Formative Evaluation of the City of New Haven Law Enforcement Assisted Diversion (LEAD) Pilot Program

Final Report
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BACKGROUND

There were 1,072 drug overdose deaths in Connecticut in 2017, and data indicate that 50% of those who died from drug overdose had been incarcerated at some point in time.[1,2] People with substance use disorder are at markedly increased risk of drug overdose death following contact with the criminal justice system due to intersecting factors such as poverty, social isolation, interruption in medical care, and stigma.[3,4] In the context of the ongoing drug overdose epidemic, municipalities around the United States are pursuing programs which aim to reduce criminal justice involvement and to promote the health of people with substance use disorders.

The Law Enforcement Assisted Diversion (LEAD) program has shown promise in reducing criminal justice contact and improving the health of those with substance use disorders. In 2011, following a lawsuit related to racial disparities in drug arrests, the City of Seattle Washington started the first LEAD program, which aimed to connect people to substance use treatment services as an alternative to arrest. Specifically, police officers made referrals to LEAD engagement specialists who connected clients to low-barrier services based on medical and social needs, which did not require abstinence from substance use prior to program entry or connection to services. Police officers could also offer the program to individuals with substance use disorders outside of arrest events via social contact referral.[5] Further, the arrest was removed for individuals who entered the program and completed an initial assessment with an engagement specialist within 30 days.

Evaluation of the Seattle LEAD program suggests significant participant and community benefits. Participants had lower odds of arrest and felony charges relative to a comparison group receiving traditional arrest processing.[6] Further, LEAD participation was associated with improvements in housing status, employment, and financial security and improvements in housing and employment were associated with reduced odds of arrest.[7] Participants perceived the program as client centered and reported improved quality of life and improved relationships with police officers after program entry.[8] Relative to a similar criminal justice population, LEAD participants had fewer jail bookings, fewer jail days, and reduced prison entries and felony cases resulting in reduced legal system costs.[9] In the context of this evidence, the LEAD National Support Bureau was created to provide strategic guidance and support to local jurisdictions adopting the LEAD model.

New Haven LEAD pilot

In the fall of 2017, the City of New Haven Community Services Administration, in partnership with the Connecticut Department Mental Health and Addiction Services, the New Haven Police

Department (NHPD), the New Haven State's Attorney, Cornell Scott Hill Health Center, and Columbus House launched a pilot program based on the Seattle LEAD program within the city districts of the Downtown, Hill North, and Hill South (Appendix 1: LEAD program logic model). Like the Seattle program, the New Haven pilot aimed to empower NHPD officers in these districts to offer arrest diversion or social contact referral to an engagement specialist among people with substance use disorder. Unlike the Seattle program, substance use related charges are misdemeanors in Connecticut, creating an arrest environment that differed from Seattle.

For the pilot, one engagement specialist was hired at Cornell Scott Hill Health Center and another at Columbus House. To govern the pilot, a structure based on the Seattle program was created. A LEAD policy group developed program priorities and policies and monitored program progress and consisted of representatives from the Community Services Administration, Connecticut Department Mental Health and Addiction Services, NHPD, the New Haven State's Attorney, Cornell Scott Hill Health Center, Columbus House, and Yale School of Medicine. The LEAD operations group monitored progress among program clients and consisted of NHPD officers and service providers from Cornell Scott Hill Health Center and Columbus House. After the first 12 months of the pilot, a community leadership team was created, and one member of the community leadership team joined the LEAD policy group. The LEAD policy group partnered with Veoci, a software development company, to collect and manage the LEAD pilot forms and data. In October 2017, 32 NHPD officers received LEAD training and the pilot was launched.

This report contains the findings from a formative evaluation of the implementation of the New Haven LEAD pilot program to inform further program adaptation and improvement. The evaluation took place from October 2017 to June 2019 and was conducted in close collaboration with the LEAD policy group members, including the Community Services Administration, Connecticut Department Mental Health and Addiction Services, NHPD, the New Haven State's Attorney, Cornell Scott Hill Health Center, and Columbus House and upon formation the community leadership team. Data sharing was conducted in accordance to the original LEAD Memorandum of Understanding. This report is intended for all LEAD stakeholders including the larger New Haven community and broadly aims to inform and advance ongoing community efforts to address the drug overdose epidemic and to reduce the harms of criminal justice involvement within the City of New Haven.

Formative Evaluation

A formative evaluation aims to identify factors impacting the implementation of a program to enhance future program implementation and adaptation.[10] There were three primary evaluation questions for this formative evaluation:
1) What portion of eligible arrest events among LEAD-trained officers were diverted during the first eight months (October 2017 to July 2018) of the program pilot?
2) What portion of LEAD-trained officers attempted arrest diversion or social contact referral?
3) What are the barriers and facilitators of LEAD program adoption within the City of New Haven?

EVALUATION DESIGN:

The formative evaluation of the LEAD program consisted of two parts (Table 1): 1) an analysis of NHPD arrest data and Veoci arrest diversion data during the LEAD pilot and 2) surveys, qualitative interviews and field observations of LEAD-trained NHPD officers, leadership, and engagement specialists. The Institutional Review Board of Yale University approved this evaluation.

Table 1. Summary of New Haven LEAD formative evaluation

Evaluation Question	Data Source
1) What portion of eligible arrest events among LEAD-trained officers were diverted during the first eight months (October 2017 to July 2018) of the program pilot?	Arrest data from NHPD LEAD arrest diversions from Veoci
2) What portion of LEAD-trained officers attempted arrest diversion or social contact referral?	Survey of officer self-reported number of arrest diversions and social contact referrals
3) What are the barriers and facilitators of LEAD program adoption within the City of New Haven?	Face-to-face semi-structured interviews with LEAD-trained police officers, leadership, and engagement specialists Police officer or engagement specialist field observations

For the first portion of the evaluation, we obtained arrest data for the first eight months of the pilot (October 2017 to July 2018) from the NHPD. We included all arrest events involving LEAD-trained officers within the Downtown and Hill districts. Informed by LEAD National Bureau guidelines and in consultation with the New Haven State's Attorney, we classified arrest events as either LEAD eligible or ineligible based on associated charges (Appendix 2). Arrest events only involving infractions or traffic related charges were excluded. We obtained the number of completed arrest diversions during the first eight months of the pilot from Veoci, the electronic records system for the New Haven LEAD pilot.

For the second portion of the evaluation, we surveyed and interviewed LEAD-trained NHPD patrol officers, leadership and engagement specialists involved with the New Haven pilot between August 2018 and June 2019. We conducted interviews until all active LEAD trained NHPD patrol officers and engagement specialists were approached for an interview. Each participant completed a demographic form, which assessed basic demographics, LEAD role, and years of experience in years. Patrol officers were also asked to self-report the number of arrest diversions and social contact referrals they had attempted and completed at the time of the interview. Then, participants completed a 30 to 45 minute face-to-face interview with an evaluation team member according to a semi-structured interview guide, which was informed by the implementation science framework Promoting Action on Research Implementation in Health Services (PARIHS)[11] and developed by the evaluation team and reviewed by the LEAD policy group (Appendix 3). The PARIHS framework (Table 2) presents and organizes the major factors impacting the adoption of a health intervention. To supplement the interview data, two members of the research team also joined LEAD-trained NHPD patrol officers or LEAD engagement

specialists for half a shift (4 hours) observing their work while taking field notes. Prior to the field observations the researcher agreed to focus the field notes on documenting the standard tasks and workload of a NHPD officer, barriers and facilitators of LEAD related tasks, and officer experiences and attitudes related to the LEAD pilot. All interviews were audio recorded and professionally transcribed. The interview guide, qualitative analysis (directed content analysis), and results presented below were all organized and informed by the PARIHS framework. Over a series of meetings, the evaluation team analyzed the interview transcripts and field notes, allowing for patterns to emerge and consensus on major themes to develop.

Table 2: The domains of the Promoting Action on Research Implementation in Health Services (PARIHS) framework

Domain	Description
Evidence	The nature and strength of the evidence supporting the potential for program implementation, which includes research, practitioner experience and intended population.
Context	The environment or setting in which the proposed change is to be implemented.
Facilitation	The type of support needed to help people change their attitudes, habits, and skills and ways of thinking.

RESULTS:

*Evaluation Question 1: What portion of eligible arrest events among LEAD-trained officers were diverted during the first eight months (*October 2017 to July 2018*) of the program pilot?*

NHPD and Veoci data:

According to the NHPD records, there were 590 arrest events among 32 LEAD trained patrol officers within the Downtown or Hill district during the first eight months (October 2017 to July 2018) of the program pilot. Of those arrest events, 233 (39%) were eligible for LEAD diversion based on associated charges (Table 3). During the same eight-month period, Veoci data indicate two arrest diversions were successfully completed by the NHPD.

Table 3: Eligibility of LEAD arrest events by district during the first 8 months of implementation

Classification of arrest (n=590)	Number, all districts	Number, Downtown	Number, Hill north	Number, Hill south
LEAD eligible	233 (39%)	90 (40%)	81 (46%)	62 (33%)
LEAD ineligible	357 (61%)	137 (60%)	94 (54%)	126 (67%)

Evaluation question 2: What portion of LEAD-trained officers attempted arrest diversion or social contact referral?

Officer self-report of arrest diversions and social contact referrals

Among the 15 participating NHPD patrol officers, nine reported making at least one attempted arrest diversion with a total of 44 arrest diversion attempts reported among all patrol officers (**Table 4**). Attempted social contact referrals were reported by 12 officers.

Table 4: Number of self-reported arrest diversion and social contact attempts and completions by NHPD officers from October 2017 to June 2019

Type of event	Number of officers reporting any event* (n=15)	Total number events reported†
Attempted arrest diversion	9	44
Completed arrest diversion	1	2
Attempted social contact referral	12	64
Completed social contact referral	3	15

* Number of patrol officers who reported attempting or completing an arrest diversion or social contact referral among the 15 participating officers

† Self-reported attempts by officers which may overestimate actual attempts. Veoci did not capture arrest diversion or social contact referral attempts by officers.

Evaluation question 3: What are the barriers and facilitators of LEAD program adoption within the City of New Haven?

Qualitative interview results:

A total of 19 individuals participated in semi-structured interviews (Table 5). The number of interviews were limited by personnel departures from the NHPD during the pilot period. Of the 32 LEAD trained officers, five department leaders, and three LEAD trained engagement specialist, 17 officers, one department leader, and one engagement specialist left their position prior to being surveyed. One department leader declined to participate. By June 2019, all remaining active LEAD trained patrol officers and engagement specialists had been interviewed. We completed field observations with two NHPD patrol officers, one in the Hill district and the second downtown. We also completed a field observation with one engagement specialist in the downtown.

Table 5: Interview Participant Characteristics

Characteristic	Participants (n=19)
Age, median	35 years
Race/ethnicity, n (%)	
Hispanic	7 (37%)
Non-Hispanic Black	4 (21%)
Non-Hispanic White	8 (42%)
Female gender, n (%)	4 (21%)
Years in current profession, median	6 years
Profession, n (%)	
Patrol officer	15 (79%)
Sergeant	1 (5%)
Assistant Chief	1 (5%)
Engagement Specialist	2 (11%)

Barriers and facilitators of LEAD implementation:

We identified barriers and facilitators to LEAD implementation and recommendations for program improvement among key stakeholders (Table 6). We present themes and representative quotes organized by barriers, facilitators, and participant recommendations (bold heading). Barriers and facilitators were then organized into three categories (italic heading): 1) client factors, 2) officer and engagement specialist factors, and 3) community and contextual factors.

Table 6: Summary of barriers and facilitators of LEAD implementation by category

Category	Barrier	Facilitator
Client factors	Negative healthcare experiences Social needs	-
Officer and engagement specialist factors	Workload Insufficient training Experience of unsuccessful arrest diversion Complexity of arrest diversion Lack of communication with service providers Stigma of people with substance use disorders Belief criminal justice penalties are needed Belief in limited criminal justice role for policing	Confidence in social contact referrals Awareness of interaction between social needs and addiction Understanding addiction as a chronic disease Familiarity with Veoci software application Tension to expand the role of policing beyond punitive actions Knowledge of the success of the Seattle LEAD Program
Community and contextual factors	Reduced misdemeanor penalties People traveling from surrounding communities Contact with other treatment services Polarized views of policing within New Haven	-

Barriers:

Within the three categories of barriers and facilitators, we identified 14 unique barriers to the successful implementation of the New Have LEAD program. Key barriers include: social needs among potential clients, insufficient officer training, lack of communication with service providers, stigma of people with substance use disorder, and polarized views of role of the LEAD model within the New Haven community.

Client barriers

People with substance use disorders typically have inconsistent engagement with treatment services over the course of their illness. Among potential LEAD clients, officers encountered, previous negative experiences with the healthcare system which created a barrier to program entry.

> *I said, I'd really love for you to go to this program. He said the answer was no, I'd been to all the programs. I've been through all the programs, I've been through the 232 (Cedar Street) Program, I've been to YTI. "Every single program," he goes, "they don't work." (Officer)*

The social needs among LEAD clients created unique barriers to success within the LEAD program by complicating program entry or by directly disrupting engagement with LEAD services.

> *Right now, housing, the need for it is out of control. There are rules about who we can offer housing to. I can put somebody in a bed right away. It breaks up your chronicity, according to the DMHAS rules for housing. Now, yes, you'll get clean, but we have to put your right back out on the street if you have no income and we messed up chronicity. Now, you don't qualify for a housing budget. It's like a catch-22. Either stay completely messed up out there on the street or go get cleaned up but then we can't offer you anything else until you get your own income to get your housing. (Engagement specialist)*

> *Since the suspect did not have an ID and his name did not match any records, the officer said that this situation now required an actual arrest: the suspect would have to go down to the station and do fingerprinting/booking in order to be properly identified. (NHPD ride along field notes)*

Officer and engagement specialist barriers

Officers reported workload and other demands of the job competed with LEAD tasks.

> *Sometimes you are running two cars in a district. We don't have the time to go out there and start seeking social diversion contact. Tell you the truth, not a lot of guys are going out there doing proactive work because we just don't have enough time. (Officer)*

Officers reported receiving insufficient follow up training on approaching perspective clients and offering arrest diversion or social contact referral, reducing outreach to potential clients among officers.

I think that there needs to be an updated training, so that people remember what to do, the steps that - that need to be - any new changes that had been made needs to be conveyed because lot of the guys don't even remember the steps to the program because it's been two years. (Officer)

Previous officer experience of arrest events not resulting in positive outcomes and early experience of unsuccessful arrest diversion attempts reduced confidence in the LEAD model.

I think a lot of people think it's not going to work. To be honest, because they see that even their arrests don't work half the time, because we just deal with such a quantity that a lot of times, people go in and out of the courts and nothing's really done, then you see people doing the same thing over and over again. (Officer)

I haven't been successful with the LEAD Program at all. At first, I was very excited about the program. Every single person that we came across was like, yes, we're going to get one in there. Everyone rejected us. Everyone took the infraction. (Officer)

The perceived complexity of arrest diversion procedures reduced officer attempts at arrest diversion. During the first few months of the pilot, complexity was increased by alternating days when program enrollment was active (red light and green light days).

From what I'm hearing what other officers who have done it, it is certainly not a streamlined process. (Officer)

A lot of guys didn't like there was no flexibility with the hours. Remember, there were certain days you could refer and then certain you couldn't, that was a big discouragement. (Officer)

Officers reported a lack of effective communication and coordination between officers and service providers, interrupting the program entry of clients and undermining officer confidence in the program.

…two officers referred this gentleman to the program. They brought him to [clinic name]. I'd say maybe 15 minutes later, I'm called there. The staff there is saying "We don't know why this guy is here. We don't want him here." So I remember we had to call the initial officers back. We pretty much had to figure out why these people weren't accepting this gentleman into the program. They seem like they were very sketchy on the program because even when we were explaining it to them, they would just kind of like "Huh?" You know and they were just kind of like "Well we don't want him here. We don't have any room for him." (Officer)

The other thing that wasn't very clear to us during training was what kind of follow-up is there for these people? Let's say we refer somebody to the program. Two weeks later, we run into this individual again. How do we know where they stand in the program? (Officer)

Some officers saw potential clients as undeserving of LEAD services, consistent with stigma, or unfavorable attitudes, beliefs, and policies directed toward people with substance use disorders.[12]

> *There is a reason why the majority of people are in the situations they are in because of life choices, personal responsibly, the goals they do or don't have in life. These are the consequences of those life decisions. (Officer)*

> *I don't see what [LEAD] offers to someone who is already receiving Section 8 housing, Social Security Disability because their entire life is taken care of by the state. They chose to–"I want to do drugs." They had many opportunities. (Officer)*

Officers saw criminal justice penalties as necessary to force treatment entry among people with substance use disorders.

> *It is going to work better in the courts than it will on the street because courts already got them. It's like listen you don't want to go through with this program we are going to proceed with this charge. (Officer)*

Some officers believed it was not appropriate to ask officers to extend beyond the traditional role of policing as enforcer of community laws.

> *Now, we are asking police officers to be social workers and outreach counselors that's not what we are. I know people want us to be that but we're not. It's–it's not fair. I don't ask counselors to come out and enforce laws and practical application of criminal codes and investigating crimes. (Officer)*

Community and contextual barriers

Officers saw the reduced penalties for substance use and other misdemeanors as a barrier to arrest diversion and this undermined the degree to which the LEAD model fit the needs of the New Haven community.

> *The mission behind the program is the diverting people from being arrested, but if people aren't afraid of getting arrested because they're not getting any jail time, that sort of goes against the whole program. (Officer)*

Officers saw people traveling through New Haven from the surrounding communities as less likely to benefit from the program.

> *I don't think it's really a fit because you've got out-of-towners, you don't have the neighborhood, the resident. You don't have that chronic person, where my husband is out of control, my husband needs to be detoxed. We don't have that down there. I might have an interaction with a person one time and I won't see him again. (Officer)*

In the context of existing healthcare and social services within the New Haven community, officers encountered potential clients who reported engagement with treatment services.

> *I think it would work, but New Haven is so rich in offering social services and programs for its community. We've got everything from the APT Foundation, we've got so many methadone programs, so many alcohol programs, so many housing programs, shelters. What I've noticed on the street is when I've asked people about it, "I'm already in this program. I'm already in that program." (Officer)*

Officer awareness of polarized community views of LEAD within New Haven added to doubts about the fit of the LEAD model.

You get some people some help and you clean up the area, the problem is, these people that are living here want these people arrested because nothing does happen. So, you have a community saying, "I want these people in jail because they're making my life…" - And we're sitting there wanting to extend help. So LEAD says these people are addicts, we're going to give them help or offer them programs. But that's where the lines are blurred. We're offering help and they're not accepting the help. Someone has to take care of your quality of life issues. (NHPD Leadership)

At times, students will ask officers to help them out of a situation in which a homeless person is being too aggressive. But it is difficult for the officer because the students then are wary of how the officers will interact with the homeless person. So, instead of leaving the situation and walking away, the students will stay around to watch the officers and make sure they are treating the homeless person with respect. The officer said that she would like to be able to turn these situations into social contact referral but that of this sort of behavior by students and other community members makes it difficult to do so. It just isn't the ideal dynamic to have and adds to the chaos. (NHPD ride along field notes)

Facilitators:

We identified six unique facilitators of the implementation of the New Haven LEAD program. Key facilitators include: confidence in the potential success of social contact referrals, awareness of interaction between social needs and addiction, knowledge of addiction as a chronic disease, familiarity with the Veoci software application, a tension to expand the role of policing beyond punitive actions, and knowledge of the success of the Seattle program.

Officer and engagement specialist facilitators:

Officers expressed greater confidence in the success of social contact referrals.

I think that LEAD is more successful for social referral. (NHPD Leadership)

A portion of officers expressed understanding of the role social needs play in perpetuating the chronic disease of addiction.

They told you they've sobered up. When they come back to the New Haven Green, there's nothing for them expect for drugs, alcohol and pills and stuff like that. They're only lasting one or two days sober and that's when the habits kick in. Then they also lost their housing. I think it's a breakdown of the system. They have lost everything, so they refer back to what they know. (Officer)

A portion of officers acknowledged addiction not as a moral failing but as a health condition benefiting from non-punitive action.

We're all human beings, we don't want to punish people for things that they don't have any control over because they're in a bad spot. That's why as police, we also have discretion, so there are a lot of times where we say, "We're going to give you a break on this. Try to get yourself doing something healthier." (Officer)

During the LEAD pilot, engagement specialists entered all LEAD related actions into Veoci and were familiar with the software application. In the context of this greater knowledge of Veoci,

engagement specialist did not perceive the opt in process for social contact referrals as complex.

> *But as long as you gave me the basic know how to opt in and it's very simple once you get in there. Once you put all the information in and opt them in, it takes a short step. (Engagement specialist)*

A portion of officers acknowledged the importance of expanding their role of policing beyond enforcing the law.

> *This officer said that when he is working with new officers he always asks them why did they become a police officer and they frequently say to "help other people." But now when they say this the officer then asks, "how are you going to do that?" Many officers struggle to answer this second question. The officer feels that the LEAD program is an example of something that gives officers a chance to actually meet that goal. (NHPD ride along field notes)*

Officers and engagement specialists reported a positive view of the LEAD model overall and accepted the Seattle program as successful.

> *Yes, overall, I think it's a great program. I like what it stands for. I read up on Seattle because they started it. Just learning about how they took it seriously, that there was a discrepancy with minorities being put in prison for drug offenses versus whites. (Engagement specialist)*

Participant recommendations:

Participants identified five recommendations to improve the implementation of the LEAD program within the New Haven community.

Officers and engagement specialists viewed a longitudinal relationship with potential clients as important for program success.

> *The officer then exited his file and entered a new name into the system. She pulled up a 23 year old white woman and said that she would really like to get this woman involved in the program. The officer thinks she is a good fit because she has not been on the streets for very long, only a few years, and that she commits low-level thefts in order to support her drug habit. (NHPD ride along field notes)*

Officers believed pairing engagement specialists with officers while on patrol would help arrest diversion and social contact referrals.

> *I think a social worker could walk with us for the first hour or last hour of our shift and just have a social engagement with the people that they see. (Officer)*

Officers believed the integration of LEAD procedures and communications into regular department functions would improve the uptake of LEAD within the department.

> *You can't just introduce it. You've got to constantly remind the cops; this is part of our vision. All of a sudden, you go to a comp stat meeting and people are reporting on it automatically like it's just what we do. Wouldn't that be great if we were able to go to a*

comp stat and say, do you know what? We did these many diversions this week, automatically, it becomes part of our practice. (NHPD leadership)

Officers believed identifying and training champions within the NHPD would improve the uptake of LEAD within the department.

You've got to get champions. You've got to identify champions that are going to help you move this forward. It's not for any reason except that people matter. (NHPD leadership)

Officers and engagement specialists believed using positive incentives would encourage client engagement with the LEAD program.

If we have, like, maybe a bus pass. Like a little gift card maybe to Dunkin Donuts. Yeah or probably for a coffee or you know something to eat for the day. You know give it to them and then once you do that they want to talk to you. (Engagement specialist)

Specifically, she likes that the Hartford LEAD program makes care packages for the people in the community and offers those as incentive for joining LEAD. She thinks that NHPD could offer incentives to people. (NHPD ride along field notes)

LIMITATIONS OF EVALUATION:

This evaluation has several limitations. First, in terms of estimating how many arrests were eligible for LEAD, we were unable to exclude all arrests related to intimate partner violence from our data analysis even though people who are arrested for intimate partner violence are not eligible for LEAD; thus our results may overestimate the portion of LEAD eligible arrests. Second, we could not determine if substance use was involved with arrest events based on charges alone; and, therefore, only a portion of LEAD eligible events will have an indication for arrest diversion. Third, while this report documents officer self-reported attempts at arrest diversion and social contact referral, Veoci and the NHPD records systems did not capture directly the number of attempts made by officers or engagement specialists. Fourth, while the interviews completed provided informative data on the barriers and facilitators of LEAD implementation, the number of key participants we interviewed was limited by NHPD officer and engagement specialist attrition. We cannot rule out the possibility that further barriers and facilitators to program implementation might have been identified with further interviews. Finally, while this study captures the perspective of NHPD officers and leadership and engagements specialists, it does not include the perspective of potential and current LEAD clients, and this should be the focus of future evaluations and research.

IMPLICATIONS AND RECOMMENDATIONS:

1) In the setting of inadequate training and high officer workload, few NHPD officers attempted arrest diversion and most attempts did not result in entry into the LEAD pilot.

Uptake of arrest diversion among NHPD officers was limited, and officers who reported attempting arrest diversion reported making only a limited number of attempts during the pilot period. Ultimately, only one officer reported two arrest diversions in eight months out of 233 eligible arrest events. Direct barriers to arrest diversion included officer workload, insufficient officer training, experience of unsuccessful arrest and arrest diversions, and social needs among potential clients. During interviews, officers made clear they did not have the knowledge

to effectively offer the LEAD program to potential clients and desired further training and communication about LEAD policies and procedures. Officers and engagement specialists believe arrest diversion would be promoted by focusing on longitudinal relationships among officers and potential clients, pairing engagement specialists with officers on patrol, integrating LEAD into regular department functions, identifying champions within the department to promote the LEAD program, and the provision of positive incentives to potential clients.

> *Recommendations: Create a clear and easy to follow LEAD arrest diversion policy for all officers within NHPD. Officers should receive regular training and reminders on arrest diversion procedures. Engagement specialists should be paired with officers on patrol during times with frequent contact with substance use populations to facilitate arrest diversion and social contact referrals and to promote the program among officers. The focus of arrest diversion efforts should be based on building relationships among people with substance use disorders in the New Haven community with longitudinal contact with the police. Small acts of kindness and respect delivered by officers and engagement specialists in the field can communicate the LEAD programs intention to promote the health of people with substance use disorder. Providing bus passes, care packages, and other small acts of assistance can shape perceptions of the program. NHPD leadership should provide feedback to officers on arrest diversion completion and monitor adherence to procedures. NHPD should identify officers within the department to become LEAD champions to receive additional training and specialization in arrest diversion and social contact referrals. Communication about LEAD procedures and progress should be incorporated into regular department functions such as Compstat and line up.*

2) Uptake of social contact referral among NHPD officers was greater than arrest diversion, but insufficient training and a lack of coordination with service providers prevented greater success.

Most of the LEAD trained officers surveyed reported attempting social contact referrals and social contact referrals resulted in a greater number of LEAD program entries. Social contact referral was facilitated by greater confidence in the potential success of social contact referrals among officers and a natural emphasis on leveraging existing relationships between officers and community members. However, many barriers to arrest diversion remain relevant to social contact referral success, such as insufficient training and a lack of coordination between officers and service providers. Despite regular LEAD operations group meetings between NHPD and service providers, officers were unsure how to check on the status of active LEAD clients, reducing officer confidence in the program. Officer uptake of arrest diversion and social contact referral was reduced among officers initially interested in the program, when an early attempt at program enrollment resulted in a potential LEAD client being turned away by a partnering healthcare organization.

> *Recommendations: In addition to the recommendations made to promote the uptake of arrest diversion, LEAD training should promote the potential of social contact referrals to advance the LEAD program goal of reducing client involvement with the criminal justice system by reducing future arrest events. All officers within LEAD districts should be empowered to contact an engagement specialist to check on the status of a LEAD client*

encountered in the community. Pairing engagement specialists with officers in the field would also improve coordination. Partnering healthcare organizations should ensure frontline staff are aware of LEAD procedures. LEAD officer training should inform officers that for many clients the need for other services like housing or employment may be more urgent or constructive than connection to healthcare services. However, LEAD officers should not be expected to determine if healthcare services or other social services are indicated for new LEAD clients and partnering healthcare providers should know how to connect LEAD clients with an engagement specialist when healthcare services are not indicated or a priority of the LEAD client.

3) A lack of consensus among officers about the role of policing in addressing the drug overdose epidemic reduced LEAD program adoption.

NHPD officers differed on whether the LEAD program was an appropriate program for police officers given their role in the community. Officers who understood the role of the police as narrowly confined to enforcing laws viewed punishment as a key motivator for treatment entry among people with substance use disorder and expressed greater skepticism of the New Haven LEAD pilot. Officers who understood the role of the police as extending beyond the traditional enforcement of laws to assisting vulnerable members of the community expressed greater confidence in the potential of the New Haven LEAD pilot. These differences about the role of policing within the department were further complicated by officer and leadership awareness of polarized views of LEAD within the larger New Haven community. NHPD officers and leadership reported being squeezed between members of the community who preferred a more traditional law enforcement approach to potential LEAD clients and community members who advocated for little or no police involvement with people with substance use disorders. In this environment, some officers prefer to proceed with traditional arrest rather than pursue a novel program with unclear department and community backing.

Recommendations: To adopt the LEAD program, the NHPD leadership and other key LEAD stakeholders must commit to and promote a view of policing that extends beyond enforcing laws through punitive action. While a degree of diversity of opinions is expected regarding complicated questions about the ideal societal response to addiction, NHPD leadership should decide if they wish to commit the culture of their department to novel and more expansive views of policing of people with substance uses disorders which acknowledges that substance use disorder is a chronic health condition. To promote such a culture change, leadership must clearly endorse a view of policing which accommodates the LEAD program aims. Leadership should identify officers interested in a more expansive view of policing and provide these officers with specialized training in LEAD procedures and empower these officers to champion the LEAD program and promote the adoption of the LEAD procedures within the department. The LEAD policy group should engage LEAD stakeholders and the broader New Haven community to explain the LEAD program and how if implemented it could reduce substance use related problems within the New Haven community. The LEAD policy group should prioritize ensuring the community leadership team includes a broad representation of the community and ideally members representing differing views of policing. The community leadership team should be empowered and provided with a meaningful voice over key program decisions to ensure the program is accountable to

community desires. To avoid expanding criminal justice involvement to those not previously involved with the criminal justice system, social contact referrals should be limited to people with previous police contact in the context of substance use disorder. Pursuing social contact referrals outside of regular police contact should be avoided.

5) Stigma of people with substance use disorder created a powerful barrier to LEAD program entry within the city of New Haven.

A portion of NHPD officers viewed addiction as moral failing and that social needs and punitive criminal justice involvement were natural consequences of addiction. Officers who expressed such a view of addiction saw punishment as the primary means of addressing behaviors associated with addiction and this view of addiction is not compatible with the aims of the LEAD program. The stigma of people with substance use disorders within the NHPD is similar to previous research finding evidence of stigma of people with substance use disorders among healthcare providers and within the healthcare system.[12,13] Such stigma within the healthcare system is barrier to treatment entry.

Recommendations: Future LEAD trainings should educate officers about the science of addiction and introduce law enforcement to the similarities between addiction and other chronic diseases. Officers should be introduced to the barriers created to health among people with substance use disorders by poverty, trauma, other chronic medical conditions. Officers should be educated on the expected course of the addiction as a chronic disease. Officers do not need to function as healthcare or service providers but should be aware of the barriers people face in accessing treatment for substance use disorders and officers should be empowered to assist people when ready to make positive change.

6) The LEAD pilot was not well adapted to the needs and context of the New Haven community.

The City of New Haven presented unique challenges for the adoption of the LEAD model. Several years prior to the start of the LEAD pilot, Connecticut reduced most substance use related charges to misdemeanors. The LEAD pilot was launched within a climate where non-violent substance use related arrests were processed with limited punitive action (particularly when poverty was involved) which shaped both officer and potential LEAD client expectations and decisions. People with substance use disorders may choose to accumulate misdemeanor charges rather than engage with the healthcare system. The results of the evaluation suggest few officers favor the current cycling of misdemeanor arrests through the criminal justice system but there is not consensus (both among NHPD officers and the community) about the appropriate response. Another unique challenge resulted from New Haven being a medium-sized city with a large University and several associated addiction programs and services. Consistent with fractured addiction treatment services within the US healthcare system, the existing programs within New Haven have differing aims and were often poorly coordinated. Officers reported potential LEAD clients approached about the program would frequently report contact with existing treatment services within the New Haven community and skepticism about yet another program.

Recommendations: In the setting of reduced penalties, the New Haven LEAD program should focus on small positive incentives (i.e. bus pass or care package) to encourage program entry and promotion of client health. Connection to social services such as housing may be of greater benefit to LEAD clients than connection to healthcare services and engagement with healthcare services is not a requirement of LEAD program participation. On and off engagement with treatment services is not unusual for people with substance use disorder given addiction is a chronic disease. The fact that potential clients reported to officers contact with treatment services should be expected and speaks to the need to empower officers to offer small positive incentives to potential clients with longitudinal police contact and communicate the programs aim to connect clients to services based on their most urgent need. Given this evaluation found evidence of differing views about the role of policing within the NHPD and the New Haven community, an additional option is to convene all stakeholders to reimagine the program and consider alternatives to the traditional LEAD model. The community could consider starting a community-based patient navigation program which operated largely independent of the police if preferred by the community. Referral from the police and other first responder organizations could still be accepted but the program would operate independently of the police and focus less and changing the culture of the NHPD. There are examples of such patient navigation programs within Connecticut. The City of New London operates a patient navigation program lead by a partnership between the local health department and a harm reduction organization. In this program patient navigators independently engage with people with substance use disorders but will also receive referrals from first responders. There is no formal arrest diversion program with this model.

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Appendix 1: New Haven Law Enforcement Assisted Diversion (LEAD) Pilot Project LOGIC MODEL 11.15.17

MISSION

To reduce incarceration and criminal justice involvement for persons living with substance use disorders.

PURPOSE

1) To reduce future criminal behavior by individuals engaged in low level drug offenses, and to connect them to care.
2) To use resources in New Haven to meet the needs of LEAD participants.
3) Increase community health and well-being.

INPUTS

- City of New Haven (CoNH)
  - Chief Administrative Office
  - Community Services Administration (CSA)
  - New Haven Police Department (NHPD)
- Cornell Scott Hill Health Center (CS-HHC)
- CT Department of Mental Health and Addiction Services (DMHAS)
- Columbus House
- Community Foundation for Greater New Haven (CFGNH)
- CT Department of Social Services (DSS)/Community Health Network (CHN) (ASO)
- Community Management Team
- LEAD staff
  - New Haven LEAD Engagement Specialist (2.0 FTE)
  - New Haven LEAD Project Director (PD)
  - Community Liaisons (3.0 FTE)
- New Haven State's Attorney (NHSA) (Prosecutors)
- National Training and Technical Assistance
- LEAD implementation cities
- Evaluation Team

ACTIVITIES

Train in the LEAD Model
- Train New Haven Police Department
  - All active NHPD members in Hill North, Hill South, Downtown New Haven divisions
  - Conducted by CS-HHC, DMHAS, City of New Haven staff
  - Conducted before start of LEAD, then every 6 months
  - Annual in-service to New Haven Police Academy
- Train LEAD Engagement Specialists (ES)
  - Training provided on police, court process, field safety, motivational interviewing

Create LEAD Program Materials
- DMHAS and providers create brochure for LEAD participants
- NHPD, DMHAS, CoNH create brochure for community

Community Engagement
- Explain LEAD and benefits seen in other cities to:
  - NHPD, businesses, neighborhood organizations, residents, court, civic orgs

Implement New Haven LEAD Model
- Project oversight
  - Strategic Policy & Leadership Coordinating (SPLC) Group
  - Operational Workgroup
  - Data Group (develop and oversee LEAD pilot evaluation)
- Develop LEAD policies and procedures
- Engagement Specialist
  - Work Wednesday - Saturday each week
  - Carry caseload of 20 active clients at any one time
  - Conduct brief screen and develop plan to meet/address immediate needs
  - Complete biopsychosocial assessment
  - Develop individualized recovery plan
  - Engage LEAD participants into services
  - Assist participants w/ accessing services, resources
  - Provide program representative to attend meetings with staff and police officers
  - Encourage, reward desirable behavior, support recovery
  - Provide at least two contacts/participant w/in 30 days of assessment
  - Attend biopsychosocial assessment w/ participant
  - Provide transportation if necessary
  - Advise NHPD on progress of cases
  - Attend case review meetings
  - Participate in Operational Workgroup
- Project Director (PD)
  - Day-to-day LEAD operations
  - Manage case flow and distribution
  - Ensures appropriate case coordination
  - Coordinate Operational Workgroup
  - Facilitate Strategic Policy & Leadership Coordinating (SPLC) Group meetings
  - Assures data provision for LEAD pilot evaluation
  - Maintain caseload of 5 active clients at any one time
  - Conduct assessments as needed
- Provider Agencies
  - Conduct medical evaluation and serve clients at Detox unit (CS-HHC RN)
  - Triage cases (CS-HHC)
  - Conduct biopsychosocial assessments w/in 2 weeks of referral (CS-HHC clinician)
  - Outreach and engagement (Columbus House)
- New Haven Police Department

OUTPUTS

Train in the LEAD Model
- # NHPD divisions and staff trained
- #, hours, type, content of training provided to NHPD staff and Engagement Specialist

Create LEAD Program Materials
- # type materials created, distributed
- Type of sector distributed to

Community Engagement
- #, type, # hours, target of engagement activities
- LEAD quarterly reporting to stakeholders

Implement New Haven LEAD Model
- #, type, participants in project oversight bodies/meetings
- LEAD pilot evaluation plan developed
- 60 total annual unduplicated clients (25 cases in caseload at any one time)
  - ES caseload: 20 active, 60 unduplicated clients (2 ES)
  - PD caseload: 5 active, 10 unduplicated clients

Of those brought into treatment:
- Date of police contact
- # people screened for treatment
- # people who declined at screening process
- # referrals to treatment
- # police officers that make referrals
- # referrals per officer
- % calls resolved w/ arrest linkage to care or on scene
- # people initiate treatment (esp. w/in 30 days of referral)
- # people served
- # individuals low, medium and high risk needs
- # number participants referred to employment, housing, primary care health services, insurance
- # became employed, housed, attended primary care appointment, and obtained health insurance

Of those in treatment:
- Average time in program (4 months)
- # of subsequent:
  - police contacts
  - arrests
  - transports to ED at 3 and 6 months
  - # EMT runs
  - charges for those who come into contact with police
  - ED visits at 3 and 6 months
- # contacts with assigned community liaison
- # people that participate in a set number of treatment sessions in 30 days
- # and type of services referred to
- # and type of services received
- # people who receive services at 6 months
  - # people who get (housing, job training, substance abuse treatment, employment, vocational treatment, job training, behavioral health, social services,
- Prosecutor data:
  - # court appearances
  - # summons to court

OUTCOMES

Train in the LEAD Model
- Increased knowledge of:
  - LEAD purpose, goals, processes
  - substance use and mental health-related information (disorders, withdrawal symptoms, overdose awareness, co-occurring disorders)
  - referral sources and options provided by CS-HHC

Implement New Haven LEAD Model
- Decreased ED visits at 3 and 6 months
- Decreased subsequent:
  - police contacts
  - arrests
  - transports to ED at 3 and 6 months
  - charges for those who encounter the police
  - EMT runs
  - EMT cost
  - # EMT pick ups
- Prosecutor outcomes
  - Decreased:
    - Staff workload
    - Time to prepare for cases
    - Costs associated w/ prosecuting cases

Appendix 2: Classification of charges by LEAD eligibility

LEAD eligible and substance use related

"FLR KEEP NARC IN ORG CONTAINER"
“ILLEGAL POSSESSION OF NARCOTIC"
"POSS OF NARC/CONT SUB >1/2 OZ CANNABS"

LEAD eligible and unclear if substance use related

"ASSAULT 3RD DEG"
“BREACH OF PEACE"
“BREACH OF PEACE 2ND DEG"
“CNT SUB WI 1500 SCH/HSG/DY CR"
“CRIMINAL MISCHIEF 3RD DEG"
“CRIMINAL MISCHIEF 4TH DEG"
“CRIMINAL TRESPASS 1ST DEG"
“CRIMINAL TRESPASS 2ND DEG"
“CRIMINAL TRESPASS 3RD DEG"
“DISOBEYING SIGNAL OF OFFICER"
“DISORDERLY CONDUCT"
“ILL OBSTRUCT FREE PASSAGE"
“LARCENY 4TH DEG"
“LARCENY 5TH DEG"
“LARCENY 6TH DEG"
“POSS INTENT SELL/DSPNS NONDPNT"
“POSSESS W/INTENT TO SELL/DSPNS"
“PUBLIC INDECENCY"
“RECKLESS ENDANGERMENT 2ND DEG"
“NONSTDNT-DRGS NR SCH/HSG/DY CR"
“POSS OF NARCS (DONT USE AFTER 9/30/15)"

"CREATING A PUBLIC DISTURBANCE"
"FORGERY 1ST DEG"
"FORGERY 2ND DEG"
"FALSE INCIDENT REPORT 2ND DEG"
"FALSE STATEMENT 2ND DEG"
"FALSIFY MARKER/LICENSE/RGSTRTN"
"ILL SALE FIREWORKS WO PERMIT"
"OBTAING CONTROLLED DRUGS FRAUD"
"RECKLESS BURNING"
"RECKLESS DRIVING"
"THEFT OF PLATES/INSERTS"
"TOWN ORDINANCE<= $250"
"LIABILITY OF OWNER, OPERATOR,LESSEE"

Infractions

"DRUG PARA 1500` OF SCHOOL (NON STDT)"
"POSS LESS THAN 1/2 OZ CANNABIS"
"SIMPLE TRESPASS"
"LITTERING"
"TOWN ORDINANCE $90 OR LESS"
"USE OF DRUG PARA EXCPT<1/2 OZ"

LEAD ineligible

" "ASSAULT 1ST DEG"
"ASSAULT 2ND DEG"
"ASSAULT 3RD ELDER/BLIND/DISAB"
"ASSLT PB SFTY/EMT/TRANST/HLTH"
"BURGLARY 1ST DEG"
"BURGLARY 2ND DEG"
"BURGLARY 3RD DEG"
"CARRYING DANGEROUS WEAPON"
"CONSPIRACY"
"CRIM POSS FIREARM/DEFNS WEAPON"
"CRIM POSSESS PISTOL/REVOLVER"
"CRIM VIO OF RESTRAINING ORDER"
"CRIMINAL ATTEMPT"
"CRIMINAL IMPERSONATION"
"CRIMINAL MISCHIEF 1ST DEG"
"CRIMINAL MISCHIEF 2ND DEG"
"FUGITIVE FROM JUSTICE"
"HARASSMENT 2ND DEG"
"HINDERING PROSECUTION 3RD DEG"
"HOME INVASION"
"ILL ALTERATION FIREARM IDENTS"
"ILL CARRY PISTOL WO PERMIT"
"CRIMINAL USE OF WEAPON"
"ENGAGING POLICE IN PURSUIT"
"EVADING RESPONSIBILITY MV"
"FAILURE TO APPEAR 1ST DEG"
"FAILURE TO APPEAR 2ND DEG"
"FL TO REGISTER-SEXUAL VIOLENCE"
"ILL POSS WEAPON IN MTR VEHICLE"
"ILL STRIKE TRAFFIC OFFICR W/MV"
"ILL USE OF FACSIMILE FIREARM"
"INCITING TO RIOT"
"INTERFERE WITH OFFCR/RESISTING"
"INTERFERING W/AN EMERGNCY CALL"
"KIDNAP 2ND DEG"
"ILL OPN MV UNDER SUSPENSION"
"RECKLESS ENDANGERMENT 1ST DEG"
"REFUSAL TO BE FINGERPRINTED"

"RISK OF INJURY TO CHILD"
"ROBBERY 1ST DEG"
"ROBBERY 2ND DEG"
"ROBBERY 3RD DEG"
"SALE OF CERTAIN ILLEGAL DRUGS"
"SALE OF CONTROLLED SUBSTANCE"
"SEXUAL ASSAULT 4TH DEG"
"MANSLAUGHTER 1ST DEG"
"STALKING 2ND DEG"
"STALKING 3RD DEG"
"STEALING FIREARM"
"STRANGULATION SECOND DEGREE"
"STRANGULATION THIRD DEGREE"
"STRTR/TMKPR/JUDG/SPECT HWY RAC"
"THREATENING 2ND DEG"
"THREATENING 1ST DEG"
"TIC - JUVENILE"
"UNLAWFUL DISCHARGE OF FIREARM"
"UNLAWFUL RESTRAINT 2ND DEG"
"VIO STDING CRIMINAL RSTRNG ORD"
"VIOLATE CONDITIONAL DISCHARGE"
"VIOLATION OF PROBATION"
"VIOLATION OF PROTECTIVE ORDER"
"LARCENY 1ST"
"LARCENY 2ND DEG"
"LARCENY 3RD DEG"
"ILL OPN MV UNDER INFL ALC/DRUG" '"

Appendix 3: Interview guide

1. Standard interview guide

Title: **New Haven Law Enforcement Assisted Diversion (LEAD): formative assessment of program implementation and adaptation**

Principle Investigator: Paul Joudrey

Funding source: National Clinician Scholars Program and the Connecticut Department of Mental Health and Addiction Services

2. Opening Script

My colleagues and I are conducting research to learn more about your perception or experience of the early implementation and adaptation of the LEAD model in New Haven Connecticut. We are interested in hearing your perspective based on your experiences and that of others that you know. I am a health services researcher and member of the LEAD evaluation team interested in improving the implementation of the LEAD program in New Haven and around the country. My colleagues and I are hosting interviews with LEAD trained police officers and engagement specialists in New Haven, Connecticut. We have a number of questions prepared for this interview, but if there are any additional ideas or experiences you would like to share please feel free to tell at any time. All ideas are helpful. You, of course, can refuse to answer any questions at any time and are free leave at any time. We want to ensure this is a safe environment to share your experiences.

Are you ready to start the interview?

I am turning on the recorder now.

3. Interview guide

Innovation

Q1) What is the LEAD program?

Probes

- How does LEAD work?
- Who is eligible for the LEAD program?
- What is the difference between a social contact referral and a diversion from arrest referral?
- What evidence is there that LEAD will work?
- How confident are you in the LEAD program model?
- Does the LEAD model strike the right balance between public order/safety and offering help to individuals with addiction involved with the criminal justice system?
- What do you like about the LEAD program? What don't you like?

Context

Q2) Based on your experience working in New Haven, CT, will the LEAD program work in this city?

- How should the LEAD program be adapted to fit the needs of the New Haven community?
- What are the barriers to the successful launch of the LEAD program in New Haven?
- What are the facilitators to successful launch of the LEAD program in New Haven?
- How do other programs in New Haven (CIT, the APT foundation, etc.) impact the LEAD program?
- How should the LEAD program be adapted to the needs of the New Haven police department (or Columbus House, or Cornell Scott Hill)?
- How important is the LEAD program to your supervisor? To your organization?
- Tell me how your organization communicates with others while serving the New Haven community?
- How well does your organization make changes to improve the quality of policing and or care for clients and the New Haven community?

Recipients

Q1) How do people within your team or organization feel about the LEAD program?

- What is an officer's (engagement specialists) role in the LEAD program?
- How easy is it to implement the LEAD program while also completing the other tasks that you are responsible for?
- What skills or knowledge does and officer (or engagement specialists) need to complete their LEAD program role?

Facilitation

Q4) Have you referred any clients into the New Have LEAD program?

If Yes…

- Tell us about your experience…
- If you have offered the program, what happens when LEAD is presented as an option?
- How do you decide who offer a diversion from arrest? Social contact?
- How easy or difficult is it to recruit participants into the LEAD program?
- How could recruiting participants be improved?
- How will are potential clients to enter the LEAD program?

If No…

- What the reason you have not referred into the LEAD program thus far?
- What needs to change for you to start making referrals?

Closing Questions

Q5) How would you organize the LEAD program within New Haven Police department or and community?

- Any additional comments or suggestions?