# Sequential Intercept Model Mapping Report

Hawaii Statewide Women Specific August 2023

# Sequential Intercept Model Mapping Report for Hawaii Statewide

Final Report
August 2023

SAMHSA's GAINS Center
Policy Research Associates

## ACKNOWLEDGMENTS

## RECOMMENDED CITATION

# CONTENTS

# Background

The Sequential Intercept Model (SIM), developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,[1] provides a conceptual framework for jurisdictions interested in exploring the intersection of behavioral health and criminal justice, assessing available resources, identifying gaps in services, and conducting strategic planning. These activities are best accomplished by a diverse cross-system group of stakeholders from the behavioral health and criminal justice systems including mental health and substance use treatment providers, law enforcement and other first responders, courts, jails, community corrections, social service agencies, housing providers, people with lived experience, family members, and many others.

SIM Mapping Workshops result in the development of a map that illustrates how people with mental and substance use disorders enter and move through the criminal justice system. Through the process, facilitators and participants identify opportunities for linkage to treatment and other support services, and for prevention of further penetration into the criminal justice system.

SIM Mapping Workshops have three primary objectives:

1. The development of a comprehensive picture of how people with mental and substance use disorders enter and move through the criminal justice system along six distinct intercept points: (0) Community Services, (1) Law Enforcement (2) Initial Detention and Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections.

2. Identification of resources, gaps in services, and opportunities at each intercept for individuals in the target population.

3. The development of priorities for change and strategic action plans.
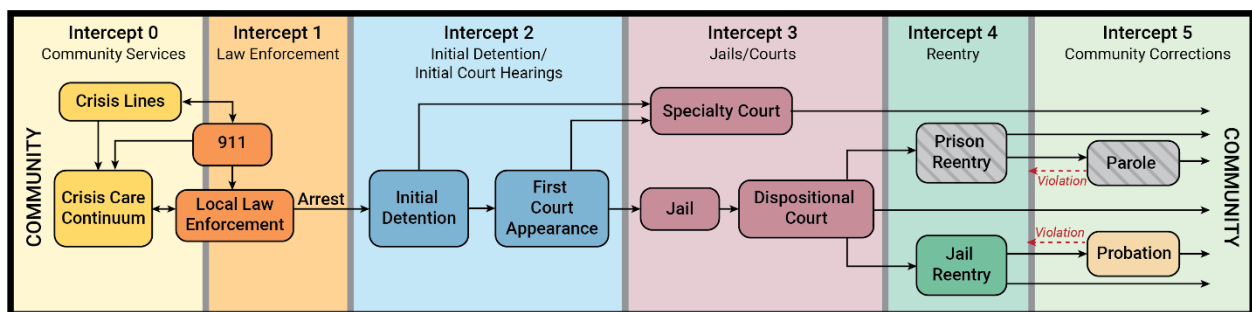


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[1] Munetz, M., & Griffin, P. (2006). A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model. *Psychiatric Services*, *57*, 544-549.

# INTRODUCTION

On August 3rd, the Pū'ā Foundation convened a cross-system group of criminal justice, behavioral health, and community stakeholders from Hawaii, for a Sequential Intercept Model (SIM) Mapping Workshop. Community leaders provided opening remarks.

First, Tommy Johnson, director of public safety spoke about the shift in policies around reentry planning and an upcoming name change for the department of public safety to take effect in January 2024. Director Johnson, acknowledged the unique challenges that women face and the need to prioritize housing, a living wage, and wellbeing. The duty of public safety is to facilitate safe places for everyone to lay their heads. Next, Fred Hyun, of the Hawaii Paroling Authority (HPA) spoke about trauma and how most adults involved in the system have a history of childhood trauma. He spoke about how community supervision has an opportunity to change this cycle and how the HPA is committed to support the upcoming changes to the system. Warden Ione Guillonta of the Women's Community Correctional Center (WCCC) also voiced her support of the upcoming system changes.

SAMHSA's GAINS Center facilitators, Violette Cloud and Regi Huerter of Policy Research Associates, Inc. delivered a presentation on the SIM and facilitated discussions in small breakout groups focused on identifying resources available to respond to the needs of adults with mental and substance use disorders who are involved or at risk for involvement in the criminal justice system, as well as gaps in services. The discussions focused on all intercepts of the SIM. Following the initial meeting the facilitators coordinated a voting process using a survey to identify which identified gaps in services were priorities for the group.

On August 4th, the same group of stakeholders reconvened to review the voting results and discuss the group's priorities in more detail. SAMHSA's GAINS Center facilitators, Violette Cloud and Regi Huerter of Policy Research Associates, Inc. then facilitated the development of strategic action plans that outline next steps for continuing to work on addressing the group's priorities following the meeting.

# AGENDA (PART I)

## Sequential Intercept Model Mapping Workshop
Focus: Hawaii Justice Involved Women from WCCC and Women's Court (Intercept 3-4-5)
**Wednesday, 8/2/23; 8:30 am to 4:30 pm**
St. Stephen's Diocesan Center - Multiple Conference Center - 6301 Pali Hwy; Kaneohe 96744

| AGENDA |
|---|
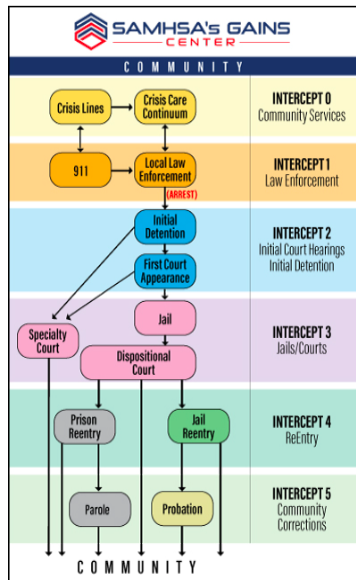


**8:30 - Sign-In**

**8:45 - Opening - Welcome - Introductions**
- Opening remarks, Pule, Grounding, Pilina
- Overview, Focus, Goals & Tasks
    - Learning Objectives
        - (1) Build Pilina / Trust
        - (2) Working knowledge of SIM
        - (3) 
        - (4) Assess Everyone's Resources
        *"What you have to give/share"*
        - (5) Coordination of Resources
    - Collaboration: What's Happening Locally
    - Peers, DHS, JUD, PSD, HPA, WCCC

**9:45 - What Works!**
- Keys to Success

**10:00      BREAK**

**10:15 - The Sequential Intercept Model**
- The Basis of Cross-Systems Mapping
- Six Key Points for Interception

**Cross-Systems Mapping**
- Creating a Local Map
- Examining the Gaps and Opportunities

**12:00      LUNCH**

**Establishing Priorities**
- Identify Potential, Promising Areas for Modification Within the Existing System
- Top Five List
- Collaborating for Progress

**2:00      BREAK**

**Wrap Up**
- Review
- Setting the Stage for Day 2

**4:30      Adjourn**

## Sequential Intercept Model Mapping Workshop

Focus: Hawaii Justice Involved Women from WCCC and Women's Court (Intercept 3-4-5)

**Thursday, 8/3/23; 8:30 am to 1:30 pm**

St. Stephen's Diocesan Center - Multiple Conference Center - 6301 Pali Hwy; Kaneohe 96744

**AGENDA**
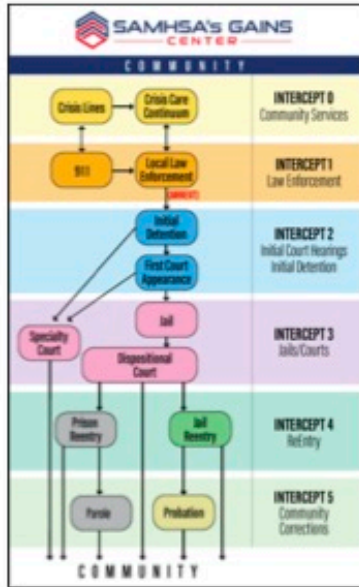


**8:30 - Sign-In**

**8:45 - Opening**
- Pule, Grounding, Pilina, Preview of Day

**9:00 - Review**
- Learning Objectives / Accomplishments
  - Learning Objectives
    - (1) Build Pilina / Trust
    - (2) Working knowledge of SIM
    - (3)
    - (4) Assess Everyone's Resources *"What you have to give/share"*
    - (5) Coordination of Resources
  - Collaboration: What's Happening Locally
  - Peers, DHS, JUD, PSD, HPA, WCCC
- Priorities
- Keys to Success

**10:30      BREAK**

- **Action Planning**
- **Finalizing the Action Plan**
- **Next Steps**
- **Summary and Closing**

**12:30      WORKING LUNCH**

**1:30      Ua Pau**

# SEQUENTIAL INTERCEPT MODEL MAP FOR HAWAII

| Intercept 0<br>Hospital, Crisis, Respite, Peer, & Community Services | Intercept 1<br>Law Enforcement & Emergency Services | Intercept 2<br>Initial Detention & Initial Court Hearings | Intercept 3<br>Jails & Courts | Intercept 4<br>Reentry | Intercept 5<br>Community Corrections & Supports |
|---|---|---|---|---|---|

**COMMUNITY**

**Crisis, Warm, and Resource Line(s)**
Hawaii CARES 9-8-8 Suicide and Crisis Lifeline - 24/7 - National/Dept. Of Health
2-1-1 Aloha United Way
Coalition for A Drug Free Hawaii
Hawaii Health & Harm Reduction Center
Mental Health America Hawaii
The Parent Line (DOH)
Adult & Child Protective Services (DHS)
Child Trafficking Hotline (DHS)
SAMHSA National Helpline (24/7) 1-800-662-HELP (4357)

**Veteran Services**
Spark Matsunaga Department of VA Medical Center
US Veterans Employment Services
Hawaii Office of Veterans' Services

**Crisis Care Continuum**
Behavioral Health Urgent Care Waikiki Beachside - AMHD Stabilization (DOH/H3RC)
Kailua Mental Health Services - Inpatient (Adventist Health Castle)
Queen Counseling Services (Queen's Health System)
Puu Honua Adolescent Acute Treatment (Kahi Mohala)

**Detox & Withdrawal Management**
Ima Ola Piha Triage Center – Medical Detox (Institute of Human Services)
Sand Island Treatment Center

**Substance Use Services**
The Salvation Army
Hina Mauka
Hawaii Health & Harm Reduction Center

**Housing Services**
Partners in Care (Oahu CoC)
Bridging the Gap (Neighbor Island CoC)
State Office on Homelessness & Housing Solutions
Hawaii Public Housing Authority
Institute of Human Services

**Fire & EMS**
County Fire Depts.
County EMTs
The Federal Fire Dept.

**Mobile Crisis Services**
Hawaii CARES
Child & Family Services

**Hospitals**
Waianae Coast Comprehensive Center (ED)
Queen's Health Center (ED & Psychiatric Unit)
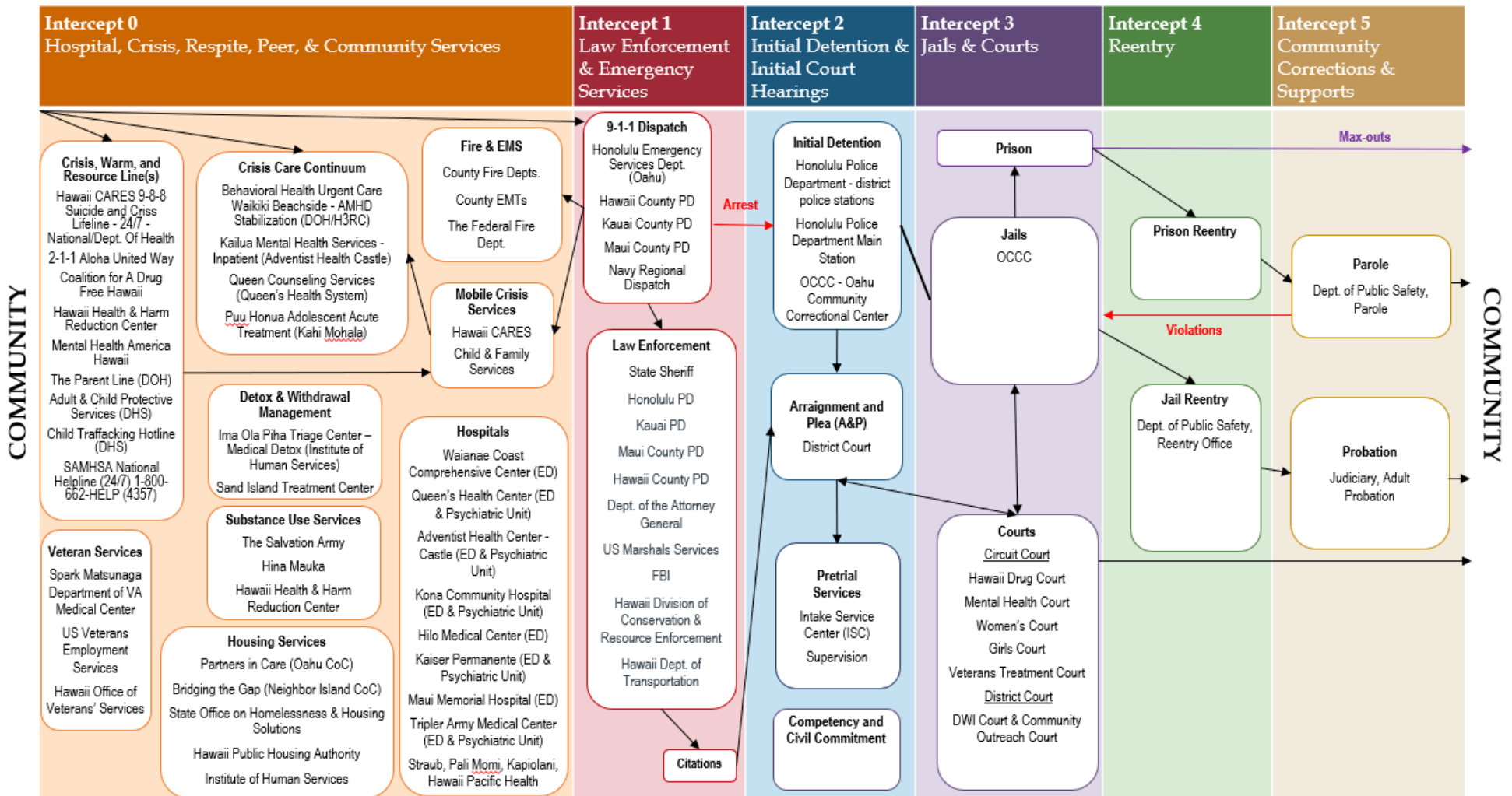Adventist Health Center - Castle (ED & Psychiatric Unit)
Kona Community Hospital (ED & Psychiatric Unit)
Hilo Medical Center (ED)
Kaiser Permanente (ED & Psychiatric Unit)
Maui Memorial Hospital (ED)
Tripler Army Medical Center (ED & Psychiatric Unit)
Straub, Pali Momi, Kapiolani, Hawaii Pacific Health

**9-1-1 Dispatch**
Honolulu Emergency Services Dept. (Oahu)
Hawaii County PD
Kauai County PD
Maui County PD
Navy Regional Dispatch

**Arrest**

**Law Enforcement**
State Sheriff
Honolulu PD
Kauai PD
Maui County PD
Hawaii County PD
Dept. of the Attorney General
US Marshals Services
FBI
Hawaii Division of Conservation & Resource Enforcement
Hawaii Dept. of Transportation

**Citations**

**Initial Detention**
Honolulu Police Department - district police stations
Honolulu Police Department Main Station
OCCC - Oahu Community Correctional Center

**Arraignment and Plea (A&P)**
District Court

**Pretrial Services**
Intake Service Center (ISC)
Supervision

**Competency and Civil Commitment**

**Prison**

**Jails**
OCCC

**Courts**
Circuit Court
Hawaii Drug Court
Mental Health Court
Women's Court
Girls Court
Veterans Treatment Court
District Court
DWI Court & Community Outreach Court

**Max-outs**

**Prison Reentry**

**Violations**

**Jail Reentry**
Dept. of Public Safety, Reentry Office

**Parole**
Dept. of Public Safety, Parole

**Probation**
Judiciary, Adult Probation

**COMMUNITY**

## RESOURCES AND GAPS AT EACH INTERCEPT

The centerpiece of the workshop is the development of a Sequential Intercept Model map. As part of the mapping activity, the facilitators work with the workshop participants to identify resources and gaps at each intercept. This process is important since the criminal justice system and behavioral health services are ever changing, and the resources and gaps provide contextual information for understanding the local map. Moreover, this catalog can be used by planners to establish greater opportunities for improving public safety and public health outcomes for people with mental and substance use disorders by building on existing resources and addressing gaps in services.
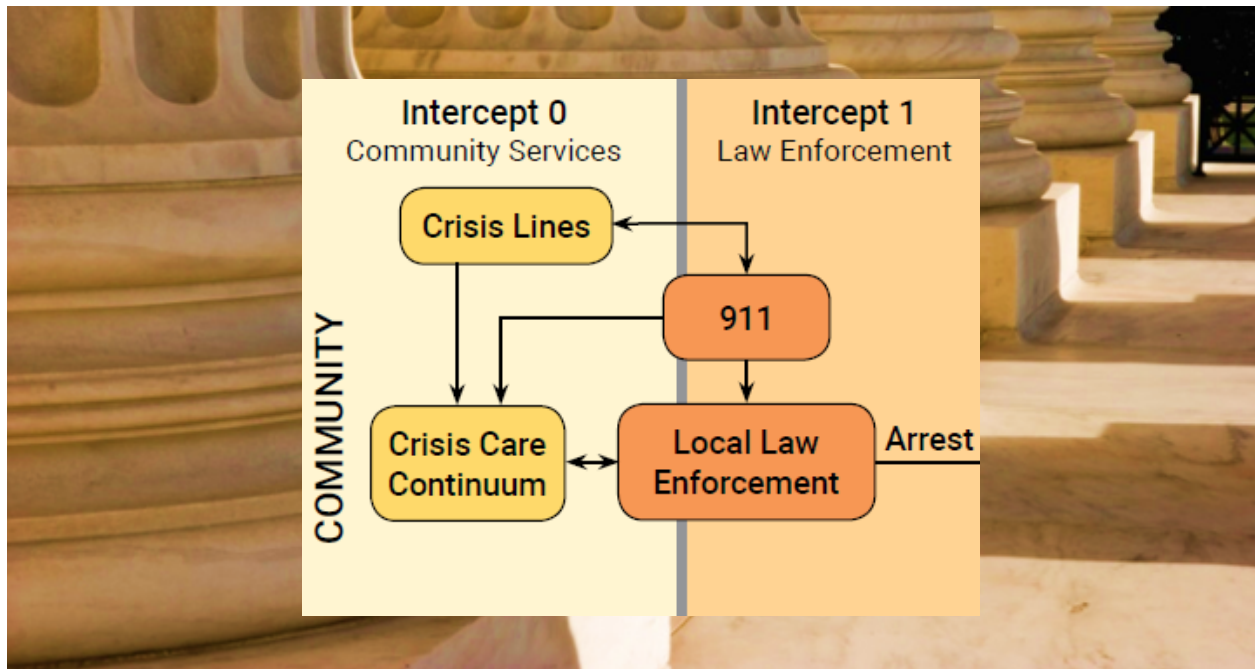
# Intercept 0 & 1

## Community Services and Law Enforcement

### INTERCEPT 0 & 1 RESOURCES

## GENERAL

During the SIM Mapping Workshop, a system wide concern was in the distribution and availability of services for individuals with mental health and behavioral health concerns who become involved or are at risk of becoming involved in the criminal legal system are unevenly distributed across the state.

## CRISIS LINES

- ➢ Hawaii CARES 9-8-8 Suicide and Criss Lifeline - 24/7 - National/Dept. Of Health
- ➢ 2-1-1 Aloha United Way
- ➢ Coalition for A Drug Free Hawaii
- ➢ Hawaii Health & Harm Reduction Center
- ➢ Mental Health America Hawaii
- ➢ The Parent Line (DOH)
- ➢ Adult & Child Protective Services (DHS)
- ➢ Child Traffacking Hotline (DHS)
- ➢ SAMHSA National Helpline (24/7) 1-800-662-HELP (4357)

## 9-1-1/9-8-8/DISPATCH

➢ Honolulu Emergency Services Dept. (Oahu)
➢ Hawaii County PD
➢ Kauai County PD
➢ Maui County PD
➢ Navy Regional Dispatch

## LAW ENFORCEMENT, FIRE, AND EMERGENCY MEDICAL SERVICES

➢ State Sheriff
➢ Honolulu PD
➢ Kauai PD
➢ Maui County PD
➢ Hawaii County PD
➢ Dept. of the Attorney General
➢ US Marshals Services
➢ FBI
➢ Hawaii Division of Conservation & Resource Enforcement
➢ Hawaii Dept. of Transportation

## HOSPITALS AND HEALTH CLINICS

➢ Waianae Coast Comprehensive Center (ED)
➢ Queen's Health Center (ED & Psychiatric Unit)
➢ Adventist Health Center - Castle (ED & Psychiatric Unit)
➢ Kona Community Hospital (ED & Psychiatric Unit)
➢ Hilo Medical Center (ED)
➢ Kaiser Permanente (ED & Psychiatric Unit)
➢ Maui Memorial Hospital (ED)
➢ Tripler Army Medical Center (ED & Psychiatric Unit)
➢ Straub, Pali Momi, Kapiolani,
➢ Hawaii Pacific Health

The Hawai'i State Hospital provides inpatient psychiatric services for court ordered individuals. The new facility is made up of 3 low security and 2 medium security buildings. New patients are assessed and assigned to housing based on treatment and security needs.

Hawaii Pacific Health is a non-profit medical center and provides emergency services in Kapiolani, Pali Momi, Staub, and Wilcox. Public Safety and other CLS actors engage the emergency services for individuals experiencing medical and MH/BH crisis.

- HPH is working on a new program for living wage career pathways for diverse populations, including opportunities for people that are justice involved or were formerly incarcerated.
- HPH is looking for more opportunities to partner with CLS partners and community agencies.

Care Hawaii provides multiple levels of care from partial hospitalization to case management and day treatment for individuals with mental illness and addiction concerns.

### Mental Health and Substance Use Treatment

Women In Need (WIN): Offers support with substance abuse treatment. Services include substance abuse assessments and outpatient treatment, individual therapy and case management, aftercare, transitional housing, and intensive outpatient services (IOP) that is a 12-wek program.

Hoʻomau Ke Ola (HKO): A culturally based substance and drug abuse treatment program. HKO has residential and non-residential programing. Priority of services are given to pregnant women, IV drug users, and people experiencing homelessness.

Kokua Support Services: Provides intensive outpatient services for substance use and dependence.

Sand Island Treatment Center: is a long-term (2-year) residential treatment center for substance use disorder and mental illness.

Habilitat: is a long-term treatment program for substance use. This program follows a three-phase program: treatment, reentry, and post.

### Detox and Stabilization

The Department of Health has been working to make an MH drop-off center. A building has been identified, and they are working on pulling together the funding. Clubhouses: provide access/linkage to services and resources though does not have crisis MH/BH

Poʻailani Inc provides specialized residential treatment in two locations for both men and women.

Castle Medical Center: provides detox and inpatient drug and alcohol rehab.

The Salvation Army Addiction Treatment Services (Ats): has services for men and women for substance use disorder, including detoxification and residential treatment.

State-funded medical insurance will cover detox, but it depends on the referral source. Some private medical insurance will cover a walk-in. However, individuals referred via the criminal legal system may have different funding (state)

Big Island Substance Abuse Council BISAC: is a community organization established to serve individuals with substance use concerns. BISAC has expanded services to address the housing concerns of those facing substance use and mental illness.

BISAC clients are encouraged to refer to Oahu because of service gaps on the Big Island. Individuals that are in jail can wait for a bed more safely, but using peers to help individuals waiting for a bed that are not in custody.

# PEER SUPPORT SERVICES

**General**

In general, Kapiolani Community College is leading the vocational training efforts involving community health workers. There is a strong desire to strengthen these services. In addition, the Pūʻā Foundation has created a culturally based training program for peer support, with a focus on trauma, mental and behavior health.

There are peer certifications for adults with special focus in SUD, Trauma, Recovery, and youth in the state. Additionally, there was recently a TTT for WRAP that was offered to certified peers in the state.

## State Certified Peer Specialists

The state has a 2-week certification training that has an oral and written test. There are annual renewal requirements in order to keep the certification current. The Department of Health (DOH) is the authority that certifies peers for the state.

## Pūʻā Foundation

The Pūʻā Foundation has a peer support vocational training program. After completion of the training based on the curriculum developed by Pūʻā Foundation in partnership with SAMHSA's Training and Technical Assistance provider PeerLink under the MHAAO of Oregon and accepted by DOH, these peers are certified by DOH after completion of an 120 hour internship. Graduates can act as peers. This is an organization that drives "trauma to transformation" programs for justice-involved women, girls and their families, especially Hawaiians.

## First Life After Prison

With a couple of peer-certified individuals, this is a faith based agency that serves men after incarceration, run by individuals with lived experience who provide mentorship and other services.

## Epic Ohana, Inc.

It is a family program that provides parent peers for parents who are currently or have been incarcerated and those working to regain custody of their children. Epic Ohana provides services to families and to parents that have system experience (child welfare, domestic violence, etc.).

## AlohaCare

There are adult mental health certified peers that work under a Medicaid-funded program. However, this agency is not permitted to hire individuals with a felony.

# HARM REDUCTION

Agencies in the community have an opportunity to receive training in Narcan, and Narcan is accessible. Fentanyl is a problem in the community, and testing strips are available. However, many other drugs exist in the community: Methamphetamine, Opioids, alcohol, and cocaine.

# HOUSING/HOMELESS OUTREACH

State Office on Homelessness and Housing Solutions is identifying the gaps and where the system is failing people.

- Lack of funding, housing, space, challenges with addressing SU
- The younger population in the encampments are often runaways.
- A lot of the violence in the encampments is internal (unhoused on unhoused)
- The eligibility requirements of many of the housing programs create a barrier to access.
    - Needing documents, identification, etc. that the unhoused population likely do not have.
- Chronic Homelessness *status changes under HUD* after an individual has been incarcerated.
    - SSI is stopped if an individual is in custody for more than 30 days, you have to reapply if in custody for more than 12 months.
    - Prosecutors/Defense attorneys may not be aware that the defendant is on SSI, thus they are not always aware of the times for suspension and termination of SSI benefits.
    - Qualifying for housing when not chronically homeless (meeting the 90-day requirement)

### Low Barrier Shelters, Sober Living, and Transitional Housing

- Women in Need Hawaii is contracted to provide beds for public safety division (PSD). PSD will pay up to 3 months if contracted.
- Mohala Mai- is a 24-bed permanent supportive housing project for women. It is currently at full capacity.
- YWCA O'ahu has transitional housing for women on pretrial, parole, and drug court. They have wrap around services, with a case manager, peer support and employment support. However, individuals with methamphetamine charges are disqualified.
- Institute of Human Services has three housing programs including rapid rehousing, housing first, and permanent housing.
    - HIS also provides Medical Respite but the beds are full.
- Pū'ā Foundation operates the Mercy House which provides transitional housing and reentry support to women exiting prison.
- Manoa House
- Dynamic
- Oxford

The community desires to focus on identifying the underlying trauma. SUD and CJS involvement are a symptom of childhood trauma. Additional focus and services around MH/BH without addressing trauma will be inefficient. Much work has been done in this area. From 2007 to 2012 WCCC went through the Trauma Informed Care Iniative. For more information see the published 2012 SAMHSA Brief entitled, Creating a Place of Healing and Forgiveness: The Trauma-informed Care Initative at the Women's Community Correctional Center. It can be retrieved at https://nicic.gov/resources/nic-library/all-library-items/creating-place-healing-and-forgiveness-trauma-informed-care. In addition, see the article written by the team that coordinated the Trauma-informed Care Initiative (TICI) at WCCC entitled, "Can Prison be a Place of Healing? The Trauma-informed Care Initiative at the Women's Community Correctional Center" in the 2013 Hūlili: Multidisciplinary Research Journal on Hawaiian Wellbeing, Vol. 9(1), 305-338.

In addition, since the TICI ended in 2013, the Pūʻā Foundation has instituted a Pre and post release strategy: offering a free transitions course for women who are incarcerated. This strategic approach recognizes the underlying trauma, and brings information and resources to women so they can transition into the community empowered.

## IDENTIFICATION DOCUMENTS

Peers support to assist individuals in getting their identification documents, which are crucial to reentry transition. Even if it takes paying out of pocket, the peers are committed to helping women get their documents.

The state is currently working on improving/streamlining the process to get a HI state ID (must first have a birth certificate). There is a state law to have the DPS work with the identification department and fund the service. A naturalization application costs $565 /person.

Community organizations such as the Pūʻā Foundation, work with the social workers from WCCC and women being released to get their documents (many are from out of state). A gap here is the funding and women in the program need the documents to get employment. Currently, at its own expense, the Pūʻā Foundation offers a pre-transition course at WCCC which has been offered since 2014.

Many individuals come to the WCCC without any documents. Upon release obtaining documents, in general can be challenging, especially getting their IDs. The Department of Public Safety has been working for many years to secure an identification generating machine.

➢ Securing IDs must be made a priority, there is a dire need for collaboration with the leaders of the various departments involved to improve the process of obtaining Ids.

The Department of Human Services Task Force for ID made some provisions for the homeless population.

- A homeless provider can sign and have the fee waived.
- Can use a homeless provider's address.
  - o There has not been a similar effort made for public safety population.
- There are some challenges with the state ID, because of the Real ID. However, there is work to make a state ID possible
  - o Accessing birth certificates is challenging because every jurisdiction is different and requesting copies needs to be specific to the county
- Not having documents for the immigrant population prevents individuals from gaining access to medical and other services
  - o Individuals that are incarcerated have to time the process to overlap the immigration appointment with work furlough or release.
    - ▪ Thus requiring the program to process the individual to provide services and help reschedule

OPPORTUNITY with community supervision→ to get the association "signed off" allowing peers to work with forensic population. Individual needs to request permission and the supervising officers needs to approve. The probation policy is different/ a restriction (condition) of associating with individuals that are actively using. (Mostly circuit courts)

# INTERCEPT 0 & 1 GAPS

- ➢ Most mental health and behavioral health services are located on Oahu and are not available to individuals that live on other islands.
- ➢ There is a high backlog in our treatment centers, long waitlists (9 months). Women with children and depending on age (younger) are prioritized. Access to medical records is a challenge (delays with OCCC, there is supposed to be a 10-day turnaround, but it can take 6 months). The MH/BH programs are normally first come first serve, but delays in medical records, court order, funding can cause additional delays. Self-pay for transportation to Oahu, depending on the referral source is a barrier to many. Individuals that are involved in the criminal legal system have to be escorted which requires a court order; this causes delays and individuals may miss their spot.
- ➢ Peer Support is not represented in the 0-1 intercept. The peer support in the state is nascent, it is not yet including forensic or other special populations. Policies that limit peers make peer work more difficult & prevent supporting the forensic population. There are also policies that prohibit peers from associating with individuals that are system involved→a policy that prevents use of forensic peers. The stigma needs to be addressed, the restrictions neither serve the community and directly harms the peers.
- ➢ There are a multitude of peer specialties and not all have the certification. There is a gap in naming and certifying peer categories.
    - o Additionally, peers are not provided a living wage. There is a perception that certification is more important and more valuable than lived experience. In general, the rules/regulations make it hard to bring peers to the table.
- ➢ Hawaii Cares was developed for coordinated care for individuals in the community, but the system does not work for women who are incarcerated (services are not accessible in detention).
- ➢ General limited of space: limited of beds and poor communication in providing service for inpatient and residential.
- ➢ A high-needs population suggests the community is missing opportunities to engage and connect individuals at earlier stages before the individual's needs escalate.
- ➢ There is little to no support before entering the system.
- ➢ Women in WCCC are not being approved for parole because the shelter does not count as "permanent, stable housing"
- ➢ Women who max out and do not have housing lined up they are referred to IHS. This population has the highest recidivism.
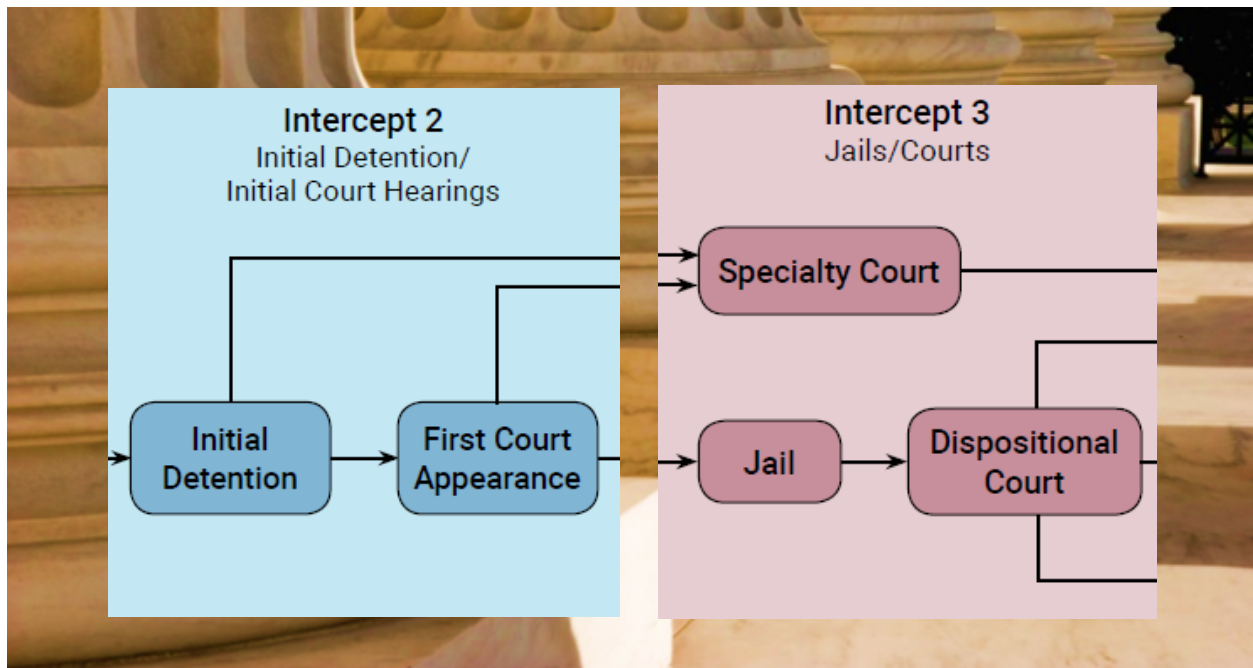
# INTERCEPT 2 & 3

# INITIAL DETENTION/COURT HEARING, JAILS, AND COURTS

## INTERCEPT 2 & 3 RESOURCES

## CRIMINAL COURTS

**District Court**
Only has those facing less than 1 year of jail (includes non-criminal offenses such as traffic and city ordinance). Highest volume of cases. Fee based cases go into collections, whereas warrants will go out for non-appearance criminal cases. Trespass/Homeless cases make up a large about of the case load.

*Circuit Court Data*
The task force looked at all of the woman in custody and pulled their records to look at how and what they were charged. To identify/define violent/non-violent. Crimes (theft, fraudulent use of a credit card, drugs were less charged). The department of health has been working on expediting the CST/SMI cases.

- ➢ Pre covid vs. post covid jail populations are different. More property and drug charges where present for women pre-covid. Now seeing more severe charges (felony b. or a.). Likely a result of more diversion practices in regard to the less severe charges.
- ➢ Many women are sentenced on property and SUD crimes (dangerous drugs). Looking at the history and the underlying cause, it is substance use dependance and trauma.
- ➢ Approximately 20 with frequent involvement in PSD (10+); it is possible that these individuals may not be in the court data.

## Circuit Court

Individuals can have cases that have less than a year, but only if connected with cases that have more than 1 year (e.g., class-C (5 years), class-A (10 years), etc.).

There are four tracks: (Supervised Diversion)

Track 1: Prosecutor decides to divert.
- o Wasn't being used before but is used with a second offense (an old offense) will be identified late and this track is used.

Track 2: Prosecutor charges but deferral/no conviction if program completed.
- o This track is not currently seen as a priority by the current DA for Drug Court.

Track 3: Sentencing track: individual is sentenced or about to be sentenced.

Track 4: Probation/motion to set aside: looking at the prison, on their second or third.

## Specialty Courts

Referral process for specialty courts: Individuals are screened and assessed (biopsychosocial assessment) by Pretrial (two hats probation officers and social workers). Once complete the assessment is sent to the specialty court team and the team identifies eligible individuals (high risk/high needs).

Generally, screened 50 individuals and referred 12 individuals for specialty court – (Women's Court)
- o Drug Court
  - o 112 (Full), has a waitlist
  - o Staffing capacity for 2 and 2 sup and PO
    - ▪ limits -down a counselor and PO
- o Mental Health
  - o Pos are also doing conditional release (IST)
    - ▪ Caseload 100 each on top of the 25 MH court participants
- o Veteran's Court
  - o 22, many are low risk/low needs and so more are accepted
- o Women's Court
  - o 4 x 1 supervisor and PS; 12 participants with a capacity of 20
  - o Trauma is screened for (childhood and current)
  - o Eligibility: identify as a woman, over 18, live on the island, a class b felony or below, 2 years on probation
    - ▪ Generally, women from district court do not have two years, but with a TRO there is 2 years' probation and thus qualify.
  - o Probation is normally 4 years, the "carrot" of women's court is to reduce probation down to 2 years.
  - o Another carrot is the programs and services that are available.
  - o Participants must be able to participate in the activities (serious mental illness or DD are not eligible)
  - o More services for trauma-having providers that are "good at it"
  - o Identifying the gate doers
- o DWI Court and Community Outreach Court-

## Family Court

- o Juveniles
- o DV

Maui County-there are limited services, no women's court in Maui County. There is no formal structure to the services available in specialty courts. Relying mostly on the relationships, making referrals as best as

possible. Previously had a LEAD program, but this program is no longer happening in Maui. Participants from other islands can participate over zoom.

- o Drug Court
- o MH court

OPPORTUNITY: to engaging the cultural centers/programs to partner with courts (i.e. culture court). Previously an effort to start the court, but currently no court/judge that is leading this effort.

### Pre-trial

Individuals are interviewed first thing in the morning, and a report is provided to the court. Misdemeanants are same day; felony cases are three day. The pre-trial reports are used by the courts to decide on detention (arraignment). The attorneys might have access to the report. A challenge to the pre-trial report is having to turn around the report quickly, which may affect the depth/quality of the report. It would help to have more time, or to have better access to information.

*DATA*

Among the population of individuals on bail there are not a lot of individuals sitting in custody with less than $100 bail (these individuals will likely be sentenced jail time served the next time they are in front of a judge). It is possible that individuals with $100 or more bail, that they will be held and not released if they do not pay (this does not mean they are necessarily unable to pay). The 2022 Report showed 65 women with less than $100 bail, less than 492 women with less than $400.

## JAIL STRUCTURE AND PERSONNEL

### General

Public Safety Department: The incarcerated population is very transient, making tracking and referral difficult. SSDI connection, Medications, creating a checklist for individuals that come in contact with the CJS. The case plan checklist is available online. The file follows the person.

- The men's facility has multiple locations; bringing peers into the system is a current effort.
- Visiting individuals have to be on the list.

### Women's Community Correctional Center

The WCCC will hold both the jail and prison population (women). Considerations around housing both MH/BH. The MH and medical populations will be separated since MH will be more long-term service delivery.

Anticipated Jan/Feb 2024. The facility will have a rated capacity 176, current prison population 256. May look to house the jail population elsewhere, may need to have a creative approach for MH/BH. Direct supervision, mixed/dorms/single/doubles. Trauma informed build and trauma informed training for staff. Currently working with Community College and are open to working with other colleges for workforce. Anticipate having to be very creative about how these roles will be filled.

The WCC is working with office of wellness and resilience to move trauma training and trauma informed practices into the jail.

PSD Population Report-WCCC Count (July/2023)

- Head count 185
- Assigned County 208
- Design Capacity 258

- Operational Capacity 260
- Occupancy Rate 71.2%
- Assigned by Facility
  - HCCC – 10
  - KCCC – 6
  - MCCC – 7
  - OCCC – 15
  - OOS-ZFEDS – 1
  - PSD Administration – 13
  - WCCC – 198

# INTERCEPT 2 & 3 GAPS

➢ Currently the center does not have any jail medication and withdrawal medication.
➢ Staffing the WCCC with psychologists, social workers and sufficient medical staff will be a challenge.
➢ Barriers to engaging those charged with misdemeanors in treatment while they await further criminal justice system action.
➢ There is currently no MAT induction in the jail.
➢ Enhance linkage for individuals living with mental health issues or substance use disorder to resources needed before they enter the community.
➢ Protocols for people with severe disabilities and significant mental health issues could be enhanced for better housing options within the jail.
➢ Shortage of behavioral health providers.
➢ Need to add peer specialists to drug court teams. Peer specialists and support services are not generally provided within the jail setting.
➢ Access to transportation.
➢ Need for expanded public education around stigma reduction, harm reduction strategies, client rights, and the medical model of addition.
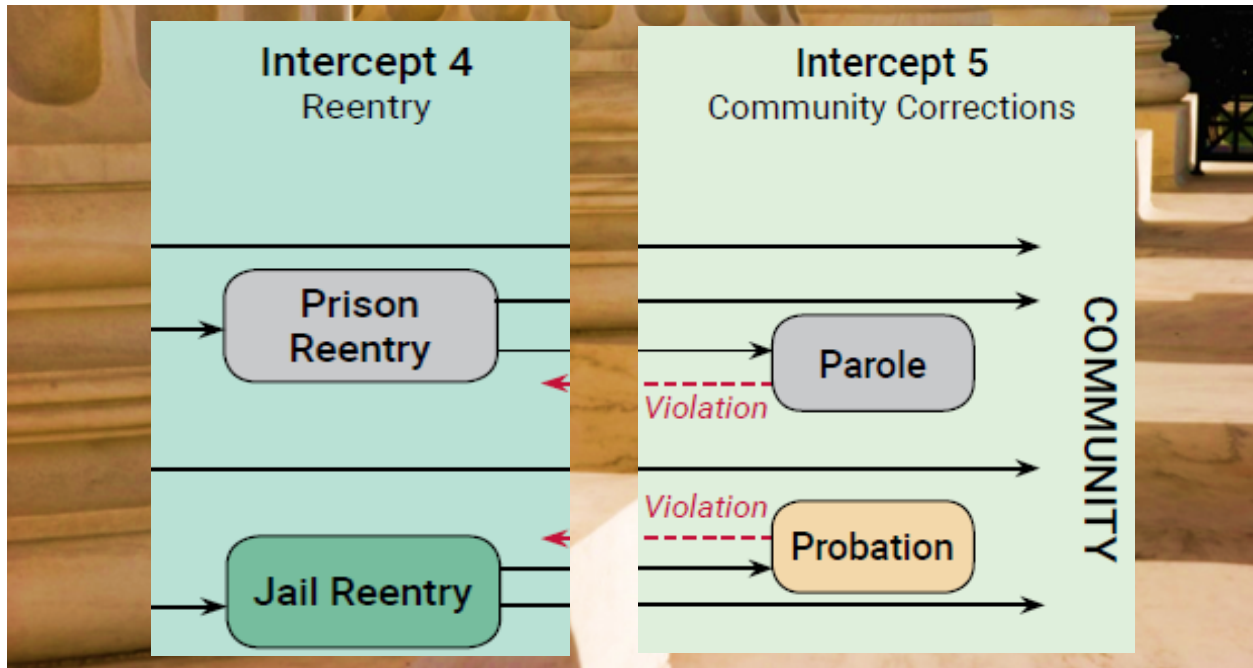
# INTERCEPT 4 & 5

# REENTRY AND COMMUNITY CORRECTIONS

## INTERCEPT 4 & 5 RESOURCES

### JAIL SERVICES

On admission to the jail there is a mental health screen, it is self-report. If there is a SPMI that is known, it is difficult to get the information or MH care history.

The medical unit at OCCC is to provide medications at release. On release, women don't always pick up their medications.

When individuals go in to OCCC- the screenings are self-report, so there are times where individuals do not receive medication.

For many of the mental health programs, individuals need to have 30 days of medication, or they will not be accepted.

OPPORTUNITY: Peers can assist individuals that do not have identification but need medication, there is a policy in place that a direct call to the prescriber can be done to obtain medication for individual, but this process has gaps.

NOTE: pre-sentence investigation (primarily felons) will receive a LSI; which will be redon every 6 months, unless a medium score and then will be redone annually

## COMMUNITY REENTRY

Admission and assessment process with includes the screening and assessment as well as the reentry checklist. At this stage the individuals needs are assessed (housing, medication, identification, etc.) once there assessment is complete, then the case manager will assist in obtaining these services. This process is standardized for the prison population regardless of county.

The reentry process for jail is not standard and has many challenges, because their contact with the system may be brief and follow-up with the individual is not always successful. Additionally, the agencies don't communication/use the same data base, so information about individuals is not shared. PD might have information, but it is not accessible by the courts, or probation.

Medicaid: individuals going into incarceration, their care is suspended and then with 30-day notice of release the suspended. Using Kolea System/Medicaid deferment application. DPS has to notify med QUEST division.

Quest Integration (Medicaid) - 60 days prior to the day of release may reapply, need to know the specific date (Medicaid). For Financial benefits, may reapply prior to release but may not receive any benefits until paroled or released. An interview is required prior to approval. No government ID is needed to reapply. For SNAP/Finanancial benefits with completion of a phone interview, EBT card will be mailed 5-7 business days. If completion of an interview in person, EBT card issued the same day.

Recommendation to add an indicator to the case files to improve identification of application eligibility for the SSI SSDI benefits.

Jail:
- o Staff 3
- o Population 4200; approximately 434 are women. Males on island are 2700, the remaining are in Arizona.
- o Median length of stay for pre-trial misdemeanants 3-7 days; pretrial felony 10-14 days.
- o There is a competence population that skews the data.

Probation is under the judiciary.
- o Oahu has 8000, the bulk is low offenders (approx. 200-400 women)
  - o LSI-R, used for case plan development.
  - o Officers are not trained on gender-specific supervision.
    - ▪ RECOMMENDATION: example Colorado
  - o Using CBT, women's matrix model, behavioral change,
- o Conditional release population and mental health population
  - o Officers are trained on MH and SUD
    - ▪ Recommendation: OSU-TBI-ID

There have been all staff trainings on trauma and trauma informed care and on workforce wellness. There are programs receiving additional support (DV and TRO) unit to get trainings and debriefs on difficult cases. ACE assessment is used and paired with the resiliency score. This information is helpful in seeing more accurately the level of need of the participant.

Parole is attached to the Dept. of Public Safety (PSD), referred to the Hawaii Paroling Authority

- o LSI-R is used for risk needs assessment.
- o Caseload sizes vary

- o   Specialized MH
    - ▪ Females 20-35
    - ▪ Males
    - ▪ SOs-
- o   General population
    - ▪ East section 35-50
    - ▪ West 35-40
- o   Maui
    - ▪ Mixed caseloads
- o   Kona; 1 PO
- o   Kauai; staff openings
    - ▪ Oahu team will go to island to do case contacts.
- o   CBT, motivational interviewing,

In some cases, the conditions of release may include AA or NA, but if in conflict with religion then they will find alternatives.

Individuals are release with a medical summary that includes a list of the medications they are on. They will be connected to the services that they need services.

Long-term probation gets approved for time served so they end up maxing out (RAND) but it is unanticipated so the transition/reentry planning is unsettled.

Individuals that are in custody on probation-generally, a non-violent probation is likely to get time served. After the violations escalate, the judge is more likely to give open term (5, 10, 20). This is the way the laws are written and is most often used with the women population. Women are more likely to have multiple nonviolent cases, culminating in many attempts at keeping individuals out of prison.

The report on probation/parole violators are documented as "revoked" which limits the process for updating the data and tracking these cases. Recidivism is most likely to occur in the first year of release.

# INTERCEPT 4 & 5 GAPS

- ➢ There is GAP around coordinating medication reentry care as well as challenges in connecting to community services after release.
- ➢ When individuals are on probation, they are not allowed to go to another island without permission. This can be challenging when there are family members on different islands.
- ➢ The community needs more service options, and housing, because there are many people going after the same services, it ends up being competitive.
- ➢ Need more housing options for transition back into the community after incarceration. There used to be a lot more clean and sober living.
- ➢ PSD-individuals that max out are not qualified for use of the public safety funds.
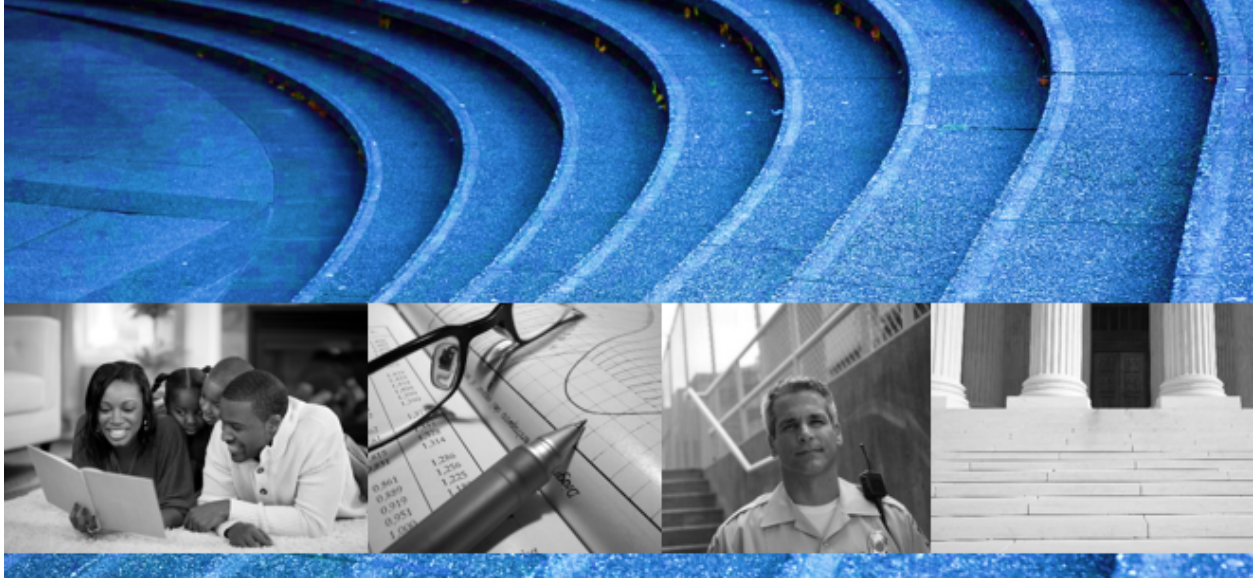
## PRIORITIES FOR CHANGE

The priorities for change are determined through a voting process. Workshop participants are asked to identify a set of priorities followed by a vote where each participant has three votes.

| Rank | Vote | Topic |
|---|---|---|
| 1 | 21 | Systemwide transformation: TRAUMA INFORMED Training and Delivery of service.<br>▪ Culture, mind set of system<br>▪ Staff, vicarious trauma<br>▪ Physical environment, built environment, murals<br>▪ Integration of National Indigenous Women Resource Center Training; advocacy |
| 2 | 17 | Develop cross-system cross training:<br>▪ Access benefits<br>▪ HUD rules and opportunities<br>▪ ACES and Trauma Informed Care (TIC)<br>▪ How to deliver TIC |
| 3 | 13 | Create and leverage resources to support/enforce facilities improvement<br>▪ Physical conditions<br>▪ $ allocation<br>▪ Media – Educate media and awareness for the public. |
| 4 | 11 | Develop a comprehensive transition process:<br>▪ Process<br>▪ Housing<br>▪ Benefits |
| 5 | 9 | Create success trajectory for formerly justice involved women.<br>▪ Livable wage. More than certificate program |

| | | |
|---|---|---|
| | | <ul><li>Integrate National Indigenous Women Resource Center</li><li>Training, education to employment that values lived experience and expertise</li></ul> |
| 6 | 7 TIE | Improve, address and implement resources and processes for women who "max out".<ul><li>Prior to release and post-release</li><li>Mentoring / peer</li><li>Emotional/ therapeutic/trauma</li></ul> |
| | | Develop women housing options and resources<ul><li>Integrate restorative practices in housing.</li><li>Language</li><li>Landlords</li><li>Housing transition options for individuals with no or low $</li></ul> |
| 7 | 3 | Address policy regarding formerly justice involved individuals in corrections.<ul><li>Standardize process to be a peer in the corrections setting.</li><li>Change legislation regarding state employment of persons with a felony offense to align with the misd. 5-yr lookback; currently felony is 7-yrs.</li></ul> |
| 8 | 1 | Collect, analyze data to understand:<ul><li># of persons who MAX out and their needs and characteristics.</li><li>Data for "familiar faces"</li><li>Data to build the case to change state employment lookback to 5-yrs for a felony vs. current 7 years.</li></ul> |

# STRATEGIC ACTION PLANS

| Strategic Action Plan | Location: Hawaii Women's SIM | | Date: 8/3/2023 | |
|---|---|---|---|---|
| **Group Members:** | | | | |
| **Priority Area – RANK #4:** | | Develop Comprehensive Transition Process | | |
| **Objective** | **Action Step** | | **Who** | **When** |
| 1. Develop shared transition plan.<br>    ▪ Explore multi-party common release of information.<br><br>* Charleston is using an encrypted comprehensive excel based form that you could consider (Regi)<br>** Regi can share Denver's common release if interested | 1. Develop shared transition form template*<br>2. Ensure "are you currently collecting SSI question on the form.<br>3. Use release of information (**explore using one common form)<br>    a. Get permission to share information. | | YWCA<br>HIS<br>Sai<br>Monica<br>Janelle<br>Debbie<br>Candace<br>Toni – Pu'a Foundation/ Mercy House | |
| 2. Convene and coordinate across housing availability.<br><br>(***Kansas and Michigan have models if you are interested in seeing them (Regi)) | 1. Provide education to justice-system stakeholders regarding HUD Chronic Homeless requirements and process.<br>2. Develop strategies to manage HUD requirements.<br>3. Create a bed-availability process and database.*** | | | |
| 3. Benefits<br>    ▪ Start financial and enrollment process in jail. | 1. Training to court, probation, case managers, peers on access to DHS resources<br>    a. How to use Med Quest letter as proof of address | | Training and use of QUEST<br>    ▪ Malia<br>    ▪ Cheryl<br>▪ Malia training on benefits including SNAP | |

| | | | |
|---|---|---|---|
| | ▪ Educate use of Med Quest Letter as proof of address for DMH-ID | 2. How to receive mail when a person is experiencing homelessness.<br>    a. Homeless resource point person<br>3. Identification of DHS point people<br>4. Standardize form and process.<br>5. Include release date on packet.<br>6. Use of Waikiki Health Center. | for JWI population, Check with Chris<br>▪ Chris Train on Child Welfare<br>▪ Sai, court point person and train on courts<br>▪ Malia will email Chris, Candace, Sai and Trish | |
| 4. | *Use de-identified aggregated data from transition plans to understand release needs and trends.<br><br>*Regi added this point after the meeting | 1. Identify transition, housing and benefit data points that should be collected.<br>2. Identify the process of data collection, and repository.<br>3. Identify responsible party to maintain and analyze the data.<br>4. Determine how to use the data to inform transition needs and trends. | | |

| Strategic Action Plan | | Location:  Hawaii Women's SIM | Date: 8/3/2023 |
|---|---|---|---|
| Group Members: Fred (HPA), Frank (ISC), Kirstin (Aloha Care), Diane (DHS), Daisy (DHS), Mark (Pros), Capsun (OHA) , Monica (PSD), Jamee (Community), Jessie (Sen), Caroline (UH/CDC) – LEAD: JAMEE MAHEALANI MILLER | | | |
| Priority Area – RANK #3: | | Creating, leveraging resources to support/enforce facilities improvement | |
| Objective | Action Step | Who | When |
| 1. Reallocate $ | 1. Hold legislators accountable.<br>    a. Pull <u>DATA</u> to support funding.<br>    b. Establish clear objectives | ▪ B/F; Gov., Ways/Means Committee<br>▪ Oversight commission to help with messaging in the report. | ▪ Prep now for Leg. 24' (Jan) |

| 2. | Reduce stigma within the community via awareness/understanding.  Increase connections to community. | 1. Social media<br>2. Use of lived experience individuals and families and justice involved.<br>3. Develop campaign – message?<br>    a. Return mainland population?<br>    b. Increase services.<br>4. Review of other states<br>5. Data to support | ▪ Gov.<br>▪ Non-profits to advocate<br>▪ DPS, DHS, JUD, OHA, ACLU, PUA Fdn., *any and all.<br>▪ C/Cooke<br>▪ C/County | ▪ PREP NOW FOR Leg 24'<br>▪ Family Days at WCCC<br>▪ Continuous monologue/dialogue |

| Strategic Action Plan 8/3/2023 | Location:  Hawaii Women's SIM | | Date: |
|---|---|---|---|
| **Group Members:** | | | |
| **Priority Area – RANK #1:** Systemwide transformation: TRUAMA INFORMED: training, delivery of service, vicarious trauma; Public Awareness – Media – Integration of National Indigenous Resource | | | |
| **Objective** | **Action Step** | **Who** | **When** |
| 1. Create a trauma informed care initiative system-wide training (staff) | Create a workgroup:<br>▪ Debbie Victor Macalino,<br>▪ Toni Bissen<br>▪ Janelle Saucedo – Aloha Care<br>▪ Shelly DeMattos<br>▪ Cristy Yokoyama | Kimmy Takata | ASAP |
| 2. Change culture in facilities | Work with wardens | Cara<br>Katherine Korenaga<br>KKorenaga@dhs.hawaii. Gov | ASAP |
| 3. Pilot Program | Implementation | Janelle | After Step 2 |

| Strategic Action Plan 8/3/2023 | Location: Hawaii Women's SIM | | Date: |
|---|---|---|---|
| Group Members: | | | |
| Priority Area – RANK #2: | Cross and Inter-agency Training on Benefits | | |

| | Objective | Action Step | Who | When |
|---|---|---|---|---|
| 1. | Identify the people who need to be trained in the first round. | A) Women's Court stakeholders<br> a. Probation Officers,<br> b. Judicial Officers<br> c. Case Managers<br> d. DHS Program Administrators<br>B) Set up email chain and set up zoom to plan training | Malia, Sai, Candace, Trish, Lisa, Shari<br><br>Saifoloi.v.aganon@courts.hawaii.gov | |
| 2. | Second round of training | B) Other justice and agency staff:<br>Criminal justice stakeholders in general | | |

# QUICK FIXES

While most priorities identified during a Sequential Intercept Model mapping workshop require significant planning and resources to implement, quick fixes are priorities that can be implemented with only minimal investment of time and little, if any, financial investment. Yet quick fixes can have a significant impact on the trajectories of people with mental and substance disorders in the justice system.

➢ Workshop participants agreed to coordinate some support and funding with the faith based community.

➢ Debbie, Corey, Sophia, Toni will collaborate to develop peer services for women who are incarcerated.

# RECOMMENDATIONS

Hawaii has several exemplary programs that address criminal justice/behavioral health collaboration. Still, the mapping exercise identified areas where programs may need expansion or where new resources and programming must be developed.

1. Explore the implementation of a real-time updated "Open Bed List" system, inspired by the My Resource Connect (My RC) model from Johnson County, Kansas. This system will serve as a valuable resource for criminal justice agencies, eliminating the need for exhaustive phone calls in search of available bed spaces for individuals within the criminal legal system.
   a. The My Resource Connect (My RC) program, as exemplified in Johnson County, Kansas, offers a cost-effective and adaptable model that can be customized to meet the unique needs of any county or state. My Resource Connection's primary objective is to connect individuals in need with the appropriate resources to address their diverse requirements, such as groceries, clothing, housing, healthcare, counseling, transportation, employment, and emotional support. It serves as a central hub for accessing a wide range of organizations in the greater Kansas City area that can provide these vital services.
   b. By incorporating the My RC model's principles, your recommendation can lead to the creation of a dynamic and efficient system for tracking available beds in real-time, streamlining communication, and ensuring individuals involved in the criminal legal system have timely access to necessary services.

2. Look at the court data for who the familiar faces are rather than the jail data (the non-custodial population)

3. Enhance crisis response capabilities by expanding Crisis Intervention Team (CIT) training or Crisis Response and Intervention Training for all first responders. Additionally, consider models such as CAHOOTS and STAR for reference and potential implementation.
   a. The Crisis Intervention Team (CIT) program is a collaborative effort involving law enforcement, mental health and addiction professionals, individuals with mental illness or addiction disorders, their families, and community partners. It aims to improve community responses to mental health crises and reduce the stigma associated with mental illness. CIT focuses on creating a compassionate and effective crisis response system that diverts individuals with mental disorders and addictions from the criminal justice system and

towards appropriate medical and mental health treatment. Communities implementing CIT programs have demonstrated higher success rates in resolving crisis situations (CIT International).

b. **The Crisis Response and Intervention Training** is a comprehensive 40-hour program that covers various modules related to behavioral health, disabilities, community engagement, legal considerations, and practical skills. This training equips first responders with the knowledge and skills needed for effective crisis response (CRIT).

c. **CAHOOTS** (Crisis Assistance Helping Out On The Streets) is a mobile crisis intervention service available 24/7 in the Eugene-Springfield Metro area. CAHOOTS teams, consisting of medics and crisis workers, provide immediate stabilization, assessment, information, referrals, advocacy, and, when necessary, transportation for individuals in urgent medical or psychological crises. CAHOOTS offers a wide range of services, including crisis counseling, suicide prevention, conflict resolution, and more (CAHOOTS).

d. **Support Team Assisted Response (STAR)** is a program launched in Denver, Colorado, that offers person-centric mobile crisis response for issues related to mental health, homelessness, poverty, and substance use. STAR routes 911 calls to behavioral health professionals and paramedics, ensuring that individuals in crisis receive trauma-informed care and necessary support. The program has successfully resolved crises without arrests or injuries and reduces the reliance on traditional law enforcement responses for certain situations (STAR).

4. Work with SOAR to identify individuals that don't have SSI who qualify. Adding questions in your assessments about benefits.
   a. Hawaii SOAR State Team Lead
      i. Yara Sutton; Email: Yara.Sutton@doh.hawaii.gov; Phone: 808-453-6940

5. Implement a comprehensive medication-assisted treatment (MAT) program for individuals with opioid use disorder (OUD) within the criminal justice system, with a focus on preventing and addressing medication diversion.
   a. **Multi-disciplinary Training and Education**: Establish multidisciplinary teams with clear communication and ongoing training to ensure the successful implementation of MAT programs. Educate all staff, including correctional officers, on the benefits of MAT, potential side effects, and the importance of preventing diversion.
   b. **Community Collaboration**: Foster partnerships with community justice and treatment stakeholders to ensure continuity of MAT outside of the correctional facility. This is particularly crucial for pretrial individuals whose duration of detention may be uncertain.
   c. **Policies and Procedures**: Develop written policies and procedures for preventing and addressing medication diversion. Implement random drug screenings for participants and monitor canteen funds for unusual changes. Establish documented response protocols for diversion situations.
   d. **Flexible Dosing Protocols**: Provide comprehensive and flexible dosing protocols managed by clinical staff. Adjust dosages and delivery methods based on individual needs and the risk of diversion.
   e. **Monitoring and Vigilance**: Maintain vigilant oversight of medication dispensing, especially for medications that may be prone to diversion. Stay alert to evolving diversion tactics and adapt security measures accordingly.

f. **Adequate Staffing**: Ensure sufficient staff-to-patient ratios to prevent diversion effectively. Assign the same corrections officers to MAT teams to enhance familiarity with patient behavior and needs.

g. **Patient Involvement**: Engage patients in understanding and addressing diversion. Consider their input when making decisions related to treatment and medication adjustments.

By implementing these recommendations, correctional facilities can establish effective MAT programs that reduce the risk of diversion and improve the overall outcomes for individuals with opioid use disorder in the criminal justice system.

6. Address workforce challenges to develop telehealth options and to work with universities/colleges to create a training program.
   a. Consider the use of videoconferencing to expand access to Mental Health consultation in rural communities.
      i. Behavioral Health Response (BHR) provides Virtual Crisis Support to the St. Louis, MO police department.
7. Address trauma in WCCC and OCCC by expanding training and implementing trauma informed practices.
   a. National Institute of Justice

**Support Gender-Responsive Risk Assessment**: Many state DOCs are using gender-responsive risk assessment tools like the Women's Risk and Needs Assessment (WRNA) to understand the unique circumstances and mental health needs of incarcerated women. It's important to advocate for the widespread adoption of such tools to ensure that the criminal justice system recognizes and addresses the trauma histories of female inmates effectively.

   b. Inclusive Designers

Trauma-informed design recognizes the prevalence of trauma among incarcerated individuals and aims to create environments that promote healing, reduce retraumatization, and ultimately contribute to better outcomes for both inmates and staff. Here are key steps to consider:

a. **Assessment and Training**: Begin by conducting a comprehensive assessment of your correctional facility to identify potential triggers and stressors for individuals with trauma histories. Ensure that staff, including correctional officers, are trained in trauma-informed practices to understand the impact of trauma on behavior and responses.

b. **Physical Environment**: Modify the physical environment to minimize triggers and create a sense of safety. This includes providing spaces with natural lighting, reducing noise, and ensuring privacy in personal areas such as bathrooms.

c. **Safety and Security**: While maintaining safety and security, find ways to limit the use of practices that may retraumatize individuals, such as solitary confinement. Explore alternatives that prioritize de-escalation, conflict resolution, and rehabilitation.

d. **Supportive Services**: Offer access to trauma-informed mental health services and counseling within the facility. Provide opportunities for individuals to address their trauma, build resilience, and develop coping strategies.

e. **Restorative Justice Programs**: Promote restorative justice programs within the facility that focus on repairing harm and rebuilding relationships. These programs can help individuals take responsibility for their actions and make amends.

f. **Cultural Sensitivity**: Be culturally sensitive and consider the unique experiences and backgrounds of inmates, including those from marginalized communities. Address issues of racial and gender disparities within the correctional system.

g. **Staff Wellbeing**: Prioritize the wellbeing and mental health of correctional staff. Working in a trauma-informed environment can be challenging, so support and resources should be available for staff as well.

h. **Collaboration**: Collaborate with experts in trauma-informed care, mental health professionals, and community organizations to enhance the implementation of trauma-informed design principles.

i. **Feedback and Evaluation**: Continuously gather feedback from inmates and staff to assess the effectiveness of trauma-informed design and make necessary improvements.

j. **Education and Outreach**: Extend trauma-informed education and practices to reentry programs to help formerly incarcerated individuals reintegrate into society successfully.

By adopting trauma-informed design principles, correctional facilities can play a crucial role in breaking the cycle of trauma and criminality. This approach not only enhances the safety and rehabilitation of inmates but also contributes to a more just and equitable criminal justice system.

# RESOURCES

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- Optum. (2015). In Salt Lake County, Optum Enhances Jail Diversion Initiatives with Effective Crisis Programs.
- The Case Assessment Management Program (CAMP) is a joint effort of the Los Angeles Department of Mental Health and the Los Angeles Police Department to provide effective follow-up and management of selected referrals involving high users of emergency services, abusers of the 911 system, and individuals at high risk of death or injury to themselves.

## Brain Injury
- National Association of State Head Injury Administrators. (2020). Criminal and Juvenile Justice Best Practice Guide: Information and Tools for State Brain Injury Programs.
- National Association of State Head Injury Administrators. Supporting Materials including Screening Tools and Sample Consent Forms.

## Housing
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  - Mental Health Association of Nebraska. Keya House is a four-bedroom house for adults with mental health and/or substance use issues, staffed with Peer Specialists.
  - Mental Health Association of Nebraska. Honu Home is a peer-operated respite for individuals coming out of prison or on parole or state probation.
  - MHA NE/Lincoln Police Department REAL Referral Program. The REAL referral program works closely with law enforcement officials, community corrections officers and other local human service providers to offer diversion from higher levels of care and to provide a recovery model form of community support with the help of trained Peer Specialists.

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## SSI/SSDI Outreach, Access, and Recovery (SOAR)

Increasing efforts to enroll justice-involved persons with behavioral disorders in the Supplement Security Income and the Social Security Disability Insurance programs can be accomplished through utilization of SSI/SSDI Outreach, Access, and Recovery (SOAR) trained staff. Enrollment in SSI/SSDI not only provides automatic Medicaid or Medicare in many states, but also provides monthly income sufficient to access housing programs.

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# APPENDICES

**Appendix 1**    Sequential Intercept Model Mapping Workshop Participant List

**Appendix 2**    Sequential Intercept Model Mapping Workshop Community Self-Assessment