

A Strategic Plan for the Hawai‘i Strategic Prevention Framework Partnerships for Success Project

Prepared by the State of Hawai‘i Department of Health Alcohol and Drug Abuse Division
for the Strategic Prevention Framework-Partnerships for Success for States Grant
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Acronyms and Abbreviations

ADAD	Alcohol and Drug Abuse Division
CSAP	Center for Substance Abuse Prevention
HANDS	Hawai‘i Awards & Notices Data System
HI-ATODS	Hawai‘i Alcohol, Tobacco, and Other Drugs Survey
HI-SPF-PFS	Hawai‘i Strategic Prevention Framework Partnerships for Success
HI-YRBS	Hawai‘i Youth Risk Behavior Survey
NSDUH	National Survey on Drug Use and Health
RFI	Request for Information
RFP	Request for Proposals
SAMHSA	Substance Abuse and Mental Health Services Administration
SEOW	State Epidemiological Outcomes Workgroup
SPF	Strategic Prevention Framework
SPF-PFS-States	Strategic Prevention Framework-Partnership for Success for States
SPO	State Procurement Office
SUD	Substance Use Disorder
UCR	Uniform Crime Reports

Executive Summary

The State of Hawai'i Department of Health Alcohol and Drug Abuse Division (ADAD) received a Strategic Prevention Framework-Partnership for Success for States (SPF-PFS-States) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2023 to implement the Hawai'i Strategic Prevention Framework Partnerships for Success (HI-SPF-PFS) project. The HI-SPF-PFS project aims to strengthen the substance use prevention systems in all four counties in the State of Hawai'i by targeting the state's top substance use concerns and focusing on underserved communities where disparities and service gaps are most notable. ADAD will identify prevention providers and coalitions who are able to enhance the prevention system in Hawai'i, and the HI-SPF-PFS project resources will be allocated to eligible subrecipients.

As the lead agency, ADAD will provide the leadership and procurement of services necessary for the development and delivery of quality substance abuse prevention for the residents of the State of Hawai'i. ADAD's vision is for a Hawai'i where every community is free from the challenges of substance use, creating a healthier environment for all residents. Through prevention efforts, Hawai'i's families will thrive and be supported by comprehensive, culturally sensitive, and evidence-based prevention programs that promote lifelong well-being.

The goal of the HI-SPF-PFS project is to use the Strategic Prevention Framework (SPF) to select and implement evidence-based programs and policies to maximize positive health behaviors and substance use prevention outcomes. The following objectives will be accomplished in order to reach this goal: 1) during the grant period, the HI-SPF-PFS project team and sub-recipients will collect and apply data to identify, select, and implement a mix of evidence-based programs and policies that best serves and addresses local substance use prevention priorities; 2) the selected evidence-based programs and policies will complete annual evaluations that use both formative and summative methods to determine if selected strategies are a good fit and make an intended impact to meet the goals and objectives of reducing substance use in the community.

The HI-SPF-PFS project represents a step forward in addressing substance use challenges in Hawai'i, particularly within underserved and high-risk communities. By leveraging data-driven approaches and implementing evidence-based prevention programs and policies, ADAD and its community partners aim to create a healthier, substance-free environment across the state. The ongoing evaluation of these initiatives will ensure that they remain effective and adaptable to the evolving needs of local populations. Ultimately, the project's success will be measured not only by the reduction in substance use but by the lasting positive impact it has on the health and well-being of the state's residents.

Assessment

The 2021 *Hawai'i State Epidemiologic Report and County Profiles* (HI-SEOW, 2022) served as the basis for assessing community needs by identifying priority substances, target populations, and risk and protective factors, supplemented by updated analyses from available datasets. Led by the University of Hawai'i Office of Public Health Studies Epidemiology Team, the State Epidemiological Outcomes Workgroup (SEOW) produces and updates these epidemiologic profiles, conducting regular descriptive and inferential analyses for the HI-SPF-PFS project. The profile draws on data from various sources, including the Hawai'i Youth Risk Behavior Survey (HI-YRBS), the Hawai'i Behavioral Risk Factor Surveillance System, the Pregnancy Risk Assessment Monitoring System, and SAMHSA's National Survey on Drug Use and Health (NSDUH). The assessment identified alcohol, nicotine/tobacco, and cannabis/marijuana as priority substances in Hawai'i, particularly among adolescents and young adults. Target populations include underserved communities, such as Native Hawaiians, the LGBTQ+ community, emerging adults aged 18–25, and residents of rural areas, with a primary focus on reducing substance use among underage youth and problematic use among emerging adults. The Hawai'i Alcohol, Tobacco, and Other Drugs Survey (HI-ATODS) was instrumental in identifying problem substance use categories and examining risk and protective factors linked to probable substance use disorders (SUDs). Consequently, prevention interventions will be designed to strengthen protective factors and build resilience against identified risks. The HI-ATODS highlighted various risk factors, including ease of access to substances, peer influence, family rejection of sexual orientation or gender identity, family history of substance use, favorable parental attitudes toward substance use, lack of supervision, adverse childhood experiences, antisocial behavior, academic problems, and impulsivity. Protective factors identified include supportive local and state policies, strong connections to family and school, positive parenting, and the development of life skills and social competencies. These identified populations, substances of concern, and risk and protective factors will guide the development of targeted prevention interventions aimed at reducing substance use.

According to the SPF, prevention organizations must utilize data to identify the key substances of concern within their communities, the specific populations most affected by these substances, and the risk and protective factors contributing to substance use (SAMHSA, 2019). This process is not only essential for reducing substance use but also serves as the foundation for the Request for Proposals (RFP) as the assessment of target populations, substances, and associated risk and protective factors will define the scope of work outlined in the RFP. Potential subcontractors will be required to submit proposals detailing how they intend to utilize grant funds to address the needs of the identified populations, mitigate substance use, or influence the relevant risk and protective factors. A community-led data-driven assessment is crucial to accurately identify and address the gaps in prevention services within the community. The total amount of funding expected to be awarded per contract year is \$876,573.00, and the anticipated number of awards is eight. The expected dollar amount of the individual awards is contingent upon the

availability of funds and quality of applications. Proposed costs will be considered by ADAD in determining contract awards with consideration to resource allocation priorities and the conceptual and practical fit of the proposed delivery plan. The anticipated start date for the program and policy implementation is October 1, 2026, and activities will be carried out for two years. This structured approach ensures that the allocation of resources and the selection of proposals align with the identified community needs, thus maximizing the impact of prevention efforts over the span of the HI-SPF-PFS project.

Capacity

The HI-SPF-PFS project team, operating under the ADAD Prevention Branch, plays a central role in managing federal and state resources dedicated to substance use prevention in Hawai'i. ADAD is the single state authority designated recipient for the Substance Abuse Prevention and Treatment Block Grant and other federal and state resources. The Prevention Branch administers programs statewide that promote access to effective and cost-efficient substance use prevention services, develops, implements, and monitors service contracts, and provides technical assistance and training on substance use prevention strategies and issues. ADAD staff who are part of the HI-SPF-PFS project team include the Project Director and the Project Specialist. The Project Director is responsible for the development, implementation, and coordination of day-to-day operational activities including oversight, reporting, procuring contractual services, coordinating the data management and evaluation, and monitoring grant expenditures to ensure funds are utilized in accordance with grant requirements. The Project Specialist works under the supervision of the Project Director and is responsible for procuring contractual services, contract management, data analysis, evaluation, reporting, and providing training and technical assistance to subrecipients. The HI-SPF-PFS project team subcontracts for epidemiological data needs (i.e., Data Analyst) and evaluation needs (Evaluation Team). The Data Analyst is responsible for fulfilling the deliverables of the grant as related to data collection and analysis, project reports, presenting findings to community partners, working with HI-SPF-PFS project subrecipients, and researching and summarizing the epidemiological research literature on public health topics. The Evaluation Team is responsible for collecting program and policy data and reporting on the progress being made to achieve the goals and objectives of the HI-SPF-PFS project. To engage community stakeholders and raise community awareness, ADAD has also initiated the creation of a prevention advisory group, which held its inaugural meeting on June 25 and 26, 2024. The advisory group is made up of diverse stakeholders from across the state and representing each county. By working collaboratively with subcontractors, community stakeholders, and an advisory group, the HI-SPF-PFS project team ensures the strategic delivery and evaluation of the SPF-PFS-States grant as well as prevention services across the state.

To be eligible for the project, subrecipients must demonstrate proven experience in managing contracts and delivering prevention services. Such requirements ensure that subrecipients are capable of handling the administrative and programmatic demands of this project; thus, they must have at least one year of experience in managing government or foundation-funded contracts or projects of a similar size and complexity. Additionally, applicants must have at least one year of experience in providing or coordinating prevention services, substance use-specific prevention services, and services to the target populations within their specified service area. Applicants shall also use facilities that are adequate for the delivery of their proposed services. These requirements ensure that subrecipients are well-equipped to effectively deliver prevention services to the target populations in their respective service areas.

Evaluation of the proposals received in response to the RFP will be conducted fairly and impartially by the RFP evaluation committee. The evaluation will utilize a “meets/does not meet” criteria to maximize the objectivity of the evaluation. The evaluation committee will be comprised of the Project Director, Project Specialist, and two ADAD Prevention Branch Substance Abuse Program Specialists, all of whom possess the experience in and knowledge of program responsibility for service and financing. Proposals will be evaluated to see if they met the criteria listed in the RFP. For example, did the applicant provide a brief overview of the program/services being offered? Does the applicant meet the minimum level of skill and experience, and did they provide a list of projects or contracts of verifiable experience pertinent to the proposed services? Did the applicant provide a completed comprehensive strategic plan for their proposed prevention service (i.e., program or policy)? Did the applicant complete a cost proposal for contract year 1 and year 2 for their prevention service? If multiple proposals for a service meet the minimum requirements, each proposal will be reviewed based on the interest of the state to have geographic coverage, the readiness of the applicant to initiate or resume activities, and the applicant’s cost proposal. A copy of the proposal evaluation protocol will be provided in the RFP. By adhering to a clear evaluation protocol and considering factors such as geographic coverage and readiness, the committee will select proposals that best align with the project’s goals and requirements.

Planning

As previously discussed, the latest SEOW epidemiological profile informed the recommendation of priority substances and target populations. The 2019-2020 HI-ATODS report presented state, county, and community region level data examining substance use issues. This report highlighted risk and protective factors linked to the likelihood of a probable SUD based on screening results. Community risk factors included ease of access to substances (16.2% probable SUD), neighborhood use of substances (20.6% probable SUD), and neighborhood crime/drug selling (22.1% probable SUD). Interpersonal risk factors included peer approval of alcohol and cannabis use (20.1% probable SUD), friend offers of alcohol or cannabis (22.3% probable SUD), and exposure to friends' use of cannabis or alcohol (37.3% probable SUD). Family risk factors included exposure to parent alcohol use (17.1% probable SUD), living with someone with a

substance use problem (21.6% probable SUD), and exposure to relative's cannabis use (32.1% probable SUD). Finally, individual-level risk factors of probable SUD included depression (16.2%), done something crazy (19.9%), suspension or expulsion (25.5%), and skipping class (27.0%). One societal-level protective factor was identified: local and state policies that support healthy norms since 69.4% of respondents agreed that their communities promoted positive social norms for youth not to use alcohol. At the community level, one protective factor was identified: connectedness to school as 47.3% strongly agreed that they enjoyed being in school, and 41.1% strongly agreed that their friends enjoy school as well. Two interpersonal protective factors were also identified: connectedness to family and positive parenting style as 66.4% reported that they felt they had family support from at least one adult and 90.6% reported that their family provided clear rules and consequences about alcohol and drug use, and they would be in trouble if they were caught using alcohol. One intrapersonal protective factor was identified: life skills and social competencies, as 86% reported disapproval of substance use and think using alcohol, marijuana, or vaping is wrong (Onoye et al., 2021). To achieve the goals of reducing prioritized risk factors and enhancing protective factors, various SAMHSA Center for Substance Abuse Prevention (CSAP) strategies will be employed, including information dissemination, education, and environmental strategies, as outlined in the logic model. These factors will guide the implementation of targeted prevention strategies aimed at reducing substance use by addressing key risk factors while strengthening protective factors across individual, family, and community levels.

RFP applicants are required to submit proposals detailing their approach to addressing the needs of priority populations and targeting key substances of concern. As such, applicants must submit a proposal for their selected program or policy that indicates how they will target one or more of the priority populations (i.e., Native Hawaiians, the LGBTQ+ community, emerging adults 18–25 years old, and those in rural areas). The proposal must also address how the applicant will target the identified primary substances of concern (i.e., alcohol, nicotine/tobacco, and marijuana) as well as the identified risk and protective factors listed above. The following logic model (Table 1) describes the problems and related behaviors that ADAD wishes to address as well as the planned interventions and desired outcomes. Applicants should align their proposals to the problems and related behaviors, interventions, and desired outcomes identified in Table 1. By aligning their proposals with ADAD's identified problems, interventions, and outcomes, applicants can effectively contribute to the broader goals of substance use prevention in Hawai'i.

The logic model in Table 1 illustrates how a program or intervention is designed to succeed by clearly linking the problem being linked to the underlying factors that the intervention aims to change, while also outlining measurable intended outcomes (SAMHSA, 2019). It highlights both short-term and long-term outcomes the project seeks to achieve; short-term outcomes reflect the immediate effects of the interventions and how effectively they are implemented, while long-term outcomes represent the broader societal and community changes that occur after sustained implementation. The logic model provides a structured framework for planning, executing, and

evaluating programs (SAMHSA, 2019). By aligning all elements of the comprehensive strategic plan with desired outcomes, the logic model ensures clarity and allows stakeholders to understand the necessary capacities for program implementation. Ultimately, the goal of the logic model is to foster stakeholder understanding and mobilize support, which increases community buy-in to sustain the interventions.

Table 1: Logic Model

Problem and Related Behavior	Risk and Protective Factors	Intervention/Strategy	Short-term outcome	Long-term outcome
Underage drinking (30-day use; 16.6% of high school students; HI-YRBS; HHDW, 2024)	R: Peer approval of alcohol use (HI-ATODS; Onoye et al., 2021) P: Life skills and social competencies (HI-ATODS)	Providing education through evidenced-based curricula.	Increase perceived risk/harm of use by 3%pt as measured by the participant survey pre- and post-test.	Decrease underage drinking by 3%pt (i.e., from 16.6% to 13.6%) by 2029 as measured by 30-day use (HI-YRBS).
Alcohol-related crime (3,466 DUI arrests for adults and juveniles; Uniform Crime Reports [UCR]; CPJA, 2023)	P: Perceptions of great risk from binge drinking (NSDUH; SAMHSA, 2020) P: Local and state policies that support healthy norms (HI-ATODS)	Modifying the environment through the promotion of establishing state alcohol policies (e.g., reducing BAC to 0.05). Disseminating information (e.g., media campaigns, PSAs, health fairs) to provide awareness and knowledge of the nature and extent of alcohol use and its effect on individuals, families, and communities.	Increase perception of great risk of harm from binge drinking by 3%pt (i.e., from 45.76% to 48.76%) annually as measured by NSDUH.	Decrease DUI arrests by 3% by 2029 as measured by the number of DUI arrests (UCR).
Vaping among youth (30-day use; 17.7% of middle school students and 30.6% of high school students; HI-YRBS)	P: Life skills and social competencies (HI-ATODS)	Providing education through evidenced-based curricula.	Increase perceived risk/harm of use by 3%pt as measured by the participant survey pre- and post-test.	Decrease vaping among youth by 3%pt (i.e., from 17.7% to 14.7% and 30.6% to 27.6%) by 2029 as measured by 30-day use (HI-YRBS).
Marijuana use (30-day use; estimated 12.03% of Hawai'i population ages 12+, 9.10% of those 12-17 years of age, and 23.74% of those 18–25 years of age; NSDUH)	R: Peer approval of marijuana use (HI-ATODS) P: Perceptions of great risk from smoking marijuana once a month (NSDUH) P: Life skills and social competencies (HI-ATODS)	Disseminating information (e.g., media campaigns, PSAs, health fairs) to provide awareness and knowledge of the nature and extent of marijuana use and its effect on individuals, families, and communities.	Increase perception of great risk of harm from smoking marijuana once a month by 3%pt (i.e., from 22.87% to 25.87%) annually as measured by NSDUH.	Decrease marijuana use by 3%pt (i.e., from 12.03% to 9.03%, 9.10% to 6.03%, and 23.74% to 20.74%) by 2029 as measured by 30-day use (NSDUH).

As indicated in the logic model (Table 1), the project will reduce underage drinking, alcohol-related crime, vaping among youth, and marijuana. The four CSAP strategies include: providing education via an evidence-based curriculum, modifying the environment through promoting state-level policies, and information dissemination providing awareness and knowledge of substance use and related issues. The evidence-based interventions and strategies will decrease underage drinking, decrease driving under the influence arrests, decrease vaping among youth, and decrease marijuana use by 2029 (i.e., the end of the project). The interventions and strategies will also increase the identified protective factors and decrease the identified risk factors, so that within one year, perceived risk and harm of alcohol use will increase among education program participants, perception of great risk of harm from binge drinking will increase as measured by NSDUH (SAMHSA, 2020), perceived risk and harm of tobacco/nicotine use will increase among education program participants, and perception of great risk of harm from smoking marijuana will increase as measured by NSDUH. The goal is to influence all short-term outcomes by 3%pt annually and all long-term outcomes by 3%pt by the end of 2029. The implementation of these targeted CSAP strategies, supported by a well-defined logic model, aims to significantly reduce substance use and related issues among the identified target populations, while enhancing protective factors and mitigating risk factors to achieve measurable improvements by 2029.

Implementation

ADAD will identify prevention providers and community coalitions who are able to implement evidence-based programs and policies to enhance the prevention system in Hawai'i. Prevention programs must include predetermined, structured, and coordinated activities, which will be implemented by community-based organizations. Policies must include activities to create or change policies, which shall be implemented by community coalitions. In order to be considered an eligible program or policy, it must be included in a registry for substance use prevention programs and policies, reported in a peer-reviewed journal with positive effects on the primary target outcome, or documented effectiveness by other sources of information and the consensus judgement of ADAD or other informed experts. The HI-SPF-PFS project resources will be allocated to eligible subrecipients, and this process will include a Request for Information (RFI) to obtain community input and development of the RFP that would be issued in accordance with the State Procurement Office (SPO) procedures. The RFP encompasses federal and state requirements for services to the targeted populations and reflects the existing needs assessment data. Contracts will be awarded to qualified applicants based on the evaluation criteria set forth in the next section and in the RFP. Program and fiscal monitoring related to the contracted services will be conducted on an annual basis to ensure compliance to federal and state requirements and ensure all contract items and deliverables are met. By adhering to a rigorous selection process and ongoing monitoring, ADAD aims to ensure that funded programs and policies effectively address substance use issues and meet both federal and state requirements.

To keep the HI-SPF-PFS project on schedule, a series of coordinated actions and deadlines have been established for the various identified responsible person(s). The Project Specialist will create an RFI to obtain community input on the RFP and post it to the Hawai‘i Awards & Notices Data System (HANDS) by February 2025. Per SPO procedures, the RFI will be available for public comment until May 2025. The Project Specialist and Project Director will take the information gathered from the RFI and use it to create the RFP. The Project Director will post the RFP to HANDS by July 2025. The Project Specialist and Project Director will conduct an RFP orientation session via Zoom on July 15, 2025. All applicants must submit their proposals electronically to the doh.adad.prevention@doh.hawaii.gov email address by 04:30 PM Hawai‘i Standard Time on August 15, 2025. The RFP evaluation committee, made up of the Project Director, Project Specialist, and two ADAD Prevention Branch Substance Abuse Program Specialists, will start evaluating the proposals on August 16, 2025. The RFP evaluation committee will individually score each application according to the evaluation criteria outlined in the next section and the RFP. From May September to October 2025, the RFP evaluation committee will meet to compare evaluations and select the proposals. The Project Director will notify awardees and post the award information to HANDS on October 1, 2025. The Project Specialist will draft and initiate the routing of the new contracts in October 2025. The contract start date will be October 1, 2026. The selected subrecipients will implement their evidence-based programs and policies from October 1, 2026, to September 30, 2028. Subrecipient reporting requirements are outlined in the following Evaluation section. Table 2 below outlines the steps identified in this Implementation section and includes a sequence of actions, timelines, responsibilities, and resources required to accomplish the tasks. By adhering to the detailed timeline and procedural steps outlined, the project aims to effectively manage the RFP process, award contracts, and initiate the implementation of evidence-based programs by the scheduled start date.

Table 2: Summary of Implementation

Activities	Agencies and Persons Responsible	Resources Needed	Timeline
Strategy/Intervention: Education, Information Dissemination, Environmental			
Risk and Protective Factor(s) to be addressed: Favorable attitudes towards substance use; life skills and social competencies; community norms and laws favorable toward substance use; local and state policies			
Public notice announcing RFI	ADAD, Prevention Specialist	Completed RFI	February 2025–May 2025
Public notice announcing RFP	ADAD, Project Director and Project Specialist	Completed RFP	July 2025
Proposal submittal deadline	ADAD, Project Director and Project Specialist, Prevention providers	RFP orientation Proposals	Orientation: July 15, 2025 RFP Deadline: August 15, 2025

Activities	Agencies and Persons Responsible	Resources Needed	Timeline
Notice of decision	ADAD, Project Director	RFP evaluation committee	October 1, 2025
Contract start date	ADAD, Project Specialist, Prevention providers	Executed contracts	October 1, 2026
Implement evidence-based programs and policies	Prevention providers	Evidence-based program curriculum, policy language	October 1, 2026–September 30, 2028
Collect data for project evaluation	Prevention providers, ADAD, Evaluation team	Pre- and post-test results, evaluation reports	Quarterly
Submit quarterly and annual reports	Prevention providers, ADAD, Project Specialist	Accomplishments, barriers, process data	Quarterly
Assess the progress in addressing objectives and making the intended impact to outcomes	ADAD, Evaluation team	Pre- and post-test results, evaluation reports, YRBS, HI-ATODS, NSDUH, UCR	Ongoing
Report findings to state advisory group for recommendations	ADAD, Project Director, State advisory group	Evaluation report	Quarterly
Provide technical assistance and trainings	ADAD, Evaluation team	Various trainings, technical assistance requests	Ongoing

Evaluation

The evaluation process for the HI-SPF-PFS project will ensure that the performance of the State and its selected subrecipients align with the project's intended goals and objectives, and it will assist in communicating findings with stakeholders regarding program progress, outcomes, and service quality. HI-SPF-PFS will use a mixed methods approach to evaluation, which includes self-administered questionnaires/forms to track project's direct outcomes, and population-based survey and administrative data to track the project's impact on larger communities. In-depth interviews with key stakeholders will also provide contextual understandings and multi-level perspectives on the process and outcome data collected via other means. Subrecipients are required to submit data reports and evaluations to track their progress, adherence to program requirements, challenges and successes associated with the SPF, and overall impact. This rigorous approach ensures that the HI-SPF-PFS project remains on track to meet its objectives of reducing substance use and enhancing prevention efforts throughout Hawai'i.

Each subrecipient is required to adhere to a comprehensive data reporting and evaluation process that assesses the implementation of their programs and policies. To evaluate the effectiveness and implementation fidelity of subrecipient programs and policies, each subrecipient will be required to submit a monthly data report via ADAD's management information system, HI-WITS. The monthly data report is due on the 15th of the following month and shall include the unduplicated count of individuals served, the number of evidence-based strategies implemented, the number of training and meetings attended by staff, and the number of meetings facilitated by staff. Subrecipients will collect indicator data from their participants including 30-day alcohol use, 30-day nicotine/tobacco use, 30-day marijuana use, and perception of risk or harm surrounding alcohol, nicotine/tobacco, and marijuana use. Subrecipients will receive details (e.g., timelines, templates, resources) of the data reporting requirements at the contract orientation meeting and will be trained in using HI-WITS for data entry. To ensure data quality and accuracy, all data submitted via WITS will be monitored and verified by the evaluation team before approving the data for submission. Subrecipients shall also submit narrative quarterly reports summarizing their accomplishments and challenges in each step of the SPF (Assessment, Capacity, Planning, Implementation, Evaluation, Cultural Competence, Sustainability) as it relates to their prevention programs and policies. Quarterly reports are due on January 15, April 15, July 15, and October 15 of each contract year. A narrative year-end report will also be due on October 30 of each contract year. The information in the quarterly and year-end reports will be used in the HI-SPF-PFS project's quarterly reports provided to SAMSHA per the grant requirements. Each subrecipient must also subcontract with an experienced external evaluator to complete a progress evaluation report and an annual evaluation report due on April 30 and September 30 of each contract year. The evaluation reports will assess the subrecipient's performance and impacts. If subrecipients fail to comply with reporting requirements, ADAD can temporarily withhold payments until the requirements are fulfilled. Further consequences for noncompliance include disallowing all or part of the billed costs or the suspension or termination of the contract. These consequences are included in the RFP and will be included in the contract language as well. Adherence to these reporting requirements is critical as timely and accurate data submission is important for the success of the HI-SPF-PFS project.

The HI-SPF-PFS project team will oversee the comprehensive analysis and evaluation of the project, ensuring that data collection and reporting align with the measures and outcomes established in the logic model. The project Data Analyst and evaluation team will be responsible for data analysis and the overall project evaluation. They will analyze the data at the project and subrecipient levels according to the measures identified in the logic model. Per SAMHSA's requirement, the performance data will be submitted quarterly and annually. Data from publicly available surveys (i.e., HI-YRBS, UCR, and NSDUH) will be used to examine the impacts of the HI-SPF-PFS project in Hawai'i's communities over time as demonstrated in the logic model. For subrecipients, the project evaluation team will disseminate a Prevention Program Outcome Assessment survey that will be used to examine the effect of each program on its participants. The sample size will depend on the size of the programs funded by this project statewide. It is expected

that all funded prevention education programs will achieve an 80% response rate. By comparing data between the pre-test and the post-test, changes in the perceived risk and harm of alcohol use, tobacco use, and marijuana use will be examined. The short-term and long-term outcome results will be presented in the annual report to SAMHSA, including project challenges and barriers to meeting its goals. The Project Director will also disseminate and present the progress and performance findings annually to stakeholders and the prevention advisory group. Through rigorous data analysis and regular reporting, the evaluation team will provide valuable insights into the project's effectiveness and impact, which will be communicated to SAMHSA and stakeholders to inform ongoing improvements and ensure transparency.

The HI-SPF-PFS project's evaluation strategy emphasizes a commitment to quality and accountability in both proposal selection and program implementation. By adhering to a structured evaluation protocol and requiring comprehensive data reporting from subrecipients, the project aims to achieve its goals of effective substance use prevention and community impact. The combined efforts of the project and evaluation team and subrecipients will provide critical insights into the project's progress and outcomes, ensuring that resources are utilized effectively and that the project delivers meaningful results. Through this thorough evaluation process, the HI-SPF-PFS project will foster transparency and drive the continuous improvement of prevention interventions.

Sustainability

Building on the principles of the SPF, the sustainability of prevention infrastructures relies on collaborative efforts across various sectors to maintain desired long-term results. Sustainability enhances the project's credibility and responsibility, thereby increasing stakeholder support. By ensuring that efforts are maintained over time, sustainability maximizes impact, leading to the greater overall effectiveness of prevention interventions. To sustain a community data-driven strategic planning process, ADAD will work across public agencies, private organizations, and stakeholders to support community-level substance use prevention efforts. The State Prevention Advisory Group will be pivotal in promoting community engagement and facilitating effective strategic planning. Moreover, both current and future funding resources will be aligned with the priorities of stakeholders at the state, county, and community levels, ensuring continuity and effectiveness in prevention initiatives. By developing a unified prevention system, local communities will be better prepared to address emerging substance use challenges and maintain long-term, positive outcomes. Through the strategic coordination of efforts and alignment of resources, ADAD seeks to build and sustain a robust prevention infrastructure that adapts to emerging challenges and promotes long-lasting positive impacts.

Cultural Competence

Cultural competence refers to the ability to engage effectively with individuals from diverse cultural backgrounds. It involves acknowledging cultural differences that influence community beliefs and practices and developing strategies that support and elevate diverse cultural

groups (SAMHSA, 2019). This ensures that prevention interventions are relevant, accessible, and effective for the targeted populations and communities. Greater intervention effectiveness translates into better outcomes, thus enhancing the likelihood of achieving project goals. Cultural competence will be integrated at both the state and project levels by acknowledging and addressing the distinct knowledge, practices, and linguistic needs of the communities being served. By recognizing the unique cultural characteristics of each community, the project will also aim to mitigate health and wellness disparities affecting vulnerable populations. The implementation of SAMHSA's cultural competence principles under the SPF will emphasize the importance of community representation in the planning process. Community stakeholders will play a central role in identifying substance use issues and selecting prevention strategies that are culturally relevant. The chosen interventions will be those that have demonstrated effectiveness in populations similar to the target communities, ensuring that all ADAD-funded prevention activities align with SAMHSA and CSAP's evidence-based standards. If further cultural competence support is needed, technical assistance and training will be available through existing resources, such as the Pacific Southwest Prevention Technology Transfer Center, the Hawai'i Pacific Center for Excellence, and Hawai'i Substance Use Professional Development. Many national prevention models and programs, rooted in research and practices from different cultures and experiences, do not fully align with Hawai'i's diverse population. Consequently, Hawai'i faces the challenge of adapting and tailoring evidence-based programs to its varied communities while fostering the development of innovative, culturally effective Hawaiian prevention programs and practices. Ultimately, by integrating cultural competence into every aspect of the project, the HI-SPF-PFS project team and its collaborators aim to create prevention strategies that are not only effective but also deeply resonant with the unique cultural contexts of Hawai'i's communities.

Conclusion

This strategic plan serves as a comprehensive and detailed blueprint for addressing substance use prevention priorities across the state, reflecting a commitment to creating a healthier and more resilient Hawai'i. By leveraging a multi-faceted approach, the plan encompasses key elements of the SPF including community needs assessment, capacity building, planning, implementation, evaluation, sustainability, and cultural competence. Each component of the SPF is designed to work in concert to reduce substance use and its associated harms, ensuring a holistic and sustained impact. The community needs assessment phase is essential for gathering community-level data to identify the unique challenges, priorities, and available resources within different regions of the state, allowing for targeted and effective interventions. Capacity building focuses on equipping local organizations and stakeholders with the necessary skills, resources, and infrastructure to address substance use effectively. The planning phase involves the development of tailored strategies that are responsive to the specific needs and cultural contexts of Hawai'i's diverse communities. Implementation is carried out with a strong emphasis on collaboration, where the HI-SPF-PFS project team partners with various prevention providers to ensure that the interventions are not only evidence-based but also culturally relevant and sustainable. Evaluation

is an ongoing process, allowing for the continuous monitoring and refinement of strategies to maximize their effectiveness. Sustainability is a critical aspect, ensuring that the positive outcomes achieved are maintained over the long term, even as new challenges emerge. Cultural competence is woven throughout the strategic plan, recognizing the importance of culturally tailored approaches in reaching and engaging Hawai‘i’s diverse populations. By fostering community ownership and ensuring that interventions are culturally competent, the plan addresses the unique needs of all residents, particularly those in underserved populations. This inclusive approach ensures that the well-being of every individual is prioritized and protected. The collaborative efforts of the HI-SPF-PFS project team and various prevention providers are pivotal in bringing this comprehensive strategic plan to fruition. By working together, these stakeholders are not only addressing immediate substance use concerns but also laying the groundwork for a future where communities are empowered to take ownership of their health and wellness.

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