COMMUNITY TOOLKIT 2023

LEAD

LET EVERYONE
ADVANCE WITH DIGNITY
Law Enforcement Assisted Diversion

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1. WHAT IS LEAD?

1.1 A Model, Not a Program

The LEAD model is founded on evidence-based core principles. While aspects of the model have evolved over time, the core principles have remained stable and are time-tested. Protracted, significant departure from these elements in any LEAD site would mean that it is not operating LEAD with fidelity.

However, there is considerable room for local adaptation while still adhering to the core principles. Indeed, fitting the model to address the foremost issues faced by each community is a LEAD core principle. Throughout this toolkit, LEAD core principles are indicated by an orange caret to the left. The entirety of the core principle is indicated by a line that descends from the indicator on hover.

Although the toolkit notes other areas of adaptation or augmentation that may be advantageous or of interest, they are not requirements.

A Deeper Dive:
LEAD Mechanics and Basic Operations

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1.2 Advancing Safety

LEAD advances safety, health, and equity by equipping communities with a better way to respond to issues flowing from unmet behavioral health needs and extreme poverty, for which revolving-door arrest, prosecution and incarceration are both common and ineffective.

1.3 Structured Collaboration

Most social problems are more complex than any one entity or sector can address by itself. Recognizing this, LEAD uses a form of structured collaboration – called collective

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impact – in which diverse stakeholders commit to a common agenda to solve a complex problem.

Using this framework for multi-agency collaboration…

- **The policies and protocols** for each LEAD site are developed by local decision-makers and advocates who make up the Policy Coordinating Group; they may include senior law enforcement officers, prosecutors and public defenders, project managers, business representatives, elected officials, civil rights leaders and community advocates.
- **For operational coordination and case conferencing,** line-level personnel, including mid-level supervisors, make up the Operational Work Group. The project manager, police officers, assistant prosecutors and public defenders, case managers, other service providers, and community leadership representatives all come to the table.

1.4 Who Makes LEAD Happen?

Too often, health and safety initiatives are developed and decided by public officials and agency leaders with little meaningful input from the community about its priorities, ideas, needs, or transparency. But people in every community are affected by problems caused by unmanaged behavioral health issues, poverty and homelessness, and everyone has a real stake in seeing a robust, fair, effective framework for response to these issues.

Business Community

As members of the larger community, business owners and employees are important stakeholders in LEAD. They may have long-standing, first-hand experience of the disruption and suffering associated with people living with unmanaged behavioral health needs, poverty and homelessness, and they can be essential partners in understanding the priorities and strategies for a local LEAD effort. Small businesses in vulnerable communities have often experienced under-service, and can be particularly important champions of a community-based response that commits to addressing the safety issues they encounter.

Community Members

LEAD intentionally cultivates and includes diverse stakeholders – in addition to business owners, civil rights and disability rights advocates, residents associations, mental health and recovery services providers, faith communities, and public safety coalitions – to develop and manage each LEAD initiative, and be alert for the various ways in which an effort like this could falter. To formalize this inclusion, many LEAD sites establish Community Leadership Teams (CLT) to contribute to its collective stewardship.

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Criminal Legal System Entities

LEAD allows criminal legal stakeholders to participate in a better response to problems for which jail and prosecution are generally ineffective, and consume system resources unnecessarily.

Police officers, public defenders, prosecutors, and probation agencies are key partners in the LEAD model: developing policies and protocols as members of the PCG, drawing on their professional positions to illuminate emerging needs, problems and opportunities; and supporting multidisciplinary case review and problem-solving by participating in OWG and case conferencing.

Operational Partners

Given LEAD's collaborative and dynamic model, multiple organizations may have a role in implementing or partnering in a LEAD initiative. In addition to the project management entity and the case management provider, these can include LEAD Liaison Prosecutors who coordinate LEAD participants' non-diverted cases; sergeants and officers making diversion referrals in the field; public defense managers identifying missed opportunities for diversion; other community-based service providers; public health systems; and other agencies responsible for training, education, employment, public benefits, and family services.

For partners involved directly in implementation – those who sit on the PCG and/or the OWG,, LEAD initiatives develop a multi-agency Release of Information (ROI) to enable partners to share information as necessary and appropriate.

Other Interested Stakeholders

Other agencies and groups may not hold a primary operational responsibility but are important stakeholders nonetheless; these might include mayors, councilmembers or commissioners, state legislators, business leaders particularly impacted by the problems of unmet behavioral health needs, civil rights and disability rights advocates, faith organizations committed to providing support where they can, or vocational organizations that might provide opportunities for LEAD participants.

Thus, while it is useful to recognize the distinctions between operational partners and what might be called interested stakeholders, it is important to ensure that LEAD informs, includes, and benefits from a wide array of stakeholder organizations. Many can and will help shape local attitudes and practices through legislation, advocacy, community engagement and education, and civic leadership.

1.5 Who Are LEAD Participants?

LEAD is designed to provide care coordination for people with complex, ongoing, unmet behavioral health needs and/or income instability who may lack shelter/housing, income, food, health care, and social networks and for whom existing systems prove inaccessible,

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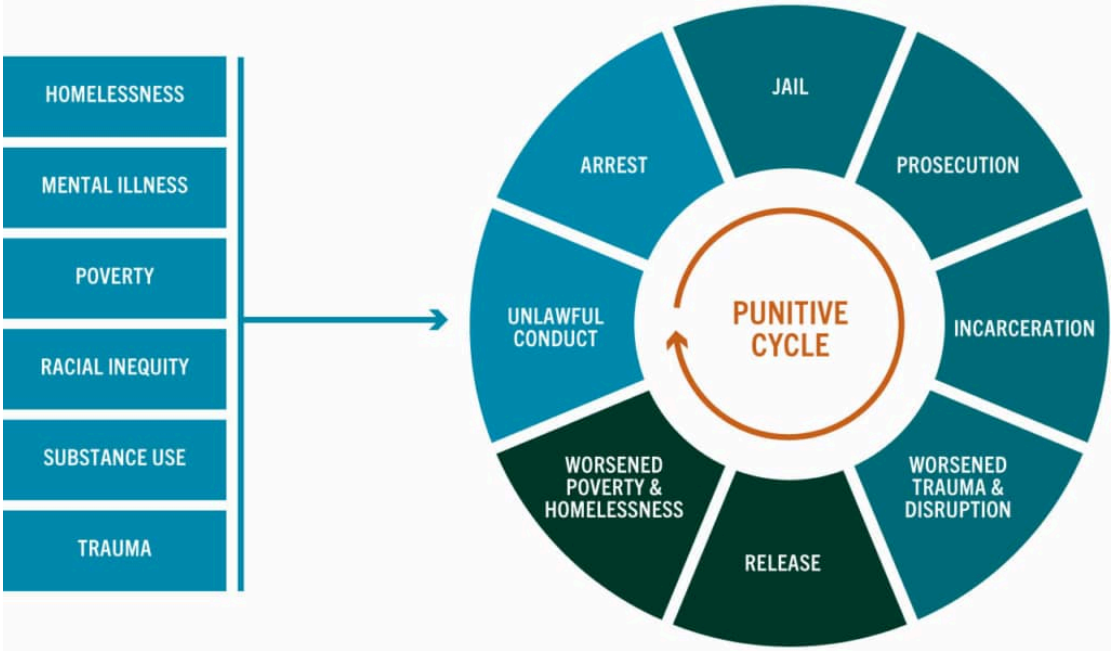
impossibly complicated, or insufficiently responsive.

Public intoxication, persistent trespass, open-air drug use, shoplifting – research shows that more than 60% of people in custody are held for offenses like these. [1] [2] In many cases, these persistent behaviors are driven by unmanaged mental illness, substance use, or poverty.



Individuals may be referred to LEAD if they are exposed to the criminal legal system due to illegal activity related to behavioral health issues or poverty. LEAD is primarily designed for people who have had repeated contact with the criminal legal system, whose problematic situation is entrenched and protracted, related to complex challenges – it is not a "light touch."

But someone can be referred into LEAD even if the criminal legal system hasn't actually responded in a specific instance, or even if the referred individual doesn't have a criminal history. This is because although the criminal legal system fluctuates in its ability and desire to respond to issues such as these, the public typically expects law enforcement action for these behaviors, unless another kind of response is available.

1.6 Why Does LEAD Exist?

LEAD is designed to help communities build a different system of care and response to better address the **challenging realities we face:**

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Policies criminalize unmet behavioral health needs.

Two-thirds of the people arrested in this country have a mental illness or a drug dependency[3] [4]. In many communities, arrest and incarceration – rather than investments in community-based services – have long been the default response to these challenges. Even when those punitive systems recede after the realization that this response is counterproductive, other strategies are rarely in place to truly address illegal and problematic conduct related to drug use, mental illness and poverty–creating a void that isn't sustainable. While punitive responses are a poor and harmful match to these conditions, cause great harm and foster inequity, it is not enough to just divert away from those systems – there must actually be a framework for care coordination that is up to the task and is broadly received as legitimate.

Jail isn't just ineffective, it's harmful.

Studies show that being jailed even for a short time increases a person's risk of engaging in crime,[5] decreases employment and tax related government benefits,[6] [7] increases homelessness,[8] and exacerbates the racial disparities embedded into our society.[9] For people with mental illness or substance use disorder, the impact of jail is even more detrimental: They may be taken off Medicaid, receive inadequate care in custody, are more likely to be sanctioned for rule infractions, are subjected to harsher sentences, and are disproportionately returned to jail.[10] The devastating intergenerational impact on children when their parents are jailed, even for short periods, is well-documented.[11]

▶ Overuse of the criminal legal system exacerbates racial inequities.

Across the country, communities have recognized that our longstanding reliance on policing and prosecution as the primary response to an array of profound social needs has had a deeply disproportionate impact on people of color. Less well known is the fact that most criminal legal system reform efforts also tend to primarily benefit more affluent people and white people – even when such reforms are adopted in the name of advancing racial justice. LEAD is designed to intentionally intervene before many cases reach the criminal legal system, providing a satisfactory alternative response. LEAD also uses data and process checks to ensure that resources and benefits reach the same population that has been disproportionately subject to punitive responses in the past.

1.7 A Better Paradigm

LEAD starts by diverting people with behavioral health needs, pre-booking, **away from jail and prosecution and into collaborative, community-based systems of response and care.**

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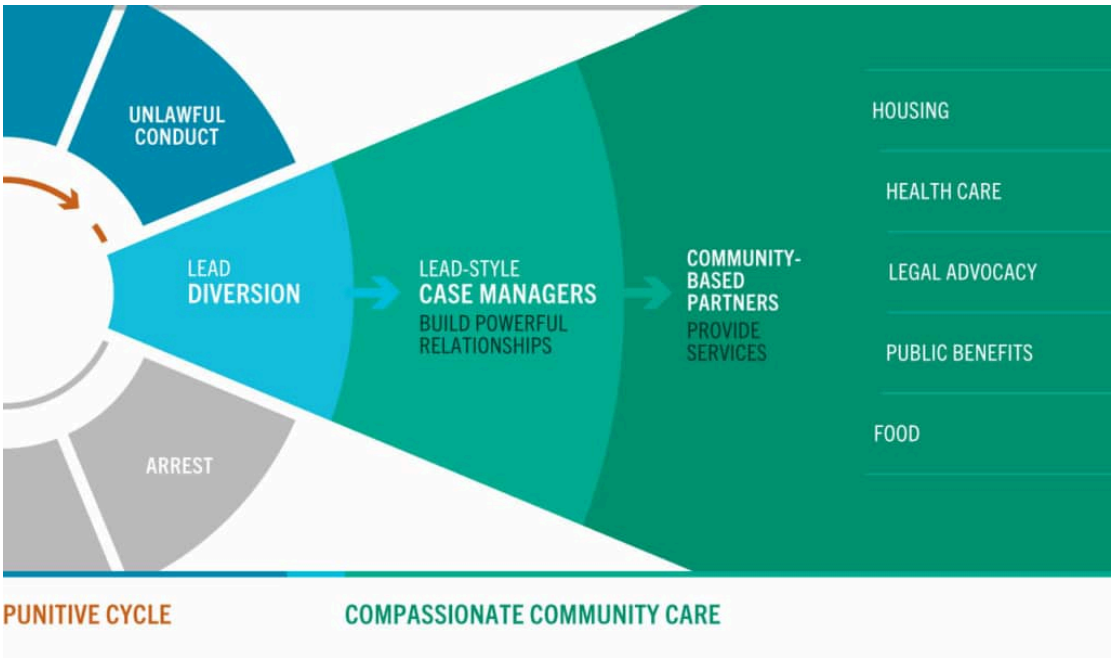

LEAD'S STRATEGY...

...addresses unmanaged mental illness and substance use.

LEAD builds a community-based alternative to jail and prosecution for people whose unlawful behavior stems from unmanaged substance use, mental health challenges, or extreme poverty.

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...does not require abstinence.

Unlike other forms of diversion, such as divert-to-treatment and most drug courts, LEAD's harm reduction-based approach doesn't impose sanctions, establish deadlines, or require abstinence. LEAD is aligned with SAMHSA's definition of recovery:

> **"Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential."**

Thus, health supports, a stable and safe place to live, purpose, meaning, and community should be understood as essential elements of a recovery journey. For some participants, that journey may – but not always – entail abstinence from non-prescribed substances, and the recovery path will generally include multiple instances of relapse and struggle.

In LEAD, case management provides a "golden thread" that supports all aspects of a participant's recovery journey, whatever shape it takes. The LEAD model recognizes, however, that participants often confront abstinence requirements in other systems they encounter. In such events, case managers should provide the best support they can to help participants successfully navigate such requirements, even though they are not a feature of LEAD itself.

...nurtures incremental progress.

LEAD's approach is grounded in the evidence of what works best to support recovery and behavior change for people with complex needs and high barriers. As social science tells us, a person's readiness to change their behaviors follows no steady course – it can come slowly, may suffer setbacks, and is sparked by internal motivators; with behavioral change, it's often two steps forward, one step back. Trauma responses make this even more challenging, as self-sabotage, lack of positive self-regard, fear that success foreshadows future loss, anxiety, and trust barriers can cause reactions that, from the outside, look irrational and contradictory.

The criminal legal system – with its public processes, engagement which always entails at least an implied threat of punishment, sanctions, and generally impersonal relationships – isn't built for that. But LEAD is. LEAD uses trauma-informed, strength-based case management, evidence-based methods, and harm reduction practices to spark and nurture incremental progress and increase safety. In addition, these techniques generate better and nuanced information that then can guide criminal legal system partners who may exercise authority over participants in non-diverted cases; this may help avoid decisions that may inadvertently hamper participants' progress.

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...offers a third way as an alternative to punishment and abandonment.

With LEAD, communities work together to reorient the way their systems understand and respond to people living with unmet behavioral health needs and income instability. Rather than either punishing people for their unmet needs or turning a blind eye to the troubles on our streets, LEAD draws together into collective effort the stakeholders whose systems otherwise receive pressure to respond in traditional, but often counter-productive, ways. It is not enough just to reduce use of those systems – rather, LEAD provides an alternative answer to the very real problems of individuals and communities that result in a high volume of low-level but detrimental illegal and problematic behavior.

1.8 What Makes LEAD Different?

- LEAD is not a program, but rather a framework to arrive at the best response to problems – it increases public safety by creating a new system of collective response.
- LEAD is not a short-term crisis response – it offers ongoing case coordination for people with complex needs living in situations that generate ongoing problems.
- LEAD isn't operated within the legal system – it's a community-based collaborative that can coordinate in many ways with the legal system to achieve better outcomes.
- LEAD doesn't mandate treatment, abstinence or any particular care approach; rather, it is based on harm reduction principles and uses motivational interviewing and other evidence based strategies for working with a high barrier population with complex needs. All care plans are highly individualized.
- LEAD serves a specific population otherwise potentially exposed to punitive responses – people whose frequent unlawful or problematic conduct stems from unmet behavioral health needs or income instability, extreme poverty or homelessness.
- LEAD isn't office- or clinic-based: it reaches people wherever they might be, physically, mentally, and behaviorally.

1.9 Origin and Development of LEAD

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2008: The start of a pre-booking alternative in Seattle

In 2008, after years of contentious advocacy and litigation focused on racially disproportionate enforcement for drug activity (possession and delivery) in Seattle, the Racial Disparity Project at the Public Defender Association (now known as PDA), the ACLU, the Seattle Police Department and the King County Prosecutor embarked on a surprising new road together: they began working together to create a pre-booking alternative for most drug and prostitution cases. They found early support from some Seattle City Councilmembers and King County Councilmembers, the then-King County Sheriff, and the Seattle City Attorney. By the time the initiative received an initial round of funding from the Ford Foundation, Vital Projects Fund, and the Open Society Foundations, it had gained the endorsement of the Downtown Seattle Association, several prominent recovery organizations, local neighborhood leaders, and leading civil rights advocates.

2011: The creation of LEAD and the Belltown pilot

In 2011, this uncommon coalition launched a new model to divert people away from jail and the legal system and into harm reduction-based case management at the earliest opportunity: at or before the point of arrest. By making law enforcement and prosecutors operational partners rather than just operating "upstream" from those entities, this coalition ensured that LEAD would effectively intervene in the flow of individuals who were unnecessarily and unproductively entering the jail and courts. They named it LEAD: Law Enforcement Assisted Diversion. As the nation's first pre-booking diversion initiative for drug offenses, the pilot program launched in Seattle's Belltown neighborhood; in the ensuing years, and with the support of the city of Seattle and King County, it was steadily expanded to additional neighborhoods and neighboring jurisdictions over the years.

In the early months of the Belltown pilot, it became evident that, while individual participants entered LEAD as the result of police diversion, most already had other non-diverted cases and warrants, or they faced new cases filed after their enrollment. The LEAD team realized that those other charges and warrants often threatened to upend progress painstakingly achieved by participants and case managers. Thus, prosecutor coordination of non-diverted cases with the individual case management plan was a feature of the model almost from the outset.

2015: A national LEAD summit at the White House

The Obama Administration convened a national LEAD summit at the White House in 2015, bringing multi-disciplinary teams from 25 jurisdictions together for two days of workshops on the essential elements of the model and key elements of each operational and governing partner's role.

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2020: The possibility of LEAD referrals without police involvement

When police capacity to response to low-level offenses was nearly eliminated in the early months of the COVID pandemic, and in the context of national calls for new approaches to public safety in the aftermath of the murder of George Floyd, Seattle/King County LEAD stakeholders recognized that it was essential to ensure community partners could make referrals to LEAD services without the need for police involvement – though police referrals are still preserved as a priority part of the model. This evolution was named LEAD: Let Everyone Advance with Dignity, and was quickly adopted by many jurisdictions around the country.

1.10 Evolving the LEAD Model

LEAD's adaptability has been persistently evident in the flagship LEAD initiative in Seattle. From its first pilot in Belltown, throughout its expansion and national replication, and in shifting political and social environments, the LEAD model can adapt and thrive to meet the needs of the given time and place.

CoLEAD: Intensive case management in lodging

In 2020, recognizing that many public order offenses were occurring in conjunction with large encampments that increased during the COVID economic shutdown, and that shelters, health clinics, libraries, community centers, courts and jails were also largely shuttered, PDA and other Seattle-King County LEAD partners redirected existing unspent program funds to provide intensive case management in a non-congregate shelter setting in hotels. Named CoLEAD, the model proved highly successful in engaging people with high barriers living unsheltered in Burien, a neighborhood adjacent to Seattle.

JustCARE encampment resolution & intensive support

Building on the CoLEAD experience, and using federal COVID relief funds, in late 2020 other service partners joined in with PDA in 2021 to offer JustCARE, a response that resolved encampments in vulnerable Seattle neighborhoods by doing protracted outreach, assessment, and resource matching while offering non-congregate shelter resources to chronically homeless individuals, almost all of whom experienced substance use disorder, and most of whom faced other barriers to housing and care systems, including involvement in the illicit economy. Three service providers offered intensive case management to hundreds of individuals, and a community-based safety team was formed to support non-police de-escalation and incident response in JustCARE facilities. Between autumn 2020 through spring 2022, JustCARE resolved 14 large encampments in three Seattle neighborhoods, lodging over 500 people, achieving high rates of permanent housing placements, and losing no participant to overdose death. [12]

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Third Avenue Project/milieu management & multi-partner care model

In 2022, after most large encampments in Seattle's downtown core had been resolved, individuals with complex behavioral health needs who were engaged in illicit economic activity remained present in the area, with obvious needs for support and care and posing significant public order challenges for downtown businesses and workers. Neighborhood leaders and city officials asked LEAD partners to propose a strategy, one that recognized the need for a milieu management situational response in addition to long term individual case management. The company that had been formed to provide safety team and de-escalation services for JustCARE lodging facilities agreed to mobilize teams to engage individuals in the area who were exposed to enforcement, deescalate potential conflicts, provide milieu management for challenging dynamics, and connect individuals to appropriate service providers, including LEAD case management. PDA's LEAD project management team provides project management for the Third Avenue Project as part of their downtown Seattle LEAD focus impact work.

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2. DESIGN & PRINCIPLES

2.1 LEAD's Goals

All of LEAD's principles and practices are laser-focused on solving one primary challenge – **how to reorient our systems to provide effective and sustainable alternatives to the criminalization of behavioral health needs and extreme poverty.**

- **Reorient** collective response to safety, disorder, and health-related problems
- **Improve** public safety and public health through research-based, health-oriented, and harm reduction-based interventions fostering recovery as defined by SAMHSA
- **Increase** access to high quality, effective, community-based resources for people with complex behavioral health needs and/or income instability
- **Undo** racial disparities at the front end of the criminal legal system
- **Sustain** collaboration of local, state, and federal public partners to scale LEAD over time to match the scope of need
- **Strengthen** relationships among diverse stakeholders

2.2 Core Values

LEAD core values are rooted in respect, partnership, equity, safety, and pursuing what works.

▶ Advance Racial Equity

LEAD acknowledges that many systems, including the social service, child welfare, banking, housing, and health systems, have long been deeply fraught with racial injustice. LEAD seeks to shift discriminatory systems and decision-making through changes in policies, practices, beliefs, and investments, not only in the criminal legal system but in adjacent systems that have too often failed to provide sufficient or any assistance to people for whom only the criminal legal system has regularly responded.

▶ Create Shared Intention

No single organization or person owns LEAD. Stakeholders may have differing reasons for approaching the table and may have varied faith in its capacity to foster meaningful change, and partner involvement and commitment may ebb and flow accordingly. But maintaining a threshold level of commitment from all necessary partners is one of the primary duties of project management. Project managers must identify the organizational interests and needs of each partner and work to ensure that LEAD contributes to improving each partner's situation and addresses each partner's legitimate needs. Stakeholders committing to share responsibility for both achievements and difficulties is one of the key tenets of a LEAD project.

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Orient Toward Multi-System Change

Changing complex systems requires patience and commitment. There are real public safety, order, and health issues that affect our communities and that demand action. Any effective transformation of past approaches must grapple with the legitimate need of all people for safety and security. LEAD was constructed in recognition that systems outside the criminal legal apparatus have frequently failed to provide the kinds of care, support, and investment that could effectively prevent crime and disorder.

It is not enough to divert individuals from the criminal legal system into other processes that defeat, reject, and fail them – LEAD is committed to helping communities build a pathway to recovery that is geared to the specific needs of people who too often have been either consigned to enforcement systems or abandoned without resources.

Building consensus for a better approach requires questioning long-standing articles of faith about how communities tackle common problems, making room for the insights generated by many diverse points of view. That's what the LEAD framework provides.

▶ Do What Works

LEAD guides communities to do what will successfully reduce harm, foster stabilization and recovery, reduce crime, and improve safety. Succinctly put, "Do what works and doesn't make it harder for people to stabilize and recover." All operational partners are asked to make decisions within their authority and discretion that are most likely to actually foster behavior change, based on individual circumstances and information available to them as a result of their participation in LEAD.

▶ Foster Relationships

LEAD recognizes relationships – in and of themselves – as a core resource and a primary method for change; this is as true for stakeholder partners as for LEAD participants. All relationships are important in LEAD, including participants with case managers, case managers with police and prosecutors, project managers with neighborhood leaders and public officials, and policy-makers with one another. It is not unusual to hear partners invoke the maxim that "relationships are the resource."

▶ Put People First

LEAD emphasizes participant-driven goals and intrinsic motivation over compulsory- or compliance-based expectations and systems. This evidence-based approach, using motivational interviewing and trauma recovery techniques, is both ethical and pragmatic. It recognizes that recovery is non-linear, that trust, safety and confidence-building are among the greatest resources relevant to recovery that we can foster.

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Take Harm Seriously

Whether it's the distressing evidence of human suffering on our streets, the disruptions and fear caused by public disorder, or the harm and setbacks caused by entanglement in the criminal legal system: LEAD recognizes that it's in everyone's interest to do far more to address the human needs that cause problematic behavior. This is actually a core principle of the harm reduction movement:

> **Harm reduction does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use.** [1]

2.3 Harm Reduction

Harm reduction is possible for both individuals and systems.

All harm is serious

As a health and safety strategy, LEAD takes all forms of harm seriously – both individual and systemic. This includes harm people can cause themselves, their families, and the community through disruptive or unlawful conduct that can stem from unmet behavioral health needs, substance use disorder, poverty, and living unsheltered.

It also includes the harmful failure of many systems to meet the legitimate needs of many people – quality education, housing, health care, financial resources and physical safety – and recognizes the setbacks and tragedies experienced by so many who were unnecessarily pulled into a punitive system when meaningful support would have been the best response to their situation.

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Harm reduction for individuals

Harm reduction education and training are essential to ensure that LEAD stakeholders understand the efficacy, research base, logic, and value of harm reduction-based interventions to support behavior change for individuals with complex needs and high barriers. Case managers and supervisors should be well-versed in the logic and practical skill set required to operate effectively in a harm reduction program.

In working with people, harm reduction refers to a philosophy and practice of meeting people where they are, without preconditions, and working with them on concerns that matter to them, building over time, as they are able, to reduce behavior that is risky for them, and actions that are problematic for others. Harm reduction is a change strategy that is strength-based, trauma-informed, and highly pragmatic; it is based on connection and non-judgmental care, but it is not indifferent to the problematic situations individuals face.

LEAD's harm reduction case management supports participants to build resources and strength to tackle behaviors that undermine their own goals or pose problems for others This is a core tenet of the LEAD model.

Systemic harm reduction

Harm reduction is commonly considered a direct-service methodology, a way to deliver care to individuals. But it can be viewed through a wider lens, as well. The LEAD model provides local stakeholders with the opportunity to reduce systemic harms by collectively shifting both policies and practices:

- **At the policy level,** stakeholders work to reduce harm by ending overuse of the criminal legal system for challenges that can be better addressed as issues of public health. This includes cultivating shared commitments to build voluntary, non-punitive diversion pathways to community-based responses and care.
- **In day-to-day practice,** LEAD replaces the office- or clinic-based care model with street-based, low-barrier, non-contingent intensive case management for the people LEAD is intended to reach. Case managers are a "golden thread" that stays with participants no matter what, and helps navigate hostile systems, recruit needed resources, and buttress participant confidence and strength to tackle important goals. Demonstrating the efficacy of this approach can catalyze systemic shifts in how care strategies are designed. The reduction in harm is both for individuals, who receive more effective care and support, and for communities who enjoy reduced disorder and problematic behavior.

By shifting systemic policies and practices and making space for a new kind of low-barrier, street-based direct services and case coordination, the LEAD model fosters systemic harm reduction.

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Reduce racial harm

LEAD acknowledges that many systems, including the social service, child welfare, banking, housing, and health systems, have long been deeply fraught with racial injustice. LEAD seeks to shift discriminatory policies, systems, and decision-making through changes in policies, practices, beliefs, and investments, not only in the criminal legal system, but in adjacent systems which have too often failed to provide sufficient or any assistance to people for whom only the criminal legal system has regularly responded.

- **Capture and Review Racial Data**
  Sites should establish mechanisms to capture and review race data throughout the LEAD continuum, including diversion-eligible arrests, rates of arrest diversions, social contact referrals, and community referrals, enrollment, retention, and service provision. Sites should assess the relationship of various operational choices on racial disparity, adjust policies and procedures to reduce disparities if any are discerned, and provide transparent insight to partners regarding any barriers they encounter in the effort to ensure that this intervention reduces, and does not exacerbate, racial inequities.
- **Consult Experts, Advocates and Agencies**
  LEAD sites are encouraged to work with civil rights, racial justice, and harm reduction advocates and agencies to ensure that a commitment to reducing racial disparities and equity is at the forefront of collective intention. These partners should be at the governing table and should consult regularly on technical design questions.

Avoid net-widening

It is important to safeguard LEAD against what is known as "net-widening," in which policies and practices explicitly intended to reduce criminal legal involvement paradoxically increase the circle of people brought into contact with it.

Two features of the LEAD model guard against net-widening: (i) social contact referrals by law enforcement and community referrals, for use neither arrest nor calling 911 for police response is necessary and (ii) focusing approval of community referrals on those who are likely to otherwise be exposed to the criminal legal system in the absence of LEAD.

2.4 Stages of Change

Reducing harmful and self-sabotaging behaviors requires committed and ongoing effort, as anyone who's ever made a new year's resolution can tell you; this is all the more true for people who have endured complex trauma, as is true of most LEAD participants.

The Stages of Change model (also called the Transtheoretical Model) recognizes that people's readiness to change their habits follows no steady course – it can come slowly, may suffer setbacks, and is sparked by internal motivators. With behavioral changes, it's often two steps forward, one step back. Motivational Interviewing is an evidence-based practice used by LEAD case managers to encourage reflection, reconsideration and

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change.

SAMHSA's Definition of Recovery

Often, harm reduction and recovery have been framed as distinct concepts. Revisions to the SAMHSA working definition of recovery in recent years have unified these frameworks. Today, SAMHSA defines recovery[2] as "a process of change through that individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

Note that this holistic concept of recovery contains no predetermined objectives, thresholds, or requirements. This modern definition accepts that recovery is a non-linear journey that typically includes relapse and setbacks and which is individually defined; recovery may end in abstinence from psychoactive substances, but it also may not. This definition embraces concepts of harm reduction and gradual improvement of life prospects, rather than applying black and white litmus tests.

SAMHSA's recovery framework recognizes four primary dimensions[3]:

- **Health:** Overcoming or managing one's disease(s) or symptoms, and making informed, healthy choices that support physical and emotional well-being
- **Home:** Having a stable and safe place to live
- **Purpose:** Conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society
- **Community:** Having relationships and social networks that provide support, friendship, love and hope

Fully aligned with these precepts, LEAD's harm reduction-based intensive case management is grounded in the evidence of what best supports people living with complex needs.

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Participants Do Not "Fail Out" of LEAD

Consistent with its evidence-based approach, LEAD focuses on supporting people on this sometimes bumpy road. Thus, people do not “fail out” of LEAD. Once referred and enrolled, participants are not required to comply with a fixed schedule or timelines. Participants may be characterized as “active” or “inactive,” but they are not removed from LEAD for failure to achieve or sustain any specific goal.

However, the case management team can and should discharge individuals who are not benefitting from the program after an extended period of effort by the case manager, either due to sustained lack of engagement or because there is no observable behavior change for an extended period. This is to ensure that valuable resources are allocated to individuals who can best benefit from them. Participants who are officially discharged may return, if circumstances change.

Of course, participants may also be discharged at the discretion of case management supervisors in the rare instances where they threaten or harm a staff member, or if the location or dynamics of program staffing makes continuation in the program inconsistent with the safety of other participants.

Behavior Change for Stakeholders

The Stages of Change theory is often mentioned in reference to supporting a desired behavior change with LEAD participants. But it should be mentioned that the LEAD recognizes that the Stages of Change theory is also relevant to the development of positive new behaviors among all of LEAD’s stakeholders, whether high-level decision-makers, direct-service staff, rank and file officers, reform advocates, or community members.

In LEAD, everybody is encouraged to continuously re-assess their assumptions, policies, and actions to reduce harm and make space for positive change. In a healthy LEAD ecosystem, it can be expected that the perspectives and approach of all partners will change over time due to the mutual learning everyone has the chance to experience.

▶ 2.5 Motivational Interviewing

Motivational Interviewing (MI) is a foundational technique for LEAD. An evidence-based approach to supporting positive behavior change, MI is a client-centered, collaborative style of communication designed to help people identify and achieve their goals by eliciting and exploring their own reasons for change. Using a guiding (not directive) style of communication, MI meets people where they are, regardless of their readiness to change.

MI is particularly useful in working with people who are not yet thinking about change, are ambivalent about change, or are not confident in their capacity to change.

In LEAD sites, all client-facing staff should be trained in MI theory and practices, and all

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partners should be trained in its theory, principles, and implications.

2.6 Housing First

At its heart, the Housing First approach is about tearing down the barriers of policy or practice that stand between people and what they need as human beings. Especially for LEAD, it means that everyone involved should be constantly **committed to trying to connect people to the resources they need as readily as possible, whenever possible.** This means thinking creatively, adaptively, and oftentimes unconventionally to recognize and remedy the sometimes invisible barriers erected through established policy and common practice.

This means that at all times, LEAD stakeholders should be driven by a simple question: What can we do, in any given circumstance, that would actually improve someone's ability to stabilize and recover?

Housing First is an evidence-based approach to fostering stabilization by connecting people to housing as quickly as possible. It recognizes that a safe and consistent place to live is an essential precondition for other kinds of positive behavior change. Consistent with harm reduction principles, Housing First emerged as an alternative to approaches that required people to "achieve" certain behaviors in order to "earn" their eligibility for housing or that imposed preconditions such as sobriety, treatment or service participation. Housing First recognizes that safety, security and a decent living environment is the first step toward reducing ongoing trauma, and that trauma recovery is almost impossible while trauma is ongoing.

Adopting Housing First policies does not mean that a given community has sufficient capacity to house every person who wants housing; it also doesn't mean that people should be required to be in housing before they are allowed access to other forms of support. LEAD field-based case management is still helpful to people who are living unsheltered; among other things, LEAD stakeholders can be important voices to advocate for additional housing and shelter placements. But embracing Housing First policies reflects a collective commitment to advocate for system change so that housing resources are understood to be a key to behavior change for many people exposed to the criminal legal system due to ongoing struggles with behavioral health and income instability.

2.7 Avoiding Net-Widening

It is important to safeguard LEAD against what is known as "net-widening." Net-widening

▶ This indicates a core principle.

is the phenomenon in which a society or community increases the array of behaviors (and thus people) subject to control by the criminal legal system. Net-widening can occur when policies and practices explicitly intended to reduce criminal legal involvement paradoxically result in a larger number of people being caught in the criminal legal net.

Two features of the LEAD model guard against net-widening: (i) social contact referrals by law enforcement and community referrals, for which neither arrest nor calling 911 for police response is necessary and (ii) focusing approval of community referrals on those who are likely to otherwise be exposed to the criminal legal system in the absence of LEAD.

Understanding net-widening

Though "less punitive," some forms of control can subject more people to criminal supervision

Net-widening can occur when intended criminal legal reforms result in a larger number of people being subject to criminal legal supervision. For example, when probation or electronic monitoring are perceived as "less punitive" alternatives to jail, their use can end up increasing the overall number of people subject to carceral supervision and control.

Thus, it is important that LEAD initiatives forge alternatives to the criminalization of people living with unmanaged behavioral illness without unintentionally deepening or broadening its criminal legal involvement.

2.8 Related resources

LEAD: A Model for Systemic Harm Reduction

▶ This indicates a core principle.

3. LEAD ENROLLMENT

3.1 Why Divert?

For the people LEAD is designed to serve, diversion makes sense because jail and prosecution generally don't foster behavior change.

Law enforcement has become a catch-all response

Over the years, law enforcement and the 911 emergency system have become a catch-all response to all kinds of problems in the United States, for everything from life-threatening emergencies to reports of people sleeping in doorways or disrupting a business. In many cases, such as when physical safety is threatened, police response may be necessary and appropriate.

But as officers know firsthand, when it comes to people whose unlawful or problematic conduct stems from unmet behavioral health needs, **booking them into jail and sending them to court over and over doesn't cause any real change.**

So communities are left to ask: What can we do instead? Without a solid answer, there is a public expectation of action from police–even when they don't hold the needed tools to actually make a difference in the situation beyond immediately removing the person from where they were encountered.

▶ By building a coordinated response that diverts people away from the criminal legal system and into street-based, ongoing case management, with multi-disciplinary coordination among partners, LEAD equips communities with a new way to address problems for which detention and prosecution are unlikely to prove effective.

3.2 Three Doors into LEAD

There are three ways a person can be referred to LEAD. You can think of these as three doors to the same room:

1. Arrest diversion
2. Social contact referrals
3. Community referrals

3.3 Arrest Diversion

▶ When an officer has probable cause for arrest, arrest diversion gives officers the opportunity to refer people to LEAD via a warm hand-off to a LEAD case manager, instead of jailing them on divertible charges. Ideally, this warm handoff can occur within 30 minutes, though this can be difficult in remote areas.

▶ This indicates a core principle.

A Deeper Dive:
Arrest Diversion

LEAD sites determine eligibility for arrest diversions

Based on its own local needs and priorities, each LEAD site's PCG determines the unlawful conduct they wish to make eligible for diversion. Over time, the PCG can also expand the array of divertible charges.

When LEAD was originally developed in Seattle, for example, the only divertible charges were low-level drug use, possession, or subsistence-level drug sales, along with prostitution. Over time, however, many jurisdictions (including Seattle) expanded the array of divertible charges to include other offenses for which people with unmet behavioral health needs are commonly arrested.

This process to determine divertible charges is an essential element of local self-determination for LEAD sites, to ensure that the divertible charges reflect local priorities and are supported by local stakeholders.

Thus, in developing eligibility criteria, it is essential to solicit widespread input from various stakeholders – including the criminal legal system, businesses, health systems, direct-service providers, and advocacy groups – and analyze local data to identify the problematic or unlawful conduct that your LEAD initiative hopes to address.

3.4 Social Contact Referrals

Social contact referrals recognize that law enforcement officers may have frequent and repeated contact with people in their precincts who chronically commit law violations due to unmet behavioral health needs and/or income instability. Social contact referrals allow officers to proactively refer these individuals to LEAD without making an arrest. **Such referrals may be made pre-arrest** (officers may have probable cause to arrest but decide on another path), or they can be offered in the course of ordinary contact with individuals, rather than in response to any particular incident.

To avoid net-widening, individuals referred into LEAD via social contact referrals should be generally known to be people who chronically commit law violations, and they must face no consequences if they decline to enroll.

▶ This indicates a core principle.

LEAD sites must develop policies and protocols for these referrals

As with arrest diversions, LEAD sites must develop policies and protocols for managing social contact referrals, to foster effective communication between officers and case managers and to ensure timely, active follow-up by case managers to locate and engage potential participants. Some sites may have the desire and capacity to provide immediate "warm handoff" response for social contact referrals as well as for arrest diversions; that is a local variation up to each community.

3.5 Community Referrals

In both arrest diversions and social contact referrals, law enforcement officers are the portal into LEAD. In contrast, **community referrals do not come through law enforcement;** instead, sites that allow community referrals develop policies and practices that let community partners recommend potential candidates to LEAD directly.

LEAD sites indicate who can make a community referral and how

Depending on the policies set by the PCG, referrals might be made only by partner organizations, for example, or they could be triaged by the city's 911 or 988 systems, or a 311 non-emergency response system using specific LEAD criteria, or via another crisis response dispatch system. A site might also decide to allow community members – such as businesses or residents – to make such referrals by directly accessing a LEAD referral portal via a QR code, fillable form, or phone call to a LEAD project manager.

Because community referrals offer a wider door into LEAD, and because demand would swamp available resources if all potentially eligible candidates were referred in a short period of time, it's important to develop prioritization agreements, and not to invite a scope of referrals that exceeds what the program has the resources to respond to.

▶ 3.6 Core Eligibility Criteria

For both social contact referrals and community referrals, there is no diverted charge. To set policies that respect LEAD's purpose, such referrals must satisfy at least these criteria:

- there is reason to believe the individual referred **chronically commits law violations** (may include civil infractions) related to behavioral health issues and/or extreme poverty, and
- **there will be a public expectation of criminal legal system response** if there is not an alternative intervention. In this way, LEAD resources are prioritized for individuals at greatest risk of otherwise being pulled unnecessarily into the criminal legal system.

▶ This indicates a core principle.

3.7 Exclusionary Criteria

Arrest diversions

It is typical for sites to establish some exclusionary criteria for arrest diversion, out of concern that individuals with extensive serious criminal history, who could have been booked into jail but were not, could jeopardize the framework for diversion to community-based care if they committed a serious crime in the aftermath of a LEAD arrest diversion. This is a reasonable concern even if LEAD partners know that it's unlikely that processing the person through the legal system as usual would have avoided the future incident either.

Criminal history exclusions from eligibility for arrest referral should be limited, and it should be possible for sergeants or commanders to override them in individual cases where in-field diversion makes the most sense under all the circumstances.

Social contact and community referrals

For social contact referrals and community referrals, the logic of criminal history exclusions from eligibility does not hold water. These individuals are already in the community and there is no present legal authority to take them into custody. Providing them access to LEAD case management can only improve community safety, even if the individual has substantial serious history.

In social contact and community referrals, therefore, there should be no automatic criminal history exclusions. However, individual referrals may be vetted by project managers, case management supervisors, and other partners to share any insights from known criminal history, to the extent this sheds light on potential risk to staff or on the referred person's needs and situation.

3.8 Enrolling into LEAD

Enrolling into LEAD requires an individual to do only two things: (i) Complete a psychosocial intake interview, and (ii) sign a multi-party release of information allowing LEAD partners to appropriately share information, while abiding by LEAD's Golden Rule that no one can be worse off because they participate in LEAD.

▶ This indicates a core principle.

Step 1: Psychosocial Intake Interview

As one of the requirements of enrollment, people referred to LEAD will work with a case manager to complete a psychosocial intake interview. Ideally, this intake interview can be completed very soon after the arrest diversion – sometimes, on the same day, but later if the individual is not in a mental or physical state to engage in a long discussion. It is considered a LEAD best practice to ensure that an interview is completed within 30 days of the arrest diversion, but that can be extended by agreement of the referring officer or sergeant if case managers have a specific reason to believe they can succeed with more time, or if the individual has been incapacitated (in jail or hospital, for example).

Step 2: Multi-Party Release of Information

The multi-party release of information (ROI) is the essential precondition for ongoing care coordination among LEAD operational partners, allowing case managers to share information as needed and appropriate with police, prosecutors, judges, other care providers, and even neighborhood businesses and government officials, if to do so is in the participant's interest.

A Deeper Dive:
First Golden Rule – Share Information Appropriately

In the case of arrest diversion, there is a 24 hour non-return request

Individuals who are diverted post-arrest are asked by case managers not to return to the location where they were arrested for 24 hours after their release. The 24 hour non-return request is to reduce neighborhood frustration with the decision to divert, and it's an important gesture toward the officer who made the choice to call case managers instead of taking someone to jail. If someone does head right back to that location, officers could make a jail booking decision. If the diverted person has a pressing need to return to the area, the case manager will coordinate with the arresting officer or sergeant to share that information.

▶ This indicates a core principle.

Modifications may be made for operational capacity

In many sites, it can be initially difficult to establish the operational capacity to enable real-time, in-field arrest diversions/warm handoffs 24/7 throughout a given jurisdiction. As a result, many sites begin with a modified version – perhaps by limiting the precincts, neighborhoods, or operational hours when immediate in-field response will be available, or by providing the site's case management agency with contact information gathered by the officers, for follow-up with the potential participant, who is simply investigated and released from the station, precinct or patrol car.

Though this is not a violation of LEAD core principles, it is not optimal – the warm handoff is by far the most effective point of contact, and it feels more effective to officers to have case managers respond in real time. As well, it will be far more difficult for case managers who didn't meet the individual at the point of arrest to locate the person later. In such cases, it is extremely important to ensure that follow-up is immediate, active, ongoing, and in the field, so as to reach and engage people as soon as possible.

▶ This indicates a core principle.

4. HOW LEAD WORKS

4.1 Building a "Second Response"

Diversion away from the criminal legal system is an essential option for first responders – but diverting people from arrest is only one of the three doors into LEAD services & care coordination.

Even in communities that have developed an array of first responders options – police officers, crisis intervention teams, co-responder programs, or non-police alternatives – the question often remains: after the first response, **what do we do next?** (This is often phrased as "divert to what?")

Regardless of which "front door" is used, a large percentage of people traditionally and futilely pulled into the criminal legal system need a substantial second response: sustained care, development of a participant-focused, harm reduction care plan, and cross-system coordination with the multiple entities that intersect with the individual.

With LEAD, community stakeholders – officers, health agencies, community-based service providers, elected and appointed officials, advocacy groups, businesses, and interested residents – work together to build an effective, coordinated "second response," one that reorganizes existing pieces and adds others to identify and address the needs of people whose persistently disruptive or unlawful conduct stems from unmet behavioral health needs or poverty.

This is why LEAD can serve as a universally accessible and valuable "second response," regardless of what the first response landscape looks like in a particular community.

Further, LEAD provides an ongoing framework to coordinate with legal system partners and others who often have other involvement LEAD participants; this regular, multidisciplinary coordination reduces the chance that the left hand will undo the progress the right hand has labored to achieve.

4.2 Case Management

LEAD-style case management is the heart and soul of this intervention, a golden thread to form trusting relationships with people for whom standard models of care just aren't effective, adeptly supporting them in navigating these complex systems as long as it takes to achieve stabilization and healing.

LEAD case managers represent the lifeline by which participants begin to find steadier footing. It can take days or weeks – providing a bottle of water and a pair of socks on one

▶ This indicates a core principle.

day, or arranging medication, being present for the birth of a child, or forestalling eviction on another – for case managers to begin to forge transformative connections. LEAD case management meets participants where they are, physically, mentally and emotionally, and uses evidence-based practices to achieve behavior change by building strengths and capacity while allowing participants to aim at goals that are most meaningful to them.

Lived Experience/Peer Staff and Clinical Skill

There are many paths and experiences that can equip a LEAD case manager with the skills and capacities essential to excellent case management. Both lived experience and superb clinical skill are essential – any LEAD team requires both.

Although lived experience is not essential for every member of the team, having people with lived experience with behavioral health needs, homelessness, and/or criminal legal history on the team is invaluable: it fosters connection and credibility with participants and provides insight into participants' experiences and how systems actually function.

However, LEAD participants also should expect high levels of clinical skill and knowledge about diagnosis, symptom identification, emerging treatments, medical resources, and housing system navigation; thus, the whole team should have access to skilled clinical supervision.

Field-Based Case Management

Rather than being offered only in offices or by appointment, LEAD-style case management also operates in the streets, to literally and figuratively meet people where they are. Of course, case managers need office time to battle for resources for their participants, and participants are welcome to visit the office "home base," but the model assumes that the team doesn't just wait for participants to come to them – rather, the team is dedicating to connecting people in the field as often as needed.

This is effective for engaging highly marginalized people, and it gains the trust of officers and neighborhood leaders who can see the teams respond to problems officers constantly encounter. For an officer, seeing a case manager come to an alley in the early morning hours to receive a warm handoff for someone struggling with substance use and homelessness lays a strong foundation for a lasting partnership.

▶ This indicates a core principle.

Flexible and Non-Coercive

With their commitment to client-driven harm reduction, LEAD case managers don't impose expectations or deadlines; they don't require abstinence or demand compliance. Instead, LEAD's client-driven case management is flexible, adaptive, patient, ongoing, and holistic. Because it also lasts as long as necessary, participants' goals should be expected to change over time. Someone who started off wanting to get ID and work on housing may move on to working on medical issues; eventually, some may ask for help accessing inpatient treatment resources, even years into the relationship. LEAD's adaptable, patient, participant-driven case management is intended to foster and support these evolving goals.

4.3 Criminal Legal Alignment

Legal System Coordination

The primary focus of LEAD is to ensure people are not unnecessarily jailed and referred for prosecution for unlawful conduct related to their behavioral health challenges or poverty. To that end, LEAD case management must prioritize pre-booking, pre-arrest, or community diversion referrals.

In addition to the referral charge, LEAD participants may have other non-divertible (or just non-diverted) old cases, old warrants, old cases newly-filed, and new cases, for which LEAD services are still the best response. LEAD is not supervised by courts or probation. However, LEAD provides invaluable legal-system coordination with courts, probation, and prosecutors in filed cases. LEAD case managers may provide information on participants' new or existing cases to courts, probation officers, and prosecutors, which may inform decisions about whether to decline to file charges, whether or not to detain or seek pretrial detention, whether to dismiss charges, and whether to recommend or grant a favorable disposition. LEAD can also accept referrals from courts, probation or prosecutors, pursuant to local law, while recognizing that those agencies and actors have long been able to make community referrals or social contact referrals.

It is important that cites avoid the circumstance in which people have greater access to services, support, and resources when they are moved further along in the Sequential Intercept Model (for example, via drug court) than they would have via a community-based, pre-booking context. Otherwise, systems are operating with perverse incentives to send people unnecessarily further into the legal system just to get access to support and services.

▶ This indicates a core principle.

Prosecutors

Since prosecutors, by law, retain full authority over prosecutorial decisions, only they can ensure that pre-existing cases and warrants, as well as subsequent cases, are coordinated and aligned with a participant's intervention plan related to any diverted case. But prosecutors' hands are not tied, and LEAD participation confers no immunity from prosecution on other cases. However, LEAD partner prosecutors recognize that pursuing another case in a standard fashion could actually compromise all the progress that case managers and prosecutors have made with the individual. Thus, prosecutors often find it best to creatively and individually resolve non-diverted cases whenever possible to maximize the benefit of LEAD case management and avoid destabilizing participants.

It is typical that people who enroll in LEAD will carry with them unresolved criminal cases and warrants from the past, including cases that might now be divertible into LEAD. In LEAD, prosecutors are encouraged to support the coordination of participants' pre-existing cases and warrants, as well as non-diverted post-enrollment cases, with the participant's individual intervention plan. In this way, they help ensure that the left hand (prosecution of non-diverted cases) isn't unwittingly undoing the good work of the right hand (case management in lieu of filing other cases).

Not prosecuting a charge against a LEAD participant isn't "doing nothing." To the contrary, information on the status of prior or subsequent charges for a LEAD participant should be shared among members of the OWG, which can use its regular meetings to discuss a participant's overall progress, and brainstorm about the approach that would best support behavior change, which in some cases might entail dismissing an old or a newer charge, holding the case to monitor progress and then dismissing if the participant has stabilized, foregoing a detention motion, supporting a warrant quash, or specific case resolutions short of dismissal. However, while prosecutors benefit from hearing the insights of other partners and particularly the case manager, the question of how to handle the non-diverted cases is always at their discretion. Making those thoughtful decisions requires dedicated prosecutor capacity in most jurisdictions, though it adds no cases and likely reduces case volume.

"Post-enrollment cases" stem from new arrests or charges after a participant enrolls in LEAD. It should be noted that some post-enrollment cases could, confusingly, relate to incidents that took place before enrollment but that may have sat in a filing queue for weeks or months before filing. It is also common for people enrolled in LEAD to be arrested again after they entered the program, as the arc of recovery is long, change takes time, and progress is not linear.

Decisions about both pre-existing cases and post-enrollment charges should be informed by the LEAD's Golden Rule #2: *Within their zone of authority and while considering insights provided by other LEAD stakeholders, every LEAD partner should do what they believe is most likely to support positive behavior change in the specific circumstances.*

▶ This indicates a core principle.

Public Defenders

LEAD was originally co-designed by a public defense office that managed a dedicated Racial Disparity Project. Intrinsic to the model is the understanding that defense involvement can provide substantial reassurance to civil rights advocates that this process – in which case managers share information with police and prosecutors – is operating within guardrails and will not harm participants' interests.

Public defenders are essential eyes and ears in a LEAD ecosystem.

Public defenders are the best guardians of the first Golden Rule that "no one can be worse off because they participated in LEAD." They may be the first to notice that, in subtle ways, LEAD participants appear to be subjected to more aggressive prosecution attention, or are seeing cases filed against them that would not typically be filed. Should that occur, it is crucial for defense attorneys to immediately alert project managers, so they can bring the dynamic to the attention of LEAD partners for discussion and response.

Public defenders are also best situated to notice missed opportunities for diversion – that is, diversion-eligible charges that resulted in jail booking and prosecution for no clear reason. Such instances may illuminate opportunities for police training and increased awareness of the diversion process. Defense attorneys can also help identify patterns in diversion and referral for prosecution such as racial disparity, geographic gaps in the diversion map, or absence of diversion activity in a particular police unit.

Public defenders also can be among the best informed to make referral recommendations. Often, defenders have clients whose current cases are resolved but who appear at risk for further entanglement in the criminal legal system unless they get some excellent, timely help.

Line-level public defenders are unlikely to have time available to participate in the meetings and case conferencing that LEAD entails, and they may develop awkward ethical conflicts issues if they learn, in LEAD workgroups, information about co-defendants that their own clients could use to their advantage. Thus, it is often best for the "eyes on" public defense representative in the OWG (and perhaps the PCG as well) to be an emeritus representative of the sector, someone in the central administrative office, or someone otherwise removed from active client representation or supervision of attorneys with active caseloads.

▶ This indicates a core principle.

5. ROLES & RESPONSIBILITIES

5.1 Governance

To develop and achieve consistent goals, policies, and practices, LEAD sites are collaboratively stewarded by local stakeholders who are close to, or responsible for addressing, the problems LEAD is intended to solve. LEAD sites are stewarded by three principal bodies:

1. The Policy Coordinating Group
2. The Operational Work Group
3. The Community Leadership Team

5.2 Policy Coordinating Group

WHO

The PCG is made up of **senior members of partner agencies** (such as health agencies, elected officials, law enforcement, prosecutors, public defenders, the project management agency, and advocacy groups) who are authorized to make decisions on behalf of the entities they represent.

WHAT

Together, the PCG's members make **policy-level decisions** for the initiative and within their respective agencies; develop the local vision for LEAD; ensure that sufficient resources are dedicated for the success of the initiative; and review, approve, and modify overarching policies to reflect the site's intentions, including (but not limited to) eligibility criteria and referral policies. In addition, the PCG is responsible for establishing and stewarding evaluation, crisis communications agreements, seeing that responsibility for achievements and challenges are shared among partners, and (in collaboration with the project manager) developing budgets and identifying resources.

▶ This indicates a core principle.

How the PCG benefits LEAD

Having a site's principal decision-makers and influencers serve as members of the PCG has multiple benefits. They bring subject-matter expertise regarding their respective roles, carry substantial decisional influence or authority within their agencies, help shape public policies and attitudes, have access to both intellectual and financial resources, are essential thought-partners in conceiving and implementing meaningful systems change, give voice to both longstanding and emergent community priorities, and can help identify and address potential contradictory policies or operations. PCG participation of these key stakeholders also decreases the likelihood that contradictory initiatives will be developed by one partner in a way that will confuse and reduce the efficacy of LEAD and other work already being done.

PCG develops the initiative's purpose & structure

The PCG holds substantial responsibility for establishing and overseeing the initiative's purpose and structure. This body should be established before, not after, launch of a LEAD project, as guidance by the PCG members will drive selection of contractors and development of protocols.

The PCG typically develops and executes a project's Memorandum of Understanding (MOU) to document the agreements among all partners; selects the project management entity and ensures adequate project management; reviews and approves operational protocols; reviews and approves contracting processes for project services; reviews reports submitted by the operational partners and project manager; ensures the development and implementation of an evaluation plan; sets communications policies; approves the project's budget; and holds responsibility for strategy and planning.

PCG selects and oversees contracted case management

Because case management constitutes such an essential element of the LEAD model, it is crucial that LEAD sites pay great attention to selecting, contracting with, and overseeing a case management agency. Typically, contracts are awarded after a public bidding process, commonly through the issuance of a Request for Proposals (RFP). The PCG or a subgroup appointed by the PCG should conduct the procurement, staffed by the project manager. The Project Management function should be procured collectively by PCG members.

PCGs may form work groups

Over time, the PCG may decide to form work groups or committees to manage either ongoing or one-time tasks. A site might establish a standing Data and Evaluation Committee, for example, to steward this ongoing element of work; or it might establish a procurement committee to manage the process of soliciting potential contracted partners.

▶ This indicates a core principle.

PCG decisions should be made by consensus

True consensus decision-making recognizes the value of moving at the speed of trust, the need for each operational and governing partner to remain at the table of what is a voluntary undertaking for all, and the importance of operating within zones of agreement. This strategy places a premium on project managers' skills in identifying the needs of each partner and crafting solutions that are acceptable – or at least tolerable – for all.

Project managers carry out the strategic plans of the PCG

It's important to remember that while the project manager provides coordination and leadership for daily activities and supports the PCG in carrying out strategic plans, the project manager needs to draw on the authority and resources of PCG stakeholders. Being mindful not to impose unreasonable expectations on project managers, PCG members should help to identify and acquire resources and should provide direction to their departments/employees to help carry out the policies and plans developed by the PCG.

For project managers, developing a PCG agenda is not a matter of sitting down at your desk and coming up with a series of topics. Rather, a PCG's agenda should be the product of careful attention and inquiry: What policy decisions does this body need to consider? What elements of strategic development – evaluation, expansion, funding, communications – do they need to address and tend? What operational challenges require policy responses?

A Deeper Dive:
Setting Expectations for PCG Meetings

5.3 Operational Work Group

WHO

The OWG is composed of line staff and mid-level supervisors who carry out the day-to-day operations of LEAD. The members are appointed by the PCG and typically include the project manager, police officers, assistant prosecutors, public defense managers, case managers, other service providers, and community leadership representatives. Especially when a LEAD project is small or just launching, the OWG may include executive-level leaders, and they are encouraged to continue to attend even when the project has evolved to a larger scale.

WHAT

This governing body provides a common table to collectively monitor, identify, discuss, and address operational, administrative, and client-specific issues.

The OWG strategizes to implement the policies of the PCG

The OWG is not a policy-making body, but it can use a variety of approaches to implement the policies established by the PCG. It can and should strategize about both **individual participants** and potential referrals, but also about **problematic situations** and dynamics that need a response from the outreach and case management team, apart from the individuals who may be involved in the situation.

The essential functions of the OWG can be organized by region

The essential functions of the OWG can be organized at the neighborhood or precinct level, or citywide, but they should be of a scale that permits the OWG to know and address challenges involving individual participants and specific situations. Even if it goes by another name, the OWG's essential functions should be preserved.

Each partner retains the authority to make decisions within their sphere

Each operational partner in the OWG retains the authority to make decisions within their sphere of operations – case managers make clinical decisions, police decide when and how to take enforcement steps and whether to divert, and prosecutors decide when and whether to file, decline or dismiss a case, whether to seek detention or support release, and how and when to resolve a filed case. **No one's hands are "tied."** However, input and information from other partners often improves decision-making, helping all partners build a more informed picture of needs and opportunities.

The work of the OWG can be organized into two categories: administrative operations among the partners, and participant case conferencing:

- ### Administrative Operations
  The OWG is responsible for collectively improving day-to-day operations and efficacy, identifying emerging community or operational issues that may shape or affect the project's work, and identifying and proposing any policy changes that should be considered by the PCG.
- ### Case Conferencing
  Operating as a multidisciplinary team, the OWG enables ongoing case-coordination to support participant success, fosters shared problem-solving of situations (not just individual challenges), and identifies collective needs and opportunities. Police, prosecutors, and case management devise ways to coordinate their responses to a particular participant, and help one another identify new approaches that may work better. The project manager facilitates OWG meetings and oversees business flow, processes, and information-sharing.

▶ This indicates a core principle.

5.4 Community Leadership Team

WHO

Members may include civil rights representatives (with particular attention to racial justice organizations and disability rights groups), neighborhood associations, business district associations, public health workers, police oversight boards, public safety advocacy groups, social service providers, and religious communities. It is important to ensure that the composition of the CLT reflects the communities most impacted by street-level law enforcement and public safety practices in various respects.

WHAT

The Community Leadership Team (CLT) is a preferred (but sometimes optional) feature that can help sites efficiently **receive guidance from diverse community voices**. Serving as a conduit to the broader community, the CLT can provide advance communication with and connection to the project's operational and governing stakeholders; identify blind spots and suggest opportunities for growth and evolution; troubleshooting; data review; provide opportunities for community input on any aspect of LEAD implementation; and serve as informed stewards of the project's intentions.

The demographics of the CLT must be carefully balanced

No single community voice can fully encapsulate the interests of diverse sectors in safety, justice and health. A CLT leadership structure should be carefully balanced to ensure that diverse points of view feel welcome, including of groups that normally do not care to share the same organizational space. project managers should provide staffing, unless the PCG chooses another community-based organization to play that role.

If a CLT has been convened, it should be represented on the PCG

Because any community contains a wide variety of stakeholders with important and diverse perspectives, sites may reserve several community representative seats on the PCG.

▶ This indicates a core principle.

A CLT isn't always needed

LEAD stakeholders and project managers should be mindful that community leaders have many obligations besides sitting in an advisory capacity on a widely-supported project. Once the project is underway, it may become a better use of time for members to be consulted regularly in their own meetings and spaces, convening as needed to discuss specific issues, rather than maintaining standing meetings.

This arrangement can also substitute for a formal CLT in some communities, depending on how well-established the program is and how much capacity the project management team has to be in continuous dialogue with diverse community partners. In situations in which maintaining a standing CLT does not make sense, its essential functions must be accomplished in other ways. Project managers should build regular check-ins with key community leaders into their practice and should convene special meetings to address particular challenges or impasses that emerge.

5.5 Staffing

Staffing falls into these categories:

- Project Management
- Case Management
- LEAD Liaison Prosecutors
- LEAD Legal Services

5.6 Project Management

Although the title “project manager” is used in many fields, a LEAD project manager must serve as a combination of visionary master planner, group facilitator, conciliator, cat-herder, consensus-builder, resource developer, subject-matter expert, and operational engineer. The project manager works for and at the direction of the PCG and must be able to maintain equally strong relationships with all stakeholders. In essence, the project manager should operate at an equal arm’s length from all while being equally accountable to all.

The project management function requires a unique blend of skills: the ability to steward both vision and operations; a deft touch in creating and holding space for disagreement and hard conversations across a wide array of diverse stakeholders; the ability to gather and distill subject-matter expertise; ease in toggling among multiple tasks and timelines; and the cool-headed steadiness to withstand political, interpersonal, and operational stresses and pressures in the high-visibility, often contentious, fields of public safety and order.

▶ This indicates a core principle.

Operational management

The project manager must effectively collaborate with all stakeholders on the PCG, operational partners on the OWG, and community advisors (whether or not the site has a formal CLT) in order to implement LEAD consistent with its established goals. This means that the project manager must understand the roles, challenges, and priorities of each of the central stakeholders; identify and elevate emergent issues; cultivate consensus on administrative and policy matters; steward communications, budgets, and evaluation efforts; and support strategy and development.

A primary role for the project manager is to foster engagement with neighborhood leaders and businesses to ensure that LEAD is effectively and visibly responding to their priorities, whether that be a single individual in need of support or a chronic trouble spot that needs attention, milieu management, and problem-solving.

External engagement

Although the project manager holds important internal roles for strategy and management, it's absolutely essential that the project manager also embrace the role's public-facing duties. Even with sites that have a robust CLT, the project manager should be a familiar and trusted person throughout the local community. The project manager should cultivate a reputation as a compassionate and interested listener, an engaged thought-partner, and a dependable, collaborative problem-solver. All parties should see the project manager as open and interested in their concerns.

In addition to overall external engagement and responsiveness, the project manager is specifically responsible for input from and response to neighborhood and business leaders, to ensure that LEAD is operating (and is seen as operating) in a way that advances their legitimate public order and safety needs.

▶ This indicates a core principle.

Internal coordination

The project manager serves as resource, liaison, convener, and organizer to and for the PCG, OWG, and the CLT.

The project manager is responsible for ensuring that PCG direction is communicated to the OWG and other relevant partners for implementation. It's critical that the project manager be in regular conversation with each PCG member between meetings, so as to understand any LEAD-related issues emerging from their respective agencies and to enable each PCG meeting to be effective and efficient. As a rule, nothing that comes up in a PCG meeting should be a surprise to the project manager or to any of the relevant agencies.

As facilitator and convener of the OWG, the project manager works to ensure the smooth implementation of all aspects of project operations; helps identify the need for problem-solving and planning during case conferencing and situational trouble-shooting; and elevates operational issues that need collective attention by the OWG or consideration by the PCG.

The project manager is also generally responsible for budget management, may manage subcontracts for case management at the direction of the PCG, and is responsible for managing or coordinating data integration and reporting.

The project manager is also responsible for forecasting caseload and referral volume, prioritizing referrals so as not to exceed case management capacity, and identifying adequate resources to expand capacity as demand and the number of priority referrals increases. Not everything cannot be a priority all at once – so it's a high priority for project managers to seek guidance and achieve coherent direction from the PCG.

▶ This indicates a core principle.

Independence of governing and operational partners

For several reasons, project management responsibilities for LEAD should be located within an organization that is independent of the other operational and governing partners and any elected official. All LEAD stakeholders need to rest assured that the project manager isn't primarily obligated to any one partner. To maintain loyalty to the project itself, the project manager can't be beholden to anyone running for office or seeking to stay in office, or to any one agenda among a group of diverse partners.

In choosing project management entities, LEAD sites should look for organizations that are oriented to system reform, have a strong positive relationship with many community advocacy organizations, *and* have a demonstrated respect for and from public safety agencies. Public health-oriented organizations may be strong candidates, but it's important for sites to understand that holding the project management function is distinct from providing direct service – it is focused on organizing a framework in which project managers serve as essential liaisons, coordinators, and facilitators, while other entities provide direct service.

If it is not initially possible to lodge project management in an organization independent of other operational and governing stakeholders, sites should take steps to establish safeguards to support the independent voice of the project manager. For example, it should be explicitly agreed that the PCG is responsible for overseeing the work of the project manager, even if that individual is employed by one of the stakeholder agencies.

The MOU establishing the LEAD partnership should provide that a subcommittee of the PCG will write the job description for the project manager, serve as the project manager's sounding board, and be responsible for performance reviews. The project manager must know that they are not jeopardizing their position as employees if they operate in ways that serve the partnership but that aren't the ideal approach from the point of view of their employer.

5.7 Case Management

In the LEAD model, case managers operate in field-friendly teams responsible for participant support, systems navigation, and field engagement. If the project is of sufficient size, the case management team may sometimes be augmented by dedicated outreach & screening coordinators.

▶ This indicates a core principle.

Case managers as the golden thread

Case managers are the **"golden thread"** for participants, staying with them through twists and turns, observing self-sabotaging choices, using motivational interviewing, celebrating modest victories and helping to build strength. They are a broker of services, going to bat for the participant in and among systems often not built for them. They attend to participants' self-identified goals, but also scan the landscape for resources to stabilize income, housing and health status if that is a goal for the participant.

The case management team should **blend lived experience and clinical skill,** and the team as a whole must have the knowledge, credentials and expertise to effectively diagnose, identify issues, connect to appropriate care and resources, and provide clinical supervision to line staff.

Legal System Advocates

Some larger case management teams may benefit from assigning specific colleagues to play the role of Legal Systems Advocates, serving as the primary connection point between the case management team and LEAD Liaison Prosecutors. These specialists can focus on tracking LEAD participants' pending court cases, local and remote; they communicate with defense counsel; they make civil legal services referrals when appropriate; and they coordinate with LEAD Liaison Prosecutors to try to ensure that filed (non-diverted) cases don't derail the participant's progress toward recovery.

If a site's case management team and participant numbers are relatively small, this skill set may also be cultivated in the entire case management team.

Flexible Funds for Case Management

Case managers must have some flex funds available to spend on participant basic needs (from buying lunch for a discussion in the field, to providing basic furnishings for an apartment, to providing a phone) and pro-social supplies (e.g., painting supplies for an artist). As determined by the clinical supervisor, such funds might also be used for posting bail, paying informal or formal restitution, or paying client debt, if that is an impediment to stabilization.

To maximize the reach of the LEAD flex fund pool, these funds should not be used when other resource pools are available, but there should otherwise be no imposed limit on the lawful purposes for which funds can be used.

▶ This indicates a core principle.

Case managers engage in legal case coordination

Case managers engage in legal case coordination with LEAD Liaison Prosecutors and connect with defense lawyers representing participants. In conversations with prosecutors, both parties must observe the Golden Rule that no one can be worse off because they are enrolled in LEAD and share information with their case managers.

When information is shared appropriately, prosecutors gain insight into what is really happening in the individual's life and about the stabilization plan to address those circumstances. While this information can guide prosecutor decisions, prosecutors must agree not to respond more harshly to any participant than they would have if the individual were not enrolled in LEAD. The most severe result that a LEAD participant should ever be exposed to in a given case would be to proceed with standard/mainstream case processing, as might be experienced if the person were not in LEAD.

▶ All outreach and case management services must be grounded in participant-centered, street-based methods that utilize harm reduction, motivational interviewing, trauma-informed principles and practices, and cultural competency to reduce harm and foster improved health and safety both for participants and the larger communities.

A Deeper Dive:
Caseload Standards and Efficacy

5.8 Legal Case Coordination

Typically, entry into LEAD should primarily be through a pre-arrest social contact referral); a post-arrest, pre-booking diversion; or a community referral not connected to a criminal charge.
However, many LEAD participants have pre-existing court cases, warrants, or case filings that arise after they enroll in LEAD. Sometimes, due to case filing backlogs, these cases may stem from incidents that preceded the participant's enrollment in LEAD. Unless sites actively seek to develop policies and practices to coordinate the cases, they pose a high risk of interrupting and dislodging LEAD participants' hard-won progress.

Thus, it can be useful for sites to identify LEAD Liaison Prosecutors who serve on the OWG and coordinate LEAD participants' non-diverted cases. They gather information from case managers on the goals of individual defendants, their progress and challenges, and the effects that pending cases might have on that progress.

Depending on the size of the jurisdiction and available resources, LEAD Liaison Prosecutors may be a dedicated resource, or they may carry a mainstream prosecutor caseload and monitor LEAD participants' cases as part of their usual assignment.

▶ This indicates a core principle.

As members of the LEAD team, Liaison Prosecutors are asked to make whatever decisions are within their authority (or that of their office) that are likely to support positive behavior change and improve the defendant's circumstances.

In practice, this means that they may monitor a case in the filing queue and decide not to file it; they may hold a filing decision in abeyance while monitoring the individual's progress within LEAD; they can move to dismiss cases in consideration of the such progress; they can support motions to quash or not file warrants; they can support pretrial release; and they can negotiate terms of a disposition that won't undermine a defendant's progress.

Participating in LEAD does not grant immunity from enforcement or prosecution for future illegal action. However, Liaison Prosecutors must always hew to the first of LEAD's two Golden Rules: No one can be worse off because they are enrolled in LEAD and share information with their case manager, which the case manager then shares, as appropriate to support participant success, with prosecutors or police.

Concretely, this means that prosecutors should not obtain actionable information from case managers about law violations or violations of court orders; if they do, they must not seek adverse action based on that information. However, participants will not share necessary information with the case managers if doing so leads to adverse actions. Similarly, case managers will stop sharing information with operational partners if doing so harms participants or interferes with their progress.

However, if law enforcement or prosecutors obtain independent and adequate information from an alternative source, prosecution action is not constrained. Liaison Prosecutors need to be able to carry weight with mainstream prosecutors and need to be familiar with the efficacy of the techniques used by LEAD case managers in order to persuasively propose and support alternatives to their colleagues and the elected or appointed prosecutor.

5.9 LEAD Legal Services

▶ This indicates a core principle.

From the inception of the flagship LEAD initiative in Seattle, that project has included an in-house legal services resource, LEAD Legal Services, which has been an invaluable aspect of direct service support to LEAD participants from the outset. A team of five lawyers, housed within the same organization that also houses the Project Management team, takes referrals from LEAD case managers for participants who need help avoiding or mitigation an eviction, vacating convictions, seeking relief from legal financial obligations, addressing family law problems and immigration status issues, being relieved from unlawful debt, quashing warrants outside of the local court system (where LEAD Liaison Prosecutors can assist), and sometimes, with defense in cases and probation violation allegations in outlying courts that threaten to wreck participants' progress.

Projects that lack this resource will want to make some arrangements for access to civil legal services resources if at all possible. Many participants will hit unmoveable walls and obstacles that will not yield even to the most skillful case managers but that can be addressed with legal advocacy.

▶ This indicates a core principle.

6. STARTING A LEAD INITIATIVE

6.1 Light the Spark

In any jurisdiction, LEAD begins when even just one person says, **"This isn't working, and I'm committing to finding a better way."** This is the moment when somebody – or some group of people – decides that it must be possible to build a better approach to addressing the crime, public disorder, and human suffering that can stem from unmet behavioral health needs.

Sometimes, the conversation starts when a prosecutor realizes the futility of repeatedly filing charges against people whose unlawful conduct comes from unmet mental health needs or unmanaged substance use. Sometimes, it comes from police officers, who have first-hand experience of the suffering and disorder they see on the streets, and know that most people come out of jail no better off than they went in. Sometimes, officers are almost the only system representatives to have talked to a person cut off from all systems of support, and they can clearly see that other systems have failed to respond to this individual. Sometimes it's a health department that realizes people are cycling through emergency rooms, psych wards, and jails without ever getting the help they need. Perhaps it comes from racial justice advocates, who recognize that criminalizing poor people with unmet behavioral health needs continues a legacy of racial discrimination and unequal access to resources across the board. Or it may emerge from an existing committee or governing body – a mental health task force, court commission, or a criminal justice coordinating council – whose members have assigned themselves to tackle problems that LEAD is designed to address.

6.2 Broaden the Conversation

LEAD begins when somebody – no matter their role – lights the spark in a given community. If the idea emerges from an existing committee or a public entity, or if there's a particular, time-sensitive opportunity, like a potential grant, the process of expanding the conversation may be accelerated. But no matter how it originates, the idea begins to grow by broadening the conversation to include other people in the community who also have a stake in solving the same problem.

▶ This indicates a core principle.

Establish a small group of people move the idea forward.

As the conversation continues, at some point it is useful to establish a small group of people to help move the idea forward. Whatever name it's given – a work group, a task force, a design team – this group takes on the responsibility of moving from general conversations to more intentional exploration and analysis.

Develop simple, clear, and consistent messaging.

To support the work of the design team and to keep the conversations from straying into broader discussions of problems that LEAD isn't designed to address, materials should explain the basic purposes and methods of the LEAD model, the collective nature of its governance and structure, the outcomes it can achieve, the stages of the planning process, and ways to be informed or involved. Linking interested audiences and potential partners to the toolkit and core principles can help to clarify the model and its essential elements.

6.3 Outreach and Exploration

The exploration stage is dedicated to gathering information about your community and the needs it might try to meet by implementing LEAD. You might think of this as an outreach and discovery phase, where the community begins to learn about and discuss LEAD, a core group of people intentionally gathers input from a broad array of diverse voices, and you collectively begin to clarify the problems and priorities that LEAD could help address.

Remember that LEAD is intensely local, shaped by local priorities and conditions, and built on local relationships, and it's important to take a broad view of community engagement. Despite their differing roles or beliefs, many people can be key stakeholders in developing or advancing a LEAD initiative – not just representatives of health and safety agencies, but store owners, business coalitions, nonprofit service providers, residents, elected and appointed officials, civil rights groups, faith leaders, and neighborhood groups.

▶ This indicates a core principle.

Ways to Engage

The process of gathering community input during the planning stage can take many forms:

- Hold a series of public meetings to hear from community residents about their concerns related to safety, health, and equity in their neighborhoods.
- Meet with the local business association about problems related to theft, disorderly conduct, or trespass in their businesses.
- Meet with the district attorney, municipal prosecutor, public defender, emergency responders, and law enforcement leaders and officers to discuss the ways in which problems associated with unmet behavioral health needs shape their work.
- Meet individually with members of your city council, county commissioners, city managers, or county administrators to discuss their thoughts and concerns about the issues LEAD attempts to address.
- Gather stakeholders who serve this population – public health agencies, public and nonprofit housing organizations, food banks, shelters, training and employment, behavioral health providers, faith-based providers – to hear about the challenges and opportunities they see.
- Meet with people involved in diverse advocacy groups – racial justice, mental health, sex workers, criminal legal reform, health justice, economic justice – all of whom may have a stake in LEAD.

It is important to actively gather and track input provided during these meetings; collect names and contact information of those who showed up or showed interest, and develop summaries of the concerns and ideas offered in those conversations.

6.4 Set the Table

The stakeholders and outreach methods will vary with every community, but in all cases, the core principle remains: think broadly and inclusively in identifying and engaging the community of people with an interest in the problems LEAD seeks to solve. This means bringing together the very people who might see their work as unrelated to that of other stakeholders, or who might even be historically hostile to one another. **Rather than excluding dissenting or skeptical voices from the conversation, it is essential to bring them to the table–360 degrees.**

Strong feelings exist on these issues across the political continuum, and they cannot be avoided, so knowing – and not arguing about – what each stakeholder finds most important at the outset can allow for problem-solving and prevent later controversy.

At base, the LEAD approach – with every stakeholder – is to shift the focus and energy: Rather than blaming each other for the problems everyone can see, LEAD asks people to aim higher, together, at the problems they all agree should be fixed.

LEAD is a systems-change initiative, which by definition requires that everybody be willing to make changes in what they think, say, and do. It can be very helpful to state this

▶ This indicates a core principle.

intention from the start, with every conversation, every interaction.

6.5 Develop the Plan

The insights and information developed through community engagement and data analysis may inform an emerging project plan. It can help sites define, at a minimum, the proposed geographic or jurisdictional boundary, the intended population and its potential size, and the unlawful or problematic conduct your community wants to address in a new way.

Once the essential terms are provisionally defined, your design team can begin designing the operational nuts and bolts of the project: which entities have a formal role in the project as you're imagining it and need to be involved in the design? At a minimum, this stage typically involves conversations with the relevant law enforcement agencies, the prosecutor's office, public defense, municipal government, public health agencies, nonprofit service providers who operate in the region or who serve the intended population, relevant community leaders, and advocacy groups.

Sometimes, sites might need dedicated help at this stage of development: a design-phase coordinator, a consultant with expertise in designing justice-related partnerships, an experienced facilitator, or a formal LEAD project manager. If so, these resources may be cobbled together by in-kind support offered by participating agencies. Sometimes, local grantors or public officials can provide one-time financial assistance for this phase. If it's likely that the project will need substantial grant funding once the design phase is completed, it can be very useful to bring on a combination project-designer/ grant writer, who can help shape the design while developing a compelling narrative of the project's history and purpose.

Meet with people who need to be involved in the design.

Once the essential terms are provisionally defined, your design team can begin designing the operational nuts and bolts of the project: which entities have a formal role in the project as you're imagining it and need to be involved in the design? At a minimum, this stage typically involves conversations with the relevant law enforcement agencies, the prosecutor's office, municipal government, public health agencies, nonprofit service providers who operate in the region or who serve the intended population, relevant community leaders, and advocacy groups.

▶ This indicates a core principle.

You may need a coordinator, designer, or grant writer.

It is common for sites to need dedicated help at this stage of development: a design-phase coordinator, a consultant with expertise in designing justice-related partnerships, an experienced facilitator, or a formal LEAD Project Manager. Sometimes, these resources are cobbled together by in-kind support offered by participating agencies; sometimes, local grantors or public officials can provide one-time financial assistance for this phase. If it's likely that the project will need substantial grant funding once the design phase is completed, it can be very useful to bring on a combination project-designer/ grant writer, who can help shape the design while developing a compelling narrative of the project's history and purpose.

Refine your design documents and get feedback.

At this stage, your design documents should include a data-informed statement of the problem, the potentially divertible conduct, a summary of LEAD as the proposed approach, the initial location and scale, a description of the governing bodies (PCG, OWG, and possible CLT), a list of the essential implementation partners, and a sense of the outcomes you hope to achieve over some defined period of time.

All of this should reflect the insights gleaned from your outreach and data-gathering process; it should be developed through the active collaboration of your design team; and it should be workshopped back to the community and broader partners to ensure that it reflects shared intention.

Once the project's conceptual design is complete, it is important to communicate with everyone who participated in its development process, letting them know that you have reached that milestone, thanking them for their participation to date, informing them that you will communicate again as the process continues, and providing contact information. If you are going to form a CLT, this is a great opportunity to solicit indications of interest from people who might like to serve in that capacity.

6.6 Refine Your Design

At this stage, a site's design documents might ideally include a data-informed statement of the problem, the potentially divertible charges, a summary of LEAD as the proposed approach, the initial location and scale, a description of the governing bodies (PCG, OWG, and possible CLT), a list of the essential implementation partners, and a sense of the outcomes you hope to achieve over some defined period of time.

All of this should reflect the insights gleaned from your outreach and data-gathering process; it can be developed through the active collaboration of your design team; and it can be workshopped back to the community and broader partners to ensure that it reflects shared intention.

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Once the project's conceptual design is complete, it is important to communicate with everyone who participated in its development process, letting them know that the project has reached that milestone, thanking them for their participation to date, informing them that the project will communicate again as the process continues, and providing contact information. If a site is considering whether to form a CLT, this is a great opportunity to solicit indications of interest from people who might like to serve in that capacity.

6.7 Related resources

Understanding Outcomes: The LEAD Logic Model

▶ This indicates a core principle.

7. LAUNCHING A LEAD INITIATIVE

7.1 Securing a Project Manager

At some point in developing a LEAD plan, the project's leaders will begin to discuss which entity will serve as the project management agency for LEAD.

As described in Roles and Responsibilities, in the ideal world the PM isn't employed by any of the partnering organizations; instead, the PM might be employed by an organization that agrees to hold no other role in LEAD. This allows the LEAD project manager and the project management agency to to be primarily committed to the project itself, rather than to any individual partner.

However, a wholly independent agency may not be readily available in many places, or there may be a partner agency that is uniquely suited for this purpose. This is why in LEAD sites across the country, LEAD project managers may be employed by advocacy organizations, nonprofit service providers, public health agencies, police departments, sheriff's departments, and universities, among others.

Expectations and duties of a host agency

Wherever agency hosts the project management duties for LEAD, it's essential to remember that being a LEAD project manager is a full-time, highly intensive position; that the host agency must be able to allow the project manager to advance the project as a whole, rather than the interests of the host organization; and that in serving as the host for LEAD project management, the organization is serving as the hub for the initiative as a whole. In addition to employing and supporting the project manager, the host agency may also need to act as the administrative manager for contracted services and as the pass-through agent for grants or other funds that underwrite contracted services.

This does not mean, however, that the host agency is "responsible" for LEAD as a whole, or that it can make decisions independent of the larger partnership. With LEAD, all partners have an equal seat at the table, and the host agency must be equipped and willing to commit to that value. This commitment to collective responsibility and to shifting and sharing power should be reflected in policy documents, in daily management and operations, and in both internal and external communications.

▶ This indicates a core principle.

The PCG will be the body that procures project management

The LEAD Policy Coordinating Group should be at least informally convened *prior* to selection of a project manager, and while the process of confirming an initial project manager may be informal, the MOU (which may be organized by the initial project manager!) should provide that, going forward, the PCG will be the body that procures or changes project management as needed. Since the newly formative PCG may have trouble functioning before there is a project manager to staff it, it may be necessary to borrow a facilitator from one of the partners to serve as interim project manager in the early steps, including selecting the actual project manager.

Characteristics of a good candidate host

Good candidate organizations to host the project management function would have a system reform orientation, have a strong positive relationship with many community advocacy organizations and a demonstrated respect from public safety agencies. Public health-oriented organizations may be strong candidates, but it needs to be clear that this function is distinct from providing direct service – it is focused on organizing a framework in which others provide direct service.

Establishing a subcommittee of the PCG for project management

The MOU establishing the LEAD partnership should provide that a subcommittee of the PCG will write the job description for the project manager, serve as the project manager's sounding board, and be responsible for performance reviews. The project manager must know that they are not jeopardizing their position as employees if they operate in ways that serve the partnership but that aren't the ideal approach from the point of view of their employer.

If it is not initially possible to lodge project management in an organization independent of other operational and governing stakeholders, care should be taken to establish safeguards to support the independent voice of the project manager. For example, it should be explicit that the PCG oversees the work of the project manager, even if they have an employee-employer relationship with one of the stakeholders.

7.2 Formalizing the Policy Coordinating Group

As a site moves from planning to implementation, the group of people who spearhead the effort will likely shift, as well. Many people who were involved during the planning phase may remain engaged, but at this point, it's time to formalize the Policy Coordinating Group (PCG), the governing body that will carry LEAD forward into implementation.

A site's PCG is the primary steward of a LEAD initiative; these are the people responsible for developing strategy, setting policy, tracking performance, and ensuring sustainability. The PCG should include decision-making representatives from the agencies, organizations, and groups that are relevant to LEAD's purpose in your community. It is essential to include all the relevant stakeholders even if – or perhaps especially if – they are skeptical of the LEAD model or of the intentions of other stakeholders at the table.

▶ This indicates a core principle.

This group will move at the speed of trust, sometimes more slowly than other partners would like, but when it moves, it should represent a broad agreement in the community. The PCG operates by consensus.

Write a summary of the proposed LEAD initiative

A summary of the proposed LEAD initiative and a summary of the PCG – identifying its purpose, composition, and general obligations – helps ensure that everybody will operate with a shared understanding. This can also serve as the foundation for key messages for communication with multiple audiences.

The project manager's membership status varies

Whether to include the project manager as a named member of the PCG can vary with local circumstances. Some sites may prefer that the project manager hold a non-voting role, while others see the project manager as an essential member of the decision-making body. Whatever the local preference, the project manager's role should be clearly defined and documented.

Regardless of the project manager's membership status, the project manager is vitally important to the PCG's efficacy and to the success of the initiative as a whole.

7.3 Creating Governing Documents

There are several documents that the PCG should develop to steward their local LEAD initiative. The process of **collectively** developing a set of foundational documents – which at a minimum should include an MOU, formal policies on eligibility criteria and divertible charges, and an operational protocol for the OWG – is part of LEAD's transformative intent. Vetting these documents is a good initial exercise for this consortium, and likely will need to be assisted by an interim project manager loaned by one of the partners, or by the initial project manager selected by the initial PCG members.

Memorandum of Understanding (MOU)

A Memorandum of Understanding (MOU), signed by the relevant decision-making authorities, documents the principal agreements being made by each of the participating entities. Typically, this is a high-level summary description of how each entity will participate in or contribute to LEAD, with an appendix addressing any specific agreements about logistics and operations of the PCG. The MOU should provide that the PCG will operate by consensus of its members, and that each member has a single vote, though it may bring multiple people to meetings. Templates are available from the LEAD Support Bureau.

▶ This indicates a core principle.

Operational Protocol

The operational protocol details eligibility criteria, divertible charges, a strategy for prioritization of referrals when volume exceeds capacity, referral policies and methods, agreements on documentation, and operating agreements that detail relevant duties and roles specific to each operational partner. Templates are available from the LEAD Support Bureau.

Sometimes, sites may be tempted to rush the process of developing this protocol, allowing only a short time to produce them and/or assigning one person (typically, the project manager) to write them more or less independently. Sometimes, sites may feel that producing a Memo of Understanding signed by the participating entities is sufficient.

But the importance of this formative process cannot be overstated. It is through meaningful and sustained conversations that sites wrestle to develop a new way of understanding and addressing the problems that none of them can solve by themselves. It is common for this process to take many months and be filled with struggles and conflicts, and these struggles should be recognized as a normal and predictable stage of developing any LEAD initiative. Ideally, each partner will vet the protocol with their rank and file staff, identifying operational impediments that the principal author could not have guessed. After launch, the protocol should be revised after a beta testing period, as it almost certainly will not have anticipated all the real-life conditions that turn out to have an impact on the process flow.

Multi-Party Release of Information (ROI)

A Multi-Party Release of Information (ROI) sets the terms by which partner agencies may share participant information with one another. Using clear and accessible language, the ROI should name all of the agencies authorized to receive information and explain what kind of information will be shared, who will have access to it, and why this is necessary. Along with completing an initial intake, signing an ROI is one of the two elements required for a person to enroll in LEAD. See Working as a Team to learn more.

Bylaws

Some sites elect to develop bylaws for the PCG to document its scope, activities, and practices. Sometimes called operating agreements or charters, such bylaws may detail the PCG's authority and responsibilities, composition, decision-making methods, and any standing committees (such as budget, planning, communications, or evaluation).

Sometimes, sites may be tempted to rush the process of developing these documents, allowing only a short time to produce them and/or assigning one person (oftentimes, the Project Manager) to write them more or less independently. Sometimes, sites may feel that producing a Memo of Understanding signed by the participating entities is sufficient.

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understanding and addressing the problems that none of them can solve by themselves. It is common for this process to take many months and be filled with struggles and conflicts, and these struggles should be recognized as a normal and predictable stage of developing any LEAD initiative.

7.4 Related resources

Understanding Outcomes: The LEAD Logic Model

▶ This indicates a core principle.

8. WORKING AS A TEAM

8.1 Power-Shifting and Power-Sharing

Because LEAD is built on a framework of voluntary, multi-agency collaboration towards a common goal, it is essential to build and maintain true consensus as the hallmark of a LEAD initiative. Finding common ground among historically autonomous or skeptical partners requires determination and persistent commitment; it takes time and it's often difficult, but by going the long way around, problems are discovered that could have imploded the effort had it been rushed. Solutions are found by sustaining frank dialogue that sets the stage for ongoing collaboration.

At the same time, It is also important to recognize and redress the innate power differential among members of the PCG, OWG, and CLT (if one has been convened). Thus, all partners must work to maximize the legitimacy and the value of members' diverse experiences and expertise, avoid tokenism, and understand stakeholders' often difficult and painful experiences with institutional authorities and gatekeepers. To this end, many LEAD sites provide cross-training opportunities, relationship-building, and community-led forums to support community engagement and power-sharing. Every partner has legitimate needs and frustrations, and acknowledging that frequently is important even for institutional partners to stay at the table and sincerely commit to the process.

8.2 Confidentiality and Privacy Regulations

As a collective impact, multi-agency effort, LEAD is built on a foundation of shared information among historically unlikely partners. Multidisciplinary case coordination requires that LEAD's operational partners – including police officers, prosecutors, case managers, health agencies, and other direct-service providers – share sensitive information.

But when it comes to sharing sensitive information through the use of a multi-party ROI, it is common for LEAD sites to struggle a bit in both theory and practice. Typically, many of the agencies central to LEAD are accustomed to carefully protecting access to the information they gather. Many stakeholders may believe that sharing such information is prohibited by law; others may feel that sharing sensitive information about LEAD participants risks causing them harm.

A Deeper Dive:
First Golden Rule – Share Information Appropriately

▶ This indicates a core principle.

What is an ROI?

A Multi-Party Release of Information (ROI) sets the terms by which partner agencies may share participant information with one another. Using clear and accessible language, the ROI should name all of the agencies authorized to receive information and explain what kind of information will be shared, who will have access to it, and why this is necessary. The ROI authorizes case managers to share confidential or sensitive information, including but not limited to protected health information (PHI), with other partners, to foster care coordination and legal system coordination that benefits the participant.

The purpose of an ROI

The use of multi-party ROIs enhances care coordination and supports participant progress by ensuring that police and prosecutors have better information about a participant's situation before they make discretionary decisions that could unintentionally impede someone's recovery path. Using a multi-party ROI reduces the number of forms a participant is asked to sign, increases ready access to services, and advances a seamless web of care.

Through the proper use of information that can be properly shared, entities that sit in very different postures build trust in one another and make decisions consistent with the collective intent.

Implementing an ROI

Along with completing an initial intake, signing an ROI is one of the two elements required for a person to enroll in LEAD. Each site should ensure that their ROI forms comply with local, state, and federal laws. Sites should also ensure that case managers and other client-facing staff are trained in the purposes and use of the ROI, what it protects, and how to explain the ROI to participants to ensure they understand what they are signing.

ROIs do not require the sharing of specific pieces of information

It should be noted, that while the ROI allows information-sharing, it does not require the sharing of any particular piece of information. Case managers must be skillful in conveying the essential truth of a participant's situation, without unnecessarily sharing embarrassing information or information that law enforcement officials would feel compelled to take action on. Case managers are always truthful and do not create a false impression that things are going well when they are not, but they often do not share all the information they have because it is not necessary to care coordination.

▶ This indicates a core principle.

ROIs do not grant unlimited permissions

So it's important to remember that multi-party ROIs do not grant unlimited permissions. They must be used only to **advance coordination and alignment in order to support participant success.**

Participants may revoke the ROI

Under unusual circumstances, participants may, and should, be advised by defense counsel to revoke the ROI, because they face serious risk of investigation or prosecution on serious charges, and it would be unreasonable to take the risk of case manager information-sharing with law enforcement agencies under such circumstances. This is one reason that public defense awareness of how LEAD operates is an important safeguard.

Many people may fear that sharing information this way violates federal privacy laws, such as HIPAA and the Code of Federal Regulations 42, Part 2 (42 CFR, Part 2). In fact, even though 42 CFR, Part 2 is more restrictive than HIPAA, **it nonetheless explicitly permits care providers to share information with other entities for the purposes of care coordination with the participants' permission.**

A Deeper Dive:
Amendments to 42 CFR, Part 2

8.3 Appropriate Use of Information

Given the sensitive nature of the matters addressed by LEAD – illegal conduct, involvement with the criminal legal system, and protected health information, including psychological and medical conditions – it is very important that partners share information appropriately and respectfully – without causing harm and without discouraging future information-sharing. It's important for sites to intentionally define their collective intent in sharing information and to cultivate a culture of its appropriate use.

The fact that a multi-party ROI allows people to share information doesn't mean people should share every kind of information in every circumstance. Any sharing should be purposeful and intentional, and carefully thought through.

Over time, this becomes almost second nature among partners in a healthy LEAD ecosystem, but at the outset, this takes practice, vocalization, and constant reinforcement from the project manager.

▶ This indicates a core principle.

Sharing information may feel challenging for some stakeholders

Even with the use of an ROI, the idea that police officers, prosecutors, and case managers regularly share information about the behavior and challenges of LEAD participants may feel both alien and alarming for many stakeholders.

Law enforcement agencies, prosecutors, and jails may more readily adapt to the idea of sharing certain information with other partners; much of the administrative data they gather is generally considered public information, and they are not bound by either HIPAA or 42 CFR, Part 2, though they likely are governing by state and federal information-release restrictions for certain data categories. But for many other entities central to LEAD – such as public health agencies, treatment providers, public defenders, and nonprofit service agencies – the idea of sharing participant information with other entities may be contrary to longstanding practices.

Some partners may find the idea of sharing information especially alarming: prosecutors and public defenders, for example, operate within an adversarial structure. To take another example, case managers may be aware of participants' unlawful conduct, and sharing that specific information with law enforcement officers could increase difficulties for officers, case managers, and participants alike if officers have enforcement obligations under governing law or department policy.

Examples of how to navigate information sharing

Information must not harm participants, partners, or the project.

- Case managers should not share specific, actionable data about misconduct or illegal acts that would put prosecutors or police in a difficult position if they take no action.
- Similarly, law enforcement and prosecutors must not take adverse action against a participant based directly or indirectly on information obtained in the course of LEAD collaboration, except under exceptional circumstances involving an extreme threat to life or safety. *Otherwise, nothing will be shared.*
- That said, case managers can't leave a misimpression that all is well when it isn't, neither through overtly misleading statements ("He's doing great!"), nor through omission/silence. Instead, case managers should be encouraged to maintain appropriate limits. If there is nothing helpful to say, "I don't have anything helpful to share right now" is perfectly appropriate, and it doesn't create a misleading impression.

▶ This indicates a core principle.

9. DATA & EVALUATION

9.1 Measuring LEAD Outcomes

With the increased attention to evidence-based decision-making in public, nonprofit, and philanthropic sectors, social service programs are often asked to define and measure progress toward their goals. This question can be useful and appropriate, but in working with LEAD sites, we think it's important to begin by asking a more fundamental question:

What problems are you trying to solve with LEAD?

Are you trying to…

- reduce incidence of crimes like trespass, shoplifting, open-air drug use, prostitution, and disorderly conduct and improve outcomes for people arrested for these offenses in a specific police precinct?
- reduce use of punitive responses for offenses which drive high rates of racial disparity in the criminal legal system?
- reduce homeless encampments, problematic drug use, and rates of overdose by increasing resources (such as intensive, hotel-based case management and low-barrier harm-reduction services) within a specific neighborhood or business district?
- reduce burdens on criminal legal partners (law enforcement, prosecutors, public defenders, courts) by developing alternatives to arrest for LEAD-eligible charges in a jurisdiction with high rates of arrest for these charges as compared to other local municipalities?
- develop a system of coordinated, community-based care to provide ongoing, street-based case management to complement your crisis-intervention or co-responder efforts?
- handle a jail or court capacity crisis by diverting high volume low-level offenses?

Defining and building collective agreement on the "why" of your LEAD initiative should help your site determine relevant goals and metrics.

▶ **The most important data can be boiled down to this: Which problems do all stakeholders agree need a better solution?** No matter what the numbers say, whatever most stakeholders feel is a significant problem in need of a better response, is an opportunity to shift the paradigm. Propose a solution to that problem – listening carefully to understand why each potential partner cares about it, and what they need from any proposed solution.

9.2 Data and Evaluation Planning

The collection and review of data are essential to efficient operations, to fulfilling LEAD's deepest intentions, and to assessing the project's individual and systemic outcomes. LEAD evaluation and data plans should be spearheaded and shepherded by the PCG and implemented under the day-to-day management of the project manager.

The PCG is responsible for overseeing the initiative's data protocols, data sharing

▶ This indicates a core principle.

agreements and legal compliance, and data reporting; on a day-to-day basis, the project manager is responsible for ensuring that these policies are operationalized. In addition to approving protocols related to the participant data gathered within the project itself, the PCG also should define the data sets and protocols required of each of the project's systems-level partners. To accomplish this task, the PCG often forms a data and evaluation committee.

9.3 Identifying Relevant Outcomes

Many people think of LEAD as a direct-service program; this is understandable, since LEAD strives to create a new system of response and care for people living with intensely complex problems.

But it's important to remember that, more fundamentally, LEAD is a public safety initiative that uses human services tools (among others) to better address the challenges that can stem from unmet behavioral health needs and poverty. LEAD exists because communities are seeking strategies to advance health, safety, and equity by developing alternatives to the criminalization of behavioral health needs. Evaluations of LEAD initiatives should be rooted in this understanding.

Thus, it is important that efforts to evaluate LEAD focus on three levels: participant-level outcomes, program-level outcomes and systemic outcomes (if there is agreement on system change goals, which may often be the case).

Participant-Level Outcomes

- improvements in individual participants' health and well-being
- reduced utilization of the criminal legal system
- reductions in harmful or illicit behaviors

Program-Level Outcomes

- reduction in use of jail and prosecution for divertible offenses system-wide (not just for participants) as alternative approaches gain support and credibility
- higher rates of public or partner satisfaction with LEAD as compared to system-as-usual
- increased use of diversion on LEAD-eligible offenses compared to booking and prosecution
- increased funding for LEAD
- expansion to other geographic regions or diversion-eligible charges
- scaling toward capacity to take all appropriate priority referrals
- decreased rates of arrest or incarceration for the LEAD cohort as compared to other similarly-situated people

▶ This indicates a core principle.

Systemic Outcomes

- increased collective capacity for culturally-responsive harm-reduction services
- improved racial equity in access to and engagement with community-based services and resources
- reduced racial disparities in people incarcerated for LEAD-eligible offenses across the jurisdiction
- improved community satisfaction with public safety and order

9.4 Data Types and Sources

Generally speaking, there are two sources of data relevant to LEAD: operational data and administrative data.

- **Operational data are gathered specifically for LEAD.** These data are specific to LEAD and the people referred into it, and should be gathered from referral to enrollment and throughout the participant's time in LEAD. Sites should ensure that their data and evaluation plans are supported by and reflected in the initiative's daily operational processes: Each element of data gathering, inputting, extraction, and analysis should be built in standardized forms, processes, and technological data systems.
- **Administrative data are gathered for purposes beyond LEAD.** Administrative data include program-specific and larger community-level information, including: law enforcement data (police stops, arrests, demographics), jail data (bookings, referral charges), court data (prosecutions), and public systems data (health system, homeless systems, emergency and psychiatric services).

During outreach and exploration, you may have opportunities to gather quantitative information that can help inform and refine the problem you want to solve with LEAD.

External Large Scale Data

Because LEAD sits at the intersection of safety, health, and equity, it's easy to imagine the huge array of data sources that could inform the planning process. But in most places, these data sets sit in a variety of data systems – hospitals, emergency rooms, police departments, sheriff's offices, community-based service providers – that do not talk to one another. Furthermore, much of the data may not be not readily available to people outside each agency. Finally, many communities don't have the resources to conduct a thorough data analysis to illuminate where a community might focus its LEAD efforts. But these realities don't have to stand in your way – you can begin to illuminate needs and priorities by examining smaller sets of data.

▶ This indicates a core principle.

Smaller Scale Data

Gathering and analyzing data even on a smaller scale can still meaningfully inform your project planning. For example, you could ask your police department to provide a year's worth of data for misdemeanor and drug arrests, and then analyze it to identify highly discretionary charges that seem likely to be associated with behavioral health issues and poverty. Check your analysis with law enforcement (what crimes on the list which commonly produce arrests do they believe often involve people with behavioral health problems or income instability? Which crimes would they prefer to have another response for?) From this, you could determine how many times people were arrested for each crime, the per-person rates of repeat arrest, how many resulted in jail bookings, the average length of jail bookings, the proportion of arrests to prosecutions, the total amount of jail time related to these bookings, and whether the arrest resulted in a prosecution at all. All of this can be analyzed using basic Excel capacities.

A site's focus can include people exposed to the legal system–not just those already being pulled in. In recent years, police and legal system capacity has been severely strained in many communities; the problem may no longer be just that the system is pulling too many people in for punitive responses to health and poverty issues, but rather that all systems have increasingly abandoned people with complex needs in our streets and public spaces.

LEAD can also be an effective response to dynamics where there is public pressure for enforcement action, while the enforcement and criminal legal systems are not actually equipped to provide that response, and know that isn't the best road anyway. Data on system utilization and people actually being booked into the jail and charged in court aren't the only data relevant to the need for LEAD services and coordination – there are also those adrift in the community who are having a significant impact, whose situation could catalyze a backlash against a paradigm shift toward community-based care, if we don't respond to their needs.

9.5 Approaches to Evaluating LEAD

LEAD evaluation may focus as much on system impact and process change as on individual outcomes. Process, formative, and developmental evaluations are particularly useful to understand whether the site is implementing LEAD with fidelity to the evidence-based model.

▶ This indicates a core principle.

Framing the Question

Because LEAD originated as an alternative to an approach that centered on incarceration, prosecution, and punishment, the evaluation of demonstration project outcomes in Seattle focused on how individuals were doing compared to members of a control group that had been jailed and prosecuted as usual. As these evaluations showed, the LEAD group did better in almost every respect.

However, as the project continued and the background condition moved away from using jail and prosecution as the norm(in part because of the impact of LEAD), Seattle LEAD partners began to ask whether the evaluation framework itself needed to change.

Instead of asking, "Is this intervention producing better results than jail and conviction?" partners concluded that future evaluation should focus on a different question of shared interest: "What are the gaps in the support available to participants; what do participants need in order to thrive and heal?" This question generated very different insights.

Thus, in designing a LEAD evaluation plan, it is important to recognize it may miss the point if sites focus on producing better outcomes in a system that was not designed to foster recovery. Rather, that question may provide misleading confirmation that the intervention provides sufficient ("better than status quo") support, when participants are still, objectively, deprived of resources they need to be secure and safe.

The particular focus and methods used for a LEAD evaluation will vary based on local needs and the stage in LEAD's development, but sites might consider which type of evaluation will help them assess the progress most relevant to their local contexts: developmental, formative, or summative.

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Developmental Evaluation of LEAD

Developmental evaluations focus on the initial development of an initiative and its adaptation in dynamic environments and across contexts. In a project's early years, this type of evaluation can help LEAD stakeholders understand their initiative's context and learn more about how it's developing.

Developmental evaluation is generally time- and resource-intensive; sometimes in a developmental evaluation, the evaluator is embedded within a project team, spanning the boundary between researcher and project staff. In this circumstance, the research partner works closely with a project team to develop strategies for collecting information about issues as they emerge and providing frequent ongoing feedback to the team.

Questions guiding developmental evaluations could include:

- What cultural, socioeconomic, and political factors influence the design and implementation of LEAD? How and why do these factors influence progress?
- What systems is LEAD attempting to affect and what factors may influence changes in those systems?
- To what extent and in what ways does LEAD tap into the strengths and assets of the community(ies)?

Formative Evaluation of LEAD

Formative evaluations focus on whether the initiative is being implemented as intended, and what pieces seem to be working or not. This type of evaluation can be helpful for examining and improving internal practices and processes, particularly in an initiative's early to middle years.

Some formative evaluation questions for LEAD could include:

- To what extent is LEAD implemented with fidelity to the LEAD model?
- To what extent is LEAD being utilized by law enforcement?
- To what extent is LEAD being utilized by the community as an alternative to calling the police?
- Is case management capacity sufficient to meet the needs of participants being referred?
- To what extent is LEAD reaching its intended populations, such as people apprehended for drug possession and/or coming into frequent contact with law enforcement due to unmet behavioral health needs or extreme poverty?
- To what extent LEAD reaching or people from groups disproportionately arrested, prosecuted, and incarcerated for drug possession and other LEAD-aligned charges?
- To what extent are participants engaging with LEAD?
- What is the perspective of participants on the services provided and the impact on their lives? What works, what doesn't?
- What does information from case management reveal regarding local service resources and gaps? What is needed to go from "doing better than if this person had gone to jail" to "this person is doing really well?"
- To what extent is LEAD contributing to increased cross-sector coordination?

▶ This indicates a core principle.

Summative Evaluation

Summative evaluations focus on the extent to which an initiative is achieving its intended outcomes. It's likely that many stakeholders will want to assess LEAD's long-term outcomes or impacts – bearing in mind, at all times, that LEAD is about shifting systemic policies and practices, just as much as it is devoted to supporting positive change for participants.

Summative questions might include things like:

- To what extent does LEAD result in decreased criminal legal system involvement for the people served, and how does that compare with similarly situated people outside of the LEAD catchment area?
- To what extent has LEAD shifted the system-wide approach to public safety?

Outcomes questions that could be answered within a shorter period of time (depending on the availability of data) might include:

- To what extent is LEAD contributing to improved mental and physical health for participants? What is the point of view of participants on this question?
- To what extent are LEAD participants reducing harmful behaviors?
- To what extent are systems stakeholders and LEAD participants satisfied with LEAD?

9.6 Developing an Evaluation Plan

Evaluations are an important tool in sustaining LEAD in any site, allowing the initiative to demonstrate impact and value. Further, evaluations support LEAD sites in adhering to their stated goals and core principles, meeting desired outcomes, assessing efficacy of systems change, and improving the lives of participants.

Find an Evaluation Partner

Finding, developing, and maintaining a relationship with an evaluation partner can support LEAD sites in tracking progress toward their key objectives, identifying areas for improvement, and telling the story of LEAD. While some initiatives have internal capacity for monitoring and evaluation, others may find that they need support, such as:

- Developing a site-specific logic model/theory of change
- Determining relevant metrics and data sources
- Data management and analysis
- Reporting and communications

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Identify Essential Metrics

All LEAD sites should develop and implement an evaluation plan that measures metrics of greatest importance to the local site's stakeholders. Identifying these metrics is not a cookie-cutter process. Sites are advised to convene multiple stakeholders – including potential evaluation partners – to engage in robust, searching conversations about the specific problems that the site is trying to address. Local executive and legislative staff analysts are particularly valuable consumers of evaluation data to consult on the research design – if they are not persuaded, the evaluation effort may not drive significant investment or commitment at the local level, even if results appear positive.

Conduct a Preliminary Data Analysis

Undertaking a preliminary data analysis can be immensely valuable to informing this conversation. Pulling arrest data (including demographics) for a given jurisdiction for a defined period of time can help sites identify high prevalence, low-level conduct that burdens law enforcement, provides little benefit to the community or change in outcome for arrested individuals, and diverts resources and opportunities by unnecessarily bypassing more effective, less costly, less harmful community services. This preliminary data analysis can also help quantify the number and nature of arrests that could be diverted and help identify the two dozen or 400 familiar faces whose suffering and disruptive conduct are apparent for all to see.

Define Primary Goals

Preliminary data analysis can help a site begin to understand its primary intention: Is it to reduce community complaints and subsequent law enforcement response for people arrested more than six times in the prior year on trespass, vagrancy, or shoplifting? Is it to reduce the challenges faced by business owners struggling with open-air drug use in a particular district? Is it to establish harm-reduction, street-based case management and services to reduce risk of overdose, reduce ER use, and increase reported quality of life for people in a community that previously has offered only clinic-based abstinence treatment?

To this end, it is recommended that sites engage potential evaluators early in the planning phase. Doing so will support sites in specifying and finding consensus on the problems they are trying to solve with LEAD and provide evaluators with the opportunity to understand the local priorities and how those goals might be tracked.

9.7 Related resources

- Designing Effective Initiatives: The LEAD Fidelity Framework
- Understanding Outcomes: The LEAD Logic Model

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DEEPER DIVES

AMENDMENTS TO 42 CFR, PART 2

The Federal Register is the official journal of the federal government of the United States; it records government agency rules, proposed rules, and public notices. The final rules promulgated by a federal agency and published in the Federal Register are ultimately reorganized by topic or subject matter and codified in the Code of Federal Regulations (CFR), which is updated quarterly.

In 2017, 42 CFR changes appeared to some observers to limit individuals' ability to permit care providers to share information with other entities in the interest of care coordination. The LEAD Support Bureau established a framework under which LEAD case managers could still share information using a multi-party ROI, as they were participating in a local benefits program which qualified for an exception under the 2017 regulations. This complexity was resolved, however, with amendments and guidance published in 2020.

As recorded in the Federal Register Volume 85, No. 136, July 15, 2020, SAMHSA provides an explicit explanation regarding recent amendments it had made to 42 CFR, Part 2, enabling increased flexibility to share information across partners. SAMHSA wrote: "It is not SAMHSA's intent to limit patients' ability to consent to the disclosure of their own information or create barriers to care coordination. We wish, rather, to empower patients to consent to the release and use of their health information in whatever way they choose, consistent with statutory and regulatory protections designed to ensure the integrity of the consent process.

"Therefore, in this final rule, SAMHSA is amending the current regulations to clarify when patients may consent to disclosures of part 2 information to organizations without a treating provider relationship. In particular, SAMHSA has amended § 2.31(a)(4)(i), which previously required a written consent to include the names of individual(s) to whom a disclosure is to be made. The amended section inserts the words ''or the name(s) of the entity(- ies)'' to that section, so that a written consent must include the name(s) of the individual(s) or entity(-ies) to whom or to which a disclosure is to be made. SAMHSA believes that this language aligns more closely with the wording of the regulation before the January 2017 final rule changes, and would alleviate problems caused by the inability to designate by name an individual recipient at an entity. For example, if a patient wants a part 2 program to disclose impairment information to the Social Security Administration for a determination of benefits, such patient would only need to authorize this agency on the ''to whom'' section of the consent form, rather than identify a specific

▶ This indicates a core principle.

individual at the agency to receive such information. In addition, in response to the many comments requesting that SAMHSA provide more flexibility throughout the rule to facilitate care coordination and case management, the change at § 42 CFR 2.31(a)(4)(i) will also make it easier for patients to consent to the disclosure of their information for the purposes of care coordination and case management, including to contracted organizations of lawful holders, by naming such organizations on the consent form."

ARREST DIVERSION

PROBABLE CAUSE FOR ARREST

A law enforcement officer who has probable cause to make an arrest, and does make an arrest, may offer a referral to LEAD via "warm hand-off" to a LEAD case manager, instead of booking the person into jail and referring them for prosecution. In presenting this possibility, an officer explains that LEAD is a voluntary option and asks whether the person is interested in talking to a LEAD case manager rather than going to jail. This conversation may be with the arresting officer or may be led by a supervising sergeant, depending on each jurisdiction's procedures.

The conversation about LEAD centers on a general, non-judgmental, open-ended offer of help. It's important that the officer not frame the offer as providing any specific service, since a plan that makes sense for this person will be determined with their case manager over time. It's especially important that the option not be referred to as "treatment," since standard treatment programs may not match the individual's understanding of their immediate needs, which may be more about protection from violence or a place to stay.

A good script is simple, easy to remember, and doesn't depend on the individual under arrest feeling ready to confide any particularly sensitive information: *"I'm wondering what led you to being out on the corner tonight, Mr. Lewis?" "[Person provides any response.]" "Ah I see. Well it seems like you're in a pretty rough situation. Would you like some help with that?"* The officer should make clear that Mr. Lewis may decline the referral.

If Mr. Lewis agrees to the referral, the officer or sergeant contacts a LEAD case manager who comes to the scene. Where this is done – in a precinct, station, patrol car, or meeting point in the field – is based on what works logistically in a given jurisdiction.

Officers or sergeants prepare paperwork as they would if Mr. Lewis were being investigated and released (I & R'd) and referred for prosecution. This way, if he doesn't complete the intake process by the deadline (usually 30 days), the case can be pursued as usual. In some jurisdictions, there is an abbreviated report protocol for LEAD referrals if that fits the needs of the police department and prosecutors, which saves officers time.

▶ This indicates a core principle.

CONDUCTING THE WARM HANDOFF

Generally arriving within 30 minutes (except in remote areas), the case manager talks with Mr. Lewis about how LEAD works, explains the kind of help LEAD could provide, and asks if he wants to give LEAD a try. If he says yes, the warm handoff out of the legal system and into community-based care happens immediately. At that point, Mr. Lewis is legally released from custody. Mr. Lewis has not waived any rights, so there is no need for defense counsel at the warm handoff.

The case manager will talk with Mr. Lewis, make provision for some basic needs support, perhaps buy a cup of coffee or provide a snack. Most importantly, the case manager will confirm where they can find Mr. Lewis in the coming days. *"Where do you usually stay? Where can I find you?"* is the key question.

In the early days of implementing a LEAD project, it is especially important that this release not be done in front of other people arrested in the same incident, lest co-defendants believe that the LEAD participant has agreed to be a confidential informant. LEAD is not a confidential informant program, and as it becomes established, this becomes known in the community. At the beginning, however, it is very important to maintain this clarity.

CASELOAD STANDARDS AND EFFICACY

BALANCING RESPONSIBILITIES

Establishing a team of dedicated outreach and screening staff or referral managers who are not responsible for a caseload allows the case management team to respond more consistently to unscheduled incidents and situations in the field, including responding to calls from officers or community partners; outreach staff can be responsible for ongoing efforts to connect with referred individuals who have not yet completed intake, or with enrolled participants who have disappeared "in the wind."

In the absence of a dedicated outreach/screening/referral management wing, case managers need to integrate these activities into their daily activities; this can be challenging to accomplish while juggling scheduled appointments with participants and service providers.

Regardless of whether a site forms dedicated outreach/referral management staff, all case managers should spend time in the field engaging participants where they are. LEAD case management is not an office-based role, though adequate time in the office is needed to recruit resources for participants, to engage in clinical supervision, and to hold some private meetings with participants if that is where they are most comfortable.

▶ This indicates a core principle.

MANAGING CAPACITY

Many LEAD sites begin with a small pilot population (whether defined geographically, through local analysis of repeated arrests, or other criteria) and expand their reach only as case management capacity increases.

LEAD uses an intensive case management model. Nationally, an intensive case management standard is generally 12-15 individuals per case manager. Because LEAD also includes individuals who are "in the wind" and not actively engaging – although case managers are actively seeking them out – LEAD caseloads may average up to 20 participants per case manager. But under no circumstances should a case manager be assigned more than 25 individual participants at any point in time. Experience has shown that caseloads higher than this have profound negative effects on the efficacy of the model.

New referrals should be declined if caseload averages exceed 20 and individual case managers would have to take on more than 25 participants at a time. However, because LEAD is a model intended to be constantly open to new referrals, case management staffing should be paced to expand slightly ahead of current caseloads, and referral recruitment and acceptance should be paced to land slightly under the levels that can be supported by anticipated funding. This combination is designed to ensure that there is always room for highest priority new referrals, especially from law enforcement for individuals who would otherwise be destined for jail and prosecution.

Accepting pretrial diversion referrals from courts or prosecutors should occur only if there is adequate capacity to also receive all priority appropriate referrals from law enforcement or community sources.

FIRST GOLDEN RULE – SHARE INFORMATION APPROPRIATELY

▶ One of LEAD's two Golden Rules is that **no participant can be worse off** because they share information with their case manager or because their case manager appropriately shares information with police and prosecutors.

▶ Violation of this rule will quickly collapse the information-sharing environment that makes the program work. LEAD is not immunity for future unlawful conduct, and no partner's hands are tied as to how they will respond to future problematic behavior. But enforcement action against a participant has to be something that would have otherwise occurred but for their participation in the program – it cannot occur based on information police or prosecutors received through LEAD care coordination.

▶ This indicates a core principle.

Concretely, this Golden Rule means that:

- Case managers must not be subpoenaed to provide evidence against their participants in any pretrial diversion revocation proceeding.

- Information provided by a case manager to judges or prosecutors or probation officers cannot be the basis of adverse action against the participant.

- Courts and probation departments cannot substantively supervise the individual progress of the participant. Case managers can confirm that they are working with the individual, can share information about progress pursuant to the multi-party ROI, can share information about barriers and resource limitations, and can help court and probation gain insight about prospects for further progress and interim goals. However, they should not provide any specific information that would or could prompt enforcement or revocation steps. They should at all times be truthful and not create a false impression, but rather than provide specific information about any law violations or problematic activity, the case manager should inform the court that "there is nothing helpful to report at this time."

Template assessment confirmation and progress report forms reflecting those limitations, and a template Memorandum of Understanding with courts interested in referring individuals with filed pending cases, are available from the LEAD Support Bureau.

LEAD MECHANICS AND BASIC OPERATIONS

COLLABORATIVE CHANGE

Changing complex, entrenched social systems to achieve better outcomes for individuals and communities requires patience, commitment, and persistence. It also requires questioning long-standing beliefs about how we tackle common problems, and making room for the insights generated by many diverse points of view.

LEAD enhances public safety and individual health and well-being by better recognizing and remedying the problems experienced by people living with unmet behavioral health needs and/or in extreme poverty.

LEAD starts by acknowledging that using prosecution and punishment as a primary response to social disorder has resulted in great harm and little healing. LEAD work does not minimize the pervasive problems often associated with drug use, the drug economy, unaddressed mental illness, and extreme poverty, and accepts that these require robust responses. LEAD is about more, not less – more action, more impact, more support, and

▶ This indicates a core principle.

more satisfaction – than punitive responses have traditionally generated.

To create alternatives to the criminalization of behavioral health needs and income instability, LEAD reorganizes existing stakeholders into collaborative systems.

Concretely, LEAD offers a coordinated framework for pre-booking, pre-arrest, or community-based diversion to long-term intensive case management for people who are otherwise subject to criminal legal system response due to unlawful or problematic behaviors connected to drug use, drug activity, mental illness or income instability. The range of offenses and behavior eligible for LEAD referral or diversion varies among jurisdictions and generally expands over time. Participation in LEAD is always voluntary.

Rather than imposing timelines, requirements, mandates, and sanctions, the LEAD model provides individualized intensive case management in community-based settings. By constructing a coordinated, client-focused, long-term, low-barrier system of support and harm reduction, LEAD provides an effective strategy to address the underlying, persistent factors driving ongoing unlawful or disruptive conduct that stems from complex behavioral conditions.

LEAD's care approach is voluntary, individualized, and uses evidence-based strategies to support behavior change for people with complex needs and facing high barriers.

There is no time limit for participating in LEAD, and no universal goal or marker of success for all participants. However, every community will want to use its resources efficiently and effectively, which means that case management slots should not be allocated for an extended period to disconnected participants who do not respond to sustained outreach efforts.

PROJECT MANAGEMENT

The project manager holds principal responsibility for managing the implementation of any LEAD initiative and for holding the effort true to LEAD core principles. The project management function may be held by a single person in a small LEAD project; however, as a project grows, it will need to be a multi-person project management team.

The project manager is responsible for implementing and supervising LEAD's day-to-day operations in several realms. But although the project manager serves as the hub of both strategy and operations, it's important to remember that the project manager is not the "do-er" of all things. The project manager is the chief **facilitator**, but not the only **fixer**. Project managers report on referrals, intakes, and outcomes, collecting data from case managers and, where available, other partners. Project managers also are the primary ambassadors to neighborhood leaders and other community stakeholders, addressing

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concerns and ideas for improvement, and ensuring that LEAD is felt to be responsive and impactful. They ensure that resources are adequate to support the program scope, and recruit additional resources as needed as the program expands. They facilitate operational and governing bodies and maintain an open channel with partners to ensure the model is meeting the legitimate needs of all.

REFERRAL AND ENROLLMENT

There are three ways a person can be referred to LEAD. You can think of these as three doors to the same room:

1. **Arrest diversions** give law enforcement officers the option of referring people to LEAD at the point of arrest (either pre- or post-arrest) for diversion-eligible offenses, instead of booking them into jail and referring them for prosecution.
2. **Social contact referrals** give law enforcement officers the opportunity to refer people whose law violations may be related to behavioral health issues or poverty without waiting for a potential arrest.
3. **Community referrals** provide community partners with the opportunity to refer people who are known to chronically engage in problematic, perhaps unlawful, behavior related to behavioral health issues or poverty *without police involvement* and *without using the emergency response system (911 or equivalent).*

Individuals referred to LEAD are considered participants once they have completed two steps: (i) they've signed a multi-party Release of Information allowing for care coordination as necessary and (ii) they've completed an in-depth psycho-social intake assessment, which becomes the basis of an initial Individual Intervention Plan. Once those steps are completed, the person is considered enrolled in LEAD; if the referral was related to a pre-booking diversion of a specific charge, that charge will not be filed.

CASE MANAGEMENT

As the "golden thread" in LEAD, case managers maintain connection with, and support, participants – no matter what – as they navigate various systems, barriers, and obligations.

LEAD case management is relationship-based, founded on trust, and built to endure periodic steps back, self-sabotage, and crises.

Founded on principles of harm reduction, LEAD case management meets people where they are, physically, mentally and behaviorally – but doesn't leave them there. LEAD imposes no predetermined objectives or requirements on its participants – instead, LEAD

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supports participants to achieve as much healing, stabilization, and reduction of harm to themselves and others as possible at any point in their journey. Case managers help participants identify their goals and interests, work to understand fears and impediments, and use motivational interviewing to support behavioral shifts.

Case managers act as brokers to secure available services, resources, or assistance to advance participants' progress and well-being. Rather than expecting participants to come to them, case managers must be field-based, as needed. As programs grow, dedicated outreach teams may be used to locate and engage participants in the field, allowing case managers to operate with predictable office and appointment times while still maintaining the flexibility to respond to unscheduled needs and events in the field. Responding to unscheduled calls and reports from law enforcement about participants' immediate situation and needs is highly valued.

At a minimum, the LEAD care model is low barrier, based in harm reduction principles, offers intensive long term case management, and brokers other services while providing flexible funds that allow case managers to help meet participants' needs. Intensive case management and flex funds are a floor, not a ceiling, for the LEAD care model.

The care model can and does evolve as circumstances require and as resources permit. LEAD outcomes will be enhanced if housing and non-congregate shelter, income supports, and access to high quality trauma recovery resources are added to the resource pool available to case managers.

MULTI-AGENCY CASE COORDINATION

Multi-agency case coordination is a fundamental element of the LEAD model. LEAD case managers routinely coordinate with police, prosecutors, judges, other services providers, and neighborhood leaders, as needed, to ensure that a participant's stabilization plan is well understood and supported. In part, this is to help ensure that no partner inadvertently impedes that plan due to lack of knowledge – for example, by arresting participants on old warrants when they are making great progress and officers have discretion not to arrest.

Criminal cases that either cannot be, or were not, diverted pre-booking or pre-filing are coordinated as well; this coordination may potentially result in partners deciding not to file, not to seek detention, or to dismiss or resolve without incarceration, if the participants' stabilization would be undermined by the case proceeding on a standard course.

While the LEAD model is centered on pre-booking referral (or even earlier in the GAINS Sequential Intercept Model, via community referrals or pre-arrest referrals from law

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enforcement), other criminal legal system agencies (courts and prosecutors) may also initiate referrals in a pretrial or post-disposition posture.

It is essential, however, that post-filing referrals not dominate case management slots, lest a perverse incentive be created to send people further into the criminal system in order to get assistance that should have been available at an earlier stage. Pre-booking diversions from law enforcement, and, secondarily, community referrals that bypass the call-for-service system entirely, must always have at least equal access to case management slots.

SECOND GOLDEN RULE – DO WHAT WORKS

Decisions about both pre-existing cases and post-enrollment charges should be informed by the second of LEAD's two Golden Rules:

> **Within their zone of authority and while considering insights provided by other LEAD stakeholders, every LEAD partner should do what they believe is most likely to support positive behavior change in the specific circumstances.**

For example, since prosecutors, by law, retain full authority over prosecutorial decisions, only they can ensure that pre-existing cases and warrants, as well as subsequent cases, are coordinated and aligned with a participant's intervention plan related to any diverted case. But prosecutors' hands are not tied, and LEAD participation confers no immunity from prosecution on other cases. However, LEAD partner prosecutors recognize that pursuing another case in a standard fashion could actually compromise all the progress that case managers and prosecutors have made with the individual. Thus, prosecutors often find it best to creatively and individually resolve non-diverted cases whenever possible to maximize the benefit of LEAD case management and avoid destabilizing participants.

SETTING EXPECTATIONS FOR PCG MEETINGS

The PCG is an essential and invaluable resource in any LEAD initiative, and the time and expertise of its members must not be wasted. Because the PCG is made up of senior leaders with multiple competing obligations, it is important to use their time effectively. PCG meetings should raise substantive issues that warrant the time and attention of its members.

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The PCG should be expected to meet regularly and frequently throughout a site's planning and early implementation processes; during the planning stage in particular, sites may find it valuable to meet as frequently as weekly or biweekly. Once the PCG has approved both policies and operational procedures, the PCG may taper to a quarterly schedule.

Once the project is launched, it is essential to ensure that communication remains strong between meetings. The project manager should provide regular updates to PCG members, both by email and through regular individual check-ins.

For project managers, developing a PCG agenda is not a matter of sitting down at your desk and coming up with a series of topics. Rather, a PCG's agenda should be the product of careful attention and inquiry: What policy decisions does this body need to consider? What elements of strategic development – evaluation, expansion, funding, communications – do they need to address and tend? What operational challenges require policy responses?

As a regular practice, a project manager should develop a draft agenda that reflects the issues the PCG must discuss and should also prepare any supporting materials necessary to inform their conversation. It is important for the project manager to consult with PCG members well in advance of regular meetings to set agendas, identify issues and problems, and work through any sticking points on action items, so that by the time the partners come together, plans for a consensus solution are well laid. They should also use such conversations as a chance to check on stakeholder satisfaction, concerns, and priorities, including but not limited to topics that should be added to the agenda. Only after all partners have been consulted should a final agenda be circulated.

Project managers should be sure to notify PCG members, in advance, of any action items that will require a decision or vote at a PCG meeting. project managers should ask each partner to identify any issues they might anticipate with the proposed course of action, so that each entity has time to consult their decision-making channels to determine their response. A contested decision is probably not ripe for the question to be called and may need more work and preparation.

The frequency of PCG meetings depends on the needs of the initiative at any given moment. In the early stages of a LEAD project when policies are being decided and the foundational documents are being written, the PCG may meet quite frequently – even weekly – to provide direction and make policy decisions. Once policies have been developed and approved, a PCG will meet less frequently – generally quarterly – to track progress, steward planning processes, and review outcomes.

There may be times that a site may need to schedule time-sensitive or urgent meetings

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around specific policy or operational needs outside the regularly scheduled meetings. Although these meetings may only involve some partners, the subject, content, and outcomes of these meetings should be communicated to all partners as soon as possible.

As part of the ordinary duties facilitating PCG and OWG meetings, the project manager should ensure that appropriate meeting notes are taken, shared in a timely manner with relevant stakeholders, and archived for ready access and reference.

PCG meetings are action-oriented: they are about making collective decisions on policy, practices, and progress. Thus, it is important to be sure that each meeting documents the decisions and actions that were confirmed during the meeting, and that the project manager holds responsibility for ensuring that the appropriate actions are taken by the appropriate people.

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FAQ

WHAT IS LEAD?

LEAD enhances public safety and equity by diverting people with unmet behavioral health needs and income instability away from incarceration and prosecution, and into non-punitive, collaborative, community-based systems of response and care. The success of a LEAD initiative depends on the strength of diverse partnerships. Through a shared commitment to changing systems and changing lives, LEAD is forging a safer, healthier, and more equitable future for communities.

WHAT PROBLEM IS LEAD DESIGNED TO ADDRESS?

Two-thirds of all people booked into jail in the United States have a mental illness or problematic substance use. Over 60% of people in jail are held for low-level misdemeanors or infractions. Jail generally makes things worse — studies show that spending even brief periods in jail can make it more difficult for a person to keep or find a job or housing while also increasing the likelihood of future incarceration.

It's become widely accepted that we can't arrest our way out of the problems stemming from unmanaged substance use or mental illness. But the crime and harms they can cause must not be ignored or minimized. The LEAD model offers communities a better approach to safety and equity.

WHAT MAKES LEAD DIFFERENT?

LEAD is not a program – it's a framework for changing outcomes for both systems and individuals.

LEAD differs from many forms of diversion or alternatives to police response. Unlike other diversion models, LEAD doesn't impose sanctions, isn't primarily court based, doesn't require police contact, doesn't require an immediate cessation of concerning behavior, and works with people as long as they want LEAD's help.

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Unlike crisis-response efforts, LEAD's intensive case management isn't limited to just a single encounter but continues as long as it's useful. In contrast to specialty courts, LEAD doesn't demand adherence to mandatory conditions. Consistent with harm reduction principles, LEAD doesn't require abstinence, and unlike divert-to-treatment approaches, LEAD doesn't establish treatment as a precondition to other forms of care.

LEAD provides an ongoing framework to coordinate with legal system partners who often have other (non-divertible) cases involving an individual LEAD participant, to reduce the chance that the left hand will undo the progress the right hand has labored to achieve.

And by continuously engaging stakeholders who may traditionally have felt at odds with one another, LEAD shifts systemic policies, practices, and resources to improve both individual and collective well-being.

IS ANYONE ELIGIBLE FOR LEAD?

Many people who come into occasional contact with the criminal legal, social service, or behavioral health systems – via a single arrest, a temporary economic hurdle, or a difficult psychological period – can successfully find their way through these challenges without suffering severe and lasting consequences. For them, the established system of response and care may prove to be sufficiently accessible and manageable.

These are not the people LEAD is intended to serve.

Instead, LEAD is expressly designed to provide a new system of care for people whose complex, ongoing, unmet behavioral health needs result in disruptive or unlawful behavior. They may lack reliable shelter, income, food, health care, and positive social networks, and may find existing systems inaccessible, impossibly complicated, or insufficiently responsive.

WHAT IS SUCCESS, IN LEAD?

Overall, LEAD aims to enhance public health, safety, and equity by improving care for people who have been historically rejected by multiple systems, while reducing dependence on the criminal legal system in response to unmet behavioral health needs and poverty.

At base, success in LEAD means the incremental reduction in harm: of participants to themselves, of the harm they cause to others, and of the harm others cause to them – including systemic harm. But a person's progress along the harm-reduction continuum

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may not be straight or linear. Thus, individual successes in LEAD must always be measured by incremental progress toward goals participants identify for themselves, in concert with their case manager.

And just as LEAD strives to help people improve their individual circumstances, it also strives to help communities improve their collective well-being as a whole, by reorienting the systems that shape health, safety, and equity. So it's important for every LEAD site to measure not just individual progress but to assess systemic shifts as well.

ARE LEAD OPERATIONS 24/7?

This is a really important question, and the answer should be "yes."

Law enforcement officers are typically acutely aware that they operate 24/7/365 but that most other agencies do not, which leaves officers as the only people available to respond to people in need.

It's very difficult to build a system of response which has many carve-outs; projects that qualify their availability or that make officers' jobs harder – "We don't take referrals after midnight," for example, "Officers have to use an additional form" – rapidly lose officer interest and faith.

Hence, case managers should be available in early morning hours and/or after regular business hours to match hours of greatest police enforcement activity; sites can check local arrest data to gather insight into the demand and needs.

With that said, we do not generally advise having case managers working shifts in late night hours. Maintaining full overnight capacity can waste valuable resources as case managers wait for the phone to ring at a time when, in practice, there are often few calls. Instead, 24/7 coverage can be provided by having an on-call supervisor or case manager carry a specific "off-hours referral phone" or by having an answering service route calls to a supervisor, making sure this system is connected to the same number that officers would call during regular, staffed, hours.

If a jurisdiction is wondering whether all-night case management is necessary to respond to high levels of late-night arrests for divertible offenses, it can be a good idea to check the local arrest data with this question in mind.

Sometimes, there may be a special operation in which law enforcement informs the case management team that they plan to send a large number of arrest diversions in off hours. In this case, a local LEAD site might coordinate with law enforcement to match capacity to this temporary increased need.

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WHAT DOES "DIVERT" MEAN, IN LEAD?

In LEAD, divert means, most simply: "Connecting people *otherwise exposed to the criminal legal system* to long-term, harm reduction, street-based case management."

Once enrolled in LEAD and assigned a case manager, participants know that they have a consistent, patient, nonjudgmental person who will stand by them, help them understand their priorities, and make progress on those goals.

LEAD case management becomes the responsive, ready conduit to the system available resources. Case managers then can coordinate with prosecutors and police to resolve other cases and warrants in a way that is as consistent as possible with the individual intervention plan for that participant.

HOW LONG DOES IT TAKE BEFORE SOMEONE CHANGES THEIR BEHAVIOR?

There is really a single answer for this question: Everyone's path to changing their behaviors and improving their lives is unique.

It's important to remember that most LEAD participants have been on one trajectory for decades; enrolling in LEAD is, itself, a change in their trajectory.

Even so, demonstrable behavior change won't happen overnight. Recovery is not linear, often entails setbacks, and may include relationship testing through seemingly counter-productive choices or self-sabotage.

Over time, however, these dynamics often yield to motivational interviewing and the trauma informed recovery methods employed by LEAD case managers.

DOES LEAD JUST ENABLE PEOPLE?

LEAD is committed to advancing SAMHSA's definition of recovery, and LEAD methods closely match that working definition.

Broadly speaking, people enroll in LEAD when they are struggling to survive, their lives entail an unsustainable level of chaos, and all other systems have failed them. LEAD is committed to meeting people where they are (literally) – but not leaving them there.

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LEAD doesn't transform people's lives overnight, but it pairs each participant with a trusted ally who makes an unconditional commitment to staying in relationship with them, supporting them to work toward their goals.

WHAT HAPPENS WHEN PEOPLE GET ARRESTED AGAIN AFTER DIVERSION?

For the people LEAD is intended to serve, unlawful or problematic behavior may continue for a protracted period after enrolling in the program – behavior change doesn't happen overnight, and most participants' situations are complex and very challenging at the point that they enter the program. Case managers can offer some immediate crisis intervention support, but deeper shifts in the participant's circumstances will take time.

If the new arrest is for LEAD-eligible conduct, the police officer again has the option to divert the person to LEAD on a new referral; in turn, the OWG will include this new information in their ongoing considerations of how best to support the participant's gradual advancement.

If the new arrest is not for a diversion-eligible offense, or if the officer chooses not to divert it pre-booking, it can still be the focus of conferencing between case manager and LEAD Liaison Prosecutor, to ensure it doesn't unnecessarily set back the individual's situation or make recovery harder.

HOW MIGHT LEAD WORK ALONGSIDE OTHER INITIATIVES?

As an alternative response that builds a long-term system of care, LEAD can beneficially coexist alongside many other interventions. 1) In communities that have crisis-response teams, for example, LEAD can enhance the long-term post-crisis system of care. 2) For communities with specialty courts, LEAD can serve as an adaptive resource for people who might otherwise struggle to comply with court dates or mandates. 3) For communities interested in developing non-police alternative responses to public disorder, LEAD can serve as both first responders and long-term care coordinators.

DO LEAD PARTICIPANTS STILL NEED TO GO TO COURT?

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LEAD participants are not necessarily free of involvement in the courts: they may have prior, unresolved cases that were not diverted to LEAD, or they may be charged with new, non-divertible offenses while enrolled in LEAD, or they may be enrolled in a specialty court for a non-diverted case. In some jurisdictions, courts may initiate community referrals to LEAD services, with the clear understanding that LEAD is not a probation department, and will not report misconduct by participants or testify in revocation proceedings against participants.

But in every instance, LEAD staff can still provide useful support to participants who have pending court cases. By coordinating case management and court dates, LEAD can help participants navigate court processes; by helping participants engage with services, LEAD can help them fulfill conditions imposed by the court; by developing intensive support plans, LEAD can provide prosecutors and courts with community-based alternatives to incarceration, and with information needed to resolve cases in ways that don't implode participants' progress.

WHAT ABOUT HOUSING/TREATMENT AVAILABILITY?

Even if your region doesn't have enough supportive, affordable, or subsidized housing units or treatment beds – and we have yet to encounter one that does – LEAD is still an improvement on the "system as usual."

Intensive case management and flex funds are additional resources being offered to people who struggle to access and/or make effective use of existing resources.

LEAD's collaborative stewardship also creates the opportunity for people involved in local funding decisions to gain new insight about the gaps in the local behavioral health system and overall social safety net. With this deeper, fuller understanding, they are more likely to reevaluate existing fiscal priorities and adjust their decision-making accordingly.

WHAT'S THE APPROPRIATE ROLE OF PEER STAFF?

In LEAD, peer staff should not be relegated to a support role, as often happens in more traditional social service agencies. In LEAD, peer staff bring valuable lived experience and perspectives to the table, much of which can't be taught in a classroom or degree program.

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In Seattle-King County LEAD, for example, peers comprise at least half the case manager positions and are not differentiated from other case managers; many have both lived experience and formal clinical training and credentials, and others earn credentials while on the job.

All LEAD case management teams should blend clinical skill, clinical supervision, and lived experience.

HOW MANY OFFICERS SHOULD WE TRAIN?

The best answer is, "train all of them," starting with officers assigned to the LEAD catchment area or pilot district, along with officers from other arresting authorities in the jurisdiction (e.g., state police, park police, etc.).

Because officers are transferred with some regularity, it's best to foster basic working knowledge of LEAD with as many officers and command staff as possible.

It's also important to build LEAD processes into the basic systems of the department, rather than it being a free-standing isolated project involving only a few chosen officers.

WHAT DOES PARTICIPANT ENGAGEMENT MEAN?

Engagement looks different for every participant, depending on their needs and access to resources. The right engagement plan takes into account the specific barriers affecting a given individual, like lack of transportation, mental health crises, developmental differences, or general transience and instability.

A participant may be reluctant to open up to a case manager at first, so case managers are trained in how to make informal, non-intrusive contact that serves as the foundation for a more trusting relationship. Other participants may be eager to get into housing, checking in with their case managers every day to see how things are progressing. Still others may stabilize, live independently, and want to check in with their case manager every so often, or when a problem emerges.

All of these constitute meaningful engagement and should be valued; for many people, their case manager may be the first person in decades (or ever) who consistently shows up, doesn't shame them, and listens. The engagement arc is also likely to shift over time, and steady, consistent outreach may be the only way engagement occurs during

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prolonged periods.

HOW DO YOU GET POLICE OFFICER BUY-IN?

Key strategies for building police officer buy-in include designing the program and developing policies and protocols with their input – ideally, input from the officers who will be tasked with carrying out diversions and their supervisors at the table from the beginning. Law enforcement-led training is invaluable, so that the approach is introduced by "one of our own" or a peer. Roll call check-ins on a regular basis can help identify issues that need attention or process problems. Soliciting officer input and thoughts, rather than calling sessions "trainings," is easier to accept.

In ordinary policing models, officers are seldom kept informed of what happens after they've made an arrest; in contrast, LEAD's multidisciplinary OWGs provide officers with consistent opportunities to participate in ongoing conversations about the people they've engaged with. It's common for officers to express appreciation for this opportunity to engage in shared problem-solving with other agencies.

The most important way to build buy-in, however, is for case managers to meet officers out in the field in difficult conditions (in the rain, early morning, in an alley with a very challenging individual) and competently and rapidly make the situation better. No one can resist help with a hard problem, and sharing the work is a real barrier-breaker.

IS LEAD LESS EXPENSIVE THAN ARREST AND DETENTION?

It is difficult to definitively calculate whether LEAD – or any other intervention – is less expensive than prosecution and detention. That's because it is difficult to achieve cost savings within systems until there's a significant and sustained decrease in use, resulting in reductions in corresponding staffing and overhead costs.

A more fruitful question to ask may be, "Is LEAD a better value, dollar for dollar, than jail and prosecution for achieving the desired changes and outcomes?"

Proving that LEAD actually saves taxpayer dollars in the long run may make a compelling case for investing in this front-end strategy. Further, a strong case can be made that LEAD should cost more than it does, if communities are really to provide the resources required for participants to thrive.

That said, those added resources (especially housing and a lawful income source) could be obtained if those background systems are filled in, not just for LEAD participants but for a wider population. This means that such costs should not be attributed to the LEAD model itself, since LEAD really serves as a valve between the criminal legal system and the under-resourced realm of homeless housing, trauma informed care, low barrier services, and economic stabilization.

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GLOSSARY

ARREST DIVERSION

Arrest diversions give law enforcement officers the option of referring people to LEAD at the point of arrest (either pre- or post-arrest) for diversion-eligible offenses, instead of booking them into jail and referring them for prosecution.

BUREAU OF JUSTICE ASSISTANCE

The federal Bureau of Justice Assistance (BJA) is a component of the Office of Justice Programs within the United States Department of Justice. BJA provides leadership and assistance (through grants, research, and technical assistance) to local programs that improve and reinforce the administration of justice in our country.

CARA

The **Comprehensive Addiction and Recovery Act** of 2016 (CARA) represents the nation's most comprehensive effort to address the opioid epidemic, encompassing all six pillars necessary for a coordinated response – prevention, treatment, recovery, law enforcement, criminal legal reform, and overdose reversal.

CASE MANAGEMENT

LEAD-style case management is the heart and soul of LEAD's effective, coordinated system of care, one that reorients existing resources to better meet the needs of people for whom standard models of care just aren't effective. As a participant centered practice, LEAD-style case management operates in the streets, literally and figuratively meeting people where they are. Built on harm reduction principles, LEAD case management doesn't impose expectations or deadlines; it doesn't require abstinence or demand compliance.

CLT

A **Community Leadership Team (CLT)** is part of the stewardship structure for LEAD. Composed of members who represent multiple community voices – faith community, advocacy coalitions, business organizations, and others – the CLT helps identify priorities, informs planning and development, and fosters transparency and

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accountability.

CODE OF FEDERAL REGULATIONS

The **Code of Federal Regulations (CFR)** is a compilation of administrative laws governing federal regulatory agency practice and procedures. Revised annually, it contains the whole of the daily Federal Register, along with previously issued regulations that are still current. It is divided into 50 titles, each representing a general subject area (e.g., commerce, military) and containing the applicable rules and regulations for agency activities in that area. The purpose of the CFR is to make available the large body of laws that govern federal practice. The 42 CFR Part 2 regulations serve to protect patient records created by federally assisted programs for the treatment of substance use disorders. These rules are regularly revised, so it is important to stay abreast of changes to the Code of Federal Regulations that affect LEAD operations.

COMMUNITY REFERRAL

Community referrals provide community partners with the opportunity to refer people who are known to chronically engage in problematic, perhaps unlawful, behavior related to behavioral health issues or poverty without police involvement and without using the emergency response system (911 or equivalent).

GAINS SEQUENTIAL INTERCEPT MODEL (SIM)

The Sequential Intercept Model was developed as a conceptual model to inform community-based responses to the involvement of people with mental and substance use disorders in the criminal justice system. It was developed over several years in the early 2000s by Mark Munetz, MD and Patricia A. Griffin, PhD, along with Henry J. Steadman, PhD, of Policy Research Associates, Inc.

The Sequential Intercept Model details how individuals with mental and substance use disorders come into contact with and move through the criminal justice system. The SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans.

GOLDEN RULE #1

No one in LEAD can be worse off because they shared information with case managers that was, in turn, shared with other partners (especially police, prosecutors, or courts).

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GOLDEN RULE #2

Within their zone of authority and while considering insights provided by other LEAD stakeholders, every LEAD partner should do what they believe is most likely to support positive behavior change in the specific circumstances. This is the second of LEAD's two Golden Rules.

HARM REDUCTION

Harm reduction is a theory and practice that aims to reduce the level of harm (for oneself and for a larger community) that can be associated with unmanaged behavioral illness, including drug use. Rather than demanding abstinence, harm reduction focuses on opportunities to incrementally change behaviors that cause harm to oneself or others. This principle is fundamental to the LEAD model. Harm reduction has an additional meaning for LEAD: reducing systemic harm. LEAD was developed specifically to recognize, illuminate, and reduce the harms caused by the criminal legal system, by other public systems, and by systemic and institutionalized racism.

HOUSING FIRST

Housing First is an evidence-based approach to fostering stabilization by connecting people to housing as quickly as possible. It recognizes that a safe and consistent place to live is an essential precondition for other kinds of positive behavior change. Consistent with harm reduction principles, Housing First emerged as an alternative to approaches that required people to "achieve" certain behaviors in order to "earn" their eligibility for housing or that imposed preconditions such as sobriety, treatment or service participation. Housing First recognizes that safety, security and a decent living environment is the first step toward reducing ongoing trauma, and that trauma recovery is almost impossible while trauma is ongoing.

LAW ENFORCEMENT

The term **"law enforcement"** is used throughout this toolkit to describe police officers, sheriff's deputies, and others endowed with arresting authority; these may include campus public safety officers, environmental enforcement officers, transit authority officers, and more.

LIAISON PROSECUTOR

LEAD Liaison Prosecutors serve on the OWG and coordinate LEAD participants' pre-existing court cases, warrants, or case filings that arise after they enroll in LEAD. They

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gather information from case managers on the goals of individual defendants, their progress and challenges, and the effects that pending cases might have on that progress.

LSB

The **LEAD Support Bureau (LSB)** was founded in 2016 to respond to growing interest in LEAD replication across the United States. A project of PDA, a nonprofit organization based in Seattle, the Bureau is the only authorized resource to provide training, technical assistance, and strategic guidance on the LEAD model.

MOTIVATIONAL INTERVIEWING

Motivational Interviewing (MI) is a foundational technique for LEAD. An evidence-based approach to supporting positive behavior change, MI is a client-centered, collaborative style of communication designed to help people identify and achieve their goals by eliciting and exploring their own reasons for change. Using a guiding (not directive) style of communication, MI meets people where they are, regardless of their readiness to change. MI is particularly useful in working with people who are not yet thinking about change, are ambivalent about change, or are not confident in their capacity to change.

MOU

A **Memorandum of Understanding (MOU)**, signed by the relevant decision-making authorities, documents the principal agreements being made by each of the participating entities. Typically, this is a high-level summary description of how each entity will participate in or contribute to LEAD, with an appendix addressing any specific agreements about logistics and operations of the PCG. The MOU should provide that the PCG will operate by consensus of its members, and that each member has a single vote, though it may bring multiple people to meetings. Templates are available from the LEAD Support Bureau.

NET-WIDENING

Net-widening is the phenomenon in which a society or community increases the array of behaviors (and thus people) subject to control by the criminal legal system. Net-widening can occur when policies and practices explicitly intended to reduce criminal legal involvement paradoxically result in a larger number of people being caught in the criminal legal net.

OPERATIONAL PROTOCOL

The **operational protocol** details eligibility criteria, divertible charges, a strategy for prioritization of referrals when volume exceeds capacity, referral policies and methods, agreements on documentation, and operating agreements that detail relevant duties and roles specific to each operational partner.

OWG

The LEAD **Operational Work Group (OWG)** is composed of line staff, including mid-level supervisors, who carry out the day-to-day operations of LEAD. The members are appointed by the PCG and typically include police officers, assistant prosecutors, public defenders, case managers, other service providers, and community leadership representatives.

The OWG provides a common table to collectively monitor, identify, discuss, and address operational, administrative, and client-specific issues. Using this multidisciplinary approach, the OWG develops protocols to ensure that its operations reflect and are consistent with policies established by the PCG.

PCG

The **Policy Coordinating Group (PCG)** is made up of decision-makers and community representatives who are collectively responsible for shepherding the overall initiative: setting goals and policies, defining diversion-eligible offenses, approving protocols, overseeing data and evaluation, selecting service providers, overseeing project management, identifying funding and resources, and managing strategic development.

The PCG is made up of senior members of partner agencies (such as health agencies, elected officials, law enforcement, prosecutors, public defenders, the project management agency, and advocacy groups) who are authorized to make decisions on behalf of the entities they represent. These include law enforcement (police and/or sheriff's departments), public health agencies, public defender's office, prosecutor's office, municipal leaders (such as representatives of the mayor or city manager, County Executive, City and County Councilmembers or Commissioners), community-based service providers, civil rights and/or racial justice organizations, community representatives, and the business community.

POST-ENROLLMENT CASES

Post-enrollment cases stem from new arrests or charges after a participant enrolls in LEAD. It should be noted that some post-enrollment cases could, confusingly, relate to incidents that took place before enrollment but that may have sat in a filing queue for weeks or months before filing. It is also common for people enrolled in LEAD to be

▶ This indicates a core principle.

arrested again after they entered the program, as the arc of recovery is long, change takes time, and progress is not linear.

PROJECT MANAGER

The **Project Manager (PM)** is responsible for coordinating all aspects of the LEAD initiative and managing its day-to-day activities. A trusted partner of all partners and key staff position, the Project Manager serves as resource and liaison to both the PCG and the OWG. LEAD is a consortium of politically independent actors; therefore it is desirable for the Project Manager to be primarily loyal to the initiative itself, independent from all political and operational stakeholders.

ROI

The multi-party **release of information** (ROI) is the essential precondition for ongoing care coordination among LEAD operational partners, allowing case managers to share information as needed and appropriate with police, prosecutors, judges, other care providers, and even neighborhood businesses and government officials, if to do so is in the participant's interest.

SAMHSA

The **Substance Abuse and Mental Health Services Administration (SAMHSA)** is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation and to improve the lives of individuals living with mental and substance use disorders, and their families. It represents an important potential funding stream for LEAD initiatives.

SOCIAL CONTACT REFERRAL

Social contact referrals give law enforcement officers the opportunity to refer people whose law violations may be related to behavioral health issues or poverty without waiting for a potential arrest.

WARM HANDOFF

A LEAD **warm handoff** describes the process by which a LEAD participant is diverted out of the criminal legal system and into LEAD's community-based case management. In a LEAD warm handoff, rather than making an arrest, a police officer calls the LEAD case management, who comes to the scene or the police station to meet the individual, explain LEAD, and invite the person to opt in to LEAD. Once the person has accepted the

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referral, the officer is free to return to other duties.

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