

REPORT TO THE TWENTY-FIFTH LEGISLATURE
STATE OF HAWAII
2010

PURSUANT TO ACT 100, SECTION 334,
SESSION LAWS OF HAWAII 2009
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
DECEMBER 2009

EXECUTIVE SUMMARY

This is the second Annual Report as required by ACT 100 of the Acts of 2008 of the Hawaii State Legislature. It covers the period of July 1, 2008 to June 30, 2009 (FY 2008-2009). All data and information presented, unless explicitly noted otherwise, will be for the FY 2008-2009 (FY).

For this Fiscal Year (2008-2009) there were fewer admissions and fewer discharges to the Hawaii State Hospital (HSH) than for the previous Fiscal Year, the latter even after adjusting for reduced capacity at the overflow contracted beds. Evaluation of Fitness for Trial and Pending Restoration of Fitness were the most common types of forensic admissions, followed by Hold on Conditional Release: Together these accounted for 91 % of all admissions. The most common pathway of discharge from inpatient care and commitment was Conditional Release granted (approximately 50 % of discharges), followed by Found Fit or Pending Restoration of Fitness and Released to the Community with Supervision (combined, approximately 25% of discharges). Committing Court changed slightly from last Fiscal Year to this, with East Hawaii accounting for less of a disproportionate share of admissions relative to population than previously. The City and County of Honolulu accounts for over 70 % of admissions.

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.

In addition to the 168 budgeted beds there is a contract for supplementary adult inpatient psychiatric beds at Kahi Mohala Behavioral Health (KMBH) a private psychiatric hospital, owned by the not for profit corporation, Sutter Health. During the last quarter of FY 2008-2009 these contracted beds were reduced in number from 32 to 19. 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 2008- 2009

Average Daily Census				
Month	HSH	KMBH	Total	Budgeted
July-08	177	32	209	200
August-08	174	32	206	200
September-08	172	32	204	200
October-08	174	32	206	200
November-08	169	32	201	200
December-08	165	32	197	200
January-09	169	32	201	200
February-09	168	32	200	200
March-09	168	28	196	196*
April-09	177	24	201	192
May-09	183	20	203	188
June-09	186	19	205	187

* Beginning with the month of March 2009, contracted capacity at KMBH was reduced; by the end of the month of March it was reduced by approximately eight, and by the end of the FY it was reduced by 13.

(For example: budgeted Capacity for July 2009 = 168 (HSH) + 19 (KMBH contract), total 187) For 9 of the 12 months of the FY the budgeted capacity was exceeded by between 1 and 18 patients, for two months (February and March 2009) budgeted capacity exceeded utilization, and for one month there was unused capacity (December 2008), this is an improvement compared with the previous annual report.

Reporting Requirements of ACT 100

1. Gross numbers of Admissions and Discharges for FY 2008-2009

Table 2:

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

Admissions and Discharges		
	Admissions	Discharges
July-08	16	19
August-08	12	13
September-08	15	14
October-08	18	16
November-08	11	25
December-08	17	15
January-09	18	12
February-09	13	20
March-09	17	7 ¹
April-09	22	19
May-09	22	11
June-09	11	16
Total	192	187

The months with the highest number of admissions (22) were April and May, 2009, the smallest number of admissions (11) occurred during the months of November, 2008 and June, 2009. The greatest number of discharges were 25 during the month of November, 2008, the smallest number of discharges were for the month of March, 2009 when there were seven.

For FY 2007-2008 there were 226 admissions and 238 discharges for HSH.

Summary of activity at KMBH: For the FY there were 42 admissions (all were transfers from HSH) and 55 discharges, KMBH began the FY with 32 patients on the contracted units and had 19 patients as of June 30, 2008.

There were 5 more admissions than discharges for HSH alone, and KMBH census (capacity) was decreased by 13 from July 2008 to end of June 2009: the HSH and KMBH combined census decreased by 8 from July 1, 2008 to June 30, 2009.²

As in the report of the previous FY, the total public sector inpatient capacity used declined during this FY.

¹ This relatively small number of discharges is for HSH only, there were 8 discharges from KMBH during the interval, as part of a reduction of contracted capacity at KMBH and these beds were not backfilled with transfers from HSH. For most other months, every KMBH discharge is matched with a HSH discharge and KMBH admission (transfer).

² While all of the admissions to the KMBH contracted units were transfers from HSH during this interval (HSH discharges) some of the KMBH contracted unit discharges were not backfilled with transfers from HSH, as the capacity at this contracted unit was reduced in the last quarter of the FY.

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)³.

There were 8 admissions to HSH or KMBH of individuals pursuant to this section, this is five fewer admissions on this commitment status than for FY 2007-2008. This represents 4% of the total admissions.

Discharges – (Discharge LOS). During this FY there was one discharge from HSH (a transfer to KMBH) on this legal status. The average length of stay to the time of this transfer was approximately 65 days, this patient continued treatment at KMBH post transfer.⁴

LOS for Patients remaining on Section 704-411(1)a. 49 patients (or 24% 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 6/30/2009 was 3321 days (approximately 9 years). (This compares to 61 patients with an average length of stay in the hospital 2745 days at the end of FY 2007-2008).

Generally patients committed pursuant to 704-411(1)a continue as inpatients longer than average, some, much longer.

Comparing patients in the hospital at the end of the two fiscal years (FY 2007-2008 to FY 2008-2009), there was a smaller percentage of the total number patients on the commitment status and they were remaining in the hospital, on average, substantially 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. This is the same as in the previous year's report.

Discharges – (Discharge LOS). There was one patient discharged with this status from either HSH or KMBH during this FY, the length of stay for this person's hospitalization was 29 days⁵.

³ 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.

⁴ All of the patients other than transfers from HSH to KMBH committed on 704-411(1)a had their commitment status modified prior to being discharged, most frequently to 704-415 (Conditional Release Granted).

⁵ Although discharged on this legal status, this patient was not admitted on it; instead they were committed pursuant to a different legal section and their commitment status was modified by the Court during their hospitalization.

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.

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

There were 60 admissions to HSH or KMBH of individuals pursuant to this section. This represents 31 % of the total admissions. There were 7 more admissions on this status this year compared with the previous report.

Discharges – (Discharge LOS): There were 5 patients discharged from either HSH or KMBH during the FY on legal status 413(1).⁶ This represents 3 % of the total discharges during the FY. The average inpatient length of stay for this group was 49 days. These were mainly (four of five) transfers from HSH to KMBH, their inpatient episode did not end.

LOS for Patients remaining on Section 704-413 (1). At the end of the FY there were 34 patients (HSH and KMBH) continuing on 413(1). This represents approximately 17 % 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 (6/30/2009) was 300 days.

This compares with 27 patients (or 13 %) in the hospital an average of 268 days as of June 30, 2008.

Between the two FY's a larger number and a larger percentage of the hospital patients are staying somewhat longer when committed pursuant to 413(1).

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

There were 30 admissions to HSH or KMBH of individuals pursuant to this section. This represents 16 % of the total admissions. This compares with 28 admissions on this status during FY 2007-2008.

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 transfer or discharge for these patients was 69 days. Three of these four were transfers from HSH to KMBH, the other individual was returned to a correctional facility.

LOS for Patients remaining on Section 704-404. As of 6/30/2009 there were 8 patients (or approximately 4 % of the total patients on that day) continuing on commitment section 704-404, their average length of stay to that date was 235 days.

(E) Section 704-406 Unfit to Stand Trial

There were 85 admissions to HSH or KMBH of individuals pursuant to this section. This represents 44 % of the total admissions. This compares with 110 admissions on this commitment status during FY 2007-2008. This is the most frequently ordered commitment section.

⁶ One of these patients died while at HSH while on 413(1), his commitment was posthumously vacated.

Discharges – (Discharge LOS)⁷. There were 69 patients (or approximately 29 % of the total) discharges of individuals either on 704-406, 706-405, or 706-406(1). (This count does not include any transfers from HSH to KMBH.) The average inpatient length of stay for this group was 140 days from admission to discharge.

LOS for Patients remaining on Section 704-406. At the end of the FY 2008-2009, 62 patients or 31 % of the total, remained on status 704-406; their average length of stay to that point in time was 189 days. At the end of FY 2007-2008 there were 56 patients (27%) in the hospital an average of 161 days, as of June 30, 2008.

Other commitment sections on admission

There were 9 admissions to HSH or KMBH of individuals pursuant to other commitment sections. The most frequent were: Voluntary (4 patients, 2 % of admissions) and Prisoner in need of Treatment (MH 9) (3 patients admitted, 2 % of admissions).

Other commitment sections on discharge

There were 58 individuals discharged from either HSH or KMBH on the legal status 704-405 (found fit). These individuals had hospitalization lengths of between 7 and 540 days, with average 133. These individuals were transferred to jail, to supervised release, or to probation, post discharge.

There were 95 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 10 individuals discharged on legal status 706-607 (Civil Commitment in lieu of Prosecution), their hospitalizations lasted between 75 and 541 days.

⁷ Most of the patients admitted on 704-406 were discharged on 704-405 (found fit and returned to a correctional facility or placed on probation) or 704-406 (1) supervised release to the community.

3. Number of Persons Committed to HSH by each court and County⁸

Table 3:
Admissions by County

Admissions by County	Number of Admissions	% of Admissions	% of population
Honolulu	138	72	71
Hawaii	30	16	13
Maui	9	5	11
Kauai	7	4	5
Other	8	4	

Honolulu (O'ahu) accounts for 71 % of the population and accounted for 72 % of the admissions. Hawaii accounts for 13 % of the population and 16 % of the admissions to HSH. The eight other patients (no committing court) were MH-9 (prisoner in need of inpatient treatment), 3 patients for this FY, Voluntary patients, 4 patients this FY and two others.

The following table presents admissions for FY 2008-2009, 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 2008-2009.

	Honolulu	Hawaii	(Hilo)	(Kona)	Maui	Kauai	Total	%
Circuit	78	16	(11)	(5)	6	3	103	56
District	53	14	(12)	(2)	3	3	73	40
Family	7					1	8	4
Total	138	30			9	7	184	100

⁸ This section presents data for committing and county for the **admissions** which occurred during FY 2007-2008

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 FY⁹

Table 5:

Individuals remaining as inpatients in HSH, as of June 30, 2009, compared with January 1, 2008 and as a percent of total HSH census

	<i>Year</i>	<i>Jan 1 2007</i>	<i>June 30 2008</i>	<i>% HSH at end of FY 2008</i>	<i>June 30 2009</i>	<i>% HSH at end of FY 2009</i>
Legal Status						
Unfit To Proceed (406)	Number of Patients	33	47	26%	54	30%
	Average Length of Stay (days)	232	156		193	
Not Guilty (NGRI) (411(1))	Number of Patients	57	54	30%	46	25%
	Average Length of Stay (days)	2684	3057		3504	
Conditional Release 72 hour hold (413(1))	Number of Patients	22	25	14%	31	17%
	Average Length of Stay (days)	216	266		302	
Conditional Release Revocation (413(3))	Number of Patients	26	21	12%	17	9%
	Average Length of Stay (days)	1812	2197		2890	
Census	Total	177	179		183	

⁹ This data is presented for the end of FY (June 30, 2009) along with the same data from June 2008 and January 1, 2007, 18 months earlier to show how the numbers of patients remaining in the various commitment categories has changed over this 30 month period.

The following table presents the same information, with the patients remaining at KMBH as of June 30, 2009, added.

Table 6:

Individuals remaining in HSH and KMBH combined, as of June 30, 2009 (with average stay calculated to 6/30/09)

		HSH Patients	KMBH patients	Total (HSH & KMBH)	% Total
Legal Status					
Unfit To Proceed (406)	Number of Patients	54	8	62	31%
	Average Length of Stay (days)	193	163	189	
Not Guilty (NGRI) (411(1))	Number of Patients	46	3	49	24%
	Average Length of Stay (days)	3504	519	3321	
Conditional Release 72 hour hold (413(1))	Number of Patients	31	3	34	17%
	Average Length of Stay (days)	302	274	300	
Conditional Release Revocation (413(3))	Number of Patients	17	2	19	9%
	Average Length of Stay (days)	2890	993	2690	
Census	Total	183	19	202	

5. Numbers of patients in HSH, broken down by categories of underlying crimes¹⁰ [sic] such as crimes against the person, sex offenses, and property crimes, and by grade of offense.

The following table illustrates in summary fashion for admissions during FY 2008 – 2009 the underlying offense, the grade of offense, and whether these were offense against a person or property crimes.

¹⁰ 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.

Table 7:

For all admissions for FY 2008-2009, charge at the time of admission or reference admission

	404	406	411.1.a	413.1	706-607	MH6	MH9	Vol	Total	%
Total Felons	13	34	6	40					93	48
Felony A	4	5	1	2					12	6
Offense against another	4	5	1	2					12	6
Property offense										
Felony B	2	9	2	9					22	11
Offense against another	1	6		5					12	6
Property offense	1	3	2	4					10	5
Felony C	7	20	3	29					59	31
Offense against another	1	7	2	15					25	13
Property offense	6	13	1	14					34	18
Total Misdemeanants	15	43	2	20	1				81	42
Misdemeanors	6	24	1	10					41	21
Offense against another	5	8	1	8					22	11
Property offense	1	16		2					19	10
Petty misdemeanors	9	19	1	10	1				40	21
Offense against another	2	6	1	3					12	6
Property offense	7	13		7	1				28	14
Violation, property offense	1	6							7	4
Unrecognized, property offense	1	2							3	2
No criminal charge						1	3	4	8	4
Total	30	85	8	60	1	1	3	4	192	100
Percent	16	44	4	31	<1	<1	2	2	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 81 of the admissions (or 42 % 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 21 % of these admissions the offense is a Petty Misdemeanor.

During this FY, 5 individuals were admitted with a sexual offense as the primary charge (all commitment statuses). This is approximately 2 % of total admissions. Three of these 5 admissions were for a listed offense of either Indecent Exposure or Open Lewdness, both Petty Misdemeanors. There was one admission of an individual charged with a sexual offense which is listed as an "A" felony and one with sexual offense listed as a "C" felony. Fourteen of the 183 patients remaining in HSH (approximately 8 %) as of June 30, 2009 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 3 individuals a sexual offense is listed as a secondary charge.

Other Relevant Information

In a Special Message, the Governor 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. Approval provided 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. This program was opened on January 31, 2009, with capacity of 8. As of the end of the FY 2008-2009, this special Residential program had a capacity of 16.

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 meet requirements for 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 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. This is critically important given that the most common pathway out of the hospital is on Conditional Release, and frequently requires a community support plan with stable and supervised housing. Occasionally all beds are 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—210 (24/7 staffing)

Moderately staffed group home beds—291 (8-16 staffing)

Special Residential beds----123 (includes substance abuse treatment beds)

Crisis beds-----33

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, 2009 housed 21 consumers.

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

For additional information, contact Administration at HSH.