

Law Enforcement Assisted Diversion (LEAD) pilot program

Engrossed Substitute Senate Bill 5187; Section 1213(64); Chapter 475, Laws of 2023

RCW 71.24.589

December 1, 2023

Acknowledgements

HCA would like to acknowledge its ongoing partnership with Purpose, Dignity, Action (formerly Public Defender Association) and the LEAD Support Bureau in being a supportive partner in the development and implementation of LEAD expansion under RCW 71.24.589.

In addition, HCA would like to thank the amazing community partners and LEAD pilot site contractors and program managers for their partnership since 2019. With the COVID Public Health Emergency and the changing landscape related to criminal possession of controlled substances, there have been many unforeseen barriers which have made implementation and ongoing support for these programs, at times, challenging. We appreciate the dedication of our local partners and their desire to implement an innovative program focused on pre-booking diversion from the criminal court system for individuals with unaddressed behavioral health needs



Division of Behavioral Health
and Recovery
P.O. Box 42730
Olympia, WA 98504
Phone: 360-725-1500
www.hca.wa.gov



PDA-LEAD Support Bureau
110 Prefontaine PL S
Seattle, WA 98104
Phone: (206) 392-0050 ex 732
<https://wearepda.org/>

Table of contents

| | |
|--|----|
| Legislative Summary | 4 |
| Background | 5 |
| Client Demographics and outcomes | 6 |
| Snohomish County | 7 |
| Whatcom County | 13 |
| Thurston County | 20 |
| Mason County | 23 |
| Conclusion | 26 |

Legislative summary

Law Enforcement Assisted Diversion (LEAD) is a model framework that supports community-based alternatives to jail and prosecution for people whose unlawful behavior stems from unmanaged substance use, mental health challenges, or extreme poverty. The LEAD model was used to establish a pilot site program through enacting legislation in Substitute Senate Bill 5380 (2019), codified as [RCW 71.24.589](#). HCA established pilot sites in four counties: Mason, Snohomish, Thurston, and Whatcom.

LEAD currently operates as a grant program pursuant to [RCW 71.24.589](#) as amended through Second Engrossed Second Substitute Senate Bill 5536 during the 2023 1st Special Session. It is administered by the Washington State Health care Authority (HCA), in partnership with the LEAD Support Bureau (LSB, or “the Bureau”).

According to RCW 71.24.589 (Law enforcement assisted diversion—Grant program):

(1) Subject to funds appropriated by the legislature, the authority shall administer a grant program for law enforcement assisted diversion which shall adhere to law enforcement assisted diversion core principles recognized by the law enforcement assisted diversion national support bureau, the efficacy of which have been demonstrated in peer-reviewed research studies.

(2) The authority must partner with the law enforcement assisted diversion national support bureau to award contracts, subject to appropriation, for jurisdictions in the state of Washington for law enforcement assisted diversion. Cities, counties, and tribes, subdivisions thereof, public development authorities, and community-based organizations demonstrating support from necessary public partners, may serve as the lead agency applying for funding. Funds may be used to scale existing projects, and to invite additional jurisdictions to launch law enforcement assisted diversion programs.

(3) The program must provide for securing comprehensive technical assistance from law enforcement assisted diversion implementation experts to develop and implement a law enforcement assisted diversion program in a way that ensures fidelity to the research-based law enforcement assisted diversion model. Sufficient funds must be allocated from grant program funds to secure technical assistance for the authority and for the implementing jurisdictions.

Engrossed Senate Bill (ESB) 5092, section 215§63 (2021) indicated the following:

(63) By December 1, 2023, the authority, in coordination with the law enforcement assisted diversion national support bureau, must collect information and submit a report to the office of financial management and the appropriate committees of the legislature on the grant program including a description of the program model or models used and the number, demographic information, and measurable outcomes of the individuals served with the funding provided under this subsection.

A full outcome-driven evaluation of the LEAD pilot sites was not possible due to a lack of dedicated funding for extensive program evaluation. This report only outlines data readily available to HCA as collected and provided by the LEAD sites. These data will help inform the grant program’s expansion, and data collection processes, through continued funding during the 2023-2025 biennium. This report outlines data available from July 1, 2021 through June 30, 2023 on demographics of participant served at the different LEAD programs throughout the state and some initial measurable outcomes of participation in the program, including referrals to services and legal system and emergency services utilization before, during, and after participation.

Background

The LEAD model originated in Seattle in 2011 and is founded on evidence-based core principles that include advancing safety, health, and equity by equipping communities with improved ways to respond to issues flowing from unmet behavioral health needs and extreme poverty. LEAD is designed to provide care coordination for people with complex, ongoing, unmet behavioral health needs and/or income instability who may lack shelter/housing, income, food, health care, and social networks and for whom existing systems prove inaccessible, overly complicated, or insufficiently responsive. The LEAD National Support Bureau (LSB) provides technical assistance to the multiple entities involved with administering or implementing these initiatives.

HCA released a Request for Applications in Fall 2019. Based on the amount of funding received and the nature of the responses, HCA was able to subsequently execute contracts with four pilot sites: Whatcom County Prosecuting Attorney's Office, Snohomish County Prosecuting Attorney's Office, Mason County Community Services, and Thurston County Public Health. Most of these programs have been operational since July 2020 as it took several months for program development and implementation.

Simultaneously, HCA contracted with the LEAD National Support Bureau to provide comprehensive technical assistance and training support to the Pilot Sites. This training and technical assistance included: training for law enforcement agencies and officers tasked with making diversions to LEAD, prosecutors designated to work on LEAD programs, case management agencies and individuals providing direct services to LEAD participants, and project managers responsible for the stakeholder and community engagement process to ensure LEAD was implemented with community support and partnership.

In 2021 additional language was incorporated into the contracts with the LEAD pilot sites requiring coordination with the LEAD National Support Bureau to develop individual program site evaluation plans. The plans would be site-specific and would include both aggregate data on participation and demographics as well as individual-level data on service connection and referral metrics. HCA provided general guidance regarding metrics, and each site was responsible for developing their own specific data framework with data to be collected through the Julota software system. The concept of these individual site evaluation plans was distinct from an actual outcomes evaluation; starting in 2021, the Bureau was to work with sites and HCA to help identify data to be collected, that would enable robust outcomes evaluation strategies going forward (which have not been funded to this point). However, that evaluation planning now allows for services provided data reports, which form the basis of the data summaries below.

Additional funding was provided as a proviso in Engrossed Second Substitute Senate Bill 5536, Section 33§12 during the 2023 1st Special Session. Funding was appropriated to maintain the ongoing operation of the existing sites as well as to award new contracts under the grant program to additional jurisdictions in the State of Washington. HCA is currently in the process of identifying a process through which to identify new sites.

Client demographics and outcomes

Julota

All sites use the Julota platform to report on the data related to program outcomes. Data across sites does differ in some cases depending on how other system partners (such as law enforcement, jail, or emergency services) engage with the Julota platform. Issues related to formatting and ensuring that data submissions are clean and accurate have required considerable efforts on the part of service providers and the Julota platform staff, and data integration remains an ongoing area of focus.

County variability

Each county has utilized the statutory requirements of number, demographic information, and measurable outcomes of the individuals served within their data collection process and has added on to those features that are shared across the sites in response to needs identified in their communities. In some situations, these added features have impacted the automated processing of the charts used in this report and whenever this was the case the reports were run manually. All subsequent data and program representation are taken directly from site-specific reports that the Julota software creates.

Race and ethnicity data

Please note, in reviewing these data, there is a significant percentage of ethnic and racial data showing as *unknown*. As LEAD programs are in operation longer, they will likely be able to gather more participant data as they move from more participants the referral phase, during which the client is often experiencing higher acuity behavioral and social health concerns, to longer-term case management in which more participants are likely to have more stability, and additional data are able to be collected.

COVID

It is important to note that these programs were being implemented during the 2020 COVID-19 public health emergency. "Stay home-stay safe" orders and the overall limitations on social contact have impacted the provision of behavioral health programming that focuses on community outreach and in-person interactions. These subsequent data sets focus on the time period of July 1 2021 to June 30 2023, and exclude data collected from program inception through the first half of 2021. This was done to maintain some level of data integrity and control for COVID-influenced variations in data sources.

State v. Blake

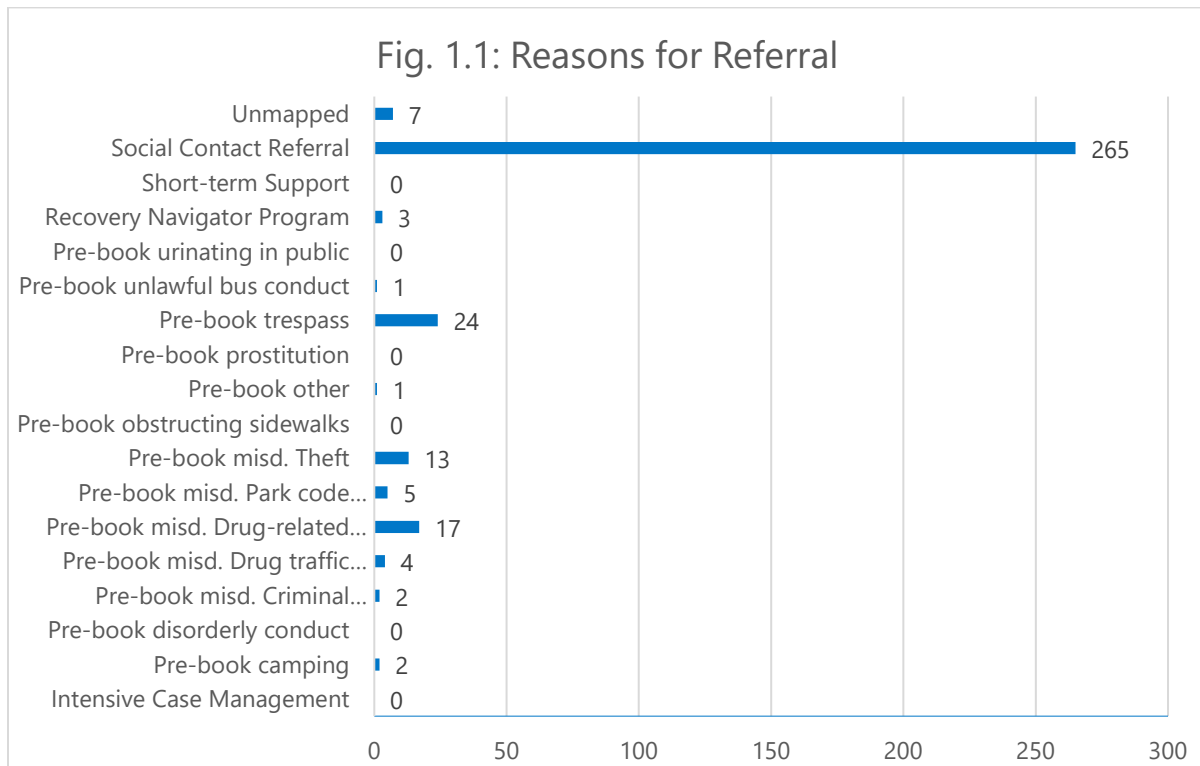
On February 25, 2021, the Washington Supreme Court struck down the state's main drug possession crime in a case called *State v. Blake*. The court ruled that the statute violated the due process clause of the constitution. Without any mental state requirement, the law criminalized "unknowing" drug possession and people could be arrested and convicted even if they did not realize they had drugs in their possession. The ruling meant there was no state law which made simple possession of drugs a crime unless the legislature recriminalized it, which it did through Engrossed Senate Bill 5476 in May 2021. It is important to note that these events altered the ways in which law enforcement engaged with individuals who use illicit substances. Many of the referrals for LEAD programs that would have historically derived from a pre-booking diversion instead are "social contact referrals" whereby a law enforcement officer makes a non-arrest referral to the LEAD program.

Snohomish County

Program participation

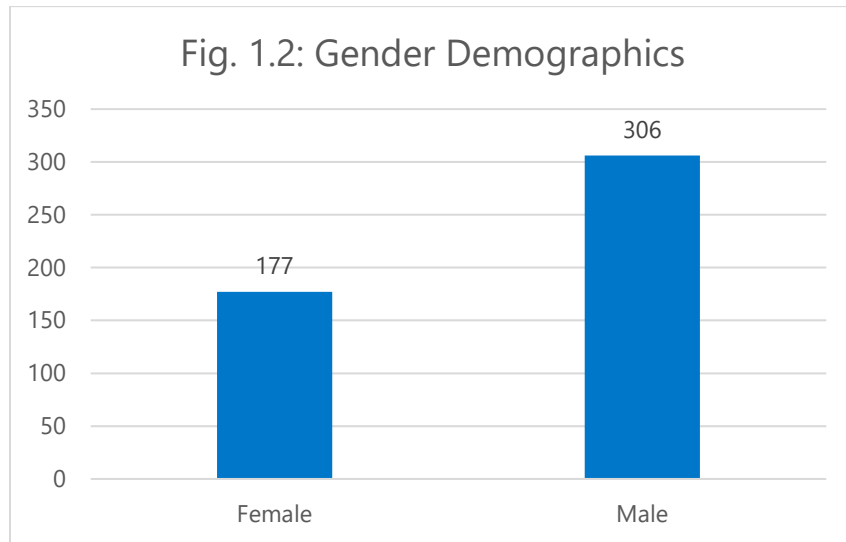
Snohomish County served 483 participants for the time period between July 1, 2021 through June 30, 2023. The reasons noted for their referral to the program varied, with the majority engaging through a social contact referral from law enforcement that does not stem from alleged criminal activity or referrals from businesses or community members.

Graph 1: Snohomish County: Reasons for Referral



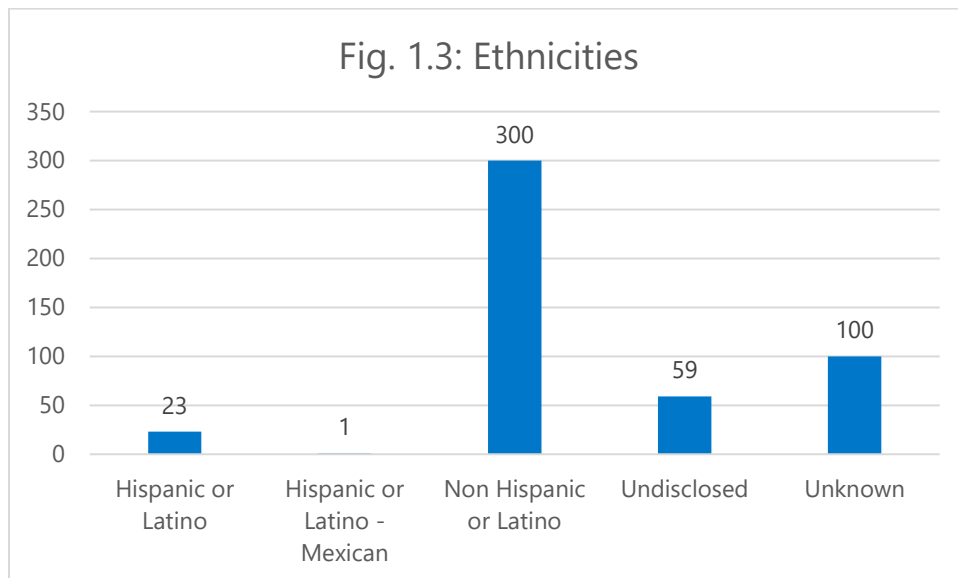
Client demographics

Graph 2: Snohomish County: Gender demographics, LEAD participants



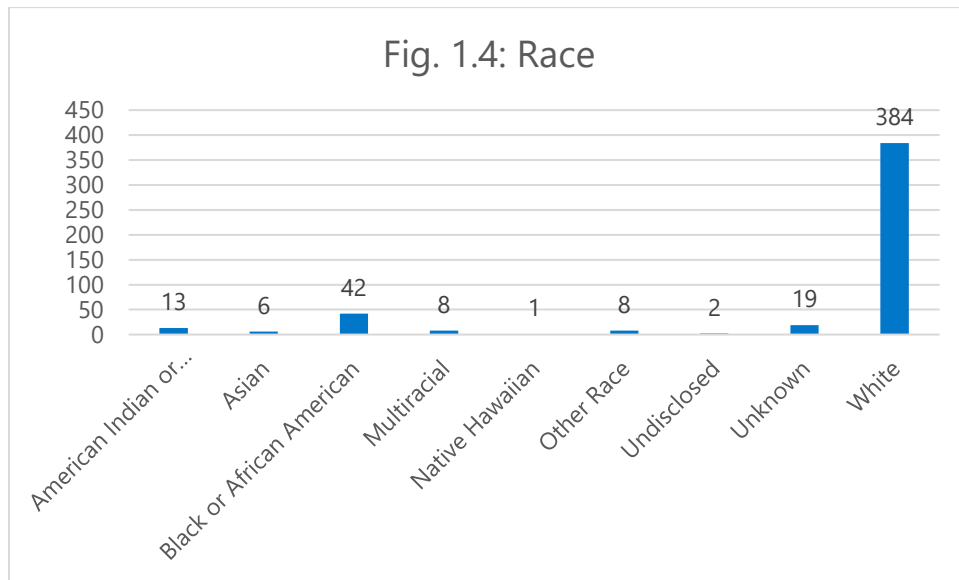
This chart above represents the gender breakdown of the total client population for Snohomish County from July 1, 2021 to June 30, 2023. Labels have not been changed and reflect how the site reports gender breakdown.

Graph 3: Snohomish County: Ethnicities, LEAD participants



This chart above represents the ethnic breakdown of the total client population for Snohomish County from July 1, 2021 to June 30, 2023. Labels have not been changed and reflect how the site reports ethnicity breakdown.

Graph 4: Snohomish County: Race, LEAD participants

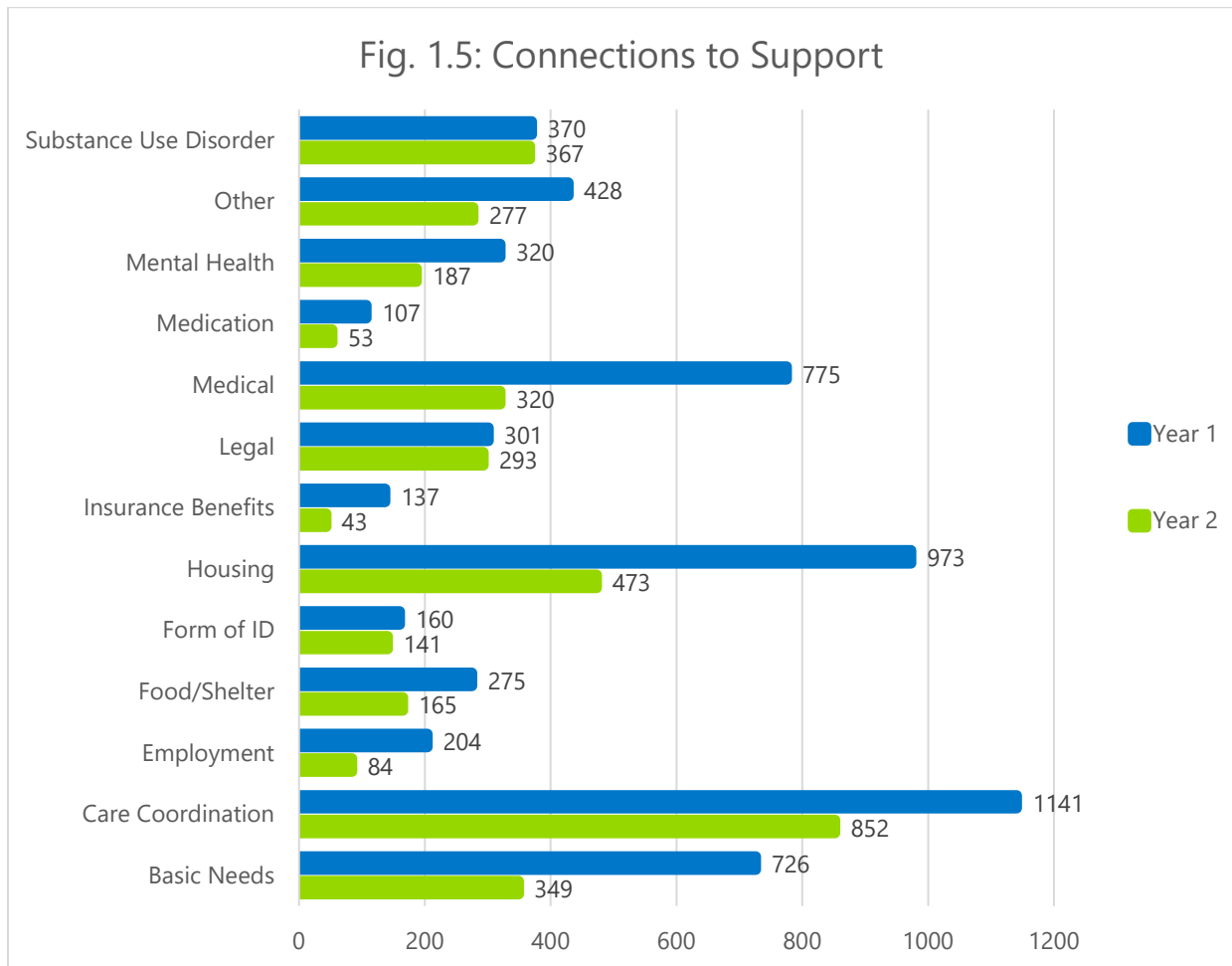


This chart above represents the racial breakdown of the total client population for Snohomish County from July 1, 2021 to June 30, 2023. Labels have not been changed and reflect how the site reports racial breakdown.

Measurable outcomes

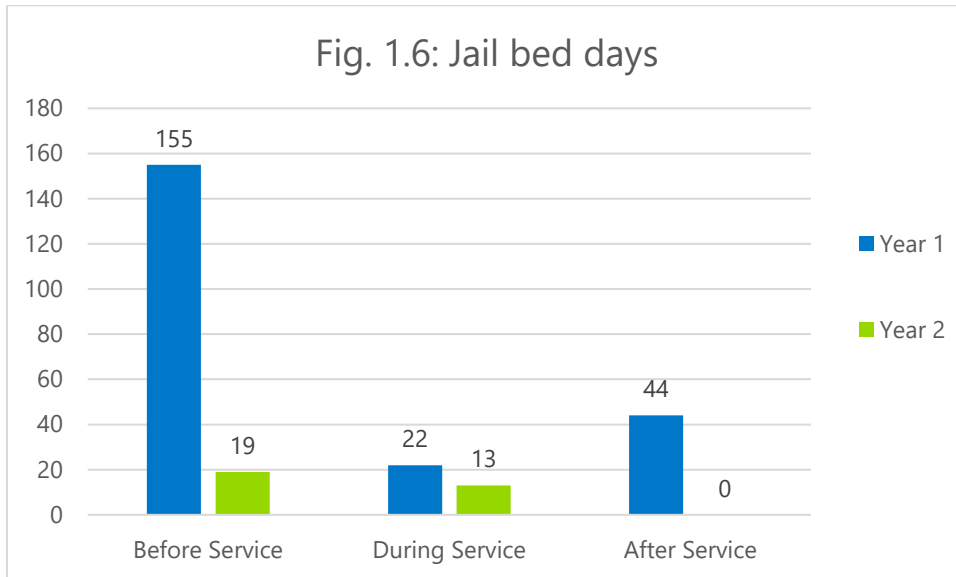
Measured outcomes from program participation included what referrals were made to other services as well as measuring whether participation had an impact on participants' frequency of contact with law enforcement or jail beds. Tracking of outcomes "after service" for year 2 may not provide a full picture given the timing of the report.

Graph 5: Snohomish County: Connections to support



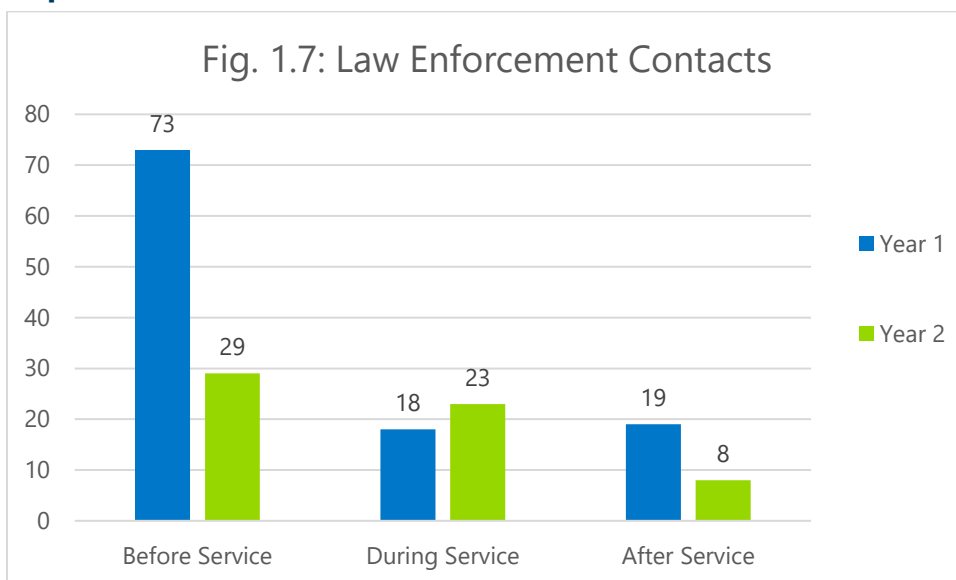
This chart above represents the total number of referrals and connections made through participation in the LEAD program for Snohomish County. Year one covers a time period from July 1 2021 through June 30 2022, and year two covers the time period from July 1 2022 through June 30 2023.

Graph 6: Snohomish County: Jail bed days before, during, and after LEAD participation



This chart above represents the number of local jail bed days utilized by participants for Snohomish County before, during, and after engagement with the LEAD program. Year one covers a time period from July 1 2021 through June 30 2022, and year two covers the time period from July 1 2022 through June 30 2023. The data represented for *Jail Bed Days after Service* in year 2 may not be fully representative of the full count of days utilized, as the participant must have the full length of the treatment period available before the data can be included in the reporting period. This explains why there is a significant decrease in the overall values for the second year of data (e.g., participants are only counted once they have met the minimum program participation length-treatment period).

Graph 7: Snohomish County: Law enforcement contacts before, during, and after LEAD participation



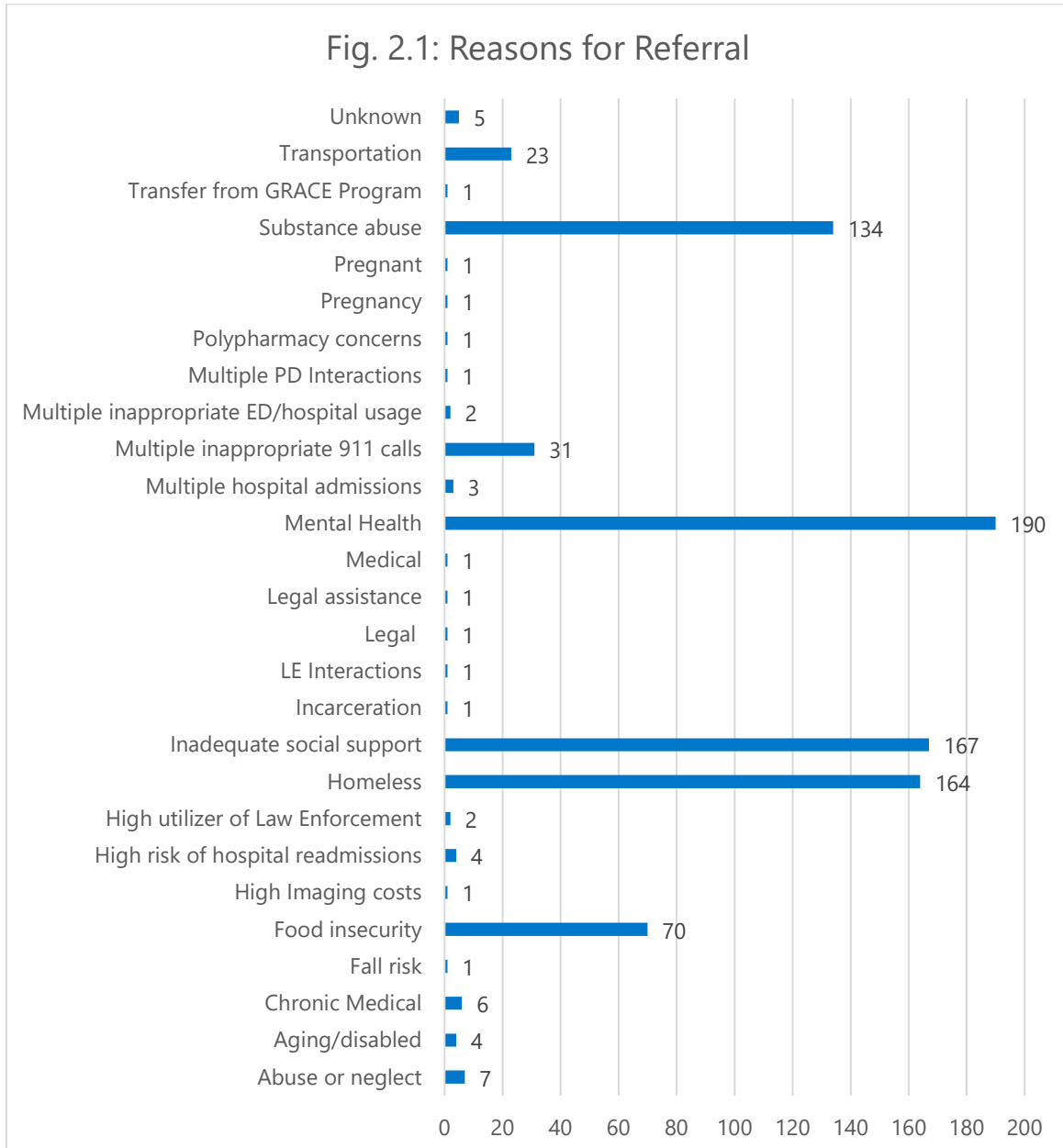
This chart above represents the number of law enforcement contacts by participants for Snohomish County before, during, and after engagement with the LEAD program. Year one covers a time period from July 1, 2021, through June 30 2022, and year two covers the time period from July 1 2022 through June 30 2023. The data represented for *LE Contacts After Service* in year 2 may not be fully representative of the full count of days utilized as the participant must have the full length of the treatment period available before the data can be included in the reporting period. This explains why there is a significant decrease in the overall values for the second year of data (e.g., participants are only counted once they have met the minimum program participation length-treatment period).

Whatcom County

Program participation

Whatcom County served 252 participants for the time period between July 1, 2021 through June 30, 2023. The reasons noted for their referral to the program varied, with mental health, inadequate social support, and homeless status as the most common reasons for referral.

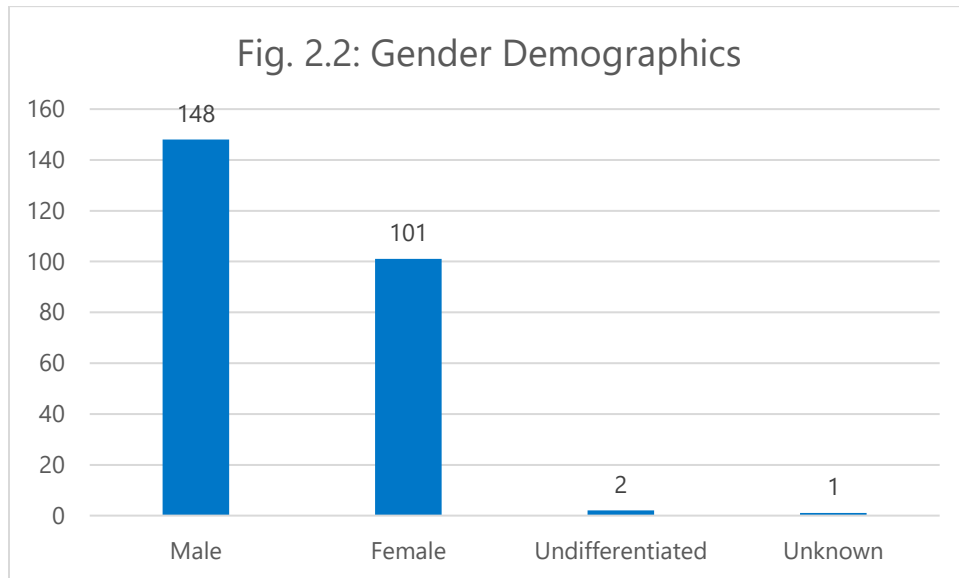
Graph 8: Whatcom County: Reasons for referral



This represents reasons exactly as reported by the program site, and some reasons for referral may appear duplicative (e.g., "pregnant" and "pregnancy"), whereby one referral was an individual was pregnant and the other was where an individual was referred due to a pregnancy in their household or family.

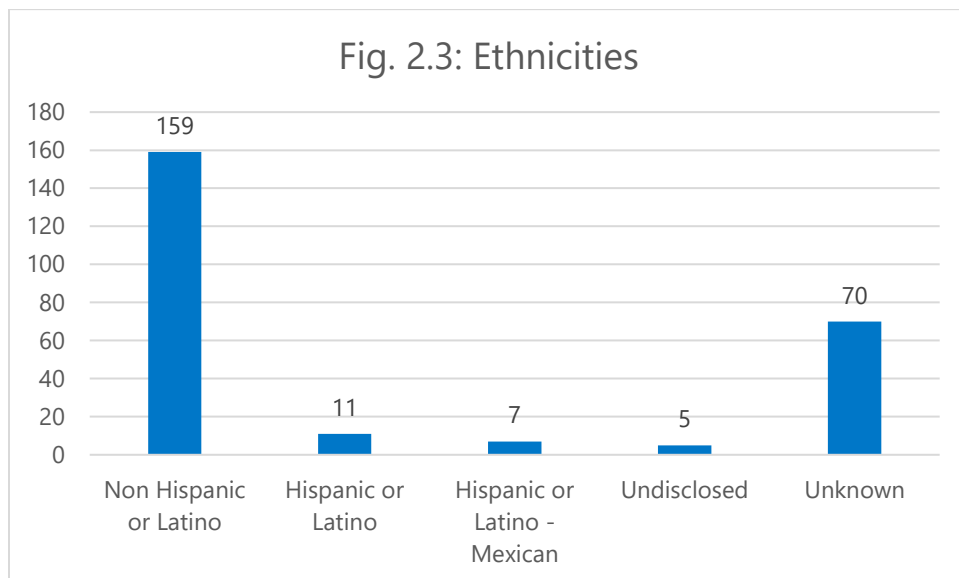
Client demographics

Graph 9: Whatcom County: Gender demographics, LEAD participants



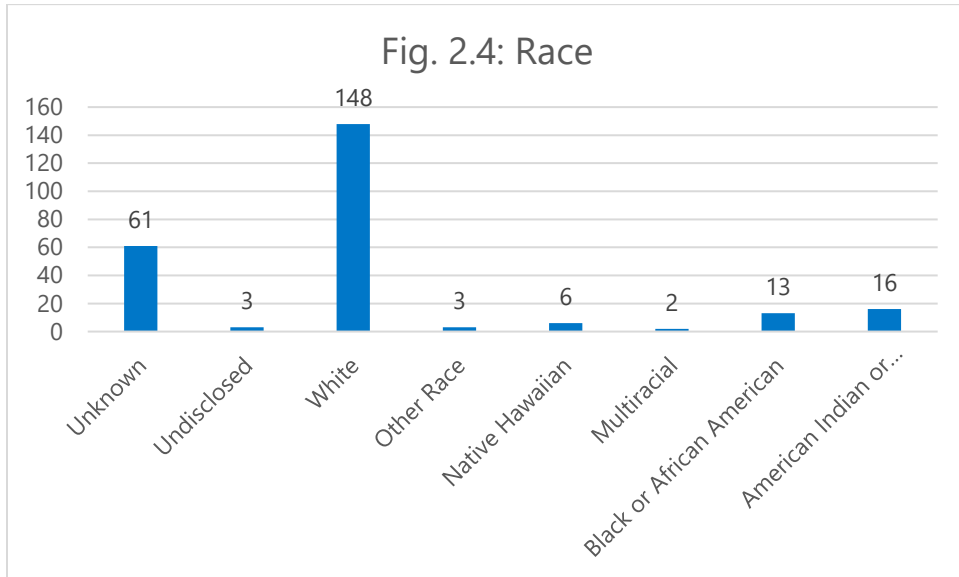
This chart above represents the gender breakdown of the total client population for Whatcom County from July 1, 2021 to June 30, 2023. Labels have not been changed and reflect how the site reports gender breakdown.

Graph 10: Whatcom County: Ethnicities, LEAD participants



This chart above represents the ethnic breakdown of the total client population for Whatcom County from July 1, 2021 to June 30, 2023. Labels have not been changed and reflect how the site reports ethnic breakdown.

Graph 11: Whatcom County: Race, LEAD participants

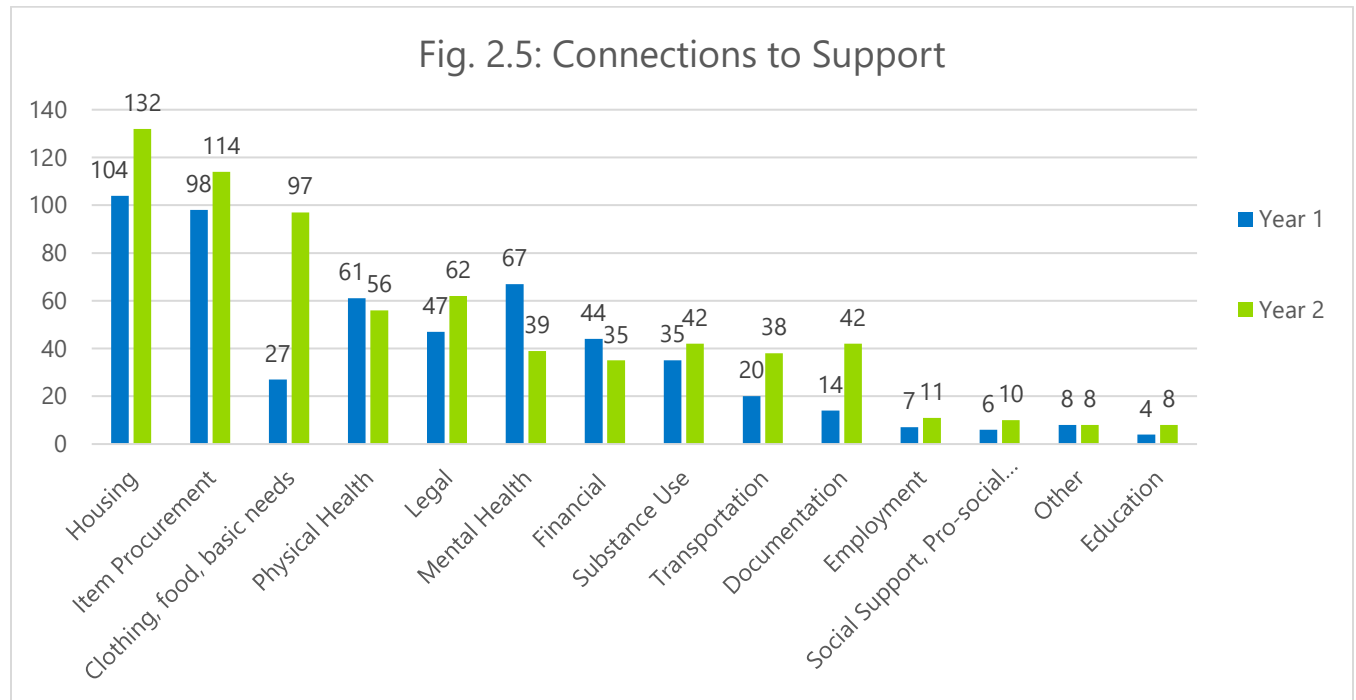


This chart above represents the racial breakdown of the total client population for Whatcom County from July 1, 2021 to June 30, 2023. Labels have not been changed and reflect how the site reports racial breakdown.

Measurable outcomes

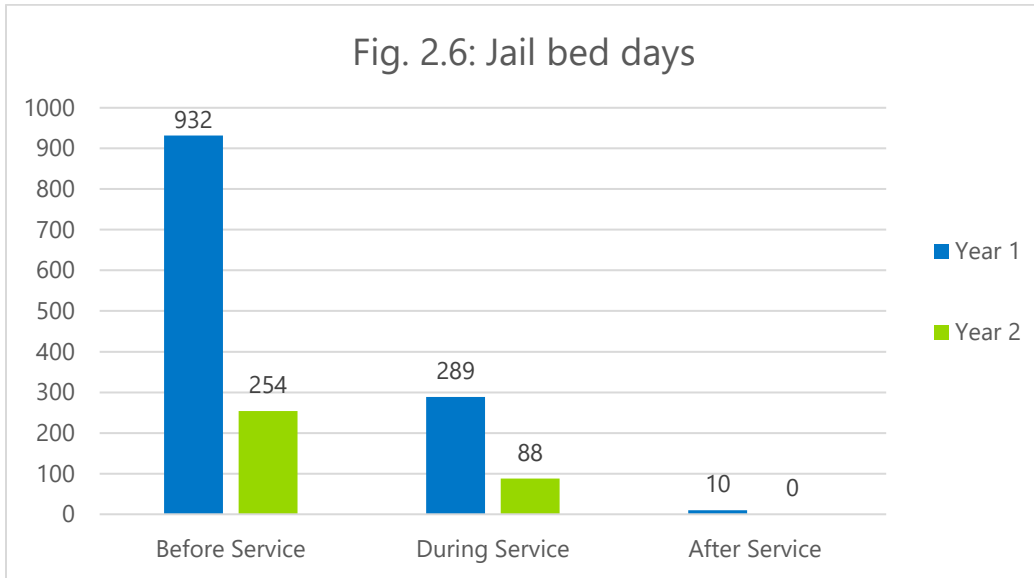
Measured outcomes from program participation included what referrals were made to other services as well as measuring whether participation had an impact on participants frequency of contact with law enforcement or days in jail.

Graph 12: Whatcom County: Connections to support



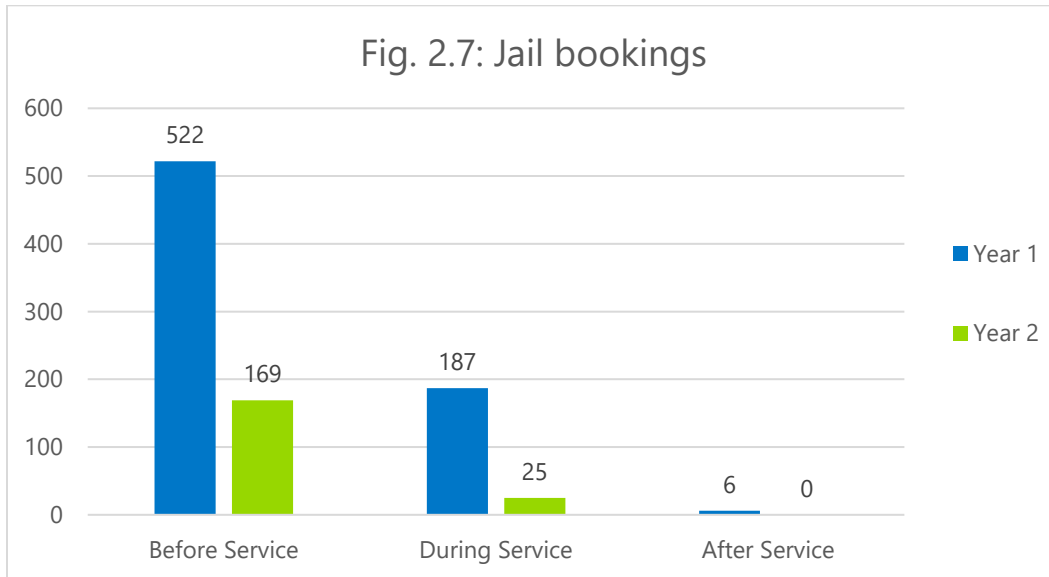
This chart above represents the total number of referrals and connections made through participation in the LEAD program for participants in Whatcom County over a two-year period. Year one covers a time period from July 1 2021 through June 30 2022, and year two covers the time period from July 1 2022 through June 30 2023.

Graph 13: Whatcom County: Jail bed days before, during, and after LEAD participation



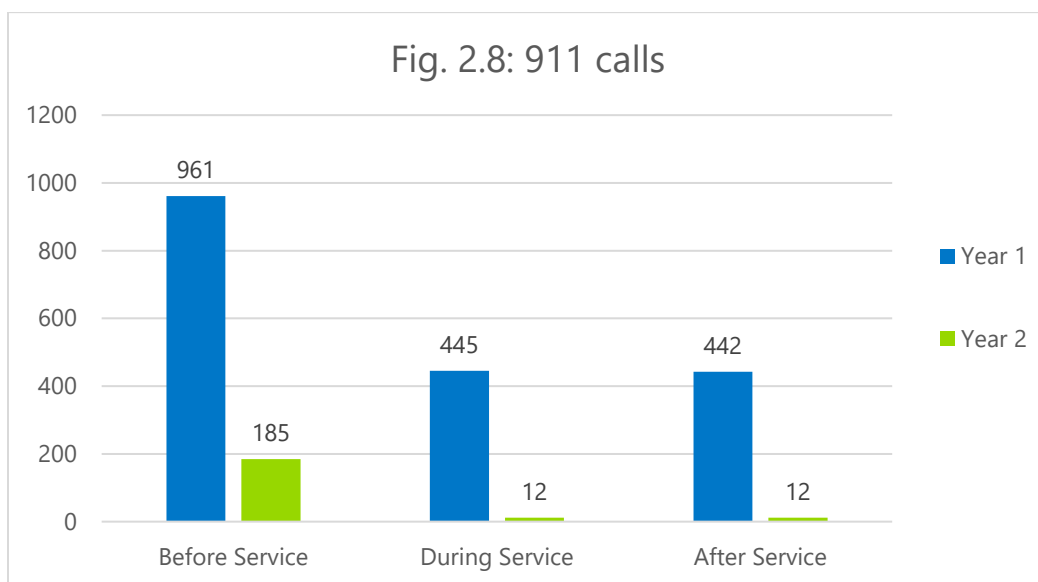
This chart above represents the number of local jail bed days utilized by participants for Whatcom County before, during, and after engagement with the LEAD program. Year one covers a time period from July 1 2021 through June 30 2022, and year two covers the time period from July 1 2022 through June 30 2023. The data represented for *Jail Bed Days After Service* in year 2 may not be fully representative of the full count of days utilized, as the participant must have the full length of the treatment period available before the data can be included in the reporting period. This also explains why there is a significant decrease in the overall values for the second year of data (e.g., participants are only counted once they have met the minimum program participation length-treatment period).

Graph 14: Whatcom County: Jail bookings before, during, and after LEAD participation



This chart above represents the number of jail bookings by participants for Whatcom County before, during, and after engagement with the LEAD program. Year one covers a time period from July 1 2021 through June 30 2022, and year two covers the time period from July 1 2022 through June 30 2023. The data represented for *Jail Bookings After Service* in year 2 may not be fully representative of the full count of days utilized, however, as the participant must have the full length of the treatment period available before the data can be included in the reporting period. This also explains why there is a significant decrease in the overall values for the second year of data (e.g., participants are only counted once they have met the minimum program participation length-treatment period).

Graph 15: Whatcom County: 911 calls before, during, and after LEAD participation



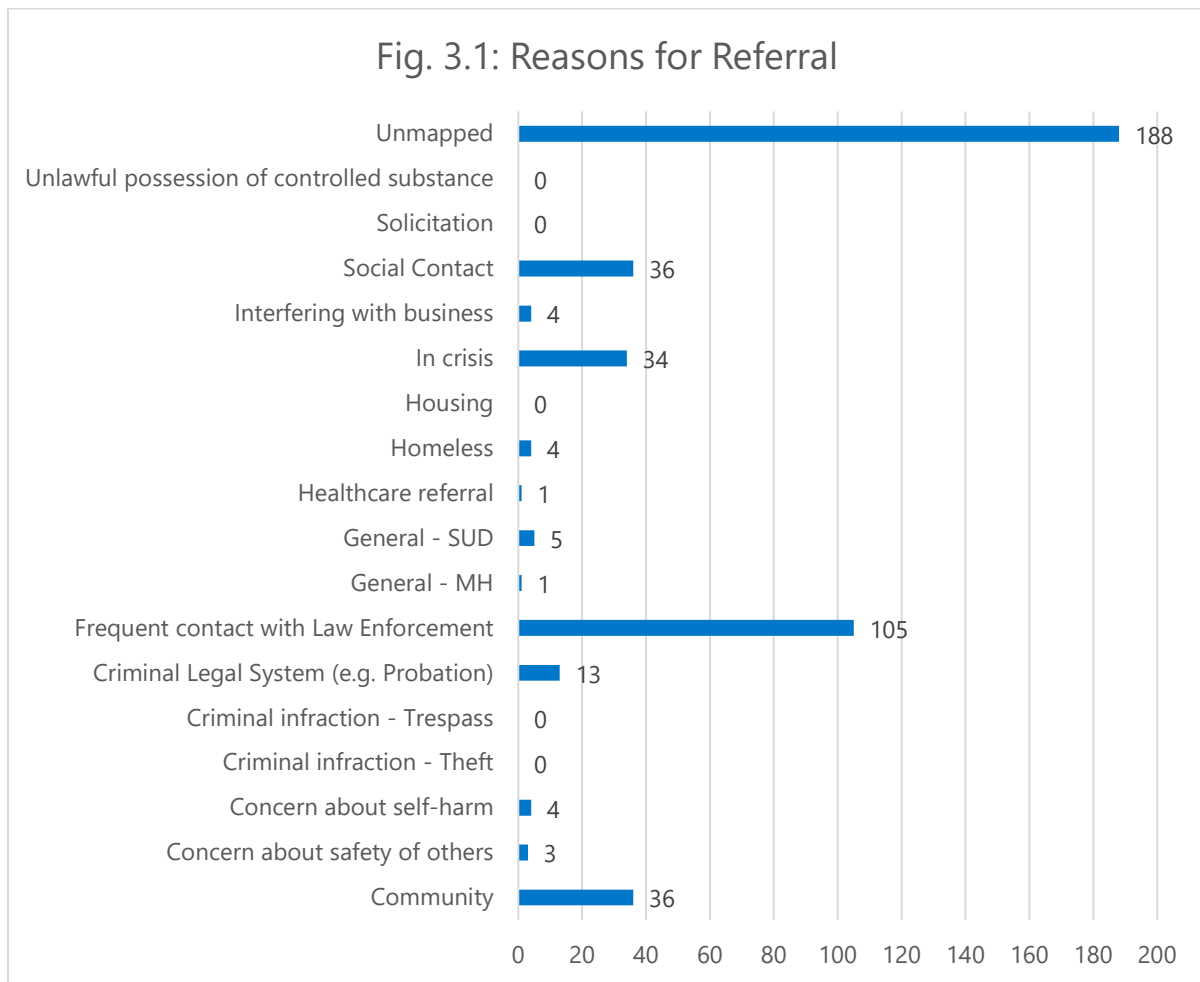
This chart above represents the number of 911 calls that involved program participants for Whatcom County before, during, and after engagement with the LEAD program. Year one covers a time period from July 1 2021 through June 30 2022, and year two covers the time period from July 1 2022 through June 30 2023. The data represented for *911 calls After Service* in year 2 may not be fully representative of the full count of days utilized, however, as the participant must have the full length of the treatment period available before the data can be included in the reporting period. This also explains why there is a significant decrease in the overall values for the second year of data (e.g., participants are only counted once they have met the minimum program participation length-treatment period).

Thurston County

Program Participation

Thurston County served 416 participants for the time period between July 1, 2021 through June 30, 2023. The reasons noted for their referral to the program varied, with frequent contact with law enforcement noted as the most commonly identified reason for referral. The higher number of *unmapped referrals* can be attributed to delays in Julota onboarding and integration with the treatment provider’s case management system.

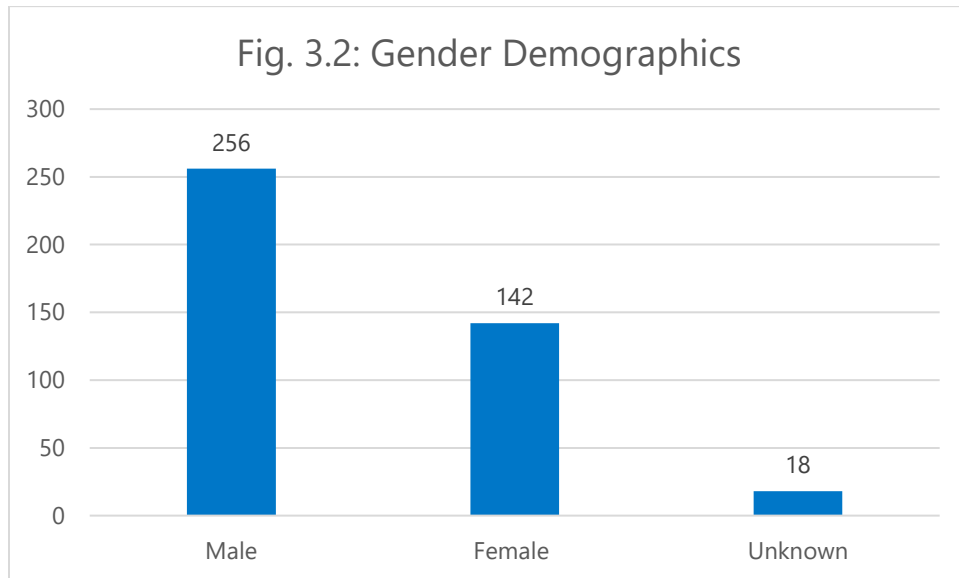
Graph 16: Thurston County: Reasons for referral



The number of referrals in the 'unmapped' category represent early challenges aligning the data crossover between the Julota system and the Electronic Health Records (EHR) used by the providers. The alignment has been addressed during the time period indicated and should not be considered representative of the current status of referrals.

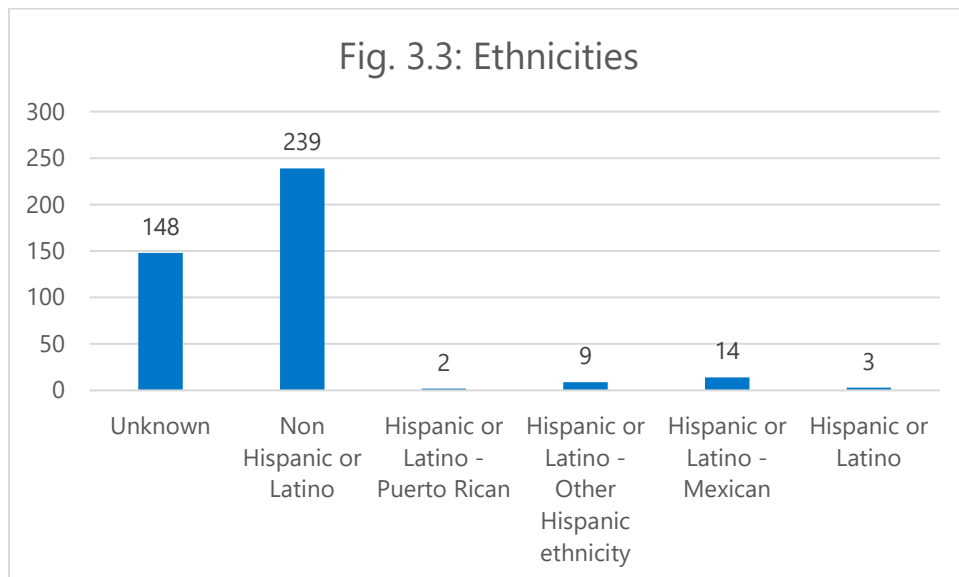
Client demographics

Graph 17: Thurston County: Gender demographics, LEAD participants



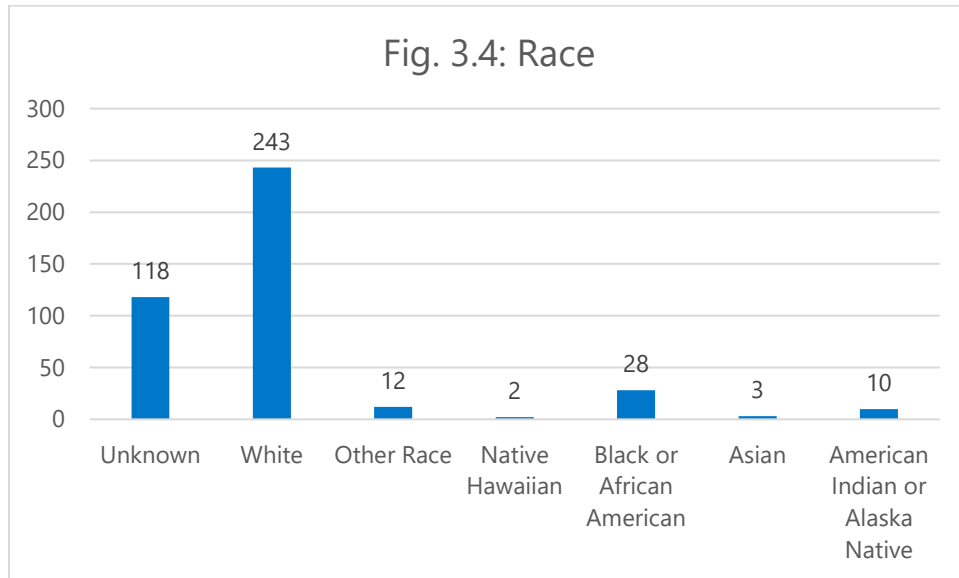
This chart above represents the gender breakdown of the total client population for Thurston County from July 1, 2021 to June 30, 2023. Labels have not been changed and reflect how the site reports gender breakdown.

Graph 18: Thurston County: Ethnicities, LEAD participants



This chart above represents the ethnic breakdown of the total client population for Thurston County from July 1, 2021 to June 30, 2023. Labels have not been changed and reflect how the site reports ethnic breakdown.

Graph 19: Thurston County: Race, LEAD participants



This chart above represents the racial breakdown of the total client population for Thurston County from July 1, 2021 to June 30, 2023. Labels have not been changed and reflect how the site reports racial breakdown.

Measurable outcomes

Measured outcomes from program participation included what referrals were made to other services. At present, Thurston County LEAD program is not collecting data on law enforcement, jail, or emergency services contacts.

Thurston County: Connections to support

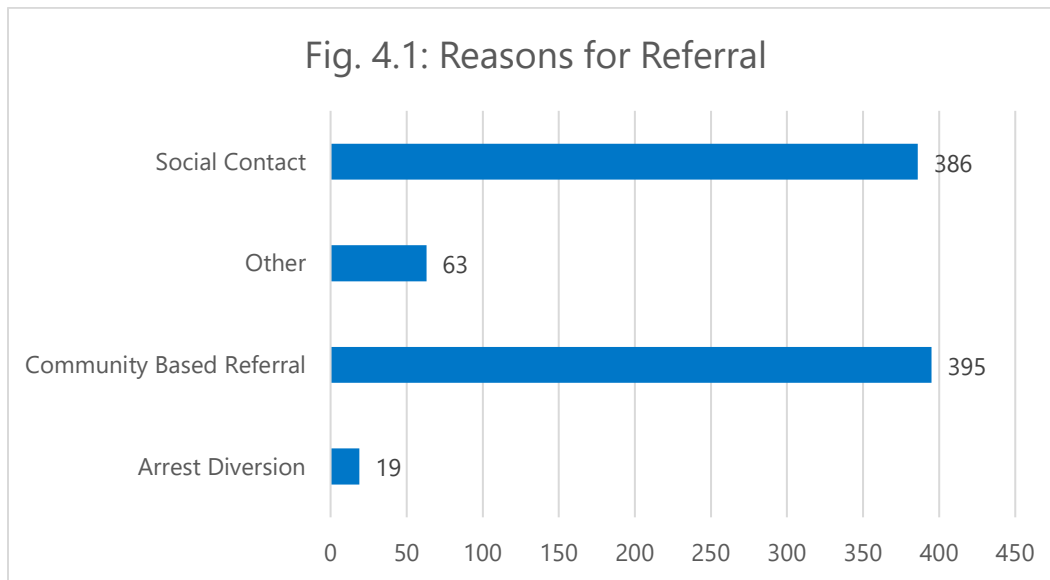
Thurston County's data regarding referrals / connections to support requires considerable formatting changes that were not able to be addressed within the timeframe and resources allotted for this report. However, it is reported that served over the 2-year period, housing was the most cited referral resource, with almost 250 referrals to housing. Thurston County LEAD program also provided several referrals to other services addressing social determinants of health, including basic needs, food, employment, public benefits, and transportation.

Mason County

Program participation

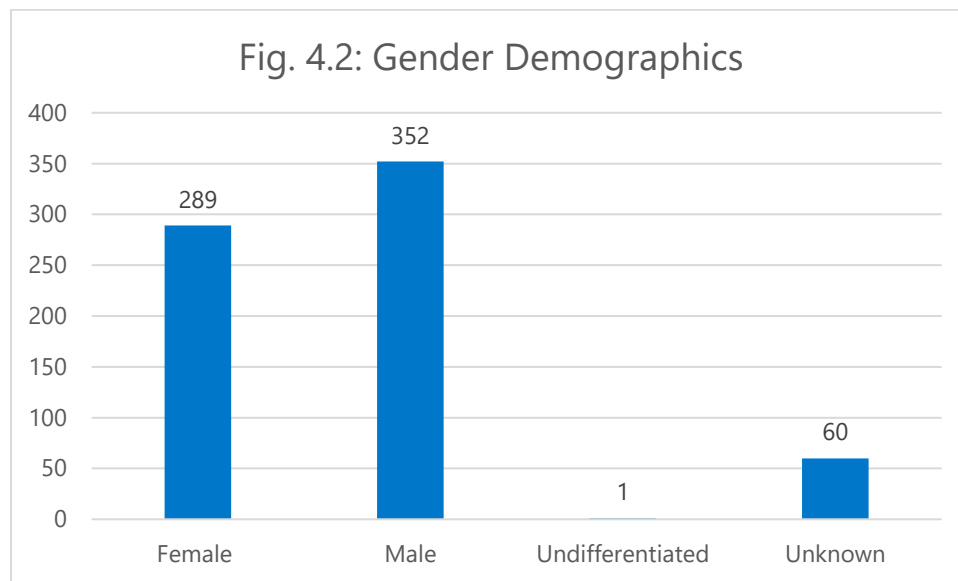
Mason County served 702 participants for the time period between July 1, 2021 through June 30, 2023. The reasons noted for their referral to the program varied, with the majority of referrals being received due to community based referrals or from social contact with law enforcement.

Graph 20: Mason County: Reasons for referral



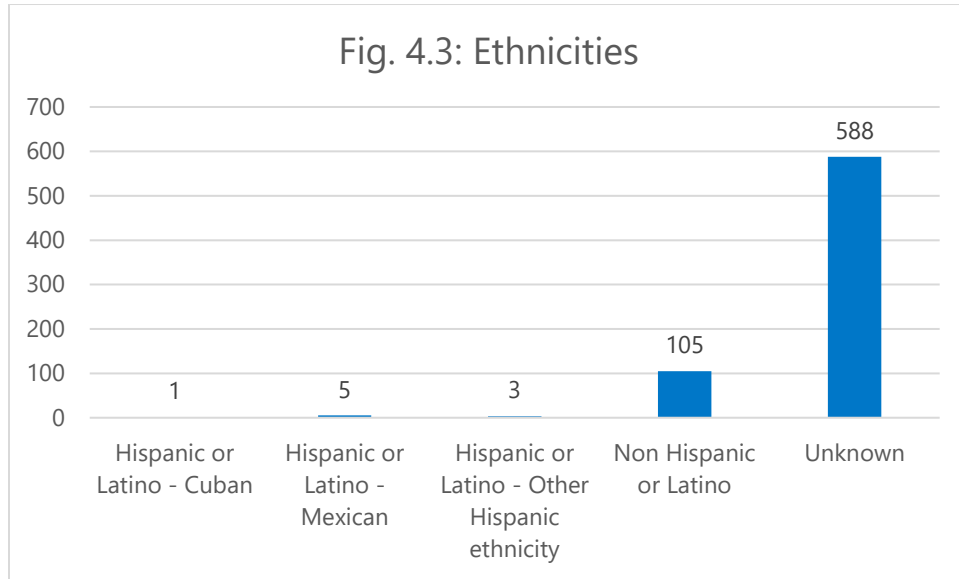
Client demographics

Graph 21: Mason County: Gender demographics, LEAD participants



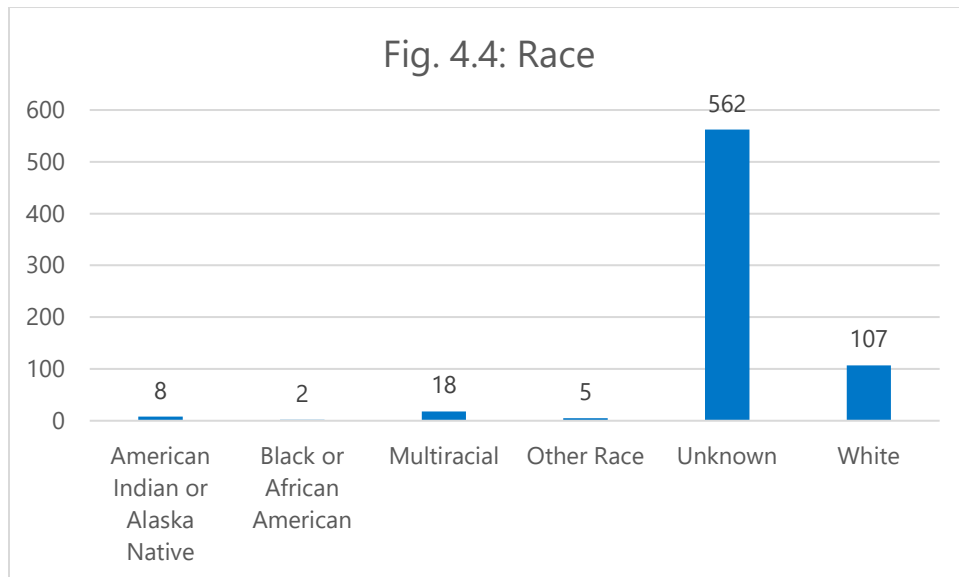
This chart above represents the gender breakdown of the total client population for Mason County from July 1, 2021 to June 30, 2023. Labels have not been changed and reflect how the site reports gender breakdown.

Graph 22: Mason County: Ethnicities, LEAD participants



This chart above represents the ethnic breakdown of the total client population for Mason County from July 1, 2021 to June 30, 2023. Labels have not been changed and reflect how the site reports ethnic breakdown. Mason

Graph 23: Mason County: Race, LEAD participants



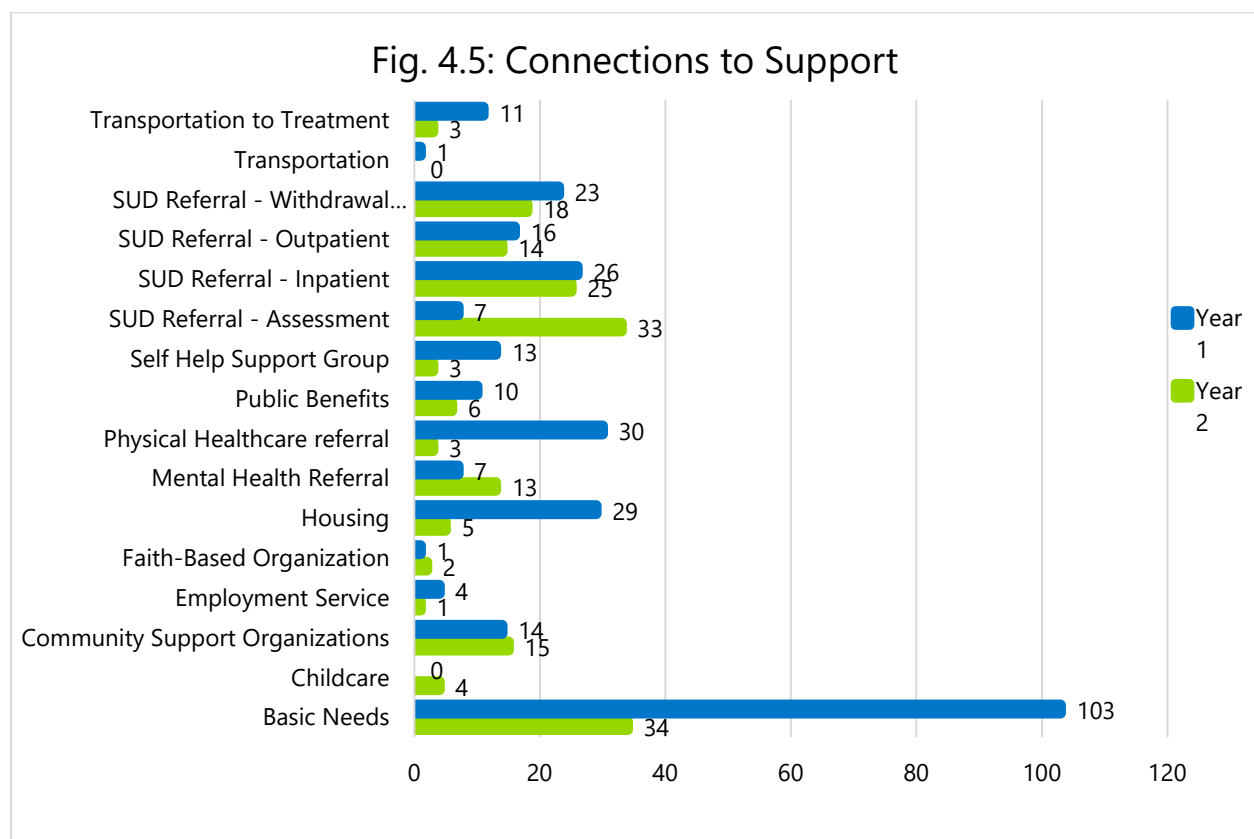
This chart above represents the racial breakdown of the total client population for Mason County from July 1, 2021 to June 30, 2023. Labels have not been changed and reflect how the site reports racial breakdown.

Measurable outcomes

Measured outcomes from program participation included what referrals were made to other.

Graph 24: Mason County: Connections to support

This chart represents the total number of referrals and connections made through participation in the LEAD program for participants in Mason County over a two-year period. Year one covers a time period from July 1 2021 through June 30 2022, and year two covers the time period from July 1 2022 through June 30 2023.



Conclusion

Law Enforcement Assisted Diversion (LEAD) provides a positive impact for people whose unlawful behavior stems from unmanaged substance use, mental health challenges, or extreme poverty and the communities in which they reside. This impact is evidenced by the many referrals to supportive services and an overall reduction in jail and emergency services utilization following participation in the program. HCA is using the data collected for the program to understand the implementation and guide expectations for future expansion of the LEAD grant program. This represents the first opportunity to report on the program strengths, areas to shore up support, and improve data integration processes. These will inform potential areas for improvement in contracting with LEAD sites as well as a template for policy recommendations.

Through reviewing the data available for this report, opportunities were identified that would inform further planning and expansion efforts, including those outlined below. Additional funding is needed for outside evaluation and more robust reporting on participant outcomes.

Referrals from the community or through social contact: These referrals were consistently the most abundant type of referral across most counties. This demonstrates that engagement with the community and providing a referral pathway independent of a precipitating incident is necessary for continuing expansion of LEAD programs and to reach the most possible participants.

High demand for housing and basic needs: Across communities there is a demonstrated demand for housing and basic needs. The primary population served through the LEAD program could benefit greatly from expanded access to supportive housing and related services.

Decline in use of emergency and legal system resources: For the two counties where this data was able to be collected, there was a sharp decline in the use of jail bed days, jail bookings, and 911 calls across time for individuals participating in the LEAD program.

Ethnic and racial data: A significant percentage of ethnic and racial data reporting is identified as unknown. As LEAD programs are in operation longer, they will likely be able to gather more participant data as they move from more participants the referral phase, during which the client is often experiencing higher acuity behavioral and social health concerns, to longer-term case management in which more participants are likely to have more stability, and additional data are able to be collected. In the interest of evaluating LEAD programs on their equitable impact on the communities they serve and supporting the needs of marginalized populations often over-represented in the criminal legal system, HCA recognizes the need for more robust racial demographic data.

HCA acknowledges that a community-based model which supports compassionate interventions for individuals who use drugs prioritizes a person-centered system which embeds problematic substance use within a public health framework that helps de-stigmatize substance use disorder and helps individuals access supportive services. HCA looks forward to the ongoing opportunity to support LEAD expansion through continued legislative support and will continue to work closely with the LEAD Support Bureau to support program sites as they continue to build these programs with fidelity to the model.