

Report to Albany

on the LEAD program

One-Year Anniversary

April 1, 2016 – March 31, 2017



ALBANY

Executive Summary

In April 2016, the City of Albany implemented a groundbreaking, innovative public safety and public health intervention that aimed to reorient the City's approach to substance use, mental health, and poverty-driven contact with law enforcement. This initiative, called Law Enforcement Assisted Diversion (LEAD®) is built on an approach that understands that these issues are complex and difficult to easily improve, recognizes that behavior change is often a messy and lengthy process, and acknowledges that individual and systemic barriers often require a true "meeting of a person where they're at." This underlying philosophy, called "harm reduction" leads to service delivery that is non-judgmental, non-coercive, and person-centered. In LEAD, individuals who would typically be arrested or otherwise punished for non-violent offenses driven by psycho-social challenges are instead diverted to harm reduction-based case management and outreach services. One key feature of the project is the continuous communication loop that occurs post-diversion between case management staff, service providers, LEAD stakeholders, and the Albany Police Department. Unlike many

other models, services delivered to LEAD participants are extremely active and focused on engagement.

As Albany's LEAD project reaches its milestone first year, there have been both positive early results and challenges. This report aims to outline the background, origins, and development of the project, explore the guiding principles behind LEAD, define the key features of Albany's model, describe the challenges experienced, outline the goals for the project's second year, and provide a high level snapshot of the individuals served to date. It does not, however, intend to describe in depth the data collected thus far about the project's implementation, nor does it attempt to address questions about effectiveness and outcomes that will be measured in the course of a future evaluation. As with any new initiative, early and frequent problem-solving has led to revisions in protocols and processes that stakeholders believe have strengthened Albany's model. Indeed, what has been accomplished thus far in the City has inspired other programs throughout New York State and the U.S. to re-examine their own approaches to public health and safety and explore similar pre-arrest and pre-booking diversion models.



Background on LEAD

In 2011 the Law Enforcement Assisted Diversion (LEAD) initiative was piloted in Seattle/King County, Washington. In a LEAD® program, police officers exercise discretionary authority at point of contact to divert individuals to a community-based, harm-reduction intervention for law violations driven by unmet behavioral health needs. In lieu of the normal criminal justice system cycle—booking, detention, prosecution, conviction, incarceration—individuals are instead referred into a trauma-informed intensive case-management program where the individual receives a wide range of support services, often including transitional and permanent housing and/or drug treatment. Prosecutors and police officers work closely with case managers to ensure that all contacts with LEAD participants going forward, including new criminal prosecutions for other offenses, are coordinated with the service plan for the participant to maximize the opportunity to achieve behavioral change.

Since its inception, LEAD has not only been championed as a more appropriate and humane way to address public health issues, it has also had a positive impact on public safety. Research conducted by the University of Washington in Seattle has shown a 58% reduction in recidivism among LEAD participants when compared against a like group that went through the traditional criminal justice system.

Origins of LEAD in Albany

The City of Albany first investigated LEAD in late 2013 when City officials were invited to a presentation by the Seattle team that created the LEAD initiative. This led to strong interest in LEAD from community and police leaders in Albany. In 2014, new Albany Mayor Kathy Sheehan included LEAD as a core public safety objective for her new administration.

In the spring of 2014 community leaders led a process to establish a steering committee to explore bringing LEAD to Albany. The committee included the Mayor's Office, the County Executive's Office, the Albany Police department, the Albany County District Attorney's Office, the Albany County Sheriff's office, the Center for Law and Justice, the Albany County Department of Mental Health, the Albany County Public Defender's Office, the Albany County Department of Mental Health, and numer-

ous community and faith based groups. The planning process and steering committee was co-facilitated by gabriel sayegh and Melody Lee; both were, at the time, with the Drug Policy Alliance. Their work was supported by a grant from the New York State Health Foundation.

The steering committee spent over a year studying public safety and public health issues in Albany, learning about the LEAD approach, and outlining the basics of what a LEAD program in Albany would look like. The committee's work included sending a delegation of Albany stakeholders to Seattle to meet with the originators of the LEAD program and see an operational LEAD program. That trip included community members, police, the district attorney, county officials, faith leaders, and more from Albany.

On June 25, 2015, a Memorandum of Understanding (MOU) was signed by stakeholders, transitioning the steering committee into a formal Policy Coordinating Group (PCG) that oversees the purpose, philosophy, and ideology of the partnership. The PCG works through consensus and membership is entirely voluntary for all the members. The PCG is the oversight board for LEAD. The signatories to the original Memorandum of Understanding were: The Albany Office of the Mayor, Albany Police Department, Albany County Executive (which includes multiple agencies like Department of Mental Health and the Public Defenders), Albany County District Attorney, Albany County Sheriff, Central District Management Association (business improvement district), the Center for Law and Justice, and Drug Policy



Albany Chief Brendan Cox speaking at the MOU signing in June 2015. Albany Mayor Kathy Sheehan and Albany County Executive Daniel McCoy are standing behind him.

Alliance. As key service provider representatives of the development group, Catholic Charities Care Coordination Services, St. Catherine's Center for Children, and the Addictions Care Center of Albany signed an addendum to the MOU.

The memo as executed demonstrated Albany's commitment to align its program with the goals and core principles 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 intervention
- 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 in the front end of the criminal justice system
- 5** **Sustain** funding for alternative interventions by capturing and reinvesting justice system savings
- 6** **Strengthen** the relationship between law enforcement and the community

Developing the Operational Work Group

With the launch of the PCG, it was now time to develop the operational protocols for Albany's LEAD program. After some initial preparation, on September 9, 2015, an Operational Workgroup (OPW) was formed to develop the operational guidelines for the project. The OPW is comprised of the operational partners who are in direct contact with the individual clients: case managers, service providers, police and sheriff departments, district attorney, public defenders, and probation.

The workgroup developed a well thought out operational protocol that covers everything from point of contact with the police, to the hand off to case manag-

er, to the bi-monthly team meetings. The protocols for LEAD Albany call for the cases involving crimes driven by addiction, mental illness, homelessness, or poverty to be considered for diversion. Although there are several factors that can disqualify an individual, the OPW chose to be as open as possible with charges that could be diverted and took the more holistic approach of looking individually at each potential participant instead of solely at the charge.

The operational guidelines were accepted by the Policy Coordinating Group at the start of 2016. These guidelines are living documents and continue to be adjusted as we learn more about the people we serve.

Developing the Community Leadership Team

The community leadership team (CLT) was formed to provide the community and its stakeholders with regular public meeting opportunities for bi-directional feedback and accountability. These meetings are held to ensure the community's input for Albany's LEAD program development, execution and evaluation is regularly solicited from and provided to Albany officials. It is a vehicle for transparency that provides the community with an additional avenue for input into the program. In Albany, the CLT is coordinated through the Center for Law and Justice. The CLT became a vehicle to connect community members who were not otherwise connected to the LEAD process so they could provide input, ask questions, and help hold the program accountable to community demands for reform. The group has also mounted an educational campaign which engages area businesses about LEAD.

Funding, Staffing, and Training Before Program Launch

Prior to the launch of LEAD, there were a number of components that needed to be addressed in order to make the program and process work effectively.

Program Director

First, a program director was necessary. On, November 11, 2015, a local family foundation—the Carl E. Touhey Foundation—awarded the Albany LEAD initiative funding for the hiring of a Program Director. The Program Director's position was subsequently posted and the position was filled by Keith Brown, MPH, on May 16, 2016. The position is housed at the Katal Center for Health, Equity, and Justice.



George Clifford, Ph.D, MPA, executive director of the Center for Health Systems Transformation, Albany Medical Center, speaking at the Albany LEAD Program Launch, April 1, 2016.

Case Manager

Next, a case manager was essential to make LEAD work. Once the Program Director was hired, a plan of action came into place to forge a new and unique partnership around Medicaid redesign funding between Albany Medical Center and Catholic Charities. Recognizing that “super-utilizers” of the emergency room and other preventable healthcare services will have cross over with clients in LEAD, Albany Medical Center saw the health system benefit of being involved with LEAD. After much discussion Albany Medical Center proposed to utilize Delivery System Reform Incentive Payment Program (DSRIP) funding under their contract with Catholic Charities to provide for a full-time case manager and a 1/4 time outreach worker. This funding allowed for LEAD to operationalize. The partnership which led to this funding was a first-in-the nation and provides yet another example of Albany’s important leadership role at the national level with regards to innovation in public safety and criminal justice reform. Additional participant outreach and engagement is provided by Catholic Charities Care Coordination Services with support from the New York State Department of Health.

Police Training

In the first quarter of 2016 the police department trained all 342 officers in harm reduction and principles of LEAD. The course was held in conjunction with procedural justice trainings. This was another unique development led by Albany, in that the other police agencies had never implemented harm reduction

training or conducted LEAD training for their entire department. The training in LEAD and harm reduction have also been incorporated into the basic police academy curriculum and is standard for all recruits—among the first training programs in the country to do so. And it has further been integrated into the field training program.

Government Agencies

An overview of LEAD and harm reduction was completed for a number of governmental agencies that are part of the criminal justice system, in addition to the Albany Police Department. These agencies include the Albany County District Attorney’s Office, the Albany County Probation Department, the Albany County Public Defender’s Office, and the Albany City Court Judges.

Business Community

The OPW and CLT also performed outreach to various businesses so that they would understand what LEAD is and how it operates. This was done in a specific effort to divert arrests for shoplifting where the offender would be better served in LEAD than in the criminal justice system. This education has paid dividends as the loss prevention officers have become familiar with LEAD and have requested that cases be diverted on several occasions.

Community Partners

It has also been key to take trainings into the community and educate the community as to what LEAD is. The Center for Law and Justice, key stakeholders and CLT

members partnered with the police department to conduct several community conversations around LEAD. These included presentations at the Albany Common Council, Council of Albany Neighborhood Associations, A Village, Arbor Hill Community Center, The Islamic Cultural Center of the Capital District, Capital Area Against Mass Incarceration, the University of Albany, and the South End Neighborhood Association.

The Rollout

All departmental training was completed by March 31, 2016. With that completed, LEAD was placed into operation on April 1, 2016 in a phased in manner. The first phase included 46 officers who received an additional 8 hours of special training and were eligible to make diversions. These 46 officers—called LEAD Intake Officers (LIO)—also served as subject matter experts within the Albany Police Department on LEAD and its principles. This was done to ensure all aspects of the initiative were ready to go and to provide opportunities for early problem-solving. This phase stayed in place until July 1, 2016 when LEAD went into full effect and all officers could divert arrests.

Funding

LEAD Albany became operational through a number of funding streams. As noted, the NYS Health Foundation supported planning efforts, and the Touhey Foundation supported the hiring of a Program Director. The Albany Medical Center's partnership and use of DSRIP funds was essential to securing the case manager and outreach worker. Additionally the Albany Police Department staff, with assistance from the Central Avenue Business Improvement District reached out to area businesses to secure in-kind donations and other resources to support LEAD program participants. Entities that provided such support include Stewart's Shops, the Capital District Transportation Authority (CDTA), the Capital City Rescue Mission, Homeless and Traveler's Aid Society, and the Albany County Department of Social Services.

Additional funding is being pursued through government and private grants to expand the number of case managers, which will expand capacity. Additionally, the PCG is prioritizing fundraising to support the hiring of a Community Engagement Coordinator, who will work to support the efforts of the CLT.

Data and Evaluation

Both the process and the outcomes of the Albany LEAD program will be evaluated. The New York State Department of Criminal Justice Services is providing funding to The John F. Finn Institute for Public Safety to conduct a process evaluation of the development and implementation of LEAD in Albany. The *process evaluation* is a method to assess how LEAD is being implemented. It is focusing on the steps of implementation, the current operation, and the service delivery. The PCG is currently seeking funds to conduct an independent *outcome evaluation*, which will assess the efficacy of Albany's LEAD program in improving public safety.

As part of the data collection and evaluation processes, the PCG has formed a Data & Evaluation Committee. The committee meets and reviews the diversion data that could be used to help evaluate if the goals of the initiative are being met. This data is shared with the OPW and CLT, who then process it for the PCG for further action. This method creates checks and balances and fosters transparency to share information with stakeholders and the broader community.



Samuel Wiggins, a member of the Community Leadership Team, speaking at Albany LEAD Program Launch, April 1, 2016.

Diversions

As of March 31, 2017, Albany police officers have diverted 40 individuals into LEAD. The originating charges included petit larceny (shoplifting), possession of narcotics, and trespassing. The driver of these incidents were based in substance use, mental illness, or poverty. In any of the 40 cases a criminal charge would have only exacerbated what each of the participants faced.



The individuals that were diverted faced complicated issues that were better addressed through active case management based in harm reduction, than through the criminal justice system. Charges diverted included petit larceny (shoplifting), drug possession, and trespassing. Many clients needed an extensive array of services including addiction services, housing, mental health services, and educational placement. Arrests would have only led to unnecessary jail time, fines, and increased destabilization. Furthermore, arrests would not have increased public safety or decreased public disorder.

The mechanism needed to divert the charge is the completion of a case management assessment. This is a process that involves the case manager meeting with the client and completing a standard assessment meant

to provide guidance in specific needs. Once diverted, clients show up in meetings with their case manager to complete the intake assessment and develop an individualized service plan. In only one case did a client not complete this assessment. In this instance, the OPW, as per LEAD protocols, determined that an arrest warrant was appropriate.

It is important to highlight some of the successes and challenges that have occurred with participants in this first year. LEAD is not easy work and the answer is not always apparent. The successes are a tribute to the case management style of LEAD and the inter-agency communication and planning to ensure that checks and balances are in place to assist the client. The challenges are a reminder that our criminal justice system, health care system, behavioral health care system, and human services system are imperfect. They are also a reminder that we are dealing with human beings, and not everything fits into a perfect little box.

The success stories include a participant with an extensive criminal history driven by a heroin dependence including twenty-two previous convictions, mainly larcenies. This addiction was coupled with multiple complex medical and psychosocial issues. Since his diversion, he has been engaged successfully in treatment, his medical and psychosocial situation has stabilized, and he has not been re-arrested by the Albany Police Department. Several of the LEAD participants are chronically homeless. They have either been housed stably or sheltered temporarily while waiting for stable housing. While some participants living with mental health concerns remain challenging to engage, several have been linked or re-linked with appropriate care.



Housing Challenges

One of the greatest challenges is staying positively engaged with participants while awaiting needs to be met. This is especially true in cases where a participant needs stable housing. Stable housing does not happen in a timely manner so many times temporary shelter needs to be found. Based on the history of some participants some temporary shelter providers have discontinued services for participants. This leaves the case manager seeking alternative shelter that is hard to find.

Expanding Access to LEAD

The OPW meets bi-weekly to discuss active clients and ensure operations are functioning at a high level. This allows for the OPW to identify challenges that cause barriers to successful diversions. Over the past year, the OPW identified two areas that could lead to improved and expanded diversions:

The first area was about outstanding warrants. Initially there was exclusionary criteria that involved warrants; if a client had an open warrant they were not eligible. But OPW stakeholders recognized that this excluded many otherwise eligible people from LEAD who had warrants related to low-level issues. The OPW, recognizing the barrier to divert appropriate cases, recommended a change to the criteria, and established a process by which people who are eligible for LEAD and have open warrants (that are not for ineligible charges) can still be diverted. This change will allow for more people to be eligible for LEAD.

The second change was to alter how the Albany Police officer would connect the client to the case manager, shortening the procedural steps for the officer to make the diversion, and thereby expediting the process overall.

Both changes were recommended by the OPW and forwarded to the PCG, where they were approved. Additional changes can be anticipated as the operational partners continue to look for ways to make LEAD more accessible and effective.

Building Capacity

On April 1st, Catholic Charities Care Coordination Services, through its harm reduction program Project Safe Point, will fully implement an innovative project called the “Drug User Health Hub.” This project uses a harm reduction-based, 24-hour crisis intervention approach to engage active substance users into services. Referrals will be made from members of the community, emergency responders, law enforcement, and local hospitals. LEAD services are run out of this project. This implementation is crucial for Albany LEAD because it provides the mechanism for 24-hour access for Albany Police Department staff to make eligible diversions as well as provide additional peer resources for LEAD participants.

Community Awareness Materials

PCG members, particularly the APD, have prepared multiple public presentations about LEAD. The PCG additionally prepared this report and will produce more fact sheets to respond to community requests. The Albany Police Department has developed a LEAD brochure that is part of a series of educational brochures that provide community members awareness of the various initiatives the department is involved in. The department received feedback from members of the CLT in the development of the brochure.

2017 / 2018 Goals

- Sustainable funding for Community Engagement Coordinator
- Increase capacity of case management and street outreach to allow for up to 100 diversions
- Successfully divert 100 participants
- Exploration of a means for program entry without arrest potential (social contact referrals)

Conclusion

It has been a successful and challenging first year for LEAD.

There have been great cultural changes in the local systems that have enabled the partners to truly adopt a harm reduction model that recognizes addiction, mental illness, and poverty are issues better served in the public health arena. LEAD will continue to grow as an initiative, and will continue to positively transform outcomes in Albany.

Charles Touhey, Director, Carl E. Touhey Family Foundation, making announcement at Albany City Hall regarding the foundation's grant to support the hiring of a project director for the Albany LEAD program. December 2015.



APPENDIX

Albany LEAD Success Stories

Since LEAD's launch in Albany in 2016, 40 people have been diverted. While each story is different, these examples provide some insight into how LEAD works and its outcomes thus far. Names and identifying information have been changed or removed to protect the confidentiality of each client.

Victor

"Victor" was encountered by the Albany Police Department as a result of being caught shoplifting at an area department store. The store's loss prevention manager had learned about LEAD as a result of outreach to area businesses done by APD about the program, and expressed interest in diversion to the APD officer on the scene. The officer ran a criminal history check and discovered that Victor had a lengthy (40 page) "rap sheet" of petty crimes; he had cycled in and out of the criminal justice system re-

peatedly. While he had a long "rap sheet," he did not have any exclusionary criminal history that would make him ineligible for LEAD.

Victor disclosed to the officer a need for substance abuse treatment, housing, and linkage to medical care. After consenting to diversion, Victor was referred by the officer to the LEAD Case Manager.

During the initial assessment with the case manager, Victor disclosed that he had a 3-4 bundle (30-40 bag) per day heroin habit as well as several untreated but serious medical issues that resulted in multiple hospitalizations.

After completing the assessment, the case manager and Victor developed an initial plan of action to address the needs he identified. Given the seriousness of his physical dependency on heroin, an immediate referral and linkage was made for Methadone Maintenance Therapy. Second, he was re-linked to primary and specialty medical care. Finally, the case manager assisted Victor with housing at a local Single Room Occupancy (SRO) program. The LEAD Operational Work Group partners saw Victor's positive development. When a separate criminal charge from another county that pre-dated his diversion in Albany popped up, the collaborative group—the case manager, public defender, and district attorney's—office advocated to prevent Victor from being jailed on the old charge and worked with the courts and Victor to resolve that separate issue.

Since his initial diversion, Victor has been housed, attending his treatment program, and has had no re-arrests. Had Victor been subjected to the "business as usual" approach of yet another arrest in a long string of arrests, it's unlikely he would have found housing and entered treatment and instead very well could have continued committing petit larceny to support his addiction. Through diversion to an intensive case-management approach, public safety has been protected in more meaningful ways than would have been achieved by making a standard arrest.

Additionally, cost savings have very likely been achieved in the form of reductions in preventable hospitalizations/healthcare utilization, emergency response, jail costs, and law enforcement time/resources. And by preventing incarceration in another county on a separate charge, Albany LEAD has likely saved that county from incurring significant costs due to Victor's complex medical issues. Most importantly however, Victor has significantly improved his health and quality of life.

Daniel

"Daniel" had been living out of a vehicle after becoming estranged from his family and was known to the Albany PD through repeated contacts. Struggling with alcohol use and an untreated mental illness, he was encountered for an open container and diverted to LEAD case management. At this time, Daniel was also exhibiting some hoarding behavior, as his vehicle was filled with trash and other items. In regular check-ins between the case manager and Albany PD, they expressed concern that Daniel's situation was deteriorating. At first, Daniel was difficult to engage by case management and Albany Police staff, but after repeated contact he finally began working with the case manager. By accompanying Daniel to several court dates for a previous DWI charge, the case manager was able to build trust and create a productive relationship. As a result, Daniel has been abstaining from alcohol use and is now living in his own apartment. Additionally, he was able to sell his vehicle and address his DWI charge.

By developing a relationship built on trust and persistence, the case manager and Daniel were able to work together over time to address several of his main issues. As a result, Daniel isn't living on the street in his car, and the Albany Police Department is not having repeated contact with him. He is making significant positive improvements, and with his stabilization, Albany has achieved public safety benefits. Additionally, cost savings have likely been achieved in reduced Albany PD time/resources, prevention of mental health-related hospitalizations, and avoidance of jail/incarceration.

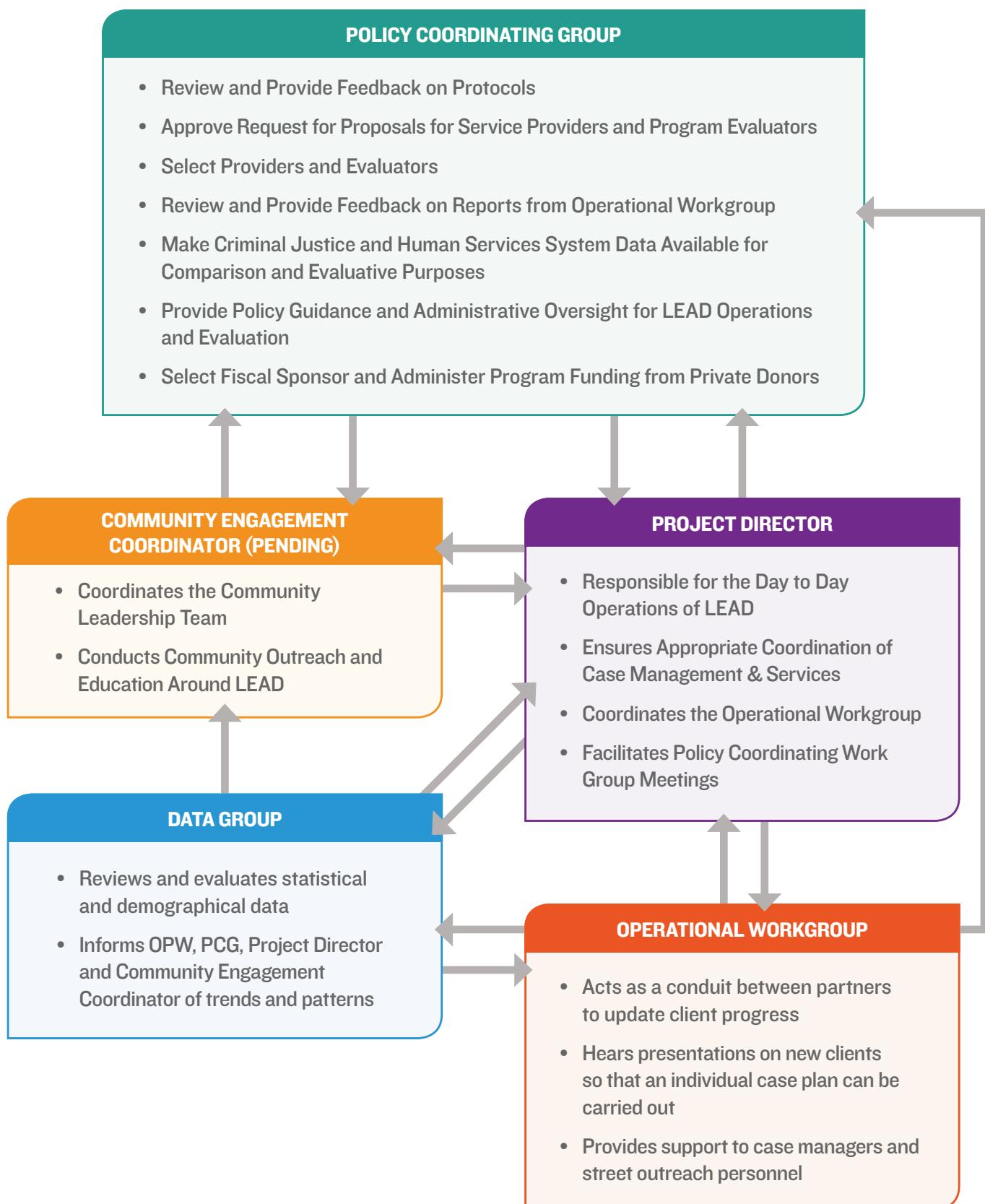
Albany LEAD Stakeholders & Roles

Albany LEAD MOU Partners and Roles	
City of Albany, Office of the Mayor	Committed to providing staff towards implementation, execution, and sustainability of LEAD. Appointed qualified senior staff member to PCG. Directed police department to make LEAD a priority and is committed to addressing racial and ethnic disparities.
Albany Police Department	Committed to participate in LEAD on operational and policy level. Trained all sworn officers on the LEAD initiative and the principles of harm reduction. Have dedicated staff to the PCG and OPW.
Albany County Executive's Office	Committed to participate in the LEAD initiative and has dedicated senior staff to the PCG and OPW. Executive level staff from the County Departments of Health, Mental Health, the Office of the Public Defender, and the Probation Department play key roles at the PCG and OPW. The Departments of Health and Mental Health provide support at the PCG and OPW and consultation and technical assistance in connecting LEAD clients to appropriate services. The Public Defender's Office provides support at the PCG and OPW to ensure that LEAD clients receive legal services. The Probation Department provides support at the OPW for any LEAD client that is on supervision.
Albany County District Attorney's Office	Committed to participate in the LEAD initiative and assign an Assistant District Attorney, or other prosecuting attorney, to the PCG and OPW.
Albany County Sheriff's Department	Committed to participate in the LEAD initiative and assign senior level staff to the OPW and PCG. ACSD will eventually become an active agency diverting arrests and making referrals.
Central District Management Association	Assigns staff who attend and actively engage in policy and outreach meetings representing the business and property owners in the BID area. Acts in an advisory and advocacy capacity for the LEAD partners.
The Center for Law and Justice	Committed to supervising the LEAD Community Outreach Coordinator and assisting with community organizing and outreach efforts. Assists in communicating the LEAD process in other jurisdictions.
The Katal Center for Health, Equity, and Justice	Participates in an advisory capacity and assists the PCG with advocacy, fundraising, document drafting, stakeholder consultation, troubleshooting, and technical assistance. Will provide support for the Project Manager. <i>*The original entity serving as project manager was the Drug Policy Alliance. In 2016, Katal took over as project manager, via its role as a LEAD technical service provider.</i>

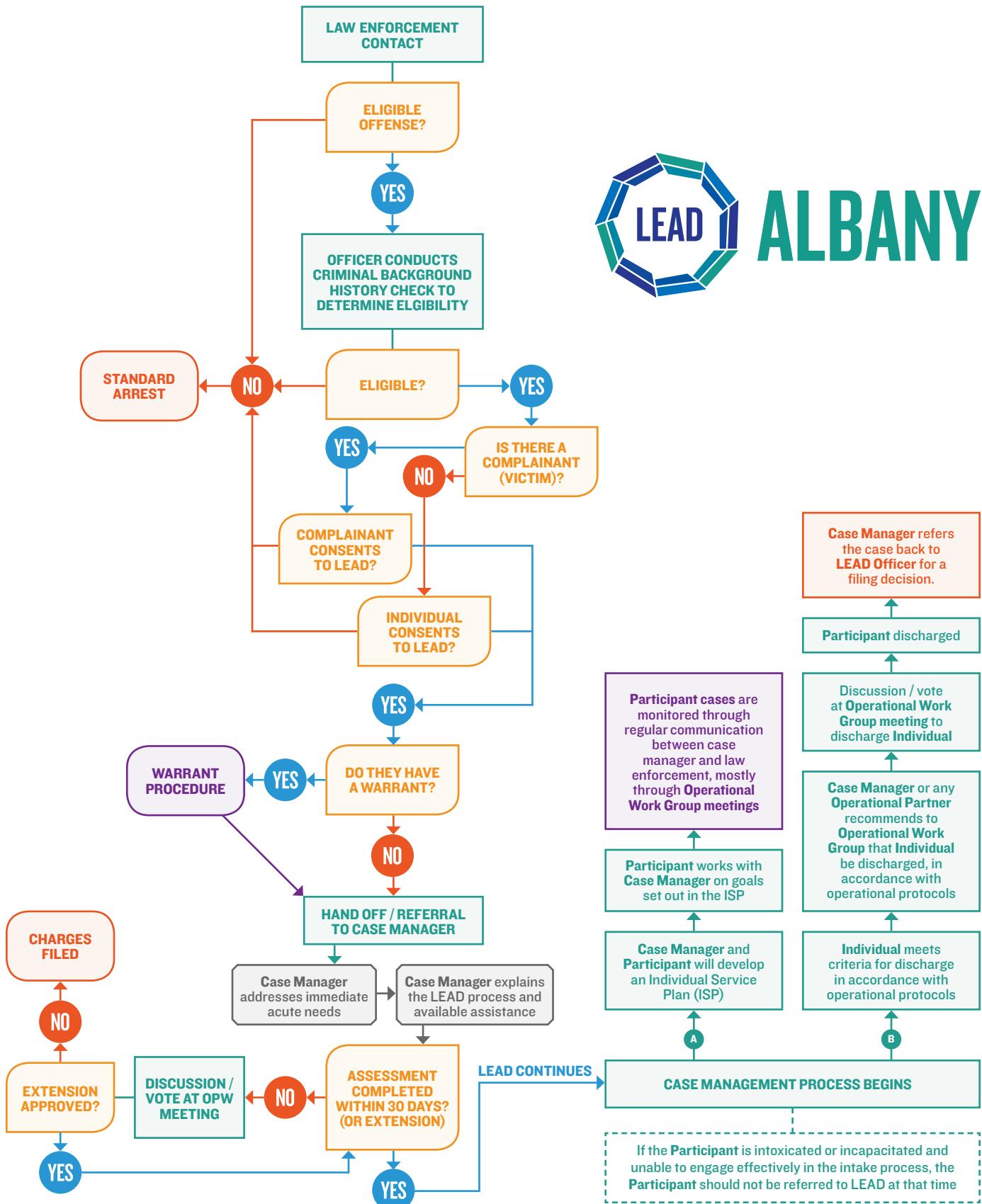
MOU Addendum for Service Providers	
Catholic Charities Care Coordination Services	Will assist in the development and implementation of LEAD. Will provide technical assistance as an expert in direct case management/case coordination and harm reduction services. <i>*Since MOU was signed and executed CCS is now the case management provider for LEAD through a contract with Albany Medical Center.</i>
St. Catherine's Center for Children	Will assist in the development and implementation of LEAD. Will provide technical assistance as an expert in direct case management/case coordination and harm reduction services.
The Addictions Care Center of Albany	Will assist in the development and implementation of LEAD. Will serve as an expert technical advisor in Substance Use Disorder prevention and community education.

Other Attendees	
Finn Institute	Contracted to conduct process evaluation through NYS DCJS.
Catholic Charities Drug User Health Hub	Provide 24-hour outreach, engagement, and harm reduction services to LEAD referrals and non-LEAD clients. This increases the capacity for services and builds a foundation for social contact referrals.
Governor's Office of Public Safety	Interest in replication statewide and potential for state resources for Albany LEAD.
NYS CORe Initiative	Interest in cross system design and connection with CORe initiative in Albany and Newburgh.
New Horizons Christian Church	Community input and outreach. Part of the Community Leadership Team.
ROOTS	Community input and outreach. Part of the Community Leadership Team.

Albany LEAD Flow Chart



Sequence of Arrest / Diversion



Albany LEAD Participant Eligibility Criteria

FROM THE OPERATIONAL PROTOCOL, CURRENT VERSION 1.2.20

Summary

There are a range of criminal offenses eligible for diversion, but it might be most helpful to consider what offenses are *ineligible*. Exclusions focus on individuals with convictions for certain violent crimes as well as for certain types of warrants. The outline below provide a diversion criteria; for more details about the diversion process, please refer to the Operational Protocol, available from any LEAD Operational Work Group member.

Note about consent: Any individual diverted into LEAD must provide consent to diversion after being informed about the project and its requirements by the responding officer. In cases where there is a complainant (victim), they, too, must consent to diversion.

Diversion Criteria

Adults who have a known history of alcohol, drug, poverty, homelessness, or mental health related needs, will be eligible for diversion to the LEAD program, and should be diverted to LEAD in the pre-arrest phases, when probable cause exists that the individual committed any of the following offense(s):

- a. Criminal Possession of a Controlled Substance in the Fifth Degree;
- b. Non-Violent Penal Law Misdemeanor(s);
- c. Non-Violent Penal Law Violation(s); or
- d. Non-Violent General City Ordinance Violation(s); and
 - i. The complainant is willing to decline prosecution, if applicable, in order to allow the offender to proceed with diversion processes; and
 - ii. The individual committed the offense(s) in relation to an alcohol, drug, poverty, homelessness, or mental health related need.

Exclusion Criteria

Adults shall be considered *temporarily* ineligible for diversion to LEAD if, at the time of initial police contact, the individual meets any of the following criteria:

- 1. The individual does not appear amenable to diversion.
- 2. The individual exploits minors or others.
- 3. There is probable cause to believe the individual committed a violent offense.

- 4. There is probable cause to believe the individual committed a felony, any type, except Criminal Possession of a Controlled Substance in the Fifth Degree.
- 5. There is probable cause to believe the individual committed promoting prostitution in the fourth degree or prostitution in a school zone offense.
- 6. There is probable cause to believe the individual violated an order of protection.
- 7. There is probable cause to believe the individual committed a domestic violence offense.
- 8. The individual is currently under the supervision of Parole.
- 9. The individual is a registered sex offender.
- 10. The individual is in need of acute emergency care and is taken into custody under the NYS Mental Hygiene Law Section 9.41.
- 11. The individual is under the age of sixteen (16) years old.
- 12. The individual is permanently disqualified from the LEAD program if they have ever been convicted of any of the following offenses (including attempts):
 - a. Murder 1st or 2nd
 - b. Arson 1st or 2nd
 - c. Robbery 1st
 - d. Assault 1st
- 13. The individual is temporarily disqualified from the LEAD program if they have ever been convicted of any of the following offenses within the past ten (10) years (including attempts)
 - a. Robbery 2nd
 - b. Assault 2nd
 - c. Burglary 1st or 2nd
 - d. Criminal Possession of a Weapon 3rd

The diversion and exclusion criteria is reviewed regularly in the Albany LEAD Operational Work Group.



ALBANY

This year-in-review was produced by the Katal Center for Health, Equity, and Justice, in its capacity as project coordinator for the Albany LEAD program and in service to the Albany LEAD Policy Coordinating Group.

Producing this year-in-review would not have been possible without the tremendously valuable contributions and feedback from Lt. Melissa Gipson and Chief Robert Sears, Albany Police Department; Dr. Alice Green, Executive Director of the Center for Law and Justice; Brendan Cox, Director of Policing Strategies at the LEAD National Support Bureau; and Stephanie Lao, Executive Director of Catholic Charities Care Coordination Services.

The development and launch of the Albany LEAD program was achieved with support from the New York State Health Foundation, the Carl E. Touhey Family Foundation, and the LEAD National Support Bureau. Launching LEAD in Albany would not have been possible without the commitment and support of the community, law enforcement, social service and government stakeholders who came together to develop a new approach.

For more information about the Albany LEAD program, please contact the Albany LEAD project director:

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