CENTER FOR APPLIED RESEARCH & ANALYSIS

Outcome Evaluation of Bernalillo County's Law Enforcement Assisted Diversion (LEAD) Program

December 2023

Alex Severson, Ph.D.

Prepared for:
Bernalillo County Department of Behavioral Health Services (DBHS) and the Behavioral Health Initiative (BHI)

Table of Contents

Introduction

In July 2019, Bernalillo County and the City of Albuquerque established the Law Enforcement Assisted Diversion (LEAD) program. The LEAD program is a pre-booking diversion intervention designed to provide harm reduction services to individuals either at risk of or previously involved in the criminal justice system. LEAD serves as an incarceration alternative and aims to address referred individuals' underlying criminogenic needs by linking individuals to community-based behavioral health and social services. In Bernalillo County, LEAD was initiated through a partnership involving the Bernalillo County Department of Behavioral Health Services (DBHS), the City of Albuquerque, the Albuquerque Police Department (APD), the Bernalillo County Sherriff's Office (BCSO), the Office of the Second Judicial District Attorney's Office, and the Law Office of the Public Defender. Since 2021, LEAD has expanded its collaborative scope by partnering with the Bernalillo County Fire Department (BCFD) and other community stakeholders such as the Albuquerque Community Safety Department (ACSD) as referral sources as part of an expansion plan supported by a grant from the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) under the Bureau of Justice Assistance (CFDA #16.838). Through November 2023, the program has received over 500 referrals and has enrolled 203 participants in Bernalillo County.

We completed a process evaluation of the Bernalillo County program in March 2022, linked here, which identified mixed evidence on the program's implementation success. We presented evidence that perceptions of interagency collaboration were favorable among stakeholders within the LEAD operational workgroup (OWG), a significant proportion of officers at APD and BCSO had received LEAD training, and referrals to the program had increased over time particularly following the hiring of a program manager. However, we also raised concerns that the program at that stage of implementation had encountered difficulties relating to the low volume of warm handoffs used during the referral process, equivocal program support among LEOs, the low volume of contact between LEAD participants and case managers compared to other sites such as LEAD – Seattle and LEAD – Santa Fe, difficulties linking participants to housing resources, and sparsity in data collection, particularly within the CareManager database.

In what follows, we present the results of an outcome evaluation of the LEAD program in Bernalillo County. Outcome evaluations of LEAD have studied the impact of LEAD participation on various outcomes such as participants' use of recovery support services, recidivism rates, housing status, employment status, hospitalization rates, and overall quality of life (Clifasefi et al., 2017; Collins et al., 2017; Collins et al., 2019; Magana et al., 2021; Perrone et al., 2022). These studies generally have found that participant engagement with LEAD has been associated with reduced recidivism rates, improved socioeconomic outcomes, and increased life satisfaction. Accordingly, the goal of the present evaluation is to extend the work from our 2022 process evaluation, provide an updated descriptive profile of the LEAD participant base through November 2023, and provide preliminary information on whether engagement within the program has impacted the criminal justice system involvement of participants.

Literature Review

LEAD presents a unique approach which aims to address low-level, non-violent offenses often related to substance use and homelessness. LEAD deflects individuals at risk of criminal justice system involvement away from incarceration for specific inclusionary offenses - typically offenses related to securing additional money to fund substance use - toward case managers who provide street-based intensive case management (ICM) to participants with the goal of linking participants to supportive services such as housing supports, behavioral health treatment, and harm reduction services.

There are three primary referral pathways used by the LEAD – Bernalillo County program: arrest diversion referrals, social law enforcement officer (LEO) referrals, and social community referrals. An arrest diversion referral occurs when an LEO encounters an individual committing a low-level offense and exercises discretion to refer them to the LEAD program instead of arresting them. A social law enforcement referral occurs when an LEO encounters an individual in the field who is not actively committing a crime but who the officer believes may benefit from engagement in the program (i.e., individuals who may have prior known criminal histories). LEAD also uses social contact referrals which involve non-LEO community partners (e.g., Walgreens; Albuquerque Community Safety Department) referring at-risk individuals to the program. The enrollment process for social LEO and social community referrals is similar to arrest diversion, with key differences relating to consequences for noncompliance (i.e., diversion referrals risk charges, while social referrals do not) and processing timeline (i.e., social referrals have a longer processing period).

The primary goals of LEAD are to reduce the extent to which participants engage in unsafe substance use practices (i.e., receptive syringe sharing), reduce participants' overall substance use, improve quality of life, improve community relations, reduce criminal justice system involvement, and enhance public safety. For a more extensive review of the historical background to the LEAD program and the specific process mechanics of how the program works, including different referral pathways (e.g., arrest diversions; social referrals), we invite readers to review the *Literature Review* section of our linked 2022 process evaluation.

The evidence-base on the effectiveness of LEAD is still developing. However, a few outcome evaluations exist. The five studies featured in Table 1 have found positive effects of LEAD program enrollment on recidivism rates, housing status, employment outcomes, duration of time served, and use of emergency services.

Table 1.

Review of Outcome Evaluations of LEAD through 2023

Study Authors	Site Location	Outcomes Observed in LEAD Participants
Collins et al., (2017)	Seattle	• 60% lower odds of arrest • 39% lower odds of felony charges
Clifasefi et al., (2017)	Seattle	• 89% more likely to be housed • 33% more likely to receive increases in income/benefits • 46% more likely to be on employment continuum • 17% less likely to be arrested

		• Case management contact moderated increases in participant housing status, benefit reception, employment outcomes and criminal justice outcomes
NMSC (2018)	Santa Fe	• Reduced detention length • 54% reduction in the total number of participants using heroin • Eight-day average increase in the number of days of methadone maintenance therapy
Collins et al., (2019)	Seattle	• 41 fewer days in jail • 1.4 fewer average yearly jail bookings • 88% lower odds of incarceration
Perrone, Malm, and Magana (2022)	San Francisco	• 257% lower incidence of felony arrests • 623% lower incidence of misdemeanor arrests

Additionally, a 2023 systematic review of pre-arrest diversion programs which summarized the results of 47 studies on the effects of pre-arrest diversion on an array of outcomes found evidence that "…police diversion programs were associated with reducing recidivism and lowering costs, although there is little association between program participation and improved behavioral health" (Harmon-Darrow et al., 2023; pp. 307). Accordingly, the scope of evidence is suggestive about the positive effects of LEAD on specific participant outcomes. However, it is worth being mindful of the voltage drop phenomenon whereby large, positive effect sizes of interventions that occur in early-stages of a program's life (e.g., large reductions in recidivism observed in Seattle's LEAD program) may not replicate to other sites for a series of reasons including (1) less intensive program support at non-pilot sites and (2) variability in characteristics of the target populations served where such variability correlates with outcomes (List 2022; McKay et al., 2023)

Methods

We collected several forms of data, all of which received University of New Mexico IRB approval, to analyze the implementation and impact of LEAD (IRB Protocol: 2305061193; IRB Protocol: HRRC#: 22-145). Specifically, we retrieved data from the DBHS' CareManager data sharing platform in November 2023, court data the New Mexico Sentencing Commission (NMSC) extracted from the Administrative Office of the Courts (AOC) on participants' criminal case histories in November 2023, and data collected at referral, enrollment, monthly, and quarterly intervals collected under the purview of the COSSAP grant in November 2023.

In our 2022 process evaluation, we identified limitations of the participant-level data contained within the CareManager platform. Specifically, we noted that the CareManager platform only recorded participant data from September 2021 onwards, so data was missing prior to the receipt of the COSSAP grant on LEAD participants (though the total active client count prior to receipt of the COSSAP grant was relatively small), and some critical implementation details, such as the specific services received by participants and linkages to referral sources, were not logged by the program at that point. Through November 2023, these gaps in the types of data had not been remedied within CareManager, so we primarily used the CareManager data to gather participant identification codes to assist with data merging.

We received participant criminal history data from the NMSC in November 2023 which included counts of criminal cases against LEAD participants in the year prior to enrolling the program and the year following enrollment in the program. We also requested data on individuals who were referred to LEAD but who did not enroll or subsequently engage with their case managers. To ensure we had sufficient post-exposure time for LEAD participants, we restricted analysis to participants who had at least one year of time following their referral date which reduced the sample of LEAD participants to 81. Because of this, analysis of the relationship between LEAD participation and the number of criminal cases filed is limited to the subset of participants who enrolled before October 1, 2022.

Characteristics of LEAD – Bernalillo County Referrals and Enrollments

Since receiving the COSSAP grant in September 2021, through November 2023, LEAD – Bernalillo County received 511 referrals. Forty percent of these referrals subsequently enrolled in LEAD (n = 206). The primary reason referrals did not enroll was because they missed the enrollment deadline: this accounted for 71% of non-enrollments (n = 217). Fifty-two percent of referrals were social community referrals (n = 263), 42% were arrest diversion referrals (n = 214), and 7% were social law enforcement officer (LEO) referrals (n = 34). Eighty-nine percent of arrest diversion referrals came from APD (n = 190), whereas 10% of arrest diversion referrals came from BCSO (n = 21). Per chi-square tests, individuals referred through social community pathways enrolled at significantly higher rates than individuals referred either through arrest diversion or social law enforcement pathways, consistent with a trend observed in our 2022 process evaluation (see Table 2).

Table 2.
Enrollment Rate by Referral Type Through November 2023

Referral Type	Frequency (Count)
Arrest Diversion Referral	20% (65)
Social Community Referral	49% (128)
Social LEO Referral	38% (13)

Warm handoffs – that is, the direct transfer of a prospective LEAD participant from a referring partner to a case manager designed to ensure continuity of care - were used in 28% of referrals (n = 144). Warm handoffs were used 18% of the time for social LEO referrals (n = 6), 22% of the time in arrest diversion referrals (n = 48), and 35% of the time for social community referrals (n = 90). As reported in our process evaluation, the use of the warm handoff significantly predicted enrollment: when warm handoffs were used, participants enrolled 61% of the time, whereas when the warm handoff was not used, participants enrolled 32% of the time.

Table 3 provides a descriptive profile of the characteristics of LEAD referrals between September 2021 through November 2023. Sixty-three percent of referrals identified as males (n = 309) and 38% as females (n = 196). Thirty-nine percent of referrals were Hispanic (n = 201), 35% White (n = 180), 12% Native-American (n = 60), and 8% Black (n = 43).

Table 3.
Descriptive Profile of LEAD Referrals [September 2021 – November 2023 (n = 511)]

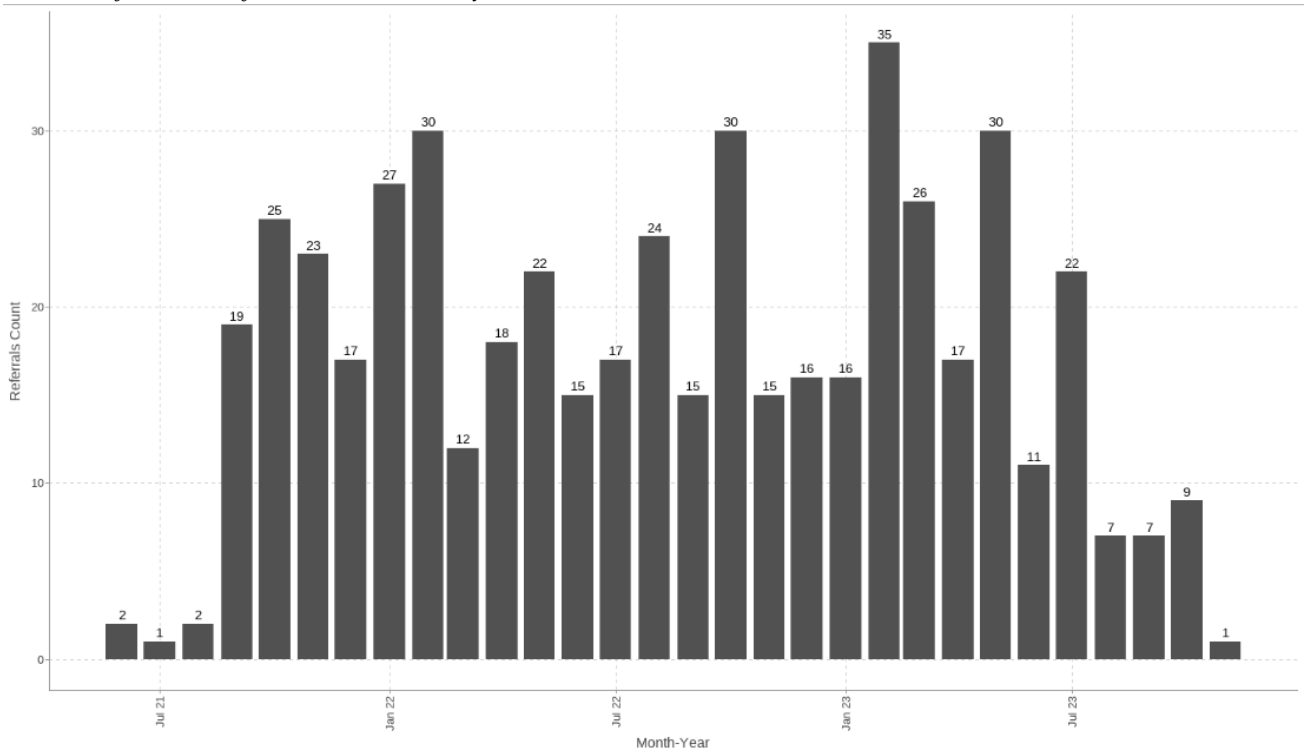
Attribute	Frequency (Count)
Referral Type: Social Community Referral	52% (263)
Referral Type: Arrest Diversion	42% (214)
Referral Type: Social LEO Referral	7% (34)

Referral Source: APD	39% (201)
Referral Source: BCSO	9% (47)
Referral Source: ACSD	4% (20)
Referral Source: Other	48% (243)
Warm Handoff Used: No	71% (361)
Warm Handoff Used: Yes	28% (144)
Sex: Male	61% (309)
Sex: Female	38% (196)
Sex: Other	1% (6)
Ethnicity: Hispanic	39% (201)
Ethnicity: White	35% (180)
Ethnicity: Native American	12% (60)
Ethnicity: Black	8% (43)
Ethnicity: Other	5% (27)

Figure 1 shows the number of LEAD referrals per month from June 2021 through November 2023. Over 30 months, the LEAD program received an average of 18 referrals per month. In July 2023, given case management staffing turnover and a high ratio of case management staff to active program participants, DBHS staff decided to temporarily pause all social community referrals which explains the visible reduction in referral counts between July 2023 and November 2023.

Figure 1.

Number of LEAD Referrals Between July 2021 and November 2023



Tables 4 and 5 provide descriptive profiles of LEAD – Bernalillo County enrollments at the point of enrollment and the specific services LEAD participants sought out in the month prior to enrolling in the program. Table 2 reports that 82% of LEAD participants did not have adequate and stable housing at

the point of program enrollment, and 89% of LEAD participants were not employed when they enrolled. Fifty-eight percent of LEAD participants characterized their quality of life at intake as either "Terrible", "Very Poor", or "Poor". Taken together, these results are roughly consistent with the needs-profiles of LEAD participants at other intervention sites and suggest specific vulnerabilities of the target population [e.g., Clifasefi et al., (2017); Collins et al., (2019)].

Table 4.
Descriptive Profile of LEAD – Bernalillo County Enrollments at Intake (n = 201)

Attribute	**Frequency (Count)**
Sex	
Male	53% (106)
Female	45% (91)
Race-Ethnicity	
Hispanic	43% (87)
White	34% (68)
Native American	10% (20)
Black	8% (15)
Multi-Racial	5% (10)
Housing Adequacy	
Did Not Have Adequate Housing	82% (165)
Where Slept Most Frequently in Prior 30 Days	
Outside - Unsheltered	32% (63)
Outside – Tent	23% (45)
Outside – Family/Friend's Home	16% (31)
House/Apt/Living Space Owned/Rented	10% (19)
Shelter	8% (15)
Hotel-Motel	7% (14)
Car	6% (12)
Employment Status	
Not Employed & Not Looking for Work	51% (103)
Not Employed & Looking for Work	38% (76)
Part-Time	5% (9)
Full-Time	4% (7)
Self-Employed Part-Time	3% (6)
Current Quality of Life	
Terrible	19% (38)
Very Poor	15% (30)
Poor	24% (47)
Fair	21% (42)
Good	13% (25)
Very Good	3% (5)
Excellent	2% (4)
Did Not Answer	4% (8)

Table 5 reports the percent of LEAD participants who sought out different types of social and behavioral health services in the 30 days prior to enrollment. Results suggest that most participants (59%; $n = 118$) did not seek out services in the 30 days prior to enrollment. Of the subset of participants who sought out services in the 30 days prior to enrollment and where specific information was available on the

type of service they engaged with (i.e., excluding the ambiguous "Other Service Used" category), the mostly commonly used services were (1) Medication Assisted Treatment – Methadone (7%; *n* = 13), (2) Inpatient Substance Use Treatment (7%; *n* = 13), and housing services (6%; *n* = 11). That a nontrivial proportion of LEAD participants did not seek out social and behavioral health services in the 30 days before enrolling in the program spotlights potential areas where the program could serve participants well by connecting participants with necessary services and support, particularly given the scope of substance use among the target population reported within Table 6 and Table 7.

Table 5.
Services Used in 30 Days Prior to Enrolling (n = 201)

Service	Frequency
Employment Services	3% (5)
Housing Services	6% (11)
Alcohol Treatment	1% (2)
Medication Assisted Treatment – Suboxone/Subutex	5% (10)
Medication Assisted Treatment – Methadone	7% (13)
Inpatient Substance Use Treatment	7% (13)
Outpatient Substance Use Treatment	0% (0)
Syringe/Needle Exchange	5% (10)
Other Service Used	15% (21)
No Service Used	59% (118)

Table 6 and Table 7 provide information on the substance use profiles of LEAD participants at enrollment. While social desirability bias may lead to the underreporting of substance use at intake given a lack of established rapport between case managers and participants, 40% of participants at intake reported having overdosed at least once in their lifetime (*n* = 81), and 78% reported having used at least one substance in the previous 30 days (*n* = 157). Of the subset of 81 individuals who reported at least one lifetime overdose, the average number of self-reported overdoses reported at intake was 5, and the median number of self-reported overdoses was 3. Of the 157 participants who reported substance use in the 30 days prior to enrollment, a majority (52%; *n* = 105) reported having used methamphetamine, 40% reported using cannabis (*n* = 80), and 37% reported having used fentanyl (*n* = 75). In terms of frequency of use in the 30 days prior to enrollment, fentanyl was the substance used most often, with participants who reported using fentanyl reporting having used it, on average, 24 of 30 days in the month prior to enrollment and a median of 30 days.

Table 6.
Substance Use Profiles

Attribute	Frequency
Have Had a Drug Overdose in Lifetime	40% (81)
Have Used a Substance in Prior 30 Days	78% (157)
% Using Methamphetamine in Prior 30 Days	52% (105)
% Using Cannabis in Prior 30 Days	40% (80)
% Using Fentanyl in Prior 30 Days	37% (75)
% Using Alcohol in Prior 30 Days	27% (55)
% Using Heroin in Prior 30 Days	14% (29)
% Using Crack in Prior 30 Days	6% (11)

Table 7.
Scope of Substance Use in 30 Days Prior to Enrollment of Those Reporting Use

Substance	Average Number of Days Used	Median Number of Days Used
Methamphetamine	18	15
Cannabis	17	15
Fentanyl	24	30
Alcohol	11	5
Heroin	17	15
Crack	13	8

Baseline data also included two scales aimed at evaluating the alcohol and substance use severity of participants who reported any alcohol or substance use within the 30 days prior to enrollment. Table 8 presents the percent of participants who indicated having specific challenges with alcohol or substance use, respectively. Results suggest substance use was more common than alcohol use among LEAD participants. For instance, 79% of LEAD participants scored 0 on the alcohol use severity scale (n = 119) whereas 30% scored a 0 on the substance use severity scale (n = 46).

Table 8.
Substance Use Severity Scale of Those Reporting Substance Use (n = 157)

Item	Alcohol – Frequency (Count)	Substance – Frequency (Count)
Drank for Longer Time Than Planned	13% (20)	43% (68)
Tried to Cut Down Use/Drinking but Could Not	13% (20)	48% (76)
Spent a Lot of Time Using or Recovering	12% (19)	46% (72)
Had Strong Urges	12% (19)	54% (84)
Got So Sick from Using Kept from Doing Important Things	10% (16)	40% (62)
Used Even Though Caused Relationship problems	12% (18)	49% (77)
Spent Less Time in Important Activities	10% (15)	44% (69)
Use Put Oneself/Others in Physical Danger	6% (10)	28% (44)
Used Despite Causing Physical/Psychological problems	11% (17)	38% (60)
Needed to Use More to Get Same Effects	10% (16)	37% (58)
Used Same Amount but It Was Less Effective	9% (14)	48% (75)
Had Withdrawal Symptoms	11% (17)	49% (77)
Used to Avoid Withdrawal Symptoms	10% (16)	49% (77)

Analysis of Monthly Data

Engagement Patterns

In November 2023, we extracted data from CareManager on 203 LEAD participants who enrolled between July 1, 2021 through November 15, 2023, and merged this data with Smartsheet and RedCap data collected as part of the COSSAP grant. We extended analyses requested by the OWG in July 2023 to explore (1) how client engagement patterns with case managers changed based on the degree of case management that occurred in a participant's first month of program enrollment, (2) how participant engagement patterns with case managers changed based on referral type, and (3) how participant engagement patterns changed based on whether a warm handoff was used as a referral mechanism. Analysis of this data provided insights which challenged existing intuition surrounding what the scope of program participation looked like: (1) the assumption that participants who did not engage within the first month following program enrollment never engaged in the program (i.e., the potential issue with measuring compliance as receiving ICM in first month) and (2) the assumption that early engagement necessarily translated into downstream active participation.

On average, it took about one week following program enrollment for another two-way interaction to occur between participants and case managers. Thirteen percent of participants who enrolled in LEAD subsequently did not have any interactions with their case managers ($n = 26$). Sixteen-percent ($n = 33$) of participants had no interactions with their case managers in the first 30 days following enrollment. Twenty-one percent ($n = 43$) of participants received intensive case management (ICM) [i.e., 4 or more two-way encounters with their case managers in a month] within the first 30 days following enrollment. Table 9 highlights how participant engagement declined with each successive month following enrollment, though data was inconsistently collected for participants (e.g., case managers did not submit monthly forms for 40 participants for their second month following enrollment which reduced the sample size from 203 to 163 for Month 2. Each month saw reductions in the number of entered monthly records per participant, signaling inconsistent data collection). Given conversations with the broader COSSAP evaluation team and case managers, we proceed on the assumption that non-submission of a monthly form signals a lack of case management engagement for that given month. Participants became more likely to disengage from the program as distance from enrollment increased, and less than a quarter of participants received ICM for at least one month of program enrollment. These patterns reaffirm concerns raised in our 2022 process evaluation centering on low engagement levels of Bernalillo County LEAD participants in contrast to sites like LEAD – Santa Fe where participants had an average of 46 attended appointments with their case managers across program enrollment.

Table 9.

Percent of LEAD Participants with No Case Management Encounters and Receiving ICM by Month

	Month 1	**Month 2**	**Month 3**	**Month 4**	**Month 5**	**Month 6**
% with 0 Encounters	16%	47%	56%	66%	75%	83%
% Receiving ICM	21%	23%	20%	13%	13%	8%

We used regression analysis to predict whether the degree of engagement in the program the first month predicted whether a participant engaged in later months. Results suggested that just because a participant did not engage in the first month after they enrolled did not necessarily mean that no subsequent engagement occurred, which speaks to the non-linear and complicated lives lead by LEAD

participants. To this end, 60% of participants who did not have any engagement with their case managers in the first month following program enrollment subsequently engaged at least one time with their case managers in the next five months. Moreover, whether a participant received ICM in the first month following enrollment did not predict subsequent engagement.

Referral type was a statistically-significant predictor of early engagement, even after controlling for the use of the warm handoff. Social community referrals had significantly more contact with their case managers than arrest diversions or social LEO referrals within the first month of enrollment (i.e., social referrals averaged four contacts with their case managers; arrest diversions averaged 2.6). Six months following enrollment, social community referrals and social LEO referrals were more likely to still maintain ICM than arrest diversions. After controlling for referral type, the degree of case management encounters in the first month following enrollment did not predict the number of case management encounters at the half-year mark. While use of warm handoff significantly predicted whether an individual referred to LEAD enrolled, the use of the warm handoff did not exert an effect on post-enrollment engagement. The use of the warm handoff among arrest diversions did not predict engagement in the first month following enrollment nor the sixth month following enrollment.

Services Received

When we limited the sample to participants who had at least one encounter with their case manager[1], 60% of participants were offered harm reduction services while in the program (n = 70). In Table 10, we present the most offered harm reduction services to participants who had at least one case management encounter.

Table 10.
Scope of Harm Reduction Services Ever Offered to Participants (n = 176)

Harm Reduction Service	Frequency (Count)
Food, Water, or Clothing	54% (95)
Narcan and/or Naloxone	28% (49)
OD Prevention and Response Education	26% (46)
First Aid Supplies	21% (37)
Fentanyl Test Strip Distribution	14% (24)
Condoms	13% (22)
HCV, HIV, and STI Testing or Referral	10% (17)
Safe Alcohol and/or Safe Use Education	7% (12)
Safe Sex Education	2% (3)

From Table 10, we observe that the most offered harm-reduction services to participants were: (1) food, water, or clothing, offered to 54% of participants at least one time, (2) Narcan or Naloxone, offered to 28% of participants at least one time, and (3) the provision of overdose prevention and response education, offered to approximately 26% of participants at least one time. Notably, some referral categories (e.g., fentanyl test strip distribution) were not collected during earlier period of the COSSAP cross-site evaluation and were more recently added to the data LEAD case managers could report on; thus, the volume of some services reported here likely undercounts the true scope of services offered to LEAD participants, but the degree to which these are potential underestimates is unknown.

[1] We reduced the sample to exclude no-contact cases because participants who do not have contact with their case manager in each month cannot be offered services. We wanted to avoid artificially downwardly biasing estimates of the scope of service provision since whether contact occurs can be beyond the scope of a case manager's control.

In Table 11, we present the most offered harm reduction-related referrals participants received who had at least one case management encounter.

Table 11.
Scope of Participant Referrals (n = 176)

Referrals	Frequency
Housing	43% (75)
Inpatient Substance Use Treatment	28% (49)
Therapy, Counseling, or Other Mental Health Services	26% (46)
Other Medical Services	20% (35)
Primary Healthcare	16% (28)
Shelter (Emergency or Transitional)	6% (11)
Outpatient Substance Use Treatment	6% (10)
Medication Assisted Treatment - Suboxone	5% (8)
Medication Assisted Treatment - Methadone	4% (7)
Hotel/Motel (Short-Term)	4% (6)
Alcohol Treatment	3% (6)
Syringe Exchange	1% (1)

From Table 11, we observe that 43% of participants received housing referrals at least one time, 28% of participants received inpatient substance use treatment referrals at least one time, and 26% of participants received therapy, counseling, or other mental health services referrals at least one time.

In Table 12, we present other types of services that case managers could offer to their participants of the subset of participants who had at least one case management encounter.

Table 12.
Other Services Participants Were Assisted in Securing (n = 176)

Other Services	Frequency (Count)
Social Services	32% (56)
Identification (e.g., Social Security; Birth Certificate)	30% (52)
Other	29% (51)
Legal Services	20% (35)
Medicaid/Other Health Insurance	15% (26)
Cellphone	5% (9)
Dental Care	5% (9)
Childcare	1% (2)

Fifty-six percent of participants were assisted in securing the remaining services listed in Table 12 (n = 98). Excluding the "Other Services" category, the most common services participants were assisted in being linked to included social services (32%; n = 56), assistance securing some form of identification (30%; n = 52), and legal services (20%; n = 35).

Quarterly Data

One limitation in evaluating the effectiveness of LEAD – Bernalillo County is the challenge of participant attrition and the drop off in data collection following enrollment. Before receiving the COSSAP grant, LEAD – Bernalillo County did not consistently track outcome measures such as the

scope of substance use or a participant's housing status at repeated, standardized intervals throughout participants' program engagement. However, after receiving the COSSAP expansion grant, LEAD – Bernalillo County began more regularly tracking outcome data, inclusive of outcomes such as whether participants had adequate housing, the type of housing, employment status, substance use, and self-reported quality of life. This data was collected when participants enrolled in the program and approximately at quarterly intervals following enrollment.

However, LEAD – Bernalillo County has confronted a persistent, though not unique, challenge with participant attrition and the difficulty in reestablishing contact with participants following enrollment, as revealed through Figures 2-5. For instance, a 2014 study in *Criminal Justice and Behavior* on attrition within jail diversion programs for persons with serious mental illness or co-occurring substance use disorders reported:

> *Study attrition is a problem in all community-based intervention studies using longitudinal research designs but is compounded with hard-to-reach populations. High attrition poses threats to internal and external validity and may result in an inadequate sample size…A 33% and 52% attrition rate was observed at the 6-month and 12-month follow-up interviews, respectively.* (Crisanti et al., 2014).

Twenty-five percent of enrolled LEAD participants completed the first quarterly form following program enrollment (n = 50). After one year, 6% of enrolled participants completed a quarterly form. This degree of attrition limits our ability to draw statistically sound conclusions about the effect of LEAD on the specific outcome measures reported at quarterly periods (i.e., outcomes evaluated by self-report). Table 13 details the scope of attrition at each quarter through 18 months of enrollment through the end of November 2023.

Table 13.
Percent of LEAD Participants with Completed Quarterly Forms through November 2023

Time-Point	Percent (Count)
Enrollment	100% (201)
Quarter 1	25% (50)
Quarter 2	12% (24)
Quarter 3	5% (10)
Quarter 4	6%(12)
Quarter 5	4% (8)
Quarter 6	3% (5)

To illustrate the issues with participant attrition and why participant attrition presents challenges to evaluating the impact of LEAD on self-reported outcome measures, we estimated a series of statistical models called population-averaged generalized estimating equations (GEEs)[2] to see whether the time that had passed since a participant enrolled in LEAD predicted whether a participant self-reported having stable housing, being precariously housed, being employed, and using substances, consistent with the modelling approach used by Collins et al., (2017). Within these models, we introduced control variables

[2] Population-averaged generalized estimating equations are a statistical tool used to analyze data that has multiple sources of variation. They allow researchers to understand how different factors contribute to observed outcomes, while also accounting for the fact that some data points may be more related to each other than others, such as repeated measurements on the same individuals.

for (1) participant race-ethnicity, (2) participant gender, and (3) the count of encounters participants had with their case managers. Figures 6 – 9 report the results of these models.

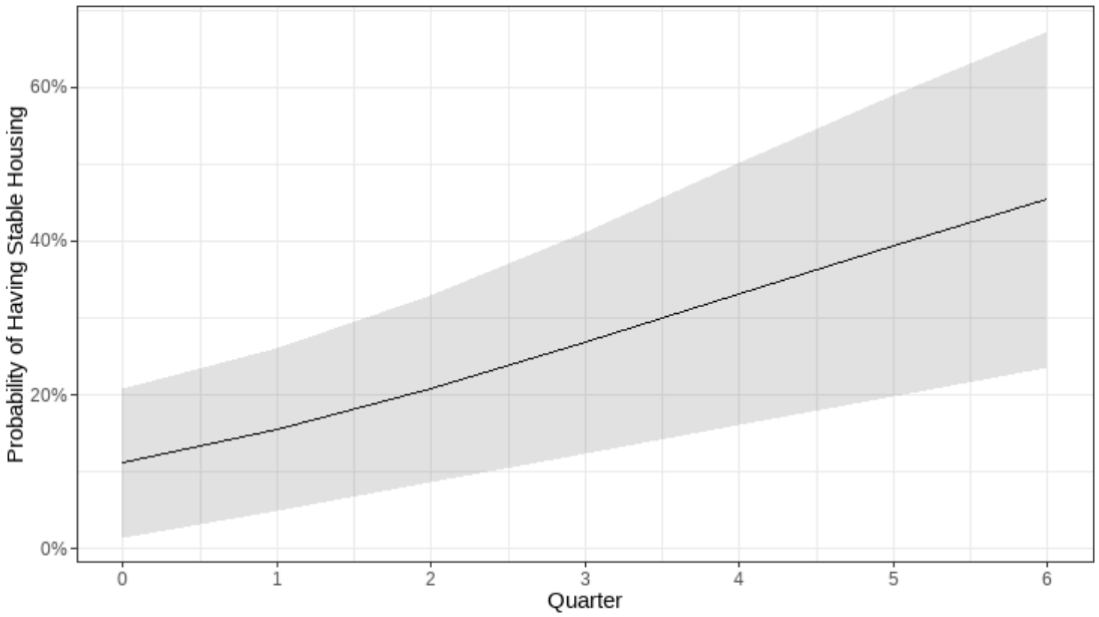
There were two principal problems related to participant program attrition which limit the quality of inferences we can make about self-reported COSSAP outcome data based on the findings from the GEE models. First, self-selection biases – and specifically, survivorship biases – potentially distort estimates of program effectiveness at quarterly timepoints. Self-selection bias occurs when participants voluntarily choose to be part of a program. This bias can lead to evaluators attempting to estimate effects using a non-representative sample of the population as participants who drop out of LEAD or otherwise do not complete quarterly forms may differ systematically from those who complete quarterly forms. For example, participants who were not experiencing positive outcomes may be more likely to leave the program, leading to an overestimation of positive outcomes among the remaining participants. Accordingly, program effects may appear positive if we only analyze the outcomes of "survivors" (i.e., those who remain engaged enough in the program at Quarter 1 or Quarter 2), but it is unclear whether these results would generalize to the subset of participants whose engagement dropped off.

Secondly, there are statistical issues associated with the degree of participant attrition. When participant attrition occurs, the sample size we can use for statistical analysis decreases, leading to a reduction in the number of observations available for analysis. A smaller sample size means there is less information available to estimate population parameters and to detect whether program participation predicts changes in various outcome measures (i.e., our capacity to distinguish a pattern from statistical noise becomes more limited due to a higher noise-to-signal ratio). With a smaller sample size, the estimates of how time from enrollment influences outcome measures become less precise.

Having noted these limitations, results of these models do suggest a statistically significant within-participant effect of time since enrollment on housing outcomes but not on employment or overall substance use outcomes. Interestingly, the total volume of case management encounters participants had was not a statistically significant predictor of any of these four outcomes. While results appear to suggest positive effects of time since enrollment on housing outcomes, we cannot conclude from these models that the program necessarily *caused* these differences. Moreover, the use of a dichotomous measure of substance use as an outcome variable may be an overly restrictive bar to reach and to hold participants to since harm reduction does not center itself on abstinence outright as an outcome goal, but merely reduction in substance use and/or switching to safe practices; for instance, it may be more difficult to detect an effect of time elapsed on general substance use in comparison to either the number of substances used or the frequency with which substances are used.

Figure 2.

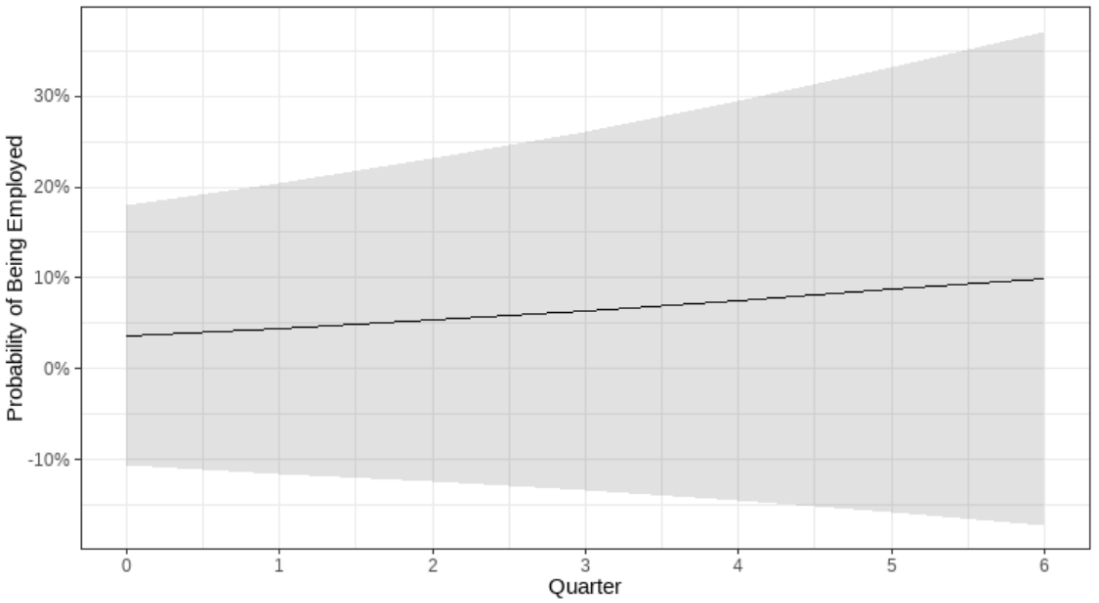
Predicted Probability of Participants Reporting Stable Housing at Each Quarter



Source: COSSAP data provided in July 2023.

Figure 3.

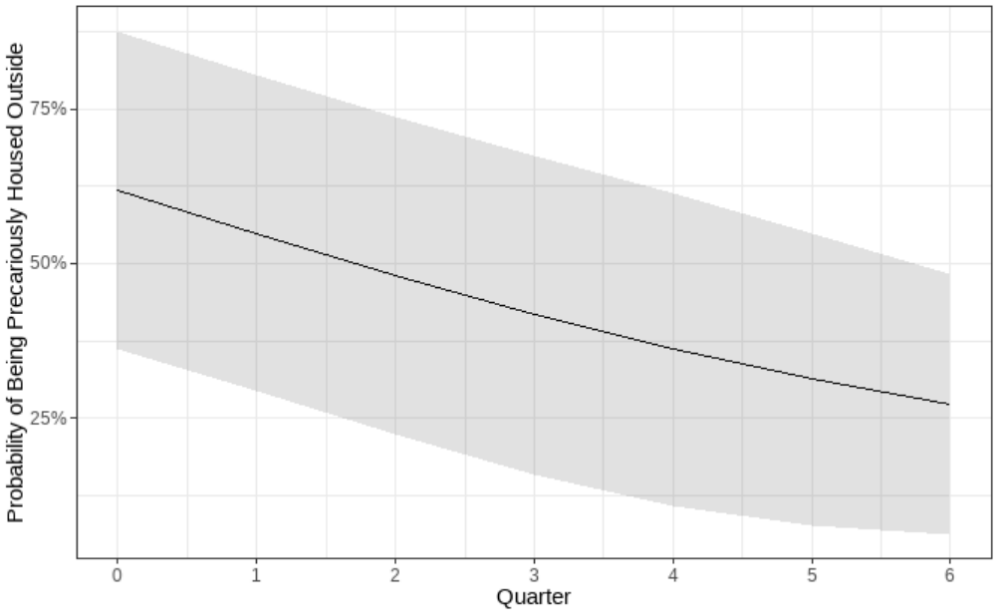
Predicted Probability of Participants Reporting Employment at Each Quarter



Source: COSSAP data provided in November 2023.

Figure 4.

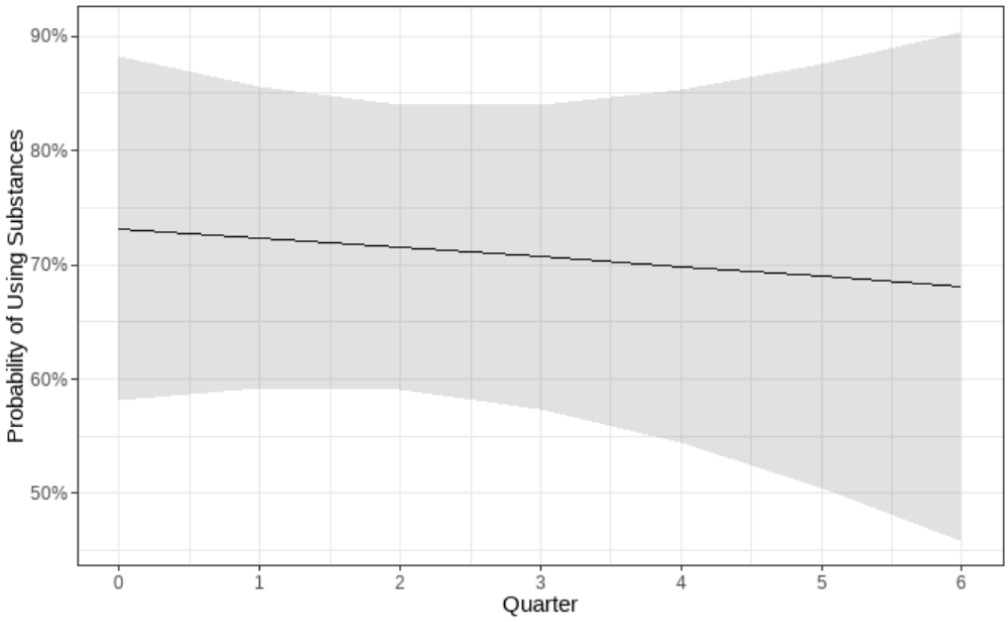
Predicted Probability of Participants Reporting Precarious Housing at Each Quarter



Source: COSSAP data provided in November 2023.

Figure 5.

Predicted Probability of Participants Reporting Substance Use at Each Quarter



Source: COSSAP data provided in November 2023.

Having noted interpretative limitations (i.e., it is not obvious whether the within-participant results generalize to the broader population of LEAD – Bernalillo Country participants), we wanted to comment on the specific changes we observed between enrollment and Quarter 1 of program

implementation of the subset of participants with at least one quarter of data (n = 49). We present descriptive frequencies and results in Table 14 and Table 15 below:

Table 14.
Change in Housing, Employment, and Substance Use Status Frequencies within Subset of LEAD Participants with Both Baseline and Quarter 1 Data (n = 49)

Variable	Baseline Frequency	Quarter 1 Frequency
Adequate Housing	23%	38%
Employed	4%	15%
Housed	40%	49%
Used Substances	73%	68%

Results from Table 14 suggest that the proportion of LEAD participants securing housing increased between enrollment and Quarter 1, though there were no appreciable gains in the proportion of participants who were employed between enrollment and Quarter 1.

Table 15.
Change in Average Quality of Life Scores, Alcohol and Substance Use Severity Scales within Subset of LEAD Participants with Both Baseline and Quarter 1 Data (n = 49)

Variable	Baseline Average	Quarter 1 Average
Current Quality of Life	3.25	3.76
Alcohol Use Severity Total	1.36	1.10
Substance Use Severity Scale Total	3.74	3.00

Results from Table 15 are directionally consistently with what we might expect: that is, self-reported quality of life scores increased and scores on the alcohol and substance use severity indexes decreased between baseline and Quarter 1.

Recidivism Analysis

We also explored whether enrollment in LEAD significantly predicted the number of criminal cases an individual had filed against them in the one-year post-intervention period. To this end, we received data from the NMSC in November 2023 for a subset of both LEAD referrals who did not enroll in the program and LEAD participants. Fifty-one individuals were not able to be identified based on full names and birthdates we provided to the NMSC. For this evaluation, we reduced the sample to the 214 individuals who had at least 12 months between their referral date and the date their criminal history was pulled in October 2023. This resulted in a sample of 123 non-enrolled individuals and 82 enrolled individuals.

Propensity score matching (PSM) is a statistical technique used in observational studies to reduce bias and improve the comparability of two groups. It is particularly helpful when we want to estimate the causal effect of a treatment, intervention, or exposure on an outcome variable. In PSM analysis, one typically identifies a set of variables (i.e., covariates) that could potentially impact both treatment assignment (e.g., whether one enrolled in LEAD) and an outcome of interest (e.g., criminal behavior). Once a set of covariates is identified, one can use the set of covariates (e.g., sex; age; ethnicity; prior criminal justice system involvement) in a logistic regression to predict the probability that an individual

was assigned to a treatment (e.g., whether one enrolled in LEAD). Once these probabilities have been estimated (i.e., propensity scores), we can pair individuals from the treatment group with individuals from the control group who have similar or nearly identical propensity scores. In other words, we create pairs of subjects who are statistically similar in terms of their likelihood of enrolling, which is designed to address potential issues with selection-bias in observational studies. Following this, we can proceed with standard analyses to estimate the effect of enrollment on outcomes, controlling for any covariates that may still be imbalanced between the matched treatment and control groups.

Our treatment group consisted of individuals who enrolled in LEAD and the comparison group consisted of a matched sample of individuals who were referred to the program who did not enroll but who otherwise were similar to those who enrolled on several baseline characteristics. Consistent with outcome evaluations like Collins et al., (2018), we matched participants by (1) prior criminal history, (2) sex, (3) age, (4) race-ethnicity, and (5) year of enrollment. We present comparisons of these characteristics in Table 16, and the results of a covariate balance test designed to evaluate whether the matching procedure produced a relative equivalency between the treatment and control groups after dropping non-similar participants. Comparing the absolute standardized mean difference before and after matching can provide a sense of the quality of the matching procedure at reducing differences between the treatment and control group: smaller values, ideally less than 0.1, indicate improved balance. If standardized differences are substantially reduced after matching, it suggests that the matching process was effective in balancing the covariates.

Table 16.
Baseline Comparisons by Group

	Enrolled: Pre-Match	**Non-Enrolled: Pre-Match**	**Enrolled: Post-Match**	**Non-Enrolled: Post-Match**
N	82	132	68	68
Age [M(SD)]	39 (11.8)	38 (10.6)	39 (11.2)	39 (10.4)
% Male	49%	66%	56%	53%
% Hispanic	42%	47%	43%	46%
% with Criminal Cases in Prior Year	45%	37%	44%	38%
Total Cases	0.8 (1.1)	0.7 (1.3)	0.8 (1.1)	0.7 (1.3)

Table 16 suggests that the use of the PSM procedure significantly reduced imbalance between the two groups on all covariates except for the pre-intervention case count, whose absolute standardized mean difference, while reduced following matching, did not fall below the typically used 0.10 threshold. For this reason, in subsequent regression-based estimates of the effect of enrollment status on criminal case counts, we introduced a statistical control for the pre-intervention case count total.

In Table 17, we present the results of a negative binomial regression predicting the number of criminal cases following PSM controlling for the total number of charges an individual received in the year prior to enrolling.

Table 17.
Negative Binomial Model Predicting Criminal Case Count Following Propensity Score Matching

	Post-Referral Case Count
Enrolled: Yes	0.2
	(0.2)
Total Number of Criminal Cases Prior to Enrollment	0.1
	(0.1)
Constant	-0.3
	(0.2)
Observations	136
Log Likelihood	-201.8
theta	1.0*** (0.3)
Akaike Inf. Crit.	411.5
Note:	*p**p***p<0.01

Results from Table 17 suggest that enrollment in LEAD was not a statistically significant predictor of criminal case count. One potential explanation for the null effect of program enrollment on criminal case counts centers on the conceptual largeness of a concept like enrollment: that is, the enrollment coefficient combines both the criminal case counts of individuals who enrolled but who had no engagement with the program with individuals who enrolled in the program and received ICM. Thus, if individuals with more case management engagement engaged in less criminal activity and individuals with no case management engaged in more criminal activity (as one might hypothesize), conditional on the relative frequency of those with and without case management contact, the variable effects of engagement on criminal activity could cancel each other out by only using enrollment as the treatment status variable.

Because of this limitation, we also explored whether the degree of engagement a participant had in LEAD, as measured by the number of case management encounters a participant had with their LEAD case manager, influenced the likelihood that participants were likely to engage in criminal activity following program enrollment. To estimate the effect of LEAD case management on criminal case counts, we ran a negative binomial regression where our outcome was the number of unique criminal cases a LEAD participant had filed against them in the one year following LEAD enrollment. We controlled for various factors including the number of cases the participant had in the one-year pre-intervention period, the number of contacts each participant had with their case manager, participant gender, participant ethnicity, participant employment status at enrollment, participant housing safety at enrollment, and referral type. We also included fixed effects for the year of program enrollment to account for cross-year differences in program implementation quality and unobserved temporal effects.

This reduced sample included 69 enrollments. Within this subset, 55% had no criminal activity in the year prior to enrollment, and 59% had no criminal activity in the year following enrollment. The median number of case management encounters within this sample was 5. We present results of the negative binomial estimates in Table 18 below.

Table 18.
Negative Binomial Model Predicting Criminal Case Count Within Subset of Enrolled

	Model 2
Number of Criminal Cases Pre-Enrollment (1-Year)	0.1
	(0.2)
Referral Type: Arrest Diversion	-0.1
	(0.4)
Total Count of Encounter Days	-0.03
	(0.02)
Sex: Male	0.5
	(0.4)
Ethnicity: White	0.2
	(0.4)
Employment: Employed at Enrollment	1.1*
	(0.6)
Housing Safety: Safe Housing at Enrollment	0.4
	(0.5)
Fixed Effects (Year)	Yes
	--
Constant	-0.7
	(0.7)
Observations	68
Log Likelihood	-94.1
theta	0.9** (0.4)
Akaike Inf. Crit.	208.2
Note:	*p**p***p<0.01

Results from Table 18 suggest that the total number of case management interactions a participant had was not a statistically-significant predictor of the number of criminal cases a LEAD participant had filed against them following enrollment[3].

Limitations

Limitations of this evaluation should be noted. First, because program enrollment was low through the first two years of LEAD program implementation (i.e., 2019 – 2021) which is not necessarily atypical for pilot programs and because data on LEAD participants was not systematically tracked by LEAD – Bernalillo County between 2019 and 2021, we had a limited sample size from which we could

[3] This result held after running other model specifications which included other covariates.

attempt to estimate the effects of the program on specific outcomes. Specifically, we could only use 33% (n = 69) of the total enrolled LEAD population through November 2023 to estimate effects of the program on criminal justice system involvement. The sample size (n = 69 participants) was statistically underpowered to detect effects at this stage of program implementation per post-hoc power tests. This is one reason why we caution against extracting strong inferences about the effectiveness of the program at this stage of the LEAD – Bernalillo County's life.

Relatedly, this outcome evaluation featured a follow-up period of 12 months within which we aimed to analyze criminal justice outcomes. Such a relatively short post-intervention period may be adequate for an analysis of specific types of outcomes (e.g., housing supports) for which we saw directionally positive preliminary results (e.g., see Figures 2 and 4). However, a 12-month follow-up period may be insufficient for case managers to help participants attain and sustain full-time employment, given the complexity of the goal in relation to a goal like housing support. This finding mirrors the null effects of time passed since enrollment on outcomes, such as employment, observed by Perrone et al., (2022). Evaluations – specifically evaluations tasked with estimating the effects of a given intervention on a set of behavioral health and criminal justice outcomes – should be conducted when sufficient time has elapsed to allow program participants to realize theorized gains in program outcomes and when there is a sufficiently large sample size of program participants, particularly given the non-linear patterns of engagement observed within vulnerable target populations.

Second, while some previous outcome evaluations of LEAD have used the volume of case management contacts a participant received to capture LEAD's core ICM mechanism, assuming that a positive relationship between contact count and desired program outcomes (i.e., as engagement increases, recidivism decreases) signals the effectiveness of the ICM model is a tenuous position to defend given that it is unclear what a high-contact rate signals. For instance, it is plausible that higher contact volumes could reflect any of the following possibilities that cut, in opposite ways, against outcome measures: (1) a participant may have a higher volume of needs that need to be addressed which requires more interaction with their case manager; (2) a participant may have higher levels of intrinsic motivation to engage in the program, a factor which is unmeasurable; (3) a participant may have more stable access to the Internet or cell-phones which increases their engagement likelihood; (4) organizational-level factors (e.g., case manager volume; case manager to participant ratios) may be more optimal for engagement at specific stages of a program's life leading to longitudinal variation in the scope of attempted contacts with a participant. Each of these factors could cut against or split for a participant realizing positive outcomes (e.g., if high contact is related to higher participant acuity/need levels, higher acuity may predict *more* criminal justice system involvement; if the high contact is related to stable access to cell-phone, the reason for that stability may predict *lower* criminal justice system involvement). While it is intuitively understandable why evaluators would hypothesize that more intensive case management would correlate with better participant outcomes, because we cannot discern the reasons *why* contact occurs and the reasons for contact or a lack of contact may correlate differentially with outcomes, we caution against making strong conclusions from the null findings of this factor.

Third, we cannot speak strongly to the causal effect of the program on most outcomes of interest. Most analyses reported here are correlational and speak to associations between different variables, yet correlation does not imply causation. The only analysis that can leverage causality by design is the PSM analysis which attempted to estimate the effects of program enrollment on the number of criminal cases filed in the year following enrollment, yet this analysis is limited given the (1) broadness of the measurement of the treatment variable and (2) the limited sample size. High rates of participant attrition (e.g., 12% of participants had a completed quarterly form at the 6-month mark) constrain our capacity to

make inferences about the effects of LEAD on self-reported outcome measures. These problems are not unique to LEAD – Bernalillo County.

Conclusions and Future Directions

Since receiving the COSSAP grant in September 2021, LEAD – Bernalillo County has received 511 referrals. Forty percent of these referrals subsequently enrolled in LEAD (n = 206). Fifty-two percent of referrals were social community referrals (n = 263), 42% were arrest diversion referrals (n = 214), and 7% were social law enforcement officer (LEO) referrals (n = 34). Eighty-nine percent of arrest diversion referrals came from APD (n = 190), whereas 10% of arrest diversion referrals came from BCSO (n = 21).

Eighty-two percent of LEAD participants did not have adequate and stable housing at the point of program enrollment, and 89% of LEAD participants were not employed when they enrolled. Fifty-eight percent of LEAD participants characterized their quality of life at intake as either "Terrible", "Very Poor", or "Poor" at enrollment. Forty-percent of participants reported having overdosed at least once in their lifetime (n = 81), and 78% reported having used at least one substance in the 30 days before enrolling (n = 157). Of the 157 participants who reported substance use in the 30 days prior to enrollment, a majority (52%; n = 105) reported having used methamphetamine, 40% reported using cannabis (n = 80), and 37% reported having used fentanyl (n = 75). Thus, LEAD – Bernalillo County has served its intended target population through November 2023.

Overall, 13% of participants who enrolled in LEAD did not have any interactions with their case managers following their enrollment (n = 26). Sixteen-percent (n = 33) of participants had no interactions with their case managers in the first 30 days following enrollment. 21% (n = 43) of participants received intensive case management (ICM) [i.e., 4 or more two-way encounters with their case managers in a month] within the first 30 days following enrollment, yet less than a quarter of participants ever received ICM within at least one month of their program tenures.

When we limited the sample to only include participants who had at least one encounter with their case manager, 60% of participants were offered harm reduction services in their duration in the program. Forty-three percent of participants received housing referrals at least one time, 28% of participants received inpatient substance use treatment referrals at least one time, and 26% of participants received therapy, counseling, or other mental health services referrals at least one time.

Results suggested that there was a statistically significant positive within-participant effect of time since enrollment on housing outcomes, but not on employment or global substance use outcomes. That is, after controlling for other factors, as more time elapsed since enrollment, participant housing stability and precariousness seemed to improve for program participants who remained engaged in the program. However, we cannot conclude that the program causes these improvements since we did not observe the counterfactual (i.e., we do not know the housing status of individuals who were referred but who did not enroll in the program); we also do not know whether these results generalize to the subset of the LEAD population who disengaged outright. The total volume of case management encounters a participant had was, interestingly, not a significant predictor of any of housing outcomes, employment outcomes, or substance use, signaling a potential weakness to using encounter counts as a moderating variable used to explain the relationship between enrollment and outcomes.

Of 69 participants with at least one year of post-enrollment exposure, 55% had no criminal activity in the year prior to enrollment, and 59% had no criminal activity in the year following enrollment. The total number of case management interactions a participant had was not a statistically-significant predictor of the number of criminal cases a LEAD participant received following enrollment.

Empirically, we did not have enough data through November 2023 to support strong conclusions about whether LEAD – Bernalillo County has been effective at improving outcomes of participants in part due to low referral and enrollment counts prior to September 2021 and in part due to the deadline for submitting the present outcome evaluation. Preliminary results were suggestive of potential short-term gains in housing outcomes specifically among the subset of LEAD participants who continued to engage with the program through six-months, though it is unclear whether these results generalize to the subset of LEAD participants who disengaged following enrollment.

References

Clifasefi, S. L., Lonczak, H. S., & Collins, S. E. (2017). Seattle's Law Enforcement Assisted Diversion (LEAD) program: Within-subjects changes on housing, employment, and income/benefits outcomes and associations with recidivism. *Crime & Delinquency*, *63*(4), 429-445.

Collins, S. E., Lonczak, H. S., & Clifasefi, S. L. (2017). "Seattle's Law Enforcement Assisted Diversion (LEAD): Program Effects on Recidivism Outcomes." *Evaluation and Program Planning*, *64*, 49-56.

Collins, S. E., Lonczak, H. S., & Clifasefi, S. L. (2019). "Seattle's Law Enforcement Assisted Diversion (LEAD): Program Effects on Criminal Justice and Legal System Utilization and Costs." *Journal of Experimental Criminology*, 15, 201-211.

Crisanti, A. S., Case, B. F., Isakson, B. L., & Steadman, H. J. (2014). "Understanding Study Attrition in the Evaluation of Jail Diversion Programs for Persons with Serious Mental Illness or Co-Occurring Substance Use Disorders." *Criminal Justice and Behavior*, 41(6), 772-790.

Harmon-Darrow, C., Afkinich, J., Franke, N. D., & Betz, G. (2023). "Police Diversion at Arrest: A Systematic Review of the Literature." *Criminal Justice and Behavior*, *50*(3), 307-329.

List, J. A. (2022). *The voltage effect: How to make good ideas great and great ideas scale*. Currency.

Magaña, E. J., Perrone, D., & Malm, A. (2022). "A Process Evaluation of San Francisco's Law Enforcement Assisted Diversion Program." *Criminal Justice Policy Review*, *33*(2), 148-176.

McKay, H. A., Macdonald, H. M., Nettlefold, L., Weatherson, K., Gray, S. M., Bauman, A., ... & Sims Gould, J. (2023). "What is the 'voltage drop' when an effective health promoting intervention for older adults—Choose to Move (Phase 3)—Is implemented at broad scale?." *Plos one*, 18(5), e0268164.

Perrone, D., Malm, A., & Magaña, E. J. (2022). "Harm Reduction Policing: An Evaluation of Law Enforcement Assisted Diversion (LEAD) in San Francisco." *Police Quarterly*, 25(1), 7-32.

Appendix 1. LEAD Participant Timelines

Bernalillo County – Law Enforcement Assisted Diversion (LEAD)

Participant 1's Progress in LEAD Over One Year of Enrollment

This diagram shows the non-linear journey of a LEAD participant as they progressed through stages of readiness and recovery.

Timeframe	Set-Backs	Progress	Outcomes[4]
Fall 2022	• Case manager had difficulty locating participant. • Participant had difficulties securing access to ID documentation. • Participant was unhoused and living in a tent. • Participant reported being assaulted and having phone stolen. • Participant reported using methamphetamine.	• Participant enrolled in LEAD in late August 2022. • Case manager was able to establish contact with participant via email. • Participant began working with multiple organizations in community. • Participant completed housing application. • Participant was accepted into a different shelter.	• While participant reported taking no drug safety actions at enrollment, by Spring 2023, they reported taking 6, including getting tested for HIV or Hepatitis C, using drugs without injecting them, using their own pipe/pipe cover to smoke or snort drugs, having Naloxone nearby, and not mixing drugs) • At enrollment, participant indicated they had no interest in making any changes to their substance use. By Month 9, participant indicated they were actively making changes. • Participant's self-reported number of days of methamphetamine use increased from 10 at enrollment to 15 by Spring 2023. For more context, participant reported only using methamphetamine when medically necessary as participant was diagnosed with ADHD and was unable to find a doctor to prescribe ADHD medication
Winter 2022	• Participant was discharged from shelter program. • Participant reported their phone and other documents were stolen. • Participant reported being physically and sexually assaulted on the streets. • Participant reported their tent was set on fire multiple times. • Participant continued methamphetamine use. • Participant engaged in prostitution for shelter and resources.	• Participant completed a housing survey. • Participants' engagement levels with case manager increased. • Participant received a phone from their LEAD case manager.	
Spring 2023	• Participant reported being sexually	• Participant completed an ABQ Housing	

[4] Participant only had outcome data logged at enrollment and Spring 2023 (i.e., 9-month mark).

	assaulted and stolen from. • Participant's mother refused to provide housing assistance. • Participant was banned from the Living Room Resource Center. • Participant was discharged from shelter program and went back to streets.	Authority application. • Participant was referred to a different shelter and was accepted.	due to local shortages. • Participant's self-reported housing precariousness did not change between enrollment and Month 9 (i.e., outside). However, case notes following Month 9 indicate recent success in achieving short-term housing. • Within 9 months of enrolling, participant's employment status (i.e., "Unemployed – Not Looking") and self-reported quality of life (i.e., "Terrible") did not change.
Summer 2023	• FirstNations was unable to find an apartment for participant. • Participant had short-term instability in housing and moved from hotel to streets.	• Participant obtained 1-year housing voucher through FirstNations. • Participant was offered a studio apartment through HelpNM. • Participant reported feeling motivated and happy. • Participant able to secure EBT card.	

Bernalillo County – Law Enforcement Assisted Diversion (LEAD)

Participant 2's Progress in LEAD Over One Year of Enrollment

This diagram shows the non-linear journey of a LEAD participant as they progressed through stages of readiness and recovery.

Timeframe	Set-Backs	Progress	Outcomes
Summer 2022	• At enrollment, participant needed help obtaining documentation from South Carolina and had needs centering on housing, Medicaid, and food stamps. • Participant had phone stolen in May 2022. • Participant moved locations often due to law enforcement and waste management closing sites down. • Participant reported using substances due to end of romantic relationship. • Participant had touchpoint with Bernalillo County's MATS Public Inebriate Intervention Program (PIIP). • Participant's phone was stolen.	• Participant enrolled in LEAD in late April 2022. • Participant completed application for Tiny Homes program. • Participant excited about starting barber school.	• Participant's self-reported quality of life improved from "Very Poor" at enrollment to "Poor" or "Fair", depending on quarter. • Participants' employment status changed from unemployed – not searching for job to unemployed and searching for a job following the first quarter of enrollment. • Participant reported no substance use in Spring 2023 and early Summer 2023 and maintained alcohol sobriety throughout a year of enrollment. • Participant's case management notes from Winter 2022 indicate that they received clean needles and Narcan and assisted friends with safe drug use practices. • Participant's case management notes from
Fall 2022	• Participant indicated they were not willing to work but would prefer going to school instead. Participant had job interview set for a restaurant but did not go to interview. • Participant was diagnosed with Covid-19. • Participant indicated living in an unsafe living environment.	• Participant accepted to Hoffman Hall Sober Living. • Participant completed housing voucher application. • Participant recovered from Covid-19. • Participant obtained and submitted paperwork for cosmetology license transfer from out of state via HopeWorks. • Participant maintained sobriety.	

Winter 2022	• Participant encountered some interpersonal issues. • Participant had a hard time maintaining self-care around schoolwork schedule.	• Participant moved to Gateway shelter. • Participant continued going to school. • Participant became an AA sponsor and began working on 12-steps program and assisting others within the AA program.	Spring 2023 indicate that participant is actively searching for salon work and was aiming to enroll in massage school. • Participant planned to use government assistance to facilitate housing search.
Spring 2023	• Participant indicated that their schooling schedule picked up a bit.	• Participant received their NM Cosmetology license and completed barber school. • Participant started their job search. • Participant left some unsafe interpersonal relationships. • Participant received rapid housing voucher.	