

# Law Enforcement Assisted Diversion (LEAD)

**LEAD National Support Bureau**

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Public Defender Association 8/8/2019

# Origins of LEAD

- Resolution of years of litigation over selective enforcement in Seattle drug arrests
- Each partner had their own reasons for wanting to try something new
- Responsive to community calls for something more humane and fair that is a more relevant response not “less”
- Launched in Seattle/King County October 2011 with grant funding

# What is LEAD?

- Law Enforcement Assisted Diversion (LEAD)
- Community-based diversion program for people whose criminal activity is due to behavioral health issues
  - Arrest diversion
  - Social contact referral
- Law enforcement is the primary portal

# What is LEAD?

- Case manager & participant agree on an individual intervention plan
- Only requirements for participation: complete psychosocial intake & sign release of information
- Key feature after program entry: comprehensive coordination of all “touches” with the LEAD participant, especially by prosecutors

# Goals of LEAD



## 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

# Core Principles of LEAD

- Harm reduction framework
  - abstinence is not required
  - Housing First
- No one “fails” LEAD

# Core Principles of LEAD

- Operational partners make the choice that is empirically most likely to achieve behavior change
- Continuous community engagement is essential politically and operationally

# Who are the partners in LEAD?

Cross sector collaboration, including:

- **Law Enforcement:** Police, Sheriff's Office, County and City Prosecutors
- **Community:** Public Safety Groups, Civil Rights Groups, Business Community
- **Political Officials:** Mayor's Office, County Executive, City & County Councils
- **Public Defense**
- **Service Providers:** Harm Reduction Providers



# Relationship to Courts

- Original diverted case does not go before a court -- but, most LEAD participants have other cases both pre & post program entry
- Prosecutors reconcile those cases with the individual intervention plan; supporting that plan wherever possible & appropriate
- Judges: continue cases, grant prosecutors' release motions & consider LEAD information outside the context of a “compliance” framework

# 2014 Evaluation

LEAD services: as of Dec 2014

- Total Enrolled Clients: 252
- Homeless 86%

For Homeless LEAD participants:

- Housed in permanent housing 40%
- Housed in long-term transitional recovery housing 33%
- Ever sheltered in motels /shelters (55% 1st yr \$) 80%

# 2014 Evaluation

For All LEAD Clients:

- Received basic need support (Food or Clothing) 90%

Set and achieved a case management goal while in LEAD:

- Completed individualized goal plan and achieved at least one 84%
- Received chemical dependency treatment 55%
- Engaged in mental health treatment 49%
- Received non-urgent medical care (not in ER) 55%
- Received legal assistance 64%
- Received assistance with public benefits 61%
- Received assistance with ID 54%

# 2014 Evaluation

LEAD Demographics: Dec 2014

Gender: • Male 63% • Female 37%

Age:

- 18-25 6%
- 26-40 29%
- 41-54 49%
- 55+ 16% (oldest 69)

# 2014 Evaluation

## LEAD Demographics: Dec 2014

Race/Ethnicity:		2010 census
• African American	51%	8%
• Caucasian	31%	70%
• Alaskan Native/Native Am	5%	1%
• African	3%	N/A
• Latino	3%	7%
• Asian/Pacific Islander	3%	14%
• Other/Unknown	5%	7%

# 2014 Evaluation

LEAD Demographics: Dec 2014

Drug of Choice:

- Cocaine 56%
- Heroin 29%
- Multiple Drugs 15%
- Cannabis 7%
- Alcohol 4%
- Methamphetamine 2%
- Unknown 2%

# Outcomes

- Independent evaluation by University of Washington research team
- Non-randomized control design showing causation

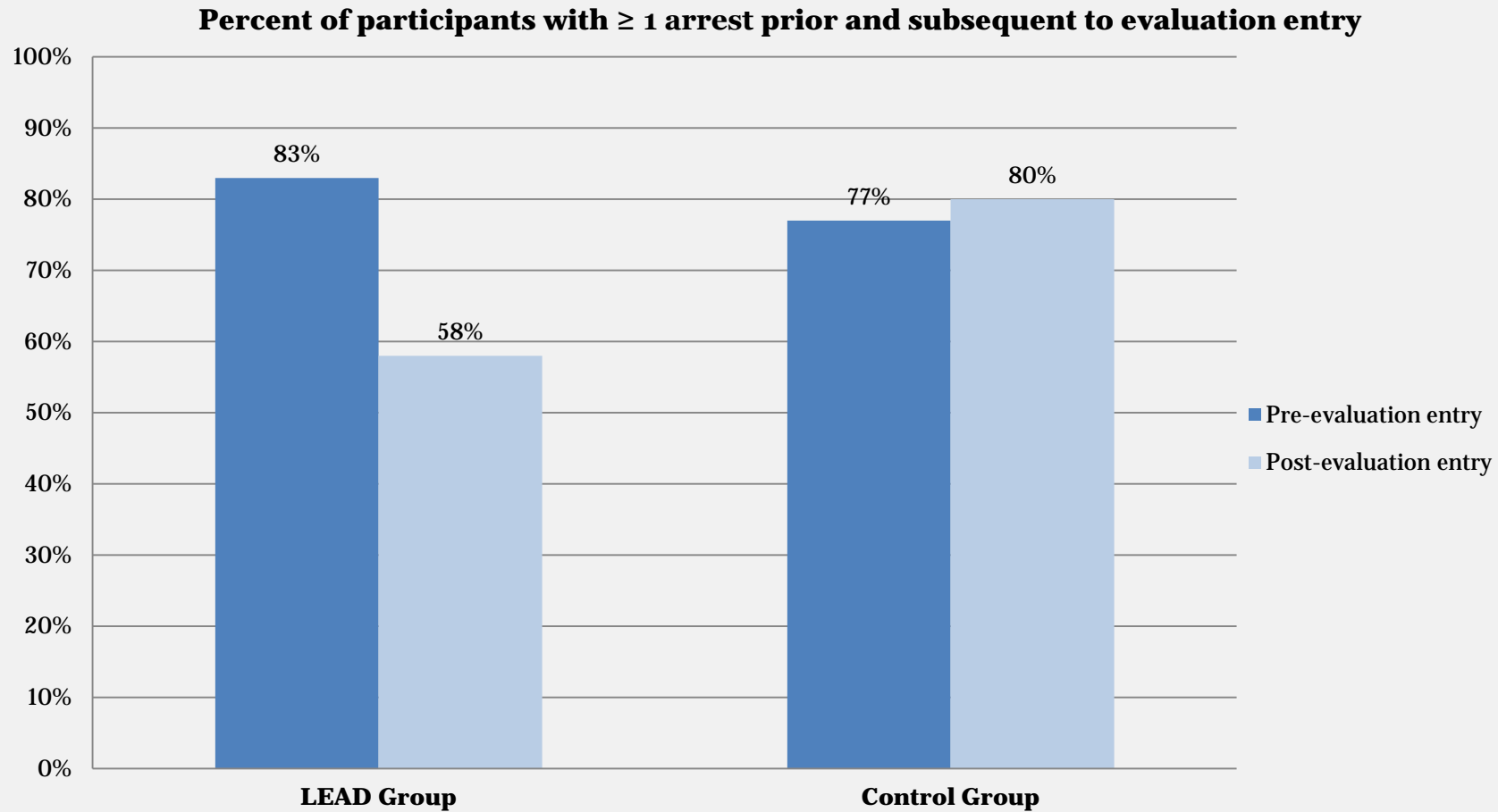
# Outcomes

58%

LEAD PARTICIPANTS WERE 58% LESS  
LIKELY TO BE ARRESTED AFTER  
ENROLLMENT IN THE LEAD PROGRAM IN  
SEATTLE, COMPARED TO THOSE WHO  
WENT THROUGH THE "SYSTEM AS USUAL"  
CRIMINAL JUSTICE PROCESSING.



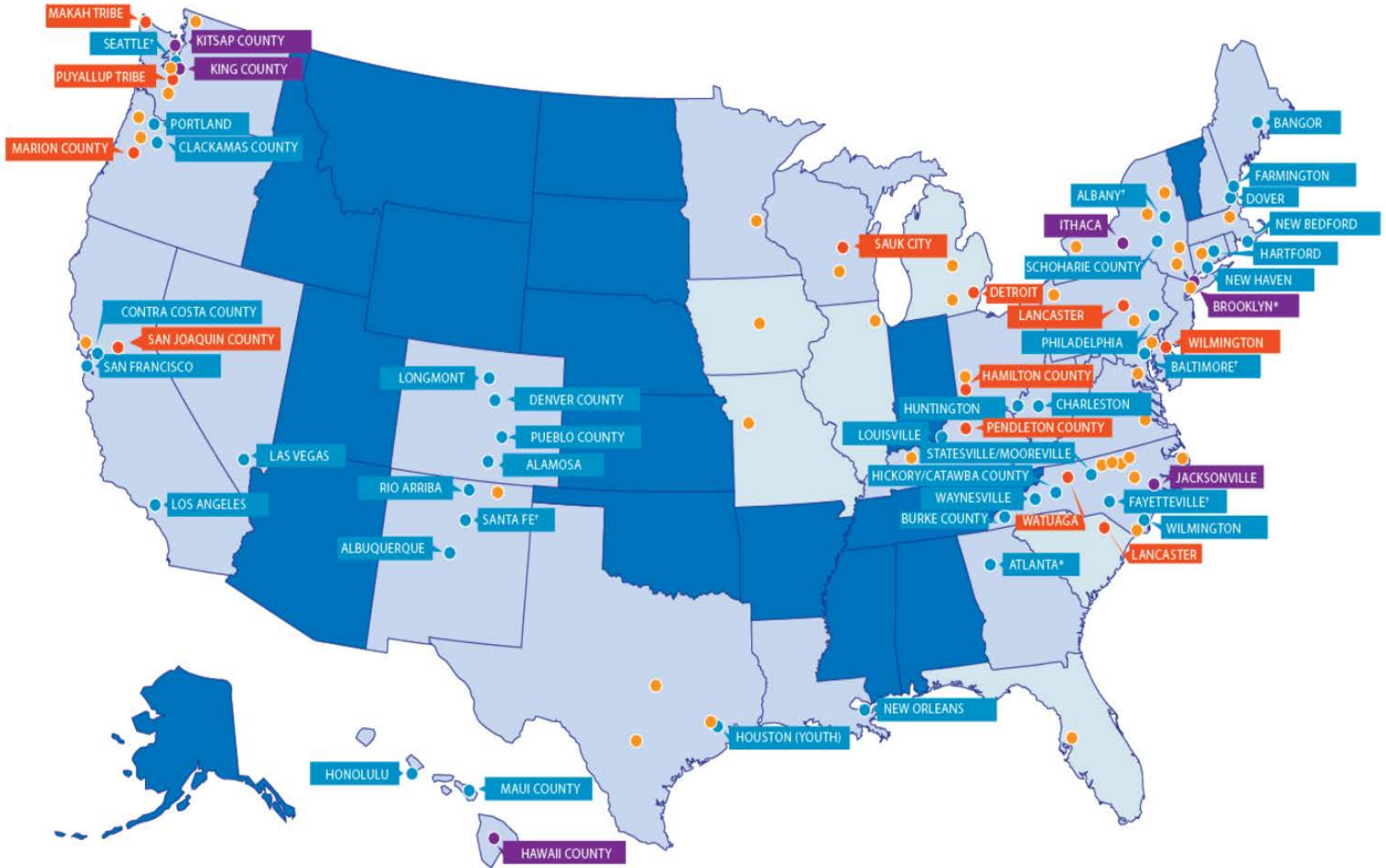
# Recidivism Effects



# Cost-Savings

- Program costs less than system-as-usual processing, with savings estimated conservatively
- Costs can fall further
- In Seattle, costs are now about \$350/month per participant

# Replication



# Replication

- Primary barrier to LEAD implementation is funding
- Jurisdictions that have implemented Medicaid expansion can leverage ACA dollars to pay for many LEAD services
  - e.g., chemical dependency treatment, mental health care, health and dental care
  - Medicaid does not pay for LEAD case coordination/outreach

# State & Federal Funding Developments

- Federal CARA funding through BJA
- HB 1767 through WASPC
- SSB 5380 Washington State Governor's Opioid Response Bill through HCA (excludes King County)
- Washington State RFPs summer/fall 2019

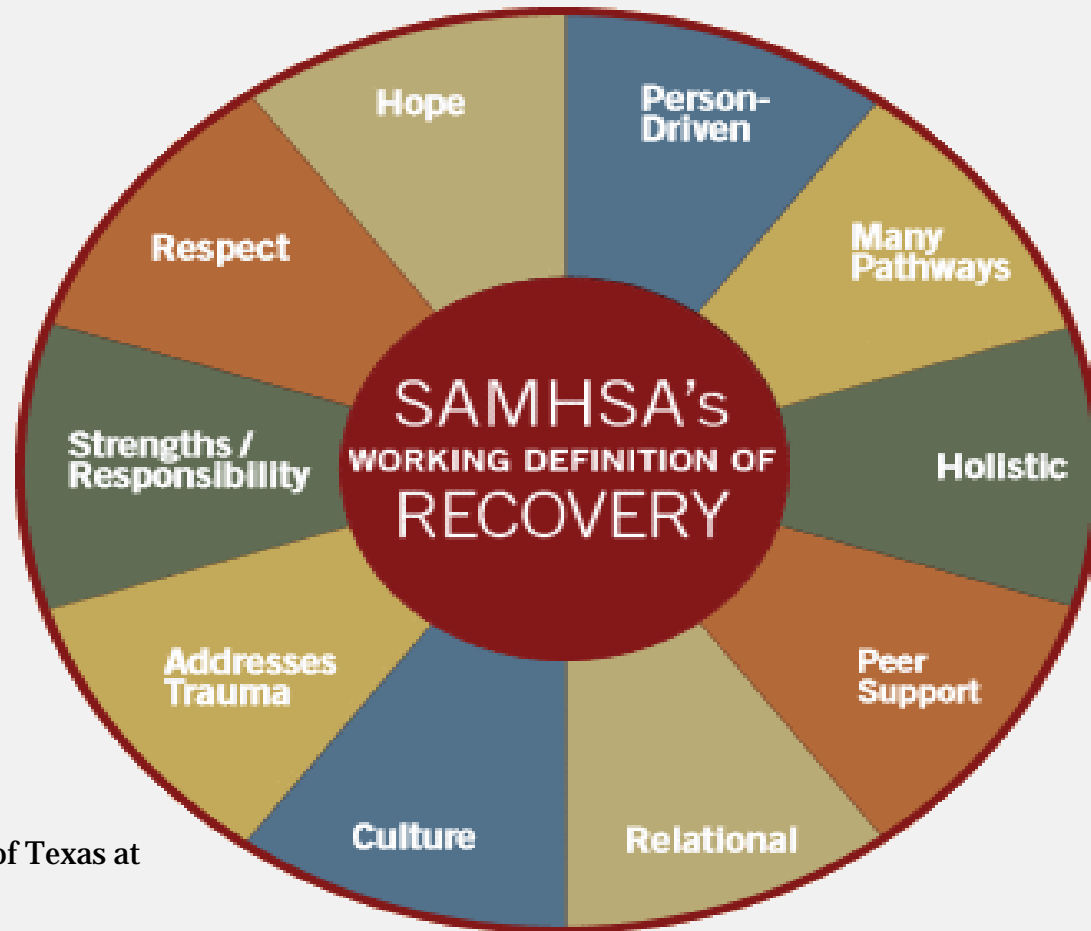
# Paradigm Shift

- If fully implemented, LEAD allows communities to reserve police, prosecutors, and courts for where they are most needed
- Facilitates the shift to using public health strategies for public health problems, including:
  - Trauma-informed engagement
  - Harm Reduction
  - Housing First
  - Sustained Relationships

# Paradigm Shift

- Recognizes the harm done by charging and/or convicting someone of a crime if that is not necessary or helpful in achieving behavior change
- Katherine Beckett [article](#) in Harvard Law & Policy Review on “Harm Reduction Policing” & Reconciliation Impact on LEAD

# LEAD Helps to Support Recovery



Source: Hogg Foundation U of Texas at Austin



# Contact Information

## LEAD National Support Bureau

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