **Demographics**: (Current census = 186 patients)
  - Male/Female: 86/14%
  - Criminal Court Commitment: 85%
  - Civil Court Commitment: 8%
  - Voluntary 7%
  - Substance affected: 87%
  - Developmentally Disabled or cognitively impaired:
    - DDD eligible or in evaluation process: 7 (4%)
    - Others with significant cognitive impairment: 15 (8%)
- Major **legal status** groups:
  - Unfit to proceed (406) 22%
  - Acquit and commit (411(1)(a)) 34%
  - Revocation of CR (413) 24%

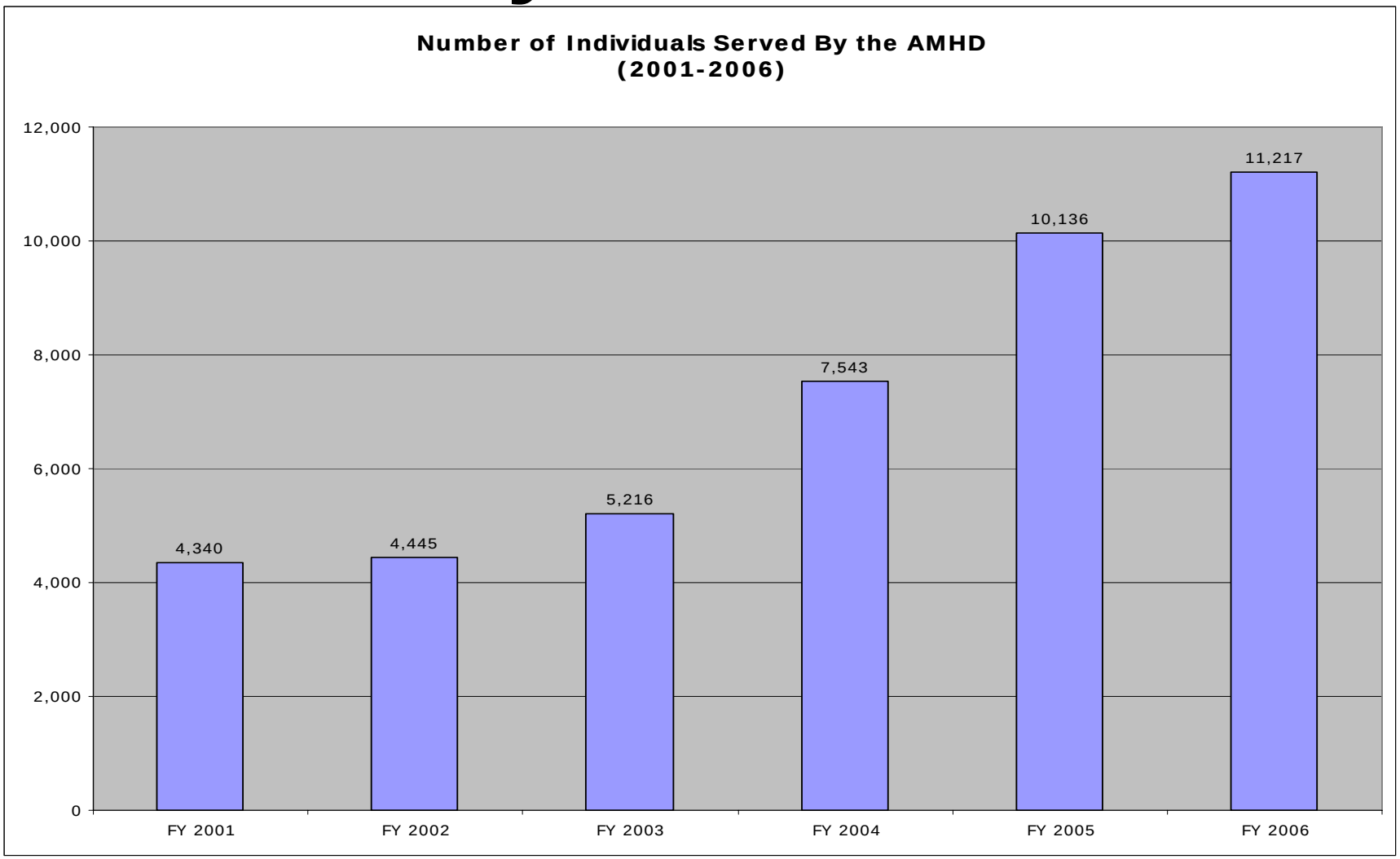
Charges 2003 – 2006 Compared



HSH Role in MH System

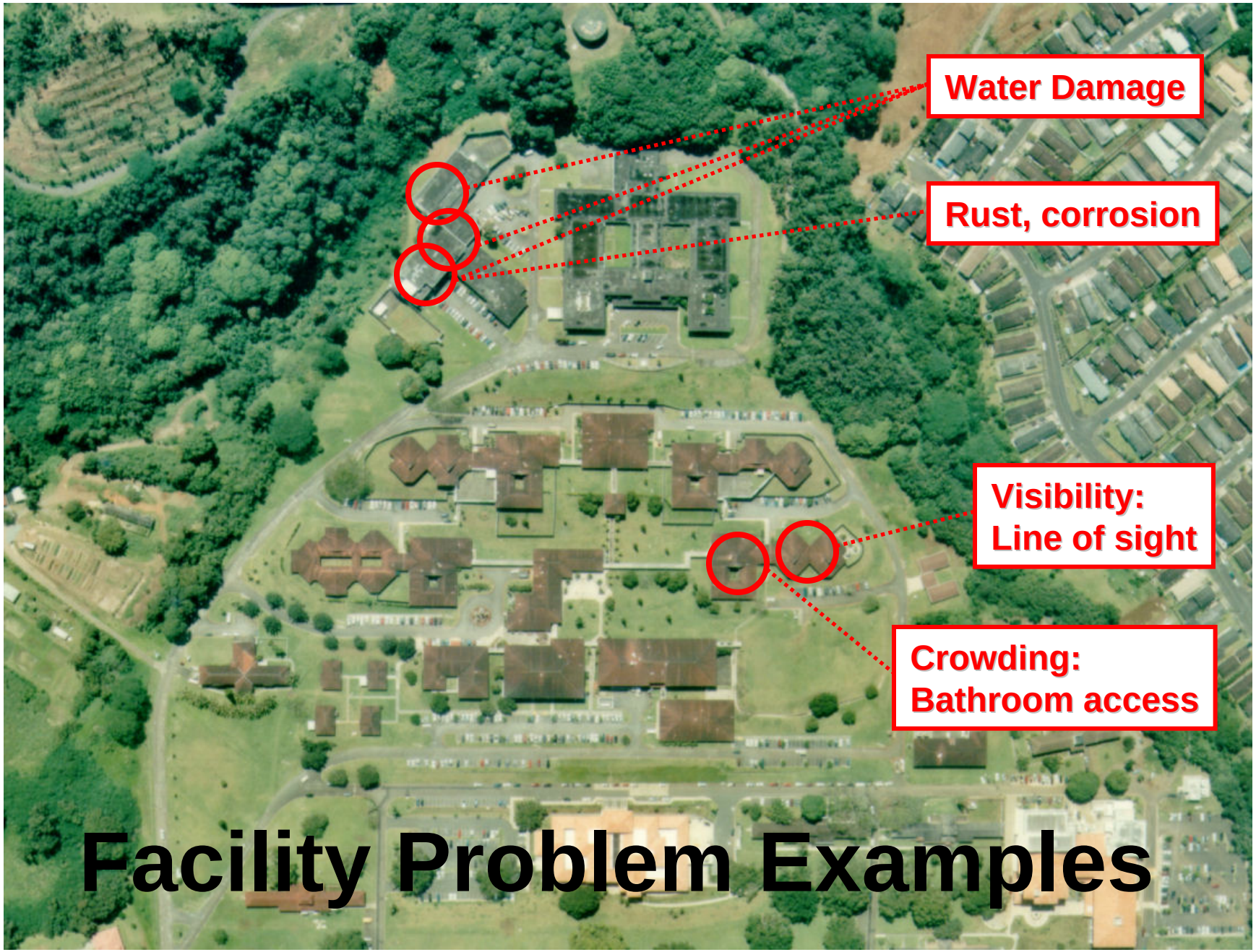
- Mental Health System of Care
  - Full range of inpatient and outpatient services
  - MH/Health and forensic role
- Growth of the MH system of care
  - Moving from “#51” (Fuller-Torey) to “#11” (NAMI)
  - Relationship to drug epidemic
  - Increasing number of persons served
- Clinical process of care
  - Evidence-based practices

Community Services Growth



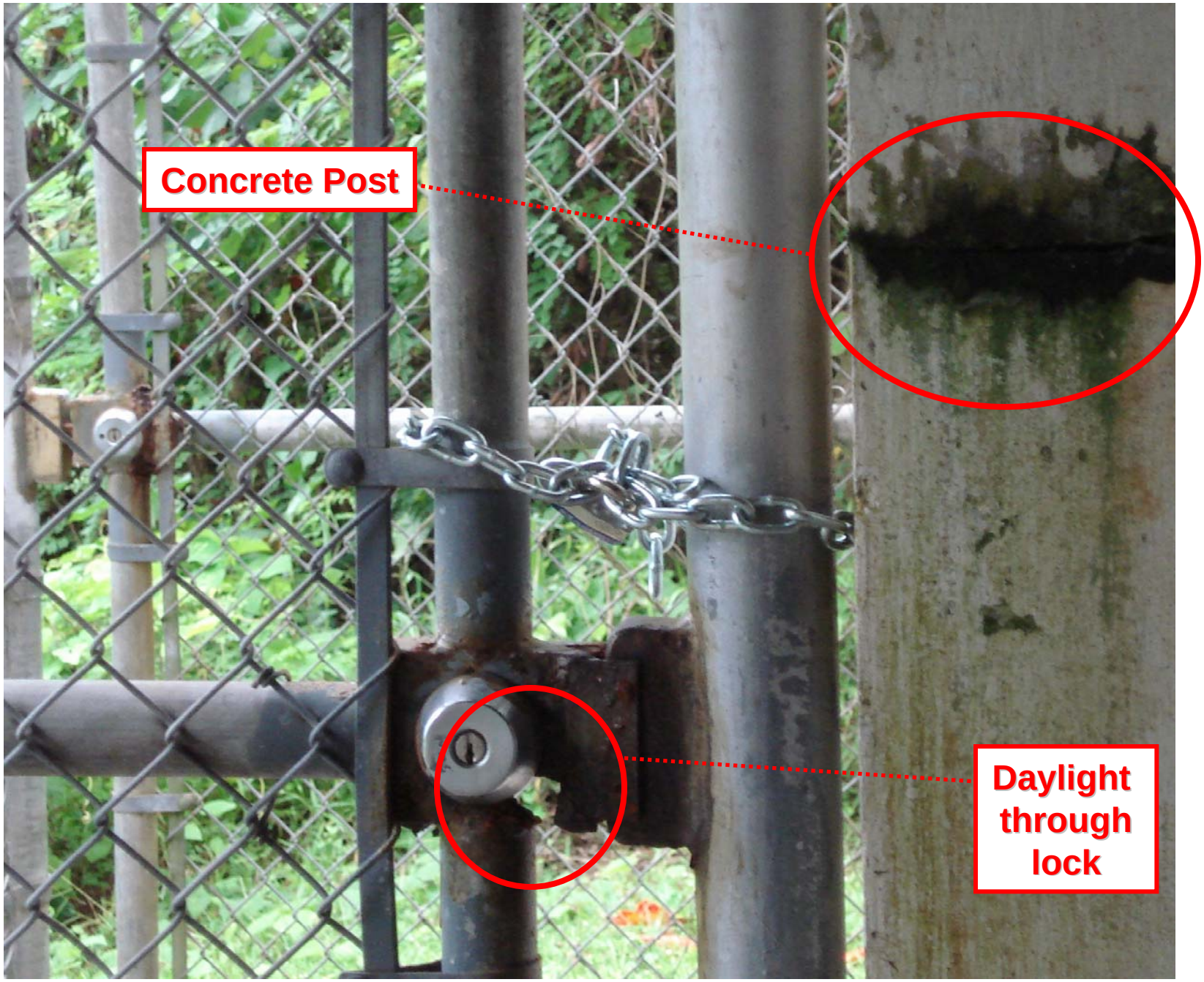
HSH Physical Plant Limitations

- Aging Units
  - Buildings and infrastructure (leaks, rusting equipment)
- Licensed Capacity
  - HSH constructed/budgeted for 168 patients, can manage up to 178 in space available
  - AMHD also uses Kahi Mohala for additional diversion beds (41 beds) and HHSC and other community hospitals
  - Licensing has changed as census increased: 168, 178, 190 maximum licensed capacity

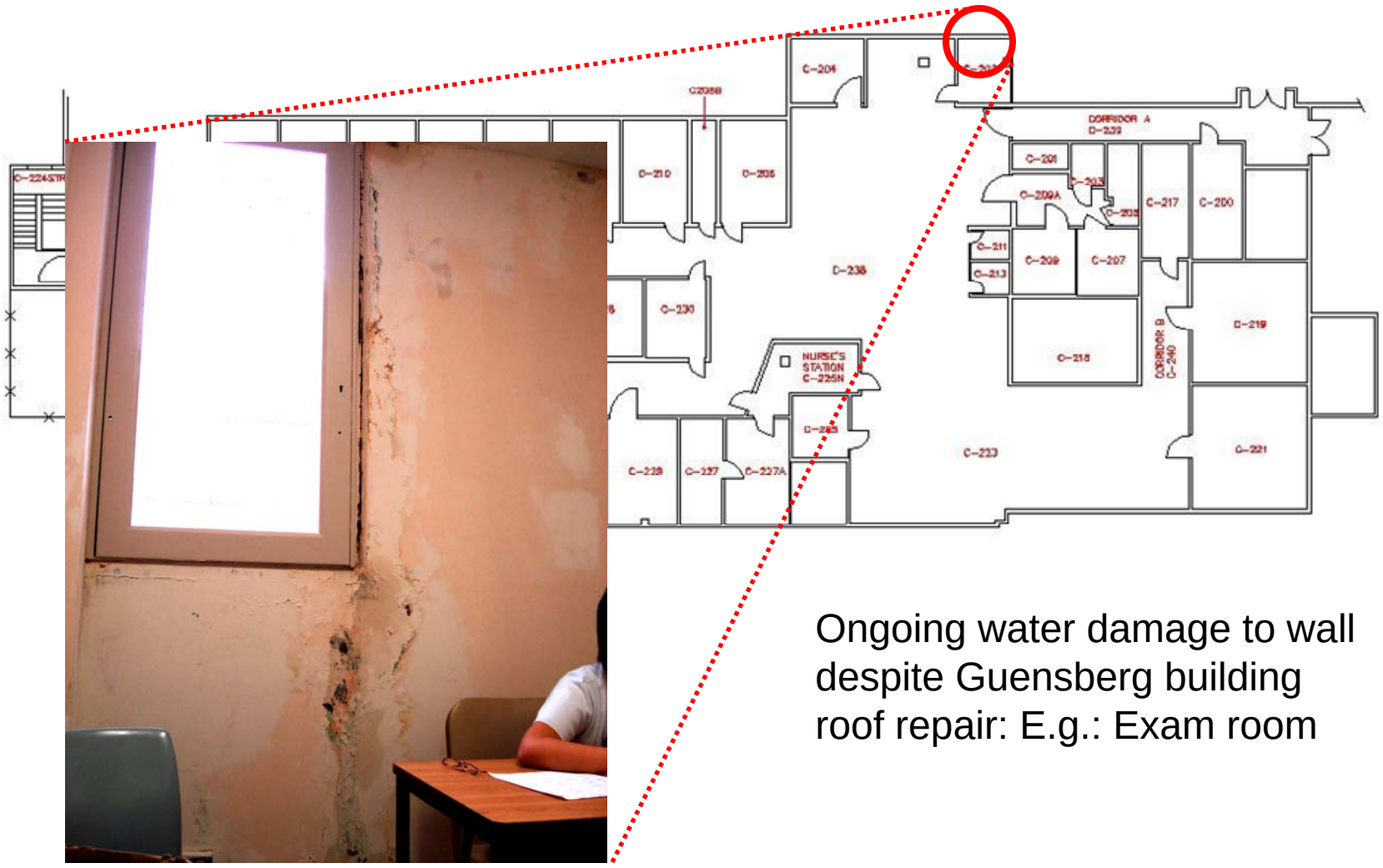


Facility Problem Examples

Unit S: Ceiling Leaks


Concrete Post
Daylight through lock

Unit T: Examination Room



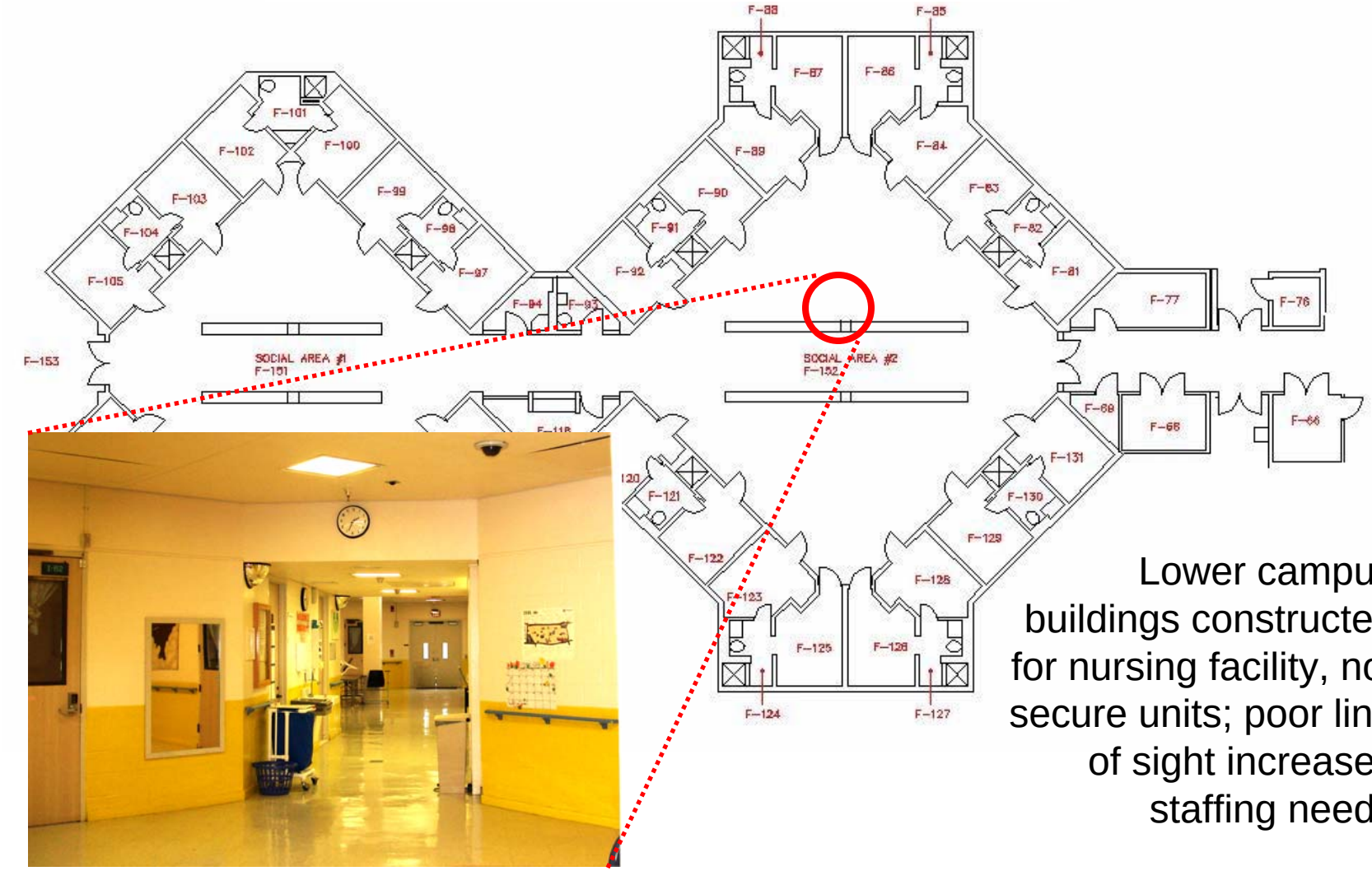
Ongoing water damage to wall despite Guensberg building roof repair: E.g.: Exam room

Unit U: Wall Damage

Unit I: Bathroom Access

Licensing problem: When census goes over 178, patients are forced to cross public areas for BR access

Unit F: Line of Sight



Lower campus buildings constructed for nursing facility, not secure units; poor line of sight increases staffing needs

Changing Hospital Role

- Move from medically necessary treatment to Court-ordered “detention, care and treatment”
  - Clark Permanent Injunction requires admission within time frames irrespective of clinical status, census
- Drug epidemic results in patients arriving “sicker”
- Open campus, augmented by electronic security; fencing enhancement in progress

Clark Class Action

- Clark v State (US Dist Ct CV99-00885)
- Plaintiffs class members held in jail when:
  - Acquitted and committed
  - Unfit to proceed
  - Dismissed and committed
  - Waiting CR revocation
- Federal Civil Rights complaint settled for:
  - $1,200,000. for 100 Class Members
  - Revoked CR: Admit within 48 hours
  - Acquitted/committed (411(1)(a)) and unfit to proceed: Admit within 72 hours
- Hospital less available to admissions from the community, including other hospitals

HSH Overview

- Serious physical plant configuration problems, especially in upper campus
- HSH lower campus not adequate for current patient mix (acute/forensic, most non violent, some will require nursing home LOC post discharge)
- HSH cost = $614. per patient per day
  - Consider additional cost of 30 day continued stay when hospitalization is no longer necessary for clinical reasons ($18,439)
  - Kahi contract = ~ 642. per patient day