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GOVERNOR OF HAWAII

ELIZABETH A. CHAR, M.D.
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In reply, please refer to:
File: DOH/ADAD

Provider Meeting

April 1, 2022 at 9:00 am

Department of Health
Alcohol and Drug Abuse Division

AGENDA:

1. Presentation

- ***"School Year 2020 Alcohol, Tobacco & Other Drugs Survey"*** *by Jane Onoye, Ph.D., University of Hawaii, Department of Psychiatry, John A. Burns School of Medicine*
- *Introduction - Aloha United Way as Hawai'i CARES (substance use)*
- *Project Vision – COVID Testing & Mitigation Service*

2. Division Announcements

- *Planning, Evaluation, Research & Data*
  - ❖ ***Update - Unduplicated Count of Person Served for Alcohol and Other Drug Use by Sex, Gender Identity, and Sexual Orientation***
- *QAIO*
  - ❖ ***General Announcement***
- *FISCAL*
  - ❖ ***Treatment Contracts' New Billing Template***
  - ❖ ***Contract Utilization Reviews***
  - ❖
- *Prevention Branch*
  - ❖ ***EBP/II Contract reminders***
  - ❖ ***PFS reminders***
- *Treatment and Recovery Branch*
  - ❖ ***SAMHSA Region IX visit***

3. Provider Announcements

- *Hawaii Health and Harm Reduction Center*
  - ❖ ***Health Affairs Article Presentation***

4. Other

Next Meeting: Friday, May 6, 2022

The 2019-2020 Hawai‘i Student Alcohol, Tobacco, and Other Drug Use Survey

Selected Hawai'i State & County Level Results

University of Hawai'i at Mānoa
JABSOM Department of Psychiatry

In partnership with the Hawai'i State Department of Health Alcohol & Drug Abuse Division

Presented to:
DOH ADAD Providers Meeting
April 1, 2022

Contact: Jane Onoye, PhD onoyej@dop.hawaii.edu

Acknowledgments & Disclosures

The 2019-2020 Hawai‘i Student Alcohol, Tobacco and Other Drug Use (ATOD) Survey was funded by the Hawai‘i Department of Health Alcohol and Drug Abuse Division (ADAD) and conducted in partnership and approval by the Hawai‘i Department of Education.

Current dissemination activities are supported by the University of Hawai‘i Department of Psychiatry and the Queen’s Medical Center.

The findings from the ATOD Survey disseminated here are solely the views presented by the authors and do not necessarily represent the views of the sponsoring or partnering agencies.

Unless otherwise indicated, all data presented utilize findings from the Data Source: University of Hawai'i Department of Psychiatry, 2019-2020 Hawai'i Student ATOD Survey.

Mahalo nui loa to John Valera, AICP and Dr. Jared Yurow, PsyD from ADAD for their support and collaboration.

Mahalo nui loa to the ATODS Team for their immense effort and dedication to this project.

We wish to extend our greatest appreciation to all the school administrators, staff, and students who participated in the survey – their support made this project possible.

For further information from the ATOD Survey State and Regional Level Reports please visit:

https://health.hawaii.gov/atod-survey/

2019-2020 Hawai‘i Student Alcohol, Tobacco, and Other Drug Use (ATOD) Survey

- Statewide school-based youth needs assessment conducted by UH JABSOM Department of Psychiatry for DOH Alcohol and Drug Abuse Division, in collaboration with Hawai‘i DOE
- Examine substance use treatment and prevention need and related risk or protective factors for Hawai'i middle and high school students

Timeline

School Outreach

Fall Survey Administration

State level Analyses & Report Writing

Regional level Analyses, Report Writing & Dissemination to Schools

Spring Survey Administration (before COVID-19 shutdown)

Data Entry, Cleaning, Merging

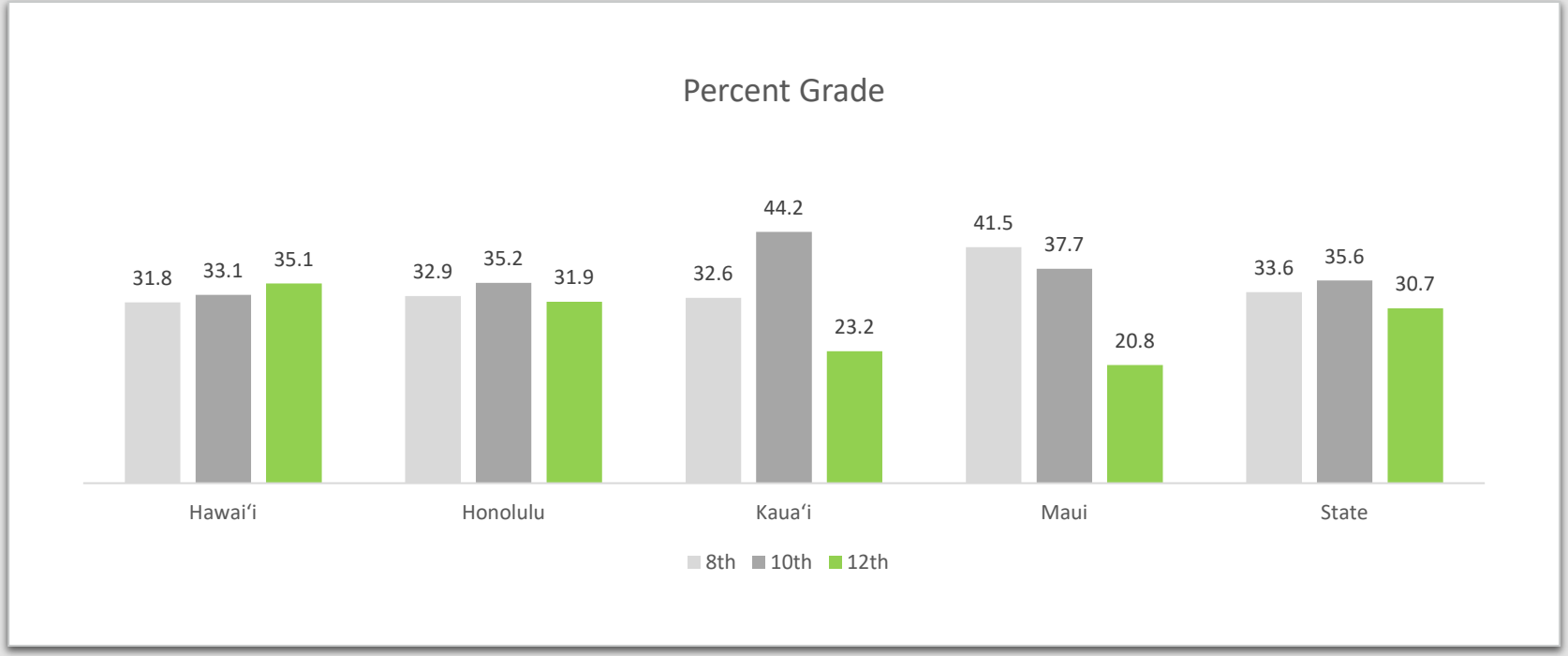
Data Coding & State level Analyses

Continued Dissemination

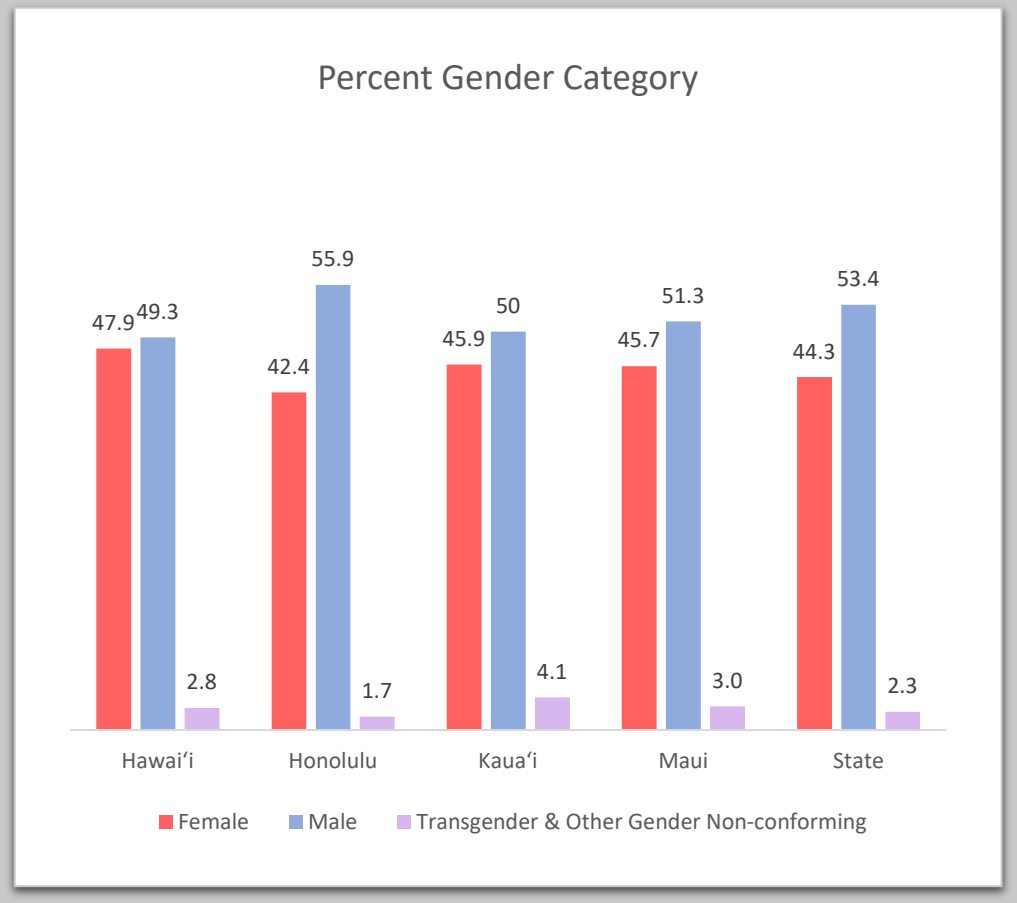
Methods

- Student survey data with weighted statewide sample (n=8,225)
- Public middle and high schools (8th, 10th, 12th grades)
- Sampled schools at community region level for island representation including high-need but under-resourced; sampled classes for 8th, 10th, and 12th grades in Fall 2019-Spring 2020 (SY 2020)
- Community-based field site coordinators, primarily online survey administration resulted in overall 88.5% participation rate
- Descriptive, Chi-square Analysis & Modeling by Substance, Ethnicity, Grade, Gender Group, Risk & Protective Factors
    - CRAFFT screener: Risk + Probable Substance Use Disorder
    - Alcohol, Cigarettes, Vaping/E-cigarettes, Marijuana

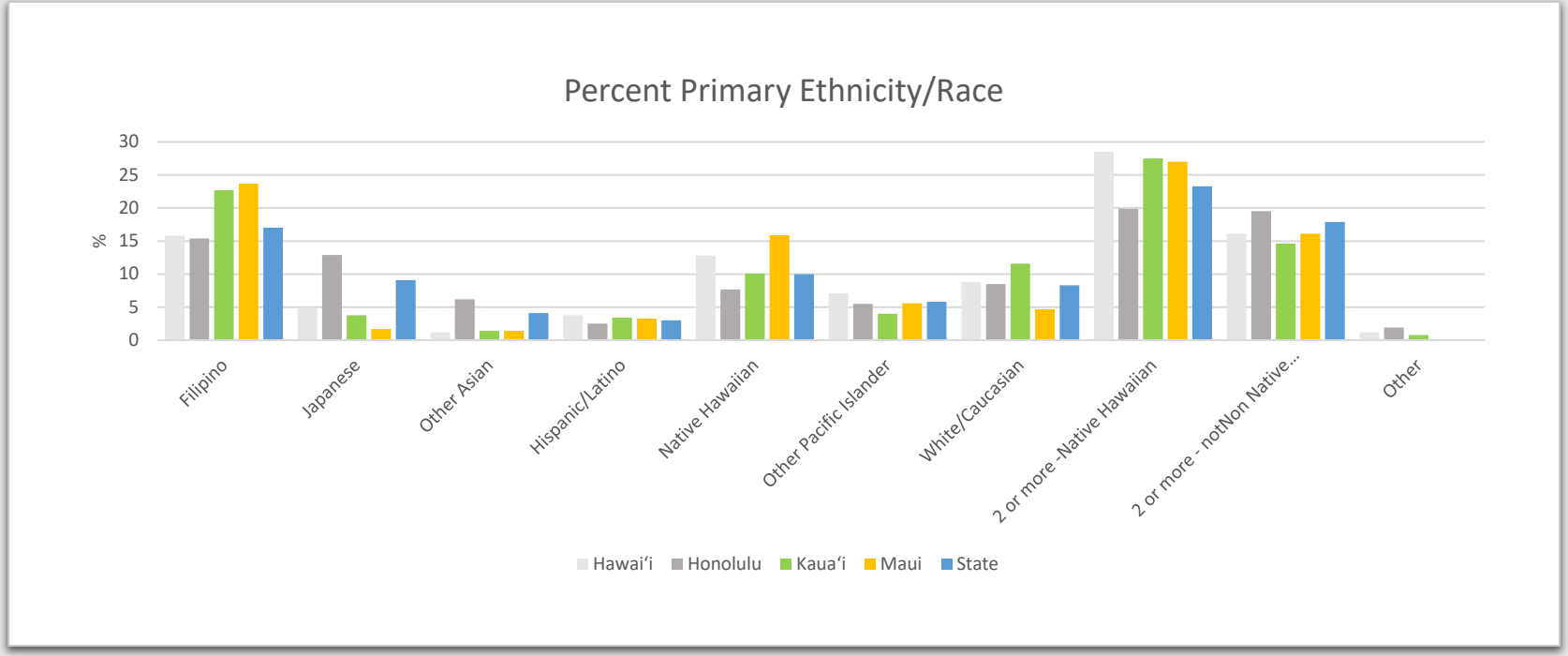
County & State Demographics: Grade



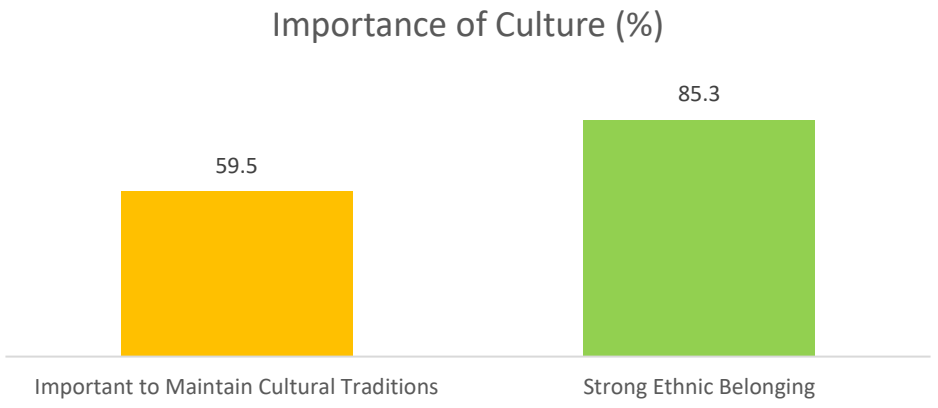
County & State Demographics: Gender

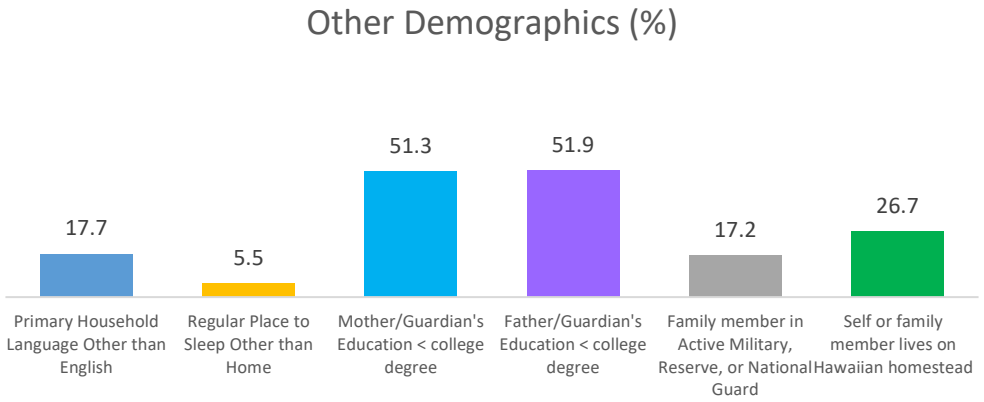


County & State Demographics: Primary Race/Ethnicity



State Profile

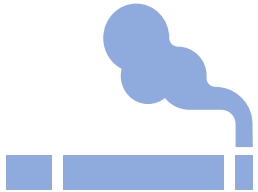




Statewide Estimate for Probable Substance Use Disorder (11.1%)*

More than **1:10**

Middle and High School students have a probable substance use disorder

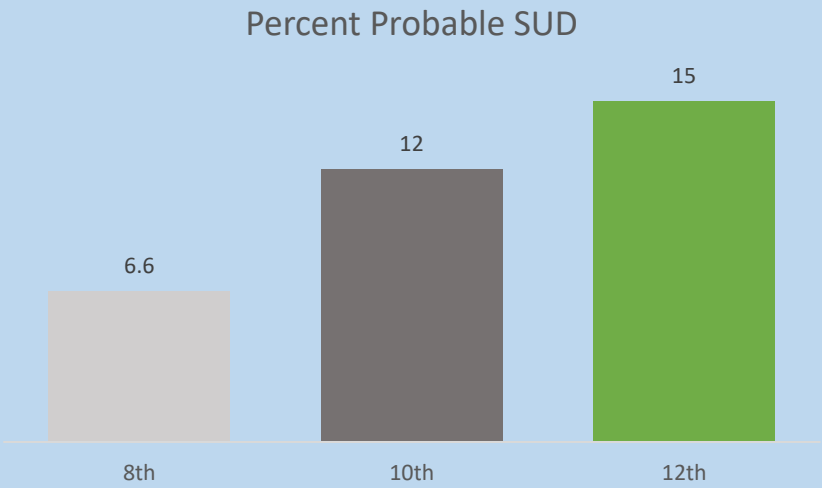


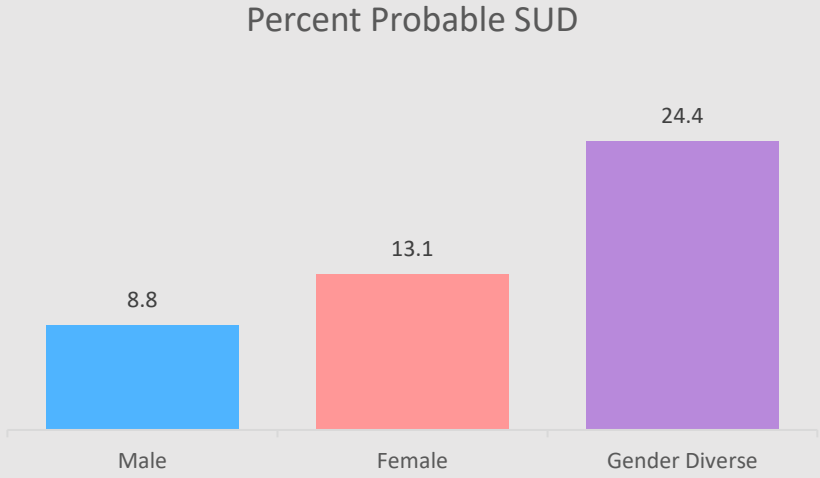
*Based on the CRAFFT Screening Tool (Knight JR, Shrier LA, Bravender TD, Farrell M, Vander Bilt J, Shaffer HJ. A new brief screen for adolescent substance abuse. Arch Pediatr Adolesc Med. 1999 Jun;153(6):591-6. doi: 10.1001/archpedi.153.6.591. PMID: 10357299).

Screening for a Probable Substance Use Disorder

More than doubles

from middle to high school



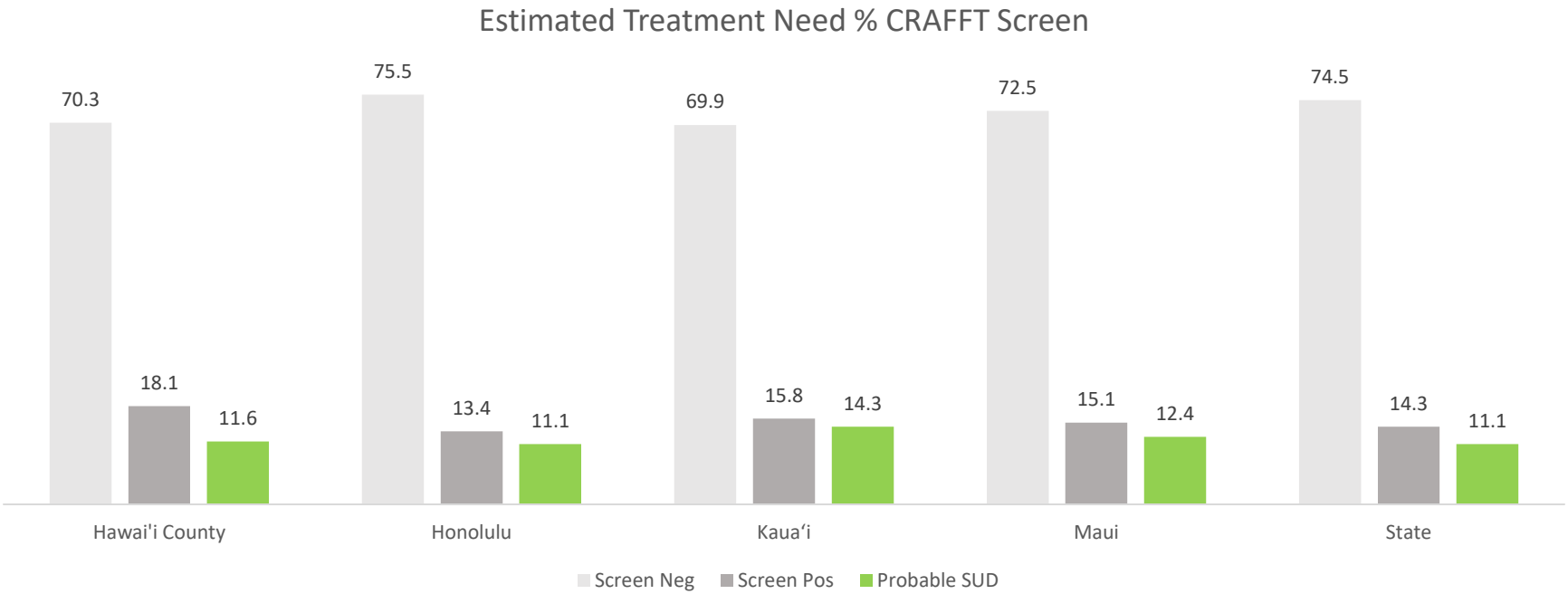


Gender Diverse students

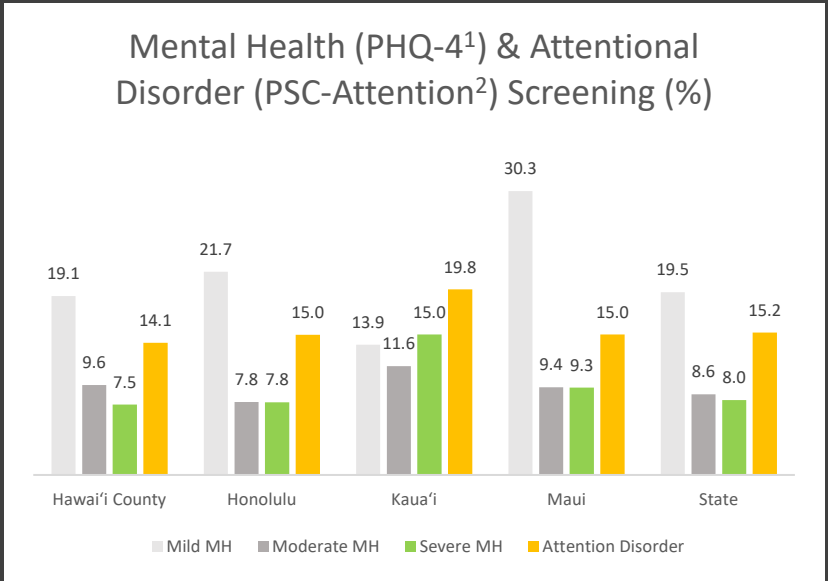
are more likely

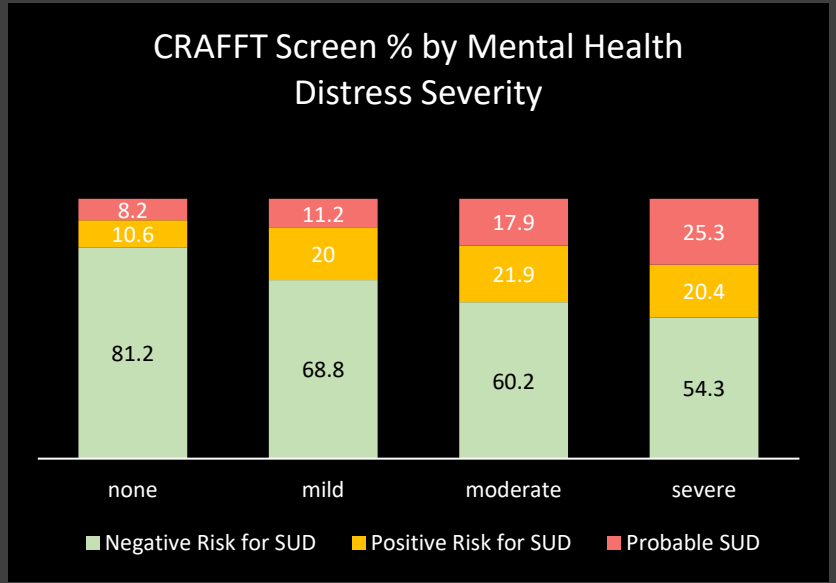
to have a substance use disorder

County & State – Substance Use Treatment Need



Mental Health & Attention Screen

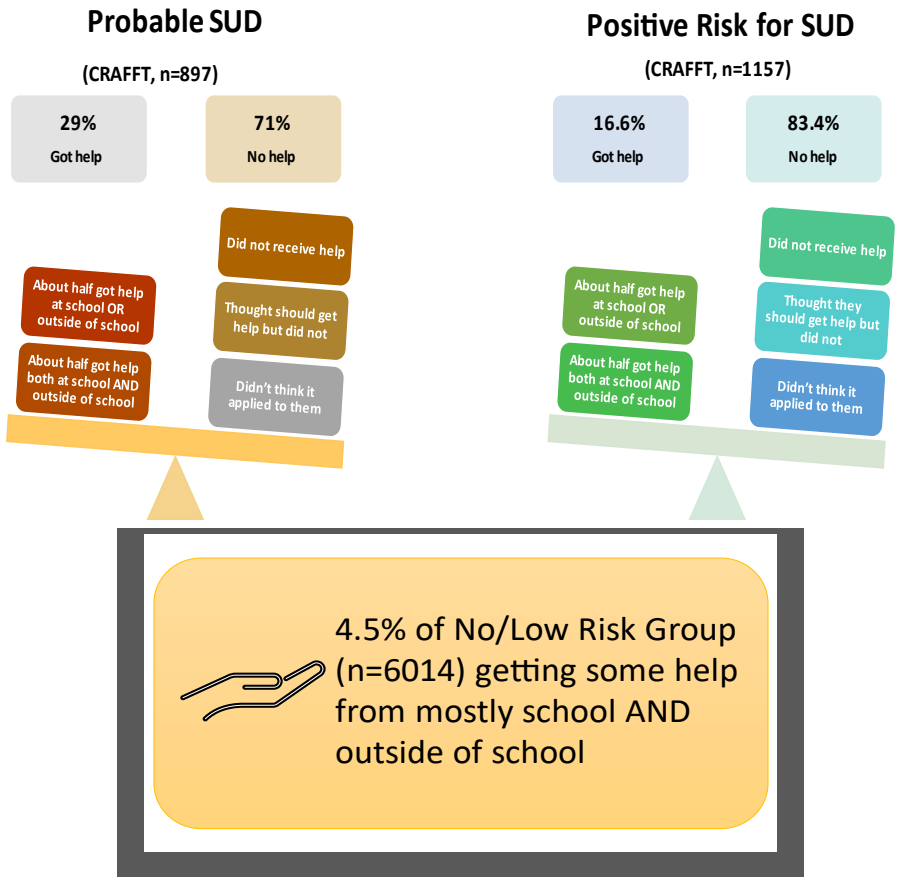




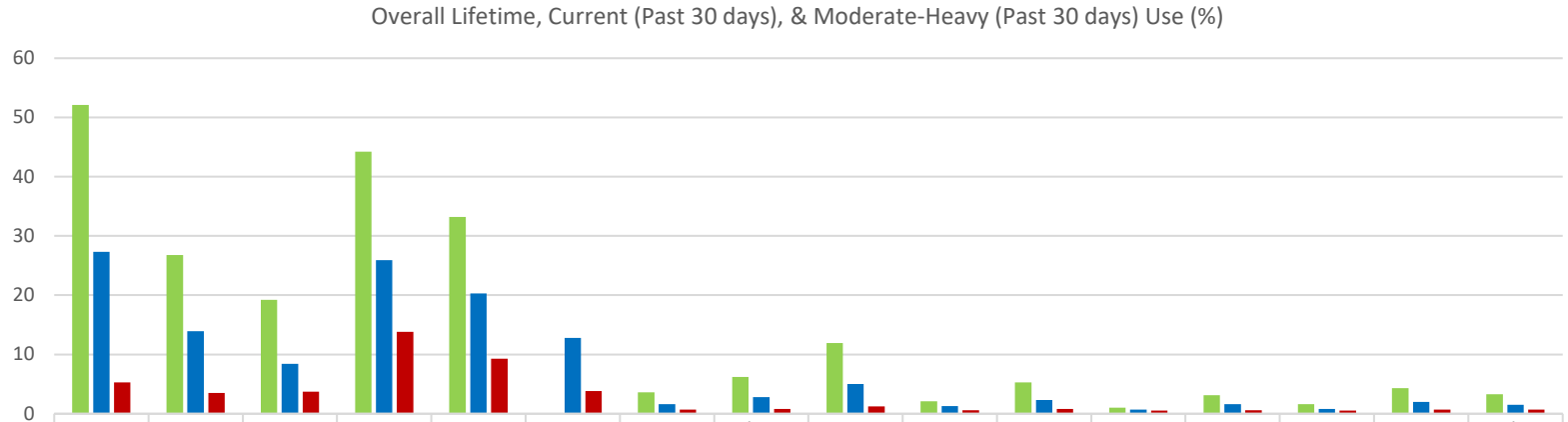
[1]Löwe B, Wahl I, Rose M, Spitzer C, Glaesmer H, Wingenfeld K, Schneider A, Brähler E. A 4-item measure of depression and anxiety: validation and standardization of the Patient Health Questionnaire-4 (PHQ-4) in the general population. J Affect Disord. 2010 Apr;122(1-2):86-95. doi: 10.1016/j.jad.2009.06.019. Epub 2009 Jul 17. PMID: 19616305.

[2]Gardner W, Murphy M, Childs G, et al. The PSC-17: a brief pediatric symptom checklist including psychosocial problem subscales: a report from PROS and ASPN. Ambulatory Child Health. 1999;5:225–236

Alcohol or Drug Treatment Need vs. Utilization

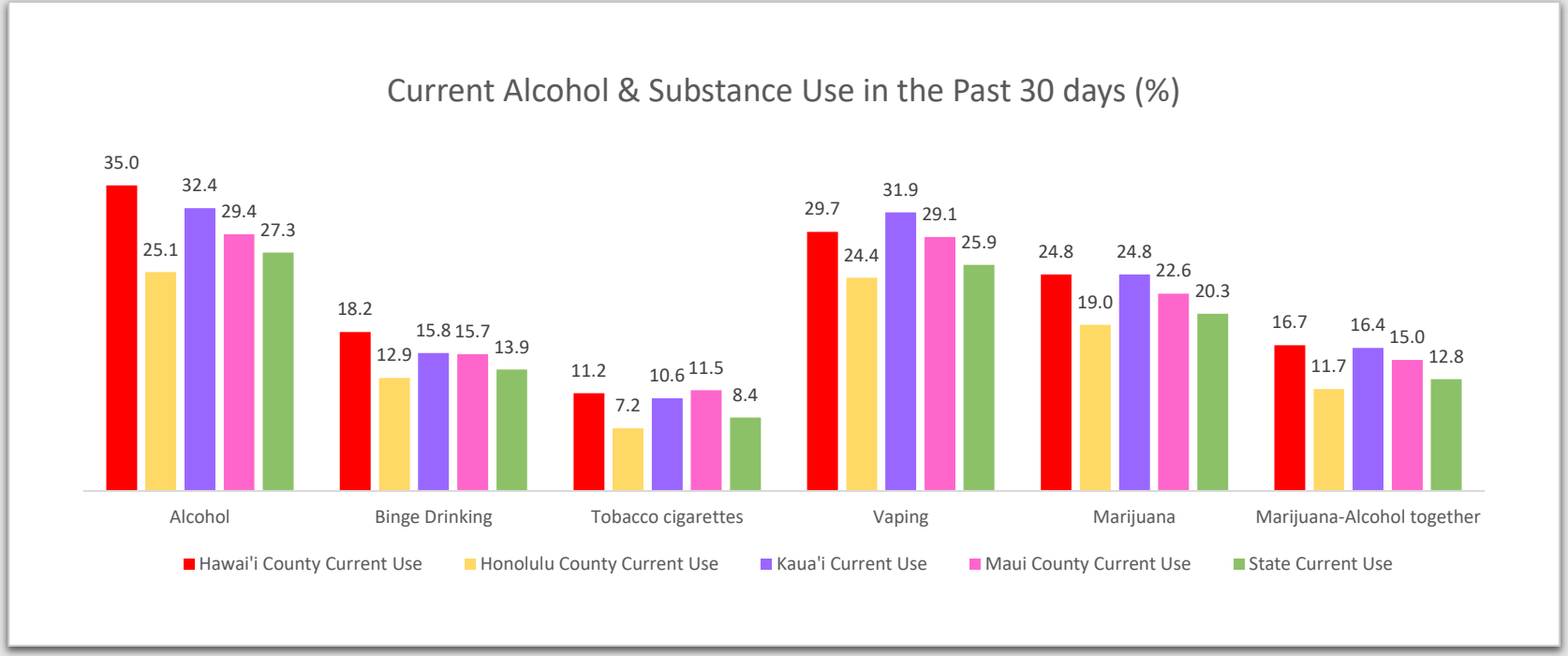


Statewide Lifetime, Current & Moderate-Heavy Use

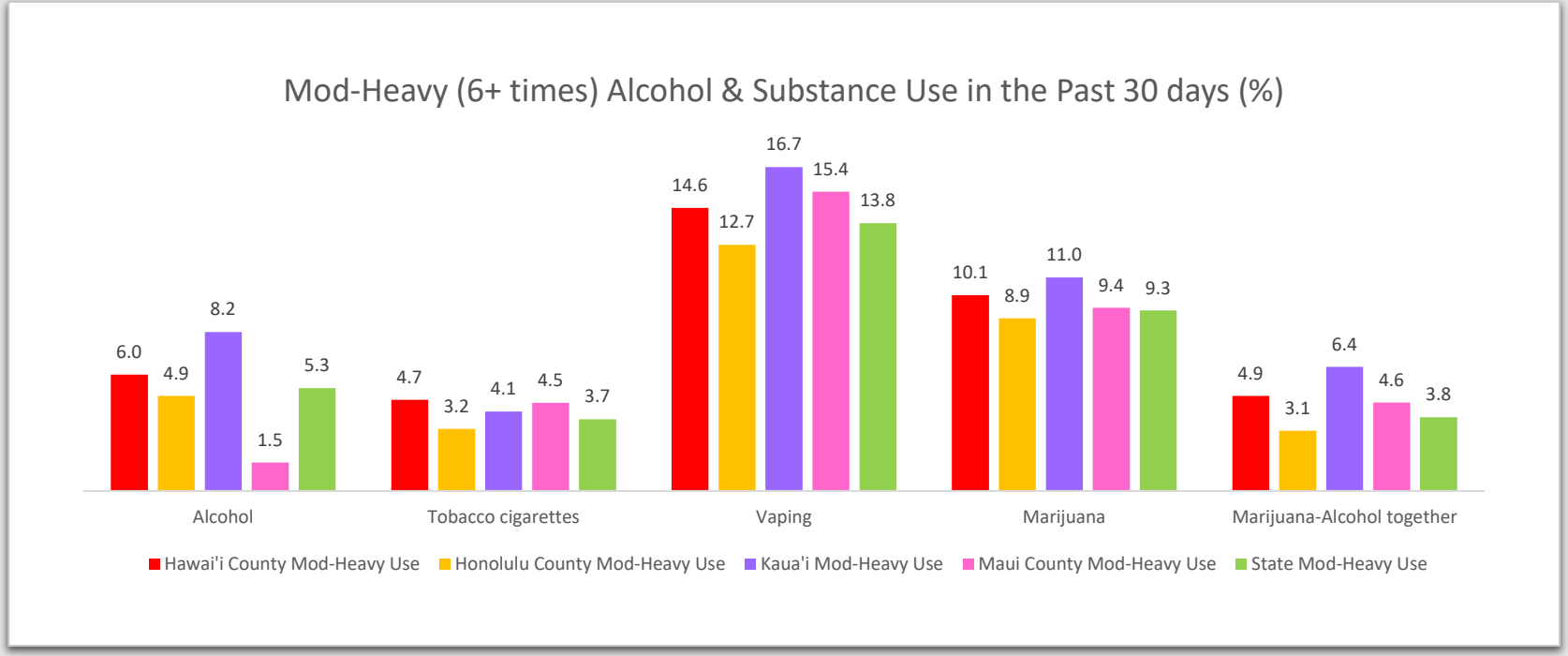


	Alcohol	Binge Drinking	Tobacco cigarettes	Vaping	Marijuana	Marijuana -Alcohol together	Opioids	Sedatives & Other Rx drugs	OTC Drugs	Steroids	Inhalants	Heroin	Cocaine	Methamphetamine	Hallucinogens	Other Illicit Drugs
State Lifetime Use	52.1	26.8	19.2	44.2	33.2	N/A	3.6	6.2	11.9	2.1	5.3	1.0	3.1	1.6	4.3	3.3
State Current Use	27.3	13.9	8.4	25.9	20.3	12.8	1.6	2.8	5.0	1.3	2.3	0.7	1.6	0.8	2.0	1.5
State Mod-Heavy Use	5.3	3.5	3.7	13.8	9.3	3.8	0.7	0.8	1.2	0.6	0.8	0.5	0.6	0.5	0.7	0.7

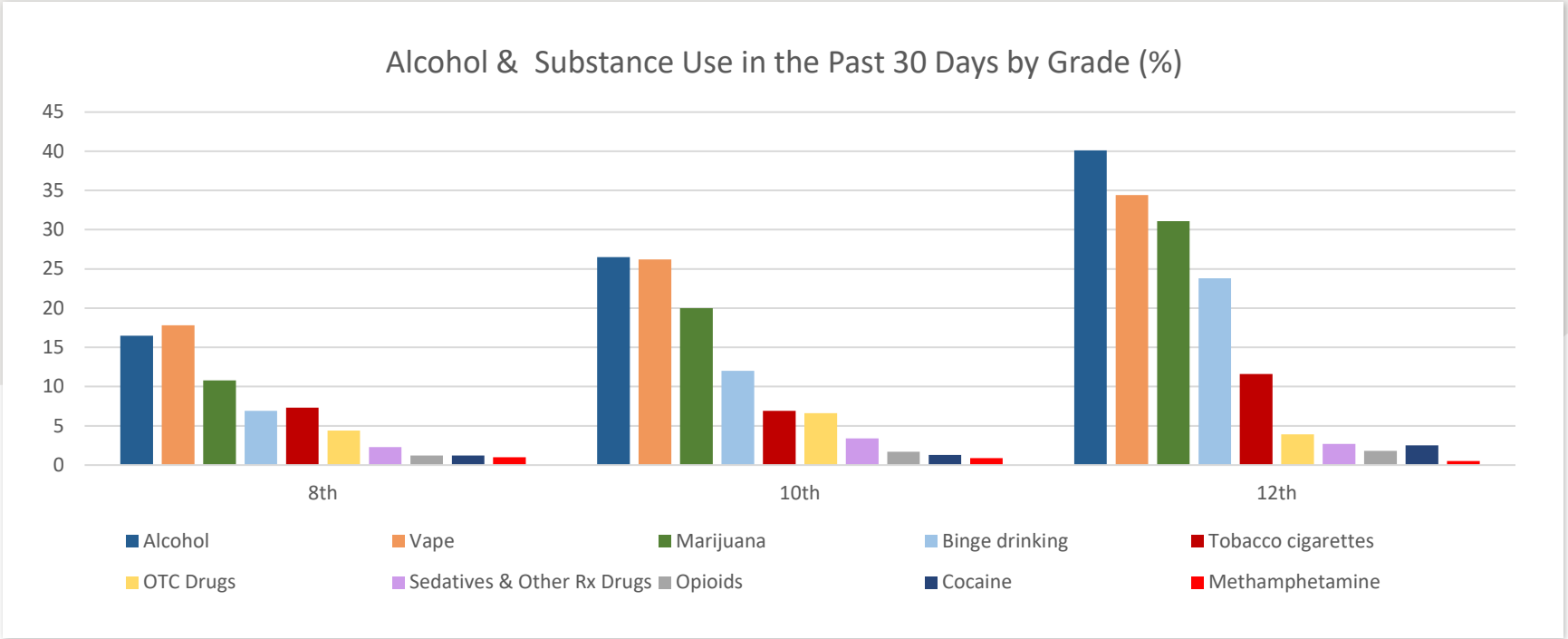
County & State - Current Alcohol & Substance Use



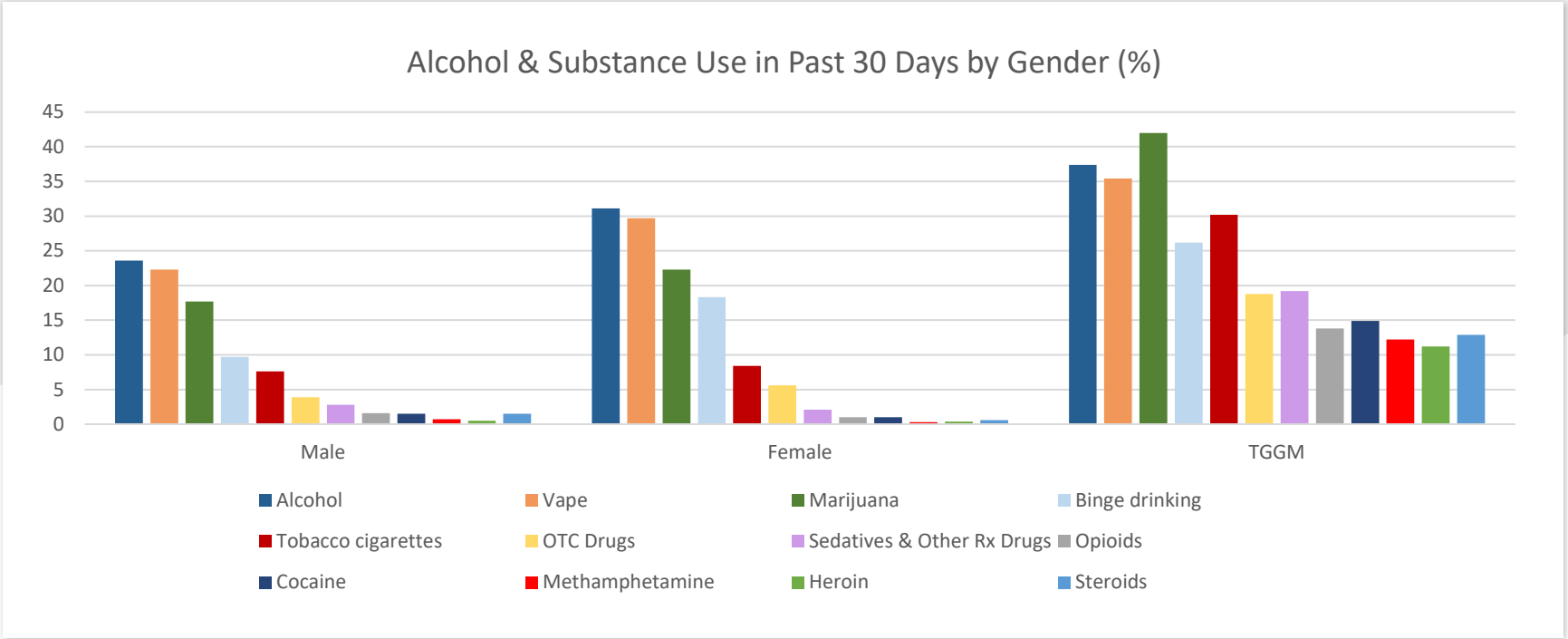
County & State – Moderate-Heavy Alcohol & Substance Use



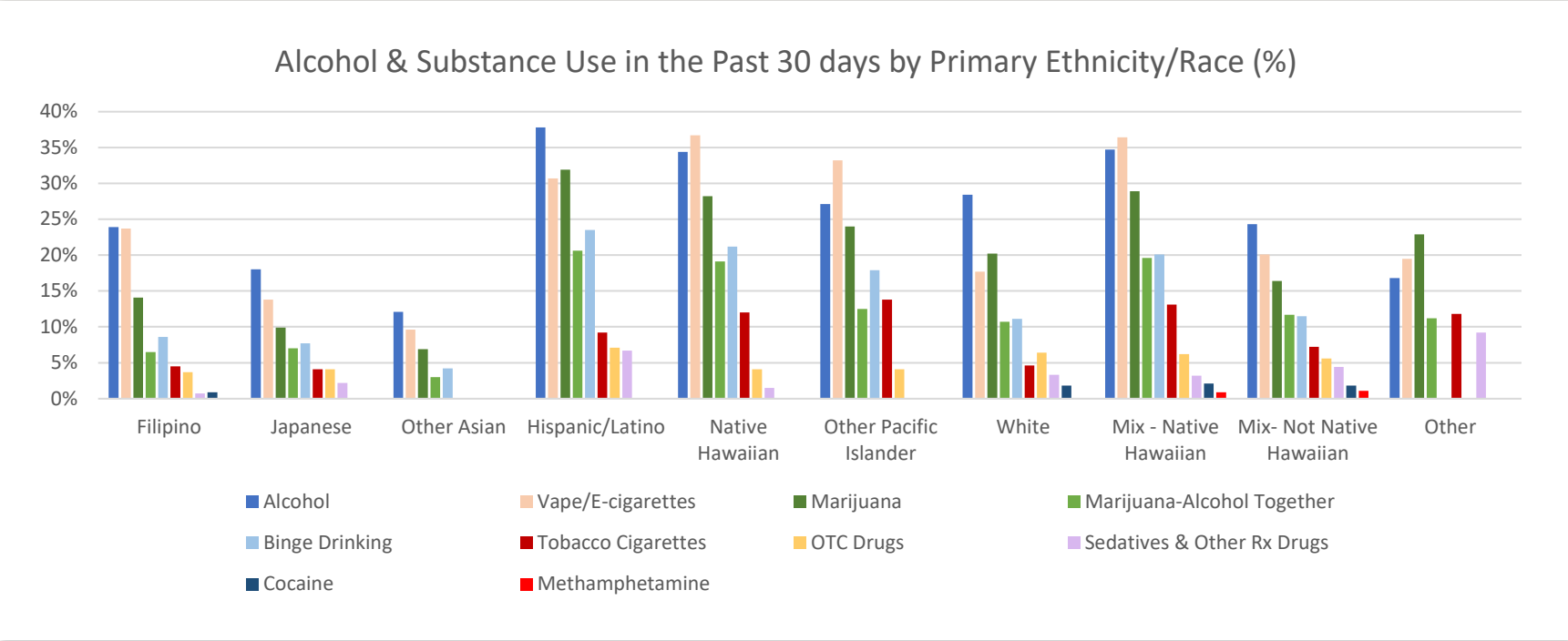
Statewide Current Alcohol & Substance Use by Grade



Statewide Current Alcohol & Substance Use by Gender

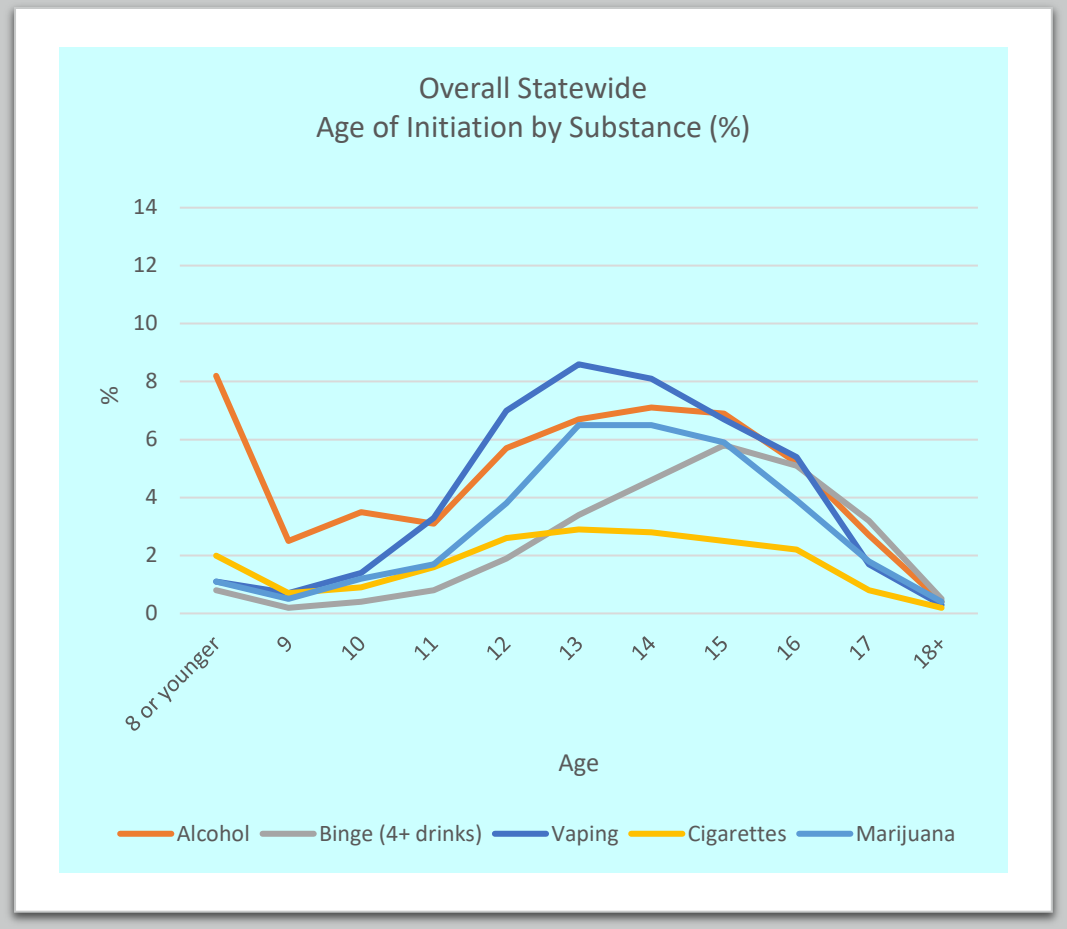


Statewide Current Alcohol & Substance Use by Primary Race/Ethnicity

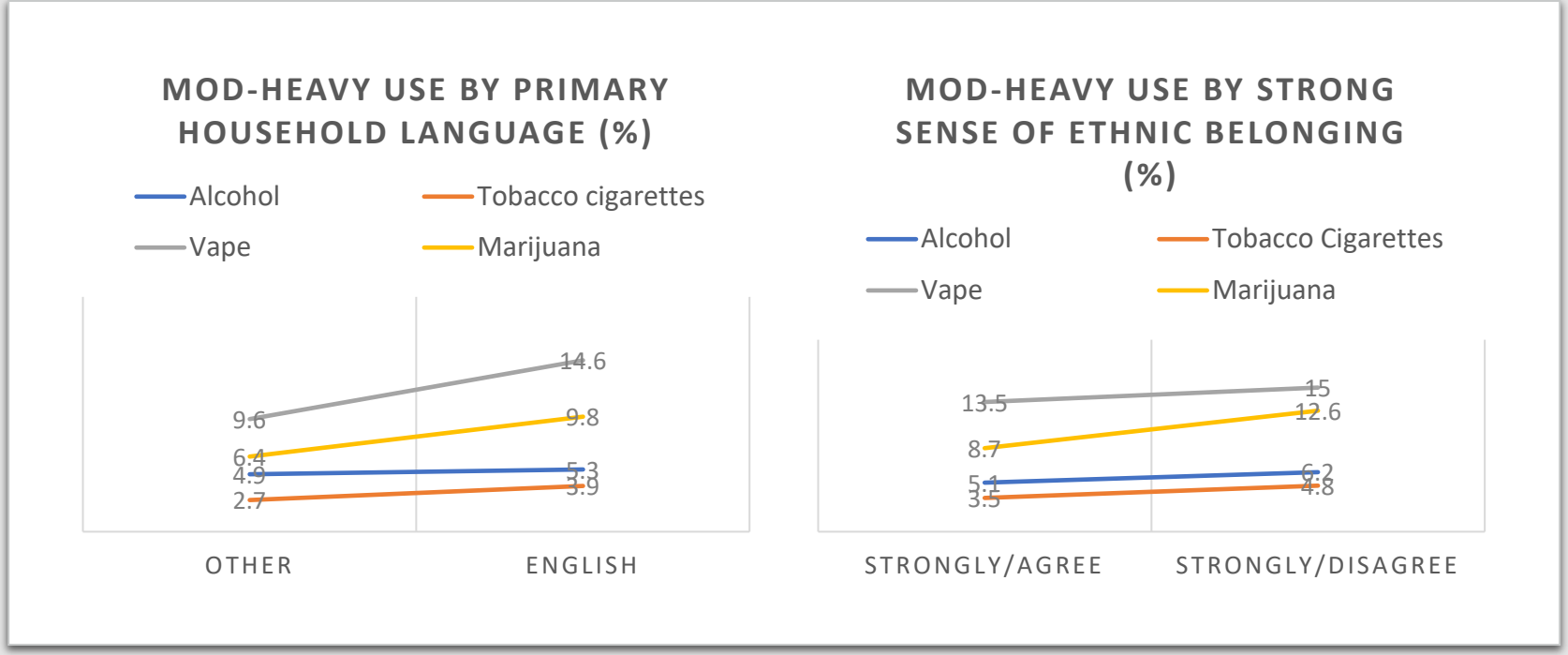


Early Initiation of Substance Use

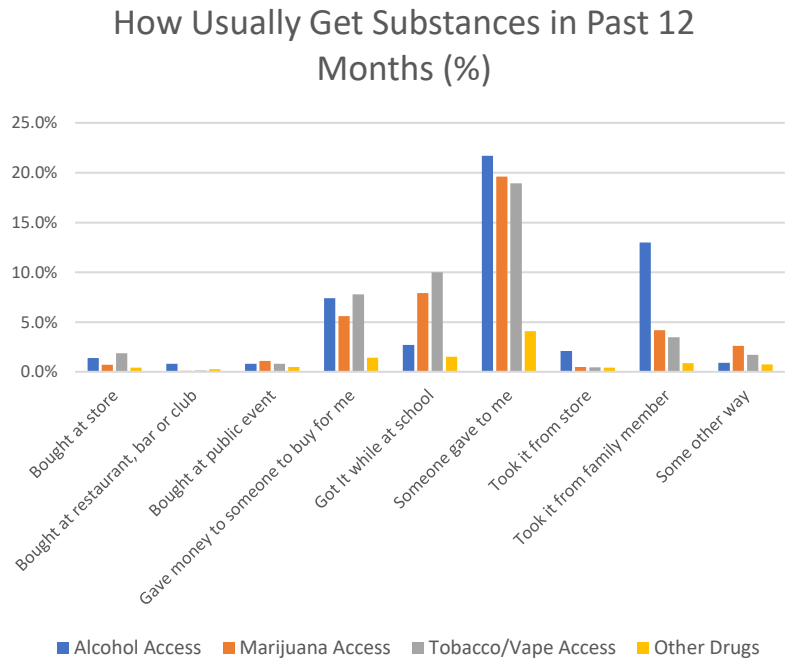
- “Early initiation” to refer to a person's first use of a substance occurring at age 13 or younger
- Alcohol, vapes, and tobacco cigarettes more often reported as being first used at ≤ age 13
- Early peak for first alcohol use and continues throughout adolescence
- Vaping, marijuana, tobacco cigarettes peak around age 13 (middle school)
- Binge drinking peak around ages 15-16 (high school)

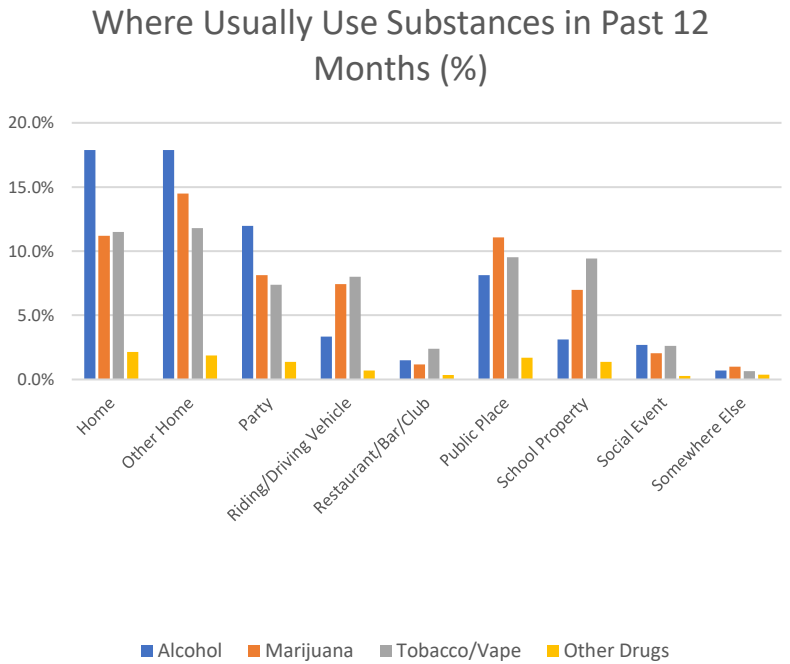


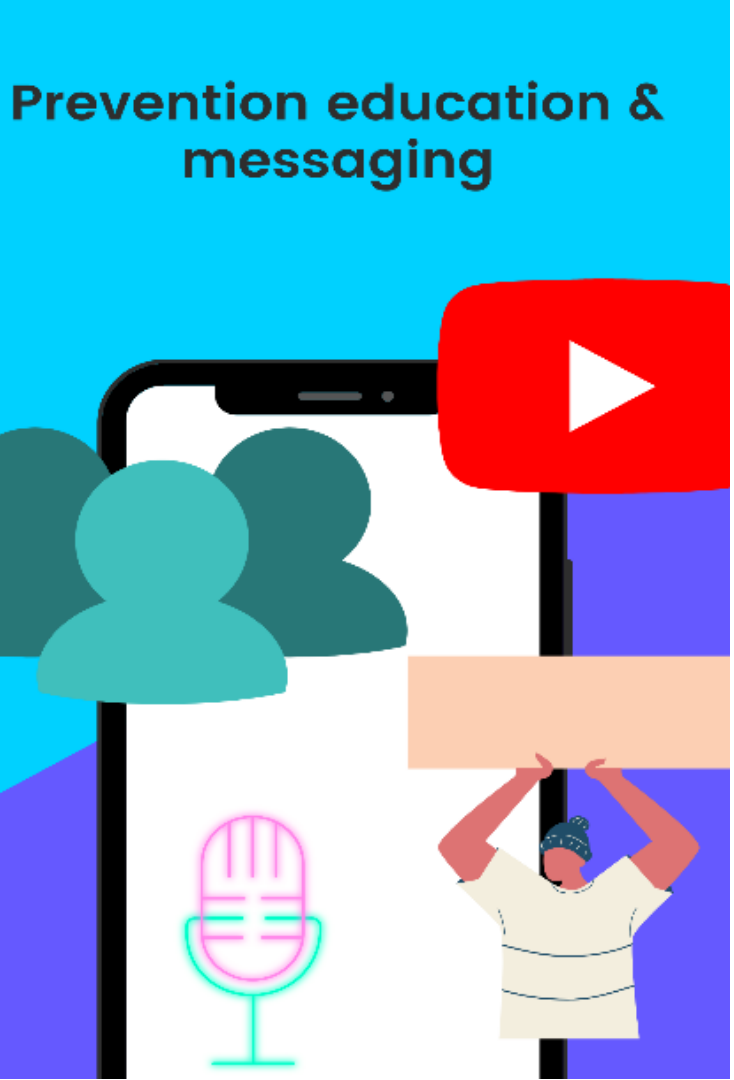
Cultural Factors & Statewide Moderate-Heavy Use



Statewide Access to Alcohol/Substances & Location of Use







Statewide Prevention Education & Messaging

- 85.7% reported having received some type of prevention education, primarily from family (69.8%) or at school (67.8%)
- 84% reported having viewed or heard some kind of public awareness messages
  - TV/internet channels (56.8%)
  - Social media apps (58.8%)
  - Ads on device (51%)
  - Printed media like posters/signs (45.9%)
- Almost 10% of students thought it was safe for a woman to drink regularly (daily, weekly) and including occasionally (monthly), during pregnancy

Social-Ecological Modeling-Informed Important Factors

Protective Factors

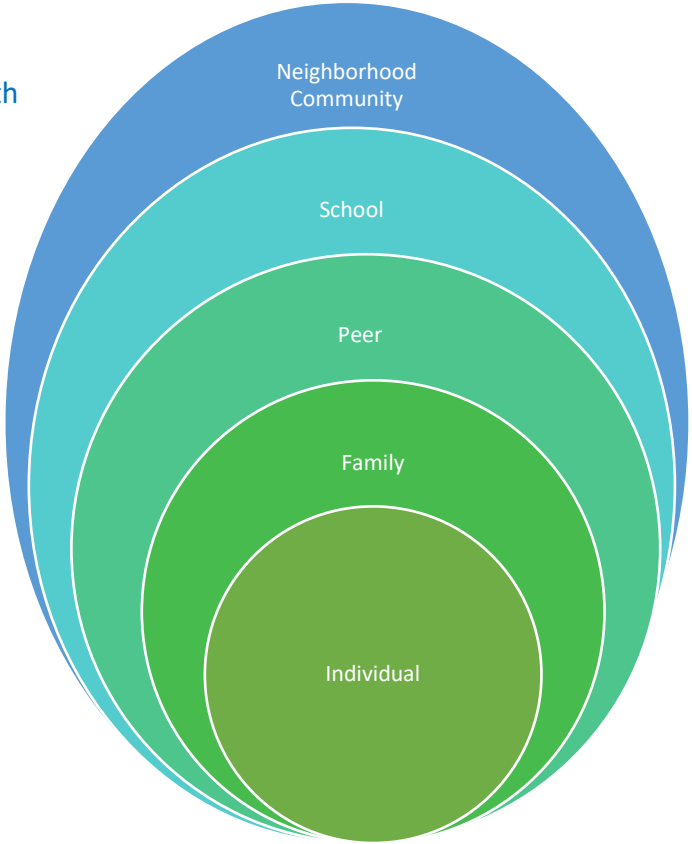
Community
44.2% Encouragement
69.4% Positive social norms for youth (non)use of alcohol

School
47.3% Climate/Enjoyment

Peer
41.1% Friends enjoy school

Family
66.4% Talking to family about a problem
90.6% Clear rules & consequences about using alcohol & drugs

Individual
86% Disapproval of substance use
73.9% Academic achievement



Risk Factors

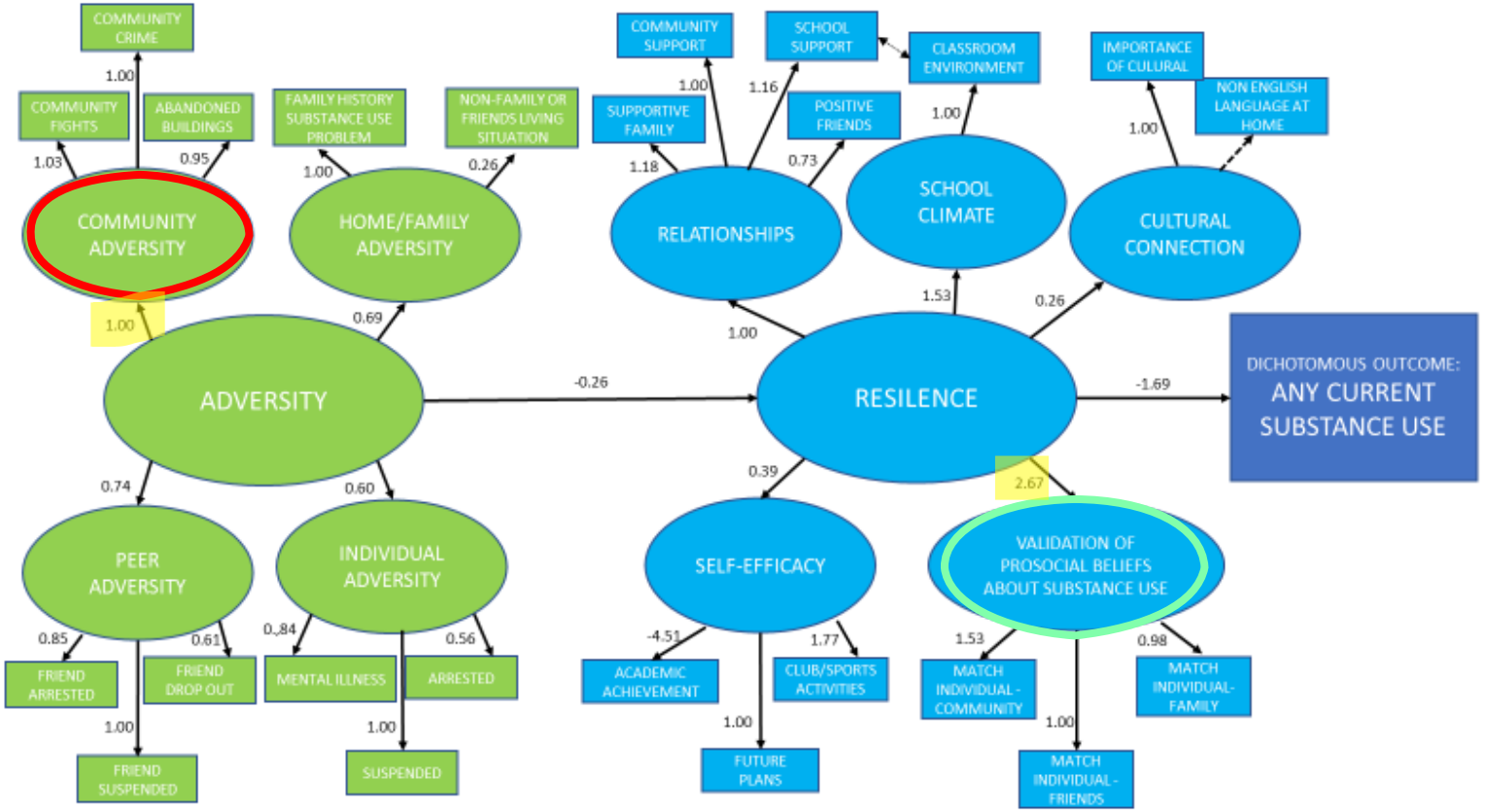
Community
55.8% Ease of access to substances
31.4% Neighborhood substance use
19.8% Neighborhood crime/drug selling

Peer
42.3% Close friends offer alcohol/marijuana
37.8% Peer exposure to alcohol/marijuana use
13.3% Close friends approve of alcohol/marijuana

Family
20.3% Exposure to parent alcohol use
6.7% Relative marijuana use
29.2% Lived with someone with a substance use problem

Individual
21.8% Suspension or expulsion
19.9% Skipping class
43.3% Done something crazy
40.9% Depression

Resilience Model for Any Substance Use



Key Takeaways

- Overall ~11% screen as PSUD, and 14% additional for positive risk
- Treatment need more than doubles from middle to high school
- Gender diverse students are smallest proportion but at highest risk
- Students who primarily identify as Pacific Islander, Native Hawaiian (including 2 or more ethnicities), Hispanic/Latino more likely to have a PSUD and also to use alcohol/vape/marijuana
- More than 1/3 of students endorse mental health distress, which is associated with having a PSUD
- Less than 1/3 of students in PSUD range receiving help (school or outside of school)
- Alcohol, vaping, and marijuana most used substances in the past month – also substances that students more often try before age 13

More Key Takeaways

- Students are most commonly acquire alcohol, tobacco/vape, and marijuana by being GIVEN to them, giving money to buy for them, while at school, or taking (alcohol) from a family member
- Common places where student use alcohol, tobacco/vape, and marijuana are their or someone else's home, public places, and at school or when riding/driving in a vehicle (vape and marijuana)
- Large majority of students receive substance use prevention education and messaging from family, school, TV/internet channels, social media, device ads, and printed media
- Risk factors in all domains contribute to adversity, but resilience factors like community validation of prosocial beliefs, school climate, relationships, self-efficacy & cultural connection are important for reducing likelihood of substance use

Potential Implications for Practice & Prevention

- School and community resources for addressing vape use
- Outreach or monitoring for transgender/other gender minority students at higher risk
- MH screeners and behavioral health integration in schools and community settings to address co-occurring mental health issues and substance use
- Prevention efforts for alcohol and other substances in early initiation, including education and awareness around prenatal alcohol use
- Integrating culturally-based approaches into prevention and treatment for enhancing resilience and improving care

Mahalo!

Aloha United Way 211
SUD CARES

Referral and Treatment Call Center

Aloha United Way

Aloha United Way (AUW) has been serving Hawaii for over 100 years.
AUW brings resources, organizations, and people together to advance the health, education, and financial stability of every person in our community.

AUW211 has a database of over 4,000 community resources statewide

AUW works with over 1,500 companies and more than 300 nonprofit partner agencies to reach every part of the community.

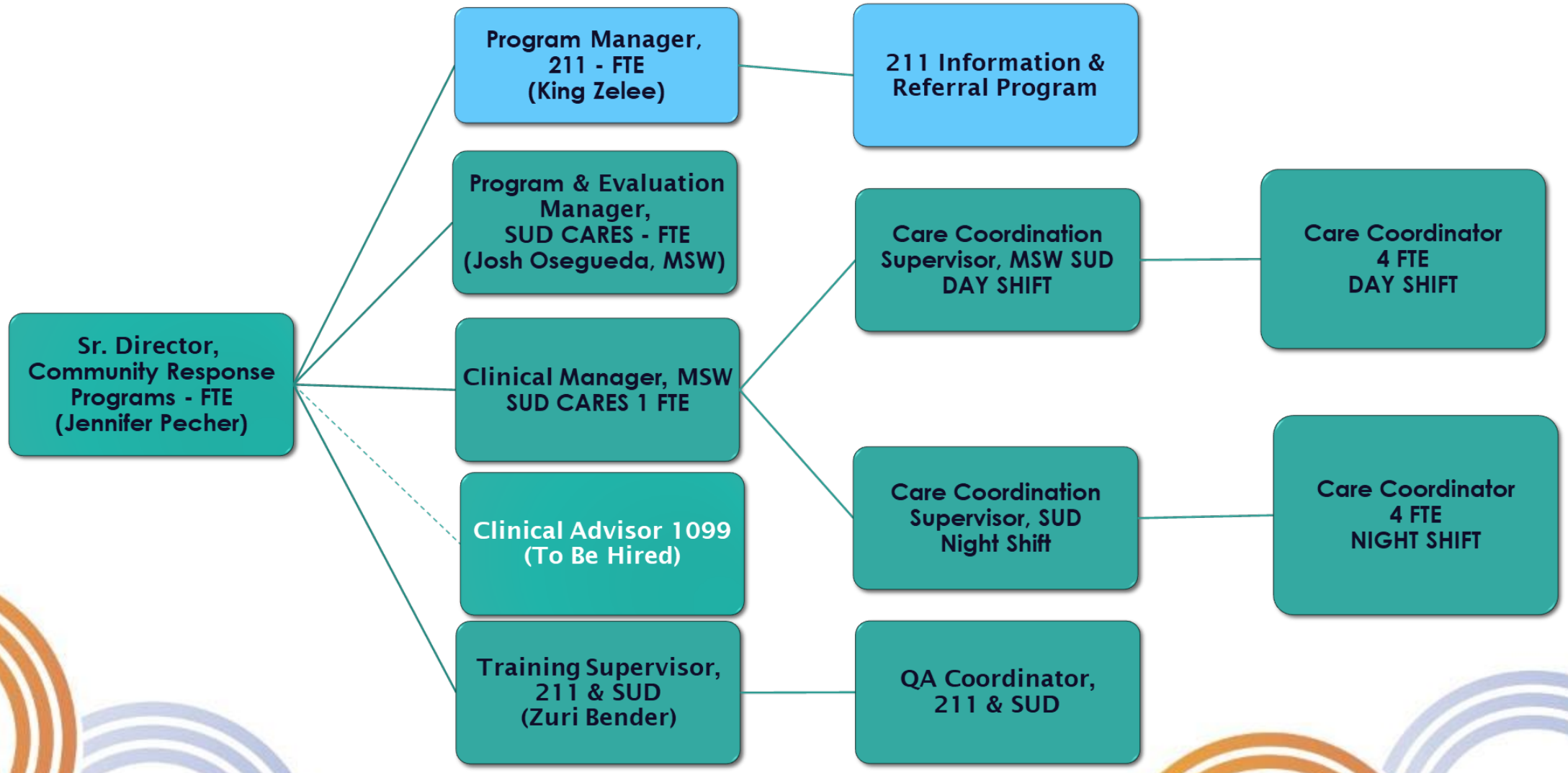
2·1·1
Aloha United Way

AUW211 SUD CARES Vision

- The goal of AUW211 SUD CARES is to advance access to, and the quality of, statewide behavioral health substance abuse disorder and mental health services.

- AUW 211 will strategically focus on coordinating BH SUD COC partners with the ADAD network and other community-based behavioral health organizations, hospital systems, public health agencies, and BH COC stakeholders.

The AUW 211 SUD CARES Team!



Partnership between Aloha United Way (AUW) 211 & Department of Health ADAD (DOH-ADAD) HAWAII CARES

- Aloha United Way 211 will provide information and screening for Hawaii residents seeking substance use disorder treatment and recovery services.

- AUW211 will assume operations of the Substance Abuse Disorders (SUD) Coordinated Access Resource Entry System (CARES) Call Center on April 18, 2022.

- SUD CARES integration with AUW 211 offers clients with co-occurring health/human social services needs access to a database of over 4,000 resources statewide.

AUW211 SUD CARES Operations

- The AUW 211 SUD CARES Call Center will operate 7 days per week, 7am-10pm.
- AUW 211 expanded operations by adding approximately 15 staff for SUD CARES.
- DOH Adult Mental Health Division will manage crisis calls through HAWAII CARES and do a warm transfer to AUW211 SUD.
- AUW 211 SUD CARE Coordinators will have access to the 211 database to support clients with human services referrals

AUW211 SUD CARES Opportunity

- The SUD CARES Referral and Treatment Call Center will integrate with various AUW 211 systems to expand programming and operational capacity to maximize information and referral services for substance abuse and co-occurring treatment providers.
- SUD Care Coordinators will receive additional training from 211 through the national Alliance of Information and Referral Systems (AIRS). AIRS is the driving force in the development of clear and consistent professional standards and quality indicators that benchmark every aspect of 211.
- AIRS training will enhance SUD CARES program quality and improve customer service by incorporating national standards and quality indicators for each SUD CARES caller.

Mahalo!

Aloha United Way 211 SUD CARES Program

Jennifer Pecher, Senior Director

211 & Community Response Programs

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Joshua Osegueda, MSW

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AUW 211 SUD CARES

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PROJECT VISION

Hele for Health

COVID OUTREACH

Funded by: Dept. of Health, Dept. Community Services, Dept. of Public Safety
Kaiser Foundation, Hawai'i Community Foundation,
Kamehameha, Zilber, Weinberg, HCAP, Papa Ola Lokahi, HIPHI

Special thanks to: Partners In Care, Institute for Human Services, Hawai'i Health & Harm Reduction Center, NHPI 3R Team

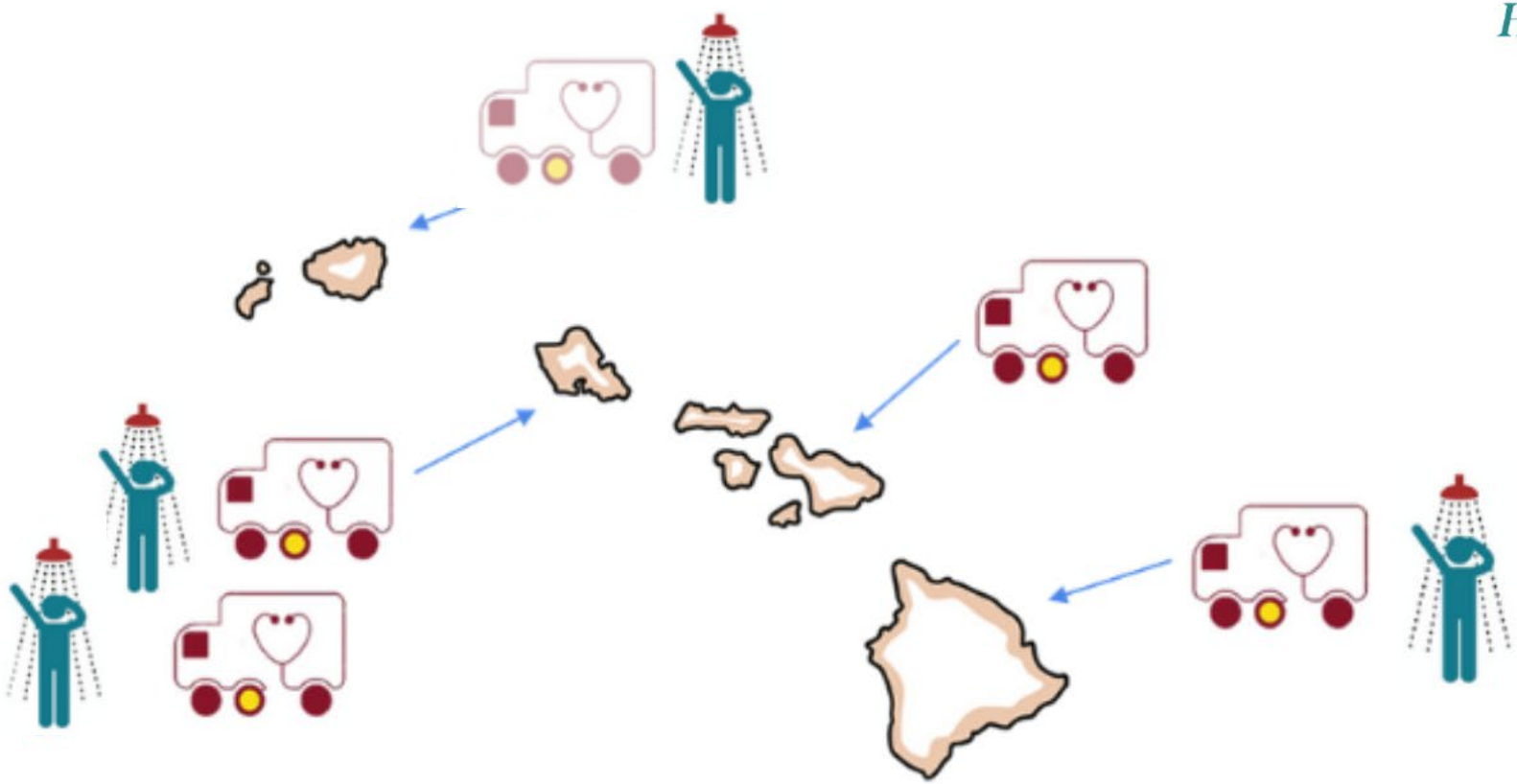
We seek to *reduce* cultural and geographic *barriers* to basic human needs,

such as food, hygiene, health and vision services.

Our emergency response fleet.

PROJECT VISION

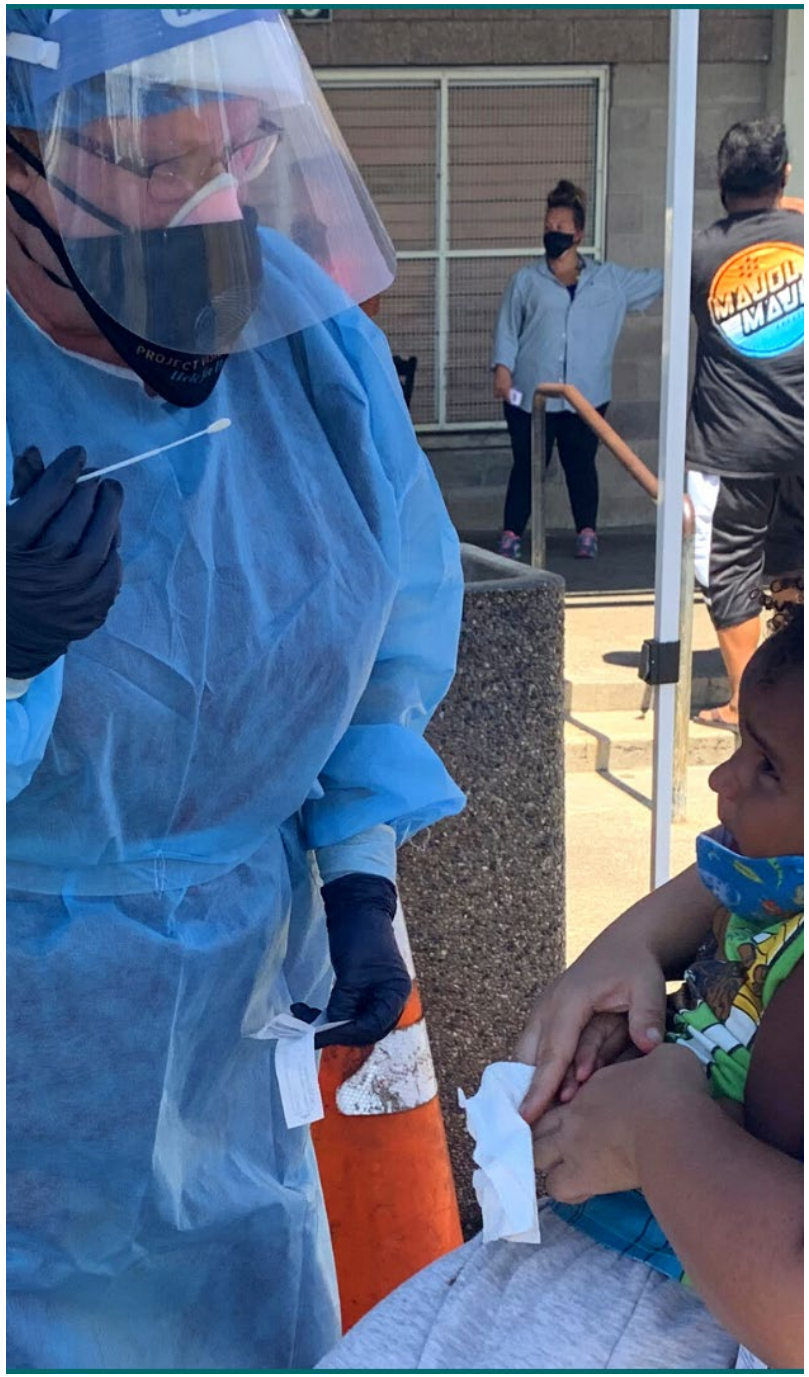
Hele for Health



Those covered by PVH services:

- For testing:
  - HUD definition of homeless
- For vaccines:
  - shelters
  - encampments
  - treatment programs
  - transitional housing

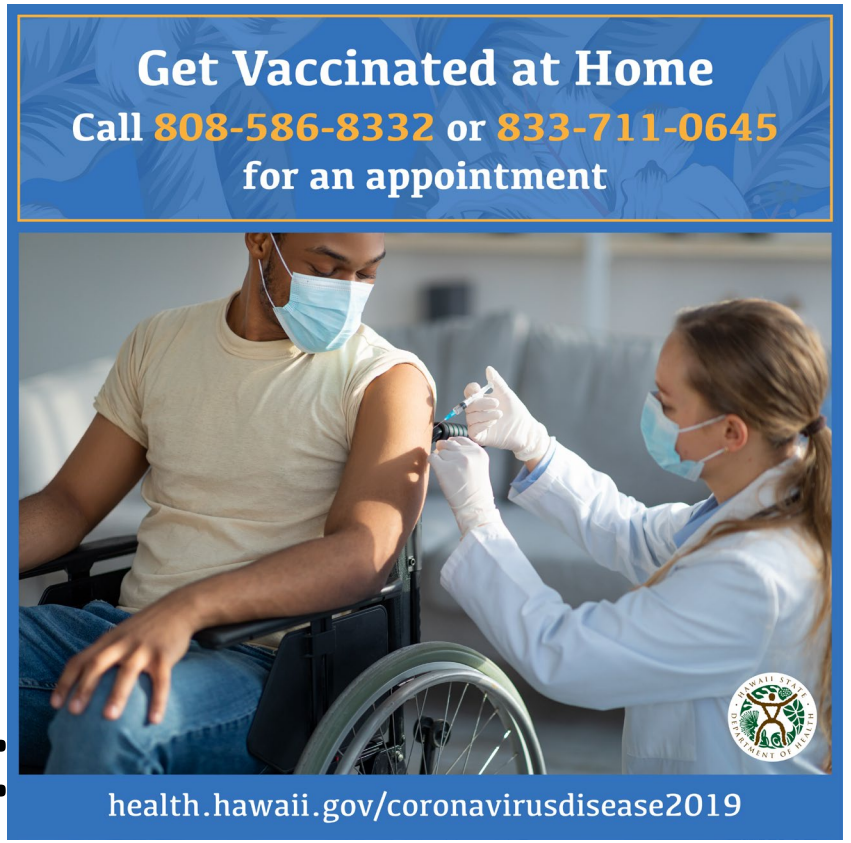
Photos of collaborative efforts with HIS, HHHRC & PIC



Testing Details:

- Rapid antigen test
- Rotations of 1, 2 or 4 times per month
- 10% surveillance
- Staff encouraged to participate
- PCR available upon request & DOH approval

In-Home Services- now includes testing



Process to Request a Replacement Vaccination Card / Certificate

Updated: 6 Jan 2022

Only for individuals vaccinated in Hawaii

Where did you get vaccinated?	How do I request a replacement card / certificate
Hospital, pharmacy, clinic, health center, DOD or VA	Contact the location/provider that administered the vaccine
Windward Community College, Windward Health Center Point of Dispensing (POD), Behavioral Health Administration POD, Leeward Community College, University of Hawaii, Project Vision Hawaii, Oahu in-home vaccination or Oahu Correctional Facilities	Call 808-586-8332
Hawaii Department of Health (HI-DOH) POD on: Kauai, Maui or Big Island	Contact HI-DOH's District Health Office in the respective county. Kauai: 808-241-3495; Maui: 808-984-3780; Big Island: 808-974-6012
At a POD, that is now closed and **AND** you **KNOW** who was running the POD	Contact the provider that operated the POD (e.g., Queens, Hawaii Pacific Health, etc)
If you don't know who was operating the POD where you received your vaccination	Call 808-586-8332 or 833-711-0645. Provide your: Name, Date of Birth, Vaccination location, Date and approximate time vaccinated, your return phone number or email address
The Vaccine Administration Management System (VAMS) printout will be accepted if you registered for your vaccination using VAMS log into the system and print out the VAMS Certificate.	

Email covid-19@projectvisionhawaii.org to request ongoing testing & boosters

PVH also offers vision services, blood draws, diabetes screenings, prenatal health, wound care & vaccines

Social services include VI-SPDAT, Medicaid, Medicare and SNAP registrations

Overview of Harm Reduction

Heather Lusk, MSW
Hawaii Health &
Harm Reduction Center
hlusk@hhhrc.org

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Hawai‘i Health & Harm Reduction Center (HHHRC)

Reducing harm, promoting health, creating wellness and fighting stigma in Hawai‘i and the Pacific.

Hawai‘i Health & Harm Reduction Center serves Hawai‘i communities by reducing the harm and fighting the stigma of HIV, hepatitis, homelessness, substance use, mental illness, and poverty in our community. We focus our efforts on those disproportionately affected by social determinants of health, including but not limited to: people living with and/or affected by HIV, hepatitis, drug use, and the transgender, LGBQ and the Native Hawaiian communities. We foster health, wellness, and systemic change in Hawai‘i and the Pacific through care services, advocacy, training, prevention, education, and capacity building.

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HOUSELESSNESS

CRIMINAL LEGAL SYSTEM

SUBSTANCE USE

CHRONIC DISEASE

MENTAL HEALTH

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HHHRC Services

Street-based Services

Outreach & Linkage to Services
Wound Care
Syringe Exchange
Naloxone Distribution
HIV/HCV/STD Testing
HIV/HCV Case Mgmt & Care Coordination
LEAD outreach and case management

Warm Hand Off Referrals

Wound Care*
Buprenorphine*
HIV/HCV Testing, Case Management* & Care Coordination**
Transgender Services**
Mental Health
Smoking Cessation
LEAD

*referral form at www.hhhrc.org

**often can transport/meet

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One Definition of Harm Reduction

Harm reduction is a philosophy and set of strategies for working with individuals engaged in potentially harmful behaviors. The main objective is to reduce the potential dangers and health risks associated with such behaviors, even for those who are not willing or able to completely stop. Harm reduction uses a non-judgmental, holistic and individualized approach to support incremental change and increase the health and well-being of individuals and communities.

- Pupukahi I Holomua, Harm Reduction Conference Planning Committee, Honolulu, HI 2009

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Harm Reduction International

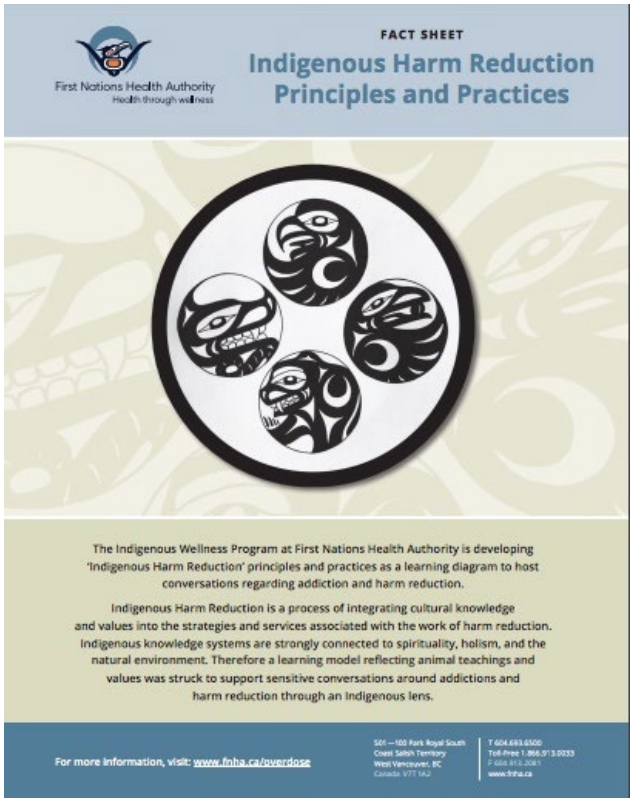
Harm reduction refers to policies, programs and practices that aim to minimize negative health, social and legal impacts associated with drug use, drug policies and drug laws.

Harm reduction is grounded in justice and human rights - it focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that they stop using drugs as a precondition of support.

Other Definitions of Harm Reduction

First Nations Health Authority

Harm reduction is a public health approach that saves lives by minimizing harm and potential danger. A harm reduction approach meets people where they are at with open arms, acceptance, and compassion – not judgment or shame. A harm reduction approach recognizes that every life is valuable and that substance use and addiction are complex and challenging.



Other Definitions of Harm Reduction

Harm Reduction Coalition

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

Hawaii Health & Harm Reduction Center (H3RC)

HARM REDUCTION: A non-judgmental approach to public health that meets people where they are and celebrates positive change, with the goal of minimizing the harms of actions that pose adverse social and health outcomes.

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Find Treatment

Alcohol, Tobacco, and Other Drugs

Opioid Overdose

Harm Reduction

Behavioral Health Treatment and Services

Behavioral Health Treatment Services Locator

Disaster Distress Helpline

Implementing Behavioral Health Crisis Care

Mental Health and Substance Use Disorders

SAMHSA's National Helpline

988 Suicide and Crisis Lifeline

Harm Reduction

Harm reduction is critical to keeping people who use drugs alive and as healthy as possible, and is a key pillar in the multi-faceted Health and Human Services' Overdose Prevention Strategy.

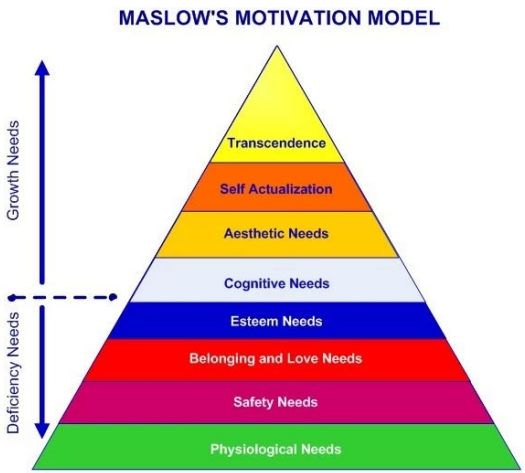
What is Harm Reduction?

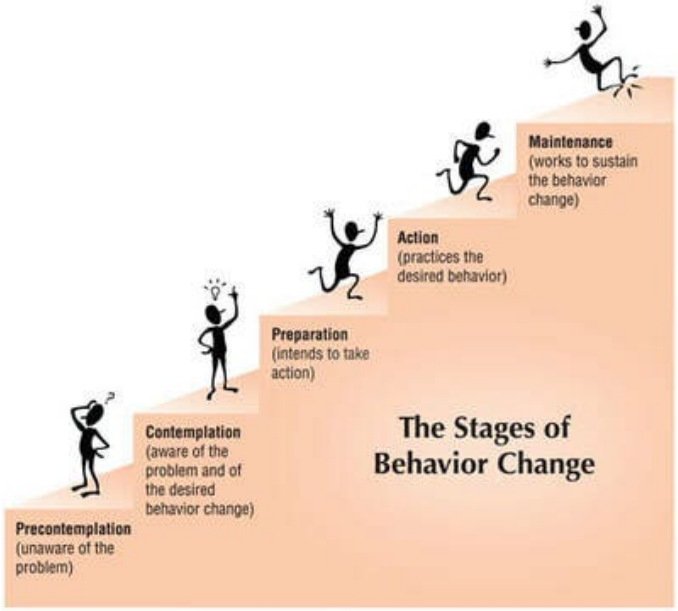
Harm reduction is a proactive and evidence-based approach to reduce the negative personal and public health impacts of behavior associated with alcohol and other substance use at both the individual and community levels.

Harm reduction is an important part of the Biden-Harris Administration's comprehensive approach to addressing substance use disorders through prevention, treatment, and recovery where individuals who use substances set their own goals. Harm reduction organizations incorporate a spectrum of strategies that meet people "where they are" on their own terms, and may serve as a pathway to additional prevention, treatment, and recovery services. Harm reduction works by addressing broader health and social issues through improved policies, programs, and practices.

Harm Reduction Theories and Frameworks

- Transtheoretical Model of Behavior Change
- Motivational Interviewing
- Trauma-informed Care
- Hierarchy of Needs
- Continuum of Drug Use





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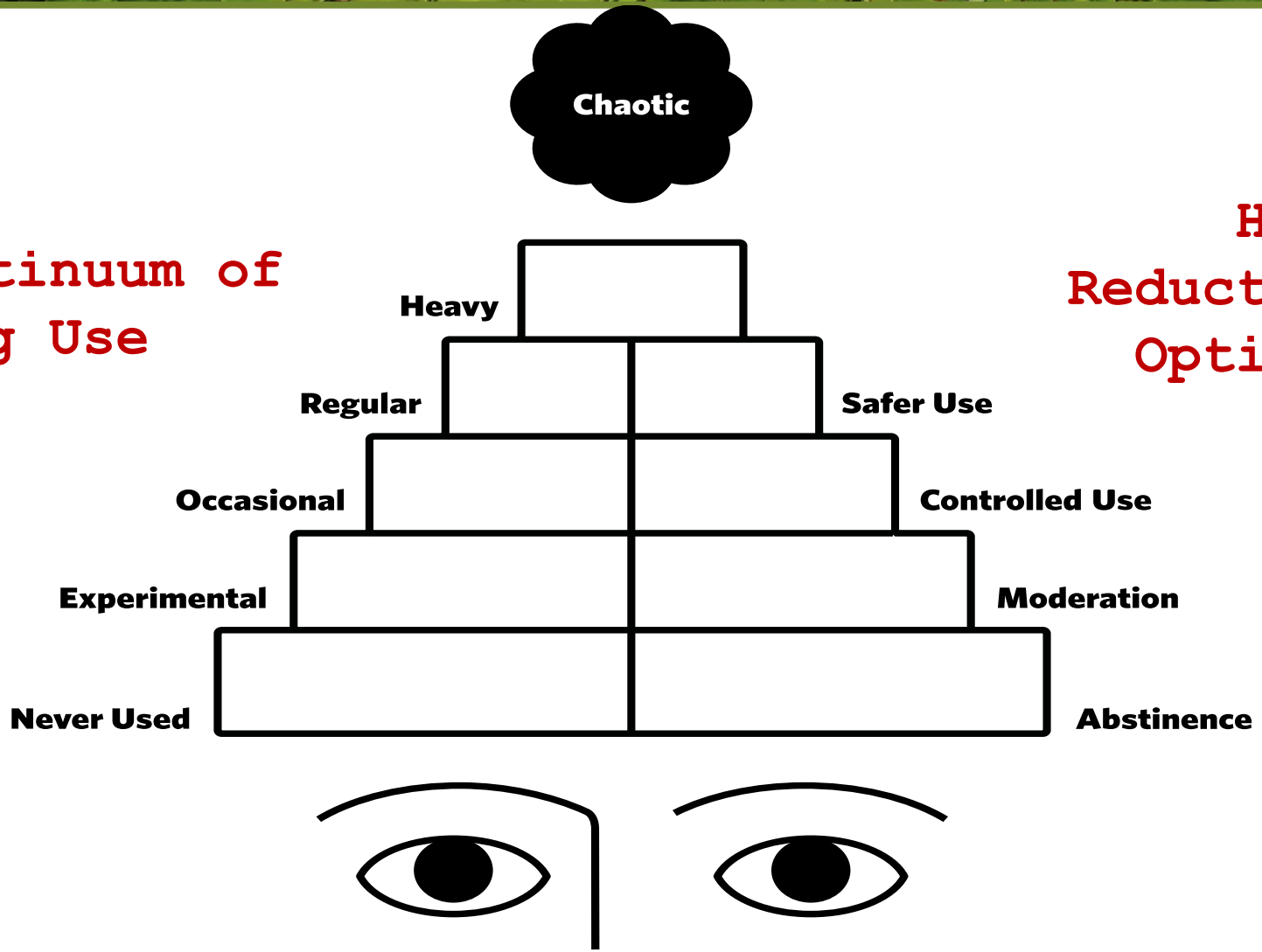
The Continuum of Drug Use



The Harm Reduction Options

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Some Tenets of Harm Reduction

- Meet people where they are
- Non-judgment and respect
- Low barrier services
- Any positive change
- Options, not directives
- Consumer (or other peer) involvement
- Social justice: harms ar disproportionate

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STATE OF HAWAII
DEPARTMENT OF HEALTH
ALCOHOL AND DRUG ABUSE DIVISION
KAKUHIHEWA BUILDING
601 Kamokila Boulevard, Room 360
Kapolei, Hawaii 96707
PH: (808) 692-7506
FAX: (808) 692-7521

In reply, please refer to:
File: DOH/ADAD

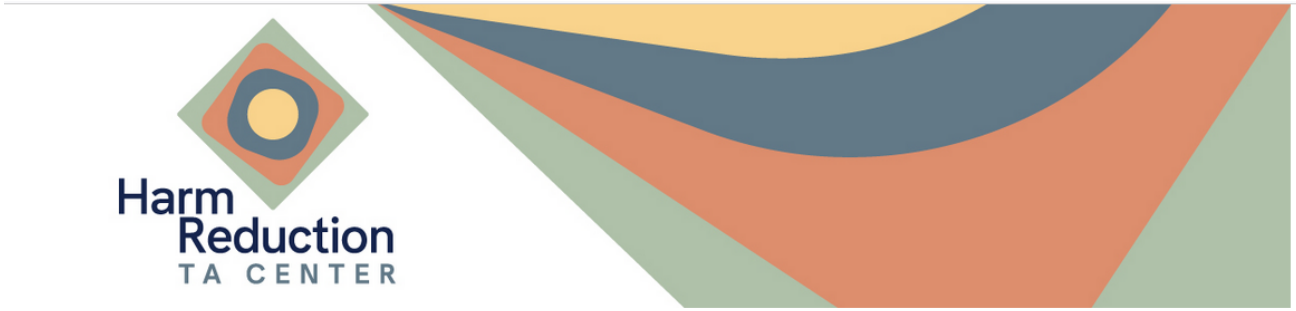
November 18, 2021

ADAD POLICY ANNOUNCEMENT: Harm Reduction

Policy:

Effective immediately, the Department of Health, Alcohol and Drug Abuse Division (ADAD) will incorporate "Harm Reduction" as a distinctly recognized and validated component within the comprehensive substance use disorder (SUD) Continuum of Care (COC) for Hawaii; and will be added as a fourth component alongside Prevention, Treatment and Recovery. Moving forward all relevant policies, program initiatives and future funding considerations will include and incorporate consideration of Harm Reduction along with the other COC components.

https://harmreductionhelp.cdc.gov/s/



The National Harm Reduction Technical Assistance Center (NHRTAC) provides free help to anyone in the country providing (or planning to provide) harm reduction services to their community. This may include syringe services programs, health departments, programs providing treatment for substance use disorder, as well as prevention and recovery programs.

Offering harm reduction services is an effective approach for preventing overdose, the spread of infectious disease, and other harms resulting from drug use. The goal of NHRTAC is to improve the capacity and performance of harm reduction programs throughout the United States by ensuring access to high-quality, comprehensive technical assistance.

Programs implementing harm reduction services and other activities in support of the health and wellness of people who use drugs, should have easy access to resources and help. This TA Center will connect harm reduction programs to resources and experts that can help programs better serve their communities.

CDC established and expanded the NHRTAC in collaboration with SAMHSA to ensure comprehensive support of the integration of harm reduction strategies and principles across diverse community settings and within a treatment framework.

Featured Resources

SAMHSA Harm Reduction Grant Program (SP-22-001)

The purpose of the program is to support community-based overdose prevention programs, syringe services programs, and other harm reduction services. Applications are due February 7, 2022.

Get Help Now

REQUEST ASSISTANCE

Disclaimer: The information collected through this site will be used to access and respond to your questions and needs. No personal, or identifying, information will be shared to any parties not directly involved in the provision of technical assistance.

Meet the Technical Assistance Providers

NASTAD

National Alliance of State & Territorial AIDS Directors

NHRC

National Harm Reduction Coalition

University of Washington

The University of Washington is a public research university in Seattle, Washington

Delivered in partnership with CDC and SAMHSA.

CDC SAMHSA Substance Abuse and Mental Health Services Administration

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Mahalo!

- Please visit www.hhhrc.org/training for more information on our trainings

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Overview Table 11C

Enhancements to WITS for the Gender Identity and Sexual Orientation fields are completed

Training to populate these fields is being worked on

Aloha All,

We have the fields in HI-WITS Training and will be available when we update HI-WITS Production with the new EA Treatment plan. The code tables are currently empty. WITS Team requests the list of values for the drop-downs

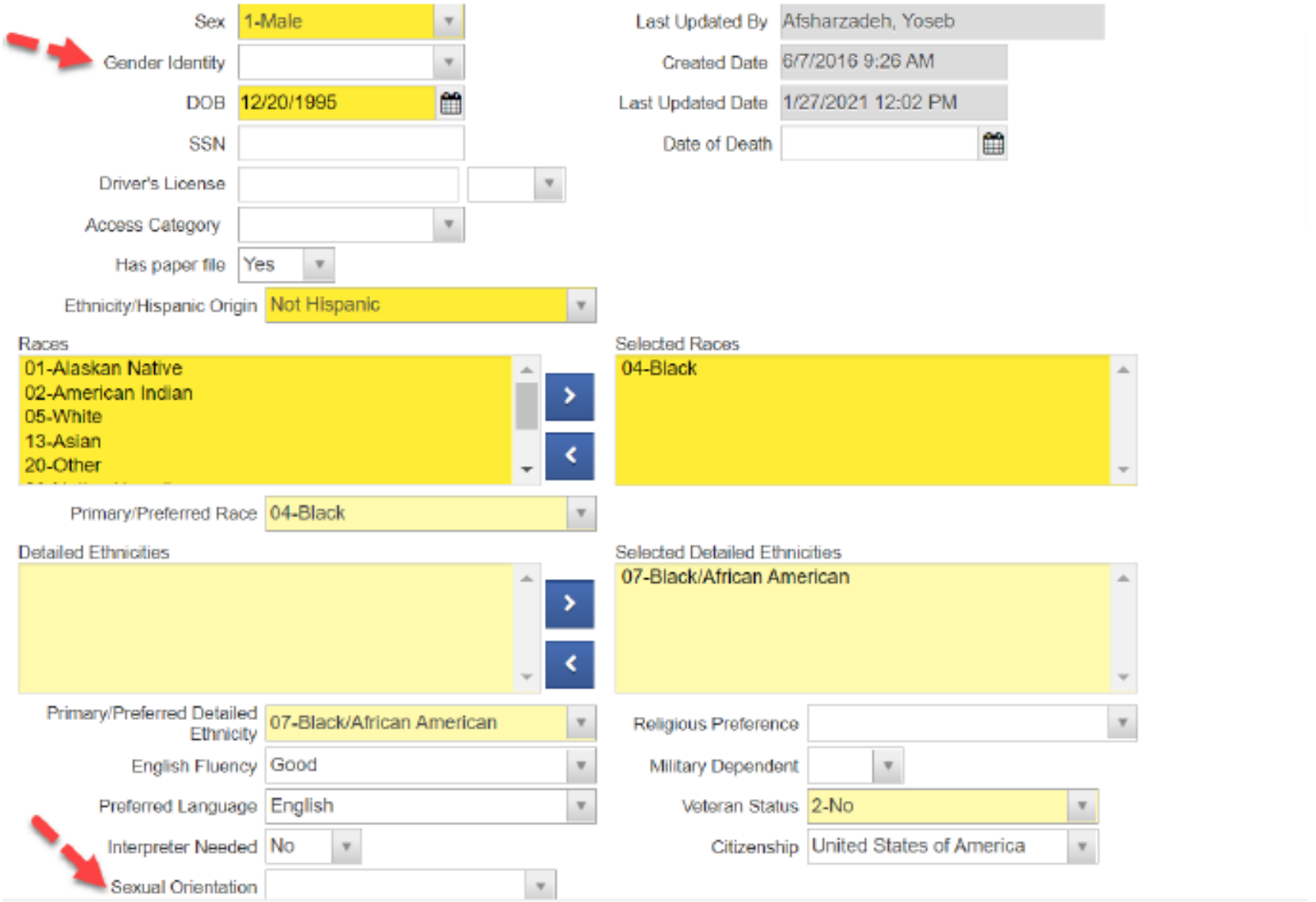

Table 11C – SABG Report

TABLE 11C – SABG Unduplicated Count of Person Served for Alcohol and Other Drug Use by Sex, Gender Identity, and Sexual Orientation (Requested)

Age	Cisgender Male	Cisgender Female	Transgender Man /Transman /Female -To-Man	Transgender Woman/ Transwoman/ Male-To-Female	Genderqueer/ Gender Non-Conforming/ Neither Exclusively Male nor Female	Additional Gender Category (or Other)	Straight or Heterosexual	Gay or Lesbian	Bisexual	Queer, Pansexual, and/or Questioning	Something Else? Please Specify Under Footnotes
1. 17 and Under											
2. 18 - 24											
3. 25 - 44											
4. 45 - 64											
5. 65 and Over											
6. Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022