



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
KA 'OIHANA OLAKINO  
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**Testimony in SUPPORT of HB2505 HD1  
RELATING TO ASSISTED COMMUNITY TREATMENT**

REPRESENTATIVE DAVID A. TARNAS, CHAIR  
HOUSE COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS

Hearing Date: February 19, 2026, 2:00PM Room Number: 325

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 provides the following testimony on behalf  
5 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. The Department supports these  
11 amendments. They define responsibilities and strengthen coordination between inpatient  
12 clinical teams and outpatient community programs to facilitate effective mental health  
13 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 **Offered Amendments:**

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

6 (a) If, after considering all relevant evidence, including the results of any diagnostic  
7 examination ordered by the family court, the family court shall issue its decision within  
8 10 calendar days of initial hearing.

9 (b) If the family court finds that the subject of the petition does not meet the criteria for  
10 assisted community treatment, the family court shall dismiss the petition. Notice of the  
11 dismissal shall be provided to those persons entitled to notice pursuant to section 334-  
12 125...

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

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



*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 Judiciary & Hawaiian Affairs**  
Representative David A. Tarnas, Chair  
Representative Mahina Poepoe, Vice Chair

Thursday, February 19, 2026 at 2:00 p.m.  
State Capitol, Conference Room 325

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**

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

**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. For the reasons stated in its prior testimony, the Judiciary appreciates how H.D. 1 deletes 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, and thanks the Committee on Health for this crucial amendment.

Thank you for the opportunity to testify on this bill.



**MIKE GOODMAN ATTORNEY AT LAW LLLC.**  
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H.S.B.A. No.: 10603

February 17, 2026

**Written Testimony for HB2505**  
**Submitted to the Committee on Judiciary & Hawaiian Affairs**  
Hearing: February 19, 2026 at 2:00 PM  
Conference Room 325

Aloha Chair Tarnas, Vice-Chair Poepoe and the Honorable Members of this Committee:

I'm an attorney with a private litigation practice in Honolulu. I also frequently serve as a court appointed Guardian ad Litem on Assisted Community Treatment ("ACT") cases. I'm familiar with ACT and Hawaii's mental health statutes.

I'm also Chair of the Partner's In Care Advocacy Committee ("PIC"); But since the membership hasn't had an opportunity to vote on this measure, I'm submitting this testimony as an individual, and not as a representative of PIC.

**I strongly support this bill with the following AMENDMENTS.**

**First:** The material difference between involuntary hospitalization and what the bill refers to as an "outpatient" program, is that involuntary hospitalization is custodial (i.e. the patients are forbidden from leaving). I propose changing "outpatient" to "non custodial", because using the term "outpatient", would foreclose the possibility of an in-patient program that is non-custodial. For instance, a Group Home, Respite Kauhale, or an Adult Foster Family Care Home that provides mental health care are generally in-patient programs that are non-custodial.

**Second:** Instead of only allowing 10 days to file a petition after issuing a certificate, I recommend increasing the time to 45 days, or no less than 20 days. When a person or entity seeks to file an ACT petition, they either have to engage the services of the Department of the Attorney General or a private attorney; Then, their attorney has to draft the petition & file it. Ten days is often not enough time for all of that to happen.

**Third:** I deleted the language at the end of subsection (3)(b), about the defendant remaining in custody until the family court makes a determination on the petition, because it contradicts HRS §334-60.2, and is also unconstitutional. A person can only be held for custodial care after a determination has been made they are an "imminent danger to self or others". See HRS § 334-60.2 "Involuntary hospitalization criteria." which provides in pertinent parts that a court may commit persons to a psychiatric facility or involuntary hospitalization, upon finding they are "(1) [] mentally ill or suffering from substance abuse; (2) . . . imminently dangerous to self or others . . . (3) . . . in need of care or treatment . . ." and there is no less restrictive alternative. (underline added.) See also *O'Connor v. Donaldson*, 422 U.S. 563, 575, 95 S. Ct 2486, 2493 (1975); *State v. Kotis*, 91 Haw. 319, 340, 984 P.2d 78, 99 (1999); *In re Doe*, 102 Hawaii 528, 78 P.3d 341 (Haw.

App. 2003). This language also contradicts the language at the beginning of subsection (3)(b) which says in pertinent part; “If the defendant’s clinical team determines that the defendant does not meet the criteria for involuntary hospitalization, or the court denies the petition for involuntary hospitalization . . .” In other words, the defendant can’t be involuntarily confined to the hospital if the clinical team or the court determined the defendant does not meet the criteria for involuntary hospitalization. **A person does not need to be an imminent danger to themselves or others to qualify as the subject of an ACT petition;** The purpose of ACT *is to prevent them* from becoming imminently dangerous. See HRS §334-121 Criteria for assisted community treatment.

**For my suggested amendments**, additional suggested language is highlighted in yellow and double underlined. Suggested deletions are bracketed, stricken and highlighted in yellow as follows: [sample].

SECTION 1. §704-421(3)(b) If the defendant’s clinical team determines that the defendant does not meet the criteria for involuntary hospitalization, or the court denies the petition for involuntary hospitalization, If the defendant’s clinical team determines that the defendant does not meet the criteria for involuntary hospitalization, or the court denies the petition for involuntary hospitalization, the defendant’s clinical team shall determine whether an assisted community treatment plan is appropriate pursuant to part VIII of chapter 334. If the clinical team determines that an assisted community treatment plan is appropriate, the clinical team shall identify a community non-custodial mental health [outpatient] program that agrees to provide the mental health services to the defendant in the event the assisted community treatment petition is granted. The psychiatrist or advanced practice registered nurse from the clinical team or the community non-custodial mental health [outpatient] program shall prepare the certificate for assisted community treatment specified by section 334-123, including a written treatment plan for the provision of mental health services to the defendant. [The clinical team shall identify a community mental health outpatient program that agrees to provide mental health services to the defendant as the designated mental health program under the assisted community treatment order.] The clinical team or the community non-custodial mental health [outpatient] program shall provide the defendant with a copy of the certificate. Within [ten] forty-five days of provision of the certificate to the defendant by the clinical team [¶] or the community non-custodial mental health [outpatient] program, the director of health or the community non-custodial mental health [outpatient] program shall file with the family court the assisted community treatment petition described in section 334-123. [When a petition for assisted community treatment has been filed for a

~~defendant, the defendant committed to the custody of the director of health shall remain in custody until the family court issues a decision on the petition; provided that the judge may order that the subject be released during the pendency of that action.]~~

Thank you for the opportunity to testify. I'll be happy to answer any questions before or after the hearing, via telephone or email.

Very truly yours;



Mike Goodman, Esq.  
Chair, Partners in Care Advocacy Committee

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

**TO:** Honorable Representative David A. Tarnas,  
Chair, House Committee on Judiciary & Hawaiian Affairs  
  
Honorable Representative Mahina Poepoe,  
Vice Chair, House Committee on Judiciary & Hawaiian Affairs

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

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

**DATE:** February 18, 2026

**POSITION:** IHS supports passing HB2505

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 not repeat the offense once released.** Once an individual is found "unfit to proceed" under criminal proceedings, they're dismissed and ultimately released, sometimes 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. Largely due to the extended process required to petition in Family Court for Assisted Community Treatment. 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 months to their length of stay at the facility. This bill addresses the gap and stops the revolving door of our highest utilizers, emphasizing that inpatient treatment is not the only avenue for intervention. HB2505 HD1 makes a clearer path for those known to need intervention to receive court-mandated treatment, while also freeing up local resources for the community.

Mahalo for the opportunity to testify.

To: Representative David A. Tarnas, Chair  
Representative Mahina Poepoe, Vice Chair  
Committee on Judiciary & Hawaiian Affairs

From: Veronica Moore, Individual Citizen

Date: February 18, 2026

RE: House Bill 2505 HD1  
Measure Title: RELATING TO ASSISTED COMMUNITY TREATMENT.  
Report Title: Assisted Community Treatment; Petitions; Involuntary  
Hospitalization; Community Mental Health Outpatient Programs

To All Concerned,

My name is Veronica Moore and I support House Bill 2505 HD1. Thank you for introducing this bill.

Sincerely,

Veronica M. Moore