

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



STEPHEN F. LOGAN
MAJOR GENERAL
ADJUTANT GENERAL
KA 'AKUKANA KENELALA

JOHN P. ALAMODIN
LIEUTENANT COLONEL
DIRECTOR
KA LUNA HO'OKELE

STATE OF HAWAII
KA MOKU'ĀINA O HAWAII
DEPARTMENT OF DEFENSE

KA 'OIHANA PILI KAU
OFFICE OF VETERANS' SERVICES
459 PATTERSON ROAD, E-WING, ROOM 1-A103
HONOLULU, HAWAII 96819-1522
Telephone Number (808) 433-0420

STATE OF HAWAII
DEPARTMENT OF DEFENSE

TESTIMONY ON HOUSE BILL HB1913
RELATING TO VETERAN MENTAL HEALTH SERVICES

BEFORE THE COMMITTEE ON PUBLIC SAFETY

BY

JOHN P. ALAMODIN
DIRECTOR, OFFICE OF VETERANS SERVICES

February 04, 2026

Aloha Chair Belatti, Vice-Chair Iwamoto, and members of the committee:

I am John P. Alamodin, Director, Office of Veterans Services, State of Hawaii, Department of Defense

The Office of Veterans Services (OVS) provides written testimony to SUPPORT HB 1913 with amendments.

Veterans in Hawaii face unique mental health challenges, including trauma, stress, and adjustment disorders.

The U.S. Department of Veterans Affairs estimates that 7% of all veterans develop post-traumatic stress disorder at some point – and that rate goes up to 29% for those who participated in the operations Iraqi Freedom and Enduring Freedom. Veterans in Hawaii often face significant behavioral health challenges including high rates of post-traumatic stress, depression, anxiety, and substance abuse. The stigma around behavioral health treatment along with a shortage of providers and other behavioral health care professionals further compound the difficulties. Many Veterans and their families do not access the necessary care due to the stigma, which can be influenced by military branch, family, cultural, or religious factors.

Hawaii Veterans can also face challenges when it comes to accessing care and services that support the behavioral health, health and wellness, and overall well-being. When navigating community and government resources, the system of care can sometimes feel fragmented to overwhelming, leaving many Veterans unsure and often feeling uneasy about seeking help.

The VA Pacific Islands Health Care System (VAPIHCS) is the primary provider of medical care, mental health services, and other benefits for Veterans in Hawaii. At times, accessing these services and navigating a large health system can be perceived as complex and fragmented arising from the user's view of the VA system and psychological factors affecting Veterans seeking care. While the VA offers valuable resources for veterans, accessing these services comes with significant barriers. These barriers arise both from structural issues within the VA system and from psychological factors that affect veterans seeking care.

If the proposed Mental Health Coordinator position in the current HB1913 draft was not limited to the Daniel K. Akaka State Veterans Home, the position could serve as a key navigator for Veterans needing access to behavioral health services across the State to not only access behavioral health care within the VAPIHCS and VA community care providers, but also other community providers, government resources, and community agencies, particularly in underserved areas with limited treatment and support resources. In addition to the scope of work outlined in the bill proposal, the outcomes of the behavioral health care coordination may also reaffirm and better understand the other factors impacting access to care, especially in underserved geographical areas. These factors would include, but not be limited to the shortage of licensed providers and other behavioral health support professionals.

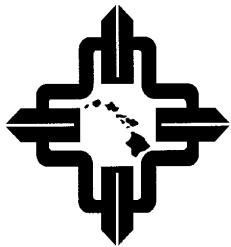
The measure as currently drafted states that the Mental Health Coordinator position should be located at the Daniel K. Akaka State Veterans Home (SVH) to provide the proposed services. Due to operational considerations and parameters outlined in the State Veterans Home program, having the position located in the SVH is likely not feasible, as well as will limit the scope of work intended in this measure.

The Office of Veterans Services respectfully requests consideration for the position to be located at the Hawaii OVS Office at Tripler Army Medical Center, which will be better suited to carry out the mission to enhance and collaborate with all behavioral health services for Veterans statewide and report directly to the Director, OVS, DOD, SOH.

The Department of Defense supports this bill provided that its passage does not replace or adversely impact priorities indicated in the Executive Budget.

Thank you very much for the opportunity to testify in SUPPORT of HB1913.

John P. Almodin
john.p.almodin@hawaii.gov



OAHU REGION HAWAII HEALTH SYSTEMS CORPORATION

**Committee on Public Safety
Representative Della Au Belatti, Chair
Representative Kim Coco Iwamoto, Vice-Chair**

February 4, 2026, 9:00 A.M.
(Via Video Conference)
Conference Room 411
Hawaii State Capitol

Sean Sanada
Oahu Region Chief Executive Officer
Hawaii Health Systems Corporation
Re: Testimony in Support

HB 1913 Relating to the Veteran Mental Health Services

Chair Belatti, Vice-Chair Iwamoto, and Members of the Committee on Public Safety:

Aloha and thank you for the opportunity to provide testimony supporting the intent of HB 1913, which establishes and funds a Mental Health Coordinator position within the Office of Veterans' Services ("OVS") that will be assigned to the Daniel Kahikina Akaka State Veterans Home ("DKASVH").

Although the Oahu Region embraces the importance of mental health support services and appreciates the spirit of HB 1913, we believe that it is important for us to point out that, through our agreement with Ohana Pacific Management Services, the operator at DKASVH, all veterans admitted to DKASVH are regularly screened for mental/behavioral health conditions and are provided referrals, both from the admissions staff and the physicians following these patients in DKASVH (including their medical directors). Thus, the services envisioned to be provided by the OVS mental health coordinator position under HB 1913 would likely be duplicative of services already received by DKASVH patients.

That being said, we understand that OVS would appreciate a broader role for the new mental health coordinator if the services to be provided by this position could be extended to the greater veteran community rather than be limited to DKASVH. Toward that end, we support the intent of HB 1913, but defer to OVS on any recommended amendments that they believe would make the position more effective and impactful for their outreach goals.

Again, thank you for the opportunity to provide testimony in support of this measure.

TESTIMONY ON HOUSE BILL 1913
A BILL RELATING TO VETERAN MENTAL HEALTH SERVICES

PRESENTATION TO
HOUSE COMMITTEE ON PUBLIC SAFETY

BY

Thomas M. Driskill, Jr
COL, USA, MSC (Ret)
698 Kaulana Place
Honolulu, Hawaii
96821

February 4, 2026, 9:00 AM

Conference Room 411

Chair Belatti, Vice Chair Coco Iwamoto and Members of the Committee,

I am Tommy Driskill and I am testifying in support of HB1913 with modifications.

Based upon my past years of experience as President/CEO, Hawaii Health Systems Corp (HHSC) Aug 1997 to Dec 2009, during which time I oversaw the planning, construction, opening and initial operation of the Yukio Okutsu State Veterans Home, Hilo and my work representing Director, Office of Veterans Services, DOD, SOH, interest in both the construction of the Daniel K. Akaka State Veterans Home (DKA SVH), Kapolei 2021 through 2024 as well as planning and design preparation for our new 3d Hawaii State Veterans Home (HI SVH) Maui 2025, I feel uniquely qualified to offer comments on this legislation.

First, please allow me to say, I embrace the concept of allocating additional state resources to enhance mental health services for Hawaii Veterans and I appreciate the great efforts put forth in this bill. However, the concentration of these resources into a single mental health position, to be located at Daniel K. Akaka State Veterans Home (DKA SVH), as part of the Hawaii Office of Veterans Services (HOVS), for support of a small number of Veteran patients in that one specific Oahu location, is not, in my humble opinion, the best use of these resources. Additionally, there are credentialing, liability, operational and supervisory concerns with a mental health clinician being assigned to HOVS with duty at DKA SVH.

Notwithstanding these points, there is a tremendous WIN / WIN opportunity here if HB1913 can be slightly modified as follows: Instead of this new position being fully devoted to Veteran patients at DKA SVH, please let us broaden the initiative by giving the position an "administrative" state-wide focus of responsibility for improving mental health services for all Veterans in Hawaii. Also, please let's locate the position at the HOVS Office, Tripler Army Medical Center so the position can work hand-in-hand with other members of the HOVS staff, many of whom also have state-wide focused missions. Of course, due to proximity, the person in the position would still be available to support DKA SVH upon request. But, with a state-wide mission, much more benefit could be derived by identifying Veteran mental health service gaps

across the state, coordinating efforts to close these gaps and proposing when necessary, with justification, further future allocation of additional state resources to address the inevitable growing need for more Veteran mental health support.

My final comment on HB1913 is that passage of this bill should not replace or adversely impact priorities indicated in the Executive Budget.

Thank you for your consideration of these suggested modifications to HB1913.

Thomas M Driskill Jr
COL, USA, MSC (Ret)
tmdriskill@gmail.com
808-499-9917

HB-1913

Submitted on: 2/4/2026 7:42:25 AM
Testimony for PBS on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Shelby "Pikachu" Billionaire	Ohana Unity Party & Kingdom of The Hawaiian Islands	Support	Remotely Via Zoom

Comments:

Aloha Chair and Honorable Members of the Committees,

I submit this written testimony in the strongest possible support of House Bill 1913, which establishes a statewide Human Trafficking Task Force to coordinate prevention, investigation, prosecution, and survivor services across Hawaii. As Chairman of the Ohana Unity Party and a dedicated advocate for protecting our keiki, 'ohana, and the most vulnerable from exploitation, I believe this legislation is essential to confront one of the most devastating crimes facing our islands. HB1913 creates a multi-disciplinary task force under the Department of the Attorney General, including representatives from law enforcement (HPD, county police), Departments of Human Services, Health, and Education, the Office of Hawaiian Affairs, survivor service providers, legal advocates, and community organizations. The task force will develop a comprehensive statewide plan, coordinate training, collect data, identify service gaps, recommend policy changes, and submit annual reports to the Legislature and Governor. This coordinated approach is not symbolic—it is a necessary framework to dismantle trafficking networks and protect our most precious resource: our children.

Why I Stand Strongly in Support of HB1913

1. **The Alarming Reality of Trafficking in Hawaii** Hawaii's geographic position as a Pacific gateway, combined with tourism, ports, military presence, and online platforms, makes us highly vulnerable to human trafficking. Statewide data paints a sobering picture: - Average age of first sexual exploitation: 11 years old (reported cases as young as 4 on the Big Island). - Native Hawaiian women and girls are disproportionately affected: 64% of identified survivors identify as Native Hawaiian, despite comprising only 20% of the population. - 75% of trafficking victims are homeless at the time of exploitation. - 23% of child victims are trafficked by family members. - 38% of arrests in Waikiki involve military personnel. - Recent multi-agency operations like "Shine the Light" (January 2026) recovered 8 at-risk teens on Oahu, demonstrating the ongoing threat. These are not isolated incidents—they represent stolen childhoods, broken families, and generational trauma in our ohana.

2. **Alignment with Aloha, Justice, and Cultural Healing** The Dalai Lama teaches: "If you want others to be happy, practice compassion. If you want to be happy, practice compassion." Mahatma Gandhi reminds us: "The true measure of any society can be found in how it treats its most vulnerable members." HB1913 embodies these principles by prioritizing survivor-centered,

culturally competent services and prevention—especially in Native Hawaiian communities where overrepresentation is so stark. Trafficking preys on the same vulnerabilities exposed in the Epstein files: foster youth exploitation, elite impunity, and systemic neglect. A statewide task force ensures Hawaii responds with unity, aloha, and accountability.

3. **Real-World Example: The Urgent Need for Coordinated Action** Recent stings have uncovered minors lured through social media, hotels, and ports. Without centralized coordination, efforts remain fragmented: HPD focuses on enforcement, DHS on victim services, DOE on school prevention—but gaps allow traffickers to operate. HB1913 bridges these divides, drawing from successful models in states like California and Texas, where task forces have increased victim identifications by 40% and convictions by 30% (Polaris Project data). In Hawaii, where Native Hawaiian survivors are disproportionately impacted, this unified approach is not optional—it is essential for cultural healing and family reunification.

4. **Broader Context: Ties to Systemic Injustices and Epstein Revelations** The Epstein files exposed how powerful networks exploit vulnerable individuals—foster youth, the disabled, the marginalized. Hawaii's trafficking crisis mirrors these patterns: foster system infiltration, elite-enabled abuse, and lack of accountability. A statewide task force would investigate patterns, coordinate with federal partners, and recommend reforms to close loopholes—preventing further victimization and ensuring justice for survivors.

5. **Support for Native Hawaiian and Marginalized Populations** Native Hawaiians are disproportionately impacted by trafficking (64% of survivors), incarceration (39% of prison population), and homelessness (75% of victims). HB1913 includes OHA representation and emphasizes culturally appropriate services, honoring our ancestral values of pono and kuleana. This bill is a step toward breaking cycles of trauma and restoring balance to our ohana.

Conclusion and Urgent Call to Action HB1913 is urgent and necessary. It will save lives, protect our keiki, reduce long-term costs to taxpayers, and restore dignity to survivors. Guided by the profound wisdom of the Dalai Lama and Mahatma Gandhi, let us embrace compassion and justice—establish this statewide task force, coordinate our efforts, and demonstrate that Hawaii stands fiercely against exploitation.

Mahalo nui loa for your consideration and service to our islands. I am available for questions or oral testimony if needed. In solidarity for justice, protection, and ohana,

Master Shelby "Pikachu" Billionaire, HRM Kingdom of The Hawaiian Islands, H.I. Ohana Unity Party, Chairman www.Ohanaunityparty.com Presidentbillionaire@gmail.com



HAWAII GOVERNMENT EMPLOYEES ASSOCIATION

AFSCME Local 152, AFL-CIO

RANDY PERREIRA, Executive Director • Tel: 808.543.0011 • Fax: 808.528.0922

The Thirty-Third Legislature, State of Hawaii
The House of Representatives
Committee on Public Safety

Testimony by
Hawaii Government Employees Association

February 4, 2026

H.B. 1913 – RELATING TO VETERAN MENTAL HEALTH SERVICES

The Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO opposes the purpose and intent of H.B.1913, which allows for a civil service exemption within the Office of Veterans Services. Specifically, this bill proposes to make exempt the position of Mental Health Coordinator at the Daniel K. Akaka Veterans Home.

The HGEA raises concerns for the need to grant the Department of Health the flexibility to exempt positions. Exempt employees do not have the same rights compared to civil service employees as they are considered "at-will" by the employer. We have consistently opposed the creation of more exempt positions in government and more recently have advocated at the state legislature that exempt employees that are included within a collective bargaining unit receive *just-cause* protections, just like civil service employees.

This proposal is part of a larger issue, which is that the civil service system and SOH HR must become more flexible, competitive, and adaptive to the current job market and public demands. There are methods the SOH can implement to streamline its hiring and recruiting while keeping employees within civil service. The SOH should look to adequately price these civil service positions to appropriately reflect a competitive salary, comparable to similar positions within the public and private sector, and in general, the market rate. The SOH should also look to reform its civil service hiring process to create a more efficient and effective system, so prospective employees are not waiting to hear back from a job they applied to months ago. The solution to streamline hiring and recruiting is not to exempt positions which would be at the expense of an employee's job-security, but to re-think the way we compensate and hire civil service positions. Likewise, exempting positions may hinder the SOH's ability to recruit and retain employees because the civil service benefits are one of the reasons why a prospective employee may look to seek employment within government.

Accordingly, the Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO opposes H.B. 1913.

We appreciate your consideration of our testimony in opposition of H.B. 1913.

Respectfully submitted,

 Randy Perreira
Executive Director

HB-1913

Submitted on: 2/2/2026 2:58:19 PM
Testimony for PBS on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Mark White	Individual	Support	Written Testimony Only

Comments:

Aloha Committee Members,

As a retired Air Force member, I fully support this bill with the number of veterans in Hawaii being comparatively higher than other states. Having a mental health professional available for care at the state veterans home will be a critically important resource for residents there.

Mark White

94-217 Olua Place

Waikiki, Waipahu

HB-1913

Submitted on: 2/3/2026 11:08:58 AM
Testimony for PBS on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Brett Kulbis	Individual	Support	Written Testimony Only

Comments:

Chair Bellatti and Committee Members,

My name is Brett Kulbis, I'm a 26yr retired Navy Veteran, who took a solemn oath to defend the Constitution from all enemies foreign and domestic, and that oath didn't expire when I retired. I live in Ewa Beach.

I offer strong support for HB-1913, which establishes an on-site mental health coordinator position at the Daniel K. Akaka State Veterans Home. This bill addresses a critical and urgent need: comprehensive mental health support for our most vulnerable veteran population.

The stakes of this legislation cannot be overstated. Every day in America, approximately 17.6 veterans die by suicide. That is 6,407 veteran suicides annually in the United States. For context, in 2022 alone, veterans represented 20% of all suicides in this country, despite comprising only about 6.4% of the U.S. adult population.

The suicide rate among veterans is 1.5 times higher than the general civilian population. For female veterans, the rate is 2.5 times higher than non-veteran women.

Veterans residing at the Daniel K. Akaka State Veterans Home represent some of the most complex and vulnerable members of Hawai'i's veteran community. The legislature correctly identified that residents of this facility have a higher prevalence of PTSD, depression, anxiety, and other military service-related mental health conditions. These men and women are not merely statistics, they are the backbone of our state, many living in long-term care precisely because their mental health needs are substantial.

The transition into a state veterans home, leaving independent living, losing daily routines, adjusting to institutional life, can be a critical juncture where mental health crises are most likely to occur. An on-site mental health coordinator is not a luxury; it is a lifeline.

HB-1913 wisely focuses on coordination rather than duplication. The bill calls for the coordinator to:

- Facilitate mental health screenings and referrals upon admission
- Coordinate with the U.S. Department of Veterans Affairs, state behavioral health programs, and contracted providers

- Support continuity of care during transitions
- Serve as the primary point of contact for residents and families

This coordination model prevents the tragic gaps that occur when a veteran's mental health needs fall between the cracks of federal, state, and local systems. A single point of contact—someone who understands both military culture and the specific needs of long-term care residents—can mean the difference between a veteran reaching out for help or silently suffering.

The bill appropriately empowers the coordinator to assist other veterans home staff in developing trauma-informed care practices and crisis response protocols. Many long-term care workers, while well-intentioned, lack training in the specific ways military trauma manifests. A designated coordinator can provide that expertise, ensuring every staff interaction is informed by understanding of PTSD, combat-related triggers, and military culture.

HB-1913 explicitly protects the facility's operational integrity by stating that "nothing in this Act shall be construed to require the Daniel K. Akaka state veterans home to provide direct mental health treatment beyond its existing scope of services." This is sound policy—the coordinator coordinates and facilitates, not treats. The home is not required to become a psychiatric hospital, but it is given the tools to connect residents to appropriate clinical care quickly and effectively.

By explicitly directing the coordinator to work with the Department of Veterans Affairs and state behavioral health programs, HB-1913 positions Hawai'i to maximize use of federal benefits and resources that may already be available to residents. This is fiscally responsible and prevents duplicative spending.

While I support this bill, I recommend the following amendments to ensure accountability, fiscal responsibility, and maximum effectiveness:

1. Specify the Appropriation Amount and Tie It to Established Salary Schedules - Section 3 appropriates "the sum of \$ or so much thereof as may be necessary", a blank check. Recommendation:

- Insert a specific amount tied to Hawai'i's state salary schedules for comparable positions (e.g., "Social Worker III" or "Health Care Administrator III").
- Require that the appropriation prioritize use of VA grants, federal mental health funding, or other non-general-fund sources before tapping state revenues.
- Include language requiring annual cost-benefit analysis and reporting to the legislature on whether available federal funding can offset state expenditures.

2. Add Measurable Performance Metrics and Annual Reporting - The bill does not specify outcomes or hold the position accountable to results. Recommendation: Require the Office of Veterans' Services to submit an annual report to the legislature that includes:

- Number of residents screened for mental health concerns within 30 days of admission
- Number of referrals made to VA, state behavioral health, or contracted providers

- Referral completion rate: percentage of referrals that result in residents actually engaging with services
- Time-to-treatment: average time from initial assessment to first mental health appointment
- Crisis events: number of mental health crises, hospitalizations, or emergency psychiatric services used
- Staff training: number of staff trained in trauma-informed care and crisis response protocols
- Resident and family satisfaction: feedback on accessibility and quality of mental health coordination services
- Continuity of care: number of transitions successfully supported with no interruption in mental health services

This data should inform annual decisions about the position's continuation and potential enhancement.

3. Establish Hiring Standards That Prioritize Military Experience and Clinical Expertise - The bill allows the director to appoint the coordinator without civil service protections, but does not specify minimum qualifications beyond "licensed mental health professional or qualified health care administrator." Recommendation: Add language requiring that the Director prioritize candidates who:

- Are themselves veterans or have significant military family experience
- Hold a current license in mental health (LCSW, licensed psychologist, licensed professional counselor) OR have at least five years of documented experience in behavioral health coordination in a VA or military medical setting
- Demonstrate familiarity with VA benefits and the Veterans Crisis Line
- Have training in evidence-based PTSD and trauma treatment protocols
- Pass a background check and demonstrate cultural competency in working with veterans

This ensures the position goes to someone genuinely qualified and committed to veteran welfare, not simply a political appointee.

4. Include a Performance Review and Sunset Provision - Once created, government positions often become permanent regardless of effectiveness. Recommendation:

- Require a formal performance evaluation by the Director at the end of the first full fiscal year, using the metrics outlined in Recommendation 2.
- Include a five-year sunset clause requiring legislative reauthorization based on demonstrated outcomes.
- Allow the Director to terminate the position for cause (documented failure to meet performance standards) without restriction.
- Consider tying continuation or expansion of the position to achievement of measurable goals (e.g., "90% of residents screened within 30 days," "80% of referrals result in engagement," etc.).

This approach protects accountability while avoiding rigid civil service restrictions.

5. Define "Trauma-Informed Care" and Protective Standards - The term "trauma-informed care practices and crisis response protocols" is not defined, leaving room for misalignment with evidence-based practice. Recommendation: Add language requiring that all staff training and protocols be:

- Evidence-based and consistent with VA best practices and Department of Veterans Affairs clinical guidelines
- Focused on practical, clinical de-escalation and crisis management techniques
- Aligned with protocols used by the VA's Veterans Crisis Line and emergency departments
- Documented and reviewed annually for effectiveness and veteran feedback
- Explicitly prohibiting the use of these training initiatives for non-clinical, ideological, or politically motivated purposes

This protects the integrity of the coordinator role and ensures it remains focused on actual clinical support.

In summary: Hawai'i is home to thousands of veterans who served our nation and now call these islands home. The Daniel K. Akaka State Veterans Home serves veterans who have already sacrificed much and now face the additional vulnerabilities of aging and institutional care.

Every day, 17.6 veterans in America take their own lives. Hawai'i has an opportunity to be part of the solution by ensuring that our most vulnerable veteran population has dedicated, competent, coordinated mental health support.

HB-1913 is a measured, fiscally responsible, and operationally sound response to a genuine crisis. With the recommendations outlined above—focused on performance accountability, fiscal clarity, hiring standards, and outcome measurement—this bill can serve as a model for how states can effectively support veteran mental health without creating bureaucratic bloat or unfunded mandates.

I urge this committee to pass HB-1913, with the recommended amendments, and to appropriate the necessary resources to give our veterans the coordinator they deserve.

Respectfully,

Brett Kulbis

Sobering Data

- 7 veteran suicides per day among those actively engaged with Veterans Health Administration (VHA) care in 2021–2022
- 10.6 per day among veterans not currently in VHA care—showing that even engaged veterans struggle, and many fall through the cracks

- 4,600 veteran firearm suicides per year, a rate that has increased 58% since 2003
- Suicide as the second-leading cause of death among veterans under age 45, behind only accidents

References

- U.S. Department of Veterans Affairs (2024 National Veteran Suicide Prevention Annual Report): 6,407 veteran suicides in 2022; 17.6 suicides per day on average.
- CDC / Veterans Crisis Line: Veterans comprise 20% of all suicides despite being 6.4% of the adult population.
- VA Mental Health Office (2022 Report): 16.8 veteran suicides per day in 2020; suicide is second-leading cause of death among veterans under 45.
- Evertown Research Center (2024): 4,600 veteran firearm suicides annually; 58% increase in veteran firearm suicide rate since 2003.
- American Addiction Centers / CDC Data: Veteran suicide rate is 1.5 times higher than general population; 2.5 times higher among female veterans.

LATE

HB-1913

Submitted on: 2/3/2026 12:15:02 PM
Testimony for PBS on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Mike Golojuch, Sr.	Individual	Support	Written Testimony Only

Comments:

I strongly support having a mental health coordinator position at the Daniel K. Akaka State Veterans Home within the Office of Veterans Services.

Please pass HB1913 to help veterans.

Michael Golojuch, Sr, Lt Col, USAF(Ret)