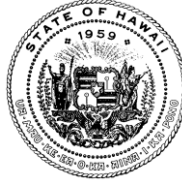


JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII



KENNETH S. FINK, M.D., M.P.H., M.G.A.
DIRECTOR OF HEALTH
KA LUNA HO'ŌKELE

STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. BOX 3378
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In reply, please refer to:
File:

December 23, 2024

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

The Honorable Nadine K. Nakamura,
Speaker
and Members of the House of
Representatives
Thirty-third State Legislature
State Capitol, Room 431
Honolulu, Hawaii 96813

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

For your information and consideration, I am transmitting a copy of the Annual Report to the Legislature Summarizing Yearly Data on Forensic Patients at Hawaii State Hospital Fiscal Year 2024, pursuant to Section 334-16, Hawaii Revised Statutes.

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

<https://health.hawaii.gov/opppd/departments-of-health-reports-to-2025-legislature/>

Sincerely,

Kenneth S. Fink, M.D., M.P.H., M.G.A.
Director of Health

Enclosures

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

REPORT TO THE THIRTY-THIRD LEGISLATURE
STATE OF HAWAI'I
2025



PURSUANT TO HAWAI'I REVISED STATUTES §334-16

Requiring the Department of Health to Submit an Annual Report to the Legislature
Summarizing Yearly Data on Forensic Patients at
Hawai'i State Hospital
FY 2024

Prepared by:
Hawai'i State Department of Health
Adult Mental Health Division
Hawai'i State Hospital

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EXECUTIVE SUMMARY

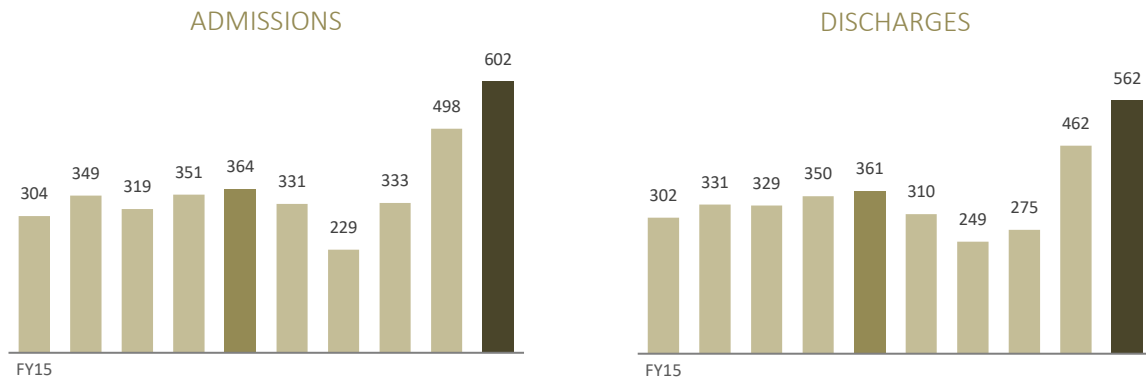
In accordance with Hawai'i Revised Statutes (HRS) §334-16, the Department of Health (DOH) submits this report to the 2025 Hawai'i State Legislature summarizing annual data on forensic patients served by the Hawai'i State Hospital (HSH).

Unless otherwise noted, all data is for fiscal year 2024 (FY 2024) compared to FY 2023. Key terms and definitions may be found after the table of contents.

Key findings in this report include:

- **Admissions and Discharges.** HSH admissions and discharges continued to increase in FY 2024 compared to the prior fiscal year (admissions by +21%, discharges by +22%) within misdemeanor offenses accounting for more than half of all admissions. Within the misdemeanor offense category, HSH found:
 - Misdemeanor offenses accounted for 61% (n=368) of all admissions;
 - Within misdemeanor charges, petty misdemeanors (a lesser offense) attributed to 40% (n=239) of admissions;
 - Act 26¹ and Act 53² petty misdemeanors collectively accounted for 39% of all admissions;
 - In FY 2019 (pre-COVID);
 - Admissions totaled 364 – a difference of 65% compared to FY 2024; and
 - Discharges totaled 361 – a 56% difference compared to FY 2024.

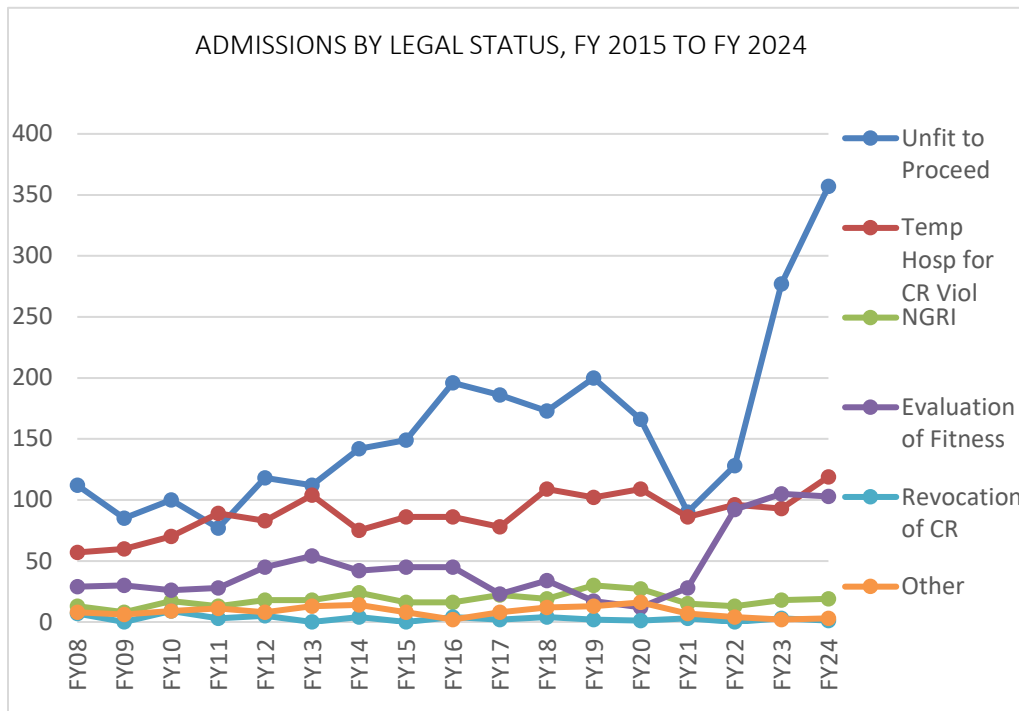
Additionally, admissions continue to come almost exclusively from criminal courts, reinforcing the forensic nature of HSH.



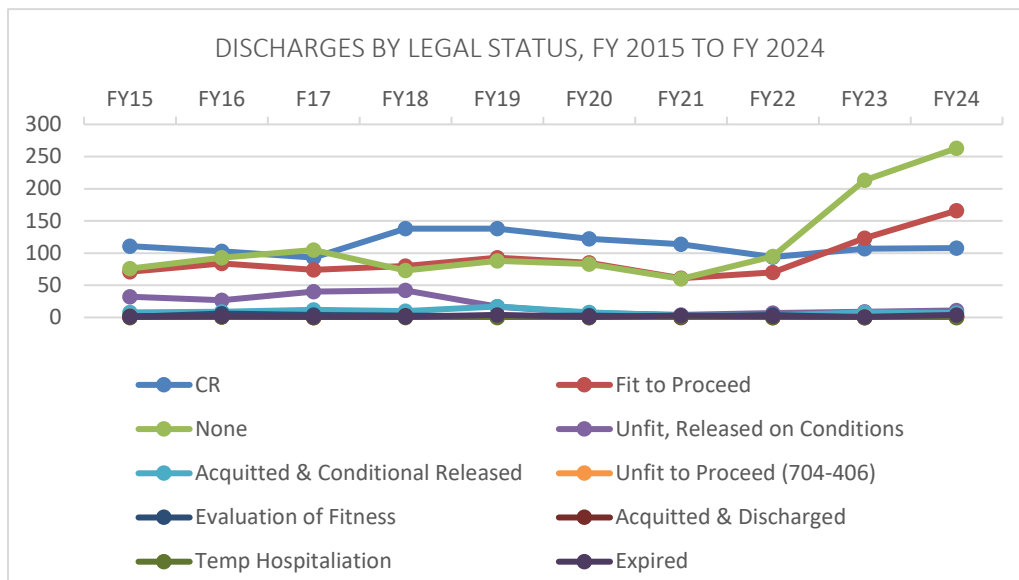
Admission Commitment Categories. Admissions with the legal status of Unfit to Proceed increased by 29% compared to FY 2023, remaining the most frequent commitment category, accounting for nearly 60% of all admissions. Overall, evaluation of fitness saw a modest increase compared to the previous year (+13, +14%).

¹§704-404(2)(a) and §704-421

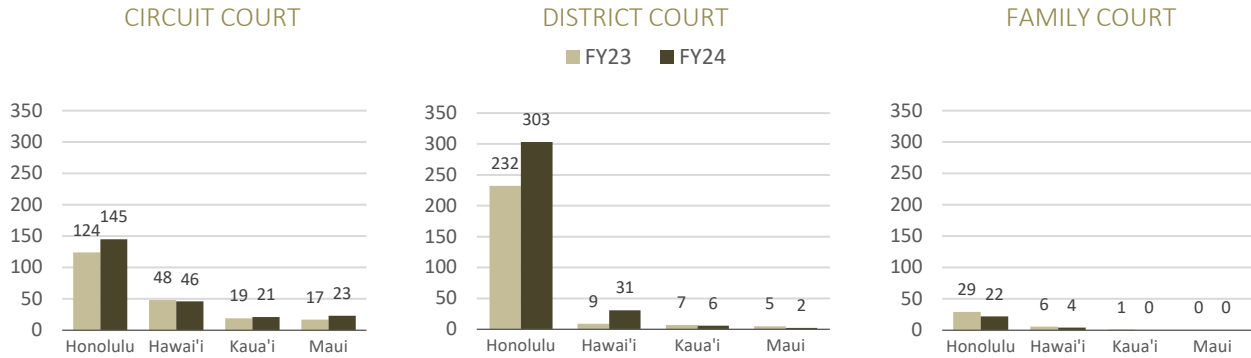
² §704-406(1)(a) and §704-406(1)(b)



Discharge Legal Status Categories. In FY 2024, the most common discharge status involved no further legal encumbrance, representing 46% of discharges. A majority of the 263 patients discharged with no legal status were originally for unfit to proceed—75% under Act 26 for non-violent petty misdemeanors, admitted as traditionally unfit to proceed (HRS §704-406), and 7% under Act 53 for non-violent misdemeanors and non-violent petty misdemeanors (HRS §704-406(1)(a) and HRS §704-406(1)(b)). Fit to proceed (HRS §704-405) was the second most common discharge legal status, representing 27% of discharges.

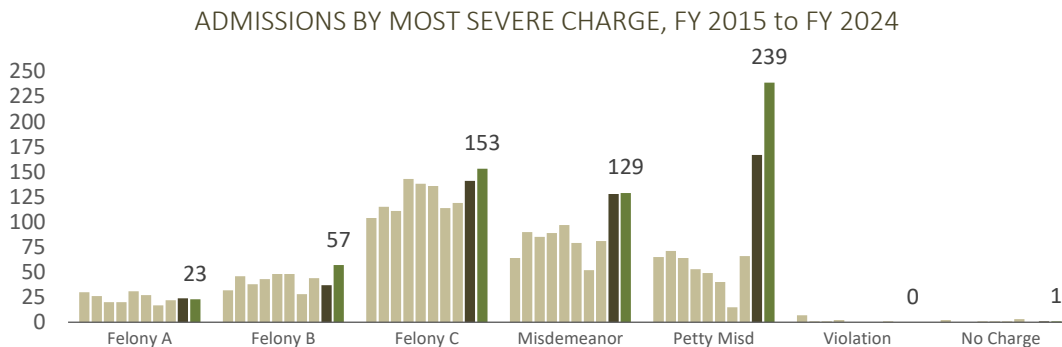


Committing Counties and Courts. In FY 2024, most circuit and district courts across the state committed more patients to HSH. While the admissions rate for family courts continued to decrease (-28% compared to FY 2023), district courts continued their upward trend. They contributed to more than half of all admissions (57%) and were responsible for a +35% increase compared to the prior year.



- Grades of Most Severe Offense.** Petty misdemeanors remain the most common reason among the categories of most severe offense³ for admissions to the HSH. Compared to FY 2023, admissions for petty misdemeanors increased by +41%, accounting for 39% of all admissions. A three-year review shows an even steeper increase within this offense category. Between FY 2022 and FY 2024, admissions for petty misdemeanors surged by 256% - 66 in FY 2022 compared to 239 in FY 2024. Similarly, admissions for petty misdemeanors in FY 2022 contributed to just 20% of all admissions – a contrast to FY 2024, when petty misdemeanors accounted for most individuals admitted to the HSH.

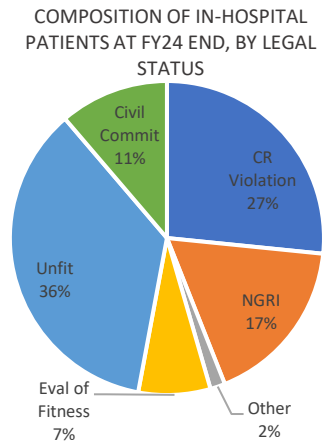
Petty misdemeanors are low-level, non-violent offenses widely considered ideal for less-restrictive community-based programs instead of psychiatric inpatient hospitalization. Examples of petty misdemeanors in Hawai'i include knowingly entering an enclosed or fenced property, disorderly conduct, indecent exposure, and property damage.



³ For purposes of this report, most severe offense refers to classifications of crime and the highest offense for which a patient has been admitted to the Hawai'i State Hospital.

- Length of Stay (LOS).** Average LOS is a commonly used indicator of hospital efficiency. For individuals discharged in FY 2024, the average LOS was 5.6 months (169.1 days), a slight decrease from the previous year (6.1 months, 186.1 days).
- Rehospitalizations.** Similar to the prior fiscal year, patient readmissions in FY 2024 rose slightly (2%) from FY 2023, while first-time admissions dropped by 2%. Among the petty misdemeanor population, first-time admissions among Act 26 and Act 53 patients attributed to 13% (n = 82) of all admissions. In contrast, this population's readmission rate accounted for a quarter (n = 158) of all rehospitalizations.
- Snapshot of Active Patients.** As of the last day of the fiscal year (June 30, 2024), the HSH inpatient population totaled 391 individuals. Grouped by legal status, patient types were:

- Unfit to Proceed	36%
- Conditional Release Violations	27%
- Not Guilty by Reason of Insanity	17%
- Civil Commitments	11%
- Evaluation of Fitness	7%
- Other ⁴	2%



⁴ Includes Post-Acquittal Evaluation on Dangerousness (HRS §704-411(3)), Conditional Release (HRS §704-415), and Voluntary Admission for Non-Emergency Treatment or Supervision, also known as “MH-5” (HRS §334-60.1)

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KEY TERMS AND DEFINITIONS

LEGAL STATUS	DEFINITION
HRS §334-59 HRS §334-60.1 HRS §334-60.2	Emergency Examination and Hospitalization, also known as “MH-4” Voluntary Admission for Non-Emergency Treatment or Supervision, also known as “MH-5” 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 HRS §704-404(2)(a) — 2020	Evaluation of Fitness to Proceed Evaluation of Fitness to Proceed; Charge is a Petty Misdemeanor Not Involving Violence; Expedited Evaluation and Hearing (Act 26)
HRS §704-405	Fit to Proceed
HRS §704-406 HRS §704-406(1) HRS §704-406(1)(a) — 2011 HRS §704-406(1)(b) — 2011 HRS §704-406(3)(a) HRS §704-406(3)(b) HRS §704-406(3)(c) – 2016 HRS §704-406(4) – <i>prior</i> HRS §704-406(7)(a) – 2016 HRS §704-406(7)(b) – 2016	Unfit to Proceed; Committed Unfit to Proceed; Released on Conditions Unfit to Proceed; Charge is a Petty Misdemeanor Not Involving Violence, Charge Dismissed After 60 Days (Act 53) Unfit to Proceed; Charge is a Misdemeanor Not Involving Violence, Charge Dismissed After 120 Days (Act 53) Case Dismissed Due to Excessive Time; Discharged Case Dismissed Due to Excessive Time; Civilly Committed Case Dismissed Due to Excessive Time; Assisted Community Treatment Found Unrestorable; Civilly Committed or Discharged <i>revised in 2016; see HRS §704-406(7) below</i> Found Unrestorable; Discharged Found Unrestorable; Civilly Committed
HRS §704-407	Case Dismissed Due to Legal Reasons; Civilly Committed, Discharged, or Assisted Community Treatment
HRS §704-410.5	Conditional Release Expired (non-felony)
HRS §704-411(1)(a) HRS §704-411(1)(b) HRS §70D4-411(1)(c) HRS §704-411(2) HRS §704-411(3)	Acquitted (on the Ground of Physical or Mental Disease, Disorder or Defect Excluding Penal Responsibility) and Committed to the Director of the Department of Health Acquitted and Conditionally Released Acquitted and Discharged Post-Acquittal Hearing on Dangerousness Post-Acquittal Evaluation of Dangerousness
HRS §704-412	Discharged from Conditional Release
HRS §704-413(1) HRS §704-413(4)	Temporary Hospitalization for Violating Terms of Conditional Release Revocation of Conditional Release
HRS §704-415	Conditional Release
HRS §704-421 — 2020	Unfit to Proceed After Expedited Review; Charge is a Petty Misdemeanor Not Involving Violence, Charge Dismissed After 7 Days or As Soon as Practicable (Act 26)
HRS §706-607	Civil Commitment in Lieu of Prosecution or Sentence

KEY TERM	DEFINITION
Admission	An individual who is committed to the custody of the Director of the Department of Health (DOH) and has entered the Hawai'i State Hospital (HSH).
Assault <i>(Patient-to-Patient, Patient-to-Staff, Patient-to-Visitor)</i>	Any overt act (physical contact) upon the person of another that results in physical injury and/or emotional distress. Examples include, but are not limited to, hits, spits, kicks, sexual assaults, or any physical injury intentionally inflicted upon another person.
Attempted Assault <i>(Patient-to-Patient, Patient-to-Staff, Patient-to-Visitor)</i>	Attempted assault (no physical contact) includes behavior that appears to cause physical injury to another but is unsuccessful. An example is throwing a chair at another person, but the person is able to get out of the way.
Columbia Regional Care Center (CRCC)	A private, secure forensic facility located in Columbia, South Carolina, owned by Correct Care Recovery Solutions and contracted by DOH to provide supplementary psychiatric beds for individuals who cannot be safely treated at HSH due to intractable dangerous behaviors.
Civil Commitment	See "Involuntary Hospitalization."
Conditional Release (CR)	An individual acquitted of a crime and found by the court that s/he can be adequately controlled and given proper care, supervision, and treatment if released into the community with conditions. Failure to comply with the terms of release may result in temporary rehospitalization at HSH.
DOH Commitment/Out-of-State, Private, Secure Facility Custody	Individuals committed to DOH are in the custody of an out-of-state, private, secure facility contracted by DOH.
DOH/DCR Dual Custody or Dually-Committed Patients	Individuals who are committed to the care and custody of both DOH and the Department of Corrections and Rehabilitation (DCR). As a result of offenses charged while under the custody of DOH, these individuals are administratively discharged to DCR.
Discharge	An individual was released from DOH custody.
Fiscal Year 2024 (FY 2024)	The State of Hawaii's 12-month financial and reporting period, starting July 1, 2023, and ending June 30, 2024.
Forensic	Individuals at HSH have a legal status generated by a criminal court, such as a court-ordered admission.
Forensic Mental Health Hospital	A hospital that provides specialized mental health treatment for mentally ill individuals involved with the criminal justice system.
Gross Total Length of Stay (Gross LOS)	The difference between the current date and the admission date for non-discharged patients.
Kāhi Mōhala Behavioral Health (KMBH)	A private psychiatric hospital in 'Ewa Beach, Hawai'i, owned by Queen's Health System (formerly owned by Sutter Health). Before FY 2024, the DOH contracted with Kāhi Mōhala to provide supplementary psychiatric beds for HSH patients.
Length of Stay (LOS)	Total number of inpatient days a patient spends in DOH custody, from admission to discharge.
Inpatient Day	A measurement unit used by health care facilities. Each day represents a unit of time a patient uses the institution's services. For example, 100 patients in a hospital for 1 day would represent 100 inpatient days. Inpatient days exclude days when a patient stays overnight offsite, such as at an acute care medical facility, a transitional program in the community, or DCR custody.

KEY TERM	DEFINITION
Involuntary Hospitalization (“Civil Commitment”)	A process by which an individual is found by the court to be mentally ill, imminently dangerous to self and/or others, and with no less restrictive alternative than hospitalization.
No Legal Encumbrance	Individuals discharged from HSH with no legal requirement to return to HSH. Examples include dismissal of charges, discharge from conditional release, expiration of civil commitment, or end of voluntary commitment.
Not Guilty by Reason of Insanity (NGRI)	An individual acquitted on the grounds of physical or mental disease, disorder, or defect and committed to the custody of the Director of Health.
Readmission	Individuals with a previous admission to HSH who are re-committed to DOH custody.
Staff Injuries	Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation. Staff injuries reported involve new, work-related cases resulting from an assault at HSH and do not include injuries that might have occurred while restraining a patient. The severity of injuries ranges from injury but no treatment (no first aid or medical treatment required or treatment refused) to hospitalization at an acute care facility.
Unfit to Proceed	A defendant is determined by the court to lack the capacity to understand the proceedings and to assist in his/her defense.
Voluntary	An individual who opts to continue treatment at HSH after the end of court-ordered commitment.
Waived Bed	A hospital bed in addition to those included in the licensed bed capacity, such as a substandard patient room concerning licensing standards (e.g., square footage, access to toileting facilities).

BACKGROUND

The Hawai'i State Hospital (HSH) is the only publicly funded in-patient state psychiatric hospital in Hawai'i. A division within the Department of Health (DOH) and licensed through the Office of Health Care Assurance (OHCA), the HSH is accredited by The Joint Commission (TJC). Between November 12 to 15, 2024, the TJC conducted its accreditation survey of the HSH and reaccredited the hospital for up to 36 months.

In FY 2024, the HSH reduced its contracted beds from two agencies to one – **Columbia Regional Care Center (CRCC)** in South Carolina – a private, secure forensic facility operated by Correct Care Recovery Solutions. **Out-of-state placement** is limited to individuals who cannot be safely treated at the HSH due to intractable dangerous behaviors that present an unacceptable risk to the safety of other patients and staff. At the end of FY 2024, the HSH had seven (7) contracted patient beds at CRCC.

Queen's Health System acquired **Kāhi Mōhala** in 'Ewa Beach, Hawai'i, from Sutter Health, refocusing the health system's priority on child adolescent care. As a result of this shift, the HSH assumed care for those at Kāhi Mōhala – 48 contracted in-patient psychiatric beds in all – returning individuals to the Kaneohe campus.

As a forensic psychiatric hospital, the HSH is one of several healthcare addressing individuals with mental illness. On September 15, 2020, lawmakers enacted **Act 26**, which allows courts to order non-violent petty misdemeanants living with mental illness to the HSH for fitness evaluation within days of their arrest rather than months of arrest. The law intended to ensure appropriate diversion to community treatment and encourage rehabilitation in the least restrictive environment. In part, Act 26 aimed to safeguard that individuals were not unduly held at hospitals while awaiting mental health examinations for longer than the maximum sentence for their crimes. Changes to HRS §704-404 included requirements for 1) expediting the examination of individuals charged with non-violent petty misdemeanors and 2) scheduling a hearing within two days of the examination report filing. Those found unfit to proceed (§704-421) are further examined within seven days or as soon as practicable; individuals are either found fit to proceed or dismissed their charges and released.

Hale Ho'ōla, the hospital's new forensic facility, opened in 2022, is already operating at overcapacity and continues challenging the HSH with building deficiencies and unexpected repairs. Despite the multi-million-dollar investment to build a state-of-the-art in-patient hospital facility, the HSH has repaired—and in some cases—replaced building materials and other construction-related items and is working with legislators and DAGS to remediate issues.

Due to the surge in admissions among individuals arrested on petty misdemeanor offenses, the HSH is utilizing, repurposing, and reinvesting in old and outdated buildings to care for patients.

The HSH also completed safety improvements to other units on the lower campus to reduce ligature risks and meet the Joint Commission's accreditation requirements.

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

PART I. TOTAL ADMISSIONS AND DISCHARGES

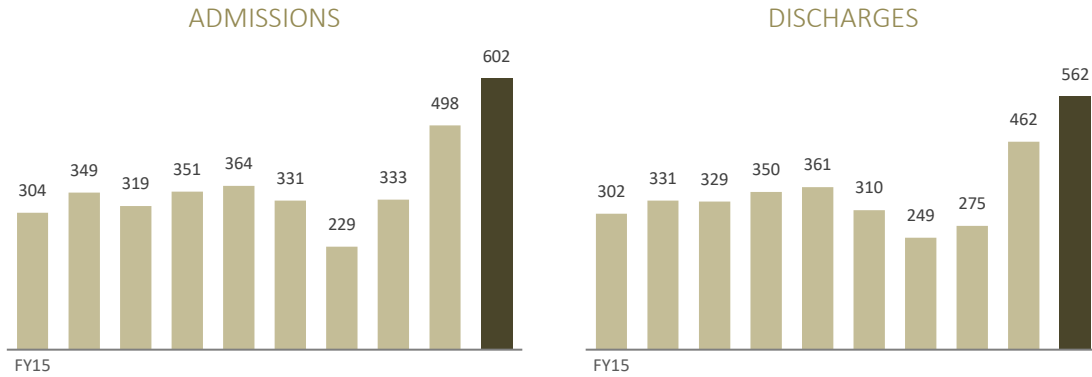
Table 1 identifies the total admissions and discharges from the HSH for FY 2023 and 2024. During FY 2024, HSH admissions increased by +21% and discharges by +22%.

TABLE 1: ADMISSIONS AND DISCHARGES

		ADMISSIONS				DISCHARGES			
FY23	FY24	Change	% Chg	FY23	FY24	Change	% Chg		
498	602	+104	+21%	462	562	+100	+22%		

Figure 1 illustrates the total number of admissions and discharges over the past ten fiscal years. The number of HSH admissions and discharges in FY 2024 continued to increase, due mainly to the growth in Act 26 admissions. For example, starting in FY 2022, admissions dramatically outpaced discharges (+58); this trend continued in FY 2023 (+36) and again this past fiscal year.

FIGURE 1: HSH ADMISSIONS AND DISCHARGES, FY 2015 TO 2024



A look into the HSH readmissions data provides a deeper understanding of those diagnosed with a serious mental illness (SMI) in Hawai'i. **Figure 2** illustrates the frequency of hospital admissions among patients and **Table 2** shows the breakdown by legal status.

The proportion of intakes involving readmissions has been relatively consistent over the past six (6) years, averaging 62% of admissions. Patients readmitted within 30 and 90 days of their last HSH discharge accounted for 13% of FY 2024 admissions—consistent with the increase in FY 2023.

FIGURE 2: REHOSPITALIZATION STATUS OF ADMISSIONS, FY 2019-2024 (n=602)

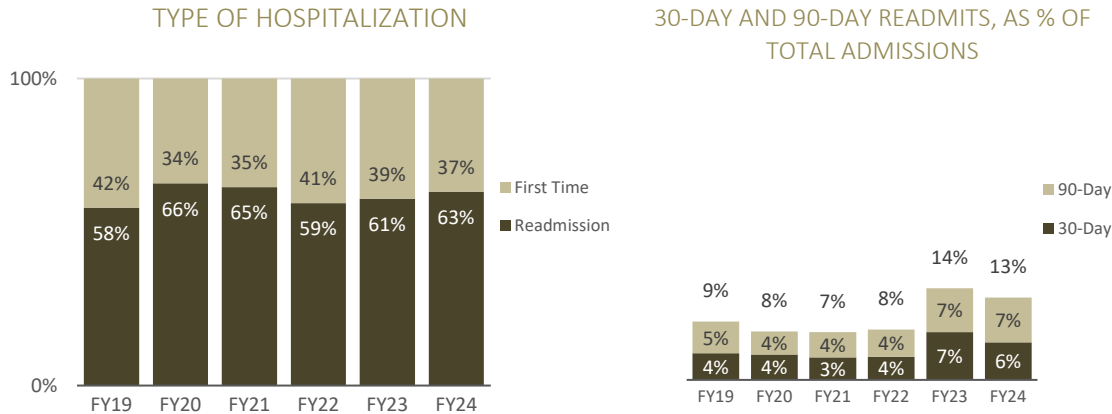


TABLE 2: READMISSIONS BY LEGAL STATUS

LEGAL STATUS	NEW ADMISSIONS		READMISSIONS		Total	% of Total
	# of New Admissions	% of Total Admissions	# of Re-admissions	% of Total Admissions		
Unfit to Proceed §704-406, §704-406(1)(a), §704-406(1)(b), §704-421	159	26%	198	33%	357	59%
Unfit to Proceed §704-406	86	14%	56	9%	142	24%
Act 26 §704-421	60	10%	129	21%	189	31%
Act 53 §704-406(1)(a), §704-406(1)(b)	13	2%	13	2%	26	4%
Evaluation of Fitness to Proceed §704-404, §704-404(2)(a)	45	7%	58	10%	103	17%
Evaluation of Fitness to Proceed §704-404	36	6%	42	7%	78	13%
Act 26 §704-404(2)(a)	9	1%	16	3%	25	4%
Temp. Hospitalization for CR Violation §704-413(1)	7	1%	112	19%	119	20%
Acquitted and Committed (NGRI) §704-411(1)(a)	9	1%	10	2%	19	3%
Revocation of CR §704-413(4)	0	0%	1	0.2%	1	0.2%
Civil Commitment MH-6, §706-607, §704-406(3), §704-406(4)	0	0%	1	0.2%	1	0.2%
Post-Acquittal Hearing on Danger. §704-411(2), §704-411(3)	2	0.3%	0	0%	2	0.3%
Other MH-4, MH-5, MH-9, Voluntary, Admitted in error	0	0%	0	0%	0	0%
TOTAL	222	37%	380	63%	602	100%

PART II. NUMBER OF ADMISSIONS AND DISCHARGES BY COMMITMENT CATEGORIES⁵

A. Summary of Admissions by Legal Status Category

Table 3 summarizes the number of admissions by legal status category for FY 2023 and 2024.

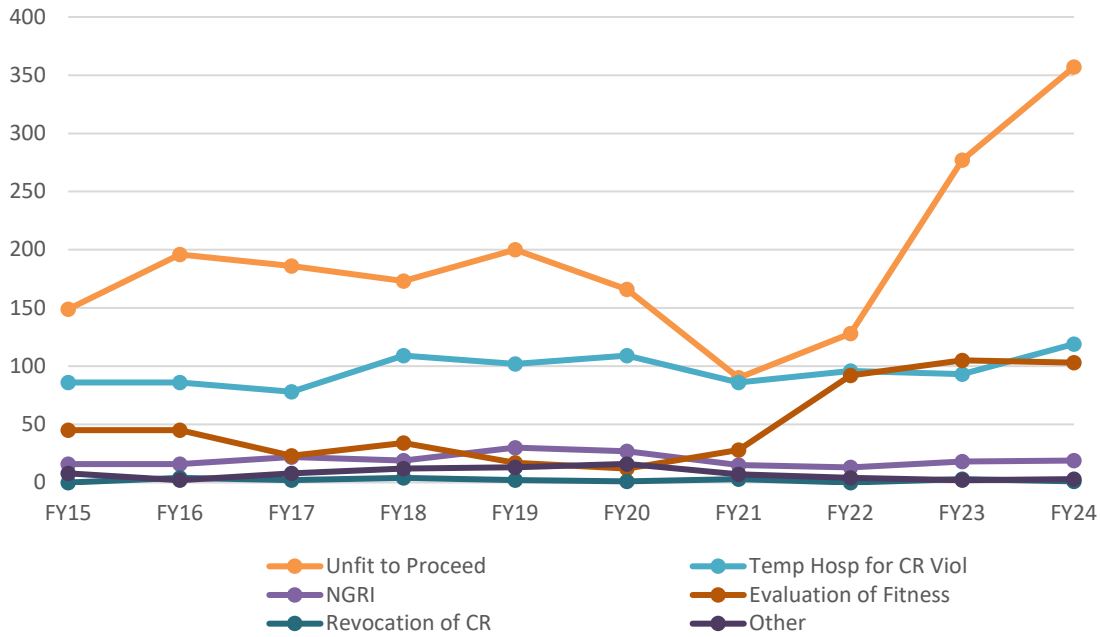
Figure 3 breaks down admissions by admission legal status for the past 10 years.

TABLE 3: LEGAL STATUS AT ADMISSION

LEGAL STATUS	# OF ADMISSIONS		% OF ADMISSIONS		Change	% Chg
	FY23	FY24	FY23	FY24		
Unfit to Proceed §704-406, §704-406(1)(a), §704-406(1)(b), §704-421	277	357	56%	59%	+80	+29%
Evaluation of Fitness to Proceed §704-404, §704-404(2)(a)	105	103	21%	17%	-2	-2%
Temp. Hospitalization for CR Violation §704-413(1)	93	119	19%	20%	+26	+28%
Acquitted and Committed (NGRI) §704-411(1)(a)	18	19	4%	3%	+1	+6%
Revocation of CR §704-413(4)	3	1	1%	0.2%	-2	-67%
Civil Commitment MH-6, §706-607, §704-406(3), §704-406(4)	1	1	0.2%	0.2%	0	0%
Post-Acquittal Hearing on Danger. §704-411(2), §704-411(3)	0	2	0%	0.3%	+2	NA
Other MH-4, MH-5, MH-9, Voluntary, Admitted in error	1	0	0.2%	0%	-1	-100%
TOTAL	498	602	-	-	+104	+21%

⁵ Methodological Note on Reporting of Commitment Status: The commitment status of an individual usually changes over the course of hospitalization. For instance, a patient committed pursuant to §704-406 (unfit to proceed; committed), may later be found unrestorable and in need of hospitalization with charges dismissed (§704-406(7)(a)), then discharged from the HSH with no legal encumbrance. For the purposes of this report, the commitment status has been assessed at the point in time of interest; that is, for information requested regarding admissions, the commitment status at the time of **admission** is reported; for discharges, the commitment status at the time of **discharge** is reported.

FIGURE 3: ADMISSIONS BY LEGAL STATUS, FY 2015 TO FY 2024



The overall increase in admissions was due almost exclusively to increases in individuals admitted as unfit to proceed (+80, +29%) in FY 2024. This admission category fluctuated between 150 to 200 admissions per year in prior years. However, starting in FY 2022, the admissions rate in this category has more than tripled.

B. Summary of Discharges by Legal Status Category

Table 4 summarizes the number of discharges by legal status category for FY 2023 and 2024.

TABLE 4: LEGAL STATUS AT DISCHARGE

LEGAL STATUS	# OF DISCHARGES		% OF DISCHARGES		Change	% Chg
	FY23	FY24	FY23	FY24		
No Legal Encumbrance ⁶	213	263	46%	47%	+50	+23%
Fit to Proceed §704-405	123	166	27%	29%	+43	+35%
Conditionally Released §704-415	107	108	23%	19%	+1	+1%
Unfit to Proceed, Released on Conditions §704-406(1)	9	11	2%	2%	+2	+22%
Acquitted and Conditionally Released §704-411(1)(b)	8	7	2%	1%	-1	-13%
Unfit to Proceed §704-406	1	0	0.2%	0%	-1	-100%
Evaluation of Fitness to Proceed §704-404, §704-404(2)(a)	0	2	0%	0.4%	+2	NA
Acquitted and Discharged §704-411(1)(c)	0	1	0%	0.2%	+1	NA
Expired (patient death)	1	6⁷	0.2%	1.1%	+5	+500%
TOTAL	462	562	-	-	+102	+22%

C. HRS §704-411(1)(a): Acquitted on the Grounds of Physical or Mental Disease, Disorder, or Defect and Committed to the Custody of the Director of Health (Acquitted and Committed)—Commonly referred to as “Not Guilty by Reason of Insanity” or NGRI.

Table 5 identifies the number of admissions and discharges for individuals with a legal status of acquitted or committed. These individuals were deemed fit for trial, stood trial, and were found to be not penally (or criminally) responsible. This determination was made because they suffered from a physical or mental disease, disorder, or defect that prevented them from conforming to the law at the time of the offense. As a result, they were acquitted, meaning they were cleared of the criminal charge. Individuals in this category were also found to present a risk of danger to themselves or others and were not proper subjects for CR (conditional release), and therefore committed to the HSH.

⁶ Individuals discharged from HSH with no legal requirement to return to HSH. Examples include dismissal of charges, discharge from conditional release, expiration of civil commitment, or end of voluntary hospitalization.

⁷ All patients expired for medical reasons. One patient passed away and was in their mid-30s; others were 55 years and above.

NGRI admissions increased (+1, +6%) in FY 2024. While committed to the HSH for treatment, such patients may seek CR from the court to continue supervision and treatment in the community (§704-415). The number of patients admitted as NGRI and successfully petitioned the court for CR has steadily declined since FY 2021. In FY 2024, there were nine (9) patients compared to 13 in FY 2023, 15 in FY 2022, and 23 in FY 2021.

TABLE 5: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF ACQUITTED AND COMMITTED (OR NGRI)

		ADMISSIONS				DISCHARGES			
FY23	FY24	Change	% Chg	FY23	FY24	Change	% Chg		
18	19	+1	+6%	0	0	0	—		

D. HRS §704-411(1)(b): Acquitted and Conditionally Released

Table 6 identifies the number of admissions and discharges with a legal status of acquitted and conditionally released. However, in these instances, the courts found that these individuals could be adequately controlled and provided proper care, supervision, and treatment within the community if discharged from the HSH and conditionally released. In FY 2024, seven (7) patients were discharged with this legal status, representing a decrease (-13%) from the previous year.

TABLE 6: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF ACQUITTED AND CONDITIONALLY RELEASED

		ADMISSIONS				DISCHARGES			
FY23	FY24	Change	% Chg	FY23	FY24	Change	% Chg		
0	0	0	—	8	7	-1	-13%		

E. HRS §704-411(2), §704-411(3): Post-Acquittal Hearing/Evaluation on Dangerousness

Table 7 identifies the number of admissions and discharges with a legal status of post-acquittal hearing or evaluation on dangerousness. Suppose an individual is found to not be penally responsible due to physical or mental disease, disorder, or defect and cleared of criminal charges. In that case, the court may order a separate hearing to assess his or her current risk of danger to self or others if the evidence at trial was insufficient to determine present dangerousness. In FY 2024, two (2) patients were admitted for a post-acquittal assessment of dangerousness.

TABLE 7: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF POST-ACQUITTAL HEARING ON DANGEROUSNESS

		ADMISSIONS				DISCHARGES			
FY23	FY24	Change	% Chg	FY23	FY24	Change	% Chg		
0	2	+2	NA	0	0	0	—		

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

Table 8 identifies the number of admissions and discharges with a legal status of temporary hospitalization for violating the terms of CR. After acquittal and obtaining CR, these individuals were later found to be struggling to comply with the terms of their CR or in need of hospitalization and ordered to return to HSH temporarily (up to 72 hours) with the hope of stabilization, improvement, and return to community-based supervision and treatment. Within 72 hours of admission, courts determine whether further hospitalization is necessary to prevent revocation of CR and may approve 90-day extensions, up to one year, before CR is revoked (§704-413(4)). Temporary hospitalizations increased in FY 2024 (+26, +28%) after a slight decrease in the previous year.

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

		ADMISSIONS				DISCHARGES			
FY23	FY24	Change	% Chg	FY23	FY24	Change	% Chg		
93	119	+26	+28%	0	0	0	—		

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

Table 9 identifies the number of admissions and discharges with a legal status of revocation of CR in FY 2023 and FY 2024. Similar to individuals temporarily hospitalized for violating CR terms (§704-413(1)), these previously acquitted individuals also struggled to adhere to the terms of their CR. However, in these instances, the courts found these individuals non-compliant and ordered the immediate revocation of their CR, returning them to HSH for hospitalization. After at least 60 days following CR revocation, the individual or HSH may apply for a return to CR and community-based treatment or a discharge from CR.

In FY 2024, one individual was admitted with this legal status. Patients initially admitted with CR revoked; none successfully petitioned the court to reinstate their CR in FY 2024.

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

		ADMISSIONS				DISCHARGES			
FY23	FY24	Change	% Chg	FY23	FY24	Change	% Chg		
3	1	-2	-67%	0	0	0	—		

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

Table 10 identifies the number of admissions and discharges related to individuals undergoing fitness evaluations to proceed in fiscal years 2023 and 2024. Before a person can be tried, convicted, or sentenced, they must comprehend the court proceedings and be able to assist in their defense. If there is concern regarding an individual's fitness to proceed, the court may pause the proceedings and order qualified experts to examine and report on the individual's fitness. These evaluations can take place at HSH if the court deems it necessary.

In FY 2024, there was a slight decrease (-2, -2%) in the number of individuals admitted for an evaluation of fitness to proceed. This is a change from the increases in the past 3 years of +14% in FY 2023 and dramatic increases in FY 2021 (+133%) and FY 2022 (+229%). There were two individuals discharged with this status in FY 2024.

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

FY23	ADMISSIONS			FY23	DISCHARGES		
	FY24	Change	% Chg		FY24	Change	% Chg
105	103	-2	-2%	0	2	+2	NA

Starting September 2020, Act 26 (Session Laws of Hawai'i 2020) allowed courts to require expedited examination of a non-violent petty misdemeanor's fitness to proceed and a hearing within two days of the report filing (HRS §704-404(2)(a)).

Table 11 details admissions among individuals committed for evaluation of fitness, including Act 26 admissions. During this third full year of Act 26 implementation, individuals committed under Act 26 for expedited fitness evaluation declined in number and percentage of fitness evaluations from the previous year. However, traditional fitness evaluation commitments (HRS §704-404) continued to increase (+27, +60%), resulting in an overall net increase in admissions for fitness evaluations (+13, +14%).

Forty-four patients admitted for fitness evaluations were discharged as fit to proceed (§704-405) and released to DCR to stand trial for their criminal charges; five (5) of these patients had been committed to HSH under Act 26 for expedited evaluation and hearing.

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

LEGAL STATUS	# OF ADMISSIONS			
	FY23	FY24	Change	% Chg
Evaluation of Fitness to Proceed §704-404	72	78	+6	+8%
Act 26 – Evaluation of Fitness to Proceed, Non-Violent Petty Misdemeanor, Expedited Evaluation and Hearing §704-404(2)(a)	33	25	-8	-24%
TOTAL	105	103	-2	-2%

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

Table 12 identifies the number of admissions and discharges with a legal status of unfit to proceed. The courts found these individuals unable to understand the court proceedings and assist in their own defense. They were also found to be a danger to themselves or others or a substantial danger to the property of others and committed to HSH for detention, care, and treatment.

Admissions with a legal status of unfit to proceed increased by +29% (+80). No patients were discharged with this legal status in FY 2024 after the court released them on their own recognizance while awaiting trial.

TABLE 12: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF UNFIT TO PROCEED

ADMISSIONS				DISCHARGES			
FY23	FY24	Change	% Chg	FY23	FY24	Change	% Chg
277	357	+80	+29%	1	0	-1	-100%

In 2011, the Hawai'i State Legislature passed **Act 53**, which established the maximum duration of mental health commitment for individuals found unfit to proceed and charged with non-violent petty misdemeanor (§704-406(1)(a)) or misdemeanor (§704-406(1)(b)) offenses at 60 and 120 days, respectively. In 2020, the Legislature passed **Act 26**, which provided another option for handling non-violent petty misdemeanants with the hope of decriminalizing mental illness and making hospital lengths of stay more comparable to its 30-day maximum jail sentence. For such individuals ordered for expedited evaluation and hearing by the court (HRS §704-404(2)(a)), then found to be unfit to proceed may be committed to the HSH for up to seven (7) days (HRS §704-421), or as soon as practicable, for further evaluation of fitness.

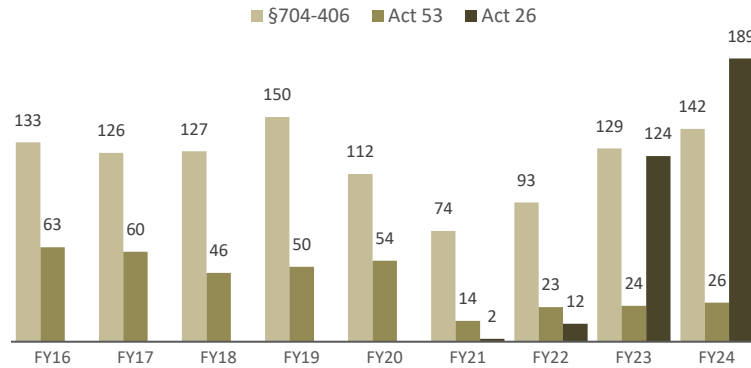
Table 13 and **Figure 4** details Act 53 and Act 26 admissions among individuals found unfit to proceed. In FY 2024, Act 53 admissions nominally increased (+2, +8%), representing just 18.

Act 26 replaced Act 53 commitments for individuals found unfit for *non-violent petty misdemeanors* (§704-406(1)(a)). In FY 2024, 704-421(1)(a) admissions increased by 50% from 124 the prior year to 189. This number far exceeded the previous high of 49 non-violent petty-misdemeanant admissions in FY 2016. As a share of unfit to proceed admissions, patients admitted under Act 26 increased from 9% in FY 2022 to 45% in FY 2023.

TABLE 13: DETAILS OF ADMISSIONS WITH LEGAL STATUS OF UNFIT TO PROCEED

LEGAL STATUS	# OF ADMISSIONS			
	FY23	FY24	Change	% Chg
Unfit to Proceed §704-406	129	142	+13	+10%
Act 53	24	26	+2	+8%
Unfit to Proceed, Non-Violent Misdemeanor §704-406(1)(a)	0	0	0	—
Unfit to Proceed, Non-Violent Misdemeanor §704-406(1)(b)	24	26	+2	+8%
Act 26	124	189	+65	+52%
Unfit to Proceed, Non-Violent Petty Misdemeanor §704-421	124	189	+65	+52%
TOTAL	277	357	+80	+29%

FIGURE 4: DETAILS OF ADMISSIONS WITH LEGAL STATUS OF UNFIT TO PROCEED, FY 2016 TO 2024



J. Involuntary Hospitalization (Civil Commitment)⁸

Table 14 identifies the number of admissions and discharges with a legal status of involuntary hospitalization (or civil commitment). During FY 2024, there was one admission with a legal status of civil commitment. This individual was found unrestorable, imminently dangerous to themselves or others, and in need of hospital-level care. The courts ordered them to be civilly committed to the HSH.

Table 14: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF CIVIL COMMITMENT

ADMISSIONS				DISCHARGES			
FY23	FY24	Change	% Chg	FY23	FY24	Change	% Chg
1	1	0	0%	0	0	0	—

K. Other Legal Statuses at Discharge

Table 15 identifies the number of discharges involving other legal statuses.

TABLE 15: OTHER LEGAL STATUSES AT DISCHARGE

LEGAL STATUS	# OF DISCHARGES			
	FY23	FY24	Change	% Chg
No Legal Encumbrance	213	263	+50	+23%
Fit to Proceed §704-405	123	166	+43	+35%
Conditionally Released (CR) §704-415	107	108	+1	+1%
Unfit to Proceed, Released on Conditions §704-406(1)	9	11	+2	+22%
Acquitted and Discharged §704-411(1)(c)	0	1	+1	NA
Expired (patient death)	1	6	+5	+500%

⁸ HRS §334-60.2 (or MH-6), §704-406(3)(b), §704-406(4), §704-406(7)(b), and §706-607.

Discharges with no legal encumbrance occur when individuals leave the HSH with no further legal requirements for various reasons. For example, despite hospitalization, some individuals admitted as unfit to proceed remain unable to comprehend the legal proceedings and assist in their defense. If the patient is found to be unrestorable (§704-406(7)) or if too much time has passed (§704-406(3)), the courts may dismiss the charges and discharge the patient. However, if the patient poses an imminent danger to themselves or others and is in need of hospital level of care, the court may civilly commit the individual to the HSH (for a limited, statutory period of time, renewable upon petition from hospital staff if still meeting commitment criteria), after which the patient is discharged with no further HSH legal encumbrance.

Fit to proceed (§704-405) was the second most common discharge legal status (n=166) in FY 2024. Previously, the courts found these individuals to either require an evaluation of their fitness to proceed (§704-404) or be unfit to proceed (§704-406). If, after receiving evaluation reports from mental health experts, the court finds an individual competent (i.e., capable of understanding the court proceedings and assisting in their own defense), the criminal case proceeds to trial. If the court determines that the individual is incompetent and a danger to persons or property, the individual is ordered to the HSH for treatment to restore the individual's fitness for trial.

Conditional release (§704-415) was the third most common discharge legal status during the fiscal year (n=108). These individuals were acquitted and committed to the HSH, temporarily hospitalized for CR violations (§704-413(1)), or had their CR revoked (§704-413(4)), and after a statutory period, applied for and were granted, by the courts, CR to continue care, supervision, and treatment within the community.

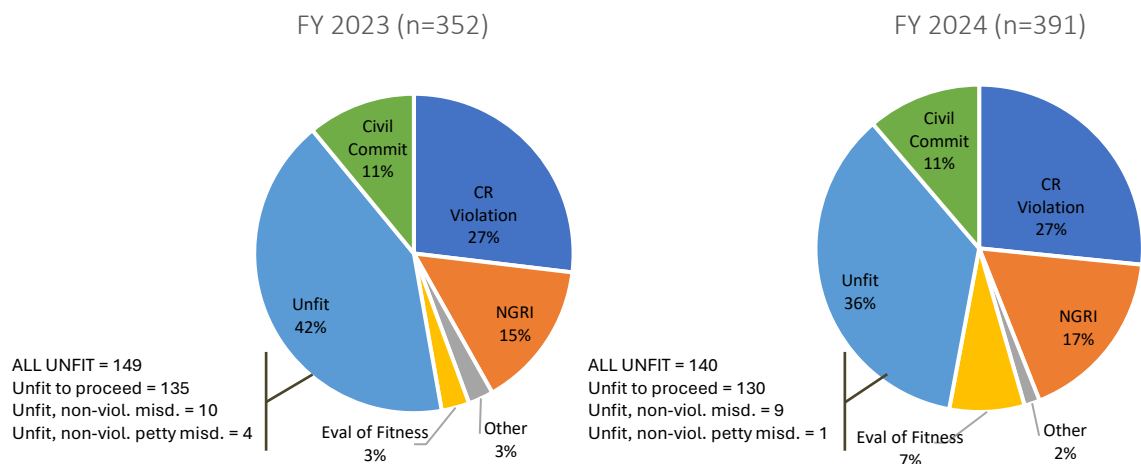
Unfit to proceed and released on conditions (§704-406(1)) was the fourth most common discharge legal status in FY 2024 (n=11). The courts found these individuals unable to understand the court proceedings and assist in their own defense. However, they were also found to not be a danger to self or others, or substantial danger to the property of others, and therefore, released on conditions to participate in fitness restoration programs in the community.

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

Figure 5 presents the primary legal status of patients active on the last day of FY 2023 (June 30, 2023) and FY 2024 (June 30, 2024). The commitment status of an individual typically changes throughout hospitalization. For example, an individual committed under §704-406 (unfit to proceed) may later be found unrestorable and in need of hospitalization with charges dismissed (§704-706(7)(a)), then involuntarily hospitalized, or civilly committed (§334-60.2), and finally discharged from the HSH with no legal encumbrance. This snapshot captures a patient's legal status as of the last day of the fiscal year. Also, individuals are sometimes admitted to the 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 most extended DOH commitment is selected as the individual's primary legal status.

On the last day of FY 2024, there were 391 active patients under DOH care and custody—an +11% (+39) increase from the previous year.

FIGURE 5: ACTIVE PATIENTS BY LEGAL STATUS AT THE END OF FY 2023 AND 2024



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

*CR Violation includes: Temporary hospitalization for violating CR (n=53) and Revocation of CR (n=42)
 †“Other” includes: Eval. of fitness to proceed (n=10), Voluntary (n=3), Fit to proceed (n=2), Conditional release (n=4)

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

A. County

Figure 6 and **Table 16** detail admissions by the county ordering DOH commitment. During FY 2024, Kaua'i County was the only county to have no change in admissions to HSH, while all other counties increased in commitments. Nonetheless, Maui County continued to commit the fewest individuals to the HSH.

FIGURE 6: ADMISSIONS BY COMMITTING COUNTY, FY 2015 TO 2024

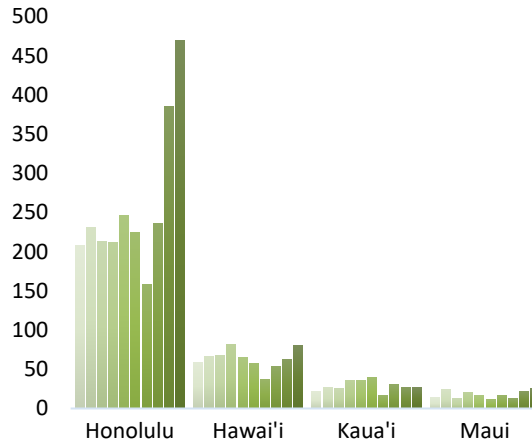


TABLE 16: ADMISSIONS BY COMMITTING COUNTY

COUNTY	# OF ADMISSIONS		% OF ADMISSIONS		Change	% Chg
	FY23	FY24	FY23	FY24		
Honolulu	385	469	77%	78%	+84	+22%
Hawai'i	63	81	13%	13%	+18	+29%
Hilo	43	55	9%	9%	+12	+28%
Kona	19	24	4%	4%	+5	+26%
Kohala	1	2	0.2%	0.3%	+1	+100%
Waimea	0	0	0%	0%	0	0%
Kaua'i	27	27	5%	4%	0	0%
Maui	22	25	4%	4%	+3	+14%
TOTAL	497	602	-	-	+105	+21%

B. Court

Figure 7 and **Table 17** present the admissions by type and location of committing court. Generally, circuit courts preside over felony charges, district courts oversee charges of misdemeanor or lower, and family courts handle, among other things, domestic violence and civil commitment cases. FY 2024 saw continued growth in district court commitments, with admissions increasing by 35% (253 to 342).

FIGURE 7: ADMISSIONS BY COMMITTING COURT AND COUNTY, FY 2023 AND 2024

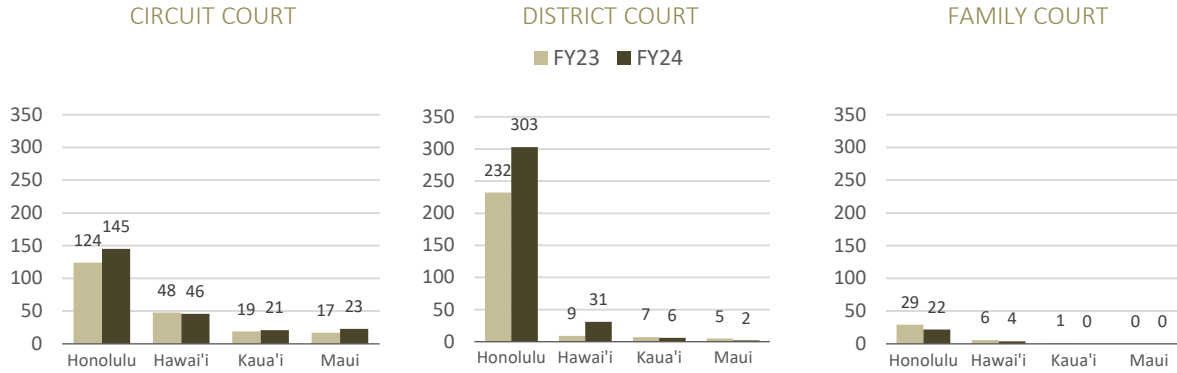


TABLE 17: ADMISSIONS BY COMMITTING COURT AND COUNTY

COUNTY	CIRCUIT COURT			DISTRICT COURT			FAMILY COURT		
	FY24	Change	% Chg	FY24	Change	% Chg	FY24	Change	% Chg
Honolulu	144	+20	+16%	303	+71	+31%	22	-7	-24%
Hawai'i	46	-2	-4%	31	+22	+244%	4	-2	-33%
Hilo	32	-2	-6%	21	+16	+320%	2	-2	-50%
Kona	14	0	0%	8	+5	+167%	2	0	0%
Kohala	0	0	0%	2	+1	+100%	0	0	0%
Waimea	0	0	0%	0	0	0%	0	0	0%
Kaua'i	21	+2	+11%	6	-1	-14%	0	-1	-100%
Maui	23	+6	+35%	2	-3	-60%	0	0	0%
TOTAL	234	+26	+13%	342	+89	+35%	26	-10	-28%
% of Admissions	39%			57%			4%		

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

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

Table 18 details the length of stay for individuals discharged during FY 2024. LOS measures a hospitalization episode by calculating the number of days between admission and discharge. Overall, the average LOS for patients discharged in FY 2024 (excluding expired patients) was 5.6 months (169.1 days), a slight decrease from the previous year (6.1 months, 186.1 days).

TABLE 18: LENGTH OF STAY (LOS) FOR INDIVIDUALS DISCHARGED IN FY 2024, BY DISCHARGE LEGAL STATUS

LEGAL STATUS AT DISCHARGE	# OF DISCHARGES	TOTAL LOS	AVERAGE LOS
	FY24	FY24	FY24
No Legal Encumbrance	261	29,884	114.5
Conditionally Released (CR)	99	36,100	364.6
Fit to Proceed	155	23,068	148.8
Unfit to Proceed, Rel. on Cond.	10	2,355	235.5
Eval. of Fitness to Proceed	7	398	56.9
Acquitted & CR	6	1,222	203.7
Unfit to Proceed	18	993	55.2
Expired (patient death)	6	21,825	3,637.5
TOTAL	562	115,845	206.1
Excluding expired patients	556	94,020	169.1

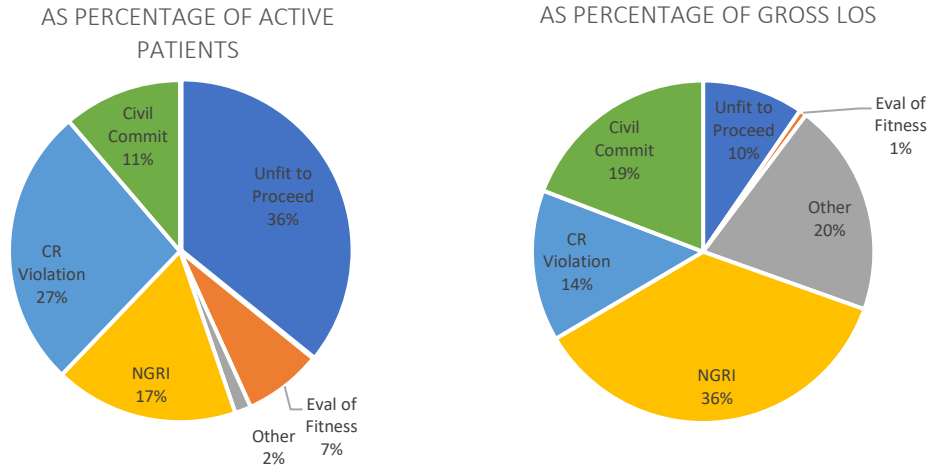
D. Gross Length of Stay (Gross LOS) for Patients Active at End of Fiscal Year

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

Figure 8 provides a snapshot of the HSH population on the last day of FY 2024 (June 30, 2024) based on their legal status on that day (which may have changed since admission as a result of ongoing court proceedings), comparing the composition of active patients with their collective gross LOS.

Table 19 details the gross length of stay for active patients at the end of FY 2024 by legal status.

FIGURE 8: COMPOSITION AND GROSS LOS OF PATIENTS ACTIVE AT THE END OF FY 2024, BY LEGAL STATUS ON JUNE 30, 2024 (N=391)



*CR Violation includes: Revocation of CR (n=42) and Temporary hospitalization for violating CR (n=53)
 †“Other” includes: Eval. of fitness to proceed (n=10), Voluntary (n=3), Conditional release (n=4), Fit to proceed (n=2).

TABLE 19: GROSS LENGTH OF STAY (LOS) OF PATIENTS ACTIVE AT THE END OF FY 2024 BY LEGAL STATUS ON JUNE 30, 2023 (N=391)

LEGAL STATUS	# of Pts	GROSS LOS	AVERAGE LOS
Unfit to Proceed §704-406, §704-406(1)(a), §704-406(1)(b), §704-421	140	128,069	914.8
Evaluation of Fitness to Proceed §704-404, §704-404(2)(a)	29	1,884	65.0
CR Violation §704-413(1), §704-413(4)	104	141,936	1,364.8
Acquitted and Committed (NGRI) §704-411(1)(a)	68	234,015	3,441.4
Civil Commitment MH-6, §706-607(b), §704-406(3), §704-406(4)	44	80,579	1,831.3
Other MH-4, MH-5, MH-9, Voluntary, Admitted in error, §704-411(2), §704-411(3),	6	11,563	1,927.2
TOTAL	391	598,045	1,529.5

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

Table 20 Summarizes admissions by grade of the offense and whether the offense was against a person.⁹ An individual can be admitted for multiple offenses of varying grades. In these instances, the most severe charge is used in this report. Individuals committed to the HSH due to misdemeanors continue to account for over half (61%) of admissions during FY 2024—an increasing proportion that aligns with the ongoing growth in district court admissions. Among the most common legal status at admission, unfit to proceed (§704-406), more than twice as many individuals were admitted for misdemeanors than felonies. This was a significant change from FY 2022, where a similar number of patients with the legal status of unfit to proceed were admitted for misdemeanors and felonies, and from FY 2021, where twice as many patients with the legal status of unfit to proceed were admitted for felonies than misdemeanors. Among individuals admitted for evaluation of fitness to proceed (§704-404, §704-404(2)(a)) in FY 2024, almost four times more individuals were admitted for misdemeanors than felonies.

TABLE 20: FY 2024 ADMISSIONS BY LEGAL STATUS AND GRADE OF MOST SEVERE OFFENSE

	UNFIT TO PROCEED	EVAL. OF FITNESS TO PROCEED	TEMP. HOSP. FOR VIOLATING CR	ACQUIT & COMMIT (NGRI)	REVOCAION OF CR	CIVIL COMMITMENT	POST-ACQUITTAL HRG ON DANG.	OTHER	TOTAL	% OF ADMISSIONS
TOTAL ADMITS W/FELONY CHARGES	81	23	110	17	-	-	2	-	233	39%
Felony A	5	3	13	2	-	-	-	-	23	4%
Offense against another	5	2	8	1	-	-	-	-	16	3%
Offense not against another	0	1	5	1	-	-	-	-	7	1%
Felony B	23	5	25	3	-	-	1	-	57	9%
Offense against another	10	1	11	2	-	-	-	-	24	4%
Offense not against another	13	4	14	1	-	-	1	-	33	5%
Felony C	53	15	72	12	-	-	1	-	153	25%
Offense against another	24	8	38	8	-	-	1	-	79	13%
Offense not against another	29	7	34	4	-	-	-	-	74	12%
TOTAL ADMITS W/MISD. CHARGES	276	80	9	2	1	1	-	-	369	61%
Misdemeanors	78	42	6	2	1	-	-	-	129	21%
Offense against another	48	17	3	1	1	-	-	-	70	12%
Offense not against another	30	25	3	1	-	-	-	-	59	10%
Petty Misdemeanors	198	38	3	-	-	-	-	-	239	40%
Offense against another	-	-	-	-	-	-	-	-	-	-
Offense not against another	198	38	3	-	-	-	-	-	239	40%
VIOLATION – Offense not against	-	-	-	-	-	-	-	-	-	-
NO CHARGE	-	-	-	-	-	1	-	-	1	0%
TOTAL	276	80	9	2	1	1	0	-	602	100%
% OF ADMISSIONS	59%	17%	20%	3%	0%	0%	0%	-	100%*	

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

⁹ HSH defines “offense against another” as an offense involving (potential) violence against another person: all HRS §707 offenses, robbery (HRS §§708-840-842), and abuse of family or household member (HRS §709-906).

Figure 9 and **Table 21** compare the offense grades of FY 2024 admissions against admissions in prior years. For most admissions (88%), the severest charges involved Felony C or lesser offenses. Conversely, only 12% of admissions involved Felony A or B offenses. In a significant departure from previous years, petty misdemeanors were the most common severest offense (34%), followed by Felony C offenses (28%) and misdemeanors (26%).

FIGURE 9: ADMISSIONS BY MOST SEVERE CHARGE, FY 2015 TO 2024

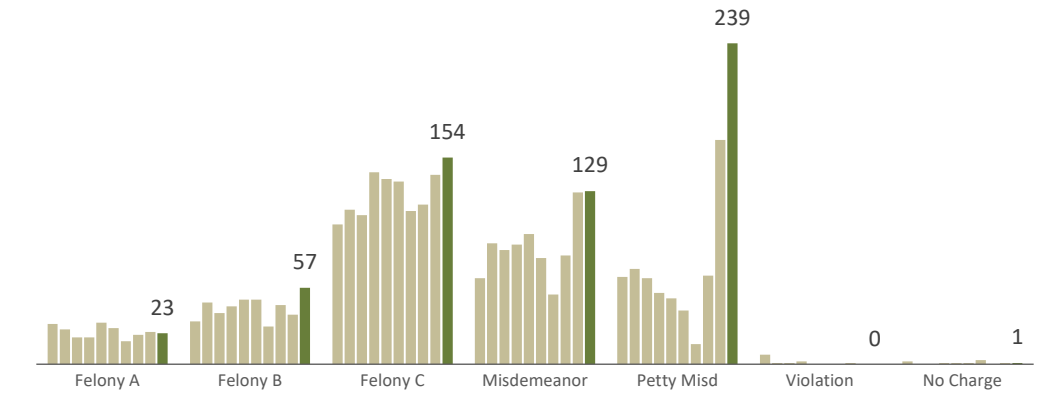


TABLE 21: COMPARISON OF FY 2023 AND 2024 ADMISSIONS BY GRADE OF MOST SEVERE OFFENSE

	# OF ADMISSIONS		% OF TOTAL ADMISSIONS		Change	% Chg
	FY23	FY24	FY23	FY24		
TOTAL ADMISSIONS WITH FELONY CHARGES	202	233	41%	39%	+31	15%
Felony A	24	23	5%	4%	-1	-4%
Offense against another	20	16	4%	3%	-4	-20%
Offense not against another	4	7	1%	1%	+3	75%
Felony B	37	57	7%	9%	+20	54%
Offense against another	12	24	2%	4%	+12	100%
Offense not against another	25	33	5%	5%	+8	32%
Felony C	141	153	28%	25%	+12	9%
Offense against another	63	79	13%	13%	+16	25%
Offense not against another	78	74	16%	12%	-4	-5%
TOTAL ADMISSIONS WITH MISDEMEANOR CHARGES	295	368	59%	61%	+73	25%
Misdemeanors	128	129	26%	21%	+1	1%
Offense against another	61	70	12%	12%	+9	15%
Offense not against another	67	59	13%	10%	-8	-12%
Petty Misdemeanors	167	239	34%	40%	+72	43%
Offense against another	1	0	0.2%	0%	-1	-100%
Offense not against another	166	239	33%	40%	+73	44%
VIOLATION – Offense not against another	-	0	0%	0%	0%	0%
NO CHARGE	1	1	0.2%	0%	0%	0%
TOTAL	498	602	-	-	-	-