



City of Seattle
Edward B. Murray, Mayor

Human Services Department
Catherine Lester, Director

Date: June 14, 2016

To: Human Services and Public Health Committee
Councilmember Sally Bagshaw, Chair
Council President Bruce Harrell, Vice-Chair
Councilmember Tim Burgess
Councilmember Rob Johnson, Alternate

From: Catherine Lester, Director

Subject: **Statement of Legislative Intent (SLI) 87-1-A-2 Response:
Adjustment to 2016 Contracts with the Law Enforcement Assisted Diversion (LEAD) and Multi-Disciplinary Team (MDT) programs**

This memorandum transmit the response to Statement of Legislative Intent (SLI) 87-1-A-2, passed with the 2016 Adopted Budget. The SLI required the following:

“Council requests that the Human Services Department adjust its 2016 contracts with the Law Enforcement Assisted Diversion (LEAD) and Multi-Disciplinary Team (MDT) programs to require that they engage in a planning process to explore the following questions, with the desired outcome being greater collaboration and operational efficiencies within the programs and agencies involved, as well as improving neighborhood-level public health and safety conditions where the programs operate.”

The SLI further required the LEAD and MDT programs to engage in a planning process to do the following:

1. Evaluate how they can streamline and create efficiencies within and between the LEAD and MDT programs, and specifically describe potential costs and benefits of integrating or more closely coordinating LEAD and the MDT.
2. Explore how they can create meaningful change at the neighborhood level where LEAD and MDT are operating, and what should be measured going forward to track changes at the neighborhood level (e.g., crime statistics, 911 calls for service, environmental indications of crime or street disorder, etc.).
3. Estimate the average cost per participant for both programs, separated out for 1) case management; 2) support services (e.g., housing, detox); and 3) program administration. Provide both the total costs and the City-funded portion.

4. Define the theory of change used by each program. For LEAD, describe any recommended revisions to the theory of change to respond to recent City and County changes to arrest and prosecution policies for prostitution and drug dealing.
5. Engage with community representatives from Downtown and Capitol Hill, including the Special Task Force on Chinatown-International District (see SLI 80-1-A-4) to support program success.
6. Identify potential operational changes that could be made by government agencies to make these programs more effective, as well as the expected behavioral changes in the programs' participants that correspond to these operational changes.
7. Propose recommendations for how to take these programs to scale, both in their current geographies and beyond. Incorporate lessons learned from the 2014 expansion of MDT and LEAD into the Chinatown-International District.
8. With regard to expansion to Capitol Hill:
 - a. Recommend strategies for incorporating youth into the LEAD and MDT programs to help prevent youth detention.
 - b. Evaluate whether the expansion of the LEAD and MDT programs into Capitol Hill would affect public safety issues in the Little Saigon neighborhood, and if so, how.
9. Propose recommendations to revise the LEAD and MDT governance structures to reflect the changing mix of funders.

As directed in the SLI, ***the attached response reflects the recommendations of the LEAD and MDT programs, and is not a reflection of analysis or recommendation by the Executive or the department.*** As HSD continues to move toward a performance-based contracting model for all investments, the department will be particularly interested in the following:

- Potential costs and benefits of integrated services models;
- Types and amount of client services accessed by LEAD and MDT participants, and outcomes associated with accessing the services;
- What should be measured going forward to track meaningful change at the neighborhood level; and
- The estimated cost per participant for each program, including case management, client services and administrative costs.

Attachment: Statement of Legislative Intent 87-1-A-2 Response: Adjustment to 2016 Contracts with the Law Enforcement Assisted Diversion (LEAD) and Multi-Disciplinary Team (MDT) programs (prepared by the LEAD and MDT program staff)

ATTACHMENT

Statement of Legislative Intent 87-1-A-2 Response: Adjustment to 2016 Contracts with the Law Enforcement Assisted Diversion (LEAD) and Multi-Disciplinary Team (MDT) programs

Context

In the 2015 budget process, by a Statement of Legislative Intent (SLI), the Seattle City Council directed that the Human Services Department (HSD) provide in its 2016 contracts with the Public Defender Association (PDA) for Law Enforcement Assisted Diversion (LEAD), and with the Downtown Seattle Association (DSA) for the DSA Outreach Team and Multi-Disciplinary Team (MDT) meetings, that each program assess what resources and operational steps (either by the programs themselves or by cooperating City agencies) would maximize their positive impact on neighborhood health, order and safety; and what opportunities exist for increasing coordination between the two programs. The SLI directed that PDA, DSA and HSD report the results of that planning and assessment process to the Council by May 31, 2016.

Response

At the Council's request, the LEAD (PDA staff plus Evergreen Treatment Services' REACH program) and DSA teams have worked together this spring to identify programmatic efficiencies, enhance communication and data sharing, and to troubleshoot potential roadblocks to desired outcomes (for both the individuals on the street and neighborhoods at large).

In the pages that follow, please find the programs' responses to the questions raised in the SLI, as well as a summary and an overview of quick-wins, longer-term objectives and bigger systemic issues that impact the efficacy of the programs.

1. Evaluate ways to streamline and create efficiencies within and between the LEAD and MDT programs, and specifically describe potential costs and benefits of integrating or more closely coordinating LEAD and the MDT.

At the outset, it is important to note that, while the DSA Outreach Team and LEAD thus far have been deployed in the same neighborhoods, this cannot be assumed for the future. DSA does not anticipate working outside the center city, and its contiguous neighborhoods, which includes the immediately adjacent Capitol Hill area. LEAD, however, is already at least nominally available in Skyway in unincorporated King County, and to Metro police wherever they patrol. Planning discussions are underway to explore LEAD expansion to other King County cities (currently Renton, Kent & Auburn), in keeping with the King County Executive's proposal to the MIDD oversight committee to commit additional funding to support LEAD expansion in King County. Thus, the coordination and integration analysis below pertains to LEAD's operation in the center city, where the DSA currently operates.

Further, we are mindful and urge others to bear in mind that the same coordination and clarity about division of labor that we are trying to bring to bear on the work of LEAD & the DSA Outreach Team would be advantageous if applied to a wider array of programs, services and providers. We are aware of and are glad to know of efforts at both the City and the County to move toward planning *integrated systems of care* rather than “pockets of excellence” and good programs developed in isolation. While we are proposing concrete ways in which the DSA Outreach Team & LEAD can be more closely coordinated, these are not the only two programs which can be more effective when they operate within a planned, mutually respectful, well-understood division of labor and with appropriate information sharing. Where possible, we have developed coordination strategies that could also be used by other Downtown Seattle and regional programs and service providers.

Need for greater clarity that these programs focus on different populations

Both the DSA Outreach Team & LEAD share a “theory of change” that meeting unmet service needs and reducing the duration of time that it takes for clients to access those service needs may positively impact the numbers of unsheltered individuals and motivate those labelled as “service resistant” toward change which will be evidenced in: attainment of sobriety, stabilization of mental health symptoms and acquisition of permanent housing of people whose poverty and illness pose problems both for them and for neighborhoods where they spend time in public spaces. In our planning process this spring, however, PDA/REACH & DSA have achieved greater clarity about differences between the methodologies we use and the populations for whom our respective approaches provide an effective response. Therefore, there are limitations to directly comparing and contrasting program volumes, costs and outcomes, as we are working with people with very different characteristics and use somewhat different strategies to improve the situation of our respective clients/participants.

(1) Different populations: law violations. The DSA Outreach Team is focused primarily on individuals who are homeless within the designated service boundaries of the program. DSA works with all populations save for juveniles. In cases where a DSA case manager identify clients with needs which would most appropriately be met by another service organization, those appropriate referrals are made. The MDT meetings and DSA Outreach do not presently feature systematic coordination with justice system players (via prosecutors). LEAD in contrast requires that potential participants be suspected of drug-related criminal activity or sex work, and features systematic coordination with the justice system via prosecutors. LEAD, however, is not presently open to individuals who suffer extreme poverty, alcoholism or mental illness unless they are also engaged in drug-related crime or sex work (note that these eligibility criteria were set narrowly because LEAD was a first-of-its-kind police diversion program trying to achieve proof of concept, and there have since been proposals to expand those criteria), while the DSA Outreach Team is able to work with such individuals.

(2) Different methodologies: compliance structure. LEAD intentionally works with individuals who may, at least initially, be unable to comply with any particular program

requirements. There are no per se requirements to remain in LEAD after a participant has signed a required Release of Information and completed a 2 hour intake session. (The reasoning behind this approach is laid out in the Theory of Change discussion.) DSA Outreach case managers, however, do use compliance and accountability requirements. A client upon intake and assessment is expected to review the program guidelines which stipulate that all DSA Outreach clients are to make contact with their case manager at least once weekly. Any DSA Outreach client who fails to comply with the weekly check-in rule is issued an intent to discharge notice after the 2nd week of failure to check-in. If this behavior persists to 30-days the client is then administratively discharged from the program. By contrast, the LEAD program does not require their participants to make weekly meetings, particularly when first referred, and LEAD case managers use longer-term relationship building. Both programs use proactive outreach, and connection with police officers to increase engagement by reluctant or skeptical participants.

- (3) Time in the program. DSA Outreach clients engage with program staff on average for four months until the completion of the collaboratively developed service plan goals. LEAD participants typically are engaged for considerably longer, and sometimes for years. This likely reflects differences in methodologies, theories of change and the target populations.

Inter-Agency Collaboration, Information Sharing and Referral Protocols

The ongoing relationship between direct care staff at different agencies is extremely important to the success of these programs and their clients. As noted above, though this SLI focuses only on LEAD and the work of the DSA Outreach Team, and while we have focused on coordination between these two programs, improving and developing a framework for coordination and appropriate information exchange with staff from other providers and programs would also be valuable.

DSA staff now attend LEAD operational workgroup meetings; REACH and PDA staff also attend the MDT meetings. There is a need for clearly articulated protocols for fluid MDT-to-LEAD social contact referrals. DSA is currently developing protocols that will address this and will fine-tune that process with PDA's Neighborhood Safety Advocate, Sokha Danh, who coordinates LEAD social contact referrals.

Integrated Meetings

LEAD operational workgroups are held bi-monthly, staff up to 40 clients' situations in each meeting, and troubleshoot any challenges in coordinating responses with three police agencies and two prosecutors' offices. DSA representatives attend these. Likewise, DSA currently holds monthly MDT meetings, which REACH staff (who provide case management services for LEAD) attend. MDT meetings are usually staffed by a variety of agencies including:

- Seattle's Union Gospel Mission (UGM)
- King County Veteran's Administration

- Catholic Community Services of Western Washington
- Operation Night Watch
- New Horizons Ministry
- Harborview Housing First
- DESC-HOST
- ETS-REACH
- SCIDpda
- ORION-YouthCare
- Downtown Public Health-Robert Clewis Center
- Heroes for the Homeless
- Human Services Department of Seattle
- DSA Outreach Team

The structure of the monthly MDT meeting provides ninety minutes for collaboration amongst agencies engaging in similar activities in the same area. Due to geographic constraints, the number of agencies at the table, and the differences in the tasks undertaken at the meetings, integration of these meetings isn't currently advantageous.

Shared Database

A paramount outcome of the collaboration between DSA Outreach and LEAD must be a coordinated platform for information sharing amongst key partners conducting services and outreach in the center city. Since earlier this year, staff from PDA, DSA and REACH have been engaged with a contract database administrator for the database "Agency" to develop a shared portal for various service providers and law enforcement/criminal justice practitioners to share case information at a shallow level to facilitate inter-agency collaboration and improved outcomes for individuals with complex housing, legal and service needs. This information sharing platform is referred to as the "LEAD Database." DSA will have access as a LEAD operational partner. Other service providers may have access on the same basis, should they desire it. (PDA funded creation of the LEAD database with private grant funds, at the request of various operational partners and the Mayor's Office.)

In order to share personal information about clients (even at a high level) all operational partners with access to the database will have to agree to established protocols for information sharing to protect the clients, as well as the providers who are entrusted with client information. All users of the database will sign an agreement dictating who can access the information and for what purpose.

While the LEAD database will have a shared portal, each agency will only input information that they are comfortable sharing with the larger network of operational partners. This third-party database will be accessible by each of the following agencies:

- King County Council
- Seattle City Council
- Seattle Mayor's Office

- King County Executive
- King County Sheriff
- Seattle Police Department
- DSA
- Public Defender Association
- Seattle Human Services Department
- Seattle City Attorney's Office
- King County Prosecutor's Office
- REACH
- ACLU

Possible others:

- DESC
- LIHI
- Plymouth Housing

Integration of Outward-Facing Communication

Both LEAD and DSA Outreach have proactively engaged neighborhood organizations about the services and response offered by our respective programs. In our shared assessment, however, it is unhelpful to neighborhood and business organizations to be educated about and asked to interface with the MDT & LEAD as separate programs. (The same is also true of law enforcement officers.) It requires those untrained in case management to do too much differentiation and categorization about client needs and characteristics that they may not have the information or expertise to assess in any event. These programs are similar enough in target population and methods that having information sessions on the two programs at different times may cause confusion, apathy, skepticism, and a potential delay in assistance. It also conveys a lack of integrated response.

Recognizing that this is not optimal, we are creating and plan to distribute a double-sided and co-branded information sheet that explains both programs, whom they serve, what they offer, and how they can be accessed. (See attached prototype.) Both programs will distribute the double-sided information sheet rather than single-program information.

Down the road, we suggest this approach be explored for additional features of the service and diversion landscape (e.g., the Crisis Solutions Center, DESC's HOST program, REACH encampment outreach teams, Intensive Care Management Team, and others).

2. Explore ways to create meaningful change at the neighborhood level where LEAD and MDT are operating, and what should be measured going forward to track changes at the neighborhood level (e.g., crime statistics, 911 calls for service, environmental indications of crime or street disorder, etc.).

When offered an alternative to traditional enforcement-only approaches to crime and disorder driven by extreme poverty, addiction and untreated mental illness, Seattle's neighborhoods

have supported the paradigm shift represented by LEAD and DSA Outreach. It is imperative that these approaches both succeed, and be seen by community leaders to succeed, in delivering improved neighborhood conditions on the ground.

There are four components to delivering on the promises of these models:

1. Transparency with and accountability to community partners
2. Adequate resources to achieve change in individual circumstances (particularly access to housing & treatment resources at scale)
3. Committing to coordinate all City resources to see that all appropriate candidates in involved neighborhoods are connected to these programs, rather than a small fraction of the population which could appropriately be engaged in LEAD/MDT
4. Clarity about how the individual and neighborhood-level impact of each program will be assessed

Transparency with and accountability to community partners; capacity for community engagement

An intentional, staffed, community engagement function, in which the program managers continually engage members of neighborhood, business and public safety groups, receive information from them, and provide information back to them, is essential to maintain community confidence in both the MDT and LEAD. For the MDT, that function has been provided in kind (to date) by DSA. For LEAD, that function has been provided in kind (to date) by PDA. The community engagement function includes both general information-sharing, and also, identification of specific individuals as possible candidates for both programs to work with. (In LEAD, this is referred to as the social contact referral process, which is the source of many LEAD referrals and is coordinated by PDA's Neighborhood Safety Advocate.)

In the interest of furthering a feeling of community ownership and confidence in these programs, it is important to continuously inform street level business and neighborhood stakeholders about work that is being done with those who have a high impact street presence. For example, if a person suffering from untreated mental illness routinely comes to a specific place in the neighborhood, a program representative should visit the street level business in that area and let them know there is some work being done with the person and reiterate that there is a plan in place to assist the individual. This can be done without breaking client patient confidentiality, HIPAA laws or privacy acts. Client confidentiality guidelines should also be explicitly explained to street level businesses and neighborhood stakeholders so as to manage the expectation that they have of providers and information sharing.

As discussed above, in our planning work to respond to this SLI, we identified the need to deliver a unified message to community and neighborhood organizations about the two programs, rather than separately engaging neighborhood groups, which can engender confusion, frustration and lack of confidence simply because neighborhood leaders cannot discern the difference in the programs or remember how to access each of them for

appropriate purposes. Joint, co-branded communication is our proposed immediate step to improve this situation.

Going forward, it is uncertain the extent to which private grants will continue to support PDA's community engagement work to facilitate community access to LEAD; consequently, the LEAD project management and community engagement function has been identified as a core cost of maintaining the program in the MIDD II funding proposal (as well as funding for prosecutor coordination regarding LEAD participants' cases).

Additional Housing Resources Needed

Much like the need for services, without housing options on demand, moving people from outdoor living into stable housing is difficult. Despite the successes of the DSA outreach team in housing clients, they continue to regularly face impediments to housing such as adverse credit history, adverse rental history and criminal history. LEAD case managers report, on a wide scale, having to place clients who still use drugs in clean and sober housing in the absence of any alternative that does not require sobriety; often, these participants are then evicted because they were not ready to move to sobriety when they entered. LEAD case managers also report that housing participants with significant criminal history is all but impossible under current circumstances. The Landlord Liaison Program does not, and changes coming with Coordinated Entry for single adults through All Home are not expected to, fully compensate for the disadvantage participants with criminal history have in finding housing. PDA will soon complete an analysis of the Hardest to House (people with criminal history & active drug users) for consideration of City and County planning efforts to bring an end to people living in public spaces. Many LEAD and DSA Outreach Team clients are camping and living in tents, despite being "housing ready" and willing to accept services, because their criminal or adverse financial background disqualifies them from being tenants. A planned response for this population is imperative before these programs can maximize the results of their approach.

Additionally, it is critical that the City and its providers look at how to create additional beds that incentivize people to relocate from the street. Providers regularly hear from clients that they are not eager to enter into shelters that are perceived as unsafe or unsanitary, prohibit pets and partners, close down during the day, lack adequate storage space for possessions, and where they are not certain they will be able to return night after night. The reassessment of the current array of shelter options begun under the State of Emergency must continue and shelter options must be significantly revised before we can expect to see many of those now sleeping on the streets enter emergency shelters.

Improved Access to Treatment

Both programs have experienced barriers for individuals who are seeking chemical dependency treatment being made to wait long periods; when they reach the top of the wait list, sometimes they are discouraged or can no longer be located. We understand that, for heroin & opiate users, important recommendations for increasing access to treatment will be forthcoming in September from the Heroin & Opiate Task Force co-convened by King County, the City of Seattle and certain other King County cities. Beyond those recommendations, effective

treatment for other drugs is still in short supply.¹ We recognize that improving the array and scope of treatment options available to those with whom both programs work is beyond the scope of City of Seattle partners alone, we call it out because limits on volume and efficacy of treatment limit the outcomes that both programs can achieve with clients with Substance Use Disorder.

Focused attention on engaging all the individuals in each involved neighborhood who are appropriate for these programs, neither of which presently has capacity to absorb that level of need

Downtown Seattle community groups have been told for several years now that LEAD and MDT are operating in their neighborhoods -- yet neither of these programs have been scaled with staffing, funding and the needed resources to truly address the broad scope of the need. Until we achieve this saturation-level response to the actual need for these programs, neighborhood satisfaction can be expected to be partial and eventually quite disappointed. That reaction would not reflect a failure of these approaches -- rather, it would reflect a failure to truly utilize these responses at scale.

Going to scale in the neighborhoods where LEAD and the DSA Outreach Team currently operate will require improvement in three areas, in addition to the housing & treatment resource scarcity for these clients flagged above:

1. Prioritization and understanding of these approaches by all relevant City departments. Despite the successes of LEAD and MDT, and widespread community support for and interest in both programs, there has been only intermittent focus on these approaches in internal and external messaging by involved City departments. To some extent, those departments also continue to utilize strategies that are at cross-purposes with the theory of change of both programs. This results in diffused efforts by, in particular, Seattle police officers, who try to use these programs but are also sometimes directed to use other approaches not necessarily in keeping with this paradigm of achieving change.

On the service/care management side, we support what we understand to be a movement in both HSD and the County Division of Community & Human Services to

¹ While an appropriate standard of care for heroin/opiate users is being identified by the Heroin-Opiate Task Force, relevant to the populations engaged by both LEAD and the MDT, improvement also is needed in the array of treatment options available for users of stimulants, including cocaine/crack. A recurrent theme in addressing needs of individuals whose primary drug of choice is a stimulant (either amphetamines or cocaine [especially crack]), is the lack of effective treatment options and a belief that relatively lengthy inpatient treatment (>30 days) is necessary. Over the past few years, however, there have been advances in both types of treatment available. In terms of types of treatment outpatient, contingency management and behavioral approaches have been shown to be more successful than 12-step based programs. Research by Dr. Carl Hart and others has shown that contingency management combined with housing and other quality of life improvements is also effective. Finally, although still in clinical phases, types of agonist replacement therapies (analogous to opiate replacement therapy) have shown success and hold out promise. We should promote the system expansion and availability of contingency management combined with housing as well as working with local researchers to explore the viability of trial agonist replacement treatment.

move toward integrated systems of care for this population. Deeper coordination between the service/care approach now used in both programs with system design by HSD & DCHS may eventually require changes in how care is provided in both LEAD and the DSA Outreach Team. So long as that care approach is consistent with the core principles of LEAD and MDT, LEAD and MDT partners and case managers likely will welcome this development.

2. Increased proactive police capacity or clarification of current mission of proactive units. The recently-commissioned Berkshire Report on SPD staffing seems to show that proactive resources would need to be significantly augmented and/or relieved of responsibility for special events and demonstration policing, in order to step up the level of proactive capacity in SPD. Both LEAD and the MDT benefit from coordination with proactive policing resources, and LEAD depends on police referrals and ongoing daily coordination.

The current state of affairs is that the bike squads and NCI officers make LEAD referrals and the CPT and the Neighborhood Response Team regularly coordinate with the DSA Outreach Team. We would like to see all squads in the West Precinct, including patrol, as well as the CRT and CIT, receive training in how to utilize and make diversion referrals to both programs. After a beta testing period introducing both programs to the East Precinct, we would like to see a similar approach taken with all East Precinct squads. (LEAD operational training for all East Precinct officers is planned for roll calls in June and July.)

3. Increased capacity for case management and services. LEAD is near maximum capacity with current funding as well, using a 25 client per case manager ratio and not including inactive clients in that calculation. While certain efficiencies can be achieved by leveraging Medicaid reimbursement for some case management and direct services costs, ideally, housing options will develop for this population than may draw on LEAD program funds to pay housing costs to a greater extent than occurs now (since housing is the main expense not reimbursable by Medicaid).

Thus, to go to scale in neighborhoods now nominally served by both programs, it will be necessary to increase capacity for case management. The DSA Outreach Team as currently staffed is able to serve the needs of currently screened clients particularly due to the accountability approach. Clients who are absent from the program for 30-days are administratively discharged; case managers do not include on their caseloads clients who are inactive in the process. Clients can petition for readmission after an administrative discharge. Furthermore, the average 4-month duration of time in the program reflects relatively fluid movement through the DSA Outreach Team's case management process. It should be noted that DSA continues to struggle with the appropriate referrals, most notably individuals needing assistance in recovery from substance use disorder. DSA is mindful that if they were to expand services to the adjacent neighborhoods this would require additional

staffing and funding. LEAD would also require augmentation of our outreach coordination staff. See below for an estimate of cost per person, which will inform any decision to expand capacity, noting that economies of scale drive down the cost per person with program expansion.

Clarity as to how individual and neighborhood-level impact will be assessed going forward

LEAD project managers obtained \$500,000 in funding from the Arnold Foundation to conduct a systematic, non-randomized control design study of the effectiveness of LEAD with respect to stated primary (reduction in recidivism) and secondary (reduction in justice/emergency health system utilization and cost; individual psycho-social benefits) program goals that had been set by all the LEAD governing partners. That evaluation is nearly complete, finding system cost reductions (though not to the City of Seattle, possibly due in part to lack of dedicated staff in the City Attorney's Office to parallel system reductions achieved by dedicated staff at the King County Prosecutor to manage cases of LEAD participants), psycho-social progress, and significant recidivism reductions.

PDA/REACH (for LEAD) and DSA (for the MDT) recognize and embrace the City's and in particular the Council's interest in ensuring that investments in programs such as these pay off in desired results. However, we note that there presently is no source of funding identified for evaluation going forward. Thoughtful evaluation capable of establishing a causal connection between interventions and outcomes requires significant planning and funding. We would welcome suggestions from CBO, HSD, Council central staff and possibly the City Auditor's office regarding a sustainable ongoing plan for thoughtful evaluation of both programs, with an eye to continuous improvement and identifying areas for modification and improvement.

For LEAD, because the program is inter-jurisdictional and involves independently elected stakeholders, it is important that those City entities engage with the LEAD Evaluation Advisory Group (on which Council central staff and the Mayor's Office currently sit, and which is open to representatives of all LEAD governing partners) to devise a strong ongoing plan for evaluation. The LEAD Policy Coordinating Group met on May 27, 2016 and supported an effort to obtain significant funding from MIDD II, the Arnold Foundation (which funded evaluation of the pilot program) or other funder(s) to look longitudinally at the long term differences in the LEAD pilot participants compared to the original control group, if that group remains largely outside of LEAD; and to plan a way to establish a control design evaluation, if possible, and a rigorous within-subjects analysis if a control group is not possible, regarding effects of LEAD on substance use over time.

Our thinking so far about how best to conduct ongoing evaluation of both programs' effectiveness at a neighborhood level, at a relatively low cost, involves conducting a neighborhood survey to gauge community awareness about and perceptions of both programs, to include questions to identify felt indications of crime or street disorder. Because there can be a gap between community perceptions and actual effectiveness of work with individuals, some plan for measuring effectiveness of both programs' approaches with individual participants is also essential, albeit challenging if there is no defined control group.

It is critical, however, that neighborhoods not be introduced to programs with the understanding that they are operating at saturation level engagement/service and then asked to assess the effectiveness of the programs. The methods used may be effective (and at an individual level, the methods used in LEAD have been proven effective through rigorous evaluation), but using them in insufficient concentration will result in little discernable impact at a neighborhood level.

- 3. Estimate the average cost per participant for both programs, separated out for 1) case management 2) support services (e.g., housing, detox) and 3) program administration. Provide both the total costs and the City-funded portion.**

For DSA/MDT:

The following cost breakdowns for the DSA Outreach Team are for the time period between January 1, 2014 to March 31, 2016. According to Safe Harbors records, the DSA has served 308 enrolled clients during this time period.

The cost for case management (including salaries, benefits and overhead) for a DSA client is \$2,962.85 for the 27-month time period specified above, or \$740.71 per client per month based on the average length of time a client is enrolled in the program, which is four months.

The cost for client support services (including housing, shelter/motel, identification, etc) is \$678.45 for the 27-month time period specified above, or \$169.61 per client per month based on the average length of time a client is enrolled in the program, which is four months.

The overall cost for the program to serve a client is \$3,641.30 per client, or \$910.33 per client per month based on the average length of time a client is enrolled in the program, which is four months.

Case Management Costs:

	Amount
CCI/City-Funded Salaries and Benefits (City)	\$ 400,990.38
DSA-Funded Salaries and Benefits (DSA)	\$ 394,298.28
Overhead (City)	\$ 117,270.57
TOTAL	\$ 912,559.23

Client Support Services:

	Amount
Housing	\$ 79,502.71
Shelter/Motel	\$ 79,357.91
Relocation	\$ 20,877.66
Clothing	\$ 5,666.82
Identification and Records	\$ 4,979.28
Hygiene	\$ 4,923.30
Phones	\$ 4,832.47
Local Transportation	\$ 3,613.28
Legal Fees	\$ 2,835.50
Food	\$ 2,375.09
TOTAL	\$ 208,964.02

For LEAD:

Attached is an independent evaluation of LEAD costs, funded by the Arnold Foundation, and advised during the research design and analysis stages by City and County Council central staff, a health economist for the King County Executive's Office, King County Office of Performance Strategy & Budget, and a program manager for the Department of Adult and Juvenile Detention. That evaluation found that, after initial ramp-up costs, total LEAD costs per client per month during the pilot program (October 2011 through January 2014), inclusive of project management and dedicated prosecution staffing as well as all case management and direct services costs, ran at \$532 per month.

These costs should be reduced as greater use of Medicaid reimbursement for client services and case management comes on line, including through the Medicaid waiver process recently approved for Washington State (although should there be additional housing resources for participants with criminal history and other circumstances similar to the LEAD cohort, housing costs per client could increase). Current program figures, however, show that costs per client are already lower than those reflected in the University of Washington study, reflecting economies of scale:

LEAD case management

	2015	2016	total
Personnel/City	\$448,521	\$587,329	\$1,035,850
Overhead & admin/City	\$196,685	\$173,947	\$370,632
Total City	\$645,206	\$761,276	\$1,406,482
Personnel/ other funds	\$262,258	\$409,032	\$671,290
Overhead & admin/other funds	\$57,690	\$121,139	\$178,829
Total other funds	\$319,948	\$530,171	\$850,119
Total	\$965,154	\$1,291,447	\$2,256,601

LEAD client services

	2015	2016	total
Shelter/City	\$93,384	---	---
Housing/City	\$57,390	---	---
CD treatment/ City	\$793	---	---
ID assistance/ City	\$1,313	---	---
Education & employment/ City	\$1,523	---	---
Basic needs/City	\$16,261	---	---

Transport/City	\$10,652	---	---
Total/City	\$181,316	\$218,724	\$400,040
Shelter/other funds	\$93,138	---	---
Housing/other funds	\$70,754	---	---
CD treatment/ other funds	\$5,846	---	---
ID assistance/ other funds	\$527	---	---
Education & employment/ other funds	\$1,238	---	---
Basic needs/ other funds	\$39,085	---	---
Transport/ other funds	\$15,674	---	---
Total/other funds	\$231,262	\$219,829	\$451,091
Total	\$412,578	\$438,553	\$851,131

LEAD program management, dedicated prosecution, police OT, legal services & community engagement*

2015	2016	total
\$410,000	\$525,000**	\$935,000

* no City funds except in kind police OT

** adds dedicated Assistant City Attorney for half year

Cost per client

2015: 308 clients; cost per client per month = \$484

2016: 400 clients; cost per client per month = \$470

In addition to City and foundation funding for 2015 and City/County funding for 2016, the LEAD services model relies on in-kind clinical staff funded through the Healthcare for the Homeless Network. The staff work directly at the LEAD program offices, or provide outreach services in the community to find individuals and link them to care. The current HCHN staff include an RN through Harborview Medical Center, a Mental Health Specialist through Harborview, and two Groups and Activity Coordinators.

4. Define the theory of change used by each program. For LEAD, describe any recommended revisions to the theory of change to respond to recent City and County changes to arrest and prosecution policies for prostitution and drug dealing.

LEAD Theory of Change

LEAD’s theory of change (TOC) for individual behavior is based on harm reduction principles and motivational interviewing techniques. Harm reduction focuses on reducing or changing individual behavior considered harmful to that individual, without establishing complete cessation of that behavior as the only marker of success. Harm reduction approaches are particularly well-suited to people who have experienced trauma, find trust and hope difficult to come by, and for whom shaming and rigid success/failure frameworks are barriers to progress. LEAD, as other harm reduction programs, begins by engaging an individual where he or she presently is in terms of goals and aspirations, using motivational interviewing techniques that identify goals to which the participant herself subscribes and is willing to work toward. Addressing immediate actual and felt needs (such as housing, in a program where over 80% of referrals are homeless) often establishes trust and a sense of strength that allows harder tasks, like reducing drug use, to seem more achievable. Needle exchanges and “wet housing” are well known examples of harm reduction strategies.

LEAD also applies an unprecedented level of system coordination between law enforcement, prosecutors (and through them, the courts and defenders), service providers and neighborhood leaders, all making discretionary decisions wherever possible to support behavior change by the individual, rather than following rigidly prescribed decision-making guidelines with a blind eye

toward the actual impact on the individual. Prosecutors make decisions whether to file charges, whether to support or seek release, whether to dismiss or reduce charges, depending on the progress and ongoing situation of the participant/defendant. Officers make decisions whether to approach someone in the field and how to engage that person based on information they would otherwise not have access to. Community leaders can contribute to community-based engagement by officers and social workers, rather than making emergency calls for service. All of this strategic coordination is done on a routine, rather than crisis, basis, regarding individuals whose law violations are largely due to behavioral health issues or extreme poverty.

LEAD's TOC further posits that if such engagement strategies help a sufficient number of individuals, positive neighborhood level and public safety impacts will be realized, in part through changes in behavior of a sufficient number of individual participants, and in part through system change, as previously fragmented systems work together in a way that is transparent, rational and defensible.

Effectiveness objectively assessed. This theory of change has proven effective in achieving the agreed primary aim of LEAD: reducing criminal involvement of LEAD participants compared to individuals processed through the justice system as usual. A 2015 independent evaluation funded by the Arnold Foundation and guided by analysts for City and County government found that LEAD participants' odds of recidivism were 58% lower than those of similarly-situated control group members who were booked and prosecuted as usual. (The recidivism evaluation is attached.) **LEAD is now listed by the National Institute of Justice's CrimeSolutions.gov as a promising practice. The Arnold Foundation evaluation, if replicated in other jurisdictions, meets the Office of Justice Programs' standard for an evidence-based practice, and based on this evidence, the Bureau of Justice Assistance (BJA) is making technical assistance grants to assist jurisdictions replicating LEAD nationally.**

DSA Outreach Theory of Change

DSA Outreach Theory of Change stresses a collaborative working relationship between Outreach Worker/Case Manager and Client.

The Five Core Values of DSA Outreach are:

1. Presence – We value being available both physically and emotionally for those who we serve.
2. Advancement – We actively seek out opportunities to advance those who we serve, self, our Organization and the community.
3. Collaboration – Our efforts would be futile if we fail to work collaboratively with those whom we serve, service providers, law enforcement and the community at large, all in the effort to provide the best possible care.
4. Empowerment – We do not seek to assume the responsibility for the lives of those we serve. Rather, we aim to partner with them as they reclaim power over their own lives. Giving the client the tools to reclaim power over their own lives.

5. Sensitivity. With the understanding that we serve a multicultural and diverse population, we are committed to providing services that strive to meet the individual needs of those we serve.

DSA Outreach believes that homelessness is a symptom of both internal and external issues that have their roots in biopsychosocial-spiritual perpetuating factors such as: conflict in one's family of origin; trauma related to domestic violence, sexual abuse, physical abuse, emotional and psychological abuse, conflicts of faith; insufficient access to medical care; genetic predispositions; unresolved grief and loss; lack of support networks; insensitive rendering of services; lack of financial resources; insufficient access to resources.

DSA Outreach believes that recovery occurs as a result of: the client's desire to change (internal motivation); identified reasons for change and client sensitive reward and support network (external motivation); continuous, ongoing presence and belief in client's ability to change (unconditional positive support); firm boundaries defined by the client and provider and adhered to throughout the process of change (accountability); adaptability to life's daily circumstances and the ability to be fervent in the pursuit of goals (resilience); ability to attain and presence of recovery needs (resources); surroundings conducive to change, and understanding of plight and responsive to efforts (environmental sensitivity).

Furthermore the DSA Outreach theory of change stresses accountability, ownership, agency and resilience. Relying on client ownership, DSA Outreach focuses on internal and external systems with the view that individuals who acquire the necessary social skills and resiliency have the ability to overcome the challenges of a system that may not necessarily be responsive to their social and multicultural needs.

The outreach process begins with initial contact either by means of an outreach effort or referral either by a community partner, resident, business or law enforcement. The prospective client is then assessed for suitability for the program and evaluation of service plan needs. The client is then connected with a case manager with whom they develop a collaborative service plan goal. The approach utilized is ongoing time-rich engagement which stresses relationship and trust building and accountability on the part of both client and case manager. The working/therapeutic relationship and progress are constantly being evaluated under the direction of the manager.

DSA Outreach identifies several barriers to change. These include: criminal addictive behavior and thinking; substance use disorders; mental illness; and chronic homelessness. In addition, the theory of change highlights additional focus on the internal system of the individual which is steeped in predisposing, precipitating and perpetuating factors. Skilled mental health staff work with clients to identify these often overlooked factors and work toward overcoming the effects of unaddressed factors. In the therapeutic relationship we stress a Rogerian approach that regards the client positively whilst utilizing cognitive behavioral strategies to identify, evaluate and rectify faulty thinking patterns.

As the client grows in resilience and ownership we believe that protective factors develop. Those factors include: self-esteem; improved social skills, improved communication skills; accountability; sense of connectedness to society; development of prosocial peer groups; engagement in prosocial activities. As a result of the acquirement of those skills the following results will be observed: prosocial lifestyle and community engagement; sustained recovery from substance use disorder or insight into severity of disorder; acquirement and maintenance of stable housing; stable mental health symptoms with ongoing support.

5. Engage with community representatives from Downtown and Capitol Hill, including the Special Task Force on Chinatown-International District (see SLI 80-1-A-4) to support program success.

LEAD

Staff from the Seattle Chinatown-International District Preservation and Development Authority (SCIDpda) as well the Chinatown-International District Business Improvement Association (CIDBIA) historically have attended LEAD's Operational Work Group meetings. Efforts to refer individuals involved in drug related crime and/or sex-work in the neighborhood continue through regular communication and coordination with the Public Defender Association's Neighborhood Safety Advocate and community public safety leaders in the Chinatown-International District (C-ID).

The Community Police Team (CPT) in the West Precinct, which includes the C-ID neighborhood have been "LEAD-trained". REACH's LEAD Outreach and Screening Coordinator has also engaged with the C-ID neighborhood's current Community Police Officer to plan a "ride-along" to learn more about the neighborhood's public safety issues and high-impact individuals. LEAD's expansion into the East Precinct, which includes the Little Saigon neighborhood, provides an opportunity to more comprehensively serve the needs of the C-ID. LEAD project managers have clarified with the Mayor's Office and SPD that expansion will be to the entire East Precinct, not just to the Capitol Hill neighborhood, which addresses some initial concerns about racial and ethnic disparity in neighborhoods to be served by the program. Thus, the East Precinct operations lieutenant is presently planning with LEAD program managers a training for all of East Precinct patrol, to occur in late June/early July.

In April, PDA, REACH and the Mayor's Office partnered with Councilmember Sawant, representing Council District 3, and Capitol Hill Community Council to convene a community conversation about LEAD and its introduction to the East Precinct, held at Miller Park Community Center. Over 50 community members attended and participated in an informative Q & A, which was covered in the Capitol Hill Times.

PDA's Neighborhood Safety Advocate serves on the Special Task Force on C-ID and is closely working with SCIDpda, an organization that is one of the community co-chairs of the Task Force, to build an intentional outreach and engagement strategy for LEAD that is realistic and able to meet neighborhood expectations for improving public safety. Maximizing use of LEAD is among recommendations emerging from the Task Force.

Constant engagement with other downtown neighborhoods has been critical for LEAD's overall program success, and for community "buy-in" and support. Time is allotted and prioritized in the Operational Work Group meetings for community report-outs in particular emphasis areas, new community-generated social contact referrals into the LEAD program, and to help assist in the coordination of law enforcement personnel and REACH's outreach with potential and/or existing LEAD clients in emphasis areas. Other active community partners involved in LEAD's neighborhood current outreach plan and engagement includes, but is not limited to the following organizations: SCIDpda, Belltown Community Council, Friends of the Waterfront, Pioneer Square Residents' Council, West End Neighborhood Association, Capitol Hill Community Council and Capitol Hill Housing.

In December 2015, DSA contracted with SCIDpda to rent a conference room located in the C-ID to host the monthly MDT meetings. One of the purposes of this physical move was to help human service providers build familiarity and relationships in the community. However, due solely to room capacity issues, the MDT meeting will relocate to a bigger venue outside of the district in June of 2016.

MDT

As a response to the observed and reported need for greater collaboration between human service providers and law enforcement the DSA Outreach Team designed an outreach position specific to working with SPD. The Public Safety Outreach worker is a non-traditional team based approach to seek out homeless individuals in the Capitol Hill and Downtown neighborhoods to connect them with services and provide ongoing case management.

A significant amount of the Public Safety Outreach Worker's time is spent embedded with police officers during their normal patrol. The patrol units are Downtown's *Neighborhood Response Team* and Capitol Hill's *East Precinct Bike Unit*. Finding innovative solutions for individuals who present a chronic street presence due to homelessness, addiction and mental illness, identification of the chronic issues that perpetuate street presence and collaborating for the development of public safety strategies are paramount. The Public Safety Outreach Worker spends a significant amount of time outside in the neighborhood attempting to identify and build relationships with the homeless individuals living on the street or places not meant for human habitation.

The Public Safety Outreach Workers attend the LEAD Workgroup meetings, Multidisciplinary Team Meetings, Capitol Hill Clean and Safe meetings, Capitol Hill Multidisciplinary Team meetings and the CID Public Safety meetings. The Capitol Hill Public Safety worker's work is supplemented by support from a licensed mental health professional. Together the Public Safety Outreach Worker, Outreach Worker and Mental Health Outreach staff member perform outreach services with a specific goal of identifying and engaging with those identified as dealing with mental health challenges among the homeless population. In addition, both the Public Safety Outreach worker and Mental Health specialist compile and provide reports to be made available to representatives from SPD-East Precinct. These reports do not include

specifics or descriptors but detail the extent of the outreach work, identified public safety or mental health concerns and recommendations for community partners.

The DSA Outreach has forged a good working relationship with the Capitol Hill Chamber of Commerce and have collaboratively envisioned and implemented the Capitol Hill Multidisciplinary Team meeting which is currently staffed by: Operation Night Watch, Capitol Hill Housing Authority, SPD-East Precinct, Orion/YouthCare, Capitol Hill Chamber of Commerce and DSA Outreach. Invitations have been extended to: Peace on the Streets by Kids on the Streets (PSKS) and Capitol Hill Needle Exchange among others. Currently, the Capitol Hill MDT meeting is on the first Thursday of the month for an hour in a format very similar to the downtown MDT meeting.

DSA Outreach maintains a strong working relationship with the Program Manager of IDEA Space, who serves as a point of contact for outreach staff. The DSA Outreach Team has dedicated one outreach worker with specific duties for performing outreach in the Chinatown-International District. This neighborhood has proven particularly challenge due to the fact that there are very few service providers in that community--specifically no homeless shelters nor any hygiene or laundry access facilities. Furthermore the partners in this community continue to site public safety as their primary concern--this includes staff at Uwajimaya, Parks and Recreation employees and Kobe Terrace workers. As a response to these expressed and identified public safety concerns, DSA staffing for this community has been changed and the Downtown Public Safety Worker has assumed the primary responsibility for outreach and reporting efforts in the C-ID.

6. Identify potential operational changes that could be made by government agencies to make these programs more effective, as well as the expected behavioral changes in the programs' participants that correspond to these operational changes.

LEAD

1. Dedicated Assistant City Attorney position. While the UW research team found that LEAD participants' felony filing rate was 27% lower than that of the similarly-situated control group, there were no significant differences between the groups in the Seattle Municipal Court filing rate. Operational partners attribute the difference to the fact that the King County Prosecutor has a dedicated senior prosecutor tracking LEAD participants' referred cases and making intentional decisions in those cases to coordinate with and support as much as possible the individual intervention plan for LEAD participants. The volume of LEAD participants' cases in Seattle Municipal Court exceeds that in Superior Court; it is evident to operational partners that added capacity in the City Attorney's Office to dedicate a senior Assistant City Attorney to make intentional filing, release, dismissal and disposition recommendation decisions would significantly enhance the effectiveness of LEAD. Presently, LEAD participants' cases are often dealt with (or warrants issued or served, or filing decisions made) without reference to the participant's progress or current situation as known to the LEAD operational partners, solely because of a lack of dedicated capacity in the City Attorney's Office.

Recognizing this need, PDA and the King County Office of Performance, Strategy & Budget (PSB) identified a dedicated City Attorney position to support LEAD as a funding priority if LEAD were to be funded, as the Executive is recommending, by MIDD II. For the remainder of 2016 and the first portion of 2017, PDA will allocate private grant funds to support a dedicated LEAD City Attorney position.

2. SPD LEAD “flag” to be visible to all officers, with instructions on how to access LEAD information for participants encountered in the field. Not all neighborhoods presently can make LEAD referrals, but for existing LEAD participants, it would prevent officers from inadvertently working at cross purposes with the Individual Intervention Plan if all officers could see the LEAD “flag” in SPD’s Records Management System. That flag can be turned “on” as soon as all officers receive a basic bulletin explaining how they can readily access LEAD information (through a LEAD-trained sergeant) should they encounter a LEAD participant in the field.

3. Systematic training for officers on harm reduction principles and LEAD operational protocols in West and East Precincts (including patrol) and all CIT/CRT officers. The Albany Police Department, one of the first cities to replicate LEAD, developed and has now provided highly-regarded training on harm reduction which shortly will be available for use by SPD and the King County Sheriff’s Office/Metro. While training time for SPD is at a premium, commitment to providing harm reduction training, possibly in conjunction with the Crisis Intervention Committee, will provide officers a framework for making discretionary choices in everyday (non-crisis) contacts that are trauma-informed and support positive change over time for individuals with behavioral health issues, especially addiction. SPD West Precinct LEAD-trained sergeants, PDA, REACH and the King County Prosecutor’s Office will also provide roll call trainings on LEAD operations and goals throughout the West & East Precinct, as well as refresher conversations with already-trained staff about operational changes officers would like to see.

4. Systematic examination of drug and prostitution arrests not diverted from eligible neighborhoods. LEAD may be underutilized for arrest referrals for various reasons; and because it depends on officer discretion using officers’ training and experience, it also should be monitored by supervisors to ensure that discretion is being used consistent with the operational protocols, fairness and community trust. To facilitate supervisor review (as well as possibly for identification of control group members for evaluation), it is important that all officers complete a “LEAD Referral Cover Sheet” for each VUCSA and prostitution arrest. If the arrest is diverted to LEAD, the cover sheet indicates that; if not diverted, the cover sheet indicates why, and the officer’s reason for exercising his discretion not to divert, if applicable.

5. Avoid conflicting models or strategies that cloud public understanding of the most effective approach to chronic addiction-driven law violations. Understandably, from time to time, community or political pressure for action with respect to public homelessness and/or drug-related activity creates an appetite for “quick fix” solutions. However, LEAD has shown superior success with long-term engagement of individuals living on and/or using and dealing on the

streets. Confusion as to the primary paradigm in which such behavior will be handled creates cynicism and lack of clarity about what plan, if any, is truly in effect. Doubling down to make LEAD -- which combines enforcement with case management -- as effective as possible is more comprehensible to the public than a blend of LEAD, partially implemented, along with traditional enforcement practices, and increases accountability and trust.

MDT

1. *Enhance quality of and expand capacity of existing shelter stock for couples and pet owners.* Shelters must be a place that will be more desirable than remaining on the street. Safety, privacy, cleanliness and a welcoming environment are key factors, however our city has some facilities that were converted from space available into shelter that unfortunately do not maintain a clean, healthy or supportive atmosphere. While well-meaning, the agencies that run these facilities inadvertently alienate clientele that does not feel safe or comfortable in these facilities.

In addition to shelter quality, we need low-barrier shelter options that are equipped to serve couples and those who own pets--populations that currently have great difficulty accessing the current shelter options and consequently remain unhoused. Funding for facilities like this must include staff who will build relationships and support case management plans for their residents as well as committed to maintaining a clean, inviting facility. Without this commitment to compassionate and recovery-minded staff the facility will be little more than a place to sleep.

Two examples of well-run and desirable facilities are the Blaine Center (shelter for men),² UGM-Hope Place (shelter for women and their minor children, if applicable),³ and Peter's Place (shelter and day center for men and women). These have a unique blend of design and staff approaches that entice people to stay there as well as support an atmosphere of change. Furthermore the Blaine Center staff regularly interface with DSA case managers while providing ongoing support to both programs toward client's attainment of goals set through the MDT meetings.

2. *Integrate housing of mentally ill with a Mental Health Clubhouse in Downtown Seattle.* Symptoms of untreated mental health often induced from trauma are major drivers of homelessness. Those suffering have a history of burning bridges with their family and support systems and often end up on the streets of Downtown because they are unable to self-manage their symptoms without support. Providers who house this population are not necessarily equipped to support or treat these issues which creates a gap that not only threatens this population, but creates friction between these providers and the communities in which they operate.

² <http://firstchurchseattle.org/blainecenter>

³ http://www.ugm.org/site/PageServer?pagename=programs_housing

Mental Health Clubhouses are an evidenced based approach that could be funded and immediately implemented that would bridge this gap, foster community and acceptance while focusing on ability rather than disability.⁴ Additionally, they are community based and support available psychiatric treatment. Establishing a Mental Health Clubhouse in Downtown Seattle would provide a non-traditional and relatively low-cost solution at a time when resources to fully address mental health issues remain scarce from the City, County and State. Mental Health Clubhouses offer people who have mental illness hope and opportunities to achieve more of their full human potential. They provide a place where people with serious mental illness can participate in their own recovery process by working and socializing together in a safe and welcoming environment. They operate on standards coordinated by Clubhouse International that have been proven effective in over 300 Clubhouses worldwide since 1989-- including one in Bellevue, Washington.

Many people with mental illness struggle with social, proximity and shared space issues. Integrating housing with companionship to individuals who are recovering from an acute episode of mental illness a Clubhouse could break the cycle of hospitalization and homelessness and provides a positive alternative to the disruption that results from this population self-managing their symptoms on the street.⁵

3. *Establish/expand treatment beds for individuals with substance use disorder.* Even with Medicaid expansion our clients, generally low-income or no income individuals, are simply finding it difficult to get into treatment. As practitioners we understand that the window of opportunity where an addict gains the insight into their addiction so as to subsequently desire treatment can close as quickly as it opens. In addition, those who do find treatment at times have to travel often unaccompanied away from their local communities to secure desperately needed assistance in recovery from substance use.

One struggling with substance use disorder who desires to discontinue this lifestyle should have provisions available to them. Attempting to recover from long-term substance use disorder while continuing to endure the realities of environments where substance use and trafficking can be rampant makes this almost an impossibility. Access to immediate treatment beds addresses two key issues: people who want to get clean should have options available to them and a supportive shelter environment that removes people from the chaos of street-based living can better facilitate their recovery.

4) *Enhanced support for wound care and additional medical needs:* With the rise of chronic injection drug use and long-term exposure to outdoor living, the need for on the spot wound care and other basic medical care is growing. Addressing these minor wounds before they become life threatening is key to survival for many on the street. This will also greatly reduce the number of emergency room visits and 911 calls. An existing model of success for this type of work is the REACH Nurse who is funded through Health Care for the Homeless.

⁴ <http://www.clubhouse-intl.org>

⁵ <http://www.plyhc.org/Default.html>

7. Propose recommendations for how to take these programs to scale, both in their current geographies and beyond. Incorporate lessons learned from the 2014 expansion of MDT and LEAD into the Chinatown-International District.

LEAD

Why are many LEAD-appropriate candidates not yet in the program?

As noted above, LEAD's expansion since 2014 into downtown neighborhoods beyond Belltown likely could have achieved greater neighborhood-level impact with a higher referral volume. By all accounts, there remain many individuals addicted to drugs who engage in low level law violations in downtown neighborhoods and who are not in LEAD. If all individuals appropriate for LEAD case management and justice system coordination were in the program ("*everyone in!*"), it is likely that neighborhoods would -- as did Belltown from 2011-2014 during the concentrated pilot project -- have seen significant street-level improvement over time. There have been three major impediments to this "*everyone in!*" goal:

- *Insufficient case management & civilian outreach capacity:* for the past two years, REACH has declined or not been able to engage new social contact referrals toward the end of the calendar year because of a need not to exceed budget. Turning down or delaying referrals is problematic in the effort to build officer and neighborhood buy-in;
- *SPD capacity:* as documented in the recent Berkshire SPD staffing analysis, SPD's proactive capacity is strained, all the more so because proactive units are often deployed to staff demonstrations and for other special assignments. Further, for a large portion of 2015, many proactive resources in the West Precinct were allocated to the 9.5 Blocks strategy surrounding 3rd Avenue & Pike Street. The resulting constraints on proactive resources to be used to engage and refer candidates to LEAD were and remain a significant constraint for a program that keys off of law enforcement referrals. (Two strategies to partially mitigate this limitation are identified below, however: reducing officer involvement up front in social contact referrals; and expanding access to LEAD to patrol units.) With additional proactive resources, there is little doubt that LEAD referrals would have come in at a higher rate.
- *Diffusion of neighborhood-based strategies & priorities:* officers and supervisors who have "bought in" and are dedicated to making LEAD work are often tasked to support other priorities and, in some cases, other strategies to engage the same set of problems. Without suggesting that these other directions are inappropriate, they do detract from the efficacy of LEAD as the primary paradigm in which law violations driven by behavioral health conditions are addressed.

What strategies have been developed to increase referrals of LEAD-appropriate candidates?

Within existing resources, several strategies have been devised to increase referral volume.

- *Streamline community-generated social contact referral process.* PDA hired Sokha Danh in early 2016 as Neighborhood Safety Advocate, to coordinate information flow to and from LEAD-involved neighborhood leaders and groups and to streamline the social contact referral process. Sokha previously had engaged with LEAD from the neighborhood perspective while focused on public safety issues at SCIDpda. In addition, the LEAD operational workgroup adjusted to remove the requirement that officers necessarily be the initial point of contact for community-generated social contact referrals. Law enforcement still vets social contact referrals to validate that they are individuals engaged in drug-related crime or sex work in LEAD neighborhoods. However, except under circumstances where officers are unfamiliar with the individual and want an in-person assessment, and unless officers are better-situated to make the overture, LEAD outreach staff and/or community members can engage the individual and make the offer of LEAD enrollment without an officer directly involved.
- *Immediate approval of law enforcement-generated social contact referrals.* With the approval of SPD, KCSO/Metro and DOC commanders, a prior protocol to obtain consensus of LEAD-involved law enforcement supervisors on new social contact referrals recently was revised to allow for on-the-spot approval by any LEAD-trained sergeant of a social contact referral.
- *New practical referral guide for officers prepared by West Precinct Sergeant Rob Brown.* SPD West Precinct Day Bikes sergeant Rob Brown has drafted a practical how-to guide for officers considering making LEAD referrals. The guide is being edited now. When distributed, it should increase officer confidence that they understand and can navigate the referral process. It will also be shared for adaptation by KCSO/Metro.
- *Expand referring squads to patrol as well as CIT/CRT.* West Precinct patrol squads recently were trained to make LEAD referrals at the request of some patrol officers, and have now made several referrals. SPD commanders have observed that it is logical to train CRT/CIT units in LEAD referrals; though they respond to crisis situations, it may be evident that the individuals to whom they are responding are good candidates for LEAD engagement on a chronic/ongoing basis.
- *Increased Medicaid utilization.* Case management capacity can be expanded without additional resources by increasing Medicaid utilization to reimburse some current case management costs. REACH is in the process of establishing a contract for Substance Use Disorder treatment through Medicaid under the King County BHO. Once this is established, REACH will provide Medicaid funded CDP time to eligible individuals. Currently 89% of LEAD clients are eligible for Medicaid, although some have not completed their enrollment. Medicaid funded services will include case management and outpatient treatment. We expect that up to 4.0 FTEs can be funded under Medicaid to serve LEAD clients, allowing us to expand our existing city dollars to new clients.

What strategies within existing resources can increase efficacy?

- *Dedicated Assistant City Attorney capacity.* Grant funding has been secured to support a dedicated Assistant City Attorney to replicate the staffing assigned by the King County Prosecutor's Office since LEAD's inception. It is evident to all operational partners that increased City Attorney capacity to coordinate discretionary decisions with LEAD participants' Individual Intervention Plans will likely both reduce filings and increase efficacy of LEAD in changing participant behavior.
- *Consider moving to 24/7 response capacity by REACH case management staff.* When LEAD launched, night shifts were planned so that case managers would be available to respond immediately in high arrest shifts/hours. As time as passed and practices have evolved, it has become clear that this sequesters staff in hours when they have less ability to play other case management functions (coordinating services during business hours) while arrest volumes are down so the immediate response capacity is rarely used. Officers from early on have asked for 24/7 immediate response capacity; there are now enough case management staff that that capacity might not impose a great hardship. PDA is exploring with REACH the feasibility of 24/7 on-call response capacity replacing fixed night shifts. This way, whenever an officer wants to make a referral, the answer can be "yes," increasing satisfaction and confidence for officers.
- *Improved data-sharing.* As explained above, improved data-sharing (using Agency as well as a new group texting app) is expected to allow more precise and well-informed decision-making by all operational partners.
- *Improved group texting.* In June 2016, LEAD operational partners are moving from GroupMe, a group texting application that unfortunately drops users who do not respond during a fairly short window of time, to Celly, a group texting app expected to work better particularly for law enforcement partners.

What strategies to increase volume and efficacy require added resources?

- *Increased case manager capacity.* Beyond what can be achieved through Medicaid billing, it is clear that increasing case manager capacity for immediate response, particularly to social contact referrals, in turn encourages officers and community members to make referrals.
- *Dedicated housing resources for active drug users and people with criminal history.* As explained above, LEAD case managers presently are forced to put some individuals who are not yet ready or able to stop using drugs into clean and sober housing in the absence of any alternative. These participants often then lose their housing because they were not an appropriate fit to begin with, despite attempted to comply with housing rules. Also, numerous LEAD participants who are "housing ready" are nonetheless living outdoors in tents because of housing barriers, pre-eminently, criminal history. With support from The Seattle Foundation and King County's Transformation Plan through a Communities of

Opportunity grant, PDA is analyzing strategies to increase housing options for LEAD participants and those similarly situated who are active users and/or have extensive criminal history.

MDT

Currently the potential of the work has been limited due to the limited resources outlined in question five. Scaling for DSA Outreach work in neighborhoods contiguous to the DSAs' program area will need to have adequate funding for staffing, resources, administrative costs and office space. The DSA Outreach work that began on Capitol Hill in January of 2016 has shown some early successes but has been hampered by available resources and an office to screen clients in the Capitol Hill Neighborhood. The limited funding provided enough to staff three qualified outreach workers and that for direct client services but not enough for an office space. An additional factor has been the lack of a staff position to perform community outreach and education around addiction, mental health and homelessness and the role that DSA Outreach can play in this continuum of care. At current clients who are contacted in the Capitol Hill neighborhood are either unwilling or unable to financially afford to travel to the DSA Outreach base in Pioneer Square. Despite some funding being available for transport, the cost of purchasing METRO bus tickets simply does not make it feasible to have tickets available for all who express interest in coming into the offices. The presence of a DSA Outreach transport vehicle would facilitate the process of connecting clients in the Capitol Hill neighborhood with the appropriate case management services following assessment and screening into the program.

The DSA's newly approved Strategic Plan directs the organization to expand with appropriate and tailored services into other center city neighborhoods adjacent to the DSA assessment area. Capitol Hill Community stakeholders and program outcomes guide the DSA Outreach work connecting the street population with services in Q1 of 2016. DSA Outreach work could be scaled to include additional center city neighborhoods. With Capitol Hill as the model, similar governance structures could be established and coordinated with neighborhood business improvement areas and community development organizations. Additional city and neighborhood generated dollars could potentially fund this additional DSA Outreach work.

8. With regard to expansion to Capitol Hill:

A. Recommend strategies for incorporating youth into the LEAD and MDT programs to help prevent youth detention.

LEAD

Until now, LEAD referral has been limited to adults. Strategies for police diversion of youth, however, are an emerging focus with the City's Zero Youth Detention goal and County commitment to reducing both detention and racial disparity in the detained youth population. Officers have long commented that it seems incongruous that, with LEAD, they have diversion options to avoid charging an adult with a felony for drug possession or delivery, but have no similar option for youth.

The King County Prosecutor's innovative 180 diversion program presently takes only misdemeanor drug/alcohol offenses, and not respondents with multiple prior diversions. Recent data show that the PAO filed 50 misdemeanor drug/alcohol charges and 29 felony drug/alcohol charges in 2015; and, of course, many more filed cases with other charges are related to drug involvement. PAO Deputy Chief of Staff Leesa Manion recently confirmed to the City of Seattle Office of Civil Rights lead on youth detention issues that the PAO is open to diverting felonies if there were an appropriate program to which they could be diverted. Thus, there appears to be a significant opportunity to use LEAD to increase youth diversion.

Diversion to LEAD case management and services would require clearing the hurdle of parental/guardian permission, which may or may not be forthcoming. To divert or make social contact referrals of drug-involved youth to LEAD, the Policy Coordinating Group would need to adopt a "to the extent possible" expectation of the degree of involvement a diverted youth would have with case managers. In other words, if and when parents/guardians consented, the referred youth could work with a case manager as would an adult participant. Until and unless parental or guardian permission was forthcoming, however, LEAD program staff would be limited to providing information that does not require parental consent. To assist in making this shift:

- A legal analysis of where that line lies (what information that can be provided without parental consent) from the King County Prosecutor and/or the City Attorney would be valuable; and
- If LEAD were to take youth referrals, REACH would likely need and want to hire specifically to staff those participants with case managers with particular expertise in engaging youth. The LEAD Policy Coordinating Group would engage with the Office of Civil Rights, the King County task force on youth detention issues and the Department of Public Defense for guidance on programming deemed to be most effective for youth diverted to LEAD, before contracting with REACH or other provider(s) to staff youth referrals.

MDT

DSA Outreach and ORION Center/YouthCare regularly work together to connect the youth population with services, however per policy DSA Outreach does not provide case management services for individuals under the age of 18.

8. With regard to expansion to Capitol Hill:

B. Evaluate whether the expansion of the LEAD and MDT programs into Capitol Hill would affect public safety issues in the Little Saigon neighborhood, and if so, how?

LEAD

LEAD's imminent shift into the East Precinct (roll call trainings planned for June and July) has been expanded from the originally announced focus area (Capitol Hill), with support from many who have participated in Capitol Hill Community Council meetings, in an intentional effort to serve racially and ethnically diverse communities, as well as to unite responses to the entire Chinatown-International District. One goal with this expansion and integration of work in the two precincts is that there should be less displacement of individuals or groups engaged in drug-related crime and sex-work from one adjoining neighborhood to another. PDA's Neighborhood Safety Advocate will work with community public safety leaders and organizations in Little Saigon and Capitol Hill to acquaint them with LEAD methods and to serve as a direct channel to streamline referrals, assist in troubleshooting community issues involving public safety and make programmatic changes as necessary to ensure program success.

MDT

DSA Outreach does not have sufficient information to evaluate any impact to the public safety in Little Saigon. While DSA Outreach staff works closely with the East Precinct, there is a need for increased outreach presence in the Little Saigon and a need to identify and better understand the contributing factors to the areas homelessness.

9. Propose recommendations to revise the LEAD and MDT governance structures to reflect the changing mix of funders.

MDT

The DSA Outreach work is funded by HSD and the ratepayers of the Metropolitan Improvement District (MID), which the DSA administers. HSD governance provides oversight for public funding directed in the contract for monthly, quarterly and annually reporting. The MID Advisory Board provide funding and program recommendations for private funding oversight. The DSA leadership staff provides direct oversight and management. Much like LEAD, the DSA Outreach work would benefit from greater coordination other agencies and government partners, in addition to an operational framework to guide policy and decision making. To offer context a detailed description of the MDT meetings downtown and on Capitol Hill are as follows:

The MDT meetings serve as a point of connection for individuals and agencies engaged in similar work and facilitates discussions and strategizing toward the goal of addressing community concerns and needs among the homeless population. There is joint ownership of

both the Downtown and Capitol Hill MDT meetings and equal opportunity for all providers to solicit or provide information pertinent to their daily operations.

The Downtown MDT meeting convenes once monthly and are staffed by the following partners: HSD, SUGM, Catholic Community Services, REST, Catholic Community Services-CReW, VA, Parks & Recreation, DESC-HOST, REACH, LEAD, Operation Nightwatch, Harborview Medical Center-Housing First Program, SCIDPDA, Heroes for the Homeless, New Horizons Ministry, ORION/YouthCare and Downtown Public Health. The group does not have a formal governance structure. The meetings are chaired by the DSA Outreach team manager and are designed to be collaborative and interactive. The group has focused on orienting partners as to the competencies of each organization so as to reduce duplication of tasks, increase collaborative work and grow in knowledge of the resources available to a commonly served population. Reports of every meeting are completed by the DSA Outreach manager and submitted to the following parties: DSA VP of Public Area Management, SCIDPDA, HSD, UGM Director of Mental Health Programs, HOST, Director of OOC, Community Support and Assistance.

The Capitol Hill MDT meeting convenes once monthly as well with representatives from the following organizations: SPD-East Precinct, Capitol Hill Chamber of Commerce, Capitol Hill housing Authority, First Covenant Church, Operation Nightwatch, ORION/YouthCare, PSKS, Seattle Fire Department and DSA Outreach. The Capitol Hill MDT meeting is currently monthly and does not currently have a formal governance structure. The meetings are currently chaired by Sierra Hanson, executive director of the Capitol Hill Chamber of Commerce. No formal reports are produced or disseminated as part of this meeting.

LEAD

LEAD has a formal governing structure established by MOU in 2011 (attached) among the Mayor of Seattle, the Seattle City Attorney, the Seattle Police Department, the King County Executive, the King County Sheriff, the King County Prosecutor, the Public Defender Association and the ACLU of Washington. When the program launched, as now, each of these parties was deemed operationally or politically necessary to operate LEAD effectively. In addition, the MOU provided for representation on the governing body -- the LEAD Policy Coordinating Group (PCG) -- for the Seattle City Council and the King County Council. The City Council presently is represented formally by Councilmember Bagshaw. Each PCG member can staff meetings with as many representatives as they feel necessary and appropriate. Recognizing the necessity of all the partners, decision-making by the PCG is by consensus. This ensures that the program goes only so far as all partners are willing and able to go at any given time, in recognition of its innovative quality and the need to move forward together.

LEAD governing partners have agreed to a set of media guidelines and principles of cooperation, foremost among them that no one partner "owns" LEAD and all credit for program achievements and responsibility for any difficulties must be shared. Partners have adhered scrupulously to these principles for the nearly five years of program operation.

The unique inter-jurisdictional nature of LEAD both requires a shared governance structure and is largely responsible for the promising outcomes seen to date. More than 98% of all LEAD referrals to date pertain to criminal activity known to have occurred in the City of Seattle; thus, the primary public safety benefit seen from the program has accrued to the City of Seattle and its residents. Yet most of the fiscal savings the program has seen have accrued to King County, as felony filings and County-responsible jail utilization decreased markedly for the LEAD cohort compared to the control group (though the City may also realize similar savings once a dedicated Assistant City Attorney is assigned to coordinate filings, release motions and dispositions for LEAD participants' filed cases in Seattle Municipal Court, as discussed above). The King County Sheriff's Office has chosen to beta-operate LEAD intensively first with their Metro units working primarily in the City of Seattle. The Public Defender Association and ACLU have contributed over a million dollars in in-kind staffing to the development and operation of LEAD. The interwoven contributions and benefits of City, County and community partners necessitate a collaborative, inter-jurisdictional governing structure.

The Public Defender Association serves as project manager for LEAD, and additionally, provides community engagement and civil legal services to support the program. Other partners have also provided considerable in-kind support and staffing. The MOU governing structure and an arm's length project manager responsible to all the governing partners equally, are both recognized LEAD "essential principles" derived by LEAD operational partners in Seattle/King County and Santa Fe, New Mexico (the second national LEAD site). (See attached "Essential Principles for Successful LEAD Implementation.")

Beginning in 2017, the King County Executive is recommending increased support for LEAD from the MIDD II fund. Because MIDD is a county-wide resource, it is expected that other King County cities may be able to draw on this funding pool, though it is also expected that they, like Seattle, would contribute to the cost of LEAD operations in their cities. At the May 27, 2016 LEAD Policy Coordinating Group meeting, governing partners agreed that additional cities should have one or more franchised Policy Coordinating Group(s), in which County partners would participate but the City of Seattle partners would not, recognizing the need for them to evolve the same shared culture of collaboration that has come to characterize the Seattle-King County LEAD partnership.

Additional Attachments:

1. LEAD Evaluation: Recidivism (April 2015)
2. LEAD Evaluation: Cost & System Utilization (July 2015)
3. LEAD MOU
4. LEAD operational protocol
5. "Essential Principles for Successful LEAD Implementation"

LEAD Program Evaluation: Recidivism Report

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This report was prepared by the University of Washington LEAD Evaluation Team with important contributions from the LEAD Evaluation Advisory Committee and others acknowledged on the back page.

Executive Summary

- **Background:** This report was written by the University of Washington LEAD Evaluation Team at the request of the LEAD Policy Coordinating Group and fulfills the first of three LEAD evaluation aims.
- **Purpose:** This report describes findings from a quantitative analysis comparing outcomes for LEAD participants versus “system-as-usual” control participants on shorter- and longer-term changes on recidivism outcomes, including arrests (i.e., being taken into custody by legal authority) and criminal charges (i.e., filing of a criminal case in court). Arrests and criminal charges were chosen as the recidivism outcomes because they likely reflect individual behavior more than convictions, which are more heavily impacted by criminal justice system variables external to the individual.
- **Findings:** Analyses indicated statistically significant recidivism improvement for the LEAD group compared to the control group on some shorter- and longer-term outcomes.
 - **Shorter-term outcomes** were assessed for the six months prior and subsequent to participants’ entry into the evaluation.
 - Compared to the control group, the LEAD group had 60% lower odds (likelihood) of arrest during the six months subsequent to evaluation entry. The effect of LEAD on getting arrested during the 6-month follow-up was statistically significant ($p = .03$).
 - This finding reflected the fact that—comparing the six months prior and subsequent to entry into the evaluation—the proportion of control participants who were arrested increased by 51%, whereas the proportion of LEAD participants who were arrested plateaued (+6%).
 - Inclusion of warrant-related arrests could either a) inflate apparent recidivism by reflecting nonappearance for prior violations or b) accurately represent new criminal activity that triggered prior warrants to be served even if there was no booking on a new crime. Thus, we examined the arrest data both with and without warrant arrests. Analyses of exclusively nonwarrant-related arrests indicated no significant LEAD effects.
 - Further, there were no statistically significant LEAD effects on total charges or felony charges filed over this shorter-term period.

- **Longer-term outcomes** were assessed during the entirety of the LEAD evaluation time frame, ranging from October 2009 through July 2014. Analyses took into account the fact that participants had been in the program for differing amounts of time by statistically controlling for this factor.
 - Compared to the control group, the LEAD group had 58% lower odds of at least one arrest subsequent to evaluation entry. The LEAD effect on arrests over time was statistically significant ($p = .001$).
 - This finding reflected the fact that the proportion of control participants who were arrested at least once subsequent to evaluation entry increased by 4%, whereas the proportion of LEAD participants who were arrested subsequent to evaluation entry decreased by 30%.
 - Analyses indicated that, compared to control participants, LEAD participants had 34% lower odds of being arrested at least once when warrant-related arrests were removed. This effect was marginally significant ($p = .09$).
 - Although there was no statistically significant effect for total charges, the LEAD group had 39% lower odds of being charged with a felony subsequent to evaluation entry compared to the control group. This effect was statistically significant ($p = .03$).
 - The proportion of LEAD participants charged with at least one felony decreased by 52% subsequent to evaluation entry. The proportion of control group participants receiving felony charges decreased by 18%.
- **Interpretation of findings:** These statistically significant reductions in arrests and felony charges for LEAD participants compared to control participants indicated positive effects of the LEAD program on recidivism.
- **Next Steps:** This report is the second in a series that will be prepared by the University of Washington LEAD Evaluation Team over the next two years. The next report, which we plan to release in late spring of 2015, will describe our evaluation of the effectiveness of the LEAD program compared to the system-as-usual control group on criminal and legal systems utilization and associated costs. Later reports will evaluate changes among LEAD participants on psychosocial, housing and quality-of-life outcomes.

Introduction to the LEAD Program

Background and Rationale for the Law Enforcement Assisted Diversion (LEAD) Program

Despite policing efforts, drug users and dealers frequently cycle through the criminal justice system in what is sometimes referred to as a “revolving door.”¹ The traditional approach of incarceration and prosecution has not helped to deter this recidivism.² On the contrary, this approach may contribute to the cycle by limiting opportunities to reenter the workforce, which relegates repeat offenders to continue to work in illegal markets.³ This approach also creates obstacles to obtaining housing, benefits, and drug treatment. There have thus been calls for innovative programs to engage these individuals so they may exit the revolving door.¹

Description of the LEAD Program

This need for innovative programs to prevent recidivism inspired the focus of the LEAD program, a collaborative pre-booking, community-based diversion program. The LEAD program was established in 2011 as a means of diverting those suspected of low-level drug and prostitution criminal activity to case management and other supportive services instead of jail and prosecution. The primary aim of the LEAD program is to reduce criminal recidivism.^a Secondary aims include reductions in criminal justice service utilization and associated costs as well as improvements for psychosocial, housing and quality-of-life outcomes. Because LEAD is the first known pre-booking diversion program of its kind in the United States, an evaluation is critically needed to inform key stakeholders, policy makers, and other interested parties of its impact. The evaluation of the LEAD program described in this report represents a response to this need.

For the purpose of the evaluation, the implementation phase of this project occurred from October 2011 through July 2014. The Seattle Police Department’s (SPD) officer shifts for squads making referrals to LEAD were randomly divided into ‘red- and greenlight’ shifts. Offenders who were encountered during greenlight shifts in the LEAD catchment area (i.e., Belltown neighborhood) were screened for project eligibility by officers on duty and, provided they met inclusion criteria and completed the intake process, they were diverted to the LEAD program at point of arrest instead of undergoing standard jail booking and criminal prosecution. A smaller number of individuals were referred by officers as ‘social contacts.’ Social contacts were individuals who were eligible for the LEAD program due to known recent criminal activity, but were recruited by officers outside of a criminal incident during a greenlight shift within the original LEAD catchment area. Both arrest and social contact referrals to LEAD

^a Note: Because the LEAD program was launched as a pilot without sufficient resources to engage all possible participants within the planned catchment area, this evaluation did not focus on community- or neighborhood-level impact on crime. It is, however, possible that an approach that changed individual behavior, if later taken to scale with full commitment from all operational partners, would have neighborhood- or community-level impact.

required that participants were suspected of narcotics or prostitution activity and met other program criteria (see Purpose and Methods section below for inclusion criteria).

Interested individuals were referred to a LEAD case manager to complete an intake assessment. This assessment entailed items evaluating participants' substance-use frequency and treatment, time spent in housing, quality of life, psychological symptoms, interpersonal relationships, and health status. After completing the intake process, participants received case management through Evergreen Treatment Services' (ETS) REACH homeless outreach program, which connected participants with existing resources in the community (e.g., legal advocacy, job training or placement, housing assistance, counseling). Additionally, case managers had access to funds to provide financial support for the fulfillment of participants' basic needs (e.g., motel stays, housing, food, clothing, treatment, and various additional items and services). Other key program features included coordination of prosecution strategy in any other pending criminal cases participants had in local courts and legal assistance with miscellaneous civil legal problems. Six months following their entry into the LEAD program, participants completed additional one-on-one interviews with their case managers.

Eligible individuals who were arrested 1) during redlight shifts or 2) in non-LEAD neighborhoods—areas adjacent to Belltown that were not a part of the LEAD program but were patrolled by the same officers—were processed through the criminal justice system as usual (e.g., jail booking, criminal charges). These participants served as the control group in the current evaluation. Arrests in non-LEAD neighborhoods were included in the control group to increase the pool of participants while avoiding skewing the composition of the control group as the number of amenable, qualifying control participants available in the original catchment area decreased over time. All participants were recruited by the same officers using the same criteria.

Overall Program Evaluation Aims

The overall program evaluation will assess the LEAD program in meeting the following objectives compared to individuals who experienced the criminal justice system as usual.

- *Specific aim 1* is to test the relative effectiveness of the LEAD program compared to a 'system-as-usual' control condition in reducing criminal recidivism (i.e., arrests and charges) from the 6 months prior and subsequent to program entry, and as sufficient data accumulate, extending this analysis to evaluate longer-term outcomes.
- *Specific aim 2* is to test the effectiveness of the LEAD program compared to the 'system-as-usual' control condition in reducing publicly funded criminal justice service utilization and associated costs (i.e., court, prosecutor, public defense, jail) from the 6 months prior and subsequent to program entry. As sufficient data accumulate, this analysis will be repeated using longer-term outcomes.
- *Specific aim 3* is to test within-subjects differences on self-reported psychosocial and housing variables (i.e., alcohol and other drug use frequency; time spent in housing; quality of life; psychological symptoms; health status; and interpersonal relationships with family, partners and other community members).

Following a preliminary, within-subjects analysis that was released in September 2014, the current report reviews the complete set of findings from specific aim 1. Reports documenting findings for specific aims 2 and 3 will be released in late spring 2015 and fall 2015, respectively.

Purpose and Methods

Purpose

The purpose of this report is to describe and interpret findings from the quantitative evaluation of shorter- and longer-term recidivism outcomes (i.e., arrests and criminal charges) for evaluation participants who have been assigned to LEAD or the 'system-as-usual' control condition.

Participants

This quantitative evaluation included 318 adults who were suspected of low-level drug or prostitution offenses. Based on whether law enforcement contact was made during a red- or greenlight shift and whether it occurred in the LEAD catchment area, participants were either assigned to the LEAD ($n = 203$) or control (i.e., booking as usual; $n = 115$) conditions. At the time of referral, 146 of the LEAD participants were under arrest, and 57 were suspected of qualifying criminal activity but were referred outside of an alleged criminal incident.

All LEAD participants were those suspected of recent violations of the uniform controlled substances act (VUCSA) and/or prostitution offenses who were deemed eligible for the program by SPD officers. SPD considered individuals ineligible if they met any of the following criteria:

- The amount of drugs involved exceeded 3 grams, except where an individual was arrested for delivery of or possession with intent to deliver marijuana or possession, delivery or possession with intent to deliver prescription controlled substances (pills).
- The individual did not appear amenable to diversion.
- The suspected drug activity involved delivery or possession with intent to deliver (PWI), and there was reason to believe the suspect was dealing for profit above a subsistence income.
- The individual appeared to exploit minors or others in a drug dealing enterprise.
- The individual was suspected of promoting prostitution.
- The individual had a disqualifying criminal history as follows:
 - Without time limitation: Any conviction for murder 1 or 2, arson 1 or 2, robbery 1, assault 1, kidnapping, Violation of the Uniform Firearms Act (VUFA) 1, any sex offense, or attempt of any of these crimes.
 - Within the past 10 years: Any conviction for a domestic violence offense, robbery 2, assault 2 or 3, burglary 1 or 2, or VUFA 2.
 - The individual was already involved in King County Drug Diversion Court or Mental Health Court. This exclusion criterion served to ensure the

LEAD program was not combined with other models of intervention and case management.

The control group included only individuals arrested by LEAD-referring officers who would have been considered eligible for referral to LEAD had the arrest occurred during a greenlight shift in a LEAD catchment area. Individuals who would not have met LEAD referral criteria were not included in the control group. There was no penalty to officers for excluding individuals from the evaluation based on the inclusion/exclusion criteria. Officers completed forms for each arrest documenting these decisions.

Measures

The evaluation team obtained all necessary IRB exemptions and data sharing agreements from the appropriate entities. Next, with the assistance and guidance of the LEAD Policy Coordinating Group and the LEAD Evaluation Advisory Committee, the evaluation team obtained demographic and program data from the LEAD case management team and from the SPD LEAD records. Data on criminal recidivism (i.e., arrests, charges) were extracted by the King County Prosecuting Attorney's office from the FBI's National Crime Information Center (NCIC) and were given to the evaluation team for analysis. For the purpose of this evaluation, new arrests refer to having been taken into police custody for a crime committed during the LEAD program evaluation time frame (i.e., 10/1/2009 through 7/31/2014). New arrests did not include parole or probation violations or failure to comply offenses pursuant to prior violations, which were removed for these analyses (5.1%; $n = 188$). New charges were criminal charges—including felonies—that occurred during the LEAD evaluation time frame noted above. During their intake interviews, LEAD participants signed consent forms allowing the release of their administrative data.

Data Analysis Plan

Overview. The goal of this evaluation was to test LEAD effects on recidivism outcomes (i.e., arrests and charges) over both the shorter term (i.e., six months prior and subsequent to program involvement) and the longer term (i.e., encompassing two years prior to the LEAD start date through 7/31/14). This two-tiered data analysis plan was used to assess both shorter- and longer-term LEAD effects. Given their relative statistical rarity, recidivism counts were converted to dichotomous (yes/no) outcomes, excluding any arrest that occurred the day participants entered the evaluation. Dichotomizing recidivism outcomes is standard in analyzing effects of criminal justice programs in Washington State.⁴ Because longer-term analyses involved unequal windows of time for participants starting at different points during the program implementation, we statistically controlled for this factor in each of the longer-term models.

Types of arrest included. The primary goal of these analyses was to assess changes in recidivism (i.e., new law violations) within the evaluation time frame. We therefore excluded arrests due to prior violations as noted above. Warrant arrests pursuant to incidents occurring after study entry, however, were considered differently because their inclusion could work in two different ways. On the one hand, arrest of control participants due to warrants from the arrest on the would-be LEAD referral date could have a reverberating effect that would overstate new criminal involvement. On the other hand, warrant arrests could reflect new criminal activity that triggered warrants to be served without an arrest for a new offense. Because it is unclear whether warrant arrests are independent of new criminal activity, we conducted two sets of arrest analyses—one including and one excluding warrant arrests—to allow us to understand the range of the possible LEAD effects.

Group allocation. Randomized controlled trials represent the gold standard in evaluation. A cluster randomization schema⁵ was originally proposed for the LEAD evaluation, such that individuals arrested during specified greenlight shifts in the original catchment area would be randomized to receive LEAD, and individuals arrested during redlight shifts in the original catchment area would be randomized to the system-as-usual control condition.

LEAD, however, was implemented in a real-world setting. Thus, changes to the originally proposed evaluation design were made to ensure LEAD's success on the ground. First, having a pathway for social contacts (i.e., individuals who were encountered on a greenlight shift within the original catchment area, were suspected by officers of recent drug or prostitution activity, had been arrested for these offenses in the past, and met the same inclusion criteria) to enter into the LEAD program was deemed necessary from a policy and policing standpoint. Because they were all subject to the same inclusion criteria, LEAD participants recruited via social contacts and arrest diversion were very likely drawn from the same population (see analyses comparing these groups below). Second, after the evaluation began, operational partners recognized that there was a limited number of potential participants in the originally planned catchment area. Over time, most of these individuals were approached for program involvement leaving a dwindling number of individuals available for the comparison group. Thus, to accommodate the need for an adequate and comparable control group, redlight areas (in addition to redlight shifts) were added to the evaluation. This ensured adequate representation of amenable and qualifying participants in the control condition to make up for the initial catchment area's relatively small population.

After careful consideration, a nonrandomized controlled design was employed for the evaluation of LEAD to accommodate these deliberate and important program implementation features. According to federal standards, nonrandomized controlled designs are consistent with the early intervention development and evaluation exemplified by the LEAD program.⁶ Further, high-quality nonrandomized controlled evaluations that account for potential confounds show similar effect sizes and widely correspond to outcomes of randomized controlled trials.⁷ In fact,

the current University of Washington evaluation team used a nonrandomized controlled design in a prior, well-regarded evaluation of the 1811 Eastlake Housing First program in Seattle.⁸⁻¹⁴ In that evaluation, it was decided that real-world considerations would contraindicate a randomized controlled design, because it was deemed impractical and unethical to withhold essential social services (i.e., housing) from individuals in the community.¹³

Despite its appropriateness for the current evaluation, a nonrandomized controlled design can result in intervention and control group imbalances and statistical biases (e.g., selection bias).^{15,16} We therefore employed both methodological and statistical approaches to avoid these problems. First, LEAD officers received focused instructions and training to ensure participants recruited to all groups were representative of the same population. Second, all control and LEAD participants had to meet the same set of inclusion criteria. The fulfillment of these criteria was systematically documented in participant files. Third, the same officers were involved in recruitment of both LEAD and control participants. Finally, we employed a statistical approach called propensity score weighting to balance the intervention and control groups, which increases confidence in the causal impact of the intervention effect.¹⁶

Propensity score weights. We used generalized boosted regression to estimate propensity scores for all eligible participants ($N = 318$). This type of regression employs an automated, data-adaptive algorithm that fits several models by way of a regression tree and then merges the predictions of these various models. The advantage of generalized boosted regression is that it is computationally fast to fit; handles various types of data distributions; and takes into account interaction terms. In addition, it is invariant to one-to-one transformations of the independent variables; thus, the raw, log, and exponentiated variants lead to the same propensity score adjustments.¹⁷

Next, we created two weighting variables: one for estimating the average treatment effect (ATE) and one for estimating the average treatment effect for treated participants (ATT).¹⁶ ATE may be considered to be a between-subjects' difference or the average effect of moving an untreated population to a treated population.¹⁸ Alternatively, treatment effects may be considered at the individual or within-subjects level. The ATT may be considered to be the average effect of treatment for those who receive the treatment—in this case LEAD.¹⁸ Both types of propensity scores are relevant for the current analysis because, if considered effective, LEAD a) would be applied widely to the larger population of drug and sex work offenders (reflected in ATE) and b) is a highly tailored, individual-level intervention whose effects on treated participants, which are reflected in ATT effects, would be important to track as well. Both propensity score weights were thus used in analyses and reported on in the results section.

Propensity score analyses comprised three steps. First, we generated the propensity scores using generalized boosted regression. Where p is the propensity score, the ATE is $1/p$ for LEAD participants and $1/(1-p)$ for control participants. ATT is equal to 1 for treated participants,

and $p/(1-p)$ for control participants. Second, we used ATE and ATT weights to conduct balance checks, which comprised a series of ordinary least squares, logistic and multinomial logistic regressions testing whether propensity scores improved the balance between the control and LEAD groups. Finally, we used the ATT and ATE as sampling weights in the primary analyses.

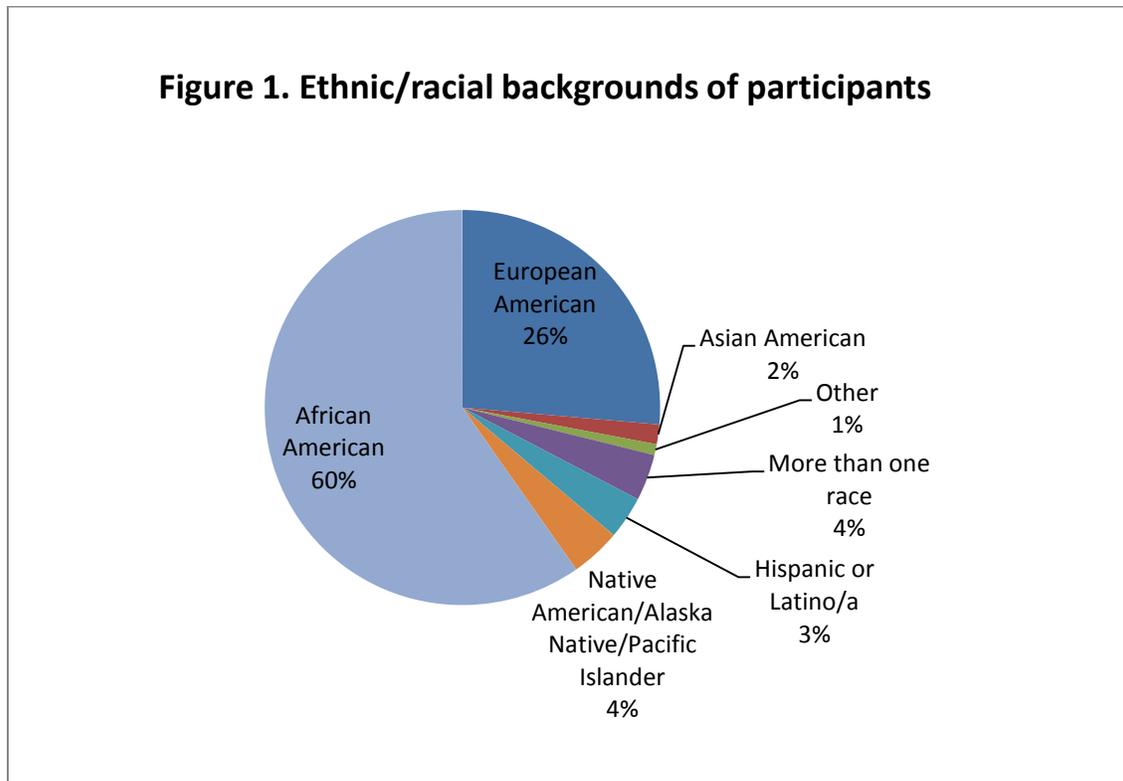
Primary analyses. Using SPSS 19 and Stata 13, descriptive analyses were conducted to describe the sample. Population-averaged generalized estimating equations (GEEs)¹⁹ were used in primary analyses. GEEs model marginal effects and may be used to accommodate alternative distributions (e.g., binomial) and correlated data (e.g., data collected on the same participant over time). In this evaluation, GEEs were used to test the relative effects on recidivism outcomes of: a) *time* (0=baseline, 1=follow-up), which controlled for overall, longitudinal effects that could reflect regression to the mean; b) *intervention group* (0=control, 1=LEAD); and c) the two-way *time x intervention group* interaction. The interaction shows the effect of the LEAD intervention on longitudinal recidivism outcomes. Additionally, we controlled for time in the evaluation as a time-varying covariate (i.e., years prior and subsequent to evaluation entry).

Because recidivism outcomes were dichotomous, we specified Bernoulli distributions with the logit link. We assumed an exchangeable correlation structure to accommodate repeated measures on one individual, which served as the sole clustering variable.²⁰ To enhance model interpretability, resulting effect sizes were exponentiated and reported as odds ratios (*ORs*), where *ORs* < 1 indicate an inverse association, *ORs* = 1 indicate no association, and *ORs* > 1 indicate a positive association. Alphas were set to $p = .05$, indicating statistically significant results, and $p = .10$, indicating marginally significant results. Confidence intervals were set to 95%.

Results

Overall Sample Description

Participants in this evaluation ($N = 318$) had an average age of 40.17 ($SD = 11.85$) years and were predominantly male (34.28% female; $n = 109$). The racial and ethnic diversity of the overall sample is shown in Figure 1.



In the six months prior to evaluation entry, participants had accrued a total of 206 arrests and 151 charges, of which 17% ($n = 26$) were felony charges. Expanding out to all incidents since the start of the evaluation time frame (10/1/09) through the current evaluation window (7/31/14), participants had accrued 1,415 arrests and 994 charges, of which 21% ($n = 213$) were felony charges.

Group Differences at Baseline

Arrest diversion versus social contact participants who received LEAD. Of the baseline demographic and recidivism (i.e., criminal history) variables (including prior criminal history), participant age was the only variable that evinced a statistically significant difference between the arrest diversion ($M = 40.35$, $SD = 11.09$) and social contact ($M = 45.24$, $SD = 10.65$) groups ($p = .006$; other $ps > .12$). Given the lack of observed differences and the fact the two groups were

recruited using the same inclusion criteria by the same officers, it was concluded that these two groups were very likely drawn from the same population. The arrest diversion and social contact groups were therefore collapsed and analyzed as a single LEAD group.

LEAD versus control group. Wilcoxon rank-sum and Pearson chi-square tests indicated significant group differences on demographic variables at baseline (see Table 1 for descriptive statistics) between LEAD and control participants. Further, 11 participants died during the 5-year evaluation, including 9 LEAD participants (4.43%) and 2 (1.74%) control participants. This group difference was not statistically significant, $X^2(1, N = 318) = 1.60, p = .21$. It should be noted that LEAD participants' deaths were systematically documented, whereas control participants' deaths were not. These individuals were included in all analyses, and death was used in propensity scores and subsequent weighted analyses. There were no significant group differences on baseline recidivism (i.e., criminal history) ($ps > .09$).

Table 1. Baseline demographic and participation data by group

Demographic Variables	LEAD Group <i>n</i> = 203 Mean(<i>SD</i>)/%(<i>n</i>)	Control Group <i>n</i> = 115 Mean(<i>SD</i>)/%(<i>n</i>)	<i>z</i> / <i>X</i> ²	<i>p</i> -value
Age	41.72 (11.16)	37.44 (12.57)	-3.03	.003
Gender	39% (79) female	26% (30) female	5.36	.021
Race/ethnicity			19.43	.003
American Indian/Alaska Native/Pacific Islander	6% (13)	0% (0)		
Asian American	<1% (1)	3% (4)		
Black/ African American	55% (112)	68% (78)		
European American	27% (55)	25% (29)		
Hispanic/Latino/a	5% (10)	1% (1)		
More than one race	4% (9)	3% (3)		
Other	1% (3)	0% (0)		
Death	4% (9)	2% (2)	1.60	.21
Overall years in evaluation	1.54 (.63)	1.78 (.52)	3.66	<.001

Note: Percentages may not total 100% due to rounding.

Pre- and Postevaluation Descriptive Statistics of Recidivism Outcomes by Group

Descriptive statistics for raw, unadjusted recidivism outcomes were calculated for LEAD and control groups prior and subsequent to entry into the evaluation (see Table 2).

Table 2. Recidivism outcome measures by group

Recidivism measures	LEAD participants		Control participants	
	Mean (SD)		Mean (SD)	
	Pre	Post	Pre	Post
Shorter-term (6 mo) measures				
Arrests	.55(.94)	.68(1.28)	.82(1.37)	1.04(1.24)
Nonwarrant arrests	.33(.71)	.48(.93)	.48(.91)	.59(1.03)
Total charges	.44(1.12)	.45(.93)	.53(1.09)	.59(1.36)
Felony charges	.07(.28)	.13(.45)	.10(.32)	.18(.54)
Longer-term measures				
Arrests/year	1.42(1.49)	1.11(1.69)	1.39(1.70)	1.71(1.75)
Nonwarrant arrests/year	.81(.93)	.86(1.42)	.86(1.14)	1.03(1.46)
Total charges/year	.99(1.52)	.73(1.31)	.95(1.25)	1.01(1.47)
Felony charges/year	.21(.35)	.20(.61)	.22(.33)	.27(.50)

Note: This table features raw values. Because recidivism outcomes were statistically rare events, however, these were dichotomized for primary outcomes.

Propensity Score Balance Check

We conducted a check of the group balance after the ATE and ATT weights were applied. Table 3 below shows the balance check results. Nonsignificant values indicate propensity scores successfully balanced the LEAD and control groups for these variables. Findings indicated that both ATE and ATT performed moderately well in balancing the groups; thus, we report findings for both ATE and ATT in this report.

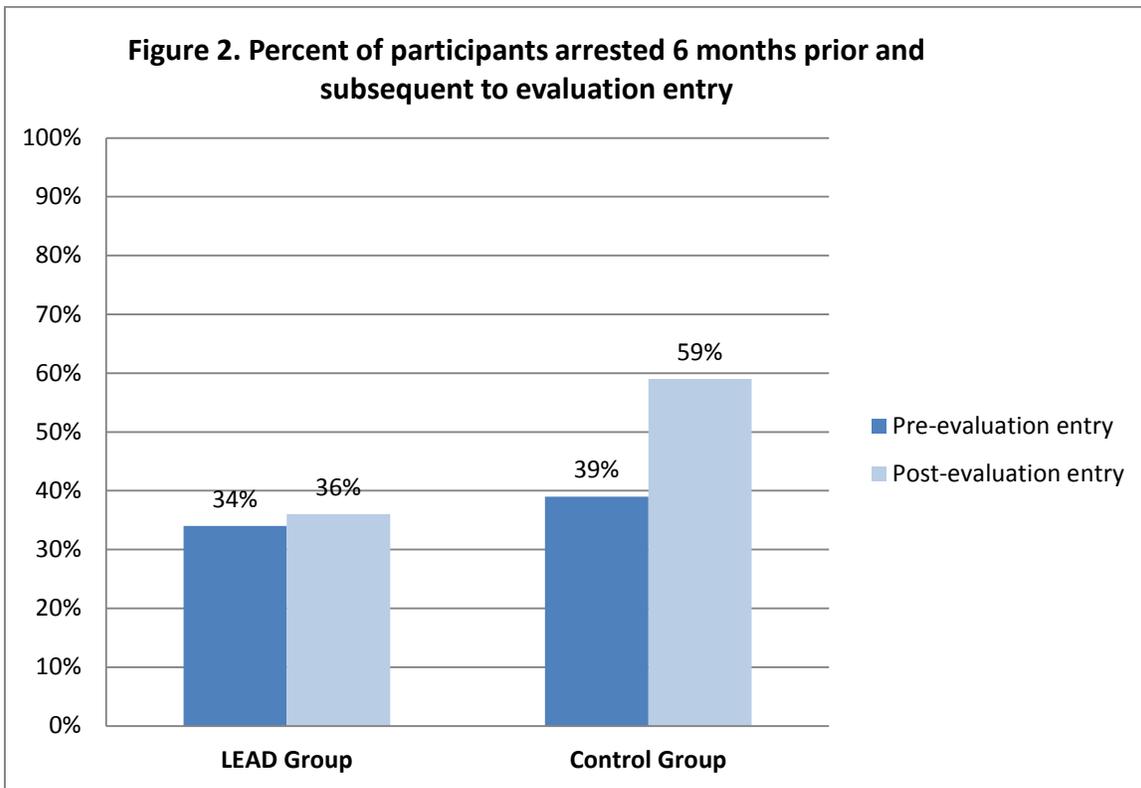
Table 3. Group balance check following application of propensity score weights

Covariates	Significance level of treatment imbalance (p-value)	
	ATE	ATT
Age	.03*	.11
Gender	.07	.13
Race/ethnicity (dummy group: European American)		
African American	.31	.37
Other race/ethnicity	.07	.05
Died	.21	.20
Overall years in evaluation	.002*	.003*
Total arrests prior to evaluation entry	.66	.37

Note: * $p < .05$. See Tables 1, 3 for mean values for the imbalanced variables prior to propensity score generation.

Primary Analyses

Shorter-term recidivism analyses. The average treatment effect (ATE) model, which tested overall group effects, was significant, $Wald X^2(3, N = 318) = 19.18, p < .001$. The ATE indicated that, compared to control participants, LEAD participants had 60% lower odds of having at least one arrest subsequent to program entry. Specifically, the time x intervention group interaction effect was significant indicating a LEAD effect over time ($OR = .49, robust SE = .16, p < .03$). The ATT model, which indicated the treatment effect for LEAD participants alone, was also significant, $Wald X^2(3, N = 318) = 16.10, p = .001$. The time x intervention group interaction was likewise significant ($OR = .50, robust SE = .17, p = .04$), and indicated 57% lower odds of arrest subsequent to LEAD involvement. See Figure 2 below for the percentage of participants arrested in each group both six months prior and subsequent to evaluation entry. See Appendix A for full output and Appendix B for effect size calculations reported in this Primary Analysis section.



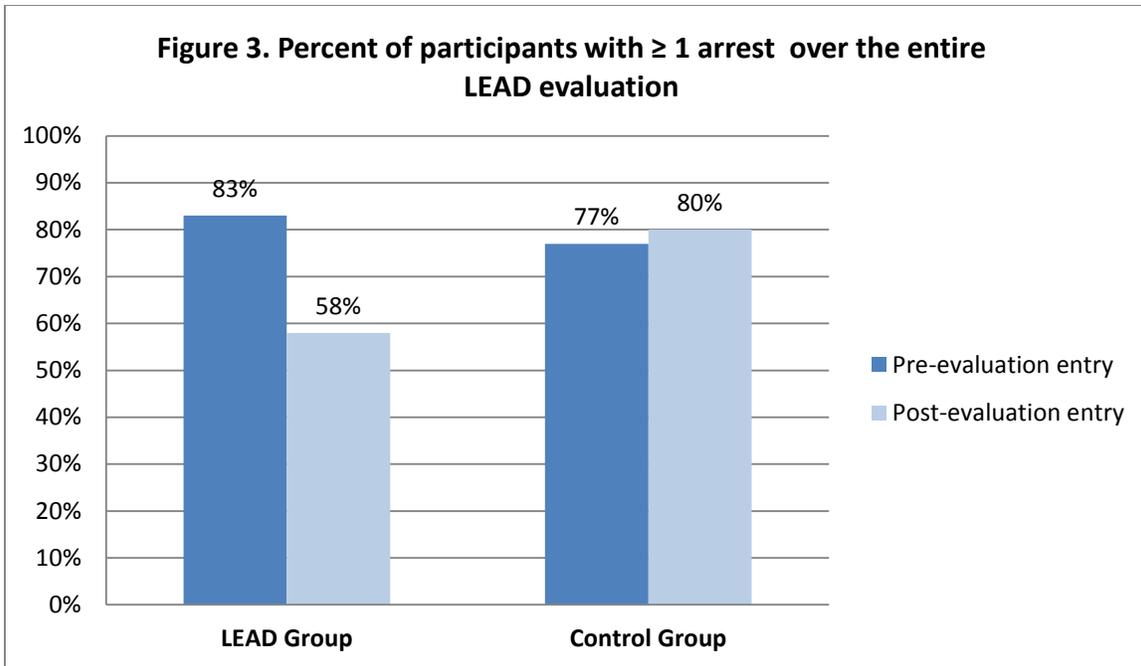
When we considered only nonwarrant arrests, however, these group differences were no longer statistically significant (model $ps > .11$; see Table 4). Further, there were no statistically significant differences between the LEAD and control groups on total charges or felony charges for the 6-month analyses (model $ps > .28$). See Table 4 for percentage of participants with arrests, total charges and felony charges both six months prior and subsequent to evaluation entry.

Table 4. Short-term changes in recidivism (6 months pre- to 6 months postevaluation entry)

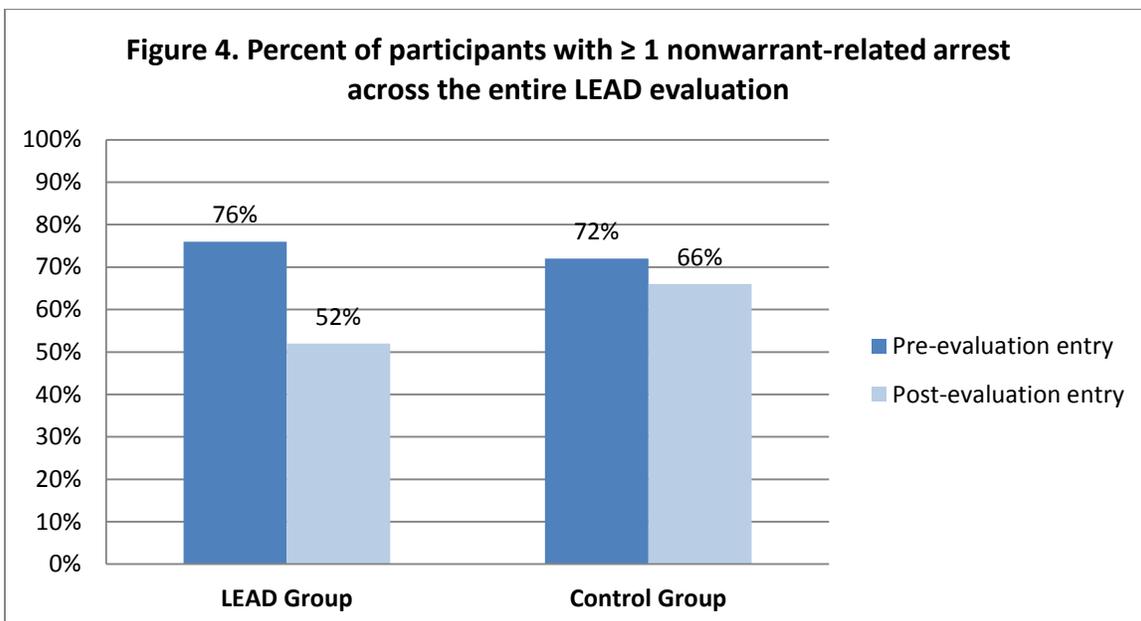
Recidivism measures	LEAD participants		Control participants	
	Pre	Post	Pre	Post
≥ one arrest*	34%	36%	39%	59%
≥ one nonwarrant arrest	24%	30%	29%	37%
≥ one charge	23%	28%	31%	26%
≥ one felony charge	7%	10%	9%	14%

Note: These values are unadjusted. * = significant group difference favoring the LEAD group ($p < .05$). Other group differences were not statistically significant.

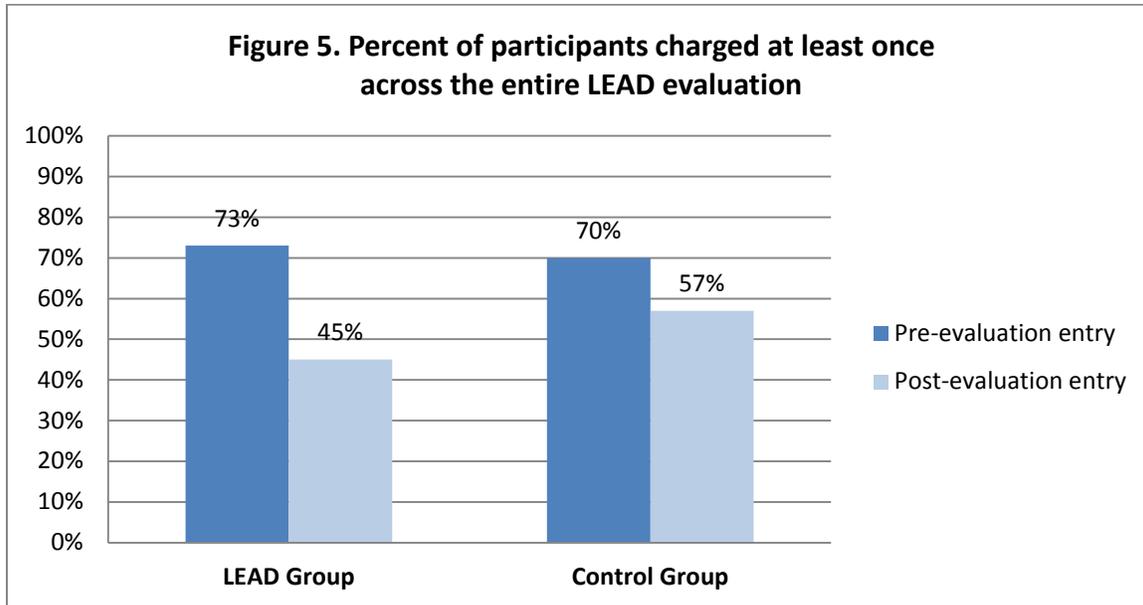
Longer-term recidivism analyses. After evaluating short-term LEAD outcomes, we expanded the evaluation time frame to encompass two years prior to the initial LEAD program start date (10/1/2009) to our evaluation close date (7/31/2014). The average treatment effect (ATE) model, which tested overall group effects, was significant, Wald $X^2(4, N = 318) = 55.09, p < .001$. The time x intervention group interaction showed a significant LEAD effect over time ($OR = .30, robust SE = .11, p = .001$). This finding indicated that, compared to control participants, LEAD participants had 58% lower odds of being arrested at least once subsequent to program entry. The ATT model, which indicated the treatment effect for the LEAD participants alone, was significant, Wald $X^2(4, N = 318) = 53.66, p < .001$. Results indicated 56% lower odds of being arrested at least once subsequent to LEAD involvement, which was reflected in the significant time x intervention group interaction effect ($OR = .29, robust SE = .11, p = .001$). See Figure 3 for the percentage of participants arrested at least once in each group prior and subsequent to evaluation entry.



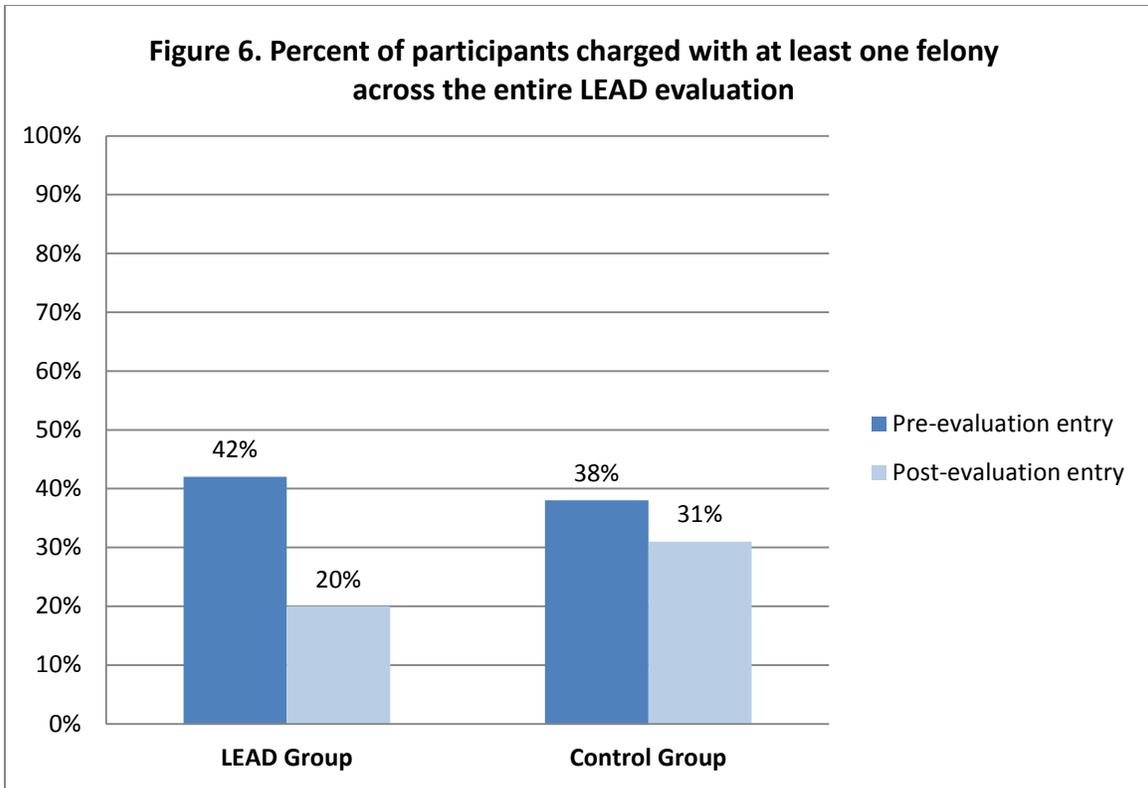
After warrant arrests were removed, the ATE, Wald $\chi^2(4, N = 317) = 42.16, p < .001$, and ATT, Wald $\chi^2(4, N = 317) = 42.26, p < .001$, models were significant. The ATE model indicated that the odds of at least one nonwarrant-related arrest among LEAD participants were 34% lower than those of control participants. The ATE interaction effect was marginally statistically significant ($OR = .58$, robust $SE = .18, p = .09$); however, the ATT interaction effect was not ($p = .11$). See Figure 4 for percentage of participants who were arrested for nonwarrant-related reasons.



Criminal charge models were statistically significant ($p < .001$); however, the time x intervention group interactions were not ($p > .18$). That said, descriptive statistics indicated that the group differences were in the desired direction (see Figure 5).



When we considered group differences for felony charges, the ATE model was significant, $Wald X^2(4, N = 318) = 33.47, p < .001$. The time x intervention group interaction effect indicated a significant LEAD effect over time ($OR = .49, robust SE = .16, p = .03$). This finding indicated that, compared to control participants, LEAD participants had 39% lower odds of being charged with at least one felony subsequent to program entry. The ATT model, which indicated the treatment effect for the LEAD participants specifically, was significant, $Wald X^2(4, N = 318) = 34.85, p < .001$. Results indicated 36% lower odds of being charged with a felony subsequent to LEAD involvement, and this was reflected in a significant time x intervention group interaction ($OR = .47, robust SE = .16, p = .02$). See Figure 6 below for the percentage of participants charged with at least one felony in each group prior and subsequent to evaluation entry.



Discussion

The LEAD program is reaching a diverse population that has experienced the street-to-jail-to-street revolving door. Findings indicated that LEAD is associated with positive effects for some shorter- and longer-term recidivism outcomes.

Arrest Outcomes

When looking at shorter-term, six-month arrest outcomes, there was a significant LEAD effect, which reflected the fact that the number of LEAD participants being arrested leveled off, whereas the number of control participants arrested increased. This shorter-term effect for arrests did not hold when warrant arrests were removed. Over the longer term, however, these effects were more pronounced. When the time frame was expanded to include recidivism since the start of data collection (10/1/09) until last summer (7/31/14), significantly fewer LEAD participants were arrested after they started LEAD, and there was a marginally significant effect for nonwarrant-related arrests, compared to control participants.

Taken together, arrest findings indicate positive LEAD effects on recidivism that are likely due to features of the LEAD program. All LEAD participants receive case management, which supports fulfillment of basic needs, including housing stability, job attainment and enrollment in drug and alcohol treatment. Further, LEAD participants' case managers coordinate with prosecutors to ensure nondiverted cases are managed to support and not compromise LEAD intervention plans.

It is, however, important to discuss other potential explanations for these findings. First, increases in the control group's odds of arrest following evaluation entry across all analyses are worth discussing. It is important to bear in mind that the Seattle West Precinct was subject to policy changes during the LEAD evaluation time period, which could have affected both the LEAD and control groups' rates of arrest. It is therefore possible that more focused enforcement—and not necessarily increased criminal activity—was responsible for increases in the prevalence of arrests in the control group. These larger, systemic changes, however, would not account for the LEAD group's drop in arrest prevalence, which would have been expected to reflect the same environmental conditions as the control group.

Another potential explanation for these findings is that officers could have made intentional decisions to avoid arresting LEAD participants. Upon further consideration, however, this explanation is not highly probable. Only approximately 40 of 1,300 SPD officers were involved in the LEAD program. Further, few—if any—officers outside of the LEAD squads were aware of individuals' group assignment. There were neither department-wide communications/trainings about the program nor system flags visible to officers that would signal LEAD participation. Thus, we are confident the observed LEAD effect in reducing arrest is not primarily due to intentional differences in decision-making by SPD officers.

Charge Outcomes

Over the 6-month follow-up, LEAD participants did not show statistically significant differences in odds of being charged with a crime or being charged with a felony crime. When considered over the longer term, however, LEAD participants had significantly lower odds of being charged with a felony.

It should be noted that felonies were included for completeness in considering differentiated indices of recidivism. In contrast to arrests, however, this indicator could have been affected by the decisions of LEAD stakeholders, particularly the Trial Unit Chief for the King County Prosecutor. As an unblinded operational partner, the prosecutor's office could take into account LEAD participation and progress in the program when deciding whether and when to file felony charges. Thus, the lower odds of felony charges among LEAD participants compared to control participants could have been precipitated by differential decision-making in the prosecutor's office. As charges may be less purely indicative of changes in recidivism than arrest prevalence, these findings will likely play a more important role in the system utilization analysis that will be addressed in the next report.

Understanding These Findings in the Context of Existing Evaluations

The present findings are particularly meaningful when placed in the context of the existing literature on interventions targeting recidivism. For example, nationwide meta-analyses and systematic reviews have shown that some programs targeting recidivism, including mental health court, drug court and tailored psychosocial interventions, are superior to mainstream criminal justice processing across various outcomes.²¹⁻²³ Closer to home, a recent Washington State Institute for Public Policy (WSIPP) evaluation found that existing evidence- and research-based approaches focusing on tailoring supervision to offender's relative risk level, motivation and needs had a small but significant collective effect ($d = -.23$) and reduced recidivism by about 14 percentage points compared to traditional supervision.²⁴ It is notable that the current evaluation indicated LEAD had an even larger effect size ($d = -.33$) and reduced recidivism by about 22 percentage points compared to the system as usual, which, in King County where this evaluation was conducted, includes various therapeutic courts. This evaluation therefore provides compelling support for LEAD—an innovative approach to reducing criminal recidivism—as a viable alternative to existing criminal justice system approaches.

Limitations

This evaluation's limitations should be noted. First, large administrative datasets often feature missing data and clerical errors. That being said, we have no reason to believe such errors asymmetrically affected LEAD participants versus control participants.

Second, given real-world implementation realities, the originally planned randomization schema was relaxed, and a nonrandomized controlled design was employed in its place. To increase confidence in the causal impact of LEAD versus the system-as-usual control condition, both methodological and statistical approaches were used to balance the control and LEAD groups. For example, LEAD officers were trained on the application of the inclusion/exclusion criteria, and they made a systematic effort to identify qualifying LEAD, control and social contact participants using the same criteria. Further, there was no penalty to officers for excluding individuals from the evaluation based on the inclusion/exclusion criteria. LEAD squads were also consistent over the course of the evaluation for both control and LEAD groups; thus, the same officers were responsible for assessing all participants' inclusion/exclusion criteria over the course of the evaluation. Finally, we reduced the influence of potential selection bias using propensity score weighting, which is a statistical technique designed to ensure greater balance across groups and thereby decrease bias due to potentially confounding variables. The propensity scores balanced the groups on variables aside from years included in the evaluation. Thus, we controlled for this factor separately in primary outcome analyses.

Third, descriptive sample analyses indicated some significant baseline differences between LEAD and control groups. Specifically, the LEAD group comprised more older, female participants. However, since the groups were comparable in terms of recent criminal history, this difference does not seem likely to account for differences in post-entry recidivism. It is also worth noting that there was a higher proportion of African Americans in the control condition. Past arrest data suggest that drug arrests in the south end of the West Precinct were more likely to involve African-Americans than those in the Belltown neighborhood. The south end was, however, not included in the LEAD catchment area, and these participants were instead included in the control condition. Thus, the observed imbalance is more likely due to preexisting factors rather than officer behavior. Fortunately, this as well as all other baseline group demographic differences—accept the ATE for age—were successfully balanced by the propensity scores.

Conclusions and Future Directions

Findings indicated positive effects of the LEAD program on reducing criminal recidivism over shorter six-month and longer evaluation-wide time frames. Specifically, the odds of arrests and felony charges were lower among LEAD versus control participants. The limitations of the current evaluation were ameliorated using both methodological and statistical approaches, which increased our confidence that the LEAD effects were due to the program itself and not other potentially confounding factors.

This report represents the second in a series that are being prepared by the University of Washington LEAD Evaluation Team over the next two years. The next report, which we plan to release in late spring of 2015, will describe our evaluation of the effectiveness of the LEAD

program compared to the system-as-usual control group on criminal and legal systems utilization and associated costs. Later reports will evaluate changes among LEAD participants on psychosocial, housing and quality-of-life outcomes.

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APPENDICES

Appendix A. Primary outcome analysis output

Appendix B. Effect size calculations for interpretation of the interaction effect for the LEAD group


```
. xtgee dcharge6_ t TxGroup txTx [pweight=ATE], i(id) t(time) family(bin) link(logit) corr(exc
> h) eform robust
```

Iteration 1: tolerance = 1.147e-10

```
GEE population-averaged model          Number of obs   =      636
Group variable:                        id              Number of groups =      318
Link:                                  logit           Obs per group: min =       2
Family:                                binomial        avg =              2.0
Correlation:                           exchangeable    max =              2
                                           Wald chi2(3)    =      3.30
Scale parameter:                        1              Prob > chi2      =      0.3473
```

(Std. Err. adjusted for clustering on id)

dcharge6_	Odds Ratio	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
t	.7331703	.209313	-1.09	0.277	.4189818	1.282964
TxGroup	.6443475	.171368	-1.65	0.098	.382594	1.085181
txTx	1.769279	.6270393	1.61	0.107	.8833386	3.543769
_cons	.450501	.092713	-3.87	0.000	.3009668	.6743307

```
. xtgee dcharge6_ t TxGroup txTx [pweight=ATT], i(id) t(time) family(bin) link(logit) corr(exc
> h) eform robust
```

Iteration 1: tolerance = 1.400e-10

```
GEE population-averaged model          Number of obs   =      636
Group variable:                        id              Number of groups =      318
Link:                                  logit           Obs per group: min =       2
Family:                                binomial        avg =              2.0
Correlation:                           exchangeable    max =              2
                                           Wald chi2(3)    =      3.26
Scale parameter:                        1              Prob > chi2      =      0.3533
```

(Std. Err. adjusted for clustering on id)

dcharge6_	Odds Ratio	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
t	.701397	.2100087	-1.18	0.236	.3900331	1.261323
TxGroup	.6562352	.1790887	-1.54	0.123	.3843827	1.120354
txTx	1.853739	.6780948	1.69	0.092	.9050663	3.796792
_cons	.4464765	.0960485	-3.75	0.000	.2928758	.6806342

```
. xtgee dfelony6_ t TxGroup txTx [pweight=ATE], i(id) t(time) family(bin) link(logit) corr(exc
> h) eform robust
```

Iteration 1: tolerance = 7.939e-07

```
GEE population-averaged model          Number of obs   =      636
Group variable:                        id              Number of groups =      318
Link:                                  logit           Obs per group: min =       2
Family:                                binomial        avg =              2.0
Correlation:                           exchangeable    max =              2
                                           Wald chi2(3)    =      3.80
Scale parameter:                        1              Prob > chi2      =      0.2841
```

(Std. Err. adjusted for clustering on id)

dfelony6_	Odds Ratio	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
t	1.639358	.7094269	1.14	0.253	.7019709	3.828499
TxGroup	.8020622	.3501033	-0.51	0.613	.3409221	1.886952
txTx	.947415	.519472	-0.10	0.922	.3234614	2.774968
_cons	.0930288	.0312686	-7.07	0.000	.0481409	.1797714

```
. xtgee dfelony6_ t TxGroup txTx [pweight=ATT], i(id) t(time) family(bin) link(logit) corr(exc
> h) eform robust
```

Iteration 1: tolerance = 5.471e-07

```
GEE population-averaged model          Number of obs   =      636
Group variable:                        id              Number of groups =      318
Link:                                   logit           Obs per group: min =       2
Family:                                binomial        avg =             2.0
Correlation:                            exchangeable    max =             2
                                           Wald chi2(3)    =       3.41
Scale parameter:                        1              Prob > chi2     =     0.3331
```

(Std. Err. adjusted for clustering on id)

dfelony6_	Odds Ratio	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
t	1.59348	.7000028	1.06	0.289	.6736293	3.769403
TxGroup	.8112143	.3600199	-0.47	0.637	.3399141	1.935985
txTx	.9775409	.5447402	-0.04	0.967	.3279427	2.913881
_cons	.0913126	.0316316	-6.91	0.000	.046309	.1800511

```
. xtgee dwarrest6_ t TxGroup txTx [pweight=ATE], i(id) t(time) family(bin) link(logit) corr(ex
> ch) eform robust
```

Iteration 1: tolerance = 2.319e-09

```
GEE population-averaged model          Number of obs   =      634
Group variable:                        id              Number of groups =      317
Link:                                   logit           Obs per group: min =       2
Family:                                binomial        avg =             2.0
Correlation:                            exchangeable    max =             2
                                           Wald chi2(3)    =       5.90
Scale parameter:                        1              Prob > chi2     =     0.1168
```

(Std. Err. adjusted for clustering on id)

dwarrest6_	Odds Ratio	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
t	1.447434	.3934268	1.36	0.174	.8496379	2.465833
TxGroup	.7961789	.2141083	-0.85	0.397	.4700084	1.348701
txTx	.9553831	.3275748	-0.13	0.894	.4878921	1.870817
_cons	.3820835	.0807838	-4.55	0.000	.2524579	.5782658

```
. xtgee dwarrest6_ t TxGroup txTx [pweight=ATT], i(id) t(time) family(bin) link(logit) corr(ex
> ch) eform robust
```

Iteration 1: tolerance = 9.001e-10

```
GEE population-averaged model          Number of obs   =      634
Group variable:                        id              Number of groups =      317
Link:                                   logit           Obs per group: min =       2
Family:                                binomial        avg =             2.0
Correlation:                            exchangeable    max =             2
                                           Wald chi2(3)    =       5.12
Scale parameter:                        1              Prob > chi2     =     0.1632
```

(Std. Err. adjusted for clustering on id)

dwarrest6_	Odds Ratio	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
t	1.460824	.4200739	1.32	0.188	.8314324	2.566664
TxGroup	.8532817	.2361269	-0.57	0.566	.496068	1.467721
txTx	.9495852	.3359098	-0.15	0.884	.4747082	1.899508
_cons	.3629252	.0805065	-4.57	0.000	.2349622	.5605783

```
. xtgee darrestall_ t TxGroup txTx evaltime [pweight=ATE], i(id) t(time) family(bin) link(logi
> t) corr(exch) eform robust
```

Iteration 1: tolerance = .01567455
 Iteration 2: tolerance = .00027194
 Iteration 3: tolerance = 5.455e-06
 Iteration 4: tolerance = 8.671e-08

```
GEE population-averaged model
Group variable:          id      Number of obs      =      636
Link:                  logit     Number of groups   =      318
Family:                binomial  Obs per group: min =        2
Correlation:          exchangeable  avg =          2.0
Scale parameter:      1          max =          2
                          Wald chi2(4) =      55.09
                          Prob > chi2 =      0.0000
```

(Std. Err. adjusted for clustering on id)

darrestall_	Odds Ratio	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
t	2.836746	1.032337	2.87	0.004	1.390127	5.788771
TxGroup	1.409593	.420773	1.15	0.250	.7852436	2.530365
txTx	.2983829	.1065201	-3.39	0.001	.1482185	.6006831
evaltime	1.902659	.2935394	4.17	0.000	1.406173	2.574442
_cons	.4395685	.2283035	-1.58	0.114	.1588286	1.216535

```
. xtgee darrestall_ t TxGroup txTx evaltime [pweight=ATT], i(id) t(time) family(bin) link(logi
> t) corr(exch) eform robust
```

Iteration 1: tolerance = .01447
 Iteration 2: tolerance = .00018418
 Iteration 3: tolerance = 3.288e-06
 Iteration 4: tolerance = 4.140e-08

```
GEE population-averaged model
Group variable:          id      Number of obs      =      636
Link:                  logit     Number of groups   =      318
Family:                binomial  Obs per group: min =        2
Correlation:          exchangeable  avg =          2.0
Scale parameter:      1          max =          2
                          Wald chi2(4) =      53.66
                          Prob > chi2 =      0.0000
```

(Std. Err. adjusted for clustering on id)

darrestall_	Odds Ratio	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
t	2.777839	1.06185	2.67	0.008	1.313193	5.876049
TxGroup	1.503565	.4569244	1.34	0.180	.8287947	2.727704
txTx	.2920957	.1075516	-3.34	0.001	.1419407	.6010954
evaltime	1.867028	.2884276	4.04	0.000	1.379282	2.527253
_cons	.4444125	.2358074	-1.53	0.126	.1570849	1.257297

```
. xtgee dwarrestall_ t TxGroup txTx evaltime [pweight=ATE], i(id) t(time) family(bin) link(log
> it) corr(exch) eform robust
```

Iteration 1: tolerance = .0192158
 Iteration 2: tolerance = .00031694
 Iteration 3: tolerance = 5.390e-06
 Iteration 4: tolerance = 8.497e-08

GEE population-averaged model
 Group variable: id Number of obs = 634
 Link: logit Number of groups = 317
 Family: binomial Obs per group: min = 2
 Correlation: exchangeable avg = 2.0
 max = 2
 Wald chi2(4) = 42.16
 Scale parameter: 1 Prob > chi2 = 0.0000

(Std. Err. adjusted for clustering on id)

dwarrestall_	Odds Ratio	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
t	1.108003	.3593668	0.32	0.752	.5867652	2.092269
TxGroup	1.135148	.30573	0.47	0.638	.6695728	1.924451
txTx	.5838587	.1828716	-1.72	0.086	.3160102	1.078734
evaltime	1.417918	.1899503	2.61	0.009	1.090487	1.843663
_cons	.8728559	.4125679	-0.29	0.774	.3456288	2.204323

```
. xtgee dwarrestall_ t TxGroup txTx evaltime [pweight=ATT], i(id) t(time) family(bin) link(log
> it) corr(exch) eform robust
```

Iteration 1: tolerance = .01876881
 Iteration 2: tolerance = .0002751
 Iteration 3: tolerance = 4.419e-06
 Iteration 4: tolerance = 6.268e-08

GEE population-averaged model
 Group variable: id Number of obs = 634
 Link: logit Number of groups = 317
 Family: binomial Obs per group: min = 2
 Correlation: exchangeable avg = 2.0
 max = 2
 Wald chi2(4) = 42.26
 Scale parameter: 1 Prob > chi2 = 0.0000

(Std. Err. adjusted for clustering on id)

dwarrestall_	Odds Ratio	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
t	1.064584	.3518934	0.19	0.850	.5569539	2.034889
TxGroup	1.173192	.3233712	0.58	0.562	.683517	2.013673
txTx	.5935156	.1908217	-1.62	0.105	.3160542	1.114558
evaltime	1.410193	.1872166	2.59	0.010	1.08711	1.829295
_cons	.8725695	.4129598	-0.29	0.773	.3451064	2.206211

```
. xtgee dchargeall_ t TxGroup txTx evaltime [pweight=ATE], i(id) t(time) family(bin) link(logi
> t) corr(exch) eform robust
```

Iteration 1: tolerance = .01251121
 Iteration 2: tolerance = .00006101
 Iteration 3: tolerance = 6.108e-07

```
GEE population-averaged model          Number of obs   =       636
Group variable:                        id              Number of groups =       318
Link:                                  logit           Obs per group: min =        2
Family:                                binomial        avg =           2.0
Correlation:                           exchangeable    max =           2
                                           Wald chi2(4)    =       46.27
Scale parameter:                        1              Prob > chi2     =       0.0000
```

(Std. Err. adjusted for clustering on id)

dchargeall_	Odds Ratio	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
t	.8663963	.2738005	-0.45	0.650	.4663564	1.60959
TxGroup	1.099226	.2940063	0.35	0.724	.6507567	1.856757
txTx	.644395	.2174559	-1.30	0.193	.332589	1.248523
evaltime	1.410499	.1990524	2.44	0.015	1.069669	1.859928
_cons	.8013325	.3760103	-0.47	0.637	.3194496	2.010126

```
. xtgee dchargeall_ t TxGroup txTx evaltime [pweight=ATT], i(id) t(time) family(bin) link(logi
> t) corr(exch) eform robust
```

Iteration 1: tolerance = .01285182
 Iteration 2: tolerance = .00005905
 Iteration 3: tolerance = 6.400e-07

```
GEE population-averaged model          Number of obs   =       636
Group variable:                        id              Number of groups =       318
Link:                                  logit           Obs per group: min =        2
Family:                                binomial        avg =           2.0
Correlation:                           exchangeable    max =           2
                                           Wald chi2(4)    =       47.91
Scale parameter:                        1              Prob > chi2     =       0.0000
```

(Std. Err. adjusted for clustering on id)

dchargeall_	Odds Ratio	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
t	.861725	.2828659	-0.45	0.650	.452853	1.63976
TxGroup	1.122255	.3069712	0.42	0.673	.656541	1.918321
txTx	.6357422	.2190762	-1.31	0.189	.3235622	1.24912
evaltime	1.416724	.19809	2.49	0.013	1.07713	1.863385
_cons	.7879315	.3721243	-0.50	0.614	.312236	1.988355

```
. xtgee dfelonyall_ t TxGroup txTx evaltime [pweight=ATE], i(id) t(time) family(bin) link(logi
> t) corr(exch) eform robust
```

Iteration 1: tolerance = .01610324
 Iteration 2: tolerance = .00008353
 Iteration 3: tolerance = 4.640e-06
 Iteration 4: tolerance = 2.301e-08

GEE population-averaged model
 Group variable: id Number of obs = 636
 Link: logit Number of groups = 318
 Family: binomial Obs per group: min = 2
 Correlation: exchangeable avg = 2.0
 max = 2
 Wald chi2(4) = 33.47
 Scale parameter: 1 Prob > chi2 = 0.0000

(Std. Err. adjusted for clustering on id)

dfelonyall_	Odds Ratio	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
t	.9341366	.3235802	-0.20	0.844	.4737601	1.841884
TxGroup	1.239366	.3003752	0.89	0.376	.7707268	1.992959
txTx	.4888799	.1591162	-2.20	0.028	.2583216	.925217
evaltime	1.186283	.1660111	1.22	0.222	.9017152	1.560657
_cons	.3347915	.1656909	-2.21	0.027	.1269136	.8831626

```
. xtgee dfelonyall_ t TxGroup txTx evaltime [pweight=ATT], i(id) t(time) family(bin) link(logi
> t) corr(exch) eform robust
```

Iteration 1: tolerance = .0174253
 Iteration 2: tolerance = .00009575
 Iteration 3: tolerance = 6.315e-06
 Iteration 4: tolerance = 3.247e-08

GEE population-averaged model
 Group variable: id Number of obs = 636
 Link: logit Number of groups = 318
 Family: binomial Obs per group: min = 2
 Correlation: exchangeable avg = 2.0
 max = 2
 Wald chi2(4) = 34.85
 Scale parameter: 1 Prob > chi2 = 0.0000

(Std. Err. adjusted for clustering on id)

dfelonyall_	Odds Ratio	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
t	.9617581	.3433658	-0.11	0.913	.4777171	1.936248
TxGroup	1.347295	.3332451	1.21	0.228	.829704	2.187772
txTx	.4716183	.1556055	-2.28	0.023	.2470277	.9004005
evaltime	1.195887	.1678032	1.27	0.202	.9083476	1.574447
_cons	.3030095	.1514837	-2.39	0.017	.1137403	.8072312

Appendix B. Effect size calculations for interpretation of the interaction effect for the LEAD group

Outcomes	Intervention group <i>OR</i>	Interaction <i>OR</i>	<i>OR</i> incident at follow-up	Reduction/Increase
arrest6 ATE	0.8137984	0.49352	0.40	-0.60
arrest6 ATT	0.8543784	0.5044208	0.43	-0.57
arrestall ATE	1.409593	0.2983829	0.42	-0.58
arrestall ATT	1.503565	0.2920957	0.44	-0.56
warrest6 ATE	0.7961789	0.9553831	0.76	-0.24
warrest6 ATT	0.8532817	0.9495852	0.81	-0.19
warrestall ATE	1.135148	0.5838587	0.66	-0.34
warrestall ATT	1.173192	0.5935156	0.70	-0.30
charge6 ATE	0.6443475	1.769279	1.14	0.14
charge6 ATT	0.6562352	1.853739	1.22	0.22
chargeall ATE	1.099226	0.644395	0.71	-0.29
chargeall ATT	1.122255	0.6357422	0.71	-0.29
felony6 ATE	0.8020622	0.947415	0.76	-0.24
felony6 ATT	0.8112143	0.9775409	0.79	-0.21
felonyall ATE	1.239366	0.4888799	0.61	-0.39
felonyall ATT	1.347295	0.4716183	0.64	-0.36

Notes: Outcomes followed by a “6” indicate shorter-term, six-month outcomes; whereas outcomes followed by “all” indicate longer-term, evaluation-wide outcomes. ATT = Average treatment effect for the LEAD participants. ATE = Average overall treatment effect. OR = Odds ratio.

LEAD Program Evaluation: Criminal Justice and Legal System Utilization and Associated Costs

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This report was prepared by the University of Washington LEAD Evaluation Team with important contributions from the LEAD Evaluation Advisory Committee and others acknowledged on the back page.

Executive Summary

- **Background:** LEAD is a prebooking diversion program that offers low-level drug and prostitution offenders harm reduction-oriented case management and legal services as an alternative to incarceration and prosecution.
- **Purpose:** This report describes findings from a quantitative analysis comparing outcomes for LEAD participants versus “system-as-usual” control participants on criminal justice and legal system utilization (i.e., jail, prison, prosecution, defense) and associated costs.
- **Findings:**
 - The cost of the LEAD program averaged \$899 per person per month. However, these costs included program start-up and decreased to \$532 per month towards the end of the evaluation.
 - Across nearly all outcomes, we observed statistically significant reductions for the LEAD group compared to the control group on average yearly criminal justice and legal system utilization and associated costs.
 - **Jail bookings:** Compared to the control group, LEAD program participants had 1.4 fewer jail bookings on average per year subsequent to their evaluation entry.
 - **Jail days:** Compared to the control group, the LEAD group spent 39 fewer days in jail per year subsequent to their evaluation entry.
 - **Prison incarceration:** Compared to the control group, the LEAD group had 87% lower odds of at least one prison incarceration subsequent to evaluation entry.
 - **Misdemeanor and felony cases:** There were no statistically significant LEAD effects on the average yearly number of misdemeanor cases. Compared to control participants, however, LEAD participants showed significant reductions in felony cases.
 - **Costs associated with criminal justice and legal system utilization:** From pre- to postevaluation entry, LEAD participants showed substantial cost reductions (-\$2100), whereas control participants showed cost increases (+\$5961).
- **Interpretation of findings:**
 - LEAD program costs were commensurate with another supportive program for homeless individuals in King County. It should be noted that LEAD program costs

will vary widely across communities depending on LEAD participant characteristics (e.g., prevalence of homelessness) and community factors (e.g., cost of living, Medicaid coverage).

- Compared to system-as-usual controls, LEAD participants evinced meaningful and statistically significant reductions in criminal justice and legal system utilization and associated costs.

- **Next Steps:** This report is one in a series being prepared by the University of Washington LEAD Evaluation Team over a two-year period. The next report will be released in Winter 2015/2016 and will report on within-subjects changes among LEAD participants on psychosocial, housing and quality-of-life outcomes following their participation in LEAD.

Introduction

Background

With nearly 2.2 million adults incarcerated, the US imprisons more of its population than any other country in the world.^{1,2} Nonviolent offenders comprise more than 60% of those incarcerated, with drug offenders accounting for almost half.³ Crime statistics for 2013 reveal that the largest numbers of arrests, approximately 13%, were for drug abuse violations.⁴ Arrest and incarceration for sex work offenses is also common, with 56,600 offenses recorded in 2012.⁴ The overall incarceration rate is increasing exponentially—by 240% since 2008—and this is particularly so among drug offenders.^{3,5}

Prosecution and incarceration of drug and prosecution offenders overtaxes the criminal justice and legal systems. This increased burden is translated into increased cost, which has been estimated at over one trillion dollars in the past four decades.⁶ There is, however, little or no evidence to suggest that the current system of prosecution and incarceration results in improved public safety, reduced drug use, or decreased recidivism.^{2,5-7} Instead, offenders cycle in and out of jail so frequently, this phenomenon is often referred to as a “revolving door”.⁸

In response to this long-standing problem, policy-makers are seeking alternatives to prosecution and incarceration.^{9,10} For example, Washington State legislators recently directed policy analysts to identify evidence-based programs for drug offenders that reduce strain and associated costs on the legal and criminal justice systems. The Law Enforcement Assisted Diversion (LEAD) program, which was introduced to reduce recidivism among low-level drug and sex work offenders, represents an example of one such program.

Description of the LEAD Program

The LEAD program was established in 2011 as a means of diverting those suspected of low-level drug and prostitution criminal activity to case management and other supportive services instead of jail and prosecution. The primary aim of the LEAD program is to reduce criminal recidivism.^a Secondary aims include reductions in criminal justice service utilization and associated costs as well as improvements for psychosocial, housing and quality-of-life outcomes. Because LEAD is the first known pre-booking diversion program of its kind in the United States, evaluation is critically needed to inform key stakeholders, policy makers, and other interested parties of its impact. The evaluation of the LEAD program described in this report represents a response to this need.

^a Note: Because the LEAD program was launched as a pilot without sufficient resources to engage all possible participants within the planned catchment area, this evaluation did not focus on community- or neighborhood-level impact on crime. It is, however, possible that an approach that changed individual behavior, if later taken to scale with full commitment from all operational partners, would have neighborhood- or community-level impact.

For the purpose of the evaluation, the implementation phase of this project occurred from October 2011 through July 2014. The Seattle Police Department's (SPD) officer shifts for squads making referrals to LEAD were randomly divided into 'red- and greenlight' shifts. Offenders who were encountered during greenlight shifts in the LEAD catchment area (i.e., Belltown neighborhood) were screened for project eligibility by officers on duty and, provided they met inclusion criteria and completed the intake process, they were diverted to the LEAD program at point of arrest instead of undergoing standard jail booking and criminal prosecution. A smaller number of individuals were referred by officers as 'social contacts.' Social contacts were individuals who were eligible for the LEAD program due to known recent criminal activity, but were recruited by officers outside of a criminal incident during a greenlight shift within the original LEAD catchment area. Both arrest and social contact referrals to LEAD required that participants were suspected of narcotics or prostitution activity and met other program criteria (see Purpose and Methods section below for inclusion criteria).

Interested individuals were referred to a LEAD case manager to complete an intake assessment. This assessment entailed items evaluating participants' substance-use frequency and treatment, time spent in housing, quality of life, psychological symptoms, interpersonal relationships, and health status. After completing the intake process, participants received case management through Evergreen Treatment Services' (ETS) REACH homeless outreach program, which connected participants with existing resources in the community (e.g., legal advocacy, job training or placement, housing assistance, counseling). Case management is provided using low-barrier, harm-reduction style, which entails meeting participants 'where they are at' in their communities and in their own motivation to change as well as engaging participants with compassion and unconditional positive regard.¹¹ Additionally, case managers had access to funds to provide financial support for the fulfillment of participants' basic needs (e.g., motel stays, housing, food, clothing, treatment, and various additional items and services). Other key program features included coordination of prosecution strategy in any other pending criminal cases participants had in local courts and assistance with miscellaneous civil legal problems. Subsequent to their entry into the LEAD program, participants completed additional one-on-one interviews with their case managers.

Eligible individuals who were arrested 1) during redlight shifts or 2) in non-LEAD neighborhoods—areas adjacent to Belltown that were not a part of the LEAD program but were patrolled by the same officers—were processed through the criminal justice system as usual (e.g., jail booking, criminal charges). These participants served as the control group in the current evaluation. Individuals arrested in non-LEAD neighborhoods were included in the control group to increase the pool of participants while avoiding skewing the composition of the control group as the number of amenable, qualifying control participants available in the original catchment area decreased over time. All participants were recruited by the same officers using the same criteria.

Overall Program Evaluation Aims

The overall program evaluation is assessing the ability of the LEAD program to meet the following aims.

- *Specific aim 1* is to test the relative effectiveness of the LEAD program compared to the 'system-as-usual' control condition in reducing criminal recidivism (i.e., arrests and charges).
- *Specific aim 2* is to test the effectiveness of the LEAD program compared to the 'system-as-usual' control condition in reducing publicly funded legal and criminal justice service utilization and associated costs (i.e., prosecution, public defense, jail, prison) prior and subsequent to evaluation entry.
- *Specific aim 3* is to test within-subjects differences on psychosocial and housing variables prior and subsequent to LEAD program entry.

Subsequent to a March report detailing recidivism findings from specific aim 1, the current report reviews utilization and cost findings from specific aim 2. A further report documenting findings for specific aim 3 will be released in Winter 2015/2016.

Purpose and Methods

Purpose

The purpose of this report was to analyze the LEAD versus system-as-usual effects on average yearly criminal justice and legal system utilization (i.e., prosecutor, public defense, jail, prison) and associated costs stemming from charges and incarcerations accrued prior versus subsequent to participants' entry into the evaluation.

Participants

Participants in LEAD included 318 adults who were suspected of low-level drug or prostitution offenses. Based on whether law enforcement contact was made during a red- or greenlight shift and whether it occurred in the LEAD catchment area, participants were either assigned to the LEAD ($n = 203$) or control (i.e., booking as usual; $n = 115$) conditions. At the time of referral, 146 of the LEAD participants were under arrest, and 57 were suspected of qualifying criminal activity but were referred outside of an alleged criminal incident as social contacts.

All LEAD participants were suspected of recent violations of the uniform controlled substances act (VUCSA) and/or prostitution offenses and were deemed eligible for the program by SPD officers. SPD considered individuals ineligible if they met any of the following criteria:

- The amount of drugs involved exceeded 3 grams, except where an individual was arrested for delivery of or possession with intent to deliver marijuana or possession, delivery or possession with intent to deliver prescription controlled substances (pills).
- The individual did not appear amenable to diversion.
- The suspected drug activity involved delivery or possession with intent to deliver (PWI), and there was reason to believe the suspect was dealing for profit above a subsistence income.
- The individual appeared to exploit minors or others in a drug dealing enterprise.
- The individual was suspected of promoting prostitution.
- The individual had a disqualifying criminal history as follows:
 - Without time limitation: Any conviction for murder 1 or 2, arson 1 or 2, robbery 1, assault 1, kidnapping, Violation of the Uniform Firearms Act (VUFA) 1, any sex offense, or attempt of any of these crimes.
 - Within the past 10 years: Any conviction for a domestic violence offense, robbery 2, assault 2 or 3, burglary 1 or 2, or VUFA 2.
 - The individual was already involved in King County Drug Diversion Court or Mental Health Court. This exclusion criterion served to ensure the LEAD program was not combined with other models of intervention and case management.

The control group included only individuals arrested by LEAD-referring officers who would have been considered eligible for referral to LEAD had the arrest occurred during a greenlight shift in a LEAD catchment area. Individuals who would not have met LEAD referral criteria were not included in the control group. There was no penalty to officers for excluding individuals from the evaluation based on the inclusion/exclusion criteria. Officers completed forms for each arrest documenting these decisions.

Measures

The evaluation team obtained all necessary IRB exemptions and data sharing agreements from the appropriate entities. With the assistance and guidance of the LEAD Policy Coordinating Group and the LEAD Evaluation Advisory Committee, the evaluation team obtained demographic and program data from the LEAD case management team and from the Seattle Police Department LEAD records. Data on charges were extracted by the King County Prosecuting Attorney's office from the FBI's National Crime Information Center (NCIC) and were given to the evaluation team for analysis. These included criminal charges that occurred during the LEAD evaluation time frame: the pre-entry window comprised charges accrued between October 1, 2009 through individual participants' entry into the evaluation, and the post-entry window comprised charges accrued on the day of participants' entry into the evaluation through July 31, 2014. Charges were collapsed for a given day to represent felony and misdemeanor cases that would have been processed through the legal system.

The cost of public defense associated with misdemeanor and felony charges was estimated as $1/400^{\text{th}}$ and $1/100^{\text{th}}$ of the full-time equivalent (FTE) of a public defender, respectively.^b According to estimations provided by the Department of Public Defense Deputy Director, the full cost of an attorney was estimated to be \$215,156 per year (including associated support staff and indirect costs); thus, misdemeanors were assigned a cost of \$538, and felonies were assigned a cost of \$2152. Given the relative parity of attorney staffing and costs between public defense and prosecution, the costs of the King County Prosecutor and Seattle City Attorney, as relevant, were conservatively estimated to be equal to those of the public defense costs for both misdemeanors and felonies. It was determined to be neither feasible nor useful to calculate court costs because court capacity would be reallocated to civil cases if criminal caseloads were to decrease.

^b Full-time public defense attorneys in King County are expected to handle approximately 100 felonies per year and 400 misdemeanors per year. Thus, the cost per case is either $1/100$ of the cost of an attorney for a felony or $1/400$ of the cost of an attorney for a misdemeanor.

Data on jail bookings, days spent in jail, and use of supplementary jail services (i.e., medical, psychiatric, and one-on-one guarding) were compiled by Looking Glass Analytics using data from the King County Department of Adult and Juvenile Detention (KCDAJD) record system. Costs for jail services were the contract rates paid by the City of Seattle. The incarceration dates for prison placements were provided by the Washington State Department of Corrections, and prison costs were estimated using average daily bed cost by institution.

We estimated LEAD program costs using three primary sources, including 1) monthly expense reports obtained from Evergreen Treatment Services' REACH homeless outreach program detailing LEAD personnel and operating costs as well as costs associated with LEAD client assistance, 2) annual salary and benefit reports provided by the King County Prosecutor's Office based on the fixed costs associated with review and coordination of LEAD participants' nondiverted cases, and 3) annual salary and benefit reports provided by the Public Defender Association associated with fixed costs of LEAD project management and legal services to LEAD participants.^c

Data Analysis Plan

Overview. The goal of this evaluation was to test LEAD effects on average yearly criminal justice and legal system utilization and associated costs.

Group allocation. Randomized controlled trials represent the gold standard in evaluation. A cluster randomization schema¹² was originally proposed for the LEAD evaluation, such that individuals arrested during specified greenlight shifts in the original catchment area would be randomized to receive LEAD, and individuals arrested during redlight shifts in the original catchment area would be randomized to the system-as-usual control condition.

LEAD, however, was implemented in a real-world setting. Thus, changes to the originally proposed evaluation design were made to ensure LEAD's success on the ground. First, having a pathway for social contacts (i.e., individuals who were encountered on a greenlight shift within the original catchment area, were suspected by officers of recent drug or prostitution activity, had been arrested for these offenses in the past, and met the same inclusion criteria) to enter the LEAD program was deemed necessary from a policy and policing standpoint. Because they were all subject to the same inclusion criteria, LEAD participants recruited via social contacts and arrest diversion were very likely drawn from the same population (see analyses comparing these groups below). Second, after the evaluation began, operational partners recognized that there was a limited number of potential participants in the originally planned catchment area.

^c The numbers used in our calculations of program costs are based on 2014 budget levels and have been adjusted to account for prior year estimates. Annual prosecution fixed program costs were estimated at \$153,805. This figure represents salary and benefits for one full time employee at a Senior Deputy level 2. Annual Public Defense program costs were estimated at \$119,195. This number was calculated based on approximate annual cost of LEAD project management and legal services, which included .1FTE of Policy Director, .1FTE of Program Director, .3FTE of Project Supervisor, and .4FTE of LEAD Legal Services Attorney, plus associated benefits and overhead.

Over time, most of these individuals were approached for program involvement, which left a dwindling number of individuals available for the comparison group. Thus, to accommodate the need for an adequate and comparable control group, redlight areas (in addition to redlight shifts) were added to the evaluation. This ensured adequate representation of amenable and qualifying participants in the control condition to make up for the initial catchment area's relatively small population.

After careful consideration, a nonrandomized controlled design was employed for the evaluation of LEAD to accommodate these deliberate and important program implementation features. According to federal standards, nonrandomized controlled designs are consistent with the early intervention development and evaluation exemplified by the LEAD program.¹³ Further, high-quality nonrandomized controlled evaluations that account for potential confounds show similar effect sizes and widely correspond to outcomes of randomized controlled trials.¹⁴ In fact, the current University of Washington evaluation team used a nonrandomized controlled design in a prior, well-regarded evaluation of the 1811 Eastlake Housing First program in Seattle.¹⁵⁻²¹ In that evaluation, it was decided that real-world considerations would contraindicate a randomized controlled design, because it was deemed impractical and unethical to withhold essential social services (i.e., housing) from individuals in the community.²⁰

Despite its appropriateness for the current evaluation, a nonrandomized controlled design can result in intervention and control group imbalances and biases (e.g., selection bias).^{22,23} We therefore employed both methodological and statistical approaches to avoid these problems. First, LEAD officers received focused instructions and training to ensure participants recruited to all groups were representative of the same population. Second, all control and LEAD participants had to meet the same set of inclusion criteria. The fulfillment of these criteria was systematically documented in participant files. Third, the same officers were involved in recruitment of both LEAD and control participants. Finally, we employed a statistical approach called propensity score weighting to balance the intervention and control groups, which increases confidence in the causal impact of the intervention effect.²³

Propensity score weights. We used generalized boosted regression to estimate propensity scores for all eligible participants. This type of regression employs an automated, data-adaptive algorithm that fits several models by way of a regression tree and then merges the predictions of these various models. The advantage of generalized boosted regression is that it is computationally fast to fit; handles various types of data distributions; and takes into account interaction terms. In addition, it is invariant to one-to-one transformations of the independent variables; thus, the raw, log, and exponentiated variants lead to the same propensity score adjustments.²⁴

Next, we created two weighting variables: one for estimating the average treatment effect (ATE) and one for estimating the average treatment effect for treated participants

(ATT).²³ ATE may be considered to be a between-subjects' difference or the average effect of moving an untreated population to a treated population.²⁵ Alternatively, treatment effects may be considered at the individual or within-subjects level. The ATT may be considered to be the average effect of treatment for those who receive the treatment—in this case LEAD.²⁵ Both types of propensity scores are relevant for the current analysis because, if considered effective, LEAD a) would be applied widely to the larger population of drug and sex work offenders (reflected in ATE) and b) is a highly tailored, individual-level intervention whose effects on treated participants, which are reflected in ATT effects, would be important to track as well. Both propensity score weights were thus used in analyses and reported on in the results section.

Propensity score analyses comprised three steps. First, we generated the propensity scores using generalized boosted regression. Where p is the propensity score, the ATE is $1/p$ for LEAD participants and $1/(1-p)$ for control participants. ATT is equal to 1 for treated participants, and $p/(1-p)$ for control participants. Second, we used ATE and ATT weights to conduct balance checks, which comprised a series of ordinary least squares, gamma, logistic and multinomial logistic regressions testing whether propensity scores improved the balance between the control and LEAD groups. Finally, we used the ATT and ATE as sampling weights in the primary analyses.

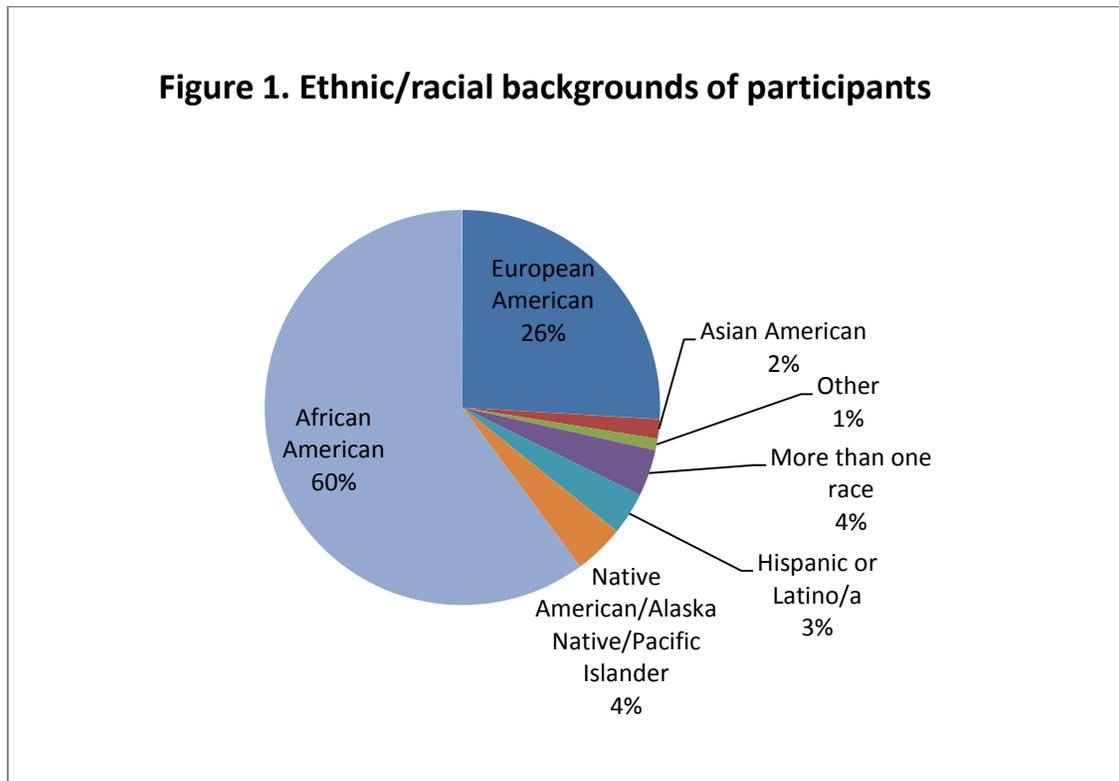
Primary analyses. Using SPSS 19 and Stata 13, descriptive analyses were conducted to describe the overall evaluation sample. LEAD program costs were calculated by summing REACH case management costs (e.g., LEAD personnel, operating expenses and client assistance) and LEAD-related prosecution and defense costs, dividing by the number of LEAD participants participating in the program each month, and then multiplying by 12 to create an estimated average yearly cost for each individual participating in the LEAD program.

Ordinary least squares and logistic regression models were used to test the effect of group (i.e., LEAD vs system-as-usual control) on pre- to postevaluation-entry changes on average yearly criminal justice and legal system utilization and cost outcomes. Utilization outcomes included the yearly average number of bookings, jail days, prison days (dichotomized due to rarity), and legal cases (felonies and misdemeanors) for crimes committed. Criminal justice and legal system cost outcomes were the average, yearly estimated costs associated with felony and misdemeanor charges (i.e., prosecution and public defense) as well as jail (i.e., bookings, jail days, supplementary guarding, psychiatric and medical services) and prison time. Alphas were set to $p = .05$, indicating statistically significant results. Confidence intervals were set to 95%.

Results

Overall Sample Description

Participants ($N = 316$) had an average age of 40.12 ($SD = 11.86$) years and were predominantly male (34.18% female; $n = 108$). The racial and ethnic diversity of the overall sample is shown in Figure 1.



Group Differences at Baseline

Wilcoxon rank-sum and Pearson chi-square tests indicated significant group differences on demographic variables at baseline (see Table 1 for descriptive statistics) between LEAD and control participants. Further, of the original evaluation sample ($N=318$), 11 participants died during the 5-year evaluation, including 9 LEAD participants (4.43%) and 2 (1.74%) control participants. This group difference was not statistically significant, $X^2(1, N = 318) = 1.60, p = .21$. It should be noted that LEAD participants' deaths were systematically documented, whereas control participants' deaths were not. These individuals were included in analyses,^d and death

^d There were two exceptions involving individuals who died during the postevaluation period. These individuals were removed from the present analyses because they died early on (<6 months) into the postevaluation period, which could bias outcomes based on yearly averages. Further, in some analyses, they represented outliers that placed undue influence on outcomes. That said, analyses both including and excluding these individuals indicated the same effects.

was used in propensity scores and subsequent weighted analyses. As shown in Table 1, there was only one significant group difference on baseline criminal justice and legal system utilization and costs (i.e., average yearly jail days).

Table 1. Baseline values by group

Variables	LEAD Group <i>n</i> = 202 Mean(SD)/%(<i>n</i>)	Control Group <i>n</i> = 114 Mean(SD)/%(<i>n</i>)	<i>z</i> / <i>X</i> ²	<i>p</i> -value
Age	41.72 (11.19)	37.28 (12.51)	-3.15	.002
Gender	39% (78) female	26% (30) female	4.90	.027
Race/ethnicity			19.50	.003
American Indian/Alaska Native/Pacific Islander	6% (13)	0% (0)		
Asian American	1% (1)	4% (4)		
Black/ African American	55% (112)	68% (78)		
European American	27% (54)	25% (28)		
Hispanic/Latino/a	5% (10)	1% (1)		
More than one race	4% (9)	3% (3)		
Other	1% (3)	0% (0)		
Death	4% (8)	1% (1)	2.50	.11
Years prior to evaluation entry	3.29 (.63)	3.05 (.52)	-3.56	<.001
Average yearly arrests	1.42(1.49)	1.38(1.70)	-.75	.45
Average yearly jail bookings	1.65(1.77)	1.36(1.79)	-1.96	.051
Average yearly jail days	32.44(41.02)	24.87(42.52)	-2.28	.02
Average yearly prison days	5.91(25.31)	3.88(18.34)	-.31	.76
Average yearly misdemeanor cases	.59(.86)	.60(.90)	-.31	.76

Average yearly felony cases	.21(.31)	.21(.33)	-.29	.77
Average yearly costs of criminal justice and legal system utilization (dollars)	\$6,863(\$7,978)	\$5,734(\$8,222)	-1.77	.08

Note: Percentages may not total 100% due to rounding.

Propensity Score Balance Check

To balance the groups on the baseline factors listed above, we constructed propensity scores and their associated ATE and ATT weights. Next, we conducted a check of the group balance after the ATE and ATT weights were applied. Table 2 below shows the balance check results. Nonsignificant values indicate propensity scores successfully balanced the LEAD and control groups for these variables. Findings indicated that both ATE and ATT performed moderately well in balancing the groups; thus, we report findings for both ATE and ATT in this report.

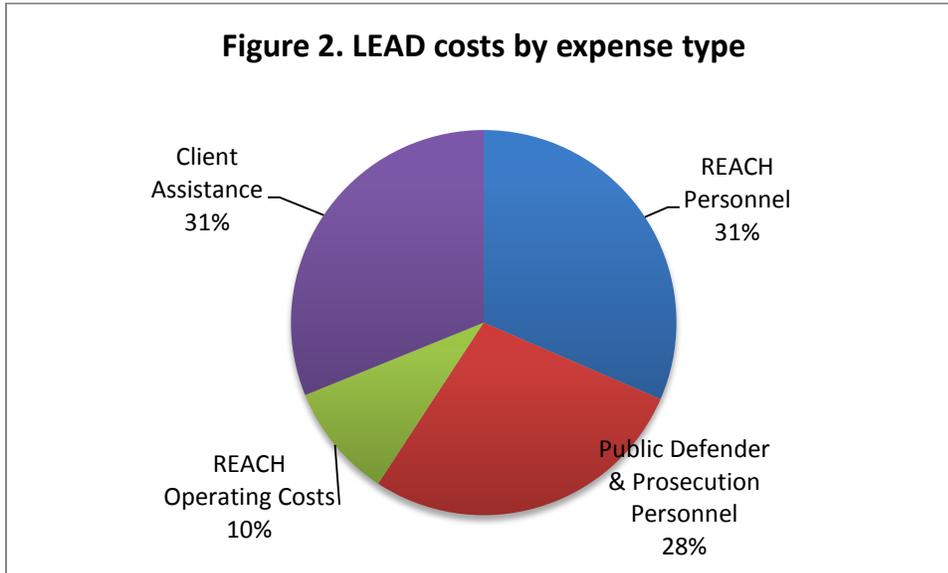
Table 2. Group balance check following application of propensity score weights

Covariates	Significance level of group imbalance (p-value)	
	ATE	ATT
Age	.03*	.09
Gender	.06	.10
Race/ethnicity (reference: European American)		
African American	.29	.38
Other race/ethnicity	.09	.07
Died	.14	.12
Years prior to evaluation entry	.01*	.01*
Average yearly arrests	.54	.29
Average yearly jail bookings	.16	.12
Average yearly jail days	.18	.17
Average yearly prison days	.71	.63
Average yearly misdemeanor cases	.79	.66
Average yearly felony cases	.63	.43

Note: * $p < .05$. See Table 1 for mean values of the imbalanced variables prior to propensity score generation.

Cost of the LEAD Program

LEAD program costs were estimated over the first 29 months of operation and averaged \$899 per participant per month or \$10,787 per year. Figure 2 provides a breakdown of costs associated with launching and operating the LEAD program during this time.



The larger category of LEAD client assistance costs comprised the following:^e

- 56% Motel/interim housing
- 18% Rental/housing
- 10% Other client expenses
- 5% Food and clothing
- 5% Education/training
- 4% Bus tickets
- 1% Identification expenses
- < 1% Group supplies
- <1% Remuneration
- <1% Costs associated with treatment

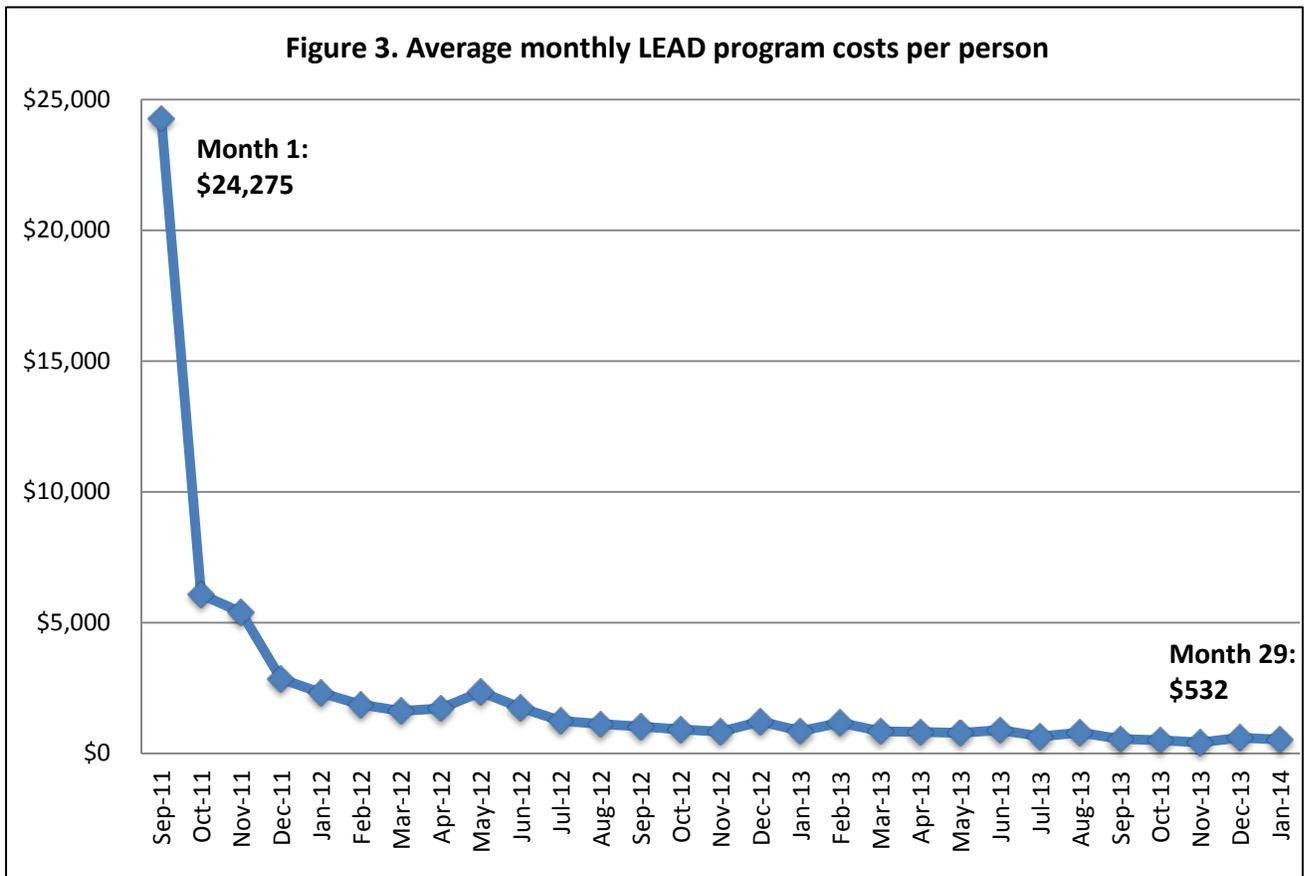
REACH operating costs associated with LEAD comprised the following:

- 40% Administrative Costs
- 16% Telecommunication

^e These percentages do not take into account the first 7 months of REACH client assistance costs because these data were not broken down into the categories described here until Month 8.

- 15% Office Space
- 10% Project Vehicle Expenses
- 9% Office Supplies and Equipment
- 7% Local Travel
- 3% Computer and Tech Support

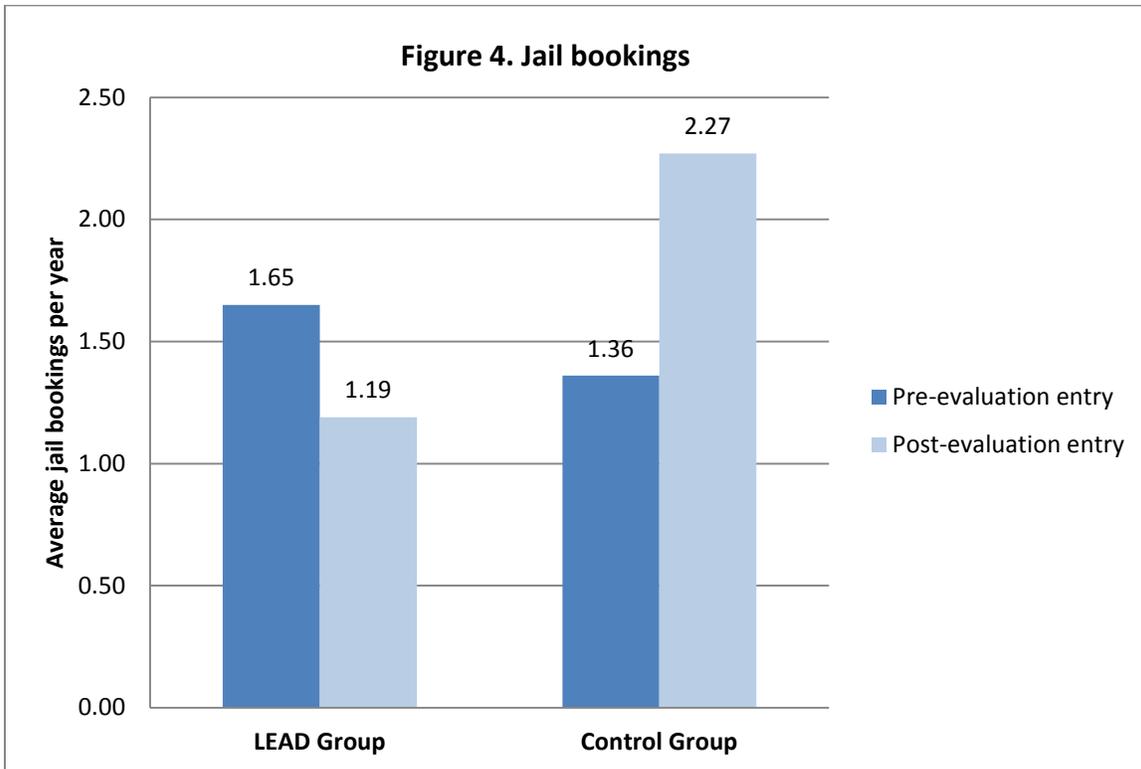
It is important to note that these figures represent operating costs for the first such program of its kind. Thus, as shown in Figure 3, the initial monthly costs per person were higher as the program started and recruited its first participants. After the initial start-up period, operating costs plateaued as more LEAD participants were referred to the program and as client assistance spending became more efficient.



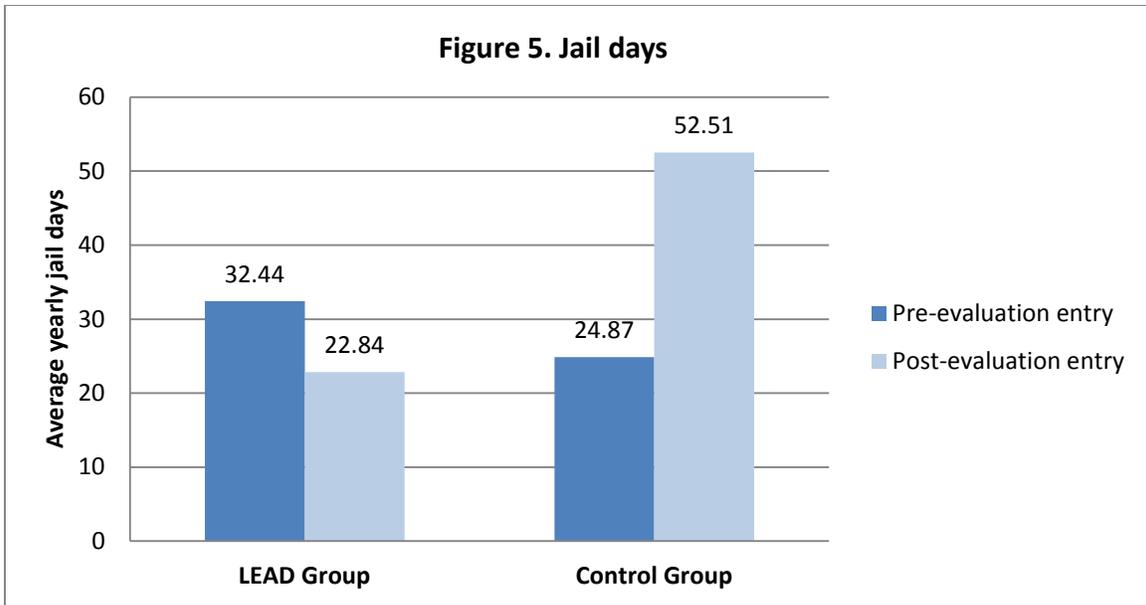
LEAD Effects on Criminal Justice and Legal System Utilization

LEAD effects on jail bookings. The average treatment effect (ATE) model testing overall group effects on pre- to postevaluation changes in jail bookings was significant, $F(1, 314) = 31.25, p < .001, R^2 = .10$. The ATE indicated that, compared to control participants, LEAD

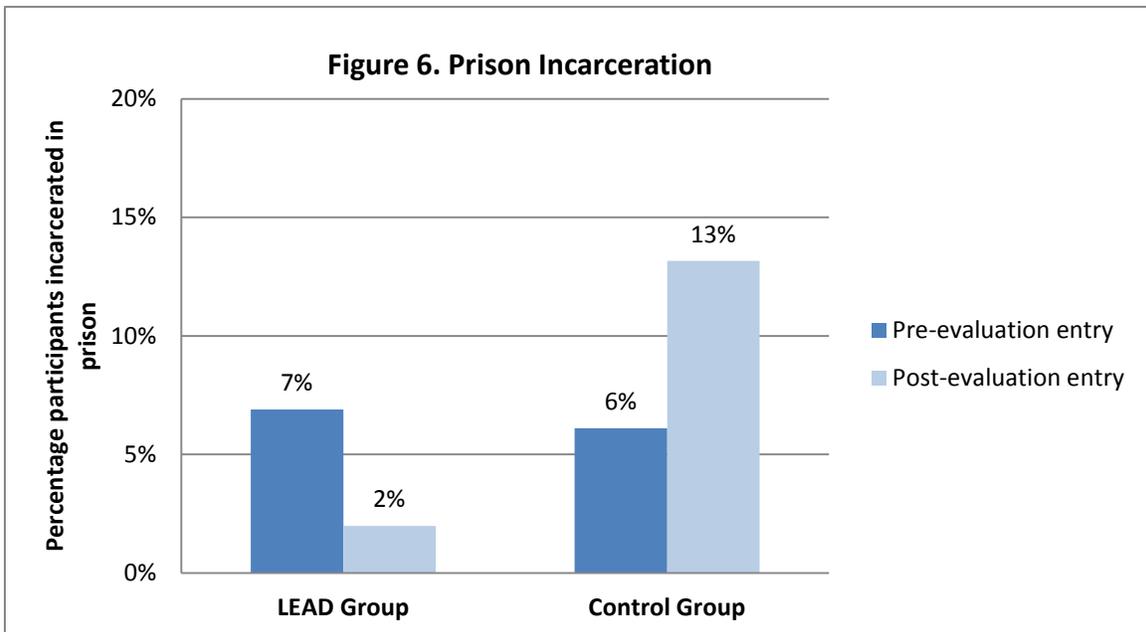
participants showed a significant reduction of 1.4 jail bookings subsequent to program entry ($B = -1.40, SE = .25, p < .001, \beta = -.31$). The ATT model, which indicated the treatment effect for LEAD participants alone, was also significant, $F(1, 314) = 30.69, p < .001, R^2 = .10$. Compared to control participants, LEAD participants showed a significant reduction in jail bookings subsequent to program entry ($B = -1.43, SE = .26, p < .001, \beta = -.31$). See Figure 4 below for the average yearly number of jail bookings both prior and subsequent to evaluation entry. See Appendix A for full output.



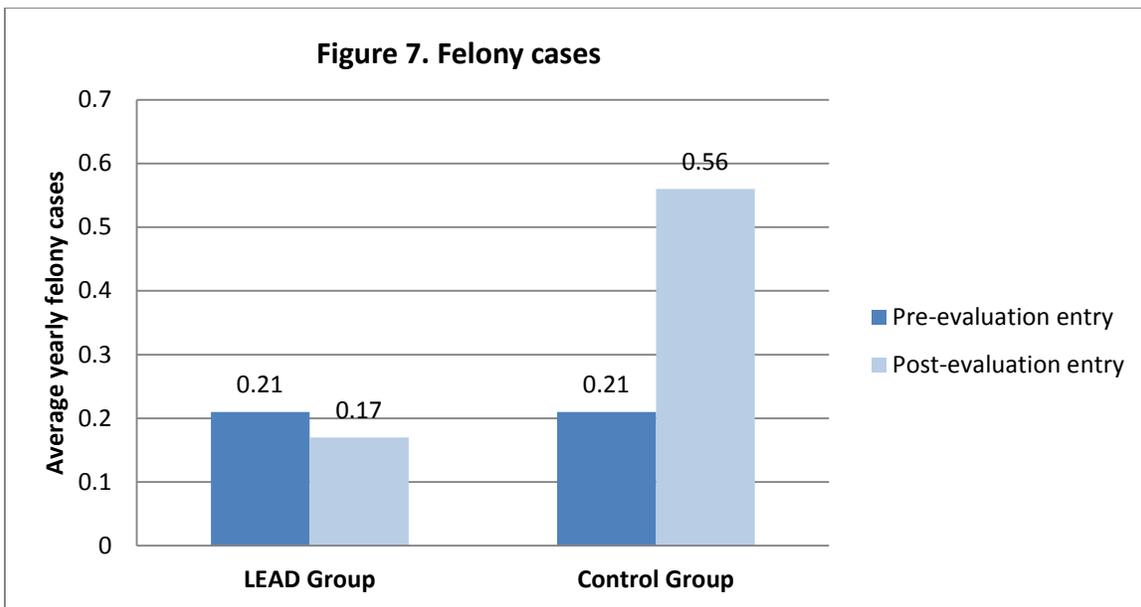
LEAD effects on jail days. The average treatment effect (ATE) model testing overall group effects on jail days was significant, $F(1, 314) = 28.71, p < .001, R^2 = .10$. The ATE model indicated that, compared to control participants, LEAD participants showed a significantly greater reduction in jail days subsequent to program entry ($B = -39.07, SE = 7.29, p < .001, \beta = -.32$). The ATT model, which indicated the treatment effect for LEAD participants more specifically, was also significant, $F(1, 314) = 26.66, p < .001, R^2 = .11$. This model similarly indicated that LEAD participants showed a significant reduction in jail days subsequent to program entry ($B = -40.60, SE = 7.86, p < .001, \beta = -.33$). See Figure 5 for the average yearly number of jail days both prior and subsequent to evaluation entry.



LEAD effects on prison days. The ATE model showed a significant group effect for average yearly number of prison days, Wald $\chi^2(2, N = 316) = 12.42, p = .002$. There was a significant group effect ($OR = .13, robust SE = .07, p < .001$), which indicated that, compared to control participants, LEAD participants had 87% lower odds of being incarcerated in a Washington State prison subsequent to program entry. The ATT model, which indicated the treatment effect for the LEAD participants specifically, was also significant, Wald $\chi^2(2, N = 316) = 12.72, p = .002$. Results indicated the LEAD group's similarly lower odds of incarceration in prison subsequent to LEAD involvement ($OR = .12, robust SE = .07, p < .001$). See Figure 6 below for the percentage of participants incarcerated prior and subsequent to evaluation entry.



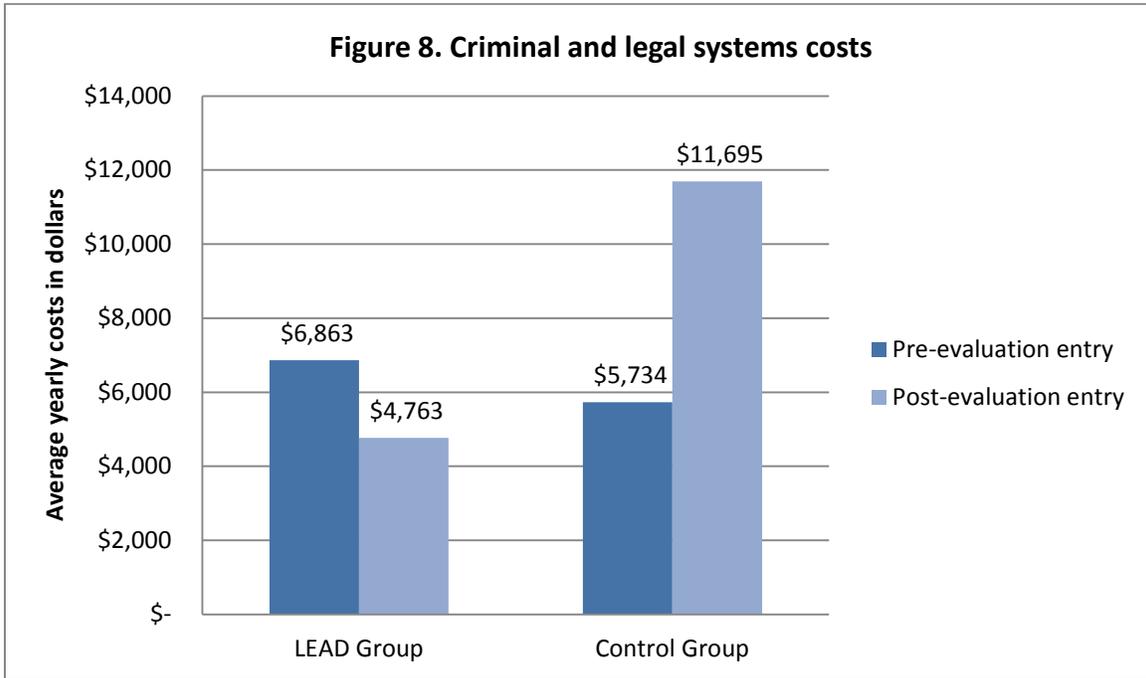
LEAD effects on number of misdemeanor and felony cases. The models testing changes in the number of misdemeanor cases prior and subsequent to evaluation entry were not statistically significant ($ps > .24$). When we considered group differences for average yearly felony cases, however, the ATE model was significant, $F(1, 314) = 38.69, p < .001, R^2 = .13$. The ATE model indicated that, compared to control participants, LEAD participants showed a significant reduction in felony cases subsequent to program entry ($B = -.41, SE = .07, p < .001, \beta = -.36$). The ATT model, which indicated the treatment effect for LEAD participants specifically, was also significant, $F(1, 314) = 38.26, p < .001, R^2 = .13$. This model similarly indicated that LEAD participants showed a significant reduction in the average number of felony cases per year ($B = -.42, SE = .07, p < .001, \beta = -.36$). See Figure 7 below for the average yearly number of felony cases both prior and subsequent to evaluation entry.



LEAD Effects on Costs Associated with Criminal Justice and Legal System Utilization

We considered the group effect on the pre- to postevaluation entry changes on some criminal justice and legal system costs (i.e., prosecution, defense, jail and prison). The ATE model was significant, $F(1, 314) = 43.98, p < .001, R^2 = .15$. After propensity score weighting was taken into account, LEAD participants showed a significant reduction in criminal justice and legal system costs compared to control participants ($B = -8.55, SE = 1.29, p < .001, \beta = -.39$). The ATT model, which indicated the treatment effect for LEAD participants more specifically, was also significant, $F(1, 314) = 40.83, p < .001, R^2 = .15$. This model similarly indicated that LEAD

participants showed a significant reduction in costs subsequent to program entry ($B = -8.95$, $SE = 1.40$, $p < .001$, $\beta = -.39$). See Figure 8 below for average yearly costs.



Discussion

The LEAD program is reaching a diverse population that has experienced the street-to-jail-to-street revolving door. Findings indicated that LEAD is associated with positive effects for criminal justice and legal system utilization and associated costs.

LEAD Program Costs

Averaged over the first 29 months of operation, the LEAD program cost approximately \$899 per participant per month (\$10,787 per participant per year). LEAD program costs were within the range of another program offering housing and supportive services to homeless individuals in King County (e.g., single-site Housing First).²⁰ Analysis of LEAD program expenditures indicated that the average monthly cost per participant decreased over time. This decrease occurred as the program moved past its initial start-up phase, recruited greater numbers of participants, became more efficient in client assistance spending, and benefited from Medicaid expansion due to the Affordable Care Act (ACA).

It should be noted that these analyses reflect the cost of the first LEAD program implemented in King County, Washington with a specific priority population. Thus, these cost findings may not be directly generalizable to other communities. When considering the cost of initiating LEAD, it is important to take into account various factors that can impact implementation costs. For example, in the present program, 56% of all client assistance dollars went towards motel/interim housing costs, which reflects both the high prevalence of homelessness in this community's priority population as well as King County's high cost of living. Thus, depending on the characteristics of a given community's priority population for LEAD and on other factors (e.g., communities' ability to provide permanent versus temporary housing, rental/housing market values, salary ranges dependent on cost of living, extent of Medicaid coverage for services), program costs may vary widely. It is also important to consider that initial start-up costs of the LEAD were relatively high; however, as the program expanded, the average monthly cost per participant decreased precipitously. These points and others should be taken into consideration when interpreting these findings and projecting costs of LEAD implementation for other communities.

LEAD Effects on Criminal Justice and Legal System Utilization and Costs

Although there was no statistically significant LEAD effect on number of misdemeanor cases, LEAD participants showed significant decreases across average yearly felony cases, King County jail bookings, jail days, and Washington State prison days. In contrast, the system-as-usual control participants showed increases across these utilization variables. These group differences translated into both statistically significant and operationally meaningful LEAD effects on costs associated with criminal justice and legal system utilization.

These positive findings are likely due to features of the LEAD program. LEAD case managers work from a low-barrier, harm-reduction orientation, which entails meeting participants ‘where they are at’ in their communities and in their own motivation to change. Additionally, all LEAD participants receive proactive case management that supports fulfillment of basic needs, including housing stability, job attainment, and enrollment in drug and alcohol treatment. Further, LEAD participants’ case managers coordinate with prosecutors to ensure nondiverted cases are managed to support and not compromise LEAD intervention plans.

The observed reductions in criminal justice and legal system utilization outcomes and associated costs correspond to the literature on other harm reduction oriented supportive programming for marginalized and homeless populations. For example, research on harm-reduction oriented supportive housing (e.g., Housing First) has likewise indicated that a harm-reduction style paired with instrumental support is associated with lower use of publicly funded systems utilization and associated costs.^{15,20,21,26}

Other potential explanations for these findings, however, should be explored. First, it is important to address the statistically significant increases in the control group’s utilization of publicly funded services subsequent to evaluation entry. The Seattle West Precinct was subject to policy changes during the LEAD evaluation time period, which could have affected both the LEAD and control groups’ number of arrests and charges and thereby resulting jail time, prison days and legal cases. It is therefore possible that more focused enforcement—and not necessarily increased criminal activity—was responsible for increases across utilization outcomes in the control group. These larger, systemic changes, however, would not account for the LEAD group’s drop in utilization, which would have been expected to reflect the same environmental conditions as the control group.

Another potential explanation for these findings is that officers could have made intentional decisions to avoid arresting LEAD participants, which would have impacted subsequent criminal justice and legal system utilization and associated costs. Upon further consideration, however, this explanation is not highly probable. Only approximately 40 of 1,300 SPD officers were involved in the LEAD program. Further, few—if any—officers outside of the LEAD squads were aware of participants’ group assignments. There were neither department-wide communications/trainings about the program nor system flags visible to officers that would signal LEAD participation. Thus, we are confident the observed LEAD effects are not primarily due to intentional differences in decision-making by SPD officers.

Limitations

This evaluation’s limitations should be noted. First, given real-world implementation realities, the originally planned randomization schema was relaxed, and a nonrandomized controlled design was employed in its place. To increase confidence in the causal impact of LEAD versus the system-as-usual control condition, both methodological and statistical

approaches were used to balance the control and LEAD groups. For example, LEAD officers were trained on the application of the inclusion/exclusion criteria, and they made a systematic effort to identify qualifying LEAD and control participants using the same criteria. Further, there was no penalty to officers for excluding individuals from the evaluation based on the inclusion/exclusion criteria. LEAD squads were also consistent over the course of the evaluation for both control and LEAD groups; thus, the same officers were responsible for assessing all participants' inclusion/exclusion criteria over the course of the evaluation. Finally, we reduced the influence of potential selection bias using propensity score weighting, which is a statistical technique designed to ensure greater balance across groups and thereby decrease bias due to potentially confounding variables. The propensity scores balanced the groups on variables aside from years included in the evaluation. Thus, we accounted for this factor by primarily analyzing average events per year, which placed all participants' outcomes on the same scale. Although not a panacea, these methodological and statistical measures were used to achieve greater group comparability.

Second, descriptive sample analyses indicated some significant baseline differences between LEAD and control groups. Specifically, the LEAD group comprised more female and older participants. However, since the groups were comparable in terms of recent criminal history, this difference does not seem likely to account for changes in utilization and associated costs. It is also worth noting that there was a higher proportion of African Americans in the control condition. Past arrest data suggest that drug arrests in the south end of the West Precinct were more likely to involve African-Americans than those in the Belltown neighborhood. The south end was, however, not included in the LEAD catchment area, and these participants were instead included in the control condition. Thus, the observed imbalance is more likely due to preexisting factors rather than officer behavior. Fortunately, this as well as all other baseline group demographic differences—except the ATE for age—were successfully balanced by the propensity scores.

Finally, it should be noted that there are some specific features of the geographical location of the LEAD program and this evaluation that may not generalize to other areas that implement LEAD. For example, 80% of the LEAD participants in this evaluation were homeless, which may have resulted in different types of system utilization and associated costs than in communities where this is not the case. Moreover, the costs of the programming (e.g., housing, salaries) discussed in this report are based on the cost of living in King County, Washington, which is high relative to other areas in the US. Further, this LEAD implementation was started before the ACA was implemented. Therefore, in some communities where ACA is currently available, programming costs may not be as high as those featured in this report. By the same token, in communities where the ACA has not been enacted, LEAD programming may be more expensive because those communities would bear more of the program costs. Taken together, the costs of implementing LEAD programming in this report are representative of a specific set

of circumstances in a specific geographic location and may differ across communities and across time.

Conclusions and Future Directions

Findings indicated positive effects of the LEAD program on reducing average yearly criminal justice and legal system utilization and associated costs. The limitations of the current evaluation were ameliorated using both methodological and statistical approaches, which increased our confidence that the LEAD effects were due to the program itself and not other potentially confounding factors.

This report is one in a series being prepared by the University of Washington LEAD Evaluation Team over the next two years. The next report, which we plan to release in Winter 2015/16, will describe our evaluation of within-subjects changes among LEAD participants on psychosocial, housing and quality-of-life outcomes.

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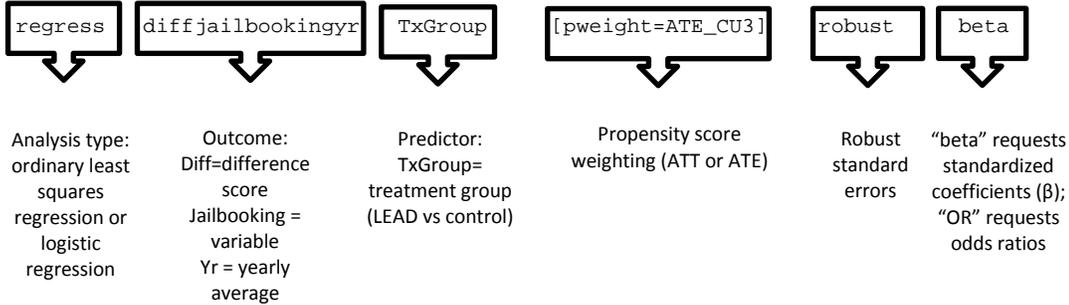
LEAD services and project management have been funded by the Ford Foundation, the Open Society Foundations, the RiverStyx Foundation, the Vital Projects Fund, the Massena Foundation and the City of Seattle.

APPENDICES

Appendix A. Primary outcome analysis output

APPENDIX A. Primary outcome analysis output

Key for abbreviations used in this output



```
. regress diffjailbookingyr TxGroup [pweight=ATE_CU3], robust beta
(sum of wgt is 5.5671e+02)
```

```
Linear regression                                Number of obs =    316
                                                F( 1, 314) =    31.25
                                                Prob > F      =    0.0000
                                                R-squared    =    0.0983
                                                Root MSE    =    2.1228
```

diffjailbo~r	Coef.	Robust Std. Err.	t	P> t	Beta
TxGroup	-1.399279	.250299	-5.59	0.000	-.3135321
_cons	.9484339	.1961587	4.84	0.000	.

```
. regress diffjailbookingyr TxGroup [pweight=ATT_CU3], robust beta
(sum of wgt is 3.5187e+02)
```

```
Linear regression                                Number of obs =    316
                                                F( 1, 314) =    30.69
                                                Prob > F      =    0.0000
                                                R-squared    =    0.0992
                                                Root MSE    =    2.1415
```

diffjailbo~r	Coef.	Robust Std. Err.	t	P> t	Beta
TxGroup	-1.432631	.2586106	-5.54	0.000	-.3149615
_cons	.9717461	.2068964	4.70	0.000	.

```
. regress diffjaildaysyr TxGroup [pweight=ATE_CU3], robust beta
(sum of wgt is 5.5671e+02)
```

```
Linear regression                                Number of obs =    316
                                                F( 1, 314) =    28.71
                                                Prob > F      =    0.0000
                                                R-squared    =    0.1037
                                                Root MSE    =    57.546
```

diffjailda~r	Coef.	Robust Std. Err.	t	P> t	Beta
TxGroup	-39.07051	7.291718	-5.36	0.000	-.3219773
_cons	29.55008	6.296545	4.69	0.000	.

. regress diffjaildaysyr TxGroup [pweight=ATT_CU3], robust beta
 (sum of wgt is 3.5187e+02)

Linear regression

Number of obs =	316
F(1, 314) =	26.66
Prob > F =	0.0000
R-squared =	0.1072
Root MSE =	58.114

diffjailda~r	Coef.	Robust Std. Err.	t	P> t	Beta
TxGroup	-40.60103	7.863443	-5.16	0.000	-.3274562
_cons	31.00829	6.942364	4.47	0.000	.

. logistic dpostprisondays dpreprisondays TxGroup [pweight=ATE_CU3], robust or

Logistic regression

Number of obs =	316
Wald chi2(2) =	12.42
Prob > chi2 =	0.0020
Pseudo R2 =	0.1073

Log pseudolikelihood = -132.90814

dpostprisondays	Odds Ratio	Robust Std. Err.	z	P> z	[95% Conf. Interval]
dpreprisondays	2.479554	2.04799	1.10	0.272	.4912731 12.51481
TxGroup	.1262714	.0744457	-3.51	0.000	.0397615 .4010022
_cons	.147758	.0424465	-6.66	0.000	.0841445 .2594634

. logistic dpostprisondays dpreprisondays TxGroup [pweight=ATT_CU3], robust or

Logistic regression

Number of obs =	316
Wald chi2(2) =	12.72
Prob > chi2 =	0.0017
Pseudo R2 =	0.1183

Log pseudolikelihood = -79.752652

dpostprisondays	Odds Ratio	Robust Std. Err.	z	P> z	[95% Conf. Interval]
dpreprisondays	2.599391	2.227129	1.11	0.265	.4848103 13.93707
TxGroup	.1194716	.0712399	-3.56	0.000	.0371279 .3844405
_cons	.1526166	.0443973	-6.46	0.000	.0862941 .2699123

. regress diffmiscase_v2yr TxGroup [pweight=ATE_CU3], robust beta
 (sum of wgt is 5.5671e+02)

Linear regression

Number of obs =	316
F(1, 314) =	1.36
Prob > F =	0.2438
R-squared =	0.0044
Root MSE =	1.0702

diffmiscas~r	Coef.	Robust Std. Err.	t	P> t	Beta
TxGroup	-.1423044	.1218601	-1.17	0.244	-.0664593
_cons	.0014021	.0921303	0.02	0.988	.

. regress diffmiscase_v2yr TxGroup [pweight=ATT_CU3], robust beta
 (sum of wgt is 3.5187e+02)

Linear regression
 Number of obs = 316
 F(1, 314) = 1.37
 Prob > F = 0.2422
 R-squared = 0.0042
 Root MSE = 1.0487

diffmiscas~r	Coef.	Robust Std. Err.	t	P> t	Beta
TxGroup	-.1371447	.1170487	-1.17	0.242	-.0647334
_cons	-.0001085	.087918	-0.00	0.999	.

. regress difffelcase_v2yr TxGroup [pweight=ATE_CU3], robust beta
 (sum of wgt is 5.5671e+02)

Linear regression
 Number of obs = 316
 F(1, 314) = 38.69
 Prob > F = 0.0000
 R-squared = 0.1274
 Root MSE = .53619

difffelcas~r	Coef.	Robust Std. Err.	t	P> t	Beta
TxGroup	-.4090761	.0657639	-6.22	0.000	-.3569815
_cons	.3681407	.0558226	6.59	0.000	.

. regress difffelcase_v2yr TxGroup [pweight=ATT_CU3], robust beta
 (sum of wgt is 3.5187e+02)

Linear regression
 Number of obs = 316
 F(1, 314) = 38.26
 Prob > F = 0.0000
 R-squared = 0.1328
 Root MSE = .53642

difffelcas~r	Coef.	Robust Std. Err.	t	P> t	Beta
TxGroup	-.4231262	.0684039	-6.19	0.000	-.3643847
_cons	.3800053	.0587442	6.47	0.000	.

. regress diff_th_avgcost TxGroup [pweight=ATE_CU3], robust beta
 (sum of wgt is 5.5671e+02)

Linear regression
 Number of obs = 316
 F(1, 314) = 43.98
 Prob > F = 0.0000
 R-squared = 0.1486
 Root MSE = 10.245

diff_th_av~r	Coef.	Robust Std. Err.	t	P> t	Beta
TxGroup	-8.545401	1.2885	-6.63	0.000	-.3855001
_cons	6.4661	1.088174	5.94	0.000	.

```
. regress diff_th_avgcost TxGroup [pweight=ATT_CU3], robust beta
(sum of wgt is 3.5187e+02)
```

Linear regression

```
Number of obs = 316
F( 1, 314) = 40.83
Prob > F = 0.0000
R-squared = 0.1539
Root MSE = 10.41
```

diff_th_av~r	Coef.	Robust Std. Err.	t	P> t	Beta
TxGroup	-8.949846	1.400676	-6.39	0.000	-.392276
_cons	6.849874	1.217925	5.62	0.000	.

MEMORANDUM OF UNDERSTANDING

Among

SEATTLE OFFICE OF THE MAYOR, SEATTLE CITY ATTORNEY'S OFFICE,
SEATTLE POLICE DEPARTMENT,
KING COUNTY EXECUTIVE, KING COUNTY PROSECUTING ATTORNEY,
KING COUNTY SHERIFF,
THE DEFENDER ASSOCIATION, AND THE ACLU OF WASHINGTON

Regarding

LAW ENFORCEMENT ASSISTED DIVERSION PROGRAM
COORDINATING GROUP: FORMATION, GOVERNANCE, AND RESPONSIBILITIES

WHEREAS, the City of Seattle ("City"), King County ("County"), and residents and business owners in the Belltown community of downtown Seattle ("Belltown") and the Skyway community of unincorporated King County ("Skyway") want to improve public safety and public order in the Belltown and Skyway neighborhoods; and

WHEREAS, the City, County, and Belltown and Skyway community members want to reduce future criminal behavior by low-level drug offenders contacted in Belltown and Skyway; and

WHEREAS, booking, prosecuting, and jailing individuals committing low-level drug offenses in Belltown and Skyway has had limited effectiveness in improving either public safety or public order in the neighborhoods; and

WHEREAS, interventions that connect low-level drug offenders with services may cost less and be more successful at reducing future criminal behavior than processing these individuals through the criminal justice system; and

WHEREAS, private foundations have stepped forward to provide start-up funding for the operation and evaluation of a robust pre-booking diversion demonstration project in the City and County with the understanding that the project presents a unique opportunity to work with local

partners on a new strategy that holds promise for effecting systemic change and a paradigm shift in the public response to individuals' low-level drug involvement;

NOW, THEREFORE, THE PARTIES STATE THEIR INTENT AS FOLLOWS:

A. Formation, Purposes, and Membership of the Law Enforcement Assisted Diversion (“LEAD”) Coordinating Group. A Coordinating Group is hereby formed for the LEAD pre-booking diversion demonstration project. The purposes of the Coordinating Group are to review and provide feedback on the Referral and Diversion Protocols for LEAD candidates, approve Requests for Proposals (“RFPs”) for service providers and program evaluators, select providers and evaluators, review and provide feedback on periodic reports from the Belltown and Skyway Operational Groups¹, make criminal justice and human services system data available for comparison and evaluative purposes, and provide policy guidance and administrative oversight for the LEAD program's operation and evaluation. The Coordinating Group will select a non-government fiscal sponsor to receive and administer the program's funding from private donors.

MOU Signatories' Individual Statements of Intent

The parties signing this Memorandum of Understanding (“MOU”) specifically state their respective intents and commitments as follows:

¹ The Belltown and Skyway Operational Groups are populated by representatives of the policing and prosecutorial agencies having jurisdiction over the respective communities, each neighborhood's LEAD Community Advisory Board, and at least one of the organizations providing technical assistance to the LEAD program (The Defender Association or ACLU of Washington). Representatives of the service providers selected for each community will be added after selection. The Operational Groups have primary responsibility for developing and amending the Referral and Diversion Protocols for Belltown and Skyway, for staffing program participants' cases per the Protocols, and for providing periodic reports on resource utilization and participants' progress to the Coordinating Group.

1. **The Mayor's Office** is fully committed to the LEAD model. Over the three decades of the "War on Drugs," it has become apparent that an approach relying solely on using drug laws to jail and prosecute drug-involved individuals has resoundingly negative effects in terms of both justice and public safety, in Seattle and across the country. In 2006, the City initiated a number of pilot programs aimed to address the root causes of drug-related crime: addiction, lack of housing and employment, and lack of access to mental health services to name just a few. LEAD continues this model, and expands it to include partnership with law enforcement and access to a broader array of services. We are hopeful that LEAD may become the cornerstone of Seattle's drug enforcement strategy, and that it might help shift the nationwide paradigm from one that rends communities to one that helps to rebuild them.

The Mayor's office will commit staff to the LEAD Coordinating Group and will look for opportunities to achieve synergies with employment, housing and other initiatives undertaken by the City of Seattle that may be appropriate fits for some LEAD participants.

2. King County, through its Countywide Strategic Plan, is committed to the goals of supporting safe communities and accessible justice systems for all, and promoting opportunities for all communities and individuals to realize their full potential.

The King County Executive believes the LEAD pilot project furthers those goals.

The King County Executive's Office (KCEO) has therefore committed to participate in the LEAD Program on both an evaluation and policy level. To that end, the KCEO will provide the following staffing to the program:

At an evaluation level, the KCEO will assign a senior analyst, knowledgeable in criminal justice programs and program data collection and evaluation, to assist the LEAD project evaluator with the collection of data from King County's information systems.

At a policy level, the King County Executive's Law and Justice Policy Advisor, or other designee as appointed by the King County Executive, shall serve on the LEAD Coordinating Group.

- 3. The Seattle City Attorney's Office** is committed to the implementation of the LEAD program model at both the operational and policy levels. While the City Attorney does not prosecute felony drug offenses, our office handles a wide variety of misdemeanor cases that are associated with street-level drug dealing (e.g. car prowls, trespass, theft, assault, harassment, etc.). If the LEAD program is successful at transitioning street-level drug dealers and users away from the drug trade, there will be a significant public safety benefit in the community as the crimes associated with the drug activity are reduced.

The City Attorney has a precinct liaison attorney who advises the West Precinct Captain on legal issues, policy matters and criminal investigations. This attorney will play an integral role in developing SPD procedures and policies for the LEAD program. He will also monitor and troubleshoot program issues as they arise. The Director of the Government Affairs Section will work on the policy team to ensure that the overall goals of the program are achieved.

Though they will be informed by the LEAD Operational Groups' staffing recommendations regarding individual program participants, the King County prosecutor and the Seattle City Attorney's Office retain ultimate and exclusive authority to make filing decisions in all cases.

4. **The King County Prosecutor's Office (PAO)** has committed to participate in the LEAD Program on both an operational and policy level. The PAO will provide the following staffing to the program when practicable:

The PAO will have a deputy prosecuting attorney (DPA) knowledgeable in Washington State's drug laws, search and seizure case law, local, state and federal criminal history records, State Department of Corrections records, warrant records, and the ability to make criminal offense filing decisions, committed to participate in the case review process. The PAO will also provide paralegal services in support of the DPA's work. The work of the DPA and Paralegal will provide operational support to the program.

At a policy level, the Deputy Chief of Staff of the PAO, or other designee as appointed by the elected Prosecuting Attorney, shall serve on the LEAD Coordinating Group. The Deputy Chief or other designee will serve on the Coordinating Group as long as it exists or unless and until the PAO withdraws from the LEAD Program.

Though they will be informed by the LEAD Operational Groups' staffing recommendations regarding program participants, the King County prosecutor and

the Seattle City Attorney's Office retain ultimate and exclusive authority to make filing decisions in all cases.

5. **The Seattle Police Department (SPD)** has committed to participate in the LEAD Program on both an operational and policy level. The SPD will provide the following staffing to the program:

The SPD will assign several personnel to this initiative including: several specially trained patrol/anti-crime team (ACT) officers who regularly work the Belltown area, as the initial "beta/fidelity working group" who will receive additional focused training on the LEAD referral process; and an officer who works jointly with the State Department of Corrections Neighborhood Correction Initiative (NCI) and who is knowledgeable in Washington State's drug laws, search and seizure case law, local, state and federal criminal history records, State Department of Corrections records, warrant records, and the ability to make street level decisions on where to direct the low-level drug offenders. The SPD will also provide the part-time services of a West Precinct sergeant and a lieutenant who will ensure that officers working the "street" portion of the initiative remain focused on the components of this initiative while assigned to it.

At a policy level, an Assistant Chief (Jim Pugel) and a Captain (Steve Brown) shall serve on the LEAD Coordinating Group. These representatives will serve on the Coordinating Group as long as it exists or unless and until SPD withdraws from the LEAD Program.

6. **Sheriff Sue Rahr and the King County Sheriff's Office** are pleased to participate in the Law Enforcement Assisted Diversion Program in partnership with TDA, the King County Prosecutor's Office, the Seattle Police Department and all of those committed to this project. We will support this participation at both the policy and operational levels.

At the operational level a captain assigned to the West Precinct Command will provide management-level input to structuring the policies and procedures. That captain will also oversee implementation through the first-line supervisors to the patrol deputies and detectives actually making the contacts and referrals.

At the policy level, the West Precinct Major (or other designee of the Sheriff) will be a member of the LEAD Coordinating Group, offering the perspective and support of the Sheriff and her Executive Leadership Team. It is recognized that the program in the unincorporated areas may differ in some respects from the Seattle city implementation and operation. But we support the same overarching program goals and we desire the same positive outcomes in the lives of those referred to the program and in the communities impacted by public safety issues.

7. **The Defender Association/Racial Disparity Project** will dedicate multiple FTEs to all aspects of LEAD project management, resource development, stakeholder coordination and community outreach. TDA/RDP will serve as liaison between the fiscal sponsor, the program funders, the contract service providers, the Coordinating Group, the community advisory groups and the operational work groups. TDA/RDP, with other partners, will advocate for fidelity to agreed protocols and core principles

of LEAD. TDA/RDP, with other partners, will assist in communicating about the process of creating and operating LEAD with interested policymakers and community leaders in other jurisdictions.

8. **The American Civil Liberties Union (ACLU) of Washington** is committed to replacing reliance on criminal sanctions with approaches that treat drug abuse as a public health concern and at the same time respect civil liberties, reduce incarceration, and promote racial justice. The ACLU of Washington maintains a Drug Policy Project whose professional staff possess significant relevant experience.

The ACLU of Washington is committed to the success of the LEAD project within its drug policy-related work. Its drug policy staff will assist the LEAD project with advocacy, document drafting, stakeholder consultation, troubleshooting, and technical assistance. The drug policy staff may also seek the assistance of the affiliate's communication department to consult on media relations and the field department for guidance on outreach and coalition building efforts.

LEAD Coordinating Group

The Coordinating Group's membership shall consist of representatives from the following entities and organizations:

1. Seattle Office of the Mayor;
2. King County Executive Office;
3. Seattle City Council;
4. King County Council;
5. Seattle City Attorney's Office;

6. King County Prosecuting Attorney's Office;
7. Seattle Police Department;
8. King County Sheriff's Office;
9. Belltown LEAD Community Advisory Board;
10. Skyway LEAD Community Advisory Board;
11. The Defender Association, through its Racial Disparity Project; and
12. ACLU of Washington, through its Drug Policy Project.

Additional member entities and organizations may be added to the Coordinating Group upon unanimous consent of the existing members.

B. Governance. Participation in the LEAD Coordinating Group is voluntary, and any member may withdraw unilaterally at any time for any reason. This MOU does not amend any law or ordinance; nor does it create any binding obligation on the part of any signatory. This MOU simply memorializes the intent of the Coordinating Group's members in participating in this demonstration project and describes the responsibilities they understand to be accepting through their participation.

All decisions of the Coordinating Group will be made by modified consensus. For purposes of this MOU, "modified consensus" means a resolution that is acceptable to all participants even if not ideal to one or more.

Each member organization shall designate one representative for purposes of determining consensus in Coordinating Group decisions, but multiple representatives from each organization may attend meetings and participate in discussions.

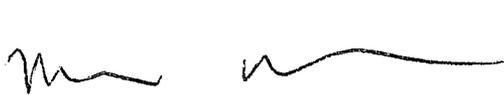
C. **Responsibilities.** The role of the Coordinating Group is to make policy-level decisions regarding the LEAD program and to provide periodic administrative oversight of the program.

Specific responsibilities include, but are not limited to, the following:

1. Review of LEAD Referral and Diversion Protocols;
2. Selection of a fiscal sponsor to receive and administer private funding granted for LEAD operation and evaluation;
3. Oversight, advisement, and direction of fiscal sponsor pursuant to grant agreements;
4. Collaboration on grant applications for LEAD operation and evaluation;
5. Approval of RFPs for LEAD service provision and evaluation;
6. Review of RFP applications and selection of service providers and evaluators;
7. Making available criminal justice and human services system data for comparison and evaluative purposes;
8. Oversight of LEAD implementation, including regular review of reports from the Belltown and Skyway Operational Groups, contract compliance of service providers and evaluators, and solicitation and review of community feedback; and
9. Modification of service provision, or evaluation criteria and process, as needed.

The Defender Association and ACLU of Washington will provide staffing support through document drafting, stakeholder consultation, troubleshooting, and technical assistance to the Belltown and Skyway Operational Groups, but will have no decision-making authority except as members of the Coordinating Group.

This MOU may be signed in counterparts and shall be effective as of the date it is signed by all parties. No amendment or modification of this MOU will have effect unless it is made in writing and agreed to by all signatories or their successors.



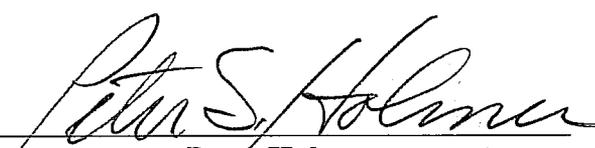
Mike McGinn
Seattle Mayor

Date: 10-14-10



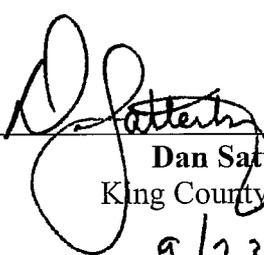
Dow Constantine
King County Executive

Date: 9.16.10



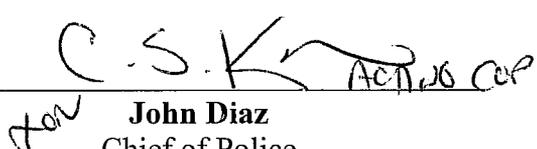
Peter Holmes
Seattle City Attorney

Date: 10-4-2010



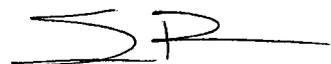
Dan Satterberg
King County Prosecutor

Date: 9/23/10


ACTING COP

John Diaz
Chief of Police
Seattle Police Department

Date: 9/21/10



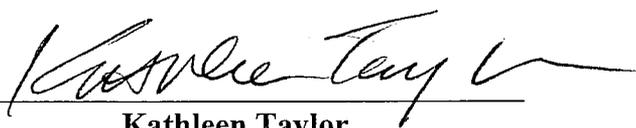
Sue Rahr
King County Sheriff

Date: 10/1/10



Floris Mikkelsen
Director, The Defender Association

Date: 9/22/2010



Kathleen Taylor
Executive Director, ACLU of Washington

Date: 10/15/2010

LAW ENFORCEMENT ASSISTED DIVERSION (LEAD)
REFERRAL AND DIVERSION PROTOCOL JUNE 2015

Mission & Purpose

Elected officials, law enforcement officers, and residents, business owners, and service providers in downtown Seattle and other King County communities want to improve public safety and public order in their neighborhoods, and want to reduce future criminal behavior by individuals engaged in low-level drug offenses. A non-randomized controlled trial has shown LEAD, which provides case management and diverts some cases from jail and prosecution, to be more successful at reducing recidivism than processing these individuals through the criminal justice system as usual.

Process for Diverting Individuals to LEAD in Lieu of Jail & Prosecution

In order to divert an individual to LEAD, the primary decision maker initially will be LEAD-trained law enforcement officers on the street and their sergeants, pursuant to clear criteria on which officers have been trained by command staff. LEAD trained officers and sergeants will make a series of decisions about the individuals they contact to determine whether or not those individuals are appropriate to go to jail, or to the community-based program. The determinations include:

- Is this person disqualified from community-based diversion due to particular criminal history, exploitation of others, or dealing for profit (not subsistence income)? (Exclusion criteria are detailed below.)
- Is the offense the person is alleged to have committed, an eligible offense for LEAD referral (low-level VUCSA, as defined below, or prostitution)?
- Does the person have any medical conditions at the time of arrest that require immediate medical treatment, detoxification or referral to a hospital?
- Is the person unable to provide informed consent and/or does the person pose a risk to self or others due to mental illness?
- Does the person have an existing no contact order, temporary restraining order, or anti-harassment order prohibiting contact with a current LEAD participant?
- Does the person display any interest in being offered services through a community-based diversion program rather than being taken to and booked into jail, or do the person's words and actions indicate it would be futile to attempt a diversion strategy?

A. Diversion process

In the context of the LEAD community-based diversion approach, diversion means that a person who could have been booked into jail and referred for prosecution will instead be engaged by LEAD program staff (an outreach and case management team) working for a social services provider. The LEAD team will provide an immediate individual assessment to determine what factors led the individual to engage in street-level drug activity or prostitution, and offer immediate crisis-related assistance as need. Then, over time and in a harm reduction framework, case managers provide comprehensive services to address those

factors and reduce the harm the individual is causing to herself and the community. The referred individual is considered to be in LEAD if (i) he or she completes an intake session within 30 days of referral, unless the operational workgroup extends that time on the recommendation of a LEAD law enforcement partner; and (ii) he or she signs a release of information allowing the sharing of information on an as-needed basis among the LEAD operational partners.

Meanwhile, the LEAD-trained officer or sergeant who made the referral to LEAD will complete the records that would be needed to refer the case to the King County Prosecutor or Seattle City Attorney, and forward the arrest packet for review to the arresting officer's supervisor. The narrative in the incident report will clearly state that the person has been referred to LEAD. If the LEAD-trained arresting officer determines that the suspect does not meet the threshold criteria for LEAD referral, and therefore books the suspect into jail and refers the case to the Prosecutor, she may nonetheless refer the case to the supervising sergeant for review by the LEAD team with a request to override the exclusion for a specific reason.

The days and times for diversions other than during regular business hours Monday through Friday, when diversions are always available, will be determined in advance every month by the case manager coordinator after reviewing possible night and weekend shifts provided by SPD. Once the "green light" schedule is determined, it will be circulated to all participating law enforcement agency supervisors. .

The service provider will make ongoing determinations of program capacity during the day/shift when they are accepting diversions (i.e., if three people have been referred in the previous two hours, it is possible that staff will not be available to conduct another intake, and LEAD referrals may cease until a staff member is available again).

After a LEAD-eligible client is arrested, and prior to booking, the LEAD-trained arresting officer or sergeant will call the LEAD service provider, and the individual will then be turned over to the case management team for initial screening. For SPD and NCI team referrals, the case management team normally will come to the SPD West Precinct and bring the individual to the LEAD service provider office or other pre-arranged location appropriate for intake, such as the Sobering Center, unless it works well to conduct the screening discussion in the Precinct report writing room or elsewhere in the Precinct. KCSO and Metro deputies will transport the person being referred to the REACH office, Sobering Center or other location specified by the case manager for the intake screening.

The LEAD-trained arresting officer will determine based on the eligibility criteria below, including her own assessment of the individual's amenability to the intervention model, whether an individual under arrest will be referred to LEAD. A prior referral does not preclude a second referral, but is a factor the officer can consider with respect to the individual's amenability to the intervention model.

LEAD-trained officers will complete a brief "LEAD Cover Sheet" for all VUCSA or prostitution arrests in neighborhoods where LEAD is available, indicating whether a LEAD

referral was made. SPD cover sheets will be referred to the SPD Narcotics Unit (regardless of whether a referral is made), and copies retained by the arresting officers' squads.

DOC officers will follow a different data collection protocol. DOC officers will complete and attach a "West Precinct LEAD Program Eligibility" arrest cover sheet to the arrest report for all arrests resulting in diversion to LEAD. DOC officers will also keep an ongoing log containing the names, dates of birth, and incident numbers of all individuals who are otherwise LEAD-eligible and who would have been diverted if not for resource limitations.

Staff of the LEAD social service provider(s) may also determine at the point of referral or subsequently that the individual is unlikely to make good use of the program's resources, and refer the case back to the law enforcement agency's point person for a decision about booking and referral for prosecution..

At least monthly, the LEAD team (LEAD program staff, precinct officers and commanders, the King County Prosecutor's Office, the City Attorney's Office, community advisory representatives and the LEAD project managers at The Public Defender Association) will hold staffing sessions in which the situation of particular participants will be reviewed. Whenever possible, operational partners will send the LEAD project managers at the PDA names of individuals they wish to discuss, with a brief statement of why, in advance of the workgroup meeting. To permit such discussions, LEAD participants who accept diversion will be required to sign waivers authorizing program staff to discuss their cases and progress with the other institutional partners at LEAD staffing sessions. These consent authorizations are a condition of participating in LEAD, and if not completed or if rescinded, the individual will be deemed not to be participating in LEAD.

Though they will be informed by the LEAD team staffing discussions, the King County Prosecutor's Office and City Attorney retain ultimate and exclusive authority to make filing decisions in all cases and to recommend dispositions and support or oppose release motions as they deem appropriate. Individual cases may be staffed more frequently via phone conference, email or text as needed.

The King County Prosecutor will receive copies of the investigation packets on diverted cases, for review within 72 hours for compliance with the agreed diversion criteria, and for comparison with those cases in which suspects were jailed and referred for prosecution.

B. Eligibility Criteria for Diversion to LEAD

Adults suspected of VUCSA and prostitution offenses will be eligible for diversion to LEAD and should be referred to LEAD, except when:

- The amount of drugs involved exceeds 7grams (except that where an individual has been arrested for delivery of or possession with intent to deliver marijuana, or possession, delivery or possession with intent to deliver prescription controlled substances (pills), officers will consider the other criteria listed here without reference to the amount limitation);

- The individual does not appear amenable to diversion;
- The suspected drug activity involves delivery or possession with intent to deliver (PWI), and there is reason to believe the suspect is dealing for profit above a subsistence income;
- The individual appears to exploit minors or others in a drug dealing enterprise;
- The individual is suspected of promoting prostitution;
- The individual has an existing no contact order, temporary restraining order, or anti-harassment order prohibiting contact with a current LEAD participant;
- The individual has an open case in Drug Diversion Court or King County District Court Mental Health Court; and/or the individual has disqualifying criminal history as follows:

Without time limitation: Any conviction for Murder 1 or 2 , Arson 1, Robbery 1, Assault 1, Kidnapping, VUFA 1, or any sex offense (or attempt of any crime listed here).

Unless more than 10 years has elapsed since conviction on any of the following: Robbery 2, Assault 2 or 3, Burglary 1.

Unless more than 5 years have elapsed since conviction on any of the following: Assault 4 – DV, Violation of a Domestic Violence No Contact Order, Violation of a Domestic Violence Protection Order, Burglary 2, or VUFA 2.

Individuals who are arrested on a DOC warrant and/or for a DOC violation may be referred to LEAD. The arresting officer (if not a DOC officer) should contact DOC personnel. DOC may determine in accordance with DOC policies that the individual should be referred to LEAD.

Individuals for whom the LEAD program could reduce the harm of their activity to themselves and to the community, but who are not diverted on the current charge under this protocol (e.g., due to specific criminal history), may still be referred to LEAD services by LEAD-trained law enforcement as social contact referrals (see below) It is possible that their involvement and progress in the LEAD program might be considered by the prosecutor or the court in subsequent charging, plea offer or sentencing decisions.

An individual who does not meet the threshold eligibility criteria (above) but whom the LEAD-trained arresting officer believes would be a good candidate for LEAD diversion may be accepted (post-booking) for diversion by the LEAD team on the recommendation of the arresting officer. There is no substantive right to be offered LEAD diversion. LEAD eligibility is not intended to be a substantive right to be litigated.

C. Warrants

Warrants will be served according to applicable policies and protocols, and individuals will not be immediately referred to LEAD in lieu of booking if they would otherwise be booked on a warrant.

Notwithstanding the above, if a suspect who would otherwise qualify for LEAD has an outstanding DOC warrant, the LEAD-trained arresting officer should contact NCI personnel. DOC/NCI may determine that the individual should be referred to LEAD according to DOC policies. Otherwise, the individual shall be booked into jail according to regularly applicable protocols and policies.

D. Referral of “social contacts” to LEAD; DOC CCO referrals

To the extent that the program has capacity to take them after responding to pre-booking diversion cases of individuals who could have been jailed and prosecuted, LEAD will also accept referrals from law enforcement of “social contacts,” that is, individuals perceived by officers as at high risk of arrest in the future for low level drug activity.

All social contact referrals to LEAD must meet the following pre-requisites:

- Verification by law enforcement that the individual is involved with narcotics (possession or delivery) or prostitution.
 - Verification by law enforcement means:
 - Police reports, arrests, jail bookings, criminal charges, or convictions indicating that the individual was engaged in narcotics or prostitution activity; or
 - Law enforcement has directly observed the individual's narcotics or prostitution activity; or
 - Law enforcement has a reliable basis of information to believe that the individual is engaged in narcotics or prostitution, such as information provided by another first responder, a professional, or credible community members.
- The individual's involvement with narcotics or prostitution must have occurred within the LEAD catchment area.
- The individual's involvement with narcotics or prostitution must have occurred within 24 months of the date of referral.
- No existing case in Drug Diversion Court or Mental Health Court.
- The individual cannot have an existing no contact order, temporary restraining order, or anti-harassment order, prohibiting contact with a current LEAD participant.

The Department of Corrections Community Corrections Officers (CCOs) may also refer individuals on community supervision for whom LEAD services are likely to provide assistance in preventing future law violations.

E. Intervention Protocol

Initial contact and referral by officers. Each participating law enforcement agency (SPD, KCSO/Metro, DOC/NCI) will devise its own procedure for review of social contact referrals by individual officers, deputies or sergeants.

Following the decision to refer an individual to LEAD, the referring officer, deputy, or sergeant will contact the LEAD program staff. The LEAD staff will come to the precinct or other agreed location, or officers may transport the referred person to the REACH office(s). LEAD staff will be available to respond immediately during designated periods when they are open for referrals.

When the outreach worker/case manager arrives, the referring officer, deputy or sergeant will provide her with basic information about the individual, including known criminal conviction history. The referring officer will document in his report that the outreach worker/case manager was called, arrived, and provided with this information and the referring officer will then release the suspect from custody. The officer will then leave the outreach worker/case manager to engage the individual.

If a suspect is intoxicated or incapacitated and unable to engage effectively in the intake process, the suspect should not be referred to LEAD at that time. The suspect can be referred to LEAD at a later time according to the same process used for suspects initially ineligible due to criminal history exclusions. If, in the officer and/or case manager's judgment, a suspect is unable to provide informed consent and/or poses a risk to self or others due to severe mental illness, the suspect will not be referred to LEAD. For non-intoxicated suspects, after the officer leaves, the outreach worker/case manager will complete an initial screening and schedule a follow-up appointment to conduct a detailed intake assessment.

Arrest Cover Sheets. LEAD trained SPD and KCSO/Metro officers who are making diversions to LEAD should complete and attach the "LEAD Program Eligibility" arrest cover sheet to the arrest report for every VUCSA or prostitution arrest made. This cover sheet should be completed for arrests made that result in diversion and for those *not* resulting in diversion.

DOC officers will follow a different data collection protocol. DOC officers should complete and attach the "LEAD Program Eligibility" arrest cover sheet to the arrest report for all arrests actually resulting in diversion to LEAD. (The instructions for completing the cover sheet are the same as described above for SPD officers.) DOC officers should also keep an ongoing log containing the names, dates of birth, and incident numbers of all individuals

who are otherwise LEAD-eligible and who would have been diverted if not for resource limitations.

Social Contacts. An officer making a social contact referral, approved by his or her agency's review process for such referrals, should contact the individual he/she seeks to refer. If the individual contacted is willing to be referred to LEAD, the officer can contact ETS REACH staff anytime from 8:30am to 4:30pm by calling the LEAD program coordinator at 206.588.9731. If the officer contacts the LEAD program coordinator after hours, he or she can expect a return call the next business day. However, if the officer is making a social contact referral during a Green Light Shift, the officer should contact ETS REACH staff via the LEAD Green Light phone number at 206.455.0386.

Intake assessment. When an individual is diverted to LEAD, LEAD staff will immediately conduct an initial screening to gather basic information about the person, identify any acute immediate needs, and assess the person's appropriateness for diversion. Based on the initial screening, the case manager will first work to meet any immediate needs that must be addressed, such as shelter for the night. She will also thoroughly explain the diversion process and the assistance that might be available through the LEAD program for a willing participant.

During the initial screening, LEAD staff should instruct the participants that they cannot return to the area where they were arrested for their LEAD-referred offense for the next 24 hours. If participants were initially arrested during a buy-bust, and shortly thereafter, return to the scene of a buy-bust, they may possibly be arrested for compromising the safety of the undercover officers who are working the buy-bust.

If an individual does not remain to complete the initial screening that immediately follows diversion, LEAD program staff will contact the supervising sergeant, and either the King County Prosecuting Attorney's Office or City Attorney's Office by phone or email. SPD may decide to re-arrest the individual or to refer the case to the prosecutor without arrest.

At the end of the initial screening, LEAD staff will schedule a follow-up appointment to perform an in-depth intake assessment, which should occur optimally between 24-48 hours after the initial screening, or as soon as otherwise possible, but not longer than 30 days from the referral date in the case of arrest referrals (there is no time limit for social contact referrals), unless the 30 day limit is extended by the referring officer/deputy or his or her sergeant. When completing the in-depth intake, the first task of LEAD staff is to determine the immediate cause of the individual's drug or prostitution activity on the street. In addition, the case worker will survey a wide range of factors that might contribute to ongoing encounters with law enforcement. Such factors include, but are not limited to: chemical dependency (alcohol and other drugs), mental health problems, lack of housing, prior legal involvement and/or gang involvement, lack of previous employment, and lack of education. LEAD funding and staffing may be used to address any factor or set of factors driving the participant to engage in problematic drug activity at the street level.

If an individual completes the initial screening, but refuses or fails, within 30 days from referral unless an exception is authorized by the referring officer/squad, , to complete the follow-up intake assessment, the LEAD social service provider will notify the King County Prosecuting Attorney's office and/or the Seattle City Attorney, depending on which office has jurisdiction over the case. The appropriate office may then decide to file a criminal charge in, and prosecute, the offense that was initially diverted to LEAD.

Individual Intervention Plan (IIP). Once any acute needs have been addressed, the case manager will work with each participant in one or more meetings to design an Individual Intervention Plan, which will form both the action plan for the individual and a key element of program evaluation. As noted above, the plan may include assistance with housing, treatment, education, job training, job placement, licensing assistance, small business counseling, child care or other services. The outreach worker/case manager will follow up with the individual to implement the intervention plan.

Although many elements of the intervention plan will be client-identified and -driven, and though participation is voluntary, the IIP will draw on the professional expertise of the case manager. If the case manager identifies needs for treatment or other services, she will either provide referrals to appropriate programs with available capacity (see discussion below of non-displacement principle) or procure needed services using project funding. In cases where chemical dependency or mental health services are needed, project participants will be asked to sign release of information forms allowing the case manager to consult with other professionals and with LEAD partners.

Withdrawal of services. Receipt of ongoing services is conditioned on the participant making, in the judgment of LEAD program staff, good use of the resources provided, and good progress toward reducing the harm his drug-involved behavior has brought to the community and himself. The possibility that services might be withdrawn should not be invoked lightly, but does act as a powerful motivator for participants to take the opportunity seriously and make good use of LEAD resources.

Regular staffing sessions with partners. At least monthly, LEAD program staff will conduct a staffing meeting that includes the key operational partners in LEAD: community advisory representatives, the Seattle Police Department, the King County Prosecutor's Office, the City Attorney's Office, the King County Sheriff's Metro police, and the Public Defender Association. LEAD partners will use the staffing meetings to share information about program participants' situation and progress; to discuss possible withdrawal of program support from participants who are not making effective use of the opportunity; to discuss referral criteria, program capacity and compliance with the protocol; and to focus the attention of LEAD program staff and SPD in particular areas viewed with concern by community representatives.

Community report back. The LEAD team will periodically reach out to neighborhood residents, businesses and community leaders to provide informational updates about LEAD operations and to receive feedback on areas of focus.

Goal of self-sufficiency; no time limit. IIPs will be designed to maximize the odds of a participant being able to achieve self-sufficiency independent of program funding at some point in the relatively near term. For some, this may entail a plan for vocational or higher education or achieving a GED; for some, it may involve job placement; for those who are not likely to be able to support themselves through work, it may entail applications for SSI and/or GAU.

Since the objective is actually securing changes in individual behavior, there will be no *a priori* limit on the time period in which an individual can receive services. The test, rather, is simply whether, in the judgment of LEAD staff, the participant is continuing to make good use of the resources LEAD is dedicating to him.

Core principles. Core principles of the intervention approach include:

- **A harm reduction philosophy.** Participants will be engaged where they are; they will not be penalized or denied services if they do not achieve abstinence. The goal is to reduce as much as possible the harm done to themselves and to the surrounding community through problematic drug activity. Again, some or all services may be withdrawn participants whom LEAD staff feel are not making progress toward reducing the harm caused by their behavior.
- **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 her up a wait list for scarce services, while necessarily 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 staff will know about and use those resources. However, LEAD program funding will be used to purchase or access additional resources that would not otherwise be available to this population.
- **Community transparency and accountability.** It is essential that community stakeholders and public safety leaders be able to participate in regular staffing meetings, have access to program performance reports, and have excellent access to program staff to suggest areas where outreach could usefully be concentrated. Community confidence that pre-booking diversion is a reasonable way to accomplish the goal of improving public safety is essential to the viability of the program.



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ESSENTIAL PRINCIPLES FOR SUCCESSFUL IMPLEMENTATION

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.

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 using specific human resources tools and coordinating them effectively with law enforcement.

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. 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 “authors” 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 their participation in this innovative approach is valued by commanders.

Prosecutorial discretion should be utilized in LEAD participants’ non-diverted cases. While entry into LEAD is often through arrest diversion, LEAD participants typically will 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 project manager is critical for coordination. The project manager troubleshoots stakeholders’ concerns, works to identify resources, facilitates meetings, develops information sharing systems, and streamlines communication. Generally, because LEAD is a consortium of politically independent actors, it’s desirable for the project manager to be independent from all political 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 complete abstinence from drug use is not immediately achieved – and to build a long-term relationship with participants that avoids shame.

Intensive case management and development of an Individual Intervention Plan will act as the action blueprint. 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 provides increased support and assistance in all aspects of the participant's life.

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. Additional resources are required to ensure case managers have reasonable caseloads and can purchase services when necessary.

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 "spin the barrel" to 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 marginalized populations. These peer outreach workers stay connected to the target population, 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 for program participation 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.

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.

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 addicted 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.