

**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**

**February 24, 2026**

**9:00 am – 11:00 am**

Members Present: Lilinoe Kauahikaua, MSW, Co-Chair; Kunane Drier, Jon Fujii; Ku ulei Salzer-Vitale, MSW; Jawanna Ready, MD.

Members Absent: Dave Fields, Co-Chair; John Paul Moses III ARPR-R, Emily Andrade

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

Guests Present: Tonya Lowery St. John

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DUE DATE
1. Call to Order:	The meeting was called to order at 9:08 a.m.			
2. Consideration and approval of meeting minutes of January 27, 2026.	<b>Motion by Commissioner Salzer-Vitale, seconded by Commissioner Drier to adopt minutes from the January 27, 2026, meeting. Motion unanimously approved.</b>	<b>Motion unanimously 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]	<ul style="list-style-type: none"> <li>No community input provided.</li> </ul>			
4. Alcohol and Drug Abuse Division (ADAD) Report <ul style="list-style-type: none"> <li>Establishment of a HACDACS webpage on the ADAD website.</li> </ul>	<p>Mr. Valera reported on the establishment of a HACDACS webpage on the ADAD website.</p> <ul style="list-style-type: none"> <li>ADAD recently established a HACDACS webpage from its website. Explained how to access the site from the ADAD webpage. It is a work in progress and are open to ideas to expand the site.</li> </ul>			

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	<p>Co-Chair Kauahikaua led the discussion on ADADs report.</p> <p>A number of suggestions were provided, such as including HACDACS annual report, “contact us” info, brief summary of scheduled presenters, legislative information, commission composition, and recruitment.</p> <p>In response to a question, Mr. Valera noted that there is potential to use social media.</p> <p>In response to a question on the Legislative session, Ms. Loudermilk noted that ADAD provided testimony on three bills. HB 814 Relating to Cannabis which provides funds to the DOH to develop a public media campaign as well as provides funds to ADAD to contract for prevention programs and treatment services. SB2285 Relating to Complex Patient provides funds to ADAD to contract with community-based organizations to develop a behavioral health complex patient model. SB 2463 Relating to the Use of Intoxicants While Operating a Vehicle lowers the blood alcohol content level for driving under the influence from .08 to .05. Will have a better idea of bills still alive by the March meeting, as many bills will die within the next few weeks.</p>			
<p>5. Update on meeting topics and presentations for HACDACS meetings in:</p> <ul style="list-style-type: none"> <li>• March 2026</li> <li>• April 2026</li> <li>• May 2026</li> <li>• June 2026</li> </ul>	<p>Co-Chair Kauahikaua led the discussion on meeting topics and presentations.</p> <p>Continued discussion from last meeting to identify potential speakers for various topic areas. There was interest in using a panel structure and increasing the time for presentations from 50 minutes to 1 hour 15 minutes.</p>			

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<p>Potential topics include statewide coordination of care services, status of residential treatment programs and their trends and needs, billing/reimbursement codes for culture, all payer claims database, ethics and culture in AI, virtual substance use disorder services, prevention initiatives, the intersection of substance use treatment and the criminal justice system. New topic ideas are also encouraged.</p>				
<p>6. Presentation: All Payer Claims Database.</p>	<p>Ms. Tonya Lowery St. John is with the Department of Human Services, Med-QUEST Division (MQD) overseeing the development of the Health Analytics Program (HAP). A number of state, federal, and private sector partners are working with MQD on its development. Funding for the project is provided by Center for Medicare and Medicaid Services (CMMS). HAP to be used by MQD to look at quality of care and help to do a better job of developing, promoting, and administering innovative high quality healthcare programs</p> <p>Approximately 99% of MQD services are provided through managed care (QUEST integration) with five healthcare providers. In May 2025, over 412,000 individuals were enrolled statewide: Kauai-5.7%, Oahu – 60.2%, Maui/Molokai/Lanai – 13.1%, and Big Island – 21.3%. Approximate 50% of enrollees are with HMSA, followed by Aloha Care (17.1%), UnitedHealthcare (13.5%), Kaiser (11.6%), and Ohana (7.8%). Approximately 47% are enrolled in the Family with Children program, 38% are enrolled in the Expansion program, and around 14% are enrolled in the Aged, Blind, or Disabled programs. The 1115 Demonstration Waiver approved in January 2025 includes a number of expanded and new initiatives.</p> <p>Additionally, Hawaii is one of several states to receive Achieving Healthcare Efficiency through Accountability and Design funding. A ten-year grant to look at total cost of care and drive payment transformation and multipayment alignment to achieve statewide improved health outcomes and lower costs.</p> <p>HAP is also known as the All Payers Claim database, however, it is more accurately described as a public payers database. As data sources are from Medicaid, Medicare, and the Employee Union Trust Fund (EUTF). State of Hawaii employees and their families as well as retirees are covered by the EUTF.</p> <p>Medicaid Management Information System (MMIS) data is currently housed with MQD, contracted partners, as well as other state agencies and programs. However, it is important to note that the context of Medicaid has changed from processing a claim. Now we are trying to understand health outcomes, investment in prevention, community initiatives,</p>			

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	<p>care coordination, payment reform, behavioral health integration, whole family care and so forth. Requiring data not traditionally collected in the MMIS such as quality metrics, risk scores, information on the provider network, and members attribution (who do they see for primary care), alternate payment models and provider payments, assessments, social context, care coordination, and total cost of care.</p> <p>Phase I Hawaii Integrated Analytics Module will include Medicaid data on eligibility, claims and encounters, health plan enrollment, capitation, dual enrolled members (Medicaid/Medicare), provider enrollment, electronic verification visit, health plans, actuaries, long-term services and support, quality metric data from health plans, EUTF, and Medicare. Future phases could include bringing data in from other state systems. Medicaid data is from 2018 to 2022 while EUTF and Medicare data is from 2017 to 2018.</p> <p>Creating a number of tools to access and use data. A large learning management system to support users. there are two portals for health plans to improve their reporting processes to MQD. A main portal to be used to access data, submit data requests, and utilize dashboards. A health plan portal to be used to submit reports. There are two public dashboards, one on eligibility and enrollment along with one on population health trends. Shared screenshots of these reports to show what they will look like. Both reports provide an overview, definitions, and summary pages. Emphasized that population health trends are based on claims and encounters data. Reflective of how people have access to care</p> <p>Provided a preview of the website and next steps. While showing numerical data noted that CMMS does not allow reporting of any number between 1 and 10, requiring data suppression. Can also provide geographic analysis. Next steps include working on data governance process, running data sets through data models, and training MQD staff. Health plans are starting to submit data through their reports.</p> <p>HAP is huge with 23 data sources from three different programs and fifteen different data models. At this time there are 21 billion records in the system. Still in Phase I learning how to “drive the car”. Can request access to data sets, which will be de-identified, to provide for more in-depth analysis by researchers. Stay up to date by going to the HAP website and subscribe to the HAP monthly newsletters.</p> <p>Co-chair Kauahikaua led the discussion on race and ethnicity data, public access to HAP, and recommendations for inclusion in HACDACS annual report.</p> <p>Disaggregation of Native Hawaiian or Other Pacific Islander data is dependent upon the data source. At the federal level, the Office of Management and Budget (OMB) provides the standard for collecting race and ethnicity data. Currently there are Native Hawaiian and Pacific Islander categories. The implementation of the OMB 2023 standards may further disaggregate race and ethnicity data. Medicaid data can be disaggregated into these categories However, the EUTF has no race and ethnicity data. Public access to HAP is anticipated to occur around July of 2026. Best way to stay in the loop is to sign up for the HAP newsletter.</p>			

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	Ms. Lowery St. John had no recommendations for inclusion in HACDACS annual report.			
8. Open Forum:  Public comments on issued not on the agenda, for consideration for Commissions agenda at its next meeting.				
9. Adjournment	10:55 a.m.			

**Next Meeting:            March 24, 2026  
                                     9:00 am to 11:00 am  
                                     Zoom Meeting**