

RESEARCH REPORT

Evaluation of the Contra Costa County Law Enforcement Assisted Diversion Plus Program

Interim Evaluation Report

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Executive Summary

Launched in September 2017, the Contra Costa County Law Enforcement Assisted Diversion (CoCo LEAD Plus) program is a four-year initiative designed to divert and serve people with behavioral health needs who have been repeatedly arrested by the Antioch, California police department (APD) for certain low-level nonviolent charges. Funded with savings generated through California's Proposition 47, the CoCo LEAD Plus program is modeled after the LEAD program pioneered by King County, Washington. As such, CoCo LEAD Plus is designed to provide participants peer-driven outreach and engagement, evidence-based behavioral health services, wraparound work-readiness and vocational supports, and opportunities for transitional and permanent housing. By diverting people from further involvement in the justice system, CoCo LEAD Plus's primary goal is to break the cycle of criminalization and repeated incarceration for people with behavioral health needs in Antioch. To achieve this, the county is institutionalizing a collaborative, multisystem approach to better address the root causes of behavioral health needs in order to help community members with such needs avoid justice-system involvement.

As the primary grant recipient, the Contra Costa County Behavioral Health Division (BHD) has partnered with several local government agencies and community-based organizations to develop and implement the CoCo LEAD Plus program. BHD works closely with HealthRIGHT 360 (HR 360), the lead service provider, and APD staff to conduct the program's daily operations. A local advisory committee and interagency working groups guide and oversee the program's development and implementation.

With funding from BHD, the Urban Institute is conducting a mixed-methods evaluation of CoCo LEAD Plus consisting of (1) a **process evaluation** to document program implementation and operations, (2) an **outcome evaluation** to assess participants' justice-related outcomes compared those of similar people who are not diverted into services, and (3) a **cost-benefit analysis** to estimate the program's cost-effectiveness relative to business as usual (BAU). This report documents the program's operations from September 2017 through March 2019, presents preliminary findings from the process and outcome evaluations, identifies strengths to build on, and proposes recommendations for program refinements.

This interim evaluation's key findings include the following:

- Program partners have demonstrated a commitment to serving people with behavioral health needs in Contra Costa County, as well as a commitment to the success of the CoCo LEAD Plus program.

- Although some agencies' roles remain unclear, interagency collaboration and coordination appears strong.
- Key program components were slow to start and/or are not yet operational.
- Though program enrollment has been steady, it has been slower than anticipated.
- The majority of participants have not had new arrests, probation violations, or convictions since enrolling in the program.
- The program continues to face barriers to locating and engaging with program participants.

Based on evaluation results, Urban proposes the following 11 recommendations to strengthen the implementation of the CoCo LEAD Plus program in Contra Costa County:

- Leverage findings from the interim evaluation report to take stock and strategically plan for the remaining two years of program operations. The strategic planning process should address objectives around integrating new staff, increasing the rate of program referrals, and raising levels of service engagement among participants.
- Maintain and build on the program's collaborative governance model, which has been successfully institutionalized through the establishment of a consistent membership and governing charters.
- Increase efforts to disseminate information about the program to members of the Contra Costa community.
- Build on current data-collection practices by engaging in routine program monitoring and by expanding data collection to include tracking clients' receipt of key services.
- Partner with key service providers in the community to streamline service access for clients.
- Develop and implement case management training for program staff who routinely interact with clients.
- Institute booster training sessions on program procedures and protocols for law enforcement officers involved in the program referrals process.
- Find ways to strengthen partnership and collaboration between APD and program staff who engage with clients.

- Seek technical assistance support from the Board of State and Community Corrections and LEAD National Support Bureau to develop strategies for increasing program referrals and working with clients who have complex and serious behavioral health needs.
- Look for opportunities to partner with local agencies or organizations to provide transportation support for participants.
- Continue to employ proactive and creative solutions to meet clients' needs.

Introduction

Launched in September 2017, the Contra Costa County Law Enforcement Assisted Diversion (CoCo LEAD Plus) program is a four-year initiative designed to divert and serve people with behavioral health needs who have been repeatedly arrested by the Antioch, California police department (APD) for certain low-level nonviolent charges. Funded with savings generated through California's Proposition 47, the CoCo LEAD Plus program is modeled after the LEAD program pioneered by King County, Washington. As such, CoCo LEAD Plus is designed to provide participants peer-driven outreach and engagement, evidence-based behavioral health services, wraparound work-readiness and vocational supports, and opportunities for transitional and permanent housing. By diverting individuals from being charged and from further justice-system involvement, CoCo LEAD Plus's primary goal is to break the cycle of criminalization and repeated incarceration for people with behavioral health needs in Antioch. To achieve this, the county is institutionalizing a collaborative, multisystem approach to better address the root causes of behavioral health needs in order to help community members with such needs avoid justice-system involvement.

As the primary grant recipient, the Contra Costa County Behavioral Health Division (BHD) has partnered with several local government agencies and community-based organizations to develop and implement the program. The BHD works closely with HealthRIGHT 360 (HR 360), the lead service provider, and APD staff to conduct the program's daily operations. A local advisory committee¹ and interagency working groups guide and oversee the program's development and implementation.

With funding from BHD, the Urban Institute is conducting a mixed-methods evaluation of CoCo LEAD Plus consisting of (1) a **process evaluation** to document program implementation and operations, (2) an **outcome evaluation** to assess participants' justice-related program outcomes compared with those of similar people who are not diverted into services, and (3) a **cost-benefit analysis** to estimate the program's cost-effectiveness relative to business as usual (BAU). Importantly, Urban will be working with the Richmond, California Police Department (RPD) to construct an appropriate comparison group for the outcome evaluation; these findings will be reported in the evaluation's final report, due September 2021.

This report documents the initiative's operations from September 2017 through March 2019. Specifically, the findings presented here draw from data collected between April 2018 and May 2019,

¹ In the remainder of the report, we refer to this committee by its formal name, the Local Advisory Committee (LAC).

and program activities that took place between July 2, 2018 through March 31, 2019. This report documents preliminary findings and addresses the following: (1) implementation progress, (2) implementation fidelity to the CoCo LEAD Plus program model, and (3) program activities and early outcomes. Finally, it identifies strengths on which to build, and makes recommendations for program refinements. These observations are drawn from a review of program materials and literature, 30 phone and in-person interviews with 18 unique program staff and stakeholders, analysis of HR 360 service data, and analysis of APD and California Department of Justice Criminal Offender Record Information (CORI) data. The report is divided into the following major sections:

- a **description** of the CoCo LEAD Plus program model, including target-population characteristics and eligibility criteria, recruitment, referral and enrollment processes, and program services
- a **literature review** addressing the utility of a diversion and service program in Contra Costa
- an overview of our **evaluation methods**, including qualitative and quantitative data sources and analytic approaches
- a summary of **key implementation findings** and a **snapshot of early outcomes**, addressing the extent to which the program has met its stated objectives at the systems, program, and participant levels, respectively
- proposed **recommendations**, highlighting strengths to build on and proposed midcourse corrections

CoCo LEAD Plus

King County LEAD Model

The LEAD model was developed and piloted in King County, Washington (Seattle), and Contra Costa has drawn from that model to build its program. Specifically, the King County LEAD program is a pre-arrest diversion program for people who commit low-level drug or prostitution offenses. Eligible people are diverted to community-based services and, once diverted, begin working with case managers who connect them with support services. The goal of the LEAD model is to reduce the harm individuals cause to themselves and to the community. The model also aims to reduce recidivism rates for people committing low-level offenses and reallocate justice-system resources for those committing serious and/or violent crimes.

CoCo LEAD Plus Initiative

Drawing on the King County LEAD model, CoCo LEAD Plus uses a collaborative, multisystem approach, implementing a two-pronged program to divert and serve people with behavioral health needs who have been repeatedly arrested by the Antioch Police Department. In particular, CoCo LEAD Plus identifies people who have been arrested at least twice by the APD in the previous year for eligible charges. If, after a thorough review process, the APD deems a person eligible, they are referred to HR 360 (a nonprofit service provider) to be enrolled in the program. If they complete the intake process, they are enrolled in the program and their second (or focal) arrest charges are not filed by the Contra Costa County District Attorney's office. The CoCo LEAD Plus program then offers participants peer-driven outreach and engagement, evidence-based behavioral health services, wraparound work-readiness and vocational supports, and opportunities for transitional and permanent housing.

By diverting people from being charged and from further justice-system involvement, CoCo LEAD Plus's primary goal is to break the cycle of criminalization and repeated incarceration for people with behavioral health needs in Antioch. CoCo LEAD Plus is designed to operate and affect outcomes at the following three levels, each with overarching goals:

1. **Systems level.** The systems-level goal is to institutionalize partnerships among key agencies—including Contra Costa Health Services, law enforcement, and community-based service providers and nonprofit organizations—to improve public safety and participant outcomes.

2. **Program level.** Program-level goals include improving public safety and participant outcomes by ensuring (1) that police officers eligible to make referrals are knowledgeable about the program's objectives, practices, and policies and refer eligible people by making regular referrals as well as social-contact referrals (i.e., referrals from interactions that do not involve an arrest), and (2) that eligible probation officers are knowledgeable about the program's objectives, practices, and policies and refer eligible individuals to the program by using the referral process.
3. **Participant level.** Participant-level goals include improving outcomes for the target population by identifying and effectively meeting the needs that contribute to problem behaviors (see appendix A for a logic model depicting the program's theory of change and intended outcomes).

Systems-Level Coordination and Collaboration

The CoCo LEAD Plus initiative is designed as a systems-change effort to foster coordination and collaboration among various county agencies and organizations. Behavioral Health Division serves as the lead agency and has partnered with several local government agencies and community-based organizations to develop and implement the program. Program partners include the APD, Bay Area Community Resources (BACR), HR 360, Community Works West (CWW), the Contra Costa County District Attorney's Office, Contra Costa County Health, Housing, and Homeless Services Division (H3), the Housing Authority of the County of Contra Costa, the Contra Costa County Office of the Public Defender, the Contra Costa Office of the Sheriff, the Contra Costa County Probation Department, Contra Costa Interfaith Housing (CCIH), the Coordinated Outreach Referral, Engagement (C.O.R.E.) program, and the Office of Reentry and Justice. Additional program partners include the AB 109 Community Advisory Board, the Council on Homelessness, the Mental Health Commission, the Racial Justice Coalition, and the Alcohol and Other Drugs Advisory Board.

As required by the Proposition 47 Grant Program,¹ BHD was tasked with establishing interagency working groups—including a Local Advisory Committee (LAC), Policy Council, Operations Committee, and Diversion Panel—to guide, advise, and oversee program development and implementation. Governed by specific charters, the three working groups are intended to meet regularly to make decisions and develop policies and procedures for implementing the program, as well as to monitor the program's performance, address operational or administrative issues, and communicate with the community about the program. In particular, the Diversion Panel is responsible for reviewing, discussing, and determining a person's eligibility for the program when that person's eligibility is unclear

or contested. The panel therefore has the authority to decide whether to enroll people in the program. As defined by the charters, the Team Lead at BHD is responsible for facilitating the LAC, Policy Council, and Operations Committee and Diversion Panel meetings, as well as managing overall implementation of the program.

Program-Level Operations

CoCo LEAD Plus seeks to serve people with behavioral health needs residing in Contra Costa County who have been arrested at least twice by the APD in the prior 12 months for an eligible charge (see appendix B for detailed information on eligibility criteria).² The program is designed to use three referral sources: an APD diversion officer, APD community policing officers, and probation officers. However, only one referral mechanism, referrals from APD's diversion officer, is active; the other two mechanisms are still being developed.

The APD diversion officer identifies eligible people by reviewing prior arrest reports daily, Monday through Friday. When the diversion officer identifies a potentially eligible person, they complete a thorough background check to gather information about that person, including arrest histories and prior charges. The officer gathers information from multiple sources, including the APD arrest database, phone calls to other local law enforcement offices (e.g., the probation department and the sheriff's office), and, in some cases, offender rap sheets issued by the California DOJ in order to thoroughly screen people for program eligibility (see the case flow diagram in appendix C for further details).³

After identifying people eligible to participate, the APD diversion officer submits the referral to HR 360. Upon receipt of the referral, the peer team at HR 360, which includes two Peer Leaders and two Peer Coaches,⁴ attempts to locate those eligible people and inform them about the program. If a person is interested in the program, the peer team contacts the Diversion Navigators (i.e., case managers), who begin the intake process by meeting with that person in the community.

Participant-Level Services

As part of the intake process, Diversion Navigators work with the referred person to complete an intake form and sign a release-of-information form. After completing the two forms, that person is enrolled in the CoCo LEAD Plus program and the charges associated with their focal arrest are not filed by the District Attorney's Office (i.e., a status of "no charges filed," or "NCF"). Moreover, during the intake

process, the Diversion Navigators administer the Generalized Anxiety Disorder 7-item (GAD-7) scale and the Patient Health Questionnaire (PHQ-9) to document participants' perspectives of their symptoms of anxiety and depression. Upon enrollment, Diversion Navigators work with CoCo LEAD Plus participants to develop individual action plans (IAPs). Diversion Navigators refer participants—based on the needs and goals in their IAPs—to services provided by grant-funded program partners, including the following:

- **Behavioral Health Division** provides clinical screening and assessment for behavioral health disorders as well as individual psychotherapy.
- **Bay Area Community Resources** facilitates weekly drop-in and drop-out cognitive behavioral therapy (CBT) groups and individual CBT. The CBT groups are held two times a week for two hours a session at a transitional housing shelter. Bay Area Community Resources uses the Thinking for a Change curriculum for the CBT groups. The Peer Leaders co-facilitate the CBT groups with BACR staff, and BACR staff accompany peer leaders during individual CBT sessions as needed, which could be 2 to 3 times a week.
- **Community Works West** facilitates weekly drop-in and drop-out restorative justice (RJ) circles⁵ and individual sessions. It facilitates the RJ circles at one of five locations across the county for approximately one hour each week. Moreover, CWW uses a curriculum it developed that addresses key themes including accountability, motivation, inspiration, and health relationships. The Peer Leaders co-facilitate the RJ circles with CWW staff. The individual-based services typically occur weekly with participants in the community.
- **Bay Area Community Resources** provides work-readiness services such as career assessments, résumé development, interview preparation, and weekly two-hour workshops. It customized its in-house curriculum for CoCo LEAD Plus participants.
- **Contra Costa Interfaith Housing** provides housing via master leases for housing units and housing case management provided by a housing navigator.
- As originally designed, the **Housing Authority of the County of Contra Costa** was slated to provide 50 Section 8 vouchers.

The HR 360 Diversion Navigators, Peer Leaders, and Peer Coaches also provide ongoing case management that includes check-ins with participants, identifying their needs, helping them make appointments, finding them transportation to appointments, helping them apply for public benefits and acquire identification, and referring them to support services. HR 360 staff also make referrals to other county services for low-income people, including shelters, Medicare, SNAP benefits, and county

behavioral health services (e.g., psychiatry, counseling, treatment for substance use disorders). It considers participants active if they complete at least one meaningful contact with HR 360 staff a month (e.g., a completed phone call or in-person meeting).

Literature Review

Diversion Programs for Justice-Involved People with Behavioral Health Needs

People with behavioral health needs—including needs related to mental illness and substance abuse disorders—are overrepresented in the criminal justice system, often for low-level offenses that pose little risk to public safety (Belenko, Hiller, and Hamilton 2013; Bronson et al. 2017; James and Glaze 2006; Steadman et al. 2009). The most recent National Inmate Survey from the Bureau of Justice Statistics revealed that 44 percent of people in jails and 37 percent of people in prisons in the US in 2011–12 had histories of mental health problems (Bronson and Berzofsky 2017). Furthermore, 63 percent of people serving sentences in jail met criteria for drug dependence or abuse (2007–09), compared with just 5 percent of the country’s general adult population (Bronson et al. 2017). People with mental health problems are more likely to have experienced physical or sexual abuse, homelessness, and substance dependence, and people with co-occurring mental and substance use disorders are also overrepresented in the justice system (Greenberg and Rosenheck 2008; James and Glaze 2006; Peters et al. 2015; Steadman et al. 2009; Steadman et al. 2013). According to data from the California Department of Corrections and Rehabilitation, the share of people incarcerated in state prisons in California receiving mental health services has risen steadily over the past decade, reaching roughly 30 percent in 2017. The share of people convicted in Contra Costa County who receive such services is even higher, at roughly 37 percent (Stanford Justice Advocacy Project 2017).

Incarceration is expensive and can be counterproductive for people with behavioral health needs and exacerbate mental health issues (Karberg and James 2005; NRC 2014). A Bureau of Justice Statistics national survey revealed that just 34 percent of people in state prisons and 17 percent of people in local jails who needed mental health services had received treatment since beginning their sentence (James and Glaze 2006). Environmental factors in jails and prisons (such as negative relationships and staff shortages) can also aggravate mental health problems, even among those who receive services (Nurse, Woodcock, and Ormsby 2003). Research also shows that incarceration has significant and long-lasting associations with certain mood disorders, particularly dysthymia, bipolar disorder, and major depressive disorder. Incarceration can both cause such disorders and exacerbate them (Schnittker, Massoglia, and Uggen 2012). Incarceration’s negative impacts on mental health may contribute to recidivism among people with mental health problems in the justice system, underscoring the need for alternatives.

LEAD: A Promising Intervention

Law Enforcement Assisted Diversion (LEAD) is one option for diverting people who face charges for low-level nonviolent offenses away from the criminal justice system into appropriate community-based treatment and supports. Research on the LEAD model pioneered in King County, Washington suggests several promising participant outcomes, including reduced re-arrest and jail time, retention in permanent housing, involvement on the employment continuum, and acquisition of legitimate income/benefits (Clifasefi, Lonczak, and Collins 2016; Clifasefi, Lonczak, and Collins 2017; Collins, Lonczak, and Clifasefi 2015). In addition to improved participant outcomes, LEAD is associated with improvements in public safety because participants become less likely to commit felonies (Clifasefi, Lonczak, and Collins 2016; Collins, Lonczak, and Clifasefi 2015). Furthermore, research reveals that LEAD can reduce financial costs associated with justice-system involvement (Collins, Lonczak, and Clifasefi 2015). Though research demonstrating the impact of LEAD programs is limited, the evidence base will continue to expand as more jurisdictions adopt and implement LEAD. According to the LEAD National Support Bureau, 37 jurisdictions across the US are operating LEAD programs or programs with core components similar to the LEAD model, and several dozen other jurisdictions are in the process of exploring, developing, or launching LEAD programs.⁶

Evaluation Methodology

Urban’s four-year evaluation consists of (1) a process evaluation, (2) an outcome evaluation, and (3) a cost-benefit analysis. Together, these components are designed to answer critical questions about CoCo LEAD Plus program implementation, operations, outcomes, and cost-effectiveness. The evaluation began in October 2017 and will continue until the program ends in September 2021. This interim evaluation report takes stock of program implementation and operations from September 2017 through March 2019, and addresses the following topics:

- program elements that have been successfully implemented and elements not yet implemented or operational
- factors impacting program implementation and operations
- collaboration and decision making activities among key program partners
- program referrals and service provision

This report also examines program outputs and early outcomes to assess the extent to which CoCo LEAD Plus is functioning as intended. Findings draw on data collected between April 2018 and May 2019 and program activities that occurred between July 2, 2018 and March 31, 2019. Note that all research activities conducted by Urban staff were approved by Urban’s Institutional Review Board. Urban’s evaluation addresses the following 12 research questions (this report focuses on the first 10 research questions because it was not yet appropriate to conduct full outcome and cost-benefit analyses; the final evaluation report will address all 12 questions):

- **Process evaluation**
 1. How does diversion typically work in Contra Costa County (i.e., what is business as usual), if such diversion exists? What types of cases are typically diverted, and at what point in the criminal justice system? Who is involved in making diversion decisions? What diversion options are available in the county, and what does typical service provision look like?
 2. How do members of the Local Advisory Committee, the Policy Council, the Operations Committee/Diversion Panel team, and other work groups collaborate and communicate? What are stakeholders’ perceptions of the effectiveness of the multiagency collaboration?
 3. How do local stakeholders formalize partnerships and sustain collaboration?
 4. Do system actors (e.g., police officers, prosecutors) convey a greater awareness and understanding of CoCo LEAD Plus?

5. What is the CoCo LEAD Plus program model? What are the eligibility criteria for diversion? How are arrestees diverted, and who is involved in diversion? What are the characteristics of the people diverted? What are the options for ineligible individuals?
 6. What are the core CoCo LEAD Plus program components, including its assessment and intake processes, training protocols, partnerships, referral mechanisms, and core services?
 7. What are participants' self-reported self-efficacy and self-harmful behaviors? To what extent has CoCo LEAD Plus influenced these behaviors, as perceived by participants?
 8. How satisfied are participants with the services received? What are their perspectives of CoCo LEAD Plus services?
 9. Did the program operate as intended and with fidelity to the program model?
 10. Do CoCo LEAD Plus participants achieve the intended justice-system outcomes (i.e., decrease in rearrests, re-incarceration, and technical violations)?
- **Outcome evaluation and cost-benefit analysis**
 11. To what extent is CoCo LEAD Plus associated with better outcomes among arrestees in the treatment group compared with arrestees in the business as usual comparison group?
 12. To the extent that CoCo LEAD Plus is associated with positive outcomes, is the program more cost-effective than business as usual?

Qualitative Data

To document and assess the implementation of the CoCo LEAD Plus program, Urban collected and analyzed qualitative data from two sources: (1) program materials, and (2) semistructured phone and in-person interviews with stakeholders during two evaluative site visits.

Review of program documents. Urban collected and reviewed program documents including program policy and procedures, tools, meeting minutes, and training materials.

Semistructured interviews. Between April 2018 and May 2019, Urban researchers conducted 30 semistructured interviews with 18 unique stakeholders (some key stakeholders were interviewed multiple times), including the program management team at BHD; key APD staff; HR 360 staff and the HR 360 subcontractors, including CWW and BACR; and key members of the program's partner agencies, such as staff of the district attorney's and public defenders' offices.⁷ Interviews were conducted in person during two evaluative site visits in April and October 2018, respectively, and

during phone interviews in April 2019. Interview notes were cleaned and coded for common themes to inform findings.

Quantitative Data

To document and assess program operations and early outcomes, Urban collected and analyzed quantitative data from three sources: (1) program service data from HR 360, (2) local arrest data from the Antioch Police Department, and (3) state-level criminal history data from the California DOJ's Criminal Offender Record Information system. Urban analyzed data sources for 63 people referred to the CoCoLEAD Plus program by the diversion officer between July 2, 2018 and March 31, 2019. Urban conducted more detailed analyses of the 33 people who were referred and successfully enrolled during the same period (to enroll, referred people must complete a program intake form and release-of-information form with HR 360 staff).

HR 360 service data. HR 360 service data include (1) client information, such as demographics, client referral details from the APD, and intake assessments with psychosocial and justice-system histories, and (2) service records, such as client contacts and service referrals.

APD arrest data. Antioch Police Department arrest data included records of arrests made in the city of Antioch. Urban analyzed APD arrest data for 33 CoCo LEAD Plus program clients to assess the extent to which local records matched state-level CORI data.

California DOJ CORI data. Urban submitted a request to the California DOJ CORI system for state-level criminal history information on 33 enrolled clients, and obtained matches for 31 (93.9 percent) enrolled clients. CORI data includes arrests, court actions, and periods of incarceration that occurred in California and have been reported to the state DOJ.

Quantitative data were analyzed in Stata and R statistical software to produce descriptive statistics on program functioning and early participant outcomes.

Limitations to Preliminary Evaluation Analyses

There are several limitations to the quantitative results reported here. First, the sample of program participants is relatively small, and is not representative of all people who are eligible for the CoCoLEAD Plus program. Second, Urban will not begin receiving comprehensive comparison-group

data from the Richmond Police Department until June 2019, owing to delays in the county contracting process. As such, Urban did not conduct preliminary analyses of the comparison group for this report. Finally, to the best of our knowledge, there is a delay between when criminal justice–system events (e.g., arrests, convictions) occur and when that information is available in the CORI database. However, precise information about this delay is not available from the DOJ. As such, it is possible that some arrests or convictions that occurred near the date of Urban’s data request may not have been returned to Urban.

Evaluation Next Steps

During the next two years, Urban will collect additional data and conduct analyses to further assess program implementation, outcomes, and costs. In support of the process evaluation, the Urban team will also complete additional evaluative site visits. Future site visits will include program observations (to document program activities) and focus groups with program participants, APD officers, Richmond residents, and Richmond Police Department officers to develop a qualitative portrait of the similarities and differences between Antioch and Richmond (the comparison site). In support of the outcome evaluation, Urban will begin collecting arrest data from the RPD in summer 2019 to analyze differences in recidivism between program participants and the comparison group. Finally, Urban will collect and analyze the program’s financial records to complete a cost-benefit analysis. These additional components will be documented in the final report in September 2021.

Interim Findings

In collaboration with BHD and the CoCo LEAD Plus partners, Urban developed a local evaluation plan in November 2017 to guide the program evaluation. While developing the evaluation plan, Urban also identified several benchmarks against which to assess the program's performance at the systems-level, program-level, and participant-level. Urban also presented and reviewed the performance benchmarks with key program partners in September 2018, and refined the measures based on partner feedback. The following section presents the program's progress in achieving the key systems-, program-, and participant-level benchmarks at the halfway point of the grant. We briefly describe the benchmarks for each level before presenting our findings.

Systems-Level Benchmarks and Findings

The systems-level measures call for establishing collaborative interagency working groups to oversee, plan, and monitor CoCo LEAD Plus implementation. The systems-level benchmarks capture the extent to which the partner agencies and organizations are collaborating and communicating. The program has achieved most of its systems-level benchmarks and has made progress toward the others.

BHD and its partners have formed collaborative working groups to guide program development and implementation. Since the project began in November 2017, BHD and its partners have established three collaborative bodies to oversee and guide program implementation. These include a Local Advisory Committee, Policy Council, and Operations Committee and Diversion Panel². All three bodies have written and executed charters and guiding principles that codify their purpose, define stakeholders' roles and responsibilities, and outline expectations for communication and coordination between partners. All three groups have established routine meeting schedules and have filled all voting, chair, and co-chair positions. As agreed upon by stakeholders, the LAC and Policy Council meet quarterly; the Operations Committee and Diversion Panel initially met biweekly but based on partners' availability

Systems-level benchmark 1: Maintain a collaborative Local Advisory Committee and establish a Policy Council and an Operations Committee and Diversion Panel with representatives from key stakeholder groups; finalize collaboration agreements; and set routine meeting schedules.

² The Diversion Panel is a subgroup of the Operations Committee.

and schedules, BHD is reducing the frequency of the Operations Committee meetings to monthly and Diversion Panel meetings to an as-needed basis.

Core program staff routinely communicate. The core staff responsible for implementing CoCo LEAD Plus frequently communicate outside their regularly scheduled meetings. Core staff including BHD, HR 360, BACR, CWW, and CCIH attend weekly case conferencing meetings to discuss participants' engagement in the program, their needs, and available resources for meeting those needs.

Stakeholders established additional working groups to guide implementation. As the program launched, the partners identified a need for additional working groups to focus on specific elements of program implementation. These working groups focus on four areas, respectively: (1) law enforcement, (2) housing, (3) participants' clinical needs, and (4) communication. The purpose of these groups is to identify barriers to program implementation, brainstorm solutions, and develop strategies for refining the program. Potential solutions are shared with the Policy Council and other working groups for review and approval. Although nascent, these groups aim to provide stakeholders opportunities to brainstorm, test, and refine continuous program improvements.

Program staff and partners demonstrate a strong commitment to program goals and to serving the target population. Drawing on interviews, program staff and partners appear committed to serving community members with behavioral health needs. Furthermore, based on the interviews, program partners have demonstrated a commitment to implementing the program and seeing it succeed.

The Operations Committee established a Diversion Panel to make decisions about peoples' eligibility and program participation. Although panel members had been chosen in fall 2018, it was not operational and did not begin reviewing cases until January 2019.

Systems-level benchmark 2: Improve Diversion Panel members' knowledge of the program.

The working groups have developed guiding principles and documents for the program. A core function of the working groups has been to develop and refine key program-guiding documents, including the collaborative charters, the Eligibility, Exclusion, and Review Policy document, and the Workflow Protocol document. The Eligibility, Exclusion, and Review Policy was adopted in October 2018, and the Policy Council has reviewed the Workflow Protocol but not yet adopted it.

Systems-level benchmark 3: Develop governing policies and procedures for the program.

Systems-Level Challenges

Although stakeholders appear committed and to have bought in to the program, there have also been challenges with agency collaboration and coordination.

Establishing the collaborative bodies, facilitating joint deliberation, and building effective partnerships has been time-intensive. The size of Contra Costa County and the busy schedules of Local Advisory Committee, Policy Committee, and Operations Committee members make it challenging to schedule meetings allowing for a quorum. For example, the Diversion Panel has faced delays reviewing and deciding on cases of potentially eligible people. This poses a challenge for program operations, as the Diversion Panel meets when the APD diversion officer discovers information that may render a potential referral ineligible, and ultimately determines complex cases. Notably, the Diversion Panel was unable to decide any cases until January 2019 owing to delays in receiving guidance from the Policy Committee, leaving a dozen potential referrals in a queue pending an amendment to the Eligibility, Exclusion, and Review Policy document. Another unforeseen challenge to effective Diversion Panel meetings has involved its access to data: when panel members meet at a central location, they do not have access to individual records or data that may contextualize a person's background and inform panel decisions.

Some partners' roles and responsibilities remain unclear. Drawing on information gathered through interviews with the program partners, partners indicated there was a lack of clarity regarding the partnering agencies' and organizations' particular roles and responsibilities. For example, BHD and HR 360 did not initially share an understanding of who was responsible for implementing the behavioral health screening. Partners indicated that BHD and HR 360 overcame this challenge by agreeing that HR 360 staff would administer the GAD-7 and PHQ-9 questionnaires during the intake process. There is also a dearth of communication between some agencies where frequent communication could be beneficial. For example, APD has frequent contact with CoCo LEAD Plus clients, and could be well-positioned to provide more real-time support to HR 360 as they attempt to locate eligible community members whom APD has referred to the program. Furthermore, although APD officers are responsible for moving homeless community members' encampments, the program has not yet developed a mechanism for APD to relay that information to HR 360 staff, who are actively working with members of the homeless community. Creating a plan for APD to share such information to HR 360 could improve program staff's capacity to locate potential clients and connect them to services.

Program staff are not involved in the collaborative bodies. Program staff described their lack of involvement with the collaborative bodies as another challenge. Although there has been a general

request for program staff to attend and participate in the regularly scheduled meetings, they have not been invited to any meetings. Program staff said in interviews that this has disconnected the stakeholders responsible for designing the program from the staff responsible for implementing it. Program staff also felt that when they do not have the opportunity to communicate what they feel is feasible to the working groups, those working groups are not making informed decisions about the program.

Program-Level Benchmarks and Findings

The program-level benchmarks below focus on training and information-sharing among program partners, specifically the APD and Contra Costa County Probation Department, which are responsible for identifying and referring eligible participants. The program has met one of the primary benchmarks, but has not made progress toward the other two.

The core program partners, including APD, the probation department, and HR 360, have engaged in staff training. The APD diversion officer developed training materials for APD officers in fall 2018 and led a training that October that 32 officers attended. The content of the training focused on describing the CoCo LEAD Plus program and the services it provides to participants. The probation department also facilitated a training for 10 probation officers in October 2018. HealthRIGHT 360 has been implementing training for its staff on an ongoing basis.

Program-level benchmark 1: Develop training materials and train APD officers, probation officers, and program staff.

Though BHD has secured APD and probation department support, the extent to which their knowledge about the program has changed is unclear. Because not much time has passed since the program launched, and because only one police officer (the APD diversion officer, who is part of the program's leadership) is currently completing all referrals and no probation officers currently complete referrals, Urban was not able to assess progress on this benchmark.

Program-level benchmark 2: Improve police and probation officers' knowledge of the program.

One of the three intended referral sources is operational. The CoCo LEAD Plus program launched and began enrolling participants in July 2018 based on referrals from the APD diversion officer. At the time of this writing, the APD diversion

Program-level benchmark 3: Increase the number of referrals made by APD and the probation department.

officer was the program's only referral source. The other two sources—social-contact referrals from APD community policing officers and referrals from probation officers—were not operational. The APD diversion officer developed a process for making social-contact referrals, and APD will pilot that new process for six months or for six referrals, whichever occurs first. The pilot of the social-contact referral process was set to begin in June 2019.

The second referral process relies on APD community policing officers, who will make social-contact referrals to the program based on their general knowledge of and interactions with potentially eligible community members. Probation officers are the third referral source, and will refer people on probation who violate the terms of their supervision by committing a program-eligible offense, though detailed criteria are still being developed. As such, these two referral mechanisms are not yet operational.

Program-Level Challenges

Though program partners have made strides toward achieving the CoCo LEAD Plus program-level benchmarks, the program has faced challenges related to general program management and development, as well as challenges affecting program operations, including identifying eligible clients, completing the referral process, and coordinating between program staff and program partners.

Program startup was delayed, particularly the housing and housing-support component. One of the initial challenges the CoCo LEAD Plus program faced was that developing a new program is time-consuming. The startup process was lengthy because of the need to identify partners, establish collaborative working groups, hire program staff, codify program protocols, agree to eligibility criteria, develop referral processes, and execute subcontracts with service providers. Program staff and partners noted in interviews that these activities took longer than anticipated, and that it was sometimes difficult to find time in stakeholders' schedules to meet about program planning.

In particular, the program has faced challenges providing housing services and support to participants. First, the program was unable to obtain the planned, leveraged funds in the form of 50 Section 8 vouchers from the Housing Authority of the County of Contra Costa because of limited resources. Second, the program experienced delays identifying and contracting with a housing provider to provide longer-term housing options. HealthRIGHT 360 issued several requests for proposals and received no bids, but was eventually able to negotiate an agreement with Contra Costa Interfaith Housing to provide housing services and some case management services via a housing navigator.

Contra Costa Interfaith Housing began this work in April 2019 and is slated to begin housing participants in June 2019. Third, some program staff noted in interviews that the program has underutilized short-term housing options such as the Bay Area Rescue Mission, Trinity Center, and others available through the bed list administered by BHD.

Relatedly, our interviews with program staff suggest staff have differing perspectives on the usefulness of the program's partnership with the Contra Costa County Health, Housing and Homeless Services Division (H3), which was intended to provide part-time staff support to HR 360 staff locating referred community members in the field. Based on our interviews with program staff, we understand that the H3 staff member—the C.O.R.E. outreach worker—is available and has assisted HR 360 staff with locating individuals; however, it is unclear to program staff how consistently H3 provides that support. Moreover, H3 intended to build an East County care center that had reserved office space for HR 360 staff, but the care center is not being built, and HR 360 staff are therefore not co-located with H3 staff. Despite these challenges, program staff indicated that H3 is permitted to transport participants and that they are available to take participants to appointments when needed; program staff expressed in interviews that H3's transportation services fill an important service gap, as HR 360 staff are prohibited from transporting participants.

The core program staff experienced staffing challenges. Both BHD and HR 360 experienced staffing challenges during the program's launch owing to the delays to program startup. Behavioral Health Division experienced turnover in the Team Lead role. This turnover caused the position to remain empty from mid-June 2018 until early September 2018, and the Forensic Program Manager stepped in to coordinate and manage Team Lead duties during this period. Moreover, program staff noted in interviews that HR 360 was understaffed for several months during the launch period, burdening some staff with more and different types of work than initially expected.

The referral process is time-consuming, impacting program staff's ability to locate referred individuals quickly. Identifying eligible clients is a time-intensive process managed solely by the APD diversion officer. The diversion officer conducts daily manual reviews of eligible arrests and consults multiple information sources for each potentially eligible person to ensure they meet eligibility criteria. The complexity of this process can limit the number of people HR 360 can locate and enroll in the program. For example, when HR 360 staff need to locate people who are eligible to participate in CoCo LEAD Plus, they use information that the APD provides on the locations frequented by eligible people. However, the delay between when those people are arrested and when the referral reaches HR 360 can make referred people harder to locate because of the transient nature of the target population. A minimum of a few hours will pass between arrest and referral, during which time the APD diversion

officer receives arrest records, screens for eligibility, and refers the client. The geographic information that the APD records at arrest can become meaningless during those hours as potential clients (especially those who are transient and do not have a permanent address) relocate.

Expectations are unclear about how program staff should be interacting and communicating with APD officers. Although the referrals to CoCo LEAD Plus come from one source—the APD diversion officer—it is our understanding that other APD officers may become aware of who is enrolled in the program. When this happens, the officers may or may not contact HR 360 to inform them where the participant is located. The lack of an established mechanism or protocol for police officers to communicate directly with HR 360 staff can pose challenges when staff are attempting to locate and engage with participants. Also, some staff expressed in interviews that they perceive that APD officers know who is in the program and that they could be communicating more with staff.

Some program staff perceive that the core program partners sometimes diverge in their assessments of clients' readiness for particular services. Though it is not unusual for agencies to differ in their professional assessments, this finding suggests the CoCo LEAD Plus program may benefit from a formal mechanism for collaboratively reviewing client cases and determining when clients are ready to be referred to services. Developing such a mechanism could ensure that the full range of expertise among program partners is used to benefit clients.

Similarly, developing a process for assessing participants' behavioral health needs has posed challenges. During the first few months after program launch, partners worked to develop a standardized approach for assessing behavioral health needs and trained HR 360 staff to use existing depression and anxiety screening tools (the GAD-7 and PHQ-9). Based on our interviews with program staff, we understand the two screening tools are still part of the intake process. Based on information gathered through our interviews with program staff, HR 360 staff refer participants to BHD's ACCESS line for psychiatric and alcohol and other drug (AOD) services based on the participants' assessment results. After being referred for AOD services, participants may be further assessed for AOD and mental health needs.

Participant-Level Benchmarks and Findings

The CoCo LEAD Plus program has made progress toward meeting four participant-level benchmarks⁸ that emphasize client enrollment, time between program referral and enrollment, service referrals, and client engagement. However, because of several challenges we detail below (e.g., the difficulty of

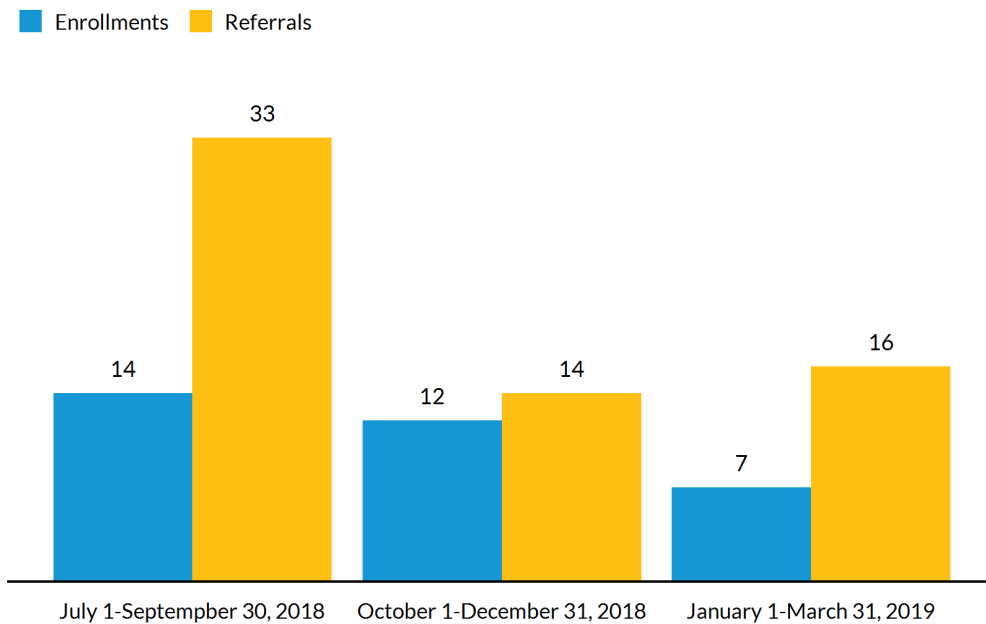
locating and engaging with a predominantly transient client population), the program has yet to achieve its stated benchmarks.

Note that although client recidivism is not scheduled to be tracked until July 2019 (which falls outside the time period covered in this report), we provide an early snapshot of client recidivism to inform program refinements.

Client enrollment has been steady but slower than anticipated. The program's first participant-level benchmark is to enroll 200 clients. As of March 31, 2019, the program had **enrolled 33 people**, an average of 3.67 a month since it began in July 2018. If the program continues to enroll clients at the same pace, approximately 121 people will have been enrolled by the time data collection for the final evaluation report is scheduled to end in March 2021. This means the program is making progress, but ultimately is behind schedule in meeting its stated client-enrollment objectives. See figure 1 below for a summary of quarterly referral and enrollment counts.

Participant-level benchmark 1: Enroll 200 participants by the end of the program.

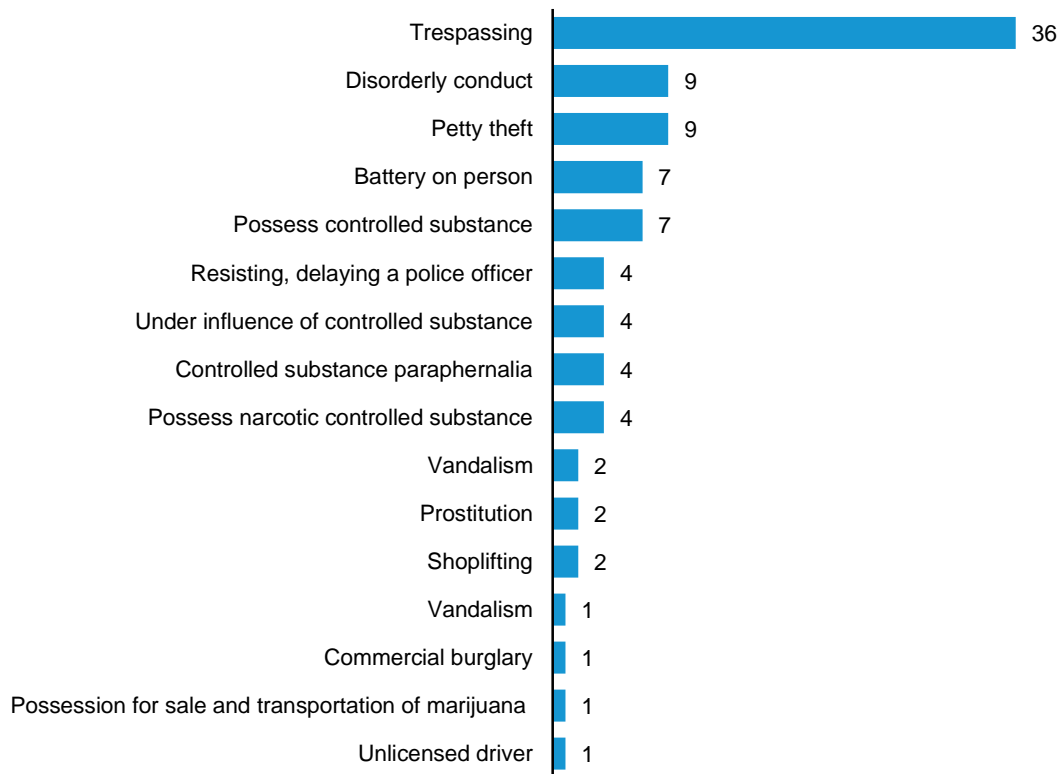
FIGURE 1
Quarterly Referrals and Enrollments



Source: Urban analysis of HR 360 service data.

Approximately half of program referrals result in program enrollments. To enroll 33 clients, program staff completed referrals for 63 people who met eligibility criteria. People who are eligible and are referred to the program are those who (1) have been arrested in Antioch for an eligible non-serious, nonviolent offense (i.e., the “focal arrest”), (2) have been arrested in Antioch at least one other time during the prior 12 months, and (3) have no history of convictions for certain serious, violent offenses (see appendix B for more details). Among the 63 people who have been referred to the program, the most common charge for the focal arrest has been trespassing. Figure 2 below shows the frequencies of arrest charges for all program referrals, and table A.4 (in appendix F) shows the frequencies of arrest charges for people who have enrolled versus those who have been referred but not enrolled.

FIGURE 2
Arrest Charges for Referrals



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Source: Urban analysis of HR 360 data.

Enrolled clients meet criteria for the program’s target population, but the program may benefit from adjusting the eligibility criteria to reach a higher volume of clients prepared to engage in services. Enrolled clients meet the basic criteria of the target population in that they have histories of justice involvement for nonviolent crimes, and most appear to have behavioral health needs. Additionally, many clients also

need assistance with public benefits, employment/education, and housing, all of which are offered through the program. The typical client (in terms of demographic and background characteristics) is male, identifies as Black (39 percent of clients), has a high school education, and was unemployed upon enrollment.⁹ Clients report having various needs (needs that the program is designed to meet): more than one-third (39 percent) report histories of mental illness diagnoses, and the vast majority (nearly 88 percent) report histories of substance use.¹⁰ Many clients also need housing assistance: the vast majority (nearly 76 percent) were transient/homeless at the time of enrollment. Additional client characteristics are available in appendix F, tables A.1 through A.3.

However, based on interviews with program staff and partners, it appears that the enrolled clients are often unable to fully engage in services due to lack of stable housing and severe mental health conditions (e.g., psychosis). In light of this, the program may need to revise its eligibility criteria in order to reach a client population with a higher level of readiness for services.

The typical client is enrolled roughly three weeks after being referred to the program. The program is not currently meeting its second participant-level benchmark, which is to enroll 25 percent of referred clients within 72 hours of referral. This is partially because of the large quantity of transient people referred to the program, whom HR 360 staff struggle to locate after receiving information from APD. The program has enrolled roughly 3 percent of referred clients (two clients) within 72 hours of referral. However, the program has had greater success enrolling clients within one week of referral: roughly 11 percent (7 clients) of referred clients (seven clients) have been referred within this window. It has taken program staff an average of roughly three weeks (22 days) to enroll clients who have been referred. Table 1 below shows that the average (median) time it has taken staff to enroll referred people per quarter ranges from roughly two to four weeks.

Participant-level benchmark 2:
Complete an intake (enrollment) form within 72 hours of program referral, for 25 percent of referred people.

TABLE 1
Days between Referral to Program and Enrollment

	Q1	Q2	Q3	Overall
Mean	35.2	27.6	30.3	32.8
Median	25.0	14.5	30.5	22.0
Range	1-164	6-90	10-50	1-164

Source: Urban analysis of HR 360 data.

The majority of clients are referred to services within two weeks of enrollment.

The program made substantial progress but is not yet meeting the third participant-level benchmark: to refer 95 percent of clients within two weeks of enrollment. Among enrolled clients, nearly 61 percent (20 clients) were referred to a service within two weeks of enrollment. Among the 29 clients who have had at least one service referral, roughly 74 percent (21 clients) were referred within two weeks of enrollment. One challenge in completing referrals quickly is the need for clients to promptly return to HR 360 after enrollment to complete an individual action plan. As indicated in table 2, it can take roughly a month for this to happen (note that zero clients enrolled in the third quarter, between January 1 and March 31, 2019, had completed an IAP by mid-April 2019, when data were analyzed).

Participant-level benchmark 3:
Complete service referrals within two weeks of enrollment, for 95 percent of enrolled clients.

TABLE 2
Number of Days between Enrollment and IAP

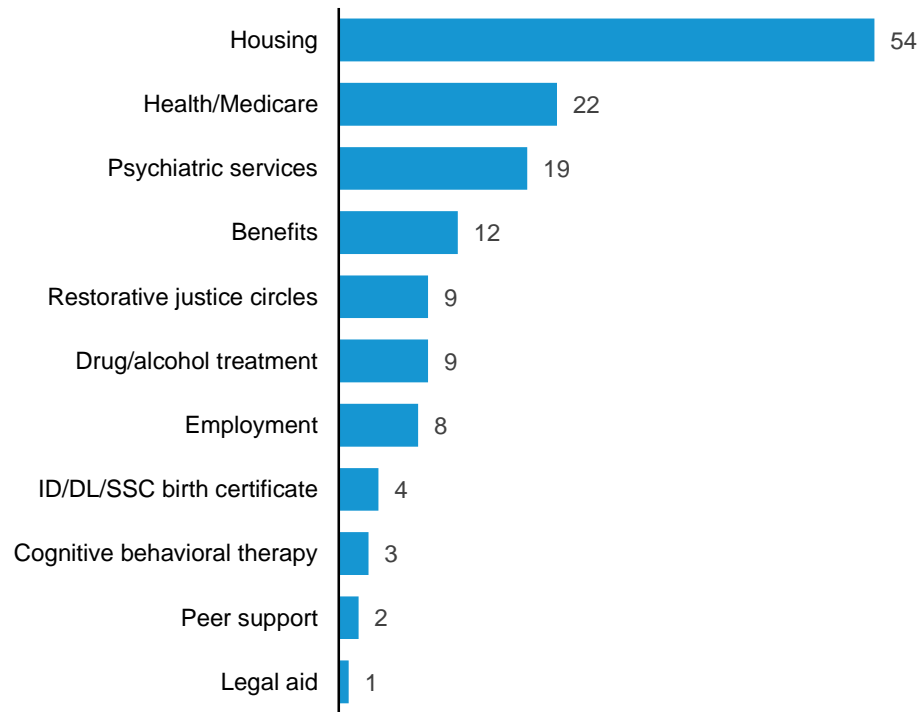
	Q1	Q2	Q3	Overall
Mean	34.3	25.3	--	32.4
Median	1.0	8.0	--	4.5
Range	0-203	0-68	--	0-203

Source: Urban analysis of HR 360 data.

HealthRIGHT 360 staff have made substantial efforts to ensure clients are referred to appropriate services, having made 143 service referrals for the 33 enrolled clients (this includes multiple referrals per client and, in some cases, multiple referrals for the same type of service per client). Service referrals have most often been for housing, addressing the needs of the 25 clients who were transient at the time of enrollment. Staff have also completed 53 referrals for health and behavioral health services, including health/Medicare, psychiatric services, drug/alcohol, and cognitive behavioral services. Comprehensive data on clients’ service enrollment and uptake are currently unavailable, so we are unable to determine the extent to which client service referrals result in service receipt at this time.

FIGURE 3

Number of Service Referrals by Type



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Source: Urban analysis of HR 360 data.

Notes: No referrals were made for counseling, education/vocational training, family reunification, or food.

The majority of enrolled clients have been engaged in CoCo LEAD Plus since it began, but there is room for improvement. The program has come close to meeting its fourth participant-level benchmark, which is to increase the share of enrolled clients who sustain their engagement in the program. Specifically, the program’s aim is to increase the share of engaged clients (i.e., clients who have had at least one successful HR 360 contact—including phone calls or meetings—a month) relative to the first six months of the program (July through December 2018). The average monthly client engagement rate during those first six months was approximately 68 percent. In January, February, and March 2019, the monthly client engagement rate ranged from roughly 57 to 61 percent.

Participant-level benchmark 4: Increase the share of enrolled clients who remain engaged in the program.

To maintain engagement with clients, program staff have made an average total of roughly three calls and scheduled eight meetings per client. One in two calls and roughly seven in eight meetings are successful, meaning the client was reached by phone or attended their scheduled appointment.

TABLE 3

Average Number of Participant Meetings, Calls, and Total Contacts

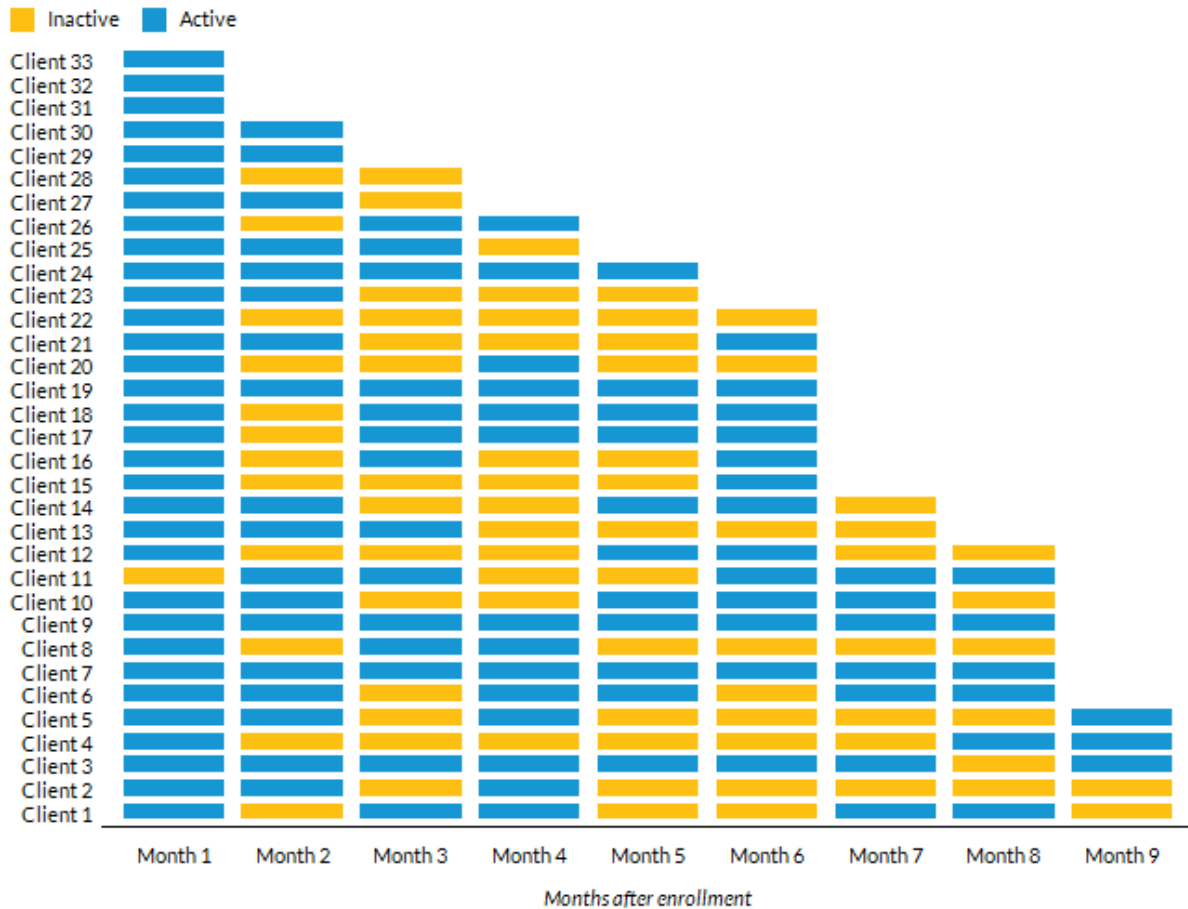
	Successful attempts	Unsuccessful attempts
Meetings		
Meetings a month	1.1	0.1
Total meetings	7.0	1.0
Calls		
Calls a month	0.2	0.2
Total calls	1.2	1.0
Total contacts		
Contacts a month	1.5	0.3
Total contacts	9.2	2.0

Source: Urban analysis of HR 360 data.

Importantly, clients' levels of engagement vary over time. Figure 4 below illustrates how each of the 33 clients has moved in and out of an active status (i.e., having completed at least one contact with HR 360 staff a month) since enrollment. It indicates that there is significant variation in client engagement. In some cases, clients regularly engage with the program: for example, client seven has consistently engaged with staff in the eight months since being enrolled. In other cases, clients do not engage for one or several months before reengaging with staff. For instance, client 16 was active/engaged in the first month after enrollment, but moved between active and inactive status in subsequent months. These patterns make sense given HR 360 staff reports regarding the difficulty in many cases of ensuring that clients consistently attend appointments and engage with staff and services. However, clients who disengage do appear to be reengaging consistently, suggesting that staff's efforts to locate, build trust with, and engage clients are paying off to some degree.

FIGURE 4

Client Engagement (Active/Inactive Status)



Notes: “Months after enrollment” is an individual, client-level metric. For example, month 1 for client 1 is July 2018 (that client’s month of enrollment) which also happens to be the first month the program was operational. Because client 1 has been enrolled in the program since it launched, 9 months of data are displayed. By comparison, month 1 for client 33 is March 2019, the month that client enrolled (and the last month of data collection for this report). Months 2 through 9 are empty for client 33 because that client had only been enrolled for one month when data collection for this report ended.

The majority of clients have not had new arrests, probation violations, or convictions since enrolling in the program. Although it is too early to draw conclusions about the program’s impact on recidivism, Urban examined preliminary outcomes, reported in table 4 below. As noted above, state-level arrest data were available for 31 of the 33 clients. Among the 31 clients for whom CORI data were available, roughly 47 percent (15 clients) were rearrested between enrollment and two weeks after the end of the current reporting period (April 15, 2019). One client passed away during this period. For clients who were rearrested during this period, it took nearly two months (55 days) for the re-arrest to occur. Nearly all client arrests (94 percent) occurred in Contra Costa County, and more than two-thirds (69

percent) were for misdemeanor offenses. Finally, two participants were convicted of crimes between the time of enrollment and two weeks after the end of the reporting period: one was convicted of a misdemeanor offense and sentenced to three days in jail and three years of probation, and the other was convicted of a felony offense and sentenced to four months in jail and three years of probation.

TABLE 4
Client Recidivism

	Frequency	Percent
Rearrest after enrollment		
Rearrested	15	46.9
Not rearrested	16	50.0
Other (deceased)	1	3.1
Average length of time to rearrest (days)	55.6	--
Average number of total new arrests among clients with at least one new arrest	3.4	--
County of arrest		
Alameda	2	3.9
Contra Costa	48	94.1
San Mateo	1	2.0
Arrest charge level/type		
Felony	17	12.4
Misdemeanor	95	69.3
Probation violation	25	18.2

Source: Urban analysis of CORI data.

Notes: N=31. CORI data were available for 31 of the 33 enrolled clients. The remaining two were not matched in the state database.

Participant-Level Challenges

A major challenge for program staff is the difficulty of locating referred people. As noted earlier, the majority of CoCo LEAD Plus clients are transient and have no consistent address or phone number. This makes it challenging for program staff to make an initial contact with many of the referred people and to remain in contact with them. Furthermore, HR 360 Peer Leaders are responsible for locating and engaging with clients, but HR 360 Diversion Navigators are responsible for the intake process. This means that in some cases, Peer Leaders locate a client but Diversion Navigators are unavailable to immediately meet the client in the field, and may request an appointment. A related challenge is that many clients do not attend scheduled appointments, meaning Peer Leaders must attempt to locate the client again if the assigned Diversion Navigator is unable to meet with that client.

Participants face many challenges that affect their readiness to engage in the program. That many referred and enrolled clients are homeless and/or do not own a car or otherwise have access to efficient

transportation exacerbates these challenges. Even for clients willing to engage and seek services, lack of access to transportation can be a significant barrier given the size of Contra Costa County. Public transit and transportation provided by nonprofits or other service providers can be an option for some clients, but riding a bus or getting in a car can be difficult and requires trust and a certain mental capacity. Furthermore, clients must leave their belongings behind to attend appointments or meetings, an additional barrier for the large share of clients who are transient.

Moreover, given the nature of the CoCo LEAD Plus program's goals, many clients face other challenges related to untreated behavioral health needs, another barrier to their accessing HR 360 and other services. Program staff report that more often than not, clients do not attend scheduled meetings. Lack of attendance may be caused by one or several of the challenges we describe, from readiness to engage to logistical concerns such as lack of transportation or storage.

Although the actual population being served meets the eligibility criteria in a strict sense, clients face serious barriers to meaningful engagement. The disparity between how program staff *anticipated* the target population to engage with services and clients' actual engagement levels is a significant challenge. Participants are far less ready to engage than program staff expected, requiring them to invest significant time engaging with referred clients to develop trust and convince them of the program's benefits. Some participants have behavioral health needs that are far more severe than anticipated, further compounding the challenge of enrolling and engaging clients in case management and service provision. Moreover, some services (such as the work-readiness services) are geared toward more high-functioning clients, and many existing clients cannot access or are not interested in them. Program staff report that the existing client population is mainly focused on meeting basic needs, and many have substance use issues or behavioral health needs that are more severe than the program is designed to support.

Summary of Interim Findings

As the findings described above suggest, BHD and its partners have used a collaborative, multiagency approach to developing and implementing the CoCo LEAD Plus program. Though the interagency coordination appears strong, some key program components are not fully operational, and the program continues to wrestle with barriers to participant engagement. Based on its analysis of the qualitative and quantitative data it collected, Urban identified the following six key takeaways:

- **Program partners have demonstrated a commitment to serving people with behavioral health needs in Contra Costa County, as well as a commitment to the CoCo LEAD Plus program's success.** Our interviews with the program partners suggest partners were passionate about serving community members with behavioral health needs and working toward successful program implementation.
- **Although some agencies' roles remain unclear, interagency collaboration and coordination appears strong.** The Behavioral Health Division and the program partners have formalized interagency working groups and executed formal charters to guide their operations. Although the partners' roles and responsibilities are clearly defined in the governing documents, stakeholders expressed uncertainty about some agencies' roles. Furthermore, some program staff indicated they were not included in the working groups, which could disconnect the stakeholders making decisions about the program from the staff who implement it.
- **Key program components were slow to start and/or are not yet operational.** Program startup was lengthy because of the need to identify partners, establish collaborative working groups, hire program staff, codify program protocols, develop referral processes, and execute subcontracts with service providers. The housing component in particular was slow to start because it was difficult to secure a housing partner, and because the county's housing authority was unable to provide the housing vouchers because of limited resources. It has also taken time to develop additional referral mechanisms; social-contact and probation referrals are not yet operational.
- **Though program enrollment has been steady, it has been slower than anticipated.** Since launching the program in July 2018, CoCo LEAD Plus has enrolled 33 participants. Although it is making progress toward its benchmark of enrolling 200 participants, enrollment numbers are lower than expected.

- **Most participants have not had new arrests, probation violations, or convictions since enrolling in the program.** Although it is too early to draw conclusions about the program’s impact on recidivism, roughly 47 percent of clients (15 clients)¹¹ were rearrested between enrolling and two weeks after the end of the current reporting period (April 15, 2019).
- **The program continues to face barriers to locating and engaging with program participants.** Because many who have been referred are transient, HR 360 program staff have found it difficult to locate referred community members. Furthermore, participants face many challenges—such as homelessness and a lack of transportation—that affect their readiness and ability to engage in the program.

Recommendations

Urban offers the following recommendations (based on the successes and challenges described in this report’s “interim findings” section) for refinements to enhance CoCo LEAD Plus program operations and service delivery to program participants. We ground these recommendations in the information we gathered from interviews with the BHD management team, HR 360 program staff, subcontractor staff, and the other program partners, as well as our analysis of program service data. We have organized the recommendations into three main categories: (1) interagency coordination and communication, (2) program infrastructure and performance monitoring, and (3) participant needs.

Interagency Coordination and Communication

1. **Review progress and engage in strategic planning.** As discussed in the “interim findings” section, the CoCo LEAD Plus program has faced challenges meeting its benchmarks for program enrollment, service referrals, and client engagement, despite major and consistent efforts from program partners. After reviewing the interim evaluation findings, BHD and the local advisory committee should engage in strategic planning for the program’s remaining two years. The strategic-planning process should have several fundamental goals, including ensuring that all partners understand how the program’s recent no-cost extension impacts its goals and service delivery plans; ensuring that subcontractors—hired in spring 2019—are fully integrated into the program’s governing bodies; and solidifying the program model by launching social-contact and probation referrals and finalizing the workflow documents that define agency roles. Finally, program partners should take stock of goals for program enrollment and service delivery, and reassess as needed. In particular, it is essential that program partners outline a plan for enrolling 200 participants by March 2021 that includes monthly and quarterly performance objectives, and that partners establish service delivery goals for participants.
2. **Maintain procedures for governing bodies.** As discussed in this report’s “interim findings” section, the program has made major strides in institutionalizing a collaborative approach to program development and governance. It has met its benchmarks in this area and should continue building on these strengths. A major asset of the LAC, Policy Council, and Operations Committee and Diversion Panel has been their systematic approach to running interagency

meetings and making decisions about program implementation. These procedures have allowed meetings to run effectively and ensured that all of the committees' voting members have an opportunity to share concerns and opinions about decisions before reaching a consensus—a difficult task given the many voting members and diverse perspectives represented on these governing bodies. Now that BHD has filled the Team Lead role (the person responsible for running these meetings and following these procedures), we emphasize the importance of continuing to use the operational procedures for the meetings between the LAC, Policy Committee, and Operations Committee/Diversion Panel to maintain the governing bodies' integrity and the high level of collaboration that program partners have achieved. Moreover, it is essential for program collaboration, communication, and evaluation that all partners receive agendas in advance and minutes/notes for all meetings when possible.

3. **Communicate with community members.** Contra Costa community members should be made aware of program. The CoCo LEAD Plus program website (recently launched by BHD) is a great start. However, the town hall meetings that the program's initial funding proposal to the Board of State and Community Corrections recommended have not yet been enacted.¹²

Program Infrastructure and Performance Monitoring

4. **Track and review performance metrics.** Urban recommends that local partners track all data indicated in the data-mapping memo shared and discussed with BHD and HR 360 in December 2018. Since that time, HR 360 has made huge strides by engaging in routine data tracking and by fully launching a Salesforce database system. Nevertheless, more work needs to be done to ensure that all essential data are tracked, and tracked accurately. Thus, we also recommend that HR 360 develop a plan to ensure subcontractors are tracking appropriate performance measures and evaluation indicators, such as participants' group attendance and services received. Additionally, BHD should develop a plan to track and routinely share information on Diversion Panel referrals, decisions, and processes with key partners. Urban also recommends that program leadership develop a process for routine internal program monitoring. Program monitoring information (e.g., number of enrollments, behavioral health screenings, service referrals, number of active participants) should be shared routinely—monthly and quarterly if extent possible—with all program partners and members of governing bodies. These data should inform discussions on program progress, what is working, and what needs attention.

Making the program's quarterly reports to the Board of State and Community Corrections available to all program partners could be a good starting point.

5. **Identify and develop partnerships with nonprofit organizations and service providers to provide priority access for program participants.** During interviews, program staff reported that a source of frustration in serving participants is that the various providers and nonprofits offering support services (e.g., legal assistance, educational services, food assistance, financial services) lack a specialized service track for program participants. Core HR 360 program staff noted that the access to some services those providers are offering participants is no different from what participants could do for themselves by calling the county's crisis center (by dialing "211"). Staff emphasized that the program needs to forge partnerships with service providers to streamline access to services for CoCo LEAD Plus participants. This would allow staff to provide more efficient and supportive case management.
6. **Identify opportunities for additional training and support for staff, especially on case management.** Though HR 360 staff are incredibly dedicated and passionate about their work and serving participants, they have varying levels of experience providing case management. In our conversations with program staff, those with less case management experience expressed a need for training to help them better serve their participants. This training could be provided by HR 360 leadership, or by partnering with a local organization that offers case management training. HealthRIGHT360 program staff also expressed the need for additional support identifying what services are available in Contra Costa County for meeting their clients' needs. These could include services provided through the program or through other community-based organizations, nonprofits, or service providers.
7. **Implement officer booster trainings at regular intervals.** To ensure program fidelity and address any changes to program procedures or operations, the research team recommends that program leadership ensure that APD patrol officers and Contra Costa County probation officers are provided with booster trainings at defined intervals when being fully integrated into the program. These trainings can be brief but should occur regularly (e.g., biannually) so that officers have a clear understanding of the program and their roles.
8. **Strengthen communication with APD officers.** In addition to booster trainings, we recommend finding ways to strengthen the partnership and collaboration with the APD. We learned in interviews that some program staff were unclear about the role of APD officers, and some staff perceived that role to be a barrier to HR 360's engagement with participants. Some program staff suggested establishing open communication channels with APD officers. For example,

they indicated it would be helpful if the officers alerted program staff when they located or came into contact with program participants. This would help staff find and meet participants in the community. Some program staff also suggested that the APD officers notify them when they clear or relocate homeless encampments, to help them maintain contact with clients.

9. **Seek support from the LEAD National Support Bureau on increasing program referrals and refining the program's approach to working with clients with behavioral health needs.** We encourage program stakeholders to reach out to experts in the field, such as the LEAD National Support Bureau or other jurisdictions implementing the LEAD model, to receive guidance on the program's early implementation challenges. Experts may be particularly helpful in developing ongoing training for police and probation officers, identifying opportunities for case management training for HR 360 staff, and/or increasing law enforcement input and buy-in for social referrals. Making connections with other jurisdictions and experts in the field can provide resources for program partners and help them troubleshoot barriers to implementation.

Participant Needs

10. **Identify and leverage partnerships to provide transportation for participants.** Program staff noted that a common challenge for participants is a lack of transportation. Based on our interviews with program staff, we understand that many participants lack the means to transport themselves to appointments or meetings. Program staff often accompany participants to appointments using public transportation, ride shares, or H3's transportation support. To overcome this challenge, we recommend seeking opportunities to partner with local agencies or organizations to provide transportation support for participants. This would help ensure participants attend their appointments, and help alleviate the burden on program staff to find, coordinate, and travel with participants.
11. **Continue being flexible and creative to address participants' unique needs.** Our conversations with program staff and partners suggest the CoCo LEAD Plus program has been proactive in identifying creative solutions to addressing participants' unique needs and challenges. This appears to be one of the project's greatest strengths. We recommend the program maintain this flexibility in meeting the needs of their participants.

Conclusion and Next Steps

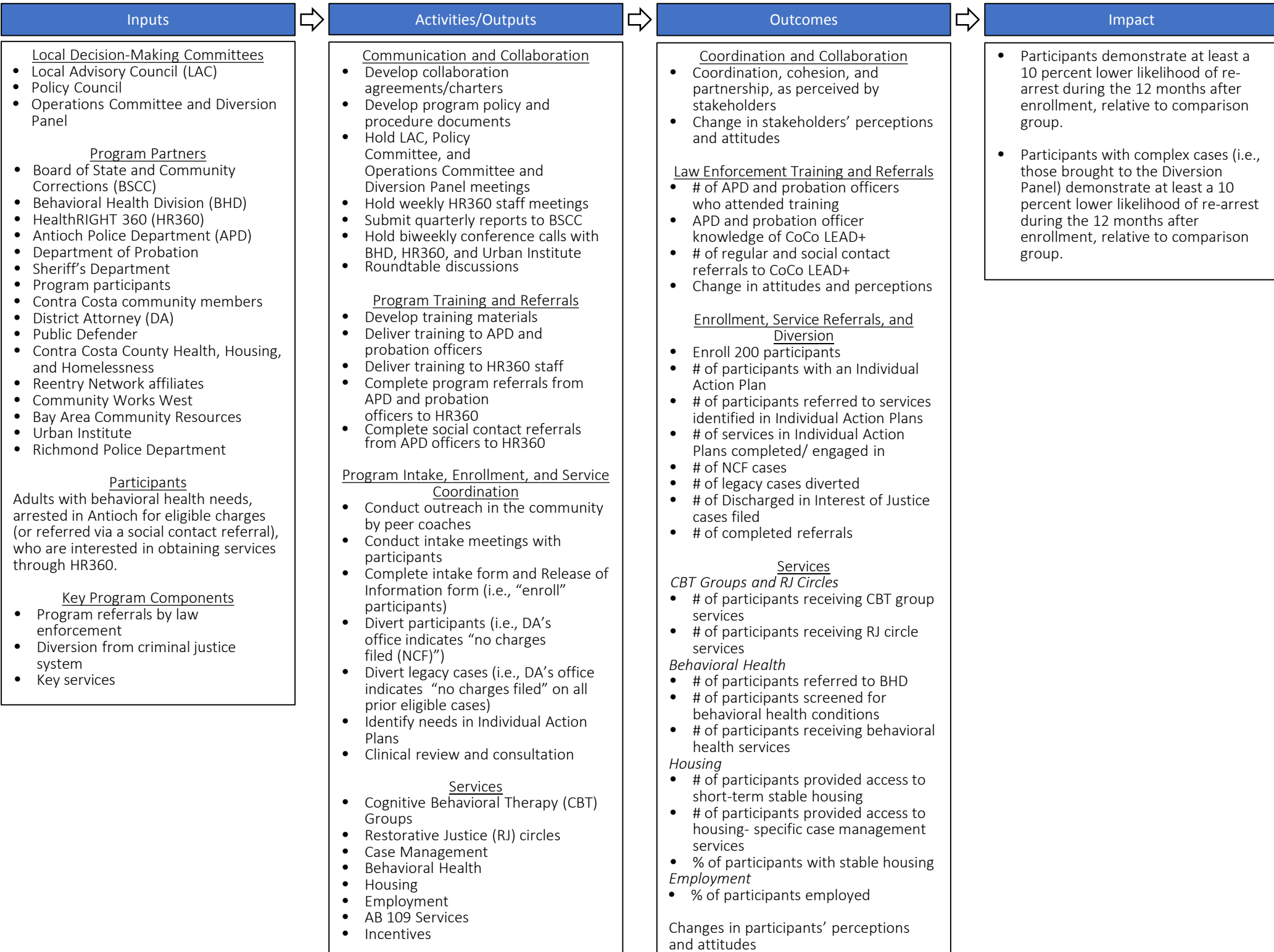
In this interim evaluation report, Urban researchers examined the CoCo LEAD Plus program's implementation and early outcomes. The program has made great strides in achieving goals at the systems, program, and participant levels. At the systems level, local partners have established and maintained a collaborative governance model with representatives from public and private agencies across Contra Costa County, many of whom have not previously collaborated. At the program level, HR 360 has hired and trained program-specific staff, established key protocols, and brought other community-based service providers onboard to provide a robust set of services to participants. It is clear that the HR 360 staff are passionate and dedicated to this work, and staff working with clients have been flexible and adapted their approaches to assist the program's high-need participants. The APD and the Contra Costa County Probation Department have also established and delivered training modules for police and probation officers to ensure law enforcement officers are knowledgeable about referring potential participants to the program. Finally, at the participant level, the 33 people enrolled in the program have received a robust set of service referrals, and the majority of these clients have not been rearrested or convicted anywhere in California since enrolling in the program.

Although much has been accomplished, the program continues to face challenges to meeting its intended benchmarks. To overcome these challenges, we propose a set of recommendations for program refinements over the remaining two years of program operations. In particular, the program needs to increase the rate of program referrals and enrollment if it is to reach its stated enrollment objectives. Moreover, those who do enroll need to be engaged more consistently with services if the program is to bring about the intended lasting behavioral changes.

Overall, there are many strengths the CoCo LEAD Plus program can build on during the next two years. By implementing the recommendations in this report, the program should be well-positioned to accomplish its objectives and continue improving the lives of justice-involved people with behavioral health needs in Contra Costa County.

Appendix A. Program Logic Model

Contra Costa County Law Enforcement Assisted Diversion Plus (CoCo LEAD+) Program Logic Model



Appendix B. Eligibility Criteria

ELIGIBILITY, EXCLUSION, AND REVIEW POLICIES
FOR CoCo LEAD PLUS
VERSION 1.0, APPROVED 7/31/18

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ELIGIBILITY, EXCLUSION, AND REVIEW POLICIES
FOR CoCo LEAD PLUS
VERSION 1.0, APPROVED 7/31/18

1 ELIGIBILITY

- 1.1 At time of referral, all of the following conditions must be met:
 - 1.1.1 The individual must be at least 18 years old at date of referring incident.
- 1.2 The individual must either:
 - 1.2.1 Be currently under arrest by or subject to arrest by the Antioch Police Department (APD)
AND
 - 1.2.2 Have been arrested on an eligible offense by APD at least once in the past 12 months
OR
 - 1.2.3 In the case of social contact referrals or probation referrals, have been arrested on an eligible offense by APD at least twice in the past 12 months
- 1.3 In addition to the requirements detailed in Section 1.1, the following conditions must also be met:
 - 1.3.1 Individual's history of criminal justice involvement must be related to behavioral health disorders (substance use disorder or mental illness), either based on the individual's self-report, documented history, or on the Officer's prior knowledge of the individual.
 - 1.3.2 Individual does not currently meet criteria for an involuntary 5150 psychiatric hold.
- 1.4 The following circumstances are irrelevant to eligibility for participation in CoCo LEAD PLUS, and no Officer shall make inquiries regarding the following:
 - 1.4.1 Immigration or citizenship status
 - 1.4.2 Medical insurance status
- 1.5 Any person who is under supervision by the Contra Costa County Probation Department and who is arrested by APD on a new charge or has committed a technical violation is not excluded from eligibility due solely to the fact that he or she is already on probation.
- 1.6 If an individual's eligibility is in question, the referring source shall complete and submit to the Client Information Coordinator a Request for Secondary review by the Diversion Panel.
- 1.7 If an individual does not meet the criteria for CoCo LEAD Plus after eligibility screening, the Officer will provide an information card to the individual outlining alternate community resources.

2 EXCLUSIONARY CRITERIA AND PROCESS

- 2.1 Individuals who have been convicted of the following charges during a five-year (60 month) period preceding the referral incident date are excluded from CoCo LEAD Plus program.
- 2.2 The exclusionary convictions are:
 - 2.2.1 1st Degree Murder
 - 2.2.2 2nd Degree Murder
 - 2.2.3 Felony Manslaughter
 - 2.2.4 Felony Sex Offenses

- 2.2.5 Kidnapping
- 2.2.6 Felony Assault with Great Bodily Injury (GBI) or Assault with Deadly Weapon (ADW)
- 2.2.7 Human Trafficking

- 2.3 If, during the screening process for an individual who is otherwise eligible, it is discovered that the individual has been convicted of any of the exclusionary convictions listed in Section 2.2 AND if the exclusionary conviction occurred more than 60 months prior to the date of referral, the referral will be forwarded to the Diversion Panel for Secondary Review.
- 2.4 If an individual who is otherwise eligible is found to be on parole, the referral will be forwarded to the Diversion Panel for Secondary Review, to include a request for an opinion from a representative from state parole.

3 SECONDARY REVIEW: PRIOR CONVICTIONS, CURRENT ARRESTS, CRIMINAL HISTORY, PAROLE, AND CHARGED CASES

- 3.1 The following criminal history indicators require that a Request for Secondary Review be forwarded to the Diversion Panel to determine the individual's eligibility:
 - 3.1.1 Prior convictions for any exclusionary offenses that occurred more than 5 years (60 months) preceding the incident date
 - 3.1.2 Prior convictions for Felony Assaults (not Assault with a Deadly Weapon or Great Bodily Injury) within the last 5 years (60 months) preceding the incident date
 - 3.1.3 Any criminal offenses marked "by Review/Discretion" in Section 7.
 - 3.1.4 On occasions where the individual has any holds or warrants from any other jurisdiction, that case shall be referred to the Diversion Panel for consideration

4 REFERRING AGENCIES

- 4.1 The following agencies and representatives are authorized to refer individuals to CoCo LEAD Plus:
 - 4.1.1 City of Antioch Police Department (APD)
 - 4.1.1.a APD Diversion Officer
 - 4.1.1.b APD Patrol Officers who have completed CoCo LEAD Plus referral training
 - 4.1.2 Contra Costa County Probation Department
 - 4.1.2.a Probation Department Supervisor
 - 4.1.2.b Deputy Probation Officers (DPO) who are designated by Probation Supervisor and who have completed CoCo LEAD Plus referral training

5 REFERRAL TYPES

5.1 In-Field

5.1.1 Social Contact Referral

A "social contact referral" is one in which an APD Officer encounters an individual who is not at the moment engaged in criminal conduct but who is known by the Officer as a person likely to be eligible for the Project, based on the Officer's prior knowledge of the individual.

5.1.2 In-Field Cite-Release Referral

An in-field cite-release referral is one in which an APD Officer arrests an individual on a diversion-

eligible offense, issues the person a Notice to Appear, informs the individual that s/he may be eligible for the Project, refers the individual to the Project using the referral protocol, and releases the individual in the field rather than transporting to APD.

5.2 In-Custody Referral

An in-custody referral is one in which a person has been arrested by APD on a diversion-eligible charge, has been transported to the Antioch Police station, has been screened for eligibility, and has been found eligible for diversion. In such cases, the APD Officer provides the individual with a standard written Notice to Appear, refers the individual to the Project using the referral protocol, and releases the individual.

5.3 Probation Referral

A “probation referral” is one in which a person under Contra Costa County Probation Department Supervision is referred to the Project by a Deputy Probation Officer as the result of a technical violation of his/her terms of probation. In such instances, the underlying arrest that generated probation supervision may have occurred anywhere in California but the individual must also have been arrested at least twice by APD in the prior 12 months.

6 DIVERSION ADMINISTRATIVE REVIEW PROCEDURES

6.1 Administrative Reviews are conducted by the CoCo LEAD Plus Diversion Officer.

6.1.1 The Diversion Officer conducts a daily review of APD’s previous day’s or weekend’s arrest reports to identify any individual who may be eligible for CoCo LEAD Plus.

6.1.2 To conduct the eligibility review, the Diversion Officer completes the following tasks:

6.1.2.a Review the arrest report to confirm the arrest is for an eligible offense

6.1.2.b Review all APD social contact case files and CoCo LEAD Plus Referral Forms.

6.1.2.c Confirm that the individual has been arrested by APD on an eligible offense at least twice in the preceding 12-month period, including the current arrest

6.1.2.d Complete a Criminal History review, including identification of any exclusionary convictions, per Section 2.2.

6.1.2.e Complete a check of Antioch Police Department Records Management System (RMS)

6.1.2.f Complete a check of the California Law Enforcement Telecommunications System (CLETS)

6.1.2.g Check to determine whether individual is on probation or parole

- If the individual is on active probation, contact the Probation Supervisor to initiate Probation’s review process to confirm eligibility and authorize referral
- If the individual is on active parole, contact the Parole Supervisor to initiate Parole’s review process to determine eligibility and authorize referral

6.1.2.h Check for open cases in the Western States Information system (WISN)

6.1.2.i Check with District Attorney to identify any referred open cases

6.2 Eligibility Determinations

- 6.2.1 Once this Administrative Review has been completed, there are three possible determinations: Eligible, Excluded, or Refer to Diversion Panel for Secondary Review.
- 6.2.2 Based on his/her determination, the Diversion Officer shall complete the APD eligibility checklist and the CoCo LEAD Plus Referral Form.
- 6.2.3 The Diversion Officer shall then contact the Project's Client Information Coordinator at HealthRIGHT 360 to notify the CIC that the individual is Eligible, Excluded, or Referred to the Diversion Panel.

6.3 Post-Enrollment Arrest Discharge

- 6.3.1 Once a referred individual accepts referral into CoCo LEAD Plus by completing an Intake Form and Release of Information Form with HealthRIGHT 360, the Client Information Coordinator will notify APD (and Probation, in the case of clients who are on probation supervision) that the client has enrolled.
- 6.3.2 Once an individual has enrolled in CoCo LEAD Plus, the underlying arrest is to be reported to the Department of Justice as "Detention Only." It is not to be referred for prosecution to the Office of the District Attorney.
 - 6.3.2.a If the enrolled individual has outstanding diversion-eligible arrests that have not been referred to the Office of the District Attorney for potential prosecution, APD will report these to DOJ as "Dismissed in the Interest of Justice."
 - 6.3.2.b If the enrolled individual has outstanding diversion-eligible arrests that have already been referred to the Office of the District Attorney, the Office of the District Attorney will decide whether to prosecute such cases or whether to divert them along with the current divertible arrest.
- 6.3.3 If an individual is identified as diversion-eligible (pursuant either to an arrest or to a probation violation), the individual remains eligible for diversion even if s/he has declined the referral and even if s/he has been transported to County jail and transferred into the custody of the Contra Costa County Office of the Sheriff.

7 ELIGIBILITY AND REVIEW

- 7.1 By agreement of the Antioch Police Department, the Contra Costa County Office of the District Attorney, the Contra Costa County Office of the Public Defender, the Contra Costa County Office of the Sheriff, and the Contra Costa County Probation Department, the offenses listed in Section **Error! Reference source not found.** are diversion-eligible.
 - 7.1.1 Any offense marked "by Review/Discretion" is considered eligible *except* in circumstances when the Diversion Officer, based on his/her review of the arrest and history, recommends exclusion. Any request for exclusion shall be referred to the Diversion Panel for determination.
 - 7.1.2 Any offense marked with an asterisk [*] is LEAD-eligible only where the circumstances indicate that the sale or transfer was intended to provide a subsistence living or to allow the person to obtain or afford drugs for his or her own consumption.
 - 7.1.3 In any case where a citizen's arrest involves a crime against a person, the arrested individual is eligible for referral if the arresting citizen no longer desires prosecution or if, upon

consultation, the District Attorney indicates an intention not to file charges.

- 7.2 Drug Crimes (to include LEAD charges per PC 1001.87)
 - 7.2.1 H&S 11364: Possession of pipe, paraphernalia
 - 7.2.2 H&S 11350(a): Possession of cocaine, base cocaine
 - 7.2.3 H&S 11377(a): Possession of methamphetamine
 - 7.2.4 H&S 11357: Possession of marijuana
 - 7.2.5 H&S 11550(a): Under influence of a controlled substance
 - 7.2.6 H&S 11357.5/11359/11360: Possession for sale and transportation of marijuana*, by Review/Discretion
 - 7.2.7 H&S 11378/11378.5/11379: Possession for sale and transportation of methamphetamine, PCP
 - 7.2.8 H&S 11351/11351.5/11352: Possession for sale and transportation of cocaine/cocaine base
- 7.3 Crimes Against the Public Peace
 - 7.3.1 PC 415: Fighting, causing loud noise or using offensive words in public place
- 7.4 Theft Crimes
 - 7.4.1 PC 466: Possession of burglary tools
 - 7.4.2 PC 459.5: Shoplifting Under \$950.00
 - 7.4.3 PC 459/460(b): Commercial burglary, by Review/Discretion
 - 7.4.4 PC 470-476: Forgery, by Review/Discretion
 - 7.4.5 PC 476(a): Fraud, bad checks, by Review/Discretion
 - 7.4.6 PC 484 / 488: Petty theft, by Review/Discretion
 - 7.4.7 PC 490.1: Petty theft of less than \$50, by Review/Discretion
 - 7.4.8 PC 490.2: Petty theft of \$950 or less, by Review/Discretion
 - 7.4.9 PC 496(a): Receiving stolen property, by Review/Discretion
- 7.5 Miscellaneous
 - 7.5.1 PC 503: Embezzlement
 - 7.5.2 PC 530.5: False personation / ID theft
 - 7.5.3 PC 954: Vandalism
 - 7.5.4 PC 602: Trespass on land (including various subsections)
 - 7.5.5 PC 602.1(a): Interference with business
 - 7.5.6 PC 602.5: Unauthorized dwelling; aggravated trespass
- 7.6 Disorderly Conduct
 - 7.6.1 PC 647(b): Prostitution
 - 7.6.2 PC 647(c): Begging or soliciting alms

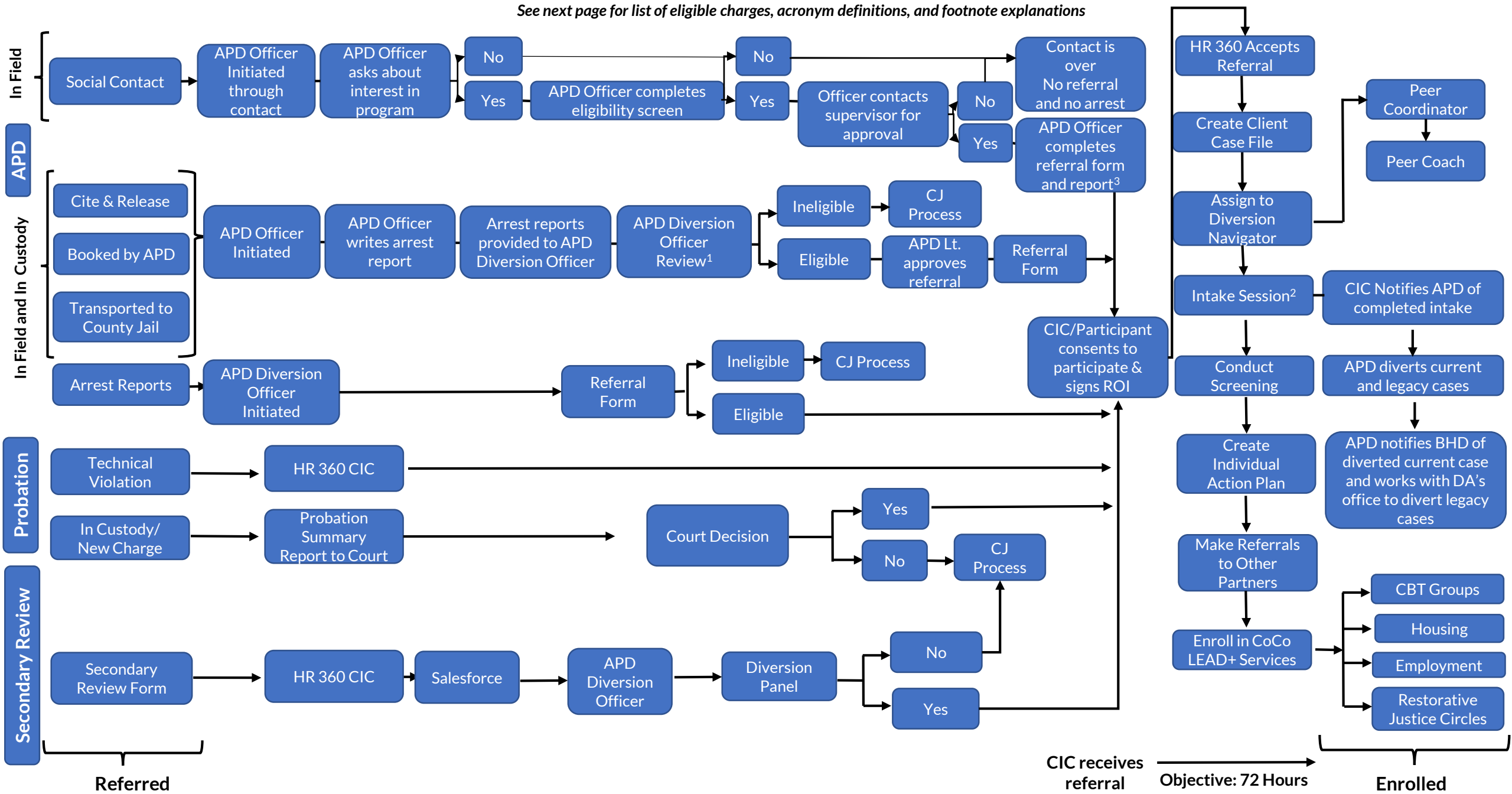
- 7.6.3 PC 647(e): Lodging without the owner's permission
- 7.6.4 PC 647(f): Under the influence of drugs or alcohol or both in a public place
- 7.6.5 PC 647(h): Loitering, prowling, wandering upon the private property of another
- 7.6.6 PC 647(i): Peeking and prowling, by Review/Discretion
- 7.6.7 PC 647(j): Peeking and prowling with camera, by Review/Discretion
- 7.7 Crimes Involving Persons
 - 7.7.1 PC 240: Assault – non-domestic violence, by Review/Discretion
 - 7.7.2 PC 242/243(a): Battery- No Citizens Arrest, by Review/Discretion
- 7.8 Crimes Involving Police Officers
 - 7.8.1 PC 148 a(1), a(2): Resisting, delaying a police officer
- 7.9 Vehicle Code Sections
 - 7.9.1 CVC 20002: Hit and run
 - 7.9.2 CVC 23103(a): Reckless driving
 - 7.9.3 CVC 23222, 23223: Open container
 - 7.9.4 CVC 12500: Unlicensed driver
 - 7.9.5 CVC 14601: Driving while license suspended / revoked / including various subsections
 - 7.9.6 CVC 14601.5: Driving with knowledge of suspension

Appendix C. Case Flow Diagram

Contra Costa County LEAD Plus Diversion Program: Case Flow Diagram

Updated: 10/22/2018**

See next page for list of eligible charges, acronym definitions, and footnote explanations



CoCo LEAD Plus Eligible Charges

Drug Charges
Pipe, paraphernalia
Possession of cocaine, base cocaine
Possession of methamphetamine
Possession of marijuana
Under influence of a controlled substance
Possession for sale and transportation of marijuana*
Possession for sale and transportation of methamphetamine, PCP*
Possession for sale and transportation of cocaine/cocaine base*
Crimes Against Public Peace
Fighting, causing loud noise or using offensive words in public place
Theft
Possession of burglary tools
Shoplifting Under \$950.00
Commercial burglary
Forgery
Fraud, bad checks
Petty theft
Petty theft of less than \$50
Petty theft of \$950 or less
Receiving stolen property

Embezzlement
Embezzlement
False Personation
False personation / ID theft
Malicious Theft
Vandalism
Trespass Charges
Trespass on land (including various subsections)
Interference with business
Unauthorized dwelling; aggravated trespass
Disorderly Conduct
Prostitution
Begging or soliciting alms
Lodging without the owner's permission
Under the influence of drugs or alcohol or both in a public place
Loitering, prowling, wandering upon the private property of another
Peeking and prowling
Peeking and prowling with camera

Notes

¹During the APD Diversion Officer's review, he reviews the arrest report, APD records management system, criminal justice history, and countywide arrest data system. He also may gather additional information from the probation department, the DA's office, and the APD officer who wrote the arrest report.

²If a referred individual does not complete an intake with HR 360, the individual is presented to the Diversion Panel. If the Diversion Panel deems them ineligible, the APD follows the criminal justice process for the arrest.

³The APD Diversion Officer will review the arrest report while the APD officer sends the referral form directly to HR 360. The APD officer may also take the individual directly to HR 360's office. The process is then the same, depending on whether the individual completes an intake with HR 360 or not.

*Indicates eligibility by review/discretion of diversion panel

** This diagram reflects the Urban Institute evaluation team's understanding of the case flow as of March 31, 2019

Acronym Definitions

Acronym	Definition
APD	Antioch Police Department
CBT	Cognitive Behavioral Therapy
CIC	Client Information Coordinator
CJ	Criminal Justice
HR 360	HealthRIGHT 360
ROI	Release of Information Form

Appendix D. Program Benchmarks

Draft: Updated Sep. 21, 2018

CoCoLEAD+ Program Goals, Revised Performance Benchmarks, and Reporting Guidelines

Purpose of CoCo LEAD+: Enhance public safety and improve the cost-effectiveness of the County's criminal justice system by reducing criminal justice involvement among eligible participants.

Goals	Objectives	Outputs & Outcomes	Benchmark(s) ¹	Anticipated Reporting Schedule ²	
(1) Institutionalize a collaborative, multi-system partnership among key agencies, including Contra Costa Health Services, law enforcement, and community-based service providers and nonprofit organizations, in order to improve public safety and participant outcomes.	(A) Maintain collaborative Local Advisory Committee with representatives from key stakeholder groups.	(A.i) Number of finalized collaboration agreements/charters.	(A.i) Finalize collaboration agreements within two months of program start date (defined as Behavioral Health Division's contract start date).	(A-D) Include results from performance monitoring in Quarterly Reports as soon as the program begins.	
		(A.ii) Number of collaboration activities undertaken (e.g., meetings, calls, presentations).	(A.ii) Finalize a regular meeting schedule within two months of program start date.		
		(B) Establish Policy Council to review, approve, and modify overarching project policies and protocols.	(B.i) Number of finalized collaboration agreements/charters.		(B.i) Finalize collaboration agreements within two months of program start date.
			(B.ii) Number of collaboration activities undertaken (e.g., meetings, calls, presentations).		(B.ii) Finalize a regular meeting schedule within two months of program start date.
		(C) Develop and maintain a multi-disciplinary Operations Committee and Diversion Panel	(C.i) Number of finalized collaboration agreements/charters.		(C.i) Finalize collaboration agreements within two months of program start date.
			(C.ii) Number of Diversion Panel		(C.ii) Finalize a regular Diversion Panel meeting

¹ Benchmarks will be finalized for inclusion in the preliminary evaluation report (due August 15, 2019), after assessing the program's institutional and community context during the process evaluation stage. These initial benchmarks are based on the Urban Institute's understanding of the program in its current (formative) stage, as well as a recent evaluation of LEAD performance in Seattle, Washington (Collins, Lonczak, & Clifasefi 2015; Clifasefi, Lonczak & Collins, 2016).

² This schedule indicates the months in which Urban anticipates analyzing corresponding outputs and outcomes for inclusion in quarterly reports due to the BSCC. However, this schedule may be revised depending on CoCo LEAD+'s local performance (i.e., if there are delays in implementing the program for any reason, the schedule will need to be revised to reflect the local state of affairs).

(DP) ³ to review and develop coordinated solutions to complex cases where participant eligibility is in question due to specific elements of the case.	activities undertaken and activity attendance.	schedule within two months of program start date; maintain attendance records.
(D) Improve program knowledge among key decision-makers serving on the Diversion Panel.	(D.i) Diversion Panel members' knowledge about the objectives, practices, and policies of the program.	(D.i) Diversion Panel members convey knowledge about the objectives, practices, and policies of the program.
	(D.ii) Diversion Panel members' perceptions of the Panel's collaboration activities.	(D.ii) Diversion Panel members perceive the Panel as responsive to their input and perspectives.
(E) Develop governing policies and procedures for the program (e.g., workflow guidelines, eligibility criteria document).	(E) Number of finalized program policy and procedure documents.	(E) Finalize program policies and procedures within one year of program start date.

Goals	Objectives	Outputs & Outcomes	Benchmark(s) ⁴	Anticipated Reporting Schedule ⁵
(2) Improve public safety and participant outcomes by ensuring that: (a) police officers eligible to make referrals are knowledgeable about the program's objectives, practices, and policies, and refer eligible individuals to the program by making regular referrals as well as social contact	(A) Develop clear program guidelines and training materials for police and probation officers involved in the program.	(A.i) Documented guidelines and training materials for police and probation officers.	(A.i) Finalize program guidelines and training materials within two months of program start date for police; and within twelve months of program start date for probation officers (A.ii) Finalize training schedule within two months	(A) Include monitoring of results in ongoing Quarterly Reports; records will be gathered starting in October 2018, or as soon as the training materials are finalized.

³ Note that the Diversion Panel is part of the Operations Committee.

⁴ Benchmarks will be finalized for inclusion in the preliminary evaluation report (due August 15, 2019), after assessing the program's institutional and community context during the process evaluation stage. These initial benchmarks are based on the Urban Institute's understanding of the program in its current (formative) stage, as well as a recent evaluation of LEAD performance in Seattle, Washington (Collins, Lonczak, & Clifasefi 2015; Clifasefi, Lonczak & Collins, 2016).

⁵ This schedule indicates the months in which Urban anticipates analyzing corresponding outputs and outcomes for inclusion in quarterly reports due to the BSCC. However, this schedule may be revised depending on CoCo LEAD+'s local performance (i.e., if there are delays in implementing the program for any reason, the schedule will need to be revised to reflect the local state of affairs).

referrals (i.e., referrals from interactions that do not involve an arrest); and (b) eligible probation officers are knowledgeable about the program's objectives, practices, and policies, and refer eligible individuals to the program by using the referral process.

(A.ii) Documented training schedule and attendance for police and probation officers.

of program start date for police officers; and within twelve months of program start date for probation officers. Maintain attendance records for police and probation officers.

(B) Improve police and probation officers' knowledge of the objectives, practices, and policies of the program.

(B) Police and probation officers' knowledge about the objectives, practices, and policies of the program.

(B) Police and probation officers convey knowledge about the objectives, practices, and policies of the program.

(B-C) Include monitoring of results in ongoing Quarterly Reports; records will be gathered starting in October 2018.

(C) Increase the number of police and probation officers who make regular referrals.

(C) Number of police and probation officers who have made a referral; number of referrals per officer.

(C) Increase in the number of police and probation officers who have made any referrals, over time.⁶ Increase the average number of referrals made per officer, over time.⁷

(D) Increase the number of police officers who make social contact referrals.

(D) Number of police officers who have made a social contact referral; number of referrals per officer.

(D) Increase in the number of police officers who have made a social contact referral, over time⁸.

⁶ Changes may be measured in two ways. First, a baseline will be established during the first six months in which referrals take place for police and probation officers, respectively. The baseline will be calculated as the *average number of officers* who have made any referrals, *per month*, during months 1-6 in which referrals take place. The baseline will be used to assess changes in (1) average monthly referrals during subsequent six-month periods, and (2) average monthly referrals in subsequent one month periods. For (1), the average number of officers who have made any referrals during months 7-12 will be compared to baseline. The monthly average during months 13-18 will also be compared to the baseline period, and so on. For (2), the number of officers who have made any referrals in month 7 will be compared to the baseline average; the number in month 8 will also be compared to baseline, and so on.

⁷ Changes will be measured in the same manner described in footnote 6 above.

⁸ Changes will be measured in the same manner described in footnote 6 above.

Goals	Objective	Outputs & Outcomes	Benchmark(s) ⁹	Anticipated Reporting Schedule ¹⁰
(3) Improve outcomes for the target population by identifying and effectively meeting the needs that contribute to problem behaviors.	(A) Of target population arrested and program-eligible, increase access to shelter and/or behavioral health services, and other available services identified in Individual Action Plans.	A.i) Of eligible individuals, refer them to CoCoLEAD+ and enroll them in the program (count referrals from all sources/agencies).	(A.i) Enroll ¹¹ 200 individuals. Among participants who are referred to CoCo LEAD+, conduct intake and complete Release of Information (ROI) form within 72 hours of receiving referral for 25 percent of referred individuals.	(A) Include results of output and outcome monitoring in ongoing Quarterly Reports; records will be gathered beginning in July 2018 (when the first participant was enrolled)
		(A.ii) Of enrolled clients, increase the number who are sheltered and/or successfully referred to behavioral health providers within two weeks of screening.	(A.ii) Among participants who are enrolled, refer 95 percent to services of any type (based on participants' Individual Action Plans), within two weeks of enrollment and completing a Plan.	
		(A.iii) Monitoring of program engagement.	(A.iii) Increase the percent of enrolled participants who are engaged in the program (program engagement defined as having at least one substantive interaction/contact with HR360 per month), over time. ¹²	
	(B) Of target population arrested and program-eligible, reduce arrests, convictions, probation revocations, prosecutions, parole	(B.i) Number of cases that are diverted, i.e., resulting in no charges filed (NCF) by the District Attorney.	(B.i) Increase in the number of NCF cases, over time. ¹³	(B-C) Include results in Quarterly Reports; begin reporting on results starting in July 2019, twelve months after the

⁹ Benchmarks will be finalized for inclusion in the preliminary evaluation report (due August 15, 2019), after assessing the program's institutional and community context during the process evaluation stage. These initial benchmarks are based on the Urban Institute's understanding of the program in its current (formative) stage, as well as a recent evaluation of LEAD performance in Seattle, Washington (Collins, Lonczak, & Clifasefi 2015; Clifasefi, Lonczak & Collins, 2016).

¹⁰ This schedule indicates the months in which Urban anticipates analyzing corresponding outputs and outcomes for inclusion in quarterly reports due to the BSCC. However, this schedule may be revised depending on CoCo LEAD+'s local performance (i.e., if there are delays in implementing the program for any reason, the schedule will need to be revised to reflect the local state of affairs).

¹¹ The project defines program enrollment as having completed the intake form and signed the ROI form.

¹² Changes will be measured in the same manner described in footnote 6 above.

¹³ Changes will be measured in the same manner described in footnote 6 above.

violations, incarceration, recidivism, and related financial costs.

first participant is enrolled.

(B.ii) Number of arrests within 12 months of program enrollment and service engagement.

(B.ii) Eligible program participants who enroll and engage in services demonstrate at least a 10 percent lower likelihood of re-arrest during the 12 months after enrollment, relative to the "business-as-usual" comparison group.

(C) Of complex cases brought to the Diversion Panel for eligibility review, reduces rates of subsequent arrest or technical violation.

(C) Number of arrests or technical violations within 12 months of program enrollment and service engagement.

(C) Among the subgroup of eligible participants who (i) have complex cases and require service coordination and who (ii) enroll and engage in services, demonstrate at least a 10 percent lower likelihood of re-arrest during the 12 months after enrollment, relative to their counterparts in the comparison group.

Appendix E. Grantee Highlight

Contra Costa County Law Enforcement Assisted Diversion (CoCo LEAD Plus) is designed to divert people with behavioral health needs who have been repeatedly arrested by the Antioch Police Department (APD) in Antioch, California for a broad array of low-level, non-violent charges away from the criminal justice system and into community based services. The CoCo LEAD Plus program is designed to provide participants peer-driven outreach and engagement; evidence-based behavioral health services; wraparound work readiness and vocational supports; and opportunities for both transitional and permanent housing. By diverting individuals from being charged and from further justice system involvement, the primary goal of CoCo LEAD Plus is to break the cycle of criminalization and repeated incarceration for people with behavioral health needs in Antioch.

A successful example of integrated and coordinated continuity of care

The CoCo LEAD+ team spent several months building trust with a client experiencing homelessness by conducting wellness checks, providing social support, and helping with food and clothing. Through these ongoing engagement and evaluation efforts, program staff were able to identify that the client was experiencing an increase in symptomatic behaviors, and collectively increased intensity of outreach and support for several weeks to meet the client's needs, including enlisting a Med Van to provide medical services in the field.

During a follow-up check on the client's well-being, the client agreed to take shelter for the first time. Program staff immediately contacted local nonprofits and secured a bed in a shelter for the client and transportation to the shelter, and APD provided support due to safety concerns in the area. Program staff helped the client prepare his things, including storing some of his items, and followed the transportation to the shelter to provide continuity of care upon arrival. The program staff coordinated with medical services to ensure the client would receive follow up medical care the next morning, and also planned to visit the client at the shelter the next morning as well to continue providing social support. Program staff have continued to work with the client, who is now being considered for long term housing provided by the program.

The successful progression of this client's access to services is an example of the integrated and coordinated continuity of care that the CoCo LEAD Plus program provides to clients.

Appendix F. Supplementary Data Tables

TABLE A.1
Client Demographic Information

	Frequency	Percent
Gender		
Female	10	33.3
Male	23 ^a	69.7
Race/ethnicity		
Black	13	39.4
White	12	36.4
Latinx	5	15.2
Multiracial/other	3	9.1
Transient/homeless	25	75.8
Forms of ID available		
Social security card	5	15.2
Driver's license	3	9.1
State ID	8	24.0
Birth certificate	1	3.0
None	22	66.7
Education level		
Some high school	5	15.2
High school diploma or equivalent	12	36.4
Some college	7	21.2
Bachelor's degree	1	3.0
N/A	8	24.2

Source: Urban analysis of HR360 service data.

Note: N=33.

TABLE A.2

Client Health History

	Frequency	Percent
Have you seen a doctor in the past 12 months?		
Yes	23	69.7
No	3	9.1
Don't remember	7	21.2
Do you have any chronic health conditions?		
Yes	19	57.6
No	14	42.4
Do you think you may have had a mental health issue in the past?		
Yes	10	30.3
No	16	48.5
Unsure	7	21.2
Have you ever been diagnosed with a mental health condition?		
Yes	13	39.4
No	12	36.4
Unsure	6	18.2
N/A	2	6.1
Have you ever received treatment for a mental health condition?		
Yes	12	36.4
No	17	51.5
Unsure	2	6.1
N/A	2	6.1
Have you ever attempted suicide?		
Yes	9	27.3
No	22	66.7
Unsure	2	6.1
Substance use history?		
Yes	29	87.9
No	2	6.1
N/A	2	6.1

Source: Urban analysis of HR360 data.

Note: N=33.

TABLE A.3

Client Family and Employment History

	Frequency	Percent
Do you have children under 18 living with you?		
Yes	3	9.1
No	30	90.9
Do you have children under 18 who are not living with you?		
Yes	12	36.4
No	21	63.6
Current income source		
Cal-Works/TANF	7	21.2
SSDI (disability)	1	3.0
SSI (social security); SSDI (disability)	7	21.2
Unemployment benefits	1	3.0
Other	3	9.1
None	14	42.4
Currently seeking employment?		
Yes	13	39.4
No	18	54.6
N/A	2	6.1
Currently employed?		
Yes	2	6.1
No	31	93.9
Rental history?		
Yes	13	39.4
No	20	60.6

Source: Urban analysis of HR360 data.

Note: N=33.

TABLE A.4

Arrest Charges for Referrals

Eligible charge	Description	Referred but not enrolled		Total
		Enrolled	Referred but not enrolled	
		Freq. (%)	Freq. (%)	Freq. (%)
CVC 12500	Unlicensed driver	1 (3.0)	0 (0.0)	1 (1.6)
H&S 11350, H&S 11350(a)	Possess narcotic controlled substance	3 (9.1)	1 (3.3)	4 (6.3)
H&S 11357.5/11359/11360	Possession for sale and transportation of marijuana	1 (3.0)	0 (0.0)	1 (1.6)
H&S 11364	Controlled substance paraphernalia	2 (6.1)	2 (6.7)	4 (6.3)
H&S 11377, H&S 11377(a)	Possess controlled substance	7 (21.2)	0 (0.0)	7 (11.1)
H&S 11550, H&S 11550(a)	Under influence of controlled substance	3 (9.1)	1 (3.3)	4 (6.3)
PC 148 a(1)	Resisting, delaying a police officer	4 (12.1)	0 (0.0)	4 (6.3)
PC 242/243(a)	Battery on person	4 (12.1)	3 (10.0)	7 (11.1)
PC 459.5	Shoplifting	0 (0.0)	2 (6.7)	2 (3.2)
PC 459/460(b)	Commercial burglary	1 (3.0)	0 (0.0)	1 (1.6)
PC 484/488, PC 484A, PC 488	Petty theft	4 (12.1)	5 (16.7)	9 (14.3)
PC 594	Vandalism	2 (6.1)	1 (3.3)	3 (4.8)
PC 602, PC 602(H), PC 602(O), PC 602.1(a)	Trespassing	21 (63.6)	16 (53.3)	37 (58.7)
PC647(b)	Prostitution	2 (6.1)	0 (0.0)	2 (3.2)
PC 647(f)	Disorderly conduct	7 (21.2)	2 (6.7)	9 (14.3)

Source: Urban analysis of HR360 data.

Notes

- ¹ “Proposition 47 Grant Program Request for Proposals,” California Board of State and Community Corrections, November 18, 2016, 13.
- ² At the time of this writing, the Operations Committee was scheduled to meet on August 5, 2019, to discuss proposed revisions to the program eligibility criteria, with the expectation that the proposed revisions will increase the amount of people referred to the program. Additional information about these changes will be included in the final evaluation report.
- ³ The social contact and probation referral sources were not active when this report was written, as the APD and the Contra Costa County Probation Department were still in the process of launching the social contact and probation referral processes. Therefore, this report presents interim evaluation findings based on the program accepting referrals from one source—the APD diversion officer.
- ⁴ The Peer Leaders and Peer Coaches are supervised by the HR 360 Peer Leadership Coordinator.
- ⁵ As designed, the cognitive behavioral therapy groups and restorative justice circles are open to community members; individuals do not have to be enrolled in CoCo LEAD Plus to access and attend those services.
- ⁶ “Site Map,” Lead National Support Bureau, accessed May 20, 2019, <https://www.leadbureau.org/>.
- ⁷ Throughout the report, we use the term “program partners” to include the various agencies responsible for essential program functions and for overseeing program implementation. In some places, we use the term “program staff” to refer to the subgroup of program partners who conduct day-to-day operations for the program; this includes staff at BHD, HR 360, and HR 360’s subcontractors.
- ⁸ See appendix D for details. Local partners worked with Urban researchers to design seven participant-level benchmarks; however, only four were determined to be appropriate to track during the program’s first year (July 2018 through June 2019). The remaining benchmarks will be tracked beginning in July 2019.
- ⁹ By typical, we mean average.
- ¹⁰ The share of clients with histories of mental illness and/or substance use is likely to be higher than what is reported here, as clients self-report this information during HR 360’s intake process.
- ¹¹ State-level arrest data were available for 31 of the 33 enrolled participants, so we calculated this percentage for the 31 participants for whom state data were available.
- ¹² At the time of this writing, BHD and the program partners had begun planning the first town hall meeting.

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