Montana Methamphetamine Data and Plan FY 21 & 22

Department of Public Health and Human Services
Addictive & Mental Disorders Division
Presentation Overview:

- Highlights from MT Surveillance Data
- Enhanced Stimulant Use Disorder Treatment Plan
Substance Abuse / Misuse in MT:

- Estimated 79,000 Montanans live with a Substance Use Disorder
- 18% of Montanans aged 18+ report binge drinking in the last year (2018 BRFSS)
- 171,000 Montanans age 12+ used marijuana in the past year (NSDUH 2016-2017)
Montana Self-Reported Meth Use

- This report focuses on illicit use of methamphetamine.
- In 2017-2018, 1% of Montana residents reported using methamphetamine in the past year.
- The percentage of Montana teens that reported methamphetamine use in the last month has decreased by half since 2012, dropping from 0.4% to 0.2% (2019).
Self-Reported Past-Year Methamphetamine Use Among Adults aged 18+, United States, Western States*, and Montana
Montana Meth-related Mortality

Between 2015 and 2018, psychostimulant deaths increased to 24 to 34 deaths per year.

In 2015, Montana’s age-adjusted death rate was significantly higher than that of the rest of the nation, but as of 2018 there was no significant difference.
Age-adjusted Psychostimulant*-related Death Rate, Montana and United States
Age at Death, Psychostimulant-related, 2015-2018
Reported Drug-Related Offenses, Montana
Key Informant Interviews

• A series of key-informant interviews were conducted in Yellowstone County with individuals with lived experience regarding methamphetamine use.

• Those being treated for substance use disorder in the justice system in Billings expressed frustration at the cycle of recidivism.
Survey Data

• A comprehensive survey has currently been released to SUD Treatment Clinical Directors to better understand how stimulant use is being treated.

• 40 question survey to gather data on what is currently being done for evidence-based treatment and opportunities

• This information will better inform our training and technical assistance plan for FY21 & 22
Stimulant Use Disorder Treatment Plan

- Contingency Management
- Community Reinforcement Approach
- Comprehensive Behavioral Strategy Pilot Project
Addressing Substance Use Disorders in Montana

Strategic Plan
2020-2023
Questions?

Bobbi Perkins, Prevention Bureau Chief
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BPerkins@mt.gov
Methamphetamine Prevention in Wisconsin

Presented by: Christy Niemuth
Wisconsin Department of Health Services
Christine.Niemuth@Wisconsin.gov
Why Meth Prevention?

2009

2012

2015

[Maps showing the prevention of meth in Wisconsin from 2009 to 2015]
Why Meth Prevention?

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015 Jan-Oct</th>
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<tr>
<td># Children</td>
<td>3</td>
<td>14</td>
<td>18</td>
<td>26</td>
</tr>
<tr>
<td>% of all Placements</td>
<td>16%</td>
<td>50%</td>
<td>50%</td>
<td>66%</td>
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<tr>
<td>All OOHC Costs</td>
<td>$378,499</td>
<td>$317,695</td>
<td>$635,561</td>
<td>$695,820</td>
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<td>Meth Placements</td>
<td>$49,672</td>
<td>$139,340</td>
<td>$223,665</td>
<td>$240,993</td>
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<td>% of OOHC Costs</td>
<td>13%</td>
<td>43%</td>
<td>35%</td>
<td>35%</td>
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CPS cases – Washburn County
2016 Wisconsin Methamphetamine Study

Northwest Wisconsin kNOw Meth

Stakeholders' Forum Summary & Recommendations - 2017

Northwoods Coalition kNOw Meth Report

Recommendations for Reducing the Use and Impact of Methamphetamine in Wisconsin

January 2018
<table>
<thead>
<tr>
<th>Activity</th>
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<tr>
<td>Provide Support: providing opportunities for people to participate in activities that reduce risk or enhance protection (e.g., sober activities, support groups, referrals for service)</td>
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<tr>
<td><strong>Increase the number of sober activities and events. Examples:</strong></td>
<td>Local</td>
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<tr>
<td>- Substance free events</td>
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<tr>
<td>- Recovery café</td>
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<tr>
<td>- Open gym</td>
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<td>- Exercise classes</td>
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<tr>
<td><strong>Increase access to peer support groups. Examples:</strong></td>
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<tr>
<td>- Faith Based Recovery Groups</td>
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<tr>
<td>- Narcotics Anonymous</td>
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<tr>
<td>- National Alliance on Mental Illness (NAMI)</td>
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<tr>
<td><strong>Cultivate recovery supportive worksites by:</strong></td>
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<tr>
<td>- Devoting time to cultivate self care habits</td>
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<tr>
<td>- Giving employees time off to go to treatment and recovery meetings</td>
<td></td>
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<tr>
<td>- Provide flexibility on background checks for new employees</td>
<td>✔</td>
</tr>
<tr>
<td>- Provide opportunities for employees to learn during lunch</td>
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<td>For more information, visit: <a href="https://www.samhsa.gov/workplace/toolkit">https://www.samhsa.gov/workplace/toolkit</a> and <a href="https://www.businessgrouphealth.org/pub/?id=f3151957-2354-d714-5191-c11a80a07294">https://www.businessgrouphealth.org/pub/?id=f3151957-2354-d714-5191-c11a80a07294</a></td>
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<td><strong>Recognize businesses that are supportive of individuals in recovery by providing incentives. Examples:</strong></td>
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<td>- Awards banquet</td>
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<td>- Mini grants</td>
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<td>- Positive media marketing</td>
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<td><strong>Advocate for resources in rural areas. Examples:</strong></td>
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<tr>
<td>- Funding for substance abuse initiatives</td>
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<tr>
<td>- Sober living and activities</td>
<td></td>
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<tr>
<td>- Transportation</td>
<td></td>
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<tr>
<td>- Treatment</td>
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<tr>
<td><strong>Provide funding and technical assistance to ensure basic needs are met to support whole recovery for individuals or those impacted by addiction. Examples:</strong></td>
<td></td>
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<tr>
<td>- Polysubstance funding</td>
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<tr>
<td>- Sober living options</td>
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<tr>
<td>- Transportation</td>
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<tr>
<td>- Effective and affordable treatment options for youth, parents, incarcerated</td>
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### Overall Key Message
Meth is a highly addictive stimulant that's impacting communities across WI.

### Key Message (Social Impact)
Meth impacts more than the person who is abusing it.

### Key Message (What you can do)
Pay attention – look for signs of addiction, use and trafficking.

### What is it?
White, odorless, bitter, crystalline powder, when ingested (dissolved, snorted, injected, smoked) affects the brains pleasure centers creating a rush.

**Children**
Neglected and at great risk - children are left to fend for themselves.
(Malnutrition, physical/sexual abuse, attachment/behavioral disorders, accidental ingestions, burns or death from cooking explosions)

**What to Look for**
- Possession of drug paraphernalia such as glass pipes, burnt spoons, cutoff straws or needles
- Burn marks on fingers or mouth
- Obsessively picking at hair or skin
- Changes in physical appearance
- Borrowing money often, stealing or selling items
- Strange sleep patterns
- Excessive sweating
- Unhealthy weight loss
- Twitching, facial tics, animated or exaggerated mannerisms

### Who's Using?
Addiction does not discriminate!
Methamphetamine addiction crosses all genders, races, classes, ages, neighborhoods and life experiences.

**Crime**
To use, manufacture or deal meth may lead to an increase in thefts, burglaries, homicides, or other criminal activity.

**Report Drug Activity**
If you see something, say something – work with law enforcement to report possible drug activity. They can't stop what they don’t know!

### How Does Meth Impact User?
Caution: Meth users may become violent without provocation, or even suicidal. Other effects include:

**Short Term Effects**
- Wakefulness (not eat/sleep for days)
- Increased energy (risk behaviors)
- Increased breathing, heart rate and blood pressure
- Increased body temperature
- Chemical burns

**Long Term Effects**
- Extreme weight loss
- “Meth mouth” (severe tooth decay)
- Anxiety
- Insomnia
- Violent or psychotic behavior – paranoia, hallucinations or delusions

**Environment**
Discarded needles or manufacturing equipment causes a significant health risk.

Meth is frequently manufactured or cooked in homemade labs. Vapors can remain, making these locations toxic. For each pound of meth produced, it creates 5-6 pounds of hazardous waste.

**Get Involved!**
Members of the Northwoods Coalition have joined local and regional resources to form a “meth task force” - For more information visit: [www.methtaskforce.org](http://www.methtaskforce.org)
State Involvement

https://knowmethwi.org/

https://youtu.be/xs6sSnE4_jU
A message map is a communication tool that helps you tell a story. It takes seven seconds to say 21 words. If you want to draw attention or be quoted in the media, reporters need you to tell your story in short soundbites. Once your audience gains interest within the first seven seconds, you can expand the story.

**WHY YOU SHOULD “KNOW METH”**

### OVERALL KEY MESSAGE

Meth is a highly addictive stimulant that's impacting communities across WI.

### KEY MESSAGE (SOCIAL IMPACT)

Meth impacts more than the person who is abusing it.

### KEY MESSAGE (WHAT YOU CAN DO)

Pay attention - look for signs of addiction, use and trafficking.

### WHAT IS IT?

White, odorless, bitter, crystalline powder, when ingested (dissolved, snorted, injected, smoked) affects the brains pleasure sensors creating a rush.

Crystal meth is similar to clear glass shards or shiny blueish white rocks.

### CHILDREN

Neglected and at great risk - children are left to fend for themselves.

(Malnutrition, physical/sexual abuse, attachment/behavioral disorders, accidental ingestions, burns or death from cooking explosions)

### WHAT TO LOOK FOR

- Possession of drug paraphernalia such as glass pipes, burnt spoons, cutoff straws or needles
- Burn marks on fingers or mouth
- Obsessively picking at hair or skin
- Changes in physical appearance
- Borrowing or stealing money
- Stealing or selling items
- Strange sleep patterns
- Excessive sweating
- Unhealthy weight loss
KNOW METH
Community Presentation
What Can You Do To Help?

– Talk to your children and family members about the risks and dangers of meth use
– Get involved in your local KNOW METH campaign
– Get involved with your local coalition
– Monitor the use of pseudoephedrine (cold medicine) in your home
– Refuse to purchase pseudoephedrine for another person
What Can You Do To Help?

• If you see suspicious activity, report it to law enforcement’s Drug Tipline: 1-800-622-3784
• To find recovery resources in your area: www.recovery.org
• SAMHSA Treatment Service Locator
  – 1-800-662-HELP (4357)
  – www.findtreatment.samhsa.gov
• Visit knowmeth.org
How to Use the Campaign Locally

- Billboards/Community Education
- Talk to the Community/Engage Stakeholders
- Share Data
- Support DEC Programs
  - Law Enforcement
  - Child Protective Services
  - Schools
- Drug Court/Road to Reunification Court
- Promote Trauma Informed Treatment
Drug Court-How You Can Help?

• **Employer:** Consider hiring one of our participants who are qualified to meet your staffing needs.

• **Landlord:** Consider renting to one of our participants, perhaps at a reduced rate.

• **Person in Recovery:** Consider sponsoring a participant.

• **Professional:** Donate your time or services.

• **Donate:** If you are able, consider donating to the Drug Court Foundation.
Take-Aways

• The SPF works!
• Engage multi-level, multi-disciplinary stakeholder groups
• Prevention is Prevention is Prevention!
Methamphetamine in Hawaii: Why We Are Overhauling The Whole System

• Overview
  • Historic and Current Picture

• Changes to our thinking and our approach
  • Paradigm Shift
  • Systems transformation
Meth Use Nearly Doubles among Older Adults in Hawaii

SOURCE: Alcohol and Drug Abuse Division (ADAD), Hawai‘i Department of Health.
Primary Substance Used at Admission for Adults 50 Years and Older, 2010-16

SOURCE: Alcohol and Drug Abuse Division (ADAD), Hawai‘i Department of Health.
Primary Substance Used at Admission for Adults 18-49, 2010-16

![Bar chart showing the percentage of primary substances used at admission for adults 18-49 in Hawaii from 2010 to 2016. The chart includes data for Methamphetamine, Alcohol, Marijuana, and Other substances.

SOURCE: Alcohol and Drug Abuse Division (ADAD), Hawai‘i Department of Health.]
79 Percent of Meth-Related Drug Convictions in Federal Court, 2015
Hawaii Fatal Drug Poisonings 2009-2018

The number of Hawaii deaths associated with methamphetamine use has risen sharply within the past five years. In 2018, 147 people died from a fatal poisoning that was documented to involve psychostimulants, a classification of methamphetamines.
Substance Use Upon Admission to Treatment In Hawaii

The most common substance used in Hawaii upon admission to treatment centers is methamphetamine and amphetamines, according to 2017 national data.
Methamphetamine-related hospitalizations at Queen's Medical Center Punchbowl and West Oahu campuses rose from 532 to more than 2,100 over the past decade.
The Opioid Epidemic Is Part Of The Sud Epidemic In Hawaii

A review of autopsy records for Opioid related deaths in Honolulu county found that:

- Overall, more than half (59%, or 33) of the 56 victims were positive for other illicit substances.
- 23 for methamphetamine
- 10 for cannabinoids
- 2 for cocaine; and,
- 12 for heroin.
2017 Hawaii State Hospital Admission Characteristics, Jan-Nov, N=301 Admitted

Those who used meth had 2.5 times greater odds of being a readmission compared to those who did not use meth.

Lowest median number of days between the first 2017 discharge and 2nd admission was for meth users, (48.5 days)

The Majority admitted had:

- Ever been readmitted (59%)
  - 8.5% admitted ≥ 2X in 2017
- Ever been homeless when admitted in 2017 (55%)
- Ever used at least 1 substance in 2017 (61%)
- Had psychotic-related primary diagnosis (63%)
HSH LOS and Readmission by Meth Ever Status, 2012-Present

LOS, Days

<table>
<thead>
<tr>
<th></th>
<th>No Meth</th>
<th>Meth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median</td>
<td>161</td>
<td>221</td>
</tr>
<tr>
<td>Max</td>
<td>295</td>
<td>338</td>
</tr>
</tbody>
</table>

% > 1 HSH Admission since 2012

- No Meth: 38%
- Meth: 53%

LOS, Days

<table>
<thead>
<tr>
<th>Total LOS Days</th>
<th>No Meth</th>
<th>Meth</th>
</tr>
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<tbody>
<tr>
<td>42,124</td>
<td></td>
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<tr>
<td>68,516</td>
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</table>
Current System Costs
HSH Utilization/Re-admissions Cost Analysis

Average length of stay for the HSH
Average LOS for Unfit to proceed = 7 mos. (212 Days)

$208,101.32  Total cost for one client stay.  ($66,384,531.62)

If that client has one re-admission (which is likely based on readmission rates of more than 60%) with even half the average stay/cost of initial stay – the annual cost for the client (just at the HSH) would be:

$208,101.32  Total cost for one client stay
$104,050.66  Half of initial stay
$312,151.98  Total annual cost with Re-admission.

Based on the estimates and assumptions discussed above:

If 50% (159) of the 319 admissions in 2017 we re-admissions – and assuming the average LOS of the readmission was half that of the initial stay (106) – re-admissions cost the HSH:

$ 104,050.66 Cost of each re-admit
X 159  (Clients)
$16,544,054.94  Total estimates ($66,384,531.62 + $16,544,054.94 = $82,928,586.56)

These numbers are calculated cost for the HSH alone and do not reflect the added community program costs; costs incurred by the Judiciary; or costs incurred by public safety and local law enforcement by this population.
• Meth use and treatment admissions in Hawai‘i are considerably higher than the national average
• Estimated cost of meth abuse is Tens of Millions/year
• Overburdened healthcare and justice systems
• The issue is multifaceted and impacts virtually every sector of the state
• It has been like this for over a decade with increases – not decreases - in the kinds of data sets we track for impact.
We realized something was really wrong with this picture

We recognized that we had to completely re-think and restructure what we were doing if we wanted to avoid:

- Adverse / unintended effects.
- Minimal effect compared to level of effort/expenditure.
- Duplication of effort (at best).
- Longer-term effects that negate short-term gains.
- Reaction vs Pro-action.
Perspectives on SUD
A Systems Paradigm Shift

- Current polarity of thinking about addiction – Brain Disease vs. Bad personal choices.
  - Based on the research – this should not even be a question.
  - Even if you still have questions about the conclusion of the massive amount of research – at the very least, it proves the sheer complexity of the issue.
- Addiction, (like diabetes) encompasses both; a manifestation of a “disease” heavily impacted by personal choices and lifestyle habits.
- At every stage of the progression there exists both “voluntary” and “involuntary” components.
- Successful treatment requires a combination of medical interventions as well as lifestyle/behavior changes.
- SIMPLY STATED – RECOVERY IS ABOUT INCREASING PROTECTIVE FACTORS WHILE REDUCING RISK FACTORS.
- The cost of not doing so represent tremendous burden to society.
We Made New Rules For All SUD/BH State Responses And Initiatives

- Focus on SUD as a Chronic Disease
- Impact on wide spectrum of social problems facing the state
- Coordinated approach across systems
Further, That All Efforts Must Also:

<table>
<thead>
<tr>
<th>Reflect</th>
<th>a Multi-agency effort</th>
</tr>
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<tbody>
<tr>
<td>Focus</td>
<td>on coordination and alignment of efforts</td>
</tr>
<tr>
<td>Employ</td>
<td>a balanced Public safety/Public health approach</td>
</tr>
<tr>
<td>Align</td>
<td>with a broad range of national recommendations and best practices</td>
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<tr>
<td>Be Proactive</td>
<td>Focused on the solutions – not the problems</td>
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This all is leading to:

1. More focus on SUD as a Chronic Illness
   - Every activity should promote and support WELLNESS

2. Understanding that every activity to address a specific crisis should have an impact on a wide spectrum of SUD and other social problems facing the state

3. Every activity should involve a coordinated approach across systems - we refer to this as SYSTEM ENGINEERING
“The focus of Hawai‘i’s efforts is not to “identify” or to “raise awareness” of the problem. Rather, the new focus of all our initiatives is to leverage the expertise of individuals, groups and organizations across the state; to harmonize efforts; to coordinate resources; and to implement a unified plan of action.”
Hawai‘i CARES

Coordinated Access Resource Entry System

The DOH Alcohol and Drug Abuse Division, in collaboration with the University of Hawai‘i at Manoa, creating a coordinated and responsive system of care.
CARES Primary Functions

Entry-point and coordinating center for statewide treatment and recovery support services

CARES has three primary functions:

1) around-the-clock call and referral center for treatment using a universal intake process;

2) a managing entity for service placement and authorization into the continuum of care; and

3) a mechanism for continuous service and systems quality improvement.
Opportunity for Service & System Improvement

- Unified network of providers
- Data-driven process and outcomes tracking
- Improved oversight of treatment placement and individual providers
  - ASAM Patient Placement Criteria
  - Prioritization for expecting mothers and IV users
- Continuous quality improvement
- Centralized waitlist; inventory of bed space
COVID-19 RESPONSE
An opportunity from CRISIS
Behavioral Health and Homelessness Statewide Unified Response Group

• A synchronistic partnership between three state offices as well as the counties, the University of Hawaii, and other partners

• Aimed at linking and syncing COVID-19 response related to:
  • Response efforts
  • Response policies
  • Response services
  • Response resources
  • Response messaging and information

• In a crisis, coordinated effort and communication is key

• Launched March 21st, 2020
BHHSURG Subcommittee Organization

Each committee includes subject matter experts from BHHSURG partnering agencies
Weekly Provider Webinars

- Mondays via Zoom (12:00 PM – 1:00 PM)
  - Informational speakers
    - Examples include: MedQuest Medical Director, Executive Director of Hawai‘i Health and Harm Reduction Center, Assistant Professor of the Department of Psychiatry
  - Updates on response efforts
  - Opportunities for informal question and answer
- ~350-450 participants weekly
- Webinars are recorded and stored on the website
- Suggest specific guest speakers or topic areas: DOH.BHA.BHHcovid19response@doh.hawaii.gov
- Sign-up: https://health.hawaii.gov/bhhsurg/weekly-webinar/
Digital Media Resources

• Website: http://bhhsurg.hawaii.gov/
  • Guidance on important topics for providers (e.g., telehealth, billing, administrative updates)
  • “Submit a question” function (with 24-hour turnaround), staffed by clinical and administrative experts
  • Linked to other state sites (e.g., hawaiicovid19.com, homelessness.hawaii.gov)
  • Dedicated staff examining national guidance
  • Decision trees
Tracking Ever-Changing Guidance, Translating to Clinical and Operational Guidance

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<th>Organization</th>
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Clinical Guidance & Algorithms & Trees Development

- General self care guidance
- Frontline worker self care guidance
- DV
- Wearing PPE and wearing masks
- Kaaahi Testing, Quarantine, and Isolation Center Guidance
- PPE guidance
- Telehealth guidance
- Homeless shelter screening
- Homevisiting guidance
- BHHSURG master screening tool http://go.hawaii.edu/AS2
- Quarantine with only travel-exposed risk factor

Behavioral Health and Homelessness Statewide Unified Response Group (BHHSURG)
Weekly Provider Newsletters

Welcome!

Aloha and welcome to the first edition of the Behavioral Health and Homelessness Statewide Unified Response Group provider newsletter! We want to make every effort to offer frequent, unified guidance on how best to continue the essential and excellent work that you do for our community. In this edition, you will find helpful information on when to use telehealth and personal protective equipment (PPE), learn how to sign up for the weekly webinar, and get an orientation to our brand new website. We are updating our guidance constantly, so please stay connected to us via our website, this newsletter, and our social media accounts.

Thank you for playing an important part of something bigger: saving lives and protecting our healthcare system. We are grateful for your partnership!

Eddie Mersereau, Deputy Director, Behavioral Health Administration
Scott Morishige, Governor's Coordinator on Homelessness
Harold Brackeen III, Department of Human Services' Homeless Programs Office

Resource Hub

Click the images below to get more information about these provider resources.

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"When "I" is replaced with "We" even "Illness" becomes "Wellness"
- Malcom X