

HAWAII STATE COUNCIL ON MENTAL HEALTH (SCMH)
DRAFT MEETING MINUTES
October 14, 2025 9:00 a.m. to 12:00 noon
Via Zoom with in-person location at Hale F Conference Room,
2201 Waimano Home Road, Pearl City, 96782

Members Present: Katherine Aumer (Chair), Forrest Wells, Jackie Jackson, Heidi Ilyavi, Christine Montague-Hicks, John Betlach, Jon Fujii, Kathleen Merriam

Members Excused: Tianna Celis-Webster, Mary Pat Waterhouse

Members Absent: Asianna Zaragosa-Torres

Guests: Dr. Jack Lewin (Invited Guest Speaker), Raelyn Reyno, Jim Gottstein, Squirrel Celeste

Staff: Carolyn Weygan-Hildebrand (DOH AMHD), Jocelyn Nazareno (DOH AMHD)

I. Call to Order, Roll Call

Chairperson Katherine Aumer called the meeting to order at 9:10 a.m.

II. Announcements

- The Mental Health of America National Conference will be held virtually on October 16-17, 2025. The registration link was provided in the chat.
- November Meeting: Because of Veterans Day on November 11, members WILL discuss rescheduling or skipping the meeting.
- The December 9 in-person meeting is confirmed for the Daniel K. Inouye International Airport Conference Room, with optional training available in the afternoon.
- Membership Updates: Chair Aumer thanked Jackie Jackson and Mary Pat Waterhouse, and congratulated them for their reappointment through 2028. Members in holdover status are reminded to apply. Application link was provided at scmh.hawaii.gov.
- The annual report is still under discussion. The draft will be reviewed again later in the meeting.

III. Review and Approval of Meeting Minutes

- Heidi Ilyavi motioned to approve the draft minutes from September 9, 2025. Jackie Jackson seconded the motion. The minutes were approved unanimously as presented.

IV. Community Input

No written testimonies were received. The following oral testimonies were presented:

- Jim Gottstein highlighted the report “Improving Mental Health Outcomes,” which he co-authored with Dr. Peter Gotzsche and Dr. David Cohen. He raised concerns about long-term psychiatric drug use, supported non-coercive community-based care, and encouraged evidence-based recovery approaches.

Questions asked for clarification:

Q. Has the Report been reviewed?

A. The report, authored by Dr. Peter Gøtzsche, Dr. David Cohen, and J. Gottstein, has been available and widely shared for two years. No one has challenged its contents. It includes citations and hyperlinks. Gottstein shared that he spent months in a hospital in 1982 and felt he would not recover, as the system discouraged hope for recovery.

Q. What is the key takeaway?

A. Hawaii can improve by using non-coercive methods, such as the open dialogue approach.

- Raelyn Reyno-Yeoman repeated her concerns about Hawaii’s Assisted Community Treatment (ACT) Law, mentioning reduced access to legal counsel and possible rights violations. She noted that last year’s legislation reduced the ACT decision panel from three to one professional. She also highlighted the side effects of long-term injectable medications and encouraged NAMI Hawaii to offer educational sessions on this issue.

Questions asked for clarification:

Q. Is the Council getting a presenter on this topic soon?

A. Staff will contact the Attorney General’s office about the ACT. The topic of long-term injectable medications is new and will be explored further.

V. Old Business

A. Review and Approval of Letter of Thanks for Past Presentations

- *“County Integrated Service Area Planning: Context, Insights and the Future.”*

Forrest Wells motioned to approve the draft letter as presented. H. Ilyavi seconded. The motion was approved unanimously.

- *“Rate Studies and Their Impact.”* Jon Fujii motioned to approve the draft letter as presented. John Betlach seconded. The motion was approved unanimously, subject to the correction of one typographical error.

B. Organizing for the next years

- December 9 meeting was confirmed as in-person only at a Honolulu International Airport conference room. It will include optional afternoon training. Procurement and logistical arrangements are underway.
- The Council agreed to reschedule the November meeting to November 18 because of Veterans Day. This also allows time to review the SAMHSA Mental Health Block Grant performance report due December 1.
- For the Council's Annual Report, members were encouraged to review past reports and bring suggestions in November. Final approval will be at the December meeting, with submission on December 20.

VI. New Business

A. Presentation

“Transforming Hawai‘i’s Health Care System: Grounded Approaches for Better Mental Health Outcomes” - John (Jack) C. Lewin, M.D.

Note: There were no PowerPoint slides available for reference.

Dr. Lewin began his presentation by sharing his long experience in Hawaii’s healthcare system, starting as a physician in 1979 and later serving as Director of the Department of Health from 1987 to 1994. He mentioned Hawaii’s achievements, including the Prepaid Health Care Act of 1974, which requires employers to provide health insurance for employees working over 19 hours per week. He also noted the creation of MedQUEST, early HIV (Human Immunodeficiency Virus) care programs, and the rebuilding of Hawaii State Hospital, which once gave Hawaii a reputation as the “Health State.” Despite these successes, Lewin pointed out that Hawaii now faces major challenges. Nearly 97% of residents have health insurance, but access to care is still limited, especially in rural areas with provider shortages. Mental health needs are high: one in five residents has a mental illness, and half of those who need care do not get it. Youth mental health is especially concerning, with ongoing post-pandemic effects and high rates of sadness and suicide risk among teens and young adults.

Lewin described a vision for change based on prevention, integration, and innovation. He emphasized starting early, with universal preschool and mental health screening for children, to prevent crises and lower long-term costs. He called for behavioral health to be fully integrated into primary care, so mental health is seen as part of overall health. He also highlighted the role of technology, such as telepsychiatry, remote monitoring, and AI tools, in improving early detection and care coordination. Local innovations include radar-based sensors for monitoring and platforms like Nightingale MD, which combine health data to create complete patient profiles.

Lewin then introduced five strategic highlights essential for Hawaii's future:

1. System Integration and Data Alignment: He recommended connecting behavioral health, primary care, housing, and social services into one system, using Kaiser Permanente and the Veterans Health Administration as examples. He said breaking down silos is essential for better outcomes and efficiency.
2. Workforce Shortage and Retention: Lewin recognized major workforce shortages and suggested solutions like loan repayment incentives, peer-support certification, and interdisciplinary teams. He also proposed creating a statewide workforce pipeline through the University of Hawaii to train future behavioral health professionals.
3. Behavioral Health Financing: He supported value-based reimbursement, aligning Medicaid contracts with recovery outcomes, and exploring public-private partnerships to fund prevention. He recommended moving away from fee-for-service toward a population health approach.
4. Post-Maui Wildfire Recovery: Lewin pointed to Maui's inter-agency collaboration as a good example of building behavioral health capacity and providing long-term trauma-informed support. He noted important lessons for future disaster response.
5. Leadership and Community Voice: He emphasized including people with lived experience in planning and policy discussions to make sure reforms meet real needs. Also to Lewin's presentation were two major funding opportunities: First, the AHEAD Grant, a multi-year federal initiative that shifts payment models from fee-for-service to population health, doubles investment in primary care (including mental health), and incentivizes better outcomes. Planning runs through 2028, with operations extending to 2036, potentially bringing \$250 million annually to Hawaii if fully implemented. Second, the Rural Health Transformation Fund, a \$50 billion national program, guarantees Hawaii \$100 million per year from 2026 to 2030, with the possibility of additional funds. These resources could dramatically expand rural health infrastructure, workforce development, and mental health innovation.

Lewin ended by urging the State Council on Mental Health to support participation in these programs, help agencies work toward a shared vision, and focus on prevention, workforce development, and technology-enabled care. He encouraged members to help make Hawaii a leader in health reform, with mental health as a priority.

Questions and Answers:

Q. What should the Council focus on?

A. Advocate for participation in AHEAD and Rural Health programs; encourage providers to adopt population health models and integrate mental health into primary care. AHEAD stands for Achieving Healthcare Efficiency through Accountable Designs.

Q. How can the Council support the State Health Planning and Development Agency?

A. Help break down silos, promote shared vision across agencies, and provide input on workforce development and community engagement

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Q. Are there specifics on AHEAD projects?

A. Planning underway; implementation starts 2028; Hawaii could receive \$250M annually. J. Fujii offered to bring the project manager for a future detailed briefing.

Q. Is the Governor focused on current issues or future funding?

A. Both—addressing urgent needs (housing, corrections, mental health) while planning for long-term systemic reform.

J. Fujii noted that Medicaid work and volunteer requirements will begin in 2027 and suggested working with nonprofits to create volunteer opportunities.

VII. Members' Reports

1. Island Representative Reports

- *O'ahu Service Area Board meeting* – J. Jackson reported that the Board had a quorum and met. She highlighted a presentation on Windward Community College's Mental Health Technician programs and shared updates from CAMHD. The Board meets every third Wednesday from 9:30 to 10:30 a.m.
- *Hawai'i Service Area Board* – J. Betlach reported that the HSAB did not meet because of technical issues.

2. Government Sector Representative Reports

- *Behavioral health sector* – Kathleen Merriam reported that a year-end summary will be prepared for December.
- *Social services sector* – Ray Rice reported attending an October 3 caucus meeting where Debbie Morikawa spoke about the need for higher federal reimbursement rates for community care homes. This issue affects competitive wages and the sustainability of housing providers, which the Council has discussed before. Ray said these rates will likely be part of upcoming legislative discussions. He shared a link to the presentation:

<https://www.youtube.com/watch?v=Vg0KGiuRYaw>

- *MedQUEST/Medicaid sector & HACDACS* – J. Fujii provided an extensive update on federal and state policy changes: Rural Health Transformation Fund: \$50B nationally; Hawai‘i guaranteed \$100M annually (2026–2030). Application deadline is imminent; mental health priorities will be included. AHEAD Grant: Multi-year CMS initiative to shift payment models to population health, integrate behavioral health into primary care, and incentivize better outcomes. Hawai‘i could receive \$250M annually starting 2028; HR1 Impacts: Medicaid work/volunteer requirements begin Dec 2026; cost-sharing requirements start Oct 2028 for expansion populations; Current Medicaid enrollment is ~391,000, down from pandemic peak due to redeterminations. J. Fujii emphasized the need for community partnerships to create volunteer opportunities for members who meet work requirements and offered to share detailed guidance on changes to immigrant eligibility.
- *Judiciary/Mental Health Court* – Kristin Will reported high activity in Mental Health Court, with new petitions and 72-hour holds. She raised concerns about delays in case management due to pending authorizations, which impact continuity of care and access to extended treatment funding. She emphasized the importance of case managers for successful outcomes and mentioned ongoing structural repairs at the courthouse.
- *Education* – Christine Montague-Hicks shared that the DOE is expanding mental health training and outreach. Youth Mental Health First Aid training was given to Honolulu Parks & Rec staff on October 2 and is scheduled for DOE staff and community members on October 17. Quarterly trainings are planned, with the next in January. DOE took part in Children and Youth Day on October 5, reaching over 400 families, and in the NAMI Walk on October 11. Staff also received Skills for Psychological Recovery and trauma-informed training to support behavioral threat assess
- *Vocational Rehabilitation* – L. Dias reported that 4,801 people were served statewide during the last reported quarter, with most having cognitive or psychosocial disabilities. There were 241 new applications, 220 people found eligible, and 199 individualized employment plans developed. Sixty-three people achieved competitive integrated employment, which is a significant increase. The average wage was \$28.63 per hour, and the average hours worked were 32.9 per week. She also announced a new Fetal Alcohol Spectrum Disorder (FASD) training for DVR staff, led by Amanda Luning of FASD Hawaii. The training will cover awareness, screening tools, reducing stigma, and

strategies for supporting people with FASD. Lea suggested inviting A. Luning as a guest presenter at a future meeting.

3. Specialty Area Representative Reports

- *Providers* – F. Wells identified urgent challenges. First, enforcing the Red Flag Law is difficult because the current petition process to remove firearms from people in crisis is slow and ineffective. Second, there are gaps in implementing the MH-3 Law. While providers can now start hospitalization orders, HPD and emergency healthcare systems do not have clear protocols and often use MH-1 procedures instead. He suggested a legislative review to improve these processes.
- *Parents, family members, consumer advocates* – H. Ilyavi reported severe shortages of case managers on Hawai‘i Island, especially in Kona, and ongoing difficulties hiring housing staff because reimbursement rates have not increased enough. Even with a 15 percent rate increase for AMHD housing, there are still disparities compared to child and adolescent services. H. Ilyavi shared that she left housing work due to burnout and lack of support, highlighting workforce issues.
K. Aumer added that there are growing concerns about people experiencing homelessness and behavioral health crises in urban areas. She stressed the need for trauma-informed de-escalation training and clear referral options for community members who want to help safely and respectfully.
- *Youth and consumer advocate* Tianna Celis-Webster, in a written report, said she is planning a Youth Peer Support Specialist Training for March 2026 and working on the Polina Circle Pilot Project to help foster youth take part in case planning. She also announced the next Children’s Mental Health Acceptance Meeting on October 16.

VIII. Adjournment

Chair Aumer adjourned the meeting at 11:58 a.m. and thanked all members, staff, and community participants for their dedication and contributions.

Handouts

No meeting packet handouts

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