DAVID Y. IGE
GOVERNOR OF HAWAII

VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

DEPT. COMM. NO. 253

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:

January 2, 2018

The Honorable Ronald D. Kouchi,
President and Members of the Senate
Twenty-Ninth State Legislature
State Capitol, Room 409
Honolulu, Hawaii 96813

The Honorable Scott K. Saiki, Speaker
and Members of the House of
Representatives
Twenty-Ninth State Legislature
State Capitol, Room 431
Honolulu, Hawaii 96813

Dear President Kouchi, Speaker Saiki, and Members of the Legislature:

For your information and consideration, I am transmitting a copy of the Annual Report Summarizing Yearly Data on Forensic Patients at Hawai'i State Hospital, §334-16, Hawaii Revised Statutes (HRS). In accordance with Section 93-16HRS, I am also informing you that the report may be viewed electronically at:

http://health.hawaii.gov/opppd/department-of-health-reports-to-2018-legislature/

Sincerely,

Virginia Pressler

VIRGINIA PRESSLER
Director of Health

Enc.

c: Senate
House
Legislative Reference Bureau
SOH Library System (7 copies)
University of Hawaii

REPORT TO THE TWENTY-NINTH LEGISLATURE
STATE OF HAWAIʻI
2018

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 2017

Prepared by:
Department of Health
Adult Mental Health Division
Hawaiʻi State Hospital
December 2017

EXECUTIVE SUMMARY

In accordance with Hawai'i Revised Statutes (HRS) §334-16, the Department of Health (DOH) submits this report to the 2018 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 2017 (FY 2017) and in comparison with FY 2016. Key terms and definitions may be found after the table of contents.

HSH forensic utilization remained strong in FY 2017. An emerging concern is the persistent and significant level of utilization by individuals ordered to HSH for temporary hospitalization due to conditional release violations, suggesting a need to bolster community-based treatment and supervision programs and reduce rehospitalizations.

- In FY 2017, HSH **admissions and discharges** decreased slightly from the prior fiscal year, but were still the second highest in the past decade, suggesting that high levels of HSH forensic utilization will likely continue. Commitment from the criminal courts continues to be the only admissions to HSH. Discharges outpaced admissions by +10, reversing the problematic trend of the previous three fiscal years where admissions exceeded discharges.

- HSH beds are augmented by **DOH contracts** with Kāhi Mōhala Behavioral Health (Kāhi Mōhala or KMBH) and Correct Care Recovery Solutions (Correct Care). DOH contracted 46 beds at Kāhi Mōhala costing approximately $13 million. To serve individuals who cannot be safely treated at HSH due to intractable dangerous behaviors, DOH contracted up to four beds at Correct Care's secure forensic facility in South Carolina.

- Admissions with the legal status of unfit to proceed continued to be the **most frequent commitment category**, involving 58% of FY 2017 admissions. A subset of unfit admissions involve Act 53, passed in 2011 by the Hawai'i State Legislature, which limited the duration of mental health commitment for individuals found unfit to proceed and charged with non-violent petty misdemeanor or misdemeanor offenses to 60 and 120 days, respectively. During FY 2017, commitments under Act 53 decreased slightly (-5%), but remained nearly one-third of all unfit to proceed admissions. Admissions involving up to 120-day commitments for misdemeanor offenses continued to increase (+50%; 14 to 21).

- The number of individuals found fit to stand trial after hospitalization and discharged from HSH decreased by -12% (84 to 74) and constituted 22% of all HSH discharges in FY 2017.

- Across the state, most **counties and courts** committed fewer patients to HSH in FY 2017, resulting in a -9% decline in overall admissions. The exceptions to this downward trend were increases from O'ahu (Honolulu) family court (+73%, 11 to 19) and the Hawai'i circuit court (+29%, 21 to 27). Similar to the prior fiscal year, more than half (51%) of all admissions in FY 2017 came from the circuit courts.

- Circuit courts generally oversee felony charges, and correspondingly, 53% of admissions (n=169) involved felonies as the **most severe charge**—a 10% decline from the prior year (187 to 169). In fact, the decrease in admissions with Felony A (-23%, 26 to 20) and Felony B (-17%, 46 to 38) exceeded the average decline in admissions (-9%). However, Felony C continued to be the most common grade of offense (35%, n=111) among admissions, followed by misdemeanors (27%, n=85) and petty misdemeanors (20%, n=64).

- Analysis of the **categories of the underlying crimes** charged against forensic patients active during FY 2017 revealed that property crimes (§708, 44%) were slightly more common than offenses against persons (§707, 41%). Sexual offenses were relatively rare (§707 Part V, 4%) and 22% of patients were charged with crimes against neither persons nor property. Most individuals had charges in only one category (73%), while more than one-fourth (27%) were charged in crimes in multiple categories.

- Despite the -9% decline in admissions, hospital utilization as measured by **total inpatient days** continued to be strong, increasing by +1%. Similar to FY 2016, almost three-fourths of inpatient days were attributable to individuals admitted as unfit to proceed (46%) and temporarily hospitalized for conditional release violations (27%).

- For individuals discharged in FY 2017, the **average length of stay** (LOS) was 7 months, a decrease of 1.5 months from the previous fiscal year. Patients discharged as conditionally released (§704-415) continued to have the highest total and average (approximately 9 months) LOS of discharged patients. Further analysis revealed that 80% of individuals discharged on conditional release were originally admitted as temporary hospitalizations for violating terms of conditional release (§704-413(1)), with an average stay of 7.5 months, ranging from 2 days to almost 4 years.

- Using the last day of the fiscal year to provide a **snapshot of the patients currently in the hospital**, the largest percentage of patients held the legal status of unfit to proceed (37%, n=92). However, individuals acquitted and committed ("not guilty by reason of insanity," or NGRI) constituted 21% of the population and individuals previously acquitted but violated conditional release represented 29% of the population. Together, this NGRI cohort of legal statuses (acquitted and committed, CR violations) equated to 50% of patients active on June 30, 2017.

- Measuring the gross LOS of patients hospitalized at HSH at the end of the fiscal year captures the length of an active hospitalization episode, particularly for those who require long-term treatment and are not readily discharged. Collectively, the 53 individuals with the legal status of NGRI on the last day of FY 2017 spent 405 years at HSH and contracted beds since their respective admissions. The 74 individuals with CR violations accumulated another 242 years. By contrast, the 92 individuals currently unfit to proceed constituted the largest group, but amassed only 56 years.

- After a steady decline in **staff assaults** by patients, HSH saw an increase in FY 2017 of total patient-to-staff assaults—both assaults with physical contact and attempted assaults. While HSH includes attempted assaults (i.e., no physical contact) in its aggression data, not all hospitals do so. Analysis of data revealed that just 10% of active patients (55 of 532) were responsible for all assaults on staff. In fact, more than one-fourth were attributable to 3 highly-assaultive patients.

- Although the number of staff assaults (physical contact) were the second highest in the past five years, the number and proportion of injuries resulting from the assaults was a little lower than expected (44%, range from 41% to 57%). Injuries requiring outside medical intervention were also lower in number and proportion (13%, range from 12% to 25%). This suggests that efforts to mitigate harm from assaults may have reduced the number and severity of injuries relative to the number of assaults. HSH takes all assaults seriously, be it committed or attempted, and continues to take steps to ensure the safety of staff and patients, such as enhanced staff training, adequate staffing levels, analysis of assault events, implementation of a proactive patient engagement program, driver partitions in patient transport vehicles, and security personnel presence on hospital units.

TABLE OF CONTENTS

KEY TERMS AND DEFINITIONS

LEGAL STATUS	DEFINITION
HRS §334-60.2	Involuntary Hospital Criteria, also known as "Civil Commitment" and "MH-6"
HRS §334-74	Transfer of Residents of Correctional Facilities, also known as "MH-9"
HRS §704-404	Evaluation of Fitness to Proceed
HRS §704-405	Fit to Proceed
HRS §704-406	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 §704-411(1)(c)	Acquitted and Discharged
HRS §704-411(3)	Post-Acquittal Hearing on Dangerousness
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	Individuals who are committed to the custody of the Director of the Department of Health (DOH) and have entered the Hawai'i 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-Staff, 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.
Conditional Release	An individual who has been acquitted of a crime and found by the court 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/DPS Dual Custody or Dually-Committed Patients	Individuals who are committed to the care and custody of both DOH and the Department of Public Safety (DPS). As a result of offenses charged while under the custody of DOH, these individuals are administratively discharged to DPS.
Discharge	Individuals released from the custody of DOH.
Fiscal Year 2017 (FY 2017)	The State of Hawaii's 12-month financial and reporting period, starting July 1, 2016 and ending June 30, 2017.
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.
Length of Stay (LOS)	Total number of inpatient days a patient spends in DOH custody, from admission to discharge.

KEY TERM	DEFINITION
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 patient 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 DPS 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, expiration of civil commitment, or end of voluntary commitment.
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 HSH licensed bed capacity (i.e., a substandard patient room with respect to licensing standards such as square footage, access to toileting facilities, etc).

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 August 29 to September 1, 2017.

HSH is licensed by the DOH, through the Office of Health Care Assurance (OHCA). Current licensure is through May 31, 2018. OHCA has licensed HSH for a maximum capacity of 202 patient beds. A patient census over 202 beds requires the use of patient rooms referred to as waived beds, which may not meet certain licensing standards, such as total square footage available, direct access to a bathroom, or availability of an exterior window. For these beds, OHCA grants an exception to the normal licensure requirements for a hospital patient room. HSH contacts and informs OHCA every day that the hospital patient census exceeds 202 and requires the use of waived beds.

HSH beds are augmented by DOH contracts with Kāhi Mōhala Behavioral Health (KMBH or Kāhi Mōhala) and Correct Care Recovery Solutions 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. By the end of FY 2016, the number of contracted beds at KMBH grew to 46, costing approximately $13 million in FY 2017 (not including medical expenses), from approximately $12 million in FY 2016.

Correct Care Recovery Solutions operates **Columbia Regional Care Center (CRCC)**—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 2017, up to four individuals were hospitalized at CRCC.

During FY 2017, there were a total of 17 **dually-committed** individuals, with 6 individuals in DPS custody at the end of the fiscal year. These individuals are dually committed to the care and custody of both DOH and DPS, and upon release from DPS custody, must return to HSH.

The Hawai'i State Legislature appropriated $160.5 million for the design and construction of a new, 144-bed forensic facility, replacing the Goddard Building on the HSH campus. Goddard was demolished in November 2016 and procurement for the design-build project is currently underway. The **new building** is slated to open at the beginning of FY 2021, expanding much-needed capacity at HSH and allowing forensic patients to be treated in a safe, secure, and therapeutic setting. The support of the Legislature for this project is greatly appreciated.

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 2016 and 2017. During FY 2017, HSH admissions decreased by -9% and discharges by -1%.

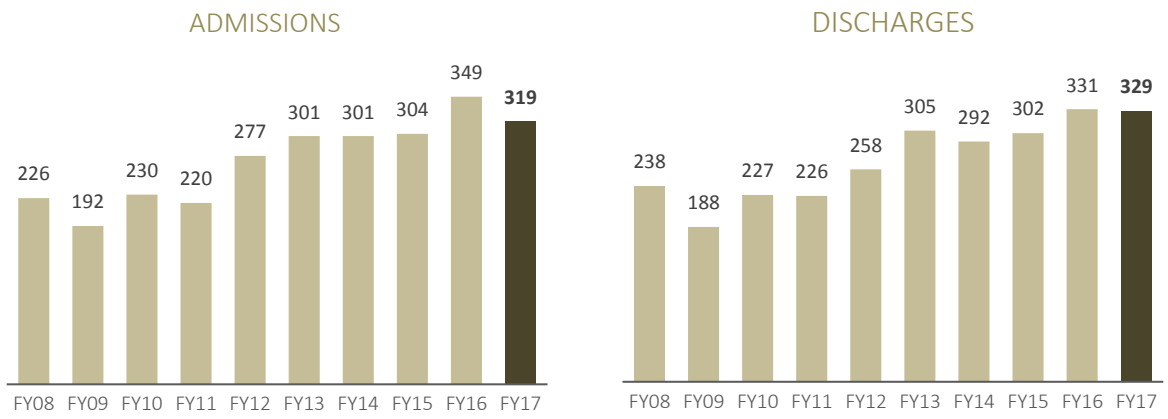
TABLE 1: ADMISSIONS AND DISCHARGES

ADMISSIONS				DISCHARGES			
FY16	**FY17**	Change*	% Chg	FY16	**FY17**	Change*	% Chg
349	**319**	-30	-9%	331	**329**	-2	-1%

**In this and following tables, reflects change between FY 2016 and 2017.*

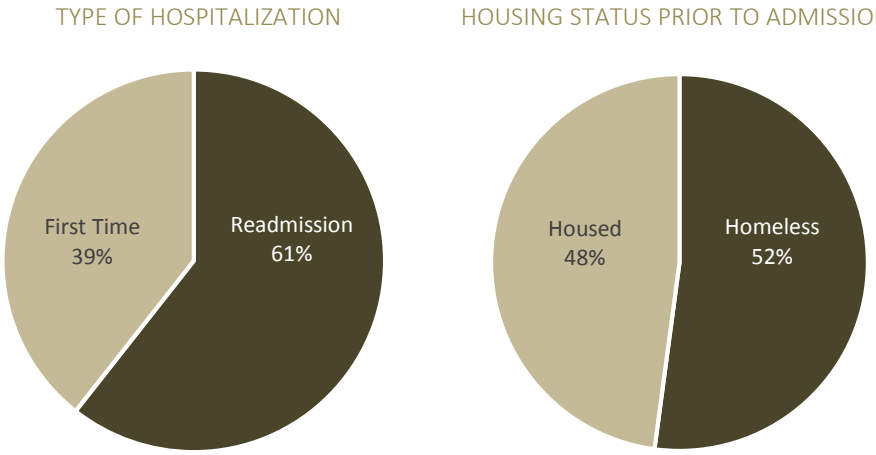
Figure 1 illustrates the total number of admissions and discharges over the past 10 fiscal years. HSH total admissions and discharges for FY 2017 decreased by -9% and -1%, respectively. Despite the declines, HSH admissions and discharges in FY 2017 were the second highest in the past decade, suggesting that high levels of HSH forensic utilization will likely continue. Discharges outpaced admissions by +10 in FY 2017, reversing the problematic trend of the previous three fiscal years where admissions exceeded discharges.

FIGURE 1: HSH ADMISSIONS AND DISCHARGES, FY 2008 TO 2017



Starting in January 2017, AMHD and HSH began to delve deeper into patient demographics to better understand and serve those suffering from severe or persistent mental illness. **Figure 2** uses data for the second half of FY 2017 (January to June 2017) to illustrate the proportion of admissions previously hospitalized at HSH and homeless prior to admission. While a significant majority of admissions (61%) involved individuals previously hospitalized at HSH, just over half (52%) were homeless prior to admission.

FIGURE 2: REHOSPITALIZATION AND HOUSING STATUS OF ADMISSIONS, Q3-Q4 FY 2017



Another area of interest is the co-occurrence of substance use as it adds to the complexity of a patient's health condition and treatment needs. **Figure 3** illustrates substance use diagnosed among individuals admitted during the second half of FY 2017, revealing that 58% used at least one substance. Alcohol and cannabis were the most common substances used (37% each), followed by meth (25%).

FIGURE 3: CO-OCCURRING SUBSTANCE USE AMONG ADMISSIONS, Q3-Q4 FY 2017

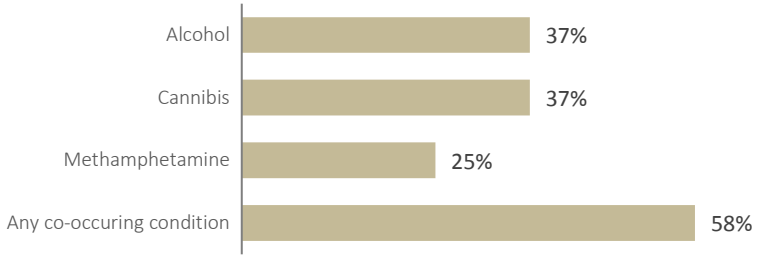


Table 2 identifies the total of transfers within DOH custody for FY 2017. Near the end of FY 2016, 4 additional beds were purchased from Kāhi Mōhala, providing a total of 46 contracted beds to help accommodate HSH patients. Transfers to Kāhi Mōhala declined by -15% from FY 2016. Transfers of patients from Kāhi Mōhala back to HSH decreased from six in FY 2016 to four in FY 2017. Up to four patients were in out-of-state custody at Columbia Regional Care Center in FY 2017. No additional patients were transferred to CRCC, and at the end of FY 2017, three individuals remained in out-of-state custody.

TABLE 2: TRANSFERS WITHIN DOH CUSTODY

KĀHI MŌHALA				CRCC			
FY16	**FY17**	Change	% Chg	FY16	**FY17**	Change	% Chg
97	**82**	-15	-15%	1	**0**	-1	-100%

Table 3 identifies the total of DOH/DPS dual custody individuals for FY 2017. Transfers to DPS custody remained the same with nine individuals transferred in both FY 2016 and 2017. Over the course of FY 2017, a total of 17 dually-committed individuals were in DPS custody, with 6 individuals in DPS custody at the end of the fiscal year.

TABLE 3: DUALLY COMMITTED TO DOH AND DPS

TRANSFERS TO DPS				DPS CUSTODY DURING FY			
FY16	**FY17**	Change	% Chg	FY16	**FY17**	Change	% Chg
9	**9**	0	0%	15	**17**	+2	+13%

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

A. Summary of Admissions by Legal Status Category

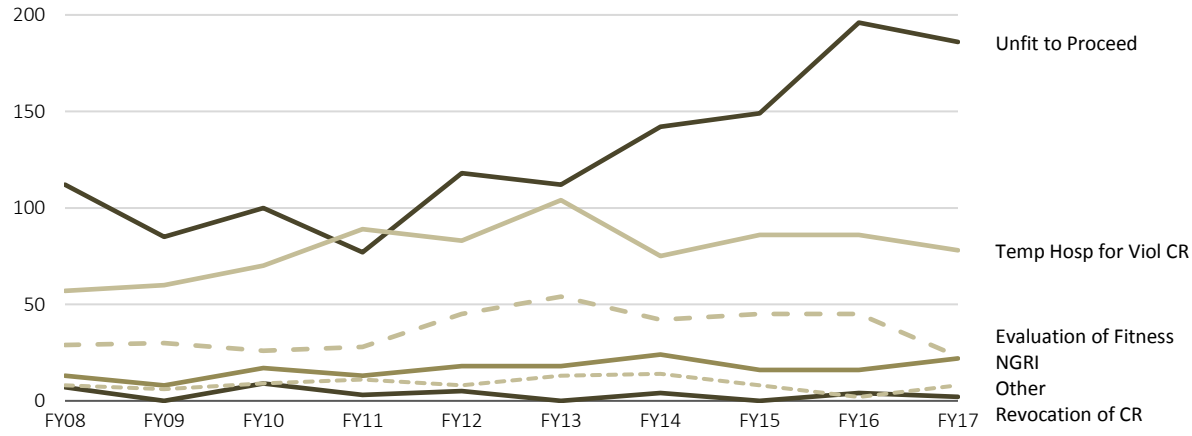
Table 4 summarizes the number of admissions by legal status category for FY 2016 and 2017.

TABLE 4: LEGAL STATUS AT ADMISSION

	# OF ADMISSIONS		% OF ADMISSIONS			
LEGAL STATUS	FY16	**FY17**	FY16	**FY17**	Change	% Chg
Unfit to Proceed §704-406, §704-406(1)(a), §704-406(1)(b)	196	**186**	56%	**58%**	-10	-5%
Temp. Hospitalization for CR Violation §704-413(1)	86	**78**	25%	**24%**	-8	-9%
Evaluation of Fitness to Proceed §704-404	45	**23**	13%	**7%**	-22	-49%
Acquitted & Committed (NGRI) §704-411(1)(a)	16	**22**	5%	**7%**	+6	+38%
Civil Commitment §334-60.2, §706-607, §704-406(3), §704-406(4)	1	**8**	0%	**3%**	+7	+700%
Revocation of CR §704-413(4)	4	**2**	1%	**1%**	-2	-50%
Acquitted & Conditionally Released (CR) §704-411(1)(b)	1	**0**	0%	**0%**	-1	-100%
TOTAL	349	**319**	100%	**100%**	**-30**	**-9%**

Figure 4 breaks down the past decade of admissions by admission legal status. The legal status of unfit to proceed (§704-406, §704-406(1)(a) and §704-406(1)(b)) continued to be by far the most frequent admission legal status, constituting a growing proportion of admissions (56% in FY 2016 to 58% in FY 2017) despite its numerical decline.

FIGURE 4: ADMISSIONS BY LEGAL STATUS, FY 2008 TO 2017



[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.

B. Summary of Discharges by Legal Status Category

Table 5 summarizes the number of discharges by legal status category for FY 2016 and 2017.

TABLE 5: LEGAL STATUS AT DISCHARGE

	# OF DISCHARGES		% OF DISCHARGES			
LEGAL STATUS	FY16	**FY17**	FY16	**FY17**	Change	% Chg
No Legal Encumbrance[2]	96	**105**	29%	**32%**	+9	+9%
Conditionally Released §704-415	103	**93**	31%	**28%**	-10	-10%
Fit to Proceed §704-405	84	**74**	25%	**22%**	-10	-12%
Unfit to Proceed, Released on Conditions §704-406(1)	27	**40**	8%	**12%**	+13	+48%
Acquitted & Conditionally Released §704-411(1)(b)	9	**12**	3%	**4%**	+3	+33%
Evaluation of Fitness to Proceed §704-404	6	**4**	2%	**1%**	-2	-33%
Expired (patient death)	2	**1**	1%	**0%**	-1	-50%
Unfit to Proceed §704-406	2	**0**	1%	**0%**	-2	-100%
Acquitted & Discharged §704-411(1)(c)	1	**0**	0%	**0%**	-1	-100%
Temp. Hospitalization for CR Violation §704-413(1)	1	**0**	0%	**0%**	-1	-100%
TOTAL	331	**329**	100%	**100%***	**-2**	**-1%**

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

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, suffered from mental disease, disorder, or defect (MDDD) 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 conditional release, and hence, committed to HSH. During FY 2017, NGRI admissions increased by +38%. While committed and treated at HSH, a patient may seek conditional release from the court to continue supervision and treatment in the community (§704-415). In FY 2017, 10 patients successfully petitioned the court for conditional release, a decline from 18 patients in FY 2016.

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

ADMISSIONS				DISCHARGES			
FY16	**FY17**	Change	% Chg	FY16	**FY17**	Change	% Chg
16	**22**	+6	+38%	0	**0**	0	—

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

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 those above (§704-411(1)(a)), however, the courts found these individuals could be adequately controlled and provided proper care, supervision and treatment within the community if conditionally released, instead of committed to HSH. In FY 2017, discharges with this legal status increased by +33%.

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

ADMISSIONS				DISCHARGES			
FY16	**FY17**	Change	% Chg	FY16	**FY17**	Change	% Chg
1	**0**	-1	-100%	9	**12**	+3	+33%

E. **HRS §704-411(3):** Post-Acquittal Hearing on Dangerousness

There were no admissions or discharges with this legal status in FY 2016 or 2017.

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

Table 8 identifies the number of admissions and discharges with a legal status of temporary hospitalization for violating terms of conditional release in FY 2016 and 2017. After the acquittal and granting of conditional release, these individuals were determined to be struggling to comply with the terms of their conditional release 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 the 72-hours, courts determine whether further hospitalization is necessary to prevent revocation of conditional release and may approve 90-day extensions, up to one year, before conditional release is revoked. In FY 2017, there was a -9% decrease in temporary hospitalization admissions and no patients discharged with this legal status. Seventy-four patients originally admitted for temporary hospitalization were granted CR in FY 2017, one less than in FY 2016.

TABLE 8: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF
TEMPORARY HOSPITALIZATION FOR VIOLATING TERMS OF CONDITIONAL RELEASE

ADMISSIONS				DISCHARGES			
FY16	**FY17**	Change	% Chg	FY16	**FY17**	Change	% Chg
86	**78**	-8	-9%	1	**0**	-1	-100%

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

Table 9 identifies the number of admissions and discharges with a legal status of revocation of conditional release in FY 2016 and 2017. These individuals were not able to restabilize, improve, or return to community-based supervision and treatment within one year of their temporary hospitalization. As a result, their conditional release was revoked. Only two individuals were admitted with this legal status in FY 2017, representing a -50% decline. In FY 2017, the number of patients originally admitted with CR revoked and successfully petitioning the courts to reinstate CR increased from one to three.

TABLE 9: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF REVOCATION OF CONDITIONAL RELEASE

ADMISSIONS				DISCHARGES			
FY16	**FY17**	Change	% Chg	FY16	**FY17**	Change	% Chg
4	**2**	-2	-50%	0	**0**	0	—

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

Table 10 identifies the number of admissions and discharges with a legal status of evaluation of fitness to proceed in FY 2016 and 2017. 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. In FY 2017, admissions with a legal status of evaluation of fitness to proceed declined by -49% and discharges by -33%. Three patients were discharged and returned to DPS custody after it was determined that they did not require hospital level of care, while the fourth patient was granted an order amending the custody location.

TABLE 10: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF EVALUATION OF FITNESS TO PROCEED

ADMISSIONS				DISCHARGES			
FY16	**FY17**	Change	% Chg	FY16	**FY17**	Change	% Chg
45	**23**	-22	-49%	6	**4**	-2	-33%

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

Table 11 identifies the number of admissions and discharges with a legal status of unfit to proceed in FY 2016 and 2017. The courts found these individuals cannot understand the court proceedings and/or 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. During FY 2017, admissions with a legal status of unfit to proceed decreased by -5%. There were no individuals discharged as unfit to proceed during the fiscal year. After treatment at HSH, 54 individuals originally admitted as unfit were restored of fitness (§704-405) and discharged in FY 2017 to stand trial for their offenses.

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

ADMISSIONS				DISCHARGES			
FY16	**FY17**	Change	% Chg	FY16	**FY17**	Change	% Chg
196	**186**	-10	-5%	2	**0**	-2	-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. **Table 12** details Act 53 admissions among individuals found unfit to proceed.

TABLE 12: DETAILS OF ADMISSIONS WITH LEGAL STATUS OF UNFIT TO PROCEED

	# OF ADMISSIONS			
LEGAL STATUS	FY16	**FY17**	Change	% Chg
Unfit to Proceed §704-406	133	**126**	-7	-5%
Unfit to Proceed, Non-Violent Petty Misdemeanor §704-406(1)(a)	49	**39**	-10	-20%
Unfit to Proceed, Non-Violent Misdemeanor §704-406(1)(b)	14	**21**	+7	+50%
TOTAL	196	**186**	**-10**	**-5%**

During FY 2017, commitments citing Act 53 declined slightly, but continued to represent nearly one-third (32%) of all unfit to proceed admissions. While those charged with non-violent petty misdemeanors decreased by -20%, individuals charged with non-violent misdemeanors increased by +50%.

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

Table 13 identifies the number of admissions and discharges with a legal status of involuntary hospitalization (or civil commitment) in FY 2016 and 2017. During FY 2017, admissions with a legal status of civil commitment increased to eight. Seven of the individuals had been found unrestorable, imminently dangerous to themselves or others, and in need of hospital level of care, and the courts ordered them civilly committed to HSH. The eighth individual was admitted in error and discharged the following day.

TABLE 13: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF CIVIL COMMITMENT

ADMISSIONS				DISCHARGES			
FY16	**FY17**	Change	% Chg	FY16	**FY17**	Change	% Chg
1	**8**	+7	+700%	0	**0**	0	—

K. Other Legal Statuses at Discharge

Table 14 identifies the number of discharges involving other legal statuses.

TABLE 14: OTHER LEGAL STATUSES AT DISCHARGE

	# OF DISCHARGES			
LEGAL STATUS	FY16	**FY17**	Change	% Chg
No Legal Encumbrance	96	**105**	+9	+9%
Conditionally Released (CR) §704-415	103	**93**	-10	-10%
Fit to Proceed §704-405	84	**74**	-10	-12%
Unfit to Proceed, Released on Conditions §704-406(1)	27	**40**	+13	+48%
Expired (patient death)	2	**1**	-1	-50%
Acquitted & Discharged §704-411(1)(c)	1	**0**	-1	-100%

Discharges with no legal encumbrance continued to increase (+9%), becoming the most common discharge legal status in FY 2017. Individuals may end up with no further legal requirements for a variety of reasons. For example, some individuals admitted as unfit to proceed, despite hospitalization, remain unable to comprehend the legal proceedings and/or assist in their defense. If the individual 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 individual poses an imminent danger to themselves or others and is in need of hospital level of care, the courts may civilly commit the individual to HSH (for a statutory period of time), after which the individual is discharged with no further HSH legal encumbrance.

More than half (54%) of individuals discharged with no legal encumbrance were originally admitted as a result of being found unfit to proceed and charged with non-violent petty misdemeanor or misdemeanor offenses (n=57). Under Act 53, passed in 2011, the maximum time of mental health commitment for such patients is 60 days for petty misdemeanors (§704-406(1)(a)) and 120 days for

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

misdemeanors (§704-406(1)(b)). 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. Of the 57 individuals originally admitted under Act 53 and discharged with no legal encumbrance, 74% were dismissed of their charges and released prior to the expiration of their commitment, while 26% were released and civilly committed for continued treatment.

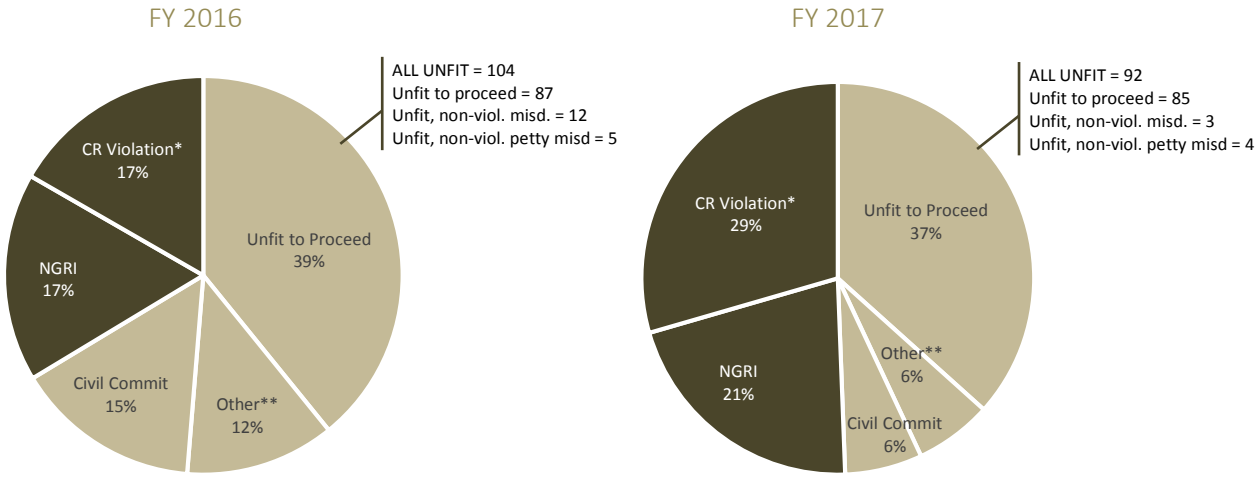
Conditional release (§704-415) was the second most common discharge legal status during the fiscal year (n=93), but continued to decline (-7% in FY 2016, -10% in FY 2017). These individuals were acquitted and committed to HSH, temporarily hospitalized for conditional release violations (§704-413(1)), or had their conditional release revoked (§704-413(4)), and after a statutory period of time, applied for and were granted, by the courts, conditional release to continue care, supervision, and treatment within the community.

Discharges with legal status of unfit to proceed and released on conditions (§704-406(1)) increased significantly by +48% in FY 2017 after decreasing by -16% in FY 2016. The courts found that these individuals cannot understand the court proceedings and/or 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.

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

Figure 5 presents the primary legal status of patients active on the last day of FY 2016 (June 30, 2016) and FY 2017 (June 30, 2017).

FIGURE 5: ACTIVE PATIENTS BY LEGAL STATUS AT END OF FY 2016 AND 2017



**CR Violation includes: Revocation of CR (n=45) and Temporary hospitalization for violating CR (n=40)*
***"Other" includes: Eval. of fitness to proceed (n=9), voluntary (n=3), conditional release (n=1), and unfit & released on conditions (n=1).*

**CR Violation includes: Revocation of CR (n=37) and Temporary hospitalization for violating CR (n=37)*
***"Other" includes: Eval. of fitness to proceed (n=3), Voluntary (n=5), Conditional release (n=6), Unfit & released on conditions (n=1), and Conditional release expired for non-felony (n=1).*

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.

Comparison of patient composition on the last day of the fiscal years provides a look at the changing dynamics of patient types. In both fiscal years, the largest percentage of patients active at the end of year held the legal status of unfit to proceed, with a decline of patients with an Act 53 legal status (-10). However, individuals acquitted and committed increased slightly to 21% and those with conditional release violations (either revocation of CR or temporary hospitalization for violating CR) saw a 12 percentage point increase, from 17% at the end of FY 2016 to 29% at the end of FY 2017. Together, this NGRI cohort of legal statuses (i.e., acquitted and committed, CR violations) grew from 34% in FY 2016 to 50% in FY 2017.

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

A. County

Figure 6 and **Table 15** detail admissions by the county ordering DOH commitment. During FY 2017, all counties except Hawai'i (+1%) decreased their admissions to HSH, ranging from -7% on Kaua'i to -46% on Maui. In Hawai'i County, the drop in commitments from Kona (-9) was offset by a slightly larger increase from Hilo (+10). In comparison to each county's proportion of the state population, the percentage of admissions from Hawai'i were notably higher (14% of state pop. vs 21% of HSH admissions), while the percentage of admissions from Maui were significantly lower (12% of state pop. vs 4% of HSH admissions).

FIGURE 6: ADMISSIONS BY COMMITTING COUNTY, FY 2016 AND 2017

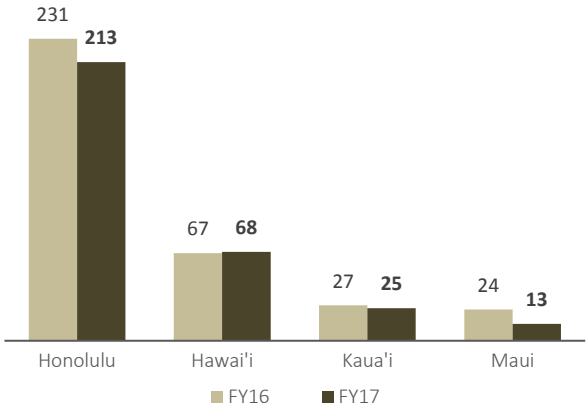


TABLE 15: ADMISSIONS BY COMMITTING COUNTY

	# OF ADMISSIONS		% OF ADMISSIONS				
COUNTY	FY16	**FY17**	FY16	**FY17**	% of State Pop.*	Change	% Chg
Honolulu	231	**213**	66%	**67%**	69%	-18	-8%
Hawai'i	67	**68**	19%	**21%**	14%	+1	+1%
Hilo	44	**54**	13%	**17%**	—	+10	+23%
Kona	23	**14**	7%	**4%**	—	-9	-39%
Kaua'i	27	**25**	8%	**8%**	5%	-2	-7%
Maui	24	**13**	7%	**4%**	12%	-11	-46%
TOTAL	**349**	**319**	**100%**	**100%**	**100%**	**-30**	**-9%**

**Based on the 2016 U.S. Census Bureau estimate of the State of Hawaii's population.*

B. Court

Figure 7 and **Table 16** present the admissions by type and location of committing court. Generally speaking, circuit courts preside over felony charges, district courts oversee misdemeanor or charges of lower grade, and family courts handle, among other things, domestic violence and civil commitment cases. In FY 2017, admissions declined overall and similarly, most courts saw a decline in commitments. The exceptions to this downward trend were increases from O'ahu (Honolulu) family court (+73%, 11 to 19) and the Hawai'i circuit court (+29%, 21 to 27). Similar to the prior year, more than half (51%) of all admissions in FY 2017 came from circuit courts.

FIGURE 7: ADMISSIONS BY COMMITTING COURT AND COUNTY, FY 2015 AND 2016

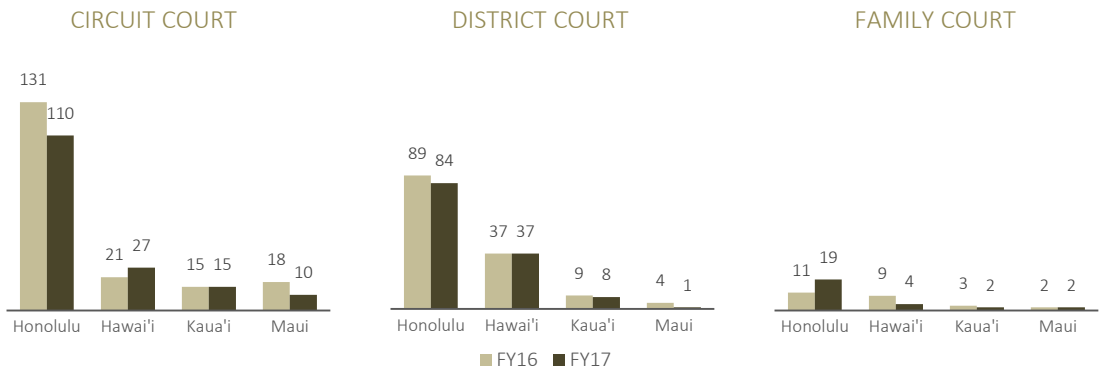


TABLE 16: ADMISSIONS BY COMMITTING COURT AND COUNTY

	CIRCUIT COURT			DISTRICT COURT			FAMILY COURT		
COUNTY	**FY17**	Change	% Chg	**FY17**	Change	% Chg	**FY17**	Change	% Chg
Honolulu	**110**	-21	-16%	**84**	-5	-6%	**19**	+8	+73%
Hawai'i	**27**	+6	+29%	**37**	0	0%	**4**	-5	-56%
Hilo	**18**	+4	+29%	**32**	+9	+39%	**4**	-3	-43%
Kona	**9**	+2	+29%	**5**	-9	-64%	**0**	-2	-100%
Kaua'i	**15**	0	0%	**8**	-1	-11%	**2**	-1	-33%
Maui	**10**	-8	-44%	**1**	-3	-75%	**2**	0	0%
TOTAL	**162**	-23	-12%	**130**	-9	-6%	**27**	+2	+8%
% of Admissions	**51%**			**41%**			**8%**		

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

Table 17 summarizes admissions during FY 2017 by grade of the offense and whether the offense was against a person or not.[4] Because an individual may be admitted for multiple offenses of varying grades, the most severe charge is used in this report.

Individuals committed to HSH due to felonies accounted for more than half (53%) of admissions during FY 2017. 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)), evaluation of fitness to proceed (§704-404), and NGRI (§704-411(1)(a))—individuals were more likely to be admitted due to felonies.

TABLE 17: FY 2017 ADMISSIONS BY LEGAL STATUS AND GRADE OF MOST SEVERE OFFENSE

	EVAL. OF FITNESS TO PROCEED	UNFIT TO PROCEED	ACQUIT & COMMIT (NGRI)	TEMP. HOSP. FOR VIOLATING CR	REVOCATION OF CR	CIVIL COMMITMENT	TOTAL	% OF ADMISSIONS
TOTAL ADMITS W/FELONY CHARGES	**17**	**70**	**17**	**61**	**2**	**2**	**169**	**53%**
Felony A	**–**	**9**	**4**	**6**	**1**	**–**	**20**	**6%**
Offense against another	–	9	4	5	1	–	**19**	6%
Offense not against another	–	–	–	1	–	–	**1**	0%
Felony B	**3**	**15**	**2**	**17**	**1**	**–**	**38**	**12%**
Offense against another	–	4	–	7	1	–	**12**	4%
Offense not against another	3	11	2	10	–	–	**26**	8%
Felony C	**14**	**46**	**11**	**38**	**–**	**2**	**111**	**35%**
Offense against another	7	20	7	20	–	1	**55**	17%
Offense not against another	7	26	4	18	–	1	**56**	18%
TOTAL ADMITS W/MISD. CHARGES	**6**	**115**	**5**	**17**	**–**	**6**	**149**	**47%**
Misdemeanors	**5**	**63**	**5**	**10**	**–**	**2**	**85**	**27%**
Offense against another	1	38	3	3	–	–	**45**	14%
Offense not against another	4	25	2	7	–	2	**40**	13%
Petty Misdemeanors	**1**	**52**	**–**	**7**	**–**	**4**	**64**	**20%**
Offense against another	–	13	–	3	–	–	**16**	5%
Offense not against another	1	39	–	4	–	4	**48**	15%
VIOLATION – Offense not against another	**–**	**1**	**–**	**–**	**–**	**–**	**1**	**0%**
TOTAL	**23**	**186**	**22**	**78**	**2**	**8**	**319**	**100%**
% OF ADMISSIONS	7%	58%	7%	24%	1%	3%	**100%**	

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

Figure 8 and **Table 18** compare the offense grades of FY 2016 and 2017 admissions. The decrease in admissions with Felony A (-23%) and Felony B (-17%) charges significantly exceeded the average decline in admissions (-9%). Felony C continued to be the most common severest charge (35%) among admissions, followed by misdemeanors (27%) and petty misdemeanors (20%).

FIGURE 8: ADMISSIONS BY MOST SEVERE CHARGE, FY 2016 AND 2017

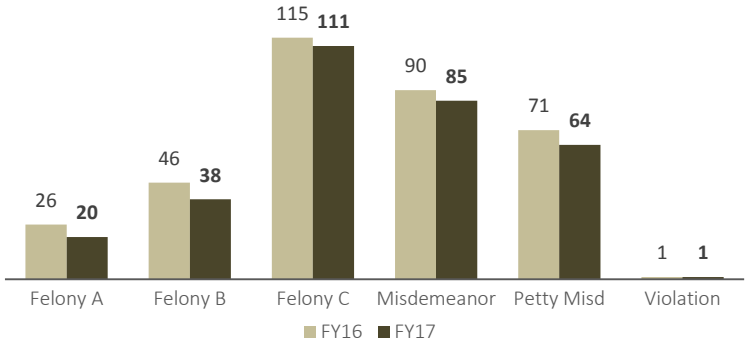


TABLE 18: COMPARISON OF FY 2016 AND 2017 ADMISSIONS BY GRADE OF MOST SEVERE OFFENSE

	# OF ADMISSIONS		% OF ADMISSIONS			
	FY16	FY17	FY16	FY17	Change	% Chg
TOTAL ADMITS W/FELONY CHARGES	**187**	**169**	**54%**	**53%**	**-18**	**-10%**
Felony A	**26**	**20**	**7%**	**6%**	**-6**	**-23%**
Offense against another	22	19	6%	6%	-3	-14%
Offense not against another	4	1	1%	0%	-3	-75%
Felony B	**46**	**38**	**13%**	**12%**	**-8**	**-17%**
Offense against another	22	12	6%	4%	-10	-45%
Offense not against another	24	26	7%	8%	+2	+8%
Felony C	**115**	**111**	**33%**	**35%**	**-4**	**-3%**
Offense against another	53	55	15%	17%	+2	+4%
Offense not against another	62	56	18%	18%	-6	-10%
TOTAL ADMITS W/MISD. CHARGES	**161**	**149**	**46%**	**47%**	**-12**	**-7%**
Misdemeanors	**90**	**85**	**26%**	**27%**	**-5**	**-6%**
Offense against another	60	45	17%	14%	-15	-25%
Offense not against another	30	40	9%	13%	+10	+33%
Petty Misdemeanors	**71**	**64**	**20%**	**20%**	**-7**	**-10%**
Offense against another	11	16	3%	5%	+5	+45%
Offense not against another	60	48	17%	15%	-12	-20%
VIOLATION – Offense not against another	**1**	**1**	**0%**	**0%**	**–**	**0%**
TOTAL	**349**	**319**	**100%**	**100%**	**-30**	**-9%**

Table 19 details the categories of underlying crimes charged against forensic patients active during FY 2017. 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 580 active patients in FY 2017 (HSH and contracted bed sites), two were originally admitted under a non-forensic status, resulting in a total of 578 forensic patients. While most individuals had criminal charges in only one category, more than one-fourth of active patients were charged with crimes in multiple categories and are counted in each category charged.

Offenses against persons (e.g., assault, terroristic threatening, murder) involve victims who are individuals. Sexual offenses are a subset of offenses against persons, and per HRS §707 Part V, include sexual assault, indecent exposure, and incest. Offenses against property (e.g., burglary, criminal trespassing, criminal property damage, robbery) involve crimes related to the theft or destruction of another's property. In FY 2017, property crimes (44%) were slightly more common than offenses against persons (41%) among patients. Sexual offenses were relatively rare (4%). Forty-three percent (n=250) of patients committed offenses other than personal or property crimes—most commonly, harassment, order for protection, and promoting a dangerous drug in the third degree—and for just over half of these patients (n=126), non-personal and non-property crimes were the most serious charges underlying their commitment to HSH.

TABLE 19: FORENSIC PATIENTS, BY CATEGORIES OF UNDERLYING CRIME, FY 2017

CATEGORY OF UNDERLYING CRIME	# OF PTS*	% OF PTS*
Offenses Against Persons §707, excluding sex offenses	236	41%
Sexual Offenses §707 Part V	24	4%
Offenses Against Property §708	253	44%
Other Offenses Offenses other than §§707, 708	250	43%
Other offense only - Did not commit any §§707, 708 offense	*126*	*22%*
TOTAL FORENSIC PATIENTS	**578**	

**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 20 presents the number of inpatient days by admission legal status and location for patients active during FY 2017, 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 FY 2016, almost three-fourths (73%) of inpatient days were attributable to individuals admitted as unfit to proceed (46%) and temporarily hospitalized for CR violations (27%). In fact, the proportion of inpatient days by each admission legal status was nearly identical between active patients in FY 2016 and 2017 due to the large numbers of those unfit to proceed and temporarily hospitalized for CR violation in both years. Given the smaller number of individuals in other legal statuses, any increases or decreases in admissions appears to have had little impact on their proportion of hospital utilization, resulting in a similar distribution of inpatient days between FY 2016 and 2017.

TABLE 20: INPATIENT DAYS OF ACTIVE PATIENTS, BY ADMISSION LEGAL STATUS AND LOCATION

	HSH			KĀHI MŌHALA			CRCC			
ADMISSION LEGAL STATUS	FY17	Chg	% Chg	FY17	Chg	% Chg	FY17	Chg	% Chg	FY17 TOTAL
Unfit to Proceed	**31,978**	+90	0%	**9,485**	+782	+9%	**365**	+154	+73%	**41,828**
Temp. Hosp. for CR Violation	**20,667**	-1,122	-5%	**4,317**	+1,058	+32%	**—**	**—**	**—**	**24,984**
Acquitted & Committed (NGRI)	**11,403**	+2,227	+24%	**1,018**	-755	-43%	**833**	-265	-24%	**13,254**
Evaluation of Fitness to Proceed	**4,399**	-1,512	-26%	**1,723**	+179	+12%	**—**	**—**	**—**	**6,122**
Revocation of CR	**3,505**	+920	+36%	**117**	+31	+36%	**—**	**—**	**—**	**3,622**
Civil Commitment	**1,209**	-167	-12%	**131**	+131	—	**—**	**—**	**—**	**1,340**
Transfer fr. Correctional Facility	**365**	-1	0%	**—**	**—**	**—**	**—**	**—**	**—**	**365**
Post-Acquittal Hrg on Dangerousness	**12**	-354	-97%	**—**	**—**	**—**	**—**	**—**	**—**	**12**
Court-Ordered Involuntary	**—**	-190	-100%	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Acquitted & CR	**—**	-4	-100%	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL	**73,538**	-113	0%	**16,791**	+1,426	+9%	**1,198**	-111	-8%	**91,527**

Table 21 presents total inpatient days over the past seven fiscal years for each of the three DOH locations (HSH and contracted beds). Total inpatient days—and thus, hospital utilization—rose almost every year between FY 2011 and FY 2017. The growth of inpatient days at Kāhi Mōhala can be attributed to the four additional beds purchased near the end of FY 2016. AMHD expended approximately $13 million, plus medical expenses, for the 46 contracted beds at Kāhi Mōhala during FY 2017.

[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 DPS custody.

TABLE 21: INPATIENT DAYS OF ACTIVE PATIENTS BY LOCATION, FY 2011-2017

	LOCATION					
FISCAL YEAR	**HSH**	Kāhi Mōhala	CRCC	**TOTAL**	Change	% Chg
2017	**73,538**	16,791	1,198	**91,527**	+1,202	+2%
2016	**73,651**	15,365	1,309	**90,325**	-231	0%
2015	**74,408**	15,298	850	**90,556**	+4,230	+6%
2014	**71,214**	14,600	512	**86,326**	+3,857	+6%
2013	**67,528**	14,576	365	**82,469**	+6,225	+9%
2012	**69,003**	6,875	366	**76,244**	+2,570	+4%
2011	**67,469**	5,840	365	**73,674**	—	—

B. Length of Stay (LOS) for Individuals Discharged During FY 2017

Table 22 details the length of stay for individuals discharged during FY 2017. LOS measures a hospitalization episode by calculating the number of days between admission and discharge. Overall, the average LOS for patients discharged in FY 2017 was 7 months (212 days), declining by nearly 3 months from FY 2016 (301 days). However, treating patient deaths as outliers[6] among discharges and removing them from the data narrowed the difference in average LOS between fiscal years to 1.5 months.

TABLE 22: LENGTH OF STAY (LOS) FOR INDIVIDUALS DISCHARGED IN FY 2017, BY DISCHARGE LEGAL STATUS

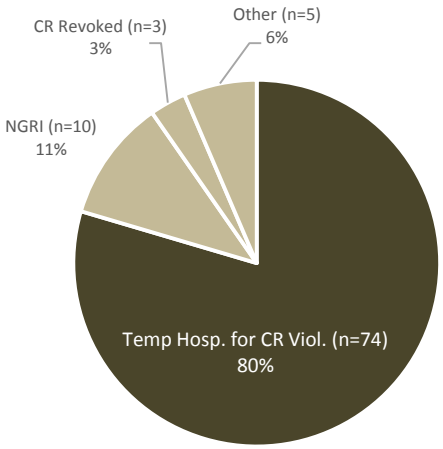
	# OF DISCHARGES			TOTAL LOS			AVERAGE LOS		
LEGAL STATUS AT DISCHARGE	**FY17**	Chg	% Chg	**FY17**	Chg	% Chg	**FY17**	Chg	% Chg
Conditionally Released (CR)	**93**	-10	-10%	**25,511**	-10,517	-29%	**274**	-75	-22%
Unfit to Proceed, Rel. on Cond.	**40**	+13	+48%	**9,866**	+3,360	+52%	**247**	+6	+2%
Acquitted & CR	**12**	+3	+33%	**2,355**	+1,065	+83%	**196**	+53	+37%
No Legal Encumbrance	**105**	+9	+9%	**17,876**	-6,733	-27%	**170**	-86	-34%
Fit to Proceed	**74**	-10	-12%	**11,560**	-1,854	-14%	**156**	-3	-2%
Eval. of Fitness to Proceed	**4**	-2	-33%	**286**	-199	-41%	**72**	-9	-12%
Expired	**1**	-1	-50%	**2,440**	-14,637	-86%	**2,440**	-6,099	-71%
Other[7]	**0**	-4	-100%	**0**	-351	-100%	**0**	-88	-100%
TOTAL	**329**	-2	-1%	**69,894**	-29,866	-30%	**212**	-89	-30%

[6] Patient deaths are outliers among HSH discharges for several reasons. There are very few patient deaths in any given fiscal year and usually involve individuals who have been at HSH for an extended period of time, and in some cases, quite elderly. While there were only two deaths in FY 2016 and one in FY 2017, the difference in total LOS is over 40 years (14,637 days).

[7] Unlike the previous year, in FY 2017, there were no patients discharged as unfit to proceed, acquitted and discharged, and temporarily hospitalized for CR violations.

Individuals discharged as conditionally released (§704-415) continued to have the highest total and average (approx. 9 months) LOS. Further examination reveals that 80% of individuals discharged on conditional release were originally admitted as temporary hospitalizations for violating terms of conditional release (§704-413(1)) with average LOS of 7.5 months, ranging from 2 days to almost 4 years (see **Figure 9**).

FIGURE 9: PATIENTS DISCHARGED ON CONDITIONAL RELEASE, BY ADMISSION LEGAL STATUS

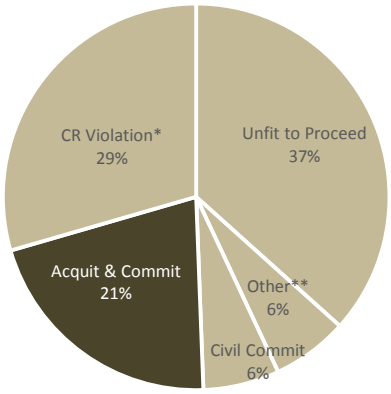


C. Gross Length of Stay (Gross LOS) for Patients Active at End of Fiscal Year

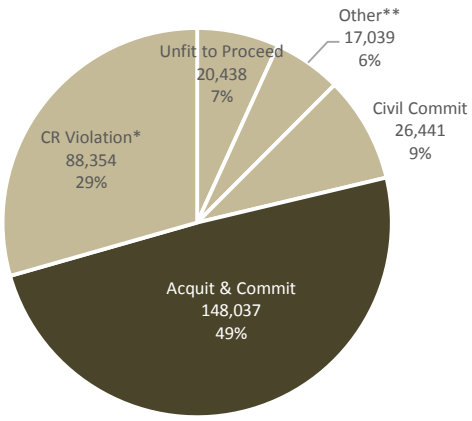
LOS is typically calculated upon discharge for individuals leaving a hospital to capture the length of a hospitalization episode. For patients who are currently in a hospital, gross length of stay is measured from admission date to the current or a given date. **Figure 10** provides a snapshot of the HSH population on the last day of FY 2017 (June 30, 2017) 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 10: COMPOSITION AND GROSS LOS OF PATIENTS ACTIVE AT END OF FY 2017, BY LEGAL STATUS ON JUNE 30, 2017

AS PERCENTAGE OF ACTIVE PATIENTS



AS PERCENTAGE OF GROSS LOS



**CR Violation includes: Revocation of CR (n=37) and Temporary hospitalization for violating CR (n=37)*
***Other includes: Eval. of fitness to proceed (n=3), Voluntary (n=5), Conditional release (n=6), Unfit & released on conditions (n=1), and Conditional release expired for non-felony (n=1).*

In FY 2017, the 53 individuals with the legal status of acquitted and committed (NGRI) on the last day of the fiscal year collectively spent 405 years (148,037 days) at HSH and contracted beds since their respective admissions. NGRI individuals accounted for only 21% of patients active on the last day of FY 2017, but nearly half of the total gross LOS (49%). Patients with CR violations are individuals who were acquitted, but found to no longer be a danger to people or property and well enough to be discharged on conditional release, but later violated or were in danger of violating the terms of their CR. The 74 individuals with CR violations accumulated another 242 years, or 29% of the total gross LOS. By contrast, the 92 individuals with the legal status of unfit to proceed on the last day of the fiscal year constituted the largest group (37%), but amassed only 56 years (20,438 days). Given that individuals found not guilty by reason of insanity may continue to be committed indefinitely to DOH custody unless granted conditional release by the courts, and even when granted conditional release, are required return to HSH for any violations, the disproportionate gross LOS is unsurprising and provides a long-term perspective on the impact of certain types of patients on hospital utilization and expenditure. Even the modest +9 increase in NGRI admissions in FY 2017 is likely to result in additional patients requiring lengthy HSH care.

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 outlined 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 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-two WPSHA hospitals that treat adults participated in the FY 2017 study, including HSH. Of the participating hospitals, 3 (including HSH) treat only forensic patients, 4 treat only civilly-committed patients, and the remaining 15 treat a mixture of forensic and civilly-committed patients.

[8] 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, not all hospitals do so. HSH continues to collect and analyze attempted assaults because it takes seriously all assaults, 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 23 provides HSH data on violence for patient-to-patient aggression, patient-to-staff aggression and patient-to-visitor aggression. No incidents involving visitors have been reported for FY 2016 and 2017.

TABLE 23: FY 2016 AND 2017 WPSHA BENCHMARKING PROJECT
AGGRESSION INCIDENTS IN STATE HOSPITALS

	HSH RATES				
CATEGORY	FY16	**FY17**	Change	% Chg	FY17 WPSHA RANGE
Patient-to-Patient Aggression	1.28	**1.24**	-0.04	-3%	0.84 – 10.52
Patient-to-Staff Aggression	1.03	**1.97**	+0.94	+91%	0.4 – 36.31
Patient-to-Visitor Aggression	0	**0**	0	—	0 – 0.1
TOTAL Aggression Incidents	2.31	**3.21**	+0.9	+39%	1.41 – 46.83

Figure 11 illustrates WPSHA comparison data on total aggressive incidents for FY 2017. This graph demonstrates that of the 22 hospitals reporting data on total acts of aggression, 13 have a higher rate per 1,000 patient days than HSH.

FIGURE 11: WPSHA FY 2017 BENCHMARKING DATA FOR TOTAL AGGRESSION INCIDENTS
PER 1,000 PATIENT DAYS, BY FACILITY TYPE

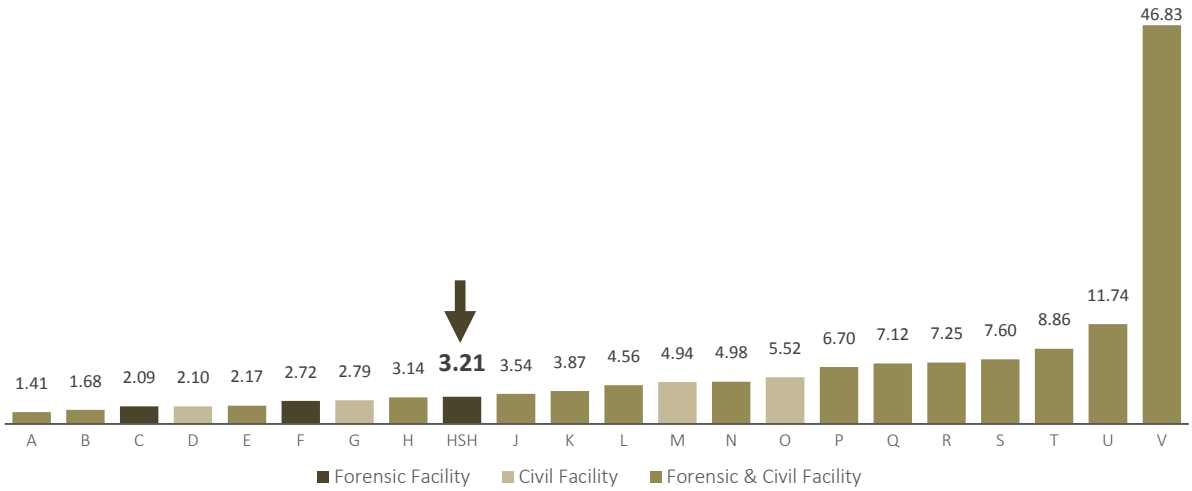
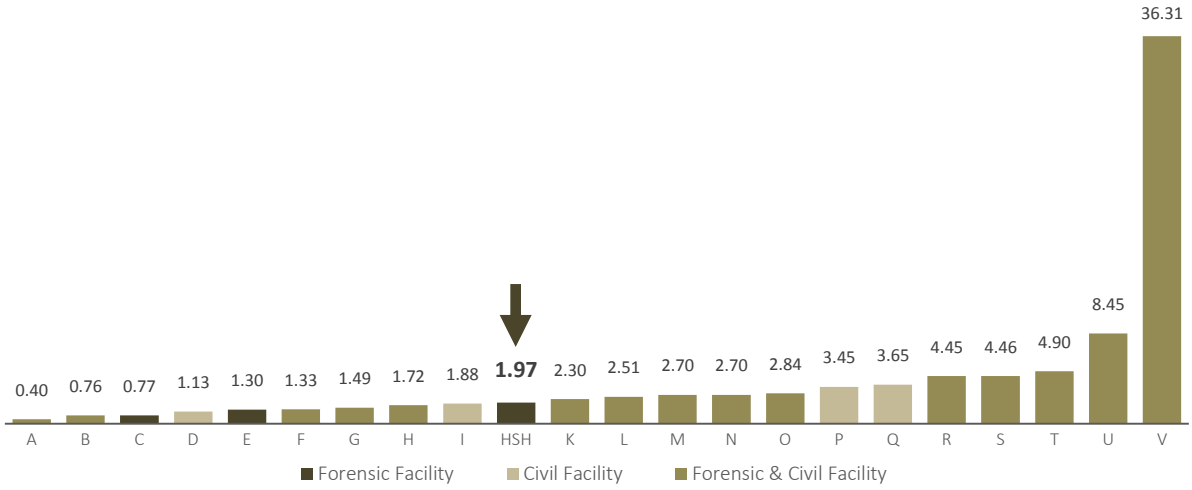


Figure 12 illustrates WPSHA comparison data on patient-to-staff aggression incidents for FY 2017. Of the 22 hospitals reporting patient to staff acts of aggression, 12 have a higher rate than HSH.

FIGURE 12: WPSHA FY 2017 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 13**) show that after a steady decline, HSH experienced an increase in FY 2017 of total patient-to-staff assaults. This increase was driven by both an increase in assaults with physical contact (+76%) and attempted assaults (+177%).

FIGURE 13: TOTAL ASSAULTS (COMMITTED AND ATTEMPTED) ON HSH STAFF, FY 2013-2017

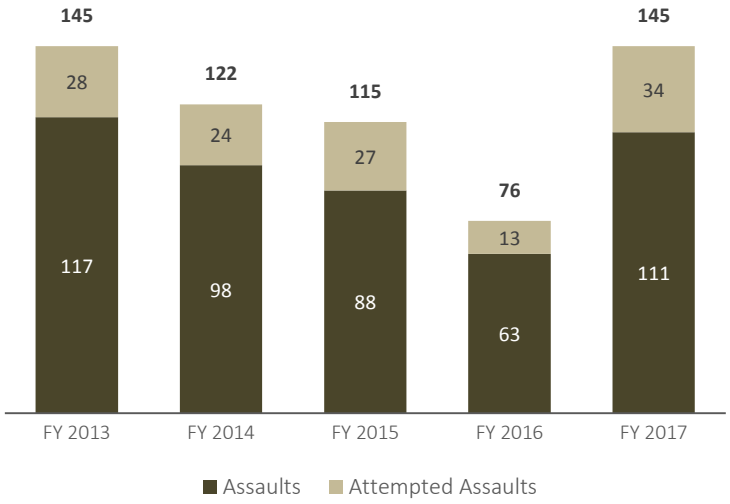


Figure 14 analyzes patient-to-staff assault data by identifying the proportion of patients involved in staff assaults (i.e., assaultive patients) and the frequency of assaults committed or attempted by assaultive patients. Of the 532 patients active at HSH in FY 2017, 55 individuals (10%) were responsible for all staff assaults committed or attempted. Of the 145 assaults on staff, more than one-fourth were attributable to just 3 highly-assaultive patients, while 31 patients were each involved in only one staff assault event during the year.

FIGURE 14: PATIENTS RESPONSIBLE FOR STAFF ASSAULTS, FY 2017

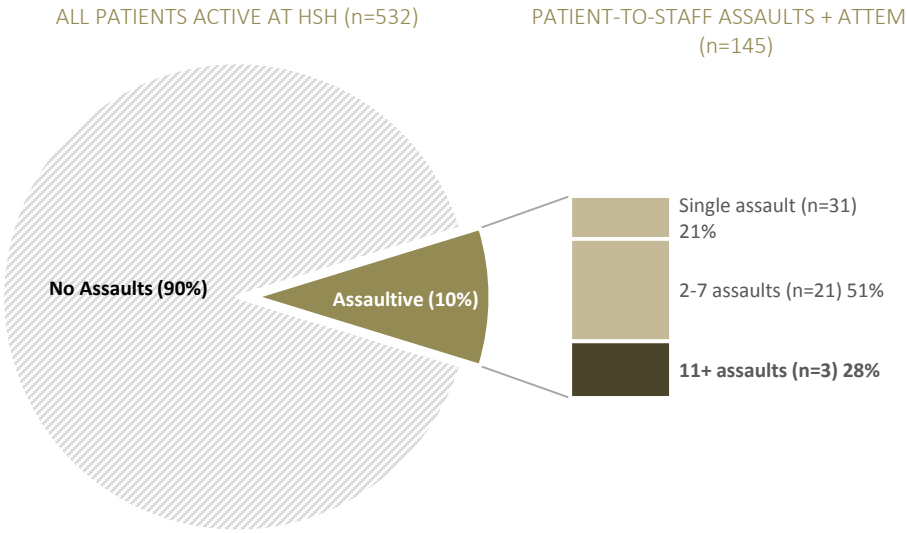
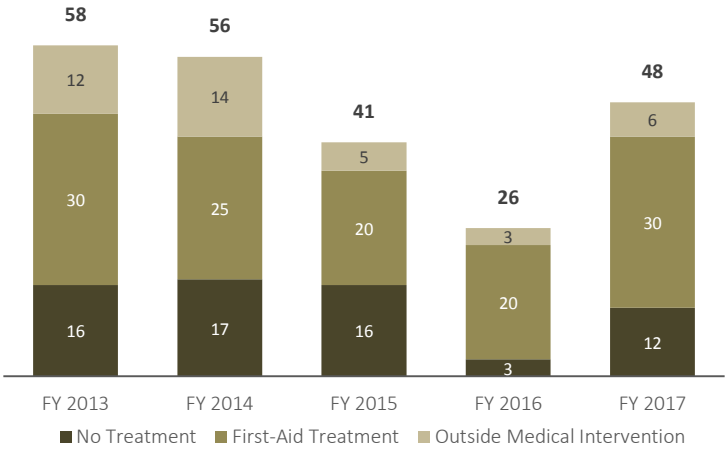


Figure 15 illustrates the severity of staff injuries resulting from assaults at HSH between FY 2013 and 2017. Interestingly, while the number of staff assaults (physical contact) were the second highest in the past five years, the number and proportion of injuries resulting from the assaults was a little lower than expected (44%, range from 41% to 57%). Injuries requiring outside medical intervention were also lower in number and proportion (13%, range from 12% to 25%). This suggests that efforts to mitigate harm from assaults may have reduced the number and severity of injuries relative to the number of assaults.

FIGURE 15: INJURY SEVERITY OF ASSAULTS ON HSH STAFF, FY 2013-2017



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 the psychiatric hospitals. HSH continues to plan, design and implement measures to improve safety for patients, staff and visitors. Enhanced staff training, adequate staffing levels, and analysis of assault events are among these measures. Additionally, a new proactive patient engagement program called IMUA (Interact with patients, Mindful documentation, Unconditional positive regard, Always available) began effective July 30, 2015 based on an extremely successful program at the Colorado Mental Health Institution at Pueblo. HSH has also increased physical measures to bolster staff safety, such as partitions inside of transport vehicles to provide a barrier between patients and drivers, and expanding the presence of security personnel from the campus perimeter to include the inside of hospital units. DOH, AMHD, and HSH Administrations believe that one assault is one assault too many and continue to take steps to minimize assaults on staff.