



The Judiciary, State of Hawai'i
Ka 'Oihana Ho'okolokolo, Moku'āina 'o Hawai'i

Testimony to the Thirty-Third Legislature, 2026 Regular Session

Senate Committee on Health and Human Services

Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair

Monday, March 30, 2026 at 1:07 p.m.
State Capitol, Conference Room 225 & Videoconference

By

Dyan M. Medeiros
Senior Judge, Deputy Chief Judge
Luna Kānāwai 'Ohana Nui
Family Court of the First Circuit
'Aha Ho'okolokolo 'Ohana o ke Ka'apuni 'Ekahi

WRITTEN TESTIMONY ONLY

Measure No.: Senate Concurrent Resolution No. 75.

Title and Purpose: Requesting the Department of Health to lead the statewide coordination of services and supports for individuals with Fetal Alcohol Spectrum Disorders

Judiciary's Position:

The Judiciary takes no position on Senate Concurrent Resolution No. 75. We do, however, want to notify the Senate that the Judiciary is not a service provider and so as such our participation in this group may not be necessary.

Thank you for the opportunity to testify on this matter.



Alan Shinn, MSW
PRESIDENT
Retired Executive Director

Ken Yabusaki, PhD
TREASURER
Retired Biochemist

William Kumagai
SECRETARY
Transform Hawaii's Government

Stephanie W. Batzer, Esq., LSW
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DIRECTOR
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Amanda Luning, LMHC, IECMH-E
EXECUTIVE DIRECTOR
Hawaii FASD Action Group

TO: The Chair, Vice Chair and Members of the Health and Human Services Committee of the 2026 Session of the Hawai'i State Legislature

RE: Testimony in Support of SCR75 /SR69

Aloha,

My name is Amanda Luning, and I am submitting this testimony on behalf of the Hawai'i FASD Action Group in strong support of SCR 75 / SR 69 during the 2026 session of the Hawai'i State Legislature. These resolutions represent a crucial step forward for our community, addressing issues at the heart of the mission of the Hawai'i FASD Action Group: to improve the lives of individuals and families impacted by Fetal Alcohol Spectrum Disorders (FASD) through education, support, advocacy, and collaboration.

Alcohol use and pregnancy are complicated. This is well acknowledged and understood. The data is strong and the resources exist...those are not the real issues. **Coming together is.** Talking together is. Taking the time to understand is. Awareness, reframing, and coordination are upstream approaches that we know are systemically less costly to everyone when taken seriously.

What was discovered from the work of Act 192, is that it was passed under several assumptions:

- That our health, social services, and education systems are regularly screening for FASD. **They are not.**
- That we have FASD Specialists in Hawai'i. **We do not.**
- That we have reasonable diagnostic capacity in Hawai'i. **We do not.**
- That we have designations (such as clear eligibility criteria) for service and care provision and FASD-Informed systems. **We do not.**
- **That it is safe for women, families, and people affected to talk about FASD in their communities. It is not.**

With national data indicating that 1 in 20 people have and FASD, this means a lot of people are going without the support they really need.



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The challenges surrounding FASD are deeply embedded in complex systems involving health, education, social services, and justice, but transformation is more than possible. **Navigating these interconnected systems requires thoughtful coordination and a unified approach.** The Resolutions recognize this systemic complexity and call upon state agencies and departments to come together, share expertise, and coordinate resources efficiently.

This cross-departmental collaboration is vital for eliminating silos, addressing workforce and service gaps, and ensuring that individuals and families receive comprehensive, seamless support throughout their journey. By fostering awareness and open dialogue, they help create a compassionate, informed environment where individuals and families are empowered—not judged. This work is critical to early identification, effective support, and ensuring that every person can achieve their full potential, in keeping with the principles of dignity, equity, and thriving communities. **It stands to create paradigm shift and promote both efficiency in use of resources AND positive outcomes.**

These Resolutions reflect the values of education, advocacy, and partnership. By supporting these resolutions, the Legislature acknowledges the importance of informed public policy, the vital role of family and community voices, and the need for continued education for professionals and the public alike—values that are foundational to both our Mission and all of a healthy Hawai'i.

We humbly urge the committee to support state-based coordination for FASD. In doing so, you will help build a stronger, more inclusive Hawai'i, grounded in awareness, collaboration, and hope.

Mahalo nui, for your dedication to our community and for your consideration of this testimony.

Respectfully,



FASD Coordination for Hawai'i
Hawai'i FASD Action Group
fasdhawaii.org

An **FASD** Coordinator is crucial for states because they centralize efforts, boost awareness, integrate complex services across healthcare, justice, and education, and build state-specific strategies for **prevention, early identification, and intervention**, ultimately reducing societal costs and improving outcomes for individuals with **Fetal Alcohol Spectrum Disorders (FASD)**. They create consistency and capacity where fragmented systems often struggle, leading to better support for families and individuals.

Key Roles & Importance:

- **System Integration & Coordination:** Coordinators bridge gaps between different state agencies (health, education, child welfare, justice) and community-based providers, ensuring a unified, multi-sector approach to care.
- **Increased Awareness & Education:** They drive statewide campaigns to educate professionals (doctors, teachers, judges) and the public about FASD, reducing stigma, misdiagnosis, and promoting prevention.
- **Strategic Planning:** They help develop comprehensive state plans for prevention, early identification, and intervention, tailored to the state's specific needs and available resources.
- **Resource Development:** Coordinators build and share resources, like information packets for different professionals, and support parent-to-parent networks.
- **Capacity Building:** They enhance a state's ability to provide effective services, train professionals, and establish diagnostic capacity.
- **Leveraging Resources:** They connect local efforts with national experts and organizations, maximizing impact, especially during economic challenges.

Impact for Hawai'i:

- **Reduces System Burden:** Effective FASD strategies decrease reliance on costly systems like foster care and the criminal justice system.
 - **Improves Quality of Life:** Better care and understanding lead to improved outcomes, continuity of care, and a higher quality of life for individuals with FASD and their families.
 - **Creating a Kākou Effort:** They can support essential advisory groups and coalitions, bringing diverse stakeholders together.
- In essence, an **FASD Coordinator** can act as the cornerstone for creating a comprehensive, responsive system of care, moving Hawai'i from fragmentation to coordinated, effective action.

Check out our Full 2025 Reports at: <https://fasdhawaii.org/fasd-resources/>



SR-69

Submitted on: 3/27/2026 8:11:13 PM

Testimony for HHS on 3/30/2026 1:07:00 PM

Submitted By	Organization	Testifier Position	Testify
Louis Erteschik	Testifying for Hawaii Disability Rights Center	Support	Remotely Via Zoom

Comments:

We are in strong support. Obtaining appropriate services for those with FASD is one of our agency's highest priorities. Act 192 SLH 2023 was an achievement that represented the culmination of years of persistent advocacy. It created a feeling of great promise. In fact much has been accomplished and the FASD Action Group has done a wonderful job within the constraints under which they have operated. While the Department of Health has been somewhat supportive they have also been one of those constraints. To begin with, funding for the current project was released long after the timeline that was contemplated. That has delayed progress.

More recently there had been discussions surrounding the creation of a position within the Department to serve as an FASD Coordinator. Aside from the benefits of having a state department help lead the efforts, recent federal legislation has allocated funds to states that have a Coordinator in place. For that reason, the failure of the Department to designate a Coordinator has potentially left federal dollars on the table. This has left advocates quite frustrated. We understand that at one time the Department, within the Family Health Services Division, did actually have a position for a Coordinator. Yet, no one seems to have any recollection of that.

We see the main thrust of this Resolution as hopefully getting the Department of Health to finally step up and take this issue seriously and make it a real priority. Among other things, it should certainly come back next session with a Budget Request to fund the Coordinator position so that we can really make more progress on this issue.



SCR75_SSR69 Coordinate services for FAS

COMMITTEE ON HEALTH AND HUMAN SERVICES

Sen. Joy San Buenaventura, Chair

Sen. Angus McKelvey, Vice Chair

Monday, Mar 30, 2026: 1:07: Room 225 Videoconference

Hawaii Substance Abuse Coalition Supports SCR75/SR69:

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 such as stabilization crisis, harm reduction and supportive housing.

HSAC supports that individuals with fetal alcohol spectrum disorder receive early detection, prevention and coordinated interventions.

FASD is a problem in Hawaii and efforts can be made to prevent this devastating condition as well as to treat children and adults that would increase their functioning:

- Understand the disorder and reshape some of our interventions to change a child's behavior and improve functionality.
- Reduce the prevalence of FASD.
- Empower care givers to help FASD people reach their full potential.
- Address stigma by educating our communities to understand the complexities of this disability while promoting a more inclusive culture.
- Greatly improve upon outcomes through measurement brought about by Medicaid funding.
- Reduce childhood trauma by increasing supports for high-risk families, building resilience, and improving access to treatment.

Working together, we can join the growing number of states that claim to be a “FASD-Informed State.”

We appreciate the opportunity to provide testimony and are available for questions.



SCR75 & SR69 Coordinate services for FASD

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Hina Mauka Supports SCR75 & SR69

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.

Working with people with addiction to all types of impairing agents, including alcohol, we see the impact of alcohol on individuals every day. This includes that impact on infants, and their families, when children are born with Fetal Alcohol Spectrum Disorders (FASD).

Interagency coordination and education are essential to leveraging local resources and expertise. This, along with supporting quicker access to evidence-based treatment for those struggling with alcohol addiction can help prevent children from being born with this life-long impacting set of challenges.

This must be a two-pronged approach. (1) Keep children from being born with FASD. (2) Better identification of, and support, for the children and their families, once they here.

Mahalo for the opportunity to testify.



Date: March 30, 2026

To: Senator Joy San Buenaventura, Chair
Senator Angus McKelvey, Vice Chair
Members of the Senate Committee on Health & Human Services

From: Early Childhood Action Strategy

Re: Senate Concurrent Resolution 75

Early Childhood Action Strategy (ECAS) is a statewide cross-sector collaborative designed to improve the system of care for Hawai'i's youngest children and their families. ECAS partners work to align priorities for children prenatal to age eight, streamline services, maximize resources, and improve programs to support our youngest keiki.

ECAS strongly supports Senate Concurrent Resolution 75 which requests the State Department of Health to lead the statewide coordination of services and supports for individuals with Fetal Alcohol Spectrum Disorders.

ECAS recognizes the complex relationship between alcohol use and pregnancy as well as the prevalence of fetal alcohol spectrum disorder across our society. We also recognize the complexity of fetal alcohol spectrum disorder, its symptoms, and the interventions necessary to treat the effects of this disorder are multi-faceted and deeply interconnected. For this reason, cross-sector and cross-department collaboration is a critical component to the success shared efforts to treat this disorder.

As such, we feel that the provisions laid out in this measure represent a crucial step toward addressing the issues surrounding this disease.

Therefore, ECAS strongly supports the passage of SCR75.