

ESTABLISHING TRAINING AND PRACTICUM  
FOR FORENSIC PEER SPECIALISTS:

## HAWAII



**“Peer support services can be life changing. One of our clients had been homeless for 17 years. She’s been out of jail and in the community for over four months and is now housed and in treatment thanks to the peer specialist.”**

–Amy Naylor, Project Director

## VISION

Despite large expenditures of funds on correctional services in Hawaii, recidivism remains high. About two thirds of persons who serve their maximum sentence recidivate, and nearly one in ten of them reoffend within two years. Hawaii has been developing resources to increase peers (people with lived experience with mental illness and/or substance abuse) to work in correctional and justice settings on Maui, Kauai, Hawaii Island, and Oahu islands. Peers serve as the critical key to a successful transition from institution to housing as well as the connection to housing, SSI/SSDI, health insurance, treatment, and other community support resources. Using TTI funding, Hawaii’s Adult Mental Health Division of the Department of Health (AMHD) is training certified peer specialists in forensics and culturally competent care and providing practicums for graduates to apply these competencies. Because of the great distances between islands that make in-person training both expensive and time consuming, selected peer specialists receiving this training will also be prepared to train others on their home islands.

## JAIL DIVERSION APPROACH

Hawaii recently enacted ACT 26 allowing law enforcement to divert non-violent misdemeanor

cases to the state mental health system for treatment and to make recommendations on case disposition. Crisis stabilization units provide law enforcement a place to divert individuals with behavioral health disorders from arrest and detention. The crisis stabilization unit in Oahu also serves as a transitional setting for individuals who are being released from the state hospital forensic unit. Forensic peer specialists (FPS) graduates were placed in crisis stabilization units to support individuals who were diverted and those transitioning from forensic hospitalization. The students have demonstrated their ability to establish rapport with them while they remain at the Oahu crisis stabilization unit and eventually gain consent to enroll them in wrap around services.

## MEASURING PROGRESS

Measures of the TTI funded training program focus on trainee enrollment, course completion, internship placement, permanent placement, and number of consumers engaged by training program graduates. All seven trainees completed the course and were placed for internships.

## INTEGRATION WITH CRISIS SYSTEM

Forensic peer specialists have been placed in a newly opened crisis stabilization unit that is one component



**Derwin Teranishi, Forensic Peer Specialist (FPS)**

of Hawaii's overall crisis continuum. The project collaborates with community mental health providers, AMHD's housing support programs, hospitals, the Honolulu and Maui Police Departments, and Maui, Hawaii, Kauai, and Oahu courts.

## BEHAVIORAL HEALTH EQUITY

This program is designed to make peer support available to populations that have been underserved in the community and overrepresented in the justice system. Among these populations, Native Hawaiians and Pacific Islanders are more likely to get a prison sentence, receive a longer prison sentence, and receive longer probation terms than other groups. Hawaii also has a disproportionate number of Native Hawaiian women compared to women of other ethnicities in prisons (<https://www.ojp.gov/ncjrs/virtual-library/abstracts/disparate-treatment-native-hawaiians-criminal-justice-system>). Training emphasizes a cultural understanding of Island life that is crucial to forming rapport. The project has made special efforts to recruit women with lived experience to enroll in peer training and internships and has recruited and graduated twenty-one women, out of thirty-two graduates.

## PROJECT LEGACY

The project had originally planned to place students at the jail or at the state hospital. At the jail, the nurses' station that had been planned to house FPS services were moved to an administrative office area that contained sensitive records prohibiting entry to non-jail staff. Protocols at the state hospital to reduce the risk of COVID-19 transmission removed the opportunity for peers to make face to face contact with patients when they first arrived and reduced contact opportunities during their stays. Students were instead placed in crisis stabilization units. FPS have demonstrated their flexibility and value in helping individuals in crisis stabilization units on their journeys of recovery. AMHD has arranged for the FPS program to continue in the long term. The train the trainer model effort from this grant will continue to multiply the number of trained FPS and federal block grant funds will continue to support internships of trainees. Contracts with community mental health providers support the hiring of forensic peer specialists and billing for their services.

## WHAT HAVE FORENSIC PEER SPECIALISTS TAUGHT US?

FPS are remarkable at engaging consumers in services, particularly as they transition from institutions and when the first arrive at the stabilization unit. Contact with peer specialists during that transition can mean the difference between recovery and recidivism. Maintaining relationships with individuals is just as important and often more challenging as consumers move through behavioral health systems. Work is still needed on developing programs that allow for FPS to follow individuals through the forensic process until they become stable in the community.

**For further information on this project, contact Yara Sutton at [yara.sutton@doh.hawaii.gov](mailto:yara.sutton@doh.hawaii.gov).**