



**COMMUNITY RESEARCH/EVALUATION  
DISCUSSION GROUP:  
IMPROVING SUBSTANCE ABUSE AND MENTAL  
HEALTH RECOVERY OUTCOMES FOR NATIVE  
HAWAIIANS**

**Held On April 23, 2007  
Honolulu, Hawai'i**

Report prepared by:  
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## **I. Introduction**

Hawai'i's Co-occurring State Incentive Grant Project (COSIG) is a collaborative effort between the State Department of Health, Adult Mental Health and Alcohol and Drug Abuse Divisions, and the Office of the Lieutenant Governor, State of Hawai'i, that aims to develop and enhance the capacity of the State's service system to provide integrated, evidence-based treatment services for people who have co-occurring substance use and mental disorders (COD). Two of the COSIG Project's overarching goals were to conduct ongoing quality improvement and to initiate and promote community development networks and coalitions to collaborate in improving services for consumers with COD.

One such community development initiative and collaboration is 'Imi Ke Ola Mau (IKOM), a community partnership and collaboration (formerly known as the Native Hawaiian Partnership) which, under the leadership of COSIG, began meeting in 2006 with the specific purpose of supporting efforts to improve mental health and substance abuse recovery outcomes for Native Hawaiians, their families and communities. The partnership includes community providers, government agencies, Native Hawaiian organizations, practitioners, and advocates for the improvement of Native Hawaiian health and self sufficiency.

One such supporting effort that IKOM promotes is providing culturally appropriate treatment services which successfully engage and retain individuals with COD as they move through the recovery process and back into the community. Native Hawaiians are a statistically identified high risk population for substance abuse and mental health disorders, as noted in recent data obtained by the Department of Health, especially in geographic rural areas (Department of Health, Alcohol and Drug Abuse Division, 2006). IKOM members recognize this particular disparity and know that culturally appropriate treatment services have immediate and long-term benefit for Native Hawaiians in treatment and recovery. With this knowledge in hand, IKOM has begun a process of identifying gaps in statistical data collection concerning Native Hawaiians who have COD, evaluating programs that provide culturally appropriate treatment services, and collecting and analyzing documentation that identifies and describes cultural practices, values and beliefs that effectively enhance and promote recovery efforts.

Working in conjunction with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Co-Occurring Center for Excellence (COCE), IKOM has incorporated as one of the group's primary strategic goals an effort to improve and promote successful recovery outcomes for Native Hawaiians, their families and communities throughout the system of care. Goal Two of IKOM's strategic plan reads:

**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.**

This goal supports 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. It advocates that researchers and evaluators honor and respect Native Hawaiian practices, values and beliefs.

An initial step in meeting this goal was to bring together leaders from research, community agency providers, government, education and health organizations with the expressed intent of creating a collaborative atmosphere that would in turn generate ideas for future meetings, foster practical working relationships across multiple professional boundaries, and begin to strategize how to purposefully address the needs of Native Hawaiians who have co-occurring substance use and mental disorders. This report describes a meeting held on April 23, 2007, hosted and supported by 'Imi Ke Ola Mau, Papa Ola Lokahi, the Hawai'i State Department of Health's Alcohol and Drug Abuse and Mental Health Divisions and the COSIG Project in supporting movement towards meeting goal two of the IKOM strategic plan. As COSIG and IKOM continue their collaborative efforts to address the substance abuse and mental health issues that have impacted the Native Hawaiian community, the active involvement of key researchers/evaluators committed to Native Hawaiian research endeavors is fundamental to the development of quality and effective services for COD consumers.

## **II. Purpose and Overview**

On April 23, 2007, participants representing major research groups and key identified community leaders, including Dr. A.J. Ernst, consultant from the Co-Occurring Center for Excellence (COCE) Director of Technology Transfer, (who participated by teleconference) were invited by leaders of the Co-Occurring State Incentive Grant (COSIG) and 'Imi Ke Ola Mau to attend the meeting at the Hawai'i State Department of Health, Kinau Hale building in Honolulu. Participants came from O'ahu and the Big Island and included a broad spectrum of disciplines, all who brought a wealth of experience in areas of Native Hawaiian health disparities, substance abuse and mental health issues, research and evaluation, education and recovery areas. A total of 22 participants, including COSIG staff that provided administrative and evaluation support for the gathering, attended the meeting. Twelve of the 22 attendees were of Native Hawaiian ancestry.

Dr. Kimo Alameda, Director of Multicultural Services, Hawai`i State Department of Health, Adult Mental Health Division, facilitated the discussion, guided by the meeting agenda. COSIG and IKOM asked this group of professionals to gather and help identify and prioritize behavioral health research initiatives and plan future steps for increasing evaluation and research activities reaching the Native Hawaiian community.

Overall, the primary purpose of the meeting was to ask this group of experts to respond to certain statements and stimulate discussion regarding the current level of community research initiatives focusing on behavioral health issues for Native Hawaiians. This group included key stakeholders who could discuss and identify the current state of affairs in the behavioral health research/evaluation community in Hawai`i and to plan for improvements in designing, conducting and implementing future mental health and substance abuse research/program evaluation in the Native Hawaiian community.

These experts met for 2.5 hours and discussed four broad topics based on the agenda outline that follows:

- 1) Research/evaluation projects that have been and are planning to be conducted that focus on Native Hawaiian behavioral health,
- 2) Mental health and/or substance abuse programs that have delivered culturally sensitive services to Native Hawaiians and have integrated Western evidence-based practices and traditional Native Hawaiian values, practices, and beliefs in service provision,
- 3) Research elements that are necessary for investigating, recording, and tracking treatment outcomes for Native Hawaiians who have COD; how both public and private delivery systems can benefit from such research; and next steps to conduct such research, and
- 4) Determination of need to collaborate on COD research and/or program evaluation efforts in Native Hawaiian communities, which would include identifying service gaps and barriers.

While the agenda served as a guide for discussion, the course of the meeting's discussion branched out and evolved into many related paths with new topics emerging. Participants' comments were recorded on flipcharts and laptop computers by three recorders. Transcripts were typed and reviewed by three independent reviewers and then grouped together thematically. The resulting themes and subthemes are discussed below.

### **III. Summary of Themes**

As a result of the group discussing the following four questions, six broad themes emerged, some which included a number of subthemes, described in the section below.

1. Describe any current, past and future projects focusing on Native Hawaiians and behavioral health areas.
2. Inform and elaborate on substance abuse and/or mental health provider programs that have delivered culturally sensitive services to Native Hawaiians and who have integrated Western evidenced-based practices with traditional Native Hawaiian values, practices and beliefs.
3. Determine what elements would constitute the ideal research group for investigating, recording, and tracking treatments that work for Native Hawaiians who have co-occurring disorders.
  - A. How can these effective treatments and practices be integrated into the State and private health systems?
  - B. What are best next steps?
4. Determine if there is a need to collaborate on substance abuse/mental health research and/or program evaluation efforts in our community.
  - A. Identify current gap areas.

### **Themes and Subthemes:**

#### **Theme I - Collaboration.**

This primary theme was intertwined throughout the group's discussion regarding a number of agenda items. The theme included a discussion of prior research and program evaluation collaborative efforts, with many members describing ongoing collaborative relationships when conducting research in the Native Hawaiian community. Moreover, discussion explored barriers to collaboration and recommendations for future and practical collaborative efforts. The group emphasized that partnerships with Native Hawaiian communities were essential in conducting future research activities. This theme also included three sub-themes described below: a) Current and Future Collaborative Efforts; b) Collaboration Gaps and Barriers, and; c) Collaboration Recommendations.

#### **a. Current and Future Collaboration Efforts**

Attendees discussed current collaborative research and evaluation efforts, as well as potential ones which might develop as the group continued to meet together. It was noted by participants that COSIG has stimulated numerous partnerships in the last few years and enhanced opportunities for collaboration. Other specific research partnerships and collaborative efforts listed by the group included:

- Department of Native Hawaiian Health (DNHH) has established partnerships with New Zealand, with local communities, and Queen's Medical Center. DNHH is committed to partnering with communities they work in for research purposes.
- John A. Burns School of Medicine Department of Psychiatry participates with the Center for Evidence-Based Practice Committee, which brings together many University of Hawai'i groups into one room.

- University of Hawai'i School of Social Work is a collaborative department and has a myriad of relationships and has research concentrations in the cancer area.

**b. Collaboration Gaps and Barriers**

This discussion centered about the current gaps and barriers in initiating and conducting collaborative research efforts to support the Native Hawaiian community. The group posed questions that helped to uncover specific gaps and barriers which included the following points:

- Hawaiians are very diverse. How do we collaborate? Practices in Ka'u are different than practices elsewhere. Many Native Hawaiians don't seek out western medicine. How do we provide choices to Native Hawaiians? It's not only about co-occurring SA and MH; it's about multiple occurring for Native Hawaiians. How do we get health approaches out to people?
- There are not enough researchers who have knowledge of Native Hawaiian practices.
- There are partnerships but not enough true collaboration.
- It is difficult to find common ground in order to collaborate.
- There is a need for more partnerships, but barriers like politics and power interfere.
- Overall, some attendees believed there has been a lack of collaboration in Hawai'i.
- Siloing of research interests interfere with collaboration.
- The language gap between researchers and Native Hawaiian cultural/spiritual treatment practices impacts collaborative efforts.
- Native Hawaiian groups are wary of partnering with State research groups.
- The State is not ready to look at mental health issues with Native Hawaiian practices.

**c. Collaboration Recommendations**

The group made recommendations for strategies to develop future collaborative efforts listed below.

- One partnership should include researchers, providers, and consumers. The development of trust, involvement of haumana, funders, as what will be taken back to the community can be a solution for future collaborative efforts.
- Evaluators are starting to go to the communities first through conducting focus groups and developing projects from scratch which includes providers, researchers, and consumers and more of this should be done.
- Where are the beneficiaries of services? They are not here today and should be involved in future collaborations.
- Researchers should be more collaborative with local communities and the people they serve.
- There is a need for more neighbor island collaboration.
- Trust is needed to form true collaboration.
- Need to know cultural protocols of area/community, at least some basic ones.

- Researchers need to visit cultural sites, participate in cultural activities for successful collaboration.

## **Theme 2 – Research.**

This theme focused around the discussion of the complex issues of connecting with the Native Hawaiian community and conducting behavioral health evaluation and research. Four subthemes emerged to include: a) Researcher Issues and “Realities”; b) Provider/Community/Consumer Issues; c) Research Barriers; and d) Protocols for Improving Research Opportunities with Native Hawaiian Individuals and Communities

### **a. Researcher Issues and “Realities”**

- Researchers should listen to providers. Need to change research protocols, and listen to consumers to guide our research. Do we really listen to the Native Hawaiian community?
- Has anyone agreed upon a minimum set of elements of information one needs to know to work with Native Hawaiians? Is there an identified list of knowns before taking part in any research endeavor?
- Appropriate outcomes need to be determined.
- Difficulty translating cultural and spiritual treatment into words that researchers can understand. There is a language gap.
- Tremendous diversity within Native Hawaiian culture.

### **b. Provider/Community/Consumer Issues**

- How can researchers help providers? Researchers, providers, and consumers should form partnerships for collaborative research efforts.
- From a provider perspective, there is a need to improve research efforts in the field and researchers need to hear the voices of the providers and talk to them.
- There is an intimidation factor when working with researchers for some providers. Researchers are academic types.
- Some researchers don't take time to really learn about the group's activities and visit their sites.
- It is powerful experience to contact and visit providers. Researchers need to go out in the community and get an idea of the experiences the providers create.
- Some groups have been “studied to death” and their boards are very protective of further research.
- It's difficult for providers to engage with research as they are so busy surviving and trying to keep their programs running.
- Researchers need to hear from the people in the community who need services.
- Researchers need to be attuned to their communities – their perceptions, needs, and goals.
- The community should drive research. Providers and consumers should also provide guidance.
- Providers are equal partners with researchers.
- Service recipients need to be at the discussion table.



- Without the voice of the haumana, there is no credibility.
- Offensive researchers are problematic to communities.
- Need to change the way we listen to providers.
- Find out what's working in communities, define something measurable.
- Researchers need to leave something back to communities they work with.

**c. Research Barriers**

- Native Hawaiians have to undergo stressors to adapt to Western ways. We need to frame research in a different manner.
- There is a lack of prevalence data. How do we get research to support different types of cultural programs? How do we measure outcomes?
- Not enough researchers familiar with mental health practices.
- Lack of Native Hawaiian data.

**d. Protocols for Improving Research Opportunities with Native Hawaiian Individuals and Communities**

- Evaluators should include consumers and community from the beginning.
- A literature search needs to be done. There is poor data on Native Hawaiians and mental health – we need baseline data. Most studies done on Native Hawaiians have been epidemiological, not clinical studies. We have a lack of Native Hawaiian data, especially on depression.
- There is new ways of doing research, providers are partners, all are equal, we share wealth of information; there needs to be a marriage between science and practice.
- Know local, area protocols.
- Involve Kupuna.
- Build relationships with Native Hawaiian communities.
- Determine if cultural sites are part of Native Hawaiian tradition.
- Evaluation is not enough; researchers need to be knowledgeable of culture or whatever they're investigating.
- Native Hawaiian cultural practices to be experienced or lived by researchers for sense of understanding.
- Researchers must do focus groups, develop relationships, make connections, learn local culture, show vested interest.

**e. Develop community-based research**

Do the background research-first: 1) conduct literature search, then 2) create clearinghouse to store data, bring knowledge forward, and identify best practices.

**Theme 3 - Evidence-Based Practices (EBP's).**

This theme discussed the overall national movement that advocates for the use of EBPs. Three subthemes emerged describing this current and timely issue: a) Caution about EBP's; b) New Ideas about Practice; and c) Recommendations for EBP Users.

**a. Caution about EBP's**

- One size doesn't fit all. We should be asking, "What is the best for Native Hawaiians?"
- We shouldn't feel pressure from the EBP movement, evidence is flimsy at best. Comparing EBPs and Native Hawaiian spirituality is like comparing apples and oranges.

**b. New Ideas about Practice**

- How can ADAD dollars support Native Hawaiian treatment practices, but what is minimum requirement(s) of practice? The community needs to establish criteria.
- Develop a clearinghouse to store data and information that would identify best practices and have multidisciplinary programs that would feed in practices that worked, that are effective.
- We want to identify best practices and give information to the Feds to help not only to the State level, but Federal level also.
- The National Registry of Evidence-Based Programs and Practices (NREPP) encourage local applications and will post on their website. This also has Federal interest. Try to amass as many [local/regional] EBP practices at [inventoried at] the Federal level [NREPP website].
- Should identify effective practices for local applications.

**c. Recommendations for EBP Users**

- Maybe going into a community with a predetermined practice is not the best idea.
- EBPs should be proven for local application. Need evidence for local practitioners for the practices they perform.
- Even though EBPs are flimsy, they still drive our system. EBP interventions place undue pressure although it gives us permission to make adaptations.
- Should get feedback from consumers, researchers and providers on EBPs – of what works, what has been found to be effective. Look for common themes

**Theme 4 - Funding.**

This theme centered on funding issues for research and evaluation activities and recommendations and included the following 2 subthemes: a) Funding Realities, and; b) Funding Recommendations.

**a. Funding "Realities"**

- Providers are equal partners with ADAD – both partners to create funding for specific Native Hawaiian cultural practices.
- Focus of programs is on survival.
- Difficult to find funding to keep program running, to support cultural programs.
- ADAD has gone to providers to have them designate portion of their funding
- Percent of ADAD funding supports non-traditional approaches.

**b. Funding Recommendations**

- State needs to have a mechanism to identify what works for funding purposes. We want to support non-traditional programs and are willing to have an open forum for community input. But, what are the criteria? We want to re-define services and find creative ways of having programs funded.
- Funding should be diversified, not just funds coming from the State and/or Feds, but private organizations as well (like Office of Hawaiian Affairs, or other Native Hawaiian organizations).
- Community feedback to determine appropriate treatment guides to help with funding.
- Consideration that maybe cultural component shouldn't be funded by State.
- Maybe cultural components of a treatment shouldn't be funded by the State, but maybe Office of Hawaiian Affairs or other Native Hawaiian organizations.
- There is Office of Hawaiian Affairs (OHA), Papa Ola Lokahi (POL), and Queen Lili'uokalani Children's Center (QLCC) for possible funding sources.

**Theme 5 - Native Hawaiian Culture, Identity, and Doing Research.**

This theme centered on the connection between cultural identity and the practicalities of conducting research in Native Hawaiian communities. The following discussion points emerged.

- There is a resurgence of what it means to be Hawaiian – i.e., cultural identity and practices. Hawaiians today are being taught to be Hawaiian. Hawaiians are relearning what it means to be Hawaiian. What is their kuleana to their family and at what point did they lose their identity. We must teach staff what it means to be Hawaiian.
- There are 2 different paradigms of research – Native Hawaiian and best practices research.
- Theory of Acculturation. Native Hawaiians with a stronger identification with their Hawaiian heritage may be experiencing more psychosocial or acculturative stressors than other Native Hawaiians, and these chronic stressors may be putting them at risk for illnesses such as diabetes.
- Our laws and policies are not in line with Native Hawaiian cultural practices. The challenge is managing stressors associated with high identification of being Native Hawaiian. Our system does not value Native Hawaiian culture. We need to emphasize the strengths, not the deficits.
- Before one enters an area, one needs to know some basic protocols of the area, e.g., identify the kupuna in the area, know what items to bring as gifts, etc. Seek out kupuna, as they will generally embrace you.

**Theme 6 - Licensing and Credentialing.**

This final theme focused around the issue of possibly needing to develop guidelines for Native Hawaiian practitioners so that State and Federal dollars might be available for funding services.

- How do you distinguish Native Hawaiian practitioners as legitimate, capable of providing quality services?

- How you qualify kupuna are the same as doctors or psychologists – you ask people for references. Licensing doesn't qualify you as an expert. This is a community approach versus a bureaucratic approach.
- System doesn't acknowledge Native Hawaiian practitioners without credentials.

#### **IV. Proposed Next Steps**

These next steps emerged from the general group discussion.

1. Plan and schedule future meetings with clear agenda and focus that would address key themes and issues developed from today's discussion.
2. Include additional providers and consumers in future meetings who can: a) provide information and state their concerns and priorities regarding conducting behavioral health research/evaluation in the Native Hawaiian community; b) help to provide strategies and protocols that will optimize research/evaluation opportunities; and c) suggest ways researchers/evaluators can help providers implement program process and outcome evaluation.
3. Attendees will return to their respective organizations to share and obtain feedback from their associates in regards to opinions and ideas discussed today.
4. Continue to promote the sharing of data and information and partnership of various community groups who support the improvement of substance abuse and mental health outcomes for Native Hawaiians.

#### **V. Meeting Evaluation Survey Results**

To evaluate the meeting's effectiveness and satisfaction of meeting participants, attendees were asked to complete a survey evaluating the session. The first eight items were rated on a Likert Scale – 1="Strongly Agree" to 5="Strongly Disagree" – and asked participants to rate the overall quality of the session and whether the meeting's objectives were met. The next four items asked participants if they would attend another similar meeting; what they liked best and least about the meeting; and recommendations for the next meeting. The remaining survey items gathered demographic information (Island of residence, gender, profession, agency-program affiliation, gender, and race/ethnicity). The evaluation survey results are outlined below. Of the 21 participants, 10 completed the survey.

**MEETING EVALUATION SURVEY**

**Item 1: *I am pleased with the overall quality of today’s meeting.***

90% were pleased with the meeting’s quality. Only one participant rated item 1 as “Neutral”.

Item 1	Percent	Cumulative Percent
Strongly Agree	70.0	70.0
Agree	20.0	90.0
Neutral	10.0	100.0

**Item 2: *This meeting was well organized.***

80% “Strongly agreed” to “Agreed” that the meeting was well organized. Two participants rated item 2 as “Neutral”.

Item 2	Percent	Cumulative Percent
Strongly Agree	30.0	30.0
Agree	50.0	80.0
Neutral	20.0	100.0

**Item 3: *Topics discussed today were relevant to my concerns and interests.***

100% ‘Strongly Agreed’ to the relevancy of the topics.

Item 3	Percent	Cumulative Percent
Strongly Agree	100.0	100.0

**OBJECTIVES**

**Item 4: *My knowledge of Native Hawaiian behavioral community research efforts has increased.***

90%”Strongly Agreed” to “Agreed” that their knowledge of Native Hawaiian behavioral health research increased. One participant rated item 4 as “Neutral”.

Item 4	Percent	Cumulative Percent
Strongly Agree	20.0	20.0
Agree	70.0	90.0
Neutral	10.0	100.0

**Item 5: *The group made a clear determination if there is a need to collaborate on substance abuse and mental health research/program evaluation efforts in our community.***

70% “Strongly Agreed” to “Agreed” that there was a need for collaboration on research and program evaluation efforts. Three participants rated item 5 as “Neutral”.

Item 5	Percent	Cumulative Percent
Strongly Agree	50.0	50.0
Agree	20.0	70.0
Neutral	30.0	100.0

**Item 6: *My awareness and knowledge of existing community provider programs that have demonstrated culturally appropriate services to Native Hawaiians has increased.***

80% “Strongly Agreed” to “Agreed” their knowledge of existing culturally appropriate programs had increased. One participant rated item 6 as “Neutral” and one participant as “Disagree”.

Item 6	Percent	Cumulative Percent
Strongly Agree	20.0	20.0
Agree	60.0	80.0
Neutral	10.0	90.0
Disagree	10.0	100.0

**Item 7: *The group determined what elements would constitute a research group for investigating, recording, and tracking treatments that work for Native Hawaiians for co-occurring disorders.***

This item received a variety of ratings. 40% of the participants “Strongly Agreed” to “Agreed” the meeting determined what elements would constitute a research group for investigating, recording and tracking treatments. 50% gave a neutral response, and one participant disagreed that any elements emerged.

Item 7	Percent	Cumulative Percent
Strongly Agree	20.0	20.0
Agree	20.0	40.0
Neutral	50.0	90.0
Disagree	10.0	100.0

**Item 8: *The group initiated recommendations as to how effective cultural based treatment practices can be integrated into the State and private health system (if time permits)***

Much like item 7, item 8 also received a variety of ratings. 40% “Strongly Agreed to “Agreed” that recommendations were initiated for how effective cultural based treatment practices could be integrated. 50% gave a neutral response, and one participant disagreed that any recommendations emerged.

Item 8	Percent	Cumulative Percent
Strongly Agree	20.0	20.0
Agree	20.0	40.0
Neutral	50.0	90.0
Disagree	10.0	100.0

**Item 9: “Would you attend another discussion group similar to this one? Why?”**

100% responded affirmatively. Three participants offered their reasons for attending a future group; one participant suggested “Need more of culture based program and evaluation outcome”. Another suggested more discussion on 3 of the 5 objectives: (“Get more specific on items 5, 7, & 8”). A third participant recognized the importance of such gatherings; “I think it is very valuable to collaborate and share information between stakeholders/organizations, consumers, and providers who have similar goals that focus on the Native Hawaiian population. The ability to discuss the successes and failures of previous attempts may prevent other individuals from recreating the wheel.”

**Item 10: “Please describe the things you felt useful and liked best about today’s meeting.”**

This item received the most comments of any of the evaluation survey questions. Many were glad to see this type of meeting and discussion could take place. Others expressed gratefulness that the various members represented could work collaboratively. And still others were glad to see that researchers are interested in a community-based research model. All participants’ comments to item 10 are listed below.

- Focus on community, diversity, local application of best practices, health seeking behavior, choices that are informed, common theme generalization, empowerment of healthcare, overall health (co-existence of multiple disorders, MH, SA, physical).
- A chance to hear what research is happening and what groups are conducting research. It was also reassuring to hear that the research in SA/MH is very sparse; we need more operational definition of terms so we can create measures, and that there are few, if any measures, that are culturally appropriate for our population.
- The variety of interests represented. The openness of participants to address tough issues.
- The diversity of the group. The overall purpose of the group. The fact that it happened.
- Hearing other perspectives. Meeting others, connections will be helpful. Kimo was good facilitator.
- I think that the most useful component of today's meeting was getting the message of collaboration across to the participants. The subsequent willingness of various providers, professors, and researchers to return to their respective organizations to discuss the goals of the meeting and possible solutions to extend and share the knowledge of various techniques already being used was also extremely valuable.
- Very well organized. Respectful, good sharing of information. Good potential for building capacity
- Agenda. Direction of meeting was "strength-based" focus.

**Item 11: “Please describe the things you liked least.”** Four comments were provided that suggested the meeting environment was uninventing; a lack of structure for discussion purposes, and the participants’ role was unclear. One participant affirmed the need to have a follow-up meeting, offering specific recommendations on how the next meeting could be more productive.

- The room was dark and somewhat uninventing. I think I would prefer to have smaller discussion groups to meet people and make personal connections so we can learn to work together. The relationships need to be made before people can collaborate. Then, we can rejoin into the larger group for sharing. Perhaps more time is needed or other meetings and hopefully the same people will come. It is good to meet face-to-face.
- Lack of structure.
- Couldn't hear all speakers well.
- Lack of structure regarding participants' role in the "collaboration" process.

**Item 12: “If applicable, what should be included in any follow-up meetings? Next steps?”**

Ideas included focusing on key issues, having groups brainstorm and share ideas, and adhering to common definitions.

- Define goal; Action steps identified.
- Yes. Clearinghouse. Defining terminology.
- Targeting the discussions on key issues, e.g., cultural competency, how to best collaborate, and best practices.
- We should meet again. Need to hear all speakers well. The donuts were ono - as was the coffee.
- Independent meetings with providers, organizations, researchers, and consumers for brainstorming and sharing information. Discussion about what came about at each meeting.

## **VI. Summary**

On April 23, 2007, twenty-two participants from the public and private sectors, educators, researchers, administrators, and mental health experts, invited by COSIG and ‘Imi Ke Ola Mau attended a 2.5 hour meeting to share their expertise and knowledge regarding conducting behavioral health research/evaluation in the Native Hawaiian community, to discuss current issues and barriers when conducting such research/evaluation, and to propose next steps and recommendations. The six following themes emerged from the attendee’s discussion.

### **Theme I - Collaboration.**

This primary theme was intertwined throughout the group’s discussion regarding a number of agenda items. The theme included a discussion of prior research and program evaluation collaborative efforts, with many members attending the meeting reporting ongoing collaborative relationships in conducting research in the Native Hawaiian community. Moreover, discussion regarding barriers to collaboration and



recommendations for future and practical collaborative efforts were explored. The group emphasized that partnerships with Native Hawaiian communities were essential in conducting future research activities. This theme also included three (3) sub-themes: a) Current and Future Collaborative Efforts; b) Collaboration Gaps and Barriers; and c) Collaboration Recommendations.

### **Theme 2 - Research.**

This theme focused on the discussion of the complex issues of connecting with the Native Hawaiian community and conducting behavioral health evaluation and research. Four subthemes emerged to include: a) Researcher Issues and “Realities”; b) Provider/Community/Consumer Issues; c) Research Barriers; and d) Protocols for Improving Research Opportunities with Native Hawaiian Individuals and Communities.

### **Theme 3 - Evidence-Based Practices (EBP’s).**

This theme discussed the overall national movement that advocates for the use of EBPs. Three subthemes emerged describing this current and timely issue: a) Caution about EBP’s; b) New Ideas about Practice; and c) Recommendations for EBP Users.

### **Theme 4 - Funding.**

This theme centered on funding issues for research and evaluation activities and recommendations and included the following two subthemes: a) Funding Realities and b) Funding Recommendations.

### **Theme 5 - Native Hawaiian Culture, Identity, and Doing Research.**

This theme discussed the connection between cultural identity and the practicalities of conducting research in Native Hawaiian communities.

### **Theme 6 - Licensing and Credentialing.**

This final theme focused on the issue of possibly needing to develop practice guidelines for Native Hawaiian practitioners so that State and Federal dollars might be available for funding these cultural practitioner’s services.

Attendees’ of the meeting were generally positive. Participants were overall pleased with the quality, organization, and topics of the meeting. All participants agreed that the topics were relevant to their concerns and interests.

Participants’ ratings noting if the overall objectives of the meeting were met were mostly positive, however each item (#’s 4-8) included some ratings of “Neutral” and “Disagree” indicating participant’s concerns that meeting objectives were not fully achieved.

Specifically, **(Item #7 – The group determined what elements would constitute a research group for investigating, recording and tracking treatments that work for Native Hawaiians for co-occurring disorders)** – was judged “Neutral” to “Disagree” by 60% of the participants as to whether this goal was achieved.

Similarly, **(Item #8 – The group initiated recommendations as to how effective cultural based treatment practices can be integrated into the State and private health system)** – was also judged “Neutral to Disagree” by 60% of participants as to whether recommendations emerged for how to integrate effective cultural based treatment practices. One possible explanation to the 60% “Neutral” to “Disagree” responses was that this item, as stated on the evaluation survey, would be discussed if time permitted. The lower score could be explained because of the possibility that time limitations hindered discussion about how to integrate effective culturally based treatment practices.

Questions 9 – 12 gave participants opportunities to offer comments and make suggestions, in a narrative manner, about the 2.5 hour session. All participants noted they would attend another meeting and three offered suggestions as to the importance of having such discussions and the need to revisit certain objectives of this meeting. Many participants expressed appreciation that such a group could convene and dialogue in such a professional and respectful manner. The collaborative spirit among such a diverse group of people indicated, for some, that future collaborative efforts were possible, and even welcomed. Participants provided helpful suggestions for future meetings: A smaller, welcoming room to meet in, more formal structure of the discussion process, and having both small and large groups meeting together. Some participants provided suggestions for the next meeting’s agenda and content, including a clearer focus on key issues of research, evaluation, the Native Hawaiian population and co-occurring disorders, more providers to be invited to attend and share their perspectives on community-based research, and to schedule more meetings.

### **Next Steps**

1. Plan and schedule future meetings with clear agenda and focus, that would address key themes and issues developed from today’s discussion.
2. Include additional providers and consumers in future meetings who can: a) provide information and state their concerns and priorities regarding conducting behavioral health research/evaluation in the Native Hawaiian community; b) help to provide strategies and protocols that will optimize research/evaluation opportunities, and; c) suggest ways researchers/evaluators can help providers implement program process and outcome evaluation.
3. Attendees will return to their respective organizations to share and obtain feedback from their associates in regards to opinions and ideas discussed today.
4. Continue to promote the sharing of data and information and partnership of various community groups who support the improvement of substance abuse and mental health outcomes for Native Hawaiians.

## VII. Attachments

### Attachment A: Agenda

#### COMMUNITY RESEARCH DISCUSSION GROUP ON IMPROVING SUBSTANCE ABUSE AND MENTAL HEALTH RECOVERY OUTCOMES FOR NATIVE HAWAIIANS

##### AGENDA

April 23, 2007 – 9:30 a.m. to 12:00 p.m.

Community Evaluation Discussion Group

Kinaiu Hale, First Floor Conference Room

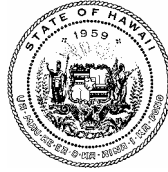
Facilitated by Kimo Alameda Ph.D., Director of Multi-Cultural Services for AMHD

**Purpose:** To bring together interested representatives from major community evaluation and research groups whose focus and priority has been the improvement of health outcomes, particularly behavioral health, for Native Hawaiians.

9:30-10:00	Ho'olauna – short self introduction
10:00-10:30	Evaluators - Sharing of any current, past and future agency projects focusing on Native Hawaiians and behavioral health areas
10:30 – 11:00	Sharing & Education of SAMH provider programs that have delivered culturally sensitive services to Native Hawaiians and who have integrated Western evidenced-based practices with traditional Native Hawaiian values, practices and beliefs.
11:00 – 11:30	Determine what elements would constitute the ideal research group for investigating, recording, and tracking treatments that work for Native Hawaiians with co-occurring disorders. How can these effective treatments & practices be integrated into the State and private health system? Best next steps?
11:30-12:00	Determine if there a need to collaborate on SAMH research and/or program evaluation efforts in our community. Identification of gap areas.
12:00	PAU – Mahalo Nui for your participation in today's discussion.

## Attachment B: Sample Participant Invitation Letter

LINDA LINGLE  
GOVERNOR OF HAWAII



CHIYOME L. FUKINO, M.D.  
DIRECTOR OF HEALTH

**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
ADULT MENTAL HEALTH DIVISION  
ATTN: COSIG PROJECT  
P.O. Box 3378  
HONOLULU, HAWAII 96801-3378

In reply, please refer to:  
**File:**

March 27, 2007

Aloha:

The COSIG or Co-Occurring State Incentive Grant, in partnership with the Native Hawaiian Partnership, which includes Papa Ola Lokahi, and the Dept. of Health, would like to extend an invitation to you invited to participate in a discussion group meeting to be held on April 23, 2007, 9:30 am to 12:00 pm at the Department of Health, Kinau Hale, First Floor Conference Room. The purpose of the event is to bring together key individuals who have valuable experience, skill, and history in conducting research focusing on improving Native Hawaiian health, particularly behavioral health. As a group, the Native Hawaiian Partnership has advocated in the community for the integration of traditional Native Hawaiian values and practices into the treatment of substance abuse and mental health, particularly for Native Hawaiians of all ethnicities.

The sponsors have identified a small group of key researchers and community providers who we hope will be able to help assist us in defining priority behavioral health research initiatives and to plan future steps for a possible ongoing partnership and research collaboration in this effort. Attached is a bulletin which we hope, will be helpful for additional information.

We would appreciate if you are able to please contact Tami Whitney, COSIG Project Assistant, by April 20, 2007, to RSVP your attendance. If you are unable to attend, we would like to encourage you, strongly, if at all possible, suggest to consider sending an alternate agency representative, as we feel your agency is an important and valuable integral group in our community who can help promote the development of such a research collaboration focusing on effective mental health and substance abuse recovery needs in our Native Hawaiian communities.

If you feel you would like to bring an additional staff person, along with yourself, from your agency, please feel free to send in both names. We are truly looking forward to meeting with you and/or your staff to help us move forward with this important effort.

**RSVP by April 20<sup>th</sup> to: Tami Whitney**

By Phone	341-3593	Or by Postal Mail	COSIG Project
By Fax	233-5392		Attn: Tami Whitney
By E-mail	<a href="mailto:tsiida@amhd.health.state.hi.us">tsiida@amhd.health.state.hi.us</a>		45-691 Keaahala Road
			Kaneohe, Hawaii 96744

04/23/07 Community Research/Evaluation  
Discussion Group  
Final Distributed 1/18/08

Please feel to contact me at 341-7437 if you have any questions. We look forward to meeting you and gathering your valuable input for this important effort in our community.

Mahalo,

Jackie Hong  
COSIG Project Manager

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**PLEASE RSVP by Friday, April 20th**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

\_\_\_\_\_ Yes, I will attend

\_\_\_\_\_ No, I will not attend

***If not, attending:***

Representative Name: \_\_\_\_\_

Title \_\_\_\_\_

Additional Staff:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### **Attachment C: Participant List**

Gerard Akaka, M.D.  
Interim Vice President of Medical Affairs  
The Queen's Medical Center

Kimo Alameda, Ph.D.  
Multicultural Services Director  
Department of Health, Adult Mental Health Division

J. Kuhio Asam, M.D.  
Vice President of Medical Services  
APS Healthcare

Collette Brown, Ph.D.  
Professor  
University of Hawaii School of Social Work

A.J. Ernst, Ph.D.  
Director of Technology Transfer – CDM  
Co-Occurring Center for Excellence

Debbie Goebert, D.P.H.  
Associate Professor, Psychiatry  
John A. Burns School of Medicine

Keawe`aimoku Kaholokula, Ph.D.  
Assistant Researcher  
Department of Native Hawaiian Health

Claren Kealoha  
Native Hawaiian Health Scholar  
Hui Malama Ola Na oiwi

Palama Lee, LSW, QCSW  
Director, Native Hawaiian Health Scholarship Program  
Papa Ola Lokahi

Kaipo Like, CSAC  
Clinical Supervisor  
Ku Aloha Ola Mau

Hamilton McCubbin, Ph.D.  
Professor and Director of Research  
University of Hawaii School of Social Work

04/23/07 Community Research/Evaluation  
Discussion Group  
Final Distributed 1/18/08

Andrea Nacapoy  
Graduate Research Assistant  
Department of Native Hawaiian Health

Kaloa Robinson  
Director  
Hui Malama Ola Na Oiwi

Likeke Teanio, MFT, CSAC  
East Hawaii Director of Behavioral Health Services  
Big Island Substance Abuse Council

Margaret Tom  
Branch Chief  
Department of Health, Alcohol and Drug Abuse Division

Ann Yabusaki, Ph.D.  
Psychologist  
Coalition for a Drug-Free Hawaii

**COSIG Staff**

Rebecca Beardsley, Ph.D., CSAC  
Contract Evaluator

Stephen Blotzke, Psy.D.  
ADAD Coordinator

Jackie Hong, LSW  
Project Manager

Dayna Minatodani, M.A.  
Project Assistant

John Steffen, Ph.D.  
Lead COSIG Evaluator

Tami Whitney, B.A  
Project Assistant

**Attachment D: Brochure**



**COMMUNITY RESEARCH  
DISCUSSION GROUP**

**IMPROVING SUBSTANCE ABUSE AND  
MENTAL HEALTH RECOVERY OUTCOMES  
FOR NATIVE HAWAIIANS**

**DATE:** MONDAY, APRIL 23, 2007  
**TIME:** 9:30 AM – 12:00 PM  
**WHERE:** DEPARTMENT OF HEALTH –  
KINAU HALE  
1250 PUNCHBOWL STREET  
FIRST FLOOR BOARD  
ROOM

**PARKING:** Passes will be mailed to  
invitees for use at Kinau Hale lot or  
nearby State lots

**SPONSORS**

**Papa Ola Lokahi**  
**Alcohol and Drug Division – Dept. of  
Health**  
**Adult Mental Health Division – Dept. of  
Health**  
**Co-Occurring State Incentive Grant  
(COSIG)**

**FACILITATED BY:**

**KIMO ALAMEDA, Ph.D, Director of the  
Office Of Multicultural Affairs, Adult  
Mental Health Division**

**HISTORY AND PURPOSE**

The Native Hawaiian Partnership (Partnership) initiative led by the Co-Occurring State Incentive Grant supports the improvement of mental health and substance abuse recovery outcomes via the promotion and availability of culturally appropriate treatment services to Native Hawaiians. The Partnership developed in 2006, includes representatives from community providers, government, Native Hawaiian and primary care groups. Working in conjunction with SAMHSA's Co-Occurring Center for Excellence, the Partnership has identified a priority initiative to work towards the goal of improved behavioral health service delivery to Native Hawaiians. Under the leadership of the Co-Occurring State Incentive Grant (COSIG) - Department of Health, Adult Mental Health Division, the Partnership will initiate action to bring together individuals and groups on April 23, 2007, 9:30 am-12:00 pm to hold a discussion group for researchers, program evaluators, and community providers representing key groups who have demonstrated a history of experience and work in this area.

**MEETING OBJECTIVES**

- Sharing of each group's current and past research projects focusing on Native Hawaiians and behavioral health.
- Determine if there is a need to collaborate on substance abuse and mental health research and/or program evaluation efforts in our community.
- Sharing & education of existing community provider programs that have demonstrated culturally appropriate services to Native Hawaiians and who have integrated Western evidenced-based practices with traditional Native Hawaiian values and practices.
- Determine what elements would constitute the ideal research group for investigating, recording, and tracking treatments that work for Native Hawaiians with co-occurring disorders. How can these effective treatments be integrated into the State and private health system? Best next steps?

**PARTICIPANTS INVITED**

REPRESENTATIVES FROM MAJOR  
COMMUNITY RESEARCH AND  
EVALUATION PROVIDER GROUPS  
WHOSE INTEREST AND PRIORITY HAS  
BEEN ON BEHAVIORAL HEALTH AND/OR  
NATIVE HAWAIIAN HEALTH AREAS.



## Attachment E: Evaluation Survey



**Community Research Discussion Group**  
**April 23, 2007**

**MAHALO FOR HELPING US EVALUATE TODAY'S DISCUSSION!**

Please indicate your agreement with these statements regarding today's meeting.	Maika'i Nui				Auwe
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I am pleased with the overall quality of today's meeting.	1	2	3	4	5
2. This meeting was well organized.	1	2	3	4	5
3. Topics discussed today were relevant to my concerns and interest.	1	2	3	4	5

**Please rate the following areas listed below to assist us in evaluating how well we met today's primary meeting objectives.**

4. My knowledge of Native Hawaiian behavioral health community research efforts has increased.	1	2	3	4	5
5. The group made a clear determination if there is a need to collaborate on substance abuse and mental health research/program evaluation efforts in our community.	1	2	3	4	5
6. My awareness and knowledge of existing community provider programs that have demonstrated culturally appropriate services to Native Hawaiians has increased.	1	2	3	4	5
7. The group determined what elements would constitute a research group for investigating, recording, and tracking treatments that work for Native Hawaiians with co-occurring disorders.	1	2	3	4	5
8. The group initiated recommendations as to how effective cultural based treatment practices can be integrated into the State and private health system (if time permits)	1	2	3	4	5

9. Would you attend another discussion group similar to this one? \_\_\_ YES \_\_\_ NO \_\_\_ WHY?

10. Please describe the things you felt useful and liked best about today's meeting.

11. Please describe the things you liked the least.

12. If applicable, what should be included in any follow up meetings? Next Steps?

13. Please indicate what island you live on:

Oahu       Big Island  
 Kauai       Lanai  
 Molokai       Maui

14. Please indicate which title best describes you (mark all that apply):

<input type="checkbox"/> Trustee	<input type="checkbox"/> Director/CEO	<input type="checkbox"/> Psychiatrist
<input type="checkbox"/> Medical Director	<input type="checkbox"/> Clinical Administrator/Manager	<input type="checkbox"/> Clinical Social Worker
<input type="checkbox"/> Clinical Supervisor	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Researcher
<input type="checkbox"/> Nurse	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Consumer of services
<input type="checkbox"/> Physician	<input type="checkbox"/> Counselor	<input type="checkbox"/> Residential Treatment Specialist
<input type="checkbox"/> CSAC	<input type="checkbox"/> Housing Specialist	<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Loved One of a person with a co-occurring disorder		

15. Please indicate which best describes your agency or affiliation (mark all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Community Agency             | <input type="checkbox"/> Non-profit Agency                                |
| <input type="checkbox"/> Federal Government           | <input type="checkbox"/> Substance Abuse Treatment Program                |
| <input type="checkbox"/> State Government             | <input type="checkbox"/> Mental Health Treatment Program                  |
| <input type="checkbox"/> County Government            | <input type="checkbox"/> University or other higher education institution |
| <input type="checkbox"/> Purchase of Service Provider | <input type="checkbox"/> Other (please describe) _____                    |

16. What is your gender?  Male  Female

17. What is your race/ethnicity (Mark all that applies)?

Native Hawaiian or Part Hawaiian \_\_\_\_\_

Other Pacific Islander:

- |  |   |
|--|---|
| <input type="checkbox"/> Samoan                | <input type="checkbox"/> Other Pacific Islander (specify) _____ |
| <input type="checkbox"/> Guamanian or Chamorro |   |
| <input type="checkbox"/> Micronesian           |   |

Asian

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Korean                      |
| <input type="checkbox"/> Chinese      | <input type="checkbox"/> Vietnamese                  |
| <input type="checkbox"/> Filipino     | <input type="checkbox"/> Other Asian (specify) _____ |
| <input type="checkbox"/> Japanese     |  |

- |  |  |
|--|--|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> American Indian           | <input type="checkbox"/> Portuguese      |
| <input type="checkbox"/> Alaska Native             |  |

Hispanic or Latino

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> Cuban   | <input type="checkbox"/> Puerto Rican                            |
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Other Hispanic or Latino(specify) _____ |

Unknown

- |   |
|---|
| <input type="checkbox"/> Adopted – don't know |
| <input type="checkbox"/> Unknown              |