An Overview of the Program
By members of the LEAD Policy Coordinating Committee:
Captain Jerome Sanchez, Santa Fe Police Department
Jason Lidyard, Deputy District Attorney, 1st Judicial District
Dr. Michael DeBernardi, Clinical Director, The Life Link
Bennett Baur, Acting Deputy Chief Public Defender, North-Central NM
Emily Kaltenbach, State Director, Drug Policy Alliance

What is LEAD?
(LEAD = Law Enforcement Assisted Diversion)
LEAD is a pre-booking diversion pilot project.

Pre-booking means we divert low level drug offenders for whom probable cause exists for an arrest and redirect them from jail and prosecution by immediately providing linkages to treatment and social supports including harm reduction and intensive case management in an effort to treat the root cause - opiate drug addiction.

LEAD is based on a commitment to a harm reduction framework for all service provision. LEAD emphasizes individual and community wellness, rather than an exclusive focus on sobriety.
What are the goals of LEAD?

- Increase access to community-based supports (i.e. housing, employment, primary care, treatment,) for illicit opiate drug users to improve quality of life and public safety
- Reduce illicit opiate drug overdose deaths
- Reduce recidivism back into the criminal justice system
- Reduce property crimes related to drug use
- Reduce costs to the criminal justice and health system related to illicit opiate drug use:
  - 100 of our top repeat offenders cost our systems over $4.2 million over 3 years. Cost to treat these same 100 individuals in LEAD would cost approximately $1.8 million over 3 years (LEAD Cost/Benefit Analysis, June 2013; LEAD service cost analysis June 2015).

Who Started LEAD?

- The first LEAD Pilot Program Started in Seattle in 2011, mainly as a response to large amount of overt low level narcotics related offenses in the Bell Town area. The program was created by a coalition of law enforcement agencies, public officials, and community groups.
- Santa Fe’s LEAD Pilot Program began in April of 2014 as a response to an increasing amount of persons with opiate addictions fueling a criminal activity (especially property crimes) as well as overdose deaths.
- Santa Fe became the second city in the U.S. to adopt the LEAD model.
Guiding Principles of LEAD

• The current approach of criminalizing drug use is not working.
• We believe addiction is a public health issue not a criminal one.
• LEAD aims to reduce the cost of drug use to the criminal justice and public health systems by connecting low-level drug offenders to support services instead of jail.
• LEAD aims to reduce the harm to the individual and the community by supporting an intensive case management approach to drug use.
• LEAD seeks to reduce crime related to drug use.

LEAD Client Eligibility Requirements

Adults suspected of a criminal offense and addicted to opiates may be eligible for LEAD except when:

• The amount of drugs involved exceeds 3 gms;
• The individual does not appear amenable to the program;
• The suspected drug activity involves delivery or possession with intent to deliver, AND there is reason to believe the suspect is dealing for profit above a subsistence income;
• The individual is under the age of 18;
• The individual appears to exploit minors;
• The individual is suspected of promoting prostitution;
LEAD Client Eligibility Requirements (cont.)

Adults suspected of a criminal offense and using opiates may be eligible for LEAD except when:

- The individual has disqualifying criminal history as follows:
  - In the last 10 years: Any conviction for homicide, vehicular homicide, aggravated arson, aggravated burglary, all robbery, all kidnapping, all sex offenses, and any conviction involving firearms or deadly weapons (or attempt of any crime listed here).
- LEAD eligibility is not a substantive right, subject to litigation.
- “Subsistence dealing” is the sale of opiates that does not entail dealing for profit, but rather dealing to support ones drug habit and survival.

How LEAD Works

- Upon detention, an officer will contact an individual on the street and determine, based on eligibility requirements, if they qualify as a candidate for LEAD. This is confirmed with a call to a representative from the First Judicial District Attorney’s Office.

- If they qualify the subject is handed over to a case manager immediately and the officer is released to continue his shift. If they do not qualify the subject is referred through the traditional criminal justice system.

- The subject is required to complete an intake assessment and is required to return to the service provider within 7 working days to continue a more intense individualized service plan. If the subject does not return, criminal charges can be filed by the DA.
How LEAD works, continued.....

- The officers and case managers meet twice a month to discuss the progress of their client and learn about the services that are being provided to them. This is called the “Case Coordinating Group”.

- Officers also have a social contact referral component to the program. A crime does not need to be committed; an officer can refer a subject who is an opiate addict based on their willingness and eligibility to be enrolled in the program. The case managers are contacted and the subject is transported to a case manager for intervention services.

What is happening so far?

- Full implementation began in April of 2014 and a total of 50 clients have been referred.

- Of those 12 were deemed, or became, ineligible due to one of the following: incarceration, probation, pending felony cases, declined participation disenrolled due to involvement in certain crimes or for violent behavior. Only one client, has been arrested on a felony. The others were involved in petty crimes or possession offenses.

- 38 LEAD clients are actively engaged in the program.
  - 21 were arrest referrals (possession of opiate and/or paraphernalia),
  - 17 were social contact referrals.
Who are the LEAD clients?

- N=38 LEAD clients
- Female: 66%
- Between 18-35 yrs old: 92%
- Hispanic: 84%
- Single: 82%
- Homeless or No Steady Housing: 40%
- Has at least one child: 30%
- Highly Engaged in Program: 35%
- Has a Co-occurring Substance Use & Mental Health Disorder: 81%

Service Provision

- Client care being coordinated through The Life Link
- Services include
  - Intensive case management
  - Emergency and long-term supportive housing
  - Substance abuse assessment and counseling
  - Mental health assessment and counseling
  - Psychiatric services
  - Suboxone treatment
  - Harm reduction services
  - Employment assistance
  - Psychosocial rehabilitation (e.g. skills training, wellness)
  - Sustenance (e.g. food, clothing, transportation, cell phone)
  - Community referrals
Service Provision

- Intensive Case Management
- Harm Reduction Services
- Development of Individual Intervention Plans
- Basic Needs, i.e., food, clothing, medical/dental care, enrollment in Medicaid, etc.
- Transportation
- Housing
- Treatment Services (including medication assisted treatment)
- Job training/employment supports/education supports

What services are clients engaged in?

<table>
<thead>
<tr>
<th>Service</th>
<th>Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management</td>
<td>100%</td>
</tr>
<tr>
<td>Inpatient/Outpatient/Group Therapy</td>
<td>58%</td>
</tr>
<tr>
<td>Supportive Housing</td>
<td>19%</td>
</tr>
<tr>
<td>Medication Assisted Treatment</td>
<td>28%</td>
</tr>
<tr>
<td>Personal Assistance</td>
<td>44%</td>
</tr>
<tr>
<td>Transportation Assistance</td>
<td>36%</td>
</tr>
<tr>
<td>Other: wellness, primary care, employment, harm reduction</td>
<td>90%</td>
</tr>
</tbody>
</table>
WHAT IS LEAD’s Impact?

- All clients have access to harm reduction services
- No clients have overdosed
- 4 clients are housed who previously were homeless or were living in an unhealthy home environment
- 1 client, who is now housed, engaged in therapy, looking for employment and on Medication Assisted Treatment (MAT) now has her children back
- 1 client who has been in and out of the criminal justice system and treatment several times and was a very heavy opiate user at the time of referral into LEAD is now on MAT, housed, and engaged in therapy
- 10 clients are engaged in MAT and thus have decreased harm to themselves and others

Seattle LEAD’s Evaluation Results

Recidivism (i.e., new arrests):

- People in LEAD were 60% less likely than people in the control group to be arrested within the first 6 months of the evaluation.
- Over the entire course of the evaluation to date, people in LEAD were 58% less likely than people in the control group to be arrested.

(In this evaluation, 203 people were followed who received LEAD and compared them with 115 people who were in the control group (i.e., were arrested and prosecuted as usual).

- These findings are particularly meaningful when placed in the context of the existing interventions targeting recidivism in King County, Washington. Specifically, LEAD showed more favorable recidivism outcomes compared to the system as usual, which includes various therapeutic courts.

(Source: http://leadingcounty.org/lead-evaluation/)
Seattle LEAD’s Evaluation Results

Cost:
- The cost of the LEAD program averaged $899 per person per month. However, these costs included program start-up and decreased to $532 per month towards the end of the evaluation.
- Across nearly all outcomes, statistically significant reductions for the LEAD group compared to the control group on average yearly criminal justice and legal system utilization and associated costs were observed.
- Jail Bookings: LEAD participants had 1.4 fewer jail bookings
- Jail Days: LEAD group spent 39 fewer days in jail
- Prison Incarceration: LEAD group had 87% lower odds of at least 1 prison incarceration
- Costs associated with Criminal Justice and Legal System Utilization: From pre-to post-evaluation entry, LEAD participants showed substantial cost reductions (-$2100), whereas control participants showed cost increases (+$5961).

Santa Fe LEAD’s Evaluation Plan

- A 3 year evaluation plan will be created that outlines a process and outcome evaluation study design to evaluate:
  - **Program Implementation**: methods & benchmarks to track and document the process of program implementation will identify aspects of the program that are working or that need be improved in real time to ensure program fidelity and effectiveness. **Process measures may include**: referral process, client engagement, program costs, program oversight.
  - **Program Impact**: indicators, based on program goals, will be identified along with a process for data collection and documentation to ensure that feasible outcomes are measured so program impact is understood. **Outcome measures may include**: client recidivism rates, client drug poisoning rates, client quality of life, system related costs, program sustainably.
National Implications

- Replicating LEAD - A growing number of jurisdictions are interested in adopting LEAD.
- A national convening for over 30 interested jurisdictions was held Washington D.C. July 1–2, 2015 at the White House and was hosted by the Domestic Policy Council, the Seattle Police Department, the King County Sheriff’s Office, the Ford Foundation, the Laura and John Arnold Foundation, the Public Defender Association and the Drug Policy Alliance.
- Interested jurisdictions include Atlanta, Baltimore, Houston, Ithaca, Los Angeles, New York City, Philadelphia, Portland (ME) and San Francisco.
- The LEAD model has been endorsed by the White House's Task Force on 21st Century Policing.

Legislative Ask: Funding Support
Thank You

Questions?