

Assessing the Impact of Law Enforcement Assisted Diversion (LEAD): A Review of Research

Academic Training to Inform Police Responses

Best Practice Guide



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Best Practice Guide on Responses to People with Behavioral Health Conditions or Developmental Disabilities:

A Review of Research on First Responder Models

The role of law enforcement in the United States has been characterized by a delicate balance between providing public safety, serving the community, and enforcing laws. Inherent in this work are public expectations for law enforcement officers to fill many roles, such as problem-solving, community relations, public health, and social work. Among their responsibilities, police officers have been increasingly tasked with responding to crisis situations, including those incidents involving people with behavioral health (BH) conditions and/or intellectual and developmental disabilities (IDD). These situations can present significant challenges for community members and officers, highlighting the need for clear policy direction and training in the law enforcement community to effectively serve these populations. The need for training and resources to facilitate effective responses also applies to routine activities and interactions between police officers and individuals with BH conditions and IDD.

Supported by the Bureau of Justice Assistance, researchers from the University of Cincinnati, in collaboration with Policy Research Associates, The Arc of the United States' National Center on Criminal Justice and Disability, and the International Association of Chiefs of Police, are working to address the need for additional training and resources to enhance police encounters with individuals with BH conditions and IDD. Specifically, the [Academic Training to Inform Police Responses](#) is being developed to raise awareness in the policing community about the nature and needs of people living with BH conditions and/or IDD and to facilitate the use of evidence-based and best practices in police responses to these individuals.

As part of this work, the research team is gathering the available evidence documenting the effectiveness of various police, behavioral health, disability, and community responses to incidents involving individuals experiencing behavioral health crises. Collectively, this work will be assembled into a larger "Best Practice Guide" for crisis response, presenting chapters on existing response models, such as crisis intervention teams, co-responder teams, law enforcement assisted diversion, mobile crisis teams, disability response, EMS-based services, and more. The writing following this introduction was prepared as a single chapter to be included within the larger comprehensive guide. This chapter provides a review of the available research examining the implementation and impact of Law Enforcement Assisted Diversion (LEAD) programs across communities. The review of this research is preceded by a list of key terms.

KEY TERMS

Addiction	The most severe form of substance use disorder, associated with compulsive or uncontrolled use of one or more substances. Addiction is a chronic brain disorder that has the potential for both recurrence (relapse) and recovery.
Behavioral health	“A term of convenience that refers to both mental illnesses and mental health needs (e.g., trauma) and substance use...disorders and substance use needs and issues, as well as to the overlap of those behavioral health issues into primary health, cognitive disabilities, criminal justice, child welfare, schools, housing and employment, and to prevention, early intervention, treatment and recovery. Behavioral health also includes attention to personal behaviors and skills that impact general health and medical wellness as well as prevent or reduce the incidence and impact of chronic medical conditions and social determinants of health” (Committee on Psychiatry and the Community for the Group for the Advancement of Psychiatry, 2021, p. 14).
Behavioral health condition	An umbrella term for substance use disorders and mental health conditions.
Developmental disability	Physical and/or mental impairments that begin before age 22, are likely to continue indefinitely, and result in substantial functional limitations in at least three of the following: self-care (dressing, bathing, eating, and other daily tasks), walking/moving around, self-direction, independent living, economic self-sufficiency, and language (Developmental Disabilities Assistance and Bill of Rights Act of 2000). Self-direction is a conceptual skill that refers to the ability to analyze and make decisions for oneself.
Disability	A physical or mental impairment or a history of such impairment (or regarded as an impairment) that substantially limits a major life activity (Regulations to Implement the Equal Employment Provisions of the Americans with Disabilities Act, 29 CFR §1630.2, 2016).
Intellectual disability	“A disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 22” (American Association on Intellectual and Developmental Disabilities, n.d., para. 1). An intellectual disability is a category of developmental disability.
Law Enforcement Assisted Diversion	Pre-booking diversion model allows officers to divert individuals charged with minor offenses away from prosecution and into community-based services in order to address addiction, mental health, and/or behavioral health conditions that may have contributed to the offense.
Mental health condition	A wide range of conditions that can affect mood, thinking, and/or behavior (National Alliance on Mental Illness, n.d.). This term is more inclusive than “mental illness.” Individuals living with a mental health condition may not necessarily be medically diagnosed with a mental illness.
Promising practice	A specific activity or process used that has an emerging or limited research base supporting its effectiveness. Promising practices are not considered “evidence-based” until additional evaluation research is completed to clarify short- and long-term outcomes and impact on groups going through the activity or process.

Public health system	“All public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction...The public health system includes public health agencies at state and local levels, healthcare providers, public safety agencies, human service and charity organizations, education and youth development organizations, recreation and arts-related organizations, economic and philanthropic organizations, and environmental agencies and organizations” (Centers for Disease Control and Prevention, n.d., para. 1).
Service provider	Any individual (practitioner) or entity (provider) engaged in the delivery of services or aid and who is legally authorized to do so by the state in which the individual or entity delivers the services.
Substance	A psychoactive compound with the potential to cause health and social problems, including substance use disorders (and their most severe manifestation, addiction). According to the National Institute on Drug Abuse, the most commonly used addictive substances (including the consideration of tobacco, alcohol, and illegal and prescription drugs) are marijuana (cannabis), synthetic cannabinoids (K2/Spice), prescription and over-the-counter medications (e.g., opioids, stimulants, CNS depressants), alcohol, anabolic steroids, cocaine, fentanyl, hallucinogens, heroin, inhalants, MDMA (“ecstasy” or “molly”), methamphetamine, nicotine, rohypnol and GHB (“date rape” drugs), and synthetic cathinones (“bath salts”) (National Institute on Drug Abuse, 2018).
Substance use disorders	A medical illness caused by repeated use of a substance or substances. “According to the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM- 5®), substance use disorders are characterized by clinically significant impairments in health, social function, and... control over substance use and are diagnosed by assessing cognitive, behavioral, and psychological symptoms.” Substance use disorders range from mild to severe and from temporary to chronic. They typically develop gradually over time with repeated misuse, leading to changes in brain circuits governing incentive salience (the ability of substance-associated cues to trigger substance seeking), reward, stress, and executive functions such as decision-making and self-control. Note: Severe substance use disorders are commonly called “addictions” (American Psychiatric Association, 2013, p. 483; National Institute on Drug Abuse, 2018, p. 29).

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EXECUTIVE SUMMARY

Law Enforcement Assisted Diversion (LEAD) is a pre-booking diversion model that allows officers to divert individuals charged with minor offenses away from prosecution and into community-based services in order to address addiction, mental health, and/or behavioral health conditions that may have contributed to the offense. The primary goal of LEAD is to reduce harm experienced by individuals that come into contact with the police, their loved ones, and the community by connecting individuals to services to address the underlying causes of their criminal behavior and to reduce their future involvement in these types of activities. These programs have traditionally been used to address individuals experiencing addiction, mental health conditions, and other behavioral health conditions or social challenges. To date, research has not examined the utility of these programs for individuals with intellectual or developmental disabilities.

This document reviews the available research regarding the implementation and effectiveness of LEAD programs. This review is organized into four major sections. First, the definition and implementation of the LEAD model is presented. Second, the impact of the LEAD model on increasing connections to services, reducing pressure on the criminal justice system, and achieving cost-effectiveness are reviewed. The third section addresses stakeholders' perceptions of LEAD programs, including law enforcement, legal partners, service providers, and LEAD clients. The report concludes with practical implications for agencies seeking to implement LEAD programs and considerations for future LEAD research.

Definition and Implementation of the Law Enforcement Assisted Diversion Model

LEAD is a police-led diversion program in which officers use their discretion to refer individuals who routinely get arrested for minor offenses often related to behavioral health conditions (i.e., substance use, mental health conditions) to a case manager. In turn, case managers identify the needs and readiness of each LEAD client to create a personalized intervention plan to address the immediate needs of the client. LEAD is guided by a harm reduction philosophy that does not require abstinence for clients to participate. The primary goal of LEAD is to reduce harm experienced by individuals who have repeated contacts with the criminal justice system and their communities, with additional goals including reduced reliance on the criminal justice system and improved partnerships between the police and community-based service providers.

King County (Seattle) Law Enforcement Assisted Diversion: LEAD was initially launched in King County (Seattle, Washington) in 2011 as a voluntary diversion program for individuals involved in drug offenses who are repeatedly arrested for low-level criminal activity. The program was created through a multi-agency collaboration, including: the Seattle Police Department, the King County Sheriff's Office, the King County Prosecutor, the Seattle City Attorney, the Washington State Department of Corrections, Evergreen Treatment Services, the Washington ACLU, and the Defender Association's Racial Disparity Project (Beckett, 2014). Agencies who participated in the LEAD collaboration agreed that repeated arrests and prosecutions for low-

level offenses were ineffective, resulting in a need to connect people charged with low-level offenses to services to reduce recidivism and promote public safety (Beckett, 2014).

Seattle's LEAD allowed officers to conduct discretionary referrals for eligible individuals to case managers for services, as opposed to filing charges for traditional criminal prosecution (Bastomski et al., 2019; Beckett, 2014; Engel et al., 2019). Case managers conduct initial assessments to identify the needs and goals of each individual client, coordinate with prosecutors, connect clients to desired services, and ensure that clients' basic needs are being met (Collins et al., 2019). Importantly, LEAD participants are not required to be abstinent or to attend specific services in order to maintain their status in the program. Several evaluations of the Seattle LEAD program have identified reductions in recidivism and criminal justice system utilization, as well as meaningful improvements in housing and employment outcomes for participants (Clifasefi et al., 2016, 2017; Collins et al., 2015, 2019).

Components of the LEAD model: The LEAD model encompasses multiple components in order to achieve its intended goals, including: stakeholder collaboration, diversion based on officer discretion, and intensive case management guided by a harm reduction philosophy. Meeting the goals of LEAD depends on strong collaborative relationships between the police, prosecutors, case management agencies, and service providers. This requires regular communication among partners and clearly delineated policies to ensure the program is being implemented as intended (Bastomski et al., 2019; Clifasefi & Collins, 2016; Magaña, 2019; Malm et al., 2020; Satterberg et al., 2013).

Officer discretion to refer individuals to LEAD is also central. Officers should have the choice to refer individuals who they believe engage in criminal behavior due to an underlying addiction, mental health condition, or other behavioral health condition (Paccone, 2020; Worden & McLean, 2018). Police officers can generally refer individuals to LEAD in two ways: as a pre-arrest diversion in lieu of arrest or through a social contact in which an officer chooses to refer someone with a history of repeat offenses who they believe is likely to commit a future offense (Collins et al., 2015; Malm et al., 2020).

After being referred to LEAD and electing to participate in the program, clients are paired with a case manager for an intake assessment to assess their substance use, mental health, physical health, housing status, quality of life, and interpersonal resources (Beckett, 2014; Collins et al., 2015, 2017). Case managers create individualized treatment plans for participants, with an emphasis on addressing immediate needs first (Collins et al., 2015; Gralapp et al., 2019). Case management is expected to be intensive and street-based, meaning that services are provided in offices, as well as on the streets and in clients homes, allowing case managers to truly meet participants 'where they are' (Clifasefi & Collins, 2016; Paccone, 2020). Finally, LEAD is designed to use a harm reduction approach. As a result, case managers emphasize risk reduction within the limits of a client's readiness, without requiring abstinence prior to or during participation in the program (Paccone, 2020).

LEAD implementation across different programs: The structure of individual LEAD programs differs across communities depending on the local context. For instance, client eligibility criteria vary from programs that only include individuals charged with drug offenses, while others also allow individuals charged with prostitution-related offenses and other nonviolent offenses to participate. The nature of LEAD responses is also designed to account for the characteristics of the local community and target population, which vary across communities with different priorities and available resources.

The Impact of Law Enforcement Assisted Diversion

This section reviews the research examining the impact of LEAD. Given the multifaceted goals of these programs, this section is broken down into the following subsections: increasing individuals' connection to services, reducing pressure on the criminal justice system, and the cost-effectiveness of LEAD.

Increasing connections to services: One of the primary goals of LEAD is to connect clients with services to address the underlying causes that may contribute to criminal behavior. Although case managers can refer LEAD clients to a wide range of services, some of the most commonly utilized include providing housing options, promoting steps toward gaining employment and increasing income, and addressing behavioral and physical health needs.

Housing: It is observed that a large portion of LEAD participants lack stable housing and that homelessness may contribute to their frequent interactions with the criminal justice system. Several studies have found that LEAD successfully reduced homelessness for participants and that securing housing may reduce recidivism among these individuals. However, identifying enough housing options to support demand is a commonly noted challenge.

Employment and income: It has been suggested that participation in LEAD programs may be associated with employment and income benefits, although the limited research on these outcomes provides somewhat mixed findings. Some studies have found that LEAD can improve employment outcomes and income for participants, although several studies note that participants often have substantial barriers to gaining employment (e.g., lack of permanent address, interview attire, transportation, necessary identification documents).

Behavioral and physical health: Several studies have found that substance use among LEAD participants decreased substantially, even though LEAD participation does not require abstinence. Studies have also found that LEAD can increase connections between participants and other mental and physical health services, although these outcomes have received less research attention.

Reduced pressure on the criminal justice system: As mentioned above, one of the key aims of LEAD is to reduce the use of criminal justice resources in response to individuals who have been

repeatedly charged with minor offenses related to underlying addiction, behavioral health conditions, or other social challenges. This section briefly reviews the impact of LEAD programs on subsequent arrests, the number of cases participants are charged with, and outcomes related to booking and incarceration.

Arrests: The available research suggests that LEAD programs can reduce the likelihood of future arrests among participants. Several studies report statistically significant reductions in misdemeanor and felony arrests among LEAD participants when compared to similarly situated individuals who are not engaged with a LEAD program. However, this finding is not universal.

Number of cases: Research examining the number of cases brought against individuals during their participation in LEAD programs provides mixed findings. However, there is some evidence that individuals may benefit from their involvement in LEAD. Specifically, some studies have found that participation in LEAD programs can reduce the number of crimes that individuals are charged with.

Booking and incarceration: Fewer evaluations have examined the impact of LEAD programs on individuals' experiences with booking and incarceration. Still, preliminary findings suggest the benefit of LEAD participation in reducing rates of jail booking and incarceration in prison. However, these findings are not consistent across studies.

Cost-effectiveness: Few studies have examined the cost effectiveness of LEAD programs. However, researchers generally find that the criminal justice and health care costs associated with LEAD participants are substantially lower than their non-participant counterparts.

Stakeholders' Perceptions of Law Enforcement Assisted Diversion

Given that the success of LEAD depends on collaboration between law enforcement, legal personnel, service providers, and LEAD clients, researchers have assessed the perceptions of each of these groups of stakeholders. This section reviews prior research examining stakeholder perceptions in each of these groups, highlighting important elements for LEAD program development and implementation.

Law enforcement: Given that LEAD is a law enforcement driven program, it is important to ensure that police officers feel like they have a voice in the development and implementation of the program. Establishing and maintaining police officer support for LEAD has posed substantial challenges in numerous cities. Officers report being frustrated that they refer individuals to LEAD and those individuals continue to use drugs on the street. In some instances, officers have expressed concern that LEAD does not require the same level of accountability as court-ordered programs. Preliminary research suggests that officers reporting more favorable views of LEAD programs are more likely to refer individuals for participation in these programs.

Legal partners: Prosecutors and defense attorneys are key stakeholders in LEAD through deferring charges for participants. In Seattle, prosecutors reported that attending LEAD meetings helped them determine whether to file charges against a participant; in some cases, prosecutors reported that filing charges was an effective way to reconnect participants who were not engaging in LEAD with their case managers. Public defenders in San Francisco reported improved relationships with the police as a result of the program. They further indicated that being able to speak the officers' language, promoting the benefits of LEAD, and having honest discussions about why officers should participate was crucial to gaining police support and involvement.

Service providers: Due to the complex needs of LEAD participants, it is crucial to include numerous service providers in these collaborations. Given that the individual agencies that participate in LEAD have different motivations and priorities, allowing each partner agency to maintain their autonomy in their decision-making processes and respecting the institutional and political limits within each of the participating organization is observed to facilitate the success of these programs (Beckett, 2014). In San Francisco, case managers and behavioral healthcare providers reported improved collaboration among their agencies, the police, and public defenders that facilitated improved outcomes for their clients. Case managers have also reported improved perceptions of the police as a result of these programs.

LEAD clients: LEAD clients in several studies highlighted the positive impacts of the program on their quality of life. LEAD participants in Seattle reported that being able to use services without an abstinence requirement was one of the most helpful aspects of the program, with several participants noting that required abstinence is a reason they have not used services in the past. Several LEAD participants also reported improved perceptions of the police as a result of participating in the program. LEAD participants additionally highlighted the importance of case managers to their success. However, LEAD clients also noted several barriers to participation in LEAD programs, including fear of being perceived among their peers as working with the police, feeling criminalized despite their participation in the program, and limited access to case managers and service providers during non-business hours.

Discussion

Law Enforcement Assisted Diversion (LEAD) is a collaborative response intended to divert people who commit repeat, low-level offenses from the criminal justice system into community-based services guided by a harm reduction philosophy. Prior research suggests that LEAD is an effective strategy for improving client outcomes and reducing recidivism. Studies have further identified several practical implications for agencies seeking to implement the LEAD model. Additional research using rigorous methodologies to evaluate LEAD in different communities and for individuals with different characteristics is needed to clarify the impact of LEAD on intended outcomes.

Practical implications: This review identifies several practical implications that should be considered in understanding the impact of LEAD. Namely, LEAD depends on strong working

relationships between the police and service providers to improve client outcomes, which can be challenging given the different goals of these organizations. Identifying sufficient resources to serve the needs of LEAD clients can also be difficult. Encouraging officer support for these programs is integral to their use and success. This requires setting clearly defined eligibility criteria to include the intended population. Working groups should routinely communicate and adjust the program and policies to reduce barriers to success.

Research implications: Relatively few evaluations of LEAD have appeared in peer-reviewed publications. While randomized controlled trials provide the strongest evidence of program impact, it is not possible to use these methods in evaluations of LEAD. Future research should continue to use strong research designs in attempt to isolate the impact of LEAD on outcomes. Additionally, researchers must dedicate attention to examining LEAD client characteristics, including existing behavioral health conditions, developmental disabilities, and/or co-occurring conditions, to identify how these characteristics may affect participants' experiences with LEAD programs.

Conclusions: Over the past decade, LEAD programs have been implemented in approximately 50 communities across the United States. Extant research largely suggests that LEAD can improve participants' access to housing and behavioral health outcomes. Research additionally suggests that these programs can reduce pressure on the criminal justice system through reducing the number of arrests, charges, and jail and prison incarcerations experienced by LEAD participants, resulting in substantial cost savings. LEAD is generally well-received by legal partners, service providers, and clients, though future efforts to improve officer perceptions of these programs are needed to maximize success.

Key Takeaways

- LEAD is a police-led diversion model intended to direct people whose low-level offending is associated with behavioral health conditions or other social challenges into community-based services. To date, research has not examined the utility of these programs for individuals with intellectual and developmental disabilities. LEAD programs are meant to reduce recidivism through case management and the development of individualized strategies to address participants' needs. The key elements of LEAD include collaborative partnerships, officer discretion in referral, and intensive case management guided by a harm reduction philosophy.
- LEAD is designed to be adapted to the local context based on the needs of the target population and available services within a community. As such, the eligibility criteria for LEAD participation vary, as do the mechanisms by which an individual can be referred to LEAD, across programs implemented in different communities.
- Several studies suggest that LEAD can improve clients' connections to services. Prior research has found that LEAD can successfully reduce homelessness, though identifying sufficient housing options can be challenging for these programs. Some studies have found that LEAD improves client employment outcomes and income, though meeting these goals

is difficult given substantial barriers for clients (e.g., lack of stable address, lack of identification documents, criminal record) and these results are not consistent across communities. Research further suggests that LEAD can decrease participant substance use and increase connections to desired behavioral and physical health services.

- Researchers have found that LEAD can reduce pressure on the criminal justice system by reducing the number of arrests, cases, jail bookings, and incarcerations for LEAD clients relative to control groups with similar backgrounds. However, these findings are not universal across prior studies and additional research is needed. A few studies have indicated that LEAD can significantly reduce criminal justice system and healthcare system costs for LEAD participants relative to other similar individuals.
- LEAD is generally well received by participating legal partners, service providers, and LEAD clients themselves. However, several studies have indicated that obtaining police officer buy-in and support for using LEAD is more challenging.
- Successful implementation of LEAD requires strong collaborative partnerships between agencies. Identifying and leveraging sufficient resources to meet the needs of LEAD clients can be challenging. As such, routinely discussing challenges as they arise is crucial to the continued success of the LEAD model.
- Additional rigorous research examining the use and impact of LEAD for clients with different characteristics and in different communities is needed to validate extant findings. Further research should specifically establish the extent to which LEAD programs interact with individuals with different behavioral health conditions, developmental disabilities, and/or co-occurring conditions and the impact of these programs on those individuals.

I. Introduction

The United States has one of the largest populations of incarcerated individuals in the world, with a substantial portion of this population consisting of individuals who have committed low-level drug and prostitution offenses (Collins et al., 2015). Many individuals who are repeatedly arrested for minor, nonviolent offenses are people living with substance use disorders and/or mental health conditions, as well as individuals who are experiencing homelessness (Clifasefi et al., 2016). To address the “revolving door” of the criminal justice system experienced by these individuals, police-led diversion programs have emerged to direct people into community-based services in lieu of arrest. These programs are meant to reduce recidivism through individualized harm reduction strategies developed in coordination with a case manager and specifically designed to address the underlying needs of individuals that may contribute to their involvement in crime (Clifasefi & Collins, 2016; Collins et al., 2015, 2019; Hoisington, 2018; Morrissey et al., 2019). The adoption of comprehensive services to screen and treat individuals with behavioral health conditions in the community has been widely promoted (see, e.g., Executive Office of the President of the United States, 2020). One of the most commonly used police-led diversion programs is Law Enforcement Assisted Diversion (LEAD).¹

Initially established in Seattle, Washington, LEAD grew out of a multiagency collaboration to address criminal justice inefficiencies and to improve outcomes for individuals who are repeatedly arrested, who are often members of hard to reach, underserved populations (Clifasefi & Collins, 2016; Morrissey et al., 2019). The primary goals of LEAD are: (1) to reduce recidivism, (2) to improve the health and safety of LEAD participants and their communities, (3) to redirect criminal justice resources to address more serious criminal activities, (4) to achieve cost savings for the criminal justice system and reinvest those savings into effective programs, and (5) to strengthen collaborations between the police and community agencies (Engel et al., 2019; Magaña, 2019; Morrissey et al., 2019). Since its establishment, LEAD has been implemented in dozens of cities across the United States with several additional communities in the development and launching stages of this approach (see <https://www.leadbureau.org/>). Although a limited number of LEAD evaluations have been peer-reviewed, extant evidence suggests that this is a promising strategy for addressing low-level offenses (Malm et al., 2020).

This document provides a review of the available research regarding the implementation and impact of LEAD programs across communities. This review is organized into the following sections: **Section II** presents the definition and implementation of the LEAD model, discussing

¹ Importantly, people with intellectual and developmental disabilities (IDD) are also observed to be overrepresented in the criminal justice system (Jones, 2007; Marinos et al., 2017). The extent to which police-led diversion programs, such as Law Enforcement Assisted Diversion, interact with and affect outcomes for people with IDD is unknown. However, there have been significant efforts in the IDD community to provide similarly tailored case management programs and comprehensive services to individuals with IDD who come into contact with the criminal justice system. These personalized, or individualized, justice plan models assist individuals with IDD as they navigate the criminal justice system, providing accountability for their behavior while balancing the needs of the community (see e.g., <https://www.arcnj.org/programs/criminal-justice-advocacy-program/how-we-help.html>).

the goals of LEAD programs, the development of the LEAD model in King County (Seattle), Washington, the LEAD model components, and variation in LEAD programs across different communities. **Section III** examines the impact of LEAD on several outcomes, including increasing connections to services for LEAD participants, reducing pressure on the criminal justice system, and the cost-effectiveness of LEAD programs. **Section IV** details stakeholders' perceptions of LEAD programs from the perspectives of law enforcement, legal partners, service providers, and LEAD clients. Finally, **Section V** discusses the research findings, with particular attention to identifying implications for practice, and directions for future research.

II. Definition and Implementation of the Law Enforcement Assisted Diversion Model

LEAD is a police-led diversion program in which officers use their discretion to refer individuals who routinely get arrested for minor offenses associated with behavioral health conditions (e.g., substance use, mental health conditions) or social challenges to a case manager. Specifically, LEAD is intended to divert individual with low-level repeat offenses away from the criminal justice system and into community-based services, providing individuals the opportunity to participate in the LEAD program in lieu of arrest and formal prosecution for their offense (Bastomski et al., 2019; Malm et al., 2020). Case managers address the unique needs and readiness of each LEAD client individually to establish mutual trust and to create a personalized intervention plan to address the immediate needs of the client (Engel et al., 2019; Malm et al., 2020). This harm reduction approach recognizes that recovery is a time-consuming process that often involves setbacks.² As a result, LEAD does not depend on immediate abstinence, but rather identifies and addresses barriers to abstinence (Beckett, 2014; Engel et al., 2019).

The primary goal of LEAD is to reduce harm experienced by individuals that come into contact with the police, their loved ones, and the community (Engel et al., 2019). This is accomplished by connecting individuals to services to address the underlying causes of their criminal activity and to reduce their future involvement in these types of activities (Magaña, 2019; Malm et al., 2020). Additional goals promoted by LEAD programs are designed to improve the efficiency of the criminal justice system and to support the behavioral health community. A comprehensive list of these goals is presented in Table 1, below. The remainder of this section provides a review of the initial development of the LEAD model in King County (Seattle, WA), outlines the key components of the LEAD model, and explains how LEAD programs have been implemented across different communities.

² Often there is no set length for LEAD participation. Length of participation in the program is dictated by the needs and maintained eligibility of the client. Additionally, LEAD clients may transition between “active” and “inactive” participation over time.

Table 1. Goals of LEAD Programs

Impacted individuals and communities

- Reduce criminal justice involvement
- Reduce harm to individuals and their communities (e.g., spread of HIV, STDs, etc.)
- Address neighborhood drug and sex markets
- Increase connections to services (e.g., behavioral health, vocational, housing)
- Identify/address causes of repeated criminal justice system contact

Criminal justice system

- Reduce reliance on jails for individuals living with behavioral health conditions
- Reduce prosecution for individuals charged with minor offenses
- Reduce expenditures associated with processing low-level offenses
- Reallocate criminal justice resources for individuals who engage in serious crime
- Reduce overcrowding in jails due to housing of minor, nonviolent offenders
- Reduce disparities in incarcerated populations driven by minor offenses

Behavioral health community

- Institutionalize partnerships with law enforcement agencies and community-based services
 - Improve collaboration among service providers
-

A. King County (Seattle) Law Enforcement Assisted Diversion Program

Law Enforcement Assisted Diversion (LEAD) was initially launched in King County (Seattle, Washington) in 2011 as a voluntary diversion program for individuals involved in drug offenses who repeatedly engage in low-level criminal activity. This program allowed for the referral of these individuals to case managers for treatment, as opposed to traditional criminal prosecution (Bastomski et al., 2019; Beckett, 2014; Engel et al., 2019). LEAD was later expanded to include individuals who sell sexual services, a large proportion of whom have substance use disorders (Beckett, 2014). Through this program, eligible individuals arrested for a minor drug or prostitution offense can be offered a one-time diversion to a case manager prior to being booked at the discretion of the responding officer (Collins et al., 2019). The officer will still file the charges with the appropriate prosecution office, but the charges will be deferred as long as the individual begins the LEAD process within thirty days of the referral (Beckett, 2014). Case managers conduct initial assessments to identify the needs and goals of each individual client, coordinate with prosecutors to ensure goals are being achieved, connect clients to appropriate services, and ensure that clients' basic needs are being met (Collins et al., 2019). Seattle operates its case management services through a homeless outreach program that employs case managers with various backgrounds, including social work, substance use counseling, and nursing, to create individualized intervention plans for clients (Clifasefi et al., 2016). Importantly, LEAD participants are not required to be abstinent or to attend specific services in order to maintain their status in the program (Collins et al., 2019). This is viewed as a key element of the program because recovery is a complex process that takes time.

Seattle LEAD was created through a multi-agency collaboration, including: the Seattle Police Department, the King County Sheriff's Office, the King County Prosecutor, the Seattle City Attorney, the Washington State Department of Corrections, Evergreen Treatment Services, the Washington ACLU, neighborhood leaders, and the Defender Association's Racial Disparity Project (Beckett, 2014). Agencies who participated in the LEAD collaboration agreed that repeated arrests and prosecutions for low-level offenses were ineffective, resulting in a need to connect people with low level offenses to services to reduce recidivism and promote public safety (Beckett, 2014). In addition to reducing harm associated with substance use and prostitution-related offenses, the public health approach was expected to improve police relations with marginalized communities, including communities of color, who have been disproportionately impacted by the War on Drugs and street-level drug market activities (Engel et al., 2019). In fact, Seattle LEAD began as a coalition led by the Racial Disparity Project in 2008 to identify an alternative approach to drug enforcement (Beckett, 2014).

Individuals referred to LEAD must meet established eligibility criteria. Namely, the amount of drugs possessed must be less than three grams, the individual should be amenable to diversion, the drug offense must be unrelated to sales, the offender must not exploit others in drug dealing or prostitution, and the individual must not have an extensive criminal history involving serious or violent offenses (Beckett, 2014). Notably, Seattle police officers have the discretion to refer individuals with a more serious criminal history to LEAD post-booking, even if an individual is ineligible for pre-booking diversion (Beckett, 2014). Officers are also allowed to refer individuals with a known history of drug or prostitution offenses to LEAD using social contacts. This type of referral does not require an officer to have probable cause to conduct an arrest in order to refer someone to LEAD, so long as the officer has sufficient reason to believe the individual is likely to commit a future offense (Beckett, 2014). Officer discretion is viewed as a strength of LEAD because officers know the individuals they routinely encounter and have insight into whether they could benefit from the program (Beckett, 2014).

Several evaluations of the Seattle LEAD program have identified reductions in recidivism and criminal justice system utilization, as well as meaningful improvements in housing and employment outcomes for participants (Clifasefi et al., 2016, 2017; Collins et al., 2015, 2019). This is particularly notable given the numerous contacts these individuals have had with the criminal justice system prior to the program. For instance, in one study, the 203 Seattle LEAD participants had accrued a total of 206 arrests and 151 charges in the six months prior to the beginning of the evaluation, highlighting the frequency of criminal justice contacts among these individuals over a relatively short timeframe (Collins et al., 2017). Based on the initial success of LEAD in Seattle, these programs are being implemented in communities across the United States (Bastomski et al., 2019).

B. Components of the LEAD Model

The LEAD model encompasses multiple components in order to achieve its intended goals. Although LEAD is designed to be an adaptable program for different community contexts, the universal elements are: stakeholder collaboration, diversion based on officer discretion, and

intensive case management guided by a harm reduction philosophy to address client needs (Clifasefi et al., 2017; Clifasefi & Collins, 2016; Collins et al., 2017, 2019; Malm et al., 2020). This section discusses each of these components.

Identifying key partners and selecting a project manager is a crucial first step in developing these programs (Beckett, 2014). Meeting the goals of LEAD depends on strong collaborative relationships between the police, prosecutors, case management agencies, and service providers including regular communication among partners and clearly delineated policies (Bastomski et al., 2019; Clifasefi & Collins, 2016; Magaña, 2019; Malm et al., 2020; Satterberg et al., 2013). For example, the LEAD guiding board in Honolulu comprises members of more than 30 organizations who meet monthly to coordinate the implementation of the program, with participants including members of the Honolulu Police Department, homeless shelters, substance use treatment providers, the Department of Health, and other governmental and nongovernmental agencies (Gralapp et al., 2019). Although LEAD is intended to reduce criminal behavior among participants, it is recognized that some of these individuals will be rearrested (Fedders, 2019). As a result, the police, prosecutors, and defense attorneys work with case managers to defer charges if the participant is making meaningful progress toward changing their behavior (Clifasefi & Collins, 2016; Collins et al., 2019; Fedders, 2019).

Another key component in LEAD is the use of police officer discretion to divert individuals who have committed a minor offense away from the criminal justice system. This diversion is based on officers' perception that the individual's criminal behavior is driven by an underlying addiction, mental health condition, or other behavioral health condition (Paccone, 2020; Worden & McLean, 2018). For LEAD to be successful, officers must be aware of the program and understand the process for referring eligible individuals (Bastomski et al., 2019). Police officers can generally refer individuals to LEAD in two ways: as a pre-booking diversion in lieu of arrest or through a social contact in which an officer chooses to refer someone with a history of repeat offending who is likely to commit a future offense (Collins et al., 2015; Malm et al., 2020). Allowing social contact referrals is viewed as useful for officers to link individuals to services without requiring them to commit a new offense (Bueno, 2019; Clifasefi & Collins, 2016). Most LEAD programs are focused on relatively small geographic areas, which allows officers to develop relationships with individuals in those places (Beckett, 2014; Malm et al., 2020). However, some studies have found that only a small portion of officers trained in LEAD refer the majority of clients (Schaible et al., 2021; Worden & McLean, 2018), highlighting variation in individual officers' use of these programs.

After being referred to LEAD and electing to participate in the program, individuals are paired with a case manager for an intake assessment to assess their substance use, mental health, physical health, housing status, quality of life, and interpersonal resources (Beckett, 2014; Collins et al., 2015, 2017). This intake assessment facilitates the creation of an individualized treatment plan for the participant, with an emphasis on addressing immediate needs first (Collins et al., 2015; Gralapp et al., 2019). Case managers can provide clients' access to a wide range of services, including housing, substance use treatment, education and vocational training, transportation, childcare, and peer support (Beckett, 2014; Morrissey et al., 2019).

These case managers also have access to funds to provide for immediate needs, such as food and necessary supplies (Collins et al., 2015). Case management is designed to be intensive and to entail numerous contacts between LEAD participants and case managers throughout the course of the program (Malm et al., 2020). Some studies have found that the success of LEAD depends on the number of contacts between LEAD participants and their case managers (Clifasefi et al., 2016). The case management approach is also street-based, meaning that services are provided in centralized offices, as well as on the streets and in clients homes, allowing LEAD case managers to truly meet participants ‘where they are at’ (Clifasefi & Collins, 2016; Paccone, 2020).

LEAD is designed to use a harm reduction approach. As a result, case managers emphasize risk reduction within the limits of a client’s readiness, without requiring abstinence prior to or during participation in the program (Paccone, 2020). Essentially, case managers are expected to provide clients access to needed services while allowing them time to stop using substances, grounded in the recognition that recovery is a process. This involves educating individuals with substance use disorders about safe practices and resources, such as needle exchanges, as well as connecting individuals with treatment services that align with the goals established by the client (Magaña, 2019). Extending this grace has been considered a key factor contributing to the success of these programs (Collins et al., 2015). For instance, providing stable housing that is not dependent on abstinence has facilitated stability for participants who are then better able to address other challenges that may contribute to their offending (Malm et al., 2020).

In sum, LEAD depends on collaborative groups to establish a network of resources for individuals who are referred to the program at the discretion of individual police officers and who agree to participate in lieu of arrest. These individuals are then matched with a case manager who identifies their needs and connects them with relevant services guided by a harm reduction approach. The culmination of these components is expected to break the cycle of reoffending by addressing an individual’s underlying needs in a compassionate manner.

C. LEAD Implementation across Communities

LEAD is designed to be adapted to the local community context (Beckett, 2014). As a result, the design and implementation of LEAD programs vary across communities, as shown in Table 2 below. Across LEAD programs, participant eligibility criteria are driven by the local community context and the goals of the program. Although Seattle LEAD initially targeted individuals charged with drug-related offenses for participation, several other LEAD programs have permitted the referral of individuals charged with prostitution and other nonviolent offenses (Engel et al., 2019; Perrone et al., under review). For example, to expand the pool of potential participants, the eligibility criteria in San Francisco allow diversion for individuals in possession of a larger amount of drugs, low-level theft and vandalism charges, and even some nonviolent felonies (Malm et al., 2020). In Santa Fe, however, only individuals living with opioid use disorders are eligible for LEAD (New Mexico Sentencing Commission, 2018).

The referral of individuals to LEAD programs can also vary across communities. Individuals are generally referred to LEAD in one of two ways: in lieu of arrest or through a social contact, if an officer believes that an individual could benefit from participation in the program. The use of social contacts for referral is not consistent across communities, however (see e.g., Albany; Worden & McLean, 2018). Additionally, although some communities rely on officer discretion and participant consent for the completion of LEAD referrals, others also require complainant consent for prosecution to be deferred (Engel et al., 2019). There are also examples of LEAD programs that support the referral of individuals outside of regular police activity, including referrals facilitated by the review of arrest reports and referral by probation officers (see Contra Costa County, CA; Bastomski et al., 2019).

Table 2. LEAD Program Variation

Characteristic	Description
1. Model Implementation	LEAD programs can be implemented as stand-alone programs to connect those who commit routine offenses to community-based services, or as one of many resources within a community.
2. Participant Eligibility	Offense types eligible for LEAD participation vary. Although some agencies refer individuals charged solely with drug offenses, others allow individuals charged with prostitution to participate, and still others include a wide range of nonviolent offenses. Further, some programs are specific to individuals experiencing addiction, while others also serve those living with mental health conditions, homelessness, and other social challenges.
3. Method of Referral	Individuals can be diverted to LEAD in lieu of arrest, although some agencies also permit social contact referrals in the absence of an offense if an officer believes an individual could benefit from the program. Referral to participate in LEAD often depends on police officer discretion and referred individual's consent to participate, although some programs also require complainant consent to defer prosecution. Some programs also allow other service providers to refer individuals to LEAD.
4. Days/Hours of Operation	LEAD varies across communities, with some agencies using police officers trained in LEAD during all of their shifts and others using specially chosen officers who review cases on a regular basis. Case managers similarly work standard business hours, though some LEAD programs have supplemented these services with additional support agencies.
5. Nature of Response	In some agencies, police officers can directly refer eligible LEAD participants to a case manager. In others, officers must refer eligible individuals to an intermediate agency (e.g., Department of Public Health) to conduct an initial assessment prior to assigning the client to a case manager. Priorities also vary across programs, depending on the needs of the community and available resources.
6. Amount/Type of Training	Some LEAD programs involve training police officers about the nature of LEAD and the referral process, while others provide additional training on the causes and consequences of substance use. Some agencies train all officers, while others administer training to officers specifically chosen to participate in the LEAD program.
7. Level of Follow-Up Care	The needs of the target population vary in different communities, resulting in diverse approaches to case management and legal intervention depending on the target population and available resources within a community.

Table 3. LEAD Programs in Practice

Site Example: LEAD Santa Fe (New Mexico)

Program description

LEAD Santa Fe was established in 2014 as a police-led diversion program in which officers refer individuals charged with low-level, non-violent, drug-related offenses to a trauma-informed case management program instead of conducting an arrest. The program is grounded in a harm reduction approach for service provision that does not require abstinence from drug use. This is based on the recognition that substance use is complex and that individuals need to achieve stability in order to stop using. Case managers refer participants to numerous services designed to address addiction, homelessness, mental health conditions, and poverty in order to interrupt the cycle of offending and reduce reliance on the criminal justice system using a public health framework.

For more information see: <https://www.lead-santafe.org/>

Site Example: Hamilton County LEAD (Cincinnati, Ohio)

Program description

Hamilton County LEAD is a two-year pilot program operating in two districts in downtown Cincinnati. Cincinnati Police officers use their discretion to divert individuals who have committed low-level offenses into intensive-case management to reduce reliance on arrests, detention, prosecutions, and incarceration for these individuals. The program is guided by a harm reduction approach designed to connect individuals whose offending is driven by addiction, mental health conditions, homelessness, and poverty into community-based resources to address the underlying causes of offending. Officers can refer individuals to LEAD either as an arrest diversion or through a social contact for individuals who are identified as high risk of committing a low-level offense. Community partners include the Hamilton County Addiction Response Coalition, Hamilton County Public Defender's Office, Hamilton County Office of Re-Entry, and numerous other county and city agencies.

For more information see:

https://www.hamiltoncountyohio.gov/government/departments/reentry/lead_initiative

Site Example: New Orleans LEAD (Louisiana)

Program description

New Orleans LEAD is a collaborative effort between the New Orleans Police Department, New Orleans Health Department, City Attorney's Office, New Orleans Public Defender's Office, Louisiana Department of Corrections Probation and Parole, Mayor's Office of Criminal Justice Coordination, and New Orleans Emergency Medical Services. New Orleans LEAD is a public health approach to pre-arrest diversion in which New Orleans police officers in one district are able to divert individuals whose alleged offense is believed to be a product of mental health conditions, substance use, or another social challenge into voluntary case management services. Individuals referred to the program undergo an intake assessment by a case manager who connects the participant to needed services. Participation in New Orleans LEAD is not dependent on sobriety.

For more information see: <https://nola.gov/health-department/behavioral-health/lead/>

LEAD hours of operation can vary depending on the number and types of police officers and service providers involved in the implementation of the program. For example, LEAD in Albany is a discretionary program for all patrol officers (Worden & McLean, 2018). In contrast, specific officers are assigned to LEAD in Los Angeles (Malm et al., 2020). Thus, some agencies use special units, others do not, and still others use a combination. Training for the staff involved in the implementation of LEAD programs can also differ, with the amount and type of training driven by the design of the program and the needs of the community.

Finally, the specific nature of LEAD responses varies across communities to account for the characteristics of the local target population and the availability of community services. Using a harm reduction approach rests on developing culturally appropriate methods relevant to the specific community. Additionally, while some communities explicitly adopt a ‘housing first’ approach, which prioritizes providing access to permanent housing to help stabilize participants’ lives without any other conditional requirements to participate in services (Malm et al., 2020), this is not the case in every LEAD location. Furthermore, the available behavioral health and social services vary and can limit the ability of LEAD programs to serve large numbers of individuals within a community (Beckett, 2014). These limitations result in the need for diverse case management and legal intervention approaches to achieve program goals (Clifasefi et al., 2017). Table 3, presented above, provides several examples of LEAD programs in practice in different communities.

III. The Impact of Law Enforcement Assisted Diversion

Researchers have evaluated the impact of LEAD programs on various outcomes in order to determine whether these programs are achieving their intended goals. This section reviews the impact of LEAD on individuals’ connection to services, with specific attention paid to housing, employment, and behavioral and physical health outcomes. Next, the impact of LEAD on the criminal justice system is discussed. These results are broken down into impacts on arrest, the number of cases, and booking and incarceration. The section concludes with a discussion of the cost-effectiveness of LEAD programs.

A. Individuals’ Connection to Services

One of the key measures of success for Law Enforcement Assisted Diversion is the rate at which enrolled participants engage with case management, behavioral health, and social services offered by these programs. Evaluations of LEAD programs provide some insight on participants’ general engagement with services, as well as the outcomes related to housing, employment and income, and physical/behavioral health experienced by these individuals. The findings from this research are discussed in greater detail below.

Descriptive evaluations of LEAD suggest that individuals’ engagement with services vary across programs. For example, in Seattle, 84% of individuals referred to LEAD had at least one meeting with their case manager, with participants averaging nineteen meetings over the two-year study period (Collins et al., 2017). Similarly, roughly 78% of Honolulu LEAD clients were

observed to be actively engaged in case management at the 15-month follow up (Willingham et al., 2020). Honolulu LEAD participants additionally reported increasing service use over time (Gralapp et al., 2019; Willingham et al., 2020). Providing more mixed results, evaluations of LEAD programs in Contra Costa County and Fayetteville observed LEAD participants to vary across those who were regularly in contact with their case managers to those who would move in and out of touch with their case managers over time (Bastomski et al., 2019; Perry, 2018).

Importantly, the available research suggests LEAD programs are successful in engaging traditionally “hard to reach” populations to link individuals to resources.³ For example, the majority of individuals referred to Contra Costa County LEAD had a history of substance use (88%) and many were experiencing homelessness (76%) and/or had a diagnosed mental illness (39%) (Bastomski et al., 2019). In Seattle, only 35% of participants had connected with social services in the past (Clifasefi & Collins, 2016). In Los Angeles County and San Francisco, roughly 60-65% of LEAD participants were referred through social contacts (Malm et al., 2020), suggesting these programs can increase connections to services for individuals who were unlikely to be arrested. Service referrals for LEAD participants are found to vary across a wide range of resources including, although not limited to, services related to housing, employment, behavioral health, substance use, and mental health (e.g., Bastomski et al., 2019).

1. Housing

Researchers have found that housing referrals account for a substantial portion of service referrals for LEAD participants (Bastomski et al., 2019). Several studies indicate that LEAD can increase participant access to housing, including those in New Mexico (New Mexico Sentencing Commission, 2018) and San Francisco (Malm et al., 2020). In Seattle, LEAD participants were 89% more likely to find permanent housing after entering the program, with each additional contact with their case manager further increasing their likelihood of housing by 5% (Clifasefi et al., 2016, 2017). Further analyses indicate that each additional month a Seattle LEAD participant was housed resulted in a 17% reduction in the likelihood of arrest (Clifasefi et al., 2016), suggesting that addressing participants’ housing needs could reduce recidivism. In Honolulu, LEAD participants experienced a 38% reduction in the number of days they spent unsheltered from their entry into the program through the one-year follow-up period (Gralapp et al., 2019). A later study found that permanent housing for Honolulu participants increased from 8% to 50% from baseline to the fifteen month follow-up period, suggesting a substantial improvement despite the continued need for additional housing (Willingham et al., 2020).

2. Employment and Income

It has been suggested that participation in LEAD programs may be associated with employment and income benefits, although the limited research on these outcomes provide somewhat mixed findings. For example, Seattle LEAD participants were significantly more likely to be on

³ Notably, although individuals with IDD are recognized as a “hard to reach” population, response to these individuals has not been the focus of LEAD programs.

the employment continuum (i.e., in training or employed) after enrolling in the program (Clifasefi et al., 2016). Seattle participants were also 33% more likely to have regular income after enrolling in LEAD, with increases in legitimate income including funds earned through employment, unemployment benefits, military pensions, and federal income sources (e.g., Temporary Assistance for Needy Families; Clifasefi et al., 2016). Notably, however, relatively few Seattle LEAD participants were employed both prior to (7%) and following (9%) referral to LEAD and LEAD did not significantly increase the likelihood of employment for participants (Clifasefi et al., 2017). Examinations of changes in employment have been conducted in other communities as well. In Santa Fe, for example, LEAD clients reported a four day increase in the number of days they worked in the past month (New Mexico Sentencing Commission, 2018). However, only 8% of Honolulu LEAD clients used job readiness services as part of the program (Gralapp et al., 2019). As such, the ability of LEAD to improve employment outcomes and income varies across communities.

Preliminary research suggests that improved employment outcomes for participants may be associated with reduced recidivism. For example, each additional month a Seattle LEAD participant spent on the employment continuum reduced the likelihood of arrest by 41% (Clifasefi et al., 2016). More research is needed, however, to understand the impact of employment on recidivism rates among LEAD participants.

Researchers note that case managers are better able to help clients meet short-term needs (e.g., housing) and that obtaining long-term stability through steady employment can be more challenging. For instance, securing legitimate employment is difficult for participants who might not have a permanent address, access to necessary identification documents, transportation, interview attire, skills, or those with a criminal background that inhibits their ability to obtain permanent employment (Clifasefi et al., 2017). As such, improvement on measures of the employment continuum, including vocational training, are viewed as positive and attainable steps (Clifasefi et al., 2017).

3. Behavioral and Physical Health

LEAD is also intended to connect participants with needed physical and behavioral health services. As noted previously, LEAD does not require abstinence among participants. Instead, case managers are encouraged to celebrate successes that occur even if participants continue to use drugs (Fedders, 2019). Thus, it is important to keep in mind that abstinence is not the goal of LEAD and failure to abstain should not be considered a program failure (Worden & McLean, 2018). In Seattle, researchers found roughly 50% of clients participated in substance use treatment as part of the program, although case managers reported that this was not the primary focus of LEAD unless it was a personal goal for the client (Hoisington, 2018). Roughly 20% of Honolulu participants accessed substance use treatment services (Gralapp et al., 2019). The average number of days clients maintained methadone also increased by eight days in Santa Fe (New Mexico Sentencing Commission, 2018).

Several studies have found that participation in LEAD reduces substance use. In Santa Fe, for example, LEAD participants reported a 56% reduction in heroin use (New Mexico Sentencing Commission, 2018). Honolulu LEAD participants also experienced an 18% reduction in methamphetamine use, but a 51% increase in alcohol use (Gralapp et al., 2019). A separate study of LEAD in Honolulu found that participant methamphetamine usage decreased by 23% after being entered into the program and alcohol use increased by 11% (Willingham et al., 2020). There was also a 50% decrease in the average number of days participants used opioids/heroin in the past month (Willingham et al., 2020).

Many LEAD participants are observed to have chronic physical health challenges. Although LEAD programs are intended to assist participants in the management of these issues, research assessments of changes in physical health are often made difficult by health information privacy regulations (i.e., HIPAA; see Clifasefi et al., 2016). Still, several evaluations of LEAD programs provide rudimentary assessments of participants' engagement with health care services, generally finding that LEAD has been associated with reductions in substance use, while evidence surrounding the impact of LEAD on mental and physical health outcomes is less conclusive. For example, a large portion of service referrals in Contra Costa County were for healthcare/Medicare and psychiatric services (Bastomski et al., 2019). Eighty percent of Honolulu LEAD participants used medical services offered through the program (Gralapp et al., 2019). A later study in Honolulu identified small reductions in the number of hospital admissions for LEAD clients (Willingham et al., 2020). Additionally, almost 50% of LEAD participants used mental health services (Gralapp et al., 2019; Willingham et al., 2020). LEAD clients also experienced a 23% reduction in experiences of trauma after participating in the program for two years (Willingham et al., 2020). In Santa Fe, there was a 13% reduction in the number of emergency medical service calls for LEAD clients, while comparison individuals experienced a 32% increase in emergency medical service calls (New Mexico Sentencing Commission, 2018). LEAD clients specifically experienced a 48% reduction in medical calls related to drugs and alcohol, though there were limited differences in emergency room usage between groups (New Mexico Sentencing Commission, 2018).

B. Reduced Pressure on the Criminal Justice System

As mentioned above, one of the aims of LEAD is to reduce the use of criminal justice resources in response to individuals who have been repeatedly charged with minor offenses related to underlying addiction, behavioral health conditions, or other social challenges. Available research suggests that LEAD programs can be successful in reducing engagement with the criminal justice system among participants (Collins et al., 2015; Gralapp et al., 2019; Paul, 2018). This section briefly reviews the impact of LEAD programs on subsequent arrests, the number of cases participants are charged with, and outcomes related to booking and incarceration.

1. Arrest

Within the available research, several studies provide important findings associating individuals' participation in LEAD programs with reductions in arrest over time (Collins et al., 2017; Malm et al., 2020; New Mexico Sentencing Commission, 2018; Perrone et al., under review; Perry, 2018). For example, Seattle LEAD participants had 60% lower odds of being rearrested after entering the program (Collins et al., 2017). Notably, these reductions were observed at the same time arrests were increasing among a control group of individuals with similar offense histories (i.e., propensity score matching). Malm and colleagues (2020) similarly used propensity score matching to compare outcomes for San Francisco LEAD participants and comparison individuals arrested for LEAD eligible offenses over time. They found that LEAD clients had a significantly lower number of misdemeanor arrests than individuals in the comparison group at the six-month follow-up period (Malm et al., 2020). At the one-year follow up, LEAD participants had a significantly lower rate of both misdemeanor arrests and felony arrests, relative to comparison individuals (Malm et al., 2020). The likelihood of a felony arrest for non-LEAD participants was over twice as high as it was for LEAD participants (Malm et al., 2020). However, there were no significant differences in the number or types of arrests between LEAD participants and the matched comparison group at the 18-month follow up period (Malm et al., 2020). A separate study in San Francisco similarly found that individuals in the control group were 257% more likely to be arrested for a felony and 623% more likely to be arrested for a misdemeanor than LEAD participants (Perrone et al., under review). The use of rigorous research designs in these studies provides strong evidence of the impact of LEAD on arrests for participants.

In Santa Fe, LEAD participants had a significant reduction in arrests six months after being entered into the program, although there were no changes in the number of arrests for a control group during the same time period (New Mexico Sentencing Commission, 2018). However, looking at the full three-year evaluation period, Santa Fe LEAD participants had a significant increase in their number of new arrests over time, while the control group did not (New Mexico Sentencing Commission, 2018). Still, the results of this evaluation suggest that LEAD participants experienced a longer amount of time between their referral and a re-arrest (by over one month) relative to the comparison group (New Mexico Sentencing Commission, 2018). These differences in time to reoffending were particularly notable for warrant arrests, suggesting that legal support offered to LEAD clients may be beneficial in reducing these incidents (New Mexico Sentencing Commission, 2018). Similarly, LEAD clients were found to have longer time periods to re-arrest for drug offenses, further suggesting that the services offered through LEAD could be helpful for addressing contributing factors for some offense types (New Mexico Sentencing Commission, 2018). Furthermore, researchers found that clients who were more engaged in case management experienced significantly greater reductions in arrests than clients who were less engaged after being referred to LEAD (New Mexico Sentencing Commission, 2018).

2. Number of Cases

LEAD is designed to limit the number of charges processed through court by diverting individuals into services prior to charges being filed (Fedders, 2019). LEAD is also expected to reduce recidivism more broadly, leading to reductions in future charges against participants.

Research examining the number of cases brought against individuals during their participation in LEAD programs provide mixed findings. However, there is some evidence that individuals may benefit from their involvement in LEAD. In Seattle, for example, there were no significant differences in the number of misdemeanor cases between LEAD and non-LEAD participants; however, LEAD participants did have a significantly lower number of felony cases relative to non-participants (Collins et al., 2015, 2019). LEAD participants also experienced a significant within group reduction in their number of felony cases (Collins et al., 2015). Researchers suggest that reductions in felony charges could be due to prosecutors being less likely to pursue cases against LEAD participants (Collins et al., 2017).

A separate study examining overall charges and felony charges for LEAD participants in Seattle identified no statistically significant differences at the six month follow-up period (Collins et al., 2017). Still, LEAD participants were observed to experience a 28% reduction in charges and non-participants experienced a 13% reduction in charges, suggesting LEAD is trending in the proper direction (Collins et al., 2017). Further analyses isolating felony charges indicated that LEAD led to a significant 39% reduction for participants, relative to control individuals (Collins et al., 2017). Similarly, in San Francisco, researchers found comparison individuals were 360% more likely to have a felony case brought against them than LEAD participants (Malm et al., 2020; Perrone et al., under review). Although statistically insignificant, comparison individuals were also more likely to have a misdemeanor case brought against them than the LEAD participants (Perrone et al., under review).

3. Booking and Incarceration

LEAD is additionally intended to reduce pressure on correctional systems by limiting the use of jails and prisons to house low-level repeat offenders. Fewer evaluations have examined the impact of LEAD programs on individuals' experiences with booking and incarceration. However, those that have provide promising findings that suggest LEAD participation reduces rates of jail booking and incarceration in prison.

For example, evaluations of the Seattle LEAD program found, compared to non-participants, individuals involved with the LEAD program were significantly less likely (1.4 times less) to be booked into jail per year (Collins et al., 2015, 2019). Additionally, researchers observed a significant within-group reduction in jail bookings for Seattle LEAD participants over time (Collins et al., 2015). Furthermore, these participants were observed to spend 39 fewer days in jail after being entered into the program than their non-participating counterparts, again experiencing a significant within-group reduction in the number of days spent in jail (Collins et al., 2015). Similar findings were observed for Seattle LEAD participants' experience with prison. Specifically, participants had 87% lower odds of prison incarceration relative to non-participants (Collins et al., 2019), as well as a significantly reduced number of prison days relative to their pre-intervention time spent in prison (Collins et al., 2015).

Researchers examining the Santa Fe LEAD program found similar results. In Santa Fe, LEAD clients were detained for significantly fewer days than a comparison group both prior to and

following LEAD referral (New Mexico Sentencing Commission, 2018). After being referred to LEAD, participants were detained for significantly fewer days than the comparison group, even controlling for prior criminal history and other key variables (New Mexico Sentencing Commission, 2018). Collectively, these studies suggest that participation in LEAD programs can reduce incarceration rates among participants.

C. Cost-Effectiveness

Several studies have examined costs and savings associated with LEAD, typically finding that initial financial investments to facilitate LEAD programs can generate notable cost savings for the criminal justice system over time through reducing criminal justice contacts for LEAD participants. In Seattle, for example, LEAD averaged a monthly cost of \$899 per client for an annual cost of \$10,787 per client (Collins et al., 2015, 2019). However, at the end of the study, the monthly cost per client was reduced to \$532 as systems and processes were improved (Collins et al., 2015, 2019). Costs associated with client assistance (31%) and behavioral health services personnel (31%) accounted for the majority of costs, followed by public defenders and prosecutors (28%) and operating costs (10%; Collins et al., 2015). Given that most Seattle participants were experiencing homelessness, the greatest expenditure for LEAD was housing, with client assistance funds also used to pay for food and other client expenses (Collins et al., 2015, 2019). Seattle LEAD participants exhibited a \$2,100 reduction in costs associated with criminal justice system utilization, while non-participants experienced a concomitant \$5,961 cost increase (Collins et al., 2015). Notably, the reductions in criminal justice and legal system use were significantly larger for LEAD participants than non-participants, and even within LEAD participants over time (Collins et al., 2015, 2019).

In San Francisco, each LEAD client cost an average of \$1,911 per month for all services used (Malm et al., 2020). Criminal justice costs significantly declined by \$3,691 for LEAD participants relative to the comparison group, which experienced a \$587 cost increase after LEAD was implemented (Malm et al., 2020). This is especially notable given that there were no significant differences in criminal justice costs between LEAD participants and the comparison group prior to LEAD (Malm et al., 2020). Malm and colleagues (2020) additionally compared LEAD costs in San Francisco to those reported in Seattle, finding that the annual LEAD cost of \$15,264 per client in San Francisco is substantially higher than the annual cost of \$10,788 per client in Seattle. In Santa Fe, LEAD had an annual cost of \$7,541 per client (New Mexico Sentencing Commission, 2018). In comparing annual costs of emergency services, policing resources, legal fees, and detention fees between LEAD participants and a comparison group, it was found that LEAD participants cost an average of \$4,371 while the average annual cost for individuals in the comparison group was \$9,098 (New Mexico Sentencing Commission, 2018). Additional analyses indicated that LEAD resulted in an annual cost savings of \$1,558 per client (New Mexico Sentencing Commission, 2018). In Fayetteville, the observed 92% reduction in arrests for LEAD participants has been roughly estimated to reduce jail costs from \$25,641 to \$2,173 for each arrest, if participants were only detained for one day (Perry, 2018). As such, these studies collectively suggest that LEAD can result in meaningful cost savings for the criminal justice system.

IV. Stakeholders' Perceptions of Law Enforcement Assisted Diversion

In addition to examining the impact of LEAD, several researchers have examined stakeholder perceptions of these programs. In San Francisco, stakeholders who participated in interviews and focus groups repeatedly mentioned that improving connections between the police and service providers was one of the most successful elements of LEAD (Malm et al., 2020; Perrone et al., under review). Stakeholders additionally reported that LEAD improved their understanding of each other's roles (Magaña, 2019). This collaboration was viewed as crucial for members of all participating agencies to better serve the needs of LEAD clients using a harm reduction approach to successfully reduce recidivism (Malm et al., 2020). Santa Fe LEAD stakeholders similarly reported that the program would not have been successful without buy-in from all of the participating agencies and that the program itself led to improved relationships over time (New Mexico Sentencing Commission, 2018). Given that the success of LEAD depends on collaboration between law enforcement, legal personnel, service providers, and LEAD clients, the perceptions of each of these groups of stakeholders are important to assess. This section reviews prior research examining stakeholder perceptions among each of these groups, highlighting important elements for LEAD program development and implementation to facilitate the effectiveness of this response.

A. Law Enforcement

Establishing and maintaining police officer support for LEAD has posed substantial challenges in numerous cities, including Seattle (Beckett, 2014), San Francisco (Perrone et al., under review), and Los Angeles (Malm et al., 2020). Officers in Seattle and Vietnam reported being skeptical about programs that do not require abstinence (Beckett, 2014; Luong et al., 2021). Officers in Seattle, Los Angeles, and San Francisco also reported being frustrated that they referred individuals to LEAD and then would continue to see them using drugs on the street (Beckett, 2014; Malm et al., 2020). Officers who were unsupportive of LEAD in Albany were similarly concerned that LEAD does not require the same level of accountability as court-ordered programs (Worden & McLean, 2018). Officers in San Francisco and Albany also reported that LEAD either duplicated other services that already exist or diverted funds away from other programs that had already been effective (Malm et al., 2020; Worden & McLean, 2018). Notably, to address concerns surrounding redundancy in Seattle, individuals who were already involved in either drug court or mental health court were ineligible for participation in LEAD (Collins et al., 2017).

Given that LEAD is a law enforcement driven program, it is important to ensure that police partners feel like they have a voice in the process. Although Seattle officers were initially skeptical about LEAD, incorporating these officers in discussions of the purpose and implementation of the program was observed to improve their receptivity (Beckett, 2014). Seattle officers reported that training with case managers helped them to better understand harm reduction principles and the recovery process (Beckett, 2014). In San Francisco, officers reported that having well respected supervisors promote LEAD and describe the goals of the program helped ensure officer buy-in (Malm et al., 2020). However, some officers reported

frustration that their input and questions were not addressed or considered during LEAD workgroup meetings (Malm et al., 2020). Namely, stakeholders in the workgroups had different priorities, with case managers and legal partners often interested in discussing procedural concerns while police officers were more interested in discussing LEAD clients. Including officers in workgroup meetings in Seattle and San Francisco was helpful for informing officers about the progress that is being made for program participants because officers generally do not see these outcomes (Beckett, 2014; Magaña, 2019). Several officers in San Francisco highlighted the benefits of being able to connect a potential LEAD participant with a case manager the officer knows (Perrone et al., under review). These relationships between officers and case managers increased officer trust in the program.

Worden and McLean (2018) conducted surveys and interviews with officers in Albany to better understand their perceptions of LEAD and how those perceptions influenced their use of the program in the field. Just below half of the officers surveyed reported either somewhat or very positive perceptions of diversion and LEAD (46%), although 68% reported that the Albany Police Department was too willing to adopt the program. Officers who were favorable toward LEAD were twice as likely to refer an individual to the program, controlling for other factors (Worden & McLean, 2018). As such, improving officer perceptions of diversion could increase their use of LEAD. Of those officers interviewed, the majority were in the middle of the spectrum and largely reported being indifferent toward LEAD (Worden & McLean, 2018). Officers who were unsupportive of LEAD felt that the program asked officers to become social workers. Officers who were strongly opposed to LEAD suggested that substance use programs do not work or maintained beliefs that individuals who want help need to seek it on their own. Officers who were supportive of LEAD felt that LEAD provided them an additional tool to help people, a function they viewed as a key component of the police role (Worden & McLean, 2018; see also Satterberg et al., 2013 in Seattle). Supportive officers held varying perceptions about the use of LEAD depending on an individual's prior history. Some officers supported LEAD for individuals with a history of repeat offenses to help break them out of the cycle while other officers viewed those individuals as unlikely to change. The discretionary nature of LEAD allows officers with different viewpoints to refer individuals based on their own perceptions within the relevant criteria (Worden & McLean, 2018).

Other researchers have examined officer perceptions of diversion programs prior to implementing LEAD. For instance, few officers in Baltimore agreed that arrest was an effective way to treat individuals who use drugs or that current police responses to individuals who use drugs were effective prior to LEAD implementation (Rouhani et al., 2019). These officers additionally agreed that police officers should be working with social workers to reduce crime. Officers with more years of service were less likely to agree that individuals who use drugs could easily access services or that individuals who purchased small quantities of drugs should be arrested than their less experienced counterparts (Rouhani et al., 2019). More experienced officers were also significantly more likely to agree that pre-arrest diversion programs could effectively reduce crime than less experienced officers (Rouhani et al., 2019). Despite similar perceptions of the futility of arrest to intervene in drug use in Vietnam, officers continued to use incarceration for individuals arrested for drug offenses in lieu of treatment referrals or

connections to services, undermining the impact of LEAD (Luong et al., 2021). As a result, several stakeholders highlighted a need for improved officer training surrounding diversion processes and available resources (Luong et al., 2021).

B. Legal Partners

Given the importance of deferring charges for LEAD participants, prosecutors and defense attorneys are key stakeholders in these programs. In Seattle, including prosecutors in regular LEAD workgroup meetings helped them determine whether filing charges against LEAD participants could hinder their progress. Alternatively, prosecutors reported that, in some cases, filing charges was an effective way to reconnect participants who were not engaging in LEAD with their case managers (Beckett, 2014). In San Francisco, legal partners reported that training police officers about the program was challenging without establishing a rapport with the officers (Malm et al., 2020). Public defenders reported improved relationships with the police as a result of the program. They further indicated that being able to speak the officers language, promoting the benefits of LEAD, and having honest discussions about why officers should participate was crucial to gaining police support and involvement (Magaña, 2019). However, some legal partners in San Francisco suggested that the eligibility criteria for the program limited the number of pre-booking referrals officers were able to make because many eligible offenses were unlikely to result in prosecutions anyway (Malm et al., 2020). These partners were also unsure how to manage individuals who had active warrants issued by other courts, highlighting the need for clear policies for participating partners working with outside agencies (Malm et al., 2020).

C. Service Providers

Due to the complex needs of LEAD participants, it is crucial to include numerous service providers in these collaborations. Given that the individual agencies that participate in LEAD have different motivations and priorities, allowing each partner agency to maintain their autonomy in their decision-making processes and respecting the institutional and political limits within each of the participating organization is observed to facilitate the success of these programs (Beckett, 2014). In San Francisco, case managers and behavioral healthcare providers reported improved collaboration among their agencies, the police, and public defenders that facilitated improved outcomes for their clients (Magaña, 2019). An interim evaluation of the Contra Costa County LEAD program indicated that all of the partner agencies were committed to providing better services to clients, despite the somewhat nebulous nature of the individual role of each participating agency (Bastomski et al., 2019). Stakeholders in Seattle reported that it was also important to communicate the goals of the program with the community to garner support, especially given that immediate abstinence is not required for continued LEAD participation (Beckett, 2014).

Case managers serve a central function in LEAD through working with clients referred by the police, assessing client needs, and directing clients to relevant services. In Seattle, stakeholders

felt that case managers should be social workers with hands-on experience because they are expected to locate LEAD participants in high crime areas, to accompany them to relevant appointments, and to assist clients in accessing services (Beckett, 2014). Case managers are also expected to use motivational interviewing and other evidence-based tactics to identify client goals and assist them in meeting those goals (Beckett, 2014). Case managers in San Francisco also highlighted important differences between LEAD and other programs because they know where LEAD participants are, so if a client does not show up for appointments the case manager will track them down in the street to reconnect with them (Malm et al., 2020).

Many case managers also talked about their relationships with the police. Some case managers in Seattle were hesitant to formally partner with the police, because they serve individuals who are regularly engaged in criminal activities and did not want to lose their legitimacy with their clients (Beckett, 2014). However, many case managers reported that working with the police was beneficial because it allowed them to prove that they are on their clients' side, not always on the side of the police (Beckett, 2014). In Los Angeles, case managers reported favorable perceptions of participating officers, who would sit and talk with clients as opposed to lecturing them (Malm et al., 2020). San Francisco case managers also reported that increased collaboration with the police improved their perceptions of police officers (Malm et al., 2020). This increased exposure also provided case managers with insight into the types of incidents the police respond to on a regular basis and helped them better relate to police officers outside of an enforcement context (Magaña, 2019; Malm et al., 2020).

Many Seattle service providers noted that being able to provide LEAD clients with immediate access to services, as opposed to issuing a referral to a service with a long waiting list, was crucial to preventing re-arrest (Beckett, 2014). To accomplish this goal, funds are used to provide LEAD clients immediate access to services until they make it to the top of the waiting list for a particular service naturally. This prevents LEAD clients from displacing other individuals who are also waiting for services, while still providing immediate services for LEAD participants (Beckett, 2014). This is intended to ensure that LEAD benefits the full community, not just those who participate in the program (Beckett, 2014). However, several of the concerns mentioned by case managers in Contra Costa County were related to the fact that most participants had more severe needs than the program was designed to support (Bastomski et al., 2019). One of the greatest challenges noted by healthcare providers in Contra Costa County was the ability to provide services to individuals with severe mental health conditions and those who were experiencing homelessness (Bastomski et al., 2019). These factors made it challenging to locate and remain in contact with LEAD clients, resulting in some suggestions that eligibility criteria should be adjusted (Bastomski et al., 2019). Medical professionals in Vietnam were hesitant about decriminalizing drugs and leaving referrals to police discretion due to the fact that harm reduction strategies were not entrenched in Vietnam at the time (Luong et al., 2021). As such, ensuring sufficient resources to serve LEAD participants and creating an environment that promotes collaboration between service providers and police officers can improve perceptions of these programs.

D. LEAD Clients

Examining participants' perceptions of LEAD provides important insights on elements that facilitate program success. This section briefly reviews LEAD participants' perceptions of the impact of the program on their lives, their perceptions of police officers, their perceptions of case managers, and their perceptions of barriers to program success.

LEAD clients in several studies highlighted the positive impacts of the program on their quality of life (Clifasefi & Collins, 2016; Gralapp et al., 2019; New Mexico Sentencing Commission, 2018). LEAD participants in Seattle reported that being able to use services without an abstinence requirement was one of the most helpful aspects of the program, with several participants noting that required abstinence is a reason they have not used services in the past (Clifasefi & Collins, 2016). Many Seattle participants felt that LEAD was client-centered and effectively met their needs (Clifasefi & Collins, 2016). Some respondents reported that LEAD focused on the right needs first – finding a place to sleep, having enough to eat, addressing physical health concerns, etc. – that needed to be addressed before they could worry about vocational skills or employment (Morrissey et al., 2019). The client-centered, harm reduction approach was viewed as helpful for numerous outcomes across studies, including: improved stability, building self-esteem, increasing hope for the future, helping set goals, providing better social support, improved mental health outcomes, and reducing feelings of depression and violent urges (Clifasefi & Collins, 2016; Gralapp et al., 2019; New Mexico Sentencing Commission, 2018).

Several LEAD participants also reported improved perceptions of the police as a result of participating in the program. Many Seattle participants reported that they have had very little contact with the police since being involved in the program, but those who have reported that LEAD improved their interactions with officers and that some officers have even asked them about their progress and how the program was going (Clifasefi & Collins, 2016). LEAD clients in Los Angeles and San Francisco largely reported that LEAD officers treated them fairly and were polite and respectful during their interactions (Malm et al., 2020). These respondents also reported that officers were helpful and were non-judgmental, indicating that officers treated individuals in a procedurally just manner (Malm et al., 2020).

LEAD participants highlighted the importance of case managers in several studies. LEAD participants in Seattle noted that part of the reason the program was so successful was because their case manager could help them with any problem they experienced, resulting in a one-stop shop that did not require coordinating multiple different services to have their individual needs met (Clifasefi & Collins, 2016). Seattle participants additionally reported that their case managers helped them stay on track, even when they began to slip, which was crucial to their success (Morrissey et al., 2019). Los Angeles and San Francisco LEAD clients also reported favorable perceptions of their case managers, who they viewed as helpful, knowledgeable about available services, supportive, and non-judgmental (Malm et al., 2020). Case managers in San Francisco helped clients develop a routine and accomplish tasks, often celebrating small successes (Magaña, 2019). Clients interviewed in Fayetteville similarly highlighted the

importance of good case managers to help address immediate needs (Perry, 2018). Clients further emphasized that the timeliness of services is crucial and should be prioritized to improve the effectiveness of treatment for individuals with immediate needs. Additionally, clients reported that LEAD staff being willing to meet them in the community, as opposed to requiring them to go to the police department or another location, eliminated barriers to asking for help (Perry, 2018).

Although most participants had positive perceptions of LEAD, some barriers to participation were also identified.⁴ For example, some individuals who were eligible to participate in Seattle’s LEAD declined because they perceived LEAD to be a program for “snitches” because individuals who were arrested were immediately released (Beckett, 2014; Clifasefi & Collins, 2016). One Santa Fe participant suggested that the name itself led some people to believe that LEAD participants provided ‘leads’ to the police (New Mexico Sentencing Commission, 2018). Clients in San Francisco reported that the limited working hours for case managers and service providers sometimes inhibited their ability to use services when they need them, especially given that many clients use substances outside of normal business hours (Malm et al., 2020). LEAD clients in San Francisco additionally reported that having to go through metal detectors at the Department of Public Health and the proximity of this facility to the court was a negative experience that could hinder participation in the program (Malm et al., 2020).

V. Discussion

Law Enforcement Assisted Diversion (LEAD) is a collaborative response intended to divert people who commit repeat, low-level offenses from the criminal justice system and into community-based services. LEAD programs are guided by a harm reduction philosophy that encourages compassionate treatment for clients to improve the health and safety of LEAD participants and their communities. Prior research has found that LEAD can successfully increase participant connections to services. Researchers have further found that LEAD can reduce some measures of recidivism, including the number of arrests and bookings for individuals who participate in these programs, while providing considerable cost savings for the criminal justice system. Further, LEAD is generally well-received by legal actors, service providers, and LEAD clients, although improving law enforcement perceptions of LEAD could prove fruitful for enhancing the use and success of these programs. Findings from the quantitative evaluations of LEAD programs are summarized in Table 4, below.

⁴ Although the existing research does not provide clear statistics on the rates that individuals referred to LEAD programs elect to participate or not, there is some indication that barriers related to program processes may prevent some individuals from choosing to participate. For example, In Honolulu, individuals who chose not to participate generally did not want to go through the intake and needs assessment process (Willingham et al., 2020). There was also some indication that the interview process resulted in some referrals dropping out in Santa Fe (New Mexico Sentencing Commission, 2018).

Table 4. Summary of Findings from Quantitative Evaluations of LEAD Programs

Outcome	Findings
Individuals' Connection to Services	<p><i>Housing</i> It is observed that a large portion of LEAD participants lack stable housing, and that homelessness may contribute to their frequent interactions with the criminal justice system. Several studies have found that LEAD successfully reduced homelessness for participants and that providing housing may reduce recidivism among these individuals. Identifying enough housing options to support demand is a commonly noted challenge, however.</p> <p><i>Employment & Income</i> It has been suggested that participation in LEAD programs may be associated with employment and income benefits, although the limited research on these outcomes provide somewhat mixed findings. Some studies have found that LEAD can improve employment outcomes and income for participants, although several studies note that participants often have substantial barriers to gaining employment (e.g., lack of permanent address, interview attire, transportation, necessary identification documents).</p> <p><i>Behavioral & Physical Health</i> Several studies have found that substance use among LEAD participants decreased substantially, even though LEAD participation does not require abstinence. Studies have also found that LEAD can increase connections between participants and other mental and physical health services, although these outcomes have received less research attention.</p>
Reducing Pressure on the Criminal Justice System	<p><i>Arrest</i> The available research suggests that LEAD programs can reduce the likelihood of future arrests among participants. Several studies report statistically significant reductions in misdemeanor and felony arrests among LEAD participants when compared to similarly situated individuals who are not engaged with a LEAD program. However, this finding is not universal.</p> <p><i>Number of Cases</i> Research examining the number of cases brought against individuals during their participation in LEAD programs provide mixed findings. However, there is some evidence that individuals may benefit from their involvement in LEAD. Specifically, some studies have found that participation in LEAD programs can reduce the number of cases that individuals are charged with.</p> <p><i>Booking & Incarceration</i> Fewer evaluations have examined the impact of LEAD programs on individuals' experiences with booking and incarceration. Sill, preliminary findings suggest the benefit of LEAD participation in reducing rates of jail booking and incarceration in prison. However, these findings are not consistent across studies.</p>
Cost-Effectiveness	<p>Few studies have examined the cost effectiveness of LEAD programs. However, researchers generally find that the criminal justice and health care costs associated with LEAD participants are substantially lower than their non-participant counterparts.</p>

Despite the encouraging findings reported above, LEAD is a relatively new strategy and additional evidence generated in other communities using rigorous methodologies is needed to validate these findings. This section reviews the practical implications from the research that has been conducted to date and discusses avenues for future research.

A. Practical Implications

Prior evaluations of LEAD have identified several practical considerations for communities who wish to implement LEAD programs, largely surrounding collaboration, officer buy-in, available resources, and selecting the correct participants. Successfully implementing a LEAD program requires collaboration from numerous agencies with competing interests and goals. In order for these programs to be successful, program planning must be strategic, data must be consistently and accurately collected, and program progress must be tracked to ensure that all LEAD partners are meeting their objectives (Bastomski et al., 2019). In Los Angeles, LEAD experienced regular staff turnover and barriers to open communication between partners, which posed notable challenges to the success of the program (Malm et al., 2020). In Seattle, including multiple partners in working group meetings helped alleviate challenges associated with inter-agency collaboration. For instance including prosecutors in regular meetings helped ensure that they made informed decisions when processing charges filed against LEAD participants (Beckett, 2014).

The use of arrests to respond to drug offenses has been incentivized in policing for decades (Fedders, 2019). As such, for diversion programs like LEAD to be effective, police agencies need to promote the use of the program and encourage officers to refer individuals to participate. Service providers in San Francisco reported that merely designing a program and saying that you are going to provide individuals with services is unlikely to result in change, rather you need to actually ensure that individuals are being referred to services (Malm et al., 2020). One of the greatest barriers to LEAD in San Francisco was obtaining police officer buy-in (Malm et al., 2020). To address these challenges in future programs, Malm and colleagues (2020) suggest that officers should be regularly trained in harm reduction and the purposes of LEAD to promote the use of the program. Some studies have found that officers who are more optimistic about the potential for rehabilitation and officers who felt that individuals with offense histories were victims of their circumstances were more likely to refer individuals to LEAD (Schaible et al., 2021), highlighting the importance of selecting the right officers to participate in the implementation of LEAD programs. Officers in Albany supported the discretionary nature of the program, which allowed them to refer individuals they felt would benefit without feeling pressure from their supervisors to refer everyone (Worden & McLean, 2018).

In several communities, identifying comprehensive, community resources to meet the needs of the population targeted by LEAD programs has been challenging. In Seattle, providing access to housing and mental health services were commonly noted as some of the greatest challenges to LEAD, especially when service providers required abstinence or clean criminal backgrounds (Beckett, 2014). Similar barriers were identified in Contra Costa County, which also suffered

from the lengthy background check process for participants, ultimately limiting the number of individuals who were able to participate in the program (Bastomski et al., 2019). Further, many participants did not have access to reliable transportation, which further limited their ability to engage in services (Bastomski et al., 2019). High caseloads have also posed challenges for case managers in some places. Ensuring that case managers have adequate time to provide services for their clients is crucial to the success of LEAD (Malm et al., 2020).

Some have raised concerns that permitting social contact referrals to LEAD programs could result in net widening. Net widening occurs when programs designed to divert or provide alternatives to arrest create an overall increase in the number of people who have contact (formal or informal) with the criminal justice system by engaging with individuals who would otherwise not have that contact (Engel et al., 2019). It has been observed that the use of arrest diversion is more effective for reducing reliance on criminal justice resources, while social contacts might increase resource use for incidents that were not going to be processed in the criminal justice system (Fedders, 2019). Others have similarly argued that the use of social contact referrals undermines evaluations of recidivism because those referred through social contacts never truly engaged in a criminal offense in the first place (Roberts, 2019). Given these concerns, it is important that LEAD programs be continuously monitored to assess the number and characteristics of individuals referred to the program, as well as the primary method of referral used. Monitoring LEAD implementation in this manner may assist in ensuring individuals referred to the program are those who would benefit most from the programmatic services.

Another important concern in LEAD is ensuring that the eligibility criteria being used are capturing the intended population, namely those whose offending is driven by substance use, mental health conditions, or other behavioral health conditions (Fedders, 2019). It is also difficult for officers to refer individuals with a history of prior offending in some locations. For instance, in Albany, only 77% of LEAD participants had a prior criminal history (Worden & McLean, 2018). However, the LEAD policy in Albany does not specify that a history of prior offending should be considered, which could influence these findings (Worden & McLean, 2018). Individuals who were arrested despite being eligible for LEAD were sometimes listed as uncooperative or not having a known history of behavioral health conditions (Worden & McLean, 2018). Individuals who were not diverted also had a slightly higher number of prior arrests, even controlling for other factors (Worden & McLean, 2018). As such, clear eligibility criteria should be established to ensure officers are referring the intended population. Additionally, communities may consider the development of field risk assessment tools to assist officers in their decision-making related to program referrals (Engel et al., 2019).

Related to the examination of eligibility criteria and the characteristics/experiences of LEAD participants, it is important that communities implementing LEAD programs consider how this response may affect individuals with co-occurring conditions, including individuals with intellectual and developmental disabilities (IDD). Notably, about one-third of individuals with IDD have co-occurring mental health conditions (Quintero & Flick, 2010). As such, consideration of people with IDD and the agencies that support them should be integrated from the onset of

program development and implementation. The integration of IDD in this manner can enhance LEAD responses to this population, ensuring they are provided appropriate resources, services, and supports.

Finally, barriers between police referrals and assignment to a case manager have been noted in some locations. In San Francisco, officers could not directly refer eligible individuals to a case manager, but instead referred them to the Department of Public Health for initial intake (Malm et al., 2020). Although behavioral health service providers viewed this process as effective for identifying client needs and gathering information prior to assignment to a case manager, the police reported frustration about the need to engage in an additional step in the process (Malm et al., 2020). Officers reported that this extra step resulted in some individuals who were referred to LEAD declining to participate due to the perceived amount of effort required (Malm et al., 2020). Some case managers reported that this additional step negatively impacted their relationships with their clients because the personnel with clinical backgrounds who facilitated intake at the Department of Public Health could not build the same rapport with clients as case managers who have practical backgrounds working with these populations (Magaña, 2019). As such, regular communication between partners about potential barriers to success could facilitate program improvements and mitigate these types of concerns.

In short, ensuring strong working relationships between agencies with different goals can be challenging. Identifying sufficient resources to serve the needs of LEAD clients can also be difficult. Encouraging officer support for these programs is integral to their use and success. This requires setting clearly defined eligibility criteria and ensuring the intended population is included. Working groups should routinely communicate and adjust the program and policies to reduce barriers to success.

B. Research Implications

Although police-led diversion programs have been used in the United States for decades, research examining the impact of these initiatives is fairly limited (Engel et al., 2019). The majority of the studies reviewed in this chapter are reports. Relatively few evaluations of LEAD have appeared in peer-reviewed publications, but those that have been published have used rigorous methodologies including control groups and propensity score methods, lending credence to the positive findings of these evaluations (Collins et al., 2017).

While randomized controlled trials provide the strongest evidence of program impact, it is not possible to use these methods in evaluations of LEAD. Police officer discretion to refer individuals to LEAD is a key component of the program to maximize police buy-in and use officer knowledge to select individuals likely to succeed. As such, it is not possible to randomly refer eligible individuals to LEAD (Malm et al., 2020; Perrone et al., under review). However, the centrality of discretion to the LEAD model creates challenges when measuring the impact of LEAD on recidivism. For instance, officers could choose not to arrest LEAD participants, which could result in underestimates of reoffending among participants (Engel et al., 2019). Despite this concern, some researchers have suggested that police officers are generally unaware of

whether a specific individual is a LEAD participant (Malm et al., 2020). Some LEAD stakeholders have additionally argued that randomizing LEAD referrals would be unethical because LEAD provides services to individuals in need (Malm et al., 2020; Perrone et al., under review).

Due to the inability to randomize, several researchers have used propensity score matching to minimize potential differences between LEAD participants and a comparison group (Collins et al., 2015; Malm et al., 2020; New Mexico Sentencing Commission, 2018; Perrone et al., under review). However, these methods cannot account for other factors that police officers might consider when making the discretionary choice to refer an individual to LEAD. Nevertheless, future research should continue to use strong research designs in attempt to mitigate differences between treatment and control groups to isolate the impact of LEAD on outcomes. Given the relatively limited body of peer-reviewed research examining the impact of LEAD, additional research from other agencies is needed to supplement this body of evidence.

Substantively, there are several research questions that future evaluations may consider to help build our understanding of the implementation of LEAD programs and the experiences of LEAD clients. For example, given the reliance of many LEAD programs on officer discretion in program referral, future research would benefit from the examination of officer decision-making – highlighting under what circumstances officers are more likely to make referrals to LEAD in lieu of release or arrest. Currently, existing research provides limited insight on what factors affect the use of referrals in police work (see Engel et al., 2019 for a review). Additionally, researchers must dedicate attention to examining LEAD client characteristics, including existing behavioral health conditions, developmental disabilities, and/or co-occurring conditions, to identify how these characteristics may affect participants' experiences with LEAD programs.

C. Conclusion

LEAD is a collaborative police-led strategy designed to divert repeat, low-level offenders from the criminal justice system into community-based services to address underlying needs. Guided by a harm reduction philosophy, the success of these programs depends on strong collaborations between the police, legal partners, and service providers to interrupt the cycle of offending. Extant research largely suggests that LEAD can improve participants' access to housing and improve behavioral health outcomes. Research additionally suggests that these programs can reduce pressure on the criminal justice system through reducing the number of arrests, charges, and jail and prison incarcerations experienced by LEAD participants. Further research has found that these programs can result in substantial cost savings. LEAD is generally well-received by legal partners, service providers, and clients, though future efforts to improve officer perceptions of these programs are needed to maximize success. Prior evaluations have also identified numerous considerations for communities interested in implementing LEAD, including fostering collaborative groups, enhancing officer buy-in, and identifying available services for the target population. Although relatively little peer-reviewed research has been published evaluating the impact of LEAD, those studies that have been published largely use rigorous methods including control groups and propensity score methods. Additional research

is needed to examine the impact of LEAD in different locations and for individuals with intellectual and developmental disabilities and co-occurring conditions.

VI. References

- American Association on Intellectual and Developmental Disabilities. (n.d.). *Definition of intellectual disability*. Retrieved July 6, 2021 from <https://www.aaid.org/intellectual-disability/definition>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders, (DSM-5®)*. American Psychiatric Publishing.
- Bastomski, S., Cramer, L., & Reimal, E. (2019, August). *Evaluation of the Contra Costa County law enforcement assisted diversion plus program: Interim evaluation report*. Urban Institute.
- Beckett, K. (2014). *Seattle's law enforcement assisted diversion program: Lessons Learned from the first two years*.
- Bueno, E. P. (2019). *Law enforcement assisted diversion in San Francisco: Clientele differences between diversion tactics*. University of California, Irvine.
- Centers for Disease Control and Prevention. (n.d.). *Original essential public health services framework, the public health system*. Retrieved July 7, 2021 from <https://www.cdc.gov/publichealthgateway/publichealthservices/originalessentialhealthservices.html>
- Clifasefi, S. L., & Collins, S. E. (2016, November 1). *LEAD program evaluation: Describing LEAD case management in participants' own words*. Harm Reduction Research and Treatment Center, University of Washington – Harborview Medical Center.
- Clifasefi, S. L., Lonczak, H. S., & Collins, S. E. (2016, March 31). *LEAD program evaluation: The impact of LEAD on housing, employment and income/benefits*. Harm Reduction Research and Treatment Center, University of Washington – Harborview Medical Center.
- 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 and Delinquency*, 63(4), 429-445.
- Collins, S. E., Lonczak, H. S., & Clifasefi, S. L. (2015, June 24). *LEAD program evaluation: Criminal justice and legal system utilization and associated costs*. Harm Reduction Research and Treatment Center, University of Washington – Harborview Medical Center.
- 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.

Committee on Psychiatry and the Community for the Group for the Advancement of Psychiatry. (2021, March). *Roadmap to the ideal crisis system: Essential elements, measurable standards and best practices for behavioral health crisis response*. National Council for Behavioral Health.

Developmental Disabilities Assistance and Bill of Rights Act of 2000. Pub. L. 106-402, 114 Stat. 1683 § 102. https://acl.gov/sites/default/files/about-acl/2016-12/dd_act_2000.pdf

Engel, R. S., Worden, R. E., Corsaro, N., McManus, H. D., Reynolds, D., Cochran, H., Isaza, G. T., & Calnon Cherkaskas, J. (2019). *The power to arrest*. SpringerBriefs in Translational Criminology.

Executive Office of the President of the United States. (2020, December). *Report of the President's commission on law enforcement and the administration of justice*. Executive Office of the President of the United States.

Fedders, B. (2019). Opioid policing. *Indiana Law Journal, 94*(2), 389-450.

Gralapp, S., Willingham, M., Pruitt, A., & Barile, J. P. (2019). *Law Enforcement Assisted Diversion Honolulu 1-Year Program Evaluation Report*. University of Hawai'i at Mānoa LEAD Program Evaluation Team.

Hoisington, A. A. (2018). Diversion programs offer a fresh approach: Programs offered by law enforcement agencies support long-term recovery. *Behavioral Healthcare Executive, 38*(4), 7-9.

Jones, J. (2007). Persons with intellectual disabilities in the criminal justice system: A review of issues. *International Journal of Offender Therapy and Comparative Criminology, 51*(6), 723-733.

Luong, H. T., Hoang, L. T., Le, T. Q., Hoang, T. A., Vu, M. T., Tran, H. Q., & Thomson, N. (2021). 'We realised we needed a new approach': Government and law enforcement perspectives on the implementation and future of the drug decriminalisation policy in Vietnam. *International Journal of Drug Policy, 87*, 102990.

Magaña, E. J. (2019). *A process evaluation of LEAD (Law Enforcement Assisted Diversion) San Francisco (SF)*. California State University, Long Beach.

Malm, A., Perrone, D., & Magaña, E. J. (2020, January 1). *Law enforcement assisted diversion (LEAD) external evaluation, Report to the California State Legislature*. School of Criminology, Criminal Justice and Emergency Management, California State University Long Beach.

- Marinos, V., Griffiths, D., Robinson, J., Gosse, L., Fergus, C., Stromski, S., & Rondeau, K. (2017). Persons with intellectual disabilities and the criminal justice system: A view from criminal justice professionals in Ontario. *Criminal Law Quarterly*, 64(1-2), 83-107.
- Morrissey, S., Nyrop, K., & Lee, T. (2019). Landscapes of loss and recovery: The anthropology of police-community relations and harm reduction. *Human Organization*, 78(1), 28-42.
- National Alliance on Mental Illness. (n.d.). *Mental health conditions*. Retrieved July 7, 2021 from <https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions>
- National Institute on Drug Abuse. (2018, July). *Media guide: How to find what you need to know about drug use and addiction*. U.S. Department of Health and Human Services, National Institutes of Health.
- New Mexico Sentencing Commission. (2018, October). *Santa Fe law enforcement assisted diversion (LEAD): An analysis of the pilot phase outcomes*. <https://nmsc.unm.edu/reports/2018/the-santa-fe-law-enforcement-assisted-diversion.pdf>
- Paccone, J. C. (2020). *Outcomes of national jail diversion programs for individuals with mental illnesses or substance use disorders: A comparison to the criminal justice system as is*. University of California, Los Angeles.
- Paul, L. (2018). Meeting opioid users where they are: A service referral approach to law enforcement. *North Carolina Medical Journal*, 79(3), 172-173.
- Perrone, D., Malm, A., & Magaña, E. (under review). Harm reduction policing: An evaluation of law enforcement assisted diversion (LEAD) in San Francisco.
- Perry, C. (2018). *LEADing the way*. East Carolina University.
- Quintero, M., & Flick, S. (2010). Co-occurring mental illness and developmental disabilities. *Social Work Today*, 10(5), 6.
- Roberts, A. (2019). LEAD us not into temptation: A response to Barbara Fedders's "opioid policing." *Indiana Law Journal*, 94, 91-103.
- Rouhani, S., Gudlavalleti, R., Atzmon, D., Park, J. N., Olson, S. P., & Sherman, S. G. (2019). Police attitudes towards pre-booking diversion in Baltimore, Maryland. *International Journal of Drug Policy*, 65, 78-85.
- Satterberg, D., Pugel, J., Taylor, K., & Daugaard, L. (2013, April). Seattle LEAD's on law enforcement diversion. *COPS Office E-Newsletter*, 6(4). https://cops.usdoj.gov/html/dispatch/04-2013/seattle_leads.asp
- Schaible, L., Gant, L., & Ames, S. (2021). The impact of police attitudes towards offenders on law-enforcement assisted diversion decisions. *Police Quarterly*, 24(2), 205-232.

Willingham, M., Gralapp, S., & Barile, J. P. (2020). *Law enforcement assisted diversion Honolulu 2-year program evaluation report*. University of Hawai'i at Mānoa LEAD Program Evaluation Team.

Worden, R. E., & McLean, S. J. (2018). Discretion and diversion in Albany's lead program. *Criminal Justice Policy Review*, 29(6-7), 584-610.

APPENDIX A. Evaluations of Law Enforcement Assisted Diversion Programs

Author(s) / Year	Publication Type	LEAD Program	Location	Methodology	Outcomes of Interest
Bastomski et al. (2019)	Report	Contra Costa County LEAD	United States	Process Evaluation: Interviews with Program Staff Outcome Evaluation: Administrative Criminal Justice and Service Provider Data Cost-Effectiveness Evaluation: Comparing LEAD to 'Business as Usual'	<ul style="list-style-type: none"> • Arrests • Convictions • Cost-Benefits • Probation Violations • Program Implementation and Operations
Beckett (2014)	Report	Seattle LEAD	United States	Process Evaluation: Qualitative Review of Program Documents; Observations of LEAD Personnel; Interviews with LEAD Stakeholders and Participants	<ul style="list-style-type: none"> • Program Implementation and Operations
Bueno (2019)	Thesis	San Francisco LEAD	United States	Descriptive: Differences between Social Contact and Pre-Booking Clients	<ul style="list-style-type: none"> • Program Implementation and Outcomes
Clifasefi & Collins (2016)	Report	Seattle LEAD	United States	Qualitative: Interviews	<ul style="list-style-type: none"> • Participant Perceptions
Clifasefi et al. (2016)	Report	Seattle LEAD	United States	Descriptive: Within-Group Change in Outcomes	<ul style="list-style-type: none"> • Arrests • Charges • Quality of Life (Employment, Housing, Income)
Clifasefi et al. (2017)	Peer-Reviewed Article	Seattle LEAD	United States	Descriptive: Within-Group Change in Outcomes	<ul style="list-style-type: none"> • Arrests • Charges • Quality of Life (Employment, Housing, Income)
Collins et al. (2015)	Report	Seattle LEAD	United States	Quasi-Experiment: LEAD Participants Compared to Control Group Cost-Effectiveness Evaluation	<ul style="list-style-type: none"> • Costs • Felony Cases • Incarceration • Jail Bookings • Jail Days • Misdemeanor Cases
Collins et al. (2017)	Peer-Reviewed Article	Seattle LEAD	United States	Quasi-Experiment: LEAD Participants Compared to Control Group	<ul style="list-style-type: none"> • Arrests • Time to Recidivism

Author(s) / Year	Publication Type	LEAD Program	Location	Methodology	Outcomes of Interest
Collins et al. (2019)	Peer-Reviewed Article	Seattle LEAD	United States	Quasi-Experiment: LEAD Participants Compared to Control Group Cost-Effectiveness Evaluation	<ul style="list-style-type: none"> • Costs • Jail Bookings • Jail Days • Prison Incarcerations
Cramer & Bastomski (n.d.)	Report	Contra Costa County LEAD	United States	Descriptive: Evaluation Plan	<ul style="list-style-type: none"> • Intended Evaluation Strategy • Program Goals and Objectives
Engel et al. (2019)	Book	LEAD and Other Alternatives to Arrest	Various	Literature Review	<ul style="list-style-type: none"> • Officer Perceptions • Outcomes of LEAD Programs • Referrals to Services
Fedders (2019)	Peer-Reviewed Article	LEAD and the Angel Initiative	Various	Literature Review	<ul style="list-style-type: none"> • Program Implementation and Outcomes
Gralapp et al. (2019)	Report	Honolulu LEAD	United States	Mixed-Methods: Quantitative: Outcome Evaluation using Administrative Data Qualitative: Stakeholder Interviews; Client Surveys	<ul style="list-style-type: none"> • Participant Perceptions • Quality of Life (Housing, Mental Health, Physical Health) • Referrals to Services • Substance Use
Hoisington (2018)	Commentary	LEAD	Various	Descriptive: Review of LEAD Programs	<ul style="list-style-type: none"> • Program Implementation and Outcomes
Luong et al. (2021)	Peer-Reviewed Article	LEAD and Police Assisted Diversion (PAD)	Vietnam	Qualitative: Interviews; Policy Reviews	<ul style="list-style-type: none"> • Police Perceptions • Service Provider Perceptions
Magana (2019)	Thesis	San Francisco LEAD	United States	Process Evaluation; Qualitative Review of Program Documents; Interviews and Focus Groups with LEAD Stakeholders; Client Surveys	<ul style="list-style-type: none"> • Program Implementation
Malm et al. (2020)	Report	Los Angeles County and the City and County of San Francisco LEAD	United States	Quasi-Experiment; LEAD Participants Compared to Control Group Process Evaluation: Focus Groups, Interviews with Stakeholders and Clients Cost-Effectiveness Evaluation	<ul style="list-style-type: none"> • Arrest • Citations • Costs • Felony Cases • Program Implementation and Operations

Author(s) / Year	Publication Type	LEAD Program	Location	Methodology	Outcomes of Interest
Morrissey et al. (2019)	Peer-Reviewed Article	Seattle LEAD	United States	Qualitative: Interviews	<ul style="list-style-type: none"> • Participant Perceptions • Police Perceptions • Service Provider Perceptions
New Mexico Sentencing Commission (2018)	Report	Santa Fe LEAD	United States	Mixed-Methods: Quantitative: Quasi-Experiment; LEAD Participants Compared to Control Group Qualitative: Stakeholder Interviews	<ul style="list-style-type: none"> • Arrests and Charges • Costs • Housing • Participant Perceptions • Program Participation • Stakeholder Perceptions • Substance Use • Warrants
Paccone (2020)	Thesis	Various	Various	Literature Review	<ul style="list-style-type: none"> • Quality of Life • Recidivism
Paul (2018)	Peer-Reviewed Article	Fayetteville LEAD	United States	Literature Review	<ul style="list-style-type: none"> • Program Implementation
Perrone et al. (Under Review)	Peer-Reviewed Article (Under Review)	San Francisco LEAD	United States	Mixed-Methods: Quantitative: Quasi-Experiment; LEAD Participants Compared to Control Group Process Evaluation: Focus Groups and Interviews	<ul style="list-style-type: none"> • Arrests • Officer Perceptions • Stakeholder Perceptions
Perry (2018)	Thesis	Fayetteville LEAD	United States	Process Evaluation: Policy Review; Interviews	<ul style="list-style-type: none"> • Participant Perceptions • Program Implementation
Roberts (2019)	Peer-Reviewed Article	LEAD	Various	Literature Review	<ul style="list-style-type: none"> • Program Implementation
Rouhani et al. (2019)	Peer-Reviewed Article	Baltimore LEAD	United States	Descriptive: Officer Surveys	<ul style="list-style-type: none"> • Police Perceptions
Satterberg et al. (2013)	Report	Seattle LEAD	United States	Descriptive: Program Summary	<ul style="list-style-type: none"> • Program Implementation • Stakeholder Perceptions
Schaible et al. (2021)	Peer-Reviewed Article	LEAD	United States	Descriptive: Officer Surveys	<ul style="list-style-type: none"> • Officer Perceptions • Referral to Services

Author(s) / Year	Publication Type	LEAD Program	Location	Methodology	Outcomes of Interest
Willingham et al. (2020)	Report	Honolulu LEAD	United States	Mixed-Methods: Quantitative: Quasi-Experiment; LEAD Participants to Triaged Only Qualitative: Client Interviews	<ul style="list-style-type: none"> • Citations • Housing • Law Enforcement Contacts • Participant Perceptions • Service Usage • Substance Use
Worden & McLean (2018)	Peer-Reviewed Article	Albany LEAD	United States	Mixed-Methods: Quantitative: Quasi-Experiment; LEAD Participants Compared to Control Group Qualitative: Officer Interviews	<ul style="list-style-type: none"> • Arrests • Officer Perceptions • Referrals to Services