JOSH GREEN, M.D.
GOVERNOR OF HAWAIʻI
KE KIAʻĀINA O KA MOKUʻĀINA ʻO HAWAIʻI

DEPT. COMM. 103, 2026

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

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

January 05, 2026

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 Summarizing Yearly Data on Forensic Patients at Hawaii State Hospital FY 2025 to the Legislature, pursuant to Chapter 334, Section 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/department-of-health-reports-to-2026-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 HAWAIʻI
2026

PURSUANT TO HAWAIʻI REVISED STATUTES §334-16

Requiring the Department of Health to Submit an Annual Report to the Legislature
Summarizing Yearly Data on Forensic Patients at
Hawaiʻi State Hospital
FY 2025

Prepared by:
Hawaiʻi State Department of Health
Hawaiʻi State Hospital

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EXECUTIVE SUMMARY

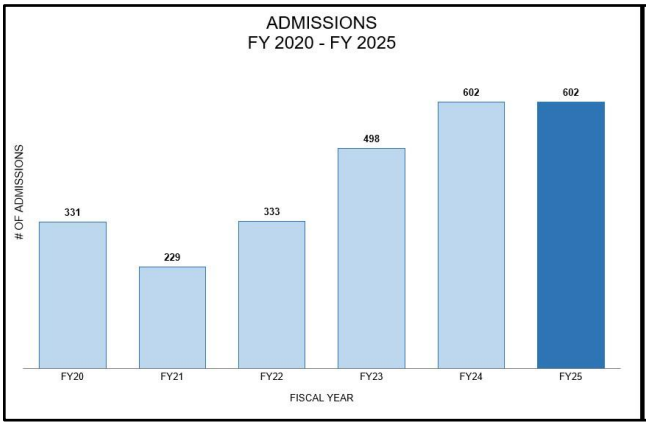
In accordance with Hawai‘i Revised Statutes (HRS) §334-16, the Department of Health (DOH) submits this report to the 2026 Hawai‘i State Legislature summarizing annual data on forensic patients served by the Hawai‘i State Hospital (HSH).

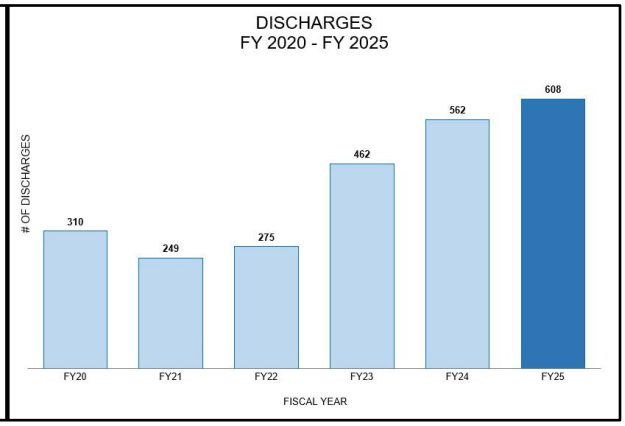
Unless otherwise noted, all data is for fiscal year (FY) 2025 with comparison to FY 2024. In some sections historical comparisons from FY 2020 are provided for additional context.

Key findings in this report include:

Gross Admissions and Discharges. HSH admissions and discharges are compared for FY 2025 to FY 2024:

- Admissions remained the same at 602.
- Discharges increased by 7% from 562 to 608.
- FY 2020 through FY 2025:
    - Admissions increased from 331 to 602 (increase of 271 patients)
    - Discharges increased from 310 to 608 (increase of 298 patients)





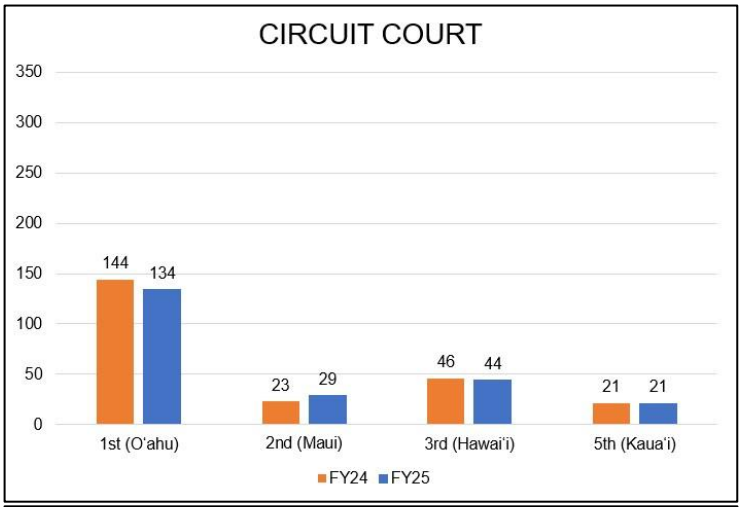
Admission Commitment Categories. In FY 2025, admissions with the legal status of Unfit to Proceed increased by 1% compared to FY 2024, remaining the most frequent commitment category, accounting for over 60% of all admissions.

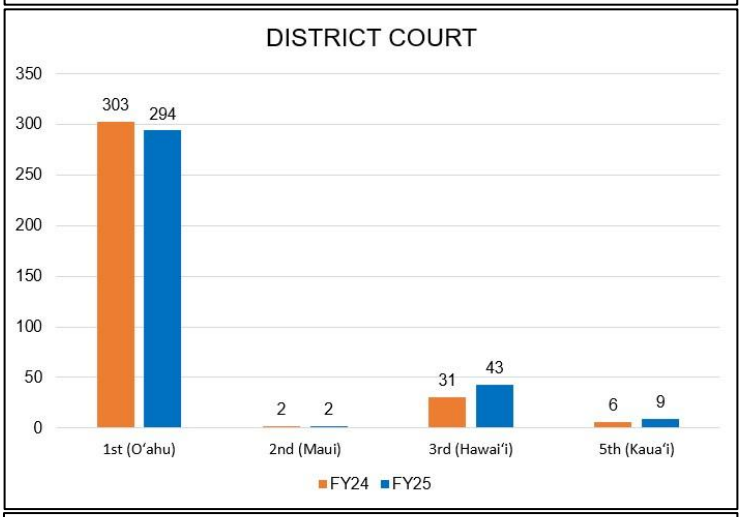
ADMISSIONS LEGAL STATUS	FY20	FY21	FY22	FY23	FY24	FY25
UNFIT TO PROCEED	166	90	128	277	357	362
TEMPORARY HOSPITALIZATION	109	86	96	93	119	116
EVALUATION OF FITNESS TO PROCEED	12	28	92	105	103	107
NGRI	27	15	13	18	19	12
OTHER (INCLUDES CIVIL COMMITMENT)	16	7	4	2	3	3
CR REVOCATION	1	3	0	3	1	2
TOTAL	331	229	333	498	602	602

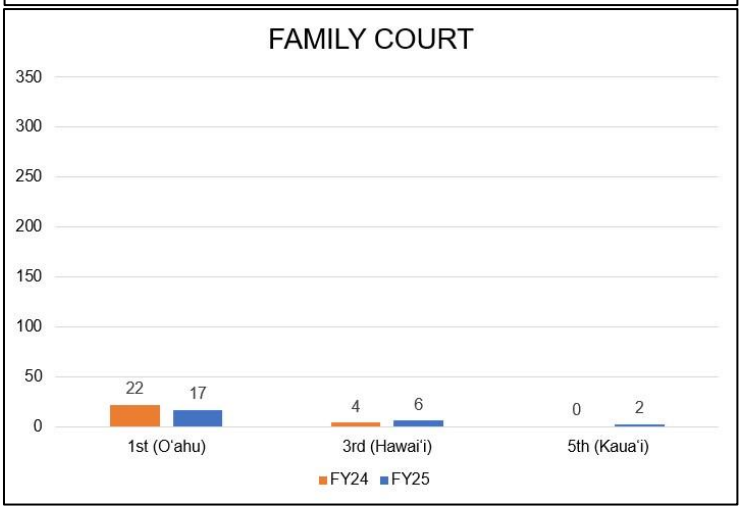
Discharge Legal Status Categories. In FY 2025, the most common discharge status was no further legal encumbrance (None), representing 49% of discharges. The second most common, the discharge legal status of Fit to Proceed, represented 28% of discharges followed by Conditional Release (CR) at 19% of the total 608 discharges.

DISCHARGES LEGAL STATUS	FY20	FY21	FY22	FY23	FY24	FY25
NONE/NO LEGAL ENCUMBRANCE	83	60	95	213	263	296
FIT TO PROCEED	85	61	70	123	166	167
CR	122	114	94	107	108	114
UNFIT, RELEASED ON CONDITIONS	7	4	7	9	11	10
ACQUITTED & CONDITIONAL RELEASE	8	3	3	8	7	10
EXPIRED	1	3	2	1	4	8
EVALUATION OF FITNESS	3	1	4	0	2	2
ACQUITTED & DISCHARGED	0	0	0	0	1	1
TEMPORARY HOSPITALIZATION FOR CR VIOLATION	0	1	0	0	0	0
UNFIT TO PROCEED	1	2	0	1	0	0
TOTAL	310	249	275	462	562	608

Committing Courts and Counties. In FY 2025, District and Circuit courts across the State committed the most patient admissions to HSH. Across all three categories of courts, the 1st Circuit (City and County of Honolulu) commitments decreased in FY 2025 compared to FY 2024.

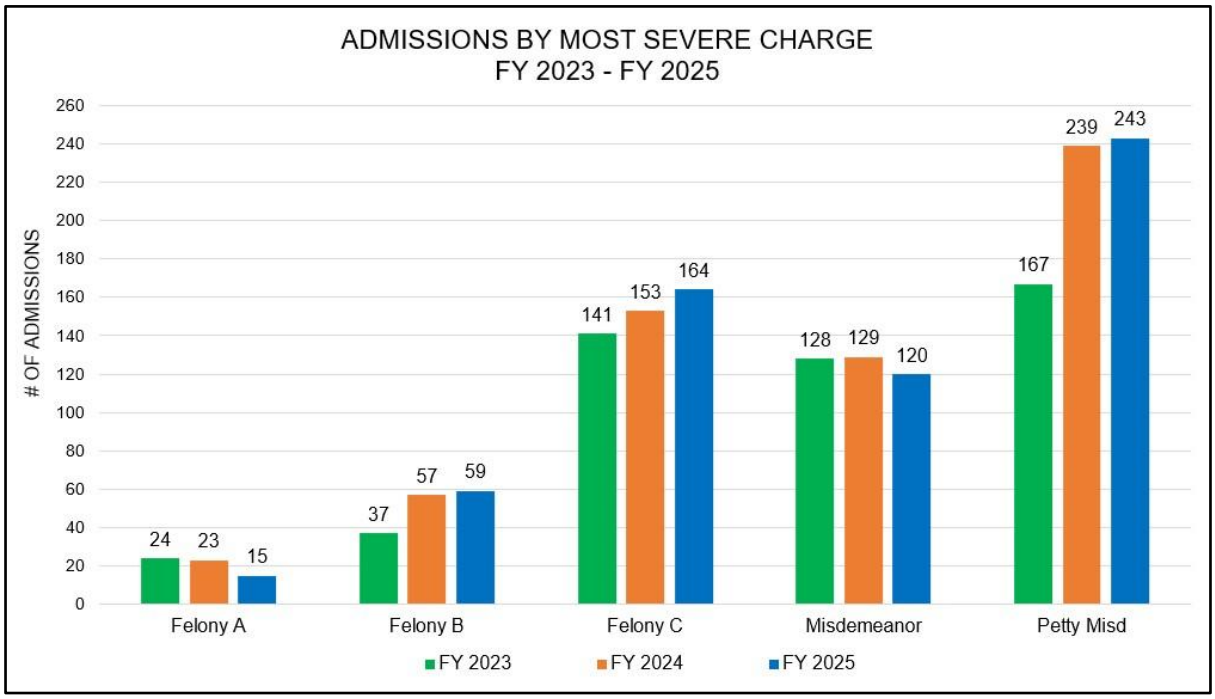




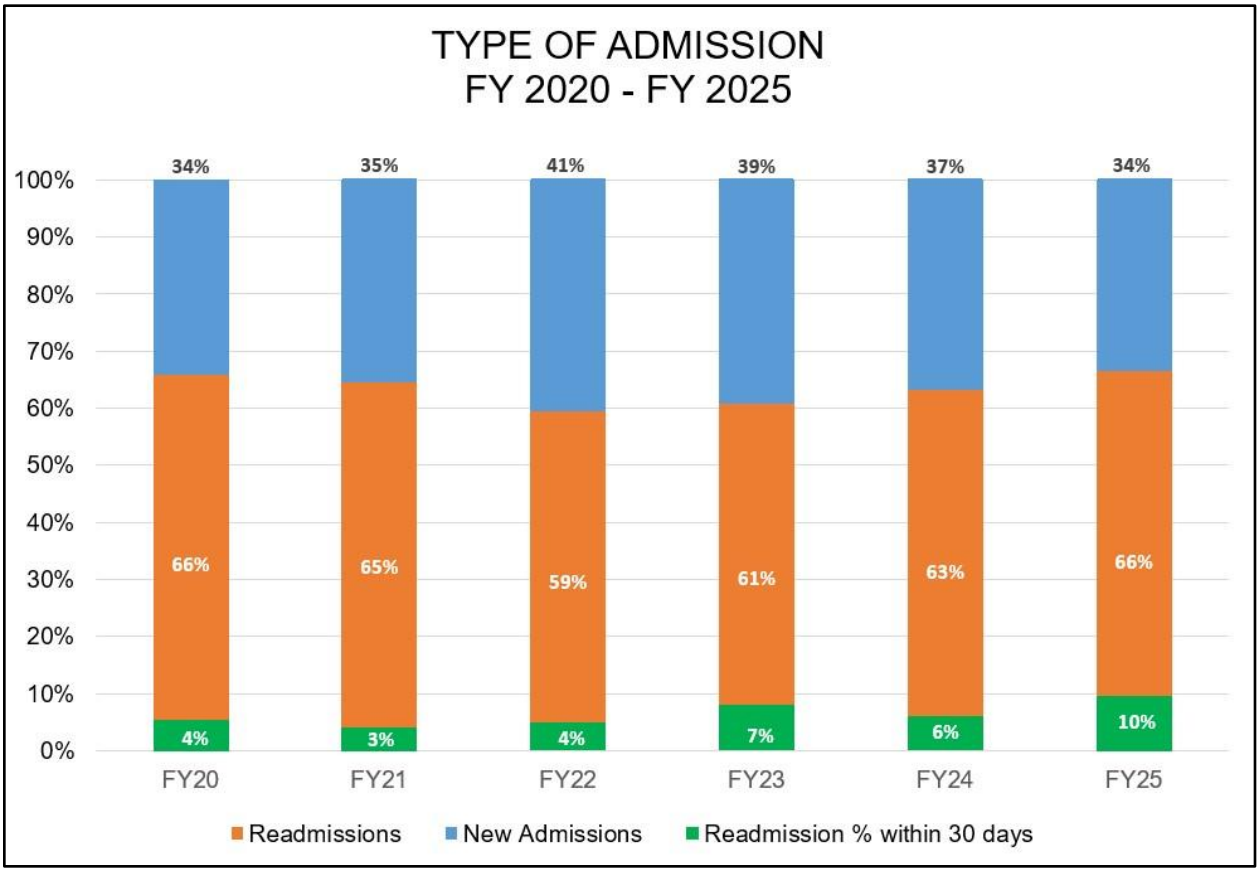


Admissions by Grade of Offense. Petty Misdemeanors remain the highest (among the categories of most severe offenses) of the admissions to HSH. Compared to FY 2024, admissions for Petty Misdemeanors increased by four (1.7%).

Misdemeanor and Petty Misdemeanor offenses accounted for 60% (n= 363) of all admissions as compared to FY 2024 (61%; n=368). Of the Misdemeanor charges, non-violent Petty Misdemeanors - those legal statuses categorized into Act 26, SLH 2020, as amended by Act 87, SLH 2024, (collectively referred to as "Act 26/87") accounted for 38% (n=231) of all admissions (n=602).



Readmissions. Patient readmissions in FY 2025 rose 3% from FY 2024 (from 63% to 66%), while new (first-time) admissions decreased by 3% (37% down to 34%). Of the readmissions, those readmitted within 30 days of their last HSH admission increased by 4% (FY 2024 6% vs. FY 2025 10%).



Gross Length of Stay (LOS) in Number of Days. Total number of patient discharges (including expired patients) was 608 in FY 2025. Gross LOS includes all admission episodes (new and readmissions) and does not exclude days when the patient is off campus (leave or administrative discharge days) if the patient has been discharged. For patients currently in-house on 6/30/25, the gross LOS is measured from the admission date to the given date. For those patients in-house, civil commitments include both legally and not legally encumbered patients.

LEGAL STATUS	# OF DISCHARGES	GROSS LOS	# OF PATIENTS IN-HOUSE ON 6/30/2025	GROSS LOS
None/No Legal Encumbrance	297	32,936	6	15,240
Conditionally Released (CR)	114	41,325	9	6,361
Fit to Proceed	167	28,765	2	1,123
Unfit to Proceed, Released on Condition	10	2,532	0	-
Acquitted & Committed (NGRI)	NA	-	49	150,072
Evaluation Of Fitness to Proceed	2	243	16	1,098
Acquitted & CR	10	2,813	0	-
Unfit to Proceed	NA	-	127	27,080
Civil Commitment	0	-	45	81,858
Temporary Hospitalization for CR Violation	0	-	123	102,511
Post-Acquittal Hearing on Dangerousness	0	-	2	587
Expired	8	33,347	0	-
TOTAL	**608**	**141,961**	**379**	**385,930**

Individuals Remaining In-House at end of FY 2025. As of June 30, 2025, HSH In-House population totaled 379 patients. "In-House" means the patient is physically at HSH on a given date. For patients in-house, civil commitments include both legally and not legally encumbered patients.

IN-HOUSE PATIENTS ON JUNE 30, 2025, GROUPED BY LEGAL STATUS

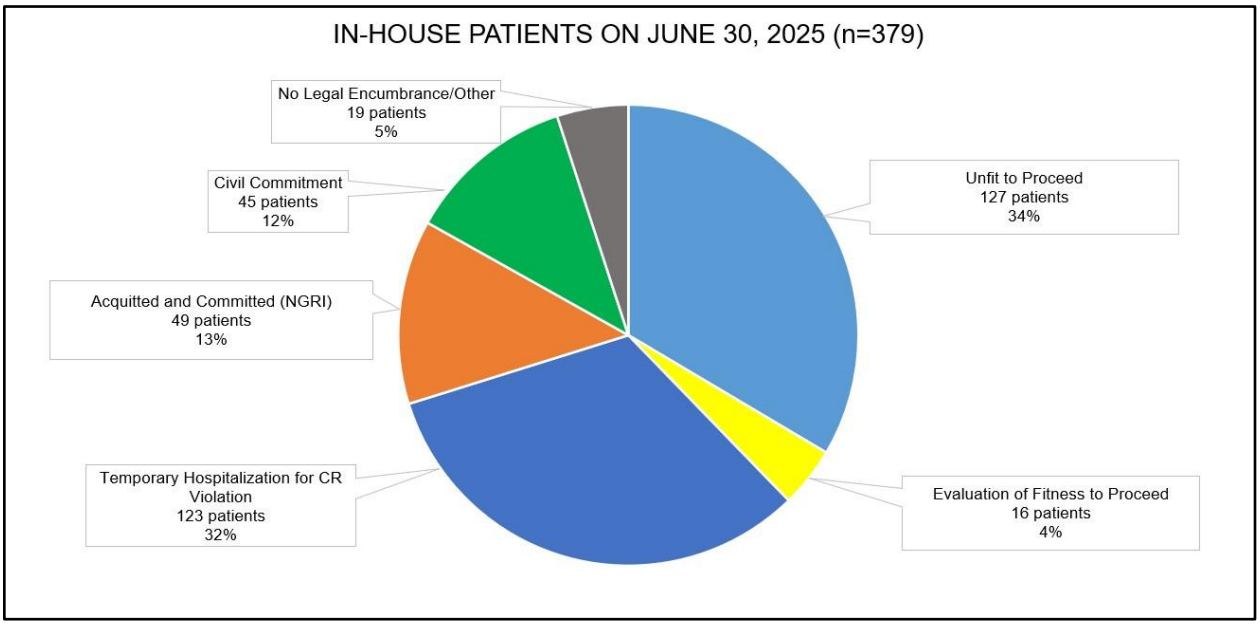


TABLE OF CONTENTS

Executive Summary i
Background 1
Reporting Requirements of Hawai'i Revised Statutes (HRS) §334-16 2
Part I. HSH Admissions and Discharges 2
Part II. Admissions, Discharges and Lengths of Stay by Commitment Categories 4
A. Admissions by Legal Status Category 4
B. Discharges by Legal Status Category 5
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." 6
D. HRS §704-411(1)(b): Acquitted and Conditionally Released 6
E. HRS §704-411(2), §704-411(3): Post-Acquittal Hearing / Evaluation on Dangerousness 7
F. HRS §704-413(1): Temporary Hospitalization for Violating Terms of Conditional Release 7
G. HRS §704-413(4): Revocation of Conditional Release 8
H. HRS §704-404: Evaluation of Fitness to Proceed 8
I. HRS §704-406: Unfit to Proceed 9
J. HRS §704-421: Unfit to Proceed After Expedited Review 9
K. Involuntary Hospitalization (Civil Commitment) 9
L. Legal Status of Patients In-House at the End of Fiscal Year 10
Part III. Number of Persons Committed to HSH by Each Court and County 11
M. County 11
N. Court 12
Part IV. Lengths of Stay in the Hawai'i State Hospital 13
Part V. Number Of Hawai'i State Hospital Patients On Forensic Status, Broken Down By Grade Of Offense And Category Of Underlying Crimes 14

BACKGROUND

The Hawai‘i State Hospital (HSH) is the only publicly funded in-patient state psychiatric hospital in Hawai‘i. Part of the Department of Health (DOH) and licensed through the Office of Health Care Assurance (OHCA), the HSH is accredited by The Joint Commission (TJC).

In January 2024, the Hawai‘i State Hospital completed safety enhancements to units in the lower campus to mitigate ligature risks and support compliance with TJC’s accreditation standards. HSH continues to implement improvements and corrective actions to meet regulatory requirements and advance patient care.

Hale Ho‘ōla is currently operating beyond its capacity and continues to face building deficiencies and unanticipated repair needs. Despite the multi-million-dollar investment to build a state-of-the-art in-patient hospital facility, HSH has repaired – and in some cases – replaced building materials and other construction-related items. HSH is actively collaborating with the Department of Accounting and General Services (DAGS) to remediate these ongoing issues. Continued support and oversight are essential to ensure the facility can meet the growing demands of patient care while maintaining safety, functionality, and long-term sustainability.

HSH contracts with Columbia Regional Care Center (CRCC) in South Carolina – a private, secure forensic facility operated by Correct Care Recovery Solutions At the end of FY 2025, five HSH patients were being cared for at CRCC.

As a forensic psychiatric hospital, HSH is one of several healthcare institutions addressing individuals with mental illness, particularly those involved in the criminal justice system. Act 26, SLH 2020, as amended by Act 87, SLH 2024 (referred to collectively as “Act 26/87”), which allows courts to order non-violent petty misdemeanants living with mental illness to HSH for fitness evaluation within days of their arrest rather than months, was intended to ensure appropriate diversion to community treatment and encourage rehabilitation in the least restrictive environment. In part, Act 26/87 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. While well intentioned, due to the increase in admissions involving arrested individuals for petty misdemeanor offenses, HSH is utilizing, repurposing, and reinvesting in older, outdated buildings to expand its capacity and enhance patient care.

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

PART I. HSH ADMISSIONS AND DISCHARGES

Table 1 provides an overview total gross admissions and discharges from HSH for FY 2024 and FY 2025. During FY 2025, HSH admissions remained the same and discharges increased by 8%.

TABLE 1: HSH GROSS ADMISSIONS AND DISCHARGES, FY 2024 AND 2025

ADMISSIONS				DISCHARGES			
FY24	FY25	CHANGE	% CHANGE	FY24	FY25	CHANGE	% CHANGE
602	602	0	0%	562	608	46	8%

Figure 1 illustrates the trend in total number of admissions and discharges from FY 2020 to FY 2025.

FIGURE 1: HSH ADMISSIONS AND DISCHARGES, FY 2020 TO 2025

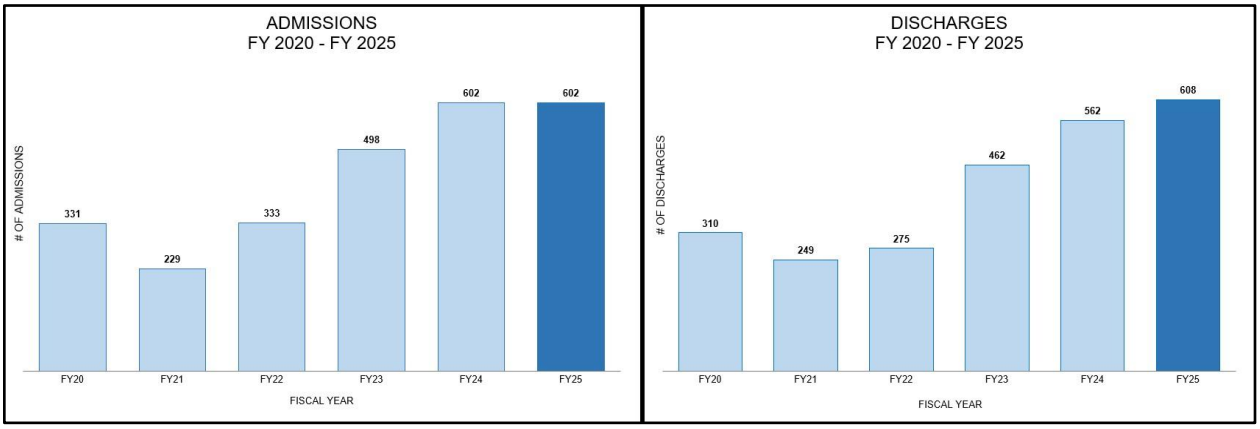


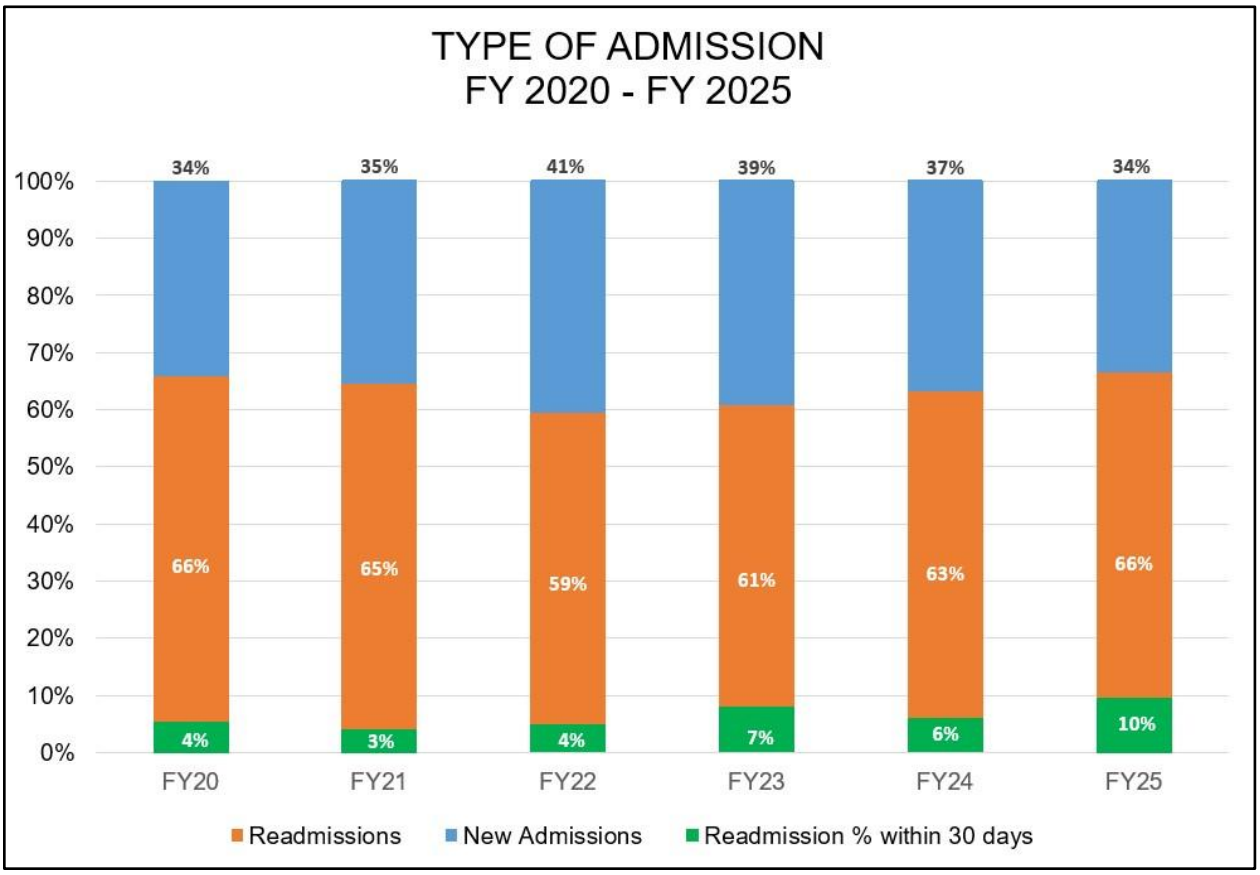
Table 2 shows the breakdown of admissions and readmissions by legal status in FY 2025.

TABLE 2: FY 2025 ADMISSIONS AND READMISSIONS BY LEGAL STATUS

LEGAL STATUS	NEW ADMISSIONS		READMISSIONS		TOTAL	% OF TOTAL
	# OF NEW ADMISSIONS	% OF TOTAL ADMISSIONS	# OF READMISSIONS	% OF TOTAL READMISSIONS		
UNFIT TO PROCEED	146	24%	216	36%	362	60%
EVALUATION OF FITNESS TO PROCEED	34	6%	73	12%	107	18%
TEMP HOSPITALIZATION FOR CR VIOLATION	17	3%	99	16%	116	19%
ACQUITTED AND COMMITTED (NGRI)	4	1%	8	1%	12	2%
REVOCATION OF CR	1	0%	1	0%	2	0%
CIVIL COMMITMENT	0	0%	2	0%	2	0%
POST-ACQUITTAL HEARING ON DANGEROUSNESS	0	0%	0	0%	0	0%
OTHER	0	0%	1	0%	1	0%
TOTAL	**202**	**34%**	**400**	**66%**	**602**	**100%**

Figure 2 illustrates FY 2020 to FY 2025 admissions versus readmissions. Patients readmitted within 30 days of their last HSH discharge accounted for 10% of FY 2025 admissions as compared to 6% in FY 2024.

FIGURE 2: HOSPITALIZATION STATUS OF ADMISSIONS, FY 2020 – FY 2025



PART II. ADMISSIONS, DISCHARGES AND LENGTHS OF STAY BY COMMITMENT CATEGORIES

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), HRS, may later be found unrestorable and in need of hospitalization with charges dismissed (§704-406(7)(a), HRS), then discharged from the HSH with no legal encumbrance. The commitment status at the time of admission is reported; for discharges, the commitment status at the time of discharge is reported.

A. Admissions by Legal Status Category

Table 3 provides details for admissions by legal status category from FY 2020 to FY 2025.

TABLE 3: ADMISSIONS BY LEGAL STATUS FROM FY 2020 THROUGH FY 2025

ADMISSIONS LEGAL STATUS	FY20	FY21	FY22	FY23	FY24	FY25
UNFIT TO PROCEED	166	90	128	277	357	362
TEMPORARY HOSPITALIZATION	109	86	96	93	119	116
EVALUATION OF FITNESS TO PROCEED	12	28	92	105	103	107
NGRI	27	15	13	18	19	12
OTHER (INCLUDES CIVIL COMMITMENT)	16	7	4	2	3	3
CR REVOCATION	1	3	0	3	1	2
TOTAL	331	229	333	498	602	602

Increase in admissions continues to be attributed to individuals admitted as Unfit to Proceed. While there was a large increase from FY 2023 to FY 2024 (+80, 29%), the same legal status, while still the highest, increased modestly from FY 2024 to FY 2025 (+5, 1.4%).

B. Discharges by Legal Status Category

Table 4 illustrates discharges by legal status category for FY 2020 - 2025. In FY 2025, all patient deaths (expired) were related to medical reasons.

TABLE 4: LEGAL STATUS AT DISCHARGE

DISCHARGES LEGAL STATUS	FY20	FY21	FY22	FY23	FY24	FY25
NONE/NO LEGAL ENCUMBRANCE	83	60	95	213	263	296
FIT TO PROCEED	85	61	70	123	166	167
CR	122	114	94	107	108	114
UNFIT, RELEASED ON CONDITIONS	7	4	7	9	11	10
ACQUITTED & CONDITIONAL RELEASE	8	3	3	8	7	10
EXPIRED	1	3	2	1	4	8
EVALUATION OF FITNESS	3	1	4	0	2	2
ACQUITTED & DISCHARGED	0	0	0	0	1	1
TEMP HOSPITALIZATION FOR CR VIOLATION	0	1	0	0	0	0
UNFIT TO PROCEED	1	2	0	1	0	0
TOTAL	310	249	275	462	562	608

Top Legal Statuses at Discharge

None / No Legal Encumbrance was the most common discharge status in FY 2025 (n=296). This occurs when patients leave HSH with no further legal requirements for various reasons. For example, despite hospitalization, some patients 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 or if too much time has passed, the courts may dismiss the charges and discharge the patient. However, if the patient poses an imminent danger to themselves or others and needs hospital level of care, the court may civilly commit the individual to HSH (statutorily limited to 90 days), renewable upon petition from hospital staff if the patient still meets commitment criteria, after which the patient is discharged with no further HSH legal encumbrance.

In FY 2025, the second most common discharge was the legal status of **Fit to Proceed (§704-405, HRS)** (n=167). Previously, the courts found these individuals to either require an evaluation of their fitness to proceed or be unfit to proceed. If, after receiving evaluation reports from mental health experts, the court finds the individual competent (i.e., capable of understanding 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 patient is ordered to HSH for treatment to restore the individual's fitness for trial.

Conditional Release (§704-415, HRS) was the third most common discharge legal status during the 2025 fiscal year (n=114). These individuals were acquitted and committed to HSH, temporarily hospitalized for CR violations or had their CR revoked. And, after a statutory period of waiting 60 days, these individuals applied for and were granted, by the courts, CR to continue care, supervision, and treatment within the community.

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 and committed." These individuals were deemed fit for trial, stood trial, and were subsequently found not penally (or criminally) responsible because they are affected by 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 (cleared of the criminal charge). Individuals in this category were also found to present a risk of danger to themselves or others, not appropriate for CR, and were committed to HSH.

NGRI admissions decreased (-37%) from FY 2024 to FY 2025. While committed to HSH for treatment, such patients may seek CR from the court to continue supervision and treatment in the community.

TABLE 5: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF ACQUITTED AND COMMITTED

LEGAL STATUS - ACQUITTED AND COMMITTED (NGRI)							
ADMISSIONS				DISCHARGES			
FY24	FY25	CHANGE	% CHANGE	FY24	FY25	CHANGE	% CHANGE
19	12	-7	-37%	0	0	0	0%

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

Table 6 provides the number of admissions and discharges with a legal status of Acquitted and Conditionally Released. In these instances, the courts found that these individuals could be adequately controlled and provided proper care, supervision, and treatment within the community if discharged from HSH and conditionally released. In FY 2025, ten patients were discharged with this legal status as compared to seven patients in FY 2024, representing an increase of three from the previous year.

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

LEGAL STATUS - ACQUITTED AND CONDITIONALLY RELEASED							
ADMISSIONS				DISCHARGES			
FY24	FY25	CHANGE	% CHANGE	FY24	FY25	CHANGE	% CHANGE
0	0	0	0%	7	10	3	43%

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

Table 7 provides the number of admissions and discharges with a legal status of Post-Acquittal Hearing or Evaluation on Dangerousness. In the event an individual is found not penally responsible due to physical or mental disease, disorder, or defect and cleared of criminal charges, the court may order a separate hearing to assess current risk of danger to self or others if the evidence at trial was insufficient to determine present dangerousness. In FY 2025 zero patients were admitted as compared to two patients in FY 2024.

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

LEGAL STATUS - POST-ACQUITTAL HEARING/EVALUATION ON DANGEROUSNESS							
ADMISSIONS				DISCHARGES			
FY24	FY25	CHANGE	% CHANGE	FY24	FY25	CHANGE	% CHANGE
2	0	-2	-100%	0	0	0	0%

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

Table 8 provides 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 have difficulty complying with the terms of their CR or in need of hospitalization and ordered to return to HSH temporarily (up to 72 hours) with the goal 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. These temporary hospitalizations decreased in FY 2025 as compared to FY 2024 (-3, -3%).

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

LEGAL STATUS - TEMPORARY HOSPITALIZATION FOR VIOLATING TERMS OF CONDITIONAL RELEASE							
ADMISSIONS				DISCHARGES			
FY24	FY25	CHANGE	% CHANGE	FY24	FY25	CHANGE	% CHANGE
119	116	-3	-3%	0	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 Conditional Release in FY 2024 and FY 2025. Similar to individuals temporarily hospitalized for violating CR terms, these previously acquitted individuals also had difficulty complying with 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 2025, two patients were admitted with this legal status as compared to one in FY 2024. None of these patients had their CR reinstated.

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

LEGAL STATUS - REVOCATION OF CONDITIONAL RELEASE							
ADMISSIONS				DISCHARGES			
FY24	FY25	CHANGE	% CHANGE	FY24	FY25	CHANGE	% CHANGE
1	2	1	100%	0	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 FY 2024 and FY 2025. 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.

In FY 2025, there was a slight increase (4%) in the number of individuals admitted for an Evaluation of Fitness to Proceed as compared to FY 2024.

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

LEGAL STATUS - EVALUATION OF FITNESS TO PROCEED							
ADMISSIONS				DISCHARGES			
FY24	FY25	CHANGE	% CHANGE	FY24	FY25	CHANGE	% CHANGE
103	107	4	4%	2	2	0	0%

I. HRS §704-406: Unfit to Proceed

Table 11 identifies the number of admissions and discharges with a legal status of Unfit to Proceed and where the patient was subsequently committed. The courts found these patients 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 were committed to HSH for detention, care, and treatment.

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

LEGAL STATUS - UNFIT TO PROCEED							
ADMISSIONS				DISCHARGES			
FY24	FY25	CHANGE	% CHANGE	FY24	FY25	CHANGE	% CHANGE
142	159	17	12%	0	0	0	0%

J. HRS §704-421: Unfit to Proceed After Expedited Review

Table 12 identifies the number of admissions and discharges with a legal status of Unfit to Proceed After Expedited Review; Charge is a Petty Misdemeanor Not Involving Violence or Attempted Violence. HRS §704-421 accounts for 56% (n=203) of the Unfit to Proceed admissions.

TABLE 12: UNFIT TO PROCEED AFTER EXPEDITED REVIEW

LEGAL STATUS - UNFIT TO PROCEED AFTER EXPEDITED REVIEW							
ADMISSIONS				DISCHARGES			
FY24	FY25	CHANGE	% CHANGE	FY24	FY25	CHANGE	% CHANGE
189	203	14	7%	0	0	0	0%

K. Involuntary Hospitalization (Civil Commitment)

Table 13 identifies the number of admissions and discharges with a legal status of Involuntary Hospitalization (or Civil Commitment). During FY 2025 there were two admissions with a legal status of Civil Commitment as compared to one in FY 2024. One patient was discharged with no legal encumbrance, and one remained hospitalized under an MH-6 order.

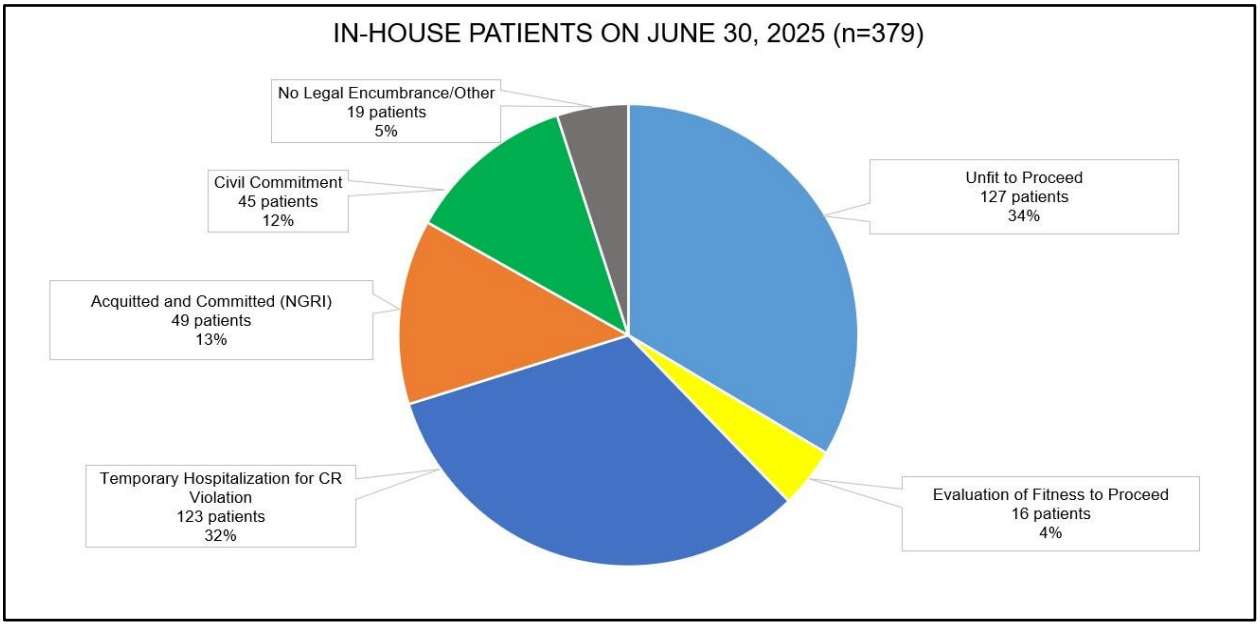
Table 13: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF CIVIL COMMITMENT

LEGAL STATUS - CIVIL COMMITMENT							
ADMISSIONS				DISCHARGES			
FY24	FY25	CHANGE	% CHANGE	FY24	FY25	CHANGE	% CHANGE
1	2	1	100%	0	0	0	0%

L. Legal Status of Patients In-House at the End of Fiscal Year

Figure 3 provides the primary legal status of patients in-house (inpatient) at the end of FY 2025 (June 30, 2025). This is a "snapshot" of the commitment status of those patients. The commitment status typically changes throughout hospitalization. Also, individuals are sometimes admitted to HSH with multiple court cases and orders, resulting in more than one legal status, all of which will likely evolve during a hospitalization episode For patients in-house, civil commitments include both legally and not legally encumbered patients.

FIGURE 3: IN-HOUSE PATIENTS AT END OF FISCAL YEAR

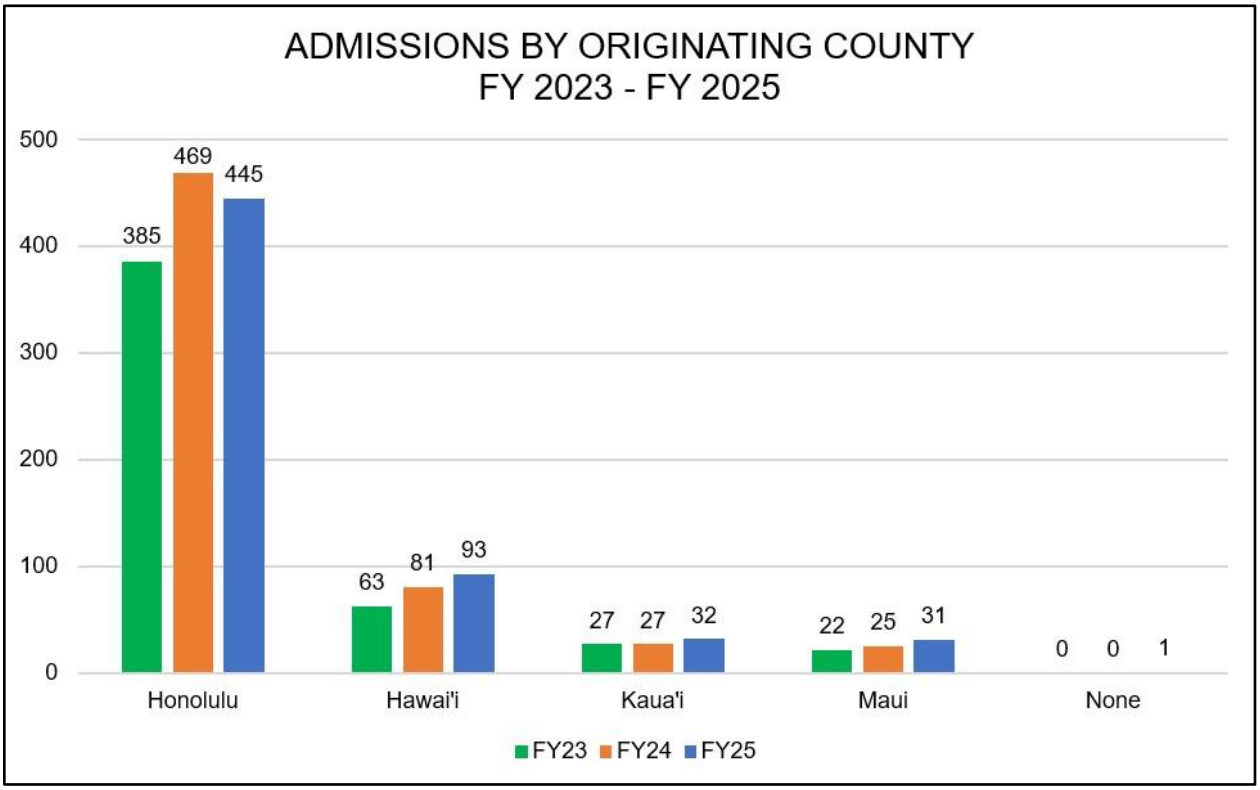


PART III. NUMBER OF PERSONS COMMITTED TO HSH BY EACH COURT AND COUNTY

M. County

Figure 4 details admissions by originating county ordering an individual to be committed to HSH. During FY 2025, City and County of Honolulu admissions decreased by 5% compared to FY 2024 while all other counties increased in commitments. Of the four counties, Maui County continued to commit the fewest individuals to HSH.

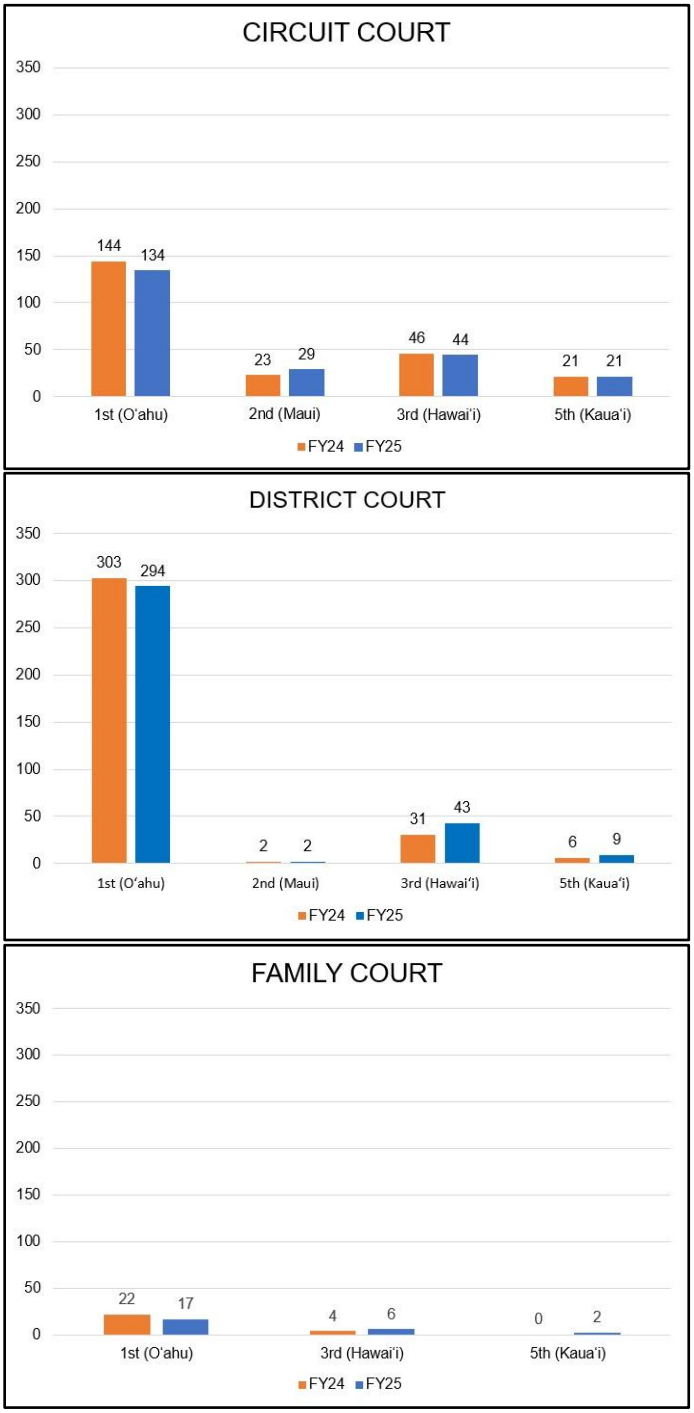
FIGURE 4: ADMISSIONS BY ORIGINATING COUNTY, FY 2023 TO 2025



N. Court

Figure 5 depicts admissions by committing court. Generally, Circuit Courts preside over felony charges, District Courts oversee misdemeanor and lower charges, and Family Courts handle, among other things, domestic violence and civil commitment cases. For FY 2024 and FY 2025, 2nd Circuit-Family Court (Maui) made no admissions to HSH.

FIGURE 5: ADMISSIONS BY COMMITTING COURT



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

Gross Length of Stay (LOS)

Table 14 details the length of stay (in days) for individuals discharged during FY 2025 and those patients that remain in-house as of the end of FY 2025. Gross LOS includes all patient episodes within the fiscal year. Gross LOS is calculated upon discharge for individuals leaving a hospital to capture the length of a hospitalization episode and does not account for the days the patient may be off campus (leave). For patients currently in a hospital and yet to be discharged, the gross length of stay is measured from the admission date to a given date. For patients in-house, civil commitments include both legally and not legally encumbered patients.

TABLE 14: GROSS LOS (DAYS) FOR INDIVIDUALS DISCHARGED IN FY 2025, BY DISCHARGE LEGAL STATUS AND IN-HOUSE ON JUNE 30, 2025.

LEGAL STATUS	# OF DISCHARGES	GROSS LOS	# OF PATIENTS IN-HOUSE ON 6/30/2025	GROSS LOS
None/No Legal Encumbrance	297	32,936	6	15,240
Conditionally Released (CR)	114	41,325	9	6,361
Fit to Proceed	167	28,765	2	1,123
Unfit to Proceed, Released on Condition	10	2,532	0	-
Acquitted & Committed (NGRI)	NA	-	49	150,072
Evaluation Of Fitness to Proceed	2	243	16	1,098
Acquitted & CR	10	2,813	0	-
Unfit to Proceed	NA	-	127	27,080
Civil Commitment	0	-	45	81,858
Temporary Hospitalization for CR Violation	0	-	123	102,511
Post-Acquittal Hearing on Dangerousness	0	-	2	587
Expired	8	33,347	0	-
TOTAL	**608**	**141,961**	**379**	**385,930**

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

Table 15 summarizes admissions by offenses against persons or property crimes and the grade of the offense. An individual can be admitted for multiple offenses of varying grades. In these instances, the most severe charge is used in this report.

TABLE 15: FY 2025 ADMISSIONS BY LEGAL STATUS AND GRADE OF MOST SEVERE OFFENSE

CRIMES AGAINST PERSONS						
	FELONY A	FELONY B	FELONY C	MISDEMEANOR	PETTY MISDEMEANOR	TOTAL
ASSAULT	0	8	55	29	1	93
KIDNAPPING	1	0	1	1	0	3
MANSLAUGHTER	1	0	0	0	0	1
MURDER	7	0	0	0	0	7
RECKLESS ENDNG	0	0	0	1	0	1
SEXUAL ASSAULT	4	0	2	2	0	8
CRIMINAL THREATS	1	4	22	5	0	32
TOTAL	**14**	**12**	**80**	**38**	**1**	**145**
PROPERTY CRIMES						
ARSON	0	2	0	2	0	4
BURGLARY	0	17	9	0	0	26
PROP DAMAGE	1	6	28	7	16	58
CRIM LITTER	0	0	0	1	5	6
TRESPASSING	0	0	17	31	105	153
FORGERY	0	2	0	0	0	2
ROBBERY	4	19	1	0	0	24
THEFT	0	7	13	5	30	55
GRAND THEFT AUTO	0	1	8	0	0	9
THEFTMOTORVEH	1	0	8	0	0	9
TOTAL	**6**	**54**	**84**	**46**	**156**	**346**

Figure 6 compares the offense grades of FY 2025 admissions against admissions in the three prior fiscal years. Petty Misdemeanors continue to be the most common offense (40.4%, n= 243), followed by Felony C offenses (27%, n=164) and Misdemeanors (20%, n=120).

FIGURE 6: ADMISSIONS BY MOST SEVERE CHARGE, FY 2023 TO FY 2025

