BEHAVIORAL HEALTH & HOMELESSNESS STATEWIDE UNIFIED RESPONSE GROUP (BHHSURG)

COVID-19 UPDATE

EDWARD MERSEREAU, DEPUTY DIRECTOR
BEHAVIORAL HEALTH ADMINISTRATION, DEPARTMENT OF HEALTH

SCOTT MORISHIGE, GOVERNOR'S COORDINATOR ON HOMELESSNESS

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HOMELESS PROGRAMS OFFICE, DEPARTMENT OF HUMAN SERVICES

KATIA WORLEY, KAT BURKE, ANDREW ABE & ROY ALAN GOO
HAWAIʻI OPIOID INITIATIVE

Presenters

- **Katia Worley, MPH**
  Kat Burke, MPH
  Andrew Abe, PharmD
  Roy Alan Goo, PharmD
  Hawai‘i Opioid Initiative (HOI)

Note: This presentation will be recorded and posted along with a copy of the slide deck to the BHHSURG website at http://BHHSURG.hawaii.gov.

This webinar is eligible for 1 hour of CEU for NASW and CSAC, an email will be sent to all attendees.

Katia Worley, MPH
Kat Burke, MPH
Andrew Abe, PharmD
Roy Alan Goo, PharmD

Hawai‘i Opioid Initiative (HOI)

Hawai‘i Opioid Initiative

A Cross-Sector Approach to Addressing Substance Use Disorder

Learning Objectives

(1 CEU/CE)

1. Describe a cross-sector approach to addressing substance use disorder (SUD)
2. Define an approach to impact evaluation that balances clinical and community-based evidence
3. Identify an opportunity for professional development to address SUD

Overview

1. Hawai‘i Opioid Initiative (HOI)
2. Pacific Health Analytics Collaborative
3. 2020 HOI Evaluation Report
4. Mocha Minutes

Overview of the HOI

Katia Worley, MPH

Who We Are

The Hawai‘i Opioid Initiative (HOI) is a collaboration of public health, public safety, healthcare professionals, and community partners working together to address misuse and overdose related to opioids and other drugs. Started in 2017, the HOI has seven workgroups that meet regularly to implement the HOI strategic plan and promote system improvement by integrating substance use prevention and treatment within Hawai‘i’s healthcare system.

HAWAI‘I OPIOID INITIATIVE

HAWAI'I OPIOID INITIATIVE

7 FOCUS AREAS.
48 OBJECTIVES.
100+ PEOPLE.

Visit hawaiiopioid.org for 3.0 Scorecards

Join the HOI

Katia Worley
katia.worley@doh.hawaii.gov

Pūpūkahi i holomua. Unite to move forward.

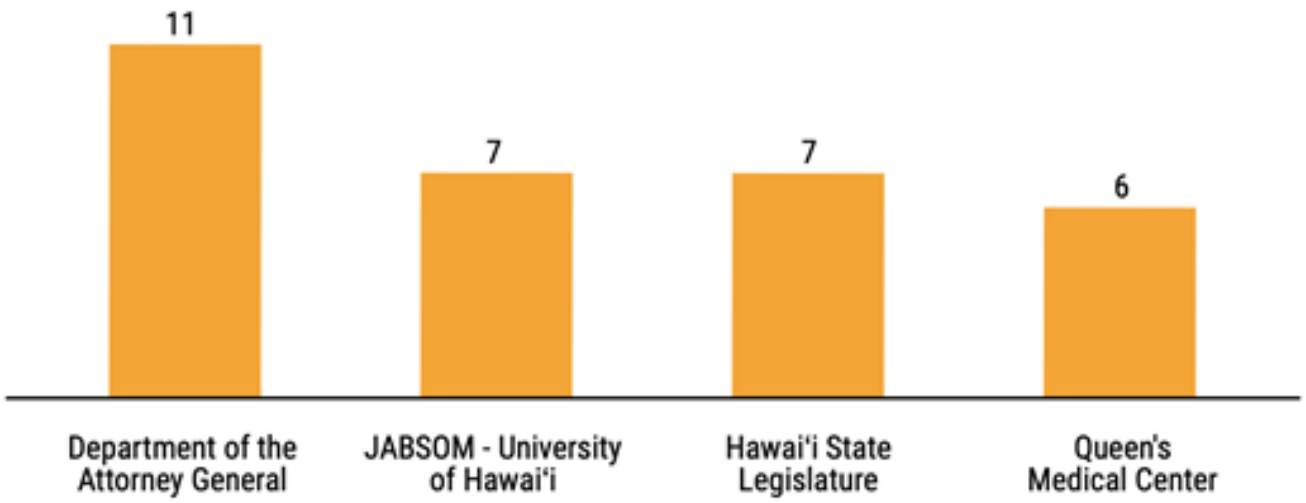
1. Treatment Access
2. Prescriber Education & Pain Management
3. Data-Informed Decision Making & Evaluation
4. Prevention & Public Education
5. Pharmacy-Based Intervention
6. Law Enforcement & First Responders
7. Screening, Brief Intervention, Referral to Treatment

WORK GROUP PARTICIPATION

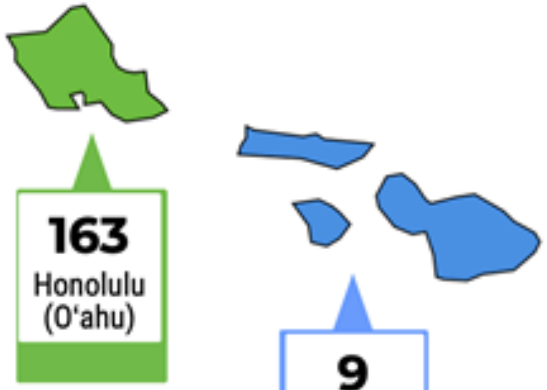
TOP PARTICIPATING ORGANIZATIONS ACROSS ALL WORK GROUPS

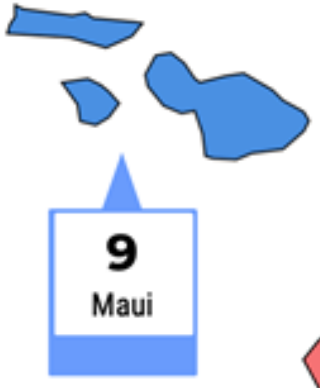
106 organizations participated in the HOI across the **7 Focus Areas** Statewide. The **top 4** are listed graphically by *total unique member count.

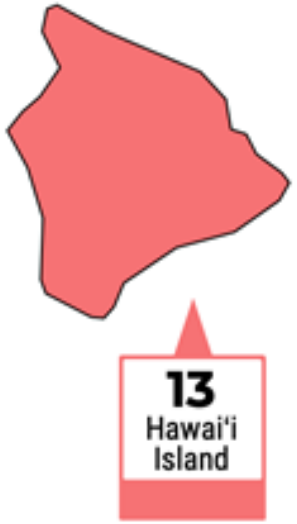
*Total unique member count refer to data from member list as of 3/12/2020



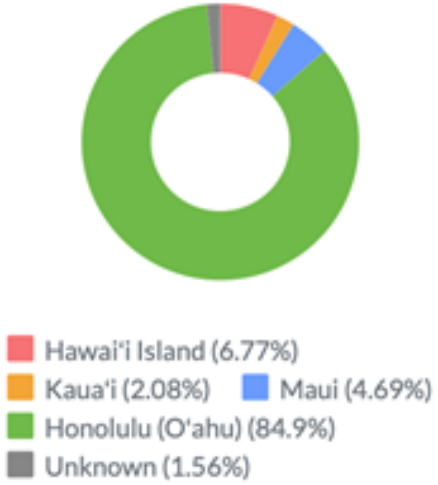
DISTRIBUTION OF WORK GROUP MEMBERS ACROSS COUNTIES







Across four counties, **193 HOI Work Group members** are represented, primarily on O'ahu.



HAWAI'I OPIOID INITIATIVE

Meetings Held Across All Work Groups

Over the course of 2019, there were total of **47 meetings** held across 7 Focus Areas, and **10 Operational Work Group meetings.**

*Work Group 6 met once in 2019 due to service on Hawai'i Island July-December.

1 Treatment Access — 9 meetings

2 Prescriber Education & Pain Management — 3 meetings

3 Data-Informed Decision Making & Evaluation — 8 meetings

4 Prevention & Public Education — 10 meetings

5 Pharmacy-Based Intervention — 12 meetings

6 Law Enforcement & First Responders — 1 meeting

7 SBIRT — 4 meetings

2020 HOI Evaluation Report

Katherine Burke, MPH
Andrew Abe, PharmD

Pacific Health Analytics Collaborative

Data Analytics

- State Epidemiologic Outcomes Work Group (SEOW)
- Hawai'i Pandemic Applied Modeling Work Group (HiPAM)
- Hawai'i Behavioral Health Dashboard (State Plan for Substance Use Treatment)

Substance Use & Behavioral Health

- Hawai'i Opioid Initiative (HOI)
- Overdose Data to Action (OD2A)
- Behavioral Health and Homelessness Statewide Unified Response Group (BHHSURG)

Health Systems

Hawai'i State Department of Health:

- Behavioral Health Administration
- Executive Office of Aging
- Office of Policy
- Planning, and Programmatic Development
- MedQUEST (Medicaid) Division
- All Payer Claims Database

https://www.hawaii.edu/aging/phac/hoi-evaluation-report-20/

Multi-Year Evaluation: Primary Data Collection

Evaluation Focus Areas

Impact on Systems of Care

- Access to Treatment
  - HI-CARES
- Prevention
  - Take Back Day & Drop Boxes
  - Prescription Drug Monitoring Program
  - Media campaign
- Overdose Reversal
  - Naloxone distribution
- Training

Member Engagement

- HOI Work Group member feedback
- Membership analysis by organization and island
- Number of meetings and member attendance

Needs Assessment

- Cultural competence
- Pharmacy-based naloxone distribution
- Awareness of HOI among prevention & treatment providers
- COVID-19

Balancing Clinical & Community-Based Evidence

Policy-Based Evaluation

Act 154 (2019)

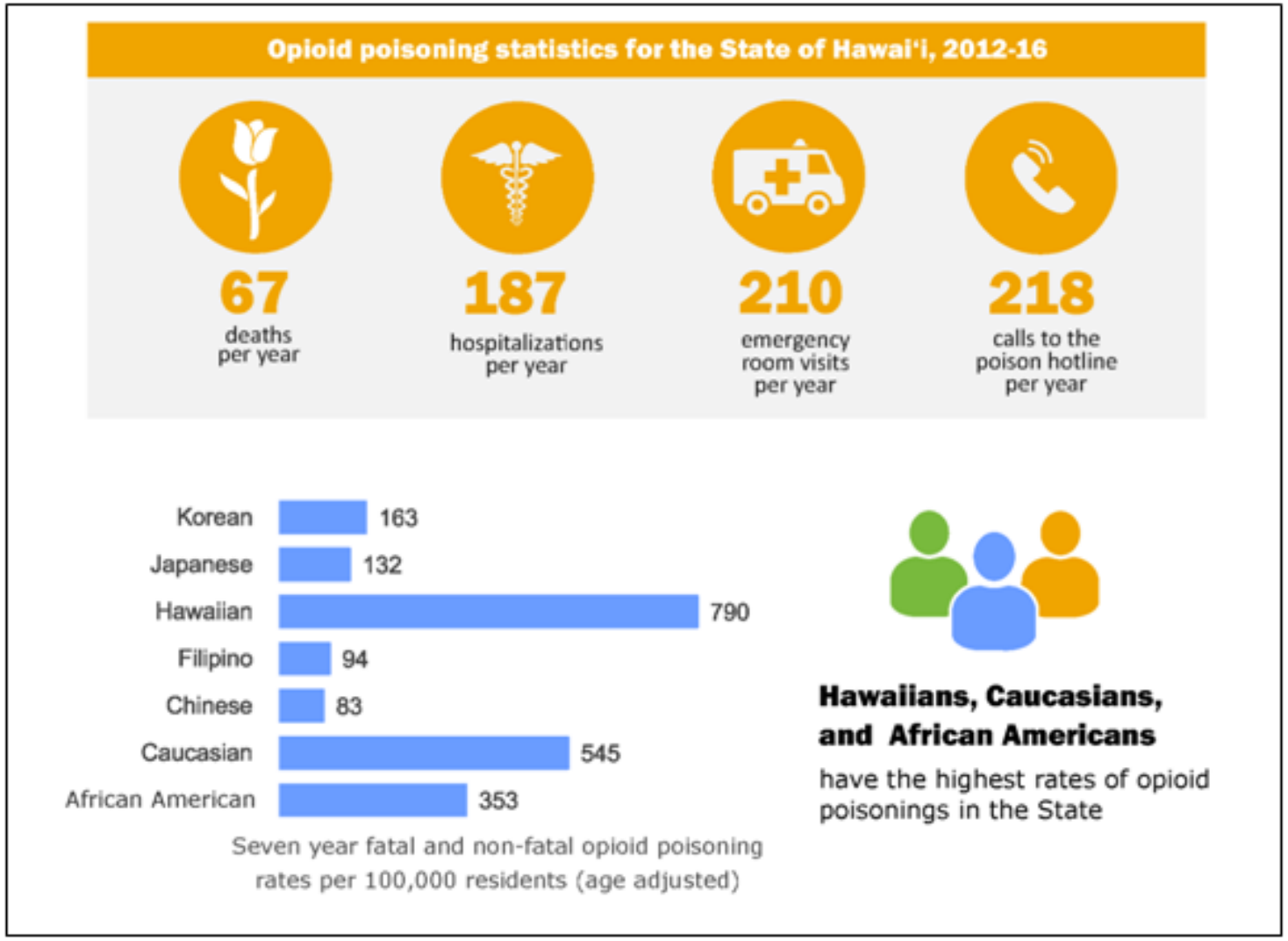
Relating to Pharmacists Prescribing and Dispensing of Opioid Antagonist

Senate Concurrent Resolution 103 (2019)

Urging the Inclusion of Native Hawaiian Cultural Intervention Treatment Programs, Wellness Plans, and Holistic Living Systems of Care in the State of Hawai‘i’s Response to the Rise of Misuse and Abuse of Opioids or Illicit Substances in Hawai‘i.

2019 Evaluation: State Landscape

Native Hawaiian admissions represented 44.6% (2,313 of 5,187) of adults and adolescents admitted into ADAD-contracted treatment and recovery programs in FY2018.



Senate Concurrent Resolution 103 (2019)

WHEREAS, the Office of Hawaiian Affairs further observes that in western cultures, illness is conceived as a pathological imbalance in the body, whereas Native Hawaiians view ma‘i (illness) as

- a disruption in lōkahi (the unity between akua (gods), kānaka (humans), and ‘āina)
- and Native Hawaiians reference illness categories such as
  - ma‘i i kino (body sickness)
  - ma‘i i waho (sickness from outside influences), or
  - ma‘i ma loko (sickness from within caused by quarrels in the family);

Senate Concurrent Resolution 103 (2019)

- "Identify cultural treatment programs or traditional holistic living systems as essential in preventing the spread of the opioid crisis in the Hawaiian community and the community as a whole"
- Include "membership [of] the primary state agencies charged with bettering the conditions of the Native Hawaiian people"
- "Include a diverse and robust membership of Native Hawaiian programs, kupuna (elders), practitioners, families, or patients with experience in providing or receiving cultural intervention treatments"
- "Cultural and wellness organizations and individuals tasked with improving the well-being of Native Hawaiians be represented proportionally."

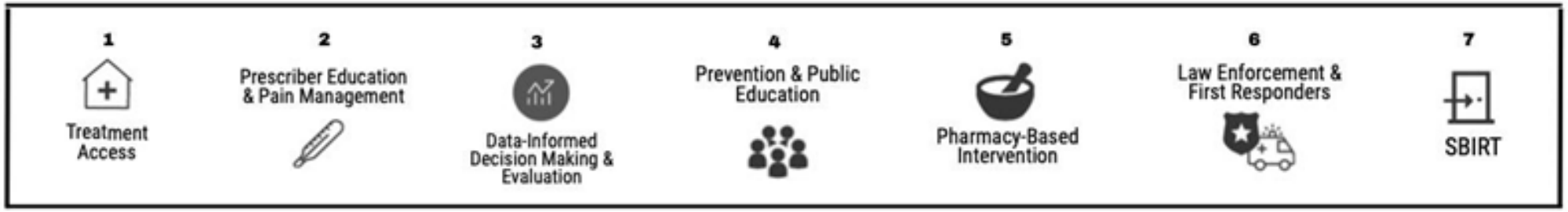
HOI 3.0 Objectives

Work Groups 1-6

By June 2020, develop a strategy for the inclusion of Native Hawaiian cultural intervention treatment programs, wellness plans, and holistic living systems of care.

Work Group 7

By June 2020, collaborate with federally qualified health centers to incentivize SBIRT- related performance measures and promote inclusion of Native Hawaiian cultural intervention treatment programs, wellness plans, and holistic living systems of care.



Selected Recommendations from
E Ola Mau a Mau: The Next Generation of Native Hawaiian Health

Mental and Behavioral Health and Wellness
• Expand effective culturally based and culturally adapted prevention and treatment recommendations. • Incorporate a systems approach that utilizes the socioecological model and focuses on long-term sustainability.
Medicine
• Support data-sharing agreements among agencies and programs. • Explore telehealth solutions and other innovative technologies. • Improve access to care by continuing to improve acceptability of care and integrating traditional healing practices. • Increase support for place-based care, incorporating communities and environments in which people live.
Workforce Development
• Broaden and maintain a thriving workforce to address Native Hawaiian health care needs. • Increase the quality and quantity of culturally relevant efforts for the workforce for Native Hawaiian health. • Advocate for existing and new procedures, regulations, and policies that support a thriving workforce for Native Hawaiian health.
Data Governance
• Require State of Hawai‘i agencies to similarly separate Asian American and Pacific Islander data. Furthermore, require the State to collect data as to whether a client or beneficiary is Native Hawaiian, i.e., "Are you Native Hawaiian? YES or NO." • Strategically support and foster culturally meaningful, disaggregated data on Native Hawaiian health.
Historical and Cultural Perspectives
• Increase culturally based and culturally adapted interventions.

Evaluation Report Findings

HOI Objectives

HOI Achievements

- **448** individuals received naloxone training
- **157** naloxone kits distributed

- **6,611 pounds** of medication collected on the 2019 DEA Take Back Day

- **6** total Mocha Minutes modules are complete and **3** are under review

- **92%** of approximately 6,000 licensed prescribers have registered with the PDMP

- CARES launched in 2019 and received **400** referrals in its first month

- HOI website traffic increased by **236%** following the 2019 awareness campaign launch

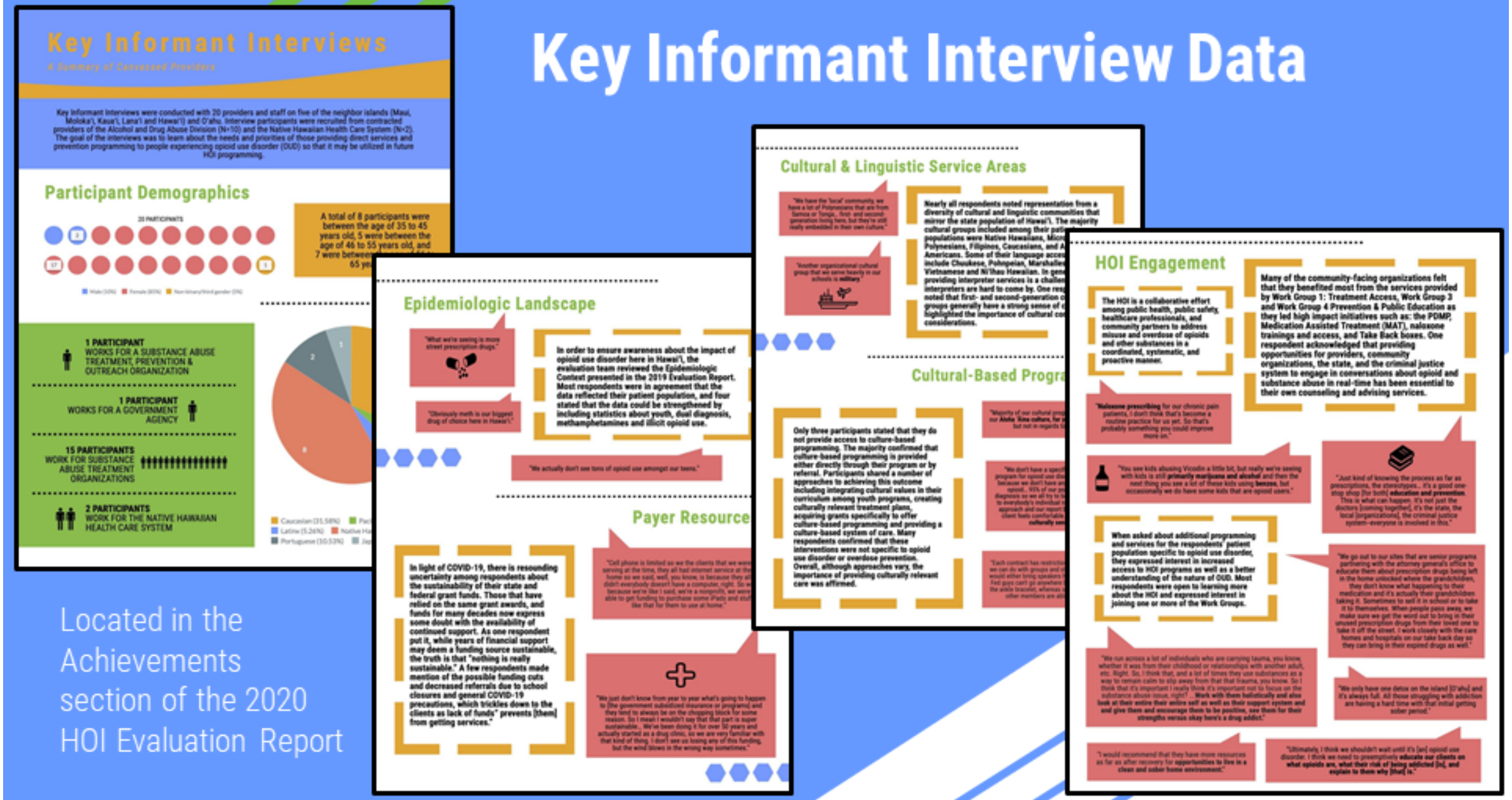
Work Group Member Survey

- 24 responses collected
- Online survey open May 26, 2020 through July 2, 2020

Work Group Member Survey Findings

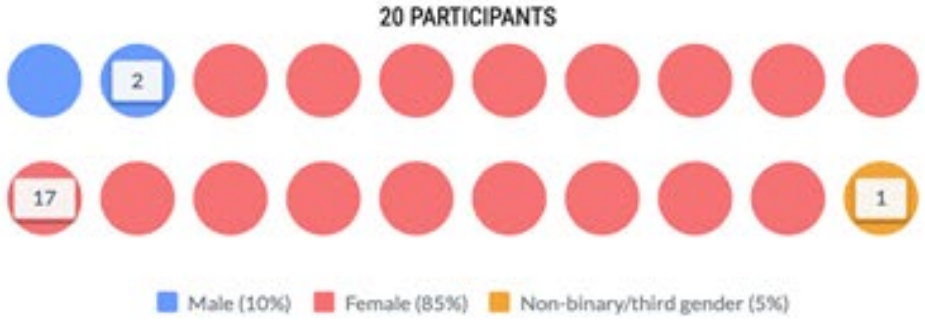
- Internal validity
  - Perception of objectives & progress consistent with Achievements Section assessment
- Work Group Purpose
  - Education
  - Training
  - "Linking and syncing"
  - Desiloizing the system of care

Key Informant Interview Data



Located in the Achievements section of the 2020 HOI Evaluation Report

A Summary of Canvassed Providers

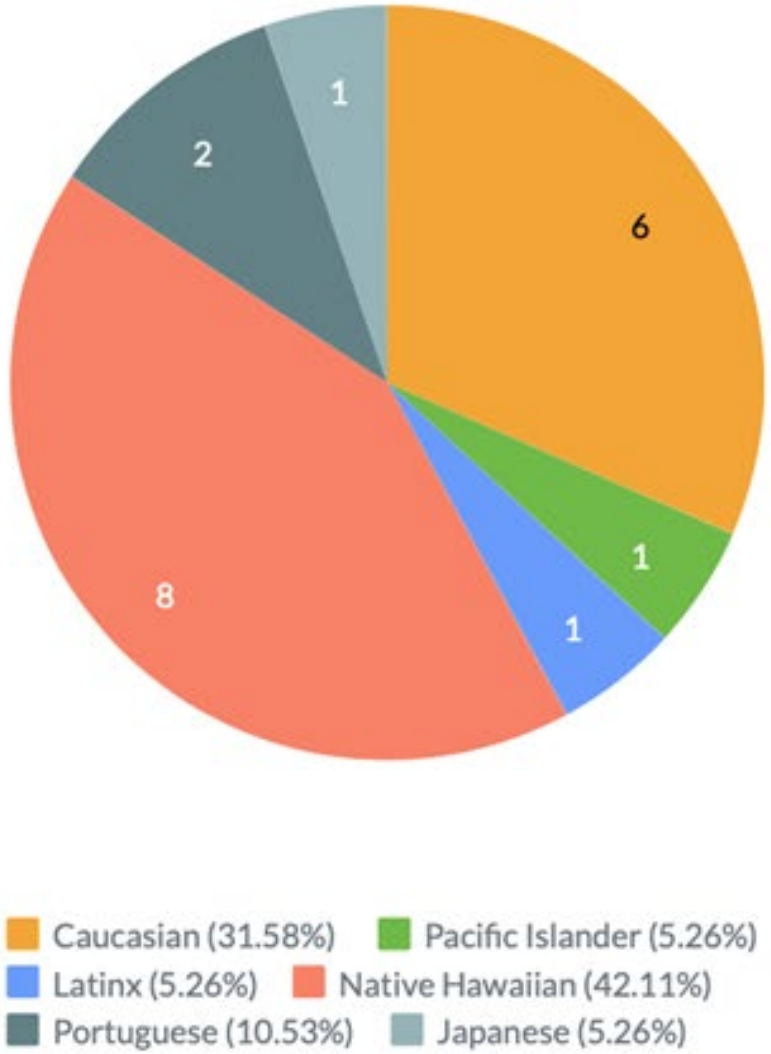


1 PARTICIPANT
WORKS FOR A SUBSTANCE ABUSE TREATMENT, PREVENTION & OUTREACH ORGANIZATION

1 PARTICIPANT
WORKS FOR A GOVERNMENT AGENCY

15 PARTICIPANTS
WORK FOR SUBSTANCE ABUSE TREATMENT ORGANIZATIONS

2 PARTICIPANTS
WORK FOR THE NATIVE HAWAIIAN HEALTH CARE SYSTEM



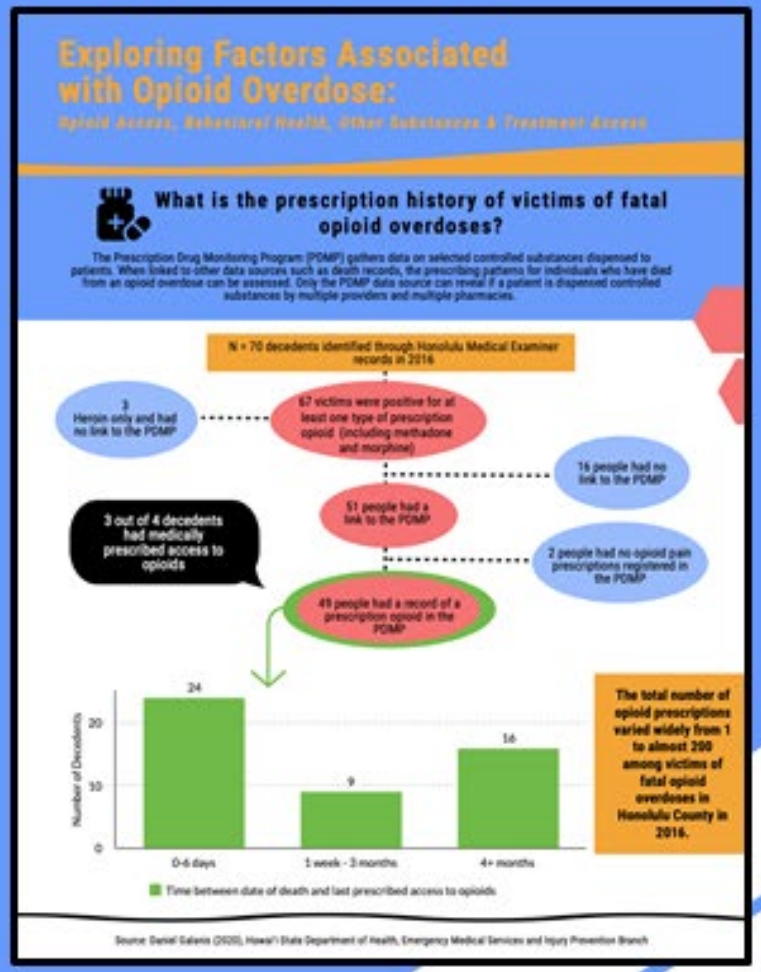
Number of Participants	Age Range
8	35-45
5	56-55
7	56-65

Summary of Feedback

- The PDMP, naloxone trainings, drop boxes and the website were the most valued HOI activities
- More resources needed
  - Clean & sober housing
  - Detox
  - Holistic & trauma-informed care
- Stimulant use disorder is a higher priority than OUD
- Interest in culturally safe services for all cultural & linguistic communities served
  - *Culture:* Native Hawaiian, Micronesian, Polynesian, Filipino, Caucasian, and African American as well as the military
  - *Linguistic:* Chuukese, Pohnpeian, Marshallese, Ilocano, Vietnamese and Niʻihau Hawaiian
- Concern about sustainability of payer resources and funding due to COVID-19
- Interest in joining the HOI

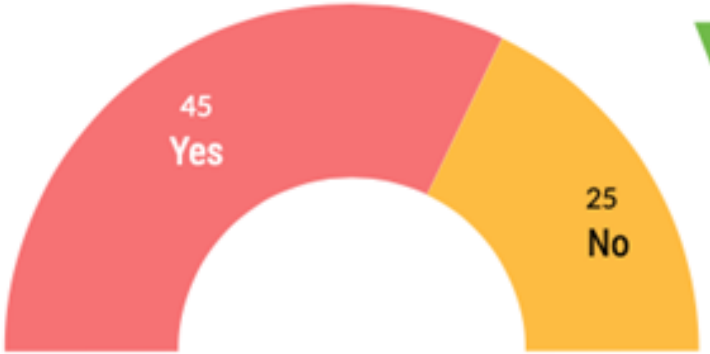
Exploring Factors Infographic

Using additional data from the Emergency Medical Services and Injury Prevention Branch, this infographic provides context for health inequities identified in 2019.



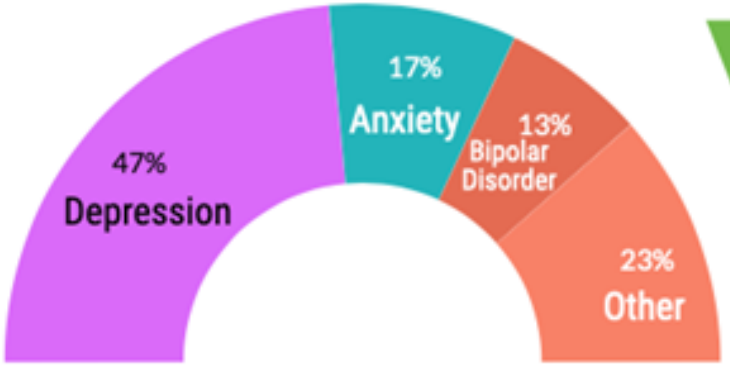
Located in the Epidemiologic Landscape section of the 2020 HOI Evaluation Report

History of Mental Illness Across 70 Opioid Related Deaths (2016)



About two-thirds (64%, or 45) victims had a history of behavioral health problems (most commonly (46%) described by family member)

Types of Behavioral Health Intersections with Opioid Overdose



47% of patients reported feelings of depression, 17% anxiety, 13% bipolar disorder, and 23% other behavioral health symptom

Source: Daniel Galanis (2018 & 2020), Hawai'i State Department of Health, Emergency Medical Services and Injury Prevention Branch

What is the relationship between behavioral health and opioid overdose?

The Medicaid population experiences greater behavioral health needs compared to the general population and may be at greater risk for opioid use disorder (3). Access to behavioral health services is an essential part of opioid overdose prevention.

National Context

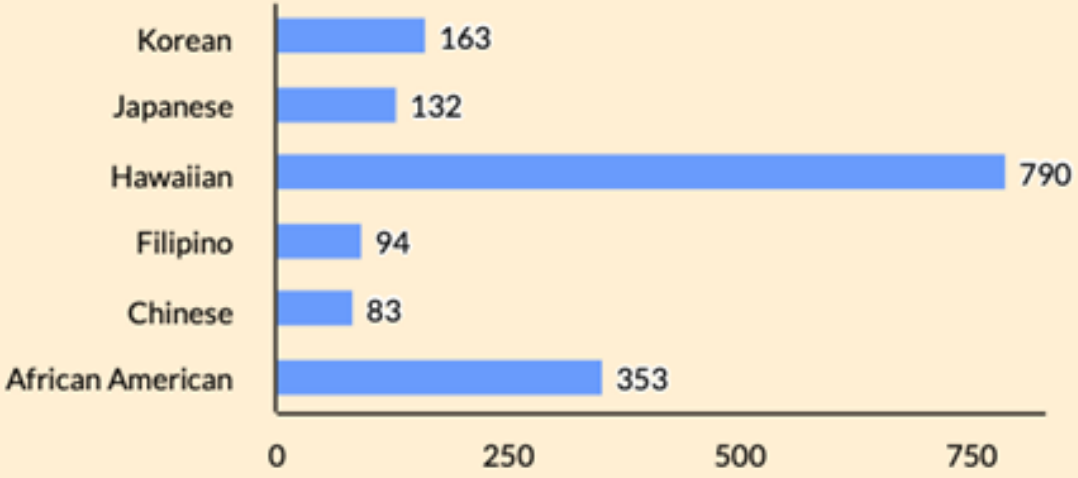
People who survive an opioid overdose are 24 times more likely than others to die in the following year from circulatory or respiratory disease, cancer, or suicide (1).

The elevated risk of suicide among survivors of opioid overdoses emphasizes the importance of careful mental health assessment with appropriate follow-up (1).

Hawai'i State Context

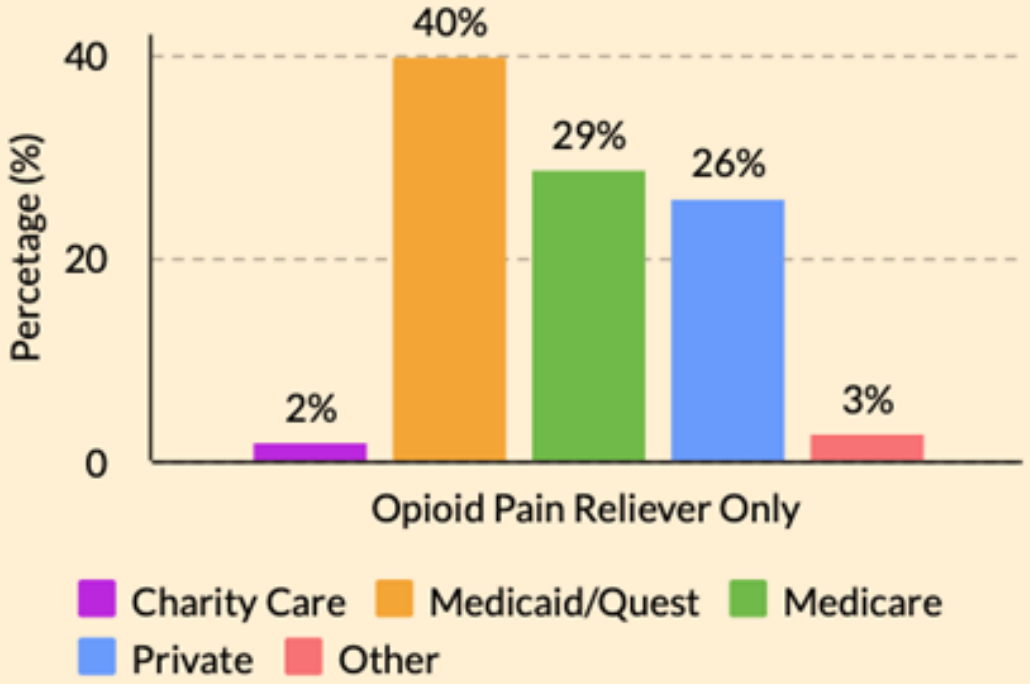
In Hawai‘i, opioid poisonings disproportionately impact Native Hawaiians. A 2013 needs assessment conducted among Ulu Network providers, a coalition of health organizations that prioritize Native Hawaiian health, identified that the need for improved behavioral health was a priority among 53.3% of respondents (2). Some indicated that economic-related stressors drive behavioral health and lifestyle modification needs and present barriers to chronic disease management (2).

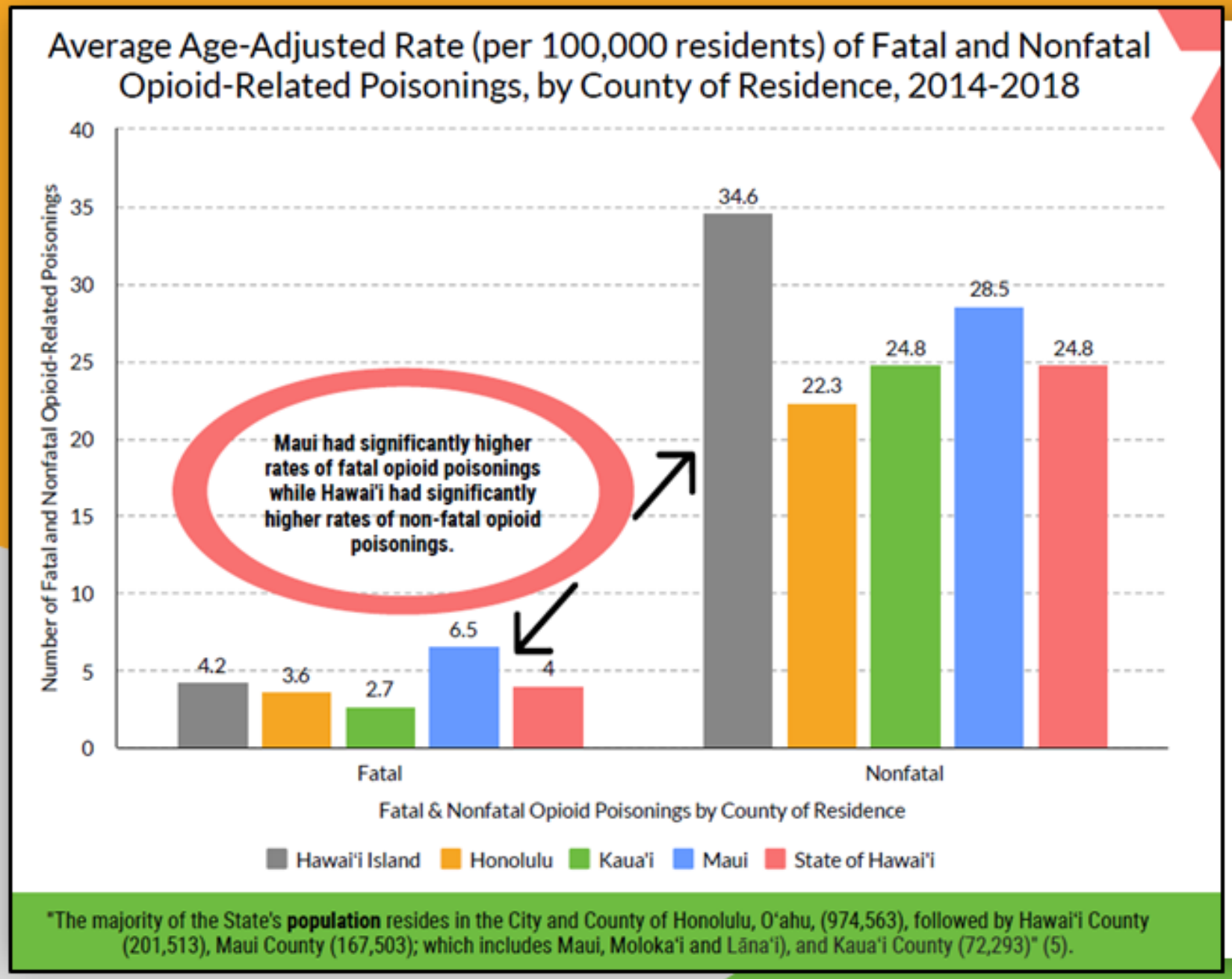
Seven Year Fatal and Non-Fatal Opioid Poisoning Rates per 100,000 Residents



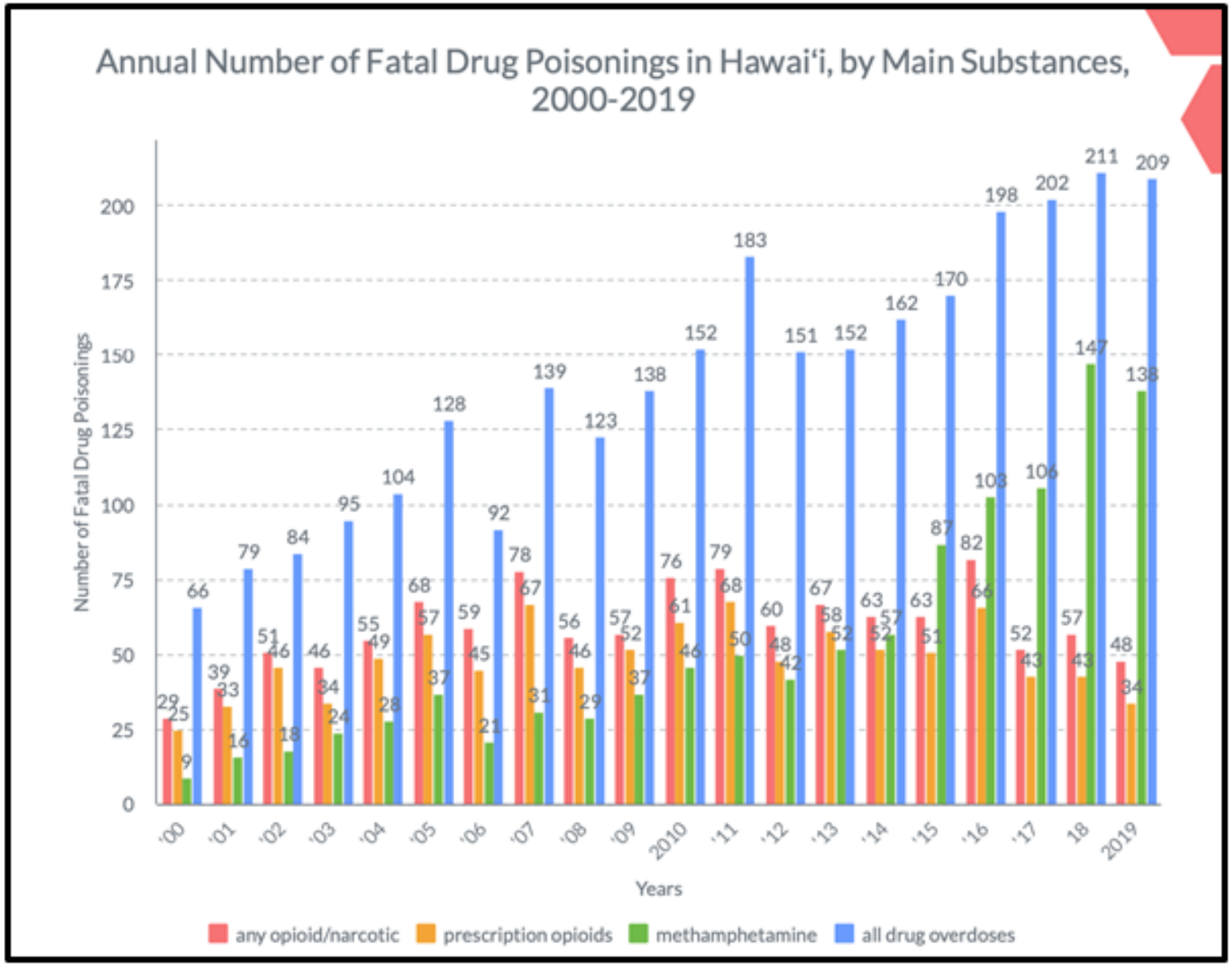
To ensure equitable access to behavioral health, state and local agencies may collaborate with Native Hawaiian health agencies such as Papa Ola Lōkahi and Nā Limahana o Lonopūhā the Native Hawaiian Health Consortium (2).

Non-Fatal Opioid Poisonings from Opioid Pain Relievers





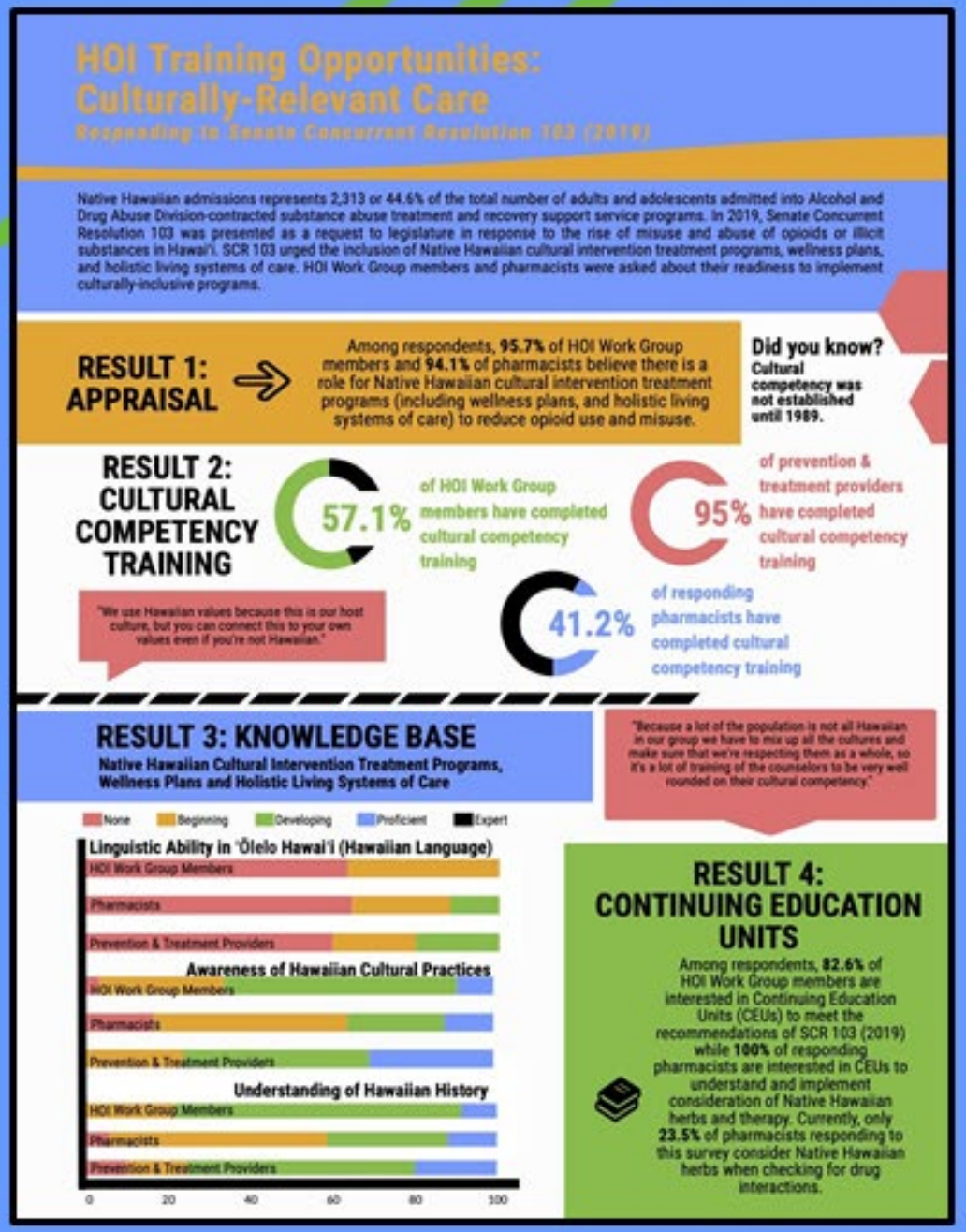
Are residents on neighbor islands at greater risk for opioid overdose?



How often does opioid poisoning result in death compared to other substances?

Senate Concurrent Resolution 103 (SCR 103)

Located in the Recommendations section of the 2020 HOI Evaluation Report



RESULT 1: APPRAISAL

Among respondents, **95.7%** of HOI Work Group members and **94.1%** of pharmacists believe there is a role for Native Hawaiian cultural intervention treatment programs (including wellness plans, and holistic living systems of care) to reduce opioid use and misuse.

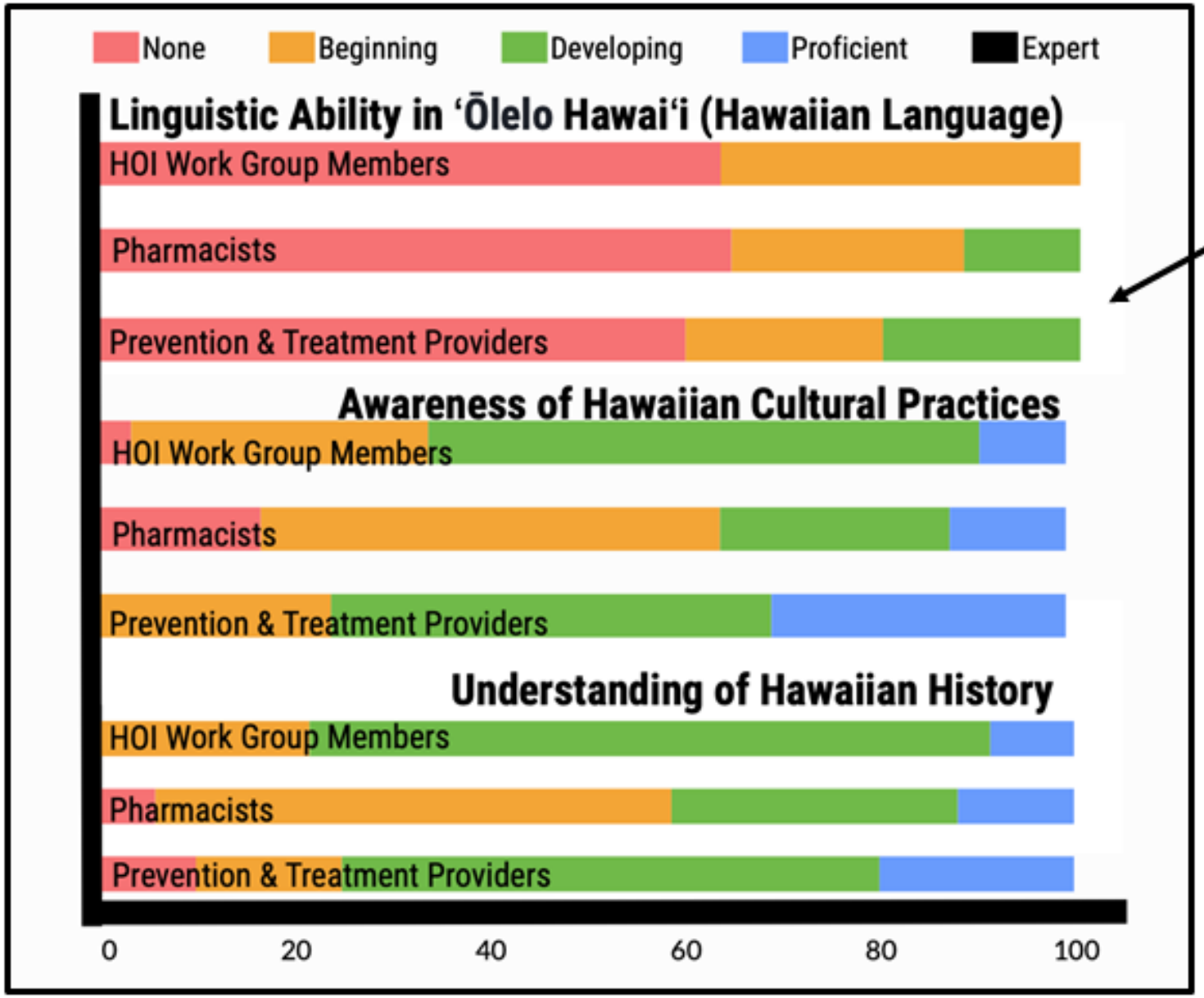
RESULT 2: CULTURAL COMPETENCY TRAINING

57.1% of HOI Work Group members have completed cultural competency training

95% of prevention & treatment providers have completed cultural competency training

41.2% of responding pharmacists have completed cultural competency training

"We use Hawaiian values because this is our host culture, but you can connect this to your own values even if you're not Hawaiian."

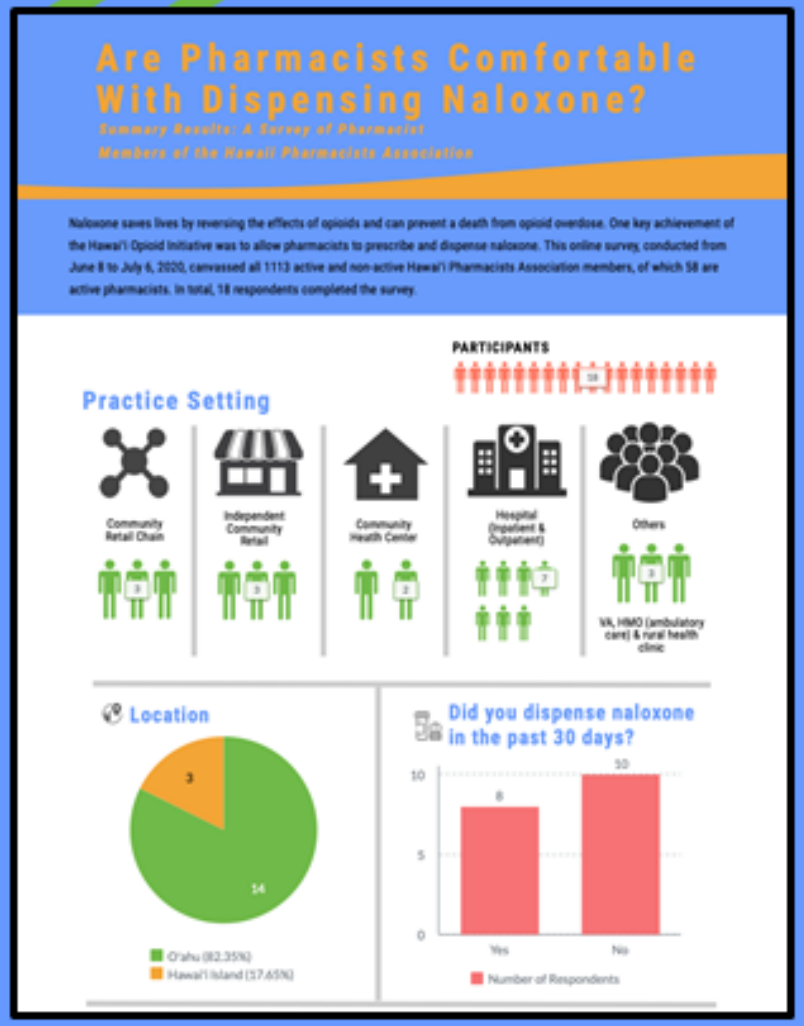


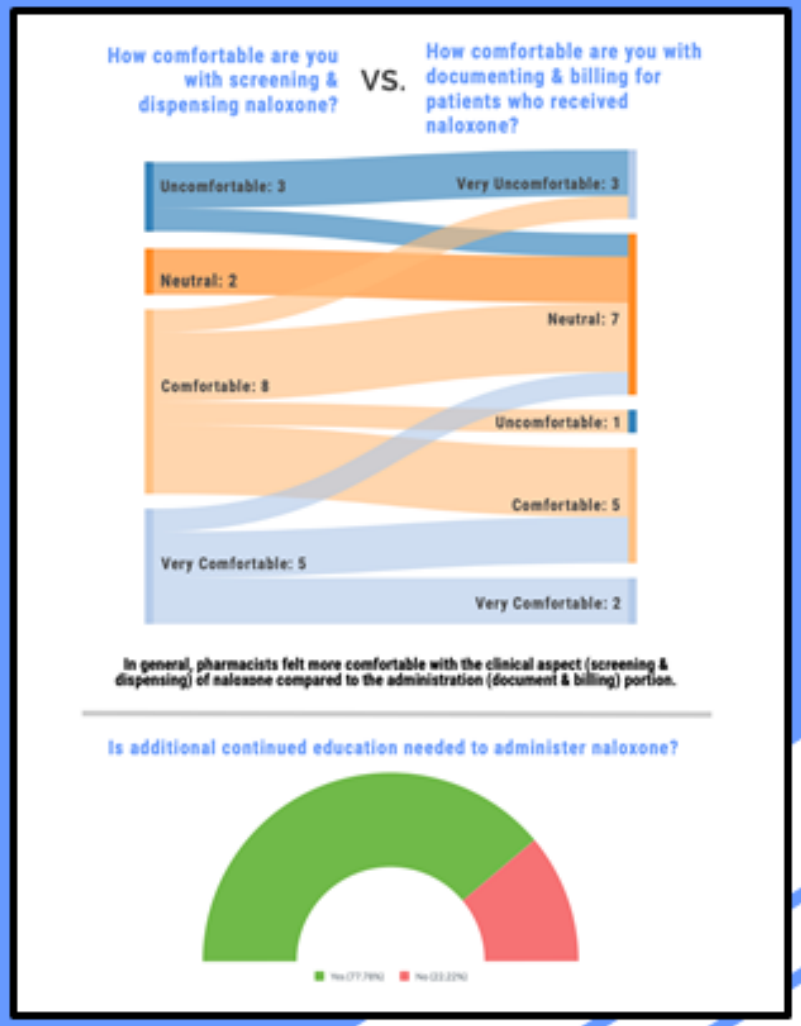
Native Hawaiian Cultural Intervention Treatment Programs, Wellness Plans & Holistic Living Systems of Care

Interest in continued education to increase cultural competency:

- 82.6% of HOI Work Group members
- 100% of responding pharmacists

Pharmacists Naloxone Survey





Located in the Achievements section of the 2020 HOI Evaluation Report

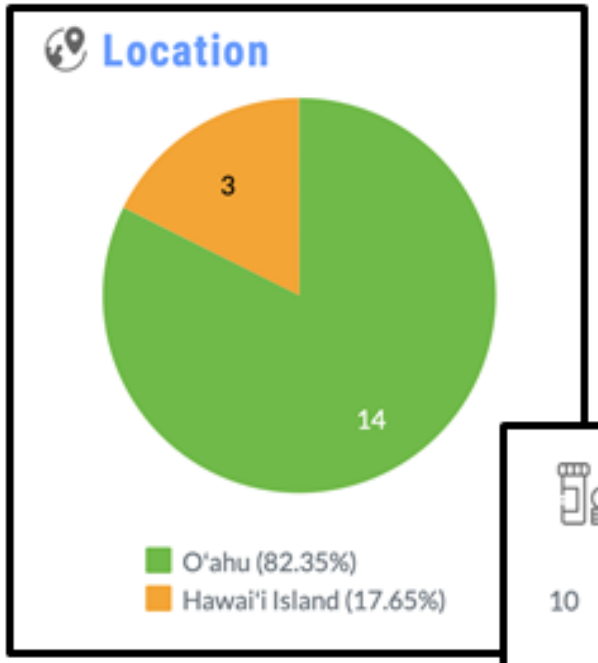
A Survey of Pharmacist Members of the Hawaii Pharmacists Association (HPA)

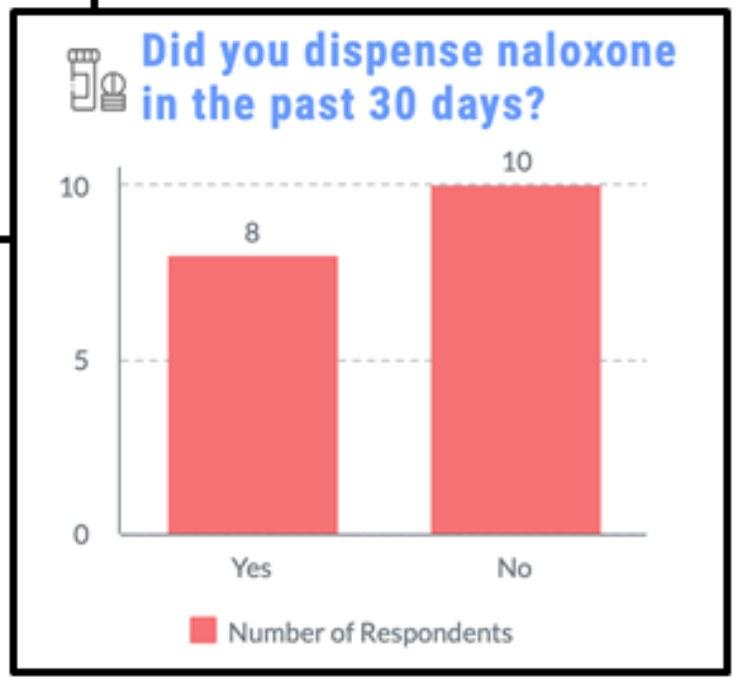
June 8, 2020 to July, 2020

- 1113 active & non-active HPA members
  - 58 active pharmacists

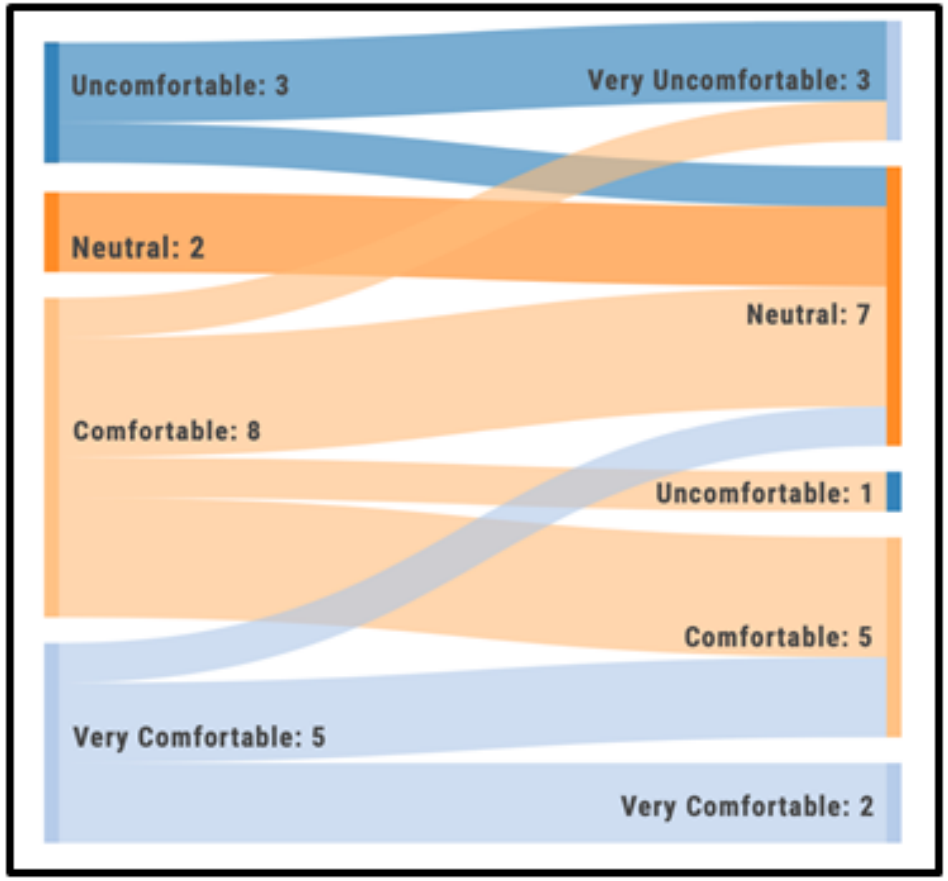
PARTICIPANTS

3 Community Retail Chains
3 Independent Community Retail
2 Community Health Center
7 Hospital (Inpatient & Outpatient)
3 Others (VA, HMO, ambulatory care & rural health clinic)





Comfortability Screening & Dispensing vs. Comfortability Documenting & Billing

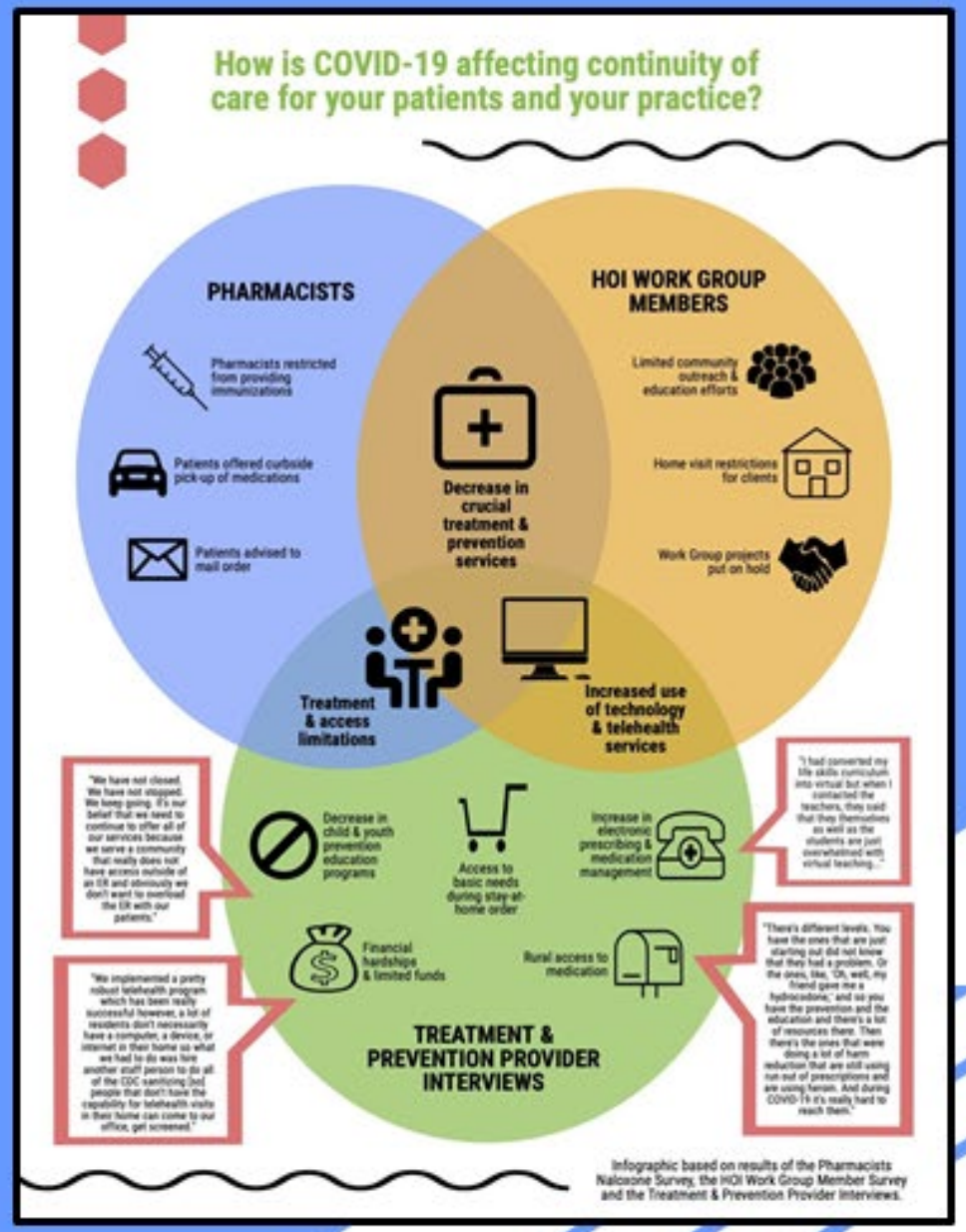


80% of participants need continued education to administer naloxone

COVID-19 Impacts

Overlapping challenges for prevention & treatment providers, pharmacists and HOI Work Group members:

1. Decreased crucial treatment & prevention services
2. Limited access
3. Increased the use of technology & telehealth services



Located in the Challenges section of the 2020 HOI Evaluation Report

Pharmacists expressed:

1. Restrictions on providing immunizations
2. Increased in curbside medication pick-up mail order for patients

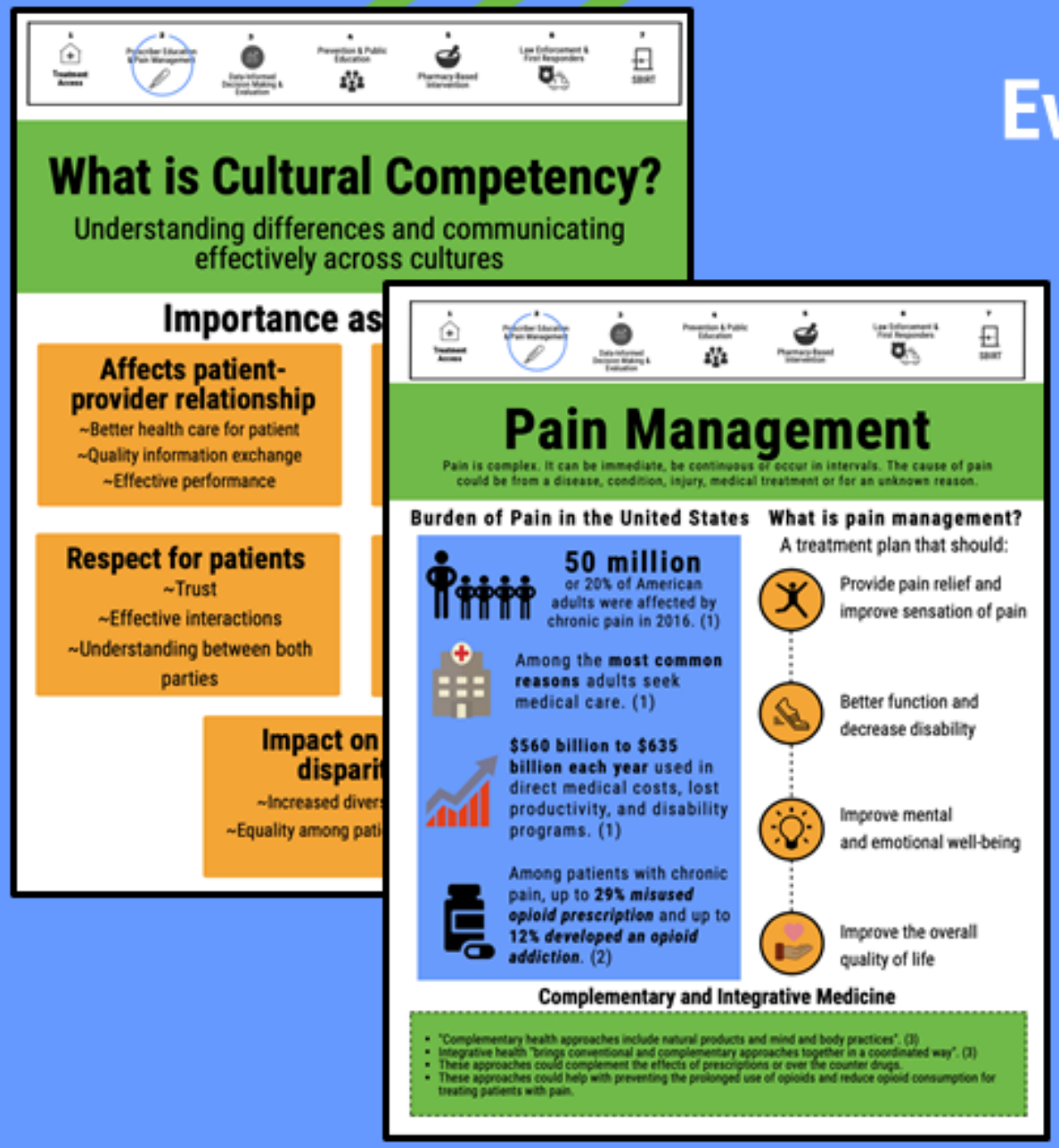
HOI Work Group Members highlighted:

1. Limitations in community outreach and education efforts
2. Restrictions on home visits for clients
3. Project progress barriers

Treatment & Prevention Providers recognized:

1. Decrease in child & youth prevention education programs
2. Financial hardships & limited funds
3. Limited access to basic needs
4. Restricted access to medication in rural areas
5. Increase in electronic prescribing & medication management

Evidence-Informed Strategies



Infographics

1. Care Coordination
2. Medication-Assisted Treatment
3. Prescriber Education
4. Pain Management
5. Cultural Competency

Rapid Evidence Synthesis

1. Naloxone Regulations in Retail Pharmacies
2. Medical Marijuana for Chronic Pain Management

Successes, Challenges & Recommendations

- Overall Successes
  - Progress on 1.0 & 2.0 Objectives
  - Impact on the HOI system of care
- Challenges
  - COVID-19
  - Procurement delays
  - Data access & use
  - Communication & logistics
- Recommendations
  - Member diversity
  - Cultural competence
  - Evidence-informed strategy
  - Project alignment
  - Future programming

HOI Newsletter Launch - 11/2/2020

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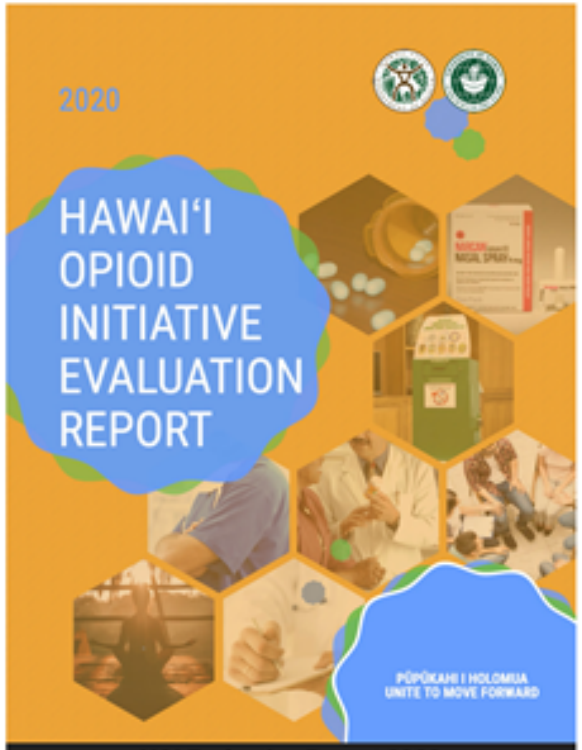
HAWAI'I OPIOID INITIATIVE

PŪPŪKAHI I HOLOMUA
Unite To Move Forward

HAWAI'I OPIOID INITIATIVE
NOVEMBER NEWSLETTER

Welcome to the HOI Newsletter Series! The Hawai'i Opioid Initiative (HOI) UH Evaluation Team brings you its first issue of the HOI Newsletter highlighting the HOI Evaluation Report 2020 and how to join a Work Group. During today's COVID-19 pandemic, the HOI continues to focus efforts on improving the opioid use disorder (OUD) system of care and in this issue, we explore policy, a new integrative framework, COVID-19 related topics and an emergency department data study. Enjoy!



HOI Evaluation Report 2020

This evaluation report represents progress made by the HOI based at the Alcohol and Drug Abuse Division (ADAD) of the Department of Health and reflects the work of 193 volunteer members from 106 organizations located across the Hawaiian islands to mitigate the impact of opioid use disorder (OUD) and overdose on patients, communities, and systems of care. The context of OUD in Hawai'i is established with a series of data-informed inquiries about OUD and the 2020 Evaluation Report has four key domains: (1) Epidemiologic Landscape, (2) Document Review, (3) Data Collection, and (4) Synthesis to illustrate addressing the opioid epidemic.

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Class Action Lawsuits Filed for Refusal to Fill Opioid Prescriptions

National class action lawsuits have been filed against the largest pharmacy chains in the country for discrimination in refusing to fill legitimate prescriptions for opioid medication.

Social Determinants & the Continuum of Overdose Risk Framework

A recent review article highlights the need to recognize the role that social determinants have in combating the opioid epidemic. The "continuum of overdose risk" framework takes into account comprehensive strategies that decrease risk of harm while also shifting away from punishment opioid misuse.

Upcoming Events

11/4/20 WG3 Meeting @9:00AM-10:30AM
11/10/20 Overdose Crisis in Transition Webinar @2:00PM ET
11/12/20 WG4 Meeting @12:00PM-1:30PM
11/13/20 OWG Meeting @10:00AM-11:30AM

Past Events

10/7/20 WG3 Meeting @10:00AM-11:30AM
10/8/20 WG4 Meeting @12:00PM-1:30PM
10/9/20 OWG Meeting @10:00AM-11:30AM
10/30/20 WG5 Meeting @11:00AM-12:00PM
10/30/20 WG1 Meeting @12:00PM-1:00PM

NEWSLETTER FEEDBACK

Acknowledgements

This report is authored by Katherine Burke, Andrew Abe, Charmaine Milla, Keani Valdez, Edra Ha, Samantha Lumbao, Cielo Subia, Shelby McKee, Rachel Untalan, Shelley Liu, Mary Guo, Amber Ichinose, Deveraux Talagi, Joel Nicolow, Sarah Yasuda, Jaclyn Topinio, Rojelle Bohol, Taylor Pu'uohau, Craig Yamaguchi, Daniel Galanis, Angela Bolan, Seunghye Hong, and Victoria Y. Fan.

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The PI of the UH Hawai'i Opioid Initiative Evaluation Team is Dr Victoria Fan and the Co-Principal Investigator is Dr Seunghye Hong of the University of Hawai'i at Mānoa, Myron B. Thompson School of Social Work, Center on Aging, Pacific Health Analytics Collaborative. Please send all comments on the report to the UH HOI Evaluation Team at phac+uheval@hawaii.edu.

HAWAI'I OPIOID INITIATIVE

Questions?

Mocha Minutes

Roy Goo, PharmD

Questions?

Mahalo

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#FlattenTheCurve #TogetherWeCan

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