REPORT TO THE

TWENTY-NINTH LEGISLATURE

STATE OF HAWAII

2017

PURSUANT TO:

SECTION 321-195, HAWAII REVISED STATUTES,
REQUIRING A REPORT ON IMPLEMENTATION OF THE STATE PLAN FOR SUBSTANCE ABUSE;

SECTION 329-3, HAWAII REVISED STATUTES,
REQUIRING A REPORT BY THE HAWAII ADVISORY COMMISSION ON DRUG ABUSE AND CONTROLLED SUBSTANCES;

SECTION 10 OF ACT 161, SESSION LAWS OF HAWAII 2002,
REQUIRING A STATUS REPORT ON THE COORDINATION OF OFFENDER SUBSTANCE ABUSE TREATMENT PROGRAMS; AND

SECTION 29 OF ACT 40, SESSION LAWS OF HAWAII 2004,
REQUIRING A PROGRESS REPORT ON THE SUBSTANCE ABUSE TREATMENT MONITORING PROGRAM

PREPARED BY:

ALCOHOL AND DRUG ABUSE DIVISION

DEPARTMENT OF HEALTH
STATE OF HAWAII
DECEMBER 2016

EXECUTIVE SUMMARY

The annual report covering Fiscal Year 2015-16 for the Department of Health (DOH), Alcohol and Drug Abuse Division (ADAD) is submitted pursuant to Section 321-195, Hawaii Revised Statutes (HRS).

For Fiscal Year 2015-16, $36,121,864 was appropriated by Act 119 Session Laws of Hawaii (SLH) 2015, to the Alcohol and Drug Abuse program (HTH 440) – $18,731,332 general funds, $750,000 special funds and $16,640,532 federal funds (MOF N and P). Of the total appropriated, $22,290,850 was allocated for substance abuse treatment services and $6,068,413 was allocated for substance abuse prevention services. The Act also increased the special fund ceiling by $250,000 in the Drug Demand Reduction Act (HTH440/HO); increased the federal fund ceiling for the Substance Abuse Prevention and Treatment Block Grant by $381,805 (HTH440/HO); established the federal Hawaii Pathways Project grant with $711,818 including one temporary position (#96608H Hawaii Pathways Project Coordinator) (HTH440/HR); established the federal Hawaii Partnerships for Success grant with $1,776,772 including temporary two positions (#96610H Strategic Prevention Framework (SPF)-Partnerships for Success (PFS) Project Coordinator and #96611H SPF-PFS Program Specialist) (HTH440/HD); and removed three positions (Temporary Project Manager, SR24, #92200H; Temporary Program Specialist, SR22, #92201H; and Temporary Project Administrative Assistant, #92202H) from the Strategic Prevention Framework – State Incentive Grant (HTH440/HR/HD).

Federal funds for substance abuse prevention and treatment services include the following:

> $8.2 million for the Substance Abuse Prevention and Treatment (SAPT) Block Grant funds administered by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) to plan, implement and evaluate substance abuse prevention and treatment activities.
>
> $1.0 million over three years (9/30/2014 – 9/29/2017) for the contract awarded by the U.S. Food and Drug Administration (FDA) for tobacco inspections of retail outlets on behalf of the FDA for compliance with the Tobacco Control Act (Public Law 111-31).
>
> $3.1 million over three years (9/30/2013 – 9/29/2016) for the Hawaii Pathways Project funded by SAMHSA/CSAT/Cooperative Agreements to Benefit Homeless Individuals (CABHI) for States, assists chronically homeless individuals with substance abuse or co-occurring substance use and mental health disorders through assertive outreach, case management and treatment services. The project will strengthen the infrastructure, partnerships and system of services to provide permanent housing to individuals and families living on Oahu. Project services assist the target population in securing permanent housing, maintaining that housing through wrap-around support services (e.g., housing, vocational, and mental health support), as well as case management and peer navigators. The project is based on the Pathways Housing First model, the only evidence-based program recognized by the National Registry of Evidence-Based Programs and Practices that provides comprehensive housing and treatment services without preconditions of the individual's alcohol or drug use. In July 2016, ADAD began procedures for requesting a

No Cost Extension from SAMHSA. The Notice of Award was granted on September 14, 2016. The service period was extended from October 1, 2016 to March 31, 2017, a total of 6 months. This period was provided in order to transition enrolled clients towards sustainable permanent supportive housing resources

$1.8 million in each of five years (9/30/2013 – 9/29/2018) for the SAMHSA/CSAP SPF-PFS grant provides resources to implement the Strategic Prevention Framework process at the state and community levels and to promote the alignment and leveraging of prevention resources and priorities at the federal, state and community levels. The project will engage public, private, state and community level stakeholders to ensure the program uses data-driven decision-making processes in the development and implementation of effective prevention strategies and sustainable prevention infrastructure to address underage drinking among persons aged 12 to 20 and other substance abuse prevention priorities as determined by assessments.

Through contracts with community-based substance abuse prevention and treatment agencies, ADAD provided substance abuse prevention and treatment services to adults and adolescents as follows: [*]

A continuum of residential, outpatient, day treatment and therapeutic living services were provided to 2,830 adults statewide in Fiscal Year 2015-16;

Assertive outreach, case management (e.g. wrap-around support services that include housing, vocational, and mental health support) and treatment services were made available to 136 participants enrolled in the Cooperative Agreements to Benefit Homeless Individuals (CABHI) project in Fiscal Year 2015-2016.

School- and community-based outpatient substance abuse treatment services were provided to 1,885 adolescents statewide in Fiscal Year 2015-16; and

Curriculum-based youth substance abuse prevention and parenting programs, mentoring programs, elderly effective medication management programs, underage drinking initiatives and Regional Alcohol and Drug Awareness Resource (RADAR) center served 239,061 children, youth and adults in Fiscal Year 2015-16.

Also included are reports that are required pursuant to:

Section 329-3, HRS, requiring a report by the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS);

Section 10 of Act 161 SLH 2002, requiring a status report on the coordination of offender substance abuse treatment programs; and

---

* Details on adult and adolescent treatment admissions, outcomes for six-month follow-ups, needs assessments and methamphetamine admissions are appended at pages 19-21.

Section 29 of Act 40 SLH 2004, requiring a progress report on the substance abuse treatment monitoring program.

TABLE OF CONTENTS

Alcohol and Drug Abuse Division 1
Highlights of Accomplishments and Activities
- State and Federal Funding 3
- Grants and Contracts 4
- Substance Abuse Prevention and Treatment Services 5
- Studies and Surveys 6
- Provision of Contracted or Sponsored Training 6
- Programmatic and Fiscal Monitoring 7
- Certification of Professionals and Accreditation of Programs 7
- Prevention Information Systems 8
- Legislation 8

Other Required Reports
- Report Pursuant to Section 329-3, Hawaii Revised Statutes, Requiring a Report by the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS) 10
- Report Pursuant to Section 10 of Act 161, Session Laws of Hawaii 2002, on the Implementation of Section 321-193.5, Hawaii Revised Statutes 17
- Report Pursuant to Section 29 of Act 40, Session Laws of Hawaii 2004, Requiring a Progress Report on the Substance Abuse Treatment Monitoring Program 20

Appendices
- A. ADAD-Funded Adult Services: Fiscal Year 2012-15 23
- B. ADAD-Funded Adolescent Services: Fiscal Year 2012-15 24
- C. Performance Outcomes: Fiscal Year 2012-15 26
- D. 2004 Estimated Need for Adult Alcohol and Drug Abuse Treatment 27
- E. 2007-08 Estimated Need for Adolescent (Grades 6-12) Alcohol and Drug Abuse Treatment in Hawaii 28
- F. Methamphetamine Admissions: 2005-2015 29

ALCOHOL AND DRUG ABUSE DIVISION

The annual report covering Fiscal Year 2015-16 for the Department of Health (DOH), Alcohol and Drug Abuse Division (ADAD) is submitted pursuant to Section 321-195, Hawaii Revised Statutes (HRS). Also included are reports that are required pursuant to: Section 329-3, HRS, requiring a report by the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS); Section 10 of Act 161 Session Laws of Hawaii (SLH) 2002, requiring a status report on the coordination of offender substance abuse treatment programs; and Section 29 of Act 40 SLH 2004, requiring a progress report on the substance abuse treatment monitoring program.

The agency's mission is to provide the leadership necessary for the development and delivery of quality substance abuse prevention and treatment services for Hawaii residents. ADAD's primary functions include: grants and contracts management; clinical consultation; quality assurance, which encompasses training, accreditation of substance abuse treatment programs, certification of substance abuse counselors and program administrators, monitoring implementation of prevention activities and treatment services; policy development; planning and coordination of services; and information systems management (i.e., treatment client data system, prevention minimum data set, and needs assessments for substance abuse prevention and treatment services).

The reorganization of the Alcohol and Drug Abuse Division (approved on March 29, 2011) provides the framework to implement and maintain the core public health functions of assessment (i.e., monitoring trends and needs), policy development on substance abuse issues and assurance of appropriate substance abuse services.

Assessment. Data related functions and positions are organized within the Planning, Evaluation, Research and Data (PERD) Office so that data functions and activities support planning, policy, program development and reporting needs of the Division.

Policy development. The PERD Office is charged with strategic planning, organizational development, program development, evaluation, identification of community needs, knowledge of best practices, policy research and development.

Assurance. The core public health function of assurance is encompassed within four components: Administrative Management Services (AMS) Office, Quality Assurance and Improvement (QAI) Office, Prevention Branch, and Treatment and Recovery Branch. The functions assigned to each of the components are as follows:

The Administrative Management Services (AMS) Office is responsible for budgeting, accounting, human resource and contracting functions to ensure Division-wide consistency, accuracy and timeliness of actions assigned to the Division.

The Quality Assurance and Improvement (QAI) Office is responsible for quality assurance and improvement functions (i.e., certification of substance abuse counselors, program accreditation and training).

The Prevention Branch (PB) provides a focal point and priority in the Division for the development and management of a statewide prevention system which includes the development and monitoring of substance abuse prevention services contracts and the implementation of substance abuse prevention discretionary grants.

The Treatment and Recovery Branch (TRB) develops and manages a statewide treatment and recovery system which includes program and clinical oversight of substance abuse treatment services contracts and the implementation of substance abuse treatment discretionary grants.

Substance abuse prevention is the promotion of constructive lifestyles and norms that discourage alcohol, tobacco and other drug use, encourage health-enhancing choices regarding the use of alcohol and other drugs, and encourage the development of social and physical environments that facilitate drug-free lifestyles. Prevention is achieved through the application of multiple interventions (e.g., evidence-based curricula, strategies and practices, and/or environmental strategies) that impact social norms and empower people to increase control over, and to improve, their health. Substance abuse prevention focuses on interventions to occur prior to the onset of a disorder and is intended to prevent the occurrence of the disorder or reduce the risk for the disorder. Risk factors are those characteristics or attributes of an individual, his or her family and peers, school or environment that have been associated with a higher susceptibility to problem behaviors such as alcohol and other drug abuse. In addition, prevention efforts seek to enhance protective factors in the individual/peer, family, school and community domains. Protective factors are those psychological, behavioral, family and social characteristics that can reduce risks and insulate children and youth from the adverse effects of risk factors that may be present in their environment.

Substance abuse treatment refers to the broad range of services, including identification, intervention, assessment, diagnosis, counseling, medical services, psychiatric services, psychological services, social services and follow-up for persons with substance abuse problems. The overall goal of treatment is to reduce or eliminate the use of alcohol and/or drugs as a contributing factor to physical, psychological and social dysfunction and to arrest, retard or reverse the progress of any associated problems. Treatment services have, as a requirement, priority admission for pregnant women, injection drug users, native Hawaiians and adult offenders.

HIGHLIGHTS OF ACCOMPLISHMENTS AND ACTIVITIES
July 1, 2015 to June 30, 2016

State and Federal Funding

Act 119 Session Laws of Hawaii (SLH) 2015 appropriated $36,121,864 to the Alcohol and Drug Abuse program (HTH 440) for Fiscal Year 2015-16:

General funds	$18,731,332	(51.9%)	22.0 FTE
Special funds	750,000	(2.1%)	
Federal funds (N)	8,204,680	(22.7%)	6.0 FTE
Federal funds (P)	8,435,852	(23.3%)	
	$36,121,864	(100.0%)	28.0 FTE*

Allocations for the funds appropriated are as follows:

Substance abuse treatment services	$22,290,850	(61.7%)
Substance abuse prevention services	6,068,413	(16.8%)
Division operating costs	5,075,969	(14.1%)
Division staffing costs	2,686,632	(7.4%)
	$36,121,864	(100.0%)

For Fiscal Year 2015-16, $36,121,864 was appropriated by Act 119 Session Laws of Hawaii (SLH) 2015, to the Alcohol and Drug Abuse program (HTH 440) – $18,731,332 general funds, $750,000 special funds and $16,640,532 federal funds (MOF N and P). Of the total appropriated, $22,290,850 was allocated for substance abuse treatment services and $6,068,413 was allocated for substance abuse prevention services. The Act also increased the special fund ceiling by $250,000 in the Drug Demand Reduction Act (HTH440/HO); increased the federal fund ceiling for the Substance Abuse Prevention and Treatment Block Grant by $381,805 (HTH440/HO); established the federal Hawaii Pathways Project grant with $711,818 including one temporary position (#96608H Hawaii Pathways Project Coordinator) (HTH440/HR); established the federal Hawaii Partnerships for Success grant with $1,776,772 including temporary two positions (#96610H Strategic Prevention Framework (SPF)-Partnerships for Success (PFS) Project Coordinator and #96611H SPF-PFS Program Specialist) (HTH440/HD); and removed three positions (Temporary Project Manager, SR24, #92200H; Temporary Program Specialist, SR22, #92201H; and Temporary Project Administrative Assistant, #92202H) from the Strategic Prevention Framework – State Incentive Grant (HTH440/HR/HD).

* Position count does not include grant-funded exempt positions: Strategic Prevention Framework – Partnerships for Success (SPF-PFS) Grant (2.0 FTE), U.S. Food and Drug Administration (FDA) contract (1.5 FTE), and Cooperative Agreements to Benefit Homeless Individuals (CABHI) for States (1.0 FTE).

Federal Grants and Contracts

Substance Abuse Prevention and Treatment (SAPT) Block Grant. ADAD received $8.2 million in Fiscal Year 2015-16 of Substance Abuse Prevention and Treatment (SAPT) Block Grant funds administered by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) to plan, implement and evaluate substance abuse prevention and treatment activities.

U.S. Food and Drug Administration (FDA) Tobacco Inspections. The award of $1.0 million over three years (9/30/2014 – 9/29/2017) by the FDA supports tobacco inspections on retail outlets that sell or advertise cigarettes or smokeless tobacco products to determine whether they are complying with the Tobacco Control Act (Public Law 111-31) and the implementing regulations (21 Code of Federal Regulations Part 1140, et seq.). Two types of tobacco compliance inspections are conducted: undercover buys, to determine a retailer's compliance with age and photo identification requirements; and product advertising and labeling to address other provisions of the Tobacco Control Act.

Hawaii Pathways Project. The $3.1 million over three years (9/30/2013 – 9/29/2016) for the Hawaii Pathways Project funded by the SAMHSA/CSAT/Cooperative Agreements to Benefit Homeless Individuals (CABHI) for States assists chronically homeless individuals with substance abuse or co-occurring substance use and mental health disorders through assertive outreach, case management and treatment services. Project services assist the target population in securing permanent housing, maintaining that housing through wrap-around support services that include housing, vocational, and mental health support, as well as case management and peer navigators. During the original service period (9/30/2013 – 9/29/2016), the project has enrolled 136 clients. 74 housing vouchers were obtained from various federal, state, and city housing resources as well as other non-profit housing resources. 61 clients have been matched with permanent supportive housing and have received tenancy support services. The extension period will focus on transitioning clients to sustainable tenancy support services.

The project has collaborated with the Hawaii Interagency Council on Homelessness, the Hawaii Public Housing Authority, State Dept. of Human Services, and other state and county affiliates, in developing and implementing a project transition and state sustainability plan for resolving homelessness. The goal is to implement the plan as the project winds down, connecting clients to local resources of sustainable tenancy support services and permanent supportive housing.

Strategic Prevention Framework – Partnerships for Success (SPF-PFS) Grant. The $1.8 million in each of five years (9/30/2013 – 9/29/2018) for the SAMHSA/CSAP SPF-PFS grant provides resources to implement the Strategic Prevention Framework process at the state and community levels and to promote the alignment and leveraging of prevention resources and priorities at the federal, state and community levels. The project will engage public, private, state and community level stakeholders to ensure the program uses data-driven decision-making processes in the development and implementation of effective prevention strategies and sustainable prevention infrastructure to address underage drinking among persons aged 12 to 20 and other substance abuse prevention priorities as determined by assessments.

Substance Abuse Prevention and Treatment Services

Through contracts with community-based substance abuse prevention and treatment agencies, ADAD provided substance abuse prevention and treatment services to adults and adolescents as follows:*

Treatment Services. ADAD's overarching goal is to prevent or reduce the severity and disabling effects related to alcohol and other drug use, abuse and dependence by assuring an effective, accessible, public and private community-based system of prevention strategies and treatment services designed to empower individuals and communities to make health-enhancing choices regarding the use of alcohol and other drugs. Twenty-five (25) agencies, which resulted in forty-seven (47) contracts were established to provide a continuum of services to seven different populations which are, Adult Substance Abuse Treatment, Dual Diagnosis Substance Abuse Treatment, Opioid Addiction Recovery Services, Specialized Substance Abuse Treatment for Pregnant Women and Women with Dependent Children, Integrated Case Management and Substance Abuse Treatment for Offenders, Group Recovery Homes, Early Intervention Service for HIV, Homeless Outpatient Substance Abuse Treatment, and Adolescent Substance Abuse Treatment Services which consist of School-Based and Community-Based services. Treatment providers are able to provide all or part of the treatment continuum, which includes pre-treatment service such as motivational enhancement services, outreach, and interim; treatment services such as non-medical social detoxification, residential, intensive outpatient, outpatient; and recovery support services such as therapeutic living, clean and sober housing, continuing care, transportation, translation, and childcare. All client admissions, treatment service, including treatment progress notes, and discharges are tracked on the Web-Based Infrastructure for Treatment Services (WITS) system. Services were provided to 2,830 adults statewide in Fiscal Year 2015-16; and school- and community-based outpatient substance abuse treatment services were provided to 1,885 adolescents statewide in Fiscal Year 2015-16.

Prevention Services. Twenty-four (24) public and community-based organizations were contracted to support prevention efforts and the State's priorities of reducing underage drinking and the use and abuse of other harmful substances through evidence based programs, policies, and practices that include: information dissemination; education; alternatives that decrease alcohol, tobacco, and other drug use; problem identification and referral; community-based programming; and environmental strategies. The funded agencies engaged schools, workplaces, and communities statewide in establishing evidence-based and cost-effective models to prevent substance abuse in young people in a variety of community settings, and promoting programs and policies to improve knowledge about alcohol and other drug problems, including effective ways to address the problems and enhance resiliency. Program implementation is tracked according to the number of times (cycles) curricula and strategies were implemented as collected on and

---

* Details on adult and adolescent treatment admissions, outcomes for six-month follow-ups, needs assessments and methamphetamine admissions are appended at pages 19-21.

reported using the Hawaii Information System for Substance Abuse Prevention (HISSAP). Additionally, the plans and progress notes written by contracted agencies and which capture information related to community partnerships, problems, priorities, resources, readiness and implementation status of identified evidence-based programs are collected and reviewed. According to the data collected for Fiscal Year 2015-16, curriculum-based youth substance abuse prevention and parenting programs, mentoring programs, elderly effective medication management programs, underage drinking initiative and the Regional Alcohol and Drug Awareness (RADAR) center served a total of 239,061 children, youth and adults across the state.

Studies and Surveys

Tobacco Sales to Minors. The 2016 annual statewide survey results for illegal tobacco sales to minors is 4.6% (weighted), an increase from last year's rate of 3.3%. While the 4.6% is still significantly less than the 9.6% national weighted average for federal fiscal year 2013, it represents a slight increase from the 3.3% in overall retailer violation rates for 2015. The annual survey, which is a joint effort between the Alcohol and Drug Abuse Division and the University of Hawaii, monitors the State's compliance with the "Synar" (tobacco) regulations for the federal Substance Abuse Prevention and Treatment Block Grant. It is important to note that on January 1, 2016, it became unlawful to sell both tobacco products and electronic smoking devices to persons under 21 years of age. With the enactment of Act 122, which increased the minimum age from 18 to 21, youth between the ages of 18-20 were also included in the annual survey. In the Spring of 2016, teams made up of youth volunteers (ages 15-20) and adult observers visited a random sample of 195 stores statewide in which the youth attempted to buy cigarettes to determine how well retailers were complying with state tobacco laws. Eight stores (4.6%) sold to minors (ages 15-20). Of the four counties included in the statewide survey, the County of Kauai had no sales, the County of Honolulu had one sale, the County of Hawaii had two sales, and the County of Maui had five sales. Due to the small sample size, rates for individual counties are not considered statistically reliable. Fines assessed for selling tobacco to anyone under the age of 21 are $500 for the first offense and a fine of up to $2,000 for subsequent offenses.

Provision of Contracted or Sponsored Training

In Fiscal Year 2015-2016, ADAD conducted training programs that accommodated staff development opportunities for 1,144 (duplicated) healthcare, human service, criminal justice and substance abuse prevention and treatment professionals through 64 training sessions, courses and workshops in topics relating to substance abuse prevention and treatment for adolescents and adults. Participants earned 13,247 Continuing Education Units (CEU's) towards their professional certification and/or re-certification as certified substance abuse professionals in the following: Certified Substance Abuse Counselor (CSAC), Certified Prevention Specialist (CPS), Certified Criminal Justice Professional (CCJP), Certified Clinical Supervisor (CCS), Certified Co-occurring Disorders Professional-Diplomate (CCDP-D), or Certified Substance Abuse Program Administrator (CSAPA).

Topics covered during the reporting period included: motivational interviewing, group counseling, criminal conduct and substance abuse, drug use during pregnancy, confidentiality of alcohol and drug abuse client records (42 CFR, Part 2), Health Insurance Portability and Accountability Act of 1996 (HIPAA), certification and examination processes, data input and its usefulness, prevention specialist training, identifying/implementing environmental trainings, evaluation capacity building, evidence-based practices, Code of Ethical Conduct for substance abuse professionals, becoming an exceptional addictions counselor, dual diagnosis treatment, denial and resistance in addiction treatment, critical thinking for substance addiction professionals, understanding sexually transmitted diseases, HIV/AIDS in the substance abusing population, cultural diversity, and understanding the addiction process, and how families are affected by addiction.

Programmatic and Fiscal Monitoring

Through desk audits of providers' program and fiscal reports, ADAD staff examined contractors' compliance with federal SAPT Block Grant restrictions, State General Fund expenditure guidelines and statutory provisions for grants-in-aid and purchases of service. ADAD also provided technical assistance to substance abuse prevention and treatment programs statewide. Staff conducted on-going desktop program and fiscal monitoring of thirty (30) prevention service contracts and forty-seven (47) treatment service contracts. Technical assistance and follow-up and site visits related to program development and implementation, reporting and contract compliance provided as needed.

Certification of Professionals and Accreditation of Programs

Certification of Substance Abuse Counselors. In Fiscal Year 2015-16, ADAD processed 648 (new and renewal) applications, administered 49 computer-based written exams and certified 45 applicants as substance abuse counselors, bringing the total number of certified substance abuse counselors to 1229.

On average, the shortest amount of time to become a certified substance abuse counselor is approximately 13 months. A Master's degree in a human service field credits the applicant with 4,000 hours working in the substance abuse field. The applicant must still obtain 2,000 supervised work experience hours which is approximately 12 months of working full-time. The remaining month is to schedule and take the required written exam. If a person also licensed as a Clinical Social Worker, Mental Health Counselor, Marriage and Family Therapist, Clinical Psychologist, or Psychiatrist, the required supervised work experience is 1,000 hours (or approximately 6 months of full-time work) in the substance abuse profession. The person would also need a month to schedule and take the written exam. If an applicant has no applicable college degree to substitute for education and supervision hours, the total time to become certified is approximately 3 years (i.e., 6,000 hours of work experience), plus one month to schedule and take the exam.

Accreditation of programs. In Fiscal Year 2015-16, ADAD conducted a total of 22 accreditation reviews and accredited 13 organizations, some of which have multiple (residential treatment and therapeutic living) programs.

Prevention Information System

The Hawaii Information System for Substance Abuse Prevention (HISSAP) accommodates a broad range of reporting entities and added capacity for reporting of substance abuse prevention program output measures and participant demographics. The HISSAP is a comprehensive web based data collection and management system for the processing of data transmitted by ADAD substance abuse prevention providers at the State and community levels.

Legislation

ADAD prepared informational briefs, testimonies and/or recommendations on legislation addressing substance abuse related policies. Legislation enacted during the 2016 Legislative Session that addressed issues affecting the agency included:

> **Governor's Message No. 207.** The ceiling increase requested for "$250,000 in special funds in FY 2016 and FY 2017 for the Drug Demand Reduction Act Special Fund to include program efforts addressing juvenile substance abuse prevention," was included in the Fiscal Biennium 2015-17 budget. The ceiling increase will fund services that address juveniles' involvement with alcohol and other drugs.
>
> **Act 68 (S.B. 2392 SD2 HD3 CD1), relating to opioid antagonists.** Takes steps to reduce opioid-related drug related overdoses in the State by encouraging the use of opioid antagonists to assist individuals experiencing or at risk of experiencing an opioid-related drug overdose.
>
> **HCR 127 HD1 SD1,** requesting the legislative reference bureau to conduct a study on the potential impact on administrative and judicial systems of state government of decriminalizing the illegal possession of drugs for personal use in Hawaii.

A bill to provide immunity from liability to the Department of Health, its employees, agents, and volunteers for operating the clean and sober homes registry (S.B. 668) was heard but not enacted.

OTHER REQUIRED REPORTS

- **Report Pursuant to Section 329-3, Hawaii Revised Statutes, Requiring a Report by the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS)**

- **Report Pursuant to Section 10 of Act 161, Session Laws of Hawaii 2002, on the Implementation of Section 321-193.5, Hawaii Revised Statutes**

- **Report Pursuant to Section 29 of Act 40, Session Laws of Hawaii 2004, Requiring a Progress Report on the Substance Abuse Treatment Monitoring Program**

REPORT PURSUANT TO
SECTION 329-3, HAWAII REVISED STATUTES,
REQUIRING A REPORT BY THE HAWAII ADVISORY COMMISSION ON DRUG ABUSE AND CONTROLLED SUBSTANCES

The Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS) is required to submit a report on its actions during the preceding fiscal year pursuant to Section 329-3, Hawaii Revised Statutes (HRS).

Pursuant to Section 329-2, HRS, commission members are "selected on the basis of their ability to contribute to the solution of problems arising from the abuse of controlled substances, and to the extent possible, shall represent the pharmacological, medical, community and business affairs, youth action, educational, legal defense, enforcement, and corrections segments of the community." The commission is attached to the Department of Health for administrative purposes.

MEMBERS BY CATEGORY OF APPOINTMENT AND TERM OF OFFICE

LORI FERREIRA, Ed.D. Education (Oahu) - 6/30/2019 **CHAD Y. KOYANAGI, M.D.** Joint appointment to HACDACS and State Council on Mental Health (Oahu) - 6/30/2019 **CASHMIRE LOPEZ** Medical (Hawaii) - 6/30/2019 **HEATHER LUSK** Chairperson Education (Oahu) - 6/30/2019	**DALLEN K. PALEKA** Vice Chairperson Corrections (Oahu) - 6/30/2016 **JAMIE L. TOMITA** Pharmacological (Oahu) - 6/30/2016

On March 28, 2013, members elected Heather Lusk as Chairperson and Dallen K. Paleka as Vice Chairperson. Meetings were scheduled on the fourth Tuesday of each month.

Priorities discussed during FY 2015-16:

- Prescription drug abuse and overdose
- Homeless individuals struggling with substance use
- Clean and sober homes registry
- Culturally-appropriate substance use interventions

The members of HACDACS gathered research, best practices and invited knowledgeable speakers on these topics to form the following policy recommendations for prevention and treatment of substance use in Hawaii.

Prescription drug abuse and overdose. ***A public health crisis continues*. Poisoning is the leading mechanism of injury-related deaths in Hawaii, and drugs cause 9 out of 10 poisoning deaths. The average annual number of drug poisoning deaths, also called overdoses, nearly doubled from the 1999-2003 period (78 deaths) to the 2010-2014 period (156 deaths). Drug overdoses surpassed motor vehicle traffic crashes as the leading cause of fatal injuries in 2008. In 2014, the poisoning death rate was 11.6 deaths per 100,000 residents, and the drug overdose death rate was 10.6, compared to a motor vehicle traffic-related death rate of 6.5 deaths per 100,000 residents.**

Drugs caused 9 out of 10 poisoning deaths. From 2010 through 2014, drugs and medications — prescription drugs, illicit drugs, and over-the-counter medications — were the underlying cause of death for 91% of all poisoning deaths. Adjusted mortality rates were nearly doubled among male residents, compared to females. All of the victims were 14 years of age or older, and most (87%) were 25 to 64 years of age. Mortality rates were significantly higher among 45 to 54 year-old residents, compared to any other age group listed in Table 1. Adjusted fatality rates were statistically comparable for residents of Hawaii, Honolulu and Maui counties, although these comparisons are limited by the relatively small number of victims.

Drug overdose deaths: Demographic characteristics, Hawaii residents, 2010-2014

		Average annual number	Percent	Average annual rate per 100,000 residents
Gender	Female	51	33%	8.6
	Male	104	67%	16.6
Age (in years)	15-24	8	5%	4.1
	25-44	53	33%	14.0
	45-54	48	32%	25.8
	55 and older	47	31%	12.1
County of residence	Hawaii	20	14%	12.0
	Honolulu	105	65%	12.2
	Kauai	5	3%	-
	Maui	26	18%	17.5

Opioid pain relievers contributed to 35% of the drug overdose deaths. Opioid pain relievers, such as oxycodone or hydrocodone, contributed to more than one-third (35%, or 270) of the 778 drug overdose deaths from 2010 through 2014. This may be an underestimate, as the percent of drug overdose deaths that had only unspecified drug(s) listed as contributing to the death ranged from 14% to 20% over the 5-year period.

Addressing the issue —

Key strategies include conducting surveillance through data linkage, promotion and evaluation of the Hawaii's Prescription Drug Monitoring Program (PMP), educating about promising policies for reducing prescription drug use and abuse, and implementing and evaluating effective methods for educating providers on appropriate prescribing practices.

In an effort to improve understanding of prescription drug use, access and usage of the PMP, the Hawaii State Department of Health (DOH), Emergency Medical Services and Injury Prevention System Branch partnered with the Department of Public Safety (DPS), Hawaii Narcotics Enforcement Division (NED). Efforts include: 1) surveying licensed medical providers regarding their general knowledge of the PMP and educating them about its usefulness, 2) linking data from death certificates and autopsy records to the PMP database, and 3) publishing and disseminating prescriber survey results.

Other surveillance efforts. For a clearer picture of public perception and use of prescription drugs, four questions were added to the Hawaii Behavioral Risk Surveillance System (BRFSS) in 2015 and 2016. The survey data is collected continually, and complete results will be available by 2017 to ensure sufficient sample size to describe this issue on a population level.

Key state and community partners working on prescription drug abuse and misuse prevention are the DPS, DOH, Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS), Drug Policy Forum of Hawaii (DPFHI), Harm Reduction Hawaii, Narcotics Policy Work Group, and Project - Community Health Outreach Workers (C.H.O.W.). Support for provider education about prescription drug abuse and promotion of provider PMP usage is funded by Core VIPP grant.

The Trust for America's Health report identifies ten best practices (listed below) for addressing prescription drug abuse. (Strategies that have <u>not</u> been adopted in Hawaii are *italicized*.) The ten strategies are:

1. Prescription drug monitoring program (PDMP).
2. *Mandatory use of PDMP.*
3. Doctor shopping law.
4. Support for substance abuse services (e.g., expanded Medicaid coverage of substance abuse treatment).
5. *Prescriber education requirement for prescribers of pain medications.*
6. Good Samaritan law that provides a degree of immunity from criminal charges or mitigation of sentencing for an individual seeking help for themselves or others experiencing an overdose.
7. Expanded access to, and use of, naloxone for overdosing individuals given by lay administrators.
8. Physical exam requirement for healthcare providers to either conduct a physical exam of the patient, a screening for signs of substance abuse, or having a patient-physician relationship that includes an examination prior to prescribing medications.
9. State law that requires or permits a pharmacist to ask for identification prior to dispensing a controlled substance.
10. Requirement that individuals suspected of misusing controlled substances to use a single prescriber and pharmacy (i.e., pharmacy lock-in program).

Act 68.

On June 7, 2016, Governor Ige signed SB2392 (Act 68) into law. Relating to opioid antagonists, it creates immunity for health care professionals and pharmacists who prescribe, dispense, distribute, or administer an opioid antagonist such as naloxone hydrochloride to persons who are at risk of experiencing or who are experiencing an opioid-related drug overdose. It provides immunity for any person who administers an opioid antagonist to a person suffering from an opioid-related drug overdose. It authorizes emergency personnel and first responders to administer opioid antagonists. It requires Medicaid coverage for opioid antagonists; and allows harm reduction organizations like CHOW to store and distribute opioid antagonists.

HACDACS recommends the adoption of evidence-based best practices in combating prescription drug abuse and accidental overdoses by: mandating providers' use of the Prescription Drug Monitoring Program and requiring education for prescribers of opioids. HACDACS recommends the implementation of Act 68 (SB2392), which expands access to naloxone and gives immunity to law enforcement, first responders and community members for the administration of naloxone.

Homelessness individuals struggling with substance use. The 2016 Homeless Point in Time Count for the State of Hawaii found of 7,921 homeless individuals of which 4,308 were unsheltered. On Oahu, of the 4,940 homeless individuals identified 1,002 were identified as having a serious mental illness and 873 were identified as having a substance use disorder.

Hawaii has adopted the Comprehensive Assessment and Housing Placement System (CAHP or Hale O Malama) which replaces the system of linking the homeless to housing. Using a single assessment tool, the VI-SPDAT, people are assessed and ranked to determine the level of services needed. A score of 10-20 means the person would benefit from Permanent Supportive Housing (PSH). For a score of 5-10, the person would quality for rapid re-housing and for those with a score of 4 and below, they would need to utilize existing housing services. The system uses a "housing first" model which separates program requirements from tenancy requirements. There are currently three "housing first" programs – all of which are using the VI-SPDAT, one of which is funded through ADAD.

The Cooperative Agreement to Benefit Homeless Individuals (CABHI) Grant awarded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) for the Hawaii Pathways Project provides a three-year grant (9/30/13-9/29/16) totaling $2.1 million. Funding provides for housing support services to the chronic homeless individuals on Oahu who suffer from substance abuse or co-occurring substance abuse and mental health disorders. The project will serve a minimum of 120 chronically homeless individuals. Project services will assist the target population in finding and securing permanent housing, then maintaining that housing through support services that will include housing, vocational and mental health support, as well as case management and peer navigators.

The project is based on the Pathways Housing First model, the only evidence-based program recognized by the National Registry of Evidence-based Programs and Practices that provides comprehensive housing and treatment services without preconditions of the individual's alcohol

or drug use. The Housing First model seeks to transform individual lives by ending homelessness and supporting recovery by: providing immediate access to permanent independent apartments, without preconditions; setting the standard for services driven by consumer choice that support recovery and community integration; and conducting research to find innovative solutions and best practices for those who are homeless and suffer from substance abuse and mental illness.

The funding for the ADAD Pathways program ended on 9/29/16, although SAMHSA granted a no-cost extension to allow the use of remaining funds and to support a transition plan for those receiving services under Pathways to continue to be supported through other resources.

In May of 2016, Partners in Care, the Oahu Homeless Service Providers Coalition, started a formal substance use sub-committee to focus on the intersection of homelessness and substance use. HACDACS is represented on the committee, as is the Governor’s Office on Homelessness, ADAD, and several ADAD service providers. This collaboration and integration of homeless and substance use services is essential as research suggests that substance use can facilitate homelessness, and homelessness can trigger relapse or increased substance use.

HACDACS recommends the continued funding of “Housing First” models that include wrap-around services for those who are homeless and also struggling with addiction and mental health challenges. HACDACS also recommends ongoing collaboration and integration of substance use and homeless services and that HACDACS participate and/or have a liaison on the Hawaii Interagency Council on Homelessness.

Clean and sober homes registry. The primary goals of rehabilitation and recovery are to restore social, family, lifestyle, vocational and economic supports by stabilizing an individual's physical and psychological functioning. Alcohol- and drug-free environments that are safe, sanitary and secure promote recovery and assist individuals in becoming self-supporting. Stable living arrangements are a critical component in the continuum of care that supports sustained recovery.

Clean and sober homes provide a means for persons to return to the community without the rigid structure of a therapeutic living program which requires licensure. The support of a home environment fulfills a need for those who are dealing with the stressors of reintegrating back into the community while maintaining sobriety. As stated in Section 2 of Act 193 Session Laws of Hawaii (SLH) 2014:

> … there is a need to improve the operation of group homes if group homes are to achieve their intended purposes. While some homes are well-run, others are overcrowded and not well-managed. To increase the number of homes that maintain appropriate living conditions, a voluntary registry will be established to set minimum standards, but also give special advantages to homes on the registry, such as technical support and preferred referral status. The voluntary registry will include specific requirements that homes on the registry must meet and will also provide a framework to monitor the homes. A key function of the voluntary registry is to enable agencies referring clients to monitor

residences that provide the necessary support for recovery efforts.

For purposes of the registry, “clean and sober home" is defined as a dwelling unit that is intended to provide a stable, independent environment of alcohol- and drug-free living conditions to sustain recovery and that is shared by unrelated adult persons who are recovering from substance abuse. The registry will establish organizational and administrative standards, fiscal management standards; operation standards, recovery support standards, property standards, and good neighbor standards.

HACDACS recommends the funding of staffing and operating costs for the Department to continue its development and implementation of the registry of clean and sober homes.

Culturally-appropriate substance use interventions. Dr. Scott Okamato, Associate Professor and Research Faculty and Hawaii Pacific University’s School of Social Work presented on evidence-based, culturally grounded drug prevention program (Ho’ouna Pono) in rural areas on Hawaii Island.

Major findings include:

- In numerous studies, Native Hawaiian youth have reported the highest rate of drug use among ethnic groups in Hawaii.
- There is a lack of research on prevention interventions with Native Hawaiian and Pacific Islanders and in rural Hawaii, and there are no culturally-grounded programs.
- The Ho’ouna Pono project is a community- university partnership initiated by the County of Hawaii Office of the Prosecuting Attorney as part of its comprehensive strategic plan to reduce juvenile crime and delinquency. The project is a collaboration between the State of Hawaii Department of Education, County of Hawaii Prosecuting Attorney’s Office, the University of Hawaii at Manoa and Hawaii Pacific University.
- The project has received three consecutive multi-year grants from the National Institute of Health since 2006:
    - The purpose of the first grant was to examine the social and cultural context of substance use initiation for rural Hawaiian youth, including the social and cultural context of drug offers and culturally competent responses to drug offers.
    - The purpose of the second grant was to develop and pilot test a culturally grounded, school-based drug prevention curriculum for rural Hawaiian youth.
    - The purpose of the third is for full scale development and evaluation.
- The findings suggest that the Ho’ouna Pono curriculum maintains positive interpersonal relationships while promoting drug resistance. There were significant decreases in fighting among participants who received the curriculum, and participants (especially girls) who received the curriculum were more likely to maintain or increase the use of non-confrontational drug resistance strategies than those who did not.
- The project is currently funded for three more years. Next steps include full scale development and evaluation with a larger sample. Two additional lessons will be added including one on dating and drugs and another on bullying and drugs. The curriculum will be implemented in every school on the Big Island.

HACDACS recommends that ADAD highlight the Ho'ouna Pono curriculum as an evidence-based best practice and share findings with Prevention providers. HACDACS also recommends that technical assistance and training be provided to ADAD-funded agencies to assist with cultural adaptations of substance use interventions and the evaluation of homegrown interventions in order to grow the body of evidence of effectiveness for culturally-based programs in Hawaii.

**REPORT PURSUANT TO
SECTION 10 OF ACT 161, SESSION LAWS OF HAWAII 2002,
ON THE IMPLEMENTATION OF SECTION 321-193.5, HAWAII REVISED STATUTES**

Act 161, Session Laws of Hawaii (SLH) 2002, was enacted "to require first time non-violent drug offenders, including probation and parole violators, to be sentenced to undergo and complete drug treatment instead of incarceration." Section 2[*] of the Act specifies that:

> The Department of Public Safety, Hawaii Paroling Authority, Judiciary, Department of Health, Department of Human Services, and any other agencies assigned oversight responsibilities for offender substance abuse treatment by law or administrative order, shall establish a coordinating body through an interagency cooperative agreement to oversee the development and implementation of offender substance abuse treatment programs in the State to ensure compliance with the intent of the master plan developed under Chapter 353G.

Section 10 of Act 161, SLH 2002, specifies that:

> The Department of Health shall submit an annual report to the Legislature before the convening of each Regular Session, beginning with the Regular Session of 2004, on the status and progress of the interagency cooperative agreement required under Section 2 of this Act and the effectiveness of the delivery of services thereto, and expenditures made under this Act.

It should be noted that there are caveats to Act 161 SLH 2002, implementation. There is no mention of a "master plan" in Chapter 353G[**] as cited in Section 2 of Act 161, SLH 2002; and no funds were appropriated in Act 161. The interagency initiative to implement offender substance abuse treatment services, however, has been an on-going collaborative activity.

The following tables indicate the number of offenders served, criminal justice agency referral source and the geographic distribution of the offenders served. The Alcohol and Drug Abuse Division (ADAD) has contracts with eight substance abuse treatment agencies that provide services statewide.

During Fiscal year 2015-16, 434, offenders were referred by criminal justice agencies for substance abuse treatment, case management and clean and sober housing in the City and County of Honolulu and the counties of Kauai, Maui and Hawaii. Of the 711 offenders who received services, 228 were carryovers from the previous year. A breakdown of the numbers serviced in Fiscal Year 2015-16 is as follows:

---

* Codified as §321-193.5, Hawaii Revised Statutes.

** Act 152-98, Criminal Offender Treatment Act.

Total Referrals and Carryovers by Criminal Justice Agency: July 1, 2015 – June 30, 2016

	Supervised Release PSD/ISC	Judiciary Adult Client Services	PSD/ISC - Corrections Jail/Prison	Hawaii Paroling Authority	Total
Oahu	18	405	0	25	**448**
Maui	15	121	0	18	**154**
Hawaii	1	108	0	0	**109**
Total	**34**	**634**	**0**	**43**	**711**
Case management services providers: CARE Hawaii Mental Health Kokua Institute for Human Services					

Referrals by Criminal Justice Agency: July 1, 2015 – June 30, 2016

	Supervised Release PSD/ISC	Judiciary Adult Client Services	PSD/ISC - Corrections Jail/Prison	Hawaii Paroling Authority	Total
Oahu[1]	16	219	0	13	**252**
Maui[2]	13	84	0	15	**112**
Hawaii[3]	0	70	0	0	**70**
Total	**29**	**373**	**0**	**28**	**434**
Substance abuse treatment providers: [1] Salvation Army – Addiction Treatment Services; Hina Mauka and Queen's Medical Center [2] Aloha House and Hina Mauka [3] Big Island Substance Abuse Council (BISAC)					

Carryover Cases by Criminal Justice Agency: July 1, 2015 – June 30, 2016

	Supervised Release PSD/ISC	Judiciary Adult Client Services	PSD/ISC - Corrections Jail/Prison	Hawaii Paroling Authority	Total
Oahu	2	137	0	8	**147**
Maui	2	37	0	3	**42**
Hawaii	1	38	0	0	**39**
Total	**5**	**212**	**0**	**11**	**228**
Case management services providers: CARE Hawaii Mental Health Kokua Institute for Human Services					

Recidivism. The major outcome for services to offenders is recidivism, or the proportion of offenders who have been rearrested. The Interagency Council on Intermediate Sanctions (ICIS) 2015 Recidivism Update (dated July 2016) for the Fiscal Year 2012 cohort reports that the overall recidivism rate is 48.9% for probation, parole and Department of Public Safety (PSD) maximum-term released prisoners. (ICIS defines recidivism as criminal rearrests, criminal contempt of court and revocations/violations.) The data reveal a 47.4% recidivism rate for probationers; 47.1% recidivism rate for offenders released to parole; and 61.9% recidivism rate for offenders released from prison (maximum-term release).

The 47.3% recidivism rate for FY 2012 probationers and parolees was slightly lower than the previous year's rate of 49.6%. The FY 2012 recidivism rate is 25.3% lower than the recidivism rate reported in the FY 1999 baseline year, but remains short of the primary goal of reducing recidivism in Hawaii by 30%. Felony probationers in the FY 2012 cohort had a 47.4% recidivism rate, which is 3.5 percentage points lower than the recidivism rate for the previous year's cohort, but indicates only a 6.3% decline in recidivism since the baseline year. Parolees in the FY 2012 cohort had a 47.1% recidivism rate, which is 1.6 percentage points higher than the previous year's rate, and signifies a 35.4% decline in recidivism from the baseline year. The recidivism rate for maximum-term released prisoners declined from 76.1% for the FY 2005 cohort to 61.9% for the FY 2012 cohort. The FY 2012 recidivism rate was 5.6 percentage points lower than the previous year's (FY 2011) recidivism rate. Additionally, maximum-term released prisoners had the highest recidivism rates in the entire FY 2012 offender cohort for criminal reconvictions (44.5%), and criminal rearrests (47.9%).

The table below summarizes data for clients (i.e., non-violent offenders) from a various segments of the overall offender population who are referred and are provided substance abuse treatment and case management services. It should be noted that clients who are referred for services may also drop out before or after admission.

Recidivism by Criminal Justice Agency: July 1, 2015 – June 30, 2016

	Supervised Release PSD/ISC	Judiciary Adult Client Services	PSD/ISC - Corrections Jail/Prison	Hawaii Paroling Authority	Total
Arrests/revocations	7	181*	0	18	**206**
Total served	34	556	0	36	**626**
Recidivism rate	**21%**	**33%**	**0%**	**50%**	**33%**

REPORT PURSUANT TO SECTION 29 OF ACT 40, SESSION LAWS OF HAWAII 2004, REQUIRING A PROGRESS REPORT ON THE SUBSTANCE ABUSE TREATMENT MONITORING PROGRAM

Section 29 of Act 40, Session Laws of Hawaii (SLH) 2004, requires that the Department of Health submit a progress report on the Substance Abuse Treatment Monitoring Program.* The Substance Abuse Treatment Monitoring Program requires the Department of Health, the Office of Youth Services, the Department of Public Safety and the Judiciary to collect data from private providers of substance abuse treatment services that receive public funds and state agencies that provide direct treatment services. Treatment providers are required to report admission and discharge data, as determined by the Department of Health.

During the Fiscal Year 2005-06, site visits to substance abuse treatment provider agencies were conducted to assess contractors' data collection procedures. During Fiscal Year 2006-07, activities of the interagency group included: training State agencies' staff on admission, discharge and follow-up data collection; making adjustments to accommodate criminal justice agencies' data needs; training for substance abuse treatment providers; and assistance in installing software onto providers' computers and providing "hands-on" training.

Throughout Fiscal Year 2007-08, progress in data entry included orientation and training of providers' staff in the Web-based Infrastructure for Treatment Services (WITS) system. During Fiscal Year 2008-09, agencies were to have strengthened communication and collaboration for data collection, however, challenges in staff recruitment and retention stymied continuity in program implementation. Similarly, during Fiscal Years 2009-10 and 2010-11, restrictions on hiring, the reduction in force which deleted one of the three positions, and furloughing of staff exacerbated progress in program implementation.

Act 164 SLH 2011, converted two positions, Information Technology Specialist (ITS) IV and Program Specialist - Substance Abuse (PSSA) IV, from temporary to permanent. The ITS IV position was filled on June 18, 2014. The PSSA IV position was reclassified into a Program Specialist VI position and was filled on April 1, 2016. The position supervises the Division Planning, Evaluation, Research and Data (PERD) Office that is responsible for strategic planning; organizational development; program development and evaluation; policy research and development; coordination and development of the Division's legislative responses, reports, and testimonies; and management of the Division's data systems.

Since Fiscal Year 2008-09, WITS has been used as a data collection and billing system for all ADAD contracted substance abuse treatment providers. The data collected was used to annually report admission and discharge information to the Legislature. While WITS has always had the capability to collect substance abuse treatment information about all clients served by its contracted providers, only clients whose services were paid through ADAD contracts were reported. In Fiscal Year 2011-12, some of ADAD contracted providers began collecting

---

* Established under Part III (Sections 23-28) of Act 40, SLH 2004.

information from the Judiciary, followed in Fiscal Year 2013-14 with the Hawaii Paroling Authority; and in Fiscal Year 2015-2016, the Department of Public Safety. ADAD continues to strengthen collaboration with the Office of Youth Services, the Department of Public Safety and the Judiciary to use WITS as their substance abuse treatment data collecting and monitoring system.

APPENDIX

A. ADAD-Funded Adult Services: Fiscal Year 2013-16

B. ADAD-Funded Adolescent Services: Fiscal Year 2013-16

C. Performance Outcomes: Fiscal Year 2013-16

D. 2004 Estimated Need for Adult Alcohol and Drug Abuse Treatment in Hawaii

E. 2007-08 Hawaii Student Alcohol, Tobacco and Other Drug Use Study (Grades 6-12)

F. Methamphetamine Admissions: 2006-2016

ADAD-FUNDED ADULT SERVICES FISCAL YEARS 2013 - 2016

ADAD-FUNDED ADULT ADMISSIONS BY GENDER

	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-2016
Male	71.9%	71.0%	71.0%	66.1%
Female	28.1%	29.0%	29.0%	33.9%
TOTAL	100.0%	100.0%	100.0%	100.0%

ADAD-FUNDED ADULT ADMISSIONS BY ETHNICITY

	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-2016
Hawaiian	39.7%	43.6%	44.6%	43.8%
Caucasian	26.1%	24.3%	24.2%	22.5%
Filipino	8.3%	7.3%	7.3%	8.0%
Mixed - Not Hawaiian	2.5%	2.3%	1.8%	3.0%
Japanese	4.4%	3.9%	4.6%	4.5%
Black	2.8%	2.5%	3.0%	4.0%
Samoan	1.8%	3.2%	2.5%	3.4%
Portuguese	1.2%	1.6%	1.3%	1.3%
Other Pacific Islander	7.6%	6.5%	6.4%	6.3%
Other*	5.6%	4.8%	4.3%	3.2%
TOTAL	100.0%	100.0%	100.0%	100%
*Other ethnicity includes: (1) other (not specified), (2) other Asian and (3) unknown.				

ADAD-FUNDED ADULT ADMISSIONS BY PRIMARY SUBSTANCE

	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-2016
Methamphetamine	45.6%	48.6%	51.5%	50.5%
Alcohol	27.4%	24.8%	22.9%	22.2%
Marijuana	16.5%	15.0%	14.1%	13.8%
Cocaine/Crack	2.3%	2.8%	2.7%	2.6%
Heroin	2.8%	3.4%	3.9%	5.3%
Other*	5.4%	5.4%	4.9%	5.6%
TOTAL	100.0%	100.0%	100.0%	100.0%
*Other substances include: (1) other (not specified), (2) other hallucinogens, (3) other stimulants, (4) other opiates/synthetics, (5) other amphetamines, (6) benzodiazepines, (7) none and (8) over-the-counter.				

ADAD-FUNDED ADULT ADMISSIONS BY RESIDENCY

	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-2016
Oahu	56.2%	63.7%	65.4%	67.0%
Hawaii	24.5%	18.2%	17.8%	16.4%
Maui	12.0%	11.8%	9.6%	10.2%
Molokai/Lanai	2.0%	1.9%	2.3%	1.9%
Kauai	2.7%	2.7%	3.7%	3.1%
Out of State	2.6%	1.7%	1.2%	1.4%
TOTAL	100.0%	100.0%	100.0%	100.0%

In the ADAD-Funded Adult Admissions by Primary Substance for Fiscal Year 2012-13 through Fiscal Year 2015-16, methamphetamine use increased from 45.6% to 50.5%. Alcohol use decreased from 27.4% to 22.2%, and marijuana use decreased from 16.5% to 13.8%. Cocaine/Crack use increased only slightly, from 2.3% to 2.6%. Heroin use increased from 2.8% to 5.3% while all “Other” substances increase only slightly from 5.4% to 5.6%.

APPENDIX B

ADAD-FUNDED ADOLESCENT SERVICES*
FISCAL YEARS 2013 - 2016

ADAD-FUNDED ADOLESCENT ADMISSIONS BY GENDER

	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-2016
Male	55.2%	52.5%	52.3%	52.7%
Female	44.8%	47.5%	47.7%	47.3%
TOTAL	100.0%	100.0%	100.0%	100.0%

ADAD-FUNDED ADOLESCENT ADMISSIONS BY ETHNICITY

	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-2016
Hawaiian	40.9%	39.5%	43.7%	46.0%
Caucasian	9.5%	8.5%	10.8%	10.8%
Filipino	12.3%	12.4%	12.2%	11.4%
Mixed - Not Hawaiian	2.5%	1.8%	1.7%	1.3%
Japanese	4.1%	3.2%	3.2%	3.6%
Black	3.0%	2.5%	2.6%	3.0%
Samoan	4.5%	5.1%	4.3%	4.3%
Portuguese	0.8%	0.7%	0.9%	0.4%
Other Pacific Islander	16.4%	20.5%	16.3%	15.3%
Other*	6.0%	5.8%	4.3%	3.9%
TOTAL	100.0%	100.0%	100.0%	100.0%
*Other ethnicity includes: (1) other (not specified), (2) other Asian and (3) unknown.				

ADAD-FUNDED ADOLESCENT ADMISSIONS BY PRIMARY SUBSTANCE

	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-2016
Marijuana	61.9%	61.3%	63.5%	66.8%
Alcohol	29.3%	28.1%	24.7%	21.5%
Other*	7.7%	10.0%	10.9%	10.8%
Methamphetamine	0.7%	0.5%	0.7%	0.6%
Cocaine/Crack	0.4%	0.1%	0.1%	0.3%
Heroin	0.0%	0.0%	0.1%	0.0%
TOTAL	100.0%	100.0%	100.0%	100.0%
*Other substances include: (1) other (not specified), (2) other hallucinogens, (3) other stimulants, (4) other opiates/synthetics, (5) other amphetamines, (6) benzodiazepines, (7) none and (8) over-the-counter.				

ADAD-FUNDED ADOLESCENT ADMISSIONS BY RESIDENCY

	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-2016
Oahu	67.9%	66.2%	64.4%	61.9%
Hawaii	13.0%	15.4%	11.8%	13.1%
Maui	11.3%	11.2%	15.5%	16.0%
Molokai/Lanai	0.7%	1.0%	2.0%	1.9%
Kauai	7.1%	6.2%	6.3%	7.1%
TOTAL	100.0%	100.0%	100.0%	100.0%

In the ADAD-Funded Adolescent Admissions by Primary Substance for Fiscal Year 2012-13 through Fiscal Year 2015-16, methamphetamine use generally remained the same, from 0.7% to 0.6%. Alcohol use decreased from 29.3%

* Adolescent: grades 6 through 12

to 21.5%, while marijuana used increased from 61.9% to 66.8%. Cocaine/Crack use generally remained the same, from 0.4% to 0.3%. Heroin use remained at 0%, while use of “Other” substances increased from 7.7% to 10.8%.

Community profiles by the State Epidemiological Outcomes Workgroup (SEOW) and the results of Student Health Surveys administered in 2013 and 2015 are consistent with the ADAD-Funded Adolescent Treatment Admissions by primary substance in that Alcohol and Marijuana are the primary substances of choice for use by person in Hawaii, ages 12-25. Community-based programs report similar trends based on qualitative data informally gathered at the local community level and therefore, are directing prevention education and strategies and social norm activities to younger ages and families as well as youth ages 12-17 and young adults.

APPENDIX C

PERFORMANCE OUTCOMES
ADOLESCENT SUBSTANCE ABUSE TREATMENT

During State Fiscal Years 2013 through 2016, six-month follow-ups were completed for samples of adolescents discharged from treatment. Listed below are the outcomes for these samples.

MEASURE	PERFORMANCE OUTCOMES ACHIEVED			
	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
Employment/School/Vocational Training	97.5%	97.8%	97.9%	98.1%
No arrests since discharge	91.0%	92.6%	95.2%	93.5%
No substance use in 30 days prior to follow-up	57.7%	60.6%	64.3%	57.9%
No new substance abuse treatment	85.2%	84.6%	86.2%	77.1%
No hospitalizations	95.8%	96.0%	96.8%	95.4%
No emergency room visits	93.1%	93.5%	95.4%	93.5%
No psychological distress since discharge	84.0%	85.3%	85.6%	88.2%
Stable living arrangements*	98.0%	97.8%	98.7%	97.7%

**defined as client indicating living arrangements as "not homeless"*

PERFORMANCE OUTCOMES
ADULT SUBSTANCE ABUSE TREATMENT

During State Fiscal Years 2013 through 2016, six-month follow-ups were completed for samples of adults discharged from treatment. Listed below are the outcomes for these samples.

MEASURE	PERFORMANCE OUTCOMES ACHIEVED			
	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
Employment/School/Vocational Training	54.2%	55.2%	57.8%	58.7%
No arrests since discharge	85.2%	81.2%	91.3%	94.0%
No substance use in 30 days prior to follow-up	65.0%	70.2%	72.7%	60.3%
No new substance abuse treatment	67.5%	68.8%	71.0%	64.5%
No hospitalizations	87.5%	90.4%	94.3%	94.4%
No emergency room visits	83.0%	82.5%	86.9%	87.3%
Participated in self-help group (NA, AA, etc.)	44.3%	46.4%	47.7%	42.6%
No psychological distress since discharge	73.0%	75.2%	80.7%	71.7%
Stable living arrangements*	85.0%	79.3%	78.5%	79.6%

**defined as client indicating living arrangements as "not homeless"*

APPENDIX D

2004 ESTIMATED NEED* FOR ADULT ALCOHOL AND DRUG ABUSE TREATMENT IN HAWAII

ESTIMATE OF DEPENDENCE AND ABUSE (NEEDING TREATMENT)

	COUNTY				
	HONOLULU	MAUI	KAUAI	HAWAII	TOTAL
Population (18 Years and Over)	628,853	98,042	47,346	102,849	877,090
NEEDING TREATMENT					
Alcohol Only	57,228	8,935	8,121	7,094	81,377
Drugs Only	10,070	1,981	1,573	1,562	15,186
Alcohol and/or Drugs	59,459	9,699	8,121	8,189	85,468

Findings of the State of Hawaii 2004 Treatment Needs Assessment * revealed that of the state's total 877,090 adult population over the age of 18, a total of 85,468 (9.74%) are in need of treatment for alcohol and/or other drugs. Comparable figures by county are as follows:

For the *City and County of Honolulu,* 59,459 (9.46%) of the total 628,853 adults on Oahu are in need of treatment for alcohol and/or other drugs.

For *Maui County,* 9,699 (9.89%) of the 98,042 adults on Maui, Lanai and Molokai are in need of treatment for alcohol and/or other drugs.

For *Kauai County,* 8,121 (17.15%) of the total 47,346 adults on Kauai are in need of treatment for alcohol and/or other drugs.**

For *Hawaii County,* 8,189 (7.96%) of the total 102,849 adults on the Big Island are in need of treatment for alcohol and/or other drugs.

The five-year (Fiscal Year 2012 to Fiscal Year 2016) average annual ADAD-funded admissions for adults is 3,085, which is 3.6% of the estimated need for adult alcohol and drug abuse treatment.

* "State of Hawaii 2004 Treatment Needs Assessment," Department of Health, Alcohol and Drug Abuse Division, 2007.
** The 2004 Kauai County data present a unique pattern of use, abuse and dependence that makes the data difficult to analyze and compare to other counties within the State. The results of the Kauai County data need to be further investigated in order to reconfirm the accuracy of the information. Other statewide studies may also provide information on the county drug/alcohol problem. One data source, the Department of Health's 2007 Behavioral Risk Factor Surveillance System (BRFSS) data, provides county data on alcohol which are comparable.

APPENDIX E

2007-08 ESTIMATED NEED*
FOR ADOLESCENT (GRADES 6-12)
ALCOHOL AND DRUG ABUSE TREATMENT
IN HAWAII

Diagnosis for Abuse or Dependence of any Substance, Based on DSM-IV Criteria, for Gender, Grade Level, and Ethnicity (weighted percents)

	No		Yes		Total
	n	%	n	%	
Overall Total	5,753	92.3	553	7.7	6,306
Gender					
Male	2,478	93.2	210	6.8	2,688
Female	3,023	91.7	316	8.3	3,339
Grade					
6th Grade	1,807	98.4	33	1.6	1,840
8th Grade	1,555	95.2	88	4.8	1,643
10th Grade	1,150	89.5	150	10.5	1,300
12th Grade	1,241	82.2	282	17.8	1,523
Ethnicity					
Japanese	778	94.6	49	5.4	827
Caucasian	1,040	88.5	153	11.5	1,193
Filipino	1,451	95.3	89	4.7	1,540
Native Hawaiian	999	88.9	132	11.1	1,131
Other Asian	426	96.4	17	3.6	443
Other Pacific Islander	481	93.0	39	7.0	520
2 or more ethnicities	129	86.8	20	13.2	149
Other	346	88.9	49	11.1	395

The Hawaii Student Alcohol, Tobacco, and Other Drug Use Study: 2007-2008 Comprehensive Report.

NOTE: Data was collected from students in grades 6, 8, 10 and 12 across the State, using a risk and protective factors approach, to report levels of substance use and treatment needs in Hawaii. Specifically, data illustrate the prevalence rates of alcohol, tobacco and other drug use among Hawaii's adolescents and provides information on risk and protective factors associated with adolescent substance use. Analyses were conducted to determine the number of students who met the American Psychiatric Association DSM-IV criteria for any substance abuse or dependence by gender, grade level and ethnicity. For the purposes of this study, abuse and dependence variables were combined such that students who qualified would meet criteria for any substance abuse or dependence as a single variable. In addition, all substances were combined into a single category. Therefore, students who met criteria for abuse or dependence for any substance are identified as individuals in need of treatment.

The table above provides the percentages of students meeting criteria for substance use disorders overall by gender, grade and ethnicity:

- For treatment needs by gender, more females (8.3%) than males (6.8%) met criteria for abuse or dependence for any substance use.

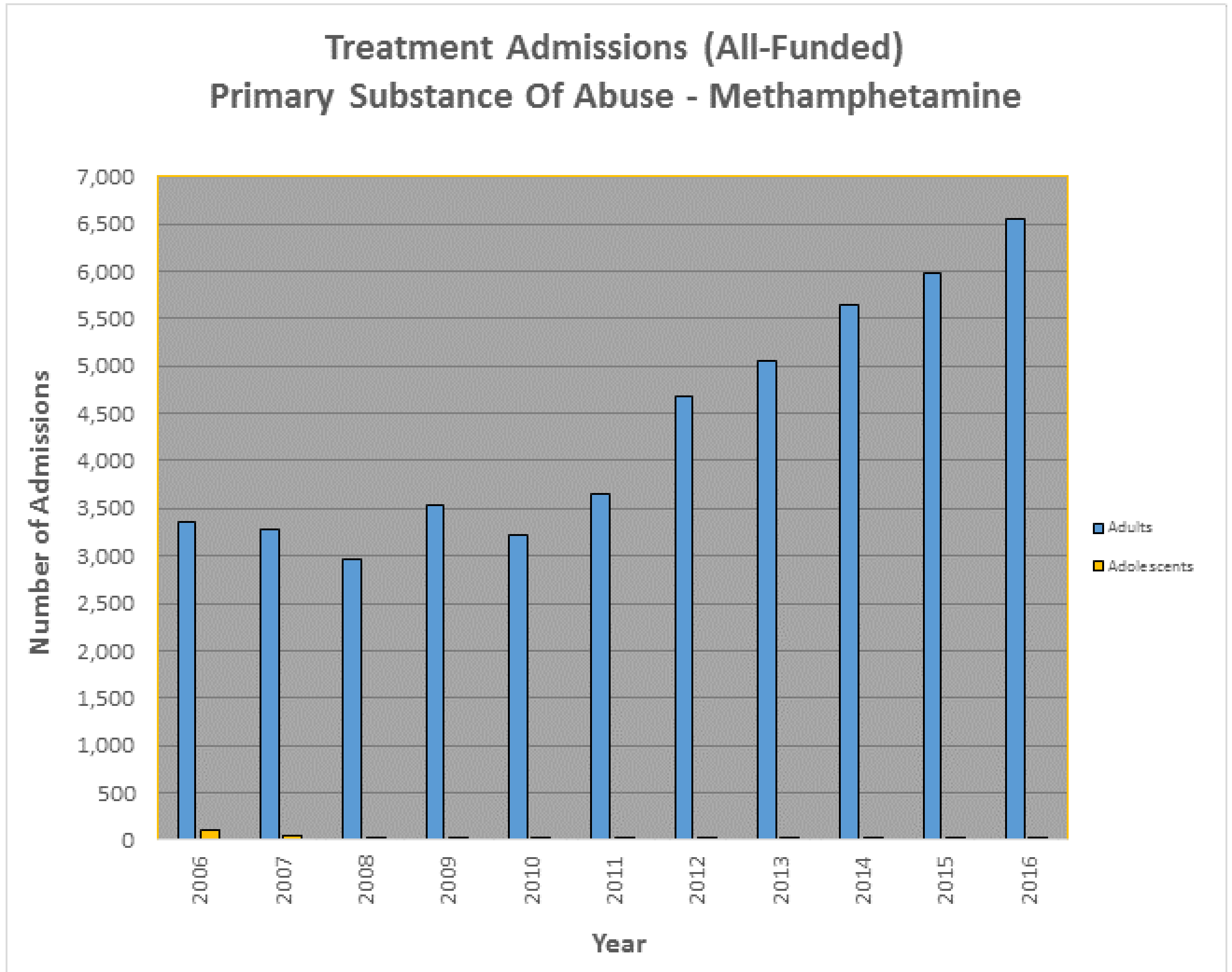
- For treatment needs by grade, 1.6% of 6th graders, 4.8% of 8th graders, 10.5% of 10th graders and 17.8% of 12th graders met criteria for substance abuse or dependence.

- Adolescents most likely to meet criteria for substance abuse or dependence were Caucasians (11.5%) and Native Hawaiians (11.1%). Students identified as Other ethnicities (11.1 %) had higher rates as well, but it should be noted that the sample size for Other ethnicities was not as large as that of Caucasians and Native Hawaiians. In addition, 7% of students of Other Pacific Islander ancestry also met criteria. Japanese (5.4%) and Filipino (4.7%) students had the lowest rates of needing treatment for substance use.

The five-year (Fiscal Year 2012 to Fiscal Year 2016) average annual ADAD-funded admissions for adolescents is 2,218, which is 35.2% of the estimated need for adolescent alcohol and drug abuse treatment.

METHAMPHETAMINE ADMISSIONS
2006 – 2016

As reflected in the graph and table below, there was a 9.4% increase and 38.5% decrease in adult and adolescent crystal methamphetamine admissions to treatment, respectively, in Fiscal Year 2015-16.



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Adults	3,363	3,270	2,967	3,536	3,216	3,654	4,681	5,044	5,642	5,978	6,540
Adolescents	106	53	33	22	24	28	15	21	24	26	16
Total	3,469	3,323	3,000	3,558	3,240	3,682	4,696	5,065	5,666	6,004	6,556

As reported by contracted substance abuse treatment providers, the above data encompass "ice" admissions that are funded by all sources of funds which includes clients whose services are ADAD-funded, as well as coverage by Medicaid (i.e., QUEST) and health

insurance coverage under Chapter 431M, HRS, relating to mental health and alcohol and drug abuse treatment insurance benefits. Data reported on pages 23 thru 26 are for ADAD-funded admissions only.