2019

HAWAIʻI OPIOID INITIATIVE EVALUATION REPORT

PŪPŪKAHI I HOLOMUA UNITE TO MOVE FORWARD
Hawai‘i Opioid Initiative Evaluation Report

University of Hawai‘i at Mānoa

Submitted to the Alcohol and Drug Abuse Division Hawai‘i State Department of Health

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## Contents

Acknowledgements 5

1. **Introduction** 6
   The Public Health & Safety Challenge 6
   The Hawai‘i Opioid Initiative 6
   Purpose of the Evaluation Report 6
   Structure of This Report 7

2. **National Context, State Landscape** 8

3. **Scorecards 2.0** 16

4. **Achievements** 24

5. **Overall Successes** 33
   Inclusive Leadership 33
   Interdisciplinary Collaboration 33
   Partnership Platform for Action 34
   Connecting Stakeholders 34

6. **Challenges** 36

7. **Recommendations** 38

Annex 40
   Annex 1: List of Interviewees 40
   Annex 2: Sample Interview Guide 41
   Annex 3: Trainings, Conferences, and Workshops 42
   Annex 4: Legislative Successes 2019 45
   Annex 5: List of Acronyms 49
   Annex 6: Work Group Meeting Index 52

**Artwork & Photo Credits** 55
This document is the evaluation report of the Hawai‘i Opioid Initiative, a partnership led by the Alcohol and Drug Abuse Division (ADAD) of the Hawai‘i State Department of Health (DOH) with more than 100 different stakeholders and numerous public and private agencies across the state. This report is authored by Amber Ichinose, Sarah Kamakawiwoʻole, Shelley Liu, Uday Patil, Deveraux Talagi, Daniel Galanis, Edra Ha, and Victoria Fan of the University of Hawaiʻi at Mānoa, Myron B. Thompson School of Social Work, Office of Public Health Studies. The authors are grateful to Edward Mersereau, Ramon Ibarra, Tammie Smith, Amy Curtis, Jared Redulla, Gary Yabuta, Valerie Mariano, Liza Dernehl, Mary Guo, and all the executive steering committee members and Work Group Co-chairs and members for all their contributions to the Hawai‘i Opioid Initiative and their participation in this evaluation report. The authors are also grateful to the Alcohol and Drug Abuse Division and the Centers for Disease Control (CDC) and the Data-Driven Prevention Initiative (DDPI) for its financial support. All errors and omissions are our own. The University of Hawai‘i Human Studies Program approved the evaluation of the Hawai‘i Opioid Initiative as exempt on February 22, 2019 (2018-01094).
1. Introduction

The Public Health & Safety Challenge

The opioid epidemic has become a major public health and safety challenge impacting thousands of people in the State of Hawai‘i. There were more fatalities from drug overdoses than from car accidents both in Hawai‘i and in the nation. In the United States, overdose fatalities claim 91 lives every day. In Hawai‘i, drug poisoning is the leading cause of fatal injuries, with opioids involved in a substantial proportion of these deaths.

Not only do drug poisonings inflict a high toll in human lives, treatment for drug poisonings is a significant burden of resources in the state. Costs for related inpatient and emergency care for 4275 visits totaled over $107 million (a lower-bound estimate which excludes the costs of prescription drugs and outpatient medical care). These conditions disproportionately affect men as well as certain socioeconomic groups such as low-income individuals. Federal and state governments bear a large burden of covering these costs, with 42% of such patients covered by Medicaid and 27% by Medicare or other income-qualifying plan.

While the opioid epidemic in Hawai‘i is not as severe as that in the continental United States, continued and active efforts from the State of Hawai‘i are needed to further protect the public’s health.

The Hawai‘i Opioid Initiative

The Hawai‘i Opioid Initiative was established through the joint effort of Governor David Ige and the Hawai‘i State Department of Health in July 2017. This initiative aims to address the opioid epidemic with a coordinated and proactive response that incorporates different stakeholders, approaching the issue from several angles and sectors. The Hawai‘i Opioid Initiative approaches the epidemic from seven Focus Areas and corresponding Work Groups:

1. Treatment Access
2. Prescriber Education
3. Data Informed Decision Making
4. Prevention & Public Education
5. Pharmacy-Based Interventions
6. Law Enforcement & First Responders
7. Screening, Brief Intervention, and Referral to Treatment (SBIRT).

Work Groups are organized for each Focus Area and convene members voluntarily from different sectors and agencies with differing expertise and interdisciplinary perspectives to address the opioid epidemic in Hawai‘i.

Funding for the Hawai‘i Opioid Initiative relies on a variety of sources including state funds and discretionary grants from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and the CDC.

Purpose of the Evaluation Report

The University of Hawai‘i at Mānoa Office of Public Health Studies was invited to serve as the Evaluation Team of the CDC DDPI which supported the coordination of activities and technical assistance to the Hawai‘i Opioid Initiative’s Work Groups. As part of the CDC DDPI cooperative agreement requirements, ADAD requested this evaluation report to assess the successes and challenges and to explore recommendations for the Hawai‘i Opioid Initiative.
Evaluation can help to identify barriers and areas for improvement in establishing an effective public health program. Since the Initiative's implementation in July 2017, the UH Evaluation Team has monitored the progress and completion of the objectives outlined in the Hawai’i Opioid Initiative Action Plan, a living document that is updated and changed each year with the progress of the Initiative. The purpose of this evaluation report is to identify areas of achievement and challenges in implementing the Action Plan.

A complex issue such as opioids requires a complex system that engages various community members and organizations, as noted by the CDC. This evaluation report is a tool of accountability for the many stakeholders involved in this initiative, while allowing Work Group Co-chairs to voice recommendations and articulate the successes and challenges they have faced between July 2017 and May 2019. Furthermore, this evaluation will provide insights on how the Work Groups and focus areas have organically evolved and collaborated across sectors and agencies.

The University of Hawai’i (UH) Evaluation Team led by Dr Victoria Fan and a team of UH students evaluated the Hawai’i Opioid Initiative over 2018-19 through documentation review, coordination of the Hawai’i Opioid Initiative Work Groups, and confidential interviews of active Work Group Co-chairs of the Hawai’i Opioid Initiative Work Groups as well as selected participants and members of the Hawai’i Opioid Initiative Executive Steering Committee.

As part of the documentation review for this evaluation report, the UH Evaluation Team requested documentation from ADAD on its activities and contracts as part of the Hawai’i Opioid Initiative. The Evaluation Team also obtained epidemiologic presentations from the Emergency Medical Services and Injury Prevention System Branch (EMSIPSB) epidemiologist Dr Daniel Galanis as part of its assessment.

Coordination activities for the Hawai’i Opioid Initiative included preparing meeting agendas, meeting minutes, and other logistics convening stakeholders spanning various sectors, disciplines, expertise, and backgrounds of the seven Work Groups, and later, the Operational Work Group. Remarkably, the activities and meetings of the Hawai’i Opioid Initiative are not required by statute but rather are organized voluntarily through pertinent agencies.

The UH Evaluation Team met with all Work Group Co-chairs and purposively selected Executive Steering Committee members. Interview guides were prepared for each Work Group Co-chair. The interview guides inquire about personal experiences with the Initiative, Work Group objectives, successes and challenges, and finally, recommendations. See Annex 1 for the list of interviewees and Annex 2 for interview guides. A total of 16 stakeholders were interviewed. Interviews were transcribed, coded for themes, and summarized.

Structure of This Report

2. National Context, State Landscape
In 20 years, death rates from drug poisonings have doubled in Hawai’i

Deaths from drug poisonings are increasing nationally. Rates in Hawai’i followed the US closely until 2010.

Retailed opioids per capita peaked in Hawai’i over 2010-13.

From 2013 to 2017 it dropped 24%, compared to 19% in the US over the same period.

Drug poisonings account for the largest share of fatal injuries in Hawai’i.


Note: Rates are age adjusted.

United States and Hawai’i.

Deaths from drug poisonings in Hawai’i are highest among those in their 50’s.

Opioid related drug poisonings disproportionately kill men compared to women in Hawai’i, for most age groups.

Deaths from drug poisonings in Hawai’i are highest among those in their 50’s.

Opioid involved death rates per 100,000 residents, 2013-17.

Male and female.

United States and Hawai’i.

United States and Hawai’i.

National Context, State Landscape

Opioid poisoning statistics for the State of Hawai‘i, 2012-16

- 67 deaths per year
- 187 hospitalizations per year
- 210 emergency room visits per year
- 218 calls to the poison hotline per year

Hawaiians, Caucasians, and African Americans have the highest rates of opioid poisonings in the State.

Seven year fatal and non-fatal opioid poisoning rates per 100,000 residents (age adjusted):

- Korean: 163
- Japanese: 132
- Hawaiian: 790
- Filipino: 94
- Chinese: 83
- Caucasian: 545
- African American: 353

57% of all non-fatal opioid poisonings were unintentional.

42% of patients treated for opioid poisoning had Medicaid.

Honolulu county had the highest number of non-fatal opioid poisonings treated in Hawaiʻi hospitals.
**Naloxone**

is a drug used to treat opioid overdoses in emergency situations

44% of all patients treated with naloxone by EMS had a **drug poisoning diagnosis or disease**

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**The Hawai‘i Prescription Drug Monitoring Program (PDMP)**

is an online database administered by the Public Safety Division that tracks controlled substance prescriptions made by Hawaii’s pharmacies and health care providers

The top 10% of high frequency opioid prescribers accounted for 80% of all prescriptions in Hawai‘i

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Every year since 2015, the number of opioid prescriptions have declined in Hawai‘i

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Opioid Prescriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>843,362</td>
</tr>
<tr>
<td>2016</td>
<td>784,032</td>
</tr>
<tr>
<td>2017</td>
<td>724,699</td>
</tr>
<tr>
<td>2018</td>
<td>665,364</td>
</tr>
</tbody>
</table>

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O‘ahu has the highest naloxone treatments administered by EMS in Hawai‘i

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When Act 153 (18) went into effect, PDMP registrations doubled within 3 months

Provider PDMP registrations are at 90%, as of April 2019 (PSD, 2019)

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The number of patients receiving prescription opioids is declining in every county

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Source: Daniel Galanis (2018), Hawai‘i State Department of Health, Emergency Medical Services and Injury Prevention Branch
Hawai'i County
Drug and Opioid Abuse Profile

**68 deaths**
per 100,000 residents, 2012-16

Five-year age-adjusted
drug fatality rate

**385 poisonings**
per 100,000 residents, 2010-16

Seven-year age-adjusted
drug poisoning rate

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Hawai'i Prescription Drug Monitoring Program (PDMP)

51 annual prescriptions per 100 residents
dispensed for oxycodone and hydrocodone, 2015 - 17

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**County Statistics**

Population: 200,381 (2017 estimate)*

Largest Urban Area: Hilo
(Pop. 43,925 - 2010 estimate)*

Number of drug take-back sites: 3

*Department of Business, Economic Development and Tourism

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Naloxone

In the first quarter of 2019
registrations for naloxone
**tripled**
and naloxone distributions almost
**doubled**
compared to the first quarter of 2018

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Fatal and non-fatal poisonings, by district of residence, 2010-16

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Source: Daniel Galanis (2018), Hawai'i State Department of Health, Emergency Medical Services and Injury Prevention Branch
Maui County
Drug and Opioid Abuse Profile

**Hawai‘i Prescription Drug Monitoring Program (PDMP)**

- 51 annual prescriptions per 100 residents dispensed for oxycodone and hydrocodone, 2015-2017

**County Statistics**
- Population: 167,207 (2018 estimate)*
- Largest Urban Area: Kahului (Pop. 55,934 - 2010 estimate)*
- Number of take-back sites: 6

*Department of Business, Economic Development and Tourism

**Naloxone**

- In the first quarter of 2019, registrations for naloxone almost quadrupled and naloxone distributions almost tripled compared to the first quarter of 2018

**Fatal and non-fatal poisonings, by district of residence, 2010-16**

- 83 deaths per 100,000 residents, 2012-16
- 299 poisonings per 100,000 residents, 2010-16

**Fatal and non-fatal poisonings, by district of residence, 2010-16**

- Hospitals
- Drug take-back sites

**Number of EMS patients receiving naloxone, 2012-2016**

- 101
- 110
- 102
- 89
- 120

Source: Daniel Galanis (2018), Hawai‘i State Department of Health, Emergency Medical Services and Injury Prevention Branch
Honolulu County
Drug and Opioid Abuse Profile

74 deaths
per 100,000 residents, 2012-16
Five-year age-adjusted
drug fatality rate

234 poisonings
per 100,000 residents, 2010-16
Seven-year age-adjusted
drug poisoning rate

Hawai‘i Prescription Drug Monitoring Program (PDMP)

27.7
annual prescriptions
per 100 residents
dispensed for oxycodone and hydrocodone

County Statistics
Population: 988,650 (2018 estimate)*
Largest Urban Area: Urban Honolulu
Number of take-back sites: 1

*Department of Business, Economic Development and Tourism (2019)

Naloxone

In the first quarter of 2019
naloxone reversals
doubled
and naloxone
distributions increased by
75 percent
compared to the first quarter of 2018

Fatal and non-fatal poisonings, by district of residence, 2010-16

Source: Daniel Galanis (2018), Hawai‘i State Department of Health, Emergency Medical Services and Injury Prevention Branch
Kaua'i County
Drug and Opioid Abuse Profile

54 deaths
per 100,000 residents, 2012-16
Five-year age-adjusted
drug fatality rate

265 poisonings
per 100,000 residents, 2010-16
Seven-year age-adjusted
drug poisoning rate

Hawai'i Prescription Drug Monitoring Program (PDMP)

41
annual prescriptions
per 100 residents
dispensed for oxycodone and hydrocodone, 2015-17

Fatal and non-fatal poisonings, by district of residence, 2010-16

Hawai'i Prescription Drug Monitoring Program (PDMP)

County Statistics
Population: 72,159 (2017 estimate)*
Largest Urban Area: Kapa'a (Pop. 19,603 - 2010 estimate)*
Number of take-back sites: 1

*Department of Business, Economic Development and Tourism

Naloxone Treatments

In the first quarter of 2019
naxoxone registrations
doubled
and naloxone
refills increased by
15 percent
compared to the first quarter of 2018

Source: Daniel Galanis (2018), Hawai'i State Department of Health, Emergency Medical Services and Injury Prevention Branch
3. Scorecards 2.0
Hawaiʻi Opioid Initiative

Focus Area #1: Treatment Access

7 Focus Areas.
48 Objectives.
100+ People.

Pūpūkahi i holomua
Unite to move forward

COMPLETED

Objective 1-1: By January 2018, establish a pilot coordinated entry system to process and coordinate substance use disorder (SUD) treatment referrals.

Objective 1-2: By October 2017, all ADAD contracted substance misuse providers will be eligible to bill Medicated-Assisted Treatment (MAT) services in both outpatient and inpatient settings. Providers can do this in one of two ways: (1) Hire qualified staff to provide the services on site (2) Develop a partnership with a pre-existing Opioid Treatment Program (OTP) or Office-based Opioid Treatment (OBOT) entity to provide on-site MAT services to enrolled clients.

COMPLETED

Objective 1-3: By December 2018, increase the number of prescribers licensed to prescribe and administer MAT such as buprenorphine and Suboxone by 25%.

IN PROGRESS

Objective 1-1: By December 2019, expand coordinated entry system pilot to a statewide system for all ADAD-contracted providers.

IN PROGRESS

Objective 1-1: By December 2019, expand coordinated entry system pilot to a statewide system for all ADAD-contracted providers.

1. Treatment Access
2. Prescriber Education & Pain Management
3. Data-Informed Decision Making & Evaluation
4. Prevention & Public Education
5. Pharmacy-Based Intervention
6. Law Enforcement & First Responders
7. SBIRT
Hawai‘i Opioid Initiative
Focus Area #2: Prescriber Education & Pain Management

7 Focus Areas
48 Objectives
100+ People

Pūpūkahi i holomua
Unite to move forward

HOI 1.0 Completed

Objective 2-1A: By December 2018, increase primary care provider PDMP (Prescription Drug Monitoring Program) registration rates by 25% by providing training to prescribers.
Objective 2-1B: By December 2018, increase prescriber PDMP utilization rates by 10%.
Objective 2-2: By 2020, assure universal screening for substance misuse in hospital and primary care settings statewide.
Objective 2-3A: By March 2018, engage payers and physician organizations to disseminate basic best practice information on opioid-prescribing statewide.
Objective 2-3B: By December 2019, develop a standardized training on opioid-prescribing best practices and provide training to 50% of prescribers statewide.
Objective 2-4: By July 2018, implement informed consent template as outlined in ACT 66.

HOI 2.0 New Objective

Objective 2-1: By November 2019, establish a process within the Medical Review Board for professional or institutional review and engagement with prescribers who may be over-prescribing or who are engaged in prescribing practices that are of concern (separate from law enforcement).
Objective 2-2: By December 2019, develop and recommend a plan for education for physicians specific to opioid prescribing and pain management practices that includes oversight to ensure that content remains relevant and current.
Objective 2-3: By October 2019, identify and evaluate mechanisms to increase use of opioid/pain management education for prescribers upon relicensing or renewal of prescriptive authority.
Objective 2-4: By April 2019, promote UH Project ECHO educational offerings that provide relevant opioid and pain management information. This will include development of a minimum of 8 short video clips that can be distributed widely to enhance prescriber knowledge of relevant topics ("MOCHA MINUTE").
Objective 2-5: By July 2019, develop a sub-group that focuses on Alternative to Pain Management practices such as physical therapy, chiropractic, acupuncture, etc.
Hawaiʻi Opioid Initiative

Focus Area #3: Data-Informed Decision Making & Evaluation

**HOI 1.0 In Progress**

Objective 3-1: By July 2018, amend HRS 329-104 to allow limited release of data by the Narcotics Enforcement Division (NED) to DOH for purposes of public health surveillance.

Objective 3-2: By September 2018, develop a standardized framework for the collection, synthesis, and dissemination of data.

Objective 3-3: By 2020, increase electronic health record integration between hospital and primary care settings statewide.

**HOI 2.0 New Objectives**

Objective 3-1: By October 2019, identify methods to optimize the completeness of PDMP data through additional software enhancements and personnel support.

Objective 3-2: Coordinate with Work Group 2 in developing an electronic health record (EHR) interface between hospitals and primary care settings.

Objective 3-3: By October 2019, increase prescriber education regarding access to and use of PDMP, including delegates by an additional 20%.

Objective 3-4A: By October 2019, increase capacity of the data dashboard through a standardized framework for data to be utilized by all Work Groups and published on www.hawaiiopioid.org.

Objective 3-4B: By December 2019, increase data collection by pulling in additional data sets and continue to apply analytics to the data to describe, predict, and improve each of the Work Group’s performance. Work Group 3 will work on the interpretation of the data and continue to communicate the meaningful patterns in various data sets and applying those patterns toward effective decision making.

Objective 3-5: By October 2019, coordinate with all Work Groups to develop a centralized system for naloxone distribution, utilization, and tracking.

Objective 3-6: By December 2019, develop a data summary on medical cannabis statutes and patterns of utilization through a literature review. By November 2019, establish a process within the Medical Review Board for professional or institutional review and engagement with prescribers who may be over-prescribing or who are engaged in prescribing practices that are of concern (separate from law enforcement).
Hawai‘i Opioid Initiative
Focus Area #4: Prevention & Public Education

7 Focus Areas.
48 Objectives.
100+ People.

HOI 1.0 Completed
Objective 4-2: By January 2019, implement year-round drop off/take-back sites at a minimum of 2 county police stations within the state to include protocols for disposal of unused medications in a safe and secure manner.

HOI 1.0 In Progress
Objective 4-1: By April 2018, launch a public awareness campaign that includes a website and collateral material to increase awareness of opioid issues, risks, and centralize resources in Hawai‘i.

Objective 4-3: By July 2018, Develop and disseminate an evidence-based training module on opioid use, misuse, overdose, and related harms for non-prescribers.

HOI 2.0 New Objective
Objective 4-1: By October 2019, create a comprehensive 2 year marketing campaign that serves to develop, finalize, and disseminate branding and products (e.g. evidence-based training module on opioid use, misuse, overdose and related harms for non-prescribers) as the next stage in a multi-modal public awareness campaign to increase awareness of opioid issues and risks and to centralize resources in Hawai‘i.

Objective 4-2: By December 2019, promote awareness of existing “take back” sites through www.hawaiopioid.org and other channels (e.g. infographics), and increase access by implementing at least 2 additional year-round take-back sites on O‘ahu.

Objective 4-3: By December 2019, establish partnerships with at least 10 new organizational allies (e.g. hepatitis coalitions, faith-based groups, environmental justice, hygiene centers, youth groups) to develop, implement, and evaluate at least 2 locally-based prevention projects that can be shared as successful models of care.
Hawaiiʻi Opioid Initiative
Focus Area #5: Pharmacy-Based Intervention

Focus Area #5: Pharmacy-Based Intervention

Objective 5-1A: By April 2018, establish a standing order through the DOH to allow pharmacists to dispense naloxone to patients and community members to increase access to life-saving medication.

Objective 5-1B: By July 2019, modify Hawaiiʻi Revised Statutes to allow pharmacists prescriptive authority to prescribe naloxone to patients and community members to increase access to life-saving medication.

Objective 5-2: By June 2018, provide continuing education presentation on pharmacist role in screening for risk for patients with opioid prescriptions.

Objective 5-3: By October 2018, develop naloxone training program for pharmacists.

Objective 5-1: By October 2019, coordinate with Work Group 4 to create a marketing campaign to increase awareness about Act 154 and the availability of naloxone. Group will identify their targeted audience for campaigns and will ensure there is agreement about messaging as to not confuse viewers.

Objective 5-2: By October 2019, review preauthorization requirements for naloxone that may be potential barrier for pharmacists prescribing under Act 154 and provide an action plan to resolve.
Hawaiʻi Opioid Initiative
Focus Area #6: Law Enforcement & First Responders

7 Focus Areas.
48 Objectives.
100+ People.

Objective 6-1A: By April 2018, develop a recommended course of action to be taken by first responders when encountering opioid overdose victims using a clearly defined recommended protocol.

Objective 6-1B: By September 2018, train 30% of law enforcement/first responders in all four counties on the training program that is developed by the law enforcement group.

Objective 6-2A: By March 2018, develop and recommend standard procedures for first responders on treatment referrals at initial contact by law enforcement/first responders.

Objective 6-2B: By June 2018, coordinate with other Work Groups and stakeholders to create a list of diversion programs for law enforcement/first responders to use as a reference when referring overdose victims.

Objective 6-3: By December 2018, create a mechanism for real time reporting and data collection for opioid related incidents and emergencies.

Objective 6-4: Continue providing support to the Narcotics Enforcement Division (NED) for PDMP utilization and effectiveness.

Objective 6-5: Provide support for coordinated entry and related referral and access efforts such as Law Enforcement Assisted Diversion (LEAD) implementation on Maui and Hawaiʻi counties. Provide coordination and leadership for community stakeholders and resources for implementing LEAD activities.

Objective 6-6: By October 2019, coordinate with Work Group 4 to develop a resource card or an infographic about the availability and effectiveness of treatment options for both the opioid users and their families in healthcare settings. This resource card may also be utilized for first responders (collaborating with High Intensity Drug Trafficking Areas (HIDTA)).

Objective 6-7: By October 2019, collect data on implementation and utilization of Overdose (OD) Mapping pilot and discuss expansion project. Maui Police Department has piloted the OD Mapping system to disseminate real time data reporting of Substance Use Disorders (SUD) related or crisis incidents for coordinated response efforts by available community resources.

Objective 6-8: By March 2018, develop and recommend standard procedures for first responders on treatment referrals at initial contact by law enforcement/first responders.

Objective 6-9: By June 2018, coordinate with other Work Groups and stakeholders to create a list of diversion programs for law enforcement/first responders to use as a reference when referring overdose victims.

Objective 6-10: By September 2018, train 30% of law enforcement/first responders in all four counties on the training program that is developed by the law enforcement group.

Objective 6-11: By April 2018, develop a recommended course of action to be taken by first responders when encountering opioid overdose victims using a clearly defined recommended protocol.

Objective 6-12: By September 2018, train 30% of law enforcement/first responders in all four counties on the training program that is developed by the law enforcement group.

Objective 6-13: By December 2018, create a mechanism for real time reporting and data collection for opioid related incidents and emergencies.

Objective 6-14: Continue providing support to the Narcotics Enforcement Division (NED) for PDMP utilization and effectiveness.

Objective 6-15: Provide support for coordinated entry and related referral and access efforts such as Law Enforcement Assisted Diversion (LEAD) implementation on Maui and Hawaiʻi counties. Provide coordination and leadership for community stakeholders and resources for implementing LEAD activities.

Objective 6-16: By October 2019, coordinate with Work Group 4 to develop a resource card or an infographic about the availability and effectiveness of treatment options for both the opioid users and their families in healthcare settings. This resource card may also be utilized for first responders (collaborating with High Intensity Drug Trafficking Areas (HIDTA)).

Objective 6-17: By October 2019, collect data on implementation and utilization of Overdose (OD) Mapping pilot and discuss expansion project. Maui Police Department has piloted the OD Mapping system to disseminate real time data reporting of Substance Use Disorders (SUD) related or crisis incidents for coordinated response efforts by available community resources.

Objective 6-18: By March 2018, develop and recommend standard procedures for first responders on treatment referrals at initial contact by law enforcement/first responders.

Objective 6-19: By June 2018, coordinate with other Work Groups and stakeholders to create a list of diversion programs for law enforcement/first responders to use as a reference when referring overdose victims.

Objective 6-20: By September 2018, train 30% of law enforcement/first responders in all four counties on the training program that is developed by the law enforcement group.

Objective 6-21: By April 2018, develop a recommended course of action to be taken by first responders when encountering opioid overdose victims using a clearly defined recommended protocol.

Objective 6-22: By September 2018, train 30% of law enforcement/first responders in all four counties on the training program that is developed by the law enforcement group.

Objective 6-23: By December 2018, create a mechanism for real time reporting and data collection for opioid related incidents and emergencies.

Objective 6-24: Continue providing support to the Narcotics Enforcement Division (NED) for PDMP utilization and effectiveness.

Objective 6-25: Provide support for coordinated entry and related referral and access efforts such as Law Enforcement Assisted Diversion (LEAD) implementation on Maui and Hawaiʻi counties. Provide coordination and leadership for community stakeholders and resources for implementing LEAD activities.

Objective 6-26: By October 2019, coordinate with Work Group 4 to develop a resource card or an infographic about the availability and effectiveness of treatment options for both the opioid users and their families in healthcare settings. This resource card may also be utilized for first responders (collaborating with High Intensity Drug Trafficking Areas (HIDTA)).

Objective 6-27: By October 2019, collect data on implementation and utilization of Overdose (OD) Mapping pilot and discuss expansion project. Maui Police Department has piloted the OD Mapping system to disseminate real time data reporting of Substance Use Disorders (SUD) related or crisis incidents for coordinated response efforts by available community resources.

Objective 6-28: By March 2018, develop and recommend standard procedures for first responders on treatment referrals at initial contact by law enforcement/first responders.

Objective 6-29: By June 2018, coordinate with other Work Groups and stakeholders to create a list of diversion programs for law enforcement/first responders to use as a reference when referring overdose victims.

Objective 6-30: By September 2018, train 30% of law enforcement/first responders in all four counties on the training program that is developed by the law enforcement group.

Objective 6-31: By April 2018, develop a recommended course of action to be taken by first responders when encountering opioid overdose victims using a clearly defined recommended protocol.

Objective 6-32: By September 2018, train 30% of law enforcement/first responders in all four counties on the training program that is developed by the law enforcement group.

Objective 6-33: By December 2018, create a mechanism for real time reporting and data collection for opioid related incidents and emergencies.

Objective 6-34: Continue providing support to the Narcotics Enforcement Division (NED) for PDMP utilization and effectiveness.

Objective 6-35: Provide support for coordinated entry and related referral and access efforts such as Law Enforcement Assisted Diversion (LEAD) implementation on Maui and Hawaiʻi counties. Provide coordination and leadership for community stakeholders and resources for implementing LEAD activities.

Objective 6-36: By October 2019, coordinate with Work Group 4 to develop a resource card or an infographic about the availability and effectiveness of treatment options for both the opioid users and their families in healthcare settings. This resource card may also be utilized for first responders (collaborating with High Intensity Drug Trafficking Areas (HIDTA)).

Objective 6-37: By October 2019, collect data on implementation and utilization of Overdose (OD) Mapping pilot and discuss expansion project. Maui Police Department has piloted the OD Mapping system to disseminate real time data reporting of Substance Use Disorders (SUD) related or crisis incidents for coordinated response efforts by available community resources.

Objective 6-38: By March 2018, develop and recommend standard procedures for first responders on treatment referrals at initial contact by law enforcement/first responders.

Objective 6-39: By June 2018, coordinate with other Work Groups and stakeholders to create a list of diversion programs for law enforcement/first responders to use as a reference when referring overdose victims.

Objective 6-40: By September 2018, train 30% of law enforcement/first responders in all four counties on the training program that is developed by the law enforcement group.

Objective 6-41: By April 2018, develop a recommended course of action to be taken by first responders when encountering opioid overdose victims using a clearly defined recommended protocol.

Objective 6-42: By September 2018, train 30% of law enforcement/first responders in all four counties on the training program that is developed by the law enforcement group.

Objective 6-43: By December 2018, create a mechanism for real time reporting and data collection for opioid related incidents and emergencies.

Objective 6-44: Continue providing support to the Narcotics Enforcement Division (NED) for PDMP utilization and effectiveness.

Objective 6-45: Provide support for coordinated entry and related referral and access efforts such as Law Enforcement Assisted Diversion (LEAD) implementation on Maui and Hawaiʻi counties. Provide coordination and leadership for community stakeholders and resources for implementing LEAD activities.

Objective 6-46: By October 2019, coordinate with Work Group 4 to develop a resource card or an infographic about the availability and effectiveness of treatment options for both the opioid users and their families in healthcare settings. This resource card may also be utilized for first responders (collaborating with High Intensity Drug Trafficking Areas (HIDTA)).

Objective 6-47: By October 2019, collect data on implementation and utilization of Overdose (OD) Mapping pilot and discuss expansion project. Maui Police Department has piloted the OD Mapping system to disseminate real time data reporting of Substance Use Disorders (SUD) related or crisis incidents for coordinated response efforts by available community resources.
Hawaiʻi Opioid Initiative
Focus Area #7: Screening, Brief Intervention, Referral to Treatment (SBIRT)

Objective 7-1: Develop and initiate a pilot program called "The Hawaiʻi Screening, Brief Intervention, and Referral to Treatment (SBIRT)."

Objective 7-2: Create a hawaiisbirt.org website and link to hawaiiopioid.org.

Objective 7-3: Implement SBIRT in ten (10) primary care clinics located within two networks of primary care practices, Pacific Medical Admin Group, Inc. (PMAG) and East Hawaiʻi Independent Physician Association (East HIPA), and three (3) sites of a Federally Qualified Health Center with Hawaiʻi Primary Care Associations.

Objective 7-1: By 2020, assure universal screening for substance misuse in hospital and primary care settings statewide. It has been determined that this objective should not be part of Work Group 2, but rather Work Group 7. It involves implementing a widespread screening and early detection system for individuals at risk for SUD and seeks to assure that brief interventions are utilized where possible to reduce the demand on the treatment care system as well as to support coordinated entry and referral for individuals who need more specialized care.

Objective 7-2: By 2020, assure universal screening for substance misuse in hospital and primary care settings statewide for mothers and newborns. The goal of the Hawaiʻi Maternal and Infant Health Collaborative (HMIHC) is to improve birth outcomes and decrease pre-term births in Hawaiʻi by reducing risk factors for tobacco, alcohol, and illicit drug use during pregnancy through implementation of a universal statewide system to increase the delivery of prenatal SBIRT services that will promote pregnant women’s cessation of substance use. Work Group 7 will collaborate with HMIHC to expand the Hawaiʻi Prenatal SBIRT efforts statewide.
4. Achievements
**Achievements**

**Work Group 1**

**Access to Treatment**

*Treatment Access: Improve and modernize healthcare strategies and access for opioid and other substance misuse treatment and recovery services.*

- Stakeholders worked together to gather feedback from community agencies and led the way in the usage of methadone in substance abuse treatment, allowing greater access to harm reduction and MAT models of care.

- MAT uses medications such as buprenorphine to treat opioid dependence and addiction with counseling and behavioral therapies.

- ADAD and treatment providers joined in efforts to make a methadone storage site available for patients to self-administer their daily dose in a residential treatment setting.

The **CARES** (Community Addiction Resource Entry System), a single source number for referrals to treatment, is under planning and development and will be launched in October 2019.

This **Coordinated Entry System** is a significant step toward integrating behavioral health in the state and is aligned with national health care reform efforts to integrate primary and specialty care through the use of patient-centered medical homes, accountable care, and other forms of integrated delivery.

Act 153(18) requires that prescribers must request, receive, and consider records from the PDMP before prescribing Schedule II-IV drugs.

PDMP is being used by NED and DOH to identify prescribing patterns and reduce over-prescribing, particularly of high prescribers.

Multiple payer, drug plan, and physician organizations, such as the American College of Emergency Physicians, are engaged in the Initiative regarding guidelines for opioid prescribing.

A framework for standardized training on Opioid-Prescribing Best Practices has been adopted to inform strategies and increase participation and compliance to prescriber training.

This Work Group is creating educational offerings on opioid & pain management "Mocha Minutes" led by the University of Hawai‘i at Hilo.

The University of Hawai‘i at Mānoa is hosting the Project ECHO (R) Series and is seeking additional partners to expand its audience.

Handouts for locum placements or temporary placements are being drafted based on the planned educational offerings for prescribers of this Work Group.

Achievements

Work Group 2
Prescriber Education & Pain Management

HI-PDMP

Through Act 153(18) and PSD NED's active outreach to prescribers, PDMP registration rates doubled within 3 months and have reached near universal coverage: 90% of all licensed prescribers.

Investments in PDMP enhancements including the use of data analytics and visualization has the potential to produce customized, tailored prescriber messages to alter prescriber behavior.

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Data Informed Decision Making: Implement system-wide routine data collection, sharing, and dissemination to increase knowledge and inform practice.

This Work Group has created a Data Framework - a list of data sources and logic model - to use data to tackle opioid use as part of a System of Care.

The PSD NED Administrator is permitted to share data to the U.S. Department of Defense health agency prescription drug monitoring program and authorized employees of the DOH Alcohol and Drug Abuse Division and Emergency Medical Services and Injury Prevention Systems Branch (Act 230, 2019).

There has been an increase in electronic health record integration between hospital and primary care settings to improve patient coordination of care.

By enhancing PDMP registration, prescribing patterns of opioids can be tracked in a timely and effective manner. PSD NED has successfully increased PDMP registration. Within 3 months, there has been a two-fold increase in PDMP registration, with 5500-6000 of 7000 all prescribers compliant and registered to use the PDMP.
Prevention and Public Education: Improve community-based programs and public education to prevent opioid misuse and related harms.

Proper disposal of unused drugs can reduce availability and supply of substances, thereby reducing substance abuse. For National Take-Back Day on October 27, 2018, citizens were invited to dispose of tablets, capsules, liquids, and other forms of medication at designated collection sites. More than 500 pounds of prescription drugs were returned at designated and secured collection sites across the State of Hawai‘i.

For this Focus Area, ADAD in partnership with NED and police expanded sites to a total of 16 designated collection sites. Maui has 4 sites and Hawai‘i Island now has 5 sites. In contrast, all of O‘ahu has only 1 site.

With a goal to educate on the importance of safely disposing medication, this Work Group created public service announcements delivered through Hawai‘i News Now and other digital media, and also offers informational fliers and a website map to the locations of the take-back sites.

As part of the Initiative, free trainings were offered to various agencies including Hawai‘i Health and Harm Reduction Center (HHHRC) to understand opioid use and respond to the situation. To date, over 1000 individuals have been trained by HHHRC, and 5000 doses of naloxone have been distributed in training (see Annex 3).

This Work Group created a website to serve as a single portal for information on opioid issues and risks, providing a centralized platform to connect members of the Initiative. Through promotional advertisements and collaboration with local media outlets, there has been an increase in traffic and utilization of the Work Group’s website.
Pharmacy-based Interventions: Increase consumer education and prescription harm management through pharmacy-based strategies.

To prepare pharmacies for naloxone dispensing, this Work Group is drafting guidelines for pharmacists on the procedures of prescribing and dispensing of naloxone. These guidelines aim to encourage pharmacists to expand their scope of practice and dispense naloxone.

This Work Group collaborated with the University of Hawai‘i at Hilo Daniel K. Inouye College of Pharmacy to produce an online module where pharmacists can receive training and certification to dispense naloxone.

Pharmacists now have semi-prescriptive authority. Pharmacists are authorized to prescribe and dispense an opioid antagonist to patients at risk of overdose, and family members and caregivers of patients at risk of overdose (Act 255, 2019).
Law Enforcement and First Responders: Coordinate operations and services, support specialized training for first responders, and assure effective laws and policies.

For this Focus Area, Maui Police Department has begun collecting data through the implementation and utilization of Overdose (OD) Mapping system. Having this information available would allow Maui Police Department to obtain timely, granular information on high-risk areas of overdose.

A recommended course of action has been developed so first responders have a recommended protocol when encountering opioid overdose victims.

The Opioid/Fentanyl Exposure First Aid Training was held on Hawai‘i Island for all Law Enforcement Assisted Diversion (LEAD) officers which included a directive on how to administer and replace Narcan (naloxone). There has been 79 naloxone reversals in 2018 and 65 naloxone reversals in 2019.

At least 43 individuals have been referred to LEAD through social contact referral with law enforcement as of November 30, 2018.
Achievements

Work Group 7
Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT: Integrate substance use disorder screening in primary care settings and develop referral and entry system into a continuum of care.

This Work Group held its first meeting in April 2019 and is working to integrate with the objectives of other Work Groups to build a System of Care.

The Work Group Co-chairs attended several meetings on the SBIRT situation to date including with other providers such as The Queen's Medical Center.

This Work Group has gathered and created screening tools for providers. These forms include the Integrated Care Referral Form, the Scoring and Referral Tool, and the 4P's Plus Screening & Field Assessment Tool for Substance Use in Pregnancy.

Through joint efforts of ADAD, Hawai’i Medical Service Association (HMSA), and several provider agencies, a Universal Standardized Intake and Screening (USIS) form has been created. This form has the potential to improve the system of care by reducing life-threatening delays for patients and administrative burden on both providers and patients. The USIS form can increase referrals and further expand access to treatment as part of the system of care and improving patient care coordination.
5. Overall Successes
5. Overall Successes

As part of the evaluation methodology, the UH Evaluation Team confidentially interviewed Work Group Co-chairs and other stakeholders of the Hawaiʻi Opioid Initiative. Interviewees were solicited for their views on the successes and challenges of the Initiative as well as recommendations for the Initiative. For Work Group Co-chairs, scorecard objectives were also presented.

Remarkably, the vast majority of the interviews focused not on specific operational achievements or activities but rather the communication, leadership, and administrative functions of the Initiative. The common themes across the interviews are summarized and the number of unique interviewees (of the 16 interviews) linked to these themes are noted.

Inclusive Leadership

1. There is wide consensus among Work Group Co-chairs that the ADAD and later Behavioral Health Administration (BHA) leadership was effective in creating an inclusive and collaborative mechanism to tackle the opioid epidemic.
   1.1. Specifically, the leadership of the Hawaiʻi Opioid Initiative convenes many stakeholders across different sectors who might not otherwise engage easily or regularly (n=7).

   “It’s incredible because in my 25 years I’ve never seen public health, public safety, and law enforcement work together like this.”

   “When I compare it with what’s happening in the other states, I really think ours rises to the top because we’ve broken it down in ways that people can be meaningfully involved and feel like they can be making a contribution, making a difference... There’s an ongoing commitment to try and work on these areas and continually improve.”

   1.2. Many Work Group Co-chairs observed that the ADAD and BHA leadership of the Hawaiʻi Opioid Initiative has brought stakeholders together voluntarily toward a common goal and has inspired stakeholders to not merely hold meetings. The ADAD and BHA leadership has created an environment in which the Work Group meetings enable and empower members to take initiative and progress toward Work Group objectives voluntarily (n=2).

   1.3. A Co-chair noted that there is wide participation from organizations due to the potential availability of resources from the Initiative.

Interdisciplinary Collaboration

2. The Hawaiʻi Opioid Initiative has brought together people who do not normally or easily communicate with each other due to silos and different disciplines and fields.
2.1. Some Work Group Co-chairs remarked that the Initiative brings together research experts as well as programmatic and operational staff, bridging the divide between best practice guidelines and implementation, and there are valued complementary roles of both research and practice (n=2).

2.2. A few Work Group Co-chairs observed that the Initiative has brought together individuals from communities that often do not see eye to eye in an environment conducive to communication. They also noted that public perspectives on substance use have shifted slightly from an abstinence-based to a harm reduction outlook, indicating wider understanding and stronger communication between different communities of practice (n=3).

**Partnership Platform for Action**

3. Through regular engagement of stakeholders, the Initiative established a mechanism to create partnerships and collaborations that can be applied to areas for social action. Establishing partnerships, building relationships, and communicating across different agencies is a challenge, but the inclusive nature of the Initiative created a forum or platform for partnership. This platform has the potential not only for tackling opioids but also for combating other social challenges such as homelessness (n=3).

3.1. Through the evolution of the Initiative, there has been greater perceived inclusiveness of participation, resulting in greater communication across relevant programs and grants (n=3).

“*It’s the people factor. I think people already had the desire. So none of the stuff that we're doing today in the Opioid Initiative is new or necessarily any kind of earth-shattering approach or anything like that. I think what makes it so successful is that it gives a lot of folks a venue to cooperate and unite around things that people wanted to see happen anyway. So I think it just serves as a catalyst to bring them together and help these people do all of the amazing, great stuff they're already doing anyway, but doing it in a way that doesn't feel like they're alone or paddling upstream by themselves.*”

3.2. The Initiative has strengthened the relationship between members and built the foundation of knowledge needed to be proactive in addressing the opioid crisis (n=2).

3.3. A stakeholder noted that throughout the evolution of the Initiative, there has been more collegiality among the members of different organizations, allowing the sharing of best practices and clarifications of expectations.

**Connecting Stakeholders**

4. Due to the large number of stakeholders involved, communication across Work Groups, and between high-level leadership and
mid-level Work Groups, was identified as an area for improvement. Subsequently, a stakeholder noted that the creation of the Operational Work Group which brings together the Co-chairs of each Work Group on a monthly basis is helping to enhance communication across focus areas and enhance synergies and collaboration.

5. Work Group Co-chairs observed that ADAD played a role in Work Group successes and adherence to an established timeline. Without ADAD, some Work Groups would not have met as often, and some tasks would have otherwise stalled within these voluntary Work Groups (n=2).

6. A stakeholder noted that having a balance between the energy of newer stakeholders mixed with the knowledge and wisdom of experienced stakeholders creates a synergy that helps move the Initiative forward.

7. A stakeholder noted that DOH are subject matter experts, who provide guidelines to improve outcomes of each Work Group and offer tools to address noted community issues.

8. The CDC DDPI Grant Coordinator in ADAD helped greatly in linking Work Groups with ADAD and coordinating among different Work Groups (n=2).
6. Challenges

Interviewees noted several challenges facing the Hawai‘i Opioid Initiative and specific Work Group activities, particularly in terms of administration and finance, documentation, and designation of roles and responsibilities.

1. **The challenge of tracking activities:** The UH Evaluation Team acknowledges that there are likely to be other achievements and successes to which the Evaluation Team is not yet aware. Due to the size of the Initiative, voluntary nature of the activities, and large number of stakeholders and participants, tracking of activities poses a major challenge given current staffing levels in ADAD and the Evaluation Team (n=2).

2. **The challenge of the evolving scope of the Work Groups:** While recognizing that the Work Group has benefited from a voluntary spirit of the Work Group Co-chairs, there may be a need for clearer communication of the roles and responsibilities of the Work Group as well as individual Work Group Co-chairs and members. The roles and responsibilities of each Work Group in preparing, planning, and implementing detailed work plans could be more clearly defined, even as Work Groups’ roles have evolved over time. There is an implicit change in the Work Groups from planning to implementation; this change in role needs to be recognized more explicitly by ADAD and the Co-chairs (n=2).

2.1. A stakeholder noted that the Work Groups appear to be provided with a set of objectives which they are implicitly expected to implement rather than explicitly define.

2.2. While the intention of the Work Group has been to rely on voluntary efforts, rather than formal statutory or regulatory mechanisms, many stakeholders may be unfamiliar or unaccustomed to a dynamic and organic approach to working across agencies and sectors.

3. **The challenge of voluntary roles:** Several interviewees noted that Work Group members voluntarily participate in meetings outside the direct scope of their primary responsibilities. As such, the participation of Work Group members varies considerably. There is also a need for technical assistance and full-time dedicated staffing to support the Work Groups in defining and implementing work plans (n=4).

4. **The challenge of state procurement and administrative processing:** The State’s contract and procurement systems pose challenges in implementation in a timely manner, and different stakeholders have different levels of familiarity in navigating these bureaucratic and administrative environments (n=3).

5. **The challenge of sustainability:** Federally driven initiatives can result in plans which are not well implemented and not well sustained after federal resources end. Ensuring implementation and sustainability of the Hawai‘i Opioid Initiative’s plan is crucial for long-run success. There are concerns about initiatives developed with federal funding that may not have strong enough local support for long-run sustainability. At the
same time, there is a risk that state agencies are reactive to federal government funding rather than proactive toward emerging local issues. For example, it was raised by a few Co-chairs that other emerging public health issues (e.g., suicide and methamphetamine abuse) are significant and should not be neglected amidst sustained attention on the opioid crisis (n=2).

“I’d say one of the challenges in this is going to be looking past the planning period, [past] creating the plan and the conversations — but actually how do we envision this rolling out and actually happening on the ground. What are the players at the table going to commit to doing in their own little sections of the world? Because I think we can all come to meetings, we can all give our expert adviser thoughts, but if we’re not going to actually see our involvement and our commitment to get buy-in in our corner of the world, it’s not going to get beyond that.”

6. **The challenge of including community voices:** It was noted by a stakeholder that the Initiative is “one size fits all.” The Work Group objectives are generally statewide (such as statewide legislative and regulatory reforms) rather than community-specific. Inclusion of voices from highly affected communities, particularly rural areas and high-impacted vulnerable populations, could be captured more effectively.

7. **The challenge of new models of care:** There have been difficulties for providers to adjust to the harm reduction model of healthcare delivery, primarily due to the unfamiliarity of this approach and the longstanding abstinence-based approach to substance abuse treatment. Expansion of outreach and education to physicians and other providers may help bridge this gap (n=2).

8. **The challenge of knowing and aligning to best clinical practices:** Although Suboxone is available to be administered, a stakeholder noted that not all physicians with substance abuse patients are utilizing it due to the unfamiliarity with the prescribing protocols. Due to the highly patient-specific focus of Suboxone treatment, physicians typically require at least five years of utilization before becoming experienced with prescribing protocols.

9. **The challenge of disproportionate participation:** Disproportionate participation in the establishment of take-back sites across the different counties has resulted in only 1 take-back location for all of O’ahu, whereas Maui has 6 such sites — but O’ahu has a significantly larger population as a whole and higher numbers of cases with opioid use disorder (n=3).

10. **The challenge of insurance billing and reimbursement:** Work Group 5 has sought to increase availability of naloxone, but financial access still remains a challenge. It remains to be seen if insurance plans will reimburse naloxone, as a covered health benefit, for caregivers presenting at the pharmacy (n=2).
7. Recommendations

This chapter summarizes areas of recommendations for ADAD to shape the future of the Initiative.

1. **Communicate roles clearly:** ADAD and the UH Evaluation Team should continue to brief and remind Work Group Co-chairs of their roles and responsibilities, both implicitly and explicitly in meetings and events.

2. **Get more hands on deck:** Additional staffing from ADAD to support the Work Group and Co-chairs may allow for the support needed to implement the objectives and plans formed in the Work Groups (n=2).

3. **Communicate across Work Groups:** A stakeholder noted that improved communication among Work Groups will ensure that each sector is working toward the same goal. There is a need for identifying the best communication modality to keep relevant stakeholders informed of activities.
   a. A summary of the tasks being undertaken by each Work Group presented at the Operational Work Group Meeting will enhance linkages between stakeholders.

4. **Continue to invite the community:** The Initiative has been an inclusive and participatory mechanism to create meaningful change in public health issues. To further maintain and ensure inclusive efforts produced from previous stakeholders, it was noted that invitations to community members should be continued on a scheduled basis and be a part of Work Group meeting agendas. Work Group Co-chairs and ADAD can work to develop a flexible, organic mechanism for inviting new members and allowing old members to step down as needed. Involving stakeholders and members from outside Honolulu remains a challenge and the use of technology through Zoom has helped to ensure wider participation.

5. **Reach out to physicians:** A stakeholder noted that further focus should be put on increasing physician awareness to substance abuse treatment options to complement prescribing protocols, including alternatives to pain management.

6. **Reconvene and re-energize:** A continual reconvening is recommended to review what the Initiative has completed, how the plans can be operationalized, and what steps can be taken so that a difference can be made in the community (n=5). A stakeholder noted that after the first or second year of being part of the Initiative, the energy that invigorated the many stakeholders has diminished. The idea was posed to onboard new stakeholders to carry out the plan as they will have the excitement of working on a new project.

7. **Enhance administrative efficiency of the state:** Communicate with leaders across state agencies to develop a strategy to enhance the efficiency and timely execution of statewide administrative and financial processing of contracts. As procurement is governed by statute and dictates rules and regulations of all contracts in DOH and the state, high-level
political leadership and advocacy to address procurement delays while ensuring ethical conduct is needed.

In addition, Work Group Co-chairs made specific recommendations to objectives as follows:

1. Work Group 2: Objective 2.6 is viewed as outside of the scope of the Work Group.
2. Work Group 2: Objective 2.1 (2.0) and 2.3 (2.0) can be merged.
3. Work Group 3: Objective 3.5 (2.0) can be subsumed under 3.4A.
Annex

Annex 1: List of Interviewees

**Work Group Co-chairs**

1. Julianna Moefu-Kaleopa (WG 1)
2. Alan Johnson (WG 1)
3. Roy Goo (WG 2)
4. Melinda Ashton (WG 2)
5. Daniel Galanis (WG 3)*
6. Amy Curtis (WG 3)
7. Jared Redulla (WG 3)*
8. Thaddeus Pham (WG 4)
9. Heather Lusk (WG 4)
10. Aryn You (WG 5)
11. Patrick Uyemoto (WG 5)
12. Valerie Matsunaga (WG 6)
13. Tivoli Faaumu (WG 6)
14. Merry Prince (WG 6)

**Executive Steering Committee Members**

1. Michael Chang*
2. Robert Hirokawa*
3. Josh Green
4. Rosalyn Baker
5. Sheri Daniels
6. Valerie Mariano

* Unable to interview
Annex 2: Sample Interview Guide

1. Could you please tell me your employer and job title?
2. Could you please describe when you got involved with the Hawai‘i Opioid Initiative and how did you get involved?
3. What do you view as the purpose of your Work Group?
4. To what extent did your Work Group achieve these objectives? Note: Objectives provided via email.
5. What successes did your Work Group achieve?
   a. How did your Work Group achieve those successes? What were the factors which contributed to those successes?
   b. What was your role in achieving those successes?
   c. What was the role of ADAD or DOH in achieving those successes?
   d. Could you describe which stakeholders your Work Group interfaced or linked or collaborated with?
6. What challenges and barriers did your Work Group face over this period?
   a. Were there any stakeholders that were missing from your Work Group?
7. What recommendations do you have to improve your Work Group and to achieve your Work Group goals?
Trainings and Workshops

**Opioid/Fentanyl Exposure First Aid Training**

The Opioid/Fentanyl Exposure First Aid Training was facilitated by the Hawai‘i and Kaua‘i Police Departments. This training included a directive on how to administer and replace Narcan.

**Opioid Abuse Training**

The Law Enforcement/First Responder Group of the Hawai‘i Opioid Initiative offered an Opioid Abuse Training, focusing on probation, pre-trial, parole, intake, and re-entry. This training was held at the Ala Moana Hotel on May 1st, 2019 with 250 participants.

**2019 Prevent Suicide Hawai‘i Statewide Conference**

The 2019 Prevent Suicide Hawai‘i Statewide Conference was held on April 11-12, 2019 at the Ala Moana Hotel, and hosted participants. This conference focused on increasing awareness of suicide prevention, skills to respond to those at risk, and ability to help those who have survived the loss of a loved one.

**2019 Hawaiian Islands Trauma Symposium**

The 2019 Hawaiian Islands Trauma Symposium gathers health care professionals to network and learn together. This symposium is offered by The Queen's Medical Center on August 9-10, 2019 at the Hilton Hawaiian Village. This training aims to increase support for those injured and critically ill, while describing successes, challenges, and recommendations for the future.

**Elder Abuse: The Hidden Crime Training**

Elder Abuse: The Hidden Crime Training was held on April 23, 2019 at the Hawai‘i Convention Center. During this training, participants learned about the forms of "hidden" elder abuse, and gained skills in identifying elder abuse situations based on the San Diego blueprint. This meeting was sponsored by EMSIPSB and the Executive Office of Aging.

**Enforcement and Communication Workshop**

The Enforcement and Communication Workshop hosted by the Hawai‘i Partnership to Prevent Underage Drinking on September 11, 2018. This workshop was located at the Airport Honolulu Hotel and was attended by participants. With a focus on policy development and evidence-based environmental strategies, this workshop aimed to enhance communication using media strategies on the topics of underage drinking and substance misuse.
Hawai‘i Maternal and Infant Health Collaborative Annual Meeting

The Maternal and Infant Health Collaborative held a conference at the O‘ahu Country Club on May 29, 2019. This conference honored the work of Dr. Tricia Wright and her colleagues at Perinatal Addiction Treatment of Hawai‘i (PATH) and Salvation Army Women’s Way in perinatal substance use treatment.

Reducing the Harms of Opioids

Hawai‘i Health and Harm Reduction Center (HHHRC) offers a training on reducing the harms of opioids. This four hour training provides 4 Certified Substance Abuse Counselor (CSAC) hours and includes an overview of opioids and their effects, medications to treat Opioid Use Disorders (OUD), data on opioid use and overdose locally and nationally as well as an overview of the Hawai‘i Opioid Initiative and opioid-related policy issues.

Opioid Use, Abuse, and Solutions Presentation

On September 21, 2018, HHHRC held an Opioid Use, Abuse, and Solutions Presentation for Healthcare Professionals online. This training was hosted by Heather Lusk and had a total of 450 attendees.

Creating Naloxone Policies for Your Agency

HHHRC also held a training on creating naloxone policies for an agency on February 28, 2019. This training was held for Malama Recovery Staff on Maui and had a total of 6 attendees. A total of 790 people were trained and a total of 1154 doses and naloxone were handed out between September 2018 and August 2019.

Ka Hānau a me ka Hānau Hou: Healing the Offender through Opioid Recovery, Habilitation, Rehabilitation, and Culture

Representatives from the New York State Office of Alcoholism and Substance Abuse Services (OASAS) were invited to speak at US DHHS/SAMHSA Technical Assistance (TA) and Hawaii ADAD. This training was held at The Queen's Medical Center in Honolulu on Monday, July 22, 2019. This TA overviewed the extensive experience in opioid treatment of the representatives and the “bridging” of treatment and the criminal justice systems.
The HHHRC also provides the Overdose Prevention and Response training for health and social service providers. This training includes information on overdose data, signs and risk factors, and an overview of naloxone and the ability to get certified and obtain it. A list of previous trainings can be found below.

<table>
<thead>
<tr>
<th>Audience</th>
<th>Date of Training</th>
<th># Attendees</th>
<th># Naloxone Kits Distributed</th>
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<tbody>
<tr>
<td>US Pre-Trial &amp; Probation</td>
<td>June 8, 2018</td>
<td>10</td>
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<td>The Department of Health</td>
<td>July 20, 2018</td>
<td>20</td>
<td>-</td>
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<td>Gregory House - Mott Street Residents</td>
<td>July 30, 2018</td>
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<td>Gregory House - Young Street Residents</td>
<td>September 1, 2018</td>
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<td>RYSE - Youth Service Program</td>
<td>September 12, 2018</td>
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<td>Hina Mauka Teen CARES Program</td>
<td>September 26, 2018</td>
<td>20</td>
<td>-</td>
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<tr>
<td>Public Health Nurses</td>
<td>September 28, 2018</td>
<td>10</td>
<td>-</td>
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<tr>
<td>Institute for Human Services Men's Shelter &amp; Clinic Staff</td>
<td>September 28, 2018</td>
<td>15</td>
<td>17</td>
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<td>Gregory House Staff</td>
<td>October 5, 2018</td>
<td>10</td>
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<td>Gregory House (2nd training for new staff)</td>
<td>November 26, 2018</td>
<td>13</td>
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<td>US Marshalls</td>
<td>November 30, 2018</td>
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<td>Po'a'aini Treatment Center Staff</td>
<td>December 13, 2018</td>
<td>14</td>
<td>-</td>
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<td>Hilo Drug Court Staff</td>
<td>January 23, 2019</td>
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<td>Pūnāwai Rest Stop Staff</td>
<td>January 29, 2019</td>
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<tr>
<td>Public Health Nurses</td>
<td>February 13, 2019</td>
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<td>Ka Hale A Ola Staff - Maui</td>
<td>February 28, 2019</td>
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<tr>
<td>Maui AIDS Foundation</td>
<td>March 1, 2019</td>
<td>7</td>
<td>-</td>
</tr>
<tr>
<td>UH Student Services Staff</td>
<td>April 17, 2019</td>
<td>25</td>
<td>14</td>
</tr>
<tr>
<td>The Department of Health for both participants and staff of Safe Haven</td>
<td>May 28, 2019</td>
<td>34</td>
<td>9</td>
</tr>
<tr>
<td>General Public</td>
<td>June 7, 2019</td>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td>US Vets</td>
<td>June 13, 2019</td>
<td>26</td>
<td>21</td>
</tr>
<tr>
<td>Child &amp; Family Services</td>
<td>June 17, 2019</td>
<td>13</td>
<td>3</td>
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<tr>
<td>University of the Nations on Kona</td>
<td>June 21, 2019</td>
<td>10</td>
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</tr>
</tbody>
</table>
### Annex 4: Legislative Successes 2019

#### Transmitted to Governor (House)

<table>
<thead>
<tr>
<th>Bill No.</th>
<th>Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HB290</td>
<td>RELATING TO THE UNIFORM CONTROLLED SUBSTANCES ACT</td>
<td>Updates the Uniform Controlled Substances Act to make it consistent with amendments in federal controlled substances law as required under the authority to schedule controlled substances.</td>
</tr>
<tr>
<td>HB330</td>
<td>RELATING TO SUICIDE PREVENTION</td>
<td>Appropriates monies for youth suicide early intervention, prevention, and education initiatives in Kaua‘i and Hawai‘i counties.</td>
</tr>
<tr>
<td>HB336</td>
<td>RELATING TO HAWAII STATE AND CONTRACTED CORRECTIONAL FACILITIES</td>
<td>Requires the Director of Public Safety, in the event of any death of an inmate who is in a state or contracted correctional facility or correctional facility or community correctional center employee, to provide a report to the Governor and Legislature with certain information regarding the death. Authorizes Director to withhold disclosure of decedent’s name under specific conditions.</td>
</tr>
<tr>
<td>HB654</td>
<td>RELATING TO HEALTH</td>
<td>Appropriates funds to the University of Hawai‘i Cancer Center to determine whether Hawai‘i has the highest incidence in the country of liver and bile duct cancer due to liver fluke infection, aflatoxin ingestion, or intrahepatic bile duct dilation in Hawai‘i.</td>
</tr>
<tr>
<td>HB673</td>
<td>RELATING TO MEDICAL CANNABIS</td>
<td>Allows naturopathic physicians and physician assistants to provide written certification for qualifying patients. Allows licensed dispensaries to have up to two additional manufacturing or processing facilities separate from their production facilities. Provides a process for the voluntary or involuntary sale or transfer of an individual dispensary license. Allows retail dispensaries to operate on state and federal holidays. Allows a licensed dispensary to purchase medical cannabis or manufactured cannabis products from another licensed dispensary, with department approval, in the event of a crop failure. Allows remediation of any cannabis batch that fails laboratory testing standards as long as any final product passes such standards, &amp; licensed retail dispensaries to sell edible cannabis and cannabidiol products.</td>
</tr>
<tr>
<td>HB703</td>
<td>RELATING TO INTOXICATING LIQUOR</td>
<td>Prohibits any person convicted of Operating a Vehicle Under the Influence of an Intoxicant or Habitually Operating a Vehicle Under the Influence of an Intoxicant from purchasing or publicly consuming alcohol for a period of three years following conviction or administrative license revocation.</td>
</tr>
<tr>
<td>HB898</td>
<td>RELATING TO THE BOARD OF HEALTH</td>
<td>Deletes statutory references pertaining to the abolished Board of Health.</td>
</tr>
<tr>
<td>HB1383</td>
<td>RELATING TO MARIJUANA</td>
<td>Decriminalizes certain offenses relating to marijuana and establishes a schedule of monetary fines for violations. Changes statutory references from &quot;marijuana&quot; to &quot;cannabis.&quot; Provides for the dismissal of charges and expungement of criminal records based solely on cannabis offenses. Establishes the cannabis evaluation working group. Requires a report to the Legislature.</td>
</tr>
<tr>
<td>HB1453</td>
<td>RELATING TO EMERGENCY MEDICAL SERVICES</td>
<td>Authorizes the Department of Health to establish fees for transportation to medical facilities and for provision of emergency medical services that do not include transport. Authorizes transportation by ambulance to medical facilities other than hospital emergency departments.</td>
</tr>
<tr>
<td>Bill No.</td>
<td>Title</td>
<td>Description</td>
</tr>
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<td>---------</td>
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</tr>
<tr>
<td>SB330</td>
<td>RELATING TO AN EARNED INCOME DISREGARD PROGRAM</td>
<td>Requires the Department of Human Services to implement an earned income disregard program as an intermediate step to implementing a medicaid buy-in program. Requires reports to the legislature. Takes effect upon approval by the Centers for Medicare and Medicaid Services.</td>
</tr>
<tr>
<td>SB398</td>
<td>RELATING TO HOMELESSNESS</td>
<td>Directs the Department of Human Services to provide training on government procurement and other relevant procedures to nonprofit organizations that offer homeless outreach services or manage homeless housing programs in rural areas of the State. Appropriates funds.</td>
</tr>
<tr>
<td>SB536</td>
<td>RELATING TO PRESCRIPTIONS</td>
<td>Clarifies that existing law intended to curb over-access to and abuse of opioids, including the time frame for filling prescriptions, supply limitations, and requirements to check the state electronic prescription accountability system and execute an informed consent process, do not apply to qualifying patients who are prescribed or issued prescriptions pursuant to the State's our care, our choice act.</td>
</tr>
<tr>
<td>SB540</td>
<td>RELATING TO THE BOARD OF PHARMACY</td>
<td>Allows the board of pharmacy to approve pilot and demonstration projects for innovative applications in the practice of pharmacy under certain circumstances.</td>
</tr>
<tr>
<td>SB567</td>
<td>RELATED TO MENTAL HEALTH TREATMENT</td>
<td>Requires an individual to be examined prior to release from emergency examination, emergency hospitalization, or voluntary inpatient treatment to determine whether an assisted community plan is indicated and, if so, requires the department of the attorney general to handle the petition for assisted community treatment. Requires the department of health to convene a mental health emergencies task force. Makes the department of the attorney general responsible for filing assisted community treatment petitions.</td>
</tr>
<tr>
<td>SB772</td>
<td>RELATING TO LIQUOR LAWS</td>
<td>Repeals requirement that there be attached a clear and legible notice, placard, or marker upon the faucet, spigot, or outlet wherefrom the draught beer is drawn. Requires definitions adopted by the counties related to stacking of beer to refer to a standard serving of total volume and beer standard size servings to be limited to forty-four ounces of total volume before a customer at any one time.</td>
</tr>
<tr>
<td>SB1124</td>
<td>RELATING TO MENTAL HEALTH</td>
<td>Facilitates the treatment of individuals with mental health issues. Provides that any interested party may file a petition for a mental health order alleging that another person has a mental illness and qualifies for assistance.</td>
</tr>
<tr>
<td>SB1246</td>
<td>RELATING TO TELEHEALTH</td>
<td>Establishes goals for the adoption and proliferation of telehealth to increase health care access. Establishes the Strategic Telehealth Advisory Council and permanent full-time State Telehealth Coordinator position.</td>
</tr>
</tbody>
</table>
## Legislative Successes 2019, cont'd

### Acts (House & Senate)

<table>
<thead>
<tr>
<th>Bill No.</th>
<th>Title</th>
<th>Description</th>
<th>Act No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>HB2 HD1 SD1 CD1</td>
<td>RELATING TO THE STATE BUDGET</td>
<td>Appropriates funds for the operating budget of the Executive Branch for fiscal years 2019-2020 and 2020-2021.</td>
<td>Act 005</td>
</tr>
<tr>
<td>HB456 HD2 SD2</td>
<td>RELATING TO PUBLIC SAFETY</td>
<td>Requires training, certification, and related records management and equipment for non-lethal use of force by deputy sheriffs appointed by the Department of Public Safety. Appropriates funds.</td>
<td>Act 033</td>
</tr>
<tr>
<td>HB655 HD1 SD1</td>
<td>RELATING TO HEALTH</td>
<td>Designates the month of September of each year as Suicide Prevention and Awareness Month.</td>
<td>Act 036</td>
</tr>
<tr>
<td>HB665 HD2 SD1 CD1</td>
<td>RELATING TO THE ELECTRONIC PRESCRIPTION ACCOUNTABILITY SYSTEM</td>
<td>Specifies that a health care provider shall not be required to consult the electronic prescription accountability system for patients when the prescription will be directly administered under the supervision of a health care provider, provided that the system is consulted when the patients are initially admitted at a hospital, for patients in post-operative care with a prescription limited to a three-day supply, or for patients with a terminal disease receiving hospice or other palliative care.</td>
<td>Act 251</td>
</tr>
<tr>
<td>HB999 HD1 SD1 CD1</td>
<td>RELATING TO EXEMPTIONS FROM CIVIL SERVICE</td>
<td>Permanently exempts from civil service the Governor's Coordinator on Homelessness; the Executive Director of the State Commission on Fatherhood; in the Med-QUEST Division: division administrator, finance officer, health care services branch administrator, medical director, clinical standards administrator; and in the Director's office of the Department of Human Services: the enterprise officer, information security and privacy compliance officer, security and privacy compliance engineer, and security and privacy compliance analyst. Temporarily exempts from civil service in the Med-QUEST division: the research/health analytics manager; and in the director's office of the Department of Human services: the community/project development director, the policy director, and the special assistant to the Director.</td>
<td>Act 081</td>
</tr>
<tr>
<td>HB1013 HD2 SD2</td>
<td>RELATING TO INVOLUNTARY HOSPITALIZATION</td>
<td>Permits the Director of Health to designate emergency departments to which persons requiring emergency mental health treatment may be taken by law enforcement.</td>
<td>Act 090</td>
</tr>
<tr>
<td>HB 1259 SD1 CD1</td>
<td>RELATING TO CAPITAL IMPROVEMENT PROJECTS</td>
<td>Appropriates capital improvement projects for fiscal biennium 2019–2021.</td>
<td>Act 040</td>
</tr>
<tr>
<td>HB1272 HD1 SD1</td>
<td>RELATING TO PRESCRIPTION DRUGS</td>
<td>Authorizes pharmacies to accept the return of any prescription drug for disposal via collection receptacles or mail-back programs; prohibits pharmacies from redispensing returned prescription drugs or accepting returned prescription drugs in exchange for cash or credit; requires the pharmacist-in-charge to ensure that only authorized reverse distributors acquire prescription drugs collected via collection receptacles or mail-back programs.</td>
<td>Act 183</td>
</tr>
</tbody>
</table>
## Legislative Successes 2019, cont'd

### Acts (House & Senate)

<table>
<thead>
<tr>
<th>Bill No.</th>
<th>Title</th>
<th>Description</th>
<th>Act No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SB281 SD1 HD2 CD1</td>
<td>RELATING TO THE DEPARTMENT OF HEALTH</td>
<td>Appropriates funds for the Department of Health. Appropriates funds.</td>
<td>Act 060</td>
</tr>
<tr>
<td>SB471 SD2 HD1</td>
<td>RELATING TO HOMELESSNESS</td>
<td>Appropriates funds to homeless programs, including outreach, rapid re-housing, housing first, family assessment centers, and diversion programs and the coordinated statewide homelessness initiative. Establishes a long-term rental assistance pilot program for individuals over sixty years old.</td>
<td>Act 062</td>
</tr>
<tr>
<td>SB535 SD1 HD1 CD1</td>
<td>RELATING TO PHARMACISTS PRESCRIBING AND DISPENSING OF OPIOID ANTAGONIST</td>
<td>Authorizes pharmacists, acting in good faith and exercising reasonable care, to prescribe and dispense an opioid antagonist to patients at risk of overdose, and family members and caregivers of patients at risk of overdose. Sunsets 6/30/2024.</td>
<td>Act 255</td>
</tr>
<tr>
<td>SB638 SD1</td>
<td>RELATING TO LIQUOR</td>
<td>Adds unlicensed sale of liquor as an offense for which property is subject to forfeiture and increases the grade of the offense to a class C felony. Provides an affirmative defense. Amends definitions of &quot;organized crime&quot; and &quot;racketeering activity&quot; to include the unlicensed sale of liquor.</td>
<td>Act 015</td>
</tr>
<tr>
<td>SB1240 SD1 HD1 CD1</td>
<td>RELATING TO MEDICAID WAIVER</td>
<td>Removes sunset date of section 321-14.8, Hawai‘i Revised Statutes, and adds exception for Medicaid waiver provider-agencies providing services to Medicaid waiver participants.</td>
<td>Act 091</td>
</tr>
<tr>
<td>SB638 SD1</td>
<td>RELATING TO LIQUOR</td>
<td>Adds unlicensed sale of liquor as an offense for which property is subject to forfeiture and increases the grade of the offense to a class C felony. Provides an affirmative defense. Amends definitions of &quot;organized crime&quot; and &quot;racketeering activity&quot; to include the unlicensed sale of liquor.</td>
<td>Act 015</td>
</tr>
<tr>
<td>SB1486 SD1 HD1 CD1</td>
<td>RELATING TO ELECTRONIC PRESCRIPTION ACCOUNTABILITY SYSTEM.</td>
<td>Allows the DPS Narcotics Enforcement Division Administrator to disclose confidential information from the Electronic Prescription Accountability System to the U.S. Department of Defense health agency prescription monitoring program and authorized employees of the State DOH Alcohol and Drug Abuse Division and the Emergency Medical Services and Injury Prevention Systems Branch.</td>
<td>Act 230</td>
</tr>
<tr>
<td>SB1494 SD2 HD1 CD1</td>
<td>RELATED TO HEALTH</td>
<td>Establishes a working group within DOH to evaluate current behavioral health care and related systems and identify steps to promote effective integration to respond to and coordinate care for persons experiencing substance abuse, mental health conditions, and homelessness. Appropriates funds.</td>
<td>Act 263</td>
</tr>
</tbody>
</table>
## Annex 5: List of Acronyms

<table>
<thead>
<tr>
<th>Acronyms</th>
<th>What it Stands for (A-Z)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACEP</td>
<td>American College of Emergency Physicians</td>
</tr>
<tr>
<td>ADAD</td>
<td>Alcohol and Drug Abuse Division (of the Hawai‘i State Department of Health)</td>
</tr>
<tr>
<td>AG</td>
<td>Attorney General</td>
</tr>
<tr>
<td>AMHD</td>
<td>Adult Mental Health Division</td>
</tr>
<tr>
<td>ASAM</td>
<td>American Society of Addiction Medicine</td>
</tr>
<tr>
<td>ASTHO</td>
<td>Association of State and Territorial Health Officials</td>
</tr>
<tr>
<td>ATS</td>
<td>Addiction Treatment Services</td>
</tr>
<tr>
<td>BHA</td>
<td>Behavioral Health Administration</td>
</tr>
<tr>
<td>CAMHD</td>
<td>Child and Adolescent Mental Health Division</td>
</tr>
<tr>
<td>CARES</td>
<td>Community Addiction Resource Entry System</td>
</tr>
<tr>
<td>CDC</td>
<td>Center for Disease Control and Prevention</td>
</tr>
<tr>
<td>CHOW Project</td>
<td>Community Health Outreach Work to Prevent Aids Project</td>
</tr>
<tr>
<td>CSAC</td>
<td>Certified Substance Abuse Counselor</td>
</tr>
<tr>
<td>DDPI</td>
<td>Data Driven Prevention Initiative</td>
</tr>
<tr>
<td>DEA</td>
<td>Drug Enforcement Administration</td>
</tr>
<tr>
<td>DHS</td>
<td>Department of Human Services</td>
</tr>
<tr>
<td>DOH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>East HIPA</td>
<td>East Hawai‘i Independent Physician Association</td>
</tr>
<tr>
<td>ECHO</td>
<td>Extension for Community Healthcare Outcomes</td>
</tr>
<tr>
<td>EHR</td>
<td>Electronic Health Record</td>
</tr>
<tr>
<td>EMSIPSB</td>
<td>Emergency Medical Services and Injury Prevention System Branch</td>
</tr>
<tr>
<td>FACEP</td>
<td>Fellow of the American College of Emergency Physicians</td>
</tr>
<tr>
<td>FTS</td>
<td>The Salvation Army Family Treatment Services</td>
</tr>
<tr>
<td>HACDAC</td>
<td>Hawai‘i Advisory Commission on Drug Abuse and Controlled Substances</td>
</tr>
<tr>
<td>HANO</td>
<td>Hawai‘i Alliance of Nonprofit Organizations</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Full Form</td>
</tr>
<tr>
<td>--------------</td>
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</tr>
<tr>
<td>HHHRC</td>
<td>Hawai‘i Health and Harm Reduction Center</td>
</tr>
<tr>
<td>HIDTA</td>
<td>High Intensity Drug Trafficking Areas</td>
</tr>
<tr>
<td>HMIHC</td>
<td>Hawai‘i Maternal and Infant Health Collaborative</td>
</tr>
<tr>
<td>HMSA</td>
<td>Hawai‘i Medical Service Association</td>
</tr>
<tr>
<td>HOI</td>
<td>Hawai‘i Opioid Initiative</td>
</tr>
<tr>
<td>HPC</td>
<td>Hawai‘i Poison Center</td>
</tr>
<tr>
<td>HSAC</td>
<td>Hawai‘i State Association of Counties</td>
</tr>
<tr>
<td>HSAC</td>
<td>Hawai‘i Substance Abuse Coalition</td>
</tr>
<tr>
<td>IPA</td>
<td>Independent Physicians Association</td>
</tr>
<tr>
<td>JABSOM</td>
<td>John A. Burns School of Medicine</td>
</tr>
<tr>
<td>LEAD</td>
<td>Law Enforcement Assisted Diversion</td>
</tr>
<tr>
<td>MAT</td>
<td>Medicated-Assisted Treatment</td>
</tr>
<tr>
<td>MBTSSW</td>
<td>Myron B. Thompson School of Social Work</td>
</tr>
<tr>
<td>MPD</td>
<td>Maui Police Department</td>
</tr>
<tr>
<td>NED</td>
<td>Narcotics Enforcement Division</td>
</tr>
<tr>
<td>NGA</td>
<td>National Governors Association</td>
</tr>
<tr>
<td>OBOT</td>
<td>Office-based Opioid Treatment</td>
</tr>
<tr>
<td>OD Map</td>
<td>Overdose Map</td>
</tr>
<tr>
<td>OD2A</td>
<td>Overdose to Action</td>
</tr>
<tr>
<td>OPHS</td>
<td>Office of Public Health Studies</td>
</tr>
<tr>
<td>OTP</td>
<td>Opioid Treatment Program</td>
</tr>
<tr>
<td>OUD</td>
<td>Opioid Use Disorder</td>
</tr>
<tr>
<td>PATH</td>
<td>Perinatal Addiction Treatment of Hawai‘i</td>
</tr>
<tr>
<td>PD</td>
<td>Police Department</td>
</tr>
<tr>
<td>PDMP</td>
<td>Prescription Drug Monitoring Program</td>
</tr>
<tr>
<td>PMAG</td>
<td>Pacific Medical Admin Group, Inc.</td>
</tr>
<tr>
<td>PMP</td>
<td>Prescription Monitoring Program (See PDMP)</td>
</tr>
<tr>
<td>PSD</td>
<td>Public Safety Department</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>PSD NED</td>
<td>Public Safety Department Narcotics Enforcement Division</td>
</tr>
<tr>
<td>QCIPN</td>
<td>Queens Clinically Integrated Physician Network</td>
</tr>
<tr>
<td>SAMHSA</td>
<td>US Substance Abuse and Mental Health Services Administration</td>
</tr>
<tr>
<td>SBIRT</td>
<td>Screening, Brief Intervention, and Referral to Treatment</td>
</tr>
<tr>
<td>SOR</td>
<td>State Opioid Response</td>
</tr>
<tr>
<td>STR</td>
<td>State Targeted Response</td>
</tr>
<tr>
<td>SUD</td>
<td>Substance Use Disorder</td>
</tr>
<tr>
<td>UH</td>
<td>University of Hawai‘i</td>
</tr>
<tr>
<td>USIS</td>
<td>Universal Standardized Intake and Screening</td>
</tr>
<tr>
<td>WITS</td>
<td>Web Infrastructure for Treatment Services</td>
</tr>
</tbody>
</table>

**Eval Team**

The UH Eval Team provides logistical and technical support among all Work Groups of the Initiative and leads the evaluation report for the Hawai‘i Opioid Initiative 2.0.

**National Take-Back Day**

The National Prescription Drug Take-Back Day provides an opportunity for the public to surrender expired, unwanted, or unused pharmaceutical controlled substances and other medications for destruction.

**Drop box**

The Hawai‘i Medication Drop box Program is a collaborative partnership between state and federal departments to supplement national drug take-back events that take place every year.

**naloxone**

A medication called an “opioid antagonist” used to counter the effects of opioid overdose, for example morphine and heroin overdose.

**Narcan**

The brand name of the generic drug naloxone.

**Suboxone**

Used to treat adults who are dependent on (addicted to) opioids (either prescription or illegal).

**buprenorphine**

Used in medication-assisted treatment (MAT) to help people reduce or quit their use of heroin or other opiates.

**Mocha Minutes**

An online education library for prescribing opioids.
# Annex 6: Work Group Meeting Index

<table>
<thead>
<tr>
<th>DATE</th>
<th>EVENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/12/2017</td>
<td>Launching of The Executive Substance Use Policy Steering Committee &amp; Strategic Planning Committee (SPC) with Governor David Ige</td>
</tr>
<tr>
<td>8/1/2017</td>
<td>Strategic Planning Committee (SPC)</td>
</tr>
<tr>
<td>8/28/2017</td>
<td>The Executive Substance Use Policy Steering Committee</td>
</tr>
<tr>
<td>9/6/2017</td>
<td>Strategic Planning Committee (SPC)</td>
</tr>
<tr>
<td>9/29/2017</td>
<td>Working Group Meeting Focus Area 4: Prevention &amp; Public Education</td>
</tr>
<tr>
<td>10/1/2017</td>
<td>Working Group Meeting Focus Area 1: Treatment Access</td>
</tr>
<tr>
<td>10/3/2017</td>
<td>Working Group Meeting Focus Area 6: Law Enforcement and First Responders</td>
</tr>
<tr>
<td>10/4/2017</td>
<td>Operational Working Group</td>
</tr>
<tr>
<td>10/9/2017</td>
<td>Working Group Meeting Focus Area 5: Pharmacy-Based Intervention</td>
</tr>
<tr>
<td>10/25/2017</td>
<td>Working Group Meeting Focus Area 4: Prevention &amp; Public Education</td>
</tr>
<tr>
<td>11/7/2017</td>
<td>Working Group Meeting Focus Area 3: Data-Informed Decision Making &amp; Evaluation</td>
</tr>
<tr>
<td>11/8/2017</td>
<td>Working Group Meeting Focus Area 6: Law Enforcement and First Responders</td>
</tr>
<tr>
<td>11/8/2017</td>
<td>Working Group Meeting Focus Area 5: Pharmacy-Based Intervention</td>
</tr>
<tr>
<td>11/9/2017</td>
<td>Operational Working Group</td>
</tr>
<tr>
<td>11/9/2017</td>
<td>Working Group Meeting Focus Area 2: Prescriber Education &amp; Pain Management</td>
</tr>
<tr>
<td>11/15/2017</td>
<td>The Executive Substance Use Policy Steering Committee</td>
</tr>
<tr>
<td>11/16/2017</td>
<td>Working Group Meeting Focus Area 4: Prevention &amp; Public Education</td>
</tr>
<tr>
<td>11/30/2017</td>
<td>Working Group Meeting Focus Area 2: Prescriber Education &amp; Pain Management</td>
</tr>
<tr>
<td>12/1/2017</td>
<td>Statewide Opioid Use and Other Substance Use Initiative Legislative Briefing</td>
</tr>
<tr>
<td>12/14/2017</td>
<td>Working Group Meeting Focus Area 6: Law Enforcement and First Responders</td>
</tr>
<tr>
<td>1/3/2018</td>
<td>Working Group Meeting Focus Area 5: Pharmacy-Based Intervention</td>
</tr>
<tr>
<td>1/11/2018</td>
<td>Working Group Meeting Focus Area 2: Prescriber Education &amp; Pain Management</td>
</tr>
<tr>
<td>1/12/2018</td>
<td>Operational Working Group</td>
</tr>
<tr>
<td>1/18/2018</td>
<td>Working Group Meeting Focus Area 5: Pharmacy-Based Intervention</td>
</tr>
<tr>
<td>1/23/2018</td>
<td>Working Group Meeting Focus Area 4: Prevention &amp; Public Education</td>
</tr>
<tr>
<td>1/30/2018</td>
<td>Working Group Meeting Focus Area 5: Pharmacy-Based Intervention</td>
</tr>
<tr>
<td>2/8/2018</td>
<td>Working Group Meeting Focus Area 5: Pharmacy-Based Intervention</td>
</tr>
<tr>
<td>2/15/2018</td>
<td>Working Group Meeting Focus Area 4: Prevention &amp; Public Education</td>
</tr>
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<td>Date</td>
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<tr>
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