

MIDD Briefing Paper

BP 24 Law Enforcement Assisted Diversion (LEAD) Maintenance and Expansion

Existing MIDD Program/Strategy Review MIDD I Strategy Number _____ (Attach MIDD I pages)

New Concept (Attach New Concept Form)

Type of category: New Concept

SUMMARY: The Law Enforcement Assisted Diversion (LEAD) program diverts individuals who are engaged in low-level drug crime, prostitution, and other collateral crime due to drug involvement, from the justice system, bypassing prosecution and jail time, to directly connect drug-involved individuals to case managers who can provide immediate assessment and crisis response, and long term wrap-around services to address the cycling of individuals with behavioral issues through the criminal justice system. The primary objectives of LEAD are to reduce recidivism and criminal justice costs, and to increase positive psychosocial, housing and quality-of-life outcomes for participants.

Subject Matter Experts and/or Stakeholders consulted for Briefing Paper preparation. List below.

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The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.

A. Description

1. Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?

The Law Enforcement Assisted Diversion (LEAD) program diverts individuals who are engaged in low-level drug crime, prostitution, and other collateral crime due to drug involvement, from the justice system, bypassing prosecution and jail time, to directly connect drug-involved individuals to case managers who can provide immediate assessment and crisis response, and long term wrap-around services to address the cycling of individuals with behavioral issues through the criminal justice system. The primary objectives of LEAD are to reduce recidivism and criminal justice costs, and to increase positive psychosocial, housing and quality-of-life outcomes for participants. By allowing law enforcement partners, currently the Seattle Police Department,

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King County Sheriff's Office, Metro Police and Department of Corrections, to bypass jail booking and prosecution for qualifying individuals under arrest, LEAD replaces a criminal justice response with a public health response that engages individuals at Intercept I (pre-jail/prosecution) in the Sequential Intercept Model, and addresses the basic needs of the participants for housing, treatment and stability in order impact behaviors and to reduce harm toward themselves and the community.

The second critical component of LEAD is the coordination of all prosecution and contact participants may have with the criminal justice system for other cases that may not be eligible for diversion. The prosecution coordination component of LEAD supports prosecutors to make discretionary decisions about whether to file charges, recommend pre-trial detention or release conditions, reduce charges, recommend incarceration after conviction, and/or dismiss charges, in a way that supports rather than undermines the intervention plan designed for the particular participant, in order to maximize community health and safety.

Another essential component of the LEAD program is engagement with the community and addressing neighborhoods' concerns with criminal activity and public safety. This takes the form of ongoing education and dialogue with community leaders about the LEAD approach, and coordination of information between neighborhood leaders and the operational workgroup regarding LEAD participants and neighborhood hotspots and concerns. The community engagement component of LEAD is essential to build public understanding of, sustained support for, and satisfaction with, a method of responding to law violations flowing from unmet behavioral health needs that does not rely primarily on incarceration or conviction. In the absence of sustained community engagement, it is predictable that community voices will call for a return to more abstinence-based, punishment-oriented responses. While proven to achieve more behavior change than those old style approaches, LEAD works best over time. It is essential for its continuation, and that of other approaches likely to be supported by MIDD II, that neighborhood leaders feel these responses are, and will be, responsive to their input and their felt needs.

LEAD launched as a pilot in Seattle's Belltown neighborhood and King County's Skyway neighborhood in 2011, funded entirely by grants from private foundations. In 2014, with support from the City of Seattle, and at the request of other downtown Seattle neighborhoods, the program was expanded to include the rest of downtown Seattle. For 2016, LEAD has been approved for interim funding from MIDD I. Public support from local governments will be required to continue and expand LEAD beyond 2016.

The methodology for effective law enforcement engagement and for building and retaining community support has been well-established and tested over the past four years. The City of Seattle plans to expand LEAD to its East precinct (Capitol Hill) in 2016, and, since other Seattle neighborhoods have requested LEAD, the City Council has requested a plan for how to scale up citywide. The Sound Cities Association has also entered discussions regarding expanding LEAD to other King County cities.

Because LEAD provides diversion from criminal prosecution, supportive wrap-around services for individuals with behavioral issues related to drug involvement and homelessness, and community outreach, this concept relates to MIDD crisis diversion strategies and concepts (MIDD I strategy #10b, Adult Crisis Diversion Center and new concept South County Crisis Center, for example), to new concept # 114 Familiar faces, and to various outreach, housing and treatment strategies and new concepts.

2. Please identify which of the MIDD II Framework's four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program area (Select all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Crisis Diversion | <input checked="" type="checkbox"/> Prevention and Early Intervention |
| <input checked="" type="checkbox"/> Recovery and Re-entry | <input checked="" type="checkbox"/> System Improvements |

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Please describe the basis for the determination(s).

LEAD provides a framework and methodology for law enforcement, justice system professionals, community public safety leaders and community service providers to coordinate and strategize, providing diversion from criminal justice involvement and supportive services that can address the situations that cause criminal behaviors, for positive outcomes to participants. In so doing, it has created previously unknown partnerships and cooperative relationships, which have yielded many system improvement benefits beyond LEAD

B. Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes

- 1. Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.**

Drug use/dependence, mental illness and homelessness often generate behaviors that fuel repeated involvement with the criminal justice system, impede an individual's recovery, and foster legitimate community public safety/order concerns. King County's Familiar Faces project found that nearly all individuals with four or more bookings into the County's jails in a year have a behavioral health indicator of drug dependency or mental illness, and at least one other acute or chronic medical condition. More than half (likely undercounted) were homeless.¹

While communities expect law enforcement to play a role in responding to illegal drug use, drug sales, and the collateral crime connected to the criminalization of drug use and sales, it is increasingly understood by human services, health, and community leaders and policy makers that utilizing a primarily enforcement and prosecution response is largely ineffective in changing the behavior at issue, is too expensive, and plays out in ways that are racially unequal and create downstream individual and community damage. A solution is needed that can intercept the individual and divert the behavioral problem at the point of law enforcement response, to channel drug-involved individuals into a community-based intervention whenever possible and appropriate.

- 2. Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above.**

LEAD is based in the principles of harm reduction, which focuses on the prevention of harms to individuals and communities that are related to drug usage/dependency in individuals who are unable or unwilling to stop. Harm reduction acknowledges that many factors impact an individual's susceptibility to and ability to deal with drug use, including poverty, racism, trauma, discrimination, age, gender and other inequities, as well as lack of adequate supportive structures. Harm reduction interventions are designed to meet individuals where they currently are in their lives and their motivation to change, in order to tailor strategies to meet their specific needs and to minimize the specific harms to themselves and their community. "Harm reduction strategies can be effective in reducing harm, increasing the quality of life and decreasing high-risk

¹ *Familiar Faces: Current State – Analysis of Population*, September 28, 2015

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behaviors.”² LEAD is a true community policing effort, addressing low-level drug crimes with socioeconomic and health impacts, and providing law enforcement with credible alternatives to booking folks into jail.³

All LEAD participants receive case management, which supports fulfillment of basic needs, and may include housing stability, job attainment or income stabilization, and enrollment in drug and alcohol treatment, and coordination of all criminal justice involvement and prosecution to support and not compromise LEAD intervention plans. In general, LEAD pursues the goals of the individual participant, as identified by the case manager and the participant in an Individual Intervention Plan.

Case managers must have a proven ability to engage a street-involved population, receive high-level clinical supervision, and have low caseloads (averaging 25 active clients) allowing street-based outreach and engagement, as well as immediate response to unscheduled needs wherever possible. Case managers can purchase services where appropriate, and make clinically-driven decisions about how best to assist participants in establishing long-term healthy and stable living arrangements. Case managers use motivational interviewing techniques, and establish a low- or no-barrier atmosphere that ensures participants are not shamed and can readily re-engage when they have struggled or are struggling.

Specific strategies of the LEAD program include:

- effective training of and engagement with front-line law enforcement officers (officers and sergeants) to enlist their active participation in this approach, and tapping into their experience and knowledge of the street-involved population;
- coordination by prosecutors of LEAD participants’ filed criminal cases with the Individual Intervention Plan established by LEAD case managers, wherever possible;
- ongoing community outreach and engagement, maintaining neighborhood understanding of and support for this alternative paradigm, and channeling community information into the social contact referral process to ensure a high level of community satisfaction;
- provision of high-quality, well-supervised case management in a harm reduction/Housing First framework;
- provision of civil legal services to assist participants in removing legal obstacles to improved life circumstances; and
- coordination with public defenders to receive defense-initiated social contact referrals and ensure defenders integrate LEAD into defense planning for resolution of filed cases as appropriate.

LEAD responds to the gap in existing criminal justice system response identified in King County’s 2015 Familiar Faces project, noted above, which analyzed the circumstances and attributes of individuals who have been booked into the King County Jail 4 or more times in a 12-month period, finding that 94 percent of these individuals have a behavioral health condition.⁴ Analysis of 2015 LEAD participant characteristics indicate that 94 percent have substance abuse issues, 43 percent have a mental illness, 85 percent are experiencing homelessness at the time of referral, and 91 percent have incomes that are below 30 percent of the HUD guidelines.⁵ Both Familiar Faces and LEAD participants tend to have great difficulty in meeting compliance requirements in existing court-based programs, leading to further cycling through the criminal justice system. LEAD fills that gap in the landscape in a comprehensive, coordinated way. The Familiar Faces Future State vision exercise identified community-based diversion by law enforcement as a promising practice that should

² Marlatt, G. Alan; Larimer, Mary E.; Witkiewitz, K., Harm Reduction: Pragmatic Strategies for Managing High-Risk Behaviors

³ Interview with Jim Pugel, Chief Deputy, King County Sheriff’s Office

⁴ *Familiar Faces: Current State – Analysis of Population*, September 28, 2015

⁵ Chloe Grace, Evergreen Treatment Services - REACH

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be prioritized.

Currently, LEAD operates in the downtown Seattle area and in a limited fashion in the Skyway area, with an average participant age of 41. With a planned expansion to Seattle's Capitol Hill in 2016 and a younger population base, LEAD anticipates addressing some drug-involved individuals at an earlier point in their life development, for potentially better individual outcomes. In addition, with the epidemic of opiate addiction that cuts across urban and suburban lines and all socio-economic lines, a number of mayors throughout the region have expressed a desire for their police departments to have a LEAD-type option in addition to the traditional option of arrest for their citizens with chronic opiate addictions. The Sound Cities Public Issues Committee invited LEAD leaders to speak with them in June 2015 and wants to continue the discussion in 2016.

- 3. What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.**

Harm reduction interventions, using a Housing First approach with individually tailored supportive services, have been studied in the US and internationally. This public health approach, combined with depenalization of qualifying low level drug crimes and prostitution, is the core of the LEAD program. The results from many of these studies indicate that there is "sufficient evidence to support the wide-spread adoption of harm reduction interventions and to use harm reduction as an overarching policy approach in relation to illicit drugs."⁶

A successful local example of harm reduction for alcohol-dependent Seattle residents is the 1811 Eastlake supportive housing project. Studies have concluded that 1811 reduced public (taxpayer) costs for medical expenses and criminal justice involvement⁷, as well as reducing alcohol consumption of the residents.⁸ Harm reduction approaches save lives and diminish the likelihood of drug use problems for the individual, their families and the community.⁹

In the context of chronically homeless individuals with severe alcohol and other medical and psychiatric issues, findings have shown that strategies to providing housing, case managers, and access to medical and mental health care improved the "life circumstances and drinking behaviors of this chronically homeless population while reducing their use of expensive health and criminal justice services."¹⁰

King County's Drug Diversion Court has employed a practice of strategic referral to LEAD of individuals unlikely to succeed in the compliance framework of therapeutic courts, in order to provide a better chance of successful outcomes for those individuals.

⁶ Ritter A, Cameron J. *A review of the efficacy and effectiveness of harm reduction strategies for alcohol, tobacco and illicit drugs*. Drug Alcohol Rev 2006

⁷ Keyes, Scott, *The Case for Allowing the Homeless to Drink*, Pacific Standard, Dec 2014

⁸ Collins, S, PHD; et al *Project-Based Housing First for Chronically Homeless Individuals With Alcohol Problems: Within-Subjects Analyses of 2-Year Alcohol Trajectories*, American Journal of Public Health, March 2012

⁹ UN Office of Drugs and Crime, 2009

¹⁰ Mary E. Larimer, PhD; et al, *Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons With Severe Alcohol Problems* Journal of American Medical Association April 1, 2009

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Finally, the Arnold Foundation commissioned the Harm Reduction Research and Treatment Lab at the University of Washington to conduct a series of independent evaluations of the LEAD program. The first two evaluations, utilizing a non-randomized control study design with a comparison group identified as highly comparable to the LEAD group through propensity scoring, focused on the impact of the program on recidivism (March, 2015) and on criminal justice utilization and associated costs (June 2015). A third “within-subjects” evaluation, due in February 2016, will focus on the program impacts for participants. For all measurements included in the first two reports, LEAD participants showed substantially improved outcomes (reduced recidivism and criminal justice involvement/costs) after being in the program than prior to program participation, and in comparison to the control group. These evaluations reported outcome improvements included 87 percent lower odds of being incarcerated in prison compared to the control group; 36 percent lower odds of being charged with a felony; and 58 percent lower odds of being arrested subsequent to program referral, again, in comparison to the control group, which experienced system-as-usual processing .¹¹

These evaluations meet the Office of Justice Programs definition of an Evidence-Based Practice, as it is able to attribute outcomes causally to LEAD. See generally www.crimesolutions.gov [OJP site assessing strength of evidence of criminal justice program effectiveness].

4. Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Promising Practice Please detail the basis for this determination. Please include a citation or reference supporting the selection of practice type.

Depending on the definition and criteria (randomized/non-randomized, number and breadth of the evaluations, etc.) used to make this determination, LEAD may be considered a promising practice or an evidence-based practice.

The harm reduction movement has provided a framework for evaluating the strategies to impact the many and varied drug-related harms to individuals and communities, including the impact of criminalization. While most of the growth and evaluation of harm reduction interventions have occurred in the last quarter century, the evidence indicates that there are interventions that definitely work, others that show promise and those that are yet under-researched. Depenalization shows promise and should be expanded and evaluated in locally specific applications.¹²

However, as discussed in the preceding section, LEAD’s rigorous independent non-randomized control design evaluation establishes the LEAD program, specifically as implemented in Seattle/King County, as an Evidence-Based Practice per the Office of Justice Programs’ definition.

5. What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?

Success for the LEAD program would look like a reduction in recidivism, a reduction of criminal justice involvement and costs for county residents with behavioral issues, positive outcomes and a reduction of harm to the individual participant and to the community, and increasing efficiencies in program costs and uses of funds. Participating neighborhoods should also experience improved neighborhood-based outcomes, if the

¹¹ Collins, S; Lonczak, H.; Clifasefi, S. *LEAD Program Evaluation: Recidivism Report* March 2015, and *LEAD Program Evaluation: Criminal Justice and Legal System Utilization and Associated Costs* June 2015

¹² Hunt, N, *A review of the evidence-base for harm reduction approaches to drug use*, Forward Thinking on Drugs

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program is taken to scale and sustained over time, and an increased level of satisfaction with public response to behavioral health-driven law violations compared to current levels of satisfaction.

Outcomes for participants:

- a positive trajectory from homelessness to permanent housing
- reduction/mitigation/elimination of drug use/abuse
- increased stability in treatment, employment, and other quality of life measures
- reduction or elimination of criminal behavior to support addictions

Outcomes for local government:

- law enforcement, prosecutors, defenders are able to identify LEAD participants to plan and coordinate services
- all 1,200+ Familiar Faces are provided LEAD services to address basic needs and behavioral health issues and halt repeated cycling through the criminal justice system
- decreased arrests, court filings, jail utilization and prison admissions
- decreased recidivism
- decreased justice system costs
- increased efficiencies with decreased costs per participant

Outcomes for communities/neighborhoods:

- reductions in low-level drug activity and street crime to support addictions
- improvement in perceptions of public safety/order and increased satisfaction
- participation in community efforts to positively impact neighborhoods

Evaluation and improvement is an important component of the LEAD program. LEAD has an inter-agency evaluation advisory committee appointed by its Policy Coordinating Group, involving County and City Council and executive policy analysts, the service provider, the King County Prosecutor and other partners, which will design an ongoing evaluation strategy when the program is taken to scale. In addition to the current series of three evaluations by the University of Washington, LEAD proposes ongoing evaluation by outside entities every three years.

In February/March 2016, a new information sharing platform will roll out, available to law enforcement, prosecutors, case managers and other operational and governing partners. The goal is that all involved parties will be able to input and access real-time information about LEAD participants, coordinate planning and services, and support their efforts to succeed. The result should be the removal of obstacles to using the program for law enforcement, greater transparency to governing partners, and improved coordination by operational partners.

C. Populations, Geography, and Collaborations & Partnerships

1. What Populations might directly benefit from this New Concept/Existing MIDD Strategy/Program:

(Select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> All children/youth 18 or under | <input checked="" type="checkbox"/> Racial-Ethnic minority (any) |
| <input type="checkbox"/> Children 0-5 | <input type="checkbox"/> Black/African-American |
| <input type="checkbox"/> Children 6-12 | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Teens 13-18 | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Transition age youth 18-25 | <input type="checkbox"/> First Nations/American Indian/Native American |

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- | | |
|---|---|
| <input checked="" type="checkbox"/> Adults | <input type="checkbox"/> Immigrant/Refugee |
| <input type="checkbox"/> Older Adults | <input checked="" type="checkbox"/> Veteran/US Military |
| <input type="checkbox"/> Families | <input checked="" type="checkbox"/> Homeless |
| <input type="checkbox"/> Anyone | <input type="checkbox"/> GLBT |
| <input checked="" type="checkbox"/> Offenders/Ex-offenders/Justice-involved | <input checked="" type="checkbox"/> Women |
| <input checked="" type="checkbox"/> Other – Please Specify: | |

Potential to expand to referrals for juveniles during MIDD II – after resolving issues regarding parental/guardian consent, and developing a different array of services and provider(s) for juveniles

Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

Adults, who are or could be intercepted by law enforcement for qualifying low-level drug crimes, prostitution, or other crimes to support addictions.

- 2. Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection:** Choose an item.

Current LEAD operations are limited to all of downtown Seattle and the Skyway neighborhood. In early 2016, the City of Seattle plans to expand LEAD participation, first to the Capitol Hill area, and, assuming available resources, and eventually to the entire city. Elected officials from other cities, and the Sound Cities Association, are in discussion to expand LEAD practices county wide. A county-wide strategy will be particularly important and effective as the capacity of other MIDD strategies and new concepts increase case management, and housing/treatment options. Data from the Familiar Faces project indicate the sources for Familiar Faces jail bookings are 63 percent Seattle, 17 percent KC, 18-20 percent other cities.¹³

- 3. What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.**

Unlike many programs, LEAD is not a silo, but a coordinator of overall resources and processes for law enforcement diversion, care management and wrap-around services. LEAD is collaboratively governed under a formal Memorandum of Understanding by its necessary operational and political partners: the King County Prosecutor, King County Sheriff, Seattle City Attorney, Seattle Police Department, King County Executive, Seattle Mayor's Office, King County Council, Seattle City Council, the ACLU of Washington and the Public Defender Association. Project management is provided by the Public Defender Association. Case management and client services presently are provided by Evergreen Treatment Services' REACH program, which was selected in 2011 in a competitive RFP process overseen by the Policy Coordinating Group. Expansion of LEAD services could be handled by expanding the ETS/REACH contract, or by contracting with other case management providers if and where appropriate.

Current LEAD operational partners are: the King County Prosecutor, King County Sheriff (including Metro Police), Seattle City Attorney, Seattle Police Department, Department of Corrections, the case management agency (currently Evergreen Treatment Services), neighborhood public safety organizations in downtown

¹³ Familiar Faces, Current State-Analysis of Population, September 28,2015

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Seattle and Skyway, and the Public Defender Association. Governing partners are those listed above, other than the service provider, as well as the King County Executive, Mayor of Seattle, the King County Council, the Seattle City Council and the ACLU of Washington.

With expansion of LEAD to other jurisdictions, potential future partnerships will include other local police departments and prosecutors and integration with other MIDD strategies to optimally include, over time, integration with a comprehensive care management system for the population served by LEAD, which may substitute for dedicated LEAD case management - if it is sufficiently robust, comprehensive, and aligned with LEAD case management principles. Under the latter scenario, "LEAD" proper would be the process of coordinating law enforcement and prosecution functions, and community input, with case management services which are not necessarily organized under the rubric of LEAD.

D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

1. What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?

Federal and state (ESSB 6312) mandates for behavioral health integration are expected to impact resources available to LEAD. Behavioral health integration in King County will be implemented by April 1, 2016. Increased and improved payment options for services provided to participants are anticipated, which will improve the efficient use of other funding, meaning that LEAD may be able to expand geographically without a proportionate increase in funding for case management and direct services. Integration is also anticipated to improve outcomes for participants in the areas of coordination of care, and increased access to treatment.

Familiar Faces data analysis and follow-up will continue to identify the specific needs and interventions appropriate to this vulnerable population.

2. What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?

As LEAD has been operational since 2011, there should be no new barriers to implementation of the program at current levels, though continued training and buy-in of operational partners is essential. Expansion of LEAD to all of Seattle and other regional cities will depend on:

- Available funding
- Local law enforcement training and buy in with new concepts
- Available capacity of case management and treatment services
- Available capacity of housing

While data sharing has been somewhat cumbersome during the initial years of LEAD operations, the new information sharing platform planned for early 2016 will enable much better coordination and strategizing among operational partners regarding the specific interventions appropriate for participants.

It will be essential to continue to engage communities and current and aspiring political leaders about the methods and rationale behind LEAD. To date, an active engagement process has ensured that this approach has survived political and leadership changes in key operational and governing agencies; this will need to continue.

3. What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?

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It is an unfortunate but well-established reality that, oftentimes, criminal justice reform measures that reduce justice system involvement overall, increase disproportionate minority representation in the population that remains. LEAD originated in an effort to replace a pattern of arrest and justice system involvement that was known to be strikingly disproportionate to the population actually engaged in drug activity. For at least some of the stakeholders, as well as for MIDD II, ensuring that LEAD reduces, not increases, racial disparity in justice system involvement, is very important.

If LEAD expands to King County cities that presently do not arrest or incarcerate many drug-involved people, but are experiencing a felt epidemic of heroin and opiate dependency and related crime, it will be important to conduct nuanced assessments of whether this more constructive, benevolent response to drug-related crime is primarily benefitting white individuals who probably would not otherwise have been inducted into the justice system.¹⁴

Assessment of LEAD's impact on racial disparity is complex. Because the intervention is non-punitive and may lead to improved services, it is not necessarily an inequitable impact if LEAD referrals are disproportionately people of color, nor is it necessarily a sign of greater equity if law enforcement begins making more referrals of white individuals to LEAD. The evaluation advisory committee appointed by the Policy Coordinating Group will be tasked with framing a way to assess the racial impact of LEAD in light of these complex dynamics.

4. What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?

The LEAD program loses funding and is potentially unable to continue at current levels, and there would be no expansion to other areas in the county.

There is ongoing/increased recidivism and justice involvement for low-level crimes that are based on drug use/dependency, homelessness, and other behavioral issues.

There are ongoing/increased public safety and nuisance issues for community.

Most significant: LEAD is perhaps the best-developed available approach to law enforcement diversion of individuals with behavioral health issues driving low-level law violations. It has a well-defined operational protocol, buy-in from key sectors that rarely collaborate, an inter-agency and inter-jurisdictional governing structure that has proven robust over time, and considerable political and community goodwill. It has been rigorously evaluated as having significantly positive outcomes on individual behavior and on system utilization and cost. It also had an in-depth process evaluation that yielded important points for improvement that have been kept in mind during program expansion to date.

If LEAD falters and is not expanded to scale, it is unlikely that it will realize its transformational promise: delivering perceived and actually improved results at a neighborhood/community level, using a public health paradigm for certain individuals who engage in law violations. Without the assets and track record that LEAD now has, it is also unlikely that any other public health-oriented approach will succeed in dislodging traditional incarceration and punishment paradigm at a community level and with law enforcement, including law enforcement leaders who have to campaign for election. The sustainability of a public health response as a substitute for a jail and punishment approach depends on LEAD, or something very much like it, taking on the

¹⁴

See, e.g., http://www.salon.com/2015/11/04/sympathy_is_for_white_people_the_60_minutes_segment_that_highlights_americas_startling_double_standard_on_addiction/

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challenge of going to scale and maintaining operations over a period of time with satisfactory results. If LEAD cannot go to scale during MIDD II, this window of opportunity may be missed.

- 5. What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?**

Alternative approaches would include the Crisis Solutions Center, and proposed center for south King County, 1811 Eastlake, The Seattle Police Department's Crisis Response Team, King County's Drug Diversion Court, and All Home. Each of these programs focuses on a portion of LEAD's program – crisis management, harm reduction, strategies for drug treatment and reducing homelessness, community engagement. However, none of the other programs integrates all the various components in LEAD that intend to reduce recidivism and criminal justice involvement/costs, and reduce harm/improve outcomes for this group of individuals.

By incorporating LEAD within the umbrella of MIDD strategies, the goal would be to integrate LEAD's case management and service approach into a more comprehensive regional behavioral health system, as capacity in other MIDD strategies increase. Taking LEAD to scale, in combination with the other strategies named here, also offers the potential to have a larger community-based impact than the other approaches alone can offer.

E. Countywide Policies and Priorities

- 1. How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?**

LEAD operations and services operate at three points in the Continuum of Care:

- Intervention – LEAD's harm-reduction practices are focused on reducing harm to drug-involved individuals and their communities, intervening in the cycling of persons through the criminal justice system for low level criminal activity related to substance use and abuse, and referral to case managers.
- Treatment – While not specifically focused on abstinence, harm reduction models, similar to that used in LEAD, find that meeting an individual's basic needs provides stability that often results in reduced or eliminated substance abuse. Case management and wrap-around services support the trajectory of improved quality of life outcomes that are essential for recovery.
- Aftercare – These include the wrap-around services and criminal justice coordination to support the plan for achieving a participant's stability, recognizing that the journey is not generally a linear progression. Drug Diversion Court has begun to think of LEAD as a possible structure for aftercare for DDC graduates, for example.

LEAD fits with, and should be integrated with other county initiatives that also utilize a Housing First, supportive housing and crisis stabilization model, such as All Home and various MIDD strategies related to diversion and housing. Current initiatives, such as the Familiar Faces and Recidivism Reduction and Reentry projects, both support and are informed by LEAD.

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2. How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?

Much of the low-level drug and prostitution criminal activity is rooted in behavioral health issues, which are rooted in past and ongoing trauma. Based in a harm reduction model, LEAD provides diversion and support services at the first intercept point – first responder/law enforcement, prior to jail booking. What LEAD offers to participants is to meet them where they are, to provide case management and wrap around services to meet basic needs, to coordinate criminal justice support, and to provide new tools to address their behavioral issues. LEAD case managers are centered in a trauma-informed care model, and estimate that more than half of all those referred to LEAD suffer from mental health issues, most undiagnosed, many resulting from childhood or lifelong trauma. Case managers have been able to educate others who have power and influence over what happens to LEAD participants (officers and prosecutors) about the role of trauma in particular participants' responses to direction and authority, for example, allowing those partners to modify their approach to more effectively engage the person in light of their trauma-conditioned responses.

In addition, the Public Defender Association recruits LEAD participants and "alumni" for internships as organizers with VOCAL, a membership-based organization by and for street-involved persons. These internships help develop leadership skills for future use in LEAD or other programs. With the understanding that people hear and relate better to others who have walked their road, the roles that LEAD graduates can play is invaluable.

3. How does this New Concept/Existing MIDD Strategy/Program enact and further the County's EQUITY and SOCIAL JUSTICE work?

Harm reduction acknowledges that many factors impact an individual's susceptibility to and ability to deal with drug use, including poverty, racism, trauma, discrimination, age, gender and other inequities. Approximately 60 percent of LEAD 2015 participants are persons of color and 32 percent are female, a number that would have been lower (given that referrals are based on law enforcement contact and arrest for drug activity, which overwhelmingly focuses on men) had the program not been intentionally designed to increase the number of women referred by including referral of those arrested for or engaged in sex work. Nearly all are unemployed and the majority has some level of public assistance. 39 percent have no income at all.¹⁵

LEAD originated in an effort to provide a less damaging alternative to incarceration and prosecution of overwhelmingly black drug suspects by the Seattle Police Department. To the great credit of SPD, they voluntarily explored this alternative despite not concurring with some other LEAD partners about the legitimacy of the racial composition of those arrested on drug charges. Because LEAD has proven a mutually satisfying alternative way to deal with drug crime, law enforcement partners have become increasingly comfortable to name reducing racial disparity as one of the benefits of adopting a LEAD approach. Seattle/King County law enforcement leaders are now some of the most prominent national police spokespeople for the importance of reducing racial inequality in enforcement patterns, a direct outgrowth of their work with LEAD.

As noted above in the section on Unintended Consequences, if LEAD expands to jurisdictions where the perceived and actual drug problem overwhelmingly involves white people, it will be important to ensure that the program continues to contribute to the effort to reduce racial disparity in the justice system. The evaluation advisory committee appointed by the Policy Coordinating Group will have the challenging task of agreement on a framework for assessing the program's effect on racial disparity, where it is not clear whether

¹⁵ LEAD Dec 2015 Demographics

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inclusion in the program (due to its benefits) or omission from the program (because entry is a function of law enforcement engagement of some sort) is more positive with respect to racial equity.

F. Implementation Factors

1. What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program (staff, physical space, training, UA kits, etc.)?

- Ongoing funding is needed to continue 2016 interim funding for the LEAD program at existing levels.
- To implement the desired expansion of LEAD to all of Seattle and other regional cities, the program will need:
 - agreements with other city jurisdictions
 - training for law enforcement and prosecution personnel
 - hiring more case managers and
 - contracts with south-side vendors/facilities

2. Estimated ANNUAL COST. \$2,500,001-\$5 million Provide unit or other specific costs if known.

To continue provision of current levels of LEAD operations and services will require an estimated \$2.7 million per year. This includes estimations of the following costs:

- \$500,000 for prosecution costs
- \$35,000 for law enforcement overtime
- \$11,000 for training costs
- \$500,000 for project management, community engagement & client legal services
- \$1.6 million for case management
- \$35,000 toward evaluation costs every third year

Proposed expansion of LEAD operations regionally will require an estimated \$4.5 million, primarily for expanded case management and services. In the event that the capacity in other MIDD strategies that could potentially support LEAD are insufficient and integration is not implemented, the case management cost could be higher.

3. Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.

MIDD I is providing funding for LEAD in 2016. The City of Seattle has committed funding toward case management and in-shift costs for the Seattle Police Department. In addition, The King County Prosecutor's Office and the Seattle City Attorney's office have, to date, absorbed LEAD prosecution coordination costs without outside funding. LEAD and the participating local governments recognize the need to coordinate expectations between various funding sources. With behavioral health integration, LEAD anticipates increased Medicaid coverage for participants' services, which will help to expand and more efficiently utilize other funding.

LEAD project management and community engagement functions are provided by the Public Defender Association, which to date and through 2016 will have private foundation support for this. That work is essential to ongoing LEAD operations, however, so should be understood as a real program cost should foundation support not fully support those functions in 2017 or beyond.

4. TIME to implementation: Currently underway

a. What are the factors in the time to implementation assessment?

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- b. **What are the steps needed for implementation?**
- c. **Does this need an RFP?**

To expand LEAD operations to Seattle’s East Precinct (Capitol Hill) will require six months to one year for implementation. Implementation will consist primarily of rolling out the new information sharing platform, law enforcement training and hiring of additional case managers.

For full expansion to all of Seattle and other interested cities will take one to five years and require agreements with the other jurisdictions, training of law enforcement and prosecution staffs, additional contracts with case management, and increased housing a services capacity, particularly in south King County..

Integration with other MIDD strategies will require five to ten years, depending on implementation and capacities within the other strategies.

G. Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?

It is highly desirable to establish linkages and better integration with other MIDD strategies and new concepts in order to improve efficiencies, coordinate services to the target population and improve outcomes for participants.

The demographic profiles for current LEAD operations in downtown Seattle show average age of participants is around 41 years. Expansion to other areas will involve different demographics than the older downtown Seattle drug users. The Capitol Hill area would capture a younger population, providing case management and wrap-around services and potentially improved participant outcomes earlier in in their lives. Expanding to south King County and other neighborhoods will make possible a more standardized County-wide paradigm for coordinating law enforcement and justice system responses to the Familiar Faces population and similarly-situated individuals who, for whatever reason, have not been so frequently booked into the jail, but could be.

New Concept Submission Form

Please review the preceding pages before completing this form.

Please be specific. Be sure to describe how the concept addresses mental health or substance abuse needs in King County. All programs funded by MIDD II must be implemented in King County.

#23

Working Title of Concept: Law Enforcement Assisted Diversion: Maintenance & Expansion

Name of Person Submitting Concept: Dan Satterberg & Lorinda Youngcourt for the LEAD Policy Coordinating Group

Organization(s), if any: King County Prosecutor’s Office & King County Department of Public Defense

Phone: c/o Lisa Daugaard: 206-392-0050 x729

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Email: c/o Lisa Daugaard: lisa.daugaard@defender.org

Mailing Address: Public Defender Association, 810 3rd Ave., #705, Seattle, WA 98104

Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.

Concepts must be submitted via email to MIDDconcept@kingcounty.gov by October 31, 2015.

1. Describe the concept.

Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

The Law Enforcement Assisted Diversion (LEAD) program directly diverts individuals who are engaged in drug crime (and other collateral crime due to drug involvement) from the justice system, and reduces recidivism, by allowing law enforcement partners (currently the Seattle Police Department, King County Sheriff's Office, Metro Police and Department of Corrections) to bypass jail booking and prosecution for qualifying individuals under arrest, instead connecting drug-involved individuals directly to case managers who provide immediate assessment and crisis response, and long term wrap-around services. LEAD also allows law enforcement to make "social contact referrals" to case managers when individuals are known to commit drug-related crime, addressing drug crime "upstream" and reducing utilization of the formal justice system. In the Sequential Intercept Model, LEAD is a community-based strategy that engages individuals at Intercept I (pre-jail booking).

Beyond its law enforcement referral component, LEAD also offers a framework for coordinating all the other contact the justice system has with participants in other cases that are not eligible for diversion and have been or will be filed and prosecuted. The prosecution coordination component of LEAD is critical to reducing the odds that the formal justice system will inadvertently compromise an individual's progress toward health, recovery and independence by imposing ill-timed detention, sanctions or release requires which are in tension with the community-based intervention designed and supported by the LEAD case managers. The LEAD system coordination function allows prosecutors to make discretionary decisions about whether to file charges, recommend pre-trial detention or release conditions, reduce charges, recommend incarceration after conviction, and/or dismiss charges, in a way that supports rather than undermines the intervention plan designed for the particular participant, in order to maximize community health and safety.

LEAD is collaboratively governed under a formal Memorandum of Understanding by its necessary operational and political partners: the King County Prosecutor, King County Sheriff, Seattle City Attorney, Seattle Police Department, King County Executive, Seattle Mayor's Office, King County Council, Seattle City Council, the ACLU of Washington and the Public Defender Association. Project management is provided by the Public Defender Association, and case management and client services are provided by Evergreen Treatment Services' REACH program, which successfully responded to an RFP issued by the LEAD Policy Coordinating Group. LEAD launched as a pilot in Seattle's Belltown neighborhood and King County's Skyway neighborhood in 2011, relying entirely

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on grants from private foundations. In 2014, with support from the City of Seattle, and at the request of other downtown Seattle neighborhoods, the program was expanded to include the rest of downtown Seattle. Private funding ends in 2015, and public support from local government will be required for LEAD to continue and expand in 2016 and beyond. King County Executive Dow Constantine has proposed and the County Council is considering a supplemental budget allocation for 2016 to bridge to MIDD II, replacing the private funding that expires in 2015, in order to sustain existing program capacity.

With sufficient planning capacity and funding/resources for case management and purchase of direct services, LEAD can be expanded to include other King County jurisdictions and other Seattle neighborhoods, focusing on those most affected by racial and economic inequality and homelessness, as well as those otherwise making comparatively heavy use of the traditional justice system. The methodology for effective law enforcement engagement and building and retaining community support has been well-established and tested over the past four years.

Specific services provided: LEAD utilizes a harm reduction framework. “Success” is not framed in terms of achieving abstinence, but may and often does involve reducing or eliminating substance use over time. Rather, success is defined as reducing harm to the individual participant and to the community. Case managers use motivational interviewing techniques, and establish a low- or no-barrier atmosphere that ensures participants are not shamed and can readily re-engage when they have struggled or are struggling. Case managers must have a proven ability to engage a street-involved population, receive high-level clinical supervision, and have low caseloads (averaging 25 active clients) allowing street-based outreach and engagement, and immediate response to unscheduled needs wherever possible. Case managers can purchase services where appropriate, and make clinically-driven decisions about how best to assist participants in establishing long-term healthy and stable living arrangements. As part of the harm reduction framework, LEAD uses a Housing-First approach. In general, pursues the goals of the individual participant as identified by the case manager and participant in an Individual Intervention Plan; these goals most often include housing, as more than 80% of LEAD participants are experiencing homelessness at program entry.

2. What community need, problem, or opportunity does your concept address?

Please be specific, and describe how the need relates to mental health or substance abuse. King County neighborhoods have a real and felt need for local government to respond to illegal drug use, drug sales, and the collateral crime connected to the criminalization of drug use and sales. At the same time, it is increasingly understood by community leaders and policy makers alike that responses that utilize primarily enforcement and prosecution strategies are too expensive play out in ways that are racially unequal and create downstream inter-generational damage, and are largely ineffective in changing the behavior at issue. Yet, for the time being, communities expect law enforcement to play a role in responding to drug-related crime. A solution is therefore needed that can intercept the need/problem at the point of law enforcement response, and channel drug-involved individuals into a community-based intervention whenever possible and appropriate.

All LEAD participants are thought to be drug-involved; diversion is available for individuals suspected of drug crimes and sex work, which thought frequently to be related to drug addiction

(prostitution diversion is included in LEAD protocols to ensure the program serves women, as drug arrests historical have been concentrated on men). While mental illness is not a criterion for LEAD program entry, case managers estimate that more than half of all LEAD participants are mentally ill, often undiagnosed, often as a result of early life trauma. Many are unconnected to mental health services at program entry, and long-term stabilization requires attending to these emotional and psychological injuries which drive drug use and other harmful behaviors as coping mechanisms.

3. How would your concept address the need?

Please be specific.

LEAD has been evaluated to successfully reduce recidivism of participants, compared to a matched control group, and meets the Office of Justice Programs definition of an Evidence-Based Practice. It has also been evaluated as costing less than system-as-usual operations, specifically resulting in savings to King County due to reduced jail, public defense and prosecutor system utilization.

LEAD's specific mechanisms include (i) effective training of and engagement with front-line law enforcement officers (officers and sergeants) to enlist their active participation in this approach, and tapping into their experience and knowledge of the street-involved population; (ii) ongoing community outreach and engagement, maintaining neighborhood understanding of and support for this alternative paradigm, and channeling community information into the social contact referral process to ensure a high level of community satisfaction; (iii) provision of high-quality, well-supervised case management in a harm reduction/Housing First framework; (iv) provision of civil legal services to assist participants in removing legal obstacles to improved life circumstances; and (v) coordination with public defenders to receive defense-initiated social contact referrals and ensure defenders integrate LEAD into defense planning for resolution of filed cases as appropriate.

LEAD responds to the gap in existing criminal justice system response identified in King County's 2015 "Familiar Faces" project, which analyzed the circumstances and attributes of individuals who have been booked into the King County Jail 4 or more times in a 12-month period, finding that 94% of these individuals have a behavioral health condition. The Familiar Faces tend to have great difficulty in meeting compliance requirements in existing court-based programs. LEAD fills that gap in the landscape. The Familiar Faces Future State vision exercise identified community-based diversion by law enforcement as a promising practice that should be prioritized.

LEAD sometimes has been used by King County's Drug Diversion Court (DDC) as a thoughtful alternative plan for defendants who are unlikely to succeed in Drug Diversion Court due to abstinence and compliance requirements in DDC (separately, LEAD has been discussed as a possible aftercare framework for DDC graduates). This practice of strategic referral to LEAD of individuals unlikely to succeed in the compliance framework of therapeutic courts could be done more systematically for many in the Familiar Faces group.

4. Who would benefit? Please describe potential program participants.

More than 80% of program participants are experiencing homelessness at program entry, more than 80% are dependent on substances, and more than 50% have (often untreated) mental health conditions. LEAD participants typically are high justice system utilizers who have cycled repeatedly through the formal justice system to little productive effect, as chronicled in the analysis of pre- and post-program recidivism conducted by the University of Washington research team. All are either at high risk of arrest or are under arrest at the time of program referral, most on felony drug charges, some for prostitution.

Communities and neighborhoods also benefit, directly because they have a direct channel for input into the LEAD social contact referral process and because they likely will see improved street-level results when the program can be taken to scale in their neighborhoods; and indirectly, as LEAD allows more efficient use of public resources to more meaningfully respond to what are really public health needs presenting as law violations, reserving more public resources for other uses.

Presently, LEAD operates in downtown Seattle, the Skyway neighborhood in unincorporated King County. Other King County cities have expressed interest in adopting a LEAD approach, as have several Seattle neighborhoods outside the West Precinct. Expansion to these additional areas is possible with sufficient planning and coordination resources, and is reflected in the “to scale” budget estimate below. Please also note that costs to MIDD may be reduced by increasing Medicaid reimbursement for LEAD case management, direct services and justice system functions, especially in light of behavioral health integration, effective April 1, 2016.

LEAD effectiveness can be enhanced with explicit policy commitments to housing people with criminal records and/or active drug users (consistent with a Housing First approach). LEAD stakeholders along with other King County, City of Seattle and community-based human services partners are currently engaged in an exploration of such policy options through the Seattle Foundation/King County “Communities of Opportunity” collaboration. By 2017, we would expect to have advanced toward addressing housing scarcity for this particular population.

5. What would be the results of successful implementation of program?

Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

Data is systematically collected on LEAD referrals, using a system that allowed a non-randomized control design evaluation of recidivism and cost in 2015 by a University of Washington research team funded by the Arnold Foundation.

The outcome measures studied in the 2015 evaluation are: (i) effect on recidivism compared to a control group; (ii) effect on system utilization and cost compared to a control group; and (iii) individual participant longitudinal effects in a within-subjects analysis. Reduced criminal involvement by participants is the program objective affirmed by the LEAD partners, with the hypothesis that aggregating reduced criminal involvement by participants at a community-wide scale will result in real and felt neighborhood level public safety and public order improvements.

While evaluation resources likely will not permit this rigorous data analysis of the LEAD pilot project from 2011-2013 to be repeated, the data collection systems and processes that were

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established to support the evaluation of the pilot program remain in place. LEAD has an inter-agency evaluation advisory committee appointed by its Policy Coordinating Group, involving County and City Council and executive policy analysts, the service provider, the King County Prosecutor and other partners, which can design an ongoing evaluation strategy when the program is taken to scale.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

- Prevention and Early Intervention: Keep people healthy by stopping problems before they start and preventing problems from escalating.**
- Crisis Diversion: Assist people who are in crisis or at risk of crisis to get the help they need.**
- Recovery and Reentry: Empower people to become healthy and safely reintegrate into community after crisis.**
- System Improvements: Strengthen the behavioral health system to become more accessible and deliver on outcomes.**

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders? LEAD has been rigorously evaluated as improving justice and system outcomes for its drug-involved and often mentally ill participants, as described above. LEAD participants are re-arrested 58% less often after program entry than a matched control group, making it an unusually effective intervention at reducing justice system exposure for a drug-involved population. LEAD participants are 27% less likely to be prosecuted for a felony than the control group, due to intentional, thoughtful decision-making by a dedicated prosecutor. Within-subjects analysis of the longitudinal psych-social impact of LEAD involvement by participants is ongoing in fall 2015, but the methods used by LEAD case managers (harm reduction/Housing First framework, low barriers to engagement, motivational interviewing) are known to achieve outcomes more favorable than abstinence-oriented approaches.

We did not check the “system improvements” objective in Question 7, above, but LEAD has been and should continue to be instrumental in system transformation (just not particularly in the area of “strengthening the behavioral health system to become more accessible” called out in Question 7). LEAD provides a template and a framework for justice system professionals, law enforcement, community public safety leaders and service providers to coordinate and strategize to achieve optimal individual outcomes. In so doing, it has created previously unknown partnerships and cooperative relationships, which have yielded many system improvement benefits beyond LEAD.

8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

LEAD operational partners are: the King County Prosecutor, King County Sheriff, Seattle City Attorney, Seattle Police Department, Metro Police, Department of Corrections, the case management agency (currently Evergreen Treatment Services), neighborhood public safety organizations, and the project manager (the Public Defender Association). Governing partners are those listed above, other than the service provider, as well as the King County Executive, Mayor of

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Seattle, the King County Council and the Seattle City Council.

It should be noted that from 2014-2016, the City of Seattle has committed or is expected to commit at least \$800,000 annually to support LEAD expansion, which, per the July 2015 evaluation of system utilization and cost, likely has resulted in system savings for King County, though not yet for Seattle. Seattle has already come to the table committing public dollars to this MIDD-appropriate approach, and it would encourage Seattle to continue this commitment for MIDD to come on board in support of LEAD.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation: \$ 800,000 per year, serving 350 people per year

Partial Implementation: \$ 1.5 million per year, serving 700 people per year

Full Implementation: \$ 4 million per year, serving all eligible people per year

Once you have completed whatever information you are able to provide about your concept, please send this form to MIDDConcept@kingcounty.gov, no later than 5:00 PM on October 31, 2015.

If at any time you have questions about the MIDD new concept process, please contact MIDD staff at MIDDConcept@kingcounty.gov.