



Comments due

**June 1, 2026**



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# **HAWAI‘I STATEWIDE STRATEGIC PLAN FOR PREVENTION**

**2026–2031**

State of Hawai‘i Department of Health Alcohol and Drug Abuse Division  
October 2026

## **THE ALCOHOL AND DRUG ABUSE DIVISION**

### **MISSION**

“Provide the leadership necessary for the development and delivery of quality substance abuse prevention, intervention, and treatment services for the residents of the State of Hawai‘i.”

### **OVERARCHING MISSION**

“To prevent or reduce the severity and disabling effects related to alcohol and other drug use, abuse, and dependence by assuring an effective, accessible, public and private community-based system of prevention strategies and treatment services designed to empower individuals and communities to make health-enhancing choices regarding the use of alcohol and other drugs.”

ADAD is tasked with coordinating all substance use programs including research, treatment, recovery, and prevention activities for the State of Hawai‘i. Its efforts are designed to promote a statewide culturally appropriate, comprehensive system of substance use services to meet the treatment and recovery needs of individuals and families, as well as prevention needs of the community.

ADAD is the designated agency to receive and administer all available substance use funds provided by the state and federal government. ADAD is also the Single State Agency to receive and administer the Substance Abuse Prevention and Treatment Block Grant (SABG) funds administered by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA).

## EXECUTIVE SUMMARY: PURPOSE OF THE PLAN

As the lead agency, ADAD is tasked with providing 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 responsive, and evidence-based prevention programs that promote lifelong well-being.

This Plan builds on the foundation established by the 2025 Skeleton Plan and was developed in coordination with providers, stakeholders, and community partners. The foundation of the plan was laid at the 2022 ADAD Prevention Conference, held in partnership with the [Prevention Technology Transfer Center \(PTTC\)](#). The event brought together prevention professionals from across all islands to collaborate on a five-year vision and prevention action plan.

Building on the conference outcomes, the ADAD Prevention Advisory Council, with support from the [Strategic Prevention Technical Assistance Center \(SPTAC\)](#), identified statewide priorities through structured planning sessions. The Council's work focused on refining strategic goals and outlining steps to strengthen prevention systems.

In parallel, the 2023 [Strategic Prevention Framework – Partnerships for Success \(HI-SPF-PFS\) project](#) advanced efforts to apply data-driven planning and implement evidence-based programs in high-need communities. This work developed a strategic plan that prioritized the use of local data to guide program selection, ensure fit, and measure effectiveness, reinforcing accountability and relevance in prevention strategies.

These efforts informed the 2025 Skeleton Plan, which served as the initial framework outlining priority areas and objectives based on stakeholder, provider, and community input. This input was collected through an initial phase of written Requests for Information and prevention strategy sessions held in person across Maui, Hawai‘i, and Kaua‘i Counties, alongside virtual convenings, gathered provider and stakeholder perspectives on rate schedules, programs, policies, practices, and prevention strategy throughout 2025.

This Hawai‘i Statewide Strategic Plan for Prevention 2026–2031 (“Plan”) builds directly from that prior document and represents the comprehensive five-year plan finalized through continued engagement. The Plan was shaped by a sustained, multi-phase process of community input. A subsequent phase of community engagement—including Hui (Hawai‘i Prevention Network) Listening Sessions on Hawai‘i Island, Maui, and Kaua‘i, a statewide virtual session, and Hawai‘i Interagency State Youth Network of Care (HISYNC) and Hawai‘i Interagency Local Network of Care (HILYNC) sessions — deepened input from youth, family, and interagency partners through early 2026. Together, these efforts ensure that the Plan reflects the voices and needs of communities across Hawai‘i and supports quality prevention services and improved health outcomes statewide.

## POLICY FRAMEWORK

### [HRS §226, The Hawai‘i State Plan Act](#)

The Hawai‘i State Plan is a long-range comprehensive plan that sets forth the goals, objectives, policies, priorities, and implementation measures for the long-term development of the State of Hawai‘i. The Hawai‘i Statewide Strategic Plan for Prevention is consistent with the following objectives and policies:

*HRS §226-20 Objectives and Policies for Socio-Cultural Advancement – Health.*

*(a) Planning for the State’s socio-cultural advancement with regard to health shall be directed towards achievement of the following objectives:*

*(3) Eliminate health disparities by identifying and addressing social determinants of health.*

*(b) To achieve the health objectives, it shall be the policy of the State to:*

*(1) Provide adequate and accessible services and facilities for the prevention and treatment of physical and mental health problems, including substance abuse.*

### [The Hawai‘i State Department of Health Strategic Plan: 2015-2018](#)

The Hawai‘i Statewide Strategic Plan for Prevention is consistent with the following priorities and objectives from The Hawai‘i State Department of Health Strategic Plan: 2015-2018 (now expired):

- Strategic Priority A: Invest in Healthy Babies and Families
  - Objective 1: Reduce substance use and exposure for pregnant mothers.
  - Objective 7: Plan for a system of care for children that addresses physical and emotional health.
- Strategic Priority B: Take Health to Where People Live, Work, Learn, and Play
  - Objective 3: Improve connections between primary care and behavioral health.
  - Objective 4: Improve life trajectories for vulnerable persons.
  - Objective 5: Partner with communities to identify their needs.
- Strategic Priority C: Create a Culture of Health Throughout Hawai‘i
  - Objective 1: Invest in better mental health.
  - Objective 6: Enhance public health communication to influence, educate, and motivate.
- Strategic Priority D: Address the Social Determinants of Health
- Strategic Priority E: Use Evidence-based Practices and Make Data-Driven Decisions
- Strategic Priority F: Improve Core Business Services and Customer Satisfaction

## [HRS §321, Part XVI, Substance Abuse](#)

The Substance Abuse program is codified in HRS §321-191 through §321-198. The Hawai‘i Statewide Strategic Plan for Prevention is prepared pursuant to HRS §321-193(2) which requires the preparation of a state plan for substance abuse which may consist of a plan for alcohol abuse prevention and a plan for drug abuse. Additionally, HRS §321-194 requires the Hawai‘i Advisory Commission on Drug Abuse and Controlled Substances (HACDACS) to advise the Director of Health on all matters relating to substance abuse including but not limited to the preparation of the state plan for substance abuse.

## [The Hawai‘i State Department of Health](#)

The mission of the Hawai‘i State Department of Health is “to protect and improve the health and environment for all people in Hawai‘i.” The goals are to:

- Promote health and well being
- Prevent injury and disease
- Promote healthy lifestyles and workplaces
- Promote the strength and integrity of families and communities

## [HRS §5-7.5, “Aloha Spirit”](#)

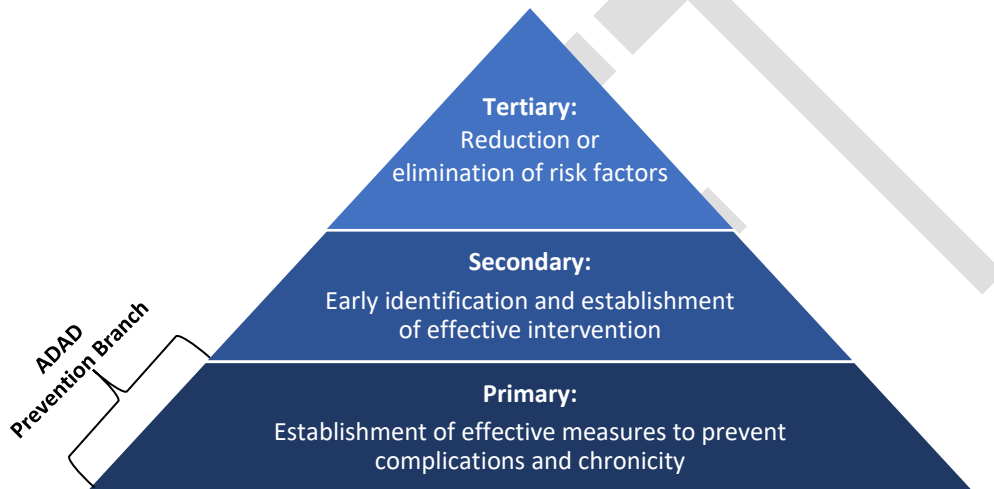
Enacted by the Hawai‘i State Legislature in 1986, the Aloha Spirit law codifies a foundational Hawaiian value into statute and asks public officials to carry it into the exercise of their duties. The law was authored by Aunty Pilahi Pakī, a respected Native Hawaiian philosopher, teacher, and cultural practitioner from Maui, who first introduced its foundational concepts at the 1970 Governor’s Conference on the Year 2000.

The statute defines the Aloha Spirit as “the coordination of mind and heart within each person,” expressed through five traits of character drawn from the letters of aloha: *akahai* (kindness, expressed with tenderness), *lōkahi* (unity, expressed with harmony), *‘olu‘olu* (agreeableness, expressed with pleasantness), *ha‘aha‘a* (humility, expressed with modesty), and *ahonui* (patience, expressed with perseverance). The law recognizes the Aloha Spirit as the working philosophy of Native Hawaiians, presented as a gift to the people of Hawai‘i, and asks the legislature, governor, lieutenant governor, executive officers, and the judiciary to contemplate and reside with this life force in the exercise of their power on behalf of the people.

Building on Aunty Pilahi’s foundation, her grand-nephew and student Pono Shim (1962–2022) developed and taught the Aloha Response, a contemplative practice that asks how a person responds to any moment—ordinary or difficult—from a place of aloha rather than from policy, defensiveness, or correction. For ADAD, the Aloha Response serves as the underlying value of this five-year Plan.

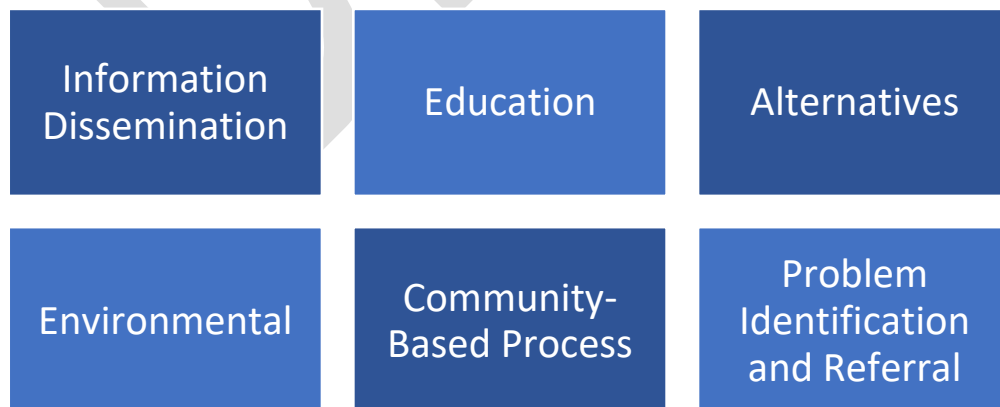
## SPECTRUM OF PREVENTION ACTIVITIES

The goal of the substance use disorder prevention system is to reduce the prevalence, incidence, and consequences of alcohol, tobacco, and other drugs by addressing community conditions that promote substance misuse and by enhancing community conditions that buffer individuals from the consequences of substance use disorder. The State Prevention establishes evidence-based and cost-effective models, programs, and policies to prevent substance use in young people, and contracts with grantees for direct services to engage schools, workplaces, and communities across the state. These services address risk and protective factors that influence the likelihood of substance use, misuse, or abuse and related behaviors.



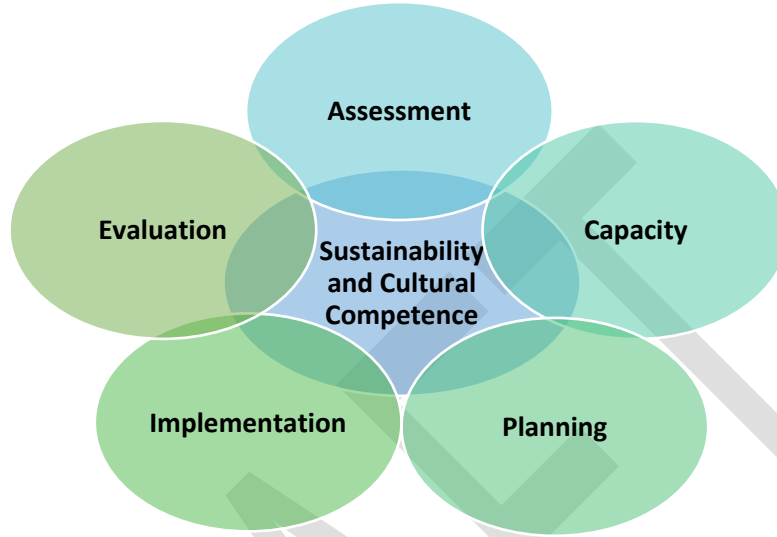
**Caplan Pyramid of Prevention**  
Gerard Caplan, *Principles of Preventive Psychiatry*, 1964

The SAMHSA Center for Substance Abuse Prevention (CSAP) has identified six strategies to decrease alcohol, tobacco, and other drug use: information dissemination, education, problem identification and referral, community-based programming, environmental strategies, and alternative activities.



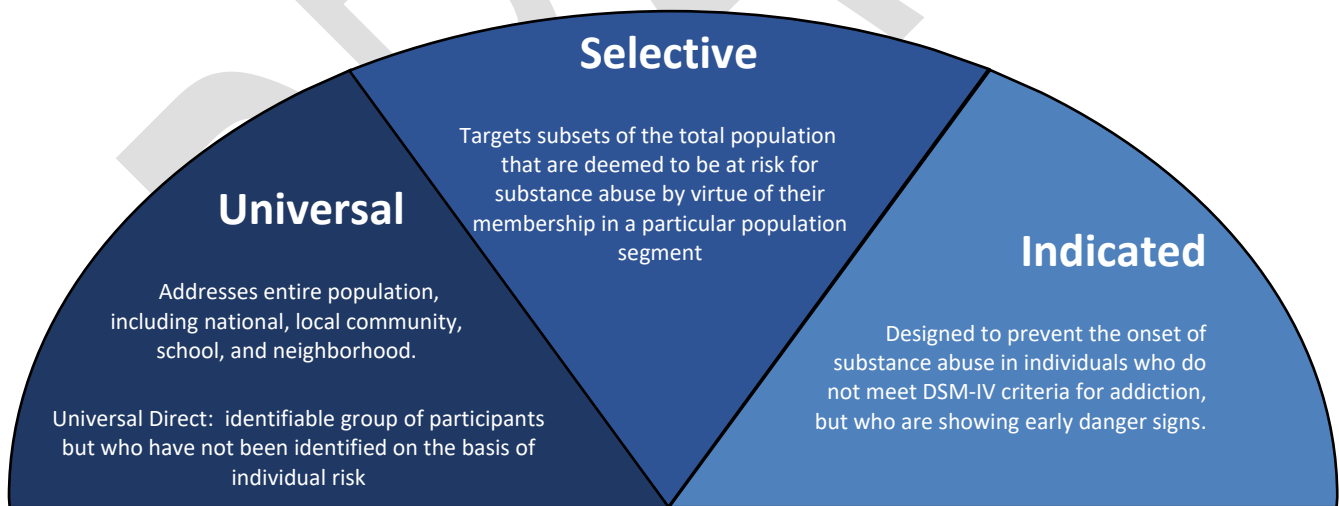
**Center for Substance Abuse Prevention (CSAP) Strategies**

Additionally, the Strategic Prevention Framework (SPF) is central to ADAD’s approach to prevention, as it offers a structured planning process that can be applied to prevention systems. It is focused on systematic development reflecting a public health, or community-based, data driven approach to selecting and delivering effective and appropriate intervention for the community and identified target population.



**Strategic Prevention Framework**

Programs provided by ADAD-contracted service providers incorporate at least one of the six CSAP prevention strategies and the SPF for universal, selected and/or indicated populations.



**Institute of Medicine (IOM) Classifications for Prevention**

## ALOHA RESPONSE FRAMEWORK

The Aloha Response, introduced in the Policy Framework as the foundational value of this Plan, gives shape and meaning to the goals and strategies that follow. Each of the five values that compose the Aloha Response—kindness, unity, agreeableness, humility, and patience—maps onto a programmatic area of the Plan, expressing how that work is practiced in Hawai‘i’s communities. The table below summarizes these mappings; the Goals section that follows expands each programmatic area into specific Goals, Objectives, and Strategies, with a directional Outcome closing each section.

<b>Value</b>	<b>Programmatic Area and Directional Outcome</b>
<b>Ahonui</b>  <i>Patience and Perseverance</i>	<b>Prevention: Reduce Substance Use</b>  Substance use prevention requires sustained effort. Our prevention goals reflect the perseverance and continued investment needed to reduce substance use and its harms.
<b>Lōkahi</b>  <i>Unity</i>	<b>Network</b>  Prevention is collective work. The Network goals build a unified, welcoming prevention network across counties, sectors, and islands—one that invites diverse community voices into shared work and strengthens the relationships that hold the field together.
<b>‘Olu‘olu</b>  <i>Welcoming Engagement</i>	
<b>Ha‘aha‘a</b>  <i>Humility</i>	<b>Data</b>  Sound prevention listens humbly to its community. Data goals strengthen the systems and skills that bring quantitative, qualitative, and community-generated knowledge into prevention planning and decision-making.
<b>Akahai</b>  <i>Kindness</i>	<b>Workforce and Resources</b>  Prevention is practiced through people. The Workforce and Resources goals develop a certified, sustainable prevention workforce that meets youth, families, and communities with kindness and skill.

Hawai‘i’s prevention work is shaped not only by evidence and policy, but by the values that have long defined how communities here meet, support, and move forward together. The plan and goals that follow applies these values to the specific work of prevention through 2031.

## ASSESSMENT

The 2024 *Hawai'i Substance Use Epidemiologic Profile Report* ([HI-SEOW, 2024](#)) 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 Department of Public Health Sciences Epidemiology Team, the State Epidemiological Outcomes Workgroup (SEOW) produces and updates epidemiologic profiles, conducting regular descriptive and inferential analyses. The profile draws on data from the Hawai'i Youth Risk Behavior Survey ([HI-YRBS](#)), the Hawai'i Behavioral Risk Factor Surveillance System ([HI-BRFSS](#)), and the Hawai'i Alcohol, Tobacco, and Other Drugs Survey ([HI-ATODS](#)). These identified populations, substances of concern, and risk and protective factors that will guide the development of targeted prevention interventions aimed at reducing substance use.

Based on HI-YRBS and HI-BRFSS, the assessment highlighted elevated use rates based on 1) substances used, 2) use by subgroups, and 3) regional use. First, the assessment identified alcohol, nicotine/tobacco, and cannabis as priority substances in Hawai'i, along with their co- and poly-substance use, with a primary focus on reducing substance use among underage youth and problematic use among emerging adults based on prevalence of use. Second, significantly higher prevalence of ATOD use were observed among individuals of underserved communities, such as Native Hawaiians, the LGBTQ+ community, emerging adults aged 18–25, and residents of rural areas. Third, the profile further explores substance use trends by community of residence among adults across the state, highlighting areas where youth and emerging adults may have greater or lesser exposure to adult use in these communities. The highest prevalences of co- and poly-substance use were particularly elevated in Hawai'i County, including the communities of Honoka'a, Leilehua, and Ka'u.

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.

Community and stakeholder input was gathered across two engagement phases between February 2025 and March 2026. The first phase, conducted from February through May 2025, focused on prevention system design and informed the 2025 Skeleton Plan. This phase opened with two written Requests for Information, the first on the prevention rate schedule and the second on programs, policies, and practices, followed by a series of prevention strategy sessions delivered through multiple modalities to reach providers across all counties. These included a

written RFI on prevention strategy, a virtual session, and in-person sessions on Maui, Hawai‘i Island, and Kaua‘i. Across these sessions, providers underscored the need for early intervention with elementary-aged youth, particularly those under nine and with a focus on 5th and 6th graders, noting a significant gap in serving this population despite research indicating prevention efforts should begin by 4th grade. Providers also emphasized the vital role of engaging parents, grandparents, and other family members; this family involvement is crucial for reinforcing prevention lessons at home and standardizing positive community norms, which can support environmental initiatives. Without this continued reinforcement, the impact of prevention education on youth may diminish over time. The second phase, conducted from December 2025 through October 2026, focused on finalizing the comprehensive Plan through deeper community engagement. A statewide virtual session on the plan itself was followed by a series of Hui (Hawai‘i Prevention Network) Listening Sessions held on East Hawai‘i Island, Maui, and Kaua‘i, which discussed county-level strategies and priorities and lived community perspectives. Input from youth-serving and interagency systems was gathered through a Hawai‘i Interagency State Youth Network of Care (HISYNC) virtual session and Hawai‘i Interagency Local Network of Care (HILYNC) virtual sessions. Together, these conversations produced a richly informed plan grounded in the voices of providers, families, youth, and interagency partners across the State.

## **CAPACITY**

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.

The Prevention Branch includes the Branch Chief, one SPF-PFS Project Coordinator, one SPF-PFS Project Specialist, one FDA Tobacco Project Coordinator and Backup Project Coordinator, two Program Specialists (Substance Abuse), and one Administrative Assistant. The Branch Chief is responsible for the overall administration and operation of the Prevention Branch, including planning, directing, monitoring, evaluating, and supervising the branch’s programs, services, and initiatives. This position ensures that all activities comply with federal and state rules and regulations while advancing the goals of the statewide substance abuse prevention system. The SPF-PFS Project Coordinator oversees the planning, implementation, and evaluation of the Strategic Prevention Framework – Partnerships for Success (SPF-PFS) project, aligning efforts with the state’s substance abuse prevention plan. This position manages day-to-day grant-related progress and ensures compliance with performance and reporting requirements. The SPF-PFS Project Specialist also actively assists in developing, implementing the SPF-PFS components, engaging directly with subrecipient communities to evaluate and sustain evidence-based

prevention strategies. The FDA Tobacco Project Coordinator and Backup Project Coordinator serve as the primary liaisons with the U.S. Food and Drug Administration (FDA), managing contracts and coordinating the monitoring and enforcement of federal regulations prohibiting the sale of tobacco to minors. This position ensures compliance with FDA mandates and oversees subcontracted field inspections statewide. The two Program Specialists (Substance Abuse) contribute to the statewide prevention system by coordinating the development, implementation and evaluation of substance abuse prevention and early intervention strategies. They provide technical expertise, oversee contract management, and ensure that all activities align with the state's prevention plan. The Administrative Assistant supports the Branch, performing essential coordination and complex clerical duties. This position serves as a link between the branch, contractors, and external agencies, ensuring effective communication and providing clerical support to the entire team as needed.

SEOW/Evaluation: The Prevention Branch contracts for epidemiological data needs (SEOW) and evaluation needs (Evaluation Team). The SEOW is responsible for secondary data collection and analysis, project reports, presenting findings to community partners, working with prevention grantees, 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 various Branch projects.

ADAD Prevention Advisory Council: To engage community stakeholders and raise community awareness, ADAD initiated the creation of a prevention advisory council, which 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 Prevention Branch ensures the strategic delivery and evaluation of grant objectives as well as prevention services across the state.

Prevention Networks: The Hui (aka Hawai'i Prevention Network) and the Kaua'i County Prevention Network were established following the 2022 Statewide Hawai'i Prevention Conference to address the critical need for unified collaboration among substance use prevention stakeholders. The Hui serves as a centralized platform for prevention professionals, policymakers, community leaders, and organizations to share resources, strategies, and best practices aimed at reducing substance misuse in Hawai'i. Its primary focus is on fostering statewide collaboration to enhance the effectiveness of prevention initiatives, increase resource efficiency, and create a cohesive prevention framework that aligns with state and federal goals. Kaua'i County Prevention Network operates with a localized focus, bringing together community organizations, schools, law enforcement, healthcare providers, and local government to coordinate and implement prevention strategies that align with the unique needs of Kaua'i's County.

County Contracts aim to enhance the state's substance use disorder (SUD) prevention system. These contracts are focused on building the capacity of both county and state prevention systems

to address underage drinking and prevent the severity and disabling effects of Alcohol, Tobacco, and Other Drugs (ATOD) use. Each county’s contractor is tasked with implementing the Strategic Prevention Framework to ensure a strategic, data-driven approach to prevention while aligning with the state’s overarching goals.

Grantees must demonstrate proven experience in managing contracts and delivering prevention services to be eligible for a contract. Such requirements ensure that grantees 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/or 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 grantees are well-equipped to effectively deliver prevention services to the target populations in their respective service areas and provides workforce development training for the prevention field.

## GOALS

The following goals represent ADAD’s approach to strengthening substance use prevention across the State of Hawai‘i over the five-year Plan period (2026–2031). Each section is organized around a single overarching **Goal**, supported by **Objectives** that translate into measurable targets, and **Strategies** that describe the approaches used to advance each Objective. The section is divided around four areas: a) Prevention, b) Network, c) Data, and d) Workforce and Resources.

### I. PREVENTION: REDUCE SUBSTANCE USE

*Ahonui*

**Goal.** Reduce substance use and its associated harms among Hawai‘i’s youth, emerging adults, adults, and communities by implementing evidence-informed prevention strategies that increase perceived risk of substance use, decrease peer and community approval, and strengthen protective factors statewide.

**Outcome.** A statewide prevention system focused on achieving and sustaining measurable reductions in substance use among Hawai‘i’s youth, emerging adults, adults, and communities, supported by continued investment in evidence-informed practices.

1. **Prevent Underage Drinking:** Reduce 30-day alcohol use among Hawai‘i youth in grades 8, 10, and 12 from baseline rates established by HI-YRBS and HI-ATODS over the five-year Plan period, by increasing perceived risk of alcohol use, decreasing peer approval, and strengthening life skills and social competencies.

- 1.1. **Education.** Implement evidence-based youth substance use prevention curricula in schools and community settings that increase perceived risk of harm and build life skills and social competencies.
  - 1.2. **Information Dissemination.** Disseminate information through media campaigns, PSAs, and community events that shift peer and community norms regarding underage drinking.
2. **Prevent Intoxicated Driving:** Reduce alcohol- and drug-impaired driving fatalities in Hawai‘i over the five-year Plan period by promoting state alcohol policies, increasing the perception of great risk from binge drinking, and strengthening cross-sector partnerships to enforce DUI laws.
  - 2.1. **Environmental Strategies.** Promote state alcohol policies—including consistent DUI enforcement, server training, and outlet density review—through coalitions that bring together law enforcement, the Department of Transportation, and community partners such as MADD.
  - 2.2. **Information Dissemination.** Disseminate information through media campaigns and community events that increase the perception of great risk from binge drinking and impaired driving.
3. **Prevent Youth Vaping:** Reduce 30-day nicotine and tobacco use, including electronic vapor products, among Hawai‘i middle and high school students over the five-year Plan period, by increasing perceived risk of harm and strengthening life skills and social competencies as protective factors.
  - 3.1. **Education.** Implement evidence-based youth vaping prevention curricula and life-skills programming in middle and high schools that increase perceived risk and build refusal and decision-making skills.
  - 3.2. **Environmental Strategies.** Strengthen retailer compliance and youth access prevention through continued FDA tobacco inspections and enforcement of state tobacco laws.
4. **Prevent Marijuana Use:** Reduce 30-day marijuana use among Hawai‘i residents and increase the perception of risk from smoking and consuming marijuana over the five-year Plan period, with a focus on preventing harm to youth, families, and communities.
  - 4.1. **Information Dissemination.** Disseminate information through media campaigns, PSAs, health fairs, and outreach to policymakers on the nature and extent of marijuana use, its effects on individuals, families, and communities, and

the importance of reducing marijuana promotion, high-risk products, and youth access.

5. **Reduce Methamphetamine Use:** Reduce methamphetamine use and associated harms statewide over the five-year plan period by preventing the progression from earlier substance use to higher-risk substance use among emerging adults, with continued attention to adults and communities where meth remains a primary substance among treatment admissions.

5.1. **Continuum of Care.** Strengthen the continuum of care by developing cross-system referral pathways across education, public safety, behavioral health, and related sectors, and by aligning prevention, early intervention, treatment, and recovery with clear roles and linkages, so that emerging adults exhibiting high-risk factors or early substance use are identified and connected to the appropriate level of care before use escalates.

5.2. **Polysubstance Integration.** Integrate methamphetamine prevention into broader polysubstance use and risk-factor reduction strategies, while strengthening education and awareness about the dangers and harms of drug use to address low perceptions of risk and increase safety concerns.

5.3 **Emerging Adults.** Prioritize emerging adults (ages 18–25) to prevent meth initiation and escalation, by expanding age-specific data collection and deploying targeted, evidence-based prevention strategies such as Prime for Life, BASICS (Brief Alcohol Screening and Intervention for College Students), and Screening, Brief Intervention, and Identification and Referral (SBIRT) in the settings where emerging adults live, learn, work, and gather, including colleges, workplaces, military and veteran communities, and digital platforms.

## II. NETWORK

*Lōkahi and 'Olu'olu*

**Goal.** Build a strong, inclusive, and well-coordinated prevention network across Hawai'i that increases local ownership, broadens representation, and strengthens collaboration across the twelve community sectors, counties, and statewide initiatives.

**Outcome.** A unified prevention network that connects counties, sectors, and islands through collaborative engagement—inviting diverse community voices into shared work, strengthening relationships, broadening representation, and aligning the continuum of care across the State.

6. **Diverse Community Representation:** Increase diverse community representation in the prevention field by promoting coalition initiatives, convening statewide and county-level

summits and gatherings, and strengthening engagement across all twelve community sectors.

**6.1. Support for Small and Grassroots Providers.** Create a systematic pathway for smaller and currently unfunded organizations to expand their networks, access training and technical assistance, and acquire prevention resources and funding opportunities, thereby strengthening their ability to implement culturally recognized and community-led prevention strategies.

**6.2. Behavioral Health Prevention Conference.** Explore the establishment of a recurring (e.g., biannual) statewide Behavioral Health Prevention Conference, rotating across islands, to strengthen relationships, share innovations, and align the continuum of care.

**7. Cross-Sector Collaboration:** Increase cross-sector collaboration among providers, coalitions, schools, the Department of Education (DOE), healthcare, law enforcement, and community organizations.

**7.1. Statewide Provider Database.** Develop an interactive statewide provider database, leveraging existing resources such as the HIPTRC directories, to improve referrals, resource awareness, and coordination across counties and sectors.

**7.2. Relationship-Based Collaboration.** Support relationship-based collaboration by promoting and strengthening existing networks and convenings, including the Hui, the Kaua‘i County Prevention Network, and county-level coalitions.

### III. DATA

*Ha‘aha‘a*

**Goal.** Strengthen the use and understanding of data across Hawai‘i’s prevention system through comprehensive data training for prevention professionals and a robust data infrastructure that supports informed decision-making at the state, county, and community levels.

**Outcome.** An evidence-informed data infrastructure and workforce that integrate statewide and local qualitative and quantitative evidence, elevate community voice and lived experience as authoritative forms of knowledge, and align these insights with formal surveillance data to more accurately reflect the realities of Hawai‘i’s communities.

**8. Prevention Data Infrastructure:** Strengthen the prevention data infrastructure statewide by supporting the ongoing collection, integration, and use of quantitative and qualitative data at the state, county, and community levels through investments in surveys, development of data scans, and dissemination of best practices for ethical and effective data collection.

8.1. **Data Policy.** Establish policy and long-term budget support for prevention data infrastructure to ensure ongoing capacity for data collection, integration, analysis, reporting, and continuous improvement.

8.2. **ATOD Survey.** Strengthen statewide substance use surveillance by implementing an updated Student ATOD Survey on a regular cycle.

8.3. **Localized Data.** Improve access to community profiles, DOE complex-area reports, drug threat assessments, and other actionable local data for prevention planning.

9. **Data Training:** Enhance data knowledge and proficiency of prevention professionals statewide by developing and implementing a statewide training framework that includes required and recommended modules on foundational data concepts.

9.1. **Standardized Prevention Indicators.** Establish a common set of prevention indicators across grantees to support consistent statewide and county-level reporting.

9.2. **Data 101.** Develop and require a foundational Data 101 training for providers, coalitions, schools, and other prevention partners that explains data in practical, easy-to-understand terms and builds skills to use local information for planning, decision-making, reporting, and promotion of positive community norms.

#### IV. WORKFORCE AND RESOURCES

*Akahai*

**Goal.** Develop a strong, certified, and sustainable substance use prevention workforce in Hawai'i that reflects the communities it serves and that has the support, training, and recognition needed to deliver high-quality prevention services.

**Outcome.** A qualified, sustainable prevention workforce equipped to meet youth, families, and communities with skill, kindness, and care—supported by clear career pathways, meaningful incentives, and recognition of the lived expertise that emerging adult professionals bring to the field.

10. **Workforce Retention:** By 2031, expand the number of Certified Prevention Specialists (CPS) statewide and improve retention of prevention professionals through clearer credentialing pathways and role-based training.

10.1. **CPS Pathway.** Streamline and strengthen the Certified Prevention Specialist process by clearly outlining required courses, developing an on-demand certification orientation, identifying access points for CPS domains (e.g., ATOD), and improving onboarding for new professionals.

**10.2. Role-Based Training Pathways.** Offer more role-based training with tracks built around specific positions, such as education specialists, program coordinators, outreach staff, coalition coordinators, and data-focused roles.

**10.3. Incentive:** Develop and implement a financial incentive plan with contracted organizations to support and reward Certified Prevention Specialists (CPS), grounded in CPS contributions to service quality, fidelity, and long-term prevention outcomes.

**10.4. Youth and Emerging Adult Leadership Development:** Build interest and capacity among youth and emerging adults in the prevention workforce pipeline, recognizing their lived knowledge of community conditions and their value in shaping prevention efforts.

**11. Public Understanding of Prevention:** Broaden the public understanding of prevention as a field so agencies, communities, and partners recognize prevention as more than substance use services alone and understand its role across health and community well-being.

**11.1. Positive Community Norms Campaigns.** Develop and disseminate positive community norms campaigns that promote prevention-focused messages, shared responsibility, and the broader role of prevention in community health.

**11.2. Emerging Drug Trends Education.** Develop and disseminate timely, evidence-informed educational materials and campaigns that increase public awareness of emerging substances of concern — such as Kratom, medetomidine, and synthetic cannabinoids — including their health risks, legal status, and signs of misuse, ensuring agencies, communities, and partners are equipped to recognize and respond to evolving drug trends.

**12. State Prevention Investment:** By 2031, increase the share of ADAD’s annual appropriation allocated to substance use prevention from approximately 21.5% in FY 2023–24 toward a more balanced prevention-to-treatment funding structure, without reducing treatment capacity.

**12.1. Funding Advocacy.** Organize and equip prevention partners — including providers, coalitions, and networks — to advocate jointly for increased state and federal prevention investment.

**12.2. Funding Diversification.** Diversify prevention funding by pursuing federal discretionary grants beyond the SABG, including SAMHSA SPF-PFS continuation grants, CDC Overdose Data to Action funds, and other competitive opportunities.

## EVALUATION

The evaluation process for the Strategic Plan will ensure that the performance of the State and its selected grantees 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. The Strategic Plan will use a mixed methods approach to evaluation, which includes self-administered questionnaires/forms to track project's direct outcomes, and population-based surveillance 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. Grantees are required to submit data reports and evaluations to track their progress, adherence to program requirements, challenges and successes associated with the Strategic Prevention Framework, and overall impact. This approach ensures that the Strategic Plan remains on track to meet its objectives of reducing substance use and enhancing prevention efforts throughout Hawai'i.

Each grantee is required to adhere to a comprehensive data reporting and evaluation process that assesses the implementation and outcome of their prevention strategies. A data report via ADAD's management information system (i.e., INSPIRE+) is due monthly (on the 15th of the following month), which includes the unduplicated count of individuals served, the number of prevention strategies implemented, the number of training and meetings attended by staff, and the number of meetings facilitated by staff. Grantees 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. Grantees will receive details (e.g., timelines, templates, resources) of the data reporting requirements at the contract orientation meeting and will be trained in using the information system for data entry. To ensure data quality and accuracy, all data submitted via the information system will be monitored and verified by the evaluation team before approving the data for submission. Grantees will 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 strategies. Quarterly reports are due (on January 15, April 15, July 15, and October 15) each contract year. A narrative year-end report will be due (on October 30) each contract year. Each grantee 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 grantee's performance and impacts.

The Prevention Branch's Evaluation Team will oversee the comprehensive analysis and evaluation of all funded projects, ensuring that data collection and reporting align with the measures and outcomes established in the logic models. The short-term and long-term outcome results will be presented in the annual Report to Legislature, disseminated to stakeholders, and used to inform ongoing improvements and ensure transparency.

## **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 prevention provider community, coalitions, prevention networks, and the State Prevention Advisory Group will all be pivotal in facilitating effective strategic planning and promoting community engagement. 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, 2014). 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, strategies, 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 and practices 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, ADAD 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.

## ACRONYMS

CSAP	Center for Substance Abuse Prevention
CPS	Certified Prevention Specialist
FDA	Food and Drug Administration
HACDACS	Hawai'i Advisory Commission on Drug Abuse and Controlled Substances
HI-ATODS	Hawai'i Alcohol, Tobacco, and Other Drugs Survey
HILYNC	Hawai'i Interagency Local Network of Care
HISYNC	Hawai'i Interagency State Youth Network of Care
HRS	Hawai'i Revised Statutes
HI-YRBS	Hawai'i Youth Risk Behavior Survey
IOM	Institute of Medicine
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Non-cisgender
NSDUH	National Survey on Drug Use and Health
PFS	Partnerships for Success
PTTC	Prevention Technology Transfer Center
RFP	Request for Proposals
SEOW	State Epidemiological Outcomes Workgroup
SPF	Strategic Prevention Framework
SPTAC	Strategic Prevention Technical Assistance Center
SAMHSA	Substance Abuse and Mental Health Services Administration
SABG	Substance Abuse Prevention and Treatment Block Grant
SUD	Substance Use Disorder
UCR	Uniform Crime Reporting

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