BEHAVIORAL HEALTH SYSTEM BALTIMORE

- **Ensures access** to a full range of quality behavioral health services
- **Advocates** for policies to advance prevention, early intervention, treatment and recovery
- **Collaborates** with system partners improve access to care
- **Strengthens communities** by supporting behavioral health and wellness
IMPACT OF THE WORK

Individuals
Families
Communities

- Housing
- Mental Illness
- Trauma
- Physical Illness
- Poverty
- Substance Use
- Employment
- Jail/Prison
- Schools
NOTES

- Expenditures for mental health and substance use services
- System is largely funded by Medicaid
- BHSB funds services for uninsured and services not reimbursable by Medicaid/Medicare

Source: ASO (Beacon Health Options)

* Total expenditures for services only
LAW ENFORCEMENT ASSISTED DIVERSION

- Diverts low-level drug and prostitution offenders to community-based treatment and support services
- Individuals referred to intensive case management and receive treatment and other support services
- Police, prosecutors, and case managers work closely to support LEAD participants
- Utilizes a harm reduction approach
- Baltimore City launched LEAD pilot program in February 2017.
  - Pilot zone west side of downtown: Franklin St. to Pratt, St. Paul St. to MLK.
LEAD GOALS

▪ **Reduce unnecessary criminal justice system involvement** for people with behavioral health disorders

▪ **Increase access** to community-based treatment and services

▪ **Reduce costs** to the criminal justice system by connecting individuals to support services instead of jail and prosecution

▪ **Improve public safety** and relations between police and community members
LEAD PROGRAM ELIGIBILITY

- Adults suspected of a low-level drug offense or prostitution are eligible, except when:
  - The individual is under supervision
  - The individual has a disqualifying criminal record (i.e. history of violent crime, sex offense) or presents a threat to public safety
  - The individual has an open case, open warrant, or is under supervision
HOW LEAD WORKS

▪ At the point of arrest an officer refers individuals to LEAD. Eligibility is confirmed through a records check and verification by the State’s Attorney’s Office.

▪ The officer takes the individual to a LEAD case manager at the Central District where they conduct an intake and begin offering assistance.

▪ The case manager helps the client access community-based treatment and/or other support services.

▪ Law enforcement, case managers, and key implementation partners meet weekly to discuss client progress and to monitor the status of the LEAD pilot.

▪ Officers also have a **social contact referral** option. The social contact referral empowers officers to assist those in need, without an arrest, while addressing community concerns related to drug activity.
LEAD IMPLEMENTATION UPDATE

- All Central District patrol officers trained in LEAD
- 37 individuals enrolled in the pilot; only one re-arrest
- Broad support from residents, business community, and key institutions such as University of Maryland Baltimore, Lexington Market, Business Community
- Strong support and participation from public agencies including Public Defender, State’s Attorney’s Office, etc.
IMPLEMENTATION PARTNERS

• Behavioral Health System Baltimore
• Baltimore Police Department
• University of Maryland Baltimore Police Department
• Baltimore Crisis Response, Inc.
• State’s Attorney’s Office
• Office of the Public Defender
• Outreach Collaboration:
  • Downtown Partnership
  • Health Care Access Maryland
  • Recovery Network
LEAD Pilot Cost
$500,000/year (est.)
LEAD NATIONAL SUPPORT

▪ Baltimore City works with the LEAD National Support Bureau, provides TA and participates a learning collaborative with other jurisdictions

▪ Seattle began the first LEAD pilot in 2011 in response to overt drug activity in the Belltown neighborhood in downtown

▪ Santa Fe’s LEAD pilot began in April 2014 as a response to opioid driven crime and increasing overdose deaths.

▪ Albany’s LEAD pilot began in Spring 2016
SEATTLE LEAD EVALUATION RESULTS

▪ LEAD participants were 58% less likely to be arrested than individuals arrested for similar offenses but not offered LEAD services

▪ LEAD participants’ criminal justice costs and utilization declined by $2,100, while control group participants’ costs increased by $5,961

▪ Participants were significantly more likely to obtain housing, employment and legitimate income in any given month subsequent to their LEAD referral
POLICY IMPLICATIONS

▪ Public health response to substance use

▪ Strategies to expand access to community-based services (non-traditional access points)

▪ Justice Reinvestment Act—criminal justice system reform to redirect spending to from corrections to communities

▪ Expand Maryland Medicaid Program to include acute care services, targeted CM for SUD
CONTACT US

Envisioning a city where people live and thrive in communities that promote and support behavioral health.

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