



*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 Health**

Representative Gregg Takayama, Chair  
Representative Sue L. Keohokapu-Lee Loy, Vice Chair

**House Committee on Human Services & Homelessness**

Representative Lisa Marten, Chair  
Representative Ikaika Olds, Vice Chair

Friday, February 6, 2026 at 9:00 a.m.  
State Capitol, Conference Room 329

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, 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. However, the Judiciary is concerned with the requirement on page 3 (lines 13 through 15) that a "petition for assisted community treatment filed pursuant to this section shall be heard within five days after its filing." This requirement would conflict with the current hearing deadline established under Hawai'i Revised Statutes ("HRS") § 334-124 which provides that a hearing be set "as soon as possible but no later than ten days after the filing of the petition."



House Bill No. 2505, Relating to Assisted Community Treatment Act  
House Committee on Health  
House Committee on Human Services & Homelessness  
Friday, February 6, 2026  
Page 2

In Assisted Community Treatment cases, under HRS § 334-123.5, the court is required to:

determine the existence of a guardian and if none, shall appoint a guardian ad litem to represent the best interests of the subject of the petition throughout the pendency of the proceedings.

Pursuant to HRS § 334-123.5, the court currently appoints a guardian ad litem (GAL) in virtually every Assisted Community Treatment case as soon as possible after the petition is filed. In addition, hearings on Assisted Community Treatment cases are always scheduled within the ten (10) day deadline established by HRS § 334-124.

Based on experience, a five-day deadline is likely insufficient to not only identify and appoint a 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 proposed five-day deadline to hear petitions will likely result 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 applying the current statutory deadline.

Based on the above, the Judiciary respectfully recommends that the language at page 3, lines 13 through 15 be removed completely:

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

By removing this language, the hearing date deadlines that are already in place under HRS § 334-124 would control.

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'



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

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
KA 'OIHANA OLAKINO  
P. O. Box 3378  
Honolulu, HI 96801-3378  
doh.testimony@doh.hawaii.gov



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

REPRESENTATIVE GREGG TAKAYAMA, CHAIR  
HOUSE COMMITTEE ON HEALTH

Hearing Date: February 6, 2026, 9:00AM Room Number: 329

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 HB2505 amends HRS §704-421(3), which governs procedures for certain defendants  
7 with mental health conditions under the custody of the Director of Health. The bill allows for a  
8 community mental health outpatient program to prepare a certificate for assisted community  
9 treatment and provide it to a defendant under the custody of the Director of Health. It also  
10 requires that a petition for assisted community treatment (ACT) be filed for a defendant under  
11 the custody of the director of health be heard within five days of filing. The Department  
12 supports these amendments. They establish clear timelines, define responsibilities, and  
13 strengthen coordination between clinical teams and community programs to facilitate effective  
14 mental health treatment in the least restrictive setting.

1           The Department greatly appreciates the 5-day requirement for an initial hearing on the  
2 ACT petition. However, the average time between initial hearing and evidentiary hearing is  
3 three months and an additional week for the actionable order to be issued. To ensure the  
4 timeliness intended in this bill, the Department requests a time requirement be placed on the  
5 disposition of the petition.

6           **Offered Amendments:**

7           The Department respectfully requests that additional language be added on page 3, line  
8 15 to read:

9           “... shall be heard within five days after its filing; provided further that the disposition  
10 shall be decided within ten days of the initial hearing date.”

11           For the purposes of clarity and consistency, the Department respectfully suggests  
12 amending page 2, line 20, through page 3, line 1, to read as follows: "The [~~clinical team~~]  
13 certificate preparer shall provide the defendant with a copy of the certificate."

14           To preserve the rights of patients awaiting an ACT petition and ensure they are not held  
15 in custody longer than necessary, the Department proposes to amend page 3, line 10 to read:

16           “When a petition for assisted community treatment has been filed for a defendant, the  
17 defendant committed to the custody of the director of health [~~shall~~] may remain in  
18 custody until the family court issues a decision on the petition . . .”

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

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



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

**TO:** Honorable Representative Gregg Takayama  
Chair, House Committee on Health

Honorable Representative Sue L. Keohokapu-Lee Loy  
Vice Chair, House Committee on Health

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

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

**DATE:** February 5, 2026

**POSITION:** IHS **strongly 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.

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 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.

**HB-2505**

Submitted on: 2/3/2026 5:09:41 PM

Testimony for HLT on 2/6/2026 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
John Deutzman	Individual	Support	Written Testimony Only

Comments:

**Aloha Chair Takayama, Vice Chair Keohokapu, and members of the Committee on Health,**

**One of the top concerns of your constituents is the large number of severely mentally ill people living on the street. Assisted Community Treatment (ACT) petitions are an excellent tool for people to get the urgent care they need. However, according to the Judiciary, there were only nine ACT petitions in 2024, and per Commnie Mitchell of IHS, we only had eight in 2025.**

**HB 2025 is a vital measure to increase the desperately needed mental health care in our community.**

**Mahalo,**

**John Deutzman**

**Waikiki**

**917-596-7263**

**HB-2505**

Submitted on: 2/5/2026 3:18:44 AM

Testimony for HLT on 2/6/2026 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Mike Goodman	Individual	Comments	In Person

Comments:

I'm an attorney who frequently serves as a Guardian ad Litem ("GAL") on Assisted Community Treatment Act cases. I strongly oppose the language added in SECTION 1, subsection (3)(b), last sentence which provides that a petition must be heard within five-days after its filing. The five-day deadline is completely impractical for many reasons; First of all, the court must appoint a GAL, which in-and-of-itself could take more than five days. Once appointed, the GAL must attempt to have a face-to-face meeting with the Respondent, interview the treating psychiatrist, investigate other facts, draft a report and file it a week before the hearing takes place; The attorney who represents the petitioner, who is often a Deputy Attorney General, may have scheduling conflicts which make it impossible to attend a hearing within five-days. And if all that weren't enough to show why this is a bad idea, judicial resources are finite, and it may not be possible to schedule a hearing in five-days. It's hard to see what would be gained by imposing a five-day limit, but it's easy to see what would be lost; Fewer ACT petitions will be filed, and many of those which are filed won't be able to meet the 5-day hearing deadline