Implications for a System of Care in Hawai‘i for Youth Involved in the Justice System and Substance Use

Tai-An Miao PhD; Earl S. Hishinuma PhD; Karen N. Umemoto PhD

Abstract

The shift from punitive responses to restorative public health approaches to tackle the problem of youth substance use and justice system involvement follow a nationwide trend. Hawai‘i has made significant strides towards transforming the justice system and developing effective substance abuse programs. However, these efforts require changes in policies, practices, and paradigms to be fully and permanently realized. Such a philosophical shift requires a major reallocation of resources from downstream, high-cost punitive modalities, such as incarceration, to upstream solutions that allow adolescents to heal past trauma and grow the understanding and tools to lead a healthy and meaningful life. Research and evaluation to support ongoing learning and system improvement will also be required. Most critically, taking an approach to work with youth so they can overcome the root problems they face holds the most promise of ending the cycle of justice involvement and substance use that the state has witnessed for far too long.

Keywords

Hawai‘i, substance use, juvenile justice, adolescents, review

Abbreviations and Acronyms

CAMHD = Child & Adolescent Mental Health Division
COFA = Compact of Free Association
HYCF = Hawai‘i Youth Correctional Facility
JDAI = Juvenile Detention Alternatives Initiative
SoC = System of Care
SU = Substance Use
SUD = Substance Use Disorder

Background & Introduction

Significance of the Problem

Although the association between substance use (SU) and justice system involvement can be direct (appropriately 9%-10% of youth arrested and detained for drug charges as compared to other offenses),[1] the link can also be much more intertwined. The National Center on Addiction and Substance Abuse reports that 78% of the 2.4 million juvenile arrests in 2000 involved youth who stated they were under the influence of alcohol or drugs, tested positive for drugs, were arrested for committing an alcohol or drug offense, or reported having substance abuse problems.[2] Of the 54% of juvenile arrestees testing positive for drugs at the time of their arrest, 92% tested positive for marijuana.[2] The number of drug-law-violation cases referred to juvenile courts increased at more than 12.5 times the rate of the total number of cases referred to juvenile courts from 1991 to 2000.[2] Finally, the more often youth were arrested, the more likely they were to drink alcohol and use drugs.[2]

In addition, adolescents who used substances and were involved with the justice system were at greater risk for polysubstance use,[3] sexually transmitted infections,[4,5] suicidality,[6,7] and recidivism.[7] Further, formerly detained youth were found to be disproportionately at risk to meet criteria for a substance use disorder in adulthood.[8]

Unfortunately, despite the robust co-occurrence of adolescent SU and justice involvement, there has been limited service utilization, and thus, under-treatment, before, during, and after confinement.[7,9] For example, nationally only 21% of the youth received SU services before or after detention or incarceration.[9] In addition, for moderate SU, ethnic differences were found whereby non-Hispanic European Americans were more likely to receive SU services as compared to Hispanic and African American youth.[10]

Ethnoracial disparities in the US and Hawai‘i justice systems must be acknowledged in this discussion on improving SU supports for system-involved youth. Beginning with the adoption of a western legal system during the 1800s in Hawai‘i, Native Hawaiians and less assimilated migrant populations have been disproportionately impacted by “energetic police and judicial activity.”[11] The long arc of colonization has undermined traditional cultural practices and exacerbated inequalities and pains of injustice experienced in pronounced ways within these diverse Pacific populations (eg, substance use, homelessness, suicide, unemployment, lack of health care, and incarceration).[12] In the post-plantation era, over-representation in the justice system has continued to impact Native Hawaiians and migrating populations often characterized by economic vulnerability and social pressures to assimilate. Samoan youth were subject to greater scrutiny and a trend of justice system involvement in the 1990s-early 2000s.[13] Currently, as families migrate to Hawai‘i under the Compact of Free Association (COFA) from the Republic of the Marshall Islands and the Federated States of Micronesia, COFA nations’ youth are increasingly becoming involved with the youth justice system and SU.[14] This sociohistorical context is essential to understanding the interconnection of SU and youth justice, with the goal of strengthening Hawai‘i’s system of care for youth. This article features key highlights from a chapter of the Hawai‘i Department of Health Alcohol and Drug Abuse Division (ADAD) State Plan which examines the intersection of substance use and juvenile justice and implications for a

system of care. For more background and context around the overall State Plan project, readers are referred to the introductory article of this special supplement.

Prevalence. SU has been consistently found to begin and substantially increase during the early adolescent and adolescent years. According to the national Monitoring the Future Survey, in 2020, the overall lifetime prevalence (among 8th, 10th, and 12th graders combined) was 34.7% for illicit drug use, 30.2% for marijuana, 44.0% for alcohol, 16.2% for cigarettes, and 37.2% for e-vaporizers.[15] Although sparse, research findings in Hawai'i on the intersection between adolescent SU and conduct behaviors, including justice involvement, are consistent with national data. Baker, Hishinuma, Chang, and Nixon[16] found a statistically significant, positive relationship between self-reported ever used drugs and violence perpetration for Filipino American, Native Hawaiian, and Samoan youth in Hawai'i. Consistent with this result, the National Center on Indigenous Hawaiian Behavioral Health found that adolescent self-reported SU, and in particular, smoking cigarettes regularly, was robustly and positively related to "was arrested or got in serious trouble with the law," school suspensions, and school infractions for Native Hawaiian and non-Hawaiian youth.[17,18] Based on the Hawai'i Youth Risk Behavior Survey (**Table 1**), the weighted comorbidity rates between substance use and conduct problems (eg, fights) were very high. On average, 4.0% (standard deviation *[sd]*=2.0, median=3.5%, range=1.4% to 10.2%, denominator=entire sample) self-reported both substance use and violence involvement. Of the youth who self-reported violence, 35.5% also self-reported substance use. Of the youth who self-reported substance use, 24.2% also self-reported violence. The 35.5% was statistically higher than 24.2% ($F[1,92] = 18.2$, $P < .0001$), indicating that while the comorbidity is strong for both associations, there should be a higher need to screen for substance use for youth who self-report violence compared to the need to screen for violence for youth who self-report substance use.

For Hawai'i, the proportion of youth charged with drug-related offenses underestimates the actual prevalence of SU among young people involved with the youth justice system. In particular, a study by the State Attorney General reported that only approximately 10.0% of youth arrests were for drug offenses,[19] and only 12.0% of the arrests were for unique individuals with a drug offense.[20] However, a random sample of youth adjudicated in Honolulu County for any law violation indicated that 71.8% of youth had a history of SU recorded in their probation case files.[21] In a review of diagnostic medical records for youth incarcerated in Hawai'i in FY2005-2007, approximately three-fourths of the youth files indicated a biological parent history of substance use. In addition, for the data that were available, 96% of youth had a history of SU, with the most commonly used substances as follows: 85% marijuana, 82% alcohol, 73% cigarettes, and 54% methamphetamine. The earliest average start of SU was with cigarettes (11.9 years of age); the latest initiation of substances involved methamphetamine (14.1 years of age). Further, history of hard drug use was one of the most salient risk factors associated with recidivism.[22] In a more recent profile of youth incarcerated in Hawai'i and discharged between CY 2014-2019, the proportion of youth who had received at least 1 SU disorder diagnosis was 83.6% and the entire study population reported a history of SU.[23,24]

Risk and Protective Factors

Social Ecological Model Framework. The social ecological model is a valuable construct commonly used to map the risk and protective factors that may influence physical, mental, and behavioral health across different levels: individual, interpersonal, communal/institutional, and societal.[25-28] Research on interventions to reduce or prevent SU for justice-involved youth often center on decreasing risk and enhancing protective factors at the individual and interpersonal levels, with promising work addressing individual behavioral change in step with environmental change at the community or institutional level.[29,30] Unfortunately, research has focused less at the institutional and societal levels. These broader domains come into sharper focus through the lens of racial and ethnic disparities. Observations from the literature are highlighted in **Table 2**, focusing on the levels beyond the individual.

Current System of Care and Youth Justice System Transformation in Hawai'i

For decades, the public education, mental and behavioral health, child welfare, and juvenile justice systems in Hawai'i have sought to institutionalize a state system of care (SoC). The goal of the SoC is to provide coordinated evidence-based services using a community-based, culturally and linguistically responsive, family-centered approach.[62] **Table 3** provides the basic delineation of the state youth justice process and available SU services and supports at each stage.

The Hawai'i SoC for SU among justice system-involved youth is a loose constellation of supports that delivers services in a fairly unsystematic manner. At the early stages of justice involvement, the challenges to prevention and diversion include inconsistency of funding, misalignment between available programs and community acceptance and trust, and the requirement for adult permission for youth to participate in most interventions, which disadvantages youth who lack the support of adult caregivers. Exacerbating economic vulnerability, the cost of SU assessment and treatment at the early stages of justice-system involvement are often placed on families, with public support available for only those who can navigate the eligibility process and meet the required criteria. Even youth on probation are not systematically assessed for SU needs, due in part to hesitation by court officers to incur the associated costs. At the downstream end of the system, the availability of out-of-home placements for youth who need SU treatment has dwindled, leaving only 1 stable provider (Bobbie Benson

Table 1. Hawai'i Youth Risk Behavior Survey (YRBS), 2019 - Weighted Co-Occurring Prevalence Cross Tabulations Between Substance Use & Violence Items (N < 5,879) [Table 1 continues on next page]

		Violence Items											
Substance Use Items		Were in a physical fight			Were electronically bullied			Were bullied on school property			Did not go to school because they felt unsafe at school or on their way to or from school		
Category	Item Description	SUB	VIO	ALL	SUB	VIO	ALL	SUB	VIO	ALL	SUB	VIO	ALL
Cigarettes	Ever tried smoking	29.9	35.1	5.3	25.0	35.3	4.4	26.5	28.7	4.6	17.6	28.7	3.1
	First tried smoking before 13 years	42.6	19.6	3.1	28.6	15.1	1.9	27.4	11.4	1.8	29.5	18.3	2.1
	Currently smoked cigarettes	55.8	17.4	2.9	NA	NA	NA	NA	NA	NA	NA	NA	NA
Vapor Products	Ever used electronic vapor products	21.2	66.8	10.2	17.6	69.3	8.5	20.0	59.6	9.7	14.5	63.3	7.0
	Currently used electronic vapor products	27.0	53.3	8.2	20.5	50.5	6.1	22.6	41.9	6.8	17.4	46.7	5.3
	Currently used electronic vapor products frequently	33.8	22.7	3.5	16.4	14.1	1.7	19.0	12.2	2.0	18.3	16.9	1.9
	Currently used electronic vapor products daily	35.5	18.2	2.8	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Currently smoked or used vapor products	28.6	57.0	9.1	21.0	52.5	6.5	22.9	44.1	7.2	18.7	50.9	5.9
Alcohol	Had 1st alcohol before 13 years	34.8	31.9	5.2	24.7	27.2	3.5	27.1	23.6	3.9	20.1	25.2	3.0
	Currently drank alcohol	32.1	42.0	6.5	21.5	34.5	4.3	23.9	29.4	4.8	18.5	33.3	3.7
	Currently binge drink	40.0	27.5	4.3	22.1	18.5	2.3	24.2	15.8	2.6	23.5	21.6	2.5
Marijuana	Tried marijuana before 13 years	45.3	19.1	3.1	22.0	11.0	1.4	25.0	10.1	1.7	27.8	15.6	1.8
	Currently use marijuana	32.0	34.5	5.4	21.4	28.5	3.6	21.8	22.3	3.7	20.5	29.7	3.5
Other Drugs	Ever took prescription meds w/o doctor order	33.0	28.3	4.7	26.5	28.3	3.6	29.5	24.6	4.1	22.9	26.8	3.2
	Ever used cocaine	48.5	17.2	2.8	NA	NA	NA	NA	NA	NA	30.3	14.2	1.7
	Ever used heroin	52.6	11.3	1.9	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Ever used meth	54.3	14.7	2.4	NA	NA	NA	NA	NA	NA	45.0	15.5	1.9
	Ever used ecstasy	48.7	12.9	2.1	NA	NA	NA	NA	NA	NA	31.5	11.6	1.4
	Drank alcohol or used drugs before last sexual intercourse	42.6	33.7	8.7	NA	NA	NA	NA	NA	NA	NA	NA	NA

SUB = substance use item prevalence = weighted % of (100)(# self-reported yes to both substance use and violence)/(# self-reported yes to substance use)
VIO = violence item prevalence = weighted % of (100)(# self-reported yes to both substance use and violence)/(# self-reported yes to violence)
ALL = comorbid prevalence between substance use item and violence item = weighted % of (100)(# self-reported yes to both substance use and violence)/(total sample size)
NA = not applicable (too few occurrences for a cross-tabulation); Five substance use items are not included in this table because there were no comorbidity prevalence rates with violence for these items: (1) "Currently smoke cigarettes daily," "Currently smoked frequently," "Usually got their own vapor products at store," "Usually got alcohol by someone giving to them," and "Ever injected illegal drugs."

Table 1. Hawai'i Youth Risk Behavior Survey (YRBS), 2019 - Weighted Co-Occurring Prevalence Cross Tabulations Between Substance Use & Violence Items (N < 5,879) [Table 1 continued]

		Violence Items											
Substance Use Items		Were ever physically forced to have sexual intercourse			Experienced sexual violence by anyone			Experienced sexual dating violence			Experienced physical dating violence		
Category	Item Description	SUB	VIO	ALL	SUB	VIO	ALL	SUB	VIO	ALL	SUB	VIO	ALL
Cigarettes	Ever tried smoking	18.0	44.2	3.2	19.0	33.4	3.3	NA	NA	NA	16.2	49.3	3.7
	First tried smoking before 13 years	NA	NA	NA	28.1	18.9	1.9	NA	NA	NA	NA	NA	NA
	Currently smoked cigarettes	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Vapor Products	Ever used electronic vapor products	10.8	74.9	5.2	13.6	68.7	6.5	7.7	71.4	4.7	9.1	78.4	5.6
	Currently used electronic vapor products	12.9	57.8	3.9	17.7	55.5	5.3	10.1	56.0	4.1	12.1	66.5	4.9
	Currently used electronic vapor products frequently	15.8	24.0	1.6	19.4	20.3	1.9	NA	NA	NA	NA	NA	NA
	Currently used electronic vapor products daily	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Currently smoked or used vapor products	14.2	62.3	4.5	19.7	59.9	6.1	11.0	60.7	4.6	14.6	73.5	6.2
Alcohol	Had 1st alcohol before 13 years	15.2	29.8	2.2	21.8	31.3	3.2	NA	NA	NA	16.4	37.8	3.1
	Currently drank alcohol	15.0	43.2	4.1	12.6	52.4	3.4	20.7	44.0	4.1	17.4	60.7	4.9
	Currently binge drink	16.4	24.6	1.7	21.8	22.6	2.2	NA	NA	NA	22.6	45.0	3.5
Marijuana	Tried marijuana before 13 years	NA	NA	NA	26.3	16.7	1.7	NA	NA	NA	NA	NA	NA
	Currently use marijuana	14.7	34.5	2.4	20.2	33.4	3.3	NA	NA	NA	16.8	51.2	4.0
Other Drugs	Ever took prescription meds w/o doctor order	19.2	35.1	2.6	24.3	31.3	3.3	NA	NA	NA	21.0	41.4	3.5
	Ever used cocaine	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Ever used heroin	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Ever used meth	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Ever used ecstasy	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Drank alcohol or used drugs before last sexual intercourse	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

SUB = substance use item prevalence = weighted % of (100)(# self-reported yes to both substance use and violence)/(# self-reported yes to substance use)
VIO = violence item prevalence = weighted % of (100)(# self-reported yes to both substance use and violence)/(# self-reported yes to violence)
ALL = comorbid prevalence between substance use item and violence item = weighted % of (100)(# self-reported yes to both substance use and violence)/(total sample size)
NA = not applicable (too few occurrences for a cross-tabulation); Five substance use items are not included in this table because there were no comorbidity prevalence rates with violence for these items: (1) "Currently smoke cigarettes daily," "Currently smoked frequently," "Usually got their own vapor products at store," "Usually got alcohol by someone giving to them," and "Ever injected illegal drugs."

Table 2. Risk and Protective Factors for Youth Substance Use, by Social Ecological Domain	
Domain & Category	**Elaboration**
Interpersonal Domain *Family and home* • Parent-child relationships and family conflict • Structure and stability • Well-being, involvement with substance use and/or justice system	Positive family functioning (eg, active parental presence, lack of parental hostility) and family well-being have been found to be associated with and impact youth behavior with lower rates of youth engaging in substance use (eg, polysubstance use) and anti-social behaviors (eg, recidivism).[31-33] Among youth incarcerated in Hawai'i, 91% had significant disruption to the family structure (ie, negative impact on relationship with child's primary caregiver),[24] 16% reported substance abuse among family members, 47% indicated parental mental health needs, and 66% reported parental justice system involvement.[24]
Interpersonal Domain *Peers* • Relationships and attitudes • Behaviors, including friends offering drugs and/or alcohol	A robust finding is the association between youth with peers who are involved with substance use and the youth justice system.[31,34] Research in Hawai'i aligns with national findings on increased adolescent substance use associated with negative peer behavior, such as youth whose friends have offered them marijuana or alcohol or whose close friends have been suspended from school.
Community, Institutional, Societal Domain *Social support vs social stigmatization* • Disparities resulting from discrimination and/or victimization on the basis of race, ethnicity, and/or gender identity • Social isolation • Interpersonal support	Youth of color, both nationally and in Hawai'i, are substantially over-represented in arrests, detention, probation revocation, and/or incarceration.[35-41] In Hawai'i, Native Hawaiian, Samoan, and other Pacific Islander youth faced perceptions by decision-makers that manifested a consistent and cumulative pattern of negative outcomes[21,42] when compared to European American or East Asian youth. In addition, perceptions of differential treatment on the basis of ethnicity and race have been expressed by youth interviewed on their experiences in the state system of care for substance use.[43] Nationally, there is over-representation of gender-diverse youth (ie, gay, lesbian, bisexual, or other sexual orientations) in the youth justice system.[44-46] Within this context, researchers have advocated for a developmental approach to youth justice, whereby youth of color and gender-diverse youth would be viewed and treated with the same understanding of adolescent exploration and boundary-testing that is commonly extended to European American youth.[47-50] Protective factors include positive social support to mitigate the negative effects of discrimination on youth in the justice system, including substance dependency,[51] and addressing adolescents' need for belonging and contributing to pro-social and supportive community life.[52]
Community, Institutional, Societal Domain *Trauma and marginalization* • Adverse childhood experiences • Multigenerational and historical trauma • Multiple marginality	Studies of trauma have established links between adverse childhood experiences and increased risk of physical, mental, and behavioral health concerns, including problematic substance use.[53,54] The relationship of marginalization and multigenerational transmission of trauma has been well-documented among African American, Indigenous, and other communities of color.[55-58] Vigil and Moore[59] coined the term "multiple marginality" to; explain the intersection of social and economic forces faced by some low-income youth of color, manifested in "inadequate living conditions, stressful personal and family changes, and racism and cultural repression in schools."[59-61] Histories of trauma and runaway were present in case files of over 90% of youth incarcerated in Hawai'i.[24]

Risk and protective factor data by ecological domain were collected and synthesized via literature review.

Table 3. Youth Justice Process in Hawai‘i and the Supports and Substance Use Services for Youth	
Stage and Services Available	**Elaboration**
Prevention & Arrest / Diversion *(voluntary services)* • School-based programs • Community-based activities: cultural, arts, sports and recreation, mentoring • Public health programs/services • Mental health programs/services • Self-referral for community-based substance use assessment • Assessment Center (geographically limited) screening for risks + needs • Family primarily responsible for costs	Prevention activities may include positive youth development and family strengthening programs offered on a wide, but inconsistent basis by a range of school and community stakeholders: grassroots volunteers, nonprofit youth-serving organizations, local government (eg, Parks & Recreation) programs, state contracted substance use providers, Native Hawaiian trusts, and culture-based organizations for different populations. The state department of health Child & Adolescent Mental Health Division (CAMHD) provides integrated substance use treatment for youth with qualifying mental health diagnoses. At the point of contact with law enforcement, a young person can be counseled and released or arrested. Arrest records are forwarded to the Prosecutor's office (for law violations) or Family Court (for status offenses). In jurisdictions with resources for formal diversion from court involvement, a police officer can refer youth to an assessment center for screening in a therapeutic, family-friendly setting. Voluntary referrals for formal substance use assessment or other resources can occur.
Detention *(mandatory services)* • Department of Health, CAMHD Family Court Liaison Branch services • Substance use assessment if determined warranted; time-limited services while youth is detained • State responsible for costs	The State Judiciary operates a sole juvenile detention facility on O‘ahu with capacity for short-term secured placement prior to a youth being seen by a judge for charges. Police officers may transport a young person who has been arrested on suspicion of a serious law violation directly to the detention facility for immediate court intake. A youth can be detained awaiting a hearing within 48-72 hours. Following the detention hearing, a young person could be released or remain in secure custody for as long as several months awaiting the completion of the hearing process or until another appropriate placement can be made. Youth in detention receive a mandatory clinical screening for substance use and mental health needs, completed upon intake, and corresponding time-limited services while detained are provided, based on the assessment. Aftercare upon release is neither required nor well-coordinated.
Court Referral/Diversion *(voluntary services)* • Optional referral for mental health services • Optional referral for community-based • substance use assessment • Optional referral to positive youth • development programs • Family primarily responsible for costs	A young person referred to court can be "diverted" if a court officer closes the case after a phone call or meeting with the child's guardian, or even after an unsuccessful attempt at contacting the guardian. Voluntary participation in substance use services can be recommended. Completion of selected programs can be offered as an incentive to avoid court processing in certain jurisdictions.
Adjudication: Probation *(mandatory services)* • Supervision by Probation Officer • Conditions of probation may include substance use assessment, monitoring (drug testing), and if diagnosed, treatment • Selective specialty court services • State or family responsible for costs	Placement on court supervision (probation for law violation or protective supervision for status offense) is one possible consequence for youth whose case is adjudicated by a juvenile judge. Youth are not referred for substance use assessment unless substance use is determined to contribute to "criminal behavior" at the Probation Officer's discretion. If assessed, corresponding time-limited services while on probation may be provided, based on the assessment. Conditions of probation may include curfew, electronic monitoring, and drug testing. In certain jurisdictions, youth may be admitted to a "boutique court" program (eg, Juvenile Drug or Girls Court) with added supports. For youth with a qualifying diagnosis for mental health services, integrated substance use treatment is available through CAMHD contracted services such as Multi-Systemic Therapy.
Adjudication: Out-of-Home Placement *(mandatory services)* • Residential rehabilitation (geographically limited) • Cultural wellness (limited funding) • Incarceration with substance use and mental services, positive youth development supports and optional family services • State responsible for costs	Out-of-home placement may range from incarceration in the secured HYCF located on O‘ahu to court-ordered participation in a residential program, such as a mental health facility or substance abuse treatment program (decreasing options in the state), group home/safe house, or life skills training program. For youth with a qualifying diagnosis for mental health services, integrated substance use treatment is available through CAMHD contracted residential programs. Youth may be placed in the juvenile detention facility pending an opening in an appropriate out-of-home placement because availability is frequently limited. Substance use services for incarcerated youth in Hawai‘i include mandatory clinical services based on formal substance use assessments.

Data on the Hawai‘i youth justice system process and substance use services and supports for youth were collected and synthesized via informal interviews with justice system stakeholders and substance use service providers, and authors' professional and personal knowledge and observation as a result of working in the field locally for over 10 years.

Center), albeit with limited bed space. Smaller residential SU programs that integrate life skills and local cultural values, such as the now-closed ocean-based Kailana Program operated by the Marimed Foundation, have struggled to maintain sufficient funding. The Hawai'i Youth Correctional Facility (HYCF) has been termed a "provider of last resort" where adjudicated youth are able to access intensive mental health and/or SU services that are otherwise in short supply in the community.[12,21] If youth are incarcerated, then they undergo mandated mental health evaluations, SU histories are recorded, and formal diagnosis of a substance use disorder (SUD) may result from a full psychiatric evaluation. For youth who are diagnosed with a SUD, service plans include compulsory treatment provided by the state while confined.

Between the 2 extremes of prevention and incarceration, a missed opportunity presents itself for screening and early intervention among youth who may be arrested and diverted or are awaiting court processing. Even among youth who are adjudicated and placed on probation, current practices allow most to continue at elevated risk of SU without a formal assessment or referral to services. In a recent statewide youth needs assessment, local youth frequently described "getting in trouble" at school or with the law as their primary entry point to SU treatment.[43]

However, efforts to transform Hawai'i's youth justice system have gained traction, most significantly since the state's entry into the Juvenile Detention Alternatives Initiative (JDAI) in 2008. Leaders of key youth-serving agencies (Office of Youth Services, Child & Adolescent Mental Health Division [CAMHD] of the Hawai'i Department of Health, Family Court, Prosecutor, and the Public Defender) and community-based organizations (Hale Kipa, Hawai'i Families as Allies, and various culturally grounded programs) committed to collaboration through the JDAI Executive Committee have participated in training and national learning exchanges for justice system reform. Family Court made marked improvements in data collection and reporting among youth in detention and probation. Substantial decreases in the number of youth detained and incarcerated have been sustained with youth commitments to HYCF reduced by 84% between Fiscal Years 2009-2021.[63] This consortium of leaders played a key role in collaborating with the Pew Research Institute to introduce comprehensive legislation (Juvenile Justice Transformation Act 201) to improve probation training, practice, and accountability for Family Court and to reduce youth commitments and implement transition planning for HYCF. That groundbreaking legislation opened the door to rename and redevelop the HYCF campus as the Kawailoa Youth and Family Wellness Center, allowing co-location of community-based programs to serve vulnerable youth.

Recommendations for System Transformation: Reframing Policy and Practice Responses to Care for Vulnerable Youth

Through the synthesis of the literature, Hawai'i relevant data, and input from youth-serving stakeholder organizations, the 2 sets of recommendations offered here reinforce lessons learned over the decades-long journey to improve the Hawai'i SoC for SU and transform the youth justice system. The aim is to address the primary obstacles to sustaining collaborative and community-based alternatives that emphasize promising or evidence-based healing, trauma-informed, culture-based, and family-centered approaches. This entails shifting resources from punitive responses to a comprehensive array of community-based services, focusing on youth substance use as a public health issue rather than a criminal justice issue. Sustaining this shift requires sustained leadership, training to shift the paradigm of the youth justice profession towards a more culturally appropriate and developmental approach, and continual succession planning.

The first set of recommendations is to legislate Justice Reinvestment in order to shift resources from carceral measures to a broad range of community-based interventions to promote prevention and well-being. The number of youths processed by the courts and incarcerated at HYCF has continued to decrease since Act 204 was passed in 2014. By capturing the Family Court and Office of Youth Services cost-savings and investing them in front-end community outreach and services, the state can implement a public health approach to increase early identification of needs and expand access to prevention, intervention, treatment, and other supports for youth. Commitment to continual evaluation should accompany implementation, to provide monitoring and feedback to inform modifications. The following programs are needed to fill gaps in the current continuum of care and aid the shift towards restorative approaches.

1. Restorative Justice - Restorative justice programs (1) take a holistic view towards the interrelationships between multiple domains of individual, family, community, and society; and (2) illuminate the need to address place-based, family-centered, and spiritually appropriate methods of healing. Restorative justice program types include family group conferences, victim-impact panels, victim-offender mediation, circle sentencing, and community reparative boards. Residential alternatives include home confinement, shelter care, group homes, intensive supervision, and specialized foster care.[64] Restorative justice approaches in "after care" can support transition from intensive programs as youth return home to their families and communities

2. Culturally grounded healing programs - Two prototype programs developed on the island of Moloka'i address youth and family with SU utilizing a framework of Native Hawaiian cultural practices for healing and wholeness.[65,66] Puni Ke Ola promotes culture as health, strengthening protective factors through cultural practices and learning. Kahua Ola Hou has served as a diversion site for youth at various stages of the Hawai'i youth justice system and cross-trains youth justice staff and community partners in a cultural curriculum that has gained traction with local youth of diverse backgrounds.[67] Youth learn the practices of self-reflection and *ho'oponopono ho'oponopono* (a traditional Hawaiian practice of reconciliation and forgiveness) to address root causes of health concerns like SU and to heal family relationships. In addition, culturally responsive evaluation is vital to build an evidence base that takes into account the unique social-cultural context of youth in Hawai'i. The Kukulu Kumuhana framework[68] for Native Hawaiian well-being is 1 example of a collaborative local evaluation design created by Lili'uokalani Trust, Office of Hawaiian Affairs, Kamehameha Schools, and Consuelo Foundation to build an evidence base for place- and culturally based interventions that are relevant for Hawai'i.

3. Family-based interventions - Family-based interventions have been associated with decreases in SU and increases in protection against risk factors for other delinquent behaviors.[69,70] Among clinically referred youth, Multi-Dimensional Family Therapy and Multi-Systemic Therapy have demonstrated reductions in SU and other risky behaviors for youth.[71] Local research findings identify family protective factors as contributing to reduced likelihood of youth substance use.[72] Increasing access to high-commitment programs that require parent involvement such as Juvenile Drug Court can be addressed through culturally-informed approaches to family engagement. Recognizing that youth vulnerable to justice system involvement and substance use may have parents who are not present or able to play an active role, the Native Hawaiian concept of *'ohana* (family) can expand the network of supportive adults involved in a young person's care to include extended and non-blood relationships.

4. School-based interventions - For students at risk for justice-system involvement and SU, effective school-based interventions should address: (1) cultivating meaningful relationships and learning environments for students who feel disconnected from school to help to prevent early SU; (2) providing universal screening to identify students with SU needs for referral[73]; and (3) through screening, identifying and making warm hand-offs to services for students with co-occurring mental health and SU needs and/or students who have experienced trauma.

5. Workforce development - Invest in workforce capacity and professional development of providers to effectively address SU among justice system-involved youth. The Alcohol and Drug Abuse Division of the Hawai'i State Department of Health and higher educational institutions in Hawai'i have the opportunity to formalize an educational and training pipeline for Community-based Prevention Specialists, a federally recognized prevention position that is equivalent to the certified substance abuse counselor position. Community-based trainers with lived experience could facilitate self-reflective and interactive training curricula to address trauma, bias awareness, cross-cultural competency, and adolescent brain development.[21] Providing specialized training on SU screening and scoring to assessment center and other youth-serving program staff could improve early assessment of behavioral health concerns and treatment needs.[74]

6. Housing or residential programs – Restorative justice residential alternatives include home confinement, shelter care, group homes, intensive supervision, and specialized foster care.[64] Social stigma as well as zero tolerance policies for substance use or criminal convictions in public and some subsidized housing communities can create additional obstacles for vulnerable youth and young people on their healing journey.[75] From a harm reduction perspective, access to stable housing and other basic needs can serve as a foundation from which young people can more effectively identify and pursue their strengths while working to address areas of vulnerability such as substance use.[76,77]

The second set of recommendations focuses on developing dedicated and visionary leadership building upon the successes of youth justice system transformation thus far in Hawai'i. Intentional development of and succession planning for collaborative leadership is needed to sustain commitment to the public health approach described in the first recommendation. Recognizing the tension between good will shared by many state stakeholders to "work together to care for our kids" and the heavy bureaucracy that is a core characteristic of the state apparatus, an ethic of change agency is needed in leadership across the state SoC. Specific recommendations include support for the following.

1. Youth leadership in system transformation - Integrating youth's voice into leadership and decision-making is a priority of philanthropic support for system change.[78,79] Examples include: (1) partnership between the Hawai'i State Department of Human Services-Child Welfare Services Branch and EPIC 'Ohana, Inc.'s Hawai'i Helping Our People Envision Success Youth Leadership Board; and (2) the youth committee of the Hawai'i Juvenile Justice State Advisory Council.

2. Collaboration and coordination of services - Several small-scale collaborative initiatives to divert youth from the justice system offer examples of the potential for coordination to identify needs, strengthen protective factors, and connect to supports at early stages for behavioral health problems. The Positive Outreach and Intervention Project operates a values-based mentoring model that aims to divert youth from court involvement at the point of arrest and increase connections to supportive adults and cultural practices. Community-based practitioners bring together police officers, youth, and family members to learn about cultural sites and help with restoration efforts. Ho'opono Mamo, the Big Island Juvenile Intake and Assessment Center, and District 8 Mobile Assessment Center were designed to take a culturally based approach to assessing immediate needs by greeting youth and caregivers in a relational setting and making connections with the child's natural supports and the broader community network through direct, in-person referrals. Similarly, greater collaborative support for school-based services can lighten the burden placed on school staff so that student well-being becomes a shared focus. Reentry and aftercare are other critical decision points for justice system-involved youth. The Hawai'i State Department of Health Alcohol and Drug Abuse Division and Office of Youth Services could institutionalize policies that allow collaboration to improve treatment referrals and connections to care for youth upon community reentry.

Conflict of Interest

None of the authors identify a conflict of interest.

Notice of Duplicate Publication

This article is based on the draft version of a chapter from the Hawai'i State Department of Health Alcohol and Drug Abuse Division (ADAD) State Plan, and all or a majority of the contents within will be subsequently also reproduced in the corresponding chapter of the final version of the ADAD State Plan (https://health.hawaii.gov/substance-abuse/state-plan/). While the ADAD State Plan may later be modified as a living document following its release, the material and content found in this article represents a snapshot of the highlights of the ADAD State Plan at the time of the article's publication.

Funding

Support for the writing, coordination, and publication of this special supplement and for the State Plan for a System of Care was provided by the Hawai'i State Department of Health Alcohol and Drug Abuse Division (ADAD).

Acknowledgments

Special thanks to: Ishmael Gomes, Yoko Toyama Calistro, Jin Young Seo, Jane Onoye, Carol Matsuoka, Joel Tamayo, Leina'ala Nakamura, Deborah Spencer-Chun, Lisa Tamashiro, Colleen Fox, Jaunette DeMello, Louise Krum, Lisa Lovern, and Derek Sumida.

Authors' Affiliations:
- Department of Psychiatry, John A. Burns School of Medicine, University of Hawai'i at Mānoa, Honolulu, HI (T-AN, ESH)
- Departments of Urban Planning and Asian American Studies, University of California, Los Angeles, Los Angeles, CA (KNU)

Corresponding Author:
Tai-An Miao PhD; Email: taian@dop.hawaii.edu

References

1. McClelland GM, Teplin LA, Abram KM. *Detection and Prevalence of Substance Use among Juvenile Detainees*. Published 2004. Accessed June 16, 2022. https://www.ojp.gov/pdffiles1/ojjdp/203934.pdf
2. National Center on Addiction and Substance Abuse. *Criminal Neglect: Substance Abuse, Juvenile Justice and the Children Left Behind.* New York, NY: Columbia University; 2004.
3. Banks DE, Hershberger AR, Pemberton T, Clifton RL, Aalsma MC, Zapolski TCB. Poly-use of cannabis and other substances among juvenile-justice involved youth: variations in psychological and substance-related problems by typology. *Am J Drug Alcohol Abuse.* 2019;45(3):313-322. doi:10.1080/00952990.2018.1558450.
4. Bryan AD, Magnan RE, Gillman AS, et al. Effect of including alcohol and cannabis content in a sexual risk-reduction intervention on the incidence of sexually transmitted infections in adolescents: A cluster randomized clinical trial. *JAMA Pediatr.* 2018;172(4):e175621. doi:10.1001/jamapediatrics.2017.5621.
5. Schmiege SJ, Bryan AD. Heterogeneity in the relationship of substance use to risky sexual behavior among justice-involved youth: A regression mixture modeling approach. *AIDS Behav.* 2016;20(4):821-832. doi:10.1007/s10461-015-1219-3.
6. Chapman JF, Ford JD. Relationships between suicide risk, traumatic experiences, and substance use among juvenile detainees. *Arch Suicide Res.* 2008;12(1):50-61. doi:10.1080/13811110701800830.
7. Heaton LL. Racial/ethnic differences of justice-involved youth in substance-related problems and services received. *Am J Orthopsychiatry.* 2018;88(3):363-375. doi:10.1037/ort0000312.
8. Vaughn MG, Salas-Wright CP, DeLisi M, Maynard BR, Boutwell B. Prevalence and correlates of psychiatric disorders among former juvenile detainees in the United States. *Compr Psychiatry.* 2015;59:107-116. doi:10.1016/j.comppsych.2015.02.012.
9. White LM, Aalsma MC, Salyers MP, et al. Behavioral health service utilization among detained adolescents: A meta-analysis of prevalence and potential moderators. *J Adolesc Health.* 2019;64(6):700-708. doi:10.1016/j.jadohealth.2019.02.010.
10. Mansion AD, Chassin L. The effect of race/ethnicity on the relation between substance use disorder diagnosis and substance use treatment receipt among male serious adolescent offenders. *Child Youth Serv Rev.* 2016;61:237-244. doi:10.1016/j.childyouth.2015.12.023.
11. Merry SE. Crime and criminality: historical differences in Hawai'i. (Dialogue). *Contemp Pac.* 2002;14(2):411. doi:10.1353/cp.2002.0062.
12. Irwin K, Umemoto K. *Jacked up and unjust: Pacific Islander teens confront violent legacies.* Univ of California Press; 2016.
13. Mayeda DT, Hishinuma ES, Nishimura ST, Garcia-Santiago O, Mark GY. Asian/Pacific Islander youth violence prevention center: interpersonal violence and deviant behaviors among youth in Hawai'i. *J Adolesc Health.* 2006;39(2):276.e271-211. doi:10.1016/j.jadohealth.2005.12.006.
14. Palafox N, Riklon S, Esah S, et al. The Micronesians. In. Honolulu: University of Hawai'i Press; 2011:295-315.
15. Johnston LD, O'Malley PM, Miech RA, Bachman JG, Schulenberg JE. *Monitoring the Future National Survey Results on Drug Use, 1975-2016: Overview, Key Findings on Adolescent Drug Use*. Ann Arbor: Institute for Social Research, The University of Michigan. Published 2017. Accessed June 16, 2022. https://files.eric.ed.gov/fulltext/ED578534.pdf
16. Baker CK, Hishinuma ES, Chang JY, Nixon DC. The relationship among exposure to stressful life events, drug use, and violence perpetration in a sample of Native Hawaiian, Samoan, and Filipino adolescents. *J Interpers Violence.* 2010;25(3):379-399. doi:10.1177/0886260509334397.
17. Hishinuma ES, Else IRN, Chang JY, et al. Substance use as a robust correlate of school outcome measures for ethnically diverse adolescents of Asian/Pacific Islander ancestry. *Sch Psychol Q.* 2006;21(3):286-322. doi:10.1521/scpq.2006.21.3.286.
18. Hishinuma ES, Johnson RC, Kim SP, et al. Prevalence and correlates of misconduct among ethnically diverse adolescents of Native Hawaiian/part-Hawaiian and non-Hawaiian ancestry. *Int J Soc Psychiatry.* 2005;51(3):242-258. doi:10.1177/0020764005057371.
19. Ishihara K PP. *Crime in Hawai'i County, 2019. A Review of Uniform Crime Reports*. Honolulu, HI: Attorney General, State of Hawai'i. Published 2021. Accessed August 17, 2021. https://ag.hawaii.gov/cpja/files/2020/11/Crime-in-Hawaii-County-2019_v2.pdf
20. Sadaya-Ibus MN. *Juvenile Delinquency Trends in Hawai'i: Data Book for 2003-2012.* Juvenile Justice Information System,, Crime Prevention and Justice Assistance Division, State of Hawai'i. Published 2014. Accessed June 16, 2022. https://ag.hawaii.gov/cpja/files/2013/01/Data-Book-for-2003_2012.pdf
21. Umemoto K, Spencer J, Miao T, Momen S. *Disproportionate Minority Contact in the Hawai'i Juvenile Justice System: 2000-2010*. University of Hawai'i at Mānoa. Published 2012. Accessed August 17, 2021. http://ag.hawaii.gov/cpja/files/2013/01/DMC-FINAL-REPORT-2012.pdf
22. Mayeda DT. *Hawai'i Youth Correctional Facility Recidivism Study*. Honolulu, HI: Department of the Attorney General, State of Hawai'i. Published 2010. Accessed August 17, 2021. https://ag.hawaii.gov/cpja/files/2013/01/HYCF-Recidivism-Study-2005-2007.pdf
23. Uchigakiuchi P, Miao T, Roberts T. *The Hawai'i Crossover Youth Study at Hawai'i Correctional Facility.* Final Report. Published 2019.
24. Uchigakiuchi P, Roberts T, Miao T. *Profile of Incarcerated Youth at Hawai'i Correctional Facility*. Unpublished Report.
25. Lipari RN, Ahrnsbrak RD, Pemberton MR, Porter JD. Risk and protective factors and estimates of substance use initiation: Results from the 2016 National Survey on Drug Use and Health. In: *CBHSQ Data Review.* Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2017:1-32. Published 2017. Accessed August 17, 2021. https://www.ncbi.nlm.nih.gov/books/NBK481723/
26. Hawkins DJ, Catalano RF, Miller JY. Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychol Bull.* 1992;112(1):64-105. doi:10.1037//0033-2909.112.1.64.
27. Vazsonyi ATPD, Chen PMA, Young MBS, et al. A test of Jessor's Problem Behavior Theory in a Eurasian and a Western European developmental context. *J Adolesc Health.* 2008;43(6):555-564. doi:10.1016/j.jadohealth.2008.06.013.
28. Zucker RA, Donovan JE, Masten AS, Mattson ME, Moss HB. Early developmental processes and the continuity of risk for underage drinking and problem drinking. *Pediatrics.* 2008;121(Supplement):S252-S272. doi:10.1542/peds.2007-2243B.
29. Goebert D, Chang JY, Chung-Do J, et al. Social ecological determinants of youth violence among ethnically diverse Asian and Pacific Islander students. *Matern Child Health J.* 2012;16(1):188-196. doi:10.1007/s10995-010-0726-0.
30. Miao T-A, Umemoto K, Gonda D, Hishinuma ES. Essential elements for community engagement in evidence-based youth violence prevention. *Am J Community Psychol.* 2011;48(1):120-132. doi:10.1007/s10464-010-9418-6.
31. Davis JP, Dumas TM, Wagner EF, Merrin GJ. Social ecological determinants of substance use treatment entry among serious juvenile offenders from adolescence through emerging adulthood. *J Subst Abuse Treat.* 2016;71:8-15. doi:10.1016/j.jsat.2016.08.004.
32. Folk JB, Brown LK, Marshall BDL, et al. The prospective impact of family functioning and parenting practices on court-involved youth's substance use and delinquent behavior. *J Youth Adolesc.* 2020;49(1):238-251. doi:10.1007/s10964-019-01099-8.
33. Mowen TJ, Boman JHt. A developmental perspective on reentry: Understanding the causes and consequences of family conflict and peer delinquency during adolescence and emerging adulthood. *J Youth Adolesc.* 2018;47(2):275-289. doi:10.1007/s10964-017-0794-1.
34. Papp J, Campbell C, Onifade E, Anderson V, Davidson W, Foster D. Youth drug offenders: An examination of criminogenic risk and juvenile recidivism. *Corrections.* 2016;1(4):229-245. doi :10.1080/23774657.2016.1218804.
35. Hsia H, Bridges GS, McHale R. *Disproportionate Minority Confinement: 2002 Update (Summary)*. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention. Published 2004. Accessed August 17, 2021. https://ojjdp.ojp.gov/library/publications/disproportionate-minority-confinement-2002-update

36. Peck JH. The importance of evaluation and monitoring within the disproportionate minority contact (DMC) mandate: Future directions in juvenile justice research. *Race Justice.* 2018;8(4):305-329. doi:10.1177/2153368716675923.
37. Bishop DM, Frazier CE. Race effects in juvenile justice decision-making: Findings of a statewide analysis. *J Crim Law Criminol.* 1996;86(2):392-414. doi:10.2307/1144031.
38. Leiber MJ, Peck JH. Race, gender, crime severity, and decision making in the juvenile justice system. *Crime Delinq.* 2015;61(6):771-797. doi:10.1177/0011128712446898.
39. Leiber MJ, Peck JH, Beaudry-Cyr M. The likelihood of a "youth discount" in juvenile court sanctions: The influence of offender race, gender, and age. *Race Justice.* 2016;6(1):5-34. doi:10.1177/2153368715595088.
40. Poe-Yamagata E, Jones MJ. *And Justice for Some*. Davis, CA: National Council on Crime and Delinquency. Published 2000. Accessed August 17, 2021. https://files.eric.ed.gov/fulltext/ED442882.pdf
41. Pope CE, Lovell R, Hsia HM. *Disproportionate Minority Confinement: A Review of the Research Literature from 1989 through 2001*. Washington, D.C.: U.S. Department of Justice, Officer of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Published 2001. Accessed August 17, 2021. https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/media/document/dmc89_01.pdf
42. Kassebaum GG. *Identifying Disproportionate Representation of Ethnic Groups in Hawai'i's Juvenile Justice System. Phase One: A Report on Disproportionate Minority Confinement to the Juvenile Justice State Advisory Council, the Office of Youth Services, and the Coalition for Ethnic and Cultural Diversity of Youth.* Honolulu, HI: Center for Youth Research, University of Hawai'i at Mānoa; 1995.
43. Helm S, Miao T, Onoye J, et al. *Services to Conduct a Needs Assessment for Substance Use Prevention and Treatment Services Among Special Youth Populations Using Qualitative Methods: Protocol 2, In-Depth Interviews with Youth Regarding the System of Care*. Department of Psychiatry, University of Hawai'i at Mānoa. Published 2021. Accessed June 16, 2022. https://health.hawaii.gov/substance-abuse/files/2021/10/Youth-Substance-Use-Needs-Assessment_Interviews_September-2021.pdf
44. Beck AJ, Cantor D, Hartge J, Smith T. *Sexual Victimization in Juvenile Facilities Reported by Youth, 2012: National Survey of Youth In Custody, 2012*. U.S. Department of Justice,, Office of Justice Programs, Bureau of Justice Statistics. Published 2013. Accessed August 17, 2021. https://bjs.ojp.gov/content/pub/pdf/svjfry12.pdf
45. Irvine A, Canfield A. The overrepresentation of lesbian, gay, bisexual, questioning, gender nonconforming and transgender youth within the child welfare to juvenile justice crossover population. *Am Univ J Gend Soc Policy Law.* 2015;24(2):243.
46. Wilson BDM, Jordan SP, Meyer IH, Flores AR, Stemple L, Herman JL. Disproportionality and disparities among sexual minority youth in custody. *J Youth Adolesc.* 2017;46(7):1547-1561. doi:10.1007/s10964-017-0632-5.
47. Monahan K, Steinberg L, Piquero AR. Juvenile justice policy and practice: A developmental perspective. *Crime Justice.* 2015;44(1):577-619. doi:10.1086/681553.
48. Goff PA, Jackson MC, Di Leone BAL, Culotta CM, DiTomasso NA. The essence of innocence: consequences of dehumanizing Black children. *J Pers Soc Psychol.* 2014;106(4):526-545. doi:10.1037/a0035663.
49. Bishop DM, Leiber M, Johnson J. Contexts of decision making in the juvenile justice system: An organizational approach to understanding minority overrepresentation. *Youth Violence Juv Justice.* 2010;8(3):213-233. doi:10.1177/1541204009361177.
50. Bridges GS, Steen S. Racial disparities in official assessments of juvenile offenders: Attributional stereotypes as mediating mechanisms. *Am Sociol Rev.* 1998;63(4):554-570. doi:10.2307/2657267.
51. Hershberger A, Zapolski T, Aalsma MC. Social support as a buffer between discrimination and cigarette use in juvenile offenders. *Addict Behav.* 2016;59:7-11. doi:10.1016/j.addbeh.2016.03.003.
52. Johnson BR, Pagano ME, Lee MT, Post SG. Alone on the inside: The impact of social isolation and helping others on AOD use and criminal activity. *Youth Soc.* 2018;50(4):529-550. doi:10.1177/0044118X15617400.
53. Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *Am J Prev Med.* 1998;14(4):245-258. doi:10.1016/S0749-3797(98)00017-8.
54. Baglivio MT, Epps N. The interrelatedness of adverse childhood experiences among high-risk juvenile offenders. *Youth Violence Juv Justice.* 2016;14(3):179-198. doi:10.1177/1541204014566286.
55. Kirmayer LJ, Gone JP, Moses J. Rethinking historical trauma. *Transcult Psychiatry.* 2014;51(3):299-319. doi:10.1177/1363461514536358.
56. Huyssen A. *Present Pasts: Urban Palimpsests and the Politics of Memory.* Stanford, Calif: Stanford University Press; 2003.
57. Alexander JC, Eyerman R, Giesen B, Smelser NJ, Sztompka P. *Cultural Trauma and Collective Identity.* 1 ed. Berkerley: University of California Press; 2004.
58. Pasko L, Chesney-Lind M. Under lock and key: Trauma, marginalization, and girls' juvenile justice involvement. *Justice Res Policy.* 2010;12(2):25-49. doi:10.3818/JRP.12.2.2010.25.
59. Vigil D, Moore J. *A Rainbow of Gangs: Street Cultures in the Mega-City.* Austin: University of Texas Press; 2002.
60. Freng A, Esbensen FA. Race and gang affiliation: An examination of multiple marginality. *Justice Q.* 2007;24(4):600-628. doi:10.1080/07418820701717136.
61. Quinn K, Walsh JL, Dickson-Gomez J. Multiple marginality and the variation in delinquency and substance use among adolescent gang members. *Subst Use Misuse.* 2019;54(4):612-627. doi:10.1080/10826084.2018.1528465.
62. Suarez E, Jackson DS, Slavin LA, Michels MS, McGeehan KM. Project Kealahou: Improving Hawai'i's system of care for at-risk girls and young women through gender-responsive, trauma-informed care. *Hawaii J Med Public Health.* 2014;73(12):387-392.
63. Hawai'i State Judiciary. The Juvenile Justice Transformation: A Historical Perspective. 2021; Kawailoa, HI.
64. Development Services Group Inc. *Alternatives to Detention and Confinement*. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention. Published 2014. Accessed August 17, 2021. https://www.ojjdp.gov/mpg/litreviews/AlternativesToDetentionandConfinement.pdf
65. Helm S, Lee W, Hanakahi V, et al. Puni Ke Ola – Life flourishes in a drug-free community. *Community Psychol.* 2013;46(3):27-29.
66. Withy KM, Lee W, Renger RF. A practical framework for evaluating a culturally tailored adolescent substance abuse treatment programme in Moloka'i, Hawai'i. *Ethn Health.* 2007;12(5):483-496. doi:10.1080/13557850701616920.
67. Tibbetts K. Preliminary findings from Wahi Kana'aho youth interviews. (Presentation slides). 2015.
68. Kukulu Kumuhana Planning Committee. *Creating Radical and New Knowledge to Improve Native Hawaiian Wellbeing*. Published 2017. Accessed August 17, 2021. https://qlt-trust.cdn.prismic.io/qlt-trust/55b217b4-4feb-4fa1-9a79-d339cf9b9b15_LT+Kukulu+Kumuhana+%28final+pdf%29.pdf
69. Dopp AR, Borduin CM, White MH, Kuppens S. Family-based treatments for serious juvenile offenders: A multilevel meta-analysis. *J Consult Clin Psychol.* 2017;85(4):335-354. doi:10.1037/ccp0000183.
70. Santisteban DA, Mena MP, Muir J, McCabe BE, Abalo C, Cummings AM. The efficacy of two adolescent substance abuse treatments and the impact of comorbid depression: Results of a small randomized controlled trial. *Psychiatr Rehabil J.* 2015;38(1):55-64. doi:10.1037/prj0000106.
71. Liddle HA. Multidimensional Family Therapy: Evidence base for transdiagnostic treatment outcomes, change mechanisms, and implementation in community settings. *Fam Process.* 2016;55(3):558-576. doi:10.1111/famp.12243.
72. Onoye J, Miao T, Goebert D, et al. *2019-2020 Hawai'i Student Alcohol, Tobacco, and Other Drug (ATOD) Survey: Statewide Report*. Honolulu, HI: Sponsored by State of Hawai'i Department of Health, Alcohol and Drug Abuse Division ASO Log #19-238;2021. Published 2021. Accessed June 16, 2021. https://health.hawaii.gov/wp-content/uploads/2022/01/2019-2020-Hawaii-ATOD-Survey-Statewide-Comprehensive-Report.pdf
73. Mitchell SG, Schwartz RP, Kirk AS, et al. SBIRT implementation for adolescents in urban federally qualified health centers. *J Subst Abuse Treat.* 2016;60:81-90. doi:10.1016/j.jsat.2015.06.011.
74. Belenko S, Knight D, Wasserman GA, et al. The Juvenile Justice Behavioral Health Services Cascade: A new framework for measuring unmet substance use treatment services needs among adolescent offenders. *J Subst Abuse Treat.* 2017;74:80-91. doi:10.1016/j.jsat.2016.12.012.
75. Iguchi MY, London JA, Forge NG, Hickman L, Fain T, Riehman K. Elements of well-being affected by criminalizing the drug user. *Public Health Rep.* 2002;117(Suppl 1):S146-S150.
76. Boyd J, Fast D, Small W. Pathways to criminalization for street-involved youth who use illicit substances. *Critical Public Health.* 2015;26(5):530-541. doi:10.1080/09581596.2015.1110564.
77. Mahamoud A, Roche B, Gardner B, Shapcott M. *Housing and Health: Examining the Links*. Toronto, ON, Canada: Wellesley Institute. Published 2012. Accessed August 17, 2021. https://doi.org/10.1080/713832196
78. Poirier JM, Gross L, Lohrbach A, Johnson L, Wilkie S. Ensuring young people flourish: Applying the science of adolescent development through the Jim Casey Youth Opportunities Initiative. *Child Welfare.* 2019;97(6):1-20.
79. Salazar AM, Spiers SS, Pfister FR. Authentically engaging youth with foster care experience: definitions and recommended strategies from youth and staff. *J Youth Stud.* 2021;24(8):1015-1032. doi:10.1080/13676261.2020.1792863.