As the United States addresses the urgent crisis of mass criminalization and incarceration, there is a clear need to find viable, effective alternatives, particularly at the front end by preventing people from entering the criminal justice system unnecessarily. This task requires assessing government’s current response to safety, disorder, and health-related problems; critically re-examining the role that police officers are asked to play in our communities; and developing alternative-system responses independent of the justice system, while finding ways to improve relationships between the police and those they serve. Law Enforcement Assisted Diversion (LEAD) is a response to these gaps. LEAD uses police diversion and community-based, trauma-informed care systems, with the goals of improving public safety and public order, and reducing law violations by people who participate in the program.

**BACKGROUND**

In 2011, in an attempt to move away from the War on Drugs paradigm and to reduce gross racial disparities in police enforcement, LEAD -- a new harm-reduction oriented process for responding to low-level offenses such as drug possession, sales, and prostitution -- was developed and launched in Seattle, WA. LEAD was the result of an unprecedented collaboration between police, prosecutors, civil rights advocates, public defenders, political leaders, mental health and drug treatment providers, housing providers and other service agencies, and business and neighborhood leaders -- working together to find new ways to solve problems for individuals who frequently cycle in and out of the criminal justice system under the familiar approach that relies on arrest, prosecution, and incarceration.

**WHAT IS LEAD?**

In a LEAD program, police officers exercise discretionary authority at point of contact to divert individuals to a community-based, harm-reduction intervention for law violations driven by unmet behavioral health needs. In lieu of the normal criminal justice system cycle -- booking, detention, prosecution, conviction, incarceration -- individuals are instead referred into a trauma-informed intensive case-management program where the individual receives a wide range of support services, often including transitional and permanent housing and/or drug treatment. Prosecutors and police officers work closely with case managers to ensure that all contacts with LEAD participants going forward, including new criminal prosecutions for other offenses, are coordinated with the service plan for the participant to maximize the opportunity to achieve behavioral change.

LEAD holds considerable promise as a way for law enforcement and prosecutors to help communities respond to public order issues stemming from unaddressed public health and human services needs -- addiction, untreated mental illness, homelessness, and extreme poverty -- through a public health framework that reduces reliance on the formal criminal justice system.

**EVALUATION RESULTS**

After three years of operation in Seattle, a 2015 independent, non-randomized controlled outcome study found that LEAD participants were 58% less likely to be arrested after enrollment in the program, compared to a control group that went through “system as usual” criminal justice processing. With significant reductions in recidivism, LEAD functions as a public safety program that has the potential to decrease the number of those arrested, incarcerated, and are otherwise caught up in the criminal justice system. Additionally, preliminary program data collected by case managers also indicate that LEAD improves the health and well-being of people struggling at the intersection of poverty and drug and mental health problems. And the multi-sector collaboration between stakeholders who are often otherwise at odds with one another demonstrates an invaluable process-oriented outcome that is increasingly an objective of broader criminal justice and drug policy reform efforts.
GOALS AND CORE PRINCIPLES OF LEAD

LEAD advances six primary goals:

1. **REORIENT**
   government’s response to safety, disorder, and health-related problems

2. **IMPROVE**
   public safety and public health through research based, health-oriented and harm reduction interventions

3. **REDUCE**
   the number of people entering the criminal justice system for low level offenses related to drug use, mental health, sex work, and extreme poverty

4. **UNDO**
   racial disparities at the front end of the criminal justice system

5. **SUSTAIN**
   funding for alternative interventions by capturing and reinvesting justice systems savings

6. **STRENGTHEN**
   the relationship between law enforcement and the community

Many components of LEAD can be adapted to fit local needs and circumstances. However, there are certain core principles that are essential in order to achieve the transformative outcomes seen in Seattle. These include LEAD's harm reduction/Housing First framework, which requires a focus on individual and community wellness, rather than an exclusive focus on sobriety; and the need for rank and file police officers and sergeants to be meaningful partners in program design and operations.

LEAD’S POTENTIAL FOR RECONCILIATION & HEALING

An unplanned, but welcome, effect of LEAD has been the reconciliation and healing it has brought to police-community relations. While tensions rise between law enforcement and community members and civil rights advocates, LEAD has led to strong alliances among traditional opponents in policy debates surrounding policing, and built a strong positive relationship between police officers and people on the street who are often a focus of police attention. Community public safety leaders rallied early and have remained staunch in their support for this less punitive, more effective, public-health-based approach to public order issues. LEAD begins to answer the pressing question of what the community wants from the police with regard to public order problems by introducing an alternative evidence-based model.

REPLICATING THE LEAD MODEL NATIONALLY

Jurisdictions across the country are interested in replicating this transformative model. In 2014, Santa Fe, NM became the second jurisdiction to launch. In 2015 and 2016, Huntington, WV, Albany, NY and Fayetteville, NC followed. Dozens of jurisdictions are exploring LEAD programs, and those on pace to launch in 2017 include Baltimore, MD; Portland, OR; Thurston Co, WA; Madison, WI; San Francisco, Stockton and Los Angeles, CA; and several cities in North Carolina. LEAD-aligned programs are planned in Atlanta, GA and New Orleans, LA.

In July 2015, the White House hosted a National Convening on LEAD with interested delegations from nearly 30 jurisdictions including district attorneys, police chiefs, city council members, community police reform advocates, state legislators, and human service providers.
RECOMMENDED FUNDING PRIORITIES FOR JUSTICE REINVESTMENT

As the General Assembly explores the best and most impactful programs to pursue under the Justice Reinvestment Act, we recommend the following for funding from the Performance Incentive Grant.

- **Nondiscriminatory Affordable Housing Programs with Full Range of Wraparound Services**
  
  Stable housing is an important component to help ex-offenders become more engaged in community services and less likely to recidivate. Unfortunately, incarcerated persons transitioning back into the community – many with behavioral health disorders – often face challenges finding a safe place to live. Housing programs should include transitional housing, recovery residences and permanent supported housing. Funding should be prioritized for housing programs that offer full wraparound and transitional services, such as linkages to social services, employment, parenting classes, transportation, public benefits, behavioral health treatment and case management. Additional funding should be used to educate property managers on appropriate terminology, housing policies, and discriminatory practices related to people with behavioral health needs and criminal records.

- **Community Based Pre-Release and Post-Release Programs**
  
  Research shows that criminal justice involvement among those with behavioral health disorders can be reduced with effective treatment, psychiatric rehabilitation, and social services such as supported housing and employment. These programs increase the likelihood of success post-release and prevent recidivism.

  Maryland has experience with pre-release programs that improve health outcomes for people with mental health and substance use disorders. One such initiative – the Second Chance Program - operated between April 2013 and June 2015, achieving the following outcomes:

  - 100 percent of participants referred to community-based treatment kept their first behavioral health appointment and a majority (82%) remained engaged in services.
  - After three years of implementation, the recidivism rate was 18 percent, compared to 48 percent for individuals post-release not participating in the program.
  - At the time of release, 100 percent of participants secured housing.

  Performance Incentive Grant funding should be directed to these types of community-based programs and the Oversight Board should recommend that the State make case management a reimbursable service under Medicaid.
Forensic Assertive Community Treatment (FACT) Programs

Assertive Community Treatment is an evidence-based, proactive outreach service that improves outcomes for people with serious mental illness who may also have a substance use disorder, and who are at-risk of psychiatric crisis and hospitalization. FACT teams incorporate a forensic component into the service delivery to address the unique needs of individuals with criminal backgrounds with the aim of reducing recidivism.

FACT recipients have fewer arrests, convictions and jail time. Performance Incentive Grant funding should be utilized to expand these services across Maryland.

Programs To Divert People with Behavioral Health Needs Away From Incarceration

The state should prioritize investment in proven criminal justice diversion programs. These require strong collaboration between law enforcement and behavioral health professionals. Data collection within these programs will also help identify overlap and gaps for future policymaking and possible initiatives. Examples of effective programs include:

- Law Enforcement Assisted Diversion (LEAD)
- Crisis Intervention Teams (CIT)
- Crisis Response Teams (CRT)
- Miami-Dade Criminal Mental Health Project (CMHP)

Job Training Programs with Employer Partnerships and Job Placement Services

Ex-offenders with steady employment are much less likely to recidivate than those unable to find work. Funding should prioritize programs that provide needs and interest assessments, job placement services and demonstrate engaged employer partnerships.

The most effective employment programs for individuals with criminal records use placement managers to identify employers willing to hiring ex-offenders. Programs should provide a range of behavioral health and wraparound services, occupational certifications, and additional training and educational opportunities.

Technologies to Expand Access to Behavioral Health Treatment

Individuals with behavioral health disorders must be able to access the care they need before they interact with the criminal justice system. With the current behavioral health provider workforce shortage, that means we should prioritize funding new technologies to expand access to treatment. Telehealth is a viable option for communities with a dearth of providers. Other tools include mobile applications that connect the user to a peer support community, private and secure messenger apps that send appointment reminders and allow for easy communication with providers, and other self-care platforms.

Adequate Workforce

A vital component throughout the aforementioned funding priorities is the sustainability of staff and operational costs. Viable and effective programming cannot exist without it. Funding the operations that support existing and new programs must be considered in order to offer the services and resources that help divert individuals from the criminal system or assist individuals with criminal records transitioning back into the community. This could include grants that support hiring personnel for these targeted resources.

For more information, please contact Irnande Altema at ialtema@mhamd.org or (443) 901-1550 x206
Mental Health and the Criminal Justice System

- According to the Maryland Department of Public Safety and Correctional Services, in FY 2017, 2,127 inmates were diagnosed with a serious mental illness.

- Funding local programming should support behavioral health treatment & services options to help more people with mental illness.
Performance Incentive Grant Fund

- This funding supports local efforts to facilitate re-entry, diversion, and/or behavioral health treatment programming.

- The forthcoming recommendations will help the Local Government Justice Reinvestment Commission develop performance measures to evaluate the effectiveness of the grants.
Recommended Funding Priorities for Justice Reinvestment

- Nondiscriminatory Affordable Housing Program
- Community Based Pre-Release and Post-Release Programs
- Forensic Assertive Community Treatment (FACT) Programs
- Programs to Divert People with Behavioral Needs away from Incarceration
- Job Training Programs with Employer Partnerships and Job Placement Services
- Technologies to Expand Access to Behavioral Health Treatment
- Adequate Workforce
Nondiscriminatory Affordable Housing Programs with Full Range of Wraparound Services

- Stable housing is an important component to help ex-offenders become more engaged in community services and less likely to recidivate.

- Housing programs should offer full wraparound and transitional services, such as linkages to social services, employment, parenting, behavioral health treatment and case management.
Community Based Pre-Release and Post-Release Programs

- Maryland has experience with pre-release programs that improve health outcomes for people with mental health and substance use disorders.

- The Second Chance Initiative was from April 2013 to June 2015 and yielded good results to increase the likelihood of success post-release and prevent recidivism.
  - 100% of participants kept their first behavioral health appointment
  - The recidivism rate for participants was 18% compared to 48% for non-participants
  - 100% of participants secured housing
Forensic Assertive Community Treatment (FACT) Programs

- Assertive Community Treatment is an evidence-based, proactive outreach that improves outcomes for people for serious mental illness who may also have a substance use disorder, and who are at-risk of psychiatric crisis and hospitalization.

- FACT teams incorporate a forensic component into the service delivery to address the unique needs of individuals with criminal backgrounds with the aim of reducing recidivism.
Criminal justice diversion programs require strong collaboration between law enforcement and behavioral health professionals.

Examples of effective diversion programs include:
- Law Enforcement Assisted Diversion (LEAD)
- Crisis Intervention Teams (CIT)
- Crisis Response Teams (CRT)
Job Training Programs with Employer Partnerships and Job Placement Services

- Ex-offenders with steady employment are much less likely to recidivate than those unable to find work.

- Effective programs consist of:
  - Needs and interest assessments;
  - Job placement services; and
  - Demonstrate engaged employer partnerships

- Placement managers are key to identify employers willing to hire ex-offenders.
Technologies to Expand Access to Behavioral Health Treatment

- There is a current behavioral health provider workforce shortage, thus priority should be to fund new technologies to expand access to treatment.

- Telehealth is a viable option for communities with a dearth of providers.
Adequate Workforce

A core component throughout all of the funding priorities is the sustainability of staff and operational costs.

Funding the operations that support existing and new programs must be considered in order to offer the services and resources that help divert individuals from the criminal system or assist individuals with criminal records transitioning back into the community.
Contact information of Presenters

- Irnande Altema, ialterma@mhamd.org
- Adrienne Breidenstine, adrienne.breidenstine@bhsbaltimore.org
- Rae Gallagher, rae@jotf.org
- Shiva Dayani, shiva.dayani1@gmail.com
Year End Recommendations

• Reinvestment Priorities:

• Data collection:

• Local Policy:

• Other:

2019 Action Steps

• Rehabilitative Gaps & Needs: Expansion of local detention programming inventory to include capacity and target population, and more exhaustive evaluation of evidence basis

• Identify Programming Gaps in Alternatives to Incarceration: Following recommendation from MSCCSP, identify where JRA reinvestment could target gaps in alternative corrections options and prepare county specific fact sheets to inform local practitioners of options

• Highlight county-level model JRA programs: Identify promising programs suitable for scaling up across the state.
Reinvestment Plan: Local Innovations

1. Protect and Enhance the Rights of Crime Victims
   - Mandatory 5% of local JRA grant funding

2. Pretrial Programs
   - Provide for pretrial assessments and services to reduce pretrial detention

3. Diversion Programs
   - Alternative corrections options including mediation, restorative justice programs and specialty courts.

4. Recidivism-reduction Programs
   - Evidence-based practices and classes to reduce recidivism

5. Re-entry Programs
   - Comprehensive services, including community based employment, treatment and housing.

   - Proven interventions, therapeutic techniques, supervision practices, risk screening, etc.

7. And any other program or service that will further the purposes established in the recommendations of the JRCC