ESSENTIAL PRINCIPLES FOR SUCCESSFUL LEAD IMPLEMENTATION

LEAD is not a human services program, but a public safety & order program that uses human resources tools. The goal of LEAD is to improve community health and safety by using specific human resources tools and coordinating them with law enforcement.

LEAD is a voluntary agreement among independent decision-makers to collaborate, and therefore must work for all stakeholders. LEAD cannot work without the dedicated efforts of independent agencies and, sometimes, multiple jurisdictions. The program therefore can only proceed as far as the key participants can achieve agreement at any given time. All stakeholders should commit to share credit and blame equally and to acknowledge the critical role of other partners.

Law enforcement officer "buy-in" is critical. LEAD only works because of the effort and insight of line officers and their sergeants. The program relies on their initiative and discretion. They therefore must be viewed as equal "authors" of the program and must be involved in operational design and continuous improvement conversations.

Command-level support is equally critical. Even when line officers are ready and willing to use LEAD, if deployment decisions, overtime approval processes, and shift scheduling do not support the program, that willingness will be squandered. Officers need to know and see that their participation in this innovative approach is valued by commanders.

Prosecutorial discretion should be utilized in LEAD participants' non-diverted cases. While entry into LEAD is often through arrest diversion, LEAD participants typically will have other cases from both before and after their referral to the program. Coordinating prosecution decisions in those filed cases with the LEAD intervention plan maximizes the success of the program in achieving behavior changes, and in reducing system utilization costs.

A project manager is critical for coordination. The project manager troubleshoots stakeholders' concerns, works to identify resources, facilitates meetings, develops information sharing systems, and streamlines communication. Generally, because LEAD is a consortium of politically independent actors, it's desirable for the project manager to be independent and at arm's length from all political stakeholders.

A harm reduction/housing first framework requires a focus on individual and community wellness, rather than an exclusive focus on sobriety. The goal should be to address the participant's drug activity and any other factors driving his/her problematic behavior – even if complete abstinence from drug use is not immediately achieved – and to build a long-term relationship with participants that avoids shame.

Resources must be adequate to ensure LEAD is a diversion to a viable intervention strategy. Referral to wait lists and to an over-taxed social services infrastructure will disappoint all stakeholders and produce poor outcomes. Additional resources are required to ensure case managers have reasonable caseloads and can purchase services when necessary.

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Intensive case management and an Individual Intervention Plan that will be the action blueprint for the individual and his or her case manager. The plan may include assistance with housing, treatment, education, job training, job placement, licensing assistance, small business counseling, child care, or other services. Intensive case management provides increased support and assistance in all aspects of the participant's life.

A non-displacement principle is required to ensure that the net effect of LEAD is to improve community health and safety. It is not sufficient to simply "spin the barrel" to give LEAD participants preferential access to scarce resources, necessarily driving others down or off wait lists for services they need as much as LEAD participants.

Consider using peer outreach workers to enhance the program's effectiveness. In Santa Fe, most LEAD contacts are with a peer outreach worker. Decades of research demonstrate that peer-based interventions are a highly successful way to intervene with marginalized populations. These peer outreach workers stay connected to the target population, provide important insight into the ongoing case management process,, serve as community guides, coaches, and/or advocates, while also providing credible role models of success.

Involve neighborhood public safety leaders. Ultimately, LEAD must meet, and be perceived to meet, neighborhood leaders' needs for a safer, healthier community. Community members should be able to refer individuals for program participation and suggest areas of focus for outreach and referral. They should also receive regular information about the program, its successes, and obstacles to effective implementation. This may best be accomplished by hiring a community liaison. Expectations should be reasonable given available resources, and program operations should be highly transparent.

Create specially-tailored interventions to address individual and community needs. Each drug activity "hot spot" and each community has its own unique character, involving different drugs and social dynamics. Rather than attempting a "one size fits all" approach, community-based interventions should be specifically designed for the population in that particular neighborhood.

Evaluation criteria and procedures should be clearly delineated, and an assessment plan identified from the outset, to ensure accountability to the public. There should be regular review of programmatic effectiveness by policymakers, including an independent evaluation of the program by outside experts. Expectations should be achievable, e.g., a small pilot project may show improvement for individual participants, but should not be expected to show gains on actual or perceived community safety until taken to scale.

Cultural competency should be built into all aspects of the program. This includes outreach, case management, and service provision.

Commit to capturing and reinvesting criminal justice savings to support rehabilitation and prevention services. Priority should be given to sustaining pre-booking diversion programs, and to improving and expanding other "upstream" human services and education efforts.

Real change takes time and patience. LEAD participants, who are usually addicted and often homeless, sometimes take months or even years to make major behavior changes. When they do, they almost unanimously say they found the strength to change in part because case managers and officers refused to give up on them, and didn't rely on shaming techniques. Patience and relationship-building can eventually yield results that shorter-term strategies cannot.