

## 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 360, Kapolei, Hawai'i**

**June 24, 2025**

**9:00 am – 11:00 am**

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

Members Absent: Emily Andrade; Erika Vargas, LCSW.

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

Guests Present Kimi Gabbard; Grant Giventer, Tanye Moriwaki

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DUE DATE
1. Call to Order:	The meeting was called to order at 9:15			
2. Consideration and approval of meeting minutes of April 27, 2025, and May 27, 2025.	<p><b>Motion by Co-Chair Kauahikaua and seconded by Commissioner Fujii to adopt minutes from the April 27, 2025, meeting. Motion unanimously approved.</b></p> <p><b>Motion by Vice-Chair Felton and seconded by Co-Chair Kauahikaua to adopt minutes from the May 27, 2025, meeting. Motion unanimously approved.</b></p>	<b>Both motions unanimously approved.</b>		
3. Community Input:  <small>[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]</small>	<ul style="list-style-type: none"> <li>Kimi Gabbard is a nursing student (dnp) at the University of Saint Augustine. She shared that attending conferences and meetings that are community service based, such as HACDACS, goes towards clinical practicum hours.</li> </ul>			
4. Alcohol and Drug Abuse Division (ADAD) Report <ul style="list-style-type: none"> <li>Share highlights from the Substance Abuse and Mental Health, Administration (SAMHSA) and National Association of State Alcohol and Drug Agency Directors</li> </ul>	<p>Mr. Valera shared highlights from the SAMHSA and NASDAD 2025 Annual Meeting.</p> <ul style="list-style-type: none"> <li>Spoke with Oxford House CEO and regional representatives about efforts to start up new clean and sober homes on Oahu and neighbor islands. Ties in with a Request for Information (RFI) released by ADAD to establish more clean and</li> </ul>			

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DUE DATE
(NASADAD) 2025 Annual Meeting.	<p>sober homes. Hope to follow up soon with a Request for Proposal (RFP).</p> <ul style="list-style-type: none"> <li>• Discussions with State counterparts focused on women’s care and opioid settlement funds activities.</li> <li>• Principal Deputy Assistant Secretary is supportive of recovery but not too keen on harm reduction.</li> <li>• Attended a session on opioid mobile units and learned about experiences of other states. These units are quite expensive to set up and maintain. There are a number of factors for providers to consider, i.e. NIMBY. A number of valid business points were also raised in which providers will need support. All considerations in establishing these units in Hawaii, especially on the neighbor islands.</li> <li>• Moderated first session on overdose care as NASADAD Board Member. Distinguished panel of NASADAD counterparts from other states and the District of Columbia shared about post overdose care. And how peers are used for following up.</li> <li>• The mood among the states was somber due to the current budget process and discussions in Congress. Hopeful that able to work with some parts and points discussed and addressed by the Administration.</li> <li>• Shared a number of new resources: <ul style="list-style-type: none"> <li>○ Dear Colleague Letter on Benzodiazepine Use Among Older Adults</li> <li>○ CDC New Mapping Injury, Overdose, and Violence Dashboard</li> <li>○ Report on National Naloxone Saturation Policy Academy</li> <li>○ Advisory on Expanding Access to Methadone Treatment in Hospital Settings</li> </ul> </li> </ul> <p>Co-Chair Salzer led the discussion on ADAD Report.</p>			

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DUE DATE
	<p>Vice-Chair Felton was curious of how the use of methadone has changed with the rise of buprenorphine as it appears to have superior benefits. Also curious for any insights on whether methadone was still being initiated for treatment or has there been a switchover. And if initiating methadone over buprenorphine, why.</p> <p>Mr. Valera noted that it is a good question that needs further follow up. Shared that there are four opioid treatment providers using methadone. Currently surveying the local medical community to identify those prescribing buprenorphine. Survey is response to a bill introduced this past Legislative Session.</p> <p>Commissioner Moses shared that on Oahu KAOH and CHAMP prescribe methadone. He regularly converts people to buprenorphine, so they do not have to go to the clinic daily to pick up methadone. Most converted patients use injectable sublocade. After the first two months, clients only have to come in monthly. People are still starting methadone as there are times when buprenorphine does not work for a variety of reasons.</p> <p>In response to a question, Mr. Valera relayed that all six Hawaii Overdose Initiative (HOI) Action Teams (AT) have met at least once and have started working on their projects. A lot of good discussion is occurring. ADAD is encouraging anyone interested with a substance use background, non-profit, provider to participate.</p> <p>Mr. Loudermilk to provide the AT Calendar which includes meeting dates and zoom links.</p>			
5. Establish an Investigative Permitted Interaction Group (PIG), pursuant to §92-2.5(1), Hawaii	Co-Chair Salzer led the discussion on establishing a PIG to revise existing HACDACS Bylaws.	<b>Motion unanimously approved.</b>		

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DUE DATE
Revised Statute, to revise existing HACDACS Bylaws.	<p>Went through Quick Review: Who Board Members Can Talk To and When (Part 3) which provides guidance to establish an investigative PIG.</p> <p>Two or more members of a board, but less than the number of members which may constitute a quorum may be assigned to a PIG. For HACDACS, the maximum number of members is four.</p> <p>Ms. Loudermilk clarified the three-meetings process for an investigative PIG. Today’s meeting to establish the PIG is considered the FIRST meeting of the full board. Once established, PIG members can interact as many times as needed without time limits. Once the PIG has recommendations, it is presented at the SECOND meeting of the full board. Voting then occurs at the THIRD meeting.</p> <p><b>Motion by Vice-Chair Felton, and seconded by Co-Chair Salzer to establish an investigative PIG to revise HACDACS by-laws comprised of Co-Chair Kauahikaua, Co-Chair Salzer, Commissioner Andrade and Commissioner Ready. Motion unanimously approved.</b></p>			
6. Discussion on Commission Recruitment, Interim Appointments, and Mahalo to Outgoing Members.	<p>Co-Chair Salzer led the discussion on recruitment, interim appointments, and mahalo to outgoing members.</p> <p>Ms. Loudermilk relayed she is working with the Governor’s Office on Interim appointments as no new nominations were put forward to the Senate. Three applications have been received and will be reviewed by the Governor’s Office tomorrow. Will inform the Commission of the Governor’s Office decisions and next steps.</p> <p>Discussion then focused on ongoing recruitment efforts.</p>			

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DUE DATE
<p>7. Update on meeting topics and presentations for HACDACS meetings in:</p> <ul style="list-style-type: none"> <li>• July 2025</li> <li>• August 2025</li> <li>• September 2025</li> <li>• October 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>Co-Chair Salzer led the discussion on upcoming presentations.</p> <p>July 2025 Meeting: Med -Quest: Approved 1115 Waiver for Contingency Management</p> <p>August 2025: Syringe Exchange Program</p> <p>September 2025 Meeting: Addiction Medicine: Psychological Needs of Substance Use Disorder Clients in Inpatient Setting.</p>	<p>Contact Med-Quest</p> <p>Contact DOH Harm Reduction Branch</p> <p>Contact HHHRC</p> <p>Contact JABSOM</p>	<p>Commissioner Fujii</p> <p>Vice-Chair Felton</p> <p>Co-Chair Kauahikaua</p> <p>ADAD Confirmed.</p>	
<p>8. Presentation: Overview of the Hawaii Opioid Settlement Project, the Hawaii Opioid Settlement Advisory Commission, and Opioid Settlement Trust spending as it relates to treatment, harm reduction and prevention efforts, program achievements and challenges.</p>	<p>Mr. Grant Giventer of the DOH, ADAD, Hawaii Opioid Settlement Project (OSP) provided an overview of the OSP, the Hawaii Opioid Settlement Advisory Commission (HOSAC), and Opioid Settlement Trust spending as it relates to treatment, harm reduction and prevention efforts, programs achievements and challenges.</p> <ul style="list-style-type: none"> <li>• Mr. Giventers' background is in law. Prior to joining ADAD, he worked with the Office of Public Defender on Oahu and the Office of the Attorney General.</li> <li>• Provided an organizational overview of the DOH, ADAD, OSP &amp; State Opioid Response (SOR 4) grant. The SOR 4 grant is for three years, totaling \$12M, and is in its fourth iteration.</li> <li>• Preliminary statewide data on opioid overdose rate trends over the last five quarters, shows a slight decrease in Hawaii Emergency Medical Services (EMS) responses. A factor may be the increased amount of naloxone distributed and being used to reverse overdoses prior to EMS arrival. Will continue to monitor this trend.</li> <li>• Hawaii will receive approximately \$150M in opioid settlement funds through 2038. This amount may increase in the next few weeks with a potential settlement with Purdue Pharmaceutical. Settlement funds are designated for opioid abatement activities statewide. Main spending categories are treatment/recovery, harm reduction, and prevention.</li> <li>• A Memorandum of Agreement (MOA) between the state and counties outlines the distribution and spending of funds as well as establishes the HOSAC. Fund distribution is 85% to the State and 15% to the Counties (combined). The</li> </ul>			

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DUE DATE
	<p>amount distributed to each county is based upon population size. Expenditure requirements are that 85% of the funds be used for opioid-related remediation and 15% be used for other substances. HOSAC members are the Mayor’s designee for each county, the Department of Education, the Department of Corrections and Rehabilitation, and the John A. Burns School of Medicine. HOSAC meets on the 2<sup>nd</sup> Monday of each month.</p> <ul style="list-style-type: none"> <li>• As of June 1, 2025, Hawaii has received \$43,207,304.73 in settlement funds, expended \$6,671,575.82, and has a current balance of \$37,276,571.12. Expenditures will increase significantly in the next few years for new projects and treatment services. State will receive approximately \$8M annually for the next few years then slowly taper off. OSP expenditures in State Fiscal Year 24-25 were \$3,151,959.04. Settlement funds are part of the State investment pool and earn interest.</li> <li>• All information on the OSP can be found on its website; including how to request naloxone and fentanyl test strips. A form was recently added to obtain community suggestions on how to use the funds.</li> <li>• Continue to purchase naloxone and fentanyl test strips. Purchase of Padagis kits began in October 2024 due to its lower cost. There is about a 12-month difference in shelf -life between Padagis and Narcan kits. Distribution strategy is to supply Padagis to high volume areas and Narcan to areas requiring a longer shelf life, such as schools. SOR 4 funds are currently being used to purchase these items as this money has an expenditure deadline. There are no expenditure deadlines for settlement funds.</li> <li>• The number of naloxone kits distributed has grown between 2020 through 2024, from 3,029 kits to 67,328 kits respectively. Approximately 19,000 kits have been distributed in the first half of this year. Looks like numbers are starting to decrease and could indicate naloxone saturation in the state.</li> <li>• Harm reduction projects include naloxone saturation effort, fentanyl test strip distribution, naloxone distribution boxes, UDS effort, and naloxone readiness in schools.</li> <li>• Naloxone distribution boxes will supplement existing naloxone vending machines. Recently ordered 155 distribution boxes with placement statewide beginning as early as July or August of this year. Initial placement of boxes will be at DOH offices statewide. Placement of these boxes in all other locations will require a MOA. Showed a sample of the naloxone distribution box ordered. Each box can hold up to 30 kits with amount depending on its location. Will monitor and adjust locations of boxes and number of kits as needed. Also considering including fentanyl test strips.</li> <li>• Prevention proposals have been submitted and are currently being reviewed by ADADs Prevention Branch. Proposals include HIDTA/DOE Oahu Fentanyl Summit, microgrants, and a culturally anchored youth program. Prevention initiatives include collaboration with Olelo on their annual Youth Challenge Public Service Announcement (PSA) to include subjects such as naloxone, fentanyl test strips, and counterfeit pills. Other subjects for consideration are Meth and mental health.</li> <li>• Treatment &amp; Recovery projects include establishment of a new Education Research Center of Addiction Medicine and an Addiction Medicine Telehealth, both with JABSOM. Other projects include expansion of clean and sober homes and providing supplemental funding to ADADs Treatment and Recover Branch for opioid use disorder services.</li> <li>• SOR 4 grant has a number of ongoing initiatives including the expansion of the UH Manoa Summer Youth Prevention Program, targeting middle and high school students, to UH Maui and UH Hilo. Other initiatives include UH Nursing Residency Program with opioid training and the UH Addiction Medicine and U-Telehealth Second Responder Pilot Program.</li> </ul>			

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DUE DATE
	<ul style="list-style-type: none"> <li>• The U-Telehealth Second Responder Program, targeting opioid overdose, to be piloted on Maui in partnership with Maui Emergency Medical Services (EMS) and Maui Memorial Hospital. This program sets up multiple pathways for those recovering from an opioid overdose to receive information on or referral to treatment via U-Telehealth. Maui EMS to provide a pamphlet with information on telehealth services to those refusing transport to Maui Memorial Hospital. Those transported to Maui Memorial Hospital Emergency Room will receive a warm hand off to telehealth upon discharge. UH Hilo College of Pharmacy will support this effort through the creation of a closed pharmacy network for each island where prescriptions can be filled and may include pharmacists taking a larger role. If the pilot goes well, will expand to Molokai and Lanai. Then expand statewide.</li> <li>• OSP operations and data collection projects include monitoring daily operation, executing an ADAD/EMS MOA for overdose data sharing agreement to receive bi-weekly data to improve surveillance; support the HOSAC, and improvements to professional and continuing education.</li> </ul> <p>Co-chair Salzer led the discussion on the presentation regarding telehealth and other substances, potential conflicts with Hawaii CARES, location of naloxone distribution boxes, HOI Action Teams (ATs), HOSAC members, applying for settlement funds, procurement requirements, and integrating Medicaid billing.</p> <p>The telehealth program warm lines will only handle opioids. However, the program may expand to other substances when it feels ready and has staff. Does not see a conflict with Hawaii CARES as the program will offer medical services. Hawaii CARES does not offer medical services. The idea is not keeping clients indefinitely, rather to eventually transfer them to community services. Will be billing Med-QUEST to support program sustainability. The OSP website currently provides a map showing the locations of naloxone vending machines. A similar location map will be prepared for the naloxone distribution boxes.</p> <p>HOI ATs will need to apply for funds to implement projects. The MOA requires funding requests for state share of funds be presented to the HOSAC for their consideration. Final decision on the expenditure of state funds is with the DOH. MOA sets forth requirements on what funds can be expended on. Both state and county's share of funds have to abide by procurement rules and state law. HOSAC members can be found on the OSP website and are appointed to a two-year term. The current two-year term began November 2024. Members have different expertise and know their respective county very well. HOSAC members Andrew Martin and Miki Kiyokawa participate on HOI ATs.</p> <p>Vice-Chair Felton shared that her experience in requesting funding from HOSAC was very smooth and straight forward. In preparing the request, they reviewed the MOA to identify what portions applied to the project. The request included a brief project background, need for this added piece, and how the project fits with the MOA. HOSAC asked good questions and provided good suggestions that made their project better</p> <p>In response to recurring questions on how to apply for/request funds, the previously mentioned form was put on the OSP website about three months ago. Its existence has not been published widely. Though if anyone asks, they are told that a form is available on the OSP website. A dollar amount is not really a controlling factor of a proposed project. All proposals</p>			

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DUE DATE
	<p>are initially reviewed by OSP and ADAD to determine if its viable, makes sense, and whether it has already been done. Additional follow up and research will occur as well as identifying the appropriate procurement process. Community organization can propose a project. Considerations included in the OSP/ADAD project review is whether this is something that ADAD wants to do. If the proposal is island specific, the preference is that the respective county office take the lead. Provided an example with the Hawaii Island Fentanyl Task Force (HIFTF). The monies for the HIFTF was provided to Hawaii County, who then went through their procurement process.</p> <p>Mr. Valera noted that the neighbor island representatives will advocate for their interests, especially if a project can be expanded to the neighbor islands. Consistent feedback on this is provided to ADAD.</p> <p>JABSOM is connected with University Health Partners who is already set up to bill Med QUEST. Bigger picture is that there are a number of strategies to expand treatment and services: telehealth, mobile units, build a facility, or obtain an existing facility. Build on and expand understanding on integrating with Medicaid billing.</p>			
<p>9. Open Forum:</p> <p>Public comments on issued not on the agenda, for consideration for Commissions agenda at its next meeting.</p>	<p>No community comments provided.</p>			
<p>10. Adjournment</p>	<p>11:00</p>			

**Next Meeting:            July 22, 2025**  
**9:00 am to 11:00 am**  
**Zoom Meeting**