Evaluation of LEAD Santa Fe:

A Summary Report of Findings

of a 3-Year Pilot Period

October 2018
Table of Contents

I. Introduction - - - - - - - - - - - 3
   Program Description
   How it Works
   Program Oversight
II. Evaluation Methodology - - - - - - - - - - 5
III. Results - - - - - - - - - - - - 7
   Criminal Recidivism
   Psycho-Social Impact
      ▪ Client Health, Well Being & Quality of Life
      ▪ Utilization of Emergency Medical Services
      ▪ Utilization of the Emergency Department
   Cost Analysis
   Stakeholder Attitudes
   Other Findings Worth Noting
IV. Conclusion - - - - - - - - - - - - 14
V. Limitations - - - - - - - - - - - - 15
I. Introduction
In April 2014, Santa Fe implemented a three-year pilot of the Law Enforcement Assisted Diversion (LEAD) program. LEAD is a public safety program in which police officers exercise discretionary authority to divert individuals to community-based health services instead of arrest, jail and prosecution. The individuals eligible for diversion are ones suspected of low level, non-violent crime driven by unmet behavioral health needs. Santa Fe replicated and adapted the Seattle LEAD model which involves close coordination between public safety and public health systems and is grounded in a harm reduction philosophy. The New Mexico Sentencing Commission (NMSC) evaluated the pilot phase of the LEAD program. This report outlines the methodology and results of that evaluation.

II. Program Description
In lieu of arrest for a low-level, non-violent drug related crime, individuals are referred by law enforcement into a trauma-informed intensive case-management program where the individual receives a wide range of support services. The aim of the program is to stop the cycle of arrest, prosecution and incarceration by addressing issues such as addiction, untreated mental illness, homelessness and extreme poverty through a public health framework that reduces reliance on the formal criminal justice system.

LEAD is based on a harm reduction approach for all service provision. LEAD does not require abstinence, and participants cannot be sanctioned for drug use or drug relapse. LEAD recognizes that drug misuse is a complex problem and people need interventions that are tailored to where they currently are in their lives. The program incorporates measures like health, employment and overall well-being instead of abstinence – into the program’s goals.

LEAD is guided by the following principles:
• Booking, prosecuting and jailing individuals who commit low-level drug offenses has had limited effect on improving public safety, public health and public order;
• Interventions that connect low-level drug offenders with services may cost less and be more successful at reducing future criminal behavior and improving health; and,
• Problematic drug use and addiction is a public health issue not a criminal issue.

The program goals are to:
• Reduce criminal recidivism, thus improving public safety;
• Reduce the cost burden of behavioral health disorders on the

Summary
• LEAD participants had a statistically significant decrease in the number of arrests in the first six months after diversion into the program.
• Participants with high levels of participation in case management had fewer arrests for new charges.
• LEAD participants had no violent charges post-diversion.
• Participants were detained for significantly fewer days than the comparison group.
• Follow-up participants reported reductions in use of heroin, improved quality of life and gains in obtaining permanent housing.
• The cost savings to the Systems “as usual” was $4,727 per person per year, a 52% savings.
• When the program cost of the LEAD program is added to the criminal justice and emergency medical cost, the average annual cost for a LEAD client was $7,541 per client per year. Thus, overall cost savings of LEAD over system “as usual” was $1,558 per client per year, a savings of 17%.

Santa Fe Law Enforcement Assisted Diversion (LEAD) Pilot Period Program Evaluation Summary Report, October 2018
Evaluation conducted by New Mexico Sentencing Commission in partnership with the New Mexico Statistical Analysis Center and Pivot Evaluation Summary report written by the LEAD Program Manager based on full reports of findings written by the evaluators.
Full evaluation reports available @ http://lead-santafe.dreamhosters.com/impact/.
criminal justice and other public health systems;
- Reduce opioid-related overdose and improve the lives of individuals who engage in the program, thus improving community health; and,
- Raise awareness among stakeholders that substance use disorder is a health issue that can benefit from a multidisciplinary public health approach.

A. How It Works
There are two ways to become a LEAD© client: 1) be diverted into LEAD instead of arrest; or 2) through a social contact diversion.

For individuals diverted into LEAD instead of arrest, officers assess the individual and make the decision about whether diversion is appropriate. If not, the person is booked per standard protocol. However, if the decision is to divert an individual into LEAD Case Management, the officer will contact the case manager and “hand off” the person to the case manager. The case manager will do an assessment with the individual and then provide comprehensive services to address needs and reduce the harm the individual is causing to her/himself and the community.

Individuals also may enter LEAD through a social contact diversion. Social contact diversions are those in which officers perceive the individual as at risk of arrest in the future for low level drug activity.

Recommendations

- Require a plan for continuity of care from the service provider if/when staff turnover occurs.
- Continue to provide training on the value of a direct hand off between LEAD© officers and the case managers.
- Provide interested participants immediate access to Suboxone as delays often interfere with their recovery.
- Continue to develop strategies to address the rumor that LEAD is a snitch program.
- Increase oversight of contracted service providers to ensure that all required data elements are being collected correctly.
- Given the individualized nature of the harm reduction model, consider tracking participants for a longer period.
- Administer a follow-up interview to all participants at regular and consistent time intervals.
- Ensure that participants grant consent at the time of their intake interview to allow for administrative data research activities and future contact.
- Provide ongoing training for all program partners including law enforcement, prosecutors, public defenders, elected officials, and community residents on the role of trauma in addiction.
The following criteria excludes individuals from entrance into the LEAD program:

- The amount of drugs involved exceeds 6 grams;
- The individual does not appear amenable to the program;
- The suspected drug activity involves delivery or possession with intent to deliver, and there is reason to believe the suspect is selling illicit substances for profit above a subsistence income;
- The individual is on probation or parole;
- The individual is under the age of 18;
- The individual appears to exploit minors;
- The individual is suspected of promoting prostitution; and/or
- The individual has a conviction in the last 10 years for homicide, vehicular homicide, aggravated arson, aggravated burglary, all robbery, all kidnapping, all sex offenses, and any conviction involving firearms or deadly weapons (or attempt of any crime listed here).

Intensive case management is a core principle of the LEAD program. Intensive case management provides increased support and assistance in all aspects of the LEAD participant’s life. The case manager works with each participant to design an Individual Intervention Plan (IIP), which will form the action plan for the individual. The plan may include assistance with housing, treatment, education, job training, job placement, licensing assistance, small business counseling, child care, or other services. Many elements of the intervention plan are participant-identified and driven. The IIP draws on the professional expertise of the case manager. If the case manager identifies needs for treatment or other services, she/he either provides navigation to appropriate programs with available capacity or procures needed services.

B. Program Oversight

The LEAD Policy Coordinating Group is responsible for the oversight of the LEAD program and meets monthly. Members of this group operate under a memorandum of understanding that outlines roles and responsibilities, including making budget and policy decisions. Members include: 1st Judicial District Attorney, Law Offices of the Public Defender, City of Santa Fe, Santa Fe County; NM Criminal Defense Lawyers Association, and the Drug Policy Alliance.

LEAD also has a Case Coordinating Group (case managers, police, the 1st Judicial District Attorney’s Office, the City Attorney’s Office and the Law Office of the Public Defender) that meets twice per month. They review diversion decisions and program participant progress. The group works 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. Collaboration to address issues as they arise facilitates stronger relationships between these systems and creates a solid foundation for positive outcomes for participants and stakeholders alike.

III. Evaluation Study Methodology

Table 1 outlines the evaluation of the three-year pilot phase of LEAD©. Key terms and data in the evaluation are described below.
### A. Comparison Group

A comparison group of 98 individuals was created so criminal justice costs and criminal recidivism outcomes of LEAD participants could be compared against a group of similar individuals who processed through the system “as usual.” The comparison group was compiled from Santa Fe County Detention Center 2014-2017 arrest data using propensity score matching. The sample was first limited to individuals who were arrested between 2014 and 2017. The NMSC then limited the sample to those who only had charges that LEAD participants also had. After these limitations, NMSC matched participants with potential comparison group members 1:1 (or as close as possible if there was not a perfect match) on gender, age, and diversion year. Race is not recorded accurately in the Detention Center database so a match on race was not possible. In some cases, NMSC had more than one perfect match for a client, which resulted in a comparison group that was larger than the client group.

Throughout this report, NMSC refers to pre-diversion time and post-diversion time for all individuals evaluated, whether LEAD participants or the individuals in the comparison group (see above). For LEAD participants, post-diversion is the time from the client’s diversion to LEAD until December 31, 2017, and pre-diversion is the equivalent of the post-diversion time applied to the period before diversion. For example, if a client was referred to LEAD on December 31, 2016, that would be one year of post diversion time; therefore, that client’s pre-diversion period would be one year prior. For non-LEAD individuals used in the comparison group, their matched arrest date is used as a proxy for a diversion date to compare outcomes between the LEAD participants and the comparison group.
B. Criminal Recidivism
Data on criminal recidivism (i.e. arrests, bookings) came from the Department of Public Safety and the Santa Fe County Detention Center. For this evaluation, new arrests refer only to arrests for a newly committed offense in either the pre-diversion or post-diversion period. Total arrests, on the other hand, include arrests on new offenses and on warrants during both those time periods.

C. Psycho-Social Impact

Client Health, Well Being & Quality of Life
One-on-one interviews were conducted with participants. A series of questions from the intake interview were repeated to measure program impact with 24 of the LEAD participants. Additionally, participants were asked a series of open-ended questions regarding how they found out about the program, their experience with the program, the services that they received, what worked and did not work for them, and suggestions to improve the program.

Utilization of Emergency Medical Services (EMS)
A list of LEAD participants and the comparison group were provided to the Santa Fe Fire Department (SFFD). The SFFD matched these individuals to service data and returned de-identified results. We then used the appropriate pre– and post-diversion time to compare the use and associated costs among LEAD and non-LEAD participants.

Utilization of the Emergency Department (ED)
The Health Systems Epidemiology Program of the Department of Health matched ED visits for LEAD participants and the comparison group. The Health Systems Epidemiology Program returned de-identified results to the evaluation team. For each client visit, there can be multiple diagnoses. We then used the appropriate pre– and post-diversion time to compare ED use and associated costs among the LEAD and non-LEAD participants.

D. Cost Analysis
Annual program costs for all billed services were calculated and organized by four main funding sources: Federal, State, City and Private. Then, the costs of arrests, prosecution, detention, emergency medical services and emergency department visits were calculated based on arrest data, and health service utilization in both the LEAD group and the comparison group. Calculations of savings were then conducted.

D. Stakeholder Attitudes
A group of key stakeholders were interviewed to understand their attitude about substance use disorder and the program. Stakeholders included police officers, treatment providers, district attorneys, public defenders, elected officials, and other city staff. They were asked questions about their role in LEAD©, their opinions on the impact that substance use disorder has on them in their respective roles, whether their perception of individuals with substance use disorder and mental health diagnoses had changed since LEAD began, their opinions of changes in internal processes and procedures because of the program, and their feelings about the program.

IV. Results
A series of analyses were conducted. The results from each analysis is described here grouped by evaluation area.
A. LEAD Participant Demographics

Only participants with at least six months of exposure time were included in the evaluation. Participants who were diverted to the program but never completed an intake interview, and those who were diverted but were later found to be ineligible, were excluded. The client evaluation group consisted of 76 individuals. The majority were social contact referrals (55.3%). Just over two-thirds of the participants were females (67.1%). Figure 2 shows the breakdown of diversion type by gender. Males were more likely to be diverted through an arrest contact. The average client age was 29.6 years old.

Participants received services for an average of 18 months.

B. Criminal Recidivism

For this analysis, NMSC looked at the average number of new and warrant arrests in the first 6 months pre-and post diversion and over for the evaluation period.

In the first six months post-diversion, LEAD participants had a statistically significant decrease in the number of arrests (new charges and warrants) (See Figure 3). In the six months prior to diversion, participants had an average of 1.31 arrests, which decreased to 0.93 post-diversion. The number of new arrests in the first 6 months pre-and post diversion decreased by 30% and the number of warrant arrests decreased by 28%. The comparison group arrest averages were largely unchanged during the 6 month-pre– and post-diversion time period.

This decrease did not hold for the entire evaluation period, however. LEAD participants experienced a statistically significant increase in the average number of new and warrant arrests (2.61, to 3.68) over the entire 3-year evaluation period. The total number of arrests for the comparison group remained mostly unchanged (3.21 to 3.32).

LEAD participants had no violent charges post-diversion while the comparison group had a slight decrease of violent charges.

C. Psycho-Social Impact

Client Health, Well Being & Quality of Life

Twenty-four out of the 76 LEAD participants had both an intake interview and a follow-up interview. The follow-up included a re-administration of some of the questions asked by case managers at the intake interview. See Figure 4 for highlights. The following changes from intake to follow-up were significant:
• There was a 54% reduction in the total number of participants using heroin.
• There was an 83% increase in the number of participants who agreed that they could solve difficult problems.
• Participants reported a reduction in the number of days they had depressive feelings.
• Fewer participants reported having trouble controlling violent behavior, or episodes of rage or violence.
• Most participants reported having a good or excellent quality of life at their follow-up interview.
• More participants reported being in permanent housing at their follow-up interview than at their intake interview.

During the follow-up interview, participants were asked a series of open-ended questions. The open-ended questions were designed to gather more detailed information about the client’s experiences with the LEAD program. For example, participants were asked how they felt about the program and the services they received, and for their recommendations to improve the program. The objective was to better understand program efficacy from the client’s perspective. Some key findings include:

• “Readiness to make a lifestyle change” was a key theme that emerged from the client interviews. Most participants stated that they chose to participate in LEAD because they were motivated to make a lifestyle change. Participants observed that when they or others are not “ready” to change, they are not able to take full advantage of LEAD©. This does not mean lack of “readiness” should exclude participants from LEAD©. Instead, “readiness” can develop over time, and may occur after initial setbacks.

• Many participants took responsibility for their recovery meaning they felt empowered to guide their recovery process.

• The harm reduction model helped many clients to reduce or stop using future-oriented thinking and goal setting; improved coping mechanisms; improved stability; and reduced drug use.

• Some clients expressed concerns about LEAD©:
  ◊ Clients identified continuity of care was a problem. Clients note that turnover, case managers’ lack of time, lack of coordination among service providers and negative relationship with case manager all impaired progress.
  ◊ Clients noted that the perception on the street that LEAD is a “snitch” program harms the LEAD© program, a perception that can be (or is perceived to be) dangerous for the clients.

• While clients did identify some problems, most clients found LEAD beneficial and felt it should be expanded to help others who are in a similar situation.

![Figure 4: Change in LEAD Participants’ Health, Well Being and Quality of Life During the Evaluation Period](image)
Client Quotes

**Officer Involvement**

“I guess you would say he was willing to—uh, I guess support me in a certain way. I didn’t feel like he was out to get me pretty much. Because before that I would kinda consider, like, cops or detectives, or whatever, are just out to get you because when you’re doing—I guess, bad things…you kinda put a shield up against officers and stuff like that. But the vibe I got from him was just that he wanted to support me in cleaning up my life.”

“[the officer said] I just saw you last week and the week before that. What’s going on?” “I just can’t get out of the legal system…” “There’s this program and it helps. How about I refer you to that? You’re better than that.”

**On LEAD**

“Everything was appealing because I was on my way to looking for outpatient programs and that’s exactly what it is. And I was like all right. Well, you’re offering it and you can get me in like that instead of me having to wait on a monthly list just to start fixing myself.”

“It wasn’t forced on us like probation or parole officer, ‘You have to be here.’ It was like, ‘Well, if you want the help, come. This is what we can do for you. You just have to show up.’ And so it made it was made real easy. It wasn’t something forced so it was something [that] kind of intrigued us more. [We] wanted to step forward more.”

**How LEAD Has Affected Clients Lives**

“I wanted to die. I just wanted—every day that I woke up I felt like death and I just hated to be with—I couldn’t go anywhere without my drug. I couldn’t function without it. I just felt so lost. Now, I have direction. I’m motivated. I’m very confident, and I’ve never felt any stronger in my life…”

“It’s just made me more aware of what recovery is. I thought once I stopped doing drugs, I’m going to be good and get my life back together…I don’t have a job [yet], but recovery doesn’t happen overnight, and it takes a long time. And everybody who’s involved with the program including the clients also opened my eyes to what recovery is and that it doesn’t happen overnight, and to be patient with it.”

“And you know, my life is good. I’m going to be buying a house in about a year. It could be sooner, I got preapproved—I don’t know how! But if you’d told me this a year ago, I would have said you’re crazy! But these responsibilities, is, it’s what I’ve wanted, and I’m really happy, I’m happy with life.”

**Client Recommendations for LEAD**

“LEAD actually has a really bad name, not as far as here in this room or in this business, but on the street. A lot of addicts who want to get help or get treated don’t come into LEAD because when they first started the program they called it “LEAD©s.” They think that it’s LEAD©s into giving the police LEAD©s and information and tips of who’s doing the drug dealing and who’s – basically you’re considered a rat. So that’s what’s keeping a lot of people away. I think they definitely need to change the name. Definitely.”
**Emergency Medical Service (EMS) Calls**

EMS calls were more common among LEAD participants than the comparison group. Among the LEAD participants, 45.1% had called EMS at least once pre-diversion, while 31.9% of the comparison group had called for EMS services pre-diversion. EMS findings are:

- LEAD participants had a decrease in the average number of post-diversion EMS calls, while individuals in the comparison group had an increase in the number of calls post diversion.
- LEAD participants had an average number of 0.62 calls pre-diversion compared to an average of 0.54 calls post-diversion; a 13% decrease.
- Individuals in the comparison group had 0.34 calls pre-diversion and 0.45 post-diversion, a 32% increase in the number of calls.
- The number of calls related to drugs or alcohol decreased by 48% for LEAD participants from 0.21 pre-diversion to 0.11 post-diversion (Figure 5).

**Emergency Department (ED) Visits and Diagnosis**

LEAD participants and the comparison group had similar rates of emergency room visits. The average number of emergency room visits decreased over time for both groups. Key findings regarding emergency department data are:

- LEAD participants had an average number of 2.2 visits to the pre-diversion compared to an average of 1.8 visits post-diversion. The individuals in the comparison group averaged 1.9 visits pre-diversion and 1.2 post-diversion.
- LEAD participants had 2.9 diagnoses per visit pre-diversion and 1.8 diagnoses post-diversion; a 37% decrease in diagnoses per visit.
- LEAD participants had a 50% decrease in drug/alcohol diagnoses over time. Pre-diversion, LEAD participants had 1.2 drug/alcohol diagnoses per ED visit and 0.6 diagnoses post-diversion (Figure 6).
D. Cost Analysis

LEAD Program Costs

The annual program cost was $3,169 per client per year, which included funding from the City of Santa Fe and private funding (Open Society Foundations and private donors). An additional $3,762 per client per year was directly billed and paid by federal funding (HUD), and state funding (Medicaid and Linkages). See Figure 8 for a cost breakout by source.

Criminal Justice & Emergency Medical Costs

To calculate costs, the number of emergency medical system (EMS) calls, emergency department (ED) visits, arrests and the number of days detained were annualized.

- The average annual number of arrests for participants increased from 1.34 pre-diversion to 1.93 post-diversion while the average for the comparison group also increased from 1.74 pre-diversion to 1.85 post-diversion.
- The average post-diversion annual number of days detained went up for both groups, however LEAD participants were detained for significantly fewer days than the comparison group (11.4 compared to 68.4).
- The average post-diversion annual cost inclusive of EMS, ED, police, court, district attorney, public defender, and detention for the client group was $4,371 per client per year.
- The average post-diversion annual cost inclusive of EMS, ED, police, court, district attorney, public defender, and detention for the comparison group was $9,098 per client per year. Therefore, the cost savings to the CJS was $4,727 per person per year, a 52% savings.
- When the program cost of the LEAD program is added to the criminal justice cost, the average annual cost for a LEAD client was $7,541 per client per year. Thus, overall cost savings of LEAD over system “as usual” was $1,558 per client per year, a savings of 17%.

*The study could not factor in the costs of any programs that individuals in the comparison group may have engaged in during the evaluation period, therefore the estimated costs for the comparison group are potentially understated.
E. Stakeholders Attitudes

Key findings from these open-ended interviews related to the stakeholders’ perception of opioid users and opioid-related crimes include:

- Stakeholders felt that opioid crimes and property crimes were highly linked.
- Stakeholders recognized that opioid addiction could happen to anyone.
- Stakeholders described a cultural shift in the stereotype of an opioid user, seeing opioid use as a health concern versus a crime.
- Stakeholders found that the LEAD program was an attractive solution to reduce repeat crimes and associated judicial involvement by offenders.

Key findings related to program implementation and the criminal justice systems involved with LEAD© include:

- Buy-in from all stakeholder groups enabled program development. If one group had held out, the program could not have proceeded.
- Collaboration among organizations improved relationships over time.
- Without these strong relationships, the program would have failed.
- Diversion from a law enforcement and judicial path to a social intervention model presented significant legal, community and interpersonal challenges for officers, as follows:
  - Community trust: using LEAD to gather information reduces intervention credibility and officer respect.
  - Interpersonal: when officers suggest LEAD to a potential client and are declined on district attorney review, the officer can lose the trust of the potential client.
- There are cases where LEAD could have been offered but was not.
- All stakeholders indicated that LEAD saved them time.

Stakeholder Quotes About LEAD

“Just stop using drugs or else you’re gonna go to jail. That doesn’t work. We all know it doesn’t work. I wish somehow we could get the courts cured to better understand the concepts of harm reduction.”

“[Officers are] taught in the academy how to arrest people, and drugs are bad, and you know, should be arrested. So it’s kind of a culture shift for them, that I’m not arresting this guy. I mean, I go through all the work and then I’m just letting him go.”

“So usually you had a stigma - People who did heroin in the drug world were dirty. [Opioid use] was only relegated to those people that were dirty - that stigma wasn't there anymore. I started to see normal people in really bad shape.”

“It's sort of a ridiculous idea that a person is just going to stop being addicted to a drug, and stop using the drug that they're addicted to because someone has said, “You're not allowed to.” That change has to come from within that person, and it's going to happen – if it's going to happen effectively – on that person's own time.”

“You run into issues that are very problematic. And, it’s a new, innovative program, so maybe a lot of people aren’t completely bought into the, maybe, harm reduction, where your idea of harm reduction is different from my idea of crime reduction, as a law enforcement officer; yours may be different. And so, what we’re trying to do is mesh all these people together, and hope that they can get along.”
F. Other Findings Worth Noting

Level of Engagement Impacts Criminal Recidivism

About half way into the pilot period, stakeholders questioned the impact of engagement in case management upon criminal recidivism. Therefore, at the end of the evaluation period, case management engagement was measured. The earliest and most recent date of case management services within the study period were recorded. All scheduled, rescheduled and cancelled case management visits were counted. The average number of scheduled case management appointments was 60.1, while the number completed was 46.6. The number and percentage of completed case management appointments were calculated. It was found that:

- Participants with high levels of case management engagement experienced a decrease in new arrests.
- Participants who had low levels of engagement had a significantly greater average number of arrests post-diversion than pre-diversion (2.75, versus 6.06) and arrests for new charges (1.12, versus 3.37).

LEAD Participants Had More Days to First Arrest Post Diversion Than Comparison Group

Participants’ time (number of day) to any arrest post-referral (new charges or a warrant) was over a month longer (32.7 days) than the comparison group. Limiting the analysis to new offenses, the time to arrest after a diversion was more similar between the groups (197 days for participants, 205 days for the comparison group). However, the time to arrest on a warrant was over a month longer for participants (37.6 days), which may be attributable to the assistance that participants receive to resolve past legal issues.

An analysis of the number of days to new arrests for drug offenses showed that the average number of days to arrest for participants was 274 days, while for the comparison group it was 201 days. This means that participants, on average, were not arrested again for a drug offense as quickly as the comparison group.

LEAD Participants Had Significantly Fewer Days Detained Than Comparison Group

Participants were detained for significantly fewer days than the comparison group both pre-diversion (14.38, compared to 55.93) and post-diversion (22.83, compared to 126.51). Furthermore, LEAD participation was significantly related to a lower number of post-referral detention days after controlling for key variables (i.e., exposure time, prior criminal history, prior days detained) in multivariate analyses.

V. Conclusions

In summary, it appears that LEAD involvement has had promising impacts on recidivism during early participation, could save money, and is associated with several benefits to health status and quality of life of participants. Stakeholder interviews suggest that involvement in the LEAD program has also helped police and other providers reduce stigmatizing attitudes about opioid use disorder and related criminal behavior. The sample in this study is gender skewed and there were more social contact referrals than...
arrest diversions. This should be noted to police during training and inclusion criteria should be reevaluated to determine why more women were eligible than men. Regarding the cost burden of behavioral health disorders on the criminal justice and other public health systems, there is evidence that LEAD participants’ costs were less than the system “as usual.”

Findings from this evaluation show that LEAD’s maximum impact on criminal recidivism appeared to be early on. As engagement with case management shows to have an impact on criminal recidivism, intensive case management is key to supporting the behavior changes diversion hopes to impact. Perhaps key interviews with clients and case managers would inform the how and why to long term engagement. Finally, LEAD client engagement is sporadic so traditional behavioral health assessments based on a treatment regimen may not work in this type of program where regimented participation is not mandated. Regular interviews with clients about the impact of LEAD participation on their health and quality of life may be a more effective way to access information about the psycho-social impact of the program.

Future research on LEAD projects could benefit from better matched comparisons, a closer evaluation of police referral practices, and more detailed qualitative data about the impact on the psycho-social health. A longer study period of the program will better highlight the impact. The average length of time that participants in this study were engaged in the program was 18 months. According to the Recovery Research Institute, it takes a typical person with an opioid use disorder up to 8 years and 5-6 attempts at sobriety to achieve true remission from problematic substance use. Knowing this, it is important to recognize that time matters in achieving the impacts we anticipate will result from Law Enforcement Assisted Diversion. As one client said when asked about how the program affected their life: “It’s just made me more aware of what recovery is. I thought once I stopped doing drugs, I was going to be good and get my life back together. [However] I don’t have a job [yet], but recovery doesn’t happen overnight, and it takes a long time….”

VI. Limitations
This evaluation’s limitations should also be noted in this report. First, large administrative datasets that are often used to study arrests cannot measure actual offending, but rather only those incidents that the police are aware of. These datasets often include missing data or clerical errors that could impact results. Policing tactics may differ overtime or in different jurisdictions; this may be reflected in administrative data. Second, the study did not control for whether a charge was considered a felony or misdemeanor, which means the evaluation lacks a measure of severity. Third, although NMSC tried to create the most comparable control group, criminal history was not accounted for.

Additionally, the study was unable to obtain identifiable detailed case management data to study patterns of participation across program time. The ability to tie engagement to outcomes would have been stronger if detailed engagement information would have been provided to study type of engagement over time. Other limitations in these findings are that the estimate of costs for the comparison group may be understated as the study did not have a way of factoring in the program costs that individuals in the comparison group may have engaged in. Finally, redesigning the intake and follow-up data collection method to more clearly align with the indicators of change in psycho-social outcomes in a harm reduction based program will help to better understand true impact.

Footnotes
1. “Subsistence dealing” is the sale of opiates that does not entail dealing for profit, but rather dealing to support one’s drug habit and survival.
2. Violent charges includes: false imprisonment, kidnapping, child abuse, sex crimes, weapons charges, assault, and battery.