

HAWAII

State SSA Director

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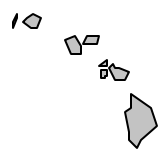
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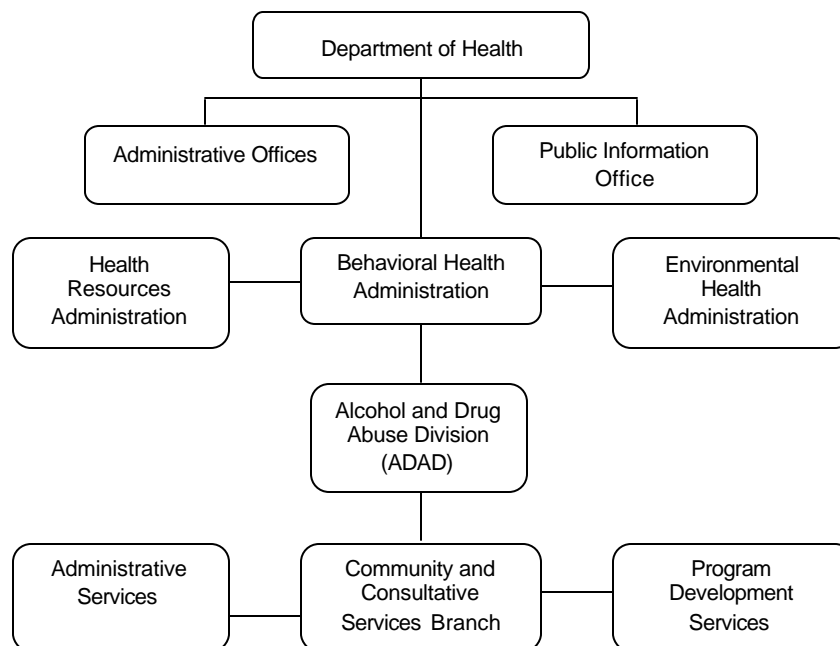
Web Site: www.hawaii.gov/health/substance-abuse

Structure and Function



The Alcohol and Drug Abuse Division (ADAD) is a component of the Hawaii Department of Health, Behavioral Health Administration. The ADAD is the Single State Agency (SSA) for Hawaii and provides the leadership necessary for developing and delivering quality substance abuse prevention, intervention, and treatment services for Hawaii residents. ADAD's primary functions are grants and contracts management, clinical consultation, quality assurance, training, accreditation of substance abuse treatment programs, certification of substance abuse counselors and program administrators, policy development, planning and interagency coordination, client/program data collection/information systems, and needs assessment.

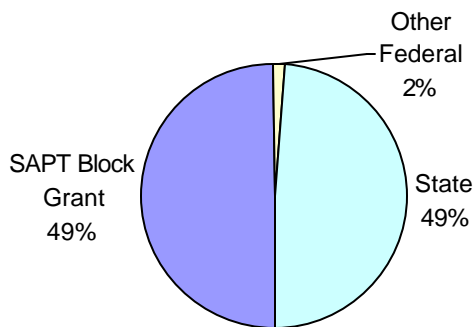
Single State Agency Structure



Single State Agency Funding Overview

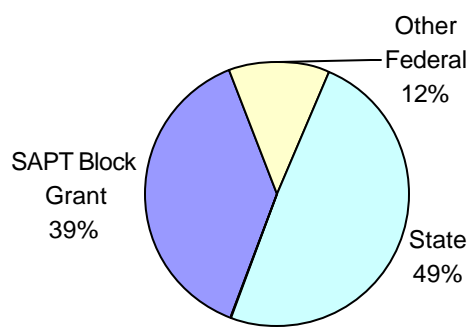
Hawaii’s overall SSA funding totaled nearly \$18.4 million in FY 2003—up approximately \$5 million over FY 2000 expenditures. The largest source of funding in FY 2003 was the State at 49 percent of the total, followed by Block Grant (39 percent) and other Federal funds (12 percent). This distribution represents a change from FY 2000 when the Block Grant contributed 50 percent and other Federal funds contributed 2 percent, but the State’s relative share has remained the same at 49 percent of total funding.

FY 2000 Expenditures by Funding Source

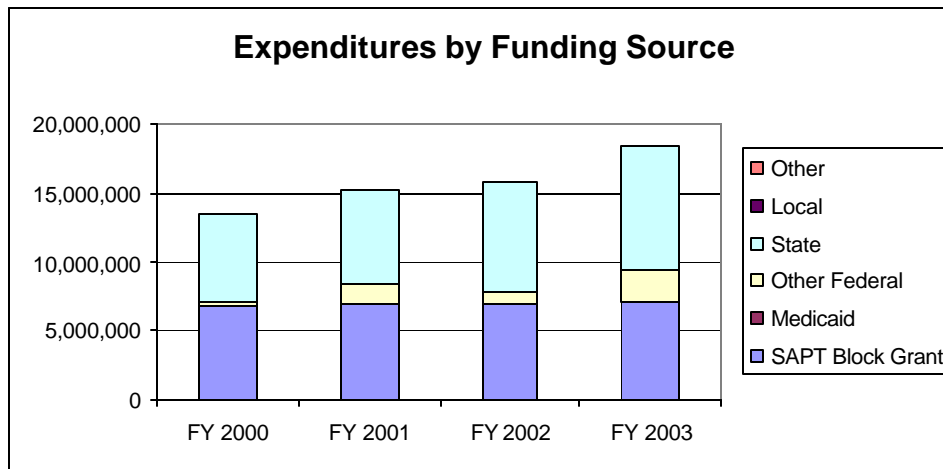


N=\$13,561,771

FY 2003 Expenditures by Funding Source



N=\$18,381,639



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	6,732,434	50	6,928,177	45	6,932,683	44	7,083,900	39
Medicaid	0	0	0	0	0	0	0	0
Other Federal	251,402	2	1,473,295	10	789,742	5	2,252,096	12
State	6,577,935	49	6,898,548	45	8,160,295	51	9,045,643	49
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	13,561,771	100	15,300,020	100	15,882,720	100	18,381,639	100

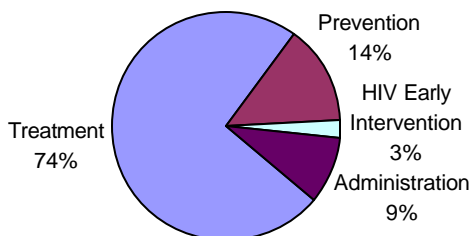
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

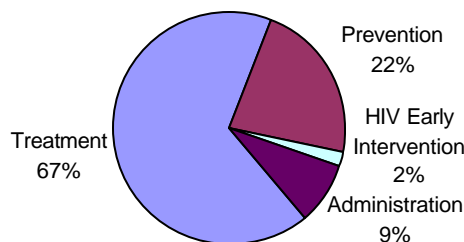
Of the nearly \$18.4 million in SSA expenditures in FY 2003, 68 percent was targeted for treatment and rehabilitation services, 22 percent for prevention services, and 7 percent for administrative costs. Looking at spending over time, this proportional breakdown decreased for treatment (from 74 percent of the total in FY 2000) and administration (from 9 percent) and increased for prevention (from 14 percent).

FY 2000 Expenditures by Activity

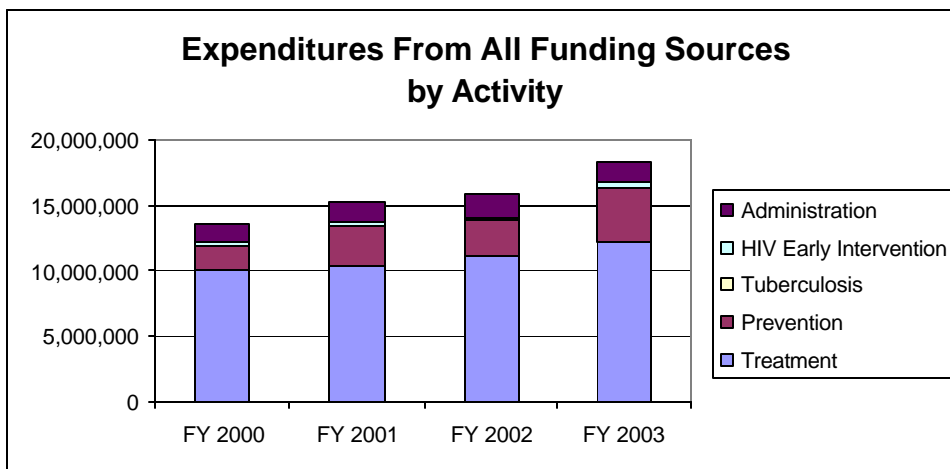


N=\$13,561,771

FY 2003 Expenditures by Activity



N=\$18,381,639



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	8,947,603	66	10,253,908	67	11,229,730	71	12,301,075	68
Alcohol Treatment	369,340	3	0	0				
Drug Treatment	701,701	5	0	0				
Prevention	1,923,214	14	3,271,477	21	2,664,404	17	4,117,265	22
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	349,193	3	197,157	1	170,000	1	599,998	3
Administration	1,270,720	9	1,577,478	10	1,818,586	11	1,363,301	7
Total*	13,561,771	100	15,300,020	100	15,882,720	100	18,381,639	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

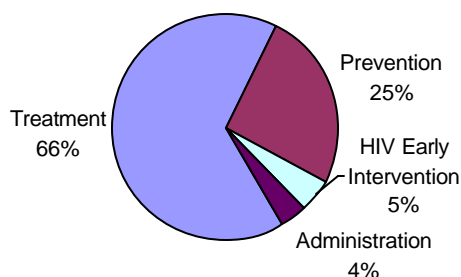
*Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

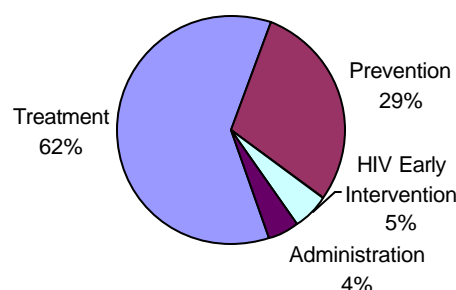
Treatment and rehabilitation activities accounted for the largest share (62 percent) of the more than \$7 million in SAPT Block Grant funding for Hawaii in FY 2003, followed by prevention (at 29 percent). Dollar values and distribution percentages for HIV early intervention and administrative activities were consistent with Block Grant spending requirements and restrictions during this time period.

FY 2000 Block Grant Expenditures by Activity

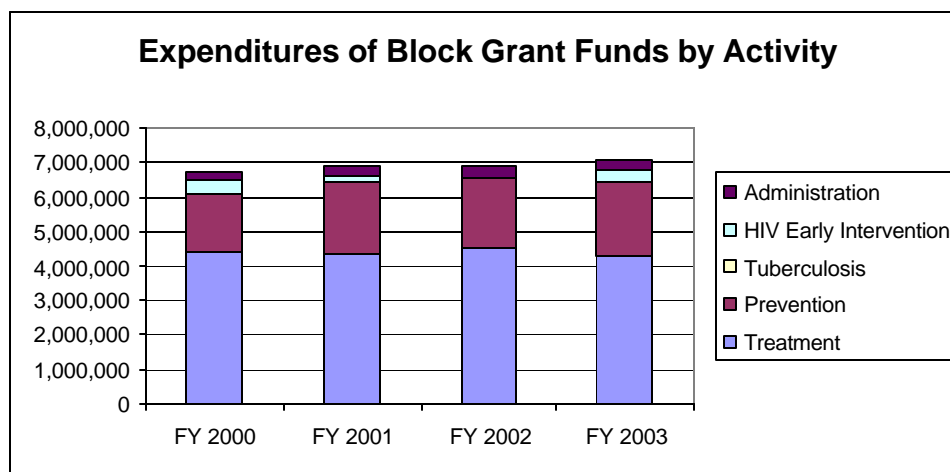


N=\$6,732,434

FY 2003 Block Grant Expenditures by Activity



N=\$7,083,900



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	3,645,861	54	4,381,800	63	4,551,653	66	4,341,242	62
Alcohol Treatment	369,340	5	0	0				
Drug Treatment	403,953	6	0	0				
Prevention	1,710,149	25	2,054,437	30	2,027,908	29	2,080,096	29
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	349,193	5	197,157	3	0	0	360,071	5
Administration	253,938	4	294,783	4	353,122	5	302,491	4
Total*	6,732,434	100	6,928,177	100	6,932,683	100	7,083,900	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

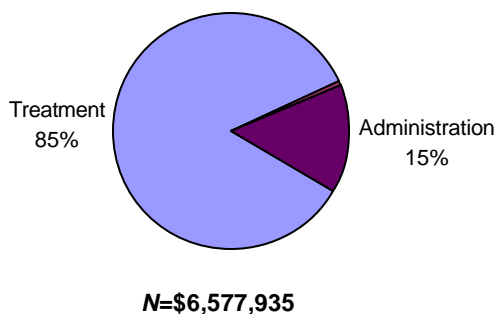
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

*Totals may not equal 100 percent due to rounding.

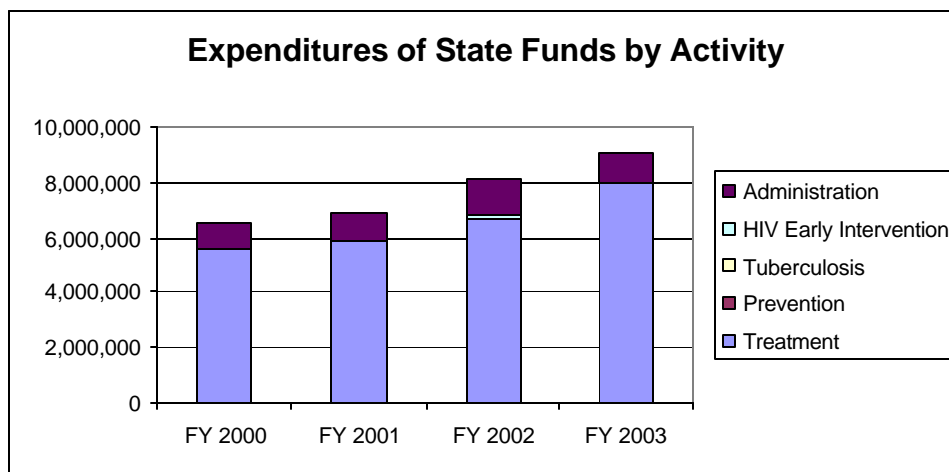
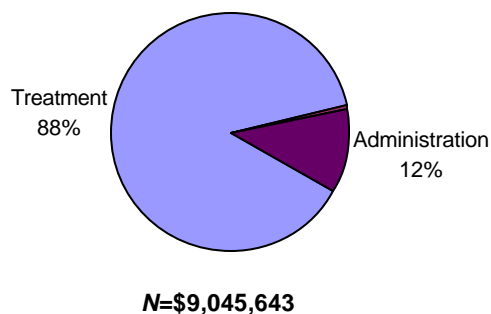
Expenditures of State Funds

SSA expenditures from State funds have increased steadily over time. Hawaii contributed over \$9 million toward SSA activities in FY 2003—almost \$2.5 million more than its FY 2000 expenditures. The increased funding was directed primarily toward treatment and rehabilitation activities, which accounted for 88 percent of State funds—a slight increase from their 85 percent allocation in FY 2000. Administrative activities accounted for 12 percent of State funds, a slight decrease from FY 2000 (when administration accounted for 15 percent).

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	5,301,742	81	5,872,108	85	6,678,077	82	7,959,833	88
Alcohol Treatment	0	0	0	0				
Drug Treatment	297,748	4	0	0				
Prevention	24,303	0	13,427	0	13,427	0	25,000	0
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	170,000	2	0	0
Administration	954,142	15	1,013,013	15	1,298,791	16	1,060,810	12
Total*	6,577,935	100	6,898,548	100	8,160,295	100	9,045,643	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

*Totals may not equal 100 percent due to rounding.

Prevention Services

ADAD’s overall objectives are to ensure that a broad range of prevention programs, services, and activities reach individuals, families, schools, and communities, with an emphasis on Hawaii’s youth. ADAD supports prevention approaches in local communities that are based on sound research, evidence-based findings or best practices, and outcome-focused frameworks.

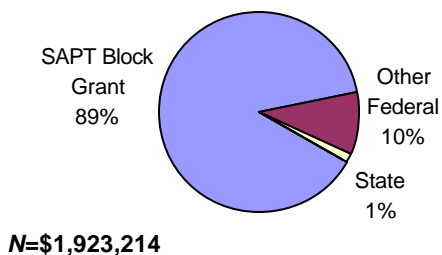
Prevention programs are contractually required to establish an appropriate set of measurable outcomes, performance targets, and milestones and periodically assess their progress towards achieving them. Such assessments or evaluations are to be used to refine their outcomes, performance targets, and milestones and improve their programs. Prevention programs are also required to collaborate or coordinate with other services in the community. Many programs use multiple prevention strategies. A community partnerships initiative will address prevention needs identified by communities through a planning process. Community-based providers will be required to select and implement evidence-based programs appropriate to their communities that focus on serving youth ages 11–17.

Prevention Funding and Expenditures

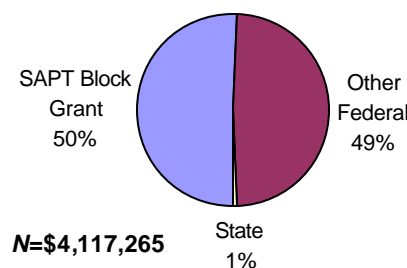
Hawaii spent more than \$4 million on prevention services in FY 2003—more than double what it spent in FY 2000. While the dollar amount from Block Grant funds remained relatively stable during this time, funds from other Federal sources fluctuated (from approximately \$189,000 in FY 2000, to \$2.0 million in FY 2003). The proportion of dollars spent from the different sources changed over time. Block Grant funds constituted 50 percent of total expenditures in FY 2003 (down from 89 percent in FY 2000), and other Federal funds constituted 49 percent (compared with only 10 percent in FY 2000).

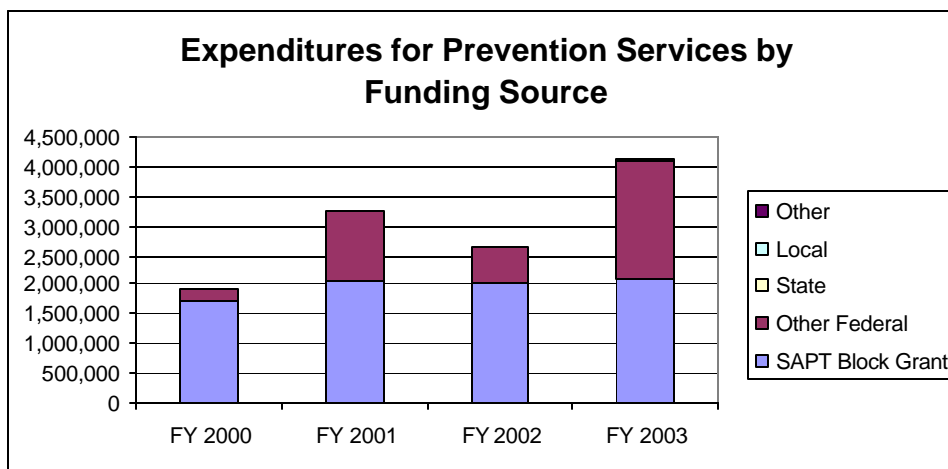
Prevention per capita funding from the Block Grant has increased over time from \$1.41 in FY 2000 to \$1.67 in FY 2003.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source





Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	1,710,149	89	2,054,437	63	2,027,908	76	2,080,096	50
Other Federal	188,762	10	1,203,613	37	623,069	23	2,012,169	49
State	24,303	1	13,427	0	13,427	1	25,000	1
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	1,923,214	100	3,271,477	100	2,664,404	100	4,117,265	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Core Strategies

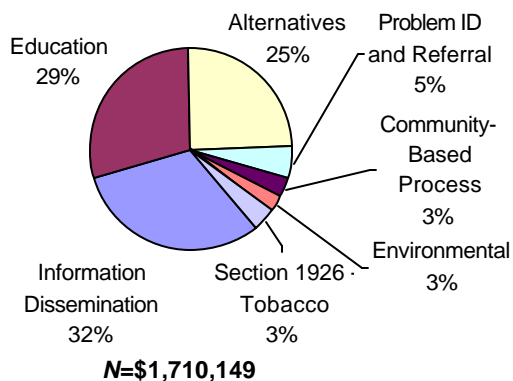
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	The Regional Alcohol and Drug Awareness Resource (RADAR) Center is an information clearinghouse and library that develops and/or disseminates resource directories, newsletters, brochures, and informational displays for community libraries and participates in community and health fairs.
Education	Agricultural program for grades K–6, based on Hawaiian cultural practices and values, integrates environmentally sound and culturally appropriate agricultural activities into elementary school education.
Alternatives	Alternatives include an afterschool club for girls and a supportive network to ease the transition from elementary to intermediate school and intermediate to high school.
Community-Based Processes	Activities include planning and/or conducting the statewide student alcohol, tobacco, and other drug (ATOD) use survey and statewide telephone household survey to assess adult substance use; providing technical assistance to develop and update informational tools to support community prevention planning; and supporting an evaluation of State Incentive Grant (SIG)-funded prevention programs.
Environmental	Strategies include conducting compliance tobacco inspections to prevent the sale of tobacco products to minors pursuant to Synar requirements, and training youth to be peer leaders and community advocates to prevent underage drinking.
Problem Identification and Referral	Activities include a program that uses pharmacists to conduct individual assessments and utilization reviews of prescription and over-the-counter medications used by the elderly.

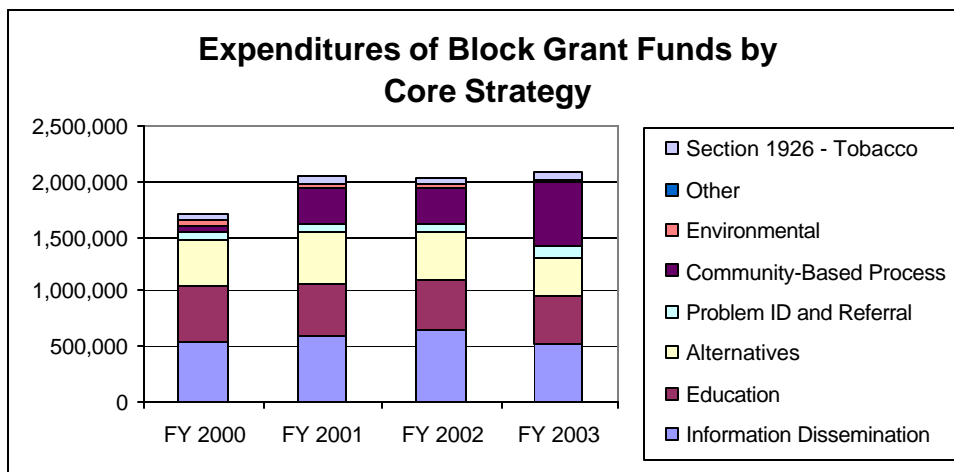
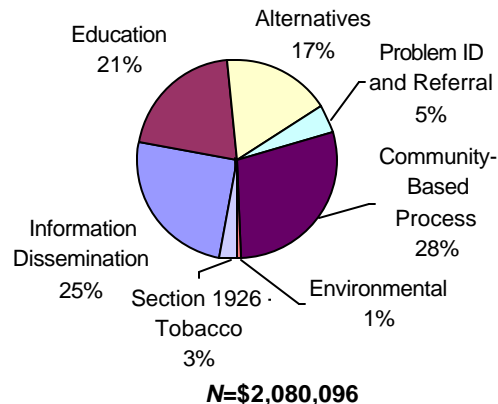
Expenditures of Block Grant Funds for Core Strategies

The distribution of Block Grant funding for Hawaii’s prevention activities among the core prevention strategies shifted somewhat between FYs 2000 and 2003. In FY 2003, Hawaii spent most of the core strategy funding on community based processes (28 percent), followed by information dissemination (25 percent), and education (21 percent).

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Information Dissemination	541,713	32	587,724	29	647,333	32	515,455	25
Education	500,030	29	469,194	23	446,412	22	438,888	21
Alternatives	427,931	25	487,816	24	446,987	22	362,864	17
Problem ID and Referral	81,903	5	78,439	4	79,100	4	95,186	5
Community-Based Process	54,413	3	318,065	15	331,587	16	590,032	28
Environmental	46,795	3	44,618	2	18,600	1	14,525	1
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	57,364	3	68,581	3	57,889	3	63,146	3
Total*	1,710,149	100	2,054,437	100	2,027,908	100	2,080,096	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

*Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

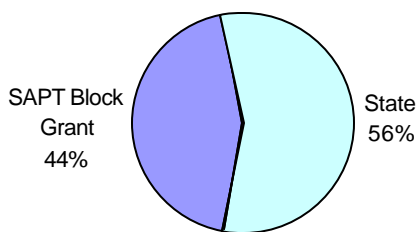
Hawaii’s treatment efforts are designed to promote a statewide, culturally appropriate, comprehensive system of services to meet the treatment and recovery needs of individuals and families. ADAD-funded treatment programs are contractually required to collaborate or coordinate their services with other appropriate services in the community. Pregnant women and injection drug users (IDUs) receive priority for admission. The treatment services include adult residential, outpatient, intensive outpatient, day treatment, nonmedical residential detoxification, and therapeutic living programs; adolescent school-based and residential treatment; specific programs for pregnant substance-abusing women and women with dependent children; methadone outpatient treatment, interim, and outreach services for IDUs; outpatient intervention services for homeless adults; residential and intensive outpatient and day treatment for the dually diagnosed; and intensive outpatient and outpatient treatment for ex-offenders.

Treatment Funding and Expenditures

Treatment expenditures in Hawaii increased by over \$2 million between FYs 2000 and 2003. In FY 2003, State funding accounted for nearly two-thirds (65 percent) of treatment and rehabilitation expenditures and Block Grant funding accounted for 35 percent. By contrast, in FY 2000 the State funded 56 percent of treatment services, and the Block Grant funded 44 percent (although Block Grant dollars going toward treatment services remained relatively unchanged between those two periods).

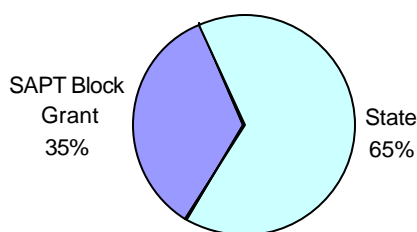
Block Grant funding per capita for treatment and rehabilitation services has fluctuated slightly: from \$3.65 in FY 2000 up to \$3.69 in FY 2002 and back down to \$3.48 in FY 2003.

FY 2000 Treatment Expenditures by Funding Source

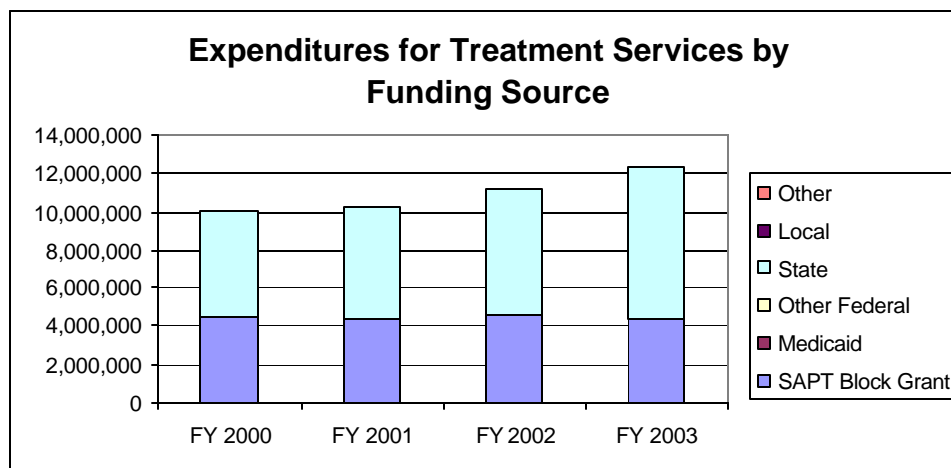


N=\$10,018,64

FY 2003 Treatment Expenditures by Funding Source



N=\$12,301,07



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	4,419,154	44	4,381,800	43	4,551,653	41	4,341,242	35
Medicaid	0	0	0	0	0	0	0	0
Other Federal	0	0	0	0	0	0	0	0
State	5,599,490	56	5,872,108	57	6,678,077	59	7,959,833	65
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	10,018,644	100	10,253,908	100	11,229,730	100	12,301,075	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Admissions

Hawaii's SAPT Block Grant application indicates that more than 4,000 persons were admitted to treatment during FY 2002, of which most were admitted to outpatient (non-methadone) treatment.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=4,291)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	315	221	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	0	0	0
Long-term residential	163	801	90
Ambulatory (Outpatient)			
Outpatient (methadone)	0	55	0
Outpatient (non-methadone)	512	1,317	6
Intensive outpatient	219	592	0
Detoxification (outpatient)	0	0	0
Total	1,209	2,986	96

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data System (TEDS) data indicate nearly 6,500 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 27 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. Approximately 35 percent of persons admitted for abusing alcohol only were diagnosed with a psychiatric problem, and 26 percent of persons admitted for abusing alcohol in combination with other drugs were diagnosed as having a psychiatric problem. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	937	34.7
Alcohol in combination with other drugs	5,484	25.8
Total	6,421	27.1

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 72,000 persons aged 12 and older (7.3 percent of Hawaii's population) needed, but did not receive, treatment for alcohol use and 26,000 persons (2.6 percent) needed, but did not receive, treatment for illicit drug use in Hawaii.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	7.31	6.19	17.85	5.79
Needing but not receiving treatment for illicit drug use	2.63	5.47	7.73	1.43

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

With funding from a 3-year prevention needs assessment contract from the Center for Substance Abuse Prevention (CSAP), the State completed a prevention needs assessment survey of adolescents in school, a social indicators study, a community prevention resource assessment, and an integrative report that included findings from the three main studies. Data from the student survey are incorporated in community planning workbooks. Communities receive training to use the data to assess prevention needs. Block Grant funds were later used to conduct another statewide student alcohol and other drug use survey to assess trends in substance use among Hawaii's youth, assess treatment and prevention needs, and measure risk and protective factors. ADAD also commissioned a statewide telephone household survey to assess substance use and treatment needs among the adult population. Data from ADAD's treatment and prevention needs assessment studies continue to be used to support ongoing service planning, resource allocation, and public information and education activities. Data are made available on the Department of Health's Web site.

Evaluation

ADAD conducts onsite program and fiscal monitoring annually of both treatment and prevention programs to ensure contract compliance and appropriate provision of services. ADAD's monitoring protocols include detailed sections on the administrative policies and procedures, service and client records, and other documentation that programs must maintain. For treatment programs, contract compliance includes meeting the requirements of ADAD's waitlist management, capacity, and interim services policies and procedures. To carry out Block Grant requirements regarding independent peer reviews, ADAD uses independent peer review teams to assess Block Grant-funded treatment programs for adherence to standards, quality assurance, and outcomes of treatment. The results of each team's analysis are reported to the treatment programs and to ADAD.

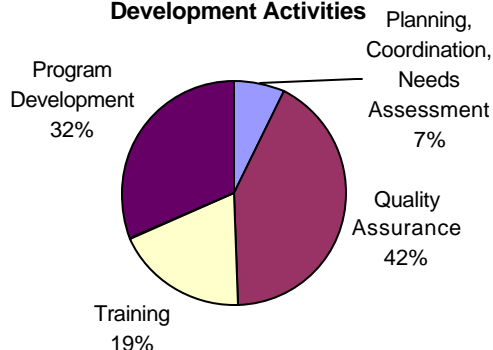
Training and Assistance

The kinds of training and continuing education opportunities offered by ADAD are based on input from treatment and prevention providers, assessments of past trainings, types of educational resources and technical assistance available, discussions with training consultants, collaborations with other agencies, and SAPT Block Grant-related issues and requirements. The issues and topics addressed by provider workshops and training have included the following: client confidentiality; ethical standards for substance abuse counselors; motivational interviewing; using ASAM PPC-2R; co-occurring disorders; substance abuse prevention specialist training; and use of demographic, risk and protective factors, and archival data to support prevention planning.

Expenditures of Block Grant Funds for Resource Development Activities

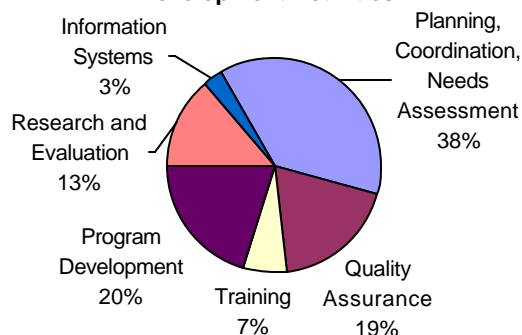
Hawaii nearly tripled its Block Grant spending on resource development activities, increasing from approximately \$323,000 in FY 2000 to nearly \$1 million FY 2003. The FY 2003 funds were spread across a wide range of activities, with the largest portion (38 percent) going toward planning, coordination, and needs assessment (up from 7 percent in FY 2000).

FY 2000 Block Grant Expenditures on Resource Development Activities

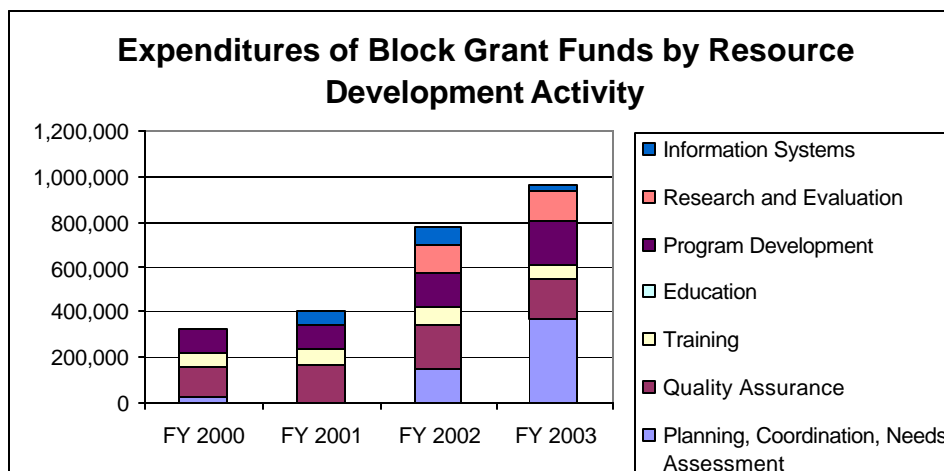


N=\$322,605

FY 2003 Block Grant Expenditures on Resource Development Activities



N=965,687



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	24,000	7	0	0	149,998	19	363,835	38
Quality Assurance	135,195	42	162,961	41	187,740	24	180,491	19
Training	61,560	19	76,500	19	81,287	10	63,512	7
Education	0	0	0	0	0	0	0	0
Program Development	101,850	32	105,974	27	154,387	20	197,816	20
Research and Evaluation	0	0	0	0	129,999	17	130,033	13
Information Systems	0	0	54,000	14	78,893	10	30,000	3
Total*	322,605	100	399,435	100	782,304	100	965,687	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

*Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded nearly \$2.4 million in 12 discretionary grants to entities in Hawaii during FY 2004. Four of those grants, totaling more than \$1 million, were targeted at HIV/AIDS. Five of the grants (\$475,000) were awarded to drug-free communities.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Cooperative Agreement for Ecstasy & Other Club Drugs Prevention Services	1	292,356
CSAP 2004 Earmarks	1	248,525
Drug Free Communities	5	475,000
HIV/AIDS Cohort 2 Expansion Cooperative Agreements	1	63,636
HIV/AIDS Cohort 3 Services	1	350,000
HIV/AIDS Cohort 4 Services	1	350,000
HIV/AIDS Cohort 5 Services	1	250,000
Prevention of Meth and Inhalant Use	1	350,000
Total	12	2,379,517

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded nearly \$2.4 million in discretionary grants to a wide range of Hawaii entities during FY 2004. The largest awards were targeted at co-occurring disorders (\$1 million), residential treatment (\$500,000), and drug courts (\$400,000).

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Adult Juvenile and Family Drug Courts	1	400,000
Residential SA TX	1	500,000
SAMHSA Conference Grants	1	48,600
Sole Source for Hawaii	1	297,967
State Data Infrastructure	1	100,000
Treatment of Persons with Co-Occurring Substance Related and Mental Disorders	1	1,009,743
Total	6	2,356,310

SOURCE: www.samhsa.gov