Literature Review: Law Enforcement Assisted Diversion (LEAD) Programs

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Definition: Law Enforcement Assisted Diversion (LEAD) is an example of a pre-booking diversion program for low-level offenders in which a trained officer may screen and divert to case management for housing, treatment, and other services rather than arresting the individual (Drug Policy Alliance, 2015).

Target Population: Low-level offenders (drug and property crime) with a history of drug abuse/dependence and/or mental illness.

Description: LEAD is based upon the belief that addiction shouldn't be criminalized, rather, addressed as a public health issue through a harm reduction approach. LEAD aims to increase access to community-based supports to improve quality of life and public safety for illicit opiate drug users. It also aims to reduce illicit opiate drug overdoses, reduce recidivism, property crimes, and ultimately, costs to the criminal justice and health systems (LEAD Santa Fe, 2015).

Research Summary:

Diversion can be categorized into several phases, according to the Center for Health and Justice at TASK (2013). This includes diversion at the law enforcement phase, diversion at the pretrial or prosecution phase, and diversion at the problem-solving/specialty court phase. This research summary will focus on diversion at the law enforcement phase, also considered to be law enforcement pre-booking diversion. Typically, oversight is handled by the county sheriff and/or the municipal police department, and has extensive coordination with treatment and mental health facilities, housing authorities, and other appropriate agencies.

Pre-booking and early diversion typically targets a specific population, for example, mentally ill offenders or drug offenders. The type of offenses tend to be low level misdemeanors and infractions, which allows for the discretion of a police officer, including trespassing, loitering, disorderly conduct, public intoxication, petty theft, and nuisance (Scherer, 2008). Some programs focus more on the mental illness aspect, while others concentrate more on reducing the 'revolving door,' of incarceration. In addition to defining the target population, programs also define exclusionary criteria for eligibility of the program. For example; the quantity of drugs on the offender while being arrested exceeds a certain amount, the individual doesn't appear amenable to the program treatment options, 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, and the individual is suspected of promoting prostitution (LEAD Santa Fe, 2015)

The diversion goals include street-level safety, reduced pressure on booking and holding jails, reduced court and docket pressure, reduced costs, and increased access to medical, mental, and substance abuse/dependence treatment and services. Other services include housing placement, legal advocacy, education, transportation, food assistance, and job training. Programs have been shifting away from an "enforcement first" approach, and are placing more emphasis on individual wellness and harm reduction (Drug Policy Alliance, 2015). One main component of 'harm reduction,' is the removal of the requirement of sobriety to participate in the program. Many argue that while unfortunate, relapse is a part of recovery, and it would be unfair to remove an individual from the program if they legitimately desire to get and stay sober (Drug Policy Alliance, 2015).

Some examples of well-known specialized-policing response models include:

- Co-Responder Teams: Specially trained officers' pair up with specially trained mental health clinicians' to respond to calls involving mental illness with the goal of transporting and/or referring the individual to services, rather than resulting in an arrest (CBHC, 2016).
- Follow-Up Teams/Community Outreach Teams: Law enforcement or crisis responders work closely with mental health partners to identify high-utilizer individuals to develop longer-term solutions and engage them in treatment (CBHC, 2016).
- Crisis Intervention Teams: Officers that are trained in identification of signs and symptoms of mental illness, have de-escalation tactics, and the ability to transport individuals in crisis to the appropriate service centers (CBHC, 2016). Crisis intervention training (CIT) has been referred to as the, "backbone of any pre-booking diversion program," (Scherer, 2008). It is recommended for 911 dispatchers, police officers, and any other form of first responders. It includes 40 hour training, and two day annual refresher courses.

Some of the first pioneer program models include:

- Seattle, Washington-The first pre-booking diversion started in Seattle in 2011
- Santa Fe, New Mexico-In 2013, Santa Fe implemented a LEAD program which focused on opioid misuse, dependence, overdose, and related property crimes.
- Albany, New York-In 2015, Albany implemented the first North-east specific LEAD program.

Other places that have shown interest in implementing some sort of law enforcement pre-booking diversion program include Atlanta, Baltimore, Chicago, Houston, New Orleans, and San Francisco.

Existing research supporting LEAD models:

The University of Washington, Harborview Medical Center, Harm Reduction Research and Treatment Center has evaluated the Seattle, Washington LEAD program for several years on a variety of issues. This includes:

1. Lessons Learned from the First Two Years, Process Evaluation (March 21, 2014)—A total of 11 "lessons," were learned and could be organized into four categories (Getting Started, Training, Communication, and the Transformation of Institutional Relationships). Many of the "'lessons," learned are also addressed by similar implemented LEAD models, and are briefly outline in the following section.
2. Recidivism Report (March 27, 2015)—Found that participants' in LEAD were 58% less likely than individuals' in the control group to be arrested.
3. Criminal Justice and Legal System Utilization and Associated Costs (June 24, 2015)—LEAD participants' showed cost reductions of $2100 in comparison to control participants' who showed cost increases of $5961 from pre to post evaluation entry.
4. Impact on Housing, Employment, and Income/Benefits (March 31, 2016)—LEAD participants were significantly more likely to obtain employment, income, and housing after receiving LEAD referrals compared to the month prior to their referral. Specifically, LEAD participants were 46% more likely to be on the employment continuum, 33% more likely to have income/benefits, and two times more likely to be sheltered.
5. Describing LEAD Case Management in Participants' Own Words (November 1, 2016)—Findings showed that LEAD case management was perceived by participants as advocacy and client-oriented, nonjudgmental, and effective.

More recently, programs have expanded the ways in which contact is made with potential participants. Initially, individuals were identified and referred through a routine police contact that would have most likely resulted in an arrest. Oftentimes this individual has had prior arrests and might even be identified as a "high utilizer." Newer programs are now looking at ways to identify and engage potential participants with drug addiction prior to entering the criminal justice system, either through treatment referrals, or self-initiated "turn-in's" (Gloucester, Massachusetts, "Angel Program") whereby a drug addict may hand over their drugs to the police department and are then assigned an 'angel,' or volunteer peer, to assist in treatment navigation

(PAARI, 2017). Such examples can be thought of as hybrid programs, based upon research and evidence, and tailored to the particular resources and needs of those communities.

Research-based models have provided recommendations and essential elements of a successful program, some of these include:

- Clear understandings of the program details, such as target population, processes, protocols, and definitions, agency roles and responsibilities, and oversight procedures.
- Initial and ongoing training and education for all agencies involved, including mental health first aid, cultural competency, and crisis intervention training.
- Law enforcement and command-level support are critical; having "buy-in" from all stakeholders involved is necessary (LEAD National Support Bureau, 2016).
- Specially-tailored interventions to address individual and community needs (LEAD National Support Bureau, 2016).
- Evaluation is an essential element in quality assurance and improvement monitoring. Important outcomes to monitor include short and long term outcomes like cost savings, impacts on the community, drug use and recidivism, health improvements, psycho-social functioning, employment and family and or community involvement.
- ***(1) Cross system coordination,*** and **(2)** ***resource allocation*** are essential to use available resources efficiently and cooperatively. For example, a police officer may wish to divert an individual to a local treatment facility only to find out the program is at capacity. There must be a mechanism where beds or services are set aside for pre-booking diversion individuals, as well as a way to communicate the availability of such beds across criminal justice and treatment agencies (Scherer, 2008).

  (1) It is common for programs to hire in-house clinicians or contract with providers for community-based behavioral health and/or substance abuse and dependence treatment services, including short and long-term client interventions and follow-up, system navigation, case management and referrals.

  (2) The Early Diversion Get Engaged (EDGE) program implemented in Boulder cost a total of $600,000 per year to implement, however estimates show a savings of $3 million every year in jail and emergency department costs. A review of budgets for existing LEAD programs show program costs between $387,000 to $600,000 annually, depending upon the size of the jurisdiction (CBHC, 2016).

In conclusion, pre-booking diversion programs are designed to provide alternative solutions for individuals involved in the criminal justice systems with substance abuse and/or dependence or mental illness. These models have gained attention from various agencies beginning around 2011 and are often focused on public safety and harm reduction. Research on the Seattle LEAD program has shown positive outcomes including improved access to health and treatment services, housing, employment, and education services, reductions in re-arrest, increased public safety, and cost savings for the criminal and health systems. Such evaluations have also provided other inquiring cities insightful information for program replication, as well as recommendations for successful program implementation. While the evaluations have provided meaningful information, continued rigorous investigation is necessary for a more comprehensive understanding of the short and long-term impacts of the LEAD model.

References:

Scherer, R. (2008). Mental Health Association in California, Jail Diversion Programs for Those with Mental Illness: An Emphasis on Pre-Booking Diversion and Other Early Diversion Models.

Drug Policy Alliance (July 2015). Law Enforcement Assisted Diversion (LEAD): Reducing the Role of Criminalization in Local Drug Control

Center for Health and Justice at TASC. (2013). No Entry: A National Survey of Criminal Justice Diversion Programs and Initiatives. Chicago.

Clifasefi, S., Collins, S. (2016). LEAD Program Evaluation: Describing LEAD Case Management in Participants' Own Words. Harm Reduction Research and Treatment Center. University of Washington-Harborview Medical Center.

Clifasefi, S., Collins, S. Lonczak, H., UW LEAD Evaluation Team. (2015). LEAD Evaluation: Utilization and Cost Report, Criminal Justice and Legal System Utilization and Associated Costs.

Colorado Behavioral Healthcare Council (CBHC), Criminal Justice Diversion Brief. Denver, CBHC, 2016.

The Police Assisted Addiction and Recovery Initiative (PAARI) (2017). The Gloucester ANGEL Initiative.

LEAD Policy Coordinating Committee, LEAD Santa Fe. (2015). An Overview of the Program.

LEAD National Support Bureau. Essential Principles for Successful Implementation.