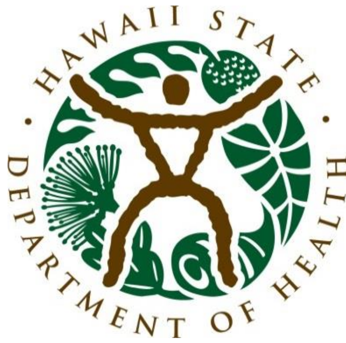
REPORT TO THE THIRTIETH LEGISLATURE
STATE OF HAWAIʻI
2020



PURSUANT TO HAWAIʻI REVISED STATUTES §334-16

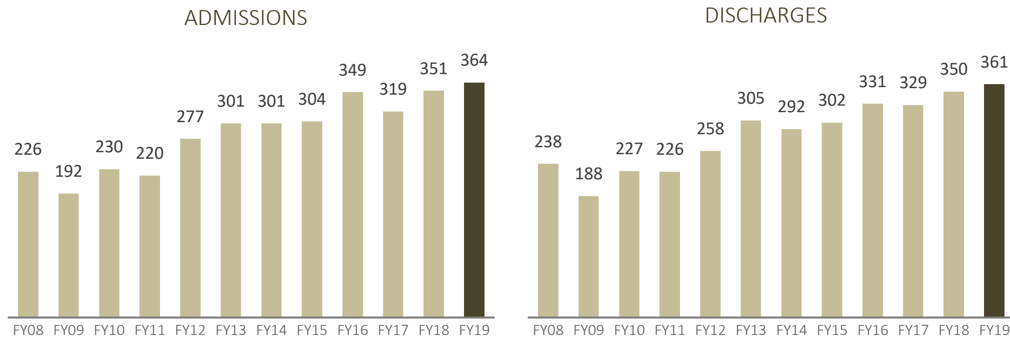
Requiring the Department of Health to Submit an Annual Report to the Legislature
Summarizing Yearly Data on Forensic Patients at
Hawaiʻi State Hospital
FY 2019

Prepared by:
Hawaiʻi State Department of Health
Adult Mental Health Division
Hawaiʻi State Hospital

EXECUTIVE SUMMARY

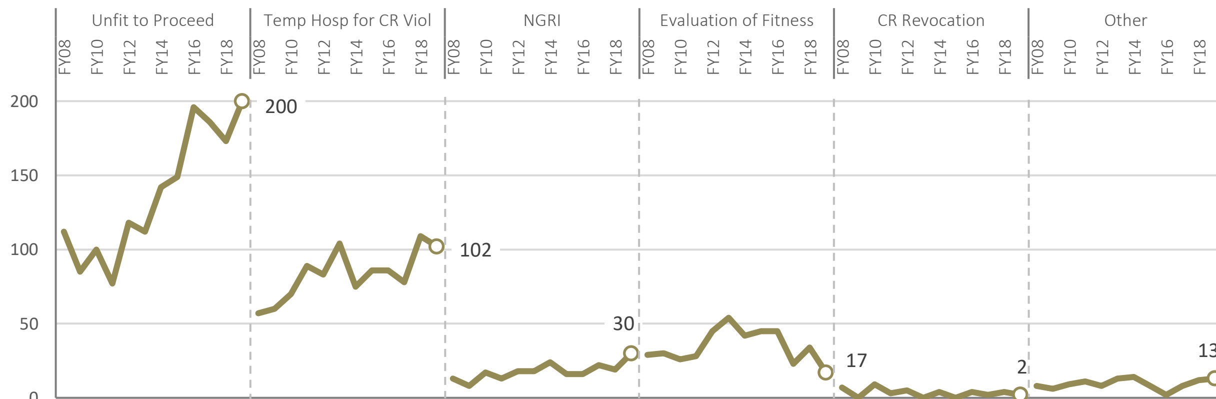
In accordance with Hawaiʻi Revised Statutes (HRS) §334-16, the Department of Health (DOH) submits this report to the 2020 Hawaiʻi State Legislature summarizing annual data on forensic patients served by the Hawaiʻi State Hospital (HSH). All data, unless otherwise noted, is for fiscal year 2019 (FY 2019) and in comparison with FY 2018. Key terms and definitions may be found after the table of contents.

- **Admissions and Discharges.** HSH admissions and discharges both increased in FY 2019 from the prior fiscal year (+4%, +3%) and reached their highest levels since HSH annual reports have been produced, suggesting that high levels of HSH utilization will likely continue. Admissions continue to come almost exclusively from criminal courts, and as a result, HSH has become a forensic psychiatric institution.



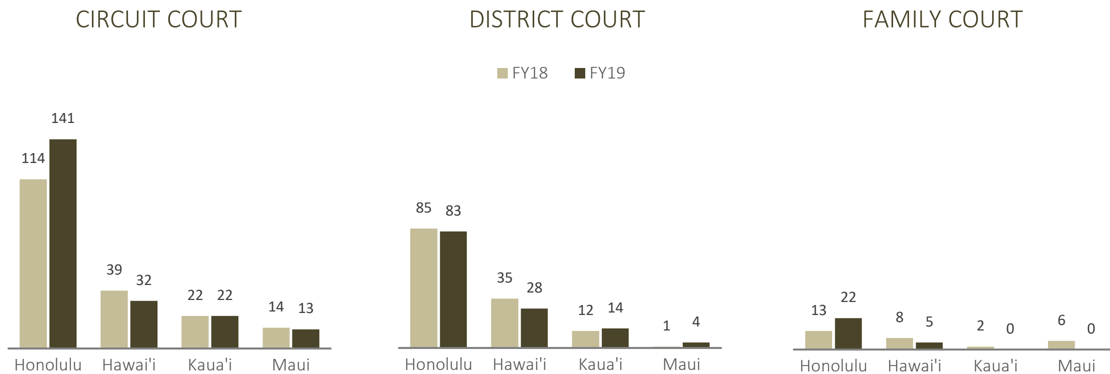
- **Contracted Beds.** HSH beds are augmented by DOH contracts with Kāhi Mōhala Behavioral Health (Kāhi Mōhala) and Columbia Regional Care Center (CRCC). DOH purchased 48 beds at Kāhi Mōhala, costing approximately $13.6 million in FY 2019. To serve individuals who cannot be safely treated at HSH due to intractable dangerous behaviors, seven beds were contracted at CRCC's secure forensic facility in South Carolina.

- **Admission Commitment Categories.** Admissions with the legal status of unfit to proceed continued to be the most frequent commitment category, increasing to 55% of admissions. Individuals ordered to HSH for temporary hospitalization due to conditional release (CR) violations decreased slightly (-6%), but remain the second largest category of admissions, suggesting the continued need to bolster community-based treatment and supervision programs to reduce rehospitalizations.

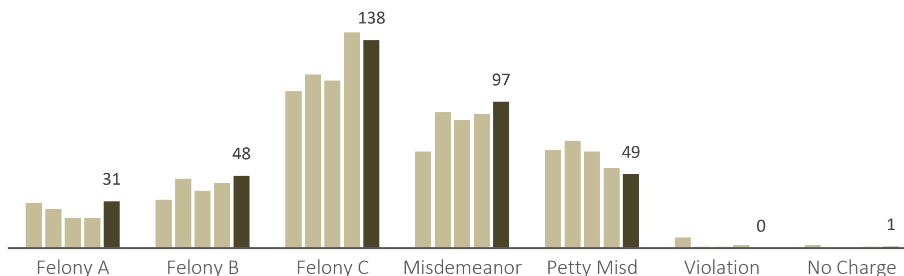


- **Discharge Legal Status Categories.** Conditional release continued to be the most common discharge legal status, involving 38% of all FY 2019 discharges. Of the 138 patients discharged on CR, 75% were originally admitted for temporary hospitalization for CR violations. The next most common discharge category involved individuals found fit to proceed, constituting 26% of discharges—an increase of +16%.

- **Committing Counties and Courts.** In FY 2019, most courts across the state committed fewer patients to HSH. However, this was offset by significant increases from Honolulu (O'ahu) circuit and family courts (+24%, +69%). As in past years, the majority (57%) of admissions continued to come from the circuit courts.



- **Grades of Most Severe Offense.** While a significant number of individuals committed to HSH were responsible for serious offenses and Felony C continues to be the most common grade of offense (38%), 40% were charged with lower-level offenses (misdemeanors 27% and petty misdemeanors 13%).

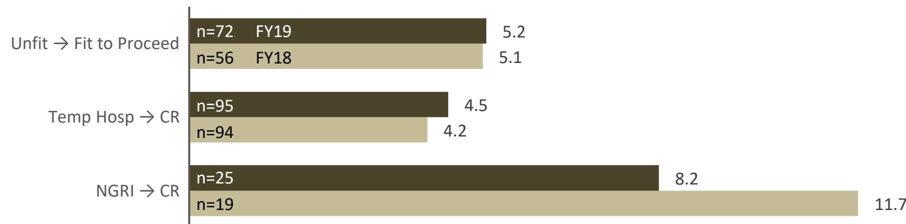


- **Categories of Underlying Crime.** Analysis of the categories of the underlying crimes charged against forensic patients active during FY 2019 revealed that property crimes (HRS §708, 46%) were slightly more common than offenses against persons (HRS §707, 43%). Sexual offenses were relatively rare (HRS §707 Part V, 4%).

- **Inpatient Days.** Hospital utilization, as measured by total inpatient days, continued to be high, increasing by +1,113 days (+1%). The growing demand for psychiatric beds was accommodated, in part, by increasing the number of contracted beds at Kāhi Mōhala and CRCC. More than two-thirds (71%) of inpatient days were collectively attributable to two types of patients: individuals admitted as unfit to proceed (46%) and those temporarily hospitalized for CR violations (25%).

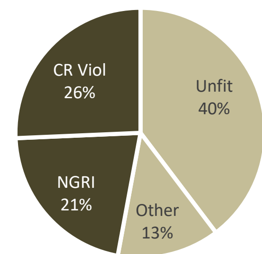
- **Length of Stay (LOS).** For individuals discharged in FY 2019, the average LOS was 8.6 months—an increase of 20 days from the previous fiscal year. Analysis of key admission and discharge legal status combinations revealed that individuals admitted for temporary hospitalization who resumed CR had an average stay of 4.5 months. The initial order for temporary hospitalization allows individuals to be held at HSH for up to 72 hours, but only 2 patients were discharged within that timeframe. Courts may approve 90-day extensions, up to 1 year, before CR is revoked; 45% of these successful returns to CR occurred within the first 90 days. For patients recently acquitted and committed ("not guilty by reason of insanity," or NGRI), then discharged on CR after hospitalization, the average stay shortened significantly in FY 2019 to 8.2 months.

AVERAGE LOS (IN MONTHS) OF DISCHARGED PATIENTS, BY SELECT LEGAL STATUSES



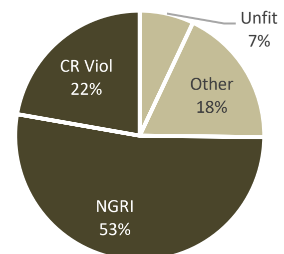
- **Snapshot of Active Patients.** Using the last day of the fiscal year (June 30, 2019) to provide a snapshot of the patients currently in HSH, the largest group of patients were those with the legal status of unfit to proceed (40%). NGRI individuals constituted 21% of the population and individuals previously acquitted but in violation of CR represented 26% of the population. Together, this NGRI cohort of legal statuses (i.e., acquitted and committed, acquitted and CR violations) involved nearly half (47%) of all patients active on the last day of FY 2019.

COMPOSITION OF PTS ACTIVE AT FY18 END, BY LEGAL STATUS



- The gross LOS of patients hospitalized at HSH at the end of the fiscal year captures the length of an active hospitalization episode and cumulative hospital utilization, particularly for those who require long-term treatment and are not readily discharged. Collectively, the 55 individuals with the legal status of NGRI on the last day of FY 2019 spent 411 years at HSH since their respective admissions—an average of 7.4 years per patient. The 66 individuals with CR violations accumulated 173 years, averaging 2.6 years per patient. By contrast, the 102 individuals currently unfit to proceed constituted the largest group, but amassed only 55 years, an average gross LOS of 0.5 years (6.5 months).

GROSS LOS OF PTS ACTIVE AT FY19 END, BY LEGAL STATUS



- **New HSH Building.** At the end of 2019, construction of the $160.5 million, 144-bed forensic facility was more than 50% complete and on schedule to conclude in December 2020, with a patient move-in date of May 2021. The support of the Legislature to provide critical forensic capacity at HSH and allow such patients to be treated in a safe, secure and therapeutic setting was a thoughtful and balanced decision which will have a lasting impact on patient care and on the safety of the community locally and statewide.

TABLE OF CONTENTS

Executive Summary i

Table of Contents iv

Key Terms and Definitions v

Background 1

Reporting Requirements of Hawaiʻi Revised Statutes §334-16

- Part I. Total Admissions and Discharges 2
- Part II. Number of HSH Admissions and Discharges, Broken Down by Commitment Categories
  - A. Summary of Admissions by Legal Status Category 4
  - B. Summary of Discharges by Legal Status Category 5
  - C. Acquitted and Committed — §704-411(1)(a) 6
  - D. Acquitted and Conditionally Released — §704-411(1)(b) 6
  - E. Post-Acquittal Hearing/Evaluation on Dangerousness — §704-411(2), §704-411(3) 7
  - F. Temporary Hospitalization for Violating Terms of Conditional Release — §704-413(1) 7
  - G. Revocation of Conditional Release — §704-413(4) 8
  - H. Evaluation of Fitness to Proceed — §707-404 8
  - I. Unfit to Proceed; Committed — §704-406 9
  - J. Involuntary Hospitalization (Civil Commitment) 10
  - K. Other Legal Statuses at Discharge 10
  - L. Legal Status of Patients Active at End of Fiscal Year 13
- Part III. Number of Persons Committed to HSH, by Each County and Court
  - A. County 14
  - B. Court 15
- Part IV. Number of Patients in HSH on Forensic Status, Broken Down by Grade of Offense and Category of Underlying Crimes 16
- Part V. Lengths of Stay in HSH for:
  - A. Inpatient Days by Admission Legal Status and Location 19
  - B. Individuals Discharged During Fiscal Year 20
  - C. Patients Active at End of Fiscal Year 22

Appendix: Staff Injuries and Assaults 23

KEY TERMS AND DEFINITIONS

LEGAL STATUS	DEFINITION
HRS §334-60.2	Involuntary Hospital Criteria, also known as "Civil Commitment" and "MH-6"
HRS §334-74	Transfer of Residents of Correctional Facilities, also known as "MH-9"
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)(a) HRS §704-406(3)(b) HRS §704-406(3)(c) – 2016 HRS §704-406(4) – prior HRS §704-406(7)(a) – 2016 HRS §704-406(7)(b) – 2016	Unfit to Proceed; Committed 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 Case Dismissed Due to Excessive Time; Discharged Case Dismissed Due to Excessive Time; Civilly Committed Case Dismissed Due to Excessive Time; Assisted Community Treatment Found Unrestorable; Civilly Committed or Discharged *revised in 2016; see HRS §704-406(7) below* Found Unrestorable; Discharged Found Unrestorable; Civilly Committed
HRS §704-407	Case Dismissed Due to Legal Reasons; Civilly Committed, Discharged, or Assisted Community Treatment
HRS §704-410.5	Conditional Release Expired (non-felony)
HRS §704-411(1)(a) HRS §704-411(1)(b) HRS §704-411(1)(c) HRS §704-411(2) HRS §704-411(3)	Acquitted (on the Ground of Physical or Mental Disease, Disorder or Defect Excluding Penal Responsibility) and Committed to the Director of the Department of Health Acquitted and Conditionally Released Acquitted and Discharged Post-Acquittal Hearing on Dangerousness Post-Acquittal Evaluation on Dangerousness
HRS §704-412	Discharged from Conditional Release
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 Sentence

KEY TERM	DEFINITION
Admission	An individual who is committed to the custody of the Director of the Department of Health (DOH) and has entered the Hawaiʻi State Hospital (HSH).
Assault *(Patient-to-Patient, Patient-to-Staff, Patient-to-Visitor)*	Any overt act (physical contact) upon the person of another that results 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.
Attempted Assault *(Patient-to-Patient, Patient-to-Staff, Patient-to-Visitor)*	Attempted assault (no physical contact) includes behavior that appears to be for the purpose of causing physical injury to another that is unsuccessful. An example is throwing a chair at another person, but the person is able to get out of the way.
Columbia Regional Care Center (CRCC)	A private, secure forensic facility located in Columbia, South Carolina owned by Correct Care Recovery Solutions, and contracted by DOH to provide supplementary psychiatric beds for individuals who cannot be safely treated at HSH due to intractable dangerous behaviors.
Civil Commitment	See "Involuntary Hospitalization."
Conditional Release (CR)	An individual acquitted of a crime and found by the court that s/he can be adequately controlled, and given proper care, supervision, and treatment if released into the community with conditions. Failure to comply with the terms of release may result in temporary rehospitalization at HSH.
DOH Commitment/Out-of-State, Private, Secure Facility Custody	Individuals who are committed to DOH and are in the custody of an out-of-state, private, secure facility contracted by DOH.
DOH/PSD Dual Custody or Dually-Committed Patients	Individuals who are committed to the care and custody of both DOH and the Department of Public Safety (PSD). As a result of offenses charged while under the custody of DOH, these individuals are administratively discharged to PSD.
Discharge	An individual released from DOH custody.
Fiscal Year 2019 (FY 2019)	The State of Hawaii's 12-month financial and reporting period, starting July 1, 2018 and ending June 30, 2019.
Forensic	Individuals at HSH who have a legal 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 involved with the criminal justice system.
Gross Total Length of Stay (Gross LOS)	The difference between the current date and the admission date for non-discharged patients.
Kāhi Mōhala Behavioral Health (KMBH)	A private, psychiatric hospital in ʻEwa Beach, Hawaiʻi, owned by Sutter Health, a not-for-profit corporation, and contracted by DOH to provide supplementary psychiatric beds for HSH patients.

KEY TERM	DEFINITION
Length of Stay (LOS)	Total number of inpatient days a patient spends in DOH custody, from admission to discharge.
Inpatient Day	A measurement unit used by health care facilities. Each day represents a unit of time during which the services of the institution are used by a patient. For example, 100 patients in a hospital for 1 day would represent 100 inpatient days. Inpatient days exclude days when a patient stays overnight offsite, such as at an acute care medical facility, a transitional program in the community, or in PSD custody.
Involuntary Hospitalization ("Civil Commitment")	A process by which an individual is found by the court to be mentally ill, imminently dangerous to self and/or others, and with no less restrictive alternative than hospitalization.
No Legal Encumbrance	Individuals discharged from HSH with no legal requirement to return to HSH. Examples include dismissal of charges, discharge from conditional release, expiration of civil commitment, or end of voluntary commitment.
Not Guilty by Reason of Insanity (NGRI)	An individual acquitted on the grounds of physical or mental disease, disorder, or defect and committed to the custody of the Director of Health.
Readmission	Individuals with a previous admission to HSH who are re-committed to DOH custody.
Staff Injuries	Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation. Staff injuries reported involve new, work-related cases resulting from an assault at HSH and do not include injuries that might have occurred while restraining a patient. The severity of injuries range from injury but no treatment (no first aid or medical treatment required or treatment refused) to hospitalization at an acute care facility.
Unfit to Proceed	A defendant determined by the court to lack the capacity to understand the proceedings and to assist in his/her defense.
Voluntary	An individual who opts to continue treatment at HSH after the end of court-ordered commitment.
Waived Bed	A hospital bed in addition to those included in the licensed bed capacity, such as a substandard patient room with respect to licensing standards (e.g., square footage, access to toileting facilities).

BACKGROUND

The Hawaiʻi State Hospital (HSH) is the only publicly-funded, state psychiatric hospital in Hawaiʻi. HSH provides adult inpatient psychiatric services and is part of the Department of Health (DOH) Adult Mental Health Division (AMHD). HSH is accredited by The Joint Commission (TJC). TJC re-accredited HSH for up to 36 months following the most recent accreditation survey conducted August 29 to September 1, 2017.

HSH is licensed by the DOH, through the Office of Health Care Assurance (OHCA). Current licensure is through August 31, 2020. OHCA has licensed HSH for a maximum capacity of 202 patient beds. A patient census over 202 beds requires the use of patient rooms referred to as “waived beds,” which may not meet certain licensing standards, such as total square footage available, direct access to a bathroom, or availability of an exterior window. For these beds, OHCA grants an exception to the normal licensure requirements for a hospital patient room. HSH contacts and informs OHCA every day that the hospital patient census exceeds 202 and requires the use of waived beds.

HSH beds are augmented by DOH contracts with Kāhi Mōhala Behavioral Health (KMBH or Kāhi Mōhala) and Columbia Regional Care Center (CRCC) for additional adult inpatient psychiatric beds. These contracts are funded through AMHD and supported entirely by state general fund appropriations. For the purposes of this report, data on individuals transferred from HSH to **contracted beds** (and vice versa) or discharged from HSH or a contracted facility are included in the data reporting and analyses, unless explicitly noted otherwise.

Kāhi Mōhala is a private psychiatric hospital located in ʻEwa Beach, Hawaiʻi and owned by a not-for-profit corporation, Sutter Health. The state increased its contract from 46 to 48 beds at Kāhi Mōhala in August 2018 and spent nearly $13.6 million for the care of HSH patients at Kāhi Mōhala during FY 2019.

Correct Care Recovery Solutions operates **Columbia Regional Care Center**—a private, secure forensic facility in Columbia, South Carolina. **Out-of-state placement** is limited to individuals who cannot be safely treated at HSH due to intractable dangerous behaviors that present an unacceptable risk to the safety of other patients and staff. In FY 2019, seven individuals were hospitalized at CRCC.

During FY 2019, there were a total of 19 **dually-committed** individuals, with 8 individuals in PSD custody at the end of the fiscal year. These individuals are dually committed to the care and custody of both DOH and PSD, and upon release from PSD custody, must return to HSH.

The Hawaiʻi State Legislature appropriated $160.5 million for the design and construction of a new, 144-bed forensic facility, replacing the Goddard Building on campus. Construction of the new building is currently underway and at more than 50% complete at the end of 2019, on schedule. The facility is slated to be completed in December 2020 and occupied by patients in May 2021, providing forensic capacity at HSH to allow forensic patients to be treated in a safe, secure, and therapeutic setting.

REPORTING REQUIREMENTS OF HAWAIʻI REVISED STATUTES (HRS) §334-16

PART I. TOTAL ADMISSIONS AND DISCHARGES

Table 1 identifies the total admissions and discharges from HSH for FY 2018 and 2019. During FY 2019, HSH admissions increased by +4% and discharges by +3%.

TABLE 1: ADMISSIONS AND DISCHARGES

ADMISSIONS				DISCHARGES			
FY18	**FY19**	Change*	% Chg	FY18	**FY19**	Change*	% Chg
351	**364**	+13	+4%	350	**361**	+11	+3%

**In this and subsequent tables, reflects change between FY 2018 and 2019.*

Figure 1 illustrates the total number of admissions and discharges over the past 12 years. The record levels of HSH admissions and discharges in FY 2019 are part of the steady growth in HSH utilization spanning a decade, suggesting that high levels of HSH forensic utilization will likely continue. On average, there was a patient entering and leaving HSH nearly every day of the fiscal year.

Figure 2 compares the proportion of admissions previously hospitalized at HSH to first-time admissions. In FY 2019, a smaller number and percentage of admissions involved returns to HSH than in FY 2018.

FIGURE 1: HSH ADMISSIONS AND DISCHARGES, FY 2008 TO 2019

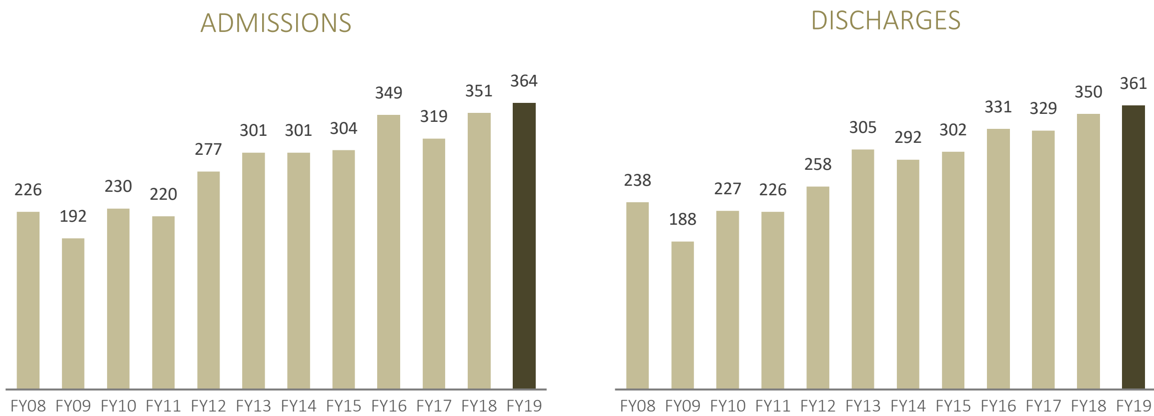


FIGURE 2: HOSPITALIZATION STATUS OF ADMISSIONS, FY 2018 AND 2019

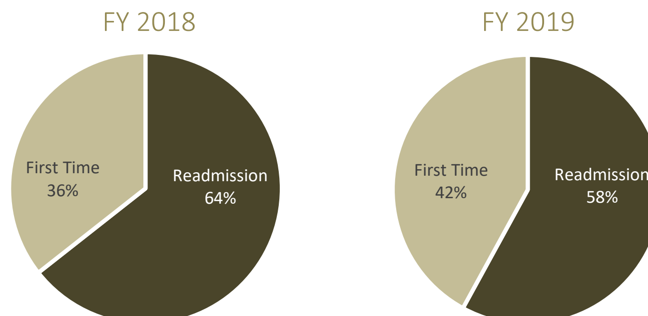


Table 2 identifies the total of transfers within DOH custody for FY 2019. To accommodate the persistently high levels of HSH utilization, DOH supplements HSH beds through contracts with Kāhi Mōhala (increased from 46 to 48 beds in August 2018) and Columbia Regional Care Center (increased from 3 to 7 beds in FY 2019). While transfers to Kāhi Mōhala increased modestly (+10%) in FY 2019, it builds off the 51% increase in transfers the previous year, reflecting the elevated numbers of admissions and discharges from HSH care. In FY 2019, 14 patients returned from Kāhi Mōhala back to HSH, an increase from 9 the previous year. Four patients who could not be safely treated at HSH due to intractable dangerous behaviors were transferred to CRCC and joined three patients previously transferred, resulting in a total of seven patients in out-of-state custody.

TABLE 2: TRANSFERS WITHIN DOH CUSTODY

TO KĀHI MŌHALA				TO CRCC			
FY18	**FY19**	Change	% Chg	FY18	**FY19**	Change	% Chg
124	**136**	+12	+10%	0	**4**	+4	NA

Table 3 identifies the total of DOH/PSD dual custody individuals for FY 2019. Thirteen individuals were transferred to PSD custody, nearly double from the previous year. Over the course of FY 2019, a total of 19 dually-committed individuals were in PSD custody, with 8 individuals remaining in PSD custody at the end of the fiscal year.

TABLE 3: DUALLY COMMITTED TO DOH AND PSD

TRANSFERS TO PSD				PSD CUSTODY DURING FY			
FY18	**FY19**	Change	% Chg	FY18	**FY19**	Change	% Chg
7	**13**	+6	+86%	13	**19**	+6	+46%

PART II. NUMBER OF HSH ADMISSIONS TO AND DISCHARGES, BROKEN DOWN BY COMMITMENT CATEGORIES[1]

A. Summary of Admissions by Legal Status Category

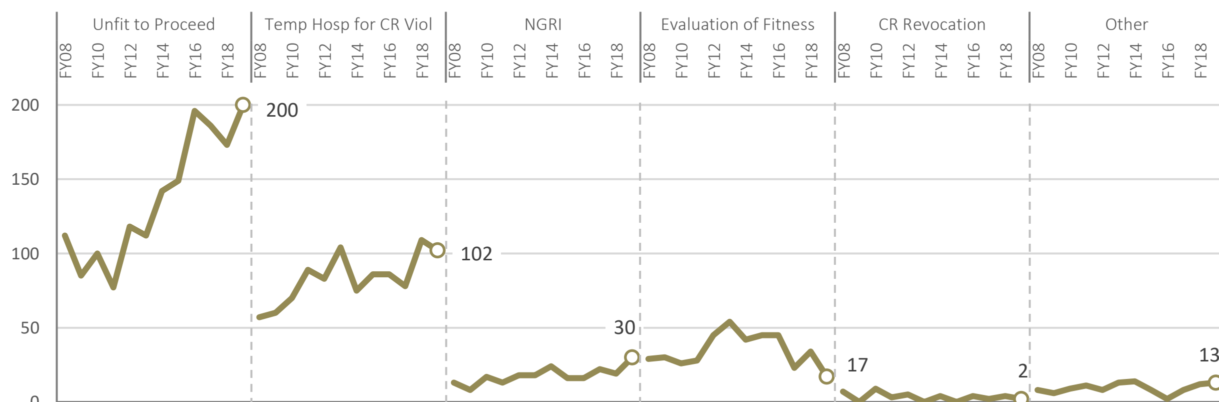
Table 4 summarizes the number of admissions by legal status category for FY 2018 and 2019. **Figure 1** break down of admissions by admission legal status for the past 12 years.

TABLE 4: LEGAL STATUS AT ADMISSION

	# OF ADMISSIONS		% OF ADMISSIONS			
LEGAL STATUS	FY18	**FY19**	FY18	**FY19**	Change	% Chg
Unfit to Proceed §704-406, §704-406(1)(a), §704-406(1)(b)	173	**200**	49%	**55%**	+27	+16%
Temp. Hospitalization for CR Violation §704-413(1)	109	**102**	31%	**28%**	-7	-6%
Acquitted and Committed (NGRI) §704-411(1)(a)	19	**30**	5%	**8%**	+11	+58%
Evaluation of Fitness to Proceed §704-404	34	**17**	10%	**5%**	-17	-50%
Post-Acquittal Hearing on Danger. §704-411(2), §704-411(3)	3	**8**	1%	**2%**	+5	+167%
Revocation of CR §704-413(4)	4	**2**	1%	**1%**	-2	-50%
Civil Commitment §334-60.2, §706-607, §704-406(3), §704-406(4)	9	**2**	3%	**1%**	-7	-78%
Other MH-9, Voluntary, Admitted in error	0	**3**	0%	**1%**	+3	NA
TOTAL	351	**364**	100%	**100%***	**+13**	**+4%**

Percentages may not add up to 100% due to rounding.

FIGURE 3: ADMISSIONS BY LEGAL STATUS, FY 2008 TO 2019



[1] Methodological Note on Reporting of Commitment Status: The commitment status of an individual usually changes over the course of hospitalization. For instance, a patient committed pursuant to §704-406 (unfit to proceed; committed), may later be found unrestorable and in need of hospitalization with charges dismissed (§704-406(7)(a)), then discharged from HSH with no legal encumbrance. For the purposes of this report, the commitment status has been assessed at the point in time of interest; that is, for information requested regarding admissions, the commitment status at the time of **admission** is reported; for discharges, the commitment status at the time of **discharge** is reported.

After a few years of minor numerical decline, the legal status of unfit to proceed increased by +16% (+27) and involved more than half of all FY 2019 admissions. Temporary hospitalizations for conditional release (CR) violations remained the second largest legal category of admissions. While evaluations of fitness to proceed continued to decline (-17, -50%) and reached its lowest number in over a decade, admissions of individuals acquitted and committed (also referred to as "NGRI") continued to grow (+11, +58%) and reached its highest level.

B. Summary of Discharges by Legal Status Category

Table 5 summarizes the number of discharges by legal status category for FY 2018 and 2019.

TABLE 5: LEGAL STATUS AT DISCHARGE

	# OF DISCHARGES		% OF DISCHARGES			
LEGAL STATUS	FY18	**FY19**	FY18	**FY19**	Change	% Chg
Conditionally Released §704-415	138	**138**	39%	**38%**	0	0%
Fit to Proceed §704-405	80	**93**	23%	**26%**	+13	+16%
No Legal Encumbrance[2]	73	**88**	21%	**24%**	+15	+21%
Unfit to Proceed, Released on Conditions §704-406(1)	42	**17**	12%	**5%**	-25	-60%
Acquitted and Conditionally Released §704-411(1)(b)	10	**17**	3%	**5%**	+7	+70%
Evaluation of Fitness to Proceed §704-404	3	**2**	1%	**1%**	-1	-33%
Acquitted and Discharged §704-411(1)(c)	2	**1**	1%	**0.3%**	-1	-50%
Unfit to Proceed §704-406	1	**1**	0.3%	**0.3%**	0	0%
Expired (patient death)	1	**4**	0.3%	**1%**	+3	+300%
TOTAL	350	**361**	100%*	**100%***	**+11**	**+3%**

**Percentages may not add up to 100% due to rounding.*

[2] Individuals discharged from HSH with no legal requirement to return to HSH. Examples include dismissal of charges, discharge from conditional release, expiration of civil commitment, or end of voluntary hospitalization.

C. 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 (Acquitted and Committed)—*Commonly referred to as "Not Guilty by Reason of Insanity" or NGRI.*

Table 6 identifies the number of admissions and discharges with a legal status of acquitted and committed. These individuals were deemed fit for trial, stood trial, and were found to not be penally (or criminally) responsible because, at the time of the offense, they suffered from physical or mental disease, disorder, or defect that prevented conformity with law, and therefore, acquitted (i.e., cleared of criminal charge). They were also found to present a risk of danger to themselves or others and not proper subjects for CR, and hence, committed to HSH. NGRI admissions grew significantly (+11, +58%) in FY 2019. Most of these admissions involved felony offenses, but 30% (n=9) of the individuals were acquitted of misdemeanor offenses. While committed to HSH for treatment, such patients may seek CR from the court to continue supervision and treatment in the community (§704-415). In FY 2019, 26 patients admitted as NGRI successfully petitioned the court for CR, an increase from 22 patients in FY 2018, 10 patients in FY 2017 and 18 patients in FY 2016.

TABLE 6: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF ACQUITTED AND COMMITTED (OR NGRI)

ADMISSIONS				DISCHARGES			
FY18	**FY19**	Change	% Chg	FY18	**FY19**	Change	% Chg
19	**30**	+11	+58%	0	**0**	0	—

D. HRS §704-411(1)(b): Acquitted and Conditionally Released

Table 7 identifies the number of admissions and discharges with a legal status of acquitted and conditionally released. Similar to §704-411(1)(a), these individuals were deemed fit for trial, stood trial, were found to not be criminally responsible due to physical or mental disease, disorder, or defect at the time of the offense, and acquitted. However, in these instances, the courts found that these individuals could be adequately controlled and provided proper care, supervision and treatment within the community if discharged from HSH and conditionally released. In FY 2019, 17 patients were discharged with this legal status, an increase of +7 (+70%) from the previous year.

TABLE 7: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF ACQUITTED AND CONDITIONALLY RELEASED

ADMISSIONS				DISCHARGES			
FY18	**FY19**	Change	% Chg	FY18	**FY19**	Change	% Chg
0	**0**	0	—	10	**17**	+7	+70%

E. HRS §704-411(2), §704-411(3): Post-Acquittal Hearing/Evaluation on Dangerousness

Table 8 identifies the number of admissions and discharges with a legal status of post-acquittal hearing or evaluation on dangerousness. If an individual is found to not be penally responsible due to physical or mental disease, disorder, or defect and cleared of criminal charges, a separate hearing may be ordered by the court to assess his or her current risk of danger to self or others if evidence at trial was not sufficient to determine present dangerousness. While no individuals were ordered to HSH in FY 2016 and FY 2017 for a post-acquittal assessment of dangerousness, 3 were admitted in FY 2018 and 8 in FY 2019. Of those 11 patients, 8 were discharged in FY 2019—6 were acquitted and conditionally released (§704-411(1)(b)), while 2 were NGRI patients who successfully petitioned for CR (§704-415).

TABLE 8: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF POST-ACQUITTAL HEARING ON DANGEROUSNESS

ADMISSIONS				DISCHARGES			
FY18	**FY19**	Change	% Chg	FY18	**FY19**	Change	% Chg
3	**8**	+5	+167%	0	**0**	0	—

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

Table 9 identifies the number of admissions and discharges with a legal status of temporary hospitalization for violating terms of CR. After acquittal and obtaining CR, these individuals were later found to be struggling to comply with the terms of their CR or in need of hospitalization, and ordered to return to HSH temporarily (up to 72 hours) with the hope of stabilization, improvement, and return to community-based supervision and treatment. Within 72 hours of admission, courts determine whether further hospitalization is necessary to prevent revocation of CR and may approve 90-day extensions, up to one year, before CR is revoked (§704-413(4)). The slight decline in temporary hospitalizations in FY 2019 (-7, -6%) came after a sharp increase (+31, +40%) the previous year. Fifteen patients were admitted as a result of misdemeanor offenses, and one additional individual for a petty misdemeanor offense. Among patients originally admitted for temporary hospitalization, 103 were able to restore their CR and return to the community in FY 2019.

TABLE 9: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF TEMPORARY HOSPITALIZATION FOR VIOLATING TERMS OF CONDITIONAL RELEASE

ADMISSIONS				DISCHARGES			
FY18	**FY19**	Change	% Chg	FY18	**FY19**	Change	% Chg
109	**102**	-7	-6%	0	**0**	0	—

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

Table 10 identifies the number of admissions and discharges with a legal status of revocation of CR in FY 2018 and FY 2019. Similar to individuals temporarily hospitalized for violating CR terms (§704-413(1)), these previously-acquitted individuals also struggled to adhere to the terms of their CR. However, in these instances, the courts found these individuals to be non-compliant and ordered the immediate revocation of their CR, returning them to HSH for hospitalization. In FY 2019, two individuals were admitted with this legal status, of which one was responsible for a misdemeanor offense. After at least 60 days following CR revocation, the individual or HSH may apply for a return to CR and community-based treatment or a discharge from CR. Of patients originally admitted with CR revoked, four successfully petitioned the courts to reinstate their CR in FY 2019.

TABLE 10: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF REVOCATION OF CONDITIONAL RELEASE

ADMISSIONS				DISCHARGES			
FY18	FY19	Change	% Chg	FY18	FY19	Change	% Chg
4	**2**	-2	-50%	0	**0**	0	—

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

Table 11 identifies the number of admissions and discharges with a legal status of evaluation of fitness to proceed in FY 2018 and FY 2019. Before an individual can be tried, convicted, or sentenced, the individual must be able to understand the court proceedings and assist in their defense. If there is doubt of an individual's fitness to proceed, the court may suspend proceedings and order qualified expert(s) to examine and report on the individual's fitness to proceed. These evaluations may be conducted at HSH if the courts determine it necessary for the purpose of examination. The number of individuals admitted for an evaluation of fitness to proceed have fluctuated from year to year, decreasing by -49% in FY 2017, increasing by +48% in FY 2018, and decreasing again by -50% in FY 2019. Nearly half (47%) of admissions in FY 2019 involved individuals charged with misdemeanor (35%) or petty misdemeanor (12%) offenses. Two patients were discharged with the same legal status; the courts ordered one individual released to PSD custody on a neighbor island and the other to supervised release. Ten patients admitted for fitness evaluations were discharged as fit to proceed (§704-405) and released to PSD to stand trial for their criminal charges.

TABLE 11: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF EVALUATION OF FITNESS TO PROCEED

ADMISSIONS				DISCHARGES			
FY18	FY19	Change	% Chg	FY18	FY19	Change	% Chg
34	**17**	-17	-50%	3	**2**	-1	-33%

I. HRS §704-406: Unfit to Proceed; Committed

Table 12 identifies the number of admissions and discharges with a legal status of unfit to proceed. The courts found these individuals unable to understand the court proceedings and assist in their own defense. They were also found to be a danger to themselves or others, or substantial danger to the property of others, and committed to HSH for detention, care, and treatment. After several years of decline, admissions with a legal status of unfit to proceed continued its overall upward trend, increasing by +16% (+27) and reaching a 12-year high (see **Figure 3**). More than half (54%) involved individuals charged with misdemeanor (32%) or petty misdemeanor (22%) offenses. One patient was discharged as unfit to proceed due to a court ordering their release to a neighbor island hospital for continued inpatient psychiatric care.

TABLE 12: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF UNFIT TO PROCEED

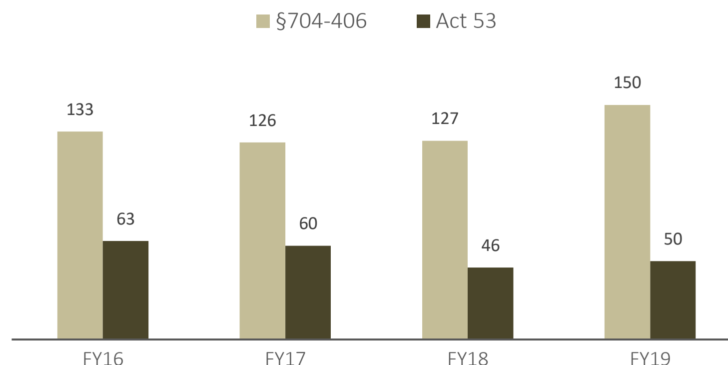
ADMISSIONS				DISCHARGES			
FY18	**FY19**	Change	% Chg	FY18	**FY19**	Change	% Chg
173	**200**	+27	+16%	1	**1**	0	0%

In 2011, the Hawai'i State Legislature passed Act 53, which established the maximum duration of mental health commitment for individuals found unfit to proceed and charged with non-violent petty misdemeanor (§704-406(1)(a)) or misdemeanor (§704-406(1)(b)) offenses at 60 and 120 days, respectively. **Table 13** and **Figure 4** details Act 53 admissions among individuals found unfit to proceed. After declining significantly in number and as a share of all unfit to proceed admissions, Act 53 admissions increased modestly in FY 2019 (+4, +9%).

TABLE 13: DETAILS OF ADMISSIONS WITH LEGAL STATUS OF UNFIT TO PROCEED

LEGAL STATUS	# OF ADMISSIONS FY18	**FY19**	Change	% Chg
Unfit to Proceed §704-406	127	**150**	+23	+18%
Act 53	46	**50**	+4	+9%
Unfit to Proceed, Non-Violent Petty Misdemeanor §704-406(1)(a)	34	**34**	0	0%
Unfit to Proceed, Non-Violent Misdemeanor §704-406(1)(b)	12	**16**	+4	+33%
TOTAL	173	**200**	**+27**	**+33%**

FIGURE 4: DETAILS OF ADMISSIONS WITH LEGAL STATUS OF UNFIT TO PROCEED, FY 2016 TO 2019



After treatment at HSH, 82 patients originally admitted as unfit were restored of fitness (§704-405) and discharged in FY 2019 to stand trial for their offenses. Most of these discharges involved patients admitted under §704-406 (n=74, 90%), with a small number admitted under Act 53 (n=8, 10%).

J. Involuntary Hospitalization ("Civil Commitment")[3]

Table 14 identifies the number of admissions and discharges with a legal status of involuntary hospitalization (or civil commitment). During FY 2019, there were two admissions with a legal status of civil commitment. Both individuals were found unrestorable, imminently dangerous to themselves or others, and in need of hospital level of care. The courts ordered them civilly committed to HSH.

TABLE 14: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF CIVIL COMMITMENT

ADMISSIONS				DISCHARGES			
FY18	**FY19**	Change	% Chg	FY18	**FY19**	Change	% Chg
9	**2**	-7	-78%	0	**0**	0	—

K. Other Legal Statuses at Discharge

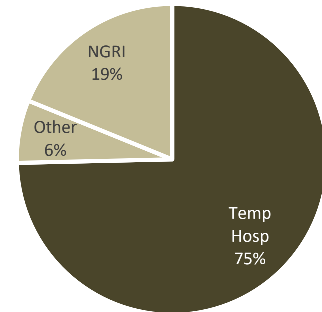
Table 15 identifies the number of discharges involving other legal statuses.

TABLE 15: OTHER LEGAL STATUSES AT DISCHARGE

	# OF DISCHARGES			
LEGAL STATUS	FY18	**FY19**	Change	% Chg
Conditionally Released (CR) §704-415	138	**138**	0	0%
Fit to Proceed §704-405	80	**93**	+13	+16%
No Legal Encumbrance	73	**88**	+15	+21%
Unfit to Proceed, Released on Conditions §704-406(1)	42	**17**	-25	-60%
Acquitted and Discharged §704-411(1)(c)	2	**1**	-1	-50%
Expired (patient death)	1	**4**	+3	+300%

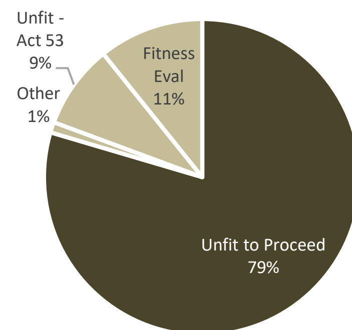
[3] HRS §334-60.2, §704-406(3)(b), §704-406(4), §704-406(7)(b), and §706-607.

FIGURE 5: ADMISSION LEGAL STATUS OF PATIENTS DISCHARGED ON CR



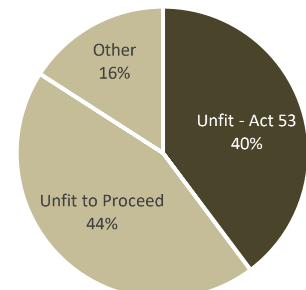
Conditional release (§704-415) continued to be the most common discharge legal status during the fiscal year (n=138), plateauing after increasing significantly in FY 2018 (+48%). These individuals were acquitted and committed to HSH, temporarily hospitalized for CR violations (§704-413(1)), or had their CR revoked (§704-413(4)), and after a statutory period of time, applied for and were granted, by the courts, CR to continue care, supervision, and treatment within the community. Of the 138 individuals discharged on CR, a majority (75%) were originally admitted for temporary hospitalization, with an additional 19% previously admitted as recently acquitted and committed, or NGRI (**Figure 5**).

FIGURE 6: ADMISSION LEGAL STATUS OF PATIENTS DISCHARGED AS FIT



Fit to proceed (§704-405) was the next most common discharge legal status (n=93) and experienced a +16% increase (+13) from the past year. Previously, these individuals were found by the courts to either require an evaluation of their fitness to proceed (§704-404) or be unfit to proceed (§704-406). If, after receiving evaluation reports from mental health experts, the court finds an individual competent (i.e., capable of understanding the court proceedings and assisting in their own defense), the criminal case proceeds to trial. If the court determines that the individual is incompetent and a danger to persons or property, the individual is ordered to HSH for treatment to restore the individual's fitness for trial. Of the 93 patients discharged as fit to stand trial, a majority (79%) were originally admitted as unfit to proceed (§704-406) and an additional 9% admitted as unfit to proceed under Act 53 for non-violent misdemeanors or petty misdemeanors (**Figure 6**). The remainder of patients had been admitted to HSH for fitness evaluation and in one instance, admitted for temporary hospitalization for one court case (later discharged from CR) and discharged as fit to proceed for a second court case.

FIGURE 7: ADMISSION LEGAL STATUS OF PATIENTS DISCHARGED WITH NO LEGAL ENCUMBRANCE



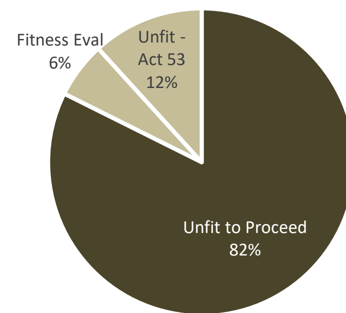
After decreasing in FY 2018, **discharges with no legal encumbrance** resumed its upward trend (+15, +21%). Individuals may end up with no further legal requirements for a variety of reasons. For example, some individuals admitted as unfit to proceed, despite hospitalization, remain unable to comprehend the legal proceedings and assist in their defense. If the patient is found to be unrestorable (§704-406(7)) or if too much time has passed (§704-406(3)), the courts may dismiss the charges and discharge the patient. However, if the patient poses an imminent danger to themselves or others and is in need of hospital level of care, the court may civilly commit the individual to HSH (for a limited, statutory period of time, renewable upon petition from hospital staff if still meeting commitment criteria), after which the patient is discharged with no further HSH legal encumbrance.

A majority (84%) of patients discharged with no legal encumbrance were originally admitted as unfit to proceed—44% admitted as §704-406 and 40% admitted under Act 53 for non-violent misdemeanors and petty misdemeanors (**Figure 7**). Under Act 53, patients who are not found fit to proceed prior to the expiration of commitment are dismissed of their charges and released from HSH or civilly committed. Act 53 patients remain a sizeable, but declining, portion of those discharged with no legal encumbrance (-4 percentage points in FY 2019, -10 percentage points in FY 2018).

In FY 2019, the courts granted three NGRI patients discharge from conditional release (§704-412) after finding that they did not pose a danger to themselves, others, or property or that they were no longer affected by mental disease, disorder, or defect, thereby removing these patients from further legal encumbrance for the given criminal charges. Two of the patients were originally admitted to HSH for temporary hospitalization for violating CR (§704-413(1)), while a third patient had been admitted due to CR revocation (§704-413(4)).

Discharges with legal status of **unfit to proceed and released on conditions (§704-406(1))** declined significantly (-25, -60%). The courts found these individuals unable to understand the court proceedings and assist in their own defense. However, they were also found to not be a danger to self or others, or substantial danger to the property of others, and therefore, released on conditions to participate in fitness restoration programs in the community. As illustrated in **Figure 8**, the vast majority (94%) of these patients were originally admitted as unfit to proceed and in need of restoration—82% under §704-406 and 12% under Act 53—and the remainder had entered HSH for evaluation of fitness to proceed (§704-404).

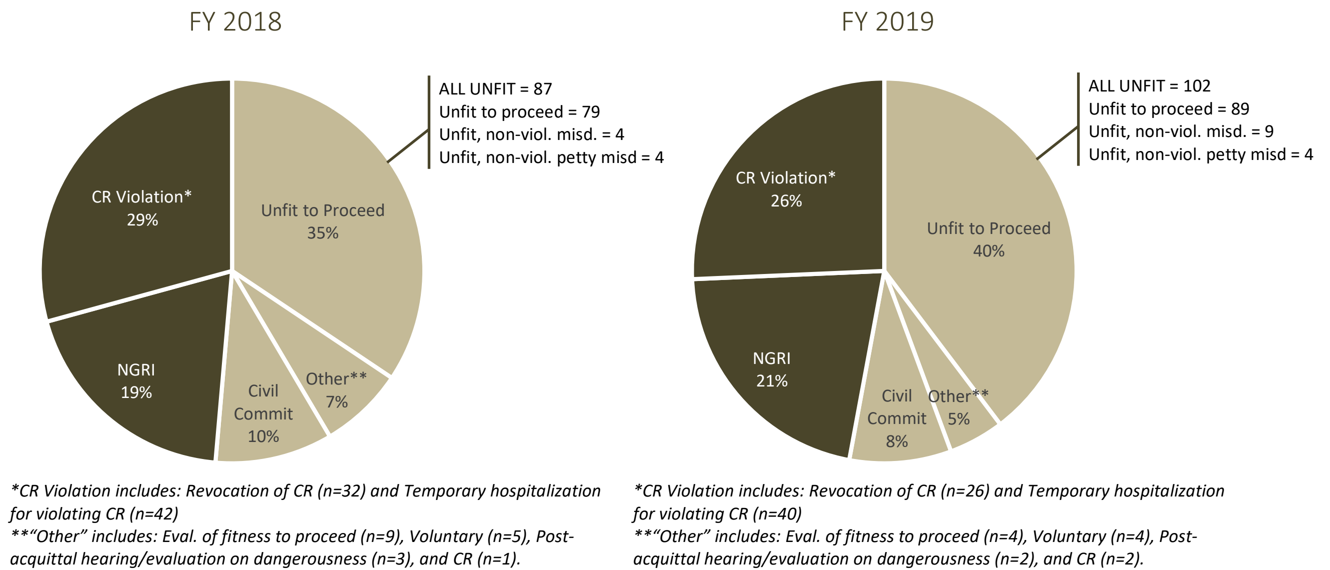
FIGURE 8: ADMISSION LEGAL STATUS OF PATIENTS DISCHARGED AS UNFIT, RELEASED ON CONDITIONS



L. Legal Status of Patients Active at End of Fiscal Year

Figure 9 presents the primary legal status of patients active on the last day of FY 2018 (June 30, 2018) and FY 2019 (June 30, 2019). The commitment status of an individual normally changes over the course of hospitalization. For instance, an individual committed pursuant to §704-406 (unfit to proceed), may later be found unrestorable and in need of hospitalization with charges dismissed (§704-706(7)(a)), then involuntarily hospitalized, or civilly committed (§334-60.2), and finally discharged from HSH with no legal encumbrance. This snapshot captures a patient's legal status as of the last day of the fiscal year. Also, individuals are sometimes admitted to HSH with multiple court cases and orders, resulting in more than one legal status, all of which will likely evolve during a hospitalization episode. In such instances, the legal status involving the longest DOH commitment is selected as the individual's primary legal status.

FIGURE 9: ACTIVE PATIENTS BY LEGAL STATUS AT END OF FY 2018 AND 2019



**CR Violation includes: Revocation of CR (n=32) and Temporary hospitalization for violating CR (n=42)*
***"Other" includes: Eval. of fitness to proceed (n=9), Voluntary (n=5), Post-acquittal hearing/evaluation on dangerousness (n=3), and CR (n=1).*

**CR Violation includes: Revocation of CR (n=26) and Temporary hospitalization for violating CR (n=40)*
***"Other" includes: Eval. of fitness to proceed (n=4), Voluntary (n=4), Post-acquittal hearing/evaluation on dangerousness (n=2), and CR (n=2).*

There were modest changes to the proportion of patient legal statuses across the two fiscal years. While individuals unfit to proceed and committed for competency restoration were the single largest category (40% in FY 2019, 35% in FY 2018), the NGRI cohort of legal statuses (i.e., NGRI, revocation of CR, and temporarily hospitalization for violating CR) collectively constituted nearly half of all active patients (47% in FY 2019, 48% in FY 2018).

PART III. NUMBER OF INDIVIDUALS COMMITTED TO THE HAWAI'I STATE HOSPITAL BY EACH COUNTY AND COURT

A. County

Figure 10, Figure 11, and **Table 16** detail admissions by the county ordering DOH commitment. During FY 2019, the City and County of Honolulu was the only county to increase its admissions to HSH (+34, +16%). This was a reversal from FY 2018 where admissions increased from all counties except Honolulu. Hawai'i County's Hilo courts saw a significant decline in commitments (-26, -43%) and Maui County continued to commit the fewest individuals to HSH. In comparison to each county's proportion of the state census population (**Figure 11**), the percentage of admissions from Hawai'i (14% of state population vs 14% of HSH admissions) and Kaua'i County (5% of state pop. vs 10% of HSH admissions) were slightly higher, while the percentage of admissions from Maui County were significantly lower (12% of state population vs 5% of HSH admissions).

FIGURE 10: ADMISSIONS BY COMMITTING COUNTY, FY 2015 TO 2019

FIGURE 11: PERCENTAGE OF ADMISSIONS BY COMMITTING COUNTY AND STATE CENSUS POPULATION, FY 2018 AND 2019

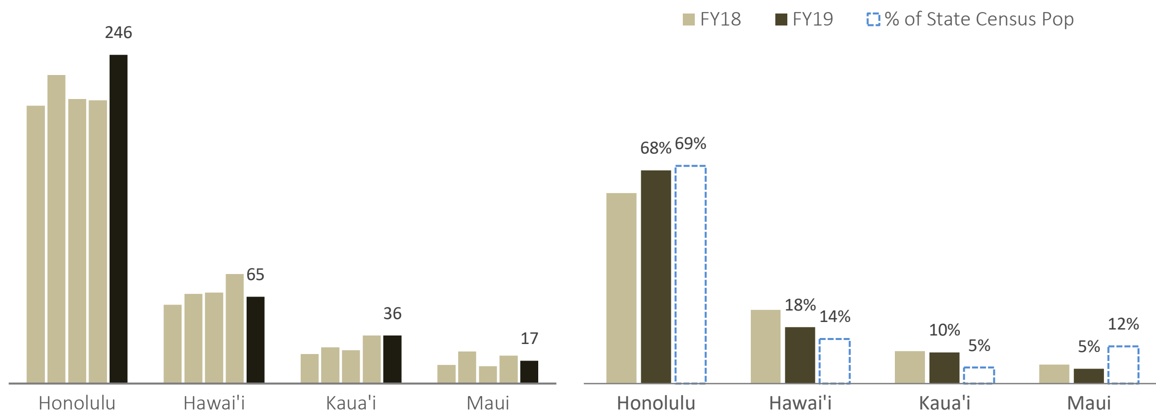


TABLE 16: ADMISSIONS BY COMMITTING COUNTY

COUNTY	# OF ADMISSIONS FY18	# OF ADMISSIONS FY19	% OF ADMISSIONS FY18	% OF ADMISSIONS FY19	% of State Pop.*	Change	% Chg
Honolulu	212	**246**	60%	**68%**	69%	+34	+16%
Hawai'i	82	**65**	23%	**18%**	14%	-17	-21%
Hilo	60	**34**	17%	**9%**	—	-26	-43%
Kona	22	**28**	6%	**8%**	—	+6	+27%
Waimea	0	**3**	0%	**1%**	—	+3	NA
Kaua'i	36	**36**	10%	**10%**	5%	0	0%
Maui	21	**17**	6%	**5%**	12%	-4	-19%
TOTAL	351	**364**	100%	**100%**	**100%**	**+13**	**+4%**

**Based on the 2018 U.S. Census Bureau estimate of the State of Hawaii's population.*

B. Court

Figure 12 and **Table 17** present the admissions by type and location of committing court. Generally, circuit courts preside over felony charges, district courts oversee charges of misdemeanor or lower, and family courts handle, among other things, domestic violence and civil commitment cases. In FY 2019, admissions increased overall, yet most courts saw a decrease in commitments. The growth in admissions was primarily driven by increases from the City and County of Honolulu circuit and family courts (+24%, +69%), with a modest increase from Kauaʻi County's district court (+2, +17%). Most courts in Hawaiʻi County committed fewer individuals to HSH, with the exception of the Kona and Waimea district courts (+9, +3). More than half of all admissions continued to come from circuit courts (57% in FY 2019, 54% in FY 2018, 51% in FY 2017, 53% in FY 2016).

FIGURE 12: ADMISSIONS BY COMMITTING COURT AND COUNTY, FY 2018 AND 2019

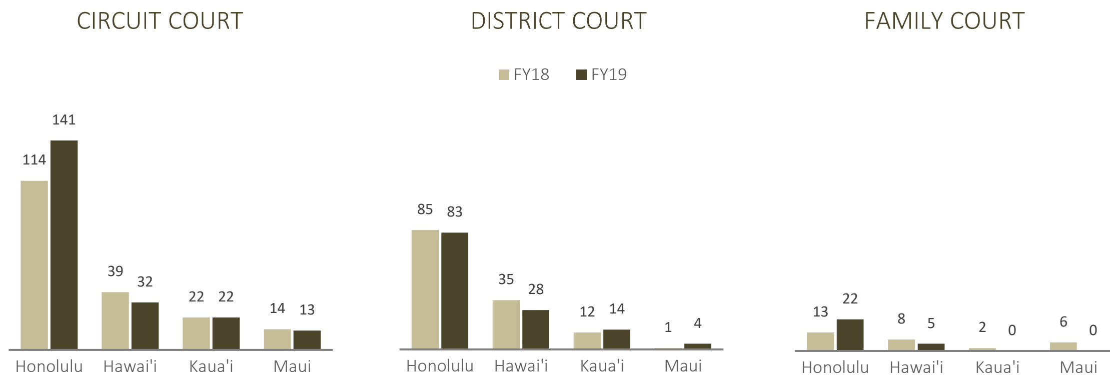


TABLE 17: ADMISSIONS BY COMMITTING COURT AND COUNTY

	CIRCUIT COURT			DISTRICT COURT			FAMILY COURT		
COUNTY	FY19	Change	% Chg	FY19	Change	% Chg	FY19	Change	% Chg
Honolulu	**141**	+27	+24%	**83**	-2	-2%	**22**	+9	+69%
Hawaiʻi	**32**	-7	-18%	**28**	-7	-20%	**5**	-3	-38%
Hilo	**19**	-4	-17%	**10**	-19	-66%	**5**	-3	-38%
Kona	**13**	-3	-19%	**15**	+9	+150%	**0**	0	NA
Waimea	**0**	0	NA	**3**	+3	NA	**0**	0	NA
Kauaʻi	**22**	0	0%	**14**	+2	+17%	**0**	-2	-100%
Maui	**13**	-1	-7%	**4**	+3	+300%	**0**	-6	-100%
TOTAL	**208**	+19	+10%	**129**	-4	-3%	**27**	-2	-7%
% of Admissions	**57%**			**35%**			**7%**		

PART IV. NUMBER OF HAWAI'I STATE HOSPITAL PATIENTS ON FORENSIC STATUS, BROKEN DOWN BY GRADE OF OFFENSE AND CATEGORY OF UNDERLYING CRIMES

Table 18 summarizes admissions by grade of the offense and whether the offense was against a person or not.[4] It is possible for an individual to be admitted for multiple offenses of varying grades. In these instances, the most severe charge is used in this report.

Individuals committed to HSH due to felonies accounted for more than half (60%) of admissions during FY 2019. For the most common legal status at admission—unfit to proceed (§704-406)—individuals were more likely to be admitted due to misdemeanors than felonies. However, for the next three most common admission legal statuses—temporary hospitalization for violating conditional release (§704-413(1)), NGRI (§704-411(1)(a)), and evaluation of fitness to proceed (§704-404)—individuals were more likely to be admitted due to felonies.

TABLE 18: FY 2019 ADMISSIONS BY LEGAL STATUS AND GRADE OF MOST SEVERE OFFENSE

	UNFIT TO PROCEED	TEMP. HOSP. FOR VIOLATING CR	ACQUIT & COMMIT (NGRI)	EVAL. OF FITNESS TO PROCEED	POST-ACQUITTAL HRG ON DANG.	REVOCATION OF CR	CIVIL COMMITMENT	OTHER	TOTAL	% OF ADMISSIONS
TOTAL ADMITS W/FELONY CHARGES	**93**	**86**	**21**	**9**	**6**	**1**	**–**	**1**	**217**	**60%**
Felony A	**10**	**11**	**6**	**2**	**2**	**–**	**–**	**–**	**31**	**9%**
Offense against another	5	11	5	2	2	–	–	–	**25**	7%
Offense not against another	5	–	1	–	–	–	–	–	**6**	2%
Felony B	**13**	**26**	**7**	**–**	**2**	**–**	**–**	**–**	**48**	**13%**
Offense against another	7	11	4	–	–	–	–	–	**22**	6%
Offense not against another	6	15	3	–	2	–	–	–	**26**	7%
Felony C	**70**	**49**	**8**	**7**	**2**	**1**	**–**	**1**	**138**	**38%**
Offense against another	29	28	6	5	1	1	–	1	**71**	20%
Offense not against another	41	21	2	2	1	–	–	–	**67**	18%
TOTAL ADMITS W/MISD. CHARGES	**107**	**16**	**9**	**8**	**2**	**1**	**2**	**1**	**146**	**40%**
Misdemeanors	**64**	**15**	**9**	**6**	**2**	**1**	**–**	**–**	**97**	**27%**
Offense against another	39	5	8	2	1	1	–	–	**56**	15%
Offense not against another	25	10	1	4	1	–	–	–	**41**	11%
Petty Misdemeanors	**43**	**1**	**–**	**2**	**–**	**–**	**2**	1	**49**	**13%**
Offense against another	9	–	–	–	–	–	–	1	**10**	3%
Offense not against another	34	1	–	2	–	–	2	–	**39**	11%
VIOLATION – Offense not against another	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**0**	**0%**
NO CHARGE	**–**	**–**	**–**	**–**	**–**	**–**	**–**	1	**1**	**0.3%**
TOTAL	**200**	**102**	**30**	**17**	**8**	**2**	**2**	3	**364**	**100%**
% OF ADMISSIONS	55%	28%	8%	5%	2%	1%	1%	1%	**100%**	

[4] HSH defines "offense against another" as an offense involving (potential) violence against another person: all HRS §707 offenses, robbery (HRS §§708-840-842), and abuse of family or household member (HRS §709-906).

Figure 13 and **Table 19** compare the offense grades of FY 2019 admissions against admissions in prior years. For a majority of admissions (78%), the severest charges involved Felony C or lesser offenses. Felony C was the most common severest offense (38%), followed by misdemeanors (27%), and petty misdemeanors (13%). While that trend has held steady over the past five years, FY 2019 also saw increases in both Felony A (+11, +55%) and Felony B (+5, +12%) offenses.

FIGURE 13: ADMISSIONS BY MOST SEVERE CHARGE, FY 2015 TO 2019

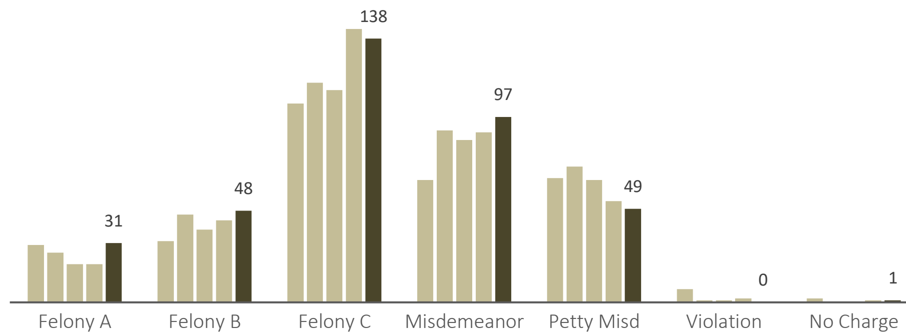


TABLE 19: COMPARISON OF FY 2018 AND 2019 ADMISSIONS BY GRADE OF MOST SEVERE OFFENSE

	# OF ADMISSIONS		% OF ADMISSIONS			
	FY18	FY19	FY18	FY19	Change	% Chg
TOTAL ADMITS W/FELONY CHARGES	**206**	**217**	**59%**	**60%**	**+11**	**+5%**
Felony A	**20**	**31**	**6%**	**9%**	**+11**	**+55%**
Offense against another	18	25	5%	7%	+7	+39%
Offense not against another	2	6	1%	2%	+4	+200%
Felony B	**43**	**48**	**12%**	**13%**	**+5**	**+12%**
Offense against another	18	22	5%	6%	+4	+22%
Offense not against another	25	26	7%	7%	+1	+4%
Felony C	**143**	**138**	**41%**	**38%**	**-5**	**-3%**
Offense against another	64	71	18%	20%	+7	+11%
Offense not against another	79	67	23%	18%	-12	-15%
TOTAL ADMITS W/MISD. CHARGES	**142**	**146**	**40%**	**40%**	**+4**	**+3%**
Misdemeanors	**89**	**97**	**25%**	**27%**	**+8**	**+9%**
Offense against another	57	56	16%	15%	-1	-2%
Offense not against another	32	41	9%	11%	+9	+28%
Petty Misdemeanors	**53**	**49**	**15%**	**13%**	**-4**	**-8%**
Offense against another	10	10	3%	3%	0	0%
Offense not against another	43	39	12%	11%	-4	-9%
VIOLATION – Offense not against another	**2**	**0**	**1%**	**0%**	**-2**	**100%**
NO CHARGE	**1**	**1**	**0%**	**0%**	**0**	**0%**
TOTAL	**351**	**364**	**100%**	**100%**	**+13**	**+4%**

Table 20 details the categories of underlying crimes charged against forensic patients active during FY 2018 and 2019. Forensic patients are individuals with a legal status generated by a criminal court. Individuals who are civilly committed for non-criminal matters (§334-60.2) are not considered forensic patients. Of the 618 active patients in FY 2019 (HSH and contracted bed sites), 4 were originally admitted under a non-forensic status, resulting in a total of 614 forensic patients. While most individuals had criminal charges in only one category, more than one-fourth of active patients were charged with crimes in multiple categories and are counted in each category charged.

Offenses against persons (e.g., assault, terroristic threatening, murder) involve victims who are individuals. Sexual offenses are a subset of offenses against persons, and per HRS §707 Part V, include sexual assault, indecent exposure, and incest. Offenses against property (e.g., burglary, criminal trespassing, criminal property damage, robbery) involve crimes related to the theft or destruction of another's property. In FY 2019, property crimes (46%) were slightly more common than offenses against persons (43%) among HSH patients. Sexual offenses remained relatively rare (4%) and primarily involved misdemeanor-level charges (46% were sexual assault in the fourth degree). Forty percent of patients committed offenses other than personal or property crimes—most commonly, harassment and promoting a dangerous drug in the third degree.

TABLE 20: FORENSIC PATIENTS, BY CATEGORIES OF UNDERLYING CRIME, FY 2018 AND 2019

	# OF FORENSIC PTS*		% OF FORENSIC PTS			
CATEGORY OF UNDERLYING CRIME	FY18	**FY19**	FY18	**FY19**	Change	% Chg
Offenses Against Persons §707, excluding sex offenses	252	**262**	42%	**43%**	+10	+4%
Sexual Offenses §707 Part V	27	**26**	5%	**4%**	-1	-4%
Offenses Against Property §708	266	**283**	44%	**46%**	+17	+6%
Other Offenses Offenses other than §§707, 708	235	**243**	39%	**40%**	+8	+3%
Other offense only - Did not commit any §§707, 708 offense	120	**124**	20%	**20%**	+4	+3%
TOTAL FORENSIC PATIENTS	**600**	**614**			**+14**	**+2%**

**Not a unique count. Patient charged with crimes in more than one category are counted in each category charged.*

PART V. LENGTHS OF STAY IN THE HAWAIʻI STATE HOSPITAL

A. Inpatient Days by Admission Legal Status and Location

Table 21 presents the number of inpatient days by admission legal status and location for patients active during FY 2019, including inpatient days accrued in contracted beds at Kāhi Mōhala and CRCC. Inpatient days is a commonly-used measure of hospital utilization representing each day a patient utilizes HSH services.[5]

Similar to previous years, more than two-thirds (71%) of inpatient days were collectively attributable to two types of patients: individuals admitted as unfit to proceed (46%) and those temporarily hospitalized for CR violations (25%). Corresponding to the rise in NGRI admissions, all three sites saw an increase in inpatient days for NGRI patients, growing overall by +18% (+2,332 days). Few patients are admitted for post-acquittal hearings or evaluations of dangerousness (n=8), but even the small increase (+5) involved an additional +1,453 inpatient days.

TABLE 21: FY 2019 INPATIENT DAYS OF ACTIVE PATIENTS, BY ADMISSION LEGAL STATUS AND LOCATION

	HSH			KĀHI MŌHALA			CRCC			
ADMISSION LEGAL STATUS	FY19	Chg	% Chg	FY19	Chg	% Chg	FY19	Chg	% Chg	FY19 TOTAL
Unfit to Proceed	**31,524**	+478	+2%	**10,560**	+314	+3%	**431**	+66	+18%	**42,515**
Temp. Hosp. for CR Violation	**20,167**	-931	-4%	**2,719**	-785	-22%	—	—	—	**22,886**
Acquitted & Committed (NGRI)	**12,130**	+886	+8%	**2,046**	+1,137	+125%	**1,039**	+309	+42%	**15,215**
Evaluation of Fitness to Proceed	**4,196**	-572	-12%	**459**	-1,044	-69%	**153**	+153	NA	**4,808**
Revocation of CR	**2,306**	-636	-22%	**666**	+385	+137%	**153**	+153	NA	**3,125**
Civil Commitment	**1,528**	-500	-25%	**383**	+65	+20%	—	—	—	**1,911**
Post-Acquittal Hrg on Dangerousness	**1,352**	+1,235	+1,056%	**218**	+218	NA	—	—	—	**1,570**
Transfer fr. Correctional Facility	**519**	+154	+42%	—	—	—	—	—	—	**519**
Other	**28**	+28	NA	—	—	—	—	—	—	**28**
TOTAL	**73,750**	+142	+0.2%	**17,051**	+290	+1.7%	**1,776**	+681	62.2%	**92,577**

[5] For example, 100 patients at HSH for 1 day would represent 100 inpatient days. Inpatient days exclude days when a patient stays overnight offsite, such as at an acute care medical facility, a transitional program in the community, or in PSD custody.

Table 22 presents total inpatient days over the past 9 fiscal years for each of the 3 DOH bed locations (i.e., HSH and contracted beds). Total inpatient days increased nearly every year since FY 2011, and in FY 2019, the growing demand for psychiatric beds was accommodated, in part, by increasing the number of contracted beds at Kāhi Mōhala (46 to 48 beds) and CRCC (3 to 7 beds).

TABLE 22: INPATIENT DAYS OF ACTIVE PATIENTS BY LOCATION, FY 2011 TO 2019

	LOCATION					
FISCAL YEAR	HSH	Kāhi Mōhala	CRCC	TOTAL	Change	% Chg
2019	**73,750**	17,051	1,776	**92,577**	+1,113	+1%
2018	**73,608**	16,761	1,095	**91,464**	-63	0%
2017	**73,538**	16,791	1,198	**91,527**	+1,202	+1%
2016	**73,651**	15,365	1,309	**90,325**	-231	0%
2015	**74,408**	15,298	850	**90,556**	+4,230	+5%
2014	**71,214**	14,600	512	**86,326**	+3,857	+5%
2013	**67,528**	14,576	365	**82,469**	+6,225	+8%
2012	**69,003**	6,875	366	**76,244**	+2,570	+3%
2011	**67,469**	5,840	365	**73,674**	—	—

B. Length of Stay (LOS) for Individuals Discharged During FY 2019

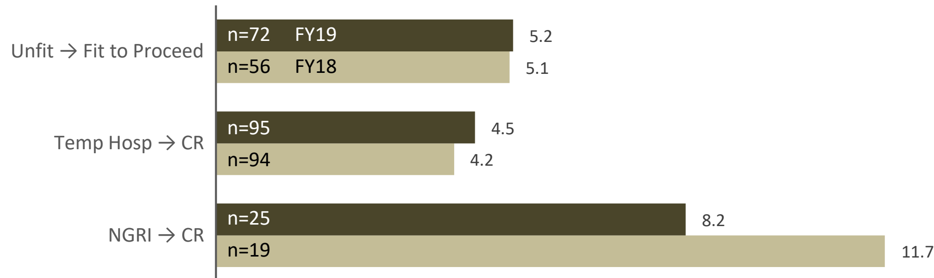
Table 23 details the length of stay for individuals discharged during FY 2019. LOS measures a hospitalization episode by calculating the number of days between admission and discharge. Overall, the average LOS for patients discharged in FY 2019 (excluding expired patients) lengthened by 20 days to 8.6 months.

TABLE 23: LENGTH OF STAY (LOS) FOR INDIVIDUALS DISCHARGED IN FY 2019, BY DISCHARGE LEGAL STATUS

	# OF DISCHARGES			TOTAL LOS			AVERAGE LOS		
LEGAL STATUS AT DISCHARGE	FY19	Chg	% Chg	FY19	Chg	% Chg	FY19	Chg	% Chg
Conditionally Released (CR)	**138**	0	0%	**51,882**	+5,581	+12%	**376**	+40	+12%
Fit to Proceed	**93**	+13	+16%	**15,821**	+2,894	+22%	**170**	+9	+5%
No Legal Encumbrance	**88**	+15	+21%	**19,227**	+7,141	+59%	**218**	+53	+32%
Unfit to Proceed, Rel. on Cond.	**17**	-25	-60%	**3,574**	-7,773	-69%	**210**	-60	-22%
Acquitted & CR	**17**	+7	+70%	**2,509**	+1,271	+103%	**148**	+24	+19%
Eval. of Fitness to Proceed	**2**	-1	-33%	**56**	-182	-76%	**28**	-51	-65%
Acquitted & Discharged	**1**	-1	-50%	**126**	-62	-33%	**126**	+32	+34%
Unfit to Proceed	**1**	0	0%	**215**	+160	+291%	**215**	+160	+291%
Expired (patient death)	**4**	+3	+300%	**6,888**	+4,898	+246%	**1,722**	-268	-13%
TOTAL	**361**	+11	+3%	**100,298**	+13,928	+16%	**278**	+65	+31%
Excluding expired patients	**357**	+8	+2%	**93,410**	+9,030	+11%	**262**	+20	+8%

Average LOS is a commonly used indicator of efficiency that refers to the average number of days that patients spend in a hospital. It also provides insight on the impact of certain legal status admissions on hospital utilization. **Figure 14** presents the average LOS[6] of key admission and discharge legal status combinations reflecting ideal outcomes.

FIGURE 14: AVERAGE LOS (IN MONTHS) OF PATIENTS DISCHARGED WITH SELECT LEGAL STATUSES, FY 2018 AND 2019



For the most common admission legal status, unfit to proceed (§704-406; excluding Act 53), individuals later discharged as fit to proceed (§704-405) after treatment at HSH had an average LOS of 5.2 months. Individuals admitted for temporary hospitalization for violating CR (§704-413(1)) who resumed CR (§704-415) had an average LOS of 4.5 months. The initial order for temporary hospitalization allows individuals to be held at HSH for up to 72 hours, but only 2 patients were discharged within that timeframe; all others were found by courts to require further hospitalization to stabilize and improve before returning to community-based treatment and supervision. Courts may approve 90-day extensions, up to one year, before CR is revoked, and 45% of these successful returns to CR occurred within the first 90 days. For patients recently acquitted and committed, or NGRI (§704-411(1)(a)), and discharged on CR after hospitalization, the average LOS shortened significantly in FY 2019 to 8.2 months from 11.7 months in FY 2018.

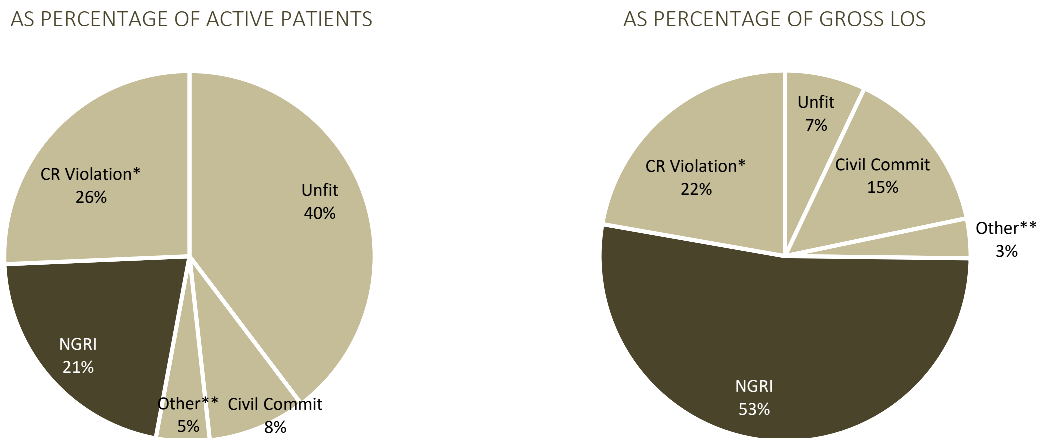
[6] Given the varied nature and severity of psychiatric conditions of HSH patients and the potential for commitment extensions due to multiple court cases, there are often a handful of patients whose restoration or stabilization period vary significantly from the majority of other patients. To account for this while reflecting a range of episode durations, extreme outliers were identified statistically (Q3 + 3*IQR) and removed from each pairing for these calculations of average LOS.

C. Gross Length of Stay (Gross LOS) for Patients Active at End of Fiscal Year

LOS is typically calculated upon discharge for individuals leaving a hospital to capture the length of a hospitalization episode. For patients who are *currently* in a hospital and yet to be discharged, gross length of stay is measured from admission date to the current or a given date.

Figure 15 provides a snapshot of the HSH population on the last day of FY 2019 (June 30, 2019) based on their legal status on that day (which may have changed since admission as a result of ongoing court proceedings), comparing the composition of active patients with their collective gross LOS.

FIGURE 15: COMPOSITION AND GROSS LOS OF PATIENTS ACTIVE AT END OF FY 2019, BY LEGAL STATUS ON JUNE 30, 2019



**CR Violation includes: Revocation of CR (n=26) and Temporary hospitalization for violating CR (n=40)*
***"Other" includes: Eval. of fitness to proceed (n=4), Voluntary (n=4), Post-acquittal hearing/evaluation on dangerousness (n=2), and CR (n=2).*

In FY 2019, the 55 patients with the legal status of acquitted and committed (NGRI) on the last day of the fiscal year collectively spent 411 years (150,170 days) at HSH since their respective admissions—an average of 7.4 years per patient. NGRI patients accounted for only 21% of patients active on the last day of FY 2019, but more than half of the total gross LOS (53%). The 66 patients with CR violations at the end of the fiscal year accumulated 173 years, or 22% of the total gross LOS, averaging 2.6 years per patient. By contrast, the 102 patients with the legal status of unfit to proceed on the last day of the fiscal year constituted the largest group (40%), but amassed only 55 years (20,105 days), an average gross LOS of 0.5 years (6.5 months).

APPENDIX:

HSH Staff Injuries and Assaults on Staff

HSH STAFF INJURIES AND ASSAULTS ON STAFF

During the 2014 Legislative Session, the Hawai'i State Senate conducted informational and investigational hearings on assaults and staff injuries at HSH. The Senate Investigational Committee issued a report on October 23, 2014 (Senate Spec Com. Rep. No. 1, Senate – 2014, State of Hawai'i) after the hearings were completed. The report contained several recommendations, including that HSH submit a written report on data regarding staff assaults and injuries to the 2015 and 2016 legislative sessions.

Issued by the U.S. Department of Labor's Occupational Safety and Health Administration (OSHA), "Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers" states that "healthcare and social service workers face a significant risk of job-related violence. The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as 'violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty.' According to the Bureau of Labor Statistics (BLS), 27 out of the 100 fatalities in healthcare and social service settings that occurred in 2013 were due to assaults and violent acts."[7]

A workplace violence prevention program is an effective organizational approach to mitigate the risk of violence in the hospital workplace. OSHA identified the following key elements of an effective program: leadership support, staff involvement, worksite hazard analysis, reporting assault and injury incidents, analysis and tracking and record keeping using the OSHA Form 300 log, and program evaluation.

HSH, as a component of its quality management program, has maintained records of patient assaults since 2006 and records of staff injury OSHA log reports since 1990. In addition to maintaining an OSHA log on staff injuries for record keeping purposes, HSH collects data on staff assaults and injuries, conducts an analysis of the incidents, and reports any trends using quality report cards that are evaluated by the HSH Performance Improvement Committee and shared with all staff.

HSH is an active member of the Western Psychiatric State Hospital Association (WPSHA), a regional organization consisting of state psychiatric hospitals from the following 15 western states: Alaska, Arizona, California, Colorado, Hawai'i, Idaho, Montana, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington and Wyoming. WPSHA 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. HSH compares its assault and staff injury data with other state psychiatric hospitals for benchmarking purposes.

In 2013, WPSHA performed a benchmarking study on staff injuries. In 2014, WPHSA performed a benchmarking study on incidents of aggression. Since 2015, WPSHA has conducted a benchmarking study comparing member hospitals that reported staff, patient, and visitor incidents of aggression, including reports of assaults and attempted assaults. Nineteen WPSHA hospitals administering to adults participated in the FY 2019 study, including HSH. Of the participating hospitals, 3 (including HSH) treat only forensic patients, 3 treat only civilly-committed patients, and the remaining 13 treat a mixture of forensic and civilly-committed patients.

---

[7] U.S. Department of Labor, Occupational Safety and Health Administration, OSHA 3148-04R 2015, "Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers."

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. It should also be noted that while HSH includes attempted assaults (i.e., no contact) in its aggression data, most hospitals do not. HSH continues to collect and analyze attempted assaults because it takes all incidents of assault seriously, including attempted assaults, and because it provides critical data to help treatment teams understand and address escalations in patient aggression. The data is presented as rates of aggression per 1,000 patient days to allow comparison across hospitals with differing numbers of beds.

Table 24 provides HSH data on rates of violence for patient-to-patient aggression, patient-to-staff aggression and patient-to-visitor aggression. No incidents involving HSH visitors were reported for FY 2018 and 2019.

TABLE 24: FY 2018 AND 2019 WPSHA BENCHMARKING PROJECT
AGGRESSION INCIDENTS PER 1,000 PATIENT DAYS IN STATE HOSPITALS

	HSH RATES				
CATEGORY	FY18	FY19	Change	% Chg	FY18 WPSHA RANGE
Patient-to-Patient Aggression	1.62	**2.20**	+0.58	+36%	0.49 – 8.91
Patient-to-Staff Aggression	2.38	**2.63**	+0.25	+11%	2.12 – 24.78
Patient-to-Visitor Aggression	0.00	**0.00**	0	—	0 – 0.02
TOTAL Aggression Incident Rate	3.99	**4.83**	+0.84	+21%	0.67 – 33.69

Figure 16 illustrates WPSHA comparison data on total aggressive incidents for FY 2019. This graph demonstrates that of the 19 hospitals reporting data on total acts of aggression, 9 had a higher rate per 1,000 patient days compared to HSH.

FIGURE 16: WPSHA FY 2019 BENCHMARKING DATA FOR TOTAL AGGRESSION INCIDENTS
PER 1,000 PATIENT DAYS, BY FACILITY TYPE

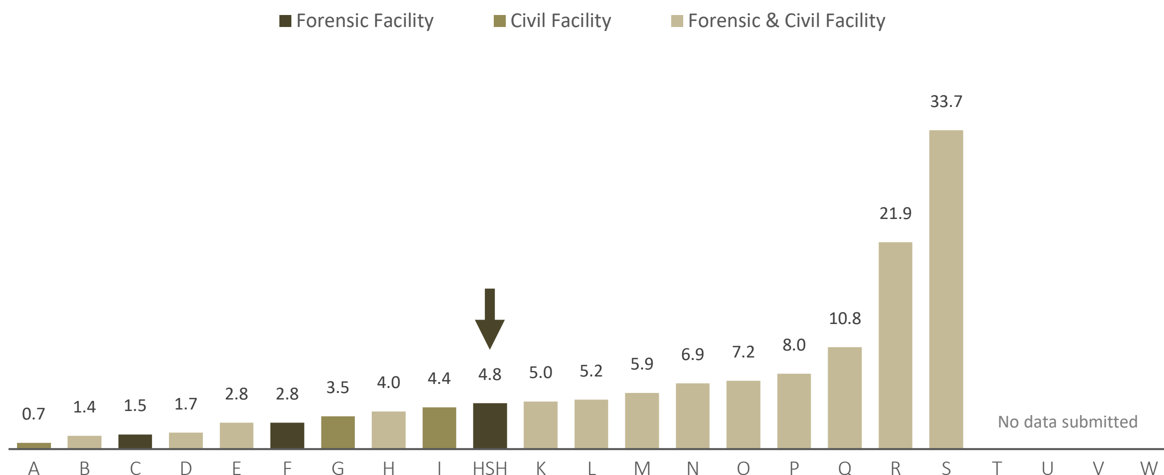
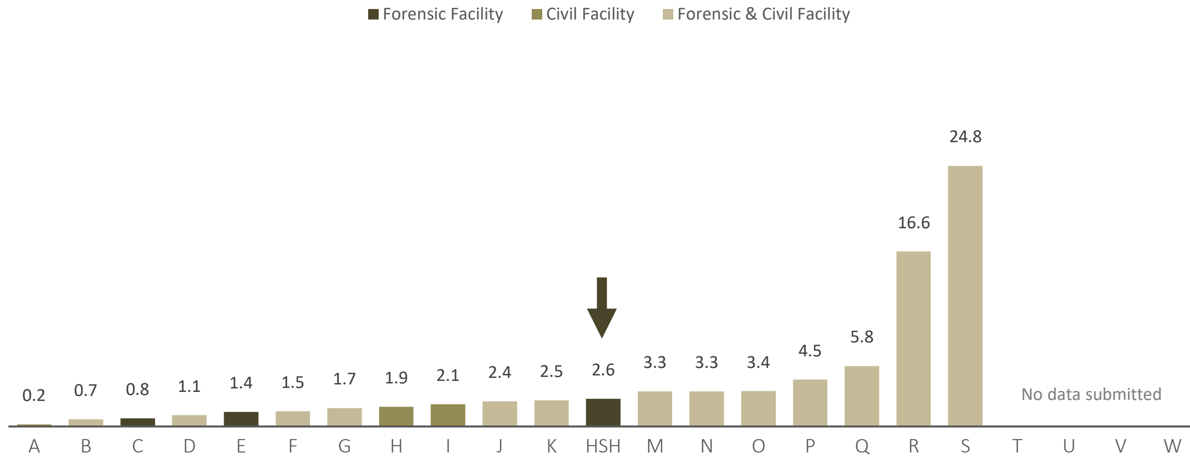


Figure 17 illustrates WPSHA comparison data on patient-to-staff aggression incidents for FY 2019. Of the 19 hospitals reporting patient to staff acts of aggression, 7 had a higher rate compared to HSH.

FIGURE 17: WPSHA FY 2019 BENCHMARKING DATA FOR PATIENT-TO-STAFF AGGRESSION INCIDENTS PER 1,000 PATIENT DAYS, BY FACILITY TYPE



Turning from a comparison between HSH and other state psychiatric hospitals to a closer examination of HSH assaults over time (**Figure 18**) showed that after a steady decline, HSH experienced an increase in total patient-to-staff assaults starting in FY 2017. However, the marginal +0.5% increase in FY 2019 was driven primarily by the increase in attempted assaults as *actual assaults dropped by -20%* (-27).

FIGURE 18: TOTAL ASSAULTS (CONTACT AND ATTEMPTED) ON HSH STAFF, FY 2013-2019

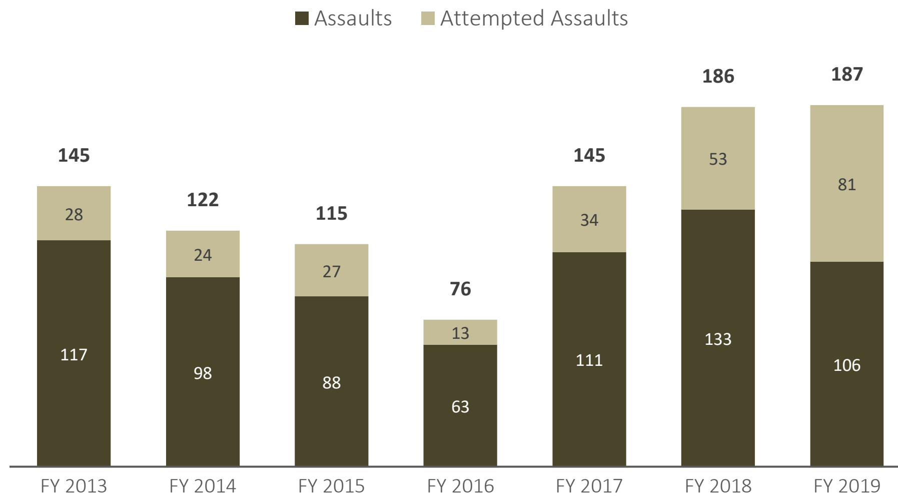


Figure 19 analyzes patient-to-staff assault data by identifying the proportion of patients involved in staff assaults (i.e., assaultive patients) and the frequency of assaults committed or attempted by assaultive patients. Of the 549 unique patients active at HSH in FY 2019, only 14% (79 individuals) had committed or attempted assault on staff. One-fourth of the 192 assaults committed or attempted on staff were attributable to just 3 highly-assaultive patients, while the majority of assaultive patients (n=41) were each involved in only one staff assault event during the year. Among the more assaultive patients, attempts comprised a larger portion of their assaults. The 3 most assaultive patients collectively had more attempts (n=26) than actual assaults involving contact (n=21).

FIGURE 19: PATIENTS RESPONSIBLE FOR STAFF ASSAULTS (CONTACT & ATTEMPTS), FY 2019

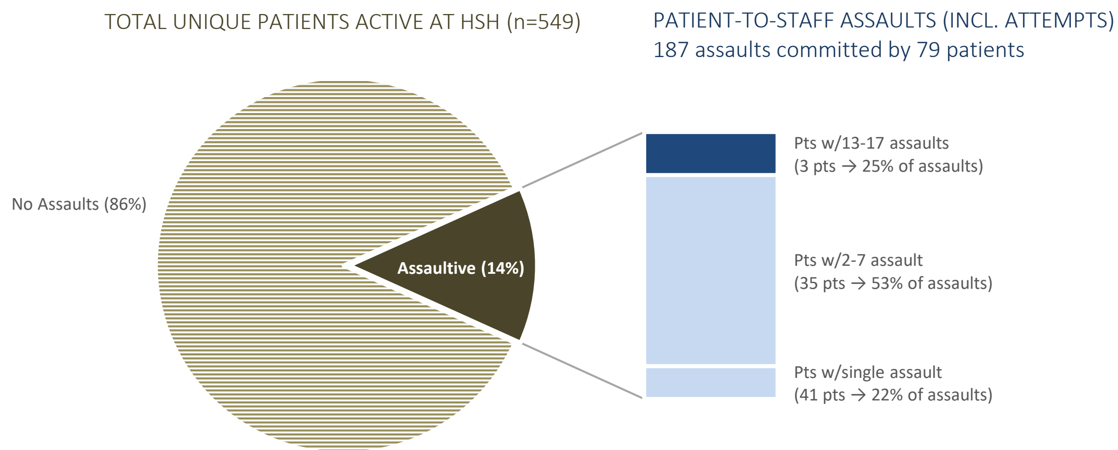
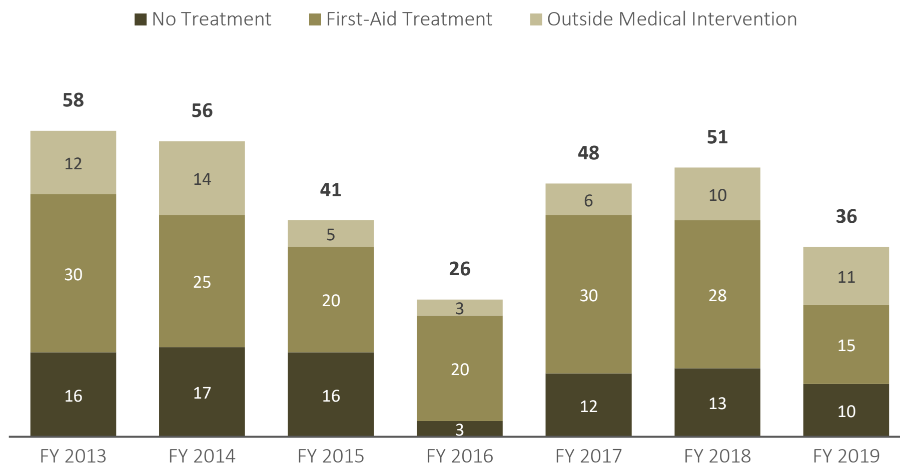


Figure 20 illustrates the severity of staff injuries arising from assaults at HSH between FY 2013 and 2019. While staff assaults increased nominally overall (+1%), staff injuries decreased significantly (-29%), possibly due, in part, to the -20% decrease in assaults involving contact. More than one-fourth (28%) of injuries from patient assaults required no treatment, less than half (42%) of injuries required first-aid treatment, and 31% of injuries required outside medical intervention. Continued efforts to mitigate harm from assaults and the -20% decrease in contact assaults likely attenuated the number and severity of injuries relative to the number of overall assaults on HSH staff.

FIGURE 20: INJURY SEVERITY OF ASSAULTS ON HSH STAFF, FY 2013-2019



AMHD and HSH are committed to the provision of a safe work environment for all staff members. General healthcare settings present certain risk for staff. This is particularly true in psychiatric hospitals. HSH continues to plan, design and implement measures to improve safety for patients, staff and visitors. Enhanced staff training, adequate staffing levels, and analysis of assault events are among these measures.

Additionally, a new proactive patient engagement program called IMUA:

Interact with patients
Mindful documentation
Unconditional positive regard
Always available

The program began effective July 30, 2015 based on an extremely successful program at the Colorado Mental Health Institution at Pueblo.

HSH has also increased physical measures to bolster staff safety, such as partitions inside of transport vehicles to provide a barrier between patients and drivers, and expanding the presence of security personnel. Security personnel are visible from the campus perimeter as well as inside hospital units. DOH, AMHD, and HSH Administrations believe that one assault is one assault too many and continue to take steps to minimize assaults on staff.