



STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. Box 3378
Honolulu, HI 96801-3378
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Testimony in SUPPORT of HB1537 HD1
RELATING TO MENTAL HEALTH

REPRESENTATIVE CHRIS TODD, CHAIR
HOUSE COMMITTEE ON FINANCE

Hearing Date: February 27, 2026 Time: 10:00 AM Room Number: 308

1 **Fiscal Implications:** The Department of Health (“Department”) requests funding for this
2 measure be considered as a vehicle to expand services, including staff support, provided it does
3 not supplant the requests outlined in the Governor's executive budget request.

4 **Department Position:** The Department strongly supports this measure.

5 **Department Testimony:** The Child and Adolescent Mental Health Division (CAMHD) provides
6 the following testimony on behalf of the Department.

7 The Department supports this measure as amended which proposes an appropriation to the
8 Department of Health to contract with community-based organizations to provide preventative
9 and early intervention mental health services to adolescents within the community. It is in
10 alignment with the Department’s vision that all Hawai‘i residents have a fair and just
11 opportunity to achieve optimal health and well-being.

12 Recent disasters in Hawai‘i have highlighted the importance of preventative mental health
13 services for our youth. Community-based organizations have an important role in providing
14 these preventative and early intervention mental health services for adolescents to help them
15 develop healthy coping skills and behaviors and address emerging mental health concerns.

- 1 Psychoeducation and skill building can provide adolescents with the tools they need to take
- 2 care of their mental health and well-being in the face of adversity, now and in their future.
- 3 The Department of Health will work closely with the other state child-serving agencies to
- 4 ensure that programming is coordinated and addresses gaps in the current system.
- 5 **Offered Amendments:** None.
- 6 Thank you for the opportunity to testify on this measure.

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



KATHERINE AUMER, PhD
COUNCIL CHAIRPERSON
LUNA HO'OMALU O KA PAPA

**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

**STATE COUNCIL ON MENTAL HEALTH
Testimony to the House Committee on Finance
in SUPPORT of H.B. 1537 HD1
RELATING TO MENTAL HEALTH
February 27, 2026 10:00 a.m., Room 308 and Video**

Chair Todd, Vice Chair Takenouchi, and Committee members:

CHAIRPERSON

Katherine Aumer, PhD

1st VICE CHAIRPERSON

Kathleen Merriam, LCSW CSAC

2nd VICE CHAIRPERSON

Forrest Wells, MSCP, LMHC, MBA

SECRETARY

Mary Pat Waterhouse, MHA MBA

MEMBERS:

Danielle Bergan

John Betlach

Tianna Celis-Webster

Lea Dias, MEd

Jon Fujii, MBA

Heidi Ilyavi

Jackie Jackson, CFPS

Christine Montague-Hicks, MEd

Ray Rice, MEd

Asianna Saragosa-Torres

Kristin Will, MA, CL, CSAC

EX-OFFICIO:

Marian Tsuji, Deputy Director

Behavioral Health Administration

WEBSITE:

scmh.hawaii.gov

EMAIL ADDRESS:

[doh.scmhchairperson@
doh.hawaii.gov](mailto:doh.scmhchairperson@doh.hawaii.gov)

Hawaii law, HRS §334-10, established the State Council on Mental Health (SCMH) as a 21-member body to advise on the allocation of resources, statewide needs, and programs affecting more than one county as well as to advocate for adults with serious mental illness, children with serious emotional disturbances, individuals with mental illness or emotional problems, including those with co-occurring substance abuse disorders. Members are residents from diverse backgrounds representing mental health service providers and recipients, students and youth, parents, and family members. Members include representatives of state agencies on mental health, criminal justice, housing, Medicaid, social services, vocational rehabilitation, and education. Members include representatives from the Hawaii Advisory Commission on Drug Abuse and Controlled Substances and county service area boards on mental health and substance abuse.

Most Council members support the intent of this measure. The bill appropriately emphasizes prevention and early intervention, which are critical components of an effective behavioral health system.

The Council respectfully urges the Legislature to ensure that any contracting with community-based organizations is strategically aligned with, and clearly connected to, the existing continuum of care involving the Departments of Health, Education, and Human Services, as well as other relevant agencies. New efforts should strengthen the system rather than fragment it or operate in parallel, particularly for children and youth with the most complex needs.

The Council appreciates the many measures introduced this session to support the mental health of children and adolescents. This reflects growing recognition of the challenges young people face. At the same time, careful coordination and responsible use of limited resources will be essential to ensure these initiatives meaningfully improve access, capacity, and measurable outcomes.

Thank you for the opportunity to provide testimony.



LATE *Testimony submitted late may not be considered by the Committee for decision making purposes.

Hawai'i State Lesbian, Gay, Bisexual, Transgender, Queer Plus Commission



Advocating for the Hawai'i LGBTQIA+ Community

Mailing Address: LGBTQ+ Commission, c/o The Department of Human Services,
P.O. Box 339, Honolulu, Hawai'i 96809-0339

Email: hawaiistatelgbtqpluscommission@gmail.com
Web: <https://humanservices.hawaii.gov/lgbtq-commission/>

February 26, 2026

House's Committee on Finance
Hawai'i State Capitol
415 South Beretania Street
Honolulu, HI 96813

Hearing: Friday, February 27, 2026, at 10:00 AM

RE: Strong Support for House Bill 1537

Aloha Chair Todd, Vice Chair Takenouchi and fellow committee members,

I am writing in strong support of House Bill 1537 on behalf of the Hawai'i State Lesbian, Gay, Bisexual, Transgender, Queer Plus (LGBTQ+) Commission, which was established by the 2022 Hawai'i State Legislature to

“improve the State's interface with members of the lesbian, gay, bisexual, transgender, queer, plus community; identify the short- and long-range needs of its members; and ensure that there is an effective means of researching, planning, and advocating for the equity of this population in all aspects of state government.”

The Hawai'i State LGBTQ+ Commission submits this testimony in strong support of House Bill 1537, which appropriates funds to the Department of Health to contract with community-based organizations to provide preventive and early intervention mental health services to adolescents within their communities, and requires reporting to the Legislature.

HB 1537 recognizes an essential truth: adolescents are more likely to access and benefit from mental health services when those services are culturally responsive, community-based, and delivered by trusted organizations. Early intervention and prevention are proven strategies that reduce crisis-level outcomes, improve long-term wellbeing, and lower overall system costs. Investing in this approach reflects a proactive and humane response to the growing mental health needs of our youth.

The Commission respectfully requests that this measure be amended to explicitly include and prioritize underserved and over-policed communities within the bill language. These communities include, but are not limited to, [māhū](#), [LGBTQIA+](#), [QTPI+](#), Native Hawaiian, and immigrant keiki. Adolescents within these communities experience disproportionate rates of depression, anxiety, suicidality, family rejection,

Proudly established pursuant to Hawai'i Revised Statutes Chapter 369, as enacted through Act 41, Session Laws of Hawai'i 2022

HI State LGBTQ+ Commission Testimony in Support of HB 1537

school-based harassment, and interactions with punitive systems rather than supportive services. Without intentional inclusion, these young people are too often left behind, even in well-meaning programs.

Explicitly naming underserved and over-policed communities will help ensure that funding reaches organizations with demonstrated cultural competency and lived experience serving these populations. It will also strengthen accountability, data collection, and outcome reporting, allowing the Legislature to better understand how investments are improving access and equity across diverse communities.

HB 1537 is a meaningful step toward building a mental health system that meets youth where they are, before challenges escalate into crises. With the requested amendment, this bill can more fully realize its promise by ensuring that all adolescents, especially those most marginalized, have access to affirming, preventive, and community-rooted mental health support.

Mahalo for the opportunity to provide testimony and for your commitment to the wellbeing of Hawai'i's keiki.

If you or any member of your staff has any questions regarding my testimony you can reach me at hawaiistatelgbtqpluscommission@gmail.com.

Mahalo nui loa for your time and consideration,

Michael Golojuch, Jr. (he/him)
Vice Chair
[Hawai'i State LGBTQ+ Commission](#)

[Inclusive LGBTQIA+ Glossary](#)

The [Hawai'i State LGBTQ+ Commission](#) has this webpage and that is dedicated to understanding and being able to use the correct terms when talking about the rainbow community from māhū to LGBTQIA+ to QTPI+ to MVPFAFF+ and beyond. The list found on this page is not an exhaustive list and will be updated as appropriate.



HB1537 HD1 Mental Health Prevention

COMMITTEE ON FINANCE

Rep. Chris Tood, Chair

Rep. Jenna Takenouchi, Vice Chair

Friday, Feb 27, 2026: 10:00: Room 308 Videoconference

Hawaii Substance Abuse Coalition Supports HB1537 HD1:

ALOHA CHAIR, VICE CHAIR, AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the ad hoc leader of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization for substance use disorder and co-occurring mental health disorder prevention and treatment agencies and recovery-oriented services.

Mental Health prevention, (no formal program exists in Hawaii yet) can be integrated with the existing substance use disorder prevention programs that is both school-based and community-based.

Infrastructure is already in place with staffing, school relationships, and programs that can be adapted to mental health as well as this would be more comprehensive by integrating both mental health and substance use disorders, alcohol, and tobacco usage, including vaping.

Integrating mental health prevention with substance use prevention is more effective to address multiple factors than the creating silos of services when such services are often related.

- **Prevention for adolescent mental health integrated with existing substance abuse prevention** is crucial because adolescence is a critical developmental stage that shapes a person's future emotional, cognitive, and social well-being.

Adolescence (roughly ages 10–19) is a time of rapid brain development, identity formation, and social transition. These changes make teens more susceptible to:

- Emerging mental health conditions, such as depression, anxiety, and eating disorders
- Substance use, self-harm
- Stress and emotional instability
- Peer pressure and social comparison

Early intervention helps prevent these issues from escalating into chronic mental illnesses and/or chronic substance use disorders. Research shows that half of all mental health conditions begin by age 14, but most cases go undetected and untreated.

Prevention programs can:

- Promote resilience and coping skills
- Identify early warning signs

- Encourage help-seeking behavior
- Emotional intelligence
- Empathy and communication skills
- Healthy relationships and decision-making
- Positive self-esteem
- Reduce stigma around mental health
- Better educational outcomes and school attendance
- Reduced substance abuse and violence
- Improved productivity and life satisfaction in adulthood
- Lower healthcare and social costs later in life

Many adolescents don't receive help due to:

- Lack of awareness or access to services
- Stigma and fear of judgment
- Cultural or family-related barriers

Preventive efforts—such as school-based and community-based mental health programs, peer support, and psychoeducation combined with existing substance abuse prevention programs—can bridge these gaps and normalize discussions around mental well-being and stop using substance abuse, alcohol or tobacco as coping mechanism.

A CDC/MMWR report found that among adolescents who reported using substances, alcohol, or tobacco motivations included: “to feel mellow, calm, or relaxed” (73%), “to stop worrying about a problem or forget bad memories” (44%), and “to help with depression or anxiety” (40%)

- The fact that many adolescents report using substances “to help with depression or anxiety” suggests a self-medication link between mental health issues and drug use.
- The increase in overdose deaths among youth, even if general use is down or stable, suggests that when youth do use illicit or dangerous substances, the risks (especially of severe outcomes) are rising.
- The high prevalence of mental distress (sadness/hopelessness, suicidal thinking) means a large at-risk population of youth who may be vulnerable to substance use if protective factors are lacking.

They highlight that mental health and substance use are interconnected problems, not separate silos — meaning prevention efforts must address both together.

- They suggest certain groups (e.g., teens experiencing sadness/hopelessness, anxiety, suicidal thoughts) should be considered higher-risk for substance use and thus targeted for early intervention.
- Adolescents with untreated mental health disorders (like depression, anxiety, ADHD, or trauma) are 2–3 times more likely to experiment with or regularly use illicit substances.
- Substance use can act as a form of self-medication, helping young people temporarily relieve emotional pain, anxiety, or stress.
- Over time, this pattern can lead to dependence, which further worsens their mental health.
- Depression and anxiety: Teens may use marijuana, alcohol, or stimulants to “numb” feelings of sadness or worry.
- ADHD: Impulsivity and sensation-seeking behaviors increase the likelihood of early experimentation.

- Trauma and PTSD: Some adolescents turn to drugs to manage flashbacks or emotional distress.
- Conduct disorder and oppositional defiant disorder: These often involve risk-taking and rule-breaking behaviors, which correlate with substance use.

Access to effective mental health care — therapy, counseling, medication management, and family support — can dramatically reduce the likelihood of substance use.

- School-based programs teaching emotional regulation, stress management, and refusal skills.
- Family therapy strengthens support systems and monitor behavior.
- Community programs that provide safe, engaging activities and mentorship.
- Integrated treatment for youth with both mental health and substance use disorders (often called “co-occurring disorders”).

Essentially, supporting adolescents’ mental health integrated with substance abuse prevention builds healthier communities and more resilient future generations. We appreciate the opportunity to testify and are available for questions.

HB-1537-HD-1

Submitted on: 2/24/2026 9:29:40 PM

Testimony for FIN on 2/27/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Greg Tjapkes	Coalition for a Drug-Free Hawaii	Support	Written Testimony Only

Comments:

Chair, Vice Chair, and Members of the Committee,

Thank you for the opportunity to testify in strong support of this bill. Integrating adolescent mental health prevention into Hawai‘i’s existing school- and community-based substance use prevention infrastructure is a practical and urgently needed step.

- Hawai‘i has no formal mental health prevention framework, but we can efficiently expand existing prevention systems to address both mental health and substance use together.
- Adolescence is when most mental health conditions begin, and untreated depression, anxiety, and trauma significantly increase the risk of substance use as self-medication—making integrated prevention essential.
- Leveraging established school and community partnerships promotes resilience, early identification, and help-seeking while improving youth outcomes and reducing long-term social and healthcare costs.

For these reasons, we respectfully urge your support of this measure. Thank you for the opportunity to testify.

Greg Tjapkes, Executive Director

Coalition for a Drug-Free Hawaii



CATHOLIC CHARITIES HAWAII

SUPPORT HB 1537 HD1: RELATING TO MENTAL HEALTH

TO: House Committee on Finance
FROM: Shellie Niles, Vice President of Mission, Catholic Charities Hawai'i
Hearing: Friday, 02/27/26; 10:00am; CR 308 & Videoconference

Chair Todd, Vice Chair Takenouchi, and Members of the Committee on Finance:

Catholic Charities Hawai'i **supports HB 1537 HD1**, which would provide preventive and early intervention mental health services to adolescents within the community.

Catholic Charities Hawai'i (CCH) is a tax-exempt, community-based organization that has been providing social services in Hawai'i for 78 years. Catholic Charities Hawai'i serves individuals and families across the state who are experiencing poverty, housing instability, trauma, and crisis. Increasingly, we are seeing the impact of untreated mental health challenges among children and adolescents.

HB1537 recognizes the growing mental health needs of Hawai'i's adolescents and makes a strategic investment in prevention and early intervention delivered through community-based organizations. Early support during this critical developmental stage can prevent the escalation of anxiety, depression, trauma, and substance use—especially for youth experiencing housing instability, family stress, or the impacts of recent disasters.

Catholic Charities Hawai'i strongly supports the bill's focus on community-based, culturally responsive services, which are often the most accessible and trusted options for youth and families, particularly in underserved communities and on neighbor islands. Providing support where young people already are helps reduce stigma and removes barriers to care. By prioritizing early intervention over costly crisis response, HB1537 HD1 reflects evidence-based best practice and has the potential to reduce emergency room visits, hospitalizations, and justice system involvement. The bill's reporting and accountability requirements further ensure that funds are used effectively and that outcomes for youth are meaningfully measured.

For these reasons, Catholic Charities Hawai'i respectfully urges the House Committee on Finance to pass HB1537 HD1 and continue investing in early-intervention mental health supports that strengthen youth, families, and communities statewide.

Mahalo for the opportunity to provide this testimony. If you have any questions, please contact our Vice President of Mission, Shellie Niles, at (808) 527-4813.





HB1537,HD1 Mental Health Prevention

COMMITTEE ON FINANCE

Rep. Chris Todd, Chair

Rep. Jenna Takenouchi

Friday, Feb 27, 2026: 10:00: Room 308 Videoconference

Hina Mauka Supports HB1537,HD1:

ALOHA CHAIR, VICE CHAIR, AND DISTINGUISHED COMMITTEE MEMBERS. My name is Brian Baker. I am the President and CEO for Hina Mauka, a mental health and substance use disorder treatment and prevention agency for thousands of adults and adolescents on Oahu and Kauai, including recovery-oriented services and housing transitional living programs.

Hina Mauka is proud to **support HB1537,HD1**, because this measure addresses a gap in our system that has existed for far too long — the absence of a coordinated, statewide approach to **mental health prevention for our youth.**

In Hawai‘i, **we already invest in substance use prevention and have infrastructure.**

We have trained staff.

We have trusted relationships with schools.

We have programs embedded in communities.

What **we do not yet have is a formal, integrated mental health prevention framework** — even though we know mental health challenges and substance use are deeply connected.

Adolescence is a brief but powerful window of development.

Between the ages of 10 and 19, young people are forming their identities, navigating intense social pressures, and experiencing rapid brain development. It is also the time when many mental health conditions first appear — often quietly, and often unnoticed.

When emotional distress goes unaddressed, young people look for ways to cope.

For some, that coping takes the form of alcohol, vaping, or other substances — not to rebel, but to feel calm, to stop worrying, or to escape anxiety and depression.

National data shows that many adolescents report using substances specifically to manage emotional pain. That tells us something important: **prevention efforts cannot treat mental health and substance use as separate problems.**

Integrated prevention works because it reflects reality.

Teaching coping skills, emotional regulation, and healthy decision-making reduces both mental health distress and substance use risk. Programs that build resilience, normalize help-seeking, and reduce stigma **protect young people before crises emerge**.

Just as importantly, **integrated prevention removes barriers** — cultural stigma, lack of access, and fear of judgment — that prevent many youth and families from seeking help early.

When prevention is effective, the benefits ripple outward:

- Stronger school engagement
- Reduced substance use and violence
- Healthier families
- Lower long-term healthcare and social costs

Most importantly, it gives young people the tools to thrive — not just survive.

HB1537,HD1 builds on what Hawai‘i already does well and strengthens it by bringing mental health prevention into the same coordinated framework. It is practical, cost-effective, and grounded in evidence.

Hina Mauka respectfully urges your **support** for this measure.

Mahalo for your time, your leadership, and your commitment to the well-being of Hawai‘i’s youth.

Judith F. Clark
48-218 Kamehameha Highway
808-499-9966
Judithforceclark@gmail.com
Kaneohe, Hawaii 96744

February 24, 2026

To: Representative Chris Todd, Chair,
And members of the Committee on Finance

Testimony in Support of HB 1537 HD 1 Relating to Mental Health

As a community advocate and the former Executive Director of Hawaii Youth Services Network, I support HB 1537 HD 1 which appropriates funds for preventive and early intervention mental health services to adolescents.

35% of middle and high school youth in Hawai'i experience persistent depression; 7% of high school and 11% of middle school students in Hawai'i reported having attempted suicide. 23% of middle school students report that their mental health was most of the time or always "not good" in the prior 30 days.

The TeenLink Hawai'i website continues to get 2,000 site visits on average each month. The top topics/pages visited included Suicide; Health and Wellness Toolkit; Sleep; Stress; Mental Health; and Self- Care.

This bill would enable community-based organizations to provide a range of services that support positive youth development and family strengthening. It will decrease the need for more costly and intensive mental health treatment. It will reduce future dependence on public assistance or involvement in the criminal justice system.

Thank you for this opportunity to testify.

Sincerely,



Judith F. Clark, MPH

Testimony in Support of HB1537 HD1

Hearing before the House Committee on Finance (FIN)

Friday, February 27, 2026, 10:00 AM

Aloha Chair Yamashita, Vice Chair, and Members of the Committee,

I strongly support HB1537 HD1 and appreciate the opportunity to submit testimony as this measure is heard by the House Committee on Finance.

Rates of anxiety and depression among children and adolescents have increased significantly in recent years, while access to mental health services—particularly preventive services—has become more limited following the expiration of emergency COVID-era funding. Schools, families, and communities are being asked to respond to growing emotional and behavioral needs with fewer resources, making early and effective prevention strategies essential.

Mental health wellness and resilience skills should be taught across developmental stages. Research shows that school-based mental health and social-emotional learning (SEL) programs are effective when implemented with youth.

Childhood is a foundational period when children develop emotional regulation, empathy, communication, and coping skills. Introducing wellness and resilience skills at this stage supports healthy development and helps prevent later mental health challenges.

Adolescence remains a critical period for continued prevention. These years involve increased academic, social, and emotional pressures, as well as heightened risk for anxiety, depression, and substance use. Continuing mental health wellness programming among middle and high school age youth allows youth to strengthen coping strategies, seek support early, and apply these skills during times of increased stress.

A large body of research supports the effectiveness of mental health wellness and Social Emotional Learning programs. Meta-analyses have found that such programs lead to improvements in emotional and behavioral functioning, increased social and emotional skills, better academic outcomes, and reduced symptoms of distress. These benefits are observed across grade levels, from elementary through high school, particularly when programs are integrated into the school environment and delivered consistently.

Mental health challenges are also closely linked to substance use. Many adolescents report using alcohol, vaping, or other substances to cope with stress, anxiety, or depression. Integrating mental health prevention with existing school-based and community-based substance use prevention programs is more effective than addressing these issues in silos and makes efficient use of existing prevention infrastructure in Hawai'i.

Hawai'i already has trained prevention staff from community organizations, established school partnerships, and community-based programs that can be adapted to include mental health wellness services across developmental stages. This integrated approach maximizes existing investments, reduces duplication of services, and improves long-term outcomes.

From a fiscal perspective, prevention is a sound investment. Early mental health wellness services reduce future costs associated with crisis intervention, emergency and inpatient care, justice system involvement, and long-term disability, while supporting better educational outcomes, workforce readiness, and healthier communities.

HB1537 HD1 represents a thoughtful, evidence-informed approach to supporting Hawai'i's keiki and youth. I respectfully urge the Committee to support this measure.

Mahalo for your time and consideration.

Dr. Colleen Fox, Makiki

To: Honorable Chair and Members of the Committee
From: Catherine Abellera
RE: HB 1537 HD1
Date: February 27, 2026

My name is Catherine Abellera, and I am here in strong support of HB 1537 HD1. I speak as a future social worker, a leader in early childhood programs, and most importantly, as a mother who lost my daughter to suicide. I share my testimony having lived through the most devastating experience a parent can endure.

HB 1537 represents an essential step toward strengthening suicide prevention efforts in Hawai'i. It recognizes that lives can be saved when we act early, listen carefully, and design systems that are responsive rather than reactive. By appropriating funds to support community-based organizations providing preventive and early intervention mental health services to adolescents, this bill helps ensure that youth can access support before reaching a crisis point.

According to the Hawai'i Department of Health, suicide is the leading cause of death for youth ages 10–19 in Hawai'i. Males continue to die by suicide at three to four times the rate of females (Centers for Disease Control and Prevention [CDC], 2025; Ontanin et al., 2025). Native Hawaiian and Pacific Islander youth are disproportionately impacted, reflecting systemic inequities in mental health access, culturally responsive care, and community supports.

HB 1537 can help address these inequities by investing in prevention and early intervention within our communities. When services are accessible, culturally responsive, and available before a child reaches a breaking point, we give families hope—and sometimes, we give a child more time to get help.

As a mother, a professional, and a community advocate, I urge this committee to pass HB 1537 HD1.

Thank you for your time and consideration.

Catherine Abellera

HB-1537-HD-1

Submitted on: 2/25/2026 12:44:55 PM

Testimony for FIN on 2/27/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Johnnie-Mae L. Perry	Individual	Support	Written Testimony Only

Comments:

I, Johnnie-Mae L. Perry, Support

OUTREACH SERVICES TO BEGIN IN WAI'ANAE

1537 HB RELATING TO MENTAL HEALTH.

To: Representative Chris Todd, Chair
Representative Jenna Takenouchi, Vice Chair
Committee on Finance

From: Veronica Moore, Individual Citizen

Date: February 25, 2026

RE: House Bill 1537 HD1
Measure Title: RELATING TO MENTAL HEALTH.
Report Title: DOH; Adolescent Mental Health Services; Community-Based
Organizations; Prevention; Early Intervention; Report; Appropriation (\$)

To All Concerned,

My name is Veronica Moore and I support House Bill 1537 HD1. Thank you for your consideration.

Sincerely,

Veronica M. Moore

HB-1537-HD-1

Submitted on: 2/26/2026 9:15:40 AM

Testimony for FIN on 2/27/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Myah Pupilis	Individual	Support	Remotely Via Zoom

Comments:

Support for HB1537 HD1 Relating to Adolescent Mental Health

I strongly support this bill because our youth are in a state of emergency. Statistics from the Hawaii Health Data Warehouse show that nearly 35% of our high schoolers feel significant depression, yet the gap in available care is massive.

By funding community-based organizations, this act moves mental health care out of scary clinical settings and directly into schools and neighborhoods where kids actually are. We know that early intervention, especially for those affected by the Maui wildfires and rising housing instability, costs the state far less than treating lifelong addiction or chronic mental illness later.

This bill isn't just a budget item, but a safety net for Hawaii's next generation. I urge the committee to pass this measure and fill the appropriation gap to ensure these programs can begin.

Mahalo,

Myah Pupilis

HB-1537-HD-1

Submitted on: 2/26/2026 9:59:45 AM

Testimony for FIN on 2/27/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Michelle Paquin-Lozano	Individual	Support	Written Testimony Only

Comments:

As a adolescent provider in the field of substance use and recovery, I STRONGLY support this bill.

I have worked in the field of substance use prevention and treatment in both school-based settings and community settings providing services to youth and their families over the last 6 years. As I continue to work closely with youth, families, and other community members including teachers and school counselors, I have heard and observed the apparent link between youth mental health and coping with substances. While majority of youth do not use substances as a first line defense, many who have come to me seek mental health support. Unfortunately, our current school systems are rarely equipped to handle the high-demand of these services which could easily lead to the exploration of substances. Additionally, with the rapidly increasing prevalence of nicotine use amongst our youth, I cannot count the number of times they have admitted to vaping due to stress, academic pressures, or family related problems. Prevention and early intervention is critical to help our youth address these challenges, develop the skills needed to cope with them, and direct them away from experimenting with substances.

While working with our youth in our treatment programs for substance use, it is difficult to ignore the mental health challenges they face creating a barrier for recovery. High cost of care, limited insurance coverage, provider shortages and long wait times as well as transportation challenges are common barriers my clients face to receive adequate mental health care. Moreover, many of my clients have experienced trauma's that can make it difficult for them to re-tell their stories to another provider. To be equipped to address both their mental health challenges and substance use concurrently would not only remove the barriers mentioned above, but would be a trauma-informed approach to providing well-rounded care to our keiki.

Please consider this bill as the first big step towards helping our youth while addressing both the mental health crisis and substance use problem in our community.