

City of Longmont Law Enforcement Assisted Diversion (LEAD) Program Summary

Longmont LEAD is part of a comprehensive behavioral health response system. The system includes a primary response co-responder program, a community health program and the Angel Initiative. LEAD focuses on reducing the usage of the criminal justice system for the public health issue of addiction. Police officers use their discretion to divert or refer individuals struggling with addiction into a harm reduction based case management program. Public safety based case managers utilize an assessment to determine individualized needs and work with community partners to meet those needs. Case managers then use an outreach philosophy to “meet them where they’re at” and build individual capacity to confront addiction and build life skills.

Referral Process:

All LEAD referral must come via City of Longmont police officers. Officers can divert any charge related to an underlying addiction, not just possession charges. This could be shoplifting to support an addiction, a trespass or disturbance as a result of intoxication, etc. If officers develop probable cause, they will offer the individual a choice to meet with a case manager within 14 days and complete an assessment in exchange for dropping the charge. If a case manager is available, we will meet the individual and the officer on scene. If the individual does not complete the assessment, the charge can be revisited (this has only happened once). All other interactions or previous interactions with law enforcement are handled as normal. Officers can also refer an individual into LEAD without developing probable cause through a “social referral” process. We strongly believe our police officers know our community the best and are the best judges of who is an appropriate referral into LEAD.

Case Management: (The LEAD Magic):

LEAD [Peer] Case Managers each hold up to 25-30 participants in varying degrees of engagement. Upon receiving a new referral, case managers complete forms to help us understand someone’s demographic information, their immediate needs and sign ROIs; followed by an assessment. The assessment is a tool that provides a collaborative platform for the case manager and participant to begin building a relationship, assist the case manager in understanding historical information that may be impacting the person’s current behavior and identify person-centered goals to guide their partnership and work. Case managers approach these relationships from a harm reduction philosophy, with a spirit of acceptance, compassion and respect for autonomy. We believe the participant is the expert on their needs and has the capability to determine the best approach to creating change. This is not always an easy or intuitive role; however, it does lend to case managers building transparent relationships with participants and truly walking alongside them as they work together to improve the participant’s quality of life. This includes but is not limited to, transportation assistance to vital medical or mental health appointments, comprehensive care coordination with external community partners (i.e. probation, primary care providers, hospital staff, jail personnel, housing partners/housing authorities, mental health providers, and employment services), linking to housing resources, managing housing needs within the LEAD apartments, assisting with applying for eligible benefits and health insurance and building life skills aligned with the participant’s goals.”

Operational Workgroup and Steering committee:

Our program is deeply rooted in community support. Every month, an Operational Workgroup of community partners (DA, police, public defender, treatment providers, hospitals, public health, housing providers, etc.) meet to review new referrals, problem solve individual cases and develop community solutions for barriers to care. The Steering Committee provides overall guidance and is comprised of the District Attorney, our Municipal Judge, the Public Defender’s office, the COO of Long’s Peak Hospital, and a representative from a counseling service.

Story of Success:

LEAD participant John was referred to the program as a result of his substance use disorder and began working closely with one of our Peer Case Managers in June of 2018. John was homeless and well known to Longmont Public Safety, having generated hundreds of calls for service from police and fire with many transports to the

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emergency room. He was well known to community service providers as someone with a history of behaving in a hostile and antagonistic manner, resulting in John's isolation from independently accessing services to improve his quality of life. Due to his lack of housing, we chose to take a "housing first" approach with John and moved him in to one of the LEAD apartments.

One of the first things he did after joining LEAD was to begin to repair relationships with the front line staff at many of the agencies from which he had been banned. He wrote letters of apology and asked for forgiveness. People were willing to give him another chance with the understanding LEAD staff would walk alongside him as he rebuilt vital interpersonal skills. John also set a goal to reconcile with his mom, and has since re-established communication with her, and is continuing to work toward strengthening their relationship. He shared recently that he has a completely different, and positive, relationship with Longmont's police officers than he did prior to joining LEAD. In his words, "The Longmont Police are great, and I even call some of the officers my friends." Over the past year, he has become a passionate advocate of the LEAD program and has shared his story and insights at several community forums.

During his engagement with LEAD, John was able to start focusing on his health and medical care needs. He now has glasses and received significant dental care including dentures. Through our harm reduction approach, John was able to reduce his drug use significantly within the first six months of participation in the program, and after one year of engagement in LEAD, John entered a 12-month treatment program that focuses on helping men who are coming out of homelessness and addiction to achieve self-sufficiency, where he is now successfully working toward this goal!

What has worked well so far:

- Conversations are happening between community partners that were not happening before
- Some significant success stories
- Harm reduction philosophy slowly being understood in public safety (and community partners)
- Systems have been built to support LEAD
- Significant partner, elected official and community support. One council member recently declared "LEAD is the best thing we have in our community"
- A cultural shift within Police and Fire around how we address substance use and mental health

What is still challenging:

- Long-term sustainable funding sources
- Meth
- Adequate amount of treatment providers and other support services (housing, individual counseling, etc.)

One year of LEAD in Longmont Data Highlights:

- 111 referrals from Longmont police officers
- 21 partner agencies serve on the Operational Workgroup
- More than 40 community partners actively engaged in providing services to LEAD participants, receiving more than 300 referrals and "warm hand-offs" from LEAD case managers.
- For the 80 participants engaged in LEAD for at least 180 days, we have seen more than a 20% decrease in public safety contacts (police and fire).
- For the first time, Fire Service calls decreased in 2018, directly attributed to several high-utilizers enrolled in LEAD.