



# Law Enforcement Assisted Diversion Honolulu 2-Year Program Evaluation Report

October 1, 2020



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This report presents the status of the Hawai‘i Health and Harm Reduction Center (HHHRC) Law Enforcement Assisted Diversion Honolulu (LEAD HNL) program on the island of O‘ahu for the State of Hawai‘i, including the neighbor islands of Kaua‘i, Maui, and the Island of Hawai‘i. This report includes background information on the program, the evaluation approach, program implementation, and presents outcomes and impacts for years 1 (July 1, 2018-July 31, 2019) and 2 (August 1, 2019-July 31, 2020) project period beginning July 1, 2018 to July 31, 2020. It concludes with recommendations based on these findings.

This report was prepared by the University of Hawai‘i at Mānoa LEAD Program Evaluation Team with important contributions from the LEAD Honolulu Hui, as well as State of Hawai‘i neighbor island LEAD partners and staff.

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## I. LEAD Honolulu 2-Year Program Evaluation Report

### Executive Summary



## LEAD Honolulu 2-Year Program Evaluation Report Executive Summary

### Program Background

- The goal of LEAD HNL is to reduce client recidivism for minor offenses by diverting individuals who have committed minor offenses away from the criminal justice system and into the social services sector. The program seeks to achieve this by engaging clients in social services aimed at addressing housing, substance use, behavioral health, and physical health issues.
- As of September 2020, LEAD HNL diversion referrals have not begun. Therefore, all referrals described in this report came through “social contact.” Social contact referrals have been conducted in collaboration with Honolulu Police Department (HPD) Health Efficiency Long-term Partnership (H.E.L.P.) initiative and the Sheriff’s Division of the Hawai’i Department of Public Safety in collaboration with the Office of the Governor’s Coordinator on Homelessness.
- Between July 1, 2018 and July 31, 2020, 101 individuals who were referred to LEAD through different outlets were provided services or triaged out to services through the LEAD HNL program. Of those 101 individuals, 57 individuals were referred to LEAD HNL through social contact referral and 44 were triaged out to other service providers. Of those 57 referred clients, 50 were enrolled in and received services through LEAD HNL.

### Client Background

- Enrolled clients’ gender were comprised of 48% identifying as female, 40% identifying as male, and 12% identifying as transgender or gender fluid 12%.
- Half of enrolled clients were Native Hawaiian/Pacific Islander (50%) and over half of enrolled clients were multiracial (54%).
- Half of enrolled clients were single (50%) and nearly a quarter (22%) were divorced.
- The highest reported education achieved by clients was graduated from high school or received a GED (36%). However, few enrolled clients graduated from college (4%).
- The majority of enrolled clients reported they were currently experiencing homelessness (76%), and nearly a quarter (22%) had experienced homelessness within the past three years but were not experiencing homelessness at the time of enrollment.
- At the time of enrollment, 78% reported using methamphetamine, 36% reported using alcohol, and 36% reported using opioids and/or heroin within the six months prior.





## Findings

- Over the two-year study period, the vast majority of clients consistently cited permanent housing as a service they needed.
- LEAD HNL client service use generally increased over time, particularly the use of case management, medical services, transportation assistance, and permanent housing services.
- On average, clients had 7% more cited encounters with law enforcement after referral to the LEAD HNL program. But, this was substantially lower than the number increase in citations of clients who were triaged into services, but not enrolled into the LEAD program due to various reasons ranging from the program being at capacity to the individual not fitting the program criteria (93%). This suggests that the number of citations by HPD to people experiencing homelessness likely increased at a similar or greater rate during this period.
- On average, LEAD HNL clients reported a decrease in use of emergency shelters (53% decrease) and an increase in use of transitional shelters (46% increase).
- Despite increases in clients who lived in an independent apartment for the entire previous month at first assessment (4%) to 33% at the last assessment, clients were still unlikely to be living in a shared apartment (on average 3.21 days per month) or an independent apartment (10.29 days a month) at last assessment.
- Eighteen out of the 49 LEAD HNL clients (37%) are currently housed with a housing voucher.<sup>a</sup>
- LEAD HNL clients indicated using methamphetamines 18.33 days in the previous month when first assessed. Opioids/heroin was the second most frequently used substance at 11.67 days, followed closely by marijuana (11.56 days) and alcohol (6.3 days). No other drugs surpassed an average of 6 days a month at first assessment.
- The average number of days a month LEAD HNL clients (who self-reported use) used methamphetamines decreased by 23% (from an average of 18.33 days a month to 14.06 days a month, with 17% reporting no use at last assessment), while alcohol use increased by 11% (an increase from just over 6 days a month to 7 days a month).
- Reports of client hospital admissions decreased from 10% of clients reporting being admitted to a hospital during the previous month at first assessment to 7% at last assessment. A small decrease in hospital admissions is not unexpected given that many of the clients suffered from untreated medical conditions prior to obtaining services.

<sup>a</sup> Due to 1 LEAD client passing away, counts may reflect 49 clients versus 50 to show comparison.





- Emergency room visits decreased from 32% of clients reporting visiting them in the previous month to 14% at last assessment.
- While number of days in pain decreased slightly (2.88%), the number of physically unhealthy days increased by 20% by July 2020. **Conversely, last assessment before the COVID-19 emergency orders indicated a 24% decrease in the number of days in pain and the number of physically unhealthy days increased by 5% from first to last assessment in the prior 30 days, indicating clients reported notably better physical health before the COVID-19 emergency order date.<sup>b</sup>**
- It should be noted that despite some improvements in clients' general health and quality of life, they continue to fare much worse than the average adult living in Hawai'i.

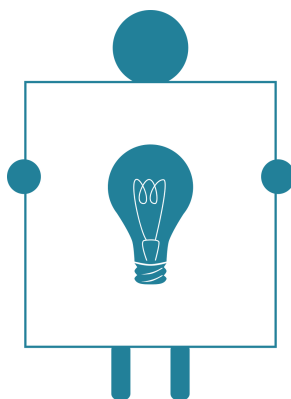
## Conclusions

- While the number of cited encounters with law enforcement for enrolled LEAD clients slightly increased after referral to the program, the increase was substantially lower than the number of cited encounters with law enforcement after the start of the LEAD program for those who were triaged for the program but not enrolled, suggesting that the number of citations by HPD to people experiencing homelessness may increase at a similar or greater rate during this period, affecting the primary goal of reducing recidivism rates of program clients. At the time of this report, changes in cited encounters was accomplished solely through social referral, which lacks the potential threat of legal action if clients do not engage with the program following referral.
- Our evaluation found notable improvements in the stability of housing experienced by clients since enrollment in the program as well as their overall quality of life. Specifically, participants increased the amount of social support they received, reported decreased stress, and improved mental health. They still reported considerable substance use; however, there were decreases in self-reported drug use for 6 out of 7 types of substances used in the past month. Furthermore, operating under a harm reduction model, these are the considerations that might be best addressed after a period of stabilization in other aspects of clients' lives.
- We recommend the continued expansion of the program across the entirety of the City, County, and State, including continuing the LEAD neighbor island pilot programs that lost funding for various reasons over the 2020 summer. We also strongly recommend the introduction of the diversion arm of the program by establishing partnerships with local law enforcement, the prosecutor's office, and other criminal justice agencies. With the potential costs savings associated with reduced hospital admissions and emergency room use and the decreased burden on the criminal justice system, this program will likely result in net savings as well as improving the lives of those to participate.

<sup>b</sup> Outcomes and impacts related to the COVID-19 pandemic will be highlighted throughout the report. These highlighted points are indicated by being in **light blue and bold** type face.



## II. LEAD Program Background



## The LEAD Model

Law Enforcement Assisted Diversion (LEAD) is a diversion program that aims to improve public safety and to reduce criminal behavior.<sup>1</sup> 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 in lieu of arrest. The LEAD program is unique from other diversion programs in that:

- diversion occurs pre-booking instead of after arrest;
- LEAD provides participants with immediate case management;
- LEAD is a collaborative effort, involving law enforcement, community organizations, and public officials<sup>1</sup>; and
- LEAD was funded and supported by the Hawai'i State Department of Health, Alcohol and Drug Abuse Division (ADAD), which is also an active LEAD Hui participant.

The original LEAD program in Seattle, Washington showed successful outcomes. After three years of operation, a 2015 study found that LEAD participants were 58% less likely to be arrested after enrollment in the program compared to a control group that went through “system as usual” criminal justice processing.<sup>2</sup> Additionally, preliminary program data collected by case managers indicated that LEAD improved the health and wellbeing of people struggling with poverty, drug use, and mental health problems. Furthermore, the collaboration between stakeholders, who were often otherwise at odds with one another, proved an invaluable process-oriented outcome.<sup>3</sup>

## LEAD Honolulu

In collaboration with Hawai'i Department of Health and the Office of the Governor's Coordinator on Homelessness, the Hawai'i state legislature funded the current program through the Alcohol and Drug Abuse Division (ADAD) in 2017. The “LEAD HNL” pilot launched July 1, 2018 and aimed to follow the original LEAD model by focusing specifically on people whose criminal activity is due to behavioral health issues (the 2019 LEAD HNL 1-Year Program Evaluation Report can be found at: <https://www.hhhrc.org/lead>).<sup>4</sup> LEAD HNL's intensive case management further aims to help individuals, many of whom have cycled in and out of jails and prisons, receive the assistance they need to face complex issues (e.g., homelessness, substance use, and mental illness).<sup>4</sup>

In addition to aiming to improve individual wellbeing, **LEAD HNL aims to help Hawai'i decrease recidivism rates, address overcrowded correctional facilities, and**

**LEAD Hui:** A major component of LEAD HNL is the engagement and coordination of services with key stakeholders. The “LEAD Hui” is a group of over 30 organizations who meet one time per month to coordinate the implementation of LEAD. Members include homeless service providers, substance use treatment facilities, and representatives from the Department of Health, the Honolulu Police Department (HPD), the Office of the Governor's Coordinator on Homelessness, and the Alcohol and Drug Abuse Division (ADAD).



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**transform Hawai'i's criminal justice system from punitive to rehabilitative.** Given that nearly three fourths of Hawai'i's jail and prison population are incarcerated for misdemeanors, petty misdemeanors, technical offenses, or violations<sup>5</sup>—the kinds of offenses targeted by LEAD—the program is well-positioned to help address these systemic issues.

## LEAD Evaluation Goals

This evaluation report will focus on the implementation of the LEAD program for the City and county of Honolulu between July 1, 2018 and July 1, 2020 (Years 1 and 2), briefly introduce LEAD pilot programs for the neighboring islands of Kaua'i, Maui, and the Island of Hawai'i, (Year 1), and outline the evaluation methods used. In particular, this evaluation aims to:

- highlight key demographics of the LEAD clients;
- understand clients' services needed and received while engaged with LEAD;
- changes in client progress between Years 1 and 2;
- assess fidelity to the LEAD model and any necessary modifications;
- **detect and report outcomes and impacts (COVID-19 related where essential)<sup>c</sup>**; and
- examine achievements and goals of LEAD HNL.

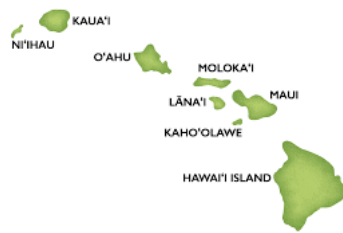
This report outlines progress achieved thus far and explains the evaluation plan and implementation in more detail.

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<sup>c</sup> Honolulu Mayor Kirk Caldwell issued a stay-at-home, work-from-home order for Honolulu that went into effect on March 23, 2020 because of the COVID-19 pandemic. This order was originally meant to be in effect until April 30, 2020; however, because of increased cases and community spread, the stay-at-home, work-from-home order along with the March 26, 2020 Governor David Ige self-quarantine 14-day order were both continuously pushed back. These orders caused disruption of daily life for all of the Hawai'i islands. LEAD staff felt the effects of the pandemic and political orders and case management had to be restructured.



### III. LEAD on the Neighbor Islands



## Expansion of LEAD



At the conclusion of Year 1 of LEAD HNL on O‘ahu, LEAD expanded to the neighbor islands of Kaua‘i, Maui, and the Island of Hawai‘i through funding provided by Act 209, Session Laws of Hawaii 2018. Based on lessons learned from LEAD HNL, the Kaua‘i, Maui, and Island of Hawai‘i pilots included a shelter and housing component to provide short-term stabilization beds for LEAD clients.

The following organizations administered LEAD in partnership with County Prosecuting Attorney’s offices and Police Departments:

- **Kaua‘i:** Women in Need<sup>d</sup>
- **Maui:** Mental Health Kokua<sup>e</sup>
- **Island of Hawai‘i:** Big Island Substance Abuse Council<sup>f</sup>

Each individual LEAD pilot program is implemented differently than LEAD HNL in order to allow for neighbor islands to make changes within each jurisdiction as deemed necessary to maximize implementation in combination with adhering to the overall LEAD model and its key principles as much as possible. Local adaptation of the overall LEAD model is integral to the success of the program in that it helps to: gain buy-in from local partners and stakeholders and give each individual program the flexibility to adjust to the needs of each individual community.

<sup>d</sup> <https://www.winhi.org>

<sup>e</sup> <https://mhkhawaii.weebly.com>

<sup>f</sup> <http://www.bisac.org>



## Kaua'i

According to local news, LEAD on the island of Kaua'i (LEAD Kaua'i) launched in December of 2019 in Lihue, Kaua'i.<sup>g</sup> LEAD Kaua'i has screened 11 potential LEAD clients, but only 2 have had subsequent contact as of April 14, 2020. So far, recruiting LEAD Kaua'i clients has been a difficult process for the program. To begin, potential clients are screened using the LEAD Kaua'i screening form to determine if they are eligible for the program. A few potential clients have completed the initial screening intake forms. However, staff followed-up with these potential clients to build rapport and establish trust, but were unable to locate the potential clients. LEAD Kaua'i staff are currently utilizing social referrals and outreach through the public defender's office and the prosecutor's office. In addition, staff are working with a local judge to try to establish some form of a jail diversion in the future. The public defender's office, prosecutor's office, and local judge are providing potential clients for three different charges, including theft and possession of 3 grams or less of marijuana.

It is of note that the recent COVID-19 pandemic has slowed these referrals down. So far, the biggest challenge the LEAD Kaua'i staff are facing is locating potential clients through follow-ups, such as incorrect contact information, telephones being out of service, and clients not being at the locations where they were referred or are known to frequent. The majority of the potential clients screened were homeless, suffered from substance use, a few had traffic citations, and some have been engaged in mental health services.

LEAD Kaua'i collaborators include the Kaua'i Police Department (KPD), the prosecutor's office, the Department of Land and Natural Resources (DLNR), Mental Health Kokua, the park rangers, the Housing Agency, the Chief of KPD, and Captain Green of KPD who all refer potential clients to LEAD Kaua'i. LEAD Kaua'i has a good relationship with the public defender's office, but is working on improving their relationship with KPD and getting their buy-in in order to collaborate with them to refer potential clients. LEAD Kaua'i staff is working with the child welfare office to expand social referrals. Clients referred through the prosecutor's office receive a citation, and then the police officer sends LEAD Kaua'i staff a notice that the person fits the description of a LEAD Kaua'i client. LEAD Kaua'i staff then follow-up with the client to complete an initial screening with them. In regards to reissuing citations initially received by clients, this decision depends upon what services the client might qualify for and if they complete the services as well as if they agree to attend and complete treatment. Depending upon how successfully the client completes the services in the program, the citation may be dropped and if not, the citation will not be dropped. However, this criterion has not been fully established because LEAD Kaua'i has not had a client complete the program yet.

LEAD Kaua'i does not have established team meetings at this time, but are working on implementing regular team meetings for check-ins, establishing the groundwork for the program, creating a better relationship with KPD and other key stakeholders, as well as client tracking. LEAD Kaua'i has established an initial goal of recruiting 15 clients to start due to the high

<sup>g</sup> <https://www.khon2.com/local-news/kauai-launches-lead-program-to-help-people-at-risk/>





intensity of case management services and the time involved serving clients. LEAD Kaua'i staff are continuing to maintain their focus on getting LEAD Kaua'i up and running.

## Maui

LEAD on the island of Maui (LEAD Maui) launched on May 1, 2019. LEAD Maui operates through key partnerships with other agencies and programs, which include: Maui Police Department (MPD), Mental Health Kokua (MHK), Ka Hale A Ke Ola Homeless Shelter (KHAKO), and Aloha House (substance use treatment). LEAD Maui enrolls clients by coordinating outreach twice a week with the Maui Police Department. This process involves an early morning ride-along with sergeants, other police officers and MHK's Homeless Outreach Worker to engage in warm handoff referrals. The LEAD Maui MHK Outreach Worker with their police partner listens to the police radio for individuals who may fit their client descriptions (often houseless individuals engaging in interactions with police officers) so that they are able to respond instead during their police ride-along. The intended response for these individuals involves locating the individual and building rapport during their initial encounter with the police. The LEAD Maui MHK Outreach Worker begins the process of determining if the individual may be an eligible candidate for the program and then begins the case manager and service provider processes if the individual fits the client criteria. The main goal of these outreach social referrals with the Maui Police Department is to make initial contact with the potential client for services such as entrance into a shelter or other services instead of arrest. This process is a coordinated response in which everyone involved with LEAD Maui comes together to reach out and do what it takes to get individuals into the program.

Utilizing these outreach efforts with weekly Maui Police Department ride-alongs minimizes the amount of time it would take to do a partnering agency or social contact warm handoff, allowing the Outreach Worker to meet the individual during their police encounter rather than trying to follow-up with them at a later time. During this encounter, the Outreach Worker is able to get to know the individual and build trust, which is a difficult process with marginalized populations. The Outreach Worker is able to screen the individual, determine their needs, and begin the case management process through providing and referring services, as well as intensive case management going forward.

The goals of LEAD Maui and these outreach efforts with the Maui Police Department are to enroll individuals into the program and get them into LEAD Maui beds when the client needs immediate housing through KHAKO and MHK or referral to Aloha House. Because these encounters are initially when the individual has encounters with the police, timing is often limited and dependent upon a number of factors so the client may not fill out their initial LINA for a few days after the encounter. LEAD Maui staff will then follow-up with the client to complete their LINA, as well as the intake into the LEAD Maui program involving their own initial screening form, a Maui Mental Health Kokua form. This form is completed with the client a week after the Outreach Worker gets to know the client to allow for rapport and trust to be built, which allows for more and improved client engagement to determine the best services to fit their needs.



Along with the ride-alongs, there are Maui judges referring potential clients into LEAD Maui through a court mandate; however, the majority of clients are enrolled through outreach efforts. These court mandates may replace probation as a punishment if the client is able to successfully engage with the LEAD Maui program and utilize case management. This may involve LEAD Maui Outreach Worker and MPD navigating the court process with the client, providing them with services, and reporting their successes or challenges with completing services to their probation officer, which may negatively affect their completion of the program and possibly enhanced criminal justice reaction.

LEAD Maui estimates that they have made successful contact with more than 800 individuals through program efforts since May of 2019. These contacts may just include providing information about services or programs, providing masks, and other lower level service providing. The majority of clients were trying to find services for improved living conditions and transitional housing. LEAD Maui places an emphasis on client mental health, and harm reduction, which may be supported through finding housing, taking the client out of their current situations, and supporting them through different avenues and services to ensure they are set up for success. Every individual has different needs and goals such as psychiatry, transportation to probation appointments, bus passes, housing, and the need for mental health professionals. Once the client's LINA assessment is completed, LEAD Maui staff has a better idea of the needs and goals the client has and wants to focus on going forward.

LEAD Maui places a focus on getting their clients stabilized and set-up for a better life. Other areas of focus include getting the client document-ready, family reunification, and any substance treatment that may benefit the client. LEAD Maui staff places an emphasis on face-to-face check-ins with clients. The amount of time clients are enrolled in LEAD varies depending upon their needs. LEAD Maui MHK and KHAKO staff members conduct an initial assessment with the client, a follow-up sometime in the middle of their care, and a follow-up before they are discharged. Some clients are followed for a few months and some may need as long as a year with the program. The client is able to make the choice on how long they are enrolled in the program since LEAD Maui is a volunteer program, unless mandated by a judge.

### ***Sample Maui Police Department LEAD Program Activities Report for the months of November 1, 2019 to March 31, 2020:***

Our CORE Sergeant, in addition to daily contacts with the Outreach Worker and LEAD participants, made 372 field contacts through outreach and documented 87 cases with 127 charges related to response to calls for service and officer requests.



...Client A- Housed Private after LEAD program and LEAD/CORE will follow due to court. No police involvements during & following the LEAD program.



...Client B- Housed in Permanente Supportive Housing (Mental Health Program) and will be followed by LEAD/CORE due to court. No police involvements during & following the LEAD program.



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...Client C- Housed in Permanent Supportive Housing. No police involvements during & following the LEAD program.

Due to the COVID-19 pandemic, traditional client interactions and recruitment efforts had to be adjusted. LEAD Maui staff still met clients face-to-face when appropriate and necessary. However, staff were not transporting clients to court and other criminal justice meetings or hearings. All LEAD Maui staff were required to wear masks when interacting with clients for their as well as the clients' safety and health. LEAD Maui ceased accepting new clients on June 6<sup>th</sup>, 2020. LEAD Maui consistently conducted weekly meetings with Maui Police Dept., Mental Health Kokua, Ka Hale A Ke Ola Homeless and Aloha House. Meetings involved checking-in on clients and their status, housing status, number of clients in LEAD Maui beds, and other probation or drug court officers' check-ins and information sharing when necessary for specific clients.

LEAD Maui has found that the program finds success through partnerships with Maui Police Dept., Mental Health Kokua, Ka Hale A Ke Ola Homeless and Aloha House and other programs and organizations, as well as a supportive relationship with the chief of the Maui Police Department. There are agencies, organizations, and individuals on Maui who share the vision of LEAD Maui of providing services for clients and improving their living conditions, which creates an environment for partnership and program success.

### Island of Hawai'i

LEAD on the Island of Hawai'i (LEAD IOH) began looking for clients in January of 2020. As of April, 23, 2020, LEAD IOH has commenced providing case management services to 5 clients. For the majority of these clients, case managers are focusing on clients receiving temporary shelter; however, since the program is young, clients have yet to receive a full range of programs. LEAD IOH staff do not have a set structure as far as data collection and assessment tools yet, but staff are filling out the screening and a long intake and needs assessment (LINA) form for each client. LEAD IOH staff are using these assessments as instruments and making them their own based on the unique needs of LEAD IOH; however, since there are also partner organizations completing these assessment tools, it is unknown if all partner organizations are completing the screening and LINA forms. The data collected so far is spread out between the different LEAD IOH partners currently working to find and serve clients.

LEAD IOH is currently utilizing a collaborative approach for finding clients. This is achieved through a community partnership and network, including Going Home<sup>h</sup>, Bridge House<sup>i</sup>, and HOPE services<sup>j</sup>. These organizations work collaboratively with LEAD IOH, which includes these providers alternating partnering with the local Hawai'i Police Department officers on Thursdays at 4 a.m. (i.e., meeting with Hawai'i Police Department officers to determine who will

<sup>h</sup> <https://www.goinghomehawaii.org>

<sup>i</sup> <http://www.bridgehousehawaii.org>

<sup>j</sup> <https://hopeserviceshawaii.org>



accompany them) in Kona to join forces to locate potential LEAD IOH clients through social contact referrals<sup>k</sup>. Partner organizations coordinate with LEAD IOH to schedule Hawai'i Police Department accompaniment for the month.

In doing so, case managers accompany Hawai'i Police Department officers to hotspots where LEAD IOH-type citations and law breaking is often found, and Hawai'i Police Department will hand off any potential LEAD IOH clients that have just been cited to start the process of LEAD IOH engaging with the potential clients, beginning the screening process, and conducting assessments. Hawai'i Police Department assigns a case number to these individuals, which is later presented to Prosecuting Attorney's office. However, there is not a set criteria yet for if and how Hawai'i Police Department will make decisions to reissue citations. To date, no citations have been reissued to any LEAD IOH clients. LEAD IOH service providers have communicated that the Chief of the Hawai'i Police Department is willing to utilize LEAD IOH in order to reduce citations and arrests, but Hawai'i Police Department officers expressed feeling that LEAD IOH is yet another task for them to complete and a burden. Therefore, it may take additional time to obtain buy-in from the officers of the Hawai'i Police Department.

Buy-in from the officers of the Hawai'i Police Department is paramount because the foundation of the LEAD IOH program workflow involves Hawai'i Police Department officers making initial contact with potential LEAD IOH clients that they encounter who might fit the program requirements and then handoff the potential clients to LEAD IOH CMs to screen and later follow-up with and begin providing case management and services. CMs use a weekly tracking report that includes the deliverables rendered (e.g., screening form, assessments, etc.). These tracking reports currently serve as a data collection and client tracking tool; they are not a direct reflection of Honolulu LEAD evaluation and data collection.

LEAD IOH partners conduct monthly team meetings on the first Tuesday of each month. Topics regarding clients, placement of clients, and their cases are discussed amongst these partner organizations. This allows the Prosecuting Attorney's office to stay updated with each client and their progress through the programs. Key stakeholders are provided the opportunity at this time to check-in on the program and ask questions. Although the LEAD IOH team has set no specific target number of clients, decisions surrounding this will occur as the program progresses.

It should be noted that COVID-19 has exacerbated start-up challenges for LEAD IOH community partners and stakeholders. Other program challenges include lack of communication; information was not disseminated to the individuals who were providing the service (e.g., Hawai'i Police Department and other service providers). This lack of communication issue was not on the part of LEAD IOH; it was an internal issue for Hawai'i Police Department and other service providers. LEAD IOH staff was forced to cease operations because the Hawai'i Police Department was focusing primarily on the safety of community and the Prosecuting Attorney's office was working remotely due to courts being closed.

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<sup>k</sup> 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, but do not necessarily involve a police citation.



## **LEAD on the Neighbor Islands Summary**

- LEAD Kaua'i, LEAD Maui, and LEAD IOH all completed a pilot year for each of their respective programs.
- All three programs were successful in establishing partnerships with other programs, services, and departments to provide case management to clients and perspective clients.
- Each program was unable to establish a timeline to truly capture client changes-over-time; however, each island was able to create and establish police buy-in that is crucial for the LEAD model.
- There is a need to focus on the sustainability of the LEAD program on the neighbor islands.



#### IV. LEAD Honolulu Program Implementation



The evaluation team monitored LEAD HNL program implementation as well as client and community-level outcomes for the first two years of the program. This section focuses on program implementation, the triage, referral, and enrollment processes as well as service provision. Data sources included archival data, field notes from case management and other LEAD-related meetings, staff and client interviews, and client surveys.

Out of 101 individuals encountered and assessed through LEAD HNL, 44 were triaged out to other service providers and 57 were referred into LEAD HNL as clients.

**101 program screened and assessed**

**57 referred**

**44 triaged only**

“Triaged Only” refers to individuals who were referred to LEAD but for various reasons were not enrolled into the LEAD program but still screened for potential enrollment. LEAD program screening provided the opportunity to be placed into the program (referred) or directed to services but no case management (triaged only).

### **Triaged Only**

In some cases, LEAD HNL staff and/or community partners encounter individuals that they “triage” or refer out to other service providers. If the LEAD HNL program does not have capacity, or the individual does not meet the requirements for either diversion or social contact referral, community “triaged only” may be appropriate for the individual within the guidelines set by the LEAD HNL triage protocol. The requirements for either diversion or social contract referral requires verification by law enforcement, judiciary, or a community provider that the individual’s “chaotic substance use” has resulted in a history of negative interactions with the legal system as well as proof of such verification (e.g., police reports, direct observation by law enforcement, information provided to law enforcement by credible source). Highlighting triage clients provides a comparison group to enrolled LEAD clients to better assess outcomes.

### **Triaged Only Protocol**

If a potential LEAD HNL client is screened and found to be ineligible for diversion or social contact referral into LEAD HNL case management services, and LEAD HNL has capacity to provide basic triage services to an individual, LEAD HNL staff may provide services to address urgent subsistence matters. Basic triage services include, but are not limited, to:

- transportation to shelter;
- application to SNAP/financial assistance;



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& HARM REDUCTION CENTER  
*The New Chapter for Life Foundation and The CHOW Project*



- referral to healthcare, application to health insurance;
- connection to wound care, or wound care clinic; and
- reconnection to established social service provider.

LEAD HNL staff provide LEAD HNL triage services at the initial contact, and LEAD HNL triage services are limited to 30 days to maintain program fidelity. If the triaged individuals' needs extend beyond this timeframe, an exception to eligibility criteria may be considered. If an exception to the eligibility criteria is granted, the client will be enrolled into LEAD HNL via social contact referral on the date they were initially referred.

### **Triage Referral Process**

Any law enforcement, judiciary, or community provider may make a triage referral through the LEAD Triage Referral Process. To make a triage referral, the law enforcement, judiciary, or community provider will email the LEAD HNL Program Manager the following information on the individual in need of services:

- requested triage service;
- client's last known location; and
- client's contact information (if applicable).

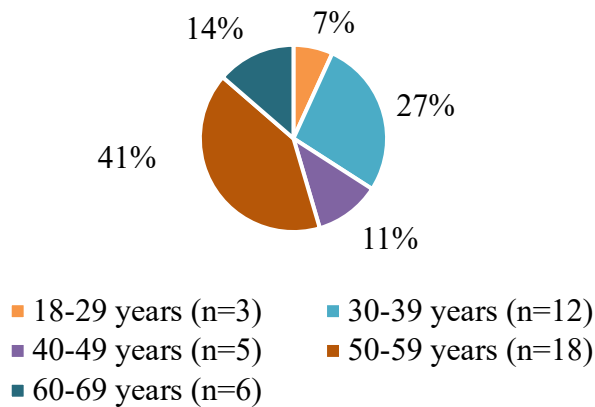
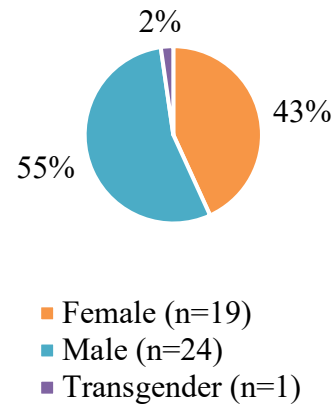
If the requested triage service cannot be addressed within 30 days, the law enforcement, judiciary, or community provider requesting services will be referred to the social contact referral process.

### **Triaged Only: Demographics**

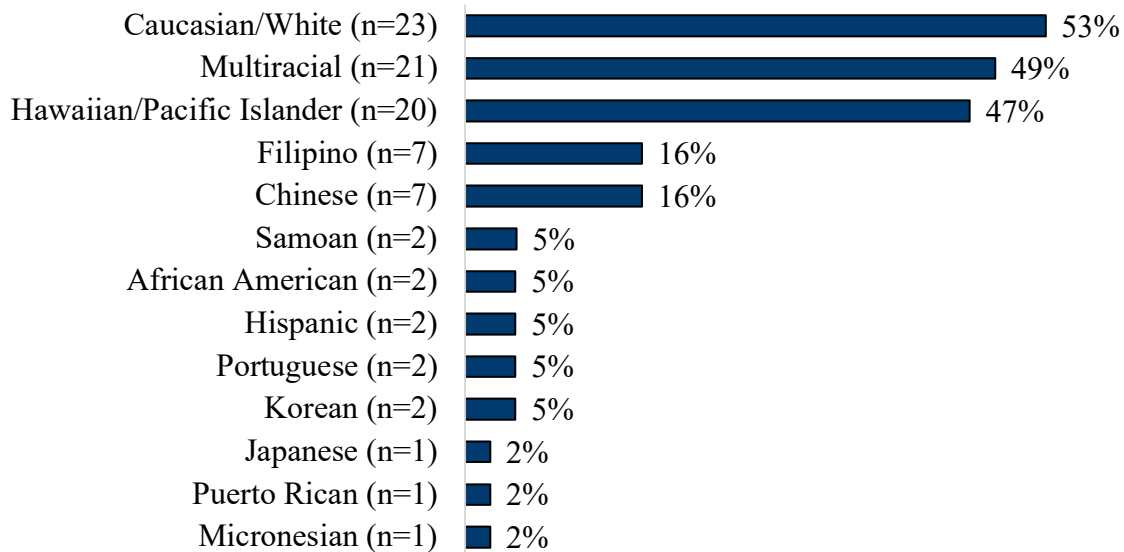
The following section presents client demographics for the 44 individuals that were only triaged at the time of their encounter with LEAD HNL and not referred to the program due to capacity limits or the individual does not meet the program requirements for either diversion or social contact referral:

- The largest percentage of triaged individuals were between 50 and 59 years of age (41%;  $n=18$ ) (See Fig. 1) and were men (43%;  $n=24$ ) (See Fig. 2). About half of triaged individuals identified as multiracial (49%;  $n=21$ ), and about half identified as Native Hawaiian/Pacific Islander (NHPI) (47%;  $n=20$ ) (See Fig. 3).
- The most common self-reported drugs used over the past 6 months were methamphetamine (49%;  $n=21$ ), marijuana/hashish (40%;  $n=17$ ), and alcohol (38%;  $n=16$ ) (See Fig. 12).
- The vast majority of triaged individuals (98%;  $n=43$ ) were currently experiencing homelessness (See Fig. 14).



**Fig. 1 Triage Age (N = 44)****Fig. 2 Triage Gender (N = 44)**

- The largest percentage of triaged individuals were in their fifties (41%), and triaged individual age ranged from 18 to 68, with an average age of 43 years (See Fig. 1).
- The majority of triaged individuals were male (55%), with the minority of triaged individuals being transgender (2%) and female (43%; See Fig. 2).

**Fig. 3 Triage Ethnicity**

- Triaged individuals were able to select more than one ethnicity. About half of triaged individuals identified as multiracial (49%) and about half identified as NHPI (47%), with just over half identifying as Caucasian/White (53%) (See Fig. 3).



## Referrals

LEAD HNL clients were identified through referrals from community partners. These referrals included both diversion referrals and social contact referrals. Individuals who have committed low-level, non-violent offenses were eligible through **diversion referrals** from different criminal justice agencies. Individuals who were perceived to be high risk for arrest were eligible for LEAD HNL through **social contact referrals** from different community partners and not a result law enforcement diversion. The following clients are LEAD HNL clients and do not reflect those triaged only clients who only received triage services but were not admitted into LEAD HNL.

### Mode of Referral

**Diversion referrals.** Provided there is an active diversion arm within LEAD HNL, diversion requests take precedent over social contact referral. In place of an arrest or citation, LEAD HNL-trained law enforcement officers refer individuals directly and immediately to LEAD HNL staff. 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 within the last 10 years (e.g., drug traffickers, promoters of prostitution, sex offenders, and those exploiting minors) are ineligible for LEAD HNL. As of the date of this report, diversion referrals have not begun due to LEAD HNL still being in the process of facilitating a partnership with HPD and the Prosecutor's Office. Therefore, all referrals described in this report came through social contact, as described below.

**Social contact referrals.** LEAD HNL will also accept social contact referrals from law enforcement, that is, individuals perceived by officers as at high risk of arrest in the future for low level drug activity. Since diversion has not yet begun, the primary avenue for social contact referrals in the LEAD HNL program has been in collaboration with HPD's Health Efficiency Long-term Partnership (H.E.L.P.) initiative and the Sheriff's Division of the Hawai'i Department of Public Safety in collaboration with the Office of the Governor's Coordinator on Homelessness. H.E.L.P. is a collaboration of police officers, social service workers, and advocates who jointly conduct outreach aimed at providing connections for individuals to shelter and/or detox services.

**Social contact criteria.** All social contact referrals to LEAD HNL must meet the following pre-requisites:

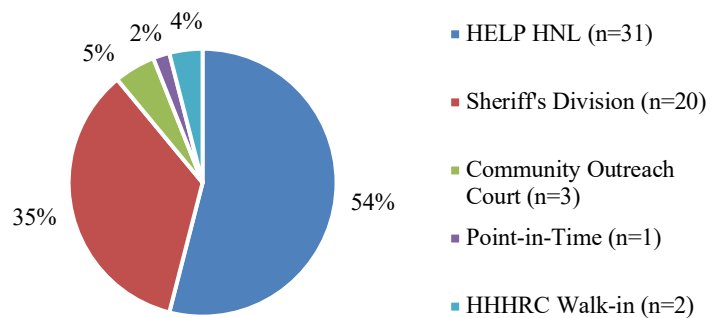
- Verification by law enforcement, judiciary, or community provider that the individual's "chaotic substance use" has resulted in a history of negative interactions with the legal system.
  - Chaotic substance use:
    - any diagnosed history of Substance Use Disorder (SUD) from the DSM-V criteria; or
    - any use of narcotic, stimulant, alcohol, or other illicit substance in a public area resulting in a public safety concern.



- Verification by law enforcement, judiciary, or community provider of chaotic substance use:
  - police reports, arrests, jail bookings, criminal charges, or convictions indicating that the individual was engaged in chaotic substance use; or
  - law enforcement has directly observed the individual's chaotic substance use; or
  - law enforcement has a reliable basis of information to believe that the individual is struggling with chaotic substance use, such as information provided by another first responder, a professional, or credible community members.

Other social contact referral methods include direct recommendations from officers or Sheriff deputies. In addition to accompanying HPD on H.E.L.P. Honolulu operations, LEAD staff regularly accompany the Sheriff's Capitol Patrol unit on patrols in the Iwilei area and to Community Outreach Court (See Fig. 4).

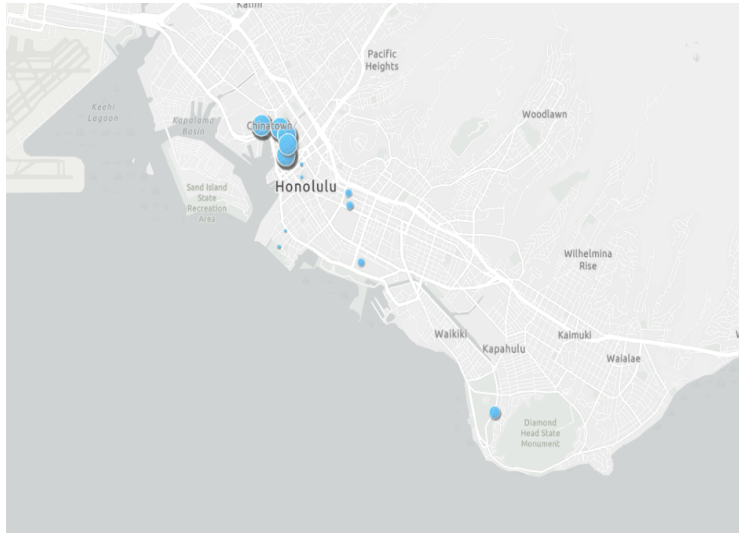
**Fig. 4 Mode of Referrals for LEAD HNL Participants (N=57)**



**Since July 1, 2018, 57 individuals have been referred to LEAD HNL through “social contact referral.”**

- Of these 57 referrals, the majority (54%) were through the H.E.L.P. program.
- Over a third (35%) were referred from the Sheriff's Division.



**Fig. 5 Referral Locations**

The majority of referrals were from the 96817 zip code area (68%,  $n=39$ ), which includes Iwilei ( $n=14$ ), Chinatown ( $n=11$ ), A'ala Park ( $n=8$ ), River Street ( $n=5$ ), and Pauahi Street ( $n=1$ ) (See Fig. 5).

Of the eleven people who were referred from zip code 96813, five were referred from Kaka'ako Park, three were referred from Community Outreach Court, two were referred from Iolani Palace, and one was referred from HHHRC walk-in (See Fig. 5).

Of the four people referred from 96814, two were referred from Thomas Square Park, one was referred from Ala Moana, and one was referred from Makiki. Another 2 people were referred from Kapi'olani Park (96815) (See Fig. 5).

Furthermore, the area associated with the 96817 zip code provided the most LEAD referrals and according to the 2020 Oahu Point in Time Count is the location with the largest number of unsheltered individuals. Indicating LEAD HNL is serving the hardest hit area of homelessness.<sup>1</sup>

## Intake Procedures

Once the referred individual has accepted the referral, LEAD HNL staff 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 the client with services. These clients are not diversion referrals and enrollment in to LEAD does not influence any law enforcement charges or offenses.

## Enrollments

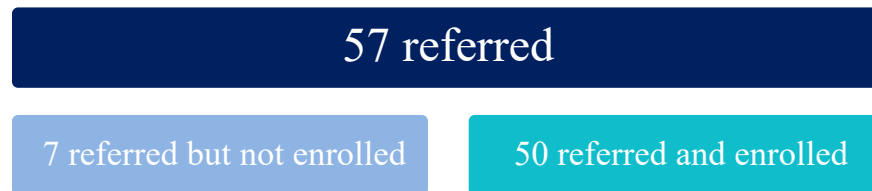
Out of 57 individuals referred to LEAD HNL, 50 are enrolled in LEAD HNL.<sup>1</sup> The reasons for 7 out of 57 individuals referred to LEAD HNL not being enrolled vary, with the most common reason being that the individual did not follow up with LEAD HNL staff to complete a long intake and needs assessment (LINA). Clients who have completed a LINA with a LEAD HNL case manager are considered enrolled in the program. LEAD HNL case managers provided intensive follow-ups, calls, client scheduling and meetings, and other intensive avenues to aid in

<sup>1</sup> 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, but do not necessarily involve a police citation.

<sup>1</sup> Due to 1 LEAD client passing away, counts may reflect 49 clients versus 50 to show comparison.



turning referrals into enrolled clients. Currently, completing the LINA is the only requirement for participation in the LEAD HNL program.

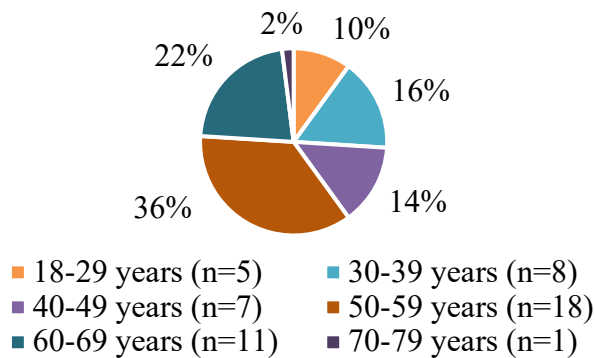
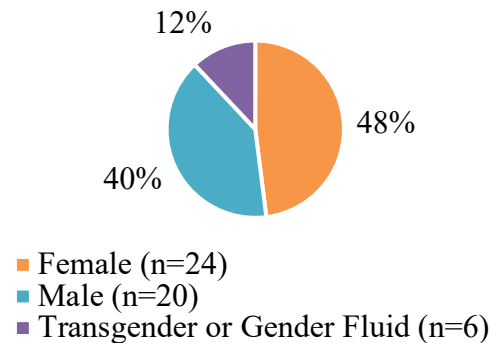


## Enrolled Client Demographics & Background

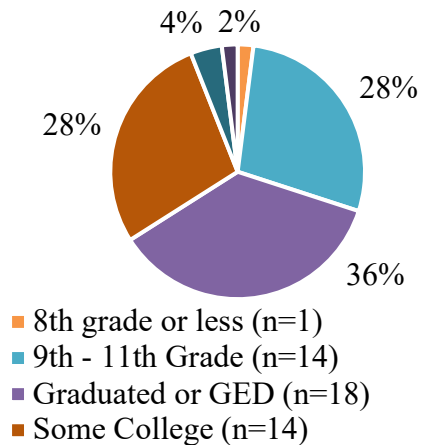
The following section presents client demographics for clients at the time of enrollment into LEAD HNL:

- At the time of enrollment, the largest percentage of the 50 enrolled clients were between 50 and 59 years of age (36%;  $n=18$ ) (See Fig. 6). The majority of clients are women (48%;  $n=24$ ) (See Fig. 7) and have graduated high school or obtained their GED (36%;  $n=18$ ) (See Fig. 8). Just over a quarter of clients have completed 9<sup>th</sup> to 11<sup>th</sup> grade (28%;  $n=14$ ) or some college (28%;  $n=14$ ) (See Fig. 8). However, only a few clients graduated from college (4%;  $n=2$ ) (See Fig. 8). Half of the enrolled clients have never been married (50%;  $n=25$ ) and nearly a quarter are divorced (22%;  $n=11$ ) (See Fig. 9).
- The largest percentage of triaged individuals were between 50 and 59 years of age (41%;  $n=18$ ) (See Fig. 1) and were men (43%;  $n=24$ ) (See Fig. 2). About half of triaged individuals identified as multiracial (49%;  $n=21$ ), and about half identified as Native Hawaiian/Pacific Islander (NHPI) (47%;  $n=20$ ) (See Fig. 3).
- The majority of enrolled clients identified as multiracial (54%;  $n=27$ ), and half identified as Native Hawaiian/Pacific Islander (NHPI) (50%;  $n=25$ ) (See Fig. 10).
- At the time of enrollment, 78% reported using methamphetamine, 36% reported using alcohol, and 36% reported using opioids and/or heroin within the six months prior (See Fig. 11).
- The vast majority of enrolled clients reported currently experiencing homelessness (76%;  $n=38$ ), and nearly a quarter had experienced homelessness within the past three years but were not currently experiencing homelessness (22%;  $n=11$ ) (See Fig. 13).

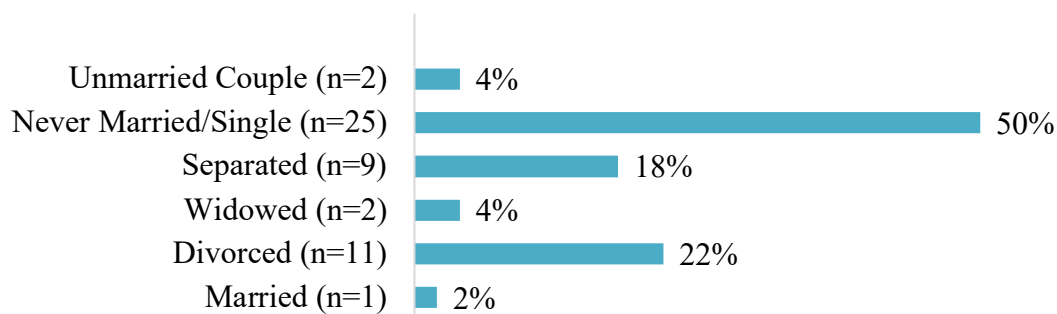


**Fig. 6 Enrolled Client Age (N=50)****Fig. 7 Enrolled Client Gender (N=50)**

- The majority of enrolled clients were aged fifty or older (60%) and client age ranged from 21 to 71, with the average age of 49.1 years (See Fig. 6).
- The largest percentage of enrolled clients were female (48%), and 6 clients identified as either transgender or gender fluid (12%) (See Fig. 7).

**Fig. 8 Enrolled Client Highest Level of Education (N=50)**

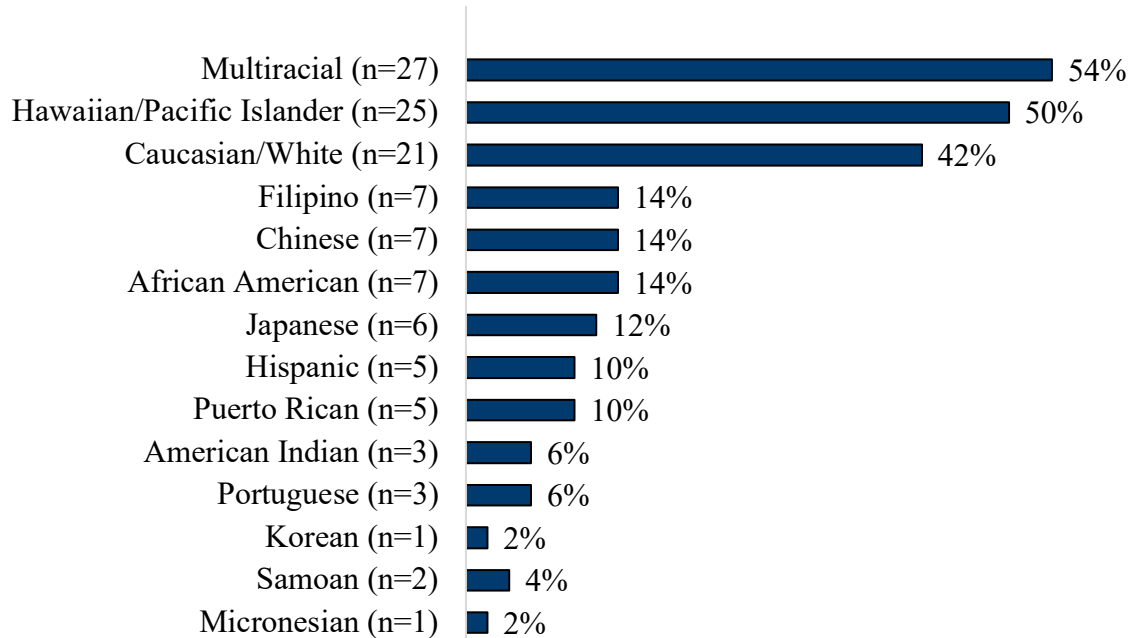
- The majority of clients finished high school or obtained their GED (36%), with an equal amount reporting having completed 9<sup>th</sup> to 11<sup>th</sup> grade only (28%) or some college (28%). Only 2 clients graduated from college (4%) (See Fig. 8).

**Fig. 9 Enrolled Client Family Status (N=50)**



- At the time of enrollment, half (50%) of enrolled clients had never been married. Eleven clients (22%) are divorced, and 9 clients (18%) are separated from a partner (See Fig. 9).

**Fig. 10 Enrolled Client Ethnicity**



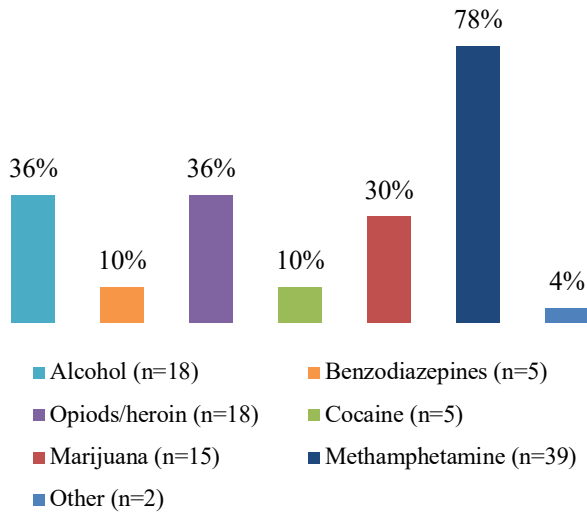
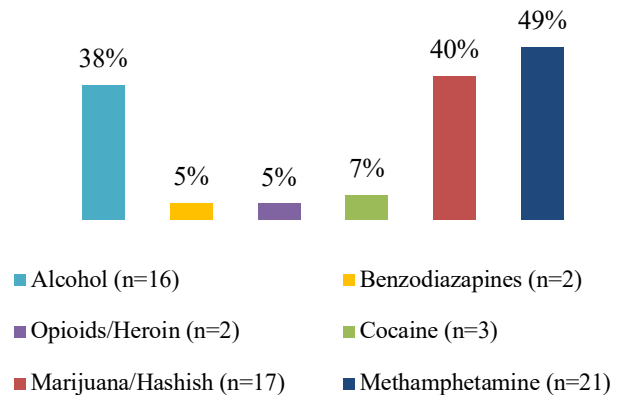
- Enrolled clients were able to select more than one ethnicity. The majority of enrolled clients identified as multiracial (54%), and half (50%) identified as NHPI (See Fig. 10).

Compared to the overall population on O‘ahu, NHPIs and multiracial individuals are overrepresented in referred and enrolled LEAD HNL clients. NHPI and multiracial individuals made up 9.6% and 22.8% of Honolulu County’s population and 10.1% and 24.2% of Hawai‘i’s population in 2019, respectively,<sup>6</sup> compared to 50% and 54% of LEAD HNL referrals. However, the program’s referred and enrolled client racial breakdown reflects recent data showing that NHPIs and multiracial individuals are disproportionately represented in the homelessness population on O‘ahu, comprising 31% and 25% of the homeless population.<sup>7</sup>

**According to the 2020 Point-in-Time Count, NHPIs comprised the largest percentage of the homeless population (31%), followed by multiracial (25%).<sup>7</sup>**

Additionally, data shows that Native Hawaiians are over-represented in the prison population, both as seen in the LEAD Year 1 report and other reports.<sup>4,5</sup> Thus, the enrolled clients’ racial composition roughly reflects those most likely to experience homelessness and/or incarceration on O‘ahu, as seen in both years of LEAD HNL program implementation.

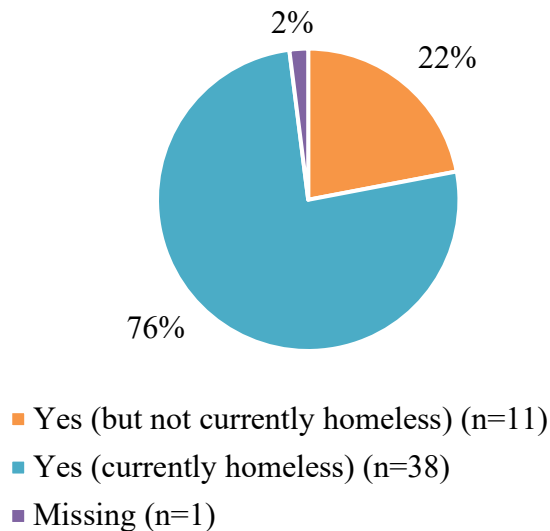


**Fig. 11 Enrolled Client Drug Use in the Past 6 Months (N =50)****Fig. 12 Triage Drug Use in the Past 6 Months (N =44)**

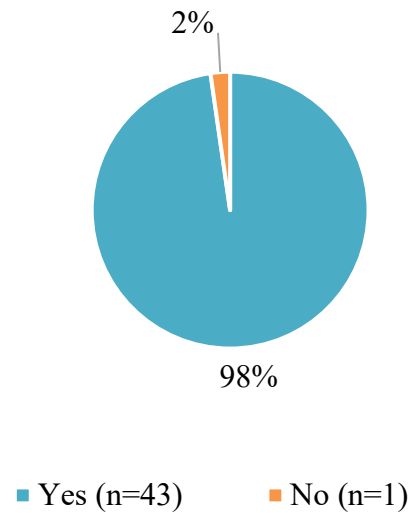
- The vast majority of enrolled clients self-reported using methamphetamine (78%) over the past 6 months (See Fig. 11).
- Enrolled clients self-reported that the drugs most commonly utilized over the past 6 months (other than methamphetamine) were alcohol (36%), opioids/heroin (36%), and marijuana (30%) (See Fig. 11).
- Triaged only individuals self-reported that the drugs most commonly utilized over the past 6 months were methamphetamine (49%), marijuana/hashish (40%), and alcohol (38%) (See Fig. 12).
- Triaged individuals self-reported that the drugs least commonly utilized over the past 6 months were cocaine (7%), benzodiazepines (5%), and opioids/heroin (5%).
- LEAD clients (78%) reported more methamphetamine use than triaged only clients (49%) during the 6 months prior to their first assessment.



**Fig. 13 Enrolled Client Experienced Homelessness in the Past 3 Years (N=50)**



**Fig. 14 Triage Currently Experiencing Homelessness (N=44)**



- At the time of enrollment, the majority of clients were currently experiencing homelessness (76%) (See Fig. 13).
- Less than a quarter of clients had experienced homelessness within the past three years (22%); however, were not homeless at the time of enrollment (See Fig. 13).
- At the time of triage, the vast majority of triaged only individuals (98%) were currently experiencing homelessness, with only a small minority being housed (2%) (See Fig. 14).

Triage clients (98%) were more likely to be currently homeless than LEAD clients (76%) during first assessment.

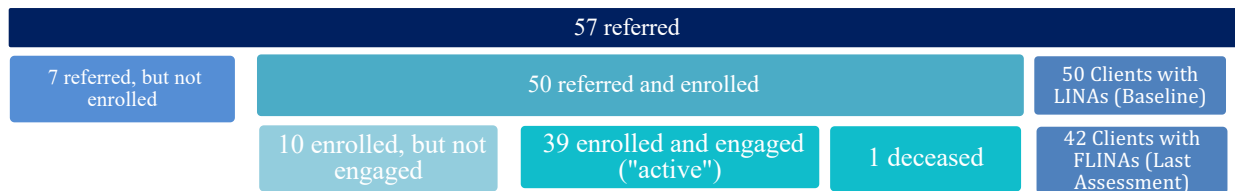
**At the time of this report, 18 out of the 49 LEAD HNL clients (37%) were currently housed through different agencies, as well as through a collaboration with Partners in Care (PIC) Oahu's Continuum of Care Coordinated Entry System (CES).<sup>m</sup> Four were housed through the Institute for Human Services, 4 through Catholic Charities Hawaii, 2 through Honolulu Community Action Project, and 1 each through HHHRC, Section 8, Kalihi Palama Health Center, Villages of Maili: Bridge Housing provided by CCH, Gregory House, and self-housed.**

<sup>m</sup> Due to 1 LEAD client passing away, counts may reflect 49 clients versus 50 to show comparison.



## Service Engagement

After enrollment and completing the Long Intake and Needs Assessment (LINA), LEAD HNL case managers provide intensive case management services to help connect clients to other services. About 78% ( $n=39$ ) of the 50 enrolled clients are actively engaging in LEAD case management services. Of the 50 enrolled clients, 10 individuals are not actively working with their case managers for reasons ranging from the client has received the services they require from the program and do not need hands-on assistance at the moment, as well as the case manager has not been able to locate the client for an extended period of time, but are still considered LEAD clients, and 1 individual is deceased.

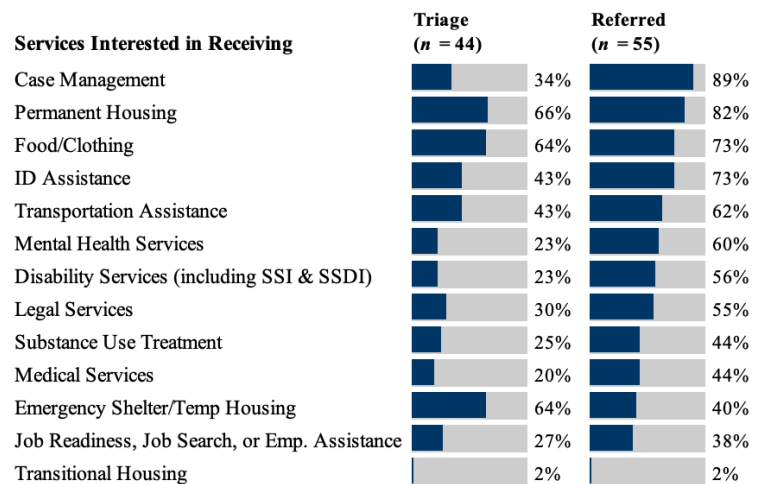


## Services Needed & Used

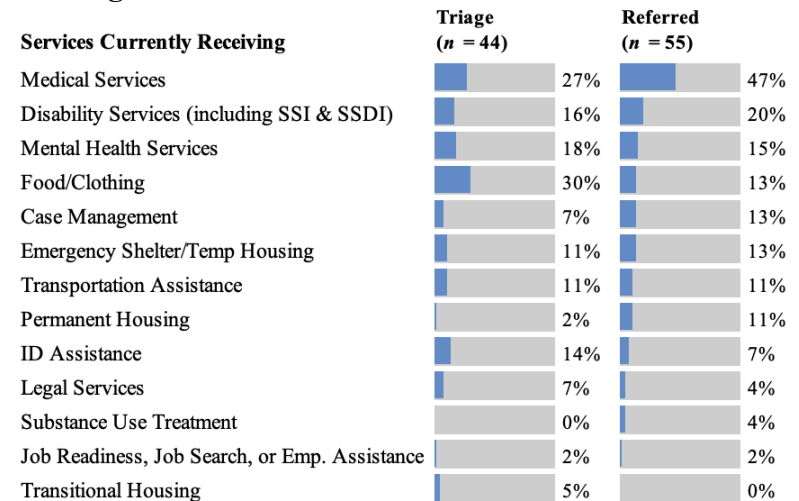
The following section presents triaged only individuals and LEAD HNL clients' self-reported services interested in receiving/needed and services currently receiving/used. Triaed individuals self-reported the types of services they would like to utilize (See Fig. 15) as well as the types of services utilized within the past 30 days (See Fig. 16). LEAD HNL clients' self-reported the types of services they would like to utilize (See Fig. 17) as well as services utilized within the past 30 days (See Fig. 18) at the time of referral, baseline, and at subsequent follow-up time periods.

**Operational Work Group:** LEAD HNL utilizes weekly meetings to discuss and coordinate care with community partners, such as representatives from HPD, the Office of the Governor's Coordinator on Homelessness, and the funding agency ADAD.



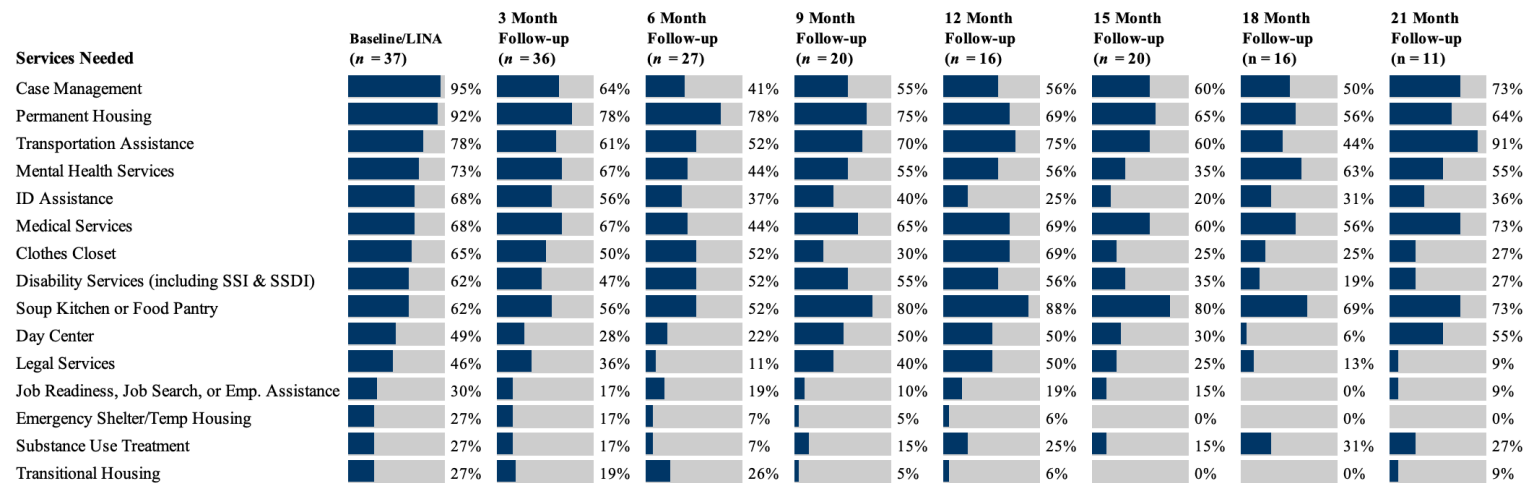
**Fig. 15 Triage & Referred Individuals Services Interested in Receiving**

- Triaged individuals were less interested in receiving services than referred individuals except for emergency shelter/temporary housing – triaged individuals were more interested (64%) than referred individuals (40%).
- The majority of triaged individuals were interested in receiving permanent housing (66%), food/clothing (64%), and emergency shelter/temporary housing (64%).
- The majority of referred individuals were also interested in receiving permanent housing (82%) and food/clothing (73%). In addition, the majority indicated needing case management (89%), ID assistance (73%). Transportation assistance (62%), mental health services (60%), disability services (including SSI & SSDI) (56%), and legal services (55%).

**Fig. 16 Triage & Referred Individuals Services Currently Receiving**

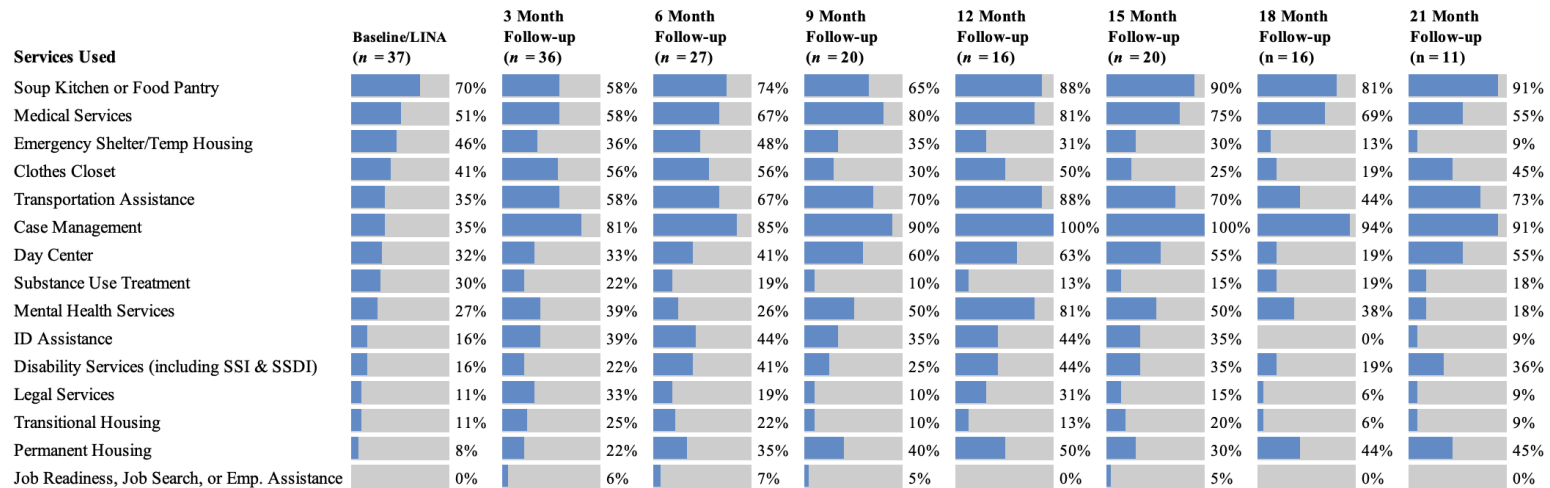
- The majority of triaged and referred individuals were *not* currently receiving services.
- The services most utilized by triaged individuals were food/clothing (30%) and medical services (27%).
- The services most utilized by referred individuals were medical services (47%) and disability services (including SSI & SSDI) (20%).
- Generally speaking, both triaged and referred individuals reported minimal or no use of services, suggesting this population is in grave need of support.



**Fig. 17 Percent of Enrolled LEAD Clients Indicating Services Needed over Time in the Program**

- At baseline, the majority of clients indicated needing 9 of the 15 services listed, with the vast majority indicating needing case management services (95%) and permanent housing (92%).
- At baseline, about three quarters of clients indicated needing transportation assistance (78%) and mental health services (73%).
- At baseline, over half of clients indicated needing ID assistance (68%), medical services (68%), clothes closet (65%), disability services (including SSI & SSDI) (62%), and soup kitchen or food pantry (62%).
- The need for ID assistance dropped dramatically from 68% at baseline to 20% at 15-month follow-up.
- The need for clothes closet dropped dramatically from 65% at baseline to 25% at 15-month follow-up.
- At baseline and at all follow-up assessments, permanent housing continues to be a persistent need of the majority of clients.



**Fig. 18 Percent of Clients Indicating Using Services over Time in the Program**

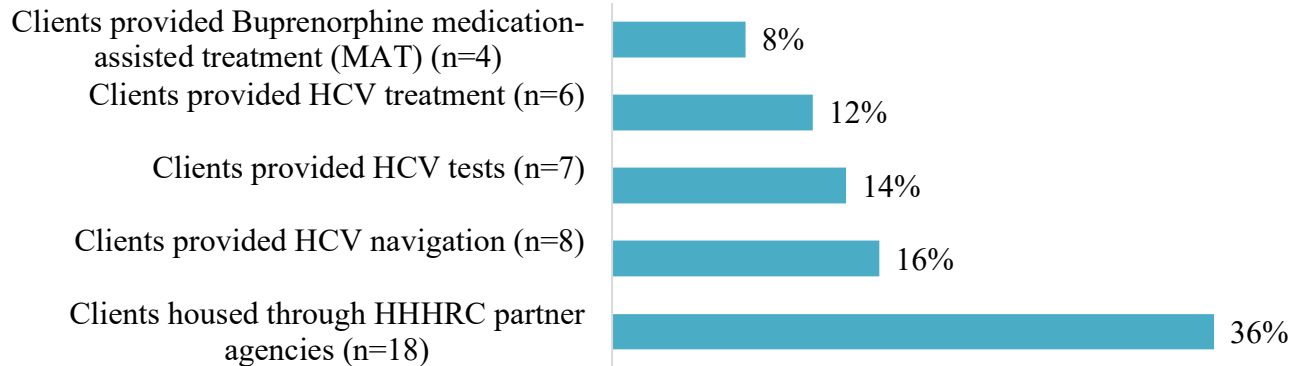
- At baseline, the majority of clients indicated using only two services – soup kitchen or food pantry (70%) and medical services (51%). This is in stark contrast to findings that the majority of clients indicating **needing nine** services at baseline.
- Use of transportation assistance increased substantially from 35% at baseline to 67% at 24-month follow-up.
- Use of case management increased from 35% at baseline to 100% at 15-month follow-up as well as use of mental health services, which increased from 27% at baseline to 50% at 15-month follow-up, which suggests that clients are receiving services that were indicated by the majority of clients as services they needed at baseline.
- Use of permanent housing increased from 8% at baseline to 50% at 15-month follow-up, suggesting that LEAD is helping clients obtain permanent housing, while also indicating the need for permanent housing remains a persistent need for clients.
- At baseline and all follow-up assessments, soup kitchen or food pantry and medical services continues to be utilized by the majority of clients, suggesting that clients still need to utilize services for meeting basic needs, such as food and medical care after being enrolled into the program.





## HHHRC Clinic Collaboration and LEAD Clients

**Fig. 19 HHHRC Clinic Collaboration and Services Provided to Clients  
(N=50)**



- HHHRC provides clinical services to LEAD clients and other program-based clients and communities. Clinical services include rapid testing for Hepatitis C Virus (HCV), HIV testing, wound care, and Buprenorphine for opioid treatment, housing voucher programs, and other clinical services. Some services are handled and distributed within the HHHRC clinic and others are connected and referred to outside services.
- At the time of this report, 18 clients are currently housed through a HHHRC collaboration with Partners in Care (PIC) Oahu's Continuum of Care Coordinated Entry System (CES) partnerships (36%), 7 clients have received HCV tests (14%), and 4 clients have been provided buprenorphine for opioid treatment (8%) (See Fig.19). Out of the 7 clients who have received HCV tests, 3 clients had multiple HCV tests.



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## V. LEAD Honolulu Outcomes & Impacts



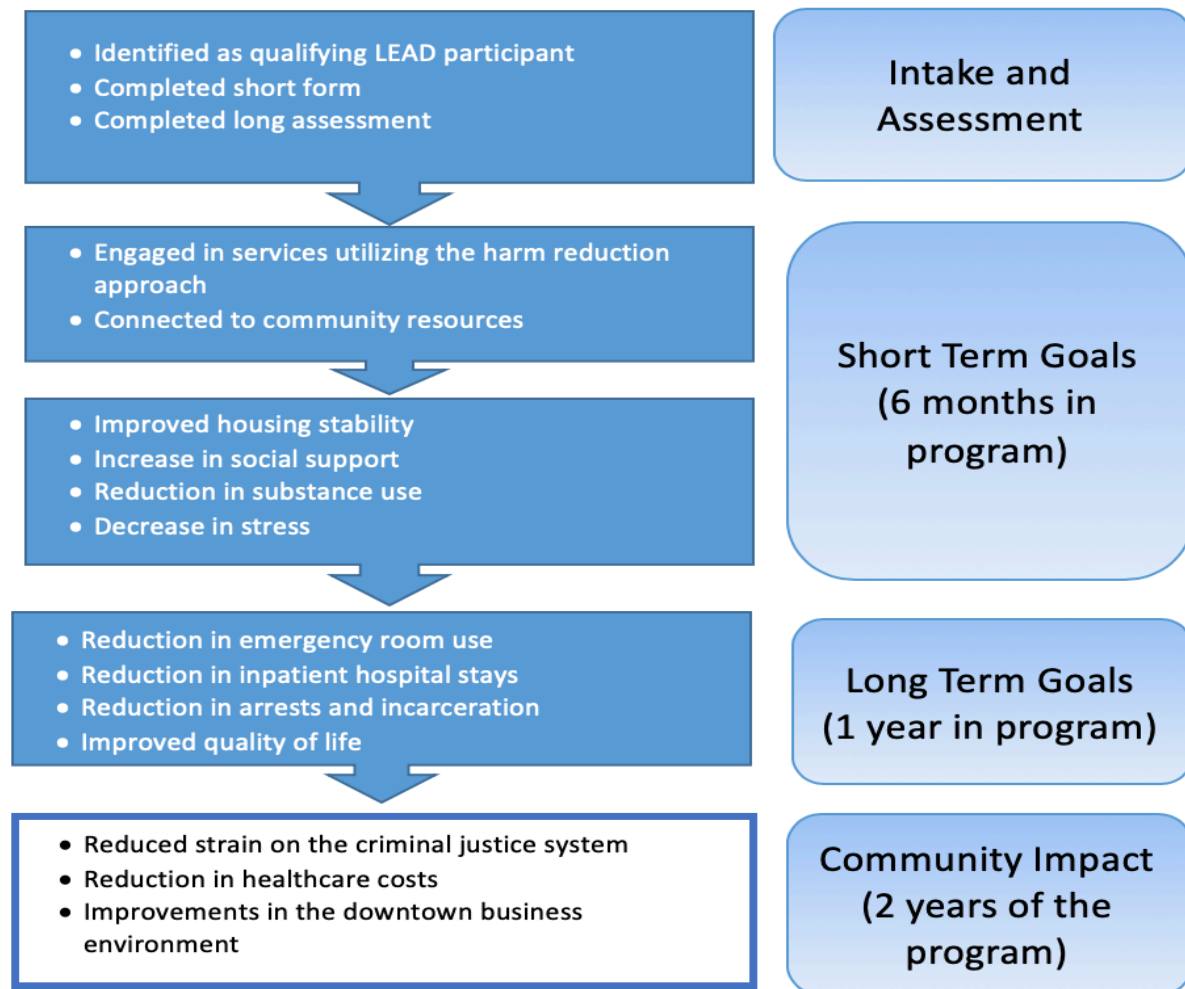
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In addition to examining program process, the evaluation team assessed program outcomes and impacts based on goals identified in the LEAD Theory of Change (See Fig. 20). This section of the report assesses program progress toward short-term and long-term goals for Years 1 and 2 (since the start of the program) adhering to the harm reduction approach utilized by the LEAD program.

**Fig. 20 LEAD Theory of Change**



**What is a “harm reduction approach?”** *The harm reduction approach seeks to reduce the adverse consequences of drug use among persons who continue to use drugs. It developed in response to the excesses of a “zero tolerance approach”. Harm reduction emphasizes practical rather than idealized goals. It has been expanded from illicit drugs to legal drugs and is grounded in the evolving public health and advocacy movements.*

[Single, E. (1995). Defining harm reduction. *Drug and Alcohol Review*, 14(3), 287-290.]



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The following evaluation presents findings from Years 1 and 2 combined (i.e., clients' first and last assessment). It should be noted that findings presented in **bold faced light blue** indicate findings for the first and last assessment of LEAD HNL clients from before the March 23, 2020 executive/emergency orders due to the COVID-19 pandemic to demonstrate any noticeable differences in findings after the city-wide shutdown.

## Short-Term Goals

Short-term goals include increased housing stability and decreased substance use and stress.

### Housing Stability

The evaluation team assessed changes in housing by examining the number of days lived in different locations for the last 30 days at baseline and follow-up. **Of the 50 enrolled clients, 42 clients completed at least the baseline and a follow-up assessment.** The time between baseline and last assessment for these clients ranged 3-23 months, with an average of 13.5 months.

At baseline, the average number of days spent living on the street was 19.76 during the past 30 days. The average was 10.43 days during the past 30 days at the last assessment, showing a 47% decrease since the start of the program.

# Days sleeping on  
street/park/beach



The percentage of clients who were housed for the entire previous month increased from 13% at first assessment to 48% at the last assessment.

Additionally, the average number of days spent in an emergency shelter decreased from 3.12 to 1.55 days, while the average number of days in a transitional shelter increased from 1.37 to 2.00 days.

- **Last assessment before the COVID-19 emergency orders indicated an average increase by 188% from 1.37 days at first assessment to 3.94 days at last assessment for the average number of days spent in a transitional shelter in the 30 days prior, which is a larger increase than first (1.37) and last assessment (2.00) after COVID-19 indicating clients were using transitional shelters more before the COVID-19 pandemic.**



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# Days staying in **emergency shelter**# Days living in **transitional housing**

These findings may reflect the change in the average number of days living in a shared or independent apartment, which both increased from 1.47 and 1.63 days at first assessment to 3.21 and 10.29 days at last assessment, respectively. These changes may have contributed to the reduction in emergency shelter use between assessments

The percentage of clients who lived in an independent apartment for the entire previous month increased from 4% at first assessment to 33% at the last assessment.

# Days living in **shared apartment**# Days living in **independent apartment**

The client average number of days in the past month sleeping on the streets was higher than other sleeping locations at both first and last assessment; however, there was a 47% decrease from 19.76 days at first assessment to 10.43 days at last assessment.

- **Last assessment before the COVID-19 emergency orders indicated an average decrease by 61% for the average number of days spent sleeping on the streets from 19.76 days at first assessment to 7.69 days at last assessment.**

The average number of days spent in independent apartment increased 531%, from 1.63 days at first assessment to 10.29 days at last assessment.

**These findings suggest that LEAD clients are spending less time on the streets and more time in transitional housing or housed in an apartment since enrolling in the program; however, there was a larger decrease in the number of days sleeping on the streets and time in transitional housing before COVID-19.**



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### *What has changed in your life since starting LEAD?*



*“My court case recently got dropped and I’ll soon be off probation, the (LEAD HNL) team helped me get there.”*

*– LEAD HNL Client*



*“I reunited with my family; I get to create memories with my grandkids.”*

*– LEAD HNL Client*



*“I got sober and had a healthy baby girl. I also got married and have my own place.”*

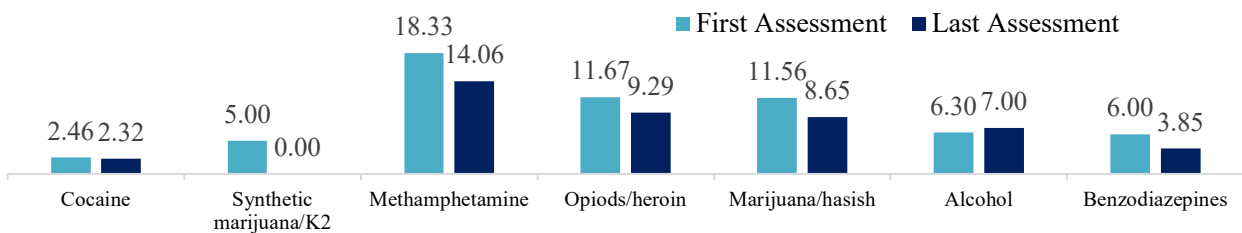
*– LEAD HNL Client*

### Substance Use

Using self-reported substance use data, evaluators assessed changes in LEAD HNL clients’ substance use and engagement in treatment services.

Figure 20 provides the average number of days clients used each substance in past month at first and last assessment.

**Fig. 21 Average Number of Days Used Each Substance in Past Month at First & Last Assessment Since the Start of the Program**



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Clients indicated using methamphetamines the most days a month compared to other substances at both first and last assessment. However, the number of days using methamphetamines decreased by 23% from 18.33 days at first assessment to 14.06 days at last assessment (See Fig. 21).

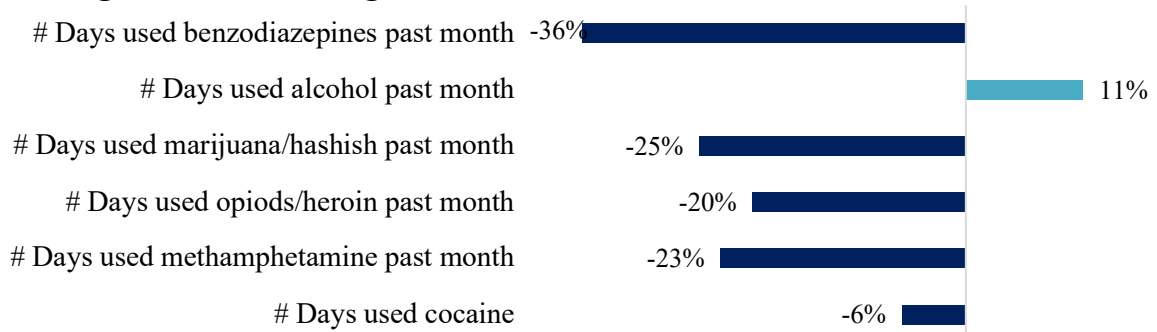
- On average, there has been a 23% decrease in methamphetamine use by clients since the start of the program.
- **Last assessment before the COVID-19 emergency orders indicated an average decrease by 50% for the average number of days of opioids/heroin use 30 days prior from 11.67 at first assessment to 5.82 at last assessment. (Since the start of the program there was a 20% decrease when not adjusting for the COVID-19 date.)**

The average number of days per month using opioids, marijuana, and benzodiazepines decreased from 11.67, 11.56, and 6.00 days to 9.29, 8.65, and 3.85, respectively. Alcohol use increased from 6.30 days a month to 7.00 days per month (11%) (See Fig. 20 & Fig. 22).

- The percentage of clients who reported no methamphetamine use in the previous month decreased from 18% at first assessment to 16.7% at the last assessment.
- **Last assessment before the COVID-19 emergency orders indicated the percentage of clients who reported no methamphetamine use in the previous month increased from 18% at first assessment to 20% at last assessment.**
- **This suggests methamphetamine and opioids/heroin use increased after the COVID-19 emergency orders.**

**5 out of 42 of the enrolled LEAD HNL clients who have a first and last assessment engaged in some type of substance use service, such as substance use counseling in the last 3 months of their last assessment period, compared to 12 out of 37 enrolled LEAD HNL clients from Year 1.**

**Fig. 22 Percent Change in Substance Use from First to Last Assessment**



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### ...LEAD HNL Client

*“The successes I’ve had with LEAD was getting proper professional psychiatric help, getting mediations that I, that work for me and my mental, my mental condition. Also, [my case manager] got me into an alcohol rehab center that specialized in dual diagnosis you know, with your mental diagnosis and also your addiction. And I’ve had pretty good success afterwards.” [Biggest success so far] “overcoming my alcohol addiction”*

## Stress

Clients showed overall improvement in perceived stress from their first assessment to their last. Clients saw the most gains in the number of days they felt hopeful about the future, increasing from an average of 10.34 days to 17.62 days a month, a 70% increase (See Fig. 23).

- **Last assessment before the COVID-19 emergency orders indicated an increase of 83% in the number of days clients felt hopeful about the future from 10.34 days at first assessment to 18.91 days a month at last assessment.**

There were increases in clients’ feelings that things were going their way (19%) and how often the client felt confident about their ability to handle personal problems (18%) from first to last assessment, both within the past 30 days (See Fig. 23). There were decreases in clients’ feelings that they were unable to control the important things in their life (-12%) and how often the clients felt difficulties could not be overcome (-9%) from first to last assessment, both within the past 30 days. All indicate an improvement between assessments (See Fig. 23).

**Fig. 23 Change in Client Perceived Stress from First to Last Assessment in the Past Month**

	First Assessment	Last Assessment	Percent Change
Range: 1= <i>Never</i> , 5= <i>Very often</i>			
How often felt unable to control the important things in life.	3.76	3.31	-12%
How often felt difficulties could not be overcome.	3.56	3.24	-9%
How often felt that things were going their way.	2.46	2.93	19%
How often felt confident about the ability to handle personal problems.	3.04	3.60	18%
In the last 30 days:			
Days felt hopeful about future.	10.34	17.62	70%



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*“[Case manager] is one in a million for me, (s)he helps me out so much...this place [LEAD] is a godsend; I think this place is a godsend for people who really need it.” – LEAD HNL Client*

## Long-Term Goals

The long-term goals of the LEAD program include decreased reliance on emergency and hospital usages, decreased recidivism, and increased client quality of life.

### Emergency & Hospital Use

Hospital admissions decreased from 10% of clients at first assessment to 7% at last assessment. Additionally, emergency room visits decreased in the past month from 32% of clients to 14% at last assessment (See Fig. 24).

- **Last assessment before the COVID-19 emergency orders indicated a decrease in hospital admissions from 10% of clients at first assessment to 5.7% at last assessment, as well as emergency room visits in the past month with a decrease from 32% of clients to 11.4% at last assessment.**

Hospital admissions decreased from baseline to clients' last assessment since the start of the program; however, hospital admissions increased from 10% of clients at first assessment to 13% at last assessment in the Year 1 report. The increase in Year 1 was expected because among people who have otherwise ignored persistent medical issues prior to receiving services, hospital admissions are likely to increase as clients engage more with health and services as a result of case management. Year 1 reported that over time, it was believed that hospital admission rates will likely decline, and findings from Year 2 support this prediction.

These findings suggest progress toward reducing strain on healthcare services.

**Fig. 24 Change in Client Usage of Emergency Rooms & Hospitals in Past Month from First to Last Assessment**

	First Assessment	Last Assessment	Percent Change
% gone to the emergency room in the past month	32%	14%	-56%
% admitted to a hospital in the past month	10%	7%	-30%



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## Crime & Recidivism

The evaluation team examined recidivism for LEAD HNL clients using criminal citations recorded in eCourt Kokua, which provides “access to public information from traffic cases, District Court criminal, Circuit Court criminal, Family (Adult) Court criminal and appellate cases.”<sup>8</sup> Evaluators examined records from July 1, 2015 to their LEAD referral and the period after referral through July 1, 2020.

For a point of reference to LEAD client citations, triaged only client citations were assessed and broken up into the same beginning date as LEAD clients (July 1, 2015) and then by the LEAD program start date of July 1, 2018. This provides two different timelines to compare citations with LEAD clients before referral into LEAD and after entrance into LEAD.

From July 1, 2015 to the start of the LEAD program, the most commonly cited offenses among enrolled LEAD clients were entering a closed public park, followed by jaywalking, drinking in public areas, and violating park rules and regulations, including a variety of separate citations that were variations of sit/lie on a public sidewalk (See Fig. 25).

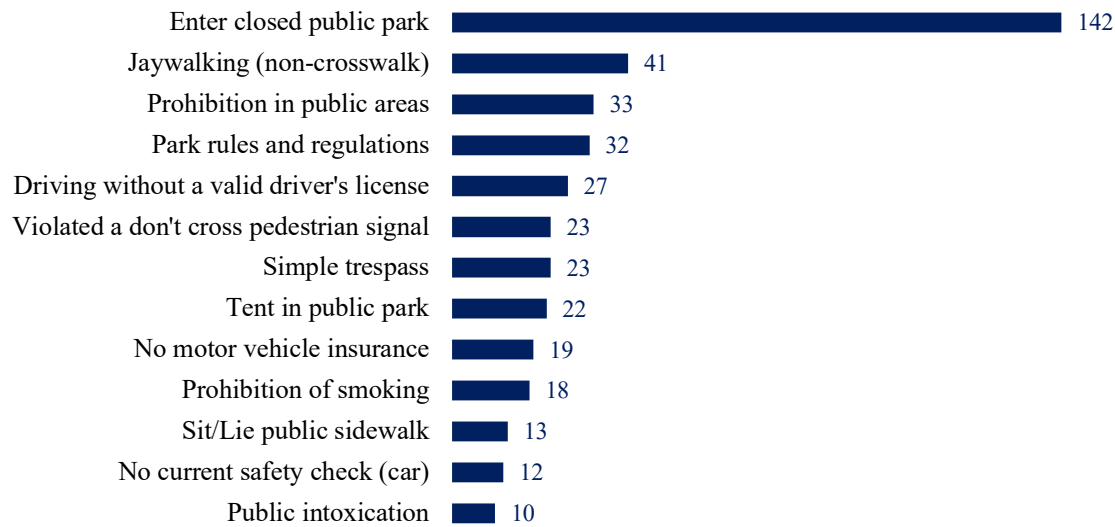


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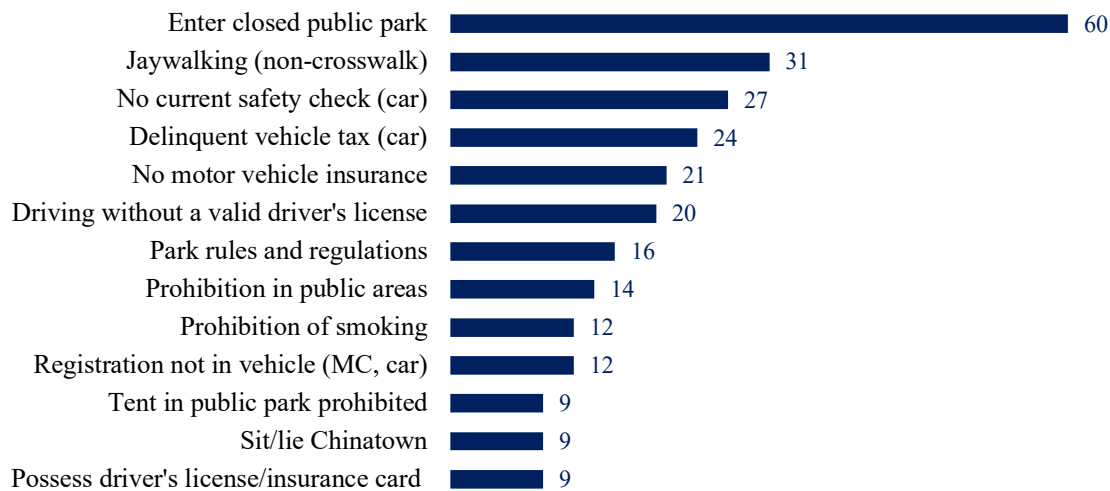


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**Fig. 25 Number of Citations Issued to LEAD Clients Prior to Referral Beginning July 1, 2015 - Most Frequently Issued**



**Fig. 26 Number of Citations Issued to Triage Clients Prior to July 1, 2018, Beginning July 1, 2015 - Most Frequently Issued**



After being adjusted for the number of months clients participated in the LEAD program, on average, LEAD clients received 304% more total citations per month after referral into LEAD and had 7% more cited encounters with an enforcement officer since the start of the program (See Fig. 27).



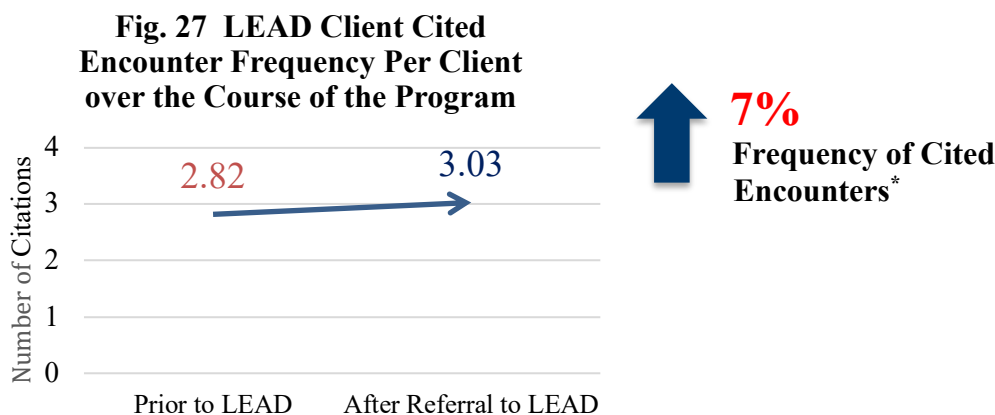
The average number of cited encounters per client per month before LEAD was 0.23 and 0.25 after starting LEAD. The average number of cited encounters per client per year was 2.82 before LEAD and 3.03 after starting LEAD since the start of the program (See Fig. 27).

From July 1, 2015 to the start of the LEAD program (July 1, 2018), the most commonly cited offenses among triage clients was entering a closed public park, followed by jaywalking, citations regarding vehicles including no current safety check for vehicles, delinquent vehicle tax for vehicles, no motor vehicle insurance, and driving without a valid driver's license (See Fig. 26).

- Furthermore, several of the most common citations included violating park rules and regulations, including a variety of separate citations that were essentially different versions of sit/lie on a public sidewalk. Triage clients had more reported citations regarding vehicles in comparison to LEAD clients who received more citations regarding sit/lie laws and laws related to homelessness (See Figs. 25 & 26).

After being adjusted for 24 months (July 1, 2015 to July 1, 2018) for the LEAD program start date to provide comparison to the LEAD clients' time before referral, triaged only clients on average received 82% more total citations per month after the LEAD program start date and had 93% more cited encounters with an enforcement officer (See Fig. 28).

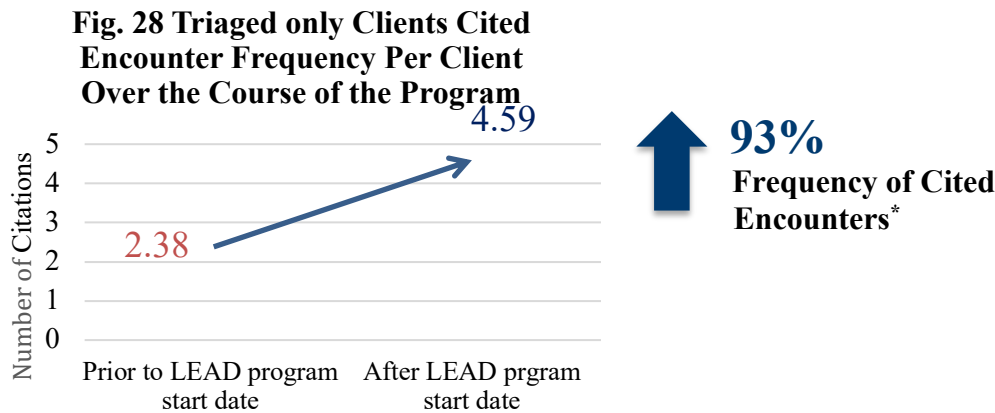
- After being adjusted for the number of months clients participated in the LEAD program, on average, LEAD clients received 304% more total citations per month after referral into LEAD and had 7% more cited encounters with an enforcement officer to provide a comparison (See Fig. 27).



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\* Citations were calculated by averaging the number of encounters that resulted in receiving at least one citation prior to (starting July 1, 2015 before being referred to LEAD) and after starting the LEAD program. Data were adjusted for the number of months each client was in the program.

The average number of cited encounters per triaged only client per month before the LEAD start date (July 1, 2018) was 0.20 and 0.38 after the LEAD program start date. The average number of cited encounters per triage client per year was 2.38 before the LEAD program start date and 4.59 after LEAD start date. The average number of cited encounters per client per month before LEAD was 0.23 and 0.25 after starting LEAD for the LEAD clients; the average number of cited encounters per client per year was 2.82 before LEAD and 3.03 after starting LEAD to provide a comparison.

- LEAD clients received more citations (304% increase from before referral to LEAD) per month after referral to LEAD compared to the triage clients after the LEAD program start date (82%).
- **However, while LEAD clients had 7% more cited encounters with an enforcement officer after referral to LEAD, triaged only clients had 93% more cited encounters with an enforcement officer after the LEAD start date.**
  - **Triaged only clients had a bigger percentage increase in police encounters after the LEAD start date compared to LEAD clients after referral to the program.**
- The average number of cited encounters per triaged only client per year after the LEAD start date was 4.59, in comparison to 3.03 for LEAD clients after LEAD referral.



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## Quality of Life

Clients' quality of life was assessed through self-reported physical and mental health, social support, and frequency of trauma within the past 30 days of both first and client last assessment.

Clients saw improvements on several indicators of quality of life, including increases in all of the changes in social support such as having someone who could help them if they were confined to bed and someone to love them and make them feel wanted. Clients increased in the number of times they participated in recreational activities (67%) from first to last assessment (See Fig. 29). However, clients reported decreases in several indicators of quality of life such as times attended a community group (-92%), times participated in a support group (-88%), and times visited a spiritual group (-78%) in the last 30 days from first to last assessment (See Fig. 29).

- **Last assessment before the COVID-19 emergency orders indicated a 385% increase in the number of times attended a community group in the prior 30 days, and decreases in indicators of quality of life such as times participated in a support group (-50%) and times visited a spiritual group (-34%) in the last 30 days from first to last assessment.**
  - **There were larger decreases in indicators of quality of life after the COVID-19 emergency orders, which is to be expected as many organizations and groups were forced to close their doors temporarily.**

**Fig. 29 Change in Community Support from First to Last Assessment**

	First Assessment	Last Assessment	Percent Change
Times visited a spiritual group in the last 30 days	2.22	.48	-78.38%
Times attended a community group in the last 30 days	.26	.02	-92.31%
Times engaged in recreational activities in the last 30 days	7.92	13.19	66.54%
Times participated in a support group in the last 30 days	1.20	.14	-88.33%

**Fig. 30 Change in Social Support from First to Last Assessment**

	First Assessment	Last Assessment	Percent Change
Someone to help you if you were confined to bed	2.46	3.26	32.52%
Someone to take you to the doctor if you need it	2.64	3.31	25.38%
Someone to share your most private worries and fears with	2.66	3.31	24.44%
Someone to turn to for suggestions about how to deal with a personal problem	2.92	3.43	17.47%
Someone to do something enjoyable with	2.70	3.36	24.44%
Someone to love and make you feel wanted	2.62	3.31	26.34%

Range: 1= *None of the time*, 5= *All of the time*



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Clients saw gains in mental health, sleep, and energy. The number of mentally unhealthy days decreased by 24%; the number of days anxious decreased by 22%; the number of days depressed decreased by 18%; the number of days not getting enough sleep decreased 19%; the number days of activity limitation decreased by 26%; and the number of days full of energy increased by 43% since the start of the program (See Fig. 31). All of these findings are with 7% of findings from Year 1 and **within 10% of the last assessment when adjusted for the COVID-19 emergency order date.**

However, physical health did not see the same gains. While number of days in pain decreased slightly (2.88%), the number of physically unhealthy days increased by 20% (See Fig. 31).

- **Last assessment before the COVID-19 emergency orders indicated a 24% decrease in the number of days in pain and the number of physically unhealthy days increased by 5% from first to last assessment in the prior 30 days (See Fig. 31).**
  - **Indicating clients reported better physical health before the COVID-19 emergency order date.**

These findings suggest the physically vulnerable state of LEAD clients and reflect previous findings that perceptions of physical health decline after gaining stability.<sup>9</sup>

**Fig. 31 Change in Client Health and Wellbeing from First to Last Assessment**

	First Assessment	Last Assessment	Percent Change	COVID-19 Last Assessment (Percent Change)
General health (excellent {1} – poor {5})	3.48	3.50	0.58%	3.57 (2.59%)
# Physically unhealthy days past month	13.39	16.10	20.24%	14.06 (5.00%)
# Mentally unhealthy days past month	23.14	17.67	-23.64%	15.71 (-32.11%)
# Actively limitation days past month	17.96	13.21	-26.45%	13.26 (-26.17%)
# Days in pain past month	14.24	13.83	-2.88%	10.77 (-24.37%)
# Days depressed past month	21.24	17.52	-17.51%	15.14 (-28.72%)
# Days anxious past month	23.98	18.60	-22.44%	14.83 (-38.16%)
# Days not enough sleep past month	20.58	16.67	-19%	14.00 (-31.97%)
# Days full of energy past month	6.51	9.29	42.70%	9.57 (47.01%)

Clients saw reductions in frequencies of traumatic experiences from first to last assessment over the 2 years of the LEAD program. Experiences with trauma decreased by 23%, and witnessing trauma decreased by 5% (See Fig. 32). These decreases were similar to Year 1 findings of experiences with trauma decreased by 30%, and witnessing trauma decreased by 6%.<sup>10</sup> Overall, experiences with trauma were infrequent.

- **Last assessment before the COVID-19 emergency orders regarding experiences with trauma decreased by 36% (2.86 first assessment to 1.83 last assessment), and witnessing trauma decreased by 24% (2.18 first assessment to 1.66 last assessment) in the prior 30 days.**
  - **Clients reported larger decreases in experiences with trauma and witnessing trauma from first to last assessment before the COVID-19 emergency orders, indicating clients may be experiencing more encounters with trauma during the pandemic.**

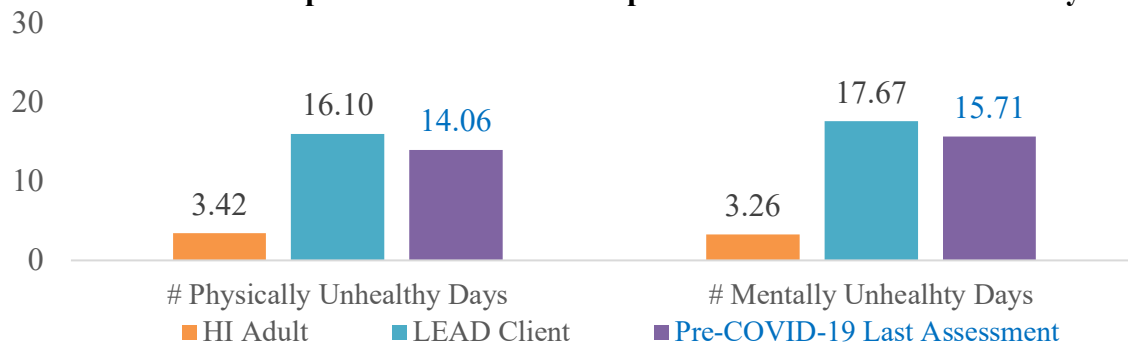
**Fig. 32 Frequency of Experiences with Trauma—Never (1) to Very Often (5)—from First to Last Assessment**

	First Assessment	Last Assessment	Percent Change
Experienced violence, trauma, or sexual maltreatment/assault within or outside of the family in past month	2.86	2.20	-23.08%
Witnessed someone close to you being hit, kicked, slapped, or otherwise physically or emotionally hurt in past month	2.18	2.07	-5.05%

While the LEAD HNL clients have made some progress in their overall quality of life, particularly in their mental health, they still experience difficulties much greater than the average adult living in Hawai‘i. (See Fig. 33).

- According to data from the CDC BRFSS,<sup>11</sup> in 2018, the average adult living in Hawai‘i experienced 3.42 physically unhealthy days per month, compared to 16.10 per month experienced by the LEAD HNL sample at their last assessment (See Fig. 33).
- The average adult living in Hawai‘i experienced 3.26 mentally unhealthy days per month, while LEAD HNL clients experienced 17.67 at their last assessment (See Fig. 33).
- LEAD Year 1 findings found similar above state and national averages for clients in regards to 16.55 physically unhealthy days per month and 17.71 mentally unhealthy days per month.<sup>10</sup>

**Fig. 33 LEAD Clients Compared to General HI Population in Number of Unhealthy Days**



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## Client Testimonials

During the months of March 2019 through July 2020, evaluators conducted 13 interviews with LEAD clients through face-to-face and over-the-phone format after adjusting to COVID-19 social distancing requirements. Interview questions were designed to evaluate the LEAD HNL program from the perspective of LEAD clients receiving services. Participation in the interview was voluntary and approved by the University of Hawai‘i Human Studies Program IRB. The interviews were transcribed and de-identified to protect the confidentiality of clients.

LEAD clients consistently credited the program and their case workers for their improved self-efficacy, agency, and self-worth. There was an overall agreeance that the LEAD program was unique from other case management programs clients have been a part of in the past. Reasoning behind this included case managers’ commitment to their clients’ success through follow-ups and check-ins, and strong determination to help fulfil their clients’ needs and goals through the services provided by the LEAD program. The LEAD program provided a safe and judgment free program according to clients, which was not the case with other programs. Clients also discussed how LEAD staff were always up-front and honest with them, indicating a relationship like family and friends and providing an avenue for trust to be built. The topic of finding housing was brought up with all clients. The majority of clients who were housed through LEAD services credited this as their greatest success, and those who have not yet been housed indicated this as their greatest wish and goal for the program.



### *...LEAD Client 1*

*LEAD client 1 has been a part of LEAD for two years. Before entering the program, she was houseless and had negative experiences with shelters on O‘ahu. The client **now has a loft apartment** which she credits to her LEAD case manager and other program staff for their connections and guidance to help her secure. She also credited the program for allowing her to **better understand herself and what she needs to do in life to succeed**. She has spent most of her life alone and taking care of herself, the client discussed how her case manager **provides her guidance and friendly encouragement** that keeps her from resuming bad habits. The client conveyed that her case manager and LEAD staff continue to **listen to her and her needs without overlooking her opinions**, she feels she has a say in her case management and success. This provided the foundation for her **trust** in her case manager and why she continues with the program and working on her success.*



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*...LEAD Client 2*

*LEAD client 2 has been a part of LEAD for under two years. Before entering the program, he was houseless and had problems with alcohol abuse and mental troubles. The client indicated that his case manager **never judged him** for his past and problems, LEAD staff do everything they can to help out their clients and **get them all of the services they can to fit their needs**. Client 2 discussed how his case manager **connected him with professional counseling, a doctor for medications, and alcohol treatment services**. The client also credited his case manager for his success with the program because they made sure he **always had transportation to his doctor's appointments, psychiatric appointments, as well as transportation and reminders for AA meetings**. Client 2 disclosed that his greatest success of the LEAD program has been **overcoming his alcohol addiction**, which was a result of his case manager helping him find treatment through rehab and AA meetings, as well as continued support.*

*...LEAD Client 3*

*LEAD client 3 has been a part of LEAD for a little over a year and a half. Before entering the program, he was houseless and had numerous encounters with the Honolulu Police Department because of sweeps of houseless individuals in the Kaka'ako area. The client discussed how LEAD staff and his case manager helped provide him with the path to **obtain food stamps** and other assistance for his daily life. The client disclosed that his **case manager provided support** and continued care for him, which was unique from other programs and case management he had received in the past. The client stated that his case manager cares about their clients and took the time to build trust between the two, something the client was hesitant about at first. The client disclosed that things take time when it comes to receiving services, but his case manager kept him informed and provided support. The client credited his case manager for helping him **secure an apartment as well as reconnect with his family**.*



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## Conclusions

- While LEAD HNL has not begun diversion, the program is currently operating at capacity, relying on social referrals from the HPD H.E.L.P. initiative, the Sheriff's Division, and other community partners.
- Sixty-eight percent of the 57 referred clients are actively engaged with LEAD case management services, while 10 are enrolled but not engaged and 7 were referred but not enrolled, and 1 client was deceased.
- Client service use of case management, medical services, transportation assistance, soup kitchen or food pantry, day center, legal services, and permanent housing has increased substantially, suggesting that clients are receiving more comprehensive, wrap-around services.
- Permanent housing continues to be one of the most pressing needs for LEAD clients. While the percentage of clients who lived in an independent apartment for the entire previous month increased from 4% at first assessment to 33% at the last assessment, 67% of the participants still need to be permanently housed. 37% of clients (18) were currently housed at the time of this report.
- While the number of cited encounters with law enforcement for enrolled LEAD clients slightly increased 7% after referral to the LEAD HNL program, this was substantially lower than the 93% increase in cited encounters for clients who were triaged only for the program but were not enrolled.
  - Suggesting that there may have been an increase in the overall number of citations by HPD to people experiencing homelessness during this period.
- Clients have improved significantly on indicators of quality of life from first to last assessment. They have reported increased hope for the future, decreased stress, decreased trauma, and increased mental wellbeing.
  - Despite these notable improvements, clients still score well below the average adult living in Hawai'i on indicators of physical and mental health.
  - Additionally, the number of physically unhealthy days increased 20%. This uptick in physically unhealthy days mirrors other findings that after 3-6 months of housing or stability, clients often experience a dip in wellbeing.<sup>9</sup>
- Overall, results from the start of the program suggest that socially referred LEAD clients are improving on indicators established in the LEAD Theory of Change and that the program is on track to achieve projected community impacts.



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## VI. Recommendations



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Based on findings related to program implementation and outcomes, we make the following recommendations for the program, funders, and community stakeholders.

### **Recommendations for the Program**

- Continue to work on establishing partnerships with local law enforcement, the prosecutor's office and other criminal justice agencies to seek reconciliation over a working relationship in order for diversion to begin. Currently, all referrals are social referrals, indicating a further need for partnerships for diversion efforts to begin.
- Continue to seek permanent housing opportunities and options for clients.
- Continue developing culturally appropriate and community-based approaches to harm reduction initiatives because of the high percentage of Native Hawaiian and Pacific Islander clients.
- Consider addressing increases in alcohol use, perhaps encouraging engagement in treatment services or creating new community support groups for LEAD clients.
- Consider expanding additional resources and time spent per month to outreach to enrolled but not engaged clients.
- Provide renewed focus on attending to client physical health, often associated chronic health conditions.
- Develop a triage protocol for individuals referred to or encountered by LEAD HNL through social contact referral or interested triage participants who are not suitable for the program/unable to join the program due to saturation, but need assistance nonetheless in order to triage (link and sync) those individuals out to other local service providers.
- Incorporate COVID-19 measures to determine changes in outcomes as a result of the worldwide pandemic.



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## Recommendations for Funders & Other Stakeholders

- We strongly encourage the state prosecutor's office to seek reconciliation over a Memorandum of Agreement (MOA) in order for diversion to begin. While the program has been successful within the first 2 years of implementation, we anticipate greater success when the program can operate with full fidelity to the program model, which stressed diversion as a form of recruitment.
- We strongly encourage operational work group training of law enforcement to create a better link-and-sync between partners; this may require virtual trainings and utilizing community partnerships to create culturally appropriate and Hawai'i-specific trainings.
- Once law enforcement partnerships are better established, development and implementation of training for law enforcement on how they can participate in the implementation of LEAD is highly encouraged.
- Accurate measures and statistics regarding the LEAD neighbor island programs are not available because of external factors; however, each program lost funding after a short pilot timeframe. Increased time and funding is required to determine the effectiveness of the LEAD neighbor island programs, neighbor islands had better success with law enforcement partnerships for possible diversion recruitment.
- While we did not assess the cost-effectiveness of this program, in the first 2 years of implementation, only taking into account the large drop in emergency room use (56%) and hospital admittance in the past month (30%), it is very likely that the financial benefits outweigh the financial costs of the program. This, paired with clear improvements in the wellbeing of clients, inclines us to recommend the expansion of the program across the entire County of Honolulu.

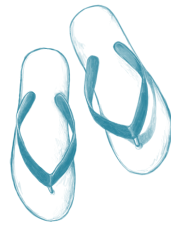


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## VII. Next Steps



## For Evaluators

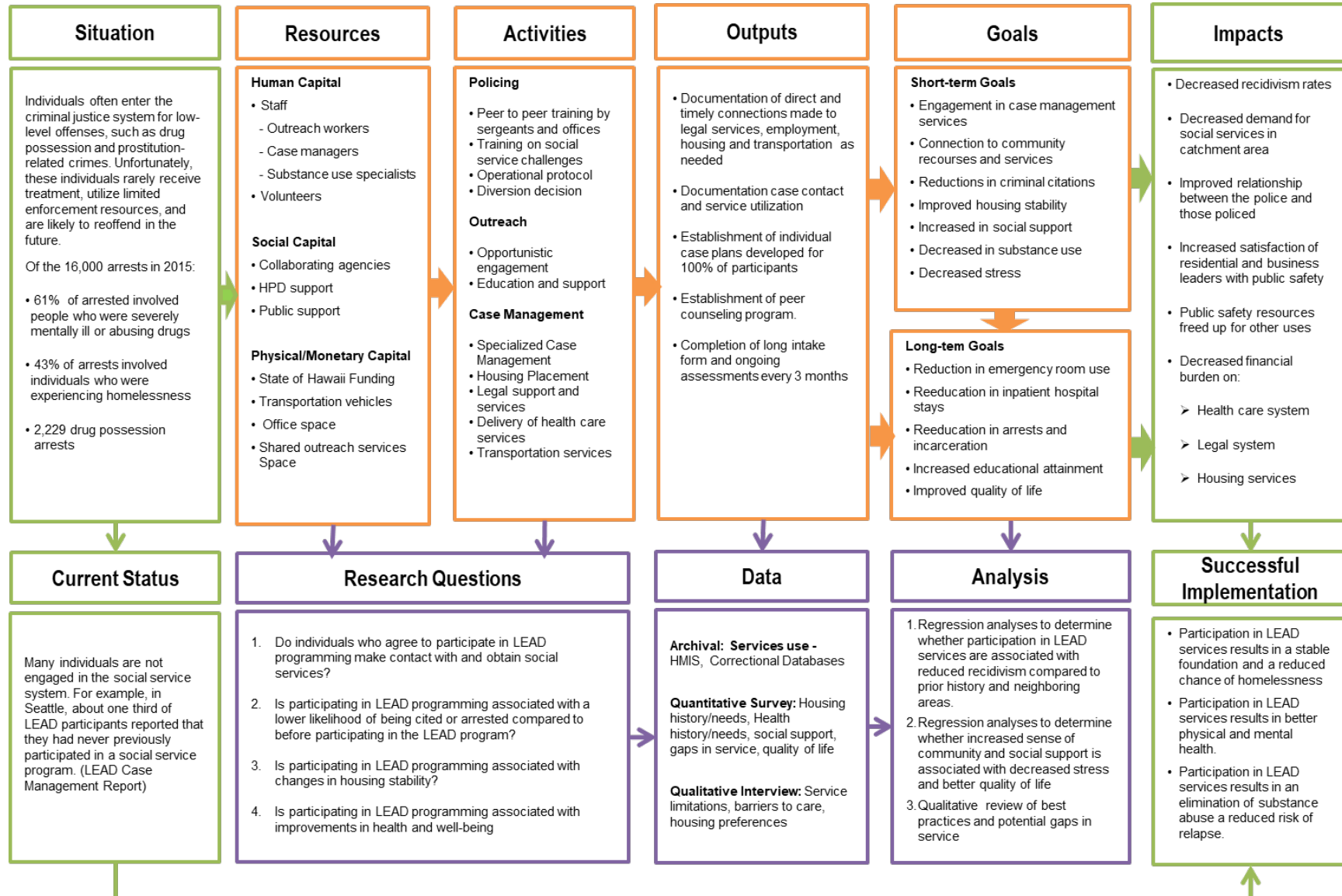
- Continue collecting survey, archival, and any other case management client data.
- Conduct interviews with case managers to determine the effects of the COVID-19 pandemic on client interactions, client success, and service barriers.
- Examine key differences in service utilization and history of clients with different program status (i.e., enrolled but not engaged, referred but not enrolled, triage clients, and active).
- Follow-up with triage clients to determine reasons for not enrolling in LEAD HNL, as well as measure short and long term outcomes for comparison with LEAD HNL enrolled clients.
- Pursue available data resources to estimate the financial costs vs. benefits of administering the program.
- Pursue Honolulu-specific or state-level data regarding law enforcement citations by year to uncover trends in citations by neighborhood tracks.
- Ensure LEAD HNL meets regularly with outer island LEAD stakeholders to provide technical assistance, and continue pursuing data obtainment from neighbor islands for reporting.



## VIII. Appendices



## A. The Law Enforcement Assisted Diversion (LEAD) Program Logic Model



## B. Evaluation Methodology

This program evaluation report will focus on the implementation of LEAD in urban Honolulu between August 1, 2019 and July 31, 2020. In particular, the evaluation strives to:

- Understand aspects of LEAD HNL process and implementation;
- Assess adherence to LEAD fidelity and extent of necessary program modifications;
- Detect outcomes and impacts; and
- Examine achievement of goals and objectives.

This program evaluation report outlines progress achieved thus far and explains the program evaluation plan in more detail.

### Process and Implementation

In an effort to document the intended program process, the program evaluation team, in collaboration with HHHRC, developed a logic model that details program activities (e.g., identification of vulnerable people, case management services, etc.) and expected outputs (e.g., number of people identified, number of services needed, number of services received). Additionally, the logic model lists anticipated short-term goals, long-term goals, and overall program impacts and delineates the process that leads to the attainment of these goals and objectives.

### Program Fidelity

Fidelity refers to the degree to which a program is implemented as intended.<sup>5</sup> Sometimes programs must be adapted to better fit the communities in which they are implemented. However, it is important to measure fidelity by tracking what components are changed and what components are implemented as intended in order to assess which components can be changed and still achieve program effects. LEAD advances 6 primary goals:

1. **Reorient** government's response to safety, disorder, and health-related problems.
2. **Improve** public safety and public health through research based, health-oriented and harm reduction interventions.
3. **Reduce** the number of people entering the criminal justice system for low level offenses related to drug use, mental health, sex work, and extreme poverty.
4. **Undo** racial disparities at the front end of the criminal justice system.
5. **Sustain** funding for alternative interventions by capturing and reinvesting justice systems savings.
6. **Strengthen** the relationship between law enforcement and the community.<sup>1</sup>



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Many components of LEAD can be adapted to fit local needs and circumstances. However, there are certain core principles that are essential in order to achieve the transformative outcomes seen in Seattle. Those include: (i) LEAD's harm reduction/Housing First framework, which requires a focus on individual and community wellness rather than an exclusive focus on sobriety, and (ii) the need for rank and file police officers and sergeants to be meaningful partners in program design and operations.<sup>1</sup> In order to be considered a LEAD model, programs should contain most of the components outlined above.

## Outcomes and Impacts

The overall outcomes and impacts of the LEAD model include decreasing Hawai'i recidivism rates, addressing overcrowded correctional facilities, and transforming Hawai'i's criminal justice system from punitive to rehabilitative. With the successful implementation of the LEAD model, outcomes will include engagement in services, a reduction in criminal activity, and improvements in health and wellbeing.

## Specific Goals and Objectives

There are several goals that LEAD services attempt to achieve. Short-term goals are focused on physical aspects of clients' daily lives. These include improved housing stability, increase in social support, reduction in substance use, decrease in stress, as well as increasing engagement in services and connection to community resources. Long-term goals focus on stability and include reduction in emergency room use, reduction in inpatient hospital stays, reduction in arrests and incarceration, and improved quality of life.

The anticipated progression of these outcomes and potential impact of the program is outlined in Figure 1 LEAD Theory of Change on page 34. In addition, the overall program logic model is outlined in Figure 2 The Law Enforcement Assisted Diversion (LEAD) Program Framework on page 58.

The following research questions – as stated in the Logic Model (Appendix B) – address four main areas of concern:

1. Do individuals who agree to participate in LEAD programming make contact with and obtain social services?
2. Is participating in LEAD programming associated with a lower likelihood of being cited or arrested compared to before participating in the LEAD program?
3. Is participating in LEAD programming associated with changes in housing stability?
4. Is participating in LEAD programming associated with improvements in health and wellbeing?



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## LEAD HNL Measures

Informed by best practices the program evaluation team works closely with frontline staff at HHHRC to capture data that helps understand how the LEAD program works in urban Honolulu.

LEAD HNL case managers work with clients to address their specific needs and challenges by offering services directly at HHHRC and also serving as a liaison between other community service providers. Data is collected throughout this process in the following way:

**Honolulu LEAD Client Screening Form:** Collects demographic and contact information for data follow-up as well as provides an initial introduction of the client to the case manager including:

- social services clients currently receive
- social services clients are interested in receiving
- recent substance use history
- housing situation

**Honolulu LEAD Intake and Needs Assessment (LINA)** – LEAD HNL staff follow-up with clients to collect more in-depth information about them:

- housing
- history of homelessness
- substance use
- social support
- community engagement
- stress levels
- risky behavior
- general health
- history of chronic conditions and treatment
- social services clients currently receive
- social services clients are interested in receiving
- recent arrest information
- recent hospitalization information



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**Honolulu Follow-up LEAD Intake and Needs Assessments (F-LINA):** Case workers use a shortened version of the LINA called the F-LINA to follow-up with clients regarding the in-depth information collected during the LINA. Our measurement timeline is listed below.

**eCourt Kokua:** Used to calculate client recidivism.

***Data collection frequency***

	Administration of Measure by Month					
Measure	Intake	1 month	3 months	6 months	9 months	12 months
Honolulu LEAD Client Screening Form	X					
Honolulu LEAD Intake and Needs Assessment (LINA)		X				
Honolulu Follow-up LEAD Intake and Needs Assessment (F-LINA)			X	X	X	X
Qualitative Interviews with LEAD HNL Service Providers						X
Direct Service Summaries & Feedback	Ongoing					
Interaction with law enforcement histories (eCourt Kokua)	Ongoing					



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## C. Evaluation Timeline

**July-August 2018:** Develop assessment tools and protocols.

Begin recruiting program clients through social contact referral.

Initiate surveying of program clients using the Honolulu LEAD Client Screening Form and the Honolulu Long Intake and Needs Assessment (LINA) form.

**September-October 2018:** Continue recruiting program clients.

Established and continued widespread surveying of each program participant.

**November-December 2018:** Continue recruiting program clients.

Continued surveying of program clients.

Initiate surveying of program clients using the Honolulu Follow-up LEAD Intake and Needs Assessment (F-LINA).

Released Honolulu's Law Enforcement Assisted Diversion (LEAD) Progress Status Report.

**January-February 2019:** Stopped recruiting new clients.

Continued surveying of program clients.

**March-April 2019:** Continued surveying of program clients.

Conducted Zoom training on intake and assessment tools (i.e., LEAD Client Screening Form, LINA, and F-LINA) with LEAD Maui team.

Released Honolulu's Law Enforcement Assisted Diversion (LEAD) Program Evaluation Plan.

**May-June 2019:** Continued surveying of program clients.

**July-August 2019:** Continued surveying of program clients.

Conducted staff interviews.



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Gathered data on billable hours spent by case managers with program participants using WITS database

Gathered data on encounters with law enforcement experienced by program participants before and after being enrolled in the program using eCourt Kokua database.

Begin to analyze 1-Year evaluation findings.

**September-October 2019:** Continue to analyze 1-Year evaluation findings.

Write-up and report 1-Year evaluation findings.

**November-December 2019:** Re-commenced recruiting program clients.

Continued surveying of program clients.

Finalized Case Management Acuity Tool Form for use by LEAD Honolulu staff.

Initiate surveying of program clients using the Case Management Acuity Tool.

**January-February 2020:** Continued surveying of program clients.

Released 4 briefs highlighting findings of the 1-Year evaluation findings: (1) Honolulu LEAD 1-Year Citations Report; (2) Honolulu LEAD 1-Year Reasons for Experiencing Homelessness Report; (3) Honolulu LEAD 1-Year Services Needed & Used Report; and (4) Honolulu Law Enforcement Assisted Diversion Qualitative Report: Staff Interviews.

**March-April 2020** Continued surveying of program clients.

Conducted client interviews.

Conducted Zoom program evaluation check-in with LEAD Island of Hawai'i team.

Conducted Zoom program evaluation check-in with LEAD Kaua'i team.



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**May-June 2020** Continued surveying of program clients.

Conducted client interviews.

Conducted Zoom program evaluation check-in with LEAD Maui team.

**July-August 2020** Continued surveying of program clients.

Conducted client interviews.

Gathered data on encounters with law enforcement experienced by triage and program participants before and after being enrolled in the program using eCourt Kokua database.

Begin to analyze 2-Year evaluation findings.

**September-October 2020** Continue to analyze 2-Year evaluation findings.

Write-up and report 2-Year evaluation findings.

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

<sup>2</sup> 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](https://docs.wixstatic.com/ugd/6f124f_2f66ef4935c04d37a11b04d1998f61e2.pdf)

<sup>3</sup> LEAD National Support Bureau (n.d.). Background on LEAD. Retrieved from <https://www.leadbureau.org/about-lead>

<sup>4</sup> LEAD. (n.d.). Hawaii Health and Harm Reduction Center. Retrieved from <https://www.hhhrc.org/lead>

<sup>5</sup> 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](http://www.courts.state.hi.us/wp-content/uploads/2016/07/HCR_85_TASK_FORCE_INTERIM_REPORT.pdf)

<sup>6</sup> U.S. Census. (2019). Hawaii Population Characteristics 2019. Retrieved from <https://census.hawaii.gov/wp-content/uploads/2020/06/Hawaii-Population-Characteristics-2019.pdf>

<sup>7</sup> Partners in Care Oahu's Continuum of Care. (2020). 2020 Oahu Point in Time Count: Comprehensive Report. Retrieved from <https://static1.squarespace.com/static/5db76f1aadb4fb77280f1/t/5efa984a8ae4f774863509e8/1593481306526/PIC+2020+PIT+Count+Report+Final.pdf>

<sup>8</sup> Hawai'i State Judiciary (2020). eCourt Kokua. Retrieved from [https://www.courts.state.hi.us/legal\\_references/records/jims\\_system\\_availability](https://www.courts.state.hi.us/legal_references/records/jims_system_availability)

<sup>9</sup> Pruitt, A. S., & Barile, J. P. (2017). Housing First program, year two evaluation. Prepared for the City and County of Honolulu and the Institute for Human Services, Honolulu, H.I.

<sup>10</sup> Gralapp, S., Willingham, M., Pruitt, A. S. & Barile, J. P. (2019). [Law Enforcement Assisted Diversion Honolulu 1-Year Program Evaluation](#). Prepared for Hawai'i Health & Harm Reduction Center and the Hawai'i State Department of Health, Honolulu, H.I.

<sup>11</sup> U.S. Center for Disease Control (2018). Behavioral Risk Factor Surveillance System. Retrieved from <https://www.cdc.gov/brfss/index.html>