Seattle
Human Services

Memo

Date: August 4, 2021
To: Councilmember Lisa Herbold, Chair, Public Safety and Human Services Committee
From: Tess Colby, Deputy Director, Human Services Department
Subject: Response to SLI HSD-006-A-003 (Report on demands and costs for citywide diversion program)

Introduction
This report is provided in response to Statement of Legislative Intent (SLI) HSD-006-A-003, which requests that the Human Services Department (HSD) provide a report to determine the amount of funding necessary to allow law enforcement pre-arrest diversion programs to accept all priority qualifying referrals citywide.

Pursuant to the direction in the SLI, the Let Everyone Advance with Dignity (LEAD) Policy Coordinating Group prepared the attached report and they offer it as a response to the questions included in the request. HSD is transmitting the report on behalf of LEAD.

Current City of Seattle Investments in LEAD
This SLI was approved and included in the 2021 City of Seattle Budget which invested $6 million in LEAD. In June 2021, Ordinance 126298 appropriated an additional $3 million to LEAD.

At this time, we cannot support an expansion of the program, as the data outlined in this report is insufficient to understand the total cost of expanding the LEAD program. In 2022, HSD's contract with LEAD is transitioning over to the newly formed Safe & Thriving Communities (STC) division. HSD recommends any discussion related to evaluation, cost analysis, or impact analysis of LEAD be delayed to 2022 in order to (1) allow STC to ensure alignment with LEAD and other systemic responses to criminal justice system alternatives and (2) allow sufficient time to contract and evaluate impact of the $3M midyear budget add to LEAD in 2021 spearheaded by Councilmember Herbold.

Attachment
Lead Project Management Team Response to SLI HSD-006-A-003
Lead Core Principles

LEAD Project Management Team Response to SLI HSD-006-A-003

We appreciate the opportunity to address what would be required to expand LEAD to scale throughout the City of Seattle, including the capacity to accept any and all arrest diversions and appropriate community referrals. "Scale" is defined, in Resolution 31916, as the capacity to accept all priority qualifying referrals, to ongoing case management and care coordination without a pre-determined end date.

We begin with a brief background on the present scope and impact of LEAD, and then explore possible models for calculating expansion to scale.

I. LEAD summarized

LEAD began as a resolution of long-running litigation from 2001-2008 by PDA's (Public Defender's Office) Racial Disparity Project and the ACLU Drug Law Reform Project, challenging the over-policing of Black people delivering crack cocaine, and demonstrating that white people constitute the majority of those dealing drugs in outdoor drug markets in Seattle. Since 2011, PDA has served as the project manager for LEAD – Let Everyone Advance with Dignity – formerly called Law Enforcement Assisted Diversion – in Seattle-King County,[1] which provides community-based care for people who commit law violations related to behavioral health issues or extreme poverty, as an alternative to punitive enforcement-based responses.

Individuals referred to LEAD receive immediate access to harm reduction-based intensive case-management, including – but not limited to – chemical dependency treatment, mental health care, legal system support, and job training and placement. LEAD participants are those who commit, or are at high risk of committing, law violations related to their behavioral health challenges and/or income instability. LEAD case management follows the harm reduction principle of taking the harm seriously--the central program goal is to reduce problematic and illegal behavior, and thereby to reduce the "police-ability" of individuals who in the past have largely been rebuffed by care systems and exposed to enforcement and the legal system as a primary response for behavioral health conditions and income instability. Police and court response is reduced by providing an alternative, community-based response that is reliable and satisfying to participants and community alike.

Additionally, in 2018, the Policy Coordinating Group decided to respond to an RFP (Request for Proposal) from the Trueblood Court Monitor which sought proposals for pre-booking police diversion of individuals whose law violations were thought to stem from high acuity mental health needs, and LEAD was selected to expand services to this population. Pursuant to the award of Trueblood funding, beginning July 1, 2018, LEAD law enforcement partners were formally able to refer individuals to LEAD when they are under arrest for a wider range of offenses, approved by the Policy Coordinating Group. Phase I of the expanded arrest diversion eligibility criteria included criminal trespass, theft and property destruction (which, after extensive data review by SPD, the CAO (City Attorney Office), King County BHRD (Behavioral

[1] Our local LEAD program is governed by a Policy Coordinating Group (PCG), operating under an MOU (Memorandum of Understanding), making decisions by consensus, comprised of (for Seattle) the Mayor, City Council, City Attorney and Seattle Police Department, as well as the King County Executive, Council, Prosecutor and Sheriff, the ACLU of Washington, and the Public Defender Association, which serves as project manager. The PCG meets quarterly. The advocacy organizations represented were those that litigated the race discrimination challenge that catalyzed LEAD. The MOU could be amended by consensus to add or remove stakeholders. PDA is the project manager working for the PCG--if the PCG so chose, it could select another project management entity. In that sense, LEAD is not a project of PDA, and it can continue if PDA were no longer selected to provide project management.

Health and Recovery Division) and PDA, were found to account for nearly half of cases in which individuals were held for competency evaluation on Seattle Municipal Court cases in the first quarter of 2018). Phase II expansion may include non-domestic violence assault and harassment. However, to date, there have been no arrest diversions on these expanded arrest diversion criteria.

LEAD has recognized core principles (attached to this memo) that are essential to its recognition as an evidence-based approach, and which are used by evaluators nationally to measure fidelity to the model. These principles are currently in use by the Washington Health Care Authority in designing the SB 5476 "Recovery Navigator" program which, per that legislation, must align with LEAD core principles. Within those core principles, however, there is substantial room for program adaptation, including in the model of care. The model is intended to accomplish the maximum possible paradigm shift from legal system involvement to community-based care. It is also meant to establish a floor, not a ceiling, on the resources individuals are provided to stabilize, recover and heal from complex trauma and harm.

It is often said that LEAD is not a program or a single organization, but a collective impact model creating a *framework* for diversion to community-based care of individuals who do commit law violations related to behavioral health issues or income instability, where there is a public expectation of enforcement response, and where it is clear that a punitive response is harmful and counterproductive. In contrast to gun violence, the impact of each instance of problematic behavior may be less severe, but taken together, these behaviors are problematic, for vulnerable communities as well as for more affluent ones, and require a response – and the number of individuals who fall into the category of eligible priority referrals is large, because these problems and situations are pervasive, for systemic reasons that are not likely to be soon resolved.

From time to time the Policy Coordinating Group convenes an evaluation and data working group to assess program operations and impacts. In 2019, among other areas of focus, that workgroup looked at LEAD's impact on racial disparity and race equity. Black and other POC participants have always constituted a majority of LEAD participants. The benefits of the program in reducing felony filings, prison and jail time, and subsequent arrests, were found by a UW research team to be experienced equally by LEAD participants regardless of race. LEAD case management was already regarded as a higher level of care than has traditionally been offered to this participant group. In 2019, the evaluation and data workgroup determined that increasing the level of care offered to participants to include both more access to housing and a channel to secure legal income constituted appropriate modifications to the LEAD standard of care. In 2020, amidst the pandemic, the Policy Coordinating Group confirmed that more certain access to housing and legal income supports should be considered, as much as possible, essential to the LEAD model of care.

In fall 2019, the 2020 budget process saw a commitment to take LEAD to full scale citywide by 2023, in Resolution 31916, and nearly tripled the City's investment in the program, to restore ability to take on new referrals and alleviate crushing caseloads that were created when referrals mounted in 2018-2019 without significant increases in funding (other than Trueblood). The Policy Coordinating Group directed, and the City contract with PDA anticipated, that a second case management team would be created in 2020, so that REACH would not have to carry the planned growth of the program alone.

The COVID-19 pandemic elevated the need for a housing-based approach and a legal income stream to meet basic needs. It also accelerated the need for a second case management team. The brokerage case management approach LEAD has historically used was less useable when almost all other services became inaccessible to the LEAD participant population during the COVID shutdown. At the same time, jails declined to book on low level offenses, police had little contact, and courts closed, meaning that the LEAD population

was largely left out on the streets unable to safely shelter in place and without access to lawful income. In response, with agreement of the PCG, PDA developed Co-LEAD, an intensive outreach and case management team that was able to provide this population temporary lodging at hotels as well as wraparound, on-site services. Co-LEAD, thus, is the second LEAD case management team, presently deployed to quasi-residential program sites for participants for whom that is the necessary level of care.

The other major change to the LEAD model in 2020 was the advent of direct community referrals, without involvement of or approval from law enforcement. In the past, LEAD was intentionally designed to intercept individuals who were suspected of crimes and otherwise would be subject to being jailed and prosecuted, in order to prevent that harm. In 2020, initially due to the impact of COVID, and later in response to regional reconsideration of the appropriate role for police, jails, courts and police largely withdrew from engaging this population. However, large numbers struggled with lack of access to lawful income, engagement in the illicit economy to meet basic needs, and record levels of harmful substance use and untreated mental illness. The need remained, but the intercept channel needed to be adjusted to ensure LEAD services reached those they were designed to assist. Recognizing this, in summer 2020, the LEAD project management team proposed, and the City and County Councils required by budget proviso, that community referrals be accepted without the previous requirement of law enforcement approval.

Presently, LEAD arrest diversion, street outreach, case management, and direct services are available for individuals who pose a risk of ongoing law violations (are exposed to enforcement and the legal system) due to behavioral health conditions or extreme poverty. Without prior approval from law enforcement personnel, under terms of the City and County Council budget provisos, LEAD referrals can be approved if the LEAD project management team determines that the referred individual chronically violates the law, that accepting the referral is consistent with racial equity, and if the LEAD case management team(s) believe that the resources available to them are appropriate to the individual's known needs.

With the advent of direct community referrals, we are seeing widespread community willingness to make referrals directly to LEAD without involving law enforcement at all. We have also seen requests from new neighborhoods for a LEAD response, sometimes communicated directly to HSD, and sometimes via community stakeholders and councilmembers. As of 2021, Community Referrals make up the large majority (>80%) of new LEAD referrals. As a result, the LEAD Project Management Team (LPMT) has had to put the majority of eligible referrals on pause as demand for the program has outpaced current LEAD resources.

Research demonstrating LEAD's positive impact on recidivism, income and shelter outcomes has been published in peer-reviewed journals. This research was calculated conservatively using metrics approved by an evaluation advisory committee that include representatives from the Seattle Mayor's Office and Council, as well as the King County Executive, Council and Department of Adult & Juvenile Detention.

II. Scope of LEAD operations at present

Capacity for new referrals has been exhausted. Although LEAD services are technically available in all precincts, the service provision is not available in every neighborhood and does not operate at saturation levels.[2] HSD has had over 200 community originated referrals since the opening of the direct Community Referral process in August 2020, after provisos were passed in King County Council and Seattle City Council directing the end of law enforcement's role as sole gatekeeper to services.

[2] Saturation implies felt neighborhood impact by the project and that any or all eligible referrals can be staffed with the program in a manner that complies with program fidelity

REACH LEAD caseloads are again approaching levels seen in 2019 which caused the last referral shutdown, and which are known to imperil effective case management (the 2019 legislation requires an average caseload of no more than 20 cases and a maximum of 25 cases; LEAD case managers are in general once again far above that level. Intensive case management best practice caseload levels are 12-15 cases by comparison).

Throughout the City of Seattle, neighborhoods and businesses have demonstrated that they are willing to call directly for community-based care responses to low level criminal activity or other problematic or concerning behavior, when it is evident to them that the behavior results from behavioral health issues or poverty, and that they have confidence in the LEAD model, which emphasizes ongoing accountability and transparent communication to those who make referrals. The LEAD model is capable of generating a high level of felt legitimacy for alternative community-based responses to such criminal activity. However, our capacity ceiling prevents acceptance of most such referrals, leaving willing communities without anywhere to turn for these legitimate public safety and order needs.

This inability to operate at scale has left response and service gaps for most public health/public safety issues. For example, businesses and individuals in the Mount Baker neighborhood organized to request LEAD services throughout Q2 2021. LEAD outreached the neighborhood to assess its needs and found that businesses, individuals, and service providers were prepared to immediately refer a number of potential clients. Among these referrals were a number of people residing in the Cheasty Greenbelt prior to the fatal encampment fire on June 15, 2021. As LEAD works to bring its services to scale, the public safety and well-being of potential LEAD clients in the Mount Baker neighborhood continues to be tenuous. Throughout the City, eager referral sources are being told that we cannot accept their priority appropriate referrals.

III. Factors bearing on scope of expansion to scale by 2023

Calculating the scope and cost of providing a response to all appropriate priority referrals requires determining the following:

- (Arrest referrals) how many individuals are/will be subject to arrest by SPD where it would be appropriate to refer to LEAD in lieu of arrest in at least some instances -- and on what charges is the option of referral to LEAD desired? Here it is important to note that there were already many missed opportunities since 2018 for pre-booking diversion of individuals who meet Trueblood criteria and are arrested and booked for criminal trespass, property destruction and theft; however, query the rate at which individuals are being arrested and booked for these charges since the landscape changes in 2020;
- (Community referrals) how many individuals are projected to be referred by various community sources, including
    - Neighborhood groups
    - Business groups
    - Service providers
    - Department of Public Defense
    - City Attorney
    - King County Prosecutor
    - Courts (including Seattle Municipal Court's LEAD calendar and Community Court)
    - Jail discharge planners;

- Compensation adjustments needed to recruit and retain the workforce needed to effectively engage and support the LEAD participant population; and
- Value of expanding the number of case management providers to whom referrals may be assigned, to allow for greater specialization and investment in a diverse array of community organizations (recalling that LEAD is a framework for diversion, not a program of a single organization), as a system of multiple providers entails some degree of supervision and administrative duplication that increases costs while also increasing equity in investment and helping to develop capacity in a wide array of community organizations to do this work. Diversifying the case management organizations also requires investment in technical support from the existing case management organizations for the new partners.

IV. Forecast of Priority Qualifying Referrals, including social referrals with or without law enforcement and arrest referrals

This forecast is of limited utility in predicting the scope of expansion to scale because current referrals are constrained by our known lack of capacity to accept them, and by the fact that we conduct no affirmative outreach to recruit referrals or to make community and neighborhood organizations aware of this option, since we know we do not have the capacity to respond to additional referrals. This is offered for what it may be worth in understanding even the very constrained scope of current referrals.

COMMUNITY REFERRAL SURVEY

Data from neighbors, neighborhood advocacy groups, and out-of-network social service organizations were gathered via a survey which asked respondents about the number of referrals they anticipate that they will make in 2022. Respondents were selected based on an assessment of which individuals and groups are likely to utilize the community-based referral system in 2022. Although survey respondents represent a wide variety of Seattle neighborhoods, it should be noted that response rate was below 33%, and that survey results comprise a partial representation of anticipated LEAD referrals in 2022.

Those who responded include:

- North Helpline
- Real Escape from the Sex Trade (REST)
- U District Partnership
- Interim CDA
- Alliance for Pioneer Square
- Anything Helps
- Aurora Commons
- Mercy House
- Various individual businesses
- Community members who have made referrals (not affiliated with other respondents already listed)

PROJECTIONS

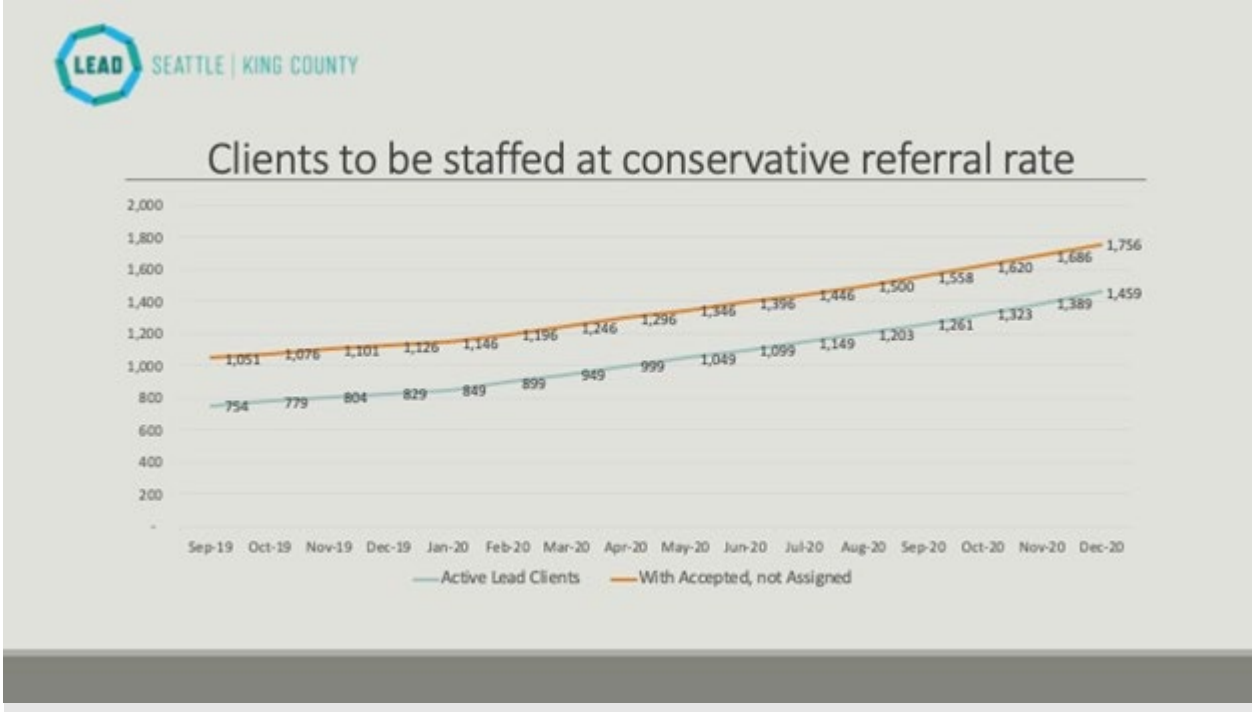
Projections for referrals based on Q1 of 2021:

- Community Referrals - 548
- Social Contact - 124

- Arrest Diversions - 4 (caveat that expanded arrest diversion criteria are not yet in use)

These numbers are projections for the remainder of 2021 based on LEAD referrals for the first quarter of the year. During the first quarter, community referrals were incoming at a high rate as the program had the capacity to take on these referrals. The numbers above reflect the projected amount of referrals if LEAD was able to take on community referrals at the same capacity. Shortly after Q1 LPMT placed most community referrals on pause due to capacity so further projections of community referrals based on Q2 would be an inaccurate estimate of current demand of LEAD services in the areas in Seattle in which LEAD is active and we are prioritizing referrals. Additionally, SPD, especially in West Seattle, are starting to make more Social Contact referrals so we estimate our Social Contact estimates to potentially increase.

PDA provided the following projection to City Council, on October 2, 2019, for estimated Law Enforcement LEAD referrals in Seattle based on referral rates in 2018 and 2019 (it is evident that these projections pertained to an era of greater SPD staffing and focus on public order offenses than we see at present or are likely to see going forward):



V. Estimated referral volume at scale

No single existing data source smoothly predicts or allows estimation of appropriate priority LEAD referrals.

- Arrest numbers are not a useful guide to the LEAD-eligible population, as LEAD can work with individuals who are (or reasons including an increased community desire for an alternative to police response, impact of the COVID pandemic on police response, intentional jail use decreases, police staffing shortages to justice system priorities) not going to be arrested, despite that they are committing law violations. Social contact referrals approved by law enforcement have long outstripped arrest referrals (80% to 20% in 2017). In Q1, 2021 Community referrals

made up 81.1% of LEAD referrals, social contact referrals by police made up 18.3% of LEAD referrals, and arrest diversions only comprised 0.6% of overall LEAD referrals.

- The King County Point in Time (PIT) Count of those who are living homeless, while it estimates the percentage of unsheltered individuals who are drug users, also under-estimates the LEAD-eligible population, because not all who are LEAD-eligible are unsheltered. LEAD, at its core, is an alternative, community-based care response to law violations/low level crime, which will be needed even if great progress is made on unsheltered homelessness in coming months and years.

Instead, the total number of priority appropriate LEAD referrals can be loosely estimated or triangulated from an assortment of data sources, with a discount factor for estimating unduplicated individual who would be referred, acknowledging the likelihood that some individuals overlap these referral sources:

- Survey of the most common community referral sources to estimate the number of individuals they would want to refer for LEAD services over a single year, if LEAD had the capacity to accept all appropriate priority referrals.
- Adjust upward by 25% for impact of greater awareness, publicity/intentional advertising of this option
- "Intercept 0" referrals from legal system partners (these are "intercept 0 referrals," as they are identified based on past legal system involvement and known vulnerability to future encounters with law enforcement and the legal system absent a care-based intervention—they are not post-booking or post-filing diversion referrals). The legal system partners consulted are:
    - Seattle Municipal Court Community Court
    - Department of Public Defense
    - Seattle City Attorney's Office
    - King County Prosecuting Attorneys Office (KCPAO)

- SPD estimates of likely arrest and social contact referrals, to the extent they differ from patterns we are currently seeing based on intentional policymaking by SPD leadership, the City Council or the Mayor's Office. Absent an estimate SPD or City officials will espouse, the LEAD project management team is using 2021 current projections as a placeholder
- Adjust the cumulative number arrived at through the above estimation exercises downward by 20% to estimate unduplicated individuals to be referred
- Adjust the number to be staffed with case managers downward by 30% to reflect the number of individuals who do not complete the intake process, when the outreach follow up is robust and not limited by COVID

Using the above methodology, and after surveying partners and considering current referral rates, the LEAD project management team projects an annual referral volume of **1166**, as follows:

Referral Source	Number of Projected Referrals
Survey of Community Referral Sources	• **1128** projected annual community referrals from all sources, • More than **1410** after 25% upward adjustment reflecting act of intentional communication that this option is available

(exclusive of legal sources[3])	
Survey of legal system partners and review of SMC filing data provided by the City Attorney's Office	• **520-1040** projected annual referrals from Community Court (mean=**780**) • An additional estimated unduplicated **300** individuals filed in SMC not passing through Community Court • An additional estimated unduplicated **250** individuals referred for filing to KCPAO • Total: **1330** internally unduplicated referrals from legal system partners
Based on SPD Referral Patterns	• **128** annual internally unduplicated referrals from SPD
Projected Total	• **1166** • This number reflects the projected total minus 20% for estimated duplicated referrals across three source categories

Each of these priority referrals would have a staffing impact for the outreach/screening function (in-field staff who seek out and patiently engage individuals who are not yet ready to work with case managers). However, the case management cohort is estimated to need to absorb only 70% of this number, as prompt outreach when fully staffed and not impacted by COVID is estimated to engage and facilitate intake for 70% of referrals. Thus, it is estimated that 816 individuals annually would be assigned to a case manager.

To determine how many additional case managers would be needed annually until an equilibrium between new referrals (after current demand is absorbed) and program graduates/departures is reached, we use the average caseload ratio established by the City Council in 2019 (1:20), to determine that 41 case managers per year would be accounted for with the annual new referral volume. Individuals departing the program (REACH staff estimate 20% after two years) at the same time create some additional capacity, while the need to maintain capacity constantly to take new referrals, the need to locate teams in geographically specific zones of work, and the desire to have teams in different provider organizations for reasons of balance, specialization, and cultural expertise, requires an upward ratchet in case manager positions not reflected in the 1:20 calculation. Taking these two factors together into consideration, 41 is a reasonable estimate of the number of added case managers projected to be needed annually, for several years, until that equilibrium point is reached where program departures roughly balance new intakes, and a stable workforce is arrived at.

[3] As of June 8th, 2021, community referrals had come from a variety of sources including REACH (36.1% of referrals), Co-LEAD (19.5%), the Department of Public Defense (10%), Everspring (9.2%), and the Seattle Police Department (5.5%). Other referral sources, whose respective referrals each account for less than 5% of the total, include but are not limited to the Aurora Commons, the Seattle Fire Department, the King County Prosecuting Attorney's Office, the University of Washington Police Department, the Seattle City Attorney's Office, Asian Counseling and Referral Services, family/friend referrals, and self-referrals.

Growth in referral volume and the case management workforce requires some additional staff for milieu management, outreach, and clinical supervision, as well as increased flex funds for participant basic needs and direct support.

VI. Cost estimates to support pre-arrest diversion services for those referrals citywide in 2022 and 2023

COST

- Requires determination of compensation to address workforce challenges and appropriate equitable compensation for work of this significance and challenge. Front line FTEs should be budgeted at $54,000-$70,000 (mean of $62,000) and supervisors at $70,000-$95,000 (mean of $82,500).
- Requires estimating added cost (for supervision, administration, and technical support) if multiple case management providers are engaged. There are presently three LEAD case management teams (REACH, Co-LEAD & Community Passageways) in Seattle or adjacent communities; additional providers, if desired (which LEAD partners support) will decrease cost efficiency to a degree because of admin duplication, but this inefficiency is offset by the opportunity for specialization, cultural expertise, and a more stable workforce base not dependent on a small number of providers.
- Requires assessment of whether additional neighborhood-based office locations are needed apart from North and East spaces already secured. It is likely that SE Seattle and SODO workspaces will be needed, and that the satellite office space costs should be doubled from current.
- Possible additional cost for participant income stabilization and basic needs provision. Propose that flex funds and cash support be increased by 25%; alternatively, or additionally, that a local minimum income program be established (not only for LEAD participants).
- Assessment of whether quasi-residential model is essential for impact for some participants and if so, strategies for providing space. Propose that City leaders encourage engage the Regional Homelessness Authority and the County's Health Through Housing leadership to ensure that this population, sitting at the intersection of homelessness and exposure to the criminal legal system, be prioritized for both non-congregate shelter programs and permanent housing placements, especially ARPA vouchers that can pair with long term LEAD case management to address housing needs of this chronically unsheltered high barrier population.

Note on additional available resources for LEAD expansion. Resolution 31916 requires that there be public funding for all appropriate priority LEAD referrals -- it does not limit that public funding source to the City general fund. There are immediate prospects for increased public support for LEAD via State funding for implementation of the SB 5476 Recovery Navigator program, which is required to operate on LEAD core principles. Trueblood, 988 and other mental health services funding in the 2021 Washington State budget are also likely sources to supplement local LEAD funding. Federal funding for LEAD expansion is also likely, and Representative Jayapal has consistently offered to pursue that channel.

LEAD Core Principles

Summarized by LEAD National Support Bureau for partners implementing the Washington State Recovery Navigator Program (SB 5476)

Relevant excerpt from ESB 5476 (emphasis added):

NEW SECTION
Sec. 2. A new section is added to chapter 71.24 RCW to read as follows:

(1) Each behavioral health administrative services organization shall establish a recovery navigator program. The program shall provide community-based outreach, intake, assessment, and connection to services and, as appropriate, long-term intensive case management and recovery coaching services, to youth and adults with substance use disorder, including for persons with co-occurring substance use disorders and mental health conditions, who are referred to the program from diverse sources and shall facilitate and coordinate connections to a broad range of community resources for youth and adults with substance use disorder, including treatment and recovery support services.

(2) The authority shall establish uniform program standards for behavioral health administrative services organizations to follow the design of their recovery navigator programs. **The uniform program standards must be modeled upon the components of the law enforcement assisted diversion program** and address project management, field engagement, biopsychosocial assessment, intensive case management and care coordination, stabilization housing when available and appropriate, and, as necessary, legal system coordination. **The authority must adopt the uniform program standards from the components of the law enforcement assisted diversion program to accommodate an expanded population of persons with substance use disorders, including persons with co-occurring substance use disorders and mental health conditions, and allow for referrals from a broad range of sources.**

LEAD in the Context of the SB 5476 Recovery Navigator Program

Law Enforcement Assisted Diversion (LEAD) is an evidence-based model, replicated in over 100 jurisdictions around the US and internationally. The trademark is held by the Public Defender Association, which houses the LEAD National Support Bureau, providing technical support for jurisdictions seeking to replicate the model with fidelity to core concepts.

By action of the flagship Seattle/King County LEAD Policy Coordinating Group in fall 2020, permitting referral to LEAD services without the necessity of policy involvement (though police referral is still a feature), some LEAD sites including Seattle may use an alternate name, Let Everyone Advance with Dignity, to emphasize that law enforcement involvement is permitted but not required in the referral process. As well, the care model to which LEAD aspires was enhanced in fall 2020 based on experience over the first decade of the program's operation in the flagship site. Both changes are consistent with LEAD core principles.

The LEAD core principles, fundamental to the evidence-based model, were identified in 2015 by governing and operational partners of the first two LEAD sites in the US (Seattle and Santa Fe, NM). They have been abstracted and summarized here by the LEAD National Support Bureau, specifically relevant to the implementation of WA SB 5476.

Architecture of LEAD: High Level Summary

- Alternative response to law violations related to behavioral health issues and/or income instability
- Multiple entry points:
    - Arrest referral (in lieu of jail and prosecution) when probable cause to arrest exists and officers Make arrest or could – immediate response
    - Social contact referral by law enforcement – proactive, in the absence of probable cause – whether immediate response is possible depends on resources, geography, and program architecture
    - Community referrals from any source
- Sustained case management, care and case coordination – not a moment in time transaction, but a sustained plan for a chronic situation
- Non-coercive, trauma-informed, harm reduction-based framework – participation is entirely voluntary
- Population that has traditionally had behavioral health issues responded to with arrest and prosecution is often estranged from all systems of care, and requires field-based engagement and re-imagination of access points
- Therapeutic needs are often far broader than drug use—housing and lawful income critical
- Problematic behavior often extends beyond use to other unlawful behavior that is not required to be diverted from the legal system—coordination of filed cases is critical

LEAD Core Principles

Voluntary/Non-Coercive

No per se participation requirement other than intake and release of information.

LEAD-aligned interventions have only two requirements for ongoing participation: (1) a release of information, allowing care providers to share information as needed with other entities that may encounter the participant, to coordinate care and response when appropriate; and (2) completion of a psychosocial intake interview that allows for development of an individual care plan. The timeline for both should be adjusted as needed based on individual circumstances, particularly important when a potential participant is severely mentally ill. No therapeutic step is required for continued participation. Rather, case managers use motivation interviewing and experience, including adverse experiences, to underscore strategies for participants to further their own well-being and decrease negative impacts on others. This approach is a LEAD core principle because, over time, it is the most effective way to achieve behavior change -- particularly for a population with high levels of trauma and consequent need for self-determination and control.

Field-Based, Remove Barriers to Access

Field-based, not clinic-based. This is not an outpatient drug treatment program.

Almost by definition, individuals who are encountered by law enforcement related to their drug use are those for whom existing systems of care have not been particularly accessible or effective. This approach has to be different: finding and repeatedly engaging individuals in the field who either initially will not come to, or would be excluded from, most Medicaid-funded or clinic-based services. While case managers and outreach workers are arranging access to drug treatment whenever appropriate, the care approach is broader than drug treatment – it is proactive, persistent, creative, and looks very different than outpatient treatment programs.

Robust, Independent Project Management

A project manager is critical for coordination.

The project manager troubleshoots stakeholders' concerns, works to identify resources, facilitates meetings, develops information sharing systems, and approves community referrals consistent with resources and priorities established by partners. Generally, because LEAD is a consortium of politically independent actors, it's desirable for the project manager to be independent from all political stakeholders, maintaining loyalty to the model itself. Various mechanisms exist to ensure the necessary independence, and HCA gained experience reinforcing those in implementation of SB 5380 (four LEAD replication sites).

Golden Thread: Case Management & Care Coordination

Intensive case management extending beyond drug use issues.

Many participants need access to medication assisted therapy and other drug treatment options, to which the program should provide ready access. However, at the point of referral, for many, it is important to start with case management and individual intervention plans tailored to each person's circumstances, rather than framing the approach in terms of treatment. Though participants must have access to a range of substance use treatment options, for many, drug use is not a free-standing issue, and other primary needs must be addressed to achieve stabilization and set the stage to address problematic drug use. Case managers work on access to housing, food, vocational and educational opportunities, identification, legal advocacy, and access to a stable legal income stream, as needed. Intensive case management provides increased support in accessing these services and assistance in many aspects of the participant's life. Case management is the "golden thread" that stays with the participant over time and works to reduce barriers and navigate setbacks.

No Fixed Time Limit For Participation

Real change takes time and patience.

People who have primarily been engaged by the criminal legal system relating to their trauma, substance use disorder and mental health issues often need years to unravel the negative impacts they've experienced, with multiple system failure. (Changing unhealthy coping mechanisms is hard and protracted even for people with vastly more resources and social supports--which is why the success of any single treatment modality is low if measured as sustained abstinence.) Even with the best plan and the best care, stabilization sometimes take months or even years. People with legal system involvement who recover almost unanimously say they found the strength to make hard changes in part because key supporters refused to give up on them, and didn't rely on shaming techniques. For many, this will be the case manager/recovery navigator. Patience and relationship- building can eventually yield results that shorter-term strategies cannot.

Trauma Informed, Harm Reduction-Based, Cultural Humility

Trauma-informed care perspective.

Addressing and understanding clients' underlying psychological trauma, recognizing self-sabotaging trauma responses as such, and listening to clients and working to integrate their voices into their service delivery plan is key.

Harm reduction framework.

Participants are engaged where they are; participants are not be penalized or denied services if they do not achieve abstinence or continue to struggle or engage in unlawful activity (service may be modified or ended due to safety issues for staff and other participants). The goal is to reduce as much as possible the harm done to themselves and to the surrounding community, and this is done through engagement, not separation. "The opposite of addiction is not sobriety, it's relationship."

Cultural humility.

This is crucial in all aspects of the program, including outreach, case management, and project management. It is essential that programs tailored to the needs of different racial and ethnic groups, LGBTQ people, immigrants, non-English speaker, people with disabilities, and other key populations be made available through program funds. Funded programs should understand the barriers faced by marginalized populations in accessing standard systems of care, and ensure they are not referring participants back into those systems expecting success. They should not require religious adherence or practice, or advance "reparative" therapies.

Lived Experience and Clinical Skill Both Are Essential & Must Be Well-Compensated

Value both lived experience and clinical skills in the workforce.

Lived experience often equips case managers and outreach workers to relate to the individual being engaged, to operate without fear, to offer a heartening role model, and to understand key information. Clinical training and skill is also essential to recognize the symptoms and characteristics of individual response to conditions, and for familiarity with existing and emerging therapeutic approaches. Both pools of expertise are essential elements of LEAD-aligned programs, and neither is sufficient alone to tackle the challenges faced by those whose circumstances have been primarily addressed by the criminal legal system. Both must be adequately compensated to reflect the skill, risk and critical frontline nature of the work, and to address workforce challenges. A strategy to develop the needed workforce is an early priority in the development of LEAD programs, and a training program for new staff can enhance the expertise they bring with them to ensure efficacy in a LEAD practice.

Power Sharing

Public agencies, community groups, clinicians and people with lived experience share their insights, concerns and solutions.

A signature feature of LEAD-aligned programs is that, in the design, operation and oversight of the program, entities that sit in very different postures and bring very different expertise are valued as equal partners, and agree to share power and hear one another's valid perspectives. This approach must work for everyone--one reason that project management is usually best situated outside of any elected entity and has an equal arm's length relationship with all partners.

Take the Harm Seriously - Involve Business Community & Public Safety Advocates

Involve community public safety leaders.

When done well, community-based care models enjoy strong support from neighborhood and business leaders as a reasonable, effective response to many public safety and order issues. Community members should be able to refer individuals for program participation, rather than calling the emergency response system, as well as suggesting areas of focus for proactive 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 community liaisons within the project management agency. Expectations should be reasonable given available resources, and program operations should be highly transparent.

Ensuring Community Accountability and Building Legitimacy

Involve community civil rights advocates.

Because LEAD-aligned programs sit at the intersection of public safety and public health, they necessarily intersect with systems that have historically been disproportionately punitive toward communities of color, people with disabilities, and LGBTQ people. These same communities have historically been disadvantaged in access to high quality health care. Skepticism of both fields has deep historical roots, and building legitimacy in a new approach requires formal inclusion of racial justice, disability rights, and LGBTQ advocacy organizations in program design and oversight.

Race Equity; Priority to Those Who Would Otherwise Face Legal System Involvement

Intentionally design program intake and operations to ensure services reach and work for those historically engaged by the criminal legal system.

Most legal system reform efforts typically, if unintentionally, tend to disproportionately benefit comparatively more affluent and white individuals. All aspects of a LEAD-aigned program are intentionally designed to reach, engage, retain and support populations that have historically been met with a criminal legal system response for their behavioral health and income instability issues.

Strive to Address Secure Housing & Stable Access to Lawful Income

Resources must be adequate to ensure participants have what they need to stabilize and reduce involvement in unlawful activity.

Referral to wait lists and to an over-taxed social services infrastructure will disappoint all stakeholders and produce poor outcomes. A plan for secure housing that matches participants' situation and that they can maintain, and a plan for stable lawful income source, is essential if we expect good outcomes. The Recovery Navigator program funding should be braided with other investments in the 2021 state budget and otherwise to plan for these supports.

Legal System Coordination Addressing Other, Non-Diverted Cases

Prosecutorial discretion should be utilized in LEAD participants' non-diverted cases.

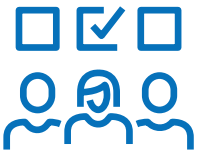
While entry into LEAD is sometimes through arrest diversion, LEAD participants typically will have other cases (charges not divertable at point of arrest per local policies, which may evolve) from both before and after their referral to the program. Coordinating prosecution decisions in those cases that are filed and referred for filing, with the LEAD intervention plan, maximizes the success of the program in achieving behavior changes, and in reducing system utilization costs. This includes coordinating an approach to warrants--prosecutors should consider initiating administrative requests for warrant quashes where they are aware of participants' circumstances and this step makes sense, and courts should facilitate these.

The LEAD Golden Rule:

Each partner does whatever is within their power, including taking no action, that will best actually advance the goal of achieving behavior change with respect to the particular person involved.

Community Referral

Project managers are responsible for approving highest priority community referrals, within constraints imposed by available resources, considering race equity, and bearing in mind public order/safety priorities.



Individuals who commit law violations or engage in problematic behavior related to substance use should not have to have police contact to get help, and community referrals are an essential feature. However, community demand will almost certainly outstrip available resources, at least in the early stages of building the program. Therefore, approval of these referrals must bear in mind race equity considerations, the community's public safety and order priorities, and what use of available resources will be widely viewed as legitimate. The project manager is the entity best situated to make these decisions because they are accountable to all stakeholders. The gap between need and available resources should be documented and shared with public officials to ensure that the care system ultimately is scaled to match the extent of need.