

**ADVISORY COMMISSION ON DRUG ABUSE AND CONTROLLED SUBSTANCES (HACDACS)**

Alcohol and Drug Abuse Division (ADAD), Department of Health (DOH), State of Hawai'i

**Kākuhihewa Building, 601 Kamokila Boulevard, Room 317, Kapolei, Hawai'i**

**February 25, 2025**

**9:00 am – 11:00 am**

Members Present: Ku ulei Salzer-Vitale, MSW Co-Chair, Lilinoe Kauahikaua, MSW, Co-Chair; Diana Felton, MD Vice Chair; Emily Andrade; Jon Fujii, MBA; John Paul Moses III, APRN-R; Jawanna Ready, MD.

Members Absent: Greg Tjapkes; Erika Vargas, LCSW.

Staff Present: John Valera, AICP; Robyn Loudermilk, AICP, Brenda Wong.

Guests Present Dr. Natalie Crommett, PsyD.

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DUE DATE
1. Call to Order:	The meeting was called to order at 9:02 am.			
2. Consideration and approval of meeting minutes of January 28, 2025.	<b>Motion by Commissioner Moses and seconded by Commissioner Fujii to adopt minutes from the January 28, 2025, meeting. Motion approved.</b>	<b>Motion approved.</b>		
3. Community Input:  [Pursuant to section 92-3, Hawaii Revised Statutes, all interested persons will have three (3) minutes to speak, i.e., per person, per item, or written testimony can be submitted on agenda items]	No community comments provided.  Co-Chair Salzer led the discussion on ways to publicize HACDACS meetings such as social media.  In response to a question, Ms. Loudermilk noted that should the ADAD receive testimony on a topic not listed in the meeting agenda, that information would be provided to HACDACS under the “Open Forum” agenda item.			
4. Alcohol and Drug Abuse Division (ADAD) Report	Mr. Valera reported on the HOI Launch and the 2025 Legislative Session.			

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DUE DATE
<ul style="list-style-type: none"> <li>• Update on launch of the Hawaii Overdose Initiative (HOI)</li> <li>• 2025 Legislative Session Updates and Testimony <ul style="list-style-type: none"> <li>○ Update on ADAD support for House Bill 943 requiring the Department to establish a homeless triage and treatment center program to serve homeless individuals and individuals at risk of homelessness with substance abuse issues or mental illness.</li> <li>○ Update on ADAD support for House Bill 1084 which lowers the blood alcohol content threshold for driving while under the influence of alcohol from .08 to .05 or more grams of alcohol to reduce impaired driving and fatal crashes.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• ADAD is currently conducting an internal review of the preliminary HOI plan. A distribution date for the draft plan to Launch participants for review and comments will be identified.</li> <li>• Providing periodic updates to Launch participants.</li> <li>• Fairly optimistic that work groups will launch in March. UH West Oahu will be sending out a survey to participants to solicit preferences on number of meetings and format.</li> <li>• HB943 passed out of the House Finance Committee yesterday and will crossover to the Senate. Last year a similar bill was killed. Will be having discussions with sister agencies and other partners as the measure moves forward.</li> <li>• HB1084 is part of the Governors’ Package. It passed out of the House Committee on Transportation. Deadline for measure to be heard by the House Committee on Judiciary and Hawaiian Affairs is this Friday.</li> </ul> <p>Co-Chair Salzer led the discussion on ADAD’s report.</p> <p>In response to Commissioners questions on House Bill 943, Mr. Valera explained that this program will be in addition to existing programs. A big component of this program is to provide detox services to stabilize a person. Once stabilized then assessments to identify service needs. A current homeless triage center program appears to be promising. ADAD was asked to estimate a dollar amount to establish a second pilot homeless triage center.</p> <p>A second location does not have to be on Oahu. Currently reviewing SAMHSA’s guidelines for behavioral health crisis center such as accessibility to the public, a 24/7 operational component, and</p>			

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DUE DATE
	<p>outreach. The idea is to continue to pilot, collect, and assess data. If outcomes are successful, then ask for an appropriation for an additional center.</p> <p>ADAD is currently working the with Adult Mental Health Division to scope out what a homeless triage and treatment center would look like. Representative Martin is thinking of a facility that will get homeless people off the street into services. Can take a look at including an outpatient detox and/or mobile units as long as it achieves the goal of moving the homeless into services. A payment piece could be part of braided funding and needs to be worked out.</p> <p>Testimony by the Commission is governed by the State Sunshine Law. The Office of Information Practices prepared a guidance document for Boards and Commissions on Sunshine Law Options specific to State Legislative issues and measures.</p> <p>Ms. Loudermilk shared that the State Council on Mental Health (SCMH) establishes a sub-committee at the ending part of the year focused on identifying bills for testimony. They do report back to the SCMH. In response to a question Ms. Loudermilk responded that she will follow up with SCMH staff whether this sub-group is a Permitted Interaction Group allowed under the State Sunshine Law.</p> <p>Co-Chairs to meet to discuss testimony.</p> <p>Co-Chair Kauahikaua shared that potential spaces to provide detox are available on Kauai and Big Island.</p> <p>Commissioner Fujii shared that with limited funding, the payment piece could cover salaries. Allowing for the expansion of services to other communities and areas that need these centers.</p>			

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DUE DATE
	<p>Vice-Chair Fenton explained that there is an intentional strategy to keeping a bill very vague with the program details developed later. This provide programmatic flexibility should science or best practices change. Once program details are incorporated into statute, they are very difficult to change.</p>			
<p>5. Discussion on Commission Recruitment.</p>	<p>Co-Chair Salzer led the discussion on recruitment. Members are encouraged to continue to identify and recruit potential members.</p> <p>In response to a question, Ms. Loudermilk relayed that the minimum number of members is nine and that the maximum number of members is fifteen.</p> <p>ADAD to provide listing of sectors of the community, identified by state law, to be represented on HACDACS.</p>			
<p>6. Discussion on Update to Bylaws</p>	<p>Co-Chair Salzer led the discussion on updating bylaws.</p> <p>ADAD to identify and provide changes to the current by-laws resulting from amendments to Hawaii Revised Statues.</p>			
<p>7. Identification of Date(s) for In-Person Commission Meetings in 2025.</p>		<p>Deferred</p>		
<p>8. Update on meeting topics and presentations for HACDACS meetings in:</p> <ul style="list-style-type: none"> <li>• June 2025</li> <li>• July 2025</li> <li>• August 2025</li> </ul>		<p>Deferred</p>		

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DUE DATE
<ul style="list-style-type: none"> <li>September 2025</li> </ul> <p>Potential topics include Medical Cannabis Safety and Testing Policies; Harm Reduction Review based on substance use; Status of Residential Treatment Programs and their trends and needs, Prevention Initiatives, Medication Assisted Treatment for Methamphetamine Use Disorder, the intersection of substance use treatment and the criminal justice system. New topic ideas are encouraged.</p>				
<p>9. Presentation on Providing an Overview of the U.S. Department of Veterans Affairs (VA) Pacific Islands Health Care System (PIHCS) Substance Treatment and Recovery (STAR) Program.</p>	<p>Dr Natalie Crommett, PsyD. STAR Clinic Lead provided an overview of the U.S. Department of Veterans Affairs Pacific Islands Health System STAR Program.</p> <ul style="list-style-type: none"> <li>The STAR program (STAR) provides individualized, comprehensive, and evidence-based treatment for Veterans with substance use difficulties and co-occurring mental health concerns. It serves the entire VA PIHCA which includes Hawaii, Guam, American Samoa, and Saipan. And is the VA’s largest service area. All core programs are offered in a virtual format.</li> <li>Five principles guide the STAR: Harm Reduction Model, Shared Decision Making, No Wrong Door Policy, Stepped Care Approach, and Team-Based Approach.</li> <li>There are three core programs: less intensive outpatient treatment (LIOP), intensive outpatient treatment (IOP), and residential treatment. Residential treatment is provided by Hina Mauka through an agreement with VA PIHCA. Should a veteran not be eligible for Hina Mauka, then will be referred to other programs.</li> <li>Other service include contingency management, dual diagnosis treatment, peer support services ( either face to face or via Zoom), mutual support groups, and Annie’s text recovery reminders (daily text of advice or encouragement). Also have begun to offer harm reduction services; i.e. syringe exchange program and fentanyl test strips.</li> <li>Medication services offered include withdrawal management, craving management, and management of underlying mental health symptoms.</li> <li>Shared flyers about the STAR Program, Coffee and Conversation peer led drop-in group, and community harm reduction services.</li> </ul> <p>Co-Chair Salzer led the discussion on the presentation.</p> <p>In response to questions, Ms. Crommett relayed that the harm reduction component began at the grassroots level and was incorporated into the STAR Program. Last year the VA mandated a harm reduction approach for all substance treatment</p>			

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DUE DATE
	<p>programs. Peer specialist qualifications are peer specialist certification, being a veteran, and having some relationship to the focus of the clinic, understand struggle with addiction, and be comfortable in sharing their story. Some peer specialist positions are apprentice positions in which the VA will pay for training. It is a high priority to have peer specialist at all community-based clinics in the service area. Currently do not have peers in all locations. Only Kona has a peer specialist.</p> <p>The VA training for apprentice peer specialist position includes those who live in American Samoa, Guam, and Saipan. However, they may not come to Hawaii for certification, rather they would go someplace else to obtain a national certification. The VA does require peer specialist certification; however, the certification does not have to be from the state in which you are working. At the federal level the pay scale for a peer specialist ranges from a GS7, GS8, to a GS9. The peer specialist salary for a GS7 is about \$50,000, while at the top of their career the salary of a GS9 is about \$80,000. Additionally, Hawaii employees also received Cost of Living Allowance.</p> <p>The largest referral to the STAR Program is from the Hawaiian Islands. Will continue to work to increase referrals from American Samoa, Guam, and Saipan and to offer the same level of care provide in Hawaii. The STAR Program recently received a grant to do a pilot agency outreach program to obtain data on outcomes in all locations. This data will be used to improve the quality of care being provided.</p> <p>Hina Mauka provides the VA's residential treatment program through a procurement process. The VA wants each facility to have and offer the full spectrum of care. As the VA PIHCS does not have a residential treatment program, this service is procured through bids.</p> <p>It is a challenging time in the VA. Aware of two rounds of layoffs affecting approximately 11 people who were either in non-clinical roles or probationary employees. To date no one has been cut from the mental health department. Substance use treatment services are required. It is as a necessary program with a number of requirements that must be met to remain in compliance. With the increase in STAR staff, there have been huge improvements in performance metrics. The biggest fear is people leaving.</p> <p>Recommendations for consideration in HACDACS annual report to the Legislature are:</p> <ul style="list-style-type: none"> <li>• Include the VA PIHCS is community harm reduction events and;</li> <li>• Encourage the VA PIHCS to be more present in the community.</li> </ul> <p>Dr. Crommett will provide HACDACS with a copy of the PowerPoint and her contact information</p>			
<p>10. Open Forum:</p> <p>Public comments on issues not on the agenda, for consideration for</p>	<p>No community comments provided.</p>			

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DUE DATE
Commissions agenda at its next meeting.				
11. Adjournment	The meeting was adjourned at 11:00 am			

**Next Meeting:**        **March 25, 2025**  
                                 **9:00 am to 11:00 am**  
                                 **Zoom Meeting**