

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



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

STATE OF HAWAI'I  
DEPARTMENT OF HEALTH  
KA 'OIHANA OLAKINO  
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**Testimony COMMENTING on HB1530  
RELATING TO COMMUNITY RESIDENTIAL TREATMENT.**

REPRESENTATIVE GREGG TAKAYAMA, CHAIR  
HOUSE COMMITTEE ON HEALTH

Hearing Date: February 4, 2026      Time: 09:00 am      Room Number: 329

- 1 **Fiscal Implications:** Unknown
- 2 **Department Position:** The Department offers comments on this measure.
- 3 **Department Testimony:** The Child and Adolescent Mental Health Division (CAMHD) provides
- 4 the following testimony on behalf of the Department.
- 5 The Department offers comments on this measure, which proposes to increase the
- 6 requirements for youth mental health residential treatment programs contracted by the State
- 7 of Hawai'i.
- 8 The Department appreciates the intent of this measure and is committed to providing safe and
- 9 trauma-informed services for the youth in its care. All youth mental health residential
- 10 treatment programs in Hawai'i are licensed under chapter 321 and subject to the certificate of
- 11 need requirements under chapter 323D. This measure appears to be focused on community-
- 12 based youth mental health residential programs that provide care in a natural, home-like
- 13 setting as opposed to a larger facility. Programs like these are an important component of the
- 14 continuum of care, and it is critical that the Department continues to be able to provide
- 15 treatment services to youth with a history of trauma in need of community-based services. To

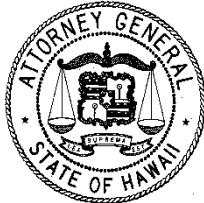
1 subject these homes to unique or additional requirements is potentially stigmatizing for the  
2 youth who live there and the adults who live with and care for them.

3 The Department is concerned the proposed requirements would add additional challenges to  
4 providing community-based mental health residential care for youth in need of this level of  
5 support. Over the past several years, insurance costs have risen exponentially across the  
6 country, and at the same time more and more sectors report difficulty in securing coverage at  
7 all. Hawai'i is no exception. The current State of Hawai'i contractual liability insurance  
8 requirement is for such residential programs to obtain a general liability insurance policy of at  
9 least \$2,000,000. As it is, several community provider agencies have expressed concern to the  
10 Department that insurance even at the current level has been difficult to secure, and that the  
11 cost has skyrocketed. Raising the required coverage may impact the number of providers who  
12 are able to contract for these services.

13 The Department respectfully suggests that the current requirements for programs of this type  
14 adequately address the needs of youth, communities, and the State. The Department already  
15 has the authority to adjust contractual requirements as it deems necessary, therefore a change  
16 to the statute is not required.

17 **Offered Amendments:** None

18 Thank you for the opportunity to testify on this measure.



**TESTIMONY OF  
THE DEPARTMENT OF THE ATTORNEY GENERAL  
KA 'OIHANA O KA LOIO KUHINA  
THIRTY-THIRD LEGISLATURE, 2026**

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**ON THE FOLLOWING MEASURE:**

H.B. NO. 1530, RELATING TO COMMUNITY RESIDENTIAL TREATMENT.

**BEFORE THE:**

HOUSE COMMITTEE ON HEALTH

**DATE:** Wednesday, February 4, 2026      **TIME:** 9:00 a.m.

**LOCATION:** State Capitol, Room 329

**TESTIFER(S):** Anne E. Lopez, Attorney General, or  
Michelle E. Nakata, Deputy Attorney General

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Chair Takayama and Members of the Committee:

The Department of the Attorney General has legal concerns regarding this bill and provides the following comments.

The purpose of this bill is to require any person applying to contract or extend or renew a contract with the Department of Health (DOH) for a youth mental health residential treatment program to: (1) obtain and maintain a general liability insurance policy with minimum coverage amounts; (2) submit for review and approval a community safety action plan; (3) provide written notice of the program's establishment and location to the community association or the neighborhood board in which it will operate; and (4) provide the program's community safety action plan to the community association or the neighborhood board as a condition for the DOH to enter into, extend, or renew the contract.

A youth mental health residential treatment program is a small group living home for youth with mental health disabilities. This population is protected from discrimination in housing by the federal Fair Housing Amendments Act of 1988 (FHA), codified in 42 U.S.C. sections 3601 to 3631. Generally, the FHA prohibits discrimination against persons with any "handicap." The term "handicap" is defined very broadly to mean with respect to a person--"(1) a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) a record of having such an impairment, or (3) being regarded as having such an impairment . . ." 42 U.S.C. § 3602(h). In

addition, the Americans with Disabilities Act of 1990 (ADA) provides that "no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of services, programs, or activities of a public entity, or be subjected to discrimination by any such entity." 42 U.S.C. § 12132. Therefore, the FHA and ADA prohibit governmental entities from discriminating against disabled persons in housing.

Courts have held that the FHA's definition of persons with a "handicap" include those persons with mental illness. For instance, in Step by Step, Inc. v. City of Ogdensburg, 176 F. Supp. 3d 112, 125 (N.D.N.Y. 2016), the United States District Court for the Eastern District of Michigan determined that the FHA's definition of "handicapped" includes persons with a mental illness or personality disorder. In Valley Hous. LP v. City of Derby, 802 F. Supp. 2d 359, 384 (D. Conn. 2011), the United States District Court for the District of Connecticut concluded that "[m]ental illness is also recognized as a handicap and disability."

The FHA's purposes include ending segregation of the housing available to persons with disabilities and giving persons with disabilities the right to choose where they wish to live.

This bill would add a new section to part VII of chapter 334, Hawaii Revised Statutes (HRS), to require that any person applying to contract, or extending or renewing a contract, with the DOH to operate a youth mental health residential treatment program to provide written notice of the program's establishment and location to the community association or the neighborhood board. See page 2, lines 9-15. In Potomac Group Home Corp. v. Montgomery County, Md., 823 F. Supp. 1285, 1296 (D. Md. 1993), the United States District Court for the District of Maryland determined that a neighbor notification requirement that requires a prospective provider of a group home for the elderly to notify neighbors and civic organizations of the type of disabilities of the persons who live in the group home and invites neighbors to comment was not imposed upon any family residential unit besides group homes for the disabled. As such, the Court concluded the neighbor notification requirement violated the FHA and was therefore invalid. Id. Similarly, the requirement for written notice of a youth mental

Testimony of the Department of the Attorney General

Thirty-Third Legislature, 2026

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health residential treatment program in this bill only applies to group homes for youth with mental health disabilities and would be subject to challenge on the grounds that it violates the FHA.

In addition, this bill would require the program to provide a community safety action plan to the community association or the neighborhood board as a condition for the DOH to enter into, extend, or renew a contract. See page 2, lines 9-13 and 16-18. The bill also requires the program to submit proof of required general liability insurance with minimum coverage not less than \$2,000,000 per occurrence and \$4,000,000 in the aggregate to be verified by the DOH before it enters into, extends, or renews any contract for any youth mental health residential treatment programs. See page 1, lines 6-13, page 2, lines 19-21, and page 3, lines 1-3.

Courts have held that discriminatory procedural requirements may violate the FHA. In Potomac, the Court recognized that under the FHA "courts have consistently invalidated a wide range of municipal licensing, zoning and other regulatory practices affecting persons with disabilities." Id. at 1294. In Marbrunak, Inc. v. City of Stow, Ohio, 974 F.2d 43, 46-47 (6th Cir. 1992), a non-profit corporation brought an action against the City of Stow to challenge its zoning ordinance's extensive safety requirements for single-family homes housing developmentally disabled persons. The Sixth Circuit Court of Appeals found that an ordinance which imposed "onerous safety and permit requirements on single-family residences" occupied by developmentally disabled women when these requirements were not imposed on any other single-family residences violated the FHA. Id. The Court reasoned that the defendant had made "no attempt at individualizing its requirements to the needs or abilities of particular kinds of developmental disabilities" and that the defendant's ordinance was therefore "over-broad and over-inclusive." Id. at 48. Similarly, the requirements for a community safety action plan and general liability insurance only apply to youth mental health residential treatment programs. In addition, this bill provides no justification for requiring the community safety action plan and liability insurance from these group homes for youth with mental health disabilities. Therefore, these requirements would also be subject to challenge on the grounds that they violate the FHA.

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If the written notice to the community association or neighborhood board, community safety action plan, and liability insurance requirements of this bill are applied to all family homes, the bill would not violate the FHA. However, as defined in this bill, the written notice, community safety action plan, and liability insurance requirements do not apply to all family homes; rather, they would apply only to youth mental health residential treatment programs under section 334- , HRS, as defined on page 3, line 16, through page 4, line 1.

DOH is required to adopt administrative rules necessary for the purposes of the new section. See page 3, lines 8-9. Under the FHA, discrimination includes "a refusal to make reasonable accommodations in rules, policies, practices, or services, when such accommodations may be necessary to afford such person equal opportunity to use and enjoy a dwelling." 42 U.S.C. § 3604(f)(3)(B). A court could find that an administrative rule to establish a written notice requirement to a community association or neighborhood board, requirement to provide a community safety action plan, and requirement of higher liability insurance for only youth mental health residential treatment programs violates the FHA, which would expose the State to monetary liability.

Thank you for the opportunity to provide comments.



CATHOLIC CHARITIES HAWAII

## OPPOSE HB 1530: RELATING TO COMMUNITY RESIDENTIAL TREATMENT

TO: House Committee on Health and Committee on Human Services & Homelessness  
FROM: Tina Andrade, President and CEO, Catholic Charities Hawai'i  
Hearing: Wednesday, 02/04/26; 9:00am; CR 329 & Videoconference

Chair Takayama, Vice Chair Keohokapu-Lee Loy and Committee on Health and Chair Marten, Vice Chair Olds and Committee on Human Services and Homelessness:

Catholic Charities Hawai'i opposes HB1530, which would impose additional insurance, notification, and community safety planning requirements on operators of certain community-based residential treatment programs.

Catholic Charities Hawai'i is a tax-exempt, community-based organization that has served individuals and families across Hawai'i for more than 78 years, providing essential services to those experiencing poverty, housing instability, trauma, and crisis.

While we appreciate the intent to promote community safety and transparency, we are concerned that HB1530 would create significant unintended barriers to care and could reduce the availability of much-needed residential treatment options statewide.

The bill would require providers to obtain and maintain high levels of general liability insurance, submit community safety action plans for approval, and formally notify community associations or neighborhood boards prior to contracting, renewal, or extension. These requirements would add significant cost and administrative burdens that many community-based and nonprofit providers are unable to absorb.

We are also concerned that the community notification provisions may unintentionally stigmatize youth receiving mental health treatment and invite opposition based on fear or misunderstanding rather than evidence. Residential treatment programs are already licensed, regulated, and staffed by trained professionals, and singling them out for heightened scrutiny risks undermining community-based care.

The state already has authority to license, monitor, and enforce safety and compliance standards for residential treatment facilities. Layering duplicative requirements is unlikely to improve safety and will increase costs and administrative complexity for both providers and the State.

For these reasons, we urge the Legislature to focus on strengthening youth mental health services and provider capacity—without creating barriers that reduce access to care for Hawai'i's most vulnerable children and families. Mahalo for hearing our concerns. If you have any questions, please contact our Vice President of Mission, Shellie Niles, at (808) 527-4813.

**HB-1530**

Submitted on: 2/3/2026 11:10:53 PM  
Testimony for HLT on 2/4/2026 9:00:00 AM

**LATE**

Submitted By	Organization	Testifier Position	Testify
Winifred Honda	Newtown Estate Community Association	Support	Written Testimony Only

Comments:

Testimony of **Winifred Honda**

HB1530

Committee on Health

February 4, 2026

9:00 am

State Capitol Conference Room 329

Dear Chair Takayama, Vice Chair Keohokapu Lee Loy, and Members of the Committee on Health,

My name is Winifred Honda, and I am testifying in support of HB1530.

An organization obtained zoning clearance and changed a residential home into a Special Treatment Facility that operates a Community Based Residential 2 - Sexually Reactive Youth program servicing males ages 12 - 17 with histories of sexual offending without notifying the community or providing a safety plan for the community. As a result, I no longer feel safe in my own neighborhood. The house is not secured and boys have the choice to leave if they want. They did not provide a safety plan even though in their contract it requires one. They said their plan is for us to call 911.

I support this bill because it requires community safety and community notification.

Thank you for considering my testimony in support.

Sincerely,

**Winifred Honda**



**HB-1530**

Submitted on: 1/30/2026 8:37:53 PM  
Testimony for HLT on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Johnnie-Mae L. Perry	Individual	Support	Written Testimony Only

**Comments:**

I, Johnnie-Mae L. Perry Support

1530 HB RELATING TO COMMUNITY RESIDENTIAL TREATMENT.	HLT	329 VIA VIDEOCONFERENCE	Feb 4, 2026 9:00 AM
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I am Thomas Lau, a Newtown resident.

This Treatment Facility should not be in a residential neighborhood.

Why the State put a treatment facility for "Adjudicated" Sexually Deviant Teens in a residential neighborhood, bringing teens that must meet all the dangerous criteria Department of Health set for admission. These criteria ensure only dangerous teens are housed in this facility endangering the nearby community.

Per Department of Health, there are much needs for this facility. But they selected a limited facility that can only treat up to maximum of 5 teens. Catholic Charities' application budgeted \$5.5M to operate this Treatment Facility for 3 years. At a very high cost of \$342,000 per teen per year. If Department of Health increases the minimum treatment capacity, they can treat more teens at reduced cost per teen.

This treatment Facility is finically devastating for the neighborhood. Already caused a canceled Home Sale. There is already a nearby adult treatment center within 500 feet of the sexually deviant teen treatment facility. The 2 nearby treatment centers together greatly depress the neighborhood value.

The Newtown community overwhelmingly doesn't want the treatment facility. Newtown residents voiced strong opposition at the Newtown board meeting. 860 residents also signed petitions in less than 2 weeks opposing the treatment facility.

Department of Health does not consider community's safety and security in their Certificate of Need evaluation criteria. Therefore, we need your help to protect our families.

In summary, a treatment Facility at this high level should not be in ANY residential neighborhood.

**HB-1530**

Submitted on: 2/1/2026 7:12:17 AM  
Testimony for HLT on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Stephanie Bath	Individual	Support	Written Testimony Only

Comments:

Aloha

Please support this Bill! It's important that those making income from supporting disabled folks insure that these folks are supportive and not effecting the community in negative ways.

In this way we can integrate these individuals into our communities( which are theirs as well!)

We have personally been negatively impacted by theft, ag and property damage, noise etc by one neighbor who is not adequately supervised.

Because we did not catch activity on camera we were required to absorb damages.

Stephanie Bath

Kurtistown

**HB-1530**

Submitted on: 2/1/2026 11:24:19 AM  
Testimony for HLT on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
GREGG FUJIMOTO	Individual	Support	Written Testimony Only

Comments:

Dear Representative Takayama: Chair House Health Committee

Re:HB1530

Hearing date 02-04-2026

I am a resident of Newtown Estates since 1987. I support HB 1530 for the following reasons.

A townhall meeting held was the most attended since my residency. Concern in our neighborhood is high. Unfortunately, this meeting was used to announce the establishment of the only facility in the state of this type for sexually reactive youths. This was not a meeting for community input.

The bill introduces a safety plan requirement for our community to protect our residents and children, oversight of the facility on an ongoing basis for compliance with renewal guidelines with the Department of Health.

Police reports are available to review a brick throwing incident and failure to accompany youths outside of the facility.

This will require accountability and ensure that future facilities operate in the best interest of our communities.

This is a good bill introduced by Sam Kong.

Thank you,

Gregg Fujimoto

**HB-1530**

Submitted on: 2/1/2026 1:05:26 PM  
Testimony for HLT on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Ronnie Suzuki	Individual	Support	Written Testimony Only

**Comments:**

I believe catholic charities did not disclose the full extent of what they were proposing that they will do with operating this new type of facility within this residential community. I question their proposed plan for the operation of this new facility in this type of community setting. They already had 2 incidents involving HPD.

Good morning, Representative and Chair Gregg Takayama, Vice Chair Sue L. Keohokapu-Lee Loy, and members of the Committee.

My name is Naomi Yap, and I am here to testify in strong support of HB 1530, relating to youth mental health residential treatment programs, specifically the provisions on community notification.

HB 1530 requires that any person applying to contract with the department—or to extend or renew a contract—to operate a youth mental health residential treatment program must provide the following to the applicable community association or neighborhood board for the area in which the program will operate:

1. Written notice of the program's establishment and location; and
2. The program's community safety action plan.

These notifications are required as a condition for the department to enter into, extend, or renew the contract.

This bill is important for several reasons:

1. Transparency builds trust between the agency, provider, and neighborhood. When a youth mental health residential treatment program is licensed and operating without informing nearby residents, it undermines good-faith community relations. This lack of transparency contributes significantly to mistrust and opposition.
2. Early communication prevents escalation and conflict. In situations where residents were not notified, they later resorted to testifying at public hearings, seeking legal counsel, and demanding explanations regarding zoning, safety protocols, and regulatory compliance. Providing information to the community early on can mitigate these conflicts and create opportunities to address concerns collaboratively.
3. Community input is a critical part of the review and approval process. The State's Certificate of Need process allows for public comment—but only if the community is aware that an application has been filed. Timely notification ensures that residents can participate in hearings, present valid concerns, and help shape the conditions under which a facility is approved and operates.

In conclusion, community notification is essential because it protects residents' welfare, upholds transparency, promotes collaboration, and ensures meaningful public participation in decisions that affect neighborhoods. For these reasons, I respectfully urge you to pass HB 1530.

**To the House Committee on Health,**

My name is Jeanne Omaye and I am testifying in strong support of **House Bill 1530.**

It has been over a year since our community group began working to ensure that special treatment facilities in our state do not create unsafe conditions for local residents. Specifically, the facility in our neighborhood is monitored under the **Child and Adolescent Mental Health Performance Standards** (Dept. of Health). According to **Condition 7** under Clinical Operations, these programs *“shall maintain awareness of community safety issues and have policies, procedures, and mechanisms in place to continually assess and effectively manage these risks.”*

Despite this clear requirement, our group has spent a year being stonewalled by both the service provider, **Catholic Charities Hawai‘i**, and the **Child and Adolescent Mental Health Division**.

**Our efforts to secure a safety plan have included:**

- **Collaborative Drafting:** The ‘Aiea Neighborhood Board formed a committee to draft a community plan alongside Catholic Charities Hawai‘i. However, the provider redlined our input and shifted the burden of safety responsibilities onto the residents themselves.
- **Official Requests:** A Request to Access a Government Record yielded only a letter asking the provider to submit a plan to the Department of Health.

- **Oversight Appeals:** Only after involving the **Office of Information Practices** and the **State Ombudsman** did Catholic Charities Hawai‘i finally produce a document.

Unfortunately, what they provided was a "program plan," not a safety plan. It lacked vital details, such as a **24/7 emergency contact number** or specific protocols for when a youth elopes or when 911 should be notified.

Catholic Charities Hawai‘i argues that these facilities help youth assimilate into the community. However, true assimilation requires an effort to be a *good neighbor*. That starts with a plan that details the measures taken to protect both the residents and the youths in their care. How can we feel safe if we don't know what actions are being taken to prevent danger?

House Bill 1530 also increases general liability coverage from \$1,000,000 to a minimum of \$2,000,000. While opponents may argue this increase is unnecessary based on past data, that logic fails here: this facility is the first of its kind in Hawai‘i. We have no "past" to rely on, but we do have a present. With three police reports already on file, we are seeing the warning signs.

When government agencies and private corporations fail to prioritize public safety, it is up to our lawmakers to protect us. Currently, this facility—which houses sexually reactive youth—is in my backyard. I ask you: what happens when a facility like this is placed in yours? Will there be a safety plan in place to protect you and the people you represent? Government agencies and large private corporations have the resources to protect their interests—they have professional lobbyists and trained legal teams. We don't. We are simply ordinary

people living in neighborhoods across Hawai‘i. We turn to you to stand by us in our effort to keep our homes safe, protected, and untroubled. As our representatives, we ask you to join us in supporting this essential safeguard.

## **Timeline of Work to Access Community Safety Plan Through DOH Child and Adolescent Mental Health Division:**

There has been an ongoing situation regarding the lack of communication between our group and the Department of Health's Child and Adolescent Mental Health Division under which the Special Treatment Facility falls. One of our major concerns is the lack of a community safety plan. Here is a brief timeline of events:

1. August 13, 2025 – submitted a Request to Access a Government Record form to CAMHD which asked for all documents, correspondence, plans and safety plans connected in any manner with condition number 5 in the Contract under Clinical Operations that requires “[t]he program (i.e., Catholic Charities Hawaii) shall maintain awareness of community safety issues and have policies, procedures, and mechanisms in place to continually assess and effectively manage these risks” related to the Special Treatment Facility.
2. August 27, 2025 – received email from CAMHD with an Acknowledgement to Requester that extends the date by which the document needs to be submitted to requester. Agency needs to consult with the Deputy Attorney General and requires more time so as not to interfere with their daily duties.
3. September 11, 2025 – received an email from CAMHD stating that my request will be granted in its entirety. But instead of receiving a community safety plan document, received a copy of a letter addressed to Ms. Sarah Antone, Catholic Charities Hawai'i Division Administrator requesting that they send their policy of plan that meets this Clinical Standard.
4. Called the Office of Information Practices due to unsatisfactory response to request. OIP said they would look over the documents to determine whether they can assist us.
5. September 18, 2025 – received an email from OIP with a copy of a letter they emailed to Dr. Kenneth Fink, Director of the DOH stating that their response to me was deficient and to provide OIP with notice of action taken by DOH to resolve this issue.
6. October 2, 2025 – emailed OIP to inform them that Dr. Fink has not provided a response within 10 business days.

7. October 15, 2025 – OIP emailed a copy of Dr. Fink's response. It looked like it was taken from the CCH manual containing procedures but no community safety plan.
8. October 21, 2025 – Emailed OIP listing issues with Dr. Fink's response. Examples were cited such as CAMDH unwilling to meet with our group, no one from their office responding to other requests or returning phone calls.
9. October 23, 2025 – OIP said issue raised were outside their jurisdiction and advised calling the Office of the Ombudsman.
10. Called the Office of the Ombudsman and was advised to email Dr. Fink and Ms. Valeried Kato, Deputy Director of DOH about our concerns. Also advised calling both offices and speaking to both directors.
11. November 3, 2025 – emailed Dr. Fink and Ms. Kato regarding our concerns.
12. November 19, 2025 – called offices of Dr. Fink and Ms. Kato; left messages; no calls returned to me.
13. December 1, 2025 – called both offices again; left detailed messages; no calls returned to me.
14. December 3, 2025 – filed a complaint with Ombudsman's Office.
15. December 10, 2025 – received call from Ombudsman's Office. They will investigate our complaint.
16. January 16, 2026 – received email from the Office of the Ombudsman stating that after an investigation they cannot be of any further assistance to us regarding this matter and will be closing their files.

From: Child and Adolescent Mental Health Performance Standard State of Hawaii  
Department of Health Child and Adolescent Mental Health Division  
Effective December 28, 2024

Note: Clinical Operations #7 relating to community safety

**Clinical Operations**

In addition to the clinical operation requirements specified in the General Performance Standards, the requirements below must also be followed. If the expectations listed here differ from those in the General Performance Standards these requirements will take precedence.

1. The program must be operational twenty-four (24) hours a day, seven (7) days a week.
2. The program shall always be staff-secure, with round-the-clock supervision of all youth physically present, in alignment with the minimum staff-to-youth ratios.
3. The program must adhere to all applicable facility licensing requirements/regulations.
4. The program and its staff must follow all applicable professional practice standards and ethical guidelines.
5. The number of CAMHD youth present in the program at any given time shall not exceed the contracted number of beds without prior written approval from the CAMHD Utilization Management Section (CBR Bed Expansion Request).

**CHILD & ADOLESCENT MENTAL HEALTH PERFORMANCE STANDARDS 2024 EDITION**

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6. The living environment should be home-like with comfortable, age-appropriate furnishings, and the youth encouraged to decorate and maintain their personal spaces.
7. The program shall maintain awareness of community safety issues and have policies, procedures, and mechanisms in place to continuously assess and effectively manage these risks.
8. ~~THE~~

# Response from Department of Health regarding request for community safety plan.

JOSH GREEN, M.D.  
GOVERNOR OF HAWAII  
HE KAHINA O KA NUIKAU'S HAWAII



KENNETH S. FINK, MD, MGA, MPH  
DIRECTOR OF HEALTH  
KA 'OHANA HO 'OKEKE

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
KA 'OHANA OLAKINO  
P.O. BOX 3378  
HONOLULU, HI 96801-3378

In reply, please refer to:  
File:

October 2, 2025

Ms. Lori Kato, Staff Attorney  
Office of Information Practices

*Via Electronic Delivery*

**Re: Request for Assistance to Access Records (U RFA-P 26-38)**

Dear Ms. Kato,

The Department of Health, Child and Adolescent Mental Health Division (CAMHD) is granting the records request in its entirety. Although the CAMHD was not in possession of the records, it has been working with the contractor to obtain the records requested by Ms. Omaye. The requested policies are attached.

More to the heart of the matter, the CAMHD's contractor Catholic Charities has been working with the neighborhood board to jointly develop a Community Safety Action Plan. While Catholic Charities' internal safety policies are important and contractually required, we believe the Community Safety Action Plan is the document that will address the questions and concerns of the residents. It also provides an opportunity for collaboration and provides a set of shared expectations.

Our Medical Director, Dr. Kurt Humphrey, recently met with the Aiea Neighborhood Board Chair to discuss and address concerns, and CAMHD Program Monitors have been visiting the program. Although not obligated to, the CAMHD Administrator has also answered questions submitted by the residents via email and CAMHD leadership has attended Aiea Neighborhood Board meetings, in the spirit of transparency.

Sincerely,

A handwritten signature in blue ink, appearing to read "K. Fink".

Kenneth S. Fink, MD, MGA, MPH  
Director of Health

Attachments: Supporting Safe and Positive Community Living  
Elopement Prevention and Response

**TITLE: Supporting Safe and Positive Community Living**

**PURPOSE:**

To promote a safe, supportive and respectful environment for youth, staff, and the community through proactive planning, staff training and ongoing collaboration.

**POLICY:**

Catholic Charities Hawai'i – Nā 'Ohana Pūlama (CCH – NOP) is dedicated to promoting and supporting community safety and wellbeing in the CBR2 program. Staff maintain awareness of individual needs, encourage positive behavior, and use proactive strategies to promote safety and healthy participation in both the program and the community.

**PROCEDURES:**

- 1) **Individual Risk Awareness and Support Planning:**
  - a. Each youth has an individualized support plan created with input from the youth, family and treatment team. Plans highlight strengths, identify supports, outline strategies for growth and safety. Plans are reviewed and updated regularly.
- 2) **Staff Training and Behavior Management Support:**
  - a. All staff receive training in trauma-informed care, positive behavior support and de-escalation strategies. Training is refreshed annually and supported through supervision and in-person coaching.
- 3) **Positive Behavior and Crisis Prevention:**
  - a. Staff recognize early signs of stress and respond with calm, respectful communication and supportive techniques. Strategies such as active listening, redirection, and offering choices are used to help youth stay regulated.
- 4) **Elopement Response:**
  - a. Staff focus on prevention by building trust and teaching coping strategies. If a youth leaves without permission, staff follow established procedures to ensure safety and coordinate with guardians, law enforcement and the treatment team.
- 5) **Community Participation:**
  - a. Youth are encouraged to take part in activities with staff support, skill-building and guidance. Respectful behavior is expected, and staff provide coaching and redirection as needed.
- 6) **Incident Documentation**
  - a. Any significant event is documented and reviewed by supervisors to guide future planning and support. Updates are shared with the treatment team to ensure ongoing alignment with each youth's needs.

**TITLE: Elopement Prevention and Response:**

**PURPOSE:**

To prevent youth elopement and ensure a safe, supportive response through proactive planning, staff training and coordinated follow-up.

**POLICY:**

Catholic Charities Hawai'i – Nā 'Ohana Pūlama (CCH – NOP) is committed to preventing elopement and responding effectively when youth leave the program property without authorization. Staff build trust, monitor for risk, and follow established procedures to ensure youth safety and support.

**PROCEDURES:**

**1) Prevention and Education:**

- a. Staff work closely with youth from the time of admission to build trust and teach skills that reduce the likelihood of elopement.
- b. Youth are supported in developing individual safety plans that identify emotional triggers, coping strategies, and alternatives to leaving.
  - i. The risks and consequences of leaving the program are discussed in a supportive, age-appropriate manner.

**2) Monitoring and Early Intervention:**

- a. Staff are attentive and trained to identify changes in mood, behavior, or routine that may indicate a youth is considering elopement.
- b. When concerns arise, staff proactively engage the youth, offer alternatives, and consult with the Parent Consultant for additional support.

**3) Response if a Youth Elopes:**

- a. If a youth leaves the program without permission, staff follow protocol which includes but may not be limited to:
  - i. Staff walking with youth using de-escalation techniques to encourage youth to return to the program
  - ii. Notifying program leadership immediately
  - iii. Staff accompanying youth to at least the bottom of the Royal Summit hill and until it is clear youth does not intend to return.
  - iv. Contacting law enforcement to file a runaway or missing person report and provide relevant information to aid in locating the youth.
  - v. Informing the youth's legal guardian and treatment team
  - vi. Coordinating with local agencies as appropriate to ensure the youth's safe return.

**4) Follow-Up and Safety Planning:**

- a. Upon the youth's return, evaluate youth's physical, behavioral and emotional status. Determine if any necessary medical or other emergency attention is necessary and call 911 if needed. If youth is dysregulated, utilize youth's safety plan and consult with Parent Consultant.
- b. Call police and cancel the runaway/missing persons report.
- c. Notify the Parent Consultant who will contact the parent(s) or guardian and other treatment team members.

**Testimony of Name**

HB1530

Committee on Health

February 4, 2026

State Capitol Conference Room 329

I support this bill because it requires community safety and community notification. As a father of four kids I believe it is important that we maintain a standard of safety in our neighborhood.

Thank you for considering my testimony in support.

Sincerely,

**Timothy Ma**

**HB-1530**

Submitted on: 2/1/2026 6:45:03 PM  
Testimony for HLT on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Carrie Wong	Individual	Support	Written Testimony Only

**Comments:**

I support bill HB1530. As families who have been living in the community for years, I do understand the fear and worry the residents may have. I don't know if enough data and evidence were presented to the homeowners that may have given them at least a hint of assurance that they would be safe.

What guarantee would be given to assure all residents will be safe? What would happen if something were to happen? The consequence would be devastating. What guarantee do community members have to assure them their 100% safety? How would these boys be eased into the community? Would they be able to walk around the neighborhood? Would community members know who the individuals are? Information and phone numbers (communication) are provided to the community to call just in case of residents walking around by themselves? Would they be allowed to walk around alone? I am guessing the residential rehabilitation in Aiea would not be the only one on the island, let alone in the state. I am hoping this situation would set a precedent of what may come to other communities.

**HB-1530**

Submitted on: 2/1/2026 7:42:52 PM  
Testimony for HLT on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Donna Schlitzkus	Individual	Comments	Written Testimony Only

Comments:

I am in favor of HB 1530.

I believe this types of facilities and programs should be located in a commercial setting and not in a residential community with children and families that are at risk.

**HB-1530**

Submitted on: 2/1/2026 7:45:15 PM  
Testimony for HLT on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Lori Nakamura	Individual	Support	Written Testimony Only

Comments:

Testimony of HB1530

Committee on Health

Dear Representative Kong, Senator Elefante and Members of the Committee on Health,

My name is Lori Nakamura and I am testifying in support of HB1530.

An organization obtained zoning clearance and changed a residential home into a Special Treatment Facility that operates a Community Based Residential 2 - Sexually Reactive Youth program servicing males ages 12 - 17 with histories of sexual offending without notifying the community or providing a safety plan for the community. I support this bill because it requires community safety and community notification.

Thank you for considering my testimony in support.

Sincerely,

**Lori Nakamura**

**HB-1530**

Submitted on: 2/2/2026 11:08:36 AM  
Testimony for HLT on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Daniel Bright	Individual	Oppose	Written Testimony Only

**Comments:**

To Whom It May Concern,

My name is Daniel Bright I live directly across the street from the Keikialii Street youth rehabilitation facility. I as well as numerous other residents on the Street as well as people in the community. Are opposed to the operation of this facility. The main concern is if one or more of the residents of this facility decide to walk out they cannot be detained the staff has a hands no touch policy. They are to call the Honolulu Police HPD. As you know HPD is under staffed, an may not be able to respond in a timely manner. There have been several instances concerning the youths HPD did respond and did remove one of the youths. The youths are housed there have numerous issues (not disclosed) per City & County of Honolulu. My self have a minor living in my house, as well as several other people on the street. This is a housing area not a treatment facility area, respectfully request that this facility be closed down and the youths be moved to another facility and not in a residential area. If one of the youths enter into one of the houses unauthorized in the area, their safety can not be assured. Please if you have any children or grandchildren do not approve the bill for the sake of the children

**HB-1530**

Submitted on: 2/2/2026 1:47:58 PM  
Testimony for HLT on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Nellani Asato	Individual	Support	Written Testimony Only

**Comments:**

I am writing to express my strong support for HB1530.

I live approximately 0.3 miles (four blocks) from the Special Treatment Facility (STF) for Sexually Reactive Youth on Keikialii St.

What the top brass fail to understand is the impact the STF has had on the community--the fear, anxiety, constant worry, frustration, and feeling unsafe in your own home. Then there's the constant traffic, people coming and going and police visits.

The beautiful home you worked so hard for, the sweat, tears and sacrifice to make that home your dream home that you deserve to enjoy...well your home and your neighbor's homes have potentially lost their value by potentially hundreds of thousands of dollars while your liability insurance may increase in the event that these youths injure themselves while they are illegally on your property.

Respectfully,

Nellani Asato

2 February 2026

Aloha,

This letter is a written testimony to support HB 1530. My family and I oppose to Catholic Charities' special treatment facility at 98-697 Keikialii Street in the Royal Summit neighborhood in Aiea. There are many overlapping concerns about Catholic Charities' operation of the facility that was not shared or appeared to be deliberately withheld from the neighborhood community. The discovery by neighborhood residents of the level of risk posed to the community by the teenage patients, which are outlined in the nine criteria that the patients must meet according to the Child and Adolescence Mental Health Performance Standard, is an example of how Catholic Charities was not been forthcoming with information essential for the neighborhood to come to consent or consensus about the facility. By withholding fundamental information in what appears to be an effort to circumvent the neighborhood's concerns, Catholic Charities has shown to be an untrustworthy stakeholder and member of our community.

Because I personally am unable to rely on Catholic Charity's assurances regarding the neighborhood's safety, this letter is to testify specifically how my family will be negatively impacted due to the level of risk posed by patients of the facility and how HB 1530 will help, however minimally, to mitigate that risk.

My children catch the bus that passes nearly directly in front of the special treatment facility. However, were an incident between them and the patients at the facility were to occur, I do not know what procedures are in place as Catholic Charities has not provided the community any such information. There is no contact number to call, there are no procedures to respond to behavior, and I am not aware of staff protocols in response to incidents.

My children, who are ten and twelve, are at an age where I encourage them greater freedom of movement to explore, grow, and experience a measured degree of independence. They currently have friends who live several blocks below us. These friends themselves live near the planned facility. My kids are presently allowed to walk unsupervised to their friend's house so long as they inform us, bring a phone, and travel together. Since the facility—which is classified as a “moderate risk” to the community as defined by the Standard—has opened operations, the impact to my children would be that they would have to be supervised during the short walk to their friend's house. This level of surveillance, or “helicoptering,” is the opposite of my preference to raising my kids as individuals worthy of trust. Yet, this simple activity of going to a neighbor's house, and all the others like it such as riding bikes on our street, chalk drawing in the front driveway, or the innate satisfaction of being alone, unmonitored, in a semi-public space is altered for the worse since this facility was opened and the “moderate risk” teenagers have had access to the neighborhood outside of the facility.

Catholic Charities says that the facility will pose no risk to the community. They claim that none of their facilities have ever resulted in a hazard or crime to the community. This is clearly not true, as there have already been several incidents resulting in police reports. Regardless of what Catholic Charities has claimed, the special facility is intended for patients who pose, by Hawai'i State definition, a moderate risk to the surrounding community. This risk has already changed my kids' lives in an actual, tangible way by making their realities smaller, more sheltered, and less free. It likely has already done the same for the homeowners who live close by the facility, have aged parents in the neighborhood, and those with young children.

Catholic Charities has set the special treatment facility and its patients for failure by not working to gain the community's trust. Catholic Charities has also managed to make the neighborhood less attractive to raise a family by inserting a level of risk that degrades the conditions my children to grow independently into young adults.

I hope this testimony remains at the forefront of your thoughts as you weigh in on HB 1530.

All the best,

Alan Chu

**HB-1530**

Submitted on: 2/2/2026 3:06:56 PM  
Testimony for HLT on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Bernard Asato	Individual	Support	Written Testimony Only

Comments:

I strongly urge the committee to pass HB 1530 to address critical safety and community concerns. The Special Treatment Facility for Sexually Reactive Youth is in a residential area surrounded by an elderly population and young children (grandchildren).

Respectfully,

Bernard Asato

**HB-1530**

Submitted on: 2/2/2026 7:35:33 PM  
Testimony for HLT on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
DARLENE BURKHART	Individual	Support	Written Testimony Only

**Comments:**

Dear Chair Takayama, Vice Chair Keohokapu Lee Loy, and members of the Committee on Health,

My name is Darlene Burkhart. My husband Ronald and I are testifying in support of bill HB1530. We reside in Royal Summit and have lived here for 33 years. Recently, the Catholic Charities purchased a home and managed to turn this residential home into a Community Based Residential 2-Sexually Reactive Youth Program. This program serves males between the ages of 12-17. The Catholic Charities managed to obtain zoning clearance and changed a residential home into a Special Treatment Facility. Our NECA community was never made aware of these changes and the Catholic Charities never implemented a safety plan. Their safety plan is for the NECA community to call 911 in the event of an emergency. It is unacceptable to have Youth sex offenders living in our neighborhood as it poses a serious risk to the safety and well being of children and families. Allowing individuals with a history of sexual offenses and mental illness creates fear and undermines the sense of security that every neighborhood deserves. Protecting vulnerable residents must always come before placing offenders in residential areas where they could reoffend or traumatize others. For this reason we support bill HB-1530. Thank you for considering my testimony in support of bill HB-1530.

Darlene and Ronald Burkhart

**HB-1530**

Submitted on: 2/2/2026 7:44:21 PM  
Testimony for HLT on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Milo David Huempfner!%HSL495973@d	Individual	Support	Written Testimony Only

Comments:

Aloha Honorable Representative,

I am writing in support of HB1530 designed to improve safety measures in communities with residential treatment programs.

This bill supports a community safety action plan, community notification about the program they are running, and increasing their liability insurance coverage from \$1,000,000 to \$2,000,000 per occurrence and \$2,000,000 to \$4,000,000 in the aggregate.

I am writing this letter of support based on my 53+ years as a registered nurse as well as being a Certified Healthcare Compliance Officer. I reside in Newtown Villa II a subdivision in Newtown Estates Community Association.

Sincerely yours,

milo david huempfner, RN,MS

**HB-1530**

Submitted on: 2/2/2026 8:27:28 PM  
Testimony for HLT on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Esther Lee	Individual	Support	Written Testimony Only

**Comments:**

Dear Chair Takayama, Vice Chair Keohokapu Lee Loy, and Members of the Committee on Health,

My name is Esther Lee , and I am testifying in support of HB1530.

An organization obtained zoning clearance and changed a residential home into a Special Treatment Facility that operates a Community Based Residential 2 - Sexually Reactive Youth program servicing males ages 12 - 17 with histories of sexual offending without notifying the community or providing a safety plan for the community. As a result, I no longer feel safe in my own neighborhood.

I support this bill because it requires community safety and community notification.

Thank you for considering my testimony in support.

Sincerely,

**Esther Lee**

**HB-1530**

Submitted on: 2/2/2026 8:45:23 PM  
Testimony for HLT on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Michael Kumabe	Individual	Support	Written Testimony Only

**Comments:**

This bill is needed to ensure that oversite is provided to these treatment facilities that operate in residential neighborhoods to ensure that the facility has developed a safety action plan to protect the residents, community, and patients, adequate insurance coverage has been obtained, and security provided for patients and neighbors prior to the facility operation. It should be the responsibility of the service provider organization to adequately inform the public of the facility's plan, and obtain feedback from the community and resolve concerns before proceeding with facility's acquisition.

To: Chair Takayama, Vice Chair Keohokapu Lee Loy and Members of the Committee on Health.

Re: HB1530

Hearing Date: Wednesday, Feb. 4, 2026

Time and Place of Hearing: 9am State Capital Conference Room 329

My name is Laura Chong and a 42-year owner/resident in the Royal Summit Subdivision that is a part of the Newtown Estates Community Association.

I am testifying in favor of HB1530 with the following Amendment. Committee, please amend this measure to include ONLY facilities operating a **Community-Based Residential 2-Sexually Reactive Youth program within a residential community in the definition of a “youth mental health residential treatment program.”**

A Community-Based 24/7 Residential 2-Sexually Reactive Youth program, the only facility in the State of Hawaii and second-highest level of care for adolescents, just below hospitalization, started operating in my neighborhood at the end of July 2025. This program is designed for youth males ages 12-17 who have a history of challenges related to sexual offending, aggression or deviance that prevent them from taking part in family and/or community life.

I have high regards for the Organization operating this Facility and under the current law, they were not required to complete any type of community outreach. Furthermore, residents have yet to be provided with a community safety plan and to date, three police reports have been filed of which two are violent incidents at this Facility. I personally witnessed the one event that occurred outside of the facility on a public sidewalk near my residence.

Thank you for your time and please strongly consider this testimony supporting HB 1530 with an amendment.

Laura Chong, Homeowner Royal Summit Subdivision

# **Testimony of Wayne and Elaine Tamashiro**

**Measure:** HB1530

**Committee:** Committee on Health

**Hearing Date:** February 4, 2026

**Time/Location:** 9:00 am | State Capitol Conference Room 329

**Dear Chair Takayama, Vice Chair Keohokapu Lee Loy, and Members of the Committee,**

We are Wayne and Elaine Tamashiro, longtime residents of our neighborhood, and we are writing to express our **strong support for HB1530**.

Recently, a residential home in our immediate area was converted into a Special Treatment Facility (STF) operating a "Community Based Residential 2 – Sexually Reactive Youth" program. This facility services males ages 12–17 with histories of sexual offending.

We are testifying today because this transition occurred with:

- **Minimal community notification:** We only discovered the nature of the facility after the zoning was cleared and operations began.
- **No established safety plan:** There has been no dialogue regarding how the provider intends to mitigate risks to the surrounding residents.

While we understand the need for rehabilitative services, the current process bypasses the fundamental right of a community to be informed and prepared. As a result, our sense of security in our own neighborhood has been significantly compromised.

We respectfully urge the Committee to pass **HB1530** to ensure that community safety and public awareness are prioritized alongside the establishment of Special Treatment Facilities.

Thank you for the opportunity to testify on this important matter.

Sincerely,

Wayne and Elaine Tamashiro

Testimony of Claire Yim  
HB1530 – Support with Amendment  
Committee on Health  
February 4, 2026  
9:00 am  
State Capitol Conference Room 329

Dear Chair Takayama, Vice Chair Keohokapu Lee Loy, and Members of the Committee on Health,

**I strongly support HB1530, with an amendment.** I respectfully request that your Committee amend this measure to ONLY include Community-Based Residential 2 – Sexually Reactive Youth programs operating in a residential community in the definition of a "youth mental health residential treatment program."

At the end of July 2025, a Community-Based Residential 2 – Sexually Reactive Youth program began operations. This Community-Based Residential 2 – Sexually Reactive Youth program is a 24/7 Special Treatment Facility serving five males ages 12 – 17 who have a history of challenges related to sexual offending, aggression or deviance that prevent them from taking part in family and/or community life. This program is designed for youth who pose a moderate risk to the community. **The Special Treatment Facility is the ONLY facility in the State of Hawaii operating a Community-Based Residential 2 – Sexually Reactive Youth program in a residential neighborhood and operates as Hawaii's second-highest level of care for adolescents, just below hospitalization.**

The organization operating the Special Treatment Facility said that they did not complete community outreach because they were not required to do so under the law. The organization has not provided residents with a community safety plan, even though, to date, three police reports have been filed for two violent incidents at the Special Treatment Facility. (Police reports are attached for your convenience.)

While I respect the work of the organization operating the Special Treatment Facility, community safety, protection, and notification are important, especially in a residential area where children, adolescents, and elderly are living. HB 1530 will require "youth mental health residential treatment programs" to address safety concerns, provide notice to the community, and maintain adequate insurance coverage. I believe these requirements will ensure that treatment services are delivered responsibly while addressing legitimate community safety concerns.

**Accordingly, I strongly support HB1530, with an amendment** that the definition of a "youth mental health residential treatment program" to ONLY include Community-Based Residential 2 – Sexually Reactive Youth programs operating in a residential community.

Thank you for considering my testimony in support with an amendment.

**Honolulu Police Department  
Incident Report**

R0007152894



**Page 1 of 2  
25-286630**

**REPORT INFORMATION**

Dispatched Location

Kahele St, Aiea 96701

Date / Time Dispatched  
08-04-25 / 1220

Report Type

Initial

Force Used

No Body-Worn Cam.

Pursuit

No

Latents

Not Dusted

Date / Time Arrived  
08-04-25 / 1220

**ATTACHED FILES**

File Name	Description	Size	Uploaded Date / Time
252 and 458.pdf	252 and 458	1.07 MB	08-04-25 / 1451

**OFFENSE 001**

Offense  
Miscellaneous Public

Class

NC

Section Number

Reclass

No

Date / Time Occurred From  
08-04-25 / 1200

Offense Disposition  
Records Only

Code

432

NIBRS

[NONE]

Offense Flags

Beat

373

Date / Time Occurred To

Scene of the Offense  
Kahele St, Aiea 96701

Location Type

Hwy/Street/Road/Alley/Sidewalk

Date / Time Reported  
08-04-25 / 1212

Related Persons

(Other)

(Witness)

(Witness)

**WITNESS**

Name (Last, First, Middle)

DOB

Gender

Age

Juv.

Prosecute

Ethnicity	SID	SSN	Special Status	FBI Number	US Cit.	At Address Until
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Employer/School

Occupation

Work Hours

Relationship to Suspect

Home Address

Cell Phone Number

State DL: HAWAII

Height  
Weight  
Build  
Hair Style / Color  
Facial Hair Style / Color  
Eye Color  
Complexion  
Voice  
Peculiarities

Offense of  
001-Misc Pub

**OTHER**

Name (Last, First, Middle)

DOB

Gender

Age

Juv.

Prosecute

Ethnicity	SID	SSN	Special Status	FBI Number	US Cit.	At Address Until
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Employer/School

Occupation

Work Hours

Relationship to Suspect

Work Address

Cell Phone Number

State DL: HAWAII

Height  
Weight  
Build  
Hair Style / Color  
Facial Hair Style / Color  
Eye Color  
Complexion  
Voice  
Peculiarities

Offense of  
001-Misc Pub

**WITNESS**

Name (Last, First, Middle)

DOB

Gender

Age

Juv.

Prosecute

Ethnicity	SID	SSN	Special Status	FBI Number	US Cit.	At Address Until
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Employer/School

Occupation

Work Hours

Relationship to Suspect

Home Address

Cell Phone Number

Offense of  
001-Misc Pub

**REPORT NARRATIVE**

**REDACTED COPY**

**HONOLULU POLICE DEPARTMENT  
RECORDS & IDENTIFICATION DIVISION**

SYNOPSIS: (2M373)

On the above date, time, and location, [REDACTED] observed an unidentified teenaged male from a nearby boarding home throw a brick on the ground; followed by throwing a piece of the brick that had broken off, at a metal gate (refer to HPD-252 and HPD-458). After officers conducted an on scene investigation, the owner of the gate, a [REDACTED] concurred with officers that no damage was caused to the gate or to a nearby parked vehicle as a result of this incident. The above patient requires around the clock special needs care, and was being escorted by a staff member of the boarding home, later

Submitted By: SUNADA, DARREN

Approved By: INAMINE, CHASE

ID Number: [REDACTED]

Rank: MP CORPORAL

Date / Time: 08-04-25 / 1451

ID Number: [REDACTED]

Rank: MP SERGEANT

Date / Time: 08-04-25 / 1736



identified as [REDACTED] when this incident occurred. This writer proceeded to the boarding home in question located at [REDACTED] Keikialii St, and spoke to [REDACTED] who was already aware of this incident. [REDACTED] provided this writer with additional contact information in the event staff members need to be contacted by patrol officers. The above mentioned boarding home is operated by [REDACTED].

[REDACTED]

**DISPOSITION:**

Records.

**DECLARATION**

I, DARREN SUNADA, police officer, declare under penalty of law that the foregoing is true and correct to the best of my knowledge and belief.

Submitted By: SUNADA, DARREN	Approved By: INAMINE, CHASE
ID Number: [REDACTED] Rank: MP CORPORAL	ID Number: [REDACTED] Rank: MP SERGEANT

## HONOLULU POLICE DEPARTMENT STATEMENT FORM

Report No. 25-286630

Statement of		Classification:	Muzl. Pub
Address:		Date of Occurrence:	8-4-25
Age:	Date of Birth:	Occupation:	
Res. Ph:	Bus. Ph.:	Employer:	
Location of Interview:		Email:	

Please give a detailed statement answering all of the following questions:

1. What <b>DATE</b> and <b>TIME</b> did it happen?	5. <b>WHAT</b> happened?	9. <b>DID YOU IDENTIFY</b> any suspects?	Explain.
2. <b>WHERE</b> did it happen?	6. <b>HOW</b> did it happen?	10. <b>DID YOU IDENTIFY</b> any weapons?	Explain.
3. <b>WHO</b> was involved?	7. <b>WHY</b> did it happen (prior events/causes)?	11. ... any property?	Explain.
4. What <b>WITNESSES</b> do you know of?	8. <b>ANY OTHER</b> relevant information?	12. ... any vehicles?	Explain.

The undersigned freely and voluntarily provides the following statement:

On 8-4-25 at about 1200 hours, I was standing in my front yard when I heard the sound of a brick being thrown on the ground near the roadway. I looked up - observed a young male pick up a small rock - threw ~~it~~ <sup>up</sup> at a truck that was parked in my neighbor's driveway. The sound appeared to be a rock striking a metal object. I can ID the suspect in the future.

I have read this statement prepared by Sent which consists of this typed/handwritten page and 0 continuation page(s), and have been given the opportunity to make corrections thereon. I attest that this statement is true and correct to the best of my knowledge, and that I gave this statement freely and voluntarily without coercion or promise of reward.

Date: 8-4-25

Signature

Time: 1245Date: 8-4-25Time: 1300

## HONOLULU POLICE DEPARTMENT

## SUSPECT, WEAPON, AND VEHICLE DESCRIPTION

(Please check or fill in appropriate response)

TIME: 1250DATE: 8-4-25POLICE REPORT NO.: 25-28663c

SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Comments: _____
RACE/ETHNICITY	<input checked="" type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input checked="" type="checkbox"/> Polynesian <input type="checkbox"/> Other: _____
Early/Late (circle one)	
AGE (yrs)	<input type="checkbox"/> Under 15 <input checked="" type="checkbox"/> 15-17 <input type="checkbox"/> 18-20 <input type="checkbox"/> 20's <input type="checkbox"/> 30's <input type="checkbox"/> 40's <input type="checkbox"/> 50's <input type="checkbox"/> 60's <input type="checkbox"/> 70's
HEIGHT (ft./in.)	<input type="checkbox"/> Under 5'0" <input type="checkbox"/> 5'0"-5'2" <input type="checkbox"/> 5'2"-5'4" <input checked="" type="checkbox"/> 5'4"-5'6" <input type="checkbox"/> 5'6"-5'8" <input type="checkbox"/> 5'8"-6'0" <input type="checkbox"/> 6'0"-6'2" <input type="checkbox"/> Above 6'2"
WEIGHT (lbs)	<input type="checkbox"/> Under 100 <input type="checkbox"/> 100-120 <input type="checkbox"/> 120-140 <input type="checkbox"/> 140-160 <input type="checkbox"/> 160-180 <input checked="" type="checkbox"/> 180-200 <input type="checkbox"/> 200-220 <input type="checkbox"/> 220-240 <input type="checkbox"/> Over 240
BUILD	<input type="checkbox"/> Thin <input type="checkbox"/> Slim <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Heavy <input type="checkbox"/> Husky <input type="checkbox"/> Muscular <input type="checkbox"/> Obese
HAIR	Color <input checked="" type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blond <input type="checkbox"/> Dirty Blond <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White
	Style <input type="checkbox"/> Straight <input checked="" type="checkbox"/> Curly <input type="checkbox"/> Wavy <input type="checkbox"/> Afro <input type="checkbox"/> Neat <input type="checkbox"/> Shaved <input type="checkbox"/> Wig
	Length <input type="checkbox"/> Crew Cut <input type="checkbox"/> Shoulder <input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> Bald <input type="checkbox"/> Balding
EYES	Color <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Gray
	Glasses <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, <input type="checkbox"/> Sunglasses <input type="checkbox"/> Prescription
COMPLEXION	<input type="checkbox"/> Pale <input type="checkbox"/> Fair <input type="checkbox"/> Medium <input type="checkbox"/> Ruddy <input checked="" type="checkbox"/> Tan <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Clear <input type="checkbox"/> Acne <input type="checkbox"/> Pock-Marked
FACIAL HAIR	Color <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blond <input type="checkbox"/> Dirty Blond <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White
	Style <input type="checkbox"/> Mustache <input type="checkbox"/> Goatee <input type="checkbox"/> Beard <input type="checkbox"/> Sideburns
PECULIARITIES	<input type="checkbox"/> Walk <input type="checkbox"/> Mannerisms <input type="checkbox"/> Speech <input type="checkbox"/> Accent <input type="checkbox"/> Tattoos <input type="checkbox"/> Scars <input type="checkbox"/> Injuries <input type="checkbox"/> Jewelry
Describe	_____
SHIRT	Color <input checked="" type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> Any Print? _____
	Style <input type="checkbox"/> Polo <input type="checkbox"/> Dress <input checked="" type="checkbox"/> T-Shirt <input type="checkbox"/> Tank Top <input type="checkbox"/> Sweater <input type="checkbox"/> Jacket <input type="checkbox"/> Sweatshirt
	Length <input type="checkbox"/> Short Sleeve <input type="checkbox"/> Long Sleeve <input type="checkbox"/> Sleeveless <input type="checkbox"/> Strapless <input type="checkbox"/> Other _____
Other Description	_____
PANTS	Color <input checked="" type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> Any Print? _____
	Style <input type="checkbox"/> Jeans <input type="checkbox"/> Dress Slacks <input type="checkbox"/> Sweat Pants <input type="checkbox"/> Knit <input type="checkbox"/> Corduroy <input type="checkbox"/> Swim
	Length <input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long
Other Description	_____
DRESS	Color <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> Any Print? _____
	Style <input type="checkbox"/> Short Dress <input type="checkbox"/> Long Dress <input type="checkbox"/> Muumuu <input type="checkbox"/> Skirt
	Length <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long
Other Description	_____
SHOES	Style <input type="checkbox"/> Barefoot <input type="checkbox"/> Slippers <input type="checkbox"/> Dress Shoes <input type="checkbox"/> Work shoes <input type="checkbox"/> Boots <input type="checkbox"/> Sandals <input type="checkbox"/> Athletic Shoes <input type="checkbox"/> High Heels
	Color _____
HAT	Style <input type="checkbox"/> Cap <input type="checkbox"/> Beanie <input type="checkbox"/> Bandana <input type="checkbox"/> Head Wrap <input type="checkbox"/> Cowboy <input type="checkbox"/> Other _____
	Color _____
WEAPON	<input type="checkbox"/> Handgun <input type="checkbox"/> Revolver <input type="checkbox"/> Automatic <input type="checkbox"/> Pistol <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Knife <input type="checkbox"/> Other _____
CONTAINER	<input type="checkbox"/> Bag/Package <input type="checkbox"/> Paper Sack <input type="checkbox"/> Backpack <input type="checkbox"/> Fannypack <input type="checkbox"/> On Person <input type="checkbox"/> Other _____
VEHICLE	Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> SUV <input type="checkbox"/> Motorcycle <input type="checkbox"/> Moped <input type="checkbox"/> Bicycle <input type="checkbox"/> On Foot
Specifics	Make/Model: _____ Color: _____ License No. _____ State: _____
Other Markings	<input type="checkbox"/> Rust <input type="checkbox"/> Tires/Rims <input type="checkbox"/> Upholstery <input type="checkbox"/> Sunroof <input type="checkbox"/> Roof Rack <input type="checkbox"/> Stickers/Logos <input type="checkbox"/> Window Tint

INFORMATION PROVIDED BY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Honolulu Police Department  
Incident Report**

R0007236326

Page 1 of 3  
**25-336780**

<b>REPORT INFORMATION</b>		Dispatched Location Keikialii St, Aiea 96701				Date / Time Dispatched 09-10-25 / 1200	
Report Type Initial		Force Used No	Body-Worn Cam. Activated	Pursuit No	Latents Not Dusted	Date / Time Arrived 09-10-25 / 1200	

**ATTACHED FILES**

File Name HPD252.pdf	Description HPD252	Size 947.79 KB	Uploaded Date / Time 09-10-25 / 1631
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<b>OFFENSE 001</b>	Offense Harassment [physical]	Class PM	Section Number 711-1106	Reclass No	Date / Time Occurred From 09-10-25 / 1130
Offense Disposition Prosecutors / Victim Kokua	Code 083	NIBRS 13B	Offense Flags [NONE]	Beat 373	Date / Time Occurred To
Scene of the Offense Keikialii St, Aiea 96701	Location Type Residence/Home			Date / Time Reported 09-10-25 / 1150	
Related Persons (Complainant) [REDACTED] (Suspect) [REDACTED]	Dynamic Questions				
Weapon or Force Involved [NIBRS] : Blunt Object   Hate Crime Related : No Bias   Offender Suspected of Using (NIBRS) : Not Applicable					

<b>COMPLAINANT</b>	Name (Last, First, Middle) [REDACTED]					DOB [REDACTED]	Gender [REDACTED]	Age [REDACTED]	Juv. [REDACTED]	Prosecute [REDACTED]
Ethnicity [REDACTED]		SID [REDACTED]	SSN [REDACTED]	Special Status [REDACTED]	FBI Number [REDACTED]	US Cit. [REDACTED]	At Address Until			
Employer/School [REDACTED]		Occupation [REDACTED]	Work Hours [REDACTED]			Relationship to Suspect [REDACTED]				
Home Address [REDACTED]		Cell Phone Number [REDACTED]								
Offense of 001-Harassment										

<b>SUSPECT</b>	Name (Last, First, Middle) [REDACTED]					DOB [REDACTED]	Gender [REDACTED]	Age [REDACTED]	Juv. [REDACTED]	Arrested [REDACTED]
Ethnicity [REDACTED]		SID [REDACTED]	SSN [REDACTED]	Special Status [REDACTED]	FBI Number [REDACTED]	US Cit. [REDACTED]	At Address Until			
Employer/School [REDACTED]		Occupation [REDACTED]	Work Hours [REDACTED]			Identified By [REDACTED]			BAC Test / Results	
Other Address [REDACTED]		Guardian1 Phone Number [REDACTED]					Phone Number [REDACTED]			
Height [REDACTED]	Weight [REDACTED]	Build [REDACTED]	Hair Style / Color [REDACTED]	Facial Hair Style / Color [REDACTED]	Eye Color [REDACTED]	Complexion [REDACTED]	Voice [REDACTED]	Peculiarities [REDACTED]		
Offense of 001-Harassment										

<b>SYNOPSIS</b>	On the above date, time and location, [REDACTED] related one of his students had thrown a metal flask at him, where he was able to deflect it. This incident caused [REDACTED] to be fearful. [REDACTED] was not injured from the incident. The suspect was located on scene and taken to [REDACTED] Medical Center for MH-1. Disposition: Referred to prosecutors.									
-----------------	---	--	--	--	--	--	--	--	--	--

**REPORT NARRATIVE**

**ASSIGNMENT / ARRIVAL:**

On 09-10-25, at about 1200 hours, I was assigned to District 3, 2nd Watch, Uniform Patrol, operating as 2B370, when I responded to an argument case involving a juvenile. I arrived shortly thereafter.

This case was later classified as a harassment.

**SCENE / TIME ELEMENT:**

The scene of the incident is at the residence of [REDACTED] Keikialii St. The time element of the incident is on 09-10-25, at about

Submitted By: PEARCE, LOGAN ID Number: [REDACTED]	Approved By: VEGAS JR., ALFRED ID Number: [REDACTED]
Rank: MPO	Rank: MP SERGEANT



1130 hours.

**BACKGROUND INFO:**

Upon arrival, I was informed by staff members that this is a boys group home. Staff members were able to tell me that the suspect in this case is staying at the home and has some mental health conditions but could not tell me what.

**COMPLAINANT STATEMENT:** [REDACTED]

On 09-10-25, at about 1233 hours, I interviewed [REDACTED] who identified himself via HDL. [REDACTED] appeared sober and coherent at the time of the interview and related the following:

On 09-10-25, at about 1130 hours, [REDACTED] was involved with a dispute with student [REDACTED]. [REDACTED] got upset at [REDACTED] and left the area, only to return a short time later and threw a metal flask at [REDACTED]. [REDACTED] related he had blocked the impact with his clipboard. [REDACTED] related he was not injured from the incident but the incident caused him to be scared.

[REDACTED] is willing to prosecute, identified the suspect to officers, and did not give anyone permission to harass him.

For more information, refer to HPD-252.

**SUSPECT MEANS:**

The suspect had thrown a metal flask at [REDACTED] whom was able to protect himself from being hit with his clipboard. [REDACTED] related this incident had made him feel scared.

**SUSPECT INFO:**

The suspect was identified verbally and confirmed through Case Reporting System as the following:

Name: [REDACTED]  
DOB: [REDACTED]  
SID: [REDACTED]

For more information, refer to suspect block.

**SUSPECT LOCATED:**

Upon arrival, the parties had been separated by staff, it was related that [REDACTED] was in the living room with staff. Upon entering the living room I observed a juvenile male, who at the time was scared and stated "not to shoot him", at this time it was unsure of what sort of criminal case, if any, was to be made, and officers had left him alone so the staff could calm him down.

**SUSPECT ACTIONS / UTTERANCES:**

Once finding out the type of criminal case we had on scene, the staff was able to calm [REDACTED] down enough to where we could be within the same room with him. While talking to [REDACTED] he seemed to have some sort medical diagnosis. However, we were unable to confirm with staff of his diagnosis, and was just able to get the medication [REDACTED]. While sitting with [REDACTED] he related he wanted to kill himself, and prior to police arrival, had tried to stab himself with an unknown object. [REDACTED] then had some mood swings. [REDACTED] was very scared upon officers first arrival, had calmed down, then stated he wanted to kill himself, then started to dance and sing.

**POSITIVE ID:**

Submitted By: PEARCE, LOGAN

ID Number: [REDACTED] Rank: MPO

Date / Time: 09-10-25 / 1706

Approved By: VEGAS JR., ALFRED

ID Number: [REDACTED] Rank: MP SERGEANT

Date / Time: 09-12-25 / 0704

**Honolulu Police Department  
Continuation Page**

R0007236326

**Page 3 of 3  
25-336780**

On 09-10-25, at about 1239 hours, [REDACTED] positively identified [REDACTED] from about 20' away with a clear and unobstructed view.

**MH-1:**

Due to the above facts and circumstances, an MH-1 was attempted and obtained for the juvenile suspect. For more information, refer to Ofc. J. NAGAI's Initial Report documented under 25-336823.

**GUARDIAN NOTIFIED:**

On 09-10-25, the Legal Guardian of [REDACTED] was notified of the facts and circumstances and was told [REDACTED] was being admitted to [REDACTED] Punchbowl for MH-1.

**SURVEILLANCE:**

The house manager [REDACTED] had surveillance cameras in the area. She related she would be willing to download the surveillance onto a flash drive or CD and call 911 back once it is ready to be picked up.

**DISPOSITION:**

Forwarded to Prosecutors.

**DECLARATION**

I, LOGAN PEARCE, police officer, declare under penalty of law that the foregoing is true and correct to the best of my knowledge and belief.

Submitted By: PEARCE, LOGAN  
ID Number: [REDACTED]

Rank: MPO

Date / Time: 09-10-25 / 1706

Approved By: VEGAS JR., ALFRED

ID Number: [REDACTED]

Rank: MP SERGEANT

Date / Time: 09-12-25 / 0704

## HONOLULU POLICE DEPARTMENT STATEMENT FORM

Report No.

25-336780

Statement of: [REDACTED]

Classification: Harassment

Address: [REDACTED]

Date of Occurrence: 9/10/2025

Age: [REDACTED]

Occupation: [REDACTED]

Res. Ph.: [REDACTED]

Bus. Ph.: [REDACTED]

Employer: [REDACTED]

Location of Interview: [REDACTED]

Email: [REDACTED]

Please give a detailed statement answering all of the following questions:

1. What DATE and TIME did it happen?	5. WHAT happened?	9. DID YOU IDENTIFY any suspects?	Explain.
2. WHERE did it happen?	6. HOW did it happen?	10. DID YOU IDENTIFY any weapons?	Explain.
3. WHO was involved?	7. WHY did it happen (prior events/causes)?	11. ... any property?	Explain.
4. What WITNESSES do you know of?	8. ANY OTHER relevant information?	12. ... any vehicles?	Explain.

The undersigned freely and voluntarily provides the following statement:

On 9/10/25 at approximately 11:30 am a dispute with [REDACTED] occurred where he got upset with me. He left, walking down the hallway past the computer monitor and punched it swearing, and then disappeared. A moment later, he returned and threw a metal flask at my face. It did not make contact with my face because I used a clipboard to block it. As I began to exit, CCTH staff stepped in, and I was able to leave the area safely and wait outside. I was not injured from the incident; however, this incident made me fear for myself and I was completely scared. I did not give him permission to throw a bottle at me. He threw it with his right hand. I am willing to prosecute. I can identify if seen again.

I have read this statement prepared by [REDACTED] which consists of this typed/handwritten page and \_\_\_\_\_ continuation page(s), and have been given the opportunity to make corrections thereon. I attest that this statement is true and correct to the best of my knowledge, and that I gave this statement freely and voluntarily without coercion or promise of reward.

Signature [REDACTED]

Investigator's Signature [REDACTED]

Date: 9/10/25

Time: 1233

Date: 9-10-25

Time: 1233

**Honolulu Police Department  
Incident Report**

R0007244849



**Page 1 of 1  
25-336823**

**REPORT INFORMATION**

Dispatched Location

Keikialii St, Aiea 96701

Date / Time Dispatched

09-14-25 / 1200

Report Type  
Initial

Force Used  
No

Body-Worn Cam.  
Activated

Pursuit  
No

Latents  
Not Dusted

Date / Time Arrived  
09-14-25 / 1200

**ATTACHED FILES**

File Name	Description	Size	Uploaded Date / Time
mh1 25-336823.pdf	mh1 25-336823	664.73 KB	09-14-25 / 0826

<b>OFFENSE 001</b>	Offense Mh-1	Class NC	Section Number 334-0059	Reclass No	Date / Time Occurred From 09-10-25 / 1150
Offense Disposition Records Only	Code 431	NIBRS	Offense Flags [NONE]	Beat 373	Date / Time Occurred To
Scene of the Offense Keikialii St, Aiea 96701			Location Type Residence/Home		Date / Time Reported 09-10-25 / 1150
Related Persons (Victim)					

<b>VICTIM</b>	Name (Last, First, Middle)				DOB	Gender	Age	Juv.	Prosecute
Ethnicity	SID	SSN	Special Status	FBI Number	US Crt.	At Address Until			
Employer/School	Occupation	Work Hours			Relationship to Suspect				
Other Address	Phone Number								
Height	Weight	Build	Hair Style / Color	Facial Hair Style / Color	Eye Color	Complexion	Voice	Peculiarities	
Offense of 001-Mh-1									

**SYNOPSIS**

On the above date, time, and location juvenile [REDACTED] was MH-1 to [REDACTED] Punchbowl approved by [REDACTED] due to being mentally ill, a danger to self and others. [REDACTED] became violent towards [REDACTED] Tutor by throwing and swinging flask at individual and in attempt to harm him. [REDACTED] in process of that incident punched [REDACTED] computer and other items. A harassment case was generated under 25-336780. When officers speaking with [REDACTED] on scene, he threatened to kill himself. [REDACTED] also takes medications associated [REDACTED]

Disposition: Records

**DECLARATION**

I, JUSTIN NAGAI, police officer, declare under penalty of law that the foregoing is true and correct to the best of my knowledge and belief.

Submitted By: NAGAI, JUSTIN

ID Number: [REDACTED]

Rank: MPO M

Date / Time: 09-14-25 / 0827

Approved By: CARETTI, AIKU

ID Number: [REDACTED]

Rank: MP SERGEANT

Date / Time: 09-14-25 / 1439

HPD-192

This report was prepared, signed, reviewed, submitted, and filed electronically via secure network in accord with Honolulu Police Department Policy.

**REDACTED COPY**  
**HONOLULU POLICE DEPARTMENT**  
**RECORDS & IDENTIFICATION DIVISION**

STATE OF HAWAII  
DEPARTMENT OF HEALTH

APPLICATION BY A LAW ENFORCEMENT  
OFFICER FOR EMERGENCY EVALUATION  
MH-1

Police Report Number: 25-334823  
District/Sector: 312

Testimony of Randy Yim  
HB1530 – Support with Amendment  
Committee on Health  
February 4, 2026  
9:00 am  
State Capitol Conference Room 329

Dear Chair Takayama, Vice Chair Keohokapu Lee Loy, and Members of the Committee on Health,

I strongly support HB1530, with an amendment. I respectfully request that your Committee amend this measure to ONLY include Community-Based Residential 2 – Sexually Reactive Youth programs operating in a residential community in the definition of a "youth mental health residential treatment program."

At the end of July 2025, a Community-Based Residential 2 – Sexually Reactive Youth program began operations. This Community-Based Residential 2 – Sexually Reactive Youth program is a 24/7 Special Treatment Facility serving five males ages 12 – 17 who have a history of challenges related to sexual offending, aggression or deviance that prevent them from taking part in family and/or community life. This program is designed for youth who pose a moderate risk to the community. The Special Treatment Facility is the ONLY facility in the State of Hawaii operating a Community-Based Residential 2 – Sexually Reactive Youth program in a residential neighborhood and operates as Hawaii's second-highest level of care for adolescents, just below hospitalization.

This special Treatment Facility is an unsecured facility where youths volunteer to participate in the program and can leave at any time. The program does not use physical restraints at any time. If a youth elopes, the administrator of this program's community safety plan is to call 911. If this is the only safety plan for the community, I am concerned that law enforcement may not be able to respond in time to prevent potential harm. Since starting operations in July 2025, three 3 police reports have been filed for 2 violent incidents. (The police reports are attached.)

Additionally, as the Pearl Ridge Elementary school bus passes this residence twice daily, the safety of these students must be prioritized and proper notification protocols established.

Accordingly, I strongly support HB1530, with an amendment that the definition of a "youth mental health residential treatment program" to ONLY include Community-Based Residential 2 – Sexually Reactive Youth programs operating in a residential community.

Thank you for considering my testimony in support with an amendment.

**Honolulu Police Department  
Incident Report**

R0007152894



**Page 1 of 2  
25-286630**

**REPORT INFORMATION**

Dispatched Location

Kahele St, Aiea 96701

Date / Time Dispatched  
08-04-25 / 1220

Report Type  
Initial

Force Used  
No

Body-Worn Cam.  
Activated

Pursuit  
No

Latents  
Not Dusted

Date / Time Arrived  
08-04-25 / 1220

**ATTACHED FILES**

File Name	Description	Size	Uploaded Date / Time
252 and 458.pdf	252 and 458	1.07 MB	08-04-25 / 1451

**OFFENSE 001**

Offense  
Miscellaneous Public

Class  
NC

Reclass  
No

Date / Time Occurred From  
08-04-25 / 1200

Offense Disposition  
Records Only

Code  
432

NIBRS

Offense Flags  
[NONE]

Beat  
373

Date / Time Occurred To  
Date / Time Reported

Scene of the Offense  
Kahele St, Aiea 96701

Location Type  
Hwy/Street/Road/Alley/Sidewalk

08-04-25 / 1212

Related Persons

(Other) (Witness) (Witness)

**WITNESS**

Name (Last, First, Middle)

DOB

Gender

Age

Juv.

Prosecute

Ethnicity

SID

SSN

Special Status

FBI Number

US Cit.

At Address Until

Employer/School

Occupation

Work Hours

Relationship to Suspect

Home Address

Cell Phone Number

State DL: HAWAII

Height Weight Build Hair Style / Color Facial Hair Style / Color Eye Color Complexion Voice Peculiarities

Offense of  
001-Misc Pub

**OTHER**

Name (Last, First, Middle)

DOB

Gender

Age

Juv.

Prosecute

Ethnicity

SID

SSN

Special Status

FBI Number

US Cit.

At Address Until

Employer/School

Occupation

Work Hours

Relationship to Suspect

Work Address

Cell Phone Number

State DL: HAWAII

Height Weight Build Hair Style / Color Facial Hair Style / Color Eye Color Complexion Voice Peculiarities

Offense of  
001-Misc Pub

**WITNESS**

Name (Last, First, Middle)

DOB

Gender

Age

Juv.

Prosecute

Ethnicity

SID

SSN

Special Status

FBI Number

US Cit.

At Address Until

Employer/School

Occupation

Work Hours

Relationship to Suspect

Home Address

Cell Phone Number

Offense of  
001-Misc Pub

**REPORT NARRATIVE**

**REDACTED COPY**

**HONOLULU POLICE DEPARTMENT  
RECORDS & IDENTIFICATION DIVISION**

SYNOPSIS: (2M373)

On the above date, time, and location, [REDACTED] observed an unidentified teenaged male from a nearby boarding home throw a brick on the ground; followed by throwing a piece of the brick that had broken off, at a metal gate (refer to HPD-252 and HPD-458). After officers conducted an on scene investigation, the owner of the gate, a [REDACTED] concurred with officers that no damage was caused to the gate or to a nearby parked vehicle as a result of this incident. The above patient requires around the clock special needs care, and was being escorted by a staff member of the boarding home, later

Submitted By: SUNADA, DARREN

ID Number: [REDACTED]

Rank: MP CORPORAL

Date / Time: 08-04-25 / 1451

Approved By: INAMINE, CHASE

ID Number: [REDACTED]

Rank: MP SERGEANT

Date / Time: 08-04-25 / 1736



identified as [REDACTED] when this incident occurred. This writer proceeded to the boarding home in question located at [REDACTED] Keikialii St, and spoke to [REDACTED] who was already aware of this incident. [REDACTED] provided this writer with additional contact information in the event staff members need to be contacted by patrol officers. The above mentioned boarding home is operated by [REDACTED].

[REDACTED]

**DISPOSITION:**

Records.

**DECLARATION**

I, DARREN SUNADA, police officer, declare under penalty of law that the foregoing is true and correct to the best of my knowledge and belief.

## HONOLULU POLICE DEPARTMENT STATEMENT FORM

Report No. 25-286630

Statement of		Classification:	Musc. Pub
Address:		Date of Occurrence:	8-4-25
Age:	Date of Birth:	Occupation:	
Res. Ph:	Bus. Ph.:	Employer:	
Location of Interview:		Email:	

Please give a detailed statement answering all of the following questions:

1. What <b>DATE</b> and <b>TIME</b> did it happen?	5. <b>WHAT</b> happened?	9. <b>DID YOU IDENTIFY</b> any suspects?	Explain.
2. <b>WHERE</b> did it happen?	6. <b>HOW</b> did it happen?	10. <b>DID YOU IDENTIFY</b> any weapons?	Explain.
3. <b>WHO</b> was involved?	7. <b>WHY</b> did it happen (prior events/causes)?	11. ... any property?	Explain.
4. What <b>WITNESSES</b> do you know of?	8. <b>ANY OTHER</b> relevant information?	12. ... any vehicles?	Explain.

The undersigned freely and voluntarily provides the following statement:

On 8-4-25 at about 1200 hours, I was standing in my front yard when I heard the sound of a brick being thrown on the ground near the roadway. I looked up - observed a young male pick up a small rock - threw ~~it~~ <sup>towards</sup> a truck that was parked in my neighbor's driveway. The sound appeared to be a rock striking a metal object. I can ID the suspect in the future.

I have read this statement prepared by Sens which consists of this typed/handwritten page and 06 continuation page(s), and have been given the opportunity to make corrections thereon. I attest that this statement is true and correct to the best of my knowledge, and that I gave this statement freely and voluntarily without coercion or promise of reward.

Date: 8-4-25

Signature

Time: 1245Date: 8-4-25Time: 1300

## HONOLULU POLICE DEPARTMENT

## SUSPECT, WEAPON, AND VEHICLE DESCRIPTION

(Please check or fill in appropriate response)

TIME: 1250DATE: 8-4-25POLICE REPORT NO: 25-286636

SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Comments:
RACE/ETHNICITY	<input checked="" type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input checked="" type="checkbox"/> Polynesian <input type="checkbox"/> Other:
Early/Late (circle one)	
AGE (yrs)	<input type="checkbox"/> Under 15 <input checked="" type="checkbox"/> 15-17 <input type="checkbox"/> 18-20 <input type="checkbox"/> 20's <input type="checkbox"/> 30's <input type="checkbox"/> 40's <input type="checkbox"/> 50's <input type="checkbox"/> 60's <input type="checkbox"/> 70's
HEIGHT (ft./in.)	<input type="checkbox"/> Under 5'0" <input type="checkbox"/> 5'0"-5'2" <input type="checkbox"/> 5'2"-5'4" <input checked="" type="checkbox"/> 5'4"-5'6" <input type="checkbox"/> 5'6"-5'8" <input type="checkbox"/> 5'8"-6'0" <input type="checkbox"/> 6'0"-6'2" <input type="checkbox"/> Above 6'2"
WEIGHT (lbs)	<input type="checkbox"/> Under 100 <input type="checkbox"/> 100-120 <input type="checkbox"/> 120-140 <input type="checkbox"/> 140-160 <input type="checkbox"/> 160-180 <input checked="" type="checkbox"/> 180-200 <input type="checkbox"/> 200-220 <input type="checkbox"/> 220-240 <input type="checkbox"/> Over 240
BUILD	<input type="checkbox"/> Thin <input type="checkbox"/> Slim <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Heavy <input type="checkbox"/> Husky <input type="checkbox"/> Muscular <input type="checkbox"/> Obese
HAIR	Color <input checked="" type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blond <input type="checkbox"/> Dirty Blond <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White
	Style <input type="checkbox"/> Straight <input checked="" type="checkbox"/> Curly <input type="checkbox"/> Wavy <input type="checkbox"/> Afro <input type="checkbox"/> Neat <input type="checkbox"/> Shaved <input type="checkbox"/> Wig
	Length <input type="checkbox"/> Crew Cut <input type="checkbox"/> Shoulder <input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> Bald <input type="checkbox"/> Balding
EYES	Color <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Gray
	Glasses <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, <input type="checkbox"/> Sunglasses <input type="checkbox"/> Prescription
COMPLEXION	<input type="checkbox"/> Pale <input type="checkbox"/> Fair <input type="checkbox"/> Medium <input type="checkbox"/> Ruddy <input checked="" type="checkbox"/> Tan <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Clear <input type="checkbox"/> Acne <input type="checkbox"/> Pock-Marked
FACIAL HAIR	Color <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blond <input type="checkbox"/> Dirty Blond <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White
	Style <input type="checkbox"/> Mustache <input type="checkbox"/> Goatee <input type="checkbox"/> Beard <input type="checkbox"/> Sideburns
PECULIARITIES	<input type="checkbox"/> Walk <input type="checkbox"/> Mannerisms <input type="checkbox"/> Speech <input type="checkbox"/> Accent <input type="checkbox"/> Tattoos <input type="checkbox"/> Scars <input type="checkbox"/> Injuries <input type="checkbox"/> Jewelry
Describe	
SHIRT	Color <input checked="" type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> Any Print? _____
	Style <input type="checkbox"/> Polo <input type="checkbox"/> Dress <input checked="" type="checkbox"/> T-Shirt <input type="checkbox"/> Tank Top <input type="checkbox"/> Sweater <input type="checkbox"/> Jacket <input type="checkbox"/> Sweatshirt
Length	<input checked="" type="checkbox"/> Short Sleeve <input type="checkbox"/> Long Sleeve <input type="checkbox"/> Sleeveless <input type="checkbox"/> Strapless <input type="checkbox"/> Other _____
Other Description	
PANTS	Color <input checked="" type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> Any Print? _____
	Style <input type="checkbox"/> Jeans <input type="checkbox"/> Dress Slacks <input type="checkbox"/> Sweat Pants <input type="checkbox"/> Knit <input type="checkbox"/> Corduroy <input type="checkbox"/> Swim
Length	<input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long
Other Description	
DRESS	Color <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> Any Print? _____
	Style <input type="checkbox"/> Short Dress <input type="checkbox"/> Long Dress <input type="checkbox"/> Muumuu <input type="checkbox"/> Skirt
Length	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long
Other Description	
SHOES	Style <input type="checkbox"/> Barefoot <input type="checkbox"/> Slippers <input type="checkbox"/> Dress Shoes <input type="checkbox"/> Work shoes <input type="checkbox"/> Boots <input type="checkbox"/> Sandals <input type="checkbox"/> Athletic Shoes <input type="checkbox"/> High Heels
	Color
HAT	Style <input type="checkbox"/> Cap <input type="checkbox"/> Beanie <input type="checkbox"/> Bandana <input type="checkbox"/> Head Wrap <input type="checkbox"/> Cowboy <input type="checkbox"/> Other _____
	Color
WEAPON	<input type="checkbox"/> Handgun <input type="checkbox"/> Revolver <input type="checkbox"/> Automatic <input type="checkbox"/> Pistol <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Knife <input type="checkbox"/> Other _____
CONTAINER	<input type="checkbox"/> Bag/Package <input type="checkbox"/> Paper Sack <input type="checkbox"/> Backpack <input type="checkbox"/> Fannypack <input type="checkbox"/> On Person <input type="checkbox"/> Other _____
VEHICLE	Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> SUV <input type="checkbox"/> Motorcycle <input type="checkbox"/> Moped <input type="checkbox"/> Bicycle <input type="checkbox"/> On Foot
Specifics	Make/Model: _____ Color: _____ License No. _____ State: _____
Other Markings	<input type="checkbox"/> Rust <input type="checkbox"/> Tires/Rims <input type="checkbox"/> Upholstery <input type="checkbox"/> Sunroof <input type="checkbox"/> Roof Rack <input type="checkbox"/> Stickers/Logos <input type="checkbox"/> Window Tint

INFORMATION PROVIDED BY \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Honolulu Police Department  
Incident Report**

R0007236326



**Page 1 of 3  
25-336780**

<b>REPORT INFORMATION</b>		Dispatched Location Keikialii St, Aiea 96701				Date / Time Dispatched 09-10-25 / 1200	
Report Type Initial		Force Used No	Body-Worn Cam. Activated	Pursuit No	Latents Not Dusted	Date / Time Arrived 09-10-25 / 1200	

**ATTACHED FILES**

File Name	Description	Size	Uploaded Date / Time
HPD252.pdf	HPD252	947.79 KB	09-10-25 / 1631

<b>OFFENSE 001</b>		Offense Harassment [physical]			Class PM	Section Number 711-1106	Reclass No	Date / Time Occurred From 09-10-25 / 1130
Offense Disposition Prosecutors / Victim Kokua		Code 083	NIBRS 13B	Offense Flags [NONE]			Beat 373	Date / Time Occurred To
Scene of the Offense Keikialii St, Aiea 96701				Location Type Residence/Home			Date / Time Reported 09-10-25 / 1150	
Related Persons (Complainant) [REDACTED] (Suspect) [REDACTED]								
Dynamic Questions Weapon or Force Involved [NIBRS] : Blunt Object   Hate Crime Related : No Bias   Offender Suspected of Using (NIBRS) : Not Applicable								

<b>COMPLAINANT</b>		Name (Last, First, Middle) [REDACTED]					DOB	Gender	Age	Juv.	Prosecute
Ethnicity		SID	SSN	Special Status	FBI Number	US Cit.	At Address Until				
Employer/School		Occupation	Work Hours			Relationship to Suspect					
Home Address		Cell Phone Number									
Offense of 001-Harassment											

<b>SUSPECT</b>		Name (Last, First, Middle) [REDACTED]					DOB	Gender	Age	Juv.	Arrested
Ethnicity		SID	SSN	Special Status	FBI Number	US Cit.	At Address Until				
Employer/School		Occupation	Work Hours			Identified By			BAC Test / Results		
Other Address		Guardian1 Phone Number			Phone Number						
Height	Weight	Build	Hair Style / Color	Facial Hair Style / Color	Eye Color	Complexion	Voice	Peculiarities			
Offense of 001-Harassment											

<b>SYNOPSIS</b>		On the above date, time and location, [REDACTED] related one of his students had thrown a metal flask at him, where he was able to deflect it. This incident caused [REDACTED] to be fearful. [REDACTED] was not injured from the incident. The suspect was located on scene and taken to [REDACTED] Medical Center for MH-1. Disposition: Referred to prosecutors.									
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**REPORT NARRATIVE**

**ASSIGNMENT / ARRIVAL:**

On 09-10-25, at about 1200 hours, I was assigned to District 3, 2nd Watch, Uniform Patrol, operating as 2B370, when I responded to an argument case involving a juvenile. I arrived shortly thereafter.

This case was later classified as a harassment.

**SCENE / TIME ELEMENT:**

The scene of the incident is at the residence of [REDACTED] Keikialii St. The time element of the incident is on 09-10-25, at about

Submitted By: PEARCE, LOGAN ID Number: [REDACTED]	Approved By: VEGAS JR., ALFRED ID Number: [REDACTED]	Date / Time: 09-12-25 / 0704
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1130 hours.

**BACKGROUND INFO:**

Upon arrival, I was informed by staff members that this is a boys group home. Staff members were able to tell me that the suspect in this case is staying at the home and has some mental health conditions but could not tell me what.

**COMPLAINANT STATEMENT:** [REDACTED]

On 09-10-25, at about 1233 hours, I interviewed [REDACTED] who identified himself via HDL. [REDACTED] appeared sober and coherent at the time of the interview and related the following:

On 09-10-25, at about 1130 hours, [REDACTED] was involved with a dispute with student [REDACTED]. [REDACTED] got upset at [REDACTED] and left the area, only to return a short time later and threw a metal flask at [REDACTED]. [REDACTED] related he had blocked the impact with his clipboard. [REDACTED] related he was not injured from the incident but the incident caused him to be scared.

[REDACTED] is willing to prosecute, identified the suspect to officers, and did not give anyone permission to harass him.

For more information, refer to HPD-252.

**SUSPECT MEANS:**

The suspect had thrown a metal flask at [REDACTED] whom was able to protect himself from being hit with his clipboard. [REDACTED] related this incident had made him feel scared.

**SUSPECT INFO:**

The suspect was identified verbally and confirmed through Case Reporting System as the following:

Name: [REDACTED]  
DOB: [REDACTED]  
SID: [REDACTED]

For more information, refer to suspect block.

**SUSPECT LOCATED:**

Upon arrival, the parties had been separated by staff, it was related that [REDACTED] was in the living room with staff. Upon entering the living room I observed a juvenile male, who at the time was scared and stated "not to shoot him", at this time it was unsure of what sort of criminal case, if any, was to be made, and officers had left him alone so the staff could calm him down.

**SUSPECT ACTIONS / UTTERANCES:**

Once finding out the type of criminal case we had on scene, the staff was able to calm [REDACTED] down enough to where we could be within the same room with him. While talking to [REDACTED] he seemed to have some sort medical diagnosis. However, we were unable to confirm with staff of his diagnosis, and was just able to get the medication [REDACTED]. While sitting with [REDACTED] he related he wanted to kill himself, and prior to police arrival, had tried to stab himself with an unknown object. [REDACTED] then had some mood swings. [REDACTED] was very scared upon officers first arrival, had calmed down, then stated he wanted to kill himself, then started to dance and sing.

**POSITIVE ID:**

Submitted By: PEARCE, LOGAN ID Number: [REDACTED]	Approved By: VEGAS JR., ALFRED ID Number: [REDACTED]	Date / Time: 09-12-25 / 0704
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**Honolulu Police Department  
Continuation Page**

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25-336780**

On 09-10-25, at about 1239 hours, [REDACTED] positively identified [REDACTED] from about 20' away with a clear and unobstructed view.

**MH-1:**

Due to the above facts and circumstances, an MH-1 was attempted and obtained for the juvenile suspect. For more information, refer to Ofc. J. NAGAI's Initial Report documented under 25-336823.

**GUARDIAN NOTIFIED:**

On 09-10-25, the Legal Guardian of [REDACTED] was notified of the facts and circumstances and was told [REDACTED] was being admitted to [REDACTED] Punchbowl for MH-1.

**SURVEILLANCE:**

The house manager [REDACTED] had surveillance cameras in the area. She related she would be willing to download the surveillance onto a flash drive or CD and call 911 back once it is ready to be picked up.

**DISPOSITION:**

Forwarded to Prosecutors.

**DECLARATION**

I, LOGAN PEARCE, police officer, declare under penalty of law that the foregoing is true and correct to the best of my knowledge and belief.

Submitted By: PEARCE, LOGAN  
ID Number: [REDACTED] Rank: MPO

Date / Time: 09-10-25 / 1706

Approved By: VEGAS JR., ALFRED  
ID Number: [REDACTED] Rank: MP SERGEANT

Date / Time: 09-12-25 / 0704

## HONOLULU POLICE DEPARTMENT STATEMENT FORM

Report No. 25-336780

Statement of:		Classification: <i>Harrassment</i>
Address:		Date of Occurrence: 9/10/2025
Age:	Date of Birth:	Occupation:
Res. Ph.:	Bus. Ph.:	Employer:
Location of Interview:		Email:

Please give a detailed statement answering all of the following questions:

1. What DATE and TIME did it happen?	5. WHAT happened?	9. DID YOU IDENTIFY any suspects?	Explain.
2. WHERE did it happen?	6. HOW did it happen?	10. DID YOU IDENTIFY any weapons?	Explain.
3. WHO was involved?	7. WHY did it happen (prior events/causes)?	11. ... any property?	Explain.
4. What WITNESSES do you know of?	8. ANY OTHER relevant information?	12. ... any vehicles?	Explain.

The undersigned freely and voluntarily provides the following statement:

On 9/10/25 at approximately 11:30am a dispute with [REDACTED] occurred where he got upset with me. He left, walking down the hallway past the computer monitor and punched it swearing, and then disappeared. A moment later, he returned and threw a metal flask at my face. It did not make contact with my face because I used a clipboard to block it. As I began to exit, CCH staff stepped in, and I was able to leave the area safely and wait outside. I was not injured from the incident; however, this incident made me fear for myself and I was completely scared. I did not give him permission to throw a bottle at me. He threw it with his right hand. I am willing to prosecute. I can identify if seen again.

I have read this statement prepared by [REDACTED] which consists of this typed/handwritten page and \_\_\_\_\_ continuation page(s), and have been given the opportunity to make corrections thereon. I attest that this statement is true and correct to the best of my knowledge, and that I gave this statement freely and voluntarily without coercion or promise of reward.

Date: 9/10/25

Signature

Time: 1233

Date: 9-10-25

Investigator's Signature

Time: 1233

**Honolulu Police Department**  
**Incident Report**

R0007244849



**Page 1 of 1**  
**25-336823**

<b>REPORT INFORMATION</b>		Dispatched Location Keikialii St, Aiea 96701					Date / Time Dispatched 09-14-25 / 1200
Report Type Initial		Force Used No	Body-Worn Cam. Activated	Pursuit No	Latents Not Dusted		Date / Time Arrived 09-14-25 / 1200

**ATTACHED FILES**

File Name mh1 25-336823.pdf	Description mh1 25-336823	Size 664.73 KB	Uploaded Date / Time 09-14-25 / 0826
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<b>OFFENSE 001</b>				Offense Mh-1	Class NC	Section Number 334-0059	Reclass No	Date / Time Occurred From 09-10-25 / 1150
Offense Disposition Records Only	Code 431	NIBRS	Offense Flags [NONE]				Beat 373	Date / Time Occurred To
Scene of the Offense Keikialii St, Aiea 96701				Location Type Residence/Home				Date / Time Reported 09-10-25 / 1150
Related Persons (Victim)								

<b>VICTIM</b>	Name (Last, First, Middle)					DOB	Gender	Age	Juv.	Prosecute
Ethnicity	SID	SSN	Special Status	FBI Number	US Cit.	At Address Until				
Employer/School	Occupation	Work Hours			Relationship to Suspect					
Other Address		Phone Number								
Height	Weight	Build	Facial Hair Style / Color	Eye Color	Complexion	Voice	Peculiarities			
Offense of 001-Mh-1										

**SYNOPSIS**

On the above date, time, and location juvenile [REDACTED] was MH-1 to [REDACTED] Punchbowl approved by [REDACTED] due to being mentally ill, a danger to self and others. [REDACTED] became violent towards [REDACTED] Tutor by throwing and swinging flask at individual and in attempt to harm him. [REDACTED] in process of that incident punched [REDACTED] computer and other items. A harassment case was generated under 25-336780. When officers speaking with [REDACTED] on scene, he threatened to kill himself. [REDACTED] also takes medications associated [REDACTED]

Disposition: Records

**DECLARATION**

I, JUSTIN NAGAI, police officer, declare under penalty of law that the foregoing is true and correct to the best of my knowledge and belief.

Submitted By: NAGAI, JUSTIN ID Number: [REDACTED]	Approved By: CARETTI, AIKU ID Number: [REDACTED]
Rank: MPO M	Date / Time: 09-14-25 / 0827
Rank: MP SERGEANT	Date / Time: 09-14-25 / 1439

STATE OF HAWAII  
DEPARTMENT OF HEALTH

APPLICATION BY A LAW ENFORCEMENT  
OFFICER FOR EMERGENCY EVALUATION  
MH-1

Police Report Number: 25-334823  
District/Sector: 312

## Testimony to Support HB1530 with Amendment

As a resident of the planned community of Newtown Association in Aiea, I support House Bill HB1530 with an explicit provision included in the community safety action plan to encourage effective residential treatment.

The summary of HB1530 should include the following at the end of the description:

“Program can be discontinued after three harmful negative documentation police reports accrued from the beginning of implementation of the center.”

For clarification the community safety action plan should include the following:

“In order to fulfill safety within the community, if an incident, caused by anyone associated with the facility, incurs damage or potential community damage to any property, or incurs physical harm/injury to persons in the community, then the written police report of incident will be dated and logged with the infraction date. After the third incident from the time this organization opens its facility to individuals, the following must be done. The facility should stop and leave the community, and NOT be allowed to refile a new contract with new administration or initiate a new contract. No new contract should be given to a facility at the ORIGINAL address. Further if the organization is utilizing funds from the State, such funding will cease within sixty days of the occurrence of the third infraction.”

I chose to live in a planned community and incur extra fees to guarantee a safer environment for my family. I live a few houses away from a residential treatment facility for sex offenders who are minors. The residential treatment center at

98-697 Keikialii Street, Aiea, Hawaii 96701

has caused the following:

-1) Already there was one police report filed where a minor juvenile weighing 180-200 pounds threw objects in the front yard of a resident community member. This occurred while the minor was on a walk.

-2) I babysit grandchildren who attend elementary and middle schools and in addition, my neighbor has a young teenager. We advise them to stay indoors to be safe from these inhabitants or risk an incident like the above from happening.

-3) Surrounding properties to this treatment facility will depreciate in value if in the future we would ever try to sell our property.

-4) There is an increase of vehicles parked on the street as all of the workers do not utilize the extra space and driveway on the side of the house. The employee with a motorcycle/motorscooter should park on the property but rather parks in a potential parking place perpendicular to the sidewalk causing loss of parking spaces for the neighbors.

-5) There were incidences of rubbish thrown into a neighbor's yard.

-6) Adult sex offenders are required to register and they must identify themselves to the community. We were told the minor sex offenders were being treated and as minors their names are withheld and confidential. These kinds of treatments should transpire at a building clearly marked "medical services" and not unmarked in the middle of a planned community.

Since we cannot immediately ban these unmarked sex offender facilities from conducting treatments in a planned community, immediate consequential action must be taken. These programs need to relocate to a place in a clearly marked building with a sign, "medical care." Further I abhor the thought that my tax money is being used to fund this treatment facility with unidentified sex offenders who are minors. Some of these minors are larger than many adult women. Our residential community was a highly respected one and there were no stores or sex offender treatment programs within the community when we purchased our home.

Thank you for your time the carefully consider the wording of this bill to ensure the safety of the residents in any residential community.

Sincerely,

Carolyn Okunaga  
Email: cokunaga@hawaii.rr.com