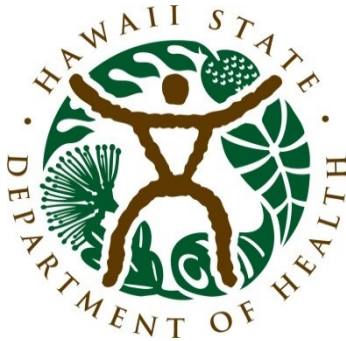


REPORT TO THE THIRTY-FIRST LEGISLATURE
STATE OF HAWAI'I
2022



PURSUANT TO HAWAI'I REVISED STATUTES §334-16

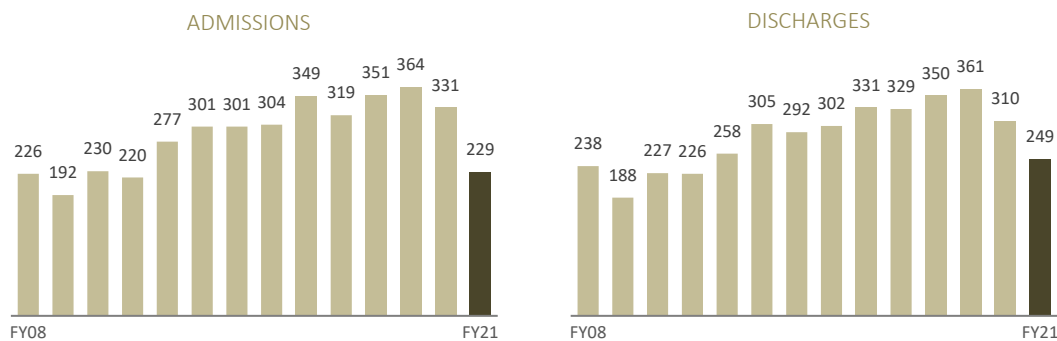
Requiring the Department of Health to Submit an Annual Report to the Legislature
Summarizing Yearly Data on Forensic Patients at
Hawai'i State Hospital
FY 2021

Prepared by:
Hawai'i State Department of Health
Adult Mental Health Division
Hawai'i State Hospital

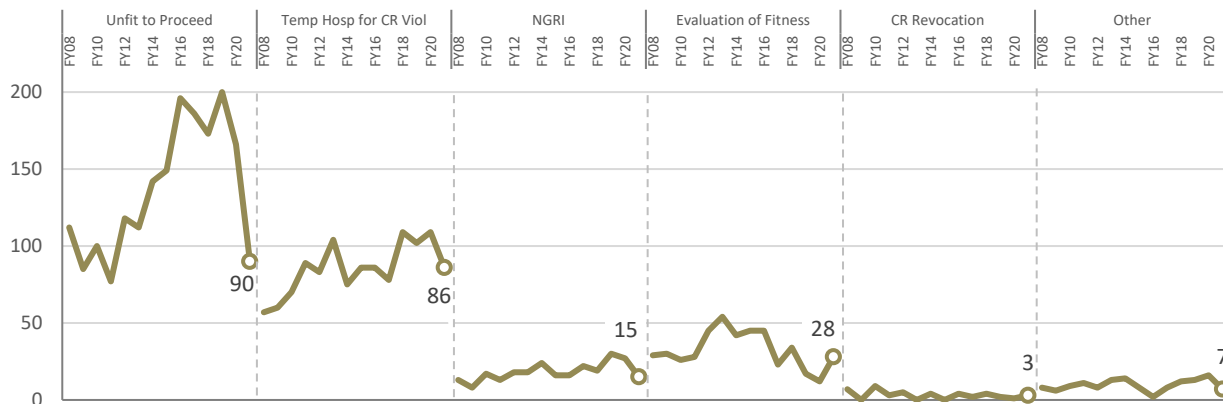
EXECUTIVE SUMMARY

In accordance with Hawai'i Revised Statutes (HRS) §334-16, the Department of Health (DOH) submits this report to the 2022 Hawai'i State Legislature summarizing annual data on forensic patients served by the Hawai'i State Hospital (HSH). All data, unless otherwise noted, is for fiscal year 2021 (FY 2021) and in comparison with FY 2020. Key terms and definitions may be found after the table of contents.

- Admissions and Discharges.** HSH admissions and discharges both continued to decrease in FY 2021 from the prior fiscal year (admissions by -31%, discharges by -20%), partly due to the COVID-19 pandemic which triggered stay-at-home orders, partial court closures, air travel restrictions, and constraints on transfers between facilities. Admissions continue to come almost exclusively from criminal courts, reinforcing the forensic nature of HSH. Admissions were also more likely to involve individuals who were previously hospitalized at HSH (65%), homeless prior to admission (55%), and diagnosed with the co-occurrence of substance use (83%).

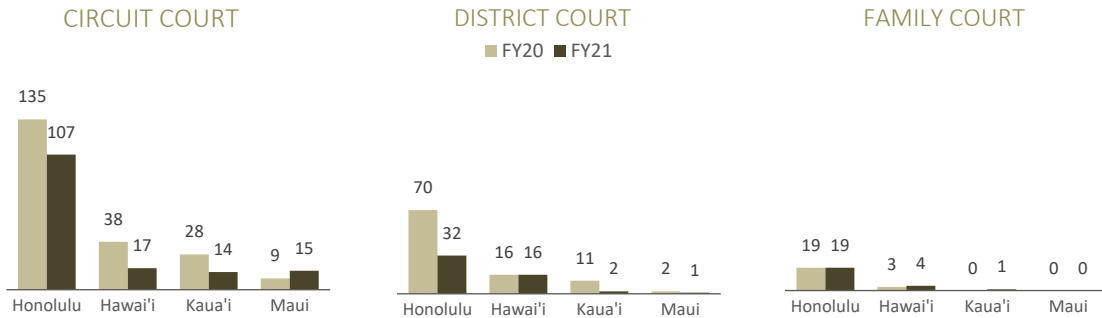


- Admission Commitment Categories.** Admissions with the legal status of unfit to proceed declined by -46%, but continued to be the most frequent commitment category, constituting 39% of admissions. While individuals ordered to HSH for evaluation of fitness to proceed constituted only a small portion of admissions (12%), such admissions more than doubled in FY 2021 (+16, +133%).



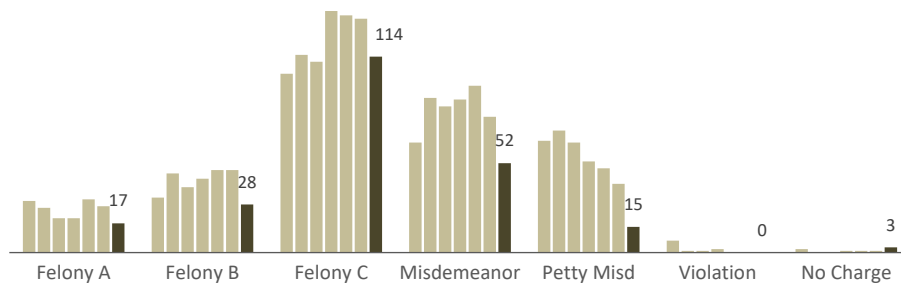
- Discharge Legal Status Categories.** Conditional release continued to be the most common discharge legal status, involving a growing proportion (46%) of all FY 2021 discharges. The next most common discharge categories involved individuals found fit to proceed (24%) and individuals discharged with no further legal encumbrance (24%).

- Committing Counties and Courts.** In FY 2021, most circuit and district courts across the state committed fewer patients to HSH. However, there were slight increases from family courts. As in past years, the majority (67%) of admissions continued to come from the circuit courts.



- Grades of Most Severe Offense.** 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 (50%). A declining percentage of admissions (29%) were charged with lower-level offenses (misdemeanors 22.7% and petty misdemeanors 6.5%).

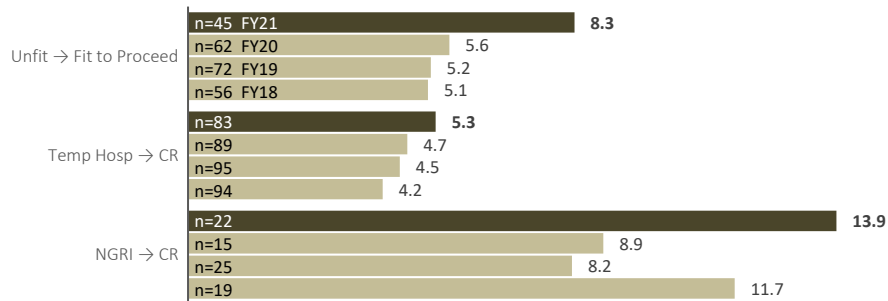
ADMISSIONS BY MOST SEVERE CHARGE, FY 2015 to 2021



- Categories of Underlying Crime.** Analysis of the categories of the underlying crimes charged against forensic patients active during FY 2021 revealed that offenses against persons (HRS §707, 49%) were slightly more common than property crimes (HRS §708, 46%). Sexual offenses remained relatively rare (HRS §707 Part V, 3%).
- Inpatient Days.** After spiking in FY 2020, hospital utilization, as measured by total inpatient days, returned to the levels of FY 2015 to 2019 (90,261 inpatient days in FY 2021). Despite the decline in inpatient days, contracted beds at Kāhi Mōhala were more fully utilized, providing an additional +4,021 days of contracted service (+33%) than in FY 2020. More than two-thirds (71%) of inpatient days were collectively attributable to two types of patients: individuals admitted as unfit to proceed (43%) and those temporarily hospitalized for CR violations (28%).

- Length of Stay (LOS).** For individuals discharged in FY 2021, the average LOS was 11 months—an increase of +118 days from the previous fiscal year. Increases in average LOS occurred in the three most common admissions and their ideal discharge legal statuses. Individuals admitted for temporary hospitalization who resumed CR had an average stay of 5.3 months. The initial order for temporary hospitalization allows individuals to be held at HSH for up to 72 hours, but only one patient was discharged within that timeframe in FY 2021. Courts may approve 90-day extensions, up to 1 year, before CR is revoked; 30% of these successful returns to CR occurred within the first 90 days, in comparison to 45% in FY 2019, just 2 years prior. For patients recently acquitted and committed (“not guilty by reason of insanity,” or NGRI), then discharged on CR after hospitalization, the average stay increased to 13.9 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, 2021) 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 (33%). NGRI individuals constituted 21% of the population and individuals previously acquitted but in violation of CR represented 29% of the population. Together, this NGRI cohort of legal statuses (i.e., acquitted and committed, acquitted and CR violations) involved half (50%) of all patients active on the last day of FY 2021.

COMPOSITION OF PTS ACTIVE AT FY21 END, BY LEGAL STATUS

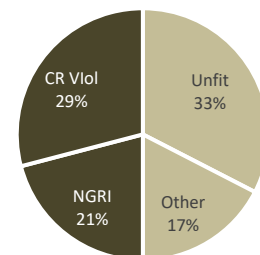


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KEY TERMS AND DEFINITIONS

LEGAL STATUS	DEFINITION
HRS §334-59 HRS §334-60.1 HRS §334-60.2	Emergency Examination and Hospitalization, also known as “MH-4” Voluntary Admission for Non-Emergency Treatment or Supervision, also known as “MH-5” 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 HRS §704-404(2)(a) — 2020	Evaluation of Fitness to Proceed Evaluation of Fitness to Proceed; Charge is a Petty Misdemeanor Not Involving Violence; Expedited Evaluation and Hearing (Act 26)
HRS §704-405	Fit to Proceed
HRS §704-406 HRS §704-406(1) HRS §704-406(1)(a) — 2011 HRS §704-406(1)(b) — 2011 HRS §704-406(3)(a) HRS §704-406(3)(b) HRS §704-406(3)(c) — 2016 HRS §704-406(4) — <i>prior</i> 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 (Act 53) Unfit to Proceed; Charge is a Misdemeanor Not Involving Violence, Charge Dismissed After 120 Days (Act 53) 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 <i>revised in 2016; see HRS §704-406(7) below</i> 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 §704-421 — 2020	Unfit to Proceed After Expedited Review; Charge is a Petty Misdemeanor Not Involving Violence, Charge Dismissed After 7 Days or As Soon As Practicable (Act 26)
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 Hawai'i State Hospital (HSH).
Assault <i>(Patient-to-Patient, Patient-to-Staff, Patient-to-Visitor)</i>	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 <i>(Patient-to-Patient, Patient-to-Staff, Patient-to-Visitor)</i>	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 2021 (FY 2021)	The State of Hawaii's 12-month financial and reporting period, starting July 1, 2020 and ending June 30, 2021.
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 'Ewa Beach, Hawai'i, 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 Hawai'i State Hospital (HSH) is the only publicly-funded, state psychiatric hospital in Hawai'i. 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 December 6 to 10, 2021. HSH is licensed by the DOH through the Office of Health Care Assurance (OHCA), and current licensure for its existing facility is through November 30, 2022.

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 'Ewa Beach, Hawai'i and owned by a not-for-profit corporation, Sutter Health. The state contracted 48 beds at Kāhi Mōhala for the care of HSH patients deemed appropriate by Kāhi Mōhala for its facility. 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.

HSH patients may also be transferred to Department of Public Safety (PSD) custody to resolve any new or existing charges unrelated to existing court orders committing them to HSH. 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.

FY 2021 involved a full year of operating a forensic psychiatric facility in a **COVID-19** environment, including 6 months prior to the availability of vaccines in late December 2020. HSH implemented strict protocols, including a 14-day quarantine for all admissions and for staff traveling off island, requiring a 14-day quarantine plus a negative test result. Vaccines have been made readily available to all patients and staff, resulting in a 71% vaccination rate (fully vaccinated) among patients and 89% rate among staff. Instances of COVID-19 among patients were extremely rare; cases among staff were lower than other medical or correctional facilities and did not result in any clusters within HSH.

As a forensic psychiatric hospital, HSH is one of several entities involved in implementing Hawaii's newest approach to decriminalizing mental illness. On September 15, 2020, **Act 26**, Session Laws of Hawai'i 2020, was signed into law with the intent of diverting non-violent petty misdemeanants living with mental illness from the criminal justice system within days of their arrest, rather than months, to ensure appropriate diversion to community treatment and encourage rehabilitation. In part, Act 26 aimed to ensure that individuals were not held pending mental health examination for longer than the maximum sentence for their crimes. Among the changes to HRS §704-404 was to require the expedited examination of individuals charged with non-violent petty misdemeanors and a hearing within two days of the examination report filing. Those found unfit to proceed (§704-421) are further examined within seven days, or as soon as practicable; individuals are either found fit to proceed, or dismissed of their charges and released.

In April 2021, the State took ownership of the recently-completed, 144-bed forensic facility specifically designed to provide care for high-risk patients, to improve safety for patients, staff, and the public, and to be more economical to operate and maintain. The **new patient facility (NPF)** was surveyed by OHCA and is in the process of obtaining licensure. It is slated to be occupied by patients during the first quarter of 2022, enhancing HSH's capacity to treat forensic patients in a safe, secure, and therapeutic setting.

REPORTING REQUIREMENTS OF HAWAI'I REVISED STATUTES (HRS) §334-16

PART I. TOTAL ADMISSIONS AND DISCHARGES

Table 1 identifies the total admissions and discharges from HSH for FY 2020 and 2021. During FY 2021, HSH admissions decreased by -31% and discharges by -20%.

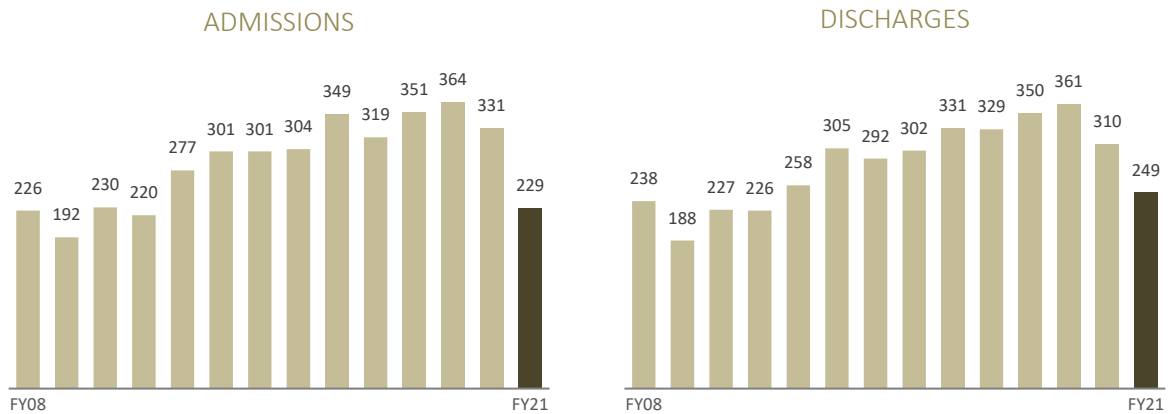
TABLE 1: ADMISSIONS AND DISCHARGES

ADMISSIONS				DISCHARGES			
FY20	FY21	Change*	% Chg	FY20	FY21	Change*	% Chg
331	229	-102	-31%	310	249	-61	-20%

*In this and subsequent tables, reflects change between FY 2020 and 2021.

Figure 1 illustrates the total number of admissions and discharges over the past 14 years. The number of HSH admissions and discharges in FY 2021 continued to decline from FY 2019. The decrease in admissions and discharges were partly due to the COVID-19 pandemic, which triggered stay-at-home orders, partial court closures, air travel restrictions, and constraints on transfers between facilities – all of which affect a primarily forensic psychiatric hospital with court-ordered patients from all across the islands. With the uncertainty and evolving information surrounding the COVID-19 disease process, community housing providers halted or severely limited accepting new clients, including those completing treatment at HSH, constraining discharge placement options and increasing lengths of stay at HSH.

FIGURE 1: HSH ADMISSIONS AND DISCHARGES, FY 2008 TO 2021



A look into patient demographics provides a better understanding of those suffering from severe or persistent mental illness in Hawai'i. **Figure 2** and **Figure 3** illustrate the proportion of admissions previously hospitalized at HSH and homeless prior to admission. Consistently, nearly two-thirds of admissions involved individuals previously hospitalized at HSH and more than half of admissions were homeless prior to admission to HSH. In FY 2021, the proportion of homelessness among admissions was higher among patients hospitalized at HSH for the first time (63%) than those readmitted to HSH (52%).

FIGURE 2: REHOSPITALIZATION STATUS OF ADMISSIONS, FY 2018-2021

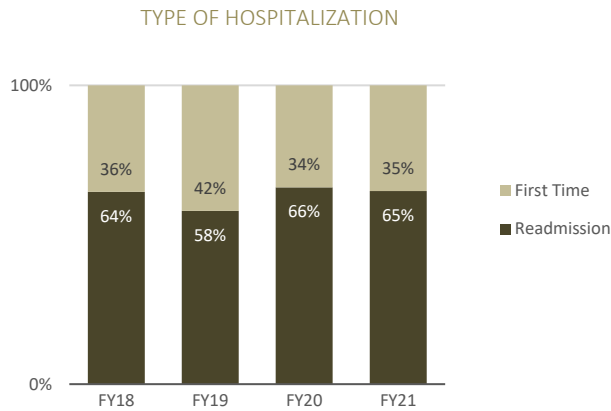
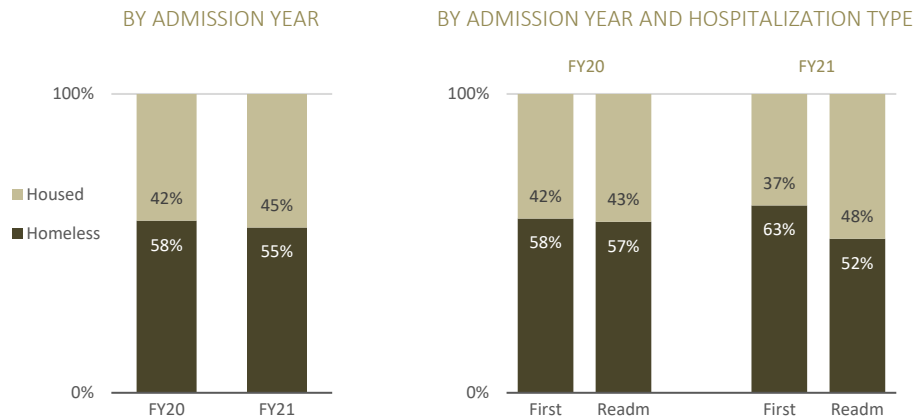


FIGURE 3: HOUSING STATUS PRIOR TO ADMISSION, FY 2020-2021



Another critical issue is the co-occurrence of substance use, which adds to the complexity of a patient's health condition and treatment needs. **Figure 4** illustrates substance use ever diagnosed among individuals admitted during FY 2021 and reveals increases in all categories, with 83% having used at least one substance and that 72% used more than one substance. Alcohol and cannabis (63% each) were the most common substances used; meth (49%) use was diagnosed in nearly half of FY 2021 admissions.

FIGURE 4: CO-OCCURRING SUBSTANCE USE AMONG ADMISSIONS, FY 2020-2021

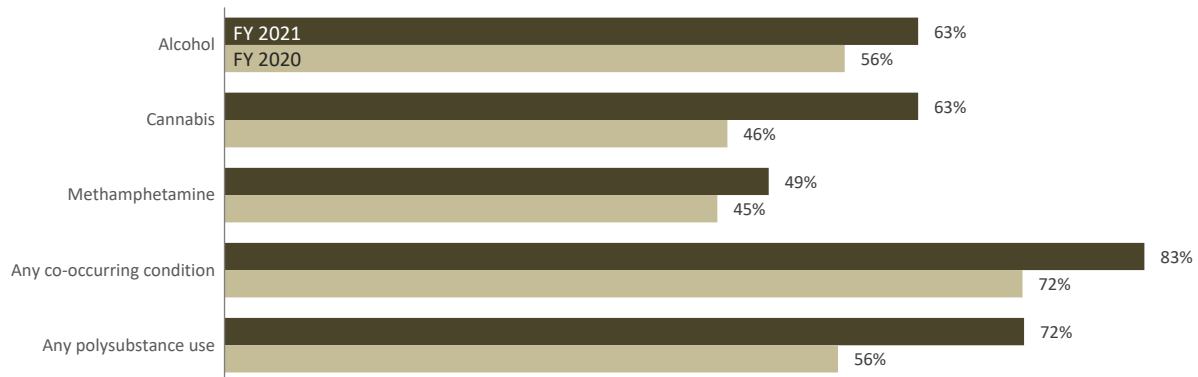


Table 2 identifies the total of transfers within DOH custody for FY 2021. To accommodate the persistently high levels of HSH utilization, DOH supplements HSH beds through contracts with Kāhi Mōhala (48 beds) and Columbia Regional Care Center (8 beds). After increasing significantly in FY 2018 and 2019, transfers to Kāhi Mōhala decreased by -12% in FY 2020, and an additional -14% in FY 2021. In FY 2021, 5 patients returned from Kāhi Mōhala back to HSH. Eight patients who could not be safely treated at HSH due to intractable dangerous behaviors remained in out-of-state custody at CRCC; no additional patients were transferred during FY 2021.

TABLE 2: TRANSFERS WITHIN DOH CUSTODY

FY20	TO KĀHI MŌHALA			FY20	TO CRCC		
	FY21	Change	% Chg		FY21	Change	% Chg
120	103	-17	-14%	1	0	-1	-100%

Table 3 identifies the total number of individuals in DOH-PSD dual custody for FY 2021. 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. Only two individuals were transferred to PSD custody, decreasing significantly from the previous year, largely due to COVID-19 impacts on court operations and correctional facilities. Over the course of FY 2021, a total of 4 dually-committed individuals were in PSD custody, with 1 individual remaining in PSD custody at the end of the fiscal year.

TABLE 3: DUALY COMMITTED TO DOH AND PSD

FY20	TRANSFERS TO PSD			FY20	PSD CUSTODY DURING FY		
	FY21	Change	% Chg		FY21	Change	% Chg
15	2	-13	-87%	17	4	-13	-76%

PART II. NUMBER OF HSH ADMISSIONS TO AND DISCHARGES, BROKEN DOWN BY COMMITMENT CATEGORIES¹

A. Summary of Admissions by Legal Status Category

Table 4 summarizes the number of admissions by legal status category for FY 2020 and 2021.

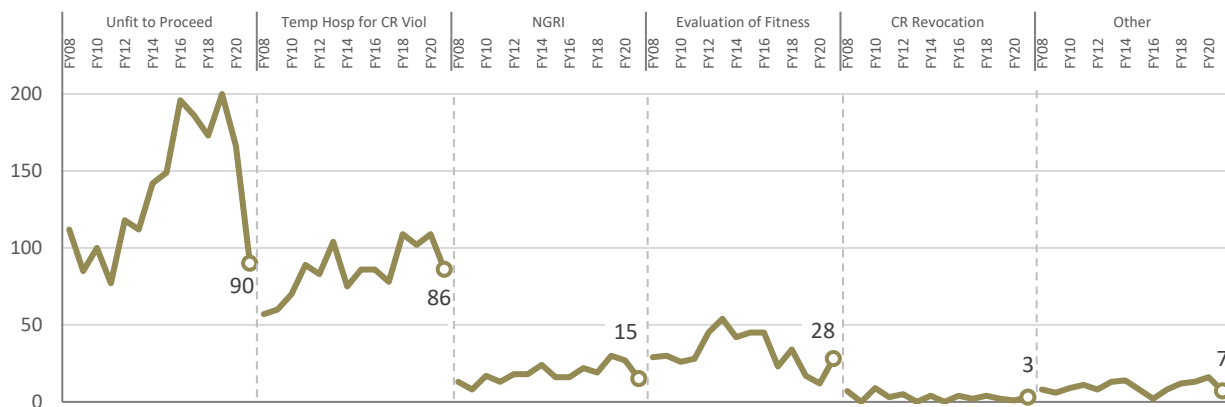
Figure 5 breaks down admissions by admission legal status for the past 14 years.

TABLE 4: LEGAL STATUS AT ADMISSION

LEGAL STATUS	# OF ADMISSIONS		% OF ADMISSIONS		Change	% Chg
	FY20	FY21	FY20	FY21		
Unfit to Proceed §704-406, §704-406(1)(a), §704-406(1)(b)	166	90	50%	39%	-76	-46%
Temp. Hospitalization for CR Violation §704-413(1)	109	86	33%	38%	-23	-21%
Evaluation of Fitness to Proceed §704-404	12	28	4%	12%	+16	+133%
Acquitted and Committed (NGRI) §704-411(1)(a)	27	15	8%	7%	-12	-44%
Civil Commitment MH-6, §706-607, §704-406(3), §704-406(4)	6	4	2%	2%	-2	-33%
Revocation of CR §704-413(4)	1	3	0.3%	1%	+2	+200%
Other MH-4, MH-5, MH-9, Voluntary, Admitted in error	6	3	2%	1%	-3	-50%
Post-Acquittal Hearing on Danger. §704-411(2), §704-411(3)	4	0	1%	0%	-4	-100%
TOTAL	331	229	100%*	100%	-102	-31%

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

FIGURE 5: ADMISSIONS BY LEGAL STATUS, FY 2008 TO 2021



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.

Reflective of the overall -31% decrease in admissions, decreases were seen in most admission legal status categories. The legal status of unfit to proceed decreased by -46% (-76), and while it continued to be the most common admission legal status, it constituted only 39% of all FY 2021 admissions, down from 50% in FY 2020 and 55% in FY 2019. Temporary hospitalizations for conditional release (CR) violations decreased by -21% (-23), but remained the second largest legal category of admissions (38%) and nearly equaled the largest category. Admissions of individuals acquitted and committed (also referred to as “Not guilty by reason of insanity” or “NGRI”) declined more than average (-12, -44%), while evaluations of fitness to proceed increased significantly (+16, +133%).

B. Summary of Discharges by Legal Status Category

Table 5 summarizes the number of discharges by legal status category for FY 2020 and 2021.

TABLE 5: LEGAL STATUS AT DISCHARGE

LEGAL STATUS	# OF DISCHARGES		% OF DISCHARGES		Change	% Chg
	FY20	FY21	FY20	FY21		
Conditionally Released §704-415	122	114	39%	46%	-8	-7%
Fit to Proceed §704-405	85	61	27%	24%	-24	-28%
No Legal Encumbrance ²	83	60	27%	24%	-23	-28%
Unfit to Proceed, Released on Conditions §704-406(1)	7	4	2%	2%	-3	-43%
Acquitted and Conditionally Released §704-411(1)(b)	8	3	3%	1%	-5	-63%
Unfit to Proceed §704-406	1	2	0.3%	0.8%	+1	+100%
Evaluation of Fitness to Proceed §704-404	3	1	1%	0.4%	-2	-67%
Acquitted and Discharged §704-411(1)(c)	0	1	0%	0.4%	+1	NA
Expired (patient death)	1	3	0.3%	1%	+2	+200%
TOTAL	310	249	100%*	100%*	-61	-20%

**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 declined (-12, -44%) in FY 2021. 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 2021, 23 patients admitted as NGRI successfully petitioned the court for CR, an increase from 15 patients in FY 2020.

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

ADMISSIONS				DISCHARGES			
FY20	FY21	Change	% Chg	FY20	FY21	Change	% Chg
27	15	-12	-44%	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 2021, 3 patients were discharged with this legal status, a decrease of -5 (-63%) from the previous year.

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

ADMISSIONS				DISCHARGES			
FY20	FY21	Change	% Chg	FY20	FY21	Change	% Chg
0	0	0	—	8	3	-5	-63%

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. No patients were admitted for a post-acquittal assessment of dangerousness in FY 2021. Of patients admitted in previous years, one was discharged in FY 2021—an NGRI patient who successfully petitioned for CR (§704-415).

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

FY20	ADMISSIONS			FY20	DISCHARGES		
	FY21	Change	% Chg		FY21	Change	% Chg
4	0	-4	-100%	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)). Temporary hospitalizations decreased in FY 2021 (-23, -21%) after a minor increase the previous year. Among patients originally admitted for temporary hospitalization, 86 were able to restore their CR and return to the community in FY 2021. One patient was administratively discharged after eloping and being incarcerated on the mainland.

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

FY20	ADMISSIONS			FY20	DISCHARGES		
	FY21	Change	% Chg		FY21	Change	% Chg
109	86	-23	-21%	0	1	+1	NA

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 2020 and FY 2021. 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 2021, three individuals were admitted with this legal status. 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, three successfully petitioned the court to reinstate its CR in FY 2021.

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

FY20	ADMISSIONS			FY20	DISCHARGES		
	FY21	Change	% Chg		FY21	Change	% Chg
1	3	+2	+200%	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 2020 and FY 2021. 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. After declining over the past 2 years (-29% in FY 2020, -50% in FY 2019), the number of individuals admitted for an evaluation of fitness to proceed increased by +133% (+16) in FY 2021. Due to extenuating circumstances, the court allowed one patient to be discharged with this legal status and dismissed charges shortly thereafter.

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

FY20	ADMISSIONS			FY20	DISCHARGES		
	FY21	Change	% Chg		FY21	Change	% Chg
12	28	+16	+133%	3	1	-2	-67%

Starting September 2020, Act 26 (Session Laws of Hawai'i 2020) allowed courts to require expedited examination of a non-violent petty misdemeanor's fitness to proceed and a hearing within two days of the report filing (HRS §704-404(2)(a)). **Table 12** details admissions among individuals committed for evaluation of fitness, including Act 26 admissions. Nearly one-third (32%, n=9) of admissions for fitness evaluations were due to Act 26, contributing to the increase in this category. Eight patients admitted for fitness evaluations were discharged as fit to proceed (§704-405) and released to PSD to stand trial for their criminal charges; one of these patients had been admitted under Act 26 for expedited evaluation and hearing.

TABLE 12: DETAILS OF ADMISSIONS WITH LEGAL STATUS OF EVALUATION OF FITNESS TO PROCEED

LEGAL STATUS	# OF ADMISSIONS			
	FY20	FY21	Change	% Chg
Evaluation of Fitness to Proceed §704-404	12	19	+7	+58%
Act 26 – Evaluation of Fitness to Proceed, Non-Violent Petty Misdemeanor, Expedited Evaluation and Hearing §704-404(2)(a)	NA	9	+9	NA
TOTAL	12	28	+16	+133%

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

Table 13 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. Admissions with a legal status of unfit to proceed declined by -46% (-76). Two patients were discharged by the courts as unfit to proceed and ordered to neighbor island medical or correctional facilities to await further court proceedings.

TABLE 13: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF UNFIT TO PROCEED

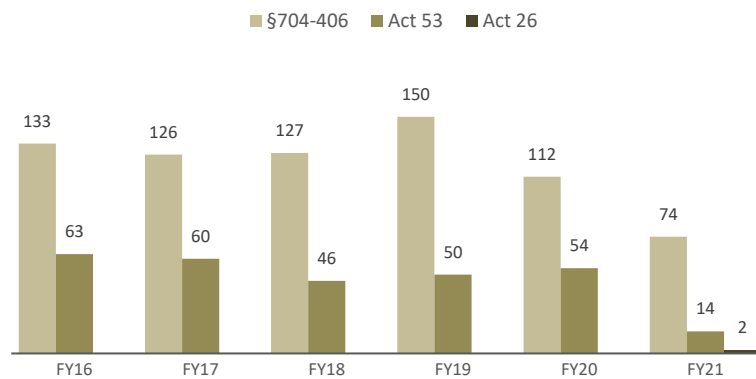
ADMISSIONS				DISCHARGES			
FY20	FY21	Change	% Chg	FY20	FY21	Change	% Chg
166	90	-76	-46%	1	2	+1	+100%

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. In 2020, the Legislature passed **Act 26**, which provided another option for handling non-violent petty misdemeanants. For such individuals ordered for expedited evaluation and hearing by the court (HRS §704-404(2)(a)), then found to be unfit to proceed may be committed to HSH for up to seven days (HRS §704-421), or as soon as practicable, for further evaluation of fitness. **Table 14** and **Figure 6** details Act 53 and Act 26 admissions among individuals found unfit to proceed. Act 53 admissions decreased in FY 2021 in number (-40, -74%) and as a share of all unfit to proceed admissions, dropping to 16% from 33% of unfit to proceed admissions. In FY 2021, there were two patients admitted to HSH as unfit to proceed under Act 26.

TABLE 14: DETAILS OF ADMISSIONS WITH LEGAL STATUS OF UNFIT TO PROCEED

LEGAL STATUS	# OF ADMISSIONS			
	FY20	FY21	Change	% Chg
Unfit to Proceed §704-406	112	74	-38	-34%
Act 53	54	14	-40	-74%
Unfit to Proceed, Non-Violent Petty Misdemeanor §704-406(1)(a)	33	2	-31	-94%
Unfit to Proceed, Non-Violent Misdemeanor §704-406(1)(b)	21	12	-9	-43%
Act 26 Unfit to Proceed, Non-Violent Petty Misdemeanor §704-421	NA	2	+2	NA
TOTAL	166	90	-76	-46%

FIGURE 6: DETAILS OF ADMISSIONS WITH LEGAL STATUS OF UNFIT TO PROCEED, FY 2016 TO 2021



After treatment at HSH, 51 patients originally admitted as unfit were restored of fitness (§704-405) and discharged in FY 2021 to stand trial for their offenses. Most of these discharges involved patients admitted under §704-406 (n=46, 90%), with a small number admitted under Act 53 (n=5, 10%).

J. Involuntary Hospitalization (“Civil Commitment”)³

Table 15 identifies the number of admissions and discharges with a legal status of involuntary hospitalization (or civil commitment). During FY 2021, there were four admissions with a legal status of civil commitment. These 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 15: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF CIVIL COMMITMENT

ADMISSIONS				DISCHARGES			
FY20	FY21	Change	% Chg	FY20	FY21	Change	% Chg
6	4	-2	-33%	0	0	0	—

³ HRS §334-60.2 (or MH-6), §704-406(3)(b), §704-406(4), §704-406(7)(b), and §706-607.

K. Other Legal Statuses at Discharge

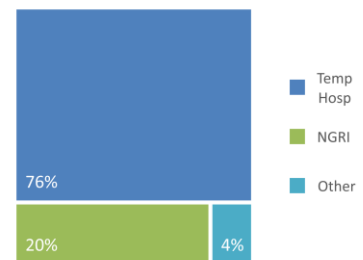
Table 16 identifies the number of discharges involving other legal statuses.

TABLE 16: OTHER LEGAL STATUSES AT DISCHARGE

LEGAL STATUS	# OF DISCHARGES			
	FY20	FY21	Change	% Chg
Conditionally Released (CR) §704-415	122	114	-8	-7%
Fit to Proceed §704-405	85	61	-24	-28%
No Legal Encumbrance	83	60	-23	-28%
Unfit to Proceed, Released on Conditions §704-406(1)	7	4	-3	-43%
Acquitted and Discharged §704-411(1)(c)	0	1	+1	NA
Expired (patient death)	1	3	+2	+200%

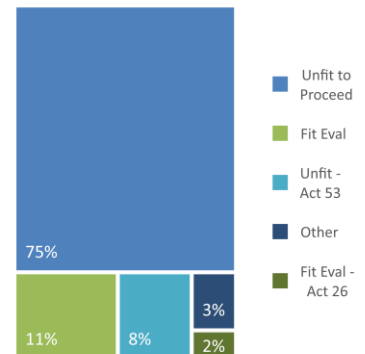
Conditional release (§704-415) continued to be the most common discharge legal status during the fiscal year (n=114). These individuals were acquitted and committed to HSH, temporarily hospitalized for CR violations (§704-413(1)), or had their CR revoked (§704-413(4)), and after a statutory period of time, applied for and were granted, by the courts, CR to continue care, supervision, and treatment within the community. Of the 114 individuals discharged on CR, a majority (76%) were originally admitted for temporary hospitalization for CR violation, with an additional 20% previously admitted as recently acquitted and committed, or NGRI (**Figure 7**).

FIGURE 7: ADMISSION LEGAL STATUS OF PATIENTS DISCHARGED ON CR (N=114)



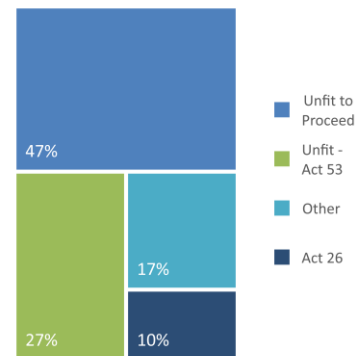
Fit to proceed (§704-405) was the next most common discharge legal status (n=61). Previously, these individuals were found by the courts to either require an evaluation of their fitness to proceed (§704-404) or be unfit to proceed (§704-406). If, after receiving evaluation reports from mental health 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 61 patients discharged as fit to stand trial, a majority (75%) were originally admitted as unfit to proceed (§704-406) and an additional 11% admitted as unfit to proceed under Act 53 for non-violent misdemeanors or petty misdemeanors (**Figure 8**). Most of the remaining patients had been admitted to HSH for fitness evaluation: 8% under §704-404 and 2% under Act 26 (§704-404(2)(a)).

FIGURE 8: ADMISSION LEGAL STATUS OF PATIENTS DISCHARGED AS FIT (N=61)



Discharges with no legal encumbrance occur when individuals leave HSH 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.

FIGURE 9: ADMISSION LEGAL STATUS OF PATIENTS DISCHARGED WITH NO LEGAL ENCUMBRANCE (N=60)



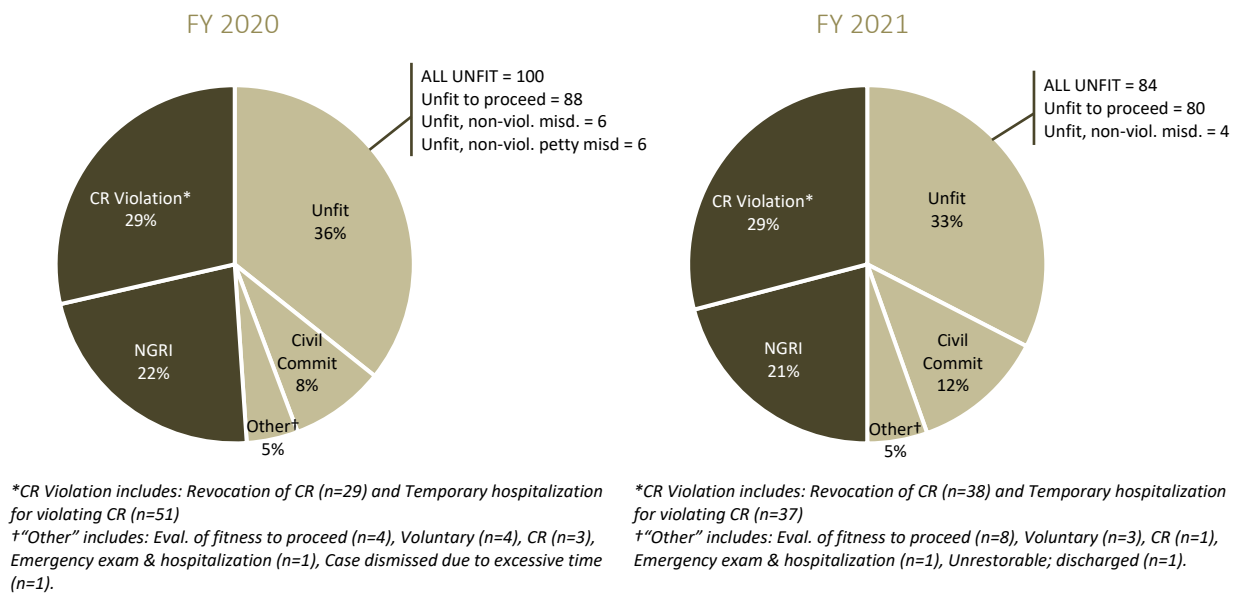
A majority of the 60 patients discharged with no legal encumbrance were originally admitted as unfit to proceed—47% admitted as §704-406 and 27% admitted under Act 53 for non-violent misdemeanors and petty misdemeanors (**Figure 9**). Under Act 53, patients who are not found fit to proceed prior to the expiration of commitment are dismissed of their charges and released from HSH or civilly committed. Act 53 patients remain a sizeable portion of those discharged with no legal encumbrance. Under Act 26, non-violent petty misdemeanants who were admitted for expedited evaluation and hearing (§704-404(2)(a)) or admitted after subsequently being found unfit to proceed (§704-421) are further examined within 7 days, or as soon as practicable, then either found fit to proceed, or dismissed of their charges and released. Ten percent of discharges with no further legal encumbrance were patients admitted under Act 26.

Discharges with legal status of **unfit to proceed and released on conditions (§704-406(1))** (n=4) continued to decline (-3, -43%). 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. Three of these patients were originally admitted as unfit to proceed and in need of restoration under §704-406, and one was originally admitted for evaluation of fitness (§704-404).

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

Figure 10 presents the primary legal status of patients active on the last day of FY 2020 (June 30, 2020) and FY 2021 (June 30, 2021). 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 10: ACTIVE PATIENTS BY LEGAL STATUS AT END OF FY 2020 AND 2021



There were nominal changes to the proportion of patient legal statuses across the two fiscal years. Individuals unfit to proceed and committed for competency restoration declined slightly to 33% in FY 2021 from 36% in FY 2020. The NGRI cohort of legal statuses (i.e., NGRI, revocation of CR, and temporarily hospitalization for violating CR) involved half of all patients active at the end of the fiscal year.

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

A. County

Figure 11, Figure 12, and Table 17 detail admissions by the county ordering DOH commitment. During FY 2021, the Maui County was the only county to increase its admissions to HSH (+3, +8%), while all other counties declined in commitments. Nonetheless, Maui County continued to commit the fewest individuals to HSH. Furthermore, as illustrated by **Figure 12**, the percentage of admissions from Maui County was lower than the county's proportion of the state census population (7% of HSH admissions vs 12% of state population), while the percentage of admissions from other counties were similar to or higher than their respective county's proportion of the state population.

FIGURE 11: ADMISSIONS BY COMMITTING COUNTY, FY 2015 TO 2021

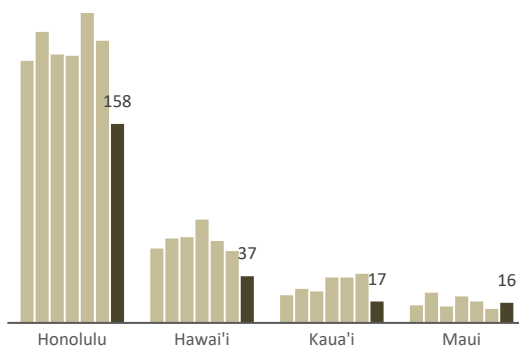


FIGURE 12: PERCENTAGE OF ADMISSIONS BY COMMITTING COUNTY AND STATE CENSUS POPULATION, FY 2020 AND 2021

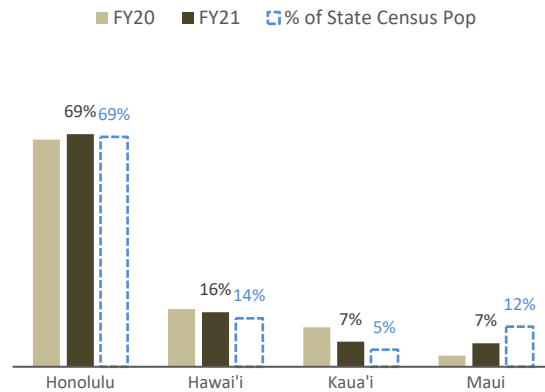


TABLE 17: ADMISSIONS BY COMMITTING COUNTY

COUNTY	# OF ADMISSIONS		% OF ADMISSIONS		% of State Pop.*	Change	% Chg
	FY20	FY21	FY20	FY21			
Honolulu	224	158	68%	68%	69%	-22	-9%
Hawai'i	57	37	17%	17%	14%	-8	-12%
Hilo	29	29	9%	9%	—	-5	-15%
Kona	26	7	8%	8%	—	-2	-7%
Waimea	2	1	1%	1%	—	-1	-33%
Kaua'i	39	17	12%	12%	5%	+3	+8%
Maui	11	16	3%	3%	12%	-6	-35%
TOTAL	331	228†	100%	100%	100%	-33	-9%

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

†One (1) patient was admitted for emergency examination and hospitalization with no charges or court order.

B. Court

Figure 13 and **Table 18** 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 2021, most circuit and district courts saw decreases in commitments. The biggest statewide drop was among district court commitments, declining by nearly half. There was a modest increase in family court admissions (+2, +9%). Despite the various changes, two-thirds (67%) of all admissions continued to come from circuit courts.

FIGURE 13: ADMISSIONS BY COMMITTING COURT AND COUNTY, FY 2020 AND 2021

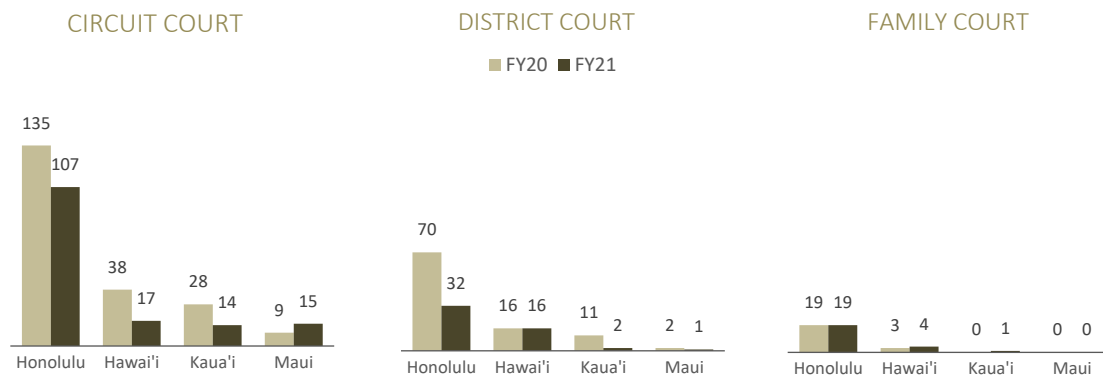


TABLE 18: ADMISSIONS BY COMMITTING COURT AND COUNTY

COUNTY	CIRCUIT COURT			DISTRICT COURT			FAMILY COURT		
	FY21	Change	% Chg	FY21	Change	% Chg	FY21	Change	% Chg
Honolulu	107	-28	-21%	32	-38	-54%	19	0	0%
Hawai'i	17	-21	-55%	16	0	0%	4	+1	+33%
Hilo	14	-8	-36%	11	+5	+83%	4	+3	+300%
Kona	3	-13	-81%	4	-4	-50%	0	-2	-100%
Waimea	0	0	-	1	-1	-50%	0	0	-
Kaua'i	14	-14	-50%	2	-9	-82%	1	+1	NA
Maui	15	+6	+67%	1	-1	-50%	0	0	-
TOTAL	153	-57	-27%	51	-48	-48%	24	+2	+9%
% of Admissions	67%			22%			11%		

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

Table 19 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 nearly 7 in 10 (69%) admissions during FY 2021. Among the most common legal status at admission—unfit to proceed (§704-406)—twice as many individuals were admitted for felonies than misdemeanors. This was a significant change from the previous year where more patients with the legal status of unfit to proceed were admitted for misdemeanors (n=89) than felonies (n=77). Conversely, among individuals admitted for evaluation of fitness to proceed (§704-404) in FY 2021, six times more individuals were admitted for misdemeanors than felonies. This was nearly the opposite in FY 2020, where five times more individuals ordered for fitness evaluations were admitted for felonies (n=10) than misdemeanors (n=2).

TABLE 19: FY 2021 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	REVOCAION OF CR	CIVIL COMMITMENT	OTHER	POST-ACQUIT TAL HRG ON DANG.	TOTAL	% OF ADMISSIONS
TOTAL ADMITS W/FELONY CHARGES	60	78	14	4	2	–	1	–	159	69%
Felony A	3	7	4	3	–	–	–	–	17	7%
Offense against another	2	5	4	2	–	–	–	–	13	6%
Offense not against another	1	2	–	1	–	–	–	–	4	2%
Felony B	11	14	2	–	1	–	–	–	28	12%
Offense against another	3	8	–	–	–	–	–	–	11	5%
Offense not against another	8	6	2	–	1	–	–	–	17	7%
Felony C	46	57	8	1	1	–	1	–	114	50%
Offense against another	16	33	6	–	–	–	1	–	56	24%
Offense not against another	30	24	2	1	1	–	–	–	58	25%
TOTAL ADMITS W/MISD. CHARGES	30	8	1	24	1	2	1	–	67	29%
Misdemeanors	25	8	1	14	1	2	1	–	52	23%
Offense against another	11	2	–	9	–	2	1	–	25	11%
Offense not against another	14	6	1	5	1	–	–	–	27	12%
Petty Misdemeanors	5	–	–	10	–	–	–	–	15	7%
Offense against another	1	–	–	–	–	–	–	–	1	0.4%
Offense not against another	4	–	–	10	–	–	–	–	14	6%
VIOLATION – Offense not against another	–	–	–	–	–	–	–	–	0	0%
NO CHARGE	–	–	–	–	–	2	1	–	3	1%
TOTAL	90	86	15	28	3	4	3	–	229	100%*
% OF ADMISSIONS	39%	38%	7%	12%	1%	2%	1%	0%	100%*	

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

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 14 and **Table 20** compare the offense grades of FY 2021 admissions against admissions in prior years. For a majority of admissions (79%), the severest charges involved Felony C or lesser offenses. Felony C continued to be the most common severest offense (50%), followed by misdemeanors (23%). All offense severity categories saw decreases, with the most notable decline occurring among petty misdemeanors (-25, -63%).

FIGURE 14: ADMISSIONS BY MOST SEVERE CHARGE, FY 2015 TO 2021

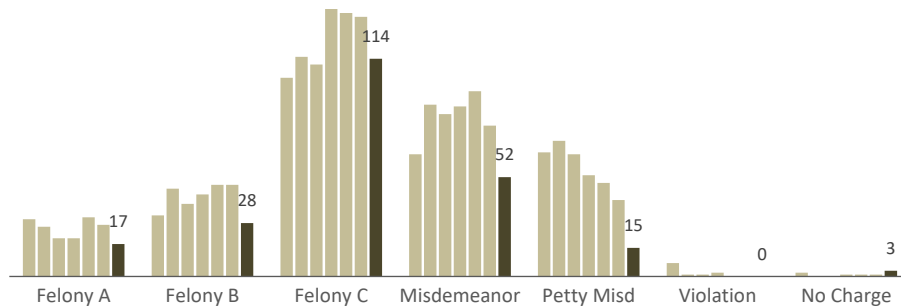


TABLE 20: COMPARISON OF FY 2020 AND 2021 ADMISSIONS BY GRADE OF MOST SEVERE OFFENSE

	# OF ADMISSIONS		% OF ADMISSIONS		Change	% Chg
	FY20	FY21	FY20	FY21		
TOTAL ADMITS W/FELONY CHARGES	211	159	64%	69%	-52	-25%
Felony A	27	17	8%	7%	-10	-37%
Offense against another	22	13	7%	6%	-9	-41%
Offense not against another	5	4	2%	2%	-1	-20%
Felony B	48	28	15%	12%	-20	-42%
Offense against another	15	11	5%	5%	-4	-27%
Offense not against another	33	17	10%	7%	-16	-48%
Felony C	136	114	41%	50%	-22	-16%
Offense against another	65	56	20%	24%	-9	-14%
Offense not against another	71	58	21%	25%	-13	-18%
TOTAL ADMITS W/MISD. CHARGES	119	67	36%	29%	-52	-44%
Misdemeanors	79	52	24%	23%	-27	-34%
Offense against another	37	25	11%	11%	-12	-32%
Offense not against another	42	27	13%	12%	-15	-36%
Petty Misdemeanors	40	15	12%	7%	-25	-63%
Offense against another	5	1	2%	0%	-4	-80%
Offense not against another	35	14	11%	6%	-21	-60%
VIOLATION – Offense not against another	0	0	0%	0%	0	-
NO CHARGE	1	3	0.3%	1%	+2	+200%
TOTAL	331	229	100%*	100%*	-102	-31%

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

Table 21 details the categories of underlying crimes charged against forensic patients active during FY 2020 and 2021. 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 507 active patients in FY 2021 (HSH and contracted bed sites), 8 were originally admitted under a non-forensic status, resulting in a total of 499 forensic patients. While most individuals had criminal charges in only one category, 30% 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 2021, offenses against persons (49%) were slightly more common than property crimes (46%) among HSH patients. Sexual offenses remained relatively rare (3%) and primarily involved misdemeanor charges (59%). Thirty-seven percent of patients committed offenses other than personal or property crimes—most commonly, promoting a dangerous drug in the third degree and harassment.

TABLE 21: FORENSIC PATIENTS, BY CATEGORIES OF UNDERLYING CRIME, FY 2020 AND 2021

CATEGORY OF UNDERLYING CRIME	# OF FORENSIC PTS*		% OF FORENSIC PTS		Change	% Chg
	FY20	FY21	FY20	FY21		
Offenses Against Persons §707, excluding sex offenses	252	245	44%	49%	-7	-3%
Sexual Offenses §707 Part V	20	17	3%	3%	-3	-15%
Offenses Against Property §708	275	230	48%	46%	-45	-16%
Other Offenses Offenses other than §§707, 708	211	187	36%	37%	-24	-11%
Other offense only - Did not commit any §§707, 708 offense	108	89	19%	18%	-19	-18%
TOTAL FORENSIC PATIENTS	579	499			-80	-14%

*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 HAWAI'I STATE HOSPITAL

A. Inpatient Days by Location and Admission Legal Status

Table 22 presents total inpatient days and location for patients active between FY 2011 and 2021, 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 Total inpatient days increased nearly every year since FY 2011, but experienced a significant drop in FY 2021 (-10%, -10,153), likely reflecting the COVID-related reduction in admissions.

TABLE 22: INPATIENT DAYS OF ACTIVE PATIENTS BY LOCATION, FY 2011 TO 2021

FISCAL YEAR	LOCATION			TOTAL	Change	% Chg
	HSH	Kāhi Mōhala	CRCC			
2021	71,181	16,160	2,920	90,261	-10,153	-10%
2020	85,481	12,139	2,794	100,414	+7,837	+8%
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	—	—

Table 23 presents the number of inpatient days by admission legal status and location for patients active during FY 2021. Despite the continued decline in transfers from HSH to Kāhi Mōhala in FY 2021, contracted beds were more fully utilized and patients received +33% more inpatient days of service at Kāhi Mōhala (+4,021 days) than in FY 2020. The 2,920 inpatient days at CRCC reflect 8 patients in out-of-state custody for the full year.

Like previous years, more than two-thirds (71%) of inpatient days were collectively attributable to two types of patients: Individuals admitted as unfit to proceed (43%) and those temporarily hospitalized for CR violations (28%). The largest decrease in inpatient days occurred among individuals admitted as unfit to proceed (-7,611 days, -16%), likely related to the decrease in unfit to proceed admissions (-76 patients, -46%). The largest increase in inpatient days occurred among individuals admitted for fitness evaluations (+1,407 days, +33%), likely affected by the increase in

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.

admissions (+16 patients, +133%). Despite these changes, the proportion of inpatient days by admission legal status are generally consistent year-to-year.

TABLE 23: FY 2021 INPATIENT DAYS OF ACTIVE PATIENTS, BY ADMISSION LEGAL STATUS AND LOCATION

ADMISSION LEGAL STATUS	HSH			KĀHI MŌHALA			CRCC			FY21 TOTAL
	FY21	Chg	% Chg	FY21	Chg	% Chg	FY21	Chg	% Chg	
Unfit to Proceed	28,585	-9,282	-25%	8,936	+1,540	+21%	1,095	+131	+14%	38,616
Temp. Hosp. for CR Violation	19,934	-3,861	-16%	5,121	+2,775	+118%	—	—	—	25,055
Acquitted & Committed (NGRI)	12,904	-470	-4%	1,989	+167	+9%	1,095	-3	-0.3%	15,988
Evaluation of Fitness to Proceed	5,217	+1,366	+35%	86	+42	+95%	365	-1	-0.3%	5,668
Civil Commitment	1,612	-595	-27%	28	-163	-85%	—	—	—	1,640
Revocation of CR	967	-972	-50%	—	-149	-100%	365	-1	-0.3%	1,332
Involuntary Emergency Hold	442	+215	+95%	—	—	—	—	—	—	442
Post-Acquittal Hrg on Dangerousness	365	-927	-72%	—	-137	-100%	—	—	—	365
Transfer fr. Correctional Facility	365	-51	-12%	—	-54	-100%	—	—	—	365
Other	790	+277	+54%	—	—	—	—	—	—	790
TOTAL	71,181	-14,300	-17%	16,160	+4,021	+33%	2,920	+126	+5%	90,261

B. Length of Stay (LOS) for Individuals Discharged During FY 2021

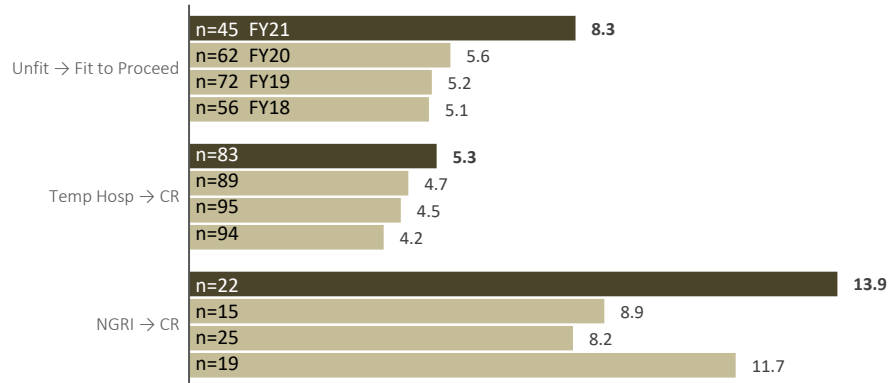
Table 24 details the length of stay for individuals discharged during FY 2021. LOS measures a hospitalization episode by calculating the number of days between admission and discharge. Overall, the average LOS for patients discharged in FY 2021 (excluding expired patients) lengthened by +118 days to 11 months (336 days).

TABLE 24: LENGTH OF STAY (LOS) FOR INDIVIDUALS DISCHARGED IN FY 2021, BY DISCHARGE LEGAL STATUS

LEGAL STATUS AT DISCHARGE	# OF DISCHARGES			TOTAL LOS			AVERAGE LOS		
	FY21	Chg	% Chg	FY21	Chg	% Chg	FY21	Chg	% Chg
Conditionally Released (CR)	114	-8	-7%	45,106	+14,678	+48%	396	+146	+59%
Fit to Proceed	61	-24	-28%	14,484	-516	-3%	237	+61	+35%
No Legal Encumbrance	60	-23	-28%	20,382	+2,531	+14%	340	+125	+58%
Unfit to Proceed, Rel. on Cond.	4	-3	-43%	1,162	-914	-44%	291	-6	-2%
Acquitted & CR	3	-5	-63%	685	-878	-56%	228	+33	+17%
Unfit to Proceed	2	+1	+100%	659	+637	+2,895%	330	+308	+1,398%
Eval. of Fitness to Proceed	1	-2	-67%	42	-475	-92%	42	-130	-76%
Temp. Hospitalization	1	+1	NA	109	+109	NA	109	+109	NA
Expired (patient death)	3	+2	+200%	14,057	+13,952	+13,288%	4,686	+4,581	+4,363%
TOTAL	249	-61	-20%	96,686	+29,124	+43%	278	0	0%
Excluding expired patients	246	-63	-20%	82,629	+15,172	+22%	336	+118	+54%

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 15** presents the average LOS⁶ of key admission and discharge legal status combinations reflecting ideal outcomes.

FIGURE 15: AVERAGE LOS (IN MONTHS) OF PATIENTS DISCHARGED WITH SELECT LEGAL STATUSES, FY 2018 TO 2021



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 8.3 months. Individuals admitted for temporary hospitalization for violating CR (§704-413(1)) who resumed CR (§704-415) had an average LOS of 5.3 months. The initial order for temporary hospitalization allows individuals to be held at HSH for up to 72 hours, but only one patient⁷ was 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 30% of these successful returns to CR occurred within the first 90 days—nearly the same rate as in FY 2020 (29%), but a significant decline from 45% in FY 2019. COVID-related delays and rescheduling of numerous court hearings likely contributed to this decline. For patients recently acquitted and committed, or NGRI (§704-411(1)(a)), and discharged on CR after hospitalization, the average LOS increased significantly in FY 2021 to 13.9 months from 8.9 months the previous year.

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.

⁷ The patient was admitted on a Friday and discharged within 3 work days (5 calendar days).

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

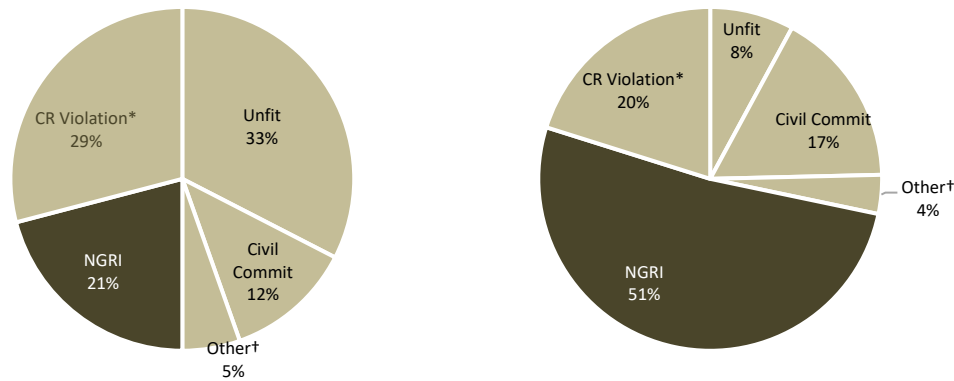
LOS is typically calculated upon discharge for individuals leaving a hospital to capture the length of a hospitalization episode. For patients who are *currently* in a hospital and yet to be discharged, gross length of stay is measured from admission date to the current or a given date.

Figure 16 provides a snapshot of the HSH population on the last day of FY 2021 (June 30, 2021) 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 16: COMPOSITION AND GROSS LOS OF PATIENTS ACTIVE AT END OF FY 2021, BY LEGAL STATUS ON JUNE 30, 2021

AS PERCENTAGE OF ACTIVE PATIENTS

AS PERCENTAGE OF GROSS LOS



*CR Violation includes: Revocation of CR (n=38) and Temporary hospitalization for violating CR (n=37)
 †“Other” includes: Eval. of fitness to proceed (n=8), Voluntary (n=3), CR (n=1), Emergency exam & hospitalization (n=1), Unrestorable; discharged (n=1).

In FY 2021, the 54 patients with the legal status of acquitted and committed (NGRI) on the last day of the fiscal year collectively spent 440 years (160,934 days) at HSH since their respective admissions—an average of 8.2 years per patient. NGRI patients accounted for only 21% of patients active on the last day of FY 2021, but more than half of the total gross LOS (52%). The 75 patients with CR violations at the end of the fiscal year accumulated 172 years, or 20% of the total gross LOS, averaging 2.3 years per patient. By contrast, the 84 patients with the legal status of unfit to proceed on the last day of the fiscal year constituted the largest group (33%), but amassed only 67 years (24,658 days), an average gross LOS of 0.8 years (9.6 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."⁸

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. Twenty-one WPSHA hospitals administering to adults participated in the FY 2021 study, including HSH. Of the participating hospitals, only 3 (including HSH) treated forensic patients exclusively, 5 treated only civilly-committed patients, and the remaining 13 treated a mixture of forensic and civilly-committed patients.

⁸ U.S. Department of Labor, Occupational Safety and Health Administration, OSHA 3148-06R 2016, "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 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. 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 25 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 2020 and 2021. In all other categories, the rates of violence at HSH declined in FY 2021.

TABLE 25: FY 2020 AND 2021 WPSHA BENCHMARKING PROJECT
 AGGRESSION INCIDENTS PER 1,000 PATIENT DAYS IN STATE HOSPITALS

CATEGORY	HSH RATES		Change	% Chg	FY21 WPSHA RANGE
	FY20	FY21			
Patient-to-Patient Aggression	1.94	1.49	-0.45	-23%	0.00 – 7.62
Patient-to-Staff Aggression	3.10	2.53	-0.57	-18%	0.00 – 21.29
Patient-to-Visitor Aggression	0.00	0.00	0	—	0 – 0.03
TOTAL Aggression Incident Rate	5.04	4.02	-1.02	-20%	0.00 – 27.97

Figure 17 illustrates WPSHA comparison data on total aggressive incidents for FY 2021. This graph demonstrates that of the 21 hospitals reporting data on total acts of aggression, 10 had a higher rate per 1,000 patient days compared to HSH.

FIGURE 17: WPSHA FY 2020 BENCHMARKING DATA FOR TOTAL AGGRESSION INCIDENTS PER 1,000 PATIENT DAYS, BY FACILITY TYPE

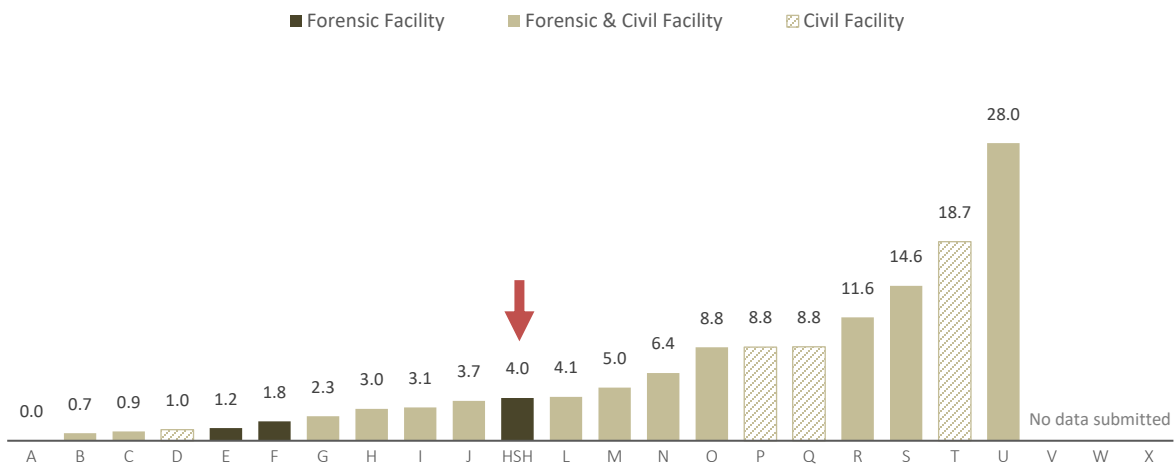
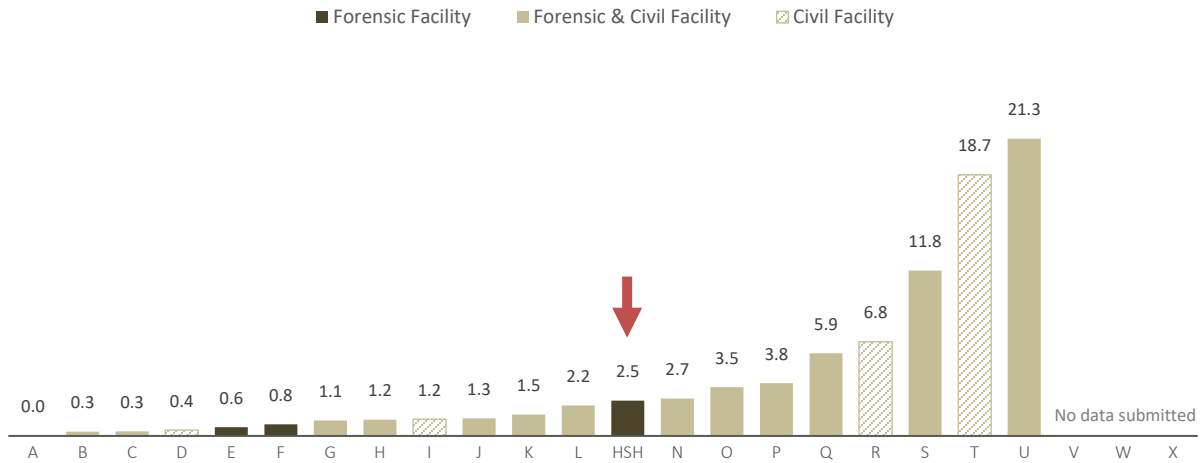


Figure 18 illustrates WPSHA comparison data on patient-to-staff aggression incidents for FY 2021. Of the 21 hospitals reporting patient-to-staff acts of aggression, 8 had a higher rate compared to HSH.

FIGURE 18: WPSHA FY 2021 BENCHMARKING DATA FOR PATIENT-TO-STAFF AGGRESSION INCIDENTS PER 1,000 PATIENT DAYS, BY FACILITY TYPE



A closer examination of assaults at HSH over time (**Figure 19**) showed that after a steady decline, HSH experienced an increase in total patient-to-staff assaults starting in FY 2017. In FY 2021, HSH saw a marginal increase (+3) in staff assaults.

FIGURE 19: TOTAL ASSAULTS (CONTACT AND ATTEMPTED) ON HSH STAFF, FY 2013-2021

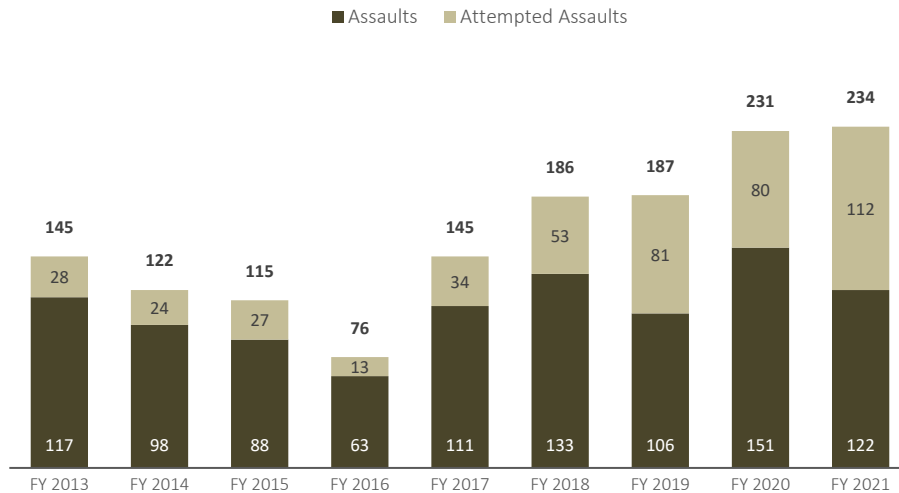


Figure 20 analyzes patient-to-staff assault data by identifying the proportion of patients involved in staff assaults (i.e., assaultive patients) and the frequency of assaults committed or attempted by assaultive patients. Of the 507 unique patients active at HSH in FY 2021, only 11% (58 individuals) had committed or attempted assault on staff. Nearly 45% of the 234 assaults committed or attempted on staff were attributable to just 4 highly-assaultive patients, *including 1 patient who alone was responsible for 39 assaults (or 17% of all assaults)*. More than half (57%) of the remaining assaultive patients (n=33) were each involved in only one staff assault event during the year, responsible for just 14% of all assaults.

FIGURE 20: PATIENTS RESPONSIBLE FOR STAFF ASSAULTS (CONTACT & ATTEMPTS), FY 2021

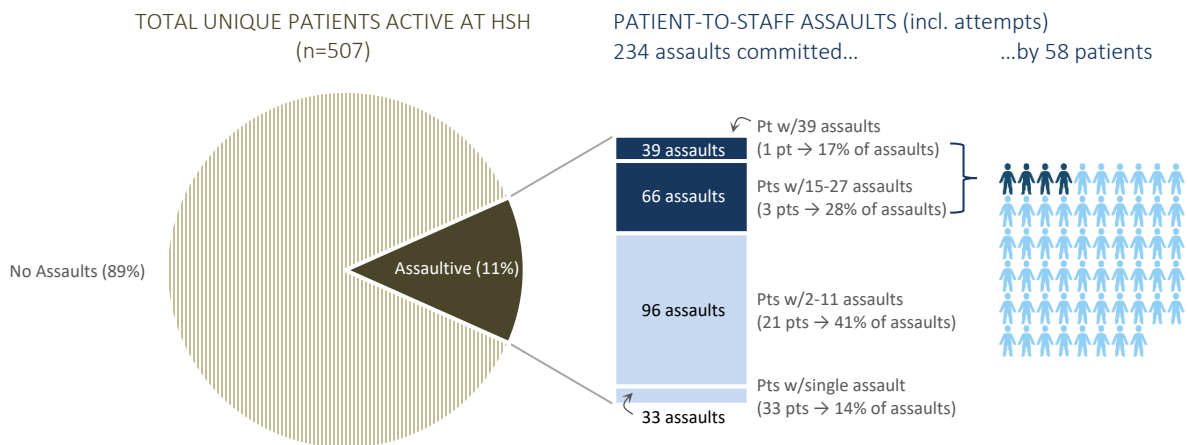
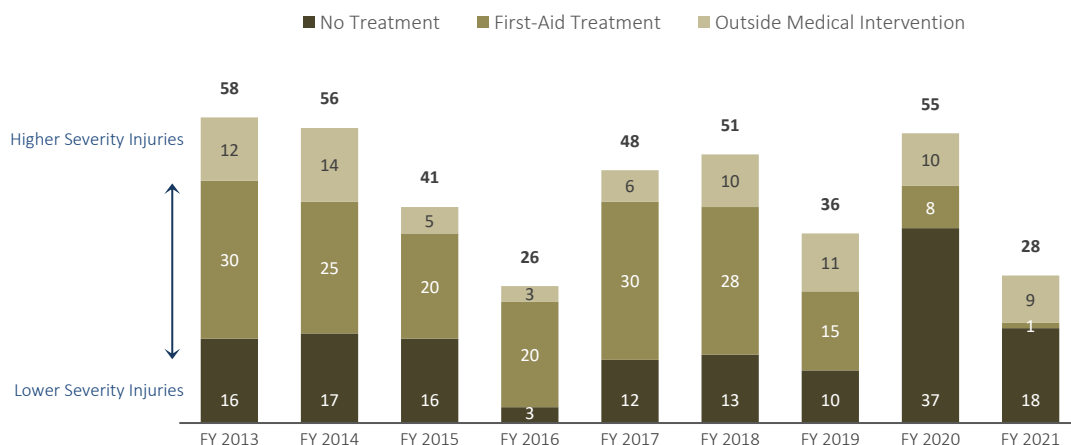


Figure 21 illustrates the severity of staff injuries arising from assaults at HSH between FY 2013 and 2021. Despite the slight increase in total assaults, staff injuries declined dramatically (-49%) and nearly two-thirds of staff injuries did not require any treatment. Injuries from patient assaults requiring first-aid treatment or outside medical intervention continued to decline (10 in FY 2021 from 18 in FY 2020). Continued efforts to mitigate harm from assaults likely attenuated the number and severity of injuries relative to the number of overall assaults on HSH staff.

FIGURE 21: INJURY SEVERITY OF ASSAULTS ON HSH STAFF, FY 2013-2021



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, analysis of assault events, proactive patient engagement (IMUA program), and physical measures (e.g., driver partitions in transport vehicles, expansion of security personnel presence) are among these measures. DOH, AMHD, and HSH administrations believe that one assault is one assault too many and continue to take steps to minimize assaults on staff.