DAVID Y. IGE
GOVERNOR OF HAWAII

VIRGINIAPRESSLER, M.D.
DIRECTOR OF HEALTH

DEPT. COMM. NO. 230

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

In reply, please refer to:

January 5, 2017

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

The Honorable Joseph Souki, Speaker
and Members of the House of
Representatives
Twenty-Ninth State Legislature
State Capitol, Room 431
Honolulu, Hawaii 96813

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

For your information and consideration, I am transmitting a copy of the

Annual Report Summarizing Yearly Data on Forensic Patients as required Section 334-16 Hawaii Revised Statues (HRS). In accordance with Section 93-16, HRS, I am also informing you that the report may be viewed electronically at **http://health.hawaii.gov/opppd/department-of-health-reports-to-2017-legislature/**.

Sincerely,

Virginia Pressler

VIRGINIA PRESSLER
Director of Health

Enc.

c: Legislative Reference Bureau

REPORT TO THE TWENTY NINTH LEGISLATURE
STATE OF HAWAIʻI
2017

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

Prepared by:
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 2017 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 (FY) 2016 and in comparison with FY 2015. Key terms and definitions may be found after the table of contents.

Utilization of the Hawai'i State Hospital—the only publicly-funded, state psychiatric hospital in Hawai'i—continues to approach the total available locked, inpatient psychiatry beds on O'ahu. Specifically:

- In FY 2016, HSH admissions increased by 15% (304 to 349) and discharges increased by 10% (302 to 331) from the prior fiscal year. These increases are part of the steady growth in HSH utilization spanning nearly a decade.
- HSH beds are augmented by DOH contracts with Kāhi Mōhala Behavioral Health (KMBH) and Correct Care Recovery Solutions (Correct Care). During FY 2016, DOH increased the number of contracted beds at KMBH from 42 to 46. At current levels, contracted beds at KMBH during FY 2017 is projected to cost $12.8 million. To serve individuals who cannot be safely treated at HSH due to intractable dangerous behaviors, DOH increased its contract with Correct Care's secure forensic facility in South Carolina from three to four beds.
- Admissions with the legal status of unfit to proceed[1] continued to be the most frequent commitment category and increased by 31% (150 to 196)—the largest and only significant increase among admission legal statuses.
- Act 53, passed in 2011 by the Hawai'i State Legislature, limited the duration of mental health commitment for individuals found unfit to proceed and charged with non-violent petty misdemeanor or misdemeanor offenses to 60 and 120 days, respectively. During FY 2016, commitments under Act 53 increased by 54% (41 to 63), with the greatest increase occurring in 120-day commitments for misdemeanor offenses (+367%; 3 to 14).
- Individuals found fit to proceed and discharged from DOH custody increased by 18% (71 to 84) and constituted 25% of all HSH discharges in FY 2016.
- Across the state, all counties committed more patients to HSH in FY 2016, resulting in a 15% rise in admissions. Kaua'i saw the greatest increase, with admissions nearly doubling from 14 to 27 (+93%).
- Circuit courts continued to be the source for the majority (53%; n=185) of HSH admissions, with Kaua'i Circuit Court commitments more than doubling from 7 to 15 (+114%) in FY 2016. Circuit courts generally oversee felony charges, and correspondingly, 54% of admissions (n=187) involved felonies—a 13% increase from the prior year (166 to 187).
- District court commitments, however, saw the largest increase (+26%; 110 to 139) among courts and represented 40% of HSH admissions (n=139) in FY 2016. The growth in O'ahu District Court admissions was the primary driver of the district court increase. District courts generally preside over misdemeanor or charges of lower grade, and respectively, 46% of admissions (n=162) involved misdemeanors or lesser charges. Commitments involving non-violent misdemeanors increased by 173% (11 to 30), partly reflected by the rise in admissions of individuals found unfit to proceed and charged with non-violent misdemeanor offenses.
- Since FY 2011, there has been a 23% increase in utilization of DOH custody as measured by total inpatient days (73,674 in FY 2011 to 90,325 in FY 2016).

[1] HRS §704-406, §704-406(1)(a), and §704-406(1)(b).

- HSH continues to make great strides in reducing in staff assaults and injuries. Since FY 2013, HSH staff assaults (145 to 76) and injuries (58 to 26) have declined by roughly half, and staff injuries requiring outside medical treatment dropped by 75% (12 to 3). HSH continues to compare very favorably to other state psychiatric hospitals in the western United States.

TABLE OF CONTENTS

KEY TERMS AND DEFINITIONS

LEGAL STATUS	DEFINITION
HRS §334-60.2	Involuntary Hospital Criteria, also known as "Civil Commitment" and "MH-6"
HRS §334-74	Transfer of Residents of Correctional Facilities, also known as "MH-9"
HRS §704-404	Evaluation of Fitness to Proceed
HRS §704-405	Fit to Proceed
HRS §704-406	Unfit to Proceed
HRS §704-406(1)	Unfit to Proceed, Released on Conditions
HRS §704-406(1)(a)	Unfit to Proceed, Charge is a Petty Misdemeanor not Involving Violence, Charge Dismissed after 60 days
HRS §704-406(1)(b)	Unfit to Proceed, Charge is a Misdemeanor not Involving Violence, Charge Dismissed after 120 days
HRS §704-406(3)	Found Fit to Proceed and Civilly Committed
HRS §704-406(4)	Found Un-restorable and Civilly Committed
HRS §704-411(1)(a)	Acquitted (on the Ground of Physical or Mental Disease, Disorder or Defect Excluding Responsibility) and Committed to the Director of the Department of Health
HRS §704-411(1)(b)	Acquitted and Conditionally Released
HRS §704-411(1)(c)	Acquitted and Discharged
HRS §704-411(3)	Post-Acquittal Hearing on Dangerousness
HRS §704-413(1)	Temporary Hospitalization for Violating Terms of Conditional Release
HRS §704-413(4)	Revocation of Conditional Release
HRS §704-415	Conditional Release
HRS §706-607	Civil Commitment in Lieu of Prosecution or Sentence

KEY TERM	DEFINITION
Admission	Individuals who are committed to the custody of the Director of the Department of Health (DOH) and have entered the Hawai'i State Hospital (HSH).
Civil Commitment	A process by which an individual is found by the court to be dangerous to self and/or others or is gravely disabled with no less restrictive alternative than hospitalization.
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

KEY TERM	DEFINITION
	supplementary psychiatric beds for individuals who cannot be safely treated at HSH due to intractable dangerous behaviors.
Conditional Release	An individual who has been acquitted of a crime and found by the court not to be a danger to themselves, others, or the property of others and is released into the community with conditions. Failure to comply with the terms of release may result in temporary rehospitalization at HSH.
DOH Commitment/Out-of-State, Private, Secure Facility Custody	Individuals who are committed to DOH and are in the custody of an out-of-state, private, secure facility contracted by DOH.
DOH/DPS Dual Custody or Dually-Committed Patients	Individuals who are committed to the care and custody of both DOH and the Department of Public Safety (DPS). As a result of new charges incurred while hospitalized at HSH, these individuals are administratively discharged to DPS custody while being arraigned on such charges.
Discharge	Individuals released from the care and custody of DOH.
Fiscal Year 2016 (FY 2016)	The State of Hawaii's 12-month financial and reporting period, starting July 1, 2015 and ending June 30, 2016.
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 and high-risk, civilly-committed patients.
Gross Total Length of Stay (Gross LOS)	The difference between the current date and the admission date for non-discharged patients.
Kāhi Mōhala Behavioral Health (KMBH)	A private, psychiatric hospital in 'Ewa Beach, Hawai'i, owned by Sutter Health, a not-for-profit corporation, and contracted by DOH to provide supplementary psychiatric beds for HSH patients.
Length of Stay (LOS)	Total days spent in DOH custody assessed at time of discharge.
Inpatient Day	An accounting unit used by health care facilities. Each day represents a unit of time during which the services of the institution are used by a patient. For example, 100 patients in a hospital for 1 day would represent 100 patient days. Inpatient days exclude days when a patient stays overnight offsite, such as at an acute care medical facility, a transitional program in the community, or in DPS custody.
No Legal Encumbrance	Individuals discharged from HSH with no legal requirement to return to HSH. Examples include dismissal of charges or expiration of civil commitment.
Readmission	Individuals with a previous admission to HSH who are committed to DOH custody.
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 admitted to HSH without legal restriction.

KEY TERM	DEFINITION
Waived Bed	A hospital bed in addition to those included in the HSH licensed bed capacity (i.e., a substandard patient room with respect to licensing standards such as square footage, access to toileting facilities, etc).
Year Over Year (YOY)	Comparison of HSH patient statistics with the same data for the previous fiscal year. In this report, YOY reflects change between FY 2015 and 2016.

INTRODUCTION AND OVERVIEW

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 November 5-7, 2014.

HSH is licensed by the DOH, through the Office of Health Care Assurance (OHCA). Current licensure is through November 30, 2016. OHCA has licensed HSH for a maximum capacity of 202 patient beds. A patient census over 202 beds requires the use of patient rooms referred to as waived beds, which may not meet certain licensing standards, such as total square footage available, direct access to a bathroom, or availability of an exterior window. For these beds, OHCA grants an exception to the normal licensure requirements for a hospital patient room.

HSH beds are augmented by DOH contracts with Kāhi Mōhala Behavioral Health (KMBH or Kāhi Mōhala) and Correct Care Recovery Solutions for additional adult inpatient psychiatric beds. This contract is 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.

KMBH is a private psychiatric hospital located in 'Ewa Beach, Hawai'i and owned by a not-for-profit corporation, Sutter Health. By the end of FY 2016, the state increased the number of contracted beds at KMBH from 42 to 46, transferring 97 individuals to KMBH from HSH, and 6 individuals back from KMBH to HSH. At the current levels, contracted beds at KMBH during FY 2017 is projected to cost $12.8 million. Correct Care Recovery Solutions operates Columbia Regional Care Center (CRCC)—a private, secure forensic facility in Columbia, South Carolina. In FY 2016, four individuals were hospitalized at CRCC, including one who was transferred from HSH during the fiscal year. Out-of-state placement is limited to individuals who cannot be safely treated at HSH due to intractable dangerous behaviors that present an unacceptable risk to the safety of other patients and staff.

In FY 2016, nine individuals were administratively discharged to Department of Public Safety (DPS) custody while being arraigned on Felony C assault, terroristic threatening, or escape charges related to incidents that occurred while hospitalized at HSH. These individuals are dually committed to the care and custody of both DOH and DPS, and upon release from DPS custody, must return to HSH. During FY 2016, there were a total of 15 dually-committed individuals, with 10 individuals in DPS custody at the end of the fiscal year.

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

PART I. TOTAL ADMISSIONS AND DISCHARGES

Table 1 illustrates the total admissions and discharges from HSH for FY 2015 and 2016. During FY 2016, HSH admissions increased by 15% and discharges increased by 10%.

TABLE 1: ADMISSIONS AND DISCHARGES

ADMISSIONS				DISCHARGES			
FY15	**FY16**	YOY*	% Change	FY15	**FY16**	YOY*	% Change
304	**349**	+45	+15%	302	**331**	+29	+10%

**Year over year (YOY) reflects change between FY 2015 and 2016.*

Table 2 illustrates the total of transfers within DOH custody for FY 2016. Transfers to Kāhi Mōhala increased by 18% from FY 2015. Transfers of patients from Kāhi Mōhala back to HSH increased from one in FY 2015 to six in FY 2016. In both FY 2015 and 2016, one individual was transferred to CRCC, resulting in a total of four individuals in out-of-state custody.

TABLE 2: TRANSFERS WITHIN DOH CUSTODY

KĀHI MŌHALA				CRCC			
FY15	**FY16**	YOY	% Change	FY15	**FY16**	YOY	% Change
82	**97**	+15	+18%	1	**1**	0	0%

Table 3 illustrates the total of DOH/DPS dual custody individuals for FY 2016. Nine individuals were transferred to DPS custody, resulting in an 80% increase from FY 2015. Over the course of FY 2016, a total of 15 dually-committed individuals were in DPS custody, with 10 individuals in DPS custody at the end of the fiscal year.

TABLE 3: DUALLY COMMITTED TO DOH AND DPS

TRANSFERS TO DPS				DPS CUSTODY DURING FY			
FY15	**FY16**	YOY	% Change	FY15	**FY16**	YOY	% Change
5	**9**	+4	+80%	9	**15**	+6	+67%

Table 4 summarizes the number of admissions by legal status category for FY 2015 and 2016.

TABLE 4: LEGAL STATUS AT ADMISSION

	# OF ADMISSIONS		% OF ADMISSIONS			
LEGAL STATUS	FY15	**FY16**	FY15	**FY16**	YOY	% Change
Unfit to Proceed §704-406	150	**196**	49%	**56%**	+46	+31%
Temp. Hospitalization for CR Violation §704-413(1)	86	**86**	28%	**25%**	0	0%
Evaluation of Fitness to Proceed §704-404	44	**45**	14%	**13%**	+1	+2%
Acquitted & Committed §704-411(1)(a)	17	**16**	6%	**5%**	-1	-6%
Revocation of CR §704-413(4)	0	**4**	0%	**1%**	+4	—
Civil Commitment §334-60.2, §706-607, §704-406(3), §704-406(4)	5	**1**	2%	**0%**	-4	-80%
Acquitted & Conditionally Released (CR) §704-411(1)(b)	0	**1**	0%	**0%**	+1	—
Court Ordered Involuntary	1	**0**	0%	**0%**	-1	-100%
No Criminal Charge	1	**0**	0%	**0%**	-1	-100%
TOTAL	**304**	**349**	*		**+45**	**+15%**

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

Table 5 summarizes the number of discharges by legal status category for FY 2015 and 2016.

TABLE 5: LEGAL STATUS AT DISCHARGE

	# OF DISCHARGES		% OF DISCHARGES			
LEGAL STATUS	FY15	**FY16**	FY15	**FY16**	YOY	% Change
Conditionally Released §704-415	111	**103**	37%	**31%**	-8	-7%
No Legal Encumbrance[2]	76	**93**	25%	**28%**	+17	+22%
Fit to Proceed §704-405	71	**84**	24%	**25%**	+13	+18%
Unfit to Proceed, Released on Conditions §704-406(1)	32	**27**	11%	**8%**	-5	-16%
Acquitted & Conditionally Released §704-411(1)(b)	8	**9**	3%	**3%**	+1	+13%
Evaluation of Fitness to Proceed §704-404	1	**6**	0%	**2%**	+5	+500%
Voluntary	0	**3**	0%	**1%**	+3	—
Unfit to Proceed §704-406	0	**2**	0%	**1%**	+2	—
Expired (patient death)	1	**2**	0%	**1%**	+1	+100%
Acquitted & Discharged §704-411(1)(c)	2	**1**	1%	**0%**	-1	-50%
Temp. Hospitalization for CR Violation §704-413(1)	0	**1**	0%	**0%**	+1	—
TOTAL	**302**	**331**	*		**+29**	**+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 or expiration of civil commitment.

PART II. NUMBER OF ADMISSIONS TO AND DISCHARGES FROM THE HAWAI'I STATE HOSPITAL, BROKEN DOWN BY COMMITMENT CATEGORIES[3]

A. 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. During FY 2016, admissions with a legal status of acquitted and committed declined by 6%.

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

ADMISSIONS				DISCHARGES			
FY15	**FY16**	YOY	% Change	FY15	**FY16**	YOY	% Change
17	**16**	-1	-6%	0	**0**	0	—

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

There were no admissions or discharges with this legal status in FY 2015 or 2016.

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

Table 7 identifies the number of admissions and discharges with a legal status of temporary hospitalization for violating terms of conditional release in FY 2015 and 2016. There was no increase in temporary hospitalization admissions. In FY 2016, per order by the court, there was one individual discharged with a temporary hospitalization status to a community-based treatment facility while awaiting a review hearing to restore conditional release.

TABLE 7: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF TEMPORARY HOSPITALIZATION FOR VIOLATING TERMS OF CONDITIONAL RELEASE

ADMISSIONS				DISCHARGES			
FY15	**FY16**	YOY	% Change	FY15	**FY16**	YOY	% Change
86	**86**	0	0%	0	**1**	+1	—

[3] 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 HRS §704-406 (Unfit to Proceed), may, over the course of inpatient treatment, be found fit to proceed (HRS §704-405) and after going to trial, become HRS §704-411(1)(a) (Acquitted and Committed). 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.

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

Table 8 identifies the number of admissions and discharges with a legal status of evaluation of fitness to proceed in FY 2015 and 2016. In FY 2016, there was one additional admission with a legal status of evaluation of fitness to proceed and five additional discharges with this status in FY 2016.

TABLE 8: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF EVALUATION OF FITNESS TO PROCEED

ADMISSIONS				DISCHARGES			
FY15	**FY16**	YOY	% Change	FY15	**FY16**	YOY	% Change
44	**45**	+1	+2%	1	**6**	+5	+500%

E. HRS §704-406: Unfit to Proceed

Table 9 identifies the number of admissions and discharges with a legal status of unfit to proceed in FY 2015 and 2016. During FY 2016, admissions with a legal status of unfit to proceed increased by 31%—the largest and only significant increase among admission legal statuses.

TABLE 9: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF UNFIT TO PROCEED

ADMISSIONS				DISCHARGES			
FY15	**FY16**	YOY	% Change	FY15	**FY16**	YOY	% Change
150	**196**	+46	+31%	0	**2**	+2	—

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 (HRS §704-406(1)(a)) or misdemeanor (HRS §704-406(1)(b)) offenses at 60 and 120 days, respectively. **Table 10** itemizes Act 53 admissions among individuals found unfit to proceed. During FY 2016, commitments citing Act 53 increased by 54% and represented nearly one-third (32%) of all unfit to proceed admissions.

TABLE 10: DETAILS OF ADMISSIONS WITH LEGAL STATUS OF UNFIT TO PROCEED

	# OF ADMISSIONS			
LEGAL STATUS	FY15	**FY16**	YOY	% Change
Unfit to Proceed §704-406	109	**133**	+24	+22%
Unfit to Proceed, Non-Violent Petty Misdemeanor §704-406(1)(a)	38	**49**	+11	+29%
Unfit to Proceed, Non-Violent Misdemeanor §704-406(1)(b)	3	**14**	+11	+367%
TOTAL	**150**	**196**	**+46**	**+31%**

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

Table 11 identifies the number of admissions and discharges with a legal status of revocation of conditional release by FY 2015 and 2016. While FY 2015 saw no admissions with this status, there were four admissions in FY 2016.

TABLE 11: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF REVOCATION OF CONDITIONAL RELEASE

ADMISSIONS				DISCHARGES			
FY15	**FY16**	YOY	% Change	FY15	**FY16**	YOY	% Change
0	**4**	+4	—	0	**0**	0	—

G. Civil Commitment[4]

Table 12 identifies the number of admissions and discharges with a legal status of civil commitment by FY 2015 and 2016. During FY 2016, admissions with a legal status of civil commitment decreased by 80%.

TABLE 12: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF CIVIL COMMITMENT

ADMISSIONS				DISCHARGES			
FY15	**FY16**	YOY	% Change	FY15	**FY16**	YOY	% Change
5	**1**	-4	-80%	0	**0**	0	—

H. Voluntary Patients

Table 13 identifies the number of admissions and discharges with a legal status of voluntary, meaning individuals who have committed themselves to HSH on their own free will. While there were no voluntary admissions in FY 2015 or 2016, three individuals were discharged in FY 2016 with this status.

TABLE 13: ADMISSIONS AND DISCHARGES OF VOLUNTARY PATIENTS

ADMISSIONS				DISCHARGES			
FY15	**FY16**	YOY	% Change	FY15	**FY16**	YOY	% Change
0	**0**	0	—	0	**3**	+3	—

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

I. Other Commitment Categories at Admission

Table 14 identifies the number of admissions involving other legal statuses. In FY 2016, one individual was admitted with a legal status of acquitted and conditionally released while awaiting bed availability at a community-based treatment facility.

TABLE 14: OTHER LEGAL STATUSES AT ADMISSION

	# OF ADMISSIONS			
LEGAL STATUS	FY15	**FY16**	YOY	% Change
Acquitted & Conditionally Released (CR) §704-411(1)(b)	0	**1**	+1	—
Court Ordered Involuntary	1	**0**	-1	-100%
No Criminal Charge	1	**0**	-1	-100%

J. Other Legal Statuses at Discharge

Table 15 identifies the number of discharges involving other legal statuses. Conditional release (n=103) was the most common discharge legal status in FY 2016, but declined slightly (-7%) from the prior fiscal year. Significant increases were seen in discharges with no legal encumbrance (+22%) and individuals found fit to proceed (+18%). Over 40% of individuals discharged with no legal encumbrance were originally admitted as a result of being found unfit to proceed and charged with non-violent petty misdemeanor or misdemeanor offenses (n=39). Under Act 53, passed in 2011, the maximum time of mental health commitment for such patients is 60 days for petty misdemeanors (HRS §704-406(1)(a)) and 120 days for misdemeanors (HRS §704-406(1)(b)). Patients who are not found fit to proceed prior to the expiration of commitment are dismissed of their charges and released from HSH with no further legal encumbrance. Discharges with legal status of unfit to proceed and released on conditions declined 16%.

TABLE 15: OTHER LEGAL STATUSES AT DISCHARGE

	# OF DISCHARGES			
LEGAL STATUS	FY15	**FY16**	YOY	% Change
Conditionally Released §704-415	111	**103**	-8	-7%
No Legal Encumbrance	76	**93**	+17	+22%
Fit to Proceed §704-405	71	**84**	+13	+18%
Unfit to Proceed, Released on Conditions §704-406(1)	32	**27**	-5	-16%
Acquitted & Conditionally Released §704-411(1)(b)	8	**9**	+1	+13%
Expired (patient death)	1	**2**	+1	+100%
Acquitted & Discharged §704-411(1)(c)	2	**1**	-1	-50%

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

A. County

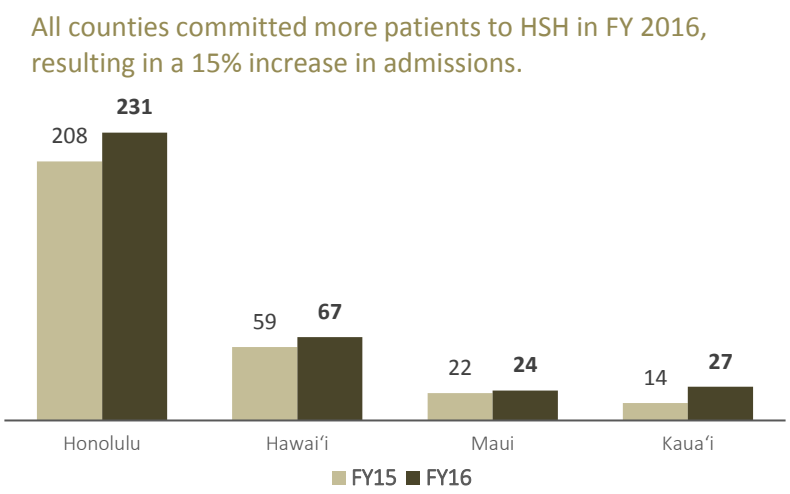
Table 16 and **Figure 1** detail admissions by the county ordering DOH commitment. During FY 2016, all counties increased their admissions to HSH, ranging from 9% on Maui (22 to 24) to 93% on Kaua'i (14 to 27). In comparison to each county's proportion of the state population, the percentage of admissions from Hawai'i and Kaua'i were higher, while the percentage of admissions from Honolulu (O'ahu) and Maui were lower.

TABLE 16: ADMISSIONS BY COMMITTING COUNTY

	# OF ADMISSIONS		% OF ADMISSIONS				
COUNTY	FY15	**FY16**	FY15	**FY16**	% of State Pop.*	YOY	% Change
Honolulu	208	**231**	69%	**66%**	70%	+23	+11%
Hawai'i	59	**67**	19%	**19%**	14%	+8	+14%
Hilo	38	**44**	13%	**13%**	—	+6	+16%
Kona	21	**23**	7%	**7%**	—	+2	+10%
Maui	22	**24**	7%	**7%**	12%	+2	+9%
Kaua'i	14	**27**	5%	**8%**	5%	+13	+93%
TOTAL	**303**	**349**	**100%**	**100%**	**100%**	**+46**	**+15%**

**Based on the 2015 U.S. Census Bureau estimate of the State of Hawaii's population.*

FIGURE 1: ADMISSIONS BY COMMITTING COUNTY, FY 2015 AND 2016



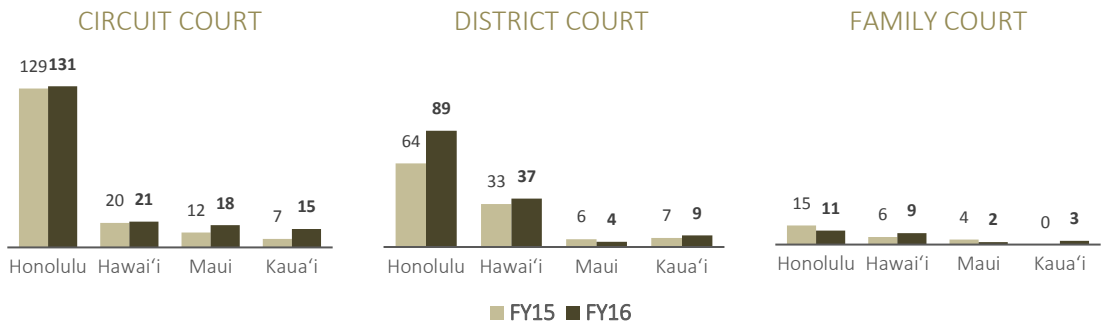
B. Court

Table 17 presents the admissions by type and location of committing court. Generally speaking, circuit courts preside over felony charges, district courts oversee misdemeanor or charges of lower grade, and family courts handle, among other things, domestic violence and civil commitment cases. During FY 2016, more than half (53%) of all admissions came from circuit courts, with the largest increases occurring on Kaua'i (+114%; 7 to 15) and Maui (+50%; 12 to 18). However, the most notable change in FY 2016 was the 26% increase in admissions from district courts—particularly, the 39% increase (64 to 89) from O'ahu (Honolulu) District Court.

TABLE 17: ADMISSIONS BY COMMITTING COURT AND COUNTY

	CIRCUIT COURT			DISTRICT COURT			FAMILY COURT		
COUNTY	**FY16**	YOY	% Chg	**FY16**	YOY	% Chg	**FY16**	YOY	% Chg
Honolulu	**131**	+2	+2%	**89**	+25	+39%	**11**	-4	-27%
Hawai'i	**21**	+1	+5%	**37**	+4	+12%	**9**	+3	+50%
Hilo	**14**	+1	+8%	**23**	+2	+10%	**7**	+3	+75%
Kona	**7**	0	0%	**14**	+2	+17%	**2**	0	0%
Maui	**18**	+6	+50%	**4**	-2	-33%	**2**	-2	-50%
Kaua'i	**15**	+8	+114%	**9**	+2	+29%	**3**	+3	—
TOTAL	**185**	+17	+10%	**139**	+29	+26%	**25**	0	0%
% OF ADM	**53%**			**40%**			**7%**		

FIGURE 2: ADMISSIONS BY COMMITTING COURT AND COUNTY, FY 2015 AND 2016



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

A. Individuals Discharged During FY 2016

Table 18 reports the length of stay for individuals discharged during FY 2016. The most common legal status at discharge was conditional release (HRS §704-415), with an average stay of just under a year. Further examination reveals that 73% of individuals discharged on conditional release were originally admitted as temporary hospitalizations for violating terms of conditional release (HRS §704-413(1)).

TABLE 18: LENGTH OF STAY (LOS) FOR INDIVIDUALS DISCHARGED IN FY 2016, BY DISCHARGE LEGAL STATUS

	# OF DISCHARGES			TOTAL LOS			AVERAGE LOS		
LEGAL STATUS AT DISCHARGE	**FY16**	YOY	% Chg	**FY16**	YOY	% Chg	**FY16**	YOY	% Chg
Conditionally Released (CR)	**103**	-8	-7%	**36,028**	+3,995	+12%	**350**	+61	+21%
No Legal Encumbrance	**93**	+17	+22%	**20,281**	-7,155	-26%	**218**	-143	-40%
Fit to Proceed	**84**	+13	+18%	**13,414**	+1,438	+12%	**160**	-9	-5%
Unfit to Proceed, Rel. on Cond.	**27**	-5	-16%	**6,506**	-4,177	-39%	**241**	-93	-28%
Acquitted & CR	**9**	+1	+13%	**1,290**	-947	-42%	**143**	-136	-49%
Evaluation of Fitness to Proceed	**6**	+5	+500%	**485**	+450	+1,286%	**81**	+46	+131%
Voluntary	**3**	+3	—	**4,328**	+4,328	—	**1,443**	+1,443	—
Unfit to Proceed	**2**	+2	—	**172**	+172	—	**86**	+86	—
Acquitted & Discharged	**1**	-1	-50%	**80**	-315	-80%	**80**	-118	-59%
Temp. Hosp. for CR Violation	**1**	+1	—	**99**	+99	—	**99**	+99	—
Expired	**2**	+1	+100%	**17,077**	+11,704	+218%	**8,539**	+3,166	+59%
TOTAL	**331**	+29	+10%	**99,760**	+9,592	+11%	**301**	+3	+1%

B. Inpatient Days by Admission Legal Status and Location

Table 19 presents the number of inpatient days by admission legal status and location for patients active during FY 2016, including inpatient days accrued in contracted beds at Kāhi Mōhala and CRCC.

TABLE 19: INPATIENT DAYS OF ACTIVE PATIENTS, BY ADMISSION LEGAL STATUS AND LOCATION

	HSH			KĀHI MŌHALA			CRCC			
ADMISSION LEGAL STATUS	FY16	YOY	% Chg	FY16	YOY	% Chg	FY16	YOY	% Chg	FY16 TOTAL
Unfit to Proceed	**31,888**	+3,213	+11%	**8,703**	+141	+2%	**211**	+211	—	**40,802**
Temp. Hosp. for CR Violation	**21,789**	+1,519	+7%	**3,259**	-193	-6%	**—**	—	—	**25,048**
Acquitted & Committed (NGRI)	**9,176**	-3,605	-28%	**1,773**	+340	+24%	**1,098**	+248	+29%	**12,047**
Evaluation of Fitness to Proceed	**5,911**	-2,388	-29%	**1,544**	-169	-10%	**—**	—	—	**7,455**
Revocation of CR	**2,585**	+737	+40%	**86**	-52	-38%	**—**	—	—	**2,671**
Civil Commitment	**1,376**	-189	-12%	**—**	—	—	**—**	—	—	**1,376**
Post-Acquittal Hrg on Dangerousness	**366**	+366	—	**—**	—	—	**—**	—	—	**366**
Transfer fr. Correctional Facility	**366**	+1	0%	**—**	—	—	**—**	—	—	**366**
Court-Ordered Involuntary	**190**	-61	-24%	**—**	—	—	**—**	—	—	**190**
Acquitted & CR	**4**	+4	—	**—**	—	—	**—**	—	—	**4**
Voluntary	**—**	-350	-100%	**—**	—	—	**—**	—	—	**—**
No Criminal Charge	**—**	-4	-100%	**—**	—	—	**—**	—	—	**—**
TOTAL	**73,651**	-757	-1%	**15,365**	+67	0%	**1,309**	+459	+54%	**90,325**

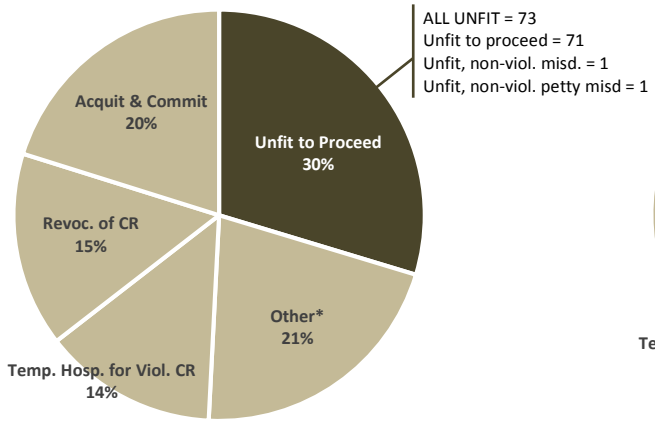
C. Legal Status of Patients Active at End of Fiscal Year

Figure 3 presents the primary legal status of patients active on the last day of FY 2015 (June 30, 2015) and FY 2016 (June 30, 2016). The commitment status of an individual normally changes over the course of hospitalization. For instance, an individual committed pursuant to HRS §704-406 (unfit to proceed), may later be found fit to proceed (HRS §704-405), and after going to trial, become HRS §704-411(1)(a) (acquitted and committed). Furthermore, 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.

The percentage of active patients with the legal status of unfit to proceed increased noticeably from 30% at the end of FY 2015 to 39% at the end of FY 2016. Details of the unfit to proceed legal status show significant increases in all three subcategories, including individuals charged with non-violent misdemeanors and petty misdemeanors.

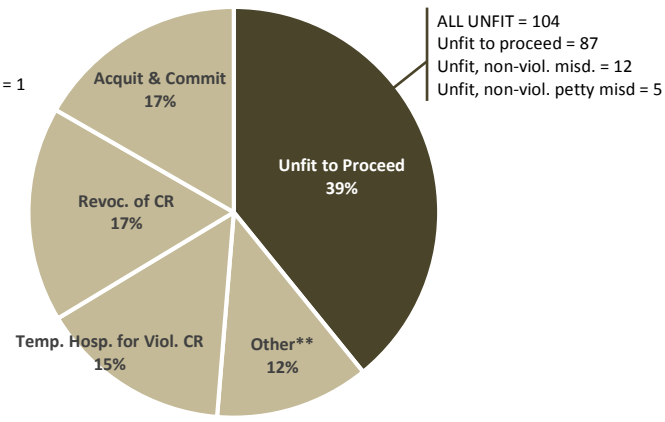
FIGURE 3: ACTIVE PATIENTS BY LEGAL STATUS AT END OF FY 2015 AND 2016

FY 2015



*"Other" includes: civil commitment (n=28), eval. of fitness to proceed (n=11), voluntary (n=4), conditional release (n=4), fit to proceed (n=3), post-acquittal hearing on dangerousness (n=1), and court-ordered involuntary (n=1).

FY 2016



**"Other" includes: civil commitment (n=11), eval. of fitness to proceed (n=9), voluntary (n=3), conditional release (n=1), and unfit & released on conditions (n=1).

PART V. NUMBER OF HAWAI'I STATE HOSPITAL PATIENTS ON FORENSIC STATUS, BROKEN DOWN BY GRADE OF OFFENSE

Table 20 includes a summary of admissions during FY 2016 with the grade of the offense, and whether the offense was against a person or not. Because an individual may be admitted for multiple offenses of varying grades, the most severe charge is used in this report.

Individuals committed to HSH due to felonies accounted for more than half (54%) of admissions during FY 2016. For the most common legal status at admission—unfit to proceed (HRS §704-406)—individuals were more likely to be admitted due to misdemeanors than felonies. However, for the next two most common admission legal statuses—temporary hospitalization for violating conditional release (HRS §704-413(1)) and evaluation of fitness to proceed (HRS §704-404)—individuals were more likely to be admitted due to felonies.

TABLE 20: FY 2016 ADMISSIONS BY LEGAL STATUS AND GRADE OF MOST SEVERE OFFENSE

	EVAL. OF FITNESS TO PROCEED	UNFIT TO PROCEED	ACQUIT & COMMIT (NGRI)	ACQUIT & CR	TEMP. HOSP. FOR VIOLATING CR	REVOCATION OF CR	CIVIL COMMITMENT	**TOTAL**	% OF ADMISSIONS
TOTAL ADMITS W/FELONY CHARGES	**26**	**75**	**12**	**1**	**69**	**4**	**–**	**187**	**54%**
Felony A	**2**	**10**	**3**	**–**	**10**	**1**	**–**	**26**	**7%**
Offense against another	2	8	3	–	8	1	–	**22**	6%
Offense not against another	–	2	–	–	2	–	–	**4**	1%
Felony B	**3**	**18**	**2**	**1**	**21**	**1**	**–**	**46**	**13%**
Offense against another	–	8	1	–	12	1	–	**22**	6%
Offense not against another	3	10	1	1	9	–	–	**24**	7%
Felony C	**21**	**47**	**7**	**–**	**38**	**2**	**–**	**115**	**33%**
Offense against another	3	24	6	–	19	1	–	**53**	15%
Offense not against another	18	23	1	–	19	1	–	**62**	18%
TOTAL ADMITS W/MISD. CHARGES	**19**	**120**	**4**	**–**	**17**	**–**	**1**	**161**	**46%**
Misdemeanors	**12**	**61**	**3**	**–**	**14**	**–**	**–**	**90**	**26%**
Offense against another	9	40	2	–	9	–	–	**60**	17%
Offense not against another	3	21	1	–	5	–	–	**30**	9%
Petty Misdemeanors	**7**	**59**	**1**	**–**	**3**	**–**	**1**	**71**	**20%**
Offense against another	1	8	–	–	1	–	1	**11**	3%
Offense not against another	6	51	1	–	2	–	–	**60**	17%
VIOLATION – Offense not against another	**–**	**1**	**–**	**–**	**–**	**–**	**–**	**1**	**0%**
TOTAL	**45**	**196**	**16**	**1**	**86**	**4**	**1**	**349**	**100%**
% OF ADMISSIONS	13%	56%	5%	0%	25%	1%	0%	**100%**	

Table 21 compares the offense grades of FY 2015 and 2016 admissions. Admissions with felony charges increased by 13%; however, it represented a slightly smaller proportion of total admissions due to a 25% increase in misdemeanor admissions. The increase in misdemeanor admissions was primarily due to a 41% increase in misdemeanor offenses and to a lesser extent, a 9% increase in petty misdemeanor offenses. Among felony admissions, there was a 13% decline in the most serious offenses (Felony A), but significant increases in Felony B (+44%) and Felony C (+11%) offenses.

TABLE 21: COMPARISON OF FY 2015 AND 2016 ADMISSIONS BY GRADE OF MOST SEVERE OFFENSE

	# OF ADMISSIONS		% OF ADMISSIONS			
	FY15	FY16	FY15	FY16	YOY	% Change
TOTAL ADMITS W/FELONY CHARGES	**166**	**187**	**55%**	**54%**	**+21**	**+13%**
Felony A	**30**	**26**	**10%**	**7%**	**-4**	**-13%**
Offense against another	27	22	9%	6%	-5	-19%
Offense not against another	3	4	1%	1%	+1	+33%
Felony B	**32**	**46**	**11%**	**13%**	**+14**	**+44%**
Offense against another	13	22	4%	6%	+9	+69%
Offense not against another	19	24	6%	7%	+5	+26%
Felony C	**104**	**115**	**34%**	**33%**	**+11**	**+11%**
Offense against another	50	53	16%	15%	+3	+6%
Offense not against another	54	62	18%	18%	+8	+15%
TOTAL ADMITS W/MISD. CHARGES	**129**	**161**	**42%**	**46%**	**+32**	**+25%**
Misdemeanors	**64**	**90**	**21%**	**26%**	**+26**	**+41%**
Offense against another	53	60	17%	17%	+7	+13%
Offense not against another	11	30	4%	9%	+19	+173%
Petty Misdemeanors	**65**	**71**	**21%**	**20%**	**+6**	**+9%**
Offense against another	19	11	6%	3%	-8	-42%
Offense not against another	46	60	15%	17%	+14	+30%
VIOLATION – Offense not against another	**7**	**1**	**2%**	**0%**	**-6**	**-86%**
NO CHARGE	**2**	**0**	**1%**	**0%**	**-2**	**-100%**
TOTAL	**304**	**349**	**100%**	**100%**	**+45**	**+15%**

DISCUSSION

HSH total admissions and discharges for FY 2016 increased by 15% and 10%, respectively. These increases are part of the steady growth in HSH utilization spanning nearly a decade. **Figure 4** illustrates the total number of admissions over the past nine fiscal years and are broken down by admission legal status in **Figure 5**. Since FY 2008, HSH has experienced increases in both admissions (+54%) and discharges (+39%). The legal status of unfit to proceed (HRS §704-406, §704-406(1)(a) and §704-406(1)(b)) continues to be the most frequent admission legal status, rising from 49% of FY 2015 admissions (n=150) to 56% of FY 2016 admissions (n=196).

FIGURE 4: HSH ADMISSIONS AND DISCHARGES, FY 2008 TO 2016

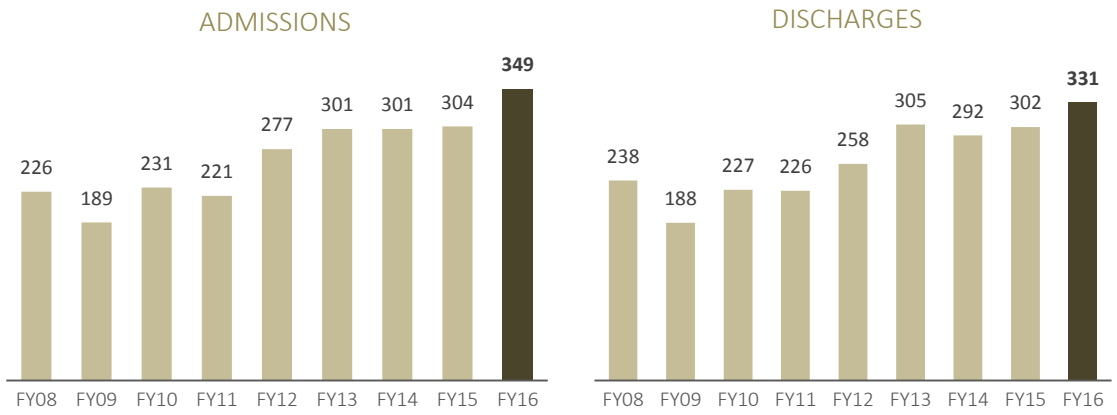
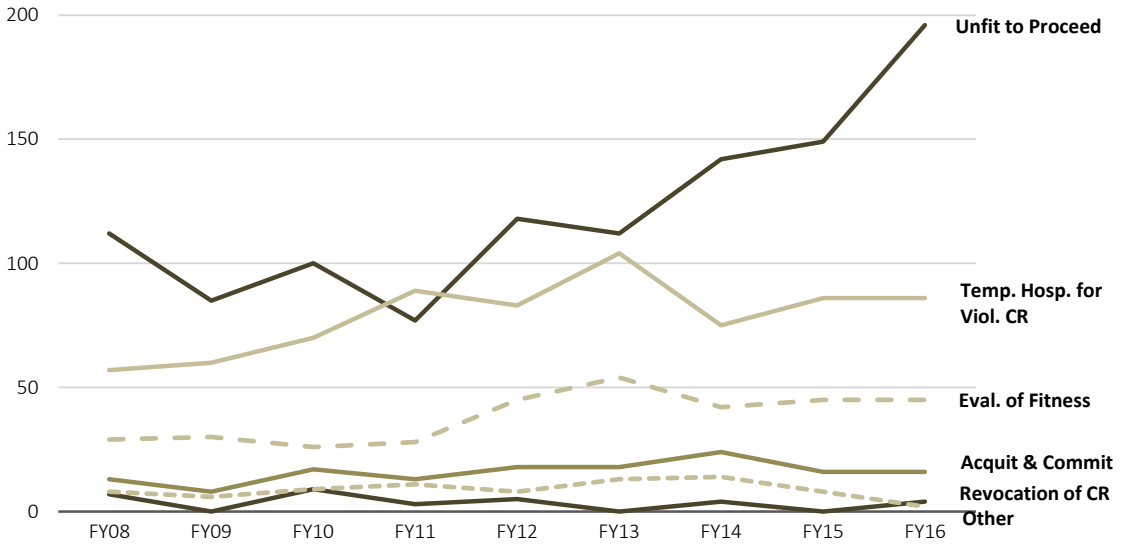


FIGURE 5: ADMISSIONS BY LEGAL STATUS, FY 2008 TO 2016



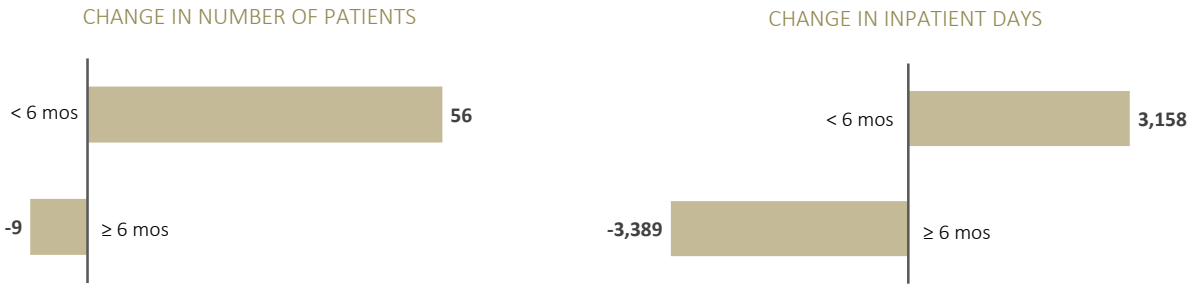
Another measure of hospital utilization and expenditure is inpatient days, an accounting unit representing each day a patient utilizes HSH services.[5] **Table 22** presents total inpatient days by fiscal year for each of the three DOH locations (HSH and contracted beds). The total inpatient days increased each year from FY 2011 through FY 2015, with a minor decline in FY 2016 (-0.3%).

TABLE 22: INPATIENT DAYS OF ACTIVE PATIENTS BY LOCATION, FY 2011-2015

	LOCATION			
FISCAL YEAR	HSH	Kāhi Mōhala	CRCC	TOTAL
2016	**73,651**	15,365	1,309	**90,325**
2015	**74,408**	15,298	850	**90,556**
2014	**71,214**	14,600	512	**86,326**
2013	**67,528**	14,576	365	**82,469**
2012	**69,003**	6,875	366	**76,244**
2011	**67,469**	5,840	365	**73,674**

Figure 6 provides a closer look at the change in inpatient days between FY 2015 and 2016, comparing individuals contributing less or more than 6 months of inpatient days during respective fiscal years. This roughly equates to a comparison of shorter- versus longer-stay patients. In FY 2016, the increase in shorter-stay individuals (n=56) greatly outnumbered the reduction in longer-stay individuals (n=9). However, since longer-stay individuals involve more inpatient days per individual, the decrease in inpatient days contributed by longer-stay individuals (-3,389) was slightly greater than the increase in inpatient days contributed by shorter-stay individuals (+3,158). These differences may help to explain the decline in inpatient days in FY 2016 despite the 15% increase in admissions.

FIGURE 6: FY 2015 AND 2016 COMPARISON, BY MONTHS OF INPATIENT DAYS CONTRIBUTED BY PATIENTS

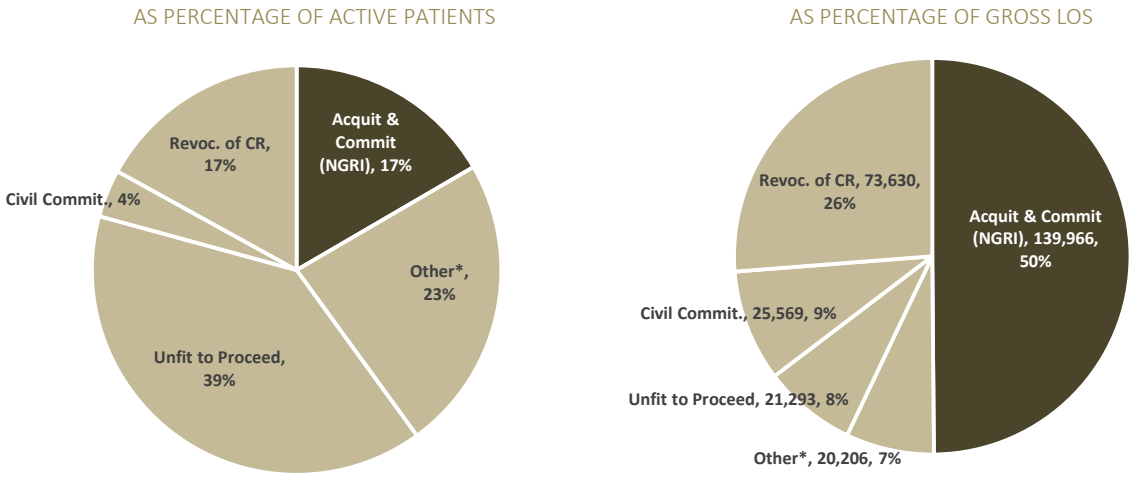


A third approach to analyzing hospital utilization and expenditure is gross total length of stay (gross LOS) for active patients, which is the difference between the current date and the admission date. Since a patient's legal status may change while in DOH custody as a result of ongoing court proceedings, it can also be helpful to examine data by a patient's current legal status. **Figure 7** provides a snapshot of the HSH population on the last day of FY 2016 (June 30, 2016). In FY 2016, 44 individuals with the legal status of acquitted and committed (i.e., not guilty by reason of insanity, or NGRI) on the last day of the

[5] For example, 100 patients at HSH for 1 day would represent 100 inpatient days. Inpatient days exclude days when a patient stays overnight offsite, such as at an acute care medical facility, a transitional program in the community, or in DPS custody.

fiscal year collectively spent 139,966 days at HSH since their respective admissions. These individuals accounted for only 17% of patients active on the last day of FY 2016, but half of the total gross LOS. Given that individuals found not guilty by reason of insanity are forever committed to DOH custody unless granted conditional release by the courts, the disproportionate gross LOS is not surprising and provides a long-term perspective on the impact by certain types of patients on hospital utilization and expenditure.

FIGURE 7: COMPOSITION AND GROSS LOS OF PATIENTS ACTIVE AT END OF FY 2016, BY LEGAL STATUS ON JUNE 30, 2016



**"Other" includes: Temp. hosp. due to violating CR (n=40; 5,256); eval. of fitness to proceed (n=9; 4,259); no legal encumbrance (n=7; 1,450); voluntary (n=3; 8,517); conditional release (n=1; 395); civil commitment (n=1; 196); and unfit to proceed, released on conditions (n=1; 133).*

The last significant trend for FY 2016 was the increase in HSH admissions with misdemeanor offenses as the most severe charge. While felony charges continued to increase (13%) and rank as the most common offense level among HSH admissions, misdemeanor admissions experienced even greater increase (+25%). This aligns with the 26% increase in admissions from district courts, which handle misdemeanors or charges of a lower grade. The major driver of the district court increase was O'ahu (Honolulu).

CONCLUSION

As the data demonstrates, the demands on the inpatient component of the Adult Mental Health Division—the Hawai'i State Hospital specifically—are increasing. The growth in the admission of patients court-ordered to HSH for restoration of fitness is striking, rising from 150 in FY 2015 to 196 in FY 2016. Admissions in this category have been increasing over the past several years and this trend is projected to continue, raising concerns over the static capacity of Hawaii's forensic inpatient system. While discharges have also increased (238 in FY 2008 to 331 in FY 2016), they are more than offset by the persistent rise in overall admissions (226 in FY 2008 to 349 in FY 2016).

In 2016, the Legislature provided funding for the design and construction of a new, 144-bed forensic facility on the site of the current Goddard Building on the HSH campus. The demolition of Goddard and the design of the new building are underway, and construction is currently projected to be completed by the end of 2020. The new building will expand much-needed capacity at HSH and allow forensic patients to be treated in a safe, secure, and therapeutic setting. The support of the Legislature for this project is greatly appreciated.

Thank you for the opportunity to provide this report.

APPENDIX:

HSH Staff Injuries and Assaults on Staff

HSH STAFF INJURIES AND ASSAULTS ON STAFF

During the 2014 Legislative Session, the Hawai'i 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."[6]

A workplace violence prevention program is an effective organizational approach to mitigate the risk of violence in the hospital workplace. OSHA outlined key elements of an effective program: leadership support, staff involvement, worksite hazard analysis, reporting assault and injury incidents, analysis and tracking and record keeping using the OSHA Form 300 log, and program evaluation.

HSH, as a component of its quality management program, has maintained records of patient assaults since 2006 and records of staff injury OSHA log reports since 1990. In addition to maintaining an OSHA log on staff injuries for record keeping purposes, HSH collects data on staff assaults and injuries, conducts an analysis of the incidents, and reports any trends using quality report cards that are evaluated by the HSH Performance Improvement Committee and shared with all staff.

HSH is an active member of the Western Psychiatric State Hospital Association (WPSHA), a regional organization consisting of state psychiatric hospitals from 15 western states: Alaska, Arizona, California, Colorado, Hawai'i, Idaho, Montana, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington and Wyoming. WPSHA compares performance measures among member hospitals and encourages participation in joint research and surveys to continuously improve services provided to the citizens served by publicly-operated hospitals. HSH compares its assault and staff injury data with other state psychiatric hospitals for benchmarking purposes.

In 2013, WPSHA performed a benchmarking study on staff injuries. In 2014, WPHSA performed a benchmarking study on incidents of aggression. In 2015, WPSHA conducted a benchmarking study comparing member hospitals that reported staff, patient, and visitor incidents of aggression, including reports of assaults and attempted assaults. Twenty-two WPSHA hospitals that treat adults participated in the study, including HSH. Of the participating hospitals, 3 (including HSH) treat only forensic patients, 5 treat only civilly-committed patients, and the remaining 14 treat a mixture of forensic and civilly-committed patients.

HSH defines an assault as any overt act (physical contact) upon the person of another that may or does result in physical injury and/or emotional distress. Examples include, but are not limited to, hits, spits, kicks, sexual assaults, or any physical injury intentionally inflicted upon another person. The data is

[6] U.S. Department of Labor, Occupational Safety and Health Administration, OSHA 3148-04R 2015, "Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers."

presented as rates of aggression per 1,000 patient days to allow comparison across hospitals with differing numbers of beds.

Table 23 provides HSH data on violence for patient-to-patient aggression, patient-to-staff aggression and patient-to-visitor aggression. No incidents involving visitors have been reported for FY 2015 and 2016.

TABLE 23: FY 2015 AND 2016 WPSHA BENCHMARKING PROJECT
AGGRESSION INCIDENTS IN STATE HOSPITALS

	HSH RATES				
CATEGORY	FY15	**FY16**	YOY	% Chg	FY16 WPSHA RANGE
Patient-to-Patient Aggression	1.55	**1.28**	-0.27	-17%	0.33 – 8.95
Patient-to-Staff Aggression	1.55	**1.03**	-0.52	-34%	0.48 – 21.31
Patient-to-Visitor Aggression	0	**0**	0	—	0 – 0.05
TOTAL Aggression Incidents	3.09	**2.31**	-0.78	-25%	1.71 – 27.46

Figure 8 illustrates WPSHA comparison data on total aggressive incidents for FY 2016. This graph demonstrates that of the 22 hospitals reporting data on total acts of aggression, only 3 have a lower rate per 1,000 patient days than HSH. In FY 2015, there were 6 hospitals with a lower rate of total acts of aggression. This improvement is also reflected in the rate reduction at HSH, from 3.09 in FY 2015 to 2.31 in FY 2016.

FIGURE 8: WPSHA FY 2016 BENCHMARKING DATA FOR TOTAL AGGRESSION INCIDENTS
PER 1,000 PATIENT DAYS, BY FACILITY TYPE

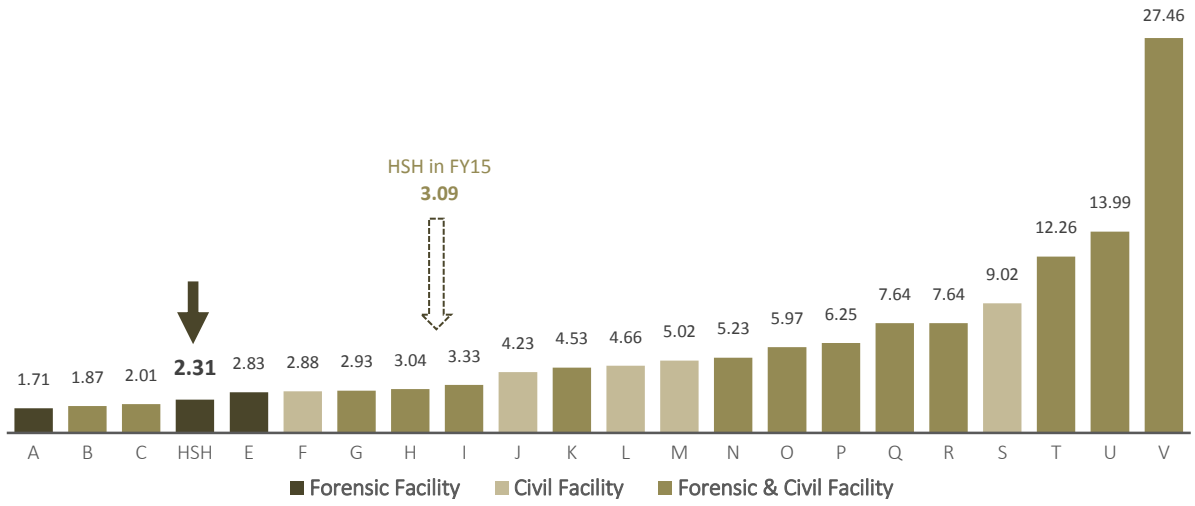
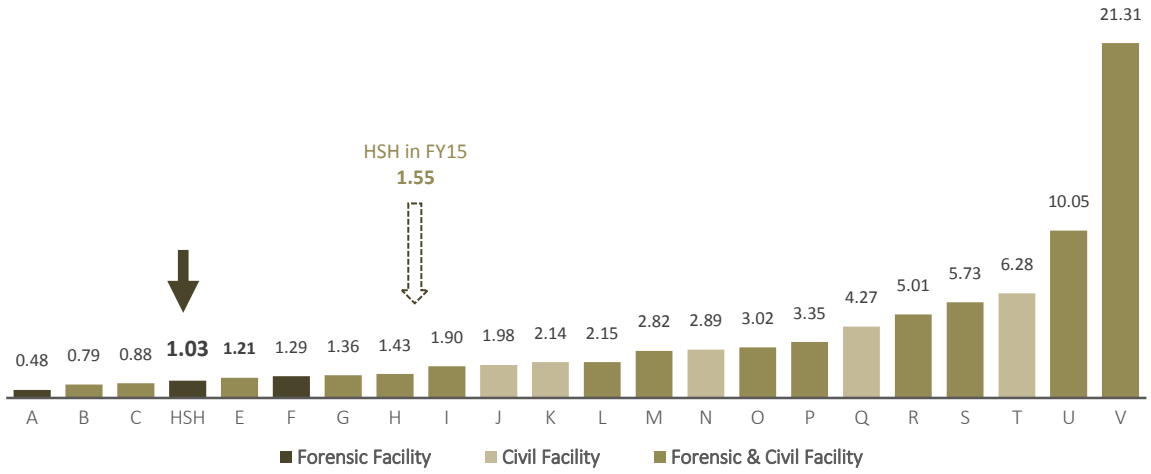


Figure 9 illustrates WPSHA comparison data on patient-to-staff aggression incidents for FY 2016. Of the 22 hospitals reporting patient to staff acts of aggression, only 3 have a lower rate. In FY 2015, there were 10 hospitals with a lower rate than HSH. It should also be noted that while HSH includes attempted

assaults (i.e., no contact) in its aggression data, not all hospitals do so. In FY 2016, HSH was 1 of only 4 hospitals reporting decreases in patient-to-staff acts of aggression, with the HSH rate continuing to improve from 1.55 in FY 2015 to 1.03 in FY 2016.

FIGURE 9: WPSHA FY 2016 BENCHMARKING DATA FOR PATIENT-TO-STAFF AGGRESSION INCIDENTS PER 1,000 PATIENT DAYS, BY FACILITY TYPE



AMHD and HSH are committed to the provision of a safe work environment for all staff members. General healthcare settings present certain risk for staff. This is particularly true in the psychiatric hospitals. HSH continues to plan, design and implement measures to improve safety for patients, staff and visitors. DOH, AMHD, and HSH Administrations believe that one assault is one assault too many and have taken steps to minimize assaults on staff.

Enhanced staff training, adequate staffing levels, and analysis of events are among these measures. Additionally, a new proactive patient engagement program called IMUA began effective July 30, 2015. IMUA (Interact with patients, Mindful documentation, Unconditional positive regard, Always available) is based on an extremely successful program at the Colorado Mental Health Institution at Pueblo. Finally, since assault can be traumatic to the individual staff member, the unit, and the organization, a policy has been drafted to support the victims of staff assault.

As **Figure 10** and **Table 24** demonstrate, HSH has seen a steady decline in total assaults on staff and achieved its lowest level yet in FY 2016 (n=76)—nearly half of the total assaults in FY 2013 and a 34% drop from the prior year.

FIGURE 10: TOTAL ASSAULTS ON HSH STAFF, FY 2013-2016

Over the past 4 fiscal years, the total number of HSH staff assaults declined by 48%.

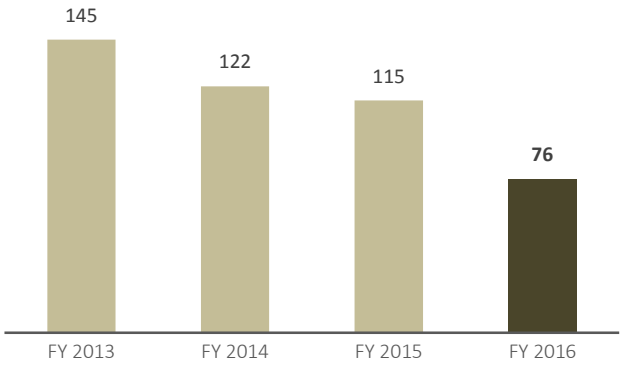


TABLE 24: ASSAULTS ON STAFF AT HSH BY NATURE OF ASSAULT OR INJURY, FY 2013-2016

	ASSAULTS ON STAFF			STAFF INJURIES	
FISCAL YEAR	**TOTAL**	Assaults (contact)	Attempted (no contact)	**TOTAL**	Req. Outside Med. Treat.
2016	**76**	**63**	**13**	**26**	**3**
2015	**115**	88	27	**41**	5
2014	**122**	98	24	**56**	14
2013	**145**	117	28	**58**	12

Explanation of terms used in table above:

Assaults: Any overt act (physical contact) upon the person of another that may or does result in physical injury and/or emotional distress. Examples include, but are not limited to, hits, spits, kicks, sexual assaults, or any physical injury intentionally inflicted upon another person.

Attempted Assaults: 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.

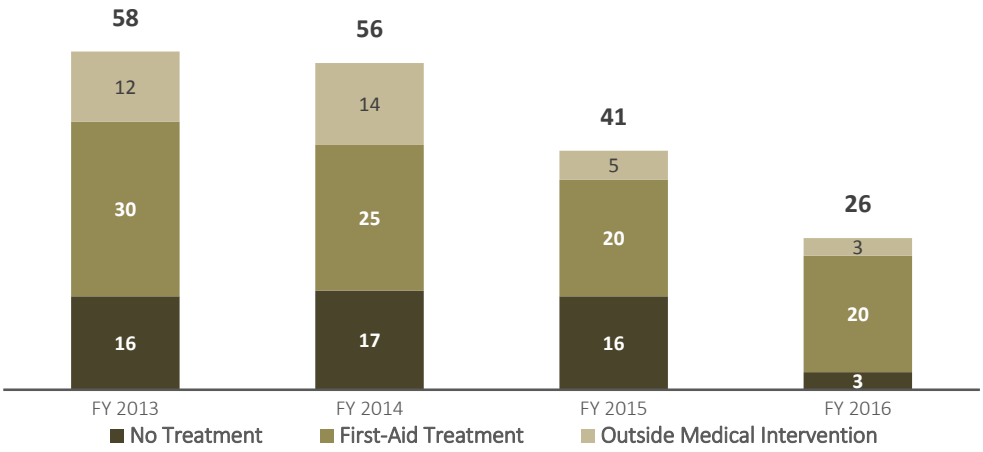
Staff Injuries: OSHA defines injury and illness as "an abnormal condition or disorder." Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation. Staff injuries in this table involve new, work-related cases resulting from an assault at HSH and do not include injuries 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.

Injuries Requiring Outside Medical Treatment: Staff injuries severe enough to require the diagnosis and/or treatment of the person by a licensed medical doctor, injuries requiring outside medical intervention, hospitalization, or injuries resulting in death.

Figure 11 illustrates the severity of staff injuries resulting from assaults at HSH between FY 2013 and 2016. HSH staff injuries declined by more than half (-55%) in the past 4 fiscal years and by 37% since the last fiscal year. This decline is likely related to the similar declines in staff assaults during the same time periods. Severe injuries requiring outside medical treatment fell at an even faster rate (-75%) than total assaults and total injuries between FY 2013 and 2016.

FIGURE 11: INJURY SEVERITY OF ASSAULTS ON HSH STAFF, FY 2013-2016

Between FY 2016 and 2016, HSH staff injuries resulting from assault declined 55% and severe injuries requiring outside medical treatment decreased 75%.



CONCLUSION

Any health care setting has some risk of violence and a psychiatric setting has an increased level of risk. HSH has taken steps to minimize that risk, and the data shows great strides in reducing in staff assaults and injuries. Since FY 2013, HSH staff assaults and injuries have declined by roughly half, with an even more dramatic 75% drop in severe injuries requiring outside medical treatment. HSH continues to compare very favorably to other state psychiatric hospitals in the western United States.