CITY OF SANTA FE, NEW MEXICO

RESOLUTION NO. 2013-76

INTRODUCED BY:

Mayor Coss
Councilor Dimas
Councilor Wurzburger
Councilor Ives
Councilor Calvert
Councilor Dominguez
Councilor Rivera
Councilor Trujillo
Councilor Bushee

A RESOLUTION

ACCEPTING THE RECOMMENDATIONS OF THE LEAD SANTA FE TASK FORCE AND DIRECTING STAFF TO ESTABLISH AND IMPLEMENT A THREE YEAR LEAD/PRE-BOOKING DIVERSION PROGRAM IN SANTA FE, INCLUDING DEVELOPING AN OPERATIONS PLAN AND EXPLORE FUNDING MECHANISMS.

WHEREAS, on June 27, 2012, the Governing Body adopted Resolution No. 2012-66 which established the Law Enforcement Assisted Diversion ("LEAD") Task Force; and

WHEREAS, the purpose of the LEAD Task Force was to collaborate regionally and across different areas of focus, in order to explore and recommend long-term solutions in a community strategic plan for addressing the issues arising from persons who are addicted to drugs and alcohol; and

WHEREAS, on June 26, 2013, the LEAD Task Force presented its findings and recommendations to the Governing Body; and

WHEREAS, the LEAD Task Force found that:

- 100 individuals, arrested by City of Santa Fe Police for opiate possession or sales, cost

more than $4.2 million dollars or an average of $42K per individual across local and state systems over the last 3 years. (This is only the tip of the iceberg – costs not included in this figure include: loss of productivity & earnings; impact on families & social support systems; current "ad hoc" drug treatments; public safety & health issues; witness, jury costs; property crime investigations and value of property lost, etc.)

- These same 100 individuals cost the City $1 million dollars in jail/detention costs over 3 years for a total of 11,502 jail days.
- They were arrested 590 times by police officers in the 3 years; officers spent an average of 9.3 hours per arrest.
- A majority (91 out of 100) were repeat offenders with a pattern of being re-arrested every 6 months in average.
- 51% of those individuals had property crime histories; and

WHEREAS, the LEAD Task Force recommendation is to establish a LEAD/Pre-Booking Diversion Program which would identify low-level opiate drug offenders for whom probable cause exists for an arrest, and redirect them from jail and prosecution by immediately providing linkages to treatment/support services; and

WHEREAS, LEAD found that with the economic strain on local counties, pre-booking diversion programs offer a viable, cost effective alternative to the status quo that can positively impact Santa Fe and an early estimate suggests that a successful pre-booking diversion program could cost approximately 53% less than the current system over a 10 year period (a saving of nearly $70K per successful case); and

WHEREAS, according to the Survey of New Mexico Voter Attitudes, SJC Research, January 29 – February 1, 2007, 71% of New Mexico voters support allowing a person caught with small amounts of drugs to be offered drug treatment instead of being incarcerated; and

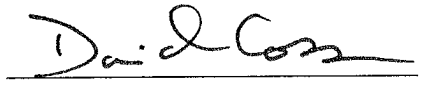
WHEREAS, the benefits of the LEAD/Pre-Booking Diversion Program will:

- Increase safety for the community by reducing future criminal behavior.
- Reduce the burden on the law enforcement, county jail, prosecution, and court system.
- Redirect public safety resources to more pressing priorities, such as serious and violent crime.
- Reduces opiate overdoses (and related burden on the emergency and hospital resources) and recidivism.
- Optimize the use of the Affordable Care Act health coverage for treatment and social supports.
- Improve individual outcomes and community quality of life through research-based treatment, harm reduction and social supports.

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE CITY OF SANTA FE that the Governing Body hereby accepts the *LEAD SANTA FE TASK FORCE RECOMMENDATIONS*, attached hereto as Exhibit A. Such acceptance approves the planning and implementing of an innovative 3-year pre-booking diversion pilot program to divert those individuals suffering from an addiction to opiates into treatment and social supports (Planning phase: August 1 – December, 31 2013; Pilot phase: January 1, 2014 – Dec. 31, 2017)

BE IT FURTHER RESOLVED that based on the LEAD Santa Fe Task Force recommendations, staff is directed to develop an operations plan and explore funding mechanisms to establish and implement the three year LEAD/Pre-booking program in Santa Fe.

PASSED, APPROVED AND ADOPTED this 31st day of July, 2013.



DAVID COSS, MAYOR

ATTEST:

YOLANDA Y. VIGIL, CITY CLERK

APPROVED AS TO FORM:

GENO ZAMORA, CITY ATTORNEY

M/Melissa/Resolutions 2013/2013-76 LEAD Task Force Recs

LEAD

HEALTHY FAMILIES; SAFER STREETS

CITY OF SANTA FE'S LEAD TASK FORCE: RECOMMENDATIONS TO THE CITY COUNCIL

July 2013

EXHIBIT "A"

Acknowledgements

The Law Enforcement Assisted Diversion (LEAD) Task Force thanks:

- Santa Fe City Council for unanimously passing Resolution No. 2012-66 creating the LEAD Task Force;
- Mayor David Coss, Councilor Bill Dimas and Councilor Patti Bushee who made it possible to convene, study, learn and engage a diverse range of key stakeholders;
- Terrie Rodriguez, City of Youth and Family Services Division Director, for her tireless effort in supporting the work of the Task Force;
- Joohee Rand, from the Santa Fe Community Foundation, for her data collection and thorough cost-benefit analysis;
- Santa Fe Community Foundation, Con Alma Health Foundation and McCune Foundation for helping contribute to the planning costs; and,
- Emily Kaltenbach and Sgt. Jerome Sanchez, Co-Chairs, for their leadership, organizing and facilitating the Task Force.

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Cathy Ansheles, NM Criminal Defense Lawyers Assoc.

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Kathy Armijo-Etre, Christus St. Vincent's Hospital

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Captain George Ortiz, City of Santa Fe

Maria Jose Rodriguez Cadiz, Solace

Sergeant Jerome Sanchez, (Co-Chair), City of Santa Fe

Pablo Sedillo III, Santa Fe County, Public Safety

"The LEAD Task Force has done an outstanding job in developing a set of realistic recommendations to address the tragic problem of opiate addiction and related property crime that affect all Santa Feans. We can't arrest our way out of this issue."

- Mayor David Coss

LEAD: A PRE-BOOKING DIVERSION PROGRAM - BREAKING THE CYCLE OF ADDICTION & ARREST

Executive Summary

A Public Safety and Public Health Dilemma: The City of Santa Fe's current approach to low-level opiate drug offenses is proving to be fiscally unsustainable and an ineffective strategy for improving the public safety and public health of our community.

The current approach - arresting and incarcerating people for small amounts of opiates without access to long-term treatment - only moves a relatively small fraction of offenders off the streets, for brief periods of time, and at a significantly higher cost than non-criminal justice system interventions. It diverts increasingly limited law enforcement resources from more serious crimes, with little to no improvement in neighborhood quality of life or a reduction in drug related deaths (1).

Handling low-level non-violent drug offenders in the local and state criminal justice system is not only costly, but evidence suggests that this is not a way to break the cycle of addiction or enhance public safety.

With public coffers shrinking and demand for services growing, the City of Santa Fe can no longer afford to rely exclusively on criminal sanctions to address problematic, drug-related behavior. A growing body of behavioral health and public policy research suggests that alternative interventions may provide less costly ways to intervene without compromising public safety, and also be more successful in changing behavior (1).

The City of Santa Fe has experienced an increase in property crimes while at the same time experienced an increased use of opiates, both heroin and opiate-based pills. In 2011, *the Santa Fe area* (the city and the county, including parts of Española) *ranked second in the country in residential burglaries per 100,000 residents (2).* Property crimes rose slightly in 2012 compared to 2011. Residential burglaries increased to 802 from 782 the previous year (3). At the root of this property crime problem is serious drug addiction.

Drug overdose death rates in the U.S. have more than tripled since 1990 and have never been higher. In 2009, more than 37,000 people died from drug overdoses, and most of these deaths were caused by prescription drugs (4). *New Mexico has the highest drug-induced death rate in the nation,* and the consequences of drug use continue to burden New Mexico communities. Drug induced deaths in Santa Fe County, between 2007-2011, were at 24.3 per 100,000 equal to the state rate and up from 18.1 between 2005-2009. Santa Fe County had the forth highest number of drug-induced deaths (N = 61 between 2007-2011] across the state. In New Mexico, drug overdose deaths have now surpassed car accidents as the leading cause of death (5).

New Mexico has the highest drug-induced death rate in the nation & drug overdose deaths have now surpassed car accidents as the leading cause of death. — NM DOH

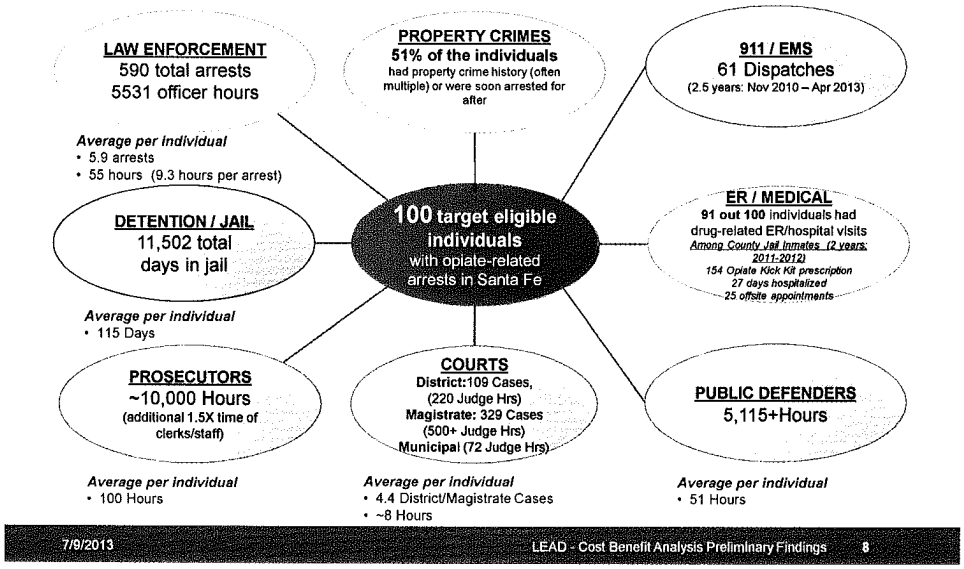
LEAD Santa Fe Task Force: The City of Santa Fe resolved to address these public safety and public health issues by declaring 2012 "Year of Public Safety and Health" and forming a Law Enforcement Assisted Diversion (LEAD) Task Force. The Task Force was charged with proposing effective alternatives to incarceration for those who are committing property crimes to support their addiction. As it stands now, an individual is arrested and incarcerated without receiving any long term treatment for addiction in jail. This individual ends up back on the street struggling with addiction and arrested once again, sometimes only days later, for the same crime. It is a revolving door – a perpetual cycle of addiction and arrest.

Task Force Findings—The Cost to the System: The LEAD Santa Fe Task Force, in partnership with the Santa Fe Community Foundation, completed a cost-benefit analysis and determined that during the last three years in Santa Fe alone (2010-2012), the overall cost to the entire system to arrest 100 individuals by the City of Santa Fe Police Department for opiate possession or sales resulting in booking, detention, prosecution and/or adjudication costs was more than $4.2 million or an average of $42K per individual across the law enforcement, jail, judicial, 911 emergency and medical systems. This conservative estimate does not include the additional burden including the loss of productivity and earnings in the economy and cost on social support systems. This is only the *tip of the iceberg* and also does not include ad hoc costs such as drug treatment, public safety and health issues, witness or jury costs, property crime investigation and value of property lost.

These same 100 individuals cost the City of Santa Fe $1 million in jail/detention costs over three years for a total of 11,502 jail days. They were arrested 590 times by city police during that three year period and officers spent 9.3 hours per arrest. Other key findings indicate that the majority of these individuals (91 out 100) were repeat offenders. This pattern of persistent recidivism, or "revolving door", resulted in individuals being re-arrested every 6 months on average. Fifty-one percent of those individuals had reported property crime histories. The number of unreported property crimes is unknown.

Burden on the System:

**All data summarized for a three-year time period (2010-2012) unless otherwise noted*



Solution: Law Enforcement Assisted Diversion identifies low-level drug offenders for whom probable cause exists for an arrest and redirects them from jail and prosecution by immediately providing linkages to treatment and social supports including harm reduction and intensive case management.

Task Force Recommendation - Establish a Three-Year LEAD Pilot Program: To break this cycle of addiction and arrest, the LEAD Santa Fe Task Force recommends that the City of Santa Fe's City Council approve planning and implementing an innovative three-year pre-booking diversion pilot project, otherwise known as Law Enforcement Assisted Diversion (LEAD). The program is designed to divert those individuals suffering from an addiction to opiates into treatment and social supports who would otherwise be sent to jail.

The benefits of this pilot program include:

- *Increasing safety for the community by reducing future criminal behavior.*
- *Reducing the burden on the local city police department, prosecution, public defender and court systems.*
- *Reducing county jail detention costs; reducing the number of low-level drug offenders entering the criminal justice system.*
- *Redirecting public safety resources to more pressing priorities, such as serious and violent crime.*
- *Reducing opiate overdoses and saving lives.*
- *Leveraging the use of the Affordable Care Act health coverage for health treatment and insurance coverage.*
- *Improving individual outcomes through the use of research based treatment, harm reduction and social support programs.*

An early estimate suggests that a successful pre-booking diversion program could cost approximately 53% less than the current system over a 10 year period (a savings of nearly $70,000 per successful case).

The LEAD Santa Fe Task Force recognizes the long-term benefit of establishing a pre-booking diversion LEAD Pilot Program. This approach will improve public safety and public health conditions in the City of Santa Fe by directly addressing opiate drug addiction and reducing the property crimes associated with addiction. This approach is driven by the desire to improve and address the health, safety and welfare of the city's residents.

With the economic strain on our local communities, pre-booking diversion offers a viable, cost effective alternative to the status quo that can make Santa Fe a safer and healthier community. It is time we invest in better options.

" I would like to come to work one day and discover that the majority of criminal cases in our office are not related to drug addiction"

Angela Pacheco, District Attorney (1st Judicial District)

Summary of LEAD Task Force Recommendations

Overall Set of Recommendations to the City Council Plan and implement an innovative 3-year pre-booking diversion (LEAD) Pilot Program to divert those individuals suffering from an addiction to opiates into treatment and social supports who would otherwise be sent to jail. *[Phase II - Planning: July 1 – December, 31 2013; Pilot: January 1, 2014 – Dec. 31, 2016]*	
Eligibility Recommendations	***#1*** Adopt the Eligibility Inclusion and Exclusion Criteria (pg. 15) to be used to determine who does and does not qualify for LEAD diversion.
Process Recommendations	***#2*** Establish an Operations Team led by the City of Santa Fe, District Attorney of the 1st Judicial District, Chief of Police, Public Defender's Office, case mangers and other experts to serve as the program oversight committee for the pilot program. ***#3*** Adopt the process map (page 16) outlining how an individual is diverted from law enforcement into the treatment/social support system.
Treatment Recommendations	***#4*** Assess the current service capacity of treatment, harm reduction and social support in the City of Santa Fe and surrounding areas to provide comprehensive treatment/social support services to LEAD participants. ***#5*** Adopt the service package offered to LEAD participants (pg. 17). ***#6*** Review all available evidenced base programs to inform decision making and program implementation. ***#7*** Support a local coordinated comprehensive treatment/social support system rooted in the National Institute of Health's treatment model. (pg. 18)
Funding/ Evaluation Recommendations	***#8*** Establish a private/public partnership to support the operational costs of the LEAD Pilot Program. ***#9*** Identify & secure additional funding sources for the 3-year pre-booking LEAD Pilot Program, to include potential funding from private and public sources, including foundations, individual donors, Federal grants, state funding sources, etc. ***#10*** Introduce a special appropriation in the 2014 NM State Legislative session requesting funding in support of the pilot project. ***#11*** Conduct a comprehensive three-year program evaluation to measure reductions in opiate related property offenses and arrests, reductions in opiate drug use, improved social and life skills among LEAD participants, and other outcomes as identified.

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"The LEAD Task Force has developed recommendations that can provide law enforcement with a better alternative when handling minor drug offenses, addressing public safety and treating addiction."

City Councilor, Bill Dimas

INTRODUCTION

In 2011, the Santa Fe area (the city and the county, including parts of Española) ranked second in the country in residential burglaries per 100,000 residents (2). Property crimes rose slightly in 2012 compared to 2011. Residential burglaries increased to 802 from 782 the previous year (3). At the root of this property crime problem is serious drug addiction.

Drug overdose death rates in the U.S. have more than tripled since 1990 and have never been higher. In 2009, nationally more than 37,000 people died from drug overdoses, and most of these deaths were caused by prescription drugs. New Mexico has the highest drug-induced death rate in the nation, and the consequences of drug use continue to burden New Mexico communities. Drug induced deaths in Santa Fe County, between 2007-2011, were at 24.3 per 100,000 equal to the state rate and up from 18.1 between 2005-2009. Santa Fe County had the forth highest number of drug-induced deaths (N = 61 between 2007-2011] across the state. (5).

> *"It is important to understand the world of drug users and who the person has become. With compassion, education and patience we can help that person have a chance for a prosperous life."*
>
> *Jeneen Lujan, Parent*

The City of Santa Fe resolved to address these public safety and public health issues by declaring 2012 "Year of Public Safety and Health" and passing Resolution 2012-66 to implement solutions to break the cycle of opiate addiction that too often lead to criminal activity in our city. The resolution led to the development of the Law Enforcement Assisted Diversion (LEAD) Santa Fe Task Force charged with proposing effective alternatives to incarceration for those who are committing property crimes to support their addiction.

The Task Force was asked to: (1) Study the correlation of opiate addictions to criminal activity. (2) Explore and discuss options for removing drug traffickers from the streets in an effort to curb opiate addiction problems. (3) Explore and discuss multidisciplinary approaches to treating opiate addictions that lead to criminal activity. (4) Identify proposed and existing programs that are alternatives to incarceration; make recommendations for implementing, improving and funding these programs; and develop a plan to increase the availability of pre/ post- incarceration treatment and recovery services. (5) Identify federal, state, local and private funding sources for incarceration alternatives and for treating opiate addictions. (6) Propose amendments to state law for the legislature that further incorporate incarceration alternatives, opiate addiction treatment and recovery support services in to the State's criminal justice system.

To carry out its work, the LEAD Santa Fe Task Force organized four subcommittees: Treatment/Harm Reduction; Eligibility/Legal; Process; and Funding to develop the set of recommendations found in this report for submission to the City Council for consideration and approval. A Steering Committee was also created to guide the tasks cited in the municipal resolution. The LEAD Santa Fe Task Force engaged in and completed a detailed cost analysis in partnership with the Santa Fe Community Foundation. Those findings attached to this report helped to inform the LEAD Santa Fe Task Force about the fiscal and resource impact that individuals arrested for low-level drug related property crimes have on the current

systems in Santa Fe - law enforcement, prosecution, public defenders, detention, judicial and medical. Drug related health data and indicators are also included in the report.

I. Problem Statement

The City of Santa Fe's current approach to low-level opiate drug offenses is proving to be fiscally unsustainable and an ineffective strategy for improving the public safety and public health of our community.

The current approach - arresting and incarcerating people for small amounts of opiates without access to long-term treatment - only moves a relatively small fraction of offenders off the streets, for brief periods of time, and at a significantly higher cost than non-criminal justice system interventions. It diverts increasingly limited law enforcement resources from more serious crimes, with little to no improvement in neighborhood quality of life or a reduction in drug related deaths (1).

With public coffers shrinking and demand for services growing, the City of Santa Fe can no longer afford to rely exclusively on criminal sanctions to address problematic, drug-related behavior. A growing body of behavioral health and public policy research suggests that alternative interventions may provide less costly ways to intervene without compromising public safety, and also be more successful in changing behavior (1).

> *"This program will provide an opportunity for low-level offenders with drug addiction to recover and become productive, employed members of our community"*
>
> *Bennett Bauer, Chief Public Defender State of New Mexico*

A Cost Benefit analysis conducted by the Santa Fe Community Foundation, in partnership with the LEAD Task Force, examined 100 individuals arrested over a three year period (2010-2012) who demonstrated a relatively high cost for arrests and incarceration for opiate possession in the City of Santa Fe. Police department records identify that the majority of these individuals **(91 out 100) were repeat offenders** with a pattern of persistent recidivism or "revolving door" and were **re-arrested every 6 months** on average. **Over half of the individuals** arrested for opiate possession or sales also had a **history of property crime or were soon arrested for one.** Many more are suspected of property crimes although they may not have been arrested. **The number of burglary "reports" is approximately 10 times the number of actual "arrests"**, suggesting significantly higher costs related to property crimes than what is documented through police arrests. Unreported property crimes and burglaries are not known.

These 100 individuals represent the types of potential cases for participation in a pre-booking diversion program, assuming they meet eligibility criteria for inclusion. Critical to understanding the nature of recidivism and arrest data of those 100 individuals over the three year period is that **25 individuals can be described as "Frequent Offenders. " These individuals disproportionately burden the system making up nearly 50% of the usage of law enforcement and detention/jail facilities.**

The Cost Benefit Analysis conducted by the Santa Fe Community Foundation suggests:

- **Significant Overlap with Property Crimes:** Over half (51%) of 100 individuals arrested for opiate possession or sales had a history of property crime or were soon arrested for one.
- **"Revolving Door" with Systematic Recidivism:** There is a high rate of recidivism among opiate addicts; A majority (91 out of 100) arrested for opiate possession or sales in 2010-2012 were repeat offenders with an average of 5.9 arrests over the 3 year period (or 6 months intervals between arrests).
- **Burden on the System:** These 100 individuals collectively represented a significant burden across systems for law enforcement, justice, health, safety and social services over the past 3 years (2010-2012) including:
  - **Law enforcement:** 590 arrests, 5500+ officer hours
  - **Detention center / Jail**: 11,500+ days
  - **Judicial System**: 800+ Judge hours, 10,000+ Prosecutor hours, and 5,000+ Public Defender hours across District (109 cases), Magistrate (329 cases) and Municipal courts
  - **911/EMS**: 61 dispatches, and
  - **Emergency and Other Medical: 91 out 100** individuals with drug-related ED/ hospital visits
- **Cost to the Current System:** A conservative estimate for total cost to the current system per opiate offender is approximately $41,000 over a 3 year period (or over $4 million for 100 individuals). The cost per individual is significantly higher for top 25 frequent offenders (~$55,000 over 3 year period) vs. Others (~$36,000). The overall cost to the system is likely to be much higher given the conservative assumptions and additional burden on the broader system not fully captured in the current analysis including loss of productivity and earnings in the economy and cost on social support systems.
- **Potential LEAD Treatment & Program Cost:** While the specific needs will vary, an average LEAD cost per individual including intensive treatment and wrap-around services is estimated at about ~$34K per individual for 3 years, less than the cost to the current system. The cost to the City of Santa Fe will be significantly lower when Medicaid coverage and other funding sources are taken into account, as well as pro bono services and donated goods.
- **Long-term Impact:** The cost-benefit impact of the LEAD program will be more evident in the long-term as the upfront investment of intensive treatment and support services pay off in reduced recidivism and cost to the current systems. Other long term positive impacts include reducing drug addiction and related criminal activities and economic productivity through re-integration to society and job market.

> *Every additional dollar invested in substance misuse treatment saves taxpayers $7.46 in societal costs (crime, violence, loss of productivity, etc.). - RAND Corporation*

Handling low-level non-violent drug offenders and those struggling with addiction in the local and state criminal justice system is costly. The average cost of incarceration per inmate at New Mexico Department of Corrections facilities is over $111 per day, or approximately

$41,000 per year. The City of Santa Fe detention costs are $92 per day and has paid $1 million alone over the last three years to handle low level offenders with opiate addictions.

II. Solution: A Pre-booking Diversion of Low-Level Opiate Drug Offenders to a High Quality, Community-based Intervention

What is Pre-Booking Diversion or LEAD?
A pre-booking diversion program is one that identifies low-level drug offenders for whom probable cause exists for an arrest, and redirects them from jail and prosecution by providing linkages to community-based treatment and support services. **Pre-booking diversion programs consist of both a law enforcement and social services component.** The integrity of both components is critical to any successful pre-booking diversion initiative. Pre-booking programs involve specialized training for police officers, and a crisis/case management drop-off center with a no-refusal policy for persons brought in by the police.

In a statewide survey, 71% of New Mexican voters support allowing a person caught with small amounts of drugs to be offered drug treatment instead of being sentenced to jail or prison.

-SJC Research, 2007

Law enforcement, prosecutors and intensive case managers are core to the success of this model. All parties serve as core members of the planning team, help develop the model and the associated eligibility criteria and participate as members of the staffing/operations team to review individual cases. Law enforcement officers are trained to identify which individuals are eligible and suited for diversion. They serve as the entry point into the program and transfers eligible individuals to the program's clinical team for assessment instead of to jail personnel for booking. The intensive **case manager conducts an intake assessment and addresses immediate/acute needs** followed by the development of an individualized care plan to address chemical dependency, mental health problems, lack of housing, prior legal involvement, lack of employment and education, etc. Program funding may be used to address any set of social service/health needs. Under this model, prosecutors continue to have the ultimate and exclusive authority to make filing decisions in all cases and will receive copies of the investigation packets on diverted cases, for review for compliance with the agreed upon diversion criteria.

A. Successful Applications of the LEAD Pre-booking Diversion Model

Pre-booking diversion programs targeting persons with substance misuse and mental illness have been used for years in several jurisdictions. The foremost example in the U.S. is the LEAD (Law Enforcement Assisted Diversion) Project in Seattle. Launched in 2011 as a joint effort of the Seattle Police Department, the District Attorney and City Attorney, and The Defender Association, with strong support from impacted local businesses, LEAD offers a full range of individually tailored services from health care and job training to substance abuse treatment in order to get – and keep – targeted persons out of an overburdened criminal justice system. A similar diversion model focus on crisis intervention teams made up of specially

trained law enforcement officers assisting persons with mental illness has been employed in several U.S. cities, including San Antonio, Texas and Memphis, Tennessee for years.

B. LEAD Program Benefits

- Increases safety for the community by reducing future criminal behavior.
- Reduces the burden on the law enforcement, county jail, prosecution, defense and court systems.
- Reduces the burden on Santa Fe District Attorneys by diverting the burdensome number of cases associated with low level drug use including associated crimes such as burglary, theft, and trespassing.
- Reduces the number of low-level drug offenders entering criminal justice system.
- Redirects public safety resources to more pressing priorities, such as serious and violent crime.
- Sustains funding for alternative interventions by capturing and reinvesting criminal justice system savings.
- Allows persons to remain in the community with limited disruption to family life and employment.
- Reduces opiate overdoses.
- Optimizes the use of the Affordable Care Act health coverage for expanded health treatment and insurance coverage.
- Improves individual outcomes through the use of research based treatment, harm reduction, case management and social support programs.

C. Guiding Principles for Making LEAD A Success (10)

- **Adequate training and clear administrative policies and diversion protocols for law enforcement officers.** Law enforcement officers' role and responsibility are integral to pre-booking diversion. In order to maximize positive results, clear direction from the command staff is necessary.
- **Service-dedicated resources,** most of the program resources will be directed toward acquiring direct services for program participants, rather than toward program overhead, administration or staffing.
- **Commitment to a harm reduction approach,** meaning a focus on individual and community wellness, rather than an exclusive focus on sobriety, by immediately addressing 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.
- **Use of peer outreach workers and intensive case managers to enhance the program's effectiveness with potential participants.** Decades of research demonstrate that peer-based interventions are a highly successful way to intervene with marginalized populations. Moreover, case studies in an analogous context clearly suggest that peer-based interventions are a promising, cost effective practice for engaging individuals with

mental illness and a history of criminal justice involvement in the community. Peer outreach workers and case managers serve as community guides, coaches, and/or advocates, who work to link diverted individuals to housing, vocational and educational opportunities and community services, while also providing credible role models of success.

- **Involvement of business leaders and neighborhood public safety leaders.** Concerned community members will have the opportunity to engage with the program as it develops, through an advisory board structure. This will help ensure community public safety leaders' comfort with a new approach. Ideally, community members will also be able to refer individuals for program participation and suggest areas of focus for outreach workers.
- **Specially-tailored interventions to address individual and community needs.** Each drug activity "hot spot" has its own unique character. Rather than attempting a "one size fits all" approach, community-based interventions should be specifically designed for the population in that particular neighborhood.
- **Clearly delineated evaluation criteria and procedures** to ensure accountability to the public and facilitate review of programmatic effectiveness by policymakers. Evaluation criteria must include both public safety and public health measures.
- **Commitment to capturing and reinvesting criminal justice savings** to sustain pre-booking diversion programs, and support improvement and expansion of other "upstream" human services and education efforts.

"Addiction to opiates often intersects with mental health and trauma. We have to develop wrap around services to address all the person needs. A program like LEAD can offer that stabilization."

Maria Jose Rodriguez Cadiz, Executive Director, Solace Treatment and Trauma Center

III. LEAD Task Force Recommendations

The LEAD Task Force developed the following **recommendations** to move into Phase II of the LEAD Pilot Program specifically related to: (1) Eligibility, (2) Process, (3) Treatment and (4) Funding/Evaluation. Phase II will plan and implement a three year LEAD Pilot Program in the City of Santa Fe.

A. LEAD Pilot Project Assumptions

The following recommendations were developed with the subsequent working assumptions:

- *Geographic Area:* City of Santa Fe boundary
- *Law Enforcement Involvement:* City of Santa Fe Police Department
- *Low-level drug Offenders:* People Possessing Opiates (pills and heroin)
- *Pilot Program Implementation:* Three (3) Year Implementation to demonstrate impact.

Overall Recommendation to the City of Santa Fe's City Council:

Plan and implement an innovative 3-year pre-booking diversion (LEAD) Pilot Program to divert those individuals suffering from an addiction to opiates into treatment and social supports who would otherwise be sent to jail. *[Phase II - Planning: July 1 – December, 31 2013; Pilot: January 1, 2014 – Dec. 31, 2016]*

Eligibility Recommendations

#1 Adopt the following eligibility inclusion and exclusion criteria to be used to determine who does and does not qualify for LEAD diversion.

Inclusion Criteria—Phase 1:

- Possession of 1 gram or less of opiates
- Possession of Paraphernalia
- Subsistence Dealing only
- 18 years and older
- Amenable to diversion; (i.e. non-violent upon initial contact; non-psychotic; not a threat to self or others)
- Law Enforcement Referral (when individual is believed to be involved in a theft crime)
- Individual is eligible regardless of immigration status
- Individual is eligible regardless of gender
- Individual is eligible if on probation/parole (final decision made by district court judge)

Inclusion Criteria - Phase 2: Depending on client flow, availability of providers and willingness of other law enforcement jurisdictions to participate in LEAD the following criteria may apply:

- Agency Referrals outside SF Police Department
- Other treatment providers
- Faith Community Referrals
- Self-Referrals
- Warrants

Exclusion Criteria

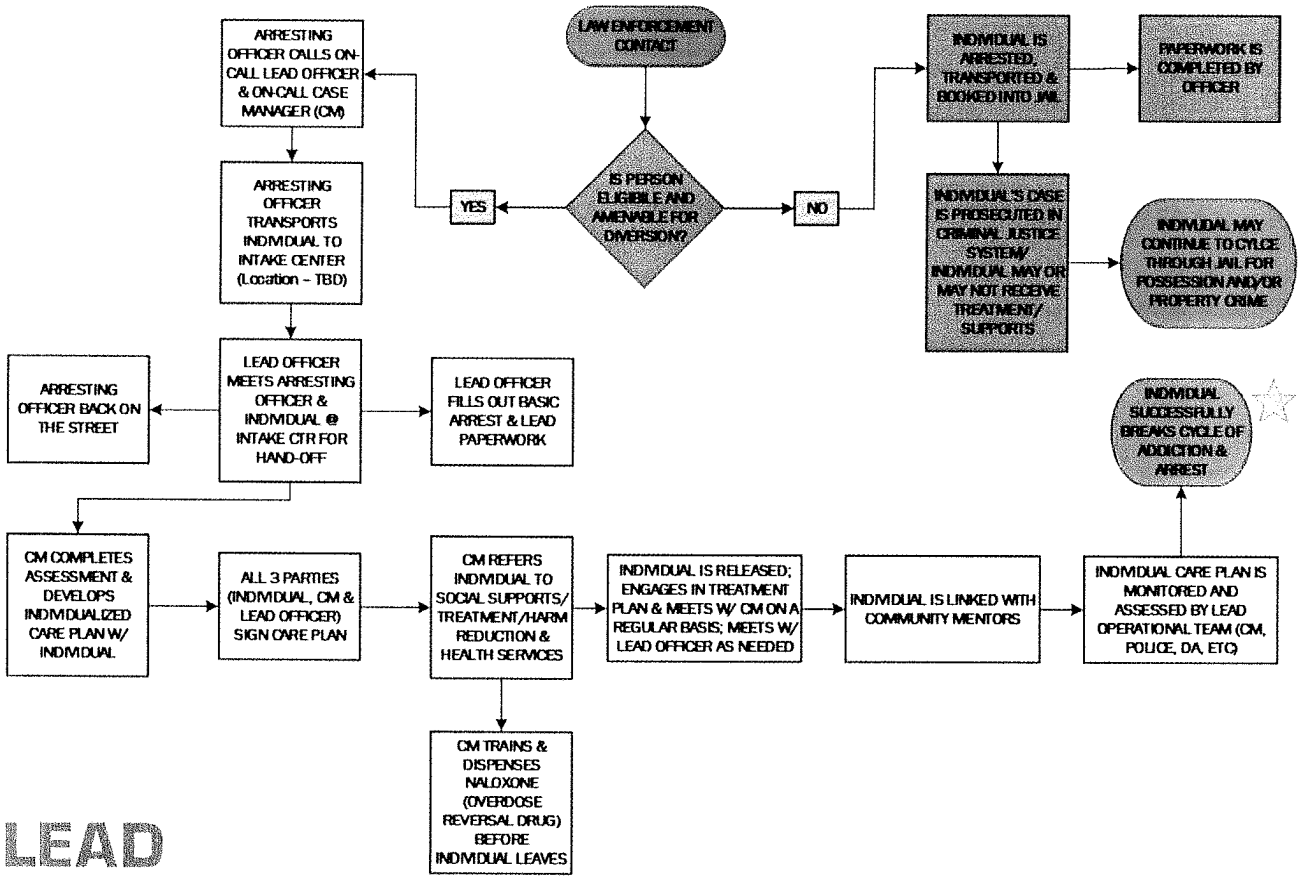
- No serious violent crime in the last 10 years
- No dealing above subsistence dealing, i.e. for profession
- No exploitation of minors or others in drug dealing (e.g. disabilities)
- No promotion of prostitution or human trafficking

Process Recommendations

#2 Establish an Operations Team, led by the City of Santa Fe, District Attorney of the 1st Judicial District, Chief of Police, Public Defender's Office, case managers and other experts, to serve as the program oversight committee for the pilot program.

#3 Adopt the process map (below) outlining how an individual is diverted from law enforcement into the treatment/social support system.

PROPOSED MODEL: LAW ENFORCEMENT ASSISTED DIVERSION (CITY OF SANTA FE)



Treatment Recommendations

#4 Assess the current service capacity of treatment, harm reduction and social support in the City of Santa Fe and surrounding areas to provide comprehensive treatment/social support services to LEAD participants.

#5 Adopt the following service package to be offered to LEAD participants (services offered is dependent on individualized care plan):

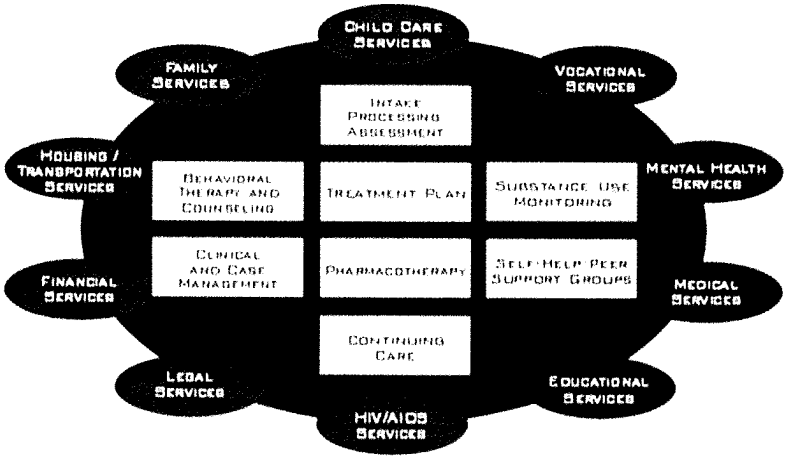
- Assessment - to determine the level of care.
- Individualized Care Plan (ICP) similar to an Individual Education Plan
- Intensive/Assertive Case Management
- Medication Assisted Treatment (MAT) including buprenorphine and methadone
- Sober Housing
- Detox/Sobering
- Coordination with Probation/Parole/Drug Court
- Primary care and Behavioral Health Services
- Group therapy and other outpatient services.
- Coordinate with SOS/SVH Opiate treatment groups
- Harm Reduction – Naloxone, syringe exchange & education
- Wrap Around Services
  - Education
  - Transportation
  - Job training (Harm reduction principle)
  - Housing
  - Mentoring
  - Food
  - Trauma treatment
- Coordination with Peer Navigators to assist uninsured LEAD clients with enrollment in health exchange and referral to or Medicaid or other health plans (e.g., Veterans Administration, private health insurance plans).
- Legal Assistance

#6 Review all available evidenced base programs to inform decision making and program implementation.

⇒ Ensure that culturally and linguistically appropriate program adaptions are implemented and that all efforts are designed to be age/sex/gender appropriate.

#7 Support a local coordinated comprehensive treatment/social support system rooted in the National Institute of Health's treatment model (below).

Components of Comprehensive Drug Abuse Treatment



The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient

National Institute of Health's Treatment Model

Anyone who has struggled, or seen a loved one struggle, with addiction knows that drug and alcohol abuse is a difficult and complicated issue.

New Mexico has the highest drug-induced death rate in the nation, and the consequences of drug use continue to burden New Mexico communities.

> *"Residential treatment is one piece of a larger puzzle. Many of our graduates lack housing, employment and health families to return to. It is our hope that through LEAD, clients will receive the supports they need to thrive."*
>
> *Yolanda Briscoe, Executive Director, Santa Fe Recovery Center*

At the state level, New Mexico continues to experience serious negative consequences of drug use. National household survey data for 2005-2007 estimated that roughly 58,000 New Mexicans aged 12 years or older were in need of drug treatment (7) and a one-year review of all New Mexico Corrections Department prisoner intake screens estimated that 87% enter with substance misuse disorders (8).

Sadly, many of these individuals will end up experiencing and often dying from drug overdoses.

Funding/Evaluation Recommendations

#8 Establish a private/public partnership to support the operational costs of the LEAD Pilot Program.

#9 Identify & secure additional funding sources for the 3-year pre-booking LEAD Pilot Program, to include potential funding from private and public sources, including foundations, individual donors, Federal grants, state funding sources, etc.

#10 Introduce a special appropriation in the 2014 NM State Legislative session requesting funding in support of the pilot project.

#11 Conduct a comprehensive three-year program evaluation to measure reductions in opiate related property offenses and arrests, reductions in opiate drug use, improved social and life skills among LEAD participants, and other outcomes as identified.

PROPOSED FUNDING SOURCES FOR LAW ENFORCEMENT ASSISTED DIVERSION (LEAD) PILOT PROJECT IN SANTA FE: A PUBLIC PRIVATE PARTNERSHIP

LEAD

*TBD – more analysis needed to determine Medicaid and Private Pay

CONCLUSION

The LEAD Santa Fe Task Force recognizes the long-term benefit of establishing a pre-booking diversion LEAD Pilot Program. This approach will improve both public safety and public health conditions in the City of Santa Fe by directly addressing opiate drug addiction and property crimes. A pre-booking diversion program for low-level drug offenders can reduce criminal justice costs and offer a meaningful response to community concerns about the problem of property crime. With the economic strain on our local communities, pre-booking diversion offers a viable, cost effective alternative to the status quo that can make Santa Fe a safer and healthier community.

The Santa Fe City Council will set itself apart in the state and across the nation by implementing an alternative for those whose addictions have caused harm to themselves, property owners and the community. This alternative diverts persons into treatment and social supports that address the underlying causes of their behaviors and addiction. It is time that we invest in better options.

"LEAD would allow our officers to return to the streets to deal with more violent offenders and to protect our community."

Detective Sergeant Jerome Sanchez

REFERENCES

1) Language was used from Seattle's LEAD concept paper
2) Federal Bureau of Investigation, 2011
3) City of Santa Fe's Police Department Statistics, 2011 & 2012
4) Policy Impact: Prescription Painkiller Overdoses. CDC. Vital Signs: Overdoses of Prescription Opioid Pain Relievers—United States, 1999-2008. MMWR 2011; 60: 1-6
5) New Mexico Substance Abuse Epidemiology Profile, Substance Abuse Epidemiology Program Injury and Behavioral Epidemiology Bureau Epidemiology and Response Division, New Mexico Department of Health, 2011
6) New Mexico Substance Abuse Epidemiology Profile, Substance Abuse Epidemiology Program Injury and Behavioral Epidemiology Bureau Epidemiology and Response Division, New Mexico Department of Health, 2013
7) SAMHSA, National Survey of Substance Abuse Treatment Services, 2005-2007)
8) New Mexico Department of Corrections, prepared for the NM Behavioral Health Collaborative
9) New Mexico, November 20, 2013 Volume 2009, Number 9, Unintentional Illicit and Prescription Drug Overdose Death Trends, 2008
10) Language used from the Defender Association – Racial Disparity Project, *Law Enforcement Assisted Diversion (LEAD): A Pre-Booking Diversion Model for Low-level Drug Offenses*

"Our state, our communities and our families are wrestling with addiction, overdose, costly incarceration and property crimes. But our current approach to break the cycle of addiction and arrest is not working. It is time to invest in better options by treating drug misuse as a health issue not a criminal one. The Santa Fe LEAD project allows us to focus on goals we all agree on: protecting our kids, protecting public safety, and preventing and treating addiction."

Emily Kaltenbach, State Director, Drug Policy Alliance

Report prepared with the assistance of City of Santa Fe contractor Fred Sandoval

Pre-booking Diversion:
BREAKING THE CYCLE OF ADDICTION & ARREST

LEAD
SANTA FE
HEALTHY FAMILIES; SAFER STREETS

26 June 2013

A Public Safety and Public Health Dilemma: In 2011, the Federal Bureau of Investigation reported that the **Santa Fe area** (the city and the county, including parts of Española) **ranked second in the country in residential burglaries** per 100,000 residents. According to Santa Fe police statistics, **property crimes rose slightly in 2012 compared to 2011.** Residential burglaries increased to 802 from 782 the previous year. And, at the root of this property crime problem is serious drug addiction. **New Mexico has the highest drug-induced death rate in the nation. Overdose has surpassed car accidents as the leading cause of death.**

LEAD Task Force Findings: The Cost to the System

- **100 individuals,** arrested by City of Santa Fe Police for opiate possession or sales, cost more than **$4.2 million dollars** or an average of **$42K per individual** across local and state systems over the last **3 years.** *This is only the tip of the iceberg – costs not included in this figure include: loss of productivity & earnings; impact on families & social support systems; current "ad hoc" drug treatments; public safety & health issues; witness, jury costs; property crime investigations and value of property lost, etc.
- These same 100 individuals **cost the city $1 million dollars in jail/detention** costs over 3 years for a total of **11,502 jail days.**
- They were **arrested 590 times** by police officers in the 3 years; officers spent an average of 9.3 hours per arrest.
- A majority (91 out of 100) were repeat offenders with a pattern of being re-arrested every 6 months in average.
- **51%** of those individuals had **property crime** histories.

Task Force Recommendation - Law Enforcement Assisted Diversion (LEAD)/Pre-Booking Diversion Program: *Handling low-level non-violent drug offenders in the local and state criminal justice system is not only costly but evidence suggests that this is not a way to break the cycle of addiction or enhance public safety.* Instead, many people often go through the system without any impact on their behavior and end up costing the system far more than they would if they were diverted immediately into treatment. **Law Enforcement Assisted Diversion identifies low-level drug offenders for whom probable cause exists for an arrest, and redirects them from jail and prosecution by immediately providing linkages to treatment/support services.** With the economic strain on our local counties, pre-booking diversion programs offer a viable, cost effective alternative to the status quo that can positively impact Santa Fe. An early estimate suggests that a successful pre-booking diversion program case could cost approximately **53% less** than the current system over a 10 year period (a saving of nearly $70K per successful case).

Treatment instead of incarceration is popular among New Mexican voters - **71%** of New Mexico voters support allowing a person caught with small amounts of drugs to be offered drug treatment instead of being incarcerated.[1]

Benefits of the LEAD Program to the Community

- Increases safety and order for the community by reducing future criminal behavior.
- Reduces the burden on the law enforcement, county jail, prosecution, and court system.
- Redirects public safety resources to more pressing priorities, such as serious and violent crime.
- Reduces opiate overdoses (and related burden on the emergency and hospital resources) and recidivism.
- Optimizes the use of the Affordable Care Act health coverage for treatment and social supports.
- Improves individual outcomes and community quality of life through research-based treatment, harm reduction and social supports

Next Steps

- Complete the Cost-Benefit Analysis and finalize LEAD Report with Recommendations - July 2013
- Bring forth a resolution in July 2013 to establish a pilot three year LEAD Program in Santa Fe

[1] Survey of New Mexico Voter Attitudes, SJC Research, January 29 – February 1, 2007.

Pre-booking Diversion:
BREAKING THE CYCLE OF ADDICTION & ARREST

LEAD
SANTA FE
HEALTHY FAMILIES, SAFER STREETS

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SANTA FE COMMUNITY FOUNDATION

LEAD SANTA FE

LEAD (LAW ENFORCEMENT ASSISTED DIVERSION PROGRAM) COST BENEFIT ANALYSIS

Initial Rough Estimate

DRAFT

June 24, 2013

Joohee Rand, Director of Strategic Initiatives
Santa Fe Community Foundation

Approach to Cost Benefit Analysis

Potential Target Individuals

- Identified **target eligible individuals** from Santa Fe Police Department arrest / booking records using rough eligibility criteria - Individuals with **opiate-related arrests** over the **past 3 years (2010-2012)**

Cost of Current System (Arrest, Court, Jail, 911 / ER Visits, Property Crimes)

- Attempted to understand the **burden on the whole system** by cross-referencing the individual records across law enforcement, jail / detention, courts, 911 / EMS and medical systems*

Cost for LEAD Treatment & Services

- Estimated potential treatment cost for the individuals if they were sent to a comprehensive LEAD program including intensive treatments and wrap-around services instead of incarceration

Cost vs. Benefit for New LEAD program

- Analysis reflects **"rough estimate"** on comparison of current system vs. new LEAD treatment costs, assuming successful outcome of LEAD treatment. Other externalities including earning by LEAD individuals, reduced property crimes, public security, and improved wellbeing of families and communities have not been included in this preliminary, quantitative analysis but should be considered in evaluation of the LEAD program

*Used **actual records** of individual arrests, jail days, and court cases where such information was attainable; Supplemented with **assumptions / estimates** where not possible through expert interviews or web search; **Assumptions** can be refined with additional information over the course of the project

Data Sources for Cost-Benefit Analysis

Area	Data Source
Law Enforcement	• **Santa Fe Police Department** - Arrest records 2010-2012 - Expert interview w/ Detective Sergeant Jerome Sanchez for key assumptions • **Santa Fe County Jail** Online Inmates Inquiry http://www.santafecountynm.gov/inmate_lookup.php
Judiciary • Courts (District, Magistrate, Municipal) • Prosecutors • Public Defenders	• **New Mexico Courts Case Lookup** https://caselookup.nmcourts.gov/caselookup/app • **Public Defenders Office**: Bennett Baur • **District Attorney / Prosecutor's Office**: Spence Pacheco, Lucas Gauthier (CFO) • **City Prosecutor**: Krishna Picard • **Municipal Court Administrator**: Arlene Sisneros • **First Judicial District Court Administrative Assistant**: Tyra J. Chavez • **First Judicial District Adult Drug Court Administrative Assistant**: Kim Moore • **Magistrate Court** (estimate provided by City Prosecutor Krishna Picard based on previous experience)
Jail / Detention Center (including Jail Medical)	• **SF County Public Safety**: Pablo Sedillo III (Director), Lisa Leiding (Nurse Administrator) • **Santa Fe County Jail** Online Inmates Inquiry http://www.santafecountynm.gov/inmate_lookup.php
911 / EMS	• **City of Santa Fe Fire Department**: Barbara Salas (Fire Chief)
ER/Medical	• **Chris St. Vincent Regional Medical Center:** Kathy Armijo Etre (VP of Community Health), Kristin Carmichael
Treatment	• **Life Link:** Laura Brown • **SF Recovery Center**: Yolanda Briscoe, Sylvia Barela • **Drug Policy Alliance**: Emily Kaltenbach • **CARE Connection at Christus St. Vincent Regional Medical Center**: Mark Boschelli (Clinical Supervisor) • **Santa Fe Mountain Center**: Sky Gray • **Santa Fe City Youth and Families Division**: Terrie Rodriguez (Director) • **Sobering House**: William McGowan, LADAC, Residential Counselor

Summary of Cost Benefit Analysis – 1/2

** All data summarized for a three-year time period (2010-2012) unless otherwise noted*

1. **100 Target Eligible Individuals:** 100 individuals were identified for opiate-related arrests by Santa Fe City law enforcement officers over the past 3 years
2. **Significant Overlap with Property Crimes: Over half (51%)** of individuals arrested for opiate possession or sales had a history of property crime or were soon arrested for one
3. **Burden on the System:** These 100 individuals collectively represented a significant burden across systems for law enforcement, justice, health, safety and social services including:
   - **Law enforcement:** 590 arrests, 5500+ officer hours
   - **Detention center / Jail**: 11,500+ days
   - **Judicial System**: 329 District & Magistrate Court cases and additional Municipal Court cases; 800+ Judge hours; 10,000+ Prosecutor hours, 5,000+ Public Defender hours; additional hours by staff, clerks, assistant, probation officers, witnesses, victims' advocate etc.
   - **911/EMS**: 61 dispatches
   - **Emergency and Other Medical: 91 out 100** individuals had drug-related ED/hospital visits
4. **"Revolving Door" with Systematic Recidivism:** A majority **(91 out of 100)** arrested for opiate possession or sales in 2010-2012 were **repeat offenders** with a pattern of being **re-arrested every 6 months** on average (5.9 arrests in 3 year period)
5. **"Frequent Offenders":** A small number of "frequent offenders" disproportionately burden the system with the top 25 individuals making up nearly 50% of the total usage for law enforcement (278 arrests) and detention/jail facilities (5301 combined days in jail). Top 25 "Frequent Offenders" are responsible for 4~5 times the number of arrests and length of jail stays compared to "Others"

Summary of Cost Benefit Analysis– 2/2

** All data summarized for a three-year time period (2010-2012) unless otherwise noted*

6. **Cost to the Current System:** The 100 target eligible population cost more than **$4.2 million** or an average of **$42K per individual** across systems over the past 3 year period (2010-2012). The cost per individual is significantly higher for the **top 25 frequent offenders ($~56K)** vs. Others (~$37K). This however represents only a partial cost. The overall cost to the system is likely to be much higher given the conservative assumptions and additional burden on the broader system not fully captured in the current analysis including loss of productivity and earnings and cost to social support systems.
7. **Potential LEAD Treatment & Program Cost:** While the specific needs will vary, **an average LEAD cost per individual including intensive treatments and wrap-around services** is estimated at about **~$34K per individual over 3 years, less than the cost to the current system**. The cost to Santa Fe City will be significantly lower when Medicaid coverage and other funding sources are taken into account, as well as pro bono services and donated goods. In addition, a number of the current 100 individuals are already "ad hoc" participants to different components of these treatments and programs making the incremental cost lower than the full estimate.
8. **Long-term Impact:** The cost-benefit impact of the LEAD program will be more evident in the long-term as the upfront investment of intensive treatment and support services pays off in reduced recidivism and cost to the current systems over time. Other long-term positive impacts include prevention of drug addiction and related criminal activities, improved wellbeing of individuals, family and community, and positive contribution to earnings and economic productivity through re-integration to society and job market. LEAD is intended to move individuals from the chronic "revolving door" of drug-to-incarceration and-ER-visits toward long-term sustainable recovery and livelihood.
9. **Sensitivity Analysis - Target Reduction in Recidivism: 38% reduction in arrest, incarceration and drug-related ER / hospital recidivism** will provide positive economic benefits for the LEAD program over a 10 year time period under the current conservative assumptions. **The required reduction in recidivism is lower (22~28%) for the City of SF** if the LEAD cost is adjusted for **Medicaid coverage of 60~80%** for certain medical treatments.

1. 100 Target Eligible Individuals: 100 individuals were identified for opiate related arrests by the City of Santa Fe law enforcement officers over the past 3 years

**All data summarized for a three-year time period (2010-2012) unless otherwise noted*

100 target eligible individuals for LEAD

Arrested and booked

- As **opiate-related (possession or sales)** primary offense on record
- By the **City of Santa Fe Law enforcement officers**
- **Over the past 3 year time period (2010-2012)**

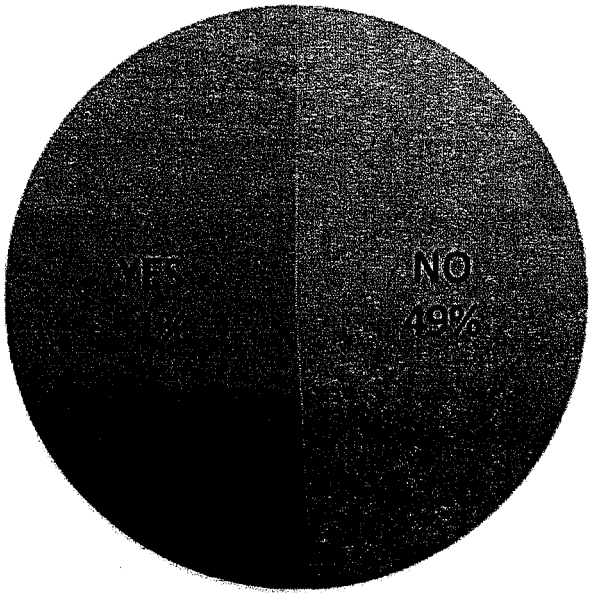
- *During the 3 year period, the target 100 individuals, on average,:*
  - *were **arrested 5.9 times** for drug, property crime, or other offenses, and*
  - *spent **115 days in Santa Fe County Jail.***
- *Under the current incarceration-based approach without addressing the core problem of drug addiction, these individuals incur significant and recurring burden and financial cost to the criminal justice system as well as the medical and social support systems.*

2. Significant Overlap with Property Crimes: Over half (51%) of the 100 individuals arrested for opium possession or sales had a history of property crime or were soon arrested for property crime

"A majority of the property crimes are related to drugs" (SFPD Detective Sergeant)

History of Property Crime

100% = 100 individuals arrested for Opiate Sales & Possession in 2010-2012



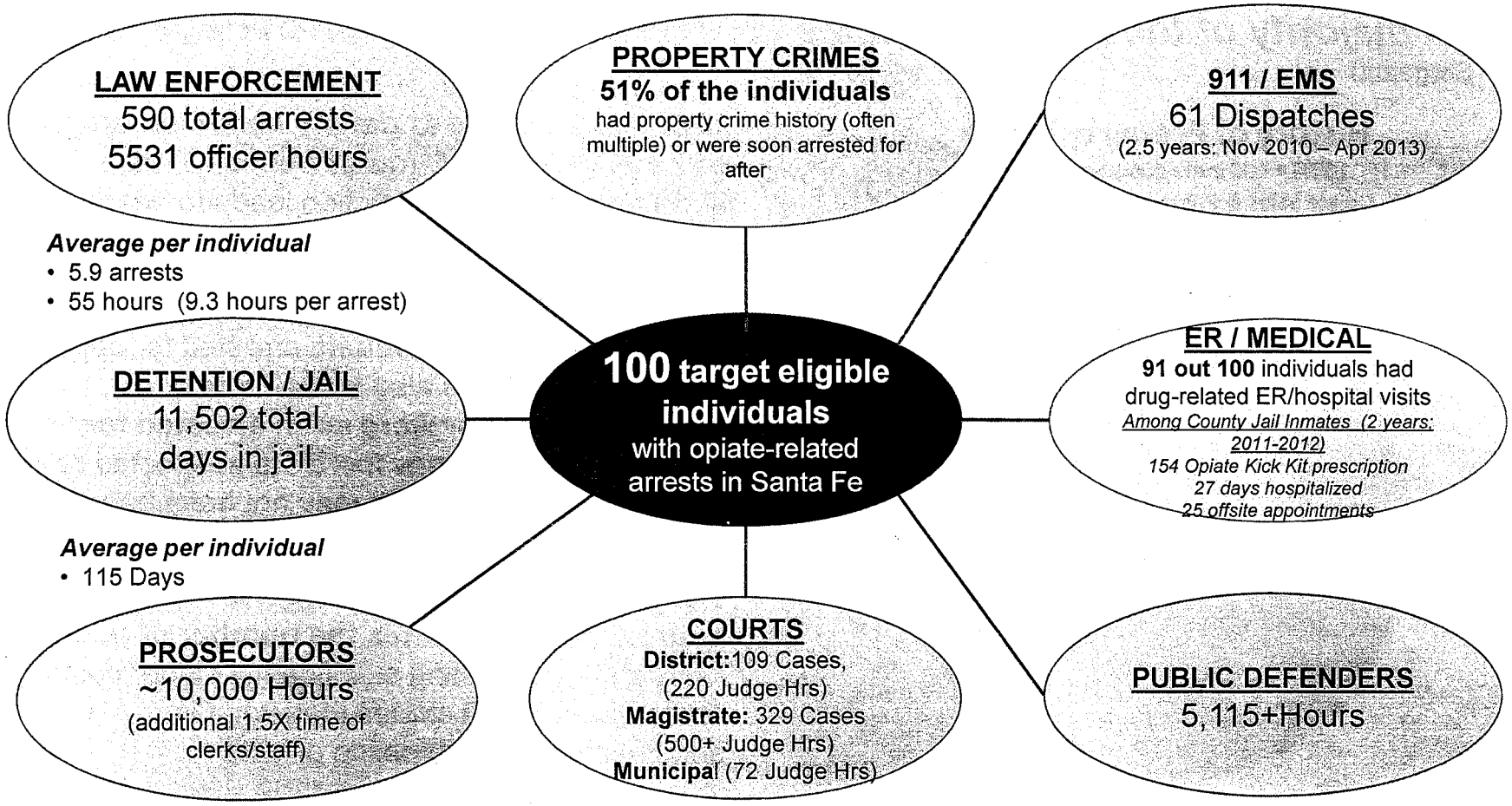
- ***"I will do anything to get my hands on drugs so I can get 'well'."*** (quote from an inmate explaining why drug addiction leads to desperate property crimes)
- **Over half of the individuals** arrested for opiate possession or sales also had a **history of property crime* or were soon arrested for property crime.** Many more are suspected of property crimes although may not have been arrested
- **The number of burglary "reports" is approximately 10 times the number of actual "arrests"**, suggesting significantly higher costs related to property crimes than what is documented through police arrests
  (For example, Santa Fe Police Department had a total of **966 reports** for burglary but only **94 actual arrests** from June 1, 2011 to May 31st, 2012)

* Property Crime includes burglary, larceny, breaking & entering, shoplifting, robbery, receiving or transporting stolen goods

3. Burden on the System: These 100 individuals collectively represented a significant burden across systems for law enforcement, justice, health, safety and social services

**All data summarized for a three-year time period (2010-2012) unless otherwise noted*

Quantified in the scope of this initial analysis



Average per individual
- 5.9 arrests
- 55 hours (9.3 hours per arrest)

Average per individual
- 115 Days

Average per individual
- 100 Hours

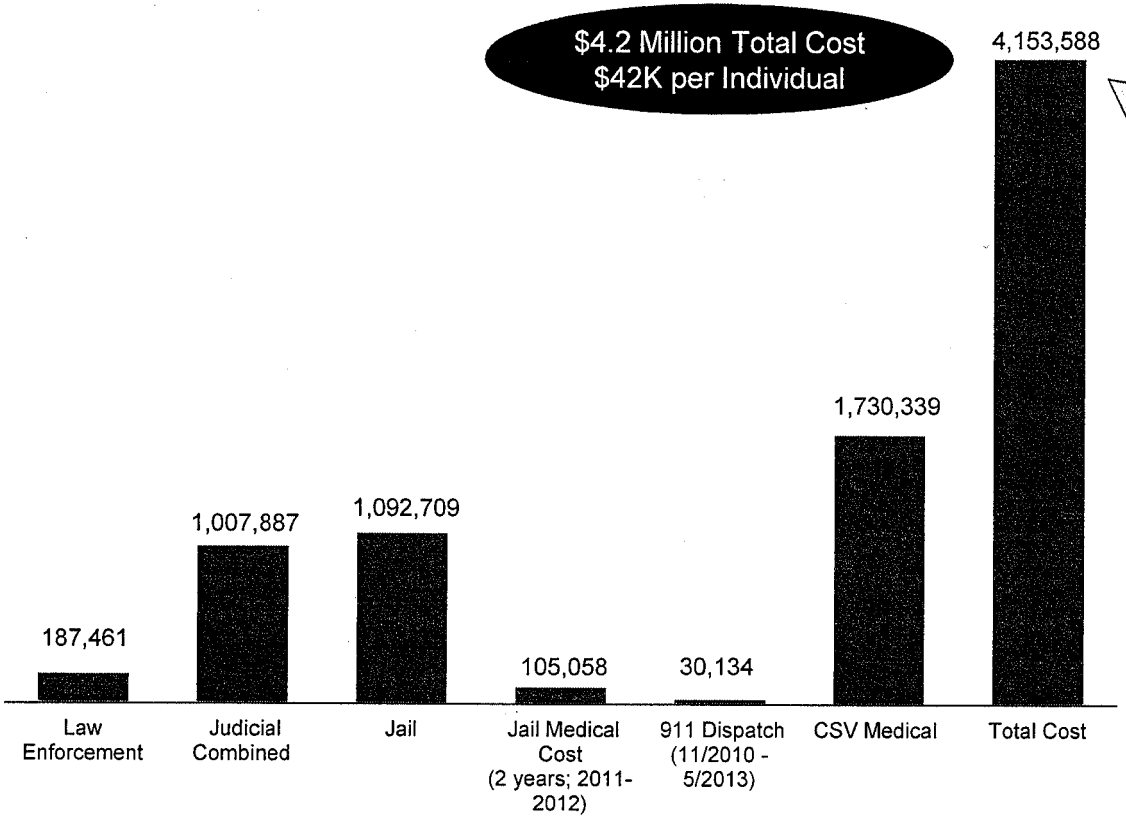
Average per individual
- 4.4 District/Magistrate Cases
- ~8 Hours

Average per individual
- 51 Hours

6. Cost to the Current System - Summary: The 100 target eligible population cost more than **$4.2 million** or an average of **$42K per individual** across systems over the past 3 year period (2010-2012)

VERY ROUGH ESTIMATE

3-Year TOTAL Cost to the System for the 100 Individuals

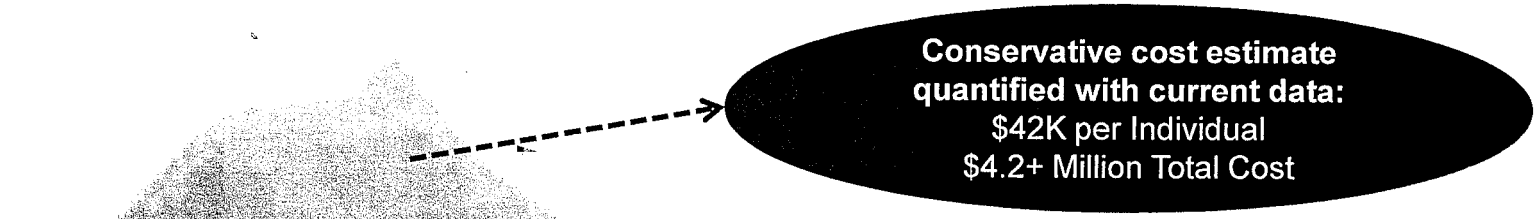


$4.2M is a relatively **CONSERVATIVE ESTIMATE** due to:

- Taking a generally conservative approach to cost assumptions (see appendix for detailed assumptions in each area)
- Not fully capturing some of the burden on the broader systems in the quantitative analysis including loss of productivity and earnings and cost on social support systems (see next page for more details)

See Appendix for detailed assumptions in each area

6. Cost to the Current System – What's NOT Included: The overall cost to the system is likely to be much higher than the current $41K per individual or $4.1M total conservative estimate



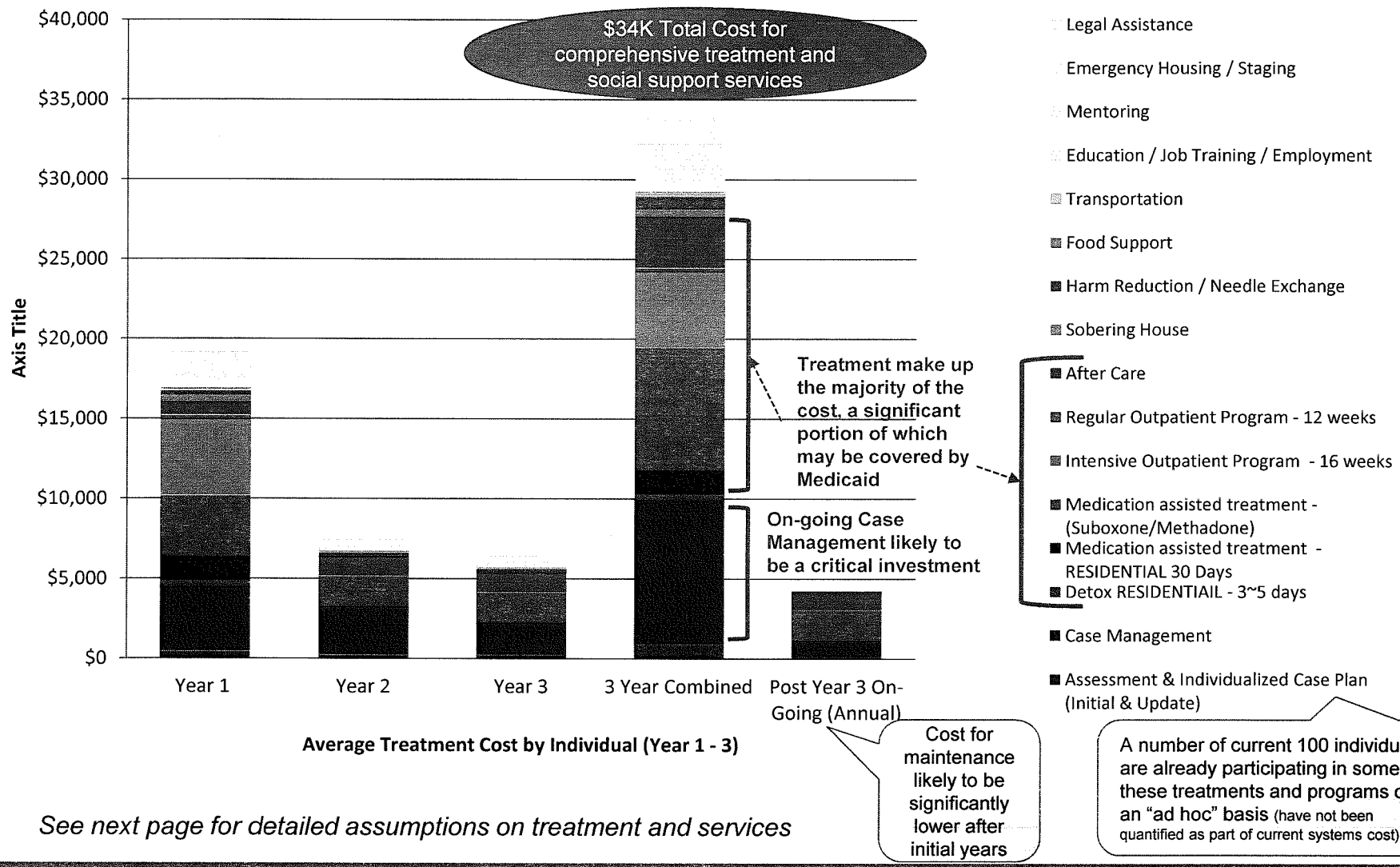
Additional burden on the system NOT fully captured in the current scope of quantitative analysis

- **Loss of productivity and earnings** for the individuals from incarceration and other issues related to drug addiction
- **Impact on families and costs on the social systems** for services provided to the individuals and their families when a parent is incarcerated
- **Cost of current drug treatments and services being provided to the individuals on an "ad hoc" basis** (e.g., sobering center, medication assistance)*
- **Increased public safety and health issues** including domestic violence, crimes (including property crimes), undocumented immigrant status, injuries, STDs, and other communicative diseases that affect **overall community wellbeing**
- **Opportunity cost of time and resources diverted from addressing other potentially more critical cases** by law enforcement officers, judicial system, jail, and medical institutions
- Time spent by **other individuals involved in judicial process**** (e.g., witnesses, jury, social services, etc.)

* For example, 8 individuals have been to the CSV Sobering Center; 43 have gone through the Care Connection assessment center and were issued a voucher for services that add up to $1,200; 3 Individuals have used both the assessment center and the Sobering Center.
** Current analysis for judicial system covers direct labor costs for judges, prosecutors, public defenders, clerks, assistants, victim's advocate and probation officer (municipal only); See Appendix for detailed assumptions in each area

7. Potential LEAD Treatment & Program Cost: While the specific needs will vary, an average LEAD cost per individual including intensive treatments and wrap-around services is estimated at ~$34K per individual over 3 years, less than the cost of the current system.

VERY ROUGH ESTIMATE



See next page for detailed assumptions on treatment and services