

Follow the LEAD

After decades of an expensive, harmful, and ineffective War on Drugs, in recent years it's become widely accepted that we can't enforce or arrest our way out of the problems related to drug use and mental illness. Still, two-thirds of the people arrested in this country are mentally ill¹ or drug dependent,² and more than 60 percent of people in jail custody are being held for offenses that pose little risk to public safety: low-level misdemeanors or infractions, such as drug possession, trespass, or disorderly conduct.³

Incarceration isn't an effective response to these problems; in fact, jail is harmful. Studies show that being jailed even for a short time increases a person's risk of engaging in crime,⁴ decreases employment⁵ and tax-related government benefits,⁶ increases homelessness,⁷ and exacerbates the racial disparities embedded into our society.⁸ For people with mental illness or substance use disorder, jail's effects are even more detrimental: they are taken off Medicaid, receive inadequate care in custody, are more likely to be sanctioned for rule infractions, are subjected to harsher sentences, and are disproportionately returned to jail.⁹ And the devastating intergenerational impact on children when their parents are jailed, even for short periods, is well documented.¹⁰ Throughout our criminal legal system—from arrest through prosecution and sentencing—pervasive racial disparities cannot be denied.¹¹

Further, questions about the role of police and policing in our communities, and of the racially disparate impact on our communities' long-standing overreliance on police to respond to every kind of social problem—from the smallest interpersonal frustration to devastating acts of violence—have gathered into a full-throated national debate.

But if the criminal legal system is not the proper venue to address the very real challenges posed by unmanaged behavioral illness, and given that inequitable law enforcement in fact exacerbates racial inequities, it's also true that we cannot simply ignore the distressing realities of unmanaged behavioral illness so evident on our streets. Public intoxication, persistent trespass, open-air drug use, theft, overdose—these cannot be overlooked, and the people suffering with these challenges must not be swept into the corner, excoriated, or abandoned.

In 2011, a diverse group of stakeholders in Seattle, Washington, came together to develop a collective new strategy to create an effective and racially equitable alternative to repeated arrests and incarceration for people whose low-level unlawful conduct stems from unmet behavioral health needs. Together, this uncommon

coalition—police, prosecutors, civil rights advocates, public defenders, political leaders, mental health and drug treatment agencies, housing organizations, service providers, businesses, and neighborhood leaders—launched what has proven to be a successful, replicable, and equitable new method to divert people away from punishment and toward care. They named it LEAD®—Law Enforcement Assisted Diversion, the nation's first pre-arrest, pre-booking alternative.

LEAD isn't a "program," any more than a police officer taking somebody to jail is a "program." Instead, LEAD is a robust and coordinated system of response that replaces the traditional pipeline of punishment with long-term, patient, non-coercive, and nonjudgmental care coordination. Unlike other forms of diversion, such as divert-to-treatment or drug courts, LEAD doesn't impose sanctions, establish deadlines, mandate behavior, or demand abstinence.

Instead, LEAD's approach is grounded in the evidence of what works best to support complex people with complex needs. As social science tells us, a person's readiness to change their detrimental behaviors follows no steady course. It can come slowly. It may suffer setbacks. It can be sparked by internal motivators. It's often two steps forward, one step back.

The criminal legal system isn't built for that. But LEAD is. LEAD's case managers offer trauma-informed, strength-based unconditional support, motivational interviewing techniques, and harm reduction practices to spark and nurture incremental progress, a fundamentally different approach from the usual benchmarks for success as defined by the criminal legal system, or by abstinence-only and clinical approaches.

Perhaps most importantly, LEAD's transformative impact for individuals and systems stems from doing both more—and less—than the systems it replaces: more partnership, more coordination, more access to care, more patience, more trust; and less coercion, less punishment, and less state control. Rather than either punishing people for their illnesses or turning a blind eye to the troubles on our streets, LEAD draws together into a collective effort the very stakeholders whose systems it seeks to transform. One such transformation is the addition of a community referral system to LEAD known as Let Everyone Advance with Dignity in 2021. This was a direct response to de-centering police in the role of gatekeepers to providing community safety solutions in a public health response.



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Federal Sentencing Reporter, Vol. 36, No. 3, pp. 151–152, ISSN 1053-9867, electronic ISSN 1533-8363.
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LEAD has taken hold in urban, rural, and suburban jurisdictions across the country and spans all political ideologies. LEAD provides an opportunity to fully engage and support a public health response to community safety that is transformative in nature and collectively governed among a collaborative group of stakeholders inclusive of law enforcement, service providers, civil rights agencies, and communities alike.

In order to truly reduce the impact of incarceration, communities need to invest in diversion across the spectrum of the system. LEAD provides avenues for police officers at the point of arrest, system actors identifying high utilizers in need, and even alternatives for community members. LEAD provides that opportunity for communities!

Notes

- ¹ National Research Council, *The Growth of Incarceration in the United States: Exploring Causes and Consequences*, Washington, DC, The National Academies Press, 2014. www.nap.edu/catalog/18613/the-growth-of-incarceration-in-the-united-states-exploring-causes
- ² Ibid.
- ³ Zhen Zeng, "Jail Inmates in 2017," Bulletin prepared at the request of the Department of Justice, Bureau of Justice Statistics, April 2019. <https://bjs.ojp.gov/content/pub/pdf/ji17.pdf>
- ⁴ Todd R. Clear, "The Effects of High Imprisonment Rates on Communities." *The University of Chicago Press Journals*

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- ⁵ Will Dobbie, Jacob Goldin, and Crystal S. Yang, "The Effects of Pretrial Detention on Conviction, Future Crime, and Employment: Evidence from Randomly Assigned Judges," *American Economic Review* 108, no. 2 (2018): 201–40. <https://doi.org/10.1257/aer.20161503>
- ⁶ Alexi Jones and Wendy Sawyer, "Arrest, Release, Repeat: How Police and Jails Are Misused to Respond to Social Problems," Prison Policy Initiative, August 2019. www.prisonpolicy.org/reports/repeatarrests.html
- ⁷ Lucius Couloute, "Nowhere to Go: Homelessness among Formerly Incarcerated People," Prison Policy Initiative, August 2018. www.prisonpolicy.org/reports/housing.html
- ⁸ Becky Pettit and Bryan Sykes, "State of the Union 2017: Incarceration." The Stanford Center on Poverty and Inequality. https://storage.googleapis.com/vera-web-assets/downloads/Publications/the-price-of-jails-measuring-the-taxpayer-cost-of-local-incarceration/legacy_downloads/price-of-jails-summary.pdf
- ⁹ Darrell Steinberg, David Mills, and Michael Romano, "When Did Prisons Become Acceptable Mental Healthcare Facilities?" Stanford Law School, Three Strikes Project. https://law.stanford.edu/index.php?webauth-document=child-page/632655/doc/slspublic/Report_v12.pdf
- ¹⁰ Nell Bernstein, *All Alone in the World: Children of the Incarcerated* (New York, The New Press, 2007).
- ¹¹ "Report to the United Nations on Racial Disparities in the U.S. Criminal Justice System," The Sentencing Project, April 19, 2018. www.sentencingproject.org/publications/un-report-on-racial-disparities