

DISCUSSION AND EVALUATION SUMMARY FOR KŪKULU I NĀ HŪLILI 2006

**WAIMĀNALO HOMESTEAD ASSOCIATION HALE
APRIL 11, 2006**



**REPORT PREPARED BY:
MEMBERS OF THE NATIVE HAWAIIAN PARTNERSHIP AND
THE EVALUATION TEAM OF THE CO-OCCURRING STATE INCENTIVE GRANT
(COSIG)**

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EXECUTIVE SUMMARY

KŪKULU I NĀ HŪLILI (Bridging the Gaps) was a full day event held on April 11, 2006 and attended by one hundred thirty eight representatives of fifty substance abuse and mental health treatment providers, primary care healthcare providers, Native Hawaiian and community groups throughout Hawai'i. The Native Hawaiian Partnership planned and executed this statewide event. The Partnership is committed to improving substance abuse and mental health services to Native Hawaiians and their families. The Partnership is a collaboration of several government and private groups. This landmark public forum held at the Waimānalo Homestead Hale provided the initial steps towards addressing the need to partner, plan, and implement culturally appropriate effective mental health and substance abuse services to Native Hawaiians and their families. It represented the first large public gathering to discuss this important issue.

The primary planners of this forum support the position that successful recovery efforts for Native Hawaiian consumers with co-occurring issues (substance abuse and mental health) must involve integration of important culturally competent practices and collaborative partnerships within local communities and between public and private sector groups.

Statistics gathered from the Department of Health (DOH) show that Native Hawaiians make up a significant percentage of clients in need of substance and mental health or co-occurring services. The Dept. of Health, Alcohol, Drug Abuse Division (ADAD) reports approximately 38% of clients served statewide in FY 2006 were of Native Hawaiian ancestry. (Dept. of Health, Alcohol and Drug Abuse Division 2006) This percentage increases in some rural areas, such as communities on the islands of Hawai'i, Moloka'i, and the leeward coast of O'ahu.

Currently, there are limited service options offered to these communities in terms of treatment modalities that incorporate Native Hawaiian or host cultural values and practices. There is also a lack of appropriate outreach efforts in some areas to engage this high risk population into MH/SA services.

This public forum provided the initial steps to address the need to partner, plan, and implement culturally appropriate effective mental health and substance abuse services within our island communities. The planners of this event advocate and support that Information and data collected from this event would be utilized by both State and private community groups to:

- 1) Improve our understanding of specific cultural practices that improve treatment outcomes for Native Hawaiians with co-occurring disorders
- 2) Improve data collection and analysis of culturally appropriate treatment for Native Hawaiians with co-occurring disorders.

- 3) Reduce the need for future resources in this area due to improved prevention and treatment outcomes for Native Hawaiians and other special populations.

Kūkulu I Nā Hūlili 2006 Action Steps for 2007

This year's forum data and information were compiled into the following action steps for 2007:

- Schedule and plan a follow-up forum in 2007 to expand and elaborate on Kūkulu I Nā Hūlili's recommendations and key discussion areas.
- Explore methods of allocating specific funding for projects that can demonstrate successful culturally competent practices that treat consumers with substance abuse and mental health disorders. Develop funding streams for cultural practitioners, cultural interventions/strategies and kūpuna used in substance abuse and mental health treatment programs.
- Explore the application of this effort's culturally appropriate practices to other special populations in Hawaii to improve prevention and treatment outcomes.
- Explore methods of allocating funds to increase access of treatment programs in Native Hawaiian communities that experience limited access to treatment, i.e. rural areas.
- Explore resources for additional technical support to current providers in the development and application of culturally appropriate programs.
- Increase research and evaluation efforts to measure the effectiveness and efficiency of Native Hawaiian culturally appropriate practices.
- Develop a partnership with the Hawaiian community to help define and implement standards of practice for culturally appropriate treatment for Native Hawaiians with co-occurring disorders.

I. Purpose

ALOHA MAI KAKOU

On April 11, 2006, one hundred thirty eight representatives of substance abuse and mental health treatment providers, primary healthcare providers, Native Hawaiian, and community groups throughout Hawaii gathered together at the Waimānalo Homestead Association Hale for a full day forum. This forum initiated steps toward addressing the need to partner, plan, and implement culturally appropriate effective mental health and substance abuse services to Native Hawaiians and their families. This significant gathering addressing this important issue was an initial step towards identifying specific cultural practices that improve substance abuse and mental health treatment outcomes for Native Hawaiians. A summary and discussion of the planning, evaluation and outcomes of this forum follow in this report.

Statistics show that Native Hawaiians make up a significant percentage of clients in need of substance and mental health services. The Dept. of Health, Alcohol, Drug Abuse Division (ADAD) reports approximately 38% of clients served statewide in FY 2006 were of Native Hawaiian ancestry. The percentage increases in rural areas of our State, such as in Wai'anae and on the Islands of Hawai'i and Moloka'i. (**See Table I.**)

Table I: FY 2006 ADAD Admissions

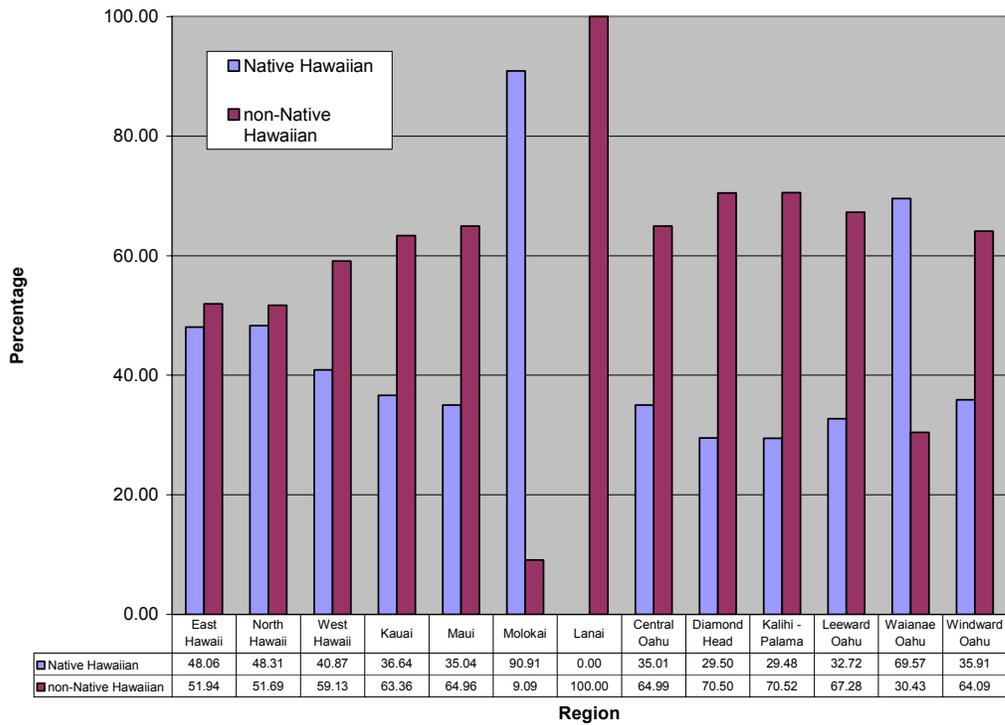


Table I - Population breakdowns by percentages and state regions. The total number of ADAD admissions for FY 2006 = 6,551.

East Hawai'i	876
North Hawai'i	118
West Hawai'i	504
Kaua'i	292
Maui	742
Moloka'i	44
Lāna'i	3
Central O'ahu	357
Diamond Head	478
Kalihi Pālama	1211
Leeward O'ahu	492
Wai'anāe	437
Windward O'ahu	997

Rural substance abuse providers, Ho'omau Ke Ola and the DASH Hui Ho'ola O Nā Nahulu O Hawai'i report a majority of their client population are of Native Hawaiian ancestry.

A graph depicting percentages of Native Hawaiians served within The Dept. of Health, Adult Mental Health Division by county is included below (**See Table II**).

Table II: FY 2006 AMHD Admissions

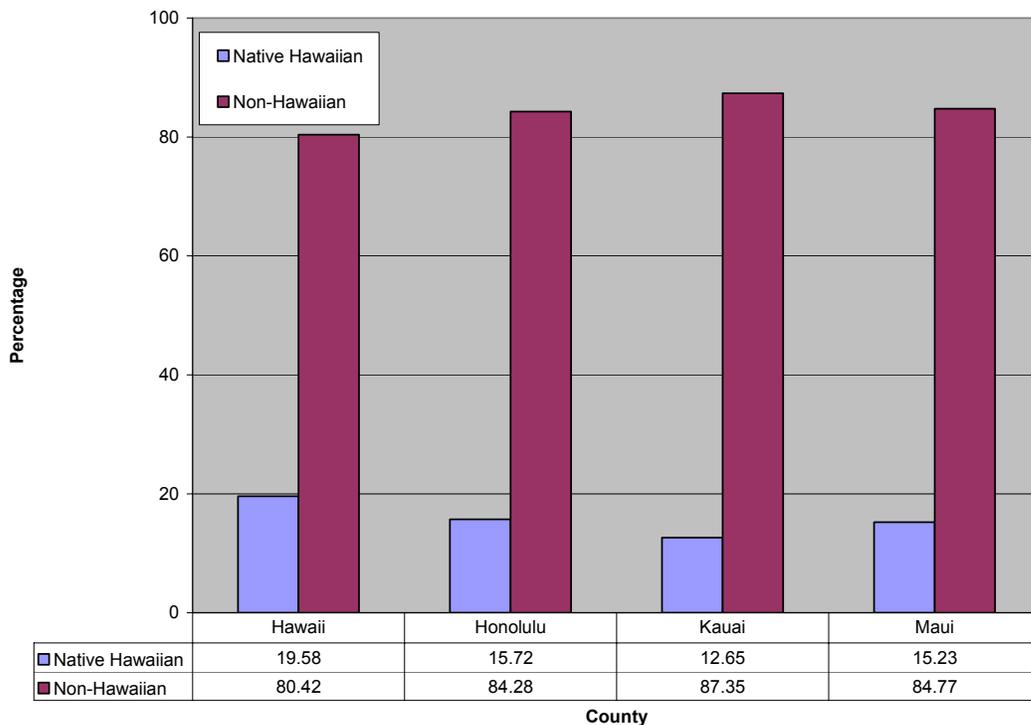


Table II: Population breakdowns by percentages and county. Total number of AMHD consumers served for FY 2006 = 11,217.

Hawai'i County	2,844
City & County of Honolulu	6,412
Kaua'i County	689
Maui County	1,272

A significant question addressed during the forum was: Does attention to cultural identity, traditions, values and beliefs make a difference when promoting successful recovery efforts among Native Hawaiians receiving substance abuse and/or mental health services?

In one recent study focusing on “cultural connectedness”, 83% of Native Hawaiians reported being proud of their ethnic heritage, compared to 73% of non-Hawaiians. Also, 78% of Native Hawaiians believe in the importance of living and practicing their indigenous cultural values and beliefs on a daily basis. Native Hawaiians on the whole have disproportionately high rate of substance abuse, arrest, and incarceration, suggesting areas that may benefit from engaging the support of

kūpuna and the cohesive aspects of Hawaiian cultural practices and active community involvement. (Ka Huaka'i 2005 Native Hawaiian Educational Assessment Report, Kamehameha Schools, 2005).

Current provider members of the Native Hawaiian Partnership and who deliver services to locations in predominately rural communities with a large percentage of Native Hawaiian population, strongly feel that attention to and integration of cultural values and practices are one of the key ingredients to providing successful engagement, retention and treatment services to Native Hawaiian consumers. As reflected in the forum's participant surveys, participants believed that successful treatment outcomes can be improved through the collaboration of governmental and private agencies by, 1) mutual education regarding evidence-based and culturally-based practices, 2) coordination of services, 3) the development and retention of a culturally competent workforce that provide culturally appropriate services to this community, and 3) most importantly, mutual respect for the traditions of indigenous healing and the holistic concept of wellness.

II. Objectives of the Event

Primary forum objectives are described below:

Development of potential partnerships between private and government groups & individuals serving and supporting mental health and substance abuse recovery within Native Hawaiian communities to improve treatment outcomes for Native Hawaiians and other special populations.

Education and mentoring of mental health and substance abuse programs who serve Native Hawaiian consumers by existing programs such as Ho'omau Ke Ola and the DASH Hui, both whom have a strong history of effective culturally competent services serving Native Hawaiians within their communities; and which incorporate elements of appropriately trained & skilled workforce, Native Hawaiian traditions, values, and practices along with Western evidence-based practices supporting recovery efforts.

Increased knowledge and dissemination of the issue of co-occurring disorders and integrated treatment efforts within Native Hawaiian communities and groups.

Increase utilization of proven practices, including the role of Kūpuna and Native Hawaiian cultural experts (practitioners) as leaders in the planning, development, and delivery of effective substance abuse and mental health programs within communities.

Increase collaboration and trust between communities and groups supporting the health of our island's host culture.

Increase knowledge of specific cultural practices that improve treatment outcomes for Native Hawaiians with co-occurring disorders.

Improve data collection and analysis of culturally appropriate treatment for Native Hawaiians with co-occurring disorders.

Increase efficiency and effectiveness of treatment resources due to improved prevention and treatment outcomes for Native Hawaiians and other special populations.

III. Pre-Event and Cultural Protocol Planning

The Native Hawaiian Partnership (representing both private and government groups) served as the forum planning committee. The committee originally considered organizing a smaller event to coincide with an on site visit from a consultant with the Co-Occurring Center for Excellence (COCE) in Washington D.C. COCE has been collaborating with the Partnership through a technical assistance agreement to examine specific cultural factors that improve treatment outcomes for Native Hawaiians. The original event intended to bring together no more than 25-50 individuals from various community groups and agencies to discuss COD treatment issues for Native Hawaiians. As word spread throughout the community of the proposed meeting, requests to attend the event poured in from various community groups statewide. The planning committee having no marketing budget, was pleasantly surprised at the responses.

The response was surprising and heartwarming to Native Hawaiian communities such as Waimānalo, where the event was held. Waimānalo is a semi rural area on the island of O’ahu with a high percentage of Native Hawaiian population. In the end, almost 50 groups were represented at the forum on April 11th.

The forum planning committee paid careful attention to traditional Native Hawaiian cultural protocol in the planning of the event. Committee members knowledgeable in this area contributed their “mana’o” (thoughts or concepts that can be intellectually, spiritually or emotionally driven) towards this effort to ensure cultural integrity of the event. The inclusion of kūpuna (respected elders) from the Waimānalo community and the Native Hawaiian Partnership were represented in both the planning and presentation of the event.

“Hawaiians believe kūpuna to be their source of traditional cultural beliefs, practices, and values. There existed in Hawaii’s past, a framework that commanded a role of kūpuna to be respected and honored. Kūpuna then, led the “ohana” (family/extended family unit) through the accuracy of genealogy linkages, child rearing practices, ceremonies, rituals, and laws of cause and effect.” (Aunty Betty Kawohiaokalani Ellis Jenkins, Respected elder or kūpuna, 2006)

Pre-event planning meetings which included kūpuna representatives were held and hosted by the following groups; Papa Ola Lokahi, Drug Addiction Services of Hawaii (DASH), Queen Liliu’okalani Children’s Center-Waimānalo Unit and the Co-Occurring State Incentive Grant (COSIG project). Meetings were planned with attention paid to cultural protocol associated with working with kūpuna.

The kūpuna on the planning committee selected the Waimānalo Homestead Association Hale. This site was culturally appropriate because it is nestled against the Ko’olau mountain range and also near the ocean. The area also houses two

Native Hawaiian agencies and sits within a Native Hawaiian homestead neighborhood. The careful selection of the site displayed a commitment to the Native Hawaiian community and their relationship to the aina (land & sea) and the intended spiritual nature of the event. The planned agenda placed importance on a return to traditional values and practices and their integration into recovery services, making hope for recovery possible.

Kūpuna also designed a stage setting, which included a “Tutu’s (grandmother) Hale (home)”, a stage setting similar to a living room where the kūpuna presenters could sit comfortably and discuss stories that emphasize the importance of incorporating and instilling Native Hawaiian values in substance abuse and mental health treatment for Native Hawaiian communities. This was a purposeful deviation from a standard Western style common panel presentation format. Participant table settings were adorned with center pieces of naupaka, a plant with a flower common to the Waimānalo area and steeped in Hawaiian tradition and lore. Kūpuna selection of the naupaka flower was based on the symbolism of the plant’s relevance to the Native Hawaiian people. The flower/plant represents the strength of the people and also the fragility of the culture. The Kūpuna selection of the centerpieces intended to help participants identify with the Native Hawaiian culture and to honor their traditions and mo’olelo (stories) about the region or area.

Agenda items included the traditional ho’olauna, a culturally appropriate manner of introducing oneself. A traditional opening chant or oli, shared by a Waimānalo community worker began the forum program. Traditional dance, songs, and oli (unaccompanied chant) presented by the haumāna (student/clients) of Ho’omau Ke Ola, a substance abuse provider, were also incorporated into the program for the day. The demonstration displayed their ability to learn new skills and for some, an understanding of their culture, and for others a display of respect for the host culture. The kūpuna selection of presenters focused on the importance of the aina or land. The area selected for the site was also respected in a culturally appropriate manner as selected Waimānalo kūpuna were asked to offer a history of their ‘āina to the group.

The planned agenda placed importance on a return to traditional values and practices in order to restore a sense of identity and pride in Native Hawaiians, making their recovery journey possible. Consumers from two substance abuse providers, Ho’omau Ke Ola and the DASH Hui Ho’ola O Nā Nahulu O Hawai’i were asked to share personal stories of recovery

The agenda focused on a common theme of connectedness that Native Hawaiians feel to their “āina” (land), ancestors, and “‘ohana” (family/extended family). The physical setting of the forum in Waimānalo clearly displayed an example of this theme.

The forum introduced to the general community Native Hawaiian values, practices and protocols that are important in the treatment of Native Hawaiian consumers in

the system. It was also a beginning to partner, educate and discuss together the possibilities of improving our system of treatment and working together to address this high risk group and an important issue that affects individuals and families within the Native Hawaiian communities island wide.

Mahalo (thank you) to the many groups and individuals who helped in the planning and implementation of the event. They are listed below:

Community Event Sponsors

Chevron
Hawaii Medical Service Association
Waimānalo Hawaiian Homestead Association
Office of the Lt. Governor

Participating Kūpuna Presenters

Aunty Betty and Uncle Jack Jenkins (Waialua)
Aunty Lucille Chung (Hawai'i)
Aunty Nickie Hines (Waimānalo)
Uncle Paul Richards, Aunty Joe Ann Sang (Waimānalo Homestead Association)
Aunty Ulu Garmon (Hawai'i)

The following partner planners would like to express appreciation to the above named sponsor groups and kūpuna presenters.

Partner Planners of the Native Hawaiian Partnership

DASH Hui Ho'ola O Nā Nahulu O Hawai'i
Ho'omau Ke Ola
Dept. of Health, Adult Mental Health Division-COSIG Project
Dept. of Health, Alcohol Drug Abuse Division
SAMHSA Co-Occurring Center for Excellence (COCE)
Papa Ola Lokahi
Queen Liliu'okalani Children's Center (QLCC) and the Wahine (Women) of Ke Ala Laua'e

IV. Evaluation Methods

A. Quantitative Data Summary: Participant Evaluation Survey.

Each participant was invited to complete a forum evaluation. The evaluation survey consisted of collecting demographic information about the respondents. Fourteen Likert items focused on satisfaction, organization, objectives of the forum, with 3 open ended questions included (see Attachment 1).

The evaluation survey was adapted primarily from the Center for Substance Abuse Treatment's Baseline Technical Assistance Satisfaction Survey. For the Likert scale items, participants were asked to rate each item on a response scale ranging from 1 "strongly agree," to 5 "strongly disagree. Note that lower ratings indicated higher satisfaction. Data were analyzed to obtain the mean and standard deviation of each item (see Attachment 2).

The final 3 items were open ended questions giving respondents an opportunity to record what they liked the "best" and the "least" about the forum and to make suggestions for next year's forum. The data were reviewed and categorized into major themes from each breakout group with descriptive information included (see Attachment 3).

B. Qualitative Data Summary: Small Group Afternoon Break-Out Sessions

The forum contained an afternoon agenda of four small group breakout sessions and one large group session. Participants self selected what sessions they attended. The four small group sessions addressed the following areas:

Session A: Identify key elements of a program needed to be effective in the delivery of co-occurring services to Native Hawaiians. Identify elements.

Session B: What supports do existing and well established programs like Ho'omau Ke Ola and DASH Hui need to maintain & continue their culturally appropriate services? Identify support mechanisms.

Session C: How can the State and private agencies forge better partnership efforts within the Native Hawaiian communities to improve co-occurring disorder services? Identify current efforts, challenges and future hopes.

Session D: Native Hawaiian Co-Occurring Programs on the Rise: An update and sharing on these promising programs and efforts needed to sustain them. (Brief program presentations and current efforts needed to sustain them).

Large Group Session: Addressing Next Steps

At the end of the afternoon session, the COCE representative facilitated the ending session asking participants to brainstorm and list priority action steps to implement the major suggestions generated in the afternoon small break-out sessions. These action steps were recorded and are described at the end of this report.

Breakout Session A: Key Elements of a Culturally Effective Program for Native Hawaiians

There were a number of key elements identified for a Native Hawaiian program to be effective. Note that “effective” is defined here as;

- 1) the program instills a sense of Hawaiian pride, knowledge, and understanding of Hawaiian cultural practices, values, and beliefs; and
- 2) the program’s healing approaches produces notable changes (e.g., decrease in substance use and mental illness; increase in overall well-being) in the haumana (student/consumer).

These key elements of cultural practices for Native Hawaiians are listed and described below.

What makes a program a Native Hawaiian program?

- I. Hawaiian values
 - A. Aloha
 - B. Mālama- take care of each other, land
 - C. Aloha `āina- land based connection
 - D. Kuleana (responsibility/privilege)
 - E. ‘Ōlelo - just enough to answer questions and respond- recovery is for the rest of your life
 1. Hulikau- trim all the rotten leaves away 9 months – one year for the kalo(taro plant) to regenerate (This compares the healing process of inner self regeneration to the removing of “rotten leaves” of kalo or taro, a very important plant to Native Hawaiians which produces their starch staple and is important to genealogy.)
 - F. Need enough time to heal the person (sustain itself for more than 9mos to one year)
 - G. Pono (righteousness, morality, balance)
 - H. Open to all cultures, not only Hawaiian individuals
 - I. Kūpuna (respected elder or elders)

- II. Spiritual component or 'Ike: Individual spirituality.
Similar to the question what makes a kūpuna? Difference between nānā (mere observing) and `ike (deeper recognition and understanding). Both have their own function with similar meanings. *There needs to be a spiritual component or 'ike*, Mālama (honoring, to care for) contained in the third line of the Kumulipo (Hawaiian story of creation) having to do with mālamalama (enlightenment). Malama has to do with light, a soft light, a female light having to do with the moon. When use it we don't think about its relation to the creation story. Light has to do with enlightenment and what has to satisfy us.

Don't need to be one specific denomination but there must be a recognition of "the light" (e.g., Enlightenment, Individual, Spirituality, a power greater than ourselves). Put spirit back into the person in treatment. Humility.
- III. Incorporation of mo`olelo (story telling) - Hawaiian was an oral culture through legends, stories, chants, music, mo`olelo is a part of being Hawaiian
 - A. Mo`o (mythical dragon or lizard) has to do with legendary `aumakua (deified ancestors that take the form of certain animals, plants or other objects – part of mo`olelo)
 - B. Take a word and look at the meaning of it
 - C. What is your story; past, present, and future
 - D. Before curriculums are taught and adapted there needs to be a trace back to the source – Where did that “mana`o)” come from (e.g., Pre-Cook, post-Cook, pre-Christian, etc).
- IV. Understanding the foundation of Hawaiian culture so that a lot of the myths (e.g., “Hawaiian love,” etc.) are dispelled.
- V. (Native Hawaiian participation) Developed, written, trained by Hawaiians (koko or blood connection) with community involvement- Hawaiian values are universal across cultures, but there is a difference between what is considered universal and what is the actual origin of Hawaiian values. Do you know what the origin of mālama, kuleana, etc?
 - A. Community involvement is necessary. Not every community will have the same “curriculum” as another community.
 - B. There must be a “language” consultant. Somebody who knows how to “ōlelo” (interpret the [Hawaiian] language so that others can understand its intended meaning).
 - C. “Haumāna” (literally “students;” in the context of healing, refers to consumers or clients) can be from any race, including children and older adults.

- VI. Ho`oponopono (a traditional process of family conferences in which relationships were set right through prayer, discussions, confessions, repentance, and mutual restitution and forgiveness) - groups should have the opportunity to modify this method so that they can have a problem-solving method, look at what fits where.
- VII. Importance of family support.
- VIII. Majority of the “healing activities” must be hands on work (experiential) and a “giving” back of their services *to others* – (Hands-on experiences/interactive-activities actual participate in; Hawaiians learn from doing (specific behavioral programs rather than “talking through” therapies that are a hallmark of western approaches).
- IX. *Kūpuna* - The facilitators (“helpers”) must be continuously trained and mentored by a respected *kūpuna*. Get the *kūpuna* from the service area because *kūpuna* differ in their *mana’o* (beliefs/theory/approach) depending on where they are from.
 - A. *Kūpuna* should be involved in every part of the program---Staffing, curriculums, training, certification, resource etc.
 - B. *Kūpuna* can help get to the root of a program.
 - C. Hiring of staff must include an interview process for *kūpuna* to “feel out” the potential employee – not just resume or reference checks. (Hawaiians often do not approach life cognitively, but from a emotional/spiritual perspective)
- X. Native Hawaiian Facilitators-“The facilitators, what about them, gotta be Hawaiian”?
Yes, they definitely have to be trained by Hawaiian individuals and most need to have Hawaiian blood (*koko*).
 - A. Continued mentoring and observing when actually implementing Hawaiian values.
 - B. *Kūpuna* interview applicants.
 - C. Not so much about knowledge, degrees, etc. but about themselves as a whole.
 - D. Need to assist with “Clinical bridge” - how does hula address low self-esteem in measurable terms?
- XI. Bicultural clinicians- *It’s important to also keep in mind that the haumāna live in “two worlds” – mainstream and Native Hawaiian. And some Native Hawaiians are “multicultural”. Thus, while helping to instill pride, knowledge, and positive self-worth in the haumāna, the program must also be able to teach haumāna the skills to respond effectively in the mainstream society (e.g., paying rent, making friends with non-Hawaiians, car safety checks, etc).*

- A. Translate what's cultural to clinical side.
 - B. Cultural aspects can have multiple meanings or purposes.
 - C. Make cultural aspects understandable to outside people.
- XII. Certification (e.g., lifestyle programs at community college, etc.).
- XIII. Aftercare/relapse prevention (for example: monthly Kūpuna check-ins).
- XIV. Open door policy.
- XV. *Sustainability* - Funds must be available and earmarked to sustain these programs so that staff can *concentrate on helping rather than worrying about their employment security*.
- XVI. Individual treatment approaches unique to the person: How does this program help a client go from point A to point B?
- A. Awareness
 - B. Pono - Keep everything (mental, physical, spiritual, familial) aligned
 - C. Maintain an order of balance because it is natural- it is false that everyone needs to be good, good, good.
 - D. Positive overwhelming the negative is just as bad as negative overwhelming the positive.
 - E. Need a balance.
 - F. Return to the family and impact their own children and family members which is the first part of prevention using Hawaiian values
- XVIII. Importance of community involvement in prevention
- A. Children are teaching the parents today
 - B. Need support from educational organizations
 - C. Parents need to instill values

Breakout Session B: What Supports and Resources are Needed to Maintain Existing Culturally Competent Programs?

What do existing programs that provide services that incorporate Native Hawaiian values and practices need to maintain services and find community support to keep doing what they are doing?

How does the system continue to support and expand those programs?

- I. Cultural Components - Substance Abuse/Mental Health Issues

- A. There has been a loss of cultural identity; substance abuse connected to lost cultural traditions.
- B. Many clients come into services that have burned bridges with families. Addiction is taking away the love of the family for the love of the drug.
- C. It's important to keep programs with cultural components:
 - 1. Tie in Hawaiian culture-Hawaiian cultural programs are important whether Hawaiian or not. Self-identity is part of basis of cultural part.
 - 2. Hawaiian cultural components important to understand how people think.
 - 3. Some of the problems include how to match DSM IV into Hawaiian culture?
 - 4. Encourage substance abuse programs to incorporate cultural components
 - 5. Use all tools that work; Western and Hawaiian.
- D. The environment is [bad] for person to return to after treatment. Cultural supportive programs needed.
 - 1. Programs can establish a community connection; clients have burned support systems – like having the kūpuna – as a support system.
 - 2. Use of kūpuna in activities.

II. Funding

- A. The funding...how to maintain it?
- B. Need to be able to get funded for cultural programs – funding comes from federal funds having western based perspective for most programs;
- C. ADAD - can work with programs to work out the funding for a cultural component and meet other requirements
- D. Go to private foundations for funding.
- E. Pull out of competitive spirit and refer, this helps the funding sources.
- F. ADAD funds to areas of education and others. Have assistance to help prepare proposal, assist to look for matching funds, and see what each program will do what. ADAD grant's program is always evolving.
- G. Need funding to stabilize programs. The funding is available; but there are restrictions; what ever effects; Washington affects our state.
- H. For programs the first thing it needs is funding. Have to look at cutting sources or positions or services. But need the services.
- I. Hire a grant writer.
- J. Need big bucks for the grant writers.
- K. Get plugged into State funding.
- L. Need website that lists all of the grants available.
- M. Family foundations -- have their money tied in stocks, so the major foundations are really targeting what they are interested in. Family

foundations, if know before talking to them, the targets there are some successes for funding.

- N. Should look at fundraising
- O. Networks- if have somebody on board who knows somebody on the foundation board, because that is the connection. That is some of the doors that can be opened,
- P. If 2 organizations doing the same thing “drawing for the same carrot” if cannot stabilize them, whatever services we have, that’s all we have.
- Q. Program- had some resources given by Hawaiian homeland. A foundation gave money to furnish the house.
- R. What we need is treatment money for therapeutic living or residential services
- S. Funding from different sources for different types of programs (e. g. Prevention and intervention piece. Intervention we have funding from county).
- T. Get community support.
- U. Get federal grants. Currently planning for expansion to residential services and working on obtaining and saving resources.
- V. Takes big bucks for the grant writers.
- W. Need to get plugged into state funding.
- X. Need a third more programs. On Big Island no residential programs. Need a continuum of services as have to refer to O’ahu.

III. Collaboration

- A. ADAD learned a lot of lessons about collaborating. Worked with criminal justice and COSIG. Competition is a waste of resources. There are ways in procurement system to collaborate; to come into together for the pot of money and work together to distribute it.
- B. “Providers can collaborate” can go to any other providers and get information how services should be structured. Providers know what works. Providers can come together.
- C. 80% of people with SU problems but also have MH.
- D. Question is? SU or MI?
MH and SUD is complex.
- E. Programs collaborate “all we have is each other.”
We’ve been talking about SUD and MH, are we going to move toward COD or stay SU or MH?
- F. Programs and infrastructure are set up for [separation].
- G. Do we develop our infrastructure?
- H. Is important for us to look at each other for help. So when smaller groups coming up that need help [help them].
- I. Can have small things happen - just had 2 crises in a row in program...and were going to be out of business. Aloha House came in and helped with shelter.

IV. Evaluation of programs

- A. How do you know your program is working?
- B. What is the evidence? What are the supports to help your program?
- C. How well you write; that's what your program is evaluated on. That doesn't mean you're getting the best programs.

Breakout Session C: How can the State and private agencies forge better partnership efforts within their communities to deliver appropriate COD services to Native Hawaiian communities? Current challenges and recommendations will be generated.

- 1) What are your validated practices?
- 2) What has worked for you?

- I. The State needs to coordinate with and display respect to the Native Hawaiian "host" culture and communities"
 - A. Respect is historically owed to the host culture. There is a responsibility on the part of the state bureaucracy to listen to the needs of indigenous populations.
 - B. The State needs to reach out to each community to have them teach us about their best cultural practices.
 - 1. What are your validated practices?
 - 2. What has worked for you?
 - C. A "starting point" in the development of treatment services is with communities.
 - 1. The State should not start with taking practices and interventions from the mainland and try to integrate these (with cultural practices). They should start with the host culture and ask permission to begin working together
 - 2. The state should approach communities and ask them "tell us what your (healing and cultural) practices" – this is a 1,000 year old culture. We (State) need to be listening to what the community says.
 - 3. The State is accountable to communities. Communities are paying State's salaries and thus, (the State) should be listening to them.
 - D. ADAD needs to reach out to each community prior to issuing RFP's.
 - 1. We need to hear what the community needs are. The State is the steward of the funds and need to approach the community.

- E. There is a need to address barriers to access of services for Native Hawaiians.
 - F. We need to stop asking cultural practitioners to compromise their cultural values.
 - G. Asking someone from outside to “come in” and do training can be an insult to the (NH) community.
- II. The State needs to work with the kūpuna and respected community elders in the Community to protect the integrity of Native Hawaiian (NH) cultural practices.
- A. State should seek to obtain approval from kūpuna before offering cultural practices or issuing RFP’s (follow NH protocol when approaching communities).
 - 1. Community practitioners and or kūpuna need to be consulted and respected.
 - 2. The State should utilize kūpuna in the RFP review and approval process to assess cultural competency.
 - B. Respect for community, translates to Integrity for kūpuna
 - 1. Moloka’i has own ‘Aha Kūpuna (kupuna group or council). Several kūpuna statewide, have either make (died) or gotten sick. In our (Moloka’i) community we always have ‘Aha Kūpuna council to continue on.
 - 2. Many kūpuna, like Papa Henry Auwae (noted Hawaiian healer) have passed away and knowledge is lost. Not all (knowledge) is passed down thru lineage, some is a gift from God.
 - 3. Before other kūpuna come to our island to practice and claim they are culturally based, they need to seek out local community kūpuna to verify where their knowledge and genealogy originate from. This brings integrity for our kūpuna knowledge.
 - 4. Approaching kūpuna displays respect for our cultural practices and identifies what are our cultural practices.
 - C. Have kūpuna embedded within agencies for cultural continuity. This also requires sufficient payment for services/knowledge of kūpuna
 - D. Identify and enlist Kūpuna Consultants to assist (State) Divisions.
 - 1. Need to have kūpuna working at the Divisions with people day after day to learn from them and we have someone who is really with us day after day and we can go to and say Aunty/Uncle is this the right way?
 - 2. We should be working side by side and working together and making these decisions together.

3. How can mainland haole (Caucasian) understand? You need to have kūpuna in each agency to be with you daily.
 4. We forget and get caught up with things when you feel conflicted. You need someone to ground you, clear your head. Only can stay grounded when you have someone with you, a kupuna to ask questions.
- E. In review process need to know what the evaluation will be for cultural competency. Need piece in RFP review process that has kūpuna in the review process and has to be someone that the community respects to help with the review process.
- III. The State has an obligation to maintain integrity to the Native Hawaiian community and it's culture.
- A. The State should support the integrity of cultural practices within programs.
1. There is a State grant in our (Moloka'i) community that use Hawaiian names, but they (staff) are actually from Oregon
 2. The State needs to develop and use checks and balances to see 1) if these are really community-based people, and 2) follow up to see if these people have done their homework and networked within the community.
 3. The State needs to develop a system of quality assurance to monitor the cultural integrity of programs. Anyone can write a nice grant, but we need to have a system to monitor the use of cultural areas. What is the state's obligation to assist with this to maintain the integrity of the use of cultural practices, names, etc?
 4. How do you provide quality assurance (to a community) when groups claim to be using a cultural practice and or approach?
 5. All our (NH) culture is on the internet and anybody can get it from there.
 6. Outside like this group (from Oregon) enter our community and use Hawaiian names inappropriately. This "makes my heart sore". – hurts Hawaiians.
- B. Groups need to ask permission to utilize Native Hawaiian (NH) culture.
- C. Programs should use both indigenous healing versus enforcing only western based Evidence Based Practices.
- D. Past RFP's at Alcohol, Drug, Abuse Division (ADAD) had no (expertise) Hawaiian eyes to review cultural aspects, even though ADAD was asking for cultural competency. (Some) ADAD providers had difficult time convincing ADAD in the earlier days, that people heal themselves with cultural practices.

- E. Enlist individuals as part of the review process that are respected by the community. Otherwise, how is the community supposed to buy in or to trust (the State)?
- F. Provide clarity by ADAD /Dept. of Health (DOH) to what they need/want re: cultural competency from private agencies/RFP applicants.
- G. The process of distribution of funds should be (pono). There needs to be collaboration from the beginning of the process. (e.g. how the state determines when an agency includes true/appropriate cultural piece in the treatment process, how it is included in the entire RFP process).
- H. The review process for proposals should be clear and should support cultural competency initiatives. (There was a review process that rated culture in the proposals when I applied, but not questions related to it for the proposal). In the review process points should be given out and know what the aspects are for cultural competency in this culture, in this specific community.
- I. DOH should do more to implement CLAS standards- needs to have DOH cultural competency guidelines and have culturally appropriate way to negotiate cultural adaptations in proposals.
- J. There is a need to have a clear understanding from DOH of what the cultural practices are and a formal culturally appropriate mediation process developed between the state agencies and community representatives. There should be more emphasis and implementation within DOH of what are culturally competent guidelines.
- K. The State should amend rules/regulations of the procurement process that can hinder true community providers from competing for funds for both treatment and prevention.
 - 1. The outcomes required by western standards (feds and state), do not allow a current community provider that has successes, to obtain funding for continuing or expanding the program.

IV. From a Native Hawaiian Perspective-There is no compromise of culture.

- A. Hawaiians have had to compromise their culture – “I can’t compromise my culture, too many times already I have to compromise my culture. When you talk about Hawaiians, we don’t compromise”.
- B. For Native Hawaiians culture nourishes and is celebrated. They speak about Hawaiian things and don’t want to compromise. “I need to separate my emotions to talk about this issue. When you talk about Hawaiians, we don’t compromise.”
- C. Many Hawaiians exist in two worlds; western and Hawaiian. “As a Hawaiian, I think as a Hawaiian, but I express Western, so there is a thinking process” Many Hawaiians are western educated. The system is still using western methodologies in social work and education. We are short on Hawaiian methodology.

- D. Increase more opportunities (like this forum) to dialogue with the community on these issues. “Talking story like this (forum) is a good start. We should have more opportunities like this to talk story (with the State). We also need to set some ground rules”.
 - E. Maintaining cultural integrity is very important for Hawaiians. “I don’t care what the Federal (court oversight of AMHD) guys want to do. I have to be true to my culture, be more spiritual. I cannot compromise my culture because we done that already too many times...”
 - F. Spiritual guidance is important for Hawaiians.
 - G. Encourage Native Hawaiian organizations to do more in developing Hawaiian methodologies.
- V. Adult Mental Health Division (AMHD) System wide Cultural Competency Initiatives and Implementation Challenge Issues
- A. Hawaii can serve as an example to the nation as to how to bring people together on this issue. The nation looks at Hawaii as a leader in this area.
 - 1. AMHD has been discussing how should we revise procurement and EBP’s (Evidence-Based Practices) that are multicultural or be culturally competent? AMHD hired a staff person for the Office of Multi-cultural Services, in addition to someone from the mainland who is interested in culture. Hawaii is complicated with lots of different cultures and AMHD only has a one-man office to help with these issues
 - 2. Increase more discussion opportunities between AMHD and the community. “We need to have these discussions to help (me) understand the Hawaiian culture and how we can do this.” Hawaii is a complicated place with many cultures. AMHD has formed an advisory committee. We don’t have all the answers. We are on a journey.
 - B. AMHD wants to develop an evaluation piece to include special outcomes to effectively demonstrate that these things can work out. The system needs some sort of Plan, but how do we go about this?
 - 1. AMHD has a willingness and a tentative idea and wants to develop an evaluation piece with special proof and demonstrate that these things can work out. We want to establish adopting western practice/Evidence based Practice (EBP) and to make them culturally based.
 - C. The court ordered AMHD develop and improve areas of cultural competencies. But the Division is at very early stage in its journey and we may need to establish relationships to help develop structures to help develop a procurement system.

1. It was not in the in the court order for AMHD to develop a Hawaiian based system/program. But in principal (AMHD) needs to get some cultural competency, so we can have elements to build on.
 2. Strategists have tried to get us to build structure (AMHD), but we don't know how to do this. We (AMHD) have area boards, but don't know how to get the data to get that map up.
 3. The State has been successful with getting the COSIG grant and we have tried to raise the cultural issue in the content of this grant proposal. There is more to do, and there has to be a clearer vision.
 4. AMHD organized an advisory committee and established a position (Multi-Cultural Director) so could take small steps in cultural competency. We have a long way to go at AMHD, but have taken some steps. When we come out under federal oversight the state of Hawaii can move together, or may have federal government. Come back.
 5. AMHD is committed to tackle this and to try to get all our staff competent in serving the immigrant population. We have a long way to go
 6. The Division (AMHD) needs more learning about Hawaiian host culture. (NH)
- D. Co-existing disorder term used at AMHD because we separate them -- Learn from Hawaiian concepts to improve services like co-occurring disorders treatment. Need to support a more holistic approach to treatment.
1. Clubhouse is an example of an EBP, and it values community values.
 2. Clubhouse philosophy is holistic, not you are clinician and you are patient, not separation--- take a look at how to celebrate the partnership and bring in more of culture into what we have and celebrate it.
 3. CH contributes to the community.
 4. CH is part of the Hawaiian culture.
 5. Culture is what is dear to us. Celebrates what is good.
- E. AMHD Forensic issues/services – Hawaii State Hospital has higher than expected average of patients there that are NH, but not an equal representation of NH coming into community mental health centers.
1. Consultation with the AMHD Multicultural Director-who said they (NH) don't feel welcome to go to community mental health system for help, would rather go into court, and then they get arrested and go into HSH from legal system. Have failed if people think they have to get arrested and have to go to court to get help and can't go to community mental health providers.

2. Consumers have said in past, people can't get in your system!!! (AMHD). Developed the ACCESS line program to get people in the system and we have tripled # of people in the system.
3. We (AMHD) have too many people coming in the system by front door by the court- then go to HSH- have criminalization culture that goes into jail and prison, many have co-existing disorders and many are Hawaiian. People keep getting criminalized and lots are Hawaiians who have dual disorders.
4. Lots of providers out there that won't take (AMHD)"your" patients, people are afraid of forensics, probation etc.

VI. Collaboration Efforts between the State and communities

- A. Collaboration has to be initiated from the beginning and include individual(s) respected by the community as part of that process.
- B. Partnership is a western word for Hawaiians. Hawaiians struggle with that word. From a Hawaiian cultural perspective of land and the responsibility of leadership, land has a name – "ahupua'a," and people lived in relationship with the land. (In old Hawaii, people looked to their ali'i (chiefs) and 'aimoku (leaders) as providing them with what they needed from the land and sea. The relationship between the people and their leaders was one of deep respect, love and trust operating under a strict structure of kapu (prohibitions))
- C. State has the responsibility of leadership, to clear the way and develop a vision for partnership.
 1. Leadership can levy power from the bottom upward, not downward. And are in the position to take the heat." Uncle (Chief of AMHD) – his responsibility - to clear the way."
 2. We (the community) are struggling at the bottom. Who is going to be responsible at the top – take leadership?
 3. The relationship in the concept of a partnership - struggling with the cultural concept of partnership. That is how we need to think in regards to providing a service to those who need it.
 4. Who will be the brave soldier to begin to say to say to the legislature so the "water" will flow? People in field understand the mechanics, the use of kūpuna, how to say it, how not to say it.
 5. Would like to have an agency where federal government and state doesn't tell what to do, but Hawaiians tell us what to do, too many hoops to jump thru. Hawaiian model.
 6. When you are talking about partnership, some are in a position, you can levy your power not downward but upward. Upwards to make a change, we struggle.

- D. Have Leadership (of both state and private entities) at the top -- need to take responsibility – clear the path of obstacles for those in the field to do their jobs. This should be the vision for partnership.
- E. Need collaboration with and between ADAD and AMHD.
 - 1. 2001 Legislature was so upset with DOH and passed a resolution for, “we want ADAD and AMHD to talk to each other”, let alone plan for services,
 - 2. Have long way to come (AMHD/ADAD) and Hawaiian host culture can help us not separate and to come together.
 - 3. SA (substance abuse) and MH (mental health) services, both are a different culture - NH host culture can help us.
- F. There should be a cultural appropriate mediation process within DOH according to standards and guidelines. Should be more impetus within DOH on making guidelines? Would build bridges, DOH needs to open up their door more.
- G. This meeting was to bring people together today. Nation is looking to Hawaii to help figure out this cultural competency issue.
 - 1. Need help in understanding about Hawaiian culture, how do you do this?
 - 2. Hope to dialogue today, we don't have all the answers of how to do the Request for Proposal process and how to do procurement process, so need to understand how to do this. Starting a journey, as we try to work with all the islands. Trying to understand how to work together.
 - 3. We need some successes in working together. We need to keep the dialogue going between state and private agencies; acknowledge the journey; celebrate successes – even small success.
 - 4. Part of what happens today is the dialogue. We don't have all the answers. We are on a journey. We need some success to work together. Take little steps.
 - 5. This is a good start, good talk story, but think get grounds rules and “Uncle” set ground rules. I like see us talk more.

Breakout Session D: What is needed to support and sustain promising cultural competent program?

- I. Program Development Issues
 - A. Be realistic with programs and plans.
 - B. Sustainability areas – place an emphasize on the planning process (for services)
 - C. Support for poly-substance abuse.

- D. Support for alternative treatments and best-practices (i.e., cultural activities, acupuncture).
 - E. More residential treatment for clients.
 - F. Support for methadone treatment.
 - G. More training for staff.
 - H. Stability, access to support, and training for patients.
 - I. It seems as if Hawaiian staff are more excited than non-Hawaiian staff, use those people who will be the most supportive of your program.
 - J. Know which model your program wants to use.
 - K. Programs need to set standards for our clients and enlist the “right” people to understand our program needs.
 - L. Programs need to enlist staff who have a “hands on” approach and “live” the program values.
 - M. Invest in training for staff is important.
 - N. Need organizational level investment.
 - O. Everyone in the organization needs to be unified and “on the same page” in terms of treatment plans and philosophy.
 - P. Invite people to share different cultural practices.
 - Q. Make cultural practices a mandate. Principals (Principals or principles?) of culture need to honor communities, need to be coached by communities.
 - R. Institutionalize the cultural elements of every program.
 - S. Use ancient values in programs. Values are important in setting up programs and sustaining them. You need an understanding of culture to sustain programs for our clients.
 - T. Don’t make the program about money.
- 1. For example what you don’t want- A kūpuna comes and teaches weaving and some of the clients start selling lauhala bracelets instead of teaching the practice to their families.
- U. Hawaiian programs are dealing with a very different type of clientele
 - 1. Every client is different and every treatment plan needs to be different. Know the client. “Substance Abuse 101:” build a relationship! If you don’t have that relationship, recovery is impossible.
 - V. Treatment programs need to be able to articulate a clear plan.

II. Program /Community Connections

- A. Collaboration with other agencies and staff.
- B. Cooperation with the entire community.
- C. Protocol guidance (i.e., What role do Kanaka Maoli men play in the community? What protocol do they have to follow?)
- D. Use of natural resources and cultural sites.

- E. Ask the community “how can we serve you?” This binds the community and clients together as it allows the clients to prove to themselves that they can do something productive.
 - 1. Work programs, writing essays about identity and the recovery process.
- F. Engage communities in program planning process, develop collective partnerships, engage community, collective efforts
- G. Programs need to have the ability to form partnerships with DHS, Quest, employment resources, housing resources, in order to stabilize.
- H. Stakeholders in the community are important to new programs, use “malama”. You need to have a “grassroots” effort and get the “buy-in” from the community and consumers to bring a program “up” from the “ground up”/
- I. Recovery communities need an aftercare support system-consumers cannot be thrown back into their family after 16 weeks of treatment. Use the recovery community as a support group.
- J. Keep cultural practices local.
 - 1. (e.g. If the Big Island people brought their cultures and practices to Hana (rural traditional community on the island of Maui) it would be rejected).
 - 2. Treatment needs to be community based.

III. Financial/Funding Issues

- A. Flexibility from sponsors like HMSA or Hawaii Community Foundation (insurances).
- B. Have funders dialog with each other. Recommend funders have forums like this for input before RFP’s are out.
- C. There should be an effort to prioritize program wishes to essential needs (for funding resources).
- D. Major funding sources have to validate Hawaiian culture-recognize Hawaiian and what they need. Programs have to “chase” small type grants to survive.
- F. Funding sources should “institutionalize” culture elements.
- G. Programs feel acceptance by the community is very important, as is recognition by state funding agencies, in order to be sustained.
- H. Important to collaborate with funding sources and prioritize outcomes.
 - 1. Importance of articulating a clear plan for funders
 - 2. Funding process should be longer than short term.
 - 3. How do you fund cultural staff? Unlike CSACs, they have no western credentials.

IV. Consumer Involvement

- A. Consumer advocates (they don't have to be afraid of what they say and can speak their minds).
 - 1. Use mālama (caring).
 - 2. Clients help each other-the graduating class of clients supports the new clients and makes them lei kī (a lei of ti leaves).
- B. Use clients to serve on boards and be part of the process, partner with the recovery community.
- C. Efforts should be led by consumer groups.
- D. Learn it and live it.

V. Research

- A. How will you measure your successes and articulate them?
- B. All activities and outcomes must be measurable.
- C. What will success look like after 1 year vs. after 10 years?
 - 1. Have realistic measures.
 - a. You need strong organizational capacity.
 - b. Diversifying activities.
 - c. What is measurable and what is not?
 - d. Cultural counselors may not fit into the "traditional" treatment plan, but maybe the definition of "acceptable" providers needs to change.
- D. Don't measure people like produce?
- E. There should be an effort to document treatment needs.
- F. Communicate success to people.
- G. Consider perspectives of providers.
 - 1. Programs can only be sustainable if they are successful.
 - a. Is the community "buying it"?
 - b. Outcomes need to be proven before they are further funded by sources.
 - c. At some point best-practices can become EBP's with successful outcomes.
 - 2. Effective ways of engagement become part of EBP's

Large Group Discussion Summary – Next Steps

I. Program Development Issues

- A. Provide assistance to community providers.
- B. More manpower, more tools, more application.
- C. More consensus, dialog.
- D. Make sure that treatment services are in line with the judicial system, but are also culturally relevant.
- E. Earlier intervention for children
 - 1. Children need a continuum of care
 - 2. Prevention is better than treatment
 - 3. Places for kids to hang out
- F. Modification of existing programs to accommodate local needs as they are required.
- G. Kūpuna need to be involved in all programs and need to be paid.
- H. Family-based recovery programs as opposed to programs that focus on recovery just for the individual patient.
- I. Develop more treatment recruitment methods.

II. Community Connections/Resources

- A. Teach culture in schools, because if kids know their culture, they won't need to stray.
- B. More housing options for patients coming out of residential treatment.
 - 1. Logistical support for patients
- C. Comprehensive brochure or website that shows all available treatment option so counselors can give several options to clients who are looking for treatment.

III. Research Issues

- A. Obtain help from the Hawaiian community and kūpuna to help define standards of practice for cultural practices.
- B. Assistance in developing measurable goals that would help to bring what is relevant and helpful to others so they can understand.
- C. More evidence.
- D. Feds could “brag” about Hawai'i-sometimes the feds need a little convincing that Kanaka Maoli (Native Hawaiian) programs actually work.
- E. More training and technical assistance to develop knowledge about research and showing outcomes.

IV. Funding/Fiscal Issues

- A. Allocate specific funding for projects that can demonstrate successful cultural practices.
- B. More treatment programs and more money-there are simply not enough programs to go around.
- C. More access to grant-writing.

V. Plan the next forum

- A. Should be in the summer.
- B. The feds should come to the neighbor islands-maybe the forum should rotate islands every year so the neighbor islands can showcase their programs.

PAU

ATTACHMENTS

Attachment 1



Kūkulu I Nā Hūlili
(Bridging the Gaps)

MAHALO FOR HELPING US EVALUATE THIS COMMUNITY FORUM!

Please indicate your agreement with these statements regarding today's community forum.	Maika'i Nui				Auwe
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. How satisfied are you with the overall quality of this community forum?	1	2	3	4	5
2. This community forum was well organized.	1	2	3	4	5
3. Topics in the afternoon break-out sessions were relevant to my concerns.	1	2	3	4	5
4. This location was a culturally appropriate site for this type of forum.	1	2	3	4	5
This Community Forum had five objectives. Please rate the following areas listed below to assist us in evaluating how well we met these primary objectives.					
This forum resulted in:					
5. Developing and promoting partnerships between private and state groups/individuals supporting mental health and substance abuse recovery within Kānaka Maoli communities.	1	2	3	4	5
6. Providing education about existing programs (Ho'omau Ke Ola, and the DASH Hui) that have historically provided cultural appropriate treatment services in their communities).	1	2	3	4	5
7. Raising awareness of the issue of co-occurring disorders and integrated treatment efforts within Kānaka Maoli communities.	1	2	3	4	5
8. Promoting the role of kūpuna and Kanaka Maoli cultural experts (practioners) as leaders in the planning/ delivery of substance abuse/ mental health programs within communities.	1	2	3	4	5
9. Providing opportunities to bridge knowledge and respect between community groups in supporting the health of our island's host culture.	1	2	3	4	5
10. Having the forum at this site contributed to experiencing a sense of belonging and place."	1	2	3	4	5
11. The forum helped validate Native Hawaiian approaches and practices as paths for wellness.	1	2	3	4	5
12. Nā kūpuna assisted in exploring a deeper understanding of self and place.	1	2	3	4	5

KŪKULU I NĀ HŪLILI – April 11, 2006
 Evaluation Summary Report

13. Nā kūpuna facilitated a process that connects me with my beliefs, behaviors, and becoming (growth).	1	2	3	4	5
14. This community forum was a “wake up” experience for me.	1	2	3	4	5
15. Would you attend another community forum similar to this next year? ___YES ___ NO ___WHY?					
16. Please describe the things you liked the best about this community forum.					
17. Please describe the things you liked the least.					
18. What should be included in the community forum next year?					
19. Please indicate what island you live on: <input type="checkbox"/> O’ahu <input type="checkbox"/> Big Island <input type="checkbox"/> Kaua’i <input type="checkbox"/> Lāna’i <input type="checkbox"/> Moloka’i <input type="checkbox"/> Maui					

KŪKULU I NĀ HŪLILI – April 11, 2006
Evaluation Summary Report

20. Please indicate which title best describes you (mark all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Trustee | <input type="checkbox"/> Director/CEO | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Medical Director | <input type="checkbox"/> Clinical Administrator/Manager | <input type="checkbox"/> Clinical Social Worker |
| <input type="checkbox"/> Clinical Supervisor | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Consumer of services |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Counselor | <input type="checkbox"/> Residential Treatment Specialist |
| <input type="checkbox"/> CSAC | <input type="checkbox"/> Housing Specialist | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Loved One of a person with a co-occurring disorder | | |

21. Please indicate which best describes your agency or affiliation (mark all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Community Agency | <input type="checkbox"/> Non-profit Agency |
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> Substance Abuse Treatment Program |
| <input type="checkbox"/> State Government | <input type="checkbox"/> Mental Health Treatment Program |
| <input type="checkbox"/> County Government | <input type="checkbox"/> University or other higher education institution |
| <input type="checkbox"/> Purchase of Service Provider | <input type="checkbox"/> Other (please describe) _____ |

22. What is your gender? Male Female

23. What is your race/ethnicity (Mark all that apply)?

Native Hawaiian or Part Hawaiian _____

Other Pacific Islander:

- | | |
|--|---|
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Other Pacific Islander (specify) _____ |
| <input type="checkbox"/> Guamanian or Chamorro | |
| <input type="checkbox"/> Micronesian | |

Asian

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Asian (specify) _____ |
| <input type="checkbox"/> Japanese | |

- | | |
|--|--|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Alaska Native | |

Hispanic or Latino

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Other Hispanic or Latino(specify) _____ |

Unknown

- | |
|---|
| <input type="checkbox"/> Adopted – don't know |
| <input type="checkbox"/> Unknown |

Attachment 2

Kūkulu I Nā Hūlili
April 11, 2006 Forum
Summary of Respondent
Evaluation Data

10/1/2006

1

Respondents' Employers

(Respondents could select more than 1 employer)

Agency/Affiliation	N	%
Non-Profit Agency	36	30.51
Substance Abuse Treatment Program	25	21.19
State Government	20	16.95
Community_Agency	10	8.47
Some other employer	9	7.63
Mental Health Treatment Program	6	5.08
University or other higher education institution	5	4.24
Missing	4	3.39
Federal Government, County Government or POS	1	0.85
Total	118	100.00

10/1/2006 137 People attended, 82 returned questionnaire: 60% participated in evaluation

2

Respondent's Position

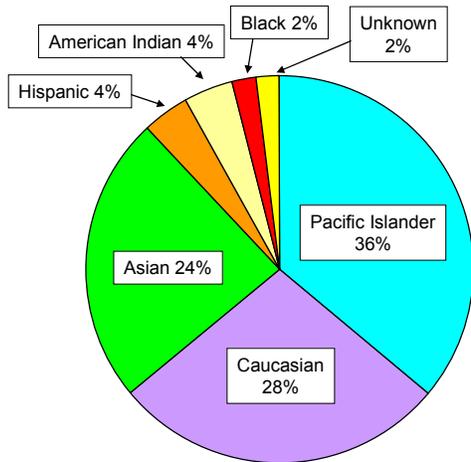
(Respondents could select more than 1 profession)

Profession	N	%
CSAC or Counselor	12	10.00
Social Worker or Clinical Social Worker	8	6.67
Director_CEO or Clinical Administrator/Manager	7	5.83
Clinical Supervisor	6	5.00
Loved one of person with COD, Consumer or Unknown	5	4.17
Psychologist or Nurse	4	3.33
Physician or Researcher	3	2.50
Housing Specialist or Residential Treatment Specialist	2	1.67
Medical Director, Psychiatrist or Trustee	1	0.83
Some other Position	24	20.00
Total	120	100.00

10/1/2006

3

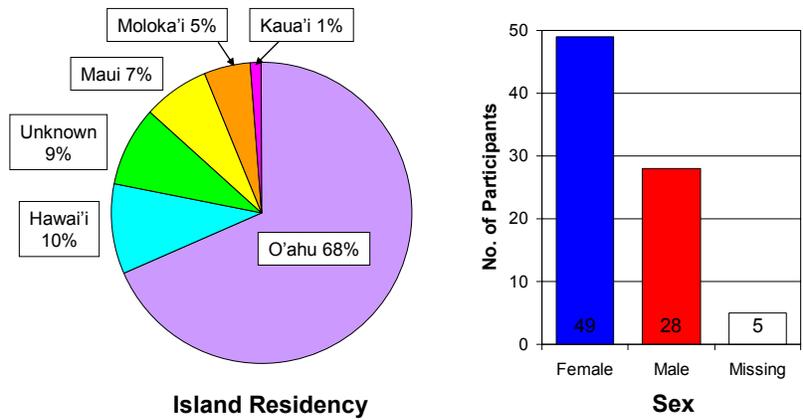
Race/Ethnicity



10/1/2006

4

Participant Demographic



10/1/2006

5

Evaluation Question Responses

	Questions	Score	SDEV
Q1	How satisfied are you with the overall quality of this community forum?	1.39	0.517
Q2	This community forum was well organized.	1.46	0.550
Q3	Topics in the afternoon break-out sessions were relevant to my concerns.	1.70	0.677
Q4	This location was a culturally appropriate site for this type of forum.	1.14	0.347
Q5	Developing and promoting partnerships between private and state groups/individuals supporting mental health and substance abuse recovery within Kanaka Maoli communities.	1.68	0.671
Q6	Providing education about existing programs (Ho'omau Ke Ola, and the DASH Hui) that have historically provided cultural appropriate treatment services in their communities.	1.41	0.543
Q7	Raising awareness of the issue of co-occurring disorders and integrated treatment efforts within Kanaka Maoli communities.	1.73	0.711

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Likert Scale: 1 "strongly agree," to 5 "strongly disagree." Note that lower ratings indicated higher satisfaction.

Evaluation Question Responses

	Questions	Score	SDEV
Q8	Promoting the role of Kupuna and Kanaka Maoli cultural experts (practitioners) as leaders in the planning/ delivery of substance abuse/ mental health programs within communities.	1.38	0.663
Q9	Providing opportunities to bridge knowledge and respect between community groups in supporting the health of our island's host culture.	1.41	0.543
Q10	Having the forum at this site contributed to experiencing a sense of belonging and place.	1.33	0.524
Q11	The forum helped validate Native Hawaiian approaches and practices as paths for wellness.	1.36	0.532
Q12	Na kupuna assisted in exploring a deeper understanding of self and place.	1.38	0.681
Q13	Na kupuna facilitated a process that connects me with my beliefs, behaviors, and becoming (growth).	1.43	0.692
Q14	This community forum was a "wake up" experience for me.	2.01	0.974
Q15	Would you attend another community forum similar to this next year? (5 Respondents chose not to answer this question)	YES 76	NO 1

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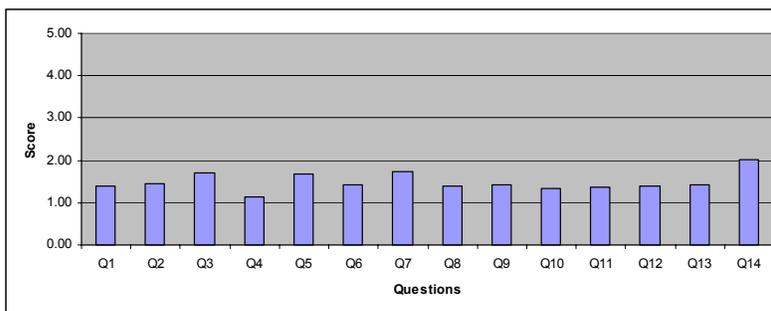
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Evaluation Question Responses

Score Key	
1	Very Satisfied
2	Satisfied
3	Neutral
4	Dissatisfied
5	Very Dissatisfied

Overall the Evaluation Responses:
 Very Satisfied to Satisfied

92.7% of Respondents
 would attend another community
 forum similar to this in 2007.



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Attachment 3

RESULTS OF NATIVE HAWAIIAN FORUM: Questions 16 – 18

Question 16: Please describe the things you liked the best about this community forum.

Theme 1: Participation of Kūpuna (41 responses)

Forum attendees were very appreciative of the Kūpunas – their presence, wisdom, knowledge, and aloha were integral to creating an atmosphere of learning and sharing. Some participants thought the Kūpuna activities the highlight of the Forum.

1. Ke Kupuna - spiritual & cultural no'eau (wisdom, thoughts, proverbs, sayings) shared with much aloha & mana.
2. Wisdom of our Kūpuna; just being in their presence!
3. I enjoyed having the important Kūpuna head a lot of the discussion, putting everything into perspective.
4. Most importantly our Kūpunas and the knowledge shared.
5. The Kūpuna was unbelievable, a good way to set tone for conference and to instill values.

Theme 2: Role and Value of Culture (25 responses)

Forum participants had many comments about culture – the need for further discussion about cultural origins and its place in today's Hawaii, implementing cultural practices into substance abuse and mental health treatment, and a renewed sense of the Native Hawaiian culture as the host culture.

1. Cultural roots having a Hawaiian place.
2. Recognition of the need to have culturally based treatment programs; respect for the Hawaiian culture.
3. I was moved to incorporate more cultural aspects into our clubhouse.
4. Important to have cultural discussions and how to implement this concept (culture) into treatment. Learning how treatment programs use the cultural traditions with substance abuse.
5. People often talk about the integration of culture - you have proven that it can be done.
6. The sharing about healing methods through using the Hawaiian culture, perspective, heritage.

Theme 3: Community as Connecting with Multiple Stakeholders (36 responses)

Participants were gratified that so many community, state, and private representatives were present. The Forum provided opportunities to make multiple connections with providers, agencies, and consumers.

1. The conference had the right people to make the connection.

2. Connecting with the mental health agencies and getting their opinions about substance abuse and co-occurring disorders.
3. Meeting people from all venue of this work.
4. Mixture of attendees (organizations, clients, providers).
5. Networking and collaborating with agencies experiencing a high number of Native Hawaiians with substance use and mental health concerns, and the information shared in the workshops were very valuable.
6. Dialogue & network with others. Needed more time for this.

Theme 4: Educational Quality of Presentations, Sessions, and Speakers (22 responses)

The didactic, knowledge-based aspect of the Forum was helpful to many participants. So also was the opportunity to dialogue with others during breakout sessions about specific topics.

1. The cultural education.
2. All the groups and people had good ideas.
3. Topics of discussion.
4. Breakout sessions.
5. Presentations from different cultural programs and from Kupunas.
6. Good speakers and topic.

Theme 5: Native Hawaiian Approaches to Learning, Substance Abuse Treatment, and Integration of Western Treatment Practices (44 responses)

Forum participants appreciated the specific emphasis on Native Hawaiian traditions that would inform, educate, and even reform, current methods of treating substance abuse and mental illness. Many expressed gratitude re: the experiential exposure to such traditions.

1. Integrating active roles of Kūpuna and Kanaka Maoli cultural expert as teachers and advisors into substance abuse treatment programs, mental health and our communities.
2. Recognition of the need to have culturally based treatment programs; respect for the Hawaiian culture; acknowledgement of the Kūpuna in their role in creating culturally based programs; the integration of culture and western treatment.
3. The sharing about healing methods through using the Hawaiian culture, perspective, heritage, etc. This is important with integrating these methods with the Western culture and ways.
4. Ho'omau Ke Ola presentation. Presentation by Dr. Young on Hawaiian "firsts".

Theme 6: Spirituality (15 responses)

Attendees sensed a fresh and welcoming spirit at the Forum, best described by "Aloha". Both presenters and participants had a role in creating such an environment.

1. Ke Kupuna - spiritual & cultural no'eau shared with much aloha & mana.

2. I liked the sharing of the clients - so open and real. The fact that they are in the healing state of their lives. Not easy for all but works for some. I was impressed with the Aloha spirit shared. Ho'omau's cultural sharing was wonderful!
3. Wisdom of our Kūpuna; just being in their presence!

Theme 7: Location (13 responses)

Logistics were appreciated by attendees, both location and simplicity of setup/breakdown.

1. Location, location, location!
2. The location gave it the cultural aspect.
3. Setting and set up was great.

Question 17: Please describe the things you liked the least.

Theme 1: The Program (21 responses)

The diversity of program complaints ranged from lack of information of current cultural practices to unhealthy meals and snacks. Below is a brief list of the previous expanded version.

1. Insufficient focus on what cultural practices or culturally competent alternatives are being utilized. Lack of using Nā Kūpuna for wisdom and guidance. Lack of knowledge of the language. Hula and dance.
2. Insufficient focus on co-occurring disorders and how these approaches work for both mental illness (MI) and substance abuse (SA).
3. Some of the presentations were not of value or benefit (DASH, Hui Hō'ola testimony). Not enough discussion of mental health or recovery with a combination of MI/SA.
4. The presentations could have been better formatted and structured for the various groups in attendance. There was no vision for the purpose of the forum or plans for addressed raised issues.
5. The food and snacks though delicious can be categorized as unhealthy. There should have been a larger variety of fruits, vegetables, etc.

Theme 2: Logistics (27 responses)

The major complaint was the inability to see or hear the presentation, and because most of the day was spent sitting – there were complaints that the chairs were very uncomfortable.

1. Audio-visual problems with the presentations.
2. The acoustics were terrible and made the break-out session groups inaudible.
3. The set up was poor and the chairs were very uncomfortable.

Theme 3: None (21 responses)

People left this question blank, had no complaints or stated that all was good.

1. No complaints, everything was good.
2. Survey questions left blank or n/a.
3. Don't know, wasn't there.

Theme 4: Time (18 responses)

Interestingly there were complaints from both sides of the fence, too long and too short. A recommendation to have the event during a particular time of year to facilitate comfort was also included.

1. Too long – on protocol, would prefer a shorter program.
2. Too short - not enough time to accomplish much.
3. Had to leave early.
4. Recommend the next event held between legislative session – perhaps early summer or early fall.

Theme 5: Absence Noted (4 responses)

Few noted the people who did not attend and wrote their desire to have these people at future events or forums.

1. Lack of experts in other field on panel / or discussion.
2. Lack of Department of Health Administration representations (Director, Deputy Directors, ADAD Chief).
3. Legislators from key committees (Health, Finance, Hawaiian Affairs) need to attend.

Question 18: What should be included in the community forum next year?

Theme 1: Cultural Healing Practices (19 responses)

A number of participants suggested integrating Western and Non-Western practices (Native Hawaiian and other cultures) as one method of breaking down barriers to treatment. They also expressed the desire to incorporate training sessions on Native Hawaiian practices such as ho'oponopono, hakalau and lokahi and would like to learn of other programs that are doing so. Kūpuna, especially male kūpuna were seen as valuable community resources who can share their "mana'o," life experiences and history.

1. Candid and pono discussion re: Western (haole) vs. Hawaiian healing – barriers to treatment and way to bridge.
2. A workshop on ho`oponopono, a workshop on malama by actual culturally-trained practitioners.
3. More kūpuna participation to share their mana`o and life experience.

Theme 2: Change of Venue (3 responses)

Some participants suggested holding the community forum on the neighbor islands.

1. Host on different islands.

Theme 3: Funding (2 responses)

A few participants inquired about other organizations that received funding and wanted more information about how Hawaiian-based practices are being funded.

1. More organizations that fund programs

Theme 4: Provide Follow-Up and Progress Report (4 responses)

A number of participants suggested that follow-up and progress reports be presented at the next community forum.

1. Follow-up with results of breakout sessions.

Theme 5: Technical Support (2 responses)

Some participants suggested improved acoustics and audio-visual aids.

1. Hard time hearing when having breakout sessions.

Theme 6: General Recommendations (7 responses)

Some general recommendations for the next community forum focused on the identification of goals, strategy building and envisioning a plan for the future. Identifying interested parties (agencies, committed partners) in the community who can contribute to the overall plan and provide linkages to programs was also proposed. In addition, participants suggested maintaining consistency with the format of the forum while making the connection between the previous and current years and making projections for the future.

1. Start identifying goals of future forums.
2. Identify committed partners and what they can contribute to the overall plan/project.

Theme 7: Don't Change Anything (10 responses)

There were a few participants who enjoyed the forum as is and requested more of the same.

1. More of the same.