



GOING HOME HAWAI'I
RESTORATIVE JUSTICE. EQUITY. SAFE COMMUNITIES.

HAWAI'I ISLAND SEQUENTIAL INTERCEPT MODEL

TABLE OF CONTENTS

Background	3
About COCHS	3
About HHHRC	3
About Going Home Hawai'i.....	4
Goals	4
Overarching Themes	4
Overarching Challenges	5
Key Differences Between the Kona and Hilo Sides	6
Priorities Addressed by Participants	6
SIM Workflow	9
Intercept 0 Community System	10
SAMHSA's Intercept 0 Overview	10
Resources.....	10
Gaps and Limitations in Intercept 0	13
Intercept 1 Dispatch and First Response	14
SAMHSA'S Intercept 1 Overview.....	14
Key Processes in Law Enforcement and Crisis Response	14
Gaps and Limitations in Intercept 1	15
Intercept 2 Cell Block Arrangement.....	17
SAMHSA's Intercept 2 Overview	17
Key Processes in Court Hearings and Jail Diversion.....	17
Resources.....	18
Gaps and Limitations in Intercept 2	19
Intercept 3 Court and Jail	20
SAMHSA's Intercept 3 Overview	20
Key Processes During Incarceration.....	20
Gaps and Limitations in Intercept 3	21
Priorities for Improving Intercept 3.....	22
Intercept 4 Reentry.....	23
SAMHSA's Intercept 4 Overview	23
Key Processes in Reentry	23
Resources.....	24
Gaps and Limitations in Intercept 4	24
Priorities for Improving Intercept 4.....	25
Intercept 5 Probation and Parole.....	26
SAMHSA's Intercept 5 Overview	26
Key Processes in Probation and Parole Supervision.....	26
Gaps and Limitations in Intercept 5	27
Priorities for Improving Intercept 5.....	28

BACKGROUND

The Sequential Intercept Model (SIM) is a tool developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) to help jurisdictions better understand the relationship between behavioral health systems and the criminal-legal system. It provides a structured way to analyze how individuals with behavioral health needs interact with criminal-legal agencies such as courts and police, while identifying opportunities to divert them away from the justice system and into more appropriate community settings. This is achieved through candid discussions among stakeholders from health, justice, and social service agencies, allowing for a shared understanding of system strengths, gaps, and opportunities for improvement. The SIM divides the criminal-legal system into various "Intercepts" that highlight how different agencies interact with people as they move through the system. However, as with any model, it cannot fully capture the complexity experienced by the individuals or agencies involved.

Going Home Hawai'i (GHH) invited both Community Oriented Correctional Health Services (COCHS) and the Hawai'i Health & Harm Reduction Center (HHHRC) to facilitate a SIM exercise for the Hawai'i Island, focusing on the communities in Kona and Hilo. The workshops aimed to explore the current landscape of behavioral health and justice systems on the Hawai'i Island, identifying key points of intervention and collaboration between stakeholders. These workshops occurred on August 22 and 23, 2024, with feedback from participants incorporated into this report. The final report reflects the input of stakeholders and is intended to serve as a resource for ongoing collaboration between health and justice systems. A list of participants can be found in Appendix A.

This SIM aims to help the Hawai'i Island and the state prepare for new opportunities created by federal guidance that allows states to use Medicaid dollars for in-reach services within correctional facilities. It also seeks to inform legislators and stakeholders about critical behavioral health and justice needs and offer insights into creating meaningful diversion programs that reduce reliance on the carceral system.

The appendices at the end of this document contain resources provided by attendees and supplementary materials identified by the authors to help contextualize the health and justice systems on the Hawai'i Island and in the State of Hawai'i.

About COCHS

Community Oriented Correctional Health Services (COCHS) is a 501(c)(3) organization established in 2005 with a grant from the Robert Wood Johnson Foundation. COCHS aims to improve connections between community and correctional health systems, focusing on expanding health insurance enrollment, access to high-quality care, and removing policy barriers that result in costly and inefficient outcomes for the health and justice systems.

About HHHRC

The Hawai'i Health & Harm Reduction Center (HHHRC) works to reduce harm, promote health, and create wellness while fighting stigma in Hawai'i and the Pacific. The organization operates at the intersection of the criminal-legal system, behavioral health, substance use, homelessness, and chronic diseases such as HIV. HHHRC served as the fiscal sponsor for the Hawai'i Island SIM process.

About Going Home Hawai'i

Going Home Hawai'i is a nonprofit organization and the governing fiscal body for the Hawai'i Island Going Home Consortium. Since 2004, the Hawai'i Island Going Home Consortium has been leading efforts to provide innovative and culturally responsive reentry and reintegration services to justice-involved individuals, their families, and communities. The Going Home Consortium consists of more than 50 public and private entities and their representatives with a network of over 300 state and national partners.

Goals

The goals of the Hawai'i Island SIM process were to:

- Create a clearer understanding of the flow of individuals through the health and justice systems, with the aim of identifying further opportunities for collaboration;
- Pinpoint resource gaps and new opportunities arising from recent federal Medicaid guidance; and
- Lay a foundation for community and legislative priorities aimed at reducing the number of people with mental health needs in carceral settings and creating opportunities for diversion.

What This Document Does Not Do

- It is not a resource guide for contacting specific programs. Programs and their contacts change frequently, and it is recommended to reach out directly to relevant agencies for updated information.
- It does not capture all the complexities of the health and justice systems. The real-world systems are often less discrete than the SIM model suggests. For example, reentry planning (Intercept 4) begins when an individual enters prison (Intercept 3), and some programs cross multiple intercepts.
- It does not offer definitive solutions. The SIM provides a snapshot of the current resources and gaps based on the experiences and perspectives of the attendees.

Overarching Themes

Participants described this as a pivotal moment, with a unique convergence of factors that could enable the transformation of the justice system on the Hawai'i Island. As the Department of Public Safety undergoes reorganization, there are significant opportunities to strengthen coordination among health and justice partners. Across multiple intercepts, stakeholders repeatedly emphasized the need for better collaboration and alignment of efforts.

Simultaneously, the Department of Human Services has developed a new Medicaid 1115 waiver that would allow MedQUEST to fund in-reach case management services in correctional facilities, providing consistent support and funding. This Medicaid opportunity could also open doors for diversion programs by reinvesting state savings from the waiver.

As in many jurisdictions, health and correctional systems on the Hawai'i Island often operate in silos, which can lead to inefficient outcomes, such as unnecessary incarcerations. Housing, workforce challenges, and livable wages emerged as common needs across all intercepts.

By focusing on reducing silos, improving access to and coordination of services, and increasing housing options for people in need, the Hawai'i Island can leverage these emerging opportunities to create a more responsive and equitable justice system that reduces costly incarcerations and improves health outcomes for the community.

Overarching Challenges

1. Critical Need for Housing Across All Intercepts:

- **Housing shortages** were a recurring theme throughout every intercept. Individuals across different stages of the criminal justice system—especially those with mental health or substance use disorders, sex offenders, and those with medical needs—face significant challenges in finding stable housing. Housing challenges for staff were frequently mentioned as a barrier to recruiting and retaining workforce.
- The lack of appropriate housing severely limits reentry efforts, contributes to recidivism, and delays parole approvals. Both **transitional housing** and **permanent supportive housing** are essential, and there's a specific need for facilities willing to take on more complex cases, such as those involving mental health conditions or sex offenses.

2. Mental Health and Substance Use Treatment Gaps:

- Across the intercepts, the **need for mental health and substance use services** was clear. While some screening and treatment are available at intake (Intercept 3), the services often fall short, especially during incarceration, and individuals frequently fall through the cracks during reentry. Residential treatment and detoxification access, especially for women, are a large gap.
- The **jail diversion program** helps mitigate some of these issues for individuals with serious mental illness (SMI), but many are not eligible due to restrictive criteria, not to mention lack of staffing, leaving them stuck in the criminal justice system without the care they need.

3. Coordination and Data Sharing:

- There is a significant challenge with **coordination between agencies and data sharing**. Many individuals have to repeatedly share their information as they move through different stages, creating frustration and lost opportunities for timely interventions.
- HIPAA has also been cited as a barrier to sharing critical health information, yet there are possibilities for using HIPAA to facilitate rather than hinder data-sharing across providers, especially for continuity of care during reentry.

4. Workforce Shortages and Service Limitations:

- Across all intercepts, **workforce shortages**—especially in mental health, parole services, and community health—are a serious bottleneck. For example, Kona has struggled to maintain a full staff for jail diversion, and parole officers on both sides are stretched thin, managing high caseloads across large geographic areas.
- Additionally, limited availability of **treatment programs** such as domestic violence intervention, parenting classes, and substance use treatment means that many individuals on parole or probation are unable to meet their conditions, contributing to delayed release or reincarceration.

5. Geographical Disparities:

- **Transportation issues** compound the geographic disparities in access to services between the **Hilo** and **Kona** sides. Individuals living in rural areas or on the Kona side have fewer housing and treatment options, making compliance with parole or reentry plans even more challenging.

- The **Kona side** lacks certain services, such as the **AMHD jail diversion program**, and has a more acute shortage of housing and treatment facilities compared to Hilo. This difference makes reentry and parole and probation more difficult for individuals in Kona, where they must often travel long distances for essential services.

6. Peer Mentorship and Support Systems:

- A lack of **peer mentorship and support** was frequently noted. Peer mentorship is critical in helping individuals navigate the reentry process, access services, and reintegrate into the community, yet it remains underutilized and underfunded across both sides of the island.

Key Differences Between the Kona and Hilo Sides

1. Service Availability:

- **Hilo** has more established services, particularly when it comes to **jail diversion** and **mental health treatment**. Hilo also benefits from greater community health resources and housing partnerships, though it still falls short of meeting demand.
- **Kona**, on the other hand, suffers from even more acute shortages. **Jail diversion services are not available** on the Kona side due to staffing limitations, and there are fewer housing options. Transportation from rural areas exacerbates this issue, with probation/parole and reentering clients struggling to access services or housing far from their homes.

2. Workforce Capacity:

- **Hilo** has slightly more robust staffing, particularly in parole and mental health services, though it is still understaffed. **Kona's staff shortages** are more severe, with parole officers managing larger territories and more cases, making effective supervision and service coordination harder to achieve.

3. Housing Access:

- Housing shortages are an island-wide issue, but **Kona** faces a more acute crisis due to a lack of facilities willing to house complex cases, including sex offenders and individuals with significant mental health or substance use needs. This has led to cases where individuals cannot find appropriate housing and remain incarcerated or homeless post-release.

Priorities Addressed by Participants

1. Expand Housing Options and Mental Health Support:

- **Increase transitional and permanent supportive housing** options, with a focus on facilities that can accommodate individuals with complex needs, including sex offenders and those with mental health or substance use disorders.
- **Establish housing facilities** specifically for individuals with mental health and substance use conditions, based on the successful models from other states, to help fill the care home gap.
- Expand **community mental health services**, particularly for individuals who are reentering society or on parole, and ensure that mental health care continues seamlessly from jail/prison to the community.
- Solve the **policy issues** that are resulting in **CCS clients** from being dropped from the mental health case management program upon arrest.

2. **Improve Data Sharing and Coordination:**
 - **Implement/utilize electronic health records (EHR) and a Health Information Exchange (HIE)** that allow for secure and efficient data-sharing between jail, prison, healthcare providers, and community-based organizations, ensuring that individuals do not have to repeat their histories multiple times and that providers have timely access to critical health information.
 - Utilize **HIPAA provisions** to facilitate data sharing that improves care coordination without violating privacy, especially during reentry when continuity of care is crucial.
3. **Expand Jail Diversion Programs:**
 - **Expand eligibility for jail diversion** to include a broader range of offenses, particularly for non-violent offenses and individuals with co-occurring substance use and mental health disorders.
 - **Establish jail diversion on the Kona side**, allowing individuals to access mental health treatment instead of jail. This will help address the growing mental health crisis in the justice system, particularly in under-served areas like Kona.
4. **Bolster Workforce Capacity:**
 - **Increase funding for hiring and training** more parole officers, mental health workers, and community health workers to address workforce shortages across the board. Consider offering financial incentives, such as higher wages, housing subsidies or relocation assistance, to attract workers to the Kona side.
 - Implement **peer mentorship programs** across the island to guide individuals through reentry and parole, helping them access services, secure housing, and find employment. Ensure that contracts for programs, such as 988, do not require credentials that are unnecessary for carrying out job functions
5. **Address Geographic and Transportation Barriers:**
 - **Improve transportation options** for individuals in rural areas or those on the Kona side. Consider partnerships with local organizations or shuttle services to ensure that individuals can access necessary appointments, housing, and job placements.
 - Develop **regional service hubs** in Kona to reduce the need for individuals to travel long distances for services, particularly mental health care and housing.
6. **Increase Public Awareness and Advocacy:**
 - **Launch public education campaigns** to raise awareness about the needs of individuals in the criminal justice system, particularly for sex offenders and individuals with mental health conditions. Reducing stigma can lead to more housing options and increased community support.
 - Advocate for **legislative changes** to integrate Medicaid coverage, improve jail diversion eligibility, and support funding for mental health services in underserved areas.
7. **Plan for Improved Integration to Medicaid Systems**
 - Hawai'i has applied for a **Medicaid 1115 waiver** that will allow for Medicaid services during incarceration. This will hopefully become approved soon. Corrections and community health systems will need to improve collaboration to meet to goals of the waiver.

- Healthcare delivered in corrections will need to be **offered at a Medicaid standard** which could lead to challenges given the challenges community providers have faced when accessing the jail.



2024 - Hawai'i Island Sequential Intercepts for Change - Criminal Justice-Behavioral Healthcare Partnerships

The 2024 Sequential Intercept Model (SIM) has been developed by Dan Mistak, of Community Oriented Correctional Health Services (COCHS). And in partnership with the below organizations.

- 808 Homeless Task Force
- Big Island Drug Court
- Big Island Substance Abuse Council
- Bridgehouse
- City and County of Honolulu
- Community First Hawai'i
- Corporation of Supportive Housing
- County of Hawai'i
- EPIC Ohana
- Focalize Solutions
- Going Home Hawai'i
- Hawai'i Cares 988
- Hawai'i Community Correctional Center
- Hawai'i Correctional Systems Oversight Commission
- Hawai'i Department of Corrections and Rehabilitation
- Hawai'i Department of Health Adult Mental Health Division
- Hawai'i Department of Human Services
- Hawai'i Island Community Health Center
- Hawai'i Island Fentanyl Task Force
- Hawai'i Health & Harm Reduction Center
- Hawai'i Office of the Governor Josh Green, MD
- Hawai'i Paroling Authority
- Hawai'i Police Department
- Hawai'i State Judiciary
- HI FUSE
- HOPE Services
- Kumukahi Health + Wellness
- LGF Consulting Hawai'i Employment Services
- Lokahi Treatment Centers
- Maikai Health Community Clinic
- Recovery Hawai'i
- S&G Laboratories Hawai'i
- The Salvation Army
- Unite Us
- United Healthcare
- Veterans Affairs

AMHD = Hawai'i State Department of Health Adult Mental Health Division

MHEW = Mental Health Emergency Worker

DCR = Hawai'i Department of Corrections and Rehabilitation

ISC = Intake Services Center

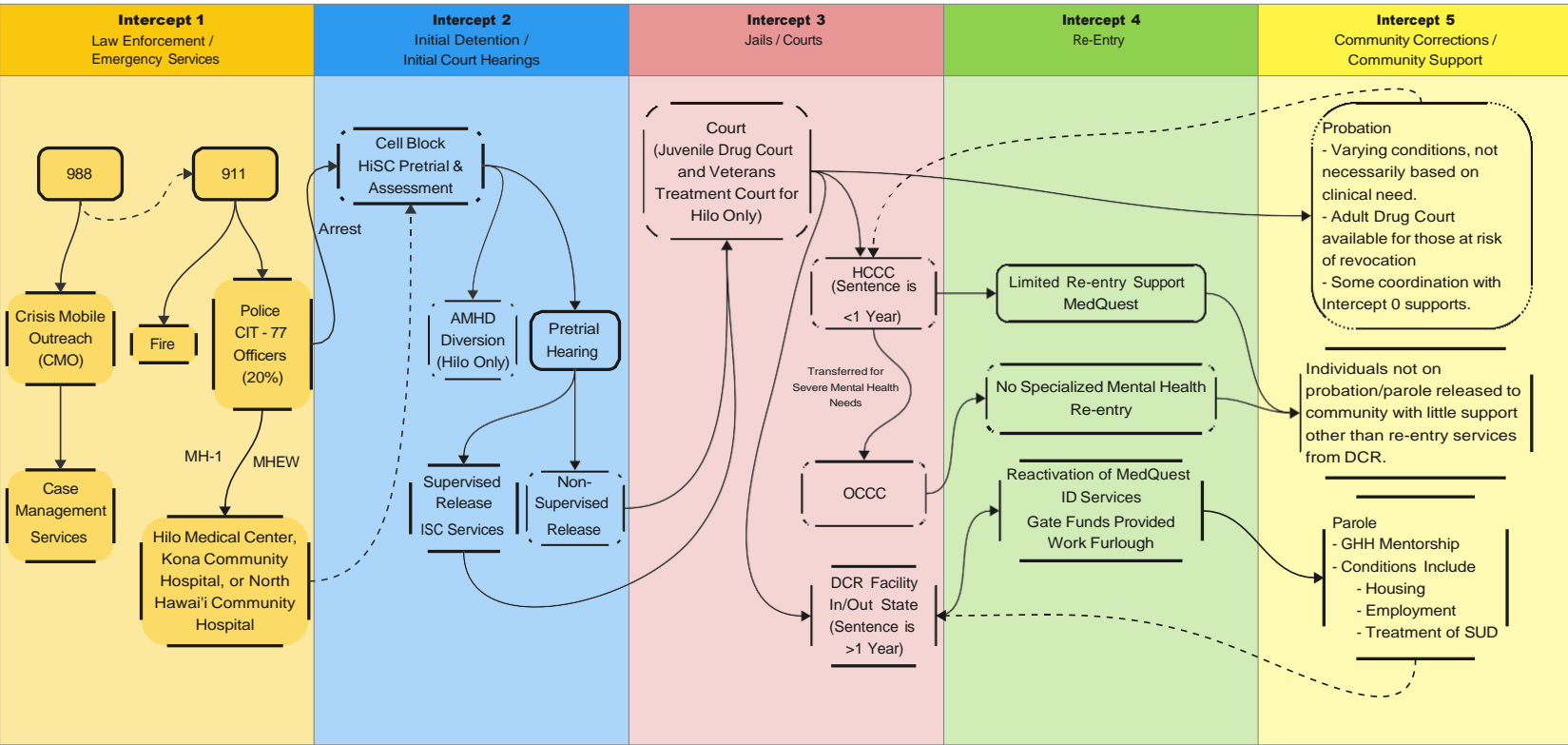
GHH = Going Home Hawai'i

OCCC = O'ahu Community Correctional Center

HCCC = Hawai'i Community Correctional Center

SUD = Substance Use Disorder

HISC = Hawai'i Intake Services Center



INTERCEPT 0 COMMUNITY SYSTEM

“Intercept 0 encompasses the early intervention points for people with mental and substance use disorders prior to being charged for an offense by law enforcement.” – Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA's Intercept 0 Overview

- Connects people who have mental, and substance use disorders with services before they come into contact with the criminal justice system.
- Supports law enforcement in responding to both public safety emergencies and mental health crises.
- Enables diversion to treatment before an arrest takes place.
- Reduces pressure on resources at local emergency departments and inpatient psychiatric beds/units for urgent but less acute mental health needs.

Resources

1. **988 Crisis Hotline (Both Hilo and Kona)**

- Run by Hawai'i CARES. Provides non-judgmental crisis support, risk assessments, and service referrals. Person in crisis can call, or a bystander. The bystander must stay with the individual until a team arrives. The team stays on the line during emergency calls and connects people to services, coordinating with 911 and Crisis Intervention Teams (CIT) when necessary.
 - Can dispatch a **Crisis Mobile Outreach (CMO) Teams**: Contracted by the Department of Health, CMOs conduct outreach during crises, but face significant workforce shortages, especially for overnight shifts.

2. **Community Outreach and Services:**

- **Hawai'i Island Community Health Center (HICHC)**: A federally qualified health center that covers a significant portion of the Island on both sides. Offers a wide range of services, including medical, dental, behavioral health, substance use treatment, and street outreach with Community Health Workers (CHWs) who assist with Medicaid enrollment and referrals to resources including housing and food..
 - **Peer Support and CHWs**: Engaged in outreach and specialized services, especially for rural populations and the Compact of Free Association (COFA) community.
- **Hope Services Hawai'i**: Focuses on homelessness support, offering outreach, medical respite, pre/post-tenancy support, and street medicine. They work with Medicaid to fund housing services.
 - Offers emergency shelter and long-term housing through their West Hawai'i Shelter and Hale Kukui.
 - Provides a wide array of services targeted towards families and individuals experiencing homelessness, including managing seven shelter sites providing 168 beds across Hawai'i Island.
 - Housing-Focused Street Outreach- providing immediate care and connection to services, shelter, and housing.

- Assertive Outreach- Assisting Óhana Community Care Services (CCS) in locating difficult-to-locate members and relinking them to mental health services.
 - Medical and Psychiatric Street Medicine- A multidisciplinary team of Registered Nurses, an aPRN, a Housing Navigator and a psychiatrist provide services to folks living on the streets.
 - Assisted Community Treatment (ACT)- A structured, legally-supported framework for providing essential mental health and substance abuse care to individuals unable to seek treatment on their own due to their illness.
 - Community Integrated Services (CIS)- Leverage Medicaid funding to connect eligible individuals pre- and post-tenancy supports, fostering long-term stability and community reintegration.
 - Homeless Prevention- Housing stabilization assistance, including short-term financial aid to cover rent utility payments, or other critical housing-related expenses. Preventing eviction and allowing families to remain housed during economic hardship.
 - Rapid Rehousing Programs- Time-limited case management support as families and individuals experiencing homelessness move into permanent housing. Includes rent assistance, move-in costs, furniture, supplies, and support for recently housed veterans and survivors of domestic violence.
 - Supportive and Permanent Housing Sites- Engages tenants through a traditional rental agreement with additional support on-site.
 - Master Leasing- Hope Services-leased homes rented to program participants.
 - Representative Payee- Manages the benefit payments of Social Security Disability Insurance and/or Supplemental Security Income to ensure payments for rent and bills are paid on time. It also provides financial management services for chronically mentally ill individuals. Assist with providing regular budget meetings and financial education as well as creating budgets for current and future needs.
 - Focuses on homelessness support, offering outreach, behavioral health case management, medical respite, pre/post-tenancy housing support, and street medicine (Psychiatric and Medical).. HOPE Services is both Medicaid and Medicare credentialed through the Centers for Medicare & Medicaid Services (CMS) to provide an array of services such as housing, case management, and health care. They work with Medicaid to fund housing services.
 - Offers emergency shelter and long-term housing island-wide through their State, Federal and County contracts. They are West Hawai'i Shelter and Hale Kukulikei.
 - Medical Respite Shelters- provides short term recuperative shelter for recently hospitalized individuals with the support of medically trained staff members, and two Registered Nurses.
- **Going Home Hawai'i:** Provides case management, housing, semi-independent housing, and court advocacy. The HIFUSE program connects individuals at high risk of homelessness or justice involvement to housing and care. CSH, HIFUSE, and GHH are building the case for supportive housing for justice-involved people experiencing homelessness by pursuing a cross-system data match with

homeless services and jail data systems. With this analysis, they can better understand the cycle of institutionalization and design a program based on data and lived experience. CSH's signature FUSE (Frequently Used Systems Engagement) initiative uses data to identify frequent use of jails, shelters, hospitals, and other crisis public services and connect people cycling through these systems with supportive housing. Supportive housing is an evidence-based solution that leads to stability, better health and other positive outcomes. Tenants in supportive housing are provided deeply affordable and permanent housing with wraparound support services, which can significantly reduce returns to jail and homelessness, reliance on emergency health services, and improve overall quality of life. The FUSE approach has shown that for thousands of people across the country who cycle between multiple systems with limited positive outcomes, supportive housing can help reduce this use and even offset the cost of the intervention. In addition to rapidly providing resources to high-need people the FUSE program serves as a catalyst for systems change, improving system and service connections and bringing data and lived experience together to make strategic decisions that benefit the whole community.

- **Healthy Mothers, Healthy Babies:** Moved to Hawai'i Island from Oahu in 2023. Provides mobile health services for mothers and babies, focusing on underserved communities. Offers primary care for all ages and genders. Is interested in bringing these programs into correctional settings, but faces challenges with access to the facility per DCR rules. Works with families to help prevent incarceration and support families with incarcerated family members.
- **Care Hawai'i:** Manages crisis stabilization beds and provides mental health crisis response services and case management.

3. Harm Reduction Services:

- **HHHRC:** operates syringe exchange, overdose prevention with naloxone distribution, fentanyl test strips to combat the rise of fentanyl-related issues and linkage to services.
- **Kumukahi Health & Wellness:** Operates syringe exchanges, naloxone distribution, and fentanyl test strips to combat the rise of fentanyl-related issues.
- **Fentanyl Task Force:** Engages in education, naloxone distribution, and stigma reduction.
- **Kū Aloha Ola Mau:** Offers outpatient methadone and suboxone services on the Hilo side. No MAT services are available on the Kona side. Target population for adults with opioid use disorder, Naloxone distribution, individual and group education services.
- **Lōkahi Treatment Centers:** Offers substance use evaluations and a variety of outpatient programs for individuals with mental health needs and substance use disorders.
- **Big Island Substance Abuse Council (BISAC):** Offers a variety of substance use programs for adults and children. It operates a Therapeutic Living Program, including on targeted to Pregnant, Parenting, Women, and Children; Day Treatment; Intensive Outpatient Treatment; Outpatient Treatment; and Clean & Sober Housing. Most services are on the East side of the Island. Suboxone prescribers are only available via telehealth from Oahu.
 - **Kona Side note:** Limited availability of methadone treatment, substance use and detox services.

Gaps and Limitations in Intercept 0

Workforce Shortages

- Staffing shortages, particularly among CHWs, crisis teams, and peer specialists, limit service availability. Strict hiring requirements, found in the 988 contract, exacerbate recruitment challenges.
- **Hilo Side:** The crisis response is more established but still faces gaps in overnight service coverage.
- **Kona Side:** The shortage of staff and services is more pronounced, affecting the ability to meet community needs.

Lack of Detox and Methadone Services (Kona)

- Individuals must travel to Hilo for detox and methadone services, creating access challenges, especially for those with transportation barriers.

Housing Availability

- **Hilo Side:** Homelessness services are robust, but affordable housing remains scarce, particularly for individuals with complex needs, such as sex offenders or those with co-occurring mental health and substance use disorders.
- **Kona Side:** The shortage of sober living environments and housing aligned with court-ordered conditions is a significant barrier.

Crisis Response Delays

- Long wait times for the 988 crisis line, routing issues, and national call centers' unfamiliarity with local resources delay crisis intervention.

Transportation and Childcare Barriers

- Lack of transportation prevents individuals from attending court, probation appointments, and medical services, particularly on the Kona side where the rural geography exacerbates access issues.

System Fragmentation and Siloed Services

- Agencies operate in silos, lacking coordination. Many individuals have multiple case managers without a centralized system, creating inefficiencies and gaps in care.

Funding Instability and Administrative Challenges

- Services rely heavily on inconsistent grants, making sustainability difficult. Complex billing systems with Medicaid create delays in service delivery, and reimbursement rates are insufficient to cover operational costs.

Limited In-Reach to Correctional Facilities

- Organizations like Kumukahi Health & Wellness struggle to access jails and prisons for in-reach services, limiting engagement in critical health services before individuals are released. Rules at HCCC limit the ability to have the same case managers inside and outside of the jail, which will cause challenges with implementing the Medicaid waiver.

INTERCEPT 1 DISPATCH AND FIRST RESPONSE

“The primary activity at Intercept 1 is law enforcement and emergency services responses to people with mental and substance use disorders.” –SAMHSA

SAMHSA'S Intercept 1 Overview

- Begins when law enforcement responds to a person with mental or substance use disorders.
- Ends when the individual is arrested or diverted into treatment.
- Is supported by training, programs, and policies that help behavioral health providers and law enforcement to work together.

Key Processes in Law Enforcement and Crisis Response

1. **988 Crisis Hotline and Law Enforcement Coordination:**

- The 988 crisis line is available across both Hilo and Kona to handle mental health emergencies. Its goal is to divert non-life-threatening cases away from law enforcement by connecting individuals to Crisis Mobile Outreach (CMO) teams. However, when public safety is at risk, law enforcement may still need to be involved.
- In some cases, callers to 988 are directed to hang up and call 911 depending on the severity of the crisis, leading to a disjointed response. This creates some confusion and delays. Phone calls made from a non-808 phone number may be directed to the region the area code comes from, creating delays.
- 988 services may inhibit police negotiations with people in crisis. In one instance, a participant shared a story of an individual with suicidal ideation that called 988, but was told that they would call him back. Police responded to the scene with CIT-trained officers. As CIT officers tried to de-escalate, 988 called back and inhibited the CIT officers' negotiations. Eventually the individual was taken to the hospital on an MHEW, but the process was slowed down due to lack of coordination between HPD and 988.

2. **911 and Crisis Intervention Team (CIT) Officers:**

- Calls to 911 can result in deploying police, fire, or paramedics. Police responses may deploy an officer trained in Crisis Intervention Team training. Both Hilo and Kona have CIT-trained officers who receive 40 hours of specialized training in mental health, substance use, and de-escalation techniques. These officers are dispatched to manage behavioral health or substance use crises, aiming to reduce the need for arrests and using strategies focused on calming situations.
- **Distinction for Kona:** Kona is noted for having one of the highest percentages of CIT-trained officers in Hawai'i, making it a more CIT-equipped area compared to other regions. Hawai'i Island has the highest percentage of trained CIT officers in the state. Seventy-seven of officers (~twenty percent of the force) have been trained in CIT.

3. **Involuntary Transport (MH-1 Process):**

- On both sides of the island, officers are trained to call Mental Health Emergency Workers (MHEWs), based on Oahu, to assess whether an MH-1 (involuntary transport for psychiatric evaluation) is necessary. Officers cannot make these

decisions independently, and once authorized, the individual is transported to a hospital where a physician makes the final determination on further psychiatric evaluation.

- **Substance Use and Crisis Response:** In both Hilo and Kona, when a crisis involves substance use, medical assessments and psychiatric evaluations take priority over addressing legal consequences related to drug possession. Officers typically seize the drugs as evidence, but health concerns are prioritized. After the individual receives medical care, officers may return to address legal matters.
- **Collaboration with Community Providers:** Across both regions, officers may wish to collaborate with community providers such as case managers or social workers to help de-escalate mental health crises. However, the infrastructure for such coordination varies in consistency. Providers with established relationships with individuals in crisis can contribute to more effective interventions.

Gaps and Limitations in Intercept 1

Delayed Crisis Response:

- Mobile Crisis Outreach (CMO) teams aim for a target response time of 45 minutes but often struggle to meet this goal, leading to delays in interventions. These delays can exacerbate crises for individuals in both Hilo and Kona who are left waiting for assistance.

Fragmented Communication Between 988 and 911:

- Individuals across both Hilo and Kona sometimes face confusion when calling the 988 crisis line, as they may be directed to hang up and call 911 based on the judgment of crisis counselors. This leads to delays in response and disconnects between the crisis hotline and law enforcement.

Lack of Behavioral Health Crisis Center:

- **Kona:** Currently lacks a dedicated Behavioral Health Crisis Center (BHCC) where individuals can be taken for voluntary or involuntary evaluation. This puts additional strain on local hospitals and law enforcement.
- **Hilo:** While a BHCC does not yet exist, plans are underway to establish one in Hilo that will provide 23-hour stabilization services. This would offer law enforcement and EMS an alternative to jail or hospital emergency departments for behavioral health crises.

Inconsistent Use of Community Resources:

- In both Hilo and Kona, the ability of officers to engage community-based case managers or social workers in time is inconsistent. Although relationships with some providers are established, there is no fully operational system in place to ensure coordination in every case.

Shortage of CIT Officers and Beat Limitations:

- While both regions have CIT-trained officers, there are challenges with dispatching them to all relevant calls due to geographic spread and availability. Dispatchers may not always recognize when a CIT officer is needed, leading to missed opportunities for de-escalation. CIT officers have limited options for diverting people due to the lack of resources on the island.

Transportation and Housing Limitations:

- Both Hilo and Kona face transportation challenges, particularly in rural areas, which limit individuals' ability to attend medical, court, or probation appointments. Additionally, housing shortages—especially for transitional housing and residential treatment—make it difficult to place individuals after a crisis.

Policy Barriers for Warm Hand-Offs:

- Procedural barriers prevent police from performing warm hand-offs to crisis services or community health providers, even when both parties agree it's the best option for the individual. This slows down the process of getting people into necessary treatment.

INTERCEPT 2 CELL BLOCK ARRANGEMENT

“Once an individual is arrested, they have moved to Intercept 2 of the model. At Intercept 2, an individual is detained and faces an initial hearing presided over by a judge or magistrate.”—SAMHSA.

SAMHSA's Intercept 2 Overview

- Involves people with mental and substance use disorders who have been arrested and are going through intake, booking, and an initial hearing with a judge or magistrate.
- Supports policies that allow bonds to be set to enable diversion to community-based treatment and services.
- Includes post-booking release programs that route people into community-based programs.

Key Processes in Court Hearings and Jail Diversion

1. **Pretrial Assessments by the Intake Service Center (ISC):**
 - Arrest results in an individual being taken to cellblock at the Hawai'i Police Department. From there, the Intake Service Center, an agency within the Department of Corrections and Rehabilitations, conducts pretrial assessments on individuals who have been arrested. These assessments include background information on mental health, substance use, medical history, and criminal history. The ISC uses this data to prepare bail studies for the court, helping judges determine bail or release conditions.
 - The risk assessment tool, **ORAS Pretrial Assessment Tool (PAT)**, is used to assess risks and make recommendations to the court.
 - Cell block can become quite crowded after a 3-day weekend. Access to healthcare services is minimal during this time and no notification to community partners is made that an individual has been arrested. Medical detox is not yet available in cellblock.
 - **Issues Highlighted by Public Defenders:** ISC has been found to include immigration status in their reports, contrary to judiciary guidance. Additionally, there is a lack of coordination to identify individuals suitable for alternatives like assisted community treatment or involuntary hospitalization, which could prevent unnecessary justice involvement. These gaps contribute to the repeated cycling of mentally ill and homeless individuals through the system.
2. **Bail Hearings and Initial Court Appearances:**
 - After interviews by the ISC, which then submits a bail study to the public defender, prosecutor, and judge. Public defenders advocate for release by highlighting factors like family support and employment, while prosecutors focus on public safety risks.
 - **The Restorative Justice Program** may be involved in certain cases, particularly those involving family or substance use issues, allowing victims to request alternative resolutions like treatment for the offender rather than full prosecution. However, restorative justice is rarely utilized in Kona, with limited awareness of its availability among practitioners.
3. **Pretrial Supervision and Release:**

- Defendants who are released on pretrial supervision are required to report to the ISC, where they are connected to services such as mental health or substance use treatment. Contracts with service providers like Care Hawai'i, BISAC, Salvation Army, and ATS (Oahu) ensure that treatment options are available.
 - **Distinction for Kona:** Defendants in Kona often face challenges in accessing these services due to transportation barriers, and those released without supervision do not receive ISC support, limiting their access to necessary services.
 - **Distinction for Hilo/Puna:** Many face transportation barriers and are directed to walk to ISC from the courthouse ~1 mile walk; Puna residents have barriers with transportation to services as well
 - Transportation issues and high housing costs hinder access to services. Public transportation is unreliable, often causing individuals to miss court dates or appointments, which leads to further system involvement.
4. **Jail Diversion Program:**
- In both Hilo and Kona, jail diversion programs are available for individuals with serious mental health conditions, but are limited based on staffing of the programs. These programs are managed by the Department of Health and offer an alternative to incarceration through mental health treatment, substance abuse counseling, and regular court check-ins.
 - **Distinction for Kona:** Kona lacks a dedicated jail diversion case manager, which limits the ability to effectively divert individuals with mental health needs from the criminal justice system. Hilo, by contrast, has one person on staff, allowing for some coordination, but still being insufficient to meet the need.
 - **Additional Observations:** Public defenders report that diversion programs are primarily post-charge, adding unnecessary criminal records. A pre-charge diversion option could significantly reduce this burden.
5. **Court Decisions and Bail:**
- During arraignment, judges in both regions use the pretrial assessments to make decisions about bail or release. Public defenders, prosecutors, and in some cases victim assistance unit counselors or restorative justice program, present their recommendations. Defendants released on their own recognizance (ROR) do not receive further ISC services. In some cases, judges refuse to follow plea agreements, further destabilizing trust in the judicial process.

Resources

1. **Jail Diversion Program:**
 - Managed by the Department of Health, the jail diversion program provides an alternative to incarceration for individuals with severe mental health conditions. It includes six months of treatment, substance abuse counseling, and regular court check-ins.
2. **Restorative Justice Program (Hilo Specific):**
 - Hilo offers a Restorative Justice Program, which is victim-centered and provides an alternative to full prosecution, especially in family-related or mental health cases. This program emphasizes reconciliation and treatment over punitive measures.

Gaps and Limitations in Intercept 2

Limited Jail Diversion Services:

- **Commonality:** Across both Hilo and Kona, eligibility criteria for jail diversion programs exclude individuals with recent felony convictions, limiting access to those with severe mental health needs.
- **Distinction for Kona:** Kona suffers from the lack of a jail diversion case manager, further restricting the use of diversion for mentally ill individuals.

Disenrollment from Community Care Services (CCS):

- In both Hilo and Kona, individuals enrolled in the CCS program lose their coverage upon **arrest**, cutting them off from critical mental health support. While efforts are made to re-enroll individuals, this process often results in delays and gaps in care.

Housing and Transportation Barriers:

- Both Hilo and Kona face significant housing and transportation challenges, particularly for individuals on supervised release. Lack of access to transportation hinders their ability to comply with court orders, attend treatment, or meet with case managers.
- **Distinction for Kona:** The geography of Kona exacerbates these barriers, making it especially difficult for individuals to access services.

Prolonged Pretrial Detention:

- Across both sides of the island, individuals are often held in pretrial detention due to their inability to post bail, even for minor offenses. This contributes to overcrowding in jails, particularly for non-violent offenders with low-level charges.

Mental Health Screening Limitations:

- ISC screenings for mental health issues are not clinical in either Hilo or Kona, limiting the ability to fully assess the needs of individuals before arraignment or detention. Delays in connecting individuals to mental health services further exacerbate their crises. ISC does not do any physical health screening.

Information Sharing and Coordination:

- Both Hilo and Kona struggle with information sharing between ISC, service providers, jail providers, and the courts. Delays in communication can slow down the process of connecting individuals to the appropriate services or identifying those with critical needs.

Public Perception and Communication:

- Across the Hawai'i Island, there is a lack of public education regarding jail diversion and alternatives to incarceration. Many in the community view these programs as being lenient on offenders, rather than focusing on rehabilitation. This limits public support for expanding diversion programs.

INTERCEPT 3 COURT AND JAIL

“During Intercept 3, people with mental and substance use disorders who have not yet been diverted at earlier intercepts may be held in pretrial detention at a local jail while awaiting the disposition of their criminal cases.”—SAMHSA.

SAMHSA's Intercept 3 Overview

- Involves people with mental and substance use disorders who are held in jail before and during their trials.
- Includes court-based diversion programs that allow the criminal charge to be resolved while taking care of the defendant's behavioral health needs in the community.
- Includes services that prevent the worsening of a person's mental, or substance use symptoms during their incarceration.

Key Processes During Incarceration

1. Pretrial Screening in Jail:

- After arraignment, pretrial detainees are moved to Hawai'i Community Correctional Center (HCCC). There, the ISC performs intake screenings to assess medical needs. Referrals are made to the jail's medical or mental health teams when necessary. Nursing staff also do their own intake assessment.

2. Mental Health and Medical Services in Custody:

- Both Hilo and Kona's Hawai'i Community Correctional Center (HCCC) provide constitutionally mandated mental health and medical services under the Eighth Amendment. Medication management is a key component of in-custody care. Participants stated that incarcerated individuals have access to psychiatric social workers, psychologists, and telehealth psychiatrists, but did not share the protocols for how people are assessed and directed towards these resources. HCCC transfers inmates with severe mental health crises to Oahu's Oahu Community Correctional Center (OCCC) or a Court may order people be sent to the Hawai'i State Hospital for more comprehensive care, but participants did not offer any insights into how they could qualify for these services. The jail offers sublocade and suboxone. If someone has a methadone prescription they will be transferred to receive methadone every day.

3. Probation and Conditions:

- In both Hilo and Kona, individuals sentenced to probation are assigned a probation officer and must follow specific conditions. These often include substance use assessments, mental health services, and regular check-ins. Failure to meet probation conditions may result in a motion for revocation, where the court could impose prison time or offer higher levels of treatment as an alternative. Treatment is not necessarily clinically driven and there may be discrepancies between clinical expectations and probation expectations.

4. Drug Court:

- Both Hilo and Kona offer Adult Drug Court programs that target individuals facing probation revocation, typically for those with high risk of recidivism and high treatment needs. These courts use a collaborative, non-adversarial approach

where probation officers, judges, prosecutors, and public defenders work together to make treatment decisions.

- **Distinction for Kona:** While the Third Circuit offers Adult Drug Court, Juvenile Drug Court, and Veterans Treatment Court, the latter two have very few referrals in Kona and are mostly inactive.

5. Substance Use and Mental Health Treatment:

- Across both Hilo and Kona, treatment providers such as BISAC, Lōkahi, and Care Hawai'i conduct substance use assessments using the **American Society of Addiction Medicine (ASAM)** criteria to determine the appropriate level of care. **Medication-Assisted Treatment (MAT)** is increasingly considered for individuals with opioid use disorders. The Hawai'i Island faces a particular challenge due to the lack of residential treatment options, meaning individuals must be referred to programs off-island, which delays access to critical treatment.

Gaps and Limitations in Intercept 3

Lack of Residential Treatment Options:

- **Commonality:** Both regions face challenges in securing residential treatment for individuals with substance use disorders. Residential treatment must be sent off island. This limits options for people in drug court who may meet clinical criteria for residential treatment. While a recent drug detoxification site opened in Hilo, it is for males only so more capacity for detox is needed, especially for women.

Limited Mental Health Services:

- Across both Hilo and Kona, mental health services for individuals in the justice system are severely lacking. In particular, dual diagnoses (mental health and substance use disorders) are often left untreated due to the limited availability of mental health professionals.
- While HCCC has psychiatric services available at HCCC, the overcrowded facility struggles to meet the demand for care. Transfers to OCCC or orders to the Hawai'i State Hospital are slow, further delaying access to mental health services for those in crisis—in violation of the *Clark* injunction that requires timely transfers.

Poor Continuity of Care Between Jail and Community Services:

- In both Hilo and Kona, there are significant coordination challenges between in-custody healthcare providers and community health centers. When individuals are released from custody, their medical records and medication plans are not transferred to community providers, leading to disruptions in care. Care in the jail is provided by the Dept. of Corrections and Rehabilitations which could lead to siloing of data and information that can limit readiness for Medicaid waiver implementation.

Overcrowding and Resource Strain:

- HCCC experiences severe overcrowding, which strains its ability to deliver adequate medical and mental health services. This overcrowding makes it difficult to provide proper care, particularly for individuals experiencing mental health crises. Overcrowding has been seen by the Supreme Court of the United States as being indicative that health care needs cannot be met and led to orders for decarceration such as in *Brown v. Plata* (563 U.S. 493).

Limited Drug Court Eligibility:

- Across both Hilo and Kona, the Drug Court program primarily supports individuals already on probation and facing revocation. This restricts the number of individuals who can benefit from the program. Drug court could be offered earlier in the criminal justice process, but this is rarely done.

Medication Management in Custody:

- A participant mentioned concerns about overmedication or improper use of sedative medications inside correctional facilities, or diversion or smuggling of substances that can alter the state of people incarcerated. These practices can hinder individuals' ability to engage in rehabilitation programs while in custody.

Coordination of Care:

- The coordination between HCCC, the Department of Health, and external providers such as Hilo Medical Center is challenging, especially in terms of communication and data sharing. This creates bottlenecks in ensuring continuous care for inmates transitioning between facilities or being released.

Gaps in Mental Health Information:

- Probation officers and drug court assessors across both regions often encounter individuals with undiagnosed or untreated mental health conditions, which are only identified during probation or drug court screenings. The lack of mental health service availability across the island compounds this issue.

Priorities for Improving Intercept 3

1. Expand Residential Treatment Options:

- Both regions would benefit from establishing local residential treatment programs or strengthening partnerships with existing providers to allow for quicker access to care, particularly for individuals in drug court or probation.

2. Improve Mental Health Services:

- Increase the availability of mental health professionals, especially those who can address the complex needs of justice-involved individuals with dual diagnoses.

3. Enhance Coordination of Care:

- Develop better systems for sharing medical records and treatment plans between HCCC and community healthcare providers to ensure continuity of care when individuals are released from jail.

4. Increase Access to Drug Court:

- Expand eligibility for drug court so that more individuals, including those at earlier stages of the criminal justice process or with mental health issues, can benefit from the program.

5. Monitor Medication Use in Custody:

- Implement protocols to ensure that medications prescribed in jail are used appropriately and that individuals are receiving the correct dosages to support rehabilitation.

INTERCEPT 4 REENTRY

“At Intercept 4, people plan for and transition from jail or prison back into the community.”—SAMHSA.

SAMHSA's Intercept 4 Overview

- Provides transition planning and support to people with mental and substance use disorders who are returning back to the community after incarceration in jail or prison.
- Ensures people have workable plans in place to provide seamless access to medication, treatment, housing, health care coverage, and services from the moment of release and throughout their reentry.

Key Processes in Reentry

1. **Medicaid Reactivation and Healthcare Access:**
 - DCR focuses on reactivating **Medicaid (Med-QUEST)** before individuals are released from incarceration to ensure seamless access to healthcare services, including mental health care, substance use treatment, and chronic disease management. Navigators play a key role in helping individuals unsuspend their benefits, often working to reactivate Medicaid before release. There is a particular emphasis on ensuring that individuals with conditions like HIV or hepatitis C have coordinated care with medical providers before release to maintain continuity of care, but post-COVID limitations on facilities has made access to the jail challenging. For people who rapidly enter and leave the jails, Med-QUEST may not be turned off.
2. **Housing Services:**
 - Both Hilo and Kona face significant challenges in housing availability for people leaving incarceration. Organizations such as **Going Home Hawai'i** provide support for semi-independent housing, clean and sober homes, and more intensive housing options for individuals with severe mental illness or co-occurring disorders.
3. **Pathways from Jail to Housing:**
 - Both regions work to ensure that individuals leaving incarceration have access to housing through various referral methods, such as self-referral, family referrals, or referrals from probation or parole officers. **Warm handoffs** from jail to housing help ensure a safe transition for individuals.
 - There is a greater need for mental health-specific housing, as many care homes refuse individuals with mental health conditions, limiting the support available for this population.
4. **Documentation and ID Services:**
 - Obtaining state IDs and necessary documentation such as birth certificates and Social Security cards is a critical part of the reentry process. The **Department of Correction and Rehabilitation** has purchased machines to produce state IDs, but the system is not yet fully operational. The infrastructure for distributing birth certificates and state IDs remains incomplete, and the lack of documentation severely hinders access to housing, healthcare, and employment.

5. Coordination with Parole and Probation:

- Parole and probation officers in both regions coordinate reentry services, including housing and treatment referrals. Individuals on parole must secure housing before their release, and those placed in clean and sober homes are required to stay for at least six months before transitioning to independent living.
- Early coordination of housing referrals and service screening is a priority, allowing individuals to transition smoothly from incarceration to the community.

Resources

1. Job Placement and Readiness:

- **Work Furlough Programs** across both regions have been successful in securing employment for participants. Individuals receive job readiness training and are placed with local employers such as HPM and Suisan. Programs like **Work Hawai'i** provide support for securing employment and accessing healthcare. There are not enough jobs, however, for everyone who qualifies. The **Work Furlough Program** boasts a high employment success rate, but barriers such as credit issues and restrictions for sex offenders still hinder access to housing and employment for some individuals.

2. Gate Money and Financial Assistance:

- Individuals leaving prison (though not jail) are provided with **gate money**, a small stipend of up to \$200 to help them transition. However, this is only available to those maxing out or on parole and does not apply to jail inmates, who often lack financial support upon release.

Gaps and Limitations in Intercept 4

Housing Shortages:

- **Commonality:** There is a significant shortage of housing, particularly for individuals with severe mental illness or co-occurring disorders, in both Hilo and Kona. The lack of sufficient housing means many individuals remain in jail longer than necessary due to limited housing options upon release.
- **Distinction for Hilo:** The situation is compounded by the refusal of care homes to accept individuals with mental health issues, leaving them with very few resources.

ID and Documentation Delays:

- Many individuals across both regions leave incarceration without proper identification. This complicates access to housing, healthcare, and employment. Although efforts are being made to distribute IDs and birth certificates, the process remains slow and incomplete.

Coordination Challenges:

- Both Hilo and Kona experience inconsistencies in coordination between service providers, parole officers, and case managers. Some individuals successfully transition to services, but gaps in communication mean others miss critical opportunities for support.
- In Kona, some individuals rely on self-referrals or family referrals, which can be problematic for those lacking strong support systems or the initiative to navigate the complex reentry process.

Continuity of Healthcare:

- While Medicaid reactivation efforts have improved, some individuals across both regions still experience gaps in healthcare coverage post-release. This is particularly problematic for those with chronic conditions or mental health issues, who require consistent care to avoid health crises. Navigators work to ensure individuals have at least 30 days of medication upon release, but delays in accessing community providers can disrupt treatment.

Peer Mentorship and Support:

- **Commonality:** Both regions face a critical need for **peer mentorship** during reentry. Mentors provide valuable support in navigating complex systems like Social Security and healthcare, but resources for peer support remain limited.
- **Distinction for Hilo:** Peer mentorship is particularly needed in Hilo, where many individuals struggle to reintegrate into the community without consistent mentorship or guidance.

Priorities for Improving Intercept 4

1. **Expand Housing Options:**
 - Increase the availability of clean and sober homes, semi-independent housing, and intensive mental health housing to meet the growing demand for stable environments upon release.
2. **Improve Access to ID and Documentation:**
 - Ensure that all individuals leave incarceration with the proper identification, including state IDs, birth certificates, and Social Security cards.
3. **Strengthen Coordination:**
 - Improve communication between parole officers, service providers, and case managers to ensure that individuals are connected to housing and healthcare services promptly upon release.
4. **Ensure Continuity of Healthcare:**
 - Close gaps in Medicaid coverage and ensure that all individuals have at least 30 days of medication and a healthcare appointment scheduled before release to prevent disruptions in care.
5. **Enhance Peer Mentorship:**
 - Expand the availability of peer mentorship programs to guide individuals through the reentry process, helping them navigate housing, employment, and healthcare services.

INTERCEPT 5 PROBATION AND PAROLE

“People under correctional supervision are usually on probation or parole as part of their sentence, as part of the step-down process from prison, or as part of other requirements by state statutes.”—SAMHSA

SAMHSA's Intercept 5 Overview

- Involves individuals with mental or substance use disorders who are under community corrections' supervision.
- Strengthens knowledge and ability of community corrections officers to serve people with mental or substance use disorders.
- Addresses the individuals' risks and needs.
- Supports partnerships between criminal justice agencies and community-based behavioral health, mental health, or social service programs.

Key Processes in Probation and Parole Supervision

1. Probation and Parole Supervision:

- Probation and parole officers oversee individuals released from prison or jail, monitoring their compliance with court or parole board conditions. These conditions often include requirements for housing, treatment, and employment.
- Programs like **Bridge House** and **Hope Services** provide housing and treatment services, which help individuals comply with supervision conditions. Parole and probation officers work closely with community organizations to ensure individuals are following their conditions.

2. Housing and Placement:

- Finding stable housing is critical to successful reentry in both regions. Programs like **Going Home Hawai'i** and **Hope Services** offer housing for individuals transitioning out of incarceration. However, housing availability remains a significant challenge, with placement often delayed due to bed and housing unit shortages.
- The challenge is particularly acute for individuals with sex offender classifications, who face restrictions on where they can live, further limiting their housing options.

3. Collaboration with Community Partners:

- Both Hilo and Kona emphasize collaboration between probation and parole officers and community organizations to support individuals' reentry. These organizations often provide housing, case management, treatment, and health services while also serving as "eyes and ears" for parole officers.
- Programs like **Kumukahi Health and Wellness** provide additional support in Kona, including treatment for hepatitis C, STI testing, HIV care, case management, and a syringe exchange program for individuals with substance use disorders.

4. Mentorship Programs:

- Mentorship programs are available in both regions, connecting individuals under supervision with mentors who help them navigate challenges related to housing, employment, and treatment. Programs like **Going Home Hawai'i** and **HIFUSE** are instrumental in providing this support.
- **Distinction for Kona:** There is a growing need for more mentors, especially men, to support individuals on probation or parole.

5. Relapse and Treatment:

- Both Hilo and Kona recognize the importance of addressing relapse as part of the recovery process. Drug courts in both regions promote a therapeutic response to relapse, treating it as part of the individual's recovery journey rather than an automatic cause for reincarceration.
- Despite the therapeutic approach in drug court, some probation and parole officers still recommend jail time for relapses, creating inconsistencies in how relapse is handled.

Gaps and Limitations in Intercept 5

Housing Shortages:

- The Hawai'i Island faces severe shortages of housing for individuals under supervision, particularly for those with sex offender classifications or severe mental health needs. Programs like **Bridge House** and **Hope Services** in Kona and **Going Home Hawai'i** in Hilo struggle to meet the demand for beds.
- **Distinction for Hilo:** Housing options for parolees, especially sex offenders, are particularly limited due to restrictions on proximity to schools and parks.

Inconsistent Responses to Relapse:

- While drug court in both regions takes a therapeutic approach to relapse, this is not consistently applied across all probation and parole cases. Some individuals are still sent back to jail rather than being referred to treatment.
- **Distinction for Kona:** Kona probation and parole officers sometimes lack the flexibility to recommend treatment over jail, depending on the terms and conditions set by the court.

Lack of Homelessness Prevention Services:

- Both Hilo and Kona lack robust homelessness prevention services integrated into probation and parole. Officers often do not have the resources to secure housing for individuals who become homeless during supervision, contributing to housing instability.

Gaps in Mental Health and Skilled Nursing Services:

- Across both regions, there is a shortage of mental health services and skilled nursing facilities, particularly for individuals with dual diagnoses or those aging out of the criminal justice system.
- **Distinction for Kona:** Mental health services on the west side of the island are particularly scarce, with limited access to skilled nursing care for individuals with high levels of need.

Communication and Coordination Challenges:

- Both regions face coordination challenges between probation/parole officers and service providers. Changes in supervision or transfers between programs can result in communication breakdowns, leading to disruptions in care.
- Large geographic areas and high caseloads make it difficult for parole officers in Hilo to provide individualized supervision, further straining communication and support systems.

Priorities for Improving Intercept 5

1. Expand Housing Resources:

- Increase funding for housing programs serving individuals on probation or parole. Develop partnerships with housing providers to expand bed capacity and reduce wait times for placement.

2. Standardize Therapeutic Responses to Relapse:

- Apply the drug court model consistently across probation and parole, ensuring that individuals who relapse are referred to treatment rather than reincarcerated. Provide additional training for officers on best practices for handling relapse.

3. Enhance Homelessness Prevention:

- Develop homelessness prevention programs within probation and parole, giving officers the resources to secure temporary or permanent housing for individuals at risk of becoming homeless during supervision.

4. Increase Access to Mental Health and Skilled Nursing Services:

- Expand mental health services for individuals under supervision, particularly for those with dual diagnoses or aging populations. Increase the number of skilled nursing facilities on the island, especially in rural areas like Kona.

5. Improve Coordination Between Probation Officers and Service Providers:

- Create better systems for information sharing between probation/parole officers and community service providers to ensure continuity of care when supervision changes hands or individuals are transferred between programs.

Conclusion

This report provides a detailed, community-informed overview of the current behavioral health and justice systems on Hawai'i Island. Through structured input from local experts and stakeholders, this report identifies critical gaps, resources, and opportunities for improvement across all intercepts. The findings establish a collective understanding of the system's present state and offer a starting point for targeted interventions. By aligning emerging opportunities, such as federal Medicaid guidance, with identified needs, Hawai'i Island is positioned to take initial steps toward more coordinated and effective systems.

Appendix

Appendix A – Attendee List (August 2024)	2
Appendix B – 704 Documentation	5

Appendix A – Attendee List (August 2024)

Participant Name	Organization
Regina Weller	808 Homeless Task Force
Makayla Abril Butters	Big Island Drug Court
Steven Parker	Bridgehouse
Randy Kurohara	Community First Hawai'i
Dan Mistak	Community Oriented Correctional Health Services (COCHS)
Rae Trotta	Corporation of Supportive Housing (CSH)
Ian Costello	Corporation of Supportive Housing (CSH)
Courtney Vincent	County of Hawai'i Office of Housing & Community Development
Allison Gardner	County of Hawai'i Office of Housing & Community Development
Sanna Muñoz	Department of Corrections and Rehabilitation
Roseanne Propato	Department of Corrections and Rehabilitation
Cristy Yokoyama	Department of Corrections and Rehabilitation
Dwayne Kojima	Department of Corrections and Rehabilitation
Jedediah Kay	Department of Corrections and Rehabilitation
Napua Nihipali	Department of Corrections and Rehabilitation
Jill Vasconcellos	Dept of Corrections and Rehabilitation: Hawaii Intake Service Centers
Grayson Hashida	Hawai'i Island Judiciary Drug Courts
Naiya Spring	EPIC Ohana
Heather Henderson	Focalize Solutions
Heather Henderson	Focalize Solutions
Bobby Command	Going Home Hawai'i
Britney Garcia	Going Home Hawai'i
Chaniece Valenzuela	Going Home Hawai'i
Kristin Hennig	Going Home Hawai'i
Laura Balai	Going Home Hawai'i
Michelle Manalo	Going Home Hawai'i
Naomi Marks	Going Home Hawai'i
Steven Carvalho	Going Home Hawai'i
Trillium Simington	Going Home Hawai'i
Michelle Kobayashi	Going Home Hawai'i
Maria Jampolsky	Going Home Hawai'i & ICIA Interfaith Communities in Action
Michael Champion, M.D.	Governor Josh Green's Office
Terrence Cheung	Governor Josh Green's Office
Ernalinda "Sasha" Farmer	Hawaii Cares 988
Sherrie Freitas	Hawaii Cares 988

GHH Hawai'i Island Sequential Intercept Model

Lisa Jobes	Hawai'i Community Corrections Center Offender Services
Cara Compani	Hawai'i Correctional System Oversight Commission
Ronald Ibarra	Hawai'i Correctional System Oversight Commission
Holeka Inaba	Hawai'i County Council
Amanda Makio	Hawai'i County Office of the Prosecuting Attorney
Kelden Waltjen	Hawai'i County Office of the Prosecuting Attorney
Alan Burdick	Hawai'i County Office of the Prosecuting Attorney
Andrew	Hawai'i County Office of the Prosecuting Attorney
Kate Perazich	Hawai'i County Office of the Prosecuting Attorney
Stephen Frye	Hawai'i County Office of the Prosecuting Attorney
Maine Castro	Hawai'i Department of Health Adult Mental Health Division
Steven Pavao	Hawai'i Department of Health Adult Mental Health Division
David Miksell	Hawai'i Health & Harm Reduction Center
Heather Lusk	Hawai'i Health & Harm Reduction Center
Heather Nakao	Hawai'i Health & Harm Reduction Center
Heather Lusk	Hawai'i Health & Harm Reduction Center
Sheila Calcagno	Hawai'i Health & Harm Reduction Center
Lauren Whittemore	Hawaii Island Community Health Center
Nathan Hakeem	Hawaii Island Community Health Center
Cyd L. Hoffeld	Hawai'i Island Community Health Center
Carla Blevins	Hawai'i Island Community Health Center
Kevin Kunz	Hawaii Island Fentanyl Task Force and BISAC Huluhia Ke Ola
Michelle Laubauch	Hawai'i Island Judiciary Third Circuit Courts
Robert Kim	Hawai'i Island Judiciary Third Circuit Courts
Wendy DeWeese	Hawai'i Island Judiciary Third Circuit Courts
Miguel Amadis	Hawai'i Island Judiciary Third Circuit Courts
Corey Reincke	Hawaii Paroling Authority
Jonathan Aronce	Hawaii Paroling Authority
Glenn Lefiti	Hawai'i State Judiciary Adult Probation
Robert Calma	Hawai'i State Judiciary Adult Probation
Chenoa Paiva	Hawaii Youth Correctional Facility
Kelcie Maka'ike	HISC/ Department of Corrections and Rehabilitation
Kelcie Maka'ike	HISC/ Department of Corrections and Rehabilitation
Brandee Menino	Hope Services Hawai'i
Gideon Ramos	Hope Services Hawai'i
Kalani Spain	Hope Services Hawai'i
Kali French	Hope Services Hawai'i
Michael McGee	Hope Services Hawai'i
Bryan Ellis	HPD Community Policing

GHH Hawai'i Island Sequential Intercept Model

Peter Tui	Kumukahi Health + Wellness
Cameron Goldsmith	Kumukahi Health + Wellness
Lori Ferrin	LGF Consulting Hawai'i Employment Services
Harrison Duadua-Apao	Lived Experience
Valany Gonsalves	Lived Experience
Russell Hamilton	Lokahi Treatment Centers
Sandra Hose	Lokahi Treatment Centers
Kenneth Ooka	Maika'i Health Community Clinic
Kerri Okamura	Maika'i Health Community Clinic
Kathy Hammes	National Alliance on Mental Illness (NAMI)
Rachel Thompson	Office of the Public Defender
Ili Tolentiino	Recovery of Hawai'i
Donna Koniecki	Recovery of Hawai'i
Vaisaili Hunkin-Tolentino	Recovery of Hawai'i
Alayna Gomes	S&G laboratories Hawai'i
Alissa Smith	S&G laboratories Hawai'i
Daylin-Rose Heather	State of Hawai'i Judiciary
Ashley Miranda	State of Hawai'i Judiciary Adult Client Services Branch
Gabrielle Chow	State of Hawai'i Judiciary Adult Client Services Branch
Roxanne Costa	The Salvation Army
Michelle Fei	UHC Community Plan
Graham Charlton	Unite Us

Appendix B – 704 Documentation

POST 704 EXAMINATION

HRS 704-404; 704-407.5

FITNESS DETERMINATION
HRS 704-405
MH-1

FIT TO PROCEED

CRIMINAL PROCEEDINGS RESUME
HRS 704-405 • **MH-2.1**

PENAL RESPONSIBILITY?
HRS 704-407.5

IF YES-
REGULAR
DISPOSITION

DISCHARGE
I-RS 704-411(c)

IF NO-
STIP. FACTS TRIAL
ACQUIT
HRS 704-411

IF DANGER,
COMMIT DOH
I-RS 704-411(1)(c)
MH-3.1

NON-COMPLIANCE
HRS 704-413
See PG. 2

FITNESS RESTORATION
& RE-EXAMINATION
HRS 704-406(1) • **MH-2.5**

DISMISS. IJISW-RGE,
WG. UNATARY
COMMITMENT
I-RS 704-106(7) & (8)
MH-2.6. MH-2.11

IF NO DANGER,
CONDITIONAL RELEASE
HRS 704-411(1)(b)
MH-3.2

DISMISS NON-VIOLENT
MD-120DAYS
HRS 704-406(7)
MH-2.6

ALL MISDEMEANOR AND PETTY
MISDEMEANORS
TERMINATE AFTER ONE YEAR
HRS 704-410.5
MH-3.7

UNFIT TO PROCEED

HRS 704-406(1)

CRIMINAL PROCEEDINGS
SUSPENDED

IF DANGER
COMMIT TO DOH
MH-2.2

IF NO DANGER, RELEASE
ON CONDITIONS
MH-2.3

DISMISS NON-VIOLENT
MD-120DAYS
HRS 704-406(8)
MH-2.8

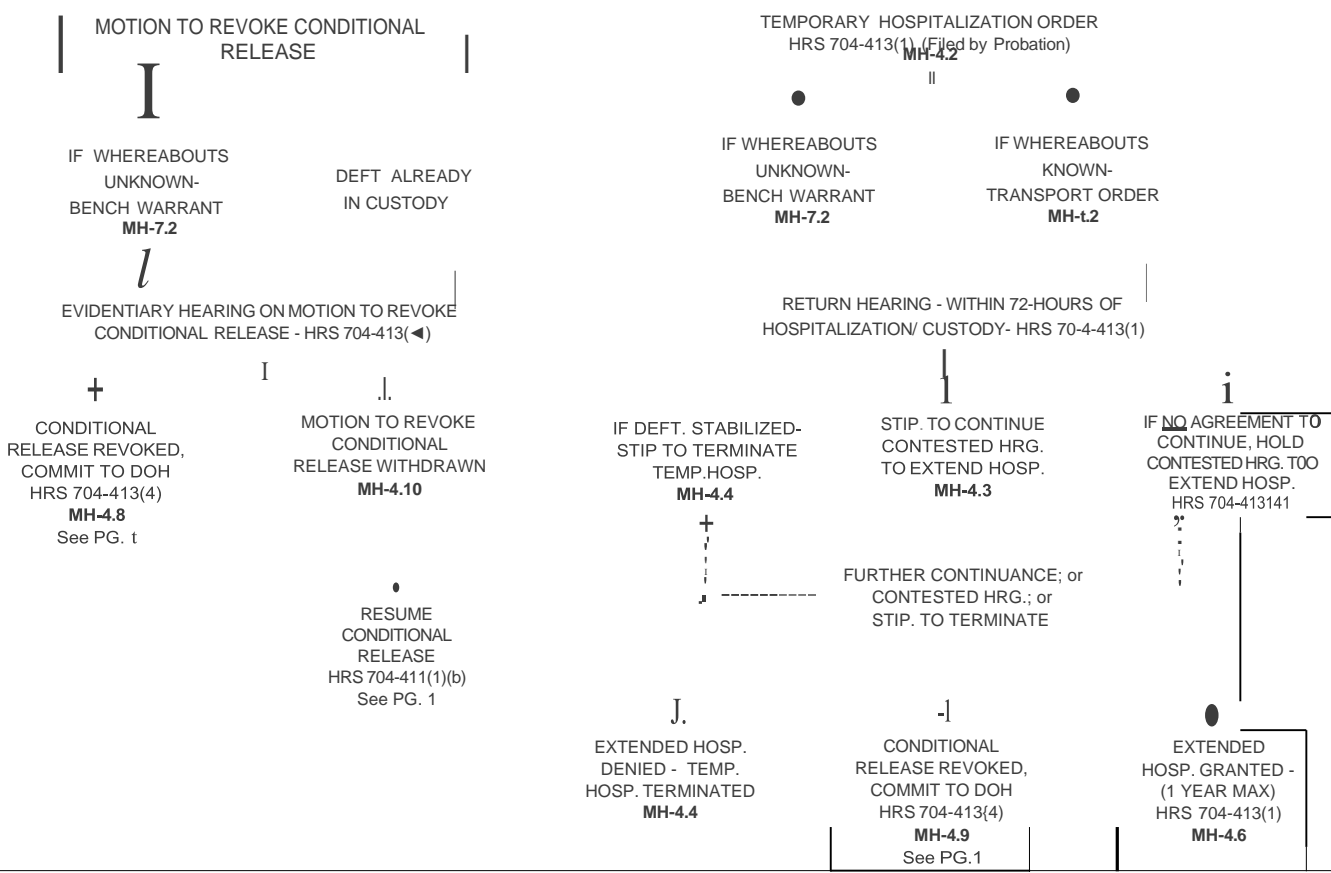
NON-COMPLIANCE
SEE PG. 3

NON-VIOLENT PETTY

MISDEMEANOR
HRS 704-421 (Act 26)
MH-1.4

IF STILL UNFIT AFTER 7
DAYS, DISMISS
HRS 704-421
MH-2.12

**NON-COMPLIANCE WITH
CONDITIONAL RELEASE - ACQUITTED DEFENDANTS
HRS 704-413**



**NON-COMPLIANCE WITH
RELEASE ON CONDITIONS - UNFIT DEFENDANTS**
HRS 704-406

