State of Hawai`i Substance Use System of Care for Emerging Adults. Recommendations for Improvements from Professionals in the Field.

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This report has been prepared by the Research Division of the Department of Psychiatry (DoP), University of Hawai`i at Mānoa for the Alcohol and Drug Abuse Division (ADAD) of the State of Hawai`i, Department of Health (DoH).

This report has been reviewed and approved by ADAD.
This report may be used for public dissemination.

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Tables & Figures

Project Overview

Introduction. The Department of Psychiatry Research Division (DoP) has been contracted by the State of Hawai`i Department of Health, Alcohol and Drug Abuse Division (ADAD) to conduct a needs assessment focused on emerging adults and the substance use system of care in the State of Hawai`i.[1] Emerging adults (18-29 years of age), also referred to as young adults or transitional youth, represent an important age group in regard to substance use and mental health problems.[2,3,4] Recent analyses of data from our state show substance use increases through adolescence and into emerging adulthood, and then remains elevated across the lifespan.[5] It is important to note that this rise in substance use from childhood through adolescence and into emerging adulthood has been referred to as "peaking" in emerging adulthood. This is a misnomer in that a peak implies a decline. In fact, the data trends indicate the substance use increases into early adulthood, where it hits a high plateau and substance use remains high throughout adulthood.

From a health systems perspective, emerging adulthood is an ideal developmental period in which to focus interventions – to curtail the increase in substance use at this time of life, as well as for the potential impacts across the lifespan among our population. Essentially, the idea is to reduce the rise in substance use, not only through school-based and after school programs for youth, but also by targeting emerging adults specifically, thereby lowering the plateau for the benefit of emerging adults at this time of their lives, as well as for lifetime population impacts.

However, the current public system of care invests in adolescent prevention, but does not extend to emerging adults, and the adult treatment and recovery system tends to focus on a forensic population referred to treatment through the criminal justice system. Consequently, through relational design discussions with ADAD, the goal of this needs assessment was to identify system improvements from professionals working in the substance use system of care (Phase 1) as well as from emerging adults with experience in public sectors of care related to substance use (Phase 2). This new information may serve to guide the State Department of Health, Alcohol and Drug Abuse Division to make data driven decisions. This report represents Phase 1, perspectives from professionals.

Relational Design. The DoP uses a relational design approach to project development in which the client (ADAD) is engaged in discussions about the intended use and purpose of a project. Both groups define what (deliverables, product) will be disseminated and how, which then informs the project design. ADAD staff and DoP faculty collaboratively designed this project in 2019-2020, and builds from our prior needs assessments focused on adolescents[6].

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[1] The scope of this contract does not include a literature review. Readers are referred to: Arnett JJ. (2016). *The Oxford Handbook of Emerging Adulthood*, Oxford University Press: New York, NY

[2] Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist, 55*(5), 469 – 480. DOI: 10.1037//0003-066X.55.5.469

[3] Arnett, J. J. (2005). The developmental context of substance use in emerging adulthood. *Journal of Drug Issues, 35,* 235–254.

[4] Spencer SD, Pokhrel P, Helm S, Wilczek K, Galimov S, Sussman S. (2021). Emerging adulthood attributes and substance use in a sample of Asian and Native Hawaiian and Other Pacific Islander college student. *Asian American Journal of Psychology.* https://doi.org/10.1037/aap0000254

[5] Helm S et al. (2021). *Emerging Adults and the Substance Use System of Care.* Statewide webinar, co-sponsored by Hawaii Youth Services Network and Department of Health, ADAD. Honolulu (via zoom) HI May, June, July 2021.

[6] Refer to the ADAD website where resources such as surveys and reports are posted: https://health.hawaii.gov/substance-abuse/survey/

Cultural Competence, Humility & Inclusivity. To ameliorate health disparities, cultural humility and cultural competence are important for public policy, health and wellness practices, and social and health sciences. Cultural competence is described as an end-point toward which people strive through the conscious practice of cultural humility. The practice of cultural humility is a lifelong process of learning about others, and embracing an attitude of openness to cultural identities that are most important among the diversity of populations with whom we work. These principles may be used within and across public service systems to analyze disparities and create inclusivity in the broader system of care. Systemic changes for equity among all people and cultures occur through partnership building and advocacy. This report is written in the spirit of cultural humility by highlighting the lived experience of emerging adults in public systems of care, including substance use interventions.

Methods

Design.   This Emerging Adults Needs Assessment project was implemented in two phases. Phase 1: Learning from professionals working in the substance use system of care, and is the subject of this report. Phase 2: Learning from emerging adults themselves, and is the subject a future report.

To learn from professionals, we developed and delivered a webinar based on the extant literature and our own analyses of Hawai`i substance use data, as a platform for engaging professionals in a discussion (Zoom break out rooms) on how to improve the system of care. Refer to Table 1 for daily topics. The emerging adult webinar topics were identified during relational design meetings with ADAD, and the content and data visualizations for the webinars were developed by a cadre of emerging adults scholars working in the Department of Psychiatry. This cadre also delivered the webinars with participation from the Principal Investigator and Study Manager.

Table 1. Coffee-Break Style 30-minute Morning Webinar Series Topics.

Day	Topic
1	Concept of emerging adulthood, including risk & protective factors in substance use.
2	Social determinants of health and emerging adulthood in Hawai`i.
3	Data trends in substance use and emerging adults in Hawai`i.
4	Evidence-based interventions for substance use treatment
5	Prevention in the system of care for emerging adults in Hawai`i.

Professional Development Webinar. A series of three week-long webinars were held in May, June, and July 2021 as part of a larger professional development collaboration between the Department of Psychiatry, the Hawai`i Youth Services Network (HYSN), and the Alcohol and Drug Abuse Division (Refer to Appendix A for flyer). The flyer was distributed to substance use prevention and treatment & recovery provider organizations and their partners statewide via

HYSN and ADAD communication networks. Enrollment was capped at 50 people per session so that small group and whole group discussions would be possible. Attendance was closer to about 20 people each day. Registration and participation both were free-of-charge.

To maximize participation among busy professionals during the pandemic, each webinar was a 30-minute "coffee break style" session each morning via Zoom video teleconferencing. Each of the five-day sessions provided 15 minutes of content delivered by our emerging adult scholars (see Appendix B for sample slides), followed by short break-out room discussions, which also were facilitated by our emerging adult scholars. At the end of the week, participants were provided a link to the online survey.

Participants had the option to earn .5 CEUs for each session and another .5 CEU for engaging in the survey. Thus, a total of 3.0 CEU were available among these professional certifications: CSAC, CPS, CCS, CCJP, CPA, and for social work. Our staff verified the CEU earned with each participant, and reported the total to our continuing education partners at HYSN and ADAD[7]. A total of 58 professionals earned 107 CEU.

Data Collection, Management & Analysis. Subsequent to the webinar, professionals were directed to an online short answer survey whereby they were prompted to share their current practices, ideas, and aspirations related to improving the system of care for emerging adults. This report is a summary of what the professionals (N=39) shared via the survey. Surveys were completed anonymously and demographic information was not collected. The survey mirrored the webinar: for each topic there was a set of survey questions (Table 2).

The survey platform remained open for one month so that participants had time to consult with their co-workers if they wanted to, prior to completing the survey. All of the responses for each question were downloaded and compiled into a single database comprised of response sets by survey item (see Table 2). Because the survey primarily was open-ended, responses were retained verbatim, with a few minor edits for spelling and punctuation. A total of 26 pages of data were compiled, or an average of 2.3 pages per question. For example, responses to survey item 1b was 2.7 pages (largest), whereas responses to item 4.b was 1.4 pages (shortest). The data were content analyzed (open coding style) to highlight professionals views on: 1) risk and protective factors across social ecological domains common in public health, 2) social determinants of health[8,9,10,11,12], 3) and interventions, per relational design with ADAD.

[7] Refer to the ADAD Training Webpage: https://health.hawaii.gov/substance-abuse/home/counselor-certification/

[8] Pobutsky A, Bradbury E, & Wong Tomiyasu D. (2011). *Chronic disease disparities report 2011. Social determinants of health*. State of Hawai`i Department of Health, Chromic Disease Management and Control Branch. Honolulu, HI.

[9] Kaholokula K. (2019). Na pou kihi. Reestablishing the corner post of our educational hale. *Educational Perspectives*, 50(1), 2-4.

[10] US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (). Health People 2030. Social determinants of health. Accessed April 2021 https://health.gov/healthypeople/priority-areas/social-determinants-health .

[11] Solar O & Irwin A. (2010). *A conceptual framework for action on the social determinants of health. Social Determinants of Health Discussion Paper 2* (Policy and Practice). World Health Organization. WHO Document Production Services, Geneva, Switzerland.

[12] Spencer SD, Pokhrel P, Helm S, Wilczek K, Galimov S, Sussman S. (early on line, 2021). Emerging adulthood attributes and substance use in a sample of Asian and Native Hawaiian and Other Pacific Islander college student. *Asian American Journal of Psychology*. https://doi.org/10.1037/aap0000254

Table 2. Survey Questions Mirror Webinar Topics.		
Day	Topic	Survey Questions
1	Concept of emerging adulthood, including risk & **protective factors** in substance use.	1a. What are some of the more important **protective factors** for substance use related to the EA. 1b. How might we include these protective factors in the system of care?
2	**Social determinants of health** and emerging adulthood in Hawai`i.	2a. Thinking about EA, in what ways do you see **social determinants of health** influence substance use among emerging adults in Hawai`i? 2b. How might we incorporate this into improving the system of care?
3	**Data trends** in substance use and emerging adults in Hawai`i.	3a. Thinking about the EA, what factors might contribute to the steep **rise in substance use** from adolescence to emerging adulthood? 3b. Given what you know, how can we improve the system of care to address discrimination as it relates to substance use among emerging adults who identify as NHOPI? 3c. Given what you know, how can we improve the system of care to address social network substance use as it relates to substance use among emerging adults who identify as Asian?
4	**Evidence-based interventions** for substance use treatment	4a. Thinking of **EBIs**, which do you use in your work (even if these are not 'officially' designated EBIs)? Please list all of the specific approaches that you use (e.g. CBT, DBT) • Who: who is receiving care? • What: what is the purpose of the intervention? • How: how is the intervention delivered? 4b. Please share how you have adapted or created novel interventions in your practice. (Skip this question if it does not apply to you)
5	**Prevention** in the system of care for emerging adults in Hawai`i.	5a. Thinking ahead to the next five years, if ADAD was to support **prevention with emerging adults**, what adjustments to the current system of care do you recommend? 5b. In what ways is your organization 'ready' to engage in prevention activities with emerging adults? Keep in mind the ASAM level 0.5 may be considered prevention (secondary/selected and tertiary/indicated).

Results

Based on the content analysis of each of the topic areas, three themes are shared: 1) risk and protective factors across social ecological domains common in public health[13,14], 2) social determinants of health, 3) and interventions for emerging adults. Each theme is described, and includes data visualization and selected quotes from the short answer survey.

Theme 1: Risk & Protective Factors in Substance Use among Emerging Adults

Thirty-seven professionals suggested ways to incorporate risk and protective factors into the current system of care to better support emerging adults. First, professionals noted the importance of accessibility and availability, by increasing funding for services and increasing accessibility for "hard-to-reach" or "hardly reached" emerging adults. Second, professionals suggested an improved service array as part of substance use treatment and recovery for emerging adults, such as family-support services and mental health services. Third, psychoeducation geared toward emerging adults was listed as another important system of care improvement: emerging adult-specific prevention, early intervention, and substance use education and awareness. Finally, professionals recommended an increase in social support services from mentors, role models, and other opportunities for prosocial community involvement.

More specifically, thirty professionals discussed risk factors associated with the steep rise in substance use from adolescence to emerging adulthood (survey item 3a). Thirty-eight professionals described protective factors in relation to emerging adult substance use (survey item 1a). These are organized using the social ecological model in public health as a means to clarify potential areas for future systemic improvements (see Figure 1).

Individual Level. The individual level consists of an individual's skills, attitudes, beliefs, values, and other forms of self-knowledge. Professionals listed a developed sense of self, healthy coping strategies, and independence and autonomy as protective factors against emerging adult substance use. Professionals also listed a lack of independence and autonomy as risk factors for emerging adult substance use, along with poor mental health.
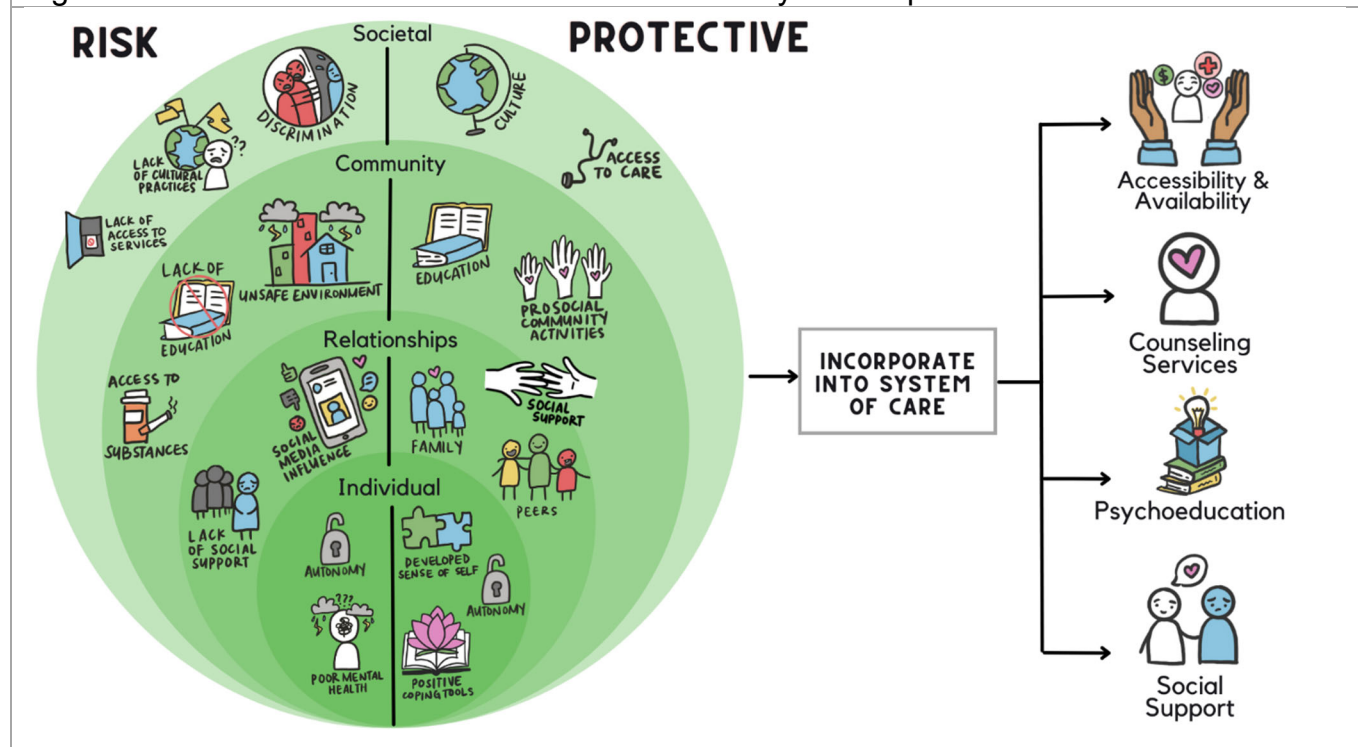
Relationship Level. The relationship level focuses on an individual's relationship with other people, such as family, peers, coworkers, and other social relationships. Professionals mentioned that positive and healthy relationships with family, peers, and other social support networks play important roles in an emerging adult's life by creating a sense of belonging and inclusion, and a sense of safety and security. Professionals also mentioned that the lack of social

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[13] Bronfenbrenner, U. (1979). *The ecology of human development. Experiments by nature and design*. Cambridge, MA: Harvard University Press.

[14] Szapocznik, J., & Coatsworth, J. D. (1999). An ecodevelopmental framework for organizing the influences on drug abuse: A developmental model of risk and protection. In M. Glantz & C. Hartel (Eds.), *Drug abuse: Origins & interventions* (pp. 331–366). Washington, DC: American Psychological Association.

support and positive relationships, as well as negative influences from social media are all considered risk factors for emerging adult substance use.

Figure 1. Risk and Protective Factors and Potential System Improvements.

Community Level. The community level is the network of institutions and organizations that make up the larger social environment. This includes the individual's relationships with schools, neighborhoods, and workplaces, for example. Professionals mentioned that access to substance use education and awareness as well as opportunities for community activities help protect emerging adults from engaging in substance use. On the other hand, professionals indicated that the lack of such education and an unsafe environment (i.e. unsafe air and water quality, high rates of violence, high rates of substance use in the community, and high accessibility of substances) negatively impact the trajectory of an emerging adult's life vis a vis substance use.

Societal Level. The societal level accounts for macro-level factors, including culture based on patriarchy and notions of white supremacy that still exist in the system of care, geo-politics such as a federal constitutional democracy, and socio-economic structures such as capitalism and access to health care through employment. It is important to note that the macro-system shapes the community, relational, and individual levels.

Professionals communicated that learning of one's culture and having access to care (in terms of its availability, affordability, and convenience) can help protect emerging adults from substance use. However, professionals discussed that the lack of cultural practices, culturally-sensitive care, and cultural representation among providers impacts how emerging adults approach their healing journey. Professionals also mentioned that barriers to care-related

resources shaped at the macro-level via socio-economic structures (insurance, transportation, geographic barriers) as well as culture-based discrimination of any kind can increase the risk of emerging adult substance use and other health disparities.

> *"I think during the Age of Possibilities [an aspect of emerging adult development discussed in the webinars], there is so much responsibility that all of a sudden comes at you. It is a high-stress time. You are trying to be a better person, find yourself, all while trying to go to school, trying to survive, making sure you are eating, etc. There is so much on someone's plate at this time and often little support."*

> *"Create options for consumers, clients, patients, community members who identify as NHOPI [Native Hawaiian and Other Pacific Islanders] with providers who are as well. But know that even that [ethnoculture matching] comes with assumptions that may or may not be true. For providers of service, it's to become aware and eventually, skilled in bringing up, acknowledging, and working with the issues that [have] resulted in the consumer feeling discriminated against or fearful that it may be around the corner, that could have the effect of closing doors of opportunity instead of opening them."*

Theme 2: Social Determinants of Health & Improving the System of Care

The second day of the webinar was devoted to a general understanding of social determinants of health (SDH) as these relate to emerging adults and substance use. The topic was addressed again on the third day by sharing Hawai`i-specific data trends from a data set that described disaggregated trends among emerging adults who identified as Native Hawaiian and/or other Pacific islander (NHOPI), as well as data trends among emerging adults who identified as Asian American[15]. The survey questions reflected this, as can be seen in the results described here. There is overlap in the SDH theme with what was described above regarding risk and protective factors at the community and societal level. A value of qualitative analysis is to highlight these conceptual overlaps.

Thirty-three professionals identified ways in which the social determinants of health broadly influence substance use among emerging adults in Hawai`i (Figure 2, next page). Education, healthcare, neighborhood and built environments, access to resources, and social and community contexts were identified as key in influencing substance use among emerging adults in Hawai`i. Of those 33 professionals, 28 shared that since these are vital to determining substance use in emerging adults, they should be incorporated into improving the system of care, particularly by addressing trauma and stigma, and by making space for emerging adults in power structures that support emerging adult resiliency.

> *"Do they have opportunities to grow? Do they have access to basic needs like food, water, shelter, and/or clothing? All of these things affect emerging adults especially because the age of possibilities [EA dimension] presents a time where anything is possible. A lot is uncertain during this time, and if the basic social determinants are not working together properly to support individuals, then it will be harder to make positive choices."*

> *"This is a tough question because it is easier said than done. We have laws on the federal and state levels in place to minimize stigma for specific populations; however, the*

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[15] Spencer SD, Pokhrel P, Helm S, Wilczek K, Galimov S, Sussman S. (early on line, 2021). Emerging adulthood attributes and substance use in a sample of Asian and Native Hawaiian and Other Pacific Islander college student. *Asian American Journal of Psychology*. https://doi.org/10.1037/aap0000254

stigmatizing and labeling still exists at all levels, (example: they use drugs=they're dirty, lowlifes, make bad choices, "chronics", manipulators, criminals, lock 'em up, they belong in jail, etc.) instead of trying to identify the underlying issue and address it at the systems level."

"Whether it is culturally based programs with access to cultural healing, messaging targeting growth within the community, and a focus on "growing" positive factors and not a focus on "decreasing" negative ones. Specifically for people in the age of possibilities, in an uncertain time, there are a lot of things working against them we need to highlight the good things that are already occurring around them and bring them to light."

Figure 2. Social Determinants of Health Broadly Inform the System of Care.
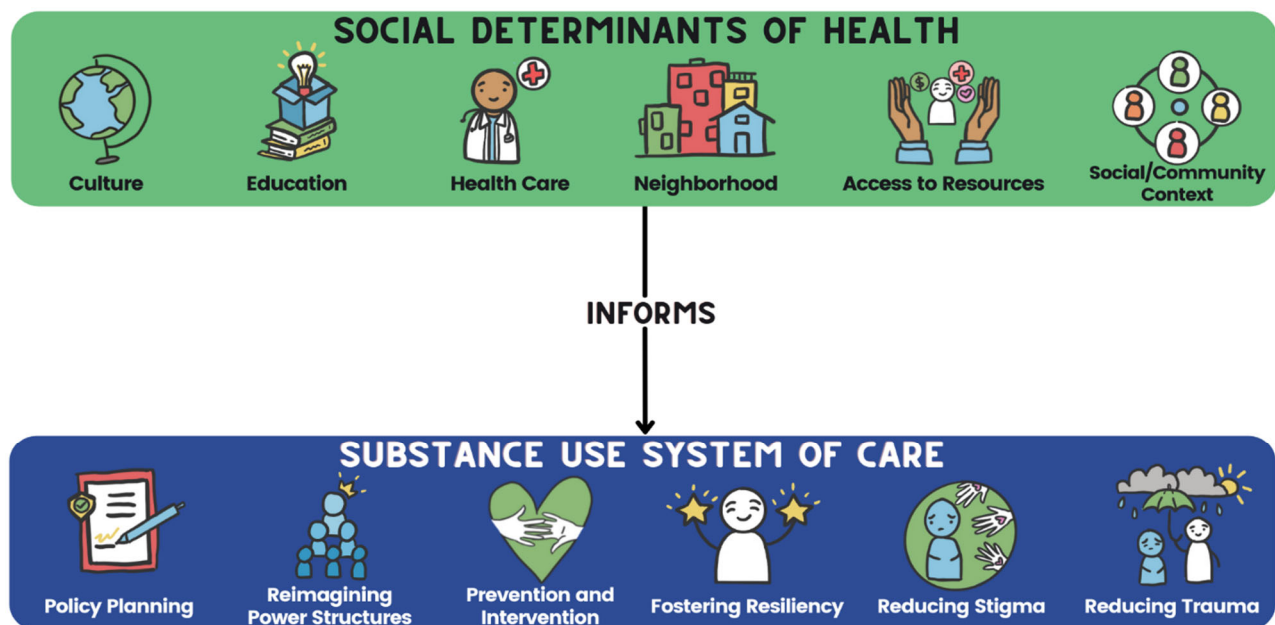
In response to the survey questions regarding ways to improve the system of care for NHOPI emerging adults and for Asian emerging adults, professionals identified a variety of suggestions that would be useful for both groups. These suggestions are depicted in Figure 3 (next page) along the edge of the green and blue SDH and system of care ring: improving a sense of community, reducing stigma, cultural competency, access to resources, client-centered care, mental health screenings, support groups, prevention, early-intervention, and trauma-informed care.

"Identify historical customs (grass-root), increase understanding of the negative impact (such as welfare, incarceration, lack of education, etc.) it has on the entire system. For example, in families, extended family, communities, nationality, and globally."

"Increased understanding of historical trauma and its lasting and generational effects. I feel like at the systems level is one thing but it needs to be addressed at a social level (systems, individuals where we all meet)."

"Acknowledge Asian emerging adults in the same sort of way--not denying it or believing they won't struggle with these issues too."

Figure 3. Culture-Specific Social Determinants of Health.
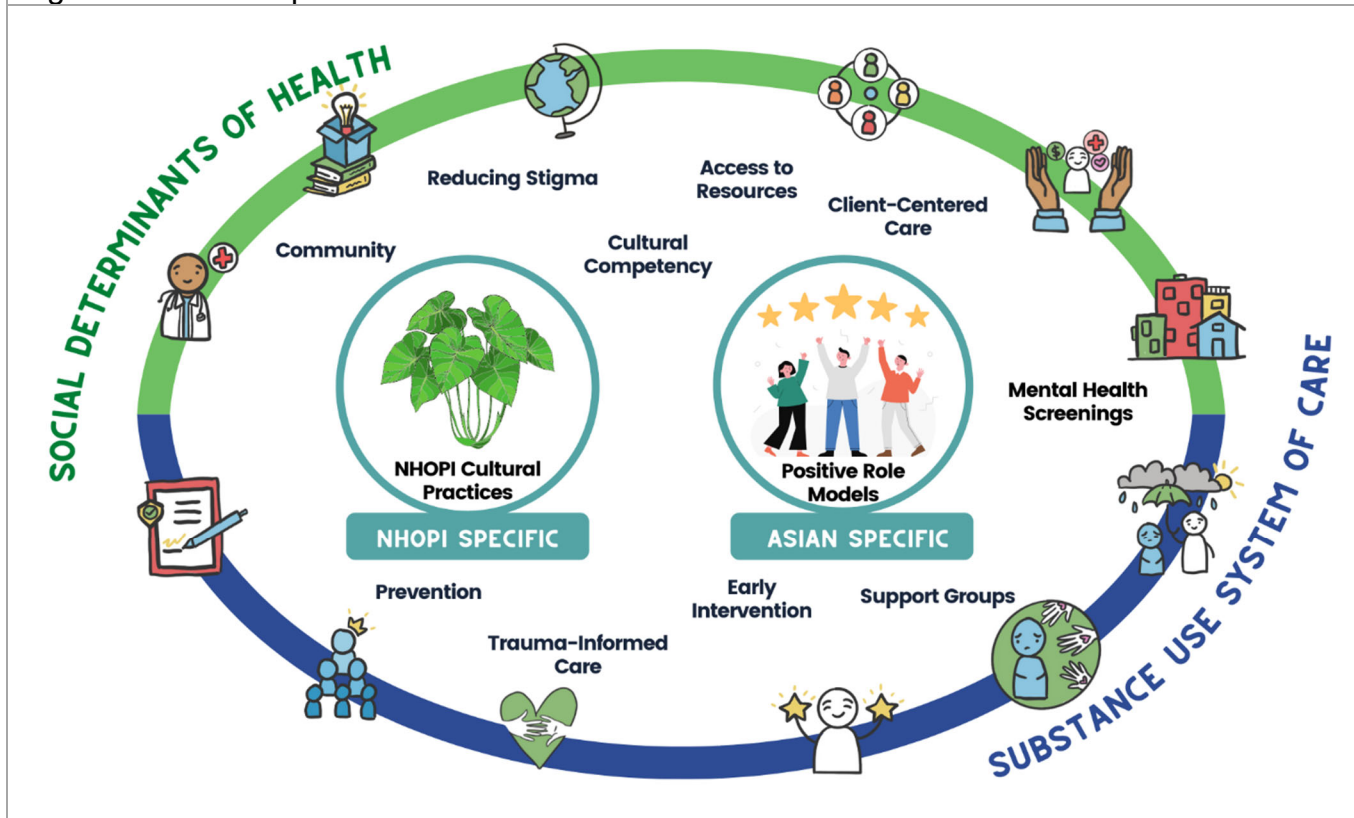
Inside the green and blue SDH and system of care ring, there are two circles representing SDH suggestions from professionals that were specific to system of care improvements either for NHOPI or Asian American emerging adults (Figure 3). Twenty-seven professionals emphasized the importance of and the necessity for the implementation of cultural practices specific to the Native Hawaiian and other Pacific Islander communities, particularly as a means to reducing discrimination experienced by NHOPI. For example: hiring more NHOPI service providers and NHOPI peer specialists, incorporating lo`i and ho`oponopono practices, and highlighting and centering the strengths of Native Hawaiian and other Pacific Island cultures.

"Focusing on the strengths of Native Hawaiian and other Pacific Island culture- inducing pride and resilience through traditional practices such as working in a loʻi, making kapa, and more."

"Some thoughts on ways we can improve the system of care to address discrimination as it related to substance use among emerging adults who identify as Native Hawaiian or Other Pacific Islander is through policy changes to ensure adequate health care is tailored

and available to the population, addressing multi-generational trauma and poverty. Incorporate services for emerging adults' families or other support systems regularly. Increase community leaders and/or practitioners to help connect Native Hawaiian or other Pacific Islander and substance use services or providers and promote respect of cultural values and practices."

Similarly, 25 professionals highlighted the importance of positive social support networks and role models (e.g. families, schools, and workplaces) as a way to improve the system of care for Asian American emerging adults (Figure 3). For example, hiring more Asian service providers, and promoting positive messages about Asian individuals on social media were suggested.

"Having more support groups, make the community aware of mental health and where to obtain support, reduce stigma."

"Help them to identify positive role models in family, at school, or at work."

"Cultural understanding of this group by programs and direct service providers who may identify as Asian may be a big plus."

Theme 3: Substance Use Interventions for Emerging Adults in Hawai`i

Professionals were asked about the current prevention and treatment and recovery efforts that their organizations offer, and then were asked to make recommendations to improve the array of services for emerging adults. Regarding prevention, professionals (N=16) identified skills-based, relationship-oriented, and classroom style approaches that their organization already engaged in or would be useful in the future, as depicted in the blue panel on the left of Figure 4 (next page). More professionals (N=27) shared ideas for treatment and recovery, which is not surprising given that treatment and recovery are better funded when compared to prevention, which tends to lack funding for emerging adults.

Twenty-seven professionals listed evidence-based interventions, evidenced-based strategies, and therapeutic frameworks that they use in their work, as depicted in the green panel on the right of Figure 4. In addition, novel interventions specifically for emerging adults that they have adapted or created in their practice were identified by 16 professionals. Evidence-based interventions refer to *psychotherapies* that help reduce mental health issues and harmful/risky substance use. These are distinguished from evidence-based strategies, which refer to *counseling models* with goals of reducing problematic behavior and bringing forth internally motivated change. Therapeutic frameworks are *approaches* to psychotherapy that focus on the specific needs, strengths, and skills of the individual. Novel interventions are evidence-based interventions that have been *adapted* to more effectively support the needs of the population being served.

Figure 4. Interventions identified by Professionals for the System of Care (SOC).
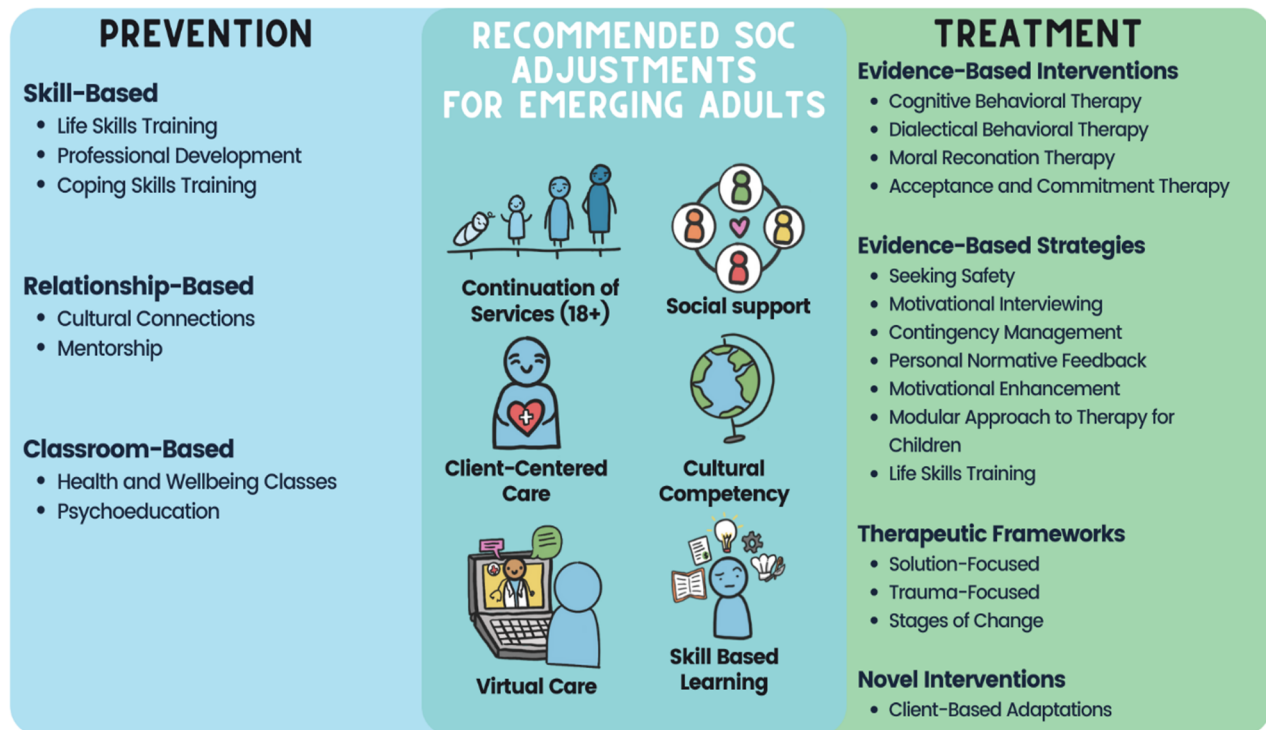
Finally, professionals (N=24) recommended various adjustments to the current system of care to improve support for emerging adults in Hawai'i, as depicted in the center panel of Figure 4. Most importantly, services should not end at age 18, when students complete high school, but rather should continue into emerging adulthood. There was an emphasis on the importance of social support and client-centered care, especially for skill-based learning to aid the transition into adulthood; paired with cultural competence in the system and among professionals for both prevention and health promotion as well as treatment and recovery. In fact, professionals acknowledged that while there is a high value on prevention, it is underfunded and therefore underutilized among professionals who may work with emerging adults (Figure 5, next page).

"Not cutting off services magically when they turn 18!"

"I would recommend having programs specifically for this particular age group focusing on strengthening protective factors like positive peer engagement, career development, life skills, healthy coping skills, and maybe even parenting for those who become young parents. Once teens graduate high school, there is really no warm hand off to enter emerging adult[hood] so this would at least give them some type of support in transition."

"I would say incorporating some of the adult system of care into prevention services for emerging adults include: case management; Screening, Brief Intervention and Referral to Treatment (SBIRT); and other principles in contexts applied to school, college, vocational training programs, employment settings, social media, parents and/or families, peers and other organizational programs."

"One thing which came up was reaching underrepresented populations who do not have available resources such as those in trade schools as opposed to those in four-year colleges or in the system who receive continued services."

"Consistent prevention programs. Prevention funding is the first to be cut when funds are not available. Prevention should always be the first focus. CONSISTENTLY!!! This way when individuals become emerging adults, they would most likely know the harmful effects of substance abuse."

Figure 5. Prevention Is Needed, but Underfunded for Emerging Adults.
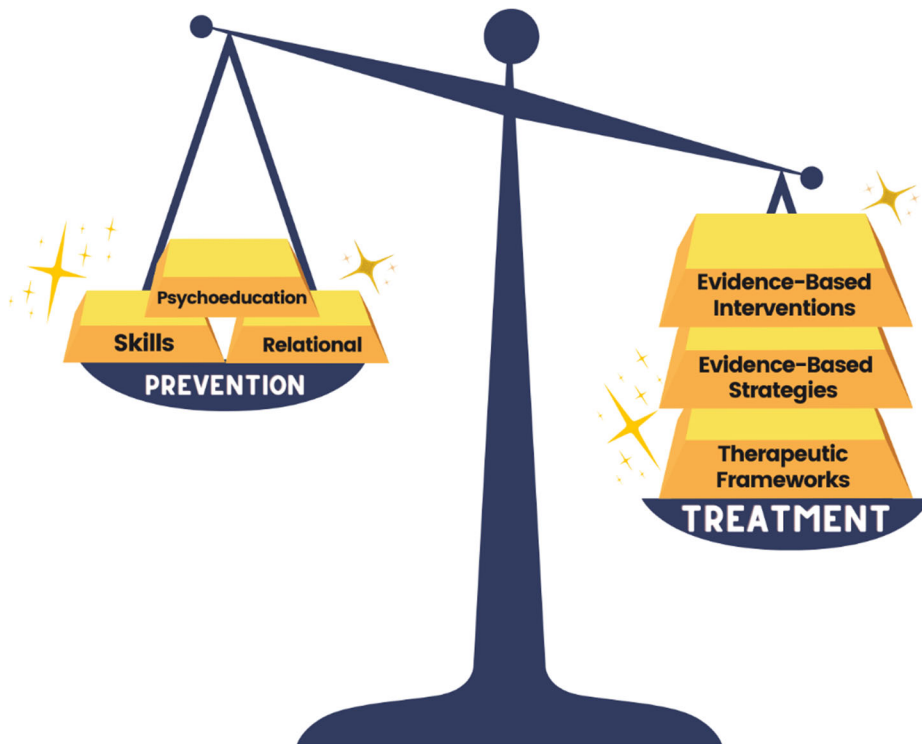
Implications

The purpose of the *Phase 1, Professionals Survey* part of the needs assessment project was to learn from professionals in the substance use system of care who may work with emerging adults. These results indicate that professionals in our state have an interest in supporting emerging adults, but the system of care needs some improvements across the social ecology and social determinants of health in order to improve the array of prevention and treatment & recovery resources. These ideas echo national calls to action for emerging adults[16].

The next phase of the project leveraged these professional insights to prepare for conversations with emerging adults themselves. As a preview to *Phase 2, Interviews with Emerging Adults*, at the time of this report, eleven small group discussion (N=24) have been held with emerging adults with lived experience with the system of care ranging from substance use prevention/treatment/recovery, justice, homelessness, mental health and foster care. We are grateful to the professionals who participated in the webinars and completed the surveys for their dedication, not only to learn and share for this report, but to make space for the emerging adults in their programs to contribute to this needs assessment. We look forward to sharing the results of emerging adults' interviews in a future report.

In the interviews with emerging adults (sample below, Figure 6), we began by learning more about their conceptualizations of emerging adulthood given their lived experience, including social determinants of health raised by professionals, such as stigma and discrimination (Figures 1-3). We then asked more specifically about how emerging adults access substance use services, including any challenges, suggestions or ideas with an emphasis on prevention (Figures 4 & 5).

Figure 6. Interview guide with Emerging Adults.

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[16] O'Connell ME, Boat T, & Warner KE. (2009). *Preventing mental, emotional, and behavioral disorders among young people. Progress and possibilities*. National Research council and the Institute of Medicine of the national Academies. The National Academies Press: Washington, DC.

Appendices

Appendix A: Webinar Flyer

Appendix B. Sample Slides from Webinar

Appendix A: Webinar Flyer

Department of Psychiatry
John A. Burns School Of Medicine ~ University of Hawai`i at Mānoa
In partnership with:
State Department of Health, Alcohol & Drug Abuse Division (ADAD),
Hawai`i Youth Services Network (HYSN) and Hawai`i Interagency Statewide Youth Network of Care (HI-SYNC)

Substance Use System of Care in Hawai`i: Emerging Adults & Adolescents

Emerging Adult Webinar Series
Session 1: Directors & Supervisors
Session 2: Directors & Supervisors
Session 3: Direct Service Staff & Early Career Staff

Adolescent Needs Assessments Updates
Session 1: Selected Results from the ATOD Survey
Session 2: Special Populations Youth Speak Out

Susana Helm | Tai-An Miao | Jane Onoye | Deborah Goebert

Register Now!
Directors & Supervisors of ADAD-funded Treatment & Prevention Services
July 12 – 16, 2021
Attend Daily, 9:00-9:30

Registration Link: https://us02web.zoom.us/meeting/register/tZ0rcOGoqT8pHdCHrr4EEjmce3MjUVov9a6n

3.0 CEUs: CSAC, CPS, CCS, CCJP, CSAPA & NASW/social work
attend each 30-minute session and complete post-survey

Series-at-a-Glance: Emerging Adults

May 2021

Session 1, Intended Audience: Directors & Supervisors
May 17-21, daily for 5 days, each day is a 30 minute interactive webinar
    Registration Links for Morning (9:00-9:30) or Afternoon (1:30-2:00)
    3.0 CEUs (30m each day + 30m post-questionnaire)
    Max enrollment: 25 morning + 25 afternoon

June 2021

Session 2, Intended Audience: Directors & Supervisors
June 14-18, 2021
Daily for 5 days, each day is a 30 minute interactive webinar
    Register for Morning 9:00-9:30
    3.0 CEUs (30m each day + 30m post-questionnaire)

July 2021

Session 3, Intended Audience: Direct Service Providers & Early Career Staff
July 12-16, daily for 5 days, each day is a 30 minute interactive webinar
Register for Morning 9:00-9:30: https://us02web.zoom.us/meeting/register/tZ0rcOGoqT8pHdCHrr4EEjmce3MjUVov9a6n
 3.0 CEUs (30m each day + 30m post-questionnaire)
    Participation hint: best viewed on zoom app by computer or smartphone
    Max enrollment: 50

Series-at-a-Glance: **Adolescents**

August 2021	Selected Results from the Hawai`i ATOD Survey

Selected Results from the Hawai`i ATOD Survey
2019-2020 Hawai`i Student Alcohol, Tobacco, and Other Drug Use Survey
August 16-19, 2021
Registration Links TBA

September 2021

Youth Speak Out: Special Populations Youth Substance Use Needs Assessment
Highlights from focus groups with youth who have experienced Hawaiʻi's systems of care for substance use, juvenile justice, foster care, and homelessness
September 13-15, 2021
Registration Links TBA

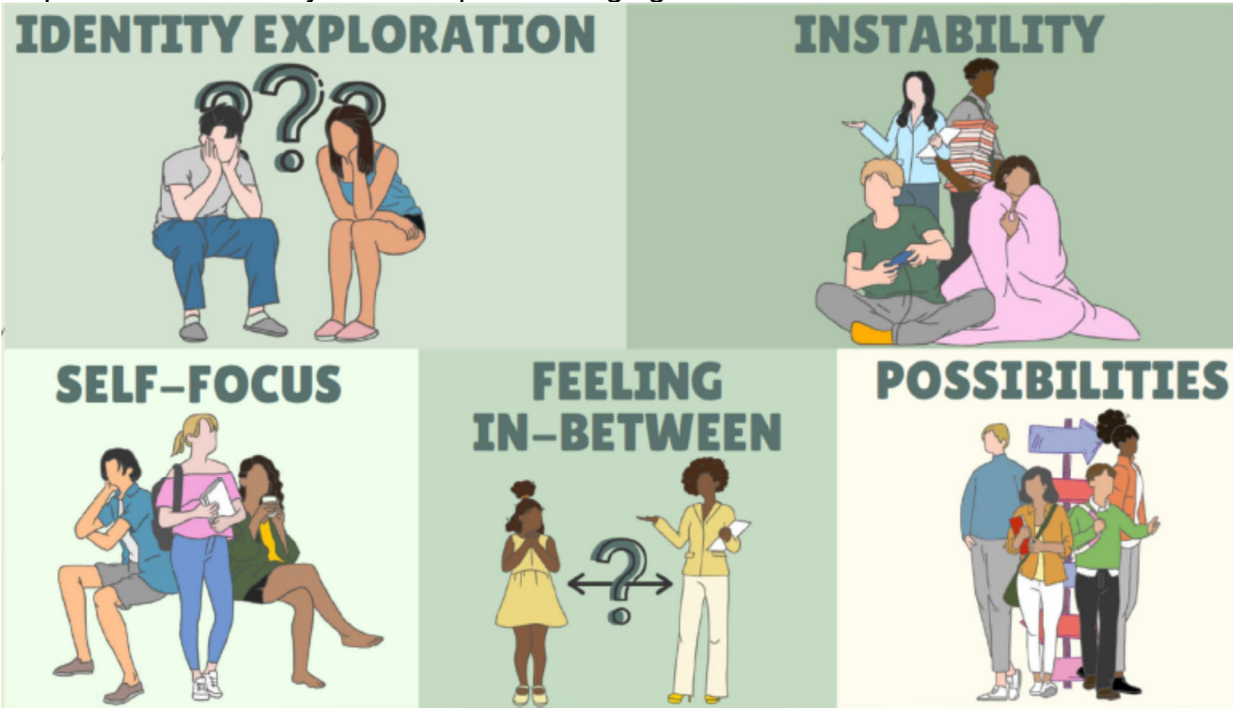*Department of Psychiatry ~ John A. Burns School of Medicine ~ University of Hawai`i at Mānoa* 3

Speaker Bios

Dr. Jane Onoye is an Associate Professor at the University of Hawai`i, John A. Burns School of Medicine, Department of Psychiatry, and is involved in several projects funded by the Hawai`i Department of Health Alcohol and Drug Abuse Division. Dr. Onoye serves as the Principal Investigator for the Hawai`i Student Alcohol, Tobacco, and Drug Use (ATOD) Survey, which is a statewide school-based needs assessment for youth alcohol and substance use prevention and treatment. Dr. Onoye is the lead evaluator for the Hawai`i Department of Health Core State Violence and Injury Prevention Program and the Hawaiʻi IDeA Network of Biomedical Research Excellence Program. Dr. Onoye's research interests include maternal/child health, alcohol/substance use, and injury/violence prevention.

Dr. Susana Helm is a Community & Culture Psychologist and Professor at the University of Hawai`i, John A. Burns School of Medicine, Department of Psychiatry. Dr. Helm is the Principal Investigator of the Special Populations Youth Needs Assessment, co-Investigator for the School-Based ATOD Survey Needs Assessment, and PI/coPI for the Data-Driven State Plan for a System of Care, 2019-2023; each funded by the Hawai`i Department of Health, Alcohol & Drug Abuse Division.

Dr. Tai-An Miao is an urban and regional planner and Assistant Professor in the Research Division of the Department of Psychiatry, University of Hawai`i JABSOM. Dr. Miao serves as co-Principal Investigator for both the Hawaiʻi Student ATOD Survey and the Special Populations Youth Needs Assessment projects. Born and raised in the San Francisco Bay Area, Dr. Miao has been fortunate to live, learn, and practice with communities in Hawai`i over the past 20 years. Her research interests include racial and ethnic equity and system change in juvenile justice; and community-based planning with a focus on positive youth development.

Dr. Deborah Goebert is a Professor at the University of Hawai`i, John A. Burns School of Medicine, Department of Psychiatry. Dr. Goebert is a Senior Consultant on the Hawai`i Student ATOD Survey. She is an inaugural member of the Prevent Suicide Hawai`i Task Force and is the Director of Hawai`i's Caring Communities Initiative for Youth Suicide Prevention. She has also helped facilitate the Hawai`i's Youth Leadership Council for Suicide Prevention. Her research and scholarly work center on the social-cultural determinants of mental health and well-being by identifying disparities and implementing culturally-aligned interventions through collaborative partnerships. She is a passionate public health person who loves to laugh.

Appendix B. Sample Slides from Webinar

Sample Slides from Day 1: Concept of Emerging Adulthood & Substance Use Risk

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