

Services to Conduct a Needs Assessment for Substance Use Prevention and Treatment Services among Special Youth Populations Using Qualitative Methods:

Executive Summary

Protocol 2: In-Depth Interviews with professionals regarding the system of Care

State of Hawai`i, Department of Health, Alcohol and Drug Abuse Division contract with
University of Hawai`i at Mānoa, Department of Psychiatry, Research Division
[DOH ASO Log 19-239]

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This Executive Summary was requested by ADAD for distribution among their staff. This report is intended to be received by and distributed solely among designated staff of DoP and ADAD. For the full report, please contact ADAD:

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1. Project Overview

The Department of Psychiatry (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 special populations of youth in the State of Hawai'i. The special populations included in this Needs Assessment are youth who often are not identified or not included in school-based surveillance studies, but have elevated and unique substance use prevention and treatment needs¹.

The DoP Research Division uses a relational approach to project development and implementation in which the client (ADAD) is engaged in discussions about the intended use and purpose of a project (dissemination). In this collaboration, both groups define what will be disseminated and how, which then informs the project design and implementation. ADAD staff and DoP faculty collaboratively identified the health disparity groups through a series of meetings in Fall 2018.

The discussion on high risk youth and disparities in service utilization was initiated by ADAD during planning sessions to update the 2007-2008 Hawai'i Student Alcohol, Tobacco, and Other Drug (ATOD) Use Study. The ATOD study was last conducted by DoP as a statewide school-based surveillance of youth substance use². As it became evident that ADAD required both an updated statewide school-based needs assessment, as well as a Special Populations Needs Assessment. Therefore, this Special Populations Needs Assessment was designed using qualitative methods, and may be viewed as a companion to the 2019-2020 ATOD Youth Needs Assessment Study³ which uses a quantitative design.

Five special populations were identified regarding substance use disparities, which mirror state and national public sector services. In addition to the five special populations of youth, other health disparity subgroups are included in this Needs Assessment. Youth from medically underserved populations and areas include a) Native Hawaiians, b) CoFA Nation/Micronesian ancestry youth, c) sexual and gender minorities, and d) rural youth. While often identified as demographic descriptors, the health disparities manifested by these groups may be attributed to institutionalized policies and practices that disadvantage them⁴.

Special Populations – Service Systems and Health Disparities

Public Sector Service System (Abbreviation)		Description of Youth	
1	Substance Use	SU	Participating in ATOD treatment program
2	Mental Health	MH	Participating in MH services, including co-occurring SUD
3	Juvenile Justice	JJ	Involved in the juvenile justice system
4	Foster Care	FC	Living in out of home placement in the state foster care system
5	Homeless	HO	Needing safe, stable, permanent housing, either living with or without family
HD Population/Area (Abbreviation)		Description of Youth	
a	Native Hawaiian	NH	The indigenous population of Hawai'i
b	CoFA Nations	CoFA	CoFA Nations migrant and local youth, often referred to as Micronesian
c	Sexual & Gender Minority	SGM	LGBTQI, transgender, gender non-conforming
d	Rural	R	Youth living in rural areas: counties of Kauai, Maui, Hawai'i, parts of O'ahu

¹ The scope of this contract does not include a literature review demonstrating the elevated need among these special population youth.

² <https://health.hawaii.gov/substance-abuse/files/2013/05/2007StatewideReport.pdf>

³ In collaboration with the Hawai'i State Department of Education, the 2019-2020 ATOD Survey was administered to students at school, using an opt-out parental consent procedure to maximize participation among youth at school.

⁴ National Institute on Minority Health and Health Disparities. (2018). Research Framework. Retrieved November 2019: <https://www.nimhd.nih.gov/about/overview/research-framework/nimhd-framework.html>

2. Project Design – Protocol 2, Professionals

Professionals Report. This *Professionals Report* has been designed to summarize the views of the professionals working with special populations of youth and their family through in-depth interviews. This report builds upon a prior phase of the project, which was a rapid assessment using an online data capture technique. Interview questions used in this phase of the project were based on the results of the rapid assessment⁵. This Needs Assessment was deemed “Not Human Subjects Research” by the University of Hawai‘i Human Studies Program (HSP) because the primary purpose of the project was to fulfill a service contract with the state, as opposed to generalizable knowledge. All representations of this Needs Assessment must be characterized under the rubric of evaluation, as opposed to research.

Statewide Sampling, Participant Recruitment. Organizations that provide services to youth across the special population groups were invited to participate. Participant recruitment was announced in a variety of ways, for example during the annual spring Hawai‘i Addictions Conference⁶, during monthly Hawai‘i Interagency Statewide Youth Network of Care meetings⁷, and in a set of webinars we provided in collaboration with Hawai‘i Youth Services Network in Spring and Summer 2020^{8,9}. The target sample included executive directors, clinical directors, and program supervisors of these organizations. Interviews began in mid-June 2020 and concluded at the end of July 2020. A total of twenty-one individual or small group discussions occurred and included the expert views of 25 professionals providing care to youth in the State of Hawai‘i.

Data Collection, Management, Analysis. Professionals participated in one-hour interviews, via zoom due to the pandemic. Interview questions were grounded in protocol 1, in which survey results collected from an online survey of 50 professionals indicated five important themes. Interviews were audio-recorded, transcribed verbatim and checked for accuracy, then de-identified and analyzed. Over 21 hours of interviews yielded 224 pages of data. Our analytic strategy may be referred to as mixed methods, meaning it is largely a qualitative needs assessment which was enhanced by quantitative tools. We collected qualitative data, qualitatively coded the data for themes, then quantified the themes in order to highlight the most prominent themes in the full report. In other words, the results in the full report highlight prominent themes because they were discussed in detail by the majority of participants.

- Question 1: pathways to accessing services.
- Question 2: the school as a partner.
- Question 3: Continuum of Care, System of Care.
- Questions 4 & 5: Health Disparity Groups.

⁵ Helm S, Onoye J, Wilczek K, Zeller TR, Monick B. (2020). *Services to conduct a needs assessment for substance use prevention and treatment services among special populations youth using qualitative methods. Interim Report – Protocol 1, Professionals’ Views.* Department of Psychiatry, University of Hawai‘i at Mānoa. 4/27/20. https://health.hawaii.gov/substance-abuse/files/2020/05/19-239_InterimReport_Helmetal_2020_200427.pdf

⁶ Monick B, Zeller Robin T, Wilczek K, Helm S (2020). *Underserved populations and substance use health disparities. A Qualitative needs assessment among youth-serving professionals in Hawai‘i.* Poster, Hawai‘i Addiction Conference, Honolulu, HI. 4/17/20.

⁷ Helm S & Onoye J. (2020). *Innovations in Youth Substance Use Prevention & Treatment System of Care, Continuum of Care.* Invited Talk: Hawaii Interagency, State Youth Network of Care, annual meeting. Honolulu HI 7/2/20.

⁸ Helm S, Onoye, J, Wilczek K, Zeller RT, Monick B. (2020). *Statewide youth substance use needs assessment. Results 2019.* Webinar for Executive Directors, Program Directors, Administrators, Policy Makers; hosted by Hawai‘i Youth Services Network, Honolulu, HI. 6/8/20.

⁹ Helm S, Onoye, J, Wilczek K, Zeller RT, Monick B. (2020). *Statewide youth substance use needs assessment. Results 2019.* Webinar for Youth Services Professionals; hosted by Hawai‘i Youth Services Network, Hono, HI. 7/13/20.

3. Findings – Protocol 2, Professionals

Overview. The youth substance use services field has relied on a risk and protective factors (RPF) approach for over two decades, which is grounded in the theory of human ecology.¹⁰ The field of public health refers to this as the social ecological model, while developmental scientists refer to the ecodevelopmental model.¹¹ The main point is that individuals are embedded within multiple socio-cultural contexts. The influence of these contexts changes over time as a result of human growth and development. The findings are presented with the higher order levels first (macro, exo levels), then the lower order (micro and meso levels), and finally by era (chrono level). Within these levels, the content analysis identified seven inter-related themes.

<i>System</i>	<i>Brief Definition with examples</i>	<i>Level</i>	<i>Findings</i>
Macro	Societal, philosophical, cultural influences, such as democracy, capitalism, hierarchies of human value that contribute to health disparities, etc.	Higher Order	Theme 1: Continuum of Care, System of Care, including Accessing Services. Theme 2: The School. Theme 3: Health Disparity Groups
Exo	Institutions that govern or structure micro and meso levels through policy, law, or other rules and guidelines.		
Meso	Dynamic interaction between a set of two or more micro settings, such as the school as a site for substance use service delivery.	Lower Order	Theme 4: General Issues Regarding Substance Use Theme 5: Risk & Protective Factors, including Trauma & Youth Advocacy Theme 6: The Role of Peers & Family
Micro	The immediate settings in which individuals live. With youth, the usual focus is one or more micro-level settings - family, peers, school.		
Chrono	Historical eras that represent qualitative change over time, e.g. destigmatization of mental health, or reframing addiction as a chronic disease.	Era	Theme 7: Corona Virus 19 Pandemic

Continuum of Care, System of Care, Accessing Services

The continuum of care and system of care (CoC/SoC) together were the most prominent themes. Nearly all of the interviews highlighted the CoC/SoC, which was by design (Question 3). The continuum was distinguished from the system in terms of *what* services may be available in the continuum and *how* services may be accessed in the system. The CoC ranged from health promotion, to prevention and early intervention, to various intensities of treatment and aftercare. The SoC was described in terms of factors that facilitated access or represented a barrier, such as including in the school context as well as how relationships and communication factor into access.

The School

The school was a specific focal point of the interview. Themes included: co-located services, school culture & personnel, concerns about out-of-school youth, limited/no coordination between the Department of Education and Service Provider Systems, school-based referrals, the role of the school counselor, issues with confidentiality, and the DoE bureaucracy (e.g. DoE operational structure to support referrals). Professionals explained that confidential access to school-based substance use services included challenges, i.e. initiating wrap around services and family engagement, as well FERPA¹²; and opportunities such as youth not needing insurance or parental consent. In spite of the challenges, educators were considered essential assets for creating service access at school.

¹⁰ Bronfenbrenner, U. (1979). *The ecology of human development. Experiments by nature and design.* Cambridge, MA: Harvard University Press.

¹¹ 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.

¹² FERPA is a federal law observed in educational systems: Family Educational Rights and Privacy Act (FERPA) is a federal law.
<http://www.hawaiipublicschools.org/VisionForSuccess/SchoolDataAndReports/StudentPrivacy/Pages/home.aspx>

Health Disparity Groups

Health disparity groups were a focus of interviews (Question 4). In over half of the interviews, substance use issues specific to youth of Native Hawaiian and Micronesian or COFA Nation ancestry were described: system trends, barriers, and areas for improvement, as well as cultural insights. Sexual and Gender Minority youth also were a focus of the interview. For example, professionals throughout the State of Hawai'i identified overlapping themes. Suggestions for system improvement arose from respondents' experiences and observations identifying the patterns within their own organization as well as interacting in the broader system of care.

General Perceptions Regarding Youth Substance Use

At the micro and meso level, a number of general substance use issues were noted, spanning the use of alcohol, tobacco and vaping, and other drugs including marijuana. Professionals expressed concerns about co-occurring mental health problems, the existence of a "drug culture" or norms supportive of substance use, as well as a system emphasis on punitive action rather than harm reduction. Other themes highlighted age of onset, barriers to care related to sobriety requirements, and intergenerational problems.

Risk & Protective Factors, including Trauma & Youth Advocacy

Risk and protective factors were identified at the micro and meso level. Risk factors included system involvement (e.g. foster care), competing requirements between youth & family needs and service system setting demands, as well as family and school setting issues. Of particular concern was trauma, both in terms of life trauma that may have created vulnerabilities toward substance use, as well as trauma experienced as a result of having become involved in public sector services. For example, professionals perceived that traumatic life experiences may result in substance use as a coping mechanism, both of which are related to the need for public sector services. However, these systems were perceived to contribute to new trauma as well as exacerbate existing trauma, thus increasing substance use among some youth. Protective factors in the community and culture were noted, as were protective factors in the family and school. As protective factor, youth advocacy included things like youth circles for peer support, youth voice and choice, and other leadership opportunities. Although not discussed extensively, youth advocacy was described as the heart of a youth centered CoC/SoC.

Peers and Family

In approximately half of the interviews, peers and family were mentioned as having an impact on youth substance use. Peers and family were perceived to serve both as risk and protective factors, depending on the situation. For example, professionals acknowledged that peers refer their friends to substance use services, yet there is peer pressure to use drugs. Similarly, some youth may use substances as a coping strategy to combat bullying and other stigmatization experienced among their peers. Regarding families, professionals explained that because some youth may prefer to receive services confidentially, due to a fear of getting into trouble with their parents for using drugs, it's important that youth may access services without parental consent. However, the youth's preference for confidentiality creates challenges for professionals who want to include families in their treatment planning. Several professionals mentioned that family engagement was especially challenging due to insufficient support for multilingual services, particularly when working with COFA Nation/Micronesian youth.

Corona Virus Pandemic

It is important to note the data for this project were collected during the covid-19 pandemic from mid-June 2020 to the end of July 2020. The State of Hawai'i initiated a lock down in mid-March 2020, which included school closures or virtual schooling, thereby making access to youth a challenge. Most organizations transitioned to virtual services, and very few in-person services were possible at the early stages of the pandemic. Challenges in maintaining contact with youth created concerns for contract-related funding.

4. Conclusion.

Reflections on the Pandemic. At the time of this writing (January 2021, revised April 2021), the social, economic, and health strains of the pandemic are still with us. Although some feel the [vaccination](#)¹³ distribution plans will provide higher levels of COVID immunity statewide by summer 2021, mental health complications and substance use problems experienced by [youth](#)¹⁴ are expected to continue to rise. We interviewed professionals statewide in summer 2020, several months after the state ordered a general lock-down. In a sense, the work-during-pandemic was new still, and the pressure on school-based providers to maintain contact with youth during the summer generally is less than during the academic year. That said, we are confident that these content analysis findings continue to apply, even now that we are nearly a into pandemic living and working.

Summary of Findings. As noted in the introduction, this qualitative youth needs assessment is a companion to the quantitative Hawai'i Student Alcohol, Tobacco, and Other Drug (ATOD) Use Survey needs assessment. A benefit of this qualitative approach is that we are able to learn about the system of care and continuum of care for youth substance use from the people who are best acquainted with it – namely the professionals who care for youth and their families. The professionals provided an inside view of the system's current capabilities and limitations, as it relates to the youth who are most likely to engage in the substance use service system and the intersecting public sector services.

Much of what the professionals described was confirmatory of our prior rapid assessment [report](#).¹⁵ The continuum of care, while good, still creates challenges for youth at the extremes of the continuum. Youth may not meet criteria for treatment services or there are no beds available for youth in need of residential care, yet the time and effort spent navigating the system looking for these services may produce frustration among staff. Often times, youth may not be able to enroll in services until their system involvement has elevated, but this defeats the idea of early identification and engagement in services. Furthermore, the youth system continues to orient towards a less effective disciplinary model rather than a coordinated and effective habilitative, prevention- and treatment-oriented, service-oriented, culturally responsive and academically-individualized one.

Among youth from minority or disenfranchised populations, the continuum of care was conceptualized as doing the best that it can. A best-that-it-can orientation may be interpreted as the system is not doing enough, but solutions remain elusive. That said, professionals noted solutions for sex and gender minority youth (e.g staff training, non-binary facilities), COFA Nation/Micronesian youth (e.g. staff recruitment, translation services), and Native Hawaiian youth (acknowledge cultural trauma, culturally relevant interventions).

Next Steps: Trauma & Youth Advocacy. Two areas highlighted in this report pertaining to risk and protective factors are trauma as a risk factor and youth advocacy as a protective factor. Although professionals did not dwell on these topics, they appeared important enough that our next steps include weaving these themes into our report of the in-depth interviews with youth. Based on the analysis of the professionals' interviews, we focused the youth interviews so that youth may share insights on trauma and youth advocacy.

In addition, public dissemination of the results of both the professional and the youth in-depth interview needs assessment results is planned for mid-June 2021. We will be collaborating with the Hawai'i Youth Services Network and their partner, the Hawai'i Interagency Statewide Youth Network of Care. Registration announcements for the webinar will be announced this spring 2021.

¹³ [COVID-19 Vaccine - Hawai'i DOH: Info & Resources for Managing COVID-19 \(hawaiiicovid19.com\)](#)

¹⁴ [Loneliness, Anxiety and Insomnia: How The Pandemic Is Impacting Hawaii's Teens - Honolulu Civil Beat](#)

¹⁵ [19-239 InterimReport_Helmetal_2020_200427.pdf \(hawaii.gov\)](#)

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