REPORT TO THE

TWENTY-EIGHTH LEGISLATURE

STATE OF HAWAII

2015

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**

**SECTION 9 OF ACT 193, SESSION LAWS OF HAWAII 2014,
REQUIRING A PROGRESS REPORT ON THE STATUS OF THE PLAN FOR ESTABLISHING AND OPERATING THE REGISTRY OF CLEAN AND SOBER HOMES**

PREPARED BY:

ALCOHOL AND DRUG ABUSE DIVISION

**DEPARTMENT OF HEALTH
STATE OF HAWAII**

DECEMBER 2014

EXECUTIVE SUMMARY

The annual report covering Fiscal Year 2013-14 for the Department of Health, Alcohol and Drug Abuse Division (ADAD) is submitted pursuant to Section 321-195, Hawaii Revised Statutes (HRS).

For Fiscal Year 2013-14, $33,367,706 was appropriated by Act 134 Session Laws of Hawaii (SLH) 2013, to the Alcohol and Drug Abuse program (HTH 440) – $19,005,362 general funds, $500,000 special funds and $13,862,344 federal funds. The appropriation added funds ($41,432 general funds and $35,613 federal funds) for labor savings restoration; changed the means of financing for (5.5 FTE) temporary positions and funds ($5,947,262) from federal funds to other federal funds; changed the means of financing for (1.5 FTE) temporary positions and funds ($255,170) from federal funds to other federal funds in Alcohol and Drug Abuse Administration (HTH440/HD); changed the means of financing for (1.5 FTE) temporary positions and funds ($255,170) from other federal funds to federal funds in the Alcohol and Drug Abuse Treatment and Recovery Branch (HTH440/HR); and added general funds for grants-in-aid pursuant to Chapter 42F, Hawaii Revised Statutes, to Alahou Clean & Sober ($30,000) and the Hawaii Meth Project ($400,000). Of the total appropriated, $21,901,238 was allocated for substance abuse treatment services and $5,555,657 was allocated for substance abuse prevention services.

Act 222 Session Laws of Hawaii (SLH) 2013 (SB 515 SD2 HD1 CD1), relating to housing, appropriated funds to be expended by the Department of Health in Fiscal Year 2013-14: Section 2 appropriated $300,000 for substance abuse treatment and mental health support services for individuals who are homeless or at risk of becoming homeless; and Section 3 appropriated $200,000 for clean and sober housing support services to be administered by the Alcohol and Drug Abuse Division of the Department of Health.

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

> $7.2 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.
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> $2.8 million for the Access to Recovery (ATR) Grant funded by the U.S. Department of Health and Human Services, SAMHSA, Center for Substance Abuse Treatment (CSAT). The 2007 ATR Grant award for a three-year period brought $8.2 million to the state. Recovery support services were made available to over 3,800 clients from 2007 through 2010. Assessment, referral, and recovery support services provided under the 2007 ATR Grant assisted clients with enrolling in treatment services, and supported them in sustaining recovery. The goals of the program were to expand capacity, support client choice, increase the array of faith-based and community-based providers for treatment and recovery support services, and reduce substance abuse, especially of "ice" (or methamphetamine). In fiscal year 2010, SAMHSA/CSAT awarded the state additional funding of approximately $2.9 million per year over a four-year period (9/30/2010 – 9/29/2014) to provide substance

abuse treatment and recovery support services for individuals age twelve (12) and older on Oahu and on at least one neighbor island who are in need of assessment and intervention in their substance use disorders. Treatment and recovery support services include assessment, intensive outpatient treatment, recovery mentoring, clean and sober housing, transportation, pastoral counseling and other sober support activities.

$359,639 for the U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention (OJJDP) formula grant to support activities in law enforcement, public education programs and policy development focusing on limiting youth access to alcohol, strictly enforcing underage drinking laws and promoting zero tolerance for underage drinking while creating positive outlets for our youth.

$252,000 in each of three years (9/30/2011 – 9/29/2014) 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).

$2.1 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 to assist 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 will assist the target population in securing permanent housing, then maintaining that housing through wrap-around 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.

$1.8 million in each of five years (9/30/2013 – 9/29/2018) for the Strategic Prevention Framework – Partnerships for Success (SPF-PFS) Grant funded by the SAMHSA Center for Substance Abuse Prevention (CSAP) 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.

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: *

* Details on adult and adolescent treatment admissions, outcomes for six-month follow-ups, needs assessments and methamphetamine admissions are appended at pages 20-25.

A continuum of residential, outpatient, day treatment and therapeutic living services were provided to 3,108 adults statewide in Fiscal Year 2013-14;

Substance abuse assessment, outpatient treatment, and recovery support services (e.g., transportation, clean and sober housing, pastoral counseling, and sober support activities) were made available to 5,011 participants enrolled in the Hawaii ATR project in Fiscal Year 2013-14;

School- and community-based outpatient substance abuse treatment services were provided to 2,547 adolescents statewide in Fiscal Year 2013-14; 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 279,306 children, youth and adults in Fiscal Year 2013-14.

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;

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

Section 9 of Act 193, SLH 2014, requiring a progress report on the status of the plan for establishing and operating the registry of clean and sober homes.

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ALCOHOL AND DRUG ABUSE DIVISION

The annual report covering Fiscal Year 2013-14 for the Department of Health, 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; Section 29 of Act 40 SLH 2004, requiring a progress report on the substance abuse treatment monitoring program; and Section 9 of Act 193, SLH 2014, requiring a progress report on the status of the plan for establishing and operating the registry of clean and sober homes.

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 plans, coordinates and implements statewide plans, policies and services relative to alcohol and drug abuse; certifies substance abuse counselors and program administrators; accredits substance abuse programs; and provides for education, prevention, diagnostic, treatment and consultative services. ADAD's efforts are designed to promote a statewide, culturally appropriate, comprehensive system of services to meet the needs of individuals and families.

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 will be 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.
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> 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.
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> 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 and other drug use 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., programs, evidence-based practices, and/or environmental strategies) that 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 a person, their family, 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.

Priorities for substance abuse prevention and treatment are as follows:

Interagency collaboration and coordination. Ensure the availability and accessibility of substance abuse prevention and treatment services by convening or participating in interagency and inter-governmental initiatives that address public health interests in issues, including but not limited to underage drinking, prescription drug abuse, homelessness, veterans, offender reintegration and co-occurring mental illness and substance abuse.

Revenue diversification. Pursue funding opportunities to ensure that core substance abuse prevention and treatment services are provided. Leverage other funding sources, including but not limited to, Medicare and Medicaid to reduce the impact of funding changes in funding sources, enabling the State to realign programs and resources to effectively maintain a continuum of vital substance abuse services.

Service delivery system. Maintain commitment to standardization and efficiency in program/service procurement, contracting and monitoring that meets the needs of communities while adhering to federal standards and state procurement requirements. Recognize diversity within communities and work collaboratively to manage existing resources to maximize service delivery and program effectiveness.

Quality assurance and improvement. Continue providing opportunities for Certified Substance Abuse Counselors (CSACs) to meet national standards through professional credentialing and sponsoring of training sessions for which participants earn Continuing Education Units (CEU); program accreditation; and ensuring that residents of Hawaii have access to substance abuse assessment, treatment and recovery support services. Encourage dialogue with substance abuse prevention and treatment providers to continually improve practices in both fields.

Substance abuse prevention and community. Build on primary and secondary prevention strategies by utilizing community-based programming to target alcohol, tobacco and other drug (ab)use among Hawaii's youth. Engage and support community programs, schools and coalitions in the delivery of research-based "best practice" prevention models.

Recovery oriented system of care. Enhance contracted substance abuse treatment and recovery support services providers to deliver a system of care that: supports person-centered, self-directed approaches of care that empower clients to play meaningful roles in designing their treatment and recovery plans; and builds on the strengths and resilience of individuals and their support system to engage in promoting sustained health and recovery over time.

Data, research and planning. Continue to build and expand ADAD's data collection system to enhance research driven outcome measures and planning efforts. Data systems enable ADAD to identify changing substance abuse patterns while encouraging nationally recognized "best practice" models to initiate intervention strategies. Assist ADAD-funded providers to maximize treatment resources through enhancements to data collection and invoicing systems that meet the requirements of the Affordable Care Act (ACA) and effective financial management.

HIGHLIGHTS OF ACCOMPLISHMENTS AND ACTIVITIES
July 1, 2013 to June 30, 2014

State and Federal Funding

For Fiscal Year 2013-14, $33,367,706 was appropriated by Act 134 Session Laws of Hawaii (SLH) 2013, to the Alcohol and Drug Abuse program (HTH 440) – $19,005,362 general funds, $500,000 special funds and $13,862,344 federal funds. The appropriation added funds ($41,432 general funds and $35,613 federal funds) for labor savings restoration; changed the means of financing for (5.5 FTE) temporary positions and funds ($5,947,262) from federal funds to other federal funds; changed the means of financing for (1.5 FTE) temporary positions and funds ($255,170) from federal funds to other federal funds in Alcohol and Drug Abuse Administration (HTH440/HD); changed the means of financing for (1.5 FTE) temporary positions and funds ($255,170) from other federal funds to federal funds in the Alcohol and Drug Abuse Treatment and Recovery Branch (HTH440/HR); and added general funds for grants-in-aid pursuant to Chapter 42F, Hawaii Revised Statutes, to Alahou Clean & Sober ($30,000) and the Hawaii Meth Project ($400,000). Of the total appropriated, $21,901,238 was allocated for substance abuse treatment services and $5,555,657 was allocated for substance abuse prevention services.

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Federal Grants and Contracts

Substance Abuse Prevention and Treatment (SAPT) Block Grant. ADAD received $7.2 million in Fiscal Year 2013-14 of 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.

Access to Recovery (ATR) Grant. SAMHSA's Center for Substance Abuse Treatment (CSAT) awarded $2.8 million per year for the Access to Recovery (ATR) Ohana Grant over four years (9/30/2010 – 9/29/2014) to provide substance abuse treatment and recovery support services for individuals age twelve (12) and older on Oahu and on at least one neighbor island. Treatment and recovery support services include assessment, intensive outpatient treatment, recovery mentoring, clean and sober housing, transportation, pastoral counseling, and other recovery support activities.

Enforcing Underage Drinking Laws. The $359,639 U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention (OJJDP) formula grant

supports activities in law enforcement, public education programs and policy development focusing on limiting youth access to alcohol, strictly enforcing underage drinking laws and promoting zero tolerance for underage drinking while creating positive outlets for our youth.

U.S. Food and Drug Administration (FDA) Tobacco Inspections. The $252,000 in each of three years (9/30/2011 – 9/29/2014) was awarded by the FDA for 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 will be conducted: undercover buys, to determine a retailer's compliance with age and photo identification requirements; and advertising and labeling to address other provisions of the Tobacco Control Act.

Hawaii Pathways Project. The $2.1 million over three years for the Hawaii Pathways Project funded by the SAMHSA/CSAT/Cooperative Agreements to Benefit Homeless Individuals (CABHI) for States will assist 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 will assist the target population in securing permanent housing, then maintaining that housing through wrap-around support services that will include housing, vocational, and mental health support, as well as case management and peer navigators.

Strategic Prevention Framework – Partnerships for Success (SPF-PFS) Grant. The $1.8 million in each of five years 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.

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:*

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* Details on adult and adolescent treatment admissions, outcomes for six-month follow-ups, needs assessments and methamphetamine admissions are appended at pages 20-25.

activities) were made available to over 5,011 participants enrolled in the Hawaii ATR project in Fiscal Year 2013-14;

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Studies and Surveys

Tobacco Sales to Minors. The 2014 annual statewide survey results for illegal tobacco sales to minors is 3.1%, a big decrease from last year's rate of 7.1%. While the 3.1% represents a significant decrease for the state, the 9.6% national weighted average for federal fiscal year 2013 represents a slight increase from 2012's 9.1% in overall retailer violation rates. 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. In the Spring of 2014, teams made up of youth volunteers (ages 15-17) and adult observers visited a random sample of 224 stores statewide in which the youth attempted to buy cigarettes to determine how well retailers were complying with state tobacco laws. Seven stores (3.1%) sold to minors (ages 15-17). Sales to a minor did not occur if clerks asked for identification. Of the four counties included in the statewide survey, the Counties of Kauai and Maui had no sales, the City and County of Honolulu had two sales, and the County of Hawaii 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 18 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 2013-14, ADAD conducted training programs that accommodated staff development opportunities for 1,344 (duplicated) healthcare, human service, criminal justice and substance abuse prevention and treatment professionals through 38 training sessions, courses and workshops in topics relating to substance abuse prevention and treatment for adolescents and adults. Participants earned 8,210 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) in the State of Hawaii.

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, sustainability, identifying/implementing environmental trainings, evaluation capacity building, evidence-based practices, Code of Ethical Conduct for credentialed substance abuse professionals, substance abuse prevention specialist training, 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, understanding the DSM/ICD-9 diagnosis and coding systems, 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.

Certification of Professionals and Accreditation of Programs

Certification of Substance Abuse Counselors. In Fiscal Year 2013-14, ADAD processed 475 (new and renewal) applications, administered 51 computer-based written exams and certified 34 applicants as substance abuse counselors, bringing the total number of certified substance abuse counselors to 1,066.

Accreditation of programs. In Fiscal Year 2013-14, ADAD conducted a total of 11 accreditation reviews and accredited 5 organizations, some of which have multiple (residential treatment and therapeutic living) accreditable 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 outcome measures. The HISSAP system implements a comprehensive web-based data collection and management system for the processing of outcome 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 2014 Legislative Session that addressed issues affecting the agency included:

Act 193 Session Laws of Hawaii 2014 (HB 2224 HD2 SD2 CD1), relating to group homes, establishes a registry for clean and sober homes within the Department of Health; appropriates funds for staffing and operating costs to plan, establish and operate the registry of clean and sober homes; and amends the county zoning statute to better align functions of state and county jurisdictions with federal law.

The voluntary registry of clean and sober homes is a product of a two-year process during which the knowledge and expertise of public (i.e., State and County) as well as private agencies' perspectives were elicited. The registry will help residents to access a stable, alcohol- and drug-free home-like living environment by establishing procedures and standards by which homes will be allowed to be listed on the registry, including but not limited to: organizational and administrative standards, fiscal management standards, operation standards, recovery support standards, property standards; and good neighbor standards.

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 9 of Act 193, Session Laws of Hawaii 2014, Requiring a Progress Report on the Status of the Plan for Establishing and Operating the Registry of Clean and Sober Homes**

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

S. KALANI BRADY, M.D.
Medical - 6/30/2014

KARL P. ESPALDON, ESQ.
Community and Business Affairs - 6/30/2014

BILLIE GABRIEL*
Community and Business Affairs - 6/30/2014

HEATHER LUSK
Chairperson
Education - 6/30/2015

PAULA T. MORELLI, PH.D.
Education - 6/30/2015

TAMAH-LANI S.K. NOH
Community and Business Affairs - 6/30/2014

DALLEN K. PALEKA
Vice Chairperson
Corrections - 6/30/2016

MICHELE S. SCOFIELD*
Youth Action (Maui) - 6/30/2014

STEVEN M. SHIRAKI, PH.D.**
Joint appointment to HACDACS – 6/30/2014 and State Council on Mental Health*

JAMIE L. TOMITA
Pharmacological – 6/30/16

On March 28, 2013, members elected Heather Lusk as Chairperson and Dallen K. Paleka as Vice Chairperson. Meetings were scheduled on the fourth Thursday of each month during the months of July through November of 2013 and on the fourth Tuesday of each month during the months of January through June of 2014.

Discussions during Fiscal Year 2013-14 covered a variety of topics, including the following:

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* Members who resigned during FY 2014: Billie Gabriel (March 18, 2014) and Michele Scofield (May 20, 2014).

** Steven M. Shiraki serves as the jointly appointed member to HACDACS and the State Council on Mental Health (SCMH) pursuant to Sections 329-2 and 334-10, HRS.

Homelessness. The 2013 Homeless Point in Time Count for the City and County of Honolulu reported a total of 4,556 homeless persons of which 1,465 persons were unsheltered. Of the population of unsheltered homeless, 505 were identified as chronically homeless individuals. The 2013 Count noted that 78% of unsheltered persons are severely mentally ill, 55% are chronic substance abusers, and 28% suffer from both mental illness and chronic substance abuse.

One of the approaches for addressing homelessness is the Pathways to Housing model[1] which 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 suffer from mental illness and homelessness.

Pathways to Housing was founded by Dr. Sam Tsemberis in 1992, and is credited as being the originator of the Housing First model of addressing homelessness among people with psychiatric disabilities. "Housing First" addresses the needs of the homeless based on the concept that a homeless individual or household's first and primary need is to obtain stable housing, and that other issues or conditions that may affect the household can and should be addressed once housing is obtained. The principles of Housing First are that: people are moved into housing directly from streets and shelters without preconditions of treatment acceptance or compliance; the provider is obligated to bring support services to the housing and these services are predicated on assertive engagement, not coercion; continued tenancy is not dependent on participation in services; units are targeted to the most disabled and vulnerable homeless members of the community; a harm reduction approach to addiction is employed rather than mandating abstinence and the provider must be prepared to support resident commitments to recovery; residents must have leases and tenant protections under the law; and this approach can be implemented as either a project-based or scattered-site model.

Pathways to Housing is an "evidence-based practice." Multiple research studies have reported that the program has a consistently significant positive impact on its target population and that there are few or no negative effects. As an evidence-based practice, Housing First has not only been proven to be successful in ending homelessness, but is also embraced as the most cost-effective solution.

Parity in insurance coverage for mental health and addiction. The Mental Health Parity and Addiction Equity Act (MHPAEA) requires insurance groups that offer coverage for mental health or substance use disorders to provide the same level of benefits that they do for general medical treatment. The Act makes it easier for those Americans to get the care they need by prohibiting practices that limit insurance coverage for behavioral health treatment and services.[2]

1 http://pathwaystohousing.org/

2 The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) is a federal law that generally prevents group health plans and health insurance issuers that provide mental health or substance use disorder (MH/SUD) benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits. MHPAEA originally applied to group health plans and group health insurance coverage and was amended by the Patient Protection and Affordable Care Act, as amended by the

The Act requires many insurance plans that cover mental health or substance use disorders to offer coverage for those services that is no more restrictive than the coverage for medical/surgical conditions. This requirement applies to: copays, coinsurance, and out-of-pocket maximums; limitations on services utilization, such as limits on the number of inpatient days or outpatient visits that are covered; the use of care management tools; coverage for out-of-network providers; and criteria for medical necessity determinations.

MHPAEA does not require insurance plans to offer coverage for mental illnesses or substance use disorders in general, or for any specific mental illness or substance use disorder. It also does not require plans to offer coverage for specific treatments or services for mental illness and substance use disorders. However, coverage that insurance plans offer for mental and substance use disorders must be provided at parity with coverage for medical/surgical health conditions.

The Affordable Care Act (ACA) extends the reach of MHPAEA requirements. Qualified Health Plans offered through the Health Insurance Marketplaces in every state must include coverage for mental health and substance use disorders as one of the ten categories of Essential Health Benefits, and that coverage must comply with the federal parity requirements set forth in MHPAEA.

Some plans may request an exemption from the law. If an employer-based plan can demonstrate that the requirements of the parity law have increased its health care costs by two percent in the first year that MHPAEA applies to the plan, or by at least one percent in subsequent years, they may ask to be exempt for the following year. Self-insured non-federal government employee plans can opt out of the federal parity law. Parity requirements do not apply to: individual and small employer plans created before January 1, 2014 (these will be "grandfathered," and exempted from the requirements of parity); church-sponsored plans and self-insured plans sponsored by state and local governments; retiree-only plans; TriCare; Medicare; and traditional Medicaid (fee-for-service, non-managed care).

Insurers typically make decisions to cover or deny coverage for specific mental health and substance use disorder services based on whether that service is "medically necessary" for the patient. These insurers must share the criteria that they use to make these medical necessity determinations with any current or potential participant, beneficiary, or contracting provider upon request. MHPAEA also provides that insurers must explain the reason for any denial of reimbursement or payment for services for mental health and substance use disorder benefits to the participant or beneficiary upon request, or as otherwise required.

A number of state and federal agencies share oversight and enforcement of parity. Enforcement varies based on the type of insurance plan. State insurance commissioners oversee individual and employer-funded plans of less than 51 insured employees, as well as fully-insured large group plans. However, if the U.S. Department of Health and Human Services (HHS) makes a

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Health Care and Education Reconciliation Act of 2010 (collectively referred to as the "Affordable Care Act") to also apply to individual health insurance coverage.

finding that the State has failed to "substantially enforce" the federal law, HHS can exercise secondary enforcement authority. The U.S. Department of Labor and the Internal Revenue Service generally have enforcement authority over self-insured private sector employment-based plans that are subject to the Employee Retirement Income Security Act of 1974 (ERISA). HHS has direct enforcement authority with respect to self-funded non-Federal governmental plans.

Registry of clean and sober homes. The Clean and Sober Homes and Halfway Houses Task Force (convened in 2013 and reconvened in 2014 by the Director of Health) explored ways to develop a plan to ensure that these homes are properly monitored and accountable for meeting occupancy, zoning and permitting requirements and quality standards. These homes, which are located in communities throughout the state, provide housing for those suffering from substance abuse, including those who may have co-occurring mental health issues, as they transition from the treatment setting to life in the community.

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. Notwithstanding the needs of those who benefit from these homes, neighboring residents have expressed concerns over the legal operation of such homes in their immediate vicinity, and poor conduct and lack of neighborly behavior of the residents.

Statutory amendments enacted by the 2014 Legislature[3] are the product of a two-year process during which the knowledge and expertise of public (i.e., State and County) as well as private agencies' perspectives were elicited. The Act will help residents of clean and sober group homes to access a stable, alcohol- and drug free home-like living environment in residences that are in compliance with federal, state and county requirements and minimum quality standards. The Act, which reflects current practices in the field of addiction, will afford a balance between concerns of community members and the concerns of those requiring the support of alcohol- and drug-free group homes.

The availability of quality group homes will benefit clients of Department of Health behavioral health programs, as well as clients enrolled in Department of Human Services programs that assist the homeless. In addition, substance abusing offenders on supervised release under the supervision of the Department of Public Safety, parolees under the supervision of the Hawaii Paroling Authority and probationers under the supervision of the Judiciary, who have substance use issues and who are transitioning to independent, in-community living, will be afforded support in an alcohol- and drug-free environment.

[3] Act 193 Session Laws of Hawaii 2014 (H.B. 2224 HD2 SD2 CD1), relating to group homes.

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 2013-14, 337 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 437 offenders who received services, 100 carryovers from the previous year. A breakdown of the numbers serviced in Fiscal Year 2013-14 is as follows:

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* 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, 2013 – June 30, 2014

	Supervised Release PSD/ISC	Judiciary Adult Client Services	PSD/ISC - Corrections Jail/Prison	Hawaii Paroling Authority	Total
Oahu	8	224	4	33	**269**
Maui	1	78	0	15	**94**
Hawaii	2	70	0	2	**74**
Total	**11**	**372**	**4**	**50**	**437**

Case management services providers:
CARE Hawaii
Mental Health Kokua
Institute for Human Services

Referrals by Criminal Justice Agency: July 1, 2013 – June 30, 2014

	Supervised Release PSD/ISC	Judiciary Adult Client Services	PSD/ISC - Corrections Jail/Prison	Hawaii Paroling Authority	Total
Oahu[1]	8	175	4	25	**212**
Maui[2]	1	54	0	15	**70**
Hawaii[3]	1	52	0	2	**55**
Total	**10**	**281**	**4**	**42**	**337**

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, 2012 – June 30, 2013

	Supervised Release PSD/ISC	Judiciary Adult Client Services	PSD/ISC - Corrections Jail/Prison	Hawaii Paroling Authority	Total
Oahu	0	49	0	8	**57**
Maui	0	24	0	0	**24**
Hawaii	1	18	0	0	**19**
Total	**1**	**91**	**0**	**8**	**100**

Data for carryover cases are for CARE Hawaii only as Fiscal Year 2013 – 2014 is the first year during which Mental Health Kokua and the Institute for Human Services were contracted to provide case management services for non-violent offenders.

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) 2013 Recidivism Update (dated July 2014) for the Fiscal Year 2010 cohort reports that the overall recidivism rate is 52.1% 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 52.3% recidivism rate for probationers; 46.5% recidivism rate for offenders released to parole; and 62.7% recidivism rate for offenders released from prison (maximum-term release).

The 50.8% recidivism rate for FY 2010 probationers and parolees was slightly higher than the rate for the previous year's offender cohort, but was lower than the FY 1999 baseline rate of 63.3%. This translates into a 19.7% cumulative decrease in recidivism rates (1999-2010 cohorts), which falls short of the primary goal of reducing recidivism in Hawaii by 30%. Probationers in the FY 2010 cohort had a 52.3% recidivism rate, which is a 3.4 percentage point increase in recidivism from the previous year. Parolees had a 46.5% recidivism rate in the FY 2010 cohort, which is 3.5 percentage points lower than the previous year. In the FY 2005 cohort, ICIS started to track the recidivism rates for maximum-term released prisoners. The recidivism rates for these offenders declined from 76.1% in FY 2005 to 62.7% in FY 2010, which represents a 17.6% decrease. With respect to specific recidivism types, maximum-term released prisoners had the highest recidivism rate for criminal rearrests (34.2%) and for criminal contempt of court (26.1%), while parolees had the highest revocation-violation rate (19.3%).

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, 2013 – June 30, 2014

	Supervised Release PSD/ISC	**Judiciary Adult Client Services**	**PSD/ISC - Corrections Jail/Prison**	**Hawaii Paroling Authority**	**Total**
Arrests/revocations	2	90	0	10	**102**
Total served	**10**	**281**	**4**	**42**	**337**
Recidivism rate	20%	32%	0%	24%	30%

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. Upon approval of the redescription of the PSSA IV position in accordance with the Division reorganization, the recruitment process will be initiated. The conversion and redescription of the PSSA IV position will facilitate recruitment and hiring efforts for this position which will supervise the 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.

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

REPORT PURSUANT TO
SECTION 9 OF ACT 193, SESSION LAWS OF HAWAII 2014,
REQUIRING A PROGRESS REPORT ON THE STATUS OF THE PLAN FOR ESTABLISHING AND OPERATING THE REGISTRY OF CLEAN AND SOBER HOMES

Act 193 Session Laws of Hawaii (SLH) 2014, relating to group homes, was signed by the Governor on July 3, 2014. Section 9 of the Act requires the Department of Health (DOH) to submit a progress report to the Legislature no later than twenty days prior to the convening of the Regular Session of 2015, "concerning the status of the plan for establishing and operating the registry of clean and sober homes."

Part 2 (Sections 2 through 5) of the Act pertain to the clean and sober homes registry. At the time of report preparation (November 2014), the status of establishing and operationalizing the registry of clean and sober homes is as follows:

> A "housekeeping" measure to amend Section 3 of Act 193 SLH 2014, codified as Section 321-193.7, Hawaii Revised Statutes, has been drafted and is undergoing review for introduction during the 2015 Session. The proposed amendment would provide immunity from liability to the Department of Health, its employees, agents and volunteers for operating the clean and sober homes registry.
>
> Funds appropriated ($250,000) in Section 5 of the Act will be allocated for expenditure during the second half of Fiscal Year 2015 as stipulated in Executive Memorandum No. 14-06, "FY 15 Budget Execution Policies and Instructions." A budget request ($508,000 for FY 2016 and $350,000 for FY 2017) to cover staffing and operating costs to implement the registry during Fiscal Biennium 2015-2017 was submitted, however, the item was not included in the DOH budget request for the upcoming biennium.
>
> The process of drafting administrative rules to operationalize the registry of clean and sober homes has been initiated. It is anticipated that by the end of December 2014, a draft will be completed for internal (i.e., Department of Health) and external (i.e., Department of the Attorney General, Legislative Reference Bureau, etc.) review and mark-up.

If the Legislature appropriates funds for staffing and operations of the registry, it is anticipated that:

- By Fiscal Year 2017, rules will be adopted;
- By Fiscal Year 2018, the web-based registry of clean and sober homes will be operational; and
- By Fiscal Year 2019, ADAD-funded substance abuse treatment providers whose clients are assisted with housing referrals shall only refer clients to residences that are on the registry.

APPENDIX

A. ADAD-Funded Adult Services: Fiscal Year 2010-14

B. ADAD-Funded Adolescent Services: Fiscal Year 2010-14

C. Performance Outcomes: Fiscal Year 2010-14

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: 2002-2014

APPENDIX A

ADAD-FUNDED ADULT SERVICES
FISCAL YEARS 2010 - 2014

ADAD-FUNDED ADULT ADMISSIONS BY GENDER

	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
Male	70.2%	73.6%	70.7%	71.9%	71.0%
Female	29.8%	26.4%	29.3%	28.1%	29.0%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%

ADAD-FUNDED ADULT ADMISSIONS BY ETHNICITY

	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
Hawaiian	42.5%	37.9%	41.6%	39.7%	43.6%
Caucasian	28.3%	28.4%	27.5%	26.1%	24.3%
Filipino	7.1%	7.1%	6.2%	8.3%	7.3%
Mixed - Not Hawaiian	1.6%	2.9%	2.5%	2.5%	2.3%
Japanese	3.8%	4.4%	4.2%	4.4%	3.9%
Black	2.5%	2.4%	2.8%	2.8%	2.5%
Samoan	1.6%	1.8%	1.9%	1.8%	3.2%
Portuguese	0.9%	1.2%	0.9%	1.2%	1.6%
Other Pacific Islander	5.1%	7.8%	7.2%	7.6%	6.5%
Other	6.6%	6.2%	5.2%	5.6%	4.8%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%

ADAD-FUNDED ADULT ADMISSIONS BY PRIMARY SUBSTANCE

	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
Methamphetamine	41.5%	39.9%	43.0%	45.6%	48.6%
Alcohol	33.6%	34.4%	29.3%	27.4%	24.8%
Marijuana	15.1%	16.9%	16.9%	16.5%	15.0%
Cocaine/Crack	4.4%	3.2%	2.6%	2.3%	2.8%
Heroin	1.8%	1.5%	2.0%	2.8%	3.4%
Other	3.6%	4.2%	6.2%	5.4%	5.4%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%

ADAD-FUNDED ADULT ADMISSIONS BY RESIDENCY

	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
Oahu	56.0%	55.8%	60.9%	56.2%	63.7%
Hawaii	22.8%	28.0%	21.6%	24.5%	18.2%
Maui	14.9%	11.5%	12.3%	12.0%	11.8%
Molokai/Lanai	2.0%	1.7%	1.8%	2.0%	1.9%
Kauai	3.9%	1.5%	2.1%	2.7%	2.7%
Out of State	0.4%	1.5%	1.3%	2.6%	1.7%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%

APPENDIX B

ADAD-FUNDED ADOLESCENT SERVICES
FISCAL YEARS 2010 - 2014

ADAD-FUNDED ADOLESCENT ADMISSIONS BY GENDER

	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
Male	50.7%	52.8%	54.8%	55.2%	52.5%
Female	49.3%	47.2%	45.2%	44.8%	47.5%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%

ADAD-FUNDED ADOLESCENT ADMISSIONS BY ETHNICITY

	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
Hawaiian	46.7%	45.7%	43.8%	40.0%	39.5%
Caucasian	12.0%	12.1%	12.0%	9.5%	8.5%
Filipino	13.7%	12.2%	12.5%	12.3%	12.4%
Mixed - Not Hawaiian	2.0%	1.8%	2.9%	2.5%	1.8%
Japanese	3.8%	4.1%	3.7%	4.1%	3.2%
Black	2.3%	2.5%	2.5%	3.0%	2.5%
Samoan	4.4%	5.3%	4.5%	4.5%	5.1%
Portuguese	0.4%	1.3%	0.6%	0.8%	0.7%
Other Pacific Islander	11.3%	10.7%	14.1%	16.4%	20.5%
Other	3.4%	4.5%	3.4%	6.0%	5.8%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%

ADAD-FUNDED ADOLESCENT ADMISSIONS BY PRIMARY SUBSTANCE

	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
Methamphetamine	0.9%	0.9%	0.3%	0.7%	0.5%
Alcohol	32.1%	29.5%	30.0%	29.3%	28.1%
Marijuana	59.5%	62.0%	62.4%	61.9%	61.3%
Cocaine/Crack	0.3%	0.6%	0.1%	0.4%	0.1%
Heroin	-0-	-0-	-0-	-0-	-0-
Other	7.1%	7.0%	7.2%	7.7%	10.0%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%

ADAD-FUNDED ADOLESCENT ADMISSIONS BY RESIDENCY

	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
Oahu	65.7%	63.7%	68.8%	67.9%	66.2%
Hawaii	13.5%	14.5%	11.8%	13.0%	15.4%
Maui	10.9%	12.3%	11.8%	11.3%	11.2%
Molokai/Lanai	1.5%	0.7%	0.8%	0.7%	1.0%
Kauai	8.4%	8.7%	6.8%	7.1%	6.2%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%

APPENDIX C

PERFORMANCE OUTCOMES
ADOLESCENT SUBSTANCE ABUSE TREATMENT

During State Fiscal Years 2010 through 2014, 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 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
Employment/School/Vocational Training	97.5%	98.4%	98.4%	97.5%	97.8%
No arrests since discharge	92.0%	91.1%	90.2%	91.0%	92.6%
No substance use in 30 days prior to follow-up	54.1%	56.9%	55.1%	57.7%	60.6%
No new substance abuse treatment	83.9%	82.8%	82.9%	85.2%	84.6%
No hospitalizations	96.5%	96.0%	95.8%	95.8%	96.0%
No emergency room visits	94.1%	94.2%	93.7%	93.1%	93.5%
No psychological distress since discharge	77.3%	81.9%	85.7%	84.0%	85.3%
Stable living arrangements	97.5%	97.8%	97.5%	98.0%	97.8%

PERFORMANCE OUTCOMES
ADULT SUBSTANCE ABUSE TREATMENT

During State Fiscal Years 2010 through 2014, 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 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
Employment/School/Vocational Training	63.3%	61.7%	58.8%	54.2%	55.2%
No arrests since discharge	91.9%	89.8%	86.1%	85.2%	81.2%
No substance use in 30 days prior to follow-up	72.7%	70.5%	75.0%	65.0%	70.2%
No new substance abuse treatment	77.4%	69.7%	70.5%	67.5%	68.8%
No hospitalizations	94.4%	93.0%	92.5%	87.5%	90.4%
No emergency room visits	92.1%	91.0%	89.4%	83.0%	82.5%
Participated in self-help group (NA, AA, etc.)	47.4%	45.3%	48.8%	44.3%	46.4%
No psychological distress since discharge	83.3%	81.2%	80.7%	73.0%	75.2%
Stable living arrangements	84.2%	88.2%	74.7%	85.0%	79.3%

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 2010 to Fiscal Year 2014) average annual ADAD-funded admissions for adults is 3,108, 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 needs 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.

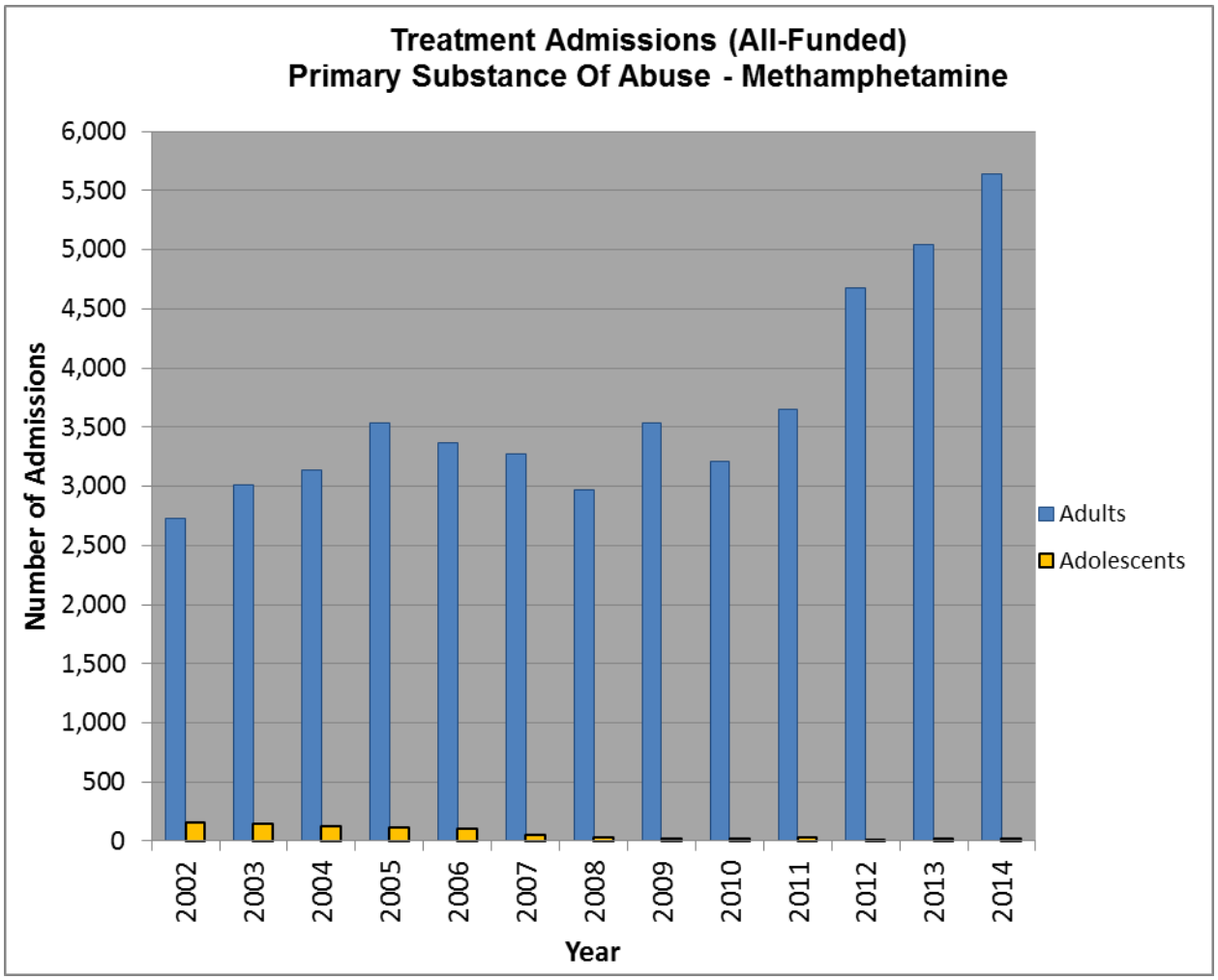
The table above provides the percentages of students meeting criteria for substance use disorders overall by gender, grade and ethnicity:

- 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 2010 to Fiscal Year 2014) average annual ADAD-funded admissions for adolescents is 2,547, which is 32.5% of the estimated need for adolescent alcohol and drug abuse treatment.

METHAMPHETAMINE ADMISSIONS 2002 – 2014

As reflected in the graph and table below, there was a 11.9% increase and 14.3% increase in adult and adolescent crystal methamphetamine admissions to treatment, respectively, in Fiscal Year 2013-14.



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Adults	2,730	3,013	3,136	3,538	3,363	3,270	2,967	3,536	3,216	3,654	4,681	5,044	5,642
Adolescents	158	150	129	120	106	53	33	22	24	28	15	21	24
Total	2,888	3,163	3,265	3,658	3,469	3,323	3,000	3,558	3,240	3,682	4,696	5,065	5,666