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Overview

Charge and context

Beginning in January of 2020, the Seattle Office of the Mayor engaged Bennett Midland to conduct a review and assessment of the Seattle Law Enforcement Assisted Diversion Program (LEAD), including an analysis of program operations and the work of all of LEAD's operational partners. Our assessment took shape through document review, conversations, and observations, as well as consultation with stakeholders who have implemented LEAD or comparable initiatives across the country.

This project began following the 2019 budget deliberation process, during which the Seattle City Council voted to allocate $3.5 million in new spending to LEAD, based largely on the geographic and programmatic growth of LEAD in recent years and a goal of reducing the caseloads of LEAD case managers. Following the budgeting process, discussions have continued between the Mayor's Office, the City's Human Services Department (HSD), and leadership at the Public Defender Association (PDA), the agency that manages LEAD's City-funded contract, to develop refined reporting routines and metrics and a shared understanding of LEAD and how it achieves its mission.

As the research phase of this assessment was nearing its end, the COVID-19 pandemic heavily impacted both LEAD's operations—resulting in the creation of Co-LEAD—and the City's budgeting process for the coming fiscal year. Additionally, as recommendations were being finalized and vetted by program partners and stakeholders in late May, demonstrations against police violence and systemic racism have spurred a broader discussion on the role of policing in Seattle and across the country. Importantly, members of the Seattle City Council have recently proposed that LEAD funding be contingent on the expansion of the program beyond police referrals, allowing the program to continue to serve community needs.

As the City moves toward a new vision of public safety, there may be an opportunity to reinforce and strengthen LEAD – a harm-reduction framework that already has a strong foundation, funding streams, and support from a broad coalition of stakeholders. The LEAD model has been an important component of Seattle's approach to public safety, and could be well positioned to play a role in the City's shift toward a vision for public safety that is community-based.

The findings in this report reflect the history and state of LEAD at the time of our assessment. While some of the recommendations as originally written have remained relevant, some have been revised with input from program partners to reflect shifts in the local landscape during this period of transition.We share these recommendations with an understanding that that discussions about the role of LEAD and Co-LEAD adaptations within the reenvisioned public safety and social service system in Seattle are continuing to evolve.

Goals for our work

Several overarching goals expressed by the Mayor's Office at the outset of our work together guided this assessment:

- Support the City in establishing a more complete understanding of who LEAD serves and how;
- Understand potential gaps in populations served by LEAD;
- Identify opportunities to improve the definition, tracking, and reporting of program outcomes; and
- Surface promising models or lessons from elsewhere, in case management and other services for individuals with similar characteristics to LEAD participants, that could inform future program design.

This report

In the following pages, we first present high-level findings around the key areas of inquiry and opportunities defined above, including a better understanding of who LEAD serves; where there may be gaps in who is being served; and how program outcomes can be better defined, tracked, and shared. The findings informed seven actionable recommendations to strengthen management and measurement practices for LEAD, including guidance on how these recommendations should unfold.

We also provide relevant context on the expansion of LEAD in Seattle over the last decade—in both size and mandate—in response to changes in policy, practice, and needs. Supplementary information is included in appendices and referenced throughout.

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Findings

We have organized the findings which informed our recommendations around the following nine themes that emerged in our conversations with LEAD stakeholders and review of documentation (for a complete list of interviewees and sources consulted, see Appendix A). It is important to note that LEAD and the context in which it operates have continued to evolve over the course of our assessment, and that efforts are already underway to address many of the challenges described here.[1] However, though the context has continued to shift, the findings described below capture critical challenge areas that have emerged over the first decade of LEAD's operations, and merit consideration as a new vision for public safety in Seattle comes into focus—including what role LEAD may play in that vision.

1. **The LEAD approach, centered originally on positioning police officers to divert the arrest of individuals suspected of a specific set of low-level law violations, has been applied to precinct-specific needs and adapted to various practices across precincts.**
   Officers reported widely varied police operations across precincts, particularly with regard to the volume and types of referrals made. In some precincts, officers reported feeling "protective" of LEAD and being discerning with referrals, referring only participants who they believe are most likely to succeed in the program; in others, officers generated many social contact referrals in efforts to address neighborhood-level disorder.

2. **LEAD, representing a new paradigm in collaboration between law enforcement, other justice system actors, and community-based outreach and service partners, is necessarily built on the discretion of program partners, who have not prioritized the consistent documentation of discretionary decisions.**
   Core to the LEAD model is the unprecedented level of discretion afforded to all program partners at various points, particularly in the process through which an individual becomes enrolled in LEAD. But absent systematic data collection on the decisions that are made by law enforcement and particularly by the Seattle Police Deparment, it is difficult for key partners like the Mayor's Office to see how LEAD is being used, for what purposes, and to what effect. The absence of clear documentation of discretionary decisions in the aggregate has created a lack of visibility of program decisions and results, exacerbating misalignment between partners around what the program is and what it should achieve.

3. **There is a pressing need among program partners to define whom LEAD is best positioned to serve, particularly as entry into the program expands beyond the traditional law enforcement channel.**
   LEAD's eligibility criteria have been expanded over time to include a broader, more diverse array of potential participants, and these expansions have been approved and documented by the LEAD Policy Coordinating Group (PCG), LEAD's governing body which includes representation from all those agencies "deemed operationally or politically necessary to operate LEAD effectively."[2] While LEAD could serve a broader population with justice system involvement, SPD has been reluctant to operationalize the expansion of criteria to include charges related to property crime or those crimes that have victims. Further, there are tensions in partners' descriptions of who is likely to succeed in LEAD.

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[1] In April 2020, amid the ongoing crisis posed by the COVID-19 pandemic, the Public Defender Association launched an adaptation of LEAD called Co-LEAD, aimed at stabilizing vulnerable individuals during this time of crisis when courts are closed and the operations of the criminal legal system are severely restricted. Our assessment does not address program operations associated with Co-LEAD, nor other ways in which the program and its partners have been impacted by the COVID-19 pandemic.
[2] LEAD & MDT Joint Response to the Seattle City Council's Statement of Legislative Intent, May 2016

Many, including some law enforcement officers, characterize LEAD's target population as the most vulnerable and disconnected, while others believe an eagerness to receive services is key to a client's success. Partners generally report that clients who most commonly struggle to achieve stability through LEAD have persistent unmet mental health and housing needs, for which there are limited solutions, and tend to be younger. As LEAD shifts to meet the demands of the moment, it will no longer rely on SPD alone for its referrals. With a broad set of potential referral partners, it will be especially important to clearly define who is best served by LEAD to ensure that resources are expended as effectively as possible

4. **LEAD's mission has been to reduce its participants' future law violations and entanglement with law enforcement, as compared to individuals processed through the justice system as usual. However, the concrete outcomes of LEAD participants have not been consistently defined, tracked, and shared with operational partners.**
There is a broad understanding among all stakeholders of what outcome areas are of interest—including housing status, referrals to mental health or substance use treatment, referrals to other social services, and involvement with the justice system. However, numerous efforts between program and City leadership to align on specific outcome measures as part of contract reporting have been unsuccessful. A lack of central data-tracking, with each program partner tracking different program indicators in different systems, contributes to the problem.

5. **Caseload management and tracking practices across program partners and systems have made it difficult to understand who is being served.**
Partially as a result of stalled efforts to reach agreement between program leadership and leadership within City government on data-tracking, there is no real-time, active reporting on who is enrolled in LEAD and the status of their program participation. Details of the full caseload, excluding criminal history, exist in REACH's program data and are exchanged with key partners (*e.g.*, SPD, prosecutors, case managers) on an individual case-level basis via email. Other program partners generate their own data pertaining to LEAD participants for the purpose of coordination and information-sharing, not understanding and tracking outcomes at the program level.

6. **Defining the active client caseload has historically been a challenge without formal case stratification, and minimal reporting on the caseload leaves program partners with limited visibility into LEAD's effectiveness.**
Until recently, the LEAD case management team organized the caseload into categories only informally. Without a more precise definition of case complexity or demand, it has been challenging to understand who LEAD is serving and how staffing models have been developed to account for the varied needs of LEAD clients. A formal case stratification system has recently been implemented, developed through a collaborative effort driven by PDA, REACH, and the King County Behavioral Health and Recovery Division.

Clients are typically viewed by REACH, the agency responsible for providing case management services to LEAD clients, as being in the caseload indefinitely. The operational standards around frequency of engagement and service offerings are not widely known, particularly by the City. There is a limited understanding, especially among stakeholders who do not have ongoing direct contact with LEAD participants, of what it

means for a client to be "actively engaged," leading to some skepticism about the number of active clients that is frequently publicly cited.

7. **LEAD impact measurement has been uncoordinated and inconsistent across partners.**
Data resides in different agencies and systems, and is not fully leveraged for program management, trend analysis, and outcome and impact tracking. Reports that include both individual progress and justice system involvement are used to make decisions for individual LEAD participants and fulfill ad-hoc reporting needs, but are not shared across all program stakeholders on a routine basis for the purpose of understanding the impact of LEAD on an aggregate level.

8. **The experiences and successes of individual participants have dominated discussions about program impact.**
Through bi-weekly meetings of the Operational Workgroups—where individual cases are discussed among operational partners—and ongoing close coordination between prosecutorial liaisons and case managers, LEAD partners work to understand and respond to the progress and experiences of individual LEAD clients. Because the impact of the program is primarily understood and documented at the individual client level (in case notes and email), LEAD stakeholders do not presently have sufficient opportunities to review client needs and target population trends at the aggregate level, potentially missing opportunities to further tailor services for clients on a program-wide basis and more clearly tell the story of how LEAD is serving the broader Seattle and King County communities.

9. **Despite the broad collaborations and partnerships that support LEAD, City participation and ownership has been limited and diffuse.**
LEAD has benefited from a multitude of funding sources over the years—including private philanthropy and funds from both the City and the County—and a broad base of support. However, despite some degree of oversight from the Mayor's Office, a contracting relationship with the Human Services Department, and an operational partnership with the Seattle Police Department, the City has not positioned itself to support LEAD with clear ownership over program direction, operations, and administration.

Goals

As context and support for the concrete and actionable recommendations that follow, we have surfaced three overarching goals for LEAD in the near term, described at a high level below.

1. <u>One City, One LEAD.</u>
LEAD is a collaborative model and requires the participation of all partners; it would benefit significantly from more active participation and clear leadership at the City level . Furthermore, partners must align—separate from contract negotiations—on an understanding of what data is available and what indicators will be most useful to understand the program's activities.
   - Lay the groundwork for the adoption of new and comprehensive uses of data to inform program and policy decisions.
   - Clearly define the role of SPD as a partner for LEAD in light of changes to referral approval protocols, leveraging their capacity to support program operations.
   - Reevaluate which City agency or body should be responsible for the administration of the LEAD contract in the long term.

2. <u>Know who is being served and strengthen operations.</u>

Bolster analytic capacity and establish routine exchange of data to provide greater visibility into the caseload and LEAD participant contact with law enforcement. Implement frequent review of aggregate and disaggregate LEAD data to inform partner discussions and decision-making on program direction, resources, and performance.
   - Increase visibility, accountability, and confidence of partners by clarifying the distinct pathways through which LEAD clients are referred into the program and strengthening management and tracking of the caseload.

3. <u>With facts in hand, fill the gaps.</u>

LEAD is an important intervention within Seattle's public safety strategy. As the program continues to grow and evolve, it must do so in harmony with the City's public safety needs and priorities and as a trusted approach used intentionally by those entrusted with ensuring public safety.
   - Clearly define LEAD as a public safety and crime reduction strategy for the City of Seattle.
   - Assess what gaps in public safety interventions LEAD could fill as it moves to expand beyond law enforcement referrals.

Recommendations

The recommendations that follow are each intended to advance one or more of the three goals. We describe these recommendations with the understanding that LEAD is not simply a program but a complex, multi-stakeholder effort. In an effort to clarify the intended recipient(s) of the recommendations included here, we have specified a suggested lead or set of leads for each.

I. **Clarify the importance of LEAD as a strategy for public safety, define the remaining gaps, and determine adaptation needs.**
Suggested lead(s): Mayor's Office, Seattle Police Department, , PDA

Consider the role that LEAD and its adaptations might play in the City's formal and evolving public safety strategy and conduct a fresh gap analysis to better understand "high-barrier" populations that could be more fully served.

1. On the basis of the data which populates the shared measurement framework (outlined below), clarify LEAD's position within the City's portfolio of public safety initiatives.
   a. Develop a clear and concrete point of view on what types of public safety concerns LEAD is best able and most suitable to address.
   b. Conduct an analysis mapping data on LEAD's active caseload to the City's own public safety data to determine where the gaps are (*i.e.,* which populations fall outside the current reach of LEAD), addressing questions such as:
      i. Who is in LEAD but continuing to come into contact with SPD due to law violations or referrals from community members?
      ii. Who is not in LEAD explicitly because of charge ineligibility?
   c. Based on this analysis, consider adaptations for new program design or opportunities, which take into consideration new opportunities for community pathways to LEAD. Options could include:
      i. Expanding LEAD to serve a wider range of people (*e.g.,* people arrested for property crimes, other potential expansions to charge eligibility).

      ii. Collaborating with PDA to develop and test new approaches to prevention, diversion, and/or supervision for specific target populations, in line with creating alternatives to police intervention.

2. Revisit and confirm the definition of arrest diversion to establish clear guidelines for partners and ensure that LEAD remains a tool for police, even as the program moves towards a community-driven referral process.
   a. Coordinate with SPD to confirm the arrest diversion pathway under LEAD's new referral model, based on specific public safety needs as determined by SPD and informed by the priorities of the Mayor's Office, prosecutorial partners, and community partners including business improvement associations.
   b. Once eligible charges are confirmed, recommit to strict protocols for police-based referrals that effectively divert individuals from the path of arrest. Confirm that these eligibility criteria are documented, shared widely by program partners, and applied consistently across the city.
   c. Routinely convene SPD leadership from across precincts with the goals of:
      i. Continually reviewing referral protocols;
      ii. Maintaining standards to ensure consistency across precincts, to the extent practicable;
      iii. Coordinating with Captains to align any expansion in the use and/or purpose of social contact referrals with the SPD's strategy for LEAD.

II. Design and launch a shared approach to measurement for LEAD.
Suggested lead(s): PDA, Seattle Mayor's Office, and King County BHRD

Build on work and discussions to date to establish a new measurement approach for LEAD, anchored in a <u>shared framework</u> for defining, tracking, and sharing indicators. Convene a time-bound <u>working group</u> of key program partners, charged strictly with developing the shared measurement framework and assigning ownership over data-tracking and analysis.

1. Develop a preliminary measurement framework.
   Building on the work of PDA and LEAD partners, and as a starting point, we have proposed a preliminary measurement framework for adoption by LEAD program partners to guide ongoing data collection, reporting, and use. This framework is not intended to supplant formal evaluations or routine reporting on precinct-level operations or individual cases. Rather, building on the foundation of data that already exists, and charging partners to fill gaps by creating new indicators, its adoption would give all partners greater visibility into LEAD for the purposes of program management and planning.

   The proposed framework is described in more detail below.

   a. <u>Five domains of measurement</u>
      Routinely collect and track indicators that describe the state of LEAD participants and the caseload as a whole across five areas:
      i. Progress toward individual stability goals;
      ii. Justice system contact;
      iii. Contact with behavioral health and/or homelessness support systems;
      iv. Community sentiment, order, and well-being; and
      v. Program description.

b. Indicators and reporting attributes

Building first on existing data captured across LEAD partners, identify a set of key metrics that aim to fully describe each domain. Define the reporting attributes for each metric, including type of data, directionality (if applicable), reporting frequency, location (where the data is generated), and a current assessment of data quality and/or reliability. See Table 1 for more detail on the proposed indicators.[3]

Table 1. Preliminary LEAD indicators

Key questions	Preliminary indicators
i. Progress toward individual stability goals	

- Who is in the LEAD caseload and how is the caseload stratified?
- What are the current and emerging needs of LEAD participants?
- Are referral and support services sufficient and effective?
- Are LEAD participants achieving individualized goals and reaching stability?
	- Caseload (clients served) distribution by status
	- Caseload (clients served) distribution by known needs at time of intake
	   o Housing status
	   o Employment status
	- Referrals or linkages to outside services and resources by type
	- Referrals to long term lodging arrangements or permanent housing and outcome
	- Ultimate referral outcomes (*not currently tracked*)
	- Participants that achieved individual goals

ii. Justice system contact	

- Under what circumstances (where, when, and why) are LEAD participants interacting with police officers?
- How frequently, where, and for what reasons are LEAD participants arrested?
- What does the criminal history of LEAD participants look like? How widely does it vary? Has it changed over time?
	- Police contact with LEAD participants and actions taken
	- Arrests of LEAD participants
	   o By charge and location
	- Police referrals into LEAD
	   o By type and location
	- Jail admissions of LEAD participants
	   o Average length of stay
	- Warrants issued
	- Cases filed by type
	- Case outcomes by type
	- Criminal history of LEAD participants
	   o Arrests by type to date
	   o Convictions by type to date

iii. Contact with behavioral health and/or homelessness support systems	
- What level and type of behavioral health services are LEAD clients receiving? - How are LEAD clients utilizing health and homeless support systems? - Are LEAD clients securing stable housing?	- Clients linked to behavioral health treatment by treatment/program type and program, including substance use disorder treatment (outpatient, residential), co-occurring disorder treatment, *etc*. - Client hospitalizations/reason for hospitalization - Narcan administration - Clients who secure stable housing

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[3] Proposed indicators were drawn from a variety of sources consulted on existing data, including: interviews with project management staff; a walkthrough of REACH's data system; data produced by PDA in response to a City of Seattle Request for 2018 data (dated 4/15/19); correspondence related to the planned LEAD database; and the Public Defender Association H360 Implementation Statement of Work v 2.0.

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Key questions	Preliminary indicators
iv. Contact with behavioral health and/or homelessness support systems	
- What level and type of behavioral health services are LEAD clients receiving? - How are LEAD clients utilizing health and homeless support systems? - Are LEAD clients securing stable housing?	- Clients linked to behavioral health treatment by treatment/program type and program, including substance use disorder treatment (outpatient, residential), co-occurring disorder treatment, *etc*. - Client hospitalizations/reason for hospitalization - Narcan administration - Clients who secure stable housing
v. Community sentiment, order, and well-being	
- What level and type of crime is SPD reporting across precincts? - How are different constituents or business districts using LEAD? - What are the primary types of resident and business complaints that the City receives in areas where LEAD is operating?	- Crime statistics by precinct o Target area statistics (business districts, other "hot spots") - LEAD referrals from business districts - Complaints from businesses or residents - "Find It, Fix It" service requests / complaints in target areas - LEAD participants that engage in public disruptive behavior - Reduced burden or problems for the local neighborhood
vi. Program description	
- What is the size and composition of the active LEAD caseload? - What is the distribution of referral types into the program and how have these changed? - What is the size and composition of the outreach and case management team? Is current staff specialization aligned with client need? - What are the costs of the program? Are there any new or emerging needs that require additional or unexpected resources? - Who is experiencing the greatest successes in LEAD (*e.g.*, by demographic, case type, behavioral health status)?	- Referral by source, type, and outcome o Denials and reasons for denial - Screenings and assessments completed - Active caseload (clients served) by status and referral type - Active caseload (clients served) by demographics (race, ethnicity, age, gender) - Distribution of time in LEAD - Case worker capacity and specialization - Personnel costs - Non-personnel costs

c. Data governance, stewardship, and use
The LEAD database, currently under development, will significantly improve central data collection and the ability of program partners to routinely review the status of the active caseload (clients served) and track trends in population and needs. The system requirements include the ability to capture arrest information (*requirement 8.1.19 "Ability to report on arrests or other criminal history occurring subsequent to LEAD intake"*), but integration with systems that contain arrest and criminal history is not contemplated in the inaugural version of the system. Absent a fully integrated system,

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LEAD partners must commit to sharing, analyzing, and reviewing data across domains, including:

      i. Identify current ownership of each confirmed metric (agency and system where the data resides);

     ii. Establish new data-sharing agreements, as needed;

   iii. Assign a central data steward within the City to coordinate with the County and routinely collect, analyze, and prepare reports that are designed and commissioned by LEAD partners.

  d. <u>Recommended reporting routines</u>

    Establish weekly, monthly, quarterly, and annual reporting routines that align with existing (*e.g.,* Policy Coordinating Group, Evaluation Work Group), and new management practices. More detail on recommended routines is included in Table 2.

Table 2. New and existing routines to support increased data sharing and coordination

Routine	Purpose	Proposed reports
Policy Coordinating Group (existing)	- Review trends and status of the program - Discuss policy or programmatic changes Commission analyses and research - Review proposals for citywide program changes or adjustments - Discuss emerging staffing and infrastructure needs - Review budget recommendations and possibly grant applications	- Standard aggregate data across the five domains, with comparisons to past periods and analysis - Draft proposals for changes to protocols - Commissioned analyses and reports
Bi-weekly Operational Workgroups (existing)	- Bi-weekly review of "client rosters" with focus on changes in status, successes and challenges, and cases where contact has been low - Share updates on progress of individual participants - Discuss precinct-level trends and LEAD responses	- Precinct trends analysis across domains, with comparisons to past periods
Quarterly Evaluation Workgroup (existing)	- Delineation of research and analysis priorities for LEAD in the coming quarter	- Program evaluations - Commissioned analyses
Annual all-partners "stocktake" (*new*)	- At the final PCG of the year, reflect on lessons and achievements - Set goals for the coming year	- Summative report including qualitative and quantitative analysis to close out the year
Lead Measurement Framework Working Group (new, time-limited)	- Temporary working group to define, refine, adopt, and implement indicators and reporting strategy - Determine data sourcing - Determine reporting needs and assignments	- Final framework with a list of confirmed indicators and owners

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Routine	Purpose	Proposed reports
Monthly SPD All-Precinct Coordinating Meetings (*new*)	- Monthly internal SPD meeting including representation from all precincts - Discuss LEAD performance and challenges - Discuss emerging trends and applicability of LEAD as a response - Surface consistent and inconsistent practices and policy/protocol needs - Discuss training needs	- Precinct activity and referral trends
Monthly Mayor's Office Check-in (*new*)	- Brief monthly check-in (including PDA and SPD) with the Mayor's Office to report on progress, raise challenges, and discuss solutions	- Briefing document and agenda

2. Launch and charge an action-oriented multi-stakeholder working group (the "Measurement Framework Working Group") to finalize a shared framework and implement new practices for data collection and reporting.
   a. Confirm the critical indicators to be included in the shared measurement framework and develop a collective understanding across all stakeholders of the definitions and potential uses of each indicator.
   b. Confirm ownership over data-tracking and analysis for each agreed-upon indicator, including both existing data to be reported and new data that is needed.
   c. Document a final framework, including a list of confirmed indicators with owners responsible for reporting and attributes, and a signed agreement confirming these routines.
   d. Engage community stakeholders, such as Business Improvement Associations, to confirm framework and identify any gaps.

III.   Strengthen and clarify the City's management of and responsibilities for LEAD.
Suggested lead(s): Mayor's Office, Seattle Police Department, PDA

Revisit SPD's role as a principal operational partner for LEAD, strengthen the City's role in <u>managing the program</u>, coordinating practices across precincts, and collaborating with <u>program partners</u> on program policy, protocols, and strategy.

1. Consider assigning LEAD contract administration to a new department within HSD or another agency.
   a. Plan for an intentional period of transition for establishing management capacity for LEAD.
   b. Establish a new LEAD unit within SPD patrol, led by a civilian, to coordinate internal and external LEAD affairs, including strategic, administrative, operational, and programmatic matters. At a time when new investments in the police department may not be possible, this could be through the civilanization of existing positions.
   c. Once management capacity has been established, consider transfer of the LEAD contract to a new department or City entity reporting to the Mayor's Office, such as:
      - New unit within HSD responsible for public safety and health and human services intitiatives

- A new coordinating body for public safety within the Mayor's Office
- A new public safety department

2. Assign an SPD LEAD Director or Program Manager.
    a. Designate a LEAD Director—a civilian position—to head the new LEAD unit and oversee decision-making, program management, coordination with program partners, and direct routine analysis and reporting for LEAD on behalf of the SPD.
    b. The Director should report to the Assistant Chief of Patrol; work in close consultation with the Mayor's Office, Human Services Department, and PDA; and be supported with dedicated analytic capacity, possibly in the form of a small team at SPD. Specific responsibilities to be carried out by the Director, or by a small team reporting to the Director, should include the following:
        i. Development and regular review of protocol and policy: On an ongoing basis, convene SPD leadership from across precincts to continually review eligibility criteria and maintain standards to ensure citywide consistency, to the extent practicable.
        ii. Routines for program management: Develop and promulgate new standards and routines for regular cross-precinct reporting (both qualitative and quantitative) on daily operations, challenges, *etc*.
        iii. Reporting: Manage cross-precinct reporting; analyze quantitative and qualitative data from precincts on a routine basis to surface trends, generate solutions to common challenges, and elevate concerns to other operational partners as needed.
        iv. Briefing leadership and partners: Improve internal communication within the Department about LEAD's goals, operations, and intended outcomes by facilitating ongoing conversations among SPD leadership and between SPD and other partners.
        v. Training and onboarding: Support the Assistant Chief of Patrol and consult with PDA to develop training protocols and materials to guide implementation of LEAD in new geographic areas, align existing protocols with the goals of the program and on-the-ground practices, and onboard new patrol officers.

3. Actively engage with and provide leadership for cross-agency program management and coordination.
    a. Participate, at the leadership level, in Policy Coordinating Group meetings, helping to shape the agenda and sharing insights on precinct trends.
    b. Routinely coordinate with the King County Behavioral Health and Recovery Division (BHRD), the King County Prosecuting Attorney's Office, and the Seattle City Attorney's Office, on matters of program management and data analysis.
    c. Work purposefully and collaboratively with PDA at key moments, including:
        i. Responding to inquiries from the Mayor's Office;
        ii. Responding to inquiries from the media and community stakeholders;
        iii. Facilitating and/or structuring program assessments or evaluations;
        iv. Conducting budget reviews and contract negotiations; and
        v. Documenting and communicating program successes and achievements.

4. Immediately, and routinely moving forward, collaborate with PDA and partners on revising LEAD protocols guided by the following core activities:

a. Collect data to understand how referral pathways are being used today.
b. Explore possible adjustments to LEAD's eligibility criteria based on specific public safety and community support needs.
c. Review protocols for "classic" arrest diversion cases and revise based on agreed-upon charges and specific boundaries.

IV. **Dedicate analytic capacity and technical support to LEAD partners and establish routine reporting practices.**
Suggested lead(s): Mayor's Office, Seattle Police Department, HSD

Dedicate <u>City analytic capacity to support REACH, PDA,</u> and other critical LEAD partners, including the City and County Prosecutors, to improve the quality and availability of data, <u>centrally produce routine and ad hoc analyses</u>, and build a cross-agency understanding of the program.

1. Develop routines for the LEAD Program Director to work collaboratively with the Mayor's Office, PDA, and other stakeholders to centrally collect data as defined by the Measurement Framework Working Group and produce (1) routine reports as initially defined by the Working Group, and (2) specific ad hoc or commissioned analyses for program partners.

2. Assign City capacity—potentially at SPD or the contracting agency—to provide technical assistance and support to key data-collecting partners.
    a. Support the REACH team to develop clear data entry and tracking practices to make aggregate client data usable for regular analysis, with care for preserving individual client confidentiality as required by law.
    b. Work with both the Seattle City Attorney's Office and the King County Prosecuting Attorney's Office to make existing systems and tracking mechanisms (*e.g.*, Excel tracking sheets) usable for regular analysis.

3. Ensure SPD and the Mayor's Office support PDA in the development and launch of the LEAD Database Management System.
    a. Actively engage with PDA, REACH, HSD, and Seattle IT to advance the LEAD Database Management System project, signaling City support and endorsement.
    b. Reexamine existing technical specifications to ensure they align with partner reporting needs, without disrupting REACH's practice.
    c. Support PDA and partners to seek funding (*e.g.*, foundations, private) to support data system development, as needed.

4. Establish shared research and analysis priorities for LEAD and spearhead research efforts, leveraging the Policy Coordinating Group's Evaluation Work Group as an avenue for collaboration.
    a. On a quarterly basis, work closely with PDA, the Mayor's Office, and HSD to delineate research and analysis priorities for LEAD in the coming quarter.
    b. Regularly participate in the Evaluation Work Group, using this venue to share priorities for research and analysis for feedback and alignment.
    c. Support PDA and the Evaluation Work Group to develop ideas and seek support for long-term research efforts (*e.g.,* evaluations), ensuring that the City's research priorities are addressed.

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V. **Restructure the LEAD Policy Coordinating Group to expand participation, strengthen collaborative decision-making, and center agendas around routine "stocktakes" and program strategy discussions.**
Suggested lead(s): PDA

Adjust and recharge the LEAD Policy Coordinating Group to clarify the role of the SPD Director and additional program management roles at the decision-making level of each partner and stakeholder organization, address the needs of all program partners, and use these meetings as a venue for discussion of program direction and performance.

1. Use every convening of this group to actively take stock of the aggregate caseload, anchored in a review of shared data around agreed-upon indicators, to be determined by the Measurement Framework Working Group.

2. Ensure that agendas and informational materials shared are prepared early and jointly by PDA, Prosecutors, and SPD, and address matters such as:
    a. Potential expansions and adaptations of LEAD in response to demand or changing circumstances across the city.
    b. Review of citywide referral practices and implications for case management staffing and specialization.
    c. Review trends in successful LEAD participation based on disaggregated data, such as by race, precinct, case type, *etc.*

3. Use the Policy Coordinating Group as an avenue for active City/County collaboration, specifically between the King County Behavioral Health and Recovery Diversion and SPD, on matters of program management and data analysis.

4. Consider conducting a strategic assessment, led by PDA, to develop specific medium- and long-term goals for the Group. Use the Measurement Framework Working Group to launch this work, and anchor the assessment in questions such as the following:
    a. What are the most important core functions for the Policy Coordinating Group to continue performing?
    b. How, if at all, has the Group fallen short of its stated goals over time?
    c. What are LEAD's most pressing needs or opportunities which the Group might help address?

VI. **Ensure that new case stratification protocol is leveraged to support reporting and clarity across program partners, as well as supervision and quality assurance for case management.**
Suggested lead(s): REACH, PDA

Ensure that the implementation of a clear stratification of the LEAD caseload, according to the range of engagement levels and/or types of client needs, is leveraged to support structured case management, supervision, and quality assurance practices around these new categories.

1. Ensure that the newly adopted standard client categories and their defnitions are clearly and fully communicated to all operational partners and serve as the backbone of aggregate reporting. Confirm that all operational partners are in alignment around the classification of "Engaged: High Intensity" (currently defined as one contact within three months).

2. For a smaller set of "high priority" cases selected intentionally by Operational Workgroup partners in each neighborhood (and in consultation with BIAs, as appropriate), expand opportunities to facilitate routine case coordination and information-sharing between case managers and LEAD partners beyond bi-weekly OWG meetings.

3. Establish clear guidelines for staffing levels, expectations for client contact attempts, definitions of active engagement, and caseload caps for each client category, based on actual caseload needs and best practices (*i.e.*, 20-25 active cases per caseworker).

4. Strengthen protocols and practices around standard data entry.
    a. Standardize the types of information captured in case notes from each client contact, perhaps by adopting specific questions that must be answered for each contact (*e.g.*, What is the most significant difference in the client's positioning compared to when our outreach began?).
    b. Consistently capture aggregate data about client status and need—particularly the information captured at intake—to establish a more accurate view of who LEAD serves and how.
    c. Institute routines for quality assurance checks to ensure that charges have been recorded (*e.g.*, monthly or quarterly checks of captured data against email chains).

5. Confirm supervision practices for REACH case managers.
    a. Establish a routine schedule and structure for supervision check-ins with case managers. Consider formalizing time-triggered case reviews (*e.g.,* review of cases with no status changes for a defined period, as flagged in the case tracking system).
    b. Structure supervision conversations around a specific set of questions and a standard set of time-triggered notifications from REACH's data (*i.e.*, lack of any "encounter form" for three months, transfer of a client to "alumni" status, indicating that check-ins should reduce to a quarterly basis). Extend these conversations the Operational Workgroups.
    c. Routinely review, adjust, and adapt case management staffing model and capacity based on evolving needs and in accordance with REACH's expertise and best practices in case management workloads.

BENNETTMIDLAND

A decade of LEAD in Seattle: Evolution of the program and key moments that shaped what LEAD is today

Reactive changes and rapid growth

For about a decade, LEAD has flexed to respond to shifts in the policy landscape (*e.g.,* evolving prosecutorial practices regarding drug offenses), clients' emerging needs (*e.g.,* co-occurring mental health and substance abuse disorders for people with history of legal incompetency), community-specific disruptions (*e.g.,* a rise in visible street prostitution in the North Precinct), and the COVID-19 pandemic (through the addition of Co-LEAD).

This persistent pattern of expansion has contributed to substantial growth in the profile of and interest in LEAD, on the part of residents, local businesses, and law enforcement; many interviewees noted that they appreciated the introduction of LEAD as an alternative to arrest for low-level offenders and law enforcement officers consistently describe the LEAD approach as a useful "tool in our toolbelt." However, the expansions have also resulted in a broad and diversified target population, with LEAD serving distinct purposes for different stakeholders and partners. Some examples, discussed later in detail, include the LEAD roll-out in the West Precinct to address low-level drug crime, where the Downtown Seattle Association has since utilized LEAD to address ongoing shoplifting complaints. In the North Precinct, LEAD is used as a tool to address the high frequency of homeless encampments as well as the street prostitution on Aurora Avenue, while in the South Precinct LEAD is cited as a tool for serving people with insecure housing residing in RVs.

A new paradigm in collaboration, built on discretion

At the heart of LEAD's harm reduction approach is an unprecedented level of discretion afforded to all program partners, which allows the program the flexibility to respond to an individual's needs in a tailored way. The "Golden Rule" of LEAD, documented in materials shared with practitioners across the country seeking to replicate or adapt the approach, is as follows: "Within each partner's zone of authority, every partner does what s/he believes is most likely to actually accomplish behavior change. In other words, do what makes most sense. No absolutes. No immunity from arrest or prosecution for future conduct. But, mindful of the limits and harm of those approaches."[4]

Given this significant discretion and absent clear criteria or documentation of decision-making and systematic data collection, it is difficult to demonstrate how LEAD is being used and how effective it has been. In particular, admission into the program relies on individual decision-making by SPD and the other members of the Operational Workgroup (see Appendix B for more detail on LEAD's enrollment process).

Furthermore, the tracking of individual progress through the program relies on the discretion of REACH case managers. Whether or not a client is actively engaged is determined by a case managers's individualized assessment of client progress.

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[4] Presentation to the MacArthur Foundation's Safety and Justice Challenge Network Public Defender Association/LEAD National Support Bureau, November 12, 2019

BENNETTMIDLAND

Social contact referrals and the shifting of the "front door" to LEAD, complicated by changes in arrest volume and prosecutorial practice

Since 2015, LEAD's law enforcement partners have had the authority to refer individuals to LEAD as 'social contacts,'[5] described as individuals who are eligible for the LEAD program due to known recent criminal activity but are recruited and approached outside of a criminal incident. Officers involved in early implementation, particularly during the program's initial pilot in Belltown, described their eagerness for the advent of the social contact referral to meet the demand of people "banging on the doors of the van asking to be arrested so they could join LEAD."[6]

In 2018, the King County Prosecuting Attorney's Office changed its filing standards for drug-related charges; specifically, declining to prosecute possession under three grams of heroin, cocaine, or methamphetamine. Since 2015, LEAD had been functioning as a diversion pathway for individuals facing these types of low-level drug charges. The shift in prosecutorial practice caused a shift in arrest practice. Knowing that low-level drug arrests would not result in prosecution, police turned to social contact referrals as a primary pathway into LEAD. Social contact referrals, the referral of individuals to LEAD despite possibly not facing an immediate arrest, surged (from 42 in 2017 to 115 in 2018). For cases that would not be prosecuted, officers found themselves with fewer tools and by many accounts have appreciated the opportunity to connect individuals to the resources provided by LEAD. In particular, officers frequently cite individual success stories they have experienced (*e.g.*, individuals who secured housing or stability while enrolled in LEAD). The number of arrest diversion referrals peaked at 51 in 2015 and reached a new low of two in 2019. According to data from SPD, in 2018, 80 percent of LEAD cases were sourced from social contact referrals.

Since its introduction, the social contact referral pathway has served as a catalyst for program growth and has represented the program's response to the major contextual shifts it has faced. At the same time, the prevalence of social contact referrals has contributed to a lack of clarity around the application of the LEAD approach as a strategy for reducing crime and disorder and for reducing the involvement of its participants in the criminal legal system. We heard from SPD officers that, as prosecutorial practices have shifted away from filing charges against individuals accused of lower-level offenses, they stopped pursuing some arrests altogether for many LEAD-eligible charges, thus adopting a de facto policy of social contact referrals as the norm for the program, and rendering "arrest diversion," as originally defined when LEAD was launched, an obsolete concept.

Behavioral health integration

The evolution of LEAD is intertwined with King County's approach to behavioral health. On March 12, 2014 the Washington State legislature passed legislation that called for the integrated purchasing of behavioral health (including mental health and substance use disorder) services through a single managed care contract by April 1, 2016 and for the full integration of physical health and behavioral health by January 1, 2020.

In 2013, King County, in partnership with community stakeholders, developed a plan for an integrated system, referred to as the King County Health and Human Services Transformation plan. One of the initial populations of focus were "high utilizers of the local criminal legal system"—

[5] Clifasefi, S. L., Lonczak, H. S., & Collins, S. E. (2017). Seattle's Law Enforcement Assisted Diversion (LEAD) Program: Within-Subjects Changes on Housing, Employment, and Income/Benefits Outcomes and Associations With Recidivism. Crime & Delinquency, 63(4), 429–445, pg. 4.
[6] NCI interview, March 10, 2020

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specifically, people who had been booked into the King County jail four or more times in a twelve-month period—referred to as "Familiar Faces." The analytic effort of the same name, Familiar Faces, aimed to build an understanding of the needs of the individuals who have most frequently come into contact with the criminal legal system in King County. This effort resulted in Vital, a program which began as a pilot and has provided a higher level of clinical support and integrated services to adults experiencing behavioral health challenges.[7]

In 2018, *Trueblood et al v. Washington State DSHS,* a case challenging unconstitutional delays in competency evaluation and restoration services for criminal defendants, reached a settlement. The settlement introduced new challenges and opportunities for addressing the needs of a population with higher acuity behavioral health issues. The King County Behavioral Health and Recovery Division determined that in order to serve a population with these high needs, including Trueblood class members, a case management approach was needed that leverages case managers to serve as a "Golden Thread," coordinating a client's physical and behavioral health services, housing, employment, and other social services. With funding made available through the Trueblood decision, the LEAD model was considered to be well-suited to meet the needs of this population with the integration of specialized case management services, and began serving a broader range of clients.

Co-LEAD's response to COVID-19
The ongoing COVID-19 crisis has caused disruptions to the justice system, as a result of shelter-in-place orders, mandated releases from jail and detention facilities, and a growing lack of access to resources. In response, PDA has led an adaptation of LEAD to be operated in partnership with the Seattle Police Department and aiming specifically to serve:
- People who are releasing or need to be released from the King County Jail but lack a place to stay or sufficient support to stabilize in the community;
- People already released who are violating conditions of release but ought not to return to the jail; and/or
- People who, due to extreme poverty, lack of lawful income source, and/or substance use issues, present public order issues for neighborhoods, and there is a legitimate expectation of enforcement (not viable to allow the situation to continue).

Recognizing that justice system actors may not return to their previous state of operations for some time, PDA aims to use Co-LEAD as an opportunity to develop a coordinated response that leverages the existing case management framework to meet the current crisis. REACH will continue to provide case management services to existing LEAD clients and will not engage with Co-LEAD participants due to capacity constraints. PDA will train a 16-person outreach and intensive case management team for Co-LEAD.

Many funders and supporters, but lack of ownership on the part of some critical City partners
LEAD has benefited from both a multitude of funding sources over the years, including private philanthropy as well as both the City and the County, and a high level of cross-agency operational collaboration. LEAD has always been led at the program level by the Public Defender Association and the program's Policy Coordinating Group, whose membership spans all partners responsible for the operation of LEAD.

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[7] Familiar Faces Data Packet: Current State – Analysis of Population (Updated May 2016)

Engagement and participation by City of Seattle leadership, with the exception of the City Prosecutor, has been inconsistent. Importantly, despite its role as a diversion program from the criminal justice system, LEAD's City-funded contract is housed in the Human Services Department, which has made data collection and reporting efforts around criminal justice-related measures difficult for the program to align and has led to some public confusion about LEAD's identity as a program singularly aimed at reducing law violations.[8] SPD, the primary operational agency for LEAD, has demonstrated strong support and engagement at the precinct level—particularly in the form of officers who describe the usefulness of LEAD. But leadership has not consistently participated. Program management, funding, and policy decisions have been led by the Mayor's Office Senior Advisor on Homelessness. This multi-agency and multi-level ownership has limited effective communication between LEAD and the Seattle Mayor's Office.

LEAD was privately funded until 2013, although its grants continued until 2015. During the pilot and evaluation stage, the project was funded by philanthropic foundations including Ford, Open Society, RiverStyx, and Massena. In 2020, LEAD will receive $1.5 million from the Ballmer Group, contingent upon its receiving $6.2 million from the City of Seattle (an increase of $3.5 million from the previous year's budget, aimed at supporting expanding caseloads and its reach across the city). Separately, LEAD has received funding from the County's Behavioral Health and Recovery Division through the Mental Illness and Drug Dependency (MIDD) sales tax fund and the Trueblood Diversion Grant, aimed at providing a continuum of diversion programs for individuals in King County who have a history or are at increased risk of cycling through legal competency services.

The Seattle City Council has also played an active role in supporting LEAD's expansion. In the 2020 budget negotiations, City Council issued an analysis of the number of case managers needed to accommodate LEAD's projected case load. The City Council has clearly stated its confidence in LEAD as a critical public safety tool and has publicly committed to bring LEAD to citywide scale by 2023.

Program expansion outpaced the development of centralized program infrastructure

As one officer noted, following its initial pilot in Belltown, "LEAD has expanded on steroids." LEAD has rapidly and intentionally expanded to meet growing needs and opportunities across the city—most notably with the addition of Trueblood funding to "allow an expanded focus to a different overlapping population of people with more acute mental health needs."[9] Though this growth has been accompanied by efforts to enhance reporting and monitoring of LEAD's outcomes, these efforts have not ultimately resulted in a confirmed, agreed-upon central infrastructure or set of routines for reporting and monitoring across stakeholders.

Partners ranging from case managers to police officers have recounted their views on the benefits of connecting a greater number of individuals across Seattle to the resources of LEAD. However, SPD sergeants, staff members at REACH, and LEAD staff at PDA have also noted that LEAD's expansions to meet precinct-specific needs have ultimately created a complex target population. One consequence of this complicated tapestry of participants has been the difficulty of assessing LEAD's aggregate-level impact in the same ways it was measured during the University of

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[8] "Re: your letter to Council Budget Chair Sally Bagshaw of 10/31/19 regarding LEAD", Letter from PDA to Mike Fong, November 13, 2020.
[9] 2017 Trueblood Jail Diversion, LEAD proposal to King County

Washington evaluation period culminating in March 2015[10], when the program had a narrower reach.

Further, as additional funding for LEAD has bolstered its ability to support more caseworkers and hire additional program staff, the rapid expansion across precincts also necessitated a broader deployment of caseworkers without an accompanying infrastructure to study the impact of management decisions or techniques, such as specialization based on client needs, or uniform protocols for accepting referrals from local businesses and business associations. REACH employees cited that, while caseworker specialization occurs on a basis of need and availability (*i.e.,* assigning outreach and caseworkers with specialty areas of service to neighborhoods with concentrations of demonstrated needs, such as substance use disorders, veteran status, or severe mental illness), the program "expanded overnight," requiring specialty caseworkers to serve individuals across several precincts without the capacity to document aggregate trends or need profiles of each area of the city. Program partners say that, while assigning caseworkers to specific precincts or neighborhoods that align with their specialties and skills is a best practice, it is not always practical in the context of rapid expansion.

Figure 1. Referral patterns compared with caseload and key moments in LEAD's history

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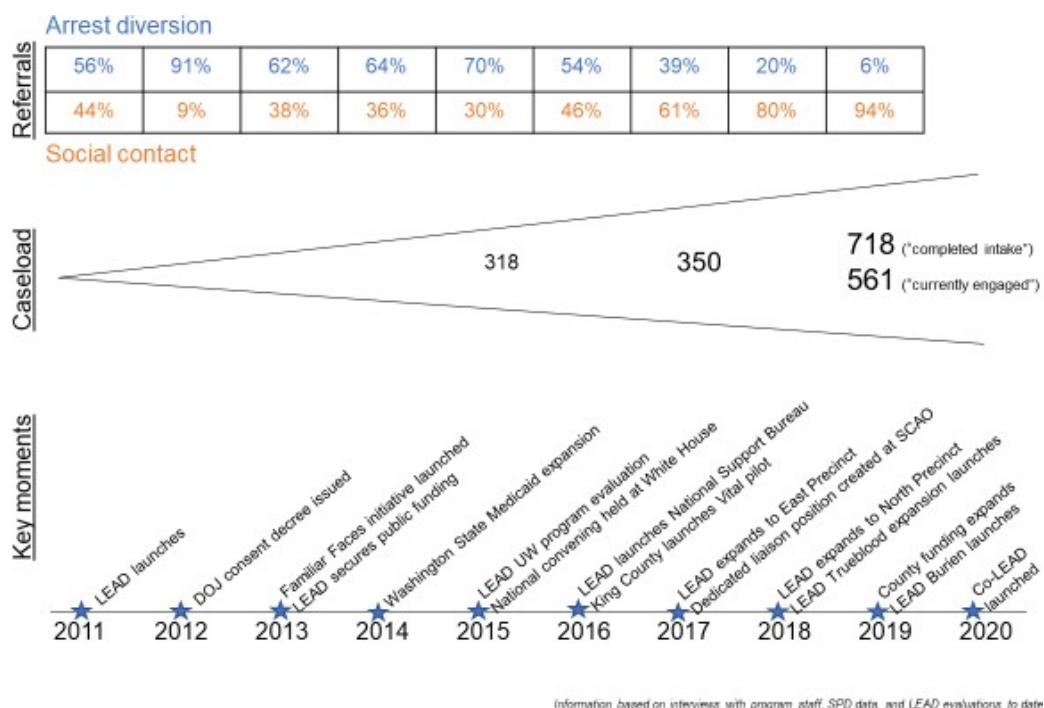
[10] LEAD Program Evaluation: Recidivism Report, Susan E. Collins, Heather S. Lonczak, Seema L. Clifasefi, Harm Reduction Research and Treatment Lab, University of Washington – Harborview Medical Center, March 27, 2015.

A reflection on LEAD: what is the program, and what is it not?

A new approach for collaborative justice

The launch of LEAD in Seattle represented not only a transformational shift in the city's response to low-level law violations, but also a new approach to collaboration and cooperation across justice system actors, embodied by the implementation of a comprehensive framework for case management in Seattle's criminal legal system.

Through the highly collaborative Operational Workgroups, which some have described as "where the magic happens," and the ongoing close coordination between case managers and the prosecutorial liaisons, LEAD partners work persistently to understand and respond to the progress and experiences of an individual LEAD participant beyond their case at that moment, and further beyond the confines of their court involvement. Prosecutors note that this level of intentional coordination allows them to serve as more informed and holistic advocates within and outside the court room; police officers say it empowers them to make better decisions in the course of their street encounters; and case managers say they can better respond to their clients' needs, both within the system and outside of it (*e.g.,* by learning of outstanding warrants at the Operational Workgroup and then working on a client's behalf to get them resolved).

Within this system of discretion, absent guiding criteria for decision-making and systematic data collection on the decisions that are made, it is difficult for anyone not directly involved in decision-making with interest in learning about LEAD, including key partners like the Mayor's Office, to know how LEAD is working.

LEAD in the context of other public safety strategies

One practitioner who has implemented the LEAD approach in another jurisdiction shared that, in their experience, "LEAD itself has become a fairly meaningless name, as there is no longer a way to identify what it is from what it isn't." Across the country, the concept of pre-booking diversion supported by significant cross-partner coordination and collaboration has taken hold over the last ten years. Direct replications of LEAD, adaptations of the framework, and other similarly situated programs are wrestling with questions of how best to adapt to evolving needs, and how to define, capture, and track success over time. For example, many LEAD programs (described in more detail in sections below), like Seattle, have experienced a shift from clasically defined arrest diversion referrals to social contact referrals, in response to changes in prosecutorial practices and a broadening definition of LEAD over time to account for those shifts. Some program partners for LEAD in other jurisdictions are reluctant to expand into social contact referrals, as they see a shift towards social contact as an abandonment of the original intention of the LEAD model to divert individuals from the criminal justice system. "Diversion is what's appealing about LEAD…[With social contact referrals], you're diverting from what?" noted one program stakeholder in Albany, who also expressed concern over the role of police officers making social service referrals in non-arrest situations.

Stakeholders involved in LEAD programs nationally have noted that LEAD itself functions as an imprimatur within the framework of diversion and harm reduction, but that principles or attributes of diversion and harm reduction are applied differently depending on context, and offer different potential lessons for LEAD (*e.g.*, with regard to case management, data tracking, *etc.*).

Though LEAD is designed to reduce its clients' engagement with law enforcement and the criminal legal system (and has demonstrated its effectiveness at doing so, as documented previously by University of Washington researchers[11]), key City stakeholders, including the Mayor's Office and SPD, have turned to other crime strategies to address public order issues, specifically targeted towards individuals "cycling through" the criminal legal system. In part spurred by a report commissioned by the Downtown Seattle Association ("System Failure: Report on Prolific Offenders in Seattle's Criminal Justice System"), the City convened a High Barrier Individuals Working Group in 2019 to develop policies and initiatives to address "individuals who repeatedly came into contact with government systems of services, emergency responders, and notably, the criminal legal system." However, of the 465 "high barrier individuals" identified by the Working Group, just seventy-three individuals, or 16%, were identified as currently enrolled in LEAD, Legal Intervention and Network of Care (LINC), the King County Program for Assertive Community Treatment (PACT), or Vital – all programs associated with King County's Familiar Faces initiative, aimed at addressing this same population.[12]

Several partners involved in the work of the High Barrier Individuals Working Group cited that this gap was largely driven by charge ineligibility for programs like LEAD, with property crimes leading the disparity. Partners also described feeling a general lack of understanding and data about LEAD's outcomes at the City leadership level, which led the group to consider new models of diversion and supervision, rather than to think strategically about how to expand eligibility for and create specialization within LEAD. Though LEAD has been fully embraced as a key public safety strategy by many operational partners, there has not been clear and complete consensus from City leadership that LEAD is a viable and sufficient intervention for the city's most pressing public order and safety priorities.

Growing beyond the original definition of arrest diversion

As the scope of LEAD's work has become more complex, with the reduction in traditional arrests and therefore traditional arrest diversions, the officer-initiated advent of social contact referrals, and the introduction of populations with increasingly complex and intensive behavioral health needs (through the Trueblood expansion), so has its relationship with the front line of law enforcement – namely the Seattle Police Department. Representatives from the Public Defender Association have described a "discouraged officer syndrome" caused by the rising bar for prosecution. As multiple program partners have expressed in interviews, this frustration with evolution in prosecutorial practices has made the social contact referral mechanism even more important "because it's what officers can still do."[13] While the majority of program partners in Seattle and elsewhere have advocated for and supported social contact referrals as a method for providing a greater number of individuals with supportive case management services, stakeholders posited that understanding outcomes for these individuals referred is often more difficult, given the varying points of intervention associated with their cases.

Multiple program stakeholders have cited an appreciation on the part of officers for the alternative that LEAD provides to the arrest-book-jail-release-repeat cycle, which many believe has proven ineffective for changing the behavior of low-level and/or repeat offenders. Officers from multiple

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[11] LEAD Program Evaluation: Recidivism Report, Susan E. Collins, Heather S. Lonczak, Seema L. Clifasefi, Harm Reduction Research and Treatment Lab, University of Washington – Harborview Medical Center, March 27, 2015.
[12] High Barrier Individuals Working Group Progress Report, September 12, 2019.
[13] PDA interview, January 23, 2020.

precincts described an eagerness to implement LEAD at first "because it didn't seem like anything else was working."[14]

However, there are also some frustrations among SPD with LEAD's approach and, specifically, the perception that the framework offers little latitude for consequences or accountability—or, as some put it, "it's all carrot, no stick." Futhermore, while officers who make referrals to LEAD are typically kept informed of an individual's progress on a qualitative or anecdotal level through the discussions at bi-weekly Operational Workgroup meetings, many officers say they know the program has had some successes, but that they don't get to experience or observe success at an aggregate level – only through one-off stories.

Tailoring and adapting to precinct needs and practices

Further complicating the implementation of the program over time, officers report widely varied views and operations for referrals across the precincts. In particular, officers across precincts take different approaches to determining whether to re-arrest LEAD clients– some described re-arrest as a "useful reset" for an individual experiencing crisis, while other officers are hesitant to re-arrest someone who they don't believe will have their case prosecuted because of their status as a LEAD client. In some precincts, officers reported being more "protective" of LEAD and are more discerning with referrals; elsewhere, captains have directed officers to generate a large number of social contact referrals for those described as "chronic users of SPD services."

Sergeants also reported using LEAD to fulfill slightly different goals in each precinct, depending on general awareness of the program and the needs of residents. South Precinct officers, for example, used social contact referrals as a tool to connect individuals living in homeless encampments in the precinct to social services and housing resources, while the East Precinct described their involvement with LEAD participants to be largely centralized in public housing developments and around the precinct's mental health crisis centers. In the North Precinct, case managers have been trained to meet the needs of clients facing prostitution charges. Although neighborhoods within the West Precinct had previously reached varying levels of saturation[15] (*i.e.,* there is sufficient capacity to assign all approved referred individuals a case manager), there still appears to be uncertainty or skepticism amongst some business owners of LEAD's impact on reducing law violations.

The spectrum of crime strategies: prevention, diversion, and supervision

The challenges posed by the shifting landscape in policy and criminal justice reform, along with the difficult programmatic decisions they present, are not unique to Seattle or to LEAD. LEAD's expansion in identity has led to a lack of clarity among City leadership about what the program is and how it fits into the broader spectrum of diversion and crime strategies. For example, as part of the September 2019 progress report from the City's High Barrier Individuals Working Group, LEAD is listed as both an intercept at the "community services" level, and as an intercept option at the level of law enforcement contact (see graphic below). While LEAD has been intentionally designed and implemented to serve individuals at both of these points of intercept, program management and measurement practices have not yet been sufficiently adapted to adequately capture the intended goals of the program at its various stages (*i.e.,* social contact referrals aimed at stabilization vs. arrest diversion referrals aimed at diverting a case from imminent and certain criminal legal system involvement).

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[14] Interview with SPD lieutenant, February 2020.
[15] LEAD & MDT Joint Response to the Seattle City Council's Statement of Legislative Intent, June 11, 2016.

Figure 2: Excerpt from September 2019 progress report from the City's High Barrier Individuals Working Group

Intercept 0: Community Services	Intercept 1: Law Enforcement	Intercept 2: Initial Detention /1st Court	Intercept 3: Jail/Courts	Intercept 4: Re-Entry	Intercept 5: Community Corrections
- LEAD - SMC - SMC Community Resource Center	- LEAD - LINC	- Day Reporting Program	- Drug Court - Mental Health/Vet Court	- Drug Offense Sentencing Alternative (Fel)	- General Probation (Misd)
Not intercept specific: - PACT - VITAL					

In recent years, LEAD has contributed to national justice reform.[16] Incarceration rates have declined as jurisdictions across the country have invested in community-based programs aimed at keeping people outside of the justice system by reducing the use of incarceration for people who do not pose a public safety risk, and by correcting the misplaced use of justice system responses to behavioral and mental health needs. Programs range from prevention programs that intervene before the point of arrest, to front-end interventions at the point of arrest, to mandated supervision models.

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[16] "LEAD-ing the Way to a More Efficient Criminal Justice System," Obama White House Archives, July 2, 2015.

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Figure 3: Illustration of spectrum of crime strategies employed in various contexts

	Prevention	Pre-Arrest Diversion	Supervision
Definition	• Programs in the community that target infrastructure, culture, and the environment to reduce crime. • Typically involve engagement with residents, community-based organizations, and local government to address factors that contribute to crime, delinquency and disorder. • Substance abuse prevention and education programs in this category aim to prevent individuals from the harmful physical, social, and psychological consequences of drug and alcohol use or abuse.	• Front-end interventions that divert individuals out of the justice system before an arrest is made. • Typically involve implementation by law enforcement (*e.g.,* police at the time of an arrest). • Implemented for low public safety risk cases (*e.g.,* drug, non-violent crime), and populations better served outside the justice system (*e.g.,* individuals with behavioral or mental health needs).	• Programs that oversee offenders outside of jail or prison. • Supervision programs are typically mandated by the court and administered by agencies with the legal authority to enforce sanctions.
System point(s)	• In the community pre-arrest • In an institution at the point of reentry	• In the community at the point of an arrest	• In the community during the pendency of a case • In the community following case disposition
Illustration	• LEAD social contact referral • Cure Violence • Violence Interrupters	• LEAD arrest diversion referral • Crisis Intervention or Dual Response Teams • Civil citations • Project Reset	• Minneapolis Downtown Strategic Justice Partnership • New York City Supervised Release • General probation • Drug or treatment courts • Electronic monitoring

LEAD began by demonstrating that it was possible to offer law enforcement a viable alternative to arrest; "traditionally defined pre-arrest diversion" can also take the form of civil citations or crisis intervention. The goal of pre-arrest diversion is to divert individuals out of the justice system before an arrest is made. Preventative approaches involve proactive engagement with residents, community-based organizations, and local government to address factors that contribute to crime and disorder. LEAD, in its current form which relies heavily on social contact referrals, can also be understood as a partially prevention-oriented program. Supervision programs, typically mandated by a court and/or imposed as a condition of release or disposition, can range from probation to electronic monitoring.

The many definitions of success: *what is measurable and what should be?*

Understanding success at the individual client level

LEAD's case management framework is client-centered and holistic; accordingly, the primary way the impact of the program is understood, tracked, and discussed on an operational level is at the individual client level. LEAD's theory of change, documented and approved in 2016 by the Policy Coordinating Group in response to the Seattle City Council, described the emphasis on individual behavior change in the following way: "LEAD's Theory Of Change further posits that if such engagement strategies help a sufficient number of individuals, positive neighborhood level and public safety impacts will be realized, in part through changes in behavior of a sufficient number of individual participants, and in part through system change, as previously fragmented systems work together in a way that is transparent, rational and defensible."[17]

Staff from a range of program partners, including REACH, KCPAO, SCPAO, and SPD, expressed a consistent understanding that LEAD's participating stakeholders share the goal of decreasing clients' involvement in the criminal legal system; staff referred to a reduction in criminal recidivism as a "north star" for their work, and central to their Theory of Change. But progress toward that north star for each participant is defined and tracked loosely, tied more closely to individually-set goals than to concrete and verifiable metrics like re-arrest rates. The emphasis on individual progress is core to the harm reduction framework which LEAD operates within, but can be perceived as being at odds with a crime reduction strategy that seeks measurable and timebound reductions in recidivism as expressed by arrests and law enforcement contacts.

Past contract reporting requirements have not required aggregate outcome data. LEAD's previous contract with the City's Human Services Department required three qualitative data submissions from LEAD: (1) any significant accomplishments or milestones impacting the program, (2) any deviations in program performance or unexpected challenges or concerns, and (3) program success stories. The importance of individual storytelling is further evident in the program's contract with King County BHRD, which requires staffing reports and narrative summaries and client vignettes rather than aggregate outcome or client status data.

Figure 4. Excerpt from a summary of King County reporting requirements for LEAD, prepared by King County DCHS in October 2019

Contract Monitoring – Data Submission & Reporting Requirements
The County receives program-level data from Public Defender Association (PDA) on a monthly basis. We also receive client level data from ETS REACH (case management subcontractor), which is submitted at varying time intervals to the King County Department of Community and Human Services, Behavioral Health and Recovery Division Information System.

PDA Reporting (program-level)	ETS REACH Reporting (client-level)
- Monthly staffing report - Monthly narrative summary describing project management and community outreach activities - Quarterly summary report of all LEAD activities and operations - Two client vignettes with signed ROIs submitted at the end of the year	- Client demographics - Service encounter details - Residential arrangement - Staff person/qualifications - Program authorization - Program exit

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[17] LEAD & MDT Joint Response to the Seattle City Council's Statement of Legislative Intent, June 11, 2016.

Disparate data sources and efforts to integrate them

The individualized approach, context-based implementation in the form of precinct-specific roll-out, dependency on multiple stakeholders with separate systems, and lack of central coordination of data and reporting have resulted in uncoordinated and inconsistent measurement. REACH does not view the aggregate tracking of recidivism as a key responsibility, and law enforcement does not have real-time access to aggregate information about LEAD participants' levels of engagement and progress. Integrated data—reporting that includes both individual progress and justice system involvement—generally has two uses in LEAD's current operations: (1) decisions for individual LEAD participants (*e.g.,* eligibility, enrollment, mitigation), and (2) ad-hoc reporting (*e.g.*, new needs requests or grant proposals, requests from the Mayor's Office or other officials, studies or research inquiries).

In the absence of aggregate-level data on criminal justice involvement, SPD sergeants across precincts noted that patrol officers often become discouraged by the prospect of diversion if they do not experience firsthand success themselves. One of the most important and universal measures of success for police officers is a reduction in the number of police contacts; however, without an adequate understanding of LEAD progress and impact at a higher level, sergeants noted that officers' perspectives of LEAD can become skewed and influenced by personal experience with the program.

Similarly, some business owners in downtown Seattle expressed feeling deterred from making LEAD referrals due to the lack of comprehensive data tracking on the progress of past referrals made by businesses. Multnomah County's LEAD program team described similar challenges engaging the business community, recognizing that a shared understanding of what success looks like is the foundation for a successful partnership.

REACH captures detailed information on clients, pertaining both to their needs and their participation in the program. Separately, other operational partners generate data about participants' court system involvement and program participation. In interviews, stakeholders have shared several examples of individual independent sets of data, including:
- Lists of active referrals shared by REACH with prosecutors' offices. REACH uses a case notes system to track individual client progress. REACH does not believe it is their responsibility to track ongoing criminal-legal contact.
- "Client rosters" containing basic demographic and case information about LEAD clients: generated by PDA for discussion at each Operational Workgroup meeting. KCPAO also reports that this list is generated on the basis of a KCPAO spreadsheet, which is compiled using information about referrals received from REACH.
- Spreadsheets listing active warrants issued for LEAD clients, generated and maintained by KCPAO for the purpose of sharing with REACH case managers.
- Spreadsheets containing names of potential participants whose referrals have "expired" due to a lack of completed intake.
- Verbal reports, on a quarterly basis, from KCPAO to the Operational Workgroups on KCPAO's full LEAD caseload.

However, across all partners, the data recorded and materials generated are described as serving the goals of coordination and information-sharing, not understanding and tracking outcomes.

Supported in part by a grant from Microsoft, the Public Defender Association is leading an effort to create a data system to replace the system currently used by REACH, which will allow for the

tracking and measurement of LEAD clients' intake information, progress, engagement with services, and preliminary outcomes. The database, if fully implemented, will serve as a resource for better understanding who is enrolled, how often and in what capacity each client is engaged, how many referrals to additional supports are made, and individual case management outcomes.

Partners from the City's IT department noted that law enforcement has largely expressed opposition or ambivalence to developing a fully integrated database (*i.e.,* a system where arrest, booking, court, and disposition data is uploaded by SPD, SCPAO, and KCPAO for all program partners to access), due to concerns around legal barriers and the level of coordination required within each agency to revise—or potentially overhaul—their internal data systems.

A potential primary function of the new LEAD database would be to provide law enforcement officials—SPD, SCPAO, and KCPAO—with a centralized information system to aid in their decision-making, shape the program's policies and protocols, and reduce administrative burdens caused by developing and submitting ad-hoc reports. SPD officers would be provided with the ability to look up an individual's LEAD enrollment status while in the field, similar to the process for querying outstanding warrants. The database would serve as an additional piece of data for officers to consult in determining whether or not to make a referral in the field, though it would not serve to standardize the decision-making process or reduce officer discretion—a key component of the LEAD model. Similarly, an integrated database would reduce administrative burdens on both the City and County Prosecuting Attorneys' offices, who, to this point, have compiled client information using email threads and locally saved data sheets.

<u>What can we learn about measuring success from other programs?</u>

The LEAD program in Multnomah County, Oregon, leverages information about clients' specific needs not only to tailor the intervention they receive, but also to evaluate the impact of the program through aggregate-level tracking. Participant needs are sorted into six categories in Multnomah: benefits; employment; legal; medical; mental health; and shelter. A March 2020 analysis of the program by the County's Local Public Safety Coordinating Council found that "having more needs met will result in decrease[d] jail use, but that needs should be met based an individual's specific needs. For example, the data indicates that meeting medical needs will have the greatest impact on reducing jail use, but the inability to meet shelter needs will have the greatest impact on increasing jail use." ("<u>Analysis of Jail Use Among Year-One Participants</u>")[18]

In San Francisco County, California, a shared framework (known as "self-sufficiency metrics") is used to assess, at routine intervals, client progression through the program and to make decisions about caseload and staffing levels. In addition to this framework for case management, which informs programmatic decisions like staffing levels, program partners in San Francisco individually report data every 90 days to a third-party consultant who compiles and analyzes the information.

Importantly, LEAD in both Multnomah and San Francisco have been limited to focus on high-pedestrian-traffic areas in and near downtown Portland and inner Southeast Portland, and in the Mission and Tenderloin districts, respectively. In San Francisco, other court-based interventions (*e.g.,* treatment courts, collaborative justice courts, young adult courts) function as analogous diversion or deferred prosecution models in other districts of the city. One program partner in San Francisco noted that, while stakeholders from these other court parts may make referrals to LEAD

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[18] Multnomah Law Enforcement Assisted Diversion (LEAD®) Analysis of Jail Use Among Year-One Participants, March 2020, Kyle Schwab.

for "more robust case management" and closer contact with clients, LEAD does not coordinate with these other court parts to determine case plans like they do with law enforcement in the Mission and Tenderloin districts.

Other key differences between the Seattle and San Francisco LEAD programs include eligibility criteria and police referral protocols. While Seattle has 10-year limitations on certain convictions (*e.g.,* domestic violence) and automatic ineligibility regardless of time for individuals convicted for other crimes (*e.g.*, Murder 1), San Francisco has 8-year limitations on certain criminal convictions, but no convictions that warrant automatic ineligibility. A report submitted to the California Board of State and Community Corrections by researchers at California State University, Long Beach importantly notes that, while both Seattle and San Francisco's programs grant the LEAD District Attorney's (or City/County Prosecuting Attorney's) discretion to waive any of the exclusions, permitting the individual to enter LEAD, "possession charges in California are misdemeanors and not routinely prosecuted through the criminal justice system. As a result, LEAD SF deviated from the typical LEAD model to expand its eligible charges to include specific, non-violent vandalism and theft charges."

The Cal State-Long Beach report also recognizes a significant difference between Seattle and San Francisco's referral protocols, in that police officers in San Francisco are required to refer individuals to the Department of Public Health ("DPH") before they can be referred to case management. The report cites that "case managers, case manager administration, and officers described that having clients travel to different agencies is an unnecessary hurdle to LEAD participation, while DPH (the program managers) describes the additional layer as facilitating access and providing program knowledge. In particular, the DPH clinician meets the unique cultural needs of individuals residing in different districts and ensures that those who have stay away orders are able to participate in LEAD."

LEAD implementation in Albany, New York has relied purely on arrest diversion, and has defined success solely as reduced entanglement with the criminal justice system. Stakeholders in Albany describe a tension between this goal and the social contact referral mechanism, as social contacts might have the potential to net-widen—creating unnecessary engagement with the justice or other systems in cases where there otherwise would be no contact. Without the staffing capacity to enroll additional individuals in the program, and absent a final level of individual stabilization to work towards, the client roster has remained relatively static. Measuring reduced engagement with the criminal justice system has been a challenge in Albany; re-arrest data for clients is not routinely collected or shared with program stakeholders.

An overview of referral pathways and protocols in use by LEAD programs is included in the following chart.

Figure 5. LEAD program comparison: eligibility and referral

LEAD program comparison

Who does the program serve and how are individuals referred into the program?			
LEAD Seattle	**LEAD San Francisco**	**LEAD Multnomah**	**LEAD Albany**
Eligibility criteria - VUCSA - Prostitution offense - Misdemeanor property destruction - Unlawful bus conduct - Misdemeanor theft - Criminal trespass - Obstructing an officer *Referral pathways* - Arrest diversion for eligible charges (listed above) - Social contact referrals (including social contact referral alongside jail booking for ineligible charge) - Over time, social contact referrals have risen and in 2019 constituted 94% of referrals.	*Eligibility criteria* - Low-level drug or alcohol offenses - Theft, larceny, burglary - Health and safety code violations *Referral pathways* - Arrest diversion for eligible charges (listed above) - Social contact referrals - Over time, social contact referrals have risen and now constitute about 65% of cases	*Eligibility criteria* - Possession of a controlled substance *Referral pathways* - Arrest diversion for eligible possession charges - Social contact referrals - Over time, social contact referrals have risen and now constitute the majority of cases	*Eligibility criteria* - Criminal possession of a controlled substance in the fifth degree - Non-violent penal law misdemeanor - Non-violent penal law violation - Non-violent General City Ordinance Violation *Referral pathways* - Arrest diversion by the Albany Police Department is currently the only referral pathway; as of August 2019, there had been 195 total diversions (program launched in early 2016) - Currently exploring social contact referral option

An example of measurement focus in a non-LEAD approach

The Mayor's Office also asked us to look into the Minneapolis-based Downtown Strategic Justice Partnership—a model also focused on individuals with repeated contacts with law enforcement, and designed and implemented in collaboration with the business community there. The Downtown Partnership—a targeted crime reduction strategy based in specialized probation for and prosecution of the most frequent utilizers of the criminal justice system—tracks recidivism on an individual level. Importantly, the program differs from LEAD in that it serves as probationary program rather than a diversion initiative. While LEAD and the Downtown Partnership share a common goal of reducing the amount of criminal justice system engagement of involved individuals, the Downtown Partnership does not apply a harm reduction framework to their program in the same way—sanctions and services for individuals in Minneapolis are often court-ordered or tied to an individual's probation status.

At the start of a calendar year, the Minneapolis Police Department and the City Attorney's Office select and designate a cohort of "priority individuals" who have had repeated contacts with law enforcement in the downtown area. Every individual in the cohort receives probation supervision services, referrals to housing supports as appropriate, and has their case prosecuted by a single dedicated prosecutor from the City Attorney's Office. Each year, the program articulates their success in the form of a "Return on Investment" report to the downtown business improvement association, which funds the dedicated prosecutor position at the City Attorney's Office. The ROI report focuses primarily on the number of arrests and law enforcement contacts for the specific individuals who were enrolled in the program in the previous year. In 2019 the Downtown Partnership program saw its tenth year of crime reductions of 50% or more.[19]

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[19] The Downtown 100 Return on Investment Report (2019).

LEAD participation, operations, and management: *who is best served by LEAD, and how?*

<u>Evolving eligibility criteria and target population</u>

As described in previous sections of this report, LEAD was rolled out in each precinct to address precinct-specific public safety concerns (*e.g.,* downtown open-air drug markets, prostitution and homeless encampments in the North Precinct, *etc*.). Originally framed as a diversion approach intended for people who commit "victimless" law violations, primarily related to drugs or prostitution, LEAD's eligibility criteria have been adapted and expanded over time to include a broader, more diverse array of potential participants.

The LEAD diversion and referral protocol from November 2018 describes the population eligible for LEAD enrollment as "individuals engaged in law violations due to behavioral health conditions, continued drug use and/or extreme poverty," and lists eligible charges beyond the originally conceived low-level drug and prostitution charges, including: misdemeanor theft, misdemeanor property destruction, criminal trespass, unlawful bus conduct, and obstructing an officer. A number of exceptions to these eligibility criteria were also documented, including a disqualifying criminal history. Though expansions to program eligibility are subject to the approval of the Policy Coordinating Group, which includes the Police Department, multiple interviewees characterized SPD as reluctant to embrace or operationalize the expanded criteria. The inclusion of "obstruction of an officer" was cited as a particular sticking point, provoking a "guttural reaction" and "setting a bad precedent"; officers report inconsistent implementation of expanded referral protocols across precincts.

On the matter of violence, violent crimes have never been included in those eligible for arrest diversion through LEAD. But the question of whether LEAD serves people who have committed acts of violence or, more generally, law violations that have victims, has a more complicated answer. Potential participants can be arrested on a charge that is not eligible for diversion and then be referred to LEAD as a social contact. Officers have also noted that they occasionally make social contact referrals for individuals after booking them on a non-eligible charge. These practices have effectively broadened program eligibility criteria even beyond what is documented in official policies and protocols.

The perception of who LEAD is well-suited for and, conversely, who it does *not* work for, is inconsistent across stakeholders. Project management staff describe LEAD as being "ultra-accessible to the highly vulnerable" and its participants' needs as spanning drug use, behavioral health conditions, and extreme poverty. Conversely, some law enforcement officials described LEAD as working best for "the guy who wants to get sober."

While there is not consensus on who LEAD serves most effectively, LEAD project management staff and program partners, including case managers and prosecutorial liaisons, report that clients who most commonly struggle to achieve stability have persistent unmet mental health and housing needs for which there are limited solutions, and tend to be younger. LEAD is described as a "translation device," moving vulnerable people away from the criminal justice system and toward a set of publicly funded systems and interventions geared toward treatment and support. For those cases, LEAD participation offers a relationship to a case manager and leverages techniques like motivational interviewing to engage participants in order to set goals and build a structure to maintain or attain stability. Over time, LEAD has also adapted to serve higher-need clients, including through specialization within the team of case managers and adjustments to referral protocols, particularly for law enforcement *(e.g.*, one officer described their approach to the

Trueblood population, which includes individuals with a history of incompetence: "we are looser with that population.").

Though the "translation" succeeds in directing people out of criminal justice involvement, the supports available to them through other systems may not be adequate to help stabilize the individual and prevent further contact with law enforcement. Some police officers describe frustration with the experience of repeatedly encountering LEAD participants. Despite "understand[ing] that people are going to continue to offend," there is a feeling among some that the supports provided through LEAD participation are simply insufficient. As one officer said, "I'm a realist, and this stuff is voluntary." Still, individual success stories stand out and officers are eager to share them: "[T]hey [LEAD clients] do seem to engage with the caseworkers; one guy was out there every day and now he has housing."

REACH staff suggest that LEAD is not best suited for individuals who are capable of navigating the courts and social services on their own, namely the younger population affected by the opioid epidemic. From the REACH perspective, LEAD is best suited for those who have been consistently failed by existing systems and face persistent barriers to accessing services.

Both REACH and police officers describe LEAD as a good fit for those with unmet housing needs. We've learned that many officers describe the biggest improvements in LEAD clients who are able to gain access to housing. Officers and REACH describe LEAD as an effective tool to connect homeless individuals to services.

<u>A range of participation</u>
Periods of significant program expansion have increased caseloads and the conception of who can be served effectively by LEAD. LEAD's framework of harm reduction has included an aversion to removing participants from the program—an approach referred to widely as "LEAD for life." Clients are viewed by the program as "in the caseload" indefinitely based solely on "whether, in the judgment of LEAD staff, the participant is continuing to make good use of the resources LEAD is dedicating to [them]."[20]

Over time, REACH stratified its caseload into broad and dynamic status categories, defined below.[21]:
- <u>Outreach</u>: the group of clients that the REACH outreach team is working to engage;
- <u>Active</u>: a broad and diverse group of clients who are actively working with caseworkers and who have set individualized goals;
- <u>Alumni (stable)</u>: clients who have reached some form of stability and have been determined by LEAD and REACH staff to require only light-touch engagement with caseworkers;
- <u>Alumni (disengaged)</u>: clients who have voluntarily chosen not to engage with caseworkers, regardless of their level of stabilization; and
- <u>Discharged</u>: a rare status for individuals who have been removed from the caseload due to inappropriate behavior (anecdotally, only a handful cases over 10 years), or are known to have left the state.

[20] LEAD Referral and Diversion Protocol, November 2018.
[21] Interview with REACH team, February 3, 2020.

REACH staff described these client categories as "fluid" due to the complexity of their clients' needs. Importantly, the categories have not been well understood across program partners—such as SPD and HSD—over time.

A case stratification system with more formal definitions has recently been adopted by REACH and was developed through a collaborative effort driven by PDA, REACH, and the King County Behavioral Health and Recovery Division. Notably, the newly defined category of "enrolled client pool" includes specific attributes to differentiate clients who are "intensively" engaged from those who are still enrolled but are less intensively engaged by service providers. Neither the Mayor's Office nor the Police Department have been involved in the work to define client categories.

Excerpts from the description of the revised client categories are included below, sourced from a March 2020 proposal for new client category labels:

Figure 6: Revised client category labels, draft as of March 2020

Top-level client category	Pool subcategory	Subcategory description
Referral *(Referrals who have not completed an intake or consented to the LEAD Release Of Information)*	Arrest diversion	Referral who is not a currently enrolled client
	Subsequent arrest diversion	Currently an enrolled client who receives a subsequent diversion and will need to update their service plan within approximately 30 days in lieu of redoing an intake
	Approved social contact	
	Pending social contact	
	Denied social contact	
	Expired referral	Did not complete an intake within the 30 day / 6 month / 12 month timeframe even with additional extensions
	Outreach referral	Approved social contact referrals or arrest diversions who are in contact with the LEAD clinical team but have not yet completed their intake
Enrolled *(Started an intake and consented to the LEAD ROI)*	Engaged: High Intensity	Intensely and actively meeting with the LEAD clinical team as assessed by the service provider agency due to clinical & legal needs, and quantified by 1 or more substantive contact within the past 3 months
	Engaged: Low Intensity	Has contact with the LEAD clinical team but not considered an intensively engaged client by the service provider agency, and quantified as having had less than 1 substantive contact within the past 3 months
Disenrolled *(Completed an intake but are no*	Discharged	Sentenced to prison for more than 1 year and 1 day, permanently moved out of the area, or enrollment ended for extreme clinical reasons by the service provider agency

Top-level client category	Pool subcategory	Subcategory description
longer considered an Enrolled LEAD client)	Disengaged	Out of contact with all of the LEAD partners (KCPAO, KCCF, SCAO, SPD, KCSO) for more than 1 year, or refused LEAD participation for more than 1 year
	Alumni	Stabilized clients who no longer require intensive care coordination
	Deceased	

Caseload management

Following referral, approval, and initial outreach to a new LEAD client, a REACH case manager completes a comprehensive intake screening form which includes information such as: demographic information, health and wellness history, housing status and history, employment and financial history, and family history and background. The intake process also includes an assessment by REACH which includes a "Problem Severity Summary," for which the case manager is given the following instructions: "Identify the client's most frequent level of functioning during the last 90 days. Base the rating on the client's observable behaviors that inform your day-to-day service and support decisions. (Ratings may be based on reports by others who: (1) are reliable sources, (2) have observed that client's behavior, and (3) reported behavior with enough clarity for you to write a chart note)." Case managers note that not all clients are stable enough to complete the full intake interview in one sitting, forcing case managers to confirm records from other sources (*e.g.,* hospital records, HMIS database) following the interview.

The information captured at intake is the most comprehensive information systematically captured for all LEAD clients, and forms the foundation of REACH's work with clients, including for the assignment of cases to case managers—which is made by supervisors based on clients' needs and the expertise and availability of case managers. But intake information is not captured in a single data system or aggregated to inform an understanding of client needs at a program-wide level.

Figure 7: Examples of caseload stratification and management from other LEAD programs

Jurisdiction	Program management practices
Multnomah County	Caseload stratification Project managers described a "loose" stratification of caseload, including "active," "intensive," and "MIA" statuses. The program is also considering a "graduate" designation for individuals who have reached a more stable status since their initial involvement with the program, and who require far less engagement on behalf of caseworkers. Caseload management Case managers in Multnomah take a team-centered approach to balance fluctuating caseloads.
San Francisco	Caseload stratification The program employs a set of "self-sufficiency metrics" to gauge an individual's level of stability (scored on a scale of 1 to 5), based on factors including: - Employment status

Jurisdiction	Program management practices
	- Mental health - Educational status - Vocational training - Physical health - Family reunification "Self-sufficiency" scoring for each individual is conducted at the start of program participation to establish a baseline, and repeated at routine intervals—roughly every 30 days—to track an individual's progress and inform case assignments. Caseload management Although caseloads are not directly tied to how a case manager's clients are scored, the "self-sufficiency" metrics are often used as a proxy for what level of engagement an individual will require, in turn informing caseload management across the program.
Albany LEAD	Caseload stratification After clients have been enrolled, they are considered active and there is no further stratification within these active clients. One partner posited that moving beyond this stratification would create an unnecessarily bureaucratic process and suggested that any designation in case status remain between the client and case manager. Caseload management Due to changes in filing, Albany is seeing fewer arrest diversions and caseloads, the latter of which were once considered too high due to case manager attrition.