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.
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)
Today’s Presenters

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

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

Treena Becker, PhD
Principal Investigator
University of Hawai’i at Manoa

Natasha Cheatham
Co-founder, Board President
Minority Recovery Collective, Inc.
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
Welcoming Remarks from CDC

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

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Disproportionate Impacts

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


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


Inequities in Access to Medications for Opioid Use Disorder

• 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.

Disparities in Criminalization

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

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

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

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

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
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.
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 mu ha noa, ha a kagu ha a noa e. This is regenerate me and I am held.
Using Cultural Anchoring to Inform Practice:

The Role of Overdose Data to Action (OD2A) in Advancing Care in Hawaiʻi

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
He ʻaʻaliʻi kū makani mai au; ʻaʻohe makani nāna e kulaʻi

I am a wind-resisting ʻaʻaliʻi; no gale can push me over.
I can hold my own even in the face of difficulties.
The ʻaaliʻi 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

"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."

Logic Model

- 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.
Systemic Policies for Improvements

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

January 20, 2021

E ola koa.

Live like a koa tree.

Live a long time, like a koa tree in the forest.
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 RRS 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, that’s the ‘Shia, 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.93
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.
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.**
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 For Peer Support Services

<table>
<thead>
<tr>
<th>State</th>
<th>Reimbursement For Mental Health</th>
<th>Reimbursement For Addiction</th>
<th>Funding Authority</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>District of Columbia</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
<td>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.</td>
</tr>
<tr>
<td>Florida</td>
<td>Yes</td>
<td>Yes</td>
<td>State Plan</td>
<td>State plan</td>
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<td>Georgia</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Hawaii</td>
<td>Yes</td>
<td>Yes</td>
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RESOURCES

Visit the website to review Year 1 Webinars – University of Hawaii (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
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)
ʻŌhiʻa: Public Health as a Relational Process: Peer Application

How could you incorporate the Kanilehua framework into your life?

Kanilehua: True Wellness (Rain)
What is true wellness to you?

Pahu Moanalihia: Culture/Language Bearers (Aquifer)
What people, history, land, and culture do you come from?
What is your deepest pain?

Mole: Immediate Relief from Within (Taproot)
What thoughts or activities bring immediate safety and healing to your body, mind, and spirit?

Maʻalewa: Trusted Peers/Friends/Family/Ancestors (Aerial Root)
Who can you call for support?

Pahu Maʻukele: Doctors/Clinics/Community Resources (Surrounding Forest)
What community resources (clinics, doctors, psychologists, etc.) can you use for support?

ʻŌhiʻa: Public Health as a Relational Process (Metrosideros polymorpha)
What people or practices will you default to when you are faced with deep pain?
Public Health as a Relational Process

Everyone involved has an important role
Foundation of your work

- Honor Place
- Led by Community
- Appreciate Ancestral Languages & Wisdom
- Focus on Social Determinants of Health
- 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

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<tr>
<td><strong>1</strong></td>
<td>• Define and understand the historical trauma of indigenous population which may still cause pain to the person seeking recovery.</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>• Analyze and understand historical data of indigenous population.</td>
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<tr>
<td><strong>3</strong></td>
<td>• Build inventory of all cultural and community-based resources surrounding the person seeking recovery.</td>
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Mana i Mauli Ola
OHA’s 15-YEAR STRATEGIC PLAN FOR 2020-2035

OHA’s Strategic Plan “Mana i Mauli 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

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

By Keoni Miki Fernandez

The sea calls to us, and we call to the sea, to act as the health and welfare of all life. In our daily lives, we must seek to understand and connect with the ocean, to appreciate its beauty and appreciate the wisdom it teaches us. To do this, we must learn to listen to the ocean, to hear its songs and to feel its rhythms. The ocean is a powerful force, and it has the ability to heal us, to inspire us, and to connect us to the natural world. In this way, the ocean can serve as a source of comfort and rest for our kupu ‘Āina.

Framework Clarity (Diagram)

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Framework Clarity (Diagram)
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 ʻōiwi
(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*

<table>
<thead>
<tr>
<th>FOCUS AREA</th>
<th>TACTICS</th>
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| A Community Services| • Inventory community/health services that target Native Hawaiians  
                        • Analyze data to understand gaps (needs vs. services available)                                                                 |
| B Navigation        | • Implement screening (tailored for Hawaiians) to identify health-related social needs, at key clinical delivery sites                       |
| C Community Partnerships| • Nurture relationships with community organizations (community liaisons) where appropriate                          |
|                     |   • 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    | • 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 |
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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*Awapuhi Lee  
Tropical Medicine

Mel Linn Park  
Social Work

Layne Nakano  
Accounting
ʻO 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

MAHALO
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.
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)
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)
References

To Learn More


WHY 
DOES 
MRGI 
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:

\[ X + Y = \]
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
Questions?
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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