REPORT TO THE

TWENTY-EIGHTH LEGISLATURE

STATE OF HAWAII

2016

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 2015

EXECUTIVE SUMMARY

The annual report covering Fiscal Year 2014-15 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 2014-15, $32,937,706 was appropriated by Act 122 Session Laws of Hawaii (SLH) 2014, to the Alcohol and Drug Abuse program (HTH 440) – $18,575,362 general funds, $500,000 special funds and $13,862,344 federal funds. Of the total appropriated, $23,042,229 was allocated for substance abuse treatment services and $5,824,324 was allocated for substance abuse prevention services. The Act also transferred two positions (Alcohol Training Coordinator, SR22, #44246 and Program Specialist Substance Abuse IV, SR24, #117897) from the Treatment and Recovery Branch (HTH440/HR) to the Division Administration (HTH440/HD) and changed the means of funding ($30,000) for Division Administration (HTH440/HD) from federal "N" funds to other federal "P" funds.

Act 193 SLH 2014, relating to group homes, appropriated $250,000 to be expended by DOH in fiscal year 2014-15, for staffing and operating costs to plan, establish, and operate the registry of clean and sober homes. Of the $225,000 of Act 193 funds allotted, $140,000 was obligated for information systems technology services and $85,000 that was budgeted for staffing and operating costs was not expended given the uncertainty of on-going funding for registry implementation. At the time of report preparation, a decision on inclusion of a supplemental budget request to cover staffing and operating costs for the registry in FY2016-17 is pending.

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

$8.1 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.

$2.8 million for the Access to Recovery (ATR) Grant funded by the SAMHSA, Center for Substance Abuse Treatment (CSAT). In fiscal year 2010, SAMHSA/CSAT awarded the state funding for 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 needing assessment and intervention in their substance use disorders. Treatment and recovery support services included assessment, intensive outpatient treatment, recovery mentoring, clean and sober housing, transportation, pastoral counseling and other sober support activities. A no cost extension was approved to fund the project through January 31, 2015.

$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 for limiting youth access to alcohol, strictly enforcing underage drinking laws and promoting zero tolerance for

underage drinking while creating positive outlets for our youth. A no cost extension was approved to fund the project through September 30, 2014. Congress did not appropriate funds to continue the formula grant for Enforcement of Underage Drinking Laws.

$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. As a CABHI Grant awardee, ADAD applied for and was awarded a CABHI Supplemental Grant which must be used for new activities and cannot supplant funding received under the original grant. The two-year grant (9/30/2014 - 9/29/2016) increased the 0.75 FTE project coordinator position to 1.00 FTE and enhances mental health services that were minimally funded in FY 2013 to allow for service expansion to veterans.

$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: *

A continuum of residential, outpatient, day treatment and therapeutic living services were provided to 2,937 adults statewide in Fiscal Year 2014-15;

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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 19-21.

School- and community-based outpatient substance abuse treatment services were provided to 2,149 adolescents statewide in Fiscal Year 2014-15; 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 303,480 children, youth and adults in Fiscal Year 2014-15.

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

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

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ALCOHOL AND DRUG ABUSE DIVISION

The annual report covering Fiscal Year 2014-15 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, 2014 to June 30, 2015

State and Federal Funding

Act 122 Session Laws of Hawaii (SLH) 2014 appropriated $32,937,706 to the Alcohol and Drug Abuse program (HTH 440) for Fiscal Year 2014-15:

General funds	$18,575,362	(56.4%)	22.0 FTE
Special funds	500,000	(1.5%)	
Federal funds	13,862,344	(42.1%)	6.0 FTE
	$32,937,706	(100.0%)	28.0 FTE*

Allocations for the funds appropriated are as follows:

Substance abuse treatment services	$23,042,229	(70.0%)
Substance abuse prevention services	5,824,324	(17.7%)
Division staffing and operating costs	4,071,083	(12.3%)
	$32,937,706	(100.0%)

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Federal Grants and Contracts

Substance Abuse Prevention and Treatment (SAPT) Block Grant. ADAD received

* 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).

$8.1 million in Fiscal Year 2014-15 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.

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) 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 included assessment, intensive outpatient treatment, recovery mentoring, clean and sober housing, transportation, pastoral counseling, and other recovery support activities. A no cost extension was approved for the project through January 31, 2015.

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 for limiting youth access to alcohol, strictly enforcing underage drinking laws and promoting zero tolerance for underage drinking while creating positive outlets for our youth. A no cost extension was approved to fund the project through September 30, 2014. Congress did not appropriate funds to continue the formula grant for Enforcement of Underage Drinking Laws (EUDL).

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. As a CABHI Grant awardee, ADAD applied for and was awarded a CABHI Supplemental Grant which must be used for new activities and cannot supplant funding received under the original grant. The two-year grant (9/30/2014 - 9/29/2016) increased the 0.75 FTE project coordinator position to 1.00 FTE and enhances mental health services that were minimally funded in FY 2013 to allow for service expansion to veterans.

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.

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:*

A continuum of residential, outpatient, day treatment and therapeutic living services were provided to 2,937 adults statewide in Fiscal Year 2014-15;

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Studies and Surveys

Tobacco Sales to Minors. The 2015 annual statewide survey results for illegal tobacco sales to minors is 3.3%, a slight increase from last year's rate of 3.1%. While the 3.3% is still significantly less than the 9.6% national weighted average for federal fiscal year 2013, it represents a slight increase from the 3.1% in overall retailer violation rates for 2014. 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 2015, teams made up of youth volunteers (ages 15-17) and adult observers visited a random sample of 206 stores statewide in which the youth attempted to buy cigarettes to determine how well retailers were complying with state tobacco laws. Six stores (3.3%) sold to minors (ages 15-17). Of the four counties included in the statewide survey, the County of Maui had no sales, the City and County of Hawaii and Kauai had two sales, and the County of Honolulu had four 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.

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

Provision of Contracted or Sponsored Training

In Fiscal Year 2014-15, ADAD conducted training programs that accommodated staff development opportunities for 1,116 (duplicated) healthcare, human service, criminal justice and substance abuse prevention and treatment professionals through 46 training sessions, courses and workshops in topics relating to substance abuse prevention and treatment for adolescents and adults. Participants earned 13,363 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, 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 2014-15, ADAD processed 623 (new and renewal) applications, administered 59 computer-based written exams and certified 50 applicants as substance abuse counselors, bringing the total number of certified substance abuse counselors to 1,185.

Typically, 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 2014-15, ADAD conducted a total of 22 accreditation reviews and accredited 13 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 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 2015 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.

Grant-in-aid for Big Island Substance Abuse Council. Added $187,045 for a grant pursuant to Chapter 42F, HRS, to Big Island Substance Abuse Council (BISAC), for vehicle purchase to expand behavioral health services to clients who live in rural areas of the island of Hawaii.

Act 186 (S.B. 550 HD2), relating to health. Prohibits the consumption, purchase, possession, sale and distribution of powdered alcohol. Defines "powdered alcohol" as "a

powdered or crystalline substance that contains any amount of alcohol for either direct use or reconstitution."

Bills to provide immunity from liability to the Department of Health, its employees, agents, and volunteers for operating the clean and sober homes registry (H.B. 1291), and the formation of a working group to address publicly-funded substance abuse treatment services (S.B. 1036), were 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

S. KALANI BRADY, M.D.*
Medical (Oahu) - 6/30/2014

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

EDWARD MERSEREAU
Community and Business (Oahu) - 6/30/2017

PAULA T. MORELLI, Ph.D.*
Education (Oahu) - 6/30/2015

TAMAH-LANI S.K. NOH*
Community and Business (Oahu) - 6/30/2014

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

STEVEN M. SHIRAKI, PH.D.[*]
Joint appointment to HACDACS and State Council on Mental Health (Oahu) - 4/23/2015

JAMIE L. TOMITA
Pharmacological (Oahu) - 6/30/2016

* "Holdover" pursuant to §26-34, Hawaii Revised Statutes

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.

Summaries and recommendations for topics discussed during FY 2014-15 are as follows:

Prescription drug abuse and overdose. Accidental drug overdose is a serious public health problem in Hawaii. Based on death certificate records, fatal drug poisonings among Hawaii residents have increased significantly over the last 20 years to make it the leading mechanism of

fatal injuries, surpassing deaths from motor vehicle crashes and falls. There was an almost two-fold increase in deaths from drug poisonings – from 78 deaths per year in the 1999-2003 period to 151 deaths per year over the 2009-2013 period. Almost all of the fatal poisonings (88%, or 754 of 856) in the 2009-2013 period were drug-related. Prescription drugs were implicated in nearly half (45%) of the unintentional poisonings, including 36% of deaths that involved opioid pain relievers. Death certificate information further indicates that 52% of these deaths involved illicit substances, most commonly methamphetamine (43%) and cocaine (8%).

The federal Department of Health and Human Services is engaging states to collaborate in developing and implementing effective prevention, treatment and enforcement policies and practices to address the impact of prescription drug abuse on individuals, families and communities. The Trust for America's Health report identifies ten best practices (listed below) for addressing prescription drug abuse. (Strategies that have not 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).

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, requiring education for prescribers of opioids, and expanding the use of Naloxone for overdosing individuals.

Homelessness. The 2015 Homeless Point in Time Count for the City and County of Honolulu reported a total of 4,903 homeless individuals of which 1,939 were unsheltered; 993 were identified as having a serious mental illness and 771 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 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.

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.

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.

Act 193 SLH 2014 appropriated funds for Fiscal Year 2014-2015, “for staffing and operating costs to plan, establish, and operate the registry of clean and sober homes,” however, without on-going funding, efforts to develop and implement the registry function will be stymied.

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.

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 2014-15, 453, 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 518 offenders who received services, 65 were carryovers from the previous year. A breakdown of the

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

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

numbers serviced in Fiscal Year 2014-15 is as follows:

Total Referrals and Carryovers by Criminal Justice Agency: July 1, 2014 – June 30, 2015

	Supervised Release PSD/ISC	Judiciary Adult Client Services	PSD/ISC - Corrections Jail/Prison	Hawaii Paroling Authority	Total
Oahu	5	290	0	35	**330**
Maui	4	79	0	27	**110**
Hawaii	1	77	0	0	**78**
Total	**10**	**446**	**0**	**62**	**518**

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

Referrals by Criminal Justice Agency: July 1, 2014 – June 30, 2015

	Supervised Release PSD/ISC	Judiciary Adult Client Services	PSD/ISC - Corrections Jail/Prison	Hawaii Paroling Authority	Total
Oahu[1]	5	255	0	31	**291**
Maui[2]	3	67	0	23	**93**
Hawaii[3]	1	68	0	0	**69**
Total	**9**	**390**	**0**	**54**	**453**

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, 2013 – June 30, 2014

	Supervised Release PSD/ISC	Judiciary Adult Client Services	PSD/ISC - Corrections Jail/Prison	Hawaii Paroling Authority	Total
Oahu	0	35	0	4	**39**
Maui	1	12	0	4	**17**
Hawaii	0	9	0	0	**9**
Total	**1**	**56**	**0**	**8**	**65**

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) 2014 Recidivism Update (dated July 2015) for the Fiscal Year 2011 cohort reports that the overall recidivism rate is 51.5% 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 50.9% recidivism rate for probationers; 45.5% recidivism rate for offenders released to parole; and 67.5% recidivism rate

for offenders released from prison (maximum-term release).

The 49.6% recidivism rate for FY 2011 probationers and parolees was slightly lower than the previous year's rate of 50.8%, but was higher than the lowest recidivism rate on record (48.5% for the FY 2008 cohort). The FY 2011 recidivism rate is 21.6% lower than the recidivism rate reported in the FY 1999 baseline year, but remains short of the goal of reducing recidivism in Hawaii by 30%. Felony probationers in the FY 2011 cohort had a 50.9% recidivism rate, which is 1.4 percentage points lower than the recidivism rate for the previous year's cohort, but indicates only a 5.2% decline in recidivism since the baseline year. Parolees in the FY 2011 cohort had a 45.5% recidivism rate, which is 1.0 percentage point lower than the previous year's cohort, and signifies a 37.6% 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 67.5% for the FY 2011 cohort, although the FY 2011 recidivism rate was 4.8 percentage points higher than the FY 2010 rate. Additionally, maximum-term released prisoners had the highest recidivism rates in the entire FY 2011 offender cohort for criminal reconviction (25.9%), criminal rearrests (50.0%), and criminal contempt of court (16.6%).

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, 2014 – June 30, 2015

	Supervised Release PSD/ISC	**Judiciary Adult Client Services**	**PSD/ISC - Corrections Jail/Prison**	**Hawaii Paroling Authority**	**Total**
Arrests/revocations	2	110	0	19	**131**
Total served	**9**	**383**	**0**	**54**	**446**
Recidivism rate	22%	29%	0%	35%	29%

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 was initiated. The closing date for internal applications was April 16, 2015; external continuous recruitment commenced on June 13, 2015. At the time of report preparation, interviews of applicants had been concluded, however, a selection was not made from the candidates who were interviewed. The position will supervise 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.

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

APPENDIX

A. ADAD-Funded Adult Services: Fiscal Year 2012-15

B. ADAD-Funded Adolescent Services: Fiscal Year 2012-15

C. Performance Outcomes: Fiscal Year 2012-15

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: 2005-2015

APPENDIX A

ADAD-FUNDED ADULT SERVICES
FISCAL YEARS 2012 - 2015

ADAD-FUNDED ADULT ADMISSIONS BY GENDER

	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Male	70.7%	71.9%	71.0%	71.0%
Female	29.3%	28.1%	29.0%	29.0%
TOTAL	100.0%	100.0%	100.0%	100.0%

ADAD-FUNDED ADULT ADMISSIONS BY ETHNICITY

	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Hawaiian	41.6%	39.7%	43.6%	44.6%
Caucasian	27.5%	26.1%	24.3%	24.2%
Filipino	6.2%	8.3%	7.3%	7.3%
Mixed - Not Hawaiian	2.5%	2.5%	2.3%	1.8%
Japanese	4.2%	4.4%	3.9%	4.6%
Black	2.8%	2.8%	2.5%	3.0%
Samoan	1.9%	1.8%	3.2%	2.5%
Portuguese	0.9%	1.2%	1.6%	1.3%
Other Pacific Islander	7.2%	7.6%	6.5%	6.4%
Other	5.2%	5.6%	4.8%	4.3%
TOTAL	100.0%	100.0%	100.0%	100.0%

ADAD-FUNDED ADULT ADMISSIONS BY PRIMARY SUBSTANCE

	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Methamphetamine	43.0%	45.6%	48.6%	51.5%
Alcohol	29.3%	27.4%	24.8%	22.9%
Marijuana	16.9%	16.5%	15.0%	14.1%
Cocaine/Crack	2.6%	2.3%	2.8%	2.7%
Heroin	2.0%	2.8%	3.4%	3.9%
Other	6.2%	5.4%	5.4%	4.9%
TOTAL	100.0%	100.0%	100.0%	100.0%

ADAD-FUNDED ADULT ADMISSIONS BY RESIDENCY

	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Oahu	60.9%	56.2%	63.7%	65.4%
Hawaii	21.6%	24.5%	18.2%	17.8%
Maui	12.3%	12.0%	11.8%	9.6%
Molokai/Lanai	1.8%	2.0%	1.9%	2.3%
Kauai	2.1%	2.7%	2.7%	3.7%
Out of State	1.3%	2.6%	1.7%	1.2%
TOTAL	100.0%	100.0%	100.0%	100.0%

APPENDIX B

ADAD-FUNDED ADOLESCENT SERVICES*
FISCAL YEARS 2012 - 2015

ADAD-FUNDED ADOLESCENT ADMISSIONS BY GENDER

	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Male	54.8%	55.2%	52.5%	52.3%
Female	45.2%	44.8%	47.5%	47.7%
TOTAL	100.0%	100.0%	100.0%	100.0%

ADAD-FUNDED ADOLESCENT ADMISSIONS BY ETHNICITY

	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Hawaiian	43.8%	40.9%	39.5%	43.7%
Caucasian	12.0%	9.5%	8.5%	10.8%
Filipino	12.5%	12.3%	12.4%	12.2%
Mixed - Not Hawaiian	2.9%	2.5%	1.8%	1.7%
Japanese	3.7%	4.1%	3.2%	3.2%
Black	2.5%	3.0%	2.5%	2.6%
Samoan	4.5%	4.5%	5.1%	4.3%
Portuguese	0.6%	0.8%	0.7%	0.9%
Other Pacific Islander	14.1%	16.4%	20.5%	16.3%
Other	3.4%	6.0%	5.8%	4.3%
TOTAL	100.0%	100.0%	100.0%	100.0%

ADAD-FUNDED ADOLESCENT ADMISSIONS BY PRIMARY SUBSTANCE

	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Methamphetamine	0.3%	0.7%	0.5%	0.7%
Alcohol	30.0%	29.3%	28.1%	24.7%
Marijuana	62.4%	61.9%	61.3%	63.5%
Cocaine/Crack	0.1%	0.4%	0.1%	0.1%
Heroin	0.0%	0.0%	0.0%	0.1%
Other	7.2%	7.7%	10.0%	10.9%
TOTAL	100.0%	100.0%	100.0%	100.0%

ADAD-FUNDED ADOLESCENT ADMISSIONS BY RESIDENCY

	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Oahu	68.8%	67.9%	66.2%	64.4%
Hawaii	11.8%	13.0%	15.4%	11.8%
Maui	11.8%	11.3%	11.2%	15.5%
Molokai/Lanai	0.8%	0.7%	1.0%	2.0%
Kauai	6.8%	7.1%	6.2%	6.3%
TOTAL	100.0%	100.0%	100.0%	100.0%

* Adolescent: grades 6 through 12

APPENDIX C

PERFORMANCE OUTCOMES
ADOLESCENT SUBSTANCE ABUSE TREATMENT

During State Fiscal Years 2012 through 2015, 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 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Employment/School/Vocational Training	98.4%	97.5%	97.8%	97.9%
No arrests since discharge	90.2%	91.0%	92.6%	95.2%
No substance use in 30 days prior to follow-up	55.1%	57.7%	60.6%	64.3%
No new substance abuse treatment	82.9%	85.2%	84.6%	86.2%
No hospitalizations	95.8%	95.8%	96.0%	96.8%
No emergency room visits	93.7%	93.1%	93.5%	95.4%
No psychological distress since discharge	85.7%	84.0%	85.3%	85.6%
Stable living arrangements	97.5%	98.0%	97.8%	98.7%

PERFORMANCE OUTCOMES
ADULT SUBSTANCE ABUSE TREATMENT

During State Fiscal Years 2012 through 2015, 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 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Employment/School/Vocational Training	58.8%	54.2%	55.2%	57.8%
No arrests since discharge	86.1%	85.2%	81.2%	91.3%
No substance use in 30 days prior to follow-up	75.0%	65.0%	70.2%	72.7%
No new substance abuse treatment	70.5%	67.5%	68.8%	71.0%
No hospitalizations	92.5%	87.5%	90.4%	94.3%
No emergency room visits	89.4%	83.0%	82.5%	86.9%
Participated in self-help group (NA, AA, etc.)	48.8%	44.3%	46.4%	47.7%
No psychological distress since discharge	80.7%	73.0%	75.2%	80.7%
Stable living arrangements	74.7%	85.0%	79.3%	78.5%

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 2011 to Fiscal Year 2015) average annual ADAD-funded admissions for adults is 3,073, 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.

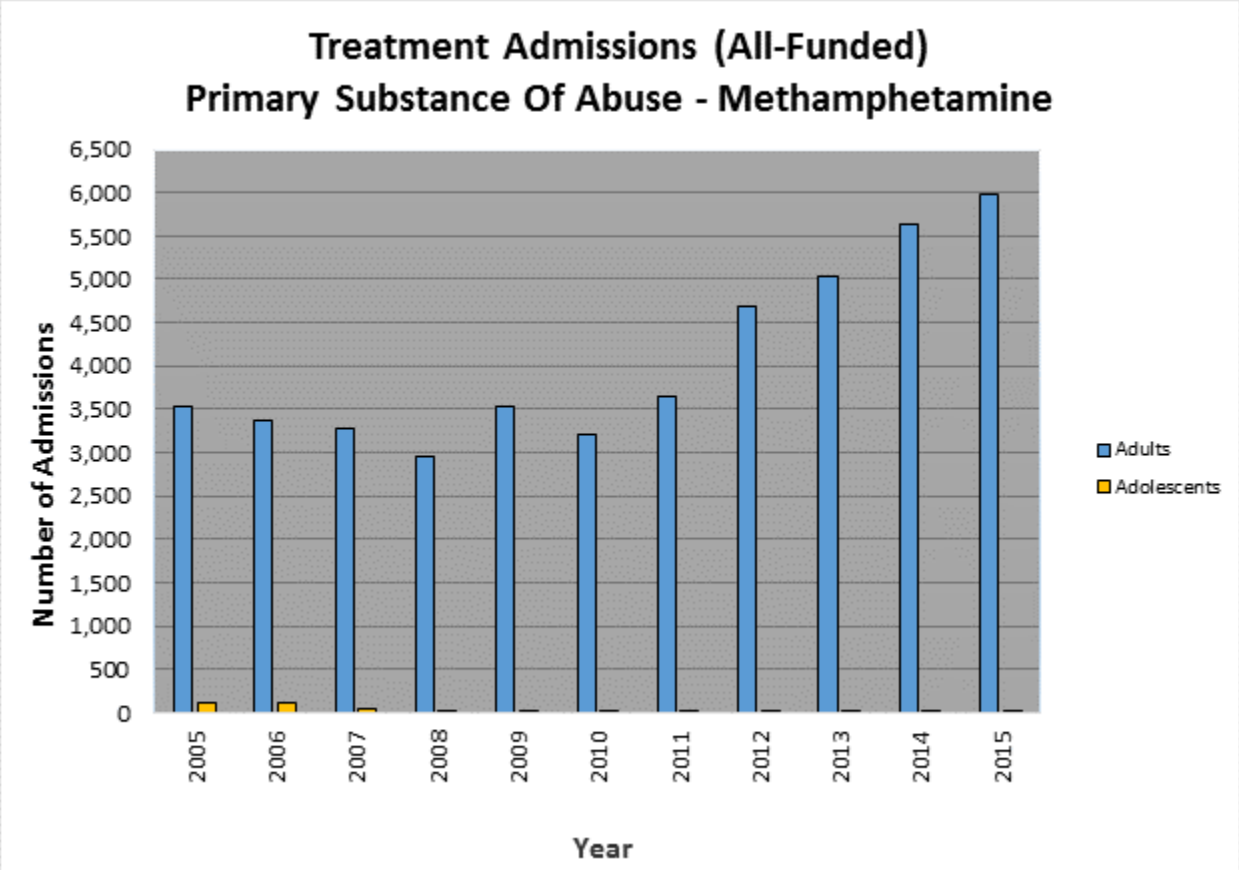
The table above provides the percentages of students meeting criteria for substance use disorders overall by gender, grade and ethnicity:

- 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 2011 to Fiscal Year 2015) average annual ADAD-funded admissions for adolescents is 2,286, which is 29.2% of the estimated need for adolescent alcohol and drug abuse treatment.

METHAMPHETAMINE ADMISSIONS
2005 – 2015

As reflected in the graph and table below, there was a 5.9% increase and 8.3% increase in adult and adolescent crystal methamphetamine admissions to treatment, respectively, in Fiscal Year 2014-15.



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Adults	3,538	3,363	3,270	2,967	3,536	3,216	3,654	4,681	5,044	5,642	5,978
Adolescents	120	106	53	33	22	24	28	15	21	24	26
Total	3,658	3,469	3,323	3,000	3,558	3,240	3,682	4,696	5,065	5,666	6,004

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 19 thru 21 are for ADAD-funded admissions only.