REPORT TO THE THIRTY-FIRST LEGISLATURE
STATE OF HAWAIʻI
2021

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 2020

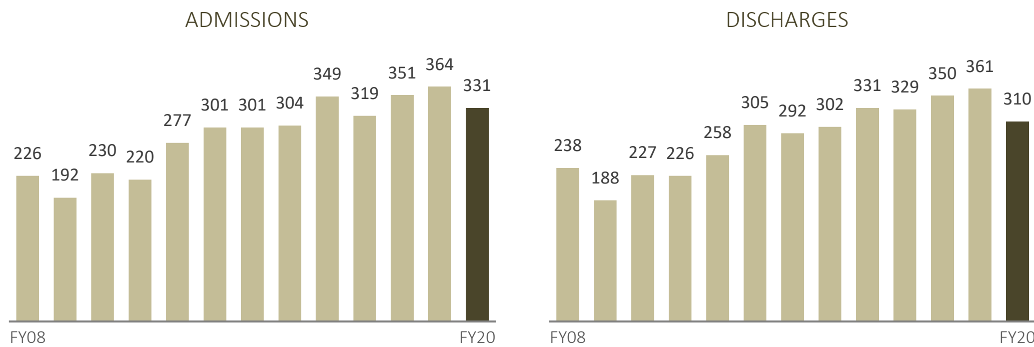
Prepared by:
Hawaiʻi State Department of Health
Adult Mental Health Division
Hawaiʻi State Hospital

EXECUTIVE SUMMARY

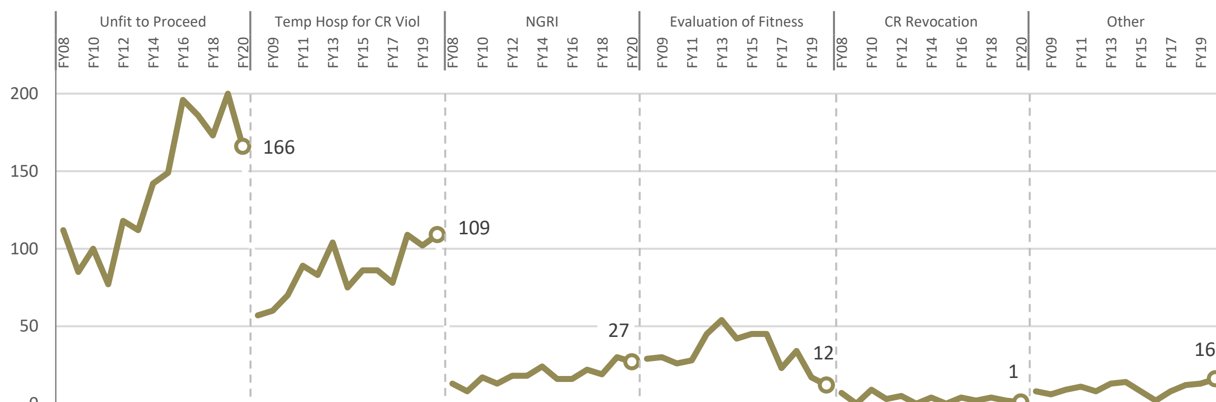
In accordance with Hawai'i Revised Statutes (HRS) §334-16, the Department of Health (DOH) submits this report to the 2021 Hawai'i State Legislature summarizing annual data on forensic patients served by the Hawai'i State Hospital (HSH). All data, unless otherwise noted, is for fiscal year 2020 (FY 2020) and in comparison with FY 2019. Key terms and definitions may be found after the table of contents.

- **Admissions and Discharges.** HSH admissions and discharges both decreased in FY 2020 from the prior fiscal year (-9%, -14%), 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. While this led to fewer admissions, it also limited the ability of patients completing treatment to find community placements, resulting in fewer discharges as well. Concerns about COVID-19 also led community housing providers to halt or severely limit accepting new clients into their homes, further constraining discharges from HSH.

- 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 (66%), homeless prior to admission (58%), and diagnosed with the co-occurrence of substance use (72%).



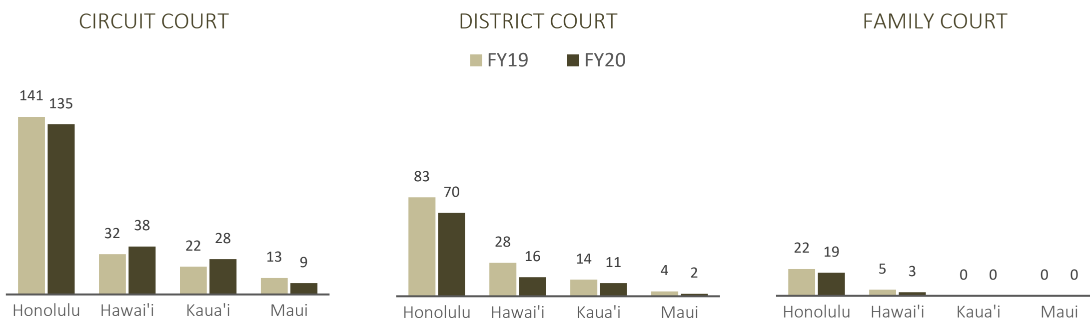
- **Admission Commitment Categories.** Admissions with the legal status of unfit to proceed declined, but continued to be the most frequent commitment category, constituting half of admissions. Individuals ordered to HSH for temporary hospitalization due to conditional release (CR) violations increased slightly (+7%), remaining the second largest category of admissions.



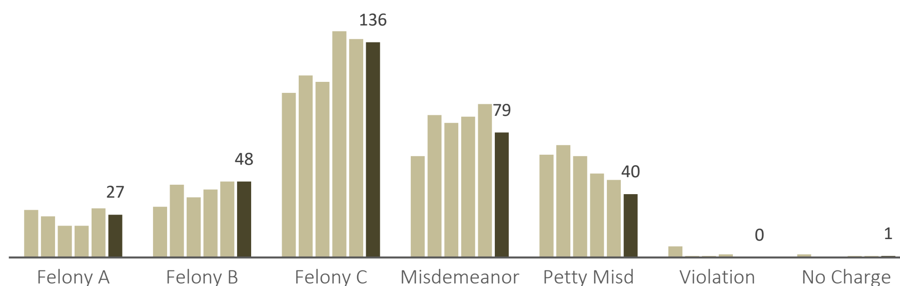
- **Discharge Legal Status Categories.** Conditional release continued to be the most common discharge legal status, involving 39% of all FY 2020 discharges. Of the 122 patients discharged on CR, 76% were originally admitted for temporary hospitalization for CR violations. The next most common (27%) discharge category involved individuals found fit to proceed.

- **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 $13.3 million in FY 2020. To serve individuals who cannot be safely treated at HSH due to intractable dangerous behaviors, eight beds were contracted at CRCC's secure forensic facility in South Carolina.

- **Committing Counties and Courts.** In FY 2020, district and family courts across the state committed fewer patients to HSH. However, there were slight increases from circuit courts in Hawaiʻi and Kauaʻi counties. As in past years, the majority (63%) 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 (41%), 36% were charged with lower-level offenses (misdemeanors 24% and petty misdemeanors 12%).



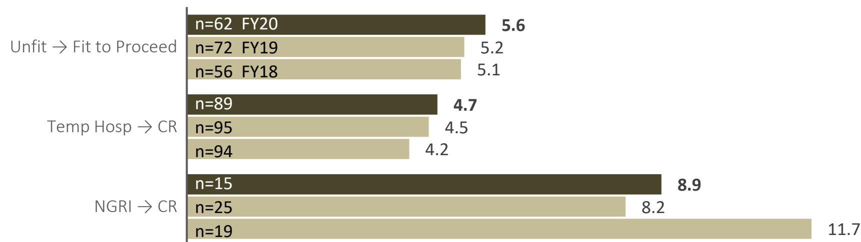
- **Categories of Underlying Crime.** Analysis of the categories of the underlying crimes charged against forensic patients active during FY 2020 revealed that property crimes (HRS §708, 48%) were slightly more common than offenses against persons (HRS §707, 44%). Sexual offenses remained relatively rare (HRS §707 Part V, 4%).

- **Inpatient Days.** Hospital utilization, as measured by total inpatient days, continued to be high, increasing significantly by +8,887 days (+10%). The growing demand for psychiatric beds was accommodated, primarily at HSH (+11,731 days, +16%) and to a lesser extent, by adding an additional contracted bed at CRCC (+1,018 days, +57%). More than two-thirds (72%) 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 (26%).

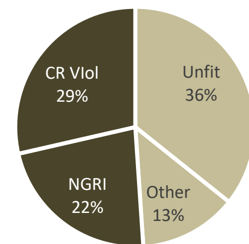
- **Length of Stay (LOS).** For individuals discharged in FY 2020, the average LOS was 7.2 months—a decrease of -43 days from the previous fiscal year. However, analysis revealed increases in the average LOS of the three most common admissions and their ideal discharge legal statuses. COVID-related restrictions on transfers between facilities and to community housing limited placement options for patients preparing for discharge, likely contributing to this increase. Individuals admitted for temporary hospitalization who resumed CR had an average stay of 4.7 months. The initial order for temporary hospitalization allows individuals to be held at HSH for up to 72 hours, but no patients were discharged within that timeframe in FY 2020. Courts may approve 90-day extensions, up to 1 year, before CR is revoked; 29% of these successful returns to CR occurred within the first 90 days, in comparison to 45% in FY 2019. 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 8.9 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, 2020) 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 (36%). NGRI individuals constituted 22% 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 over half (51%) of all patients active on the last day of FY 2020.

COMPOSITION OF PTS ACTIVE AT FY20 END, BY LEGAL STATUS



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KEY TERMS AND DEFINITIONS

LEGAL STATUS	DEFINITION
HRS §334-59	Emergency Examination and Hospitalization, also known as "MH-4"
HRS §334-60.1	Voluntary Admission for Non-Emergency Treatment or Supervision, also known as "MH-5"
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	Unfit to Proceed; Committed
HRS §704-406(1)	Unfit to Proceed; Released on Conditions
HRS §704-406(1)(a)	Unfit to Proceed; Charge is a Petty Misdemeanor not Involving Violence, Charge Dismissed after 60 days
HRS §704-406(1)(b)	Unfit to Proceed; Charge is a Misdemeanor not Involving Violence, Charge Dismissed after 120 days
HRS §704-406(3)(a)	Case Dismissed Due to Excessive Time; Discharged
HRS §704-406(3)(b)	Case Dismissed Due to Excessive Time; Civilly Committed
HRS §704-406(3)(c) – 2016	Case Dismissed Due to Excessive Time; Assisted Community Treatment
HRS §704-406(4) – prior	Found Unrestorable; Civilly Committed or Discharged *revised in 2016; see HRS §704-406(7) below*
HRS §704-406(7)(a) – 2016	Found Unrestorable; Discharged
HRS §704-406(7)(b) – 2016	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)	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
HRS §704-411(1)(b)	Acquitted and Conditionally Released
HRS §70D4-411(1)(c)	Acquitted and Discharged
HRS §704-411(2)	Post-Acquittal Hearing on Dangerousness
HRS §704-411(3)	Post-Acquittal Evaluation on Dangerousness
HRS §704-412	Discharged from Conditional Release
HRS §704-413(1)	Temporary Hospitalization for Violating Terms of Conditional Release
HRS §704-413(4)	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. Due to the COVID-19 pandemic, TJC postponed accreditation surveys and extended accreditations for all organizations with renewal dates before site visits can be safely resumed by TCJ. HSH is licensed by the DOH through the Office of Health Care Assurance (OHCA), and current licensure is through September 30, 2021.

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 contracted for 48 beds at Kāhi Mōhala and spent nearly $13.3 million for the care of HSH patients at Kāhi Mōhala during FY 2020.

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 2020, eight individuals were hospitalized at CRCC.

During FY 2020, there were a total of 17 **dually-committed** individuals, with 3 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.

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 2019 and 2020. During FY 2020, HSH admissions decreased by -9% and discharges by -14%.

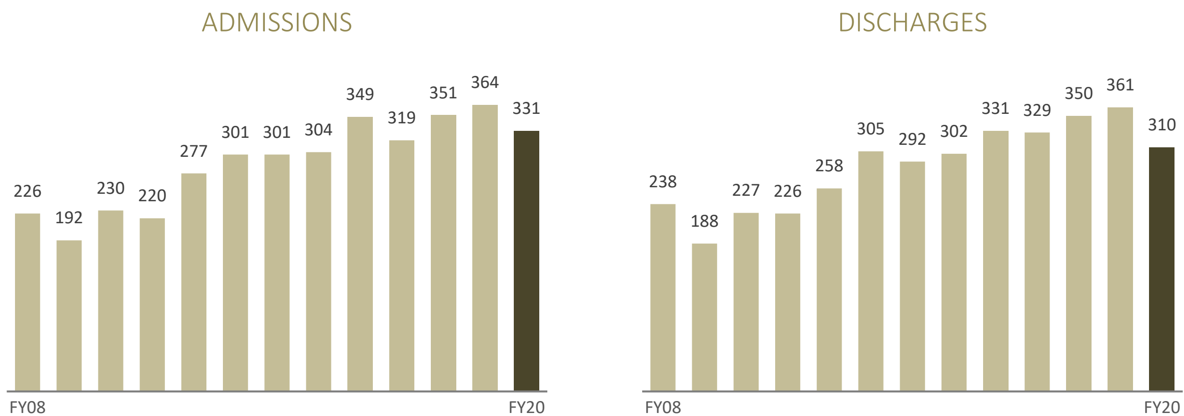
TABLE 1: ADMISSIONS AND DISCHARGES

ADMISSIONS				DISCHARGES			
FY19	**FY20**	Change*	% Chg	FY19	**FY20**	Change*	% Chg
364	**331**	-33	-9%	361	**310**	-51	-14%

**In this and subsequent tables, reflects change between FY 2019 and 2020.*

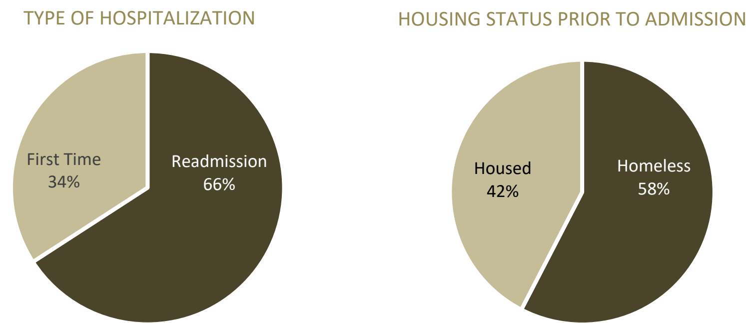
Figure 1 illustrates the total number of admissions and discharges over the past 13 years. While the number of HSH admissions and discharges in FY 2020 declined, the steeper decline in discharges meant admissions outpaced discharges, resulting in more patients at HSH. The decrease in admissions and discharges 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. While this led to fewer admissions, it also limited the ability of patients completing treatment to find community placements, resulting in fewer discharges as well. 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.

FIGURE 1: HSH ADMISSIONS AND DISCHARGES, FY 2008 TO 2020



Delving deeper into patient demographics provides a better understanding of those suffering from severe or persistent mental illness in Hawaiʻi. **Figure 2** illustrates the proportion of admissions previously hospitalized at HSH or homeless prior to admission. Nearly two-thirds of admissions involved individuals previously hospitalized at HSH. More than half (58%) of FY 2020 admissions were homeless prior to admission to HSH. This proportion of homelessness among admissions was the same among patients who were experiencing their first admission as well as those previously admitted to HSH.

FIGURE 2:REHOSPITALIZATION AND HOUSING STATUS OF ADMISSIONS, FY 2020



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 3** illustrates substance use diagnosed among individuals admitted during FY 2020, revealing that 72% used at least one substance and that more than half (56%) used more than one substance. Alcohol (56%) was the most common substance used; however, cannabis (46%) and meth (45%) use were also significant among FY 2020 admissions.

FIGURE 3: CO-OCCURRING SUBSTANCE USE AMONG ADMISSIONS, FY 2020

Table 2 identifies the total of transfers within DOH custody for FY 2020. 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 (increased from 7 to 8 beds in FY 2020). After increasing significantly over the past two years, transfers to Kāhi Mōhala decreased by -12% in FY 2020. In FY 2020, 13 patients returned from Kāhi Mōhala back to HSH. One patient who could not be safely treated at HSH due to intractable dangerous behaviors was transferred to CRCC and joined seven patients previously transferred, resulting in a total of eight patients in out-of-state custody.

TABLE 2: TRANSFERS WITHIN DOH CUSTODY

TO KĀHI MŌHALA				TO CRCC			
FY19	**FY20**	Change	% Chg	FY19	**FY20**	Change	% Chg
136	**120**	-16	-12%	4	**1**	-3	-75%

Table 3 identifies the total number of individuals in DOH/PSD dual custody for FY 2020. 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. Fifteen individuals were transferred to PSD custody, increasing modestly from the previous year. Over the course of FY 2020, a total of 17 dually-committed individuals were in PSD custody, with 3 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			
FY19	**FY20**	Change	% Chg	FY19	**FY20**	Change	% Chg
13	**15**	+2	+15%	19	**17**	-2	-11%

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

A. Summary of Admissions by Legal Status Category

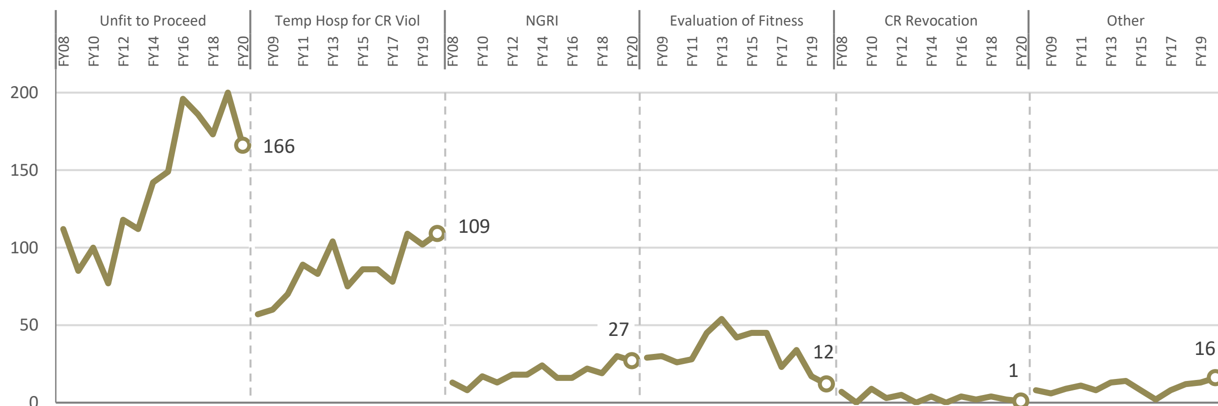
Table 4 summarizes the number of admissions by legal status category for FY 2019 and 2020. **Figure 4** breaks down admissions by admission legal status for the past 13 years.

TABLE 4: LEGAL STATUS AT ADMISSION

LEGAL STATUS	# OF ADMISSIONS		% OF ADMISSIONS		Change	% Chg
	FY19	FY20	FY19	FY20		
Unfit to Proceed §704-406, §704-406(1)(a), §704-406(1)(b)	200	**166**	55%	**50%**	-34	-17%
Temp. Hospitalization for CR Violation §704-413(1)	102	**109**	28%	**33%**	+7	+7%
Acquitted and Committed (NGRI) §704-411(1)(a)	30	**27**	8%	**8%**	-3	-10%
Evaluation of Fitness to Proceed §704-404	17	**12**	5%	**4%**	-5	-29%
Civil Commitment MH-6, §706-607, §704-406(3), §704-406(4)	2	**6**	1%	**2%**	+4	+200%
Post-Acquittal Hearing on Danger. §704-411(2), §704-411(3)	8	**4**	2%	**1%**	-4	-50%
Revocation of CR §704-413(4)	2	**1**	1%	**0.3%**	-1	-50%
Other MH-4, MH-5, MH-9, Voluntary, Admitted in error	3	**6**	1%	**2%**	+3	+100%
TOTAL	364	**331**	100%*	**100%***	**-33**	**-9%**

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

FIGURE 4: ADMISSIONS BY LEGAL STATUS, FY 2008 TO 2020



[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.

The legal status of unfit to proceed decreased by -17% (-34), but continued to be the most common admission legal status, constituting half of all FY 2020 admissions. Temporary hospitalizations for conditional release (CR) violations remained the second largest legal category of admissions, increasing by +7% (+7) despite the overall decrease in admissions. Admissions of individuals acquitted and committed (also referred to as "Not guilty by reason of insanity" or "NGRI") declined modestly (-3, -10%), while evaluations of fitness to proceed continued a steady decline (-5, -29%), reaching its lowest number in over a decade.

B. Summary of Discharges by Legal Status Category

Table 5 summarizes the number of discharges by legal status category for FY 2019 and 2020.

TABLE 5: LEGAL STATUS AT DISCHARGE

	# OF DISCHARGES		% OF DISCHARGES			
LEGAL STATUS	FY19	**FY20**	FY19	**FY20**	Change	% Chg
Conditionally Released §704-415	138	**122**	38%	**39%**	-16	-12%
Fit to Proceed §704-405	93	**85**	26%	**27%**	-8	-9%
No Legal Encumbrance[2]	88	**83**	24%	**27%**	-5	-6%
Acquitted and Conditionally Released §704-411(1)(b)	17	**8**	5%	**3%**	-9	-53%
Unfit to Proceed, Released on Conditions §704-406(1)	17	**7**	5%	**2%**	-10	-59%
Evaluation of Fitness to Proceed §704-404	2	**3**	1%	**1%**	+1	+50%
Unfit to Proceed §704-406	1	**1**	0.3%	**0.3%**	0	0%
Acquitted and Discharged §704-411(1)(c)	1	**0**	0.3%	**0%**	-1	-100%
Expired (patient death)	4	**1**	1%	**0.3%**	-3	-75%
TOTAL	361	**310**	100%*	**100%***	**-51**	**-14%**

**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 (-3, -10%) in FY 2020. 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 2020, 17 patients admitted as NGRI successfully petitioned the court for CR, a decrease from 26 patients in FY 2019, and 22 patients in FY 2018.

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

ADMISSIONS				DISCHARGES			
FY19	**FY20**	Change	% Chg	FY19	**FY20**	Change	% Chg
30	**27**	-3	-10%	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 2020, 8 patients were discharged with this legal status, a decrease of -9 (-53%) from the previous year.

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

ADMISSIONS				DISCHARGES			
FY19	**FY20**	Change	% Chg	FY19	**FY20**	Change	% Chg
0	**0**	0	—	17	**8**	-9	-53%

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. Fewer patients (-4, -50%) were admitted for a post-acquittal assessment of dangerousness in FY 2020 than the previous year. Of these patients, six were discharged in FY 2020—four were acquitted and conditionally released (§704-411(1)(b)), while two 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			
FY19	**FY20**	Change	% Chg	FY19	**FY20**	Change	% Chg
8	**4**	-4	-50%	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 increase in temporary hospitalizations in FY 2020 (+7, +7%) reverses the dip (-7, -6%) in the previous year. Among patients originally admitted for temporary hospitalization, 93 were able to restore their CR and return to the community in FY 2020.

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

ADMISSIONS				DISCHARGES			
FY19	**FY20**	Change	% Chg	FY19	**FY20**	Change	% Chg
102	**109**	+7	+7%	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 2019 and FY 2020. 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 2020, one individual was 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, one successfully petitioned the court to reinstate its CR in FY 2020.

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

ADMISSIONS				DISCHARGES			
FY19	FY20	Change	% Chg	FY19	FY20	Change	% Chg
2	**1**	-1	-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 2019 and FY 2020. 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 declined significantly during the past 2 years, decreasing by -29% in FY 2020 and by -50% in FY 2019. Three patients were discharged with this legal status; one individual was returned to PSD custody on a neighbor island, one was transferred to a hospital on the patient's home island, and one was released on conditions, pending completion of the examination. Six 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			
FY19	FY20	Change	% Chg	FY19	FY20	Change	% Chg
17	**12**	-5	-29%	2	**3**	+1	+50%

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. Admissions with a legal status of unfit to proceed declined by -17% (-34). 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

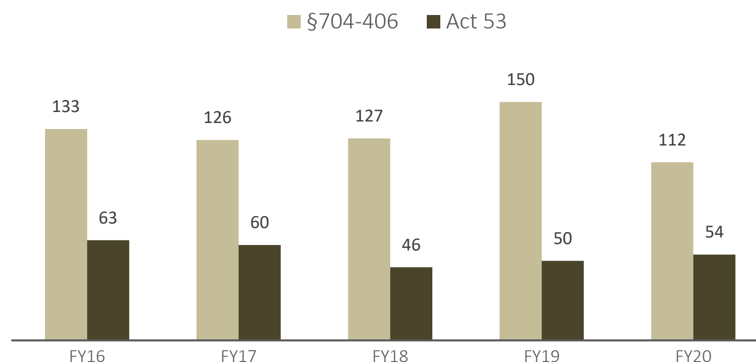
ADMISSIONS				DISCHARGES			
FY19	**FY20**	Change	% Chg	FY19	**FY20**	Change	% Chg
200	**166**	-34	-17%	1	**1**	0	0%

In 2011, the Hawaiʻi 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 5** details Act 53 admissions among individuals found unfit to proceed. Act 53 admissions increased in FY 2020 in number (+4, +8%) and as a share of all unfit to proceed admissions, going from 25% to 33% of unfit to proceed admissions.

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

	# OF ADMISSIONS			
LEGAL STATUS	FY19	**FY20**	Change	% Chg
Unfit to Proceed §704-406	150	**112**	-38	-25%
Act 53	50	**54**	+4	+8%
Unfit to Proceed, Non-Violent Petty Misdemeanor §704-406(1)(a)	34	**33**	-1	-3%
Unfit to Proceed, Non-Violent Misdemeanor §704-406(1)(b)	16	**21**	+5	+31%
TOTAL	200	**166**	**-34**	**-17%**

FIGURE 5: DETAILS OF ADMISSIONS WITH LEGAL STATUS OF UNFIT TO PROCEED, FY 2016 TO 2020



After treatment at HSH, 78 patients originally admitted as unfit were restored of fitness (§704-405) and discharged in FY 2020 to stand trial for their offenses. Most of these discharges involved patients admitted under §704-406 (n=64, 82%), with a small number admitted under Act 53 (n=14, 18%).

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 2020, there were six 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 14: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF CIVIL COMMITMENT

ADMISSIONS				DISCHARGES			
FY19	**FY20**	Change	% Chg	FY19	**FY20**	Change	% Chg
2	**6**	+4	+200%	0	**0**	0	—

K. Other Legal Statuses at Discharge

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

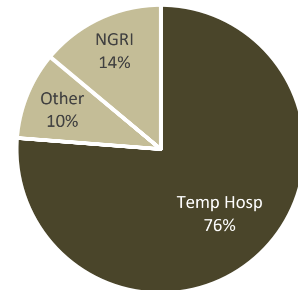
TABLE 15: OTHER LEGAL STATUSES AT DISCHARGE

	# OF DISCHARGES			
LEGAL STATUS	FY19	**FY20**	Change	% Chg
Conditionally Released (CR) §704-415	138	**122**	-16	-12%
Fit to Proceed §704-405	93	**85**	-8	-9%
No Legal Encumbrance	88	**83**	-5	-6%
Unfit to Proceed, Released on Conditions §704-406(1)	17	**7**	-10	-59%
Acquitted and Discharged §704-411(1)(c)	1	**0**	-1	-100%
Expired (patient death)	4	**1**	-3	-75%

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

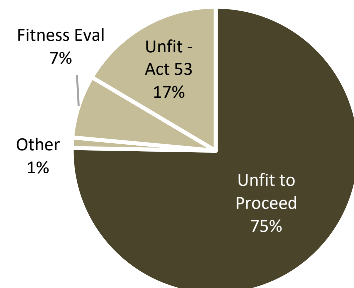
Conditional release (§704-415) continued to be the most common discharge legal status during the fiscal year (n=122). These individuals were acquitted and committed to HSH, temporarily hospitalized for CR violations (§704-413(1)), or had their CR revoked (§704-413(4)), and after a statutory period of time, applied for and were granted, by the courts, CR to continue care, supervision, and treatment within the community. Of the 122 individuals discharged on CR, a majority (76%) were originally admitted for temporary hospitalization, with an additional 14% previously admitted as recently acquitted and committed, or NGRI (**Figure 6**).

FIGURE 6: ADMISSION LEGAL STATUS OF PATIENTS DISCHARGED ON CR (N=122)



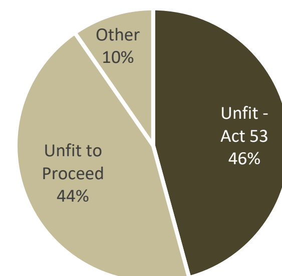
Fit to proceed (§704-405) was the next most common discharge legal status (n=85). Previously, these individuals were found by the courts to either require an evaluation of their fitness to proceed (§704-404) or be unfit to proceed (§704-406). If, after receiving evaluation reports from mental health 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 85 patients discharged as fit to stand trial, a majority (75%) were originally admitted as unfit to proceed (§704-406) and an additional 17% admitted as unfit to proceed under Act 53 for non-violent misdemeanors or petty misdemeanors (**Figure 7**). Most of the remaining patients had been admitted to HSH for fitness evaluation.

FIGURE 7: ADMISSION LEGAL STATUS OF PATIENTS DISCHARGED AS FIT (N=85)



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 8: ADMISSION LEGAL STATUS OF PATIENTS DISCHARGED WITH NO LEGAL ENCUMBRANCE (N=83)



A majority (90%) of the 83 patients discharged with no legal encumbrance were originally admitted as unfit to proceed—44% admitted as §704-406 and 46% admitted under Act 53 for non-violent misdemeanors and petty misdemeanors (**Figure 8**). 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.

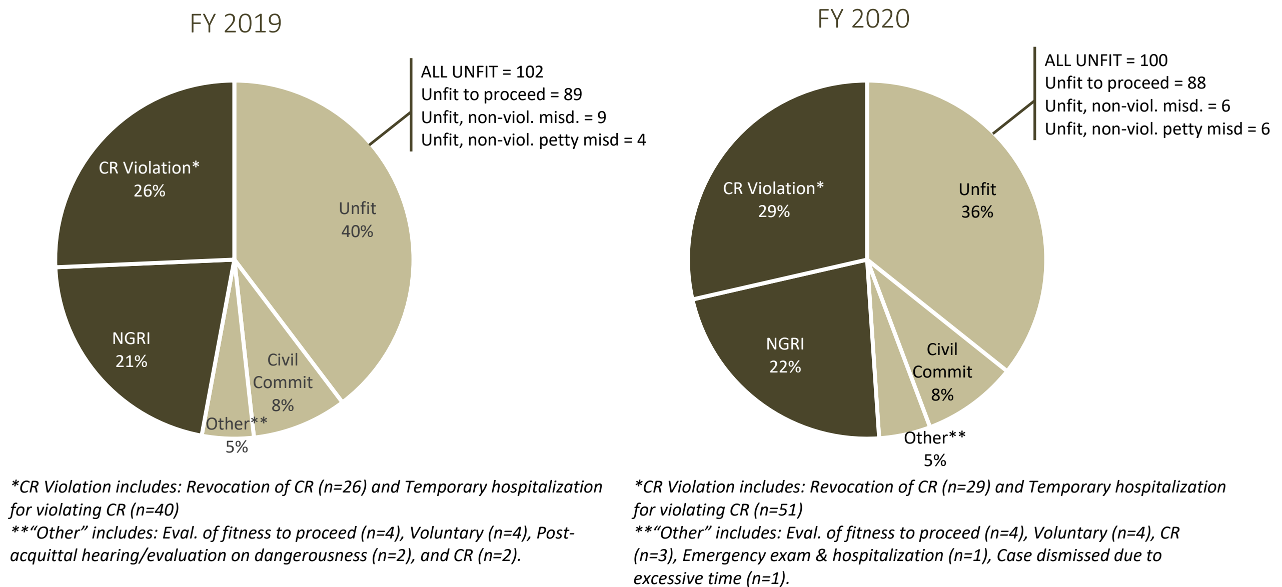
In FY 2020, the courts granted one NGRI patient discharge from conditional release (§704-412) after finding that they did not pose a danger to themselves, others, or property or that they were no longer affected by mental disease, disorder, or defect, thereby removing these patients from further legal encumbrance for the given criminal charges. The patient was originally admitted to HSH for temporary hospitalization for violating CR (§704-413(1)).

Discharges with legal status of **unfit to proceed and released on conditions (§704-406(1))** (n=7) continued to decline significantly (-10, -59%). 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. All seven of these patients were originally admitted as unfit to proceed and in need of restoration under §704-406.

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 2019 (June 30, 2019) and FY 2020 (June 30, 2020). 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 2019 AND 2020



**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).*

**CR Violation includes: Revocation of CR (n=29) and Temporary hospitalization for violating CR (n=51)*
***"Other" includes: Eval. of fitness to proceed (n=4), Voluntary (n=4), CR (n=3), Emergency exam & hospitalization (n=1), Case dismissed due to excessive time (n=1).*

There were modest 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 36% in FY 2020 from 40% in FY 2019. The NGRI cohort of legal statuses (i.e., NGRI, revocation of CR, and temporarily hospitalization for violating CR) increased to 51% in FY 2020 from 47% in FY 2019 among 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 10, Figure 11, and **Table 16** detail admissions by the county ordering DOH commitment. During FY 2020, the Kaua'i County was the only county to increase its admissions to HSH (+3, +8%), with all other counties declined in commitments. 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 County (17% of HSH admissions vs 14% of state population) and Kaua'i County (12% of HSH admissions vs 5% of state population) were slightly higher, while the percentage of admissions from Maui County were significantly lower (3% of HSH admissions vs 12% of state population).

FIGURE 10: ADMISSIONS BY COMMITTING COUNTY, FY 2015 TO 2020

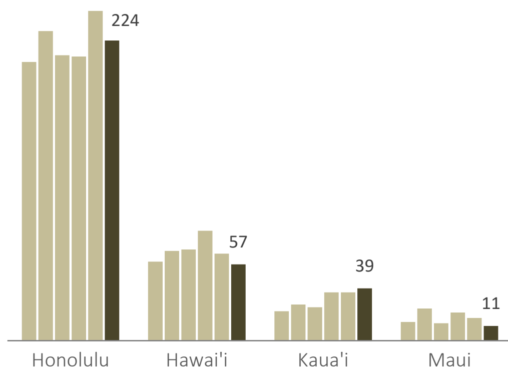


FIGURE 11: PERCENTAGE OF ADMISSIONS BY COMMITTING COUNTY AND STATE CENSUS POPULATION, FY 2019 AND 2020

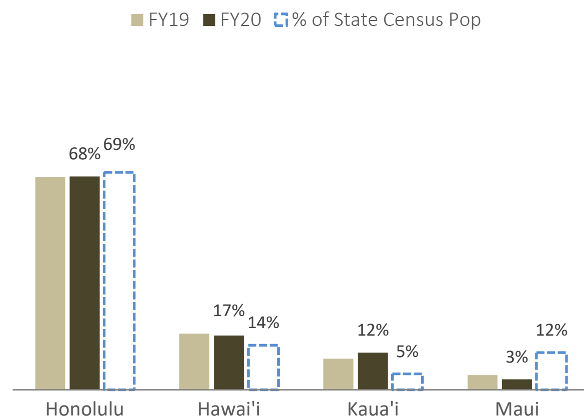


TABLE 16: ADMISSIONS BY COMMITTING COUNTY

	# OF ADMISSIONS		% OF ADMISSIONS				
COUNTY	FY19	**FY20**	FY19	**FY20**	% of State Pop.*	Change	% Chg
Honolulu	246	**224**	68%	**68%**	69%	-22	-9%
Hawai'i	65	**57**	18%	**17%**	14%	-8	-12%
Hilo	34	**29**	9%	**9%**	—	-5	-15%
Kona	28	**26**	8%	**8%**	—	-2	-7%
Waimea	3	**2**	1%	**1%**	—	-1	-33%
Kaua'i	36	**39**	10%	**12%**	5%	+3	+8%
Maui	17	**11**	5%	**3%**	12%	-6	-35%
TOTAL	364	**331**	100%	**100%**	**100%**	**-33**	**-9%**

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 2020, district and family courts statewide generally saw decreases or no changes in commitments. However, there was a slight increase in admissions from circuit courts (+2, +1%) due to increases from Hawai'i County (+6, +19%) and Kaua'i County (+6, +27%). More than half (63%) of all admissions continued to come from circuit courts.

FIGURE 12: ADMISSIONS BY COMMITTING COURT AND COUNTY, FY 2019 AND 2020

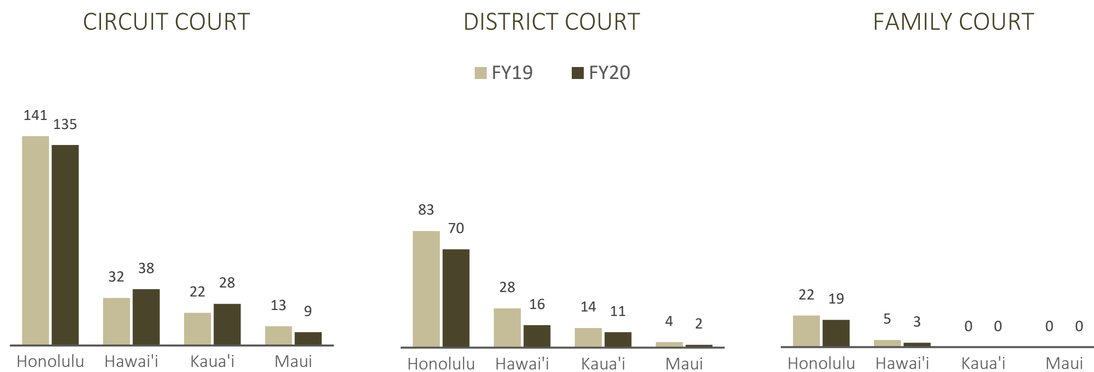


TABLE 17: ADMISSIONS BY COMMITTING COURT AND COUNTY

	CIRCUIT COURT			DISTRICT COURT			FAMILY COURT		
COUNTY	FY20	Change	% Chg	FY20	Change	% Chg	FY20	Change	% Chg
Honolulu	**135**	-6	-4%	**70**	-13	-16%	**19**	-3	-14%
Hawai'i	**38**	+6	+19%	**16**	-12	-43%	**3**	-2	-40%
Hilo	**22**	+3	+16%	**6**	-4	-40%	**1**	-4	-80%
Kona	**16**	+3	+23%	**8**	-7	-47%	**2**	+2	NA
Waimea	**0**	0	NA	**2**	-1	-33%	**0**	0	NA
Kaua'i	**28**	+6	+27%	**11**	-3	-21%	**0**	0	NA
Maui	**9**	-4	-31%	**2**	-2	-50%	**0**	0	NA
TOTAL	**210**	+2	+1%	**99**	-30	-23%	**22**	-5	-19%
% of Admissions	**63%**			**30%**			**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 close to two-thirds (64%) of admissions during FY 2020. 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 2020 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	**77**	**95**	**21**	**10**	**3**	**–**	**–**	**5**	**211**	**64%**
Felony A	**8**	**11**	**6**	**2**	**–**	**–**	**–**	**–**	**27**	**8%**
Offense against another	5	10	5	2	–	–	–	–	**22**	7%
Offense not against another	3	1	1	–	–	–	–	–	**5**	2%
Felony B	**15**	**22**	**5**	**3**	**2**	**–**	**–**	**1**	**48**	**15%**
Offense against another	2	11	1	–	–	–	–	1	**15**	5%
Offense not against another	13	11	4	3	2	–	–	–	**33**	10%
Felony C	**54**	**62**	**10**	**5**	**1**	**–**	**–**	**4**	**136**	**41%**
Offense against another	17	33	8	3	–	–	–	4	**65**	20%
Offense not against another	37	29	2	2	1	–	–	–	**71**	21%
TOTAL ADMITS W/MISD. CHARGES	**89**	**14**	**6**	**2**	**1**	**1**	**6**	**–**	**119**	**36%**
Misdemeanors	**54**	**14**	**5**	**–**	**1**	**1**	**4**	**–**	**79**	**24%**
Offense against another	24	5	3	–	1	–	4	–	**37**	11%
Offense not against another	30	9	2	–	–	1	–	–	**42**	13%
Petty Misdemeanors	**35**	**–**	**1**	**2**	**–**	**–**	**2**	**–**	**40**	**12%**
Offense against another	4	–	–	–	–	–	1	–	**5**	2%
Offense not against another	31	–	1	2	–	–	1	–	**35**	11%
VIOLATION – Offense not against another	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**0**	**0%**
NO CHARGE	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**1**	**1**	**0.3%**
TOTAL	**166**	**109**	**27**	**12**	**4**	**1**	**6**	**6**	**331**	**100%***
% OF ADMISSIONS	50%	33%	8%	4%	1%	0.3%	2%	2%	**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 13 and **Table 19** compare the offense grades of FY 2020 admissions against admissions in prior years. For a majority of admissions (77%), the severest charges involved Felony C or lesser offenses. Felony C continued to be the most common severest offense (41%), followed by misdemeanors (24%). Almost all offense severity categories saw decreases, with the exception of Felony B offenses, which saw no change from FY 2019. Given the decline in total admissions, Felony B offenses constituted a slightly larger percentage (+2 percentage points) of admissions.

FIGURE 13: ADMISSIONS BY MOST SEVERE CHARGE, FY 2015 TO 2020

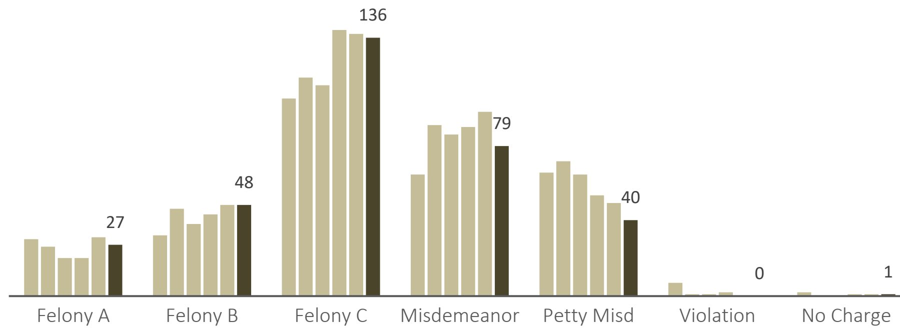


TABLE 19: COMPARISON OF FY 2019 AND 2020 ADMISSIONS BY GRADE OF MOST SEVERE OFFENSE

	# OF ADMISSIONS		% OF ADMISSIONS			
	FY19	FY20	FY18	FY20	Change	% Chg
TOTAL ADMITS W/FELONY CHARGES	**217**	**211**	**60%**	**64%**	**-6**	**-3%**
Felony A	**31**	**27**	**9%**	**8%**	**-4**	**-13%**
Offense against another	25	22	7%	7%	-3	-12%
Offense not against another	6	5	2%	2%	-1	-17%
Felony B	**48**	**48**	**13%**	**15%**	**0**	**0%**
Offense against another	22	15	6%	5%	-7	-32%
Offense not against another	26	33	7%	10%	+7	+27%
Felony C	**138**	**136**	**38%**	**41%**	**-2**	**-1%**
Offense against another	71	65	20%	20%	-6	-8%
Offense not against another	67	71	18%	21%	+4	+6%
TOTAL ADMITS W/MISD. CHARGES	**146**	**119**	**40%**	**36%**	**-27**	**-18%**
Misdemeanors	**97**	**79**	**27%**	**24%**	**-18**	**-19%**
Offense against another	56	37	15%	11%	-19	-34%
Offense not against another	41	42	11%	13%	+1	+2%
Petty Misdemeanors	**49**	**40**	**13%**	**12%**	**-9**	**-18%**
Offense against another	10	5	3%	2%	-5	-50%
Offense not against another	39	35	11%	11%	-4	-10%
VIOLATION – Offense not against another	**0**	**0**	**0%**	**0%**	**0**	**0%**
NO CHARGE	**1**	**1**	**0.3%**	**0.3%**	**0**	**0%**
TOTAL	**364**	**331**	**100%***	**100%***	**-33**	**-9%**

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

Table 20 details the categories of underlying crimes charged against forensic patients active during FY 2019 and 2020. 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 588 active patients in FY 2020 (HSH and contracted bed sites), 9 were originally admitted under a non-forensic status, resulting in a total of 579 forensic patients. While most individuals had criminal charges in only one category, more than one-fourth (27%) 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 2020, property crimes (48%) were slightly more common than offenses against persons (44%) among HSH patients. Sexual offenses remained relatively rare (4%) and primarily involved misdemeanor or petty-misdemeanor charges (60%). Thirty-six 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 2019 AND 2020

	# OF FORENSIC PTS*		% OF FORENSIC PTS			
CATEGORY OF UNDERLYING CRIME	FY19	**FY20**	FY19	**FY20**	Change	% Chg
Offenses Against Persons §707, excluding sex offenses	262	**252**	43%	**44%**	-10	-4%
Sexual Offenses §707 Part V	26	**20**	4%	**4%**	-6	-23%
Offenses Against Property §708	283	**275**	46%	**48%**	-8	-3%
Other Offenses other than §§707, 708	243	**211**	40%	**36%**	-32	-13%
Other offense only - Did not commit any §§707, 708 offense	124	**108**	20%	**19%**	-16	-13%
TOTAL FORENSIC PATIENTS	**614**	**579**			**-35**	**-6%**

**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 Admission Legal Status and Location

Table 21 presents the number of inpatient days by admission legal status and location for patients active during FY 2020, 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 (72%) 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 (26%). Despite the -17% decrease (-34 patients) in unfit to proceed admissions, their number of inpatient days increased by +9% (+3,712 days). Similarly, NGRI patient admissions decreased by -10% (-3 patients), but inpatient days increased by +7% (+1,079 days). The reduction in HSH discharges likely resulted in longer patient stays – and therefore, more overall inpatient days – in FY 2020. Due to COVID-related concerns and restrictions on movement between facilities, transfers from HSH to Kāhi Mōhala declined, increasing inpatient days at HSH while reducing inpatient days at Kāhi Mōhala.

TABLE 21: FY 2020 INPATIENT DAYS OF ACTIVE PATIENTS, BY ADMISSION LEGAL STATUS AND LOCATION

	HSH			KĀHI MŌHALA			CRCC			
ADMISSION LEGAL STATUS	FY20	Chg	% Chg	FY20	Chg	% Chg	FY20	Chg	% Chg	FY20 TOTAL
Unfit to Proceed	**37,867**	+6,343	+20%	**7,396**	-3,164	-30%	**964**	+533	+124%	**46,227**
Temp. Hosp. for CR Violation	**23,795**	+3,628	+18%	**2,346**	-373	-14%	—	—	—	**26,141**
Acquitted & Committed (NGRI)	**13,374**	+1,244	+10%	**1,822**	-224	-11%	**1,098**	+59	+6%	**16,294**
Evaluation of Fitness to Proceed	**3,851**	-345	-8%	**44**	-415	-90%	**366**	+213	+139%	**4,261**
Civil Commitment	**2,207**	+679	+44%	**191**	-192	-50%	—	—	—	**2,398**
Revocation of CR	**1,939**	-367	-16%	**149**	-517	-78%	**366**	+213	+139%	**2,454**
Post-Acquittal Hrg on Dangerousness	**1,292**	-60	-4%	**137**	-81	-37%	—	—	—	**1,429**
Transfer fr. Correctional Facility	**416**	-103	-20%	—	—	—	—	—	—	**416**
Involuntary Emergency Hold	**227**	+227	NA	**54**	+54	NA	—	—	—	**218**
Other	**513**	+485	+1,732%	—	—	—	—	—	—	**513**
TOTAL	**85,481**	+11,731	+16%	**12,139**	-4,912	-29%	**2,794**	+1,018	+57%	**100,414**

[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 10 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 2020, the growing demand for psychiatric beds was accommodated primarily at HSH (+16%, +11,731 inpatient days) and to a lesser extent, by increasing the number of contracted beds at CRCC (7 beds to 8).

TABLE 22: INPATIENT DAYS OF ACTIVE PATIENTS BY LOCATION, FY 2011 TO 2020

	LOCATION					
FISCAL YEAR	HSH	Kāhi Mōhala	CRCC	TOTAL	Change	% Chg
2020	**85,481**	12,139	2,794	**100,414**	+8,887	+10%
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 2020

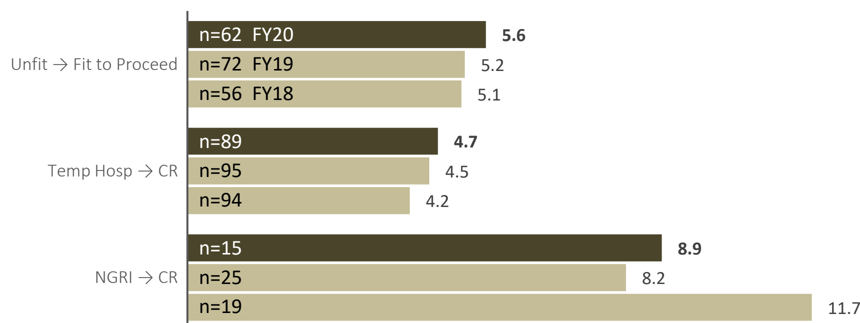
Table 23 details the length of stay for individuals discharged during FY 2020. LOS measures a hospitalization episode by calculating the number of days between admission and discharge. Overall, the average LOS for patients discharged in FY 2020 (excluding expired patients) shortened by -43 days to 7.2 months (218 days).

TABLE 23: LENGTH OF STAY (LOS) FOR INDIVIDUALS DISCHARGED IN FY 2020, BY DISCHARGE LEGAL STATUS

	# OF DISCHARGES			TOTAL LOS			AVERAGE LOS		
LEGAL STATUS AT DISCHARGE	FY20	Chg	% Chg	FY20	Chg	% Chg	FY20	Chg	% Chg
Conditionally Released (CR)	**122**	-16	-12%	**30,428**	-21,454	-41%	**249**	-127	-34%
Fit to Proceed	**85**	-8	-9%	**15,000**	-821	-5%	**176**	+6	+4%
No Legal Encumbrance	**83**	-5	-6%	**17,851**	-1,376	-7%	**215**	-3	-2%
Acquitted & CR	**8**	-9	-53%	**1,563**	-946	-38%	**195**	+48	+32%
Unfit to Proceed, Rel. on Cond.	**7**	-10	-59%	**2,076**	-1,498	-42%	**297**	+86	+41%
Eval. of Fitness to Proceed	**3**	+1	+50%	**517**	+461	+823%	**172**	+144	+515%
Unfit to Proceed	**1**	0	0%	**22**	-193	-90%	**22**	-193	-90%
Expired (patient death)	**1**	-3	-75%	**105**	-6,783	-98%	**105**	-1,617	-94%
Acquitted & Discharged	**0**	-1	-100%	**0**	-126	-100%	**0**	-126	-100%
TOTAL	**310**	-51	-14%	**67,562**	-32,736	-33%	**278**	+65	+31%
Excluding expired patients	**309**	-48	-13%	**67,457**	-25,953	-28%	**218**	-43	-17%

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 TO 2020



[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.

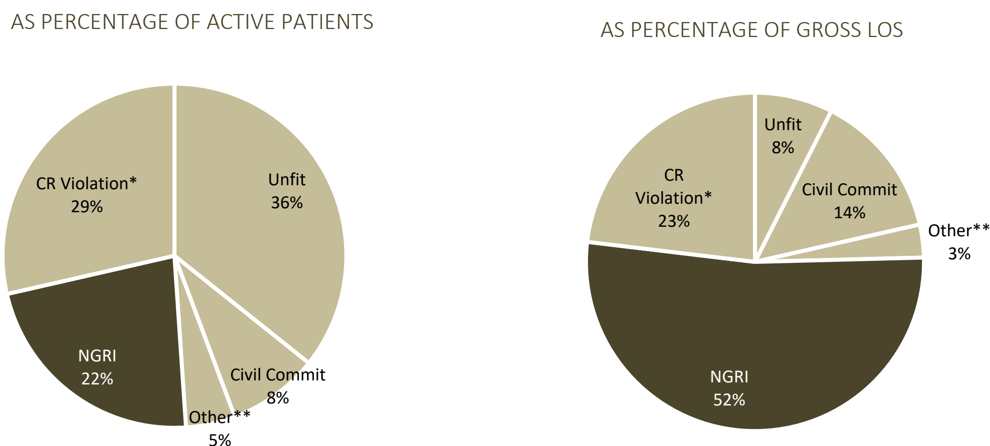
For the most common admission legal status, unfit to proceed (§704-406; excluding Act 53), individuals later discharged as fit to proceed (§704-405) after treatment at HSH had an average LOS of 5.6 months. Individuals admitted for temporary hospitalization for violating CR (§704-413(1)) who resumed CR (§704-415) had an average LOS of 4.7 months. The initial order for temporary hospitalization allows individuals to be held at HSH for up to 72 hours, but no 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 29% of these successful returns to CR occurred within the first 90 days, 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 slightly in FY 2020 to 8.9 months from 8.2 months in FY 2019.

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 2020 (June 30, 2020) 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 2020, BY LEGAL STATUS ON JUNE 30, 2020



**CR Violation includes: Revocation of CR (n=29) and Temporary hospitalization for violating CR (n=51)*
***"Other" includes: Eval. of fitness to proceed (n=4), Voluntary (n=4), CR (n=3), Emergency exam & hospitalization (n=1), Case dismissed due to excessive time (n=1).*

In FY 2020, the 63 patients with the legal status of acquitted and committed (NGRI) on the last day of the fiscal year collectively spent 479 years (175,478 days) at HSH since their respective admissions—an average of 7.6 years per patient. NGRI patients accounted for only 22% of patients active on the last day of FY 2020, but more than half of the total gross LOS (52%). The 80 patients

with CR violations at the end of the fiscal year accumulated 211 years, or 23% of the total gross LOS, averaging 2.7 years per patient. By contrast, the 100 patients with the legal status of unfit to proceed on the last day of the fiscal year constituted the largest group (36%), but amassed only 68 years (25,047 days), an average gross LOS of 0.7 years (8.2 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 2020 study, including HSH. Of the participating hospitals, 3 (including HSH) treat only forensic patients, 5 treat only civilly-committed patients, and the remaining 11 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 2019 and 2020.

TABLE 24: FY 2019 AND 2020 WPSHA BENCHMARKING PROJECT
AGGRESSION INCIDENTS PER 1,000 PATIENT DAYS IN STATE HOSPITALS

	HSH RATES				
CATEGORY	FY19	FY20	Change	% Chg	FY20 WPSHA RANGE
Patient-to-Patient Aggression	2.20	**1.94**	-0.26	-12%	0.14 – 5.34
Patient-to-Staff Aggression	2.63	**3.10**	+0.47	+18%	0.24 – 24.24
Patient-to-Visitor Aggression	0.00	**0.00**	0	—	0 – 0.09
TOTAL Aggression Incident Rate	4.83	**5.04**	+0.21	+4%	0.78 – 29.58

Figure 16 illustrates WPSHA comparison data on total aggressive incidents for FY 2020. This graph demonstrates that of the 19 hospitals reporting data on total acts of aggression, 7 had a higher rate per 1,000 patient days compared to HSH.

FIGURE 16: WPSHA FY 2020 BENCHMARKING DATA FOR TOTAL AGGRESSION INCIDENTS
PER 1,000 PATIENT DAYS, BY FACILITY TYPE

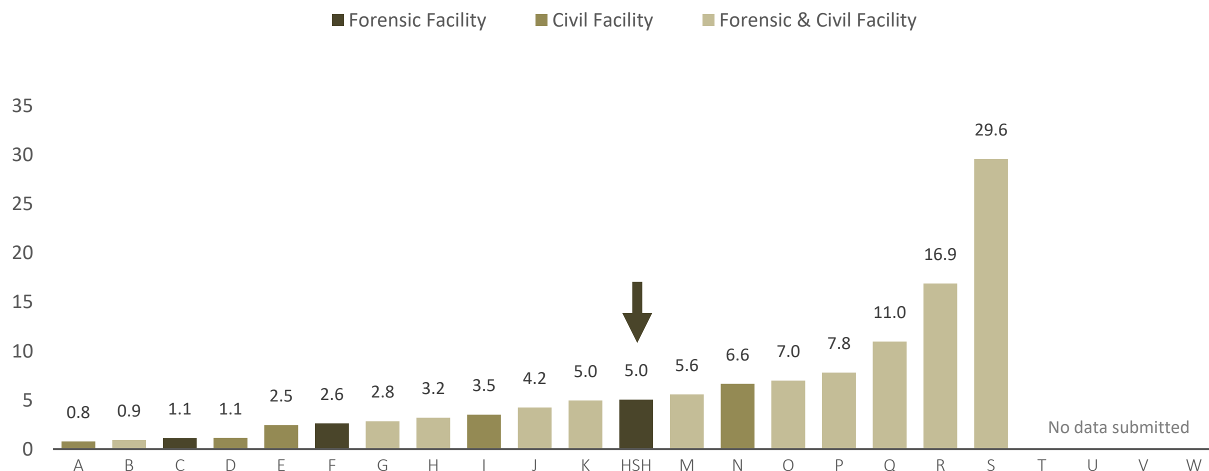
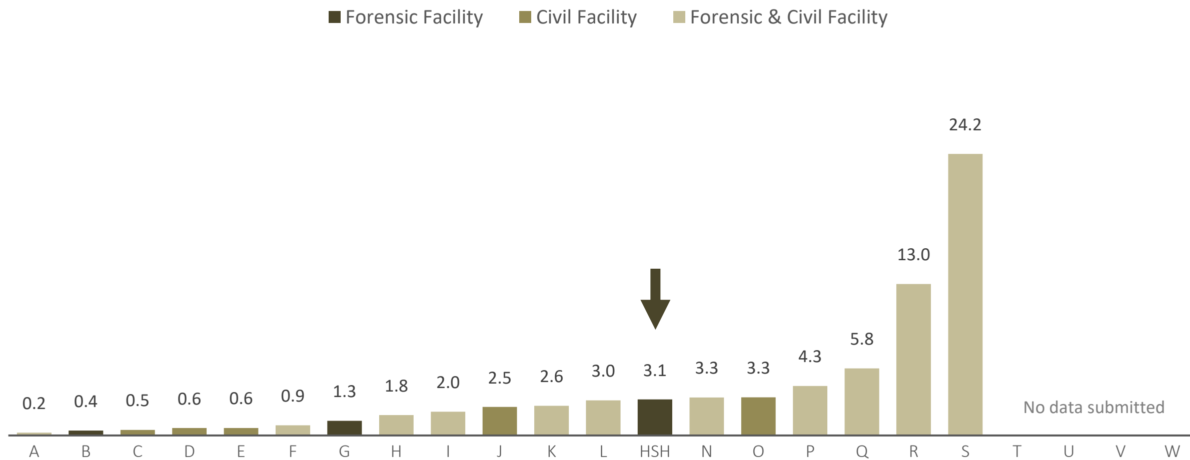


Figure 17 illustrates WPSHA comparison data on patient-to-staff aggression incidents for FY 2020. Of the 19 hospitals reporting patient to staff acts of aggression, 6 had a higher rate compared to HSH.

FIGURE 17: WPSHA FY 2020 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.

FIGURE 18: TOTAL ASSAULTS (CONTACT AND ATTEMPTED) ON HSH STAFF, FY 2013-2020

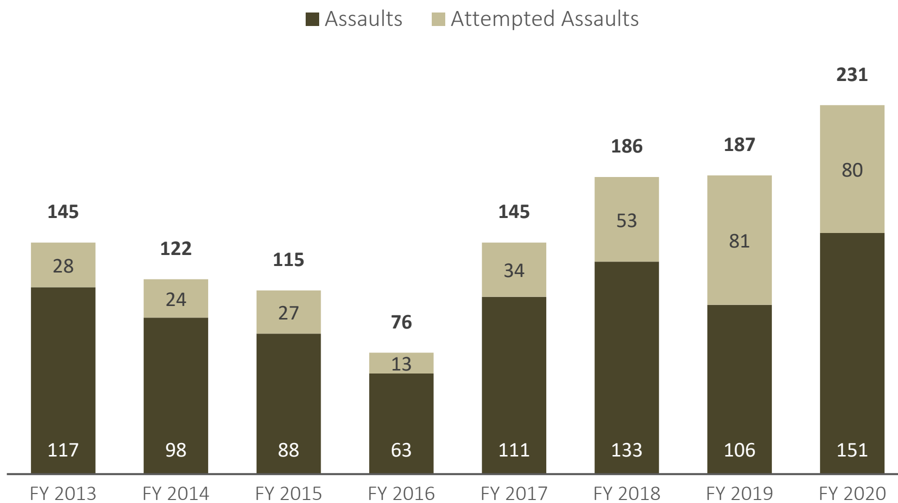


Figure 19 analyzes patient-to-staff assault data by identifying the proportion of patients involved in staff assaults (i.e., assaultive patients) and the frequency of assaults committed or attempted by assaultive patients. Of the 527 unique patients active at HSH in FY 2020, only 11% (67 individuals) had committed or attempted assault on staff. Fully 40% of the 231 assaults committed or attempted on staff were attributable to just 4 highly-assaultive patients, *including 1 patient who alone was responsible for 49 assaults (or 21% of all assaults).* Nearly half of the remaining assaultive patients (n=31) were each involved in only one staff assault event during the year, responsible for only 13% of assaults.

FIGURE 19: PATIENTS RESPONSIBLE FOR STAFF ASSAULTS (CONTACT & ATTEMPTS), FY 2020

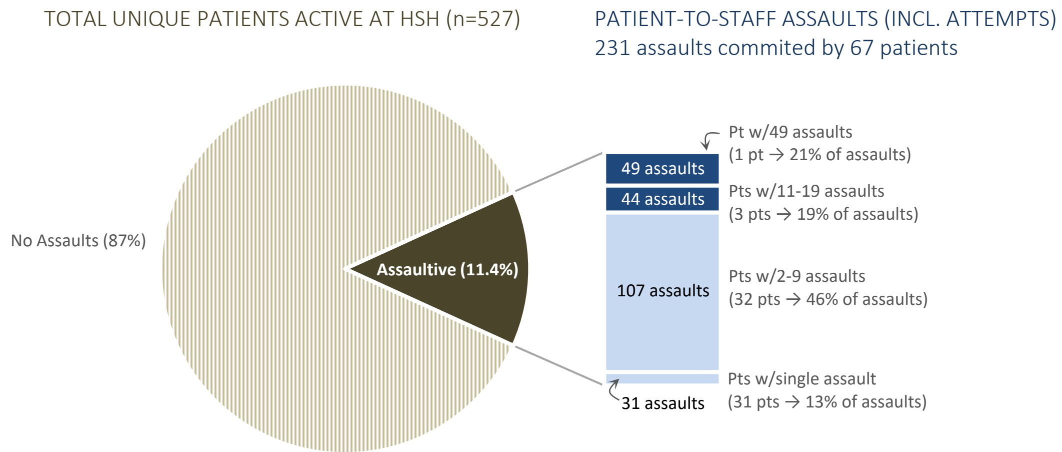
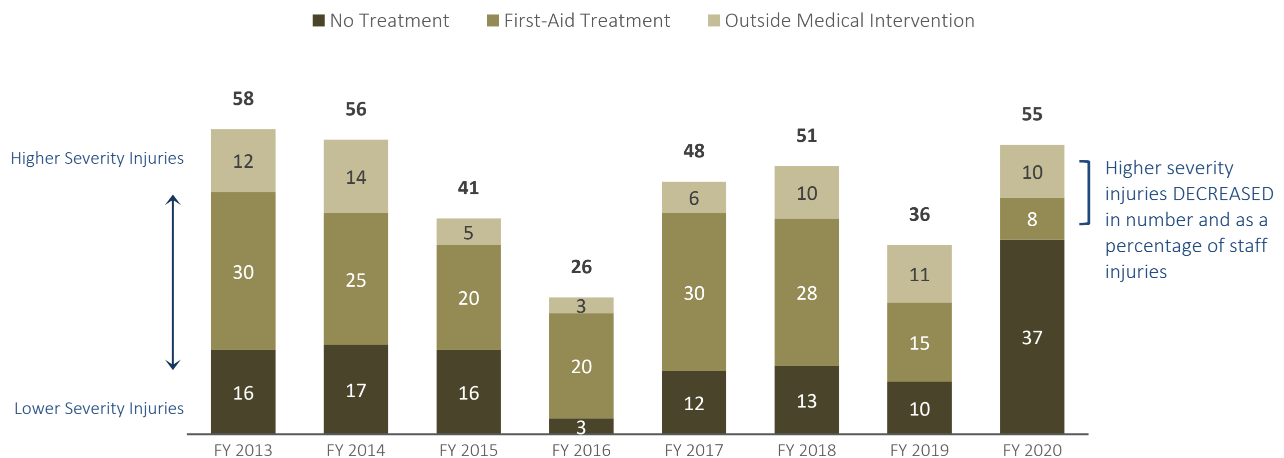


Figure 20 illustrates the severity of staff injuries arising from assaults at HSH between FY 2013 and 2020. While there were increases in both staff assaults (+36%) and staff injuries (+53%), *the vast majority (67%) of staff injuries did not require any treatment.* Injuries from patient assaults requiring first-aid treatment or outside medical intervention declined in number (18 in FY 2020 from 26 in FY 2019) and as a percentage of staff injuries (33% in FY 2020 from 72% in FY 2019) — *a nearly 40 percentage point decrease from past years.* 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 20: INJURY SEVERITY OF ASSAULTS ON HSH STAFF, FY 2013-2020



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.