

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

Testimony to the Thirty-Third Legislature, 2026 Regular Session

House Committee on Finance
Representative Chris Todd, Chair
Representative Jenna Takenouchi, Vice Chair

Friday, February 27, 2026 at 10:00 a.m.
State Capitol, Conference Room 308

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

WRITTEN TESTIMONY ONLY

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

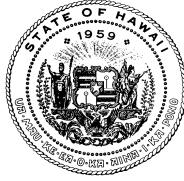
Purpose: Clarifies that community mental health outpatient programs that have agreed to provide mental health services to a defendant as part of an assisted community treatment order may prepare a certificate for assisted community treatment and provide the certificate to a defendant and may file an assisted community treatment petition with the Family Court. (HD1)

Judiciary's Position:

The Judiciary takes no position on House Bill No. 2505, H.D. 1. For the reasons stated in its prior testimony, the Judiciary appreciates that H.D. 1 has deleted language from the original bill which would have required the family court to hear an Assisted Community Treatment petition no later than five days after its filing.

Thank you for the opportunity to testify on this bill.

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



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**Testimony in SUPPORT of HB2505 HD1
RELATING TO ASSISTED COMMUNITY TREATMENT**

REPRESENTATIVE CHRIS TODD, CHAIR
HOUSE COMMITTEE ON FINANCE

Hearing Date: February 27, 2026, 10:00 AM Room Number: 308

1 **Fiscal Implications:** Undetermined.

2 **Department Position:** The Department of Health ("Department") supports this measure and
3 offers proposed amendments.

4 **Department Testimony:** The Hawaii State Hospital ("HSH") provides the following testimony
5 on behalf of the Department and the Adult Mental Health Division.

6 HB 2505, HD1, amends HRS §704-421(3), which governs procedures for certain
7 defendants with mental health conditions under the custody of the Director of Health. The bill
8 allows for a community mental health outpatient program to prepare a certificate for assisted
9 community treatment, provide it to a defendant under the custody of the Director of Health,
10 and file a petition for an Assisted Community Treatment ("ACT"). The Department supports
11 these amendments. They define responsibilities and strengthen coordination between
12 inpatient clinical teams and outpatient community programs to facilitate effective mental
13 health treatment in the least restrictive setting.

14 The Department greatly appreciates the intent of this measure. However, the average
15 time between initial hearing and evidentiary hearing is three months with an additional week

1 for the actionable order to be issued. To ensure the timeliness intended in this bill, the
2 Department requests a timely disposition of the petition.

3 The Department understands the Judiciary's opposition to this requested amendment,
4 however, the Department believes that drastically cutting down the between status hearing
5 and evidentiary hearing is probably the single most important change that would result in
6 higher utilization of the law. The statute would be much more implementable both at HSH and
7 in community hospitals. Given the short amount of time that ACT 26 patients are in HSH, the
8 lengthy court process makes it very difficult to do a stepdown ACT order, as the Attorney
9 General's office requires the named community provider to accept the case upon approval of
10 the order. Due to suspension of Medicaid during HSH stays, getting Medicaid-compensated
11 agencies to be involved with the process while the patient is still uninsured is challenging. A
12 shortened timeframe would also put the community hospitals in a position where they might
13 consider doing stepdown petitions.

14 As the Judiciary correctly points out, the vast majority of ACT cases have been step up
15 cases, individuals who are chronically homeless untreated with SMI, and this creates challenges
16 for proof of service and linking them with guardians ad litem. The Department recognizes that
17 some of the difficulty in making the link between patient and guardian ad litem is the shortage
18 of individuals willing to serve as guardians ad litem, which may be related to compensation, and
19 the Department supports the Judiciary's efforts to increase compensation. The Department also
20 acknowledges that facilitating the meeting between the guardians ad litem and the homeless
21 individual is unpredictable and challenging.

22 The Department notes, however, that ACT is not meant to be purely for this population
23 as has been the past practice. This makes the chronically homeless population a skewed
24 representation of the patients that ACT orders could be pursued on. If ACT were to be utilized
25 more broadly, there would be a cross section of individuals served and the chronically homeless
26 patient may be the exception rather than the norm. Cases of homeless individuals who may be

difficult to find for service/guardian ad litem should not slow down the process for every other case. The Department suggests that the norm should be a shorter time frame to schedule the evidentiary hearing, with provisions to continue in the cases in which that time frame cannot be met.

Offered Amendments:

The Department respectfully requests an amendment to HRS §334-127 Disposition, with subsequent subsections renumbered accordingly, to read:

(a) If, after considering all relevant evidence, including the results of any diagnostic examination ordered by the family court, the family court shall issue its decision within 10 calendar days of initial hearing.

(b) If the family court finds that the subject of the petition does not meet the criteria for assisted community treatment, the family court shall dismiss the petition. Notice of the dismissal shall be provided to those persons entitled to notice pursuant to section 334-125...

This amendment reinforces patient rights by specifying that individuals awaiting an ACT petition decision should not remain in custody longer than necessary. It aligns the statute with due process principles to safeguard civil liberties while ensuring timely access to appropriate care.

Thank you for the opportunity to testify on this measure.



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

TO: Honorable Representative Chris Todd,
Chair, House Committee on Finance

Honorable Representative Jenna Takenouchi,
Vice Chair, House Committee on Finance

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

As a homeless service provider with extensive outreach experience with chronically homeless individuals, including filing petitions for Assisted Community Treatment (ACT) in Family Court of the State of Hawai'i, IHS, The Institute for Human Services, supports the passage of HB2505 HD1.

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 and refuse treatment for their conditions.

Currently, **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 criminal proceedings, they're dismissed and ultimately released, often untreated for their mental illness, or not given the long-acting medication that would keep them stable for longer upon release.

Some individuals have over 50 findings of "unfit to proceed" due to mental incapacities; yet, no petition to treat has been ordered that extends into the community where they are discharged. As 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.

This measure addresses the service gap and works to end the revolving door of our highest utilizers, reinforcing that inpatient treatment is not the only avenue for treatment. By closing the gap, not only will individuals be connected to life-saving interventions, but it will also free up costly medical and law enforcement resources currently occupied.

Mahalo for the opportunity to testify.

HB-2505-HD-1

Submitted on: 2/25/2026 4:32:35 PM

Testimony for FIN on 2/27/2026 10:00:00 AM

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

Comments:

I, Johnnie-Mae L. Perry, Support the INTENT of the bill

HOWEVER, ALL LEGAL CHANNELS NEEDS TO BE TAKEN AND

NO OVERCROWDING IN FACILITY. ATTEMPT TO CONTACT FAMILY.

2505 HB RELATING TO ASSISTED COMMUNITY TREATMENT.