**Oahu Service Area Board on Mental Health & Substance Abuse**

**Meeting Notice**

DATE: Wednesday, November 25, 2026
TIME: 9:00 a.m. – 10:30 a.m.
WHERE: Hybrid meeting via Zoom AND in-person at Lanakila Health Center, Conference Room A, 1700 Lanakila Avenue, Honolulu, Hawaii 96817

Join virtually from PC, Mac, Linux, iOS or Android:
Meeting ID: 825 2520 1539
Passcode: 568652

Join by phone:
253-205-0468 or 669-444-9171
Meeting ID: 825 2520 1539
Passcode: 568652

Note: Standard long-distance charges may apply. Please check with your phone service provider.

Join in person:
Lanakila Health Center
Conference Room A
1700 Lanakila Avenue
Honolulu, Hawaii 96817

There is a parking lot at two levels around the building. Parking is free on a first-come, first-serve basis. For public transit, see routes in www.thebus.org

**Agenda**

**I. Call to Order**
**Responsible persons:** Chair, Members and Guests
**Estimated time:** 9:00 a.m. - 9:15 a.m.

- Establishment of Quorum/Introduction of Guests

**II. Meeting Announcements**
**Responsible person:** Chair
**Estimated time:** 9:00 a.m. - 9:15 a.m.

- Upcoming community mental health related events

III. Consideration and Approval of Meeting Minutes
**Responsible person:** Chair
**Estimated time:** 9:00 a.m. - 9:15 a.m.

- September 16, 2026

IV. Community Concerns and Input
**Responsible person:** Chair
**Estimated time:** 9:15 a.m. - 9:25 a.m.
**Note:** Testimony from interested people will also be taken immediately before each agenda item. Public comment on issues not on the agenda will be accepted and clarified but will not be discussed further until properly included in a future meeting agenda.

V. Informational Reports
**Standing agenda item.** Reports shared orally/in person or via handout/in writing.

A. State Council Representative Report
**Responsible person:** Jackie Jackson
**Estimated time:** 9:25 a.m. - 9:45 a.m.

B. State Agency Representative Reports: Peer Support, The Future Starts Here
**Responsible person:** Kimberlyann Takata from the Adult Mental Health Division: PIER
**Estimated time:** 9:45 a.m. - 10:15 a.m.
**Note:** Reports include agency data, behavioral health related information, and if applicable, updates on requested items identified in past Service Area Board meetings.
Question and answer period followed by discussion of any community input and possible actions on the topics raised in report(s).

VI. Adjournment
**Responsible person:** Chair
**Estimated time:** 10:15 a.m. - 10:30 a.m.

**Recording**

This meeting will be recorded.

**Meeting Packet**

If there will be one, the meeting packet will be available to view in the Oahu Service Area Board office at Lanakila Health Center, Room 108, 1700 Lanakila Avenue, Honolulu, HI 96817. It will also be available on request. To receive the meeting packet as soon as it is ready, please request to be on the distribution list by sending a request with your name and email address to troy.freitas@doh.hawaii.gov or by calling (808) 478-6207.

**Public testimony**

Public Testimony will be accepted on community concerns and any agenda item. Testimony may be oral or written.

**Oral Testimony**

Oral testimony will be accepted at the meeting. Anyone wishing to testify orally is encouraged to please sign up in advance by calling 808-478-6207 or emailing to troy.freitas@doh.hawaii.gov. You may also advise us at the meeting if you would like to testify orally. Pre-registration is not required to provide oral testimony. Oral testimony is limited to three (3) minutes per person for each agenda item.

**Written Testimony**

To aid the Board in the distribution of written testimony to its members, the Board requests that written testimony be submitted by the Monday morning prior to the meeting. Your cooperation is greatly appreciated. Written testimony may be sent via e-mail to troy.freitas@doh.hawaii.gov or submitted via USPS to: Oahu Service Area Board, 1700 Lanakila Avenue, Room 108, Honolulu,

Hawaii 96817. Any written testimony submitted after such time will be retained as part of the record and distributed to members as soon as practicable, but we cannot ensure members will receive it in sufficient time to review prior to any decision-making.
**Note:** Any personal information (such as home addresses, home phone numbers, cell phone numbers) included on the written testimony will become public information.

**Accommodation**

If you need an auxiliary aid/service or other accommodation due to a disability, please contact Troy Freitas by calling at (808) 478-6207 or emailing troy.freitas@doh.hawaii.gov as soon as possible. Requests made as early as possible will allow adequate time to fulfill your request. Upon request, this notice will be made available in alternate formats such as large print, Braille, or electronic copy.

**Estimated times**

The Board will attempt to address every agenda item, but no guarantee is intended. Priorities, such as Sunshine Law requirements, may preclude addressing every or any agenda item. The Board reserves the right to adjust the agenda sequence (and any scheduled time if indicated) as necessary to efficiently conduct the meeting.

**Technical difficulty**

In the event that the audiovisual communication cannot be maintained by all participating Board members and quorum is lost, the meeting will be automatically recessed for up to thirty minutes, during which time, an attempt to restore audiovisual communication will be made. If the Board is able to re-establish audio communication only, the meeting will be reconvened and continue. If the Board is unable to reconvene the meeting because neither audiovisual communication nor audio communication can be re-established within thirty minutes, the meeting will automatically be terminated.