



STATE OF HAWAII
DEPARTMENT OF EDUCATION
KA 'OIHANA HO'ONA'AUAO
P.O. BOX 2360
HONOLULU, HAWAII 96804

Date: 03/31/2026

Time: 02:00 PM

Location: 309 VIA VIDEOCONFERENCE

Committee: EDN

Department: Education

Person Testifying: Keith T. Hayashi, Superintendent of Education

Title of Bill: HCR102, URGING THE DEPARTMENT OF EDUCATION, DEPARTMENT OF HEALTH, AND OFFICE OF WELLNESS AND RESILIENCE TO ESTABLISH A STATEWIDE PEER COUNSELOR PROGRAM TO ADDRESS YOUTH LONELINESS AND SOCIAL DISCONNECTION IN HAWAII'S SCHOOLS.

Purpose of Bill: Urging The Department Of Education, Department Of Health, And Office Of Wellness And Resilience To Establish A Statewide Peer Counselor Program To Address Youth Loneliness And Social Disconnection In Hawaii's Schools.

Department's Position:

The Hawai'i State Department of Education (Department) supports the intent of HCR 102, as it aligns with our goals to strengthen student well-being, connection, and access to mental health resources.

The Department recognizes the urgent concerns outlined in the resolution, including rising loneliness, social isolation, and disconnection among youth, exacerbated by the COVID-19 pandemic. These factors are strongly associated with increased risks of anxiety and depression, with particularly concerning trends among Native Hawaiian and Pacific Islander youth. We also acknowledge the central role of relationships and connection in supporting well-being across Hawai'i's communities.

The Department agrees that peer counselor programs and peer support are valuable and effective strategies. Students often seek help from trusted peers, and well-implemented programs can strengthen school climate and connectedness. The Department is advancing this work through partnerships, including ongoing collaboration with the Department of Health and the Office of Wellness and Resilience, and is exploring established national programs such as Hope Squad and Erika's Lighthouse, which offer structured training pathways and implementation support.

In addition, the Department is developing a pilot workforce pathway that begins with high school students providing peer support and extends into future employment in school-based mental health positions, supporting both student well-being and long-term workforce development.

To support effective and sustainable implementation, the Department recommends a phased approach, beginning with pilot peer counselor programs in select schools and extending the timeline to allow for adaptation, evaluation, and alignment with ongoing efforts.

Thank you for the opportunity to provide testimony on this measure.



STATE OF HAWAII
OFFICE OF WELLNESS AND RESILIENCE
KE KE'ENA KÚPA'A MAULI OLA
OFFICE OF THE GOVERNOR
415 S. BERETANIA ST. #415
HONOLULU, HAWAII 96813

Testimony in SUPPORT of H.C.R. 102

URGING THE DEPARTMENT OF EDUCATION, DEPARTMENT OF HEALTH, AND OFFICE OF WELLNESS AND RESILIENCE TO ESTABLISH A STATEWIDE PEER COUNSELOR PROGRAM TO ADDRESS YOUTH LONELINESS AND SOCIAL DISCONNECTION IN HAWAII'S SCHOOLS.

Representative Justin Woodson, Chair

Representative Trisha La Chica, Vice Chair

House Committee on Education

March 31st, 2026, at 2:00 p.m.; Room Number: 309

The Office of Wellness and Resilience (OWR) **SUPPORTS** H.C.R. 102, Urging the Department of Education, Department of Health, and Office of Wellness and Resilience to Establish a Statewide Peer Counselor Program to Address Youth Loneliness and Social Disconnection in Hawaii Schools and respectfully defers to the Department of Education (DOE).

Peer support is a proven, practical approach to addressing mental health challenges. Nationally, peer support is recognized as an evidence-based practice and a critical component of an effective mental health system. Federal agencies such as the Substance Abuse and Mental Health Services Administration (SAMHSA), along with leading professional organizations including Mental Health America (MHA) and the National Alliance on Mental Illness (NAMI),

affirm the value of formal peer support programs. These programs have been shown to improve outcomes related to depression, substance use, empowerment, and hope.¹

This effectiveness extends to youth mental health. Young people naturally turn to their peers for understanding and connection, and many prefer self-help tools that allow them to build confidence and emotional well-being.² Peer support can help reduce the risk of future mental health challenges in adulthood and contribute to improved quality of life.³

Peer support is also a core principle of the trauma-informed care framework. We believe this measure offers a concrete and meaningful pathway to develop and implement a statewide program—not only through collaboration across state agencies, but also by intentionally including and partnering with youth. As the state lead in advancing trauma-informed and healing-centered approaches, OWR stands ready to support coordination with the Department of Education (DOE) and the Department of Health (DOH), provide guidance aligned with trauma-informed principles, and ensure that youth voices and lived experiences are centered in the design, implementation, and evaluation of the program.

Mahalo for the opportunity to testify.

Tia L.R. Hartsock, MSW, MSCJA
Director, Office of Wellness & Resilience

¹ Substance Abuse and Mental Health Services Administration. (2017). *What is peer support?*
https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/peer-support-2017.pdf

² Mental Health America. (2025). *Youth and young adult peer support: Expanding community-driven mental health resources*. <https://mhanational.org/wp-content/uploads/2025/03/Youth-and-Young-Adult-Peer-Support.pdf>

³ Devoe, D., Jomha, A., Campbell, C., Hews-Girard, J., Anderson, A., Savadlou, A., Jarenova, M., Munir, A., Ramirez Pineda, A., Patten, S., Shah, J., Iyer, S., & Dimitropoulos, G. (2024). *Peer support for youth with mental health concerns: A scoping review* [Manuscript in preparation]. Authorea.
<https://www.authorea.com/users/864930/articles/1246127-peer-support-for-youth-with-mental-health-concerns-a-scoping-review?commit=05310823f3f3e6f188549fe1e990e04517d633bd>



Chair Woodson
Vice Chair La Chica
House Committee on Education

Tuesday, March 31st, 2026
2:00 PM

TESTIMONY IN STRONG SUPPORT OF HR 94 URGING THE DEPARTMENT OF EDUCATION, DEPARTMENT OF HEALTH, AND OFFICE OF WELLNESS AND RESILIENCE TO ESTABLISH A STATEWIDE PEER COUNSELOR PROGRAM TO ADDRESS YOUTH LONELINESS AND SOCIAL DISCONNECTION IN HAWAII'S SCHOOLS.

Dear Chair and Members of the Committee,

The Hawai'i State Youth Commission was first created through Act 106 in 2018, "to advise the governor and legislature on the effects of legislative policies, needs, assessments, priorities, programs, and budgets concerning the youth of the State." The Hawai'i State Youth Commission's Education legislative committee is in strong support of House Resolution 94.

Across Hawaii, young people are experiencing increasing levels of loneliness, isolation, anxiety, and emotional distress. While these challenges existed before the COVID-19 pandemic, the loss of in-person connection and growing reliance on social media and digital communication have made them even worse. Many students feel disconnected from their peers, school communities, and support systems.

As youth leaders, we know that students are often more likely to talk to a trusted friend or peer before seeking help from an adult. Peer support can serve as an important bridge, helping students feel seen, heard, and connected before their struggles become more serious. When students know there is someone their age who is trained to listen, support, and refer them to additional help if needed, it can reduce stigma and create a stronger sense of belonging in schools.

This resolution takes an important step by encouraging a statewide peer counselor program that is both standardized and locally responsive. Training in active listening, trauma-informed

practices, ethical boundaries, and cultural responsiveness would ensure that peer counselors are equipped to support fellow students in a safe and meaningful way. It is especially important that this program reflects Hawaii's unique cultures and communities, recognizing that Native Hawaiian and local values are deeply rooted in relationships, connection, and caring for one another.

The Hawaii State Youth Commission also appreciates the inclusion of youth voice in the development and evaluation of this program. Young people should not only be the recipients of support, but also partners in shaping solutions. By involving students from different islands, communities, and backgrounds, the State can ensure that this program meets the real needs of Hawaii's youth.

For these reasons, the Hawaii State Youth Commission respectfully urges the adoption of HR 94.

Mahalo for the opportunity to testify.

The Hawai'i State Youth Commission
hawaiiistateyc@gmail.com



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Mar 31, 2026

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The Honorable Justin H. Woodson, Chair
House Committee on Education
The Thirty-Third Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

SUBJECT: HCR102 – Urging the Department of Education, Department of Health, and Office of Wellness and Resilience to Establish a Statewide Peer Counselor Program to Address Youth Loneliness and Social Disconnection in Hawaii’s Schools.

Chair and Members of the Committee:

Aloha Independent Living Hawaii (AILH) is a statewide cross-disability organization grounded in the Independent Living (IL) philosophy. We serve individuals with all types of disabilities across Hawaii. Our mission is to assist people with disabilities to live independently in the community, achieve their self-determined goals, and have equal access to all aspects of community life.

AILH **strongly supports HCR102** and urges the Department of Education (DOE), Department of Health (DOH), and Office of Wellness and Resilience (OWR) to establish a statewide peer counselor program that centers disability inclusion, cross-disability perspectives, and the lived experiences of youth with disabilities who face significant loneliness, isolation, and social disconnection.

Peer Support as a Core Independent Living Principle

Peer support is one of the five foundational principles of the Independent Living movement. The IL philosophy recognizes that individuals with disabilities are the experts in their own lives and that support from others who share similar experiences is uniquely powerful in building resilience,



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reducing isolation, developing self-advocacy skills, and promoting community belonging.

AILH operates peer mentoring and peer support groups statewide for adults with disabilities. We have seen firsthand how peer relationships:

- Reduce stigma and normalize disability experiences
- Build confidence and self-determination
- Provide practical strategies for navigating systems, relationships, and challenges
- Combat isolation and loneliness
- Strengthen community connection and civic participation
- Promote mental health and emotional well-being

These same benefits are critical for youth with disabilities, who experience loneliness and social disconnection at higher rates than their non-disabled peers. **A statewide peer counselor program must be designed with disability inclusion at the center, not as an afterthought.**

Disability and Youth Loneliness: A Cross-Disability Crisis

HCR102 correctly identifies that Hawaii's youth are experiencing increasing levels of loneliness, social isolation, and disconnection, intensified by the COVID-19 pandemic and disruptions to in-person schooling. The resolution also recognizes that Native Hawaiian and Pacific Islander youth face particularly high rates of anxiety, depression, and unmet emotional support needs.

Youth with disabilities face compounded loneliness and isolation due to:

- Physical and communication barriers that limit access to social spaces, extracurricular activities, and peer gatherings
- Bullying, stigma, and exclusion based on disability status
- Segregated educational placements (special education classrooms, separate campuses, homebound instruction) that separate students from mainstream peer networks
- Limited opportunities to meet other youth with disabilities who share similar experiences



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- Mental health disabilities (anxiety, depression, PTSD, bipolar disorder) that are both causes and effects of isolation
- Chronic illness and episodic health conditions that result in frequent absences and disrupted social continuity
- Neurodivergence (autism, ADHD) that affects social communication and peer relationships
- Poverty, housing instability, and family stressors that disproportionately affect disabled youth and limit social opportunities

Native Hawaiian and Pacific Islander youth with disabilities face interesting challenges—cultural disconnection, systemic racism, economic marginalization, and disability-based exclusion—that deepen loneliness and harm well-being. The resolution’s recognition that Native Hawaiian well-being is “deeply relational and grounded in connection to peers, community, and place” is equally true for disabled Native Hawaiian youth, who are too often denied those very connections.

Why Disability Inclusion in Peer Counselor Programs is Essential

If the statewide peer counselor program is not designed with disability inclusion from the outset, it risks replicating the same patterns of exclusion and isolation that harm disabled youth. AILH urges DOH, DOH, and OWR to ensure the program includes:

1. Disability-Inclusive Recruitment and Training

- Actively recruit student peer counselors with disabilities, including youth with physical disabilities, sensory disabilities, intellectual and developmental disabilities, mental health disabilities, chronic illnesses, and neurodivergence
- Provide accessible training materials, accommodations, and multiple learning modalities (visual, auditory, tactile, written, experiential)
- Train all peer counselors—regardless of disability status—on disability awareness, cross-disability perspectives, ableism,



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and inclusive communication

- Ensure that training in “active listening, ethical boundaries, trauma-informed practices, and cultural responsiveness” explicitly addresses disability-related trauma, ableism, medical trauma, and the specific needs of disabled youth

2. Accessible Program Design

- Ensure that peer counselor services are physically, communicatively, and attitudinally accessible to all students, including those with mobility impairments, Deaf and hard of hearing students, blind and low vision students, students with speech disabilities, and students with cognitive and intellectual disabilities
- Provide multiple modes of peer connection (face-to-face, text-based, video, phone, sign language, augmentative and alternative communication)
- Design trust-building exercises and activities that are inclusive of students with varying abilities and do not assume physical, sensory, or cognitive uniformity

3. Peer Counselors Who Share Disability Experiences

- Recognize that disabled youth often feel most comfortable seeking support from peers who share similar disability experiences and understand firsthand the challenges of navigating school, healthcare, family systems, and social relationships as a disabled person
- Create pathways for disabled student peer counselors to connect with other disabled students, just as the resolution emphasizes culturally responsive approaches for Native



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Hawaiian and Pacific Islander youth

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4. Clear Referral Pathways for Disability-Specific Supports

- Ensure referral protocols include access to disability-specific mental health professionals, school counselors trained in disability issues, Special Education and Section 504 coordinators, and community-based disability organizations like AILH
- Train peer counselors to recognize when a student's isolation or distress is related to unmet disability accommodation needs, inaccessible environments, bullying, or systemic barriers—and to refer appropriately

Elevating Youth Voice and Lived Experience—Including Disabled Youth

The resolution urges OWR to “elevate youth voices and lived experiences in the design and evaluation of the program” and calls on the Hawaii State Youth Commission to participate in development, implementation, and evaluation. **This must include disabled youth.**

Disabled youth are experts in their own experiences and must have leadership roles in:

- Co-designing the peer counselor program structure, training curriculum, and accessibility standards
- Serving on advisory committees and evaluation teams
- Providing feedback on program effectiveness, equity, and inclusivity
- Shaping how the program addresses disability-related loneliness, bullying, exclusion, and mental health

Programs designed *for* disabled youth without disabled youth at the decision-making table perpetuate paternalism and often fail to meet the actual needs of the community.

Trauma-Informed and Healing-Centered Approaches Must Include Disability Justice



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The resolution emphasizes trauma-informed and healing-centered practices, which AILH strongly supports. However, trauma-informed care in the disability context must recognize:

- **Medical trauma** from repeated hospitalizations, invasive procedures, painful treatments, and dismissive healthcare providers
- **Educational trauma** from segregation, restraint and seclusion, low expectations, bullying, and denial of accommodations
- **Systemic trauma** from poverty, institutionalization, family separation, abuse, and violence that disproportionately affect disabled youth
- **Identity-based trauma** from ableism, racism, homophobia, transphobia, and other forms of marginalization that intersect with disability

Healing-centered approaches must honor disabled youth's cultural identities, disability identities, and community connections—not treat disability as something to be “overcome” or minimized.

Recommendations

AILH respectfully urges the Committee to pass HCR102 and recommends that DOE, DOH, and OWR implement the following measures:

1. **Design the peer counselor program with disability inclusion from the outset**, not as an add-on or afterthought. Consult with disabled youth, disability organizations, and disability advocates throughout all phases of development, implementation, and evaluation.
2. **Recruit, train, and support student peer counselors with disabilities** across all disability types, ensuring they have the accommodations, accessibility supports, and mentorship needed to succeed in their roles.
3. **Provide disability awareness and cross-disability training** for all peer counselors, regardless of disability status, so they can recognize



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and respond to disability-related isolation, exclusion, and distress.

4. **Ensure full accessibility** of program materials, training, peer counseling spaces, communication methods, and activities so that students with all types of disabilities can participate as peer counselors and as students seeking support.
5. **Include disabled youth in leadership and decision-making roles** in program design, advisory structures, and evaluation processes. Partner with the Hawaii State Youth Commission to ensure disabled youth voices are centered.
6. **Establish clear referral pathways** to disability-specific supports, including mental health professionals with disability competence, Special Education and Section 504 coordinators, and community-based Independent Living centers like AILH.
7. **Monitor equity and inclusion** across the program's implementation, with attention to disabled youth, Native Hawaiian and Pacific Islander disabled youth, rural and neighbor island students, students in poverty, and other marginalized groups.
8. **Align the program with Independent Living principles** of peer support, consumer control, self-determination, cross-disability perspective, and equal access to strengthen long-term outcomes for disabled youth.

Conclusion

Peer support has the power to transform the lives of isolated, disconnected, and struggling youth. For disabled youth—who face compounded loneliness due to barriers, exclusion, and systemic inequities—a disability-inclusive statewide peer counselor program could be life-changing.

HCR102 is an important step toward addressing youth mental health and social disconnection in Hawaii. AILH urges the Committee to pass this



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resolution and to ensure that its implementation honors the lived experiences, leadership, and full humanity of disabled youth.

Thank you for the opportunity to testify.

Mahalo,

Roxanne Bolden

Executive Director