Addressing Opioid Misuse and Use Disorders: The Impact of State Targeted Response and State Opioid Response Grants

Background on State Targeted Response and State Opioid Response Grants

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the State Targeted Response to the Opioid Crisis (STR) and State Opioid Response (SOR) grant programs. The STR program was designed to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose–related deaths through the provision of prevention, treatment, and recovery support activities for opioid use disorder (OUD). Following STR, the SOR program similarly aims to address the opioid crisis by increasing access to medication-assisted treatment (MAT) using the three Food and Drug Administration (FDA)–approved medications for treatment of OUD and through the provision of prevention, treatment, and recovery activities for OUD. In addition, the SAMHSA SOR program supports evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine.

In FY 2017 and FY 2018, grantees received a total of $1 billion through STR. From FY 2018 through FY 2020, states, territories, and jurisdictions received a total of $4 billion in SOR grants.

Single State Agency (SSA): Hawai’i Department of Health Alcohol and Drug Abuse Division (ADAD)

Hawai’i’s Alcohol and Drug Abuse Division (ADAD) within the Department of Health received $4 million in total STR funding for FY 2017 and 2018. Through the SOR grant, the state received $14 million in total funding for FY 2018 through 2020.

Overview of Hawai’i’s efforts to address opioid misuse and disorders

With the initial award of STR funding, Hawai’i developed the Hawai’i State Opioid Plan through *The Hawaii Opioid Initiative: A Statewide Response for Opioid and Other Substance Misuse Issues*. Today their plan includes formalized focus areas for state, county, city, for-profit, and nonprofit stakeholders:

1. Access to treatment
2. Prescriber education and pain management practices
3. Data-informed decision making
4. Prevention and public education
5. Pharmacy-based interventions
6. Support for law enforcement and first responders
7. Screening, Brief Intervention, and Referral to Treatment (SBIRT)
Objectives for each focus area were created by workgroups with three primary themes: system improvement through collaborative response; a balanced public health/public safety approach; and health care integration. The first Hawaii Opioid Initiative (HOI) plan (HOI 1.0) provided a coordinated roadmap for Hawai‘i’s targeted response and developed a framework for policy development and implementation that has been widely successful in bringing stakeholders together and coordinating efforts. The plan is treated as a living document intended to be reviewed and revised at least annually. The first annual review led to the release of the second plan (HOI 2.0), which indicated which goals had been achieved, assessed goals that were still in progress, and identified new objectives. The third annual review led to the continuation of the initiative’s collaborative efforts and aims to expand stakeholder connections as the plan enters into its third version (HOI 3.0). You can access the HOI website at https://www.hawaiiopioid.org/.

Innovative service delivery models

- Hawai‘i Overdose Data to Action-Care Coordination and Capacity Building (OD2A-C3)
- Law Enforcement Assisted Diversion (LEAD) pilot project
- Hawai‘i Coordinated Access Resource Entry System (Hawai‘i CARES)
- Electronic health record integration

Building workforce capacity

Hawai‘i Overdose Data to Action-Care Coordination and Capacity Building (OD2A-C3)

In collaboration with the University of Hawai‘i, the HOI has increased workforce development by engaging undergraduate and graduate students to work on the projects. The Hawai‘i OD2A-C3 provides activities and resources for social workers and other health and human services providers to address opioid and other drug misuse and overdose. The project includes Workforce Development Fellows (WDFs). The WDFs are a team of students who were educated about opioid overdose prevention and supported several substance use prevention and treatment community organizations.

Prescriber education

The HOI has developed the Mocha Minutes project, which is a set of 24 5–10 minute interactive modules for prescribers to stay up-to-date on opioid and pain management–related topics. In addition, the HOI has also participated in Project ECHO Hawai‘i.

Nurse Residency Program Enhancement

The Nurse Residency Program Enhancement is a collaboration with the University of Hawai‘i, School of Nursing and Dental Hygiene and the HOI. The project aims to increase the number of trained new nursing professionals on safer patient opioid practice standards, disseminate safer patient opioid practice standards to expert nurses in Hawai‘i, and provide current and evidence-based opioid training content to increase healthcare provider knowledge and utilization.

Collaborating with public and private entities

Through joint efforts of ADAD, the Hawai‘i Medical Service Association, and several provider agencies, a Universal Standardized Intake and Screening (USIS) form has been created. The form can increase referrals and further expand access to treatment as part of the system of care and improving patient care coordination.
The implementation of the HOI has increased interdisciplinary collaboration to address the same cause: opioid use and other substance misuse. It has also increased access to treatment, provided a platform for innovation and collaboration, and expanded coordination to provide the best care for the client.

**Preventing opioid misuse before it starts**

Currently, Hawai‘i is using SOR and STR to implement a variety of prevention strategies.

**High Intensity Drug Trafficking Areas (HIDTA)**

As part of the HOI, High Intensity Drug Trafficking Areas (HIDTA) has been instrumental in working with the Attorney General, the Department of Health, the Narcotics Enforcement Division (NED), and statewide police departments in implementing 35 year-round medication drop boxes throughout the state and collecting over 3,000 pounds of prescription medication from July 2018 to December 2019. (https://www.hawaiiopioid.org/drug-take-back)

**Electronic Health Record Integration**

Advancements have been made to increase electronic health record integration between hospital and primary care settings to improve patient coordination. NED has successfully increased prescription drug monitoring program (PDMP) registrations. By enhancing PDMP registrations, prescribing patterns of opioids can be tracked in an effective and efficient manner. Within 3 months, there has been a twofold increase in PDMP registration, with approximately 6,000 prescribers who are registered to use the PDMP.

**Law Enforcement Assisted Diversion**

A LEAD pilot project was implemented in Honolulu for the purposes of supporting law enforcement agencies operating in a specific geographical area to determine the effectiveness of this intervention for low-level drug and other offenses related to behavioral health and homelessness.

**Education and public awareness**

The HOI is working on several media campaigns that address three categories: people who do not currently use drugs, in an effort to prevent misuse and dependence of prescription opioids; people who use opioids to manage pain, in an effort to increase use of alternatives for pain and get treatment if needed; and people who use opioids for the euphoric effects, in an effort to reduce overdose, overdose deaths, and increase naloxone administration.

**Overdose reversal efforts: saving lives**

Pharmacists are now authorized to prescribe and dispense opioid antagonists to patients at risk of overdose and for family members and caregivers of patients at risk of overdose (Act 255, 2019).

The Hawai‘i syringe service programs work with a network of outreach service providers to provide intervention, screening, and referral to treatment along with education and harm reduction services.

Activities targeted toward prescriber education have included implementing an online library of educational training topics that include registration and utilization of the PDMP, integration of SBIRT trainings, and the implementation of Project ECHO, in collaboration with the University of Hawai‘i at Mānoa, which provides relevant opioid and pain management information.

Currently, the State works closely with local agencies to distribute naloxone and provide opioid overdose prevention training to over 1,000 individuals (32 trainings) throughout the state. In addition,
as of December 2019, Hawai‘i has recorded over 85 overdose reversals and has disseminated over 2,740 doses of naloxone. However, to expand access to naloxone, the State is in the process of planning and implementing a statewide naloxone distribution plan.

**Increasing access to treatment**

**Implementation of Hawai‘i CARES**
CARES provides a continuum of care to deliver substance use disorder (SUD) treatment, modeled after the American Society of Addiction Medicine (ASAM). This system is a significant step toward integrating substance use and mental health treatment throughout the state. ([https://health.hawaii.gov/substance-abuse/cares/](https://health.hawaii.gov/substance-abuse/cares/)).

**Identifying Drug Addiction Treatment Act (DATA)—waivered physicians**
Through the HOI, DATA-waivered physicians have been identified with the objective of integrating them into the Statewide Continuum of Care and network of treatment providers. Currently, the state and the HOI are looking to expand the list of DATA-waivered physicians to increase access to care.

**Integrated care**
The state has expanded opportunities for treatment network providers to offer MAT or improve coordination to integrated care. Increased access includes improved care coordination among 32 contracted service providers, improved coordination for client access to MAT, transportation for OUD clients, improved outreach coordination, stabilization of clients while awaiting long-term service arrangements, and improved protocols for storage of take-home MAT.

**Supporting long-term recovery**
The expanded coordination between provider agencies resulted in more comprehensive coordination to ensure that recovery support services are applied effectively and efficiently to meet the needs of the clients. Recovery support services include connection to support groups, assistance with employment services, assistance with follow-up to primary care needs, educational services assistance, and services for other substance use and mental health needs. The Hawai‘i CARES program provides a link to connecting clients with treatment services and recovery services such as group recovery homes.

**Serving special populations**

**Perinatal Substance Use Workgroup**
The HOI provides a framework to focus on populations of high need. The Perinatal Substance Use Workgroup is a product of HOI Focus Area Workgroups: Access to Treatment and SBIRT. The PSUD Workgroup continues to improve the systems of care to support perinatal women with OUD/SUD in the state. The Workgroup aims to continue to enhance the capacity of OUD/SUD providers to bill medical insurance for services, develop and implement guidance on perinatal clients for Hawai‘i CARES, and design and implement a pilot care coordination support model for perinatal OUD/SUD clients.
Services for Native Hawaiians and Pacific Islanders

To address the needs of the Native Hawaiian and Pacific Islander population, the HOI has a dedicated subworkgroup to provide a platform to discuss the barriers to care. The goal of this project is to create a behavioral health screening tool for the Native Hawaiian population and to create informational guides and protocols that Hawai‘i CARES may use to make referrals to Native Hawaiian cultural intervention treatment providers. Hawai‘i CARES staff will also receive Native Hawaiian cultural competency training. Currently, the project is in the final stages of procurement.

Services for those involved in the criminal justice system

Lastly, the HOI has a subworkgroup focused on criminal justice–involved clients. The subworkgroup identifies the needs within that specific community and works to provide solutions to those needs. The subworkgroup has increased participation by identifying stakeholders within the state that work with criminal justice–involved clients. They aim to identify resources and provide guidance on what resources are available for this population.

Demonstrating outcomes for a healthier future

- Media campaign featuring football athlete Chad Owens drove 17,000+ users to [www.hawaiiopioid.org](http://www.hawaiiopioid.org) website
- [https://www.hawaiiopioid.org](https://www.hawaiiopioid.org) was optimized to enable search engines to index the site and allow for the website to display search results. The “Resources” webpage was improved to include a new patient resources page and a new first responder’s link.
- Between September 30, 2020, and March 30, 2021, 3,708 naloxone doses were distributed in the State of Hawai‘i, and there were 11 overdose reversals.
- In May 2021, the state purchased and disseminated 3,504 doses of naloxone to harm reduction entities, health centers, and other providers within the Continuum of Care.

Funding for this initiative was made possible (in part) by grant no. 1H79TI083343 from SAMHSA. The information contained in this Brief was provided and verified by the state/jurisdiction. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.