New Mexico Sentencing Commission

NMSC in partnership with the NM Statistical Analysis Center and Pivot Evaluation

October 2018

Santa Fe Law Enforcement Assisted Diversion (LEAD)

An Analysis of the Pilot Phase Outcomes

Summary

- LEAD clients had a statistically significant decrease in the number of arrests (new charges and warrants) six months post-referral.
- On average, this decrease did not hold beyond six months post-referral. However, clients with high levels of case management participation had fewer post-referral arrests for new charges.
- LEAD clients had no violent charges post-referral.
- LEAD clients' time to any rearrest post-referral (new charges or a warrant) was over a month longer than the comparison group.
- Clients were detained for significantly fewer days than the comparison group both pre-referral and post-referral.
- LEAD participation was significantly related to a lower number of post-referral detention days after controlling for key variables (i.e., exposure time, prior criminal history, prior days detained).
- Follow-up clients reported reductions in use of heroin, improved quality of life and gains in obtaining permanent housing.
- The average annual cost including both program and criminal justice costs for a LEAD client was $7,541 per client per year.
- The cost savings of LEAD over system "as usual" was $1,558 per client per year, a savings of 17%.

Introduction

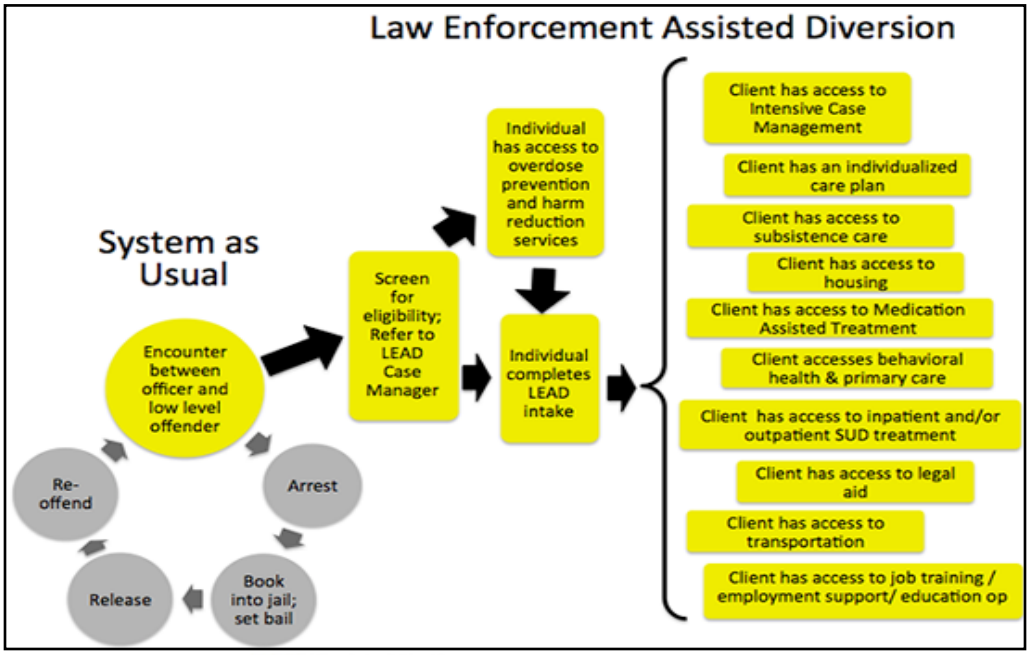
In April 2014, Santa Fe implemented a three-year pilot of the Law Enforcement Assisted Diversion (LEAD) program. LEAD is a public safety program in which police officers exercise discretionary authority to divert individuals to community-based health services instead of arrest, jail and prosecution. The individuals eligible for diversion are ones suspected of low level, non-violent crime driven by unmet behavioral health needs. Santa Fe replicated and adapted the Seattle LEAD model (see below), which involves close coordination between public safety and public health systems and is grounded in a harm reduction philosophy. The New Mexico Sentencing Commission (NMSC) was selected to evaluate the pilot phase of the LEAD program. This report outlines the methodology and results of that evaluation.

Program Description

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

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

Figure 1. LEAD Services and Treatment Model



LEAD SANTA FE Law Enforcement Assisted Diversion

Recommendations

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

instead of abstinence – into the program's goals.

LEAD has the following guiding principles:

- Booking, prosecuting and jailing individuals who commit low-level drug offenses has had limited effect on improving public safety, public health and public order.
- Interventions that connect low-level drug offenders with services may cost less and be more successful at reducing future criminal behavior and improving health.
- Drug misuse and addiction is a public health issue not a criminal issue.

The program goals are to:

- Reduce criminal recidivism, thus improving public safety;
- Reduce the cost burden of behavioral health disorders on the criminal justice and other public health systems;
- Reduce opioid-related overdose and improve the lives of individuals who engage in the program, thus improving community health;
- Reduce the stigma of problematic drug use, treatment and recovery.

How It works

There are two ways to become a LEAD client: 1) be diverted into LEAD subsequent to arrest; or 2) through a social contact referral.

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

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

The following criteria excludes individuals from entrance into the LEAD program:

- The amount of drugs involved exceeds 6 grams;
- The individual does not appear amenable to the program;
- The suspected drug activity involves delivery or possession with intent to deliver, and there is reason to believe the suspect is selling illicit substances for profit above a subsistence income[1];
- The individual is under the age of 18;
- The individual appears to exploit minors;
- The individual is suspected of promoting prostitution; and/or
- The individual has a conviction in the last 10 years for homicide, vehicular homicide, aggravated arson, aggravated burglary, all robbery, all kidnapping, all sex offenses, and any conviction involving firearms or deadly weapons (or attempt of any crime listed here).

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

Program Oversight

The LEAD Case Coordinating Group (case managers, police, the First Judicial District Attorney's Office, the City Attorney's Office and LEAD coordinators at the Public Defender's Office) meets twice per month. They review referral decisions and program participant progress. Prosecutors and

police officers work closely with case managers to ensure that all contacts with LEAD participants going forward, including new criminal prosecutions for other offenses, are coordinated with the service plan for the participant to maximize the opportunity to achieve behavioral change. Collaboration to address issues as they arise facilitates stronger relationships between these systems and creates a solid foundation for positive outcomes for clients and stakeholders alike.

Methodology

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

Comparison Group

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

Pre-referral and Post-Referral time

Throughout this report, we refer to pre-referral time and post-referral time for all individuals evaluated, whether LEAD clients or the individuals in the comparison group (see above). For LEAD clients the post-referral time is the time from the client's referral to LEAD until December 31, 2017. For LEAD clients the pre-referral time is the equivalent of the post-referral time applied to the period before referral. For example, if a client was referred to LEAD on December 31, 2016, that would be one year of post-referral time; therefore, that client's pre-referral time period would be one year prior.

Table 1. Evaluation Plan

Program Goal	Evaluation Aim	Indicator	Method/Data Source
Reduce criminal recidivism, thus improving public safety.	Test the effectiveness of LEAD compared to the "system as usual" condition in reducing criminal recidivism.	• Total arrests; • Warrant arrests; • New arrests.	• Department of Public Safety • Santa Fe County Detention Center
Reduce the cost burden of behavioral health disorders on the criminal justice and other public health systems.	Test the effectiveness of LEAD compared to the "system as usual" in reducing publicly funded criminal justice and public health service utilization and associated costs.	Cost of: • Law enforcement; • Court; • Prosecutor; • Public defender; • Jail; • Healthcare services.	• Santa Fe Community Foundation • NMSC • Health Care Cost Institute • Santa Fe Fire Department • Health Systems Epidemiology Program, NMDOH
Reduce opioid-related overdose and improve the lives of individuals who engage in the program, thus improving community health.	Test within-intervention group differences on self-reported psychosocial and housing variables for LEAD clients at least six months after diversion to the program.	• Housing status; • Drug use; • Employment; • Education status; • Health status; • Quality of life; • Interpersonal relationships.	• Client intake • Follow-up surveys
Reduce the stigma of problematic drug use, treatment and recovery.	Assess stakeholder attitude about LEAD.	• Attitude about LEAD.	• Interviews with key stakeholders

For non-LEAD individuals used in the comparison group, their matched arrest date is used as a proxy for a referral date to compare pre-referral and post-referral outcomes between the LEAD clients and the comparison group.

Criminal Justice Outcomes

Data on criminal justice outcomes (i.e. arrests, bookings) came from the Department of Public Safety and the Santa Fe County Detention Center. For this evaluation, new arrests refer only to arrests for a newly committed offense in either the pre-referral or post-referral time period. Total arrests, on the other hand, include arrests on new offenses and warrants during both those time periods.

Cost/Benefit Analysis of Law Enforcement Assisted Diversion

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

Utilization of Emergency Medical Services (EMS)

A list of LEAD clients and the comparison group were provided to the Santa Fe Fire Department (SFFD). The SFFD matched these individuals to service data and returned de-identified results. We then used the appropriate pre– and post-referral time to compare the LEAD and non-LEAD individuals EMS service use.

Utilization of the Emergency Department

The Health Systems Epidemiology Program of the Department of Health matched ED visits for LEAD clients and the comparison group. The Health Systems Epidemiology Program returned de-identified results to the evaluation team. For each client visit, there can be multiple diagnoses. We then used the appropriate pre– and post-referral time to compare the LEAD and non-LEAD individuals ED use.

Client Interviews

A series of questions from the intake interview were repeated to measure program impact with 24 of the LEAD clients. Additionally, clients were asked a series of open-ended questions regarding how they found out about the program, their experience with the program, the services that they received, what worked and did not work for them, and suggestions to improve the program. Interviews were not done at a specific time in the program. At the interview, clients varied from eight months to over three years of program participation.

Stakeholder Interviews

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

Case Management Service Data

The earliest and most recent date of case management services within the study period were recorded. We counted all scheduled, rescheduled and cancelled case management visits. The number and percentage of completed case management appointments were calculated.

LEAD Client Demographics

Only clients with six months of exposure time were included in the evaluation. Clients who were referred to the program but never completed an intake interview, and those who were referred but were later found to be ineligible, were excluded.

The client evaluation group consisted of 76 individuals. The majority were social contact referrals (55.3%). Just over two-thirds of the clients were females (67.1%). Figure 2 shows the breakdown of referral type by gender. Males were more likely to be referred by arrest, however the difference was not statistically significant (38.2% compared to 28.6% of social contact referrals).

The average client age was 29.6 years old. There were no statistically significant differences in the age of female versus male clients.

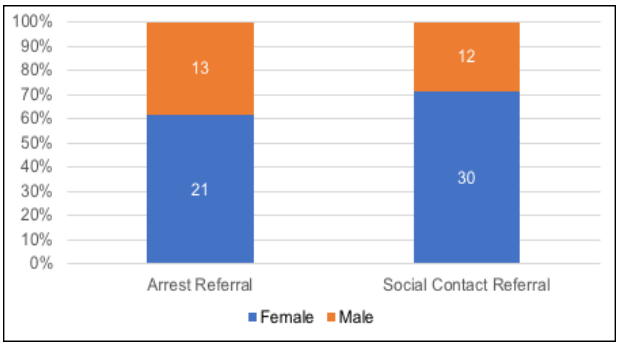
Nine clients did not have any arrests pre- or post-referral. Five were first time arrestees at the time of their referral, and the other four clients were social contact referrals.

Clients received services for an average of 18 months. The average number of scheduled case management appointments was 60.1, while the number completed was 46.6.

At the time of their intake interview:

- 43% of clients had permanent housing.
- 72% of clients had children.
- 76% of clients had a high school education or equivalent.
- 70% of clients were unemployed.
- 49% of clients had a serious medical condition

Figure 2. LEAD Clients by Referral Type and Gender



(HIV, hepatitis C, cancer, kidney disorder, etc.).

Key Differences Between the Santa Fe and Seattle LEAD Programs

As there is an interest to directly compare the results of the Santa Fe LEAD evaluation with the Seattle LEAD evaluation, it is important to note the differences in the two programs and their evaluations:

- Santa Fe was limited to clients with opioid use disorder. Seattle was open to clients with a broader range of substance use disorders.
- Santa Fe included more referring offenses. Seattle was limited to low-level drug and prostitution crimes.
- Clients in Santa Fe were much younger on average (29.6 compared to 41.7).
- The majority of Santa Fe clients were female (67% compared to 39% in Seattle).
- Santa Fe did not require that social referrals have criminal history. In Seattle, social contacts were individuals who had recent criminal activity, but were recruited outside of a criminal incident.
- The comparison group for Santa Fe was compiled from Santa Fe County Detention Center 2014-2017 arrest data using propensity score matching to match on gender, age and year of arrest. The comparison group for the Seattle program were individuals who would have been eligible for the program but were arrested in non-LEAD shifts or adjacent areas not part of the LEAD program.

Results

A series of analyses were conducted. The results from each analysis will be described here grouped by research area.

Criminal Justice Outcomes

For this analysis, we looked at arrests, average time (number of days) to first arrest, and average time detained.

Arrests

Table 2 looks at criminal justice outcomes. Nine clients did not have any arrests pre- or post-referral. Five were first time arrestees at the time of their referral, and the other four clients were social contact referrals. LEAD clients had a statistically significant decrease in the number of arrests (new charges and warrants) six months post-referral time. In the six months prior to referral, LEAD clients had an average of 1.31 arrests, which decreased to 0.93 post-referral. The comparison group arrest averages were largely unchanged pre– and post-referral time.

Looking at arrests across the entire pre– and post-referral time, LEAD clients did however experience a statistically significant increase in the average number of new and warrant arrests (2.61, to 3.68). New arrests comprised 1.18 of pre-referral arrests and 2.01 of post-referral arrests. While the average number of arrests increased for the comparison group as well (from 3.21, to 3.31), these changes were not statistically significant.

LEAD clients had no violent[2] charges post-referral while the comparison group had a slight, non-statistically significant decrease of violent charges (average of 0.18 pre-referral and 0.15 post-referral).

Table 2. Arrests Pre-Referral and Post-Referral

Arrest Type	Client (N=67)		Comparison (N=98)	
	Pre	Post	Pre	Post
Arrests Within 6 Months				
Total	**1.31**	**0.93**	1.04	1.04
New Arrests Only *	0.73	0.51	0.54	0.57
Warrant Only	0.58	0.42	0.50	0.47
Arrests for Entire Evaluation Period				
Total	**2.61**	**3.68**	3.21	3.31
New Arrests Only	**1.18**	**2.01**	1.62	1.62
Warrant Only	1.43	1.67	1.59	1.69

Bold statistically significant within group p<.05
* Statistically significant difference between groups for Prior p<.10

Time to First Arrest

We also looked at the average time (number of days) to the first arrest post-referral. Significance tests showed no statistically significant differences between the two groups. However, clients' time to any rearrest post-referral (new charges or a warrant) was over a month longer (191 versus 159). Limiting the analysis to new offenses, the time to rearrest was more similar between the groups (197 days for clients, 205 days for the comparison group). However, the time to rearrest on a warrant was over a month longer for clients (259 versus 222), which may be attributable to the assistance that clients receive to resolve past legal issues.

Looking just at new arrests for drug offenses, the average number of days to re-arrest for clients was 274 days, while for the comparison group it was 201 days. This means that clients, on average, were not arrested again for a drug offense as quickly as the comparison group.

Average Amount of Time Detained

Clients were detained for significantly fewer days than the comparison group both pre-referral (14.38, compared to 55.93) and post-referral (22.83, compared to 126.51). Furthermore, LEAD participation was significantly related to a lower number of post-referral detention days after controlling for key variables (i.e., exposure time, prior criminal history, prior days detained) in multivariate analyses. Figure 3 illustrates the differences in detainment times.

The differences in detention time were unexpected. While the reason for the difference is not known, one possible explanation is that having access to a case manager or legal aid to attend court with the clients resulted in clients being released sooner.

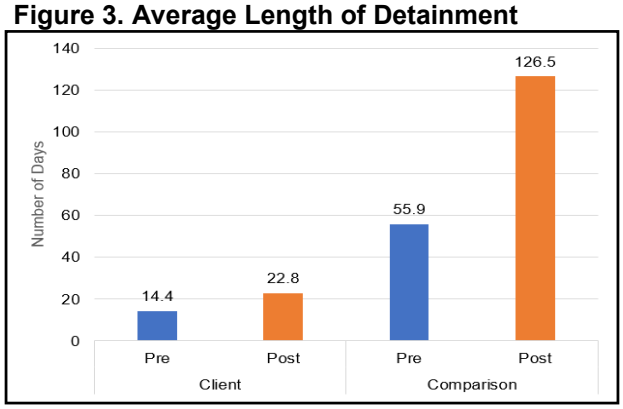
Additionally, there may be a relationship between the average amount of time detained, and the post-referral arrests. Comparison group arrests post-referral could be stable due to incapacitation; in other words, individuals were less likely to be out of jail and could not be arrested.

LEAD Clients at Follow-up

Twenty-four out of the 76 LEAD clients had both an intake interview and a follow-up interview. The follow-up included a re-administration of some of the questions asked by case managers at the intake interview. Additionally, they were asked a series of open-ended questions The following changes from intake interview to follow-up were significant:

- There was a 54% reduction in the total number of clients using heroin.
- Clients reported an eight-day average increase in the number of days of methadone maintenance therapy.
- Clients reported a four-day average increase in the number of days worked in the past 30 days.
- Clients reported a reduction in the number of days they had depressive feelings.
- Fewer clients reported being bothered by their control over violent behavior, or episodes of rage or violence.
- The majority of clients reported having a good quality of life at their follow-up interview, compared to the majority of clients reporting a poor quality of life at intake.
- More clients reported being in permanent housing at their follow-up interview than at their intake interview.

Figure 3. Average Length of Detainment



Client Interviews

The 24 clients who had a follow-up interview differed from the other clients in some ways and will be referred to as follow-up clients:

- Follow-up clients had a higher average number of scheduled case management appointments (99.1) compared to clients with whom there was no follow-up interview (45.3).
- Follow-up clients completed more case management appointments on average (76.9) compared to clients with whom there was no follow-up interview (35.2).
- Follow-up clients had been in the LEAD program longer (28.6 months, compared to 14.2 months for to clients with whom there was no follow-up interview). However, when the average number of completed appointments was compared by months of case management services received, there was no statistically significant difference (an average of 2.6 for the follow-up clients, and 3.4 for clients with whom there was no follow-up interview).
- Follow-up clients were more likely to be sleeping outside or homeless at the time of their baseline interview (33%, compared to 15%).
- Follow-up clients were more likely to have hepatitis C (52%, compared to 22%).
- Follow-up clients reported being paid for work fewer days at the time of their baseline interview (average of two days, compared 5.8 days).

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

- "Readiness to make a lifestyle change" was a key theme that emerged from the client interviews. Most clients stated that they chose to participate in LEAD because they were motivated to make a lifestyle change. Clients observed that when they or others are not "ready" to change, they are not able to take full advantage of LEAD. This does not mean lack of "readiness" should exclude clients from LEAD. Instead, "readiness" can develop over time, and may occur after initial setbacks.
- Many clients took responsibility for their recovery, meaning they felt empowered to guide their recovery process.
- The harm reduction model helped many clients to engage in future-oriented thinking and goal setting; improved coping mechanisms; improved stability; and reduced drug use.
- Some clients expressed concerns about LEAD:
    - ◊ Clients identified continuity of care as a problem. Clients noted that turnover, case managers' lack of time, lack of coordination among service providers and negative relationship with case managers all impaired progress.
    - ◊ Clients noted that the perception on the street that LEAD is a "snitch" program harms the LEAD

Client Quotes

Officer involvement

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

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

On LEAD

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

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

How LEAD has affected clients lives

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

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

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

Client recommendations for LEAD

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

program, a perception that can be (or is perceived to be) dangerous for the clients.

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

Stakeholder Interviews

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

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

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

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

Emergency Medical Services (EMS) Data

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

- LEAD clients had a decrease in the average number of post-referral EMS calls, while individuals in the comparison group had an increase in the number of calls post-referral.
- LEAD clients had an average number of 0.62 calls pre-referral compared to an average of 0.54 calls post-referral; a 13% decrease.
- Individuals in the comparison group had 0.34 calls pre-referral and 0.45 post-referral, a 32% increase in the number of calls.
- The number of calls related to drugs or alcohol decreased by 48% for LEAD clients from 0.21 pre-referral to 0.11 post-referral.
- LEAD clients' average number of pre-referral calls for drug or alcohol (0.21) was three times higher than the comparison group (0.07).

Emergency Room Data

Between LEAD clients and the comparison group, there were no statistically significant differences in

Stakeholder Quotes

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

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

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

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

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

emergency room usage. However, a higher percentage of LEAD clients (65.7%) had emergency room visits relative to the comparison group (59.4%). The average number of emergency room visits decreased over time for both groups. Key findings regarding emergency room data are:

- LEAD clients had an average number of 2.2 visits pre-referral compared to an average of 1.8 visits post-referral. The individuals in the comparison group averaged 1.9 visits pre-referral and 1.2 post-referral. These differences were significant only for the comparison group.
- Both groups had fewer diagnoses over time. LEAD clients had 2.9 diagnoses per ER visit pre-referral and 1.8 diagnoses post-referral; a 37% decrease in diagnoses per visit. The comparison group had 2.4 diagnoses pre-referral and 1.2 post-referral; a 50% decrease in the number of diagnoses per visit.
- Both groups had a 50% decrease in drug/alcohol diagnoses over time. LEAD clients had 1.2 drug/alcohol diagnoses per ER visit pre-referral and 0.6 diagnoses post-referral; The individuals in the comparison group, had 0.8 diagnoses pre-referral and 0.4 post-referral.

Impact of Engagement Level on Criminal Justice Outcomes

Client engagement with case managers mitigates the increase in the number of charges for some people.

- Clients who had low levels of engagement had a significantly greater average number of arrests post-referral than pre-referral (2.75, versus 6.06) and arrests for new charges (1.12, versus 3.37).
- Although the average number of arrests for those with moderate, and moderately high levels of engagement also increased, this was not statistically significant. Clients with high levels of case management engagement experienced a decrease in new charges (1.87, versus 1.53).

Cost/Benefit of LEAD

To calculate costs, the number of EMS calls, emergency room visits, arrests and the number of days detained were annualized.

- The average annual number of arrests for clients increased from 1.34 pre-referral to 1.93 post-referral while the average for the comparison group also increased from 1.74 pre-referral to 1.85 post-referral.
- The average post-referral annual number of days detained went up for both groups, however clients were detained for significantly fewer days than the comparison group (11.4, to 68.4).
- The average post-referral annual cost inclusive of EMS, emergency room, police, court, district attorney, public defender, and detention for the client group was $4,371 per client per year.
- The average post-referral annual cost inclusive of EMS, emergency room, police, court, district attorney, public defender, and detention for the comparison group was $9,098 per client per year.

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

- Including the LEAD program cost with the costs mentioned above, the average annual cost for a LEAD client was $7,541 per client per year.
- The cost savings of LEAD over system "as usual" was $1,558 per client per year, a savings of 17%.

Conclusions

Looking back at LEAD's program goals, there is evidence of reduced recidivism during the first six months of program exposure. The average number of post-referral arrests decreased for clients while there was no difference in the average number of post-referral arrests in the comparison group. While this decrease in post-referral arrests does not hold when we look at the entire evaluation period, it is important to study if participation in case management is higher during this initial period of the program. We were not able to obtain identifiable detailed case management data to study patterns of participation across program time. Future analysis of this type of data would allow the program to determine if there are critical periods where if a client fails to engage in case management that their chances of recidivating increase.

In regards to cost burden of behavioral health disorders on the criminal justice and other public health systems, there is evidence that LEAD client costs were less than the system "as usual." Keep in mind that our estimate of costs for the comparison group are potentially understated as we have no way of factoring in the costs of any programs that individuals in the comparison group may receive.

Based on information gathered from follow-up clients, there is evidence of improved quality of life. Redesigning the intake and follow-up to more clearly align with the indicators of change in housing status, drug use, employment, education status, health status, quality of life and interpersonal relationships will help the program better understand program impacts.

Finally, based on the findings of both the client and stakeholder interviews there appears to be progress toward reducing the stigma of problematic drug use, treatment and recovery.

Footnotes

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

The New Mexico Sentencing Commission

The New Mexico Sentencing Commission (NMSC) serves as a criminal and juvenile justice policy resource to the three branches of state government and interested citizens. Its mission is to provide impartial information, analysis, recommendations, and assistance from a coordinated cross-agency perspective with an emphasis on maintaining public safety and making the best use of our criminal and juvenile justice resources. The Commission is made up of members of the criminal justice system, including members of the Executive and Judicial branches, representatives of lawmakers, law enforcement officials, criminal defense attorneys, and citizens.

This and other NMSC reports can be found at: http://nmsc.unm.edu/reports/index.html