

**HAWAI'I STATE HOSPITAL PROGRAMS**  
**SAFETY REVIEW**

February 29, 2024



## Executive Summary

The State Operated Specialized Residential Program (SOSRP) is an outpatient residential services program and functions as a transitional group home located on the grounds of the Hawai'i State Hospital (HSH). The SOSRP is licensed by the Department of Health (DOH) to operate 22 licensed beds for psychosocial rehabilitation of severely and persistently mentally ill (SPMI) adults and is accredited by The Joint Commission (TJC). Residents of the SOSRP receive their mental health treatment, including psychiatric care and case management, in the community.

Following the tragic incident that occurred in the SOSRP, immediate actions that were implemented include:

- All SOSRP residents are now subject to screening (pat search, metal detector wand, and urine drug screen) upon their return from being off the SOSRP grounds.
- Security patrols around the SOSRP were increased.
- Staff-to-patient ratio was increased from 1:5 to 1:3.

Additionally, a four-day safety stand-down was instituted for both the SOSRP and the HSH to review existing policies and procedures and recommend improvements to overall safety. These recommendations and improvements aim to create a safer and more secure environment within the hospital, prioritize patient care, and mitigate potential risks or issues that could compromise the safety and well-being of patients and staff members.

Specific recommendations include:

- Organizational Structure Changes
  - Reorganize the HSH from being within the Adult Mental Health Division (AMHD) to reporting directly to the DOH Deputy Director for Behavioral Health.
  - Establish an Assistant Administrator for Safety and Operations, whose responsibilities include oversight of safety and security, reporting directly to the HSH Administrator.
  - Establish a standing Safety and Security Committee chaired by the HSH Assistant Administrator for Safety and Operations.
- Operations and Facility Improvements
  - Increase and enhance contracted security personnel including a rapid response team.
  - Relocate the guard shack lower on campus with a barrier across the street.
  - Repair and add cameras able to be remotely monitored.
  - Integrate the three public address (PA) systems on the HSH grounds.
- State Hospital Census Reduction
  - Increase purchase of service provider rates while the rate study is being conducted and then increase rates based on the rate study recommendations.
  - Increase the number of community-based group homes.

- Increase the number of Certified Court Examiners.

Future options for SOSRP include having HSH operate SOSRP or contracting for a service provider to operate. Given the rising HSH census and potential closure of inpatient adult care at Kahi Mohala, the more necessary option may be to convert SOSRP to a secure unit to increase HSH patient capacity.

## Introduction

On the evening of November 13, 2023, a SOSRP staff member was killed, and a resident of the SOSRP was arrested. Following the tragic incident, a four-day safety stand-down was instituted for both the SOSRP and the HSH to review existing policies and procedures and recommend improvements to overall safety. This document presents the immediate response and recommendations resulting from the comprehensive review.

## Hawai'i State Hospital

### Background

The HSH is the only public psychiatric hospital in the State of Hawai'i, and the only hospital in the State solely dedicated to serving patients with serious mental illnesses (SMI). The HSH patients are court-ordered into the custody of the DOH until they are discharged by the court. As the only public psychiatric hospital in the State, the HSH must accept all patients in the custody of the DOH. The hospital's mission "is to provide excellent inpatient psychiatric services for court ordered individuals within a safe and therapeutic environment."<sup>1</sup>

Typically, patients who are court-ordered to HSH are individuals who have complex psychiatric conditions, substance abuse and medical comorbidities, and are considered to be a danger to themselves or others. When a patient is admitted to an acute services unit at the HSH, the attending Psychiatrist or Medical Officer of the Day (MOD) physician, evaluates the patient and develops an initial treatment plan. The initial treatment plan is designed to be used during the period from admission to the development of a comprehensive treatment plan by the treatment team.

Following the initial evaluation and treatment plan developed upon each patient's admission, a comprehensive assessment and treatment plan are done by the treatment team. Treatment team members are clinical experts who are trained to assess, evaluate, and treat complex psychiatric patients who require legal fitness restoration, medication, and therapeutic treatment interventions for severe mental illness, substance abuse, and medical problems. The multi-disciplinary treatment team includes a psychiatrist, psychologist, forensic services staff, nursing staff, social services staff, and other ancillary staff.

The HSH patient flow is based on acuity and clinical need to provide patients with the most appropriate treatment in the least restrictive environment and with constant attention to the

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<sup>1</sup> Hawai'i State Hospital, "Hawai'i State Hospital Mission, Vision, and Values Statement," March, 2016, accessed December 13, 2023.

overall safety of patients and staff. Appropriate transition of patients from hospital level of care to post-hospital care is necessary to support recovery and long-term community tenure. For a patient to be clinically discharged from the HSH, the patient must demonstrate a track record of stability, take an active role in their recovery, and obtain a legal status that allows for discharge into the community.

## Organizational Structure

The HSH is part of the DOH AMHD. The AMHD has 863 appropriated positions for the HSH and 359 positions for community mental health, which together comprise 38% of the DOH's total appropriated positions. As a standalone division, the HSH would be the largest division in the DOH. Having the HSH administrator report directly to the Deputy Director for Behavioral Health instead of to the AMHD Administrator would elevate the HSH organizationally, which would remove additional layers of bureaucracy.

There are currently four (4) Associate Administrators who report to the HSH Administrator and oversee the following sections: Administrative and Support Services, Clinical Services, Nursing Services, and Quality Management Services. With staff and patient safety as a top priority, this must be reflected in the hospital's operations and organizational structure. Thus, establishing a standing Safety and Security Committee and creating a position for an Associate Administrator for Safety and Operations who is responsible for safety and security will organizationally reinforce this priority and increase the HSH's administration's accountability over safety and security.

## Patient Census

The HSH is accredited by the TJC under broad hospital services. The HSH has a licensed bed capacity of 297 beds. The HSH Administrator or Associate Administrator for Quality Management notifies the Chief of the Office of Health Care Assurance (OHCA) when the hospital is over the census of 297 licensed beds.

Upon review of current patients, approximately a third are ready for discharge pending community placement, a third are clinically stable but have ongoing legal matters, and a third require ongoing inpatient treatment.

Increasing community provider payment rates would help to increase access to community placement following the HSH discharge. The AMHD community providers have not received a payment rate increase in nearly ten years, and a vendor is being procured to perform a rate study. While awaiting the rate study, which will take about a year, rates can be increased based on inflationary increases.

The expected result of increasing payment rates would not just increase access to current providers, but also promote the interest of potential new providers. If current and new providers are willing to accept more patients, approximately 38% of HSH patients could be discharged to a community group home, which would allow for more patients to be in the most appropriate setting and would help reduce the HSH census.

Increasing psychologists' and psychiatrists' salaries who are designated within the DOH's Court Evaluation Branch (CEB, collectively known as the Certified Court Examiners (Examiners)) would help to increase access to the current Examiners and promote interest in other psychologists and psychiatrists in becoming Examiners. Increases in Examiners positions would allow more timely fitness and other determinations.

Many patients are sent to the HSH pending a fitness assessment for trial. The current time for a fitness assessment to be completed is about four months, although the actual time needed to complete one can be only one to two weeks. Each assessment is conducted by at least one Examiner. The CEB has 6 Examiners and 3 vacancies. Thus, there is an urgent need for additional psychologists in the DOH's CEB. According to the 2023 Western Psychiatric State Hospital Association's (WPSHA) 2023 Benchmarking Data, psychologists in CEB have the second lowest average base salary of the 20 hospitals reporting at \$89K compared to a median of \$114K. If unable to increase the salary for civil service positions in a timely manner, having exempt positions may be an option to pay at a higher rate.

### Safety and Security

Concern had been raised about patient assaults on staff. Since opening the new State Hospital building, assaults have decreased and attempted assaults have significantly decreased. According to the 2023 WPSHA's 2023 Benchmarking Data, the HSH ranked seventh lowest of 22 hospitals reporting for rate of patient-to-staff aggression events and third lowest for rate of staff injuries. However, the HSH continually strives to make the work environment safer. As part of a safety review, the need to repair and improve the public address and camera surveillance systems was identified.

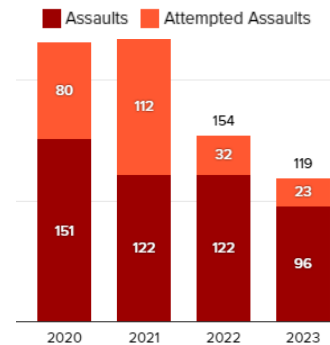
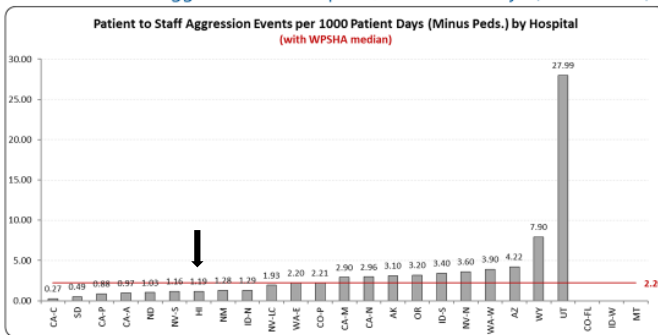
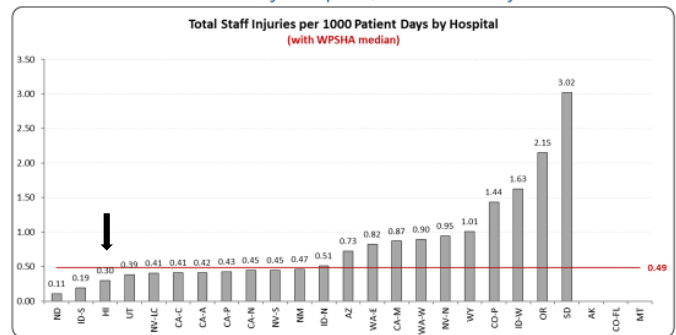


Chart Source: Civil Beat

Patient to Staff Aggression Events per 1,000 Patient Days (Minus Peds.)



Total Staff Injuries per 1,000 Patient Days



The HSH staff who are responsible for caring and managing patients' aggressive and violent behaviors are trained using the Conflict, Prevention, Management, and Resolution (CPMR) model. CPMR training is required for all employees of the HSH at hire and ongoing training is provided through CPMR training classes. The HSH Staff members who work in direct patient

care areas participate in a minimum of two (2) CPMR drills annually, and those who are in non-direct care positions will participate in one (1) CPMR drill annually. Compliance with this staff training requirement is monitored and reported monthly.

When clinical intervention is ineffective, a physical intervention may be necessary. Currently, the HSH has contracted security personnel who patrol the grounds and are physically posted around the HSH campus. However, there is no dedicated response team with additional training to subdue a potentially violent patient. Implementing a security response team of more highly trained personnel may not prevent an incident, but would allow a more rapid response to secure a situation.

## State Operated Specialized Residential Program

### Background

The SOSRP is a transitional group home located on the grounds of the HSH. The SOSRP is licensed by the DOH to operate 22 beds for psychosocial rehabilitation of SPMI adults and is accredited by the TJC under the Behavioral Health Care Program. Residents of the SOSRP receive their mental health treatment, including psychiatric care and case management, in the community through the AMHD's Community-based Case Management (CBCM) and/or the Department of Human Services Med-QUEST Division's Community Care Services (CCS) programs.

The SOSRP operates as a special treatment facility (STF) that provides a therapeutic residential program for care, diagnoses, treatment, or rehabilitation services. The services provided by the SOSRP are to facilitate the residents' development of independent living skills necessary for re-integration into the community at the least restrictive level of care possible. As such, utilizing services such as security guards on property, having cameras in the residence cottages, or requiring staff to carry panic buttons or radios on their person is not a standard for STFs.

The SOSRP is an unsecured program comprised of four cottages: three male-occupied cottages and one female-occupied cottage. Three of the cottages have three bedrooms, and one cottage has two bedrooms and the staff office. There are up to two residents per bedroom. Additionally, each cottage contains a kitchen, a shared common area, and one bathroom. The SOSRP is typically staffed with one Registered Nurse, one Licensed Practical Nurse, and three psychiatric technicians.

Due to the SOSRP's transitional function, residents can earn the privilege of leaving the program site for up to four hours per day and spend unsupervised time in the community. Residents must check out and in upon leaving and returning, respectively. The SOSRP has a contraband policy, which states that all parcels, bags, and other carried items are searched upon a resident's return. Pat searches, urine drug screen testing, and searches of the residence are conducted if there is a reason to suspect a risk to resident and staff health and safety.

## Action Following Incident

Following the incident, the census at the SOSRP was immediately reduced from 22 residents to 16 residents in an effort to minimize acuity and allow residents and staff respite and an opportunity to heal and process the unanticipated and traumatic event. The SOSRP staff-to-resident ratios were increased from 1:5 to 1:3, with substantial additional support provided by the hospital's Psychology, Recreational Therapy (RT), Occupational Therapy (OT), and Nursing departments to assist both staff and residents. Additionally, new resident admissions to the SOSRP and off-ground privileges were suspended pending clinical and administrative review. Once off-ground privileges resumed, upon return all residents automatically receive a pat-down search, screening with a handheld metal detector, and undergo a urine drug screening test.

Security has always been stationed at a guard shack at the entrance to HSH to monitor entry into the hospital campus and a rover patrols the hospital campus. Since the incident, the rover increased the frequency of patrols around the SOSRP grounds.

To facilitate healing, staff members were asked to prioritize caring for themselves and their teammates. Grief counselors, including AMHD clinicians, the HSH Chaplain, Hawai'i CARES 988, the Employee Assistant Program's Resources for Employee Counseling and Help (REACH), and the Disaster Distress Helpline: 1-800-994-3571, were made available to all staff.

All hospital staff members are informed of the processes available to communicate any concerns or complaints they may have regarding their work environment, patient care, and patient safety. Staff are trained to report any safety and security concerns. Concerns regarding patients and/or staff are to be reported to one's immediate supervisor. Employee concerns are formally addressed by their immediate supervisor and internal or administrative investigations may be conducted, as appropriate. Incidents are reported using the Patient Event Reporting System, the Employee Incident Report System, and the Human Resources Worker's Compensation Accident report process.

## Discussion/Recommendations

As an organization, the hospital leadership is focused on providing education and training resources to continually improve staff competencies. This will ensure staff provide safe healthcare services according to evidence-based practices and standards of care. Hospital leadership and frontline management staff will provide the staff with educational resources and processes that are designed to support patient and staff safety and quality throughout the hospital. Specific recommendations include:

- Organizational Structure Changes
  - Reorganize the HSH from being within the AMHD to reporting directly to the DOH Deputy Director for Behavioral Health.
  - Establish an Assistant Administrator for Safety and Operations, whose responsibilities include oversight of safety and security, reporting directly to the HSH Administrator.

- Establish a standing Safety and Security Committee chaired by the Assistant Administrator for Operations.
- Operations and Facility Improvements
  - Increase and enhance contracted security personnel including a rapid response team.
  - Relocate the guard shack lower on campus with a barrier across the street.
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  - Increase purchase of service provider rates while the rate study is being conducted and then increase rates based on the rate study recommendations.
  - Increase the number of community-based group homes.
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Future options for SOSRP include having HSH operate SOSRP or contracting for a service provider to operate. Given the rising HSH census and potential closure of inpatient adult care at Kahi Mohala, the more necessary option may be to convert SOSRP to a secure unit to increase HSH patient capacity.