

REPORT TO THE TWENTY-FIFTH LEGISLATURE  
STATE OF HAWAII  
2009

PURSUANT TO ACT 100, SECTION 334,  
SESSION LAWS OF HAWAII 2008  
REQUIRING THE DEPARTMENT OF HEALTH TO SUBMIT AN  
ANNUAL REPORT ON FORENSIC PATIENT DATA,  
SPECIFIC TO THE HAWAII STATE HOSPITAL

PREPARED BY:  
STATE OF HAWAII  
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## EXECUTIVE SUMMARY

In accordance with Act 100, Section 334, Session Laws of Hawaii 2008, the Department of Health is submitting a report to the 2009 Legislature that provides a detailed breakout of the forensic patient data provided by the Adult Mental Health Division (AMHD) and the Hawaii State Hospital (HSH) during FY 2008.

Hawaii State Hospital (HSH) is the only public psychiatric facility or mental hospital in Hawaii. HSH is located in Kaneohe, occupying a site used for this purpose since 1944. HSH provides inpatient psychiatric services to adults, the projected census upon which its budget is based is 168, and this is also the specific number of licensed beds available, not requiring the use of waivers. HSH is licensed by Office of Health Care Assurance (OHCA), Department of Health and accredited by the Joint Commission. OHCA has licensed HSH for up to 202 beds; a patient census over 168 requires the use of sub standard patient rooms (sub standard with respect to total area, direct access to a bathroom or with no exterior window) and these are designated as waived beds.

This report covers the period of July 1, 2007 to June 30, 2008 (FY 2007-2008). All data unless explicitly noted otherwise, will be for the FY 2007-2008 (FY).

In addition to the 168 budgeted beds there is a contract for a supplementary 32 adult inpatient psychiatric beds at Kahi Mohala Behavioral Health (KMBH) a private psychiatric hospital, owned by the not for profit corporation, Sutter Health. For virtually all of FY 2007-2008 these 32 contracted beds were full every day. All of the admissions on this contract are either transfers from HSH or admissions approved by the Adult Mental Health Division (AMHD) of the Department of Health (DOH). This is a contract of the AMHD. For the purposes of this report, admissions to, discharges from, and patients remaining in these KMBH contracted beds are included in the data reporting and analyses, unless noted explicitly otherwise.

On O'ahu at Queen's Medical Center and Castle Medical Center and on the Neighbor Islands (at Hawaii Health Systems Corporation Hospitals) there are psychiatric units which may be utilized by individuals served by AMHD, either before, after, or instead of admission to HSH. Data regarding the frequency of admission, length of stay, and commitment status is not available for these units and therefore, cannot be included in this report. It is important to note, however, that each county has various other inpatient psychiatric capacities to address the needs for inpatient supports for people of that county requiring inpatient care.

During the course of the FY the census of HSH and KMBH (averaged on a monthly basis).

Table 1

Monthly average Daily Census for HSH and KMBH FY 2007- 2008

	Actual HSH	Actual KMBH	Actual Total	Bud. Cap.
July-07	190	32	222	200
August-07	195	32	227	200
September-07	191	32	223	200
October-07	192	32	224	200
November-07	195	32	227	200
December-07	192	32	224	200
January-08	194	32	226	200
February-08	192	32	224	200
March-08	190	32	222	200
April-08	197	32	229	200
May-08	198	32	230	200
June-08	184	32	216	200

(Budgeted Capacity = 168 (HSH) + 32 (KMBH contract) total 200)

For all of the FY the budgeted capacity was exceeded by between 16 and 30 patients.

## Reporting Requirements of ACT 100

### 1. Gross numbers of Admissions and Discharges for FY 2007-2008

Table 2:

For HSH (only) the gross numbers of Admissions and Discharges are presented in the following

Admissions and Discharges - HSH		
	Admissions	Discharges
Jul-07	21	20
Aug-07	23	20
Sep-07	11	22
Oct-07	26	16
Nov-07	18	18
Dec-07	16	18
Jan-08	16	14
Feb-08	20	24
Mar-08	22	17
Apr-08	23	20
May-08	17	23
Jun-08	13	26
Total	226	238

The month with the highest number of admissions (26) was October 2007, the smallest number of admissions (11) occurred during the month of September, 2007. The greatest number of discharges were 26 during the month of June, 2008, the smallest number of discharges were for the month of January, 2008 when there were fourteen.

Since there were 12 more discharges than admissions, the HSH census decreased by 12 from July 1, 2007 to June 30, 2008.

All admissions to the KMBH contracted units were transfers from HSH during this interval (HSH discharges), in addition, since virtually all of the KMBH contracted units beds were occupied all of the time and a transfer from HSH could only occur if there was a KMBH discharge, the above Table 2 presents an accurate picture of the combined HSH and KMBH admissions and discharges for this interval. These are the total numbers of admissions to and discharges from the public sector inpatient psychiatric system (HSH and KMBH combined).

2. Number of Admissions to, Discharges from and Lengths of Stay broken down by commitment categories

(A) Section 704-411(1)a (Commitment as not guilty by reason of physical or mental defect, disorder or disease)<sup>1</sup>.

There were 13 admissions to HSH or KMBH of individuals pursuant to this section. This represents 6% of the total admissions.

Discharges – (Discharge LOS). During this FY there were five discharges from HSH (all transfers to KMBH) on this legal status. Their average length of stay to the time of their transfer was approximately 27 days, they continued treatment at KMBH post transfer.<sup>2</sup>

LOS for Patients remaining on Section 704-411(1)a. 61 patients (or 29% of the patients remaining in HSH or KMBH) continued on this commitment status at the end of the FY; their average length of stay to 6/30/2008 was 2745 days. Generally patients committed pursuant to 704-411(1)a continue as inpatients longer than average, some, much longer.

(B) Pending Examination Under Section 704-411(3)

There were no admissions to HSH or KMBH of individuals pursuant to this section. This represents 0% of the total admissions.

Discharges – (Discharge LOS). There were no patients discharged with this status from either HSH or KMBH during this FY.

LOS for Patients remaining on Section 704-411(3). There were no patients at either HSH or Kahi remaining on this legal status and the end of the FY.

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<sup>1</sup> Methodological Note on Reporting of Commitment Status: Frequently it is the case that the commitment status of an individual patient changes during the course of the hospitalization at HSH or the inpatient episode (HSH and KMBH hospitalizations). For instance a patient committed pursuant of 704-406 (Unfit to Stand Trial) can become 704-411(1)a (Not Guilty by Reason of Physical or Mental Defect Disorder or Disease) during their inpatient treatment, after they have become fit. For the purposes of this report Commitment Section or status is assessed at the point in time of interest; that is, for information requested regarding admissions the commitment status or section at the time of **admission** will be used, for discharge, the convention for this report is to use the commitment status at the time of **discharge**, and length stay for patients remaining at the end of the FY will be categorized by the forensic or commitment status under which those patients are currently held, not their original commitment section.

<sup>2</sup> All of the patients on 704-411(1)a had their commitment status modified prior to being discharged, most frequently to 704-415 (Conditional Release Granted).

(C) Section 704-413 (1) (72 hour hold on Conditional Release)

There were 53 admissions to HSH or KMBH of individuals pursuant to this section. This represents 23 % of the total admissions.

Discharges – (Discharge LOS). There were 6 patients discharged from either HSH or KMBH during the FY on legal status 413(1).<sup>3</sup> This represents 3 % of the total discharges during the FY. The average inpatient length of stay for this group was 255 days.

LOS for Patients remaining on Section 704-413 (1). At the end of the FY there were 27 patients (HSH and KMBH) continuing on 413(1). This represents approximately 13 % of the total number patients present in both facilities at the end of the FY. Their average length of stay, to that point in time (6/30/2008) was 268 days.

(D) Section 704-404 Pending Evaluation of Fitness to Stand Trial

There were 28 admissions to HSH or KMBH of individuals pursuant to this section. This represents 12 % of the total admissions.

Discharges – (Discharge LOS). There were 4 patients discharged from HSH or KMBH on status 704-404, this is approximately 2 % of the total discharges for the FY. The average length of stay to discharge for these patients was 70 days.

LOS for Patients remaining on Section 704-404. As of 6/30/2008 there were 10 patients (or 5 % of the total patients on that day) continuing on commitment section 704-404, their average length of stay to that date was 173 days.

(E) Section 704-406 Unfit to Stand Trial

There were 110 admissions to HSH or KMBH of individuals pursuant to this section. This represents 49 % of the total admissions. This is the most frequently ordered commitment section.

Discharges – (Discharge LOS)<sup>4</sup>. There were 48 patients (or 20% of the total) discharges of individuals either on 704-406, 706-405, or 706-406(1). The average inpatient length of stay for this group was 157 days from admission to discharge.

LOS for Patients remaining on Section 704-406. At the end of the FY, 56 patients or 27 % of the total, remained on status 704-406; their average length of stay to that point in time was 161 days.

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<sup>3</sup> One of these patients died while at HSH while on 413(1), his commitment was posthumously vacated.

<sup>4</sup> Most of the patients admitted on 704-406 were discharged on 704-405 (found fit) or 704-406 (1) supervised release to the community.

Other commitment sections on admission:

There were 22 admissions to HSH or KMBH of individuals pursuant to other commitment sections. The most frequent were 704-413(3) Conditional Release Revocation (7 patients, 3 % of admissions) and 706-607 (Civil Commitment in lieu of Prosecution) (5 patients admitted, 2 % of admissions).

Other commitment sections on discharge:

There were 31 individuals discharged from either HSH or KMBH on the legal status 704-405 (found fit). These individuals had hospitalization lengths of between 16 and 556 days, with average 163 days. Most of these individuals were transferred to jail post discharge.

There were 93 individuals discharged from either HSH or KMBH on legal status 704-415, Conditional Release granted. As noted above, these individuals could have initially been hospitalized as 704-413(1), 704-413(3), 704-411(1)a, or even 704-406. This is the most common legal status on discharge. The individuals discharged on this status present great diversity in length of stay in HSH or KMBH, ranging from days to decades. The overwhelming majority are discharged to a community setting or a community support program.

There were 19 individuals discharged on legal status 706-607 (Civil Commitment in lieu of Prosecution).

3. Number of Persons Committed to HSH by each court and County<sup>5</sup>

Table 3:  
Admissions by County

Admissions by County	Number of Admissions	% of Admissions	% of population
Honolulu	146	65	71
Hawaii	48	21	13
Maui	15	7	11
Kauai	10	4	5
Other	7	3	

Honolulu (O'ahu) accounts for 71 % of the population and accounted for 65 % of the admissions. Hawaii accounts for 13 % of the population and 21 % of the admissions to HSH. The seven other patients (no committing court) were either MH-9 (prisoner in need of inpatient treatment), 3 patients for this FY or Voluntary patients, 4 patients this FY.

<sup>5</sup> This section presents data for committing and county for the **admissions** which occurred during FY 2007-2008

The following table presents admissions for FY 2007-2008, further analyzed by Circuit, District, and Family Courts, and for East Hawaii and West Hawaii separately.

Table 4:  
Admissions by Committing County and Court, for FY 2007-2008.

Adm. by Circuit	Honolulu	Hawaii	(Hilo)	(Kona)	Maui	Kauai	Total
Circuit	65	11	8	3	7	8	91
District	63	40	30	10	7	3	113
Family	15	2	2		2		19
Total	143	53	40	13	16	11	223

4. Gross Lengths of Stay

(A) Patients Discharged during the FY (Presented above in section 2)

(B) Individuals Remaining as Inpatients at the end of FY<sup>6</sup>

Table 5:  
Individuals remaining as inpatients in HSH, as of June 30, 2008, compared with January 1, 2007 and as a percent of total HSH census

	Year	Jan 1 2007	June 30 2008	% HSH at end of FY 2008
Legal Status				
Unfit To Proceed	Number of Patients	33	47	26%
	Average Length of Stay (days)	232	156	
Not Guilty (NGRI)	Number of Patients	57	54	30%
	Average Length of Stay (days)	2684	3057	
Conditional Release 72 hour hold	Number of Patients	22	25	14%
	Average Length of Stay (days)	216	266	
Conditional Release Revocation	Number of Patients	26	21	12%
	Average Length of Stay (days)	1812	2197	
Census	Total	177	179	

<sup>6</sup> This data is presented for the end of FY (June 30, 2008) along with the same data from January 1, 2007, 18 months earlier to show how patients remaining in the various commitment categories has changed over this 18 month period.

The following table presents the same information, with the patients remaining at KMBH as of June 30, 2008, added.

Table 6:  
Individuals remaining in HSH and KMBH as of June 30, 2008

		HSH Patients	KMBH patients	Total (HSH & KMBH)	% Total
Legal Status					
Unfit to Proceed (406)	Patients	47	9	56	0.27
	Average stay to 6/30/2008	156		161	
Not Guilty (NGRI) (411(1))	Patients	54	7	61	0.29
	Average stay to 6/30/2008	3057		2745	
Conditional Release (413(1))	Patients	25	2	27	0.13
	Average stay to 6/30/2008	266		268	
Conditional Release (413(3))	Patients	21	5	26	0.12
	Average stay to 6/30/2008	2197		1889	
Total Census		179	32	211	

5. Numbers of patients in HSH, broken down by categories of underlying crimes<sup>7</sup> [sic] such as crimes against the person, sex offenses, and property crimes, and by grade of offense.

<sup>7</sup> Since most of the patients have not been found guilty of any crime or even, in many instances, brought to trial, we are presenting here data on the **offenses** at the time of admission (for patients admitted during the FY as unfit, pending evaluation of fitness, as NGRI, or 706-607). For individuals committed to the hospital pursuant to either 704-413(1) 704-413(3), CR 72 hour hold or revocation, the offense used for purposes of this analysis is the offense at the time of the initial NGRI adjudication. Finally in the instance of more than one charge, we have used the single most serious offense.

The following table illustrates in summary fashion for admissions during FY 2007 – 2008 the underlying offense, the grade of offense, and whether these were offense against a person or property crimes.

Table 7:  
For all admissions for FY 2007-2008, charge at the time of admission or reference admissions

	404	406	406.1	411.1.a	413.1	413.3	414	706-607	MH4	MH9	Total	%
<b>Total Felons</b>	9	38	1	8	33	4					93	41
<b>Felony A</b>	2	8			5						15	7
offense against another	1	8			5						14	6
property offense	1										1	<1
<b>Felony B</b>	2	8		2	7	2					21	9
offense against another	1	3			5	2					11	5
property offense	1	5		2	2						10	4
<b>Felony C</b>	5	22	1	6	21	2					57	25
offense against another	4	13		5	14						36	16
property offense	1	9	1	1	7	2					21	9
<b>Total Misdemeanors</b>	18	73	1	5	24	3	1	2			127	56
<b>Misdemeanors</b>	11	38	1	4	14	1					69	31
offense against another	6	20	1	3	9						39	17
property offense	5	18		1	5	1					30	13
<b>Petty Misdemeanors</b>	7	35		1	10	2	1	2			58	26
offense against another	2	16			2						20	9
property offense	5	19		1	8	2	1	2			38	17
Unrecognized, not offense												
against another	2	1									3	1
No criminal charge									1	2	3	1
<b>Total</b>	29	112	2	13	57	7	1	2	1	2	226	100
<b>Percent</b>	13	50	1	6	25	3	<1	1	<1	1	100	x

(“404” refers to HRS 704-404, pending evaluation of fitness to stand trial, similarly “406”, pending restoration of fitness, “406.1”, pending restoration of fitness-released on conditions, “411.1.a” acquittal by reason of physical or mental disease, disorder or defect, “413.1” conditional release seventy two hour hold, “413.3”, conditional release revocation, “414”, pending discharge from or modification of conditional release, “706-607”, civil commitment in lieu of prosecution, “MH4”, involuntary civil commitment, and “MH9”, prisoner in need of inpatient treatment.)

For one hundred twenty seven of the admissions (or 56 % of the total) the offense at the time of current admission (or previous commitment for individuals on conditional release hold or revocation) is a Misdemeanor, and for 26 % of these admissions the offense is a Petty Misdemeanor.

During the FY five individuals were admitted with a sexual offense as the primary charge (all commitment statuses). This is less than 2% of total admissions. Four of these five admissions were with a listed offense of Sexual Assault 4 or Sexual Assault 5, Misdemeanor or Petty Misdemeanors, respectively. Twelve of the 179 patients remaining in HSH (approximately 7%) as of June 30, 2008 were initially charged with sexual offenses as the primary charge associated with either their current or previous HSH hospitalization. (There were no patients remaining in KMBH as of June 30, 2008, with a sexual offense as a listed charge.) For an additional four individuals a sexual offense is listed as a secondary charge.

#### Other Relevant Information

The Governor, in a Special Message proposed, and the Legislature acted and approved positions and appropriated funds, effective July 1, 2008 to permit HSH to operate a Special Residential Program, on the grounds, with a projected capacity of 22, providing for 25.5 Full Time Equivalents (FTEs) and an annual budget of \$1,114,038.00 to support the operation of the program. At the time of these Executive and Legislative actions, the opening day was projected to be July 15; as of this report the program is not yet open and our current projection is February 1, 2009.

The terms of commitment pursuant to 704-406,704-413(3) or 704-411(1)a do not specifically require that the individual has a treatable mental illness or that inpatient psychiatric treatment can reasonable be expected to ameliorate either dangerousness or lack of fitness to stand trial. This last is most obviously the case for an individual committed as unfit, with a progressive neurological disorder or other cognitive limitations. At the time of this report there are approximately 10-15 individuals with either neurological disorders or significant cognitive impairments such as will prevent their functioning in the community without significant supports. The absence of mental health diagnoses for these individuals means that they will not receive services in the community from AMHD. For some of these individuals (who have obtained maximal inpatient benefit) it is not apparent that there is an agency assigned to provide in the community necessary supports.

#### Discussion

Notwithstanding that these are court ordered admissions, many of the patients committed do not otherwise clinically require inpatient level supports. Similarly, many patients who require inpatient level clinical supports at the time of admissions remain in the hospital long after they have obtained maximal clinical benefit. This is usually because there is either an impediment to their discharge in terms of resolving legal issues (e.g. forensic evaluation of continuing dangerousness), or there is not another, less restrictive setting which is available to the person which can adequately provide for their clinical needs while addressing risk.

Accessing community resources for housing is a rate limiting step for discharges from the hospital, once the patient's legal status is resolved. It is not unusual for all beds to be filled at the level the consumer needs at time of his/her discharge. When this situation occurs, the consumer must stay in the hospital until appropriate housing is available or all other appropriate resources are investigated. Oahu, Hawaii, Maui, and Kauai offer the following service levels for housing: 24/7 group homes (24 hour a day staffing, seven days a week), 8 to 16 group homes (staffing between 8 and 16 hours a day) and semi-independent. They offer varying amounts of supervision and support for consumers. Maui, Oahu, and Hawaii also offer crisis residential beds for consumers that need that level of supervision and the length of stay can be 1 day to 3-

4 weeks if indicated, but it is not intended for long term residency. Oahu and Maui are able to offer specialized residential treatment which includes treatment/programming at the housing site.

The inventories on these beds are as follows state wide:

Intensively staffed group home beds—302 (24/7 staffing)

Moderately staffed group home beds—203 (8-16 staffing)

Special Residential beds----107 (includes substance abuse treatment beds)

Crisis beds-----41

Semi-independent beds----193

Increased housing resources are always being scrutinized and hybrid discharge settings are evaluated. One such initiative has resulted in a relatively new category of housing options, namely E-ARCH which stands for expanded adult residential care home. Through extensive screening, training, and additional resources from AMHD, this housing option is now a reality and by June 30, 2008 housed 22 consumers.

HSH, AMHD, and DOH together with other partners are continually seeking to develop other appropriate post hospital placement alternatives for HSH patients awaiting discharge.