Law Enforcement Assisted Diversion (LEAD):

A multi-site evaluation of North Carolina LEAD programs

Executive Summary

A pre-arrest criminal justice diversion program for people who use drugs in four North Carolina communities had significant positive impacts on participants' criminal justice involvement and connection to treatment and support services.

- Higher engagement with the program was associated with greater reductions in arrests and citations and increased use of medication-assisted treatment, compared with people who had little or no program engagement.

- For people enrolled in the LEAD program, the cost of crisis-related service utilization was reduced by 50% in the six months after their referral, while those costs doubled among people who were referred to LEAD but chose not to enroll.

- Keys to program success included law enforcement agency culture that was supportive of LEAD, "warm hand-offs" during referral, field-based outreach, and technical assistance from the North Carolina Harm Reduction Coalition.

- Females and white people made up a disproportionate share of LEAD referrals and enrollments compared to the demographics of people with LEAD-eligible drug charges in the community.

- The most significant barriers to program success were insufficient funding, restrictive eligibility criteria, and lack of consistent buy-in or awareness of LEAD among police officers.

LEAD Program Background

The relationship between drug use and involvement with the criminal justice system is well documented. As of 2020, up to 85% of the U.S. prison population either have a substance use disorder or were involved with drugs at the time of arrest, according to the National Institute on Drug Abuse (nida.nih.gov). People who use drugs often do not receive effective treatment/ support services or effective harm reduction resources. This is due to a variety of factors, including stigma associated with drug use, lack of funds for supportive services, barriers associated with criminal justice involvement, and lack of insurance.
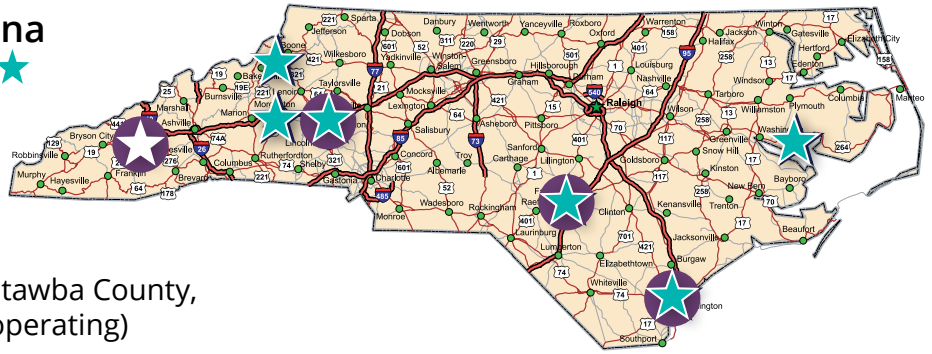
Pre-arrest diversion programs have gained traction over the past 20 years as a way to address recidivism among certain populations. Law Enforcement Assisted Diversion (LEAD), developed in 2011 and now implemented at 52 sites nationwide, is one such program that connects people who use drugs and are at risk of being arrested for low-level criminal offenses with supportive services such as social and medical services, behavioral health treatment, and harm reduction resources. Police officers in participating jurisdictions can refer eligible individuals to LEAD either instead of arrest (diversion referral), or any time the officer believes an individual could benefit from the program (social referral).

Our Project: A Multi-Site LEAD Evaluation

Our research team from Duke University School of Medicine, in consultation with North Carolina Harm Reduction Coalition, conducted an evaluation of four LEAD sites in North Carolina to determine the program's effectiveness in reducing criminal justice involvement and increasing service utilization among program enrollees.

LEAD in North Carolina
Currently active programs ⭐

Duke evaluation sites 🟣
Wilmington, Fayetteville, Catawba County, Waynesville (not currently operating)
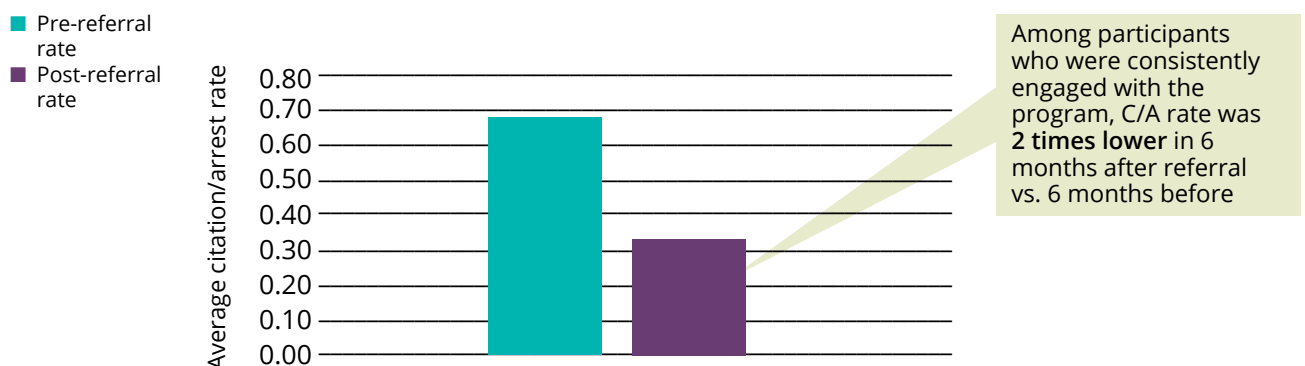
Between 2019 and 2022, we conducted interviews with participants, police officers, LEAD staff, and other stakeholders and analyzed program data from multiple sources. We identified factors that lead to successful program operations and outcomes and those that create barriers to implementation and engagement, and developed a set of recommendations for program administrators. The following is a brief summary of key findings and takeaways. A comprehensive report of our methods, findings, and recommendations and a policy brief both can be found here.

Criminal Justice Involvement—Key Findings

- Participants' level of engagement with the program correlated with their outcomes. People who enrolled and were consistently engaged with LEAD had a 50% lower rate of citation/arrest events during the six months after referral to LEAD, compared to the six months prior (Figure 1).

- Regardless of their level of engagement, the rate of citation/arrest events for people referred to LEAD decreased by one-third in the six months after referral, compared to people with similar drug charges who were eligible but not referred.
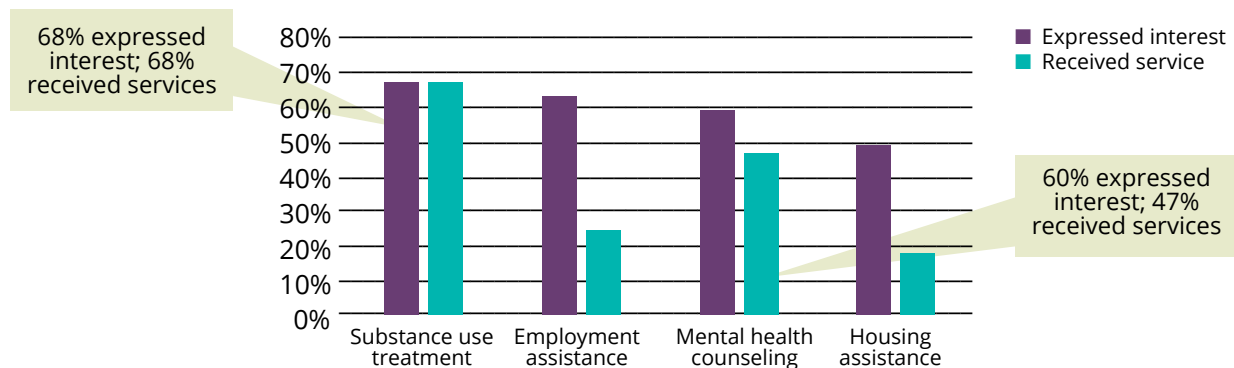
Figure 1. Citation/arrest (C/A) rates before and after referral to LEAD

- 🟦 Pre-referral rate
- 🟪 Post-referral rate

Average citation/arrest rate

0.80
0.70
0.60
0.50
0.40
0.30
0.20
0.10
0.00

Among participants who were consistently engaged with the program, C/A rate was **2 times lower** in 6 months after referral vs. 6 months before

Behavioral Health Utilization – Key Findings

- The number of LEAD enrollees utilizing behavioral health services rose from 34% in the year before joining LEAD to 71% in the year after.

- Medication-assisted treatment (MAT) utilization rates increased at all sites. In the year before LEAD, 3% of enrollees had a MAT visit, with an average rate of 3.7 visits per person. In the year after LEAD, 12% of enrollees had a MAT visit, averaging 72.5 visits per person.

- Crisis-related service costs, which included behavioral health emergency department visits, dropped by about 50%, on average, for people enrolled in LEAD ($2,282 per person per year before LEAD to $1,136 after LEAD).

Figure 2. Expressed interest in services by participants at intake, and receipt during program participation

68% expressed interest; 68% received services

60% expressed interest; 47% received services

Legend: Expressed interest | Received service

Categories: Substance use treatment | Employment assistance | Mental health counseling | Housing assistance

Administrative Data – Key Takeaways

- Many more social referrals were made (70%) than diversion referrals (30%).

- 50% of people referred to LEAD went on to enroll; those with diversion referrals were more likely to enroll than those with social referrals (79% vs. 41%).

- Among enrollees, just over half (51%) had consistent engagement with LEAD staff; those with social referrals had higher levels of engagement with program staff than those with diversion referrals.

- LEAD referrals and enrollments were disproportionately composed of females (60%) and white people (83%) as compared to the demographics of people with LEAD-eligible drug charges in the programs' jurisdictions. Stakeholders reported that restrictive eligibility criteria, a focus on people who use opioids, officer biases, and distrust of police were contributing factors.

- Based on client data collected by program staff, at least 68% of participants received substance use treatment, 47% received mental health counseling, 25% received employment assistance, and 18% received housing assistance. Additionally, at least 40% of participants used harm reduction services during the program, suggesting that LEAD had a beneficial effect on participants' motivation to engage in safer behaviors (Figure 2).

Facilitators and Barriers to the Program

▶ Referrals and Enrollments

Facilitators that increased referrals and enrollments:

- A fast and simple referral process
- Reinforcing effect of a supportive law enforcement culture
- Capacity to conduct "warm hand-offs" between officer and LEAD staff 24/7
- Allowing community-initiated referrals to extend the reach of the program
- Willingness to change on the part of the person being referred

Barriers that decreased referrals and enrollments:

- Restrictive eligibility requirements related to criminal history precluding referrals for some people who could benefit
- Lack of officer buy-in and/or awareness
- Referrals made by officers under stressful circumstances, such as during overdose reversals
- Confusion about the referral and enrollment process among officers, program partners, and participants
- Lack of trust in law enforcement among people offered referrals

▶ Participant Engagement

Facilitators that increased engagement:

- Strong relationship between staff and participant
- Field-based outreach by LEAD staff
- Availability and accessibility of community resources

Barriers that decreased engagement:

- Frequent changes in participant contact information
- LEAD staff turnover and limited staff capacity
- Inconsistent messaging and perceptions about LEAD participant obligations

Recommendations

To expand enrollment and scale up beneficial outcomes, we recommend LEAD programs:

- Include field-based LEAD staff in program operations at all times
- Hold regular officer trainings grounded in harm reduction principles to increase program awareness and buy-in
- Expand eligibility to be as inclusive as possible of people who use drugs and could benefit from program services
- Allow the addition of community referrals that do not involve law enforcement
- Systematically track demographic data on referral practices, including people not given referrals and people who were offered referrals but declined, to identify inequities and guide targeted outreach
- Aim for direct hand-off from law enforcement to LEAD staff after every referral to increase the rate of enrollment
- Encourage and strengthen participant and community engagement