

PAPA OLA LŌKAHI



Final Report: Maui

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.

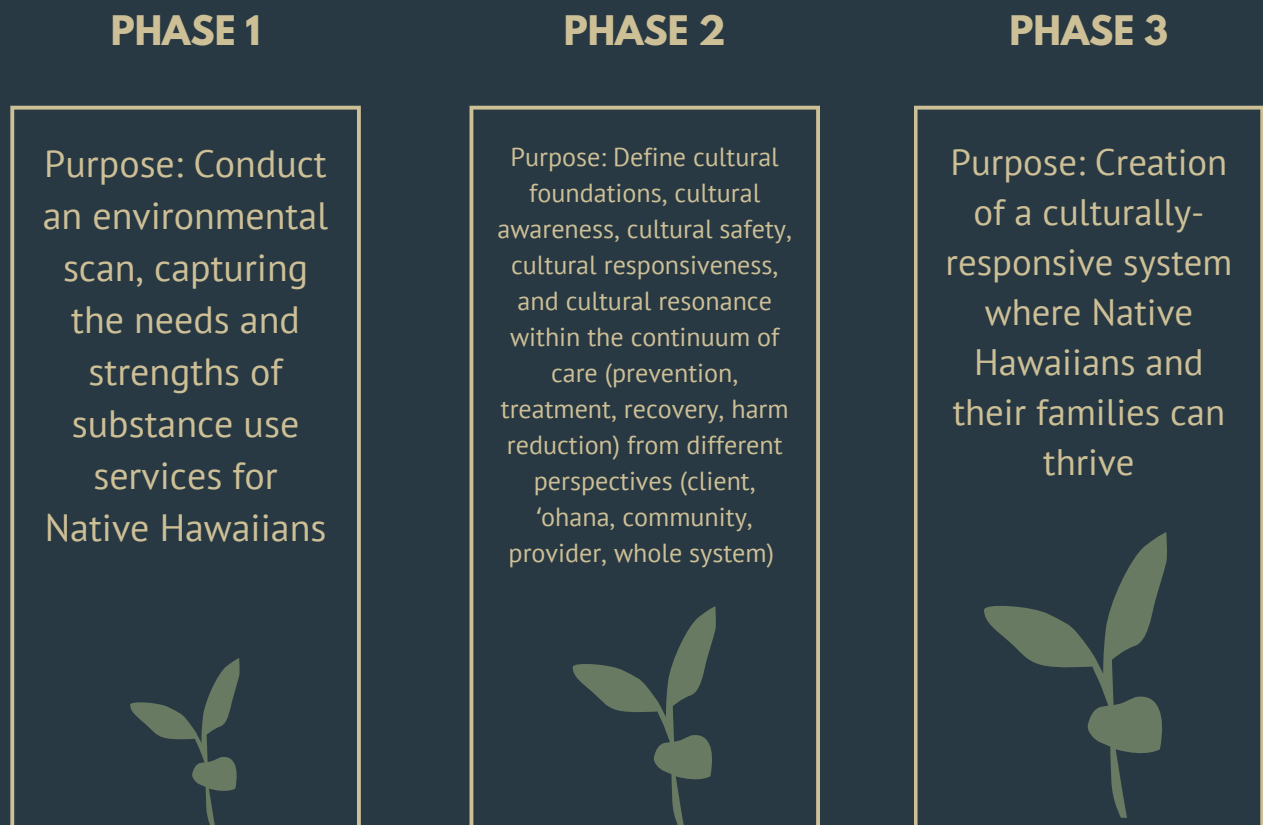
Papa Ola Lōkahi has worked throughout the state to support the coordination of the Native Hawaiian health care system and services related to substance use outreach and education through the regular convening of local leaders and community organizations.

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

Mokupuni Report: Maui

The following reflect stakeholder engagement mana'o specific to the 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 kaiāulu 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.



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