



SEATTLE CITY COUNCIL

January 28, 2020

Mayor Jenny Durkan
City of Seattle
PO Box 94749
Seattle, WA 98124

Re: Expanded funding for LEAD, law enforcement assisted diversion

Dear Mayor Durkan,

Thank you for meeting with the Council's Public Safety and Human Services Committee chair on January 10th to discuss your plans to release to the Law Enforcement Assisted Diversion (LEAD) Program the \$3.5 million in new / additional funding that the Council appropriated and the Mayor signed in the 2020 Adopted Budget. We appreciate that you are striving to establish open lines of communication and that your program evaluation consultant, Bennett-Midland, is reaching out to Council Central Staff and to the program managers at LEAD.

Our purpose for writing is:

- 1) To confirm your commitment that the City will provide to the LEAD program in 2020 the Council's additional \$3.5 million investment;
- 2) To request that you execute a contract for the additional LEAD funds by March 1st of this year, with a provision that the performance data to be collected may be modified by mutual agreement before the end of the year;
- 3) To affirm that LEAD is a public safety program and not a homeless intervention program; and
- 4) To gain a better understanding of the conversations between HSD and LEAD.

The undersigned Councilmembers are committed to working with you to arrive at meaningful performance measures for this investment. We are mindful that performance measures are meant to strengthen our understanding of ongoing work – not bring the work to a halt during discussion of the metrics the city wants to employ. The Council's budget add for LEAD was in response to the reality that LEAD, by definition, expands with ongoing police and community referrals to deal with ongoing public order and safety issues in our neighborhoods. Funding has

not been sufficient to permit new referrals without greatly exceeding caseload standards for the past year. Thus, if it is a matter of not if but when, it's essential to get funds committed so that hiring, training and referrals can proceed, while the City leads the work on refining performance metrics to be applied to this program, a process we are eager to see completed.

Time is of the essence. Seattle Police Department (SPD) officers have over the last few years requested LEAD assistance with over 700 individuals and there is a current backlog of 300 individuals that could immediately begin receiving case management services, were it not for an extreme lack of capacity to accept new clients. LEAD case managers presently average above 40 clients per case manager, approaching twice the average caseload in a healthy LEAD program and three times the standard for intensive case management programs more generally. This workload level simply doesn't permit the kind of outreach, proactive engagement, follow up and relationship formation that is the foundation of LEAD interventions.

You have recently received program scenarios reflecting that the LEAD program faces drastic measures to match program staffing to the funding presently committed, which would mean ending services for 46% of the current client group, with no new referrals other than a small number supported by "Trueblood" grant funding. Another scenario involves reducing ongoing operations to a single Seattle neighborhood to ensure that the program can keep a high-fidelity version of LEAD intact somewhere in Seattle, without continuing to watch it break down due to inadequate resources. We cannot allow either step to happen, as it would withdraw an essential option for officers and neighborhoods so they can meaningfully respond to law violations that stem from behavioral health conditions while avoiding the expensive and ineffective revolving door of jail and prosecution.

When Councilmember Herbold, yourself, and Senior Deputy Mayor Fong last met, we discussed that you anticipate releasing all the funds the Council added at some point this year. The LEAD program managers understandably have to plan to spend the funds they have, not funds that will be available at some undetermined future date. Thus, we are seeking a contractual commitment by March 1 of the added funds for the remainder of the year so that the program runs as planned and reduces excessive caseloads, while you engage Bennett-Midland to examine recommend performance metrics.

LEAD program managers will not be able to wait beyond March 1 before having to execute one of the drastic measures described in the program scenarios you received last week. While we do not want a 46% reduction in the LEAD client group, with no new referrals, or an isolation of services to one neighborhood, we recognize that the program will not be able to avoid making such a change without the additional funding provided by the Council. We want to underscore for you the importance of avoiding this outcome.

In an e-mail on December 17, 2019, DM Fong informed a number of LEAD stakeholders that HSD's contract team plans to work this month with LEAD staff on their specific staffing / ramp up plan and "while LEAD presented an initial casework plan to the City Council, HSD needs a formalized plan and budget, as it typical for all new and renewing City contracts." We are

aware that you have been provided the formalized plan and budget, both (1) for the funds the City has currently offered to contract for (this is the 46% client reduction scenario with no non-Trueblood referrals) and (2) for the planned Council add of \$3.5 million, which unlocks the Ballmer matching grant of \$1.5 million.

As discussed last when Councilmember Herbold, yourself, and Senior Deputy Mayor Fong met, it is important to clarify that LEAD is a public safety program and not a homeless intervention program. A contract for the ramp-up period should include only metrics that relate to services that address public order issues driven by behavioral health problems and/or extreme poverty; and functions that increase collaboration between police and prosecutors to ensure that LEAD participants' progress or stabilization is not inadvertently compromised.

While it is true that LEAD embodies a Housing First approach to participants who are homeless, homelessness is not a requirement for referral, and LEAD case managers' ability to access housing is almost entirely dependent on where their homeless clients are prioritized in the Coordinated Entry for All (CEA) screening process, which presently deprioritizes many in this group so that their housing eligibility is years off. LEAD program managers have appealed to the City to assist in creating a channel for housing for this population, but no change has yet been made addressing the barriers this group faces in accessing housing. The King County MIDD evaluation in 2018 found that adding dedicated housing resources to Drug Court significantly increased participants' ability to successfully comply with that program's requirements, strongly suggesting that adding dedicated housing resources for LEAD would similarly affect outcomes. These are external resource constraints that are outside the control of the LEAD program, making housing outcomes of reduced value in measuring LEAD contract performance.

The City Council appreciates that Bennett-Midland is working with the LEAD program to examine LEAD's referral protocols, best practices in behavioral health services for similar populations and case management practices, and how success is defined and measured for participants, the community and the criminal justice system. We understand that discussions of performance metrics have, logically, been deferred until after the Bennett-Midland report is provided to the Mayor's Office this spring. It makes sense, therefore, to release the added funds so the program can avoid drastic downsizing, while Bennett Midland prepares recommendations on performance metrics going forward.

As you know, the City Council is working to identify a consultant that will 1) examine current and emerging criminal justice research to determine how the LEAD program operates within a logic model that reduces reliance on the criminal justice system, including an inventory of research that supports a shift away from reliance on the criminal justice system to respond to public order issues driven by behavioral health problems and/or extreme poverty; 2) identify specific performance measures that relate to the logic model and also informs how there is a reduction in reliance on the criminal justice system and a reduction in public disorder issues; and 3) identify the data necessary to support the performance measures.

Both studies will show the important role that LEAD plays in maintaining the public safety and creating positive outcomes for its clients. We are also confident that the work done over the next several months will result in a set of performance measures that can be used as the LEAD program continues to grow. However, we must ensure that the program doesn't have to drastically pull back while that work on performance measures, which all LEAD stakeholders including the Council embrace, is ongoing.

We understand that LEAD has provided the Mayor's Office with answers to a wide range of questions related to program operations and performance. Program staff and the City Attorney hand-pulled much of the information that was provided in response to the inquiries (see Appendix A). We understand that LEAD program staff have provided all information that is readily available and have advised that some queries are not answerable given City and County data systems, analyst capacity and legal privacy barriers. We also understand that the LEAD database, currently under development at Seattle I.T., would eventually provide many requested data points when it is effectively used by SPD officers and can pull from City Attorney and Municipal Court data systems—they need assistance from the Mayor's Office to ensure the database is set up to succeed in that endeavor by being able to access City data systems.

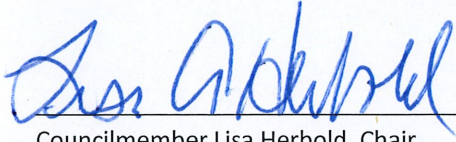
LEAD program staff have said that they have provided Human Service Department staff three separate budget scenarios, including two drastic scenarios that essentially shut LEAD down to ongoing referrals. We have questions about this effort and how it relates to the additional funding provided by the Council. **We respectfully request that you help Councilmembers better understand what is happening in the conversations between HSD and LEAD. Specifically, it would be good to have answers to the following four questions this week:**

1. What is the operational status of the LEAD database? What is the Executive doing to ensure that the database can receive SMC, Law and SPD data on LEAD clients? Specifically, around issues like contacts, recidivism and case coordination?
2. What data has HSD requested, and not received, from the LEAD program? It would be especially helpful if you provided a crosswalk that showed what has been provided and what is still missing, and finally, whether missing information would be addressed when the database comes online.
3. What are the staffing / ramp up plans that are under development? If the plans assume ending services for existing clients and/or ending new referrals, how does that reconcile with your commitment to provide the additional funding appropriated by the Council?
4. When do you expect results from Bennett-Midland? How will the study results translate into a new contract that identifies new performance measures?

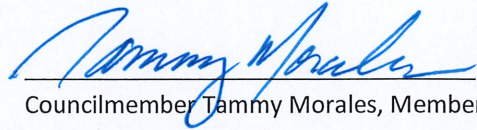
Finally, we understand that the King County Department of Behavioral Health has provided to your staff the performance measures that are currently used for the County Contract with LEAD

(see Appendix B). If HSD and LEAD staff must identify interim performance measures to execute a contract by March 1, we recommend that you consider the efficiency, transparency and regional governance value of harmonizing and replicating LEAD's reporting requirements to King County for the balance of 2020, a proposal that was first made by HSD two years ago. Either through parallel contracts with mirror-image reporting requirements, or by routing City LEAD funding to King County for a blended grant to LEAD to be overseen by King County's Department of Community & Human Services, which has the advantage of access to individual protected health information as the King County Behavioral Health Organization (BHO).

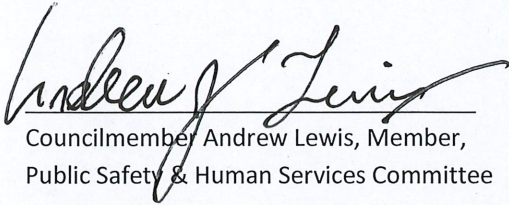
Thank you again for maintaining open lines of communication on this topic. We look forward to hearing more about the current status of the LEAD contract negotiations and your responses to the above four questions this week.



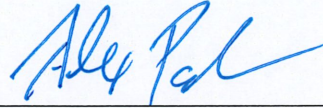
Councilmember Lisa Herbold, Chair,
Public Safety & Human Services Committee



Councilmember Tammy Morales, Member,
Public Safety & Human Services Committee



Councilmember Andrew Lewis, Member,
Public Safety & Human Services Committee



Councilmember Alex Pedersen, Alternate,
Public Safety & Human Services Committee

CC: Deputy Mayor Michael Fong, Seattle City Council President M. Lorena González, LEAD Policy Coordinating Group



LEAD Data Request for Mayor’s Office
October 18th 2019

What data does LEAD collect for the County?

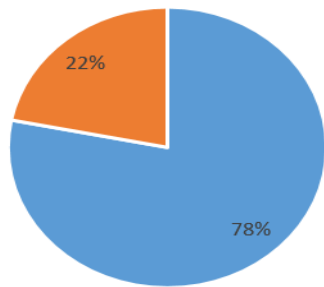
- Monthly staffing report
- Monthly summary narrative detailing project management and community outreach activities
- Quarterly summary report of all LEAD activities and operations
- Client vignettes with signed ROIs submitted at the end of the year
- Trainings and formal engagements with law enforcement, operational workgroups held, and presentations to community groups
- Individuals referred to and enrolled in LEAD (including diversion pathways)
- Individuals served by LEAD and the average amount of service time delivered

Seattle LEAD Participants

1. List of all current LEAD enrollees (completed intake)

- Total LEAD clients needing outreach: 157
- Total currently engaged LEAD Clients: 561

See Attachment A: Roster of LEAD Participants

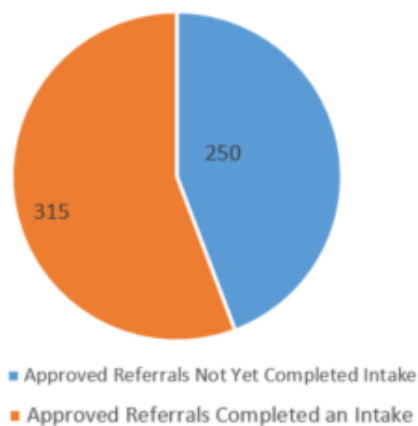


■ Currently Engaged LEAD Clients ■ Needing Outreach

2. Average and median time between referrals and intake in LEAD for those enrollees, broken out by diversion and social contact.

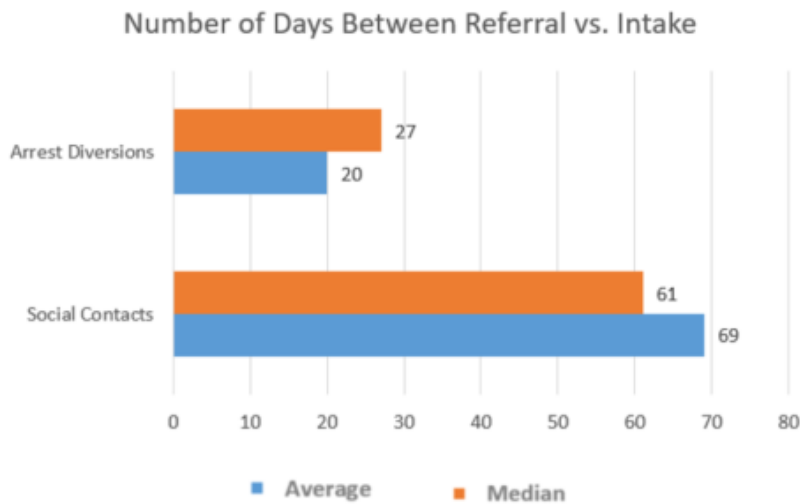
- From July 2018 to September 2019: 565 referrals (both social contact and arrest diversion) were approved for LEAD by law enforcement. Of those 565 approved referrals, by the end of September 2019, 315 individuals (56%) had completed a LEAD intake with their case manager.

July 2018-Sept 2019



Of the 315 intakes (both social contact and arrest diversion) completed since July 2018, it took individuals an average of 60 days and a median of 20 days to complete their intake from the date their referral was approved by law enforcement.

- The average amount of time to complete an intake from the date of approval was higher due to several participants who required almost a year of consistent outreach services. July 2018 was the onset of LEAD's eligibility expansion to include individuals with severe and persistent mental health conditions that are associated with Trueblood class members. This population requires a higher level of clinical capacity and a longer outreach period in order to engage in meaningful case management services. Thus, the average amount of time for individuals to complete their intake with LEAD may continue to increase as LEAD continues to serve the most marginalized communities.
- Since the onset of LEAD in 2011, arrest diversions took an average of 19.5 days and a median of 27 days to complete an intake; Social contacts took an average 68.8 days, and 60.5 days median days.



3. # and % of referrals who never enroll

- From July of 2018 to September 2019, there were 565 approved referrals (both social contact and arrest diversion). Currently, 250 approved referrals have not yet completed their intakes since July 2018 (approximately 44% of approved referrals).
- However, the fact that this group has not yet completed intake may be more attributable to lack of outreach capacity, than the unwillingness of the referred individual, who often does not even know they have been approved or what LEAD is. Capacity challenges are severely limiting the number of new referrals whom LEAD outreach staff can reach and engage (they also work with current post-intake LEAD clients).

4. Definition of “active” enrollees

- Currently there are 718 Seattle LEAD participants who have completed intake. 561 of those are currently engaged, and 157 require outreach and reengagement.
- “Currently engaged” participants have had one or more substantive meetings with their assigned case manager within the last 3 months.
- Participants needing outreach and engagement have not had a substantive meeting with their assigned case manager within the last 3 months. With adequate staffing, they would be actively outreached by REACH staff. This group, however, is still tracked by the LEAD prosecutorial liaisons for ongoing court and warrant activity.

- A note on REACH/Agency numbers vs. BHRD database numbers: the number of currently engaged participants captured by King County's BHRD database is based on recent case management encounters pulled from REACH's record management system, Agency. Currently, there are approximately 2,000 case management encounters waiting to be populated into the BHRD database from Agency. This lag means that the number of engaged clients in agency vs. BHRD database will always be slightly different.

5. Caseload and staff ratios of a) active enrollees and b) inactive enrollees

- Currently, a total of 1,051 individuals are or should be under Seattle's LEAD continuum of care: 561 currently engaged clients, 157 post-intake outreach clients, and 333 approved priority referrals.
- Seattle LEAD has 19 case manager positions (one is currently open with cases being managed by others) and 4 outreach coordinators.
- Therefore, the ratio of intake LEAD participants (718) to funded case management positions (19) is nearly 38:1.
- The ratio of approved priority LEAD referrals (333) to outreach coordinators (4) is 83:1. Note: in addition to the approved referrals who have not completed intake, outreach coordinators are also responsible for outreach to individuals under active case management.

6. # and % of those enrollees who are actively engaged with their case manager (define active engagement)

- Of the 718 post-intake enrollees, 561 (78%) are currently engaged.
- Current engagement means one or more substantive meeting with a case manager in the past 3 months.

Services

7. # and % enrolled in mental health and/or substance use treatment – can provide aggregates; complicated by privacy requirements of Evergreen treatment that means we can't get data on a client by client basis.

Compiling this number over the entire history of LEAD is beyond our current ability on this time frame, as it would require a by-hand pull from early years' records. Going forward, numbers like these will be readily available via the LEAD database. It is presently possible to report annual outcomes in these categories – we can present 2018 figures and actual and projected 2019 figures. Please note however that these are only new instances of induction into various treatment modalities – this under-represents the LEAD client group's participation in treatment where that commenced in prior years.

2018

Substance Use Disorder Treatment Services Newly Obtained	205 unique individuals (40.5% of 506 post-intake clients)
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Mental Health Services Newly Obtained	62 unique individuals (12.3% of 506 post-intake clients)
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2019 through Q3

Substance Use Disorder Treatment Services Newly Obtained	188 unique individuals (26.2% of 718 post-intake clients)
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Mental Health Services Newly Obtained	73 unique individuals (10.2% of 718 post-intake clients)
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2019 projected through Q4

Substance Use Disorder Treatment Services Newly Obtained	251 unique individuals (35% of 718 post-intake clients)
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Mental Health Services Newly Obtained	97 unique individuals (13.5% of 718 post-intake clients)
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a. Of those, # and % actively engaged in their treatment – following a prescribed course of treatment – Aggregate

This is not a data field collected by Agency, nor is it a clinical category REACH would necessarily use or information LEAD staff would necessarily have access to, when clients are working with other treatment providers.

However, in 2019, in [HB 1768](#), the Washington State legislature recognized that state-certified substance use disorder treatment includes engagement in harm reduction-based case management. Under the amended statute, treatment includes case management and recovery is defined as “a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery often involves achieving remission from active substance use disorder.”

Thus, 561 of the 718 post-intake clients, or 78%, are actively engaged in a prescribed course of treatment under Washington law.

To give a sense of the volume of engagement we’re talking about, thus far in 2019, LEAD case managers facilitated 19,861 substantive client meetings to address pertinent outcomes such as housing, employment, treatment, medical care, legal requirements, etc., an average of more than 35 meetings per engaged client in the first three quarters of the year, or 47 meetings annualized per engaged client.

b. Define the term “linked” as used in the County contract. What is a “link” to services verses “engaged” in services.

“Linked” to services is defined as facilitating a meaningful referral to on-going social determinants of health. For example, of the 19,861 substantive client meetings thus far in 2019, LEAD case managers facilitated 4,706 meaningful referrals to a number of necessary interventions including housing, healthcare, employment, benefits, basic needs, shelter, or mental health services. These “linkage” referrals also encompass the entire care coordination of services including setting the appointment for a client, transporting them to and from the appointment to ensure a warm hand-off, benefit coordination, and maintaining on-going communication sharing with the mutual providers. “Engaged” in services describes the maintenance and sustainment of the social determinants of health referrals for a clinical amount of time. Community-based services engagement is captured by LEAD’s end of year outcomes including the number of participants who obtained mental health or substance use disorder services.

8. # and % that have successfully completed treatment – can provide aggregates – complicated by privacy requirements of Evergreen treatment; no client level data

While this category doesn't map neatly onto clinical categories used by REACH or tracked at BHRD, BHRD likely can provide the number of Behavioral Health Organization (BHO) "treatment outcomes" to date with more time, and REACH can also provide outcomes data if instructed to collect them; they haven't been, only because those are not the contract metrics we've been instructed to collect.

9. # and % of participants who entered the program unhoused. Of those, # and % subsequently housed in permanent housing –

- Caveats:
 - It is not possible to rapidly derive these numbers for the entire history of LEAD. Careful work was done on LEAD housing outcomes in the early years of the program by the HaRRT research team conducting the [pilot evaluation of housing and income impacts](#).
 - Going forward, these are outcomes that will be readily available from the LEAD database.
 - In contrast to, e.g., Drug Court, LEAD has no set-aside housing units or channel, and LEAD clients generally do not score high enough on the vulnerability prioritization index for Coordinated Entry to be eligible for permanent housing via CEA. Nonetheless, LEAD case management has accomplished remarkable permanent housing results for this highly marginalized population.

- Approximately 70% of recent LEAD clients have entered unhoused

- In 2018, 89 unique individuals obtained permanent housing, or 25% of the estimated 354 post-intake LEAD clients who entered unhoused (70% of 506 who completed intake before 2019)

- In 2019, through Q3, 81 unique individuals obtained permanent housing, which projects to 108 through Q4

- Combining the permanent housing outcomes from 2018-2019, 27% of the 718 clients who completed intake obtained permanent housing in those two years alone (does not incorporated those who obtained housing in earlier years).
- The rolling housing impact of sustained case management can be seen in this analysis: In January 2018 there were 312 currently engaged LEAD participants, of whom 110 were homeless at that point in time. In January 2019, there were 439 currently engaged LEAD participants, and 180 were homeless at that point in time.

Recidivism & Court Coordination

10. # and % of police contacts (all, including arrests and other contacts) of LEAD enrollees

Not presently available; we believe that for SPD to produce this at an individual level for external disclosure would be highly labor intensive due to the need for Criminal Records Privacy Act screening. Whether SPD could produce this in aggregate is unknown.

11. # and % of filings and courts appearances by those LEAD enrollees.

11a. # and % of those enrollees accompanied to court by dedicated LEAD prosecuting attorney

Both 11 and 11a can be produced early week of October 21, only from mid-2017 and only from Seattle City Attorney/Seattle Municipal Court. Going forward, these data should be available for both CAO and PAO from the LEAD database.

12. # and % of those enrollees that received failure to appear charge.

Can produce early week of October 21, both warrants issued and warrants avoided, only from mid-2017 and only from Seattle City Attorney/Seattle Municipal Court. Going forward, these data should be available for both Seattle Municipal Court and King County courts.

13. # and % of jail bookings since enrollment in LEAD – Not likely from LEAD– would need to work through jail for this – they won’t push data to LEAD

Labor-intensive lift for over-extended DAJD data analysts but is probably possible by hand with a lot of lead time if needed; going forward, can seek to push such data to LEAD database.

13a. # and type of criminal charges filed post-LEAD enrollment

Not available retrospectively on this time frame. Going forward, this should be possible through the LEAD database.

14. Define and quantify reductions in arrests, court appearances and jail bookings – TBD depending upon outcome of data matches above.

- **What is benchmark for determining reductions or increases?**

The only meaningful benchmark to assess the effect of LEAD compared to overall environmental changes, changes in police staffing, broader policy changes etc., is to compare to the control group. Such a longitudinal recidivism analysis is among the projects being pursued by the LEAD evaluation advisory committee.

15. Provide us with a proposed line-item detail budget tied to her funding request(s) – received (thanks!)

Overview of King County Monitoring and Evaluation Activities for Law Enforcement Assisted Diversion (LEAD)

*Updated January 2020 by King County Department of Community and Human Services
 Carolanne Sanders, Jail Diversion Services Coordinator, and Tyler Corwin, Criminal Justice Behavioral Health Programs Evaluator*

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)
<ul style="list-style-type: none"> - Monthly staffing report - Monthly narrative summary describing project management and community outreach activities - Annual summary report of all LEAD activities and operations - Two client vignettes with signed ROIs submitted at the end of the year 	<ul style="list-style-type: none"> - Client demographics - Individual service encounter details - Residential arrangement - Staff person/qualifications - Program authorization - Program exit

MIDD Evaluation

King County supports LEAD with funding from the MIDD II Behavioral Health Sales Tax, which leverages taxpayer dollars to support over 50 initiatives across the local behavioral health system. The MIDD’s overarching Implementation Plan and Evaluation Plan, which are approved by King County Council, drive the performance measures and reporting requirements for all MIDD-funded initiatives including LEAD.

In 2018, the MIDD Evaluation Team evaluated LEAD for the following:

- **How much was done?** # of clients engaged in services
- **How well was it done?** % linked to publicly-funded behavioral health treatment
- **Is anyone better off?** % with reduced jail use

Investment Monitoring

King County monitors its financial investment in LEAD by assessing changes over time in spending on program resources, program activities, and program outputs. This internal report includes: Spending on program administration, case management and prosecutorial FTE, and physical space; trainings and formal engagements with law enforcement, operational workgroups held, and presentations to community groups; individuals referred to and enrolled in LEAD (including diversion pathways); direct spending on participants in LEAD; individuals served by LEAD and the average amount of service delivered. Preliminary outcomes of the LEAD program for participants are assessed on an ad hoc basis.

Federal Trueblood Grant Findings

King County receives *Trueblood* (Phase III) diversion grant funds via the Seattle Foundation to provide an expanded suite of services to a subset of LEAD participants who could become potential *Trueblood* class members. These services include intensive behavioral health services and interim housing and support on top of the case management and criminal/legal coordination provided through LEAD. Pursuant to the grant agreement, King County provides performance measures to the Seattle Foundation and other entities party to the agreement (i.e., Disability Rights Washington and the Federal Court Monitor), specific to the subset of LEAD participants receiving this expanded service array.