LEAD® - LAW ENFORCEMENT ASSISTED DIVERSION

An Implementation Toolkit produced by the LEAD National Support Bureau

LEAD NATIONAL SUPPORT BUREAU

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About This LEAD Implementation Toolkit

Produced by the LEAD National Support Bureau to support communities that are exploring, developing, launching, and operating LEAD, this Toolkit is the nation's only authorized LEAD resource guide. It explains processes, provides customizable tools, and outlines the necessary resources (both human and capital) to support an initiative's success and sustainability.

It is intended to complement, not substitute for, the customized technical assistance available through the LEAD National Support Bureau.

About the LEAD National Support Bureau

Founded in 2016 to respond to growing interest in LEAD replication across the United States, the LEAD National Support Bureau (the Bureau) is the nation's only authorized resource to provide training, technical assistance, and strategic guidance to jurisdictions developing, implementing, or interested in understanding LEAD initiatives. The Bureau is staffed a team of LEAD practitioners who developed and implemented LEAD initiatives both in Seattle and across the country. The Bureau also draws on the expertise of prosecutors, police, case managers, and public safety leaders who are now using LEAD on the ground and are available to share lessons learned with their peers around the nation.

The LEAD National Support Bureau provides technical assistance to sites throughout the United States and internationally, through customized presentations, webinars, monthly hosted conference calls, site visits to the Seattle flagship program and to local LEAD sites, and ongoing communication. Much of the Bureau's technical assistance is available on a pro bono basis; for more intensive and ongoing technical assistance and support, sites can also contract with the Bureau.

LEAD and the Federal National Training and Technical Assistance Center (NTTAC)

Through a partnership with the Bureau of Justice Assistance National Training and Technical Assistance Center (NTTAC), the LEAD National Support Bureau may be able to provide customized support, training, and site visits – at no cost – to local LEAD sites that apply to the NTTAC for this purpose. Through the NTTAC, sites submit a simple application to request the Bureau's assistance in LEAD design, implementation, fidelity, oversight, or evaluation.

To request technical assistance from the Bureau through the NTTAC, submit an application through their online portal at bjatta.bja.ojp.gov. Type "LEAD National Support Bureau" in the requested provider box. If you make such a request, we'd appreciate hearing about it! If your request for assistance from the LEAD Bureau is not approved by BJA, we will still work with your jurisdiction, within our existing resource constraints.

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I. How to Use This Toolkit to Support Your LEAD Initiative

Produced by the LEAD National Support Bureau to support efforts to implement LEAD with fidelity and efficacy, this toolkit is designed to help jurisdictions in understanding LEAD's purposes, structures, and methods. It is intended to help site stakeholders differentiate between the foundational principles essential to implementing LEAD with fidelity, and those that can be adapted to reflect local priorities and conditions.

This toolkit should serve as a touchstone for jurisdictions at all stages of a LEAD initiative: during early consideration, active planning, and ongoing implementation. Rather than sitting on a shelf in a project manager's office, it should be shared with, understood, and regularly reviewed by all stakeholders responsible for a site's design, operations, and stewardship. It should also be made available upon request to any party interested in understanding and implementing LEAD.

This document should be used to support foundational orientation and training for LEAD's organizational partners, including members of its Policy Coordinating Group and its Operations Work Group. It should serve as a ready reference to help sites define their primary population, select their geographic or jurisdictional reach, and identify divertible offenses.

Further, it should be used as core reference source in selecting, onboarding, and assessing the site's project manager; hiring and training line staff; contracting with service providers; and educating and engaging the community. Finally, it should also be used in developing a site's sustainability and evaluation plans, assessing its progress, and making adjustments over time.

This toolkit contains an extensive appendix of sample documents and presentations, which are offered as reference and which can be adopted to reflect the needs of local sites.

II. LEAD: Why and How It Began

After decades of an expensive, harmful, and ineffective War on Drugs, in recent years it's become widely accepted that we can't enforce or arrest our way out of the problems related to drug use and mental illness. Still, two-thirds of the people arrested in this country are mentally ill[1] or drug dependent,[2] and more than 60% of people in jail custody are being held for offenses that pose little risk to public safety: low-level misdemeanors or infractions, such as drug possession, trespass, or disorderly conduct.[3,4]

Jail isn't an effective response to these problems; in fact, jail is *harmful*: Studies show that being jailed even for a short time increases a person's risk of engaging in crime,[5] decreases employment and tax-related government benefits,[6,7] increases homelessness,[8] and exacerbates the racial disparities embedded into our society.[9] For people with mental illness or substance use disorder, jail's effects are even more detrimental: They are taken off Medicaid, receive inadequate care in custody, are more likely to be sanctioned for rule infractions, are subjected to harsher sentences, and are disproportionately returned to jail.[10] And the devastating intergenerational impact on children when their parents are jailed, even for short periods, is well-documented.[11] Throughout our criminal legal system – from arrest through prosecution and sentencing – pervasive racial disparities cannot be denied.[12]

Further, questions about the role of police and policing in our communities, and of the racially disparate impact on our communities' longstanding over-reliance on police to respond to every kind of social

problem – from the smallest interpersonal frustration to devastating acts of violence – have gathered into a full-throated national debate.

But if the criminal legal system is not the proper venue to address the very real challenges posed by unmanaged behavioral illness, and given that inequitable law enforcement in fact exacerbates racial inequities, it's also true that we cannot simply ignore the distressing realities of unmanaged behavioral illness so evident on our streets. Public intoxication, persistent trespass, open-air drug use, theft, overdose – these cannot be overlooked, and the people suffering with these challenges must not be swept into the corner, excoriated, or abandoned.

After years of mounting complaints, lawsuits, and confrontations regarding the deeply flawed responses to these problems, in 2011 a diverse group of stakeholders in Seattle, WA, came together to develop a collective new strategy to create an effective and racially equitable alternative to repeated arrests and incarceration for people whose low-level unlawful conduct stems from unmet behavioral health needs. Together, this uncommon coalition – police, prosecutors, civil rights advocates, public defenders, political leaders, mental health and drug treatment agencies, housing organizations, service providers, businesses, and neighborhood leaders – launched what has proven to be an effective, replicable, and equitable new method to divert people away from punishment and toward care. They named it LEAD® - Law Enforcement Assisted Diversion, the nation's first *pre-arrest, pre-booking* alternative.

LEAD isn't a "program," any more than a police officer taking somebody to jail is a "program." Instead, LEAD is a robust and coordinated system of response that replaces the traditional pipeline of punishment with long-term, patient, non-coercive, and nonjudgmental care coordination. Unlike other forms of diversion, such as divert-to-treatment or drug courts, LEAD doesn't impose sanctions, establish deadlines, mandate behavior, or demand abstinence.

Instead, LEAD's approach is grounded in the evidence of what works best to support complex people with complex needs. As social science tells us, a person's readiness to change their detrimental behaviors follows no steady course – it can come slowly, may suffer setbacks, and is sparked by internal motivators; with behavioral change, it's often two steps forward, one step back.

The criminal legal system isn't built for that. *But LEAD is*. LEAD's case managers offer trauma-informed, strength-based unconditional support, motivational interviewing techniques, and harm reduction practices to spark and nurture incremental progress, a fundamentally different approach than the usual benchmarks for success as defined by the criminal legal system, or by abstinence-only and clinical approaches.

Perhaps most importantly, LEAD's transformative impact for individuals and systems stems from doing both more – and less – than the systems it replaces: more partnership, more coordination, more access to care, more patience, more trust, and less coercion, less punishment, less state control. Rather than either punishing people for their illnesses or turning a blind eye to the troubles on our streets, LEAD draws together into collective effort the very stakeholders whose systems it seeks to transform.

III. WHY LEAD NOW?

A. Reducing Inequities Through Collective Response

LEAD strives to change collective and systemic responses to problematic conduct associated with unmanaged behavioral health challenges. The LEAD model recognizes that the most powerful mechanism to change the cycle of enforcement, arrest, and incarceration lies in changing the systems that criminalize and punish such conduct, or that require individuals to navigate and conform to the structures and expectations of service organizations. Rather than focusing exclusively, or even primarily, on changing the choices, challenges, and decisions of people living with behavioral health conditions, LEAD strives to change the premises, policies, and practices of systems-level agents.

As a core premise, this theory of change presumes that it's by transforming its criminal legal and service systems that a community can most effectively interrupt the unproductive cycle of repeated arrest and incarceration, develop alternatives to our over-reliance on policing, improve public order and justice, and improve people's quality of life.

To define and institutionalize these systemic changes, LEAD establishes a framework of collective development and oversight, shared values and policies, multi-sector operational integration, intentional inclusion of diverse expertise and authorities, and high quality management and evaluation.

B. Changing Systems Through Collective Impact

Recognizing that it takes coordinated work by multiple systems to address systemic problems and effect systemic change, LEAD uses a collective impact framework[13] in which each LEAD site is guided and shaped by its jurisdiction's partners, including law enforcement, project managers, prosecutors, case managers, and community stakeholders. Together, they convene both a Policy Coordinating Group (PCG) and an Operations Work Group (OWG) to create partnership agreements, develop eligibility policies, maintain consistent communications, assess their progress, and support participant success.

It's often forgotten that law enforcement officers don't make the law; they are simply tasked with enforcing it. But police officers know firsthand that arresting a person over and over doesn't effect any real change. So LEAD equips communities with a new way to respond to problems for which arrest and detention are both common and ineffective. LEAD does not require changes to existing state or local laws; instead, it forges robust inter-agency agreements, partnerships, policies, and practices that jointly constitute an effective new strategy.

In sum, LEAD is designed to achieve six outcomes:

1. **REORIENT** collective 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—particularly Black, Brown, and Indigenous people—entering the criminal legal system through punitive responses to low-level conduct related to unmet behavioral health needs;
4. **ELIMINATE** racial disparities at the front end of the criminal legal system;

5. **SUSTAIN** funding for alternative interventions by capturing and reinvesting systems savings; and
6. **IMPROVE** police-community relations.

C. LEAD and Racial Equity

As communities across the United States confront the urgent crisis of racially discriminatory policing, mass criminalization, and incarceration, the clarion call for deeply transformative change cannot be ignored. The destructive and racially discriminatory legacy of this nation's "war on drugs" and its reliance on over-policing of communities of color have fueled and sustained massive inequities, both within the criminal legal system and throughout our nation.

A systemic pattern of racial inequities is inarguably apparent throughout our criminal legal system, beginning at its front door – rates of arrest. In 2018, the per capita rate of arrests of Black adults for any charges was 2.4 times that of whites.[14] This statistic remains true when considering rates of arrest on low-level drug-related charges; again, Black arrest rates are more than double those of whites, while federal research shows that rates of illicit drug use are roughly equivalent for Blacks and whites in the United States.[15]

Recognizing the power and consequence of these patterns of historic and systemic inequity, LEAD is intentionally designed to reduce racial disparities by forging systemic new approaches that explicitly strive to increase racial equity and justice. Sites should establish mechanisms to capture and review racial data throughout the LEAD continuum, including diversion-eligible arrests; rates of arrest-diversions and social contact referrals made; enrollment; retention; and services. Sites should be alert to unintended consequences and their racial implications, should assess operational impacts on racial disparities, adjust policies and procedures to reduce disparities, and provide transparent insight into their work to improve racial equity.

Furthermore, LEAD sites are encouraged to increase racial equity by examining and redressing organizational and systemic biases. Procedural justice, fair and impartial policing, the science of trauma, and evidence-based approaches to behavioral illness – these are essential to reducing bias and misinformation.

It is further recommended that LEAD sites work with civil rights, racial justice, and harm reduction advocates and agencies within their communities to ensure that racial disparities and equity are kept at the forefront of collective intention. Community Leadership Teams can be essential partners in ensuring that LEAD's purposes, policies, and procedures stay true to the call for racial equity.

D. The People LEAD Serves

Many people who have occasional contact with the social safety net, public health systems, or the criminal legal system can often find the support and resources they need to navigate out of difficult and typically temporary challenges. For them, office-based, time-limited, and specifically focused services are effective and appropriate.

These are not the people LEAD is intended to serve.

Rather, LEAD exists to establish a new system of response and care for people who live with unmanaged behavioral health needs, deep experiences of complex trauma, cognitive disabilities, persistent poverty,

and often lifelong experiences of punishment, failure, betrayal, and marginalization—people who are not served by office-based, appointment-based, time-delimited care.

Sometimes dubbed "familiar faces," "persistent offenders," "super utilizers," or HUMS ("high utilizers of multiple services"), these are people who, in the absence of more accessible resources, have disproportionate contact with emergency departments, psychiatric health systems, public shelters, and criminal legal systems. LEAD serves people who cannot, on their own, grab hold of whatever safety-net services might be locally available. In short, they need a system that involves less harm, more time, more care, more adaptability. They may need access to medication-assisted therapy, health and safety resources, food, housing, legal advocacy, job training, and other services.

To reorient the system, LEAD builds a supportive offramp from the criminal legal system into long-term, community-based, harm reduction case management, improving matters even though, after decades of disinvestment, our current systems of care are imperfect and under-resourced.

E. Who LEAD Doesn't Serve: Avoiding Net-Widening

LEAD provides an important opportunity to change the system's trajectory from the criminal legal system's paradigm of punishment to community-based care – certainly an appealing prospect for many.

However, it is important to safeguard LEAD against what is known as "net-widening," in which a society or community increases the array of behaviors (and thus people) subject to control by the criminal legal system. Net-widening refers to the process of criminalizing behaviors that might otherwise be considered issues of public health, civil infractions, or simple community norms. For example, behaviors as common as jay-walking, carrying condoms or syringes, or sitting on a sidewalk are often criminalized and then selectively enforced, as a result of which many people in highly policed areas are arrested for behaviors that would go unpunished in other neighborhoods. Net-widening can also occur when apparent criminal legal "reforms" paradoxically result in a larger number of people being caught in the criminal legal net. When probation is perceived as a "less punitive" alternative to jail, for example, it can end up increasing the overall number of people subject to supervision and control.

This concern about net-widening can generate anxiety about LEAD's unintended effects. For example, advocates for and of the sex worker community have expressed fears and concerns that LEAD invites increased law enforcement involvement and surveillance. LEAD's use of discretion, which authorizes an officer to decide whether or not to refer a diversion-eligible person to LEAD, causes further concern; given the history of police interactions with sex workers—particularly sex workers of color and trans sex workers—it is no surprise that this community is suspicious of any initiative that emphasizes an officer's discretion. Instead, many sex worker advocates have called not for a revised form of police interaction but for less police interaction with sex workers, and for decriminalization or legalization of sex work.

Thus, to reduce the risk of net-widening, it is essential for all LEAD stakeholders to maintain clear focus on its intended population: people repeatedly arrested for low-level offenses associated with unmet behavioral health needs, trauma, and/or extreme poverty. To this end, it is important for project managers to work with Policy Coordinating Groups to identify other community services to which people can be referred.

F. Defining "Progress" in LEAD

Many diversion initiatives measure "success" by counting outputs – how many people were diverted, how many were enrolled into treatment, how many jail beds were reduced, how many graduated from drug court. These are reasonable measures, to be sure. But with LEAD, the presenting questions should always be, "What do we really want to change, and how will we measure that?"

In LEAD, definitions and metrics of "progress" are determined by the local stakeholders, usually through collaborative conversations among both operational partners and decisional partners. What matters, in measurement, is to clearly identify the specific problems that LEAD stakeholders are attempting to address with LEAD. By partnering with a community's full range of stakeholders, LEAD attempts to reorient the collective systems that shape the conditions in which people live.

It's important to remember that LEAD is not a social service initiative focused entirely on helping improve outcomes for individuals; at base, it is a systems-change initiative that strives to reduce racial disparities in our communities and reorient systemic responses to the challenges of behavioral illness, trauma, and poverty by changing the roles, scopes, and decision-making processes of institutional stakeholders. Thus, with LEAD, individual outputs are not the sole area of attention; indeed, a jurisdiction may find itself identifying goals in multiple realms.

Thus, it is important for LEAD initiatives to consider not only the individual-level goals, but also collective and systemic goals, when defining and tracking progress. Goals may be:

- **Individual**, such as improving rates of enrollment into public benefits and healthcare, and reducing overdose, arrest, and incarceration for people with historically highest rates of arrest for LEAD-eligible charges;
- **Jurisdictional or neighborhood-specific**, such as reducing incidents of repeated arrest, trespass, and disorderly conduct related to unmet behavioral needs in a precinct's downtown shopping district;
- **Systemic**, such as reducing over-dependence on police to address the challenges of unmanaged behavioral illness while increasing the scope and role of community-based responders and resources; reducing the racial disparities of arrest for drug use; reducing jail bookings for low-level but problematic conduct; developing capacity for long-term case management to augment the work of crisis intervention teams; and/or building harm-reduction capacity to meet the needs of people who are not appropriate for abstinence-only recovery models or specialty courts.

On the individual level, it's common for people to ask, "How do you define participant success?" "How long is the program?" "How many people graduate?" The answer is: Each LEAD site defines success differently. A few things are non-negotiable. There is no time limit for participation in LEAD. There is no "stick" in LEAD – the referring arrest doesn't get held over the person's head. There is no failure – people can't be kicked out for not meeting some externally determined goal. Rather, what LEAD tries to do, on the individual level, is support people in reducing the harm they cause to themselves and others. In doing so, LEAD serves all of us.

G. LEAD's Foundational Principles

While LEAD is a highly adaptable model designed to reflect the priorities established by each site's local stakeholders, at its core it is built on a framework of non-negotiable principles. To implement LEAD with fidelity, sites must recognize, reflect, and retain these core principles:

- **Reducing Involvement in the Criminal Legal System**: LEAD reduces the number of people—particularly Black, Brown, and Indigenous people—entering the criminal legal system through punitive responses to low-level conduct related to unmet behavioral health needs.
- **Non-Coercive**: LEAD rejects systemic coercion—there is no "stick" once people enroll in LEAD. Because LEAD is intended to reduce the harms for all people it serves, LEAD stakeholders must agree that the referred arrests shall not be submitted to further criminal legal action and that referred arrests can't be held in abeyance for some future date. Further, LEAD stakeholders must agree that referral to LEAD or participation in LEAD may not be used in any way to harm, intimidate, or coerce participants, and that accepting referral is an entirely voluntary decision.
- **Collective Stewardship and Ownership**: In any jurisdiction, LEAD isn't owned by any entity; it is owned, stewarded, and operated by a collection of systems stakeholders who voluntarily agree that investing in LEAD is preferable to the status quo. To formalize this agreement, each site must be governed and stewarded by both a Policy Coordinating Group and an Operations Work Group.
- **Multidisciplinary Teamwork**: By forging intentional partnerships, integrating operations, and sharing information, LEAD builds a web of support not just for clients, but for the partner agencies as well. As a result, LEAD uses a multidisciplinary team approach allowing for cooperative decision-making and team-based service delivery.
- **Population-Specific and Responsive**: LEAD exists to serve people with complex behavioral health needs who, as the result of systemic failures, are repeatedly brought into contact with the criminal legal system.
- **Diversion as a First Step**: LEAD establishes a coordinated pathway out of the criminal legal system and into long-term, community-based care at the earliest opportunity: the moment of potential arrest. But LEAD recognizes that the moment or mechanism of diversion is just a first step, not the last word; what matters is what happens *after* diversion. LEAD sites strive to improve the system of community care and resources, and reduce the role and scope of the criminal legal system.
- **Meeting Clients Where They Are (Literally)**: LEAD is designed to shift the ways that systems operate, so as to reach and support people typically marginalized, criminalized, or overlooked by existing systems. This means that all client-facing staff must be nimble, adaptive, and flexible; the great majority of client engagement is in the field, rather than in offices; much of the client interaction is provided in interagency teams; and close coordination and joint planning are critical to client success.
- **Trauma Informed**: Consistent with best practices and with LEAD's primary intention to replace criminal legal sanctions with health-based opportunities, LEAD shuns lecturing, hectoring, blaming, shaming, or threatening clients. Given the nearly universal rates of trauma experienced by people

served by LEAD, LEAD is fueled by its commitment not to add to the harm, grief, shame, and trauma so common to justice-involved people, and which are shown to be detrimental to outcomes.

- **Harm Reduction**: As a theory and practice, harm reduction aims to reduce the level of harm (for oneself and for a larger community) that can be associated with certain behaviors such as substance use. Thus, LEAD sites do not promote, require, or assume that abstinence should be a goal for any participant. This principle is fundamental to the LEAD model.

  Harm reduction has an additional meaning for LEAD: reducing systemic harm. LEAD was developed specifically to recognize, illuminate, and reduce the harms caused by the criminal legal system, by other public systems, and by systemic and institutionalized racism.

  Further, LEAD recognizes and strives to reduce the harms that can be caused to communities by problematic or unlawful conduct that can stem from unmet behavioral health needs, trauma, and extreme poverty.

- **Stages of Change**: The Stages of Change model (also called the Transtheoretical Model)[16] operates on the premise that people's readiness to change their behavior develops in stages (often defined as precontemplation, contemplation, preparation, action, and maintenance). It further recognizes that these stages require different intervention strategies in order to cultivate, support, and advance a person's readiness to change. Consistent with this approach, participants cannot "fail out" of LEAD: Once referred and enrolled, a participant is not required to abide by a specific timeline or participate in mandatory activities. Sites may decide to categorize participants as "active" or "inactive" (or similar terms) as indicated by participation indicators established in each site, but participants cannot be terminated from LEAD (unless they violate the site's Code of Conduct).

- **Relationships *as* the Resource**: As a foundational premise, LEAD holds that all people have value and are worthy of compassion and support; that positive, patient, respectful, sustained, and non-judgmental relationships are essential to human health; and that the trust built from such relationships fosters people's willingness to change and grow. The relationship between participant and case manager is the most powerful agent of transformation.

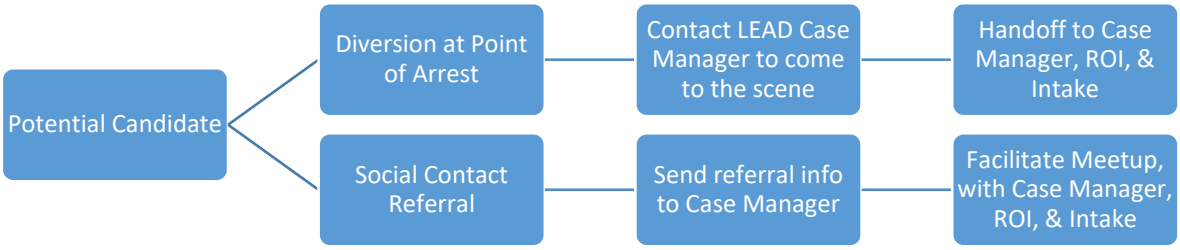
- **Peer Value**: With its focus on relationship as a primary agent of change, LEAD elevates and emphasizes the role of peer staff whose lived experience, combined with professional expertise, makes them particularly qualified to weave the threads of relationship, trust, and candor into effective outreach, engagement, and sustained connection.

IV. How LEAD Works

A. Collaborative, Community-Based Alternative to Arrest

LEAD offers a systemic new option to respond to people repeatedly arrested for a variety of low-level offenses due to unmet behavioral health needs or associated poverty. Rather than the binary choice of arrest/don't arrest, LEAD diverts the person out of the criminal legal system and into long-term, harm-reduction, street-based case management. LEAD's warm hand-off out of the criminal legal system and into long-term case management is at the heart of the LEAD "divert-first" model.

There are two ways a person can be referred into LEAD: an "arrest diversion" and a "social contact" referral. Think of these as two doors that lead to the same room.



Arrest Diversion

Arrest diversion gives law enforcement officers the authority to refer people into LEAD instead of arrest for diversion-eligible offenses.

Social Contact Referral

Social contact referral means that an eligible individual can be referred into LEAD without waiting for the moment of potential arrest. As determined by its Policy Coordinating Group, each LEAD site sets its own policies regarding who can make social contact referrals.

While in the original LEAD model only police officers were authorized to initiate social contact referrals, in subsequent years Seattle and many other jurisdictions have permitted other LEAD stakeholders and community partners to initiate social contact referrals as well. In these cases, the referred individual will still need to be screened against the site's eligibility criteria to ensure that the person's needs are best met through LEAD. Sites should develop protocols for this process of screening and confirmation, as well as protocols for how to refer that individual to alternative resources.

The following points are core principles of social contact referrals:

- People who enter LEAD via social contact referrals should be consistent with the target population who enter through arrest diversion. LEAD is first and foremost a public safety initiative; it is not simply another social service program. Fidelity to this principle must be maintained across diversions and referrals.
- However, if a LEAD site has developed *exclusionary* criteria, people who enter LEAD via social contact referral are not subject to these exclusions. This is because in a social contact referral a person is not in custody, which means that there's no question of whether to detain or release someone from police custody based on any perceived risk related to any criminal history.
- When it's a police officer who makes a social contact referral, the officer should still conduct a warm handoff to a case manager, as a way of reinforcing the shift in the officer's relationship to the person, and to demonstrate the commitment to replace arrest and punishment with care and support. However, if an officer believes that the person will be more receptive to outreach by a case manager, the officer can explain the referral opportunity to the individual and then later coordinate with the case manager to develop an alternative plan for outreach and engagement.

- Participants who are enrolled through a social contact referral follow the same processes as arrest diversions, including signing a release of information, completing a biopsychosocial intake, and working with a case manager. The only difference is that there is no potential charge that can be filed if they don't complete the psychosocial intake.

Whether a referral comes via arrest diversion or social contact referral, it is recommended that sites strive to complete the intake process within 30 days of referral – or sooner, whenever possible.

B. Determining Divertible Offenses

Based on its own local needs and priorities, each LEAD site determines the conduct they wish to make eligible for diversion – and these can be changed over time. When LEAD was originally developed in Seattle, for example, the only divertible offenses were low-level drug use, possession, and sale for subsistence, along with prostitution. As LEAD began being replicated throughout the country, however, many jurisdictions (including Seattle) developed broader arrays of divertible offenses to include other offenses commonly conducted by people with unmet behavioral health needs (including complex trauma) and experiencing chronic homelessness.

This process to determine divertible offenses is an essential element of local self-determination for LEAD sites, to ensure that the selection reflects local priorities, doesn't channel people into LEAD whose needs can be met through existing resource arrays, and is endorsed by local stakeholders. Thus, in developing eligibility criteria, it is essential to solicit widespread input and use data gathered from various systems— including criminal legal and emergency systems— to inform the process of collective decision-making.

C. Legacy Cases and Post-Diversion Arrests

It is to be presumed that people who enroll in LEAD will carry with them unresolved prior legal cases that have not yet been referred to the prosecuting attorney or that have been filed by the prosecuting attorney but not yet resolved at the time of the person's enrollment into LEAD. These can be known as post-diversion arrests. It is also typical for people enrolled in LEAD to be arrested again – perhaps many times – for unlawful conduct in the days, weeks, and months *following* their enrollment. In some sites, these are referred to as legacy cases.

It is the job of each site's PCG to develop policies for how to address these realities, and it is the job of each site's OWG to implement those policies as they apply to specific individual cases.

For cases that have been referred but not yet resolved, prosecutors may agree to review such "legacy" cases to determine whether further prosecution is in the best interest of justice and fosters positive outcomes. And for arrests that occur post-enrollment (and consistent with policies determined by the PCG), the OWG uses its regular meetings to discuss the client's overall progress, collaboratively review information about the client that each OWG member may offer to illuminate the conversation, and collaboratively determine the right course of action.

This is consistent with the LEAD "golden rule": Within their zone of authority, every LEAD partner does what they believe is most likely to support positive behavior change.

D. Case Management, LEAD-Style

Case management in LEAD substantially differs from traditional, office-based case management; from case management that focuses on abstinence and recovery; from case management that takes a clinical approach; and from case management that is time-delimited. In LEAD, case management must be street-based, client-driven, long-term, adaptive, non-clinical, and based in harm reduction. This approach is sometimes called "guerilla case management."

This intensive, noncoercive, community-based approach represents an intentional reorientation away from punishment and compliance, which are hallmarks of the criminal legal system. Expensive, harmful, and ineffective, these longstanding artifacts of repressive policies have for many decades disproportionately harmed, marginalized, and oppressed low-income people, people of color, and LGBTQI and gender-nonconforming people. By reorienting attention and resources away from systems of control and into systems of care, LEAD strives to overturn these legacies.

To foster consistency in premises and practices, all client-facing staff should be trained in key evidence-based methods, such as Motivational Interviewing,[17] stages of change, cognitive behavioral methods,[18] techniques and principles of de-escalation and safety, harm reduction,[19] restorative justice,[20] and privacy/confidentiality.[21]

Because case management in LEAD is based on these essential methodologies, it is crucial that LEAD sites pay great attention to selecting, contracting with, and overseeing a case management agency. Typically, public contracts are awarded after a public bidding process, commonly through the issuance of a Request for Proposals (RFP). Commonly, the PCG is responsible for undertaking this search. In writing an RFP and reviewing proposals, the site's stakeholders should be sure that the process is informed by people with deep expertise in the LEAD model—with its systems-change intention, its foundational methodologies, the ways in which LEAD case management materially differs from system as usual, and its multi-agency partnerships and operations. All of this is especially important in light of the fact that LEAD's approach has implications not only for case managers themselves, but also for case management supervision and for how the case management agency will be expected to participate in collective governance and operations, including collaborative case review, data collection and reporting, training, and operational integration.

Further, all PCGs should recognize and emphasize the importance of street-based (not office-based) services, non-clinical approaches and modalities, extended operational hours, lower than average caseloads, high threshold for initial and ongoing training, proper case management supervision, and the need to compensate case managers with salaries sufficient to foster recruitment, retention, and satisfaction. Cultural competency, bilingualism, understanding of harm reduction, experience in working with highly complex populations, deep commitment to systems transformation, and comfort in highly variable settings are essential. People with lived experience with behavioral illness, arrest and incarceration, trauma, and systemic inequities (including marginalization and trauma related to racism, sexual assault, or homo/transphobia) are of particular value.

E. Harm Reduction

Harm reduction is a set of principles and practices that recognize that not all people who use drugs are willing and/or able to stop their use, that not all drug use is chaotic or harmful, that people who use

drugs deserve full recognition of their humanity without shame and stigma regardless of their relationship to drug use, and that people who use drugs should have full access to the same health and safety interventions as people who choose not to use drugs.

Harm reduction is not a new concept. According to the Harm Reduction Coalition, a national advocacy and capacity-building organization that promotes the health and dignity of individuals and communities impacted by drug use, harm reduction is "a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs."[22] Expanding this view, we can see that harm reduction also informs methodologies for working with people with mental illness or those living in persistent poverty. Furthermore, harm reduction recognizes the importance of viewing these complex issues as matters of public health and equity.

People in communities with limited access to healthcare, safe housing, healthy food, and other resources have been engaged in harm reduction tactics since the beginning of time. The AIDS crisis gave rise to institutionalized use of practices like needle exchanges and condom distribution to stem the spread of the virus. A patchwork of early needle exchanges in cities and towns across the country ran on volunteer labor and shoestring budgets. In 1993, advocates, service providers, and funders, many of whom were active or former drug users, met to develop a working definition of harm reduction and launch the Harm Reduction Coalition to support their efforts nationwide to provide non-judgmental services to drug users and others at risk of contracting HIV. Over time, they secured a mix of private and public funding and eventually undertook evaluations with independent researchers to prove the superior efficacy of a harm reduction approach versus an abstinence approach to working with people engaged in risky behaviors.

Today, harm reduction practitioners bring necessary health and safety interventions to people in their communities who are otherwise unable or unwilling to access those services in the traditional system and settings, where they have been subjected to racism, stigma, and shame.

While harm reduction has been adopted by public health and medical professionals across the globe as a best practice, it's important to remember it didn't emerge out of academic, scientific, or professional realms; harm reduction has always been and will always be used by the most marginalized members of our communities to keep themselves and their loved ones alive.

F. Stages of Change & Motivational Interviewing

The Stages of Change model (also called the Transtheoretical Model) operates on the premise that people's readiness to change their behavior develops in stages; that people don't change their behavior all at once; some people don't want to make certain changes; and we can't eradicate all harms – so in both private behavior and public policy, we reduce harm where we can. Seat belts, unleaded gas, annual flu vaccines, portion-controlled snack packs, carbon monoxide detectors, sex education, condoms, speed limits – all of these are, in some form or another, examples of harm reduction.

In LEAD, we don't minimize the harms caused to communities by the disruptive or dangerous conduct that can stem from unmanaged behavioral illness; we don't minimize the harms inflicted on people by the criminal legal system; we don't minimize the harms imposed by systems that make health care expensive, judgmental, or intimidating. Instead, we take all of these harms seriously – and recognizing

the powerful realities of cultivating readiness to elicit, compel, or negotiate change, we work together to reduce those harms.

The Stages of Change theory is often mentioned in reference to supporting a desired behavior change in a project's clients, patients, or participants. But in LEAD, we recognize that stages of change theory is also relevant to supporting the reflective assessment of current behaviors and the development of positive new behaviors among all of LEAD's stakeholders, from high-level decision-makers to rank and file officers, direct-service staff, reform advocates, and community members. In LEAD, *everybody* has to reassess and shift their attitudes, beliefs, and understanding.

Given the challenges of supporting both individual and collective change, it is important to remember that the progression towards change is not linear and fixed; rather, it can be seen as a kind of spiral in which habitual behaviors recur, ambivalence to change is real and meaningful—and that it requires patient, persistent, non-coercive support.

The stages of change are defined as follows:

- Pre-contemplation – no intention of changing behavior;
- Contemplation – aware problem exists but with no commitment to action;
- Preparation – intent on taking action to address the problem;
- Action – active modification of behavior;
- Maintenance – sustained change. New behavior replaces the old; and
- Relapse – falling back to old pattern of behavior

Motivational Interviewing (MI) is a foundational technique for LEAD. Recognized as an evidence-based practice to support people in navigating such changes, "MI is a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence. It is a way to help people talk themselves into changing. A strengths-based approach, MI meets people where they are, regardless of their readiness to change. MI is particularly effective in working with people who are not yet thinking about change or are ambivalent…. Unlike many approaches that tend to increase client resistance, MI is effective in decreasing resistance and thus enhancing a person's willingness to change."[23] In LEAD sites, all client-facing staff should be trained in MI theory and practices, and all client-involved partners (law enforcement, prosecutors, public defenders, other service providers) should be trained in its theory, principles, and implications.

V. GOVERNANCE

As a complex systems-change initiative built on voluntary collaboration among independent decision-makers, LEAD is not "owned" by any one partner. In order for LEAD to work, each partner must understand their role and how they can best bring value to the initiative. Built on a collective impact framework, it recognizes that every partner is essential to the collective effort to address complex problems that no single entity has caused or can remedy alone.

Just as LEAD uses a Stages of Change framework to meet participants where they are, a similar approach can be helpful in approaching a site's many partners. Given the scale of the problem that LEAD seeks to

address, and the varied duties and concerns held by the partners, marked and sometimes divisive differences in role, perceptions, politics, philosophies are unavoidable. Rather than demand that all stakeholders see eye to eye on all issues, it is important that sites stay focused on the concerns and goals they hold in common: that the system of arrest has failed to resolve the challenges of problematic conduct stemming from unmet behavioral health needs; that the harm associated with these unmet needs is real, both for individuals and for the larger community; that none of the project's partners is solely responsible for the problem or its solution; and that working together to build a better strategy is in the best interests of all involved.

Since LEAD recognizes that relationships are the primary resource, it is important never to try to force change in a LEAD partnership; rushing decisions risks interfering with the collaborative nature of the organizational relationships. To this end, LEAD initiatives emphasize consistent and patient discussion, value opportunities to learn from and about other partners' areas of expertise, and utilize consensus decision-making processes rather than majority rules.

Every site is governed, implemented, and managed by three primary bodies: the Policy Coordinating Group, Operations Work Group, and Community Leadership Team (CLT). Each of these bodies is charged with specific responsibilities, which should be outlined in charters that describe each group's role, composition, duties, decision-making processes, and internal structure.

A. Policy Coordinating Group

In each site, the Policy Coordinating Group (PCG) serves as the policy-making and stewardship body for LEAD. The PCG is composed of senior members of their respective agencies who are authorized to make decisions on behalf of their offices. Together, the PCG's members develop the local vision for LEAD; make policy-level decisions for the initiative and within their respective agencies; ensure that sufficient resources are dedicated for the success of the initiative; and review, approve, and modify overarching policies to reflect the site's intentions, including (but not limited to) participant eligibility criteria, inclusion/exclusion criteria, and diversion-eligible criminal charges and exclusionary criteria (if any). In addition, the PCG is responsible for establishing and stewarding evaluation, communications, and budget plans.

Careful attention should be paid to determining the composition of the PCG. Because LEAD sits at the intersection of health, safety, and equity, the PCG's membership should reflect a wide array of relevant decision-makers and influencers. It is also important to realize that the PCG should include essential stakeholders even if – or perhaps especially if – they are skeptical of the LEAD model or of the intentions of other stakeholders at the table. Thus, a PCG should include high-ranking representatives of local law enforcement (police and/or sheriff's departments), public health agencies, mayor, county executive, public defender's office, prosecutor's offices, city council, civil rights and/or racial justice organization(s), community representatives, and the business community. Depending on site-specific issues, the PCG may also include religious leaders, subject-matter experts (such as in housing, behavioral health, employment, sex worker advocacy), and the courts.

In soliciting participation, invitations should clearly articulate an overview of LEAD, why it is being developed, the role of the PCG, the anticipated time commitment, and the ways in which the invited person is important to the project's success. For example, an invitation to the public defender may highlight the ways in which their participation can help ensure that LEAD protects participants' civil

rights; and the invitation to the mayor's office would highlight LEAD's alignment with the mayor's interest in balancing civil rights and public safety.

Having a site's principal decision-makers and influencers serve as members of the PCG has multiple benefits: They bring subject-matter expertise regarding their respective roles, carry substantial decisional influence or authority within their agencies, help shape public policies and attitudes, have access to both intellectual and financial resources, are essential thought-partners in conceiving and implementing meaningful systems change, give voice to both longstanding and emergent community priorities, and can help identify and address potential contradictory policies or operations. For example, if the local probation chief, the director of case management services, and senior member of a local justice advocacy group sit on the PCG, it is more likely that they will contribute to and benefit from conversations regarding eligibility, priorities, and practices.

Additionally, it is important for the PCG to include people who may not be functionally engaged in the LEAD project but who hold important roles within the community or in the jurisdiction as a whole. For example, although the city councilmember who chairs the city's criminal legal committee may not represent the LEAD pilot district, this official nonetheless plays an important role in supporting, shaping, and advancing LEAD in the area.

Because the PCG is made up of senior leaders with multiple competing obligations, it is important to use their time effectively. The PCG should be expected to meet regularly and frequently throughout a site's planning and early implementation processes; during the planning stage in particular, sites may find it valuable to meet as frequently as weekly or biweekly. Once the PCG has approved both policies and operational procedures, the PCG may taper to monthly or quarterly PCG meetings.

However, every LEAD site operates within a complex and constantly shifting context, so as stewards of their initiative, every site's PCG is expected to abide by a regular and consistent meeting schedule after the project's launch, allowing them to provide oversight, review data, receive reports from the OWG and CLT, and undertake collective inquiry and problem-solving with the high-level decision-makers and community influencers who serve on the PCG. Once the project is launched, it is essential to ensure that communication remains strong; in addition to providing monthly updates by email, the project manager (and members of the PCG themselves) should take opportunities to nurture the relationships by attending events important to the PCG's members, such as racial justice events, city council meetings, mayoral town halls, public health fairs, police academy graduations, and more.

The PCG holds substantial responsibility for establishing and overseeing the initiative's purpose and structure. The PCG typically develops and executes a project memorandum of understanding (MOU) that documents the agreements among all partners; selects the project management entity and ensures adequate project management; reviews and approves operational protocols; reviews and approves contracting processes for project services; reviews reports submitted by the operational partners and project manager; ensures the development and implementation of an appropriate evaluation plan; sets communications policies; approves the project's budget; and provides oversight to project contracts.

In some jurisdictions, the PCG may not hold responsibility for initially selecting a project manager. In these cases, an agency may be identified and tasked with the responsibility to spur the development of a LEAD initiative in a local site. In this role, the host agency may choose to appoint or hire a staff person to serve as project manager and will reach out to other agencies to establish the PCG. In such cases, it is

especially imperative that project managers be permitted to operate in some sense at arm's length from the agency for which they work, operating not as advocates of the host agency but rather as trusted partners of all of the other partners.

The project manager works with PCG members to schedule all meetings, develop agendas, collect information, and facilitate the meetings. It's critical that the project manager is in conversation with each PCG member between meetings to understand any LEAD-related issues emerging from their respective agencies and to enable each PCG meeting to be effective and efficient. As a rule, nothing that comes up in a PCG meeting should be a surprise to the project manager or to any of the relevant agencies.

As a regular practice, the project manager should prepare a draft agenda for each PCG meeting, circulate it to all PCG members for review, and share the final version 24-48 hours in advance of the meeting.

The project manager facilitates PCG meetings and ensures that meeting notes are taken, distributed, and archived. Because it can be difficult to facilitate and take notes at the same time, it may work best to rotate note-taking responsibilities among PCG members.

B. Operations Work Group

A site's Operations Work Group (OWG) provides a common table for the day-to-day implementation partners to collectively monitor, identify, discuss, and address operational, administrative, and client-specific issues. Using this ongoing inquiry, the OWG develops protocols to ensure that the operations reflect and are consistent with policies established by the PCG.

The OWG is composed of line-level personnel, including mid-level supervisors, who carry out the day-to-day operations of LEAD. The members are appointed by the PCG and typically include police officers, assistant prosecutors, public defenders, case managers, other service providers, and community leadership representatives.

The OWG is responsible for developing operational protocols consistent with policies set by the PCG. These protocols identify the entities authorized to conduct arrest referrals and social contact referrals and under what circumstances, and will draft protocols to operationalize the necessary activities. Essentially, these protocols document the who, what, where, when, and how of LEAD. In many cases, the project manager is charged with drafting the documents, using input from and review by the OWG. After the OWG has approved the draft of the operational protocols, it is sent to the PCG for review and final approval.

Once the PCG has approved the protocols, the OWG begins implementing and managing LEAD's day-to-day operations. The work of the OWG, which typically meets biweekly, usually includes two areas of consideration: administrative operations among the partners and client case review:

- **Project Operations**: The OWG is responsible for collectively ensuring smooth day-to-day operations of the project, identifying emerging community issues that may shape or affect the project's work, and identifying and proposing any policy changes that should be considered by the PCG.

- **Case Review**: At each meeting, the OWG discusses new arrest diversions or social contact referrals, the reason for diversion, whether those referred have completed their intakes, and clients' case plans. The OWG jointly problem-solves to identify options and potential solutions to support clients' progress. Every person who accepts referral into LEAD has signed a Release of Information, which allows client-specific, non-anonymized information-sharing among the LEAD partners. However, the members of the OWG should limit discussions of client information to matters pertinent to the well-being of the participant and public safety. It is the responsibility of all partners of the OWG to respect the clients' humanity, dignity, and privacy.

As with the PCG meetings, the project manager is responsible for scheduling all OWG meetings, developing agendas, collecting information, and facilitating OWG meetings. The project manager should also ensure that meeting minutes are taken.

It is recommended that the OWG develop and maintain methods to allow a participant spreadsheet in a format that is accessible to all members of the OWG and PCG—separate and apart from the contact management system. The spreadsheet should include the participant's name, age, race, gender, diverted charge or social contact, date of diversion/social contact, case manager, referring officer, if an intake was completed, and a brief synopsis of ongoing services. Some jurisdictions have also found it useful to have a photograph of each participant, although this information should be used with due care and respect. Case management notes can also be included but they should be kept general to protect the participants' privacy.

C. Community Leadership Team

Community Leadership Team (CLT): Quite often, systems-led initiatives are developed and decided behind closed doors, and community engagement becomes little more than a box to be checked, with no meaningful input from the community about its priorities, ideas, needs, or transparency.

With LEAD, it is imperative that the community hold a meaningful role in its planning, launch, and ongoing operations. To this end, many LEAD sites establish a CLT to advance communication with and connection to the project's larger community of stakeholders; provide opportunities for community input on the project's implementation; and serve as informed stewards of the site's intentions.

In addition to law enforcement officers, prosecutors, elected or appointed officials, and service providers, important community voices and perspective can be found in the form of civil rights groups, neighborhood associations, business district associations, police oversight boards, drug users and sex worker organizations, justice-involved advocacy groups, and religious communities. It is important to ensure that the composition of the CLT reflects the communities most impacted by street-level law enforcement.

Having active community members seated at the LEAD table helps to ensure support, accountability, and improved police-community relations. A CLT also serves as a bridge between law enforcement and the communities they police, helping ensure that LEAD advances reforms in police behavior and illuminating areas of police-community relations that are otherwise too readily overlooked or ignored.

Typically, the CLT is led by a community engagement coordinator, who also has a seat on the PCG and OWG. The community engagement coordinator should be employed by a community-based organization that has good standing within the community and works on criminal or health system

reform, with particular attention to social determinants of health, including racism, classism, sexism, homophobia, and transphobia. Given that any community contains a wide variety of stakeholders with important and diverse perspectives, sites may decide to establish a larger number of seats designated for community representatives, particularly on the PCG.

Finally, in order to remove barriers to community members' involvement in the CLT, LEAD initiatives should establish budgets to support their work, to include costs such as food, childcare, transportation, and stipends for community representatives.

VI. Staffing

As the backbone to LEAD's day to day operations, LEAD relies on an integrated team of funded positions: project manager serving as the hub of all policy and operations; contracted case management staff providing outreach and service-navigation; and (ideally) a community engagement coordinator to cultivate partnerships with diverse representatives of the broader community, which may include racial justice groups, harm reduction or sex-worker advocacy coalitions, business associations, community influencers, elected officials, religious organizations, and justice-involved people and their families.

In general, the LEAD model encourages operational differentiation, meaning that project management and case management should not be provided by the same organization. Typically, this means that case management is provided by a contracted case management agency selected and operated under the authority and oversight of the PCG, which delegates day-to-day oversight to the project manager.

This means that the project manager does not employ, supervise, or direct the work of case managers; those duties are the responsibility of the case management agency. However, the project manager closely collaborates with the case managers just as they do all other project partners, all of whom are members of the OWG.

A. Project Manager

The key staff position in any LEAD initiative is the project manager, who coordinates all aspects of the initiative and manages its day-to-day activities. A trusted partner of all partners, the project manager serves as resource and liaison to both the PCG and the OWG. LEAD is a consortium of politically independent actors; therefore it is desirable for the project manager to be primarily loyal to the initiative itself, independent from all political and operational stakeholders.

Project management for LEAD is a demanding, sophisticated function, one that requires a mix of strategic, operational, and interpersonal skills along with deep understanding of the criminal legal system, behavioral health, justice reform, local service landscape, and larger community.

As liaison to the PCG, the project manager is responsible for ensuring that the PCG's decisions are communicated to the OWG and other relevant stakeholders for implementation. As liaison to the OWG, the project manager ensures the smooth implementation of all aspects of the project's work; manages budgets, evaluation, and communications; serves as the hub for all the partners and stakeholders; and often serves as the primary external representative of the initiative. Responsible for convening and organizing the work of the PCG and OWG (and often the CLT as well), the project manager troubleshoots stakeholders' concerns, works to identify resources, facilitates meetings, develops information-sharing systems, coordinates gathering community input and participation, and streamlines communication.

B. Case Managers and Intake & Outreach Coordinator

Truly effective, harm-reduction, non-coercive case management is essential to the success of LEAD initiatives. Harm-reduction case management recognizes that individuals most at risk of negative physical, psychological, and social health outcomes due to various forms of systemic marginalization – including the harms of poverty, racism, genderism, ableism, and the weaponization of the war on drugs and other forms of socially sanctioned oppression – have well-founded reasons to be reluctant or unwilling to seek the support and services they need, when those services are housed in traditional institutional settings and operated with traditional clinical methodologies, expectations, and requirements. In recognition of these structural realities, harm reduction agencies bring these essential health interventions to participants in the streets.

LEAD case management must be grounded in a participant-centered, participant-driven, street-based practice that utilizes the best practices of harm reduction and evidence-based approaches to identify and support improvements in health and safety both for participants and for the larger communities in which we live.

In the LEAD model, case managers and the intake and outreach coordinator comprise a street-based team responsible for primary, participant-facing contact and services.

- **Case managers**: Generally speaking, LEAD should operate with client-to-case-manager ratios of no more than 25:1; given LEAD clients' complex and long-term needs, a ratio of 15:1 is highly preferable. Many sites begin with a small pilot population (whether defined geographically, through local analysis of repeated arrests, or other criteria), building capacity only as case management staffing can be increased.

  It should be noted that while the case managers play an invaluable role—they are often called the "secret sauce" to LEAD's success—they cannot meet all of a participant's needs. Instead, they connect participants to all available resources. They work to help the participant identify needed services and get them registered into those services. They even transport the participant to services and stay with them to provide support, whether it's a doctor's appointment or a court hearing.

  LEAD should also utilize peer outreach and counseling, as there is substantial evidence that highly marginalized populations can be successfully engaged by peers with similar life experiences. Lastly, case managers and peer-support workers should have training in trauma-informed care and be culturally competent.

- **Outreach and Intake Coordinator**: Perhaps the most agile staff position within LEAD, the outreach and intake coordinator (OIC) acts as the contact point for all referrals to LEAD case management. Often hired once a jurisdiction has developed sufficient participant numbers and the financial capacity, the OIC is designed to serve as the first point of contact during a warm hand-off or initial contact with social contact referrals. The OIC conducts street outreach, as needed, to locate and attempt to engage referred individuals who have yet to complete intake or who are not regularly meeting with their case manager. They ensure effective and efficient communication and collaboration between all partners involved in referring and receiving referrals for LEAD, starting with the referral agency and the participant. The OIC can also provide after-hours, on-call phone response to referrals to LEAD case management, depending on a number of things including

funding, opportunities for diversions, and availability of services to meet participants' immediate or urgent needs.

As with case managers, the OIC must develop and maintain positive, collaborative relationships with all LEAD partners and other service providers. They should have demonstrated ability to provide street-based outreach and engagement services to a complex population, as well as experience developing positive, collaborative relationships with law enforcement and social services providers.

C. Community Engagement Coordinator

The community engagement coordinator (CEC) provides staff support and leadership to the CLT. Coordinating with—but not supervised by—the project manager, the CEC ensures meaningful community input, conducts community education, and reviews ongoing LEAD-related administrative and operational data. The CEC attends all PCG and OWG meetings and provides community-based solutions to continue to improve LEAD.

It is important to recognize and redress the innate power differential between institutional authorities and representatives of community groups, including the CECs. All partners, including project managers and members of the PCG and OWG, must work to maximize legitimacy and the value of community voice and representation, avoid tokenism, and understand community members' often difficult and painful experiences with institutional authorities and gatekeepers, including police, prosecutors, businesses, and social service systems. To this end, many LEAD sites provide cross-training opportunities, relationship-building, and community-led forums to support community engagement and power-sharing.

D. Other Funding Needs

In addition to staffing, costs of subcontracted case management, and ordinary operating costs, budgets for LEAD sites should also include funds for important operational functions:

- **Flexible participant funds**: Including a line item to cover flexible funds that can be readily used by case managers to meet clients' modest and variable needs is an important element of the LEAD model's budget. Meeting participants' immediate needs allows case managers both to build trust and to increase efficacy of their interactions with participants – people have a hard time focusing if they're hungry or cold. Expenditures may be as varied as buying a participant a sandwich, providing a package of diapers for a participant's child, or covering the cost of a prerequisite TB test for someone eligible for emergency housing.
- **Travel funds to underwrite site visits:** Although the LEAD National Support Bureau is the official source for formal training and assistance, jurisdictions can also substantially benefit from visiting other sites that are implementing LEAD with fidelity and efficacy. Such site visits allow teams the chance to see LEAD in action, meet their counterparts, sit in on PCG and OWG meetings, and build deeper relationships and understanding among their own team members. Thus, LEAD budgets should include a line item for travel costs (flights, hotels, per diems, and ground transportation) to underwrite the cost of a trip for a representative delegation, which might include as many as 10 to 15 people. Note that the National Support Bureau is available to help sites identify other jurisdictions that might be appropriate for peer-to-peer site visits and learning.

E. Other Non-Funded Functions

Typically, a LEAD budget includes funding for a number of specific functions and costs, as indicated above. However, each LEAD initiative also requires certain functions that are typically provided by project stakeholders on an in-kind basis. Usually, LEAD budgets do not provide dedicated funding for LEAD-related activities conducted by police departments, prosecutors, public defenders, or city or county leadership. This in-kind relationship recognizes that LEAD is designed to provide stakeholders with new opportunities to reduce the overall use of the criminal legal system.

In some jurisdictions, however, modest funds are set aside to pay for certain activities provided by a partner who is otherwise operating on an in-kind basis; for example, funds may be used to underwrite the cost of overtime for officers who attend OWG meetings to discuss specific cases, for data and administrative analysts to extract and analyze administrative data from public systems such as arrest and prosecution statistics, or (depending on the initiative's scale) for a dedicated prosecutor to oversee cases involving LEAD clients.

It is the responsibility of the PCG to determine which functions should be funded and which are requested on an in-kind basis.

VII. Data, Evaluations, and Confidentiality

A. Data Types and Sources

Data-driven review and decision-making are more than just buzzwords for LEAD. Indeed, the collection, receipt, and review of data are essential to operations, to fulfilling LEAD's deepest intentions, to tracking systems change, and to gauging the project's capacity to improve positive trajectories for participants and the larger community. LEAD evaluation and data plans should be developed and approved by the PCG and implemented under the day-to-day management of the project manager.

Under direction of the PCG and in partnership with an internal or external evaluation team (whenever possible), the project manager is responsible for ensuring that all project partners contribute to the implementation of the data and evaluation plan. The PCG is responsible for establishing and maintaining the initiative's data protocols, data sharing agreements and legal compliance, and data reporting. In addition to establishing protocols related to the client data gathered within the project itself, the PCG is also responsible for defining the data sets and protocols required of each of the project's systems-level partners.

Generally speaking, there are two sources of data relevant to LEAD: operational data and administrative data.

- **Operational data** are generated by collecting information about and from people who are referred into LEAD, from the moment of referral throughout the participant's time in LEAD. Sites should ensure that their data and evaluation plans are supported by and reflected in the initiative's daily operational processes: Each element of data gathering, inputting, extraction, and analysis should be built in standardized forms, processes, and technological data systems.
- **Administrative data** are generated through operational systems that are not specific to LEAD. These should include program-specific and larger community-level data, including law enforcement data

(police stops, arrests, demographics), jail data (bookings, referral charges), and public systems (health system, homeless systems, emergency rooms, psychiatric holds).

B. Evaluations

Evaluations are an important tool in sustaining LEAD in any site, allowing the project to demonstrate impact and value. Further, evaluations support LEAD sites in adhering to the goals and core principles, meeting desired outcomes, assessing efficacy of systems change, and improving the lives of participants.

With this in mind, it is important for all LEAD sites to develop and implement an evaluation plan that measures metrics of greatest importance to the local site's stakeholders. Identifying these metrics is not a cookie-cutter process. Sites are well advised to convene multiple stakeholders – including potential evaluation partners, if possible – to engage in robust, searching conversations about the specific problems that the site is trying to address.

Undertaking a preliminary data analysis can be immensely valuable to informing this conversation. Pulling arrest data (including demographics) for a given jurisdiction for a defined period of time can help sites identify high prevalence, low-level conduct that burdens law enforcement, provides no benefit to the community or change in outcome for arrested individuals, and diverts resources and opportunities by unnecessarily bypassing more effective, less costly, less harmful community services. This preliminary data analysis can also help quantify the number of arrests that could be diverted (saving both money and law enforcement time), and help identify the two-dozen or 400 familiar faces whose suffering is apparent for all to see.

From this, the site can begin to understand its primary desires: Is it to reduce community complaints and subsequent law enforcement response for people arrested more than six times in the prior year on trespass, vagrancy, or shoplifting? Is it to reduce the challenges faced by business owners struggling with open-air drug use in a particular district? Is it to establish harm-reduction, street-based case management and services to reduce risk of overdose, reduce ER use, and increase reported quality of life for people in a community that previously has offered only clinic-based abstinence treatment?

To this end, it is recommended that the PCG engage potential evaluators early in the planning phase. Doing so will provide evaluators opportunity to understand the local priorities, identify what the partners hope to accomplish from the earliest stages, and understand how those goals might be quantified and tracked.

C. Confidentiality

To support participants' success in the context of LEAD's collective impact framework and multi-partner operations, partners must be able to efficiently and appropriately share information among case managers, police officers, and other LEAD operational partners.

Thus, as one of the two preconditions of enrollment into LEAD, participants are required to sign a release of information (ROI) form that explains that case information will be shared, who will have access to it, and why this is necessary. This is an essential part of how LEAD operates; without such consent, it is not possible for an individual to participate in LEAD.

It must be remembered that respect is at the heart of LEAD: respect for a person's humanity, dignity, and privacy. LEAD partners must embody this spirit of respect by gathering, using, and sharing client information carefully, compassionately, and purposefully.

It is just as important to be respectful in how sites store, share, and use that information. Various laws govern the use of confidential or protected information. Subcontractors are required to know and comply with confidentiality regulations, including the Code of Federal Regulations 42, Part 2 (42 CFR, Part 2), Health Insurance Portability and Accountability Act (HIPAA), and all other applicable federal and state statutes and regulations.

Each site should ensure that their ROI forms comply with local, state, and federal laws. Sites should also ensure that case managers and other client-facing staff are trained in the purposes and use of the ROI, what it protects, and how to explain the ROI to participants to ensure they understand what they are signing.

VIII. COMMUNICATIONS

As a multi-partner collective impact initiative with integrated policies and operations, it is essential that LEAD sites develop efficient and comprehensive communications plans and protocols to appropriately inform both internal and external stakeholders. Well-developed communication protocols will ensure that all stakeholders have access to relevant, timely, accurate information about LEAD's purpose, operations, and progress.

With the input of the OWG and the approval of the PCG, the project manager is responsible for developing a communications plan and for managing day-to-day internal and external communications. As a central element of these plans, site stakeholders will need to determine who can "speak" on behalf of LEAD, and in what circumstances. In many cases – but perhaps not all – the project manager will serve as the project's official spokesperson.

However, sites must also identify and codify any circumstances in which the project manager cannot speak for the project or for any of the project's partners, or in which the project manager must coordinate communications with others, such as various agencies' communications staff, the police department's public information officer, or the mayor's communications director.

A. Internal Communication

The project manager is responsible for ensuring communication lines are open among all partners and formal bodies (PCG, OWG, and CLT) for LEAD-related information. As part of the ordinary duties facilitating PCG and OWG meetings, the project manager must ensure that appropriate meeting notes are taken, shared in a timely manner with relevant stakeholders, and archived for ready access and reference. The project manager also partners with the community engagement coordinator to elicit feedback from and share information with the Community Leadership Team.

The project manager acts as a liaison between the PCG and OWG to communicate developments or needs. This communication allows for policy makers to be assured that LEAD is operating in a manner consistent with established protocols and in line with the core principles and goals of LEAD. This also allows for ongoing communication between the OWG and PCG so that needs are addressed in a timely fashion.

The project manager may need to schedule time-sensitive or urgent meetings around specific policy or operational needs outside the regularly scheduled meetings. Although these meetings may only involve some partners, the subject, content, and outcomes of these meetings should be communicated to all partners as soon as possible.

Members of all three bodies may have questions outside regular meetings, and the project manager may not always be the best person to answer those questions. For example, if a case manager wants to know a participant's next court date, the prosecutor or public defender may be the best person to provide the answer. The case manager is empowered to reach out directly to the prosecutor or probation agent, but should copy the project manager on any correspondence with PCG and OWG members to foster smooth communication.

B. External Communications

Any LEAD initiative is complex. It elevates important issues of local public policy, and it engages and affects a remarkable array of stakeholders. Consistent, clear, and audience-specific external communications can substantially enhance a project's acceptance, efficacy, and sustainability.

Decision-makers and operational partners are involved in LEAD's day-to-day operations, but community stakeholders are essential to its success. In every LEAD community, it's important that a broad array of community stakeholders – businesses, civic engagement groups, advocacy coalitions, faith leaders – understand what LEAD is, have a voice in LEAD, and have access to information on the progress of LEAD. The PCG and project manager should support the CLT, through the community engagement coordinator, to develop a community presentation and outreach plan. The community engagement coordinator should ensure the appropriate partners are involved in the outreach plan. The community outreach plan should include developing materials and scheduling presentations for neighborhood groups, community-based organizations, business groups (e.g. business improvement districts and the local chamber of commerce), political leaders, and advocacy groups.

The LEAD collaborative includes high-level elected and appointed officials. These officials are contacted by media sources on a regular basis, and will receive inquiries on policies, procedures, and specific individual cases. It is important that the PCG establish a media protocol to ensure the partners are aligned in messaging LEAD and for any case-specific responses. There is no room for finger-pointing, even inadvertently, in LEAD – the collaborative owns both success and failure.

One way to ensure all partners stay on message is to regularly develop, update, and circulate talking points. Additional tools that can support LEAD's visibility and advance public awareness are opinion pieces, newsletters, and a slideshow presentation that can be shown and distributed at meetings of all sizes.

Finally, some of the most important messages about LEAD are found in stories of people directly impacted by LEAD participants' actions, including victims of theft, bystanders who witness an arrest diversion, or people who call the police in response to someone in distress near their residence.

IX. Starting and Scaling

In considering implementing LEAD, each site should recognize the difference between LEAD in its initial implementation and LEAD at scale within the site. Many sites strive to go to scale from the start – a full

city, a full county, a region that includes a city and surrounding smaller towns. This is an understandable temptation, but sites must first determine the size, scale, and scope of the initiative. This includes the geographical area in which LEAD will operate, the times that case managers will operate, and which officers will be trained to make diversions. They will also need to develop a plan for scaling, as they will want to grow in a smart, deliberate fashion. LEAD can be complicated so smartly growing it can ensure operational partners' needs are met and participants are served appropriately.

While many jurisdictions would like to begin by implementing LEAD across its entire region, twenty-four hours a day, seven days a week, this is usually not feasible. LEAD is complicated, and the initiative's long-term sustainability depends on its efficacy and wide support. Thus, it is best to design LEAD to start within a pilot zone, during specified times, with a group of officers well-trained on the principles of LEAD, harm reduction, and the process of making a diversion, and with a strong operating partnership.

A number of factors will play into the decision about where and when to start. As noted, the case manager to participant ratio needs to be low so that case managers can spend time building relationships and meeting participants in the field. Case managers also need to be able to bring participants to appointments with providers that are only open during the day. This means that when LEAD first starts the number of case managers will determine the number of participants that can be accepted. Even if there is funding for multiple case managers jurisdictions may want to space the hiring out as part of a scaling plan so that as diversions/referrals increase more case managers are hired.

Geographical area and times of operation can be greatly influenced by density of population and size of the area. Jurisdictions need to take into consideration not only the number of participants they can serve, but also the time it takes for a case manager to respond for a warm handoff and where the services are located.

It is also important for the police department to be able to routinely assess how the initiative has been implemented regarding officer understanding, buy-in, involvement, and diversions/referrals. This is difficult to do if LEAD has too big a span of control. Starting out in a smaller pilot zone with a defined number of officers will enable the appropriate span of control so that operations can be assessed and adjusted as necessary.

This means the geographical area and times of operation need to be determined by the PCG in coordination with the OWG and CLT. This should be done with full transparency to the community at large and with the goals of LEAD in mind.

The scaling plan can include expanding the hours in the current geographic area and/or expanding the geographical footprint itself. In order to do this additional case managers will need to be hired, additional police officers will need to be trained, and community and business engagement should occur.

X. Training and Education

Successful implementation and continued operation of LEAD requires training of stakeholders and operational partners. It also requires community education which enables community groups, business associations, and potential participants to gain an understanding of what to expect from LEAD.

A. TRAINING

i. Officer Training

Jurisdictions adopt LEAD only after careful deliberations and consideration, and in order to achieve specific and systemic changes that no agency can solve on its own. In every jurisdiction, officers can readily identify (and often name) a number of people who are endlessly cycled from the streets to the jails and courts and back to the street, people with complex and chronic behavioral illnesses whose needs remain both problematic and unaddressed.

Trainings for officers should take care to explain that LEAD is designed to provide a new tool that better meets the needs for these people and that can support officers in their sworn duty to foster public safety and order. Such trainings should explain LEAD's purpose and operations, how it aligns with and complements other criminal legal interventions (such as crisis intervention teams, co-responder approaches, and specialty courts), and highlight the ways in which LEAD represents a new collaborative tool, one that allows immediate response from the project's operational partners while also providing officers with ongoing information about participants' progress and complications.

Command staff and officers should also receive training into the fundamental elements that differentiate LEAD from all other interventions and that are proven to be the most effective approaches to working with people whose unlawful behavior stems from unmet behavioral health needs, including harm reduction, motivational interviewing, Stages of Change theory, and long-term case management.

Lastly, it is important to acknowledge that LEAD both encourages and reflects the shift in philosophy in how to better respond to people who multiple police-related contacts are driven by behavioral health issues, homelessness, or poverty. It is important that all of a LEAD site's partners recognize and acknowledge the Chief's, Commissioner's, or Sheriff's leadership to improve approaches to public safety while preserving individuals' dignity and freedom.

ii. Case Manager and Outreach/Intake Coordinator Training

LEAD-style case management deploys a set of methodologies and modalities that make it distinct from traditional case managers and case management agencies. LEAD case management ***must*** be non-coercive, non-time-delimited, street-based, and built on harm-reduction and steeped in Stages of Change theory and motivational interviewing practices. Thus, it is essential that case managers, outreach workers, and case management agency directors receive both initial and ongoing training into LEAD's purpose, practices, and methods.

Further, LEAD builds a collective impact, collaborative, integrated system of care, one in which diverse partners share information, jointly problem-solve, and respect each other's authorities and value. In LEAD, all operational partners – including case managers and police officers – have important roles in the Operations Work Group, and they must develop the capacity to work with each other. To this end, it may be helpful for officers and case managers to participate in shared trainings and in cross-training, to help them understand the realities, challenges, and resources each stakeholder brings to bear.

iii. Operations Workgroup Training

The OWG plays an integral role in the success of LEAD. The OWG meets on a regular basis and discusses the progress of participants and works together to solve complex issues that participants face. They also

help identify gaps and needs that are critical in the growth of LEAD. The OWG meetings are facilitated by the project manager and held in a collaborative, collective voice fashion. Sensitive information shared at the meetings needs to be protected as it is imperative that all partners keep with the premise that no participant should be worse off for enrolling in LEAD.

The collaborative functions of the OWG are often different from those of other initiatives the operational partners are involved in. It is thus important that the OWG receive a block of training on the goals and objectives of the OWG, how to handle sensitive information, and their role within the LEAD structure.

B. EDUCATION

i. Community Stakeholders

The community at large is an important stakeholder in LEAD. Community members are always part of a public safety strategy and need to be given a voice on what this strategy is, and how it will be implemented. Working with the community from the earliest points of exploration is crucial to an effective initiative. The Policy Coordination Group should ensure that a community engagement plan is developed, approved, and implemented. This should include conducting community presentations to educate the community on LEAD and to provide an opportunity for meaningful input and direction-setting. This education should be led by the community engagement coordinator in coordination with the Community Leadership Team, wherever possible.

ii. Business Community

As part of the larger community, the business community is also an important stakeholder in LEAD. They not only bring needed resources to LEAD but their involvement helps divert cases where businesses are the victims of crimes. In many jurisdictions, the business community provides resources for participants such as care packages, gift cards, and bus passes. The business community can also serve as peer ambassadors to other businesses, explaining LEAD's benefit to their own businesses and to public safety. It is therefore important to conduct outreach to the business community. This can be done in conjunction with the business representatives on the PCG, the community engagement coordinator, and the Community Leadership Team.

iii. Service Providers/Community Based Organizations

In a LEAD initiative, case managers do not provide direct services; rather, they build rapport and relationship with participants, serving as informed and trusted conduits to existing community resources. It is therefore important to conduct outreach to service providers and community-based organizations as their services will be needed. This outreach should be conducted by the project manager and include the case management team.

XI. INTER-JURISDICTIONAL COLLABORATION

It's important to understand the operational and policy-related implications of inter-jurisdictional collaboration. If a site begins by initially operating in one city precinct, the expansion into multiple precincts within the same city is a challenge more of scale than of complexity.

But if a site begins in one city and expands into another (even if it's geographically adjacent), complexity immediately enters the picture. In most cases, such a move would involve adding a second project manager; it would likely bring a new law enforcement agency into the partnership; it might involve a new set of local leaders, including city council, business associations, and community groups; it would generate operational questions for connecting participants to case managers and services across a larger geographic region; it might reflect very different economic, demographic, political, and public safety contexts. Further, resources may be very different in one community as compared to the other, raising differences in operational capacity and competing expectations.

Today, there are some counties, states, and geographic regions in the United States that are implementing more than one LEAD initiative. Whenever this occurs, it is very important that jurisdictions work together – from the planning stages onward – to maximize policy and operational alignments, collaborate on opportunities, and leverage existing or potential resources.

To support such cross-jurisdictional projects, sites may decide to create mechanisms for shared stewardship, learning, and planning. This might include forming joint stakeholder committees; standardizing policies, procedures, and protocols; sharing (or expanding) a community-based case management agency; conducting joint trainings; sharing community engagement tools; and developing complementary communications and evaluations plans. In some circumstances, jurisdictions may be able to apply for joint funding or other resources.

There are also several places in which LEAD is being developed as a statewide strategy with statewide assistance and funding. In such cases, the state's stakeholders should encourage similar planning, collective stewardship, and collaborative operations and training.

XII. BUDGETS & SUSTAINABILITY

A. Sustainability

For LEAD, "sustainability" isn't just a proxy for funding; rather, a LEAD site's sustainability has just as much to do with stakeholders who believe in, champion, and advocate for it. Because LEAD is a multi-systems change initiative that involves and is shepherded by multiple public, nonprofit, and community stakeholders, a project's long-term viability and sustainability can substantially depend on those stakeholders' commitment to LEAD as a useful strategy in their jurisdiction. If a county executive, a city mayor, the prosecutor, civil rights organizations, harm reduction coalitions, service providers, and the business community believe in LEAD's value, it is far likelier that the initiative will be able to support its operations by pulling funding from blended sources. Conversely, even a site funded by a substantial three-year state grant may find itself, late in Year 2, floundering to develop a post-grant sustainability plan if it has failed to elicit widespread interest and involvement among an array of essential stakeholders, influencers, and budgetary decision-makers.

B. Core Budget

As stewards of the initiative, the PCG is responsible for determining the project's scale and timeline for gradual expansion, developing the appropriate budget, managing operational essentials (such as hiring and situating the project manager, subcontracting services, and securing office space and necessary technical assistance), and developing and executing memos of understanding with project partners.

The importance of the planning stage should not be underestimated. It is typically time-consuming, complex, and detail-oriented, but an effective and well-managed planning process has lasting value. Costs for this phase of project development are very low; typically, multiple agencies and stakeholders participate in this process on an in-kind basis. Some jurisdictions find it valuable to recruit time from an existing employee or to retain an external consultant to manage the planning process; this may incur a short-term cost.

As planning moves into early launch (hiring staff, retaining space, executing contracts) and service delivery, costs increase. As projects move from initial scale to a more expanded scope over time (by expanding the number of clients served, the geographic region, or the array of services), marginal costs (such as for additional case managers) will increase, although many of the basic operating costs may increase more slowly. *The following table outlines the essential functions that should be considered in a LEAD budget and is offered for illustrative purposes only.*

Funded Position	**Salary Range per FTE**
Project manager: 1 FTE	$75,000 - $95,000, plus benefits
Case manager: FTEs determined by site's case manager-to-client ratios	$40,000 - $60,000, plus benefits
Outreach and intake coordinator: 1 FTE may vary and may grow as the site grows	$40,000 - $60,000, plus benefits
Community engagement coordinator: 1 FTE	$65,000 - $85,000, plus benefits
Stipends and other meeting costs for community leadership team	$2,500
Travel estimated at $2,000 per staff FTEs	TBD
Flexible client funds (at an estimated $500 per year per client)	TBD
Operational needs (occupancy, phone, copying, design, and printing)	TBD
Technical assistance	TBD
Housing subsidies, additional purchased services (when warranted and possible)	TBD
Indirect costs	TBD

C. Funding Sources

Finding the funds to start up any new initiative is a demanding and important task. Thus, it is all the more important to create a site development plan far in advance of the proposed launch date. Ideally, such a site development plan should map out the path from launch through at least three years, and should reflect reasonable expectations about the project's initial scope and scale and its projected growth in scale and cost.

How sites source these start-up funds varies substantially. In some cases, state budgets earmark funds for LEAD initiatives, which are then awarded to applicant jurisdictions through public RFP processes. In other cases, sites propose to implement their projects through a federal grant application. Sometimes, local stakeholders form a planning group and collectively develop blended funding by weaving together funds piecemealed from multiple existing public and nonprofit budgets.

Whatever the proposed budgets for the project's launch and ongoing implementation, it is essential that partners work together to build a realistic three-year budget funding supported by an informed understanding of attainable resources. It is the responsibility of the PCG to develop plans for both initial launch and long-term sustainability.

Increasingly recognized nationally and internationally, the LEAD model has gained substantial interest at the state and federal levels. LEAD is commonly included as a project eligible for funding through the federal Bureau of Justice Assistance (BJA), the Comprehensive Addiction and Recovery Act (CARA), and the Substance Abuse and Mental Health Association (SAMHSA). A number of states have also begun earmarking public dollars to underwrite local LEAD initiatives.

The federal Affordable Care Act (ACA) passed during the Obama administration established a new policy framework to advance public health by expanding eligibility to many people, and for many services, which had previously been excluded. In many states (so-called Medicaid expansion states), Medicaid provides greater opportunities to address problems such as substance use disorders and mental health disorders.

In such states, Medicaid now requires insurers to cover behavioral healthcare and recognizes mental health and substance use disorders as chronic health conditions. Furthermore, Medicaid expansion states can provide care coordination (case management) services to recipients with chronic health disorders. As LEAD sites develop, plans should be employed to register participants for Medicaid coverage whenever possible.

XIII. APPENDICES

A. Glossary

B. FAQs

C. Core Principles

i. Successful LEAD implementation
ii. About LEAD's goals and core principles
iii. Core principles for case management
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D. Sample Job Descriptions

i. Project manager
ii. Case manager
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E. Process Documents

i. Project flow chart
ii. Policy Coordinating Group agenda – planning phase
iii. Policy Coordinating Group agenda – operational phase
iv. Operations Work Group agenda
v. Partner agencies roster and roles
vi. Project goals summary
vii. Eligibility, referral and diversion protocols
viii. Client initial screening form

[1] Jeremy Travis, Bruce Western, and Steve Redburn, eds., Committee on Law and Justice, Division of Behavioral and Social Sciences and Education, National Research Council, *The Growth of Incarceration in the United States: Exploring Causes and Consequences* (Washington, DC: The National Academies Press, 2014), https://johnjay.jjay.cuny.edu/nrc/NAS_report_on_incarceration.pdf.
[2] Ibid.
[3] Zhen Zeng, *Jail Inmates in 2017*, bulletin prepared at the request of the Department of Justice, Bureau of Justice Statistics, April 2019, https://www.bjs.gov/content/pub/pdf/ji17.pdf.
[4] Ibid.
[5] Todd R. Clear, "The Effects of High Imprisonment Rates on Communities," *Crime and Justice* 37, no. 1 (2008), 97-132, https://doi.org/10.1086/522360.
[6] Will Dobbie, Jacob Goldin, and Crystal S. Yang, "The Effects of Pretrial Detention on Conviction, Future Crime, and Employment: Evidence from Randomly Assigned Judges," *American Economic Review* 108, no. 2 (2018), 201–240, https://doi.org/10.1257/aer.20161503.
[7] Alexi Jones and Wendy Sawyer, *Arrest, Release, Repeat: How police and jails are misused to respond to social problems*, August 2019, https://www.prisonpolicy.org/reports/repeatarrests.html
[8] Lucius Couloute, *Nowhere to Go: Homelessness among formerly incarcerated people* (Northampton, MA: Prison Policy Initiative, 2018), https://www.prisonpolicy.org/reports/housing.html.
[9] Becky Pettit and Bryan Sykes. (2017). "State of the Union 2017: Incarceration." *The Stanford Center on Poverty and Inequality*. https://storage.googleapis.com/vera-web-assets/downloads/Publications/the-price-of-jails-measuring-the-taxpayer-cost-of-local-incarceration/legacy_downloads/price-of-jails-summary.pdf.
[10] Darrell Steinberg, David Mills, and Michael Romano, *When did prisons become acceptable mental healthcare facilities?* (Stanford, CA: Stanford Law School, n.d.), https://law.stanford.edu/index.php?webauth-document=child-page/632655/doc/slspublic/Report_v12.pdf.
[11] Nell Bernstein, All Alone in the World: Children of the Incarcerated (New York: The New Press, 2007).
[12] https://www.sentencingproject.org/publications/un-report-on-racial-disparities/
[13] https://www.collectiveimpactforum.org/what-collective-impact
[14] https://www.ojjdp.gov/ojstatbb/crime/ucr.asp?table_in=2&selYrs=2018&rdoGroups=3&rdoData=r
[15] https://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.pdf
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[20] http://www.antoniocasella.eu/restorative/Latimer_2005.pdf
[21] https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/
[22] https://harmreduction.org/about-us/principles-of-harm-reduction/
[23] https://www.samhsa.gov/sites/default/files/programs_campaigns/homelessness_programs_resources/path-spotlight-motivational-interviewing.pdf

- The federal **Bureau of Justice Assistance (BJA)** is a component of the Office of Justice Programs, within the United States Department of Justice. BJA provides leadership and assistance (through grants, research, and technical assistance) to local programs that improve and reinforce the administration of justice in our country.[1] One resource within BJA that may be of particular interest to LEAD initiatives is the National Training and Technical Assistance Center (NTTAC), which pays for Bureau staff to provide dedicated trainings or TA to jurisdictions with successful applications.
- **Case managers** support people who are in difficult situations and help them figure out what they need, find services, create plans for treatment or recovery, work with other health and human service providers, and regularly check in about progress.[2]
- A **Crisis Intervention Team (CIT)** is a community partnership of law enforcement, mental health and addiction professionals, individuals who live with mental illness and/or addiction disorders, their families and other advocates. It is an innovative first-responder model of police-based crisis intervention training to help persons with mental disorders and/or addictions access medical treatment rather than place them in the criminal justice system due to illness related behaviors. It also promotes officer safety and the safety of the individual in crisis. First developed in Memphis, it is known as the "Memphis Model."[3]
- A LEAD **Community Leadership Team (CLT)** is made up of a diverse group of community members who meet at least once per month. They receive updates about LEAD, review documents and other data, and provide input into the initiative. CLT members should meet at least one of the following criteria: live or work in the pilot area; have lived experience with the criminal legal system, mental illness, or addiction; have close family members with lived experience; or are connected to a group working on civil rights, criminal legal reform, healthcare reform, fair housing, disability justice, sex worker rights, harm reduction/drug user rights, racial justice, LGBTQI issues, or poverty issues.
- **Community member** is a term is used throughout the toolkit to describe someone who doesn't work for a criminal or health system agency (governmental or not), isn't an elected or appointed official, is not a funder, and doesn't work for local, state, or federal government. Additionally, this person should have some level of awareness of what is happening in the community where LEAD operates, either by living or working there.
- Historically referred to as the criminal *justice* system, **criminal legal system** has become the preferred term for the network of government and private agencies intended to manage people accused and convicted criminal offenses. The criminal legal system is comprised of multiple interrelated pillars, consisting of academia, law enforcement, forensic services, the judiciary, and corrections.[4] Those seeking to transform, reform, or abolish the system or those just seeking to use a more accurate phrase to describe what often feels like an *un*just system began using "criminal legal system."
- In LEAD, a **decision-maker** has final decision-making authority within their office, department, or agency. Often, this power is delegated to senior-level staff who are not necessarily at the very top;

[1] https://en.wikipedia.org/wiki/Bureau_of_Justice_Assistance
[2] https://www.snagajob.com/job-descriptions/case-manager/
[3] https://www.citinternational.org/Learn-About-CIT
[4] https://www.sciencedirect.com/topics/psychology/criminal-justice-system

for example, the first deputy chief of police may have discrete decision-making authority over all sworn officers but if their boss—the chief or superintendent of police—sees fit to override their authority, they have the power to do so. For the purposes of LEAD, determine what decisions will need to be made and let that guide who should populate the PCG.

- **Evidence-based** means a practice that has been rigorously evaluated in experimental evaluations and shown to make a positive, statistically significant difference in important outcomes. A program that has stood the test of rigorous experimental evaluations has shown that it is supported by data, not just based on theory; has been repeatedly tested and is more effective than standard care or an alternative practice; and can be reproduced in other settings.[5]
- **Harm reduction** aims to reduce the level of harm (for oneself and for a larger community) that can be associated with certain behaviors such as harmful drug use. Harm reduction includes a set of practical strategies and ideas aimed at reducing the negative consequences of such behaviors. Harm reduction incorporates a spectrum of strategies from safer use, to managed use to abstinence to meet drug users "where they're at," addressing conditions of use along with the use itself. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs. Because harm reduction demands that interventions and policies designed to serve drug users reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.[6] Harm reduction has an additional meaning for LEAD: the opportunity to reduce the harms caused by the criminal legal system, by other public systems, and by systemic and institutionalized racism.
- **Harm reduction case management** is a participant centered, participant driven, street-based practice that strives to support behavior change that reduces harm to the individual and to others. Harm reduction case management recognizes that individuals most at risk of negative physical psychological and social health outcomes due to poverty and criminal legal systems involvement may be both reluctant and/or unwilling to access the services they need to mitigate the harms of poverty, racism and the weaponization of the war on drugs when those services are housed in traditional institutional settings. In recognition of this unequal access to necessary health interventions, harm reduction agencies, both nationally and globally, have dedicated themselves, their agencies and their programs to bringing essential health interventions to participants in the streets in both urban and rural settings. In LEAD, harm reduction case management is sometimes referred to as intensive case management or guerilla case management.
- **HIPAA** is the acronym for the Health Insurance Portability and Accountability Act that was passed by Congress in 1996. HIPAA provides the ability to transfer and continue health insurance coverage for millions of American workers and their families when they change or lose their jobs; reduces health care fraud and abuse; mandates industry-wide standards for health care information on electronic billing and other processes; and requires the protection and confidential handling of protected health information. The HIPAA Privacy regulations require health care providers and organizations, as well as their business associates, to develop and follow procedures that ensure the confidentiality and security of protected health information (PHI) when it is transferred, received, handled, or

[5] https://www.ori.org/resources/what_does_it_mean_to_be_evidencebased
[6] https://harmreduction.org/about-us/principles-of-harm-reduction/

shared. This applies to all forms of PHI, including paper, oral, and electronic, etc. Furthermore, only the minimum health information necessary to conduct business is to be used or shared.[7]

- **Housing first** is service approach that does not require people to achieve certain behaviors in order to "earn" their eligibility for housing. In many housing models, people are expected to achieve sobriety, get and keep a steady job, or comply with other conditions prior to being considered for housing. In contrast, the housing first approach recognizes that a safe and consistent place to live is a valid human need and that getting access to such housing can serve as a powerful foundation to support other kinds of positive behavior change. Housing first does not mandate participation in services either before obtaining housing or in order to retain housing.
- **Law enforcement**: The term "law enforcement" is used throughout this toolkit to describe police officers, sheriff's deputies, and others endowed with arresting authority (which may include campus public safety officers, environmental enforcement officers, transit authority officers, and more). It may also include prosecutors.
- LEAD **line staff** are people on the front lines of LEAD: case managers, peers, outreach workers, beat/ patrol officers, and housing providers. A lot of people work hard to plan and launch LEAD and may never have face-to-face interactions with LEAD participants. Line staff have the lion's share of interactions with participants.
- **Mass incarceration** refers to the United States' long history of using arrest, prosecution, and incarceration as a way to control certain populations and behaviors, resulting in the highest per-capita rate of incarceration in the developed world, with a deeply disproportionate effect on Black and Brown people.
- **Motivational interviewing** is a therapeutic method that seeks to help people identify their internal motivations to change problematic behavior. It is a practical, empathetic, and short-term process that recognizes the ambivalence, difficulty, and intermittent steps inherent to enacting long-term behavior change.[8]
- **Net widening** is the phenomenon in which a society or community increases the array of behaviors (and thus people) subject to control by the criminal legal system. Net-widening refers to the process of criminalizing behaviors that might otherwise be considered issues of public health, civil infractions, or simple community norms. For example, behaviors as common as jay-walking, carrying condoms or syringes, or sitting on a sidewalk are often criminalized and then selectively enforced, as a result of which many people in highly policed areas are arrested for behaviors that would go unpunished in other neighborhoods. Net-widening can also occur when apparent criminal legal "reforms" paradoxically result in a larger number of people being caught in the criminal legal net. When probation is perceived as a "less punitive" alternative to jail, for example, it can end up increasing the overall number of people subject to supervision and control.
- The LEAD **Operations Work Group (OWG)** is composed of line-level personnel, including mid-level supervisors, who carry out the day-to-day operations of LEAD. The members are appointed by the PCG and typically include police officers, assistant prosecutors, public defenders, case managers, other service providers, and community leadership representatives.

[7] https://www.dhcs.ca.gov/formsandpubs/laws/hipaa/Pages/1.00WhatisHIPAA.aspx
[8] https://www.psychologytoday.com/us/therapy-types/motivational-interviewing

- The LEAD **outreach and intake coordinator (OIC)** acts as the contact point during a warm hand-off or initial contact with social contact referrals. The OIC conducts street outreach, as needed, to locate and attempt to engage referred individuals who have yet to complete intake or who are not regularly meeting with their case manager. The OIC typically provides after-hours, on-call phone response to referrals to LEAD case management.
- In behavioral health realms, a **peer** usually refers to a person who has shared the experience of those a particular system is trying to serve; in LEAD, this may be someone who shares the experience of having lived with mental illness, used drugs, or been incarcerated. Peer professionals are people who combine professional training with their lived experience. In LEAD, peer professionals are recognized as a highly valuable and insightful resource.
- Being **person-centered** (or participant-, client-, patient-centered) is about designing care to elicit and support the needs, values, and priorities of the population served, rather than imposing organizational or systemic expectations on them. Being person-centered requires flexibility to meet people's needs, making the system work for the participant, rather than the other way round.[9]
- Each site's LEAD **Policy Coordinating Group (PCG)** serves as the policy-making and stewardship body for its initiative. The PCG is composed of senior members of their respective agencies who are authorized to make decisions on behalf of their offices. Together, the PCG's members develop the local vision for LEAD; make policy-level decisions for the initiative and within their respective agencies; ensure that sufficient resources are dedicated for the success of the initiative; and review, approve, and modify overarching policies to reflect the site's intentions, including (but not limited to) participant eligibility criteria, inclusion/exclusion criteria, and diversion-eligible criminal charges and exclusionary criteria (if any). In addition, the PCG is responsible for establishing and stewarding evaluation, communications, and budget plans.
- The LEAD **project manager** is the key staff position in any LEAD initiative, responsible for coordinating all aspects of the initiative and managing its day-to-day activities. A trusted partner of all partners, the project manager serves as resource and liaison to both the PCG and the OWG. LEAD is a consortium of politically independent actors; therefore it is desirable for the project manager to be primarily loyal to the initiative itself, independent from all political and operational stakeholders.
- The **Substance Abuse and Mental Health Services Administration (SAMHSA)** is the United States Department of Health and Human Services agency that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.[10]
- A LEAD **social contact referral** occurs when an eligible individual can be referred into LEAD without waiting for the moment of potential arrest. As determined by its PCG, each LEAD site sets its own policies regarding who can make social contact referrals. The people referred into LEAD this way should meet almost all of the same eligibility criteria, are not subject to the same exclusionary criteria, and face no consequences if they decline to enroll or never complete the biopsychosocial intake.
- Stages of Change model (also called the Transtheoretical Model) operates on the premise that people's readiness to change their behavior develops in stages (often defined as precontemplation,

[9] https://rcni.com/hosted-content/rcn/first-steps/what-person-centred-care-means
[10] https://www.samhsa.gov/about-us

contemplation, preparation, action, and maintenance). It further recognizes that these stages require different intervention strategies in order to cultivate, support, and advance a person's readiness to change. The stages are:

  - Precontemplation ("not ready") – "People are not intending to take action in the foreseeable future, and can be unaware that their behavior is problematic"
  - Contemplation ("getting ready") – "People are beginning to recognize that their behavior is problematic, and start to look at the pros and cons of their continued actions"
  - Preparation ("ready") – "People are intending to take action in the immediate future, and may begin taking small steps toward behavior change"
  - Action – "People have made specific overt modifications in modifying their problem behavior or in acquiring new healthy behaviors"
  - Maintenance – "People have been able to sustain action for at least six months and are working to prevent relapse"
  - Termination – "Individuals have zero temptation and they are sure they will not return to their old unhealthy habit as a way of coping[11]

- A LEAD **stakeholder** is anyone with an interest in and connection to LEAD. Jurisdictions can think about this as broadly as makes sense to secure community-wide support and ensure the initiative is successful. Generally, stakeholders are involved in LEAD in some way (PCG, OWG, or CLT), though all residents and businesses in the LEAD catchment area may be considered stakeholders even if interactions with each individual vary widely.
- A LEAD **warm handoff** describes the process by which a LEAD participant is diverted out of the criminal legal system and into LEAD's community-based case management. In a LEAD warm handoff, rather than making an arrest, a police officer calls the LEAD case management, who comes to the scene or the police station to meet the individual, explain LEAD, and invite the person to opt in to LEAD. Once the person has accepted referral, the officer is free to return to duties on the street.

[11] https://en.wikipedia.org/wiki/Transtheoretical_model

LEAD Frequently Asked Questions (FAQs)

Produced by the LEAD National Support Bureau

June 2020

1. What does "divert" mean, in LEAD: divert to what?

   The short answer is to long-term, harm reduction, street-based case management. Once enrolled in LEAD and assigned a case manager, participants know that they have a consistent, patient, non-judgmental person who will stand by them, help them understand their priorities, and make progress on those goals. LEAD case management becomes the responsive, ready conduit to the system available resources.

2. What does participant engagement mean?

   Engagement looks different for every participant, depending on their needs and access to resources. The right engagement plan takes into account barriers, like lack of transportation, mental health crises, or general transience and instability. A participant may be reluctant to open up to a case manager at first, so case managers are trained in how to make informal, non-intrusive contact that serves as the foundation for a more trusting relationship. Other participants may be eager to get into housing, checking in with their case managers every day to see how things are progressing. Still others may stabilize, live independently, and want to check in with their case manager every so often, or when a problem emerged. All of these constitute meaningful engagement and should be valued; for many people, their case manager may be the first person in decades (or ever) who consistently shows up, doesn't shame them, and listens.

3. What is success, in LEAD?

   The answer to this question is the same as the answer for engagement: it looks differently for every participant. Overall, LEAD aims to reduce negative law enforcement encounters, including arrests, and jail bookings, length of stay, and convictions, but that path may not be straight or linear for people struggling with mental illness or problematic drug use. Success in LEAD must always be measured by incremental progress made toward goals the participant identifies for themselves, in concert with their case manager. At base, success in LEAD is the incremental reduction in harm: of participants to themselves, of the harm they cause to others, and of the harm others cause to them – including systemic harm.

4. What happens if someone is diverted and then the next week the police arrest them again?

   Re-arrest is both typical and to be expected – behavior change doesn't happen overnight, and if someone was arrested on Monday for being hungry, high, and homeless, it's likely they'll be hungry, high, and homeless for many occasions to come.

   If the new arrest is for a LEAD-eligible offense, the police officer again has the option to divert the person to LEAD again or arrest the person. In many departments, officers take into account someone's participation in LEAD and consider calling their case manager to the scene as an alternative intervention because they know it will be more effective than an arrest. The officer always has the authority to arrest the person—that does not go away because the person was previously diverted to LEAD.

5. Is there potential liability incurred by the police or DA for not arresting/filing charges?

   There is no legal liability for an officer exercising lawful discretion to divert someone to LEAD. If PCG or OWG members are concerned about political liability should something happen with a participant, it can be addressed by developing a risk management plan, which outlines roles,

responsibilities, chains of command, and outline a coordinated response. It is important that all LEAD stakeholders assume shared risk as part of their good faith partnership agreement.

6. How do you get police officer buy-in?

   Key strategies for building police officer buy-in include a thoughtfully developed policy and protocol—ideally with officers who will be tasked with carrying out diversions and their supervisors at the table from the beginning; law enforcement-led trainings with food and drinks provided; and roll call refreshers on a regular basis. Additional measures include counting diversions and social contact referrals in someone's stats and requiring participation in LEAD for promotions. One of the things that distinguishes LEAD from arrest and detention is that officers seldom find out what came from an arrest; in LEAD, they're encouraged to come to OWG meetings and inquire about how the people they've diverted or referred in are doing. This communication loop increases their investment in a person's process and allows them to celebrate progress should they see the person again.

7. How do you get community support?

   As with listening to officers' input about what LEAD should look like, it's important to listen to the community's concerns, answer their questions, and be open to adjusting LEAD to better reflect shared values and goals. It's also important to distinguish LEAD from existing social service programs that they've probably seen fail their communities and families time and again. They, like police officers, aren't likely to believe it can work until they see it work, so it's important to bring them along at least that far and agree on ways LEAD can be transparent and accountable to the community while still respecting participants' privacy. Encourage people to be involved in the CLT but protect the engagement coordinator's time and energy by not putting too many skeptics on the CLT. They are important and stakeholders should stay in dialogue with them, but a nascent LEAD pilot can be undermined by one vocal nay-sayer. Hopefully, over time, they can see the value of LEAD and even come to the table to make it stronger.

8. Should we start in a pilot zone or throughout the city?

   This answer depends on the size of your city. Most LEAD initiatives begin within a defined geographic area—a police district or precinct—but some launch citywide or countywide, depending on the size. Most pilots begin with two case managers and if they can absorb 2-3 diversions or social contact referrals per week, in the beginning, what would it look like for officers across your city to attempt diversions? Would the case managers be overwhelmed with calls? If the answer is yes, you risk frustrating officers who attempt but can't complete a warm hand off or who hear from participants that they haven't been able to meet with their case managers because of availability.

9. How many officers should we train?

   The best answer is, "all of them," starting with the pilot district. Since officers get transferred with some regularity, it's best to have everyone with a basic working knowledge of LEAD. If someone is transferred into the pilot district and they know what LEAD is, the liaison can provide them more details and offer to have them sit in on an OWG to get a better sense of how it works. Eventually, LEAD curriculum should be integrated into police academy trainings and if there are other arresting authorities in the jurisdiction, they should be trained as well (e.g. state police, park police, etc.).

10. How many participants should a case manager have?

    The absolutely maximum is 25 participants but the ideal number is 10-15, because the case management is so intensive. It's also worth noting that a case manager cannot reasonably take on a

lot of people at once, and may not even be able to assess the full volume of someone's need for support until they've been working together for a while. The people LEAD aims to work with have incredibly complex needs coupled with significant trauma histories including but not limited to incarceration, homelessness, physical and sexual abuse, discrimination, and untreated mental and physical health issues. Also, people never graduate from LEAD; they're in it for life. But when participants become more stable and independent, they can be transitioned to a different tiered status, allowing case managers to take on an additional person.

11. What's the appropriate role of peer staff?

    Peers staff don't need to be relegated to a support role, as often happens in more traditional agencies. In LEAD, peer staff bring valuable lived experience and perspectives to the table, much of which can't be taught in a classroom or degree program. In Seattle, peers comprise at least half the case manager positions and provide top quality intensive case management to participants.

12. Are LEAD operations 24/7?

    This is a really important question because often law enforcement is acutely aware that *they* operate 24/7 but most other agencies do not, leaving officers as the only people available to respond to people in need. With that said, we do not advise sites to begin with 24/7 operations, or case management staff available at all hours, every day of the week. Two potential ways to approach determining which days and hours should be staffed are 1) ask officers in the area where LEAD will be operating and 2) look at the data—when are police making the most arrests on diversion-eligible charges. The data will reveal one part of the story, but by talking with officers, you're continuing to honor their expertise and you find out more about the state of people in your priority population. For example, maybe officers arrest James every night at 3 am because he is causing a disturbance but if you talk with them about him, they may tell you by 3 am James is too inebriated to be able to consent to a diversion or engage with his case manager but they never see him until at least 6 pm, so you may want to ensure there's staffing at 9 pm. Even when the budget allows for enough staff 24/7, it may be worth evaluating when participants need increased capacity, since most services and court appointments are during normal business hours.

13. What about housing/treatment availability?

    Even if your jurisdiction doesn't have enough supportive, affordable, or subsidized housing units or treatment beds—and we have yet to encounter one that does—LEAD is still an improvement on the "system as usual." Intensive case management is an additional resource being offered to people who struggle to access and/or make effective use of existing resources. LEAD also creates the opportunity for people involved in local funding allocation to gain new insight about the gaps in the local behavioral health system and overall social safety net. With this deeper, fuller understanding, they are more likely to reevaluate existing fiscal priorities and adjust their decision-making accordingly.

14. Does LEAD enable people?

    LEAD meets people where they are but doesn't leave them there. Broadly speaking, people enroll in LEAD when they are struggling to survive, their lives entail an unsustainable level of chaos, and all other systems have failed them. LEAD is not a silver bullet, it doesn't transform people's lives overnight, but it pairs participants with someone who makes an indefinite and unconditional commitment to staying in relationship with them, supporting them to work toward their goals. LEAD strives to reduce the harms of a person's behaviors; for example, if someone is engaged in street-based sex work and not using condoms or feels unsafe in their living environment, the case manager

doesn't make providing them with tools to keep themselves safe (such as condoms) or helping them get into a new living situation on them stopping trading sex. A move like that would likely alienate the person from their case manager and undermine all progress made to date. If and when the person is ready to stop trading sex on the street, the case manager will help them explore other options, work with them on alternative sources of income, and support them every step of the way. The case manager wouldn't have the opportunity to do that if the person felt bullied or judged because they'd been pressured to stop doing something they needed to do to survive.

15. How long does it take before someone changes their behavior?

    There is really single answer for this question. Everyone's path to changing their behaviors and their lives is different. It's important to remember that most participants have been on one trajectory for decades, so altering their trajectory begins when they enroll in LEAD but actual behavior change won't happen overnight.

16. Is LEAD less expensive than arrest and detention?

    This is complicated to calculate in actual dollars. As described in the evaluation section of the toolkit, proving that LEAD actually saves taxpayer dollars in the long run may make a compelling case for investing in this front-end strategy. It is difficult to achieve cost savings within systems until there's a significant decrease in use and corresponding staffing and overhead costs are eliminated. A more fruitful question to ask and conversation to have may be, "Is LEAD a better value, dollar for dollar, than arrest and detention for achieving the desired changes and outcomes?"

ESSENTIAL PRINCIPLES FOR SUCESSFUL LEAD IMPLEMENTATION

LEAD NATIONAL SUPPORT BUREAU

Law Enforcement Assisted Diversion (LEAD) *is a community-based diversion approach with the goals of improving public safety and public order, and reducing unnecessary justice system involvement of people who participate in the program. Many components of LEAD can be adapted to fit local needs and circumstances. There are, however, several core principles that are essential in order to achieve the transformative outcomes seen in Seattle.*

LEAD is not a human services program, but a public safety & order program that uses human resources tools. The goal of LEAD is to improve community health and safety by reducing criminal justice system involvement through use of specific human resources tools that are coordinated effectively with law enforcement and with community input.

LEAD is a voluntary agreement among independent decision-makers to collaborate, and therefore must work for all stakeholders. LEAD cannot work without the dedicated efforts of independent agencies and, sometimes, multiple jurisdictions. The program can only proceed as far as the key participants can achieve agreement at any given time. In addition to law enforcement, service providers, community groups, prosecutors, elected officials and others, persons with relevant lived experience (e.g. drug use, sex work, homelessness, poverty) are essential stakeholders who should be meaningfully involved partners. All stakeholders should commit to share credit and blame equally and to acknowledge the critical role of other partners.

Law enforcement officer "buy-in" is critical. LEAD only works because of the effort and insight of line officers and their sergeants. The program relies on their initiative and discretion. They must be equal partners of the program and must be involved in operational design and improvement conversations.

Command-level support is equally critical. Even when line officers are ready and willing to use LEAD, if deployment decisions, overtime approval processes, and shift scheduling do not support the program, that willingness will be squandered. Officers need to know and see that participation in this approach is valued.

Prosecutorial discretion should be utilized in LEAD participants' non-diverted cases. Regardless of whether entry into LEAD is through arrest diversion or social contact, LEAD participants typically have other cases from both before and after their referral to the program. Coordinating prosecution decisions in those filed cases with the LEAD intervention plan maximizes the success of the program in achieving behavior changes, and in reducing system utilization costs.

A dedicated project manager is critical. The project manager troubleshoots stakeholders' concerns, works to identify resources, facilitates meetings, develops information-sharing systems, and streamlines communication. Because LEAD is a consortium of politically independent actors, it is desirable for the project manager to be primarily loyal to the program itself, independent from all political and operational stakeholders.

A harm reduction/housing first framework requires a focus on individual and community wellness, rather than an exclusive focus on sobriety. The goal should be to address the participant's drug activity and any other factors driving his/her problematic behavior – even if abstinence from drug use is not achieved – and to build long-term relationships with participants without employing coercion or shame.

Intensive case management and development of an Individual Intervention Plan serve as the action blueprint. This plan may include assistance with identification, housing, treatment, education, job training, job placement, licensing assistance, small business counseling, child care, or other services. Intensive case management provides increased support and assistance in all aspects of the participant's life. By "intensive case management," we mean a type of "guerilla case management", whereby radical efforts are made to meet the individual participant where they're at.

Resources must be adequate to ensure LEAD is a diversion to a viable intervention strategy. Referral to wait lists and to an over-taxed social services infrastructure will disappoint all stakeholders and produce poor outcomes. That said, even when resources are not all that they should be, LEAD typically is more effective than system-as-usual responses that stigmatize and punish what are fundamentally health issues.

A non-displacement principle is required to ensure that the net effect of LEAD is to improve community health and safety. It is not sufficient to simply supplant existing resources and give LEAD participants preferential access to scarce resources, necessarily driving others down or off wait lists for services they need as much as LEAD participants.

Consider using peer outreach workers to enhance the program's effectiveness. In Santa Fe, most LEAD contacts are with a peer outreach worker. Decades of research demonstrate that peer-based interventions are a highly successful way to intervene with disenfranchised and stigmatized populations. These peer outreach workers stay connected to participants, provide important insight into the ongoing case management process, serve as community guides, coaches, and/or advocates, while also providing credible role models of success.

Involve community public safety leaders. Ultimately, LEAD must meet neighborhood leaders' needs for a safer, healthier community. Community members should be able to refer individuals as social contact referrals and suggest areas of focus for outreach and referral. They should also receive regular information about the program, its successes, and obstacles to effective implementation. This may best be accomplished by hiring a community liaison. Expectations should be reasonable given available resources, and program operations should be highly transparent.

Involve the business community. When appropriate, involve representatives from small business owners, franchise operations, and/or members of the Chamber of Commerce or like groups in the planning and implementation of LEAD. Shoplifting is common among individuals with problematic drug and alcohol use. Involving business owners' shows that the program is working to improve public safety for residents and business owners alike. Buy-in from this critical sector can greatly influence support from local elected officials.

Create specially-tailored interventions to address individual and community needs. Each drug activity "hot spot" and each community has its own unique character, involving different drugs and social dynamics. Rather than attempting a "one size fits all" approach, community-based interventions should be specifically designed for the population in that particular neighborhood.

Evaluation criteria and procedures should be clearly delineated, and an assessment plan identified from the outset, to ensure accountability to the public. There should be regular review of programmatic effectiveness by policymakers, including an independent evaluation of the program by outside experts. Expectations should be achievable, e.g., a small pilot project may show improvement for individual participants, but should not be expected to show gains on actual or perceived community safety until taken to scale.

Cultural competency should be built into all aspects of the program. This includes outreach, case management, and service provision. Meaningful involvement of persons with relevant lived experience in project design, implementation, and evaluation is one way to establish cultural competency.

Commit to capturing and reinvesting criminal justice savings to support rehabilitation and prevention services. Priority should be given to sustaining community diversion programs, and to improving and expanding other "upstream" human services and education efforts.

Real change takes time and patience. LEAD participants, who are usually drug-dependent and often homeless, sometimes take months or even years to make major behavior changes. When they do, they almost unanimously say they found the strength to change in part because case managers and officers refused to give up on them, and didn't rely on shaming techniques. Patience and relationship-building can eventually yield results that shorter-term strategies cannot.

LEAD NATIONAL SUPPORT BUREAU

As the United States addresses the urgent crisis of mass criminalization and incarceration, there is a clear need to find viable, effective alternatives, particularly at the front end by preventing people from entering the criminal justice system unnecessarily. This task requires assessing government's current response to safety, disorder, and health-related problems; critically re-examining the role that police officers are asked to play in our communities; and developing alternative-system responses independent of the justice system, while finding ways to improve relationships between the police and those they serve. Law Enforcement Assisted Diversion (LEAD) is a response to these gaps. LEAD uses police diversion and community-based, trauma-informed care systems, with the goals of improving public safety and public order, and reducing law violations by people who participate in the program.

BACKGROUND

In 2011, in an attempt to move away from the War on Drugs paradigm and to reduce gross racial disparities in police enforcement, LEAD -- a new harm-reduction oriented process for responding to low-level offenses such as drug possession, sales, and prostitution -- was developed and launched in Seattle, WA. LEAD was the result of an unprecedented collaboration between police, prosecutors, civil rights advocates, public defenders, political leaders, mental health and drug treatment providers, housing providers and other service agencies, and business and neighborhood leaders -- working together to find new ways to solve problems for individuals who frequently cycle in and out of the criminal justice system under the familiar approach that relies on arrest, prosecution, and incarceration.

WHAT IS LEAD?

In a LEAD program, police officers exercise discretionary authority at point of contact to divert individuals to a community-based, harm-reduction intervention for law violations driven by unmet behavioral health needs. In lieu of the normal criminal justice system cycle -- booking, detention, prosecution, conviction, incarceration -- individuals are instead referred into a trauma-informed intensive case-management program where the individual receives a wide range of support services, often including transitional and permanent housing and/or drug treatment. Prosecutors and police officers work closely with case managers to ensure that all contacts with LEAD participants going forward, including new criminal prosecutions for other offenses, are coordinated with the service plan for the participant to maximize the opportunity to achieve behavioral change.

LEAD holds considerable promise as a way for law enforcement and prosecutors to help communities respond to public order issues stemming from unaddressed public health and human services needs -- addiction, untreated mental illness, homelessness, and extreme poverty -- through a public health framework that reduces reliance on the formal criminal justice system.

EVALUATION RESULTS

After three years of operation in Seattle, a 2015 independent, non-randomized controlled outcome 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. With significant reductions in recidivism, LEAD functions as a public safety program that has the potential to decrease the number of those arrested, incarcerated, and are otherwise caught up in the criminal justice system. Additionally, preliminary program data collected by case managers also indicate that LEAD improves the health and well-being of people struggling at the intersection of poverty and drug and mental health problems. And the multi-sector collaboration between stakeholders who are often otherwise at odds with one another demonstrates an invaluable process-oriented outcome that is increasingly an objective of broader criminal justice and drug policy reform efforts.

GOALS AND CORE PRINCIPLES OF LEAD

LEAD advances six 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

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. These include LEAD's harm reduction/Housing First framework, which requires a focus on individual and community wellness, rather than an exclusive focus on sobriety; and the need for rank and file police officers and sergeants to be meaningful partners in program design and operations.

LEAD'S POTENTIAL FOR RECONCILIATION & HEALING

An unplanned, but welcome, effect of LEAD has been the reconciliation and healing it has brought to police-community relations. While tensions rise between law enforcement and community members and civil rights advocates, LEAD has led to strong alliances among traditional opponents in policy debates surrounding policing, and built a strong positive relationship between police officers and people on the street who are often a focus of police attention. Community public safety leaders rallied early and have remained staunch in their support for this less punitive, more effective, public-health-based approach to public order issues. LEAD begins to answer the pressing question of what the community wants from the police with regard to public order problems by introducing an alternative evidence-based model.

REPLICATING THE LEAD MODEL NATIONALLY

A growing number of jurisdictions across the country are interested in adopting LEAD and replicating this transformative model. In 2014, Santa Fe, NM became the second jurisdiction to launch. In 2015 and early 2016, Albany, NY; Huntington, WV; and Canton, OH followed. Dozens of jurisdictions are exploring and developing LEAD programs, and those on pace to launch later in 2016 include Atlanta, GA; Baltimore, MD; Portland, ME; Louisville, KY; San Francisco and Los Angeles, CA; and Fayetteville, NC.

In July 2015, the White House hosted a National Convening on LEAD with interested delegations from nearly 30 jurisdictions including district attorneys, police chiefs, city council members, community police reform advocates, state legislators, and human service providers. A second annual convening is planned for 2016.

CORE PRINCIPLES FOR
CASE MANAGEMENT ROLE

LEAD NATIONAL SUPPORT BUREAU

Law Enforcement Assisted Diversion (LEAD) *is a community-based diversion approach with the goals of improving public safety and public order, and reducing unnecessary justice system involvement of people who participate in the program. The following principles provide the case manager with the essential framework to support participants in the LEAD program.*

A harm reduction philosophy. Participants will be engaged where they are, physically and metaphorically; they will not be penalized or denied services if they do not achieve abstinence, engage in specific services, seek stable housing, or cease involvement in sex work. The goal is to reduce as much as possible the harm done to themselves and to the surrounding community through problematic drug activity, survival behaviors, and the dangers and barriers presented by involvement in sex work. Harm reduction relies on well-established theories of behavior change such as Maslow's hierarchy and stages of change and employs tools such as motivational interviewing. It is critical that case managers be well-versed in both theory and practice and employ them in their work.

Participant-identified and driven. Once the acute needs of a client have been addressed, the case manager will work with each participant to design an Individual Intervention Plan (IIP), which will form the action plan for the individual. The plan may include assistance with housing, treatment, education, job training, job placement, licensing assistance, small business counseling, child care, or other services.

Intensive case management. Case managers will link diverted individuals to housing, vocational and educational opportunities, treatment, mental and other health services, and community services. Participants engaged in problematic drug use require a more holistic approach to case management. They may not only need access to medication-assisted therapy and other drug treatment options; they may also need access to health and safety resources, food, housing, legal advocacy, job training, and other services. Intensive case management provides increased support in accessing these services and assistance in many aspects of the participant's life. Individuals involved in sex work often identify needs unrelated to that involvement and more specifically related to meeting survival and economic needs currently being met through sex work. For LEAD case management to be successful it must focus on the self-identified needs and concerns of participants, not ones artificially imposed upon them.

A non-displacement principle. Because the objective is to increase safety and order for the community as a whole, it is unhelpful to achieve success for an individual program participant by bumping them up a wait list of scarce services at the expense of bumping another community member who needs the same services further down the list. Where existing programs have unused capacity, and where they are appropriate fits for participants' identified needs, LEAD case management staff should know about and use those resources. However, LEAD program funding (if available) should be used to purchase or access additional resources not otherwise available to this population. This includes prioritizing new housing options under a Housing First approach. Funding should be specifically allocated to housing options that do not exclude individuals on the basis of active drug use or involvement in sex work.

Peer outreach and counseling. There is substantial evidence that highly marginalized populations can be successfully engaged by peers whom the potential participants view as knowledgeable about their situation. They can also be seen as credible sources about the value of a program like LEAD. Ongoing peer

counseling provides support for behavioral changes that are achieved initially through investment of money and program staff time.

Trauma-informed care perspective. Addressing and understanding underlying psychological trauma by listening to participants and working to integrate their voices into their service delivery plan is key.

Specially-tailored interventions to address individual and community needs. Each drug activity "hot spot" neighborhood, congregating area, etc. have their own unique character. Rather than attempting a one size fits all or uniform approach, community-based interventions should be specifically designed for the population in that particular neighborhood.

Cultural competency. This is crucial in all aspects of the program, including outreach, case management, and service provision. It is essential that programs tailored to the needs of different racial and ethnic groups, LGBTQ people, immigrants, and other key populations be made available through LEAD program funds. Funded programs should not require religious adherence or practice, or advance "reparative" therapies.

CORE PRINCIPLES FOR
POLICING ROLE

LEAD NATIONAL SUPPORT BUREAU

Law Enforcement Assisted Diversion (LEAD) *is a community-based diversion approach with the goals of improving public safety and public order, and reducing unnecessary justice system involvement of people who participate in the program. The following are the core principles that lay the foundation for success for the policing role.*

Officer and front line supervisor "ownership". This is a new role and one that relies on their discretion and expertise. Officer indifference or resistance will seriously limit LEAD's effectiveness. Periodic review with officers to identify and fix operational issues goes a long way to establishing a sense of line officer ownership over the program.

Key role of sergeants/front line supervisors in operational design. It is critical to involve front line officers and sergeants who will respectively make or supervise discretionary decisions about diversion. They have to make this work despite any initial skepticism and confusion, and need it to actually work operationally in order to give it their sincere backing.

Using highly-regarded, proactive units. Because this is a new role, launching LEAD with officers in prestigious, hard-charging assignments that traditionally make drug arrests helps ensure the program is regarded as "real" police work.

Engaging patrol and patrol supervisors. Despite the value of beginning with specialized proactive units, for the program to have an effect at the neighborhood level, patrol officers and their supervisors eventually must be integrated and must make use of the program. Otherwise the bulk of appropriate suspects and cases will go through "system as usual" processing.

Peer to peer training by sergeants and officers. This is vastly more effective in explaining LEAD than simply directives from commanders or pleas by outsiders to use the program. LEAD is a new and additional tool, and when explained as such by officers who actually use and like it, skepticism is lowered.

Detailed training on social service barriers facing people who are homeless and/or struggling with addiction and/or with mental health concerns. Such training helps debunk myths that if people wanted help they already would have gotten help or that getting housed and getting treatment is just a matter of willpower. In particular, officers often do not understand how criminal history can result in exclusions from housing and other benefits. Additionally, officers often receive minimal (if any) training on substance use disorders or mental health and are frequently unfamiliar with harm reduction. Including introductions to these topics in officer trainings is critical.

Detailed operational protocol. The operational protocol should: guide the way discretion will be used by officers and sergeants; specify who makes decisions and how those decisions are documented and reviewed, and; ensure that LEAD referrals are streamlined and fit into officers' normal business practices.

No more onerous than "business as usual." LEAD must be "just another tool" for officers. To that end, LEAD referrals should be no more time consuming or difficult than it is to book someone into jail and refer them for prosecution.

Documenting the decision to divert or not divert eligible arrestees. Since the program relies on officer/sergeant discretion, documenting how that discretion is used is important for review and re-training.

Clearly articulating situations where LEAD is not a good fit. LEAD is designed to engage people whose

criminal behavior is motivated by illness, drug use, and behavioral health issues, as well as poverty and subsistence needs. Referral of individuals whose behavior is motivated by other factors (profit, involvement in an organized drug distribution operation) will disappoint officers and community leaders because the program's resources are not capable of substituting for those motivations.

The importance of allowing social contact diversions. Although originally designed as pre-booking diversion for individuals detained or arrested in the course of regular police work, the value of allowing for referral via a social contact route entry has been well-demonstrated. As officers become more familiar with LEAD and see its success at fostering positive behavior change and better outcomes for both participants and communities, they become more invested in making referrals as a crime prevention and crime reduction strategy. Forcing them to rely on arrest as the sole means of referral can be counterproductive and can delay engagement, eventually, officers who become accustomed to using LEAD may come to regard arrest as a strategy of last resort for low-level drug offenses and offenses related behavioral health conditions and/or poverty. Allowing them to make social contact referrals allows for more immediate response to real problems, without coercion, and promotes the transformative nature of LEAD.

Including lines officers and sergeants in the Operational Workgroup. The operational workgroup is where LEAD operational partners regularly meet to manage the project. It is critical to have line officers and sergeants participate and to share expertise and insights with case managers and prosecutors in a way that builds cooperation and mutual respect.

CORE PRINCIPLES FOR
PROSECUTOR ROLE

LEAD NATIONAL SUPPORT BUREAU

Law Enforcement Assisted Diversion (LEAD) *is a community-based diversion approach with the goals of improving public safety and public order, and reducing unnecessary justice system involvement of people who participate in the program. Prosecutors can play a unique role in maximizing the chances of a defendant changing their behavior through the following principles.*

When possible, dedicate prosecutor(s) to support LEAD. LEAD can operate without dedicated prosecutors, but recidivism and system utilization gains in Seattle/King County seem related to the King County Prosecutor having dedicated deputy prosecutor(s) who track and manage LEAD participants' non-diverted felony cases. LEAD will be maximally effective with dedicated prosecutor(s). The LEAD prosecutor(s) should have the authority to resolve LEAD participants' cases without having to persuade a peer, except in special circumstances (e.g., sex cases and violent crimes).

Monitor whether diverted arrestees have completed intake within the time limit, and file if they do not. This is crucial to maintaining good faith with participating officers. If the individual whose case is diverted does not complete intake within the specified period (e.g., 30 days in King County and Albany, NY, 7 days in Santa Fe), and if law enforcement does not agree to an extension due to extenuating circumstances, prosecutors need to file if the case otherwise meets filing standards.

In non-diverted cases, use prosecutorial discretion at every stage to maximize the chance of behavior change. Whether they enter the program through an arrest diversion or a social contact referral, LEAD participants often have other pending cases that pre-date their LEAD entry or charges that are filed after they enter the program. At every critical stage, there is an opportunity to use prosecutorial discretion in these cases to maximize the chances of a defendant changing their behavior.

Options to consider:

- **Not filing a new charge** if the would-be defendant is doing well according to LEAD-involved officers and case managers, as court attendance requirements and the risk of incarceration on a warrant may interrupt the individual's progress
- **Making or supporting a release motion** if case managers have housing or treatment opportunities for the individual
- **Continuing a filed case to monitor progress** in order to guide disposition decisions depending on how the individual is progressing
- **Dismissing cases/charges without prejudice** if the individual is showing progress
- **Crafting a recommended disposition** that is not counter-productive to the intervention plan designed by the case manager and to the individual's progress to date – even if dismissal is not appropriate due to the seriousness of the charge or other circumstances

Continuously obtain information from officers and case managers. Such information should come from all available sources, both inside and outside the Operational Workgroup, about how individual participants are doing. This will inform prosecutorial decisions at critical stages in new and pending cases.

Continuously convey information to officers and case managers. They need to remain informed about upcoming court dates and decision points (e.g., filing decisions, release hearings). Explain to case managers what clients need to do for the prosecutor to take

favorable positions. This maximizes the leverage new and pending cases have in achieving behavior change.

Coordinate with defense attorneys. For the defense, the prosecutorial role in LEAD is new and may initially be hard to accept. Clearly articulate to the defense what that role is: essentially providing informal pre-trial supervision that may result in a favorable exercise of discretion for the defendant. Clear and direct communication with defenses attorneys helps ensure that defendants understand what they need to do to get the benefit of those discretionary decisions by the prosecutor.

ROLE OF COMMUNITY
PUBLIC SAFETY GROUPS

LEAD NATIONAL SUPPORT BUREAU

Law Enforcement Assisted Diversion (LEAD) *is a community-based diversion approach with the goals of improving public safety and public order, and reducing unnecessary justice system involvement of people who participate in the program. The following are principles to achieve public safety outcomes that meet the needs of the community through continuous, meaningful engagement of community public safety groups.*

Clearly define the goal of LEAD as improving community health and safety. Though LEAD uses human services tools, it is *not* another human services program – it is an alternative strategy to improving community health, order and safety. This clearly articulated goal is the underpinning of a strong partnership with community public safety groups that are frequently influential in the development of public policy.

Don't oversell what can be accomplished with available resources. Existing human services are rarely adequate in meeting the needs of the entire population of people who are struggling with addiction, mental illness, homelessness and/or poverty. It's important to be transparent and honest about the limits of what can be accomplished until housing, treatment and other resources are made more fully accessible to people who are actively using drugs and/or have criminal history.

Encourage community representatives' attendance at LEAD operational workgroup meetings. This allows community leaders to be recognized as partners in addressing the issues driving problematic behavior by addicted/ill individuals. Community representatives can identify priority locations or individuals, and contribute their knowledge of issues affecting particular participants. This allows them to report back to their own constituencies on what is working and what needs to be enhanced or more robustly funded/supported to achieve the outcomes they want to see. When community representatives attend the operational workgroup meetings, sensitive information about participants is shared on a need-to-know basis; attendees must agree not to share it outside meetings unless required by organizational duties.

Develop channels for easy transmission of information. While community representatives are welcome at operational workgroup meetings, attendance may be too burdensome, so alternative channels of information exchange should be developed, so neighborhood concerns can feed into decisions about where to concentrate resources, and planned responses can be communicated back to the neighborhoods. The project manager and officers should also regularly attend meetings of key community safety groups to absorb concerns and report out on program development, obstacles, and progress. Transparency is more important than 100% success.

Supplement "data-driven" processes for focusing resources with qualitative information from all neighborhoods. Basing decisions on where to concentrate LEAD policing and case management resources on calls for service or crime trends alone will result in under-serving communities that have barriers to calling 911 and where crime is under-reported. Continuous dialogue with neighborhood leaders is critical to supplement standard "data-driven" prioritization processes.

Consider forming Community Leadership Teams. LEAD only works if there is meaningful community input. Establishing mechanisms to ensure such input can serve to keep the program actors accountable and keep the processes connected to community needs and interests. Establishing a Community Leadership Team (CLT), comprised of interested

community members, neighborhood leaders, people with relevant lived experience, etc. who are otherwise not already represented by groups linked to the LEAD Policy and Operational Workgroups, can prove incredibly useful both operationally and for program sustainability.

Law Enforcement Assisted Diversion (LEAD) *is a community-based diversion approach with the goals of improving public safety and public order, and reducing the criminal behavior of people who participate in the program. Many components of LEAD can be adapted to fit local needs and circumstances. There are, however, several core principles that are essential in order to achieve the transformative outcomes seen in Seattle.*

According to the Prison Policy Initiative, more than two million people in America are incarcerated and more than four million people are under community supervision. The collateral consequences of sex trade-related convictions can undermine existing support structures, set up barriers to exiting the sex trade, and make it harder to reduce exposure to violence and infectious disease. Traditional alternatives to incarceration, including prostitution or anti-trafficking courts, generally are not designed in a way which recognizes the realities of people disproportionately seen in these systems. The threat of punishment is used to motivate participants and those who cannot, or will not, exit the sex trade are told that they are failures and incarcerated, which is an approach that is increasingly understood to exacerbate trauma and dysfunctional coping strategies. People who trade sex need a wider and better range of options for wellbeing and success.

Despite awareness of the negative impact of mass incarceration on individuals and communities, advocates and stakeholders did not have a working model for shifting this paradigm until the creating of the Law Enforcement Assisted Diversion (LEAD) programs in Seattle, Washington in 2011. Originally designed to address racial disparities in drug arrests, LEAD is an innovative model that recognizes a need to start where communities are with law enforcement as the primary system with which street-based people who use drugs and trade sex interact. This model recognizes that the criminal legal system cannot and should not exist as the be-all and end-all for people who use drugs, but rather that law enforcement, prosecutors, service providers, and government officials can work together to more effectively meet the comprehensive needs of people who use drugs through community-based, harm-reduction framed care. By addressing valid business and neighborhood concerns about health and safety, as well as reducing state and county costs, this approach can reduce the pressure on systems to resort to punishment and stigma.

When implemented with fidelity to its core principles, LEAD shows promise for reducing some of the negative impacts of sex work criminalization by expanding human-rights and public health-based education within the criminal legal system, bolstering harm reduction services for sex workers, and increasing cross-sectoral partnerships. The Public Defender Association (PDA) offers the following recommendations for LEAD programs to address the concerns and needs of people engaged in survival and street-based sex work:

1. As a foundational element of LEAD, harm reduction acknowledges that both drug use and sex work occur along a continuum that includes, but does not center abstinence and exit, and attempts to address the risks associated with both activities. LEAD programs that include

prostitution-related crimes as eligible offenses for diversion should have a comprehensive understanding of what harm reduction means, both theoretically and in practice, when applied to the sex trade.

2. LEAD programs should endeavor to understand how racial and gender inequities have shaped the local sociopolitical environment surrounding sex work and sex trafficking. LEAD programs that divert prostitution-related crimes should work to understand the harmful impact of criminalization on the marginalized populations within the sex trade continuum. LEAD programs should also be knowledgeable on associated risk factors including increased exposure to violence, exploitation, barriers to reporting victimization, and infectious disease.

3. LEAD stakeholders should receive comprehensive harm reduction training and technical assistance on the continuum of experiences for those who trade sex; understanding harm reduction with people who use drugs is a good introduction, but is not sufficient to support this population.

4. LEAD programs should engage sex workers and trafficking survivors with a range of experiences in program design, implementation, and evaluation. LEAD service providers should seek to hire and advance the leadership of people with experience in the sex trade. LEAD programs should create partnerships with local sex worker rights groups where they exist.

5. LEAD should ultimately serve to increase survival and street-based sex worker access to safe and sensitive resources, especially housing, childcare, and healthcare, while also decreasing their lifetime contact with police and the criminal legal system.

6. LEAD programs should not expand the reach of law enforcement or the criminal legal system. The long-term goals of diversion programs include decreasing the harms of criminalization experienced by those who trade sex. This should also be reflected in budgeting for these efforts – if additional government funding is allocated, it should build up the services and resources offered by community-based, constituent-led organizations. Services and community-based organizations should be primary grantees, and not sub-grantees of law enforcement.

7. LEAD programs should include transparent accountability measures, including a mechanism for complaints and regular review process by those who have bene involved in the program and other community partners. Accountability mechanisms should be planned at the outset with opportunities for program adjustment to meet these goals, including a process for evaluating racial and gender equity and addressing abuse or mistreatment by police or poor service provision.

8. LEAD programs should recognize the inherent power imbalance between institutional actors and potential program participants. Access to LEAD resources, including diversion from harmful systems, often involves discretion by a variety of institutional actors including front line law enforcement and prosecutors. Predicating access to these resources upon sexual interactions or other coercive tactics are forms of exploitation and should be treated as such.

Public Defender Association Equity Public Health & Safety Justice System Reform

Organization Description

A 501c3 nonprofit organization founded in 1970 and based in Seattle, WA, the Public Defender Association (PDA) advances social and racial equity and community health by reforming the criminal justice system. Grounding these reforms in a public health and safety framework, and operating in collaboration with community and government partners, we use multi-systems initiatives, policy advocacy, organizing, litigation, and public education to develop innovative, equitable, and effective approaches to crime and public order issues. PDA's staff is diverse in terms of race/ethnicity, gender identification and orientation, and socioeconomic background, and includes people with histories of criminal justice system involvement and behavioral illness.

Project Description

Law Enforcement Assisted Diversion (LEAD®), a project of PDA, is the nation's first pre-arrest, pre-booking diversion initiative for people who otherwise would be subject to arrest for low-level, nonviolent law violations that stem from behavioral illness. LEAD forges partnerships of law enforcement, health and service agencies, prosecutors, and civil rights advocates to divert eligible people with behavioral illness out of the criminal justice system and into long-term, community-based case management. Since the launch of the flagship LEAD site in Seattle in 2011, LEAD has earned national and international recognition for its capacity to develop a new, equitable, and effective alternative to the criminal justice status quo. Today, LEAD is replicated in 60 sites nationally, with dozens more queuing up.

And this growth is no surprise: As demonstrated through the various evaluations of the Seattle LEAD site, it's clear that LEAD works: lowering new felony charges by 39% and prison admission by 87% while reducing systems costs and increasing rates of permanent housing by 89% and legitimate income by 33%.

It's clear that LEAD is different from the many other forms of "diversion" that have evolved over the past decade or so. Unlike them, LEAD is explicitly designed to catalyze deeply transformative changes in the larger social ecosystems: reduce over-dependence on and racial inequities in the criminal justice system; shift roles, relationships, policies, practices, and resources among sectors, agencies, and stakeholders; develop better, less harmful, and more effective alternatives to arrest and jail for people with behavioral health needs; and move systems and paradigms away from punishment and into evidence-based public-health approaches and non-coercive community resources.

The current national appetite for justice reform offers great opportunity for the LEAD Project Manager to effect meaningful and lasting change.

Position Description

The LEAD Project Manager (1.0 FTE) will hold principle responsibility for managing the implementation of the LEAD initiative in X. This position calls for an uncommon capacity to steward both vision and operations; coordinate and support consensus across a wide array of diverse stakeholders; spearhead the development and management of internal and external communications, as well as evaluation; and create and hold space for disagreement and hard conversations about some of our nation's most challenging topics. The Project Manager must be a combination of master planner, group facilitator, cat-herder, consensus-builder, chief cheerleader, and operational whiz. The Project Manager will report directly to X, in coordination with the X LEAD Policy Coordinating Group (PCG).

Job Responsibilities

The Project Manager is responsible for implementing and supervising LEAD's day to day operations.

- Coordination: Management of regular operational workgroup (OWG) meeting and process: facilitation of the biweekly OWG with key operational partners in LEAD. LEAD partners use OWGs to share information about program participants' situation and progress, discuss referral criteria, program capacity and compliance with the LEAD protocol, and to focus the attention of LEAD program staff and law enforcement in particular areas viewed with concern by neighborhood representatives;
- Project Design and Implementation: coordinate with stakeholders (including law enforcement, service providers, prosecutor's office, businesses and other community safety advocates) to design and implement LEAD within other X jurisdictions as coordinated by the X PCG.
- Community Education: educate community members (including individuals, businesses community groups, and social service providers) on how LEAD works and potential ways to implement program in their community. Work with community groups to understand current public health and public safety needs within their community;
- Maintain awareness of grant opportunities. Coordinate, support the development of, and submit grants to Federal, State, and/or local sources and private charitable foundations to secure future funding for LEAD, and other grant-related activities, as agreed by the PCG.
- Collaborate with the Community Engagement Coordinator, the PCG, and the OWG to ensure that community representatives understand LEAD's objectives and methods.
- Other duties as assigned.

Requirements / Qualifications

- Demonstrated understanding of and commitment to LEAD's core principles
- Ability to clearly communicate core principles and support and advise others with less experience in harm reduction-based social work and in police-social work partnership
- Deep understanding of substance use disorder, motivational interviewing and harm reduction strategies
- Experience facilitating meetings
- Excellent written and verbal communication skills
- Candidates must have demonstrated interest in criminal justice, homelessness, and/or drug policy reform and a willingness to approach these issues with a racial justice analysis
- Experience and knowledge of local homeless services and housing systems is preferred
- Experience or familiarity with community and human services dynamics and public safety/order issues in local communities is valuable in this position
- Commitment to the mission and approach of the Public Defender Association and of Albany LEAD
- Basic computer skills, including ability to use the internet, email (Google platforms as used at PDA), word processing (e.g. Microsoft Word) and spreadsheets (e.g. Excel) are required

Compensation, Hours, and Travel

- Salary and Compensation Package Commensurate with Experience. PDA offers a generous benefits package, including complete health insurance.
- LEAD Project Manager positions are FLSA-exempt. Work outside of normal business hours is expected. Work within the X will be required, and some travel may be required.

Equal Opportunity Statement

- The Public Defender Association is an equal opportunity employer. People of color and people who are formerly incarcerated or homeless, or frequently subject to law enforcement focus, HIV-positive, women and/or LGBT are strongly encouraged to apply.

How to Apply

- Send application package by email to X. This position will remain open until filled.

Law Enforcement Assisted Diversion (LEAD) Case Manager

Project Summary

LEAD (Law Enforcement Assisted Diversion) is a collaborative project involving local police, prosecutors, public defenders, corrections officers and social service providers designed to divert individuals arrested or suspected of low-level drug offenses and/or prostitution into social services rather than the criminal justice system. These individuals will be engaged in supportive services with the goal of reducing legal recidivism and improving quality of life.

The LEAD Case Management Team is passionate about creating a welcoming environment for all people and to providing a spirit of hospitality while providing quality services on an individually tailored basis to their clientele. We value diversity, is committed to social justice, and appreciates hard work, creativity and a good sense of humor.

Job Summary

This position is critical to the LEAD project, by providing engagement and intensive case management services to individuals suspected of low level drug offenses and/or prostitution. The Case Manager will provide direct services to a case load of approximately 25-30 individuals. Case managers provide outreach, long-term engagement and supportive services for participants through intensive case management activities and collaboration with LEAD partners, service providers, housing providers and other community organizations.

Job Functions (may include)

1) Participant Services

- Provide structured Intensive Case Management services consistent with program policies.
- Provide Outreach and Intensive Case Management services for assigned participants
- Engage participants on the street and at social service provider facilities to establish a working relationship and offer services.
- Assess participants for severity of chemical dependency and housing status and determine needs for other services, e.g., medical, mental health.
- Assist participants in gaining access to a variety of funding programs (e.g., SSI, ABD, VA).
- Assist participants in finding housing and maintaining occupancy.
- With the participant's input, develop and implement an individualized Service Plan which addresses the needs of the participant for food, clothing, shelter, and health care and substance use disorder treatment or reduction/elimination of drug/alcohol use through self-change methods. Update this Plan periodically to reflect movement toward or attainment of articulated goals and the emergence of new participant needs and to help the participant move toward the achievement of autonomy.
- Provide advocacy and support for participants within the criminal justice system including court appearances and written communication.
- Accompany participants to appointments as needed.
- Assist participants in developing a spending plan and in shopping.

- Advocate for participants with a wide variety of other service providers:
- Assist participants in gaining entry into service programs.

2) Partnership Activities:

- Develop and maintain a working relationship with Sobering Center staff, DSHS workers, chemical dependency treatment providers, mental health providers, health care providers, shelter providers, landlords, detox centers, Assessment Center staff, protective or representative payees, and other community programs which may support participants.
- Develop relationships with housing resources, and assist the participant in gaining access to appropriate housing.
- Develop and maintain collaborative relationships with LEAD partners including Seattle Police Department, King County Sheriff, King County and City of Seattle Prosecutor's office.
- Attend regularly scheduled Operational Work Group Meetings and the staffing of participants with partners.
- Identify gaps and barriers in available community resources and advocate for systemic changes.
- Attend REACH and LEAD team meetings and other required meetings.

3) Administrative Duties

- Develop and maintain participant files for assigned caseload according to program, contract and state requirements.
- Additional duties as assigned.

Education: High school diploma or equivalent required. Further education/training is desirable.

Experience

- The ability to respectfully engage and develop a working alliance with the people we are serving is essential.
- Understanding of harm reduction along with a demonstrated passion for serving individuals experiencing homelessness and co-occurring disorders required. Street outreach experience a plus.
- Skills necessary to provide advocacy and support for participants within the criminal justice system including court appearances and written communication.
- Ability to advocate and effectively communicate and problem solve under pressure in high stress situations.

Knowledge and Skills

- Computer literate, with basic knowledge of Microsoft Office Suite, as well as a high level of initiative in keeping current with technological change.
- Ability to prioritize workload and daily activities and complete tasks in a timely and efficient manner.
- Ability to set boundaries, resolve conflict and de-escalate issues.
- Dependable, able to work under pressure; receptive to change, willingness to learn, cooperative approach to problem-solving.

- Ability to establish and maintain effective working relationships with staff, participants, and outside contacts from a wide variety of ethnic, socioeconomic and cultural backgrounds; good diplomatic skills.
- Possession of a valid Washington State Motor Vehicle Operator's License (local travel on behalf of the Agency is a job requirement).
- Must be able to pass a Washington State Patrol criminal background check.
- Flexible team player.
- Excellent attention to detail.

Language and Communications

- Ability to read and interpret general business correspondence, policies and procedures, referral information, financial documentation and applicable government regulations.
- Ability to write case file notes, uncomplicated reports, instructions and procedures.
- Ability to present information effectively and respond to questions from participants, staff, collaborative partners and the general public.
- Thorough knowledge of and ability to apply business arithmetic skills accurately and rapidly.
- Ability to solve practical problems and deal with a variety of concrete variables in situations where standardization may be limited. Ability to interpret a variety of instructions furnished in written, oral, schedule or diagram format.
- Valid Driver's License and acceptable driving record required.

Physical Requirements

- The employee is regularly required to sit; use hands to finger, handle or feel objects, tools or controls; reach with hands and arms and talk or hear; frequently required to stand, walk and kneel; occasionally to climb balance, or stoop; rarely to crouch or crawl.
- The employee must occasionally lift and/or move up to 30 pounds. Specific vision abilities required by this job include close, color and peripheral vision and the ability to adjust focus. The noise level in the work environment is moderate.
- Note: Nothing in this job description restricts management's right to assign or reassign duties and responsibilities to this job at any time

Title: LEAD Outreach and Engagement Coordinator

Job description

The Outreach and Engagement Coordinator will act as the contact point for all referrals to LEAD case management. As such, this position must ensure effective and efficient communication and collaboration between all partners involved in referring and receiving referrals for LEAD. This position will provide screening, outreach, and engagement to individuals referred to LEAD.

The Outreach and Engagement Coordinator will conduct street outreach as needed to engage referred individuals who have yet to engage with their assigned case manager. The Outreach and Engagement Coordinator must develop and maintain positive, collaborative relationships with all LEAD partners and other service providers in order to best serve LEAD participants.

Job Functions

- Serve as point of contact and primary liaison with law enforcement, community, and others making LEAD referrals.
- Provide initial screening and engagement with referred individuals.
- Manage and maintain information regarding referrals in database.
- Provide street outreach to engage referred individuals and help facilitate client engagement with assigned case manager.
- Support case managers in finding individuals when necessary.
- Develop and maintain positive, collaborative relationships with LEAD partners and other service providers including SUD and mental health treatment providers, health care providers, shelter providers, landlords, detox centers, DSHS workers.
- Provide after-hours on call phone response to Law Enforcement referring arrest diversions to LEAD case management; this may often require in person response to precinct or other facility staffed by 24/7 reception (in person response will be based on clinical appropriateness).

Minimum Qualifications

- High school diploma or equivalent required.
- Undergraduate degree preferred. Relevant experience may substitute for degree.
- Must have competence using smartphone and entering data into electronic database daily.

Desired Experience

- Demonstrated ability providing street based outreach and engagement services to low level drug users and hard-to-engage populations.
- Demonstrated experience developing positive, collaborative relationships with law enforcement and social services providers to effectively serve mutual clients.
- Understanding of substance use disorders and harm reduction strategies along with a demonstrated passion for serving individuals experiencing homelessness and behavioral health challenges highly desired.

Special Working Conditions

- Ability to be in rotation for 24/7 on-call response to law enforcement for arrest diversion referrals.
- Ability to flex schedule when necessary to accommodate special program needs.
- Street outreach requires the ability to easily navigate city streets on foot and tolerate a variety of weather conditions.

Sample job description
Community Engagement Coordinator

JOB ANNOUNCEMENT: Community Engagement Coordinator
TYPE: Salaried, Full time (Some Nights and Weekends Required)

The Community Agency Name seeks a Community Engagement Coordinator to support its LEAD project assist in the development of effective working relationships between the community and the criminal justice and health care systems.

About LEAD

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Responsibilities of the Community Engagement Coordinator include:

- Manage and supervise all aspects of the Center's HEAL initiative, including planning, development, implementation, and monitoring;
- Supervise assigned staff, volunteers, and student interns;
- In collaboration with the Albany LEAD Project Director, develop, implement and monitor a community engagement plan as part of the Albany LEAD effort;
- Develop education and engagement materials for dissemination and presentation to the community;
- Develop and implement a schedule of community presentations to educate the community about LEAD;
- Serve as a liaison between the community and Albany LEAD, through meetings, phone calls, and online correspondence;
- Attend Albany LEAD Policy Coordinating Group meetings and Albany LEAD Operational Workgroup meetings when so directed;
- Cooperate with Albany LEAD program evaluators in providing data and information needed for the evaluation;
- Maintain flexibility in scheduled work hours -- some work on nights and weekends is required; and
- Other duties as assigned.

Required Qualifications:

- At least 3 - 5 years demonstrated success in either criminal justice, behavioral health, or related field;
- Demonstrated ability to perform all of the Community Engagement Coordinator responsibilities;
- Excellent verbal and written communication skills;

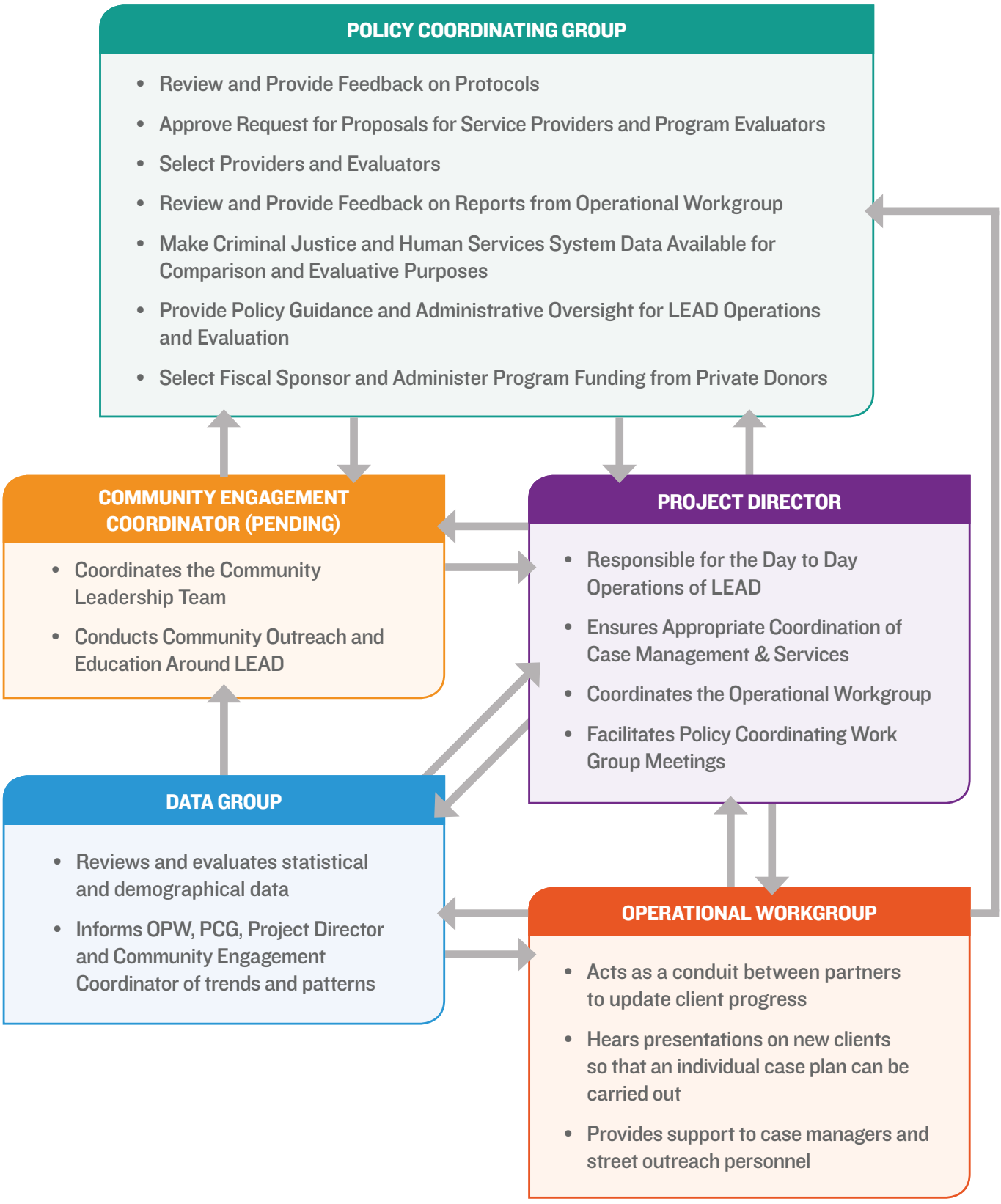
- Excellent meeting facilitation skills;
- A commitment to racial equity and experience working with different cultures, backgrounds, and perspectives;
- Experience in program management and staff supervision;
- A valid driver's license; and
- A Bachelor's degree or equivalent experience.

Desired Skills:

- Familiarity with software necessary to perform specified duties (i.e. Word, Excel, PowerPoint or equivalent);
- Ability to work independently in an area of innovation without local precedent;
- Experience working in the Capital Region; and
- Graduate degree or equivalent experience.

ALBANY LEAD FLOW CHART

LEAD ALBANY



LEAD Policy Coordinating Group Meeting
May 24, 2018, 9AM- 11AM

1) Call to order
2) Receive report from the Operations Work Group
3) Documents for Approval
    a) Operations Work Group Charter
    b) Workflow Protocols
    c) Policies and Procedures
        i) Eligibility Criteria
        ii) Exclusionary Criteria
        iii) Secondary Review
        iv) Sources of Referral
4) For Discussion
        i) Referral Type(s)
        ii) Development of community engagement plan
5) Policy Committee Membership and Officer Election
6) Future meeting schedules
7) Other business and announcements
8) Adjournment

LEAD Policy Coordinating Group
June 11, 2020 – 2:30-5pm
Agenda

1. Introductions [2:30 pm]

2. Implications of current public debate about law enforcement role [2:45]

3. Updates [3:15 pm]

    - Precinct 1 update
    - Statewide LEAD replication
    - LEAD database update
    - National LEAD news
    - Items to carry over

4. Status reports from West, East, North Precincts, Metro & Vice [3:25 pm]

5. Potential adaptations to the operations partnerships [4:00]

6. Evaluation planning [4:30]

7. Other business [4:55 pm]

LEAD Operations Work Group
Agenda dated:

- Introductions
- Community Report Out
- Referral Review from Date of Previous OWG

Pending (needs vetting)	Approved	Denied
Last name, First Name D.O.B. Reason for pending	Last name, First name D.O.B. Approving Sgt.	Last name, First name D.O.B. Reason for denial

- New Referrals: Date of Current OWG
    - Last name, First name (D.O.B.) Race/Gender, Referral type, e.g. *arrest vs social*, referral agency, name of Referee (see example below)
        - Referral date: Date of Referral
    - Anthony, Susan B. (02/15/1820) White/Female, Social Contact, SPD, Ofc. Reyes
        - Referral date: 01/23/2020
- Extensions/Reviews
- Law Enforcement & Prosecutor Concerns/Updates
- Case Manager Updates
- Other LEAD Business/Q&A/Adjourn

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Attachment J
List of Partner Agencies/Organizations

Lead Public Agency: Contra Costa County Health Services (CCHS)

Other Public Agency Partners

	Agency	2-3 sentence description of services to be provided
1	City of Antioch Police Department	Participate in Operating and Policy teams, serve on the LAC, develop agreements regarding diversion policies and protocols, establish a Primary Point of Contact to coordinate with project partners, assign a Diversion Officer to conduct daily review for diversion eligibility, identify data liaison to support evaluation efforts
2	County Administrator's Office/ Office of Reentry and Justice	Supervise contracted grant obligations (activities, finances, evaluation, and reports), ensure activities of policy and operations teams and Local Advisory Committee including communications and public engagement, supervise and authorize subcontract processes, including Requests for Proposals
3	County Health Services Department (Behavioral Health division; Health, Housing and Homeless Services division)	Serve as project's administrative manager, hold responsibility for evaluation and clinical supervision, develop operational agreements and protocols with community-based project partners, establish a Primary Point of Contact to ensure access to information and resources for HealthRIGHT 360, establish consistent intake and assessment processes with project's community-based partners, provide in-kind behavioral health and housing services as detailed, establish consistent protocols for connecting clients to Mental Health and SUD services, provide space and staff at CARE Center, coordinate information with CORE Teams, Homeless Outreach Teams), facilitate healthcare enrollment and navigation, identify county sites to serve as Diversion locations, participate on operating and policy teams and LAC, provide project-related data to support project evaluation, include project staff in behavioral health training and professional

		development opportunities (e.g. CBT, motivational interviewing)
4	County Housing Authority	Serve on Operating and Policy teams and LAC, provide 50 Section 8 vouchers (35 one-bedroom, 10 two-bedroom, 5 three-bedroom) for eligible program participants, develop agreements, policies and protocols regarding eligibility criteria and application processes, establish a Primary Point of Contact to coordinate with project partners, provide project-related data to support project evaluation
5	County Probation Department	Serve on Operating and Policy teams and LAC, develop agreements, policies and protocols regarding diversion for County probationers, establish a Primary Point of Contact to coordinate with project partners, provide project-related data to support project evaluation
6	Office of District Attorney	Serve on Operating and Policy teams and LAC, develop agreements, policies and protocols regarding diversion-eligible charges and criteria, establish a Primary Point of Contact to coordinate with project partners, provide project-related data to support project evaluation
7	Office of Public Defender	Serve on Operating and Policy teams and LAC, develop agreements, policies and protocols regarding diversion-eligible charges and criteria, establish a Primary Point of Contact to coordinate with project partners, provide project-related data to support project evaluation
8	Office of the Sheriff-Coroner	Serve on Operating and Policy teams and LAC, develop agreements, policies and protocols regarding diversion processes for APD arrestees booked into the County jail, establish a Primary Point of Contact to coordinate with project partners, provide project-related data to support project evaluation
9	Police Department, City of	Work with project lead and evaluators to develop

	Richmond	agreements, policies and protocols regarding protocols for data-gathering, data-sharing, and operational administration to support evaluation. Establish a Primary Point of Contact with decision-making authority at RPD, and identify the RPD data liaison for the project.

Non-Governmental, Community-Based Partners (if known)

	Name of organization	2-3 sentence description of services to be provided
1	HealthRIGHT 360/Reentry Network	Serve on Operating and Policy teams and LAC, develop agreements, hold administrative responsibility for all aspects of community-based activities, develop policies and protocols with all partners regarding diversion and project services, hire and train staff, facilitate coordination with Network's AB109-funded services and No Wrong Door sites to reduce both barriers and gaps, develop data system and protocols to support evaluation, develop and implement a communications plan, partner with CCHS and CAO to subcontract funds in amounts and for purposes identified
2	Community-based provider: Restorative justice circles	Serve on Operating and Policy teams and LAC, develop and implement subcontracts to provide a comprehensive daily schedule of community-based restorative justice circles, establish a Primary Point of Contact to coordinate with project partners, engage in regularly scheduled client conference meetings to ensure integrated and aligned CBT and RJ modalities and schedules, support the professional development of Peer Leaders serving as co-facilitators, provide RJ training opportunities to project partners, provide project-related data to support project evaluation
3	Community-based provider:	Serve on Operating and Policy teams and LAC, develop and implement subcontracts to provide a

	cognitive behavioral groups	comprehensive daily schedule of community-based cognitive-behavioral treatment (CBT) groups, establish a Primary Point of Contact to coordinate with project partners, engage in regularly scheduled client conference meetings to ensure integrated and aligned CBT and RJ modalities and schedules, support the professional development of Peer Leaders serving as co-facilitators, provide RJ training opportunities to project partners, provide project-related data to support project evaluation
4	Racial Justice Task Force (Advisory body to the County Board of Supervisors)	Serve on Operating and Policy teams and LAC, establish a Primary Point of Contact to serve as liaison to project partners, review project data and analysis to identify findings and make recommendations related to the Task Force's purview and purpose, participate in presentations to elected officials, key stakeholders, and general public
5	AB109 Community Advisory Board (CAB)	Serve on Operating and Policy teams and LAC, establish a Primary Point of Contact to serve as liaison to project, review project data and analysis to identify findings and make recommendations related to the CAB's purview and purpose, participate in presentations to elected officials, key stakeholders, and general public, particularly to the Community Corrections Partnership and Public Protection Committee of the Board of Supervisors
6	Racial Justice Coalition	Serve on Operating and Policy teams and LAC, establish a Primary Point of Contact to serve as liaison to project, review project data and analysis to identify findings and make recommendations related to the coalition's purview and purpose, participate in presentations to elected officials, key stakeholders, and general public

LEAD Summary of Goals

Goal 1:	Institutionalize a collaborative, multi-system approach to enhance public safety, reduce system costs, and improve outcomes for the target population by collectively identifying and addressing the root causes of justice involvement for people with behavioral health disorders
Objectives	Of target population arrested and program-eligible, reduce recidivism and related financial costs, measured by number and frequency of subsequent arrests and/or incarceration within 12 months compared to baseline

Project activities	**Responsible entity**	**Timeline**	
		Start	**End**
Upon grant award, convene Policy and Operations Teams to establish charters, develop diversion eligibility criteria for LAC review, formalize related agreements	Project Supervisor, Policy Team and LAC (see proposal for composition)	. 6/19/17	7/31/17
Develop arrest diversion protocols, modify necessary arrest and booking forms for law-enforcement partners, develop info cards; identify and implement appropriate professional development training	Project Supervisor, Operations Team (see proposal for composition)	8/1/17	9/30/17
Execute evaluation contract and convene Evaluation Kick-Off meeting to outline evaluation intentions, methods, key metrics, necessary data sets and procedures to develop initial Local Evaluation Plan	Staff, Evaluation Manager and contract evaluators	7/15/17	9/30/17
Begin implementing project's law-enforcement assisted diversion using eligibility screening and data collection protocols	APD, Operations Team, evaluators	9/15/17	Ongoing

Goal 2:	Improve public safety and client outcomes by institutionalizing a multi-disciplinary Operating Team/Diversion Panel (“DP”) to review and develop coordinated solutions in complex cases where eligibility is in question due to specific elements of the case
Objectives:	Of complex cases brought to DP for eligibility review, reduce rates of subsequent arrest or technical violation within subsequent 12 months, compared to baseline

Project activities	**Responsible entity**	**Timeline**	
		Start	**End**
Convene Policy and Operations Teams to develop policy agreements and protocols to address and decide on complex cases that require collective consideration regarding eligibility	Project Supervisor, Policy Team, and Operations Team	6/19/17	9/30/17
Conduct regular meetings of the Policy and Operations Teams to test and revise multidisciplinary case-review proces as needed, while ensuring effective program operations to review and resolve complex cases to ensure improved outcomes for focus population	Project Supervisor, Policy Team, and Operations Team	9/30/17	Ongoing

Goal 3:	Improve outcomes for target population by identifying and effectively meeting the needs that contribute to problematic behavior
Objectives:	Of enrolled clients, increase the percentage who are both sheltered and successfully referred to behavioral health providers within two weeks of screening

Project activities	**Responsible entity**	**Timeline**	
		Start	**End**
Develop initial referral, information-management and intake protocols among service partners to reduce intake duplication, triage and meet urgent needs, and maintain client confidentiality	CoCo LEAD+ Program Coordinator, with staff evaluation manager	6/19/17	9/30/17
Execute contracts with RJ, CBT, Diversion Housing providers, establish MOU with Housing Authority	CoCo LEAD+ Program Coordinator, contracted partners	6/19/17	9/30/17
Begin implementing project's community-based system of care activities, reviewing for efficiencies and protocols	CoCo LEAD+ Program Coordinator, service partners, evaluator	9/30/17	Ongoing

Law Enforcement Assisted Diversion
Sample Policies and Procedures for Law Enforcement Partners

I. PURPOSE

It is the policy of this department to establish procedures to establish a Law Enforcement Assisted Diversion (LEAD) initiative in which people arrested for or with a history of arrest for low-level criminal offenses can be diverted out of the criminal justice system into community case management based on harm reduction principles. The LEAD initiative authorizes police officers to utilize discretion to divert people arrested for eligible offenses who unlawful or problematic behavior is driven by unmanaged substance use, mental illness, homelessness.

II. POLICY

It is the policy of this department to implement and maintain a LEAD initiative, as well as to train officers in the principles of harm reduction, prearrest/booking diversion, and LEAD.

III. GOAL AND CORE PRINCIPLES OF LEAD

LEAD is a community-based diversion approach with the goals of improving public safety and public order and reducing unnecessary justice system involvement of people who participate in the program. LEAD's Core Principles are to:

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 system savings; and,
6. Strengthen the relationship between law enforcement and the community.

IV. DEFINITIONS

Policy Coordinating Group (PCG) – The Policy Coordinating Group is the signatories of the Memorandum of Understanding, including the Police Department, the Mayor's Office, the County Executive, the Sheriff's Office, the District Attorney's Office, the Public Defender's Office, civil rights groups, public health representatives, and Business District representatives. The PCG is the governing body of the LEAD initiative and is responsible for: reviewing and approving referral and diversion protocols; reviewing and approving Requests For Proposals (RFP) for securing service providers; reviewing and approving RFP's for process and outcome evaluators; selecting service providers and evaluators; planning expansion or contraction of geographic area of operation; reviewing and providing guidance on reports from the Operational Workgroup; overseeing hiring process; and, providing guidance to the project manager.

Operational Workgroup (OWG) – The Operational Workgroup comprises personnel from the agencies involved in LEAD's day to day operations. Coordinated by the project manager, the OWG is staffed by of operational level personnel from the police department, sheriff's office, district attorney's office, public defender's office, case managers, and service providers. The OWG is charged by the PCG to develop and amend referral and diversion protocols; review active diversion/referral cases; provide

operational support to case managers and outreach workers; and provide periodic operational level reports to the PCG.

Pre-Arrest Diversion – Pre-arrest diversion is the process of diverting an individual who has allegedly committed a LEAD eligible offense out of the criminal justice system and into community-based case management. Pre-arrest diversion case files are held by the police agency responsible for the diversion.

Social Contact Referral – A social contact referral is the process of referring eligible people into LEAD without having to wait for individuals to be arrested for a LEAD-eligible criminal offense. Social contact referrals enable police officers to refer an individual whose criminal justice involvement stems from problematic substance use, mental illness, poverty, or homelessness to services.

Project Manager – The project manager is responsible for the day to day operations of LEAD. The project manager facilitates PCG meetings and OWG meetings. The project manager coordinates training, media inquiries, and public presentations. The project manager further liaisons with the community engagement coordinator and any researchers performing evaluations of LEAD.

Harm Reduction - is a range of public health policies designed to lessen the negative social and/or physical consequences associated with various human behaviors, both legal and illegal.

Case Manager - Under the supervision of the service provider, this position provides case management services to individuals referred by the police department, hereafter referred to as "participants." In addition, this position serves as a liaison to the larger coalition of LEAD partners.

Outreach Specialist – Works with the case manager(s) to conduct outreach and engagement services to individuals in the LEAD program.

Community Engagement Coordinator – The coordinator oversees the Community Leadership Team and conducts community outreach to ensure the public is informed of and has a voice in LEAD. The coordinator liaisons with the project manager and the PCG to determine educational opportunities.

Community Leadership Team (CLT) – The CLT is made up on community members, activists, and personally affected individuals that ensure the community has a voice in the implementation and operations of LEAD. They conduct community outreach, educational forums, and distribute literature so that the community is kept up to date on LEAD activities.

V. Eligibility Criteria

Each agency should set eligibility/exclusionary criteria based on a needs assessment, input from Operations Work Group members, and final approval by the LEAD Policy Coordinating Group. It is recommended that line level personnel have significant input in this process.

Example 1

Persons who have a known history of alcohol, drug, poverty, homelessness, or mental health related needs will be eligible for diversion into LEAD when probable cause exists that the individual committed any of the following offense(s):

1. Non-violent Penal Law misdemeanors(s);
2. Non-violent Penal Law violations(s);
3. Non-violent General City Ordinance(s); and
4. The individual committed the offense(s) in relation to an alcohol, drug, poverty, homelessness, or mental health need.

5. In cases where a victim exists they must be willing to decline prosecution in order to allow the individual access to LEAD.

Except when:

1. The individual is unable to give consent;
2. The amount of drugs exceeds [site specific quantity];
3. The suspected activity is sale of drugs for profit above a subsistence level;
4. The individual exploits minors or other individuals;
5. There is probable cause to believe the individual committed a violent offense;
6. There is probable cause to believe the individual violated an order of protection;
7. The individual is an imminent danger to self or others and requires acute emergency care.

Each agency should determine eligibility when the individual is on any type of supervision or has outstanding warrants. This should be done in coordination with the supervising agency or issuing court.

OR

Example 2

A person will be eligible for diversion into LEAD when probable cause exists that s/he has committed a drug-related or prostitution-related offense.

Except when:

1. The individual is unable to give consent;
2. The amount of drugs exceeds [site specific quantity];
3. The suspected activity is sale of drugs for profit above a subsistence level;
4. The individual exploits minors or other individuals;
5. There is probable cause to believe the individual committed a violent offense;
6. There is probable cause to believe the individual violated an order of protection;
7. The individual is an imminent danger to self or others and requires acute emergency care.

Each agency should determine eligibility when the individual is on any type of supervision or has outstanding warrants. This should be done in coordination with the supervising agency or issuing court.

VI. Procedures

A. Arrest Diversion

1. Upon contact with an individual where probable cause exists that the individual committed a criminal offense the responding officer will determine if the individual is eligible for a diversion to LEAD. This determination will be based on the eligibility/exclusionary criteria set forth in this policy.
2. If the individual does not meet the criteria, the individual will be placed under arrest and processed.

3. After confirming eligibility, the officer may then offer the individual diversion to LEAD. This should be done in a noncoercive fashion in which the officer explains LEAD, including the fact that the individual will have 30 days to complete a full intake assessment in order for the referral arrest to be voided.
4. If the individual declines diversion, the person will be placed under arrest and processed.
5. Once a diversion offer has been accepted, the officer contacts the LEAD case manager, provides a brief overview of the situation, and with the case manager decides where they will meet. Officers may release the individual to the case manager in the field or at their station. The location will be mutually agreed on by the officer and case manager.
6. The officer completes a Crime Report showing the individual was diverted into LEAD and files it along with a LEAD Intake Form.

VII. Case Management, Intake, and Assessment

1. Upon transfer of the individual to the case manager, the case manager conducts an initial screening to gather basic information about the individual, identify any acute medical needs, and determine if there are immediate needs that should be addressed prior to a full intake assessment. These needs include, buts are not limited to, shelter, clothing, and food.
2. The case manager obtains the individual's written consent to be a participant in LEAD, along with a release of information so that relevant information about the participant may be shared with members of the operations workgroup.
3. At the end of the initial screening, the case manager will begin the process to work with the individual to complete an in-depth psychosocial assessment. Optimally, this will be completed within 48 hours after referral but can take up to thirty days dependent on the individual circumstances.
4. The case manager and the individual will then develop an Individual Service Plan (ISP) to help improve the quality of life for the individual, reduce harms, and reduce future contact with the criminal legal system.
5. The case manager and the individual will work together to address the needs and action steps identified in the ISP.
6. Recognizing the individual may already be receiving services, the case manager will work with the individual and the service provider to strengthen the connection of the individual to those services.

VIII. Social Contact Referrals

1. To the extent that LEAD has the capacity for additional participants an individual who fits the outlined criteria, but who is not subject to arrest for a new crime, may be referred into case management through LEAD.
2. Any social contact referral will be discussed and approved at the operations workgroup meeting.
3. If a participant is approved, the referring member of the operations workgroup will work with the case manager to determine the best plan of action to reach out to the participant.

IX. Operations Workgroup

1. The operations work group (OWG) comprises the project manager, police department personnel, the case managers, a representative from the prosecuting attorney's office, and a representative from the public defender's office.
2. The OWG will meet on a bi-weekly basis.
3. The OWG will discuss any new arrest diversion or social contact referral, provide updates on any current LEAD participant, and determine any steps that need to be taken regarding the participants.
4. If an arrest diversion participant has not completed a psychosocial assessment, the OWG will determine the appropriate step. This could include an extension or a filing of the criminal charge. If an extension is granted, the OWG will develop a plan of action to engage the participant.

X. Public Outreach and Education

The Community Engagement Coordinator oversees the Community Leadership Team (CLT). The Coordinator works independently from PCG member agencies that have a role in enforcement or prosecution of criminal charges. The Coordinator will report all activities and feedback to the PCG monthly.

The Community Leadership Team's purpose is to assist the PCG in educating the public on LEAD's goals and objectives, provide information to the public on the purpose of LEAD, gather community feedback so that LEAD is incorporated into the fabric of the community, and ensure that LEAD in implemented and operated in a transparent manner.

The CLT should comprise community activists, people with justice involvement, former/current drug users, people affected by mental illness, people impacted by poverty, people who are currently/formerly homeless, business representatives, and other relevant community stakeholders.

All PCG members shall participate in educating their staff, professional colleagues, and the public about LEAD.

XI. Prosecutor's Role

The District Attorney (or equivalent prosecuting attorney) is a member of the Policy Coordination Group and a signatory to the Memorandum of Understanding. The district attorney's office at each jurisdiction plays a key role in the daily operations of LEAD.

The prosecuting attorney's office is responsible to:

1. Assist PWG in determining eligibility criteria for potential LEAD participants;
2. Hold official charging paperwork pending the participants completion of the assessment;
3. Attend OWG meetings;
4. Track LEAD participants' pending or new criminal cases within their jurisdiction;
5. Act as a liaison for any pending/new cases in courts outside their jurisdiction;
6. Provide feedback at the OWG on any pending or new criminal case based on the LEAD participants involvement in case management/services; and,
7. Make prosecutorial decisions based on the agreed upon plans at the OWG meetings.

LEAD Client Initial Screening Form

Client Name: _____ Screening Case Manager: _____
Date & Time: _____ Location: _____
Arresting Officer: _____ LEAD Intake Officer: _____

REASON FOR LEAD REFERRAL:
Diverted charge(s)? _____
What are the current contributing factors that caused the individual to commit this offense?
Alcohol: ʘ Yes ʘ No Drugs: ʘ Yes ʘ No Mental health: ʘ Yes ʘ No Explain:_____

CLIENT INFORMATION:
Nicknames/AKA: _____ DOB:_____
Social Security #: ____-____-____
Gender: ʘ Male ʘ Female ʘ Transgender Race/Ethnicity: _____
Are you a Veteran? ? ʘ Yes ʘ No Explain:_____
Address:_____ Phone number: _____
Are you homeless? ʘ Yes ʘ No Where did you sleep last night? _____
Where can LEAD staff contact/locate you? _____
Do you currently have a job? ʘ Yes ʘ No Where _____
Do you receive public assistance? (Medicaid, Medicare, SSI, SSD) ʘ Yes ʘ No _____
Are you currently a participant in Drug Court? ʘ Yes ʘ No Explain:_____
Are you currently on probation? ʘ Yes ʘ No Explain: _____ Probation Officer:_____
In order to participate in LEAD you must sign a medical release of information so that the LEAD Case Coordinating Team can staff your case. Will you sign a release of information? ʘ Yes ʘ No

ASSISTANCE OFFERED:

	Needs	Has	Notes
Help Obtaining ID			
Emergency Housing			
Health Care			
Food/Clothing			
Education/Job Training			
Employment Assistance			
Legal Assistance			
Mental Health Counselling			
Public Benefits			
Substance Abuse Treatment			
Narcan/Syringe Exchange			
Transportation Assistance			
Other:			

Immediate Actions Taken _____