

EXECUTIVE CHAMBERS HONOLULU

DAVID Y. IGE GOVERNOR

February 8, 2017

TO: The Honorable Representative John M. Mizuno, Chair

House Committee on Health and Human Services

FROM: Scott Morishige, MSW, Governor's Coordinator on Homelessness

SUBJECT: HB 2147 – RELATING TO HEALTH

Hearing: Thursday, February 8, 2018, 9:00 a.m.

Conference Room 329, State Capitol

POSITION: The Governor's Coordinator on Homelessness appreciates the intent of this measure, as it aims to divert homeless individuals from the criminal justice system, connect them with shelter and other social services, and provides comments.

The Coordinator notes that the Governor's supplemental budget includes an appropriation to the Department of Health (DOH) to support a Law Enforcement Assisted Diversion (LEAD) pilot program, which is similar to the pre-arrest diversion pilot project, and asks for the Legislature's support of the supplemental budget request.

<u>PURPOSE</u>: The purpose of the bill is to establish a pre-arrest pilot project for individuals with mental health or substance abuse challenges who allegedly commit nonviolent, non-felony offenses on state property. The bill also appropriates an unspecified amount of funds to the Office of the Governor to implement the pilot project.

The Coordinator notes that the pre-arrest pilot project is similar to the LEAD program, which originated in Seattle, Washington in 2011. Locally, 20 community organizations — including DOH — have partnered together to form a "LEAD Hui" to develop a LEAD program in Hawaii. DOH recently conducted a Request for Information (RFI) to seek feedback in regard to a local LEAD pilot, and seeks to have a contract in place in early 2018. The local LEAD pilot will focus on the Honolulu Police Department (HPD) District 1 - including downtown Honolulu and Chinatown — and

will include a partnership between HPD, the Department of Public Safety Sheriff Division, and a contracted service provider.

The State has adopted a comprehensive framework to address homelessness, which includes a focus on three primary leverage points – affordable housing, health and human services, and public safety. All three of these leverage points must be addressed to continue forward momentum in addressing the complex issue of homelessness. The Coordinator notes that the proposed LEAD approach addresses the public safety component of the homeless framework.

For many homeless individuals a history of criminal convictions or outstanding bench warrants for unpaid criminal citations can be a major barrier to obtaining housing. The implementation of the LEAD approach will prevent individuals from encountering these barriers by targeting individuals cited or arrested for nonviolent offenses that often result in arrest or bench warrants, and connecting these individuals to shelter and other social services. By providing needed services as an alternative to arrest or citation, the LEAD approach will divert individuals from the criminal justice system and create pathways to permanent housing.

The LEAD approach can work together with other similar efforts, such as the Community Outreach Court pilot and DOH Jail Diversion Program, to divert homeless individuals away from the criminal justice system at different points in the process – pre-arrest, post-arrest, and after adjudication.

While the pre-arrest diversion pilot program would focus on individuals who commit offenses on state property, the LEAD program being developed by the LEAD Hui would have a potentially broader target population. Because there are currently a number of local community organizations that are working together to develop a LEAD pilot, the Coordinator respectfully requests that legislation support these existing efforts, rather than establish a new but similar program.

The Coordinator defers to DOH and the Department of Public Safety regarding operational issues. While the Coordinator establishes and coordinates State policy to address homelessness, Executive Branch departments and agencies provide the direct administration and implementation of homeless and housing programs.

Thank you for the opportunity to testify on this bill.



STATE OF HAWAII DEPARTMENT OF PUBLIC SAFETY

919 Ala Moana Boulevard, 4th Floor Honolulu, Hawaii 96814

NOLAN P. ESPINDA DIRECTOR

Cathy Ross
Deputy Director
Administration

Jodie F. Maesaka-Hirata
Deputy Director
Corrections

Renee R. Sonobe Hong Deputy Director Law Enforcement

| No. | |
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TESTIMONY ON HOUSE BILL 2147
RELATING TO HEALTH

by
Nolan P. Espinda, Director
Department of Public Safety

House Committee on Health and Human Services Representative John M. Mizuno, Chair Representative Bertrand Kobayashi, Vice Chair

Thursday, February 8, 2018; 9:00 a.m. State Capitol, Conference Room 329

Chair Mizuno, Vice Chair Kobayashi and Members of the Committee:

The Department of Public Safety ("PSD") offers comments regarding House Bill (HB) 2147, which establishes a pre-arrest diversion pilot project for individuals with mental health or substance abuse challenges, who allegedly commit a nonviolent, non-felony offense on state property.

PSD is aware that the Department of Health is finalizing a contract with the Community Health Outreach Work (CHOW Project) to implement a pilot project with the Honolulu Police Department. Although a LEAD pilot project has not been formalized for PSD, the Sheriff Division, as first responders, has been included in DOH's contract. Deputy sheriffs will be able to contact the service provider in circumstances where the deputy sheriff believes mental health or substance abuse outreach and/or services are appropriate. Rather than initiate a separate pilot project, PSD suggests that it would be more effective and efficient to focus on the pilot project already being implemented by DOH, and to evaluate and assess this project before expanding it.

Testimony on HB 2147 House Committee on Health and Human Services February 8, 2018 Page 2

Also, while PSD is committed, welcomes, and appreciates having the ability to contact the service provider afforded by DOH, PSD would note that HB 2147 requires deputy sheriffs to preliminarily determine if the alleged violator has been convicted within the past three years of an offense involving violence against a person. If so, the deputy sheriff is statutorily prohibited from citing or arresting that person. The law enforcement decision to cite or arrest must be evaluated on a case-by-case basis, specific to the facts and circumstances surrounding the incident. It would not be reasonable to eliminate any law enforcement officer's discretion to determine whether a citation or arrest is warranted.

Thank you for the opportunity to present this testimony.



STATE OF HAWAII DEPARTMENT OF HEALTH

P. O. Box 3378 Honolulu, HI 96801-3378 doh.testimony@doh.hawaii.gov

Testimony COMMENTING on H.B. 2147 RELATING TO HEALTH

REPRESENTATIVE JOHN M. MIZUNO, CHAIR HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES

Hearing Date: February 8, 2018 Room Number: 329

- 1 **Fiscal Implications:** Not determined.
- 2 **Department Testimony:** The Department of Health (DOH) applauds the intent of this bill to
- 3 continue to administer homeless outreach, counseling, and diversion for unsheltered individuals
- 4 experiencing substance abuse and mental illness. Studies indicate that a significant proportion of
- 5 the state's chronic homeless population have substance abuse and/or mental health isses and are
- 6 frequently arrested for non-violent, non-felony offenses. The DOH continues to follow the lead
- 7 of the Governor's Coordinator on Homelessness (Coordinator) to ensure that efforts are
- 8 synchronized in support of the State's comprehensive framework to address homelessness across
- 9 the system of care. The framework includes focus of efforts on three primary leverage points –
- affordable housing, health and human services, and public safety. One of the initiatives targeted
- for joint support and coordination between the DOH and the Coordinator is Law Enforcement
- 12 Assisted Diversion (LEAD). The DOH defers to the Governor's Supplemental Budget Request
- for appropriations priorities, and respectfully offers the following comments:
- The DOH, Alcohol and Drug Abuse Division (ADAD) was appropriated funds in 2017
- by this Legislature to implement a LEAD pilot. The pilot is widely supported on the community,
- 16 county and state level as a public safety/public health approach to effectively addressing
- substance abuse, homelessness and mental health. The LEAD pilot has been closely coordinated
- between the Coordinator, the DOH, the Department of Public Safety, City & County of Honolulu
- 19 law enforcement entities, and a hui of over thirty community providers known as the LEAD Hui.

- 1 The LEAD Hui has been instrumental in developing the project and laying the groundwork for
- 2 implementation.
- The LEAD pilot is in the final stages of implementation and we intend to closely evaluate
- 4 it over the next two years for effectiveness and viability for replication in other communities
- 5 across the state. The DOH recommends focusing on the current LEAD project as it is being
- 6 implemented. We believe that the data from other states and counties that have implemented
- 7 LEAD projects is compelling. However, we also recognize that many counties have adjusted the
- 8 model to suit the needs of the particular county. Focusing our efforts on developing,
- 9 implementing and refining LEAD through a small, manageable project increases the potential for
- seamless expansion and replication across the state.
- The DOH asks for the Legislature's support of the Governor's Executive Budget request
- which includes appropriations to the DHS and DOH for \$3 million for Housing First, \$3 million
- for Rapid Rehousing, \$1.75 million for homeless outreach, and \$800,000 to continue outreach
- and counseling services for chronically homeless persons with severe substance use disorders,
- and to continue to implement the LEAD pilot program.
- Thank you for the opportunity to provide testimony.



HB-2147

Submitted on: 2/7/2018 3:57:01 AM

Testimony for HHS on 2/8/2018 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------|-------------------------------|-----------------------|-----------------------|
| Melodie Aduja | OCC Legislative Priorities | Support | No |

Comments:

PRESENTATION OF THE

OAHU COUNTY COMMITTEE ON LEGISLATIVE PRIORITIES

DEMOCRATIC PARTY OF HAWAII

TO THE COMMITTEE ON HEALTH & HUMAN
SERVICES THE HOUSE OF
REPRESENTATIVES

TWENTY-NINTH LEGISLATURE

REGULAR SESSION OF 2018

Thursday, February 8, 2018

9:00 a.m.

Hawaii State Capitol, Conference Room 329

RE: Testimony in Support of HB 2147, RELATING TO HEALTH

To the Honorable John M. Mizuno, Chair; the Honorable Bertrand Kobayashi, Vice-Chair, and Members of the Committee on Health & Human Services:

Good morning. My name is Melodie Aduja. I serve as Chair of the Oahu County Committee ("OCC") Legislative Priorities Committee of the Democratic Party of Hawaii. Thank you for the opportunity to provide written testimony on House Bill No. 2147 relating to a Pre-Arrest Diversion Pilot Program applicable to offenders suffering from mental health or substance abuse.

The OCC Legislative Priorities Committee is in support of House Bill No. 2147 and is in favor of its passage.

House Bill No.2147 is in accord with the Platform of the Democratic Party of Hawai'i ("DPH"), 2016, as it establishes a pre-arrest diversion pilot project for individuals with mental health or substance abuse challenges who allegedly commit nonviolent, non-felony offenses on state property.

Specifically, the DPH Platform provides that "[w]e support restorative justice that repairs the harm caused by criminal behaviors and reintegrates the offenders as contributing members of society. Likewise, we support opportunities for those who have been incarcerated to effect a smooth transition back into the community and make available health, educational and other assistance programs needed to allow them to become productive and respected members of the community. We want the practice of private for-profit detention centers and prisons prohibited. (Platform of the DPH, P. 5, Lines 273-278 (2016)).

We also support the establishment of adequate mental health and statewide drug rehabilitation programs set up in conjunction with policing policies aimed at enabling all that seek assistance to attain whatever support assistance is needed to allow them to remain free of drug dependence. (Platform of the DPH, P. 7, Lines 382-384 (2016)).

Given that House Bill No. 2147 allows for a Pre-Arrest Diversion Pilot Program applicable to offenders suffering from mental health or substance abuse, it is the position of the OCC Legislative Priorities Committee to support this measure.

Thank you very much for your kind consideration.

Sincerely yours,

/s/ Melodie Aduja

Melodie Aduja, Chair, OCC Legislative Priorities Committee

Email: legislativeprorities@gmail.com, Tel.: (808) 258-8889

HB-2147

Submitted on: 2/7/2018 7:15:28 AM

Testimony for HHS on 2/8/2018 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|----------------|-----------------|-----------------------|-----------------------|
| Zahava Zaidoff | StressFreeSouls | Support | No |

Comments:

Aloha Chair, Vice Chair and committee members,

I stand in Strong Support for treating mental illness and substance abuse as illnesses instead of crimes!

Mahalo!

Zahava Zaidoff



Life Foundation & The CHOW Project

677 Ala Moana Boulevard, Suite 226 Honolulu, HI 96813 (808) 521-2437 | (808) 853-3292



TESTIMONY IN SUPPORT OF HB 2147: RELATING TO HEALTH

TO: Representative John Mizuno, Chair; Representative Bert Kobayashi, Vice Chair; House

Committee on Health and Human Services

FROM: Heather Lusk, Executive Director, CHOW Project

Hearing: Thursday, February 8, 2018 9:00 AM Conference Room 329, State Capitol

Dear Chair Mizuno, Vice Chair Kobayashi, and members of the Committee on Health and Human Services:

I thank you for this opportunity to testify in support of HB 2147 which established a pre-arrest diversion program for individuals affected by drug use and mental health challenges.

As Executive Director of the Community Health Outreach Work Project (CHOW) an organization dedicated to participant-centered harm reduction in communities affected by drug use, I would like to express CHOW's strong support for establishing a pre-arrest diversion pilot project in Honolulu.

A similar program, Law Enforcement Assisted Diversion (LEAD), was established in Seattle in response to a need. Before LEAD's implementation in 2011, the Seattle Police Department was torn in a war on two fronts: A never-ending stream of the same offenders being arrested and a community frustrated by an enforcement policy that was both unjust and ineffective. The answer came from a simple question, "What can we do differently?"

In the five years since it's been implemented, the collaboration between service providers and law enforcement in Seattle has gained national recognition for its work, with LEAD participants showing to be 58% less likely than other users to be arrested after being involved in the program.

Inspired by Seattle's success, CHOW has worked with community partners since 2016 to develop a pre-arrest diversion program that strives to integrate successful strategies from other localities into Hawaii's unique social ecosystem. It is our hope that this pilot, once implemented, will transition the burden of public health to those best suited to meet the needs of the community.

According to the Honolulu Police Department¹, of the 16,000 arrests made on Oahu in 2016, 61% involved people who were severely mentally ill or abusing drugs and 43% of detainees in HPD's central cell block last year were homeless.

As of August 31, 2017, 51% of the people imprisoned at OCCC are pre-trial detainees costing the state more than \$2.5 million a month. 43% of the individuals held in the police cell block are houseless and 72% had a serious mental illness or substance abuse problem.

Why are we using jails to hide away our social challenges? These correctional institutions are not equipped to address these public health issues.

Incarceration is the most expensive sanction. Providing appropriate services to those struggling in our community is the smart way – the compassionate and humane way – to address our social challenges. Once someone gets entangled in the criminal justice web, the system makes it virtually impossible to move forward after one pays his/her debt to society.

Improving relationships between community and law enforcement is vital to community health and safety and so desperately needed at this point in time.

Pre-arrest diversion is another great strategy to add to our toolbox to address our social challenges. It works in concert with HELP Honolulu, DOH's Jail Diversion Program and the Community Court.

I greatly appreciate the opportunity to provide testimony for HB 2147 a critical next step in addressing mental health and drug use challenges.

Sincerely

Executive Director

CHOW Project + Life Foundation



HB2147 Pre-arrest Diversion for Crimes on State Property

COMMITTEE ON HEALTH & HUMAN SERVICES:

- Representative John Mizuno, Chair; Representative Bertrand Kobayashi, Vice Chair
- Friday, February 9th, 2018: 8:30 am
- Conference Room 329

Hawaii Substance Abuse Coalition (HSAC) Supports HB2147 with **RECOMMENDATIONS**:

GOOD MORNING CHAIR, VICE CHAIR AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide hui of almost 40 alcohol and drug treatment and prevention agencies.

RECOMMENDATIONS:

While the bill focuses on mental health and/or substance use disorders, the language requires treatment by a community mental health agency. HSAC recommends to add language for substance use disorder treatment agency as well as for mental illness treatment.

SECTION 2. Pre-arrest diversion pilot project for individuals with mental health or substance abuse challenges; establishment. There is established a pre-arrest diversion pilot project for individuals with mental health or substance abuse challenges.

The purpose of the pilot project shall be to refer individuals with mental health or substance abuse challenges who commit nonviolent, non-felony offenses on state property to appropriate community mental health services or substance use disorder treatment services instead of arresting or citing them.

The same language change is needed in Section 5.

SECTION 5. Pilot project basic principles. (a) The pilot project shall be operated in accordance with the following basic principles:

(5) If the assessment is in the affirmative, and the alleged violator voluntarily agrees to participate in the pilot project, the department of health shall:

(B) Refer the individual with mental health or substance abuse challenges to appropriate community mental health services or substance use disorder treatment services;

The same language change is needed in Section 6.

SECTION 6. Community mental health services or substance use disorder treatment services of department of health. The department of health shall provide the community mental health services or substance use disorder treatment services of the pilot project under the authority of chapter 334, Hawaii Revised Statutes, and any other applicable law. The department of health may contract with any qualified person to provide the community mental health services or substance use disorder treatment services.

We appreciate the opportunity to provide testimony and are available for questions.



49 South Hotel Street, Room 314 | Honolulu, HI 96813 www.lwv-hawaii.com | 808.531.7448 | voters@lwv-hawaii.com

COMMITTEE ON HEALTH & HUMAN SERVICES

Thursday, February 8, 2018, 9:00 A. M., Room 329
HB 2147, Relating to Health
TESTIMONY
Joy A Marshall, Legislative Committee, League of Women Voters of Hawaii

Chair Mizuno, Vice-Chair Kobayashi, and Committee Members:

The League of Women Voters of Hawaii whose position on health care is to support legislation that facilitates access to health care, offers comments on HB 2147. This bill intends to initiate a pilot program as diversion of a certain class of offenders on state property by State of Hawaii Law Enforcement.

Prior to my retirement I was an Addiction Certified Registered Nurse, and I know that several factors must come together to offer success to such clients who have both mental health issues and a substance addiction, 1) willingness to participate in such a program, 2) the quality of the specific program and its staff, and 3) the exact content of such a program.

Before we could whole heartedly support such a bill and program, I would want to review the exact content of your planned pilot program.

Thank you for the opportunity to submit testimony.