The Webcast Will Begin Shortly

The presentations will begin at 2:00 p.m. EDT

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Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Strategies for Improving Law Enforcement Responses to People with Behavioral Health Conditions

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Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).
Reminders

• Questions
  – Please submit your questions to the presenters in the Q&A pod. The presenters will address as many questions as time permits at the end of the presentation.

• Recording
  – This webinar is being recorded.
Agenda

• Opening Remarks
  – Kenneth Robertson, SAMHSA/CSAT

• Presenter Introductions
  – David Morrissette, SAMHSA/CMHS

• IACP’s One Mind Campaign
  – Domingo Herraiz, IACP

• Behavioral Health Unit
  – Chief Michael Sauschuck, Portland Police Dept.

• Law Enforcement Assisted Diversion
  – Kris Nyrop, LEAD National Support Bureau
Opening Remarks

Kenneth W. Robertson
Team Lead, Criminal Justice Programs
SAMHSA/CSAT – Division of Systems Improvement
Introductions

David Morrissette, PhD, LCSW
Capt., U.S. Public Health Service
SAMHSA/CMHS
Introducing Today’s Presenters

Domingo Herraiz, Director of Programs, International Association of Chiefs of Police

- Director of IACP Programs, overseeing the Association’s work in areas including mental health, criminal justice system reform, and others
- Has more than 30 years of government and public safety experience in dealing with local, state, and federal policies, including serving, among other roles, as
  - as Vice President for North America Government Affairs at Motorola
  - as the presidentially appointed, U.S. Senate-confirmed director of the Bureau of Justice Assistance (BJA)
Michael J. Sauschuck, Chief, Portland Police Department

- Has served City of Portland since 1997, as Chief of Police since 2012; oversees a staff of more than 200 with a budget of $16.5 million/year
- Prior to joining Portland Police Department (PD), served a 5-year tenure in the Marines then served 4 years as a reserve police officer with the Old Orchard Beach PD
- Specialties at Portland PD include the crisis intervention team and special reaction team, among others
Kris Nyrop, LEAD National Support Director, Public Defender Association (PDA)

- LEAD National Support Director at PDA, working on LEAD project since 2009
- Served as Executive Director of Street Outreach Services in Seattle from 1997-2007
- Has served as outreach worker, researcher, project ethnographer, and trainer in the areas of harm reduction and drug policy reform, among others
Domingo Herraiz, Director of Programs
International Association of Chiefs of Police
IACP’S ONE MIND INITIATIVE
Four Strategies

• Establish a clearly defined and sustainable **partnership** with one or more community mental health organization(s)

• Develop and implement a **model policy** addressing police response to persons affected by mental illness

• Train and certify 100 percent of your agency’s sworn officers (and selected non-sworn staff, such as dispatchers) in **Mental Health First Aid for Public Safety**

• Provide **Crisis Intervention Team** training to a minimum of 20 percent of your agency’s sworn officers (and selected non-sworn staff, such as dispatchers)
History of IACP’s Initiative

• In March of 2016, the International Association of Chiefs of Police (IACP) convened an advisory group of leading experts on police response to persons affected by mental illness both from law enforcement and mental health professionals.

• In late August and September of 2016 the IACP conducted a series of listening sessions with Law Enforcement in 8 locations throughout the nation. Reoccurring concern: the role of public safety officials in addressing public health issues.

• In October 2016 the One Mind Campaign was launched
Progress to Date

• Currently 71 Police Departments have taken the One Mind Pledge and it remains a priority for IACP leadership due to its significance in the field.

  – The Washington Post reported that in 2015 law enforcement shot and killed 991 people, 25% of which were suffering from signs of mental illness, the same percentage held true in 2016.

• OMC team is working with SAMHSA and SAMHSA GAIN to develop a Best Practice Implementation Academy taking place later this summer with IACP identifying three exemplary agencies.

• Strategies demand the committed efforts of both law enforcement agencies and the mental health community to reduce officer and civilian fatalities or injuries resulting from encounters.
Future Outlook - Changes and Challenges

• Bi-partisan criminal justice reform programs, such as the *Final Report of the President’s Task Force on 21st Century Policing*, provides a framework for discussion about Improving law enforcement services.

• The widespread use of social media, and in particular each department’s ability to respond effectively through their own social media platforms creates an opportunity for the public to more fully understand each incident.

• The creation and maintenance of strong partnerships with mental health advocacy organizations, hospitals, jails, schools, churches, legislatures, and government – Wrap around services.
Changes and Challenges

• The need for wider implementation of a response model that meets the needs of each police agency and their community.

• State and local laws/policies may need to be amended, requiring action by legislators, administrative bodies, and policy makers.

• Police training is a critical venue for change. Delivering effective training is a challenge, particularly for smaller agencies that lack the necessary resources or personnel; however, providing consistent training is important.
Changes and Challenges

• Smartphone applications can be ideal opportunities to provide police officers with easy access to information about local service programs and providers, diversion opportunities, and training tools.

• The IACP’s *One Mind Campaign* is a platform from which to launch enhanced law enforcement services to persons affected by mental illness.
Resources

IACP One Mind Campaign
• [http://www.iacp.org/onemindcampaign](http://www.iacp.org/onemindcampaign)

BJA Police Mental Health Collaboration Toolkit
• [https://pmhctoolkit.bja.gov/](https://pmhctoolkit.bja.gov/)
Chief Michael Sauschuck
Portland Police Department
PORTLAND POLICE DEPARTMENT
BEHAVIORAL HEALTH UNIT
Mental Health Liaison

- Co-responder Model
- Car, Radio, Office
- Trust & Relationships = Team
- Real-Time Crisis Response
Crisis Intervention Team

- Adopted CIT Model
- Not Just a Training, But a Program
- Cultural Shift
- To Date: 100% Trained
Behavioral Health Unit

- Expansion Grant
  - Behavioral Health Coordinator
- BJA-CSG MH/LE Learning Site

• Partnered with local universities
• Master’s level candidates
• Mutually beneficial
• 14 interns to date
Substance Use Disorder Liaison

- Outreach
- Links to existing services/treatment
- Education
Contact Information

www.portland-police.com

Behavioral Health Coordinator:
Jo Freedman
jfreedman@portlandmaine.gov
Kris Nyrop
LEAD National Support Bureau
Law Enforcement Assisted Diversion
Origins of LEAD

• Resolution of years of litigation over racial disparity in Seattle drug arrests
• Responsive to community calls for something more humane and fair that was not “less”
• Launched in Seattle/King County October 2011 with grant funding
What is LEAD?

- Law Enforcement Assisted Diversion (LEAD)
- Community-based diversion program for people whose criminal activity is due to behavioral health issues
- Arrest diversion
- Social contact referral
- Law enforcement is the primary portal
What is LEAD?

- Case manager & participant agree on an individual intervention plan
- Only requirements for participation: complete psychosocial intake & sign release of information
- Key feature after program entry: comprehensive coordination of all “touches” with the LEAD participant, especially by prosecutors
Goals of LEAD

1. **REORIENT**
   government’s response to safety, disorder, and health-related problems

2. **IMPROVE**
   public safety and public health through research based, health-oriented and harm reduction interventions

3. **REDUCE**
   the number of people entering the criminal justice system for low level offenses related to drug use, mental health, sex work, and extreme poverty

4. **UNDO**
   racial disparities at the front end of the criminal justice system

5. **SUSTAIN**
   funding for alternative interventions by capturing and reinvesting justice systems savings

6. **STRENGTHEN**
   the relationship between law enforcement and the community
Core Principles of LEAD

• Harm reduction framework
  • Abstinence is not required
  • Housing First
• No one “fails” LEAD
Core Principles of LEAD

• Operational partners make the choice that is empirically most likely to achieve behavior change
• Continuous community engagement is essential politically and operationally
Who are the partners in LEAD?

• Cross sector collaboration, including:
  • Law Enforcement: Police, Sheriff’s Office, District Attorney
  • Community: Public Safety Groups, Civil Rights Groups, Business Community
  • Political Officials: Mayor’s Office, County Executive
  • Public Defense
  • Service Providers: Harm Reduction Providers
Relationship to Courts

- Original diverted case does not go before a court -- but, most LEAD participants have other cases both pre & post program entry

- Prosecutors reconcile those cases with the individual intervention plan; supporting that plan wherever possible & appropriate

- Judges: continue cases, grant prosecutors’ release motions & consider LEAD information outside the context of a “compliance” framework
Outcomes

• Independent evaluation by University of Washington research team

• Non-randomized control design showing causation
LEAD PARTICIPANTS WERE 58% LESS LIKELY TO BE ARRESTED AFTER ENROLLMENT IN THE LEAD PROGRAM IN SEATTLE, COMPARED TO THOSE WHO WENT THROUGH THE "SYSTEM AS USUAL" CRIMINAL JUSTICE PROCESSING.
Recidivism Effects

Percent of participants with \( \geq 1 \) arrest prior and subsequent to evaluation entry

- **LEAD Group**
  - Pre-evaluation entry: 83%
  - Post-evaluation entry: 58%

- **Control Group**
  - Pre-evaluation entry: 77%
  - Post-evaluation entry: 80%
Cost-Savings

• Program costs less than system-as-usual processing, with savings estimated conservatively

• Costs can fall further

• In Seattle, costs are now about $350/month per participant
Replication

• July 2015 White House LEAD National Convening—25 jurisdictions
  • LEAD underway in Santa Fe, NM; Albany, NY; Huntington, WV; Fayetteville, NC; Baltimore, MD; Portland, OR
  • Planning efforts underway in three dozen jurisdictions from Maine to Hawaii and broadly differing in size and demographics
Advancing Criminal Justice Reform in 2017

LEAD® KEY PHASES

- OPERATING
  - WA Seattle
  - NM Santa Fe
  - VT Burlington
  - WV Huntington
  - NC Greensboro
  - OR Portland
  - MD Baltimore

- LAUNCHING
  - GA Atlanta
  - CA San Francisco
  - ME Bangor
  - WA King County
  - NC Wilmington

- DEVELOPING
  - CT New Haven
  - HI Honolulu
  - KY Louisville
  - LA New Orleans
  - NC Asheville
  - NC Waynesville
  - NC Snow Hill
  - WA Thurston County
  - WI Madison

- EXPLORING
  - AZ Pima County
  - CA Los Angeles
  - CA Merced County
  - CA San Diego
  - CA Santa Clara
  - CO Denver
  - CO Pueblo
  - CT Hartford
  - DE Wilmington
  - IL Chicago
  - MA Cambridge
  - MA New Bedford
  - MI Wayne County
  - MN Minneapolis
  - MO Kansas City
  - MO Kansas City
  - NC Dare County
  - NC Davidson County
  - NC Wilmington
  - NY Brooklyn
  - NY Nassau County
  - NY Suffolk
  - NY Cooperstown
  - NY Plattsburgh
  - PA Philadelphia
  - PA Pittsburgh
  - VA Norfolk
  - WA Puyallup Tribe

Law Enforcement Assisted Diversion (LEAD®) is a community-based diversion approach shown to reduce recidivism at a lower cost than traditional justice system responses. LEAD® is designed around six primary goals:

1. REORIENT government’s response to safety, disorder, and health-related problems
2. IMPROVE public safety and public health through research-based, health-oriented and harm reduction interventions
3. REDUCE the number of people entering the criminal justice system for low-level offenses related to drug use, mental health, sex work, and extreme poverty
4. ADDRESS racial disparities at the front-end of the criminal justice system
5. SUSTAIN funding for alternative interventions by capturing and reinvesting criminal justice system savings
6. STRENGTHEN the relationship between law enforcement and the community

LEADBUREAU.ORG

† Sites certified by the LEAD National Support Bureau
* Jurisdictions developing police diversion/deflection that are not certified LEAD, but are in alignment with LEAD Core Principles.
Replication

• Primary barrier to LEAD implementation is funding

• Jurisdictions that have implemented Medicaid expansion can leverage ACA dollars to pay for many LEAD services
  • e.g., chemical dependency treatment, mental health care, health and dental care
Paradigm Shift

• If fully implemented, allows communities to reserve police, prosecutors, and courts for where they are most needed

• Facilitates the shift to using public health strategies for public health problems, including:
  • Trauma-informed engagement
  • Harm reduction
  • Housing First
  • Sustained relationships
Paradigm Shift

• Recognizes the harm done by charging and/or convicting someone of a crime if that is not necessary or helpful in achieving behavior change

• Katherine Beckett article in Harvard Law & Policy Review on “Harm Reduction Policing” & Reconciliation Impact on LEAD
Contact Information

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Questions and Conclusion

• Please submit your questions to the presenters in the Q&A pod

• The presenters will address as many questions as time permits.