



Honolulu's Law Enforcement Assisted Diversion (LEAD) Program Status Report

December 31, 2018



In July 2018, the Hawai'i Health & Harm Reduction Center (HHHRC) began implementing Hawai'i's first LEAD program. This report focuses on the purpose and implementation of LEAD Honolulu and presents initial evaluation findings.

Report Summary

- As of November 30, 2018, 43 individuals had been referred to LEAD through social contact referral with law enforcement.
- The majority of referred clients have been female (49%) and Native Hawaiian/Pacific Islander (56%), with a median age of 51.
- At referral, 93% of clients reported they were experiencing homelessness and 88% reported interest in receiving housing services, suggesting the majority of LEAD clients likely need linkage to housing services & programs.
- The vast majority of clients were interested in case management services (91%), transportation assistance (72%), & identification assistance (70%).
- While recent illegal drug use was common among clients at the time of referral (84%), almost half of clients (44%) indicated interest in receiving substance use treatment.



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What is LEAD?

Law Enforcement Assisted Diversion (LEAD) is a community-based, pre-booking diversion program that aims to improve public safety and to reduce criminal behavior.¹ Under the LEAD program model, law enforcement officers connect low-level, non-violent offenders or individuals at high-risk of arrest with social service providers instead of arresting them.

The LEAD program is unique from other diversion programs in that: 1) diversion occurs pre-booking instead of after arrest; 2) LEAD provides participants with immediate case management; and 3) LEAD is a collaborative effort, involving law enforcement, community organizations, & public officials.¹

Does LEAD work?

LEAD was first developed and implemented in Seattle & King County, Washington in October 2011. Participants in their LEAD program after 2 years were:



58% less likely to have 1 or more arrests subsequent to program entry compared to a control group.²



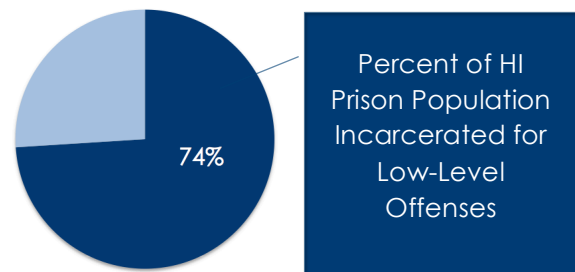
associated with a criminal justice system cost *decrease* of \$2,100 compared to control participants who showed an *increase* of \$5,961.²



more likely to obtain housing, be on the employment continuum, & have income and/or benefits following program referral.³

How can LEAD help Hawai'i?

LEAD's mission of diverting low-level offenders from involvement in the criminal justice system may help Hawai'i address issues of high recidivism rates and overcrowded correctional facilities. Nearly three fourths of Hawai'i's jail & prison population are incarcerated for misdemeanors, petty misdemeanors, technical offenses, or violations⁴—the kinds of offenses targeted by LEAD.



LEAD HNL

The Hawai'i state legislature funded LEAD for the Honolulu Chinatown district, Maui County & Hawai'i County through the Hawai'i Department of Health, although only the Honolulu pilot has been launched. It aims to follow the original LEAD model and focuses specifically on people whose criminal activity is due to behavioral health issues.⁵

LEAD's intensive case management aims to help individuals, many of whom have cycled in & out of jails and prisons, receive the assistance they need to face complex issues (e.g., homelessness, substance use, & mental illness).

LEAD HNL aims to help Hawai'i decrease recidivism rates, address overcrowded correctional facilities, & transform Hawai'i's criminal justice system from punitive to rehabilitative.

How does LEAD HNL work?

Eligibility

Individuals who are perceived as high-risk for arrest are eligible for LEAD through social contact referral. Individuals who commit low-level, non-violent offenses are eligible through diversion. Eligible offenses include, but are not limited to, trespassing, littering, park closure violations, sit/lie offenses, and open container violations. Individuals who have committed violent offenses in the last 10 years (e.g., drug traffickers, promoters of prostitution, sex offenders, and those exploiting minors) are ineligible for LEAD HNL.⁵

Referral Methods



Social contact referrals are made for individuals who are perceived as high risk of arrest for low-level, non-violent criminal offenses in the future. The primary avenue for social contact referrals in the LEAD HNL program has been in collaboration with the Honolulu Police Department (HPD) and the Sheriff Division of the Hawai'i Department of Public Safety in collaboration with the Governor's Office on Homelessness. HPD's Health Efficiency Long-term Partnership (HELP) initiative partners police officers, social service workers, and advocates together to jointly conduct outreach sessions aimed at providing immediate shelter or detox services to individuals in need.

Other social contact referral methods include direct recommendations from officers or Sheriff deputies. In addition to accompanying HPD on HELP Honolulu operations, LEAD staff regularly accompany the Sheriff's Capitol Patrol unit on patrols in the Iwilei area and to Community Outreach Court. Through this process, individuals identified as 'high risk' for citations are sometimes referred to LEAD.



Diversion referrals must occur within the defined schedule of LEAD Honolulu. During that time frame, LEAD-trained officers may refer individuals who have committed a criminal offense and who are eligible for the program directly and immediately to LEAD HNL staff. This referral occurs in place of an arrest of that individual. Once that individual has accepted the referral by the officer, LEAD HNL staff will arrive on-site to conduct an initial intake and to schedule a follow-up appointment to complete a full needs assessment and begin to link that individual with services.

Program Requirements

Currently, the only requirement for being in LEAD Honolulu through social contact referral is to complete the intake and needs assessment with a LEAD case manager. Diversion referral individuals must complete the LEAD intake and needs assessment within 30 days of diversion. Social contact referral individuals are granted more flexibility in terms of time frame for completing the intake and needs assessment, though LEAD case managers aim to engage these individuals within 30 days of first contact.

Collaboration

A major component of LEAD HNL is the engagement and coordination of services with key stakeholders as part of the LEAD Hui. The LEAD Hui is a group of over 30 organizations who have met twice a month for the past two years to coordinate the implementation of LEAD. Members of the LEAD Hui include homeless service providers, substance abuse treatment facilities, and representatives from the Department of Health, HPD, the Governor's Office on Homelessness and other key partners. LEAD also utilizes weekly case conferencing to discuss and coordinate care with representatives from HPD and the Governor's Office on Homelessness.

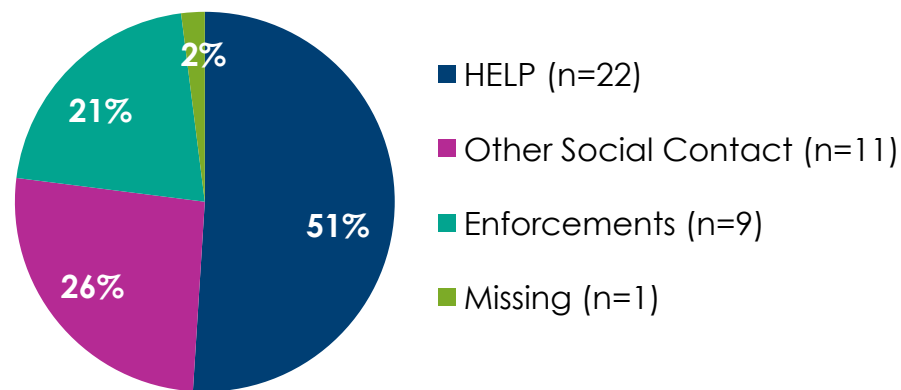
What Is LEAD HNL's Current Status?

As it is too early in the LEAD HNL pilot phase to report outcomes, the purpose of this status report is to describe LEAD HNL and its initial participants. The following sections describe LEAD HNL's initial participants and their reported needs, so far.

Program Participation


As of November 30, 2018, 43 individuals had been referred to LEAD through social contact referral. No clients have entered the program through diversion.

Social Contact Referral Types (N=43)

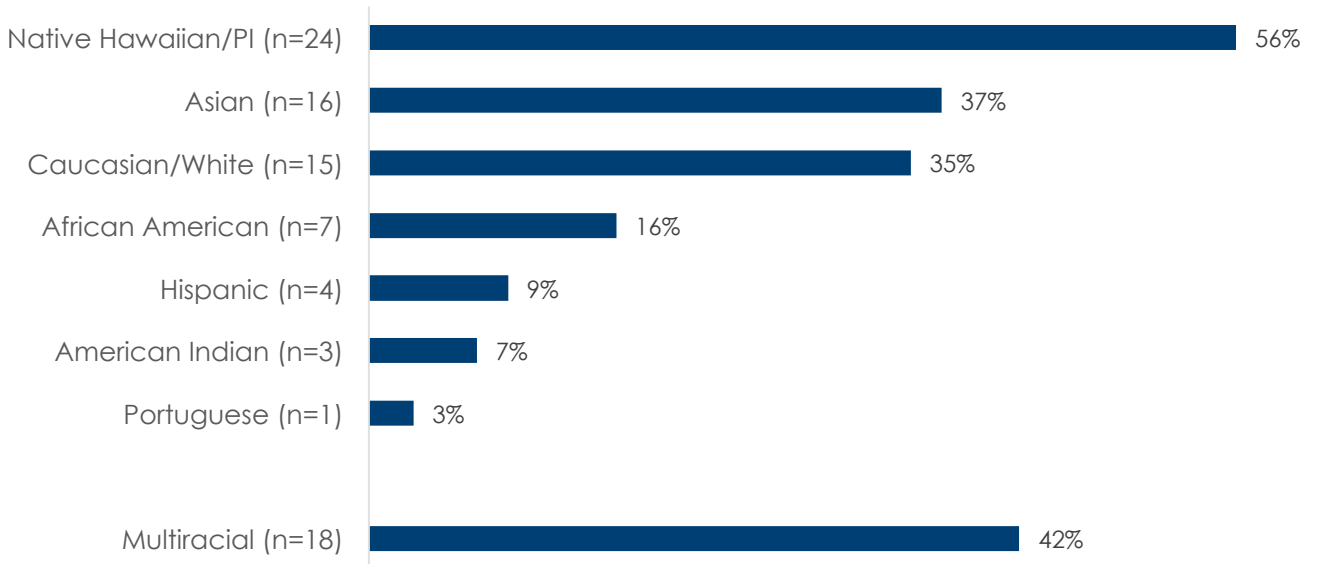


Client Demographics

The majority of referred clients have been female (49%) and Native Hawaiian or Pacific Islander (56%), with a median age of 51. Forty-two percent identified as multiracial.

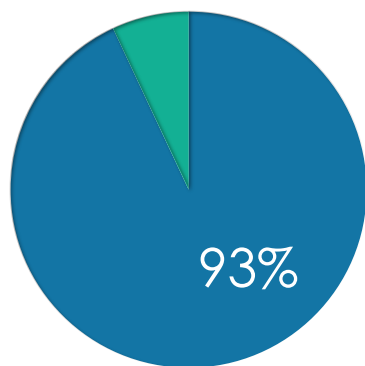
 **Gender:** 49% Female (n=21), 44% Male (n=19), 7% Transgender (n = 3)
Age: 18 to 69 years (Median Age = 51)

Client Racial Percentages (N=43)



Housing Status at Time of Referral

At referral, 93% of clients reported they were experiencing homelessness, and 88% reported that they were interested in receiving housing services.



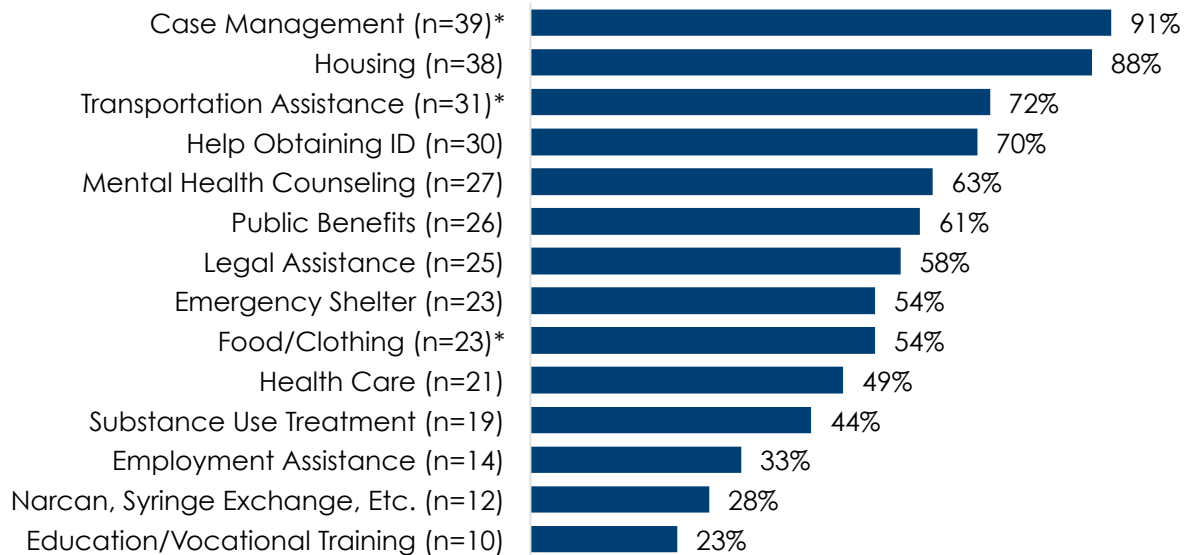
- Experiencing Homelessness (n = 40)
- Housed (n = 3)

Client Progress: “One participant had been living on the street for 8 years. When enrolled in LEAD, the client had been kicked out of shelter due to bringing alcohol on the premises and had lost contact with his case manager. Roughly 3 months after being engaged in with LEAD, client has been reconnected to case management services, has completed residential treatment, and is now stable at a group home. He is currently working with LEAD staff to develop a post-residential treatment plan and look at options with AA and day treatment at another facility.” (LEAD HNL Case Manager)

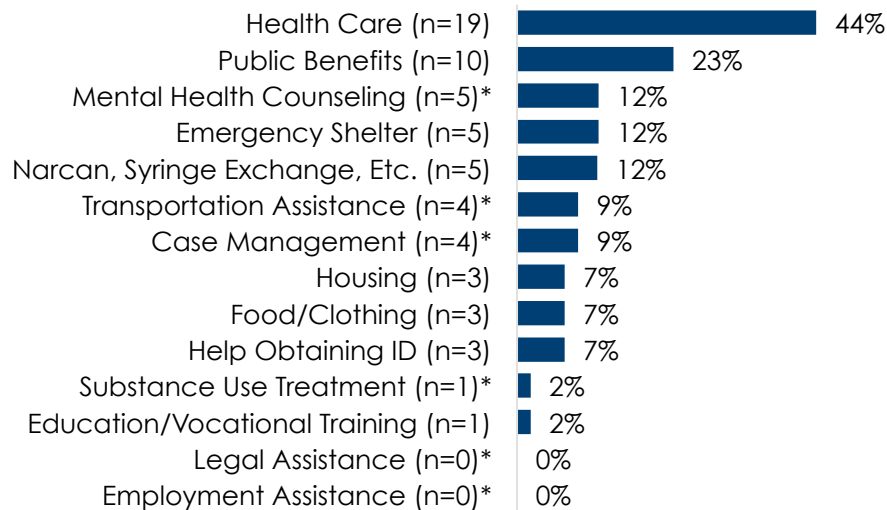
Services Used and Needed at Time of Referral

At referral, 91% of clients indicated interest in receiving 4 or more social services, and 60% indicated interest in receiving 8 or more of those services. However, one third of clients (33%) reported receiving no form of social service at the time of referral.

Services Interested in Receiving (N=43)



Services Currently Receiving (N=43)

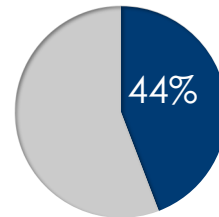


* Missing data on 1 client

Substance Use

At referral, 84% of clients (n=36) reported using illegal substances in the last 6 months,¹ and about half reported being interested in substance abuse treatment services.

Percentage of Clients Interested in Receiving Substance Abuse Treatment



Client Engagement

LEAD Honolulu case managers have worked with clients to address their specific needs and challenges. Common services include assistance with acquiring identification and legal documents, transportation, placement into shelter, enrollment in residential treatment facilities, and treatment for comorbid medical conditions. This level of client engagement has been possible through trusting relationships built on new approaches to law enforcement, persistent and compassionate outreach, and coordination with established service providers in the Honolulu area.

Client Progress: “The first time I met client, she must have just turned 25...an intelligent young woman trapped in the throes of IV heroin use. At 13 years old, her first experience with heroin was IV and she overdosed. She had been injecting heroin for half of her life, so imagine my joy and surprise when a co-worker called me saying that she was looking for me and desperately needed to meet. We did the requisite paperwork and decided to get her into housing while she waited for treatment to start. With a rough start in an outpatient program, she decided she absolutely needed to go inpatient. She now has over 4 months sober and clean from any illicit drug.”
(LEAD HNL Case Manager)

¹ Missing substance use data on 4 clients.

¹ About LEAD. (n.d.). LEAD, Law Enforcement Assisted Diversion. Retrieved from <http://leadkingcounty.org/about/>

² Collins, S. E., Lonczak, H. S., and Clifasefi, S. L. (2015). LEAD Program Evaluation: Criminal Justice and Legal System Utilization and Associated Costs. *Harm Reduction Research and Treatment Lab University of Washington – Harborview Medical Center*. Retrieved from https://docs.wixstatic.com/ugd/6f124f_2f66ef4935c04d37a11b04d1998f61e2.pdf

³ Clifasefi, S. L., Lonczak, H. S., and Collins, S. E. (2016) LEAD Program Evaluation: The Impact of LEAD on Housing, Employment and Income/Benefits. *Harm Reduction Research and Treatment Lab University of Washington – Harborview Medical Center*. Retrieved from https://docs.wixstatic.com/ugd/6f124f_dbde96f835db4526abf7bfda03d0040f.pdf

⁴ HCR 85 Task Force. (2017). *Interim report of the HCR 85 Task Force (on effective incarceration policies and improving Hawaii's correctional system) to the legislature for the regular session 2017*. State of Hawaii. Retrieved from http://www.courts.state.hi.us/wp-content/uploads/2016/07/HCR_85_TASK_FORCE_INTERIM_REPORT.pdf

⁵ LEAD. (n.d.). Hawaii Health and Harm Reduction Center. Retrieved from <https://www.hhhrc.org/lead>

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