Hawaiʻi Opioid Initiative
Evaluation Report 2020

University of Hawaiʻi at Mānoa

Submitted to the
Alcohol and Drug Abuse Division
Hawaiʻi State Department of Health

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Summary

Introduction
This evaluation report represents progress made by the Behavioral Health Administration’s Hawai‘i Opioid Initiative (HOI) based at the Alcohol and Drug Abuse Division (ADAD) of the Department of Health and reflects the work of 193 volunteer members from 106 organizations located across the Hawaiian islands to mitigate the impact of opioid use disorder (OUD) on patients, communities and systems of care.

Epidemiologic Landscape
The context of OUD in Hawai‘i is established with a series of data-informed inquiries about OUD, exploring factors associated with opioid overdose such as prescription pick up timing, comparison to other substance use disorders and barriers to treatment and primary care in rural areas. Following this, a Hawai‘i-focused data dashboard from the National Survey of Drug Use and Health is introduced.

HOI Scorecards
Each year the HOI sets work objectives for the year by focus area. The scorecards track 2018’s 1.0, 2019’s 2.0 objectives, and 2020’s 3.0 objectives which are currently in progress. They include contact information for each focus area’s co-chairs. Anyone interested in supporting the HOI is encouraged to join a work group by contacting the co-chairs.

Evidence-Informed Strategies
This section presents current evidence and literature was reviewed for selected priority areas identified in the HOI Scorecards. The synthesis of evidence has been summarized in standalone infographics, which may be requested by the Work Groups as part of their objectives. Topic areas include alternative pain management therapies, care coordination, Medication-Assisted Treatment, prescriber education, and cultural competency.

Achievements
Presented as a series of infographics, this section inventories progress made on the HOI 1.0 and 2.0 objectives as documented by the evaluation team through survey, interview, and attendance of all HOI Work Group meetings. Highlights focus on naloxone training and distribution, the Prescription Drug Monitoring Program, “Mocha Minutes” prescriber education, Take Back Boxes, a pilot of Maui Police Department’s Overdose Detection Mapping Application Program (ODMAP), and the launch of the Hawai‘i CARES (Coordinated Access Resource Entry System) line.

Overall Successes
Major successes of the HOI include education and training initiatives, interagency collaboration, and continuing a process of desiloizing our health system that may be replicated to address other complex public health problems.

Challenges
Two policies from the 2019 legislative session directly impact the HOI: Act 154 “Relating to Pharmacists Prescribing and Dispensing of Opioid Antagonist” and Senate Concurrent Resolution 103 “Urging the Inclusion of Native Hawaiian Cultural Intervention Treatment Programs, Wellness Plans, and Holistic Living Systems of Care in the State of Hawai‘i’s Response to the Rise of Misuse and Abuse of Opioids or Illicit Substances in Hawai‘i.” An overarching goal of this evaluation is to gather feedback for HOI capacity-building and policy enforcement.

Recommendations
In 2020, increasing member diversity, cultural competency, project alignment, evidence-informed strategy, current programming and additional policy-driven programming are recommended to sustain the success of the HOI.

Pūpūkahi I Holomua
Unite to Move Forward
Acknowledgements

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 Katherine Burke, Andrew Abe, Charmaine Milla, Keani Valdez, Edra Ha, Samantha Lumbao, Cielo Subia, Shelby McKee, Rachel Untalan, Shelley Liu, Mary Guo, Amber Ichinose, Deveraux Talagi, Joel Nicolow, Sarah Yasuda, Jaclyn Topinio, Rojelle Bohol, Taylor Pu‘uohau, Craig Yamaguchi, Daniel Galanis, Angela Bolan, Seunghye Hong, and Victoria Y. Fan.

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The PI of the UH Hawai‘i Opioid Initiative Evaluation Team is Dr. Victoria Fan and the Co-Principal Investigator is Dr. Seunghye Hong of the University of Hawai‘i at Mānoa, Myron B. Thompson School of Social Work, Center on Aging, Pacific Health Analytics Collaborative. Please send all comments on the report to the UH HOI Evaluation Team at phac+uheval@hawaii.edu.
1. Introduction

The Public Health & Safety Challenge

The opioid epidemic continues to be a major public health and safety challenge impacting thousands of people in the State of Hawai‘i. Granted, the epidemic in Hawai‘i continues to be less severe than the continental U.S. In 2018, the drug overdose death rate (age-adjusted) in Hawai‘i was 14.3 deaths per 100,000 people, compared to a national age-adjusted rate of 20.7 deaths per 100,000 people. Nevertheless, opioid misuse continues to needlessly kill and harm people in Hawai‘i. In 2018, 213 people died from a drug overdose in Hawai‘i, killing more people than kidney disease (183 deaths), making OUD a significant public health challenge.

Opioid use disorder (OUD) also has significant economic consequences. In the U.S., the estimated overall economic burden of opioid use disorder was $78.5 billion in 2016. A significant contributor of these costs is the higher utilization of health care resources, with the national average cost to an employer for an OUD patient of $10,627 per year. OUD continues to disproportionately impact different groups such as older adults, men, certain ethnic groups, low-income individuals, and Medicaid beneficiaries.

The Hawai‘i Opioid Initiative

The Hawai‘i Opioid Initiative (HOI) 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, and
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.

Since 2017, the University of Hawai‘i at Mānoa Myron B. Thompson School of Social Work has served as the Evaluation Team of the HOI. This UH HOI Evaluation Team supports the coordination of activities and technical assistance to the HOI Work Groups. This team released its first Evaluation Report in 2019, initially funded by the Centers for Disease Control and Disease Prevention Data-Driven Prevention Initiative (DDPI).

In 2020, this Team conducted an evaluation with an emphasis on the HOI Objectives through a mixed methods approach including document review, surveys, and key informant interviews. Funding for the evaluation of the HOI came from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response (SOR) grant.

Purpose of the Evaluation Report

ADAD requested this Evaluation Report to assess the successes and challenges and to explore recommendations for the HOI. The purpose of the evaluation is to understand how to better serve the people of Hawai‘i by mitigating the impact of opioid misuse on our communities with a specific focus on breaking down silos in our health system to improve health care delivery.
Evaluation seeks to assess the effectiveness of public health programs, by identifying what is working well, opportunities for improvement, and potential for innovation. Evaluation can help to identify barriers and areas for improvement. To sustain the successes of the HOI, this evaluation will be a tool to better understand how the Work Groups organize to achieve outcomes. As a result, other statewide initiatives may learn and replicate this methodology in addressing other multi-sectoral public health and public safety issues.

Since the Initiative’s implementation in July 2017, the UH HOI Evaluation Team has monitored the progress and completion of the objectives outlined in the HOI Action Plan, a living document that is updated and changed each year with the progress of the Initiative. This evaluation report identifies areas of achievement and challenges in implementing the Action Plan.

A complex issue such as opioids requires a complex system of multi-sectoral agencies that engages various community members and organizations. This evaluation report is a tool of accountability for the many stakeholders involved in this initiative. The 2020 Evaluation Report allows Work Group Co-chairs to voice recommendations and articulate the successes and challenges they have faced between January and December 2019. Furthermore, this evaluation intends to provide insights on how focus areas continue to evolve and how Work Groups enable collaboration across sectors and agencies.

**Evaluation Approach**

The UH HOI Evaluation Team is led by Principal Investigator Dr. Victoria Fan (Center on Aging) and Co-Principal Investigator Dr. Seunghye Hong (Department of Social Work) with Katherine Burke as lead evaluator and junior epidemiologist, Dr. Andrew Abe as junior epidemiologist, and a group of undergraduate and graduate students.

Like the 2019 Evaluation Report, the 2020 Evaluation Report has four key domains: (1) Epidemiologic Landscape, (2) Document Review, (3) Data Collection, and (4) Synthesis.

The **Epidemiologic Landscape** is aggregated as an interactive data dashboard based on the National Survey on Drug Use and Health (NSDUH) to enhance our data-driven understanding of statewide opioid use. The Evaluation Team also obtained epidemiologic analyses from the Emergency Medical Services and Injury Prevention System Branch (EMSIPSB) epidemiologist Dr. Daniel Galanis as part of its assessment, contextualized with the social determinants of health.

The **Document Review** is based on the consistent service of participant observation provided by the UH HOI Evaluation Team. Coordination activities for the HOI included preparing meeting agendas, meeting minutes, and other logistics convening stakeholders spanning various sectors, disciplines, expertise, and backgrounds of the seven Work Groups, and the Operational Work Group. Remarkably, the activities and meetings of the HOI are not required by statute but rather are organized voluntarily through pertinent agencies. As part of the documentation review for this evaluation report, the UH HOI Evaluation Team requested additional documentation from ADAD on its activities and contracts as part of the HOI.

The 2020 Evaluation Report has an expanded Data Collection methodology including: (1) the Pharmacist Survey on Naloxone, (2) an HOI Work Group Member Survey, and (3) Key Informant Interviews.

The **Pharmacist Naloxone Survey** intended to assess the impact of Act 154 "Relating to Pharmacists Prescribing and Dispensing of Opioid Antagonist," one of three opioids-related bills passed during the 2019 legislative session, that focused on naloxone distribution. With the support of Work Group 5, this survey was disseminated by the Hawai’i Pharmacists Association to assess the knowledge, awareness, and
training needs associated with Act 154 as well as to assess successes, challenges and opportunities to ensure equitable naloxone access statewide. The performative scope of this evaluation strategy is to gather information from key stakeholders (pharmacists), while raising awareness of naloxone distribution (see Annex 2 for the Pharmacist Naloxone Survey). This online survey was conducted from June 8 to July 6, 2020, canvassed all 1113 active and non-active Hawaiʻi Pharmacists Association members, of which 58 are active pharmacists. In total, 18 respondents completed the survey.

The HOI Work Group Member Survey was distributed to invite all 186 Work Group members to provide feedback on HOI 2.0 Objectives progress, successes, challenges and recommendations (see Annex 2 for the questionnaire). The survey was distributed twice via email to all members during the month of June.

Key Informant Interviews were conducted with ADAD-contracted providers and staff as well as the Native Hawaiian Health Care System (NHHCS) on each of the neighbor islands (Hawaiʻi, Maui, Molokaʻi, Kauaʻi, Lanaʻi) and Oʻahu. ADAD providers were recruited from monthly meetings, and NHHCS providers were recruited by the executive director of Papa Ola Lōkahi. The UH HOI Evaluation Team began meeting with providers in July 2020. An interview guide was prepared and a team of five trained undergraduate students were trained by the lead evaluator to complete interviews in pairs via Zoom. The interview guide inquires about awareness of the HOI, the relevance of the 2019 epidemiologic data with their current patient population, the recruitment to and participation in the HOI, and finally, recommendations. See Annex 3 for the interview guide and background information sheet. A total of 14 providers have been interviewed. Interviews will be transcribed, coded for themes, and summarized.

All methods of data collection included two additional focus areas. Questions were included regarding (1) the COVID-19 pandemic that began during data collection in March 2020 in order to maximize the opportunity to learn from providers about impacts and challenges in ensuring continuity of care; and (2) inputs on the Senate Concurrent Resolution 103 (2019) “Urging the Inclusion of Native Hawaiian Cultural Intervention Treatment Programs, Wellness Plans, and Holistic Living Systems of Care in the State of Hawaiʻi’s Response to the Rise of Misuse and Abuse of Opioids or Illicit Substances in Hawaiʻi” to assess training needs, perceptions, and readiness.

Structure of This Report

Chapter 2 “Epidemiologic Landscape” presents NSDUH data and summarizes data presented by Dr. Daniel Galanis in an infographic. Chapter 3 “Scorecards 2.0” presents the Focus Area and Work Group objectives while tracking their overall progress. Chapter 4 “Evidence-Informed Strategies” provides current evidence and literature reviews on select HOI priority items. Chapter 5 summarizes the achievements of the Focus Areas and Work Groups. Based on an overall synthesis from the previous chapters as well as the different data collection sources, Chapter 6 discusses overall successes of the HOI, Chapter 7 discusses challenges of the HOI, and Chapter 8 makes recommendations for the future of the HOI.
Epidemiologic Landscape
Exploring Factors Associated with Opioid Overdose:
Opioid Access, Behavioral Health, Other Substances & Treatment Access

What is the prescription history of victims of fatal opioid overdoses?

The Prescription Drug Monitoring Program (PDMP) gathers data on selected controlled substances dispensed to patients. When linked to other data sources such as death records, the prescribing patterns for individuals who have died from an opioid overdose can be assessed. Only the PDMP data source can reveal if a patient is dispensed controlled substances by multiple providers and multiple pharmacies.

N = 70 decedents identified through Honolulu Medical Examiner records in 2016

- 3 Heroin only and had no link to the PDMP
- 67 victims were positive for at least one type of prescription opioid (including methadone and morphine)
- 16 people had no link to the PDMP
- 51 people had a link to the PDMP
- 2 people had no opioid pain prescriptions registered in the PDMP
- 49 people had a record of a prescription opioid in the PDMP
- 3 out of 4 decedents had medically prescribed access to opioids

The total number of opioid prescriptions varied widely from 1 to almost 200 among victims of fatal opioid overdoses in Honolulu County in 2016.

Source: Daniel Galanis (2020), Hawai‘i State Department of Health, Emergency Medical Services and Injury Prevention Branch
The elevated risk of suicide among survivors of opioid overdoses emphasizes the importance of careful mental health assessment with appropriate follow-up (1).

To ensure equitable access to behavioral health, state and local agencies may collaborate with Native Hawaiian health agencies such as Papa Ola Lōkahi and Nā Limahana o Lonopūhā the Native Hawaiian Health Consortium (2).

In Hawai‘i, opioid poisonings disproportionately impact Native Hawaiians. A 2013 needs assessment conducted among Ulu Network providers, a coalition of health organizations that prioritize Native Hawaiian health, identified that the need for improved behavioral health was a priority among 53.3% of respondents (2). Some indicated that economic-related stressors drive behavioral health and lifestyle modification needs and present barriers to chronic disease management (2).

People who survive an opioid overdose are 24 times more likely than others to die in the following year from circulatory or respiratory disease, cancer, or suicide (1).

The Medicaid population experiences greater behavioral health needs compared to the general population and may be at greater risk for opioid use disorder (3). Access to behavioral health services is an essential part of opioid overdose prevention.

What is the relationship between behavioral health and opioid overdose?

In Hawai‘i, opioid poisonings disproportionately impact Native Hawaiians. A 2013 needs assessment conducted among Ulu Network providers, a coalition of health organizations that prioritize Native Hawaiian health, identified that the need for improved behavioral health was a priority among 53.3% of respondents (2). Some indicated that economic-related stressors drive behavioral health and lifestyle modification needs and present barriers to chronic disease management (2).

Seven Year Fatal and Non-Fatal Opioid Poisoning Rates per 100,000 Residents

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Fatal Opioid Poisonings</th>
<th>Non-Fatal Opioid Poisonings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Korean</td>
<td>163</td>
<td>40%</td>
</tr>
<tr>
<td>Japanese</td>
<td>132</td>
<td>29%</td>
</tr>
<tr>
<td>Hawaiian</td>
<td>790</td>
<td>2%</td>
</tr>
<tr>
<td>Filipino</td>
<td>94</td>
<td>23%</td>
</tr>
<tr>
<td>Chinese</td>
<td>83</td>
<td>6%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>545</td>
<td>3%</td>
</tr>
<tr>
<td>African American</td>
<td>353</td>
<td>2%</td>
</tr>
</tbody>
</table>

To ensure equitable access to behavioral health, state and local agencies may collaborate with Native Hawaiian health agencies such as Papa Ola Lōkahi and Nā Limahana o Lonopūhā the Native Hawaiian Health Consortium (2).

Non-Fatal Opioid Poisonings from Opioid Pain Relievers

- Charity Care: 2%
- Medicaid/Quest: 40%
- Medicare: 29%
- Private: 26%
- Other: 3%

History of Mental Illness Across 70 Opioid Related Deaths (2016)

- Yes: 45
- No: 25

About two-thirds (64%, or 45) victims had a history of behavioral health problems (most commonly (46%) described by family member)

Types of Behavioral Health Intersections with Opioid Overdose

- Depression: 47%
- Anxiety: 17%
- Bipolar Disorder: 13%
- Other: 23%

47% of patients reported feelings of depression, 17% anxiety, 13% bipolar disorder, and 23% other behavioral health symptom

Poly-substance drug use occurs when a person uses multiple substances, with or without their knowledge. Some implications for this issue is that an opioid-involved overdose often occurs in combination with exposure to other opioids and/or other non-opioid substances. “Some examples of poly-substance exposures found in combination in overdose deaths include illicitly-manufactured fentanyl (IMF) and heroin; illicitly-manufactured fentanyl and cocaine; heroin and methamphetamine; and prescription or illicit opioids and benzodiazepines” (4).

Death from any drug overdose continues to increase however, in recent years there has been a downward trend in annual death by opioids and prescription opioids.

"What we’re seeing is more street prescription drugs."  
- Provider Interviewee

"Obviously, meth is our biggest drug of choice here in Hawai‘i."  
- Provider Interviewee

"We actually don’t see tons of opioid use amongst our teens."  
- Provider Interviewee
Are residents on neighbor islands at greater risk for opioid overdose?

"Although O'ahu has a larger number of residents who are uninsured, of low-income status, and/or immigrants, the other islands have higher percentages of under-served individuals, fewer resources, and greater access challenges" (6). "If residents from rural communities require specialty health care, they endure significant hardships in terms of time and cost to travel to O'ahu. In many cases, these costs are either impossible to assume or present such a hardship to the individual or family that the health care must be refused" (6).

"The majority of the State's population resides in the City and County of Honolulu, O'ahu, (974,563), followed by Hawai'i County (201,513), Maui County (167,503); which includes Maui, Moloka'i and Lāna'i), and Kaua'i County (72,293)" (7).

Source: Daniel Galanis (2020), Hawai'i State Department of Health, Emergency Medical Services and Injury Prevention Branch

Resources
2. Look MA. Assessment and priorities for health & well-being in Native Hawaiians & other Pacific peoples. University of Hawai'i, JABSOM Department of Native Hawaiian Health; 2013.
These icons serve as filters for the graphs that follow. Click on one to see icon-specific statistics!

When an icon is selected, a description of each substance appears here.

Hover over any bar to see the specific value. This applies to all measures on the dashboard!

Null values indicate insufficient data.

Demographic information for heroin and pain relievers are included on the full dashboard (only opioid demographics are currently shown).

Substance user demographics were sorted into 3 groups: gender, age, and ethnicity. Hover over any shape to see the full name and specific value of each measure.

* All data taken from the National Survey on Drug Use and Health (NSDUH).
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Focus Area #1: Treatment Access

**HOI 1.0 Completed**

Objective 1-1: By January 2018, establish a pilot coordinated entry system to process and coordinate SUD treatment referrals

Objective 1-2: By October 2017, all ADAD contracted substance misuse providers will be eligible to bill 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

**HOI 2.0 Status**

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

Objective 1-1: Expand coordinated entry system pilot to a statewide system for all ADAD-contracted providers by December 2019.

**HOI 3.0 New Objectives**

Objective 1-1: Expand communication channels to inform community and non-network providers about the Hawaiʻi Coordinated Access Resource Entry System (CARES).

Objective 1-2: Expand naltrexone to providers and doctors for opioid use disorder (OUD).

Objective 1-3: Assist DOH in developing access to treatment for complex clients.

Objective 1-4: Developing coordination between judiciary systems in creating access to treat such as individuals in prison systems.

Objective 1-5: Expand and apply MAT services outside of coordination of care (COC) to primary care settings and prison settings.

Objective 1-6: By June 2020, develop a strategy for the inclusion of Native Hawaiian cultural intervention treatment programs, wellness plans, and holistic living systems of care.

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Focus Area #2: Prescriber Education & Pain Management

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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 Status

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 Series on Opioid and Pain management information.

Objective 2-5: 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 2-6: By July 2019, develop a sub-group that focuses on Alternative to Pain Management practices such as physical therapy, chiropractic, acupuncture, etc.

Objective 2-7: By July 2019, develop locum packets for physicians that include brief handouts for locum placements so that they are aware of these strategies and are oriented to Hawai‘i’s opioid prescribing guidelines and legislation.

Objective 2-8: By June 2020, evaluate and increase prescriber participation.

Objective 2-9: By June 2020, develop a strategy for the inclusion of Native Hawaiian cultural intervention treatment programs, wellness plans, and holistic living systems of care.

Objective 2-10: By December 2020, propose legislation to amend administrative rules and reduce over-prescribing or prescribing practices that are of concern (separate from law enforcement).

Objective 2-11: By December 2020, adapt plans used in other states for Hawai‘i to educate physicians specific to opioid prescribing and pain management practices with continued oversight to ensure information is current.

Objective 2-12: By October 2020, engage stakeholders to disseminate opioid/pain management education for prescribers upon relicensing or renewal of prescriptive authority through MedQuest.

Objective 2-13: Continue offering UH Project ECHO Series on opioid and pain management information.

Objective 2-14: By June 2020, launch Mocha Minutes: confirm topic list, timeline, endorsements, and engage Advisory CORE Review Panel Team.

Objective 2-15: By December 2020, identify and recruit workgroup members.

Objective 2-16: Identify sub-specialty groups for pain management.

HOI 3.0 New Objectives

Objective 2-17: By December 2020, propose legislation to amend administrative rules and reduce over-prescribing or prescribing practices that are of concern (separate from law enforcement).

Objective 2-18: By December 2020, adapt plans used in other states for Hawai‘i to educate physicians specific to opioid prescribing and pain management practices with continued oversight to ensure information is current.

Objective 2-19: By October 2020, engage stakeholders to disseminate opioid/pain management education for prescribers upon relicensing or renewal of prescriptive authority through MedQuest.

Objective 2-20: Continue offering UH Project ECHO Series on opioid and pain management information.

Objective 2-21: By June 2020, launch Mocha Minutes: confirm topic list, timeline, endorsements, and engage Advisory CORE Review Panel Team.

Objective 2-22: By December 2020, identify and recruit workgroup members.

Objective 2-23: Identify sub-specialty groups for pain management.

Objective 2-24: By June 2020, evaluate and increase prescriber participation.

Objective 2-25: By June 2020, develop a strategy for the inclusion of Native Hawaiian cultural intervention treatment programs, wellness plans, and holistic living systems of care.
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Focus Area #3: Data-Informed Decision Making & Evaluation

HOI 1.0 Completed

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 Status

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).

Objective 3-7: By December 2019, develop a strategy for the inclusion of Native Hawaiian cultural intervention treatment programs, wellness plans, and holistic living systems of care.

HOI 3.0 New Objectives

Objective 3-1: By December 2020, facilitate the establishment of three MOUs or other agreements for interdepartmental data sharing.

Objective 3-2: By December 2020, collect timely emergency department (ED) data on all suspected drug, opioid, heroin, and stimulant overdoses.

Objective 3-3: By December 2020, collect description of drug overdose death circumstances using death certificates and medical examiner/coroner data.

Objective 3-4: By December 2020, disseminate surveillance data through a data dashboard, quarterly, to all key government agencies, community partners, at the HOI workgroup meetings, and to the Centers for Disease Control and Prevention (CDC) in the form of a report.

Objective 3-5: Continue to collaborate with NED for PDMP utilization and enhancements.

Objective 3-6: By June 2020, develop a strategy for the inclusion of Native Hawaiian cultural intervention treatment programs, wellness plans, and holistic living systems of care.

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7 Focus Areas.
48 Objectives.
100+ People.
Hawaiʻi Opioid Initiative
Pūpūkahi i holomua Unite to move forward
Focus Area #4: Prevention & Public Education

**HOI 1.0 Completed**

Objective 4-1: A public awareness campaign was launched on August 26, 2019 that promoted resources (online risk for opioid dependency), collateral ads (tv broadcast and digital), and raised awareness about website as central clearinghouse (including data dashboard and searchable map for drug take-back).

**COMPLETE**

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.

**COMPLETE**

Objective 4-3: A training entitled “Reducing the Harms of Opioids: Opioids & Overdose Prevention and Response in Hawai‘i” has been developed and provided to Certified Substance Abuse Counselors (CSAC) as approved curriculum for CSAC hours.

**COMPLETE**

**HOI 2.0 Status**

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.

**IN PROGRESS**

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

**COMPLETE**

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.

**IN PROGRESS**

**HOI 3.0 New Objectives**

Objective 4-1: By December 2020, increase knowledge and awareness of prescription and illicit opioids via social media and earned media (Category 1: People who do not currently use—Prevent misuse and dependence of prescription opioids).

Objective 4-2: By December 2020, develop and disseminate a social marketing campaign to prevent misuse of prescription opioids (Category 2: People who use to manage pain—Increase use of healthy alternatives for pain and get treatment if needed).

Objective 4-3: By December 2020, develop and disseminate a social marketing campaign to prevent opioid overdose (Category 3: People who use to get high—Reduce overdose, overdose deaths, and increase Naloxone administration).

Objective 4-4: By December 2020, develop and disseminate two social media #hashtag campaigns containing people’s sharing success stories around healthy pain management and overcoming addiction (Categories 2 and 3).

Objective 4-5: By December 2020, improve HOI website to be more user-friendly and promote specific behaviors related to the prevention of opioid misuse and overdose (Categories 1-3).

Objective 4-6: By June 2020, develop a strategy for the inclusion of Native Hawaiian cultural intervention treatment programs, wellness plans, and holistic living systems of care.
Hawai‘i Opioid Initiative
Pūpūkahi i holomua Unite to move forward
Focus Area #5: Pharmacy-Based Intervention

**HOI 1.0 Completed**

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 Hawai‘i 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.

**HOI 2.0 Status**

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.

**HOI 3.0 New Objectives**

Objective 5-1: By October 2020, plan and disseminate the Naloxone dispensing guidance document to all pharmacists and pharmacies.

Objective 5-2: By October 2020, develop and disseminate a social marketing campaign to increase awareness about Act 154 and the availability of Naloxone. (Category 3: People who use to get high—Reduce overdose, overdose deaths, and increase Naloxone administration).

Objective 5-3: By October 2020, plan for legislation regarding Naloxone reporting in PDMP for “pharmacist prescribed” Naloxone.

Objective 5-4: By June 2020, develop a strategy for the inclusion of Native Hawaiian cultural intervention treatment programs, wellness plans, and holistic living systems of care.
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Focus Area #6: Law Enforcement & First Responders

HOI 1.0 Completed

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.

HOI 2.0 Status

Objective 6-1: 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 6-2: 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 6-3: By October 2019, develop data needs and coordinate with the Department of the Medical Examiner on data resources, collection, and reporting.

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 June 2020, develop a strategy for the inclusion of Native Hawaiian cultural intervention treatment programs, wellness plans, and holistic living systems of care.

HOI 3.0 New Objectives

Objective 6-1: By March 2020, collaborate with HIDTA to publish and distribute a resource card about the availability and effectiveness of treatment options for both the opioid users and their families in healthcare settings.

Objective 6-2: By December 2020, collect, analyze, and disseminate quarterly data from hospital emergency department (ED), inpatient, and outpatient billing/discharge on suspected all drug, all opioid, heroin, and all stimulant overdoses (as well as number of visits with any drug, any opioid, heroin, and any stimulant primary or secondary diagnosis) stratified by month, county, sex, and age group to CDC and to HOI workgroups and to the HOI dashboard.

Objective 6-3: By December 2020, develop a plan to provide personal protective equipment (PPE) for Hawaiʻi law enforcement officers. The PPE is to protect officers from exposure to fentanyl.

Objective 6-4: By December 2020, develop a plan for review of the Maui ODMAP and assess feasibility of implementation in Hawaii county.

Objective 6-5: By December 2020, 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 June 2020, develop a strategy for the inclusion of Native Hawaiian cultural intervention treatment programs, wellness plans, and holistic living systems of care.

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Focus Area #7: Screening, Brief Intervention, Referral to Treatment (SBIRT)

**Work Group Chair**
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### HOI 1.0 Completed

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

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

- **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.  
  - **COMPLETE**

### HOI 2.0 Status

- **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.
  - **IN PROGRESS**

- **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.
  - **IN PROGRESS**

### HOI 3.0 New Objectives

- **Objective 7-1:** Expand SBIRT statewide.
  
  a. Increase collaboration with stakeholders and DHS to increase SBIRT implementation throughout the state.
  
  b. Develop a plan to expand SBIRT training and work with DHS and MCOs.
  
  c. Develop a standardized training curriculum with clear links to the referral system.
  
  d. Coordinate and standardize a prenatal SBIRT program.
  
  e. By June 2020, collaborate with Federally Qualified Health Centers to incentivize SBIRT-related performance measures and promote inclusion of Native Hawaiian cultural intervention treatment programs, wellness plans, and holistic living systems of care.

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Evidence-Informed Strategies
Care Coordination

Substance Use in the United States

- About **10.3 million people** over the age of 12 misused opioids in the past year (1).
- Over **20 million people** need substance use treatment (1).
- Over **2 million Americans** have been diagnosed with opioid use disorder (OUD) (1).
- About **1.4% of people** receive substance use treatment (1).

What is Care Coordination?

- It involves organizing patient care activities and sharing information with everyone involved (2).
- **Care Coordination involves:**
  - Sharing information
  - Creating a care plan
  - Supporting patients’ goals

Why is it Important?

- Current health care systems often work independently from each other (2).
- Clear communication between everyone involved in a patient’s care (2).
- It can improve outcomes for: patients, providers, and payers (2).
- Helps deliver care that is: safe, appropriate, and effective (2).

Benefits of Care Coordination

- **Increased Treatment Access**
  - People that receive care coordination are more likely to access treatment for OUD (3).

- **Improved Treatment Engagement**
  - Associated with greater treatment retention rates for substance use disorder (SUD) treatment (3).

- **Improved Patient Outcomes**
  - A care coordination model improved self-reported abstinence by 10% (4).
Best Practice Models

In Hawai‘i
The Hawai‘i Coordinated Access Resource Entry System (CARES) is a “multiple entry-point and coordinating center for SUD treatment and recovery support services” (5).

CARES:
- Collects real-time data on the use of SUD treatment and recovery services
- Monitors the effectiveness of the screening and referral process
- Reviews all referrals for services
- Reviews requests for extension of services
- Conducts continuous quality improvement of CARES and services

Possible Solutions

- Value Based Payment
  - Helps reduce stigma (9)
  - Increases patient engagement in treatment (9)

Training Workshops
- In person or online training workshops
- Tele-education/Project ECHO
  - An internet based network used for mentoring and education (8)
  - Can be used to support providers (8)

Building trusting relationships
- Helps reduce stigma (9)
- Increases patient engagement in treatment (9)

Value Based Payment
- Fee-for-service
  - A payment model where health care providers are paid for each service delivered (10)
  - Does not incentivize high quality of care
- Value Based Payment (VBP)
  - A payment model where health care providers are responsible for quality and cost of care (11)
  - Payments reflect the level of care provided
  - VBP incentivizes care coordination, a key component in providing quality care (11)
  - Higher quality of care = better value for providers and patients

Resources:
1. Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health [Internet]. Substance Abuse and Mental Health Services Administration; 2019. Available from: https://www.samhsa.gov/data/
Medication-Assisted Treatment (MAT)

What is MAT?
It combines medications with counseling and behavioral therapy to treat people with substance use disorders. (1)

Medications Used in MAT

**Buprenorphine**
- Lowers the potential of misuse and reduces opioid dependency (1)
- By buprenorphine waivered physicians (1)

**Methadone**
- Reduces opioid cravings and withdrawal (1)
- Through a SAMHSA-certified opioid treatment program (1)

**Naltrexone**
- Binds and blocks opioid receptors to reduce opioid cravings (1)
- By any health provider that can prescribe medications (1)

How does it work?

How is it dispensed?

Benefits of MAT

**Increased Treatment Retention (2)**

**Lower Mortality for Opioid Use Disorder (3)**

**Reduced Opioid Cravings (1)**

Resources:
Naloxone Regulations in Retail Pharmacies: Rapid Evidence Synthesis

Introduction

The opioid epidemic has taken a toll on the healthcare system, and has resulted in overdoses which may be fatal. With the development of naloxone, an opioid antagonist, came a new tool to combat the opioid epidemic. When used appropriately, naloxone has the ability to reverse the effects of an opioid overdose. However, distribution of naloxone to this population at risk of overdose has historically been challenging.(1)

Community pharmacists, who work in retail pharmacies, are on the frontline of patient care. Retail pharmacies have the ability to be a source of accessible and reliable medication information. For these reasons, all 50 states have taken upon them to pass legislation which allows pharmacists in retail pharmacies to prescribe and dispense naloxone, an opioid antagonist used for opioid overdoses.(2) The purpose of this literature review is to identify experiences in community pharmacists’ clinical intervention of naloxone prescribing and dispensing (e.g., insurance billing) naloxone for opioid overdose.

Methodology

A systematic search of PubMed was conducted with the following search terms, "legislation, drug"[MeSH Terms] AND ("Narcotic Antagonists"[MeSH Terms] OR "Naloxone"[MeSH Terms]). Results were limited to articles pertaining to naloxone prescribing and dispensing in the retail pharmacy setting. Select state regulations regarding naloxone prescribing were also referenced.

Results

Not all the new legislation was the same in the scope of pharmacists’ prescribing and dispensing practices. In general, it can be broken up into laws that give direct authority, indirect authority (e.g., standing provider order), or other authority to pharmacists in their prescribing and dispensing naloxone practices. In one observational study, results showed that only direct authority to pharmacists resulted in a significant decrease in opioid-related fatal overdose by 0.387 (95% CI, 0.119-0.656; \( p = .007 \)) per 100,000 people in 3 or more years after adoption.(3)

Adoption rates of these new legislation have not been quick. In one phone-survey of pharmacies in Philadelphia conducted 3 years after a Naloxone Access Law (NAL) was passed, 88% of the 143 pharmacies that responded stated that no prescription was required to dispense naloxone.(4) Other states had similar difficulty with implementation. In Indiana State, 30 months after NAL passed only 58% of pharmacies stocked naloxone. Three years after New York passed NAL only 37.5% of pharmacies stocked naloxone and were willing to dispense under a standing order. In Texas, 32 months after NAL passed, 83.7% of pharmacies reported that they stocked naloxone and would dispense it. Most of pharmacies (79.9%) would allow purchase of naloxone for someone other than patients, but only 49.7% would be willing to bill the purchaser’s insurance instead of the intended recipient.(5) Barriers to pharmacists’ naloxone dispensing include inadequate training, workflow concerns (e.g., insurance billing, documentation), and lack of support from management.(6)

In regard to the billing of naloxone, there has been continued controversy over how it should be billed through insurance and documented. Each state varies in their approach for naloxone billing. In New York State, there is a Naloxone Co-Payment Assistance Program (N-CAP) which supports all New York State residents who have prescription drug insurance through a health plan.
Through N-CAP, co-payments up to $40 are billed directly to the N-CAP. No enrollment into the program is necessary, and there are no or low out-of-pocket expenses when at a participating pharmacy. New York State is also specific on which exact formulations of naloxone are covered.(7) In Oregon State, the board of pharmacy deferred the question of billing, and stated that the board “does not regulate billing. Please check with your outlet and contracts.”(8)

The state of Hawaiʻi passed SB535 in 2019, which allowed for direct authority for pharmacists to prescribe and dispense naloxone. However, there is no official state guidance on how billing should be conducted. Additionally, pharmacists have the ability to prescribe and dispense naloxone through pharmacists’ clinical intervention of naloxone prescribing and dispensing practices, but do not have a mechanism to seek reimbursement for services they provided. This is the reason why pharmacists are not recognized officially with a “provider status” in the state of Hawaiʻi.(9)

Discussion

Historical implementations of NAL have been slow to adopt, with maximum utilization potentially not seen until longer than 3 years later. Barriers to utilization of naloxone are common among states as there is a heterogeneity in regard to lack of management support and training, and workflow. Lack of management support may be due to difficulty with documentation and the inability of pharmacists to bill for services. Because pharmacists are not recognized as providers in the state of Hawaiʻi, there is no mechanism to seek reimbursement for the clinical intervention of naloxone prescribing and dispensing. Increasing pharmacy burden with the new NALs without a mechanism for reimbursement may lead to a lack of adoption. State health departments should seek to formalize naloxone training, provide continuing education, acknowledge pharmacists’ clinical interventions by granting provider status, and provide guidance on how naloxone should be billed (e.g., only through recipients’ insurance).

References

1. Xu J, Davis CS, Cruz M, Lurie P. State naloxone access laws are associated with an increase in the number of naloxone prescriptions dispensed in retail pharmacies. Drug Alcohol Depend. 2018;189:37–41.
Opioid Prescribing Fast Facts

UP TO 92% of patients reported having unused opioids

NEARLY 3/4, or 73% of attending physicians & advanced practice providers underestimate their prescribing rank compared to their peers

FAX is the most commonly preferred means of referral for medication for opioid use disorder (MOUD) community sites.

Opioid prescription patterns are influenced by training:

Attending Physicians prescribe more

Resident Physicians prescribe less

What is prescriber education?

An educational intervention for prescribers that aims to . . .

| Increase understanding of the benefits and risks of opioids | Expand patient use of alternative treatment options |
| Raise awareness of unsafe opioid use and strategies to address it | Improve patient access to opioid overdose treatment |

What are some effective strategies?

- Collaborative tele-health decision making model
- 23% decrease in annual opioid prescriptions per patient
- Increase in prescriber confidence, knowledge, and self-efficacy
- Lowering, or disabling of, the prescription value auto-populate function in Electronic Health Records
- >15% decrease in the mean amount of prescribed opioid analgesia and 34% decrease in opioid dose
- Structured, individualized meetings about safe opioid prescribing practices and resources
- Median 5 tablet decrease in number of opioid tablets per prescription
- 17.7% increase in naloxone prescriptions

Pain Management

Pain is complex. It can be immediate, be continuous or occur in intervals. The cause of pain could be from a disease, condition, injury, medical treatment or for an unknown reason.

Burden of Pain in the United States

50 million or 20% of American adults were affected by chronic pain in 2016. (1)

Among the most common reasons adults seek medical care. (1)

$560 billion to $635 billion each year used in direct medical costs, lost productivity, and disability programs. (1)

Among patients with chronic pain, up to 29% misused opioid prescription and up to 12% developed an opioid addiction. (2)

What is pain management?

A treatment plan that should:

- Provide pain relief and improve sensation of pain
- Better function and decrease disability
- Improve mental and emotional well-being
- Improve the overall quality of life

Complementary and Integrative Medicine

- "Complementary health approaches include natural products and mind and body practices". (3)
- Integrative health "brings conventional and complementary approaches together in a coordinated way". (3)
- These approaches could complement the effects of prescriptions or over the counter drugs.
- These approaches could help with preventing the prolonged use of opioids and reduce opioid consumption for treating patients with pain.
## Complementary and Integrative Health Approaches

### Natural Products

- **Turmeric** (*Curcuma longa*)
  - "A common spice and a major ingredient for curry powder". (4) Curcumin, a chemical found in turmeric, may have anti-inflammatory properties. (5)
  - Findings support a decrease in pain symptoms and improvement in function in osteoarthritis patients. (5)

- **Willow Bark** (*Salix alba*)
  - "Contains salicin, the chemical used to develop aspirin". (5)
  - Few reviews suggest benefits for musculoskeletal conditions such as low back pain and decrease in rescue medication. (5)
  - Findings from one review suggest that it is "effective as an analgesic and anti-inflammatory". (5)

- **Omega-3 Fatty Acids**
  - Found in dietary supplements such as fish oil. (6)
  - For rheumatoid arthritis, findings support benefits such as "pain and disease activity, and less need for anti-inflammatory drugs to control symptoms". (5)

- **Thunder God Vine** (*Tripterygium wilfordii*)
  - A vine typically found in China, Japan, and Korea. "In traditional Chinese medicine, it has been used for conditions involving inflammation or overactivity of the immune system". (5)
  - Findings suggest some benefits for rheumatoid arthritis. (5)
  - May be associated with some side effects such as decreased bone mineral density for long-term use in women. (5)

- **Devil's Claw** (*Harpagophytum*)
  - "An herb native to Africa". (5)
  - For low back pain, findings suggest short-term improvements and may reduce use of rescue medication. (5)
  - There is some evidence that suggests benefits for treating osteoarthritis but not for long-term use. (5)

### Mind and Body Practices

- **Acupuncture**
  - A traditional Chinese medicine practice that stimulates specific points on the body - most often with needles inserted - to restore Qi or the body's energy.
  - As compared to usual care or no treatment, limited evidence suggests pain improvement, increase in quality of life and decrease in analgesic use in post-operative care.

- **Massage Therapy**
  - Manipulation of the muscles and soft tissue using varying degrees of pressure and movement.
  - Few reviews and studies suggest short-term benefits for common musculoskeletal conditions such as low back pain and various cancer pain.

- **Manual Therapy**
  - Utilizes hands-on manipulation of muscles and joints. Some forms of manual therapy include orthopaedic manual therapy and mobilization with movement.
  - Limited evidence supports short-term benefits for pain relief and improvements in physical function.

- **Tai Chi**
  - Involves "certain postures and gentle movements with mental focus, breathing, and relaxation". (7)
  - Few reviews support short-term benefits in relieving pain and improving disability for low back pain and arthritis.

- **Relaxation techniques**
  - Techniques that promote relaxation "such as breathing exercises, guided imagery, and progressive muscle relaxation". (3)
  - Limited evidence suggests pain relief and decrease in anxiety and depression.

### Variety of products that include herbs, vitamins, minerals, and omega-3 fatty acids that have some benefit and "are often sold as dietary supplements". (3) In general, these products have limited evidence. Here are some examples:
Benefits of Complementary and Integrative Medicine

- Improve depression symptoms
- Decrease drug and analgesic consumption
- Improve quality of life
- Relieve anxiety
- Improve pain associated with musculoskeletal conditions such as:
  - Neck pain
  - Low back pain
  - Hip and knee osteoarthritis
- Improve function and physical performance

Considerations

- Not all of these approaches are FDA approved
- Some dietary supplements or herbal products may interfere with the intended effects of some drugs. (8)
- There may be some adverse effects.

For consumers:
- Just because it says "natural" does not mean it is safe.
- Communicate with your healthcare provider if there are any complementary and/or integrative health approaches you use.
- If you are interested in complementary and/or integrative treatments, talk to your healthcare provider before making a decision.

For healthcare providers:
- Ask your patient if they are taking any natural products or using any complementary or integrative health approaches.
- Consider incorporating complementary and integrative health approaches if current treatment plan is not as effective.
- Provide patient with evidence-based resources if there are any safety concerns.

Limitations

- Lack of quality studies that look at the long-term effects of complementary and integrative approaches
- Lack of clinical practice guidelines for the application of complementary and integrative health approaches
- Limits to healthcare payment

Possible Solutions

- Conduct research that looks into the long-term effects of complementary and integrative approaches
- Develop clinical practical guidelines for the application of complementary and integrative health approaches
- Consider coverage of complementary and integrative health for patients with inadequate pain management treatment

Resources:
Medical Marijuana for Chronic Pain Management: Rapid Evidence Synthesis

Introduction

Chronic pain is a broad term which encompasses many etiologies. Chronic neuropathic pain, associated with nerves, is estimated to occur within 6-10% of the population. While not treating the underlying diagnosis, opioid analgesics have been used to block pain receptors to treat chronic pain. However, due to the widespread misuse, abuse, and increased fatal overdoses associated with opioids, this has been considered part of the opioid epidemic. In an attempt to decrease opioid use while appropriately managing pain, alternatives to opioids as a tool to managing pain have gained utilization. While a majority of these products are either Food and Drug Administration (FDA) approved prescription medications or over-the-counter (OTC) products, there are some that are neither. Marijuana is a schedule I substance which means that the Drug Enforcement Agency (DEA) defines it as a "drug with no currently accepted medical use and a high potential for abuse." However, anecdotally, marijuana has been known to have analgesic properties. Marijuana exerts its effects via two active components; tetrahydrocannabinol (THC) and cannabidiol (CBD). This literature review aims to address the evidence regarding the safety and efficacy of marijuana for chronic pain management and to examine if using marijuana may decrease opioid use.

Methodology

A systematic search of PubMed was conducted with the following search terms; (("Pain Management"[Mesh]) OR "Pain"[Mesh]) AND "Medical Marijuana"[Mesh]. The search was limited to Clinical Trial, Controlled Clinical Trial, Meta-Analysis, Practice Guideline, Randomized Controlled Trial, Review, Systematic Reviews, and Clinical Study written in English. Articles were selected which discussed marijuana use for pain management. Original research article which was referenced in another original research was excluded.

A second search of PubMed was conducted with the following search terms, ("Drug Utilization"[Mesh]) AND ("Medical Marijuana"[Mesh] OR "Marijuana Smoking"[Mesh] OR "Marijuana Use" [Mesh] OR "Marijuana Abuse"[Mesh]). Articles that discussed marijuana, opioids, and pain management were included.

Results

A 2018 Cochrane Review of 16 randomized, double-blind controlled trials of medical marijuana was identified, which evaluated 1,750 patients with chronic neuropathic pain. In these 16 studies which lasted 2-26 weeks, various formulations of marijuana were studied including an oral THC spray, smoked marijuana, synthetic marijuana, and dronabinol. Low-quality evidence suggested that for every 20 patients treated with medical marijuana instead of placebo, one additional patient achieved a higher than 50% reduction in pain. More patients on medical marijuana withdrew from studies compared to placebo due to its adverse medical marijuana effects (10% vs 5%). More patients on medical marijuana had psychiatric disorders compared to placebo (17% vs 5%). However, there was insufficient evidence to show a significant difference in serious adverse effects. Study authors concluded that the benefit of medical marijuana therapy may not outweigh the risk of its adverse reactions.
Other systematic reviews of medical marijuana in other chronic pain (e.g., cancer pain) has shown no additional benefit, but may help with other symptoms such as nausea and vomiting. The evidence identified supports some benefit in neuropathic pain, which may be outweighed by risk of adverse reactions.(4,5,6)

The evidence in regard to the associations between increased legalized recreational use of marijuana and opioid use was inconsistent. At this time, there is insufficient evidence to suggest legalization of marijuana would lead to decreased opioid use.(7,8)

Two small observational studies support suggestions that the use of medical marijuana may decrease opioid use.(9,10) In one survey of HIV patients with chronic pain, a multivariate analysis showed an association between medical marijuana use and decreased prescribed opioid use (OR=0.57; 95% CI 0.38-0.87).(9) In another study, patients with chronic pain were enrolled into a New Mexico Medical Cannabis Program. When compared to patients not enrolled in that program, significantly more discontinued all scheduled medications at 6 months in the Medical Cannabis Program (34% vs 2%).(10)

Discussion

There is some low-quality evidence to support decreased chronic neuropathic chronic pain with medical marijuana use, but risks may outweigh benefits. It is important that patients understand to manage expectations, especially with the potential large out of pocket costs of medical marijuana.

Very limited low-quality evidence supports the benefit of medical marijuana to decrease opioid use. Limitations to all studies identified include limited sample size, inconsistency with medical marijuana dosage and route of administration, and a prospective randomized controlled study design. Further research is needed before proposing/presenting/making recommendations for medical marijuana to decrease opioid use in chronic pain with confidence.

References

What is Cultural Competency?
Understanding differences and communicating effectively across cultures

Importance as a provider

Affects patient-provider relationship
~ Better health care for patient
~ Quality information exchange
~ Effective performance

Improved customer service
~ Loyalty of patient to provider
~ Positive feedback for business
~ Increased service

Respect for patients
~ Trust
~ Effective interactions
~ Understanding between both parties

Quality care
~ Better health outcomes
~ Improved efficacy
~ Improved ratings

Impact on health disparities
~ Increased diversified care
~ Equality among patient population
"Effective practice with a person, family, or community whose cultural orientation is different to that of the provider; notably, effectiveness ultimately, is determined by service consumers." (1)

**As a provider:**
- Respect all ways of knowing
- Be open to reciprocal learning
- Monitor negative bias (1)

**As a patient:**
- Provider is mindful of relational safety, as well as physical safety (1)
- Provider demonstrates Cultural Competence & Humility (1)

---

**Cultural Safety**

- Designated community as final arbiter of what safe praxis is (1)
- Policies that understand variations in patient culture and beliefs
- Appreciation of the similarities and differences between one's own culture and culture of another through self-reflection

---

"If the comfort isn't there, the rapport can't be built and no healing can take place."
- Provider Interviewee
Tools for effective intervention targeting Indigenous populations with substance use disorder

- Incorporation of cross-cultural care training
  - As a provider be aware of the values and traditions the cultural group you are serving has, in order to promote proactive health behaviors

- Culturally-based case management
  - Investigate and address social, behavioral, economic, and management aspects that may affect intervention and treatment

- Collaborative practice with patient and family-centered goals and values
  - Incorporate western approaches of healing into traditional healing practices

- Effective patient-provider communication
  - "Language, identity, land, and indigenous knowledge all have potential impacts on the effectiveness of an intervention"
  - Integration of indigenous knowledge needs to be foundational both in the design and execution of an intervention
  - Ensuring the translation of indigenous knowledge does not lose its meaning, value, or specificities

"Language, identity, land, and indigenous knowledge all have potential impacts on the effectiveness of an intervention" (2)
Native Hawaiian Healing

Lāʻau Lapaʻau
Herbal medicines are efficient with less adverse side effects (6)
‘Awa (Piper Methysticum)
Psychoactive drug used to serve as a relaxant
Used to reduce stress, anxiety, pain and assorted ailment (7)

Lomilomi
Massage therapy used to reduce pain in the body
Must include spiritual commitments and values, such as unity and balance, love, compassion, and righteousness

Hoʻoponopono
"Structured dialogic process for resolving relational conflict and misunderstanding" (2)
Focuses on the cause of the problem, which are the subconscious memories (8)

AI/AN Indigenous Healing Approaches

Sweat Lodge Ceremonies
Typically done in a dome-shaped hut or oblong; purification ceremony or a sweat to release unwanted toxins in the body

Ceremonial Drums
Brings balance and harmony into ones' life by releasing tension and stress

Sharing Circles
A sacred/safe space to listen and share thoughts with others

Smudging
The burning of plant material to cleanse a space to invite positive energy

Herbal Medicine
Plant based medicine

Herbal medicines are efficient with less adverse side effects (6)
‘Awa (Piper Methysticum)
Psychoactive drug used to serve as a relaxant
Used to reduce stress, anxiety, pain and assorted ailment (7)
"The state of unity or harmony, is thought to produce ola pono (holistic health), which is characterized by physical, spiritual, and mental health." (12)
Barriers to effective integration

- Limited research on the therapeutic effects of herbal medicines applied from an indigenous practice perspective (10)
- Limited longitudinal studies on Indigenous populations dealing with opioid use disorder and substance use disorder
- Limited presence in scientific literature on traditional interventions and their efficacy due to their sacred nature (11)

Possible Solutions

Conduct extensive research on the efficacy rates of various traditional healing approaches including traditional knowledge embedded in oral history or other ways of knowing

Work collaboratively with indigenous populations to understand their needs, in order to improve patient-provider relations

Expand health services to include traditional healers in order to reach the needs of indigenous populations

Resources:
Achievements
106 organizations participated in the HOI across the 7 Focus Areas Statewide. The top 4 are listed graphically by *total unique member count.

*Total unique member count refer to data from member list as of 3/12/2020

Across four counties, 193 HOI Work Group members are represented, primarily on O‘ahu.

- **Honolulu (O‘ahu)**: 163
- **Kaua‘i**: 4
- **Maui**: 9
- **Hawai‘i Island**: 13

**Distribution of Work Group Members Across Counties**

- **Department of the Attorney General**: 11
- **JABSOM - University of Hawai‘i**: 7
- **Hawai‘i State Legislature**: 7
- **Queen’s Medical Center**: 6

**Top Participating Organizations Across All Work Groups**

- Queen’s Medical Center
- 7
- Hawai‘i State Legislature
- 7
- JABSOM - University of Hawai‘i
- 7
- Department of the Attorney General
- 11
Over the course of 2019, there were total of 47 meetings held across 7 Focus Areas, and 10 Operational Work Group meetings.

*Work Group 6 met once in 2019 due to service on Hawai‘i Island July-December.

Of the 193 work group members, 67 were part of more than 1 work group and 3 were part of all work groups.
The following list indicates which organizations and agencies are represented within the HOI, from greatest representation to least. While a total of 106 organizations are represented in the HOI, the list below presents those that are represented by 2 or more members.

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Representation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept. of the AG (1)</td>
<td>11</td>
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<tr>
<td>JABSOM (2)</td>
<td>7</td>
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<tr>
<td>Hawaii State Legislature</td>
<td>7</td>
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<tr>
<td>DOH - ADAD (3)</td>
<td>6</td>
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<tr>
<td>QMC (4)</td>
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<td>HPH (5)</td>
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<tr>
<td>DOH (6)</td>
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<tr>
<td>UHM School of Social Work (7)</td>
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<tr>
<td>UHM OPHS (8)</td>
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<tr>
<td>Hawaii National Guard</td>
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<td>DOH - BHA (9)</td>
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<td>DCCA (10)</td>
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<td>HMSA (11)</td>
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<td>HHHRC (12)</td>
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<td>Hawaii Fire Department</td>
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<td>East Hawaii IPA</td>
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<td>DOH - HRSB (13)</td>
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<tr>
<td>UHM Dept. of Psychiatry (14)</td>
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<tr>
<td>DHS, MedQUEST (15)</td>
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<tr>
<td>5 Minute Pharmacy</td>
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<tr>
<td>WCCHC (16)</td>
<td>2</td>
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<tr>
<td>UH Hilo, DKICP (17)</td>
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<tr>
<td>Stacey Leong Design</td>
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<tr>
<td>Papa Ola Lōkahi</td>
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<tr>
<td>Ohana Health Plan</td>
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<td>Office of the PA (18)</td>
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<tr>
<td>Judiciary</td>
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<tr>
<td>Honolulu EMS (19)</td>
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<td>HAH (20)</td>
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<tr>
<td>DOH - OPPPD (21)</td>
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<td>DPS (22)</td>
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<td>DEA (23)</td>
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<tr>
<td>CVS Health</td>
<td>2</td>
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<tr>
<td>Bobby Benson Center</td>
<td>2</td>
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<tr>
<td>Aloha Care</td>
<td>2</td>
</tr>
</tbody>
</table>

(1) Department of Attorney General
(2) John A. Burns School of Medicine
(3) Department of Health - Alcohol & Drug Abuse Division
(4) Queens Medical Center
(5) Hawai‘i Pacific Health
(6) Department of Health
(7) University of Hawai‘i - School of Social Work
(8) University of Hawai‘i - Office of Public Health Studies
(9) Department of Health - Behavioral Health Administration
(10) Department of Commerce & Consumer Affairs
(11) Hawaii Medical Services Association
(12) Hawai‘i Health & Harm Reduction Center
(13) Department of Health - Harm Reduction Services Branch
(14) University of Hawai‘i - Department of Psychiatry
(15) Department of Human Services - MedQUEST
(16) Waianae Coast Comprehensive Health Center
(17) University of Hawai‘i, Hilo - The Daniel K. Inouye College of Pharmacy
(18) Office of Prosecuting Attorney
(19) Honolulu Emergency Medical Services
(20) Healthcare Association of Hawai‘i
(21) Department of Health - Office of Planning, Policy & Program Development
(22) Department of Public Safety
(23) Drug Enforcement Administration
Achievements

WORK GROUP 1
Access To Treatment

HOI Objectives Completed:
HOI 1.0 Objectives: 1-1, 1-2, 1-3
HOI 2.0 Objectives: 1-1

HOI Objectives In Progress:
HOI 1.0 Objectives: N/A
HOI 2.0 Objectives: N/A

On October 1, 2019 Hawai‘i CARES launched. Hawai‘i CARES (Coordinated Access Resource Entry System) is the state’s new multiple entry-point and coordinating center for substance use disorder (SUD) treatment and recovery support services to provide a Continuum of Care (COC), and the referral can originate from anyone.

HAWAI‘I CARES RECEIVED 400 REFERRALS IN THE FIRST MONTH, OF WHICH 60-70% WERE NEW CLIENTS.

Additionally, 28 training sessions on "Opioid and Overdose: Prevention and Response Training" were conducted throughout the year as an effort to expand training for providers. Trainees included folks from all different fields like CSACs, prevention and treatment providers, and others.

The Alcohol and Drug Abuse Division (ADAD) purchased a total of 1776 naloxone kits (3552 doses) to distribute to partnering agencies and trainees. A total of 1172 naloxone kits (2344 doses) were signed out. The kits were distributed to several Hawai‘i Health & Harm Reduction Center - Syringe Exchange Programs, High-Intensity Drug Trafficking Areas, Kauai Police Department, Maui Police Department, Hawai‘i Island HIV/AIDS Foundation and more.

Improve and modernize healthcare strategies and access for opioid and other substance misuse treatment and recovery services.

"We see people who are actively using who literally just you know used five seconds ago walk through our door to, you know, people who are in recovery. So, obviously accidental overdose is the biggest thing here."
Achievements

WORK GROUP 2
Prescribing Education & Pain Management

HOI Objectives Completed:
HOI 1.0 Objectives: 2-1A, 2-1B, 2-2, 2-3A, 2-3B, 2-4
HOI 2.0 Objectives: 2-4

HOI Objectives In Progress:
HOI 1.0 Objectives: N/A
HOI 2.0 Objectives: 2-1, 2-2, 2-3, 2-5, 2-6, 2-7

Work Group 2 has established 24 Mocha Minute topics that will be delivered in 5-10 minute educational modules. The content for the first 12 modules has been developed and the online, interactive, on demand modules are in the works.

Project Extension for Community Healthcare Outcomes (ECHO), which provides continuing medical education by JABSOM in a grand rounds format, continues to be attended by not only providers but social workers, pharmacists, case managers and other ancillary healthcare workers.

Collaboration with the Narcotics Enforcement Division (NED) and the Drug Enforcement Administration (DEA) to incorporate training into continuing medical education is ongoing.

Strategies for increasing provider participation are being weeded out. Incentives include certifications and continuing medical education.

Improve opioid and related prescribing practices by working with healthcare providers.

HOI WG Member-Identified Success Quotes

"Using alternative treatments to pain management other than opioids."
Achievements
WORK GROUP 3
Data Informed Decision Making & Evaluation

HOI Objectives Completed:
HOI 1.0 Objectives: 3-1, 3-2
HOI 2.0 Objectives: N/A

HOI Objectives In Progress:
HOI 1.0 Objectives: 3-3
HOI 2.0 Objectives: 3-1, 3-2, 3-3, 3-4A, 3-4B, 3-5, 3-6

Progress is underway with building a prescription drug monitoring program (PDMP) that will help identify patients at risk for overdose or misuse of controlled substances.

The Centers for Disease Control & Prevention (CDC) has granted efforts to the Overdose Date To Action (OD2A) that focuses on the complex nature of the drug overdose epidemic and need for public health. Work Group 3 is working on two aspects - surveillance and prevention.

In July, HB665 passed and specified that a provider shall not be required to consult the PDMP when the prescription will be directly administered under the supervision of a provider.

The OD2A project expands public health surveillance and data collection that builds capacity for public health programs on opioid related misuse and associated overdose morbidity and mortality and to use these data to inform prevention strategies through the Hawai’i Opioid Initiative (HOI).

Work Group 3 is working towards utilization of PDMP to document naloxone prescribing and dispensing from retail pharmacies.

Provider Training Needs: PDMP, Knowledge, Awareness & Beliefs:
"I give the doctors a hard time because of their over prescribing, but they’ve come a long way, like now they have to report everything. And in fact, I think some of them are even scared to dispense prescriptions because of the way that the DEA has come down on them."

Provider Education Needs: Overdose Risk Reduction:
"...It’s an everyday conversation at work, don’t share your medications. We just have an open discussion because they come to me with bags of pills and say, ‘What the [heck] is this?’ So we just make sure that we continue the conversation."

Implement system-wide routine data collection sharing and dissemination to increase knowledge and inform practice.
Achievements

WORK GROUP 4
Prevention & Public Education

HOI Objectives Completed:
HOI 1.0 Objectives: 4-1, 4-2, 4-3
HOI 2.0 Objectives: 4-2

HOI Objectives In Progress:
HOI 1.0 Objectives: N/A
HOI 2.0 Objectives: 4-1, 4-3

In collaboration with Google, the Hawai’i Opioid Initiative website mapped out drug take back boxes on each island.

The Hawai’i Opioid Initiative (HOI) website successfully launched. The goal of the website is to highlight the HOI efforts, and provide information to patients regarding getting help through Hawai’i CARES, tips on preventing overdose and safe storage and disposal of medications.

Awareness campaign was launched in late August 2019 and was advertised on TV. In November 2019, website traffic increased by 6236% and averaged 70 visits a day. Work Group 4 continues quality improvement and spreading awareness through various channels like digital and TV, advertisements, digital story telling, National Take-back initiative, and parent/family member support network training.

6611 POUNDS OF MEDICATION WAS TURNED IN ON THE 17TH ANNUAL DEA DRUG TAKE BACK DAY ON JULY 17, 2019

“We were 4 or 5 times as many pounds of prescription meds.”

HOI WG Member-Identified Success Quotes

“...through our prevention programs we promote for both youth and parents, members at school, school staff. We have folks associated with the opiate initiative that do talks with our staff about opioids and access to naloxone.”

- Prevention Program Interviewee

Improve community-based programs and public education to prevent opioid misuse and related harms.
Achievements

WORK GROUP 5
Pharmacy-based Intervention

HOI Objectives Completed:
HOI 1.0 Objectives: 5-1A, 5-1B, 5-2, 5-3
HOI 2.0 Objectives: N/A

HOI Objectives In Progress:
HOI 1.0 Objectives: N/A
HOI 2.0 Objectives: 5-1, 5-2

The Daniel K. Inouye College of Pharmacy, University of Hawai‘i at Hilo successfully rolled out naloxone training for pharmacists in Hawai‘i.

Work Group 5 worked with other key decision makers in support of SB535. This bill "Relating to Pharmacists Prescribing and Dispensing of Opioid Antagonist" amends previous statutes to enable pharmacists to prescribe opioid antagonist to any individual who requests them.

Together with managed care organizations (MCOs) and pharmacies, optimal ways are identified to address billing or insurance concerns. A naloxone guide was developed and distributed to pharmacists to aid in naloxone dispensing.

Increase consumer education and prescription harm management through pharmacy-based strategies.

1.0 5-3

Work continues training pharmacists within the state to ensure naloxone access to patients.

1.0 5-1A
1.0 5-1B
2.0 5-2

HOI WG Member-Identified Success Quotes

"Helpful guidance for pharmacists."

"Pass key legislation to make naloxone more accessible."

"Happy guidance for pharmacists."

"Pass key legislation to make naloxone more accessible."
Naloxone saves lives by reversing the effects of opioids and can prevent a death from opioid overdose. One key achievement of the Hawai‘i Opioid Initiative was to allow pharmacists to prescribe and dispense naloxone. This online survey, conducted from June 8 to July 6, 2020, canvassed all 1113 active and non-active Hawai‘i Pharmacists Association members, of which 58 are active pharmacists. In total, 18 respondents completed the survey.

### Practice Setting

<table>
<thead>
<tr>
<th>Practice Setting</th>
<th>18 Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Retail Chain</td>
<td>3</td>
</tr>
<tr>
<td>Independent Community Retail</td>
<td>3</td>
</tr>
<tr>
<td>Community Health Center</td>
<td>2</td>
</tr>
<tr>
<td>Hospital (Inpatient &amp; Outpatient)</td>
<td>7</td>
</tr>
<tr>
<td>Others</td>
<td>3</td>
</tr>
</tbody>
</table>

### Location

- O‘ahu (82.35%)
- Hawai‘i Island (17.65%)

### Did you dispense naloxone in the past 30 days?

- Yes: 8
- No: 10

- Number of Respondents
How comfortable are you with screening & dispensing naloxone? VS. How comfortable are you with documenting & billing for patients who received naloxone?

- Uncomfortable: 3
- Very Uncomfortable: 3
- Neutral: 2
- Neutral: 7
- Comfortable: 8
- Uncomfortable: 1
- Comfortable: 5
- Very Comfortable: 5
- Very Comfortable: 2

In general, pharmacists felt more comfortable with the clinical aspect (screening & dispensing) of naloxone compared to the administration (document & billing) portion.

Is additional continued education needed to administer naloxone?

Yes (77.78%) No (22.22%)
Achievements

WORK GROUP 6
Law Enforcement & First Responders

HOI Objectives Completed:
HOI 1.0 Objectives: 6-1A, 6-1B, 6-2A
HOI 2.0 Objectives: N/A

HOI Objectives In Progress:
HOI 1.0 Objectives: 6-2B, 6-3
HOI 2.0 Objectives: 6-1, 6-2, 6-3, 6-4, 6-5

Work Group 6 reported ongoing opioid/Fentanyl first-aid training with classes on the Hawaiʻi Island.

Participants included Hawaiʻi Police Department, Kaiser Permanente Pharmacy, and Dr. Char.

A pilot for overdose detection mapping application program (ODMAP) by the Maui Police Department has identified a list of future collaborations with medics, emergency departments and medical examiners.

Work Group 6 highlighted the introduction and passing of SB1486. As of July 1, 2019, the DPS Narcotics Enforcement Division Administrator allows the disclosure of 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 of Hawaiʻi, Department of Health, Alcohol and Drug Abuse Division and the EMS and injury Prevention Systems branch.

Coordinate operations and services, support specialized training for first responders, and assure effective laws and policies.

HOI WG Member-Identified Success Quotes

"Educated and dispelled myths on the opioids entering your system/body."

"Assisted Law Enforcement Officers with naloxone protocols."

"1.0 6-1A"

"1.0 6-1B"

"1.0 6-2A"

"1.0 6-2B"

"1.0 6-3"

"2.0 6-2"

"2.0 6-5"
Achievements

WORK GROUP 7
Screening Brief Intervention &
Referral To Treatment (SBIRT)

HOI Objectives Completed:
HOI 1.0 Objectives: 7-1, 7-2, 7-3
HOI 2.0 Objectives: N/A

HOI Objectives In Progress:
HOI 1.0 Objectives: N/A
HOI 2.0 Objectives: 7-1, 7-2

HOI WG Member-Identified
Success Quotes

Work Group 7 members have assisted Med-QUEST in the implementation and improvement of SBIRT training within managed care organizations (MCOs) and hospitals.

1.0 7-1

The health case Association of Hawai’i (HAH) is targeting hospitals.

The Alcohol & Drug Abuse Division (ADAD) is targeting MCOs.

1.0 7-1

Clarification on the details about payment to providers that have conducted the training is still ongoing.

1.0 7-3

"Did well at working together and organizing to help preparing for trainings."

"They listen, give feedback and advocate for their providers/trainees."

1.0 7-2

The goal of this Work Group is to increase and establish training in the fields of prenatal, pharmacy, primary care and hospitals.

To integrate substance use disorder (SUD) screening in primary care settings and develop referral and entry systems into a continuum of care.
Key Informant Interviews were conducted with 20 providers and staff on the neighbor islands (Maui, Moloka‘i, Kaua‘i, Lana‘i and Hawai‘i) and O‘ahu. Interview participants were recruited from contracted providers of the Alcohol and Drug Abuse Division (N=18) and the Native Hawaiian Health Care System (N=2). The goal of the interviews was to learn about the needs and priorities of those providing direct services and prevention programming to people experiencing opioid use disorder (OUD) so that it may be utilized in future HOI programming.

Participant Demographics

A total of 6 participants were between the age of 35 to 45 years old, 6 were between the age of 46 to 55 years old, and 8 were between the age of 56 to 65 years old.

1 PARTICIPANT WORKS FOR A GOVERNMENT AGENCY

17 PARTICIPANTS WORK FOR SUBSTANCE ABUSE TREATMENT AND PREVENTION SERVICE PROVIDERS

2 PARTICIPANTS WORK FOR THE NATIVE HAWAIIAN HEALTH CARE SYSTEM
Epidemiologic Landscape

"What we’re seeing is more street prescription drugs."

"Obviously meth is our biggest drug of choice here in Hawai‘i."

In order to ensure awareness about the impact of opioid use disorder here in Hawai‘i, the evaluation team reviewed the Epidemiologic Context presented in the 2019 Evaluation Report. Most respondents were in agreement that the data reflected their patient population, and four stated that the data could be strengthened by including statistics about youth, dual diagnosis, methamphetamines and illicit opioid use.

"We actually don't see tons of opioid use amongst our teens."

Payer Resources

In light of COVID-19, there is resounding uncertainty among respondents about the sustainability of their state and federal grant funds. Those that have relied on the same grant awards, and funds for many decades now express some doubt with the availability of continued support. As one respondent put it, while years of financial support may deem a funding source sustainable, the truth is that “nothing is really sustainable.” A few respondents made mention of the possible funding cuts and decreased referrals due to school closures and general COVID-19 precautions, which trickles down to the clients as lack of funds“ prevents [them] from getting services.”

"Cell phone is limited so we the clients that we were serving at the time, they all had internet service at their home so we said, well, you know, is because they all didn't everybody doesn't have a computer, right. So we because we're like I said, we're a nonprofit, we were able to get funding to purchase some iPads and stuff like that for them to use at home."

“We just don't know from year to year what's going to happen to [the government subsidized insurance or programs] and they tend to always be on the chopping block for some reason. So I mean I wouldn't say that that part is super sustainable... We've been doing it for over 50 years and actually started as a drug clinic, so we are very familiar with that kind of thing. I don't see us losing any of this funding, but the wind blows in the wrong way sometimes.”
Cultural & Linguistic Service Areas

“We have the ‘local’ community, we have a lot of Polynesians that are from Samoa or Tonga... first- and second-generation living here, but they’re still really embedded in their own culture.”

“Another organizational cultural group that we serve heavily in our schools is military.”

Nearly all respondents noted representation from a diversity of cultural and linguistic communities that mirror the state population of Hawai‘i. The majority cultural groups included among their patient populations were Native Hawaiians, Micronesians, Polynesians, Filipinos, Caucasians, and African Americans. Some of their language access needs include Chuukese, Pohnpeian, Marshallese, Ilocano, Vietnamese and Ni‘ihau Hawaiian. In general providing interpreter services is a challenge as interpreters are hard to come by. One respondent noted that first- and second-generation cultural groups generally have a strong sense of culture, and highlighted the importance of cultural competency considerations.

Cultural-Based Programming

Only three participants stated that they do not provide access to culture-based programming. The majority confirmed that culture-based programming is provided either directly through their program or by referral. Participants shared a number of approaches to achieving this outcome including integrating cultural values in their curriculum among youth programs, creating culturally relevant treatment plans, acquiring grants specifically to offer culture-based programming and providing a culture-based system of care. Many respondents confirmed that these interventions were not specific to opioid use disorder or overdose prevention. Overall, although approaches vary, the importance of providing culturally relevant care was affirmed.

“Majority of our cultural programming is around our Aloha ʻĀina culture, for youth development, but not in regards to opioids.”

“We don't have a specific [culture based program for opioid use disorder] for the people because we don't have anyone who is strictly opioid... 95% of our population is dual diagnosis so we all try to be culturally sensitive to everybody’s individual needs... we tailor our approach and our report building so that the client feels comfortable. We should all be culturally sensitive.”

“Each contract has restrictions on what we can do with groups and stuff. So, we would either bring speakers here. So the Fed guys can’t go anywhere because of the ankle bracelet, whereas some of the other members are able to.”
HOI Engagement

The HOI is a collaborative effort among public health, public safety, healthcare professionals, and community partners to address misuse and overdose of opioids and other substances in a coordinated, systematic, and proactive manner.

"Naloxone prescribing for our chronic pain patients, I don't think that's become a routine practice for us yet. So that's probably something you could improve more on."

"You see kids abusing Vicodin a little bit, but really we're seeing with kids is still primarily marijuana and alcohol and then the next thing you see a lot of these kids using benzos, but occasionally we do have some kids that are opioid users."

Many of the community-facing organizations felt that they benefited most from the services provided by Work Group 1: Treatment Access, Work Group 3 and Work Group 4 Prevention & Public Education as they led high impact initiatives such as: the PDMP, Medication Assisted Treatment (MAT), naloxone trainings and access, and Take Back boxes. One respondent acknowledged that providing opportunities for providers, community organizations, the state, and the criminal justice system to engage in conversations about opioid and substance abuse in real-time has been essential to their own counseling and advising services.

"Just kind of knowing the process as far as prescriptions, the stereotypes... it's a good one-stop shop [for both] education and prevention. This is what can happen. It's not just the doctors [coming together], it's the state, the local [organizations], the criminal justice system--everyone is involved in this."

When asked about additional programming and services for the respondents’ patient population specific to opioid use disorder, they expressed interest in increased access to HOI programs as well as a better understanding of the nature of OUD. Most respondents were open to learning more about the HOI and expressed interest in joining one or more of the Work Groups.

"We run across a lot of individuals who are carrying trauma, you know, whether it was from their childhood or relationships with another adult, etc. Right. So, I think that, and a lot of times they use substances as a way to remain calm to slip away from that that trauma, you know. So I think that it’s important I really think it’s important not to focus on the substance abuse issue, right? ... Work with them holistically and also look at their entire their entire self as well as their support system and and give them and encourage them to be positive, see them for their strengths versus okay here's a drug addict."

"We only have one detox on the island [O’ahu] and it’s always full. All those struggling with addiction are having a hard time with that initial getting sober period."

"We go out to our sites that are senior programs partnering with the attorney general's office to educate them about prescription drugs being left in the home unlocked where the grandchildren, they don't know what happening to their medication and it's actually their grandchildren taking it. Sometimes to sell it in school or to take it to themselves. When people pass away, we make sure we get the word out to bring in their unused prescription drugs from their loved one to take it off the street. I work closely with the care homes and hospitals on our take back day so they can bring in their expired drugs as well."

"Ultimately, I think we shouldn't wait until it's [an] opioid use disorder. I think we need to preemptively educate our clients on what opioids are, what their risk of being addicted [is], and explain to them why [that] is."

"I would recommend that they have more resources as far as after recovery for opportunities to live in a clean and sober home environment."

"We need to preemptively educate our clients on what opioids are, what their risk of being addicted [is], and explain to them why [that] is."

"Many of the community-facing organizations felt that they benefited most from the services provided by Work Group 1: Treatment Access, Work Group 3 and Work Group 4 Prevention & Public Education as they led high impact initiatives such as: the PDMP, Medication Assisted Treatment (MAT), naloxone trainings and access, and Take Back boxes. One respondent acknowledged that providing opportunities for providers, community organizations, the state, and the criminal justice system to engage in conversations about opioid and substance abuse in real-time has been essential to their own counseling and advising services."

"We go out to our sites that are senior programs partnering with the attorney general's office to educate them about prescription drugs being left in the home unlocked where the grandchildren, they don't know what happening to their medication and it's actually their grandchildren taking it. Sometimes to sell it in school or to take it to themselves. When people pass away, we make sure we get the word out to bring in their unused prescription drugs from their loved one to take it off the street. I work closely with the care homes and hospitals on our take back day so they can bring in their expired drugs as well."

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"We only have one detox on the island [O’ahu] and it’s always full. All those struggling with addiction are having a hard time with that initial getting sober period."
6. Overall Successes

The overall successes, challenges, and recommendations sections of this evaluation report are synthesized from the previous sections of the report including primary data collection (pharmacist naloxone survey, Work Group Member Survey, and the key informant interviews), with greater emphasis on the Work Group Member Survey.

The 2019 Evaluation Report identified several key themes of HOI activities including the importance of inclusive leadership, interagency collaboration, a platform for action through effective partnership, and stakeholder networking.

Of the 24 Work Group members who responded to the Work Group Member Survey, the majority of participants at 54.2% reported their Work Group 2.0 objectives as “mostly complete”, while an additional 20.8% reported “complete,” and 16.7% reported “partially complete.” Only 8.3% reported the objectives as “mostly incomplete.” No participants reported incompleteness of the 2.0 objectives.

Based on the Document Review of minutes and discussion with Work Group Co-Chairs, 6 of the 7 Work Groups had at least one HOI 2.0 objective and 2 of the 7 Work Groups had at least one HOI 1.0 objective that is in progress, indicating the need for further work in subsequent years.

Summary of Work Group successes

Members identified the achievements of their specific Work Group as follows:

- Work Group 1 members confirmed that establishing CARES was a successful achievement and that they were making progress with the MAT expansion.
- Work Group 2 members noted that the 2.0 objective for alternative pain management treatment is currently a work in progress.
- Work Group 3 members acknowledged that the publicity campaign and the education for providers are all ongoing projects.
- Work Group 4 members confirmed that work on spreading public awareness through multiple channels was a successful achievement.
- Work Group 5 members identified that establishing guidance and training for pharmacists and passing key legislation to make naloxone more accessible were the most valuable achievements.
- Work Group 6 members confirmed that there are some technical issues with the ODMAP that need to be addressed. They also report that training classes on multiple topics were provided to law enforcement officers and other probation staff.
- Work Group 7 members confirmed that a collaborative effort with the Med-QUEST Program is ongoing to improve SBIRT trainings.

Work Group members generally perceived the purpose of their Group in four key areas:

- Education
- Training
- “Linking and syncing”
- Desiloizing the system of care

Impact of HOI on the System of Care

As an interagency collaboration, the HOI has a wide reach across 106 public and private agencies. Since launching in July 2017, the HOI has provided a platform for agencies to join forces to tackle complex public health problems such as opioid use disorder.
As noted in the 2019 HOI Evaluation Report, the HOI draws on a broad and active multisectoral membership across multidisciplinary Work Groups enabling agencies to “de-siloize” and “link and sync” by meeting regularly to discuss shared objectives, overcome barriers and maximize resources. For example, one Work Group member stated that her participation informs her work to increase access to treatment and prevention among rural health organizations. The concept of a community of practice rises to the forefront as members extend their reach beyond their own agencies, beyond their own islands, by collaborating on shared goals.

This community of practice is equipped with high quality education on OUD, pain management, SBIRT, Medication Assisted Treatment (MAT) and naloxone, disseminated through Project ECHO, Mocha Minutes and the Hawai‘i Health and Harm Reduction Center to train providers as well as law enforcement and probation officers. Increasing awareness of evidence-based approaches to treatment and prevention is aimed at creating a unified response to OUD.

While evaluating the impact of HOI on lives saved remains a work in progress, impacts on the public’s sense of agency to take action to stop OUD or reverse an overdose is evident. As one provider noted, the most essential program of the HOI to their patient population is “the Take Back program,” adding, “through our prevention programs we promote for both youth and parents, members at school, school staff. We have folks associated with the opiate initiative that do talks with our staff about opioids and access to naloxone.” Another provider stated, “We know when people pass away, we make sure we get the word out for them to bring in their unused prescription drugs from their loved one to take it off the street. I also work closely with the care homes and hospitals to make sure they know about our Take Back day so they can bring in their expired drugs as well.” Since July 2019 the state Medication Drop Box Program, which began in July 2018, has accumulated approximately 3,000 lbs of excess or unused prescription drugs from across all four counties (Kaua‘i, Honolulu, Maui, and Hawai‘i). In 2019, a total of 448 individuals completed naloxone training and of those, 157 took home naloxone kits. In total, 1,172 kits were distributed by the HOI. This in addition to the prescribing authority now extended to pharmacists suggests that Hawai‘i will become more capable of responding to opioid misuse in real-time and take the necessary actions to save lives.

Work Group activities are supported by supplemental financial support and technical assistance offered by interagency partnerships. The Overdose Data to Action grant (OD2A), which champions many Focus Area 3 objectives, continues to pursue collaborations that prioritize timely access to morbidity and mortality data from hospitals and medical examiners so that the impact of the HOI on fatal and non-fatal opioid overdose may be better understood. With access to data in real time or of sufficient geographic granularity emerging within the coming year, the use of evidence synthesis to demonstrate the importance of the chosen HOI interventions and strategies can soon be used to estimate and model plausible impacts.
7. Challenges

Challenges identified in the 2019 Evaluation Report included: activity tracking; evolving scope; voluntary membership; state procurement and administrative processing; sustainability; inclusive voices; new models of care; best clinical practice; disproportionate participation; and insurance billing and reimbursement.

In the 2020 evaluation, the most common areas of challenges reported by members were in four areas:

- COVID-19 pandemic
- Procurement delays
- Data access and use, and
- Communications and logistics.

COVID-19 pandemic

Three key themes emerged from respondents regarding the challenges of the COVID-19 pandemic:

- Treatment and patient access
- Increased use of technology
- Diverted work focus

The UH HOI Evaluation Team recognized COVID-19 as a potential challenge to Work Group progress on HOI objectives and added a question on how the pandemic is affecting Work Group member’s practice and continuity of care and delivery to the survey and interview tools. One Work Group member noted that many objectives were “slowed or interrupted” because of the immediate need to divert resources to the pandemic response.

Work Group members acknowledged that face-to-face interactions and direct patient care had certain limitations and were especially difficult in the treatment of elderly patients and youth. One provider interviewee noted that some of their older clientele with other comorbid conditions, like HIV, that further complicate their treatment often require greater management of care. Using a web-based platform for community-facing services, while a viable solution to bridging the communication gap, presented challenges to those who struggle with learning new technology and those without access to internet or mobile devices, which is prevalent among vulnerable populations. Work Group members pointed out that they were either lukewarm about the quick shift to virtual meetings, or had strong aversion to it as it felt “forced” on them and “destroyed [their] practice.”

The pandemic brought along a sense of uncertainty for many Work Group projects, and even work beyond the HOI. The priorities pivoted to more urgent COVID-19 response work, leaving the opioids-related work with longer waiting times. As one Work Group member noted, they switched to “reactive mode” and had to put their own work on hold. Some of the causes for their standstill include “slow responses with other agencies, delivery of goods, [issues with] Zoom, 12 step programs, etc.” The programs that were directly involved with the Department of Health’s COVID-19 response had to limit their community outreach/education efforts and non-essential home visiting.

Procurement delays

Half of the respondents felt that some challenges to procurement were out of their control. Two Work Group members noted that problems with funding caused significant roadblocks in their progress. One Work Group member mentioned that the amount available for the campaigns was reportedly changing, whereas another Work Group member noted that procurement delays for the Mocha Minutes “made it fail.” One Work Group member cited contract issues with Med-QUEST for SBIRT as a Work Group specific challenge.
Data access and use

An external circumstance cited was the difficulty with gathering accurate data on drug overdoses and deaths as well as with providing nonmedical overdose data to law enforcement officers in a timely fashion.

Communications and logistics

A third of surveyed Work Group members agreed that overall communication and logistics could be improved. Communication challenges stemmed from specific Work Group activities, such as miscommunication in Work Group 5 on the number of individuals each managed care organization (MCO) was expected to train, and the responsiveness of communication from DOH, ADAD, and UH. Because the HOI is system wide, the scope of audiences intended to access the website is broad which resulted in the need for in-depth feedback from multiple stakeholders, culminating in a delayed go-live date.

One Work Group member reported that sustained engagement in HOI is a challenge and recognized that membership was essential to “ensure that [Work Group 1 members] are all on the same page with MAT and treatment services.”

Summary of challenges

COVID-19 is a significant challenge for ensuring continuity of care and addressing and reducing the risk of opioid overdose among Hawaiʻi’s population.

Of the challenges identified in 2019, issues of state procurement and administrative processing continue to be a main priority.

The dynamics of coordinating and supporting the communication and logistics of 7 distinct, dynamic Work Groups is an area that the DOH and UH HOI Evaluation Team continue to work to improve, particularly in the face of evolving scopes and voluntary roles of Work Group members.

The Work Group meeting participation analysis by the UH HOI Evaluation Team indicates that disproportionate participation and ensuring inclusive voices also continues to be a challenge.

In addressing new models of care and best clinical practice, the UH HOI Evaluation Team has conducted focused literature reviews on topics relevant to the HOI or at the request of Work Groups including on new models of care, pain management approaches, etc. More work is needed to further translate knowledge to action and implementation.
How is COVID-19 affecting continuity of care for your patients and your practice?

**PHARMACISTS**
- Pharmacists restricted from providing immunizations
- Patients offered curbside pick-up of medications
- Patients advised to mail order

**HOI WORK GROUP MEMBERS**
- Limited community outreach & education efforts
- Home visit restrictions for clients
- Work Group projects put on hold

**TREATMENT & PREVENTION PROVIDER INTERVIEWS**
- Decrease in crucial treatment & prevention services
- Increased use of technology & telehealth services

**Infographic**

- Decrease in child & youth prevention education programs
- Access to basic needs during stay-at-home order
- Financial hardships & limited funds
- Rural access to prescription management

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"We have not closed. We have not stopped. We keep going. It’s our belief that we need to continue to offer all of our services because we serve a community that really does not have access outside of an ER and obviously we don’t want to overload the ER with our patients."

"We implemented a pretty robust telehealth program which has been really successful however, a lot of residents don’t necessarily have a computer, a device, or internet in their home so what we had to do was hire another staff person to do all of the CDC sanitizing [so] people that don’t have the capability for telehealth visits in their home can come to our office, get screened."

"I had converted my life skills curriculum into virtual but when I contacted the teachers, they said that they themselves as well as the students are just overwhelmed with virtual teaching...."

"There’s different levels. You have the ones that are just starting out did not know that they had a problem. Or the ones, like, ‘Oh, well, my friend gave me a hydrocodone,’ and so you have the prevention and the education and there’s a lot of resources there. Then there’s the ones that were doing a lot of harm reduction that are still using run out of prescriptions and are using heroin. And during COVID-19 it’s really hard to reach them."

Infographic based on results of the Pharmacists Naloxone Survey, the HOI Work Group Member Survey and the Treatment & Prevention Provider Interviews.
8. Recommendations

This chapter summarizes recommendations by Work Group members and interview participants for improving the HOI.

Recommendations include:
- Member diversity
- Cultural competence
- Evidence-informed strategy
- Project alignment
- Future programming

**Member diversity**

Increasing Work Group member diversity by invitation to community members is a recurring recommendation that carries over from the 2019 HOI Evaluation Report. New member recruitment could occur on a scheduled basis, and a system could be put in place to formally support the stepping-down of old members akin to a passing of the baton each year.

This sentiment was echoed by a current Work Group member, who suggested that an individual from the private sector “steer [the] project[s] in the direction the state wants it to be.” Targeted recruitment of members with backgrounds representing an array of disciplines including managed care groups and neighbor island providers has been a strategy utilized by the Treatment Access Work Group to diversify their member population.

**Cultural competency**

Specific to cultural competency, including experts in Native Hawaiian health and healing is strongly recommended to achieve a culturally relevant, common language and understanding among HOI members, such as those pertaining to federal regulatory guidelines and the requests of Senate Concurrent Resolution (SCR) 103 (2019).

To meet HOI 3.0 objectives created in response to SCR 103 requests, it is recommended that a consistent definition of cultural competency be used to ensure that all HOI members have received cultural competency training. Additional continuing education units may be offered to address gaps in knowledge identified through the surveys in the areas of “Awareness of Native Hawaiian cultural practices,” “Understanding of Hawaiian history” and “Linguistic Ability in ‘Ōlelo Hawai‘i (Hawaiian language).” There was a clear difference among survey and interview participants regarding completion of cultural competency training and proficiency in these three areas such that those that had completed training affirmed greater proficiency than those who did not. Specific to prescribers, “Consideration of Native Hawaiian herbs and therapy” is a recommended, targeted application of cultural competency to practice.

Because cultural competency training was not established until 1989, this may be of particular need and benefit to those who completed professional training prior to that year. The HOI is encouraged to seek partnerships and collaborate with Papa Ola Lōkahi and the Native Hawaiian Health Care System to meet these recommendations through member recruitment and application of the 2019 Task Force Recommendations for Impact presented in E Ola Mau a Mau: The Next Generation of Native Hawaiian Health.

**Incorporate the evidence**

Based on information identified through a systematic review of the literature, the objectives and programs of the HOI have been in line with best evidence-based practices.
1. The Hawaiʻi Coordinated Access Resource Entry System (CARES) model is an example of this **care coordination** currently implemented which assists those who are experiencing a crisis, need access to substance use disorder treatment, or require mental health services.

2. For those with opioid use disorder, treatment is complex and incorporates multiple best practices such as **medication assisted treatment (MAT)** and may incorporate **complementary and integrative health** practices such as yoga, medication, and physical therapy.

3. While **natural supplements** may have a place in therapy, in general there is not a lot of information to support that it is beneficial for pain relief. The use of **medical marijuana** is still not federally legal and may or may not help with different types of pain relief. It is important to temper expectations and weigh costs, benefits and risks of medical marijuana for pain.

4. If a person experiences an opioid overdose, **naloxone** has been shown as a safe and efficacious treatment for full or partial reversal. To expand naloxone access, Hawaiʻi has allowed trained pharmacists to prescribe and dispense naloxone. In other states, these laws have been slow to adopt due to multiple reasons that include barriers to documentation and billing for services.

5. Providers have historically received information through facsimile (fax), but that may change with more **telehealth and electronic health record** utilization.

6. Regardless of the type of contact with patients, interactions should be respectful and incorporate **cultural competency** to help facilitate open communication between patient and provider.

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**Project alignment & activity redesign**

Recommendations from Work Group members included the need for stronger adherence to the HOI objectives in the following ways:

1. Interprofessional agreement on the definitions of clinical terminology
2. Consistent follow through with requests and clearer communication was suggested through follow-up meetings to confirm consensus

Having a point person for meetings from the UH HOI Evaluation Team who not only understands the culture of the Work Groups but is also consistently responsive via email has been instrumental to their success. Moving forward, the UH HOI Evaluation Team acknowledges the value of this service to the overall cohesion of the HOI.

**Future programming**

Work Group members made the following suggestions to increase impact of the HOI:

1. Additional certified treatment facilities in Hawaiʻi, including supervised detox services and skills-based programs for families and friends of substance use disorder patients
2. Pop-up hubs to enhance continuity of care for unsheltered substance use patients during extenuating circumstances such as the pandemic
3. Continued expansion of existing HOI programs: SBIRT, MAT, naloxone training, prevention education, PDMP tailoring according to risk, naloxone program review by law enforcement and overall awareness building about the HOI among health care providers and the general public
4. Address the root causes of OUD through holistic care, system of care enhancement, and ʻāina-based programming, especially for Native Hawaiian men
Native Hawaiian admissions represents 2,313 or 44.6% of the total number of adults and adolescents admitted into Alcohol and Drug Abuse Division-contracted substance abuse treatment and recovery support service programs. In 2019, Senate Concurrent Resolution 103 was presented as a request to legislature in response to the rise of misuse and abuse of opioids or illicit substances in Hawai‘i. SCR 103 urged the inclusion of Native Hawaiian cultural intervention treatment programs, wellness plans, and holistic living systems of care. HOI Work Group members and pharmacists were asked about their readiness to implement culturally-inclusive programs.

**Did you know?**

Cultural competency was not established until 1989.

**RESULT 1: APPRAISAL**

Among respondents, 95.7% of HOI Work Group members and 94.1% of pharmacists believe there is a role for Native Hawaiian cultural intervention treatment programs (including wellness plans, and holistic living systems of care) to reduce opioid use and misuse.

**RESULT 2: CULTURAL COMPETENCY TRAINING**

57.1% of HOI Work Group members have completed cultural competency training.

"We use Hawaiian values because this is our host culture, but you can connect this to your own values even if you're not Hawaiian."

41.2% of responding pharmacists have completed cultural competency training.

"Because a lot of the population is not all Hawaiian in our group we have to mix up all the cultures and make sure that we're respecting them as a whole, so it's a lot of training of the counselors to be very well rounded on their cultural competency."

**RESULT 3: KNOWLEDGE BASE**

Native Hawaiian Cultural Intervention Treatment Programs, Wellness Plans and Holistic Living Systems of Care

<table>
<thead>
<tr>
<th>Linguistic Ability in ‘Ōlelo Hawai‘i (Hawaiian Language)</th>
<th>None</th>
<th>Beginning</th>
<th>Developing</th>
<th>Proficient</th>
<th>Expert</th>
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<tbody>
<tr>
<td>HOI Work Group Members</td>
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<tr>
<td>Pharmacists</td>
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<tr>
<td>Prevention &amp; Treatment Providers</td>
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<thead>
<tr>
<th>Awareness of Hawaiian Cultural Practices</th>
<th>None</th>
<th>Beginning</th>
<th>Developing</th>
<th>Proficient</th>
<th>Expert</th>
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<tr>
<th>Understanding of Hawaiian History</th>
<th>None</th>
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Annex 1: 2020 Evaluation Approach

The following figure and tables describe the evaluation approach that framed this report:

<table>
<thead>
<tr>
<th>Evaluation Approach</th>
<th>Scope</th>
<th>Domain</th>
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</thead>
<tbody>
<tr>
<td>Realist evaluation</td>
<td>Assess the context and conditions of ongoing HOI activities.</td>
<td>1</td>
</tr>
<tr>
<td>Formative evaluation</td>
<td>Understand impacts of HOI policy development.</td>
<td>2</td>
</tr>
<tr>
<td>Developmental evaluation</td>
<td>Gather information from across the state to innovate solutions that</td>
<td>3</td>
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<tr>
<td></td>
<td>will enhance care coordination and ensure cultural relevance</td>
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<td></td>
<td>throughout HOI activities to serve all people in Hawai‘i equitably,</td>
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<td></td>
<td>regardless of cultural background, linguistic difference or residence.</td>
<td></td>
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<tr>
<td>Grounded theory</td>
<td>Gather and analyze qualitative data gathered during the Key Informant</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td></td>
<td>Interviews.</td>
<td></td>
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</tbody>
</table>
### Excerpted Selected Recommendations from
**E Ola Mau a Mau: The Next Generation of Native Hawaiian Health**

The following table presents HOI-relevant selected aspects of the 2019 *Task Force Recommendations for Impact* presented by Papa Ola Lōkahi in *E Ola Mau a Mau: The Next Generation of Native Hawaiian Health* that served as guiding principles for this evaluation:

<table>
<thead>
<tr>
<th>Mental and Behavioral Health and Wellness</th>
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<tbody>
<tr>
<td>● Expand effective culturally based and culturally adapted prevention and treatment recommendations.</td>
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<tr>
<td>● Incorporate a systems approach that utilizes the socioecological model and focuses on long-term sustainability.</td>
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<thead>
<tr>
<th>Medicine</th>
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<tr>
<td>● Support data-sharing agreements among agencies and programs.</td>
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<tr>
<td>● Explore telehealth solutions and other innovative technologies.</td>
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<td>● Improve access to care by continuing to improve acceptability of care and integrating traditional healing practices.</td>
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<td>● Increase support for place-based care, incorporating communities and environments in which people live.</td>
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<tr>
<th>Workforce Development</th>
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<tbody>
<tr>
<td>● Broaden and maintain a thriving workforce to address Native Hawaiian health care needs.</td>
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<tr>
<td>● Increase the quality and quantity of culturally relevant efforts for the workforce for Native Hawaiian health.</td>
</tr>
<tr>
<td>● Advocate for existing and new procedures, regulations, and policies that support a thriving workforce for Native Hawaiian health.</td>
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<tr>
<th>Data Governance</th>
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<tbody>
<tr>
<td>● Require State of Hawai‘i agencies to similarly separate Asian American and Pacific Islander data. Furthermore, require the State to collect data as to whether a client or beneficiary is Native Hawaiian, i.e., “Are you Native Hawaiian? YES or NO.”</td>
</tr>
<tr>
<td>● Strategically support and foster culturally meaningful, disaggregated data on Native Hawaiian health.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Historical and Cultural Perspectives</th>
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</thead>
<tbody>
<tr>
<td>● Increase culturally based and culturally adapted interventions.</td>
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</table>

Annex 2: Pharmacist Naloxone Survey

Background: This online survey was conducted from June 8 to July 6, 2020, canvassed all 1113 active and non-active Hawai’i Pharmacists Association members, of which 58 are active pharmacists. In total, 18 respondents completed the survey.

Last legislative session, Act 154, HSL 2018 (S.B. 2247 SD1 HD2 CD1) relating to opioid antagonists was passed. This measure authorizes pharmacists to prescribe, dispense, and provide related education on opioid antagonists to individuals at risk of opioid overdose and to family members and caregivers of individuals at risk of opioid overdose without the need for a written, approved collaborative agreement; subject to certain conditions.

Which best describes your practice setting?
- a. Community - Retail (Chain)
- b. Community - Retail (Independent)
- c. Community Health Center
- d. Hospital (Inpatient and Outpatient)
- e. Other ___________________

Are you aware of Act 154 "Relating to Pharmacists Prescribing and Dispensing of Opioid Antagonist" and availability of Naloxone?
- a. Yes
- b. No

How comfortable are you with screening and dispensing Naloxone?
- a. Very uncomfortable
- b. Uncomfortable
- c. Neutral
- d. Comfortable
- e. Very comfortable

How comfortable are you with documenting and billing for patients who received Naloxone?
- a. Very uncomfortable
- b. Uncomfortable
- c. Neutral
- d. Comfortable
- e. Very comfortable

In the past 30 days, have you dispensed Naloxone?
- a. Yes
- b. No

Would additional CE be helpful in understanding and implementing Act 154?
- a. Yes
- b. No

How is COVID-19 affecting continuity of care for your patients? (not specific to naloxone) [open ended]

Native Hawaiian cultural competency

Because Native Hawaiian admissions represented 2,313 or 44.6% of the total number of adults and adolescents (5,187) admitted into the Department of Health’s Alcohol and Drug Abuse Division-contracted substance abuse treatment and recovery support service programs, the Hawai’i Opioid Initiative is committed to the inclusion of Native Hawaiian cultural intervention treatment programs, wellness plans, and holistic living systems of care.
In 2019, Senate Concurrent Resolution 103 was presented as a request of the senate in response to the rise of misuse and abuse of opioids or illicit substances in Hawai‘i. Given this:

<table>
<thead>
<tr>
<th>Question</th>
<th>Choices</th>
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</table>
| Has your training included cultural competency?                          | a. Yes  
b. No |
| Do you believe there is a role for Native Hawaiian treatment (integrating holistic treatment systems, including those that support Native Hawaiian cultural programs, elders, and practitioners) to reduce opioid use and misuse? | a. Yes  
b. No |
| When checking drug interactions, do you consider Native Hawaiian herbs and therapy? | a. Yes  
b. No |
| Please rate your linguistic ability in ʻōlelo Hawai‘i (Hawaiian language): | a. None  
c. Beginning  
d. Developing  
e. Proficient  
f. Expert |
| Please rate your awareness of Hawaiian cultural practices:               | a. None  
c. Beginning  
d. Developing  
e. Proficient  
f. Expert |
| Please rate your understanding of Hawaiian history:                      | a. None  
c. Beginning  
d. Developing  
e. Proficient  
f. Expert |
| Would additional CE be helpful in understanding and implementing consideration of Native Hawaiian herbs and therapy? | a. Yes  
b. No |
### Demographics (optional)

| **Age** | a. <25 years old  
b. 25-34 years old  
c. 35-44 years old  
d. 45-54 years old  
e. 55+ years old |
|---------|-----------------|
| **Location** | a. Kauaʻi  
b. Oʻahu  
c. Molokaiʻi  
d. Lanaʻi  
e. Maui  
f. Hawaiʻi |
| **Gender** | a. Male  
b. Female  
c. Non-binary/third gender  
d. Prefer not to say  
e. Prefer to self-describe ________________ |
| **Race/Ethnicity (checkboxes)** | a. Caucasian  
b. Hawaiian  
c. Chinese  
d. Filipino  
e. Japanese  
f. Other ________________ |
Annex 3: HOI Work Group Member Survey

Background: The online survey was sent to all HOI Work Group members (186). There were a total of 24 responses collected from May 26, 2020 through July 2, 2020.

Please reflect on HOI 2.0 Objectives for 2019.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| Did you participate in HOI activities in 2019?                           | a. Yes  
|                                                                          | b. No                                                    |
| Which Work Group(s) do you participate in? Please check all that apply. | a. Focus Area 1: Treatment Access  
|                                                                          | b. Focus Area 2: Prescriber Education and Pain Management Practices  
|                                                                          | c. Focus Area 3: Data Informed Decision Making  
|                                                                          | d. Focus Area 4: Prevention and Public Education  
|                                                                          | e. Focus Area 5: Pharmacy Based Interventions  
|                                                                          | f. Focus Area 6: Law Enforcement and First Responders  
|                                                                          | g. Focus Area 7: Screening, Brief Intervention, and Referral to Treatment (SBIRT)  
|                                                                          | h. Operational Working Group  
|                                                                          | i. Executive Steering Committee |
| What do you view as the purpose of your Work Group(s)?                   | [open ended]                                                             |
| To what extent did your Work Group(s) achieve 2.0 objectives?           | a. Completed  
|                                                                          | b. Mostly completed  
|                                                                          | c. Partially completed  
|                                                                          | d. Mostly incomplete  
|                                                                          | e. Incomplete                                                |
| What successes did your Work Group achieve that you would like to share? | [open ended]                                                             |
| Did your Work Group(s) face challenges and barriers in meeting HOI 2.0 objectives in 2019? | a. Yes  
|                                                                          | b. No                                                    |
| If you answered yes to question 6, please describe:                     | [open ended]                                                             |
| What recommendations do you have to improve your Work Group(s) and achieve its purpose(s) and objectives? (e.g How can HOI support you and your Work Group in achieving objectives?) | [open ended]                                                             |
| How is COVID-19 affecting continuity of care?                           | [open ended]                                                             |

Because Native Hawaiian admissions represented 2,313 or 44.6% of the total number of adults and adolescents (5,187) admitted into the Department of Health’s Alcohol and Drug Abuse Division-contracted substance abuse treatment and recovery support service programs, the Hawaiʻi Opioid Initiative is committed to the inclusion of...
Native Hawaiian cultural intervention treatment programs, wellness plans, and holistic living systems of care. In 2019, Senate Concurrent Resolution 103 was presented as a request of the senate in response to the rise of misuse and abuse of opioids or illicit substances in Hawai‘i. In acknowledgement of this resolution, HOI 3.0 objectives include creating a strategy to ensure future inclusion. Given this:

<table>
<thead>
<tr>
<th>Question</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your professional training included cultural competency?</td>
<td>a. Yes</td>
</tr>
<tr>
<td></td>
<td>b. No</td>
</tr>
<tr>
<td>Do you believe there is a role for Native Hawaiian treatment (integrating holistic treatment systems, including those that support Native Hawaiian cultural programs, elders, and practitioners) to reduce opioid use and misuse?</td>
<td>a. Yes</td>
</tr>
<tr>
<td></td>
<td>b. No</td>
</tr>
<tr>
<td>How comfortable are you in assisting your Work Group(s) to meet objectives related to Senate Concurrent Resolution 103?</td>
<td>a. Yes</td>
</tr>
<tr>
<td></td>
<td>b. No</td>
</tr>
<tr>
<td>Please rate your linguistic ability in ‘ōlelo Hawai‘i (Hawaiian language):</td>
<td>a. Very uncomfortable</td>
</tr>
<tr>
<td></td>
<td>b. Uncomfortable</td>
</tr>
<tr>
<td></td>
<td>c. Neutral</td>
</tr>
<tr>
<td></td>
<td>d. Comfortable</td>
</tr>
<tr>
<td></td>
<td>e. Very comfortable</td>
</tr>
<tr>
<td>Please rate your awareness of Hawaiian cultural practices:</td>
<td>a. None</td>
</tr>
<tr>
<td></td>
<td>c. Beginning</td>
</tr>
<tr>
<td></td>
<td>d. Developing</td>
</tr>
<tr>
<td></td>
<td>e. Proficient</td>
</tr>
<tr>
<td></td>
<td>f. Expert</td>
</tr>
<tr>
<td>Please rate your understanding of Hawaiian history:</td>
<td>a. None</td>
</tr>
<tr>
<td></td>
<td>c. Beginning</td>
</tr>
<tr>
<td></td>
<td>d. Developing</td>
</tr>
<tr>
<td></td>
<td>e. Proficient</td>
</tr>
<tr>
<td></td>
<td>f. Expert</td>
</tr>
<tr>
<td>Would you be interested in continuing education (CE) to understand and implement objectives related to Senate Concurrent Resolution 103 (2019)?</td>
<td>a. Yes</td>
</tr>
<tr>
<td></td>
<td>b. No</td>
</tr>
</tbody>
</table>
### Demographics (optional)

| Age       | a. <25 years old  
|           | b. 25-34 years old  
|           | c. 35-44 years old  
|           | d. 45-54 years old  
|           | e. 55+ years old  
| Please describe your role in the HOI | [open ended]  
| Location  | a. Kauaʻi  
|           | b. Oʻahu  
|           | c. Molokaiʻi  
|           | d. Lanaʻi  
|           | e. Maui  
|           | f. Hawaiʻi  
| Gender    | a. Male  
|           | b. Female  
|           | c. Non-binary/third gender  
|           | d. Prefer not to say  
|           | e. Prefer to self-describe _______________  
| Race/Ethnicity | a. Caucasian  
|           | b. Hawaiian  
|           | c. Chinese  
|           | d. Filipino  
|           | e. Japanese  
|           | f. Other _______________  

Annex 4: Sample Interview Guide & Background Information Sheet

Background: Providers were canvassed by the lead evaluator during monthly ADAD Provider Meetings held on first Fridays from 9-11am, monthly ADAD Continuum of Care on last Fridays from 9-11am and by the executive director of Papa Ola Lōkahi (ESC member) among executive directors of the Native Hawaiian health care system.

Provider Interview Guide

INTERVIEW SCRIPT AND QUESTIONS

Introductions
- Thank you for participating in this interview. We are from the UH Hawaiʻi Opioid Initiative (HOI) Evaluation Team.
- Purpose: We are interested in understanding how the HOI has been successful in serving the people of Hawaiʻi and what it can do to improve so we are talking with you and stakeholders across the islands about the HOI.
- Remember:
  - No right or wrong answers
  - Everything you say is confidential, although we are recording it on Zoom and with a digital recording device.
- Because this is “research,” we will ask you to sign a consent form (explain).
- For our records we have a form for you to complete to receive a $50 gift card to Amazon.com as compensation for your time today.

Q1: Icebreaker: What is one food you can’t live without?


Q2: Does the data presented from your county reflect the patient population you serve?

Q3: What cultural and linguistic communities are represented in your patient population?

Q4: What culture based programming do you currently offer for opioid use disorder?

Q5: What HOI programs or services are essential to your patient population?

Q6: What additional programming do you recommend for your patient population, specific to opioid use disorder?

Q7: Are you interested in learning more about HOI? Would you be interested in joining one of the work groups?

Q8: What payer resources do you have access to and where is it coming from? Is this funding sustainable?

Q9: How is COVID-19 affecting continuity of care?

Wrap up
- We appreciate your help. Do you have any questions or concerns?
- Our report will be written in August 2020; we can send you a copy of our report.
- If you have questions or would like an update, please email phac+uheval@hawaii.edu.
- Thank you.
Background Information Sheet for Key Informant Interviews

BACKGROUND INFORMATION

1. What is your age?
   ☐ 25 or younger ☐ 35-45 ☐ 56-65
   ☐ 26-34 ☐ 46-55 ☐ Over 65

2. Gender identity:
   ☐ Female ☐ Male ☐ Non-binary/third gender
   ☐ Prefer not to say ☐ Prefer to self-describe _________________

3. How long have you been working for a substance abuse treatment provider?
   ___________________________________________________________________

4. What is your ethnic and cultural background?
   ___________________________________________________________________

5. Has your training included cultural competency?
   ☐ Yes ☐ No

6. Please rate your linguistic ability in ‘ōlelo Hawai‘i (Hawaiian language):
   ☐ None ☐ Beginning ☐ Developing ☐ Proficient ☐ Expert

7. Please rate your understanding of Hawaiian history:
   ☐ None ☐ Beginning ☐ Developing ☐ Proficient ☐ Expert

8. Please rate your awareness of Hawaiian cultural practices:
   ☐ None ☐ Beginning ☐ Developing ☐ Proficient ☐ Expert

9. Have you heard of the Hawai‘i Opioid Initiative?
   ☐ Yes ☐ No

10. Would you like us to receive a copy of the results of this focus group discussion?
    ☐ Yes ☐ No
Annex 5: HOI Work Group Member Survey

University of Hawai‘i
Consent to Participate in a Research Project
Victoria Fan, Principal Investigator

Project title: Evaluation of the Hawai‘i Opioid Initiative (HOI)

Survey Consent Statements will be distributed electronically through an online survey platform.

Naloxone Survey for Pharmacists

The Hawai‘i Opioid Initiative (HOI) was established through joint efforts of Governor David Ige and the 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 different angles. The HOI approaches the epidemic from the following seven focus areas: Treatment Access, Prescriber Education, Data Informed Decision Making, Prevention & Public Education, Pharmacy-Based Interventions, Support Law Enforcement and First Responders, Screening, Brief Intervention, & Referral to Treatment (SBIRT). We are an evaluation team of the HOI based at University of Hawai‘i at Manoa.

Taking part in this study is your choice.

Your participation in this project is completely voluntary. You may stop participating at any time. If you stop being in the study, there will be no penalty or loss to you.

What am I being asked to do?

We are seeking feedback from pharmacists who may be directly impacted by Act 154. We would like to ask for your assistance in completing this survey in order to obtain information on your experiences dispensing Naloxone.

Why is this study being done?

For the HOI we are assessing the impact of Act 154 “Relating to Pharmacists Prescribing and Dispensing of Opioid Antagonist,” one of three opioids-related bills that passed during the 2019 legislative session, that focused on Naloxone distribution. We are also assessing training needs to assist the HOI in responding to Senate Concurrent Resolution 103 also passed in 2019, which urged “the inclusion of Native Hawaiian cultural intervention treatment programs, wellness plans, and holistic living systems of care.”

What will happen if I decide to take part in this study?

If you decide to take part in this project, you will be asked to complete the following survey, which will take approximately 5 minutes. There will be no direct benefits to you for taking part in this project and your participation is voluntary.

What are the risks and benefits of taking part in this study?

You may stop the survey at any time to decline participation without penalty. There is little risk to you for participating in this project. The information you provide may assist us in improving the dispensing of Naloxone and cultural responsiveness of the HOI.

There will be no direct benefit to you for participating in this survey. The results of this project may help the
Alcohol and Drug Abuse Division in future endeavors.

**Confidentiality and Privacy:**

We will not include any personal information (name or contact information) and all responses will remain anonymous. All study data will be secured in a locked filing cabinet in a locked office/encrypted on a password-protected computer. Only the UH Evaluation team will have access to the information. Other agencies that have legal permission have the right to review research records. The University of Hawai‘i Human Studies Program has the right to review research records for this study.

Data presentation will not use your name or any other personal identifying information that can identify you. Your privacy and confidentiality will be protected to the extent allowed by law.

**Compensation:**

There will be no compensation for completion of this survey.

**Questions:** If you have any questions about this study, please email the UH HOI Evaluation Team at phac+uheval@hawaii.edu. You may also contact the Principal Investigator for the UH Evaluation Team, Dr. Victoria Fan, at vfan@hawaii.edu. You may contact the UH Human Studies Program at 808-956-5007 or uhirb@hawaii.edu. For more information on your rights as a research participant; to discuss problems, concerns and questions; obtain information; or offer input with an informed individual who is unaffiliated with the specific research protocol, please visit https://www.hawaii.edu/researchcompliance/information-research-participants.

**Future Research Studies:**

Even after removing identifiers, the data from this study will not be used or distributed for future research studies.

**To Access the Survey:** Going to the first page of the consent form implies your consent to participate in this project. Please print or save a copy of this page for your reference.

Thank you for your time and support of this project.

---

Work Group Survey
Thank you for your ongoing commitment and service to The Hawai’i Opioid Initiative (HOI) and improving the State of Hawai’i’s response to opioid use disorder. We are an evaluation team of the HOI based at University of Hawai’i at Manoa.

**Taking part in this study is your choice.**

Your participation in this project is completely voluntary. You may stop participating at any time. If you stop being in the study, there will be no penalty or loss to you.

**What am I being asked to do?**

We are seeking feedback from HOI Work Group members. We would like to ask for your assistance in completing this survey in order to obtain information on your experiences participating in the HOI last year.

**Why is this study being done?**

We are requesting feedback from all Work Group members on HOI 2.0 Objectives to support collaboration efforts to meet objectives moving forward. If you decide to take part in this effort, you will be asked to complete the following survey, which will take approximately 5 minutes.

**What will happen if I decide to take part in this study?**

There will be no direct benefits to you for taking part in this project and your participation is voluntary. If you decide to take part in this project, you will be asked to complete the following survey, which will take approximately 5 minutes. There will be no direct benefits to you for taking part in this project and your participation is voluntary.

**What are the risks and benefits of taking part in this study?**

You may stop the survey at any time to decline participation without penalty. There is little risk to you for participating in this project. The information you provide may assist us in improving the HOI. There will be no direct benefits to you for taking part in this project. You may stop the survey at any time to decline participation without penalty. There is little risk to you for participating in this project.

**Confidentiality and Privacy:**

We will not include any personal information (name or contact information) and all responses will remain anonymous. All study data will be secured in a locked filing cabinet in a locked office/encrypted on a password-protected computer. Only the UH Evaluation team will have access to the information. Other agencies that have legal permission have the right to review research records. **The University of Hawai‘i Human Studies Program has the right to review research records for this study.**

Data presentation will not use your name or any other personal identifying information that can identify you. Your privacy and confidentiality will be protected to the extent allowed by law.

**Compensation:**

There will be no compensation for completion of this survey.

**Questions:** If you have any questions about this study, please email the UH HOI Evaluation Team at phac+uheval@hawaii.edu. You may also contact the Principal Investigator for the UH Evaluation Team, Dr. Victoria Fan, at vfan@hawaii.edu. You may contact the UH Human Studies Program at 808-956-5007 or uhirb@hawaii.edu. For more information on your rights as a research participant; to
discuss problems, concerns and questions; obtain information; or offer input with an informed
individual who is unaffiliated with the specific research protocol, please visit
https://www.hawaii.edu/researchcompliance/information-research-participants.

**Future Research Studies:**

Even after removing identifiers, the data from this study will not be used or distributed for
future research studies.

**To Access the Survey:** Going to the first page of the consent form implies your consent to
participate in this project. Please print and save this form for your records.

Thank you for your time and support of this project.
Aloha! The UH Evaluation Team from the Office of Public Health Studies would like to invite you to take part in an interview in order to evaluate the Hawai‘i Opioid Initiative (HOI).

**What am I being asked to do?**

If you decide to participate, you will be interviewed by one of the UH Evaluation team members via Zoom or over the phone at a date and time of your preference.

**Taking part in this study is your choice.**

Your participation in this project is completely voluntary. You may stop participating at any time. If you stop being in the study, there will be no penalty or loss to you. Your choice to participate or not participate will not affect your role in the HOI.

**Why is this study being done?**

The purpose of the interviews is to collect qualitative data from stakeholders and contracted providers of the Alcohol and Drug Abuse Division (ADAD) of the Department of Health for the UH Evaluation team to present to ADAD. The data will also be publicly presented and published.

**What will happen if I decide to take part in this study?**

You will be asked to complete a background information survey sheet that will take approximately 5 minutes. The interview will consist of 5-8 open-ended questions. It will take 30 minutes to an hour. The interview questions may include questions such as, “Does the data presented from your county reflect the patient population you serve?” and “What cultural and linguistic communities are represented in your patient population?”

Only you and 2-3 members of the UH Evaluation team will be present during the interview. With your permission, the UH Evaluation team member will record the audio only of your interview so that it can later be transcribed and analyzed. You will be one of approximately 20 interviewees.

**What are the risks and benefits of taking part in this study?**

The UH Evaluation team believes there is little risk to you for participating in this research project. However, you may become uncomfortable answering interview questions. If you want to skip a question or take a break at any point in the interview, you will be able to do so at will and your interviewer will move to the next question. At any point in time, you can also stop the interview completely and withdraw from the project altogether with no negative impact.

There will be no direct benefit to you for participating in this interview. The results of this project may help the Alcohol and Drug Abuse Division in future endeavors.

**Privacy and Confidentiality:**

All study data will be secured in a locked filing cabinet in a locked office/encrypted on a password-protected computer. Only the UH Evaluation team will have access to the information. Other agencies that have legal permission have the right to review research records. The University of Hawai‘i Human Studies Program has the right to review research records for this study.

After your interview is transcribed, your recorded audio will be erased or destroyed. Data presentation will not use your name or any other personal identifying information that can identify you. Your privacy and confidentiality will be protected to the extent allowed by law.
University of Hawai‘i
Consent to Participate in a Research Project
Victoria Fan, Principal Investigator

**Project title:** Evaluation of the Hawai‘i Opioid Initiative (HOI)

**Compensation:**
You will receive a $50 gift certificate to Amazon.com for your time and effort in participating in this research project. By entering your contact information to accept honoraria, you understand and have reviewed your institution(s) Policy and Procedures, and are able to accept honoraria.

**Future Research Studies:**
Identifiers will be removed from your identifiable private information and after removal of identifiers, the data may be used for future research studies or distributed to another investigator for future research studies and we will not seek further approval from you for these future studies.

**Questions:**
If you have any questions about this study, please email the UH Evaluation team at phac+eval@hawaii.edu. You may also contact the Principal Investigator for the UH Evaluation team, Dr. Victoria Fan, at vfan@hawaii.edu. You may contact the UH Human Studies Program at 808.956.5007 or uhirb@hawaii.edu to discuss problems, concerns and questions; obtain information; or offer input with an informed individual who is unaffiliated with the specific research protocol. Please visit http://go.hawaii.edu/iRD for more information on your rights as a research participant.

If you agree to participate in this project, please sign and date this signature page and return it to: phac+eval@hawaii.edu.

Keep a copy of the informed consent for your records and reference.

**Signature(s) for Consent:**

I give permission to join the research project entitled, "Evaluation of the Hawai‘i Opioid Initiative (HOI)."

Please **initial** next to either “Yes” or “No” to the following:

_____ Yes  _____ No

I consent to be audio-recorded for the interview portion of this research.

Printed Name of Participant: __________________________________________

Participant’s Signature: __________________________________________

Signature of the Person Obtaining Consent: ________________________________

Date: ____________________________  Mahalo for your time!

Consent Form – version 01.19.2018
Annex 6: Trainings, Conferences, and Workshops

Alcohol and Drug Abuse Division Opioid Training Report
Quality Assurance and Improvement Office
January 2019 – May 2020

Anisa Pacapac-Marquez, CSAC, ICADC
(Alcoholism Training Coordinator)

May 12, 2020

Source: Angela Bolan (2020), Hawai’i State Department of Health, Quality Assurance & Improvement Office Certification Board, Alcohol and Drug Abuse Division
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<table>
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<tr>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
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<td>Training description and facilitator biography</td>
<td>3</td>
</tr>
<tr>
<td>Data</td>
<td>4</td>
</tr>
<tr>
<td>Evaluation Summaries</td>
<td>5,6</td>
</tr>
<tr>
<td>List of trainings Statewide (Opioid)</td>
<td>7,8</td>
</tr>
</tbody>
</table>

Source: Angela Bolan (2020), Hawai‘i State Department of Health, Quality Assurance & Improvement Office Certification Board, Alcohol and Drug Abuse Division
**Opioid and Overdose: Prevention and Response Training:**

Overdose is the leading cause of accidental death in Hawaii and around the U.S. This interactive session will explore the impact of opioids on the body and identify the risks for accidental opioid overdose. Participants will be certified to administer Naloxone, the opioid antagonist.

**Facilitator: Leilani Maxera, Outreach & Overdose Prevention Manager with the Hawaii Health and Harm Reduction Center**

Leilani manages the statewide syringe exchange, outreach, and overdose prevention programs, supervises the outreach workers on four of the Hawaiian Islands, and conducts training and education with other social service organizations to teach about overdose response and to reduce stigma around drug use. She previously worked at Homeless Youth Alliance/San Francisco Needle Exchange and Tenderloin Health in San Francisco and volunteered at SANE (Safer Alternatives thru Networking and Education), a syringe exchange program in Sacramento, CA. Leilani has a Master of Public Health degree with an emphasis in Aging and has finished her Master of Social Work degree in December 2018.

**Intro to Medication Assisted Treatment:**

Medicated-Assisted Treatment (MAT) is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders” – SAMHSA.gov

“Medication-assisted treatment (MAT), including opioid treatment programs (OTPs), combines behavioral therapy and medications to treat substance use disorders” – SAMHSA.gov

This training covers:
- MAT overview, types of MAT, common medications
- Drugs of compounding concern, UDS vs. UA
- Comprehensive care components
- Medical aspects related to SUD treatment

**Facilitator: David Sprouse, Primary Counselor**

“Dave” Sprouse is a Primary Counselor, Ku Aloha Ola Mau where he facilitates group in a range of topics including tobacco cessation, integrated wellness and interruptions in substance use. Dave manages a caseload of 50 Haumana delivering counseling with emphasis in total wellness and respect to ASAM dimensions. Dave holds dual master’s degrees in Adult Education and Counseling Psychology. Dave is certified in substance abuse counseling and career counseling and is a “Freedom from Smoking” Facilitator in conjunction with American Lung Association.
January 2019 – April 2020 – Leilani Maxera had provided trainings through ADAD workshops as well as outside entities and providers to include, Hina Mauka, Med-Quest, General Public, Judiciary – State and Federal offices, DOH, University of Hawaii Student Services, U.S. Vets, Child and Family Services, University of Nations, Wahiawa Health Center, IHS Men’s Shelter and Clinic Staff, Safe Haven.

<table>
<thead>
<tr>
<th>Island</th>
<th>Number of Trainings Provided</th>
<th>Number of Participants</th>
<th>Number of Naloxone Kits Distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oahu</td>
<td>33</td>
<td>593</td>
<td>232</td>
</tr>
<tr>
<td>Maui</td>
<td>4</td>
<td>53</td>
<td>6</td>
</tr>
<tr>
<td>Hawaii Island</td>
<td>4</td>
<td>51</td>
<td>43</td>
</tr>
<tr>
<td>Kauai</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

April 28, 29, 30, 2020 – David Sprouse provided a “Introduction to Medicated Assisted Treatment” training via zoom to 21 participants.

Funding Source:

State Opioid Response Grant ($50,000.00)

The Substance Abuse Prevention and Treatment Block Grant ($3,000.00)
Evaluation Summaries

Evaluation summary for training that occurred on February 24, 2020:

Seventeen (17) participants in attendance with noted credentials as Certified Substance Abuse Counselor (CSAC), Certified Prevention Specialist (CPS), Certified Criminal Justice Addictions Professional (CCJP), Certified Clinical Supervisor (CCS) to include those that are also working towards those credentials, Licensed Clinical Social Worker (LCSW).

Five (5) naloxone was distributed at this training.

Subject: Majority thought that the course met the objective, gave a clear understanding on subject, participation and group work was encouraged, the content would be useful in their work and felt motivated to continue learning.

Facilitator: Majority responded that the facilitator had clearly defined terms and concepts clearly, gave clear instructions for exercises that were presented, organized, prepared and created a positive learning environment and provided opportunity for discussion and responded appropriately to feedback.

No unsatisfied marks were made.

Additional comments for the facilitator: “thorough, excellent facilitation skills, energizing”.

Evaluation summary for training that occurred on September 20, 2019 on Maui:

Twenty (20) participants in attendance with noted credentials as Certified Substance Abuse Counselor (CSAC), Certified Prevention Specialist (CPS), Certified Criminal Justice Addictions Professional (CCJP), Certified Clinical Supervisor (CCS) to include those that are also working towards those credentials, Licensed Clinical Social Worker (LCSW).

Zero (0) naloxone was distributed at this training.

All evaluations completed were satisfied with the training and facilitator.

Reflection on rating towards the facilitator:

Facilitator was professional, made it (training) interesting, was quick and straight to the point. Great training, trainer was very knowledgeable.
Reflection on rating towards the training:
What content was learned from the training that would be applicable in the field?
Understanding overdose and how it looks. How to save a life with naloxone.
No unsatisfied marks were made.

Evaluation summary for training that occurred on February 1, 2019:
Twenty-two (22) participants in attendance with noted credentials as Certified Substance Abuse Counselor (CSAC), Certified Prevention Specialist (CPS), Certified Criminal Justice Addictions Professional (CCJP), Certified Clinical Supervisor (CCS) to include those that are also working towards those credentials, Licensed Clinical Social Worker (LCSW).
All evaluations completed were satisfied with the training and facilitator.

Reflection on rating towards the facilitator:
Comments: Very useful and important information.
Facilitator did and overall good job.
Very articulate, good communicator.
Clarity, thorough, touched on all aspects of opioid use, crisis and overdose.
Well organized, effective use of time and PowerPoint.

Reflection on rating towards the training:
Comments: Got information on naloxone and needle exchange program, talking about the stigma.
Update on opioid use, I learned a lot, resources, overdose prevention.
<table>
<thead>
<tr>
<th>Date</th>
<th>Who was trained</th>
<th>Site</th>
<th># of Participants; # of Naloxone Kits given</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/23/19</td>
<td>Hilo Medical Center Resident Training Program</td>
<td>Hilo Medical Center</td>
<td>20</td>
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<tr>
<td>1/23/19</td>
<td>Hilo Drug Court Staff</td>
<td>Hilo Drug Court</td>
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<td>1/29/19</td>
<td>Punawai Rest Stop Staff</td>
<td>Punawai Rest Stop</td>
<td>9</td>
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<tr>
<td>2/1/19</td>
<td>Alcohol &amp; Drug Abuse Division CSAC Training</td>
<td>ADAD Office</td>
<td>26</td>
</tr>
<tr>
<td>2/13/19</td>
<td>Public Health Nurses</td>
<td>HHHRC Office</td>
<td>6</td>
</tr>
<tr>
<td>2/28/19</td>
<td>Ka Hale A Ola Staff - Maui</td>
<td>Ka Hale Ola</td>
<td>20</td>
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<tr>
<td>2/28/19</td>
<td>Malama Recovery Staff - Maui</td>
<td>Malama Recovery</td>
<td>6</td>
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<tr>
<td>3/1/19</td>
<td>Maui AIDS Foundation</td>
<td>MAF Office</td>
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<td>3/26/19</td>
<td>US Marshals</td>
<td>US Marshals</td>
<td>40</td>
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<td>4/17/19</td>
<td>UH Student Services Staff</td>
<td>UH Student Services</td>
<td>25; 14</td>
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<td>4/23/19</td>
<td>Alcohol &amp; Drug Abuse Division CSAC Training</td>
<td>ADAD Office</td>
<td>25; 12</td>
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<tr>
<td>5/28/19</td>
<td>Safe Haven – both staff &amp; participants</td>
<td>Safe Haven Drop-In</td>
<td>34; 9</td>
</tr>
<tr>
<td>6/19/19</td>
<td>General Public</td>
<td>HHHRC Office</td>
<td>16; 8</td>
</tr>
<tr>
<td>6/13/19</td>
<td>US Vets Staff</td>
<td>US Vets Waianae Office</td>
<td>26; 21</td>
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<td>6/17/19</td>
<td>Child &amp; Family Services Staff</td>
<td>CFS Ewa Office</td>
<td>13; 3</td>
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<td>6/21/19</td>
<td>University of the Nations Staff</td>
<td>U of N Campus - Kona</td>
<td>11; 11</td>
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<td>IHS Men’s Shelter &amp; Clinic Staff</td>
<td>IHS Men’s Shelter</td>
<td>15; 17</td>
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<tr>
<td>7/19/19</td>
<td>Alcohol &amp; Drug Abuse Division CSAC Training</td>
<td>ADAD Office</td>
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<tr>
<td>8/27/19</td>
<td>Wahiawa Health Center Staff</td>
<td>Wahiawa Health Center</td>
<td>25; 5</td>
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<tr>
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<td>Alcohol &amp; Drug Abuse Division CSAC Training</td>
<td>Hilo BISAC Office</td>
<td>?; 7</td>
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<tr>
<td>9/10/19</td>
<td>DOH Nursing Interns</td>
<td>HHHRC Office</td>
<td>5; 3</td>
</tr>
<tr>
<td>9/20/19</td>
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<td>Weinberg Building, Maui – Rented Space</td>
<td>20; 6</td>
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<tr>
<td>9/26/19</td>
<td>HHHRC Training Institute - General Public</td>
<td>HHHRC Office</td>
<td>20; 11</td>
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<tr>
<td>10/1/19</td>
<td>PATH Clinic Staff</td>
<td>PATH Clinic</td>
<td>5; 3</td>
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<td>10/2/19</td>
<td>AlohaCare Staff</td>
<td>AlohaCare Office</td>
<td>35; 0</td>
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<tr>
<td>10/2/19</td>
<td>Hina Mauka Staff</td>
<td>Hina Mauka Office</td>
<td>14; 12</td>
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<tr>
<td>11/14/19</td>
<td>Oxford House – reps from 7 sober houses</td>
<td>Oxford House</td>
<td>13; 7</td>
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<tr>
<td>11/15/19</td>
<td>Salvation Army FTS Staff</td>
<td>Salvation Army FTS Office</td>
<td>7; 8</td>
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<tr>
<td>1/8/20</td>
<td>Gregory House Staff</td>
<td>Gregory House Office</td>
<td>10</td>
</tr>
<tr>
<td>1/12/20</td>
<td>UH Manoa Social Work Class</td>
<td>Zoom Conferencing</td>
<td>30; 0</td>
</tr>
<tr>
<td>1/24/20</td>
<td>Revive &amp; Refresh Volunteer Staff</td>
<td>HHHRC Office</td>
<td>10; 2</td>
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<tr>
<td>2/20/20</td>
<td>HHHRC Training Institute - General Public</td>
<td>HHHRC Office</td>
<td>13; 6</td>
</tr>
<tr>
<td>2/21/20</td>
<td>Safe Haven Staff &amp; Program Participants</td>
<td>Safe Haven Drop-in</td>
<td>22; 8</td>
</tr>
<tr>
<td>2/24/20</td>
<td>Alcohol &amp; Drug Abuse Division CSAC Training</td>
<td>ADAD Office</td>
<td>17; 5</td>
</tr>
<tr>
<td>2/25/20</td>
<td>Marshallese Steering Committee - Waipahu Safe Haven</td>
<td>Waipahu Safe Haven</td>
<td>14; 0</td>
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<tr>
<td>2/26/20</td>
<td>Kalihi YMCA</td>
<td>Kalihi YMCA</td>
<td>22; 18</td>
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</table>

Source: Angela Bolan (2020), Hawai‘i State Department of Health, Quality Assurance & Improvement Office Certification Board, Alcohol and Drug Abuse Division
<table>
<thead>
<tr>
<th>Date</th>
<th>Group</th>
<th>Location</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/27/20</td>
<td>Army National Guard</td>
<td>Army National Guard Base, Pearl City</td>
<td>14;13</td>
</tr>
<tr>
<td>3/2/20</td>
<td>Chaminade Nursing Students</td>
<td>Chaminade University</td>
<td>65;0</td>
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<tr>
<td>3/6/20</td>
<td>Probation Officers</td>
<td>Court Downtown</td>
<td>29;37</td>
</tr>
<tr>
<td>3/12/20</td>
<td>Waikiki Health Staff</td>
<td>Waikiki Health</td>
<td>9;5</td>
</tr>
<tr>
<td>5/5/20</td>
<td>Malama Project Members - UH</td>
<td>Zoom Conferencing</td>
<td>22; 4</td>
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</tbody>
</table>

Source: Angela Bolan (2020), Hawai’i State Department of Health, Quality Assurance & Improvement Office Certification Board, Alcohol and Drug Abuse Division
## Annex 7: Legislative Successes 2019

### 2020 Legislative Tracking Sheet: Opioids

<table>
<thead>
<tr>
<th>Bill No.</th>
<th>Comp</th>
<th>Admin</th>
<th>Assigned</th>
<th>Title</th>
<th>Description</th>
<th>Introducer(s)</th>
<th>Referral</th>
<th>Status</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>HB1807</td>
<td>SB2225</td>
<td>ADAD.I</td>
<td></td>
<td>THE PHYSICAL THERAPY PRACTICE ACT</td>
<td>Clarifies the scope of practice for licensed physical therapists to include the practice of dry needling. Expands other competence related activities to include certain dry needling specific knowledge.</td>
<td>TAKUMI (BR)</td>
<td>HLT/IAC, CPC, FIN</td>
<td>1/21/20: Referred to HLT/IAC, CPC, FIN, referral sheet 2</td>
<td>HB1807</td>
</tr>
<tr>
<td>HB668 HD1</td>
<td>SB534</td>
<td></td>
<td></td>
<td>RELATING TO HEALTH CARE</td>
<td>Requires DHS to obtain legislative approval prior to reducing the number of medicaid plans available in any part of the State. Requires an audit and legislative task force to review DHS' request for information and request for proposals processes regarding RFP-MQD-2019-002. Effective July 1, 2050. (HD1)</td>
<td>MIZUNO</td>
<td>HLT/HSH, FIN</td>
<td>2/14/20: Passed Second Reading as amended in HD 1 and referred to the committee(s) on FIN with Representative(s) Belatti, DeCoite, Har, Johanson, Okimoto, Perruso, Tokioka voting aye with reservations; Representative(s) Say voting no (1) and Representative(s) Holt, Takayama excused (2).</td>
<td>HB668 HD1</td>
</tr>
<tr>
<td>HB35 HD1</td>
<td></td>
<td></td>
<td></td>
<td>RELATING TO MENTAL HEALTH.</td>
<td>Authorizes expenditures from the mental health and substance abuse special fund to be used for capital improvement projects. Effective 7/1/2050. (HD1)</td>
<td>MIZUNO, B. KOBAYASHI, TAKAYAMA, TAKUMI, THIELEN</td>
<td>HLT, CPC, FIN</td>
<td>3/13/20: Report adopted; Passed Second Reading and referred to WAM.</td>
<td>HB35</td>
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<tr>
<td>HB933 HD2</td>
<td></td>
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<td>RELATING TO CRISIS INTERVENTION.</td>
<td>Creates a crisis intervention and diversion program in the department of health to divert those in need to appropriate health care and away from the criminal justice system. Appropriates funds. Sunsets on 6/30/2023. Effective 7/1/2050. (HD2)</td>
<td>MIZUNO, CABANILLA ARAKAWA, CACHOLA, DECOITE, D. KOBAYASHI, MCKELVEY, MORIKAWA, NAKASHIMA, OHNO, QUINLAN, SAY, TAKAYAMA, TARNAS, WARD, WILDBERGER, Matayoshi, San Buenaventura, Tokioka</td>
<td>HLT/HSH, JUD, FIN</td>
<td>3/16/20: The hearing on this measure has been cancelled until further notice.</td>
<td>HB933 HD2</td>
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<tr>
<td>Bill</td>
<td>Action</td>
<td>Sponsor(s)</td>
<td>Committee(s)</td>
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<tr>
<td>HB2022</td>
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<td>MATAYOSHI, BROWER, ELI, GATES, HASHIMOTO, HOLT, ICHIYAMA, JOHANSON, KITAGAWA, B. KOBAYASHI, MIZUNO, NAKAMURA, OHNO, QUINLAN, SAN BUENAVENTURA, TARNAS, TODD</td>
<td>HSH, FIN</td>
<td>3/5/20: Received from House (Hse. Com. No. 311). Passed First Reading. Referred to CPH, WAM.</td>
<td></td>
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<td>HB2522</td>
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<td>SAN BUENAVENTURA, BELATTI, ICHIYAMA, MIZUNO, NAKAMURA, WARD, WOODSON</td>
<td>HSH/HLT, FIN</td>
<td>3/16/20:The hearing on this measure has been cancelled until further notice.</td>
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<tr>
<td>HCR65</td>
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<td>MIZUNO</td>
<td></td>
<td>3/10/20: Referred to HLT, FIN, referral sheet 39</td>
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<tr>
<td>Bill No.</td>
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<td>Admin</td>
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<td>Title</td>
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<td>Introducer(s)</td>
<td>Referral</td>
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<tr>
<td>HB2237</td>
<td>HD1</td>
<td></td>
<td></td>
<td>RELATING TO DRUG DISPOSAL.</td>
<td>Establishes the Drug Disposal Program, administered by the Department of the Attorney General, to dispose of prescription and over-the-counter drugs in a safe, secure, and environmentally friendly manner. Establishes the Drug Disposal Special Fund and appropriates funds. Effective July 1, 2050. (HD1)</td>
<td>MIZUNO, BROWER, CACHOLA, CREGAN, ICHIYAMA, C. LEE, SAY, TAKAYAMA, TARNAS, WARD, San Buenaventura</td>
<td>JUD, FIN</td>
<td>3/3/20: Pass first reading. Referred to CPH/JDC, WAM.</td>
<td>H2237 HD1</td>
</tr>
<tr>
<td>SB2225</td>
<td>HB1807</td>
<td>ADAD.I</td>
<td></td>
<td>THE PHYSICAL THERAPY PRACTICE ACT</td>
<td>Clarifies the scope of practice for licensed physical therapists to include the practice of dry needling. Expands other competence related activities to include certain dry needling specific knowledge.</td>
<td>BAKER, KEITH-AGARAN, S. Chang, Fevella, Inouye, Kanuha, Kim, Moriwaki, Nishihara, Riviere, Ruderman, Shimabukuro, L. Thielen</td>
<td>CPH, JDC</td>
<td>2/13/2020: Report adopted; Passed Second Reading, as amended (SD 1) and referred to JDC.</td>
<td>SB2225</td>
</tr>
<tr>
<td>SB2592</td>
<td>AMHD.T (ADAD)</td>
<td></td>
<td></td>
<td>DRUG TREATMENT</td>
<td>Appropriates funding for the implementation and development of the Hawaii coordinated access recovery entry system to increase access to treatment for all individuals who suffer any form of substance abuse and mental illness. Requires the DOH to pursue all known funding sources for drug treatment programs prior to expending general revenue funds appropriated. Requires DOH to exhaust all public and private insurance options for reimbursement for individual treatment provided before expending appropriated funds.</td>
<td>RIVIERE, RUDERMAN, Baker, Fevella, J.Keohokalole, Kim, Moriwaki, Nishihara, Shimabukuro, Taniguchi, L. Thielen</td>
<td>CPH, WAM</td>
<td>2/7/20: The committee on CPH deferred the measure.</td>
<td>SB2592</td>
</tr>
<tr>
<td>SB2773</td>
<td>ADAD.I</td>
<td></td>
<td></td>
<td>OPIOIDS</td>
<td>Requires providers authorized to prescribe opioids to discuss with patients certain risks associated with controlled substances that are opioids prior to GABBARD, Ihara, Ruderman, Taniguchi</td>
<td>CPH, JDC</td>
<td>2/7/20: The committee on CPH deferred the measure.</td>
<td>SB2773</td>
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*Updated 03.30.2020*
### 2020 Legislative Tracking Sheet: Opioids

<table>
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<th>Bill Number</th>
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<th>Description</th>
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<th>Sponsorship</th>
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<tr>
<td>SB2506</td>
<td>MENTAL HEALTH AND SUBSTANCE ABUSE SPECIAL FUND</td>
<td>Authorizes the mental health and substance abuse special fund to be used for certain capital improvements. Requires the Department of Health to identify, among other things, capital improvement projects that should be made with moneys from the mental health and substance abuse special fund to improve the continuum of care for behavioral health and submit a report to the Legislature. Repeals on June 30, 2025. (SD1) Companion: J.KEOHOKALOLE, Baker, Inouye, Kanuha, Kidani, Riviere, Shimabukuro</td>
<td>CPH, WAM</td>
<td>3/16/20: This measure has been deleted from the meeting scheduled on Tuesday 03-17-20 8:30AM in conference room 329 SB2506</td>
<td></td>
</tr>
<tr>
<td>SB2505</td>
<td>RELATING TO HEALTH (Non-forensic Stabilization Crisis Residential Beds)</td>
<td>Requires and appropriates funds for the Department of Health to establish a continuum of stabilization beds statewide for non-forensic patients with substance abuse or mental health disorders, or both, by repurposing unused state facilities. (SD1)</td>
<td>J.KEOHOKALOLE, BAKER, KANUHA, KIDANI, Inouye, Riviere, Shimabukuro</td>
<td>CPH, WAM</td>
<td>3/11/20: The committees on HSH recommend that the measure be PASSED, WITH AMENDMENTS. The votes were as follows: 8 Ayes: Representative(s) San Buenaventura, Nakamura, Belatti, B. Kobayashi, Mizuno, Tokioka, Ward; Ayes with reservations: Representative(s) Say; Noes: none; and Excused: none. SB2505</td>
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*Updated 03.30.2020*
<table>
<thead>
<tr>
<th>Bill Number</th>
<th>Requesting That</th>
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</thead>
<tbody>
<tr>
<td>SR11</td>
<td>THE DEPARTMENT OF HUMAN SERVICES PROVIDE AN ESTIMATE OF THE BUDGET APPROPRIATION AND LEGISLATIVE ACTION NECESSARY TO FUND AN EXPANSION OF MED-QUEST COVERAGE TO ALL POST-PARTUM WOMEN FOR A PERIOD OF TWELVE MONTHS FOLLOWING CHILDBIRTH.</td>
</tr>
<tr>
<td>HR14</td>
<td>Requires and appropriates funds for the Department of Health to establish a continuum of stabilization beds statewide for non-forensic patients with substance abuse or mental health disorders, or both, by repurposing unused state facilities. (SD1)</td>
</tr>
<tr>
<td>SCR 10</td>
<td>REQUESTING THAT THE DEPARTMENT OF HUMAN SERVICES PROVIDE AN ESTIMATE OF THE BUDGET APPROPRIATION AND LEGISLATIVE ACTION NECESSARY TO FUND AN EXPANSION OF MED-QUEST COVERAGE TO ALL POST-PARTUM WOMEN FOR A PERIOD OF TWELVE MONTHS FOLLOWING CHILDBIRTH.</td>
</tr>
<tr>
<td>HCR16</td>
<td>Requires and appropriates funds for the Department of Health to establish a continuum of stabilization beds statewide for non-forensic patients with substance abuse or mental health disorders, or both, by repurposing unused state facilities. (SD1)</td>
</tr>
<tr>
<td>SB2631</td>
<td>RELATING TO THE MENTAL HEALTH OF DEFENDANTS</td>
</tr>
<tr>
<td>SD 1</td>
<td>Permits judicial discretion for referral to a diversion program or treatment court should the defendant have serious and persistent mental health illness. (SD1)</td>
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**Notes:**

- **HMS 3/3/20:** Report and Resolution Adopted.
- **SCR10 3/12/20:** Referred to HSH/CPC, FIN, referral sheet 42
- **SB2631 SD1 3/11/20:** The committees on HSH recommend that the measure be PASSED, WITH AMENDMENTS. The votes were as follows: 8 Ayes: Representative(s) San Buenaventura, Nakamura, Belatti, B. Kobayashi, Mizuno, Tokioka; Ayes with reservations: Representative(s) Say, Ward; Noes: none; and Excused: none.

*Updated 03.30.2020*
<table>
<thead>
<tr>
<th>Bill</th>
<th>Sponsor</th>
<th>Committee</th>
<th>Description</th>
<th>Status</th>
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</thead>
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<tr>
<td>SB30 SD2</td>
<td>Keohokalole, Shimabukuro</td>
<td>English, CPH, JDC</td>
<td>Requires pharmacies to provide written notice to patients advising them of certain risks associated with not properly disposing of unwanted or expired drugs, make available certain drug disposal options, and provide written informational materials concerning available drug disposal options. (SD2)</td>
<td>2/14/20:Reported from CPH (Stand. Com. Rep. No. 2842) with recommendation of passage on Second Reading, as amended (SD 2) and referral to JDC. Report adopted; Passed Second Reading, as amended (SD 2) and referred to JDC.</td>
</tr>
<tr>
<td>SB3075 SD1</td>
<td>KANUHA, Baker</td>
<td>CPH, JDC</td>
<td>Requires the board of psychology to establish a pilot program to grant prescriptive authority to qualified psychologist applicants in counties with a population of less than 100,000 persons. Repeals on 8/31/2025. (SD1)</td>
<td>3/9/20: Referred to HLT, IAC, CPC/JUD, FIN, referral sheet 36</td>
</tr>
<tr>
<td>SB2919 HB2363</td>
<td>KOUCHI (Introduced by request of another party)</td>
<td>PSM/CPH, JDC</td>
<td>Requires that the dispensing of a pharmacist-prescribed opioid antagonist be reported to the State’s electronic prescription accountability system. (SD1)</td>
<td>3/13/20: Passed Second Reading as amended in HD 1 and referred to the committee(s) on CPC/JUD with none voting aye with reservations; none voting no (0) and Representative(s) Gates, McDermott, Thielen excused (3).</td>
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</table>

*Updated 03.30.2020*
### Annex 8: 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>
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<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 health care 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>Description</td>
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<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>
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<td>--------------</td>
<td>---------------------------------------------------------------</td>
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<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>
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<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>
<tr>
<td>Eval Team</td>
<td>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.</td>
</tr>
<tr>
<td>National Take-Back Day</td>
<td>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.</td>
</tr>
<tr>
<td>Drop box</td>
<td>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.</td>
</tr>
<tr>
<td>naloxone</td>
<td>A medication called an “opioid antagonist” used to counter the effects of opioid overdose, for example morphine and heroin overdose.</td>
</tr>
<tr>
<td>Narcan</td>
<td>The brand name of the generic drug naloxone.</td>
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<tr>
<td>Suboxone</td>
<td>Used to treat adults who are dependent on (addicted to) opioids (either prescription or illegal.)</td>
</tr>
<tr>
<td>buprenorphine</td>
<td>Used in medication-assisted treatment (MAT) to help people reduce or quit their use of heroin or other opiates.</td>
</tr>
<tr>
<td>Mocha Minutes</td>
<td>An online education library for prescribing opioids.</td>
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## Annex 9: 2019 Work Group Meeting Index

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