

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

July 22, 2025

9:00 am – 11:00 am

Members Present: Ku ulei Salzer-Vitale, MSW Co-Chair; Emily Andrade; Kunane Drier; Dave Fields; Jon Fujii; John Paul Moses III; ARPR-R; Jawanna Ready, MD.

Members Absent: Lilinoe Kauahikaua, MSW, Co-Chair;

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

Guests Present Lora Green, Vic Tolentino

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DUE DATE
1. Call to Order:	The meeting was called to order at 9:03			
2. Welcome: Introduction of New and Returning Members	<p>Co-Chair Salzer welcomed everyone, led introductions, and provided background information on HACDACS operations.</p> <ul style="list-style-type: none"> • Monthly two-hour meetings. Per State Sunshine Law, agendas are provided six days prior to meeting date. At end of each meeting, members have an opportunity to identify future agenda items. • Begin preparing required annual report during the September meeting with completion occurring at the November meeting. Annual report includes recommendations to lawmakers. 			
3. Consideration and approval of meeting minutes of June 24, 2025.	Motion by Commissioner Fujii and seconded by Commissioner Andrade to adopt minutes from the June 24, 2025, meeting. Motion approved.	Motion approved with one member abstaining.		
4. 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,	<ul style="list-style-type: none"> • No community input provided. 			

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or written testimony can be submitted on agenda items]				
<p>5. Alcohol and Drug Abuse Division (ADAD) Report</p> <ul style="list-style-type: none"> • Share observations on the 2025 Peer Navigation Summit held on June 20, 2025. 	<p>Mr. Valera shared the following observations from the Peer Navigation Summit.</p> <ul style="list-style-type: none"> • Held at Windward Community College with 124 participants. • A collaboration between the Governor’s Office, Office of Wellness and Resiliency (OWR), Partners in Care, Hawaii Correction System Oversight Commission, Adult Mental Health Division, Child and Adolescent Mental Health Division, Hawaii State Hospital. ADAD asked to coordinate logistics. • Theme “Nothing About Use Without Us”. Bringing together community-based navigators/peers, individuals with lived experience, policy makers, advocates, and support workers to share experiences to develop effective strategies, co-develop solutions, strengthen different peer approaches, inform system changes, and enhance inclusive behavioral health strategies. • Goal was to develop action-oriented strategies to elevate peer perspectives on group action and system change, diversity in peer roles, peer-led innovation, policy/program influence, and network strengthening. • Discussion led by peers who were supported by subject matter experts. Allowed peers to lead the conversation, share what works, what does not work, and push for change in the substance use and mental health domains. • Very helpful to have Tia Hartsock from OWR co-present with the national keynote speaker. She presented on SAMHSAs concept and guidance on trauma informed approach including the six guiding principles of safety; trustworthiness and transparency; peer support; mutual self-help, 			

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	<p>collaboration and mutuality; empowerment, voice and choice; and historical, cultural, and gender issues.</p> <ul style="list-style-type: none"> • Good to have community input. What is essential is having the right people be involved. Each speaking from their given area of expertise • A draft post-summit report is being reviewed by DOH leadership. Final report to be posted on ADAD website and will be distributed to HACDACS members. • There was a lot of energy in the room. Everyone felt motivated. <p>Co-Chair Salzer led the discussion on the ADAD report.</p> <p>Commissioner Fujii was curious if Med-QUEST folks attended. There is a lot of overlap with peers and what Med-QUEST is doing. Mr. Valera did not know off hand, however, can check list of participants.</p>			
<p>6. Update on meeting topics and presentations for HACDACS meetings in:</p> <ul style="list-style-type: none"> • August 2025 • September 2025 • October 2025 • November 2025 • December 2025 <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</p>	<p>Co-Chair Salzer led the discussion on upcoming meeting topics.</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>Commissioner Dreier shared that August is Overdose Prevention Month.</p>	<p>Contact: DOH Harm Reduction Branch</p> <p>Contact: HHHRC</p> <p>Contact: JABSOM</p>	<p>ADAD</p> <p>Contact: Co-Chair Kauahikau</p> <p>ADAD Confirmed.</p>	

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Methamphetamine Use Disorder, the intersection of substance use treatment and the criminal justice system. New topic ideas are encouraged.				
7. Election of Chairperson and Vice-Chairperson	<p>Co-Chair Salzer led the discussion on elections for chairperson and vice-chairperson. She provided a brief summary of duties for each position and shared that Co-Chair Kauahikaua is interested in being chair or co-chair. Also shared that she will be stepping away from leadership duties.</p> <p>Discussion then focused on preferred leadership structure i.e., chair/vice-chair or co-chairs/vice chair. Current leadership structure is co-chairs/vice chair, and it seems to be working well. Will continue with current leadership structure.</p> <p>Motion by Co-Chair Salzer and seconded by Commissioner Moses to nominate and elect Co-Chair Kauahikaua as Co-Chair. Motion approved.</p> <p>Motion by Co-chair Salzer and seconded by Commissioner Moses to nominate and elect Commissioner Fields as Co-Chair. Motion approved.</p> <p>Motion by Commissioner Fujii and seconded by Commissioner Fields to nominate and elect Commissioner Moses as Vice-Chair. Motion approved.</p> <p>Co-Chair Salzer thanked everyone for their trust and support and commitment to HACDACS. It's a kakou effort.</p> <p>Commissioners thanked Co-Chair Salzer for her work, leadership, and commitment to HACDACS.</p>	<p>Motion approved.</p> <p>Motion approved.</p> <p>Motion approved.</p>		

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	Meeting recessed at 9:55 am.			
8. Presentation: Overview of the Med-QUEST Approved 1115 Waiver for Contingency Management.	<p>Meeting reconvened at 10:10 am.</p> <p>Ms. Lora Green provided an overview of the Med-QUEST Approved 1115 Waiver for Contingency Management Benefits.</p> <ul style="list-style-type: none"> • Ms. Greens’ background is in both substance use and mental health. Has been with Med-QUEST for five years. During this time have worked with ADAD in developing and putting forwards substance use programs. • Provided a basic overview about the Med-QUEST Division (MQD) within the Department of Human Services, which delivers Medicaid coverage through its Section 1115 Demonstration, known as QUEST Integration (QI). Provides comprehensive and specialty services to the 99.9% of Medicaid beneficiaries who are enrolled in managed care. • MQD mission is to empower Hawaii’s residents to improve and sustain wellbeing by developing, promoting, and administering innovative and high-quality health care programs with aloha. Core value is Hi`iloa, embracing wellness. An acronym for <u>h</u>ealthy outcomes, <u>i</u>ntegrity, <u>’</u>Ohana Nui, <u>i</u>nnovation, <u>o</u>ptimism, <u>l</u>eadership, and <u>a</u>loha. • The Centers for Medicare and Medicaid Services approved a five-year extension for Hawaii’s QI Section 1115 Demonstration on January 8, 2025. • Allows for the implementation of new initiatives to support families and communities’ focusing on health-related social needs and expanded services for specific populations. Enabling state to support a whole-person approach to care, including contingency management (CM) benefits. • Treatment framework. CM incentive payments can be received as part of a 24-week program for stimulant and opioid use. Incentives in the form of cash equivalents such as gift cards. Eligible to all Medicaid beneficiaries 18+ and older, diagnosed with a stimulant or opioid use disorder. Available to all Hawaii Medicaid and certified providers who will be required to participate in CM training and undergo a readiness review. Expected to be rolled out in mid-2026. • Exploring implementation using a Third-Party Administrator (TPA). In April 2025, MQD releases a Request for Information (RFI) and began stakeholder conversations. Highlighted feedback include that TPAs can help reduce provider burden, continued input on incentive design by managed care plans, and align with ADAD CM program being developed. • Will continue to explore CM implementation models and engage stakeholders prior to implementation. <p>Co-Chair Salzer led the discussion on the presentation regarding genesis for the inclusion of CM, TPAs, anticipated enrollment, and coordination with ADAD.</p> <p>Benefit implements a HACDACS recommendation to expand access to CM and encouraging reimbursement by Medicaid (2024 Annual Report).</p> <p>Anticipated TPA responsibilities include training, distributing gift cards, collecting data, and looking at other implementation components such as social determinates of health. However, still in the early stages of exploring and learning about services that can be provided through TPAs. Looking to have one TPA to administer the program. The use</p>			

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	<p>of a TPA could simplify administrative challenges encountered by Medicaid and participating providers in all aspects of implementation. Standardize requirements across the board. Preference is to have a TPA experienced in CM. Having ongoing conversations with TPAs who responded to the RFI, currently provide CM, and have a system in place.</p> <p>Commissioner Andrade commented that keeping the distribution of incentives separate from the clinical work keeps potential conflicts of interest at bay. MQD is aware of the potential conflicts of interest and agree on the separation of duties.</p> <p>At this time, do not have a sense of how many folks expected to be included in the program. In the beginning had developed an estimate on number of participants. However, upon further review were not sure whether the estimate was correct as some data needed to be cleaned up. Opioid treatment is provided for two populations: those with substance use disorder as well as for those with chronic pain. Would be interested if members have a sense of what the number of participants might be.</p> <p>Continued conversation with ADAD as they are also developing a CM program. This includes talking with the University of California, who is providing ADAD with technical assistance. Both sides sharing tentative plans to provide greater alignment between the two programs. Learning from ADAD as they are further along in program development. Will share any data with ADAD.</p> <p>There are some differences between the two programs. At this time ADADs program is focused only on stimulant use disorder and there may be differences in the maximum incentive to be provided. ADAD will have a stakeholder/provider meeting later on in the year where the benefit from the ADAD perspective will be introduced and input solicited. ADAD is targeting implementation in early 2026. Thinking about provider recruitment and buy in. Existing providers will not be able to opt out. MQD currently working on a crosswalk to identify difference between the two programs to focus further conversations on further alignments. For example, alignment in training so that providers only require one training.</p> <p>There are different eligibility requirements between ADAD and Med-Quest. ADAD only pays for those not insured. Med-Quest providers must bill Med-Quest. Traditionally providers would like to go through ADAD as they have higher rates. However, Med-QUEST rates have increased and are more competitive.</p> <p>Commissioner Andrade commented that once the program gets going, she would like to have Med-QUEST come back and share data from implementation. Very excited about the program.</p> <p>Follow up questions can be directed to Lora Green.</p>			
<p>9. Open Forum:</p> <p>Public comments on issued not on the agenda, for consideration for</p>	<p>No community comments provided.</p>			

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Commissions agenda at its next meeting.				
10. Adjournment	10:48 a.m.			

Next Meeting: **August 26, 2025**
 9:00 am to 11:00 am
 Zoom Meeting