Evaluation of Maryland's Law Enforcement Assisted Diversion Program

Regrounding Our Response: A Coordinated Public Safety and Public Health Approach to the Opioid Epidemic

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September 2024

About the Maryland Statistical Analysis Center

The Maryland Statistical Analysis Center (MSAC) resides in the Governor's Office of Crime Prevention and Policy (GOCPP), Maryland's State Administering Agency (SAA), to facilitate statewide crime data analysis and sharing to generate effective local policies and procedures. The MSAC works with the GOCPP and is aligned programmatically with the State's public safety priorities. The MSAC facilitates the collection and analysis of statewide criminal justice statistics to support evidence-based policies and practices. As the research, development, and evaluation arm of the GOCPP, the MSAC seeks to evaluate and publicize Maryland's promising practices in public safety through an objective, independent, and data-driven approach. The MSAC is also a part of a national network of 51 Statistical Analysis Centers (SACs) located throughout the U.S. and supported by the Justice Information Resource Network (JIRN),[1] previously known as the Justice Research and Statistics Association (JRSA), and the State Justice Statistics Program[2] grant from the U.S. Department of Justice, Bureau of Justice Statistics (BJS).

This *Evaluation of Maryland's Law Enforcement Assisted Diversion Program* was prepared by the MSAC with support from the GOCPP.

[1] Justice Information Resource Network. https://jirn.org/

[2] U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. *State Justice Statistics Program*. https://bjs.ojp.gov/programs/state-justice-statistics-program

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Executive Summary

The *Evaluation of Maryland's Law Enforcement Assisted Diversion Program* details the findings of nine police-led diversion and detention-based referral programs that were funded by the Governor's Office of Crime Prevention and Policy (GOCPP) through a federal award from the U.S. Department of Justice, Bureau of Justice Assistance's Comprehensive Opioid Abuse Site-based Program.[3] The Maryland Statistical Analysis Center (MSAC), which resides in the GOCPP as an independent entity, employed a mixed-method evaluation design that included the collection, analysis, and interpretation of quantitative and qualitative data to evaluate the program's goal of reducing opioid overdose deaths while increasing access to care and treatment through police and detention-based referrals.[4] The MSAC conducted an evaluation of subrecipients' programs to identify the effectiveness, satisfaction, and impact of each. The findings are presented in two reports:

- Descriptive Report: This report captures information on each subrecipients' program, based on a review of grant applications, the implementation manual that included resource documentation on each program, and Internet sources.
- Evaluation Report: This report describes the effectiveness of each program, the satisfaction of program participants, and the impact of each community (or jurisdiction) in comparison to the State. Information pertaining to this report was obtained from the GOCPP's Grants Management System, aggregate data from State agencies, and Internet resources.

The result of this evaluation includes program-specific data from six programs as well as performance measure data from nine program sites. Of the 249 individuals who enrolled in the program, 20 were re-arrested and three experienced an overdose. Of participants asked, 96% (77 of 80) felt satisfied with their involvement in the program and 86% (68 of 79) noted an improved quality of life. Based on the evaluation findings, the MSAC identified the following recommendations:

- GOCPP should revise the special conditions of the grant to require subrecipients to submit complete and timely data.
- The evaluation on the federal fiscal 2022 Comprehensive Opioid Use Site-based Program (COAP) grant award should examine all calls for services, total arrests, drug arrests, and recidivism change between the federal fiscal 2019 and 2022 COAP grant award. This evaluation should also examine participant income, and the relationship between services

[3] U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. *Maryland's Regrounding Our Response: A Coordinated Public Safety and Public Health Approach to the Opioid Epidemic*. https://bja.ojp.gov/funding/awards/2019-ar-bx-k034
[4] Ibid.

received and program outcome.

- The next evaluation should examine the awareness of and response to behavioral health needs and diversion opportunities from law enforcement partners of program sites to determine if an improvement occurred as a result of the program.
- Special conditions should require subrecipients to develop and submit a recruitment and retention strategy to the GOCPP for any grant award that requires the hiring of program staff.
- The next evaluation should compare the Maryland Office of the Public Defender's detention-based program with similar programs to determine effectiveness.

Law Enforcement Assisted Diversion Program

As required by Category 2c of the Comprehensive Opioid Use Site-based Program FY 2019 Grant Award (CFDA #16.838), this *Evaluation of Maryland's Law Enforcement Assisted Diversion Program* provides an annual brief on the status of each opioid-intervention program in Maryland, and summarizes key performance indicators. It also evaluates effective opioid-related efforts within the criminal justice system, based on three expanded programs.

In 2019, the GOCPP received a $6.5 million federal grant from the U.S. Department of Justice, Bureau of Justice Assistance to support police-led diversion and detention-based referrals across nine communities in Maryland over four years, with the goal of reducing opioid overdose deaths while increasing access to care and treatment through police and detention-based referrals. The nine communities were selected through a data-driven evaluation that used data from the High Intensity Drug Trafficking Area (HIDTA) Overdose Detection Mapping Application Program (ODMAP) and State overdose data to identify areas with the greatest need. From this total, Maryland implemented six new opioid intervention programs and expanded three existing programs (*as listed below*).

- New Programs: St. Mary's County, Columbia in Howard County, Westminster in Carroll County, Maryland Office of the Public Defender, Hagerstown in Washington County, and Worcester County.[5]
- Expanded Programs: Baltimore City, Bel Air in Harford County, and Wicomico County.

Because most opioid intervention programs were implemented with awarded federal funds, this *Evaluation of Maryland's Law Enforcement Assisted Diversion Program* primarily focuses on the effectiveness of opioid-related efforts within the identified areas. An in-depth evaluation is only available for the three expanded programs in Baltimore City, Harford County, and Wicomico County; and three opioid intervention programs that were implemented in Howard County, the Maryland Office of the Public Defender, and Washington County.

Program Description

The purpose of the Comprehensive Opioid Use Site-based Program (COAP) is to develop, implement, or expand comprehensive programs in response to the overdose crisis and impacts of illicit opioids, stimulants, or other substances.[6] These funds support the implementation of the

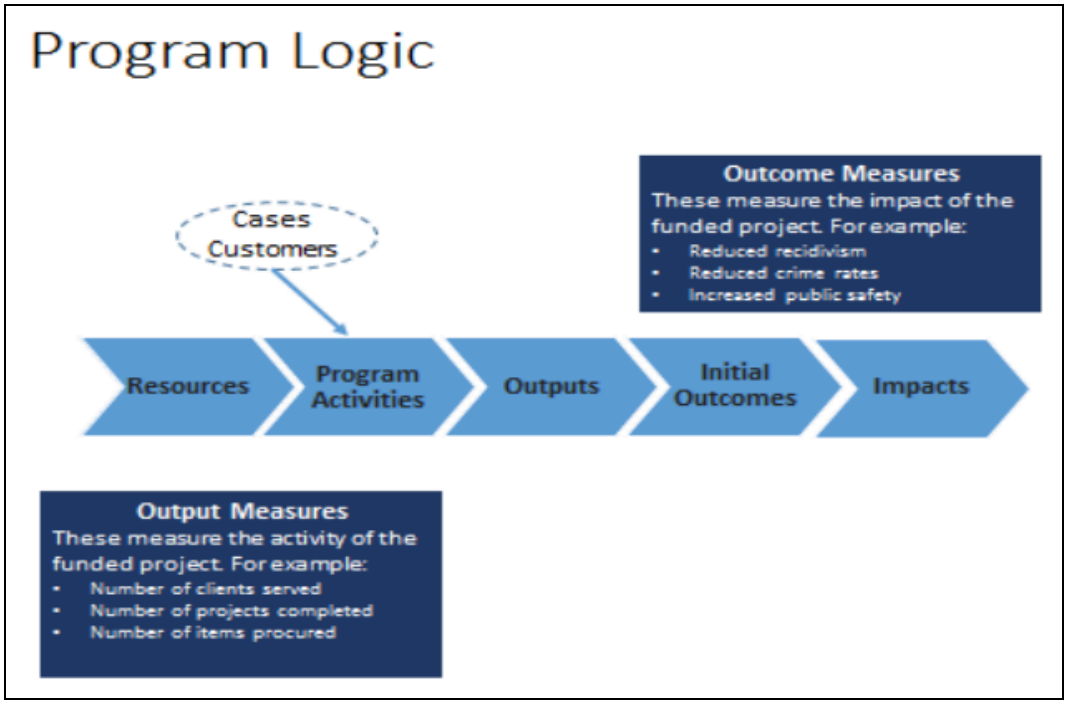
[5] Annapolis in Anne Arundel County was included in the program narrative that resulted in the 2019-AR-BX-K034 grant award. Because Annapolis was unable to implement the program, it was removed from the list of new programs. Worcester County was selected in 2021, whereas others were selected in 2020.
[6] Governor's Office of Crime Prevention and Policy. *Comprehensive Opioid Use Site-based Program (COAP)*. https://goccp.maryland.gov/grants/programs/coap/

Law Enforcement Assisted Diversion (LEAD) program which works directly with law enforcement to provide diversion options for low-level offenses among those who may have a mental illness and/or substance use disorder. With the LEAD program, police-led diversion/deflection initiatives help connect police to service providers who respond immediately to assist individuals identified by police; and allows individuals to seek assistance from police for substance use disorders without fear of arrest or prosecution. It also provides resources to support efforts to respond to illicit substance use and misuse; reduce overdose deaths; promote public safety; and support access to prevention, harm-reduction, treatment, and recovery services in the community and to make a safer Maryland.

Through the COAP grant program, the GOCPP released a Notice of Funding Availability (NOFA) to invite the nine communities to apply for grant funding. As noted in the GOCPP's *Grants Management System (GMS) Application Instructions*, all applicants must describe the proposed project in its grant application, to include specified information on the problem and/or need to be addressed, proposed efforts to achieve an anticipated outcome, funding needs, and an expected timeline for completion.[7] Based on these instructions, COAP applicants were required to submit descriptive information relating to, but not limited to, the following: problem statement/needs justification, program goals and objectives, program strategy/logic model, timeline, spending plan, management capabilities, and sustainability. It also required applicants to submit a detailed budget to prioritize funding needs, based on allowable costs for the following budget categories: personnel, operating expenses, travel, contractual services, equipment, and other.

Specific to the program strategy/logic model, applicants were required to identify and describe the activities, output measures, initial outcome measures, and impacts of the program, based on the provided guidance below. They were also informed of the required submission of quarterly programmatic reports - consisting of performance measures, progress reports, and financial reports - in the GOCPP's Grants Management System once awarded; and individual level data on persons referred to and enrolled in the program.

[7] Governor's Office of Crime Prevention and Policy. *Grants Management System (GMS) Application Instructions*. https://gocpp.maryland.gov/wp-content/uploads/NOFA-application-instructions.pdf



Program Design

Through this program, individuals who are involved in various low-level offenses "due to unmet behavioral health needs or associated poverty" may be referred to LEAD rather than a repeated arrest.[8] LEAD diverts individuals from the criminal justice system and "into long-term, harm reduction, street-based case management."[9] Individuals can be referred to LEAD by an arrest diversion or social contact referral (*as listed below*).[10] Qualifying offenses include, but are not limited to, the following charges:[11] Controlled Dangerous Substance (CDS) possession or distribution for subsistence purposes; prostitution; larceny, including petty larceny and larceny from auto, for subsistence purposes; misdemeanor trespass; and public urination. Those suspected of dealing for profit and trafficking, exploiting others through the drug trade, and promoting prostitution are not eligible.

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[8] LEAD National Support Bureau. (2020). *LEAD® - Law Enforcement Assisted Diversion: A Planning and Operations Toolkit produced by the LEAD National Support Bureau for use by the State of Maryland*. https://gocpp.maryland.gov/wp-content/uploads/LEAD-Planning-and-Operations-Toolkit-2.pdf.

[9] Ibid.

[10] Ibid.

[11] Governor's Office of Crime Prevention and Policy. (2024). *Maryland's Implementation Manual for the Law Enforcement Assisted Diversion Program*. https://gocpp.maryland.gov/wp-content/uploads/Marylands-Implementation-Manual-for-the-Law-Enforcement-Assisted-Diversion.pdf It is important to note that eligible charges are determined by the Senior Policy Group. The identified charges were pulled from the implementation manual to provide an example.

- **Arrest Diversion**: Gives law enforcement officers the authority to refer individuals into LEAD instead of arrest for diversion-eligible offenses.[12]
- **Social Contact Referral**: Eligible individuals can be referred into LEAD without waiting for the moment of potential arrest. As determined by its Senior Policy Group, each LEAD site sets its own policies regarding who can make social contract referrals.

Once an individual is diverted to the program, LEAD service provider staff will "conduct an initial screening and assessment, explain the diversion process and assistance available, obtain informed consent, and have the participant sign the participation and release of information forms."[13] The case manager will also work to "meet any immediate needs that must be addressed" (e.g., shelter, food, or healthcare); and the service provider will examine factors that may contribute to "ongoing encounters with law enforcement" (e.g., substance use, mental health, housing, legal issues, social/familial issues, employment, education, etc.).[14] Following this initial contact, and once acute needs are addressed, the case manager will work with each participant to create an Individual Service Plan (ISP). ISP focuses on the individual's self-identified goals and efforts to reduce criminal justice system involvement. ISP may also "include assistance with housing, treatment, education, job training, job placement, licensing assistance, small business counseling, child care or other services."[15]

Oversight of the program and its operation is governed by the Senior Policy Group and the Operational Workgroup. The Senior Policy Group provides oversight and high-level governance of the local LEAD program given that it also oversees existing local opioid response programs in the local area. The Senior Policy Group receives at least quarterly updates on the program and provides final approval of the protocols developed for the intervention. Members of the group include law enforcement, prosecutors, public defenders, local service providers, and local government representatives. Members also sign a memorandum of understanding to outline the role and commitment of each agency.

The Operational Workgroup (OWG) provides daily oversight and management of the local LEAD program with assistance of the LEAD Program Manager. The OWG typically includes: LEAD service provider staff (case managers and peer specialists), other service providers as needed, law enforcement officers and commanders, the Office of the State's Attorney, the Office of the Public Defender, the Department of Public Safety and Correctional Services' Division of Parole and Probation, Community Advisory Board representatives, and the LEAD Program

[12] Ibid. It is important to note that eligible charges are determined by the Senior Policy Group. The identified charges were pulled from the implementation manual to provide an example.
[13] Governor's Office of Crime Prevention and Policy. (2024). *Maryland's Implementation Manual for the Law Enforcement Assisted Diversion Program*. https://gocpp.maryland.gov/wp-content/uploads/Marylands-Implementation-Manual-for-the-Law-Enforcement-Assisted-Diversion.pdf
[14] Ibid.
[15] Ibid.

Manager. The OWG meets weekly or bi-weekly to review participant cases and discuss the daily operations of the program. It also discusses the referral criteria, program capacity, and compliance with the protocols and core principles; and focuses the attention of program staff and law enforcement on particular areas viewed with concern by community representatives and stakeholders. The OWG operates by consensus with all partners aligned with common program values and core principles. In addition, the OWG reviews data and examines potential changes to the protocol process and eligibility criteria in order to ensure that LEAD effectively meets the program goals. The data review includes a review of law enforcement data to identify unscreened eligible arrests, and to ensure equal access to the program. In such cases, supervisors are encouraged to engage officers and educate colleagues on the benefits of diversion and harm reduction. Any substantive changes to the protocol process and eligibility criteria that are discussed and proposed during OWG meetings must receive approval from the Senior Policy Group before they may take effect.

Descriptive Report

The Maryland Statistical Analysis Center (MSAC) conducted a project review of the nine subrecipients that received COAP funding to implement or expand police-led diversion and detention-based referral programs. The project review examined grant applications for each subrecipient to include the narrative, goals and objectives, strategic plan and/or logic model, spending plan, management capabilities, sustainability, and timeline. Information pertaining to the project review was obtained from the GOCPP's Grants Management System, covering a period of July 1, 2020 through September 30, 2024, the implementation manual which included resource documentation on each LEAD program, and Internet resources to include web-accessible documentation on each community (*as described in Data Sources and Measures*). Please refer to the New Programs and Expanded Programs sections to view information regarding each COAP-funded program.[16]

New Programs

Carroll County Health Department

The Carroll County Health Department is one of 24 local health departments under the Maryland Department of Health.[17] It offers a variety of services "to prevent disease and injury, promote

[16] Several subrecipients provided insight regarding their goals, objectives, and/or strategies; however, the naming convention was not consistent. For this reason, and to ensure consistency, any entry that resembled the objectives identified in the evaluation design section were captured as such. For example, if a subrecipient indicated a goal to "reduce opioid overdose deaths in designated project implementation areas," it was changed to an objective.
[17] Maryland Department of Health, Carroll County Health Department. *About Us*. https://health.maryland.gov/carroll/Pages/About-Us.aspx

health and well-being, and protect people who live and visit Carroll County."[18] These services are provided through four distinct bureaus: the Bureau of Prevention, Wellness, and Recovery: Oversees; the Bureau of Community Health Services; the Environmental Health Bureau; and the Bureau of Administration. The Bureau of Prevention, Wellness, and Recovery also functions as the Local Behavioral Health Authority (LBHA) which plans, manages, and monitors the Maryland Public Behavioral Health System (PBHS) within the county, and reports to the Behavioral Health Administration (BHA).[19] In this role, LBHA collaborates with the Westminster Police Department to implement the harm reduction program known as LEAD.

Carroll County launched the LEAD program in Westminster to address the opioid epidemic. The program supports individuals interacting with the criminal justice system based on their behavioral health challenges. The program also works to divert individuals away from more costly incarceration into intensive case management services. Case management services work to support individuals with behavioral health needs with service, housing, and legal needs while also working to reduce recidivism.

The program operates out of the Westminster Police Department and provides programming within Westminster's limits and portions of Carroll County, as determined by LEAD trained law enforcement officers patrol areas as the newly identified pilot zone via Carroll County Sheriff's Office patrol areas.[20] It also consists of partnerships between the Carroll County Health Department, the Carroll County Office of Parole and Probation, the Carroll County Office of the Public Defender, the Carroll County Sheriff's Office, the Carroll County State's Attorney's Office, the Sykesville Police Department, and the Westminster Police Department.[21]

The goal of the program is to reduce overdose deaths, reduce the strain and cost on the criminal justice system, and increase the opportunity for stabilization to individual participants. To achieve these goals, the LBHA identified the following objectives, as required by the grant award (*as listed below*). The LBHA also noted the use of intensive clinical case management and Peer Recovery Coaching to accomplish the specified strategies.

Objectives

- Engage and enroll 25-35 individual participants into the Carroll County LEAD program.

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[18] Ibid.
[19] Maryland Department of Health, Carroll County Health Department. *Local Behavioral Health Authority (LBHA)*. https://health.maryland.gov/carroll/Pages/LBHA.aspx
[20] Governor's Office of Crime Prevention and Policy. (2024). *Maryland's Implementation Manual for the Law Enforcement Assisted Diversion Program*. https://gocpp.maryland.gov/wp-content/uploads/Marylands-Implementation-Manual-for-the-Law-Enforcement-Assisted-Diversion.pdf
[21] Maryland Department of Health, Carroll County Health Department. *Law Enforcement Assisted Diversion Program (LEAD)*. https://health.maryland.gov/carroll/Pages/LEAD-Program.aspx

- Reduce recidivism among participants via harm reduction intensive clinical case management and peer recovery support.
- Reduce the number of overdoses among participants via use of harm reduction intensive clinical case management and efforts of LEAD Peer Recovery Specialist.

Howard County Health Department

The Howard County Health Department oversees various bureaus and programs that strive to make the county a community in which health equity and optimal wellness are accessible for all who live, work, and visit. Through the Bureau of Behavioral Health, the department "works on the promotion of mental health, resilience, and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities."[22]

Through the evidence-based LEAD program, law enforcement officers "exercise discretionary authority at the point of contact to divert individuals to a community-based, harm-reduction intervention for low-level law violations driven by unmet behavioral health needs."[23] This allows individuals to receive comprehensive support to address their needs in lieu of the normal criminal justice system. Following enrollment into the trauma-informed case management program, individuals receive various referrals to services to include, but are not limited to, the following: substance use treatment, mental health counseling, job training, educational resources, benefit coordination, and primary health care services. This, in turn, supports individuals by helping them fight the many facets of their addiction and mental health concerns.

The program operates in Howard County with the Howard County Police Department serving as the primary referring agency for LEAD participants. It also consists of partnerships between the Office of the County Executive, the Howard County Health Department, the Public Defender's Office, the State's Attorney's Office, the Howard County Police Department, the Howard County Sheriff's Office, and community partners. Unlike other LEAD programs in Maryland, key stakeholders in Howard County can refer individuals to LEAD by a stop contact referral, criminal citation referral, or arrest referral.[24] The program is also consistent with the Substance

[22] Howard County, Maryland. (2023). *Health*. https://www.howardcountymd.gov/health

[23] Governor's Office of Crime Prevention and Policy. (2024). *Maryland's Implementation Manual for the Law Enforcement Assisted Diversion Program*. https://gocpp.maryland.gov/wp-content/uploads/Marylands-Implementation-Manual-for-the-Law-Enforcement-Assisted-Diversion.pdf

[24] A referral to the Howard County LEAD program is based on the following options: (1) a stop contact referral for residents that may be at high-risk of contact with law enforcement in the future, have overdosed on opiates, or are high utilizers of emergency medical services - the Howard County Police Department, the State's Attorney's Office, the Office of the Public Defender, and the Mobile Integrated Community Health team of Emergency Medical Services can make these referrals; (2) a criminal citation referral may be initiated when a person committed an offense that could result in a criminal citation and instead, the person agrees to participate in LEAD prior to the issuance of a criminal citation - a law enforcement officer can make these referrals; and (3) an arrest referral may be

Abuse and Mental Health Services Administration's (SAMHSA) Sequential Intercept Model which includes four pathways (or intercepts) into LEAD services: Intercept 0: Overdose Referral, Intercept 1: Law Enforcement Diversion, Intercept 2/3: State's Attorney's Office, and Intercept 4: Office of the Public Defender.[25]

The goal of the program is to "improve public health and public safety by reducing future harm and criminal behaviors caused by individuals engaged in crimes related to unmet behavioral health needs."[26] To achieve this goal, the Howard County Health Department identified several objectives, as required by the grant award (*as listed below*). The department also noted the use of long-term wrap-around services to decrease recidivism, decrease crime rates, decrease overdose/fatality rates, and increase public safety.

Objectives

- Decrease in opioid overdoses.
- Decrease in negative encounters with law enforcement.
- Increase in drug treatment engagement by these individuals.
- Decrease in shelter needs for these individuals.
- Increase in employment status for these individuals.
- Increase mental health engagement by these individuals that have mental health needs.

Maryland Office of the Public Defender

The Maryland Office of the Public Defender is an independent state agency that provides statewide advocacy to secure justice, protect civil rights, and preserve liberty.[27] The office provides representation for criminal, juvenile, and parental defense, as well as involuntary commitment proceedings.[28] Through the Social Work Division, the office seeks to improve client outcomes by identifying and addressing circumstances that warrant an alternative to detention, to include community-based treatment options. It also collaborates with several partnering health departments, and serves as a national model and pillar of the office's client-centered representation.

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initiated when a person committed an eligible offense that could result in an arrest and instead the person agrees to participate in LEAD prior to booking and charging - a LEAD-trained law enforcement officer can make these referrals.

[25] Substance Abuse and Mental Health Services Administration (SAMHSA). *The Sequential Intercept Model (SIM)*. https://www.samhsa.gov/criminal-juvenile-justice/sim-overview

[26] Howard County, Maryland. (2023). *Law Enforcement Assisted Diversion Program*. https://www.howardcountymd.gov/police/law-enforcement-assisted-diversion-program

[27] Maryland Office of the Public Defender. *About Us*. https://opd.state.md.us/about-us; Maryland Office of the Public Defender. *Mission and Values*. https://opd.state.md.us/mission-and-values

[28] Maryland Office of the Public Defender. (2023). *2023 Annual Report*. https://opd.state.md.us/_files/ugd/868471_2a3baa9254584cc7beaec906307f0e39.pdf

Through this detention-based program, the office ensures that high-risk individuals who are not diverted or are otherwise incarcerated can receive care once they enter the criminal justice system with appropriate referrals to therapeutic courts, pretrial programs, and other services in detention or in the community. The program works in concert across multiple interception points in the criminal justice system, and provides in-reach services into the pretrial period. Shortly after an individual arrives in detention, clinicians in participating jails - Anne Arundel County, Baltimore City, Carroll County, Frederick County, Harford County, Howard County, and Washington County - will screen individuals, provide a full assessment for those who screen positive for a substance use disorder, and develop and implement a plan for those appropriate for community-based treatment during the pendency of their case.[29] Where appropriate, the office will provide warm hand-offs to community-based treatment providers to leverage pretrial release.

The goal of the program is to improve public safety by reducing opioid overdose deaths and reducing drug-related disorders. To accomplish this, the office identified the following objectives, as required by the grant award (*as listed below*).

Objectives

- Reduce opioid overdose deaths in designated project implemented areas.
- Reduce the unnecessary incarceration of individuals who are appropriate for community-based opioid abuse treatment.
- Reduce recidivism of justice-involved individuals with an opioid use disorder.
- Reduce criminal justice costs related to defendants who have an opioid use disorder, allowing more effective use of resources.
- Improve the continuum of care and access to services for pretrial detainees with drug treatment needs.

St. Mary's County Health Department

The St. Mary's County Health Department is responsible for protecting and promoting the health of all county residents.[30] It provides a variety of services, "based on local health needs and federal, state, and county regulations."[31] These services are provided through eight divisions: Administration, Behavioral Health, Clinical Services, Data and Information Systems, Environmental Health, Health Promotion & Community Services, Preparedness & Response, and Community Engagement & Policy.[32] The Division of Behavioral Health also serves as the

[29] Maryland Office of the Public Defender. (2020). *Regrounding Our Response: Public Defense in a Coordinated Public Safety and Public Health Approach to the Opioid Epidemic* [App. 2020-C1-0001].
[30] St. Mary's County Health Department.(2024). *About Our Agency*. https://smchd.org/about/
[31] Ibid.
[32] Ibid

Local Behavioral Health Authority (LBHA) to assist "individuals with access to behavioral health services (mental health and substance use prevention, treatment, and recovery) and is responsible for monitoring and improving behavioral health systems to provide better outcomes" for the community.[33] In this role, the LBHA oversees all behavioral health programming, to include the opioid crisis.

The main function of the St. Mary's County LEAD program is to provide a community-based diversion approach with the goals of improving public safety and public order, and reducing unnecessary justice system involvement of people who participate in the program. The program allows LEAD-trained Deputy Sheriff's to "utilize discretion to divert low-level non-violent offenders, whose offense is driven by problematic substance use, mental-illness, homelessness, or poverty, away from the criminal justice system."[34] The program operates in St. Mary's County with the St. Mary's County Sheriff's Office serving as the primary referring agency for LEAD participants. It also consists of partnerships between the St. Mary's County Health Department, St. Mary's County Sheriff's Office, the Maryland State Police, the St. Mary's County Detention and Rehabilitation Center, and other local partners.

The goal of the program is to "give individuals that commit law violations driven by unmet behavioral health needs the tools" and support to "maximize their opportunity for behavioral change."[35] To achieve this goal, the St. Mary's County Health Department identified several objectives, as required by the grant award (*as listed below*).

Objectives

- Reduce overdose opioid deaths in designated project implementation areas.
- Reduce recidivism of LEAD participants.
- Reduce calls for service for drug-related activity in St. Mary's County.
- Reduce criminal justice costs incurred by LEAD participants allowing more effective use of resources.
- Increase LEAD participants' access to fulfill everyday needs such as permanent housing.
- Increase LEAD participants' average income.
- Increase community perceptions of police.
- Improve police understanding and response to issues related to addiction and mental health.

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[33] Ibid.
[34] Governor's Office of Crime Prevention and Policy. (2024). *Maryland's Implementation Manual for the Law Enforcement Assisted Diversion Program*. https://gocpp.maryland.gov/wp-content/uploads/Marylands-Implementation-Manual-for-the-Law-Enforcement-Assisted-Diversion.pdf
[35] St. Mary's County Health Department. (2020). *Law Enforcement Assisted Diversion (LEAD) Program* [App. 2020-C1-0005].

Washington County Health Department

The Washington County Health Department oversees various divisions to "promote healthy behaviors, prevent disease and injury, and safeguard the environment."[36] Through the Division of Behavioral Health, the department "provides prevention, intervention, treatment and recovery resources to individuals" who are "affected by behavioral health issues while working towards an integrated system of care that can be accessed by everyone to meet their individual needs."[37] It also oversees crisis services and overdose response, the Washington County Overdose Fatality Review Team, the Local Addiction Authority, and more.

The Washington County LEAD program is a multi-agency collaboration to improve public health, safety, and order in the community while reducing future harm and criminal behavior caused by individuals with underlying behavioral health and socioeconomic needs. LEAD is grounded on harm reduction, non-displacement, community transparency and accountability, participant confidentiality, and diversion from jail and prosecution. It also "addresses the underlying biopsychosocial issues that translate to persistent crime, public health, and public safety concerns related to illegal drug use by enabling law enforcement to immediately connect eligible individuals, at the point of arrest and before booking, to evidence based services and the larger crisis response system."[38] The program operates in Washington County and consists of partnerships between the Washington County Health Department Division of Behavioral Health Services, the Hagerstown Police Department, the Washington County Sheriff's Office, the Office of the State's Attorney, the Office of the Public Defender, the Department of Public Safety and Correctional Services' Division of Parole and Probation, the Community Advisory Board, community service providers, and more.

The anticipated outcome of the program is to decrease overdoses, improve allocation of public safety and public health resources, improve community-police relations, and improve outcomes for individuals participants. To achieve these outcomes, the Washington County Health Department Division of Behavioral Health Services identified several objectives, as required by the grant award (*as listed below*).

Objectives

- Reduce cost to the criminal justice system by providing support services instead of jail and prosecution.
- Reduce the harm of drug use to individuals and the community.
- Decrease overdose fatalities.

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[36] Washington County Health Department. (2024). *About*. https://washcohealth.org/about/
[37] Washington County Health Department. (2024). *Behavioral Health*. https://washcohealth.org/divisions/behavioral-health/
[38] Washington County Health Department. (2020). *Law Enforcement Assisted Diversion* [App. 2020-C1-0006].

- Improve community and police relations.

Worcester County Health Department

Through its mission, the Worcester County Health Department strives to promote health, well-being, and a safe environment for its residents.[39] To fulfill its mission, the department assesses community needs; develops appropriate policy to promote health and well-being; and assures the provisions of needed quality health services. It is also one of the few health departments in Maryland accredited by The Joint Commission for behavioral health services. In 2014, it received additional accreditation, with a primary focus on the provision of top quality core public health services, under the Public Health Accreditation Board. Through the Behavioral Health Program, the department offers various community-based services, to include LEAD.[40]

The Worcester County LEAD program enables law enforcement officers to exercise discretionary authority, at point of contact, to divert individuals to a community-based, harm-reduction intervention for law violations driven by unmet behavioral health needs. It also holds considerable promise as a way for law enforcement to help communities respond to public order with issues stemming from unaddressed public health and human services needs. Through the LEAD program, individuals suffering from addiction, mental illness, homelessness, or extreme poverty are treated through a holistic public health framework that reduces reliance on the formal criminal justice system. LEAD referrals delineate from the standard criminal justice system of booking, detention, prosecution, conviction, and incarceration, and can be used for pre- or post-booking treatment. They are an alternative to arrest yet can also be applied to individuals who have upcoming court dates or who are currently incarcerated.

Because case management is a core component to LEAD, the Wicomico County Health Department's case managers link diverted individuals to housing, vocational and education opportunities, treatment, mental and other health services, and community services.[41] Given the department's established Case Management Program, which advocates for the needs of Worcester residents to provide a continuum of quality services and supports, this provides a seamless transition to individuals diverted through LEAD.

The Worcester County Health Department's LEAD program operates in the county and consists of partnerships between the Worcester County Health Department, the Worcester County Sheriff's Office, the Ocean City Police Department, the Ocean Pines Police Department, the Berlin Police Department, the Maryland State Police, the Pocomoke City Police Department, the

[39] Worcester County Health Department. *About Us*. https://www.worcesterhealth.org/about-us
[40] Worcester County Health Department. *Community-Based Services*. https://www.worcesterhealth.org/mental-health-sidebar/community-based-services
[41] Worcester County Health Department. (2020). *LEAD Program P4600167* [App. 2020-C1-0001].

Snow Hill Police Department, the Mobile Integrated Community Health, the Office of the State's Attorney, and more.

The goal of the program is to improve public safety and community health. To achieve this goal, the department identified several objectives (*as listed below*).

Objectives

- Reduce crime and drug-related activities.
- Reduce recidivism for LEAD participants.
- Improve access to treatment and services.

Expanded Programs

Behavioral Health System Baltimore

The Behavioral Health System Baltimore, Inc. is a non-profit organization that manages "Baltimore City's behavioral health system–the system of care that addresses emotional health and well-being and provides services for individuals with substance use and mental health disorders."[42] The organization helps to guide "innovative approaches to prevention, early intervention, treatment and recovery for those who are dealing with mental health and substance use disorders to help build healthier individuals, stronger families and safer communities."[43]

In 2017, Baltimore City launched the LEAD program as a pilot to address persistent crime and public safety concerns related to illegal drug use. The initial pilot resulted from partnered efforts between the Behavioral Health System Baltimore, the Baltimore Police Department, the Office of the State's Attorney, the Baltimore City Courts, and many other community stakeholders. Police, providers, prosecutors, public defenders, business leaders, and residents planned the program and developed policies and protocols to implement the pilot. Behavioral health system representatives trained officers in public health approaches, and how to identify and refer potential participants (i.e., those who would otherwise be arrested for a low-level drug-related offense) to a LEAD case manager.

During the same year, the City and the Department of Justice entered into a Consent Decree on April 17, 2017, which focused on building community trust, creating a culture of community and problem-oriented policing, prohibiting unlawful stops and arrests, preventing discriminatory policing and excessive force, ensuring public and officer safety, enhancing officer accountability

[42] Behavioral Health System Baltimore. (2024). *Vision, Mission, Values*. https://www.bhsbaltimore.org/about-us/vision-mission-values/
[43] Ibid.

and making needed technological upgrades.[44] One section of the decree also required the City to coordinate with the Collaborative Planning and Implementation Committee (CPIC) - a group of diverse community stakeholders to advise the City and the Baltimore Police Department - to "conduct an assessment to identify gaps in the behavioral health services system, recommend solutions, and assist with implementation of the recommendations as appropriate."[45] In October 2018, the City entered into a contract with Human Services Research Institute (HRSI), through the Behavioral Health System Baltimore, to conduct the assessment in partnership with CPIC and its Gap Analysis subcommittee. In December 2019, the City published the *Baltimore Public Behavioral Health System Gap Analysis Report* which identified possible areas of improvement in the current system.[46,47]

In 2020, the Behavioral Health System Baltimore requested COAP funding from the GOCPP to expand its LEAD program and build on existing diversion services to meet the needs identified in the gaps analysis, and further the goals of the decree and LEAD program. The Behavioral Health System Baltimore's LEAD program is a pre-booking diversion program that allows law enforcement to immediately connect eligible participants, generally those diagnosed with substance-use disorders and mental illnesses, with intensive case management delivered in a harm-reduction framework rather than having them become enmeshed in the criminal justice system.[48] The program works to link LEAD participants to trauma-informed intensive case management rather than arrest and prosecution. Case managers and peer recovery specialists work with participants to meet their needs in order to stabilize their lives and enhance their health and well-being. The program currently operates in the Baltimore City Central Police District and consists of partnerships between the Behavioral Health System Baltimore, the Baltimore Police Department, the Baltimore Crisis Response, Inc., and other stakeholders.[49]

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[44] City of Baltimore. *City of Baltimore Consent Decree*. https://consentdecree.baltimorecity.gov/

[45] United States of America v. Police Department of Baltimore City. (2017). *Consent Decree* [Case 1:17-cv-00099-JKB]. https://www.justice.gov/opa/file/925056/dl

[46] Human Services Research Institute. (2019). *Baltimore Public Behavioral Health System Gap Analysis Final Report, December 2019*. https://public.powerdms.com/BALTIMOREMD/documents/623350

[47] The City also developed the *Baltimore Public Behavioral Gap Analysis Implementation Plan* to address the gaps in the public health system. The first draft was made available for public comment in 2021, followed by the second draft in 2022. For more information, please visit: https://mayor.baltimorecity.gov/behavioral-health-and-consent-decree.

[48] Behavioral Health System Baltimore. *Crisis Services*. https://www.bhsbaltimore.org/crisis-services/

[49] Behavioral Health System Baltimore. (2021). *LEAD Program*. https://www.bhsbaltimore.org/wp-content/uploads/2022/12/LEAD-One-Pager-2021.pdf; The specific boundaries are: Martin Luther King Boulevard to the west; Pratt Street to the south; Saint Paul Street to the east; and Franklin Street to the north.

The goal of the program is to improve public health and public safety by reducing future harm and criminal behavior caused by individuals engaged in minor drug offenses and prostitution.[50] To build upon existing efforts, the Behavioral Health System Baltimore identified several objectives (*as listed below*).

Objectives

- Hire and onboard a Project Manager.
- Project Manager will lead a collaborative process to engage community partners and stakeholders in planning for new or expanded diversion services to be implemented in the second and third year of the grant award.

Springboard Community Services

The Springboard Community Services, formerly known as the Family and Children's Services of Central Maryland, is committed to transforming lives by bringing "positive momentum to families, individuals, and those in need . . ."[51] Through the Springboard Community Services' LEAD program, police officers exercise discretionary authority at the point of contact to divert individuals to a community-based, harm-reduction intervention for law violations driven by unmet behavioral health needs. Instead of arrest, individuals are referred to a trauma-information intensive case-management program where the individual receives a wide range of support services, often including transitional and permanent housing and/or drug treatment. Prosecutors

[50] Governor's Office of Crime Prevention and Policy. (2024). *Maryland's Implementation Manual for the Law Enforcement Assisted Diversion Program*. https://gocpp.maryland.gov/wp-content/uploads/Marylands-Implementation-Manual-for-the-Law-Enforcement-Assisted-Diversion.pdf

[51] Springboard Community Services. *Our Story*. https://springboardmd.org/our-story/

and police officers work closely with case managers to ensure that all contacts with LEAD participants going forward, including new criminal prosecutions for other offenses, are coordinated with the service plan for the participant to maximize the opportunity to achieve behavioral change.

The program operates in the Town of Bel Air. It consists of partnerships between the Springboard Community Services, the Bel Air Police Department, the Harford County State's Attorney's Office, the Klein Family Harford Crisis Center, the Office on Mental Health/Core Service Agency of Harford, Inc. (Mobile Crisis), the Harford County Health Department, the Maryland Opioid Operational Command Center, the Harford County Department of Social Services, the Harford County Office of Drug Control Policy, the Maryland Overdose Response Program, and the GOCPP.

The goal of the program is to improve public safety by reducing opioid overdose deaths and reducing drug-related disorder. To achieve this goal, the Springboard Community Services identified several objectives, as required by the grant award (*as listed below*).

Objectives

- Reduce opioid overdose deaths in designated project implementation areas.
- Reduce recidivism of LEAD participants.
- Reduce calls for service for drug-related activity.
- Reduce criminal justice costs incurred by LEAD participants.
- Increase LEAD participants access to permanent housing.
- Increase LEAD participants average income.
- Improve community perceptions of police.
- Improve police understanding and response to issues related to addiction and mental health.

Wicomico County Health Department

The Wicomico County Health Department strives to "maximize the health and wellness of all members of the community through collaborative efforts."[52] In 2021, Wicomico County launched the LEAD program to improve the quality of life for their "most vulnerable populations with increased collaboration between public health and public safety."[53] The launch resulted from partnered efforts between the Salisbury Police Department, the Wicomico County State's Attorney's Office, and the Wicomico County Health Department to "assist[s] high utilizers of

[52] Wicomico County Health Department. (2024). *About Us*. https://www.wicomicohealth.org/about-us/
[53] Wicomico County Health Department. (2024). *Law Enforcement Assisted Diversion (LEAD) Program Launches in Wicomico*. https://www.wicomicohealth.org/news-releases/law-enforcement-assisted-diversion-lead-program-launches-in-wicomico/

law enforcement who have unmet or unmanaged behavioral health needs and link[s] them with intensive case management services."[54] The program focused on reducing recidivism, providing law enforcement officers with a tool to assist in social service calls for service, and improving the relationship between public safety and public health.[55]

In 2020, the Wicomico County Health Department requested COAP funding from GOCPP to expand its LEAD program to provide services to those most disconnected from health care and vulnerable to overdose from illicit opioids and interactions with law enforcement. The program embeds a public health and social service response within law enforcement which enables an "immediate response to police encounters with vulnerable individuals and families, either at the point of arrest, through social contact, or overdose response."[56] Once the link from law enforcement to case management occurs, individuals are provided with comprehensive case management services to include, but are not limited to, treatment resources, harm-reduction services, and housing assistance. The program operates in Wicomico County and consists of partnerships between the Wicomico County Health Department, the Wicomico County Detention Center, the Salisbury Police Police, the Worcester County Sheriff's Office, the Wicomico County State's Attorney's Office, the Department of Public Safety and Correctional Services' Division of Parole and Probation, the Department of Social Services, and the Wicomico County Circuit Court.[57]

The goal of the program is to "meet individuals where they are, and refrain from coercive interactions."[58] To achieve this goal, the Wicomico County Health Department identified several objectives, as required by the grant award (*as listed below*).

Objectives

- Reduce opioid overdose deaths in designated project implementation areas.
- Reduce recidivism of LEAD participants (compared to a representative proxy group).
- Reduce calls for service for drug-related activity in the pilot area.
- Reduce criminal justice costs incurred by LEAD participants (compared to control group), allowing more effective use of resources.
- Increase LEAD participants' access to permanent housing (compared to baseline).

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[54] Ibid.
[55] Ibid.
[56] Wicomico County Health Department. (2020). *Law Enforcement Assisted Diversion (LEAD) Program* [App. 2020-C1-0002].
[57] Wicomico County Health Department. (2020). *Law Enforcement Assisted Diversion (LEAD) Program* [App. 2020-C1-0002]. Governor's Office of Crime Prevention and Policy. (2024). *Maryland's Implementation Manual for the Law Enforcement Assisted Diversion Program*. https://gocpp.maryland.gov/wp-content/uploads/Marylands-Implementation-Manual-for-the-Law-Enforcement-Assisted-Diversion.pdf
[58] Wicomico County Health Department. (2020). *Law Enforcement Assisted Diversion (LEAD) Program* [App. 2020-C1-0002]

- Increase LEAD participants' average income.
- Improve community perceptions of police.
- Improve police understanding and response to issues related to addiction and mental health.

Methodology

Design

The MSAC used a mixed-method evaluation design that included the collection, analysis, and interpretation of quantitative and qualitative data to evaluate the nine COAP-funded programs through the use of primary and secondary data sources. Quantitative data was organized by subrecipient and/or data source and analyzed using Microsoft Excel, Microsoft Power BI, Jamovi, and RStudio. Qualitative data, consisting primarily of progress reports, was organized by subrecipient and manually reviewed to gather insightful findings on each program.

Goals, Objectives, and Measures

The MSAC used primary and secondary data sources to examine the program's objectives, as specified in the GOCPP's grant application, titled *Maryland's Regrounding Our Response: A Coordinated Public Safety and Public Health Approach to the Opioid Epidemic*, to ensure triangulation of findings (*as listed below*).[59]

Objectives

- Reduce opioid overdose deaths in designated project implementation areas.
- Reduce recidivism of LEAD participants (compared to representative proxy group).
- Reduce calls for service for drug-related activity in the pilot area.
- Reduce criminal justice costs incurred by LEAD participants (compared to control group).
- Increase LEAD participants' access to permanent housing (compared to baseline).
- Increase LEAD participants' average income.
- Improve community perceptions of police.
- Improve police understanding and response to issues related to addiction and mental health.

[59] U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. *Maryland's Regrounding Our Response: A Coordinated Public Safety and Public Health Approach to the Opioid Epidemic*. https://bja.ojp.gov/funding/awards/2019-ar-bx-k034

Sample

This evaluation focused on nine subrecipients that received COAP funding to implement or expand police-led diversion and detention-based referral programs (*as illustrated in **Table 1***). From this total, eight supported police-led diversion referral programs within eight communities, and one supported detention-based interventions within seven jurisdictions (Anne Arundel County, Baltimore City, Carroll County, Frederick County, Harford County, Howard County, and Washington County).

Table 1: Subawarded Recipients of COAP Funding			
Implementing Agency	**Award Dates**	**Award**	**Jurisdiction(s)**
Behavioral Health System Baltimore	7/1/2020 - 9/30/2024	$1,194,674.00	Baltimore City
Carroll County Health Department	7/1/2020 - 9/30/2023	$483,716.79	Carroll
Howard County Health Department	7/1/2020 - 9/30/2023	$531,401.56	Howard
Maryland Office of the Public Defender	7/1/2020 - 9/30/2024	$615,485.99	Anne Arundel, Baltimore City, Carroll, Frederick, Harford, Howard, and Washington
Springboard (formerly the Family and Children's Services of Central Maryland, Inc.)	7/1/2020 - 9/30/2024	$639,698.50	Harford
St. Mary's County Health Department	7/1/2020 - 9/30/2023	$311,788.13	St. Mary's
Washington County Health Department	7/1/2020 - 9/30/2024	$291,118.00	Washington
Wicomico County Health Department	7/1/2020 - 6/30/2024	$448,131.00	Wicomico
Worcester County Health Department	5/30/2021 - 9/30/2024	$527,967.00	Worcester

Data Sources and Measures

The MSAC evaluated the effectiveness, participant's satisfaction, and impact of each program using primary and secondary data sources (*as described below*).

Primary Data

Individual level data was obtained from subrecipients to capture information on each individual referred to and enrolled in the program (*please refer to the Appendix to view the reporting guide and reporting template*). This information was submitted each quarter to track individual progress, service enrollment, quality of life, program satisfaction, etc. The data covered a period of July 1, 2020 through June 30, 2024, as it relates to the following:[60]

[60] Subrecipients were required to submit individual level data to the GOCPP by January 15, April 15, July 15, and October 15 of the reporting period to be used to measure the implementation and expansion of each program.

1. The number of people referred to LEAD, and the circumstances for the referral.
2. The demographic breakdown of people referred to LEAD.
3. The number of people enrolled in LEAD, and the circumstances identified at intake.
4. The number of participants referred to services, based on their identified needs in the case management plan.
5. The number of participants enrolled in services.
6. The number of participants who reported an increase in their quality of life, and the magnitude of this increase after 90 days (or the typical duration of intensive engagement); and the number of participants who expressed a high level of satisfaction with their involvement in LEAD.
7. The number of participants arrested or experienced an overdose while in the program, and/or were discharged from the program.
8. Are meetings occurring regularly with key decision makers?

Data was not obtained from several subrecipients for certain time frames due to the September 30, 2023 end date for some awards, and during the GOCPP's request to extend the federal award period. Some subrecipients were also unresponsive despite the GOCPP's continued follow-up.

Secondary Data

Programmatic reports were obtained from the GOCPP's Grants Management System to capture outputs, outcomes, and impacts of each program.[61] As a condition of the grant award, subrecipients were required to submit programmatic reports, consisting of performance measures, progress reports, and financial reports, in the GOCPP's Grants Management System on a quarterly basis (*as listed below*).[62]

Subrecipients were required to submit the following performance measure data each quarter:

1. The number of individuals diverted from arrest or criminal summons into the program.
2. The number of individuals receiving social referrals to the program.
3. The number of individuals in active communication with program staff in the last 30 days.
4. The number of individuals who have not been in contact in the last 30 days.
5. The number of individuals discharged from the program.

Although the individual level reporting requirement began on February 1, 2023, some data was provided prior to this date. For more information, please visit the GOCPP's website at: https://gocpp.maryland.gov/law-enforcement-assisted-diversion/.

[61] Performance measures were extracted from the GOCPP's Grants Management System on August 19, 2024, and covered a period of July 1, 2020 through June 30, 2024. Progress reports were extracted on August 20, 2024, and covered the same time frame. Financial reports were not used given that they only capture reimbursed funds.

[62] Governor's Office of Crime Prevention and Policy. *Grants Management System (GMS) Application Instructions*. https://gocpp.maryland.gov/wp-content/uploads/NOFA-application-instructions.pdf

6. The number of individuals arrested for a new crime.
7. The number of individuals arrested for a violation of supervision.
8. The number of individuals admitted to the emergency room.
9. The number of individuals who experienced an overdose.
10. The number of individuals connected to permanent housing.
11. The number of individuals receiving medication assisted treatment.
12. The number of individuals enrolled in ongoing behavioral health care.
13. The number of individuals connected with a primary care physician.
14. The number of individuals connected with medical insurance.
15. The number of individuals connected with employment, training, or education.
16. The number of individuals screened for and eligible who are receiving benefits.
17. The number of individuals identified as victims of crime.

Subrecipient were also required to submit progress report information each quarter to include:

1. Every quarterly report should provide a brief narrative assessment of the project's effectiveness thus far. The brief narrative should include qualitative and quantitative evidence, as available, and also highlight factors that the author considers to have facilitated or impaired the project's effectiveness.
2. Summarize the process of completed goals for the quarter, including program highlights or strategy activities (special events, program achievements, etc.) and dates of completion, if applicable. Also, highlight the status of any objectives that were delayed the previous quarter.
3. Describe barriers/challenges to implementing or completing any of the objectives. Include corrective actions taken or planned to overcome described barriers (include timeline). Are there any obstacles or barriers that could prevent you from expending all grant funds? Please include any requests for technical assistance needed.
4. Is your agency following the spending plan described in your application? If not, please explain.
5. If no funds or minimal funds (less than 25%) were expended during this reporting period, please provide an explanation as to why and when you anticipate requesting funds. Your detailed explanation should address each budget category.
6. Please explain the activities that have been planned for the upcoming quarter to include dates and a brief summary of each.
7. Per the special conduction, a "Fiscal Year-End Report" is due 30 days after the end of your award cycle. Has this task been completed and uploaded? If not, explain why.
8. Only Required to be Completed in the Final Quarter of the Grant Period: Please list any successes and/or best practices developed through this grant funded program.

Web-accessible information was also obtained from the Maryland Department of Health for unintentional drug- and alcohol-related intoxication deaths;[63] and each community when available. Additional information was obtained from *Maryland's Implementation Manual for the Law Enforcement Assisted Diversion Program* - a resource documentation that guided the implementation of the funded programs based on policies, procedures, forms, and other relevant materials provided by subrecipients - which was submitted to the U.S. Department of Justice, Bureau of Justice Assistance on June 30, 2024.[64]

Research Methodology

The MSAC examined the effectiveness of each program, the satisfaction of program participants, and the impact of the LEAD program in each community (or jurisdiction) in comparison to the State. It also reviewed programmatic reports submitted by subrecipients to include performance measures and progress reports, individual level data on program participants,[65] and State-level aggregate data. The information required of subrecipients provided valuable insight regarding the progress of each program towards its intended outcome; and supplied both qualitative and quantitative data which were essential to measure the impact of each program. Information pertaining to the programmatic reports was obtained from the GOCPP's Grants Management System, covering a period of July 1, 2020 through June 30, 2024. The remaining information was obtained from subrecipients and the Maryland Department of Health's website for data on unintentional drug- and alcohol-related intoxication deaths.

Evaluation Report

This *Evaluation of Maryland's Law Enforcement Assisted Diversion Program* identifies the effectiveness and participants' satisfaction of each project; and examines its impact in each community (or jurisdiction) in comparison to the State. Please refer to the Individual Level Data section for evaluation findings on the three expanded programs in Baltimore City, Harford County, and Wicomico County; and three opioid intervention programs that were implemented with federal funds in Howard County, the Maryland Office of the Public Defender, and Washington County. Cumulative performance measure findings, key indicators, and annual summaries on each program are provided in the Programmatic Reports section; and information

[63] Maryland Department of Health. *Overdose Data Portal*. https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx

[64] Governor's Office of Crime Prevention and Policy. (2024). *Maryland's Implementation Manual for the Law Enforcement Assisted Diversion Program*. https://gocpp.maryland.gov/wp-content/uploads/Marylands-Implementation-Manual-for-the-Law-Enforcement-Assisted-Diversion.pdf

[65] Data was not received from the Carroll County Health Department, the St. Mary's County Health Department, and the Worcester County Health Department.

on each community (or jurisdiction) in comparison to the State is available in the Impact on the Community section.

Results

Individual Level Data

The MSAC used individual level data that was submitted by subrecipients to evaluate the effectiveness of the three expanded opioid-related programs as well as three opioid intervention programs that were implemented with federal funds (*as illustrated in **Table 2***).[66] Based on the individual level data that was submitted by six subrecipients for the specified reporting period, a total of 325 individuals were referred to the LEAD program through an arrest diversion or social contact referral. From this total 76.6% (n = 249) enrolled in the program. The majority of participants were White (63.1%) and predominantly male (70.3%). The median age of participants was 38 years old. The average number of days between a referral and enrollment consisted of about five days with a low of zero days and a high of 39 days among sites.

Most participants (71.1%) received documents and/or information regarding LEAD's harm-reduction principles, such as harm-reduction orientation, at the time of enrollment. During enrollment, participants reported historical information as it relates to victimization and emergency room visits in the last 90 days; and substance use, medications to treat opioid use disorder, substance use disorder treatment, and housing in the last 30 days. Of the 249 enrolled participants, 26.1% (n = 65) reported that they were a victim of crime within 90 days and enrollment, and 13.7% indicated at least one visit to the emergency room. Most participants (77.5%) reported some form of substance use within 30 days of enrollment. Eighteen participants reported the use of medication to treat opioid use disorder within 30 days of enrollment; and 55.8% were in a traditional substance use disorder treatment prior to LEAD.

Once enrolled into the program, 73.1% were referred to services and 48% enrolled in services. Many participants were not enrolled in services because they ceased contact with their case manager, were incarcerated, or declined services. Following a 90-day period of involvement in the program (or the typical duration of intensive engagement), 67 (27.3%) participants reported an increase in their quality of life as a result of the LEAD program. In addition, 77 (30.9%) participants expressed a high level of satisfaction with their involvement in LEAD, after 90 days. Most responses for both improved quality of life and program satisfaction were unknown, which

[66] Individual level data was not submitted by the following subrecipients for the purpose of this evaluation: Carroll County Health Department, St. Mary's County Health Department, and Worcester County Health Department. The Howard County Health Department submitted data; however, only five individuals were referred which resulted in three enrolled participants. Given the low number of enrolled participants for the identified reporting period, information pertaining to Howard County is collectively captured in the **Total** column of the illustration below.

was likely due participants not yet completing 90 days in the program or they could no longer be located.

Of the 249 total participants, 20 (8.0%) were arrested for a new crime and three experienced an overdose. Approximately 25% of the participants were discharged from the program with the most common reasons being that they ceased contact with their case manager, moved out of the site location, decided that they no longer wanted services, or were incarcerated and could not receive services.

Table 2. Outcome of LEAD Participants by LEAD Site							
LEAD Site	**Baltimore City**	**Harford**	**Howard**	**Public Defender**	**Washington**	**Wicomico**	**Total**
Participant Totals							
Total Referrals	34	77	5	147	18	53	**334**
Total Person Referred	34	70	5	147	18	51	**325**
LEAD Participants	34	70	3	104	18	20	**249**
% Participated	100.0%	100.0%	60.0%	70.7%	100.0%	39.2%	**76.6%**
Mean Days from Referral to Enrollment	1.3	1.3	0	0	17.72]	38.4	**4.8**
Referral (Arrest Diversion)	14.7%	27.1%	*	100.0%	27.8%	0.0%	**55.1%**
Referral (Social Referral)	85.3%	72.9%	*	0.0%	72.2%	100.0%	**44.9%**
Sample Characteristics							
Male	61.8%	61.4%	*	80.8%	55.6%	80.0%	**70.3%**
Female	38.2%	38.6%	*	19.2%	44.4%	20.0%	**29.7%**
Black	94.1%	18.6%	*	22.1%	27.8%	45.0%	**33.7%**
White	5.9%	78.6%	*	75.0%	66.7%	50.0%	**63.1%**
Median Age	41	45	*	37	36	38	**38**
Victim of Crime (past 90 days)	2.9%	83.3%	*	1.0%	5.5%	10.0%	**26.1%**
ER Visit (last 90 days)	14.7%	10.0%	*	9.6%	33.3%	25.0%	**13.7%**
Substance Use (Past 30 days)	79.4%	45.7%	*	99.0%	55.6%	95.0%	**77.5%**
Substance Use Treatment (Past 30 days)	26.5%	20.0%	*	99.0%	33.3%	30.0%	**55.8%**
MAT (Last 30 days)	2.9%	7.1%	*	6.7%	11.1%	15.0%	**7.2%**
Services Received							
Harm Reduction Principles	100.0%	100.0%	*	34.6%	100.0%	95.0%	**71.1%**
Case Management Plan	97.1%	59.0%	*	100.0%	n/a	100.0%	**81.2%**
Referred to Services	88.2%	75.7%	*	71.2%	66.7%	65.0%	**73.1%**
Enrolled in Services	64.7%	50.0%	*	45.6%	33.3%	45.0%	**48.0%**
Outcomes							
Satisfaction with LEAD	52.9%	37.1%	*	14.4%	44.4%	45.0%	**30.9%**
Improved Quality of Life	58.8%	38.6%	*	2.9%	44.4%	45.0%	**27.3%**
Re-arrested	2.9%	21.4%	*	1.9%	0.0%	10.0%	**8.0%**
New Overdose	2.9%	0.0%	*	0.0%	5.6%	0.0%	**1.2%**

A binomial logistic regression was run to determine what factors, if any, contributed to re-arrest rates among the LEAD participants. These factors included demographics (age, race, and gender) as predictors in the first block of the model, and then whether the individual overdosed, was discharged from the program, or was actually enrolled in services in the second block. For the purpose of this analysis, race was collapsed into a White vs. Non-White (Black, Hispanic, Asian/Pacific Islander, and Other) binary variable.

Results of the logistic regression showed that the first block of the analysis was not statistically significant, meaning that none of the demographic variables served as robust predictors of re-arrest in this sample when entered into the model on their own. The second block, however, significantly predicted the likelihood of re-arrest, meaning that even when controlling for demographic variables, LEAD program-specific variables overall predicted re-arrest rates among participants (*please refer to* ***Table 3*** *for omnibus tests*). Looking at the second block with all predictors included, it is apparent that gender (which was previously non-significant) predicted outcomes, with men being more likely to be re-arrested than women. Finally, being enrolled in services and being discharged from the program also significantly predicted re-arrest (*please refer to* ***Table 4*** *for all individual predictors with associated odds ratios*).

Table 3. Omnibus results of two blocks in binomial logistic regression

	Overall Model Test			
Block	**R^2_{McF}**	**χ^2**	**df**	**p**
1	0.05	6.00	3	.111
2	0.22	25.55	6	< .001

Table 4. Second logistic regression block predicting likelihood of re-arrest

Predictor	Z	*p*	Odds Ratio
Age	0.61	.539	1.01
Race (ref: White)	-0.86	.388	0.54
Gender (ref: Female)	**2.14**	**.032**	**4.76**
Enrolled in Services (ref: No)	**2.13**	**.033**	**3.48**
Discharged (ref: No)	**3.26**	**.001**	**9.29**
Overdose (ref: No)	-0.01	.993	0.00

Programmatic Reports

Performance Measures

In addition to the individual examination of each subrecipients' program, the MSAC examined the impact of the program using quarterly programmatic reports that were submitted by subrecipients in the GOCPP's Grants Management System. Based on the submission of performance measure data, subrecipients reported the following outcomes over the duration of their grant award (*as illustrated in* ***Table 5***).[67]

Table 5. Subrecipient Reported Outcome of LEAD Participants by LEAD Site										
LEAD Site	**Baltimore City**	**Carroll**	**Harford**	**Howard**	**Public Defender**	**St. Mary's**	**Washington**	**Wicomico**	**Worcester**	**Total**
Performance Measure										
Diverted from arrest or criminal summons into the program	-	3	20	13	37	-	101	-	-	**174**
Received social referrals to the program	69	12	79	18	1,319	3	129	103	326	**2,058**
Discharged from the program	6	-	73	5	769	-	9	9	-	**871**
Arrested for a new crime	9	14	20	-	27	-	5	10	4	**89**
Arrested for a violation of supervision	-	10	2	-	43	-	3	1	22	**81**
Admitted to the emergency room	20	19	17	1	12	1	14	34	28	**146**
Experienced an overdose	3	8	4	2	9	-	17	5	47	**95**
Connected to permanent housing	40	3	124	10	2	-	16	3	35	**233**
Received MAT (also known as MOUD)	31	58	21	21	134	1	61	17	5	**349**
Enrolled in ongoing behavioral health care	102	82	85	28	224	3	245	50	80	**899**
Connected with primary health physician	80	2	81	20	3	-	29	40	23	**278**
Connected with medical insurance	148	7	142	18	18	2	70	9	25	**439**
Connected with employment, training, or education	24	6	48	10	37	1	13	6	7	**152**
Received benefits	91	5	159	34	97	-	64	17	34	**501**
Identified as victims of crime	19	11	133	2	1	-	3	7	52	**228**

The MSAC also compiled progress reports that were submitted by subrecipients in the GOCPP's Grants Management System to capture successes and challenges (*as listed below*).

[67] Two measures (number of individuals who actively communicated with program staff in the last 30 days, and number of individuals who did not actively communicate with program staff in the last 30 days) were excluded for the list of measures given that they should be captured on a quarterly basis only.

Successes

Successes of the LEAD programs included both common successes reported across sites and reported achievements unique to individual programs. Over the funding period, two-thirds of sites described an increase in their ability to connect or enroll individuals with services. In addition to this accomplishment, seven sites established or strengthened relationships with public health and public safety partners, and another seven were able to increase connections with community-based services and resources. The following program-specific improvements were reported:

- Reductions in calls for service, overdoses, recidivism, and interactions with law enforcement and the criminal justice system (*Carroll County*).
- Reduction in disparities in people who use drugs and have unmet behavioral health needs (*Howard County*).
- Providing law enforcement officers the tool of public health interventions for their interactions with individuals to broaden public safety opportunities (*Howard County*).
- Collaboration between service providers to best meet the needs of participants (*Public Defender*).
- Training for law enforcement officers and correctional staff on the program (*St. Mary's County*).
- Increased awareness of LEAD through community outreach in high-risk areas (*Washington County*).
- Coordinated efforts with the Crisis Intervention Team to engage individuals at risk of criminal justice involvement (*Washington County*).
- Working with partners to conduct outreach with individuals who experienced a recent overdose (*Worcester County*).
- Efforts to address basic needs, such as food, clothing, and shelter, to increase participant's long-term success (*Harford County*).

Challenges

Alongside the successes of LEAD sites, each site experienced challenges in the implementation of the program. For the purpose of this evaluation, the challenges are grouped as follows: General Challenges and COVID-19 Challenges.

General Challenges

General challenges experienced by sites consist of barriers documented throughout the funding period that impacted the ability of a particular site to implement the program but were not attributed to the COVID-19 pandemic. The most common challenge from this grouping was staffing of the LEAD program, including difficulties filling positions and staff turnover for case

management. A further four sites reported challenges due to declines in law enforcement staffing and retention. Turnover in staff, for program management, services, and law enforcement, hindered the capacity of sites to identify individuals for referral and provide services.

Aside from staffing-related difficulties, challenges were seen with participants at five sites, which included maintaining contact with individuals referred, identifying individuals for referral, and enrolling participants in services. When individuals were enrolled, five sites experienced obstacles with the availability or cost of resources and services when connecting participants with services, with the most common resource deficit being housing availability. Four sites reported barriers related to partnerships with other agencies and stakeholders and in receiving cooperation from partnered agencies. Two sites reported administrative delays, including delays in finalizing the grant award and development of the program. The majority of sites, two-thirds, reported unique challenges that did not fit within these categories, such as the mental health needs of individuals being referred that required additional support, ensuring staff safety, and the use of pretrial detention and cases being prayed up to the Circuit Court impeding connecting individuals with services.

COVID-19 Challenges

As the funding period coincided with the COVID-19 pandemic, COVID-related challenges were reported by eight of the nine sites.[68] Of the sites that experienced COVID-challenges, the most common obstacles were related to broad impacts on the implementation of the program, such as changes in operations caused by the pandemic (i.e., change to remote and virtual meetings, staff being relocated, reduced schedules), shifts of priority within agencies to emergency management and responding to the pandemic, and delays due to COVID-19 restrictions, including court delays. Such difficulties were reported by seven of the sites experiencing COVID-19 challenges.

In addition to overarching impacts of the pandemic on program implementation, five of the affected sites reported difficulties engaging with or accessing participants, including limited access to individuals in jails and fewer arrests. COVID-19 outbreaks and illness were reported by three sites, and two sites described staffing challenges occurring in relation to the pandemic. A final challenge, reported by two sites, was limitations on services that sites could provide or connect participants to due to COVID-19-related requirements.

Impact on the Community

In addition, the MSAC examined overdose deaths to determine the impact of the LEAD program in each community (or jurisdiction) in comparison to the State (*as illustrated in* ***Table 6***).[69]

[68] Implementation of the Baltimore City LEAD program was delayed due to delays in receiving the funding award.
[69] Maryland Department of Health, Data Office. *Overdose Data Portal*. https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx

Between 2018 and 2023, Baltimore City, Carroll County, Harford County, Howard County, St. Mary's County, Washington County, Wicomico County, and Worcester County experienced a 9.2% increase in fatal overdoses (from 1,276 in 2018 to 1,393 in 2023), compared to the State's 4.4% increase (2,406 in 2018 to 2,511 in 2023). Although the COVID-19 pandemic impacted overdoses throughout the State, the identified jurisdictions continued to experience more fatal overdoses in comparison to Maryland (2.6% decrease between 2020 and 2023, compared to 10.3% decrease over the same period).

Table 6. Impact on the Community by LEAD Site vs. State of Maryland

Year	State of Maryland	Baltimore City	Carroll	Harford	Howard	Public Defender	St. Mary's	Washington	Wicomico	Worcester
Fatal Overdoses										
2018	2,406	888	72	101	41	N/A	31	91	36	16
2019	2,379	914	56	87	37	N/A	33	88	41	19
2020	2,799	1,028	46	84	57	N/A	33	110	47	26
2021	2,800	1,079	59	96	38	N/A	41	103	47	19
2022	2,576	989	54	95	54	N/A	34	114	38	18
2023	2,511	1,043	40	74	37	N/A	33	93	50	23

Discussion

Although the results provided limited significant findings due to a lack of individual level data, there are several data points that warrant further discussion. Nearly 80% of the total enrolled participants (n = 249) reported some form of substance use within 30 days prior to enrollment, indicating that the LEAD sites are successfully identifying individuals in need of services. In addition, and of the total enrolled participants, only three (1.2%) participants experienced an overdose. Based on the participant-reported satisfaction and quality of life as a result of the program, 30.9% of total LEAD participants expressed a high level of satisfaction with the program, and 27.3% reported an increased quality of life as a result of the program. However, of those participants who were asked such questions, 96% (77 of 80) felt satisfied with their involvement in LEAD and 86% (68 of 79) noted an improved quality of life. Furthermore, and based on the data provided, it appears that the LEAD sites are adhering to the LEAD model to include the introduction of harm-reduction principles, formulating case management plans, and referring individuals to services when necessary.

Although there was a low number of re-arrests (n = 20), there were a few significant trends to note. Males were more likely than females to be arrested, which is consistent with national arrest trends and not unique to a diversion program. Participants enrolled in services were more likely to be arrested, as were those who were discharged from the program. Those referred to the LEAD program that chose to enroll into services may be at most risk of recidivating. On the

other hand, those who began and were discharged from the program may have been unable to receive services best suited to their needs, contributing to a chance of recidivism.

Recommendations

Based on the site outcome data, programmatic reports, and community impact described in the Evaluation Report, the MSAC identified the following recommendations:

Recommendation #1: GOCPP should revise the special conditions of the grant to require subrecipients to submit complete and timely data.

As noted above, individual level data was only received from six of the nine LEAD sites. In addition, the data that was received was inconsistent in the sense that subrecipients did not universally complete all data fields, and left many blank or unknown data values. For this reason, the mandatory data submission through a special condition of their grant award will provide a more complete picture of all LEAD data.

Recommendation #2: The evaluation on the federal fiscal 2022 Comprehensive Opioid Use Site-based Program (COAP) grant award should examine all calls for services, total arrests, drug arrests, and recidivism change between the federal fiscal 2019 and 2022 COAP grant award. This evaluation should also examine participant income, and the relationship between services received and program outcome.

Given the limitations of the current evaluation, the federal fiscal 2022 COAP evaluation should examine the impact of each program as well as its impact on participants to better inform funding decisions. This will also allow a more complete period of data collection given that it will not be impacted by the COVID-19 pandemic.

Recommendation #3: The next evaluation should examine the awareness of and response to behavioral health needs and diversion opportunities from law enforcement partners of program sites to determine if an improvement occurred as a result of the program.

As most LEAD sites relied extensively on partnerships with law enforcement agencies in their community to identify individuals for referral, an examination of law enforcement perceptions and knowledge of the LEAD program and behavioral health needs would assist sites in determining where additional efforts are needed in expanding and improving their partnerships. Additionally, several sites referred to providing training to law enforcement as either a success of the program or a challenge impeding their ability to reach individuals who would benefit from enrollment.

Recommendation #4: Special conditions should require subrecipients to develop and submit a recruitment and retention strategy to the GOCPP for any grant award that requires the hiring of program staff.

One of the greatest challenges affecting the proper implementation of the LEAD sites was program staff turnover. Adopting a recruitment and retention strategy could ensure programs referrals are being received and participants are being enrolled in services without interruption.

Recommendation #5: The next evaluation should compare the Maryland Office of the Public Defender's detention-based program with similar programs to determine effectiveness.

Because most LEAD sites implemented a diversion-based program, it would be beneficial to compare the Public Defender's detention-based program with similar programs, either in Maryland or out-of-State, to evaluate its impact and the impact on participants.

Conclusion

The MSAC used a mixed-method design to evaluate the effectiveness of each program, program fidelity, and program outcomes using a variety of data sources. Although data was limited, participants provided positive feedback of the program with few negative outcomes, consisting of 20 arrests and three overdoses. In addition, and with the exception of the Public Defender's program which accounted for detention-based intervention, all diversion referral programs adhered to the LEAD model to respond to illicit substance use and misuse; reduce overdose deaths; promote public safety; and support access to prevention, harm-reduction, treatment, and recovery services in the community and to make a safer Maryland.

The work of each LEAD site highlights collaboration across public health and public safety partners and expanding relationships with community-based services and resources to overcome challenges in the initial years of implementation and develop programs with demonstrated impact on participants.

Given the identified limitations, the federal fiscal 2022 COAP evaluation should expand on the current evaluation to include calls for services, total arrests, drug arrests, and recidivism change over an extended period of time. It should also examine the impact of detention-based programs in comparison to the Public Defender's program, the relationship between services received and program outcome, and improvement in awareness of and response to behavioral health needs and diversion opportunities. Although this report provides a solid foundation, more work is needed to identify gaps in services and inform funding decisions.

Appendix

Maryland
GOVERNOR'S OFFICE OF
CRIME PREVENTION AND POLICY

Law Enforcement Assisted Diversion (LEAD)

Data Definitions and Reporting Guide

This *Law Enforcement Assisted Diversion (LEAD): Data Definitions and Reporting Guide* provides guidance on the submission of LEAD data, as required by the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP), formerly the Comprehensive Opioid Abuse Program (COAP), which was developed as part of the Comprehensive Addiction and Recovery Act (CARA) legislation. Created with input from stakeholders and technical assistance providers, this guide serves to identify the reporting requirements, a definition for required data elements, and instruction on the submission of all information. **To quickly access one of these areas, please select from the following list.**

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Introduction

"The Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP), formerly the Comprehensive Opioid Abuse Program (COAP), was developed as part of the Comprehensive Addiction and Recovery Act (CARA) legislation."[1] The purpose of this program is to "provide financial and technical assistance to states, units of local government, and Indian tribal governments to develop, implement, or expand comprehensive efforts to identify, respond to, treat, and support those impacted by illicit opioids, stimulants and other drugs of abuse."[2] Funding is "designed to be flexible, allowing each community to address its unique needs and respond to emerging threats that may be local or regional in nature."[3]

In an effort to measure the successful implementation of programs implemented under the FY 2019 COAP grant,[4] awarded sites must submit specific data to the COAP LEAD Program Coordinator by January 15, April 15, July 15, and October 15, as it relates to the following:[5]

1. The number of people referred to LEAD, and the circumstances for the referral.
2. The demographic breakdown of people referred to LEAD.
3. The number of people enrolled in LEAD, and the circumstances identified at intake.
4. The number of participants referred to services, based on their identified needs in the case management plan.
5. The number of participants enrolled in services.
6. The number of participants who reported an increase in their quality of life, and the magnitude of this increase after 90 days (or the typical duration of intensive engagement); and the number of participants who expressed a high level of satisfaction with their involvement in LEAD.
7. The number of participants arrested or experienced an overdose while in the program, and/or were discharged from the program.
8. Are meetings occurring regularly with key decision makers?

The evaluation of the Regrounding Our Response: A Coordinated Public Safety and Public Health Approach to the Opioid Epidemic, which is funded through the FY 2019 COAP award, is expected to illustrate significant savings to both the criminal justice system and emergency

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[1] U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. (2020). *Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP)*.
[2] Ibid.
[3] Ibid.
[4] U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. *Maryland's Regrounding Our Response: A Coordinated Public Safety and Public Health Approach to the Opioid Epidemic*.
[5] It is important to note that the LEAD National Support Bureau provided recommended data measures for all awarded sites to use for the evaluation component of the federal award. For more information regarding the LEAD National Support Bureau, please visit: https://www.leadbureau.org/.

medical systems. These savings themselves suggest reinvestment potential as well as new sources of support and collaboration, namely from local hospitals. . . .[6]

Data Definitions

The following definitions must be used when submitting program information:

Enrollment typically means that the participant signed a Release of Information (ROI), however, the precise definition is specific to each site.

Reporting Period

All local LEAD sites must compile and submit their data in the described format (see below) each quarter, based on the following reporting periods:

Reporting Period	Data Due Date
October 1 - December 31	January 15
January 1 - March 31	April 15
April 1 - June 30	July 15
July 1 - September 30	October 15

Reporting Guide

All LEAD information can be entered into an excel spreadsheet template which includes data elements that are specific to COAP. A description of the data elements, to include the available selections for each variable, is provided below. Please note that entries for each variable within data element #1 through data element #7 will be entered into the *LEAD Data* tab of the excel spreadsheet template. Entries pertaining to data element #8 will be entered into the *Meetings* tab - only one entry per site is needed to summarize regular meetings with key decision makers for each reporting period. All remaining tabs capture the options for variables that provide a "dropdown" menu, only.

#1. The number of people referred to LEAD, and the circumstances for the referral.

The template will designate six columns to capture this data element, to include the following:

LEAD site: Enter the name of the reporting LEAD site.

[6] It is important to note that the expected outcome was captured in Maryland's COAP Program Narrative.

ID#: A unique identifier must be provided for each person referred to LEAD. If the person is referred multiple times during the reporting period, include the same ID#. This information will be used to track the total number of people referred and the total number of referrals. Please note that all people referred must be accounted for. If a person is re-referred, please use the same ID# for tracking purposes.

Referral type: Use the "dropdown" menu to select the referral type for each person.

- Arrest diversion
- Social contact referral

Referral reason: Use the "dropdown" menu to select the reason for each referral.

- Arrest
- Citation
- Drunk and disorderly
- Overdose
- Social referral
- Theft
- Trespassing
- Other

Other: If *Other* is selected for the referral reason, write out the applicable type.

Referral date: Provide the date in which the person was referred to LEAD, based on a MM/DD/YYYY format.

#2. The demographic breakdown of people referred to LEAD.

The template will designate four columns to capture this data element, to include the following:

Race: Use the "dropdown" menu to select the race of each person.

- Black
- White
- Hispanic
- Asian
- Other
- Unknown

Gender: Use the "dropdown" menu to select the gender of each person.

- Male
- Female

- Other
- Unknown

Disability: Enter the disability, if any, of each person.

Date of birth: Enter the date of birth of each person, based on a MM/DD/YYYY format.

#3. The number of people enrolled in LEAD, and the circumstances identified at intake.

The template will designate eleven columns to capture this data element, to include the following:

LEAD enrollment date: Provide the date in which the person was enrolled in LEAD, based on a MM/DD/YYYY format. Please note that entries for data element #1 (referral date) will be used in addition to the entry for this LEAD enrollment date to identify the referral-to-enrollment conversion.

Harm-reduction principles: Use the "dropdown" menu to select if the participant was provided with documents and/or information regarding LEAD's harm-reduction principles, such as a harm-reduction orientation, at the time of enrollment.

- Yes
- No

Victim of crime: Use the "dropdown" menu to select if the participant was a victim of crime in the last 90 days.

- Yes
- No
- Unknown

Emergency room: Use the "dropdown" menu to select if the participant went to the emergency room within the last 90 days.

- Yes
- No
- Unknown

Visits to emergency: If *Yes* was selected for the emergency room, enter the number of visits to the emergency room.

Substance used: Use the "dropdown" menu to select the primary substance that the participant used, if any, within the last 30 days.

- Alcohol
- Cocaine
- Fentanyl
- Heroin
- Marijuana
- Other
- None

Other: If *Other* is selected for the substance used, write out the applicable type.

Medications to treat opioid use disorder (MOUD): Use the "dropdown" menu to select the MOUD for each participant, if any, within the last 30 days.

- Methadone
- Buprenorphine
- Naltrexone/Vivitrol
- Other
- None
- Unknown

Other: If *Other* is selected for the MOUD, write out the applicable type.

Substance use disorder treatment: Use the "dropdown" menu to select if the participant was in a traditional substance use disorder treatment within the last 30 days.

- Yes
- No
- Unknown

Housing: Use the "dropdown" menu to select the type of housing for each participant within the last 30 days.

- Permanent housing
- Transitional housing
- Emergency shelter
- Family or friend's home (or couch surfing)
- Unsheltered

#4. The number of participants referred to services, based on their identified needs in the case management plan.

The template will designate four columns to capture this data element, to include the following:

Case management plan: Use the "dropdown" menu to select if a case management plan was created.

- Yes
- No
- Not applicable

Identified needs: Use the "dropdown" menu to select the participant needs.

- Victim services
- Behavioral health care
- Substance use disorder treatment
- Housing
- Medicare
- Healthcare
- Employment
- Training
- Education
- Medical insurance
- Other

Other: If *Other* is selected for the identified needs, write out the applicable type(s).

Referred to services: Use the "dropdown" menu to select if the participant was referred to services to address their identified needs.

- Yes
- No

#5. The number of participants enrolled in services.

The template will designate five columns to capture this data element, to include the following:

Enrolled in services: Use the "dropdown" menu to select if the participant was enrolled in services.

- Yes
- No

Not enrolled reason: If *No* is selected for the enrolled in services, provide the reason why the participant was not referred. Please note that entries will be used to identify gaps in service.

Type of service: Use the "dropdown" menu to select the type of service that the participant was enrolled in.

- Victim services
- Behavioral health care
- Substance use disorder treatment
- Housing
- Medicare
- Healthcare
- Employment
- Training
- Education
- Medical insurance
- Other
- None, participant declined

Other: If *Other* is selected for the type of service, write out the applicable type.

Service enrollment date: Provide the date in which the participant was enrolled in service, based on a MM/DD/YYYY format.

#6. The number of participants who reported an increase in their quality of life, and the magnitude of this increase after 90 days (or the typical duration of intensive engagement); and the number of participants who expressed a high level of satisfaction with their involvement in LEAD.

The template will designate three columns to capture this data element, to include the following:

Quality of life: Use the "dropdown" menu to select if the participant reported an increase in their quality of life as a result of the LEAD program.

- Yes
- No
- Unknown

Progress: Enter the progress of the participant as a result of the LEAD program.

Satisfaction: Use the "dropdown" menu to select if the participant expressed a high level of satisfaction with their involvement in LEAD.

- Yes
- No
- Unknown

#7. The number of participants arrested or experienced an overdose while in the program, and/or were discharged from the program.

The template will designate five columns to capture this data element, to include the following:

Arrest: Use the "dropdown" menu to select if the participant was arrested for a new crime.

- Yes
- No

Overdose: Use the "dropdown" menu to select if the participant experienced an overdose.

- Yes
- No

Discharged: Use the "dropdown" menu to select if the participant was discharged from, or left, the program.

- Yes
- No

Discharge reason: Use the "dropdown" menu to select the reason why the participant left the program.

- Moved
- No contact
- Decline services
- Other

Other: If *Other* is selected for the discharge reason, write out the applicable type.

#8. Are meetings occurring regularly with key decision makers?

The template will designate four columns to capture this data element, to include the following:

LEAD site: Enter the name of the reporting LEAD site.

Meeting frequency: Use the "dropdown" menu to select the frequency of meetings.

- Daily
- Weekly
- Bi-weekly
- Monthly
- Quarterly
- Bi-annually
- Annually

Decision makers: Use the "dropdown" menu to select if key decision makers attend these meetings.

- Yes
- No
- Occasionally
- Unknown

Stakeholders: Enter the stakeholders in attendance. Please note that entries will be used to show capacity for system level change.