



## HAWAII

### Introduction

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) is a not-for-profit organization that works to promote effective and efficient State substance abuse service systems. NASADAD members include the State Substance Abuse Directors from the 50 States and five Territories. These State Directors, also known as Single State Authorities (SSAs), have the front-line responsibility for managing the nation's publicly funded substance abuse prevention, treatment and recovery systems. Hawaii's Alcohol and Drug Abuse Division (ADAD), within the Department of Health, serves as the State's SSA.

### Substance Abuse Prevention and Treatment Block Grant

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is a formula grant awarded to every State and territory. It is the backbone of our publicly funded substance abuse prevention, treatment and recovery system. This flexible funding stream is designed to help States address their own unique needs related to addiction. In addition, 20 percent of the SAPT Block Grant is, by statute, dedicated to prevention services. Over the past four years, the overall SAPT Block Grant has been cut approximately \$20 million. Hawaii's FY 2008 SAPT Block Grant allocation was \$7,146,459.

**SAPT Block Grant Yields Results:** Through outcomes data, State substance abuse directors report that SAPT Block Grant-funded services help people remain alcohol and drug free; obtain or regain employment; stay out of the criminal justice system; find stable housing; and enter into recovery. In State Fiscal Year (SFY) 2008, Hawaii examined outcomes of a sample of 1,273 adults six months after discharge from treatment and found the following:

- 79.4 percent of clients were abstinent from substance use during the 30 days prior to follow up;
- 60 percent of clients were employed or in school;
- 91.7 percent of clients were not involved in the criminal justice system;
- 80.3 percent of clients remained in or obtained stable living arrangements;
- 91.6 percent did not have to be hospitalized;
- 90.6 percent did not visit the emergency room.

### Family Treatment

Hawaii provides outpatient and residential family treatment programs that offer treatment services to women and their children. One specific SAPT Block Grant funded program is the Specialized Substance Abuse Treatment Services for Pregnant and Parenting Women and Children on Oahu. This program helps women retain or recover custody of her child(ren). The program provides a continuum of care including residential treatment, day treatment, intensive outpatient treatment, therapeutic nursery services, outpatient treatment and therapeutic living modalities.

### Prevention Services

As reported through the Minimum Data Set (MDS) system in SFY 2008, the SAPT Block Grant funded both school-based and community-based prevention services to 90,148 individuals including children, adolescents, families and the elderly. The 20 percent set-aside for the SAPT Block Grant represents about 62 percent of Hawaii's prevention's funds. The 2003 *Hawaii Student Alcohol, Tobacco and Other Drug Use Survey*, comparing 1993-2003 data, found that perceived harmfulness of illicit drugs, alcohol and tobacco for sixth, eighth, tenth and twelfth graders increased. In addition, comparing 2002 to 2003, the Survey found that monthly prevalence of various substances for sixth, eighth, tenth and twelfth graders decreased.

### Cultural Services

In SFY 2008, 37.8% of adults and 52.7% of adolescents that were admitted into treatment services funded by the division in Hawaii were of Native Hawaiian ancestry. In 2009, in efforts to better address the disproportionate number of Native Hawaiians in the Substance Abuse Treatment system, service providers were offered the opportunity to include Native Hawaiian cultural activities as part of their continuum of care in coordination with traditional clinical services. Service providers planning to provide cultural activities were encouraged to refer to and apply guidelines articulated in the "Indigenous Evidence Based Effective Practice Model" produced by the Cook Inlet Tribal Council, Inc. (May, 2007), to help build Best/Evidenced Based Practices.

### Hawaii Quick Facts

#### Treatment Admissions

- 3,259 adults and 2,089 youth were provided substance abuse treatment services in State Fiscal Year 2008.

- **Primary substance of abuse at admission:**

#### *Adult*

Methamphetamine	1,334
Alcohol	1,160
Marijuana	341
Cocaine/Crack	144
Heroin	78
All others	202

#### *Youth*

Marijuana	1,125
Alcohol	816
Cocaine/Crack	17
Methamphetamine	8
Heroin	1
All others	122

- **Race/Ethnicity:**

#### *Adult*

Hawaiian	1,232
Caucasian	990
Filipino	220
Hispanic	140
Japanese	124
Other/Multi-race	213

#### *Youth*

Hawaiian	1,101
Filipino	239
Caucasian	216
Mixed Race	114
Hispanic	75

#### Treatment Gap

In 2004, a total of 79,019 individuals needed but did not receive treatment.

### National Outcome Measures (NOMs)

- **Abstinence from Drug/Alcohol Use**
- **Employment/Education**
- **Crime and Criminal Justice Involvement**
- **Stability in Housing**
- **Social Connectedness**
- **Access / Capacity**
- **Retention**
- **Perception of Care**
- **Cost Effectiveness**
- **Use of Evidence-Based Practices**

### **National Outcome Measures (NOMs)**

NASADAD strongly supports the use of performance and outcome data to help improve services and improve lives. In fact, States across the country already capture and utilize data to help manage their systems. This experience shows that in order to effectively shape policy and practice decisions, such data must be clear, relevant and timely. The development and implementation of NOMs should help improve this decision-making process and paint a better picture of our substance abuse prevention and treatment system. As NOMs moves forward, NASADAD remains committed to working with SAMHSA to ensure that this data initiative evolves over time to take advantage of advances in technology and clinical practice.

### **Accountability**

Hawaii's Alcohol and Drug Abuse Division (ADAD) has several mechanisms in place to ensure that providers deliver effective prevention and treatment services. The following is a breakdown of the mechanisms in place:

*Performance Standards:* For prevention services, prevention contracts are monitored on-site at least once annually for compliance with the scope and terms of the contract. Output measures are submitted monthly using the MDS system and quarterly as well as year-end narrative reports are submitted by contractors to describe program utilization, accomplishments and challenges. To ensure that treatment services are effective, ADAD utilizes output and outcome measurements which are summarized and analyzed on a yearly basis in the Client Data System Follow-up Report. Providers must submit Quarterly Program Reports which summarize client output data and Year-end Program Reports which summarize and analyze the required performance data. Treatment contracts are also monitored on-site annually for contract compliance purposes.

*Financial Incentives:* The majority of ADAD's treatment contracts are based on performance contracting so that service providers do not get paid until services are provided.

*Mechanisms to Improve Quality and Performance:* ADAD has several mechanisms in place to improve quality and outcomes. ADAD requires that each provider establish a quality assurance plan that (1) identifies the mission of the organization, (2) describes the services that will be covered, (3) highlights how the services will be delivered, and (4) establishes guidelines for staff. The quality assurance system then identifies strengths and weaknesses, indicates corrective action plans, validates corrections and helps recognize and implement innovative, effective and efficient care models. ADAD also has personnel standards in place such as ensuring that counselors are State-certified and other staffing criteria. In order to further monitor quality, ADAD performs annual on-site program monitoring for contract compliance. This contract compliance activity ensures that providers meet all contract requirements (e.g. the recording of relevant client information and the provision of required program elements). In addition, the yearly program monitoring includes a fiscal review to ensure that all clinical services are documented correctly.

*Reallocating, Suspending, or Terminating Funds for Underperforming Providers:* ADAD, on a routine basis, does shift funds away from underutilized programs and reallocates resources to services of greater need and use. Agencies that are not performing are afforded opportunities to obtain additional technical assistance and support from program specialists. At times, the State may be forced to take more drastic measures after corrective action plans are deemed unsuccessful. Over the past five years, ADAD has been forced to terminate or suspend approximately three service contracts because of poor performance. These strategies - reallocating, suspending or terminating funds – assure that resources are efficiently and effectively used to match to the evolving needs of the communities across the State.

**A Solid Economic Investment:** According to the National Institute on Drug Abuse (NIDA) and the White House Office of National Drug Control Policy (ONDCP), the economic cost to U.S. society of alcohol and drug abuse was \$328 billion in 1998. Only 3.9 percent of the total economic costs were for alcohol and other drug treatment. Investing in addiction services reduces costs and helps Americans across the county regain their lives and families.



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