

PAPA OLA LŌKAHI



Preliminary Report: Cumulative & Island- Specific

Phase 2 Stakeholder Engagements on
Substance Use & Native Hawaiian Communities



Submitted by



'A'ali'i Alliance

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Note

This report was developed under a grant from the Hawai'i Health and Harm Reduction Center (H3RC) and Papa Ola Lōkahi (POL). The contents of the report do not necessarily represent the positions or policies of the Hawai'i Health and Harm Reduction Center or Papa Ola Lōkahi.

This report was developed to inform state agencies of how best to support Native Hawaiians accessing substance use services and highlight areas where existing services are limited in their support of best practices for Native Hawaiians impacted by substance use

Executive Summary

In October of 2021, Papa Ola Lōkahi (POL) conducted 5 virtual stakeholder meetings and invited interested parties from the Native Hawaiian community, Native Hawaiian serving community organizations, substance prevention/ treatment/ recovery/ aftercare/ harm reduction providers, and other allied health professionals or community members serving Native Hawaiians related to the subject matter of "Substance use and Native Hawaiians". Data were collected through qualitative means, analyzed, and compiled in moku (island specific), and a pae 'āina-wide roll-up report. The initial pae 'āina (Hawai'i wide) and moku (island) specific stakeholder reports were well received by communities. However, the need for a more in-depth scoping emerged during our report sharing and feedback sessions.

From this came an opportunity to dive deeper and uncover what issues still exist in addressing substance use among Native Hawaiians. A second phase was conducted by 'A'ali'i Alliance, a consortium of independent kanaka change agents and allies dedicated to systemic change through aloha. This phase involved in-person sessions on 5 islands, including Maui, Molokai, O'ahu, Kaua'i, and Hawai'i Island. The sessions focused on a north star: A Hawaiian culture-based substance use care system where Native Hawaiians and their families can thrive. This work was accomplished by reaching a near star: Define cultural foundations, cultural awareness, cultural safety, cultural responsiveness, and cultural resonance within the continuum of care (prevention, treatment, recovery, harm reduction) from different perspectives (client, 'ohana, community, provider, whole system). As a result of these sessions, we aim to provide recommendations for real actionable steps to create a culturally-responsive system where Native Hawaiians and their families can thrive.

The readers of this report should remember that all mana'o (thoughts) shared is framed by the story teller's perspective and experience within the current substance use system of care. Stories of a need for a systemic huli and overhaul represent one theme for the phase 2 sessions, while the stories of continued struggle within the current continuum of care and its deep roots in Western models remind us how far we have to go.

Introduction & Background

Papa Ola Lōkahi is the Native Hawaiian Health Board since 1988, charged by the United States Congress with administrative oversight of the Native Hawaiian Health Care Improvement Act [Public Law 102- 396] to lead efforts to improve the overall health and well-being of Native Hawaiians and their families through strategic partnerships, programs, and public policy.

Papa Ola Lōkahi also serves as the backbone organization for the Native Hawaiian & Pacific Islander Hawai'i COVID-19 Response, Recovery & Resilience Team. Over 60 agencies, organizations, and state departments comprise the NHPI 3R Team. NHPI Hawai'i COVID-19 3R Team has developed and adheres to expectations to support the efforts and engagement of all NHPI communities in Hawai'i.

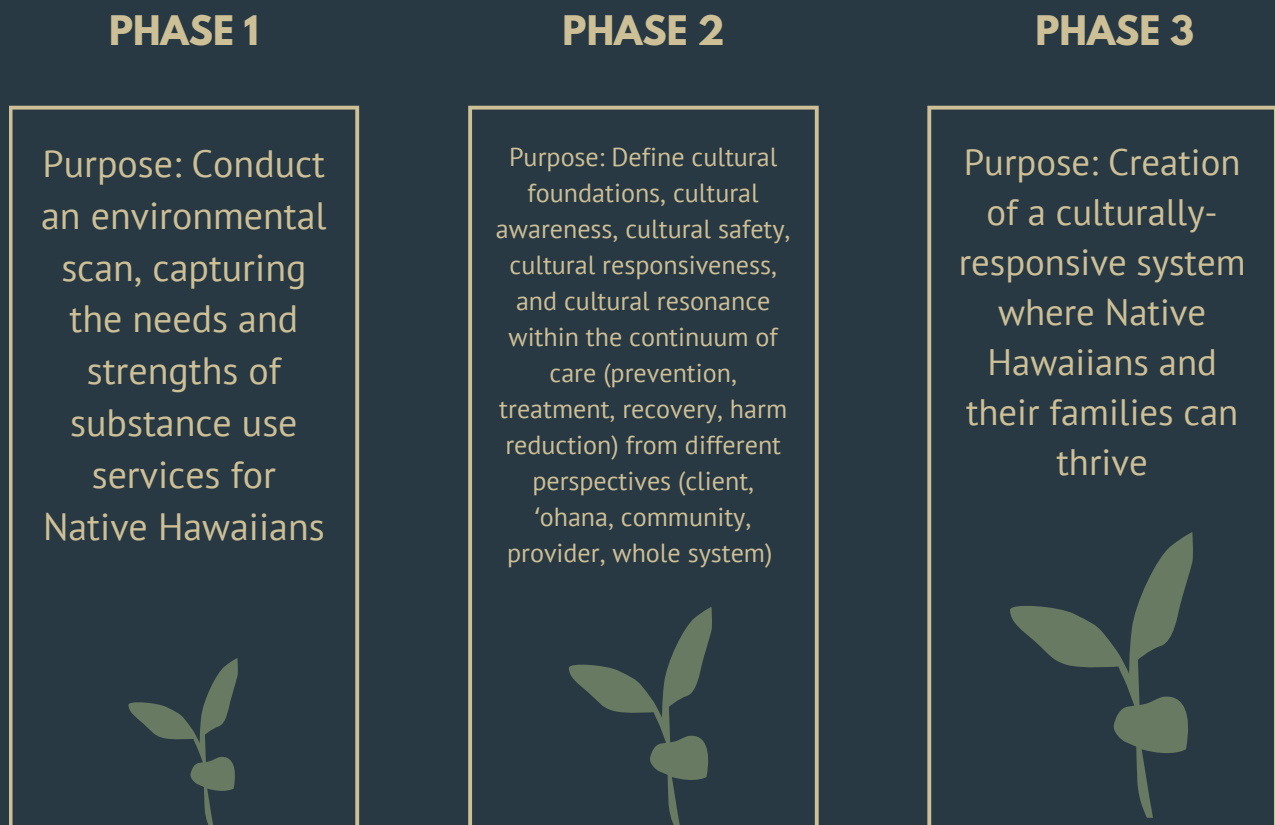
Papa Ola Lōkahi has worked throughout the state to support the coordination of the Native Hawaiian health care system and services related to substance use outreach and education through the regular convening of local leaders and community organizations.

Stakeholder Engagement Design

The phase 2 stakeholder engagement process sought to include diverse perspectives to weigh in on an important topic, build on the mo'olelo (narrative/stories) shared in phase 1, and to return to in-person consultations. The goal for the phase 2 process was to develop an environmental scan of needs from island communities to provide positive impact to substance use services to and for Native Hawaiians. See Figure 1.1 for more details.

The targeted populations included Native Hawaiian communities, Native Hawaiian serving community organizations and substance prevention/ treatment/ recovery/ aftercare/ harm reduction providers, and other allied health professionals or community members serving Native Hawaiians related to the subject matter. With support from the Culture & Addictions Advisory Council, stakeholders were engaged in 4 hour, in-person sessions held on Maui, Molokai, O'ahu, Kaua'i, and Hawai'i Island.

Figure 1.1: Diagram of Process



Using the overarching goal, the consultant and POL staff designed an engagement process that included the following components:

- A succinct and easy-to-understand set of guiding questions;
- A schedule that allowed for a 4-hour, in-person session on Maui, Molokai, O'ahu, Kaua'i, and Hawai'i Island;
- Trained and prepared facilitators and co-facilitators to drive engagement during sessions; and
- Support from POL staff and the Culture & Addictions Advisory Committee on guiding questions and facilitative approach.

The 1.5-week-long engagement schedule was intended to accommodate upcoming grant deadlines and requirements. Engagement sessions were held in person to provide an experience that allowed for more in-depth discussion and reflection through guided facilitation. Note-takers were present at each session, provided both by the consultant and POL. Sessions were held in locations across the state that could safely accommodate stakeholders with consideration for COVID-19 protocols. Sessions included lunch, snacks, and other refreshments as provided by POL.

POL intends to use the information gathered in the phase 2 sessions to support and inform its work around substance use in Native Hawaiian communities. Community feedback on priorities, recommendations, or opportunities for a Native Hawaiian-centered substance use system of care will be shared with Hawaii Health Harm Reduction Center (H3RC) and other community members to guide decision-making on Native Hawaiian substance use issues. This process of gathering information and sharing it with stakeholders reinforces how valuable their stories, time, and wisdom is to POL. The information gathered from stakeholder engagement sessions will also be shared with the broader community through other means and initiatives at POL.

The Guiding Questions

Takeaways from Phase 1

The 2021 engagements in phase 1 focused on the top concerns and strengths within the community as related to substance use among Native Hawaiians. Strengths included pilina (relationships) amongst service providers and existing healing spaces within communities, while concerns included a lack of neighbor island substance use treatment services and 'ohana support.

For phase 2 in 2022, POL wanted to shift the conversation from solely an environmental scan to how the community defined cultural foundations, cultural awareness, cultural safety, cultural responsiveness, and cultural resonance within the continuum of care (prevention, treatment, recovery, harm reduction) from different perspectives (client, 'ohana, community, provider, whole system). Stakeholders were asked to share their mana'o on cultural factor definitions as well as their perspectives on what Native Hawaiian-centered services within the continuum of care could look like, sound like, and feel like.

The north star for the engagements was: A Hawaiian culture-based substance use care system where Native Hawaiians and their families can thrive.

The north star for the engagements was: Define cultural foundations, cultural awareness, cultural safety, cultural responsiveness, and cultural resonance within the continuum of care (prevention, treatment, recovery, harm reduction) from different perspectives (client, 'ohana, community, provider, whole system).

The guiding questions for the engagements were:

- What does it mean to have cultural foundations, awareness, safety, responsiveness, and resonance?
- What does this look, sound, and feel like within prevention care?
 - From the perspective of the client? 'ohana? community? provider? the system as a whole?
- What does this look like, sound like, and feel like within treatment care?
 - From the perspective of the client? 'ohana? community? provider? system as a whole?
- What does this look like, sound like, and feel like within recovery care?
 - From the perspective of the client? 'ohana? community? provider? system as a whole?
- What does this look like, sound like, and feel like within harm reduction care?
 - From the perspective of the client? 'ohana? community? provider? system as a whole?

The first question sought specific definitions related to cultural foundations, cultural awareness, cultural safety, cultural responsiveness, and cultural resonance. The following questions asked how stakeholders currently or wish to see, feel, experience these definitions of culture in three areas:

- within the *prevention, treatment, recovery, and harm reduction* parts in the continuum of care

Through these engagement sessions and guiding questions, phase 2 aims to provide recommendations for actionable steps that create a pathway to a culturally-responsive system where Native Hawaiians and their families can thrive.

Collecting Mana'o and Sense Making

Facilitators and POL staff for each stakeholder engagement session took detailed notes during and after sessions. 'A'ali'i Alliance used deductive and inductive approaches to coding qualitative data, including transcribing raw notes as provided by participants at engagement sessions. Key themes were developed for each question presented in the stakeholder engagement sessions. It is important to note that the stakeholder engagement process is not a research project but rather an opportunity for POL to engage with its stakeholders, a common practice among Native Hawaiian-serving programs.

Engagement Schedule

LOCATION	DATE & TIME	POL STAFF & 'A'A FACILITATORS
Maui	Wednesday, July 27 10-2PM	POL: Lilinoe 'A'A: Kanoë, Chelsie
Molokai	Friday, July 29 10-2PM	POL: Lilinoe 'A'A: Kanoë, Dreana
O'ahu	Tuesday, August 2 9-1PM	POL: Lilinoe 'A'A: Kanoë, Patiria
Kaua'i	Wednesday, August 3 10-2PM	POL: Lilinoe 'A'A: Kanoë
Hawai'i Island	Thursday, August 4 10-2PM	POL: Lilinoe, Sarah 'A'A: Jessica, Kāhele
Maui (virtual)	Monday, September 19 9-10AM	POL: Lilinoe 'A'A: Kanoë, Jessica
Molokai (virtual)	Monday, September 19 11-12PM	POL: Lilinoe 'A'A: Kanoë, Jessica
O'ahu (virtual)	Tuesday, September 20 9-10AM	POL: Lilinoe 'A'A: Kanoë, Jessica
Kaua'i (virtual)	Tuesday, September 20 11-12PM	POL: Lilinoe 'A'A: Kanoë, Jessica
Hawai'i Island (virtual)	Thursday, September 29 11-12PM	POL: Lilinoe 'A'A: Kanoë, Jessica

A total of 10 engagement sessions (both in-person and virtual) were scheduled from July 27 to September 29. 100 stakeholders representing over 55 organizations from across pae'āina joined these initial engagement sessions. Up to 5 additional one-to-one engagements with key stakeholders who could not attend sessions and provide feedback on initial findings occurred between October to December 2022. 27 stakeholders from across pae'āina joined these feedback sessions.

Considerations

In some engagement sessions, facilitators noticed challenges around speaking to a continuum of care based on Western models and methodologies. Participants noted feeling like the engagement experience was asking stakeholders to opt into the Western substance use continuum of care framework to talk through Native Hawaiian methodologies. Stakeholders discussed the desire to step outside of this framework together and to instead work through what a Native Hawaiian-grounded and -responsive system of care may look like, which does not necessarily have the same parts in the continuum (prevention, treatment, recovery, harm reduction) and does not necessarily have discrete perspectives (client, 'ohana, community, provider, system as a whole). This was especially apparent during harm reduction discussions in sessions. In the future, POL may consider further exploration with stakeholders on a system of care that does not necessarily include the same parts of the current system.

Moreover, mana'o in this report reflects those who were able and willing to attend the in-person sessions to date. This has important implications because critical stakeholders may be missing from the conversation. In the future, POL may consider in-person and virtual opportunities to engage those who prefer the virtual platform.

What We Heard

Executive Summary

Stakeholders described a Hawaiian system of care as one that requires a cultural approach to the entire system, the use of Hawaiian values across all definitions, is cyclical and non-linear, and outcomes that are culturally appropriate and make sense for diversity within the Native Hawaiian community. While each island lifted varying degrees of what cultural ways of addressing substance use looks, sounds, and feels like within their communities, overall, there were many similarities across the pae 'āina. In particular, these similarities showed within the definitions provided for cultural foundations, cultural awareness, cultural safety, cultural responsiveness, and cultural resonance.

Across all islands, 'ike kūpuna (ancestral knowledge) and 'āina (land) were discussed as core to a Native Hawaiian system of care. This system of care also needs to reflect the values of a pu'uhonua (place of refuge) and ahupua'a (land division usually extending from the uplands to the sea), allowing Native Hawaiians to thrive in spaces of ancestral healing and abundance. These spaces allow clients, 'ohana (family), community, providers, and others to forge needed pilina (connections) to integrate services and collaborate across stakeholders.

Responses to each question were captured via stakeholder and facilitator handwritten notes and coded. The codes were sorted and analysis for each question is provided below.

Question #1: What does it mean to have cultural foundations, cultural awareness, cultural safety, cultural responsiveness, and cultural resonance?

Not surprisingly, many of the definitions of these concepts could be applied to each term. Stakeholders described the concepts with similar values or definitions and opted to intentionally repeat definitions across each concept to demonstrate connectedness. For example, mālama ‘āina/aloha ‘āina (caring for the land) was used to define every concept across pae ‘āina.

Specifically, stakeholders across Hawai‘i defined cultural foundations as connectedness to ‘ike kūpuna, and how this is taught and passed on by ‘ohana and often in relation to ‘āina. Some statements included:

- “‘Ike kūpuna as a foundation”
- “You be you — ‘ohana is a strong base to grow who you are”
- “‘Ohana [provides] kuleana, kōkua, knowledge of culture”
- “Know your ‘āina”

Stakeholders across Hawai‘i defined cultural awareness as an acknowledgment of place and history, often through mo‘okū‘auhau (genealogy). Some statements included:

- “Know who you are and where you come from”
- “Knowledge of the past so can make it in the future without repeating”

Stakeholders across Hawai‘i defined cultural safety as a space that offers no judgment, free from hilahila (shame), filled with trust, and an opportunity to practice culture. This often was talked about as a pu‘uhonua. Some statements included:

- “Unconditional love and acceptance”
- “Feeling safe to practice my culture and appreciate other cultures”
- “Safe spaces to share past harms/trauma in a culturally relevant setting (on the ‘āina)”
- “Not having to leave my Hawaiian-ness at the door”

Stakeholders across Hawai‘i defined cultural responsiveness as a space that is pono and grounded in reciprocal aloha. Some statements included:

- “Willing to be educated, humble, and curious of other beliefs that are different from my own”

- “Emanating aloha with an open mind and heart, compassion and being humble”
- “Aloha is foundational”
- “Learning in a pono way”
- “Pono community”

Lastly, stakeholders across Hawai‘i defined cultural resonance as a space that affirms, celebrates, uplifts, and recognizes culture. Some statements included:

- “Being acknowledged and recognized”
- “Identity - who am I, pono‘ī/Hawai‘i pono‘ī”
- “How culture is relevant to my recovery”
- “Programs that echo cultural values and embrace kuleana and mana”

Question #2: What does this look like, sound like, feel like within prevention care? From perspective of client? ‘ohana? community? provider? system as whole?

Facilitators attempted to get stakeholders to focus on the definitions they had just mentioned in the first question and on how these appear within the prevention part of the continuum of care. In many instances, stakeholders provided mana‘o that was held across many perspectives. In other cases, there was more feedback specific to a perspective. Responses to each perspective are provided below:

Client

Stakeholders discussed how through knowing place, you know purpose, therein preventing substance misuse. This sense of place often included discussion on the importance of knowing one’s ‘āina, pilina mahina (connection to moon phases), akua (spiritual entities), aloha, place names, ua (rain), wai (water), kai (ocean), mauna (mountains), kūpuna (ancestors), mo‘olelo, etc. Statements included:

- “Connection to community and place — [when] removed from protective factors this creates a systems’ breakdown”

- “Identify my sense of belonging, where I am from?; Parents are still trying to figure out who they are”
- “A sense of place, understanding the value of place, safe place, kuleana to place, connectedness, and mo‘olelo of place.”

Stakeholders also discussed the importance of the presence of and access to culture (‘āina, oli, hula, lo‘i, mahina, makahiki, etc.). This presence of and access to culture was described as facilitated through kūpuna and ‘ike kūpuna.

Statements included:

- "DOE system needs to have more opportunities to teach Hawaiian culture and 'ōlelo Hawai'i"
- "Create more opportunities for kamali'i of all ages to participate in culture, from lo'i to technology"
- "Need pride to be Hawaiian. Need to know the history and where we come from and our connection"
- "Provide cultural learning and cultural accessibility"

Many stakeholders described prevention beginning at earlier ages, referencing the importance of keiki being immersed into culture to prevent substance use.

'Ohana

Stakeholders discussed how we cannot separate the individual from 'ohana and that the 'ohana acts as piko (center). Knowing mo'okū'auhau of the 'ohana provides a purpose, kuleana, connection, and rootedness for the clients, contributing to the prevention of substance use. Relevant statements included:

- "Prevention starts from home. We need programs for caregivers/parents too."
- "Know your 'ohana (genealogy). If they cannot know (because of adoption/foster care), help them create their own stories."
- "Roles in the family - men and women, mākua and 'ōpio. Building 'ohana requires more family support. Current programs focus on the person [client], but what about when they return to the family?"
- "Starts when they are keiki. 'Ohana can teach them to clean fish ponds, clean kalo before teenage [years]."

Community

Stakeholders discussed the importance of Native Hawaiian visibility and representation within community programs and spaces as a means of prevention. Relevant statements included:

- "People that look like us, helping us, there is good and bad to this. We want those who understand our culture, like us or our allies"
- "We need role models who are modeling good behavior"
- "Appropriate mentorship/relatability and trust"

They also shared the importance of appropriate and accessible community programming (youth, workforce development, etc.). This is often facilitated through 'āina/ aloha 'āina/ mālama 'āina.

Relevant statements included:

- "Give youth a chance to experience sacred spaces/cultural spaces and then find which spaces resonate"
- "We need spaces, like 'āina (both access to and ownership)"
- "Create incentives for success, like going to job training programs. Make programs applicable to real life and more accessible"

Provider

Stakeholders discussed how a passionate provider workforce is critical to prevention strategies. These include empathetic and compassionate providers willing to learn about the history of Kānaka Maoli (Native Hawaiians) to inform practices better.

Relevant statements include:

- "As a provider, you need a holistic approach to let clients know you care about them as a person"
- "A provider is non-judgmental, compassionate, and an active listener"
- "Providers need to build trust and rapport. They need to talk story"
- "Providers should know how to say names correctly"

Appropriate staffing was also lifted, often related to the number of staff, the relatability of the team, lived experience of the group, staff training, and more around staff capacity and ability. Related statements include:

- "Staffing shortages. Need funds to pay incentives to recruit and retain staff. Even if we get a building, we still cannot staff it"
- "Workforce development is needed"
- "Need to improve relationships between providers and community"
- "Need more training for providers"

System as a Whole

Stakeholders discussed how the entire system of care needs to provide integrated, cohesive resources to clients and families, including housing, food, jobs, and other economic supports, to prevent substance use. Relevant statements included:

- "We need social support systems like affordable housing, transportation, help with utilities, and food assistance"
- "The system broke. Milk costs more money than before"
- "We want health and wellness in place for lāhui. We'll see it through with finances, policy, legislation, and political commitment"
- "Need a pu'uhonua. It is fragmented right now and not truly cohesive"

Stakeholders also shared the importance of the system as a whole needing to be reflective of Hawai'i lifestyle and ways of doing, knowing and being. This was described as a system that centers strengths; a resilience-based system.

Relevant statements include:

- "We want a whole self health and care plan – mauli ola"
- "Must support a process that is cultural, talk story with the client"
- "Regular use of ho'oponopono in the system, for clients, families, and providers"
- "Western concept doesn't resonate with Native Hawaiians, lots of translating"
- "Keep trying to meld the two (Western and Hawaiian) but it's not working"

Question #3: What does this look like, sound like, feel like within treatment care? From perspective of client? 'ohana? community? provider? system as whole?

Facilitators attempted to focus stakeholders on the definitions they had mentioned in the first question and on how these appear within the treatment part of the continuum of care. Similar to the prevention discussion, in many instances, stakeholders provided mana'o that was held across many perspectives. On Hawai'i Island, at this point in the engagement, community members were also offered the option of working through the question 'What does caring for our people experiencing substance use look like, sound like, feel like?' after it was expressed mainly that the current continuum of care is not grounded in Hawaiian ways of being, and thus not conducive to the discussion. Collective responses are detailed below:

Client

Stakeholders discussed the need for access and exposure to cultural activities as a means to ignite one's mana during treatment. Cultural activities lifted up in this part of the continuum included makahiki (annual celebration of the new year), pule (prayer), mālama 'āina (caring for land), hula, lo'i (water terraced system for growing taro), fishing, spirituality, lau hala (weaving), and giving to kūpuna, among others.

Relevant statements include:

- "Treatment should be based on culture, what I want to hear. It has been an endless circle of not getting the help I need because it isn't culture-based"
- "Healing through 'āina-based projects with pule. That connects us to spirituality"
- "Current treatment doesn't always culturally resonate"

Stakeholders also shared about the importance of trauma-informed care services during this phase so that individuals are aware of the ongoing cultural & historical trauma and healing practices that impact their substance use treatment. Related statements include:

- "Need to deal with trauma and coping, grounded in cultural skills"
- "We are suffering from losses — psychological, physical, mental, spiritual, etc."
- "Want substance use programs that are trauma informed"

‘Ohana

Stakeholders discussed the need for full ‘ohana involvement at this phase for the effectiveness of treatment services. It was also noted that ‘ohana repair from substance use is needed during the treatment phase as a result of the harm experienced at the ‘ohana level. This repair can be facilitated through ho‘oponopono (traditional healing practice of spiritual reconciliation). Related statements include:

- "It's tough when the entire ‘ohana isn't there. How far can tools be used if all ‘ohana is not present."
- "Family strengthening through cultural activities; treat the ‘ohana and not just a single person"
- "Family support and presence requires rebuilding relationships and repair"
- "Approach for treatment should be for the entire ‘ohana and community to process feelings, opportunities to make amends, and opportunities for clients and families to give back"

Community

Stakeholders shared the need for cross-collaboration across agencies, providers, ‘ohana, programs, islands, and more to facilitate community healing.

Relevant statements include:

- "Need more collaboration and partnerships that are faith-based"
- "Determine the intersection of different organizations for resources"
- "Engage more state agencies to advocate in these treatment initiatives to get buy-in from the community to allow for sober living houses, treatment centers, etc."
- "We need translators, not necessarily those on the ground but those in political spaces as well"

Stakeholders also discussed the need for community (providers, organizations, and generally) to reduce shame and judgment around substance use treatment. This was

described as a kuleana (responsibility, privilege) that should be delegated to the community over other perspectives. Relevant statements include:

- "Need to feel valued while in treatment and afterwards"
- "Community needs to support and help, not shame"

Provider

Stakeholders discussed the importance of providers' utilization of culturally-responsive curriculum, outcomes, and assessments of "success" within treatment services.

These culturally-responsive methods, though, should not be designated to only those who identify as cultural practitioners, but all service providers. Relevant statements include:

- "We need curriculum that people can understand"
- "Success is not a number"
- "Current treatment curriculum lacks visibility and resonance for Native Hawaiians"

- "Want culturally-relevant Hawaiian programs, ex. 12 steps, but modify with Hawaiian values and practices"
- "Strong culture-based programs provided by staff who have more than cognitive understanding"
- "Want culturally-responsive curriculum and outcomes, with flexibility"
- "Works better when we don't rely on Western mana'o as the sole source. Cultural is more successful"
- "We need a library of curriculum that we can pull from; our own curriculum, one that is client-centered"

System as a Whole

Stakeholders focused discussions on how current treatment services are based on funding and thus do not necessarily reflect desired treatment services. Stakeholders shared that this needs to change toward opening up available funding streams, allowing for culturally-relevant treatment options. Relevant statements include:

- "Money and funding needs to be open"
- "Providing of services based on funding NEEDS to change"
- "We want free treatment"

Question #4: What does this look like, sound like, feel like within recovery care? From perspective of client? 'ohana? community? provider? system as whole?

Facilitators attempted to focus stakeholders on the definitions they had mentioned in the first question and on how these show up within the recovery part of the continuum of care. Similar to previous discussions, in many instances, stakeholders provided mana'o that was held across many perspectives and also showed up in other parts of the continuum. At this point in the engagement, community members on Hawai'i island had been offered the option of working through the question 'What does caring for our people experiencing substance use look like, sound like, feel like?' after it was largely expressed that the current continuum of care is not grounded in Hawaiian ways of being, and thus not conducive to the discussion. Collective responses are detailed below:

Client

Stakeholders shared that there is kuleana for individuals who have been through the continuum to return to support others in recovery. This is grounded in kōkua aku, kōkua mai — opportunities to give back. This helps create representation, visibility, and passionate providers within the workforce. Relevant statements include:

- "We should employ those that have recovered to help those in active treatment"
- "Come back and work with other people in recovery"
- "Be of service to others"
- "[Clients] need to educate the community with their stories"
- "We need someone who has been through similar experiences"

'Ohana

Stakeholders discussed how the 'ohana is the piko of successful recovery efforts, rippling out into other parts of the continuum. This means that families need to be strengthened in order to receive a person in recovery. Relevant statements include:

- "'Ohana changes create a ripple effect, where communities then can change and are strengthened"
- "'Ohana can teach [clients] how to reintegrate into cultural roles, kuleana, and identity"

Community

Stakeholders shared the importance of community in providing a source of support that holds you accountable and walks beside you during recovery. This can be described through the 'ōlelo no'eau "Umia ka hanu! Ho'okahi ka umauma ke kīpo'ohiwi i ke kīpo'ohiwi.", Hold the breath! Walk abreast, shoulder to shoulder.

Relevant statements include:

- "Community provides accountability, someone to call"
- "Identify who your community is in the road to recovery"
- "Embrace community as partners."

Provider

Stakeholders discussed the importance of client access to cultural support during this part of the continuum. This support is the kuleana of the provider in that providers should offer culturally-resonant recovery services. This approach creates safe spaces for journeys of self and 'ohana. Relevant statements include:

- "Engaging with clients in their cultural practices"
- "How can we make recovery places feel less institutionalized?"
- "Providers should break down stigma and honor the fact that culturally-responsive treatment works"
- "Need ongoing therapy through cultural groups and healthy practices"

System as a Whole

Stakeholders discussed the importance of an ahupua'a approach to recovery services. This system would support with knowing kuleana, a sense of place, safety, and connection, and provide belongingness. Relevant statements include:

- "Activated mālama 'āina"
- "Understand people and work on a system that flows vs is stagnant"
- "'Mauka to makai, keiki to kūpuna, 'āina to kānaka"
- "Recovery that is culturally rooted: oli in and out, pule in and out, 'āina-based"
- "Integrating cultural protocols and practices, ex. working in lo'i, growing your own food, sharing mele, and land acknowledgment"

Question #5: What does this look like, sound like, feel like within harm reduction care? From perspective of client? 'ohana? community? provider? system as whole?

Facilitators attempted to focus stakeholders on the definitions they had mentioned in the first several questions and on how these appear within the harm reduction part of the continuum of care. Similar to previous discussions, stakeholders provided mana'o that was similar across many perspectives and showed up in other parts of the continuum. Overall, when moving through the continuum of care, responses tended to be similar to those offered in prevention/treatment/recovery, with many responses focused on the individual or client experience. This may indicate the need for a more fluid system, a continuum of care that is not siloed, separating prevention, treatment, recovery, and harm reduction. Instead, cultural perspectives indicate that addressing care for Native Hawaiians and substance use will require the current system to de-silo, embrace the overlap, and utilize that overlap to inform each area of continuum.

Participants shared that envisioning harm reduction through a cultural lens was challenging because the term itself is a western term. Participants were then prompted to "Ho'i i ka piko," return to the center and envision what our culture teaches us about interacting with one another and the world around us. Participants were then able to provide Kānaka Maoli values, practices, concepts, beliefs, ways of doing, ways of knowing, and ways of being that provided a foundation for this approach from a kānaka lens.

At this point in the engagement, community members on Hawai'i island had been offered the option of working through the question, "What does care for our people experiencing substance use look like, sound like, feel like?" after it was primarily expressed that the current continuum of care is not grounded in Hawaiian ways of being, and thus not conducive to the discussion. Responses are detailed further below:

Client

Stakeholders discussed the need for safe spaces and tools such as fentanyl test strips and naloxone or culturally-appropriate tools. These were discussed as contributing to the safe use of substances. Relevant statements include:

- "Safe space for use"

While some stakeholders discussed the need for using Hawaiian terms and context for this part of the continuum, others discussed embracing the term harm reduction and working to understand what it means to clients and individuals.

‘Ohana

Similar to the client’s perspective, stakeholders discussed the need for education about harm reduction. This education would help address confusion and misunderstanding related to the function and use of harm reduction in the continuum of care.

Community

Similar to the client and ‘ohana perspective, stakeholders discussed the need to determine what harm reduction looks like in kaiāulu and what roles the community holds within this part of the continuum. There was also discussion on the importance of offering community resources to individuals and families 24 hours a day, seven days a week, within this part of the continuum.

Provider

Stakeholders discussed the benefits of having needle exchange programs, drug take-back events, and related incentives, as well as "damp" and "wet" houses (housing for persons who are houseless while allowing them to continue using substances) to assist with transitions away from substance use. This was often discussed as a way for providers to celebrate small milestones and progress, not perfection, of individuals and clients on their journey.

System as a Whole

Stakeholders shared the importance of ensuring that laws and mandates support long-term recovery and healing efforts. This included the need to define what harm reduction in Native Hawaiian communities looks like and how it can be supported through laws. Additionally, once defined, stakeholders discussed the need for billing and insurance processes to cover Hawaiian ways of harm reduction (e.g., hula, etc.).



Mokupuni Report: Maui

The following reflect stakeholder engagement mana'o specific to island of Maui

Cultural Responsiveness

Stakeholders defined cultural responsiveness as a space/place that is pono, grounded in reciprocal aloha, and validating of one's culture. Some statements include:

- "Pono community"
- "Reciprocation of the spirit of aloha"
- "Unconditional positive regard for people and places around us"
- "Validating ones culture and belief system even though it may different from our own"

Cultural Safety

Stakeholders defined cultural safety as a space that offers a feeling of being home with 'ohana, filled with unconditional aloha and typically in connection with 'āina. This often was talked about as a pu'uhonua. Relevant statements include:

- "Home - connection to the 'āina"
- "Unconditional love and acceptance"

Cultural Foundations

Stakeholders defined cultural foundations as connectedness to 'ike kūpuna, how this is taught and passed on by 'ohana, and often in relation to 'āina. Some statements included:

- "'Ike kūpuna as a foundation"
- "The ground I can stand on (family, knowledge, community) and feel safe to be me, without judgment"

Cultural Awareness

Stakeholders defined cultural awareness as acknowledging place and history, often through mo'okūauhau. Some statements included:

- "Know who you are and where you come from"
- "Knowledge of the past so can make it into the future without repeating yourself"

Cultural Resonance

Stakeholders defined cultural resonance as a space that relates to my culture and offers me feelings of belonging. Relevant statements include:

- "How culture is relevant to my recovery"
- "Feels like you belong someplace if you feel out of place"
- "Parts of culture that you can relate to"

Prevention

From the client's perspective, stakeholders shared the importance of knowing the place to understand the purpose, therein preventing substance use.

From the 'ohana perspective, stakeholders shared how the 'ohana is the foundation and piko to prevention, often the first place to learn positive behaviors and skills that act as protective factors.

From the community perspective, stakeholders discussed the importance of knowing your community, including who and what is in it, and how Native Hawaiian representation within community programs and spaces is a means of prevention. They also shared the importance of appropriate and accessible community programming and the value of offering Hana No'eau.

From the provider's perspective, providers must be grounded in 'ike Hawai'i and provide relatable and purposeful services. This passionate workforce of providers creates accessible spaces that promote a culture where everyone feels included. Due to staffing shortages and workforce development needs, it is often difficult to staff programs and services appropriately.

From the perspective of the system as a whole, stakeholders described the importance of integrative programming at this stage, one that offers support with housing and economic security; this looks, sounds, and feels like a pu'uhonua, providing cohesive preventative services.

Treatment

From the client's perspective, stakeholders shared the importance of treatment programs that meet clients where they are, providing a personalized experience. These services must be grounded in culture and provide a variety of cultural activities to build kuleana, a sense of purpose, value, and self-worth.

From the 'ohana perspective, treatment programs must be centered on the 'ohana,

not just the individual. These programs should support 'ohana strengthening through cultural activities.

The community needs access to various cultural practitioners, practices, and resources often centered on mālama 'āina activities.

From the provider's perspective, any curriculum offered must be accessible for people to connect to and understand. This curriculum should have culturally realistic outcomes and measures of success specific to Hawaiian culture.

From the system as a whole, the funding landscape needs to change. Currently, the system provides services based on funding availability rather than services that individuals, 'ohana, and communities need, such as cultural programming offered 24/7.

Recovery

From the client's perspective, stakeholders shared that recovery doesn't end; it is cyclical and reciprocal, each phase informing the other. It is essential that those who have experienced the system of care be of service to others and come back and work with other clients.

From the 'ohana perspective, stakeholders shared that the 'ohana is at the core of recovery and that healing and repair are needed within families to create community change.

From the community perspective, they expressed the importance of the community in providing support that holds you accountable and walks beside you during recovery. Similar to the client's perspective on the importance of clients who give back and engage through community service.

From the provider's perspective, providers should offer culturally-resonant recovery services. This approach often centers on values of kuleana, mo'olelo, huaka'i, hi'uwai, makahiki, hula, and 'āina-based recovery.

From the whole system's perspective, an ahupua'a approach to recovery services is needed. This system would make recovery spaces less institutionalized and cyclical, supporting the lifelong learning of kuleana, the sense of place, safety and connection, and belongingness.

Harm Reduction

From the client's perspective, the need for safe spaces and tools such as fentanyl test strips (currently illegal in Hawai'i) and naloxone (Narcan) or culturally-appropriate tools. Assistance is not one size fits all and may require various methods.

From the 'ohana's perspective, there is a need for education around harm reduction. This education would help address confusion and misunderstanding related to the function and use of harm reduction in the continuum of care.

From the community perspective, similar to the client and 'ohana perspectives, stakeholders discussed the need to determine what harm reduction looks like in kaiaulu and what roles the community holds within this part of the continuum. There should be more outlets to increase community connections and build community relationships.

From the provider's perspective, the importance of offering harm reduction practices grounded in culture - lo'i, makahiki, 'awa, and overall reconnection to cultural traditions. It is also essential to provide naloxone (Narcan) and fentanyl testing strips (currently illegal in Hawai'i), making them accessible to outreach workers especially.

From the perspective of the system as a whole, requiring training for community members, 'ohana, and providers to assist with harm reduction practices.



Mokupuni Report: Molokai

The following reflect stakeholder engagement mana'o specific to island of Molokai

Cultural Responsiveness

Stakeholders defined cultural responsiveness as being sensitive to and respecting all cultures. This means interacting with humility and being pono.

Cultural Safety

Stakeholders defined cultural safety as a sense of place where one feels safe to practice their culture and appreciate other cultures. This was described as a pu'uhonua.

Cultural Foundations

Stakeholders defined cultural foundations as grounded in pono'i (self) and Hawai'i pono'i (self in culture) through learning and experiencing Hawaiian values, beliefs, and discipline.

Cultural Awareness

Stakeholders defined cultural awareness as grounded in 'ike kūpuna, including concepts related to lōkahi, kilo, 'ohana, akua, and being pono.

Cultural Resonance

Stakeholders defined cultural resonance as spaces that acknowledge and recognize you and your values. This is a space that may provide reason and purpose in life.

Prevention

From the client's perspective, stakeholders shared the importance of finding oneself within the culture to build personal strengths and provide emotional healing.

From the 'ohana perspective, prevention starts from home, and there is a need for programs for caregivers/parents. Reserving time for quality time/connection with 'ohana is vital to prevention.

From the community perspective, it's essential to offer a variety of cultural resources, workshops, and activities to build connections and provide role models that can model good behavior.

From the provider's perspective, providers should offer opportunities for healing through 'ike kūpuna. This may look like lawai'a, hunting, providing food for 'ohana, and more. Molokai is unique in its healing; what works in Honolulu does not necessarily work on Molokai.

From the system's perspective, stakeholders described the importance of integrative programming at this stage, one that offers support with housing, food, and economic security. The current system needs to be grounded in strengths, a resilience-based system.

Treatment

From the client's perspective, treatment services must include connections with kūpuna and be rooted in spiritual activities to facilitate generational healing. This approach helps clients and 'ohana work towards forgiveness.

From the 'ohana perspective, treatment programs must be centered on the 'ohana, not just the individual. These programs should support 'ohana strengthening through cultural activities. There is also a need for a family treatment center on the island.

From the community perspective, the community has kuleana to reduce stigma and judgment around treatment services. The community can also facilitate support groups, such as faith-based and friend groups, that center on healing.

From the provider's perspective, any curriculum offered must be accessible for people to connect to and understand. This curriculum should have culturally realistic outcomes and measures of success specific to Hawaiian culture. There is a need to have our treatment that is grounded in cultural knowledge and values.

From the system as a whole, the funding landscape needs to change. Currently, the system provides services based on funding availability rather than services that individuals, 'ohana, and communities need, such as cultural programming. The entire community can heal when stakeholders collaborate to provide culturally-grounded treatment services.

Recovery

From the client's perspective, stakeholders shared the importance of culturally-relevant sponsorship. This is an alaka'i, someone to support clients on their recovery journey. The recovery community of support is a way to create a new genealogy in a lifelong process.

From the 'ohana perspective, the 'ohana has kuleana to teach the client how to reconnect to cultural roles, identity, and kuleana. Often this requires some repair or ho'oponopono between the client and 'ohana.

From the community perspective, it is essential to have free access to resources needed to recover, including 'āina and ahupua'a, to practice traditions. This includes appropriate resources for kāne and wāhine.

From the provider's perspective, stakeholders discussed that it is the kuleana of the provider to offer culturally-resonant recovery services and help clients practice their culture while in recovery and not be shamed.

From the whole system's perspective, stakeholders want an ahupua'a approach to recovery services, where people have their roles and can support from these places.

Harm Reduction

From the client's perspective, they need a safe space where they are accepted and can use culture for their harm reduction.

From the provider's perspective, necessary for providers to celebrate small milestones, and that successful harm reduction may be defined differently across providers.

From the whole system perspective, stakeholders discussed ensuring that laws and mandates support long-term recovery efforts. It was also discussed how western harm reduction efforts could create more harm rather than good.

Mokupuni Report: O'ahu

The following reflect stakeholder engagement mana'o specific to island of O'ahu

Cultural Responsiveness

Stakeholders defined cultural responsiveness as responding to the community's needs and cultural practices. This looks like using culture and its practices to uplift, feed, kōkua, and heal the well-being of Kānaka Maoli.

Cultural Safety

Stakeholders defined cultural safety as a sense of place, where one feels safe to practice their culture and appreciate other cultures. This was described as a pu'uhonua.

Cultural Foundations

Stakeholders defined cultural foundations as grounded within 'ohana, primarily. This is passed down through 'ike kūpuna, sharing the values and stories that help people belong.

Cultural Awareness

Stakeholders defined cultural awareness as nānā i ke kumu — knowing who you are and where you come from. This means understanding culture as the deepest form of identity and belonging and therefore, the strongest lens through which life is understood and experienced.

Cultural Resonance

Stakeholders defined cultural resonance as programs that echo cultural values and embrace kuleana and mana.

Prevention

From the client's perspective, stakeholders shared the importance of developing a sense of belonging within safe spaces, particularly those within the community.

From the 'ohana perspective, prevention is a strong family foundation, providing resources, compassion, boundaries, empathy, forgiveness, and connection to mo'okūauhau.

From the community perspective, it is essential to provide basic needs and networking opportunities to build support systems.

From the provider perspective, providers need to understand the culture to provide cultural programming. Providers can build trust and rapport through "talk story."

From the system's perspective as a whole, stakeholders described the need to normalize cultural practice as prevention, treatment, recovery, and more. This can be used to look at upstream causes of substance use, thereby preventing the pain of shame around substance use.

Treatment

From the client's perspective, the current treatment does not resonate. Creating access to opportunities to learn about culture can ignite mana, carrying clients through treatment and into recovery.

From the 'ohana perspective, treatment programs must be centered on the 'ohana, not just the individual. Programs should assist with burnout within 'ohana, supporting them through the treatment stage and beyond.

From the community perspective, the community has kuleana to reduce stigma and judgment around treatment services. The community should also integrate services, allowing easier access to services and reducing the burden on clients to access them appropriately and at the right places within the system.

From the provider's perspective, folks with lived experience must be at the table and a part of the treatment process through peer support, addiction counseling, and mentorship. It is also important to use/ground services within 'Ōlelo Hawai'i, as there is power and mana in 'ōlelo that can support clients at this stage.

From the system as a whole, the funding landscape needs to change. Currently, the system provides services based on funding availability rather than services that individuals, 'ohana, and communities need, such as cultural programming. These services should be free to clients and 'ohana.

Recovery

From the client's perspective, clients need to educate the community with their stories. Sharing mo'olelo helps with the recovery process for the client and their communities.

From the 'ohana perspective, there needs to be more 'ohana-centric programming and spaces for intergenerational healing, from keiki to kūpuna. This would position the 'ohana as a place of refuge and support during times of turbulence.

From the community perspective, it is crucial to have community-based living and transitional housing options. These spaces provide belonging, inclusivity, and long-term case management.

From the provider's perspective, stakeholders discussed the need for an integrative care team and assigned a navigator to provide continued service delivery. This needs to be a patient-centered recovery process.

From the perspective of the system as a whole, stakeholders want an ahupua'a approach to recovery services, where people have their roles and can support from these places.

Harm Reduction

From the client's perspective, they need a safe space where they are accepted and can use culture for their harm reduction. This includes spaces where clients can reconnect with the things that strengthen them.

From the 'ohana perspective, important for families to be involved and address confusion and misunderstanding around harm reduction practices.

From the community perspective, the community should provide 24/7 services. Stakeholders also discussed the need to understand the responsibility of harm reduction within kaialulu and the community's role in this phase.

From the provider's perspective, providers need to advocate for harm reduction.

From the whole system perspective, stakeholders discussed how it is less burden on the system when reducing harm. Additionally, understanding that there are other pathways to recovery, not just abstinence, expands the recovery landscape and subsequent services.

Mokupuni Report: Kaua'i

The following reflect stakeholder engagement mana'o specific to island of Kaua'i

Cultural Responsiveness

Stakeholders defined cultural responsiveness as listening, understanding, learning, and then acting on this learning. This is done by emanating aloha with an open mind, heart, compassion, and humility.

Cultural Safety

Stakeholders defined cultural safety as a space where one feels safe to practice their culture and share past harms/trauma in a culturally-relevant setting (e.g., 'āina).

Cultural Foundations

Stakeholders defined cultural foundations as family belief systems and the traditional practices within these systems.

Cultural Awareness

Stakeholders defined cultural awareness as knowing the names and stories of their community. This demonstrates respect for 'ohana, especially kūpuna.

Cultural Resonance

Stakeholders defined cultural resonance as places for Hawaiian learning. These spaces affirm and uplift the culture.

Prevention

From the client's perspective, stakeholders shared the importance of guidance and mentorship for kamali'i. This looks like creating more opportunities for kamali'i of all ages to participate in programming, from lo'i to technology.

From the 'ohana perspective, prevention is the 'ohana being a safe haven from a young age. This can provide connection and, ultimately, a purpose that prevents substance use.

From the community perspective, prevention creates incentives for success and makes job training programs applicable to real life and more accessible.

From the provider's perspective, the curriculum must be culturally-relevant and evidence-based. This means more funding for prevention programs and more training for providers.

From the perspective of the system as a whole, cultural-based early education, after-school programs, mentoring and tutoring, and service work (w/in their community and sense of place) are prevention.

Treatment

From the client's perspective, healing should occur through 'āina-based programs with pule, thus connecting us to spirituality. These approaches are more restorative with client behaviors versus punitive.

From the 'ohana perspective, treatment includes understanding one's genealogy to make sense of and connect to identity and culture. This is especially important for those in foster care or justice involved.

From the community perspective, state agencies should advocate for treatment initiatives and get buy-in from the community to allow for sober living houses, treatment centers, etc., within the community.

From the provider's perspective, Hawaiian practitioners must lead treatment services.

From the system as a whole, stakeholders discussed the importance of mind, body, and soul focused on across the treatment continuum of care.

Recovery

From the client's perspective, clients need to find and have access to spaces that have positive role models and mentors, including NA, AA, and other support groups.

From the community perspective, it is essential to have integrative community services like financial coaching, housing support, employment, transportation, providing rides to jobs/job interviews, etc.

Harm Reduction

From the provider's perspective, it is essential to have diversion programs that allow for community service to be done at cultural sites. Additionally, it is crucial to provide services like needle exchanges, fentanyl test strips (currently illegal in Hawai'i), naloxone, and drug take-back events.

From the whole system perspective, stakeholders discussed the need for longer times in treatment instead of kicking clients out. This requires removing current timelines on treatment and recovery; however, insurance was recognized as a related issue.

Mokupuni Report: Hawai'i Island

The following reflect stakeholder engagement mana'o specific to island of Hawai'i

Cultural Responsiveness

Stakeholders defined cultural responsiveness as having awareness of self and others, as grounded by aloha. This involves reciprocity, e.g. 'āina - kanaka, kanaka - 'āina.

Cultural Safety

Stakeholders defined cultural safety as places to learn about self, culture, and traditions. This is being able to be Hawaiian and not having to check it at the door.

Cultural Foundations

Stakeholders defined cultural foundations as living a Hawaiian lifestyle. This includes mana and acknowledging one's strength especially in tough times.

Cultural Awareness

Stakeholders defined cultural awareness as rooted in mo'okūauhau. This involves taking time to learn and know historical contexts.

Cultural Resonance

Stakeholders defined cultural resonance as representation. This means healthcare providers and clinical staff that look like/sound like clients.

Prevention

From the client's perspective, stakeholders shared the importance of cultural learning opportunities and accessibility. This can help clients recognize an inherent value as a Native Hawaiian and the pride and acceptance of kuleana that comes with being Kānaka.

From the 'ohana perspective, prevention starts in childhood and in schooling, where skills are built up. These spaces should teach keiki their identity, create culturally-based rites of passage, and normalize the acceptance of kuleana.

From the community perspective, safe spaces should be created for a conversation about prevention centered on cultural practices. This might be going into the lo'i and working with the 'āina. Stakeholders also discussed the need for easier access to land for prevention purposes.

From the provider's perspective, there must be an integration of parenting and culture in prevention. This involves preserving the integrity of 'ohana as supported by providers. Providers should provide tools and lessons to 'ohana for the betterment of the client and 'ohana.

From the perspective of the system as a whole, western concepts and frameworks do not resonate with Native Hawaiians, resulting in lots of translating. The current continuum is void of spiritual practices, and thus there needs to be space created for 'ike Hawai'i to be valid, valued, and incorporated.

What does caring for our people experiencing substance use look like, sound like, feel like?

On Hawai'i Island, at this point in the engagement, community members were also offered the option of working through the question, 'What does caring for our people experiencing substance use look like, sound like, feel like?' after it was expressed mainly that the current continuum of care is not grounded in Hawaiian ways of being and thus not conducive to the discussion. Responses that were collectively lifted in the discussion are detailed below:

- There is a deep need to support individuals, 'ohana, and the community throughout the process. Many of these groups are suffering from losses (psychological, physical, mental, spiritual, cultural, etc.), resulting in substance use.
- We must look back to 'ike kūpuna to know how to best care for ourselves. Knowing our mo'okū'auhau can help determine our path to recovery and healing.
- Staffing of appropriate providers is crucial. Clients and families need to see themselves in the providers and have representation within these spaces. Additionally, providers need to know clients' needs (cultural, mental, spiritual, etc.) to serve them best. Sometimes providers come in the form of aunties and uncles, so the concept of provider should expand to account for these relationships.
- The current system needs an overhaul, moving it to a place that is:
 - Culturally rooted, community-relevant, and catalyzed by servant leadership
 - Activating mālama 'āina
 - Unapologetically practicing Hawaiian culture
 - Integrating cultural protocols and practices (ex. working in lo'i, growing own food, sharing mele, land acknowledgment, etc.)
 - Indigenized

- The current system can be overhauled by:
 - Embarking on policy advocacy at the legislature, county level, and justice systems
 - Collaborating with colleagues and service providers to push back against competition, separatist mentality, and hierarchies
 - Evaluating the effectiveness and success of the current system to dismantle its structural discrimination, racism, biases, and nationalism
 - Emphasizing the importance of representation, voting, participation, and community recruitment into leadership positions
 - Integrating spirituality to achieve lōkahi



Reflections

The following are offered as a starting place for POL to consider the implications of stakeholder mana'o. POL will conduct ongoing conversations with our partner organizations, the state, and the communities we serve to ensure that the reflections below are represented in all discussions.

Facilitators went back into communities approximately 4-6 weeks after the initial sessions were held in order to gather feedback from stakeholders on preliminary findings. A total of 29 stakeholders joined the 1 hour virtual feedback sessions that were held for Maui, Molokai, Kaua'i, O'ahu, and Hawai'i Island. Towards the end of each feedback session, facilitators asked stakeholders three reflective questions:

What are possible next steps for Papa Ola Lōkahi?
What are your recommended action items based on our work together?
What would be your first recommendation to Papa Ola Lōkahi?

As a result of the responses to these questions, we provide the following reflections to POL as a starting place for POL to consider the implications of stakeholder mana'o.

Reflection #1: Support the development of peer specialists & mentors

Stakeholders across pae 'āina resoundingly suggested that POL support the development of advisory councils with a broad representation of those with lived experience and those in recovery. For many stakeholders, this meant recognizing and ensuring that those with lived experience are co-designers of programming, services, guidance, and standards. Doing so ensures that services are both culturally-appropriate and relevant to experience.

Stakeholders also discussed the need to view those in recovery as assets within the larger ecosystem and the need for pipelines into peer specialist and mentor roles. Stakeholders called on the need to reduce "red tape" and barriers to getting into these paid positions. One suggested strategy was to credential and qualify peer specialists under ADAD and/or CAMHD. It was also recommended that POL support with covering the costs of certifications and licensure.

Reflection #2: Act as a hub

Stakeholders suggested that POL act as a convener of all stakeholders, including communities, organizations, government entities, coalitions, and others. They reflected that POL is perfectly positioned to take on this kuleana, as POL is already doing this work in other areas. Stakeholders also suggested that this hub could be a repository of data, information, and funding sources relevant to the culturally-specific continuum of care approaches.

Stakeholders also encouraged POL to develop and provide guidance, standards, and best practices on cultural programming in addressing substance use. They considered POL an important existing information hub and believed POL should turn that information into an advisory role for others seeking guidance on approaching programming and services. Stakeholders encouraged POL to consider involving those with lived experience as an advisory group, ensuring that guidance, standards, and best practices are rooted in real experiences.

In line with stakeholder suggestions, POL should consider developing a comprehensive toolkit that includes a culturally-relevant conceptual framework and strategies for operationalization and implementation. This is similar to the Trauma-Informed, Recovery-Oriented System of Care that was developed in a collaboration between the National Council for Behavioral Health and Indiana Family and Social Services Administration. This toolkit could provide information, resources, and tools to guide the implementation of programming and services to serve the best clients, 'ohana, and communities experiencing substance use. The toolkit could also provide foundational concepts, data on substance use in Native Hawaiian communities, information, and examples to understand effective responses to substance use and an overview of the need for a comprehensive and coordinated Native Hawaiian care delivery system. It could also identify and describe change components needed to move systems toward culturally-relevant approaches and provide specific tools for implementation.

Reflection #3: Build political power of stakeholders

Stakeholders suggested that POL be the primary developer and disseminator of policy briefs related to addressing substance use within Native Hawaiian communities. They called on POL to offer different types of training related to organizing and advocacy, including community advocacy training. POL could also benefit from offering advocacy training for clients and 'ohana as well, helping to build a community of practice that is rooted in Native Hawaiian ways of relationship building. Effective tactics and advocacy skills should be explored further in this area.

Stakeholders suggested that POL provide information and direction on relevant legislation. They felt it was an area that is often difficult to understand and/or navigate and would benefit from understanding the political landscape of the substance use continuum of care. This would also inform stakeholders of potential funding streams from legislative action and areas for targeted advocacy.

Reflection #4: Develop a Hawaiian-based 12-step recovery program

Stakeholders reflected on POL's role in informing the development — including the content, approach, and values — of a Hawaiian-based 12-step recovery program. Stakeholders recognized 12-step programs as powerful peer support groups that help people recover from substance use disorders, behavioral addictions, and other co-occurring mental health conditions. Stakeholders suggested that a Hawaiian-based 12-step program may help people achieve and maintain abstinence from substances more than other programs. Though 12-step programs aren't necessarily the right tool for everyone, they may help those struggling with substance use issues acquire new coping skills, feel the support and acceptance of a loving community, transition into sobriety, and foster long-term recovery from addiction.

Reflection #5: Assess current capacity across system of care

Stakeholders reflected on the need for the development of a reference & resource library, one which inventories the current system of care and its players. This includes an inventory of agencies, groups, and organizations that work with Native Hawaiians and/or work within the field of substance use. Doing so would allow for a gaps analysis and general environmental scan, providing insight into the current status of the system of care. This analysis would lend to the identification of components necessary to implement a continuum of care rooted in Hawaiian culture.

Reflection #6: Build capacity across system of care

Stakeholders reflected on the need to build the capacity of credentialed and qualified support staff, including those with lived experience. They expressed the need for the development of career opportunities in becoming a certified, culturally-relevant, community-based responder. This would include the establishment of a qualified cohort that responds in times of crisis, focused primarily on being a positive mentor and advocate as clients and 'ohana navigate the system of care.



Papa Ola Lokahi

Nana I Ka Pono Na Ma

End.

For questions, please contact manao@papaolalokahi.org



'A'ali'i Alliance