

## Guest Editors' Message

# Toward a Hawai'i State Plan for the Substance Use System of Care: Implications for a Healing System among Public Sectors and Health Disparity Populations

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### Keywords

*substance use, system of care, Hawai'i, public sector, health disparity populations*

### Abbreviations and Acronyms

*ADAD = Hawai'i State Department of Health Alcohol and Drug Abuse Division*

Substance use is a significant health problem in Hawai'i, and solutions primarily come under the purview of the Hawai'i State Department of Health, Alcohol and Drug Abuse Division (ADAD). However, substance use is an important consideration among many public sector services and disproportionately impacts specific populations in our state. Therefore, ADAD is in the process of updating its state plan to highlight the intersection of substance use and public sectors and substance use and health disparity populations (<https://health.hawaii.gov/substance-abuse/state-plan/>).<sup>1</sup> The 2022 State Plan for Substance Abuse (State Plan) is meant to serve as a blueprint and reference document so that local and state organizations have a framework for centering substance use in their future action. By taking an intersectional approach, cross-sector and population specific strategies may be implemented prospectively. Through a relational design strategy with the University of Hawai'i Department of Psychiatry, John A. Burns School of Medicine in collaboration with ADAD, local professionals statewide from a variety of public, private, and community-based entities have contributed their subject matter expertise to author these intersectional areas in the State Plan. By leveraging the wisdom of

our local practitioner and scholar experts, we aspire to elevate community voices – those of the clients and their families, as well as of the professionals.

As the work on the State Plan evolved, it became evident that there were few authoritative sources in the existing literature that bridged research and practice-based knowledge to make recommendations around these important intersections of substance use and public sectors and populations. Therefore, the scope of the State Plan specifically addresses the context of Hawai'i's systems of care, which includes both healthcare systems as well as broader systems that serve populations of differing needs and reflect much diversity. This collection of articles presents key highlights from the forthcoming ADAD State Plan's System of Care Implications Core, which reflects the intersection of substance use and the public sector (mental health, homelessness, criminal justice, juvenile justice, and child abuse and neglect), as well as substance use and health disparity populations (Native Hawaiians, and sexual and gender minorities). Alongside these intersectional foci, the final article discusses potential cross-cutting initiatives to improve public sectors and health disparity populations with the integration of substance use specialty care in Hawai'i primary care settings.

This effort has been spearheaded by ADAD to simultaneously and critically examine implications of these specific intersections on the substance use system of care, which had not been undertaken in prior plans (<https://health.hawaii.gov/substance-abuse/state-plan/>). This novel approach leverages not only academic but also practice-based subject matter experts. These



experts allow for a much deeper and comprehensive outlook on the landscape of substance use treatment and recovery in relationship to other continua of care and support systems in our state and potential directions to guide policy and practice. Therefore, this special supplement was conceived as a plan both to celebrate the work done by our academic and community collaborators for the ADAD State Plan around these important intersections in the systems of care, and also to extend the reach of the State Plan to broader audiences beyond usual readers of a state technical report.

The articles in this special supplement reflect peer-reviewed adaptations of sections in the larger State Plan project which is ongoing at the time of this writing. Although not traditional research papers, nor simply columns, the articles here reflect a hybrid type which: (1) highlight relevant literature and describe available Hawai‘i-specific data, (2) offer expert practitioner and scholar insights, which have been vetted in statewide public forums, around the current system of care from practice-based knowledge, (3) relate appropriate evidence-based interventions or innovative approaches relevant for Hawai‘i, and (4) synthesize the aforementioned to offer observations and recommendations around implications for the systems of care in Hawai‘i.

The literature review method for the development of each manuscript entailed a comprehensive initial review beginning 2020 by the Department of Psychiatry System of Care Implications Core team around the current literature, using PubMed, PubMed Central, and Google Scholar or other database searches with key index terms respective to each topic. After screening the abstracts for relevance to substance use and systems of care in Hawai‘i, a set of full-text articles were screened further and selected for inclusion. Selected articles were compiled into an initial literature review package with an annotated bibliography and given to each of the manuscript lead authors. Authors were able to add to the literature review based on their subject matter expertise, either on their own or with assistance from the System of Care Implications team. Additional literature may have been added based on the peer review process.

Available data systems were examined to describe primary issues or problems in substance use and related systems of care. These were most often publicly available data from the literature, technical reports, or accessible databases. In some cases, stakeholder organizations granted permission to include the sharing of available aggregated data statistics, quality improvement data, or data from non-published internal reports. Where data were unavailable or inaccessible, recommendations around these gaps were often noted.

The current systems of care for each intersection topic illustrate where individuals may be accessing services, or conversely where linkages across systems are absent. Descriptions around the current system of care were gathered in consultation with direct service providers and key stakeholders in order to define

different levels of care, highlight examples of intervention models or modalities, and share specific examples of service providing organizations or program resources in the state.

The articles include evidence-based interventions and approaches from the literature as well as community-driven practice-based interventions and approaches. Unfortunately, there are few published studies that distinctly demonstrate the effectiveness of evidence-based interventions in Hawai‘i. Given the deep cultural contexts of our populations, particularly for Native Hawaiians, recognition of Indigenous ways of knowledge and innovative interventions or approaches are also discussed. The inclusion of innovative approaches was also purposeful, as ADAD has expanded the opportunity for funding these types of prevention and treatment services into the systems of care.

Finally, each article offers observations and recommendations for systems of care implications in our state. These recommendations were based on the subject matter experts’ perspectives from having synthesized knowledge from both the literature and from practice. Practice-based feedback was received from a variety of stakeholders such as ADAD, substance use treatment and recovery providers and organizations, and individuals who may have lived experiences around the intersections in the systems of care. In this way, it is hoped that the community voice is reflected in guiding potential future directions of state and community level efforts to address substance use from an integrated behavioral health perspective in practice and policy.

There are a number of ideas that become evident when reading this collection, ranging from conceptual, to policy and practice, to research and evaluation. Beginning with the conceptual, many articles resonate a humanistic stance that is person-first and destigmatizing, upholds a belief in human dignity and transformation, recognizes the non-linearity of the healing journey, and leverages the power of restorative and assets-based approaches (vs. punitive, deficit models). Policy discussions are in line with this humanism – at the local and program level, and especially for larger system change via legislation and institutionalization of standards at the state and federal levels. For example, in the area of child abuse and neglect (in Calistro & Worthington), referral pathways can be made more complete/consistent in order to increase the likelihood of timely treatment and completion. At the state level, discussions to facilitate increasing access for integrated and extended care in mental health-substance use disorder civil commitment (in Busch & Seo), advocacy for restorative justice for youth through reinvestment/diversion (in Miao, Hishinuma, & Umemoto), leveraging federal and state resources for more flexible streams of funding, the explicit inclusion of cultural or other contexts (trauma; in Calistro & Worthington), and incentives for private sector (reimbursement and collaborative care model in primary care; in Kiyokawa & Quattlebaum) are ways in which policy and program level initiatives may begin to take hold.

Practice implications across the articles converged on a set of interrelated improvements. First, culturally and contextually specific practice will improve treatment and recovery (in Daniels et al; Pham et al), particularly when coupled with cross-sector care coordination informed and supported by a robust set of community-based resources (in Lusk et al; Redulla & Nikogosyan). Second, this means that professional development (eg, training and relationship building) of the existing workforce would be aligned accordingly (in Redulla & Nikogosyan; Kiyokawa & Quattlebaum). Concomitantly this would require workforce development to privilege lived experience on par with other professional criteria, as models of recovery coaches and peer support were a common theme (in Daniels et al, Calistro & Worthington). While none of this is expected to happen overnight, fortunately some of this is happening already in our state.

More specific research and evaluation is needed on a variety of levels to demonstrate the evidence base of effective and sustainable interventions and programs, specifically for Hawai'i. There is a need for improved data collection and definition within the existing systems (eg, specific gender; in Pham; and ethnicity identification, in Daniels et al), where ideally data elements are standardized and cross-linked across multiple platforms. Cross-linked data are especially useful to study utilization and improve services for individuals and families that have needs across multiple service systems (eg, mental health, housing/shelter, substance use treatment; in Lusk et al; Busch & Seo). Furthermore, it may be important to evaluate more closely and rebalance the metrics of success in traditionally punitive systems that may begin expanding more toward intervention or connecting to treatment and recovery (eg, examining target numbers of attempted and successful diversions to treatment, continuity of treatment through the system vs. number of drug related arrests, drugs seized, and citations; in Redulla & Nikogosyan). Additionally, because the roots of Western perspectives in research disadvantage research on underrepresented or small populations, it is important to elevate Indigenous research methodologies and ways of knowing into the evidence base, particularly for Native Hawaiian models of care and healing (in Daniels et al).

Reflecting on the past 3 years since our initial relational design meetings to elucidate both the realities and aspirations for a comprehensive State Plan for a substance use system of care, this collection of articles reveals both hope and challenge. These articles reflect a paradigm shift from traditional care systems toward a system of healing and population-based management for substance use in Hawai'i that transcends the existing hierarchical dichotomy (eg, carers and carees; well people are good and deserving, and ill people are bad and undeserving). Given the themes around person-centered care and healing, cultural and contextual practice, and the need for working in teams as well as integration with primary care, it is important to develop

a statewide pipeline for our workforce. Workforce initiatives must include types of training and work that resonate with lived experience and workforce pathways that are responsive to regional and community needs. We hope that readers of the articles in this special supplement are also inspired to view the ADAD State Plan, as some of the topics here are described more fully in their respective chapters of the State Plan (<https://health.hawaii.gov/substance-abuse/state-plan/>).

It is with gratitude that we acknowledge the support for the writing and coordination of the larger project for the State Plan for a System of Care and the dissemination effort of this special supplement, provided by ADAD. Special thanks and appreciation are especially given to the State Plan System of Care Implications Project Study Manager, Yoko Toyama Calistro, and graduate assistant Jin Young Seo for their tireless dedication and immense effort in support of the coordination and technical support of the special supplement. *Mahalo nui loa* to the students and staff who helped to support the work of the overall State Plan project that was the basis for the special supplement: Susy Bruno, Alex Nakamoto, Ishmael Gomes, and Cade Akamu. *Mahalo* to Stephen Geib of the Data Analytics Infrastructure Core for his support in connecting available data for our author contributors. *Mahalo* to the Pacific Health Analytics Collaborative for developing and sharing the *State Plan Statistical Report* which includes public health surveillance data relevant to substance use in Hawai'i. We greatly thank the peer reviewers who volunteered their time and effort to provide important feedback and recommendations for improvement, and also extend our deepest thanks and appreciation to the team of the *Hawai'i Journal of Health and Social Welfare* for their patience and support during this journey for the special supplement.

Lastly, we wish to acknowledge the lead champions and the writing teams of each of the articles and the many unnamed individuals and stakeholder groups that have provided their *mana'o* (insight) and have graciously offered feedback throughout this process - *mahalo nui loa* for persevering in this effort through challenging pandemic impacted times, and believing in your passion enough to bring forth an important set of ideas, observations, and recommendations that offer hope for a healing system of care for substance use in our state.

### **Conflict of Interest**

None of the authors identify a conflict of interest.

### **Notice of Duplicate Publication**

This article is based on the draft version of a chapter from the Hawai'i State Department of Health Alcohol and Drug Abuse Division (ADAD) State Plan, and all or a majority of the contents within will be subsequently also reproduced in the

corresponding chapter of the final version of the ADAD State Plan (<https://health.hawaii.gov/substance-abuse/state-plan/>). While the ADAD State Plan may later be modified as a living document following its release, the material and content found in this article represents a snapshot of the highlights of the ADAD State Plan at the time of the article's publication.

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### Note

1. The State Plan project consisted of four cores, each with its own emphasis. The System of Care Core coordinated the intersectional chapters, of which most are represented in this special supplement (not included in the special supplement are topics on a broader array of violence against women and children, and rural populations). The Data Analytics Infrastructure Core contributed to the establishment of the Hawai'i Behavioral Health Data Dashboard and the State Plan Statistical Report. The Culture Case Study and Emerging Adult Cores focused on emerging issues with youth and young adult substance use prevention and treatment & recovery. The latter three cores are not described in this supplement, but reports can be found at <https://health.hawaii.gov/substance-abuse/state-plan/> and <https://health.hawaii.gov/substance-abuse/survey/>.