

Strengthening the people, places, and practices of Hawaii's substance
abuse prevention and treatment workforce:
A Strategic Plan for Workforce Development

State of Hawaii Department of Health
Alcohol and Drug Abuse Division

March 2018



Dedication:

To the healing people, places, and practices of Hawaii



Acknowledgement and gratitude to ke kumu (the source) of renewed focus on the wisdom that comes from our island culture and collective human spirit – especially Pono Shim, Ramsay Taum, Uncle Bruce Keaulani, Aunty Kehaulani Lum, Thao Le, and Merton Chinen whose discussions inspired the cultural framework of this project.

The working team at Coalition for a Drug-Free Hawaii would also like to offer deep appreciation to the providers, specialists, stakeholders, community supporters, and workforce development committee members who shared their stories, passion, and radical ideas throughout this process. It has been an honor to witness the strength, compassion, and innovation that is present in Hawaii’s substance abuse prevention and treatment workforce.

Special thanks to the administrators, coordinators, and innovators and the Hawaii State Department of Health Alcohol and Drug Abuse Division (ADAD) for their ongoing support and dedication to this project.

Mahalo to Baron Sekiya for sharing the cover photo and dedication photo.

Table of Contents

EXECUTIVE SUMMARY FOR WORKFORCE DEVELOPMENT	1
THEMES ALIGNED WITH SAMHSA CORE COMPETENCIES	1
RECOMMENDATIONS	2
GUIDING PRINCIPLES	4
VALUES	4
I. INTRODUCTION	5
PROBLEM STATEMENT	5
GOALS.....	5
KEY FINDINGS.....	6
II. BACKGROUND	8
A. PURPOSE	8
B. HAWAII’S SUBSTANCE ABUSE PREVENTION AND TREATMENT WORKFORCE.....	9
C. THE CONTEXT FOR WORKFORCE DEVELOPMENT IN HAWAII.....	11
<i>Cultural Diversity</i>	11
<i>Health Disparities</i>	11
<i>The “Aloha Spirit”</i>	12
<i>Challenges</i>	13
<i>Emerging Conditions</i>	13
D. IMPLICATIONS FOR WORKFORCE DEVELOPMENT	14
III. METHODS	15
A. RESEARCH QUESTIONS	15
B. SURVEYS AND ASSESSMENTS.....	16
C. DESIGN THINKING	16
D. ONLINE SURVEY.....	18
E. COMMITTEE OF STAKEHOLDERS	18
IV. LOGIC MODEL.....	19
V. SUMMARY OF FINDINGS.....	22
A. THEMES AND RECOMMENDATIONS:.....	22
1. <i>Systems-Oriented Leadership and Practice.</i>	22
2. <i>Assessment and Intervention.</i>	23
3. <i>Sustainability and Quality Improvement.</i>	24
4. <i>Informatics and Communication.</i>	26
5. <i>Collaboration and Community Practice</i>	26
6. <i>Culture and Place-Based Practice.</i>	27
7. <i>Holistic Wellness and Self-Care</i>	28
8. <i>Paradigm shift—towards an Aloha Response.</i>	29
B. TRAINING TOPICS.....	30
C. TRAINING APPROACHES AND CONTEXTS.....	30
D. CAPACITY-BUILDING RESOURCES FOR THE HIPRC	31
<i>Resources needed.</i>	31
<i>Resources available.</i>	33
<i>Hawaii Prevention Resource Center (HIPRC) Priorities.</i>	33

VI. RECOMMENDATIONS	35
LOCAL/INDIVIDUAL	35
COLLABORATION/PARTNERSHIP	36
STATEWIDE/GLOBAL	37
VII. WORKFORCE DEVELOPMENT ACTION PLANS.....	38
<i>Note: See Appendices for Workforce Development Action Plan documents</i>	<i>42</i>
VIII. EVALUATION: OUTCOME INDICATORS OF SUCCESS.....	43
<i>Note: See Appendices for Evaluation: Outcome Indicators of Success document</i>	<i>43</i>
IX. REFERENCES.....	44
APPENDICES.....	47
A. SAMHSA CORE COMPETENCIES FOR WORKFORCE DEVELOPMENT	48
B. SAMHSA STRATEGIC PREVENTION FRAMEWORK (SPF).....	50
C. LOGIC MODEL	52
D. DESIGN THINKING WORKSHOP: AGENDA AND INTRODUCTION	53
E. DESIGN THINKING WORKSHOP GOALS, OVERVIEW, AND RESOURCES	56
F. TABLE OF NEEDS AND INSIGHTS FROM DESIGN THINKING WORKSHOPS	58
G. PHOTOS OF DESIGN THINKING WORKSHOPS: KĪPUKA, PROCESS, AND PROTOTYPES.....	59
H. WORKSHOP EVALUATION FORM	68
I. TRAINING MENU	69
J. WORD CLOUDS	71
K. ONLINE SURVEY	72
L. SUMMARY OF PREVIOUS ASSESSMENTS AND EVALUATIONS.....	73
M. DEFINITIONS AND MEANINGS	75
WORKFORCE DEVELOPMENT ACTION PLANS.....	77
EVALUATION: OUTCOME INDICATORS OF SUCCESS	82

Executive Summary for Workforce Development

This report describes a statewide assessment of needs, resources, and priority concerns among the substance abuse prevention and treatment workforce in Hawaii. The purpose is to guide and develop the capacity of Hawaii's substance abuse prevention and treatment workforce to provide the people, practices, and places that heal, nurture, and offer a space of belonging, purpose, and renewal for the people they serve.

Using both qualitative (workshops and prototype development) and quantitative (surveys and evaluations) data sources, the research team identified eight primary themes. The themes have been compared and aligned with National recommendations, and have been shared with community stakeholders (providers, administrators, and community members) to ensure the accuracy of the information. In-person workshops were conducted on Oahu, Maui, Kauai, and Hawaii Island, and online surveys were distributed statewide.

Themes Aligned with SAMHSA Core Competencies

- **Systems-oriented leadership and practice.** The themes of systems-oriented leadership and practice were related to structural and macro-level changes, navigating within and across communities and social systems, and identification of and collaboration with communities and community members who are part of “natural” or informal systems of care.
- **Assessment and intervention.** Several skill-based themes emerged and were coded as assessment and intervention needs. Stakeholders in the workforce are looking for streamlined, effective approaches to broad topics as well as training to address specific needs.
- **Sustainability and quality improvement.** Stakeholders identified numerous avenues to strengthen the long-term sustainability of their efforts and the workforce as well as to continually improve the services that are provided to the community and community members.
- **Informatics and communication.** The importance of communication and of effectively using technology to support and improve service delivery emerged in numerous ways. Stakeholders described needing resources and

OVERVIEW

Between May and August 2016 we assessed the needs, insights, challenges and resources of our communities through the voices and visions of providers and specialists in Hawaii's substance abuse prevention and treatment workforce.

Through an examination of previous evaluations and assessments of trainings, six statewide workshops with providers and stakeholders, and an online survey, we have identified several priorities for capacity building and resource development in Hawaii.

This plan describes each priority and recommends a multifaceted approach to implementation that will benefit the workforce and the communities they serve.

strategies to use modern technologies as well as marketing and publicity methods to collect and convey stories that matter.

- **Collaboration and community practice.** Trainings and resources that emphasize effective partnerships, team work, and multidisciplinary approaches to service provision were identified as needs within the workforce.
- **Culture and place-based practice.** The theme of culture emerged in many different ways throughout the data gathering process. Many stakeholders acknowledged the importance of honoring the values and practices of the “host culture”—Native Hawaiian—and working to understand how to have culturally relevant, culturally responsive, and culturally situated practices.
- **Holistic wellness and self-care.** The need to understand (and foster) wellness from a multifaceted perspective was a recurring theme in the workshops, and the recommendations range from individual/interpersonal strategies for wellness to structural supports that can be implemented to achieve greater overall function and to reduce turn-over in the workplace.
- **Paradigm shift—*Aloha response*.** Ultimately, many of the needs and recommendations point to the larger workforce development need which is for a paradigm shift to a more inclusive, holistic, community and client-centered approach to substance abuse prevention and treatment. Stakeholders described the need to go beyond cultural competence to approach cultural *humility*, and to research and implement approaches that push cultural and spiritual health and well-being to foreground. There was a desire for more community-driven funding opportunities, including radical and innovative RFPs, perhaps with a community-based RFP-review process. The workplace itself needs to foster a culture and an infrastructure of self-care and wellness so that the providers can sustain and maintain themselves.

Recommendations

Recommendations for workforce development action objectives were identified on three levels of implementation: 1) **Local/Individual**, 2) **Collaboration/Partnership**, and 3) **Statewide/Global**. Workforce Development Action Plans were created to detail strategic actions recommendations, who holds responsibility, resources needed, challenges, and outcomes. Evaluation Outcome Indicators of Success represent long-term outcomes anticipated at each level were also identified.

The priority recommendation on the local/individual level is to implement **structural support for self-care and holistic well-being**. This recommendation stems from the theme *holistic wellness and self-care*, which outlines the need to understand (and foster) wellness from a multifaceted perspective. Individuals in organizations need specific, structured, and supported opportunities to practice self-care. Strategic actions recommendations are:

1. Institutionalize self-care and wellness in the field
2. Support self-care and wellness as an essential part of a healthy workplace

3. Provide and support access to training/CE opportunities that offer the content and context for meaningful learning and practice that are relevant to current and emerging skill needs and diverse sectors

The priority recommendation on the collaboration/partnership level is to implement regular and on-going **networking and mentorship opportunities**. This recommendation stems from the theme *collaboration and community practice*, which outlines the need to emphasize effective partnerships, team work, and multidisciplinary approaches to service provision. Individuals and organizations can benefit from regular and on-going opportunities to share knowledge, resources, skills and strategies. Strategic actions recommendations are:

1. Identify ways to build interagency relationships, communicate about services, and coordinate services and activities (e.g., meetings, gatherings, networking events, site visits)
2. Establish mentoring programs for prevention and treatment staff hosted by agencies in which staff can learn by working alongside mentors (with CE hours)
3. Establish the practice of provider visits to each other's treatment sites to gain hands-on visual of what others do and meet the people (with CE hours) (e.g., intake and referral – if staff know the intake process and people then can connect clients through relationships)

The priority recommendation on the statewide/global level is to develop and implement **community-driven RFPs**. This recommendation stems from the overall theme of the *paradigm shift toward an Aloha response*. This theme points to a need for a more inclusive, holistic, community and client-centered approach to substance abuse prevention and treatment. Many stakeholders described the need to “flip the system” in order to re-center the needs of the community and the clients in the community. Strategic actions recommendations are:

1. Provide a forum for relationship building, dialogue, and ongoing communication to keep centered on the needs of the clients and communities, involve multiple disciplines to reinforce a holistic approach, and to strengthen understanding of culturally responsive practices
2. Increase awareness of the work being done in the field to recruit and promote opportunities for the current and next generation of substance abuse prevention and treatment workforce to obtain CSAC, CPS, or other credentials
3. Convene committees of program managers and mid-managers to identify effective client-centered interventions, prevention programs, and community-based strategies
4. Identify and reinforce qualifications for the workforce that reflect the value of relationships, wellness, and aloha in addition to standard certification criteria for CSAC, CSP, and other ADAD certification
5. Identify and provide opportunities to develop and strengthen the value of relationships, wellness, and aloha in the workforce
6. Develop policy changes to reinforce workforce development practices that support wellness; collaboration; client-centered, community-based approaches; and values-based services grounded in aloha

Guiding Principles

Guiding principles that form the foundation of this workforce development initiative are:

- **Stewardship** of people, places, and practices that heal and nurture;
- **Service** through individuals that practice health and wellness, programs that models wholeness and holistic health, and a workforce culture that thrives with connection to personal passion and purpose; and
- **Sustainability** through relationships and networks that foster belonging, support, recovery, renewal, and inspiration

Values

Planning and implementation of this workforce development initiative is grounded in these values to guide and keep actions on course toward developing the capacity of Hawaii's substance abuse prevention and treatment workforce to provide the people, practices, and places that heal, nurture, and offer a space of belonging, purpose, and renewal for the people they serve.

Perspective to bring meaning, purpose, and context

Holomua to keep moving forward

Ha'aha'a to practice humility in relationships, words, and actions

Ho'ihii to have respect for each other and our environment

Connection, Mutuality, and Reciprocity to invite collaboration, trust, and belonging

Resiliency and Steadfastness to be strong and persevere

Renewal, Hope, and Inspiration toward positive growth and outcomes

Heart, Gratitude, and Appreciation for the opportunities to serve others and make a difference

I. Introduction

It was summer in Hawaii and the lava from Kilauea Volcano on Hawaii island was flowing into the ocean sending up huge plumes of steam and smoke. The Hawaiian goddess Pele is known for her life—and death—giving powers as the lava of her making simultaneously destroys and creates the land. In her wake, Pele leaves behind *kīpuka*—sometimes called “islands of life”—areas of land carved out by lava flow that become hosts to flora and fauna large and small. Endemic ferns root in the cracks and crevices, coconuts break through their seeds and grow towards the sun, and endangered birds flock to the red lehua blossoms of rugged ‘ōhi‘a trees. Kīpuka can be found on all of our islands—pockets of growth, change, resilience; an oasis of hope. Each community is a kīpuka. Each provider is a kīpuka. And it is in the spirit of kīpuka that we have attempted to gather, acknowledge, and hold space for the people, places, and practices of Hawaii in this strategic plan for workforce development.

Between May and August 2016 our working team assessed the needs, insights, challenges and resources of our communities through the voices and visions of providers and specialists in Hawaii’s substance abuse prevention and treatment workforce. Through an examination of previous evaluations and assessments of trainings, six statewide workshops with providers and stakeholders, and an online survey, we have identified several priorities for capacity building and resource development in Hawaii. This plan describes each priority and recommends a multifaceted approach to implementation that supports and empowers individual members of the workforce, organizations and community partners, as well as the state-wide networks and funders to enrich their practice in ways that will benefit themselves and the communities they serve.

These strategic recommendations for substance abuse prevention and treatment workforce development have been a labor of love, and we are hopeful that the spirit of *aloha* that guided the process will be evident in the content as well as in the outcomes of the plan.

Problem Statement

Hawaii’s substance abuse prevention and treatment workforce are a diverse, knowledgeable, passionate group made up of young and energized professionals, skilled practitioners, credentialed providers, and well established community leaders. However, due to budget cuts and restrictions, high levels of need (including systemic disparities), and physical separation in rural communities, the workforce can also be isolated, under-resourced, and overwhelmed by the needs of the individuals and communities with whom they work.

Without a workforce development plan that is responsive to the needs of the community and a multi-level implementation plan, stakeholders anticipate facing burn-out, turn-over, and frustration as well as gaps in services for their clients and communities.

Goals

1. To align the state with national initiatives to strengthen and expand the behavioral health workforce in order to enhance the availability of prevention and treatment for substance abuse, strengthen the capabilities of the workforce, and promote an infrastructure to support delivery of competent, organized services.

2. To identify and implement workforce development strategies that support the transfer of knowledge, skills, resources, and mana within the context of meaningful, self-reflective, culturally grounded, place-based, collaborative, reciprocal, and accessible approaches.
3. To build a foundation for sustaining a competent, responsive workforce by acknowledging and engaging the people and relationships that can contribute to ongoing workforce development including service providers, community partners, kupuna, funders, administrators, systems, those being served, and others who share the common purpose of promoting and supporting health and well-being.

Key Findings

In 2014 the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources Service Administration (HRSA) released a list of nine core competencies for behavioral health (including substance abuse and mental health) workforce development. The nine core competencies are: Interpersonal Communication; Collaboration and Teamwork, Screening and Assessment, Care Planning and Care Coordination, Intervention, Cultural Competencies and Adaptation, Systems Oriented Practice, Practice-based Learning and Quality Improvement, and Informatics. (See **APPENDIX A** for full list and write-up).

Findings from the needs assessment conducted with Hawaii substance abuse prevention and treatment providers have both distinct and overlapping workforce development needs. The following seven categories are the primary themes that emerged through the data-gathering processes and are the targeted areas for strategic workforce development in Hawaii. The themes that emerged throughout our data collection process largely mapped onto the SAMHSA core competencies, but several items overlapped and were combined and slightly renamed. One additional competency emerged from Hawaii's workforce (marked by an asterisk below) and will be important to explore and identify as unique to the current composition and context of the state's workforce.

- **Systems-oriented leadership and practice**
- **Assessment and intervention**
- **Sustainability and quality improvement**
- **Informatics and communication**
- **Collaboration and community practice**
- **Culture and place-based practice**
- **Holistic wellness and self-care***

Additionally, there was a strong, underlying need for a **paradigm shift** in the approach to capacity building and resource development for the workforce in Hawaii. This shift begins with fostering personal growth and connecting to personal wellness, self-care, and the spirit of aloha – “one must have it to give it.” This shift also involves cultivating an organizational, interpersonal, and intrapersonal approach that is grounded in the value of relationships and the spirit of aloha. Moving towards a workforce that invites and practices self-reflection, holistic health, collaboration, and aloha will establish a well-balanced and grounded workforce and reduce many of the challenges that were described as well as increase protective factors and supports.

Findings from the needs assessment also identified training topics of highest need and interest to build capacity among prevention and treatment providers.

Priority recommendations for capacity-building training:

- Cultural competence
- Developing culturally relevant programs
- Working with adolescent populations
- Culturally effective programs for minority youth
- Leadership and systems thinking
- Self-care
- Trauma-informed care
- Community dimensions of practice: collaborations, CBPR, and partnerships

Priority recommendations for specialized training options:

- Brain development and behavior
- Drug trends
- Working with difficult families
- Suicide interventions
- Positive psychology
- Dealing with grief
- Bullying and violence prevention

Trainings and workshops are most valued when they are facilitated by trainers who are responsive and sensitive to the needs of the participants; flexible; interactive; and who have applicable stories, especially about working within Native Hawaiian communities. Due to the isolation of many of our communities, Training of Trainers (TOT) is necessary to build capacity throughout Hawaii and specifically on Neighbor Islands where the resources are more limited. Online learning is an important and valuable resource, but does not replace the need for face-to-face opportunities for training and capacity-building. Regularly offered boosters and refreshers— especially after TOTs—should be provided for service providers online and in person. Trainings and workshops need to be meaningful, applicable, relevant, use modern technology, and provide time to reflect, apply, or to practice integration into the workplace.

II. Background

A. Purpose

The purpose of this document is to provide a strategic plan to develop the capacity of Hawaii's substance abuse prevention and treatment workforce to offer an aloha response to substance abuse by providing the people, practices, and places that heal, nurture, and offer a safe caring path for the people they serve.

This workforce development initiative by the Hawaii Department of Health, Alcohol and Drug Abuse Division (ADAD) is aligned with the federal Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Plan, Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015-2018 which states that the foundation for an effective service delivery system is built upon an adequate supply of a well-trained prevention and treatment workforce. ADAD's objectives for workforce development include:

- 1) Increase the number of technical assistance and training opportunities for prevention specialists, treatment providers, and communities as well as support learning approaches such as field supervision, mentoring, course practicum, field placements, and other learning experiences.
- 2) Build the state's resource capacity to support substance abuse prevention and treatment, public health, and behavioral health practitioners to provide quality substance abuse prevention and treatment services.

Strategic planning for workforce development in Hawaii incorporates SAMHSA's Strategic Prevention Framework (SPF) which guides the planning process through needs assessment, capacity-building, planning, implementation, and evaluation of this initiative with attention to cultural competence and sustainability. The SPF process involves service providers and partners in the workforce community to gain a clear understanding of the state's substance abuse prevention and treatment workforce development needs and identify strategies to build capacity and strengthen resources.

The needs assessment process expands the collective awareness, understanding, and mindfulness of presenting needs and issues in order to identify and support the compassionate and comprehensive approaches needed to address the complexities of substance abuse. Data gathering and needs assessment documented specific information about what resources people need and creative ways to access and provide those resources; insight and ideas about how to provide and support the people, practices, and places that heal; and ways to provide a space of belonging, purpose, and renewal for the people being served as well as the service provider.

*Workforce development is about the **content** of training and resources, the **context** within which trainings and resources are provided, and most of all, the **people and relationships** that make it happen.*

Significant to the needs assessment is the consensus that workforce development is about the **content** of training and resources, the **context** within which training and resources are provided, and most of all, the **people and relationships** that make it happen. Reflecting this premise, the goal of this initiative is to identify and implement workforce development strategies and approaches that are meaningful, self-reflective, culturally grounded, place-based, collaborative, reciprocal, and accessible within the context of transferring knowledge, skills, resources, and mana. Most critical to this goal is acknowledging and engaging the people and relationships that can contribute to developing the workforce including service providers, community partners, kupuna, funders, administrators, systems, those being served, and others who share the common purpose of promoting and supporting health and well-being. Workforce development is stewardship of people and relationships and the connection that comes from a shared sense of purpose and commitment to serve others.

HAWAII'S WORKFORCE

Statewide:

→ 1,795 Certified
Substance Abuse
Counselors (CSAC)

→ 91 Certified
Prevention
Specialists (CPS)

B. Hawaii's Substance Abuse Prevention and Treatment Workforce

The workforce of Hawaii is well represented with prevention and treatment providers across the state. These providers support and nurture individuals, families and communities dealing with substance use and abuse. There are 1795 Certified Substance Abuse Counselors (CSAC) and 91 Certified Prevention Specialists (CPS) that support the prevention and treatment field and respond to various behavioral and mental health concerns within the state. Each island is represented with skilled professionals that support Hawaii's youth, families, and communities and includes: Kauai with 58 CSAC and 3 CPS; Oahu with 1168 CSAC and 71 CPS; Molokai with 15 CSAC and 5 CPS; Lanai with 1 CSAC, Maui with 153 CSAC with 6 CPS; Hawaii Island with 240 CSAC and 6 CPS; and 160 other CSAC which represents individuals with Hawaii credentials living in another state (see figures below). Each of these Hawaii certified providers equally hold International Credentialing & Reciprocity Consortium (IC&RC) that allows them to practice anywhere in the world if their credentialing is maintained in Hawaii. It also allows the flexibility to transfer credentialing to various states or countries. Each credentialing has identified requirements to keep current with 2 year renewals that include continuing education to inform and enhance practices and ensure ethical standards.

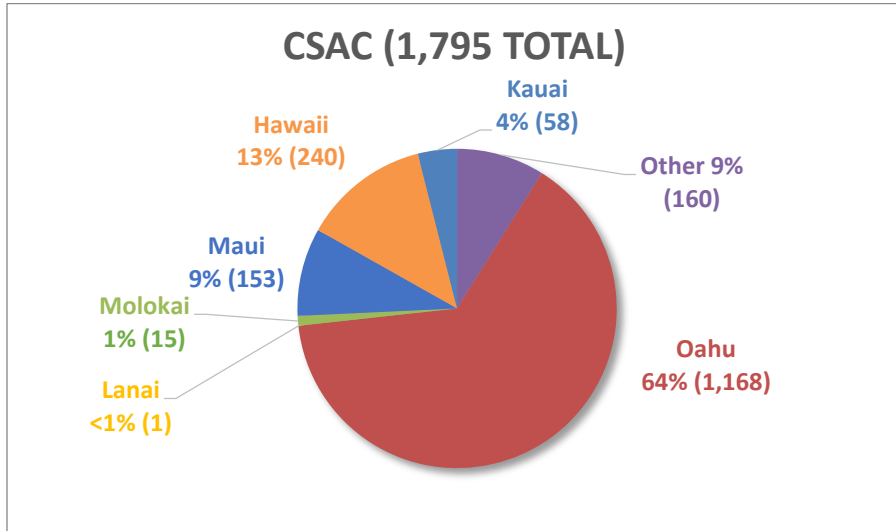


Figure 1: Certified Substance Abuse Counselors in the State of Hawaii

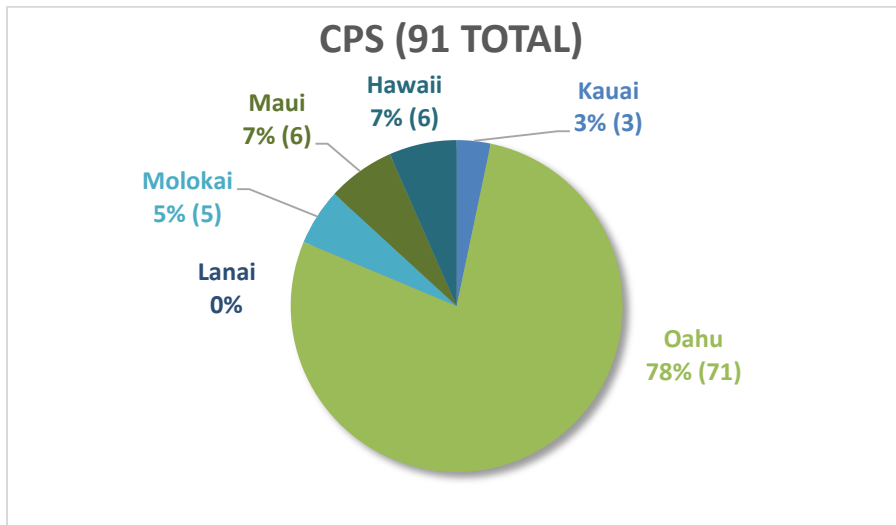


Figure 2: Certified Prevention Specialists in the State of Hawaii

Since 2013 there have been individuals new to the fields that have initiated their certification by taking the International Certification and Reciprocity Consortium (IC&RC) certification exam. The table below includes both CSAC and CPS by year since 2013:

YEAR	CSAC	PASSED	%	CPS	PASSED	%
2013	70	52	74	2	2	100
2014	51	41	80	1	1	100
2015	53	42	79	5	5	100
2016	34	32	94	3	3	100

The table shows that the percentage of CSAC candidates who passed the IC&RC exam has improved since 2013. It is important to note that some certifications have expired or have become inactive. Those include 438 CSAC and 16 CPS within the state. These may be individuals that have transferred their status to other states, retired, allowed their credential to expire, or possibly changed careers and didn't require their certification any longer.

In moving forward with the Workforce Development Strategic plan it is critical that the prevention and treatment field be maintained with opportunities to grow the field to address the substance abuse behavioral and mental health needs of Hawaii.

C. The Context for Workforce Development in Hawaii

Cultural Diversity

According to the 2010 US Census, Hawaii's racial composition is the most diverse in the nation (Welch, 2011), with more than 38% as Asian, and 10% as Native Hawaiian or other Pacific Islander, less than one quarter of residents identifying as White/Caucasian, 1.5% as African American, and 0.3% American Indian/Alaska Native. More than 23% identify as mixed/biracial, and more than 8% as multiracial (2 or more races). Members of Hawaii's workforce reflect many of the complexities described by these census numbers, and are accustomed to working in communities that are multicultural. The importance of culture is a central value across the state.

Many service providers described using holistic, intergenerational, and culture-based approaches to substance abuse prevention and treatment. The inclusion of family members and community members was very common among both treatment and prevention programs, and there is an underlying belief that the community is responsible for the health and well-being of its members. Several values were also emphasized including: aloha (love, compassion, kindness), pono (uprightness, balance, well-being), 'aina (land), and 'ohana (family). "It's the gifts that we give to the 'aina, but more important are the gifts the 'aina gives to us."

"It's the gifts that we give to the 'aina, but more important are the gifts the 'aina gives to us."

Health Disparities

Hawaii became a U.S. state in 1959, and although Native Hawaiians were recognized as Indigenous people by the state in 2011, Native Hawaiians are still working to be recognized by the federal government in terms of having self-governance, self-determination, or land rights. According to the 2010 U.S. census there are 1.2 million Native Hawaiians/Pacific Islanders in the United States, with the majority residing in Hawaii. Native Hawaiians face disproportionate risks for diabetes, heart disease, hepatitis B, and HIV/AIDS, and in comparison to other ethnic groups in the state of Hawaii, Native Hawaiians have higher rates of smoking, alcohol consumption, and obesity. The impact of historical and intergenerational trauma on the health and well-being of Native Hawaiians and Pacific Islanders is an important consideration in the development of treatment and prevention programs in the state.

The “Aloha Spirit”

It is within the context of Aloha that this workforce development plan is developed and presented to “give consideration to the ‘Aloha Spirit’” as put forth by kupuna Aunty Pilahi Paki in Hawaii Revised Statutes, Section 5-7.5:

(a) “Aloha Spirit” is the coordination of mind and heart within each person. It brings each person to the self. Each person must think and emote good feelings to others. In the contemplation and presence of the life force, “Aloha,” the following unuhi laulā loa (free translation) may be used:

Akahai, meaning kindness, (grace) to be expressed with tenderness;

Lōkahi, meaning unity, (unbroken) to be expressed with harmony;

‘Olu‘olu, meaning agreeable, (gentle) to be expressed with pleasantness;

Ha‘aha‘a, meaning humility, (empty) to be expressed with modesty;

Ahonui, meaning patience, (waiting for the moment) to be expressed with perseverance.

These are traits of character that express the charm, warmth and sincerity of Hawaii’s people. It was the working philosophy of native Hawaiians and was presented as a gift to the people of Hawaii. “Aloha” is more than a word of greeting or farewell or a salutation. “Aloha” means mutual regard and affection and extends warmth in caring with no obligation in return. “Aloha” is the essence of relationships in which each person is important to every other person for collective existence. “Aloha” means to hear what is not said, to see what cannot be seen and to know the unknowable.

(b) In exercising their power on behalf of the people and in fulfillment of their responsibilities, obligations and service to the people, the legislature, governor, lieutenant governor, executive officers of each department, the chief justice, associate justices, and judges of the appellate, circuit, and district courts may contemplate and reside with the life force and give consideration to the "Aloha Spirit". [L 1986, c 202, §1]

The stories and perspectives shared by prevention and treatment service providers reflected the “Aloha Spirit” in their service to others, relationships with each other, and hopes for developing the workforce. Beyond strengthening knowledge, skills, and resources; there was a clear message consistent with the “Aloha Spirit” about the importance of knowing ones’ self and mindfulness in relationships with others.

ALOHA SPIRIT

In the contemplation and presence of the life force, “Aloha”, the following unuhi laulā loa (free translation) may be used:

Akahai, meaning kindness, (grace) to be expressed with tenderness;

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Ahonui, meaning patience, (waiting for the moment) to be expressed with perseverance.

- Aunty Pilahi Paki, Hawaii’s treasured kupuna

*"I try to give the gift of respect
and come with all our good
intentions; I believe we need to
come with all our heart."*

Challenges

Budget cuts and funding restrictions, in addition to increasing service requirements and limitations, have created an environment of uncertainty and frustration. In some cases, there has been an overall shift from collaboration to competition for funding among agencies and organizations (especially on the more rural neighbor islands where the resources tend to be even scarcer). Providers share that they are “doing more for less,” which has the potential to increase the risks for burn-out and also to create gaps in service provision and delivery. Additionally, clients are pulled in different directions as service providers from other sectors (the courts, the schools, etc.) place demands on their time without an overall case management plan. Stakeholders describe a need to go beyond the budget to ensure that there are client-centered services to address the gaps. Meanwhile, there is limited time and opportunity for collaboration in programming and which further impedes the process of follow-through and follow-up with other providers in the clients’ network. Among the needs expressed by service providers: *“There is still a sense of competition between service providers due to the lack of funding opportunities which can cause hesitation to partner with other agencies. How can we address this ever-present issue? There is so much desire to do something and there is a huge need, but job security is just as important. How can we help others if we cannot even help ourselves?”* This challenge can also present an opportunity to strengthen the sense of connection among service providers, a global view of “we help one person and we all benefit from the outcomes – community outcomes.” The focus is on the people we serve - “they are all our haumana, to help one helps us all.”

Emerging Conditions

There are distinct generational needs of the workforce:

- Kupuna (elders) and veteran practitioners seek a structured approach to transferring their knowledge and *mana* (power, spiritual energy) to a younger workforce.
- Providers who are mid-career need opportunities to re-engage, re-charge, and practice self-care to avoid burn-out, compassion fatigue, and/or lethargy.
- Young practitioners need opportunities for mentorship, networking, and additional training to hone and develop skills for practice.

Simultaneously, “millennials” (born 1980-1996, now the largest generation in the U.S. workforce) and “centennials” (born 1997-present) are the young and incoming members of the workforce and present different needs and expectations for professional jobs around issues like professional boundaries, flexibility, and access to/use of technology (Adkins, 2016; Futures Company, 2015). Millennials are eager for connection, validation, and voice, and have a strong need for collaboration (versus competition). Millennials in the workforce value flexibility and

work-life balance, and have high expectations for workplace satisfaction. Personal growth, opportunities for mentorship, and collaboration are most important for millennials—they are more concerned with career opportunities than high salaries (Pricewaterhouse Cooper, 2008). Centennials are only just beginning to enter the workforce, but possess self-direction, value self-expression, and competence. They are highly concerned with getting a job (even if it is not their dream job), and paying off student loans. Diversity in the workplace is a must for both millennials and centennials, and they value adaptability and change in the workplace, as well as responsiveness from employers to new ideas and approaches. These conditions offer much promise for workforce development approaches that pool the energy, perspectives, and quest for personal and professional fulfillment of each generation.

D. Implications for Workforce Development

An effective and meaningful strategic plan for workforce development for substance abuse prevention and treatment in Hawaii must be:

- Based on the **unique qualities of the people, places, and practices** in the state.
- Honor, acknowledge, and integrate **culture and cultural practices** into trainings and resources provided for Hawaii's workforce, and also within the plan itself.
- Be **multifaceted**, responding to the needs of the workforce that differ by age and experience.
- Provide **retention strategies** that are in-line with the needs of Hawaii's substance abuse prevention and treatment workforce as well as the values and emerging conditions in the state.
- Explore **recruitment strategies** that inform and engage the next generation of the substance abuse prevention and treatment workforce.

This plan presents several levels of recommendations and specific strategic actions that can be implemented locally/individually, in collaboration/partnership, and on statewide/global levels.

III. Methods

In order to create a strategic plan for workforce development for substance abuse prevention and treatment that is rooted in both the content of Hawaii's workforce as well as the context, our working team gathered data from a number of sources. *Figure 3* (below) depicts the three primary sources of data. We began by reviewing and collating existing evaluations and assessments of trainings conducted for the substance abuse prevention and treatment workforce. Next, we facilitated six Design Thinking workshops throughout the state to gather data from substance abuse prevention and treatment providers and stakeholders. As a follow-up for the members of the workforce unable to attend the workshops, an online survey was administered to program partners and community organizations to gather feedback about training interests and resource needs. Finally, a committee of stakeholders (including providers, administrators, and funders) was convened to review and revise the drafts of this strategic plan. Each step is described in greater detail below.



Figure 3: The data gathering process for the development of this Strategic Plan

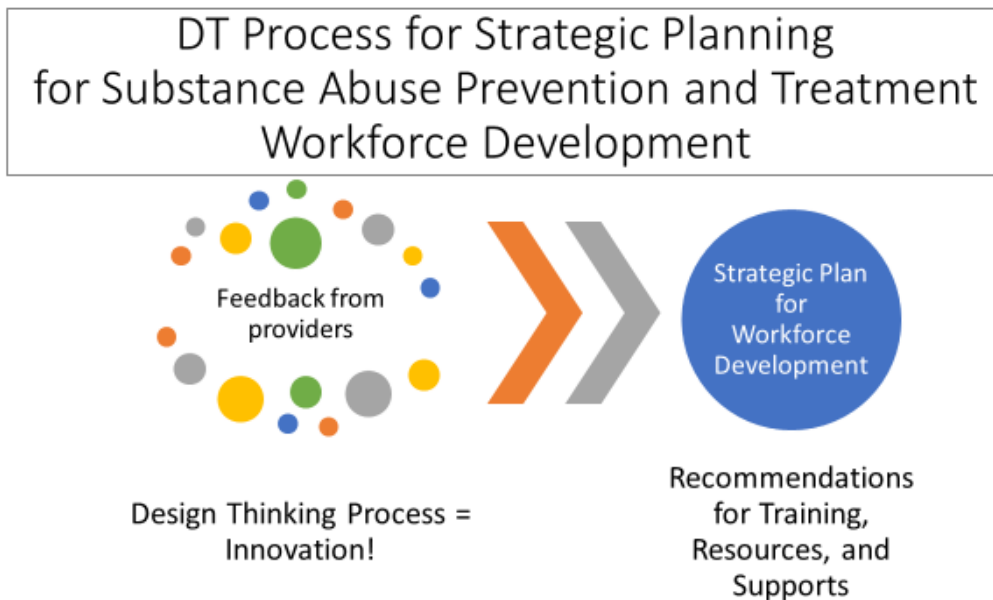
A. Research Questions

- **What are the trainings, resources, and supports needed by the substance abuse prevention and treatment workforce in Hawaii?**
- **What are the existing resources, assets, and capacities of the substance abuse prevention and treatment workforce in Hawaii?**

B. Surveys and Assessments

First, we reviewed evaluations and assessments from previous trainings and surveys offered to the substance abuse prevention and treatment workforce by the Coalition for Drug-Free Hawaii as well as partnering agencies. These evaluations and assessments were uploaded into Dedoose, a qualitative and mixed methods research platform, where they were coded for themes.

C. Design Thinking



In order to solicit ideas for workforce development and resource development from current substance abuse prevention and intervention service providers across the State of Hawaii, a series of full-day workshops were held. The format used was Design Thinking, a participatory process that emphasizes innovative thinking. These workshops served two purposes: a) to generate new and creative ideas for workforce development and resource center development and b) to train providers in the use of Design Thinking as a tool for practice and program innovation for the future.

The workshops were organized according to the five steps of Design Thinking as illustrated below. The results of the workshops were recorded. General themes and specific ideas were culled from the recorded data and added to the other sources of data used to develop this plan.

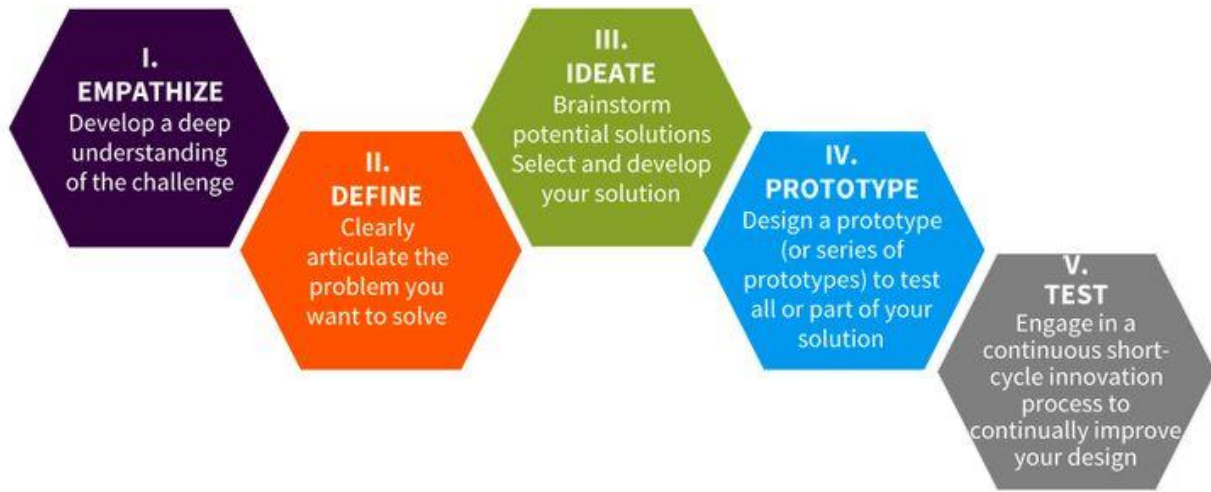


Figure 4: The Design Thinking process

Empathize: Participants paired to explore the question of what they do for themselves to help better serve their program participants and what they do when they don’t feel equipped to handle the work with their program participants due to challenging situations.

Define: Empathetic interviewing allowed them to identify their needs as well as insights about their behavior that are relevant to workforce and resource development. Based on their individual and collective understandings, they then reframed the problem.

Ideate: Reframing the problem as, “How might we develop a training and support system to...;” the participants brainstormed ideas for solutions. They were encouraged to think creatively and without constraints to generate innovative ideas.

Prototype: Participants then formed groups according to common themes. They used provided materials to build 3-dimensional prototypes that represented their ideas.

Test: They shared received two rounds of feedback to their prototype, one from the facilitators and one from a peer group. After each round of feedback, they further refined their ideas.

The workshops were held on the following dates and locations, with a total of **94** participants representing Hawaii Island, Kauai, Maui, Molokai, and Oahu. Approximately 49% were prevention providers, 35% were treatment providers, and a few indicated that they provided both treatment and prevention.

Location	Date	Number of participants
Oahu (CDFH)	July 1, 2016	9
Oahu (Prevention)	July 18, 2016	18
Oahu (Treatment)	July 19, 2016	17
Maui	July 27, 2016	16
Kauai	July 29, 2016	17
Hawaii Island	August 4, 2016	17

Evaluation forms collected at these workshops also included a list of training topics and participants were asked to identify all of the topics they were interested in and to indicate their top 3 choices (see **APPENDIX H**).

D. Online Survey

A five-question online survey was sent out through the Coalition for Drug-Free Hawaii's listservs totaling 1,678 contacts across the state including: substance abuse treatment and prevention service providers, individuals that have attended training provided through ADAD and CDFH's Hawaii Pacific Center for Excellence, and subscribers to the Hawaii Prevention Resource Center (HIPRC) e-newsletter. The survey was open for two weeks and received a 12% response rate with 200 responses. Responses are presented in the Summary of Findings.

E. Committee of Stakeholders

A committee of substance abuse prevention and treatment providers, administrators, and stakeholders was convened in April 2017 to review and provide feedback on the needs assessment report in draft form. Their feedback was integrated and included in the final report. In May 2017, the committee was convened to identify priority action items, resources needed, challenges, and outcomes which were used to develop the Workforce Development Action Plans and Evaluation: Outcome Indicators of Success.

IV. Logic Model

The logic model for this strategic plan incorporates a culture-based framework which honors the values that ground each step of the process and acknowledges that people, practices, and places bring purpose and meaning to workforce development. (See **APPENDIX C for Logic Model.**)

The vision of the strategic plan is that *Hawaii's substance abuse prevention and treatment workforce is ready and able to provide the people, practices, and places that heal, nurture, and offer a safe, caring path for the people they serve so that they can find belonging, purpose, and renewal.*

The first step documents the **Experiences, Needs, and Behaviors** of the substance abuse prevention and treatment workforce because *we value the stories and insights expressed by each generation of service providers.* This assessment included dialogue about needs and problems, personal stories of working in the field, life experiences, and insights about the need for knowledge, support, and connection. Generational trends appeared with kupuna and long-time service providers worrying about the people they serve and being able bridge relationships and transfer knowledge to those who will come after them. The current base of service providers, many of whom are credentialed and form the foundation of the workforce, expressed the need for personal wellness. They are passionate and committed to the people they serve, oftentimes putting for their own self-care on hold. Related to this was the need for organizational wellness and collaboration which would in turn support opportunities for self-care. The upcoming service providers just entering the field expressed the need for mentorship, connection, and networking. This need reflects the desire for workforce development strategies that go beyond trainings and information dissemination. It is the need for relationship building and transfer of knowledge in a way that is hands on, continuous, and personal.

The second step identifies the **Risk and Protective Factors** in the workforce because *we value an Aloha Response to workforce development to seek understanding of the conditions that influence service providers.* Having an Aloha Response, we pause and open our minds and hearts to become aware and work to understand the factors that enrich and support as well as those that deplete and stress those who are providing prevention and treatment services. We respond to others, situations, and contexts with Aloha, listening deeply, beyond words and sounds to the place of connection. These include **Protective factors** that begin with one's self, connect to relationships and cultural practices, and extend to environments. **Risk factors** stem from systemic models and strategies that are considered ineffective or nonresponsive to the populations being served as well as to the workforce. Lack of connection to the self and others is also a risk factor as exemplified by not knowing one's self or not practicing self-reflection and by not respecting relationships or focusing on tasks/activities without considering the process and context of services in relationship to the people, practices, and places that have presence.

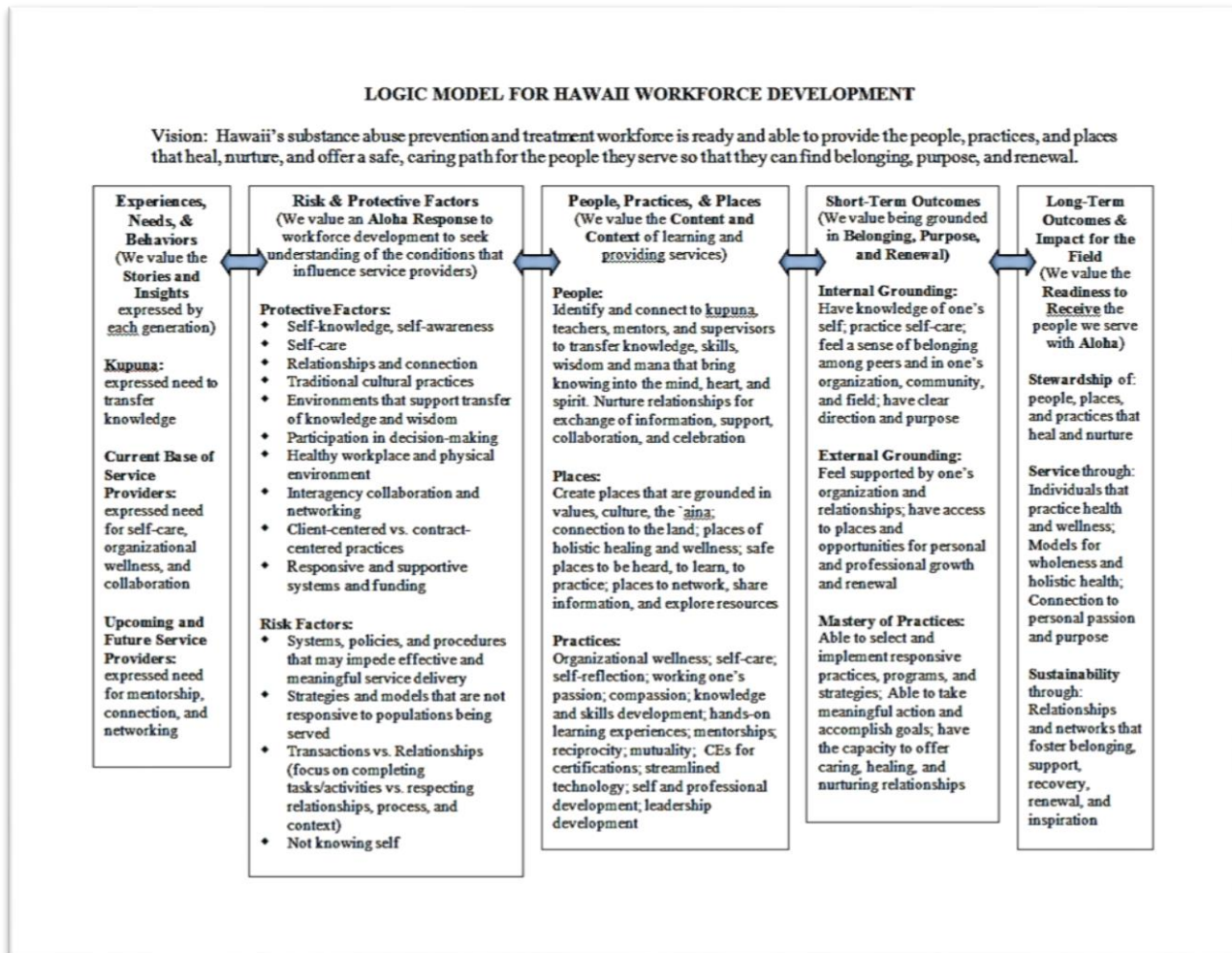
VISION

The vision of the strategic plan is that Hawaii's substance abuse prevention and treatment workforce is ready and able to provide the people, practices, and places that heal, nurture, and offer a safe, caring path for the community members they serve so that they can find belonging, purpose, and renewal.

The third step calls for the **People, Practices, and Places** that are needed to develop the workforce because *we value the content and context of learning and providing services*. This step in the logic model is typically described as the interventions, programs, or evidence-based practices that are selected to address the risk and protective factors. In addition to identifying training programs and practices, this logic model acknowledges and reinforces the importance of the context provided by the people who deliver training/services and the places in which people receive training/services. The **People** include kupuna and mentors that share knowledge and practice through example and ongoing connection. Again, it is the need for relationship building and transfer of knowledge; it is the transfer of the mana (power and empowerment) that comes with practicing alongside a kupuna or mentor. The **Practices** include self-awareness and personal self-development, skills and knowledge development, mentorships and reciprocal relationships, practical hands-on learning, organizational development, and development of CE opportunities. The **Places** include those that are safe and reflect the values of openness, holistic health, connections and relationships, culture, and the land as well as places to network, share information, explore resources, learn, and practice.

The fourth step proposes the **Short-Term Outcomes** because *we value being grounded in belonging, purpose, and renewal*. These outcomes are internal grounding, external grounding, and the mastery of practices which parallel the standard outcomes that reflect changes in knowledge, attitudes, and skills. Achieving these outcomes offers the optimal condition for connecting and responding to needs with aloha and providing services that help, heal, and support. **Internal grounding** includes knowing, understanding, and taking care of one's self and feeling a sense of belonging and purpose in the workforce. **External grounding** includes being and feeling supported by one's organization, working relationships, and the field as well as having opportunities for growth and renewal. **Mastery of practices** includes having the knowledge and skills to provide meaningful and effective services.

The fifth step projects **Long-Term Outcomes and Impact for the Field** because *we value the readiness to receive the people we serve with Aloha*. Being grounded in one's self, relationships, and environment, and in effective practices brings meaning and purpose to one's work. This in turn creates a collective sense of **Stewardship** for the people, places, and practices that can continue to support, heal, and nurture the workforce through generations. Connecting back to the expressed needs of the workforce, stewardship ensures that we acknowledge and maintain key elements of workforce development: wisdom of kupuna and mentors, mastery of effective practices, and caring for places and environments that support holistic health, healing, and learning are acknowledged and maintained. **Services** that are meaningful and effectively delivered with mastery and aloha rise from a workforce that is grounded with a sense of belonging and being valued within the context of organizations, communities, peers, and the state; has clear purpose with the genuine desire to serve; and experiences renewal with opportunities for growth and inspiration. Finally, the relationships and connections that come from the context within which training and support is provided builds **Sustainability** through strong networks, collaboration, and resource sharing. The lasting impact for the field is a natural support system of people, places, and practices sustained through shared responsibility, mutual exchange of knowledge and relationships to increase readiness to serve, and dialogue to enrich services through learning, evaluation, and ongoing workforce development strategies.



(See APPENDIX C)

In this plan for workforce development, the logic model helps to visualize how the assessment process, findings, strategies, and outcomes fit together. It also provides a guide for identifying and rationale for selecting workforce development programs, policies, and practices that are relevant, meaningful, and effective for the substance abuse prevention and treatment service providers in Hawaii. (Adapted from <http://www.samhsa.gov/capt/applying-strategic-prevention-framework/step3-plan/understanding-logic-models>)

V. Summary of Findings

Capacity Building: Training, Resources and Support Systems

The needs assessment and data gathering process was conducted through review of existing data, implementation of Design Thinking workshops, compiling training ADAD and HPCE evaluation survey results, conducting an online survey of the field, and soliciting additional input from the Workforce Development Committee. These efforts engaged over 300 service providers and stakeholders across the state including individuals from substance abuse prevention and treatment organizations, private practice, health centers, community-based organizations, social service agencies, faith-based programs, educational institutions, state agencies, and local government. Beyond the resulting wealth of information and input, this process brought to light the depth and breadth of service providers' experiences, stories, needs, perspectives, creativity, dedication, hope, and vision. These findings are presented and organized in the following categories: 1) Themes and Recommendations, 2) Training Topics, 3) Training Approaches and Contexts, and 4) Capacity-Building Resources.

A. Themes and Recommendations:

The following themes emerged as areas to target for substance abuse prevention and treatment workforce development in Hawaii. Each theme is described below with specific recommendations for implementation. A detailed list of needs and insights is included (see **APPENDIX F**).

1. **Systems-Oriented Leadership and Practice.** The themes of systems-oriented leadership and practice were related to structural and macro-level changes, navigating within and across communities and social systems, and identification of and collaboration with communities and community members who are part of “natural” or informal systems of care.

CAPACITY BUILDING

The substance abuse prevention and treatment workforce in Hawaii needs capacity-building in the form of **trainings, resource development and dissemination, and support systems.**

From trainings about policy development and cultural humility in Behavioral Health services, to resources about developing applications for smart-phones and how to use social media in prevention, to agency-wide retreats for self-care and mentorship, the needs and insights described reflect Hawaii's unique workforce strengths and challenges.

Themes, recommendations, and resources are described.

“We need training to understand the fundamentals of policy change, leveraging power to influence law makers, environmental strategies; we can engage in health-care reform. We know what our communities need.”

Recommendations include:

- Policy and government engagement including opportunities to learn about policy advocacy and political change, and to meet legislators and decision-makers— “Fundamentals of policy change, leveraging power to influence law-makers, environmental strategies; health-care reform.” Information on policies, operations, and responsibilities of Liquor Commission— including differences by county.
- Meeting funders, legislators, and decision-makers; “Meet and greet with ADAD funders/staff—putting a face to a name.”
- Institutional and systems-level change including creative problem-solving for NGOs, community mobilization, and understanding staff needs with/in systems context.
- Re-envisioning the definition of stakeholders, including community members who are part of natural support systems*, as well as more inclusive, broad definitions of stakeholders*.

2. **Assessment and Intervention.** Several skill-based themes emerged and were coded as assessment and intervention needs. Stakeholders in the workforce are looking for streamlined, effective approaches to broad topics as well as training to address specific needs. Treatment facilities needed—adult and adolescent in-patient facilities in each county.

Recommendations include:

Training

- Engaging the family;
- Trauma-informed care;
- Bullying and violence prevention, experiential education (specifically adventure therapy);
- Strategies for using modern technology (ex: social media) both in prevention and treatment;
- Brain development;
- Mindfulness;
- Working with specific communities including: Gender-responsive services, approaches and programs, working with LGBTQ populations; intersections of Substance Abuse and Intimate Partner Violence (IPV); behavioral health and medical health challenges; and
- Culture-based and informal services (including lay-persons, kupuna, cultural experts, and other natural leaders in the community who provide supports and connect people to resources); faith-based therapy and assessment tools.

“Engaging the Micronesian, Marshallese, and Chuukese population(s) with something that works for their cultural groups. [Helping them] get to know American/Hawaii culture, teaching drug education in a meaningful and relevant way, getting family involvement and buy in, explaining the difference between their native home and their new home: laws, drug and alcohol dangers, CPS, healthy lifestyle choices, etc.”

Approaches

- “Engaging the Micronesian, Marshallese, and Chuukese population(s) with something that works for their cultural groups. [Help them] get to know American/Hawaii culture, teaching drug education in a meaningful and relevant way, getting family involvement and buy in, explaining the difference between their native home and their new home—laws, drug and alcohol dangers, CPS, healthy lifestyle choices, etc.”
 - Creating resources and networks of care for families. Specific resources for families living with children who have Fetal Alcohol Spectrum Disorders (FASD) are also needed.
 - Job training opportunities—specifically work for youth, but also with folks exiting treatment. “Engaging youth in job related development programs, like Job Corps, training and environmental enrichment programs. Programs to connect business opportunities with youth who will grow into adults and need job skills.”
3. **Sustainability and Quality Improvement.** Stakeholders identified numerous avenues to strengthen the long-term sustainability of their efforts and the workforce as well as to continually improve the services that are provided to the community and community members.

Recommendations include:

- Evidence-based practices.
- Opportunities for clients (and youth specifically) to provide structured feedback about the services they are receiving.
- Peer-to-peer training opportunities and mentorship in the workforce.
- Opportunities to identify natural or informal supports to access in the community as a strategy for quality improvement.

- Resources and supports for the providers, including creating healthy workplaces with policies and procedures that support the providers.
- Funding sources (including scholarships and/or loan forgiveness) for new professionals entering into the behavioral health field to increase the credentials and numbers of quality service providers.
- Accountability (to clients, community, funders)—accessible annual reports, evaluations, and strategic plans; and, improved communication between ADAD, the State, and providers so that programs can be executed in a timely and successful manner.
- Increased professionalization of the field—CPS and CSAC credentials with on-going monitoring, training, and support. Regular trainings—especially Ethics—available in all counties, and on more than introductory levels. Trainings and CE opportunities that support obtaining/maintaining Certified Prevention Specialist (CPS) classification and/or CSAC or ICADC credentials.

"Bring counselors together from different agencies to talk about philosophy, approach, healing, EBPs, culture, spirituality. What are they trying to accomplish? Goal, vision? How would they solve the over-duplication and under-utilization of case managers for mental health, social services, medical, etc.? Get them to look at the bigger picture, not just their own agency/community. What policies need to be there versus eliminated, changed? What services are needed that are not there now? What new things (issues, problems, needs, strengths) are they seeing in the population?"

4. **Informatics and Communication.** The importance of communication and of effectively using technology to support and improve service delivery emerged in numerous ways. Stakeholders described needing resources and strategies to use modern technologies as

"I believe that many non-profit agencies and government agencies have much to offer. Continued networking and collaboration with each other could foster positive results in our communities and help those individuals and families in need to obtain information, assistance, and services."

well as marketing and publicity methods to collect and convey stories that matter. They described experiencing blockages to communication and effective care coordination due to outdated institutional procedures and red-tape.

Recommendations include:

- Resources to facilitate client-to-provider communication.
- Information-sharing platforms for client care coordination. Trainings about health-care systems, services and healthcare billing.
- Client-focused communication skills—motivational interviewing, motivational enhancement training; interpersonal communication—appropriate/effective communication strategies, professional behaviors/tones, engaging youth, de-escalation.
- “The more broadly folks can interface and share; the more quickly and successfully programs can be implemented. Collaboration is key. Cooperation is essential. A properly established channel and folks who can interface well will make for remarkable team solutions.”
- Training in current technologies, social media, and information sharing systems, platforms, and strategies.

5. **Collaboration and Community Practice.** Trainings and resources that emphasize effective partnerships, team work, and multidisciplinary approaches to service provision were identified as needs within the workforce.

Recommendations include:

- Expanded definitions of community, the development of community-based collaborations, and networks of care* would begin to fill some of the gaps that individual service providers and organizations cannot fill. For example, collaboration with Judiciary, law enforcement, and other systems of care.

- “Systems collaboration. For example, if Family Court is using a risk assessment and case plan, the YASI, how can this be integrated with a youth’s CAMHD plan and/or IEP so that services are coordinated and at the same time not overwhelming the youth and family. At some point, each system needs to be educated about each other’s plans of service.”
- Structured networking within agencies and across provider networks is also needed in order to develop the partnerships and relationships required for collaboration and coordination.
- “If training could take place on neighbor islands it would be beneficial for those from those islands, as more could participate. It would also be beneficial to Oahu-based programs to understand the different settings and realities on the other islands; especially when resources that fund and support the neighbor islands are based in Honolulu.”

“There is an opportunity to strengthen the sense of connection among service providers, a global view of – we help one person and we all benefit from the outcomes – community outcomes. The focus is on the people we serve – they are all our haumana, to help one helps us all.”

6. **Culture and Place-Based Practice.** The theme of culture emerged in many different ways throughout the data gathering process. Many stakeholders acknowledged the importance of honoring the values and practices of the “host culture”—Native Hawaiian—and working to understand how to have culturally relevant, culturally responsive, and culturally situated practices. Efforts need to be made towards defining and understanding the impact of colonization on the communities in Hawaii in order to implement programs and policies that do not replicate structural oppression, and instead respond to the unique needs and resources of the communities.

Recommendations include:

- Culturally effective/responsive approaches. Culturally relevant and inclusive of the many diverse cultures in the State. “Please focus on the accuracy of any cultural approaches used... Tap into and explore the resources already available and interested in participating. [Including] Hawaiian vs. local customs, traditions, and oppression sensitivity.”
- *Defining and exploring decolonizing practices: “Educating others on historical trauma and its aftermath— what symptoms present and how to deal with root causes like genocide, theft, grief, etc.”

- Trainings about ethics that are grounded in the cultural diversities of the communities we work in. For example, understanding the different values, practices, and beliefs about health and well-being that the culture(s) maintain in order to meet their needs.
- “We need to support sharing of stories and wisdom of our kupuna through various modes of teaching and learning. Much of our island people’s culture-based and place-based values, assets, practices, and relationships that keep us healthy and resilient come from our kupuna and we need ways to learn and develop understanding from them for ourselves and the people we serve.”

7. **Holistic Wellness and Self-Care.** The need to understand (and foster) wellness from a multifaceted perspective was a recurring theme in the workshops, and the recommendations range from individual/interpersonal strategies for wellness to structural supports that can be implemented to achieve greater overall function and to reduce turnover in the workplace.

Recommendations include:

- Resources about compassion fatigue and vicarious trauma.
- Diverse approaches to/techniques for self-care: “Respite care for care/case workers is critical for continued ongoing high demands for care [in the community].” Trainings on grief-management for service providers who lose a client.

“Respite care for care and case-workers is critical for continued on-going high demands for care...”

“We need ways of successfully debriefing and cleansing after work.”

- Opportunities for team-building and the emphasis on a safe, healthy sustainable workplace.
- Physical design and office space planning as opportunities to bolster the health and well-being of the workforce. Trainings about workplace violence prevention.
- “Ways of successfully debriefing and cleansing after work.” A holistic approach to understanding health and well-being that includes social, emotional, mental, physical, and spiritual health.
- “Assistance with recruitment and retention of qualified and committed staff. Specific to the field of addiction treatment, are there strategies recommended for attracting, recruiting, and retaining appropriately trained staff? What are other states doing?”

8. **Paradigm shift—towards an Aloha Response.** Ultimately, many of the needs and recommendations point to the larger workforce development need which is for a paradigm shift to a more inclusive, holistic, community and client-centered approach to substance abuse prevention and treatment. Stakeholders described the need to go beyond cultural competence to approach cultural *humility*, and to research and implement non-Western approaches that push cultural and spiritual health and well-being to foreground. There was a desire for more community-driven funding opportunities, including radical and innovative RFPs, perhaps with a community-based RFP-review process. The workplace itself needs to foster a culture and an infrastructure of self-care and wellness so that the providers can sustain and maintain themselves.

Recommendations include:

- **Culture of Aloha:** “Teaching forgiveness and healing.” Cultivating an *aloha response*—an organizational, interpersonal, and intrapersonal approach that is grounded in the spirit of Aloha and the place-based lessons of Hawaii, will begin to address many of the needs and gaps identified by the stakeholders of the substance abuse prevention and treatment workforce.
- **Client-centered vs. contract-centered.** “For example, harm reduction techniques for those who do not adhere to strict abstinence. How do we mitigate the damage for those who continue to use actively? Moderation or safe use practices (i.e., not mixing opioids and benzodiazepines) would be welcome education to fill in that part of the spectrum of care.”
 - **Community driven RFPs with RFP process:** “Grant and resource funding that prioritizes and demonstrates interagency and inter-specialty collaboration and cooperation would be a very positive step.”
 - **Radical and innovative RFPs:** “Creativity, common sense, imagination will allow teams of folks to better address the significant needs in the communities being served.”
 - **Non-Western approaches:** meditation, energy healing, music. “Out-of-the-box training’s such as Forgiveness and Design Thinking workshops are appreciated and very appropriate. Would like to continue to see more.”
 - **Establish a culture and infrastructure of self-care:** “When staff are transformed, we will become better advocates and examples for our communities.”
 - **Support workforce development from a cultural and spiritual perspective.**

PARADIGM SHIFT

Towards an
Aloha Response:

An inclusive, holistic, community and client-centered approach to substance abuse prevention and treatment. The workplace itself needs to foster a culture and an infrastructure of self-care and wellness so that the providers can sustain and maintain themselves.

“When staff are transformed, we will become better advocates and examples for our communities.”

B. Training Topics

These training topics received the highest response rate from the post-workshop evaluation survey and >85% high or medium interest from online survey respondents.

Priority recommendations for capacity-building:

- Cultural competence
- Developing culturally relevant programs
- Working with adolescent populations
- Culturally effective programs for minority youth
- Leadership and systems thinking
- Self-care
- Trauma-informed care
- Community dimensions of practice: collaborations, CBPR, and partnerships

Priority recommendations for specialized training options:

- Brain development and behavior
- Drug trends
- Working with difficult families
- Suicide interventions
- Positive psychology
- Dealing with grief
- Bullying and violence prevention

Other recommendations for capacity-building and training:

- Using art therapeutically
- Coalition building
- Teamwork in a non-profit organization

PRIORITY RECOMMENDATIONS

CAPACITY-BUILDING:

- Cultural competence
- Working with adolescents
- Leadership and systems thinking
- Self-care

TRAINING TOPICS:

- Brain development
- Drug trends
- Working with difficult families

C. Training Approaches and Contexts

Trainings and workshops are most valued when they are facilitated by trainers who are responsive and sensitive to the needs of the participants; flexible; interactive; and who have applicable stories, especially about working within Native Hawaiian communities. Due to the isolation of many of our communities, Training of Trainers (TOT) is necessary to build capacity throughout Hawaii and specifically on Neighbor Islands where the resources are more limited. Online learning is an important and valuable resource, but does not replace the need for face-to-face opportunities for training and capacity-building. Regularly offered boosters and refreshers— especially after TOTs—should be provided for service providers online and in person. Trainings and workshops need to be meaningful, applicable, relevant, use modern technology, and provide time to reflect, apply, or to practice integration into the workplace.

Priorities for selection of trainings/workshops to attend:

- Relevance to their work
- Reputation of trainer
- CEs offered
- Cost (and meal included)

Training costs providers are willing to pay:

- Half-day training: \$25-\$50
- Full-day training: \$75-\$125

D. Capacity-Building Resources for the HIPRC

The following resource needs were identified to support substance abuse prevention and treatment service providers in enhancing and strengthening their services and supporting workforce development needs. These findings are recommended to guide Hawaii Prevention Resource Center (HIPRC) development and ADAD training and funding opportunities, and are presented in no order.

Resources needed.

1. *Providing professional development for staff and service providers.* The needs in this category relate to trainings and continuing education for workforce professionals.

Specifically:

- Continuing education hours (CEs) for networking;
- CEs for mentoring;
- Funding and travel for CEs;
- Incentives/educational financing options (e.g., Scholarships for people entering the field);
- Trainings on: Using faith-based therapy and assessment tools; Grief management related to client death; medication-assisted interventions; ethics training; and the lesbian, gay, bisexual, transgender and questioning (LGBTQ) communities.

2. *Addressing service gaps for clients and communities.* These are specific gaps in resources and services for clients that were identified on a statewide level. *Specifically:*

- Job opportunities;
- Housing resources;
- Kupuna and other “informal” resources that are acting (or are willing to act) as supports in the communities already;
- Localized sustainable resources on Neighbor Islands;
- Access to ropes course/adventure courses;

RESOURCE NEEDS

- Professional development for staff and providers.
- Addressing service gaps for clients and communities.
- Strengthening agencies and organizations.
- Integrating an Aloha response.
- Tools/skills for a digital era.

- Fetal Alcohol Spectrum Disorder (FASD) family resources and networks of care;
 - Substance abuse treatment facilities;
 - Geographic gaps in services—specifically rural areas on each island;
 - Other treatment facilities—including mental health facilities for adults and adolescent in-patient treatment.
3. *Strategies for strengthening agencies and organizations. These are needs for agencies and organizations to better meet the needs of not only their staff/service providers, but also their clients and communities. Specifically:*
- Human and agency capital sharing (e.g., a newsletter of skills that the staff have; a brochure of wellness resources that agencies have);
 - Policy advocacy and legislative connections;
 - Community-engaged, community-driven funding streams/opportunities;
 - Community resource books: agencies and areas of expertise;
 - Specific and detailed resources for programs “beyond definitions”—downloadable activities, sample curriculum, printable handouts, etc.;
 - Strategies for recruiting and retaining staff;
 - Funding sources for providers.
4. *Integrating an aloha response. These workforce development needs require a shift in perspective and values that emphasizes an inclusive, holistic, community and client-centered approach. The workplace itself needs to foster a culture and an infrastructure of self-care and wellness so that the providers can sustain and maintain themselves. Specifically:*
- Holistic approaches and program resources related to them (for example: meditation training and facilitation manuals to run groups);
 - Self-care resources, including ways to infuse it on an institutional level as a method of recruitment, retention, and support;
 - Large/primary funding mechanisms that are more flexible, supporting innovation;
 - Workforce development from an Indigenous/Native Hawaiian perspective;
 - Stress-reduction strategies and opportunities for healing.
5. *Developing tools and skills for a digital era. These needs are for specific resources that are not currently readily available to the substance abuse prevention and treatment workforce in Hawaii. Specifically:*
- App developer for using smartphones and social media in prevention and treatment programs (especially, although not only, for youth);
 - Models/examples of collaboration with service providers and agencies in Hawaii who share funding, clients, resources, and/or a vision for success;
 - Access to advanced case management resources that are increasingly being used nation-wide including digital records and wrap-around service provision.

Resources available.

There were several key resources identified by the workforce that are currently available, and that can potentially be capitalized on for future development. Three categories of workforce members were identified as probable resources to meet some of the needs described in this strategic plan. **Young professionals** may have a role in moving the substance abuse prevention and treatment workforce into the digital age. Many young professionals in Hawaii’s workforce have vast knowledge (and capacity) of social media marketing, internet-based programs, and arts-based approaches. The relatively large presence of **males** in the workforce is an important strength that can be utilized and developed; particularly in relation to the paradigm shift and an increased emphasis on cultural competence (ensuring male youth and adults have positive, caring role models and perspectives). **Seasoned, veteran** members of the workforce can assist with the developing need for mentorship among the incoming providers. The process may also serve to be mutually beneficial for the mentors and mentees—many of whom are looking for respite and reprise from the high demands of the field.

Hawaii Prevention Resource Center (HIPRC) Priorities.

It is recommended by the research team that the HIPRC acts as a resource hub for information about the five priority needs described above (professional development for staff and providers; addressing service gaps for clients and communities; strategies for strengthening agencies and organizations; integrating an aloha response; and developing tools and skills for the digital era). The resources listed should specifically include the **people, places, and practices** that make the Hawaii substance abuse prevention and treatment workforce thrive.

People:

- An **open-source list of individuals** and programs who are willing to collaborate on community projects (for example: schools and teachers who engage in community-based partnerships);
- **Cultural practitioners and kupuna** with willingness and expertise in behavioral health and/or substance abuse prevention and treatment;
- **Researchers and experts** who can provide targeted trainings or mentorship on topics that were identified as capacity-building needs including (but not limited to): self-care, cultural competence; community dimensions of practice; trauma-informed care; developing culturally relevant programs; culturally effective programs for minority youth; leadership and systems thinking; and working with adolescent populations.
- Researchers and experts who can provide **targeted trainings or mentorship** on topics that were identified as capacity-building needs including (but not limited to): brain

HIPRC PRIORITIES

Resource hub for professional development; addressing service gaps; strengthening agencies/organization; integrating the aloha response; and developing skills for the digital era.

Specifically, the **people places and practices** that enable the Hawaii substance abuse prevention and treatment workforce to thrive.

development and behavior; drug trends; working with difficult families; suicide interventions; positive psychology, bullying and violence prevention; dealing with grief; and using art therapeutically.

Places:

- **‘Aina (land) and culture-based programs** that are willing to collaborate or that have resources to offer (canoes to paddle, taro patches to care for, plants and foods to harvest).
- **Experiential and adventure-based programs** (ropes courses, challenge courses) that can be used by providers, clients, and/or community members for prevention, treatment, or self-care.
- **Gyms, yoga studios, recreation centers, parks** (etc.) that are willing to provide memberships, classes, or offerings for free or at discounted rates for agencies/organizations/service providers in the substance abuse prevention and treatment workforce.
- **Models for physical design and office space that promote and support wellness.** Trainings about workplace violence prevention.

Practices:

- Agencies and organizations that already offer **health or self-care benefits** (meditation during lunch, gym memberships, agency retreats) who are willing to train, mentor, or share resources about how to integrate wellness into the workplace.
- **Client-centered and community-driven funding opportunities** (one-time or on-going) for programs and/or agencies/organizations.
- **Digital and social media trainings** and experts who can assist in culturally-relevant prevention and treatment program strategies.
- **Cultural practices that can be integrated or applied to the work**— either for professional development for service providers or as addressing gaps in services for clients and communities.
- **Strategies for innovative fundraising** that can provide money for programs (incentives) or for individuals and agencies (business sponsorships, scholarships, donations) that can be used for professional development or to address gaps in services.

VI. Recommendations

The recommendations described in this section are action objectives based on the statewide needs assessment process. Data from the evaluations and surveys as well as from the in-person workshops are represented. Specifically, “prototypes” from the Design Thinking workshops have been included. Prototypes are a primary outcome of the Design Thinking workshop after small groups/pairs brainstorm and design a 3D prototype of a suggested solution to one of the “problems/needs” they identified. Each prototype is presented to the full group and modified after the designers hear questions and receive feedback. Prototypes are included in this report as examples of solutions and action-able strategies.

Three levels of implementation for Workforce development were recommended— local/individual, collaboration/partnership, and statewide/global. Each is described below, in tandem with the underlying *aloha response*, which articulates the paradigm shift that each recommendation calls for. These three innovations do not respond directly to each theme or capacity-building recommendation outlined in the overall report. However, these three recommendations emerged as recurring themes throughout the data gathering process, and we believe they do, in fact highlight many of the most pressing needs for workforce development in Hawaii.



How might we... welcome to nirveena, money is not an issue, the center is going to remove the class aspect and worldwide trainers will come in. There is a treatment level medical, dental, job training, have different organizations that will hire people, most spiritual. Next level is spa, the top is a swimming pool - this will be molowaa - no fence/wall.

I like... about the co-op concept - it is self-sustaining and gives the patients some accountability for their treatment; create relationships in other location, open to everyone. the healing is tied to the training and all blended.

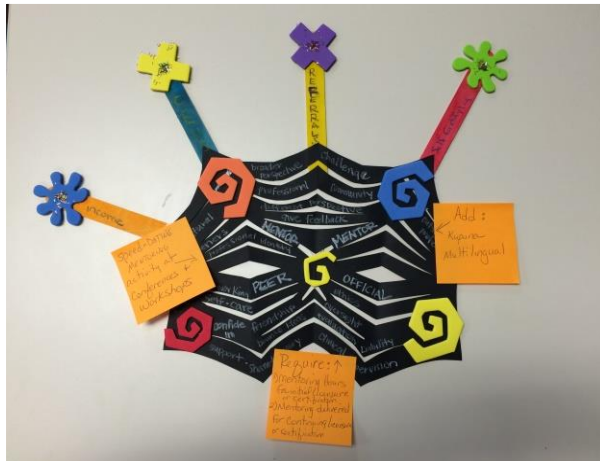
What if... trainers will come to donate, a co-op, you get to stay with us after the training and use the spa, and any client could be assumed to be a teacher - nice cycle of healing. It's generational- the whole family could come work with your children, make your own treatment plan.

Nirveena - Treatment and healing center for all people (Kauai)

Local/Individual

The priority recommendation on the local/individual level is to implement **structural support for self-care and holistic well-being**. This recommendation stems from the theme *holistic wellness and self-care*, which outlines the need to understand (and foster) wellness from a multifaceted perspective. Individuals in organizations need specific, structured, and supported opportunities to practice self-care.

The *aloha response* that this recommendation calls for is the need to **emphasize healing and sustainability as part of workforce development**. This emphasis has the potential to decrease turn-over, burn-out, and even vicarious trauma in the substance abuse treatment and prevention workforce.

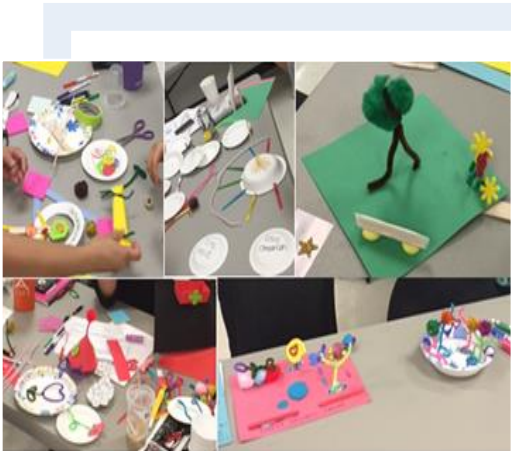


Mentoring (Oahu Treatment)

How might we... create a focus on mentorship. Mentors bounce ideas off of you, mentors that will be community-based and give feedback, professional identity. How do you find a mentor - speed dating concept that you connect with, referrals, CE hours, compensation. Have kupuna be a part of this.

I like... the mentorship idea, speed dating mentorship - just two hours to connect, peer coach certification; one of the incentives is to earn CEs.

What if... being a mentor is part of licensure.



Kiakahi (Hawaii Island)

How might we... create trust... come up with our mind, body, spirit – connect to the past, mind and heart connect, when you have a gift to greet someone – their spirit associated with it and it's all tied together, merge happened and the model fit, MERGED GROUP – laughter, music, lots of ways to connect mind, body, spirit

I like... that we can incorporate all the models together – we are on the same page for self-care for self and clients, foundation for the dream to manifest, the na'au training, ongoing professional development is connecting to that through mentorship, grounded in culture – change the language and all the meaning that comes with that – passing the wisdom, over time it builds upon the work – the spiritual component, it's profound in many ways.

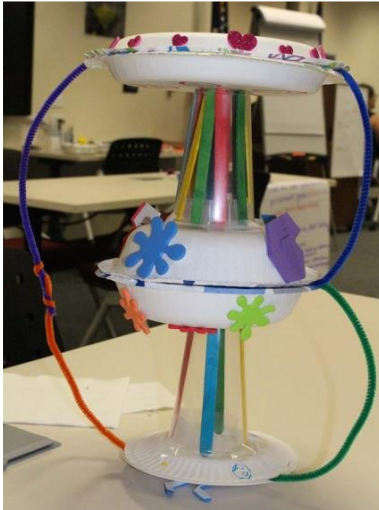
I wish... there was a metaphor – One purpose – with SA that would be your purpose and you add to kiakahi – that is what we are all working for, what plan can capture this?

What if... we are in that place of pono with our selves, families, and then work with our clients to find that place then work with the systems base to have a place that works in the aina and kupuna – trans-disciplinary – it blows up the WFD concept there are multi-level concepts.

Collaboration/Partnership

The priority recommendation on the collaboration/partnership level is to implement regular and on-going **networking and mentorship opportunities**. This recommendation stems from the theme *collaboration and community practice*, which outlines the need to emphasize effective partnerships, team work, and multidisciplinary approaches to service provision. Individuals and organizations can benefit from regular and on-going opportunities to share knowledge, resources, skills and strategies.

The *aloha response* that this recommendation calls for is the need to **emphasize connection and communication as part of workforce development**. Whether to reinvigorate senior members of the workforce, to inspire and provide supervision to new professionals, or to gather and retain knowledge from veteran members who are on their way out of the workforce, this shift has the potential to benefit all who participate.

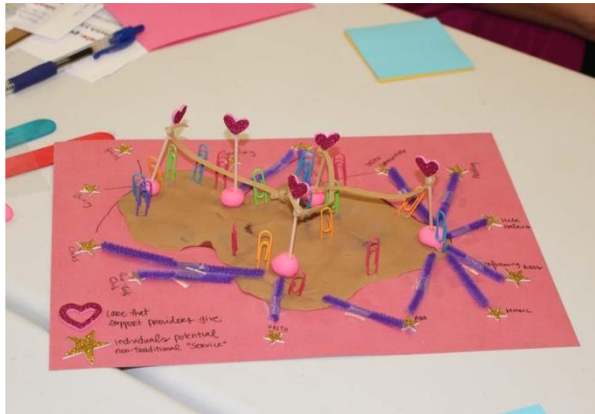


"Flip it" (Oahu Prevention)

How might we... change our antiquated system into a shiny system; what we want to do is flip it - feds being supportive of states and giving resources, middle is the providers - more connections from the state to the community at bottom (but now at the top) with direct connections to the state as well as partners. Community can go to the state, the state can go to the feds and the community can go to the feds.

I like... that all levels are made from the same design - you just flip what exists with new priorities. I like that it's a systems approach and looked at the top-down approach that can be reversed - it becomes user-based, more effective and efficient - really driven by community needs.

What if... it doesn't benefit the feds - it should because they are about data and the community speaks to what it needs. How old is the data and did the community really speak to what they need. See the collective effort of partners?



Community-driven RFP process (Maui)

How might we... improve collaboration and connectivity. Ariel view of Maui and paperclips are different communities, hearts are for traditional supports, stars are secret services - on-line community, sports, non-traditional ways of support, gathering once a month to meet in the traditional hale to share successes, challenges, the transition of blended service - not a "you" work with them but "we" work with you through the change - benefits the child, family, and service provider to have the collaboration. Community within communities and collaborating with traditional and non-traditional service providers. Switching the model from government down to involving the informal sector and the government supports this system.

I wish... we had this, it was need-defined rather than chronological, the faith community was included, more development in practitioners' developing their work.

What if... we had the hale to invite everyone to training, have mentorship.

Statewide/Global

The priority recommendation on the statewide/global level is to develop and implement **community-driven RFPs**. This recommendation stems from the overall theme of the *paradigm shift toward an Aloha response*. This theme points to a need for a more inclusive, holistic, community and client-centered approach to substance abuse prevention and treatment. Many stakeholders described the need to “flip the system” in order to re-center the needs of the community and the clients in the community.

The *aloha response* is thoroughly integrated into this recommendation as the emphasis is on **client-centered, community-based innovation as an element of workforce development**. This shift has the potential to increase culturally-responsive and place-based services through innovative and community-driven programming, as well as fostering a culture of aloha.

VII. Workforce Development Action Plans

Planning and implementation of this workforce development initiative is grounded in these values to guide and keep actions on course toward developing the capacity of Hawaii's substance abuse prevention and treatment workforce to provide the people, practices, and places that heal, nurture, and offer a space of belonging, purpose, and renewal for the people they serve.

Perspective to bring meaning, purpose, and context

Holomua to keep moving forward

Ha'aha'a to practice humility in relationships, words, and actions

Ho'ihii to have respect for each other and our environment

Connection, Mutuality, and Reciprocity to invite collaboration, trust, and belonging

Resiliency and Steadfastness to be strong and persevere

Renewal, Hope, and Inspiration toward positive growth and outcomes

Heart, Gratitude, and Appreciation for the opportunities to serve others and make a difference

WORKFORCE DEVELOPMENT ACTION PLAN OVERVIEW	
HAWAII DOH	
<p>MISSION</p> <p>The mission of the Hawaii DOH is to protect and improve the health and environment for all people in Hawai'i.</p>	
<p>PHILOSOPHY</p> <p>Health, that optimal state of physical, mental, social and environmental well-being, is a right and responsibility for all Hawaii's people.</p>	
<p>GOALS</p> <ul style="list-style-type: none"> Promote health and well-being Prevent disease and injury Promote healthy lifestyles and workplaces Promote the strength and integrity of families and communities 	
ADAD WORKFORCE DEVELOPMENT	
VISION	
<p>In alignment with the Hawaii DOH mission, philosophy, and goals; the ADAD's vision is that Hawaii's substance abuse prevention and treatment workforce is ready and able to provide the people, practices, and places that heal, nurture, and offer a safe, caring path for the people they serve so that they can find belonging, purpose, and renewal.</p>	
ADAD WORKFORCE DEVELOPMENT	
GUIDING PRINCIPLES	
<p>Stewardship of people, places, and practices that heal and nurture</p> <p>Service through individuals that practice health and wellness, programs that models wholeness and holistic health, and a workforce culture that thrives with connection to personal passion and purpose</p> <p>Sustainability through relationships and networks that foster belonging, support, recovery, renewal, and inspiration</p>	
Individual/Local Level Objective	
<p>The priority recommendation on the local/individual level is to implement structural support for self-care and holistic well-being. This recommendation stems from the theme <i>holistic wellness and self-care</i>, which outlines the need to understand (and foster) wellness from a multifaceted perspective. Individuals in organizations need specific, structured, and supported opportunities to practice self-care.</p>	
Collaboration/Partnership Level Objective	
<p>The priority recommendation on the collaboration/partnership level is to implement regular and on-going networking and mentorship opportunities. This recommendation stems from the theme <i>collaboration and community practice</i>, which outlines the need to emphasize effective partnerships, team work, and multidisciplinary approaches to service provision. Individuals and organizations can benefit from regular and on-going opportunities to share knowledge, resources, skills and strategies.</p>	
Statewide/Global Level Objective	
<p>The priority recommendation on the statewide/global level is to develop and implement community-driven RFPs. This recommendation stems from the overall theme of the <i>paradigm shift toward an Aloha response</i>. This theme points to a need for a more inclusive, holistic, community and client-centered approach to substance abuse prevention and treatment. Many stakeholders described the need to "flip the system" in order to re-center the needs of the community and the clients in the community.</p>	

WORKFORCE DEVELOPMENT ACTION PLAN: Local/Individual Level

OBJECTIVE

The priority recommendation on the local/individual level is to implement structural support for self-care and holistic well-being. This recommendation stems from the theme *holistic wellness and self-care*, which outlines the need to understand (and foster) wellness from a multifaceted perspective. Individuals in organizations need specific, structured, and supported opportunities to practice self-care.

CULTURAL CONTEXT

The *aloha response* that this recommendation calls for is an emphasis on healing and sustainability as part of workforce development. This emphasis has the potential to decrease turn-over, burn-out, and even vicarious trauma in the substance abuse treatment and prevention workforce. Value and Practice: *Akahai*, meaning kindness, (grace) to be expressed with tenderness

STRATEGIC ACTION DESCRIPTIONS	WHO	RESOURCES REQUIRED	CHALLENGES	DESIRED OUTCOME
Institutionalize self-care and wellness in the field	ADAD	Buy-in from DOH, ADAD; language for RFP; language for code of ethics	Recognizing that self-care and wellness is valuable and necessary to the workforce and service provision by approving this time as billable hours; determining number of allowable hours	Self-care and wellness is an expectation for substance abuse treatment and prevention providers and time is billable
Support self-care and wellness as an essential part of a healthy workplace	ADAD Agencies	Lead advocate/coordinator and/or wellness teams; wellness models for staff development planning; resources for wellness and self-care practices; funds for supplies and incentives; facility space and/or equipment; technical assistance resources; collaboration with multiple disciplines including health insurance companies	Must be intentional and sustained; establish billable hours; staff need permission and support to implement wellness practices; need to define time/conditions for practices during work hours	Agencies incorporate wellness and self-care practices into their organizational culture; Staff development plans include wellness and self-care goals/objectives The workforce is sustained and cared for with holistic wellness, health, and healing to enable them to practice aloha and provide effective services; places of work reflect health, healing, and wellness
Provide and support access to training/CE opportunities that offer the content and context for meaningful learning and practice that are relevant to current and emerging skill needs and diverse sectors	ADAD CDFH	Training coordination team, trainers, teachers, mentors, <i>kupuna</i> , peers, and others that can transfer knowledge/skills, and empower to practice; funds for compensation; infrastructure for promoting training opportunities; CEs; logistics and venue	Need to identify people and places to support this transfer of knowledge and practices; non-billable time	The workforce is sustained and enriched with the knowledge, skills, experiences, and relationships that enable them to practice aloha and provide effective services

WORKFORCE DEVELOPMENT ACTION PLAN: Collaboration/Partnership Level

OBJECTIVE

The priority recommendation on the collaboration/partnership level is to implement regular and on-going **networking and mentorship opportunities**. This recommendation stems from the theme *collaboration and community practice*, which outlines the need to emphasize effective partnerships, team work, and multidisciplinary approaches to service provision. Individuals and organizations can benefit from regular and on-going opportunities to share knowledge, resources, skills and strategies.

CULTURAL CONTEXT

The *aloha* response that this recommendation calls for is an emphasis on **connection and communication as part of workforce development**. Whether to reinvigorate senior members of the workforce, to inspire and provide supervision to new professionals, or to gather and retain knowledge from veteran members who are on their way out of the workforce, this shift has the potential to benefit all who participate.

Value and Practice: **Lōkahi**, meaning unity, (unbroken) to be expressed with harmony; **‘Olu‘olu**, meaning agreeable, (gentle) to be expressed with pleasantness; and **Ha‘aha‘a**, meaning humility, (empty) to be expressed with modesty

STRATEGIC ACTION DESCRIPTIONS	WHO	RESOURCES REQUIRED	CHALLENGES	DESIRED OUTCOME
Identify ways to build interagency relationships, communicate about services, and coordinate services and activities (e.g., meetings, gatherings, networking events, site visits)	ADAD in partnership with Agencies	Face to Face connection to bridge the gap; travel funds; venues for relationship building and collaboration	Conference calls don't work to make connection; needs to be ongoing; follow-up is important – do what you say you will as a partner or collaborator; understanding of cultural humility; intentionality and consistency; non-billable time	Alignment and partnership between ADAD and agencies; intentional collaboration and relationships among agencies resulting in reduced duplication and increased focus on the best interests of the clients/participants
Establish mentoring programs for prevention and treatment staff hosted by agencies in which staff can learn by working alongside mentors (with CE hours)	ADAD Agencies	List of mentor agencies and contacts; identified mentorship coordinator and mentor; mentorship program curriculum; travel funds; process/procedure to gain CE hours	Time away from services; travel costs; need secure mutual schedule; need for staff to serve as coordinator and mentor; non-billable time	Increased opportunities to learn and practice; perspective on the collective strengths in the field that can support clients/participants; respect for who does what, how they do it, and the places in which they help, heal, teach, and nurture
Establish the practice of provider visits to each other's treatment sites to gain hands-on visual of what others do and meet the people (with CE hours) (e.g., intake and referral – if staff know the intake process and people then can connect clients through relationships)	ADAD Agencies	List of agencies and contacts; identified host to coordinate visit; travel funds; process/procedure to gain CE hours	Time away from services; travel costs; need secure mutual schedule; need for staff to serve as host; non-billable time	Clients/ haumana are connected to people and places that can provide appropriate services through relationships that extend trust and care A caring supportive network and readiness to receive clients and offer help within the context of relationships

STRATEGIC PLAN FOR WORKFORCE DEVELOPMENT IN HAWAII

WORKFORCE DEVELOPMENT ACTION PLAN: Statewide/Global Level				
OBJECTIVE				
The priority recommendation on the statewide/global level is to develop and implement community-driven RFPs . This recommendation stems from the overall theme of the <i>paradigm shift toward an Aloha response</i> . This theme points to a need for a more inclusive, holistic, community and client-centered approach to substance abuse prevention and treatment. Many stakeholders described the need to “flip the system” in order to re-center the needs of the community and the clients in the community.				
CULTURAL CONTEXT				
The aloha response is thoroughly integrated into this recommendation as the emphasis is on client-centered, community-based innovation as a part of workforce development . This shift has the potential to increase culturally-responsive and place-based services through innovative and community-driven programming, as well as fostering a culture of aloha.				
Value and Practice: Akahai, Lōkahi, ‘Olu‘olu, Ha‘aha‘a, and Ahonui, meaning patience, (waiting for the moment) to be expressed with perseverance				
STRATEGIC ACTION DESCRIPTIONS	WHO	RESOURCES REQUIRED	CHALLENGES	DESIRED OUTCOME
Provide a forum for relationship building, dialogue, and ongoing communication to keep centered on the needs of the clients and communities; involve multiple disciplines to reinforce a holistic approach, and to strengthen understanding of culturally responsive practices	ADAD	Infrastructure to convene the forum (facilitator/coordinator, venue, logistics, facilitator); travel funds for neighbor island representation; involvement by multiple sectors/systems, agencies, providers, and stakeholders	Need to establish context for the meetings within ADAD’s direction, programs, RFP development, funding; building relationships with honest communication between ADAD, providers, and the community	A cohesive multidisciplinary forum that supports and furthers excellence in the workforce
Increase awareness of the work being done in the field to recruit and promote opportunities for the current and next generation of substance abuse prevention and treatment workforce to obtain CSAC, CPS, or other credentials	ADAD CDFH	Credentialing board/committee with multi-sector representation to develop an initiative aimed at engaging young diverse populations; infrastructure and tools to share information about the field and career pathways/opportunities with the existing and potential workforce; ongoing maintenance to update and expand information	Need to identify roles and responsibilities of partners in this effort; establishing procedures for review and approval; time/effort to involve ADAD, provider agencies, and the workforce to acquire information to be shared	The current workforce and next generation is able to learn about the field, workforce, and opportunities for professional and self-development
Convene committees of program managers and mid-managers to identify effective client-centered interventions, prevention programs, and community-based strategies	ADAD	Infrastructure to convene meetings (facilitator, coordinator, venue, logistics); travel funds for neighbor island representation	Need to establish context for the committee within ADAD’s direction, programs, RFP development, funding	Shared vision and collective effort to meet client and community needs for health and healing; client-centered services that are culturally responsive and effective
Identify and reinforce qualifications for the workforce that reflect the value of relationships, wellness, and aloha in addition to standard certification criteria for CSAC, CSP, and other ADAD certification	ADAD WFD Work Group	Infrastructure to recruit and convene a diverse credentialing board/committee and/or workgroup to develop criteria; travel funds	Commitment to sustaining a credentialing board/committee representative of diverse sectors of the community; commitment to incorporate qualifications into standards for certification, training, RFPs, and ongoing workforce development efforts	Standard values-based qualifications that have validity within the workforce and community; a workforce with the readiness to provide culturally responsive services that meet the needs of clients and program participants
Identify and provide opportunities to develop and strengthen the value of relationships, wellness, and aloha in the workforce	ADAD CDFH	Infrastructure to recruit and convene WFD Work Group meetings; travel funds	Understanding of a cultural values-based framework, client-centered approaches, trauma-informed care; commitment to address the cultural context of service delivery and training	Standards for values-based learning opportunities in the workforce; a workforce that is able to connect with clients/participants in health and healing; everyone is a sanctuary
Develop policy changes to reinforce workforce development practices that support wellness; collaboration; client-centered, community-based approaches; and values-based services grounded in aloha	ADAD	Working group to identify policy changes to support these practices, how to operationalize changes, and follow-up to promote buy-in	Need to understand values base and identify/define specific best practices that qualify; sustainability requires buy-in – everyone sees it as important and models it; RFPs need to focus on wellness vs. only problems; non-billable time	A workforce that is living their purpose, practicing self-care, using their resources, and pooling their assets to serve; increased readiness to receive clients and program participants; increased sustainability of the workforce

Note: See Appendices for Workforce Development Action Plan documents

VIII. Evaluation: Outcome Indicators of Success

Evaluation: Outcome Indicators of Success	
Individual/Local Level	
<ul style="list-style-type: none"> ◆ Decreased sick leave with participation in wellness initiatives ◆ Increased job satisfaction and increased quality of service provision ◆ Increased buy-in and action to support self-care and wellness practices ◆ Wellness practice is institutionalized as a standard expectation and the norm 	
Collaboration/Partnership Level	
<ul style="list-style-type: none"> ◆ Decreased duplication of services ◆ Increased connections to maximize resources ◆ Increased number of partnerships ◆ Increased service capacity 	
Statewide/Global Level	
<ul style="list-style-type: none"> ◆ New policies that support workforce development recommendations are incorporated into ADAD and agency plans, operations, and RFPs ◆ Fiscal/billing requirements reflect recommendations that support workforce development ◆ Healthcare companies offer incentives for wellness policies and practices in agencies ◆ CEs for workforce development in the area of wellness and values-based qualifications are standard practice ◆ Other fields/disciplines adopt similar policies 	

Note: See Appendices for Evaluation: Outcome Indicators of Success document

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Report prepared by:
Coalition for a Drug-Free Hawaii
1130 N. Nimitz Hwy. Suite A-259
Honolulu, Hawaii 96817
(808) 545-2338

Funded by the State of Hawaii Department of Health, Alcohol and Drug Abuse Division through Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funds.

March 2018

APPENDICES

- A. SAMHSA Core Competencies for Workforce Development
 - B. SAMHSA Strategic Prevention Framework (SPF)
 - C. Logic Model
 - D. Design Thinking Workshop: Agenda and Introduction
 - E. Design Thinking Workshop Goals, Overview, and Resources
 - F. Table of Needs and Insights from Design Thinking Workshops
 - G. Photos of Design Thinking Workshops: Kīpuka, Process, and Prototypes
 - H. Workshop Evaluation Form
 - I. Training Menu
 - J. Word Clouds
 - K. Online Survey
 - L. Summary of Previous Assessments and Evaluations
 - M. Definitions and Meanings
- Workforce Development Action Plans
- Evaluation: Outcome Indicators of Success

**SAMHSA-HRSA CENTER FOR INTEGRATED HEALTH SOLUTIONS 9 CORE
COMPETENCIES FOR INTEGRATED CARE**

http://www.integration.samhsa.gov/workforce/Integration_Competencies_Final.pdf

CORE COMPETENCY CATEGORIES

The competencies are organized into nine competency categories. These were not determined in advance, but emerged from the key informant interviews, the literature review, and examination of other competency sets. Some of the competencies could appear in more than one category, but were placed in the category deemed most relevant. The categories that emerged from the process are outlined in Table 1.

TABLE 1. SPECIFIC COMPETENCIES BY CATEGORY

I. INTERPERSONAL COMMUNICATION

The ability to establish rapport quickly and to communicate effectively with consumers of healthcare, their family members and other providers.

Examples include: active listening; conveying information in a jargon-free, non-judgmental manner; using terminology common to the setting in which care is delivered; and adapting to the preferred mode of communication of the consumers and families served.

II. COLLABORATION & TEAMWORK

The ability to function effectively as a member of an interprofessional team that includes behavioral health and primary care providers, consumers and family members.

Examples include: understanding and valuing the roles and responsibilities of other team members, expressing professional opinions and resolving differences of opinion quickly, providing and seeking consultation, and fostering shared decision-making.

III. SCREENING & ASSESSMENT

The ability to conduct brief, evidence-based and developmentally appropriate screening and to conduct or arrange for more detailed assessments when indicated.

Examples include screening and assessment for: risky, harmful or dependent use of substances; cognitive impairment; mental health problems; behaviors that compromise health; harm to self or others; and abuse, neglect, and domestic violence.

IV. CARE PLANNING & CARE COORDINATION

The ability to create and implement integrated care plans, ensuring access to an array of linked services, and the exchange of information among consumers, family members, and providers.

Examples include: assisting in the development of care plans, whole health, and wellness recovery plans; matching the type and intensity of services to consumers' needs; providing patient navigation services; and implementing disease management programs.

V. INTERVENTION

The ability to provide a range of brief, focused prevention, treatment and recovery services, as well as longer-term treatment and support for consumers with persistent illnesses.

Examples include: motivational interventions, health promotion and wellness services, health education, crisis intervention, brief treatments for mental health and substance use problems, and medication assisted treatments.

VI. CULTURAL COMPETENCE & ADAPTATION

The ability to provide services that are relevant to the culture of the consumer and their family. Examples include: identifying and addressing disparities in healthcare access and quality, adapting services to language preferences and cultural norms, and promoting diversity among the providers working in interprofessional teams.

VII. SYSTEMS ORIENTED PRACTICE

The ability to function effectively within the organizational and financial structures of the local system of healthcare.

Examples include: understanding and educating consumers about healthcare benefits, navigating utilization management processes, and adjusting the delivery of care to emerging healthcare reforms.

VIII. PRACTICE-BASED LEARNING & QUALITY IMPROVEMENT

The ability to assess and continually improve the services delivered as an individual provider and as an interprofessional team.

Examples include: identifying and implementing evidence-based practices, assessing treatment fidelity, measuring consumer satisfaction and healthcare outcomes, recognizing and rapidly addressing errors in care, and collaborating with other team members on service improvement.

IX. INFORMATICS

The ability to use information technology to support and improve integrated healthcare.

Examples include: using electronic health records efficiently and effectively; employing computer and web-based screening, assessment, and intervention tools; utilizing telehealth applications; and safeguarding privacy and confidentiality.

APPENDIX B. SAMHSA Strategic Prevention Framework (SPF)

Applying the Strategic Prevention Framework (SPF)

Prevention professionals use SAMHSA's Strategic Prevention Framework (SPF) as a comprehensive guide to plan, implement, and evaluate prevention problems.

About the SPF

SAMHSA's Strategic Prevention Framework (SPF) is a planning process for preventing substance use and misuse.

The five steps and two guiding principles of the SPF offer prevention professionals a comprehensive process for addressing the substance misuse and related behavioral health problems facing their communities. The effectiveness of the SPF begins with a clear understanding of community needs and involves community members in all stages of the planning process.



The Strategic Prevention Framework

The steps of the SPF include:

- Step 1: Assess Needs: What is the problem, and how can I learn more?
- Step 2: Build Capacity: What do I have to work with?
- Step 3: Plan: What should I do and how should I do it?
- Step 4: Implement: How can I put my plan into action?
- Step 5: Evaluate: Is my plan succeeding?

The SPF also includes two guiding principles:

- Cultural competence: The ability to interact effectively with members of diverse population
- Sustainability: The process of achieving and maintaining long-term results

Distinctive Features of the SPF

The SPF planning process has four distinctive features. The SPF is:

Data driven: Good decisions require data. The SPF is designed to help practitioners gather and use data to guide all prevention decisions—from identifying which substance misuse issues problems to address in their communities, to choosing the most appropriate ways to address those problems. Data also helps practitioners determine whether communities are making progress in meeting their prevention needs.

Dynamic: Assessment is more than just a starting point. Practitioners will return to this step again and again: as the prevention needs of their communities' change, and as community capacity to address these needs evolve. Communities may also engage in activities related to multiple steps simultaneously. For example, practitioners may need to find and mobilize additional capacity to support implementation once an intervention is underway. For these reasons, the SPF is a circular, rather than a linear, model.

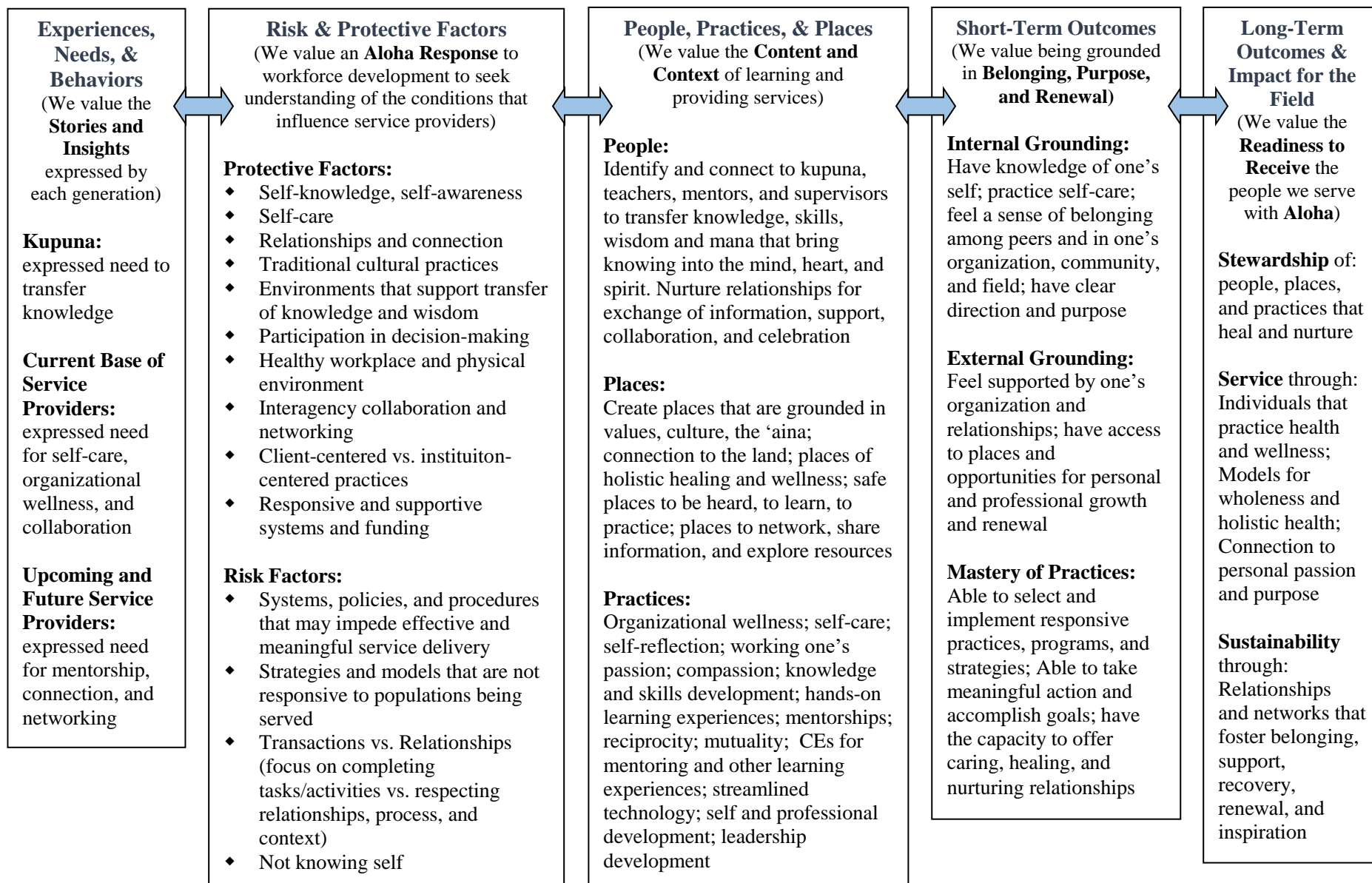
Focused on population-level change: Earlier prevention models often measured success by looking at individual program outcomes or changes among small groups. But effective prevention means implementing multiple strategies that address the constellation of risk and protective factors associated with substance misuse in a given community. In this way, we are more likely to create an environment that helps people support healthy decision-making.

Intended to guide prevention efforts for people of all ages: Substance misuse prevention has traditionally focused on adolescent use. The SPF challenges prevention professionals to look at substance misuse among populations that are often overlooked but at significant risk, such as young adults ages 18 to 25 and adults age 65 and older.

Reliant on a team approach: Each step of the SPF requires—and greatly benefits from—the participation of diverse community partners. The individuals and institutions you involve will change as your initiative evolves over time, but the need for prevention partners will remain constant.

APPENDIX C. Logic Model for Hawaii Workforce Development

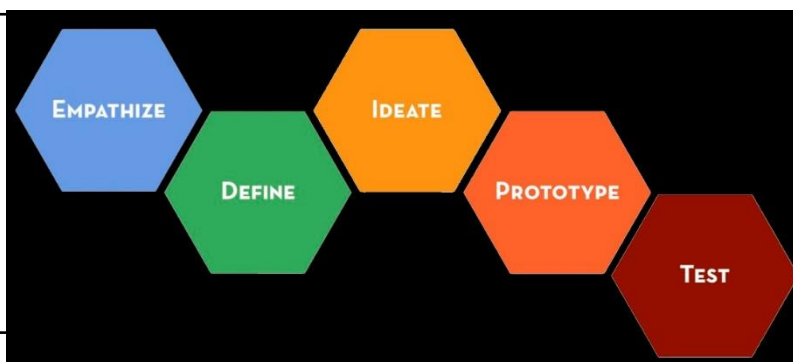
Vision: Hawaii's substance abuse prevention and treatment workforce is ready and able to provide the people, practices, and places that heal, nurture, and offer a safe, caring path for the people they serve so that they can find belonging, purpose, and renewal.



DESIGN THINKING

Workforce & Resource
Development in Substance
Abuse Prevention & Treatment

Coalition for a Drug-Free Hawaii



AGENDA

[LOCATION OR GROUP HERE]

[DATE]

- I. Welcome and Introduction
 - A. Background, Purpose and Logistics
 - B. Introductions of Facilitators
 - C. Overview of Design Thinking
 - D. Quick Brainstorm: Design the ideal training & support system to be successful

Four corners exercise: What part of the kipuka are you?

Whale Stoke Activity

- III. **EMPATHIZE**
 - A. Self-Inventory
 - 30-second answers to 6 different questions
 - Pair and share 2 discussion questions
 - B. Round #1 Empathetic Interviews (pairs)
Prompt: *What do you do for YOURSELF to help you better serve your program participants?*
 - C. Round #2 Empathetic Interviews
Prompt: *What do you do when you don't feel equipped to handle the work with a program participant(s)?*
 - D. Review notes and identify **needs** and **insights** (individual)
 - E. Transfer main needs and insights to post-its (individual)
 - F. Share and synthesize needs and insights (groups)

BREAK

Name Stoke Activity

IV. **DEFINE**

- A. DEFINE the problem
- B. "How might we design an training and support system to _____"
- C. Group share

IV. **IDEATE**

- A. Sketch 3-5 radical ways to meet your user's needs
- B. Share your solutions and capture feedback
- C. Pick your favorite idea(s) and revise it based on feedback (individual)

LUNCH

Wave Stoke

V. **PROTOTYPE**

- A. Select a solution and build-to-think (with a 5-min feedback break with a facilitator)

VI. **TEST**

- A. Share your solution and get feedback from the large group
"I like, I wish, what if..."

VII. **THE PLAN**

- A. Pocket, Process, Purpose Handout and Stoke Activity
- B. What changes would you need to see to know that this planning process was a success?

VIII. **EVALUATION - Karen**

- A. Fill out handout
- B. Feedback on the workshop

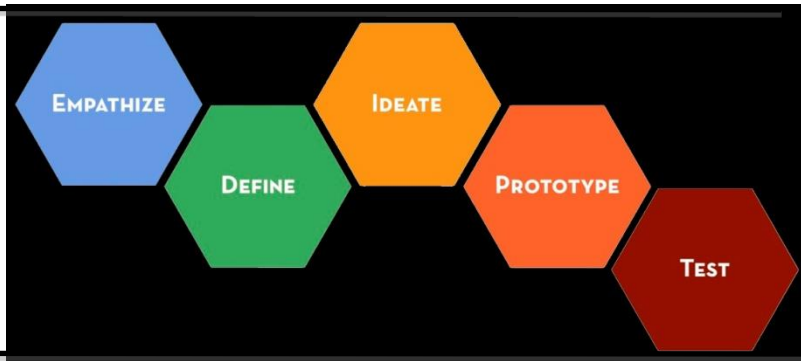
Closing

Mahalo for your participation!

DESIGN THINKING

Workforce & Resource
Development in Substance
Abuse Prevention & Treatment

Coalition for a Drug-Free Hawaii



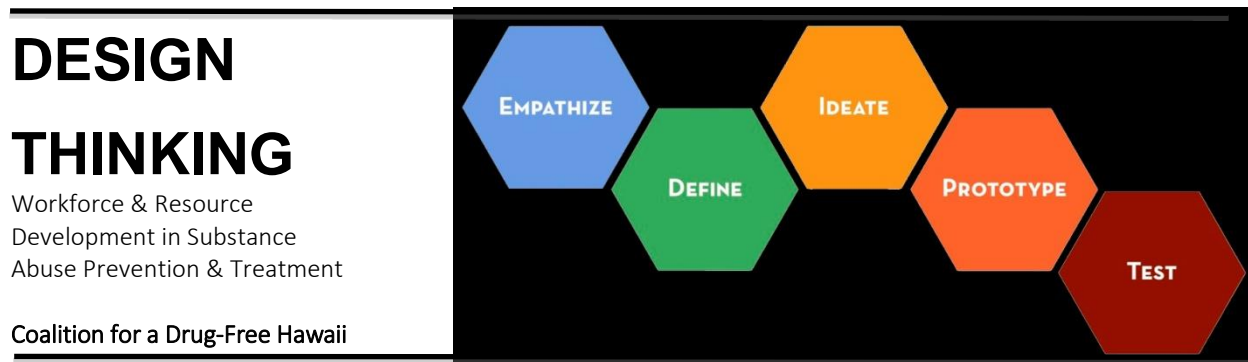
Introduction

Thank you to ADAD for supporting these series of workshops to gather information and input to develop their strategic plan for workforce development. We will also be conducting workshops on Hawaii Island, Kauai, and in Maui County to hear their voices as well as create an online survey to gather additional input from those who are not able to attend a workshop. We are also pleased to offer 6.5 CE as this workshop is designed to provide a hands-on training in Design Thinking as a planning process.

While the outcome is to provide ADAD with a strategic planning document, the purpose is really to expand our collective awareness, understanding, and mindfulness of presenting needs and issues. And all this, in order to identify and support the compassionate and comprehensive approaches needed to address the complexities of substance abuse.

We hope to learn what information and resources people need and creative ways to get people that information and the resources. We also hope to gain insight and ideas about how to provide the people, practices, and places that heal. And how to provide a space of belonging, purpose, and renewal for the people we serve.

We believe that workforce development is about the content of training, the context within which training is provided, and the people and relationships that make it happen. And we are excited to hear your ideas and perspectives in these areas!

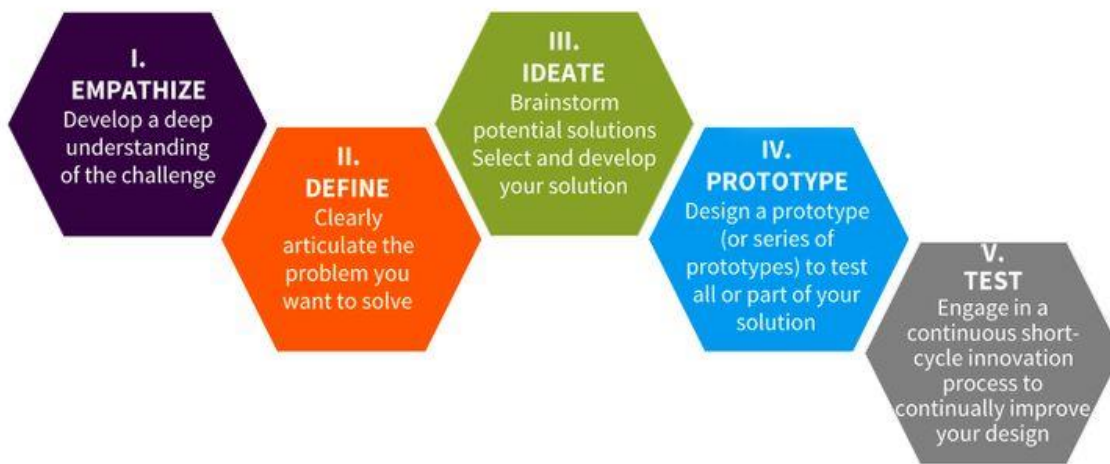


Workshop Goals

- 1) To expand the potential for personal, professional, and organizational development among substance abuse prevention and treatment service providers using Design Thinking as an innovation process.
- 2) To collect information on substance abuse prevention and treatment workforce development and resource needs and innovative ideas for meeting those needs.

Design Thinking is a methodology used by planners and designers to solve complex problems and inspire innovative solutions. **Design Thinking** draws upon logic, imagination, intuition, and systemic reasoning to explore possibilities of what could be, and to create desired outcomes that benefit the end user. For this training, the “end user” is the substance abuse prevention and treatment workforce. The **Design Thinking** process first defines the problem from the end user’s point of view as the basis for creatively generating possible solutions. It then relies on quickly prototyping solutions and getting feedback for a dynamic and iterative process of creative designing. This process focuses on needfinding, understanding, creating, thinking, and doing.

The design thinking process consists of these 5 steps: Empathize, Define, Ideate, Prototype, and Test.



Links to the Stanford Institute of Design Resources on Design Thinking

Crash Course in Design Thinking

<http://dschool.stanford.edu/dgift/>

and video (80 min): <http://dschool.stanford.edu/dgift/-crash-course-video>

Stanford Design Thinking Virtual Crash Course on YouTube (100 min)

<https://www.youtube.com/watch?v=-FzFk3E5nxM>

Using the Design Thinking Methods

<http://dschool.stanford.edu/use-our-methods/>

In Introduction to Design Thinking: Process Guide

<https://dschool.stanford.edu/sandbox/groups/designresources/wiki/36873/attachments/74b3d/ModeGuideBOOTCAMP2010L.pdf?sessionID=68deabe9f22d5b79bde83798d28a09327886ea4b>

ReDesigning Theater and Overview Diagram

<http://dschool.stanford.edu/redesigningtheater/the-design-thinking-process/>

The Virtual Crash Course Playbook

<http://dschool.stanford.edu/wp-content/uploads/2012/02/crashcourseplaybookfinal3-1-120302015105-phpapp02.pdf>

Bootcamp Bootleg (more detailed methods)

<https://dschool.stanford.edu/wp-content/uploads/2011/03/BootcampBootleg2010v2SLIM.pdf>

Articles:

Forbes Magazine

Design Thinking: A Unified Framework for Innovation (March 31, 2014)

<http://www.forbes.com/sites/reuvencohen/2014/03/31/design-thinking-a-unified-framework-for-innovation/-1c10aff456fc>

Harvard Business Review

Design Thinking Comes of Age (September 2015)

<https://hbr.org/2015/09/design-thinking-comes-of-age>

APPENDIX F. Table of Needs and Insights from Design Thinking Workshops

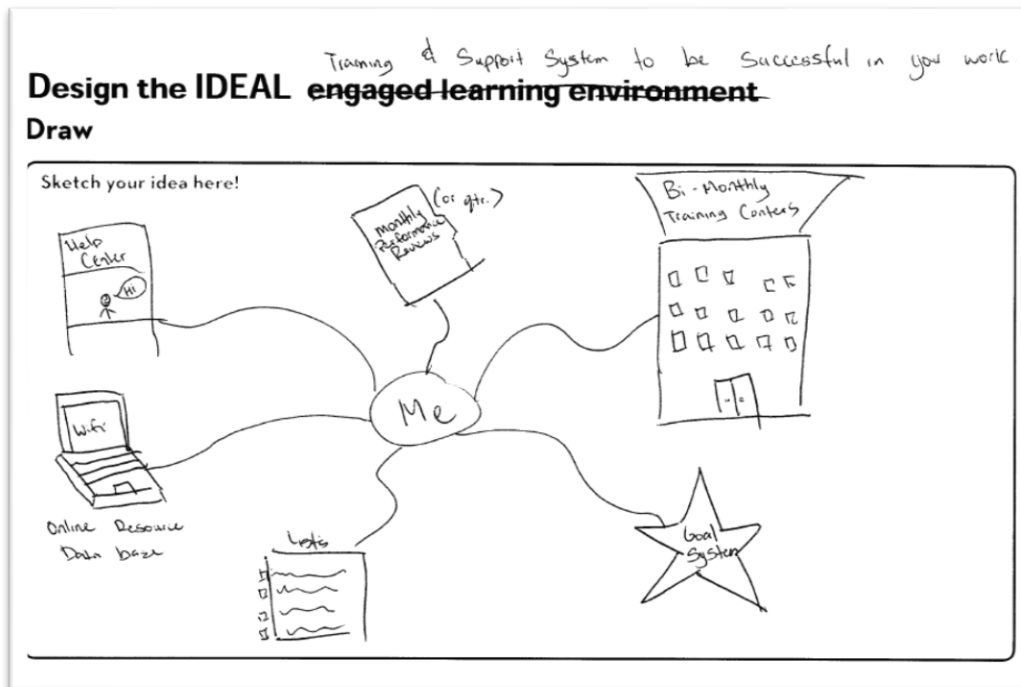
<u>COMMUNITIES</u>	<u>CLIENTS</u>	<u>STAFF</u> ¹	<u>AGENCIES</u>
Flipping the paradigm from top-down to bottom-up	Voice in treatment	Mentors and mentees	Infrastructure for self-care
Healthy community members (including healthy service providers)	Client/community-centered interventions	Direct (real-time) supervision	Healthy/safe/inviting Workspace and physical environment
Opportunities to engage	Parallel process and needs as staff	Meaningful decision-making in programs and agency	Providers and community stakeholders contribute to funding processes and decisions
Missing elements of the continuum of care (e.g. detox programming)	Creative funding sources for real needs (e.g.: teeth/dental work)	Flexibility in spending funds	Funding for innovation
Overlapping/competing services that pull clients in multiple directions	High rates of recidivism—need models of termination and reintegration into the community/work force (e.g. BISAC’s food truck)	Innovation <i>and</i> EBPs	Multi-year funding
Public education: Need to change the public (and other providers’) perceptions and stigma about Substance Abuse		Relationships and connection	Inter-agency as well as <i>intra</i> -agency networking and sharing
Collaborative RFPs	<u>ADMINISTRATORS</u>	Funder outreach to providers	Collaborative infrastructure
Cultural and culture-based programming	Streamlined technology	Collaboration and sharing resources	Sustainable workforce of young, skilled, passionate people
More emphasis on community-based economic development	Self-care	Self-care that includes family members	Succession planning
	Having stories matter—access to data that will strengthen programs	Self-assessment process for self-care (to prevent burn-out and fatigue)	Re-envisioning the RFP process
	Focusing on the needs of the programs and the community— not getting tangled in webs of red tape	Cultural and culture-based education and training opportunities	Disconnect between what organizations say they value and what they do/fund/support
	Validation and support to sustain on-going effort	Policy trainings to 1) understand policies that are in place; and, 2) to access policy-makers to effect change	Indigenous ways of knowing to inform practice and to be valued in the organization
			Retreats! Opportunities to remove and rejuvenate

¹ The category for “staff” includes the needs of both clinical and administrative staff, whereas the needs listed in the category for “administrators” were identified specifically for/by that group.

APPENDIX G. Photos of Design Thinking Workshops: Kīpuka, Process, and Prototypes



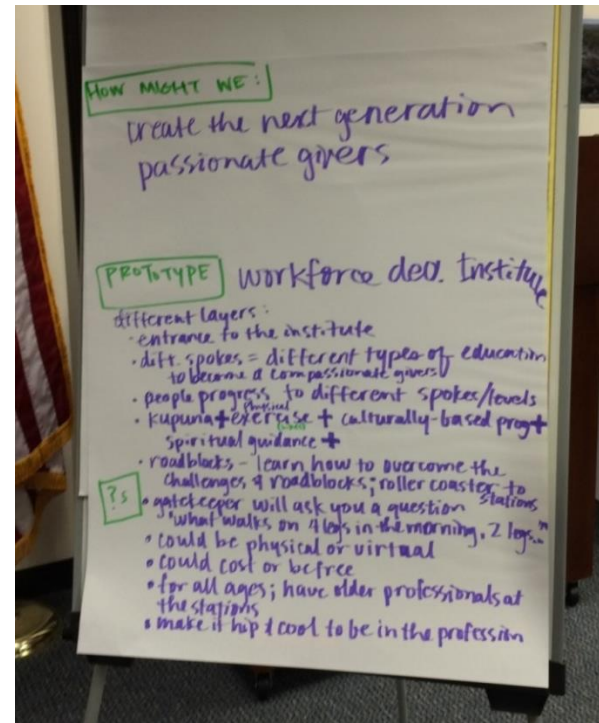
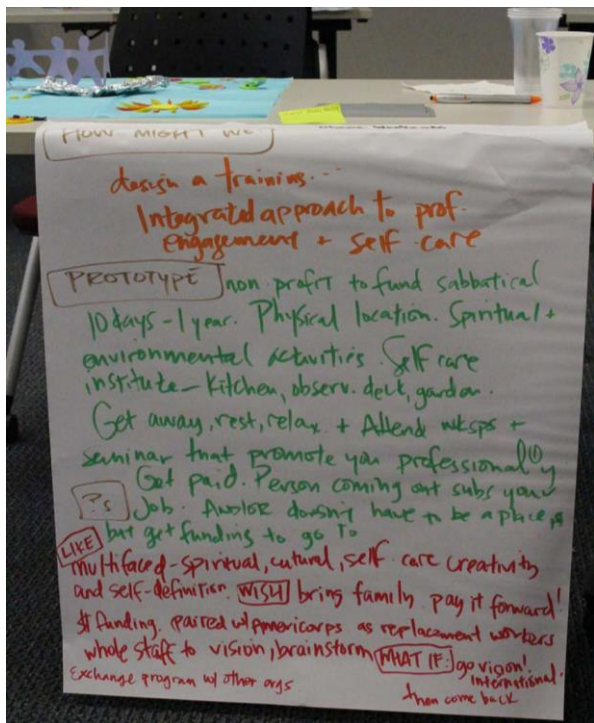
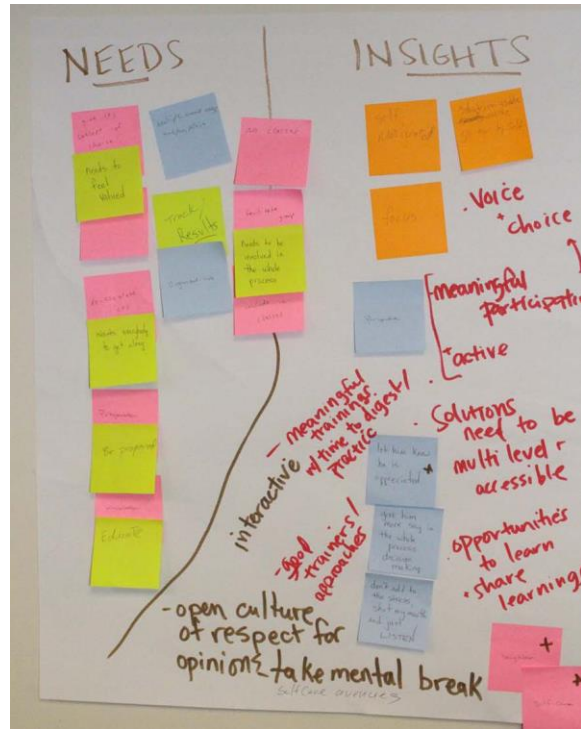
Example of before and after DT process to create the ideal training and support system



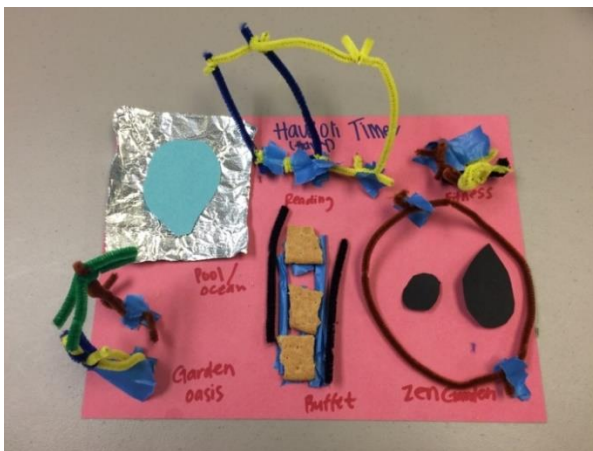
Before DT, staff's ideal was a linear connection to training resources; after DT, training ideal shifted to an interconnecting network of relationships, shared resources, and mutual learning.



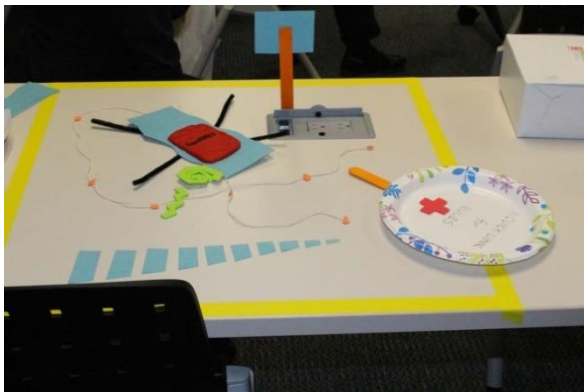
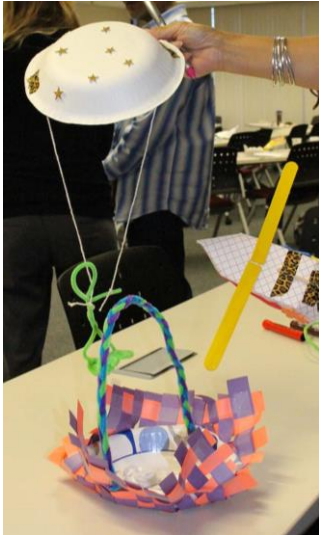
DT group process to develop prototypes for the ideal training and support system



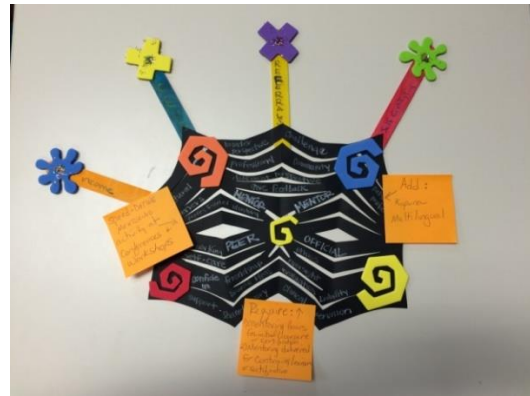
DESIGN THINKING WORKSHOP – Pilot Session (Oahu Prevention) July 7, 2016



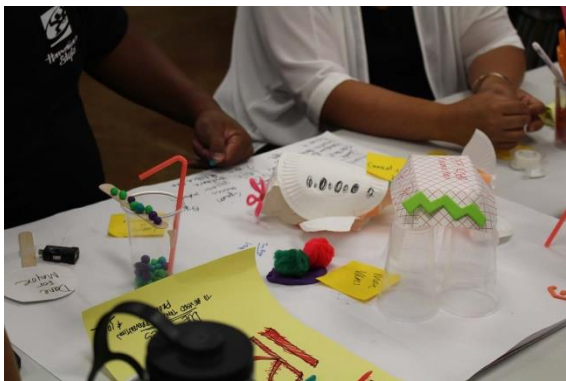
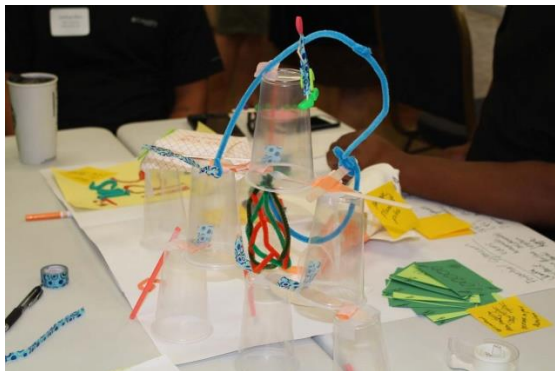
OAHU PREVENTION DESIGN THINKING WORKSHOP July 18, 2016



OAHU TREATMENT DESIGN THINKING WORKSHOP July 19, 2016



MAUI DESIGN THINKING WORKSHOP July 27, 2016



KAUAI DESIGN THINKING WORKSHOP July 29, 2016



HAWAII ISLAND AND MOLOKAI DESIGN THINKING WORKSHOP August 4, 2016



APPENDIX H. Workshop Evaluation Form

Design Thinking Workshop EVALUATION

- A. Look at your initial design. How did your design ideas shift/change throughout the workshop?

What is the most interesting or surprising change?

- B. Was the Design Thinking Process useful?

Rate the workshop: 1 2 3 4 5 6 7 8 9 10
 (Not useful) (Somewhat useful) (Extremely useful)

In what ways?

- C. Overall rating and feedback on the workshop.

Rate the workshop: 1 2 3 4 5 6 7 8 9 10
 (Poor) (Average) (Excellent)

Feedback for facilitators?

- D. Final thoughts on the strategic plan: Are there unique training needs that you have on the island that you live on?

What do you feel is the most important need that should be considered in the strategic plan that arose from the workshop today?

APPENDIX I. Training Menu

Which of these trainings would address some of the NEEDS and INSIGHTS you uncovered throughout the Design Thinking process??

Check all that you are interested in, identify your TOP THREE with a star.

- Trauma-Informed care
- Culturally effective programs for minority youth
- Teamwork in a nonprofit organization
- Developing culturally relevant programs
- Teen empowerment
- Self-care
- Facilitation skills
- Compassion fatigue
- Bullying and violence prevention
- Working with Co-occurring Disorders
- Understanding the medical model/managed care
- Coalition Building
- Prescription Medication
- Working with the Adolescent Population
- Resource Integration
- Motivational Interviewing
- Ethics
- Cultural competence:
 - Diverse dealings
 - Links to community resources
 - Responding to difference
 - Roles we play
- Community dimensions of practice
 - Collaborations
 - Community-based Participatory Research (CBPR)
 - Using partnerships
- Leadership and systems thinking
 - Implementation of systems change
 - Professionalism
 - System thinking
- Health communication and Information
 - Presentation skills
 - Written communication

SPECIALIZED TRAINING OPTIONS:

- Viral HIV/STD training
- Denial and Resistance
- Working with difficult families

- ___ Compassion satisfaction
- ___ Dealing with grief
- ___ Using art therapeutically
- ___ Let's talk: Anger, abuse and attempts
- ___ Relapse prevention
- ___ Positive psychology
- ___ Drug Trends
- ___ Military and Substance Disorders
- ___ DSM 5 and ICD-10
- ___ Brain development and behavior
- ___ Group Facilitation Skills
- ___ Continuum of Care
- ___ Suicide Interventions

Explain how these trainings would meet your needs/insights.

Are there **other** trainings that would better meet your needs/insights?

APPENDIX K. Online Survey

We are gathering feedback from providers and stakeholders throughout the state to help inform the Workforce Development Plan for Substance Abuse Treatment and Prevention. Please respond to the following questions.

1. These are the priority recommendations for capacity-building. Please rate your interest (high, medium, low).
 - Trauma-Informed care
 - Developing culturally relevant programs
 - Self-care
 - Coalition Building
 - Cultural competence
 - Community dimensions of practice
 - Culturally effective programs for minority youth
 - Teamwork in a nonprofit organization
 - Working with the Adolescent Population
 - Leadership and systems thinking

2. These are specialized training options. Please rate your interest (high, medium, low).
 - Working with difficult families
 - Dealing with grief
 - Using art therapeutically
 - Drug trends
 - Brain development and behavior
 - Suicide Interventions
 - Positive psychology
 - Bullying and violence prevention

3. Please identify any additional areas of interest: _____

4. These are the priority recommendations for resources needed. Please rate your interest (high, medium, low).
 - App developer
 - Holistic approaches (social, emotional, mental, physical, spiritual, life planning)
 - Networking and mentoring opportunities with CEs
 - Human and agency capital sharing (list of agency wellness resources, staff skills, healthy resources)
 - Fetal Alcohol Spectrum Disorder family resources & network of care
 - Cultural approaches (kupuna, indigenous perspectives and place-based practices)
 - Collaboration
 - Access to case management resources (technology)
 - Policy advocacy & legislative connections
 - Distribute funding information to agencies/communities

5. Do you have any additional comments about workforce development (capacity building or resource development) specific to the island that you live on?

APPENDIX L. Summary of Previous Assessments and Evaluations

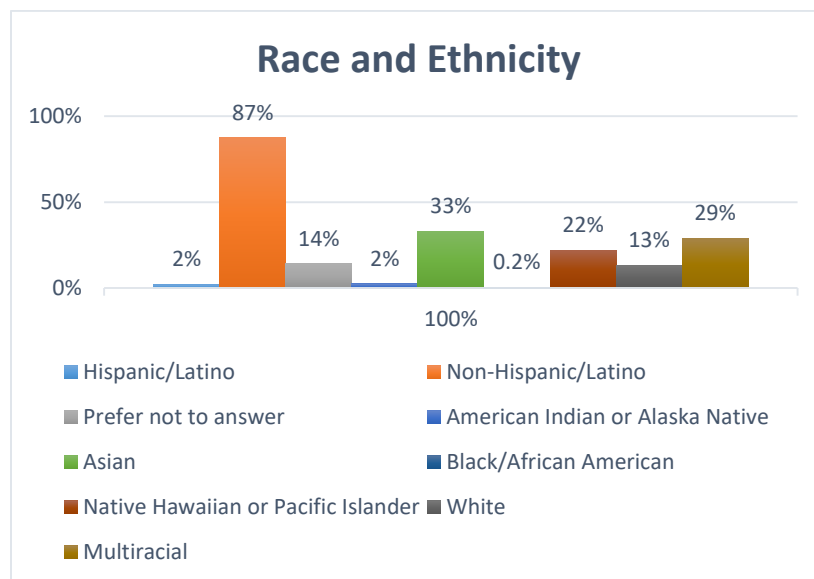
Sources of previous assessments and evaluations

Eleven sets of evaluations and assessments from statewide organizations (n =621) were examined for themes and content recommendations.

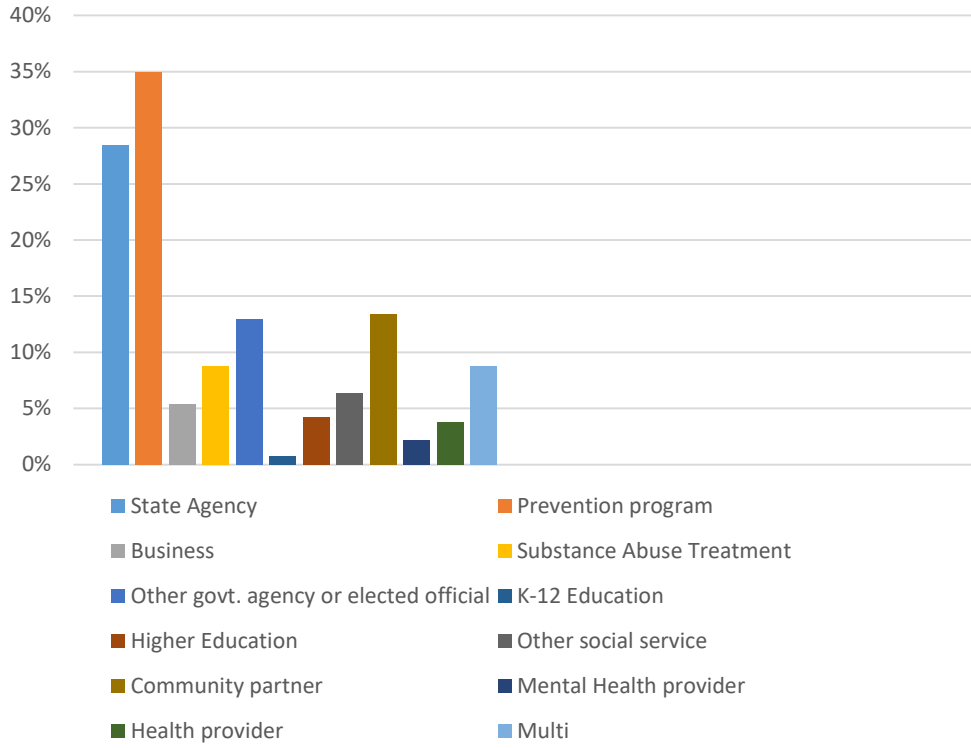
These documents included:

- ◆ DOH Alcohol and Drug Abuse Division (ADAD) sponsored training – Evaluations, July 2015 to May 2016
- ◆ Hawaii Public Health Training Hui Needs Assessment Report (Data from Summer 2015), September 2015
- ◆ Hawaii Youth Services Network (HYSN) Training Preference Survey, June 2016
- ◆ Coalition for a Drug-Free Hawaii/Hawaii Pacific Center for Excellence (CDFH – HPCE) Training Summaries, 2014 to 2016
- ◆ Center for the Application of Prevention Technologies (CAPT) Event Evaluation Summaries - Hawaii Training, 2013 and 2014

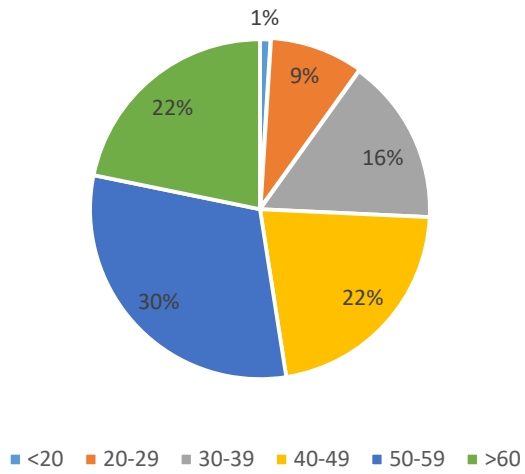
Participant demographics were as follows. 75% were 40 and older (majority 50-59%), 81% were female, 19% male, 1% identified as transgender. A majority of the participants identified as working in Substance Abuse prevention (35%), compared to the 15% who work in Substance Abuse treatment, or as health or mental health providers. 28% work in state agencies while 13% work in government and an additional 13% work in community-based agencies. 5% identify as working in the business sector, 5% in the field of education (K-12 and Higher Ed), and 6% in other social services. Racial composition of participants who participated in previous evaluations and assessments: Asian (33%), Multiracial/ethnic (29%), Native Hawaiian or Pacific Islander (22%), White (13%), and American Indian or Alaska Native (2%), Black/African American (<1%). 87% of participants were non-Hispanic/Latino and 2% identified as Hispanic/Latino.



Primary Job Affiliation



Age group



APPENDIX M. Definitions and Meanings

Ahonui – patience, (waiting for the moment) to be expressed with perseverance

‘Āina – land

Akahai – kindness, (grace) to be expressed with tenderness

Aloha – Love, affection, compassion, mercy, sympathy, pity, kindness, sentiment, grace, charity; greeting, salutation, regards; sweetheart, lover, loved one; beloved, loving, kind, compassionate, charitable, lovable; to love, be fond of; to show kindness, mercy, pity, charity, affection; to venerate; to remember with affection; to greet, hail.

“Aloha” is more than a word of greeting or farewell or a salutation. “Aloha” means mutual regard and affection and extends warmth in caring with no obligation in return. “Aloha” is the essence of relationships in which each person is important to every other person for collective existence.

Aloha Response – Responding to others, situations, and contexts with Aloha. The practice of listening deeply, beyond words and sounds as symptoms of other causes and expressions, to the place of connection. This connection brings insight into responding with Aloha. (Reference: Le, Thao N. & Shim, Pono. *Mindfulness and the Aloha Response*, Journal of Indigenous Social Development; Volume 3, Issue 1)

Aloha Spirit – the coordination of mind and heart within each person. It brings each person to the self. Each person must think and emote good feelings to others as expressed through Akahai, Lōkahi, ‘Olu‘olu, Ha‘aha‘a, and Ahonui.

Cultural Humility – the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of **cultural** identity that are most important to the [person].

Ha‘aha‘a – humility, (empty) to be expressed with modesty

Haumana – Student, pupil, apprentice, recruit, disciple

Kiakahi – person of fixed purpose; with one accord or purpose; in unison, constant; alone, unique, supreme, only one.

Kīpuka – variation or change of form (puka, hole), as a calm place in a high sea, deep place in a shoal, opening in a forest, openings in cloud formations, and especially a clear place or oasis within a lava bed where there may be vegetation.

Kupuna – 1) grandparent, ancestor, relative or close friend of the grandparent's generation, grandaunt, granduncle. 2) starting point, source; growing.

“Throughout Hawai‘i, this Hawaiian word is widely understood to mean elder, grandparent or an older person. What is less recognized is the fact that the word has at least three distinct, but

related meanings. First, a kupuna is an honored elder who has acquired enough life experience to become a family and community leader. The term has been stated to be the embodiment of natural respect . . . a practitioner of aloha (love), pono (righteousness), mālama (caring), and spirituality. In ancient times, they were teachers and caretakers of grandchildren and that bond was especially strong. Even today, the kupuna is expected to speak out and help make decisions on important issues for both the family and the community.

Kupuna also means ancestor and includes the many generations before us who by their spiritual wisdom and presence guide us through personal, familial or community difficulties. We look to our kupuna to help us find and fulfill our pathways through life. Included among our kupuna are the family guardian spirits or ‘aumakua who take physical shape, [for example] in the form of a honu (turtle), mano (shark) or a pueo (owl), and come to visit, warn and communicate with us.

Finally, kupuna means the source, the starting point or the process of growth. This meaning is related to the notion that our direct forebearers and those of the distant past remain living treasures who continue to help us grow in numerous ways. They are a source of experience, knowledge, guidance, strength and inspiration to the next generations.

These various meanings of kupuna show how rich a resource they are and why they should be tapped to contribute to the betterment of Hawai‘i, for they truly represent one of Hawai‘i's fastest growing natural resources.” *Prepared by Kahikahealani Wight, Professor of Hawaiian Language and Literature, Kapi‘olani Community College*

Lōkahi – unity, (unbroken) to be expressed with harmony

Logic Model – a visual tool that shows the logic, or rationale, behind a program or process. Like a roadmap, it tells you where you are, where you are going, and how you will get there.
<http://www.samhsa.gov/capt/applying-strategic-prevention-framework/step3-plan/understanding-logic-models>)

Mālama – to take care of, tend, attend, care for, preserve, protect, beware, save, maintain; to keep or observe, as a taboo; to conduct, as a service; to serve, honor, as God; care, preservation, support, fidelity, loyalty; custodian, caretaker, keeper.

Mana – supernatural or divine power, mana, miraculous power; a powerful nation, authority; to give mana to, to make powerful; to have mana, power, authority; authorization, privilege; miraculous, divinely powerful, spiritual; possessed of mana, power.

‘Ohana – family, relative, kin group; related.

‘Olu‘olu – agreeable, (gentle) to be expressed with pleasantness

Pono – goodness, uprightness, morality, moral qualities, correct or proper procedure, excellence, well-being, prosperity, welfare, benefit, behalf, equity, sake, true condition or nature, duty; moral, fitting, proper, righteous, right, upright, just, virtuous, fair, beneficial, successful, in perfect order, accurate, correct, eased, relieved; should, ought, must, necessary.

WORKFORCE DEVELOPMENT ACTION PLAN OVERVIEW

HAWAII DOH

MISSION

The mission of the Hawaii DOH is to protect and improve the health and environment for all people in Hawaii.

PHILOSOPHY

Health, that optimal state of physical, mental, social and environmental well-being, is a right and responsibility for all Hawaii's people.

GOALS

Promote health and well-being

Prevent disease and injury

Promote healthy lifestyles and workplaces

Promote the strength and integrity of families and communities

ADAD WORKFORCE DEVELOPMENT

VISION

In alignment with the Hawaii DOH mission, philosophy, and goals; the ADAD's vision is that Hawaii's substance abuse prevention and treatment workforce is ready and able to provide the people, practices, and places that heal, nurture, and offer a safe, caring path for the people they serve so that they can find belonging, purpose, and renewal.

ADAD WORKFORCE DEVELOPMENT

GUIDING PRINCIPLES

Stewardship of people, places, and practices that heal and nurture

Service through individuals that practice health and wellness, programs that models wholeness and holistic health, and a workforce culture that thrives with connection to personal passion and purpose

Sustainability through relationships and networks that foster belonging, support, recovery, renewal, and inspiration

Local/Individual Level Objective

The priority recommendation on the local/individual level is to implement **structural support for self-care and holistic well-being**. This recommendation stems from the theme *holistic wellness and self-care*, which outlines the need to understand (and foster) wellness from a multifaceted perspective. Individuals in organizations need specific, structured, and supported opportunities to practice self-care.

Collaboration/Partnership Level Objective

The priority recommendation on the collaboration/partnership level is to implement regular and on-going **networking and mentorship opportunities**. This recommendation stems from the theme *collaboration and community practice*, which outlines the need to emphasize effective partnerships, team work, and multidisciplinary approaches to service provision. Individuals and organizations can benefit from regular and on-going opportunities to share knowledge, resources, skills and strategies.

Statewide/Global Level Objective

The priority recommendation on the statewide/global level is to develop and implement **community-driven RFPs**. This recommendation stems from the overall theme of the *paradigm shift toward an Aloha response*. This theme points to a need for a more inclusive, holistic, community and client-centered approach to substance abuse prevention and treatment. Many stakeholders described the need to "flip the system" in order to re-center the needs of the community and the clients in the community.

WORKFORCE DEVELOPMENT ACTION PLAN: Local/Individual Level

OBJECTIVE

The priority recommendation on the local/individual level is to implement **structural support for self-care and holistic well-being**. This recommendation stems from the theme *holistic wellness and self-care*, which outlines the need to understand (and foster) wellness from a multifaceted perspective. Individuals in organizations need specific, structured, and supported opportunities to practice self-care.

CULTURAL CONTEXT

The ***aloha response*** that this recommendation calls for is an emphasis on **healing and sustainability as part of workforce development**. This emphasis has the potential to decrease turn-over, burn-out, and even vicarious trauma in the substance abuse treatment and prevention workforce.

Value and Practice: **Akahai, meaning kindness, (grace) to be expressed with tenderness**

STRATEGIC ACTION DESCRIPTIONS	WHO	RESOURCES REQUIRED	CHALLENGES	DESIRED OUTCOME
Institutionalize self-care and wellness in the field	ADAD	Buy-in from DOH, ADAD; language for RFP; language for code of ethics	Recognizing that self-care and wellness is valuable and necessary to the workforce and service provision by approving this time as billable hours; determining number of allowable hours	Self-care and wellness is an expectation for substance abuse treatment and prevention providers and time is billable
Support self-care and wellness as an essential part of a healthy workplace	ADAD Agencies	Lead advocate/coordinator and/or wellness teams; wellness models for staff development planning; resources for wellness and self-care practices; funds for supplies and incentives; facility space and/or equipment; technical assistance resources; collaboration with multiple disciplines including health insurance companies	Must be intentional and sustained; establish billable hours; staff need permission and support to implement wellness practices; need to define time/conditions for practices during work hours	Agencies incorporate wellness and self-care practices into their organizational culture; Staff development plans include wellness and self-care goals/objectives The workforce is sustained and cared for with holistic wellness, health, and healing to enable them to practice aloha and provide effective services; places of work reflect health, healing, and wellness
Provide and support access to training/CE opportunities that offer the content and context for meaningful learning and practice that are relevant to current and emerging skill needs and diverse sectors	ADAD CDFH	Training coordination team, trainers, teachers, mentors, kupuna, peers, and others that can transfer knowledge/skills, and empower to practice; funds for compensation; infrastructure for promoting training opportunities; CEs; logistics and venue	Need to identify people and places to support this transfer of knowledge and practices; non-billable time	The workforce is sustained and enriched with the knowledge, skills, experiences, and relationships that enable them to practice aloha and provide effective services

WORKFORCE DEVELOPMENT ACTION PLAN: Collaboration/Partnership Level

OBJECTIVE

The priority recommendation on the collaboration/partnership level is to implement regular and on-going **networking and mentorship opportunities**. This recommendation stems from the theme *collaboration and community practice*, which outlines the need to emphasize effective partnerships, team work, and multidisciplinary approaches to service provision. Individuals and organizations can benefit from regular and on-going opportunities to share knowledge, resources, skills and strategies.

CULTURAL CONTEXT

The *aloha response* that this recommendation calls for is an emphasis on **connection and communication as part of workforce development**. Whether to reinvigorate senior members of the workforce, to inspire and provide supervision to new professionals, or to gather and retain knowledge from veteran members who are on their way out of the workforce, this shift has the potential to benefit all who participate.

Value and Practice: **Lōkahi, meaning unity, (unbroken) to be expressed with harmony; ‘Olu‘olu, meaning agreeable, (gentle) to be expressed with pleasantness; and Ha‘aha‘a, meaning humility, (empty) to be expressed with modesty**

STRATEGIC ACTION DESCRIPTIONS	WHO	RESOURCES REQUIRED	CHALLENGES	DESIRED OUTCOME
Identify ways to build interagency relationships, communicate about services, and coordinate services and activities (e.g., meetings, gatherings, networking events, site visits)	ADAD in partnership with Agencies	Face to Face connection to bridge the gap; travel funds; venues for relationship building and collaboration	Conference calls don't work to make connection; needs to be ongoing; follow-up is important – do what you say you will as a partner or collaborator; understanding of cultural humility; intentionality and consistency; non-billable time	Alignment and partnership between ADAD and agencies; intentional collaboration and relationships among agencies resulting in reduced duplication and increased focus on the best interests of the clients/participants
Establish mentoring programs for prevention and treatment staff hosted by agencies in which staff can learn by working alongside mentors (with CE hours)	ADAD Agencies	List of mentor agencies and contacts; identified mentorship coordinator and mentor; mentorship program curriculum; travel funds; process/procedure to gain CE hours	Time away from services; travel costs; need secure mutual schedule; need for staff to serve as coordinator and mentor; non-billable time	Increased opportunities to learn and practice; perspective on the collective strengths in the field that can support clients/participants; respect for who does what, how they do it, and the places in which they help, heal, teach, and nurture
Establish the practice of provider visits to each other's treatment sites to gain hands-on visual of what others do and meet the people (with CE hours) (e.g., intake and referral – if staff know the intake process and people then can connect clients through relationships)	ADAD Agencies	List of agencies and contacts; identified host to coordinate visit; travel funds; process/procedure to gain CE hours	Time away from services; travel costs; need secure mutual schedule; need for staff to serve as host; non-billable time	Clients/haumana are connected to people and places that can provide appropriate services through relationships that extend trust and care A caring supportive network and readiness to receive clients and offer help within the context of relationships

WORKFORCE DEVELOPMENT ACTION PLAN: Statewide/Global Level

OBJECTIVE

The priority recommendation on the statewide/global level is to develop and implement **community-driven RFPs**. This recommendation stems from the overall theme of the *paradigm shift toward an Aloha response*. This theme points to a need for a more inclusive, holistic, community and client-centered approach to substance abuse prevention and treatment. Many stakeholders described the need to “flip the system” in order to re-center the needs of the community and the clients in the community.

CULTURAL CONTEXT

The ***aloha response*** is thoroughly integrated into this recommendation as the emphasis is on **client-centered, community-based innovation as a part of workforce development**. This shift has the potential to increase culturally-responsive and place-based services through innovative and community-driven programming, as well as fostering a culture of aloha.

Value and Practice: Akahai, Lōkahi, ‘Olu‘olu, Ha‘aha‘a, and Ahonui, meaning patience, (waiting for the moment) to be expressed with perseverance

STRATEGIC ACTION DESCRIPTIONS	WHO	RESOURCES REQUIRED	CHALLENGES	DESIRED OUTCOME
Provide a forum for relationship building, dialogue, and ongoing communication to keep centered on the needs of the clients and communities, involve multiple disciplines to reinforce a holistic approach, and to strengthen understanding of culturally responsive practices	ADAD	Infrastructure to convene the forum (facilitator/coordinator, venue, logistics, facilitator); travel funds for neighbor island representation; involvement by multiple sectors/systems, agencies, providers, and stakeholders	Need to establish context for the meetings within ADAD’s direction, programs, RFP development, funding; building relationships with honest communication between ADAD, providers, and the community	A cohesive multidisciplinary forum that supports and furthers excellence in the workforce
Increase awareness of the work being done in the field to recruit and promote opportunities for the current and next generation of substance abuse prevention and treatment workforce to obtain CSAC, CPS, or other credentials	ADAD CDFH	Credentialing board/committee with multi-sector representation to develop an initiative aimed at engaging young diverse populations; infrastructure and tools to share information about the field and career pathways/opportunities with the existing and potential workforce; ongoing maintenance to update and expand information	Need to identify roles and responsibilities of partners in this effort; establishing procedures for review and approval; time/effort to involve ADAD, provider agencies, and the workforce to acquire information to be shared	The current workforce and next generation is able to learn about the field, workforce, and opportunities for professional and self-development
Convene committees of program managers and mid-managers to identify effective client-centered interventions, prevention programs, and community-based strategies	ADAD	Infrastructure to convene meetings (facilitator, coordinator, venue, logistics); travel funds for neighbor island representation	Need to establish context for the committee within ADAD’s direction, programs, RFP development, funding	Shared vision and collective effort to meet client and community needs for health and healing; client-centered services that are culturally responsive and effective

Identify and reinforce qualifications for the workforce that reflect the value of relationships, wellness, and aloha in addition to standard certification criteria for CSAC, CSP, and other ADAD certification	ADAD WFD Work Group	Infrastructure to recruit and convene a diverse credentialing board/committee and/or workgroup to develop criteria; travel funds	Commitment to sustaining a credentialing board/committee representative of diverse sectors of the community; commitment to incorporate qualifications into standards for certification, training, RFPs, and ongoing workforce development efforts	Standard values-based qualifications that have validity within the workforce and community; a workforce with the readiness to provide culturally responsive services that meet the needs of clients and program participants
Identify and provide opportunities to develop and strengthen the value of relationships, wellness, and aloha in the workforce	ADAD CDFH	Infrastructure to recruit and convene WFD Work Group meetings; travel funds	Understanding of a cultural values-based framework, client-centered approaches, trauma-informed care; commitment to address the cultural context of service delivery and training	Standards for values-based learning opportunities in the workforce; a workforce that is able to connect with clients/participants in health and healing; everyone is a sanctuary
Develop policy changes to reinforce workforce development practices that support wellness; collaboration; client-centered, community-based approaches; and values-based services grounded in aloha	ADAD	Working group to identify policy changes to support these practices, how to operationalize changes, and follow-up to promote buy-in	Need to understand values base and identify/define specific best practices that qualify; sustainability requires buy-in – everyone sees it as important and models it; RFPs need to focus on wellness vs. only problems; non-billable time	A workforce that is living their purpose, practicing self-care, using their resources, and pooling their assets to serve; increased readiness to receive clients and program participants; increased sustainability of the workforce

Evaluation: Outcome Indicators of Success

Individual/Local Level

- ◆ Decreased sick leave with participation in wellness initiatives
- ◆ Increased job satisfaction and increased quality of service provision
- ◆ Increased buy-in and action to support self-care and wellness practices
- ◆ Wellness practice is institutionalized as a standard expectation and the norm

Collaboration/Partnership Level

- ◆ Decreased duplication of services
- ◆ Increased connections to maximize resources
- ◆ Increased number of partnerships
- ◆ Increased service capacity

Statewide/Global Level

- ◆ New policies that support workforce development recommendations are incorporated into ADAD and agency plans, operations, and RFPs
- ◆ Fiscal/billing requirements reflect recommendations that support workforce development
- ◆ Healthcare companies offer incentives for wellness policies and practices in agencies
- ◆ CEs for workforce development in the area of wellness and values-based qualifications are standard practice
- ◆ Other fields/disciplines adopt similar policies

Strategic Plan for Workforce Development in Hawaii
March 2018

Funded by the State of Hawaii Department of Health, Alcohol and Drug Abuse Division through Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funds.