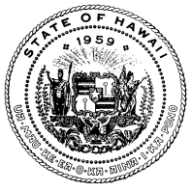
JOSH GREEN, M.D.
GOVERNOR OF HAWAI'I
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAI'I

DEPT. COMM. NO. 969

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'OKELE



STATE OF HAWAI'I
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

February 1, 2023

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

The Honorable Scott K. Saiki, Speaker
and Members of the House of
Representatives
Thirty-second 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 to the Legislature Summarizing Yearly Data on Forensic Patients at the Hawai'i State Hospital FY 2022, pursuant to §334-16 of Hawai'i Revised Statutes (HRS).

In accordance with Section 93-16, HRS, I am also informing you that the report may be viewed electronically at:

https://health.hawaii.gov/opppd/department-of-health-reports-to-2023-legislature/

Sincerely,

Kenneth S. Fink, MD, MGA, MPH
Director of Health

Enclosures
c: Legislative Reference Bureau
Hawaii State Library System (2)
Hamilton Library

REPORT TO THE THIRTY-SECOND LEGISLATURE
STATE OF HAWAIʻI
2023

PURSUANT TO HAWAIʻI REVISED STATUTES §334-16

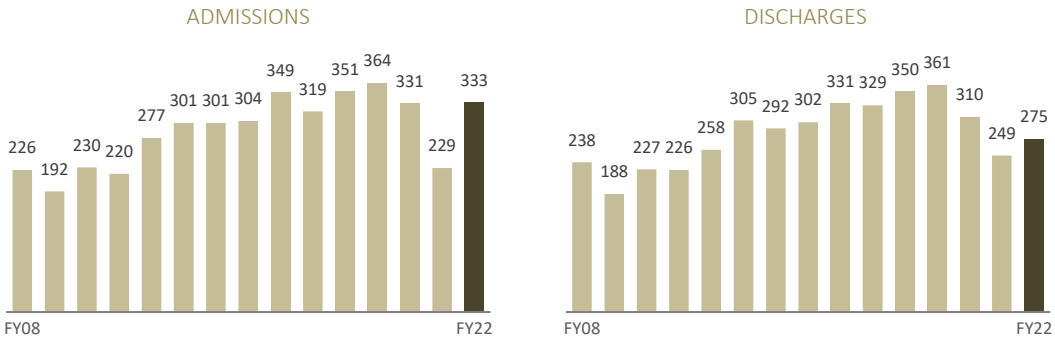
Requiring the Department of Health to Submit an Annual Report to the Legislature
Summarizing Yearly Data on Forensic Patients at
Hawaiʻi State Hospital
FY 2022

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

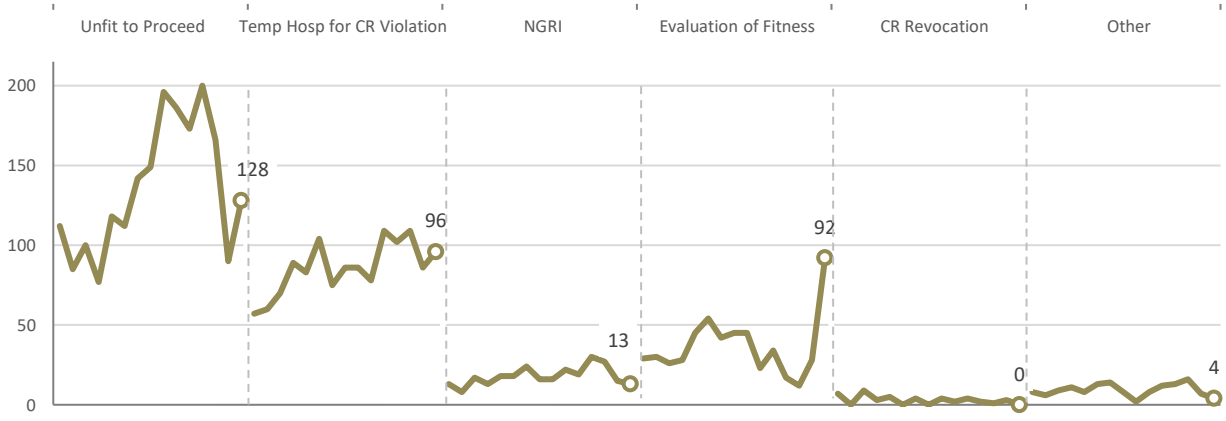
EXECUTIVE SUMMARY

In accordance with Hawai'i Revised Statutes (HRS) §334-16, the Department of Health (DOH) submits this report to the 2023 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 2022 (FY 2022) and in comparison with FY 2021. Key terms and definitions may be found after the table of contents.

- **Admissions and Discharges.** HSH admissions and discharges increases in FY 2022 from the prior fiscal year (admissions by +45%, discharges by +10%), partly due to the lifting of COVID-related restrictions and constraints. 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 (59%), unhoused prior to admission (55%), and diagnosed with the co-occurrence of substance use (80%).



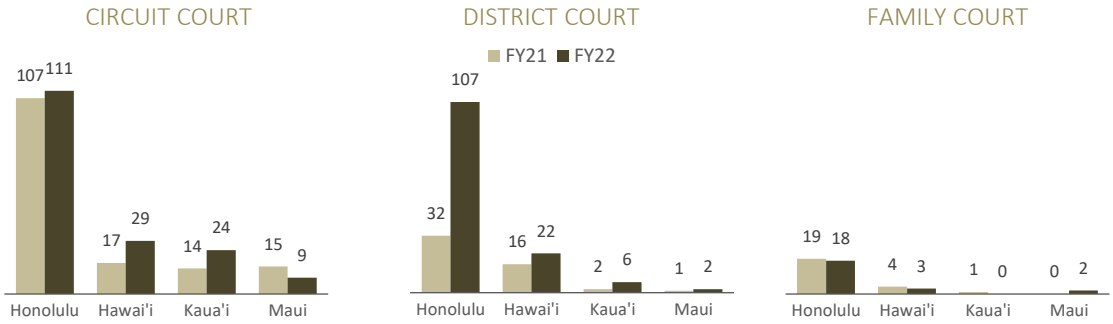
- **Admission Commitment Categories.** Admissions with the legal status of unfit to proceed increased by +42% and continued to be the most frequent commitment category, constituting 38% of admissions. The most significant increase involved individuals ordered to HSH for evaluation of fitness, more than tripling from 28 to 92 admissions. This was driven by increases in traditional fitness evaluation commitments (HRS §704-404) and having a full year of Act 26 expedited examinations for non-violent petty misdemeanants (HRS §704-404(2)(a)).



- **Discharge Legal Status Categories.** In FY 2022, for the first time, the most common discharge status involved no further legal encumbrance, representing 35% of discharges. A majority of the 95 patients discharged with no legal status were originally for fitness evaluations—42% under Act 26 for non-violent petty misdemeanors and 9% admitted as traditional §704-404.

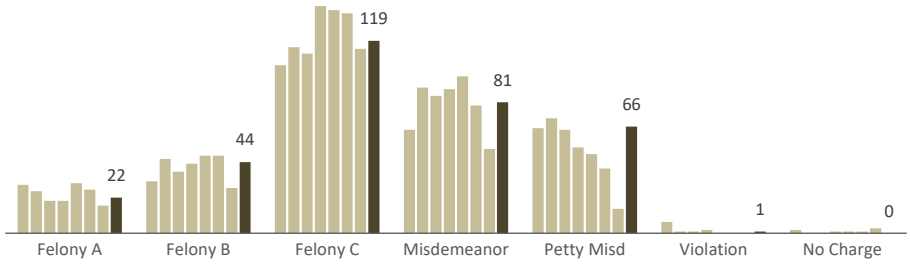
Conditional release (CR) was the second most common discharge legal status with 34% of discharges, followed by fit to proceed (25%).

- **Committing Counties and Courts.** In FY 2022, most circuit and district courts across the state committed more patients to HSH, with admission from district courts more than doubling (51 to 137) from the prior year. There were slight decreases from most family courts. A declining majority of admissions came from the circuit courts (52%), while a growing proportion involved district court commitments (41%).



- **Grades of Most Severe Offense.** A significant number of individuals committed to HSH were responsible for serious offenses and Felony C continues to be the most common grade of offense (36%). An increasing percentage of admissions were charged with lower-level offenses (misdemeanors 24% and petty misdemeanors 20%).

ADMISSIONS BY MOST SEVERE CHARGE, FY 2015 to 2022

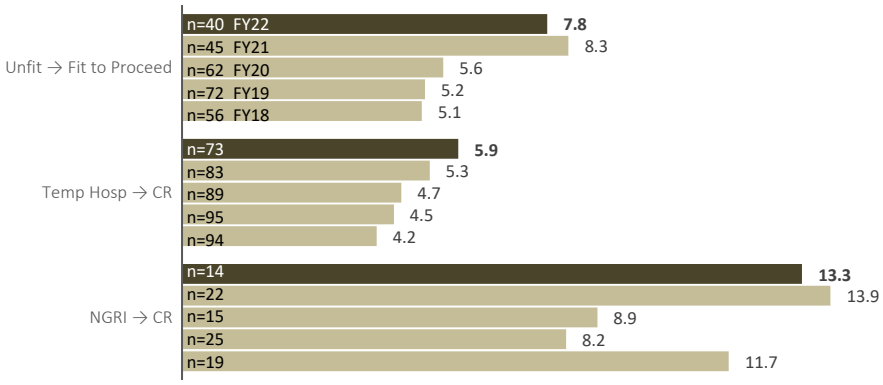


- **Categories of Underlying Crime.** Analysis of the categories of the underlying crimes charged against forensic patients active during FY 2022 revealed that property crimes (HRS §708, n=265) were slightly more common than offenses against persons (HRS §707, n=264). Sexual offenses remained relatively rare (HRS §707 Part V, 4%).

- **Inpatient Days.** After declining in FY 2021, hospital utilization, as measured by total inpatient days increased to a record-high of 101,822 inpatient days in FY 2022. Inpatient days at HSH increased +15%, growing from 71,181 days in FY 2021 to 82,021 days. Despite the continued decline in transfers from HSH to Kāhi Mōhala in FY 2022, contracted beds continued to be well utilized and patients received +4% more inpatient days of service at Kāhi Mōhala (+721 days) than in FY 2021. More than two-thirds (69%) of inpatient days were collectively attributable to two types of patients: individuals admitted as unfit to proceed (41%) and those temporarily hospitalized for CR violations (28%).

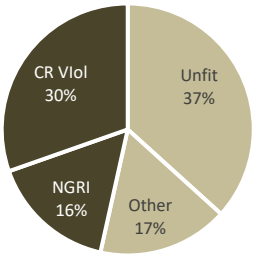
- **Length of Stay (LOS).** For individuals discharged in FY 2022, the average LOS was 6.3 months, shortening by nearly 5 months from the previous fiscal year. Decreases in average LOS occurred in the three most common discharge legal statuses—no further legal encumbrance, conditional release, and fit to proceed. For admission legal statuses most responsible for hospital utilization (i.e., inpatient days) and their ideal discharge legal statuses, changes in average LOS varied, seeing continued increase in the average LOS of individuals temporarily hospitalized for CR violations discharged after successfully petitioning the courts to restore their CR, while other categories saw decreases in average LOS.

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, 2022) 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 (37%). NGRI individuals constituted 16% of the population and individuals previously acquitted but in violation of CR represented 30% of the population. Together, this NGRI cohort of legal statuses (i.e., acquitted and committed, acquitted and CR violations) involved nearly half (46%) of all patients active on the last day of FY 2022.

COMPOSITION OF PTS ACTIVE AT FY22 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 §704-404(2)(a) — *2020*	Evaluation of Fitness to Proceed; Charge is a Petty Misdemeanor Not Involving Violence; Expedited Evaluation and Hearing (Act 26)
HRS §704-405	Fit to Proceed
HRS §704-406	Unfit to Proceed; Committed
HRS §704-406(1)	Unfit to Proceed; Released on Conditions
HRS §704-406(1)(a) — *2011*	Unfit to Proceed; Charge is a Petty Misdemeanor Not Involving Violence, Charge Dismissed After 60 Days (Act 53)
HRS §704-406(1)(b) — *2011*	Unfit to Proceed; Charge is a Misdemeanor Not Involving Violence, Charge Dismissed After 120 Days (Act 53)
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 of 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 §704-421 — *2020*	Unfit to Proceed After Expedited Review; Charge is a Petty Misdemeanor Not Involving Violence, Charge Dismissed After 7 Days or As Soon As Practicable (Act 26)
HRS §706-607	Civil Commitment in Lieu of Prosecution or Sentence

KEY TERM	DEFINITION
Admission	An individual who is committed to the custody of the Director of the Department of Health (DOH) and has entered the Hawai'i State Hospital (HSH).
Assault *(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 2021 (FY 2021)	The State of Hawaii's 12-month financial and reporting period, starting July 1, 2020 and ending June 30, 2021.
Forensic	Individuals at HSH who have a legal status generated by a criminal court; for example, a court-ordered admission.
Forensic Mental Health Hospital	A hospital that provides specialized mental health treatment for mentally ill individuals involved with the criminal justice system.
Gross Total Length of Stay (Gross LOS)	The difference between the current date and the admission date for non-discharged patients.
Kāhi Mōhala Behavioral Health (KMBH)	A private, psychiatric hospital in 'Ewa Beach, Hawai'i, owned by Sutter Health, a not-for-profit corporation, and contracted by DOH to provide supplementary psychiatric beds for HSH patients.

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

BACKGROUND

The Hawai'i State Hospital (HSH) is the only publicly-funded, state psychiatric hospital in Hawai'i. HSH provides adult inpatient psychiatric services and is part of the Department of Health (DOH) Adult Mental Health Division (AMHD). HSH is accredited by The Joint Commission (TJC). TJC re-accredited HSH for up to 36 months following the most recent accreditation survey conducted December 6 to 10, 2021. HSH is licensed by the DOH through the Office of Health Care Assurance (OHCA).

HSH beds are augmented by DOH contracts with Kāhi Mōhala Behavioral Health (KMBH or Kāhi Mōhala) and Columbia Regional Care Center (CRCC) for additional adult inpatient psychiatric beds. These contracts are funded through AMHD and supported entirely by state general fund appropriations. For the purposes of this report, data on individuals transferred from HSH to **contracted beds** (and vice versa) or discharged from HSH or a contracted facility are included in the data reporting and analyses, unless explicitly noted otherwise. **Kāhi Mōhala** is a private psychiatric hospital located in 'Ewa Beach, Hawai'i and owned by a not-for-profit corporation, Sutter Health. The state contracted 48 beds at Kāhi Mōhala for the care of HSH patients deemed appropriate by Kāhi Mōhala for its facility. Correct Care Recovery Solutions operates **Columbia Regional Care Center**—a private, secure forensic facility in Columbia, South Carolina. **Out-of-state placement** is limited to individuals who cannot be safely treated at HSH due to intractable dangerous behaviors that present an unacceptable risk to the safety of other patients and staff.

HSH patients may also be transferred to Department of Public Safety (PSD) custody to resolve any new or existing charges unrelated to existing court orders committing them to HSH. These individuals are **dually committed** to the care and custody of both DOH and PSD, and upon release from PSD custody, must return to HSH.

As a forensic psychiatric hospital, HSH is one of several entities involved in implementing Hawaii's newest approach to decriminalizing mental illness. On September 15, 2020, **Act 26**, Session Laws of Hawai'i 2020, was signed into law with the intent of diverting non-violent petty misdemeanants living with mental illness from the criminal justice system within days of their arrest, rather than months, to ensure appropriate diversion to community treatment and encourage rehabilitation. In part, Act 26 aimed to ensure that individuals were not held pending mental health examination for longer than the maximum sentence for their crimes. Among the changes to HRS §704-404 was to require the expedited examination of individuals charged with non-violent petty misdemeanors and a hearing within two days of the examination report filing. Those found unfit to proceed (§704-421) are further examined within seven days, or as soon as practicable; individuals are either found fit to proceed or dismissed of their charges and released. FY 2022 was the first full year of Act 26 commitments to HSH.

In April 2022, the first patients were moved into **Hale Ho'ōla**, the new forensic facility specifically designed to provide care for high-risk patients, to improve safety for patients, staff, and the public, and to be more economical to operate and maintain. As patients began to occupy Hale Ho'ōla, construction work immediately began to address TJC's accreditation requirement to reduce ligature danger in older HSH buildings and prevent patients from accidentally or intentionally harming themselves. The anti-ligature retrofit of 4 buildings, amid supply chain issues, is expected to conclude during the second half of 2024. Upon completion, HSH will be able to maximize its bed capacity while treating forensic patients in a safe, secure, and therapeutic setting.

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

PART I. TOTAL ADMISSIONS AND DISCHARGES

Table 1 identifies the total admissions and discharges from HSH for FY 2021 and 2022. During FY 2022, HSH admissions increased by +45% and discharges by +10%.

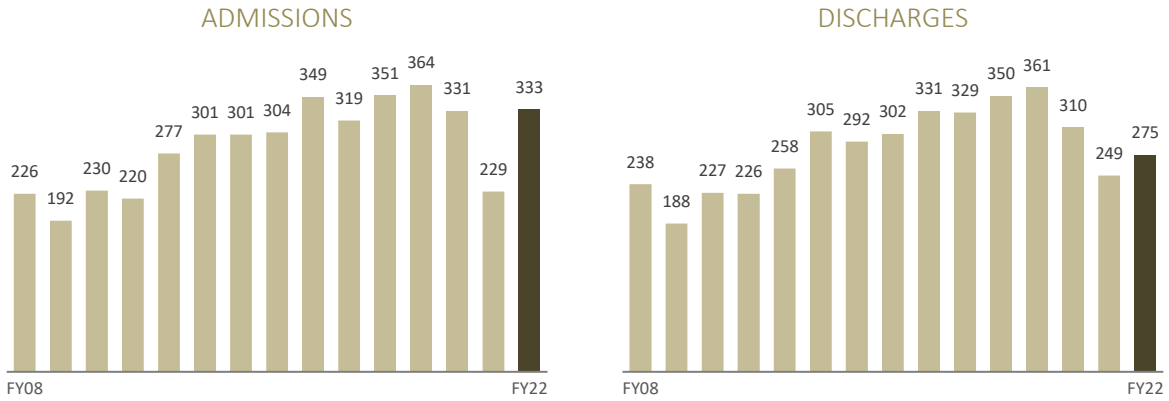
TABLE 1: ADMISSIONS AND DISCHARGES

ADMISSIONS				DISCHARGES			
FY21	**FY22**	Change*	% Chg	FY21	**FY22**	Change*	% Chg
229	**333**	+104	+45%	249	**275**	+26	+10%

**In this and subsequent tables, reflects change between FY 2021 and 2022.*

Figure 1 illustrates the total number of admissions and discharges over the past 15 years. The number of HSH admissions and discharges in FY 2022 increased, reversing the decline of the past two years, in part due to the lifting of COVID-related restrictions and closures and the availability of COVID vaccines, testing, and treatments. While the number of admissions and discharges are usually within 20 patients of each other, in FY 2022, admissions dramatically outpaced discharges (+58). Some of the census increase was accommodated by the addition of a new unit in Hale Hoʻōla; the rest of the increase was required to be absorbed by existing HSH units. As HSH opened Hale Hoʻōla in the spring of 2022, construction work simultaneously began to address The Joint Commission's requirement to reduce ligature danger in older HSH buildings and prevent patients from accidentally or intentionally harming themselves. This necessitated reserving empty units as "swing space" for other units as they temporarily vacate their buildings undergoing retrofit, limiting the hospital's ability to maximize its bed potential until the anti-ligature work is completed during the second half of 2024.

FIGURE 1: HSH ADMISSIONS AND DISCHARGES, FY 2008 TO 2022



A look into patient demographics provides a better understanding of those diagnosed with a serious mental illness (SMI) in Hawai'i. **Figure 2** and **Figure 3** illustrate the proportions of admissions previously hospitalized at HSH (i.e., readmissions) and of those unhoused prior to admission. The proportion of intakes involving readmissions has been relatively consistent over the past 5 years, averaging 62% of admissions. Admitted individuals continued to be more likely to be unhoused (55%) than to have stable housing, particularly among first-time admissions to HSH. However, in FY 2022, individuals readmitted to HSH were also more likely to be unhoused (56%). The housing status for 17% of admitted individuals was unknown or unclear, as to be expected with the disorganized mental state of many patients at a forensic psychiatric hospital and the frequent refusal of psychotropic medications.

FIGURE 2: REHOSPITALIZATION STATUS OF ADMISSIONS, FY 2018-2022

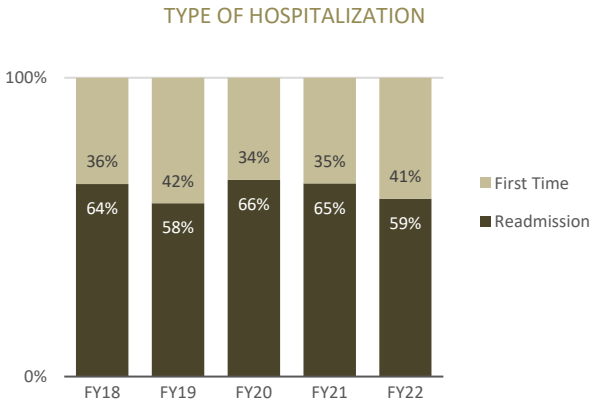
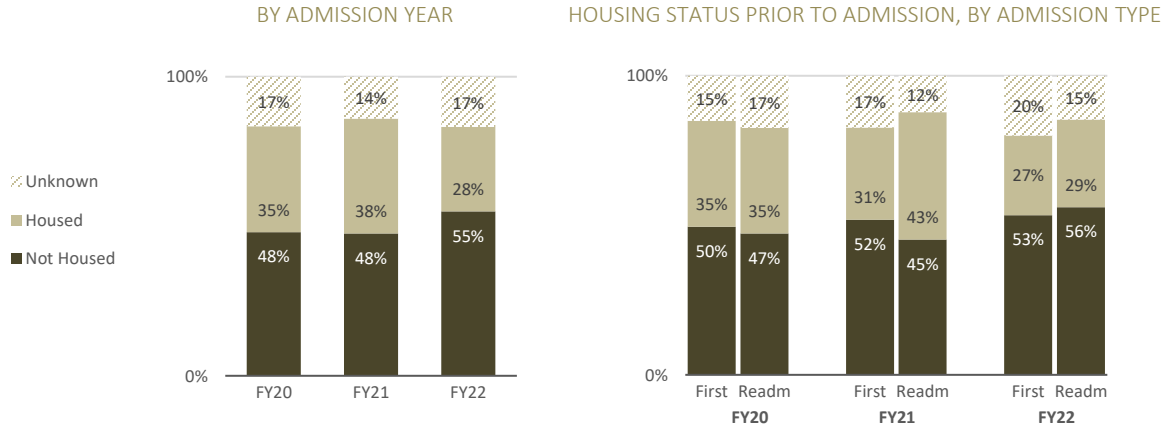


FIGURE 3: HOUSING STATUS PRIOR TO ADMISSION, FY 2020-2022



Another critical issue is the co-occurrence of substance use, which adds to the complexity of a patient's health condition and treatment needs. **Figure 4** illustrates substance use ever diagnosed among individuals admitted during FY 2022 and reveals increases in all categories, with 80% having used at least one substance and that 66% used more than one substance. Similar to past years, cannabis (59%) and alcohol (58%) were the most common substances used; meth (49%) use was diagnosed in nearly half of FY 2022 admissions.

FIGURE 4: CO-OCCURRING SUBSTANCE USE AMONG ADMISSIONS, FY 2020-2022

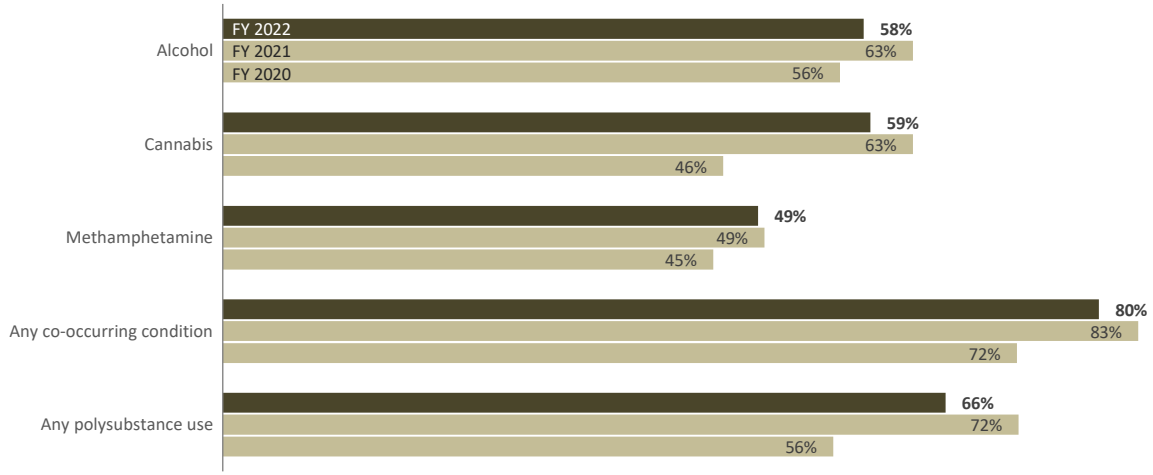


Table 2 identifies the total of transfers within DOH custody for FY 2022. To accommodate the persistently high levels of HSH utilization, DOH supplements HSH beds through contracts with Kāhi Mōhala (48 beds) and Columbia Regional Care Center (8 beds). After increasing significantly in FY 2018 and 2019, transfers to Kāhi Mōhala have continuously decreased: -12% in FY 2020, -14% in FY 2021, and -17% in FY 2022. In FY 2022, 10 patients returned from Kāhi Mōhala back to HSH. Eight patients who could not be safely treated at HSH due to intractable dangerous behaviors remained in out-of-state custody at CRCC; no additional patients were transferred during FY 2022.

TABLE 2: TRANSFERS WITHIN DOH CUSTODY

TO KĀHI MŌHALA				TO CRCC			
FY21	**FY22**	Change	% Chg	FY21	**FY22**	Change	% Chg
103	**85**	-18	-17%	0	**0**	0	–

Table 3 identifies the total number of individuals in DOH-PSD dual custody for FY 2022. 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. After decreasing significantly during the previous year, largely due to COVID-19 impacts on court operations and correctional facilities, 9 individuals were transferred to PSD custody in FY 2022. Over the course of FY 2022, a total of 10 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			
FY21	**FY22**	Change	% Chg	FY21	**FY22**	Change	% Chg
2	**9**	+7	+350%	4	**10**	+6	+150%

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

A. Summary of Admissions by Legal Status Category

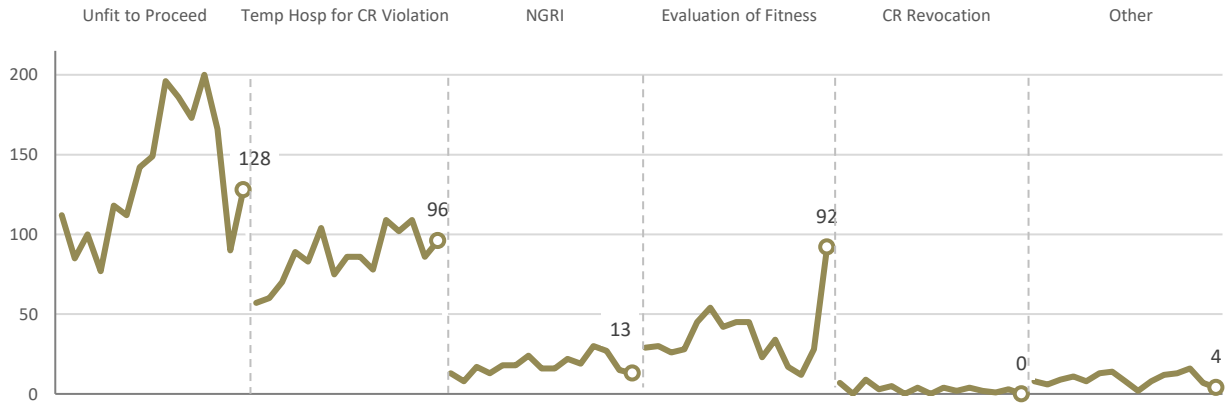
Table 4 summarizes the number of admissions by legal status category for FY 2021 and 2022. **Figure 5** breaks down admissions by admission legal status for the past 15 years.

TABLE 4: LEGAL STATUS AT ADMISSION

	# OF ADMISSIONS		% OF ADMISSIONS			
LEGAL STATUS	FY21	**FY22**	FY21	**FY22**	Change	% Chg
Unfit to Proceed §704-406, §704-406(1)(a), §704-406(1)(b), §704-421	90	**128**	39%	**38%**	+38	+42%
Temp. Hospitalization for CR Violation §704-413(1)	86	**96**	38%	**29%**	+10	+12%
Evaluation of Fitness to Proceed §704-404, §704-404(2)(a)	28	**92**	12%	**28%**	+64	+229%
Acquitted and Committed (NGRI) §704-411(1)(a)	15	**13**	7%	**4%**	-2	-13%
Civil Commitment MH-6, §706-607, §704-406(3), §704-406(4)	4	**2**	2%	**1%**	-2	-50%
Post-Acquittal Hearing on Danger. §704-411(2), §704-411(3)	0	**2**	0%	**1%**	+2	NA
Revocation of CR §704-413(4)	3	**0**	1%	**0%**	-3	-100%
Other MH-4, MH-5, MH-9, Voluntary, Admitted in error	3	**0**	1%	**0%**	-3	-100%
TOTAL	229	**333**	100%	**100%**	**+104**	**+45%**

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

FIGURE 5: ADMISSIONS BY LEGAL STATUS, FY 2008 TO 2022



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

Reflective of the overall +45% increase in admissions, increases were seen in the three most common admission legal status categories. In particular, evaluations of fitness to proceed increased dramatically (+64, +229%) in FY 2022, growing from 12% to 28% of admissions. Meaning, more than 1 in 4 commitments to HSH were for fitness evaluations. The legal status of unfit to proceed increased by +42% (+38), and while it remained the most common admission legal status, it continued to decline as a share of HSH admissions, down from 55% in FY 2019. Temporary hospitalizations for conditional release (CR) violations increased by +12% (+10), but similarly, also declined as a share of HSH admissions (29%).

B. Summary of Discharges by Legal Status Category

Table 5 summarizes the number of discharges by legal status category for FY 2021 and 2022.

TABLE 5: LEGAL STATUS AT DISCHARGE

	# OF DISCHARGES		% OF DISCHARGES			
LEGAL STATUS	FY21	**FY22**	FY21	**FY22**	Change	% Chg
No Legal Encumbrance[2]	60	**95**	24%	**35%**	+35	+58%
Conditionally Released §704-415	114	**94**	46%	**34%**	-20	-18%
Fit to Proceed §704-405	61	**70**	24%	**25%**	+9	+15%
Unfit to Proceed, Released on Conditions §704-406(1)	4	**7**	2%	**3%**	+3	+75%
Evaluation of Fitness to Proceed §704-404, §704-404(2)(a)	1	**4**	0.4%	**1%**	+3	+300%
Acquitted and Conditionally Released §704-411(1)(b)	3	**3**	1%	**1%**	0	—
Unfit to Proceed §704-406	2	**0**	0.8%	**0%**	-2	-100%
Temp. Hospitalization for CR Violation §704-413(1)	1	**0**	0.4%	**0%**	-1	-100%
Acquitted and Discharged §704-411(1)(c)	0	**0**	0%	**0%**	0	—
Expired (patient death)	3	**2**	1%	**0.7%**	-1	-33%
TOTAL	249	**275**	100%	**100%**	**+26**	**+10%**

**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 continued to decline (-2, -13%) in FY 2022. 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 2022, 15 patients admitted as NGRI successfully petitioned the court for CR, a decrease from 23 patients in FY 2021.

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

ADMISSIONS				DISCHARGES			
FY21	**FY22**	Change	% Chg	FY21	**FY22**	Change	% Chg
15	**13**	-2	-13%	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 2022, 3 patients were discharged with this legal status, representing no change from the previous year.

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

ADMISSIONS				DISCHARGES			
FY21	**FY22**	Change	% Chg	FY21	**FY22**	Change	% Chg
0	**0**	0	—	3	**3**	0	—

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. Two patients were admitted for a post-acquittal assessment of dangerousness in FY 2022; one was discharged during the fiscal year after successfully petitioning for CR (§704-415).

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

ADMISSIONS				DISCHARGES			
FY21	**FY22**	Change	% Chg	FY21	**FY22**	Change	% Chg
0	**2**	+2	NA	0	**0**	0	—

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

Table 9 identifies the number of admissions and discharges with a legal status of temporary hospitalization for violating terms of CR. After acquittal and obtaining CR, these individuals were later found to be struggling to comply with the terms of their CR or in need of hospitalization, and ordered to return to HSH temporarily (up to 72 hours) with the hope of stabilization, improvement, and return to community-based supervision and treatment. Within 72 hours of admission, courts determine whether further hospitalization is necessary to prevent revocation of CR and may approve 90-day extensions, up to one year, before CR is revoked (§704-413(4)). Temporary hospitalizations increased in FY 2022 (+10, +12%) after decreasing the previous year. Among patients originally admitted for temporary hospitalization, 75 were able to restore their CR and return to the community in FY 2022. One patient was discharged after successfully petitioning for discharge from CR (§704-412).

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

ADMISSIONS				DISCHARGES			
FY21	**FY22**	Change	% Chg	FY21	**FY22**	Change	% Chg
86	**96**	+10	+12%	1	**0**	-1	-100%

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 2021 and FY 2022. 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 2022, no individuals were admitted with this legal status. After at least 60 days following CR revocation, the individual or HSH may apply for a return to CR and community-based treatment or a discharge from CR. Of patients originally admitted with CR revoked, one successfully petitioned the court to reinstate their CR in FY 2022.

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

ADMISSIONS				DISCHARGES			
FY21	**FY22**	Change	% Chg	FY21	**FY22**	Change	% Chg
3	**0**	-3	-100%	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 2021 and FY 2022. Before an individual can be tried, convicted, or sentenced, the individual must be able to understand the court proceedings and assist in their defense. If there is doubt of an individual's fitness to proceed, the court may suspend proceedings and order qualified expert(s) to examine and report on the individual's fitness to proceed. These evaluations may be conducted at HSH if the courts determine it necessary for the purpose of examination. After declining over the past 2 years (-29% in FY 2020, -50% in FY 2019), the number of individuals admitted for an evaluation of fitness to proceed more than doubled (+16, +133%) in FY 2021, then more than tripled (+64, +229%) in FY 2022. Four individuals were discharged with this status for varying reasons. Two individuals were transferred back to DPS custody, one individual was released by the court because the charge involved a violation (i.e., since violations do not involve jail time, they are technically ineligible for fitness evaluation), and the last individual was released on their own recognizance by the court.

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

ADMISSIONS				DISCHARGES			
FY21	**FY22**	Change	% Chg	FY21	**FY22**	Change	% Chg
28	**92**	+64	+229%	1	**4**	+3	+300%

Starting September 2020, Act 26 (Session Laws of Hawai'i 2020) allowed courts to require expedited examination of a non-violent petty misdemeanant's fitness to proceed and a hearing within two days of the report filing (HRS §704-404(2)(a)). **Table 12** details admissions among individuals committed for evaluation of fitness, including Act 26 admissions. During this first full year of Act 26 implementation, more than half (51%, n=47) of admissions for fitness evaluations were due to Act 26—a 5-fold increase (+422%) from the previous year. Traditional fitness evaluation commitments (HRS §704-404) also increased significantly (+26, +137%), more than doubling from FY 2021. Together, these increases led to a 15-year high in both number and percentage of fitness evaluation commitments to HSH.

Twenty-one patients admitted for fitness evaluations were discharged as fit to proceed (§704-405) and released to PSD to stand trial for their criminal charges; six of these patients had been admitted under Act 26 for expedited evaluation and hearing.

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

	# OF ADMISSIONS			
LEGAL STATUS	FY21	**FY22**	Change	% Chg
Evaluation of Fitness to Proceed §704-404	19	**45**	+26	+137%
Act 26 – Evaluation of Fitness to Proceed, Non-Violent Petty Misdemeanor, Expedited Evaluation and Hearing §704-404(2)(a)	9	**47**	+38	+422%
TOTAL	28	**92**	**+64**	**+229%**

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

Table 13 identifies the number of admissions and discharges with a legal status of unfit to proceed. The courts found these individuals unable to understand the court proceedings and assist in their own defense. They were also found to be a danger to themselves or others, or substantial danger to the property of others, and committed to HSH for detention, care, and treatment. Admissions with a legal status of unfit to proceed increased by +42% (+38). No patients were discharged with this legal status in FY 2022.

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

ADMISSIONS				DISCHARGES			
FY21	**FY22**	Change	% Chg	FY21	**FY22**	Change	% Chg
90	**128**	+38	+42%	2	**0**	-2	-100%

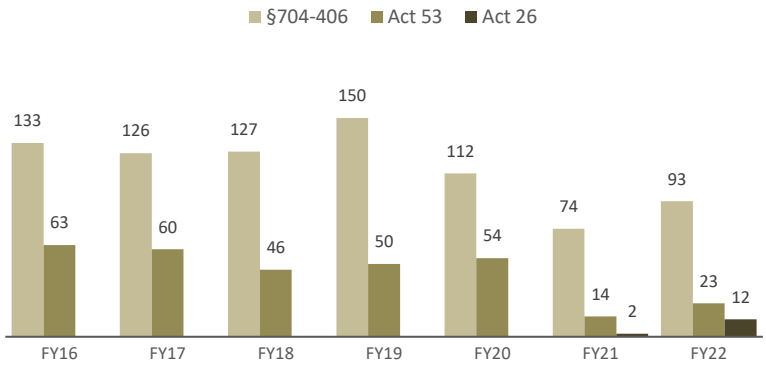
In 2011, the Hawai'i State Legislature passed **Act 53**, which established the maximum duration of mental health commitment for individuals found unfit to proceed and charged with non-violent petty misdemeanor (§704-406(1)(a)) or misdemeanor (§704-406(1)(b)) offenses at 60 and 120 days, respectively. In 2020, the Legislature passed **Act 26**, which provided another option for handling non-violent petty misdemeanants and with the hope of decriminalizing mental illness and making hospital lengths of stay more comparable to its 30-day maximum jail sentence. For such individuals ordered for expedited evaluation and hearing by the court (HRS §704-404(2)(a)), then found to be unfit to proceed may be committed to HSH for up to seven days (HRS §704-421), or as soon as practicable, for further evaluation of fitness. **Table 14** and

Figure 6 details Act 53 and Act 26 admissions among individuals found unfit to proceed. Act 53 admissions increased in FY 2022 in number (+9, +64%) and as a share of all unfit to proceed admissions, representing 18% of unfit to proceed admissions. Act 26 replaced Act 53 commitments for individuals found unfit for non-violent petty misdemeanors (§704-406(1)(a)) and increased to 12 (+10, +500%), but remains lower than the annual average of 37.8 admissions to HSH under §704-406(1)(a) between FY 2016 and FY 2020.

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

	# OF ADMISSIONS			
LEGAL STATUS	FY21	**FY22**	Change	% Chg
Unfit to Proceed §704-406	74	**93**	+19	+26%
Act 53	14	**23**	+9	+64%
Unfit to Proceed, Non-Violent Petty Misdemeanor §704-406(1)(a)	2	**0**	-2	-100%
Unfit to Proceed, Non-Violent Misdemeanor §704-406(1)(b)	12	**23**	+11	+92%
Act 26 Unfit to Proceed, Non-Violent Petty Misdemeanor §704-421	2	**12**	+10	+500%
TOTAL	90	**128**	**+38**	**+42%**

FIGURE 6: DETAILS OF ADMISSIONS WITH LEGAL STATUS OF UNFIT TO PROCEED, FY 2016 TO 2022



After treatment at HSH, 48 patients originally admitted as unfit to proceed were restored of fitness (§704-405) and discharged in FY 2022 to stand trial for their offenses. Most of these discharges involved patients admitted under §704-406 (n=40, 83%), with a small number admitted under Act 53 (n=7, 15%) and Act 26 (n=1, 2%).

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

Table 15 identifies the number of admissions and discharges with a legal status of involuntary hospitalization (or civil commitment). During FY 2022, there were two admissions with a legal status of civil commitment. These individuals were found unrestorable, imminently dangerous to themselves or others, and in need of hospital level of care. The courts ordered them civilly committed to HSH.

TABLE 15: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF CIVIL COMMITMENT

ADMISSIONS				DISCHARGES			
FY21	**FY22**	Change	% Chg	FY21	**FY22**	Change	% Chg
4	**2**	-2	-50%	0	**0**	0	—

K. Other Legal Statuses at Discharge

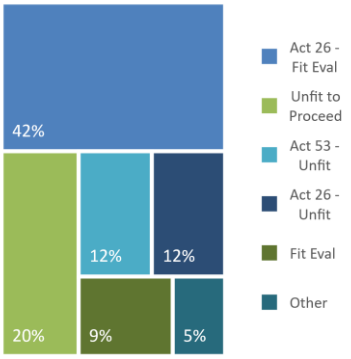
Table 16 identifies the number of discharges involving other legal statuses.

TABLE 16: OTHER LEGAL STATUSES AT DISCHARGE

	# OF DISCHARGES			
LEGAL STATUS	FY21	**FY22**	Change	% Chg
No Legal Encumbrance	60	**95**	+35	+58%
Conditionally Released (CR) §704-415	114	**94**	-20	-18%
Fit to Proceed §704-405	61	**70**	+9	+15%
Unfit to Proceed, Released on Conditions §704-406(1)	4	**7**	+3	+75%
Acquitted and Discharged §704-411(1)(c)	0	**0**	0	—
Expired (patient death)	3	**2**	-1	-33%

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 7: ADMISSION LEGAL STATUS OF PATIENTS DISCHARGED WITH NO LEGAL ENCUMBRANCE (N=95)



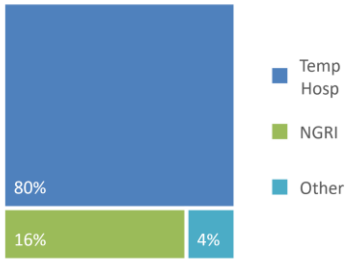
[3] HRS §334-60.2 (or MH-6), §704-406(3)(b), §704-406(4), §704-406(7)(b), and §706-607.

In FY 2022, for the first time, the most common discharge status involved no further legal encumbrance. Also for the first time, a majority of the 95 patients discharged with no legal encumbrance were originally admitted for fitness evaluations—42% under Act 26 for non-violent petty misdemeanors and 9% admitted as traditional §704-404 (**Figure 7**). Under Act 26, non-violent petty misdemeanants who were admitted for expedited evaluation and hearing (§704-404(2)(a)) are either found fit to proceed, or dismissed of their charges and released. An overwhelming majority (85%, n=40) of discharged individuals originally committed to HSH under Act 26 for fitness evaluations were dismissed of their charges and released in FY 2022; only 6 individuals (13%) were found fit to proceed. Those originally admitted as traditional §704-404 and discharged with no legal encumbrance were typically discharged after a period of civil commitment.

A significant, but declining proportion of patients discharged with no legal encumbrance were originally admitted as unfit to proceed—20% admitted as §704-406, 12% admitted under Act 53 for non-violent misdemeanors or petty misdemeanors, and 12% admitted under Act 26 for non-violent petty misdemeanors. 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. Under Act 26, non-violent petty misdemeanants who were admitted after being found unfit to proceed (§704-421) are further examined within 7 days, or as soon as practicable, then either found fit to proceed, or dismissed of their charges and released. Nearly all (92%, n=11) of discharged individuals committed to HSH as unfit under Act 26 were dismissed of their charges and released in FY 2022; only 1 individual was found fit to proceed.

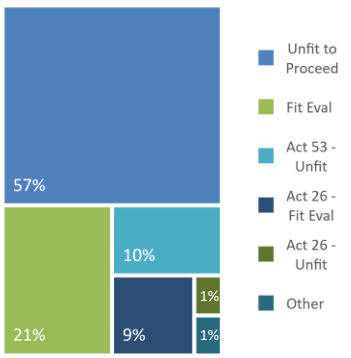
Conditional release (§704-415) was the second most common discharge legal status during the fiscal year (n=94). These individuals were acquitted and committed to HSH, temporarily hospitalized for CR violations (§704-413(1)), or had their CR revoked (§704-413(4)), and after a statutory period of time, applied for and were granted, by the courts, CR to continue care, supervision, and treatment within the community. Of the 94 individuals discharged on CR, a majority (80%) were originally admitted for temporary hospitalization for CR violation, with an additional 16% admitted as recently acquitted and committed, or NGRI (**Figure 8**).

FIGURE 8: ADMISSION LEGAL STATUS OF PATIENTS DISCHARGED ON CR (N=94)



Fit to proceed (§704-405) was the third most common discharge legal status (n=70). 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 70 patients discharged as fit to stand trial, a majority (69%) were originally admitted as unfit to proceed—57% committed to HSH under §704-406, 10% under Act 53 for non-violent misdemeanors or petty misdemeanors, and 1% under Act 26 for non-violent petty misdemeanors (**Figure 9**). The remaining 31% of fit to proceed discharges had been admitted to HSH for fitness evaluations: 21% under §704-404 and 9% under Act 26 (§704-404(2)(a)).

FIGURE 9: ADMISSION LEGAL STATUS OF PATIENTS DISCHARGED AS FIT (N=70)



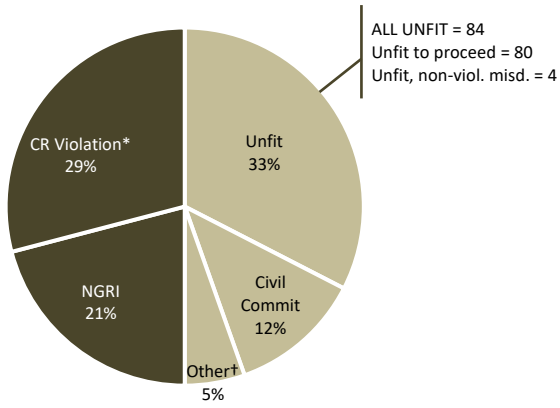
Discharges with legal status of **unfit to proceed and released on conditions (§704-406(1))** (n=7) increased (+3, +75%). The courts found these individuals unable to understand the court proceedings and assist in their own defense. However, they were also found to not be a danger to self or others, or substantial danger to the property of others, and therefore, released on conditions to participate in fitness restoration programs in the community. Five of these patients were originally admitted as unfit to proceed under §704-406, and two were originally admitted as unfit under Act 53 for non-violent misdemeanors (§704-406(1)(b)).

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

Figure 10 presents the primary legal status of patients active on the last day of FY 2021 (June 30, 2021) and FY 2022 (June 30, 2022). The commitment status of an individual normally changes over the course of hospitalization. For instance, an individual committed pursuant to §704-406 (unfit to proceed), may later be found unrestorable and in need of hospitalization with charges dismissed (§704-706(7)(a)), then involuntarily hospitalized, or civilly committed (§334-60.2), and finally discharged from HSH with no legal encumbrance. This snapshot captures a patient's legal status as of the last day of the fiscal year. Also, individuals are sometimes admitted to HSH with multiple court cases and orders, resulting in more than one legal status, all of which will likely evolve during a hospitalization episode. In such instances, the legal status involving the longest DOH commitment is selected as the individual's primary legal status.

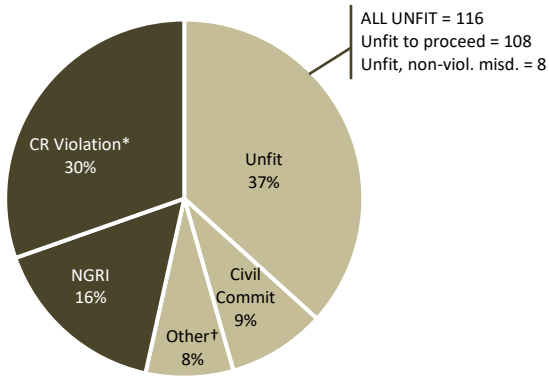
FIGURE 10: ACTIVE PATIENTS BY LEGAL STATUS AT END OF FY 2021 AND 2022

FY 2021



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

FY 2022



CR Violation includes: Temporary hospitalization for violating CR (n=54) and Revocation of CR (n=42)
†"Other" includes: Eval. of fitness to proceed (n=18), Voluntary (n=3), Emergency exam & hospitalization (n=1), Post-acquittal evaluation of dangerousness (n=1), Acquitted & discharged (n=1), Unrestorable & discharged (n=1).

There were nominal changes to the proportion of patient legal statuses across the two fiscal years. Individuals unfit to proceed and committed for competency restoration increased slightly from 33% in FY 2021 to 37% in FY 2022. The NGRI cohort of legal statuses (i.e., NGRI, revocation of CR, and temporarily hospitalization for violating CR) declined from 50% to 46% of patients active at the end of the fiscal year.

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

A. County

Figure 11, Figure 12, and **Table 17** detail admissions by the county ordering DOH commitment. During FY 2022, the Maui County was the only county to decrease its admissions to HSH (-3, -19%), while all other counties increased in commitments. Maui County continued to commit the fewest individuals to HSH. As illustrated by **Figure 12**, the percentage of admissions from Maui County was lower than the county's proportion of the state census population (4% of HSH admissions vs 11% of state population), while the percentage of admissions from other counties were similar to or higher than their respective county's proportion of the state population.

FIGURE 11: ADMISSIONS BY COMMITTING COUNTY, FY 2015 TO 2022

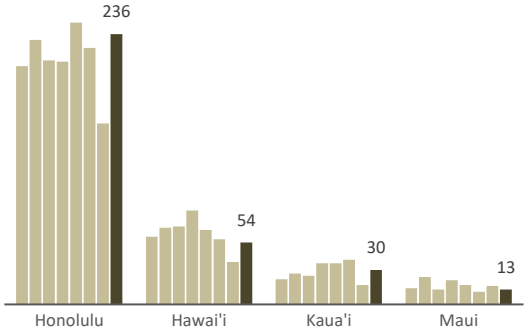


FIGURE 12: PERCENTAGE OF ADMISSIONS BY COMMITTING COUNTY AND STATE CENSUS POPULATION, FY 2021 AND 2022

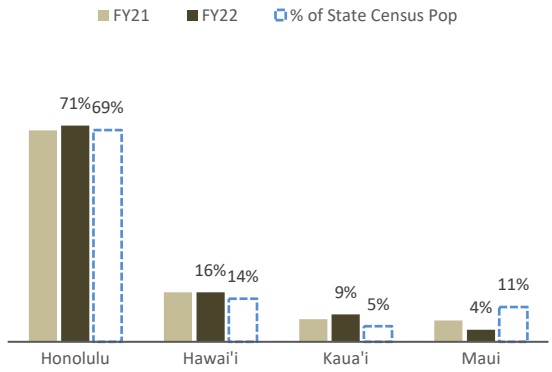


TABLE 17: ADMISSIONS BY COMMITTING COUNTY

	# OF ADMISSIONS		% OF ADMISSIONS				
COUNTY	FY21	**FY22**	FY21*	**FY22**	% of State Pop. †	Change	% Chg
Honolulu	158	**236**	69%	**71%**	69%	+78	+49%
Hawai'i	37	**54**	16%	**16%**	14%	+17	+46%
Hilo	29	**39**	13%	**12%**	—	+10	+34%
Kona	7	**14**	3%	**4%**	—	+7	+100%
Waimea	1	**1**	0.4%	**0.3%**	—	0	—
Kaua'i	17	**30**	7%	**19%**	5%	+13	+76%
Maui	16	**13**	7%	**4%**	11%	-3	-19%
TOTAL	228‡	**333**	100%	**100%**	**100%**	**+105**	**+46%**

**Corrected from previous report*
†Based on the 2021 U.S. Census Bureau estimate of the State of Hawaii's population.
‡One (1) patient was admitted for emergency examination and hospitalization with no charges or court order.

B. Court

Figure 13 and **Table 18** present the admissions by type and location of committing court. Generally, circuit courts preside over felony charges, district courts oversee charges of misdemeanor or lower, and family courts handle, among other things, domestic violence and civil commitment cases. FY 2022 saw a significant increase in commitments from district courts, with district court admissions more than doubling (51 to 137) from the previous year. This growth was largely due to the 3-fold increase in district court commitments from Oahu (+75, +234%). Nevertheless, circuit court admissions continued to outnumber district court admissions and increased by +13% (153 to 173), primarily due to increases from Hawaii (+12, +71%) and Kauai (+10, +71%) counties. There was a slight decline in family court admissions (-1, -4%). Overall, circuit court admissions declined from 67% of all admissions in FY 2021 to 52% in FY 2022, while district court admissions increased from 22% to 41%, and family court admissions decreased from 11% to 7%.

FIGURE 13: ADMISSIONS BY COMMITTING COURT AND COUNTY, FY 2021 AND 2022

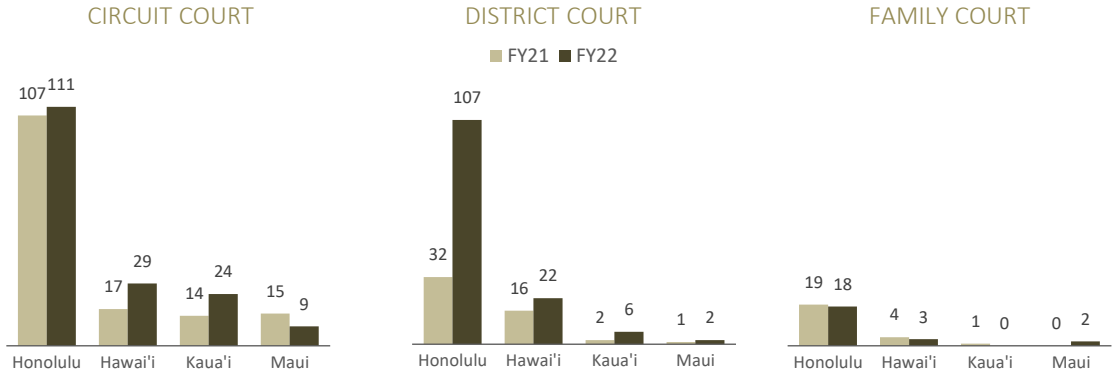


TABLE 18: ADMISSIONS BY COMMITTING COURT AND COUNTY

	CIRCUIT COURT			DISTRICT COURT			FAMILY COURT		
COUNTY	**FY22**	Change	% Chg	**FY22**	Change	% Chg	**FY22**	Change	% Chg
Honolulu	**111**	+4	+4%	**107**	+75	+234%	**18**	-1	-5%
Hawai'i	**29**	+12	+71%	**22**	+6	+38%	**3**	-1	-25%
Hilo	**18**	+4	+29%	**18**	+7	+64%	**3**	-1	-25%
00000 Kona	**11**	+8	+267%	**3**	-1	-25%	**0**	0	–
Waimea	**0**	0	–	**1**	0	–	**0**	0	–
Kaua'i	**24**	+10	+71%	**6**	+4	+200%	**0**	-1	-100%
Maui	**9**	-6	-40%	**2**	+1	+100%	**2**	+2	NA
TOTAL	**173**	+20	+13%	**137**	+86	+169%	**23**	-1	-4%
% of Admissions	**52%**			**41%**			**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 19 summarizes admissions by grade of the offense and whether the offense was against a person or not.[4] It is possible for an individual to be admitted for multiple offenses of varying grades. In these instances, the most severe charge is used in this report. Individuals committed to HSH due to felonies accounted for over half (56%) of admissions during FY 2022, a declining proportion that aligns with the declining proportion of circuit court admissions. Among the most common legal status at admission—unfit to proceed (§704-406)—similar numbers of individuals were admitted for felonies and misdemeanors. This was a significant change from the previous year where twice as many patients with the legal status of unfit to proceed were admitted for felonies than misdemeanors. Among individuals admitted for evaluation of fitness to proceed (§704-404, §704-404(2)(a)) in FY 2022, six times more individuals were admitted for misdemeanors than felonies.

TABLE 19: FY 2022 ADMISSIONS BY LEGAL STATUS AND GRADE OF MOST SEVERE OFFENSE

	UNFIT TO PROCEED	TEMP. HOSP. FOR VIOLATING CR	EVAL. OF FITNESS TO PROCEED	ACQUIT & COMMIT (NGRI)	CIVIL COMMITMENT	POST-ACQUITTAL HRG ON DANG.	REVOCATION OF CR	OTHER	**TOTAL**	% OF ADMISSIONS
TOTAL ADMITS W/FELONY CHARGES	**65**	**93**	**12**	**13**	**–**	**2**	**–**	**–**	**185**	**56%**
Felony A	**8**	**12**	**–**	**2**	**–**	**–**	**–**	**–**	**22**	**7%**
Offense against another	6	11	–	1	–	–	–	–	18	5%
Offense not against another	2	1	–	1	–	–	–	–	4	1%
Felony B	**13**	**19**	**4**	**6**	**–**	**2**	**–**	**–**	**44**	**13%**
Offense against another	4	8	1	1	–	1	–	–	15	5%
Offense not against another	9	11	3	5	–	1	–	–	29	9%
Felony C	**44**	**62**	**8**	**5**	**–**	**–**	**–**	**–**	**119**	**36%**
Offense against another	16	34	2	2	–	–	–	–	54	16%
Offense not against another	28	28	6	3	–	–	–	–	65	20%
TOTAL ADMITS W/MISD. CHARGES	**63**	**3**	**79**	**–**	**2**	**–**	**–**	**–**	**147**	**44%**
Misdemeanors	**48**	**3**	**28**	**–**	**2**	**–**	**–**	**–**	**81**	**24%**
Offense against another	22	3	17	–	2	–	–	–	44	13%
Offense not against another	26	–	11	–	–	–	–	–	37	11%
Petty Misdemeanors	**15**	**–**	**51**	**–**	**–**	**–**	**–**	**–**	**66**	**20%**
Offense against another	1	–	1	–	–	–	–	–	2	1%
Offense not against another	14	–	50	–	–	–	–	–	64	19%
VIOLATION – Offense not against another	**–**	**–**	**1**	**–**	**–**	**–**	**–**	**–**	**1**	**0.3%**
NO CHARGE	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**0%**
TOTAL	**128**	**96**	**92**	**13**	**2**	**2**	**–**	**–**	**333**	**100%***
% OF ADMISSIONS	38%	29%	28%	4%	1%	1%	0%	0%	**100%***	

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

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

Figure 14 and **Table 20** compare the offense grades of FY 2022 admissions against admissions in prior years. For a great majority of admissions (80%), the severest charges involved Felony C or lesser offenses. Felony C continued to be the most common severest offense (36%), followed by misdemeanors (24%) and petty misdemeanors (20%). All offense severity categories saw increases, with the most notable increase occurring among petty misdemeanors (+51, +340%).

FIGURE 14: ADMISSIONS BY MOST SEVERE CHARGE, FY 2015 TO 2022

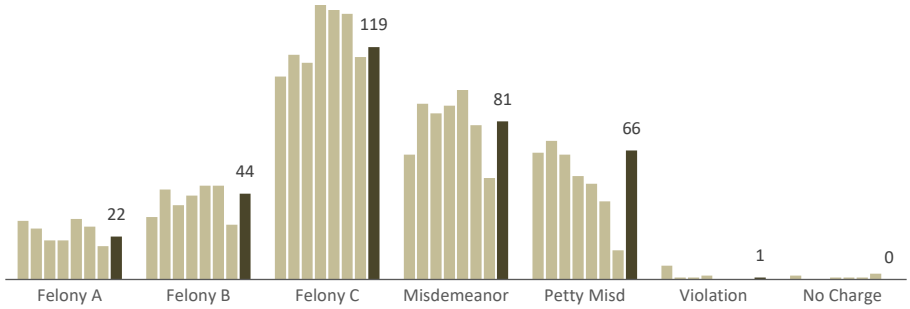


TABLE 20: COMPARISON OF FY 2021 AND 2022 ADMISSIONS BY GRADE OF MOST SEVERE OFFENSE

	# OF ADMISSIONS		% OF ADMISSIONS			
	FY21	**FY22**	FY21	**FY22**	Change	% Chg
TOTAL ADMITS W/FELONY CHARGES	**159**	**185**	**69%**	**56%**	**+26**	**+16%**
Felony A	**17**	**22**	**7%**	**7%**	**+5**	**+29%**
Offense against another	13	18	6%	5%	+5	+38%
Offense not against another	4	4	2%	1%	0	—
Felony B	**28**	**44**	**12%**	**13%**	**+16**	**+57%**
Offense against another	11	15	5%	5%	+4	+36%
Offense not against another	17	29	7%	9%	+12	+71%
Felony C	**114**	**119**	**50%**	**36%**	**+5**	**+4%**
Offense against another	56	54	24%	16%	-2	-4%
Offense not against another	58	65	25%	20%	+7	+12%
TOTAL ADMITS W/MISD. CHARGES	**67**	**147**	**29%**	**44%**	**+80**	**+119%**
Misdemeanors	**52**	**81**	**23%**	**24%**	**+29**	**+56%**
Offense against another	25	44	11%	13%	+19	+76%
Offense not against another	27	37	12%	11%	+10	+37%
Petty Misdemeanors	**15**	**66**	**7%**	**20%**	**+51**	**+340%**
Offense against another	1	2	0.4%	1%	+1	+100%
Offense not against another	14	64	6%	19%	+50	+357%
VIOLATION – Offense not against another	**0**	**1**	**0%**	**0.3%**	**+1**	**NA**
NO CHARGE	**3**	**0**	**1%**	**0%**	**-3**	**-100%**
TOTAL	**229**	**333**	**100%***	**100%***	**+104**	**+45%**

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

Table 21 details the categories of underlying crimes charged against forensic patients active during FY 2021 and 2022. 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 591 active patients in FY 2022 (HSH and contracted bed sites), 6 were originally admitted under a non-forensic status, resulting in a total of 585 forensic patients. While most individuals had criminal charges in only one category, 21% 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 2022, offenses against persons (n=264) were nearly equal to property crimes (n=265) among HSH patients. Sexual offenses remained relatively rare (n=23, 4%) and primarily involved misdemeanor charges (65%). Twenty-one percent of patients (n=122) committed offenses other than personal or property crimes—most commonly, harassment and promoting a dangerous drug in the third degree.

TABLE 21: FORENSIC PATIENTS, BY CATEGORIES OF UNDERLYING CRIME, FY 2021 AND 2022

	# OF FORENSIC PTS*		% OF FORENSIC PTS			
CATEGORY OF UNDERLYING CRIME	FY21	**FY22**	FY21	**FY22**	Change	% Chg
Offenses Against Persons §707, excluding sex offenses	245	**264**	49%	**45%**	+19	+8%
Sexual Offenses §707 Part V	17	**23**	3%	**4%**	+6	+35%
Offenses Against Property §708	230	**265**	46%	**45%**	+35	+15%
Other Offenses Offenses other than §§707, 708	187	**222**	37%	**38%**	+35	+19%
Other offense only - Did not commit any §§707, 708 offenses	89	**122**	18%	**21%**	+33	+37%
TOTAL FORENSIC PATIENTS	499	**585**			**+86**	**+17%**

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

PART V. LENGTHS OF STAY IN THE HAWAI'I STATE HOSPITAL

A. Inpatient Days by Location and Admission Legal Status

Table 22 presents total inpatient days and location for patients active between FY 2011 and 2022, including inpatient days accrued in contracted beds at Kāhi Mōhala and CRCC. Inpatient days is a commonly-used measure of hospital utilization representing each day a patient utilizes HSH services.[5] Total inpatient days increased nearly every year since FY 2011, but experienced a significant drop in FY 2021 (-10,153, -10%), likely reflecting the COVID-related reduction in admissions. FY 2022 more than reversed this decline in inpatient days (+11,561, +13%), leading to a record high of 101,822 inpatient days.

TABLE 22: INPATIENT DAYS OF ACTIVE PATIENTS BY LOCATION, FY 2011 TO 2022

	LOCATION					
FISCAL YEAR	**HSH**	Kāhi Mōhala	CRCC	**TOTAL**	Change	% Chg
2022	**82,021**	16,881	2,920	**101,822**	+11,561	+13%
2021	**71,181**	16,160	2,920	**90,261**	-10,153	-10%
2020	**85,481**	12,139	2,794	**100,414**	+7,837	+8%
2019	**73,750**	17,051	1,776	**92,577**	+1,113	+1%
2018	**73,608**	16,761	1,095	**91,464**	-63	0%
2017	**73,538**	16,791	1,198	**91,527**	+1,202	+1%
2016	**73,651**	15,365	1,309	**90,325**	-231	0%
2015	**74,408**	15,298	850	**90,556**	+4,230	+5%
2014	**71,214**	14,600	512	**86,326**	+3,857	+5%
2013	**67,528**	14,576	365	**82,469**	+6,225	+8%
2012	**69,003**	6,875	366	**76,244**	+2,570	+3%
2011	**67,469**	5,840	365	**73,674**	—	—

Table 23 presents the number of inpatient days by admission legal status and location for patients active during FY 2022. Inpatient days at HSH increased +15%, growing from 71,181 days in FY 2021 to 82,021 days. Despite the continued decline in transfers from HSH to Kāhi Mōhala in FY 2022, contracted beds continued to be well utilized and patients received +4% more inpatient days of service at Kāhi Mōhala (+721 days) than in FY 2021. The 2,920 inpatient days at CRCC reflect 8 patients in out-of-state custody for the full year.

As in previous years, more than two-thirds (69%) of inpatient days were collectively attributable to two types of patients: Individuals admitted as unfit to proceed (41%) and those temporarily hospitalized for CR violations (28%). The largest increase in inpatient days continued to occur among individuals admitted for fitness evaluations (+4,502 days, +79%), likely affected by the increase in fitness evaluation commitments. Increases in inpatient days also occurred among

[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.

individuals admitted as unfit to proceed (+3,618 days, +9%) and for temporary hospitalization for CR violations (+3,403, +14%), also likely related to increases in their respective admissions. Despite these changes, the proportion of inpatient days by admission legal status are generally consistent year-to-year, and inpatient days for fitness evaluation patients only reached 10% of total inpatient days.

TABLE 23: FY 2022 INPATIENT DAYS OF ACTIVE PATIENTS, BY ADMISSION LEGAL STATUS AND LOCATION

	HSH			KĀHI MŌHALA			CRCC			
ADMISSION LEGAL STATUS	**FY22**	Chg	% Chg	**FY22**	Chg	% Chg	**FY22**	Chg	% Chg	**FY22 TOTAL**
Unfit to Proceed	**33,561**	+4,976	+17%	**7,578**	-1,358	-15%	**1,095**	0	—	**42,234**
Temp. Hosp. for CR Violation	**23,363**	+3,429	+17%	**5,095**	-26	-1%	**—**	—	—	**28,458**
Acquitted & Committed (NGRI)	**11,895**	-1,009	-8%	**2,901**	+912	+46%	**1,095**	0	—	**15,891**
Evaluation of Fitness to Proceed	**8,841**	+3,624	+69%	**964**	+878	+1,021%	**365**	0	—	**10,170**
Revocation of CR	**961**	-6	-1%	**259**	+259	NA	**365**	0	—	**1,585**
Civil Commitment	**1,544**	-68	-4%	**0**	-28	-100%	**—**	—	—	**1,544**
Post-Acquittal Hrg on Dangerousness	**416**	+51	+14%	**84**	+84	NA	**—**	—	—	**500**
Transfer fr. Correctional Facility	**365**	0	—	**—**	—	—	**—**	—	—	**365**
Involuntary Emergency Hold	**364**	-78	-18%	**—**	—	—	**—**	—	—	**364**
Other	**711**	-79	-10%	**—**	—	—	**—**	—	—	**711**
TOTAL	**82,021**	+10,840	+15%	**16,881**	+721	+4%	**2,920**	0	—	**101,822**

B. Length of Stay (LOS) for Individuals Discharged During Fiscal Year

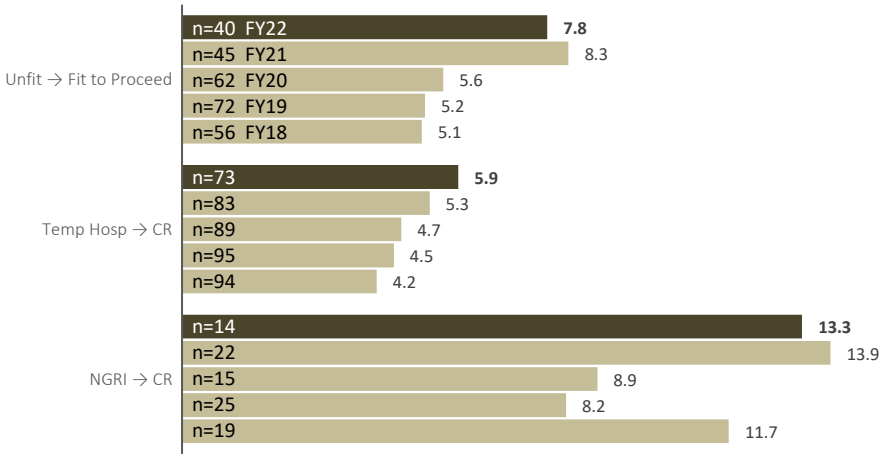
Table 24 details the length of stay for individuals discharged during FY 2022. LOS measures a hospitalization episode by calculating the number of days between admission and discharge. Overall, the average LOS for patients discharged in FY 2022 (excluding expired patients) was 6.3 months (192 days), shortening by nearly 5 months (-144 days) from the previous year.

TABLE 24: LENGTH OF STAY (LOS) FOR INDIVIDUALS DISCHARGED IN FY 2022, BY DISCHARGE LEGAL STATUS

	# OF DISCHARGES			TOTAL LOS			AVERAGE LOS		
LEGAL STATUS AT DISCHARGE	**FY22**	Chg	% Chg	**FY22**	Chg	% Chg	**FY22**	Chg	% Chg
No Legal Encumbrance	**95**	+35	+58%	**10,908**	-9,474	-46%	**115**	-225	-66%
Conditionally Released (CR)	**94**	-20	-18%	**25,700**	-19,406	-43%	**273**	-122	-31%
Fit to Proceed	**70**	+9	+15%	**11,474**	-3,010	-21%	**164**	-74	-31%
Unfit to Proceed, Rel. on Cond.	**7**	+3	+75%	**2,592**	+1,430	+123%	**370**	+80	+27%
Eval. of Fitness to Proceed	**4**	+3	+300%	**821**	+779	+1,855%	**205**	+163	+389%
Acquitted & CR	**3**	0	—	**819**	+134	+20%	**273**	+45	+20%
Unfit to Proceed	**0**	-2	-100%	**0**	-659	-100%	**0**	-330	-100%
Temp. Hospitalization	**0**	-1	-100%	**0**	-109	-100%	**0**	-109	-100%
Expired (patient death)	**2**	-1	-33%	**2,776**	-11,281	-80%	**1,388**	-3,298	-70%
TOTAL	**275**	+26	+10%	**55,090**	-41,596	-43%	**200**	-188	-48%
Excluding expired patients	**273**	+27	+11%	**52,314**	-30,315	-37%	**192**	-144	-43%

Average LOS is a commonly used indicator of efficiency that refers to the average number of days that patients spend in a hospital. It also provides insight on the impact of certain legal status admissions on hospital utilization. **Figure 15** presents the average LOS[6] of key admission and discharge legal status combinations reflecting ideal outcomes.

FIGURE 15: AVERAGE LOS (IN MONTHS) OF PATIENTS DISCHARGED WITH SELECT LEGAL STATUSES, FY 2018 TO 2022



For the most common admission legal status, unfit to proceed (§704-406; excluding Act 53 and Act 26), individuals later discharged as fit to proceed (§704-405) after treatment at HSH had an average LOS of 7.8 months. Individuals admitted for temporary hospitalization for violating CR (§704-413(1)) who resumed CR (§704-415) had an average LOS of 5.9 months. This pairing is the most common among the three highlighted and the only one to continuously increase over the past five years. The initial order for temporary hospitalization allows individuals to be held at HSH for up to 72 hours, but only one patient was discharged within that timeframe; 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 22% of these successful returns to CR occurred within the first 90 days—a drop from 30% in FY 2021 and a significant decline from 45% in FY 2019. For patients recently acquitted and committed, or NGRI (§704-411(1)(a)), and discharged on CR after hospitalization, the average LOS was 13.3 months, a slight decrease from the previous year.

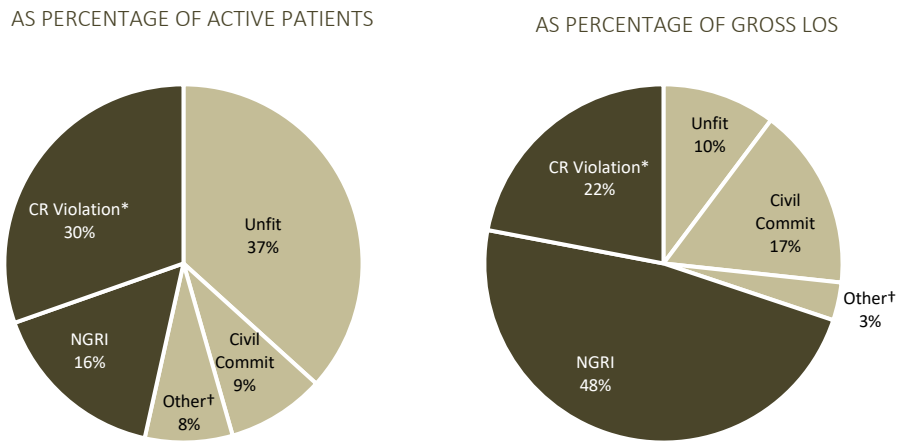
[6] Given the varied nature and severity of psychiatric conditions of HSH patients and the potential for commitment extensions due to multiple court cases, there are often a handful of patients whose restoration or stabilization period vary significantly from the majority of other patients. To account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

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

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

Figure 16 provides a snapshot of the HSH population on the last day of FY 2022 (June 30, 2022) based on their legal status on that day (which may have changed since admission as a result of ongoing court proceedings), comparing the composition of active patients with their collective gross LOS.

FIGURE 16: COMPOSITION AND GROSS LOS OF PATIENTS ACTIVE AT END OF FY 2022, BY LEGAL STATUS ON JUNE 30, 2022



**CR Violation includes: Revocation of CR (n=42) and Temporary hospitalization for violating CR (n=54)*
†"Other" includes: Eval. of fitness to proceed (n=18), Voluntary (n=3), Emergency exam & hospitalization (n=1), Post-acquittal evaluation of dangerousness (n=1), Acquitted & discharged (n=1), Unrestorable & discharged (n=1).

In FY 2022, the 51 patients with the legal status of acquitted and committed (NGRI) on the last day of the fiscal year collectively spent 470.8 years (171,977 days) at HSH since their respective admissions—an average of 9.2 years per patient. NGRI patients accounted for only 16% of patients active on the last day of FY 2022, but close to half of the total gross LOS (48%). The 96 patients with CR violations at the end of the fiscal year accumulated 216.5 years, or 22% of the total gross LOS, averaging 2.3 years per patient. By contrast, the 116 patients with the legal status of unfit to proceed on the last day of the fiscal year constituted the largest group (37%), but amassed only 100.8 years (36,817 days), or 10% of the total gross LOS, for an average of 0.9 years (10.4 months) per patient.

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 24 state psychiatric hospitals from the following 15 western states: Alaska, Arizona, California, Colorado, Hawai'i, Idaho, Montana, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington and Wyoming. WPSHA compares performance measures among member hospitals and encourages participation in joint research and surveys to continuously improve services provided to the citizens served by publicly-operated hospitals. HSH compares its assault and staff injury data with other state psychiatric hospitals for benchmarking purposes.

In 2013, WPSHA performed a benchmarking study on staff injuries. In 2014, WPHSA performed a benchmarking study on incidents of aggression. Since 2015, WPSHA has conducted a benchmarking study comparing member hospitals that reported staff, patient, and visitor incidents of aggression, including reports of assaults and attempted assaults. Twenty WPSHA hospitals administering to adults participated in the FY 2022 study, including HSH. Of the participating hospitals, only 3 (including HSH) treated forensic patients exclusively, 4 treated only civilly-committed patients, and the remaining 13 treated a mixture of forensic and civilly-committed patients.

[7] U.S. Department of Labor, Occupational Safety and Health Administration, OSHA 3148-06R 2016, "Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers."

HSH defines an assault as any overt act (physical contact) upon the person of another that may or results in physical injury and/or emotional distress. Examples include, but are not limited to, hits, spits, kicks, sexual assaults, or any physical injury intentionally inflicted upon another person. It should also be noted that *while HSH includes attempted assaults (i.e., no contact) in its aggression data, most hospitals do not*. HSH continues to collect and analyze attempted assaults because it takes all incidents of assault seriously, including attempted assaults, and because it provides critical data to help treatment teams understand and address escalations in patient aggression. The data is presented as rates of aggression per 1,000 patient days to allow comparison across hospitals with differing numbers of beds.

Table 25 provides HSH data on rates of violence for patient-to-patient aggression, patient-to-staff aggression and patient-to-visitor aggression. No incidents involving HSH visitors were reported for FY 2021 and 2022. In FY 2022, the rates of violence at HSH declined for patient-to-staff aggression (-0.94, -37%), but increased for patient-to-patient aggression (+0.06, +4%).

TABLE 25: FY 2021 AND 2022 WPSHA BENCHMARKING PROJECT
AGGRESSION INCIDENTS PER 1,000 PATIENT DAYS IN STATE HOSPITALS

	HSH RATES				
CATEGORY	FY21	**FY22**	Change	% Chg	FY22 WPSHA RANGE
Patient-to-Patient Aggression	1.49	**1.55**	+0.06	+4%	0.86 – 16.43
Patient-to-Staff Aggression	2.53	**1.59**	-0.94	-37%	0.55 – 39.17
Patient-to-Visitor Aggression	0.00	**0.00**	0	—	0 – 0.01
TOTAL Aggression Incident Rate	4.02	**3.13**	-0.88	-22%	1.45 – 55.60

Figure 17 illustrates WPSHA comparison data on total aggressive incidents for FY 2022. This graph demonstrates that of the 20 hospitals reporting data on total acts of aggression, 12 had a higher rate per 1,000 patient days compared to HSH.

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

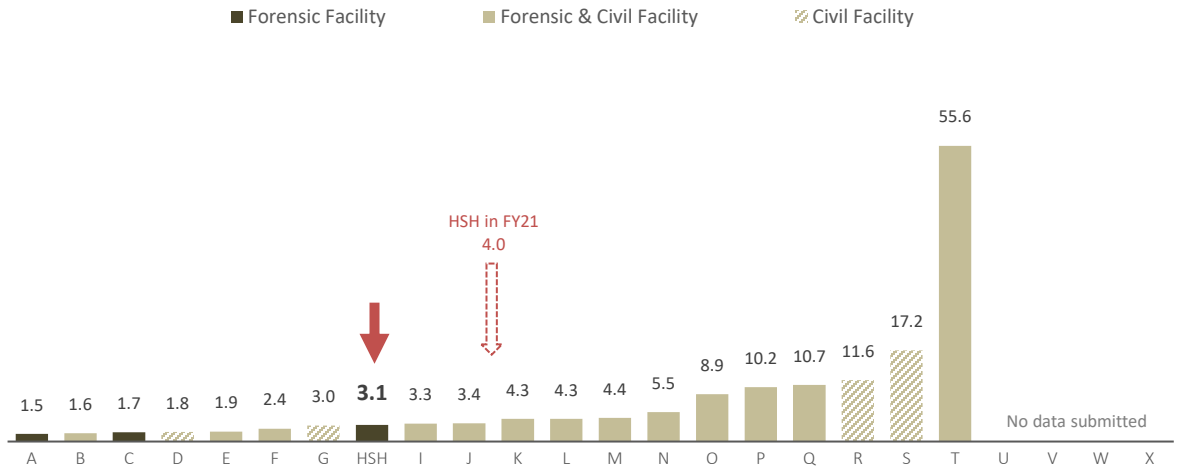
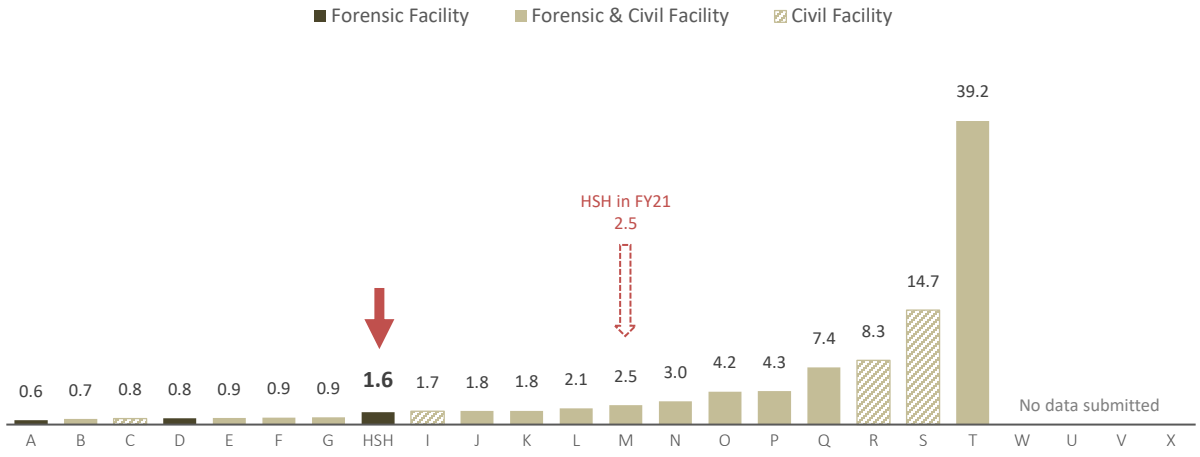


Figure 18 illustrates WPSHA comparison data on patient-to-staff aggression incidents for FY 2022. HSH improved its rate from 2.5 to 1.6 aggression incidents per 1,000 patient days in FY 2022. Of the 20 hospitals reporting patient-to-staff acts of aggression, 12 had a higher rate compared to HSH.

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



A closer examination of assaults at HSH over time (**Figure 19**) shows that after a steady increase in total patient-to-staff assaults over the past 5 years, HSH saw a significant drop (-80, -34%) in staff assaults in FY 2022.

FIGURE 19: TOTAL ASSAULTS (CONTACT AND ATTEMPTED) ON HSH STAFF, FY 2013-2022

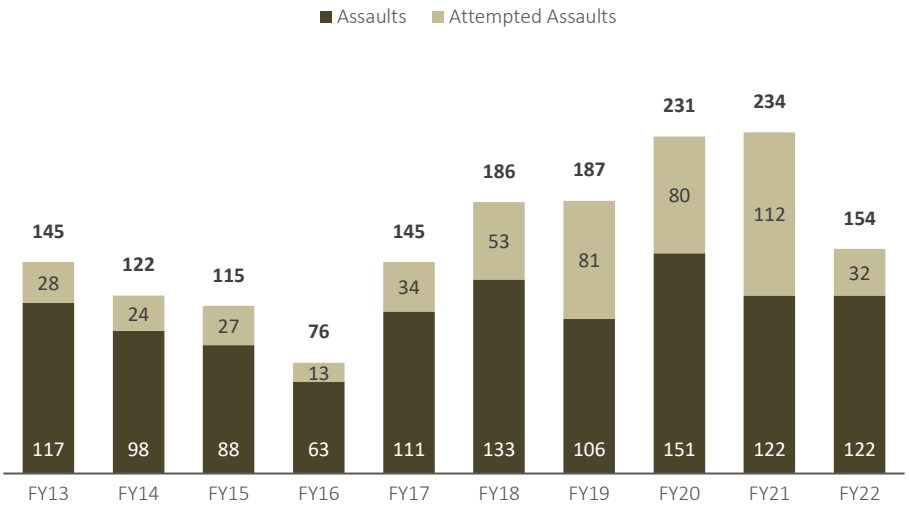


Figure 20 analyzes patient-to-staff assault data by identifying the proportion of patients involved in staff assaults (i.e., assaultive patients) and the frequency of assaults committed or attempted by assaultive patients. Of the 535 unique patients active at HSH in FY 2022, only 11% (57 individuals) had committed or attempted assault on staff. More than half (51%) of the 154 assaults committed or attempted on staff were attributable to just 8 highly-assaultive patients. Most assaultive patients (n=32) were involved in only one staff assault event during the year and responsible for only 21% of all assaults.

FIGURE 20: PATIENTS RESPONSIBLE FOR STAFF ASSAULTS (CONTACT & ATTEMPTS), FY 2022

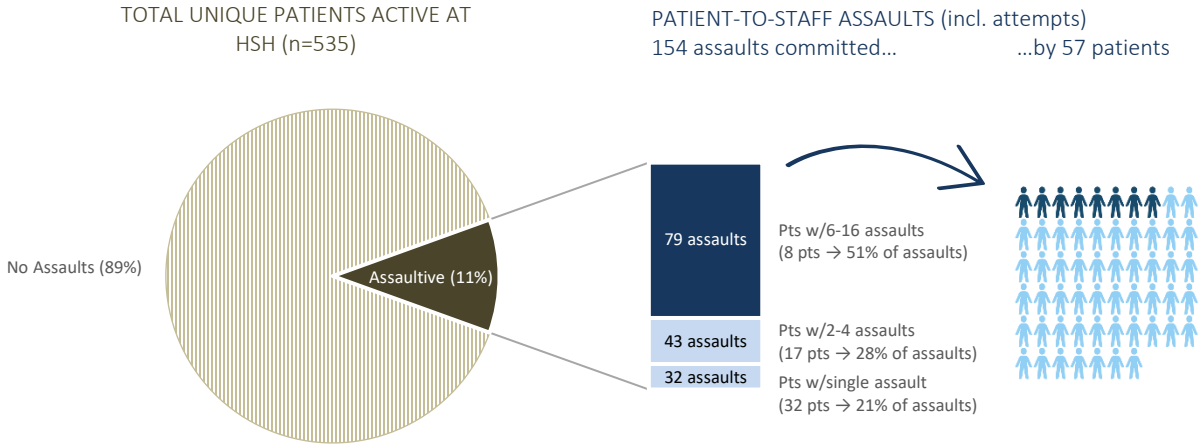
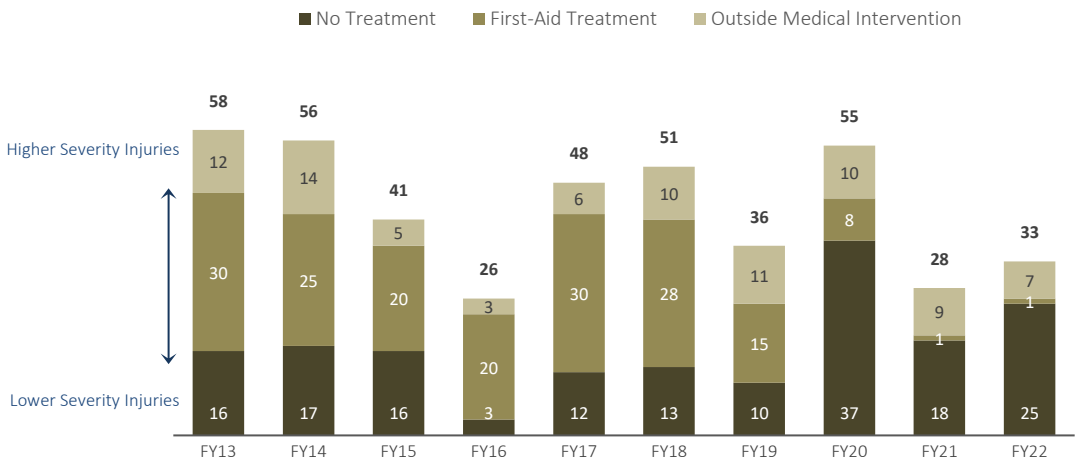


Figure 21 illustrates the severity of staff injuries arising from assaults at HSH between FY 2013 and 2022. Staff injuries from patient assaults requiring first-aid treatment or outside medical intervention continued to decline (10 in FY 2021 to 8 in FY 2022). More than three-fourths (76%) of staff injuries did not require any treatment. Continued efforts to mitigate harm from assaults likely attenuated the number and severity of injuries relative to the number of overall assaults on HSH staff.

FIGURE 21: INJURY SEVERITY OF ASSAULTS ON HSH STAFF, FY 2013-2022



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.