

*The Judiciary, State of Hawai‘i*  
*Ka ‘Oihana Ho‘okolokolo, Moku‘āina ‘o Hawai‘i*

**Testimony to the Thirty-Third Legislature, 2026 Regular Session**

**Senate Committee on Health and Human Services**  
Senator Joy A. San Buenaventura, Chair  
Senator Angus L.K. McKelvey, Vice Chair

Wednesday, March 18, 2026 at 1:00 p.m.  
State Capitol, Conference Room 225

By:

Dyan M. Medeiros  
Senior Judge, Deputy Chief Judge  
Luna Kānāwai ‘Ohana Nui  
Family Court of the First Circuit  
‘Aha Ho‘okolokolo ‘Ohana o ke Ka‘apuni ‘Ekahi

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**Bill No. and Title:** House Bill No. 2505, H.D. 1 Relating to Assisted Community Treatment

**Purpose:** Requires community health outpatient programs to prepare a certificate for assisted community treatment and provide the certificate to a defendant. Requires a petition for assisted community treatment to be heard within five days after the petition is filed.

**Judiciary's Position:**

The Judiciary takes no position on House Bill No. 2505, H.D. 1 and offers the following comments:

**1. The Judiciary Appreciates the Amendments Incorporated into HB 2505, H.D.1**

The Judiciary appreciates the amendment found in House Bill No. 2505, H.D. 1 which removes the following language:

~~A petition for assisted community treatment filed pursuant to this section shall be heard within five days after its filing.~~



Based on experience, a five-day deadline is likely insufficient to not only identify and appoint a guardian ad litem (“GAL”) but also provide enough time for the GAL to 1) consult with the subject and any other relevant individuals and 2) prepare for the hearing itself (which often includes preparing a written report). Consequently, the originally proposed five-day deadline to hear petitions would have likely resulted in the need to continue a majority of initial hearings and will likely have the unintended consequence of making these types of Assisted Community Treatment cases take *longer* to decide when compared to cases under the current deadline.

## **2. Proposed Amendments Offered by the Department of Health Could Lengthen the Amount of Time it Takes to Process an ACT Case**

The Judiciary reviewed prior written testimony provided by the Department of Health (“DOH”) before the House Committee on Finance’s February 27, 2026 hearing (“DOH’s Prior Testimony”) and the House Committee on Finance’s Committee Report. Respectfully, the proposed amendments offered by DOH could actually *lengthen* the amount of time it takes to process an ACT case.

In its testimony, DOH distinguishes between “step-up” petitions—typically involving respondents who are chronically houseless and untreated for a serious mental illness (SMI)—and “stepdown” petitions, which are at issue in this bill and in which the petitioner seeks to transition the respondent from DOH custody and into a less restrictive alternative form of treatment. DOH then proposes a rigid ten-day deadline for the Judiciary to make a final decision for the stepdown cases at issue in this measure.<sup>1</sup>

Essentially, DOH’s argument is that since many of the issues specific to step-up cases will not be present in stepdown cases, then the legislature should explicitly require that these stepdown cases be decided within ten days following the internal return hearing. Much like the Judiciary’s prior concerns regarding the requirement that ACT petitions filed pursuant to this measure be heard within five days after filing, this rigid ten-day deadline could have serious unintended consequences.

For example, if the parties are not ready to proceed to the evidentiary hearing within the specified ten days, then in order to comply with the law, the Judiciary would be forced to dismiss the petition before it ever gets to an evidentiary hearing. Once a petition is dismissed, the GAL’s appointment orders would be revoked and they would no longer be able to continue their best interest investigation and complete their report. Any rigid deadline could therefore result in the unnecessary filing of repeat petitions and could ultimately delay the final disposition of cases.

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<sup>1</sup> DOH’s Prior Testimony at page 3 lines 9-10.



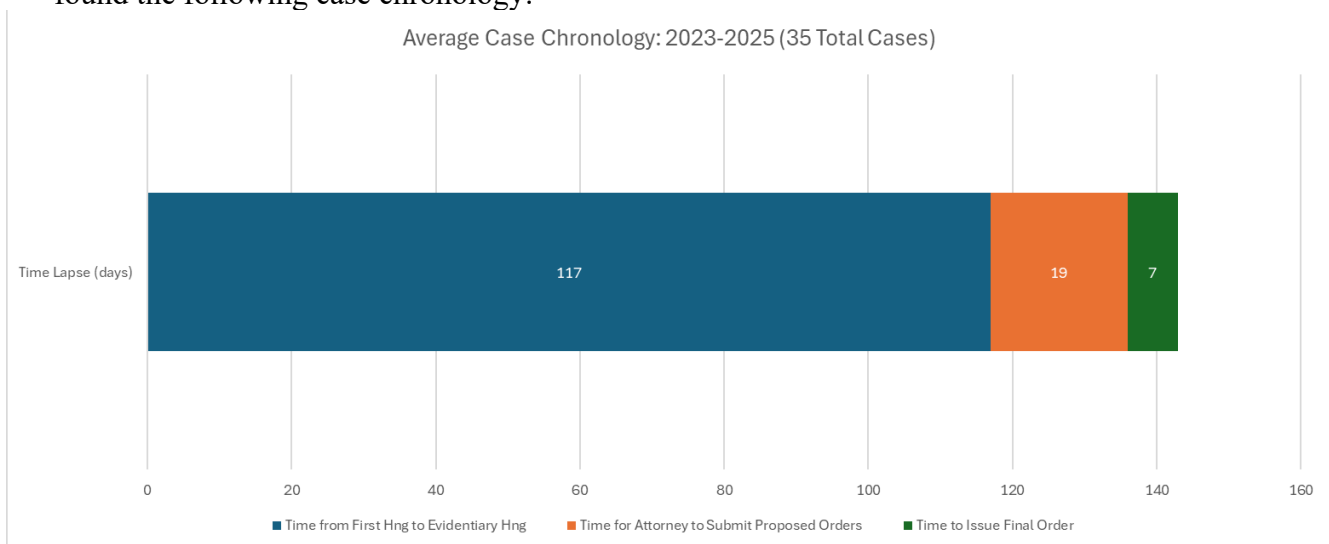
Rather than imposing a rigid ten-day deadline for these cases, passing House Bill No. 2505, H.D. 1 as amended would allow these stepdown cases to proceed as expeditiously as the specific facts in the case will allow. Practitioners may find that the “stepdown” nature of the ACT cases in question allow for a more expeditious timeline than what the facts of the “step-up” cases allow.

**a. Continuances in Current Cases can Inform Stepdown ACT Petitions**

Even though the majority of cases are currently step-up cases, an analysis of those cases can still inform whether there is a need to impose a rigid deadline for the stepdown cases at issue in this measure. In looking at these prior cases, it is important to eliminate those factors causing case delay that should not be prevalent in stepdown cases.

As DOH recognizes, step-up cases create unique “challenges for proof of service and linking [respondents] with guardians ad litem.”<sup>2</sup> The challenges unique to step-up cases are well understood. For example, when a respondent’s location is unknown because the respondent is houseless, process servers may have difficulty effectuating personal service because they cannot easily locate the respondent. Likewise, a GAL may struggle to locate the respondent at a specific place and time when conducting a best interest investigation. In contrast, with respect to a stepdown case, if a subject is currently committed to the custody of DOH at the Hawai‘i State Hospital, those personal service issues and GAL scheduling issues would not be present.

To better understand the actual need for continuances in recent ACT cases, the Judiciary reviewed First Circuit matters filed during the three most recent calendar years (2023–2025) and found the following case chronology:



<sup>2</sup> DOH’s Prior Testimony at page 2 lines 14-16.



The biggest driver in current case length is due to the time between the initial return hearing and the actual evidentiary hearing, which averaged 117 days. In order to better understand this time gap, the Judiciary analyzed court minutes from all 35 cases over this period. Based on this analysis, the following table provides the general causes for delay:<sup>3</sup>

Reason for Continuance	Avg Days/Case	Percentage
Service of Respondent/Family	38.5	42%
Use of Pretrial Hearings	15.8	17%
Other Reasons	10.8	12%
GAL Locating Respondent/Filing Report	10.3	11%
Appointment of a GAL	5.3	6%
Medical Case Management <sup>4</sup>	4.8	5%
Witness/Petitioner Availability	2.2	2%
Dispositive Motions	2.1	2%
Attorney Availability	1.5	2%

As is shown in the chart above, the biggest cause of delays at 42% was due to the need to serve the respondent or their family with the petition and/or notice of a subsequent hearing. Overall, the data depicted above shows that **approximately 81% of the current ACT case delays should not be present in the stepdown petitions subject to this measure.**<sup>5</sup>

In reviewing prior cases, when the subject and family members are easily located, the data shows that these cases can be litigated rather expeditiously. For example, one case was fully litigated in 33 days. That case proceeded on the following trajectory:

Petition Filed	GAL Appointed	GAL Report Filed	Initial Hearing <sup>6</sup>	Evidentiary Hearing	Proposed Order Filed	Final Order
4/30/2025	5/2/2025	5/8/2025	5/15/2025	5/15/2025	5/27/2025	6/2/2025

<sup>3</sup> The Judiciary notes that some of the justifications for a continuance coincided with other justifications in whole or in part. For example, it was often the case that the matter needed to be continued so that the petitioner could serve the respondent with the petition, and during that time the GAL may have also had difficulty locating the respondent.

<sup>4</sup> Medical Case Management typically meant that the petitioner requested a continuance because it appeared that an ACT order might not be necessary due to the Respondent voluntarily accepting treatment. Similar continuances might occur for stepdown petitions.

<sup>5</sup> Continuances for Medical Case Management, Dispositive Motions, and Other Reasons may still occur for stepdown petitions.

<sup>6</sup> In this case the initial hearing was calendared more than 10 days after the filing of the petition, but this case was litigated before the changes to HRS § 334-124 requiring that cases be initially heard in 10 days or less.



The length of this case could have been shortened even more had the petitioner submitted their proposed order on the day of the hearing, bringing the total case length down to 21 days. In addition, if the sitting Judge received that order on the day of hearing, it is likely that the final order could have been issued that same day, bringing the total case length down to just 15 days.

Overall, while the 35-case sample size the Judiciary reviewed is relatively small, there are a number of procedural and/or administrative decisions that DOH can make, including strategic decisions for how the ACT cases are litigated, to help achieve their overall objective of shortening case length for stepdown cases without resorting to a rigid deadline that will likely result in unnecessary case dismissals. These strategic decisions could include: eliminating the need for requesting pretrial conferences when appropriate (15.8 days saved), submitting orders on the day of the evidentiary hearing (19 days saved), and ensuring witness availability at the initial hearing if the case is ready for an evidentiary hearing (2.2 days saved).

**b. There Is No Shortage of Guardians Ad Litem**

While the above recommended procedural steps should assist DOH with achieving their stated goals of reducing stepdown case length, in their prior written testimony, DOH also suggests that a lack of GALs contribute to case delays. However, based upon the relatively low number of ACT petitions filed annually, the Judiciary respectfully disagrees with DOH's contention that case delays are in any way attributable to the number of court-appointed GALs.

From 2014 to 2025, there were a total of just 84 ACT petitions filed in the First Circuit, for an average of 7 cases filed per year. In the five most recent years, the number of petitions filed has increased slightly, but the First Circuit has only averaged less than 12 filings per year over that timeframe.

At present, the First Circuit has seven fully vetted individuals on its court-appointed ACT GAL list. On average, this means that each individual GAL needs to cover less than 2 cases per year. Based on this low number of ACT petitions filed per year, there is no shortage of court-appointed ACT GALs. At present, First Circuit GALs are quickly appointed to commence working on these matters. That said, the Judiciary will continue to monitor trends in caseloads. If there are future increases in ACT petitions the Judiciary is ready to consider further recruitment efforts of GALs.

In conclusion, there are a number of procedural and administrative steps that DOH can apply as a prospective petitioner for stepdown ACT petitions to reduce case length without resorting to a rigid deadline which would lead to premature dismissal of cases. The Judiciary has been in communication with the Department of Health and the Attorney General's Office about their concerns, and will continue to engage with them to support an efficient ACT process.

For these reasons, the Judiciary respectfully offers that this Committee can adopt HB 2505, H.D. 1 as currently written to further the intent of this measure.

Thank you for the opportunity to testify on this measure.



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Mar 18, 2026

#### MISSION

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We work together with the community and consumers to improve the quality of life through individual choices and access to services.

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The Honorable Joy A. San Buenaventura, Chair  
Senate Committee on Health and Human Services  
The Thirty-Third Legislature  
State Capitol  
State of Hawaii  
Honolulu, Hawaii 96813

**SUBJECT:** HB2505 HD1 – Relating to Assisted Community Treatment

Chair and Members of the Committee:

Aloha Independent Living Hawaii (AILH) is a consumer-controlled, cross-disability Center for Independent Living (CIL) serving people with disabilities across Hawaii. We submit this testimony **to raise concerns about HB2505 HD1, and to request amendments** that would better protect the rights and dignity of people with psychiatric disabilities within the assisted community treatment system.

AILH understands that this bill operates within a specific and narrow context: it amends Section 704-421, Hawaii Revised Statutes, which governs defendants already committed to the custody of the Director of Health following criminal proceedings—individuals found unfit to proceed or not guilty by reason of insanity. The bill's core change is procedural: it allows community mental health outpatient programs, in addition to the existing clinical team, to prepare the certificate for assisted community treatment under Section 334-123 and to file the assisted community treatment (ACT) petition with Family Court. We recognize this is not a general expansion of ACT orders to the public.

Nevertheless, AILH has concerns about this bill that the Committee should address:

1. **ACT orders remain coercive even when initiated by community providers:** An assisted community treatment order is a



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court-ordered legal mechanism that compels a person to comply with a psychiatric treatment plan. Whether the certificate is prepared by a clinical team or by a community mental health outpatient program, the result is the same: a person with a psychiatric disability faces a legal obligation to undergo treatment they may not have chosen. The bill expands the number of entities that can initiate this process without adding any new protections for the person subject to it. AILH urges the Committee to amend the bill to require that, before any ACT petition is filed under amended Section 704-421(3)(b), the clinical team or outpatient program document that voluntary engagement with the proposed treatment plan has been attempted and was unsuccessful or refused. Coercion should be a last resort, not an early default.

- 2. The bill does not require the defendant's input before an ACT petition is filed:** Under the amended language, a community mental health outpatient program may prepare the ACT certificate and file the petition within ten days of providing that certificate to the defendant. There is no requirement that the defendant be given a meaningful opportunity to respond to or contest the appropriateness of the proposed treatment plan before the petition is filed. The defendant remains in custody until the Family Court issues its decision. AILH urges the Committee to require that the defendant—or their legal representative or advocate—have an opportunity to be heard before a petition is filed, and that this process be clearly documented. People with psychiatric disabilities retain rights, including the right to participate in decisions about their own care, even within the criminal justice system.
- 3. Cross-disability consistency with AILH's testimony on HB 1131:** This Committee heard AILH's testimony on HB 1131 HD1, in which we raised concerns about the active pursuit of ACT orders as a core function of the intensive mobile team pilot program. Our concerns here are consistent with that position. AILH does not oppose community-based treatment as an alternative to



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institutionalization—we support it. What we oppose is the expansion of coercive legal mechanisms without corresponding expansions of voluntary options, peer support, and the individual’s right to self-determination. These values apply regardless of whether the person with a psychiatric disability is in a voluntary community program or in DOH custody following criminal proceedings.

AILH does not oppose the goal of this bill, which is to allow community mental health outpatient programs to play a more active role in the ACT process when they have already agreed to provide services to a defendant. That can be a reasonable clarification. However, the bill as written adds new capacity to initiate coercive proceedings without adding new safeguards for the people subject to them. We urge the Committee to amend the bill to require documentation of voluntary engagement attempts before petition filing, and to ensure defendants have a meaningful opportunity to be heard before a petition is filed.

Thank you for the opportunity to testify.

Aloha,

Roxanne Bolden  
Executive Director

# Hawai'i Psychological Association

*For a Healthy Hawai'i*

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Honolulu, HI 96808

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Phone: (808) 521 -8995

## SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair  
Senator Angus McKelvey, Vice Chair

Wednesday, March 18, 2026, 1:00 PM  
Conference Room 225 & Videoconference

### SUPPORT FOR HB 2505 H.D.1, RELATING TO ASSISTED COMMUNITY TREATMENT

The Hawai'i Psychological Association (HPA) supports HB 2505 H.D.1. This bill seeks to amend HRS §704-421, which governs procedures for certain defendants with mental health conditions under the custody of the Director of Health. HB 2505 H.D.1 allows for the identified community mental health outpatient program to prepare a certificate for Assisted Community Treatment (ACT), provide it to a defendant, and file a petition for ACT.

HPA is concerned with the current “service gap” that exists when a defendant is found “unfit to proceed” in criminal proceedings. In many cases, these individuals do not meet the strict criteria for involuntary hospitalization but still require significant mental health intervention. Without a clear bridge to community-based care, these individuals are often released untreated. This bill addresses this critical issue by clarifying the responsibilities of community mental health outpatient programs. Specifically, it allows these programs to prepare the required certificate for Assisted Community Treatment (ACT), including a tailored written treatment plan and directly file the ACT petition with the Family Court.

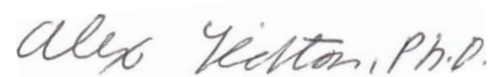
By empowering community programs to be involved in legal and clinical preparation for ACT, this measure strengthens coordination between inpatient clinical teams and outpatient providers. This ensures that patients receive the necessary treatment in the least restrictive setting possible. Furthermore, allowing the community program responsible for the individual’s care to delineate the treatment plan ensures that the intervention is both practical, effective, and setting-appropriate for treatment goals.

However, it is important to emphasize that for these amendments to be successful, there must be a meaningful investment in community-based programs. These programs will require increased staffing and resources to manage the additional responsibilities of preparing certificates and filing petitions while providing high-quality care.

Finally, HPA acknowledges the concerns raised by the Department of Health and the Hawaii State Hospital regarding the lengthy court process, which currently averages three months between hearings. Timely access to treatment is essential to protect the civil liberties of individuals and to ensure that they do not remain in custody longer than necessary.

For these reasons, HPA strongly supports HB 2505 H.D.1, and urges the committees to pass this bill. Thank you for the opportunity to submit testimony and for your thoughtful consideration of this important matter.

Sincerely,

A handwritten signature in cursive script that reads "Alex Lichton, Ph.D." The signature is written in black ink on a light-colored background.

Alex Lichton, Ph.D.  
Chair, HPA Legislative Action Committee

**HB-2505-HD-1**

Submitted on: 3/15/2026 5:41:41 AM

Testimony for HHS on 3/18/2026 1:00:00 PM

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

Comments:

I, Johnnie-Mae L. Perry, Support w/comment

2505 HB RELATING TO ASSISTED COMMUNITY TREATMENT.

APPOINTED SOCIAL WORKER AND/OR GUARDIAN

HONOLULU EMERGENCY SERVICES DEPARTMENT  
*KA 'OIHANA LAWELAWE ULIA PŌPILIKIA O HONOLULU*  
**CITY AND COUNTY OF HONOLULU**

3375 KOAPAKA STREET, SUITE H450 • HONOLULU, HAWAII 96819  
PHONE: (808) 723-7800 • FAX: (808) 833-3934 • WEB: <https://emergencyservices.honolulu.gov/>

**LATE**

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MAYOR  
MEIA



JAMES H.E. IRELAND, M.D.  
DIRECTOR  
PO'O

IAN T. T. SANTEE, MPA  
DEPUTY DIRECTOR  
HOPE PO'O

March 17, 2026

The Honorable Joy San Buenaventura, Chair  
Senate Committee on Health and Human Services  
State Senate  
415 South Beretania Street, Room 213  
Honolulu, Hawaii 96813

SUBJECT: Letter of Support HB2505, Relating to Assisted Community Treatment (ACT)

Dear Chair San Buenaventura:

Assisted Community Treatment provides a critical legal pathway for court-ordered medication for individuals suffering from serious mental illness. When implemented appropriately, ACT improves treatment compliance, promotes patient stability, and enhances public safety.

Currently, administration of ACT-ordered injectable medications often requires significant law enforcement and hospital resources. For example, Honolulu Police Department officers may be required to detain a patient under ACT and MH-3 authority, transport the individual to The Queen's Medical Center Emergency Department, wait for evaluation by an attending physician, and remain until the injectable medication is administered. This process diverts officers from responding to criminal complaints and places additional strain on already busy Emergency Department staff caring for ill and injured patients.

HB2505 establishes an alternative and more efficient method for administering ACT-ordered injectable medications when clinically appropriate.

The City and County of Honolulu's Crisis Outreach Response and Engagement (CORE) team is a section within the Honolulu Emergency Services Department and is staffed by Emergency Medical Technicians (EMTs), paramedics, community health workers, and registered nurses. State of Hawai'i-licensed paramedics and registered nurses are trained and authorized to administer intramuscular injections. Administering ACT court-ordered injections as prescribed by the treating physician would fall within their existing scope of practice.

The Honorable Joy San Buenaventura, Chair

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Utilizing CORE ambulances, or other appropriately equipped ambulances, would allow injections to be administered safely within the patient treatment area of the vehicle, functioning much like a mobile clinic. This approach enables treatment to occur at the patient's location when appropriate, eliminating the need for Emergency Department transport solely for medication administration. Doing so would save time, reduce costs, conserve hospital and law enforcement resources, and minimize unnecessary stress and disruption for patients.

For these reasons, the City and County of Honolulu strongly supports HB2505 and respectfully urges its passage.

Should you have any questions, please contact me at (808) 723-7800 by email at [james.ireland@honolulu.gov](mailto:james.ireland@honolulu.gov).

Thank you.

Sincerely,

James H.E. Ireland, M.D.  
Director



The Institute for Human Services, Inc.  
Ending the Cycle of Homelessness

**LATE**

**TO:** Honorable Senator Joy A. San Buenaventura,  
Chair, Senate Committee on Health and Human Services=  
  
Honorable Senator Angus L.K. McKelvey,  
Vice Chair, Senate Committee on Health and Human Services

**FROM:** Angie Knight, Community Relations Manager  
IHS, The Institute for Human Services, Inc.

**RE:** HB2505 HD1 – Relating to Assisted Community Treatment.

**DATE:** February 26, 2026

**POSITION:** IHS supports HB2505 HD1 with amendment.

As a homeless service provider with extensive outreach and case management experience with chronically homeless individuals, including filing petitions for Assisted Community Treatment (ACT) in the Family Court of the State of Hawai'i, IHS, The Institute for Human Services, supports the passage of HB2505 HD1 with amendment. In our years of outreaching, motivating, sheltering, and treating mentally ill homeless individuals, IHS has encountered barriers within our mental health and legal systems precipitated by statutes that leave room for interpretation and at times also prevent effective execution of court orders that are meant to insure access to treatment for persons so mentally ill and substance addicted that they pose danger to the community or themselves and refuse treatment for their conditions.

Individuals diverted to the Hawaii State Hospital from incarceration under Act 26 often fail to receive the treatment that they need in order to avoid re-offending once released. Once an individual is found "unfit to proceed" under petty misdemeanor criminal proceedings, they're dismissed and ultimately released, often untreated or undertreated for their mental illness or substance use disorder. They are often not given the long-acting medication that would keep them stable for longer upon release and allow more effective engagement and case management post discharge. Although some individuals have over 50 findings of "unfit to proceed" due to mental incapacities, treatment with long-acting injectable medications has still not been initiated during their hospitalization, which would extend into the community where they are discharged.

The Hawaii State Hospital's burgeoning census incentivizes the earliest possible release to make room for incoming patients; they are disincentivized to engage in the ACT process, which would add a few weeks to months to their length of stay at the facility. As a result of this, IHS has begun collaborating with HSH by asking medical staff there to complete evaluations of appropriateness for Assisted Community Treatment and connect suitable candidates to the receiving community-based treatment team to petition for ACT immediately. The ability to petition for ACT is something medical staff at the Hawaii State Hospital already have the authority to do.



**The Institute for Human Services, Inc.**  
Ending the Cycle of Homelessness

For those who meet the criteria for continued hospitalization under 704-413 (acquit and commit), the expectation should be that those patients be petitioned for ACT prior to discharge to sustain their recovery once it is determined appropriate to discharge.

For individuals slipping through the service gap of being found 'unfit to proceed' and released without treatment, **currently, the critical intervention of trying to promote treatment for their mental illness through petitioning for ACT is falling to community-based case management teams like IHS's Homeless Intensive Case Management Team.** We suggest amending the bill's 10-day requirement to specify "10 working days" to allow sufficient time to file the petition. Closing the gap will not only connect individuals to life-saving interventions but also free up costly medical and law enforcement resources currently occupied.

Mahalo for the opportunity to testify.