



**STATE OF HAWAI'I  
DEPARTMENT OF HEALTH  
KA 'OIHANA OLAKINO  
STATE COUNCIL ON MENTAL HEALTH**  
P.O. Box 3378, Room 256  
HONOLULU, HAWAII 96801-3378

**DATE: TUESDAY, MARCH 10, 2026**

**TIME:** 9:00 a.m. to 12:00 noon

**WHERE:** Via Zoom with in-person location at  
Hale F Conference Room, 2201 Waimano Home Road,  
Pearl City, 96782

Join virtually:

<https://zoom.us/j/95138653554>

Meeting ID: 951 3865 3554 Passcode 96782

Join by phone:

Dial 253 205 0468 or 669 444 9171

- |             |  |                        |
|-------------|--|------------------------|
| <b>I.</b>   | <b>CALL TO ORDER</b><br>Meeting to be led by Council Chairperson<br>Roll call by Council Secretary   | <b>9:00 to 9:05 am</b> |
| <b>II.</b>  | <b>ANNOUNCEMENTS</b> <ul style="list-style-type: none"><li>• Meeting protocol - AV communication breakdown</li><li>• Mental health related events and reports</li><li>• SCMH membership, vacancies, and absences</li><li>• Ex-officio member message</li></ul> | <b>9:05 to 9:15 am</b> |
| <b>III.</b> | <b>COMMUNITY INPUT</b><br><i>[Note: Testimonies will also be taken<br/>immediately before each agenda item.]</i>   | <b>9:15 to 9:25 am</b> |
| <b>IV.</b>  | <b>APPROVAL OF MEETING MINUTES</b><br>January 13, 2026, Meeting Minutes<br>February 10, 2026, Meeting Minutes  | <b>9:25 to 9:30 am</b> |

- V. OLD BUSINESS** **9:30 to 10:00 am**
- A. December and January Presentations –**  
Approval of Thank you Letters
- Mr. Scott Murakami (December Guest)
  - Dr. Dayna Schultz (December Guest)
  - Windward CC (December Guest)
  - Dr. Judi Steinmann (January Guest)
- B. Presentation of December 9 Meeting Results-**  
2026 Guiding Values, Goals and Actions for  
Next Meeting Vote

- IV. NEW BUSINESS** **10:00 to 11:30 am**
- A. Review of 2026 Legislation**  
Led by the 2026 Ad Hoc Legislation Committee -  
presentation, discussion, and decision as time permits  
and will be limited to the following bills and their  
companion bills as time permits.

ON OVERALL GOVERNANCE

SB3077 SD1, SB1323 CD1, adopt the uniform health care decision act 2023, as modified, and relating to advance mental health care directives. Requires the Attorney General’s Office to convene a working group.

HB1889 HD1 creates a School Psychologist Working Group with the Department of Education to recommend licensure pathway for school psychologists.

HB1913 HD1 Establishes within the Office of Veterans' Services a mental health coordinator position at Tripler Army Medical Center.

ON CHILDREN, YOUTH, AND/OR FAMILIES

SB2108 SD1 amends the factors a family court is required to consider in deciding whether the court may waive jurisdiction over a minor or adult held for criminal proceedings.

HB1805 HD1 establish an independent office of child advocate to oversee and evaluate delivery of services

to children and their families by various state agencies and entities.

SB2861 SD2 establishes the Kakou Pilot program to support families and Children in need.

HB2083 SD1 amends the offense of promoting a controlled substance, in or near certain facilities and sites.

SB1150 SD1 expand protection established under Act 2 of 2023 to include gender-affirming health care services. Clarifies jurisdiction for cases involving children.

ON CARE SERVICES, CARE COORDINATION,  
INSURANCE

HB2505 HD1 relating to assisted community treatment, assisted treatment procedures for defendants with mental health needs in the community.

SB2640 is a mental health bill that is currently in short form.

ON FORENSIC POPULATION

SB3142 SD1 establishes the offense of dangerous intoxication and habitual dangerous intoxication.

ON CRISIS SERVICES AND SUICIDE PREVENTION

SB3001 SD1 requires operators of conversational artificial intelligence services in the State to issue certain disclosures to account holders and users.

ON DISASTERS

SB3192 SD1 authorizes the waiver of certain healthcare worker licensure requirements during emergencies.

**2025 BILLS**

ON CARE SERVICES, CARE COORDINATION,  
INSURANCE

HB244 SD1 appropriate funds for the Department of Human Services to collaborate with community-based

organizations to address the need for social services in the State.

SB955 HD1 clarifying who may serve as a qualified examiner in a fitness-to-proceed examination.

SB1444 SD1 authorizes General Excise Tax Exemptions for residential care services provided by certain licensed health care facilities pursuant to a contract with the Adult Mental Health Division of the Department of Health.

**B. Bills not listed on February 10, 2026, Council agenda**

ON WORKFORCE

HB1591HD1 adds physician assistants, dietitians, and social workers to the list of preceptors and eligible students under the Healthcare Preceptor Tax Credit.

HB1574 HD1 requires a participant in the Healthcare Education Loan Repayment Program to remain and work in the State for several years.

ON CARE SERVICES, CARE COORDINATION,  
INSURANCE

SB2921 transfers to the general fund the excess balances of various non-general funds and programs.

ON HOMELESSNESS AND HOUSING SOLUTIONS

SB2803 requires a plan for a single centralized State housing and homelessness solution entity, and authorizing the issuance of general obligation bonds for the Kauhale Initiative and related capital improvement projects.

SB2557 requiring the Statewide office on homelessness and housing solutions to report on three areas relating to count, contracts and plans, and coordination.

**C. 2026 Legislation – Identification of additional bills for future discussion**

**D. Presentation**

*“Rural Health Transformation Initiative, An Informational Presentation”*

SCMH March 10, 2026, Notice and Agenda

By Jon Fujii and Joy Soares, Med-QUEST Division, Hawaii  
Department of Human Services

**VI. INFORMATIONAL REPORTS BY COUNCIL MEMBERS 11:30 to 11:55 am**

Standard agenda reporting which may be written or oral. Each report may include information on mental health-related meetings attended, upcoming mental health-related events to share, and mental health conversation topics and resources from mental health stakeholders in the community. It may include concerns relating to concerns that the Council could help in, and responsibility areas for acting on or before the next meeting.

**A. Island Representative Reports**

1. O'ahu Service Area Board meeting – Jackie Jackson
2. Hawai'i Service Area Board meeting – John Betlach

**B. Government Sector Representative Reports - Mental Health Care**

1. Behavioral health sector – Kathleen Merriam
2. Social services sector – Ray Rice
3. MedQUEST/Medicaid sector & HACDACS – Jon Fujii
4. Judiciary/Mental Health Court – Kristin Will
5. Education – Christine Montague-Hicks
6. Vocational Rehabilitation – Leah Dias

**C. Specialty Area Representative Reports -Mental Health Care**

1. Provider – Forrest Wells
2. Parents, family members, consumer advocates – Mary Pat Waterhouse, Heidi Ilyavi, Katherine Aumer, Danielle Bergan
3. Youth and consumer advocates – Tianna Celis-Webster, Asianna Saragosa-Torres

**VI. ADJOURNMENT 11:55 to 12:00 pm**

**HOW TO PROVIDE TESTIMONY/COMMUNITY INPUT:**

Written testimony can be emailed to the Council at [doh.scmhchairperson@doh.hawaii.gov](mailto:doh.scmhchairperson@doh.hawaii.gov), mailed or delivered in person to DOH AMHD Hale F Office (Attn: SCMh), 2201 Waimano Home Road, Pearl City, Hawaii 96782. Oral testimony will be accepted in person at the physical meeting location, as listed on page 1. Oral testimony will be limited to three (3) minutes per person per agenda item or community issue.

**HOW TO REQUEST ACCOMMODATION:** If you need an auxiliary aid/service or other accommodation due to a disability, please contact please contact the HDOH Non-Discrimination Coordinator, located

at 1250 Punchbowl Street, Honolulu, HI 96813 (Phone: (808) 596-4400 or email: [doh.nondiscrimination@doh.hawaii.gov](mailto:doh.nondiscrimination@doh.hawaii.gov) as soon as possible. Requests made as early as possible have a greater likelihood of being fulfilled. Upon request, this notice is available in alternate/accessible formats.

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Valerie Kato, Acting Non-Discrimination Coordinator  
Hawaii Department of Health 1250 Punchbowl Street, HI 96813  
(808) 586-4400 [doh.nondiscrimination@doh.hawaii.gov](mailto:doh.nondiscrimination@doh.hawaii.gov)

**MEETING MATERIALS AND OTHER INFORMATION:**

If there is a meeting packet, the meeting packet will be posted on the Council's website at <https://scmh.hawaii.gov/meetings> at least three full business days. A copy will also be available at 2201 Waimano Home Road Hale F Conference Room, Pearl City 96782. Written testimony will also be posted on the Council's website as it is received.

## HAWAI'I STATE COUNCIL ON MENTAL HEALTH (SCMH)

### **DRAFT** MEETING MINUTES

January 13, 2026, 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, Kathleen Merriam, Mary Pat Waterhouse, Danielle Bergan, John Betlach, Lea Dias, Heidi Ilyavi, Jackie Jackson, Christine Montague-Hicks, Ray Rice, Kristin Will

Members Excused: Tianna Celis-Webster, Jon Fujii, Forrest Wells

Members Absent: Asianna Zaragosa-Torres

Staff Present: Carolyn Weygan-Hildebrand (AMHD), Stacy Molina (AMHD)

Guests Present: Judi Steinmann, Raelyn Reyno Yeoman

#### **I. Call to Order, Roll Call**

Chairperson Katherine Aumer called the meeting to order at 9:10 a.m. Quorum was established at 9:41 a.m.

#### **II. Announcements**

- In case of audiovisual communication breakdown that could not be solved within 30 minutes, the Council meeting will recess and resume on January 20, 2026.
- YouthLine Hawaii based on Maui will have a soft opening at the end of January and grand opening in February. It will be accepting calls across the nation.
- The opening day of the 2026 Hawaii State Legislature will be on January 21 at 10 am. It is a good time for the public, including Council members, to visit and greet legislators.
- The Mental Health Task Force meetings, coordinated by Bryan Talisayan, Executive Director of Mental Health America of Hawaii, will meet every third Friday of the month at 12pm starting January 16 via Zoom.
- Congratulations to Danielle Bergan for her appointment to the Council effective December 18, 2025.
- There are still five Council vacancies -Housing, Kauai Service Area Board, Maui Service Area Board, and non-government workers preferably a provider and a consumer advocate/youth/family member. Staff will follow up with applications.
- The local service area boards also have vacancies – Oahu has 3, Maui 5, Kauai 9, and Big Island 5. Staff will follow up on an application for Maui Service Area Board.

- Val Yin, CAMHD Planner, has accepted a new position. Val was thanked for her time and support of the Council and legislative matters.
- Ex-Officio Message. Dr. Chad Koyanagi and Dr. Courtenay Matsu, had the following messages on behalf of the Council's ex-officio member:
  - The State received a mental health block supplementary grant from the Federal Department of Human Services for \$117,000. Hawaii plans to use its supplementary grant for training on Assisted Outpatient Treatment (AOT) or Assisted Community Treatment (ACT) as known in Hawaii. The Plan is to implement training across the four major islands and Hawaii will be seeking SAMHSA technical assistance to organize the training. Model jurisdictions have AOT judges, AOT support, and AOT treatment teams who know about mental illness and how to work with seriously mentally ill individuals.

The Council gave the feedback that training is much needed. It has received feedback about the lack of understanding or transparency of the ACT process. Also, the need for a guide for the public and those helping the public.

- For 2026 Legislation, understanding the State's fiscal situation, the DOH BHA have only 2 major requests. These are Hawaii State Hospital Related- one for overtime cost and another for additional funds for psychiatric facilities that will, among others, support decompressing the HSH. There can be other bills that will come up. One is for the establishment of Community Behavioral Health Clinic certifying office. Another for ACT 26 patients and how to get them more stable treatment and services to prevent further criminal involvement and shorter stay at the HSH. The Attorney General's Office has a bill on treatment over objections which seeks to support also the private hospitals over quicker filing of order to treat petition (MH6).

### **III. Approval of Meeting Minutes**

The following were approved unanimously.

- October 14, 2025, Meeting Minutes – Mary Pat Waterhouse motioned for approval, and Christine Montague-Hicks seconded.
- November 18, 2025, Meeting Minutes. Heidi Ilyavi motioned for approval, and Lea Dias seconded.
- December 9, 2025, Meeting Minutes. H. Ilyavi motioned for approval and M.P. Waterhouse seconded.

#### **IV. Community Input**

The Council did not receive any written testimony. Oral testimony was received from Raelyn Reyno Yeoman, who reiterated attention to the State removing guaranteed legal counsel for those undergoing forced treatment under assisted community treatment orders and the State reducing administrative panel from three to one individual deciding forced treatment for those at state hospital and those under custody of department of health. She expressed the need to be concerned about due process and civil rights violations even for those who are houseless and have mental illness. She expressed concern about HIPPA violations that might be occurring with oversharing information amongst the houseless population. She asserts that protecting people's rights, HIPPA, due process, civil rights, strengthen the system and force more resources to go into the system of service provided. She brought attention to SB1322 from the last legislative session. It requires the Department of Health to submit annual reports to the legislature on emergency transportation and assisted community treatments petitions and orders based on information provided by service providers and the department of the attorney general. The information should be provided to the legislature within 30 days before legislature opening. So, it should already have been provided.

#### **V. New Business**

##### **A. Past Presentations and Training -Thank you letters.**

- The following letters were approved unanimously:
  - Dr. Lewin for his presentation on Transforming Hawai'i's Health Care System: -Grounded Approaches for Better Mental Health Outcomes. John Betlach motioned for the approval of the drafted letter and seconded by D. Bergan.
  - Ms. Garton and Mr. Raker for their presentation on -Rejoyn – Transforming Major Depressive Disorder Symptom Treatment with Digital Therapeutic. M.P. Waterhouse motioned for approval of the drafted letter and seconded by H. Ilyavi.
- All letters for December 9 presenters were not available and will be reviewed in the future.

##### **B. Presentation**

- Prescriptive Authority for Psychologists: What are we waiting for? By Judi Steinmann, Ph.D. from Alliant International University. (Please see attached PowerPoint slides)

- First state in country to introduce prescriptive authority during 1984-1985 legislation. Though Hawaii has not been able to move this forward for 42 years, seven other states have, and they have reduced suicide risk in their state by 5%-7%. Currently, Oahu has 5 prescribing psychologists, and they are all federally employed. Each state has different requirements for certifying a prescribing psychologist. To receive prescriptive authority for psychologists, the Hawaii Bill requires 800 additional hours to include working with different populations such as geriatric and pediatrics.
- Requesting support for SB708 and SB847
  - SB708 Authorizes and appropriates moneys for the Board of Psychology to grant prescriptive authority to clinical psychologists who meet specific education, training, and registration requirements. Requires the Board of Psychology to accept applications for prescriptive authority privilege beginning 7/1/2026. Requires the Board of Psychology to report to the Legislature.
  - SB847 Allows qualified psychologists limited authority to prescribe psychotropic medications to patients under the care of the psychologist in certain circumstances. Requires the Board of Psychology to adopt rules.

#### C. Rapid Assessment of the December 9 Mini-Retreat

- Everything was well done. The parking validation, and waiver of fees, continues to be an area for improvement.
- No one commented on the need for formal evaluation or assessment. K. Aumer offered to help if this is needed.

### **VI. Old Business**

#### A. Election of Officers

K. Aumer thanked those who were nominated and accepted, and those who served in the past year. The following were elected as officers for 2026:

- Chairperson – Katherine Aumer
- 1<sup>st</sup> Vice Chairperson – Kathleen Merriam
- 2<sup>nd</sup> Vice Chairperson – Forrest Wells
- Secretary – Mary Pat Waterhouse

#### B. Approval of Legislative Advocacy Themes

- The proposed themes for legislative advocacy include:

Workforce  
Family, Children and Youth  
Telehealth  
Housing, Homelessness  
Crisis Services  
Forensic related  
Mental Health Task Force themes  
Employment of clients as part of recovery services  
General Policy (e.g., Sunshine Law, Council membership)  
CAMHD and AMHD bills  
Disaster-related  
Mental health code and other themes from previous years  
Insurance, Care coordination  
Suicide prevention and Suicide Prevention Task Force Plan  
Statewide outreach, including rural areas  
Membership -County Service Area boards, State Council

M.P. Waterhouse moved for the approval of the above theme areas. H. Ilyavi seconded. The list was unanimously approved.

- Establishment of a Legislative Committee and Negotiating Permitted Interaction Group
  - M.P. Waterhouse motions for the creation of the Legislative Committee, and J. Jackson seconded. The Committee creation was unanimously approved.
    - The following agreed to be members: M.P. Waterhouse, K. Aumer, J. Jackson, K. Merriam, H. Ilyavi, L. Dias, and K. Will.
  - M.P. Waterhouse motions for the creation of the Negotiating Permitted Interaction Group, and H. Ilyavi seconded. The Committee creation was unanimously approved.
    - The following agreed to be members: M.P. Waterhouse, K. Aumer, J. Jackson, K. Merriam, H. Ilyavi, L. Dias, and K. Will.
- Discussion
  - Controversial topics will be considered on a case-to-case basis.
  - The Council position on a bill should really be more authoritative, and decisions or positions that are not consensus can be problematic. Testimonies need to reflect the number of votes in case there is no consensus.

- Last year’s SCR 67 should be elevated into a bill or law so it will have more “teeth”. The Council has not heard any report or progress.
  - M.P. Waterhouse motions to support move of resolution to a bill. H. Ilyavi seconded. The motion was unanimously approved.

C. Presentation of December 9 Meeting Results 2026 –Guiding Values, Goals and Actions for Next Meeting Vote. This was tabled for a future meeting.

## **VII. Informational Reports by Council Members**

Tabled due to time constraints.

## **VIII. Adjournment**

The meeting was adjourned at 12 pm.

**STATE COUNCIL ON MENTAL HEALTH MEETING**  
**DRAFT MEETING MINUTES**  
**Tuesday, February 10, 2026, 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 (Chairperson), Kathleen Merriam, Forrest Wells, Mary Pat Waterhouse, John Betlach, Jon Fujii, Heidi Ilyavi\*, Jackie Jackson, Christine Montague- Hicks, Kristin Wills, Tianna Celis-Webster.

*Members Excused:* Lea Dias, Ray Rice, Marian Tsuji (ex officio)

*Member Absent:* Asianna Torres-Zaragosa

*AMHD staff:* Carolyn Weygan-Hildebrand, Courtenay Matsu

*Guests:* Raelyn Reyno, Cindi Dang, M. Squirrel Celeste, Judy Steinman.

**I. Call to Order**

Katherine Aumer, Chairperson, called the meeting to order at 9:07 am. Quorum was reached at 9:17 a.m.

**II. Announcements**

- Meeting protocol – The Council will meet on February 17 if an audiovisual communication break cannot be resolved within 30 minutes.
- Events – The National Council for Mental Wellbeing National Conference (NATCON) will be April 27-29, 2026, in Denver, Colorado ([nationalcouncil.org](http://nationalcouncil.org)). As Hawaii moves toward the Certified Community Behavioral Health Clinic (CCBHC) model, this conference is relevant to the state planning council.
- Membership – No changes, but the Governor is expected to nominate for the upcoming Senate advice and consent.
- Ex officio message – Courtenay Matsu, acting ex officio member, reported that many legislative bills are being tracked.

**III. Community Input**

**IV. Approval of Minutes**

Tabled

## **V. New Business**

### **A. Presentation**

*“Mental Health Holds and the Mental Health Court”*

By Kristin Will, Hawaii Mental Health Court Coordinator

Please refer also to the PowerPoint Slides and the List of MH codes.

This presentation covers the Mental Health Court and the process for mental health holds in the specialty court system. K. Will explained that the program serves individuals with mental illness in the criminal justice system by emphasizing treatment, structured supervision, and collaboration with service providers instead of incarceration. Participants appear in court regularly and work with probation officers, case managers, and treatment teams to follow individualized plans for stabilization and recovery. The program maintains smaller caseloads (about 35–40 participants) due to the intensive supervision and engagement required. The court prioritizes community and participant safety, working closely with providers and families to stabilize individuals in the community whenever possible. Hospitalization may be considered if individuals stop taking medication or engage in behaviors that pose safety risks, but it usually involves judicial review and is used only when necessary. MH provisions allow authorized stakeholders such as probation officers, treatment providers, and attorneys to request psychiatric evaluation or hospitalization for individuals on Conditional Release (CR) when they appear dangerous or are experiencing significant mental health decompensation. The process usually begins with a treatment team letter or affidavit, signed by a licensed prescribing mental health professional, which triggers a court review. Probation officers collect verified information from treatment providers and present it to the judge, who decides whether to authorize hospitalization or further evaluation. Wills also described the different tracks in the mental health court program, which categorize participants by legal status and pathway into the program. Track 4: Individuals facing probation revocation, often considered a final opportunity for treatment through specialty court before possible incarceration. Track 2: Previously used for jail diversion cases involving first felony offenses with a possible deferred acceptance of guilty plea (DAG), now largely redirected to other diversion programs. Track 1: Rarely used, generally associated with misdemeanor-level cases that may also qualify for jail diversion.

Q. Of the program census of approximately 35–40 participants, about five are currently in jail, and two are on the run.

A. The program census fluctuates, and mental health court programs intentionally keep smaller caseloads because they require extensive supervision and engagement. Participants attend court frequently and receive ongoing support from probation officers and case

managers. At times, some participants may be temporarily incarcerated or unavailable due to violations or other circumstances, which affects the census numbers.

Q. How does the specialty court work with individuals to achieve positive outcomes while maintaining community safety?

A. Kristen explained that the specialty court model relies on collaboration between the court, probation officers, case managers, and treatment providers. The team works with each participant to create a structured treatment and supervision plan to stabilize the individual in the community. Hospitalization is considered only when safety concerns arise or when individuals stop taking medication or engage in risky behaviors.

Q. The presentation suggested that specialty courts partner closely with individuals to ensure a hopeful outcome, and many people may not realize how invested the court is in supporting both the individual and community safety.

A. The observation was acknowledged. It was reiterated that the program focuses on collaborative engagement and recovery planning. Court staff work closely with participants and service providers to support stability, treatment compliance, and reintegration into the community, while ensuring public safety remains a priority.

### ***B. Review of 2026 Legislation***

Chair Aumer led the discussion in the absence of the Committee chair, M. P. Waterhouse. Bills that already had a legislative committee hearing or were scheduled were discussed first. The Council votes on a position on a bill (testify, in support or opposition, or with caveats). Any testimony will be in accordance with the Council's vote. A negotiating Permitted Interactive Group (PIG) will be involved in finalizing the testimonies to be submitted.

#### *HB1854 – Establishment of a State Certifying Office for Community Behavioral Health Clinics (CCBHCs)*

The bill seeks to establish a State certifying office for CCBHCs. Certification is required to receive enhanced Medicaid payments. Hawaii's planning efforts have included a rate study.

Motion: Heidi Ilyavi moved to support; Forrest Wells seconded.

Vote: Unanimous support. No abstentions.

Notes: The Council strongly supports CCBHCs. Testimony will focus on the section on Council composition and requirements, which should be consistent with the current law.

C. Matsu stepped out during the discussion of this bill.

*HB1704 HD1, SB2080, and other PsyPACT Bills*

These bills seek to adopt the Psychology Interjurisdictional Compact, allowing more licensed professionals to practice in Hawaii and expanding access to services.

Motion: Forrest Wells moved to support the intent; Heidi Ilyavi seconded.

Vote: J. Fujii abstained; all others in support.

Concerns: Cultural sensitivity, potential impacts on local providers, fee schedule consequences, credentialing burdens on insurers, and increased system costs that may require out-of-pocket payments.

J. Fujii stepped out during the discussion of this bill.

*SB787 – Warm Line Appropriation*

Motion: K. Will moved to support; J. Fujii seconded.

Vote: Unanimous support; no abstentions.

Notes: Hawaii currently has a significant gap in warm-line services. United Self-Help previously provided this support, which helps reduce strain on the 988 crisis line and emergency hotlines.

F. Wells stepped out during the discussion of this bill.

*HB1537 Appropriate funds to contract with community-based organizations*

Motion: Forrest Wells moved to support the intent; K. Wills seconded.

Vote: Jackie Jackson abstained; all others in support.

Notes: DOE has a contract with Hazel Health. Additional resources are beneficial, but integration is needed so that services for ages 18–25 sit within a unified program alongside rest-stop services. Many bills focus on adolescents, and if all were funded, they could compete with one another. Provider capacity and careful appropriation remain key concerns.

*HB2157 – Behavioral Health Complex Patient Model*

Motion: F. Wells moved to support; J. Betlach seconded.

Vote: No votes against or abstentions.

Notes: A much-needed solution.

*HB2288 – Re-entry Support*

Motion: J. Betlach moved to support; K. Wills seconded.

Vote: F. Wells abstained; all others in support.

Notes: Supports re-entry and encourages participation; jails aim to revamp and work collaboratively.

*HB2258 – Expansion of Telehealth Services*

Motion: J. Betlach moved to support; J. Jackson seconded.

Vote: J. Fujii abstained; all others in support.

Notes: Caveats were raised regarding validation of services, licensing (including Medicare requirements), and the need to address coverage of opioids and other controlled substances.

*HB1562 – Digital Health*

Motion: F. Wells moved to support; J. Betlach seconded.

Vote: Unanimous support; no abstentions.

Notes: This topic has been previously discussed.

*SB2089 – Payment System Changes (PPS)*

Motion: F. Wells moved to support; J. Betlach seconded.

Vote: No votes against; J. Fujii abstained.

Member excused from discussion: F. Wells.

Notes: The bill does not expand services but modifies payment structures under PPS.

Providers may receive significantly increased payments contingent on delivering full wraparound services. Oversight, monitoring, and clear supervision standards are essential to prevent abuse or fraud.

*SB2307 – Volunteer Clinical License for Active Retired Clinicians*

Motion: J. Fujii moved to support; J. Betlach seconded.

Vote: Unanimous support; no abstentions.

Notes: Allows retired clinicians in good standing to volunteer without maintaining a full license.

*SB2287 – Protection of Peer Support Specialists in DCR*

Motion: F. Wells moved to support; J. Betlach seconded.

Vote: Unanimous support; no abstentions.

*SB708 and HB2169; SB847 – Prescriptive Authority, Practice at FQHCs*

Notes: SB708 and HB2169 are not being pursued. SB847 would allow certain clinicians to train and work at FQHCs under defined protocols, focusing on specific opioids. Broader prescribing authority is not the focus of IGBLL at this time.

Member excused for discussion: J. Steinem.

Motion:

- J. Betlach moved to support. No one seconded. The motion died.
- Other motions not supported. There was consensus not to provide testimony.

Notes: The bills are compelling for neighbor islands facing psychiatrist shortages. Many clients have complex co-morbidities and require medical doctors. These measures may serve as a starting point, with continued program improvements needed. There is a need to review the requirements and the drugs covered. Individual members may testify independently.

*SB3160 / HB2340 – Continuation of Funding for the MauiWES Study*

Motion: F. Wells moved to support; K. Merriam seconded.

Vote: Unanimous support; no abstentions.

Notes: Support is for intent; staffing improvements recommended.

*SB3199. Emerging Therapy Task Force*

Motion: J. Betlach moved; F. Wells seconded.

Vote: Unanimous support; no abstentions.

Notes: The Council has heard presentations on emerging therapies. Some are being used and tested. It will be good to have a body that can lead to a review of evidence on whether they are effective.

*HB2570 – Gambling Disorder Resources*

Motion: F. Wells moved. J. Betlach seconded.

Vote: Unanimous; no abstentions.

Notes: The position of the Council is not whether gambling should be legalized. Its focus is on the importance of problem-gambling prevention and resources for it.

*HB1876 – Conversion Therapy*

Motion: F. Wells moved to support; K. Merriam seconded.

Vote: Unanimous support.

Notes: Conversion therapy is already not considered a standard practice. This bill aligns with existing standards.

Not all bills on the agenda were discussed due to limited time and prioritization.

### **C. Identification of additional bills for future discussion**

More bills can be identified in March because of limited time.

**VI. Old Business**

Tabled

**VII. Members' Reports**

Tabled

**IX. Adjournment**

K. Aumer thanked everyone for staying on. Meeting adjourned at 12:05 p.m.



# Mental Health Unit -First Circuit Court

Presented by Kristin Will

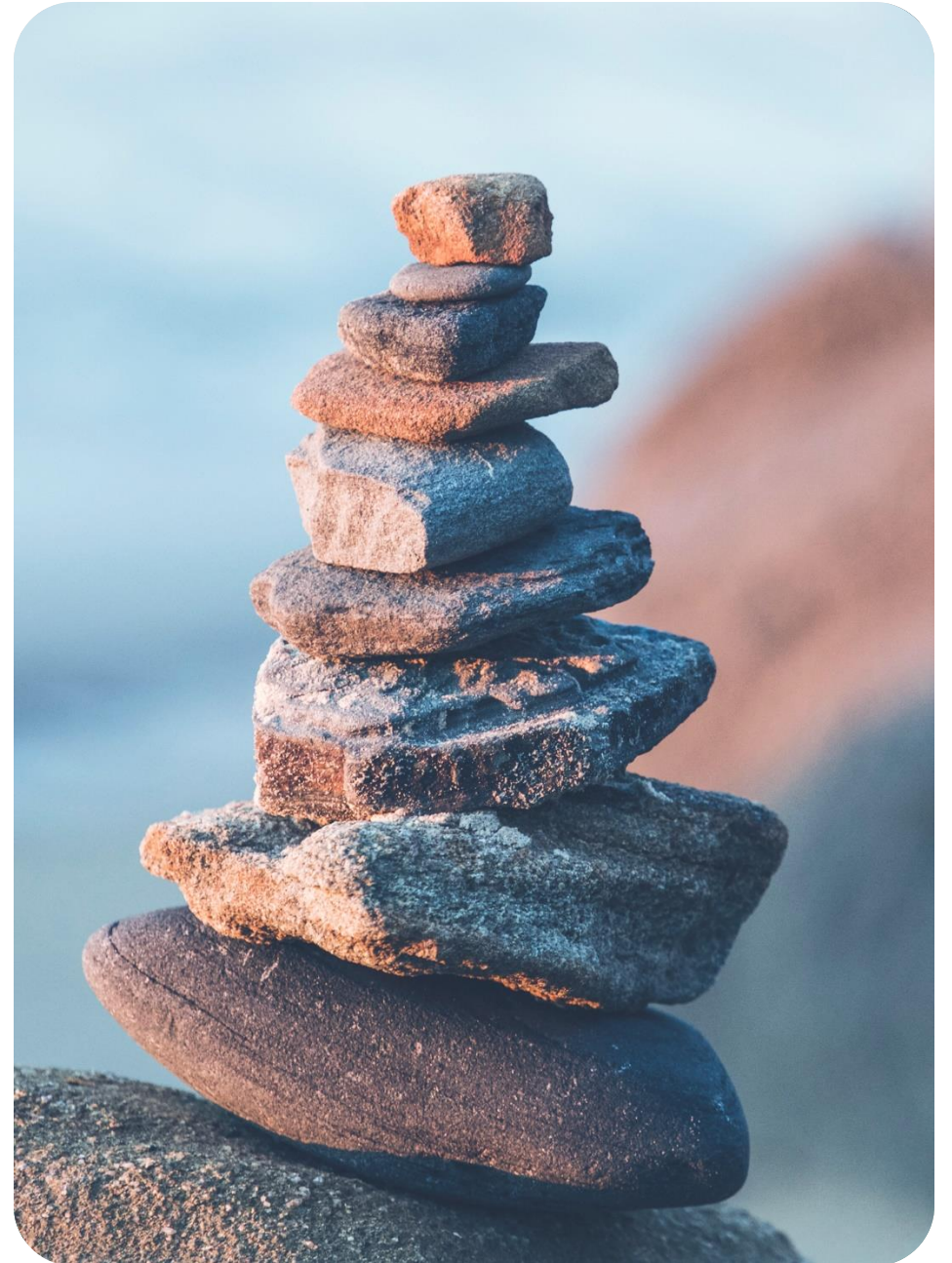


# Agenda

1. Introducing yourself
2. Mental Health Unit
3. Mental Health Court
4. Conditional Release
5. Q&A

# **Mental Health Court**

Ending the cycle of recidivism  
for persons with serious mental  
illnesses by means of  
treatment accountability and  
intensive monitoring



# What is Mental Health Court

- Intensive Supervision of offenders with a serious and persistent mental illness
- Working collaboratively with community providers to provide supervision and effective treatment options

# How do I know if my client is appropriate for MHC

## Eligibility Criteria

Adults with a Serious and Persistent Mental Illness as the primary diagnosis that contributes to their functional impairment

Wants to participate

Minimal history of violence

Fit to proceed

# Referral Process

Referrals are initiated by the defense attorney

Forms to complete

Assessment

Team decision

# How is Mental Health Court different from regular probation ?



- Mental Illness is getting in the way of compliance
- Progress is determined by each individual's condition and behavioral changes
- Supervision is designed to reinforce treatment
- Team support and approach

# How To Deliver Effective Responses

## A Magic Formula for Learning Opportunities:

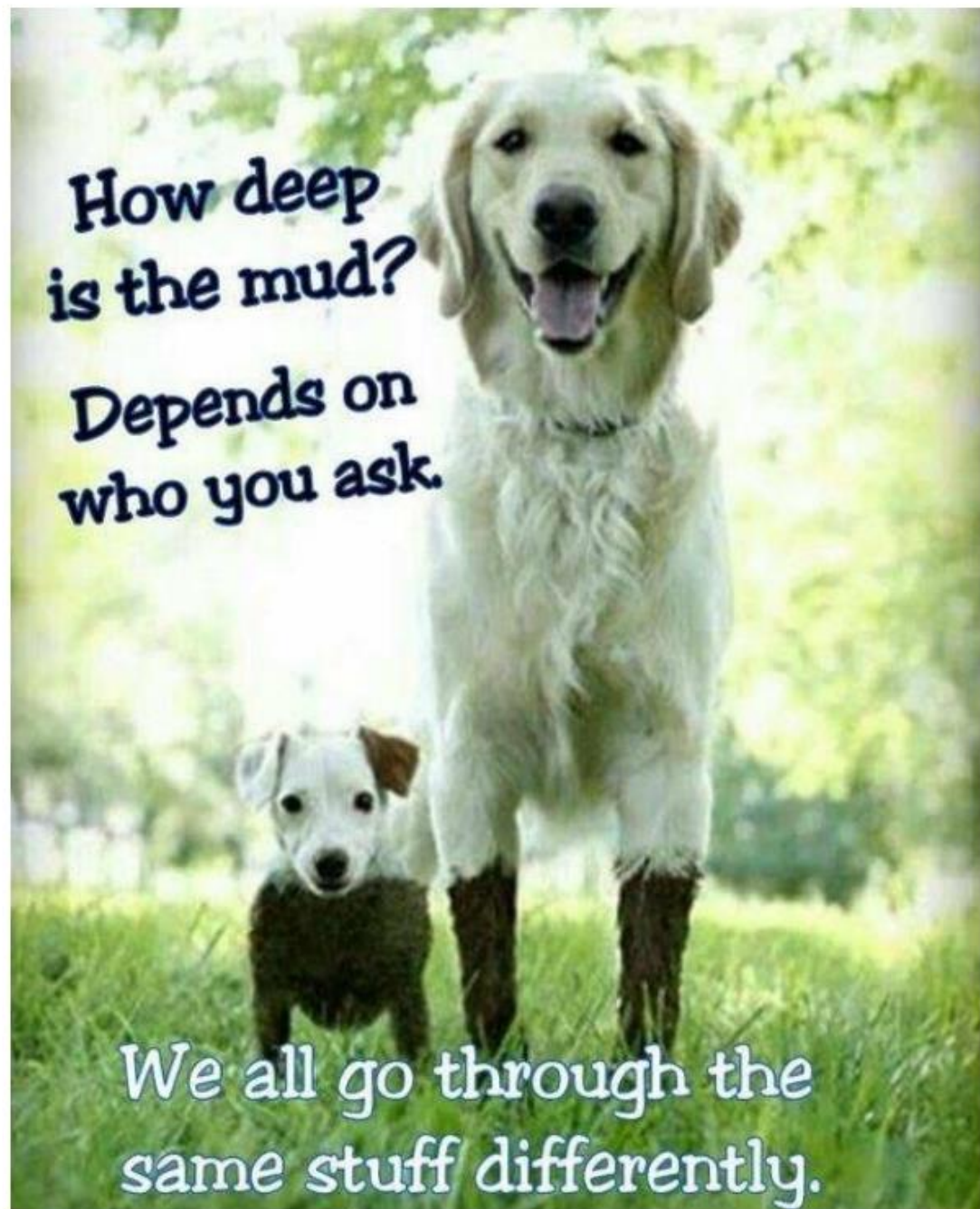
- Identify behavior to be rewarded/ punished.
- Tell person specifically **WHAT** behavior you liked/ disliked.
- Tell the person **WHY** you liked/ disliked it.
- Discuss short and long-term costs/ benefits of the behavior? (**HOW** it effects goals?)
- Pair the approval / disapproval with the **RESPONSE** (incentive / sanction).



## **Praise and Social Approval**

- **Never underestimate the redemptive value of the relationship.**
- **Praise is free, easy to administer, unlimited in supply and powerful.**
- **Can be used immediately**





## **Mental Health Law Forms:**

**MH-1** Filled out by police if they see a person who needs help and bring him/her to a hospital for emergency examination.

**MH-2** A licensed physician, psychologist, attorney, member of the clergy, health or social service professional or any state or county employee in the course of his employment may apply to the court for an ex parte' (one-sided) order directing that a police officer or other suitable individual take a person into custody and deliver him to the nearest facility designated by the director for emergency examination and treatment.

**MH-2a** Court order authorizing examination (done after the petition is completed).

**MH-4** Filled out by physician after a patient is brought to the hospital (commonly brought to the hospital on an MH-1 or MH-2); usually to the ER. 48 hour emergency commitment.

**MH-4a** Patient rights after MH-4 is completed.

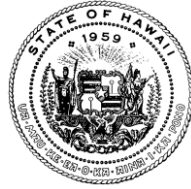
**MH-5** Voluntary admission form signed by adult patients on admission. When an individual commits themselves on their own free will. A private doctor will evaluate the patient and then determine if the individual needs inpatient treatment. If the individual cannot sign the commitment forms for treatment, they will be treated as an involuntary patient for the protection of the individual and the hospital.

**MH-5a** Voluntary admission form for minors done at the hospital. Family Court sends an officer to sign the patient in once the patient is in the hospital.

**MH-5b** Patient rights after the patient is admitted voluntarily.

**MH-6c** Petition for involuntary commitment. Doctor completes this form on H.S.U. (Human Services Unit) commonly after the 48 hour time period expires on the MH-4 and the patient continues to show signs of dangerousness to self or others and is in need of treatment for mental disorder. A hearing must be held no later than 10 days from the date that the petition is filed. Lawyers for the defendants are commonly from the Public Defender's office. Hospital staff or doctors may also be represented by legal counsel. Witnesses and evidence is presented at the court hearing on the hospital grounds. Maximum confinement is 90 days, and extension can be granted following another court hearing. The patient may be involuntarily treated during this period prior to the hearing.

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



KATHERINE AUMER, PhD  
COUNCIL CHAIRPERSON  
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**DRAFT**

March 10, 2026

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Mr. Scott Murakami  
Workforce Director & Principal Investigator  
State of Hawaii, Department of Health  
Public Health Infrastructure Grant  
via email

Dear Mr. Murakami:

Thank you for joining our State Council on Mental Health meeting on December 9, 2025, to present “*Overview of Hawaii’s Mental Health Industry and Workforce: An Introduction to Labor Analytics*”. The Council greatly appreciated your generosity in sharing your knowledge.

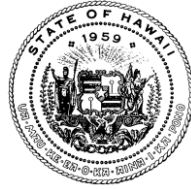
Your use of labor market analysis and the introduction of tools for examining Hawai‘i’s workforce provided valuable context and helped bridge the gap in understanding our state’s labor market conditions. The way you highlighted the economic impact of Hawai‘i’s mental health industry—both by county and collectively—was especially meaningful, as workforce development remains a key priority for the Council.

The Council appreciates the time and care you took to distill complex data into actionable insights and to help illuminate potential pathways forward.

Sincerely,

Katherine Aumer, Ph.D.  
Chairperson, State Council on Mental Health

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Dr. Christine Park, Ph.D., LMHC  
Ms. Audrey Marie Duque, LMHC  
Windward Community College  
via email

Dear Dr. Park and Ms. Duque:

Thank you for joining our State Council on Mental Health meeting on December 9, 2025, to present "*Growing Talents at Home: The Mental Health Technician Path.*" We are grateful for your time and for the insight you shared with the Council.

The Mental Health Technician pathway at Windward Community College provides a meaningful opportunity for Hawaii residents to develop the knowledge and skills needed to address critical shortages in our mental health workforce. Your presentation offered valuable context as the Council continues its work to strengthen workforce development, improve access to care, and respond to the evolving mental health needs of our community.

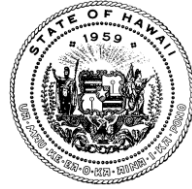
By outlining clear, attainable steps toward entry into the field, this program creates a practical and accessible pathway to meaningful careers in mental health. It represents a thoughtful and actional approach to building local capacity and addressing workforce gaps across the state.

Thank you for your commitment to strengthening Hawaii's mental health workforce.

Sincerely,

Katherine Aumer, Ph.D.  
Chairperson, State Council on Mental Health

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**DRAFT**

January 13, 2026

Dr. Dayna Schultz, Psy.D., LCSW, CSAC  
Hawaii State Coalition Against Domestic Violence  
via email

Dear Dr. Schultz:

Thank you for joining the State Council on Mental Health meeting on December 9, 2025. We deeply appreciated your presentation, "*I ka wā ma mua, ka wā ma hope – The Future Is in the Past.*" It was both enlightening and grounding.

Your message reminded us that the lessons of the past are essential in navigating today's challenges. Understanding where we come from helps us make sense of where we are headed. The Kānaka Maoli philosophy of Piko truly resonated with us, emphasizing how connection and balance profoundly influence wellness.

We also value your reminder of the aloha spirit and its guiding principles. Returning to these fundamentals reinforces the importance of strong values—shaping our decisions, strengthening relationships, and leading to a more meaningful life.

Thank you again for sharing your knowledge and insights with us. We look forward to future opportunities to collaborate and continue learning from your expertise.

Sincerely,

Katherine Aumer, Ph.D.  
Chairperson, State Council on Mental Health

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c ADAD Administrator

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**DRAFT**

March 10, 2026

Judith Steinmann, Ph.D.  
Adjunct Faculty  
Postdoctoral MS in Clinical Psychopharmacology Program  
California School of Professional Psychology  
Alliant International University  
via email

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Dear Dr. Steinmann:

Thank you for joining the State Council on Mental Health meeting on January 13, 2026, to discuss “*Prescriptive Authority for Psychologists: What are we waiting for?*” We appreciate your willingness to share your knowledge and perspective with the Council.

It was informative to learn about Hawai'i's early legislative history related to prescriptive authority and to reflect on how this issue has evolved over time. The discussion provided valuable context as the Council considers workforce development, access to care, and the broader mental health needs of our community.

We also appreciate your thoughtful comments regarding training standards and preparation, including your recommendation that psychologists complete additional supervised clinical hours to ensure competency across diverse populations. Attention to appropriate safeguards and professional standards is important in any discussion of scope expansion.

We welcome your continued engagement and hope you will join us again as conversations develop during the 2026 legislative session and beyond.

Sincerely,

Katherine Aumer, Ph.D.  
Chairperson, State Council on Mental Health