

PAPA OLA LOKAHI AND 'IMI KE OLA MAU PRESENT:

**A STRATEGIC PLAN FOR THE IMPROVEMENT OF SUBSTANCE ABUSE AND MENTAL HEALTH
OUTCOMES FOR NATIVE HAWAIIANS,
THEIR FAMILIES AND COMMUNITIES**

**DEVELOPED FOR THE SAMHSA 4TH PAPA OLA LOKAHI POLICY ACADEMY ON CO-OCCURRING SUBSTANCE USE AND
MENTAL HEALTH DISORDERS FOR INDIGENOUS COMMUNITIES**

HELD ON SEPTEMBER 10-13, 2007 – PHOENIX ARIZONA

VISION STATEMENT

Ua mau ke ea o ka 'āina i ka pono.

The life of the land is perpetuated in righteousness.

Kauikeaouli (King Kamehameha III), 1843

Justification

Native Hawaiians look to the past when determining visions. We incorporate the past, present, and future to convey who we are, our "sense of place", where we come from, and what is our kuleana (responsibility and privilege). WHEN we fulfill that kuleana, WE WILL BE WELL.

Our vision statement declares that in order for Native Hawaiians to heal and recover from substance abuse and mental health problems:

We need a sense of place which provides anchors for our values and balance in life.

We need immediate access to and availability of a safe, healthy environment which includes all the natural elements such as ke kai (salt water), ka wai (fresh water), ke ea (air, sky, and heavens), ka ‘āina (land, soil) and all of the animate and inanimate aspects of nature which make up this physical environment.

To heal, we need more than just Western practices, such as motivational interviewing, for those practices are not what is going to make our people well. The motivation comes from caring for our sources, the ‘āina and the reward is our own wellness which we perpetuate in all our relationships through caring for the ‘āina (land).

We need the resiliency and protection our culture provides, in order to prevent relapse and redefine ourselves away from pathological diagnoses.

We need a sense of self, retrieved from our past through ancestors, present through purpose, and future through descendants.

We need our language, traditions, and ceremonies which provide ways to reconnect to our spirituality and to our concept of our Source.

We need our land and other natural resources; our language, our ‘aumakua (deified ancestors), our kupuna (respected elders) and ‘ohana (family); our roles as men, women, makua (parents) and na kamali‘i (children).

We need not become Western to heal.

BACKGROUND

In July 2006 officials from the Substance Abuse and Mental Health Services Administration (SAMHSA) consulted with a panel of indigenous experts to obtain guidance regarding the use of the Papa Ola Lokahi Policy Academy model to address co-occurring substance use and mental health challenges among American Indian and Native Alaskan groups. Native experts agreed to the model with some cultural adaptations.

All experts agreed co-occurring substance use and mental health challenges was a critical issue for their communities. The needs presented were compelling, demanding and multi-dimensional. The objective of the Papa Ola Lokahi Policy Academy would be to improve and expand access to effective, culturally relevant, and appropriate prevention, treatment and recovery support services for individuals at risk for co-occurring substance use and mental health challenges. The Academy would bring together indigenous leaders and officials, nationally recognized faculty experts and facilitators who would assist the team in developing strategies for expanding access to and improving co-

occurring substance use and mental health treatment and prevention services in their communities. The Academy would help to identify cultural practices in indigenous communities that may serve as models to assist other indigenous populations to address co-occurring substance use and mental health challenges in new and innovative ways.

Although initial eligibility was limited to federally recognized American Indian and Alaskan Native Tribes and/or Tribal organizations, strong support and consideration were given by the planning committee and SAMHSA administrator, Elizabeth Lopez, Ph.D., to include Native Hawaiians. Thus, an invitation was extended to Hawaii by Dr. Terry Cline, SAMHSA Administrator, to participate in the competitive application process. We extend our appreciation to these individuals.

In June 2007, Papa Ola Lokahi on behalf of the then, Native Hawaiian Partnership (a community collaboration formed in 2005 by the Co-Occurring State Incentive Grant [COSIG]), whose vision is to ensure that Native Hawaiians, their families and communities have access to substance abuse and mental health services that honor culturally responsive treatment), submitted an application to SAMHSA requesting Hawaii's participation in its 4th Papa Ola Lokahi Policy Academy on Substance Use and Mental Health Disorders for Native Groups. The Native Hawaiian Partnership was blessed with the name 'Imi Ke Ola Mau by Hulu Kupuna Aunty Malia Craver prior to the Papa Ola Lokahi Policy Academy meeting in Arizona. 'Imi Ke Ola Mau translates "To perpetuate a life of health and healing." The identification of an appropriate name was important to members of the partnership, who believe that the name will carry great importance and provide specific direction for the partnership. 'Imi Ke Ola Mau describes a process of healing as a lifelong journey and a continual process from kamali'i (child) to a kupuna (elder). It declares that spirituality is the essence of healing and health. When we say 'Imi Ke Ola Mau we reinforce that which we were taught about the fluid nature of health and the presence of Ke Akua in healing.

Papa Ola Lokahi was asked by SAMHSA to participate as one of the eight native groups selected in the national Papa Ola Lokahi Policy Academy meeting held in September 2007 in Phoenix, Arizona. According to SAMHSA, Papa Ola Lokahi's application was chosen in a competitive selection process for the following reasons: 1) the application demonstrated a passionate commitment to improvement and change; 2) our community demonstrated the ability to work and partner together on this important issue; 3) the effort was supported by both State government, community providers and Native groups; and 4) the application was well written and organized.

Funding from SAMHSA, the Office of Hawaiian Affairs and the COSIG project allowed a team of 12 individuals who were identified by co-team leaders, Palama Lee of Papa Ola Lokahi and Jackie Hong, COSIG Project Manager, to participate in the Papa Ola Lokahi Policy Academy process along with members from the following nations: the Chippewa Cree Tribe of Rocky Boy's Indian Reservation, Choctaw Nation, Fairbanks Native Association, Northern Arapahoe Tribe of the Wind River Reservation, Santa Clara Pueblo, Sisseton-Wahpeton of the Lake Traverse Reservation and the Southern Ute Tribe. Also in attendance in Arizona were representatives from SAMHSA, the Co-Occurring Center for Excellence (COCE), private consultants and other native groups.

Papa Ola Lokahi team members represented the following groups/organizations: Papa Ola Lokahi, the Office of Hawaiian Affairs, Kū Aloha Ola Mau, Ho'omau Ke Ola, the State of Hawaii Office of the Lt. Governor, John A. Burns School of Medicine - Dept. of Psychiatry, the Dept. of Health - Adult Mental Health Division, Alcohol and Drug Abuse Division and Behavioral Health Administration, the Native Hawaiian Partnership, and Hale Na'au Pono. Included with the team was Babette Galang, MPH who served as a Kupuna kako'o (assistant and helper) to Kupuna Aunty Betty Jenkins. Papa Ola Lokahi provided this culturally respectful role in order to enable our kupuna to travel with the team.

PRE-ACADEMY PROCESS

The Papa Ola Lokahi Policy Academy process included a one and one-half day on-site meeting to each awarded group to assist teams with Papa Ola Lokahi Policy Academy preparations, which included SAMHSA-provided technical assistance teams. Sponsored by Papa Ola Lokahi, the meeting was held on July 25 and 26, 2007 on the island of O'ahu at the Windward Community College. The pre-Academy on-site meetings included developing a vision statement and completing a strengths, weaknesses, opportunities and threat (S.W.O.T) analysis of the various systems of behavioral health care for Native Hawaiians, their families and communities. Identified were the following priority and outcomes areas important for developing a comprehensive culturally responsive system of care:

PRIORITY AREAS

*****Culture and spirituality are a given in all areas***

Sustainability

- Continuity of effort – resources for integration in other grant areas
- Hire staff for sustaining strategic planning efforts
- Co-Occurring State Incentive and Mental Health Transformation State Incentive Grants as possible vehicles for carrying forward the strategic plan

Collaboration

- Increase collaborative efforts
- Improve access to healthcare for Native Hawaiians
- Seamless services (no silos)
- Increase number of stakeholder participants
- Unified data base for consumers

Programming

- Consumers and Kupuna as teachers/mentors/cultural consultants to administration and development of program services

- Identify a Kupuna for each treatment program (if requested)
- Funding to develop more Co-Occurring Substance Abuse and Mental Health Challenges Programs that effectively and appropriately utilize Native Hawaiian practices, values and beliefs.
- Increase recovery/treatment options and choices that utilize and show respect for the host culture
- Focus on building capacity for community providers
- Seamless approach for clients seeking Native Hawaiian treatment practices
- Assuring Native Hawaiian community-based participation in the process (not just stakeholders)
- Community-based, community-created services

Funding and Papa Ola Lokahi Policy

- Papa Ola Lokahi Political/legislative
- Government support at Federal and State levels for cultural needs
- More support and funding for preserving and restoring cultural practices
- Develop State system Request for Proposal (RFP) process to support culturally integrated programs
- Commitment of leadership up to executive level
- Inclusion of Native Hawaiian health systems in Papa Ola Lokahi Policy and program planning
- Work with SAMHSA to open criteria for Federal program funds
- Explore a Native Health insurance system

Education and Awareness

- Community education of the needs of dually-diagnosed
- Educate and actively involve leadership
- Respect and maintain integrity of Kupuna – don't lose cultural context in the translation

Data and Research

- Obtain data and evaluation information to describe, identify and/or document cultural practices, values and beliefs that effectively enhance and promote recovery efforts for consumers

OUTCOMES

Overall Long-Term Outcome

- Improved overall community health (diminish conditions that create co-occurring substance use and mental health challenges)

Planning and Infrastructure

- Kuleana (responsibility) of this group be recognized by State, Federal agencies, other key stakeholders
- More Papa Ola Lokahi Policy changes within agencies recognizing that providers are skilled
 - Dignifying the available providers that we do have and finding new ways of bringing providers into the system
 - Flexible standards that recognize other ways of measuring a person’s accomplishments and skills (e.g. some way to weight life experience, training with a Kupuna, etc.)
- Increase participation of Native Hawaiian consumers in any decision-making

Collaboration

- Increase recognition and respect for Native Hawaiian culture and people by the State system and community health clinics, and the various Native Hawaiian health care systems begin the process of mutual learning and mutual respect
- Regular meetings, joint planning, shared planning documents, to improve the health outcomes by all health agencies – publicly visible
- Identify legal and institutional barriers (e.g., liability insurance, bringing gatekeepers to the table, impact building co-occurring substance use and mental health challenges) that prevent the perpetuation of cultural treatment components
- Identify traditional healers

Programming

- Increase providers who have the skill, training, and expertise to provide effective and culturally appropriate services to Native Hawaiians, their families and communities
- Increased options to fund services
- Increase choices for cultural, western and integrated forms of treatment
- Increase unity and passion of providers to share information, knowledge, gifts, skills, etc. – attitude and belief to sustain the system

Funding

- Dedicated funding stream
- Funding for staff, office, meetings and gatherings to support planning and implementation of Native Hawaiian treatment practices
- Increased funds for programs with cultural emphasis (e.g., 3rd-party payers reimbursing for such programs)

Data and Research

- Set up community standards for necessary cultural practices, etc. that document effective recovery efforts
- Improved understanding and acceptance, especially by funders, that cultural practices are effective best practices

PAPA OLA LOKAHI POLICY ACADEMY ON-SITE

The four day on-site Academy meeting was held on September 10-13, 2007 in Phoenix, Arizona for public and private providers. Technical assistance was provided to each native team to develop strategies and action areas for the improvement of access to appropriate services for native people with co-occurring substance use and mental health challenges. The overarching goal of the Academy was to enhance the provision of co-occurring substance use and mental health services in native groups and their communities. This goal was supported by four objectives:

- **To assist each group to develop a Strategic Plan intended to improve access to appropriate services for people with co-occurring substance use and mental health challenges in native communities;**
- **To create and/or reinforce relationships among the native government and community leaders, local program administrators and, other stakeholders;**
- **To provide an environment conducive to the process of strategic decision-making within the context of co-occurring substance use and mental health challenges; and**
- **To assist each team's community Papa Ola Lokahi Policy makers in identifying issues or areas of concern that may result in a formal request for technical assistance.**

During the Academy meeting, each team developed the framework of a strategic plan which they finalized upon their arrival back to their home communities. Technical assistance was offered to the teams during and after the Papa Ola Lokahi Policy Academy meeting. The team representing Papa Ola Lokahi utilized strategies, actions, and outcomes from the Native Hawaiian Partnership Strategic Plan and prior work with community stakeholders to develop the team's new Papa Ola Lokahi Policy Academy Plan. Members of 'Imi Ke Ola Mau were represented on the Papa Ola Lokahi Arizona Team. Prior work of 'Imi Ke Ola Mau served as a starting point to identify the following areas of realities and needs for our communities. These insights were incorporated into the work of the Papa Ola Lokahi Policy Academy for the Hawaii team members:

1. **There are few integrated mental health and substance abuse services that honor culturally responsive treatment for Native Hawaiians.**
2. **There are few culturally responsive mental health and substance abuse providers able to implement these programs and provide such services.**
3. **Governmental policies/practices can often set up barriers to creating and providing culturally responsive treatment services.**

4. **There is a need to experience a sense of belonging and sense of place.**
 - a. **Validation of Native Hawaiian traditional approaches and practices as paths for healing.**
 - b. **Reaffirmation of the importance of Na Kūpuna: “Na Kūpuna (respected elders) helped to explore a deeper understanding of self and place”; “connected me with my beliefs, behaviors and becoming (growth)”;** a need for Kūpuna and Native Hawaiian cultural experts (practitioners) to lead in the planning/delivery of substance abuse/mental health services
5. **There is a need for education and understanding of existing culturally responsive treatment programs in our community.**
6. **There is a need to develop relationships and promote partnerships among private and state groups/individuals, especially groups whose mission is to improve the health and welfare of Native Hawaiians, in order to support mental health and substance abuse recovery.**

The following strategic plan represents a collaboration between all organizations represented on the Papa Ola Lokahi team at the Policy Academy. The team identified ‘Imi Ke Ola Mau as the group responsible for implementing the completed plan. The plan identifies actions to sustain the partnership for future years and will be presented to a larger stakeholder group for input and comment on October 9, 2007, on the island of O’ahu. The final plan was approved by the Papa Ola Lokahi team on November 13, 2007.

THE PLAN CONTAINS FOUR PRIMARY GOALS:

GOAL ONE: A SUSTAINABLE COMMUNITY PARTNERSHIP THAT PROVIDES LEADERSHIP TO ENACT THE PLAN.

The creation of a strong and sustainable partnership/community collaboration that provides support and leadership in the development and implementation of a culturally respected substance abuse (SA) and mental health (MH) system of services for Native Hawaiians, their families and communities.

GOAL TWO: A SYSTEM OF CULTURALLY RESPONSIVE RESEARCH AND METHODOLOGY THAT SUPPORTS THE IMPROVEMENT OF CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH TREATMENT OUTCOMES FOR NATIVE HAWAIIANS, THEIR FAMILIES AND COMMUNITIES.

The creation of a strong evaluation and research community that is culturally sensitive to Native Hawaiians, promotes sharing, identifies gaps in services and resource allocations, and commits to developing culturally proficient co-occurring substance use and mental health services. Researchers and evaluators will honor and respect Native Hawaiian practices, values and beliefs.

GOAL THREE: A CULTURALLY RESPONSIVE SYSTEM OF CARE FOR NATIVE HAWAIIANS, THEIR FAMILIES AND COMMUNITIES FOR THE TREATMENT OF CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH CHALLENGES.

The funding and creation of a responsive system of care that improves access to such care and eliminates health disparities for Native Hawaiians, their families, and communities for the treatment of co-occurring substance abuse and mental health challenges. The system should be capable of offering an array of treatment options, which includes services that are culturally responsive and that contributes to and supports improvement of treatment outcomes.

GOAL FOUR: A CULTURALLY PROFICIENT AND RESPONSIVE WORKFORCE TRAINED AND SKILLED IN PROVIDING SERVICES FOR NATIVE HAWAIIANS, THEIR FAMILIES, AND COMMUNITIES.

The creation of a system in which community providers shall be able to recruit and retain a workforce, including volunteers, who are culturally proficient and responsive in working with Native Hawaiians, their families and communities, including cultural experts such as kupuna, to share their cultural expertise within substance abuse and mental health programs.

SUMMARY OF RESOURCES/FUNDING NEEDED:

- For staffing of ‘Imi Ke Ola Mau
- To assist provider agencies to develop and sustain programs that integrate culture and treatment
- For evaluation and research that promotes effective services and consumer outcomes
- For the development and implementation of training and recruitment of culturally and clinically proficient workforce
- To sustain collaborations and partnerships that promote and implement culturally proficient treatment and support services

NEXT STEPS

Actions for follow-up include:

- Development of a final strategic plan and submittal to SAMHSA by October 30, 2007
- Present the team's strategic plan to larger stakeholder group on October 9, 2007
- Lt. Governor briefing on the Plan and Papa Ola Lokahi Policy Academy effort October 16, 2007
- Develop a presentation for administrative heads and board members of organizations represented on the Papa Ola Lokahi Arizona team (e.g., Office of the Lt. Governor, Office of Hawaiian Affairs, the Dept of Health Administration, Papa Ola Lokahi, etc.)
- Create a transitional plan for `Imi Ke Ola Mau after COSIG leadership ends (September 30, 2008) until grant funding is secured
- Identify assured future grant funding for sustainability for `Imi Ke Ola Mau
- Develop media/press coverage on the SAMHSA Papa Ola Lokahi Policy Academy and its future contribution to Hawaii (e.g., DOH and AMHD bulletin, OHA and Papa Ola Lokahi websites)

STRATEGIC PLAN FOR THE IMPROVEMENT OF CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH DISORDER SERVICES TO NATIVE HAWAIIANS AND THEIR COMMUNITIES

GOAL ONE: A SUSTAINABLE COMMUNITY COLLABORATION THAT PROVIDES LEADERSHIP TO ENACT THE PLAN

The creation of a strong and sustainable partnership/community collaboration that provides support and leadership in the development and implementation of a culturally respected substance abuse (SA) and mental health (MH) system of services for Native Hawaiians, their families and communities.

Strategy(-ies)	Action	Benchmarks	Outcomes	Kuleana	Completion Date
1.1 Developing a sustainable administrative infrastructure for the existing community collaboration, ‘Imi Ke Ola Mau.	1.1.1. Establish an organizational structure adequate to carry out the goals of this plan.	Create a Memorandum of Agreement (MOA) to implement the Papa Ola Lokahi Policy Academy Strategic Plan and additional ‘Imi Ke Ola Mau initiatives between Papa Ola Lokahi Policy Academy Team organizations.	<p>Consensus between all major organizations to support and provide leadership towards the implementation of the Arizona (AZ) strategic plan.</p> <p>‘Imi Ke Ola Mau is strong and actively working toward achieving and accomplishing its mission as evidenced by the following:</p> <ul style="list-style-type: none"> ▪ Implement the Papa Ola Lokahi Policy Academy Five Year Strategic Plan and 	‘Imi Ke Ola Mau Leadership Group	July 31, 2008

Strategy(-ies)	Action	Benchmarks	Outcomes	Kuleana	Completion Date
			<p>the ‘Imi Ke Ola Mau Five Year Strategic Plan.</p> <ul style="list-style-type: none"> ▪ Develop membership criteria and recruitment of new membership. ▪ Develop a leadership and decision-making process. 		
	<p>1.1.2 Identify and secure transitional and long term funding sources for staffing of ‘Imi Ke Ola Mau</p>	<p>Conduct presentations to major stakeholders such as the Office of Hawaiian Affairs, Papa Ola Lokahi, Office of the Lt Governor, Dept. of Health, Department of Hawaiian Home Lands.</p> <p>Explore funding of ‘Imi Ke Ola Mau from possible sources such as the Office of Hawaiian Affairs, Papa Ola Lokahi, the Dept. of Health, and other government and private funding agencies</p>	<p>Funding secured</p>	<p>The Papa Ola Lokahi Arizona (AZ) Papa Ola Lokahi Policy Academy Team and ‘Imi Ke Ola Mau leadership group</p>	<p>No later than 09/30/08</p>

Strategy(-ies)	Action	Benchmarks	Outcomes	Kuleana	Completion Date
		(funding to begin 10/01/08).			
1.2 Developing mutual relationships and partnerships with other indigenous groups to share and collaborate on needs and expertise.	1.2.2 Create a partnership with other indigenous groups for the purpose of mutual sharing/receiving of information.	<p>Negotiate and develop relationships between Hawaii's and other indigenous groups.</p> <p>Secure technical support from SAMHSA to assist with collaborative efforts between Hawaii and other indigenous groups.</p>	<p>Create mutual shared respect and exchange of expertise and information between groups.</p> <p>Develop a Memorandum of Agreement of mutual collaboration with at least one indigenous group.</p>	'Imi Ke Ola Mau, SAMHSA	No later than 12/31/09

GOAL TWO: A SYSTEM OF CULTURALLY RESPONSIVE RESEARCH AND METHODOLOGY THAT SUPPORTS THE IMPROVEMENT OF CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH TREATMENT OUTCOMES FOR NATIVE HAWAIIANS, THEIR FAMILIES AND COMMUNITIES.

The creation of a strong evaluation and research community that is culturally sensitive to Native Hawaiians, promotes sharing, identifies gaps in services and resource allocations, and commits to developing culturally proficient co-occurring substance use and mental health services. Researchers and evaluators will honor and respect Native Hawaiian practices, values and beliefs.

Strategy(-ies)	Action	Benchmarks	Outcomes	Kuleana	Completion Date
2.1 Forming a research and community collaborative effort to increase research/evaluation efforts regarding co-occurring substance use and mental health challenges that honors and respects Native Hawaiian culture and facilitates the improvement of treatment outcomes for Native Hawaiians, their families and communities.	2.1.1 Provide leadership and consultation to community research groups/individuals that support and encourage collaboration on projects, sharing of data/information and developing new projects.	Conduct at least two meetings annually for research groups.	A sustainable and effective behavioral health research and evaluation collaboration that: 1) produces, shares & improves data/information collection, and 2) develops new partnership efforts in behavioral health research that leads to the improvement of service outcomes.	‘Imi Ke Ola Mau	No later than 09/30/10
2.2 Supporting and promoting quality improvement practices and protocols that ensure culturally appropriate monitoring and accountability	2.2.1 Assist in the evaluation of Ho’omau Ke Ola and the Hui Ho’ola O Na Nahulu O Hawai’i and other	Research and evaluation project(s) are initiated and supported thru IRB approval(s).	Initially identify core essential cultural practices, beliefs and values are identified through a recognized	‘Imi Ke Ola Mau	No later than December 2010

Strategy(-ies)	Action	Benchmarks	Outcomes	Kuleana	Completion Date
of programs/services that include Native Hawaiian cultural practices, values and beliefs.	applicable programs to identify core services based on Hawaiian cultural practices, beliefs and values that successfully support co-occurring substance use and mental health treatment services for Native Hawaiians.	Cultural best practices are documented and shared with other applicable groups.	research and evaluation process that leads to the improvement of co-occurring substance use and mental health treatment outcomes for Native Hawaiians.		
	2.2.2 Support and promote future evaluation efforts of culturally based co-occurring disorder treatment programs.	Identification of indigenous-based practices and services not previously tested for outcome effectiveness.	Production of evidence that is verifiable, transferable, and replicable within the appropriate cultural context.	‘Imi Ke Ola Mau	2010
2.3 Developing an array of culturally-normed measurements unique to Hawai`i co-occurring substance abuse and mental health challenges measurement methods that reflect cultural sensitivity towards the Native Hawaiian community.	2.3.1 Develop a research partnership and secure funds.	Initiation of a research project to identify measurements.	Culturally appropriate substance abuse and mental health measurements are developed for community use.	‘Imi Ke Ola Mau	No later than Dec. 2011

GOAL THREE: A CULTURALLY RESPONSIVE SYSTEM OF CARE FOR NATIVE HAWAIIANS, THEIR FAMILIES AND COMMUNITIES FOR THE TREATMENT OF CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH CHALLENGES.

The funding and creation of a responsive system of care that improves access to such care and eliminates health disparities for Native Hawaiians, their families, and communities for the treatment of co-occurring substance abuse and mental health challenges. The system should be capable of offering an array of treatment options, which includes services that are culturally responsive and that contributes to and supports improvement of treatment outcomes.

Strategy (-ies)	Actions(A)	Benchmarks	Outcomes	Kuleana	Completion Date
3.1 Increasing the number of service providers that respectfully integrate Native Hawaiian cultural practices, beliefs & values which include the use of land and sea-based sites in the treatment of co-occurring substance abuse and mental health challenges.	3.1.1 Provide leadership, training and consultation in the development of culturally proficient services that honor and respect Native Hawaiian cultural practices, beliefs, and values.	<p>Engage, on an annual basis, at least 2 new member agency providers in ‘Imi Ke Ola Mau whose administration and boards are committed to building cultural competency to the host culture into their service array.</p> <p>Conduct at least one annual statewide forum that includes building cultural competency and a knowledge base in working with Native Hawaiians, their families and communities.</p>	A system of care that offers an array of culturally proficient treatment options.	‘Imi Ke Ola Mau	No later than Dec. 2011

Strategy (-ies)	Actions(A)	Benchmarks	Outcomes	Kuleana	Completion Date
<p>3.2 Support the implementation of the State of Hawaii Co-occurring Treatment Systems Plan Goal 4 which identifies goals, strategies, and actions to increase access of Native Hawaiian practices, beliefs, and values in co-occurring substance abuse and mental health challenges care agencies/programs statewide, especially in rural and neighbor islands.</p>	<p>3.2.1 Provide leadership, training and consultation to the State in the development of culturally proficient services that honor and respect Native Hawaiian cultural practices, beliefs and values.</p>	<p>Identify and develop curriculum (e.g., NAAPIMHA, Voyage to Recovery, Molokai Pono Curriculum).</p> <p>Partner w/ State to provide at least 1 training event.</p>	<p>Implementation of the State Co-Occurring Treatment Plan Goal 4 which leads to increase accessibility of culturally proficient services to Native Hawaiians.</p>	<p>’Imi Ke Ola Mau</p>	<p>No later than Dec. 2013</p>
<p>3.3 Advocating for and identify potential funding sources for community programs that provide culturally effective co-occurring substance abuse and mental health challenges treatment programs for Native Hawaiian consumers.</p>	<p>3.3.1 Identify and assist providers in securing funds for cultural experts (kūpuna, native healers, cultural practitioners and kumu) to provide training, technical support, mentorship and quality oversight of programs committed to incorporating Native Hawaiian values, beliefs and practices into co-</p>	<p>Develop a respectful and adequate reimbursement schedule with government and private entities for Native Hawaiian practices such as Ho`oponopono and Lomilomi, as well as community-recognized kupuna, kumu, and cultural practitioners.</p>	<p>Substance abuse and mental health treatment programs with proven effectiveness, such as the Kū Aloha Ola Mau – Hui and Ho`omau Ke Ola, are reimbursed for cultural staff and services.</p>	<p>‘Imi Ke Ola Mau</p>	<p>No later than Dec. 2012</p>

Strategy (-ies)	Actions(A)	Benchmarks	Outcomes	Kuleana	Completion Date
	occurring substance abuse and mental health challenges services.				
3.4 Supporting and promoting quality and accountability of culturally appropriate co-occurring substance abuse and mental health challenges programs.	3.4.1 Advocate for and partner with State and other systems of care to assist in the development of protocols and guidelines to ensure quality of services.	Create a mechanism for State and other systems of care to oversee fidelity of cultural standards.	All treatment systems have access to documented protocols and guidelines to effective cultural practice.	‘Imi Ke Ola Mau	No later than Dec. 2013

GOAL FOUR: A CULTURALLY PROFICIENT AND RESPONSIVE WORKFORCE TRAINED AND SKILLED IN PROVIDING SERVICES FOR NATIVE HAWAIIANS, THEIR FAMILIES, AND COMMUNITIES

The creation of a system in which community providers shall be able to recruit and retain providers who are culturally proficient and responsive in working with Native Hawaiians, their families and communities, including cultural staff such as community-recognized kumu, cultural practitioners and kupuna to provide services within substance abuse and mental health programs.

Strategies	Actions	Benchmarks	Outcomes	Kuleana	Completion Date
4.1 Assisting programs to recruit cultural staff to oversee the development and implementation of cultural treatment services and programs.	4.1.1 Provide consultation and technical assistance that will support programs to identify cultural staff who are able to work with substance abuse and mental health services providers who serve Native Hawaiians.	Develop community resources that can assist programs in recruitment of cultural staff.	Applicable substance abuse and mental health services programs serving significant percentage of Native Hawaiians (+30%) will be able to recruit and hire cultural staff recognized by the community in which they serve to oversee cultural services.	‘Imi Ke Ola Mau	No later than Dec. 2012
4.2 Providing consultation, training and technical assistance to establish a culturally proficient workforce able to effectively serve Native Hawaiians, their	4.2.1 Increase provider awareness of the seriousness of co-occurring substance abuse and mental health issues and the need for proficiency in cultural practices for Native Hawaiians.	Plan and implement annual gatherings on culturally appropriate and effective co-occurring substance abuse and mental health challenges services for Native Hawaiians.	Attendees shall increase skills and knowledge of working with Native Hawaiians.	‘Imi Ke Ola Mau	No later than Dec. 2011

Strategies	Actions	Benchmarks	Outcomes	Kuleana	Completion Date
families and communities.	4.2.2 Develop a provider training curriculum to enhance knowledge and skills to work with Native Hawaiians.	Secure funding and partnerships to increase cultural proficiency of providers serving Hawaiian communities, using indigenous models like the South Dakota Native American Curriculum for State Accredited Non Tribal Substance Abuse Programs. Provide training curriculum at least once per year to providers statewide.	Increase cultural proficiency in at least 20 providers.	'Imi Ke Ola Mau	No later than Dec. 2012
4.3 Increasing co-occurring substance abuse and mental health challenges clinical competency of providers serving underserved Native Hawaiian communities, that complements cultural practice.	4.3.1 Identify and secure entities to provide training and technical assistance to these providers.	Promote at least one annual training/technical assistance session.	Increase number of competent providers by 20.	'Imi Ke Ola Mau	No later than Dec. 2012