

KAUA`I COMMUNITY DRUG RESPONSE PLAN

2008 – 2013



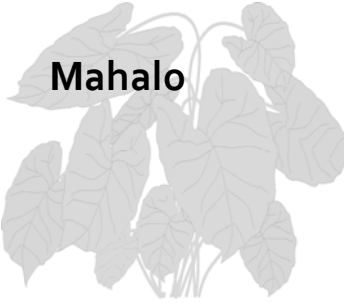
E Ho`omau ka `Ike
(Continue the Awareness, Learning, Vision)

County of Kaua`i and
Kaua`i Planning & Action Alliance

July 2008



Dedicated in Memory
of
Mayor Bryan J. Baptiste
(1955 – 2008)



Mahalo

This *Kaua`i Community Drug Response Plan 2008-2013* is presented to the agencies and organizations offering services to children, youth and adults on Kaua`i. It is intended to guide us in our efforts to reduce substance abuse and build stronger, healthier families. The plan was initiated by the County of Kaua`i Office of the Mayor, and prepared through a contract with Kaua`i Planning & Action Alliance.

Over the past four years since the first drug plan for Kaua`i was prepared, many dedicated state and county agencies and nonprofit and faith-based organizations have been collaborating to try to stem the effects of drugs on our island. Their efforts are sincerely appreciated and much has been accomplished.

But we know there is much more to be done. We would like to thank the more than 60 volunteers who joined us in looking toward the future and planning our next strategies. These volunteers served on the Drug Action Team, Drug Prevention Coalition and the three regional sub-committees – West, Central and East, the Treatment/Community Integration Committee, and the Enforcement Committee. They generously shared their time, insights and knowledge in the creation of this plan. While there was plenty of laughter as we worked, their dedication to their clients was always evident.

We are appreciative for the comfortable meeting space and hospitality offered to our committees by Queen Liliu`okalani Children's Center, Child and Family Services, Hale `Opio, the County of Kaua`i, State Department of Education, and the Office of the Prosecuting Attorney.

Many thanks to all who carefully reviewed the draft plan and offered their comments, suggestions, and support.

Finally, we will always remember Mayor Bryan Baptiste for his leadership in initiating this effort, his support of collaboration-building and community-based planning, and his compassion for the people of Kaua`i. He will be sorely missed.



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July 2008

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1.0 EXECUTIVE SUMMARY

Kaua`i's Drug Problem

Kaua`i is known world-wide as a beautiful and popular tropical resort destination. But like a growing number of American communities, Kaua`i has a serious drug problem that affects many aspects of our lives. A few statistics and anecdotal data provide a snapshot of the drug problem on Kaua`i.

- "80-90% of all crimes committed on Kaua`i are drug-related."
- Of the island's population of 63,004 (2006), 1,102 adults and 508 adolescents receive some level of treatment for drug abuse each year.
- Almost 44% of adolescents report exposure to illicit drug use at home and in the community.
- Nearly 39% of youth report poor family supervision.
- About 1,577 individuals who are on probation, parole, drug court, or awaiting sentencing need help to re-integrate into the community, but there are gaps in the continuum of care needed.

Community Response

Action was taken toward finding solutions to these problems in 2003, when the late Mayor Bryan J. Baptiste formed four committees to investigate the elements of the drug problem: drug prevention, enforcement, treatment and community integration. Later that year, Kaua`i Planning & Action Alliance lent its assistance and resources to assist the committees in creating a comprehensive, integrated plan. The plan included a vision of Kaua`i in five years, and specific two-year action plans to guide us toward achieving the vision.

Progress has been made on many of the action plans, and this *Kaua`i Community Response Drug Plan 2008-2013* lays out the tasks needed to build on initial accomplishments and undertake comprehensive efforts to combat substance abuse on Kaua`i, build stronger families and foster a healthier community.

This plan includes the following sections and goals.

Drug Prevention

The prevention plan divides the county into three areas, coinciding with school district complexes, West, Central, and East Kaua`i. Goals are targeted to the specific risk and protective factors identified in each district.

In addition, there is a Drug Prevention Coalition, with representatives from all three complexes, that serves as the central body to monitor and coordinate all prevention activities and address island-wide issues.

Drug Prevention Coalition island-wide priority 1-3 year goals include:

- Goal 1: Develop the structure of the Kaua`i Drug Prevention Coalition (KDPC) to provide effective coordination of drug prevention programs for youth and families on Kaua`i.
- Goal 2: Promote the availability of public and other transportation for youth to and from activities.

West Kaua`i Drug Prevention Coalition priority 1-3 year goals include:

- Goal 1: Provide programs that have been proven to be effective in helping children and families to be drug-free.
- Goal 2: Offer after-school, intersession, weekend, and summer activities that encourage a drug-free life to youth and families.
- Goal 3: Involve the community in efforts to strengthen families and encourage a drug-free life.

Central District Drug Prevention Coalition priority 1-3 year goals include:

- Goal 1: Provide programs that have been proven to be effective in helping children and families to be drug-free.
- Goal 2: Offer after-school, intersession, weekend, and summer activities that encourage a drug-free life to youth and families.
- Goal 3: Build and maintain a strong Central District Drug Prevention Coalition for the effective implementation and coordination of prevention activities.

East Kaua`i Drug Prevention & Education Team priority 1-3 year goals include:

- Goal 1: Provide programs that have been proven to be effective in helping children and families to be drug-free.
- Goal 2: Offer after-school, intersession, weekend, and summer activities that encourage a drug-free life to youth and families.

**Treatment/
Community
Integration**

In 2006, the Treatment and the Community Integration Committees combined to create greater synergy and avoid duplication. This has proved to be a successful partnership.

Treatment and the Community Integration Committee priority 1-3 year goals include:

- Goal 1. Establish additional residential treatment services and facilities for youth and adults.
- Goal 2. Establish on-island therapeutic living facilities.
- Goal 3. Expand drug treatment services within the Kaua'i Community Correctional Center to support the recovery of prisoners.
- Goal 4. Ensure that transportation options are available to those seeking services for substance abuse.
- Goal 5. Participate in the legislative process to ensure needed funding and services for drug treatment and community integration.

Enforcement

Enforcement Committee priority 1-3 year goals include:

- Goal 1: Improve communications with the community.
- Goal 2: Secure funding and other resources needed to support law enforcement and intervention programs.
- Goal 3: Expand demand reduction programs.
- Goal 4: Continue and further strengthen working relationships among all County, State and Federal law enforcement agencies.

**Drug Plan
Coordination and
Implementation**

The Drug Action Team is composed of the chair and vice chair of each of the three main committees and meets monthly to monitor the drug plan. The team is chaired by the County's Anti-Drug Coordinator.

Drug Action Team priority 1-3 year goals include:

- Goal 1: Identify and secure sustainable funding for drug programs.
- Goal 2: Sustain a management system to support and coordinate implementation of the plan over the next five years and maintain timely communications among all involved.

Goal 3: Develop and make available information on community resources to help individuals and families on Kaua`i.

Goal 4: Coordinate messages to the public to heighten awareness of the goals, activities, and outcomes of the *Kaua`i Community Drug Response Plan*.

Funding

At the time of this plan's publication, state and federal grants to the County for substance abuse programs are not presently available. The State is in its third year of a five-year \$10 million federal Strategic Prevention Framework-State Incentive Grant (SPF-SIG) administered by Alcohol and Drug Abuse Division, Hawai'i Department of Health. Kaua`i County is awaiting allocation of funding to the local level.

Presently, many programs are relying on private foundations, corporate support and a very limited number of state grants-in-aid. The County provides a small budget for the Anti-Drug Coordinator's operations. It is recognized that for this plan to be effective, new and ongoing sources of support to combat the substance abuse problem are urgently needed.

Keys to Success

To ensure that this new *Kaua`i Community Drug Response Plan* is effectively implemented and drug use is reduced over the next three to five years, we will need:

- Committed and sustained participation of members on the action team, committees, and coalitions.
- Continued, ongoing support by the Administration and County Council.
- Willingness of current and new nonprofit and community-based programs to seek funds for and implement various activities in the plan.
- To secure new, sustainable funding sources for drug programs.
- Willingness to review and revise the plan over time to address lessons learned and changing conditions.
- Clearly defined outcomes to provide a measurement of success.
- Ongoing communications with the public to enlist their help and partnership in working toward a healthier, safer community.

2.0 INTRODUCTION



This is the second plan for Kaua`i County that addresses substance abuse using a comprehensive, integrated approach. The first plan was completed in 2004.

In 2007, the County of Kaua`i contracted with the Kaua`i Planning & Action Alliance (KPAA) to prepare the update to the *Kaua`i Community Drug Response Plan 2004-2009*, also written by KPAA. The purpose of this new plan is to take anti-drug efforts to the next level, and integrate the efforts of the county, state and federal governments, along with nonprofit, community and faith-based groups, to respond to the critical problem of drugs in our community and offer guidance to those agencies and organizations providing services.

For purposes of this report, “drugs” are defined as alcohol, tobacco, and other drugs.

There are four interconnected components of the drug problem that are addressed in this plan:

- Prevention
- Enforcement
- Treatment
- Community Integration

A lesson learned during implementation of the first drug plan was that the areas of Treatment and Community Integration are tightly interwoven. In response, in this plan these two components have been combined in order to create a continuum of care that promotes treatment and aftercare services to prevent recidivism.

In addition to addressing all four components, strategies for implementation and overall coordination of activities covered by this plan are included.

This plan includes a five-year vision (2008-2013) and three-year goals, strategies and action plans (2008-2011).

It is our hope that by articulating and agreeing upon our vision, goals, strategies, and action plans, we can work together as a community to carry out the plan, leverage our resources, be inclusive, and hold ourselves accountable to create a healthier and safer Kaua`i in the years ahead.

2.1 5-Year Visions for 2013

This plan includes an overall five-year vision and specific five-year visions for each plan component. The collective vision of our community's desired future by 2013 follows.

We have developed a strong partnership of business, government, and community that is collaborating and working together to:

- *Engage and empower our youth and adults to make the choice to be drug-free*
- *Develop local access to affordable, effective drug treatment and support that offers all a hope for a happy, productive life without drugs*
- *Interdict drugs, prosecute drug dealers, and reduce crime*
- *Unite the community to resist drug use, support the enforcement of anti-drug laws, and provide caring treatment and support for those affected by drug use.*

2.2 Background and Process

County Launches Anti-Drug Program in 2003

The Drug Response Plan is an extension of an initiative launched by the late Mayor Bryan J. Baptiste. In January 2003, Mayor Baptiste organized a series of meetings to listen to the community and discuss the extent of the drug problem on Kaua`i. The community identified drugs as a critical problem.

In February 2003, the Kaua`i County Council, unanimously passed Resolution No. 2003-14 supporting the Mayor's community-based efforts to deal with the island-wide drug problem.

Four committees, comprised of representatives from government, social service agencies, community, and business were formed and began meeting to pursue solutions in these areas:

- Drug Prevention Coalition
- Enforcement Committee
- Treatment Committee
- Community Integration Committee

The County of Kaua`i's first Anti-Drug Coordinator, Roy Nishida, was hired in April 2003 to focus on the need to educate the community, coordinate resources, secure funding, and oversee the development of a drug plan. Five Drug Summits were held in May of that year; about

425 people participated in those events and 370 youth attended the student summit.

**Planning and
Coordination 2003-
2008**

In October 2003, the Kaua`i Planning & Action Alliance (KPAA) began assisting the County, in response to a priority goal selected by its membership to: "Support County of Kaua`i efforts by providing a forum for centralized planning, action, communication, and networking related to drug use demand reduction, treatment, community integration, and prevention."

KPAA secured funds to augment County funding to create a drug plan for Kaua`i. A Drug Action Team, composed of representatives of each of the four committees and the Anti-Drug Coordinator, was formed to oversee planning and coordinate the work of all the committees formed by Mayor Baptiste.

The first draft plan of the *Kaua`i Community Drug Response Plan 2004-2009* was presented at a forum in April 2004. The final plan was presented to the Mayor and the County Council in May 2004. The plan included a five-year vision related to substance abuse and 1-2 year goals and action plans and 3-5 year goals.

Work began immediately to implement the activities of the drug plan, assisted by the volunteer efforts of the nearly 70 individuals who are active members of the Drug Action Team, three committees and three sub-committees. The Drug Prevention Coalition formed three sub-committees to better plan for the regional needs in West, Central and East/North Kaua`i. Notices of the meetings are broadly distributed to an additional 150 service providers who wish to stay informed of the anti-drug activities and plans.

In January 2007, Theresa Koki assumed the position of Anti-Drug Coordinator. She chairs the Drug Action Team and is an active member of the committees.

**Federal, State and
County Funding**

Senator Daniel K. Inouye was instrumental in helping to secure a three-year U.S. Department of Justice Community-Oriented Policing Services (COPS) grant for Kaua`i, administered by the Hawai`i Community Foundation. This grant helped support several of the activities in the 2004-2009 drug plan. State and County funds were also available, augmented by government contracts and private foundation grants secured by service providers. Federal funding through the COPS program concluded in 2007, and state funding has also decreased.

**Reporting
Progress**

In 2004, 2005 and 2007, Drug Summits were held to report to stakeholders and the community the progress made in implementing the 2004-2009 drug plan and discuss future plans. These events were

also a means to encourage additional input and involvement in anti-drug efforts.

**New Approaches –
Planning to 2013**

Many of the action plan activities in the 2004-2009 drug plan have been accomplished. Based on lessons learned, new approaches have been identified. To ensure that progress in combating substance abuse on the island continues, the County of Kaua`i contracted with Kaua`i Planning & Action Alliance to update the drug plan covering the period 2008-2013.

The Drug Action Team and committees began working on the new plan in October 2007, holding dozens of meetings, gathering information and strategizing.

**Evidence-Based
Programs**

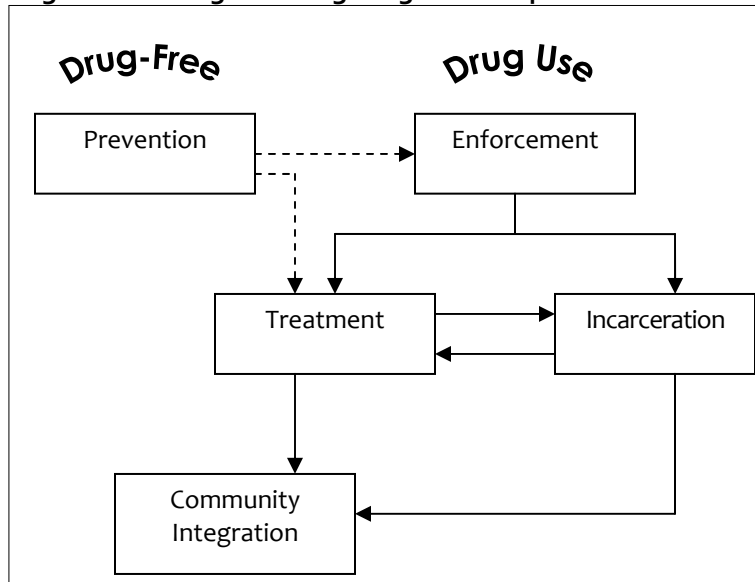
In preparing this plan, the committee members were committed to recommending evidence-based and best practices programs, particularly those that are culturally relevant, to ensure the effectiveness of programs delivered. They also reaffirmed a commitment to focus on outcomes and securing data to measure success toward achieving the desired outcomes.

This plan is the result of the hard work and dedication of the many volunteers who served on the Drug Action Team and its committees.

2.3 Linkages among Key Program Components

As described earlier, there are four key components described in this drug plan: prevention, enforcement, treatment, and community integration. The diagram that follows shows the inter-relationships or linkages among these program components.

Figure 1. Linkages among Program Components



As a community, our ultimate goal is to empower our youth to choose a drug-free life (Prevention). In spite of our best prevention efforts, not all people remain drug free.

At the same time, we need to eliminate all illegal drugs from entering Kaua`i and provide law enforcement with the tools to remove drug dealers in our community (Enforcement).

Those who are arrested and charged with drug-related crimes are required to undertake treatment (Treatment) and/or go to prison (Incarceration). Unless root causes of addiction are properly treated, there will be a revolving door between treatment and prison. There are also residents who voluntarily decide to undertake treatment for drug abuse.

People completing treatment and leaving prison need a variety of aftercare services to maintain a drug-free life (Community Integration).

The following chart shows the management system that has been established to manage the drug plan and the relationships among the various committees.

Figure 2. Drug Plan Management System



2.4 Overview of Kaua'i's Drug Problem

Problem statements have been developed for each component of this drug plan: prevention, enforcement, treatment and community integration, as well as the coordination and implementation of the plan. However, there are a number of larger, structural problems on Kaua'i that seem to contribute to or exacerbate the drug problem. These relate to the economy, availability and cost of housing, lack of education, and family structure. These issues are summarized below and then explained more fully.

Family Structure

- Low number of adolescents reporting close family ties
- High number of adolescents reporting poor parental supervision
- High number of families with all parents in the labor force
- High number of primary caregivers other than parents

Economy

- High number of low-paying jobs
- Low number of jobs that pay livable wages
- Lack of opportunities for job advancement
- Projected downturn in the economy

Housing

- High cost of housing in relation to income
- High number of households living in crowded conditions
- Limited supply of housing, especially at affordable rates
- Growing numbers of families who are homeless

Education

- High number of teens, 16 to 19, not in school and not working
- High number of employees without a high school education

All of these problems contribute to a sense of hopelessness and, for some, lead to drug dependency. This plan recognizes that drug use is a symptom of these larger problems facing Kaua`i.

Family Structure

All six committees agreed that while the drug problem manifests itself in many ways, the root of the problem are changes, and some say breakdown, in the family structure. There is a growing number of children with a grandparent or other family member as their primary caregiver due to the parents' substance abuse. Many children are raised without a strong bond with a parent, family member or adult mentor. On Kaua`i, only 59% of adolescents report having close family attachments.¹ This means that four out of ten youth report a lack of close family attachments.

Not having close family ties may be the result of parents who are in the labor force and working long hours. About 67% of children between the ages of 0 to 5 have all parents in the labor force.²

Likewise, nearly 39% of adolescents on Kaua`i report that they have poor family supervision.³

Almost 27% report a lack of parental sanctions for antisocial behavior. Substance abuse plays a role in many families, with 46% of youth reporting exposure to family alcohol, tobacco, and other drugs (ATOD) and nearly 18% report parental attitudes toward ATOD use are favorable.⁴ These young people are lacking positive role models at home for healthy behaviors.

Economy

Household incomes on Kaua`i are low. Of the 20,183 households on Kaua`i, 38% of households have annual incomes less than \$35,000.⁵

It is estimated that 36% of households on Kaua`i do not make a livable wage. Family incomes on Kaua`i have not kept up with the cost of living, causing additional stress on the family structure. The 2004 median household income on Kaua`i was \$51,359.⁶ However, the self-sufficiency standard for a family of four (2 adults, one preschooler and one school-age child) on Kaua`i was \$58,635.⁷

As of May 2008, the unemployment rate on Kauaʻi was 3.3%, slightly lower than the State unemployment rate of 3.4%.⁸

A downturn in the economy is underway – nationwide, statewide and, by extension, on Kauaʻi. Recovery is not expected until 2010, at the earliest.⁹ This may result in a loss of jobs, increased homelessness, families with food shortages, and an increase in domestic violence and substance abuse. Agencies and organizations need to prepare to deal with the increased number of clients anticipated.

Housing and Homelessness

The price of housing has increased dramatically in recent years. The median cost of a home in May 2008 was \$677,500, up 18.9% from May 2007.¹⁰ This is due, at least in part, to the lack of housing inventory and the demand for housing on Kauaʻi.

The average 2005 monthly rent for a four-bedroom unit was \$1,449, while the average monthly rent for a 2-bedroom unit was \$1,061.¹¹ In 2003, it was reported that 20% of households were overcrowded or doubled-up, exceeding the state average of 18%.¹² It is expected that today, the number is even higher.

The federal government uses a standard shelter to income ratio of .30. Ratios higher than .30 indicate the household is paying more for shelter than the standard. More than 30% of households on Kauaʻi pay over 30% of their income for shelter.

The unsheltered homeless are families or individuals who have a primary night-time residence that is a public or private place, including beaches, parks, automobiles, and streets. It is estimated that in 2006 there were 728 unduplicated unsheltered homeless persons on Kauaʻi.¹³

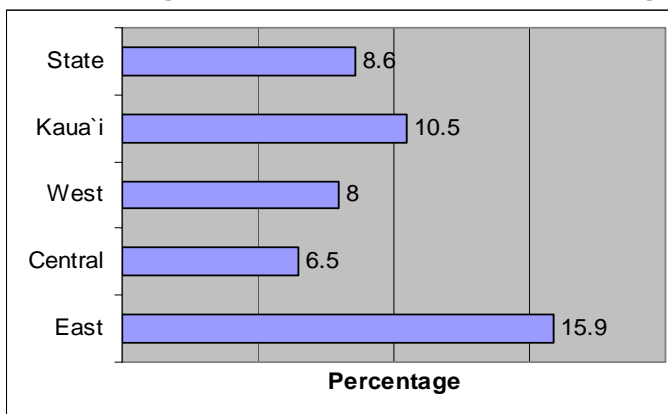
The hidden homeless are households in which more than one family shares accommodations. It is estimated that there are 1,651 households that are the hidden homeless. This translates to 8,354 individuals or 13.2% of the population.¹⁴

At-risk homeless are households in which members would become homeless in less than three months if they suddenly lost their primary source of income. It is estimated that there are 4,656 households that are at-risk, which translates into 13,139 persons.¹⁵

Lack of Education

Another problem is that many teens do not have clear plans for their future while in school and once they depart from school. One out of ten teens on Kauaʻi, between the ages of 16 to 19, is not in school and not working.¹⁶

Figure 3: Teens, age 16-19, not in school and not working



While drug abuse does not discriminate by income or education, there is a direct correlation between education attainment and earning potential.

About 11% of persons aged 25 and older have less than a high school education on Kaua'i. This percentage is higher than any other county in the State of Hawai'i.¹⁷

Table 1: Percentage of persons aged 25 and older with less than a high school education

County	%
Kaua'i	11.1
Honolulu	7.8
Hawai'i	7.4
Maui	9.4

Need for Stronger Coordination

Coordination and collaboration between and within the program components have improved significantly since the first drug plan was published in 2004. However, even stronger community-wide collaboration is needed. The County of Kaua'i's Anti-Drug Office serves as the focal point for coordination efforts. Unless all agencies and organizations involved in addressing the drug issue work together, fragmentation and duplication of services may result. This planning process has made major strides in showing where gaps in services exist, and it will take a collaborative effort to fill those gaps and ensure seamless service delivery.

2.5 Structure of the Plan

Each plan component (prevention, treatment/community integration, enforcement and coordination/implementation) is described separately in Sections 3 through 6. Each section includes the following elements:

- A 5-year vision
- Definition
- Needs assessment/problem statement
- Three-year priority goals and strategies (2008-2011)
- Action plans for each strategy, including desired measures of success to determine if desired outcomes have been achieved.

The Appendix includes a list of the members of the Drug Action Team and six committees involved in developing this plan, along with a glossary of acronyms used in the plan and resource materials provided as guidance to those who implement this plan.

¹ Pearson, Renee Storm, Ph.D., Hawai'i Department of Health, Alcohol and Drug Abuse Division, *Ka Leo O Na Keiki: The 2003 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study (1987-2003), Hawaii Adolescent Prevention and Treatment Needs Assessment*, 2004.

² Center of the Family, College of Tropical Agriculture and Human Resources, *Central Kaua'i Area, East Kaua'i Area, West Kaua'i Area Community Profiles*, 2003.

³ Pearson, Renee Storm, Ph.D., Hawai'i Department of Health, Alcohol and Drug Abuse Division, *Ka Leo O Na Keiki: The 2003 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study (1987-2003), Hawaii Adolescent Prevention and Treatment Needs Assessment*, 2004.

⁴ Ibid.

⁵ U.S. Census Bureau, *Income Distribution in 1999 of Households and Families: 2000*, Available online at: <http://factfinder.census.gov>. Accessed 3-4-04.

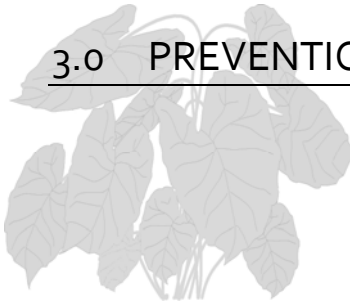
⁶ U.S. Census Bureau, QuickFacts Kauai County, Hawaii, <http://quickfacts.census.gov/qfd/states/15/15007.html>. Accessed 7-2-08.

⁷ Aloha United Way, *Economic Well-Being in Hawai'i: Family and Individual Self-Sufficiency*, available online at <http://uhfamily.hawaii.edu/publications/brochures/EconomicWellBeing2007.pdf>. Accessed 7-2-08.

⁸ Department of Labor, State of Hawai'i, *Hawaii Workforce Informer, Current Unemployment Rates*, available online at: <http://www.hiwi.org/article.asp?ARTICLEID=463&PAGEID=94&SUBID>. Accessed 7-2-08.

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- ⁹ Dr. Byron Gangnes, presenting UHERO report “Kauai Outlook: Tourism Woes Means No Growth through 2009”, July 10, 2008 at Kaua`i Chamber of Commerce event.
- ¹⁰ Honolulu Star-Bulletin, *Big Island and Kauai sales dropped sharply in May*, June 3, 2008. Available at <http://starbulletin.com/2008/06/03/business/story03.html>. Accessed 7-2-08.
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- ¹² SMS Research and Marketing Services, Inc., *Housing Policy Study, 2006: the Hidden Homeless and Households at Risk of Homelessness*, Table 5. Hidden Homelessness and Risk of Homelessness, 1992 to 2003, p. 6. Available at http://www.hcdch.hawaii.gov/documents/Homeless%20Study%20Report_Feb%202007.pdf. Accessed 7-2-08.
- ¹³ Hawai`i Public Housing Authority, Homeless Statistics, available at <http://www.hcdch.hawaii.gov/housingprograms/homeless.html#Home%20Statistics>. Accessed 7-2-08.
- ¹⁴ SMS Research and Marketing Services, Inc., *Hawai`i Housing Policy Study, 2006*, Table 2. Hidden Homelessness and Risk of Homelessness, 1992 to 2006, p. 6. Available at http://www.hcdch.hawaii.gov/documents/Homeless%20Study%20Report_Feb%202007.pdf. Accessed 7-2-08.
- ¹⁵ Ibid.
- ¹⁶ The Hawai`i Outcomes Institute, *Healthy Hawai`i 2010*.
- ¹⁷ Ibid.

3.0 PREVENTION



Drug prevention involves the promotion of positive youth development and the development of positive social environments at home, at school and in the community that facilitate drug-free lifestyles.

Effective prevention of youth substance abuse – including alcohol, tobacco, and other drugs – and other antisocial behaviors requires a comprehensive, data-driven, outcomes-focused, research-based strategic approach. Effective prevention mobilizes all domains of influence on young people’s healthy development: communities, families, schools, young people and their peers.

3.1 5-Year Vision for Prevention – Looking Ahead to 2013

"Engage and empower our youth, adults, and families to make the choice to be drug-free"

After successfully implementing planned activities, the Drug Prevention Coalition envisions the following for Kaua`i in 2013:

Around the island, communities, families, schools and organizations are working together to offer a range of support and skill-building activities for children and youth so they make the choice to be drug-free. Through these efforts, children and youth have developed self-confidence, healthy beliefs and clear standards, and have strengthened their bonds with their families, peers, school and the community.

Increased support for parents has enabled them to build new skills and do an even better job of guiding their children. Parents have learned to set firm, realistic limits for their children. Parents have gained confidence and provide a positive role model for their children.

Young people and parents have set high expectations for themselves; they see a future of hope and promise. They demonstrate healthy behaviors and are recognized with positive reinforcement. The uniqueness of all children is appreciated and their individual characteristics are nurtured so they can achieve the goals they have set for themselves. Through community-wide collaboration, the quality of life for all residents has increased.

3.2 The Basis for Prevention Planning

Communities That Care

In the County's first drug plan, adopted in 2004, prevention planning relied on the framework of the *Communities That Care*® (CTC) planning system. CTC helps community members work together to efficiently and effectively promote positive youth development and prevent adolescent problem behaviors, such as substance abuse, delinquency, school dropout, teen pregnancy and violence. Research has shown that focusing on youth offers the best chance of preventing substance abuse.

Risk and Protective Factors

CTC utilizes the research of Drs. David Hawkins and Richard Catalano of the University of Washington in Seattle. Based on the successful public health approach to prevention of cardiovascular disease, this research has identified risk factors that predict youth problem behaviors and protective factors that buffer children from exposure to risk and help them succeed in life.

Risk Factors. Risk factors are early warning signs of adolescent problem behaviors that can be targeted with interventions long before young people become involved with drug use or other antisocial behaviors. Targeting underlying risk factors, rather than waiting until young people are involved in problems, is the most effective, efficient, and cost-effective way to ensure positive development for youth and prevent youth substance abuse and other problem behaviors.

Protective Factors. Protective factors serve as individual or environmental buffers that enhance a person's ability to resist stressful life events, risks or hazards and promote adaptation and competence. Protective factors are supported by a chance to contribute, adult modeling of positive behaviors, personal health, possessing a positive outlook, self-esteem, sense of humor, ability to problem solve, and self discipline.

Assessing levels of each risk and protective factor in a given community allows community stakeholders to prioritize those factors that are the greatest contributors to youth problems in their community. Research has shown that the most effective programs focus on both risk and protective factors. Table 1 on the next page details risk and protective factors that helped guide prevention planning.¹⁸



**TABLE 1
RISK AND PROTECTIVE FACTOR DEFINITIONS**

Risk Factors	
Community Domain	<p>Community Disorganization Defined as the prevalence of crime, violence, and delinquency in the neighborhood. Research has shown that neighborhoods with high population density, lack of public surveillance, physical deterioration, and high rates of adult crime also have higher rates of juvenile crime and drug selling.</p> <p>Transition & Mobility Defined as the amount of movement from one community or school to another. Neighborhoods with high rates of residential mobility have been shown to have higher rates of juvenile crime and drug selling, and children who experience frequent residential moves and stressful life transitions have been shown to have higher risk for school failure, delinquency, and drug use.</p> <p>Exposure to Community ATOD Use Defined as frequent exposure to ATOD use by people in one's neighborhood or school. Frequent exposure to ATOD use influences normative beliefs and understanding of how to engage in the behavior and, thus, increases likelihood of ATOD use.</p> <p>Laws & Norms Favorable to Drug Use Defined as the attitudes and policies a community holds about drug use and crime. Research has shown that legal restrictions on alcohol and tobacco use, such as raising the legal drinking age, restricting smoking in public places, and increasing taxation, have been followed by decreases in consumption. Moreover, national surveys of high school seniors have shown that shifts in normative attitudes toward drug use have preceded changes in prevalence of use.</p> <p>Perceived Availability of Drugs & Handguns Defined as the perceived ease in obtaining drugs and firearms for adolescents. The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents. Availability of handguns is also related to a higher risk of crime by adolescents.</p> <p>Ability to Purchase Alcohol or Tobacco Defined as whether or not a student has been able to purchase alcohol and/or tobacco from a store employee, a bar, or a restaurant. Corresponding with perceived availability, opportunities to purchase alcohol and tobacco have been related to use of these substances by adolescents.</p>
Protective Factors	
	<p>Community Opportunities for Positive Involvement Defined as opportunities to engage in prosocial activities in the community such as sports or adult-supervised clubs. When opportunities are available in a community for positive participation, children are less likely to engage in substance use and other problem behaviors.</p> <p>Community Rewards for Positive Involvement Defined as community encouragement for adolescents engaging in positive activities. Rewards for positive participation in activities help children bond to the community, thus lowering their risk for substance use.</p>
Risk Factors	
Family Domain	<p>Poor Family Supervision Defined as a lack of clear expectations for behavior and a failure of parents to monitor their children. Parents' failure to provide clear expectations and to monitor their children's behavior makes it more likely that their children will engage in drug use whether or not there are family drug problems.</p> <p>Lack of Parental Sanctions for ASBs Defined as a low probability that parents will sanction their children for ATOD use, skipping school, and handgun use. Parents' failure to clearly communicate to their children that they would be in trouble if they were caught using substances or engaging in antisocial behaviors places children at higher risk for substance use.</p> <p>Parental Attitudes Favorable Toward ATOD Use Defined as parental attitudes approving of young people's ATOD use. In families where parents are tolerant of children's use, children are more likely to become drug abusers during adolescence.</p> <p>Exposure to Family ATOD Use Defined as a high degree of exposure to parents' ATOD use. In families where parents use illegal drugs or are heavy users of alcohol, children are more likely to become drug abusers during adolescence. The risk is further increased if parents involve children in their own substance-using behavior (for example, asking the child to light the parent's cigarette or to get the parent a beer from the refrigerator).</p> <p>Parental Attitudes Favorable Toward ASB Defined as parental attitudes excusing children for breaking laws. In families where parents are tolerant of antisocial behavior, children are more likely to engage in antisocial behavior.</p> <p>Family (Sibling) History of ASB Defined as a high ASB prevalence among brothers and sisters. When children are raised in a family with a history of problem behaviors, the children are more likely to engage in these behaviors.</p>
Protective Factors	
	<p>Family Attachment Defined as feeling connected to and loved by one's family. Young people who feel that they are a valued part of their family are less likely to engage in substance use and other problem behaviors.</p> <p>Family Opportunities for Positive Involvement Defined as opportunities for positive social interaction with parents. Young people who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in drug use and other problem behaviors.</p> <p>Family Rewards for Positive Involvement Defined as positive experiences with parental figures. When family members praise, encourage, and attend to their children's accomplishments, children are less likely to engage in substance use and ASB.</p>

(Table continued on next page)

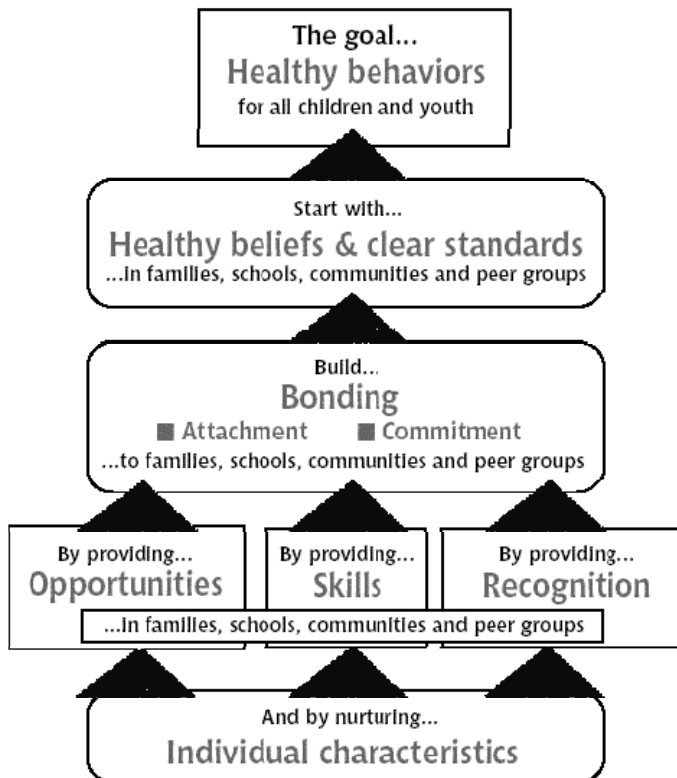
**TABLE 1 (continued)
RISK AND PROTECTIVE FACTOR DEFINITIONS**

School Domain	Risk Factors	
	Low School Commitment	Defined as the student's inability to see the role of a student as a viable one. Factors such as disliking school and perceiving the course work as irrelevant are positively related to drug use.
	Poor Academic Performance	Defined as poor performance in school. Beginning in the late elementary grades (grades 4-6), academic failure increases the risk of drug abuse and delinquency.
	Protective Factors	
	School Opportunities for Positive Involvement	Defined as opportunities to become involved in school activities. When young people are given more opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use or problem behaviors.
	School Rewards for Positive Involvement	Defined as positive feedback by school personnel for student achievement. When young people are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors.
Peer-Individual Domain	Risk Factors	
	Early Initiation of Problem Behaviors	Defined as early substance use or early onset of problem behaviors. The earlier the onset of any drug use, the greater the involvement in other drug use. Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse; later age of onset of drug use has been shown to predict lower drug involvement and a greater probability of discontinuation of use.
	Favorable Attitudes Toward ATOD Use	Defined as perceptions that it is not wrong for young people to engage in ATOD use. Initiation of use of any substance is preceded by values favorable to its use. During the elementary school years, most children express anti-drug, anti-crime, and prosocial attitudes and have difficulty imagining why people use drugs. However, in middle school, as more youths are exposed to others who use drugs, their attitudes often shift toward greater acceptance of these behaviors. Youths who express positive attitudes toward drug use are at higher risk for subsequent drug use.
	Low Perceived ATOD Use Risk	Defined as perceived harmfulness associated with ATOD use. Young people who do not perceive drug use to be risky are far more likely to engage in drug use.
	Antisocial Behaviors (ASBs)	Defined as engaging in problem behaviors such as violence and delinquency.
	Favorable Attitudes Toward ASB	Defined as a student's acceptance of drug use, criminal activity, violent behavior, or ignorance of rules. Young people who accept or condone antisocial behavior are more likely to engage in a variety of problem behaviors, including drug use.
	Friends' ATOD Use	Defined as having several close friends who engage in ATOD use. Peer drug use has consistently been found to be among the strongest predictors of substance use among youths – even when young people come from well-managed families and do not experience other risk factors.
	Interaction with Antisocial Peers	Defined as having several close friends who engage in problem behaviors. Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves.
	Rewards for Antisocial Involvement	Defined as having friends who approve of ATOD use and who are ignorant of laws and rules. Young people who receive rewards for their ASB are at higher risk for engaging further in ASB and ATOD use.
	Rebelliousness	Defined as not being bound by rules and taking an active rebellious stance toward society. Young people who do not feel like part of society, are not bound by rules, do not believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of abusing drugs.
	Sensation Seeking	Defined as having a high need for sensation or arousal experiences. Young people with a high need for arousal are at higher risk for participating in ATOD use and other problem behaviors.
	Protective Factors	
	Peer Disapproval of ATOD Use	Defined as a student's perceptions that his or her close friends would disapprove of him or her using substances. Peer pressure is a strong factor influencing adolescent behavior, and peer pressure not to use alcohol, tobacco, and other drugs is a very powerful deterrent.
	Belief in the Moral Order	Defined as beliefs that one is bound by societal rules. Young people who have a belief in what is "right" and "wrong" are less likely to use drugs.
Educational Aspirations	Defined as aspirations for continuing on to and graduating from college. National surveys of high school seniors have shown that ATOD use is significantly lower among students who expect to attend and graduate from college than among those who do not.	

Social Development Strategy

According to research from the Communities That Care program, the goal of prevention programs is to develop healthy behaviors in children and youth. This starts with helping them define clear beliefs and standards, such as determining what is acceptable and safe behavior and what are values to guide their choices. Strong bonds with their family, community and peer groups are needed to provide support and guidance. Finally a variety of opportunities and activities to build skills give young people a chance to put their values, beliefs and standards into practice. Recognition for good choices is needed, from family members, from school, community members and peers to reinforce and support positive choices and behaviors. Along with this comes the need to recognize that each child possesses individual characteristics that should be nurtured – one size does not fit all; instead the approach needs to fit the child. Together, these efforts will help young people develop a sense of hope for their future. This framework is summarized in Figure 1 below.

Figure 1. Summary of the Social Development Strategy for Prevention¹⁹



Need for Evidence-Based Programs

In the four years since the first drug plan, Kaua'i's prevention program providers have gained expertise about what it takes to deliver effective programs. The CTC planning system continues to be a useful resource,

and is fortified by the prevention program providers' ability to draw upon their experience of issues in their community and what has proved to be most effective in reducing risk factors and enhancing protective factors. The plans that follow focus on priorities designed to best address urgent issue that will help communities mobilize and galvanize diverse stakeholders around a common focus and measurable outcomes to promote a drug-free lifestyle for youth. Programs utilize evidence-based best practices or promising practices to ensure that measures of success can be achieved.

Larger Community Issues

As discussed more fully in Section 2.4 of this plan, there are many external factors on Kaua'i that influence the development of our youth and their families. Among these are the:

- Limited number of living wage jobs
- Lack of diversity in the employment sector
- High cost of living on the island
- High cost of housing in relation to income
- Overcrowded housing
- Need for affordable, accessible transportation for young people
- Quality of public education.

These larger issues in our community impact risk and protective factors and therefore influence the substance abuse problem on Kaua'i. A continuum of programs is needed for children and youth of all ages that increases prevention by addressing the risk factors we face and promoting protective factors.

Kaua'i Data

In 2004, the Kaua'i Drug Prevention Coalition (KDPC) reviewed 2000 and 2002 data from the **Ka Leo O Na Keiki Hawai'i Student Alcohol, Tobacco and Other Drug Use Study** (Ka Leo Study) to assess levels of risk and protective factors for each of Kaua'i's three school complexes (West, Central and East). The Ka Leo Study is conducted biannually by the University of Hawai'i at Manoa for the Hawai'i Department of Health. This well-validated survey measures students' perceptions regarding the prevalence of various drugs, including alcohol, tobacco, marijuana and illicit drugs as well as anti-social behaviors, such as carrying a handgun, selling illegal drugs, and attack with intent to harm. Well-designed surveys are generally considered to be the most valid and reliable way of measuring youth drug use and the risk and protective factors associated with it.

The Ka Leo Study survey is administered statewide with 6th, 8th, 10th, and 12th graders in Hawai'i secondary schools. Biannual surveying provides communities with the ability to establish baselines during their initial assessment and then track progress over time. However, the results of the survey are often not published until long after the survey is conducted. For example, the 2003 survey results were not released until

2007 and nothing more recent was available at the time of this plan's publication. In addition, some of the questions that had been tracked and used as the basis of programming were not asked in the most recent survey, causing a lack of data continuity.

The KDPC determined that conditions change so quickly with the distribution of new drugs and changing trends that the Ka Leo Study survey did not provide sufficiently current data for this plan. Moreover, since nearly everyone involved in creating this new drug plan has been working actively on prevention programs for the past four years, they are very familiar with the most up-to-date needs of their region. Therefore, the most recent Ka Leo Study was just one tool used in developing the plans to address the specific needs and issues related to the three school complex areas of the island. The plans for each complex are outlined in this section.

3.3 Organizing for Planning and Coordination

Island-wide and Regional Planning Groups

Four groups have been active over the past four years with a focus on prevention activities for the island. They are:

- ◆ Kaua`i Drug Prevention Coalition (KDPC)
- ◆ West Kaua`i Drug Prevention Coalition (WKDPC)
- ◆ Central District Drug Prevention Coalition (CDDPC)
- ◆ East Kaua`i Drug Prevention and Education Team (EKDPET)

The Kaua`i Drug Prevention Coalition meets monthly to coordinate and monitor prevention activities island-wide to assure the drug plan is being implemented and to avoid duplication of services. To best address the unique needs of each of Kaua`i's three school complexes (West, Central and East), a planning group for each area was formed in 2004. The groups meet regularly to discuss how to implement planned activities, coordinate actions among groups, troubleshoot problems that may arise, and delegate tasks. Representatives from each complex participate in meetings of the Kaua`i Drug Prevention Coalition.



3.4 Prevention – Progress since 2004

Since the completion of the 2004 Drug Plan, progress has been made in offering substance abuse prevention programs on Kaua`i. Progress highlights include:

Expanded Youth Activities

Several groups, notably Boys & Girl Club, KEO, and County of Kaua`i Parks & Recreation Department, have expanded their activities for children and youth and have included drug prevention elements. New programs are responding to the need to increase out-of-school hours.

Drug-Free Community Activities

There is an increase in the number of community activities that promote a smoke and drug-free environment, offering healthier options for young people.

Mentoring Programs Launched

Mentor Ohana, Team Challenge and Big Brothers/Big Sisters were started recently to link young people with caring adults who can serve as role models and provide career guidance and inspiration. Big Brothers/Big Sisters plans to expand its services to additional locations around the island.

Parenting Classes Initiated

An evidence-based program to help parents gain skills to deal more effectively with their adolescent child was initiated. Facilitator training for the Parent Project® and Parent Project Jr. (also known as Loving Solutions) curriculum was offered and, for the past four years, 10-week training programs have been offered around the island. Parents who complete the program are the greatest promoters. Parent Project is for high school-age students and Loving Solutions is for elementary-age children. While parents attend training, their children participate in their own training program.

Guiding Good Choices, targeting parents of middle school students, continues.

Motheread/Fatheread is a program new to Kaua`i launched to build literacy skills in parents and children as it strengthens the bonds between them.

Support for Young Children

Research has shown that children between the ages of 0 to 8 who have learning opportunities and a supportive environment tend to do better academically. The P-3 Initiative has been launched by the Good Beginnings Alliance and other agencies to provide services to ensure that young children are reading at grade level by the end of third grade and to assist in the transition to public school.



3.5 Problem Statement

Kaua`i has 15,368 youth under 18 years of age (U.S. Census 2005). Risky behaviors such as substance abuse, binge drinking, early sexual activity, and unprotected sex are often interrelated. Some statistics about Kaua`i's youth help paint a picture of the problem.

Drug-Related Juvenile Arrests Increasing

According to figures from the Kaua`i Police Department,²⁰ juvenile arrests have increased since 2004, as the chart below demonstrates.

Table 1. Drug-Related Juvenile Arrests on Kaua`i

	2004	2005	2006	2007
Methamphetamine	1	4	7	8
Marijuana	0	44	85	69

In-School Drug Offenses

The Hawai`i Department of Education tracks the number of drug-related offenses within the schools. The following table shows the student offenses in grades 6 through 12 for illicit drugs, drug paraphernalia and smoking for the 2007-08 school year.²¹

Table 2. Drug-Related Class Offenses in Kaua`i Middle and High Schools (2007-08 School Year)

	Illicit Drugs	Drug Paraphernalia	Smoking
WEST DISTRICT			
Waimea High School	25	5	4
Waimea Canyon Middle School	3	0	1
CENTRAL DISTRICT			
Kaua`i High School	21	5	4
Chiefess Kamakahelei Middle School	10	0	1
EAST DISTRICT			
Kapa`a High School	24	11	0
Kapa`a Middle School	6	5	2
TOTAL	89	26	12

Underage Drinking

Alcohol remains the substance of choice for students at all ages. By 12th grade, 16.5% of Kaua`i students report dependence or abuse of alcohol.²² However, alcohol abuse starts at an even younger age, with 5.6% of 8th graders reporting dependence or abuse. Hawai`i leads the nation in the percentage of alcohol-related motor vehicle deaths (52%, FARS 2006).²³

Sexually Transmitted Diseases Prevalent

A health-related concern is the increasing prevalence of sexually transmitted diseases (STDs), especially Chlamydia. Currently, Hawai'i ranks sixth in the national for prevalence rates for Chlamydia (435.1 per 100,000 in 2006).²⁴ This rate may reflect just the tip of the iceberg in terms of the Chlamydia epidemic, as many cases, especially among males, go unreported.

Teen Pregnancy Rate High

The teen pregnancy rate in Hawai'i stands at 53.4%. The rate of unintended pregnancies among teens is 47.2%.²⁵

Families Face Challenges

High living costs, long working hours and other challenges often place strains on families and limit the time available for parents to guide their children and transmit values and skills to resist drugs.

3.6 Overview of Drug Prevention Goals and Strategies

1 to 5 year Goals and Strategies

Over the next five years, a number of new programs and approaches are needed to strengthen drug prevention efforts in the community. The goals and strategies below provide an overview of the work to be undertaken.

Drug Prevention Coalition – Island-wide Issues

- Goal 1: Develop the structure of the Kaua'i Drug Prevention Coalition (KDPC) to provide effective coordination of drug prevention programs for youth and families on Kaua'i.
 - Strategy 1A: Clarify the mission of KDPC and the regional coalitions and implement the mission.
 - Strategy 1B: Secure staffing and provide support for island-wide and regional strong, outcome-oriented programs that increase the number of youth choosing to be drug-free.
 - Strategy 1C: Initiate a primary prevention program to educate parents and the community to prevent drug use.
- Goal 2: Promote the availability of public and other transportation for youth to and from activities.
 - Strategy 2A: Identify and support new and expanded transportation routes that allow youth and families to participate in activities.

**West Kaua`i
Drug Prevention
Coalition**

Goal 1: Provide programs that have been proven to be effective in helping children and families to be drug-free.

Strategy 1A: Establish life skills programs as integral components in school curriculum at every level.

Strategy 1B: Offer mentoring programs to foster a sense of personal responsibility through a relationship with a caring adult.

Strategy 1C: Provide programs that build parenting skills.

Goal 2: Offer after-school, intersession, weekend, and summer activities that encourage a drug-free life to youth and families.

Strategy 2A: Identify and support programs that offer enrichment, skill building and character development to engage youth and families.

Goal 3: Involve the community in efforts to strengthen families and encourage a drug-free life.

Strategy 3A: Engage the community's support and involvement to reduce alcohol, tobacco and other drug use by youth and adults.

**Central District
Drug Prevention
Coalition**

Goal 1: Provide programs that have been proven to be effective in helping children and families to be drug-free.

Strategy 1A: Establish life skills programs as integral components in school curriculum at every level.

Strategy 1B: Offer mentoring programs to foster a sense of personal responsibility through a relationship with a caring adult.

Strategy 1C: Identify and provide programs that build parenting skills.

Goal 2: Offer after-school, intersession, weekend, and summer activities that encourage a drug-free life to youth and families.

**East Kaua`i
Drug Prevention &
Education Team**

Strategy 2A: Identify and support programs that offer enrichment, skill building and character development to engage youth and families.

Goal 3: Build and maintain a strong Central District Drug Prevention Coalition for the effective implementation and coordination of prevention activities.

Strategy 3A: Increase and stabilize membership on the Central District Drug Prevention Coalition (CDDPC).

Strategy 3B: Develop and institute a system to monitor and coordinate the activities of the Central District Drug Prevention Coalition.

Goal 1: Provide programs that have been proven to be effective in helping children and families to be drug-free.

Strategy 1A: Establish life skills programs as integral components in school curriculum at every level.

Strategy 1B: Offer mentoring programs to foster a sense of personal responsibility through a relationship with a caring adult.

Strategy 1C: Provide programs that build parenting skills.

Goal 2: Offer after-school, intersession, weekend, and summer activities that encourage a drug-free life to youth and families.

Strategy 2A: Identify and support programs that offer enrichment, skill building and character development to engage youth and families.

How these goals will be achieved is explained within the four sections that follow.

3.7 Island-Wide Issues

The Drug Prevention Coalition maintains an island-wide perspective on the strategies needed to support actions at both the school complex and the district level, which encompasses all three school complexes. The priority issues that affect all areas of the island are included here, as well as the strategies and actions needed to achieve intended outcomes.

3.7.1 Island-Wide Priority Issues

Funding Diminishes, Problem Remains

Kaua'i was fortunate to receive federal and state funds from 2004-2007 to support the first drug plan. As noted earlier, new drug prevention programs were created. However the drug problem is not easily solved in one, two or even three years. It requires a consistent effort and ongoing vigilance. Unfortunately, funding to address the problem has decreased and programs are struggling to continue momentum just recently begun.

Outcomes-Based Programming Needed

Service providers have been encouraged to adopt best practice or promising practice programs, and to measure results to demonstrate evidence of successful program outcomes. Available funding has to be used to produce the best results, and only programs designed to measure results should be selected.



Coordination of Efforts Needed

To maximize the impacts of services and avoid unnecessary duplication, there is a need for program providers to continue to meet on a regular basis to offer updates on activities, successes and challenges. Providers are encouraged to explore partnerships and to leverage resources to extend their impact.

Improve Transportation to Activities

With parents working, it is often difficult for young people to get to after-school and weekend activities. The Kaua'i Bus has expanded its routes in the past couple of years, but further expansion of routes and especially hours or development of other transportation alternatives, is needed. Hours of services need to include evenings, weekends and holidays.

3.7.2 Island-Wide Priority Goals and Strategies

Kaua`i Drug Prevention Coalition – Island-wide Issues

- Goal 1: Develop the structure of the Kaua`i Drug Prevention Coalition (KDPC) to provide effective coordination of drug prevention programs for youth and families on Kaua`i.
 - Strategy 1A: Clarify the mission of KDPC and the regional coalitions and implement the mission.
 - Strategy 1B: Secure staffing and provide support for island-wide and regional strong, outcome-oriented programs that increase the number of youth choosing to be drug-free.
 - Strategy 1C: Initiate a primary prevention program to educate parents and the community to prevent drug use.
- Goal 2: Promote the availability of public and other transportation for youth to and from activities.
 - Strategy 2A: Identify and support new and expanded transportation routes that allow youth and families to participate in activities.

3.7.3 Kaua`i Drug Prevention Coalition Action Plans - Island-Wide Issues

Action plans to address the island-wide goals and strategies follow.

**Action Plan 2008-2013
Drug Prevention Coalition – Island-Wide**

Goal 1, Strategy 1A

Goal 1	Develop the structure of the Kaua`i Drug Prevention Coalition (KDPC) to provide effective coordination and implementation of drug prevention programs for youth and families on Kaua`i.		
Strategy 1A	Clarify the mission of KDPC and the regional coalitions and implement the mission.		
Action Steps		<u>Timeline</u>	<u>Lead</u>
	1. Determine needs, staffing and support needed to implement the drug prevention plans.	July 2008	Kaua`i Drug Prevention Coalition (KDPC), Complexes
	2. Gain consensus on the mission.	Sept 2008	KDPC, Complexes
	3. Determine the structure needed to implement the mission.	Nov 2008	KDPC, Complexes
	4. Determine methods to identify gaps or duplications in services.	Nov 2008	KDPC, Complexes
	5. Semi-annually evaluate the structure, processes and representation to determine effectiveness.	Dec 2008 and ongoing	KDPC, Complexes
Target Audience & Number to Be Served	Kaua`i Drug Prevention Coalition, West Kaua`i Drug Prevention Coalition, Central Drug Prevention Coalition, East Kaua`i Drug Prevention & Education Team		
Supporting Groups/ Agencies	County Anti-Drug Coordinator		
Funding and Other Resources Secured/Needed	Communications \$200; \$300 supplies (estimate)		
Measures of Success	<ol style="list-style-type: none"> 1. Consistent attendance at meetings. 2. Increased representation on KDPC. 3. Mission created. 4. Benchmarks in plan achieved. 		

PREV-IW-1-A

**Action Plan 2008-2013
Drug Prevention Coalition – Island-Wide**

Goal 1, Strategy 1B

Goal 1	Develop the structure of the Kaua`i Drug Prevention Coalition (KDPC) to provide effective coordination and implementation of drug prevention programs for youth and families on Kaua`i.		
Strategy 1B	Secure staffing for coordination and provide support for island-wide and regional strong, outcome-oriented programs that increase the number of youth choosing to be drug-free.		
Action Steps		Timeline	Lead
	1. Identify staffing and operational resources needed for the Kaua`i Drug Prevention Coalition and regions.	July 2008	Kaua`i Drug Prevention Coalition (KDPC), Complexes, Anti-Drug Coordinator
	2. Identify appropriate funding sources.	August 2008 and ongoing	KPDC, Complexes, Anti-Drug Coordinator
	3. Prepare grants, secure letters of support for KKDPC, regions and Anti-Drug office; secure resources.	Feb 2009	KPDC, Complexes, Anti-Drug Coordinator
	4. Implement the structure in Strategy 1A.	March 2009	KPDC, Complexes, Anti-Drug Coordinator
	5. Evaluate the structure and coordination annually.	February 2010 and ongoing	KPDC, Complexes, Anti-Drug Coordinator
Target Audience & Number to Be Served	KDPC		
Supporting Groups/ Agencies	Kaua`i Drug Prevention Coalition, West Kaua`i Drug Prevention Coalition, Central Drug Prevention Coalition, East Kaua`i Drug Prevention & Education Team		

Funding and Other Resources Secured/Needed	To be determined
Transportation Needed, if any	Not applicable
Measures of Success	<ol style="list-style-type: none"> 1. Funding secured for coordination and support. 2. Structure successfully implemented. 3. New programs operating. 4. Administrative team in place.

PREV-IW-1-B

**Action Plan 2008-2013
Drug Prevention Coalition – Island-Wide**

Goal 1, Strategy 1C

Goal 1	Develop the structure of the Kaua`i Drug Prevention Coalition (KKDPC) to provide effective coordination and implementation of drug prevention programs for youth and families on Kaua`i.		
Strategy 1C	Initiate a primary prevention program to educate parents and the community to prevent drug use.		
Risk Factor Addressed	Exposure to community ATOD use; laws and norms favorable to ATOD; perceived availability of drugs; ability to purchase alcohol and tobacco		
Protective Factor Addressed	Community and rewards opportunities for positive involvement		
Action Steps	1. Assess best practice or proven primary prevention programs already in place.	Timeline Sept 2008	Lead Kaua`i Drug Prevention Coalition (KDPC)
	2. Gather primary prevention providers to identify and discuss gaps in programs by age, geographic area, and by risk and protective factors.	Oct 2008	KDPC, Providers
	3. Determine the providers willing to expand or provide new best practice services to meet gaps, the resources needed, and willingness to implement attitudinal surveys of clients.	Oct 2008	KDPC, Providers
	4. Inform providers of possible funding sources.	Oct 2008 & ongoing	KDPC, Anti-Drug Coordinator
	5. Provide technical assistance and support for new and expanded services.	Oct 2008 & ongoing	KDPC, Drug Action Team

	6. Encourage ongoing collaboration among providers.	Ongoing	KDPC, Providers
Target Audience & Number to Be Served	Parents, youth, community members		
Supporting Groups/ Agencies	DOE, county, state and national government agencies		
Funding and Other Resources Secured/Needed	Support for meetings, communications, supplies. Need community champions.		
Transportation Needed, if any	Not applicable		
Measures of Success	<ol style="list-style-type: none"> 1. Attendance of providers at meetings. 2. Programs created and expanded. 3. Grants secured. 4. Decrease in first drug use among Kaua'i middle and high school students, as shown on DOH Youth Behavior Surveillance Survey. 		

PREV-IW-1-C

**Action Plan 2008-2013
Drug Prevention Coalition – Island-Wide**

Goal 2, Strategy 2A

Goal 2	Promote the availability of public and other transportation for youth to and from activities.		
Strategy 2A	Identify and support new and expanded transportation routes that allow youth and families to participate in activities. (In cooperation with the Treatment/Integration Committee.)		
Action Steps		Timeline	Lead
	1. Hold session with providers to share information and experiences on transportation options (carpool, shuttle, bus cards, insurance, liability, etc.) and determine options available.	Feb 2009	Kaua'i Drug Prevention Coalition (KDPC), Provider, DOE, Private schools
	2. Encourage providers to form partnerships to maximize transportation resources.	Feb 2009	KDPC, Provider, DOE, Private schools
	3. Encourage providers to include funding for transportation in grant applications.	Oct 2008 & ongoing	KDPC, Provider, DOE, Private schools
	4. Determine possible corporate support.	April 2009	KDPC, Provider, DOE, Private schools
	5. Encourage needed expansion of the County's Kaua'i Bus hours and routes.	March 2009	KDPC, Provider, DOE, Private schools
Target Audience & Number to Be Served	Grades K-12		
Supporting Groups/ Agencies	Parents, Kaua'i Bus, corporations, transportation businesses		

Funding and Other Resources Secured/Needed	To be determined
Transportation Needed, if any	To be determined
Measures of Success	<ol style="list-style-type: none"> 1. Number of transportation partnerships formed (providers, clients). 2. Expanded Kaua'i Bus coverage (hours, routes).

PREV-IW-2-A

3.8 West Kaua`i Issues

This section explores the priority issues identified through studies and by service providers for the West Side of the island, and details the actions planned over the next three years. This area encompasses these communities: Kekaha, Waimea, Makaweli, Kaumakani, Hanapepe, Ele`ele and Kalaheo.

3.8.1 West Kaua`i Priority Issues

Youth Substance Abuse Hampers Productivity

The West Kaua`i Drug Prevention Coalition is concerned that youth productivity in school is hampered by illegal drug use. For those seeking jobs, their substance abuse prevents them from passing drug tests required by many businesses.

Risky Behaviors

There seems to be an acceptance of sexual activity, and many youth become sexually active as early as middle school. Unprotected sex may lead to sexually transmitted diseases or teen pregnancy. Young parents often find it difficult and lack skills needed to care for their children. Other risky behaviors seen in West Kaua`i include drag racing and rave parties where underage youth are present and drinking and illegal drug use occur.

Lack of Motivation, Expectations

Some West Kaua`i youth lack career goals and motivation to do well in school. West Kaua`i Drug Prevention Coalition members observe that there are a number of young men aged 20-30 who are out of school and not working; some are abusing drugs. Another observation is that some make their girlfriends or wives work.

Few Before and After School Activities for Youth

A frequent complaint of young people in West Kaua`i is that there are few out of school activities for them. In high school, the school day is finished at 1:45 PM, leaving several hours of unsupervised activity until parents come home from work. There is a busy Boys & Girl Club in Waimea, used mostly by elementary and middle school youth. While sports programs and school clubs are available, not all youth participate.

Parenting Skills Needed

Many parents are unsure how to effectively discipline their children; the result may be a lack of or too much discipline in the home. Most parents work long hours and many have little time for supervision. Parents may find it difficult to set limits or provide encouragement for their children to do well in school. Instead, they may prefer to let their children enjoy their free time. Some parents seem to accept sexual experimentation and activity in their children as young as middle school age. Programs such as Parent Project and Loving Solutions that help parents gain skills to deal more effectively with their

Support a Caring Community

children are needed. There are many positive social norms in West Kaua`i that need to be supported and reinforced. Traditionally, community members watch out for the well-being of children in the neighborhood and have served as another set of eyes to monitor their actions. Perhaps because of this, the community is seen as more tight-knit than other parts of the island and youth are generally respectful of adults and their peers.



Change Social Norms and Increase Drug-Free Family Activities

At the same time, there is concern about some social norms that are detrimental. Alcohol at community events has been a tradition for many years. Few public events are alcohol-free. Community acceptance of alcohol, and to a lesser degree marijuana, is passed along to young people. Use of crystal methamphetamine or “ice” is becoming an issue, and lacks community acceptance. It is suggested that additional drug and alcohol-free events, such as the Women’s Country Fair and Movies in the Park, which are popular and bring families together, be created.

3.8.2 West Kaua`i Priority Goals and Strategies

West Kaua`i Drug Prevention Coalition (WKDC)

- Goal 1: Provide programs that have been proven to be effective in helping children and families to be drug-free.
 - Strategy 1A: Establish life skills programs as integral components in school curriculum at every level.
 - Strategy 1B: Offer mentoring programs to foster a sense of personal responsibility through a relationship with a caring adult.
 - Strategy 1C: Provide programs that build parenting skills.
- Goal 2: Offer after-school, intersession, weekend, and summer activities that encourage a drug-free life to youth and families.
 - Strategy 2A: Identify and support programs that offer enrichment, skill building and character development to engage youth and families.

Goal 3: Involve the community in efforts to strengthen families and encourage a drug-free life.

Strategy 3A: Engage the community's support and involvement to reduce alcohol, tobacco and other drug use by youth and adults.

3.8.3 West Kaua`i Drug Prevention Coalition Action Plans

Action plans to address the goals and strategies for West Kaua`i follow.

**Action Plan 2008- 2013
West Kaua`i Drug Prevention Coalition**

Goal 1, Strategy 1A

Goal 1	Provide programs and resources that have been proven to be effective in helping youth and families to be drug-free.		
Strategy 1A	Incorporate life skills programs into West Kaua`i public school curriculum at every level.		
Risk Factor Addressed	Family Management Problems / Friends who engage in problem behavior		
Protective Factor Addressed	Increase skills to refuse use of drugs		
Action Steps	1. Scan programs in school and community.	<u>Timeline</u> Jan 2009	<u>Lead</u> West Kaua`i Drug Prevention Coalition (WKDPC), PCNC, DOE
	2. Identify gaps in services.	Jan 2009	WKDPC, PCNC, DOE
	3. Identify relevant proven programs to fill gaps and create a phased approach; seek provider(s) for first phases.	March 2009	WKDPC, PCNC, DOE, Providers
	4. Identify funding source(s) for needed programs; secure funding or support provider in securing funding.	June 2009	WKDPC, PCNC, DOE, Provider
	5. If WKDP Coalition is providing funding, develop contract with provider; if Provider secures funding, develop Memorandum of Understanding.	June 2009	WKDPC, PCNC, DOE, Provider
	6. Begin program at the start of the school year in school or in community.	Aug 2009	Provider, WKDPC

	7. Follow-up with Provider on program progress and any changes needed.	Dec 2009	Provider, WKDPC
	8. Secure outcomes from Provider at end of program year.	June 2010	Provider, WKDPC
	9. Implement additional phases needed in subsequent years.	August 2010, ongoing	Provider, WKDPC
Target Audience & Number to Be Served	K-12, phased in according to need		
Supporting Groups/ Agencies	WKDP Coalition, Nana's House, Providers, PCNC		
Funding and Other Resources Secured/Needed	Federal grant, State grant, County grant, foundation and private grants		
Transportation Needed, if any	None known at this time		
Measures of Success	<ol style="list-style-type: none"> 1. Increased skills of youth in program as measured by the pre/post testing in program. 2. Decrease in eCSSS database referrals. 3. Number of youth participating in programs. 4. Number of programs offered. 		

PREV-W-1-A

**Action Plan 2008- 2013
West Kaua`i Drug Prevention Coalition**

Goal 1, Strategy 1B

Goal 1	Provide programs that have proven to be effective in helping children and families to be drug-free.		
Strategy 1B	Offer mentoring programs to foster a relationship with a caring adult and build a sense of personal responsibility.		
Risk Factor Addressed	Early persistent antisocial behavior		
Protective Factor Addressed	Opportunity to bond with positive adults/role models		
Action Steps	1. Identify and select providers that can provide mentoring for middle schoolers.	<u>Timeline</u> Nov 2008	<u>Lead</u> West Kaua`i Drug Prevention Coalition (WKDPC), Providers
	2. Identify funding source(s) for needed programs; secure funding or support provider in securing funding.	June 2009	WKDPC, Provider
	3. Provide referral sources for provider.	June 2009	Provider, WKDPC
	4. Provider offers mentoring services.	Aug 2009	Provider
	5. Evaluate program, adjust as necessary.	June 2010	Provider, WKDPC
Target Audience & Number to Be Served	Grade 6-8 youth in need of mentors, displaying risk factors in community and school; expand to other grades as needed or as resources available		
Supporting Groups/ Agencies	Boys & Girls Club, Big Brothers/Sisters		

Funding and Other Resources Secured/Needed	Federal grant, State grant, County grant, foundation and private grants
Transportation Needed, if any	Unknown at this time
Measures of Success	<ol style="list-style-type: none"> 1. Number of youth served. 2. Number of eCSSS referrals during program and six months after program completion.

PREV-W-1-B

**Action Plan 2008- 2013
West Kaua'i Drug Prevention Coalition**

Goal 1, Strategy 1C

Goal 1	Provide programs that have proven to be effective in helping children and families to be drug-free.		
Strategy 1C	Offer programs that build parenting skills.		
Risk Factor Addressed	Poor family supervision; lack of parental sanctions for ASB; parental attitudes favorable toward ATOD use; parental attitudes favorable toward ASB; family history of ASB		
Protective Factor Addressed	Family attachment; family opportunities for positive involvement; family rewards for positive involvement		
Action Steps	1. Determine number and geographic distribution of potential participants.	Timeline July-Aug 2008	Lead Provider, West Kaua'i Drug Prevention Coalition (WKDPC)
	2. Identify and recruit project stakeholders and partners to promote and expand Parent Project® training.	July-Sept 2008	WKDPC
	3. Secure materials, trainers.	July-Sept 2008	WKDPC, Stakeholders, Partners
	4. Train new trainers.	As needed	WKDPC, Stakeholders, Partners
	5. Develop a Train the Trainer program for Loving Solutions and Teen Parent Project®.	As needed	WKDPC, Stakeholders, Partners
	6. Improve the recruitment and referral process.	July-Sept 2008, ongoing	WKDPC, Stakeholders, Partners, Anti-Drug Coordinator

	7. Initiate project, evaluate at completion of each training cycle.	Sept 2008, ongoing	Trainers, WKDPC
	8. Evaluate Parent Project® annually to determine improvements needed.	June 2009, annually	Trainers, WKDPC
	9. Gather parent testimonials for future promotion efforts.	Oct 2008, ongoing	Trainers, WKDPC
Target Audience & Number to Be Served	All parents of school-age children (K-12)		
Supporting Groups/ Agencies	DOE, Teen Court, Family Court, KPD, Hale 'Opio, CFS, Nana's House, Ho'ola Lahui, Alu LIKE		
Funding and Other Resources Secured/Needed	Staffing (0.25 FTE) for publicity/outreach, logistics, data entry Equipment – 2 Overhead Projectors, 2 LCD Projectors Per 10-week Parent Project® Class: Books & Supplies \$1000, Food \$500, Childcare \$300, Facility Rental \$500, Trainer Stipend \$500 Per 6-week Loving Solutions Class: Books & Supplies \$1000, Food \$350, Childcare \$180, Facility Rental \$350, Trainer Stipend \$300		
Transportation Needed, if any	Not applicable		
Measures of Success	<ol style="list-style-type: none"> 1. Year 1 - 2 cycles of Loving Solutions, 2 cycles of Parent Project®; Year 2 - 3 cycles of Loving Solutions, 3 cycles of Parent Project®. 2. Skills gained, as measured by Pre and Post Test. 3. Demographics of participants. 		

PREV-WEST-1-C

**Action Plan 2008- 2013
West Kaua`i Drug Prevention Coalition**

Goal 2, Strategy 2A

Goal 2	After-school, intersession, weekend, and summer activities that encourage a drug-free life are offered to youth and families.		
Strategy 2A	Identify, promote and support programs that offer enrichment, skill building and character development to engage youth and families.		
Risk Factor Addressed	Early and persistent antisocial behavior		
Protective Factor Addressed	Healthy beliefs and clear standards; opportunity to interact with adults with clear standards.		
Action Steps	1. Identify and contact agencies in West Kaua`i that offer enrichment, skill building and character development to youth and families; develop matrix of programs.	Timeline Nov 2008 – Jan 2009	Lead Boys & Girls Club
	2. Strengthen the youth and family organization coalition.	Dec 2008 – Jan 2009	Nana’s House
	3. Determine need for expanded or new youth and family programs.	Feb 2009	West Kaua`i Drug Prevention Coalition (WKDPC)
	4. Establish needed programs and promote current and new youth and adult programs.	March 2009	WKDPC
	5. Implement programs.	April 2009 – Aug 2009	Providers
	6. Evaluate youth and family programs, strengthen as needed.	Sept 2009	Providers, WKDPC
Target Audience & Number to Be Served	Youth ages 11-14 (middle school) and families		

Supporting Groups/ Agencies	Boys & Girls Clubhouse; Ho`oikaika volleyball, Nana's House, AYSO, Little League, Circles of Light, A+ after school program.
Funding and Other Resources Secured/Needed	Grants – Federal, State, County, foundations, private/corporate
Transportation Needed, if any	Unknown at this time
Measures of Success	<ol style="list-style-type: none"> 1. Pre/Post testing of participants in program. 2. Increased numbers of youth/families in programs.

PREV-W-2-A

**Action Plan 2008- 2013
West Kaua`i Drug Prevention Coalition**

Goal 3, Strategy 3A

Goal 3	Involve the community in efforts to strengthen families and encourage a drug-free life.		
Strategy 3A	Engage the community's support and involvement to reduce alcohol, tobacco and other drug use by youth and adults.		
Risk Factor Addressed	Availability of ATOD; academic failure; family conflict; community norms favorable towards drug use.		
Protective Factor Addressed	Social connection; community safety; personal safety; community norms; strengthen family & community communication skills		
Action Steps		Timeline	Lead
	1. Scan current programs/events in community that can be considered drug free events. Including survey of community (needs).	Jan 2009	West Kaua`i Drug Prevention Coalition (WKDPC)
	2. Evaluate data and needs requested by community.	Feb-May 2009	WKDPC
	3. Determine programs to fit/match needs in community (i.e., Non Violent Communication and Parent Survival Training).	May – Sept 2009	WKDPC
	4. Determine programs/events to be done in community as determined by community survey.	Aug – Dec 2009	WKDPC
	5. Engage providers of matching programs/events.	Dec 2009 – April 2010	WKDPC & Provider
	6. Follow-up with program 6 months into program/after event in community.	Aug 2010	WKDPC & Provider

Target Audience & Number to Be Served	Families, businesses, youth; schools; community members. Numbers to be served will be determined by program.
Supporting Groups/ Agencies	Ke Ala Hoku clients, Nana's House, Dr. Kelly Ball, Sustain Agriculture, Senior Center Kupuna; POPP (Problem-Oriented Policing Patrol) Kekaha, Guardian Angels
Funding and Other Resources Secured/Needed	Federal or State SPF-SIG funding
Transportation Needed, if any	Dependent on program requirements
Measures of Success	<ol style="list-style-type: none"> 1. Increased number of participants activities. 2. Improved follow-up with participants. 3. Pre/Post Testing as required by program.

PREV-W-3-A

3.9 Central Kaua`i Issues

This section explores the priority issues identified through studies and by service providers for the Central District, along with the planned actions. This area encompasses these communities: Koloa, Lawai, Po`ipu, Puhi, Lihu`e and Hanama`ulu.

3.9.1 Central Kaua`i Priority Issues

Stressful Home Environments

Many young people in the Central complex have a stressful home environment due to insufficient economic resources, overcrowding, domestic violence or parental drug abuse. "They come to school with baggage," as one prevention provider stated.²⁶ Many children don't have a caring adult to check on them regularly at home; for example, 43% of 6th graders, 39% of 9th graders and 52% of 12th graders report poor family supervision.²⁷ These stresses are sometimes reflected in the children's risky or antisocial behavior or in their drug use.

Lack of Parenting Skills

Being a parent can be difficult and some parents may lack skills to set clear standards and limits for their children. The result is children test boundaries and may behave inappropriately or demonstrate antisocial and risky behaviors, such as sensation seeking or sexual experimentation. Skills training and support groups for parents help them determine acceptable behavior, set limits and consequences, and convey their love for their children. Through these programs, parents are assisted in helping their children set goals for themselves. These new skills improve their ability to become a positive role model for their children.



Youth Lack Life Skills

School personnel report that many students lack basic life skills; they are unable to problem solve, make good choices for themselves and set personal goals. They also may lack good coping skills to deal with stressful situations. Students often don't know where to go for help to access the resources and services that would assist them.²⁸

Poor Self Image, Low Personal Expectations and Hopelessness

Prevention program providers report that some students have poor self image and don't set high standards for themselves. Many young people also have a sense of hopelessness about the future.²⁹ Research has shown that drug use is significantly lower among students who have high expectations for themselves and their future.³⁰

Bullying

A 2003 report from the University of Hawai'i Center on the Family reported that 46.5% of adolescents don't feel safe at school.³¹ Prevention service providers report that when students perceive that a hierarchy exists, especially in middle school and high school, this may lead to bullying of peers and younger students. Bullying can be either verbal or physical. Bullies can be both male and female; providers report bullying, aggressiveness and fighting by girls.³² Bullying can have serious effects on children who are bullied. These children are more likely than their peers to be depressed, lonely, and anxious; have low self-esteem; feel unwell; have more migraine headaches; and think about suicide.³³ Bullies may exhibit any of a number of negative behaviors, among them alcohol and tobacco use.³⁴

Lack of Out-of-School Youth Activities, Lack of Accessibility

Since the 2004 Drug Plan was published, a variety of out-of-school activities (after school, weekends, during school breaks) have been initiated. Still, youth report being bored and are not engaged in their leisure time. Additional drug-free and prevention activities, especially on weekends and during school breaks, are needed. At the same time, affordable and convenient transportation options are needed, such as the Kaua'i Bus and safe bike routes.

3.9.2 Central Kaua'i Priority Goals and Strategies

Central District Drug Prevention Coalition (CDDPC)

- Goal 1: Provide programs that have been proven to be effective in helping children and families to be drug-free.
- Strategy 1A: Establish life skills programs as integral components in school curriculum at every level.
- Strategy 1B: Offer mentoring programs to foster a sense of personal responsibility through a relationship with a caring adult.
- Strategy 1C: Identify and provide programs that build parenting skills.
- Goal 2: Offer after-school, intersession, weekend, and summer activities that encourage a drug-free life to youth and families.
- Strategy 2A: Identify and support programs that offer enrichment, skill building and character development to engage youth and families.

Goal 3: Build and maintain a strong Central District Drug Prevention Coalition for the effective implementation and coordination of prevention activities.

Strategy 3A: Increase and stabilize membership on the Central District Drug Prevention Coalition.

Strategy 3B: Develop and institute a system to monitor and coordinate the activities of the Central District Drug Prevention Coalition.

3.9.3 Central District Drug Prevention Coalition Action Plans

Action plans to address the goals and strategies for Central Kaua`i follow.

**Action Plan 2008- 2013
Central District Drug Prevention Coalition**

Goal 1, Strategy 1A

Goal 1	Provide programs that have been proven to be effective in helping children and families to be drug-free.		
Strategy 1A	Establish life skills programs as integral components in school curriculum at every level.		
Risk Factor Addressed	Low school commitment; poor academic performance; early initiation of problem behaviors; favorable attitudes toward ATOD; low perceived ATOD use risk; antisocial behaviors (ASB); favorable attitudes toward ASB; rebelliousness; sensation seeking.		
Protective Factor Addressed	School opportunities for positive involvement; school rewards for positive involvement; community rewards for positive involvement; peer disapproval of ATOD use; belief in the moral order; educational aspirations.		
Action Steps	1. Meet with DOE District Superintendent and Complex Resource Specialist to discuss Life Skills and Aloha Peace Project to address new life skills recommendation in DOE curriculum.	Timeline June 2008	Lead Central District Drug Prevention Coalition (CDDPC)
	2. Meet with former Life Skills teacher from Chiefess Kamakahalei Elementary School to discuss how program worked there and issues encountered.	June 2008	CDDPC
	3. Meet with Principals to discuss current life skills programs and plans to implement recommendation; discuss needs and issues.	June 2008	CDDPC
	4. Based on meetings with schools, develop strategy for Life Skills adoption where delay is anticipated; identify barriers, if any.	Aug 2008	CDDPC /DOE

	5. Implement developed strategy.	Sept 2008, then ongoing	DOE
	6. Monitor and support school efforts to implement Life Skills programs.	July 2008- June 2009, then ongoing	DOE, CDDPC
	7. Review evaluations of implemented programs to determine if youth needs are being met.	June 2009, then ongoing	DOE, CDDPC
Target Audience & Number to Be Served	Grades K-8		
Supporting Groups/ Agencies	Aloha Peace Project, PTSA, SCC, Drug Court, DOH-Teen Pregnancy Prevention, YWCA Domestic Violence Prevention, KPD, nonprofits working with youth problems, business community		
Funding and Other Resources Secured/Needed	To be determined by schools		
Transportation Needed, if any	To be determined by schools		
Measures of Success	<ol style="list-style-type: none"> 1. Life Skills formal evaluation process in place in Central elementary and middle schools. 2. Number of dropouts. 3. Number of infractions recorded in eCSSS system. 4. Number of Teen Court referrals. 5. Number of youth drug arrests. 		

PREV-C-1-A

**Action Plan 2008- 2013
Central District Drug Prevention Coalition**

Goal 1, Strategy 1B

Goal 1	Provide programs that have been proven to be effective in helping children and families to be drug-free.		
Strategy 1B	Offer mentoring programs to foster a sense of personal responsibility through a relationship with a caring adult.		
Risk Factor Addressed	Low school commitment; poor academic performance; early initiation of problem behaviors; favorable attitudes toward ATOD; low perceived ATOD use risk; antisocial behaviors (ASB); favorable attitudes toward ASB; rebelliousness; sensation seeking.		
Protective Factor Addressed	School opportunities for positive involvement; school rewards for positive involvement; community rewards for positive involvement; belief in the moral order; educational aspirations.		
Action Steps	1. Gather and assess information on current on-island programs and other successful models.	Timeline March 2009	Lead Central District Drug Prevention Coalition (CDDPC)
	2. Clarify needs of target audience.	May 2009	CDDPC
	3. Meet with potential providers to discuss mentor program options; determine interest in expansion or new start-up.	June-Aug 2009	CDDPC, Providers
	4. Assist providers in identifying and securing funding.	June-Dec 2009	CDDPC, Providers
	5. Monitor provider start-up or expansion of mentoring programs.	As programs develop	CDDPC, Providers
	6. Providers evaluate new or expanded programs, adjust as needed.	Per funding requirements and ongoing	Providers/CDD PC

Target Audience & Number to Be Served	Students entering grades 3, 5 and 8
Supporting Groups/ Agencies	Boys & Girls Club of Hawai'i-Kaua'i Branch, KEO, YWCA, YMCA, Big Brothers/Big Sisters, QLCC, Kamehameha Schools, Circles of Light, Mentor Ohana
Funding and Other Resources Secured/Needed	To be determined
Transportation Needed, if any	To be determined
Measures of Success	<ol style="list-style-type: none"> 1. Number of infractions recorded in eCSSS system. 2. Number of Teen Court referrals. 3. Number of youth drug arrests. 4. Pre/Post self reports showing increase in skills, self-esteem.

PREV-C-1-B

**Action Plan 2008- 2013
Central District Drug Prevention Coalition**

Goal 1, Strategy 1C

Goal 1	Provide programs that have been proven to be effective in helping children and families to be drug-free.		
Strategy 1C	Identify and provide programs that build parenting skills, such as the Parent Project®.		
Risk Factor Addressed	Poor family supervision; lack of parental sanctions for ASB; parental attitudes favorable toward ATOD use; parental attitudes favorable toward ASB; family history of ASB.		
Protective Factor Addressed	Family attachment; family opportunities for positive involvement; family rewards for positive involvement.		
Action Steps		<u>Timeline</u>	<u>Lead</u>
	1. Determine number and geographic distribution of potential participants.	July-Aug 2008	Central District Drug Prevention Coalition (CDDPC)
	2. Identify and recruit project stakeholders and partners to promote and expand Parent Project® training.	July-Sept 2008	CDDPC
	3. Secure materials, trainers.	July-Sept 2008	CDDPC, Stakeholders, Partners
	4. Train new trainers.	As Needed	CDDPC, Stakeholders, Partners
	5. Develop a Train the Trainer program for Loving Solutions and Teen Parent Project®.	As Needed	CDDPC, Stakeholders, Partners
	6. Improve the recruitment and referral process.	July-Sept 2008, ongoing	CDDPC, Stakeholders, Partners, Anti-Drug Coordinator

	7. Initiate project, evaluate at completion of each training cycle.	Sept 2008, ongoing	Trainers, CDDPC
	8. Evaluate Parent Project® annually to determine improvements needed.	June 2009, annually	Trainers, CDDPC
	9. Gather parent testimonials for future promotion efforts.	Oct 2008, ongoing	Trainers, CDDPC
Target Audience & Number to Be Served	All parents of school-age children (K-12)		
Supporting Groups/ Agencies	DOE, Teen Court, Family Court, KPD, Hale 'Opio, CFS, Hale Kipa, Ho'ola Lahui, QLCC, Alu Like, Hale Halawai		
Funding and Other Resources Secured/Needed	Staffing (0.25 FTE) for publicity/outreach, logistics, data entry Equipment – 2 Overhead Projectors, 2 LCD Projectors Per 10-week Parent Project® Class: Books & Supplies \$1000, Food \$500, Childcare \$300, Facility Rental \$500, Trainer Stipend \$500 Per 6-week Loving Solutions Class: Books & Supplies \$1000, Food \$350, Childcare \$180, Facility Rental \$350, Trainer Stipend \$300		
Transportation Needed, if any	Not applicable		
Measures of Success	<ol style="list-style-type: none"> 1. Year 1 - 4 cycles of Loving Solutions, 2 cycles of Parent Project®; Year 2 - 6 cycles of Loving Solutions, 4 cycles of Parent Project®. 2. Skills gained, as measured by Pre and Post Test. 3. Demographics of participants. 		

PREV-C-1-C

**Action Plan 2008- 2013
Central Drug Prevention Coalition**

Goal 2, Strategy 2A

Goal 2	After school, intersession, weekend, and summer activities that encourage a drug-free life are offered to youth and families.		
Strategy 2A	Identify, promote and support programs that offer enrichment, skill building and character development to engage youth and families.		
Risk Factor Addressed	Favorable attitudes toward antisocial behavior; rebelliousness; gang involvement; lack of coping skills; poor self image; sensation seeking; lack of high standards; not engaged in leisure time; poor family supervision		
Protective Factor Addressed	Community opportunities and rewards for positive involvement; school opportunities and rewards for positive involvement; belief in the moral order; educational aspirations		
Action Steps	1. Review and update KPAA after school survey, if needed.	Timeline Sept 2008	Lead Central District Drug Prevention Coalition (CDDPC)
	2. Identify need for programs by age and location.	Oct 2008	CDDPC
	3. Research successful after school models.	July-Oct 2008	CDDPC
	4. Brainstorm and identify possible after school programs that meet identified need.	July-Oct 2008	CDDPC
	5. Recruit potential service providers or partners to implement programs.	Oct-Nov 2008	CDDPC
	6. Survey students in their school Advisory class to gauge interest in potential programs.	Nov 2008, then ongoing	CDDPC
	7. Identify funding strategies and secure funds for programs.	Nov 2008, then ongoing	Providers, CDDPC

	8. Implement programs in a phased approach: Year 1-Grades 6-8; Year 2-Grades 3-5; Year 3-Grades K-3 or 9-12.	Yr 1: Jan.- June 2009 Yr 2: July 2009-June 2010 Yr 3: July 2010-June 2011	Providers
	9. Evaluate program and revise as needed.	Annually	Providers
Target Audience & Number to Be Served	Year 1-20% of students in Grades 6-8 Year 2-20% of students in Grades 3-5 Year 3-20% of students in Grades K-3 or 9-12		
Supporting Groups/ Agencies	DOE, DOH, KEO, Leadership Kaua`i, Boys & Girl Club, County of Kaua`i, QLCC, Kamehameha Schools		
Funding and Other Resources Secured/Needed:	Coordinator, clerical support, funds for contract services, supplies, mileage		
Transportation Needed, if any	Transportation from school or community program location to student's home		
Measures of Success	<ol style="list-style-type: none"> 1. Number served. 2. Number of programs developed. 3. Reduction in number of youth drug arrests. 		

PREV-C-2-A

**Action Plan 2008- 2013
Central Drug Prevention Coalition**

Goal 3, Strategy 3A

Goal 3	Build and maintain a strong Central District Drug Prevention Coalition for the effective implementation and coordination of prevention activities.		
Strategy 3A	Increase and stabilize membership on the Central District Drug Prevention Coalition (CDDPC).		
Risk Factor Addressed	Committee members have not been able to sustain regular attendance and participation due to numerous and conflicting obligations and commitments.		
Protective Factor Addressed	Central District has unique needs identified by the recent planning process and strengths that are needed to execute the goals and strategies outlined to address the risk factors.		
Action Steps	1. Survey all previous and current committee members to assess their availability to commit to participate with the execution of the goals and strategies that have been outlined.	Timeline June 30, 2008	Lead Central District Drug Prevention Coalition (CDDPC) Chair
	2. Identify and contact community groups within Central District that have not already been contacted to participate on this committee and invite them to attend.	June 30, 2008	CDDPC Chair & KPAA
	3. Write and release to local newspapers an article outlining the committee and the goals they will be working on, with contact information for volunteers.	June 30, 2008	CDDPC Chair
	4. Contact all individuals willing to participate on the committee to create a schedule of possible days and times for meetings and send out for confirmation.	July 31, 2008	CDDPC Chair

	5. Identify any barriers communicated by individuals and brainstorm possible solutions or alternative options.	July 31, 2008	CDDPC Chair
	6. Hold meeting and reiterate what will be expected of the committee and how best to approach the tasks for the Goals outlined in the prior planning process.	Sept 1, 2008	CDDPC Chair
	7. Committee to brainstorm strategies to eliminate or reduce potential problems which they can identify that could hinder their ability to sustain regular attendance at meetings.	Sept 1, 2008	CDDPC Chair
Target Audience & Number to Be Served	Central District organizations and community		
Supporting Groups/ Agencies	Department of Education, Boys & Girl Club, Hale `Opio, Hina Mauka, Good Beginnings, Aloha Peace Project, Child and Family Service, Alu LIKE, QLCC, Hale Kipa, YWCA		
Funding and Other Resources Secured/Needed	None needed for this Goal and Action Plan		
Transportation Needed, if any	None		
Measures of Success	<ol style="list-style-type: none"> 1. Increase number of committee members to 10. 2. Increase regular participation to 80% at all meetings. 3. Able to demonstrate progress on other goals and strategies identified in planning process. 		

PREV-C-3A

**Action Plan 2008- 2013
Central Drug Prevention Coalition**

Goal 3, Strategy 3B

Goal 3	Build and maintain a strong Central District Drug Prevention Coalition for the effective implementation and coordination of prevention activities.		
Strategy 3B	Develop and institute a system to monitor and coordinate the activities of the Central Drug Prevention Coalition.		
Risk Factor Addressed	Many great ideas emerge from committee work, yet do not transfer into viable projects or cannot sustain their forward momentum over time.		
Protective Factor Addressed	Central District has many committed, enthusiastic individuals who frequently participate in a variety of activities to help meet the needs of the community.		
Action Steps	1. Committee members to meet to brainstorm a general system to implement and help coordinate the planned prevention activities.	<u>Timeline</u> July 31, 2008	<u>Lead</u> Central District Drug Prevention Coalition (CDDPC)
	2. Committee to take the list of planned prevention activities and identify corresponding committee actions needed to facilitate implementation and coordination.	July 31, 2008	CDDPC
	3. Committee to assign members to specific tasks to further prevention activities.	July 31, 2008	CDDPC
	4. Committee to take timelines established for each activity and identify specific steps needed to monitor the implementation and to help the responsible parties coordinate various aspects.	July 31, 2008	CDDPC

	5. Members to meet with individuals who will participate in their prevention activity and discuss ways they can support implementation and assist coordination.	July 31, 2008	CDDPC
	6. Committee to meet and discuss responses from the activity participants regarding ideas of how to support implementation and assist coordination.	Sept 30, 2008	CDDPC
	7. Committee to assess success of original strategies and brainstorm possible alternative strategies to achieve objective to monitor and coordinate the activities of the Central District Drug Prevention Coalition.	Oct 31, 2008	CDDPC
Target Audience & Number to Be Served	Central District organizations and community		
Supporting Groups/ Agencies	Department of Education, Boys & Girl Club, Hale `Opio, Hina Mauka, Good Beginnings, Aloha Peace Project, Child and Family Service, Alu LIKE, QLCC, Hale Kipa, YWCA		
Funding and Other Resources Secured/Needed	None needed		
Transportation Needed, if any	Not applicable		
Measures of Success	<ol style="list-style-type: none"> 1. Develop a system to monitor progress of prevention activities. 2. Committee satisfaction with coordination system developed. 3. Timelines met. 		

PREV-C-3B

3.10 East Kaua`i Issues

This section explores the priority issues identified through studies and by service providers for the East Side and North Shore of the island, along with the planned actions. This area encompasses these communities: Wailua, Kapa`a, Kealia, Anahola, Moloa`a, Kilauea, Princeville, Hanalei and Ha`ena.

3.10.1 East Kaua`i Priority Issues

Alcohol, Marijuana and Prescription Drugs Used

Youth continue to experiment with or abuse alcohol and marijuana. A newer phenomenon is “pharming” – stealing pharmaceutical prescription drugs from parents or relatives. Youth are unaware of the dangers of using these drugs, and they may combine them or take them with alcohol with potentially very serious consequences. Often the adults are not even aware their prescriptions have been taken.

Lack of Family Values

Families lead busy lives and there seems to be a shift away from an emphasis on teaching values to young people. Many parents work long hours and can't find time for the family to eat together. Destructive behaviors are the norm in some families, with parents drinking or using marijuana, cocaine or other drugs in front of their children. If the young person has no other role models, this behavior is seen as the norm.

Lack of Parenting Skills

If parents did not receive good parenting skills, it is often difficult for them to serve as a role model and promote positive behaviors in their children. Parents may be unaware of the law regarding excessive discipline or alternatives to domestic violence. Fortunately, good parenting skills can be learned and programs are available to teach more positive behaviors.

Youth Lack Life Skills and Coping Skills

Peer pressure can be intense for young people. Their desire to fit in can cloud their judgment. Young people need information and support on how to deal with peer pressure and conflicts within their family. Life skills and character education programs can help them develop conflict resolution and anger management skills.



Youth Exhibit Risky Behaviors

Sexual experimentation and promiscuity are seen as early as Grade 4. This may include touching, trying to be sexually active or actual sexual activity. Education on the risks of sexual behavior and how to identify good touch and bad touch is needed.

3.10.2 East Kaua`i Priority Goals and Strategies

**East Kaua`i
Drug Prevention &
Education Team**

- Goal 1: Provide programs that have been proven to be effective in helping children and families to be drug-free.
- Strategy 1A: Establish life skills programs as integral components in school curriculum at every level.
- Strategy 1B: Offer mentoring programs to foster a sense of personal responsibility through a relationship with a caring adult.
- Strategy 1C: Provide programs that build parenting skills.
- Goal 2: Offer after-school, intersession, weekend, and summer activities that encourage a drug-free life to youth and families.
- Strategy 2A: Identify and support programs that offer enrichment, skill building and character development to engage youth and families.

3.10.3 East Kaua`i Drug Prevention & Education Team Action Plans

Action plans to address the goals and strategies for East Kaua`i follow.

**Action Plan 2008-2013
East Kaua'i Drug Prevention & Education Team**

Goal 1, Strategy 1A

Goal 1	Provide programs that have proven to be effective in helping children and families to be drug-free.		
Strategy 1A	Establish life skills programs as integral components in school curriculum at every level.		
Risk Factor Addressed	Low school commitment; poor academic performance; early initiation of problem behaviors; favorable attitudes toward ATOD; low perceived ATOD use risk; antisocial behaviors (ASB); favorable attitudes toward ASB; rebelliousness.		
Protective Factor Addressed	School opportunities for positive involvement; school rewards for positive involvement; community rewards for positive involvement; peer disapproval of ATOD use; belief in the moral order; educational aspirations.		
Action Steps	1. Evaluate needs of youth through baseline study.	Timeline Late 2008	Lead DOE, PCNC, Mentor Ohana, East Kaua'i Drug Prevention & Education Team (EKDPET)
	2. Clarify what DOE and other organizations are already doing	Late 2008	EKDPET
	3. Determine standards/GLOs impacted by Life Skills curriculum	Late 2008	EKDPET
	4. Identify culturally appropriate multi-level curriculum.	Late 2008	EKDPET, Resource Advisors
	5. Involve DOE, SCC and other organizations in determining service provider(s) and creating implementation plans	Spring 2009	EKDPET, DOE SCC & School Renewal Specialist, Provider

	6. Secure written agreement with service provider on the implementation plan (e.g. pilot, by grade level, by school)	June 2009	EKDPET, DOE, Provider
	7. Determine resources needed (funding, staff, materials, curriculum, training)	Fall 2009	DOE, Provider
	8. Secure resources	Summer 2010	Provider, DOE, EKDPET
	9. Train teachers and/or staff in curriculum	Summer 2010	Provider, DOE, EKDPET
	10. Implement curriculum	Fall 2010	Provider, DOE, teachers, community partners
	11. Track, evaluate and report progress	Summer 2010	Provider, DOE, EKDPET
	12. Determine changes, program improvements needed	Summer 2010	Provider, DOE, EKDPET
	13. Implement changes/improvements	Fall 2011	DOE, EKDPET, Provider
Target Audience & Number to Be Served	K – 12, implemented in a phased approach by age, with phases developed after baseline study of need		
Supporting Groups/Agencies	Kamehameha Schools, OHA, Boys & Girls Club, Child & Family Service, Hale Ohana o Kapa'a, State Department of Health, Police		
Funding and Other Resources Secured/Needed	Staffing – \$25,000 for data collection and coordination for East Side and North Shore (to support 1A and 1B), with services to be contracted		
Transportation Needed, if any	Offered by service providers		

Measures of Success	Tied to curriculum such as: <ol style="list-style-type: none">1. Number referred to Teen and Family Court.2. Number of youth drug arrests.3. Number of runaways.4. GLO scores.5. eCSSS database referrals.
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PREV-E-1-A

**Action Plan 2008-2013
East Kaua'i Drug Prevention & Education Team**

Goal 1, Strategy 1B

Goal 1	Provide programs that have proven to be effective in helping children and families to be drug-free.		
Strategy 1B	Offer mentoring programs to foster a relationship with a caring adult and build a sense of personal responsibility.		
Risk Factor Addressed	Low school commitment; poor academic performance; early initiation of problem behaviors; favorable attitudes toward ATOD; low perceived ATOD use risk; antisocial behaviors (ASB); favorable attitudes toward ASB; rebelliousness		
Protective Factor Addressed	School opportunities for positive involvement; school rewards for positive involvement; community rewards for positive involvement; belief in the moral order; educational aspirations		
Action Steps	1. Identify existing programs and unmet needs by age, risk factor, etc. to determine intended target audience.	Timeline Sept-Oct 2008	Lead East Kaua'i Drug Prevention & Education Team (EKDPET)
	2. Recruit partners/service providers (such as Big Brothers/Big Sisters, Team Challenge) - urge best practices approach.	Sept-Oct 2008	EKDPET, partners
	3. Determine goal.	Nov 2008	EKDPET
	4. Research and select promising or best practice programs with an evaluation component.	Nov-Dec 2008	EKDPET
	5. Determine and secure resources.	Dec 2008-May 2009	EKDPET
	6. Implement programs.	June 2009	Providers EKDPET
	7. Evaluate program strategies at the end of each semester and school year.	January, June annually	Providers EKDPET

	8. Revise/improve program.	Ongoing based on evaluations	Providers EKD PET
Target Audience & Number to Be Served	100 per year of elementary, middle and high school age		
Supporting Groups/Agencies	DOE, Big Brothers/Big Sisters, Boys & Girls Club, Mentor Ohana, About Fact/Paxen, Teen & Family Court, Drug Court, Employers, Police/SRO's		
Funding and Other Resources Secured/Needed	Staffing – \$25,000 for data collection and coordination for East Side and North Shore (to support 1A and 1B), with services to be contracted		
Transportation Needed, if any	Offered by program providers		
Measures of Success	<ol style="list-style-type: none"> 1. Number of infractions recorded in eCSSS system. 2. Number of Teen Court referrals. 3. Number of youth drug arrests. 4. Pre/Post self reports showing increase in skills, self-esteem. 		

PREV-EAST-1-B

**Action Plan 2008-2013
East Kaua'i Drug Prevention & Education Team**

Goal 1, Strategy 1C

Goal 1	Provide programs that have proven to be effective in helping children and families to be drug-free.		
Strategy 1C	Offer programs that build parenting skills.		
Risk Factor Addressed	Poor family supervision; lack of parental sanctions for ASB; parental attitudes favorable toward ATOD use; parental attitudes favorable toward ASB; family history of ASB		
Protective Factor Addressed	Family attachment; family opportunities for positive involvement; family rewards for positive involvement		
Action Steps		Timeline	Lead
	1. Determine number and geographic distribution of potential participants.	Sept-Oct 2008	East Kaua'i Drug Prevention & Education Team (EKDPET)
	2. Identify and recruit project stakeholders and partners to promote and expand Parent Project® training.	Sept-Oct 2008	EKDPET
	3. Secure materials, trainers.	Sept-Oct 2008	EKDPET, Stakeholders, Partners
	4. Train new trainers.	As needed	EKDPET, Stakeholders, Partners
	5. Develop a Train the Trainer program for Loving Solutions and Teen Parent Project®.	As needed	EKDPET, Stakeholders, Partners
	6. Improve the recruitment and referral process.	Oct-Nov 2008, ongoing	EKDPET, Stakeholders, Partners, Anti-Drug Coordinator

	7. Initiate project, evaluate at completion of each training cycle.	Dec 2008, ongoing	Trainers, EKDPET
	8. Evaluate Parent Project® annually to determine improvements needed.	Sept 2009, annually	Trainers, EKDPET
	9. Gather parent testimonials for future promotion efforts.	Oct 2009, ongoing	Trainers, EKDPET
	10. Identify and recruit project stakeholders and partners to promote and expand Guiding Good Choices, following the steps noted above.	2009-2010	EKDPET
	11. Identify and recruit project stakeholders and partners to promote and expand Motherread/Fatheread training, following the steps noted above.	2010-2011	EKDPET
Target Audience & Number to Be Served	All parents of school-age children (K-12) and preschool children (age 3-5)		
Supporting Groups/Agencies	DOE, Teen Court, Family Court, KPD, Hale `Opio, CFS, Hale Kipa, Ho`ola Lahui, QLCC, Alu Like, Hale Halawai, Good Beginnings Alliance, KSBE, Preschools		
Funding and Other Resources Secured/Needed	<p>Staffing (0.25 FTE) for publicity/outreach, logistics, data entry</p> <p>Equipment – 2 overhead projectors, 2 LCD projectors</p> <p>Per 10-week Parent Project® class: books & supplies \$1000, food \$500, childcare \$300, facility rental \$500, trainer stipend \$500</p> <p>Per 6-week Loving Solutions class: books & supplies \$1000, food \$350, childcare \$180, facility rental \$350, trainer stipend \$300</p> <p>Per 6-week Guiding Good Choices class: books & supplies \$1000, food \$350, childcare \$180, facility rental \$350, trainer stipend \$300 plus \$35,000 to train facilitators</p> <p>Per 6 to 8-week Motherread/Fatheread class: books & supplies \$1000, food \$350, childcare \$180, facility rental \$350, trainer stipend \$300 plus \$25,000 to train facilitators</p>		
Transportation Needed, if any	Not applicable		

Measures of Success	<ol style="list-style-type: none">1. Year 1 - 4 cycles of Loving Solutions, 2 cycles of Parent Project®, 3 cycles of Guiding Good Choices, 3 cycles of Motherread/Fatheread; Year 2 - 6 cycles of Loving Solutions, 4 cycles of Parent Project®, 3 cycles of Guiding Good Choices, 3 cycles of Motherread/Fatheread; Year 3 – To be determined.2. Skills gained, as measured by Pre and Post-test.3. Demographics of participants.
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PREV-EAST-1-C

**Action Plan 2008-2013
East Kaua'i Drug Prevention & Education Team**

Goal 2, Strategy 2A

Goal 2	Promote after-school, intersession, weekend, and summer youth and family activities that encourage a drug-free life.		
Strategy 2A	Identify and support programs that offer enrichment, skill building and character development to engage youth and families.		
Risk Factor Addressed	Antisocial behavior; rebelliousness; gang involvement; lack of coping skills; poor self image; don't care or have high standards; kids are bored; not engaged in leisure time; lack of strong families.		
Protective Factor Addressed	Consistently promote healthy beliefs and clear standards of behavior; foster development of strong bonds with those who hold healthy beliefs and clear standards; recognize the individual characteristics of each young person.		
Action Steps	1. Research successful after school models.	Timeline May 2009	Lead East Kaua'i Drug Prevention & Education Team (EKDPET)
	2. Review and update KPAA after school survey.	June-July 2009	EKDPET
	3. Identify need for new or expanded programs by age and location, targeting middle schools in Year 1.	Aug 2009	EKDPET
	4. Brainstorm and identify possible after school programs that meet identified need.	Aug 2009	EKDPET
	5. Recruit DOE and other potential service providers or partners to implement programs and establish a Memorandum of Understanding with each.	Aug 2009- Feb 2010	EKDPET, DOE, Providers

	6. Survey students at school in Advisory to gauge interest in potential programs and base program on student input.	Aug 2009- Feb 2010	EKDPET, DOE
	7. Identify funding strategies and secure funds for programs.	Aug 2009- Feb 2010	EKDPET, Providers, Community Partners
	8. Work with transportation providers (County, nonprofits, businesses) to create a transportation plan to and from activities.	Feb-Apr 2010	EKDPET, County of Kaua`i, Community Partners
	9. Implement programs in a phased approach: Year 2-Grades 6-8; Year 3-Grades 3-5; Year 4-Grades K-3 or 9-12.	June 2010	Providers
	10. Evaluate program and revise as needed.	Annually	Providers, EKDPET
Target Audience & Number to Be Served	Year 1-5% of students in Grades 6-8 Year 2-5% of students in Grades 3-5 Year 3-5% of students in Grades K-3 or 9-12.		
Supporting Groups/Agencies	DOE, DOH, KEO, Leadership Kaua`i, Boys & Girl Club, CFS, Big Brothers/Big Sisters, Ho`ola Lahui, QLCC, Alu LIKE, churches, County of Kaua`i		
Funding and Other Resources Secured/Needed	Coordinator, clerical support, funds for contract services, supplies, mileage		
Transportation Needed, if any	Transportation from school or community program location to student's home.		
Measures of Success	<ol style="list-style-type: none"> 1. Number served. 2. Number of programs developed. 3. Reduction in number of youth drug arrests. 4. Number of youth identified and referred through eCSSS. 		

PREV-EAST-2-A

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- ¹⁸ State of Hawai`i Department of Health, *2003 Hawaii Student Alcohol, Tobacco and Other Drug Use Study, Adolescent Prevention and Treatment Needs Assessment, Kaua`i District*, Available at <http://hawaii.gov/health/substance-abuse/prevention-treatment/survey/report2003/index.html> . Accessed 7-2-08.
- ¹⁹ J. David Hawkins, Ph.D. and Richard F. Catalano, Ph.D., *Community Plan Implementation Training, Communities That Care*, 2003, model obtained from http://beta.ctcdata.org/?page=static_files/protective_factors.html, accessed April 20, 2008.
- ²⁰ Kaua`i Police Department report, provided by Commander Eric Shibuya, January 30, 2008.
- ²¹ Department of Education eCSSS system data provided by District Superintendent Bill Arakaki, June 20, 2008.
- ²² State of Hawai`i Department of Health, *2003 Hawaii Student Alcohol, Tobacco and Other Drug Use Study, Adolescent Prevention and Treatment Needs Assessment, Kaua`i District*, Available at <http://hawaii.gov/health/substance-abuse/prevention-treatment/survey/report2003/index.html> . Accessed 7-2-08.
- ²³ Fatality Analysis Reporting System (FARS) 2006. Data provided by Nancy Phillion, Maternal and Child Health Administrator, State of Hawai`i Department of Health, April 3, 2008.
- ²⁴ Ibid.
- ²⁵ Data provided by Nancy Phillion, Maternal and Child Health Coordinator, State of Hawai`i Department of Health, April 3, 2008.
- ²⁶ Discussion at CDDPC meeting on December 10, 2007.
- ²⁷ State of Hawai`i Department of Health, *2003 Hawaii Student Alcohol, Tobacco and Other Drug Use Study, Adolescent Prevention and Treatment Needs Assessment, Kaua`i District*, Available at <http://hawaii.gov/health/substance-abuse/prevention-treatment/survey/report2003/index.html> . Accessed 7-2-08.
- ²⁸ Discussion at CDDPC meeting on November 5, 2007.
- ²⁹ Discussion at CDDPC meeting on December 10, 2007.
- ³⁰ Tom, A., Hartsock, M., Yuen, S., Zou, L. (2001). *State Incentive Grant (SIG) for substance abuse prevention community profiles*. Issue paper. University of Hawai`i – Manoa, CTAHR/Center on the Family: Honolulu, HI.
- ³¹ UH Center on the Family, *Central Kaua`i Area Community Profile*, November 2003.
- ³² Discussion at CDDPC meeting on April 21, 2008.
- ³³ Limber, S. P. (2002). *Bullying among children and youth*. Proceedings of the Educational Forum on Adolescent Health: Youth Bullying. Chicago: American Medical Association. Retrieved April 22, 2008, from <http://www.ama-assn.org/ama1/pub/upload/mm/39/youthbullying.pdf>.

³⁴ Nansel, T. R., Overpeck, M. D., Haynie, D. L., Ruan, W. J., & Scheidt, P. C. (2003). Relationships between bullying and violence among US youth. *Archives of Pediatric Adolescent Medicine*, *157*, 348-353.



4.0 DRUG TREATMENT AND COMMUNITY INTEGRATION CONTINUUM OF CARE

Drug treatment refers to a broad range of services, including identification, intervention, assessment, diagnosis, counseling, medical services, psychiatric services, psychological services, social services, and follow-up for persons with substance abuse problems.

The overall goal of treatment is to reduce or eliminate the use of alcohol and/or drugs as a contributing factor to physical, psychological, and social dysfunction and to arrest, retard, or reverse the progress of any associated problems.³⁵ Treatment may be voluntary or mandatory. Successful treatment typically involves work with the drug user and his or her family.

Community integration refers to the positive integration of individuals into the community after treatment, committing a drug-related offense, or incarceration. Successful integration includes job training and placement, housing, transportation, medical assistance, mental health assistance, family counseling and support services, parenting, individual and group counseling, and recovery groups.

As treatment and community integration activities were implemented following the publication of the *Kaua'i Community Drug Response Plan* in 2004, the inter-related nature of the activities became apparent to service providers. In 2006, the Drug Treatment Committee and the Community Integration Committee merged to form the Joint Drug Treatment/Integration Committee. The group determined that a full range of services – a **Continuum of Care** – is needed to provide effective treatment and follow-up services for the drug user and his or her family to aid in helping them to become and remain drug-free.

4.1 5-Year Vision – Looking ahead to 2013

"Local access to an affordable, effective drug treatment and support that offers all a hope for a happy, productive life without drugs"

To lay the foundation and serve as inspiration for planning a treatment and integration continuum of care on Kaua'i, the Joint Treatment/ Integration Committee looked ahead five years and established a vision of the community achieved through the successful implementation of the continuum of care plan. The vision of Kaua'i in 2013 follows.

Kaua`i has established a nationally recognized, seamless continuum of care integrating substance abuse-related services. As a result of this strong community commitment, there has been a significant decline in the insidious effects that alcohol, drug abuse, and tobacco have previously had on the island of Kaua`i.

The Kaua`i community shares responsibility to improve the quality of life for all and supports healthy, strong, multi-generational families. Agencies, businesses, community, inter-faith-based organizations and government collaborate on a variety of drug awareness, intervention, preventions, and treatment programs all around the island, while sharing a common vision and focusing on positive results. The shared community commitment and vision is a more holistic and practical approach to health and lessens the burden on any one organization.

The collaborative efforts have efficiently leveraged resources while providing a well-integrated continuum of service. When individuals and families are appropriately matched to effective



alcohol and drug services there is a higher rate of sustained success, lower incidents of abuse and neglect, reduction of risky behaviors, reduction in welfare, and a larger productive workforce. An active, caring community helps to address priority concerns and provides well-targeted interventions that ease the concerns associated with managed care insurer's (i.e., co-pay's) limited length of treatment. Kaua`i's continuum of accessible services and facilities promote emotional, physical, and spiritual well-being for all consumers.

4.2 Effective Treatment

Research has shown that effective substance abuse treatment programs have the following components:³⁶

- Are at least three months to a year in duration
- Are intensive, comprehensive, and highly structured
- Require therapy focusing on all aspects of the patient's life
- Include participation in support groups
- Provide access to educational, vocational, and employment opportunities
- Foster a sense of belonging to a community.

4.3 Treatment Elements

Substance abuse treatment elements include:³⁷

Detoxification	The process of getting alcohol and/or drugs out of a client's system. Some clients need medical help and counseling to go through "detox."
Assessment	At the start of the treatment process, a client's substance abuse, medical, and psychological conditions are evaluated to determine the best course of treatment. Other factors, such as family relations and job history, are also explored.
Treatment Plan	An individualized treatment plan outlines treatment objectives, recommended therapeutic services, and other activities. The plan also outlines both the client and program responsibilities, as well as how progress is measured.
Therapeutic Activities & Services	<p>Treatment programs address all parts of a client's life.</p> <p>INDIVIDUAL THERAPY helps clients look at the underlying causes of their addiction.</p> <p>GROUP THERAPY. With other recovering drug addicts, clients are encouraged to confront destructive behaviors and explore new ways of relating with people, emotions, and cravings for substances.</p> <p>FAMILY COUNSELING helps family members understand and participate in the recovery process.</p> <p>RECREATIONAL ACTIVITIES. Clients are introduced to alcohol-free and drug-free ways to enjoy leisure time and contribute to society.</p>

SPECIFIC CLIENT NEEDS. Clients may have special needs including remedial math and reading, job training, housing assistance.

Aftercare

Aftercare helps clients continue to apply lessons learned in treatment to their own lives through participation in peer support groups like Narcotics Anonymous (NA) or Cocaine Anonymous (CA), which function like Alcoholics Anonymous (AA).



These groups contribute to aftercare by allowing clients to maintain relationships with other recovering people who can help them stay alcohol and drug-free. In addition, recovering people may return to the therapeutic program for regular group and individual counseling sessions. These aftercare services help people avoid relapse.

Continuum of Care

All of the types of services mentioned above represent a Continuum of Care for substance abuse services. (A summary of Kaua'i's Adult Substance Abuse Continuum of Care is included in the Appendix.)

4.4 Treatment & Integration – Kaua'i's Progress since 2004

Progress has been made in establishing or expanding treatment services since completion of the first drug plan in 2004, and more work remains to be done. A brief overview of progress to date follows.

Improved Communication

To foster communication and collaboration, the joint Treatment/Community Integration Committee meets monthly. Providers report progress and discuss challenges. This has resulted in new collaboration and partnerships.

Adolescent Residential Treatment Facility

The County of Kaua'i initiated efforts to establish a 16-bed adolescent residential treatment facility in the Salt Pond area in Hanapepe. Plans were made to redevelop an existing unoccupied facility for that purpose. The plan met with stiff resistance from community members who saw the location of the facility as incompatible with the intended purpose and with maintaining the health of the nearby historic salt beds. The plan was put on hold, but it is hoped that another location can be found.

Financial Assistance for Off-Island Treatment	With federal funding, a grant to Hina Mauka helped support airfare, treatment and incidental costs for approximately 37 individuals over a two-year period. ³⁸
Therapeutic Living Facility	Hina Mauka and Hope, Help and Healing are both in the planning stages of establishing a therapeutic living facility on Kaua`i if funds and a suitable location can be secured.
Drug Court	Just completing its third year, Drug Court has graduated 50 individuals who otherwise might have gone to jail. Four out of 5 clients graduate. Clients receive intensive services and supervision during the program, which has a remarkably low recidivism rate of 2% among those who complete the program. ³⁹
Clean & Sober Homes	Two organizations – Ke Ala Hoku and Hope, Help and Healing – have established clean and sober homes for ex-drug users leaving treatment or prison. Homes are currently located in locations around the island, serving men, women, and families.
Recovery Programs	U-Turn for Christ has initiated a faith-based residential program for men desiring to recover from drug and alcohol abuse.
Training for Substance Abuse Counselors	To address the shortage of certified substance abuse counselors (CSACs) and their need for ongoing professional development, federal funds were secured by Kaua`i Planning & Action Alliance to provide a training series for CSACs and other care providers. In addition, Kaua`i Community College is offering a certification program for those wishing to become CSACs.
Support Services for Youth	Hale `Opio started an Alateen program in 2008 to support youth who have a relative or friend with alcoholism.
Storefront	Aloha Church established Crossroads as a storefront or one-stop location where ex-drug users can secure assistance in their transition to a drug-free life. Services such as food, clothing, help writing a job resume and job training are offered. Food pantries and clothes closets are offered at other locations on the island.



4.5 Treatment Needs on Kaua`i

This section describes the treatment needs in the following areas: detoxification, residential treatment, therapeutic living facilities, clean and sober homes, and outpatient programs.

4.5.1 Detoxification

There are five levels of detoxification for adults, ranging from outpatient services to medically-monitored supervision over four days⁴⁰ (see Table 1.). Detoxification is primarily used to treat clients abusing alcohol and opiates (e.g., heroin, methadone, and Oxycontin).

There are two programs on-island that provide detoxification services.

Ke Ala Pono Recovery Centers, directed by Dr. Gerald McKenna, serves approximately 50 out-patient and 20 in-patient clients per year (opiate users).⁴¹

Mahelona Hospital, affiliated with the Hawai'i Health System Corporation, provides detoxification services (alcohol only) to approximately 40 patients per year. There are nine psychiatric beds total and none are held specifically for detoxification. Treatment involves medically monitored and/or managed intensive inpatient over four days. The average cost for detoxification is \$5,000 per treatment. Referrals are made through Ke Ala Pono or Hina Mauka, which provide follow-up treatment. Of those seeking detoxification assistance, 95% are treated.⁴²

Table 1. Detoxification Levels ⁴³

Level of Detox	Level	Note	Kaua`i
Ambulatory detox without extended on-site monitoring	I-D	Mild withdrawal with daily or less than daily outpatient supervision; likely to complete detox and to continue treatment or recovery	Ke Ala Pono for opiate users only
Ambulatory detox. with extended on-site monitoring	II-D	Moderate withdrawal with all day detox, support, and supervision; at night, has supportive daily or living situation; likely to complete detox.	Ke Ala Pono for opiate users only
Clinically-Managed Residential detoxification	III.2-D	Moderate withdrawal, but needs 24-hr. support to complete detox. and increase likelihood of continuing treatment or recovery	
Medically-Monitored Inpatient detoxification	III.7-D	Severe withdrawal and needs 24-hour nursing care and physician visits as necessary; unlikely to complete detox. without medical, nursing monitoring	Mahelona Hospital, Psychiatric Unit for alcohol users only
Medically-Managed Inpatient detoxification	IV-D	Severe, unstable withdrawal and needs 24-hour nursing care and daily physician visits to modify detox. regimen and manage medical instability	Mahelona Hospital, Psychiatric Unit for alcohol users only

Wilcox Hospital provides detoxification on a limited basis only if a person is diagnosed after admittance. Kaua`i Veterans Memorial Hospital provides no detoxification. There are no on-island detoxification facilities for adolescents.

4.5.2 Residential Treatment

Residential treatment facilities are public or private facilities that provide a therapeutic residential program for the care, diagnostic, treatment, or rehabilitation services of persons suffering from substance abuse. Residential treatment facilities include 1) a short-term crisis residential program and 2) a long-term residential treatment program.

The State of Hawai`i defines a residential treatment facility as a Special Treatment Facility (STF).

33 to 41 Adult Beds Needed

According to the State Department of Health, because no services are provided on island, about 98 adults are sent off-island – either to the mainland or another island in the state – for residential treatment each year.⁴⁴ The Joint Treatment/Integration Committee estimates that for every adult that receives residential treatment, there are 8 to 10 adults who need, but do not receive this treatment.⁴⁵ Therefore, approximately 784 to 980 adults require residential treatment each year. However, this same committee estimated that while that number of adults may need treatment, only about half, or 392 to 490, would actually seek some form of treatment services. These numbers provide the basis for the calculation of the number of adult beds needed.

Assuming that private insurance, Quest, and/or the State cover an average of 30 days of treatment, each residential bed serves 12 adults per year.

Therefore, Kaua`i needs between 33 to 41 beds in residential treatment facilities to serve 392 to 490 adults per year.

12 Adolescent Beds Needed

According to the State Department of Health, about 6 adolescents (age 12-17) are sent off-island for residential treatment each year due to the lack of on-island services.⁴⁶ The Joint Treatment/Integration Committee estimates that for every adolescent who receives residential treatment, there are 6 adolescents who need, but do not receive, this treatment. Therefore, approximately 36 adolescents require residential treatment each year.

Assuming that private insurance, Quest, and/or the State covers an average of 90 days of treatment, each residential bed serves 4 adolescents per year.

To serve 36 adolescents in a residential treatment facility per year, Kaua`i needs about 9 beds. However, private residential treatment operators report that a minimum of 12 beds are needed to make a

project financially feasible. Therefore, a 12-bed adolescent treatment facility is recommended, and could serve adolescents from other islands as well as Kaua`i youth.

4.5.3 Therapeutic Living Facility

A therapeutic living facility is a supervised living arrangement that provides substance abuse services for individuals or families who do not need the structure of a residential treatment facility and are transitioning from a more restrictive treatment setting to independent living. The program aids residents in meeting basic needs and provides supportive services through a required service plan.

The State of Hawai`i defines this living arrangement as a Therapeutic Living Program (TLP).

38 Adult Beds Needed

About 100 adults complete residential treatment each year.⁴⁷ Evidence shows that about 75% will require a bed in a therapeutic living facility. Assuming the average length of stay in this type of facility is 6 months⁴⁸, each bed serves 2 adults per year. Therefore, Kaua`i needs about 38 beds in therapeutic living facilities to serve 75 adults each year.

The typical therapeutic living facility is a single-family home in a residential neighborhood. Since Kaua`i's Comprehensive Zoning Ordinance (CZO) allows up to five unrelated adults to live in one dwelling unit, a total of four clients and one live-in counselor would occupy each therapeutic living facility. Therefore, 9 to 10 homes are needed to accommodate 38 beds per year. There is interest in changing the current regulations to allow more than five in each home, in order for the facility to be more economically feasible.

Hina Mauka is making plans to develop Kaua`i's first therapeutic living facility. In addition, Hope, Help and Healing has reported plans to develop a facility.

14 Adolescent Beds Needed

Of the number of adolescents completing or requiring residential treatment (say, 36 adolescents) each year, it is estimated that about 50%, would benefit from a therapeutic living facility.⁴⁹ Assuming the average length of stay in this type of facility is 9 months⁵⁰, each bed serves 1.3 adolescents per year. Therefore, Kaua`i needs about 14 beds in therapeutic living facilities to serve 18 adolescents each year.

The typical therapeutic living facility is a single-family home in a residential neighborhood. Since Kaua`i's Comprehensive Zoning Ordinance (CZO) allows five unrelated adults to live in one dwelling

unit, a total of four adolescent clients and one live-in counselor would occupy each therapeutic living facility. Therefore, 4 homes are needed to accommodate 14 beds per year.

4.5.4 Clean and Sober Homes

Clean and Sober homes are group homes for ex-drug users that do not include on-site supportive services. While living in clean and sober homes, adults support each other, receive outpatient services, and prepare for the transition to independent living.

72 Adult Beds Needed

It is difficult to accurately estimate the number of potential clients for clean and sober homes. The target clients for this living situation are those leaving drug treatment or a therapeutic living facility, those in outpatient treatment or 12-step support programs, and those on furlough from jail or being discharged from jail. This number is at least 720.⁵¹ While up to 75% would benefit from living in a clean and sober home, it is unlikely all would be willing. A more likely number is 10% may be willing to continue their recovery in a supportive clean and sober environment therefore space would be needed for 72 adults. Assuming the average length of stay in this type of facility is about 9 months⁵², each bed serves 1.3 adults per year. Therefore, Kaua'i needs 55 beds in clean and sober homes to serve 72 adults each year. Presently we have 30 beds,⁵³ and need at least 42 more.

Since the Comprehensive Zoning Code allows five unrelated adults to live in a dwelling unit, about 15 clean and sober homes are needed throughout the island.

4.5.5 Outpatient Treatment Programs

Definitions

OUTPATIENT SERVICES: Less than 9 hours of service per week (adults); less than 6 hours of service per week (adolescents) for recovery or motivational enhancement therapies/strategies.

INTENSIVE OUTPATIENT SERVICES: Nine or more hours of service per week (adults); 6 or more hours of service per week (adolescents) to treat multi-dimensional instability.

The table that follows shows that there is a waiting list of approximately 19 adults and 134 adolescents who need outpatient treatment for drug abuse.

Table 2: Number of adults and youth receiving outpatient treatment per year from Kaua`i agencies and annual wait list.

Agency	Adults Served/ Year	Adult Wait List	Youth Served/ Year	Youth Wait List
Child and Family Service (Baby Safe)	35	7	10	2
Drug Court	30	0	8	0
Family Court	65	0	0	0
Hale Kipa	0	0	49	134
Hina Mauka	206	0	300	0
Ho`ola Lahui - Kaua`i Community Health Center	350	0	60	0
Ke Ala Pono	120	0	30	0
Salvation Army	44	12	5	0
TOTAL	850	19	462	136

In addition, while incarcerated at Kaua`i Community Correctional Center, 44 inmates⁵⁴ are currently receiving drug education, limited case management, and about 9 or more hours of treatment services per week.⁵⁵

4.6 Target Population for Integration

Island-wide Need

Based on the best available data provided by agencies, there is a need to offer community integration support to about 1,057 adults per year.

Table 3: Estimated number of clients requiring community integration services

TARGET GROUPS	NO. OF CLIENTS SERVED/YEAR	NOTE
Kaua`i Intake Service Center, State Dept. of Public Safety (estimate) ⁵⁶	549	Clients are charged with drug-related crimes and are awaiting sentencing
Hawai`i Paroling Authority, State Dept. of Public Safety ⁵⁷	25	Felons who are released to Parole
Adult Client Probation Services Branch, Fifth Judicial Circuit ⁵⁸	920	Adults on probation who require some type of drug treatment
Drug Court, Fifth Judicial Circuit. ⁵⁹	58	Adult (50) and juvenile (8) clients
Jail Diversion, Adult Mental Health Division, State Dept. of Health ⁶⁰	25	Adults with serious mental illness in lieu of incarceration
TOTAL ADULTS	1,577	

In addition, it is estimated that there are about 98 adults who receive treatment off-island and about 1,004 adults who receive some form of treatment on-island each year.⁶¹ These numbers are not included in the above table to avoid double-counting.

4.7 Problem Statement for Treatment

No Residential Treatment

A major problem on Kaua`i is that there are no residential treatment facilities for adults and adolescents on-island. As a result, about 98 adults and 6 adolescents are sent each year to O`ahu or other neighbor islands to receive residential treatment.

There are three associated problems arising from the lack of on-island residential treatment. First, adults and youth are separated from critical support networks during extended lengths of stay off-island. Second, due to the lack of residential treatment facilities statewide, often there is a waiting list for Kaua`i residents. As one professional in

the field noted, “There are 10 people waiting to get into residential treatment on any given day.” Third, since Kaua`i has access to only six State-provided off-island beds at any given time⁶², State funding set-asides for residential treatment disbursed through service providers are often unused. It should be noted that 30-40% of those placed in clean and sober homes meet the criteria for a higher level of care but are unable to access it.

No Therapeutic Living Facilities

In addition to the lack of residential treatment facilities, at the present time there are no therapeutic living programs/facilities. A therapeutic living facility is a group home that includes treatment and supportive services by professional staff. Individuals who live in therapeutic living facilities pay for both housing and supportive services. These kinds of facilities help individuals, including pregnant women, who are coming out of prison or residential treatment facilities remain drug-free.

Since there are no therapeutic living facilities on Kaua`i, adults completing treatment in Honolulu typically continue to live in Honolulu while receiving outpatient treatment.

Need for Gender-Specific Trauma Services

There is a need for gender-specific, trauma-related treatment within residential treatment and therapeutic living facilities for women in drug recovery with a history of emotional, physical or sexual abuse with special needs, such as child care.

Limited Public Transportation

Limited public transportation in many residential areas makes it difficult for clients to access outpatient treatment and other supportive services. While routes and times have improved in recent years, there is still no service on Sunday or evening hours when many treatment programs and support groups are offered. Expansion, especially in evening hours and in more residential areas, is needed.

Lack of Treatment Programs

Another aspect of the problem is the insufficient or gaps in treatment services on Kaua`i, including outpatient treatment and intensive outpatient treatment. Most existing programs are centrally located in Lihu`e and there are few programs in outlying communities.

Each year, about 15 drug-affected babies are born⁶³. There is a specific need for in-patient treatment for pregnant mothers and more effective methods to encourage pregnant mothers to attend treatment.

Lack of Training Opportunities

With the prospect of new residential treatment facilities being built on Kaua`i over the next two to three years, there will be a need for more certified substance abuse counselors. Existing workers in this field, including certified substance abuse counselors (CSAC), mental health coordinators, and social workers, also will need ongoing

professional development training opportunities. There are few training opportunities on Kaua`i and many agencies have limited funds for training and staff development. Kaua`i Community College currently offers a CSAC certification program and KPAA offered a year-long series of professional training recently, but there are no ongoing programs. Travel to Honolulu for training is very costly.

Special Issues with Co-occurring Disorders

The Joint Treatment/Integration Committee estimates that at least 50% of substance abusers have co-occurring disorders of substance abuse and mental illness. There is a need for more psychiatrists on Kaua`i who are affiliated with the American Society of Addiction Medicine (ASAM) and who can work with these clients.

The Kaua`i Community Mental Health Center presently has two co-occurring disorders group meeting per week and is in the process of developing an integrated dual diagnosis outpatient treatment program. Additional services are needed.

Training specifically targeted to the needs of persons with a co-occurring disorder is needed for counselors and social service workers.

Lack of Funding for Residential Treatment

According to the State Department of Health, Alcohol Tobacco and Other Drugs Division, there are 3,259 adults on Kaua`i that need treatment for drug abuse.⁶⁴

According to a 2003 study, 7% or 335 students on Kaua`i meet the criteria for needing residential alcohol and/or drug treatment.⁶⁵

In FY2007, State DOH had \$537,000 for treatment for Kaua`i residents⁶⁶, enough to cover approximately 107 youth and adults for a 30-day stay. This does not begin to meet the need.

Length of stay in residential treatment varies from 5 to 90 days, and it depends on a client's ability to pay. Costs range from \$5,000 for a 30-day stay to about \$15,000 for a 90-day stay. The State of Hawai`i pays for treatment based on available funding, not need. A recent federal grant of \$400,000 provided support through Hina Mauka for off-island treatment, transportation and medication for those with no other coverage, but that funding has come to an end. While private insurance covers some individuals, there are still those without funding for treatment.

Lack of Insurance Coverage

Insurance coverage for drug treatment is insufficient in many cases. Lengths of stay covered by insurance are considered inadequate for proper treatment. Additional funds are needed to fill the gap in the number of days and necessary treatment covered by private insurance and Quest. Until on-island treatment facilities can be

developed, funds are also needed to cover airfare and transportation to and from treatment, patient co-payments, and medication costs while in treatment.

At the same time, some Kaua'i residents who require drug treatment lack or have limited medical insurance coverage. There is a need to find sources of funding for the uninsured and underinsured.

Table 3: Days of coverage for treatment based on source of funding

Source	Coverage Limit
Private funds	None
HMSA Insurance	Up to 30 days
Aloha Care Insurance	5-14 days
HMSA/Quest	14 days
State Alcohol, Drugs Abuse Division (ADAD)	35 days (average)
State ADAD ICM	60 days (average)

Few Supportive Programs for Drug Abusing Youth

While there are organizations that provide activities for youth on Kaua'i, there are few programs and supportive services for youth drug abusers, especially at the middle school level where experimentation often starts. There is a need for Alcoholics Anonymous and Narcotics Anonymous groups for youth, and more clean and sober supervised activities. Without these supportive programs, youth will not have positive alternatives to drug use.

Lack of Information about Community Resources

Another problem is that drug users and their families are often unaware of resources in the community. There is no comprehensive location where drug users and families can secure information and resources to address their concerns and seek assistance. The Anti-Drug Coordinator has created a listing of resources of drug-related services on the County's website; this could be expanded.

Limited Detox Services

Limited detoxification services are available and clients must be admitted through the hospital emergency room. Few beds are available, and to be admitted, the client must make a commitment to treatment.

Lack of Treatment Services within KCCC

Prisoners at the Kaua`i Community Correctional Facility (KCCC) have access to Level II services, which focus on education, and the Warden’s Lifetime Stand program. There is a need to expand treatment to Level III services to aid in the recovery of prisoners.

4.8 Problem Statement for Community Integration

Lack of Communication and Networking

Drug users, their families, and social service agencies often are not aware of services that are available. Simply put, people don’t know where to get help. While progress has been made in increasing communication and networking among providers of services, still more is needed. As a result, recovering addicts do not receive the coordinated services they need and many relapse into drug addiction.

Confidentiality rules prevent one agency from talking with another about a client’s needs, adding to the difficulties of coordination. Case management would be improved with better communication.

Fragmented Services

A person who is leaving jail or treatment must go to many different agencies to receive various services that may or may not be coordinated. Many of these services are located in Lihu`e, which may be difficult to access without adequate transportation.

Insufficient Mentors & Navigators

Individuals who are on probation, parole, or out of treatment need positive role models, mentors, or shadowing opportunities to remain drug-free. Personalized attention by individuals and groups over a period of time is needed to make a difference in a person’s life.

High Recidivism

There is wide-spread concern that unless services are better coordinated and personalized to meet the needs of ex-drug users, recidivism (re-offending) rates will remain high, and the “revolving door” back to treatment and prison will continue to increase. Currently, it is estimated that the recidivism rate on Kaua`i is about 80-90%.⁶⁷

More Clean and Sober Homes

There is a need for more group living facilities (also referred to as half-way or “clean and sober” homes) that provide unsupervised group support and/or supportive services for individuals following treatment or incarceration, so that they remain clean and sober. There is unmet demand. The high cost of housing and the limit of 5 unrelated adults per household contribute to the difficulty in meeting this demand.

Integration Takes Time

It takes two to five years to fully integrate a person into the community.

Lack of Support Groups

Continuum of care support groups are needed to ensure that ex-offenders who are released from prison and treatment are aware of resources and can help ensure that resources are accessed. Improved referrals to resources for those discharged into the community are needed. For ex-offenders who do not have family or a support system on island, this is a critical need.

Coordination with KCCC

Many ex-offenders who are leaving prison and returning to the community are not adequately prepared for life outside prison. Better coordination is needed with the KCCC exit committee to identify needs and provide services. For example, insurance should be applied for prior to release and be in place at the time of release so that treatment services can be accessed.

A large majority of ex-offenders have family and relationship issues that, unless addressed, will lead to re-offending. Many ex-offenders have never experienced intimacy and do not know what it is to have a healthy relationship.⁶⁸ More information is needed in the area of workforce training and job placement. While in prison, prisoners have limited or no opportunities for job training, though the work furlough program has been expanded. Inmates at KCCC and those being released receive limited support services and help integrating into the community.

Lack of Opportunities for Ex-offenders

Legal barriers prevent ex-offenders from fully integrating back into society. Ex-offenders are not able to get a job in State government. Ex-drug offenders are also not eligible for housing in State or Federal public housing, cannot be bonded, nor receive a State license for specific trades, such as a contractor’s license. Additional integration programs that can help guide ex-offenders to services, support groups, housing and job opportunities are needed.

More Support for Families Needed

There are inadequate programs to support families of people who are in treatment or prison. There is a “shame” factor and families are not aware of resources that are available. In some cases, there is a need to understand the family system that may be contributing to substance abuse. Expanded services to offer support for families are needed.



4.9 Priority Goals and Strategies for Treatment and Integration

1-3 Year Goals

- Goal 1. Establish additional residential treatment services and facilities for youth and adults.
- Strategy 1A. Establish additional beds on-island for residential treatment of youth and adults.
- Strategy 1B. Assure allocation of beds off-island for residential treatment of Kaua'i youth and adults.
- Strategy 1C. Provide financial assistance to cover off-island residential drug treatment costs and incidental expenses for Kaua'i youth and adults.
- Goal 2. Establish on-island therapeutic living facilities.
- Strategy 2A. Support the creation of therapeutic living facilities that can accommodate women, men and families.
- Goal 3. Expand drug treatment services within the Kaua'i Community Correctional Center to support the recovery of prisoners.
- Strategy 3A. Within a continuum of care, support the development of a full spectrum of treatment services at KCCC.
- Goal 4. Ensure that transportation options are available to those seeking services for substance abuse.
- Strategy 4A. Expand transportation options to accommodate clients utilizing evening and weekend support services.
- Goal 5. Participate in the legislative process to ensure needed funding and services for drug treatment and community integration.
- Strategy 5A. Monitor, support and suggest needed changes to County, State and Federal legislation.

4.10 Action Plans for Treatment and Integration Continuum of Care

One to three-year action plans have been developed for priority goals.

Action Plan
Joint Drug Treatment & Community Integration Committee

Goal 1, Strategy 1A

Goal 1	Establish additional residential treatment services and facilities for youth and adults.		
Strategy 1A	Establish additional beds on-island for residential treatment of youth and adults.		
Action Steps		<u>Timeline</u>	<u>Lead</u>
	1. Determine treatment services currently available.	Done	Treatment/Integration Committee
	2. Mobilize community outreach and education to minimize resistance.	July 2008, ongoing	Treatment/Integration Committee
	3. Identify possible existing locations, such as new or expanded C&S homes.	May 2009	Anti-Drug Coordinator, Ke Ala Hoku, Hope, Help & Healing
	4. Determine licensing requirements and staff qualifications.	June 2009	Hina Mauka, Hope, Help & Healing
	5. Identify possible providers and models of service and oversight.	June-Sept 2009	Treatment/Integration Committee
	6. Determine how much money is needed for start-up and identify funding sources.	June-Sept 2009	Treatment/Integration Committee
	7. Secure funding.	July 2008 - Dec 2009	Anti-Drug Coordinator, Drug Action Team, Treatment/Integration Committee
	8. Solicit RFP from providers.	Jan. 2010	Treatment/Integration Committee

	9. Review proposals, interview, conduct due diligence, select providers.	Jan-Mar 2010	Treatment/Integration Committee
	10. Strategize implementation.	Mar-June 2010	Providers
	11. Encourage provider participation in Treatment/Integration Committee.	Mar-June 2010	Treatment/Integration Committee
	12. Maintain ongoing communications with community and funders.	Mar 2010, ongoing	Providers, Treatment/Integration Committee
	13. Provider to submit reports and evaluation to County.	As required by contract	Providers
	14. Suggest improvements based on evaluation.	Per contract	Providers
Supporting Groups/Agencies	Hina Mauka, Hope, Help & Healing, Ke Ala Hoku, ADAD, Judiciary, Public Safety, faith-based organizations, Wilcox Hospital, Mahelona Hospital, Psychiatrists		
Resources Needed	To be determined		
Measures of Success	<ol style="list-style-type: none"> 1. On-island treatment available. 2. Community acceptance of treatment facilities. 3. Majority of provider outcomes achieved. 		

TR/INT-1-A

Action Plan
Joint Drug Treatment & Community Integration Committee

Goal 1, Strategy 1B

Goal 1	Establish additional residential treatment services and facilities for youth and adults.		
Strategy 1B	Assure allocation of beds for off-island residential treatment of Kaua'i youth and adults.		
Action Steps		<u>Timeline</u>	<u>Lead</u>
	1. Determine what off-island treatment options are available now.	Aug-Sept 2008	Treatment/ Integration Committee, ADAD
	2. Determine what allocations for Kaua'i are available now.	Aug-Sept 2008	Treatment/ Integration Committee
	3. Discuss method of allocation and funding of beds with ADAD, Dept. of Public Safety.	Sept-Oct 2008	Treatment/ Integration Committee
	4. Determine who will develop and monitor any MOU with off-island providers of allocated beds.	Sept-Oct 2008	Treatment/ Integration Committee, Providers
	5. Discuss method of allocation and funding with off-island providers.	Sept-Dec 2008	Treatment/ Integration Committee, ADAD
	6. Seek and secure private funds to support off-island bed allocation when empty or insurance is not available.	Sept-Dec 2008	Anti-Drug Coordinator, Treatment/ Integration Committee
	7. Create and initiate a campaign to advocate for bed allocation.	Jan-Feb 2009	Anti-Drug Coordinator, Treatment/Integr ation Committee, Drug Action Team

	8. Monitor bed allocation process to determine viability.	Mar 2009, ongoing	Treatment/ Integration Committee, MOU Lead
Supporting Groups/Agencies	ADAD, Off-Island Providers, State and Federal Legislators, County Council, Dept. of Health, KCMHC		
Resources Needed	Funding for bed allocation; travel funds to meet with ADAD, providers; supplies; long distance phone calls.		
Measures of Success	<ol style="list-style-type: none"> 1. Bed(s) allocated for Kaua'i clients. 2. Funds secured to support beds when empty or insurance not available. 		

TR/INT-1-B

Action Plan
Joint Drug Treatment & Community Integration Committee

Goal 1, Strategy 1C

Goal 1	Establish additional residential treatment services and facilities for youth and adults.		
Strategy 1C	Provide financial assistance to cover off-island residential drug treatment costs and incidental expenses for Kaua'i youth and adults. (Note: This is a stop gap measure until residential treatment can be built on-island or legislation changes to require increased insurance coverage for residential treatment.)		
Action Steps		<u>Timeline</u>	<u>Lead</u>
	1. Research possible funding sources and identify criteria for support	Jan-Mar 2009	Treatment/ Integration Committee, ADAD, Anti-Drug Coordinator
	2. Identify nonprofit provider capable of applying for and administering project to assist "persons in need".	Mar-Apr 2009	Treatment/ Integration Committee
	3. Provide support for provider's funding application.	Apr-July 2009	Treatment/ Integration Committee
	4. Establish financial assistance program.	Jan 2010, ongoing during grant period	Provider
	5. Promote availability of off-island financial assistance to Kaua'i referring agencies.	Jan 2010, ongoing during grant period	Provider, Treatment/ Integration Committee
	6. Monitor implementation of funding assistance and provide feedback to provider.	As needed during grant period	Treatment/ Integration Committee
Supporting Groups/Agencies	ADAD, off-island providers, referring agencies		
Resources Needed	Funding for financial assistance		

Measures of Success	<ol style="list-style-type: none">1. Number of clients receiving financial assistance.2. Satisfaction of referring agencies with the process.
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TR/INT-1-C

Action Plan
Joint Drug Treatment & Community Integration Committee

Goal 2, Strategy 2A

Goal 2	Establish on-island therapeutic living facilities.		
Strategy 2A	Support the creation of therapeutic living facilities that can accommodate women, men and families.		
Action Steps		<u>Timeline</u>	<u>Lead</u>
	1. Assess need and numbers to be served.	Done	Hina Mauka
	2. Develop criteria for an effective therapeutic living program (TLP).	Sept 2008	Treatment/ Integration Committee
	3. Encourage and support current efforts to establish therapeutic living programs that meet criteria.	Ongoing	Treatment/ Integration Committee
	4. Identify possible existing facilities, such as new or expanded clean and sober homes.	Nov 2008	Hina Mauka, Ke Ala Hoku, Hope, Help & Healing
	5. Determine licensing requirements and staff qualifications.	Dec 2008	Hina Mauka, Ke Ala Hoku, Hope, Help and Healing
	6. Identify possible providers and models.	Nov 2008	Treatment/ Integration Committee
	7. Mobilize community support/education.	Dec 2008- ongoing	Treatment/ Integration Committee, Anti-Drug Coordinator, Providers
	8. Determine money needed for start-up and sources of funding.	Jan 2009	Treatment/ Integration Committee

	9. Secure funding.	July 2009	County of Kaua'i, Treatment/ Integration Committee
	10. Solicit RFP from providers.	July 2010	County of Kaua'i
	11. Review proposals, interview, due diligence, select providers.	Jan 2010	County of Kaua'i, Treatment/ Integration Committee
	12. Support implementation.	Jan 2010 , ongoing	Treatment/ Integration Committee
	13. Encourage provider participation in Treatment/Integration Committee.	Jan 2010 , ongoing	Treatment/ Integration Committee
	14. Maintain ongoing communication with community & funders.	Jan 2010 , ongoing	Selected provider(s)
	15. Provider to submit reports and evaluation of program.	Per contract	Selected provider(s)
	16. Provider to improve program as needed.	Based on evaluation	Selected provider(s)
Supporting Groups/Agencies	Judiciary, Public Safety, Service Organizations, Faith-based Organizations		
Resources Needed	To be determined		
Measures of Success	<ol style="list-style-type: none"> 1. Positive community response to facilities. 2. Timelines are met. 3. New facility established. 4. Referrals made by supporting agencies. 		

TR/INT-2-A

Action Plan
Joint Drug Treatment & Community Integration Committee

Goal 3, Strategy 3A

Goal 3	Expand drug treatment services within the Kaua'i Community Correctional Center to support the recovery of prisoners.		
Strategy 3A	Within a continuum of care, support the development of a full spectrum of treatment services at KCCC.		
Action Steps	1. Identify gaps in services of substance abuse of inmates.	Timeline Completed	Lead Kaua'i Intake Services Center (KISC)
	2. To include in our re-entry report to the legislature needed substance abuse programs.	Dec 2008	KISC
	3. Funding for substance abuse programs from the Legislature.	May 2009	KISC
	4. Release funding for programs	July 2009	KISC
	5. RFP for substance abuse programs.	Aug 2009	KISC
	6. Award Contracts.	Sept 2009	KISC
	7. Implement programs.	Oct 2009	KISC
Supporting Groups/ Agencies	KCCC, Department of Public Safety Intake Service Centers Division		
Resources Needed	To be determined.		
Measures of Success	1. Program implemented. 2. Number receiving treatment services. 3. Number referred to community treatment services upon release.		

TR/INT-3-A

Action Plan
Joint Drug Treatment & Community Integration Committee

Goal 4, Strategy 4A

Goal 4	Ensure that transportation options are available to those seeking services for substance abuse.		
Strategy 4A	Expand transportation options to accommodate clients utilizing evening and weekend support services. (In cooperation with Drug Prevention Coalition.)		
Action Steps		Timeline	Lead
	1. Determine scope of the problem – where are there gaps in services by location, time of day, day of week.	Sept 2008	Treatment/Integration Committee
	2. Review existing transportation options and schedules, and educate service providers on current services and schedules.	Nov 2008	Treatment/Integration Committee, Transportation Agency
	3. Analyze needs by time of day, day of week, geographic area.	Nov 2008	Treatment/Integration Committee
	4. Research laws that would require service provision.	Jan 2009	Treatment/Integration Committee
	5. Explore possible options, analyzing costs and discussing with transportation providers.	Jan 2009	Treatment/Integration Committee, Providers
	6. Select the best options for new services, and determine if funding is needed.	Feb 2009	Treatment/Integration Committee
	7. Identify funding sources.	March 2008	Treatment/Integration Committee
	8. Inform providers of possible options so they can develop new or expanded options.	April 2009	Treatment/Integration Committee, Providers
Supporting Groups/Agencies	County Transportation Agency, Providers		
Resources Needed	Cost to expand bus routes to be determined; bus passes		

Measures of Success	<ol style="list-style-type: none">1. Transportation available to clients at hours and in locations needed.2. Clients utilize expanded routes.
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TR/INT-4-A

Action Plan
Joint Drug Treatment & Community Integration Committee

Goal 5, Strategy 5A

Goal 5	Participate in the legislative process to ensure needed funding and services for drug treatment and community integration.		
Strategy 5A	Monitor, support and suggest needed changes to County, State and Federal legislation.		
Action Steps		<u>Timeline</u>	<u>Lead</u>
	1. Identify new legislation or changes in legislation needed. (For example, number of unrelated adults permitted in residence, proportional state funding for Kaua'i.)	Aug-Nov 2008, annually	Anti-Drug Coordinator, Treatment/Integration Committee
	2. Enlist support of other organizations/groups statewide, such as Hawaii Substance Abuse Coalition (HSAC), County Council, Legislators.	Aug-Nov 2008, annually	Treatment/Integration Committee, HSAC
	3. Propose needed legislation.	State: Aug-Nov annually; County- Year-round	Treatment/Integration Committee, HSAC
	4. Monitor proposed legislation and provide testimony.	As Needed	Treatment/Integration Committee, HSAC
	5. Disseminate information on proposed legislation and possible action to Kaua'i providers.	As Needed	Treatment/Integration Committee, HSAC
Supporting Groups/Agencies	HSAC, Legislative Services, Legislators, County Lobbyist		
Resources Needed	Airfare, funds for County lobbying		
Measures of Success	1. Needed legislation passed and signed. 2. Kaua'i's voice heard statewide on substance abuse issues and needs.		

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- ³⁵ State of Hawai'i. *Department of Health, Alcohol and Drug Abuse Division*. Available online at: <http://hawaii.gov/health/substance-abuse/prevention-treatment/treatment/adtrtwaha.htm>. Accessed 4.15.08.
- ³⁶ Institute of Medicine Report, 1990, cited in above-referenced website.
- ³⁷ State of Hawai'i. *Department of Health, Alcohol and Drug Abuse Division*. Available online at: <http://hawaii.gov/health/substance-abuse/prevention-treatment/treatment/adtrtwaha.htm>. Accessed 4.15.08.
- ³⁸ Data received from Patrick Smith, Hina Mauka, via email on January 24, 2008.
- ³⁹ Alton Amimoto, Drug Court, meeting with Diane Zachary on April 17, 2008.
- ⁴⁰ Ibid.
- ⁴¹ Dr. Gerald McKenna, Ke Ala Pono Recovery Center, phone meeting with Diane Zachary, July 10, 2008.
- ⁴² Dr. Harold Goldberg, Kaua'i Community Mental Health Center, phone meeting with Diane Zachary on July 14, 2008.
- ⁴³ American Society of Addiction Medicine, *The Revised Second Edition of the ASAM Patient Placement Criteria: Updating and Using the ASAM PPC-2R*, "ASAM Levels of Care."
- ⁴⁴ Data provided by Jun Zhang, ADAD, State Department of Health, State of Hawaii in April 22, 2008 email; 312 Kaua'i residents were admitted for substance abuse treatment in Hawai'i for the period January 1, 2000 – December 31, 2002.
- ⁴⁵ Data provided by Joint Treatment/Integration Committee, May 14, 2008.
- ⁴⁶ Department of Health, State of Hawai'i, *Kaua'i Residents Admitted to Substance Abuse Treatment on Other Islands during the Period of January 1, 2000 – December 31, 2002*, undated.
- ⁴⁷ Estimate of Treatment/Integration Committee, June 18, 2008.
- ⁴⁸ Estimate of Treatment/Integration Committee, April 17, 2008.
- ⁴⁹ Estimate provided by Joint Treatment/Integration Committee, May 14, 2008.
- ⁵⁰ Ibid.
- ⁵¹ Based on these numbers: prison release 560, Ke Ala Pono 20, Mahelona Hospital 40, off island treatment 100.
- ⁵² Estimate provided by Joint Treatment/Integration Committee, May 14, 2008.
- ⁵³ Ke Ala Hoku has beds for 10 men and 10 women per Rebekah Reid, May 23, 2008; Hope, Help and Healing has 5 beds for men and 5 for women, email from Donna Jollay, April 18, 2008.
- ⁵⁴ Data provided by Tali McCall, Salvation Army, May 14, 2008.
- ⁵⁵ American Society of Addiction Medicine, *The Revised Second Edition of the ASAM Patient Placement Criteria: Updating and Using the ASAM PPC-2R*, "ASAM Levels of Care,"
- ⁵⁶ Lenny Rapozo, Kaua'i Intake Service Center, meeting with Diane Zachary on April 16, 2008.
- ⁵⁷ Stacy Iwasaki, Hawai'i Parole Authority, in an email to Diane Zachary July 16, 2008..
- ⁵⁸ Edwin Sugahara, Adult Client Probation Services Branch, estimate provided by phone on July 21, 2008.
- ⁵⁹ Alton Amimoto, Drug Court, meeting with Diane Zachary on April 17, 2008.

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- ⁶⁰ Warren Dastrop, Jail Diversion Program, in telephone conversation with Rayne Regush on May 13, 2008.
- ⁶¹ Data provided by providers May-July 2008: 110 adult detox patients, 850 outpatient clients and 44 KCCC inmates.
- ⁶² Five ADAD-funded residential beds for adults and one Integrated Case Management bed are available for Kaua'i clients, per Bill Mousser, Hina Mauka, at a meeting of service providers on March 17, 2008.
- ⁶³ Mardi Maione, Baby Safe Program, Child and Family Service, May 14, 2008.
- ⁶⁴ Dr. John Gartrell, Ph.D., Dr. D.W. Wood, MPH, Ph.D., Andrew Ovenden, MA, University of Hawai'i at Manoa, School of Public Health, *Substance Abuse in Hawaii, Adult Population Household Telephone Survey (1998)*, July 24, 2000.
- ⁶⁵ Department of Health, *2003 Hawai'i Student Alcohol, Tobacco and other Drug Use Survey*, based on the need for treatment for 68 of 1,103 students responding to the survey and a total student population the same year of 4,914.
- ⁶⁶ Jun Zhang, ADAD, State Department of Health, in April 22, 2008 email to Rayne Regush.
- ⁶⁷ Estimate of Treatment/Integration Committee, April 17, 2008.
- ⁶⁸ Warden Neal Wagatsuma, Kaua'i Community Correctional Center, telephone meeting with Diane Zachary on July 16, 2008.



5.0 ENFORCEMENT

Enforcement refers to the law enforcement system of County, State, and Federal governments. Drug enforcement includes a broad range of agencies including: the County police department; prosecutor's office; Liquor Control Commission; State public defenders office; judiciary; Division of Conservation and Resources Enforcement, Department of Land & Natural Resources; U.S. Attorney; and related federal agencies.

The overall goal of drug enforcement is to reduce the use and distribution of drugs to ensure a healthy and safe island. Another goal of enforcement is to ensure that individuals who commit crimes receive appropriate treatment and punishment for their actions.

5.1 5-Year Drug Enforcement Vision – Looking Ahead to 2013

*"Working together to interdict drugs,
prosecute drug users and dealers, and reduce crime"*

To lay the foundation and serve as inspiration for law enforcement efforts, the Enforcement Committee looked ahead five years and established a vision of the community after the successful implementation of the enforcement plan. The vision of Kaua'i in 2013 follows.

Through the coordinated efforts of law-makers, law enforcement, business, community organizations, and citizens, we have achieved a drug-free Kaua'i. Ample funding for programs, enforcement, and treatment facilities provides needed services and creates broad-based involvement and buy-in.

Personnel recruitment efforts have been successful in securing ample personnel with a long-term commitment to their enforcement career on Kaua'i. All personnel are well-trained on current best practices, approaches and applications.

There is a restored feeling of security, well-being, and prosperity throughout our island. Community, government, and private organizations collaborate cohesively to prevent and solve drug-related problems that impact our health and safety. Laws have changed to balance personal rights with effective interdiction.

Drug dealers have either been successfully prosecuted or have

left our island for good because they know that we will no longer tolerate them. Families are strengthened. Drugs are absent from our schools and parks. Crime is greatly reduced. There is a positive sense of unity and respect for law enforcement personnel.

5.2 Enforcement – Progress since 2004

Some of the challenges faced at the time the 2004-2009 drug plan was published have been reduced or eliminated. The following progress has been achieved.

Act 161 Enacted	A law passed in 2003 that required first-time drug offenders to go into treatment or receive probation rather than receive a prison sentence was changed. Judges now have discretion to sentence a first time offender to prison, grant probation or mandate treatment.
Wiretap Laws Changed	State wiretap laws have been changed to be in alignment with federal wiretap laws.
Drug Court Expanded	Drug Court has increased its staffing with the addition of two probation officers. In 2007, it served 40 adult clients and 5 juveniles. To date, the program has graduated 50 adult clients and three juveniles, with a recidivism rate of 2 percent. The program has 54 active adult clients and 4 juvenile clients.
Teen Court Expanded	Teen Court Expansion: The State Judiciary took over funding for Teen Court and added a new tier of service for those who don't qualify as a first-time offender.
Court System as a Resource	Families now recognize that for adults and juveniles unwilling to seek treatment services, the only chance to get a loved one help may be to get him or her into the court system where services can be mandated.
Counter-Drug Program Staffed	A National Guard Counter-Drug Program position was vacant for several years, and was filled in 2008.
New Police Chief	A new Chief of Police was hired in late 2007 with a commitment to increase communications with the community and work toward the accreditation of the Kaua'i Police Department.
New Drug Dog	Kaua'i was without a drug-detecting dog for several years, but with the support of a federal grant, a drug-detecting dog was secured in 2008.

5.3 Problem Statement

Laws Are Weak and Inconsistent

A primary problem on Kaua'i, and in the State of Hawai'i, is that there are laws that do not support successful drug enforcement.

Current Consensual Encounter Rules pose a problem for law enforcement. The State Supreme Court has ruled that the "walk and talk" program, in which law enforcement officers informally "talk" to deplaning passengers at the airport, and "knock and talk" in which law enforcement officers informally "talk" with individuals at their homes, violates the State Constitution. A constitutional amendment on search and seizures is needed to reinstate this formerly used and successful program in Hawai'i.

Lack of Resources for Law Enforcement

The County police department does not have adequate funding and resources for needed personnel. The Office of the Prosecuting Attorney lacks a sufficient number of attorneys to cover all pending criminal cases in all four courtrooms and to screen, charge and assist the police in pending investigations. While these departments and programs are accountable to the public, they have inadequate resources to address the need.



Lack of Resources for Intervention Programs

Intervention programs, such as the Kaua'i Drug Court, Kaua'i Drug Court Juvenile Program and Hale 'Opio's Teen Court, are public and private endeavors that divert clients from the criminal justice system.

The Kaua'i Drug Court is an alternative to traditional criminal prosecution. Non-violent drug (and drug-related) offenders are provided with drug treatment, case management, intensive probation supervision, frequent attendance in court and frequent drug testing, instead of incarceration. Clients are required to participate in all recommended case management decisions and abide by all program rules or face short periods of incarceration. The program ranges in length from 12 months to 24 months. For a first time offender, criminal charges are dismissed if a client successfully completes the program. Other clients ordered into drug court as a result of failing standard probation conditions may have their respective probation periods discharged earlier with successful completion of the program.

Drug Court needs funding for treatment and additional staff to deal with increased referrals. A nonprofit entity "Friends of the Kaua'i Drug Court" has been established to raise funds in the community. These funds are used for treatment and staff training as necessary. The

funds are also used for pecuniary incentives to reward positive behaviors, as research has shown the effectiveness of this action.

Additional manpower is being sought through the use of volunteers and students to fulfill the lack of staff necessary to promote quality program growth.

The Kaua'i Teen Court is a collaborative effort between Hale 'Opio Kaua'i, Inc., Kaua'i County Prosecutor, Kaua'i Police Department, Family Court, Queen Liliu'okalani Children's Center, and youth-serving public and private agencies providing a diversionary program for first time misdemeanor or status offending youth between the ages of 10 and 18.

Juveniles who have admitted guilt and are prepared to be sentenced by their peers are given a hearing. Teen Court judges selected from a pool of participating judges and attorneys and trained teens serve as court officers. Sentences may include referral to substance abuse treatment, conflict resolution, victim awareness, or anger management classes. Kaua'i Teen Court needs long-term program funding and a sufficient number of adult and juvenile volunteers.

Difficulty Filling and Retaining Enforcement Positions

The Police Department, Prosecuting Attorney's office and the Judiciary all face challenges filling vacant and new positions. Pay levels are not competitive with other jurisdictions, while housing prices and the cost of living are high. Nearly every office is short staffed. Within the Police Department, new and experienced officers are sometimes recruited by other jurisdictions. It is costly to fill their slot, costing about \$35,000 to train a new officer; it takes 12 months of training to become a police officer.⁶⁹

Lack of Sustainable Funding for Needed Positions

Grants have been a valuable source of funding for new positions and special projects, however, the funding is generally short-term. A two-year grant was secured for a Deputy Prosecuting Attorney, but County funding was not approved when the grant ended. Continued funding for the federal presence of a Drug Enforcement Administration special agent and the National Guard Counter-Drug Support Program are an annual concern.



Drugs still Available

Though enforcement efforts have increased in recent years and the cost of drugs has increased, drugs are still widely available on Kaua'i. Kaua'i Police Department statistics show that drug seizures for marijuana and methamphetamine spiked in 2007, while seizures of Oxycontin, ecstasy, and cocaine increased in 2006, then dropped in 2007. There have been no seizures of heroin in the past two years.

It should be noted that these figures represent drugs seized on Kaua'i by local, state and federal law enforcement agencies.

While all segments of the population have access to these drugs, there is concern about their accessibility to students in schools throughout the island.

Table 1: Drugs Seized on Kaua'i⁷⁰

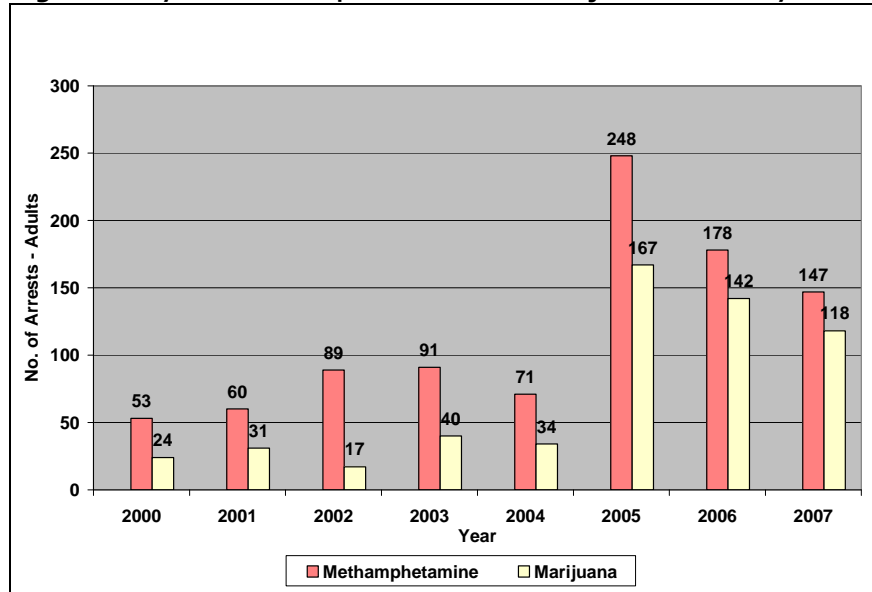
Drug (in grams)	2000	2001	2002	2003	2004	2005	2006	2007
Methamphetamine	318	2,178	446	392	2,145	1,940	384	3,542
Marijuana	38,381	55,177	27,839	33,218	8,617	16,991	3,015	31,612
Oxycontin, Ecstasy	27	750	847	102	0	1	92	0
Cocaine	111	46	45	10	336	52	5,700	4
Heroin (Tar/Powder)	42	1	0	0	21	88	0	0

Increase in Drug-Related Crimes

It is an assumption among law enforcement officials on Kaua'i that "80-90% of all crimes committed on Kaua'i are drug-related." Of that number, the person arrested is either "on drugs" or "needs money to buy drugs."⁷¹

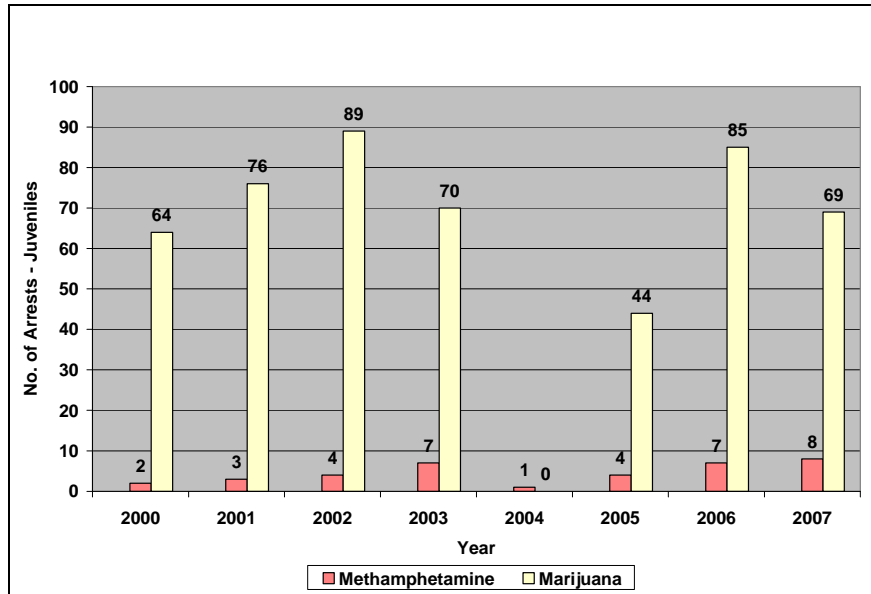
Since 2000, the number of crystal methamphetamine-related adult arrests has increased nearly 180%, from 53 arrests in 2000 to 147 in 2007. During the same period, the number of marijuana arrests jumped almost 400%, from 24 in 2000 to 118 in 2007.⁷²

Figure 1: Crystal methamphetamine and marijuana arrests by adults



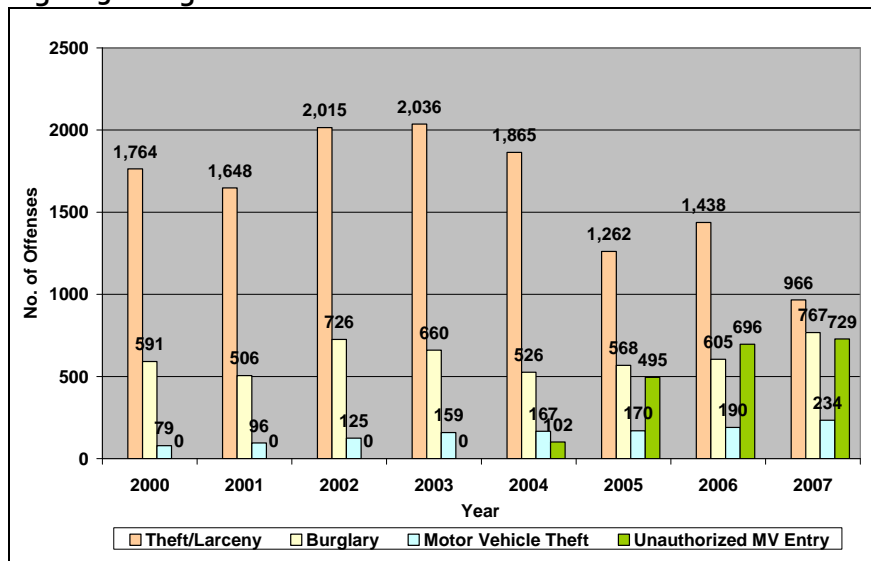
In contrast, juvenile arrests for possession of marijuana have fluctuated slightly, from 64 in 2000 to 69 in 2007, while crystal methamphetamine arrests have remained low, with an average of 4.5 arrests per year.⁷³

Figure 2: Crystal methamphetamine and marijuana arrests by juveniles



There is an increase in drug-related offenses, with significant increases in motor vehicle theft and unauthorized motor vehicle entry. Burglaries have also increased, while thefts have decreased since a peak in 2003.⁷⁴

Figure 3: Drug-related actual offenses



Community Perception of Police Unresponsiveness

There are public concerns that some police officers are not responsive to community concerns about drugs. There is a perception that some officers “pass the buck” and are not committed to working with the community to address drug-related problems. Some say that there are “old attitudes” and a culture within the police department that prevent stronger cooperation with citizens and community groups.

Lack of Community Concern

The flip-side of the above problem is that community residents are not willing to cooperate with law enforcement officers to address drug issues in their community. There is complacency and an unwillingness to “stick their necks out” to help remove suspected drug dealers in neighborhoods for fear of retaliation.

Lack of Communication between Law Enforcement and Community

While communication with the community has improved in recent months, law enforcement agencies are committed to improving two-way communication to build trust and understanding. Enforcement leaders recognize that the public is a valuable partner in maintaining the safety and security of the community.

Lack of Information on Law Enforcement

Another problem is that residents are not aware of the role and limitations of law enforcement agencies, which may lead to false expectations and misunderstandings. As one law enforcement official stated, “Change takes time.” The specific roles, duties, and processes of the police department, prosecutor’s office, public defenders, courts, and drug court are not generally known in the community. They often do not understand that law enforcement is unable to report on ongoing investigations.

Breakdown of Families and Family Structure

Many believe that a root cause of drug-related crimes is the breakdown of families and family structure. Too many children are raised without a strong bond with a parent, family member, or adult mentor. Many children are unsupervised or raised in families with a history of problem behaviors, family conflict, and family management problems. The family structure needs to be strengthened. (See Drug Prevention Coalition’s Priority Goals).

Law enforcement representatives believe that they can help root out the problem, but need help from the community to prevent youth from experimenting and using drugs.

5.4 Priority Goals and Strategies for Enforcement

Goal 1: Improve communications with the community.

Strategy 1A: Utilize opportunities to provide information to the community on enforcement efforts and enlist residents’ support.

Goal 2: Secure funding and other resources needed to support law enforcement and intervention programs.

Strategy 2A: Fill and maintain all KPD positions through effective recruitment, training and placement and secure funding for other needed positions.

Strategy 2B: Fill and maintain all Judiciary positions through effective recruitment, training and placement and secure funding for other needed positions.

Goal 3: Expand demand reduction programs.

Strategy 3A: Provide timely information to prevention and treatment partners.

Strategy 3B: Help the public, parents and children understand the dangers of drugs, including the damage drugs cause to the non-user.

Goal 4: Continue and further strengthen working relationships among all County, State and Federal law enforcement agencies.

Strategy 4A: Maintain a federal presence on Kaua`i.

Strategy 4B: Continue a National Guard Counter-Drug Support program.

Strategy 4C: Continue to refer cases for federal prosecution.

Strategy 4D: Continue excellent working relationship between Kaua`i Police Department and County Prosecutor's Office.

Strategy 4E: Continue and build on current relationships among other law enforcement agencies.

5.5 Enforcement Action Plans

One to three-year action plans have been developed for the four priority goals; these plans follow.

**Action Plan 2008-2013
Enforcement Committee**

Goal 1, Strategy 1A

Goal 1	Improve communications with the community.		
Strategy 1A	Utilize opportunities to provide information to the community on enforcement efforts, and enlist residents' support.		
Action Steps	1. Have KPD personnel attend all Ka Leo o Kaua'i meetings as scheduled.	<u>Timeline</u> Ongoing	<u>Lead</u> Patrol Captain
	2. Gather information from the community concerning any suspicious activities that may be related to drugs.	Ongoing	Narcotics Office, KPD
	3. Utilize the Problem Oriented Policing concept using the SARA method in addressing the community challenges or perceived problems.	West Side- Ongoing; Rest of Island – Phase In	Patrol Captain, District Commanders
	4. Report all findings and results to the Enforcement Committee on a monthly basis.	Monthly	KPD reps to Enforcement Committee
	5. Provide feedback to all "involved" organizations within the community through net-centric policing.	West Side- Ongoing; Rest of Island – Phase In	District Commanders
Supporting Groups/Agencies	Ka Leo Coordinators (have the police on their agenda at the Ka Leo meetings); Community groups involved in the projects		
Resources Needed	Overtime funds (depending on the number of projects) for off-duty officers to manage the above action steps		

Measures of Success	<ol style="list-style-type: none"><li data-bbox="500 233 1268 296">1. The quantity of projects initiated following from community problems.<li data-bbox="500 306 1308 369">2. Decrease in overall crime statistics in areas where projects were initiated.
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ENF-1-A

**Action Plan 2008-2013
Enforcement Committee**

Goal 2, Strategy 2A

Goal 2	Secure funding and other resources needed to support law enforcement and intervention programs.		
Strategy 2A	Fill and maintain all KPD positions through effective recruitment, training and placement and secure funding for other needed positions.		
Action Steps		<u>Timeline</u>	<u>Lead</u>
	1. Identify the number of vacancies.	Ongoing	KPD Personnel Office
	2. Train current officers to become Field Training Officers.	Sept 2008	KPD Training Office
	3. Establish an incentive program to retain current officers and to attract new officers, whether it be new recruitments or lateral transfers.	Ongoing	KPD Training Office
	4. Continue to monitor need for additional positions.	Annually	KPD Personnel Office
	5. Obtain \$1-funded positions as needed through the Mayor's budget.	Annually	KPD Chief
Supporting Groups/Agencies	County Personnel Department		
Resources Needed	Funds for newspaper advertising, television advertising and posting on the law enforcement web pages; incentives funds		
Measures of Success	<ol style="list-style-type: none"> 1. Number of vacancies filled. 2. Retention of newly-trained officers for three years. 		

ENF-2-A

**Action Plan 2008-2013
Enforcement Committee**

Goal 2, Strategy 2B

Goal 2	Secure funding and other resources needed to support law enforcement and intervention programs.		
Strategy 2B	Fill and maintain all Judiciary positions through effective recruitment, training and placement and secure funding for other needed positions.		
Action Steps		Timeline	Lead
	1. Contact Judiciary Human Resources to discuss more recruitment efforts and possible actions.	March 2008	Drug Court Administrator
	2. Discuss recruitment actions with other probation entities (Family Court Administrator, Adult Probation Administrator).	March 2008	Drug Court Administrator
	3. Formalize agreements with Judiciary Human Resources and Probation/Drug Court.	April 2008	Drug Court Administrator
	4. Contact schools (public, private, KCC) regarding job fairs and career orientation.	May 2008, Ongoing	Drug Court Administrator
	5. Participate in public speaking events (Lions, Kiwanis, etc.) to publicize program and position needs.	Ongoing	Probation Group
	6. Work with University of Hawai'i regarding social worker job fair participation.	June 2008, Ongoing	Probation Group
	7. Establish speaker/presenter panel for rotation at job fairs, public events.	Ongoing	Probation Group
Supporting Groups/Agencies	Probation agencies, human resource office, high schools, community colleges, University of Hawai'i		

Resources Needed	Public speaking training for employees, training of speaker group for public recruitment/education
Measures of Success	<ol style="list-style-type: none"> 1. Higher retention rate for workers based on current statistics. 2. Exit interviews to determine reason for separation.

ENF-2-B

**Action Plan 2008-2013
Enforcement Committee**

Goal 3, Strategy 3A

Goal 3	Expand demand reduction programs.		
Strategy 3A	Provide timely information to prevention and treatment partners.		
Action Steps	1. Have a member of the Enforcement Committee attend the regular meetings of the Drug Action Team.	<u>Timeline</u> July 2008 & Ongoing	<u>Lead</u> Enforcement Committee Co-Chairs
	2. Discuss cases that need the attention of the Enforcement Committee (e.g., if someone needs to be arrested to gain better compliance).	Ongoing	Enforcement Committee Co-Chairs
	3. Secure referral information from the Drug Action Team that can be provided to families and children of drug suspects arrested (such as counseling, AA/NA meetings, etc.) and distribute to KPD officers.	Ongoing	Enforcement Committee Co-Chairs
	4. Provide monthly information and case logs to the Enforcement Committee.	Monthly, Ongoing	Enforcement Committee Co-Chairs
Supporting Groups/Agencies	Drug Action Team		
Resources Needed	Information on cases, resource guides or information for referrals		
Measures of Success	1. Number of collaborative cases accomplished. 2. Number of suspects/clients integrated.		

ENF-3-A

**Action Plan 2008-2013
Enforcement Committee**

Goal 3, Strategy 3B

Goal 3	Expand demand reduction programs.		
Strategy 3B	Help the public, parents and children understand the dangers of drugs, including the damage drugs cause to the non-user.		
Action Steps		<u>Timeline</u>	<u>Lead</u>
	1. Quantify statistics by compiling drug arrests from KPD case files.	Done	KPD, Vice Division
	2. Develop a system to measure drug-related cases (when arrests occurred, suspect is identified, or victim is drug-involved).	Jan. 2009	KPD, Vice Division
	3. Devise a media presentation incorporating local statistics or local (Kaua'i) cases.	March 2009	KPD, Vice Division
	4. Offer the presentation at public forums and to affected groups (low-income neighborhoods and geographical locations most affected by drug situations).	March 2009, then Ongoing as requested	KPD, Vice Division
	5. Update the media presentation every three months.	Quarterly	KPD, Vice Division
Supporting Groups/Agencies	All law enforcement departments		
Resources Needed	Media presentation materials		
Measures of Success	1. Number of presentations given. 2. Number of actionable leads obtained from the public through the presentations.		

ENF-3-B

**Action Plan 2008-2013
Enforcement Committee**

Goal 4, Strategy 4A

Goal 4	Continue and further strengthen working relationships among all county, state and federal law enforcement agencies.		
Strategy 4A	Maintain a federal presence on Kaua`i.		
Action Steps	1. Continue to attend HIDTA meetings.	<u>Timeline</u> Ongoing	<u>Lead</u> Vice Commander
	2. Participate jointly in investigations as needed.	Ongoing	KPD, Prosecuting Attorney, DLNR
	3. Support DEA in filling newly-funded position.	~ July 2008	KPD
Supporting Groups/Agencies	U.S. Customs, Federal Marshall, U.S. Attorney		
Resources Needed	Continued federal funding of DEA position		
Measures of Success	1. Number of cases for federal prosecution. 2. Number of cases for state prosecution.		

ENF-4-A

⁶⁹ Information provided by Lt. Eric Shibuya, Kaua`i Police Department, April 17, 2008.

⁷⁰ Report provided by Kaua`i Police Department, Narcotics-Vice Section, January 30, 2008.

⁷¹ Information provided by Drug Enforcement Committee, April 17, 2008.

⁷² Report provided by Kaua`i Police Department, Narcotics-Vice Section, January 30, 2008.

⁷³ Ibid.

⁷⁴ Ibid.



6.0 DRUG PLAN COORDINATION AND IMPLEMENTATION

The County of Kaua'i's Anti-Drug Coordinator provides the primary oversight for the Kaua'i Community Drug Response Plan. Among the responsibilities of that position are the following: 1) to assist in the planning, coordination and evaluation of all state, county and federally-funded substance abuse programs in the county, 2) to participate in planning, implementation and the coordination and evaluation of the county's substance abuse-related programs and activities, and 3) coordinate related activities between the County of Kaua'i and other jurisdictions.

The Anti-Drug Coordinator chairs the Drug Action Team, composed of representatives from each of the committees – Drug Prevention Coalition, Drug Enforcement Committee, and the Joint Treatment/Integration Committee. The Drug Action Team was formed to monitor and oversee the implementation of the *Kaua'i Community Drug Response Plan* and also helps to foster communication and networking among all committees under this plan as well as the agencies and organizations they represent. This has fostered new partnerships and improved understanding of the constraints and opportunities for all those involved in the fight against substance abuse. The Drug Action Team's specific responsibilities include:

- Educate the community on the *Kaua'i Community Drug Response Plan*.
- Provide opportunities for community involvement by identifying needs, communicating volunteer opportunities, and educating the community to be more informed and supportive.
- Review and update the plan at least annually.
- Suggest linkages between or among communities and organizations to avoid overlap or duplication.
- Measure the identified indicators to determine the results of plan activities.
- Report on progress and results of plan implementation to the community.
- Assist the Anti-Drug Coordinator in disseminating information on legislative and other matters.

6.1 5-Year Drug Coordination and Implementation Vision – Looking Ahead to 2013

"Uniting the community to resist drug use, support the enforcement of anti-drug laws, and provide caring treatment and support for those affected by drug use."

The Drug Action Team's vision of Kaua'i in 2013, as a result of the *Kaua'i Community Drug Response Plan 2008-2013*, follows.

The Drug Action Team (DAT) continues to represent all of the committees working to implement the Kaua'i Community Drug Response Plan 2008-2013. Through its efforts, there is excellent communication and coordination among the agencies, organizations and groups working to eliminate the drug problem on the island. This avoids duplication and generates partnerships to maximize and leverage resources. Gaps in services have been filled and a continuum of services is available for individuals and families.

The County of Kauai's Anti-Drug Coordinator and staff are key contributors to the successful implementation of the drug plan. Their support to the Drug Action Team and the other committees enable these volunteer groups to do their work efficiently.

As a result of public awareness campaigns and educational programs, the community has a higher understanding of substance abuse, acknowledges the presence of the problem, and has become a partner in working toward solutions. The stigma of substance abuse has been removed.

Sustainable funding, drawn from a variety of new sources, has been secured for coordination, training and direct services. Professional development training is offered to service providers so they can maintain up-to-date skills.

6.2 Coordination and Implementation – Progress since 2004

Management System for Improved Communications

Since the County's first drug plan was adopted in 2004, dozens of agencies and organizations that provide drug prevention, treatment, integration services and enforcement have collaborated through the Drug Action Team and committees. Others not able to attend committee meetings receive meeting notes so they remain informed of progress and plans. These efforts have been useful in avoiding conflicts and duplication and maximizing the impact of resources.

As a resource for the public and service providers, contact information on the island's substance abuse programs has been posted on the County's Anti-Drug Office website (look for the Resource Guide at www.kauai.gov/Government/OfficeOfTheMayor/AntiDrugInformation.)

Funding to Support Anti-Drug Efforts

In 2004, a three-year federal Department of Justice grant through the Community Oriented Policing Services (COPS) program was secured through the Hawai'i Community Foundation. The grant provided support for community programs, law enforcement projects, off-island drug treatment and coordination of efforts. This was augmented by County funding for the Anti-Drug Coordinator position and a two-year State grant that supported youth activities.

Drug Summits and Progress Reports

Drug Summits were held in 2004, 2005 and 2007 to report on progress made in implementing the drug plan and to engage community input and support. An annual written report was prepared by Kaua'i Planning & Action Alliance, summarizing program activities and outcomes, then presented at the Summits.

Networking with State Efforts

The Anti-Drug Coordinator and members of the Drug Action Team serve on statewide committees that provide oversight for federal funding for two state incentive grants for drug prevention and mental health. This participation enhances Kaua'i's ability to articulate its needs at the state level, and brings back to the island valuable information to support policy decisions and program development.

Improved Accountability

To ensure that dollars are used wisely for programs that achieve desired results, the Drug Action Team and other committees have promoted utilization of evidence-based programs. Programs are becoming more outcome-oriented to improve accountability within programs and to the public.

6.3 Problem Statement

Sustainable Funding Needed

The federal and state funds received previously are no longer available, yet the substance abuse problem remains a critical issue. Alternative sources of funding are needed to provide ongoing, consistent support to government and nonprofit programs that offer substance abuse prevention, treatment, community integration and enforcement. Without sustainable funding, it is difficult – if not impossible – to develop the programmatic and physical infrastructure needed to combat substance abuse. Assuming that such funding can be secured, some service providers would benefit from training in grant writing, outcomes-based programming and fiscal accountability to build their capacity to successfully deliver and manage strong programs.

Strong Support from Public Officials Needed

Unfortunately, substance abuse is not an issue that can be addressed once and solved. Drugs of choice may change over time, but it is likely that abuse will continue to be an issue to be addressed. Public officials need to understand the importance of ongoing support for these programs. Without that support, children and families fail to receive the assistance they need to deal with these damaging substances.

Lack of Community Understanding Leads to NIMBY Syndrome

While many indicate the need to develop residential drug treatment programs on Kaua'i, previous efforts to do so have faced stiff and vocal community opposition – evidence of the “not in my backyard” (NIMBY) syndrome. Community education is needed to increase the public’s understanding about the disease of substance abuse and the benefits of on-island programs and enlist their support in fighting against it.

Evidence-Based, Culturally Relevant Program Models Needed

Given the scarce resources available for substance abuse programs, all funds need to be spent on programs that have been proven to provide needed results. Therefore there has been a growing focus on using “best practice” programs. However it should be noted that most of these programs were not tested and evaluated based on their application in Asian and Pacific island populations, and the programs may lack cultural relevance in Hawaii. Service providers have expressed the need for developing culturally-relevant evidence-based programs.

Lack of Reliable Data

Gathering reliable data about the breadth of the substance abuse problem and the outcomes from substance abuse programs has proved to be difficult. Agencies may not make their data public so it is difficult for the public to know the scope of the problem, or data may be kept for the State but not for Kaua'i.

In considering program impacts, in many cases, such as in prevention programs, the results of programs may not be evident for many years and it may be difficult to prove a direct connection to the substance abuse program. Improved efforts are needed to develop and track current, Kaua'i-specific data whenever possible that can be used to report on results and “tell the story” of the effectiveness and benefits of substance abuse programs.

Commitment Needed from Community Organizations

A lesson learned over the past four years is that coordination among community organizations takes time and requires an ongoing commitment. The participation and buy-in from all agencies and organizations involved with fighting substance abuse is needed. Further, consistent participation on committees tasked with implementing the drug plan provides the necessary continuity. Through these efforts, gaps in the substance abuse continuum of services can be identified and addressed.

Shortage of Qualified Staff and Providers

Substance abuse programs are affected by Kaua'i's labor shortage; most programs find recruiting and retaining qualified staff difficult. Certification and licensure is required for some positions. Certified Substance Abuse Counselors (CSACs) are in demand. While Kaua'i Community College offers a CSAC training program, the supply has not kept pace with the demand. Another need is for professional development. CSACs, for example, must complete continuing education credits each year to maintain their certification. Most continuing education is offered in Honolulu, so the high cost of airfare and ground transportation becomes an added training cost, often taxing limited organizational budgets.

Need for Expanded Public Transportation

Access to substance abuse services needs to be convenient if they are to be utilized. While the Kaua'i Bus has expanded its services in the past couple of years, many service providers have reported their clients' need for further expansion of bus routes and times for youth and those without cars. Even for those with cars, the recent increases in the cost of gasoline (about \$4.50 per gallon in July 2008) make taking the bus a more affordable alternative. Expansion of the Kaua'i Bus service is needed to include weekends, holidays and evenings, as well as expansion to new routes.

6.4 Priority Coordination/Implementation Goals and Strategies

Goal 1: Identify and secure sustainable funding for drug programs.

Strategy 1A: Continue to search for and secure a consistent source of long-term funding for drug programs within two years.

Strategy 1B: Arrange and offer grant writing training for service providers to improve their capacity to seek external funds.

Strategy 1C: Seek funding from new and existing government and private sources.

Goal 2: Sustain a management system to support and coordinate implementation of the plan over the next five years and maintain timely communications among all involved.

Strategy 2A: Continue to implement the *Kaua'i Community Drug Response Plan* through a well-coordinated management system.

Goal 3: Develop and make available information on community resources to help individuals and families on Kaua'i.

Strategy 3A: Create a comprehensive, web-based community resource guide of substance abuse-related programs.

Goal 4: Coordinate messages to the public to heighten awareness of the goals, activities, and outcomes of the *Kaua`i Community Drug Response Plan*.

Strategy 4A: Develop cohesive messages to increase understanding of the substance abuse issue and articulate solutions that can be taken to address the drug problem on Kaua`i.

6.5 Keys to Success

To ensure that the *Kaua`i Community Drug Response Plan* is effectively implemented and drug use is reduced over the next five years, the following will be needed:

- Committed and sustained participation of members on the Drug Action Team and the committees and coalitions implementing the drug plan.
- Continued, ongoing support by the Office of the Mayor and County Council.
- Success in securing one or more new, sustainable funding sources for drug programs.
- Identification of culturally-relevant evidence-based programs, to increase the likelihood of successful outcomes.
- Willingness of current and new nonprofit and community-based programs to secure funds and implement various activities in the action plans.
- Consistent collection and sharing of data to be able to track and report on progress made.
- Willingness to review progress and amend the drug plan over time to address lessons learned and changing conditions.

Without the above elements in place, drug use will continue to challenge our community and negatively impact all aspects of life on Kaua`i.

With the above elements in place, we, as a community, can solve our problems, develop a flexible system to respond to new challenges related to drugs as they arise, and create a stronger, healthier Kaua'i for many generations to come.

6.6 Coordination and Implementation Action Plans

The following one to three-year action plans will guide the implementation of the four priority goals.

**Action Plan 2008-2013
Drug Action Team – Coordination & Implementation**

Goal 1, Strategy 1A

Goal 1	Identify and secure sustainable funding for drug programs.		
Strategy 1A	Continue to search for and secure a consistent source of long-term funding for drug programs within two years.		
Action Steps	1. Meet with Mayor and State Legislators to discuss long-term funding, such as a percentage of "sin" taxes, seized cash, sale of forfeited property, DUI fines, etc.	<u>Timeline</u> June-Dec 2008	<u>Lead</u> Anti-Drug Coordinator, Drug Action Team
	2. Secure support of Hawai'i Substance Abuse Coalition for this approach.	June-Dec 2008	Anti-Drug Coordinator, Drug Action Team
	3. Pursue multi-year grants, such as SAMHSA, TANFF, SPF-SIG, SMH-SIG.	Ongoing	Drug Action Team, Providers
Resources Needed	Staff time, airfare		
Supporting Groups/Agencies	Mayor, County Council, State Legislature, ADAD, Providers		
Measures of Success	1. Sustainable funding secured to support programs.		

ACT-1-A

**Action Plan 2008-2013
Drug Action Team – Coordination & Implementation**

Goal 1, Strategy 1B

Goal	Identify and secure sustainable funding for drug programs		
Strategy 1B	Arrange and offer grant writing and other training needed by service providers to improve their capacity to secure external funds.		
Action Steps	1. Identify existing grant writing training resources.	Timeline Aug 2008	Lead Drug Action Team
	2. Communicate availability of training to providers.	Sept 2008, ongoing	Drug Action Team
	3. If needed, arrange training and notify providers.	Annually	Drug Action Team
Resources Needed	Coordination time; training to be self-supporting		
Supporting Groups/Agencies	KCC, HANO		
Measures of Success	1. Amount of funds raised.		

ACT-1-B

**Action Plan 2008-2013
Drug Action Team – Coordination & Implementation**

Goal 1, Strategy 1C

Goal	Identify and secure sustainable funding for drug programs.		
Strategy 1C	Seek funding from new and existing government and private sources.		
Action Steps	1. Identify possible appropriate sources of funding.	<u>Timeline</u> Ongoing	<u>Lead</u> Anti-Drug Coordinator
	2. Inform committee members and providers of sources and deadlines.	As information is available	Anti-Drug Coordinator
	3. Organizations apply for grants.	To meet deadlines	Providers
Supporting Groups/Agencies	Not applicable		
Resources Needed	Research time		
Measures of Success	1. New and continuing funding secured by providers.		

ACT-1-C

**Action Plan 2008-2013
Drug Action Team – Coordination & Implementation**

Goal 2, Strategy 2A

Goal 2	Sustain a management system to support and coordinate implementation of the plan over the next five years and maintain timely communications among all involved.		
Strategy 2A	Continue to implement the <i>Kaua'i Community Drug Response Plan</i> through a well-coordinated management system.		
Action Steps		Timeline	Lead
	1. Support funding for County Anti-Drug office, including three full-time staff positions - Coordinator, Outreach Specialist, and Secretary – to coordinate and monitor implementation of the Drug Plan.	May 2008, Annually	Drug Action Team
	2. Drug Action Team continues to meet monthly to report on and coordinate implementation of all committee activities, with Anti-Drug Coordinator serving as Chair.	Monthly	Anti-Drug Coordinator, Drug Action Team
	3. Drug Action Team members report back to their committee to ensure effective coordination and two-way communication.	Monthly	Drug Action Team
	4. Communicate as needed with Mayor, Council, State and Federal Legislators to keep them informed of substance-abuse related issues on Kaua'i.	As needed	Anti-Drug Coordinator
	5. Participate on statewide Hawai'i Substance Abuse Coalition to ensure that Kaua'i's needs are represented.	As meetings are scheduled	Drug Action Team representative(s)
Supporting Groups/Agencies	Mayor, Council, State & Federal Legislators, HSAC, ADAD, Committees		

Resources Needed	Funding for Anti-Drug Office (staffing, operational funds, airfare)
Measures of Success	<ol style="list-style-type: none"> 1. Funding for Anti-Drug Office secured. 2. Management system in place. 3. Committee satisfaction with management system in 6 months and one year.

ACT-2-A

**Action Plan 2008-2013
Drug Action Team – Coordination & Implementation**

Goal 3, Strategy 3A

Goal 3	Develop and make available information on community resources to help individuals and families on Kaua`i.		
Strategy 3A	Create a comprehensive, web-based community resource guide of substance abuse related programs.		
Action Steps	1. Secure intern to gather and enter data.	Timeline March-June 2008	Lead Anti-Drug Coordinator
	2. Determine data needed and format to deliver information.	June 2008	Drug Action Team, KPAA
	3. Gather information on available services.	June-Aug 2008	Intern
	4. Enter data in web-based format for County's website.	June-Aug 2008	Intern
	5. Promote website to providers and the community.	Aug 2008, ongoing	Anti-Drug Coordinator
	6. Update web-based information.	Quarterly	Anti-Drug Coordinator
Supporting Groups/Agencies	Mayor's Office Kaua`i Planning & Action Alliance Hindu temple		
Resources Needed	Funding to gather standardized information and input data Funding to cover printing expenses		
Measures of Success	1. Number of packets distributed. 2. Number of people referred to services based on resource packet.		

ACT-3-A

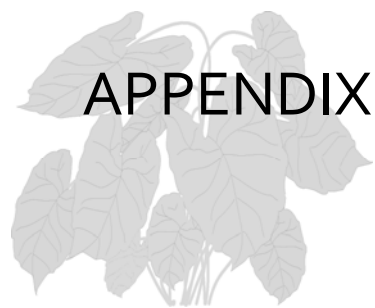
Action Plan 2008-2013
Drug Action Team – Coordination and Implementation

Goal 4, Strategy 4A

Goal 4	Coordinate messages to the public to heighten awareness on the goals, activities, and outcomes of the <i>Kaua`i Community Drug Response Plan</i> .		
Strategy 4A	Develop cohesive messages to increase understanding of the substance abuse issue and articulate solutions that can be taken to address the drug problem on Kaua`i.		
Action Steps	1. Create a series of coordinated messages for the community and determine how to disseminate the messages, such as through: banners, radio PSAs, ads in Kaua`i People and The Garden Island, Kuleana Show on Ho`ike, press releases, Ho`ike PSAs, school contests.	<u>Timeline</u> March-July 2008, ongoing	<u>Lead</u> Drug Action Team
	2. Invite media to a meeting to discuss the campaign and enlist their support.	May-June 2008, annually	Anti-Drug Coordinator
	3. Develop public relations campaign strategy, and include opportunities for citizen involvement and promotion of upcoming events.	June 2008	Anti-Drug Coordinator, Drug Action Team
	4. Execute media campaign	July 2008, ongoing	Anti-Drug Coordinator, Drug Action Team
Supporting Groups/Agencies	Mayor's Public Information Officer, Media, DOE, Community		
Resources Needed	Funds to place ads, purchase banners		

Measures of Success	<ol style="list-style-type: none">1. Number of times messages are in the media (newspaper, radio, television) per year.2. Number of positive comments received by Anti-Drug office.3. Decrease in drug use and number of drug-related arrests.
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ACT-4-A



A. DRUG ACTION TEAM AND COMMITTEE MEMBERSHIP

Drug Action Team

Theresa Koki, Office of the Mayor, County of Kaua`i, *Chair*
Alton Amimoto, Kaua`i Drug Court
Bridget Arume, State of Hawai`i Department of Education, Kaua`i District
Kau`i Castillo, Queen Liliu`okalani Children's Center
Mardi L. Maione, CSAC, SAP, Baby Safe, Child and Family Service
Lenny Rapozo, Intake Services Center, Public Safety Department, State of Hawai`i
Rebekah Reid, Ke Ala Hoku
Lt. Eric Shibuya, Police Department, County of Kaua`i
Diane Zachary, Kaua`i Planning & Action Alliance

Kaua`i Drug Prevention Coalition

Kau`i Castillo, Queen Liliu`okalani Children's Center, *Chair*
Bridget Arume, State of Hawai`i Department of Education, Kaua`i District, *Vice Chair*
Theresa Koki, Office of the Mayor, County of Kaua`i
Mary Navarro, Hale `Opio Kaua`i, Inc.
Alfred Nebre, KEO, Inc.
Nancy Phillion, MS, MPH, State of Hawai`i Department of Health, Kaua`i District
Joyce Spinden, Child & Family Service
Ann M. K. Wooton, Finance Department, County of Kaua`i

West Kaua`i Drug Prevention Coalition

Ann Wooton, West Kaua`i Business & Professional Association, *Chair*
Elaine Albertson, Digital Arts of Waimea
Virginia Beck, West Kaua`i Clinic
Larry Kaliloa, Waimea High School, Niihau K-12
Peter Kruse
Joanne Nakashima, Office of Senator Gary Hooser
Patrick Pereira, Waimea High School
Kathryn Rowland, Waimea High School
Helen Santiago, Waimea Neighborhood Center
Rebecca Smith, Tobacco-Free Kaua`i
Kalena Soltren, Child and Family Service
Joyce Spinden, Child and Family Service - Nana's House
Sharon A. Veal, MA, Alternative Solutions, LLC
Joanne Watanabe, State of Hawai`i
Bob Westerman, West Kaua`i Business & Professional Association

Central District Drug Prevention Coalition

Mary Navarro, Hale `Opio Kaua`i, Inc., *Chair*
Bridget Arume, State of Hawai`i Department of Education, Kaua`i District
Keith Cruickshank, Boys & Girls Club of Hawaii – Kaua`i Branch
Francesco Garripoli, Kahuna Valley
Paige Honjo, Teen C.A.R.E., Hina Mauka
Shayda Marciel, Kaua`i High School
Kathy Morishige, Kaua`i High School

Alfred Nebre, KEO, Inc.
Anna Peters, Good Beginnings Alliance
Frank Ranger, Kaua`i Head Start
Laura Taylor, Aloha Peace Project
Lisa Tomita, King Kaumuali`i Elementary School
JoAnn Yukimura, Kaua`i County Council

East Kaua`i Drug Prevention & Education Team

Bridget Arume, State of Hawai`i Department of Education, Kaua`i District, *Chair*
Makana Bacon
Diane Dama
Dori Farias, Hale Ho`omalu, Child and Family Service
Melanie Furugen, State of Hawai`i Department of Education, Kaua`i District
Francesco Garripoli, Kahuna Valley
Keola Kaaihue-Paopao
Amanda Kaleiohi, Boys & Girls Club
Clara Kaneshiro
Wes Kau
Diana Puahala, Alu LIKE
Sue Saldana, State of Hawai`i Department of Education
Janet Teves, Kapa`a High School

Joint Treatment/Community Integration Committee

Mardi L. Maione, CSAC, SAP, Child and Family Service, *Chair, Treatment*
Paul Ochoa, CSAC, Hope, Help and Healing Kauai, *Vice Chair, Treatment*
Rebekah Reid, Ke Ala Hoku, *Chair, Integration*
Lenny Rapozo, Public Safety Department, State of Hawai`i, *Vice Chair, Integration*
Kim Cummings, Women in Need
Henry Granda, LCSW, Ho`ola Lahui Hawai`i – Kaua`i Community Health Center
Donna Jollay, Hope, Help and Healing Kaua`i
Theresa Koki, Office of the Mayor, County of Kaua`i
Eleanor Masuda, Aloha Church/Crossroads
Mary Navarro, Hale `Opio Kaua`i, Inc.
Alfred Nebre, KEO, Inc.
Roy T. Nishida, Hina Mauka Recovery Center
Tammy Oba, Hope, Help and Healing Kaua`i
Shana Seidenberg, MSW, Community Mental Health Center – Kaua`i
Patrick Smith, Hina Mauka Recovery Center
Dr. Merrily Worrell, Kokua Mental Health

Enforcement Committee

Lt. Eric Shibuya, County of Kaua`i, Police Department, *Co-Chair*
Alton Amimoto, Kaua`i Drug Court, *Co-Chair*
Lt. Dan Abadilla, County of Kaua`i, Police Department
Christopher Bridges, Prosecutors Office, County of Kaua`i
Craig DeCosta, Prosecutors Office, County of Kaua`i
Eric Honma, Liquor Commission, County of Kaua`i
Theresa Koki, Office of the Mayor, County of Kaua`i

B. GLOSSARY OF ACRONYMS

ADAD	Alcohol and Drug Abuse Division, State of Hawai`i Department of Health
ADC	County of Kaua`i Anti-Drug Coordinator
ASB	Antisocial behavior
ATF	U.S. Bureau of Alcohol, Tobacco and Firearms
ATOD	Alcohol, tobacco and other drugs
BB/BS	Big Brothers/Big Sisters
BGC	Boys & Girls Club
CDDPC	Central District Drug Prevention Coalition
CFS	Child and Family Service
COK	County of Kaua`i
CSAC	Certified Substance Abuse Counselor
CTC	Communities that Care®
DAT	Drug Action Team
DEA	Drug Enforcement Administration
DLNR	State of Hawai`i Department of Land and Natural Resource
DOCARE	Division of Conservation and Resource Enforcement, State of Hawai`i Department of Land and Natural Resource
DOE	State of Hawai`i Department of Education
DOH	State of Hawai`i Department of Health
eCSSS	Electronic Comprehensive Student Support System, State of Hawai`i Department of Education
EKDPET	East Kaua`i Drug Prevention & Education Team
FBI	Federal Bureau of Investigation
HANO	Hawai`i Alliance of Nonprofit Organizations
HIDTA	High Intensity Drug Trafficking Area
HSAC	Hawai`i Substance Abuse Coalition
KCC	Kaua`i Community College
KDPC	Kaua`i Drug Prevention Coalition
KEO	Kaua`i Economic Opportunity, Inc.

KISC	Kaua`i Intake Services Center, State of Hawai`i Department of Public Safety
KPAA	Kaua`i Planning & Action Alliance, Inc.
KPD	Kaua`i Police Department
MOA	Memorandum of Agreement
PCNC	Parent/Community Networking Coordinator
POPP	Problem-Oriented Policing Patrol
QLCC	Queen Liliu`okalani Children`s Center
SAMHSA	Substance Abuse Mental Health Services Administration
SMH-SIG	Strategic Mental Health State Incentive Grant
SPF-SIG	Strategic Prevention Framework State Incentive Grant
TANF	Temporary Assistance to Needy Families
WKDPC	West Kaua`i Drug Prevention Coalition
WSIN	Western States Intelligence Network

C. SUBSTANCE ABUSE PREVENTION OUTCOME MEASURES

As prevention programs are developed, outcome measures that address state and national outcomes should be considered. The following are national outcome measures for substance abuse prevention used by SAMHSA and that require the collection of baseline data.

Outcome Measures

SAMHSA will assess outcomes for the SPF SIG program through the National Outcome Measures (NOMs) for substance abuse prevention that SAMHSA has developed in partnership with the States.

PREVENTION NATIONAL OUTCOME MEASURES

OUTCOME	PREVENTION
	Substance Abuse
Abstinence from Drug/ Alcohol Abuse	<u>30 day Use</u>
	<u>Age of First Use</u>
	<u>Perception of Disapproval/Attitude</u>
	Perceived Risk/Harm of Use
Decreased Mental Illness Symptomatology/Functioning	NOT APPLICABLE
Increased/Retained Employment or Return to/Stay in School	Perception of Workplace Policy/ Workplace AOD Use/ ATOD Related suspensions and expulsions/Attendance and Enrollment.
Decreased Criminal Justice Involvement	Alcohol-Related Car Crashes and Injuries/Alcohol and Drug Related Crime
Increased Stability in Housing	NOT APPLICABLE
Increased Access to Services (Service Capacity)	Number of persons served by age, gender, race and ethnicity
Increased Retention in treatment – substance abuse	Total number of evidence-based programs and strategies/Percentage youth seeing, reading, watching, or listening to a prevention message
Reduced utilization of psychiatric inpatient beds – mental health	NOT APPLICABLE
Increased Social Supports/Social Connectedness ^{2/}	Family Communication Around Drug Use
Client Perception of Care ^{1/}	NOT APPLICABLE
Cost Effectiveness (Average Cost) ^{1/}	Services provided within cost bands
Use of Evidence-Based Practices ^{1/}	Total number of evidence-based programs and strategies

NOMs will be assessed at the State/tribal level for all SPF SIG grantees, and at the community and program level as appropriate to each grantee's SPF SIG project. Baseline data at the State/Tribal level must be included in the application. Baseline data for the community/program level must be included in the statewide needs assessment. Ongoing reporting of outcomes will begin with the implementation phase of the project.

D. A STRATEGY FOR PREVENTION PRACTITIONERS

Seven effective prevention approaches

- ♦ **Policy** - In recent years prevention experts have begun to recognize the importance of addressing the social and environmental conditions that give rise to substance use. In particular, research has focused on alcohol availability and its impact on various health and safety problems, including general public consumption, crime, traffic crashes, and youth access to alcohol; these findings have led to a new focus on policy as a prevention strategy. "Policies" can be broadly defined as "standards for behavior that are formalized to some degree [i.e., written], and embodied in rules, regulations, and operations procedures." Ultimately, policy can be used to affect environmental change, thereby reducing substance use.
- ♦ **Enforcement** - The dictionary defines enforcement as "compelling observance of or obedience to" a regulation. This idea is implicit in the concept of enforcement as a universal prevention strategy.
- ♦ **Collaboration** - a process of participation through which people, groups, and organizations come together in a mutually beneficial and well-defined relationship to work toward results they are more likely to achieve together than alone.
- ♦ **Communications** - broadly defined as "purposive attempts to inform, persuade, or motivate behavior changes in a relatively well-defined and large audience."
- ♦ **Education** - a strategy that includes providing knowledge and information and the decision-making skills necessary for making healthy choices regarding alcohol, tobacco, and drug use.
- ♦ **Early Intervention** - a prevention strategy targeted at individuals and groups at risk of developing substance abuse problems.
- ♦ **Alternatives** - activities designed to provide healthy, positive, pro-social diversions for young people to steer them from alcohol and other drugs—can complement other strategies by occupying young people's time during the non-school hours.

A review of the literature on effective practices suggests that educational strategies are most likely to be effective if they do one or more of the following:

- ♦ Foster young people's social skills and attachment to the school and community
- ♦ Target all forms of substance abuse, including the use of tobacco, alcohol, marijuana and inhalants

- ◆ Include skills to resist drugs when offered, strengthen personal commitments against drug use and increase social competency, in conjunction with attitudes against drug use
- ◆ Include interactive methods, such as peer discussion groups rather than didactic teaching techniques alone
- ◆ Are long-term over the school career with repeated interventions
- ◆ Strengthen norms of the community, including family and school
- ◆ Reach all populations, including sub-populations at risk such as children with behavior problems or learning disabilities or those who are potential dropouts
- ◆ Are adapted to meet the specific nature of the substance abuse problem in the community
- ◆ Are more intensive and have an earlier intervention the higher the level of risk of the population
- ◆ Are age-specific, developmentally appropriate and culturally specific
- ◆ Include media campaigns and policy changes
- ◆ Include an educational component for parents, with information about drugs for both them and their children
- ◆ Focus on training merchants, servers, and other adults to improve their selling and serving practices.

Source: SAMHSA Center for Substance Abuse Prevention, Northeast Center for the Application of Prevention Technologies, *EDUCATION: A Strategy for Prevention Practitioners*, 2003

APPENDIX E. KAUA'I COUNTY SUBSTANCE ABUSE CONTINUUM OF CARE FOR ADULTS

	Level of Intensity						
	← Low						High →
LEVEL OF CARE	EARLY INTERVENTION - HARM REDUCTION	EARLY INTERVENTION - HARM REDUCTION	SELF- HELP SUPPORT GROUPS	SELF- HELP SUPPORT GROUPS	SELF- HELP SUPPORT GROUPS	SELF- HELP SUPPORT GROUPS	SUPPORT FOR FAMILIES
PURPOSE/ GOAL	Build bonding attachment with children thru parent education classes and Play & Learn Group.	Reduce risk to mother and baby for substances, alcohol and tobacco	Helps people support one another to overcome the conflict, fear, and feelings of isolation that can accompany a life crisis, and encourages a choice for peace of mind.	To stay sober and help other alcoholics to achieve sobriety. A.A. is a program of total abstinence.	NA provides a recovery process and support network through the therapeutic value of addicts working with other addicts to overcome active addiction through the application of the principles contained within the Twelve Steps and Twelve Traditions of NA.	Al-Anon is for those who feel their lives have been deeply affected by someone else's drinking. We believe that alcoholism is a family disease. We find that changing our attitudes can aid recovery. Meetings offer a safe haven.	Alateen is Al-Anon for members between the ages of 12-19. The purpose of the meetings is to come to understand that alcoholism is a disease to focus on their problems in order to learn effective solutions by applying the principles of the Alateen program.
PROVIDER	Good Beginnings Alliance – Makua Keiki project	Baby S.A.F.E. – Child and Family Service	Hawaii Center for Attitudinal Healing-Kauai	Alcoholics Anonymous www.alcoholics-anonymous.org	Narcotics Anonymous www.na-hawaii.org	Al-Anon meetings are held six nights a week. For 24-hour assistance, call 246-1116.	Alateen - www.afghawaii.org
CRITERIA FOR ADMISSION	Referrals from Adult probation and Kauai Intake Service Center Referral for parents of children birth-8 yrs. and leaving KCCC within 1-year	Past or present use of alcohol, drugs, or tobacco. Pregnant or post partum up to 13 months.	Willingness to accept the premise that it is not people or circumstances that cause us to be upset; it is thoughts, feelings and attitudes that create conflict and distress.	The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership	Membership is open to all drug addicts, regardless of the particular drug or combination of drugs used. Members are encouraged to comply with complete abstinence from all drugs including alcohol.	The only requirement for membership is that there be a problem of alcoholism in a relative or friend. Members meet to share their experience, strength and hope in order to solve their common problems.	Youth ages 12-19 who have a relative or friend with alcoholism.
RISK LEVEL: R1-Risk for criminal behavior; R2-Risk to public safety	R1 – Low to moderate	R1 to R 3 = Low to high.	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
LENGTH OF STAY	12 week sessions	4-12 months. Very individualized.	voluntary	Members stay away from one drink, one day at a time. Sobriety is maintained through sharing experience, strength and hope at group meetings and through the suggested Twelve Steps.	Not applicable	Not applicable	Not applicable
INTERVENTION FORMAT	Group discussions, videos, group interaction, journals, hand-outs, role modeling and playing, set up appropriate learning environment, "supporting parents as their child's first teachers"	Voluntary program	Empathic Peer Support model through which we: a) provide community support services free of charge, and b) offer consultation, training and education locally, nationally, and internationally on a fee basis.	A fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.	NA has only one mission: to provide an environment in which addicts can help one another stop using drugs and find a new way to live.	Meetings are limited to persons whose lives have been or are being deeply affected by the alcoholism of a family member or friend.	Members learn compulsive drinking is a disease other strategies to deal with a loved one's drinking and develop their own potential.
ANCILLARY SERVICES (if appropriate)	Referrals to Ho'ola Lahui (counseling for caregivers), referrals to Easter Seals (early intervention services), School social worker, childcare connection, preschool open doors, PATCH	ADAD, all treatment providers, hospitals, social service agencies, etc.	Counseling is offered only to current group participants on a limited basis, through supervised MFT interns. Direct services program is not therapy or counseling, it is based on a peer support process.		Principles within the steps include: admitting there is a problem; seeking help; engaging in a thorough self-examination; confidential self-disclosure; making amends for harm done; and helping other drug addicts who want to recover.		

APPENDIX E. KAUA'I COUNTY SUBSTANCE ABUSE CONTINUUM OF CARE FOR ADULTS

LEVEL OF CARE	CLEAN & SOBER HOME	CLEAN & SOBER HOME	CLEAN & SOBER HOME	AFTER CARE	AFTER CARE	AFTER CARE
PURPOSE/ GOAL	Provide clean and sober housing for individuals with legal encumbrances preferred.	Assist those struggling with substance abuse to reunite with their families, eliminate recidivism and re-enter society as productive citizens.	A nondenominational ministry of restoration from drugs and alcohol through a desire to know Christ and be conformed into His image by the power of the Holy Spirit. A ministry of reconciliation, come to His love, acceptance, forgiveness and restoration.	Support and mentor those re-integrating from incarceration or treatment. Create individual progress plan and support system. Referrals. Model clean and sober living.	AMHD action maintenance group for clients who have graduated from Hina Mauka's dual diagnosis program. Clinical discharge following completion of LIOP or Intensive Outpatient	Post- treatment supportive environment strengthens recovery. Clinical discharge following completion of LIOP or Intensive Outpatient
PROVIDER	Ke Ala Hoku Community Integration Partnership	Hope, Help and Healing Kauai	U-Turn for Christ - a program of Calvary Chapel Kauai www.kauai.calvarychapel.com/uturn	Crossroads - a program of Aloha Church	Kauai Community Mental Health Center	Hina Mauka
CRITERIA FOR ADMISSION	Referral from Intake Service Center, Adult Probation, Drug Court, or other Kaua'i social service agencies. Kaua'i resident with criminal offending and/or substance abuse history.	Must be 18+ female, medically & psychologically stable, intake evaluation=willing to comply with Program requirements of work, curfew, chores, and recovery meetings and desire a faith based program	Men committed to Christ-centered program.	Desire for clean and sober life	Must be a KCMHC client who has graduated from Hina Mauka	Completion of inpatient or outpt. program w/ ongoing abstinence
RISK LEVEL: R1- Risk for criminal behavior; R2-Risk to public safety	R1 & R2 = Low to Moderate	Women referred from KCCC - R1 = low risk	n/a	n/a	R1 & R2 = Low to Moderate	R1 & R2 = Low
LENGTH OF STAY	6 months to 1 year.	Minimum 6 mo., with recommended minimum of 1yr up to multiple years; as long as is needed to change lifetimes of unhealthy behaviors.	A 2-month minimum residential Christ-centered discipleship program developing productive, vital members of the community.	Not applicable	6 weeks commitment and then client can chose to continue	1x wk for 12 weeks
INTERVENTION FORMAT	Transitional homes with structured living available for males, females & small family units. Must be working on relapse prevention plan, goals/objectives, and housing. Individuals are encouraged to work with community mentors.			Mentoring and one-on-one support; referrals to serve client and client's family	Group psychotherapy and cognitive/behavioral therapy through the use of art therapy techniques	Random drug screening; attend AA/NA 3x wk
ANCILLARY SERVICES (if appropriate)	Must comply with conditions of supervising agency. Risk/Needs assessments are continuous by program coordinator and house managers and services required as needed.			Not applicable	None	Case mgmt; referral for individual or mental health counseling as needed

APPENDIX E. KAUAI COUNTY SUBSTANCE ABUSE CONTINUUM OF CARE FOR ADULTS

LEVEL OF CARE	SUBSTANCE ABUSE EDUCATION (INDIVIDUAL / GROUP)	SUBSTANCE ABUSE EDUCATION (INDIVIDUAL / GROUP)	SUBSTANCE ABUSE EDUCATION (INDIVIDUAL / GROUP)	SUBSTANCE ABUSE EDUCATION (INDIVIDUAL / GROUP)	LOW INTENSITY OUTPATIENT (LIOP) COUNSELING	LOW INTENSITY OUTPATIENT (LIOP) TREATMENT	CASE MANAGEMENT
PURPOSE/ GOAL	Reduce risk to mother and baby for substances, alcohol and tobacco	Provide clients with co-occurring disorders a forum to discuss their experiences, gain support from each other, and learn information about their illnesses.	To provide educational information via handouts, homework, video. Assist client to explore relapse trigger, and to develop a relapse prevention plan.	Relapse prevention	Individual counseling and equine facilitated psychotherapy.	Support a clean & sober lifestyle. Certificate of completion given upon request at end of program.	To rehabilitate and enable consumers to return to the highest possible level of functioning through on-site assessments, and matching clients to appropriate services.
PROVIDER	Baby S.A.F.E. – Child and Family Service	Kauai Community Mental Health Center KCMHC/Adult Mental Health Division/ DOH	Ho'ōla Lāhui Hawai'i/Kauai Community Health Center	Hina Mauka	Karin Stoll, MSW, DCSW	Hina Mauka	CARE, Hawaii, Inc.
CRITERIA FOR ADMISSION	Past or present use of alcohol, drugs, or tobacco. Pregnant or post partum up to 13 months.	Same as criteria for KCMHC: severe or persistent mental illness such as schizophrenia or bi-polar illness (not an exhaustive list, there are exclusion criteria)	Target population those who are uninsured or little insurance but we do not deny service to anyone	Age 18+, medically & psychologically stable; intake evaluation	Clean & Sober during sessions	Age 18+, medically & psychologically stable, intake evaluation	Criminal justice clients (parole, probation or pre-trial) who are felons and are directly referred by court officer.
RISK LEVEL: R1- Risk for criminal behavior; R2-Risk to public safety	R1 - R3 = Low to High	R1 & R2 = Low to Moderate	R1 = Low Risk	R1 & R2 = Low	R1 = Low Risk	R1 & R2 = moderate	R1 & R2
LENGTH OF STAY	4-12 months. Very individualized.	This is an ongoing group. Members have been in the group for 10 years or more. New members have joined as recently as this year.	Determined by customer and clinician	1x per week for 7 consecutive weeks	3-6 months	3-4 months of 24-36 group sessions twice a week.	Not applicable
INTERVENTION FORMAT	Voluntary program	Group psychotherapy	Community education in the schools and different community function.	Random drug screening; attend AA/NA 1x weekly; attend education classes	Talk therapy/equine facilitated psychotherapy	12-step, cognitive restructuring, adaptive coping skills, attend AA/NA 1x/wk; 3-hr sessions 2x/week	Case management is provided initially before treatment and throughout levels of care including after treatment for 2-3 months.
ANCILLARY SERVICES (if appropriate)	ADAD, all treatment providers, hospitals, social service agencies, etc.	None	We offer medical, dental, behavioral health and healthy Hawaiian life style and assist clients with other life needs..	Case mgmt; referral to treatment		Case management	

APPENDIX E. KAUA'I COUNTY SUBSTANCE ABUSE CONTINUUM OF CARE FOR ADULTS

LEVEL OF CARE	OUT- PATIENT TREATMENT	INTENSIVE OUTPATIENT TREATMENT	INTENSIVE OUTPATIENT TREATMENT	INTENSIVE OUTPATIENT TREATMENT	DAILY INTENSIVE OUTPATIENT	DAY TREATMENT	CO-OCCURRING DAY TREATMENT	DETOX
PURPOSE/ GOAL	To help those with severe and persistent mental illness to have the best possible quality of life.	Chemical dependency evaluation and intensive outpatient treatment (including persons with co-occurring disorders), family therapy, and medication management. Achieve sobriety, recovery, harm reduction, strengthen family relationships, connect with 12-Step Programs.	To rehabilitate and enable consumers to return to the highest possible level of functioning through on-site assessments, co-occurring disorder services, and matching clients to appropriate vs.	Support a clean & sober lifestyle. Certificate of completion given upon request at end of program	Support a clean & sober lifestyle. Certificate of completion given upon request at end of program.	NO SERVICES AVAILABLE	Develop skills to control symptoms & maintain abstinence.	To assist individuals in detoxing from alcohol or opiates under medical supervision.
PROVIDER	Kauai Community Mental Health Center/Adult Mental Health Division	Ke Ala Pono Recovery Center	CARE, Hawaii, Inc.	Hina Mauka	Hina Mauka		Group offered by Kauai Community Mental Health Center. Program in development.	Maheleona Hospital (Dr. Harold Goldberg)
CRITERIA FOR ADMISSION	Severe and Persistent Mental Health Disorders with substance abuse such as: schizophrenia, bi-polar illness and substance abuse. (This is not an exhaustive list, but there are exclusion criteria.)	Adolescents 12-18 years old-drug abuse or dependence. Adults-abuse or dependence on alcohol or drugs. Insurance: commercial or quest; co-occurring disorders; working or occupation as homeowner or student.	Criminal justice clients (parole, probation or pre-trial) who are felons and who are directly referred by court officer.	Age 18+, medically & psychologically stable, intake evaluation	Age 18+, medically & psychologically stable, intake evaluation			After-care plan must be in place (post-discharge from the hospital) that includes enrollment in either a residential treatment facility or an intensive outpatient substance abuse program.
RISK LEVEL: R1- Risk for criminal behavior; R2-Risk to public safety	R1 & R2 = moderate	R1 clients involved in criminal justice system through probation, parole or awaiting trial.	R1 & R2	R1 & R2 = moderate	R1 & R2 = moderate			All levels
LENGTH OF STAY	Length of stay varies from entire life or for only 1-year depending on how long symptoms continue and the nature & course of their illness.	4 to 20 weeks	3x a week for 3 hrs counseling with an individual/conjoint session scheduled as needed. 12-16 weeks of an individualized program for treatment of substance abuse & dependence disorders.	3-4 months of 24-36 group sessions	3-4 months of 24-36 group sessions			4 days for detox from alcohol; 3 days for detox from opiates
INTERVENTION FORMAT	Medication Management, Case Management, Limited Individual Psychotherapy, Group therapy	Individual out-patient, individual, group, couples, family therapy. Medication management.	Outpatient services & advocacy programs for employment, health & human service referrals to assist client to attain a productive life style.	12-step, cognitive restructuring, adaptive coping skills, attend AA/NA 1x wk; 3-hr sessions 3x week	12-step, cognitive restructuring, adaptive coping skills.			A medical withdrawal is accomplished through a titration schedule to prevent DTs.
ANCILLARY SERVICES (if appropriate)	Hina Mauka and Mental Health Kokua	Psychiatric and addition medicine evaluation. Subutex & suboxone maintenance/detox for opiate dependence.		Case management by Hina Mauka and Ke Ala Hoku	Case management & public transit passes based on client need. Housing & employment referrals. Clean & sober living available thru Ke Ala Hoku.			KCMHC; any other referring agencies in the community.

APPENDIX E. KAUA'I COUNTY SUBSTANCE ABUSE CONTINUUM OF CARE FOR ADULTS

LEVEL OF CARE	THERAPEUTIC LIVING	THERAPEUTIC LIVING	INPATIENT	CO-OCCURRING INPATIENT	JAIL DIVERSION	JAIL DIVERSION	INTAKE	INTAKE
PURPOSE/ GOAL	NO SERVICES CURRENTLY AVAILABLE	Advocacy services to assists people with mental illness or emotional crisis achieve optimum recovery and functioning in the community.	NO ON-ISLAND SERVICE AVAILABLE. To rehabilitate and enable consumers to return to the highest possible level of functioning.	NO SERVICES AVAILABLE	Program of intensive supervision and case management; clients completing program get shortened probation terms and dismissal of cases.	To help individuals with serious mental illness to be diverted from incarceration and into relevant treatment and recovery programs.	Conducts intake screening, investigation, and refers to appropriate programs for treatment. Conducts community supervision for pre-trial and post-sentencing cases.	
PROVIDER	Hina Mauka and Hope, Help and Healing have programs in development	Mental Health Kokua	CARE, Hawaii, Inc. - contracts with Hina Mauka & Salvation Army (Oahu) and Maui Aloha House and BISAC		Drug Court	Kauai Jail Diversion Program, Adult Mental Health Division, Hawaii State DOH	Kauai Intake Service Center	Jail Diversion Program (unable to secure information from service provider)
CRITERIA FOR ADMISSION		Direct referrals from KCMH or CARE Hawaii through jail diversion.	Criminal justice clients (parole, probation or pre-trial) who are felons and who are directly referred by court officer.		First time offenders and failed probationers with no violent criminal history and no sex offenses. Referred by legal system.	Individuals with severe and persistent mental illness charged with non-violent crimes may volunteer	Residence, employment, family ties, previous criminal convictions, and nature of the crime	
RISK LEVEL: R1-Risk for criminal behavior; R2-Risk to public safety		R1-low	R1 & R2		R1 = Low to moderate	R-1	R1 & R2 = Low to moderate	
LENGTH OF STAY		6 months to 1 year with re-evaluations at 3 month intervals.	1-year +		Minimum one year, maximum two years.	The Jail Diversion Program is normally a six month program but can run as long as one year.	Duration of their judicial process / length of their court ordered sentence.	
INTERVENTION FORMAT		No direct services provided; ancillary services for homeless outreach services and residential settings. Assists with activities of daily living, crisis intervention and medication monitoring.			Individual assessment determines the personalized plan for treatment and other services	Individuals admitted to the program get a customized recovery plan with a range of services	Referral to community programs for substance abuse intervention, employment, interpersonal relations, mental health, parenting and anger management.	
ANCILLARY SERVICES (if appropriate)					There is a 6 month voluntary follow-up program. Program alumni meet with and provide support to current clients.	Housing options, vocational rehabilitation, substance abuse treatment, individual counseling, psycho-social rehabilitation services.	Care Hawaii, Hina Mauka, Makua Keiki, Ke Ala Hoku, Kauai Mental Health, Kauai Economic Opportunity, Employment Services, NA/AA	

APPENDIX E. KAUA'I COUNTY SUBSTANCE ABUSE CONTINUUM OF CARE FOR ADULTS

LEVEL OF CARE	KCCC / INCARCERATION	KCCC / INCARCERATION	KCCC / INCARCERATION	KCCC / INCARCERATION	PAROLE	AFTER CARE - POST INCARCERATION
PURPOSE/ GOAL	Provide comprehensive Level II Treatment to those inmates targeted as having a substance abuse/use problem. Psychoeducational, skill building, counseling, aftercare 9-12 months.	Build bonding attachment with children thru parent & child playgroup, parent education and caregivers support	Provide transitional clean and sober living for incarcerated offenders on extended furlough and for individuals returning from off-island incarceration	Support and mentor those incarcerated. Create individual progress plan and support system. Referrals. Model clean and sober living.	Support and monitor the integration of ex-prisoners upon their release from jail or prison. Provide referrals as needed to support their re-entry.	Continuum of Care Group
PROVIDER	Salvation Army	Good Beginnings Alliance & Ho'ola Lahui – Makua Keiki project	Ke Ala Hoku Community Integration Partnership	Aloha Church Crossroads	Hawai'i Parole Authority	Salvation Army-Level II Program
CRITERIA FOR ADMISSION	Sentenced felons identified by KCCC staff. Inmate assessed as having a moderate to serious substance abuse problem. Inmate chooses to participate.	Referral from Jean McEntye with parents that have children birth-8 yrs., and leaving KCCC within one year time.	Referral from Jerry Jona (Outreach KCCC) Successfully complying with work furlough (working). Criminal offenders and/or substance abuse histories.	Desire for clean and sober life	Discharge from prison.	Referrals only from KCCC
RISK LEVEL: R1- Risk for criminal behavior; R2-Risk to public safety	R1 & R2	R1 = Low to moderate	R1 & R2 = Low to moderate	Not applicable	Not applicable	
LENGTH OF STAY	Level II Treatment, 80 hours, 9 months. ATV/Anger Group, 28 hours, 4 months. Cognitive Skills Group. Federal Bureau of Prisons, 5 months.	12 week sessions	Individualized with input from KCCC and Parole	Not applicable	As determined by Court.	9-12 months; focus is to bridge the gap between the inmate's release. Group is open ended. After an inmate's clinical discharge, the inmate can utilize the group as a support system.
INTERVENTION FORMAT		Group discussions, videos, group interaction, journals, hand-outs, role modeling and playing, set up appropriate learning environment, "supporting parents as their child's first teachers"	Clean and Sober transitional homes with structured living. Houses available for males, females, and small family units. Individuals must be working on relapse prevention plan, goals/objectives, and housing. Individuals are encouraged to work with community mentors	Not applicable	Weekly check in with Parole Officer; employment or training program required.	
ANCILLARY SERVICES (if appropriate)		Individual counseling for caregivers, referrals to Easter Seals (early intervention services), School social worker, childcare connection, PATCH, preschool open doors	Must comply with Life Time Stand (LTS) and conditions of furlough. Complete Level II classes with Tali McCall – Wednesday Evenings. Risk/Needs assessments are continuous by program coordinator and house managers and services required as needed.	Post-release follow up, care and referrals	Referrals are primarily made to Hina Mauka, Care Hawaii, Ke Ala Pono, Workforce Development Division, Insights to Success, and Aloha Church.	Provide integrative services between the inmate, individual, family, and community. Collaborate with community resources.

For More Information Contact:

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