

Healing Through Harm Reduction

In a Law Enforcement Assisted Diversion (LEAD) program, when an individual comes into contact with law enforcement, due to **substance use**, **mental health**, or **poverty**, police officers can choose to divert them into an intensive case management program—instead of arresting them.

LEAD is a public health framework that reduces both harm and recidivism, equipping officers with an alternative to arrest that addresses underlying needs, and the mass incarceration crisis.

The City of Seattle launched the first LEAD demonstration project in 2011, and its collaborative, harm reduction approach to addressing and reducing drug-related crime in downtown Seattle earned the support of local government and community leaders, while also garnering the attention of other municipalities throughout the U.S.





LEAD finds new ways to solve problems for individuals who frequently cycle in and out of the criminal justice system.

There are now **60 jurisdictions** across the United States with LEAD programs operating according to an evidence-based harm reduction model, and evaluations show positive outcomes of reduced recidivism, significant health and justice system savings, and — most importantly — improved health and well-being for LEAD participants and their families.

The public health system has failed to provide adequate mental health and drug use services. As a result, police increasingly respond to calls related to mental health, drug use, and extreme poverty, pulling individuals into the criminal justice system when they would be better served by a treatment approach. Establishing LEAD in Buffalo can help mainstream a public health and community-oriented approach to public safety in the police department.

GOALS OF LEAD

Improve

public safety by reducing crimes stemming from unmet behavioral health needs or poverty through research-based interventions

Increase

public health by providing individuals with appropriate services

Reduce

the number of people entering the criminal justice system for lowlevel, nonviolent offenses related to drug use, mental health, and poverty

Strengthen

the relationship between law enforcement and community by equipping officers with alternatives to arrest





LEAD by the Numbers

Compared to the systems as usual approach — arrest, booking, detention, prosecution, conviction, incarceration — LEAD helps pivot people away from the criminal justice system that can improve health and well-being, while reducing recidivism

An individual intervention plan is set up for each person in LEAD, which might include assistance with housing, job training and placement, childcare, or other services. Case managers, service providers, prosecutors, and the police department all remain involved and up to date on the person's case through LEAD's structure that includes a Policy Coordinating Group, a Project Director, an Operational Work Group (focused on case management), and a Data Group.

LEAD Participants Are

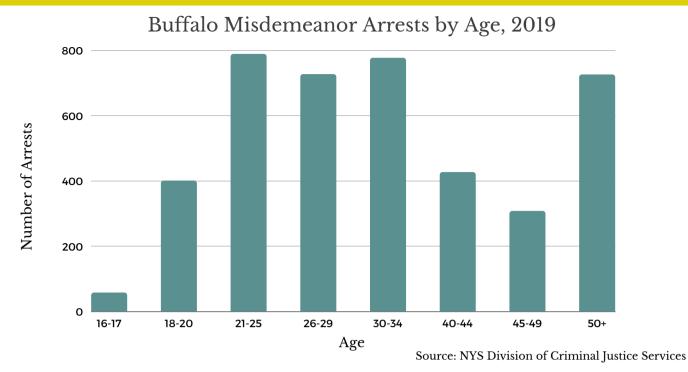
89% more likely to obtain permanent housing,

58% less likely to be arrested, compared to the system as usual approach, and

46% more likely to be on an employment continuum

Data based on an evaluation of Seattle LEAD, launched in 2011.





Persistent Arrest Disparities in Buffalo

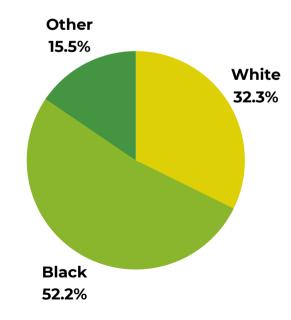
In recent years, arrest data for the City of Buffalo shows persistent racial disparities. In 2019, the Buffalo Police Department made 8,424 arrests. **57% (4,837 arrests) were for misdemeanor** or low-level charges. **Low-level drug arrests** were by far the most common, making up **29% of all misdemeanor arrests** in Buffalo. This demonstrates the urgent need for alternatives to arrest when police interact with people who use drugs, and for greater harm reduction and community-based approaches as our first priority.

In 2019, according to data obtained from the NYS Division of Criminal Justice Services, **Black residents account for 52% of all misdemeanor arrests** in Buffalo, and 40.7% of all low-level drug arrests, though they are just 37% of the city population.

Black people face higher rates of arrest than white people, noticeably on charges that are subjective and depend on the perspective and response of police officers. For example, 71% of people arrested for "obstructing government administration" were Black; so were 62% of people arrested for "resisting arrest."

LEAD can reduce these racial disparities at the front-end of the criminal justice system.

Racial Disparities in 2019 Misdemeanor Arrests







Bringing LEAD to Buffalo

The **Buffalo LEAD working group** formed in 2017 to explore **how LEAD could reduce arrests** for people dealing with drug use, mental health, and poverty. The Buffalo LEAD working group is coordinated by Partnership for the Public Good and includes Evergreen Health, VOICE Buffalo, Back To Basics, Crisis Services, and other community-based organizations.

The Erie County District Attorney's Office attends working group meetings, together with representatives from the Office of the Mayor, and two Buffalo Police Department Captains nominated to the working group by Police Commissioner Byron Lockwood.

The City of Albany launched its LEAD program in April 2016 to help address the city's public safety and public health concerns. Results in the program's first two years of implementation have been positive, and members of the Buffalo LEAD working group have visited Albany to learn about the program's operations, successes, and challenges. In addition, the Buffalo LEAD working group has technical assistance support from the National LEAD Support Bureau, the former Albany Police Chief who oversaw the rollout of LEAD in Albany, and the former Albany LEAD Program Director.

In June 2020, Buffalo Mayor Byron Brown announced his support for LEAD as part of the 2020 Buffalo Reform Agenda.



How LEAD Differs From the Behavioral Health Team & Mobile Outreach

LEAD will function alongside the BPD Behavioral Health Team (BHT), formerly known as CIT (Crisis Intervention Team) with Endeavor Health Services, Crisis Services' Mobile Outreach, and other initiatives aimed at minimizing negative outcomes for people facing mental health, poverty, or drug use challenges. Each program serves a unique purpose, and providers will work closely to coordinate care for clients, minimizing overlap and confusion between systems.

Determining an Appropriate Diversion at the Point of Contact

When called to an incident, the responding officer may draw upon CIT training or professional experience to identify that the issue is stemming from a mental health need. The officer may then call the Mobile Outreach Team if needed. If the incident would usually lead to arrest, but the officer identifies issues are motivated by needs related to drug use, homelessness, or poverty, the officer may initiate a LEAD diversion.

Coordination of Referrals

Regular communication will take place between Crisis Services, BHT, Endeavor, and the staff and director of LEAD — reducing the potential for overlap in individuals eligible for LEAD vs. BHT case management, as well as uncertainty on the part of the officer responding to an incident.

This may take the form of participation in bi-weekly Operational Work Group meetings, or a separate case conference, depending on the volume and complexity of cases. LEAD and BHT, in addition to Endeavor case managers, will also work together to coordinate services in real time, when necessary. The agencies operating LEAD and BHT agree that these programs can exist alongside each other without competing for clients, and that the existence of the two programs can benefit the community and promote public health and safety. As demonstrated in the arrest data above, there are hundreds of people each year still being arrested for low-level charges that would be eligible for these programs.



LEAD

Diverts low-level, non-violent offenses related to drug use, homelessness, or poverty to community-based services, as an alternative to arrest. Diversions to LEAD are typically appropriate when an arrestable offense has occurred; it is a central goal of the program to reduce arrests.

MOBILE OUTREACH TEAM

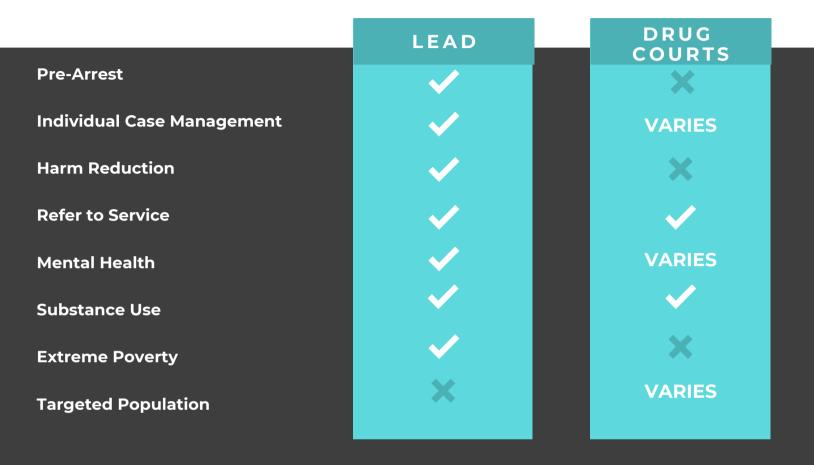
Addresses cases of mental health emergency that pose a threat to the individual or others (9.41). These incidents may or may not be cause for arrest, but when an unmet mental health need causing the behavior is evident, a better outcome might be achieved through engagement with the Mobile Outreach Team.

BEHAVIORAL HEALTH TEAM

Provides on-going case management and linkage to community-based services, through Endeavor Health Services, to mitigate on-going mental health challenges. Crisis case management referrals are appropriate when an individual has had multiple contact with police stemming from mental health needs that do not warrant arrest.

Comparing LEAD to Court-Based Intervention

WHY A PRE-ARREST DIVERSION IS DIFFERENT AND EFFECTIVE



LEAD provides an opportunity for people with unaddressed behavioral health needs to receive trauma-informed support without relying on the legal system as a gateway to services. A 2019 report found that LEAD not only reduces the likelihood of incarceration, but results in significant cost savings for the justice system — ultimately minimizing the "revolving door" of individuals frequently cycling in and out of the system.*

A 2019 evaluation of the LEAD program reveals, compared to the "system-as-usual" approach (e.g. arrest, booking, and prosecution), LEAD participants "had 88% lower odds of prison incarceration relative to comparison participants" who went through the legal system.*

*Susan E. Collinss, Heathers S. Lonczak, Seema L. Clifasefi, "Seattle's Law Enforcement Assisted Diversion (LEAD): Program Effects on Criminal Justice and Legal Systems Utilization and Costs," *Journal of Experimental Criminology*, 15 (2019): 201-211, https://doi.org/10.1007/s11292-019-09352-7





