

ESSENTIAL PRINCIPLES FOR SUCCESSFUL LEAD IMPLEMENTATION



***Law Enforcement Assisted Diversion (LEAD)** is a community-based diversion approach with the goals of improving public safety and public order, and reducing unnecessary justice system involvement of people who participate in the program. Many components of LEAD can be adapted to fit local needs and circumstances. There are, however, several core principles that are essential in order to achieve the transformative outcomes seen in Seattle.*

LEAD is not a human services program, but a public safety & order program that uses human resources tools. The goal of LEAD is to improve community health and safety by reducing criminal justice system involvement through use of specific human resources tools that are coordinated effectively with law enforcement and with community input.

LEAD is a voluntary agreement among independent decision-makers to collaborate, and therefore must work for all stakeholders. LEAD cannot work without the dedicated efforts of independent agencies and, sometimes, multiple jurisdictions. The program can only proceed as far as the key participants can achieve agreement at any given time. In addition to law enforcement, service providers, community groups, prosecutors, elected officials and others, persons with relevant lived experience (e.g. drug use, sex work, homelessness, poverty) are essential stakeholders who should be meaningfully involved partners. All stakeholders should commit to share credit and blame equally and to acknowledge the critical role of other partners.

Law enforcement officer “buy-in” is critical. LEAD only works because of the effort and insight of line officers and their sergeants. The program relies on their initiative and discretion. They must be equal partners of the program and must be involved in operational design and improvement conversations.

Command-level support is equally critical. Even when line officers are ready and willing to use LEAD, if deployment decisions, overtime approval processes, and shift scheduling do not support the program, that willingness will be squandered. Officers need to know and see that participation in this approach is valued.

Prosecutorial discretion should be utilized in LEAD participants’ non-diverted cases. Regardless of whether

entry into LEAD is through arrest diversion or social contact, LEAD participants typically have other cases from both before and after their referral to the program. Coordinating prosecution decisions in those filed cases with the LEAD intervention plan maximizes the success of the program in achieving behavior changes, and in reducing system utilization costs.

A dedicated project manager is critical. The project manager troubleshoots stakeholders’ concerns, works to identify resources, facilitates meetings, develops information-sharing systems, and streamlines communication. Because LEAD is a consortium of politically independent actors, it is desirable for the project manager to be primarily loyal to the program itself, independent from all political and operational stakeholders.

A harm reduction/housing first framework requires a focus on individual and community wellness, rather than an exclusive focus on sobriety. The goal should be to address the participant’s drug activity and any other factors driving his/her problematic behavior – even if abstinence from drug use is not achieved – and to build long-term relationships with participants without employing coercion or shame.

Intensive case management and development of an Individual Intervention Plan serve as the action blueprint. This plan may include assistance with identification, housing, treatment, education, job training, job placement, licensing assistance, small business counseling, child care, or other services. Intensive case management provides increased support and assistance in all aspects of the participant’s life. By “intensive case management,” we mean a type of “guerilla case management”, whereby radical efforts are made to meet the individual participant where they’re at.

Resources must be adequate to ensure LEAD is a diversion to a viable intervention strategy. Referral to wait lists and to an over-taxed social services infrastructure will disappoint all stakeholders and produce poor outcomes. That said, even when resources are not all that they should be, LEAD typically is more effective than system-as-usual responses that stigmatize and punish what are fundamentally health issues.

A non-displacement principle is required to ensure that the net effect of LEAD is to improve community health and safety. It is not sufficient to simply supplant existing resources and give LEAD participants preferential access to scarce resources, necessarily driving others down or off wait lists for services they need as much as LEAD participants.

Consider using peer outreach workers to enhance the program's effectiveness. In Santa Fe, most LEAD contacts are with a peer outreach worker. Decades of research demonstrate that peer-based interventions are a highly successful way to intervene with disenfranchised and stigmatized populations. These peer outreach workers stay connected to participants, provide important insight into the ongoing case management process, serve as community guides, coaches, and/or advocates, while also providing credible role models of success.

Involve community public safety leaders. Ultimately, LEAD must meet neighborhood leaders' needs for a safer, healthier community. Community members should be able to refer individuals as social contact referrals and suggest areas of focus for outreach and referral. They should also receive regular information about the program, its successes, and obstacles to effective implementation. This may best be accomplished by hiring a community liaison. Expectations should be reasonable given available resources, and program operations should be highly transparent.

Involve the business community. When appropriate, involve representatives from small business owners, franchise operations, and/or members of the Chamber of Commerce or like groups in the planning and implementation of LEAD. Shoplifting is common among individuals with problematic drug and alcohol use. Involving business owners' shows that the program is working to

improve public safety for residents and business owners alike. Buy-in from this critical sector can greatly influence support from local elected officials.

Create specially-tailored interventions to address individual and community needs. Each drug activity "hot spot" and each community has its own unique character, involving different drugs and social dynamics. Rather than attempting a "one size fits all" approach, community-based interventions should be specifically designed for the population in that particular neighborhood.

Evaluation criteria and procedures should be clearly delineated, and an assessment plan identified from the outset, to ensure accountability to the public. There should be regular review of programmatic effectiveness by policymakers, including an independent evaluation of the program by outside experts. Expectations should be achievable, e.g., a small pilot project may show improvement for individual participants, but should not be expected to show gains on actual or perceived community safety until taken to scale.

Cultural competency should be built into all aspects of the program. This includes outreach, case management, and service provision. Meaningful involvement of persons with relevant lived experience in project design, implementation, and evaluation is one way to establish cultural competency.

Commit to capturing and reinvesting criminal justice savings to support rehabilitation and prevention services. Priority should be given to sustaining community diversion programs, and to improving and expanding other "upstream" human services and education efforts.

Real change takes time and patience. LEAD participants, who are usually drug-dependent and often homeless, sometimes take months or even years to make major behavior changes. When they do, they almost unanimously say they found the strength to change in part because case managers and officers refused to give up on them, and didn't rely on shaming techniques. Patience and relationship-building can eventually yield results that shorter-term strategies cannot.

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