



THE UNIVERSITY OF
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Bernalillo County Behavioral Health Initiative LEAD Process Evaluation: Report in Brief

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Prepared For: Bernalillo County Department of Behavioral Health Services

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In This Brief: This RIB summarizes findings of ISR's process evaluation of the Law Enforcement Assisted Diversion (LEAD) program in Bernalillo County from July 2019 - March 2022.

Highlights:

- 313 individuals were referred to LEAD between July 2019 through January 2022.
- 46% of referred individuals enrolled.
- 63% of referrals were arrest diversions. 36% were social referrals.
- 70% of referrals originated from APD, 16% from BCSO, and 14% from other community partners.
- 70% of referrals have occurred since March 2021, and 40% have occurred since the start date of the COSSAP expansion plan.
- From March 2021 through January 2022, 418 individuals at APD, BCSO, and community partner groups have received in-person training.
- Four officers were responsible for 111 referrals which represents 35.4% of LEAD referrals from all sources.
- From September 2021 - January 2022, 25% of referrals involved warm handoffs.

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Background

In 2019, Bernalillo County and the City of Albuquerque implemented the Law Enforcement Assisted Diversion (LEAD) program, a harm reduction-centered pre-booking diversion program for individuals who are at risk of becoming involved with, or those that have previously been involved with, the criminal justice system, typically those with substance use disorders (SUDs) who have committed low-level drug or prostitution offenses. LEAD is an incarceration alternative that focuses on addressing individuals' underlying criminogenic needs by rerouting at-risk individuals at the point of police contact into trauma-informed community-based health and social services.

In Bernalillo County, LEAD was initialized through a partnership between Bernalillo County, the City of Albuquerque, the Albuquerque Police Department (APD), the Bernalillo County Sheriff's Office (BCSO), the Office of the Second Judicial District Attorney, the Law Office of the Public Defender, the Drug Policy Alliance, and the LEAD Santa Fe Program in July 2019. LEAD has recently expanded to include partnerships with the Bernalillo County Fire Department and other community stakeholders as part of an expansion plan sponsored by a grant from the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) of the Bureau of Justice Assistance. Information on the program, including contracted services and a real-time referral and enrollment dashboard with information on LEAD referral is located [here](#).

Individuals can be referred to LEAD through two pathways: arrest diversion or social contact. In an arrest diversion, when an individual in the commission of a low-level divertible offense is encountered by an officer, the officer exercises discretion to either arrest or divert the individual to the LEAD program based on site-specific eligibility criteria. If the officer chooses to refer, the officer contacts a harm reduction-trained case manager who arrives on scene for a warm-handoff. The referring officer forwards the potential participant's arrest record to relevant judicial actors in the program catchment area tasked with prosecuting misdemeanor and felony cases. If a referral meets eligibility criteria and the referral completed initial program intake documentation, the referral's pending charges for the LEAD-related offense are dropped; notably, the LEAD model does not condition charge dismissal on active program participation. Social contact referrals enable police officers to refer an individuals who may be criminal justice involved and afflicted by problematic substance use, mental illness, poverty, or homelessness to services without having to wait for them to commit a criminal offense. If eligible, the case manager is contacted and proceeds to follow-up with the participant, if possible, within a few days of referral to craft an individual intervention plan designed to identify the participant's unmet short-term psychosocial and behavioral health needs such as shelter, food, and emergency medical care.

One of the hallmarks of the LEAD model, given high rates of substance use disorders and the prevalence of homelessness among the target population, is the referral of participants into harm reduction services such as Medication Assisted Treatment. As LEAD is a Housing First model and significant

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- Arrest diversion referrals were more likely to be men and users of methamphetamine, fentanyl, and opioids.
- Case managers had 1,034 attempted and 437 successful contacts with participants between September 2021 and January 2022.
- Case managers averaged 7 attempted and 3.1 successful contacts. There were typically 13 days between contacts.
- Male, unmarried, and homeless participants had lower levels of attempted and successful case management contacts.
- Among surveyed officers, familiarity with LEAD and training participation levels were high. Officers indicated a moderate willingness to make LEAD referrals.
- Perceptions of agency support for LEAD, cooperation with the Second Judicial District Court, and lower officer education levels increased officers' likelihood of making a LEAD referral.
- PCG interviews revealed perceptions of moderate LEAD implementation success as well as environmental and agency-specific challenges to program implementation.
- Forecasts of enrollment growth suggest a need to direct program operations toward case management instead of training.

proportions of LEAD participants are unhoused at the point of program entry, case managers also work with eligible unhoused participants to secure access to permanent supportive housing. As the model for LEAD uses an Intensive Case Management (ICM) approach which emphasizes low participant to case manager ratios, frequent contact between case managers and high-need participants is encouraged.

The argument for LEAD rests on the assumption that by providing at-risk individuals with consistent engagement with harm-reduction centered intensive case management, participants will be more likely to secure stable long-term housing, be less likely to overdose and to die from overdoses be less likely to recidivate, and be more likely to report a higher quality of life relative to similarly-situated individuals who are booked, prosecuted, and incarcerated.

The evidence-base on LEAD is still developing. However, outcome evaluations of LEAD have generally found positive effects of LEAD enrollment on recidivism rates, housing status, employment outcomes, duration of time served, usage of emergency services, as well as evidence of cost-effectiveness.

To date, process evaluations of LEAD have identified common facilitators of, and barriers to, program implementation. Facilitators of implementation include the use of collaborative decision-making across stakeholder groups, the collaborative development and clear articulation of protocols and adaptations to protocols, repeated officer engagement in harm reduction trainings, and the presence of high-level program champions within respective police agencies. Barriers to implementation include policy and procedural ambiguity, a lack of communication detailing the justification for proposed policy changes, perceptions that participant noncompliance with LEAD is unpunished, and low levels of officer buy-in.

Participant-Level Data

LEAD - Bernalillo County received 313 referrals between July 2019 and January 2022. 63% of referrals were arrest diversions. 36% were social contact referrals. 70% of referrals were from APD, 16% were from BCSO, and the remaining 15% were from other community sources. 72% of referrals occurred after the hiring of a program manager in March 2021 (22/month). 41% of program referrals occurred after the official start date of the COSSAP Expansion Plan on September 1, 2021 (33/month). From July 2019 through January 2022, 61 different officers made LEAD referrals. Four officers were responsible for 111 referrals which represents 35.4% of LEAD referrals from all sources.

Of the LEAD referrals with recorded data, the average referral age was 37 years. 56% identified as male, 45% as Hispanic, 28% as Caucasian, 13% as Native American, and 4% as Other Ethnicity. 58% of participants were unhoused at the point of program intake. In statistical analyses, we found that, all else equal, men and individuals who indicated using fentanyl, heroin, methamphetamine, and general opiates had higher odds of getting referred to LEAD by arrest diversion instead of through a social contact referral.

Per COSSAP data from September 2021 through January 2022, at intake, 62% of participants indicated they were not employed and not looking for work, 31% noted they were not employed and looking for work, and 8% noted they were working full-time. Participants typically evaluated their quality of life as "Poor". 44% of participants indicated that they had experienced an overdose in their lives. 80% indicated using substances in the prior 30 days. The three most used substances among were: (1) methamphetamine (87%), (2) cannabis (63%), and fentanyl (57%).

42% of the 1,034 attempted case management contacts between September and December 2021 were successful. Case managers most frequently met clients face-to-face either in the field or at the CARE Campus. The average number of attempted contacts with active program participants was 7, and the average

number of successful contacts with active program participants was 3. Typically, case managers attempted to contact participants every 13 days. In statistical analysis, we found evidence that being male, unmarried, and homeless predicted significantly lower levels of attempted and successful case management contacts.

Officer Survey Data

Levels of familiarity with the LEAD program were moderately high among surveyed officers (3.7 on 5-point scale where 1 = “Not at all Familiar” and 5 = “Very Familiar”). 79% indicated attending a LEAD training, and 47% indicated attending a LEAD training in-person. Surveyed officers indicated a moderate willingness (4.1 on 7-point scale where 1 = “Very Unlikely” and 7 = “Very Likely”) to make a LEAD diversion for a LEAD-eligible participant. Perceptions of agency-wide support of LEAD (3.7 on 7-point scale where 1 = “Very Unsupportive” and 7 = “Very Supportive”) and perceptions of the degree of cooperation with the Second Judicial District Court were more mixed (3.9 on 7-point scale where 1 = “Very Unsupportive” and 7 = “Very Supportive”). Officers who perceived high levels of officer support for LEAD within their agencies, higher levels of cooperation with judicial stakeholders, and officers with less formal education were significantly more likely to refer hypothetical eligible individuals into LEAD. Training participation, officers’ perceptions of the merits of rehabilitative programming,

sex, ethnicity, age, and tenure length did not predict referral likelihood.

Staff Interviews

There was general consensus across stakeholders on higher-level program goals. On balance, PCG interviewees perceived LEAD implementation to be moderately successful (4.5 on 7-point scale where 1 = “Very Unsuccessful” and 7 = “Very Successful”). Reasons for perceived implementation success centered on the hiring of a program manager in March 2021, increases in referrals and training over time, perceived increased use of the warm handoff, perceived increase in officer buy-in and the perception that the referral and eligibility-screening processes for assessing referrals’ criminal backgrounds were efficient. Stakeholders at DBHS identified a few barriers to LEAD implementation including the limited availability of housing vouchers and housing affordability bureaucratic impediments to case management, low levels of case management staffing, limited training participation by case managers, and a reallocation of LEAD case management staff time to non-LEAD DBHS floor operations. Staff at APD highlighted concerns about the usability of existing data systems to input referral information and perceived a lack of wider levels of agency support for LEAD.

METHODOLOGY

In this evaluation, we used a mixed-methods approach to describe the development and maturation of LEAD’s implementation in Bernalillo County by relying on a review of policy documents, existing program participant data, surveys of 68 sworn field officers at APD and BCSO, and 10 semi-structured interviews with program stakeholders (i.e., program management staff at the Department of Behavioral Health Services (DBHS), LEAD case managers, LEAD-trained police officers at APD, and staff attorneys at the Law Offices of the Public Defender and Second Judicial District Court). We use this data to evaluate fidelity to the underlying theoretical model on which LEAD is based.

Program Materials

We obtained a number of documents from program inception through February 2022 which allow us to trace the chronology of LEAD and to compare codified protocols against other sites’ protocols and LEAD National Support Bureau recommendations for best practices. These documents allow us to sequence substantive changes in program operations including changes to eligibility criteria, changes in referral procedures, and program phase state-changes and to make sense of these changes against the backdrop of broader socio-political dynamics unique to Bernalillo County.

Participant-Level Data

We received participant-level data from several sources. We extracted data from DBHS’ EHR-system in January 2022.

Where possible, we cross-referenced this data with similar data being collected under the scope of the COSSAP Expansion Plan grant. We use this data to assess (1) the type and number of LEAD referrals, (2) the enrollment rate, (3) the predictors of the dosage of case management services provided to participants from September 2021 through January 2022, (4) participant characteristics at intake, (5) variation in participant characteristics by referral source, (6) the distribution of referrals by agency and officer, and (7) the geographic distribution of LEAD referral locations.

Officer Surveys

We conducted surveys of 68 sworn field officers at APD and BCSO in December 2021 (Response Rate = 16.5%). These surveys assessed (1) officer attitudes toward offenders with mental illness and beliefs about the merits of rehabilitative programming, (2) awareness of the LEAD program, (3) participation in LEAD training, (4) perceptions of the ease of making LEAD referrals, (5) officer demographic characteristics, and (6) the predictors of officers’ likelihood of making a LEAD referral.

PCG Interviews

Between September 2021 and October 2021, we conducted 10 interviews with members of LEAD Policy Coordinating Group (PCG) (Response Rate = 45%). These interviews were designed to better understand (1) PCG members’ roles in LEAD, (2) beliefs about program successes and deficits and to (3) solicit feedback for program improvements as well as (4) perceptions of interagency collaboration.

Recommendations

We outline a more extensive set of recommendations for different partnering groups in the full report. In what follows, we provide a snapshot of selected recommendations.

- Given the current two case managers at the DBHS, the ratio of active clients to case managers is projected to outpace ICM and LEAD National Support Bureau recommendations by May 2022. We advise hiring remaining COSSAP-funded case managers in the short-term or shifting macro-level program focus away from increasing training volume of new officers and community partners toward a concentration on firming up the delivery of case management services to the existing participant pool.
- Case managers should be in frequent contact with the agencies participants are referred to in order to assess client attendance and progress receiving recovery support services in alignment with COSSAP Expansion Plan Objective #4. Data on referral interactions needs to be recorded.
- DBHS staff need to ensure that LEAD-hired case managers are not being reassigned to non-LEAD case management tasks as project reassignment reduces the amount of time case managers can dedicate to locating and providing services to LEAD participants and increases the risk of case manager turnover.
- If there is a mechanism to validate contact information of participants at the point of program intake (i.e., dialing participant-provided phone numbers to see if the call redirects to a business or is disconnected), use of these mechanisms may reduce the rate of lost contact. It may be worthwhile collecting other types of contact information of participants at intake (i.e., social media handles or usernames). A 2019 study highlights the usefulness of using social media platforms to contact homeless populations with SUDs and outlines informed consent guidelines which may be helpful to consider going forward.
- It is important to track the provision of harm reduction services to participants, however

seemingly trivial (i.e., provision of water bottles). This data is not currently logged in a data-useable fashion in the NetSmart CareManager system and is underreported in the RedCap database where, per data from March 2022, only 7% of participants have received harm reduction services.

Conclusion

After two and a half years of program development, the implementation fidelity of LEAD - Bernalillo County is mixed. On the one hand, the program has expanded referral streams and training opportunities for officers, community partners, and case managers over , 61 officers at APD and BCSO have made at least one referral, 418 individuals have participated in in-person LEAD trainings, perceptions of interagency collaboration among PCG members are high, and most interviewed PCG members perceive implementation as moderately successful. Additionally, the socio-demographic and substance-use profiles of LEAD referrals suggest that the appropriate target population is being served by the program.

Conversely, limited community housing resources and delays in receipt of housing vouchers threaten the intervention's Housing-First theoretical pathway, the amount of case management contact with participants, and the time between attempted contacts, is lower in Bernalillo County than at other comparison sites, the true level of harm reduction services provided is unknown, referrals by officers are heavily concentrated among a subset of four officers, the pace of increased referrals and the expansion of the participant active status window threaten to violate ICM caseload recommendations barring the hiring of more case managers, warm handoffs are inconsistently used, and there appears to be equivocal support for diversion programs among executive-level staff and officers at APD and BCSO.

Additionally, we were unable to assess a number of interesting process questions due to time constraints and data access issues (i.e., surveys of clients enrolled in the program; statistical analysis of LEAD-eligible offense hotspots from CFS data). The full report offers a series of evidence-based recommendations to address existing fidelity breaks. However, some of the environmental conditions which negatively interact with program implementation (i.e., housing availability) may be beyond the scope of implementing agents' power to address within the timeframe for evaluation and may reduce program effectiveness in the long-term.