Colorado Law Enforcement Assisted Diversion (LEAD)
Pilot Programs: Final Evaluation Report

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Prepared by

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"She has had my back; she has had my back so much. I know she's got to be heaven-sent. She has supported me; she has seen me at my worst. She never gave up on me. She's given me an opportunity every single time I messed up. She has shown me respect, she has shown me love. She has clothed me and given me blankets to stay warm. She visited me in jail, provided resources, talked with me, checked up on me, visited me at my home."

– LEAD Client (2022)

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Executive Summary

Background

Senate Bill 17-207, Strengthen Colorado Behavioral Health Crisis System, allocated funding for Colorado to implement Law Enforcement Assisted Diversion/Let Everyone Advance with Dignity (LEAD) pilot programs beginning in 2018. Administered by the Colorado Department of Human Services Office of Behavioral Health, four sites were selected through a competitive RFP: Alamosa/San Luis Valley, Denver, Longmont, and Pueblo. Based on the LEAD model which originated in Seattle in 2011, all sites sought to reduce criminal recidivism by diverting low-level offenders from criminal justice processing to harm reduction case management services. LEAD also aims to reduce criminal justice utilization and costs, overcrowding in jails, and racial disparities. Although each LEAD site adopts the core harm reduction principles of LEAD, the LEAD National Bureau encourages each site to customize protocols, procedures, and eligibility criteria to match community needs.

In addition to funding for sites, funding was allocated to evaluate the efforts at the pilot sites. Through an open RFP, the Criminal Justice Research Initiative (CJRI), housed within the University of Colorado Denver, was selected to evaluate the project for the initial two years (2018-2020), with additional funding provided to continue the evaluation through FY22.

The purpose of the present evaluation report is to address the three following contracted evaluation questions.

> **1. Referral Factors** - What are the factors impacting officers' reasons for referring (or not referring) individuals into the LEAD program?

> **2. Client Outcomes** - What are the differences in client outcomes between LEAD program participants (engaged and non-engaged) and the control group? "Outcomes" include all of the following: re-arrest and recidivism, treatment, completion rates, subsequent conviction, psychosocial changes (e.g., quality of relationships, mental/physical health, stable housing, and economic/employment status).

> **3. Cost-Benefit Analysis** - What are the differences in costs between LEAD program participants and the control group? "Costs" include all of the following: booking and prosecution costs, jail day(s), treatment, and prison incarceration.

Methodology

Data for the report were gathered over the four-year pilot period (January 2018-June 2022) using a cumulative mixed-method evaluation design involving both qualitative and quantitative aspects. Data were collected in relation to each research question noted above. To answer the evaluation question regarding which factors resulted in a referral to the program, both interviews and Arrest Cover Sheet (ACS) data were collected. Arrest Cover Sheets provide information about the circumstances under which each individual was referred, with interviews providing insights into the experiences various stakeholders had in making referrals. To address the evaluation question regarding client outcomes/quality of life subsequent to their LEAD referral, a number of data sources were utilized. First, interviews with stakeholders/project managers, clients, officers, and case managers gathered their perspectives on the LEAD pre-arrest harm reduction model, the impact LEAD had on clients, and recommendations for moving forward.

Second, case management data was collected from the sites' case management systems and through an assessment tool called the Global Appraisal of Individual Needs (GAIN). Measures were extracted from both case management tools/systems to provide a comprehensive and comparable assessment of changes in LEAD clients' quality of life throughout their involvement in the program. Finally, to assess the cost-benefits of the program, site-level and individual-level expenditure data from case management systems and invoices were used to construct a picture of LEAD costs versus traditional criminal justice processing.

Key Findings

The evaluation presents three main key findings from each evaluation question.

Referral Factors

Most LEAD referrals across sites were social contact referrals (74.9%). Findings from officer interviews reveal that most officers we interviewed were supportive of the program and the harm reduction model; however, some officers prefer referring individuals post arrest to LEAD. Additionally, some officers also expressed concerns about community referrals referencing safety concerns for case managers if clients are being enrolled without law enforcement screening.

Client Outcomes

LEAD clients overwhelmingly expressed gratitude for the LEAD program, highlighting that they appreciated the services provided at LEAD, the support, and the non-judgmental environment. However, a few clients noted significant bureaucratic constraints and the adverse impact of staff turnover. Findings from GAIN highlight that clients who reported money problems struggled more with mental health and substance abuse; however, they were the most interested in improving their situation and addressing mental health and substance issues, and some evidence existed supporting higher benefits of LEAD for this population. Lastly, recidivism analyses suggested that HB 19-126 and other changes resulting in reduced enforcement beginning in 2020 significantly reduced levels of recidivism and arrests among clients.

Cost-Benefit Analysis

Yearly Colorado LEAD operational costs per client are estimated to be around $5000. This is considerably less than the cost of one arrest and subsequent criminal justice processing (~$10,000). Further, the "Cost to Society" GAIN scale showed that over time, clients are likely to have stable costs to society. Therefore, while cost savings remained stable, LEAD still offers a cost-effective mechanism for addressing the underlying issues which clients are confronting. This is especially true when clients can be diverted from the collateral consequences of criminal justice processing for the purposes of the program.

I. Introduction

The Law Enforcement Assisted Diversion (LEAD) program, which has been adopted internationally since first being implemented in Seattle, Washington in 2011, is aimed at reducing recidivism rates, lowering criminal justice utilization costs, and addressing racial disparities in the criminal justice system by diverting low-level offenders pre-arrest to harm reduction case management. Originally designed as an arrest diversion program

for law enforcement, the LEAD program has since added several alternative pathways, including social contact and community referrals. Arrest diversions involve police referring non-violent low-level offenders to LEAD in lieu of booking. Social contact referrals involve either officers or community partners (shelters, hospitals, probation officers, treatment providers, etc.) referring individuals without a diverted charge, but require that all referrals are screened and approved by law enforcement. In response to growing concern about equity in policing, the LEAD National Support Bureau added the community referral pathway in 2020, which allows community partners to refer individuals into the LEAD program without a charge or law enforcement review.

Through funding allocated by Senate Bill 17-207, Strengthen Colorado Behavioral Health Crisis System, four sites were selected to implement pilot LEAD programs in Colorado, including: San Luis Valley/Alamosa, Denver, Longmont, and Pueblo. While adhering to the harm reduction principles of LEAD, each site was encouraged by the LEAD National Support Bureau to customize protocols, procedures, referral partners, and LEAD client eligibility criteria based on community needs and resource availability (e.g., police department size, number of treatment programs in the area, target participant population, etc.). Each LEAD sites' eligibility criteria and utilization of referral pathways has changed over time and are subject to change or revision at any time, subject to approval by each site's Key Stakeholder Policy Committee. Discussed below are each sites' scope and eligibility criteria as of April 2022.

Alamosa/San Luis Valley (SLV)

The San Luis Valley LEAD program is a harm reduction program housed within the Center for Restorative Programs (CRP) that offers case management services to adult residents over 18 years old struggling with substance use, and or persons suspected of criminal conduct. Exclusion criteria include possession of drugs in excess of 7 grams or with the intent to distribute, exploitation of minors, suspected promotion of prostitution, a history of violent crime within the last ten years, and pre-existing court-ordered participation in drug court, DUI court, or family court. SLV accepts referrals from arrest diversion, social contacts and community partners.

Denver

The Denver LEAD program is housed in the City and County of Denver's Office of Behavioral Health in partnership with Empowerment Program, Inc. The program has a low barrier model that enrolls adults (18 years or older) who are experiencing behavioral health issues, frequently involved in the criminal justice system, and living in the Denver Metro Area. Participants were excluded if they had active warrants, were on probation or parole, posed a safety risk, or possessed a weapon at the time of referral. Individuals severely impaired at the time of arrest were also ineligible. The Denver LEAD program had a late start and did not enroll individuals into the program until February 2019.

Longmont

Longmont's LEAD program is operated through the Longmont Department of Public Safety, which has a low barrier model with eligibility criteria including individuals over 18 who have a substance use disorder and are either Longmont residents or living in the surrounding community. The Longmont LEAD program will not divert mandatory arrest charges or any charge involving a victim who did not consent to diverted charges.

Pueblo

> Pueblo's LEAD program is housed within Crossroads Turning Point, Inc., which accepts individuals over 18 years old when 1) probable cause exists that the individual committed a victimless crime, 2) the individual possessed 4 grams or less of an opioid substance, methamphetamine,[1] cocaine, or a combination of any of these substances and/or possessed a personal use amount of a benzodiazepine; and/or 3) the individual was under the influence of a controlled substance or other prohibited substance. Individuals who have not resided in Pueblo County for the 24 months preceding LEAD referral may be accepted if referred by law enforcement or their Pueblo County based supervising agency, including but not limited to parole, probation, and the Department of Human Services.

To examine the impact the Colorado LEAD programs have had on clients between 2018-2021, funding was provided by the Colorado Department of Human Services Office of Behavioral Health to the Criminal Justice Research Initiative (CJRI) at the University of Colorado Denver. Specifically, CJRI was contracted to address the following questions.

> **1. Referral Factors** – What are the factors impacting officers' reasons for referring (or not referring) individuals into the LEAD program?

> **2. Client Outcomes** - What are the differences in client outcomes between LEAD program participants (engaged and non-engaged) and the control group? "Outcomes" include all of the following: re-arrest and recidivism, treatment, completion rates, subsequent conviction, psychosocial changes (e.g., quality of relationships, mental/physical health, stable housing, and economic/employment status).

> **3. Cost-Benefit Analysis** - What are the differences in costs between LEAD program participants and the control group? "Costs" include all of the following: booking and prosecution costs, jail day(s), treatment, and prison incarceration.

The purpose of the current study is to answer the questions highlighted above using data collected during 2018-2022 through a rigorous mixed-method design.

II. Methodology

Referral Factors

Several data sources were utilized to answer the contracted evaluation goal to "Document factors impacting officers' reasons for referring individuals into the LEAD program?" A primary source of information was Arrest Cover Sheets. In 2018, the evaluation team constructed an "Arrest Cover Sheet" (ACS) form designed to capture the pathway that brought the client to LEAD (social referrals, criminal diversions, or community referrals), which individuals/organizations were referring individuals, and if applicable, what charges were being diverted by police officers. In addition, the ACS asked the individual referring someone to LEAD to report their reasoning for doing so and the person's history and condition at the time of referral. All sites have been using these forms for the past four years. The research team also conducted extensive interviews with officers, which included a number of questions about the referral process and preferences. Themes from interviews across stakeholders/project managers, case managers, clients, and police officers from 2021 and 2022 were documented below as well as data collected from Arrest Cover Sheet forms.

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1   At the onset of the program, Pueblo did not accept clients who were in possession of methamphetamine; however, as the need for services for this population became more apparent, Pueblo's policy group eventually opened the program to this population.

Client Outcomes

Both qualitative and quantitative data were collected to address, "What are the differences in client outcomes between LEAD program participants (engaged and non-engaged) and the control group? "Outcomes" include re-arrest and recidivism, treatment, completion rates, subsequent conviction, and psychosocial changes (e.g., quality of relationships, mental/physical health, stable housing, and economic/employment status)." To capture the LEAD programs' impact on LEAD clients' quality of life, the evaluation team also analyzed data from a case management assessment tool called Global Appraisal of Individual Needs (GAIN), data from each site's case management systems, and structured interviews conducted with stakeholders, police officers, LEAD clients, and stakeholders either in-person or over the phone. Each method is briefly described below.

Interviews

Although the evaluation team conducted interviews at all four LEAD sites prior to 2021 (see Interim Report), here we draw upon interviews conducted over the last year to capture how LEAD has changed over time and operated during the COVID-19 pandemic. Across the four sites, the evaluation team conducted interviews with officers (Alamosa=11, Pueblo=7, Denver[2]=0, Longmont=10), stakeholders (Alamosa=19, Pueblo=10, Denver=7, Longmont=5), clients (Alamosa=7, Pueblo=5, Denver=12, Longmont=9), case managers (Alamosa=6, Pueblo=4, Longmont=6, Denver=4), and project managers (Alamosa=1, Denver=1, Pueblo=1, Longmont=2) throughout 2021 and 2022. Interviews were voluntary and the interview guides were approved and deemed minimal risk by the Colorado Multiple Institutional Review Board (COMIRB). Only case managers and LEAD clients were approved to be compensated with lunch for participating in the interviews.

The evaluation team coordinated with the LEAD project managers to create a diverse sample of law enforcement officers, LEAD clients and staff, and stakeholders to interview for the final evaluation. For law enforcement interviews, the evaluation team coordinated interviews with police and sheriff's departments at each site. Officers selected for interviews included a range of involvement in, and views of the LEAD program. Using Arrest Cover Sheets, the evaluation team identified officers who had a sustained record of referrals or who had made referrals early on, but had not done so recently. Law enforcement agencies were also asked to supply names of officers who had never made a referral and officers who represented a diversity of perspectives on LEAD and harm reduction. In order to ensure a diversity of client perspectives, the evaluation team used available data to identify clients with a range of involvement spanning highly active participants (e.g. people who routinely completed GAIN assessments) to those with limited engagement with program staff, or those who had engaged early on but eventually disengaged. Case managers and project managers were also given the discretion to invite individuals outside of the list to participate in an interview. Lastly, the project managers provided a list of community stakeholders who had been involved in LEAD in some capacity, including criminal justice representatives, treatment providers, and human service representatives. All interviews were recorded, transcribed, and coded thematically.

2   The evaluation team reached out to 9 Denver law enforcement officers/representatives multiple times and through a variety of mediums, but did not receive any responses; therefore, with the assent of the Denver site manager and the OBH program manager, the final evaluation does not include any recent interviews with Denver officers. For the purposes of the current report, 6 Denver officers interviewed from previous years were included.

Case Management Data

Two sources of data were used to capture LEAD clients' quality of life after their LEAD referral, including an assessment tool called GAIN (Global Appraisal of Individual Needs) and information extracted from each site's individual case management system. The GAIN assessment tool, used by all four LEAD sites, collects information regarding client quality of life, including criminal history, mental health, physical health, substance use, and treatment utilization. The evaluation team advised the sites to administer the GAIN assessment to LEAD clients every six months to track participants' quality of life over time. To communicate when a client was due for a GAIN follow-up, the evaluation team constructed a shared spreadsheet with LEAD staff to notify them when a client was due for a follow-up. The evaluation team also partnered with a company called eCourtDate, Inc., which sends text messages and email reminders to case managers and project managers. While each site has an individual case management system, the evaluation team collaborated with the project managers to incorporate additional standardized measures involving costs per client, level of engagement with LEAD, criminal justice utilization, housing information, treatment used, employment, and more quality of life measures.

Criminal History and Recidivism

The evaluation team acquired criminal history data for clients through a memorandum of understanding with the Colorado Bureau of Investigation. These records include all officially recorded arrests for clients within the state of Colorado during the study period (2018-2022) and as far back as 1978. Because warrants are generally not related to new offenses, they were excluded from the analyses. While there were over 1,029 clients enrolled in LEAD, only 767 clients were successfully matched to records in the CBI data[3]. This suggests that almost 25% of the LEAD client population had no prior (or subsequent) criminal history in Colorado. Further, of the 767 clients for whom criminal history data could be retrieved, only 653 had an accompanying Arrest/Referral Cover Sheet. Despite these limitations, the arrest histories for the individuals who could be identified provide a useful picture of officially detected/recorded criminal involvement among this population. Moreover, the data paint a clear picture of the impact of societal changes occurring in 2020. Considering these changes, results for pre-pandemic referrals were assessed separately from post-pandemic referrals. Patterns in recidivism and arrests were examined across sites and referral types. These data revealed a number of interesting patterns in six-month and one-year recidivism (defined as re-arrest for a new offense) and number of arrests one year pre-/post-referral criminal justice involvement.

Cost-Benefit

The evaluation team was also contracted to evaluate "differences in costs between LEAD program participants and the control group." To provide an overall sense of the cost the LEAD program, the evaluation team calculated the total time in the program for all clients and estimated the cost per client on a per month and overall basis. These cost estimates were then compared to estimates for costs for traditional criminal justice processing.[4]

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3   Using a smaller sample available at the time, the interim report also found that only 75% of clients could be matched to records in the CBI data.

Additionally, in order to develop an individualized picture of how costs change for clients over the course of involvement with LEAD, the research team capitalized on a validated "Cost to Society" scale included in GAIN that measures system utilization costs over time, including treatment utilization (hospital visits, inpatient or outpatient treatment, detox, etc.) and criminal justice utilization (i.e., jail days, probation days, and parole days). These data provide a standardized measure that is presented in 2021 dollars and compared across sites to provide the estimated cost to society for an average client after a specific number of days in the program. Finally, seeking to improve upon the cost-benefit analysis presented in the 2020 report, the evaluation team worked with program managers at each site to implement standardized measures to track individual costs per client.[5] These data were used to construct a chart highlighting the types of costs commonly covered for clients using LEAD funding.

Control Groups

At the inception of the project, the evaluation team emphasized the importance of comprising a randomized control group or a quasi-experimental group for the purpose of isolating and evaluating treatment effects. Several different possibilities for systematically identifying a control group were proposed by the evaluation team; however, none of these proposals were viewed as acceptable by program staff due to operational concerns, especially concerns about undermining officer discretion. After extensive discussions of the benefits, disadvantages, challenges, and limitations of utilizing a post-hoc control group, it was agreed that a statistically matched post hoc control group would be identified in cooperation with site managers, law enforcement, and district attorneys at each site. Results using this strategy for the 2020 interim report suggested there were minimal differences in the recidivism of offenders when compared to controls. However, recognizing the program was still early in its development, it was agreed that a similar strategy would be utilized for the final report. Unfortunately, this was precluded by several unforeseen factors.

As the program evolved, the LEAD sites shifted their emphasis away from arrest diversion referrals towards social contact and community referrals for several reasons: 1) under HB 19-126, felonies were downgraded to misdemeanors, 2) increased social awareness of equity issues within policing corresponded with decreased enforcement and arrests, and 3) police de-prioritization of low-level calls during the pandemic made it difficult to make LEAD referrals during that time.

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4   Cost estimates are based on the average for a large front-range judicial district: Arrest ($175, Source: Cost Calculations for Police, Denver Office of Behavioral Health Strategies, 2015); Jail During Pretrial Phase ($640, Source: Overview of County Jails, Legislative Council Staff 2017); Court Proceedings ($1,400, Source: 2018 Budget Request, Colorado Judicial Branch); Public Defender Representation ($549, Source: Office of the Colorado State Public Defender, FY 2019-2020 Budget); District Attorney Prosecution ($476, Source: Fiscal and Logistical Impacts of the Creation of a 23rd Judicial District, Douglas County); Probation Supervision ($3,864) & Probation Presentence Investigation Report ($897) (Source: Probation Officer Workload Values Study, Colorado Judicial Branch); Jail Sentence ($2,000, Source: Overview of County Jails, Legislative Council Staff 2017); TOTAL - $10,001

5   The measures included meeting costs (client lunch, coffee, etc.), Permanent Housing Expenses (rent, etc.), Temporary Housing (hotel room, etc.), Housing necessities (furniture, moving costs, etc.), Utilities (gas, electric, etc.), Food/Clothing, Hygiene (soap, shampoo, menstrual products, laundry detergent, hand sanitizer, PPE, etc.), Workforce readiness expenses (ID, birth certificate), Transportation expenses (bus fare, taxi, etc.), Family support expenses (Child Care), Behavioral Health (counseling, inpatient treatment), Doctor/Dentist Visits, Medication, ER Visits, Detox Expenses (Inpatient detox services), Hospitalizations, Harm Reduction (Needle exchange, Suboxone/MAT, etc.), Medical Other, Legal assistance, Coverage, Other- Text.

Further, given that fewer arrests were made for the types of offenses that previously constituted the bulk of LEAD referrals (esp. felony possession), sites found it difficult to identify a population they believed was sufficiently comparable to serve as a control group. Several sites also raised concerns about identifying a non-referred group because they felt this called into question the decisions of officers; however, it was explained that this was not the intent, and there were likely numerous individuals who had yet to be served by LEAD who could be compared. Given both the limited number of controls and vast program and societal changes, the research team had significant concerns about the validity of the agreed upon strategy for identifying and statistically matching controls. As such, and in lieu of a quasi-experimental control group, the evaluation team and the OBH program manager agreed to treat clients as their own controls and examine differences in pre-/post-pandemic trends. While this strategy does not have the benefits or rigor of a randomized controlled trial for isolating the effects of treatment from other changes allowing inference about causal effects of the program, it does illustrate the change within clients over time and across distinct historical periods. As such, it provides the most valid picture of LEAD clients possible, given the circumstances.

III. Results and Discussion

A. Referral Factors

To answer one of the evaluation team's contracted questions, "Document factors impacting officers' reasons for referring (or not referring) individuals into the LEAD program," below are findings from the Arrest Cover Sheet forms and interviews that highlight the nature of LEAD referrals.
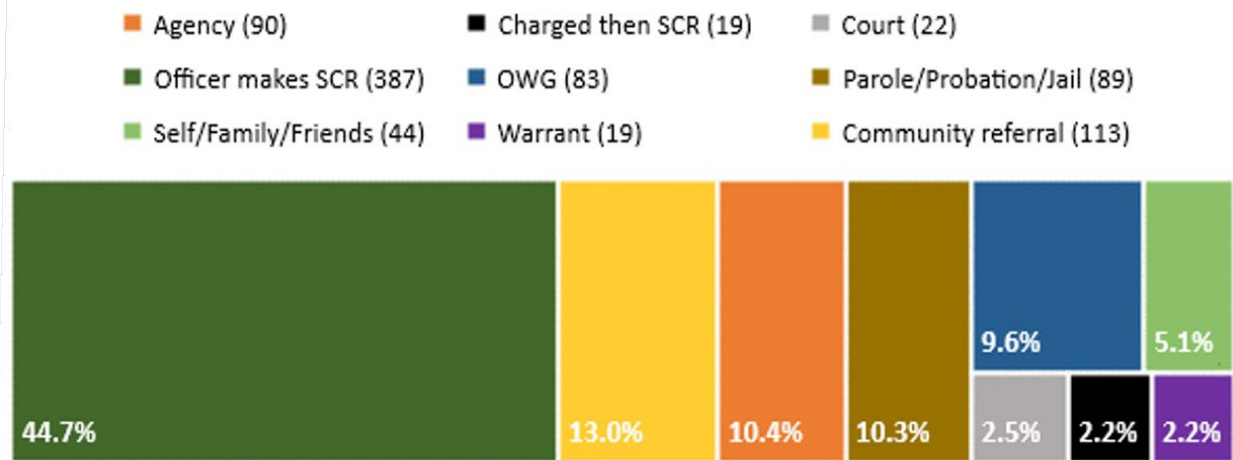
Arrest Cover Sheets

The following section outlines some important findings from the Arrest Cover Sheet data. Across sites, 74.9% (744) of referrals were from social contacts, 11.7% (116) were from community referrals, and only 13.4% (133) of referrals were arrest diversions.[6]

Table 1. Arrest Cover Sheet Submissions by Site*				
	Social Referrals	Criminal Referrals	Community Referrals	Total
San Luis Valley	74	38	110	222
Denver	11	20	6	37
Longmont	332	46	0	378
Pueblo	327	29	0	356
Total	744	133	116	993

*Note: Table 1. presents data through April 2022.

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6   Referral sheets were missing for clients across sites. Where possible, other sources of information, especially CiviCore case management data were utilized to fill in gaps about these clients' referrals. The Denver site had the biggest gap in referral numbers, the Denver program manager informed the evaluation team that the site actually has 63 criminal referrals, 81 social referrals, and 30 community referrals.

Figure 1. Social Referral Source Breakdown

Legend:
- Agency (90)
- Charged then SCR (19)
- Court (22)
- Officer makes SCR (387)
- OWG (83)
- Parole/Probation/Jail (89)
- Self/Family/Friends (44)
- Warrant (19)
- Community referral (113)

Officer makes SCR	Community referral	Agency	Parole/Probation/Jail	OWG	Court	Charged then SCR	Warrant	Self/Family/Friends
44.7%	13.0%	10.4%	10.3%	9.6%	2.5%	2.2%	2.2%	5.1%

As seen in Figure 1, the largest proportion of social referrals came directly from police officers (44.7%). Social referrals also came from community partners (13%), agencies (10.4%), parole/probation/jail agencies (10.3%), and operational workgroups (9.6%).

Figure 2. Charges for Arrest Diversion Referrals

Legend:
- Possession of Heroin (42)
- Possession of Meth (34)
- Possession of Drug Paraphernalia (41)
- Nonviolent (21)
- Property (7)
- Prostitution (19)
- Violent (3)

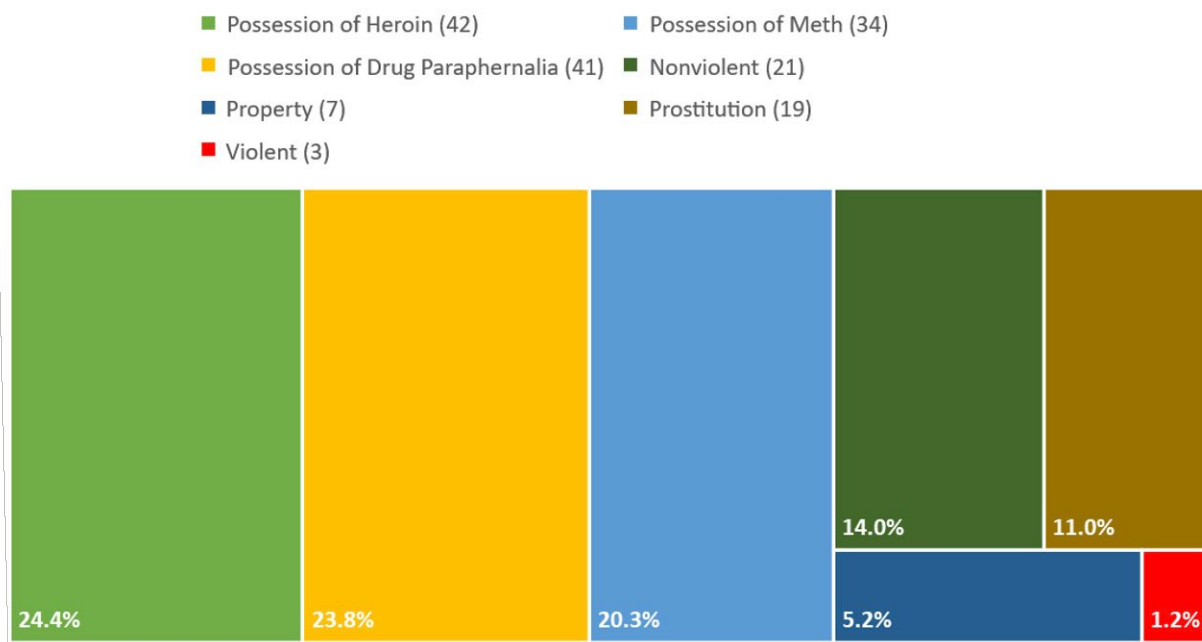| Possession of Heroin	Possession of Drug Paraphernalia	Possession of Meth	Nonviolent	Property	Prostitution	Violent
24.4%	23.8%	20.3%	14.0%	5.2%	11.0%	1.2%

Figure 2 breaks down the types of criminal charges that were diverted when clients were referred to the LEAD program (individuals may have multiple charges diverted). Arrest diversion referrals accounted for 11.7% of total referrals. The majority of diverted charges were for drug charges: possession of heroin (24.4%), possession of drug paraphernalia (23.8%), and possession of meth (20.3%).
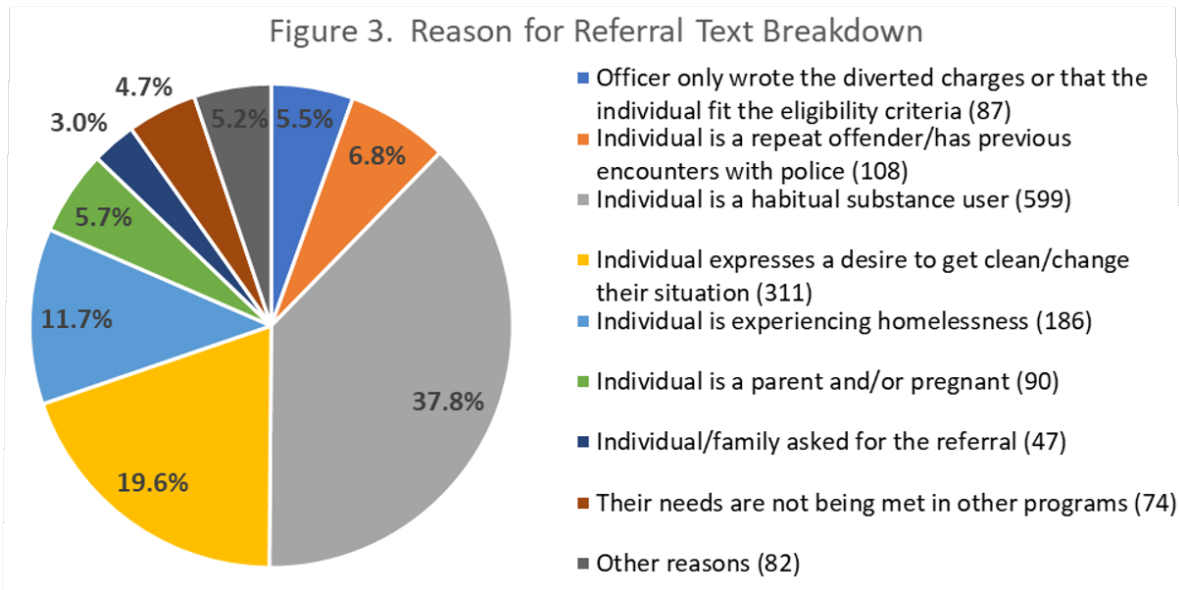
Figure 3. Reason for Referral Text Breakdown

- Officer only wrote the diverted charges or that the individual fit the eligibility criteria (87) — 5.5%
- Individual is a repeat offender/has previous encounters with police (108) — 6.8%
- Individual is a habitual substance user (599) — 37.8%
- Individual expresses a desire to get clean/change their situation (311) — 19.6%
- Individual is experiencing homelessness (186) — 11.7%
- Individual is a parent and/or pregnant (90) — 5.7%
- Individual/family asked for the referral (47) — 3.0%
- Their needs are not being met in other programs (74) — 4.7%
- Other reasons (82) — 5.2%

Figure 3 illustrates the "Reason for Referral" text box on Arrest Cover Sheets. Multiple reasons could be listed for each individual, therefore, percentages refer to the percentage of clients for which each reason contributed to the referral. Habitual substance use was the primary reason for referral (37.8%), followed by individuals expressing a desire to change their life or stop using substances (19.6%).

In addition to the reason or referral, referring parties were also asked to provide their perspective of factors contributing to an individual's consequential behavior (multiple responses could be recorded for each individual) [Data not Shown]. History of substance abuse (42.5%), homelessness (20%), and mental illness (15.3%) were commonly identified as issues for prospective clients. Officers and other individuals were also asked to provide additional information about the state of individuals at the time of referral. Individuals were commonly intoxicated on alcohol (16.6%) or other substances (21.6%), a threat to self or others, or mentally unstable (11.9%); however, nearly half were viewed as stable (43.7%).

Figure 4. LEAD Referrals by Year
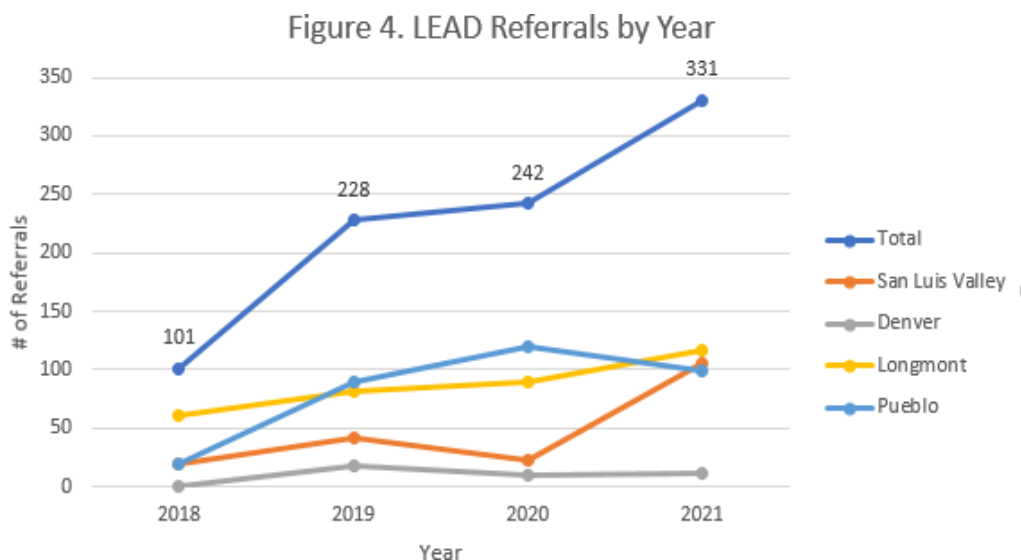
As seen in Figure 4, LEAD referrals have increased each year over the four-year span of the pilot program, with 2021 having the most thus far (331).

Figure 5. Type of Referrals by Year
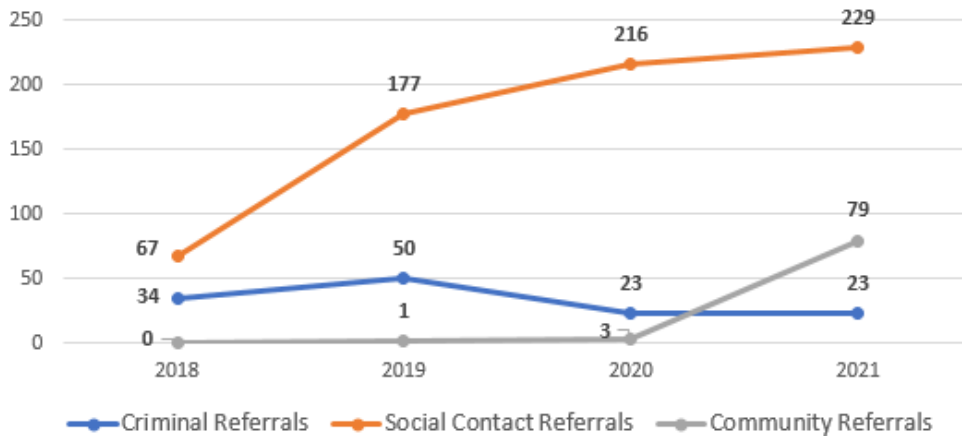
Social referrals were consistently more common than criminal or community referrals. In 2021, community referrals (79) surpassed criminal referrals (23) for the first time.

Table 2. Referral Types by Site*												
	Social Referrals				Criminal Referrals				Community Referrals			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
San Luis Valley	4	26	18	26	16	14	4	4	0	1	1	75
Denver	0	5	4	2	0	12	3	5	0	0	2	4
Longmont	48	70	83	104	13	11	7	12	N/A	N/A	N/A	N/A
Pueblo	15	76	111	97	5	13	9	2	N/A	N/A	N/A	N/A

*As expressed above, Arrest Cover Sheets were missing for LEAD clients across sites. Where possible, other sources of information, especially CiviCore case management data were utilized to fill in gaps about these clients' referrals. The Denver site had the biggest gap in referral numbers, the Denver program manager informed the evaluation team that the site actually has 63 criminal referrals, 81 social referrals, and 30 community referrals.

Interviews Regarding Referral to LEAD

Thoughts on the original LEAD pre-arrest diversion model

As an interview probe, interviewees were asked about their thoughts on LEAD's pre-arrest model. Overall, interviewees identified several pros and cons. In support of the pre-arrest model, officers thought pre-arrest diversion would improve the odds of helping people and community relations. However, some clients and law enforcement shared concerns that law enforcement referrals might result in clients being labeled snitches, placing them at risk. In addition, some officers struggled with the idea of diverting charges and were more comfortable with social contact referrals – choosing to carry through with charges and also refer the individual to services.

Some respondents thought the pre-arrest diversion model was an appropriate point of intervention and would allow for opportunities to improve community relations.

"The way I look at it is, 'How do I never have to arrest you or deal with you again?' That's kind of my thought process, and if it's through some sort of program or engaging in some sort of helpful tool, method, program, something to try to get these folks off whatever current course they're on, that's what I'm trying to do." – Longmont Officer (2022)

"If you approach them more as an open-minded, community service type situation to where you're not taking them to jail or charging them with more, adding extra into their situations, I think it would build better trust with people in the community." – SLV Officer (2021)

However, some LEAD staff and officers discussed that law enforcement seems to struggle with the pre-arrest model and thought it would be more effective to refer clients to LEAD after an arrest has been made.

"I think that's where Seattle got it wrong, because when people commit crimes, there's got to be a consequence, or they continue to commit those crimes. That's what we're seeing here today. When there's no consequence to crime, you keep doing it. Now I think we've had our best successes in taking those kinds of people and doing a social referral rather than a diversion and getting them the same. They're still getting the same resources through the program, but there's still a consequence to pay for their criminal action." – Pueblo Officer (2021)

"From my perspective as well, I question why it [sic] so hard to get referrals through some law enforcement agencies, the effectiveness of it. They also talk, the biggest word that I hear is enabling. They have that mentality piece of it, too – well, sometimes you're enabling them." – SLV LEAD Staff (2021)

> *"The way I look at it is, 'How do I never have to arrest you or deal with you again?'"*

Clients also shared that the LEAD pre-arrest model risked creating a "snitch" label, which influenced the client's willingness to participate.

"It's not like that at all because I know some guys in rehab that I was in there with that have been offered the LEAD help and they've been like, 'No, I'm not going to deal with anything with the police.' So, I'm like, I've been in it for two or three years, and I haven't had to even bring up anybody that I've ran with on the streets. I've never been asked. It's not that type of program." – Pueblo Client (2021)

"Yeah, the name. It helps with the whole snitch program. Maybe they're more comfortable coming in the LEAD, specifically trying to rub people the wrong way once they hear it, which is stupid because it's more likely your little buddy right next to you is going to snitch you out than the program." – SLV Client (2021)

Thoughts on the expansion of community referrals

In 2020, the LEAD National Bureau formally added an additional pathway that would allow community partners to refer individuals into LEAD without being screened by law enforcement. Stakeholders and law enforcement were asked, "What are your thoughts on the new community referral pathway?" Overall, stakeholders/project managers expressed favorable attitudes toward adding the community referral pathway.

However, officers raised concerns that it could impact officer partnerships with LEAD, and also cited safety concerns about enrolling individuals without being reviewed by law enforcement first for background checks.

Some stakeholders expressed that community referrals were needed to allow individuals to enter the program without law enforcement intervention.

> "I think part of the reason we decided to open that up was the community really starting to feel like we need to minimize law enforcement contact with people as much as possible. Part of that was in response to the George Floyd murder that really sparked an internal conversation within our LEAD program, it seemed like at the national level for LEAD as well, and obviously all over the country in communities as to what's the role of law enforcement. How much contact should they have with folks? That was something that was responsive to the community's wishes and certainly to our benefit as well." – Denver LEAD Staff (2022)

> "Community referrals, I think, are a good thing because the same population is known to many components of society, whether it's law enforcement or other community members. There can be a certain amount of trauma associated with an interaction with a law enforcement officer, especially if you've been engaging in illegal behaviors. Even if they're downgraded to a misdemeanor, I think there's still an awful lot of negativities that many of our participants would associate with law enforcement. To me, the philosophy that we took here in Pueblo was that it was best to get to the population, get services to our population and try to divert them out of contact with the criminal justice system, wherever we could get them on their journey." – Pueblo LEAD Staff (2021)

"...what's the role of law enforcement. How much contact should they have with folks?"

Stakeholders also expressed that community referrals were helpful during the pandemic because police were unable to respond to low-level calls. However, they also struggled to re-engage with officers since 2020.

> "The community referrals were something we really relied on during the pandemic, especially the start. DPD really stopped enforcing all our divertible crimes at the time. That was when we started opening them up and [they] have been a significant source of referrals ever since, because we've struggled to re-establish those relationships with law enforcement." – Denver LEAD Staff (2022)

> "This created some worry and maybe frustrations with law enforcement when we decided to do this because it felt like maybe we're stepping on their toes, that we were taking away from their discretion on who was referred to the program. So, it was a lot of leg work to make sure we were addressing their concerns, making sure they knew that they were still an important key partner in what we were doing, but it did create some tension." – SLV LEAD Staff (2021)

Officers' feedback on the community referral pathways was mixed. Some officers thought allowing community partners to make referrals would be beneficial.

> "I think it's a good thing, yeah. It gets more people associated. Like I said, when they go to like, if people go into hospitals all the time for that kind of stuff, and if they can make that referral, then that's great, because I think the mission is to save lives, save lives, and better your quality of life, I guess. The more people you can get referring it, I think it would be better." – SLV Officer (2021)

Some officers, however, had reservations about adding community referrals, citing safety concerns.

"Well, this part of the screening program is supposed to be background checks, criminal histories, things like that, which if they're coming from other places, they're not getting done because I know that those other places don't have access to the background checks that we do. I guess that creates a safety issue as well. It's kind of like they're just letting it, I guess the way it's perceived, and it's probably not their intent, but when I pulled that list and looked at that, it looks like they're letting anybody in." – SLV Officer (2021)

Lastly, clients referred through the community pathway were asked about their referral and if it made sense for their situation: "How did you become involved in LEAD?" and "What did you think when you heard LEAD was an option?" Overall, the clients stated that the community referral option was beneficial for the LEAD model.

"Basically, I was looking just for some continuous help, stay connected for my sobriety and finding somebody that would help me out for placement. A friend of mine that worked in the treatment center herself is the one that told me about the program."

– Pueblo Client (2021)

"So, I was in the RISE program and Empowerment was part of it and then after two years of coming to Empowerment, they had introduced me to the LEAD Program because they noticed there was something that I could benefit from, and that's how it was. They had told me that because I had been in trouble in Denver County for addiction, and there is trauma related to, sexual trauma in my past, between the two of them, I qualified for the LEAD program." – Denver Client (2022)

> *"...the mission is to save lives... and better your quality of life... The more people you can get referring it, I think it would be better."*

"Other programs should be part of it...A homeless person that has AIDS, never committed a crime, but no one is going to send him to the program because he ain't committed a crime. So that someone would give him a chance. That wouldn't be fair, right?" – Denver Client (2022)

Case Management Data/GAIN

Demographic data were pulled from GAIN and each site's case management records to provide a profile of clients across sites in terms of gender, race/ethnicity, and educational level. Participants were asked, "Which gender best describes you?"
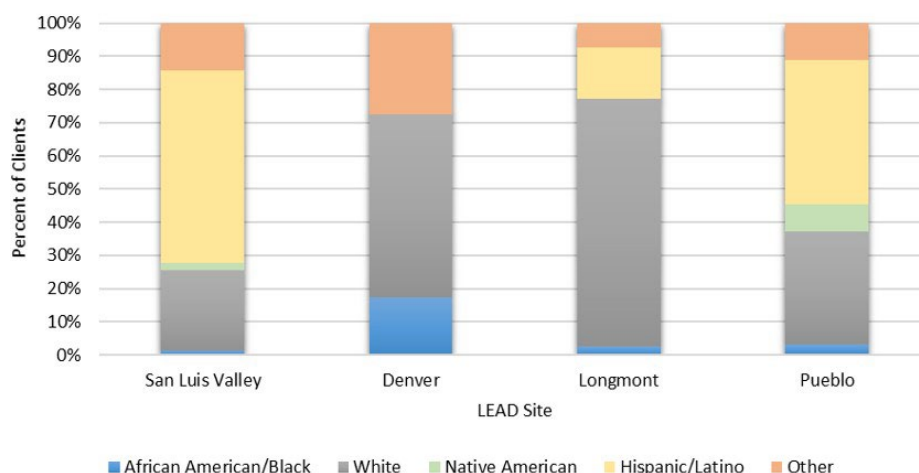
Figure 6. Gender Representation by Site
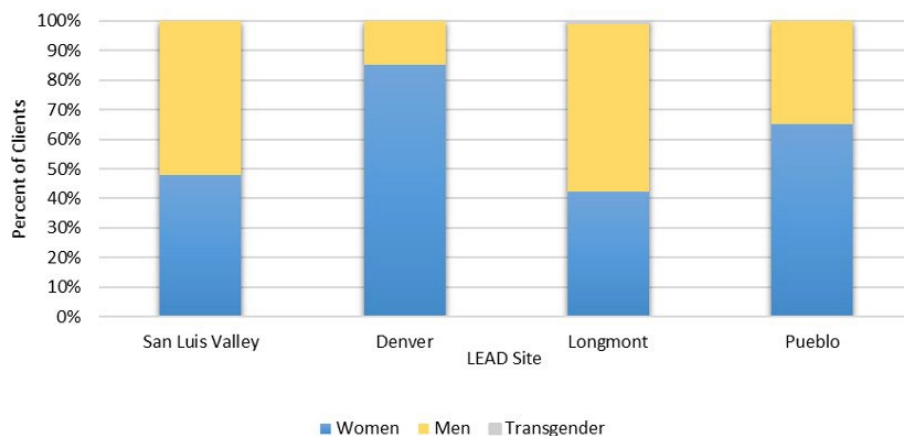
The majority of LEAD clients at San Luis Valley (52%, n=83) and Longmont (57%, n=90) were men, while most clients at Denver (85%, n=29) and Pueblo (65%, n=82) were women.

Participants were asked, "Which races, ethnicities, nationalities, or tribes best describe you?"

Figure 7. Race/Ethnicity Representation by Site

Most Denver (55%, n=16) and Longmont (75%, n=111) clients identified as White, while the largest share of clients in San Luis Valley (57%, n=86) and Pueblo (44%, n=55) identified as Hispanic.

Participants were also asked, "What is your current marital status?" The largest share of clients at San Luis Valley (42%, n=63), Longmont (50%, n=66), and Pueblo (60%, n=76) have never been married; however, the largest portion of Denver clients were separated/divorced (39%, n=13). Additionally, the majority of current LEAD participants' highest level of education completed was a high school diploma or GED: San Luis Valley (70%, n=105), Denver (68%, n=23), Longmont (80%, n=95), and Pueblo (68%, n=80).

B. Client Outcomes

A combination of qualitative and quantitative data was used to answer one of the evaluation team's contracted questions, "What are the differences in client outcomes between LEAD program participants (engaged and non-engaged) and the control group? Outcomes include re-arrest and recidivism, treatment, completion rates, subsequent conviction, psychosocial changes, such as quality of relationships, mental/physical health, stable housing, and economic/employment status. To capture diverse perspectives on how the LEAD program has impacted LEAD participants' quality of life, the evaluation team conducted extensive in-person and phone interviews with stakeholders/project managers, case managers, officers, and clients at each LEAD site in 2021 and 2022. As seen below, multiple themes emerged during these interviews.

Interview Themes Relating to Client Outcomes

Thoughts on the LEAD Program's harm reduction model

All interviewees were asked about their thoughts on LEAD's harm reduction model. Officers were asked, "In what scenarios do you find that LEAD's harm reduction approach is most or least effective in your community?", while stakeholders, clients, and case managers were asked, "Can you tell me about your thoughts on the harm reduction model?"

Overall, stakeholders, officers, case managers, and clients thought the harm reduction model was beneficial to meet this population "where they are at" and address the roots of behavioral health problems; however, there were a handful of individuals who had concerns about accountability and enabling. Interestingly, during our first round of interviews prior to 2020, police were more skeptical of LEAD's harm reduction model, but during our second round of interviews, officers held much more favorable views.

"No judgement... she [case manager] actually cares when you're talking. She's listening."

As seen below, among interviewees most people thought the harm reduction LEAD model was useful to address the roots of behavioral health problems over time in a non-judgmental environment.

"So, in the LEAD philosophy, I feel like it's super beneficial to have a harm reduction approach, because off the bat, we can be like, 'This is a non-judgmental environment that you can be honest, and we can actually try to get to the root of what you're dealing with and try to figure out what you want to do about it.' So, I really liked that. I also feel like in terms of my own self-care, it takes the burden off me figuring things out for people all the time. So, I really do like that aspect of the job and I feel like that works really well for participants." – Longmont LEAD Staff (2022)

"No judgment. That's what it is. It's just that she just, like she [case manager] actually cares when you're talking. She's listening. She's just not like going through a freaking speech or something so generic and that's what I wanted, I was hoping for, but I wasn't thinking I was going to get it." – Denver Client (2022)

"I think harm reduction is important…because a lot of people out there, they are stuck in situations where they can't get all the help they need and all the resources they need. Even though LEAD has a lot of resources, there's just situations people are in that they're either not ready or they just are not going to stop…It was kind of a surprise for me when I first heard about LEAD, but then once I understood why they do what they do, I'm all about it. I just think that they try to improve people's lives in their daily situation and give the people the tools that they want to try to improve their lives." – Pueblo Client (2021)

"It's not a thing where they're going to turn around in a week or two. I think it's more like, they would probably have to be, a lot of the people that we see, be on the program for a year or more before we actually start seeing these results of people getting better, and stuff like that." – Denver Officer (2020)

"Yeah, I agree with that [harm reduction]. I like it, by reducing harm, you reduce crime, you reduce diseases being spread, you reduce drug use. Yeah, it helps out a lot." – SLV Officer (2021)

Additionally, some officers expressed how their views on harm reduction have changed over time as LEAD has been implemented.

"I think the other challenge for law enforcement, I can tell you, I have been doing it 34 years, is that harm prevention is not where we're geared. We're on crime reduction…. But when you look outside your blinders as law enforcement, you see the need and the good it can do for the community over a long period." – Pueblo Officer (2021)

"Well, it's changed a lot compared to when I first started…our role. We're still there to help people, there to enforce laws. But it seems like now, with everything going on, people seem to have an opinion about us… But now with what's going on here in the world, now, you need to have more of an open mind of what's going on, dealing with people with mental illnesses, anybody that's addicted to drugs and stuff like that, you have to kind of see the bigger picture….So, it's just more of an open mind, not necessarily just always making an arrest, thinking about how to deal with the situation in creative ways."
– SLV Officer (2021)

While most respondents held favorable views of harm reduction, some officers and LEAD staff members had concerns that the program enabled clients and did not promote accountability. Specifically, some officers indicated a preference for an abstinence-based model.

"I think that works for keeping diseases out of the area and things like that, keeping people clean, but I also think it reinforces that it's okay to use drugs, be it personally. So, it's hit or miss." – Denver Officer (2020)

"I think harm reduction is getting into stopping productive members of society. If you're just going to continue to help them along and continue, I understand they don't get punished for using that's part of it, but if those people truly wanted to participate and wanted help, I think their ultimate goal should be to quit. Not 'I have a program here that's going to let me do dope and give me all this stuff to help me do dope,' which is just enabling and if that's all that LEAD's going to be, it's just an enabling program." – SLV Officer (2021)

"But when you look outside your blinders as law enforcement, you see the need and the good it [harm reduction] can do…"

In addition, a few LEAD staff members felt that being "client-driven" made sense, but personally wished they could get the clients to continue to engage with the program and make changes in their lives.

"So, that is when I feel like harm reduction is more on a spectrum of empowering a participant to do what they want to do and enabling them. I feel like LEAD is more enabling than it is empowering because we're just paying for things and just doing everything, and participants are not engaging in anything." – LEAD Staff (2022)

"So, some benefits I saw was it was very client-driven, where you're able to kind of empower the client to make their own goals, their own treatment plans. Some disadvantages of that were that if we relied only on the client to make their own plans, a lot of times it was, I don't want to associate this a lot with children, but a lot of times when people are using substances, they have the emotional maturity of like a teenager." – LEAD Staff (2021)

Overall, most felt that the LEAD harm reduction model made sense and was an effective means of meeting the needs of this population. However, some officers and a few LEAD staff members expressed skepticism of the "client-driven" model and wished participants were making more dramatic changes in their lives.

How do you define success?

To assess if stakeholders, case managers, and officers shared mission and goal alignment with the LEAD program, interviewees were asked, "How would you define success in the LEAD program?" Consistent with LEAD's harm reduction philosophy, most described success as any step taken to improve clients' quality of life.

"It's definitely relative to everybody. I think it's just relative victories. I really think that's a good way to describe it. Honestly, I've seen people learn the bus schedule and now she's not late to her appointments. She also overcame parts of her generalized anxiety disorder and agoraphobia from riding public transit. So, to some, learning how to ride the bus isn't that big of a victory, but to her it was. I've also seen other people land jobs that make more money than I do." – Pueblo LEAD Staff (2021)

"I think it's whatever they define right for the patient that I'm seeing the fact that she has a house and hasn't used in six weeks…success that she is doing well in her probation group, all of that stuff. So, for me, I think the overarching success…I want to see less people being contacted by police. I want to see more referrals from our city police department that they feel this is an actual, viable resource for them and that they're using it and that we're arresting people less. So, I want to see that as a success metric for our police department, for our community as a whole. I'd like to see more people feel like they have a place for recovery, whatever that looks like for them." – SLV Stakeholder (2021)

"I would define success as somebody that obviously has completed or is still working within the program. I think it's a success when anybody that's in the program continually engages with the program despite any relapses, despite any further run ins but if it's reduced the number of times that we have to contact them, if it's helped them in any way, shape or form of trying to break that cycle and that continual support to be able to do so, that, in my opinion, would be a success." – Longmont Officer (2022)

While some officers described success as a reduction in harm, police would typically describe long term success as sobriety.

"So, for mine, her success was she was able to stay sober for two years. She moved out. I think she has a job and is married now living in New Mexico. So that, to me, is a success in the program. She used it to get out of being homeless. She used it to get out of that situation, was able to get a job or get a house apartment here and got a job and then was able to stay sober through the entirety and then moved away. I think that's a success." – SLV Officer (2021)

"Then obviously there's, like, short-term success, and then there's long-term success and I think short-term success is making that effort and taking those steps to getting their feet under them. Then long-term success is like getting to a point where they are sober for a period of time and able to apply for jobs and get into some temporary housing and then taking those steps from there to maintain that stability and getting a network…" –Longmont Officer (2022)

In addition, throughout our interviews with LEAD clients, the clients would describe what they viewed as a success in the LEAD program.

> "So, to some, learning how to ride the bus isn't that big of a victory, but to her it was."

"Every relationship in my life is improving. My kids are probably most grateful for LEAD. My son and my daughter are most grateful for LEAD because they got their mom back and that feeling of reuniting with my kids in a healthier form is rewarding – the utmost rewarding benefit, anything I could ask for, would be what they have given me. I have a place to live, I have a place to continue doing the things that I am meant to do." – Longmont Client (2022)

"Friends and family see a big change. It's like a big weight lifted off your shoulders. Just to have a roof over your head is amazing and the opportunities they see that LEAD has given me, they can't believe it." – Denver Client (2022)

"Today I have housing, I am sober, I am clean, I'm with my family, I work, I'm in therapy and I'm healthy. I have been given a chance to renew my life, to restore it, to feel worthy, to gain confidence, self-esteem, and I believe in myself again. It has given me so much more than that. I have a place to live. I have a place to be clean, to recover. It has been two years. From the moment I walked into this office to this very moment before you they supported me, they have guided me, they have stood for me, they have walked me through, they have given me rights. LEAD has done so much for me in my life." –Longmont Client (2022)

"I myself have struggled with heroin and meth addiction and everything else under the sun for 15 years, and I'm very fortunate to still not be a felon. I had several felonies pending, and they were all dropped to a misdemeanor. So, I'm very fortunate for that. I did a lot of jail time, but I've also worked in a jail in the medical field a little bit. So, yeah, I'm going to school. So now I'm a certified addiction recovery coach." – Pueblo Client (2021)

"My wife. She's pretty stoked about it [them being in LEAD]. She knows it's just been doing me nothing but good. My mom and dad, my parents...When he (their dad) hears I'm coming for something for LEAD, he's all for. He's 100% backed me. My family is really supportive of it." – Pueblo Client (2021).

Overall, most respondents viewed success in LEAD as reducing harm and making small changes in their lives, while a handful of people viewed long-term success as sobriety. Clients stated that making small changes to improve themselves have made huge changes in their lives and their friends and family have noticed.

> *"She [case manager] never gave up on me. She's given me an opportunity every single time I messed up."*

Case management style at LEAD

Given the LEAD program's unique harm reduction approach, respondents were asked about their thoughts on meeting clients where they are. Specifically, clients were asked, "Can you tell me about your relationship with your case manager?" Case managers were asked, "How would you describe your approach to case management?" and "Has your approach/mindset changed since you first began working in this job?" Project managers were asked, "Are there any specific case management strategies that you share with your team?" and "What are some best practices for case management that you share with your team?"

Overall, LEAD clients greatly appreciated the LEAD model's case management approach. Often describing their case managers as close friends, reliable, and critical lifelines, many described how staff would often go above and beyond. Clients also reflected this responsive approach by discussing how case managers at LEAD provide a range of resources and services to meet them where they're at, from housing to clothes for job interviews, help keeping court appointments, food stamps, transportation, and more.

"She [case manager] has had my back; she has had my back so much. I know she's got to be heaven-sent. She has supported me; she has seen me at my worst. She never gave up on me. She's given me an opportunity every single time I messed up. She has shown me respect, she has shown me love. She has clothed me and given me blankets to stay warm. She visited me in jail, provided resources, talked with me, checked up on me, visited me at my home." – Longmont Client (2022)

"He had to go out for training for two weeks. It was kind of a bad time for me because I hit some pitfalls and I needed somebody. He was the only person I had that I could call, but he was gone. I think he was even out of state, and I didn't realize how much I utilized the LEAD program until it wasn't available for those two weeks." – SLV Client (2021)

"She got me in a hotel...Food stamps too. She helped me get them because I don't know how to use computers. I'm pretty dumb with that. She would help me out with that. Jobs and stuff too. Job opportunities. A lot of them. Just little things." – Longmont Client (2022)

"There's nothing more helpful than somebody to help you get a roof over your head. I mean, housing is by far the best thing that has been within this program." – Denver Client (2022)

> *"...People will say, 'I don't want to work harder than my client.' That doesn't mean you're enabling... that's where they are."*

LEAD staff discussed their approach to working with LEAD clients as individualized, flexible, and responsive, with stakeholders also highlighting efforts to meet clients where they are. When stakeholders, LEAD staff, and police officers were asked about the LEAD case management approach, they overall thought it was helpful to meet clients where they are, and officers also thought the case manager's role of being a liaison between client updates and the police was beneficial.

"Especially with my background of using, I know how it is. One week in our life, in our reality, is a lot different than a week when you're using drugs. I mean we see it all the time where if someone's in one situation and the next thing we know they're months away from what we just talked about the last time we saw them. So, we're constantly following up and asking them what their plans are, what they're looking to do, what they're willing to do, how they think they can get there, what the next step is." – Pueblo LEAD Staff (2021)

"I try to be as strengths-based as possible. I try to be as honest as possible. And really for me, it's about building rapport in relationships, because I'm not going to get to help them do anything unless they trust me. I recall having to say a couple of times, 'I'm not connected to the police. I'm not going to report this. Even though it was a diversion program, and yes, you might've seen me with officer so-and-so, I'm not going to tell officer so-and-so that you're telling me you smoked or somebody around you is doing drugs or something like that.' So, I tried to keep it on the harm reduction as well as respecting them." – Denver LEAD Staff (2022)

"Guerrilla case management, people will say, 'I don't want to work harder than my client.' It's my belief that sometimes you do have to work harder than your participant at the beginning, and that's okay. That doesn't mean you're enabling. It means that's where they are. So, meeting participants where they are and getting a good feel for their needs and their skills, and their challenges, you really can't make a plan without doing all those things." – SLV LEAD Staff (2021)

"I think the 24/7 availability of our case managers for a hand off with local law enforcement, either locally or in the county, is a great benefit to our law enforcement folks on the street as well as the client." – Pueblo Stakeholder (2021)

"Early on, they were good at keeping us up to date. If we did a LEAD referral, they would let us know, 'Hey, this person came in for their meeting. This person didn't come in for their meeting. They're not engaging. They are engaging or whatever.'" – Longmont Officer (2022)

Despite the perceived benefits of harm reduction strategies, a number of concerns also emerged around the issues of burnout and staff safety. Specifically, stakeholders and case managers expressed that given the intensive case management style, it is important to offer support and instruct case managers to set clear boundaries to avoid burnout.

> "Over the course of time and various iterations of our team, it became really clear that boundaries, making sure that they felt support, and kind of knowing when to hit the pause button and back out or when to keep going even though things were tough and bring something to fruition, and just working through ethical dilemmas, that was a significant need." – Longmont LEAD Staff (2022)

While respondents highlighted the benefits of meeting clients where they are, some stakeholders and officers shared concerns regarding the case managers' safety when going out to meet clients.

> "It's not that they don't recognize their own safety, but I'll never forget the first time I had one of our case managers come out to a call for service. The gentleman was high on meth. Communicative, wanting help, but the cop in me just doesn't trust the human in that space. The case manager built rapport very quickly, did very well, and then said, 'Go jump in my car, we're…I'll take you out for some coffee.' That just freaks me out. I'm not going to lie; it freaks me out. Hopped in the car, and off they went." – Longmont Officer (2022)

> "Well, these ladies and gentlemen, they're meeting these people out in their realm. They have no protection. They don't have anybody there. Something could happen. What if a guy pulls a knife or what if the guy there tries to, hopefully not, try to rape that person or take advantage of them? I don't foresee it happening, but you never know. You always kind of have that here." – SLV Officer (2021)

However, case managers have described that the LEAD staff has put into place safeguards training and staff support to case managers going out into the field.

> "We try to have good safety net protocols in place. If we're going out to look for people on the street, or at their addresses that were given to us, never met them, we always go in pairs, so there's at least two of us. We can be like, 'Hey, we're going out to outreach.' We can track each other on our phones for safety. If it ever gets to the point where we feel unsafe with [inaudible] a client, our supervisor would never really let it get to that point." – Longmont LEAD Staff (2022)

> "[Name Redacted]'s point of view was always, 'Take care of you first, take care of the client after.' And they were really good at making sure that their staff has a chance to have their batteries recharged. And that, because it came from the top down, [Name Redacted] took on that same model, got to take care of yourself first, because you can't help anybody else if you can't take care of yourselves." - Pueblo LEAD Staff (2021)

"…got to take care of yourself first, because you can't help anybody else if you can't take care of yourself."

> "We have access to a therapist through the police department, and she's great. We could talk to (therapist's name) and be like, '(therapist's name), I'm feeling burnt out. What do you think?' Figure out can I fix this or is it just the end of it, which I don't see how even someone with the most amazing boundaries and self-care, any kind of social work like job or a case management job, like this kind of case management job, I don't know how people have a whole career out of it. It's a lot." – Longmont LEAD Staff (2022)

COVID-19 Impacts

Across sources, interviewees were asked a set of questions regarding their experience with the LEAD program during the COVID-19 pandemic.

Changes in LEAD referrals/Limited contact between officers and LEAD staff

Officers explained that they were limited in their ability to make LEAD referrals during the COVID-19 pandemic because police departments restricted officers from responding to most low-level calls. Case managers and stakeholders also had to adapt protocols and faced barriers to providing the same level of service to clients. Despite this, most clients stated that the LEAD staff continued to show up for them to meet their needs.

> "We basically got told that our contacts were limited. If it was a blatant violation or if it was something that was an emergency, take care of it, but we literally had to take a step back and everything. So that took a step back on LEAD as well. So, there were almost no referrals going in and out. We still have to do our job. It's one of those things. We weren't bringing them into the PD to do stuff." – SLV Officer (2021)

> "So Denver Police Department was trying to avoid that here in Denver by minimizing contact with the public when it wasn't necessary. It definitely put that relationship on pause a little bit. That was why we had to switch a little bit to those more community referrals style…Or community referral styles." – Denver LEAD Staff (2022)

> "COVID killed us. I feel like they got really busy, and everybody stopped arresting people, because they didn't want to put them in jail for a little while, because of COVID. So, then the diversion thing, I think it would have picked up, but I think we weren't around, and we weren't in their offices and warm hand offs got hard, because we weren't sure for a little while how to meet people that were high risk." – SLV LEAD Staff (2022)

However, most officers stated that they hope LEAD staff will re-engage with officers following the pandemic.

> "So, they [case managers] kind of went by the wayside with COVID and hidden and everything because they couldn't be in their office and everything. So, we all kind of lost touch with each other. Honestly, I'm hoping they're back. We can kind of get back. Maybe it'll revive it a little bit." – SLV Officer (2021)

Barriers to providing the same level of service during the pandemic

Overall, interviewees held varying perspectives on the level of service provided during the pandemic. LEAD staff stated they worked hard to provide LEAD clients with the same level of service but were met with barriers, such as not being able to meet clients in person, struggling to contact clients without phones, and increasing challenges locating housing during the pandemic.

> *"COVID killed us. I feel like they got really busy, and everybody stopped arresting people…"*

> "We didn't want to meet participants face-to-face because of the virus. We put in stipulations as far as, well, if you're going to meet somebody, well, there was a time, and I think the biggest barrier was, during COVID, we couldn't meet people at all. Then we graduated to meeting people outside, which it's still at today, meeting people outside, maintaining social distancing, maintaining mask orders, maintaining those things." – SLV LEAD Staff (2021)

"We tried to go virtual as much as possible. So, getting folks set up on computers, access to phones or emails with access to things like that was really, really helpful. It was definitely not a hundred percent of our participants who were comfortable using that level style of case management, but we were able to do a lot there. We switched up a lot of our internal process." – Denver LEAD Staff (2022)

"For us, a lot of it was the housing piece, just trying to keep folks housed. The relationships with hotels, landlords, things like that were critical to make sure people were staying housed at a time when you saw homelessness starting to rise up pretty quickly, especially for folks who had never been homeless before. That number, I think from like 2020 to 2021, doubled in Denver." – Denver LEAD Staff (2022)

Consistency of contact with LEAD staff

While LEAD staff reported experiencing difficulties, clients did not notice a major change outside of new social distancing measures or using technology like Zoom, and felt that case managers provided continued support throughout the pandemic.

"They need to get more out there, I think, and explain it to the community..."

"They constantly…anytime I've ever called them [case managers], bro, it's, they're right there. Of course, keeping social distancing is a good thing. They do abide by that still to this day. No, I haven't had any issues with that." – Pueblo Client (2021)

"Well, they were just doing everything on Zoom or phone call, so that was great. I don't think it really affected the ability to utilize the program and the program to be in touch with me." – Denver Client (2022)

Recommendations for LEAD

Overall, stakeholders thought the LEAD program could benefit from more marketing to the broader community. LEAD clients also thought an increased focus on housing could be beneficial; however, stakeholders indicated significant barriers to finding housing for clients. Lastly, stakeholders and officers recommended reinvigorating the program subsequent to the pandemic.

More LEAD Awareness

Interviewees discussed how LEAD could improve communication and relationships with law enforcement, the broader community, and other agencies.

"They need to get more out there, I think, and explain it to the community. It's not just the DA, chief of police, Sheriff, and all those people sitting at a table. It is a program that should benefit a whole lot of people and I think it has done a lot of good." – Pueblo Stakeholder (2021)

"They [LEAD staff] don't really interact. They bring in snacks…So that's nice. But they don't really interact with us that much. To be honest, I've never talked to them about the LEAD program. Yeah. So, they bring snacks and leave. They sit there, and I don't know if they're waiting for us to engage or what, but I just haven't interacted with them in that aspect. Yeah, I wonder what they're doing. Just bringing snacks. Yeah, because I think the purpose is for us to intermingle with them and learn about the LEAD program, but that's not what happens." – SLV Officer (2021)

Re-Engage with stakeholders and officers after COVID disruptions

Considering the disruptions in relationships between law enforcement and community partners caused by the pandemic, a number of officers indicated that LEAD should be more proactive in their outreach to law enforcement partners and provide additional trainings to revitalize the program.

> "It is absolutely critical to do to buy in, all the things I think right now, as I said earlier, with all of our new staff and patrol, now is a very important time for them probably just to be diving back in and reengaging with patrol. COVID's essentially over. I would hope they're planning to reengage in a different way and more obvious and outward facing way with patrol right now." – Longmont Officer (2022)

Quantitative Quality of Life Outcomes

Utilizing GAIN measures of quality of life for clients across a broad set of domains, a series of negative binomial regression models were estimated. These models are appropriate for positively skewed non-negative outcome measures (e.g., number of arrests or days in treatment) and control statistically for the effects of a range of confounders, such as site differences and differences in client characteristics and type of referral. Table 3 provides a summary of statistically significant increases (+) or decreases (-) corresponding to clients' time in the program. Statistically significant negative associations were observed between length of time participating in LEAD and the frequency of a variety of substance use behaviors (e.g., Heroin, Opiate), indicating larger reductions among clients with a longer history of participating in the program. Effect sizes suggest that each additional day in LEAD decreased the likelihood of an additional day/night or occurrence of substance use between 10-40%. Participation in LEAD was not significantly associated with readiness to quit substances or the number of days clients were drunk or high most of the day or used marijuana, cocaine, methadone, hallucinogens, downers, or medications for alcohol/drugs.

Overall, days a client has been enrolled in the program is unrelated to most physical and mental health, treatment, and crime/criminal justice outcomes.[7] However, the longer clients participated in LEAD, the more self-help days they reported and the less likely they were to be arrested or to spend nights in the hospital for physical health services.

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[7]   There were no statistically significant relationships between time and any of the following factors: *HEALTH: emergency room visits for health, days received outpatient treatment for health, readiness to quit or reduce alcohol/drug use for health reasons; MENTAL HEALTH: days stressed by situations, days bothered by mental health problems, days not meeting responsibilities, days bothered by memories of the past, days having trouble paying attention, readiness to quit or reduce alcohol/drug use for mental health reasons; TREATMENT: nights in residential treatment for alcohol/ drugs, times receiving outpatient treatment for alcohol/drug use, days receiving other treatment for alcohol/drug use, days in detox; times screened for drugs, emergency room visits for alcohol/drug use; SUBSTANCE USE: days drunk or 5+ drinks, days marijuana use, days on medication for alcohol/drug use; days cocaine use; days hallucinogen use; days downer use; readiness to quit or reduce alcohol/drug use; CRIME AND CRIMINAL JUSTICE: days argue/fight/swore/ pushed, days involved in illegal activities, days in jail/prison, readiness to quit or reduce crime; readiness to quit or reduce risky behaviors.*

| Table 3. Quality of Life Outcomes Associated with Client Time in LEAD	Significant Outcomes [Positive (+)/Negative (-)]
Health	
…nights in hospital for health	—
Treatment (in days)	
…self help	+
Substance Use (in days)	
…no alcohol/drugs	+
…alcohol	—
…drunk or high most of the time	—
…meth	—
…amphetamine	—
…heroin	—
…crack	—
…opiate	—
…anti-anxiety medication	—
…methadone	—
…any other drug	—
…alcohol/drugs interfered with meeting responsibilities	—
Crime and Criminal Justice	
…days on probation	+
…times arrested and charged	—

Below, we provide visual plots (Figures 8-12) for regression findings related to clients' quality of life outcomes in each of the following domains: physical health, mental health, substance use, treatment for alcohol/drugs, and crime/criminal justice. The plots provided depict marginal effect statistics based on predictions from regression models estimated when averaging over values of all included control variables. As with previous findings related to GAIN, these figures can be interpreted as predicting quality of life outcomes among LEAD clients at different lengths of time in the program, net of the effects of client characteristics and referral type.[8]

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[8]   It's important to note that multiple GAINs were only completed by around 15% of clients across sites. This suggests that GAIN data are likely more reflective of more actively involved participants who have routine contact with case managers. As such, GAIN results can be viewed as somewhat of a proxy for client engagement, without reported outcomes reflecting the greatest potential benefits of LEAD participation.

Physical Health

Within the domain of physical health, length of time participating in the LEAD program was associated with a statistically significant decrease in the number of nights spent in the hospital for health reasons. Figure 8 shows that, across sites, the number of nights spent in the hospital for health reasons for an average LEAD client can be expected to approach zero as length of time participating in LEAD increases.

Figure 8. Predicted Number of Nights in the Hospital for Health Reasons
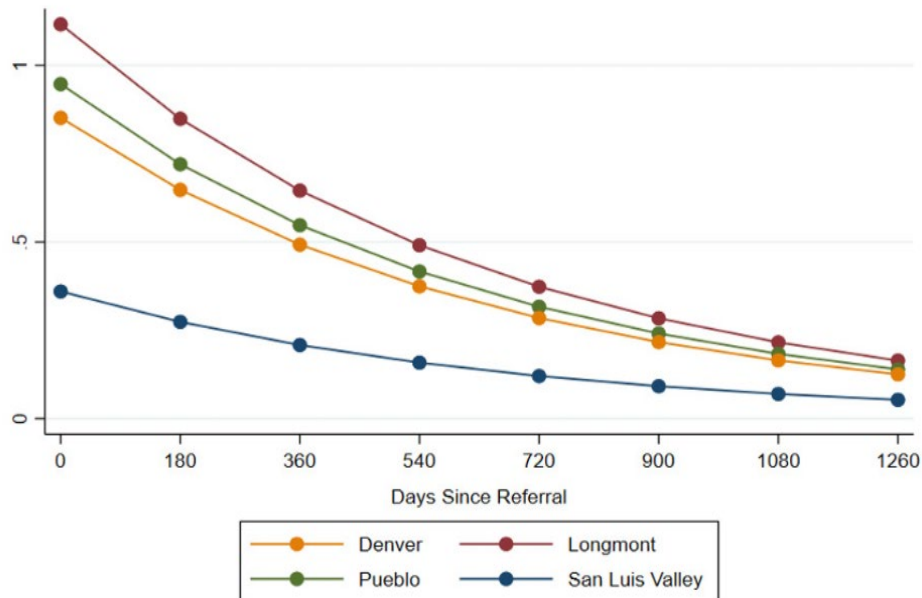
Compared to San Luis Valley clients, Longmont and Pueblo (but not Denver) clients reported having spent significantly more nights in the hospital for health-related reasons. Older clients and clients who reported more money problems in the past 90 days also were at increased risk of being hospitalized as a result of health reasons.

Mental Health

Length of time participating in LEAD was not associated with any mental health outcome. However, significant differences were observed across client characteristics. For example, clients who reported more frequent money problems in the past 90 days were particularly likely to report experiencing more days in which they were stressed by situations, had problems paying attention, and were bothered by mental health problems. As illustrated in Figure 9, clients with more money problems also were more likely than those with fewer money problems to report more days in which mental health issues kept them from meeting their responsibilities at work, school, or home or made them feel like they could not go on. For several substance use outcomes, the data suggest that reductions were especially pronounced (e.g., opiate use) or took longer to register (e.g., heroin use) among clients with more money problems (data not shown).

Denver and Longmont clients reported significantly more days in which they had problems paying attention than did clients in Pueblo and San Luis Valley. No mental health differences were observed across client age and education. Besides money problems, nonwhite clients were significantly less likely than white clients to report being ready to quit or reduce alcohol/drug use for mental health reasons; female clients reported significantly greater readiness to quit or reduce alcohol/drug use for mental health reasons and significantly more days in which they were stressed by situations, bothered by memories of the past, and unable to meet responsibilities; and socially referred clients reported significantly more days in which they had trouble paying attention than did arrest diversion clients.

Compared to never married clients, widowed clients reported significantly more days in which they were bothered by memories of the past; married/cohabiting clients reported significantly more days in which they were stressed by situations; and separate/divorced clients reported significantly more days in which they were stressed by situations and bothered by mental health problems.

Figure 9. Predicted Number of Days Not Meeting Responsibilities Due to Mental Health Problems
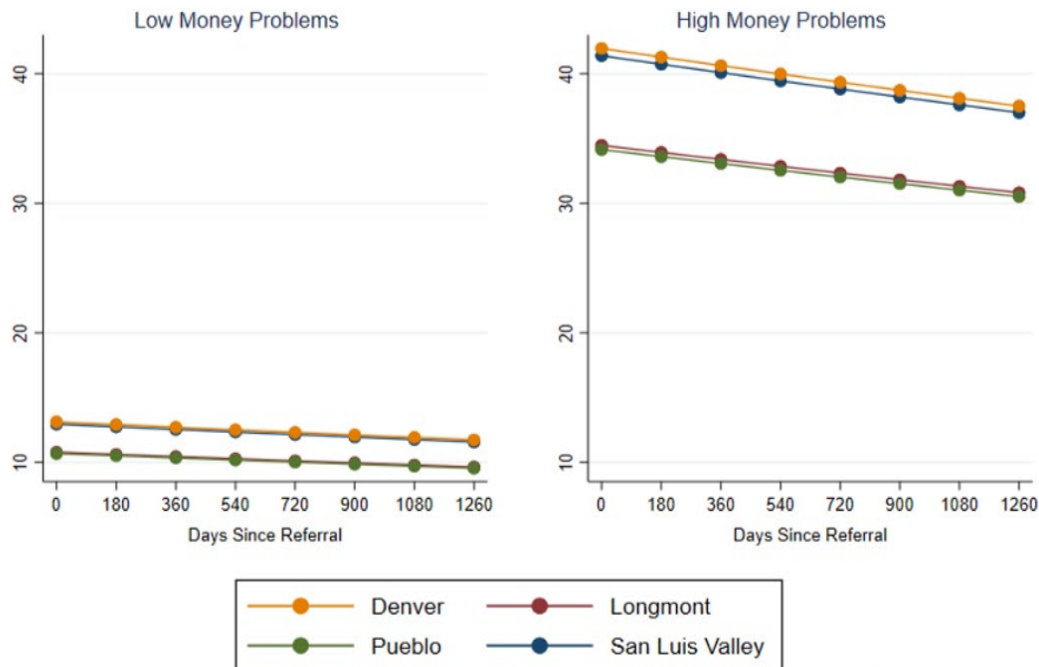
Substance Use

Regression analyses further revealed a statistically significant association between length of time participating in LEAD and reductions in marijuana, meth, and general substance use. As shown in Figure 10, the predicted number of days drunk or high declines by about half or more for each site.

Across LEAD sites, no statistically significant differences were observed between clients in terms of the number of days they reported using alcohol/drugs, being drunk or high, or finding it hard to meet responsibilities as a result of alcohol/drug use. However, compared to clients in San Luis Valley, Longmont clients reported significantly fewer days involving heroin use and significantly more days involving alcohol use, drunkenness, and use of amphetamines, cocaine, downers, hallucinogens, methadone, and anti-anxiety medications. Pueblo clients were similar to San Luis Valley's except for reporting significantly more days using cocaine, amphetamines, and medications for alcohol/drugs. Denver clients reported significantly more days being drunk or using hallucinogens or crack and significantly fewer days involving use of cocaine, downers, heroin, meth, methadone, and medications for alcohol/drugs. As with mental health issues, money problems emerged as a significant predictor of substance use, with clients who reported money problems in the past 90 days reporting more days in which they used alcohol, marijuana, amphetamines, hallucinogens, heroin, opiates, meth, methadone, anti-anxiety medications, and medications for alcohol/drug use. Whereas male clients reported significantly less opiate use than did female clients, the latter reported significantly fewer days using alcohol and drugs in general.

Figure 10. Predicted Number of Days Drunk or High
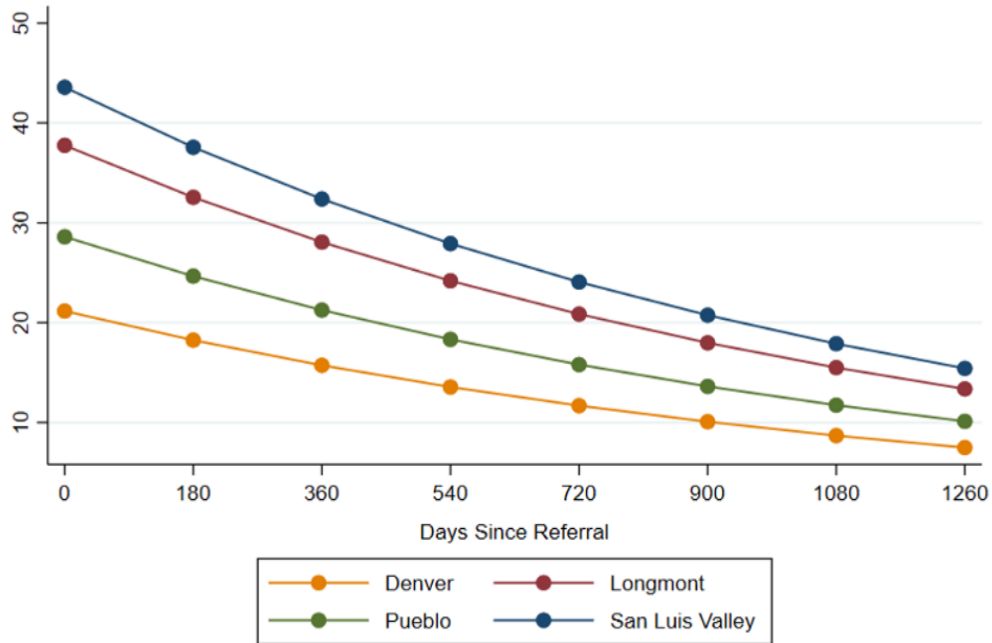
Compared to white clients, nonwhite clients reported significantly fewer days using crack, hallucinogens, and medication for alcohol/drugs but significantly more days being drunk/high and using alcohol, drugs in general, heroin, and methadone. Older clients reported significantly more days using alcohol and being drunk/high and significantly fewer days using heroin, opiates, meth, methadone, hallucinogens, and downers than did younger clients. Few differences were associated with education, except more highly educated clients reported significantly fewer days using medication for alcohol/drugs and significantly more days being drunk/high or using methadone or downers. Compared to never married clients, married/cohabiting clients reported significantly higher levels of readiness to quit or reduce alcohol/drug use, significantly more days using anti-anxiety drugs or methadone, and significantly fewer days being drunk/high or using alcohol, crack, cocaine, hallucinogens, or opiates; separated/divorced clients reported significantly more days using cocaine, hallucinogens, and medication for alcohol/drugs but significantly fewer days being drunk/high or using drugs/alcohol, cocaine, or crack; and widowed clients reported significantly more days using downers but significantly more readiness to quit using alcohol drugs, days without using alcohol or drugs, and fewer days using crack, anti-anxiety medication, amphetamines, downers, and methadone. Finally, social referral clients reported significantly more days using cocaine, downers, and hallucinogens but significantly more days without using alcohol/drugs and significantly fewer days being drunk/high or using marijuana or drugs in general than did arrest diversion clients.

Treatment for Alcohol and Drugs

Within the domain of treatment for alcohol and drugs, there was a statistically significant association between length of time participating in the LEAD program and self-help days. Figure 11 shows the predicted number of self-help days for an average LEAD client over time. The longer clients remained active in LEAD, the more self-help days they reported. Whereas the number of self-help days doubled for Longmont and San Luis Valley clients, Pueblo and Denver clients reported three to four times as many self-help days.

Figure 11. Predicted Number of Days Practicing Self Help
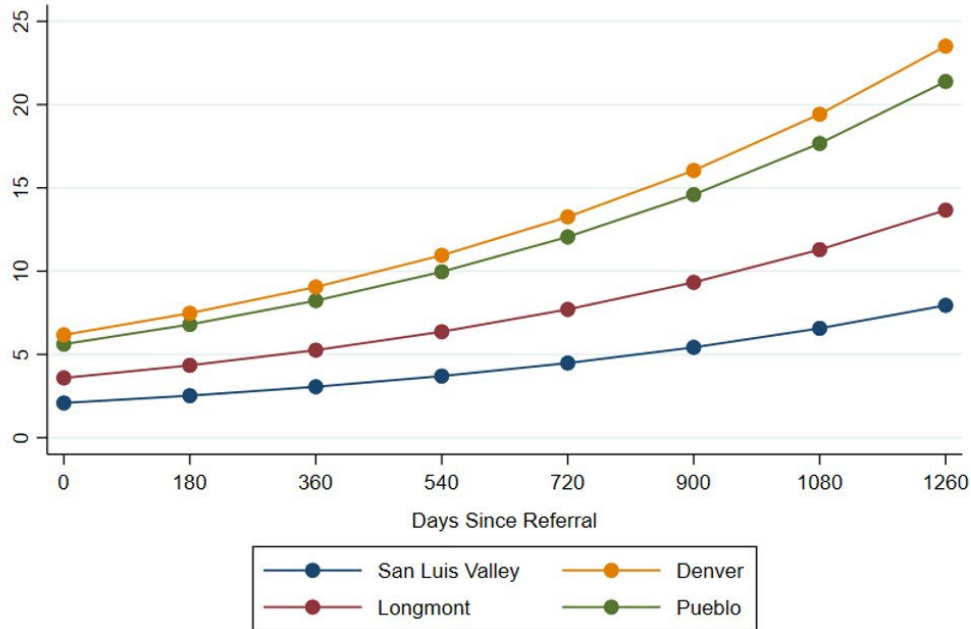
No statistically significant site differences were observed for the number of self-help days and number of days receiving some other treatment for alcohol/drug use. However, compared to clients in San Luis Valley (which served as the reference site across models), Denver clients reported being screened for drugs less frequently and spending more days in detox; Longmont clients reported significantly fewer times having received outpatient treatment for alcohol/drugs and significantly more days visiting the ER because of alcohol/drug use; and Pueblo clients reported spending significantly more nights in the hospital as a result of alcohol/drug use. Non-white clients and clients with more money problems reported significantly fewer self-help days than did white clients and clients who reported fewer money problems, respectively. While no education differences were observed for any treatment outcome, older clients reported spending significantly fewer nights in residential treatment for alcohol/drug use and significantly fewer days receiving some other treatment for alcohol/drug use. While divorced/separated clients did not differ from never married clients on any treatment outcome, widowed clients reported significantly more days receiving some other treatment for alcohol/drug use. Compared to never married clients, married/cohabiting clients reported significantly fewer self-help days, days in detox, and visits to the ER because of alcohol/drug use. Finally, social referral clients reported more frequent drug screenings than did arrest diversion clients.

Crime and Criminal Justice

Findings from regression analyses revealed a statistically significant negative association between length of time participating in LEAD and number of arrests, net of site and client differences. As seen in Figure 12, although no change is observed for Denver clients, the predicted number of arrests within a 90-day period decreases steadily for the average client at each of the three other sites. By contrast, length of time participating in LEAD predicted a significantly increased number of probation days, possibly reflecting a shift away from more severe criminal justice sanctions (e.g., jail/incarceration).

Figure 12. Predicted Number of Arrests
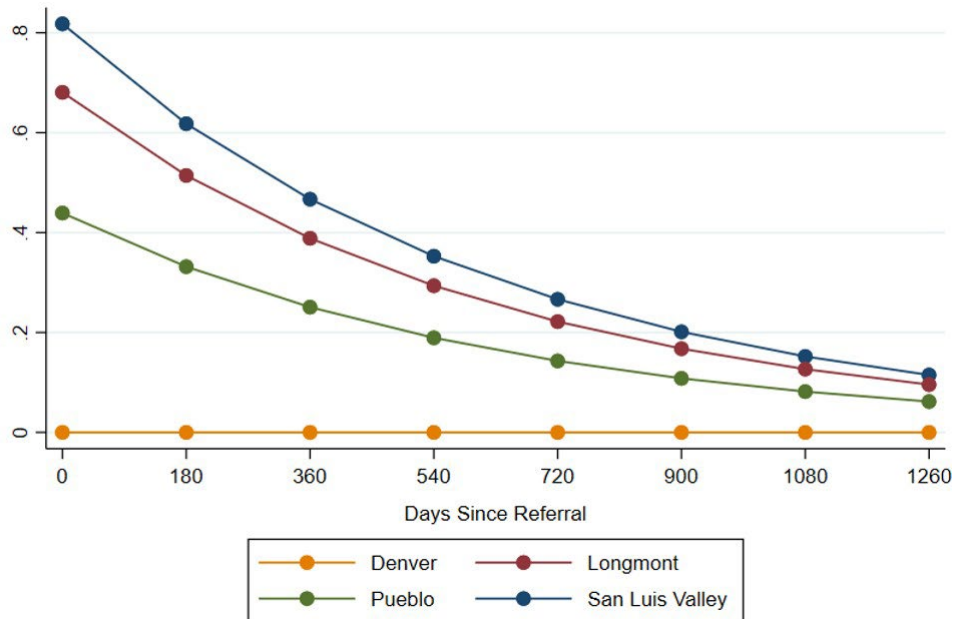
Compared to the reference site (San Luis Valley), Longmont clients reported significantly more days spent in jail or prison, while Pueblo and Denver clients reported significantly fewer arrests. Pueblo clients also reported significantly fewer days involved in illegal activities, and Denver clients reported significantly fewer probation days. While no educational differences were observed, male clients reported significantly more days involved in illegal activities and incarcerated than did female clients; non-white clients reported significantly more arrests and days involved in illegal activities than did white clients; older clients reported significantly fewer days fighting, on probation, or involved in illegal activities than did younger clients; and clients with money problems reported significantly increased number of arrests, days fighting, and days involved in illegal activities. Compared to never married clients, married/cohabiting clients reported significantly fewer days incarcerated in jail or prison; separated/divorced clients reported significantly greater crime reductions and fewer arrests; and widowed clients reported significantly fewer days fighting, involved in illegal activities, and on probation. Finally, social referral clients reported significantly more days on probation or incarcerated in jail or prison than did arrest diversion clients.

Analysis of Criminal History and Recidivism Outcomes

Using criminal history data acquired through an MOU with Colorado Bureau of Investigation (CBI), we further sought to assess the degree to which levels of recidivism and arrest varied across time periods, sites, and referral types. The table below provides a comparison between six month and one-year recidivism rates (defined as re-arrest for a new offense) and number of arrests 1 year prior to LEAD referral and 1 year subsequent to LEAD referral. These data are presented separately for individuals referred before and after 03/01/2020, which demarcates a period of significant change with the onset of the COVID19 pandemic, implementation of HB 19-126, and social unrest resulting from increased awareness of inequities in policing.

Table 4. Recidivism (6 month and 1 year) and Arrest Rates (1 Year Pre/Post LEAD)

Site	Type	Recidivism Rates for Pre-Pandemic Referrals		Recidivism Rates for Post-Pandemic Referrals		Arrests 1 Year Pre- vs. Post-Referral (Pre-Pandemic Referrals)		Arrests 1 Year Pre- vs. Post-Referral (Post-Pandemic Referrals)	
		6 Month	1 Year	6 Month	1 Year	1 Year Pre	1 Year Post	1 Year Pre	1 Year Post
SLV	Diversion	55%	60%			.35	1.70	-	-
	Social	31%	50%	32%	40%	.46	.88	.80	.56
	Community	-	-	27%	33%	-	-	1.09	.53
	All Clients	40%	53%	29%	36%	.40	1.21	.96	.53
PUEBLO	Diversion	29%	35%	-	-	.35	.76	-	-
	Social	25%	39%	26%	31%	.64	.61	.56	.49
	Community	-	-	-	-	-	-	-	-
	All Clients	25%	39%	27%	32%	.60	.63	.55	.53
DENVER	Diversion	-	-	-	-	-	-	-	-
	Social	-	-	-	-	-	-	-	-
	Community	-	-	-	-	-	-	-	-
	All Clients	18%	27%	0%	15%	.73	.27	.31	.23
LONGMONT	Diversion	48%	57%			1.26	1.26	-	-
	Social	50%	62%	29%	41%	1.44	1.59	.71	.84
	Community	-	-	-	-	-	-	-	-
	All Clients	50%	60%	27%	39%	1.40	1.51	.77	.81
ALL SITES	Diversion	42%	49%	20%	30%	.68	1.14	.85	.65
	Social	35%	49%	27%	36%	.93	1.01	.64	.63
	Community	-	-	24%	33%	-	-	1.04	.53
	All Clients	37%	49%	26%	35%	.86	1.04	.71	.62

- Inadequate case observations to calculate a valid and reliable mean (n <= 15)

By comparing results for clients referred pre-versus post-pandemic (i.e., before and after 03/01/2020), the table above clearly illustrates considerable changes in arrest and enforcement patterns that affected LEAD clients subsequent to 2020. The results also provide an informative picture of how recidivism among clients changed alongside these massive societal shifts. Comparing clients referred before and after the aforementioned societal changes, there was a sharp reduction in recidivism rates at both 6 months (37% vs 26%) and one year (49% vs 35%). This general pattern of decreased enforcement/arrests can be observed across referral types and sites, and indicates that a sizable proportion of recidivism prior to the pandemic could be attributed to higher levels of enforcement and/or recording of drug possession.Unfortunately, absent a rigorously designed system for random assignment to treatment and control groups, the degree to which these reductions in recidivism can be explained by treatment effects is impossible.

Despite this limitation, and seeking to further understand how the programs might have impacted recidivism, we examined changes in arrests for clients by comparing one-year pre- vs. one-year post-LEAD. In order to evaluate the statistical significance of effects, generalized linear models appropriate for the distribution of the outcome were utilized. For binary outcomes like recidivism, binomial models are utilized, while negative binomial models are utilized for counts of arrests. All models included controls for: pre-LEAD lifetime arrests, age of first recorded criminal offense, whether referral was made pre- or post-COVID, site (using San Luis Valley as the site against which others are compared), and referral type (arrest, social or community. In order to conserve space, results are not shown, but significant effects are noted below.

For pre-pandemic referrals, levels of pre-LEAD arrests were all significantly lower compared to post-pandemic referrals. Correspondingly, both recidivism (re-arrest for a new offense within 6 months or 1 year after referral) and the number of post-LEAD arrests were also significantly lower. Among the individual factors which had a significant effect on recidivism and arrest, only lifetime arrests (pre-LEAD) emerged as a significant predictor of both recidivism and arrest, while age of onset was only significantly related to lower arrests in the year prior to enrollment in LEAD – suggesting that older clients tended to have fewer arrests prior to referral. Potentially indicating differences in enforcement levels across sites, both Denver and Pueblo had significantly lower rates of recidivism compared to the reference. Likewise, Longmont clients had a significantly higher number of arrests in the year preceding LEAD, which may reflect differences in eligibility criteria. Longmont was also the only site to have significantly greater reductions in arrest comparing one year pre- versus one-year post-LEAD.

Community referrals consistently significantly differed from arrest diversions in a number of models. Interestingly, community referrals had significantly more arrests in the year prior to LEAD referral, suggesting the program may be reaching clients with more serious underlying issues who law enforcement may be reluctant to refer. And, importantly, community referrals also appeared to have significantly greater declines in arrests when comparing one-year pre-LEAD to the year after LEAD referral. This may suggest that community referrals are especially likely to benefit from LEAD programming; however, in the absence of a rigorous control group, the causality remains unclear.

Considering this, we also looked at how completion of GAIN, which can be viewed as a proxy for engagement with LEAD, influenced recidivism and re-arrest counts. Results show that having completed one or more GAIN assessments was associated with significantly lower recidivism at 6 months and a lower volume of arrests after one year. Neither taking multiple GAINS nor taking GAIN assessments more frequently exhibited any significant effects. This could mean that having sufficient trust to complete a GAIN is either indicative of clients who are more likely to be successful at avoiding re-arrest, or program engagement is helping clients take the steps necessary to avoid re-arrest. Again, a more systematically selected control group would be beneficial to determine the causal relationship between program engagement and outcomes.

C. Cost Benefit Analysis

To answer one of the evaluation's contracted questions, "What are the differences in costs between LEAD program participants and the control group?", the evaluation team examined costs per client at the site level, changes in clients' costs to society over time using GAIN data, and individual-level expenditures on clients using case management data. As noted previously, it was not possible to identify an adequate control group because of operational concerns and changes within the program over time; however, comparative analyses and data are provided where possible. We first examine site level costs/expenditures per client and compare these with other known costs. Results are presented in Table 5 on the following page:

| Table 5. Site Level Costs per Client						
Site	Months	Clients	Expenditures	Per Month	Per Year	Per Client
Alamosa	4391	235	$1,962,077	$446.87	$5,362	$8,349
Pueblo	8185	356	$1,924,241	$235.08	$2,821	$5,405
*Denver	–	111	$1,707,455	–	–	$15,382
Longmont	9254	376	$2,123,238	$229.45	$2,753	$5,647
All Sites	21830	1078	$7,717,012	$353.51	$4,242	$7,159

*Note: Due to limitations in early client records, it was not possible to calculate the precise time each client was in the program. As such, only a per client cost is provided for Denver.

Over the duration of the LEAD pilot project, more than 1000 clients were enrolled for a total of over 20,000 client months, equating to almost 2000 years of collective time for clients in the LEAD program. While not all clients were actively served throughout their enrollment, consistent with the principle of "LEAD for life", the services and support provided by LEAD remained available to all clients once they enrolled. Based on overall expenditures, it is estimated that it costs approximately $2500-$5000 per year for each new client; however, since clients never officially leave the program, costs are reduced as new clients are added. As a result of the relationship between number of clients, time in the program for each client, and overall expenditures, there is substantial variation in costs per client across sites, with sites having accumulated more clients appearing to be more efficient. Considering this, and the fact that most clients most extensively used services in the first six months to a year after enrollment, we also calculated the cost per client to be between approximately $5000 - $7500 (with clients averaged around 1.89 years in the program). Taken together, we can expect that each client costs approximately $5000/year in their first year. This is roughly half the cost of traditional criminal justice processing with probation, which is estimated to be around $10,000 per offense. Moreover, given that recidivism is comparable for individuals placed on probation (see CO Judicial Report as compared to analyses above), and other costs for criminal justice processing could be spared, LEAD's harm reduction model is potentially a cost-effective alternative with comparable risks.

Estimated Quarterly Cost to Society

Figure 13 presents for each site the average cost to society (US dollars) per LEAD client over time. Cost to Society is a pre-built scale in GAIN using items including, treatment utilization (hospital visits, inpatient or outpatient treatment, detox, etc.) and criminal and violent behavior (jail days, probation days, and parole days). Total costs reflect system utilization, including expenses incurred for both treatment services (hospital visits, inpatient or outpatient treatment, detox, etc.) and traditional criminal justice processing (i.e., jail days, probation days, and parole days). Controlling for differences between sites and across client characteristics, duration of participation in LEAD, and referral type, these data show an average per-client cost to society that remains stable over time for all sites. Although the difference between sites is not statistically significant, Longmont's relatively high average per-client cost appears to be due to statistically significantly more costs associated with traditional criminal justice processing, especially incarceration, and more frequent visits to the emergency room for treatment for alcohol or other drugs. All else equal, clients who reported more frequent money problems also incurred larger costs (results available upon request). San Luis Valley clients reported the highest average number of days experiencing money problems (61), followed by Longmont (53), Denver (51), and Pueblo (46).

Figure 13. Predicted Cost to Society in US Dollars
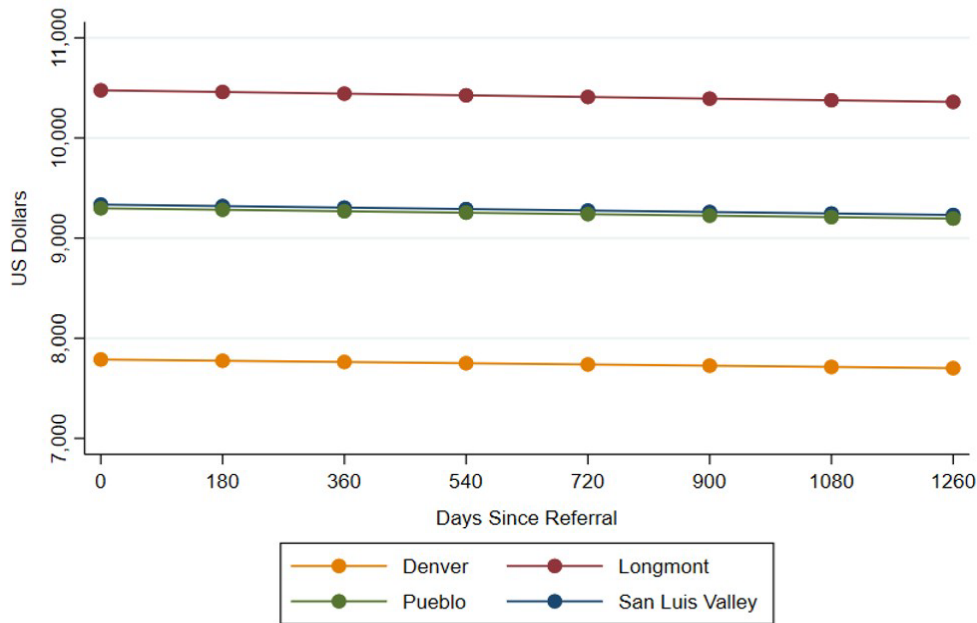
Further, using data from each site's case management system, costs involving client expenses were used to show the distribution of costs across different categories.

Figure 14. Distribution of Client Costs Arcoss Sites through January 2021-April 2022
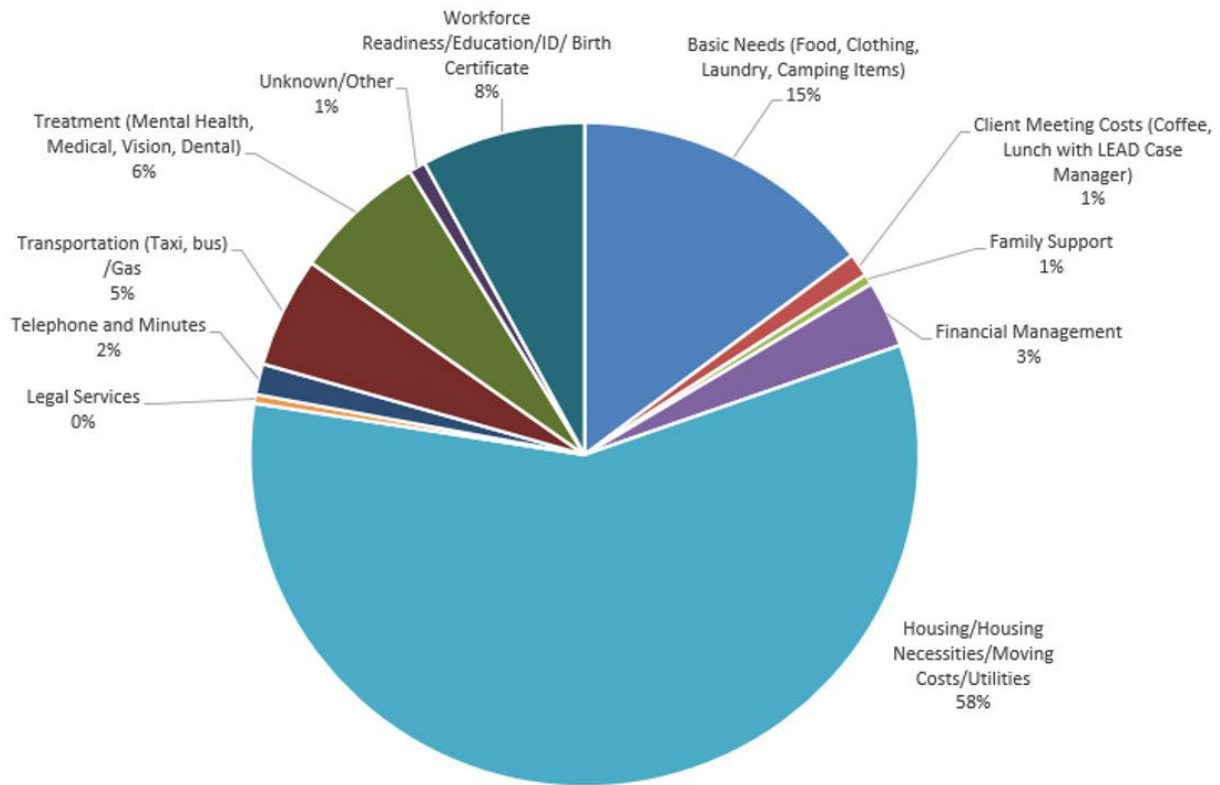
The majority of LEAD client expenses involved Housing (58%), Essential Basic Needs Items such as food, clothing, laundry, and camping items (15%), Workforce Readiness/Education (8%), Treatment (Mental health, Medical, Vision, Dental) (6%), and Transportation (5%).

Study Limitations

As with any study, the present evaluation has several limitations.

·   For the interview data, the greatest limitation is that the sample of individuals willing to participate likely reflects more positive views of the LEAD program. Also, although the evaluation team made several attempts to reach out to law enforcement representatives at the Denver LEAD site to schedule interviews in 2022, our team did not receive any responses. Informal conversations between a number of Denver officers and members of the research team also suggested that there was not wide familiarity with the program or clear protocols in place for making a referral. Therefore, 6 Denver officers interviewed in 2020 were used for the final report, creating a gap in Denver officers' views on crucial issues such as community referrals, the evolution of LEAD over time, and COVID disruptions.

·   To assess the quality of life outcomes for LEAD participants, data from each site's case management system and the GAIN assessment tool were used. However, baseline and follow-up data for clients was inconsistent. Only 46.4% of clients completed 1 or more GAIN assessments, with most of these clients completing an initial GAIN within the first 22 days. Additionally, very few clients returned for long-term follow-ups (only 13.2% across sites). This provides a strong baseline for clients entering the program but necessitated that follow-up outcomes were estimated from irregular follow-ups based on the few clients who either returned or completed GAIN assessments later. This likely produces a favorably biased picture of outcomes, best reflecting the outcomes for those clients who were either willing or able to complete GAIN assessments after significant program experience. While outcomes for individuals who maintained contact with the program were promising in a number of areas, caution should be exercised in generalizing to the experience of clients who were either unable or unwilling to return for assessments after a significant amount of time in the program.

·   A significant limitation of the present analyses was the absence of a systematically selected control group statistically equivalent to the LEAD population. At the beginning of the project, the evaluation team recommended a randomized or quasi-experimental control group for the purpose of evaluating treatment effects; however, despite extensive discussion of the benefits/disadvantages of the lack of a systematic control, project partners were unwilling to adopt such a design due to operational concerns. While the interim report was able to apply a matched control using data from prosecutors and police for the recidivism analysis, several factors precluded utilization of this strategy in the final report. First, because of decreased enforcement of drug offenses resulting from the COVID pandemic and policy changes subsequent to 2020, the pool of both clients and controls was significantly diminished. Second, because of the simultaneous de-emphasis of the diversionary aspect of the program, in favor of social and community referrals, several sites found it challenging to identify a pool of individuals who adequately reflected their LEAD clients that was not systematically biased – i.e. more serious offenders. Third, one site was unwilling to identify clients because of concerns among their senior administration that officer discretion would be undermined. As a consequence, the evaluation team had to rely on clients serving as their own controls and statistical models that controlled for individual factors. While this

strategy illustrates the change in clients over time and across distinct historical periods, it does not have the benefits of a randomized controlled trial for isolating the effects of treatment from other changes.

· The cost-benefit analysis is limited in several ways. First, although site level analyses provide a useful picture of the overall costs per client, per client costs are diluted by the fact that clients are never removed from LEAD (without considerable cause, which did not occur during the study period). Second, there was no strong source of data to make inferences about levels of program engagement among clients. Analyses of the cost to society scale rely on GAIN data and therefore suffer from the same deficits noted above, especially poor follow-up rates and reliance on cross-sectional data. As such, it is unclear whether reduced costs over time reflect a selection bias of the most involved clients, actual program effects, or a combination of these factors. For the client cost data, most of the standardized client costs data were collected only after 2020, providing some sense of the average incidental costs per client but failing to capture all costs within and outside lead. These provide some sense of the average incidental costs per client, but do not fully capture all costs within and outside LEAD. Despite this, taken together, the analyses of costs-benefits presented here suggest that LEAD may be a cost-effective alternative to criminal justice processing.

· Evaluating the LEAD program during the contracted four-year period (2018-2022) poses numerous challenges because the LEAD program was seen as a moving target, including eligibility criteria changes, the 2020 pandemic influencing arrest and referral rates, possession level offenses being adjusted to misdemeanors (under HB 19-126), an additional referral pathway being added to the LEAD model, etc.

· Lastly, the Denver LEAD site sent the evaluation team only 37 referral forms over the four-year period.

Despite these limitations, the evaluation report provides the most comprehensive overview of the LEAD program and how it has impacted LEAD clients with the resources provided.

Summary of Key Findings

· Law enforcement partners were generally supportive, but some remained hesitant to divert without charges, often preferring to refer individuals who they could not charge rather than diverting offenses for which there was probable cause. Some officers also expressed concerns about community referrals without law enforcement involvement, primarily stemming from concerns about case manager and community safety.

· Clients generally expressed profound appreciation for the support they received in the program – for many, it was the first time they felt they had an unconditional support network upon which they could rely in difficult times. However, clients at some sites also noted a significant adverse impact of staff turnover.

· Case managers overall found their work highly rewarding; however, they emphasized the importance of establishing clear boundaries with clients as a necessity to prevent burnout. Institutional and peer support for their efforts was also critical.

· Stakeholders generally expressed optimism and support for LEAD program efforts; however, some noted tensions within partnerships around various site-specific issues and relationships, especially between law enforcement and public health partners.

· Clients who reported money problems struggled more with a broad variety of issues related to mental health and substance abuse; however, they were also among the most interested

in improving their situation and addressing mental health and substance issues, and some evidence existed supporting higher benefits of LEAD for this population.

· Only 75% of LEAD clients had a record of prior arrest in Colorado, indicating that officers' concerns about referring more criminally involved clients (see qualitative interview summary above) may be suppressing diversion of individuals with active charges and more complicated histories or behavior patterns. At the same time, the new community referral pathway actually appeared to be resulting in the referral of clients with more complicated arrest histories, and there was some evidence these individuals benefited more from program involvement than clients from other pathways.

· The majority of referrals across sites involved social contact referrals. These referrals were identified by LEAD partners as either at risk of being arrested or having a known history of frequent involvement with the police. Subsequent to 2020, there was a clear shift away from arrest diversions and towards social and community referrals. Most clients, stakeholders and officers felt these pathways added value to the program; however, some officers shared concerns regarding community referrals not being screened by law enforcement and the potential repercussions for staff and community safety.

· Recidivism analyses suggested that HB 19-126 and other changes resulting in reduced enforcement beginning in 2020 significantly and dramatically reduced levels of recidivism and arrest among clients. While inability to comprise a systematic control group prevents strong inferences about program effects, there was some evidence to suggest that clients who engaged in the program long-term benefited from reduced offending above and beyond these reductions.

· Yearly operational costs per client are estimated to be around $5,000. This is considerably less than the cost of one arrest and subsequent criminal justice processing (~$10,000). Moreover, evidence from analyses of GAIN data using the validated measure of "Cost to Society" suggests that over time, clients are likely to have stable costs to society. As such, while cost savings are not as pronounced as one might hope, LEAD still potentially offers a cost-effective mechanism for addressing the underlying issues which clients are confronting. This is especially true inasmuch as clients can truly be diverted from the collateral consequences of criminal justice processing for the purposes of the program. Likewise, anything that can be done to further limit these collateral consequences with continued engagement in the program should be beneficial.

Recommendations

Recognizing the limitations of the analyses presented above, there are a number of areas in which the LEAD initiative shows significant strength and some areas where improvements could be made.

· Intensive case management is at the core of programs' success; it is deeply transformative and valued by clients. Efforts to support and enable this, as well as afford clients/case managers more flexibility and improve retention of case managers, will be beneficial.

· Administrative support for case managers is crucial to avoid burnout and turnover. Case managers expressed appreciation for on staff therapists, supportive and clear staff and leadership, training opportunities, and support to establish clear boundaries with LEAD clients.

· Improving law enforcement partnerships and increasing efforts to introduce clients to the program through diversion from charges would be beneficial. While social and community

referrals are clearly important pathways, and useful in proactively addressing issues for some individuals, the cost-benefit ratio is optimized and the program is likely to have the greatest impact when the principles of diversion from the collateral consequences of criminal justice are a clear focus. At the same time, utilizing other pathways to refer individuals who law enforcement may be uncomfortable referring, could also prove beneficial; however, care must be taken to reconcile these efforts in partnership with law enforcement.

· Engage officers more regularly about the principles of LEAD and harm reduction and their benefits. Where possible, provide local examples of positive change and of unlikely success stories to illuminate the potential for change under the most challenging circumstances.

· Take measures to emphasize the importance of data collection to provide an even more comprehensive picture of clients and better represent clients across the spectrum of involvement. Consider conducting additional research utilizing a randomized control group to allow for stronger causal inferences. Communicate the utility of tools like GAIN not only for data collection but as a mechanism for engaging in constructive and motivational dialogue with clients.

Conclusions

Overall, the Colorado LEAD programs have dramatically evolved throughout the four-year pilot period while they sought to modify the program to fit each community's needs, and keep up with a rapidly changing world. Changes included some sites modifying their eligibility criteria, adding a community referral pathway, broadening their network of community partners, shifting their focus to social contact referrals and community referrals, and navigating the continuation of services during the 2020 pandemic. Overall, findings from most case manager, officer, client, and community stakeholder interviews indicate that LEAD's harm reduction and case management style is useful to meet the needs of the individuals experiencing behavioral health problems. Specifically, clients stated that LEAD has provided them with a system of support in a non-judgmental environment that has helped them make meaningful changes in their lives, even during the pandemic. Additionally, while a systematic control group was not identified to make strong inferences about program effects, there was some evidence to suggest that clients who engaged in the program long-term benefited from reduced offending above and beyond these reductions. Further, the cost-benefit analyses showed that yearly operational costs for clients were around $5,000, which is considerably less than the cost of one arrest and subsequent criminal justice processing (~$10,000). Moreover, the GAIN "Cost to Society" scale suggests that over time, LEAD clients are likely to have stable costs to society. Therefore, while the LEAD program was a moving target for the evaluation team and the analyses suffer from a number of limitations, both the qualitative and quantitative data suggest that the Colorado LEAD programs are making an impact on clients' lives that continue to engage with the program.

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