

LEAD[®] PROGRAM

Law Enforcement Assisted Diversion

INTEGRATION OF BEHAVIORAL HEALTH WITH PUBLIC SAFETY

Public safety officials often find themselves on the front lines of responding to behavioral health crises but have few resources available to address the needs of people with serious behavioral health conditions. Meanwhile, people with substance use disorders and mental illness are over-represented in jails and prisons: 65 percent of inmates meet the criteria for a substance use disorder, and more than half have a mental illness.¹ A new pilot program, Law Enforcement Assisted Diversion (LEAD), provides a way for public safety officials to work with behavioral health providers by diverting low-level drug offenders to treatment and support services, rather than jail and prosecution. Care is provided through intensive interventions such as assertive community treatment, residential substance use disorder services, comprehensive case management, medication assisted treatment, and other support services. LEAD can show that treatment and recovery supports improve health and reduce recidivism.

BY THE NUMBERS

- 1 out of 10 Maryland residents are from Baltimore, but **1 out of 3 in state prison are from Baltimore City.**
- Maryland taxpayers spend nearly **\$300 million each year to incarcerate people from Baltimore City.**
- Overdose deaths in the City have more than doubled since 2010, totaling **396 in 2015.**

**MARYLAND TAXPAYERS SPEND \$288M
ON CORRECTIONS IN BALTIMORE**

1/3

of Maryland
residents in state
prison are from
Baltimore City.



¹ The National Center on Addiction and Substance Abuse at Columbia University, Behind Bars II: Substance Abuse and America's Prison Population (February 2010), <http://www.casacolumbia.org/addiction-research/reports/substance-abuse-prison-system-2010>.



HOW LEAD WORKS

Instead of arrest and prosecution, LEAD participants are linked to trauma-informed intensive case management. LEAD case managers work with participants to connect them to a wide range of support services, including substance use disorder treatment. Case managers also work closely with community-based organizations and other local authorities to coordinate LEAD participants' care within the criminal justice system across jurisdictions.

EVIDENCE AND OUTCOMES

LEAD was first implemented in Seattle, WA in 2011. A 2015 study found the following positive outcomes:

- **LEAD participants are 58% less likely to be arrested** than individuals arrested for similar offenses but not enrolled in LEAD.
- **LEAD participants have lower recidivism rates** than individuals in the normal criminal justice system, including those in therapeutic or problem solving courts.
- **Criminal justice costs and utilization declined by \$2,100** for LEAD participants, while control group participants' costs increased by \$5,961.
- **LEAD participants are significantly more likely to obtain housing, employment and legitimate income** in any given month subsequent to their LEAD referral.

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IMPROVING POLICE-COMMUNITY RELATIONS

An unplanned, but welcome, effect of LEAD in other states has been the reconciliation and healing it has brought to police-community relations. LEAD has helped facilitate positive relationships between police officers and civilians and strong alliances between police and the behavioral health provider community. More public safety leaders support effective, public health-based approaches to addressing behavioral health emergencies, as opposed to punitive responses. LEAD demonstrates the important role public safety officials can play in responding to behavioral health crises by introducing an alternative evidence-based model.