



NATIONAL
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Establishing Culturally Centered Peer Support Services

Wednesday, April 27 from 3-4:30pm ET

Housekeeping

- You will be muted automatically upon entry and for the duration of the webinar.
- This webinar is being recorded and will be archived for future viewing on the National Council's website.
- Please submit your questions using the Q&A box at the bottom of the screen.

This presentation was supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$248,980 with 100% funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CDC/HHS, or the U.S. Government.

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Poll: Who's in the audience?

Please select the type of organization that best describes where you work.

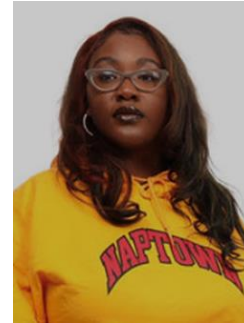
- Local or state health department
- Federal or other government agency
- Certified community behavioral health clinic (CCBHC)
- Community-based organization
- Tribal entity or tribal-serving organization
- Mental health or substance use treatment provider
- Recovery community organization (RCO) or other peer-based organization
- Criminal justice settings (e.g., law enforcement, corrections)
- Academia
- Other (please type into chat box)

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Today's Presenters

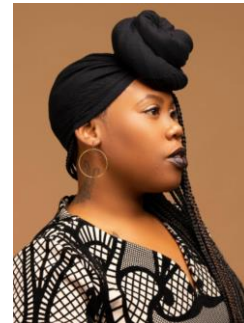


Tammie Healani Hoapili Smith, MPH
Overdose Data to Action Coordinator
Hawai'i Department of Health



Ilisha Wesley
Co-founder, Executive Director
Minority Recovery Collective, Inc.

Treana Becker, PhD
Principal Investigator
University of Hawai'i at Manoa



Natasha Cheatham
Co-founder, Board President
Minority Recovery Collective, Inc.

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Agenda

- Current Environment
- Toolkit Overview: Establishing Peer Support Services for Overdose Response
- Strategies from the Field:
 - Hawaii Department of Health Adult Mental Health Division (AMHD) and the University of Hawaii
 - Minority Recovery Collective Inc., Indianapolis, Indiana
- Q&A and Discussion

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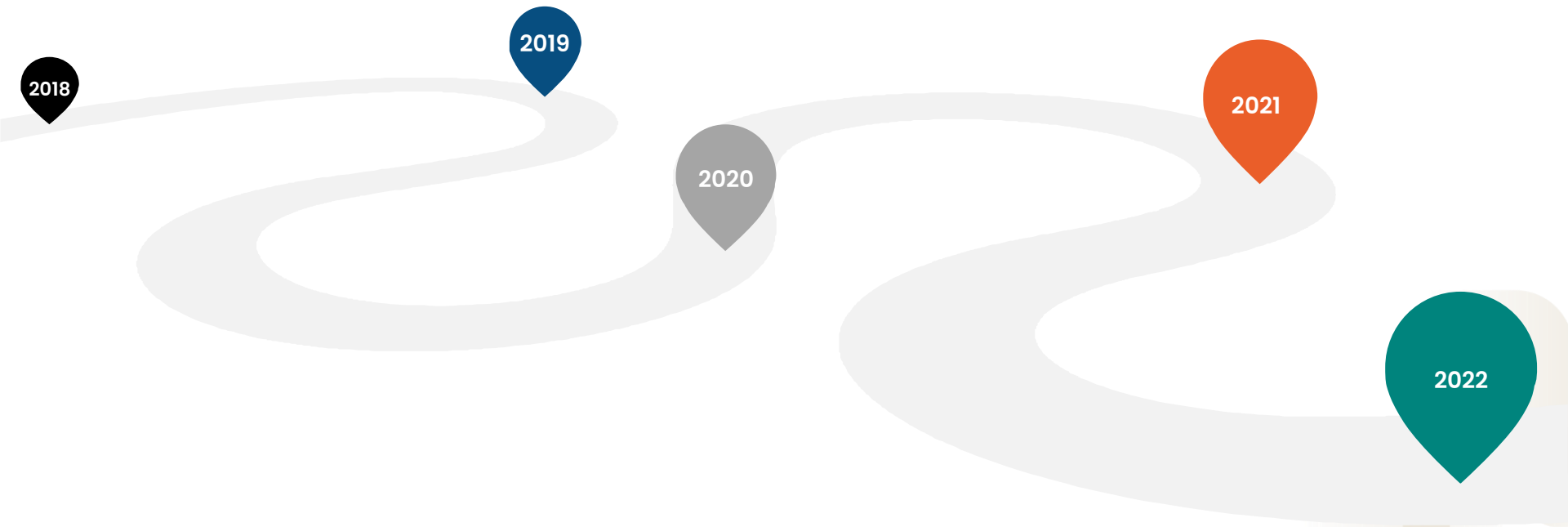
Welcoming Remarks from CDC



Rebecca Glover-Kudon, PhD, MSPH
Behavioral Scientist
Division of Overdose Prevention
National Center for Injury Prevention and Control

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The Current Environment



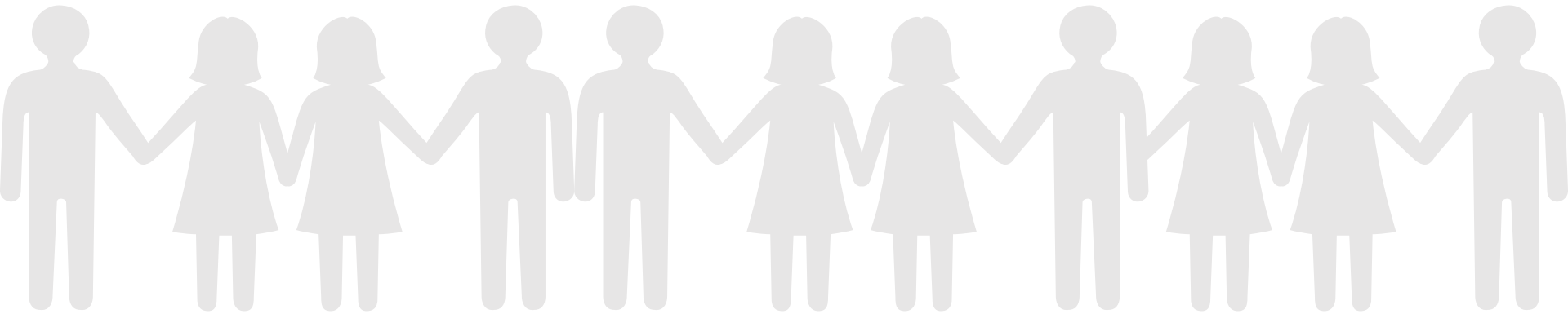
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MORE THAN

105,000

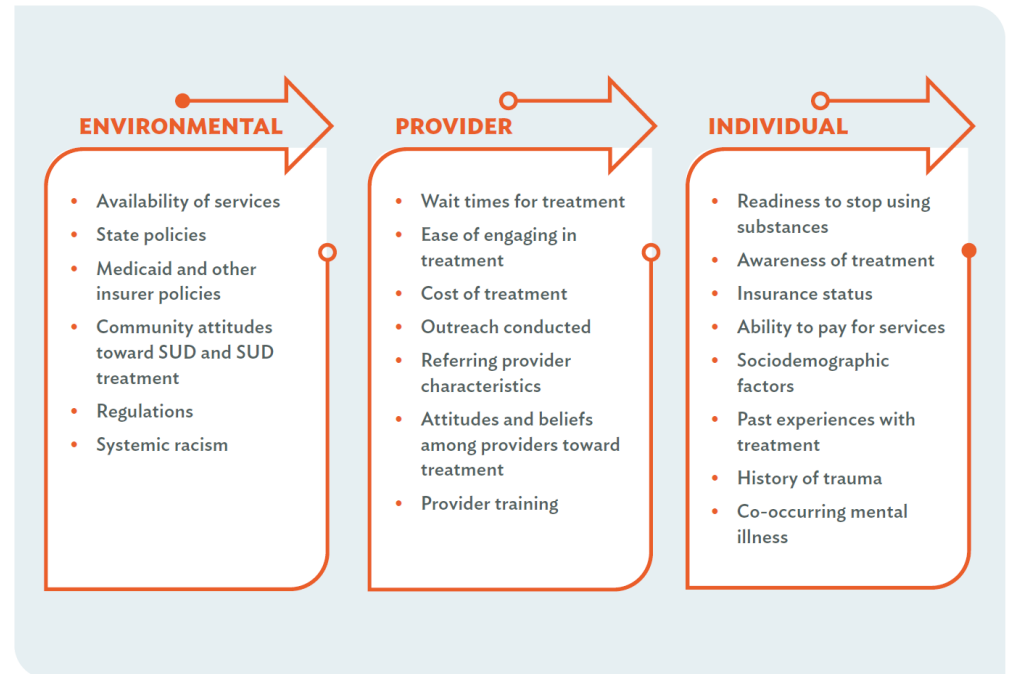
PEOPLE DIED OF AN OVERDOSE

in the 12-month period ending October 2021



Barriers to Care for People at Risk of Overdose

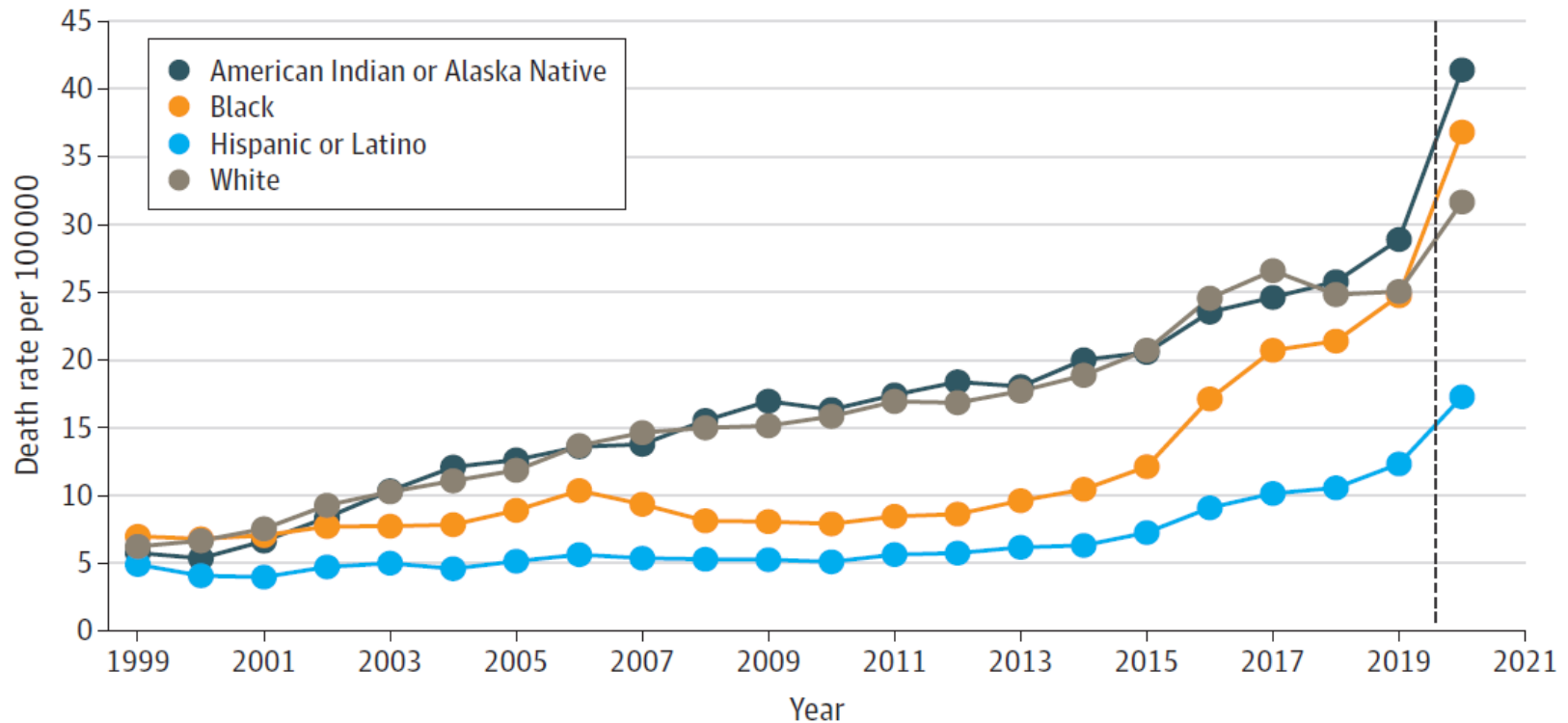
- Only 4 million of the 41.1 million people aged 12 or older who needed substance use disorder (SUD) treatment received it.¹
- Among 2.5 million people with opioid use disorder, **only 11.2% received medication for opioid use disorder (MOUD)**.¹
- Among people who felt they needed SUD treatment but did not receive it, **40% reported they were not ready to stop using substances**.²



1. SAMHSA. (2021, October). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-001, NSDUH Series H-55). <https://www.samhsa.gov/data/>
2. Center for Behavioral Health Statistics and Quality. (2016). Results from the 2015 National Survey on Drug Use and Health: Detailed tables. Rockville, MD: Substance Abuse and Mental Health Services Administration.

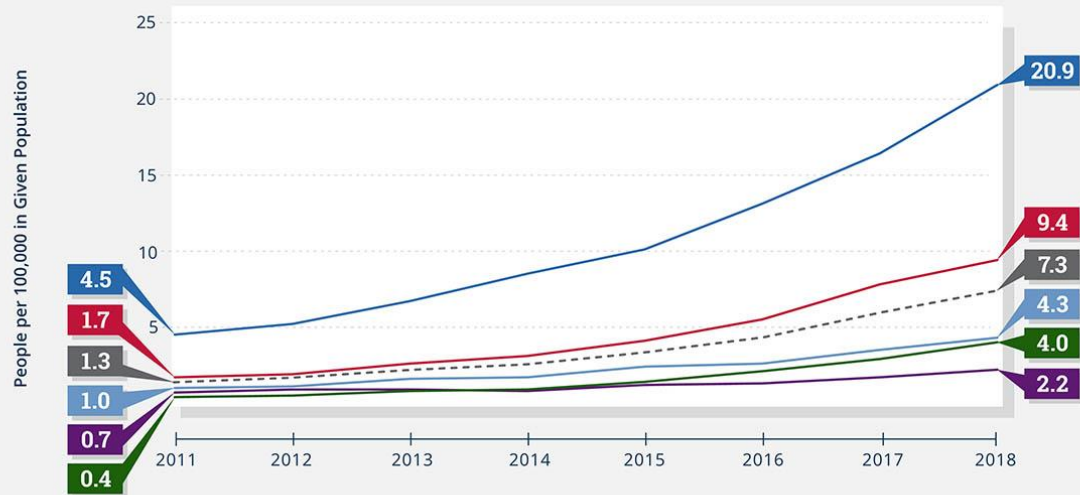
Disproportionate Impacts

Drug overdose mortality rates by race and ethnicity, 1999 to 2020



Friedman, J. R. & Hansen, H. (2022). Evaluation of Increases in Drug Overdose Mortality Rates in the US by Race and Ethnicity Before and During the COVID-19 Pandemic. *JAMA Psychiatry*. doi:10.1001/jamapsychiatry.2022.0004

U.S. Overdose Deaths Involving Methamphetamine in People Ages 25 – 54*



American Indian/Alaska Native (Non-Hispanic) White (Non-Hispanic) U.S. Average Hispanic Asian or Pacific Islander (Non-Hispanic) Black (Non-Hispanic)

*Recent national data show that most people who use methamphetamine are between 25 and 54 years old, so investigators limited analysis to this age group.



drugabuse.gov

Native people are more than twice as likely as white people to experience a methamphetamine-involved overdose death.

National Institute on Drug Abuse. (2021, January). Methamphetamine overdose deaths rise sharply nationwide. <https://nida.nih.gov/news-events/news-releases/2021/01/methamphetamine-overdose-deaths-rise-sharply-nationwide>



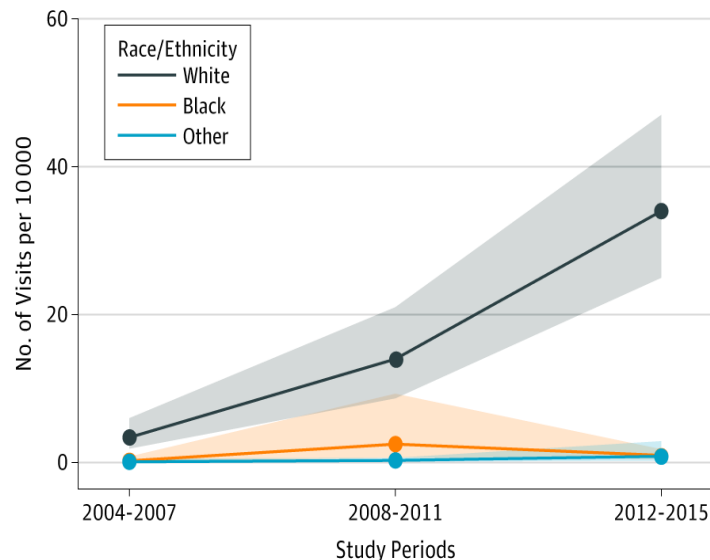
Disparities in Access to Care

- Following a nonfatal opioid overdose, Black patients were half as likely to obtain follow up care after ED-discharge compared to White patients.¹
- Black neighborhoods in the U.S. are likely to have more opioid treatment programs (methadone), while White neighborhoods are more likely to have buprenorphine providers.²
- Compared to methadone, buprenorphine is more commonly used by White people, people with higher incomes, and individuals who have private insurance or an ability to self pay.³

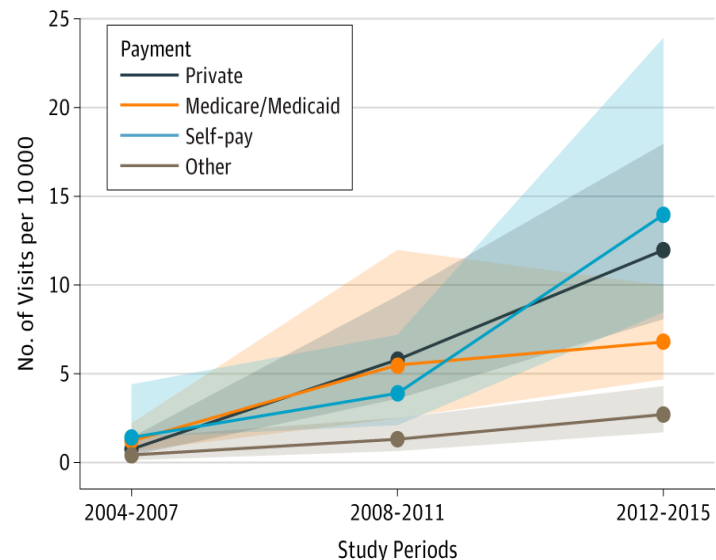
1. Kilaru, A. S., Xiong, A., Lowenstein, M., Meisel, Z. F., Perrone, J., Khatri, U....Delgado, M. K. (2020). Incidence of treatment for opioid use disorder following nonfatal overdose in commercially insured patients. *JAMA Network Open*, 3(5).
2. Goedel, W. C., Shapiro, A., Cerda, M., Tsai, J. W., Hadland, S. E., & Marshall, B. D. (2020). Association of Racial/Ethnic Segregation with Treatment Capacity for Opioid Use Disorder in Counties in the United States. *Jama Network Open*, 3(4), e203711.
3. Roberts, A. W., Saloner, B., & Dusetzina, S. B. (2018). Buprenorphine Use and Spending for Opioid Use Disorder Treatment: Trends From 2003 to 2015. *Psychiatric Services*, 69(7), 832–835. <https://doi.org/10.1176/appi.ps.201700315>

Inequities in Access to Medications for Opioid Use Disorder

A Visits by race/ethnicity



B Visits by payment



- Black patients were **70% less likely** to receive a prescription for buprenorphine at their visit when controlling for payment method, sex and age
- This study demonstrates that buprenorphine treatment is concentrated among white persons and those with private insurance or use self-pay.

Lagisetty, P. A., Boss, R., Bohnert, A., Clay, M., & Maust, D. T. (2019). Buprenorphine Treatment Divide by Race/Ethnicity and Payment. *JAMA Psychiatry*, 76(9), 979-981.

Disparities in Criminalization

FIGURE 6A.
Rates of Drug Use and Sales, by Race

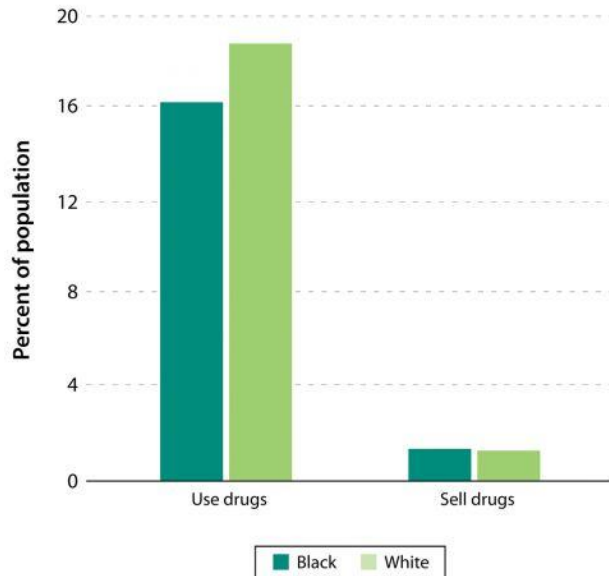
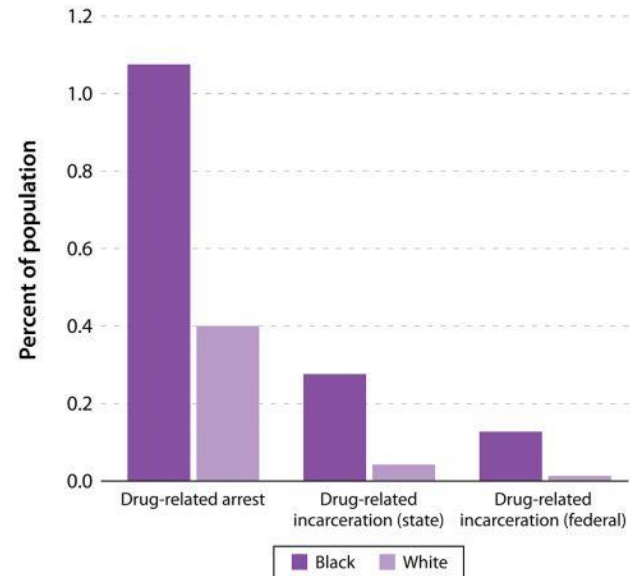


FIGURE 6B.
Rates of Drug-Related Criminal Justice Measures, by Race

At the state level, blacks are about 6.5 times as likely as whites to be incarcerated for drug-related crimes.



Source: BLS n.d.c; Carson 2015; Census Bureau n.d.; FBI 2015; authors' calculations.

Image source: https://www.hamiltonproject.org/charts/rates_of_drug_use_and_sales_by_race_rates_of_drug_related_criminal_justice

THE HAMILTON PROJECT
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Peer Support Services (PSS)

Peer-delivered mentoring, education and non-clinical services focused on supporting a person's individualized recovery process related to substance use. Peer support services are delivered through formal and specialized roles by people with lived experience of substance use and/or recovery.

PSS improve a range of outcomes among people who use drugs, including:

- Reduced risk of overdose
- Increased engagement in substance use treatment
- Reduced rate of hospitalizations and ED visits

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ESTABLISHING PEER SUPPORT SERVICES FOR OVERDOSE RESPONSE:

A Toolkit for Health Departments



March 2022

Informed by real-world experiences of 35 experts from the field from 16 states, representing:

- State and local health departments
- Peer support specialists and supervisors
- Recovery community organizations (RCOs)
- Certified community behavioral health clinics (CCBHCs)
- Emergency medical services (EMS)
- Academia and researchers
- National technical assistance providers

Supported by the Centers for Disease Control and Prevention.

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Toolkit Resources



Resources and Tools to Support Health Equity

- [Cultural Humility Resources](#) (catalog of free training webinars, print resources and podcasts; (NAADAC))
- [Culturally Responsive Recovery Support Services Video Catalog](#) (SAMHSA BRSS TACS)
- [Peer Support Toolkit](#) (Southern Plains Tribal Health Board)
- [Indian Country ECHO, Peer Recovery ECHO Program](#) (Southern Plains Tribal Health Board)
- [Native American Indian and Alaska Native Addiction Technology Transfer Center \(ATTC\)](#)
- [National Hispanic and Latino ATTC](#)
- [Peer Supports in African American Communities](#) (presentation slides; BJA COSSAP)
- [The Opioid Crisis and the Black/African American Population: An Urgent Issue](#) (SAMHSA)
- [Providing Culturally Responsive Recovery Supports: Recommendations for Engaging Black Young Adults](#) (SAMHSA BRSS TACS)
- [Cultural Competency in Mental Health Peer-run Programs and Self-help Groups: A Tool to Assess and Enhance Your Services](#) (National Alliance on Mental Illness and University of Illinois at Chicago)
- [Culturally Competent Service Delivery](#) (webinar series; ATTC Network)
- [Building Health Equity and Inclusion](#) (ATTC Network)



Ha'a ihu ha'io'a,
Ha'a kapu ha'a noa e

Wave and current separate, like to hold
This is regenerative and I am held



Hawaii Department of Health
Adult Mental Health Division (AMHD) and the University of Hawaii

Using Cultural Anchoring to Inform Practice:

*The Role of Overdose Data to Action (OD2A) in Advancing Care in Hawai'i
Culturally Centered Peer Based Support Services*

Presented by:

Treena Becker, PhD

University of Hawaii at Manoa

Overdose Data to Action Epidemiological and Evaluation Contracted Services PI

Tammie Healani Hoapili Smith, MPH-MCH

Hawaii State Department of Health, Behavioral Health Administration

Overdose Data to Action Grant Coordinator





KŪPA‘A RESILIENCE

He ‘a‘ali‘i kū makani mai au; ‘a‘ohe makani nāna e kula‘i

I am a wind-resisting ‘a‘ali‘i; no gale can push me over.

I can hold my own even in the face of difficulties.

The ‘aali‘i bush can stand the worst of gales without breaking.

Goals

1. How systemic policies and practices have resulted in health inequities
2. Strategies to implement and support culturally centered peer-based overdose response and linkage to care efforts
3. Lessons learned from examples in the field from participants and in Hawaii



Viable Solutions

Logic Model

"High-Quality, Culturally Anchored Opioid Prevention Programs provide viable solutions to improving systems of care and preventing health disparities in native communities related to opioid misuse."

High quality Culturally Anchored Prevention Programs are founded on the honoring of long-term, culturally-framed relationships.

When high quality Culturally Anchored Prevention Programs carefully honor relationships, they promote a sense of belonging.

When belonging is established, systems of care improve.

When systems improve, health disparities in communities are alleviated.

Created by: Blane Benevedes, MA, MHRM



Systemic Policies and Practices

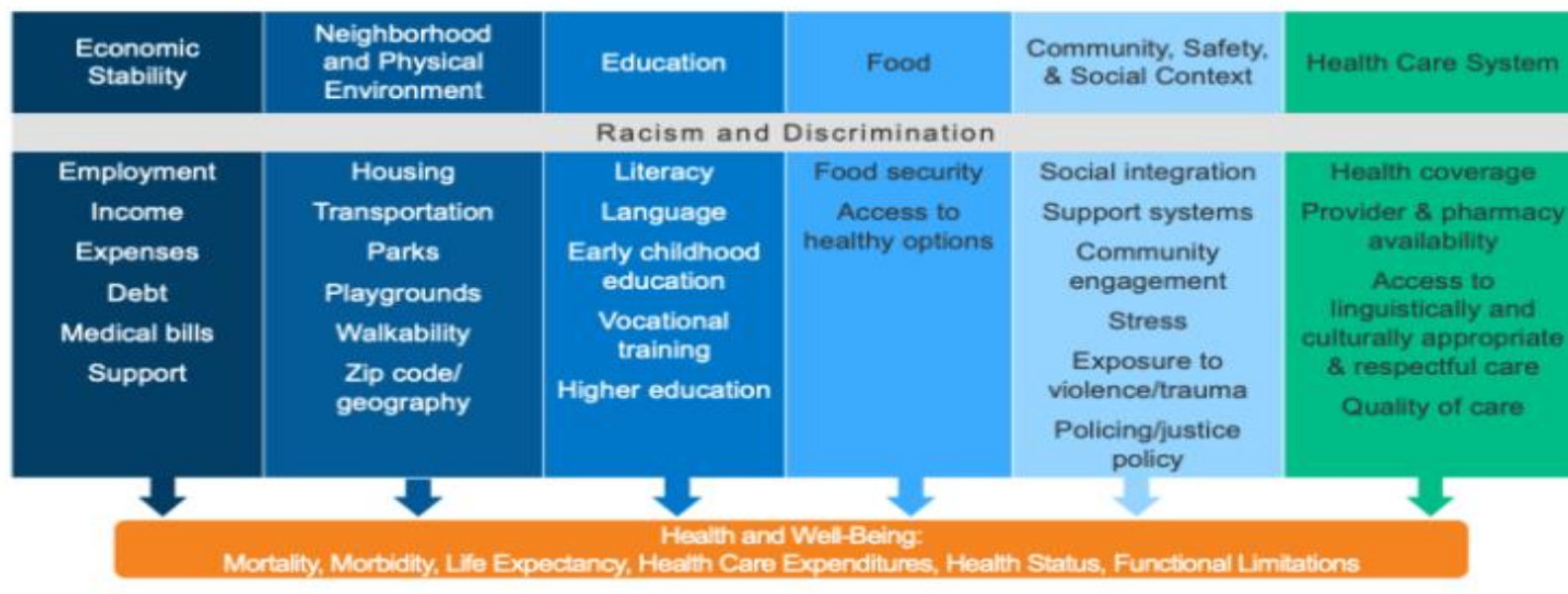
Resulted in health inequities among people who use drugs and people with substance use disorders.

Also, criminalization of people who are co-occurring.



Social and Economic Inequities

Health Disparities are Driven by Social and Economic Inequities



Health Disparities are a Symptom of Broader Social and Economic Inequities | KFF



Systemic Policies for Improvements

“Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government”

January 20, 2021

<https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/>.





E ola koa.

Live like a koa tree.

Live a long time, like a koa tree in the forest.

HULIHIA TRANSFORMATION

Fitting the Needs of Your Community

COMPONENT 4:

Identify a program model that fits the needs of your community.



There are several different types of peer-based overdose response models that are led or supported by health departments across the country. Depending on your organization's goals, existing resources and potential partners, your program model and setting may look different from other programs. While each program is distinct, there are several types of models that share some common characteristics, types of partners and services. This section describes existing models and offers key considerations for integrating PSS into health departments' service delivery.

Action Steps

- Understand the various program models that exist.
- Develop relationships with key partners.
- Deliver services that are culturally responsive and inclusive.



“What was shared, the cultural rooting, and the cultural format, here is the ‘ōhia, acknowledging if the health care system could adopt and say, ‘Yes we’ve caused a lot of harm,’ and someone is giving us tools to help provide better care, absolutely, it is profound. I think what was shared is universal.”

- *Kanilehua Framework Webinar Participant*



Part of the Toolkit



Example from the Field: Hawai'i Department of Health's Kanilehua Framework

The Hawai'i Department of Health, in collaboration with University of Hawai'i at Manoa and CDC's Overdose Data to Action program, developed the Kanilehua Framework to provide services and supports to people with substance use challenges in a culturally anchored manner that honors program participants' cultural values, beliefs and experiences. The Framework development was Indigenous-led and acknowledges the pain and historical trauma experienced by Indigenous people. The Framework also considers cultural values, is place-based and includes diverse stakeholders. The Framework focuses on supporting a person's optimal health, vulnerable populations, culturally anchored care, health professionals, community resources and public health as a relational process. A cultural advisor provided leadership and guidance related to the development and dissemination of the Framework to providers, stakeholders and community members through a series of webinars. Fully integrating the cultural advisor into the project in a leadership role was a key component to the Framework development's success and to ensure that the Framework is culturally anchored and relevant to participants receiving services. To understand the impact of the Framework on participants, program evaluation was conducted collecting quantitative and qualitative data. Findings showed that all participants improved their knowledge, skills and attitudes following the webinar series. Participants indicated a higher degree of confidence and understanding about how each culturally anchored topic of focus contributed to OUD.⁹²



Hawaii Certified Peer Specialist (HCPS)

hawaii.gov Text size: Smaller | Reset | Larger Stay Connected

State of Hawaii, Department of Health
Adult Mental Health Division

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Home > For Consumers > Hawaii Certified Peer Specialist (HCPS)

AMHD HOME

CONSUMERS / FAMILY / FRIENDS

- Access To Services
- Advance Mental Health Care Directive
- Clubhouses
- Consumer Satisfaction Surveys
- Co-Occurring: Consumers

Home > [Adult Mental Health Division](#) > [For Consumers](#) > Hawaii Certified Peer Specialist (HCPS)

HAWAII CERTIFIED PEER SPECIALIST (HCPS)

The HCPS program was modeled after Georgia's Certified Peer Specialist Project. Individuals are awarded certification only after attending the HCPS Training, and successfully passing both oral and written examinations.

HCPS are persons in recovery from a mental illness who have received certification by the Hawaii State Department of Health Adult Mental Health Division (AMHD). In general, HCPS:

- Promote self-determination, personal responsibility, and community integration for consumers of the AMHD.
- Instill hope in others by serving as role models and champions of recovery.

For more information, please contact the AMHD Office of Consumer Affairs at 586-4688.

[Microsoft Word - HCPS Handbook June 2012 Final.doc \(hawaii.gov\)](#)
[HCPS-Training-Application-packet.doc \(live.com\)](#)



\$15 Million Funding Until 2023

Enable **workforce supports for peer recovery specialists, forensic peer specialists, expand peer-based recovery support services, training for peer recovery specialists,** addiction medicine fellowships, substance use counselor credentialing for physicians, systematic training on the American Society for Addiction Medicine (ASAM) placement criteria and on warm lines for SUD professionals, and to expand SUD stabilization bed capacity for pregnant and parenting women with dependent children in rural areas.



HCPS

- A HCPS is a person who has self-identified as having received or is receiving mental health or co-occurring disorder services in his or her personal recovery process. This individual has completed training recognized by AMHD on how to assist others in regaining control over their lives based on the principles of recovery and resiliency.
- Direct peer-to-peer services can include a variety of support services, such as:
 - Assisting in the development of strengths-based individual goals,
 - Serving as an advocate, mentor, or facilitator for resolution of issues that peers are unable to resolve on their own,
 - Assisting in the development of rehabilitation goals,
 - Developing community support,
 - Providing education on ways to maintain personal wellness and recovery, or
 - Providing education on mental health system navigation.

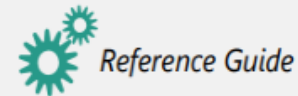


HCPS Using Cultural Anchoring

- Native Hawaiian Focused Substance Use & Wellness Support Groups
- We are developing a program curriculum based on Native Hawaiian values that incorporates peer supports from a cultural lens integrated with best practices for wellness and substance use treatment.
- We're partnering with Native Hawaiian health-based community partners to develop these curriculums and implement Statewide training for the Group Leaders (CMHC personnel) at every CMHC statewide.
- This includes developing the curriculum, training the various Group Leaders, as well as having a consultant from the Native Hawaiian community partner provide mentorship and follow-up support throughout the grant period.
- Will establish substance use support groups and Cognitive Behavioral Therapy (CBT) Peer groups at our Community Mental Health Centers (CMHCs) that are culturally tailored to our Native Hawaiian community consumers.
- Native Hawaiian community consumers that successfully complete the program might open an opportunity to become HCPS themselves if appropriate and interested.
- In doing so, we would have increased Native Hawaiian representation in our HCPS program & future peer-to-peer support leaders providing culturally anchored supports.



State Medicaid Reimbursement



State Medicaid Reimbursement For Peer Support Services

State Reimbursement Of Peer Support Services, 2018 ⁴				
State	Reimbursement For Mental Health	Reimbursement For Addiction	Funding Authority	Notes
District of Columbia	No	No	N/A	
Florida	Yes	Yes	State Plan	State has a proposed 1115 waiver that would implement pilots to provide peer support to individuals with addiction. Currently peer support for addiction is covered under the county Medicaid match program.
Georgia	Yes	Yes	State plan	
Hawaii	Yes	Yes	State plan	

[State Medicaid Reimbursement For Peer Support Services \(openminds.com\)](https://openminds.com)



RESOURCES



SHERI-ANN DANIELS EdD, CSAC, SAP

Executive Director, Papa Ola Lōkahi

Visit the website to review
[Year 1 Webinars – University of Hawaii \(hawaii.edu\)](http://hawaii.edu)



PERSPECTIVE THOUGHT

Your organization is culturally relevant if what you do and how you do it is relevant to multicultural audiences.

<https://theavarnagroup.com>





WELLNESS ECOSYSTEM



WAIMĀNALO
HEALTH CENTER

[Waimanalo Health Center on Vimeo](#)

Visit the website to review

OD2A Peer-to-Peer

Years 1 & 2 - Our Mission & Vision

MISSION: The **KANILEHUA WEBINAR SERIES** introduces the 'ōhi'a lehua, an endemic Hawaiian tree, as our teacher in healing the chronic and existential pain of historical and intergenerational trauma associated with opioid use disorder. Viewing the land as our communities and health as water cycle resilience, this series looks to the cloud catching, truth-telling, 'ōhi'a lehua for ways to ho'i ka wai, to remove seen and unseen emotional blockages to restore waters (waiwai) stolen by trauma. Aimed at creating safe spaces for co-learning, this series convenes peers across the systems of care who believe that when Indigenous leadership is uplifted, wellness is accessible to all.

VISION: Ho'i ka 'o'opu 'ai lehua i ka māpunapuna

The lehua-eating 'o'opu has gone back to the spring.
Said of one who has gone back to the source.

"Our practices hold much of the medicine we need." (#1034)



[Year 2 Webinars – University of Hawaii \(hawaii.edu\)](http://hawaii.edu)



'Ōhi'a: Public Health as a Relational Process: Peer Application

How could you incorporate the Kanilehua framework into your life?



	<p>Kanilehua: True Wellness (Rain) What is true wellness to you?</p>
	<p>Pahu Moanalaha: Culture/Language Bearers (Aquifer) What people, history, land, and culture do you come from? What is your deepest pain?</p>
	<p>Mole: Immediate Relief from Within (Taproot) What thoughts or activities bring immediate safety and healing to your body, mind, and spirit?</p>
	<p>Ma'alewa: Trusted Peers/Friends/Family/Ancestors (Aerial Root) Who can you call for support?</p>
	<p>Pahu Ma'ukele: Doctors/Clinics/Community Resources (Surrounding Forest) What community resources (clinics, doctors, psychologists, etc.) can you use for support?</p>
	<p>'Ōhi'a: Public Health as a Relational Process (Metrosideros polymorpha) What people or practices will you default to when you are faced with deep pain?</p>

Framework: Ku'uilei Perreira-Keawekane OD2A Principal Investigator: Amy Curtis Graphic: Jaki Knaus Kōkua (Support): Mei Linn Park, Kat Burke, Amelia Borofsky, 'Awapuhi Lee, Vivienne Nguyen and Layne Nakano OD2A Coordinator: Tammie Smith



Kanilehua Animation – YouTube

Public
Health

as
a

Relational
Process



Everyone
involved
has
an
important
role



1:03 / 1:10



Kanilehua Animation – YouTube



Foundation of your work

HONOR PLACE

FOCUS ON SOCIAL
DETERMINANTS
OF HEALTH

LED BY
COMMUNITY

APPRECIATE ANCESTRAL
LANGUAGES & WISDOM

INVESTMENT, INTEGRITY,
AND INTENTIONALITY

Best Practice: 2 Steps

Step 1

- Identify and acknowledge the relationships around the person seeking and maintaining recovery.

Step 2

- In supporting the person seeking recovery, ask yourself **what culturally grounded practices do you use to mitigate pain for yourself**, the person you work with, as well as the people supporting the person in recovery?



3 Tools to be Culturally Anchored

1

- Define and understand the historical trauma of indigenous population which may still cause pain to the person seeking recovery.

2

- Analyze and understand historical data of indigenous population.

3

- Build inventory of all cultural and community-based resources surrounding the person seeking recovery.



Mana i Maui Ola

OHA's 15-YEAR STRATEGIC PLAN FOR 2020-2035

OHA's Strategic Plan "Mana i Maui Ola" (Strength to Wellbeing) includes three foundations: 'Ohana (family), Mo'omeheu (culture), and 'Āina (land and water). OHA recognizes these foundations have the power to affect the wellbeing of Native Hawaiians. Therefore, they are woven into OHA's plans to affect change in the areas of education, health, housing, and economics. These four directions will be used to guide OHA's work to better the conditions of Native Hawaiians. Over the next 15 years, OHA will be implementing strategies, aligned with our foundations and directions to achieve our envisioned outcomes for a thriving and abundant lāhui.



Navigating Successful Stewardship

Mai Ka Pō Mai



The morning sun rises over the island of Mokuonemone in Papahānaumokuākea. A newly released guidance document, *Mai Ka Pō Mai*, provides a framework for culturally appropriate and scientifically sound management and protection of the Papahānaumokuākea National Marine Monument. - Photo: Brad Ka'alelo Wong

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Iūlai 2021 7

He Leo Aloha A Beloved Voice of Comfort and Rest for the Kupa 'Āina

By Kū'ulei Perrera-Kaewakane



Kū'ulei Perrera-Kaewakane - Perrera Kaewakane

The you who have given your breath to the frontlines of Mauna Kea, Haleakala, Hāpūhū, Kalahele, Kahuku, Hinānāhulu, Kaho'olawe, Waikiki. To the mothers and fathers, the tutus and pupus, the sons, daughters, and descendants of kūpuna Hawai'i. To you also who sit on the frontlines of healing childhood trauma, neglect, abuse, violence, grief - and also land sales, the rising cost of living, the death of a loved one, the loss of our mother tongue. To you who hold the pain of the commercialization of 'āina aloha in your bones, and to you, also, who have traded this pain for the comfort and numbness of the void.

We have experienced deep grief for the loss of our land, language and cultural identity. Some of us have forgotten how to wrap our lips around the names and place names of our kūpuna, and some of us are tired of being the only ones who know how. This grief has led us to cope by using substances that hurt us, but that also help us to numb this 'ēha. I am writing this to the kua 'āina who are ready to address the depth of this generational hurt and find a way to the truth of our piko - the wellness of our maui.

Do you know that word - maui? It is the ancestral fire within us that we feed and keep lit every time we pray or acknowledge the beauty and mana of the maui. It is the warmth we feel when we remember or learn something new about who we are and the land we come from as

Hawai'i people. Our maui is the safety we find when we plant a seed or clean a hali. It's the truth of our cultural identity. Maui'ola is this safety - stabilized and normalized for us in our bodies, our families, workplaces and communities.

In his work, Dr. Keawe'āimoku Kahookula shares the four corner points of maui'ola, or Native Hawaiian Health: Ni Pua Kūhi. Our wellness is dependent on Ke Ao 'Ōiwi, Ka Milani 'Āina, Ka 'Ai Pono, and Ka Wai Ola - Indigenous space, environmental stewardship, healthy consumption and social justice.

This means that our illnesses as Hawai'i people is directly related to the ways we are no longer prioritized as stakeholders in the affairs of our place.

Our illness is related to the overdevelopment of our land and the ways we are restricted access in spaces maui 'āi kai - from the mountains to the sea. Our illness is related to the relationships that we no longer have to our food and where it comes from, and our illness is related to the ways we are ignored in our fight to attain and restore justice for our land and our people.

When we finally work up the time, space, energy, and courage to get help with our addictions to things like processed food, instant gratification, alcohol, substances, and stress, we ought to understand the kind of help we need - and where to find it. So I am writing this to share the Kanilehua Framework - a cultural and linguistic framework based on the 'ōhi'a tree - to remind us of the many sources of healing we can call upon when we need it most (see graphics).

As the 'ōhi'a grows, when rain falls to the earth and filters through the hard lava rock of our forests, it is collected in an underground drum of water called the palu moanūhū. Meanwhile, the moke, or uproot of the 'ōhi'a, literally cracks the rock to access the water in the underground drum. Water travels through the root and feeds the tree as it grows upward. When 'ōhi'a can't access water from the ground, it sprouts ma'alewa, aerial roots, that hang from the branches above. The roots that grow from the branches draw from the moisture of the surrounding forest, or the palu ma'ulele. This process models the ways we are able to grow and heal.

The rain represents maui'ola, the underground drum of water represents who we are the culture and language hevers, frontline activists - the people struggling through the "trenches."

Framework Clarity (Diagram)



Kanihūa (Bark)
Tūa Welele
Pulu Ma'alewa (Aerial Root)
Māle (Trenches)
Imohele (Leaf Root)
Mo'āina (Aerial Root)
Tū'āina (Pulu/Pūnāhā)
Pulu Mo'āina (Underground Drum)
'Ōhi'a (Metaphorical/Physical Health as a Relational Process)

Using the 'ōhi'a tree as a metaphor, the Kanilehua Framework was designed to remind us of the many sources of healing we can call upon when we are in need. - Artist: Jaki Hines

The taproot represents the medicine which is accessible directly to us - like prayer, chant, dance and 'āina. The aerial roots represent the people we reach for in times of need, and the surrounding moisture represents the professionals, practitioners and community resources that also support us through our healing.

The purpose of the Kanilehua Framework, then, is to teach us that our healing will come from all different directions. It will require us to deepen our relationships with ourselves and our culture, the people and the places around us. Doctors and treatment centers can help to guide us on our healing journeys, especially when we suffer from chemical dependency and emotional, physical or spiritual trauma.

SEE HE LEO ALOHA ON PAGE 19

KANILEHUA WEBINAR SERIES

This free webinar series runs from May through July. All completed webinars are archived and may be accessed on-demand. You may also register in advance for upcoming webinars.

May 7: Public Health as a Relational Process
Speaker: Kū'ulei Perrera-Kaewakane

May 21: Historical Trauma and Wellness
Speaker: Trifina Kikola

June 18: Cultural Resilience and Wellness
Speaker: Kaula Kaolakohepa'olani

July 2: Crisis for Caregivers - Caring for self to sustain the care of others
Speaker: Hi'ikani Shibata

July 16: Community Resources for Rural Health
Speaker: Dr. Kaolaha Fox

July 30: Public Health as a Relational Process - Peer Application
Speaker: Kū'ulei Perrera-Kaewakane

To access the Kanilehua Webinar Series, go to:



SCAN ME

or visit:
<https://www.hawaii.edu/aging/phac/overdose-data-to-action/02to2p2p/year-2-webinar-schedule/>

Queen's Medical Center

Three Goals of the Native Hawaiian Health Department

GOAL 1 Health Care Accessibility: Build trust and accessibility for Hawaiians in targeted communities

GOAL 2 Community Services Support Network: Connect patients to resources in the community to address health-related social needs

GOAL 3 Training and Education: Promote and support training and education of culturally responsive approaches to care delivery



OUR MISSION

To fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.



OUR VISION

E ola ka 'ōiwi

(Healthy and well are the Hawaiians)

Community Services Support Network

Goal 2: Community Services Support Network

Connect patients to resources in the community to address health-related social needs



FOCUS AREA	TACTICS
A Community Services	<ul style="list-style-type: none"> ▪ Inventory community/health services that target Native Hawaiians ▪ Analyze data to understand gaps (needs vs. services available)
B Navigation	<ul style="list-style-type: none"> ▪ Implement screening (tailored for Hawaiians) to identify health-related social needs, at key clinical delivery sites
C Community Partnerships	<ul style="list-style-type: none"> ▪ Nurture relationships with community organizations (community liaisons) where appropriate <ul style="list-style-type: none"> ○ Create/develop action plans with community partners ○ Set mutual goals/expectations with community partners ▪ Develop school-based partnerships to engage families in health and wellness
D Infrastructure	<ul style="list-style-type: none"> ▪ Develop and implement processes for intake, selection, monitoring, evaluation, reporting ▪ Establish a management committee with the authority to recommend decisions and to oversee the implementation of the processes





PILINA CONNECTION

He hale pili ia.

It is a grass house.

It is a house built upon relationships.

Acknowledgements

NASADAD LU'AU June 4, 2019

Pictured (from L to R): Tribal Chair Francis Gray of the Piscataway Nation of Maryland; Jared Yurow, Psy.D., Hawaii Alcohol and Drug Abuse Division; Sheri Daniels, Ed.D., Exec. Dir., Papa Ola Lokahi (Hawaii); Aunty Darlene "Kehaulani" Butts, President and Aunty Charlene "Puanani" Diamond, member of the Ke Ali'i Maka'ainana Hawaiian Civic Club of Washington, DC



KA 'IKENA, VISION A thriving Native community composed of healthy individuals and families informed about their rich heritage and culture, living in a state of lōkahi (unity), and making informed choices and responsible decisions in a safe island society that is pono (in proper order).

KE ALA MĀLAMALAMA, MISSION To improve the health status and wellbeing of Native Hawaiians and others by advocating for, initiating and maintaining culturally appropriate strategic actions aimed at improving the physical, mental and spiritual health of Native Hawaiians and their 'ohana (families) and empowering them to determine their own destinies.





Acknowledgements

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‘O ke kahua ma mua, mahope ke kūkulu.

The site first, and then the building.

Hawaii Department of Health Adult Mental Health Division (AMHD) and University of Hawaii



Photo © Noa Spencer

MAHALO



Ka Hale Pomaika'i- "The Blessed House"



Q:

What happens in rural communities with high concentrations of Native Hawaiians can be an example for other communities with indigenous populations?



Naupaka's Story: A father's addiction. His PCP prescribes opioids to help him sleep when he is too high on Methamphetamine. Addicted to both drugs, Naupaka lost his home, wife, children and job. On his island there are no residential treatment centers and MAT is unavailable. He had to rely on Native Cultural Wisdom to climb out of the dark abyss. He weeps at being on the mountain top once again.

Shari R. Lynn, MEd, CSAC, CCS, CCJP, CPS, SAP, CSAPA
Executive Director/ Clinical Supervisor
Ka Hale Pomaika'i

Community Stories and References



Kua: A Young Teen's Experience

Following an outpatient surgery for a minor foot fracture he was given an opioid Rx of 30 tabs. He told his doctor that he did not think he needed any pain medication. His custodial grandparent asked why more than the "7 day only" supply was being given, considering that he had a scheduled check up in a week. The doctor was not willing to adjust the Rx or engage in the cultural custom of building trust by *'talking-story'*.

Although Kua had attempted suicide with his father's opioids in the past, he was never asked about his history of drug use, suicide attempts or ideation, nor was his extended family's history of any SUD ever explored.

Had the medical team been skilled with a sense of cultural humility these areas would have made a difference in the amount of opioid medication they prescribed.

In reality, the majority of this child's adult family members are all active opioid abusers, unable to quit, all stemming from an original Rx for minor pain initiated more than 10 years ago. Without Kupuna intervention, Kua would have the drugs they want, a means to overdose if he becomes suicidal, and an opportunity to sell unused pills at \$10.00 each.

[Ka Hale Pomaika'i- "The Blessed House" Where Recovery Lives – On Moloka'i \(kahalepomaikai.org\)](#)

Cultural Anchoring



In both stories, **cultural anchoring** with reliance on Kūpuna (*wise elders*) instilled traditional wisdom played the largest part in healing: spiritually, emotionally, and physically.

Naupaka now faces the challenging task of self-advocacy as he tries to educate his doctor about his addiction and hard-earned recovery. He knows he can find his way home because his culture holds his place for him.



Kua returned to reliance on his Kūpuna for guidance, support and traditional plant-based medicine to help his fracture heal. He uses the 'ōlena in ways taught for generations to strengthen his immune system to avoid infection. He knows from hearing it his whole life, that 90% of healing is work done by the soul. He is making positive life affirming choices that honor his Hawaiian values. Today he prays and seeks his healing as a blessing without western pain medication.

[Ka Hale Pomaika'i- "The Blessed House" Where Recovery Lives – On Moloka'i \(kahalepomaikai.org\)](http://kahalepomaikai.org)

References

To Learn More

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MINORITY RECOVERY COLLECTIVE INC.



**WHY
DOES
MRCI
EXIST?**



MISSION

To promote the wholistic recovery of Black, Indigenous, & People of Color (BIPOC) through harm / stress reduction and positive social interactions.

VISION

To guide BIPOC on their journey (of recovery) to their full potential while creating an innovative, self-sustaining, and collaborative ecosystem to support improved quality of life and economic efficiency.

WE STAND IN THE GAP FOR THE UNDERSERVED

AREAS OF FOCUS

*Healthy Social Engagement
Natural Nutrition / Active Living
Rest / Stress Reduction*

CORE VALUES

*Integrity
Resilience
Transformation*



THE VISION



A sustainable, living recovery community.

WHERE POC CAN HEAL AND THRIVE.



HOW MRCI ADDRESSES DISPARITIES

- *Sponsored BIPOC-Centered Recovery Programs*
- *Youth Led and Centered Initiatives*
- *Programs and Services led by Community voices*
- *Growing spaces for BIPOC Recovery & Wellness*

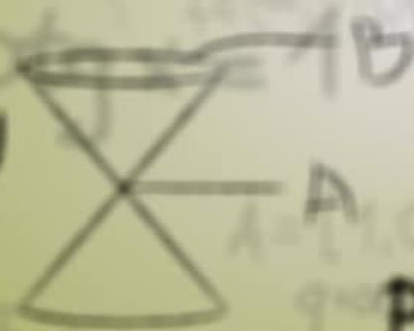


All you need is this simple equation:

$$X + Y =$$



$$p^2 c^2 = m^2 c^4$$



$$P = \frac{E}{c^2} u$$

$$\Delta t = \frac{u}{c^2} \Delta x$$

$$g_1 = \frac{(r\bar{b} + b\bar{r})}{\sqrt{2}}$$

$$g_6 = \frac{(b\bar{g} + g\bar{b})}{\sqrt{2}}$$

$$g_4 = \frac{(r\bar{g} + g\bar{r})}{\sqrt{2}}$$

$$A(v) = T(v) \begin{pmatrix} 1 & v \\ v & 1 \end{pmatrix}$$

$$\Delta S^2 = c^2 \Delta t^2 - \Delta x^2 - \Delta y^2 - \Delta z^2$$

X =



Culturally competent educational opportunities

Wholistic programs and support

Pathways for youth and young adults of color to enter into the fields of Behavioral/Mental Health, Psychology, & Social Work

Behavioral/Mental Health professionals living in the community they serve.

Free and physically attractive recovery and/or treatment centers within underserved communities.

Have funded and sustained positive relationships with individuals and entities that directly serve Minority communities with the purpose of gaining a sense of trustworthiness.

Enforced education and consequences regarding implicit bias among Non-Minority providers.

Y = INTENT

WHY?



LEARN THE LANGUAGE:

I AM, BECAUSE WE ARE.

Culture comes from community. If you don't know the community, then you don't know the culture. If you don't know the community, then how can you serve and advocate?

EDUCATE

ALLEVIATE

ELEVATE

ADVOCATE

CONNECT WITH US

THANK YOU TO OUR
CLIENTS & PARTNERS,
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Questions?



NATIONAL
COUNCIL
for Mental
Wellbeing

National Council Resource List

- [Deflection and Pre-arrest Diversion Tools and Resources](#)
- [Training and Educating Public Safety to Prevent Overdose Among BIPOC Communities](#)
- [Medication-assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit](#)
- [Overdose Prevention and Response in Community Corrections](#)
- [Supporting Telehealth and Technology-assisted Services for People Who Use Drugs: A Resource Guide](#)
- [Overdose Response and Linkage to Care: A Roadmap for Health Departments](#)
- [Guidance on Handling the Increasing Prevalence of Drugs Adulterated or Laced with Fentanyl](#)

Additional Resources

- [Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States](#) (CDC)
- [Treatment for Stimulant Use Disorders: Treatment Improvement Protocol \(TIP\) 33](#) (SAMHSA)
- [Medications for Opioid Use Disorder: TIP 63](#) (SAMHSA)
- [Providers Clinical Support System](#)
- [Opioid Response Network](#)
- [Center of Excellence for Integrated Health Solutions](#)
- [National Council Harm Reduction Resources](#)
- [Harm Reduction Technical Assistance Center](#) (CDC)
- [National Harm Reduction Coalition](#)
- [NASTAD](#) (National Alliance of State and Territorial AIDS Directors)
- [NEXT Distro](#)
- [Harm Reduction Legal Project](#) (Network for Public Health Law)
- [CCBHC Success Center](#) (National Council)

Thank You!

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