



In partnership with the New Mexico Statistical Analysis Center
and Pivot Evaluation

Evaluation of Santa Fe's LEAD Program: The Client Perspective

Prepared by:

Kristine Denman, New Mexico Statistical Analysis Center

Editing support:

Douglas Carver, New Mexico Sentencing Commission

Curt Mearns, Pivot Evaluation

Interviews completed by:

Conner Tuttle, New Mexico Sentencing Commission

Tony Ortiz, New Mexico Sentencing Commission

Linda Freeman, New Mexico Sentencing Commission

Amanda Armstrong, New Mexico Sentencing Commission

Kristine Denman, New Mexico Statistical Analysis Center

August 2018

Introduction

As part of the overall evaluation of the Santa Fe LEAD program, Institute for Social Research staff conducted interviews with LEAD clients. These voluntary interviews included both closed-ended and open-ended questions. We designed open-ended questions to gather more detailed information about the LEAD program. In particular, we wanted to learn how participants felt about the program, services they received, and elicit their recommendations to improve the program. The objective was to help us better understand program efficacy from the client perspective. The purpose of this report is to summarize the responses to the open-ended questions.

Methods

NMSC staff interviewed 25 individuals between March and December of 2017. A significant portion of the evaluation was spent developing methods to locate clients for follow up interviews. Originally, we asked the LEAD service provider to send out letters and/or text messages to current and past clients telling them about the evaluation. The service provider staff indicated that many of their clients would only respond to text messages and did not want mail sent to their home address as it would identify them as clients. The service provider staff preferred to mention the evaluation when they were meeting with the client. We provided scripts to the service provider staff to use when they discussed the evaluation with clients. Evaluation staff were available for a four-hour time block on three Fridays in March, as suggested by the service provider staff. The technique only yielded three interviews. We then engaged in additional recruitment techniques. Flyers were hung at the homeless shelter, at motels, and other locations frequented by clients. An evaluation staff person was made available to interview clients on short notice. Ten interviews were conducted using this technique. In December, an evaluation staff person was stationed at the service provider's offices for three days. Program staff were asked to schedule clients to come in during this time period. This technique yielded 12 interviews.

Most of the interviews occurred at the LEAD service provider's offices. We conducted interviews in a private setting (an empty office or conference room). Two interviews occurred in other locations, at the request of the client. Staff conducted one at the client's home, and another at a fast food restaurant. Some clients provided more in-depth responses than others did. On average, clients spoke for about 11 minutes, with the shortest interview lasting three minutes and the longest 22 minutes. The interview addressed four broad areas: Referral to LEAD; experiences with LEAD; positive and negative aspects of LEAD; and recommendations for improvement.

We coded the data in two phases. During the initial phase, we coded statements according to broad themes reflecting the questions asked. During the second coding phase, we looked for themes that emerged within each of the broader concepts and coded those themes. In some cases, the responses to the questions were discrete. Specifically, when responding to questions about services received, we tallied the types of services mentioned.

Results

Referral to LEAD

Interviewers asked clients how they learned about LEAD. Most interviewees (n=18) indicated they were referred to LEAD in the context of an arrest. Four clients learned about LEAD due to a social referral. The remaining three clients did not specify how they were referred, though two of them described having had an interaction with a law enforcement officer.

Circumstances under which they were in contact with law enforcement

Thirteen interviewees described the context of the arrest or social referral. Among those that did, most (n=8) interviewees explained that their interaction with law enforcement was the result of a drug offense. All of the drug offenses involved possession of drugs or paraphernalia; none involved trafficking, consistent with LEAD criteria. Among the remaining clients, three were detected shoplifting and two were arrested on a warrant. However, four cases, the LEAD client was not the primary suspect. Instead, he or she was connected with the primary person contacted. For example, one person explained that police arrested his partner for possession of paraphernalia. The police later made contact with him, resulting in a social referral to LEAD. In other cases, the LEAD clients were at the scene at the time of an offense, but were not involved in the primary offense.

How officers presented LEAD

Clients often explained how law enforcement first presented the LEAD program to them. Most often (n=6), clients stated that the officer genuinely seemed to want to help the person, and offered LEAD as an opportunity to get assistance. For example, one person explained:

“I got caught shoplifting...and when I got caught, the cop absolutely did not want to arrest me. He told me like, ‘I don’t want to arrest you. I’m not gonna arrest you. Instead, I’m gonna go and work something out with the stores that you just stole from.’ And that’s what he did and that essentially landed me being in the LEAD program”

A few clients said they interacted with the referring officer in the past, either in a legal setting or community setting, and this seemed to be a motivating factor for the referral. These clients indicated that the officer “felt sorry” for them or were “disappointed” to see the person in this situation. One client, who had been arrested repeatedly over a short time, relayed the following interaction:

*“[the officer said] I just saw you last week and the week before that. What’s going on?”
“I just can’t get out of the legal system...” “There’s this program and it helps. How about I refer you to that? You’re better than that.”*

This interaction exemplifies how some officers approached the client: they tried to understand why the individual was in the situation, and suggested that their lives could improve. The personal relationship and encouragement by the officer, who reflected the individual’s worth as a human being, appeared to influence the client to participate in LEAD. One officer offered to refer the client to LEAD, but warned him that he must be serious about participating.

A second way that officers presented LEAD was as an option. In these situations, the officer explained that LEAD was a choice the clients could opt into or not. As one client explained:

“The detective said if I get approved to go on the program, I could go into the program instead of going to jail because all the stuff I had would have been a felony. So, I came onto the program.”

In these cases, the option to participate in LEAD was more attractive than the alternative of going to jail. However, two clients offered descriptions that suggest the choice was somewhat forced. One stated:

“They [the police] gave me the option: you either join the program, or you go to jail.”

While this client also said she felt the officers cared, the other client did not elaborate about how the LEAD officers treated her.

Finally, two clients stated that the officer offered participation in LEAD, but that their participation was contingent on serving as a “snitch”:

“Basically he offered me LEAD but then he withdrew it and offered it to me only if I was willing to basically snitch people out.”

However, the majority of people with whom we spoke did not relay having this experience. Indeed, one person stated that he was under the impression that it was a snitch program, but law enforcement told him it was “*nothing like that*” and, ultimately, he found that LEAD was “*helpful*.”

Treatment by LEAD officers

As a follow-up question, interviewers asked clients whether they felt the officer who referred them to LEAD treated them differently from other officers they had encountered in the past and if so, in what ways. In response to these questions, a few participants described their interactions with officers before LEAD. One client indicated that she did not have any problems with law enforcement before or during LEAD, and described the LEAD officers as “*compassionate*.” Two other participants held negative perceptions of law enforcement. One described the police as having a “*machismo*” attitude, and the other said,

“they [law enforcement] treat us like shit sometimes.”

Most clients (n=16) simply described their feelings about the officers who introduced them to LEAD, without making these direct comparisons. The majority of clients (n=13) said the LEAD officer did treat them differently than others had in the past. Most of these clients described the interaction with the LEAD officer as positive. Clients used adjectives including “*understanding*,” “*friendly*,” “*respectful*,” “*concerned*,” and “*nice*.” One client summed it up as follows:

“I guess you would say he was willing to—uh, I guess support me in a certain way. I didn’t feel like he was out to get me pretty much. Because before that I would kinda consider, like, cops or detectives, or whatever, are just out to get you because when you’re doing—I guess, bad things...you kinda put a shield up against officers and stuff like that. But the vibe I got from him was just that he wanted to support me in cleaning up my life.”

Two others said the interaction was different and positive, but with caveats. One explained that he thought because he had prior interaction with the officer, the officer cared about him and therefore offered the LEAD program to him. He felt that if he had not had that prior relationship, the interaction

could have been different. Another client said that the officers were caring and compassionate, but was angry that the interaction occurred in the first place.

Finally, one person agreed that the interaction was different, but felt it was a negative interaction. This person felt coerced into providing information in order to participate in LEAD.

Rather than describing their initial interaction with officers regarding the LEAD program, two people described subsequent encounters with the police. One person explained that she disengaged from LEAD for a period of time. She explained that when she was disengaged, the officer(s) who referred her to LEAD were “*rude,*” but now that she has re-engaged, they are “*a lot cooler*” to her. Another client said that an officer offered to help him get into the LEAD program on the condition that he “*snitch*” on others. However, this client was already part of the LEAD program and this officer was unaware of that. The client felt that the officer was either not really part of LEAD, was “*trying to overpower*” him, or both.

Initial experiences with LEAD

After law enforcement officers refer clients to the LEAD program, they meet with case managers at their offices. We asked clients to describe the intake process, why they chose to participate in LEAD, and the services they expected to receive. We summarize their responses to these questions in this section.

Intake process

We asked interviewees to describe their experiences with LEAD, including the intake process. We did not constrain the responses in any way, so the depth of descriptions varied. Five interviewees described the process as completing paperwork or answering some questions. Several said that at the initial meeting with their caseworker, they learned more about the program and services they might receive.

Some clients described the initial contact they made with their caseworkers. Four described a warm handoff that occurred immediately after law enforcement contact. For example, one person said:

“...they [the police] drove me to [the service provider’s office] that day, that morning”

One person indicated that there was a delay, but the caseworker called him/her after a few days to begin the intake process.

Four others, though, indicated that they were responsible for following up after initially learning about LEAD. One client said law enforcement offered the program, and that he just had to show up to get started. Another client explained that she was told to wait about a week and then call LEAD. She called about a week later and was connected with a case manager. However, this client also explained that her memory about this process was a little fuzzy, so was not certain about how long it took. The remaining two people explained that in order to get services and avoid arrest, they would have to show up at the police station the next day. They did so, and a caseworker then picked them up from the police station. Thus, while the initial contact with the caseworker was a warm handoff, the clients were responsible for following up with the police before that could occur.

Reasons clients chose to participate in LEAD

We asked clients why they chose to participate in the LEAD program. Most clients indicated that they wanted to change one or more aspects of their lives. Of these, the most common response (n=7) was

that the client wanted to be substance-free. Some of these clients explained that they had already been trying to be substance-free, but without success:

“Everything was appealing because I was on my way to looking for outpatient programs and that’s exactly what it is. And I was like all right. Well, you’re offering it and you can get me in like that instead of me having to wait on a monthly list just to start fixing myself.”

Five clients said they chose to participate in LEAD because they did not want to be homeless anymore, followed by three clients who said they wanted to improve their family life or get their children back. One client hoped to get his legal problems cleared up by participating in LEAD.

Just two clients said that their primary motivation for participating in LEAD was to avoid going to jail.

Services/benefits expected

Relatedly, we asked clients what services/benefits they expected to get from LEAD. Many expected multiple benefits. Most commonly (n=11), clients expected to stop using drugs and/or to begin using Suboxone. The next most common response was that they expected to get housing benefits (n=6). Other responses included improved family relationships (n=2), food assistance (n=1), and counseling (n=1). Two clients said they expected to get what they were told they would receive. One client said they are receiving all that they expected, which included housing, counseling, Suboxone treatment, and food assistance. Four clients had no expectations or did not know what to expect.

Services received through LEAD

We asked clients about the services they received through the LEAD program. We began by asking them how long before they originally received services. Then, we asked them what services they expected to receive. Finally, we asked them what services they actually did receive. We discuss those findings in this section.

Time to services

We asked most clients how long it took before they began to receive services after completing the intake process. Of the 19 clients who responded to this question, most people indicated they received services immediately (11 clients) or within a short period of time (5 clients). Several noted that while they received some benefits right away, other benefits took some time to obtain. Delays ranged from a few weeks to get Suboxone, to a year to get counseling. One person expressed some frustration with delays, explaining that it was like “pulling teeth” to get housing and that the process took two years. Overall, though, most people began receiving some services on the same day or within a very short time. Note, though, that some people indicated that they are still waiting for some services.

Services received

We asked clients to tell us what types of services they received through LEAD. This was an open-ended question, so we did not typically ask whether clients received specific types of services. However, in four cases, we provided some options as examples. These included such things as counseling, housing transportation, and needle exchange.

Most clients (76%) stated that they received healthcare-related benefits (most often counseling/support with caseworkers), followed by housing assistance (72%). Others received economic support such as

phones, transportation assistance (including bus passes, rides to appointment, transportation to treatment facilities), meals, and other financial assistance (e.g., gift cards to purchase food and clothing, help paying utility bills). Nearly one-third of clients reported receiving assistance with transportation, a phone, financial assistance to meet their basic needs (e.g., gift cards, money for clothing/hygiene, storage, utility bills, and/or rent), or legal aid. Five clients (20%) received assistance with accessing benefits such as Medicaid, SSI/Disability, and food stamps. Another 20% reported receiving access to resources, such as use of computers, education, or general life assistance. For example, clients said case managers would help them maintain their documents or take messages for them. Finally, four people (16%) said they received meals at either the service provider’s offices or case managers referred them to other agencies that offer fresh meals. We summarized these results in the table below. While it is likely that clients received additional services, these are the services they remembered and likely are among those most notable to them.

Table 1. Reported services received

	N	% (out of possible 25)
Housing	18	72%
Transportation	7	28%
Phone	7	28%
Meals onsite and/or referrals in community	4	16%
Benefits assistance	5*	20%
SSI/Disability	2	8%
Food stamps	3	12%
Health insurance/Medicaid	3	12%
Healthcare	19*	76%
Suboxone	8	32%
Help staying substance free	5	20%
Counseling/support	15	60%
Medication assisted therapy	4	16%
Other healthcare	2	8%
Other financial assistance to meet basic needs	7	28%
Access to resources	5	20%
Legal aid	7	28%

*Some clients received more than one type of assistance in this category.

Services wanted

We asked clients if there were any services they wanted or needed, but were not currently receiving. Among those who responded to the question (n=22), the vast majority (82%) said they did not want any other services from LEAD. When asked whether they wanted additional services, most respondents simply said “no,” or, as one client said:

“No...I’m getting everything that I need.”

Despite answering in this way, several of these same clients indicated there was something they needed at some point during the interview. Regardless of when they noted the need, three clients indicated needing more support, such as counseling or more access to the caseworker. One person explained that

the caseworkers sometimes get busy, and are not able to provide as much assistance as she would like. Others wanted help to address specific issues, including access to Suboxone (n=2), assistance with specific financial problems (n=1), and assistance to improve housing (n=1). Importantly, delays in receiving services can cause problems for the person:

“the only complaint really I have is when I first entered the program I was strung out on heroin. I had wanted to get off by trying to get into this Suboxone program. I don’t have a prescription for the Subutex that I take but I was on a waiting list to get into the Suboxone program. I finally gave up on that waiting list because it was taking way too long to – you know, you just got off of dope you need something to keep from going back to dope...But I ultimately got my needs met, but I went a different route on it.”

Finally, one person explained he did not need any additional assistance from LEAD, because there were other available resources in the community:

Interviewer: *“Are there services you wish that were here that you aren’t getting?”*

Interviewee: *“Not necessarily. Everything’s pretty good. Whatever stuff they don’t have, there’s other resources in Santa Fe that offer things.”*

Two clients received more than they expected to receive. One of them was especially appreciative that she was not discharged from the program when she relapsed. One, though, felt that he did not get what was promised. After the interviewer asked what he expected to get from the program, he responded:

“Just what they offered. They what told me – they offered that if we showed signs that we wanted to get off of drugs and alcohol that they would help. And they did not help. They didn’t help.”

However, it is important to note that this client did receive some needed services and indicated that his life had improved after participating in LEAD.

Positive and negative aspects of LEAD

We asked clients to describe which element(s) of the program are working or have worked for them. When needed, we offered prompts. We asked clients to describe their relationship with their case managers, how things were different for them, and whether they have a different perception about substance dependence.

Relationship with case managers

An important component of the LEAD program is the relationship participants have with their case managers. With the exception of one person, all of the clients we spoke with had something positive to say about one or more of the case managers with whom they had interacted. Clients frequently indicated that the case managers were helpful, that they trusted them, and were supportive. Several described the case manager as *“awesome.”*

Clients offered reasons for these positive feelings. Some said that they felt a personal connection with the case manager. In some cases, it was because the case manager was also an addiction survivor. So understood what the client was going through. Others appreciated the case manager’s approach. These clients characterized their relationship with the case manager as one in which they worked

together to establish and work towards the client's goals. Some clients also explained that the case manager did not give up on them and continue to work with them, even when they relapsed or missed appointments. For some clients, this was very valuable to them, that the case manager was a constant in their lives, checked up on them even when they did not have an appointment, and was someone they could rely on. One client explained the impact the regular check-ins by the case manager had on her:

"it's a self-esteem booster. It's confidence in knowing that I'm a person too, I'm not just a drug addict."

Moreover, some clients described how their case manager would go above and beyond what they expected, returning calls in the middle of the night and helping them through crises.

However, clients did identify some problems with case managers. One frequently raised concern was that there had been turnover in case managers; this had a detrimental impact on the client's progress. As one client explained, losing a case manager with whom she had been working and trusted *"makes me withdraw."* Reestablishing a relationship with a new person can take time. Others also noted that when there is turnover, the remaining case managers are less available.

Three clients felt they did not get the help they needed from at least one of the case managers with whom they worked. One said the case manager was a *"jerk"* and so he disengaged. This client was later able to get a different case manager with whom he established a good relationship. Another client, who had only one case manager, felt that she and the case manager did not connect and instead, had disagreements. The third person felt that the case manager was not very helpful.

One case manager was allegedly responsible for allowing a client list to be disclosed; he was also accused of inappropriate behavior with clients. One of his clients said she felt *"stupid"* because she had trusted him. Another client was angry with this case manager, and felt that his alleged actions caused harm to other people. This case manager is no longer working for the service provider.

Overall, nearly all of the clients had positive feelings about their current case managers at the time we conducted the interviews.

Specific services that have been beneficial

Many clients described specific services they received as being especially beneficial. Among those who did so, clients often (n=8) mentioned housing as being very beneficial. Many of these people explained how having housing influenced their recovery. First, some people explained that the stress of homelessness and not knowing where they would be sleeping night after night triggered their substance use. Since LEAD met that need, that stressor was gone. Ultimately, this made it easier for the person to pursue sobriety. Second, several people noted that eliminating the interaction with individuals who are negative influences was very beneficial to paving the way to recovery. Similarly, others explained that by having their own housing, they no longer had to worry about *"dealing with people"* and that this helped them focus their efforts elsewhere.

Many people (n=8) said that the support they received from their case managers was extremely beneficial to them. For example, one person explained:

"When I was struggling the most they were there. I knew I could call."

Many other clients reiterated this sentiment, indicating that the case managers were available to help when needed. This support seemed to provide some stability for clients. Similarly, four clients expressed appreciation for the harm-reduction approach taken by LEAD (though they did not describe it in those terms). In particular, clients expressed gratitude for being allowed to continue in the program and try again after relapsing. In addition, some clients explained that the approach taken—being offered services but not forced to engage in anything in particular—has worked for them. This appeared to be empowering for some. As one person explained:

“It wasn’t forced on us like probation or parole officer, ‘You have to be here.’ It was like, ‘Well, if you want the help, come. This is what we can do for you. You just have to show up.’ And so it made it was made real easy. It wasn’t something forced so it was something [that] kind of intrigued us more. [We] wanted to step forward more.”

Besides general support from case managers, some clients (n=7) felt that the individual or group counseling they received was very beneficial. For example, clients explained that they learned to cope with their emotions better or that they learned tools that help them better navigate their lives.

Four clients felt that receiving medication assisted treatment was one of the greatest benefits. One person explained that because of this, she no longer was consumed with finding her next high. Instead, she could focus her efforts elsewhere.

Several clients noted that it was very important to them to receive assistance with things like transportation, food, and other material support. Finally, one person noted that the legal assistance he received was very helpful.

Positive impact of participating in LEAD

Interviewees described many ways in which participating in LEAD had a direct, positive impact on their lives. Sobriety, optimism, and stability were common themes. In addition, several people noted an improvement in interpersonal relationships.

The most common (n=11) benefit clients noted was that they either stopped their use or reduced their use. One client indicated that while he still consumes substances like marijuana, he no longer uses heroin or methamphetamines. Many respondents did not say how long they had been substance-free. However, among those that did so, the shortest time was one week and the longest was about one year. As part of the recovery process, some clients learned more about defining substance dependence and recovery. One client explained that he learned what it meant to be in recovery:

“It’s just made me more aware of what recovery is. I thought once I stopped doing drugs, I’m going to be good and get my life back together...I don’t have a job [yet], but recovery doesn’t happen overnight, and it take a long time. And everybody who’s involved with the program including the clients also opened my eyes to what recovery is and that it doesn’t happen overnight, and to be patient with it.”

One theme that was common among clients was a sense of increased optimism. Of the ten clients who expressed this sentiment, eight indicated that their current outlook on life is positive. This is in stark contrast to how some describe their outlook previously. One client explained:

"I wanted to die. I just wanted—every day that I woke up I felt like death and I just hated to be with—I couldn't go anywhere without my drug. I couldn't function without it. I just felt so lost. Now, I have direction. I'm motivated. I'm very confident, and I've never felt any stronger in my life..."

Importantly, as illustrated in this quote, clients described having an improved self-image. Six clients described feeling better about themselves, seeing themselves differently in part because of how they are treated:

"I have a team that is constantly wanting to help, going out of their way to call me or text me just to see how I'm doing when not even my own family does that. So, it's a self-esteem booster. It's confidence in knowing that I am a person too. I am not just a drug addict."

Several clients also indicated that they now have plans for the future, such as going back to school, getting married, or, as this client said:

"And you know, my life is good. I'm going to be buying a house in about a year. It could be sooner, I got preapproved—I don't know how! But if you'd told me this a year ago, I would have said you're crazy! But these responsibilities, is, it's what I've wanted, and I'm really happy, I'm happy with life."

Four clients indicated that they were more stable since participating in LEAD. For example, one client said:

"they're [things] are a lot different now that I've been in LEAD. And I just feel like it's really helped me keep things in order and make sure I'm not getting into trouble."

Finally, several clients noted an improvement in relationships. Two clients who are parents indicated that they are now better caregivers. Two clients explained that their family members now trust them. One client described an improved perception of police officers due to her participation in LEAD:

"Like I said before, I had, like, a guard up or shield against any type of law enforcement, anything like that, and definitely my mind's changed on that. I know understand that, you know, law enforcement is there to keep the community safe."

Importantly, many clients (n=10) explained that they felt that it is up to them to succeed. Clients spoke about being ready to change and willing to put forth the effort needed as important factors that influence success. Many of these clients said that they were ready when they entered LEAD, and indeed, had been looking for support. Others, though, were not:

"When I first came, I didn't really want to do the program, so it wasn't helping me. You have to want to do it, and you have to do what you need to do to get yourself better. And if you do what you need to get yourself better, it helps. So, if you're not doing what you have to do then it's not going to help you, but if you do what you need to do, then it will help you."

Some clients also explained that the case managers help them to see that they are in charge of their own lives. For example, after experiencing success, one person explained that the case manager reminded her that her success is due to her own efforts.

However, one client felt that the onus was on the case manager. He relayed a conversation in which a case manager explained, *“I’ll only do as much as my client will do.”*

The client did not agree with this viewpoint:

“that attitude is horrible because we’re a bunch of junkies and we’re not going to do – we can’t do your job for you. We’re coming to you for help. If you’re only going to do as much as we do then nothing is gonna happen. Nothing is going to get done. I just think they need better counselors and their own spot, their own place. And get away from [the service provider].”

Problems clients have had with LEAD

Despite the very positive feedback from most of the interviewees, some clients identified problems they have had with LEAD. Of those, the most common service clients expressed concern about was the Suboxone program. Four clients described the difficulties they had with requirements of receiving Suboxone. Two clients explained that they were required to receive treatment, either inpatient or outpatient, to get on the program or reestablish use. They both felt this was not helpful, and one person explained that participating in Intensive Outpatient Treatment actually made her want to use drugs more since that was all she felt they discussed. Another client explained that for individuals who had polysubstance dependence, the requirement to be completely substance free was sometimes detrimental and actually impeded their progress towards life goals, like regular employment. Finally, the last client explained that the wait time to get onto Suboxone was too long.

Another client explained that some services were available for only a short time (such as material support), and that this was difficult for her. Finally, one person had difficulty with a specific service he was receiving, but the case manager was in the process of helping him address it.

As noted previously, a few clients had problems related to the service provider’s staff. Some felt specific case managers were not effective or they did not connect well with one or more of them. Others felt that there was instability due to staff turnover. This caused problems in getting services needed or immediate needs addressed.

Negative perceptions of LEAD

In addition to describing specific aspects of LEAD that were less successful in meeting clients’ needs, clients described ways in which the LEAD program has had a negative impact on them. Two related problems emerged. First, due to a breach of confidentiality, the LEAD program was portrayed on the streets as a snitch program. Some clients felt the source of the breach was a particular case manager, who has since been terminated. Some clients felt betrayed by him, not only for this but also for his actions with clients.

Besides simply noting the *“snitch”* problem, ten clients explained how this perception has affected them. The majority of these clients expressed support for the LEAD program, and felt that it was very beneficial to them and could be to others as well. Because of this, some clients try to defend the LEAD program to others. For example, clients try to explain what LEAD is really all about, but are sometimes not successful:

"I just – people think it's a snitch program and that all they do is turn in people and, you know, you can tell them like that it's not, but they see – people that know me know that – that I'm not a snitch, so – and I've dealt with – with dealers – I've dealt with addicts. And I've talked to these cops on personal levels and never once have I ever been asked any kind of personal information. They don't care. That's not what they're there for. So – you know – and it sucks and I try to tell people it's not and – you know – all you can do is – is try, but, you know, people are going to form their own opinions unfortunately."

Several clients felt that they were in danger because of this perception. For example, one person said that it is *"kind of scary"* to let anyone know she is a client. Another explained that if you are in jail, people will try to beat you up if they find out you are a LEAD client.

One client explained that she is concerned about the potential personal and professional damage this could cause, in addition to possible harm to her and her family. Many clients indicated that they try to hide the fact that they are in LEAD for these reasons. One person had a different take on the problem. He reported that law enforcement (presumably not those who are actively engaged in LEAD) use participation in LEAD as a carrot to get people to provide information. Ultimately, though, they do not actually offer the program. Thus, this reinforces the image of LEAD as a snitch program.

Client recommendations

Finally, we asked clients if they have any recommendations to improve the LEAD program. Thirteen clients offered recommendations to improve the program. Perhaps not surprisingly, one set of recommendations was about addressing the negative perception of LEAD in the community. Two clients suggested changing the name of the program. As one of them explained,

"LEAD actually has a really bad name, not as far as here in this room or in this business, but on the street. A lot of addicts who want to get help or get treated don't come into LEAD because when they first started the program they called it "Leads." They think that it's leads into giving the police leads and information and tips of who's doing the drug dealing and who's – basically you're considered a rat. So that's what's keeping a lot of people away.

I think they definitely need to change the name. Definitely."

While the name was not *"LEADS"* initially, the perception is there and more than one client referred to LEAD as *"LEADS."* Further, since the name is a registered trademark, it may not be simple to change the name.

Four clients suggested engaging in a public information campaign to educate the community about the LEAD program, what it is and is not, and what it can offer people who are in need. One person suggested the platform should be social media, while another suggested television advertisements. Two felt that passing out pamphlets to targeted groups, such as high school students, would be beneficial. Regardless of the methods, all four agreed that there should be a concerted effort to dispel the myths and promote the benefits of LEAD throughout the community.

Three people felt that LEAD should increase their outreach efforts. These people all felt that they benefitted from the program, and that others would too. Two people felt that in addition to or in lieu of law enforcement, others such as case managers should engage in outreach/recruitment efforts.

Several clients offered suggestions to improve the staffing of LEAD. Generally, they felt that there should be more case managers/counselors available as they are sometimes too busy. Some clients felt that staff turnover was detrimental, as was absenteeism. Two clients emphasized the need for consistency. Two clients felt the quality of the case managers could be improved. Finally, one client also suggested that staff should communicate more amongst themselves about client's cases to ensure smooth delivery of services.

Finally, clients offered other suggestions. Two clients suggested finding ways to facilitate service provision. In particular, one felt the time to get Suboxone was excessive and suggested finding ways to limit that. The second felt that it was difficult to keep services, and once lost, difficult to obtain them again (such as material assistance). This client suggested that the team find ways to make that process easier. One person wanted to ensure that law enforcement not require people to snitch in order to get into LEAD. Finally, one person suggested offering options for people who have been in the program for a long time and are ready for something more. This person suggested an "internship" may be useful.

Summary and conclusion

Law enforcement officers referred most clients in this sample due to an arrest-related situation, typically involving some drug offense. Many clients felt the officer who referred them genuinely wanted them to receive help to address their substance dependence and get out of their current situation. A handful of clients relayed a less positive experience initially, describing participation in LEAD as a forced option (participate or go to jail) or contingent on providing information to the law enforcement first. Officers who showed a genuine desire to help clients or who expressed empathy likely swayed clients to participate in LEAD, particularly when clients felt empowered to do so.

The majority of clients indicated that some aspect of LEAD was beneficial to them. Many now have housing, which has been very impactful. The most common benefit clients reported, though, was that they had stopped using substances altogether, reduced their use, or quit using the substances they find most harmful. Importantly, many clients reported having an improved self-image. Several discussed their plans for their future and seemed very optimistic. Clients identified the importance of their own role in improving their lives, and recognized that they had not been ready to do so previously or that others were not ready. Clients identified "readiness" as a key factor to improving. At the same time, they explained that case managers were there when they were ready to move forward with change and did not abandon them when they experienced setbacks.

While the vast majority of comments about LEAD from this group of clients were positive, there were some concerns raised. Primary among these was the image of LEAD as a "snitch" program due to a breach of confidentiality. This faulty image has implications for the efficacy of the program. It can limit law enforcement officers' ability to recruit people who would benefit from the services, and undermines officers' and the program's credibility. It also directly affects clients who are receiving services. Clients expressed fear of bodily harm to themselves and loved ones, as well as damage to their reputations impairing their ability to be successful. While not a common sentiment, two clients did say that law enforcement required or suggested that the client would have to act as an informant before they could participate in the LEAD program. One client noted that this occurred during an interaction she had with

an officer who did not know she was already a LEAD client. It may be that the clients misunderstood the situation. However, it is important that all law enforcement officers (whether “LEAD” officers or not) are trained to offer LEAD or discuss LEAD in a way that does not leave clients with the perception that they have to provide intelligence in order to participate.

Finally, clients offered some important recommendations that may be beneficial for the program staff to consider exploring. For example, conducting outreach in various locations to help the community understand the purpose of LEAD could dispel some of the rumors about it. Clients suggested reaching out to high schools. In addition, since many of the LEAD clients are homeless, it may be helpful to have informational sessions at the homeless shelter and to do so periodically throughout the year.

Notably, there are some limitations to this study. The primary limitation is that the clients with whom we spoke were all engaged in the LEAD program to some degree. Thus, we did not speak with individuals who no longer had contact with LEAD or its service provider. Therefore, we do not know whether these clients’ views represent the majority of the experiences of LEAD clients. Further, because these clients are engaged, they may receive different services than those who are not engaged. Additionally, they could be experiencing more success than those who are not engaged.