



Washington's Law Enforcement Assisted Diversion (LEAD) & Recovery Navigator Program (RNP): *Opportunities to Improve Pre-Booking Diversion Fidelity*

The 2023 Washington State Legislature directed the Washington State Health Care Authority (HCA) and the Washington State Institute for Public Policy (WSIPP) to conduct an implementation assessment of the statewide Recovery Navigator Program (RNP), as well as to report on the current state of the Law Enforcement Assisted Diversion (LEAD) framework ([Exhibit 1](#)).¹ Additional reports exploring the impact of LEAD and RNP on criminal legal system (CLS) outcomes are planned for 2028, 2033, and 2038.

This report describes the state of RNP and LEAD implementation, barriers to achieving higher fidelity to LEAD core principles as outlined in RCW 71.24.115, and the utilization of technical support from the LEAD National Support Bureau. WSIPP was also directed to provide recommendations for additional research and analysis to inform future reports.²

To answer these questions, WSIPP engaged in semi-structured interviews with RNP and LEAD staff at all levels of program implementation. Quantitative data were obtained from the LEAD National Support Bureau (LSB) to describe technical assistance provided to diversion program implementors.

Summary

Law Enforcement Assisted Diversion (LEAD) and the Recovery Navigator Program (RNP) divert people away from the criminal legal system by offering alternatives to arrest, jail booking, and prosecution that address certain underlying issues (e.g., substance use disorder) that contribute to persistent criminal legal system involvement.

This report describes program implementation, use of technical support, barriers to achieving higher levels of program fidelity, and best practices supported in the literature. WSIPP reviewed technical assistance data collected by the Lead National Support Bureau, interviewed diversion actors, and conducted a systematic literature review.

Findings suggest that a lack of criminal legal system buy-in hampers diversion in some communities. Practitioners also described insufficient short- and long-term housing, substance use, and mental health treatment options as major barriers to diversion program effectiveness. From an operational perspective, practitioners indicated that funding was insufficient and were concerned about the availability of those funds to support long-term program implementation.

¹ [Second Engrossed Second Substitute Senate Bill 5536, Chapter 1, Laws of 2023](#).

² Section (2)(a)(i) was not included in the work. WSIPP determined it did not have the resources necessary to

conduct the fidelity index analysis for each recovery navigator program.

Exhibit 1

Legislative Assignment

- (2)(a) The Washington state institute for public policy shall, in consultation with the authority and other key stakeholders, conduct a descriptive assessment of the current status of statewide recovery navigator programs and the degree to which the implementation of these programs reflects fidelity to the core principles of the law enforcement assisted diversion program as established by the law enforcement assisted diversion national support bureau in its toolkit as it existed on July 1, 2023, which shall include:*
- (i) The results of the law enforcement assisted diversion standards fidelity index analysis, conducted by an independent research scientist with expertise in law enforcement assisted diversion evaluation, including findings with respect to each standard assessed, for each recovery navigator program, in each behavioral health administrative services organization region;*
 - (ii) Reports on utilization of technical support from the law enforcement assisted diversion national support bureau by recovery navigator program contractors, the authority, and behavioral health administrative services organizations; and*
 - (iii) Barriers to achieving fidelity to core principles.*
 - (b) The report shall also describe law enforcement assisted diversion programs in Washington state that are not affiliated with recovery navigator programs.*
 - (c) The report may include recommendations for changes to recovery navigator programs reported by recovery navigator program administrators, stakeholders, or participants.*
 - (d) The authority, behavioral health administrative services organizations, and other recovery navigator program administrators shall cooperate with the institute in making this assessment.*
 - (e) The institute shall submit this assessment to the governor and relevant committees of the legislature by June 30, 2024.*

We also conducted a systematic review of existing literature on best practices of pre-booking diversion programs. Research identified during this process was used to update WSIPP's benefit-cost analysis.

In [Section I](#), we describe the rationale for diversion programs, how LEAD was established and spread throughout the country, how diversion has been funded and implemented within Washington, and review the literature on pre-booking diversion effectiveness. [Section II](#) details the data and analytic strategy used to answer our research questions.

[Section III](#) reports on technical support provided by the LSB, findings from interviews with diversion actors, and a comprehensive systematic review, meta-analysis, and benefit-cost analysis. [Section IV](#) describes recent changes to LEAD and RNP funding in the 2025-2027 biennial state budget. [Section V](#) summarizes the key findings and limitations of the study.

I. Background

In this section, we describe CLS diversion, discuss how pre-booking diversion programs have been implemented in Washington, and define the key administrative and organizational diversion actors responsible for implementation.

Diversion from the Criminal Legal System

Rationale for Diversion

The CLS is costly. In Washington, over \$5 billion per year is spent on police, judicial and legal systems, and corrections.³ This amounts to nearly 1% of the state's entire gross domestic product⁴ and, if spread equally across all households, would cost the average household in Washington over \$1,700 in taxes per year.⁵ These direct costs do not include other societal costs associated with incarceration, such as higher mortality of incarcerated people, negative impacts on child welfare, and higher rates of unemployment and homelessness after release from incarceration.⁶

In many communities, jails and prisons have become the de facto holding facility for people with mental health issues and substance use disorders due to a widespread lack of behavioral health

infrastructure.⁷ Nationwide, about 40% of people incarcerated in prisons have a history of mental health disorders;⁸ 49% meet the criteria for substance use disorder.⁹

Despite large financial investments and decades of reform efforts, jails and prisons have failed to produce robust treatment options capable of addressing mental health issues and substance use disorders.¹⁰ There has been growing acknowledgment that the criminal legal system is not equipped to address the long-term underlying issues that result in repeated contact with law enforcement.¹¹

In Washington, policymakers have sought alternatives to the traditional CLS and have taken steps to develop and implement evidence-based strategies to reduce recidivism.¹² A central approach has been to implement strategies and programs that can address underlying issues of homelessness, drug use, and mental illness.

A key strategy has been to try to move people away from the CLS and into supportive programming.

³ Bureau of Justice Statistics. (2021). *Justice expenditures and employment tool*.

⁴ U.S. Bureau of Economic Analysis. (2025). *SAGDP9N Real GDP by state*.

⁵ Based on 3 million households in 2023.

⁶ McLaughlin, M., Pettus-Davis, C., Brown, D., Veeh, C., & Renn, T. (2016). *The economic burden of incarceration in the United States*. Institute for Justice Research and Development.

⁷ Preston, A.G., Rosenberg, A., Schlesinger, P., & Blankenship, K.M. (2022). "I was reaching out for help and they did not help me": Mental healthcare in the carceral state. *Health & Justice*, 10(1), 23.

⁸ Maruschak, L.M., Bronson, J., & Alper, M. (2021). *Indicators of mental health problems reported by prisoners* (survey of prison inmates). Bureau of Justice Statistics.

⁹ Bureau of Justice Statistics. (2016). *Survey of prison inmates [data set]*.

¹⁰ Maruschak et al. (2021).

¹¹ Lattimore, P.K. (2022). Reflections on criminal justice reform: Challenges and opportunities. *American Journal of Criminal Justice*, 47(6), 1071–1098.

¹² Lee, S., Aos, S., Drake, E., Pennucci, A., Miller, M., & Anderson, L. (2012). *Return on investment: Evidence-based options to improve statewide outcomes, April 2012 (Doc. No. 14-04-1201)*. Washington State Institute for Public Policy.

Broadly labeled as diversion, these programs acknowledge that the traditional CLS has limited ability to address untreated mental health issues, substance use disorders, and housing instability that are commonly associated with drug use and lower-level crimes.

The Sequential Intercept Model

Diversion throughout the CLS has been formally described through the Sequential Intercept Model (SIM).¹³ Under the SIM, the term “intercept” refers to different points along the CLS process where an individual may be diverted to treatment and other supportive resources. In this model, there are six intercepts:¹⁴

- *Intercept 0—Community services.*¹⁵ Conducted by a broad array of actors, including mobile crisis services, law enforcement or other first responders, businesses, residential associations, or community members. Engagement does not require criminal involvement.
- *Intercept 1—Law enforcement.* Law enforcement officers with probable cause to arrest may instead refer people to community-based services.

Officers have the authority to detain, arrest, or divert an individual; if diverted, the person has the choice of whether to engage in the services.

- *Intercept 2—Initial court hearing/initial detention.* Diverts people to treatment or services during jail intake, booking, or at the time of initial court hearing.
- *Intercept 3—Jails/courts.* Relies on the court or jail process to divert people after being booked into jail.
- *Intercept 4—Reentry.* Supports people during the process of reentering the community after jail or prison.
- *Intercept 5—Community corrections.* People are provided with additional support for substance use disorder and mental health issues during community-based supervision.

The primary focus of LEAD and RNP is at intercepts 0 and 1. We adopt the term pre-booking diversion to describe diversion at this stage.¹⁶ However, LEAD and RNP programs also work closely with jails and courts to reach people during intercepts 2 and 3. Discussions with diversion actors¹⁷ suggest that these categorizations are often flexible with implementation based on buy-in from local criminal legal partners and available resources.¹⁸

¹³ Heilbrun, K., Goldstein, N.E.S., DeMatteo, D., Newsham, R., Gale-Bentz, E., Cole, L., & Arnold, S. (2017). The Sequential Intercept Model and juvenile justice: Review and prospectus. *Behavioral Sciences & the Law*, 35(4), 319–336 and Munetz, M.R., & Griffin, P.A. (2006). Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services*, 57(4), 544–549.

¹⁴ Substance Abuse and Mental Health Services Administration. (2024). *The Sequential Intercept Model (SIM)*.

¹⁵ Intercept 0 is sometimes referred to as deflection. For consistency, we use the term diversion throughout the report.

¹⁶ These programs are sometimes also referred to as pre-arrest diversion. However, people may be diverted from jail

even after an arrest is made. For this reason, we adopt the term pre-booking diversion.

¹⁷ We use the term diversion actors to describe the broad group of people involved in the process of diversion. For the purposes of this report, this term includes law enforcement, direct service providers, and administrative staff who operate diversion programs. See [Section II](#) for more information on our data and analytic strategy.

¹⁸ The ability to accept pre-trial diversion was added by the legislature in 2023. Pre-trial diversion would most closely align with intercept 2 or 3. Decisions related to diversion at this stage would generally be made by the prosecutor.

Pre-Booking Diversion in Washington

Pre-booking diversion has been implemented in Washington through several programs. The strategy was first developed and formalized by the LSB in the city of Seattle; LEAD soon spread to other communities in Washington and throughout the country and was later implemented statewide (Exhibit 2).

Pre-booking diversion in Washington has been primarily implemented through three aligned grant programs: LEAD, RNP, and Arrest and Jail Alternatives (AJA).¹⁹ These grant programs have different authorizing legislation, funding streams, operating organizations, and implementation strategies. Nevertheless, all three aim to reduce crime by offering community-based alternatives to arrest, booking, jail, and prosecution for people whose unlawful behavior is believed to stem primarily from unmet needs related to substance use, mental health challenges, or extreme poverty. All three programs also coordinate with the legal system for non-diverted cases.

The overarching goal of these programs is to connect individuals with resources that address underlying issues, thus reducing crime and improving public health and safety.

Operationally, these programs work similarly, and the differences between programs are often invisible to the client. Some providers operate programs with blended funding streams.

Law Enforcement Assisted Diversion (LEAD)

The LEAD model, developed and first implemented in Seattle in October 2011, was the nation's first formalized pre-booking diversion program.²⁰ Originally created to provide alternatives to arrest for illegal drug possession or sale and/or prostitution, Seattle LEAD later expanded the array of divertible offenses for people whose repeated involvement with the CLS stemmed from unmet behavioral health needs.²¹ Built on evidence-based principles, the goal of the LEAD model is to reduce problematic behavior and illegal activity by diverting individuals from the carceral system and providing them with low-barrier, time-unlimited social services relevant to their needs.

LEAD was systematized specifically to encourage high-fidelity adoption in other jurisdictions. Both adherence and competence to fidelity, or ensuring that a program is both implemented as intended and implemented well, are crucial to the success of supportive models like LEAD.²²

Enrollment after booking can only be offered if there is sufficient capacity to address current pre-booking deferral needs.

¹⁹ LEAD, RNP, and AJA are the primary state-funded programs supporting pre-booking diversion. Local jurisdictions have also implemented diversion programs without the support of state funds.

²⁰ Collins, S.E., Lonczak, H.S., & Clifasefi, S.L. (2015). *LEAD Program evaluation: Recidivism report* (pp. 1–35). University of Washington.

²¹ Experiences during the early implementation phase in Seattle can be found in: Beckett, K. (2014). *Seattle's Law Enforcement Assisted Diversion Program: Lessons learned from the first two years* (pp. 1–52). University of Washington.

²² Breitenstein, S.M., Gross, D., Garvey, C., Hill, C., Fogg, L., & Resnick, B. (2010). Implementation fidelity in community-based interventions. *Research in Nursing & Health*, 33(2), 164–173.

For larger-scale implementation to be effective and sustainable, programs must replicate evidence-based models and core principles of interventions that have been proven to work.²³

The LEAD Fidelity Framework²⁴ was created as a guide for the successful replication of the model and to increase the reliability that programs could achieve their desired outcomes.

Core principles of the model include, broadly, creating systematic change by reducing reliance on the CLS and investing in supportive services, improving public safety, reducing racial disparities in the CLS, investing in harm reduction, and creating a common understanding among diversion actors about alternatives to traditional policing. Operational, behavioral, and community principles are also included in the framework.

Exhibit 2

Diversion Program Comparison

	Law Enforcement Assisted Diversion	Recovery Navigator Program	Arrest and Jail Alternatives ^a
Legislative authorization	Substitute Senate Bill 5380 RCW 71.24.589	Engrossed Senate Bill 5476 RCW 71.24.115	Second Substitute House Bill 1767 RCW 36.28A.450
Year est.	2019 ^b	2021	2019
Awardees	Counties	BH-ASOs	Washington Association of Sheriffs and Police Chiefs
Number of sites	8 (4 pilot sites + 4 additional sites added in 2023)	10 BH-ASOs	7 grantees (2023-2025)
Coverage area	Pilot Sites: Thurston, Mason, ^c Snohomish, and Whatcom counties Expansion Sites (2023): Seattle, Jefferson County, Chelan & Douglas County, & Marysville	Statewide (service overlaps with LEAD and AJA sites)	Walla Walla, Olympia, Airway Heights, Des Moines, Poulsbo, Port Townsend, & Port Angeles
Funding ^d	\$5 million	\$24.5 million	\$7 million

Notes:

^a Arrest and Jail Alternatives was not included in this study but is included here to describe the main state-funded pre-booking diversion programs.

^b LEAD was implemented in Seattle in 2011. State-funded LEAD pilot program was implemented in 2019.

^c Thurston and Mason counties operate a combined program.

^d Sources: State Fiscal Year 2025. Law Enforcement Assisted Diversion (LEAD) Grant Program fact sheet. State Fiscal Year 2025. Recovery Navigator Program fact sheet. 2024/2025 biennial operating budget. Arrest and Jail Alternatives Program fact sheet.

²³ Department of Health and Human Services. (n.d.). [Fidelity monitoring tip sheet](#).

²⁴ Knaphus-Soran, E., & Brown, R. (2022). *LEAD fidelity framework*. LEAD Support Bureau.

In the years since LEAD was established in Seattle, more than 80 jurisdictions nationwide have implemented pre-booking diversion models as either LEAD or “LEAD-aligned” programs.²⁵

There are three pathways into LEAD: arrest diversion (when an officer has probable cause for arrest), social-contact referrals (in which an officer can refer a presumptively eligible person without requiring probable cause for arrest), and community referrals, which do not involve law enforcement.²⁶ In many jurisdictions, eligibility for LEAD services can be accessed through, but does not require, law enforcement engagement. Labeled “community referrals,” neighbors, healthcare providers, and other social services, including post-arrest diversion from prosecutors and courts, can refer clients for LEAD case management to reduce the demand on emergency systems that would otherwise respond to people experiencing chronic and persistent health issues.²⁷

Washington’s LEAD program involves multi-sectoral collaboration from HCA, the LSB, state and local law enforcement agencies, prosecuting offices and courts, public defenders, behavioral health administrative organizations, social service providers, public and subsidized housing providers, and other community-based organizations.

After positive evaluations of the Seattle LEAD program,²⁸ and upon the passage of legislation²⁹ and resulting appropriations in the biennial operating budget, HCA released a request for applications for communities interested in receiving financial and technical support to implement LEAD as a pilot program. Applications to become a LEAD site required commitment and local support from multiple diversion actors. Based on available funding and received applications, four sites were selected to implement LEAD: Whatcom County Prosecuting Attorney’s Office, Snohomish County Prosecuting Attorney’s Office, Mason County Community Services, and Thurston County Public Health.³⁰ Thurston and Mason Counties contracted with Olympic Health & Recovery Services to implement unified field diversion services for their communities. The LSB provides technical assistance directly to LEAD sites.

In 2023, Washington State provided funding to support LEAD in four additional communities. Because of the short timeline between funding and our data collection period, we did not include the LEAD expansion site providers in our data collection.

Other municipalities and local governments in Washington have adopted LEAD or LEAD-aligned programs without state funding.

²⁵ The LSB has trademarked the term “LEAD-aligned” for programs adopting LEAD core principles.

²⁶ LEAD Support Bureau. (2023a). *Community toolkit 2023*.

²⁷ LEAD Support Bureau. (2023b, July 1). [LEAD enrollment](#).

²⁸ Collins, S.E., Lonczak, H.S., & Clifasefi, S.L. (2019). Seattle’s law enforcement assisted diversion (LEAD): Program effects

on criminal justice and legal system utilization and costs. *Journal of Experimental Criminology*, 15(2), 201–211.

²⁹ [Substitute Senate Bill 5380, Chapter 314, Laws of 2019](#).

³⁰ King County already had a well-developed LEAD program and was excluded from eligibility under SSB 5380.

Recovery Navigator Program (RNP)

Explicitly based on the LEAD model, the Recovery Navigator Program, launched statewide in fall 2021, provides community-based services to individuals interacting with law enforcement or who are at risk of arrest. RNP was created by the legislature after *State v. Blake* (2021), a Washington Supreme Court decision that effectively decriminalized controlled substance possession. The legislature later restored criminal penalties in Engrossed Senate Bill 5476 but also expanded³¹ RNP to create statewide pre-booking diversion capacity. From its inception, RNP was intended to align with the LEAD fidelity framework and to operate using program standards adopted from LEAD's core principles and practices.

Discussions with diversion actors, however, suggested that challenging implementation conditions and unclear initial legislative language created confusion about the relationship between LEAD core principles and RNP. This was clarified by Second Engrossed Second Substitute Senate Bill 5536, which directed HCA to update the RNP uniform standards³² by June 2024. This legislation directed HCA to align RNP uniform standards with LEAD core principles and to incorporate the LEAD framework for diversion into RNP.³³ We elaborate on related issues in [Section III](#).

RNP funding is managed by HCA and distributed to contracted behavioral health administrative service organizations (BH-ASOs), which then contract with local service providers or community-based organizations to provide outreach and case management, as well as legal system coordination for non-diverted cases.³⁴

At the time of writing, there are ten BH-ASOs, each serving multiple counties within their respective regions (except for King and Pierce counties). The ten BH-ASOs have contracted with 29 provider organizations to implement RNP in Washington's 39 counties.³⁵

After RNP implementation in 2021, communities with existing LEAD programs had the option to receive funding under RNP to expand service provision rather than create new overlapping programs. In places that operate both LEAD and RNP sites, program funding and activity may be tracked independently, but service provision to clients is generally indistinguishable.

Arrest and Jail Alternatives

The Arrest and Jail Alternatives (AJA) program was outside the scope of this study. However, we provide a brief description because AJA-funded programs provide pre-booking diversion services similar to LEAD and RNP. AJA service areas overlap RNP and can overlap with LEAD service areas, creating integrated LEAD/RNP/AJA programs in some communities.³⁶

³¹ [Engrossed Senate Bill 5476, Chapter 311, Laws of 2021](#).

³² Recovery Navigator Uniform Program Standards, August 2021.

³³ [2E2SSB 5536](#).

³⁴ In some instances, BH-ASOs are also the service provider. The Thurston-Mason BH-ASO operates Olympic Health & Recovery Services, a licensed behavioral health agency and arm of the BH-ASO that provides RNP services to the region.

In some regions, the project manager may be an employee of the BH-ASO. To adhere to the Uniform Program Standards, the project manager is expected to maintain independence from the broader BH-ASO.

³⁵ Some counties have multiple providers while some providers serve multiple counties.

³⁶ Health Care Authority. (2021a). *Recovery Navigator: Uniform Program standards*.

Funding for AJA has been managed through a contract between the Washington Association of Sheriffs and Police Chiefs (WASPC) and HCA.³⁷ WASPC is responsible for developing competitive requests for proposals to fund programs, reviewing proposal requests, and managing AJA program awards. Although not required by statute, AJA funding so far has been distributed exclusively to cities. Like LEAD, AJA awards were made competitively and required engagement and support from local governments and partners.

Organizations Involved in Implementing LEAD and RNP in Washington

Reflecting the diverse authorizing legislation and community-specific adaptation, numerous organizations are involved in the development and implementation of pre-booking diversion programs. In this section, we describe the key actors that implement state-funded pre-booking diversion.

Health Care Authority (HCA)

HCA has numerous functions, including acting as the state's Medicaid authority and behavioral health authority. HCA has three primary responsibilities related to implementing pre-booking diversion programs.

- 1) Funding management—Manages the funding associated with LEAD, RNP, and AJA programs. For LEAD, HCA screens and awards grant funding. For RNP and AJA, HCA manages statewide appropriations to BH-ASOs or WASPC, respectively.

- 2) Program standards—Works with LSB, BH-ASOs, and others to help establish and disseminate uniform program standards for RNP.
- 3) Technical support coordination—Arranges for technical assistance to support implementing the LEAD fidelity framework and RNP uniform standards.
- 4) Performance monitoring—Collects data from awardees to report on program implementation and activity to the legislature. This has resulted in the publication of periodic reports³⁸ and some publicly available data to describe diversion activity.

HCA does not directly engage in client-facing pre-booking diversion outreach or case management, but it operates other programs (e.g., Apple Health) available to diversion clients based on income or other qualifying conditions or situations.

The LEAD National Support Bureau (LSB)

The LSB is a project of "Purpose Dignity Action" (PDA), an organization that provides community-based programming, technical support, legal expertise, and criminal reform advocacy.³⁹ State law identifies LSB as the technical service provider for LEAD, RNP, and AJA and directs grantees to secure "comprehensive technical assistance from law enforcement assisted diversion implementation experts."⁴⁰

³⁷ In the 2025 legislative budget, funds are moved from HCA to the Criminal Justice Training Commission (CJTC).

³⁸ Washington State Health Care Authority. (2023). [Law Enforcement Assisted Diversion \(LEAD\) Pilot Program](#) and HCA. (2024). [Substance Use Disorder Recovery Program Implementation Report](#) (pp. 1–20).

³⁹ The LSB also serves as the project manager for LEAD service projects with Seattle/King County providers. When we describe LSB activities in this report, it is in reference to the work done in support of statewide diversion programs rather than their fieldwork conducting diversion.

⁴⁰ [RCW 71.24.589](#).

- 1) Technical assistance—Provides technical assistance and training to jurisdictions and organizations throughout all stages of program implementation.
- 2) Program fidelity resources—Offers a variety of resources to enhance the fidelity of LEAD diversion, such as “manualized” LEAD core principles that underpin the evidence-based model, fidelity assessments, model documents and policies, conferences, training, site visits, and general operational support.
- 3) Information sharing—Works with practitioners to facilitate information sharing between peers⁴¹ and between programs and the legislature.

HCA has contracted with LSB to provide support to organizations implementing RNP and LEAD, as well as to HCA itself,⁴² and thus helps to develop and implement best practices throughout the state.

Behavioral Health-Administrative Services Organizations (BH-ASOs)

HCA contracts with BH-ASOs to implement the RNP program. BH-ASOs are responsible for providing behavioral health crisis services for all individuals, regardless of their insurance status or income. BH-ASOs are also responsible for additional non-crisis services for low-income individuals without insurance coverage. BH-ASOs administer RNP in non-overlapping regions that provide pre-booking diversion services throughout the state.

To meet program standards, BH-ASOs are responsible for providing or contracting for the following:⁴³

- 1) Regional Recovery Navigator administration—Oversees RNP activity. Each BH-ASO has a substance use disorder (SUD) Regional Administrator responsible for assuring compliance with program and staffing standards.
- 2) Project management—Secures project management support for RNP implementation and ensures that programs adhere to the RNP Uniform Standards with high levels of fidelity. The project manager conducts troubleshooting with partners, coordinates governing board and operational meetings, vets community referrals, strategically plans how to manage capacity limitations, and pursues required resources.
- 3) Outreach, referral, case management capacity, and care team supervision—Procures services for RNP programs, typically through sub-contracts with providers.
- 4) Naloxone and overdose awareness training—Trains staff working with diversion clients in overdose prevention and response.

⁴¹ For example, the LSB team recently presented to the Washington Association of Prosecuting Attorneys to raise awareness about LEAD.

⁴² LSB also provides in-kind support to providers funded through the Arrest and Jail Alternatives program.

⁴³ Health Care Authority. (2021b). *Recovery Navigator: Uniform Program Standards*.

There were varying staffing structures among BH-ASOs, with some programs operating under a larger organizational umbrella but only allocating two or three staff members to the BH-ASO role. One organization operated three BH-ASOs to offer services in three different regions; Thurston-Mason BH-ASO operates RNP services through Olympic Health & Recovery Services. This is a unique arrangement where the BH-ASO directly operates the RNP provider. Additionally, some BH-ASOs directly employ project managers, which HCA monitors to help facilitate their independence from the BH-ASO.⁴⁴

RNP and LEAD Providers

Service providers are organizations responsible for implementing diversion programs. Management services include direct supervision of field staff and case managers, conducting quality control on client service delivery, and facilitating the health and wellness of program staff. Service providers employ staff that conduct fieldwork and case management.

- 1) Field staff—Responds to community and law enforcement referrals for people who might need services. Field services include outreach to people who may benefit from services, conducting needs assessments, developing intervention plans, and following up with clients to facilitate continued program engagement.
- 2) Case management—Works closely with clients to facilitate access to appropriate care and social services.

Case managers engage with clients to develop intervention plans and connect them to appropriate services whenever possible.

- 3) Care team supervision—Provides care team supervision to oversee case management services. By statute, service providers must include staff with clinical competency and staff that have lived experience with substance use and interaction with the CLS.

These services are typically provided by one or more community-based service providers. In regions where there were no pre-existing LEAD or AJA programs, RNP service providers were newly selected. In regions with existing LEAD or AJA programs, RNP provided additional opportunities for funding to scale existing LEAD-aligned programs.

Review of Relevant Research Literature

Pre-booking diversion programs have been subject to intense research efforts, including formative, process, and outcome evaluations across a variety of settings. We provide a brief overview of the evidence of pre-booking diversion impacts in this section.⁴⁵ As the most established program, much of the existing research has focused on LEAD or LEAD-aligned programs. However, we also included research on pre-booking diversion programs that were not LEAD-aligned.

⁴⁴ *Law Enforcement and First Responder Diversion: Pathways to diversion case studies series*. (n.d.). Bureau of Justice Assistance.

⁴⁵ The research described in this section includes both LEAD and non-LEAD pre-booking diversion programs. Studies have been conducted in Washington and in other jurisdictions.

Impacts on the Criminal Legal System (CLS) LEAD has been associated with reductions in arrest (or rearrest) over time, not only for drug crime but all charges. When arrests did occur, they tended to be less likely to be felony-level charges. Clients were less likely to be booked into jail, and when booked, they spent fewer days in jail. Prison admissions were also lower than for comparable individuals not in LEAD.⁴⁶ We discuss the relationship between pre-arrest diversion participation and CLS outcomes in greater detail in the meta-analytic results (Section III).

Impacts on Social and Health Outcomes
Housing. The LEAD framework adopts a Housing First⁴⁷ model that recognizes that stable housing is an essential precursor to addressing other co-occurring mental and substance use disorders.⁴⁸ Research has found LEAD programs to be effective at improving housing-related outcomes, including improved access to housing,⁴⁹ increased housing stability,⁵⁰ and reduced periods of being unsheltered.⁵¹

Employment and Income. Evidence linking LEAD with employment stability and improved income is limited. Some evidence suggests that clients were more likely to be employed,⁵² but actual employment rates and use of job readiness services were low.⁵³

Substance Use. LEAD programs operate in alignment with the SAMHSA recovery framework, which understands recovery to be multi-faceted and not necessarily focused primarily on abstinence.⁵⁴ The LEAD model, therefore, does not require clients to abstain from substance use. Harm reduction principles support reduced use, use of less harmful substances, and use of substances in a way that reduces risks.⁵⁵ However, diversion clients tend to receive high levels of referrals to substance use treatment programs and participate in medication for opioid use disorder programs for longer periods of time.⁵⁶ Treatment that is undertaken as a component of participating in a diversion program has been found to be effective in reducing substance use.⁵⁷

⁴⁶ Collins et al. (2015).

⁴⁷ National Alliance to End Homelessness. (2022). *Housing first*.

⁴⁸ LEAD Support Bureau. *Housing First*.

⁴⁹ Malm, A., Perrone, D., & Magaña, E. (2020). *Law Enforcement Assisted Diversion (LEAD) external evaluation* (pp. 1–153). California State University Long Beach.

⁵⁰ Clifasefi, S.L., Lonczak, H.S., & Collins, S.E. (2017). Seattle's Law Enforcement Assisted Diversion (LEAD) Program: Within-subjects changes on housing, employment, and income/benefits outcomes and associations with recidivism. *Crime & Delinquency*, 63(4), 429–445.

⁵¹ Gralapp, S., Willingham, M., Pruitt, A., & Barile, J.P. (2019). *Law Enforcement Assisted Diversion Honolulu 1-year program evaluation report*. University of Hawai'i at Mānoa.

⁵² Clifasefi, S.L., Lonczak, H.S., & Collins, S.E. (2016). *LEAD Program evaluation: The impact of LEAD on housing*

employment and income/benefits (pp. 1–34). University of Washington.

⁵³ Gralapp et al. (2019).

⁵⁴ Substance Abuse and Mental Health Services Administration. (2012). *SAMHSA's working definition of recovery*.

⁵⁵ Logan, D.E., & Marlatt, G.A. (2010). Harm reduction therapy: a practice-friendly review of research. *Journal of Clinical Psychology*, 66(2), 201–214.

⁵⁶ Hayhurst, K.P., Leitner, M., Davies, L., Millar, T., Jones, A., Flentje, R., Hickman, M., Fazel, S., Mayet, S., King, C., Senior, J., Lennox, C., Gold, R., Buck, D., & Shaw, J. (2019). The effectiveness of diversion programmes for offenders using Class A drugs: a systematic review and meta-analysis. *Drugs: Education, Prevention & Policy*, 26(2), 113–124.

Mental Health. Research on the impact of pre-booking diversion on mental health is limited. Clients are more likely to use mental health services⁵⁸ and have self-reported improved mental health.⁵⁹ More comprehensive measures of mental health, however, have not been explored. Additional research on these outcomes would be needed to draw stronger conclusions.

Perspectives on Diversion

Next, we describe the research that has explored perceptions of pre-booking diversion programs.

Law Enforcement. Studies with law enforcement officers tend to find mixed opinions on pre-booking diversion. Concerns by officers include the perceived lack of accountability,⁶⁰ duplicated services already being offered elsewhere,⁶¹ and tasking law enforcement officers to act as social workers, which can be perceived as outside their scope of responsibility. These studies were conducted early in program implementation, and it is unknown how officer perceptions may change over time as programs mature.

Incorporating law enforcement perspectives into program development and implementation, as well as facilitating relationships between officers and case

managers, has been found to reduce negative perceptions of diversion programs⁶² and is a key element of the LEAD fidelity framework. Officers with more experience tend to have more positive perceptions that diversion can be effective and result in improved public safety.⁶³

Service Providers. Case managers involved in pre-booking diversion tend to report improved relationships with law enforcement and public defenders⁶⁴ and with law enforcement officers.⁶⁵

Research has established that service providers can experience harm by the nature of their work.⁶⁶ They tend to report a higher risk of burnout and secondary trauma. Results suggest that organizations need to implement appropriate organizational safeguards to facilitate employee health and wellness.⁶⁷

Clients. Clients tend to view interactions with LEAD case managers positively.⁶⁸ Participation in diversion has also been linked to positive impacts, including increased self-esteem, improved social support, and feeling supported in meeting basic needs such as housing and food security.⁶⁹ More generally, clients have reported that LEAD was viewed more positively than other social programs.⁷⁰

⁵⁸ Gilbert, A.R., Siegel, R., Easter, M.M., Caves Sivaraman, J., Hofer, M., Ariturk, D., Swartz, M., & Swanson, J. (2022). Law Enforcement Assisted Diversion (LEAD): A multi-site evaluation of North Carolina LEAD programs. *Duke University School of Medicine*, 1–91.

⁵⁹ Gralapp et al. (2019).

⁶⁰ Worden, R.E., & McLean, S. (2018). Discretion and diversion in Albany's Lead Program. *Criminal Justice Policy Review*, 29(6–7), 584–610.

⁶¹ Malm et al. (2020).

⁶² Perrone, D., Malm, A., Magaña, E., & Bueno, E. (2018). *Law Enforcement Assisted Diversion (LEAD) external evaluation* (pp. 1–73). California State University Long Beach.

⁶³ Rouhani, S., Gudlavalleti, R., Atzmon, D., Park, J. N., Olson, S.P., & Sherman, S.G. (2019). Police attitudes towards pre-

booking diversion in Baltimore, Maryland. *International Journal of Drug Policy*, 65, 78–85.

⁶⁴ Magaña, E.J., Perrone, D., & Malm, A. (2022). A process evaluation of San Francisco's Law Enforcement Assisted Diversion Program. *Criminal Justice Policy Review*, 33(2), 148–176.

⁶⁵ Malm et al. (2020).

⁶⁶ Ratcliff, M. (2024). Social workers, burnout, and self-care. *Delaware Journal of Public Health*, 10(1), 26–29.

⁶⁷ Malm et al. (2020).

⁶⁸ Anderson, E., Shefner, R., Koppel, R., Megerian, C., & Frasso, R. (2022). Experiences with the Philadelphia Police Assisted Diversion program: A qualitative study. *International Journal of Drug Policy*, 100, 1–8.

⁶⁹ Clifasefi et al. (2019).

⁷⁰ Collins et al. (2015).

II. Data and Analytic Strategy

This report addresses the following legislatively directed research questions:

- 1) What is the current state of LSB technical assistance utilization?
- 2) Which challenges are communities facing in implementing LEAD and RNP programs?
- 3) Which strategies, best practices, and recommendations regarding pre-booking diversion programs have been identified by diversion actors and described in existing research literature?
- 4) What are the benefits and costs associated with pre-booking diversion programs?

Addressing these questions required a mixed methods approach involving a systematic review of existing literature, analysis of administrative data, and interviews with diversion actors involved in the diversion process.

Data

Data to address the research questions were collected from several sources. This included administrative data collected by LSB, interviews with diversion actors, and a systematic review of existing research.⁷¹

⁷¹ We had originally planned to describe program performance measures collected by HCA. These data describe the volume of outreach activities, number of clients engaged in case management, types of referral activities, and

Exhibit 3

Interview Participants

Diversion actor group	Interviewees	Orgs. represented
HCA	5	1
LSB	6	1
LEAD pilot	6	3
BH-ASO	16	10
RNP provider	22	19
Law enforcement ^a	36	28
Total	91	62

Note:

^a Included two prosecutors and four non-sworn staff.

Technical Support by LSB

Data on technical assistance activity conducted by LSB was collected.

Information was disaggregated by program type (i.e., LEAD, RNP), activity type (e.g., conference, document review, site visits), client, and discussion topics. Because the state's contract with LSB did not articulate the need for such data, LSB had not systematically collected it. To support this study, LSB created the necessary data by reviewing past meeting records, documents, and other sources to track activities. LSB provided data for calendar years 2022, 2023, and 2024. We provide a descriptive review of these data to characterize the technical support provided by LSB.

client demographics. Preliminary analyses of these data suggested data quality issues that could not be resolved. We describe this in the Limitations section.

Interviews

WSIPP conducted semi-structured interviews with entities involved in implementing LEAD or RNP. In total, we conducted 60 interviews with 91 people representing 62 organizations. Interview participants⁷² ([Exhibit 3](#)) were classified into the following categories:⁷³

- HCA staff
- LSB staff and consultants
- BH-ASO staff
- LEAD and RNP providers
- Law enforcement (LE) personnel

Purposive sampling,⁷⁴ or purposeful sampling, was used to ensure the diversity of participants across locations and community types. Initial discussions about diversion implementation suggested considerable differences exist between programs implemented in urban and population-dense areas and those implemented in more rural or less dense areas ([Exhibit 4](#)). Given this, we sought out diversion actors throughout the state to achieve greater representation of law enforcement and RNP providers in Eastern Washington and the Olympic Peninsula.

Interviews were semi-structured, with questions customized to each participant type. Interviews typically lasted about an hour and covered topics such as:

- Program structure,
- Barriers to implementing diversion programs,
- Strengths and successes with diversion as currently implemented,
- Strategies used to measure and assess performance,
- Sources and use of technical support,
- Recommendations to improve the adoption or impact of diversion, and
- Data, research, and additional technical support needs.

Law enforcement agencies were asked additional questions about officer training and perceptions about diversion as a strategy. To obtain diverse perspectives from law enforcement officers, we conducted outreach to agencies that varied based on operating entity (i.e., municipality versus county sheriff), number of sworn officers, and area population ([Exhibit 5](#)).

Each interview was conducted by two project staff. One researcher guided the discussion while the other took notes. An automatic transcription service was also used to document the interviews.

⁷² For the purposes of this report, we use the term “participants” to describe the people that were interviewed related to their experiences implementing diversion programs. We use the term “client” when referring to people who participate in pre-arrest diversion programs.

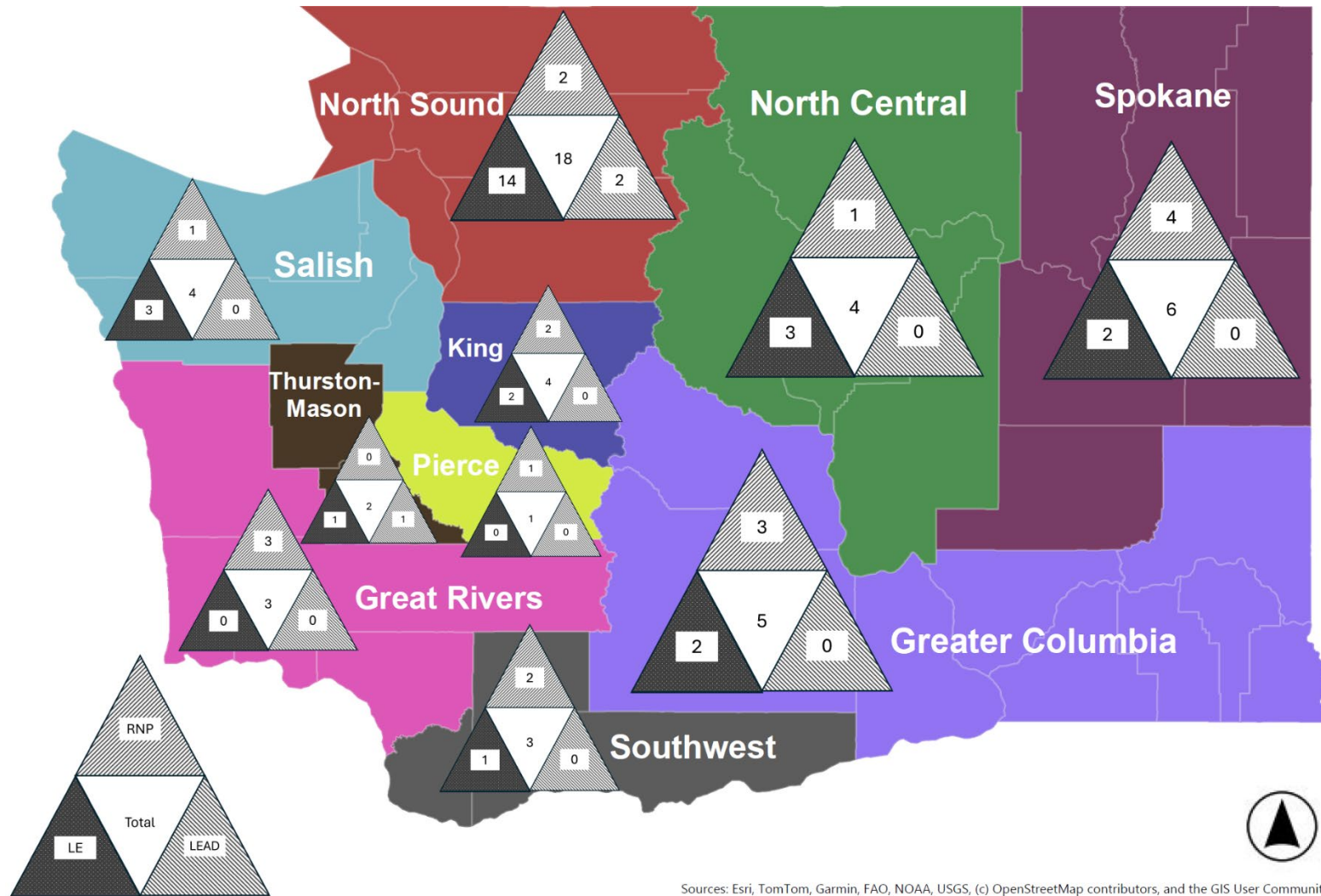
⁷³ Some participants could have been classified into more than one category. In these cases, we asked people to speak

on their experience working within the capacity that they were most familiar with; they are reported in that category.

⁷⁴ Palinkas, L.A., Horwitz, S.M., Green, C.A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health*, 42(5), 533–544.

Exhibit 4

Map of Interview Participants by Type



Sources: Esri, TomTom, Garmin, FAO, NOAA, USGS, (c) OpenStreetMap contributors, and the GIS User Community

Notes:

Diversion actors interviewed 2024-2025. Shaded areas represent BH-ASO service areas. Representatives from all 10 BH-ASOs participated.

Systematic Review of Existing Research

A systematic review of existing literature (additional details provided in [Appendix I](#)) was conducted for two purposes. First, we sought to identify research and other literature on diversion that could identify best practices in program implementation (we label this the qualitative assessment). Second, we reviewed the available literature to identify studies that could be included in a meta-analysis to determine overall program effects across studies (labeled as the quantitative assessment).

Searches were conducted within EBSCO, PsycInfo, and the websites associated with CrimeSolutions.gov, the Bureau of Justice Assistance, and LSB. We additionally incorporated the reference library compiled by Emily Knaphus-Soran, PhD, who has provided evaluation services to the LSB since 2020.⁷⁵ Articles returned from the search were loaded into Covidence,⁷⁶ a systematic review management platform. After de-duplication, 413 articles were subjected to eligibility screening.

For the qualitative assessment, we reviewed articles for best practices and implementation strategies. For the quantitative assessment, articles were reviewed for study design and characteristics sufficient to support a meta-analysis. For both assessments, each article was reviewed by two coders, and inclusion/exclusion decisions at each stage must have been the same between both reviewers. When reviewers made different decisions, they met to reach a consensus.

⁷⁵ <https://www.eksevaluation.com/>

Exhibit 5

Law Enforcement Agency Characteristics

Characteristic	N (%)
Type	
Municipal Police	15 (62.5)
Sheriff's Office	7 (29.2)
Other ^a	2 (8.3)
Number of sworn staff^b	
24 or fewer	3 (13.0)
25 – 49	7 (30.4)
50 – 74	2 (8.7)
75 – 99	2 (8.7)
100 or more	9 (39.1)
Population^c	
0-24,999	5 (20.8)
25,000-49,999	6 (25.0)
50,000-74,999	2 (8.3)
75,000-99,999	3 (12.5)
100,000-124,999	1 (4.2)
125,000 or more	7 (29.2)

Notes:

^a Included representatives from one tribal law enforcement agency and one university police department.

^b Number of sworn staff collected at the time of the interview or from administrative data. Sworn staffing was unavailable for one agency.

^c Population based on 2023 or 2024 population estimates from the U.S. Census Bureau. The population for university police is based on student enrollment. Because of overlapping jurisdictions (e.g., cities located within counties), population counts are not unique and cannot be summed. Total population values may not be equivalent to the agency's population served.

The data extraction process differed between the qualitative and quantitative reviews. For the qualitative review, the inclusion criteria were less focused on research design or statistical analyses and allowed for non-peer-reviewed studies. Two coders reviewed each article to both apply labels and extract key content. After all articles were coded, the resulting labels were reviewed for content and coverage. When appropriate, codes were collapsed and merged for conceptual clarity.

⁷⁶ Covidence.

For the quantitative assessment, data were extracted in Covidence. Each article was double-coded. Differences were discussed until a consensus was reached. Coding included collecting information about study design, implementation characteristics, and reported outcomes. Coded studies were also subject to quality assessment.

Analytical Approach

A mixed methods approach was used to address the variety of data collected. For the administrative data provided by LSB, we provide descriptive information about the provision of technical support.

Notes and transcripts generated from interviews were loaded into ATLAS.ti, a qualitative data analysis platform. Two coders reviewed each document to conduct inductive content analysis and code themes as they naturally appeared.⁷⁷ Both reviewers developed and applied labels during the coding process.

Codes were then aggregated and reviewed for uniqueness and conceptual clarity, merged, and relabeled as needed.⁷⁸ They were then manually reviewed and grouped into thematic areas. We reviewed the co-occurrence between themes and conducted a document groups analysis to understand how concepts were related. Quotes are presented to illustrate findings.⁷⁹

⁷⁷ Inductive coding develops codes directly from phrases, terms, and concepts expressed by participants. An inductive approach is more appropriate when doing an exploratory study. See Corbin, J., & Strauss, A. (2008). *Basics of qualitative research (3rd ed.): Techniques and procedures for developing grounded theory*. SAGE Publications, Inc.

⁷⁸ Linneberg, M.S., & Korsgaard, S. (2019). Coding qualitative data: a synthesis guiding the novice. *Qualitative Research Journal*, 19(3), 259–270.

Themes were then organized into barriers to high-fidelity implementation, strategies being used to address barriers, and recommendations for changes and improvements. To better contextualize findings, we took recommendations made by interview participants and aligned them within the LEAD Fidelity Framework.

WSIPP's approach to meta-analysis and benefit-cost analysis has been extensively documented in past publications.⁸⁰ Given the state of existing literature, we were able to monetize changes in recidivism and CLS involvement (primarily through arrests and reincarceration) for people who were diverted. Although there are other important measures of diversion program performance, such as improved housing stability and reduced substance use, these measures have not been sufficiently studied in existing literature to include in the meta-analysis.

⁷⁹ The qualitative approach taken for this phase of the project makes it impossible to report on the prevalence of findings. We collected data from a broad group of people involved in diversion at different stages and synthesized the information they provided. This allowed us to gain more depth than alternative research strategies, but it inhibits statements on prevalence.

⁸⁰ Washington State Institute for Public Policy. (2024b). *Benefit-Cost Technical Documentation* (p. 218). [Washington State Institute for Public Policy](#).

III. Results

LEAD Support Bureau Technical Support

The LSB provides technical support to LEAD, RNP, and AJA programs.⁸¹ Most technical support was provided to multiple types of providers concurrently since RNP, LEAD, and AJA are often blended programs.

Since 2022, LSB members have engaged in over 7,000 total hours of technical service activities, with the total number of hours increasing each year ([Exhibit 6](#)). LSB typically offers over 20 technical assistance events per month ([Exhibit 7](#)), with most of those events including people from both LEAD and RNP.

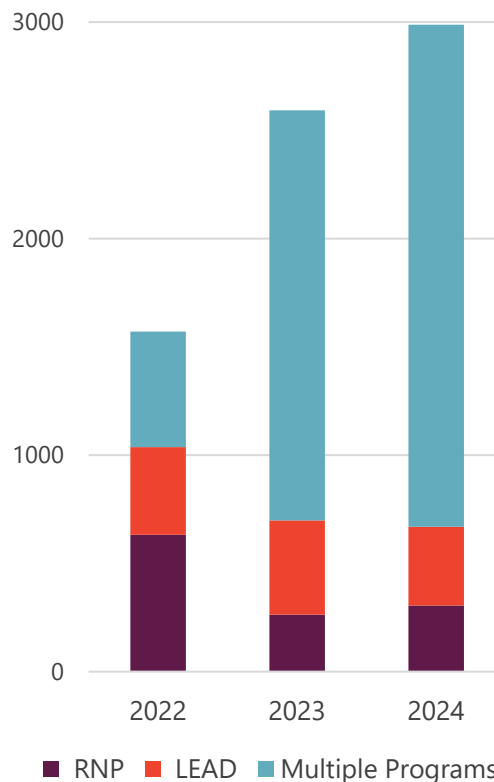
The LSB provides technical support through multiple channels, including meetings, platform or tool design, document development and review, and conference or event facilitation.⁸² The most frequent activity was the direct provision of technical assistance, followed by engaging in meetings with program staff or administrators. This was consistent across all three years.

The LSB provides technical assistance on a variety of topics. By frequency, the topics that were most often covered were the provision of direct services, partner engagement, and funding, sustainability, and growth.

⁸¹ The LSB also provides technical support to the AJA program administrators. Because an assessment of AJA was not included in this legislative assignment, LSB activity related to AJA was omitted.

Exhibit 6

Technical Assistance Hours by Year



Note:

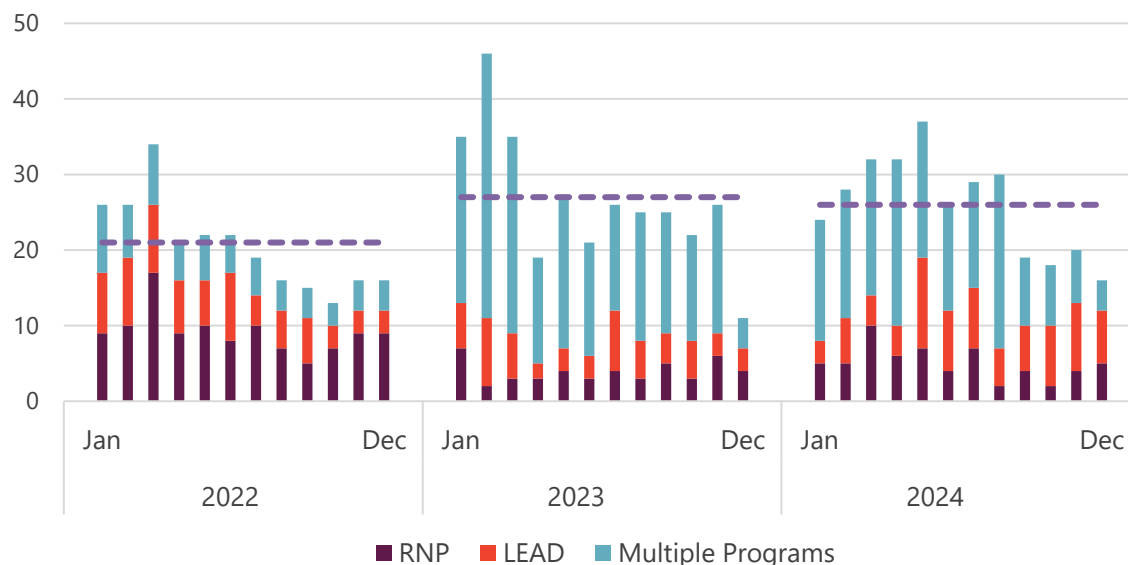
Numbers reflect the total person-hours of technical assistance (TA) provided by LSB members. The “multiple programs” category included at least one RNP or LEAD attendee. TA provided exclusively to AJA sites was excluded.

However, when looking at the amount of time LSB staff dedicated to each topic (i.e., topic-hours), the greatest number of hours was devoted to data and technology (fifth in topic frequency) and then direct services and platform/tool design (second and twelfth in topic frequency) ([Exhibit 8](#)). In our interviews, diversion actors mentioned facing challenges related to data collection and submission, suggesting that this is a high-value activity of the LSB.

⁸² We adopted LSB’s classification of activity without revising or reclassifying events.

Exhibit 7

Technical Assistance Events Provided by LSB by Month



Notes:

The “multiple programs” category included at least one RNP or LEAD attendee. TA provided exclusively to AJA sites was excluded. The dashed line represents the yearly average.

Exhibit 8

Hours of Technical Assistance Provided by Topic & Year

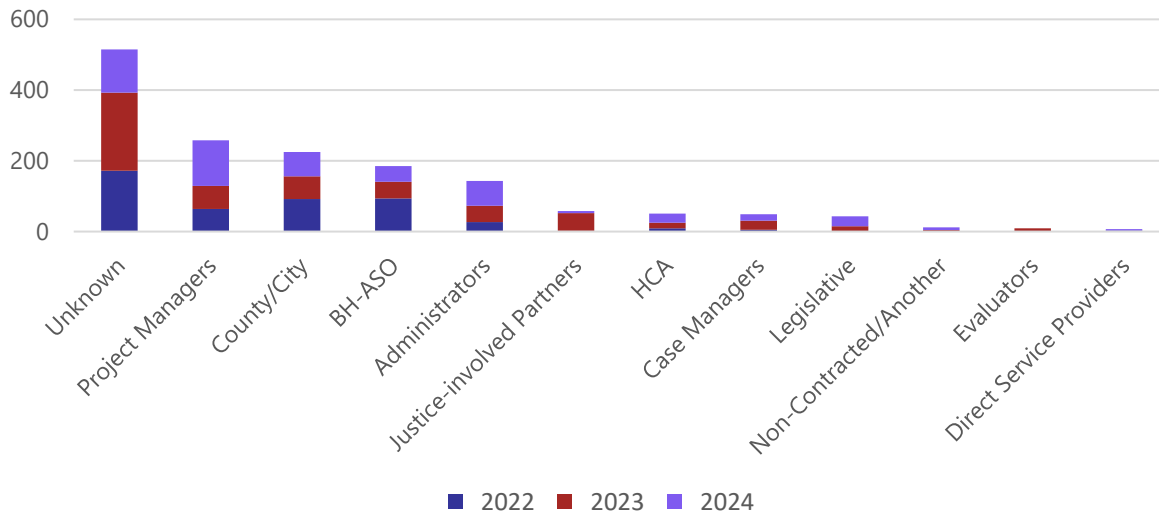


Notes:

“Unknown” was created for TA events without an assigned discussion topic. Fifty discussion topics were collapsed into 14 topic groups. Must have included at least one LEAD or RNP participant.

Exhibit 9

Technical Assistance Attendees by Year



Notes:

"Unknown" was created for TA events where the type of attendee was not recorded. 'Justice-involved Partners' represents attendees from law enforcement, the Criminal Justice Training Commission (CJTC), courts, prosecutors, and defenders. 'Non-contracted/Another' represents attendees where LSB was not contractually obligated to provide technical assistance.

People receiving technical support from LSB come from diverse positions, including project managers, city and county representatives, BH-ASO/administrative partners, and CLS professionals ([Exhibit 9](#)). On average, LSB provided technical support to 1,800 people per year from 2022 to 2024.⁸³

These findings should be interpreted with caution considering the high number of events and people that were listed as unknown because they could not be classified any further. The volume of events without additional information is substantial and could change results considerably if events were reassigned to more descriptive categories.

[Implementation—Strengths, Barriers, Strategies, & Recommendations](#)

This section summarizes findings from 60 in-depth interviews with 91 interviewees from 62 organizations involved with pre-arrest diversion. Interviews included RNP providers, LEAD implementers, BH-ASO managers, law enforcement officers, and HCA and LSB staff. To protect participant anonymity, we label representatives from LEAD and RNP providers as "Diversion Providers" and participants from LSB and HCA as "Statewide Diversion Organizations."

⁸³ This is not a count of the number of distinct individuals. People may be counted more than once if they attend multiple TA events.

Findings have been organized into topic areas: organizations that influence diversion programs, strengths of the current program implementation, barriers and opportunities for improvement, and recommendations to improve program fidelity. We have included direct quotes from participants where their context helps to highlight key findings.⁸⁴

In general, this report does not distinguish between LEAD and RNP programs unless clear distinctions are identified. We identified program differences, but responses were generally consistent between programs, highlighting broader challenges associated with implementing diversion programs in Washington State.

Organizations

Participants representing BH-ASOs, service providers, or law enforcement were asked about their experiences working with HCA, LSB, and BH-ASOs. In [Section I](#), we described the role each organization plays in the implementation of diversion. In this section, we provide a more qualitative overview of each organization's function based on participant feedback. We also describe how these organizations work together to implement diversion and identify strengths and challenges to the current approach.

[HCA](#). As the contract manager for LEAD and RNP, HCA plays an important role in shaping statewide diversion program implementation. Participants noted that HCA staff have been receptive to adapting program implementation to local operating environments and expressed appreciation for

HCA's support of using funds in ways that best supported program operationalization.

Participants recognized that HCA is uniquely positioned to support programming with an understanding of Washington State's long-term diversion goals. HCA also provides some technical support. This has included assistance with improving program fidelity, updating training materials and resources, refining the collection of program performance metrics, and coordinating outside technical assistance. Beyond direct assistance to meet programmatic requirements, HCA was described as having an important role in facilitating connections between providers with peer resources or technical support.

Although much of the feedback on HCA was supportive, some early implementation challenges were directly attributed to HCA's approach to program implementation. Interview participants reflected that although the HCA has been receptive to feedback regarding data reporting and program adaptability, there were inconsistencies in perspectives about whether RNP and LEAD are meant to represent two unique program frameworks. This inconsistency in messaging has led to top-down confusion and tension between diversion actors with differing views. Participants reported that these differing views created confusion and a lack of trust, ultimately undermining the intentions of both HCA and LSB.⁸⁵ Participants were mixed on the impact of legislative efforts to clarify the language around these programs.

⁸⁴ Quotes were collected during interviews. They may be edited for brevity and to protect participant privacy.

⁸⁵ HCA was aware of this issue and took steps to address the inconsistent understanding of similarities and differences

between RNP and LEAD. Nevertheless, participants expressed ongoing disagreement and inconsistencies with how these programs were believed to be related, indicating a need for additional clarification.

We discuss this topic more within the section on barriers.

Some participants perceived that HCA staff were acting as experts on pre-booking diversion and the LEAD framework without appropriate experience, resulting in conflicting technical support. Discussions with HCA staff indicated that, although they arrange for training and other support, they do not intend to provide technical assistance.

LSB. As the primary technical assistance provider for state-funded pre-booking diversion programs, LSB brings extensive legal and operational expertise to LEAD and RNP. Diversion provider participants often described that LSB-supported sites effectively implemented their programs with a higher level of fidelity to program guidelines. These participants also described how the technical assistance provided by LSB helped to navigate implementation challenges. Participants emphasized that it was particularly helpful to have support from LSB because they do not control funding or provide program oversight. The ability to openly discuss program challenges and barriers without risk to ongoing contracts and program funding was seen as important.

It was also a really awesome opportunity to come to the table with questions or challenges... Like, 'there's this one Sheriff's Department and I just, I don't know what to do. They won't get on board. I know that the people they are interacting with need us. We could really help leverage support.' And so those kinds of conversations were really valuable. It felt like a really safe space to ask maybe some of those vulnerable questions around, like, 'I don't think my program's performing the way it should...' Or even just employee challenges, like employing a whole host of folks performing recovery navigator work who aren't trained counselors is a very different...landscape than other organizations... And so how do we, how do we do it right? How do we look out for things ahead of time? So having that mentorship and support has been huge. – RNP Provider

Representatives from LSB described the value provided by the organization. LSB was described as uniquely situated to act as a centralized entity that can communicate with all diversion actors and synthesize patterns, gaps, and barriers that are impacting communities across the state. This macro perspective can help identify larger changes needed to facilitate the success of diversion programs. LSB also has credibility with policymakers that can help ensure that messaging is communicated effectively.

Participants discussed how early experiences with technical assistance created long-term challenges. Some diversion actors expressed that the advice provided by LSB did not help solve the issues they faced. Despite several LSB technical assistance team members being from rural areas, some providers felt LSB's suggestions were characterized by an urban perspective that limited the ability to support providers in rural communities.

Prior to us having state funding, we leaned on [LSB] even though we weren't contractually required to. [LSB] put together site visits for us. So a few of us went down to Seattle and Burien and were able to kind of embed ourselves within their LEAD initiatives with some of their team members and learn before we officially launched. And while I was writing a DOJ grant, [LSB] provided support through that entire process, even though they weren't getting anything from us out of it. So it was incredibly, I feel, valuable for the development part of our program, but also as we continue just to be operational. – LEAD Provider

Some participants described that they were disinclined to participate in technical support because information was provided in a way that was perceived as confrontational or adversarial. In other cases, the advice was described as thoughtful but not useful in solving the challenges they were experiencing. Some comments reflected an opinion that LSB sometimes focused on fidelity to the model to the extent of discouraging tailoring individual programs to the community's needs.

Providers expressed varying opinions on the need for ongoing technical assistance from LSB. Some providers expressed a desire for more involvement, while others described only an intermittent need for technical assistance. Those who valued the support provided by LSB described the collaboration as demonstrative of the expertise LSB brings to the table regarding legal disclosure of information, data sharing between diversion actors, achieving diversion actor buy-in, and overall knowledge of the LEAD fidelity framework.

So when the LEAD team came and visited... they were able to give us ... input about what we were doing, some suggestions, et cetera...The other place we've had Technical Support of course, is just the logistics of running the program. Meaning, how do we enter the data? How does it get reported? The data collection is changing, and that regular communication is open with our county, and it's been very helpful. – RNP Provider

Additional challenges were generated from inconsistent understandings of the similarities and differences between RNP and LEAD. Some participants believed that RNP had more flexibility in operation and implementation than LEAD. These participants felt LSB tried to mold RNP towards the LEAD fidelity framework, even though RNP has its own uniform standards. It was apparent that some of the tension identified in some regions was caused by the initial lack of clarity about whether RNP was a different model from LEAD.

I think we continue to see a rigidity related to LEAD technical assistance from the Bureau that doesn't take into account the variation of this program based on the uniform program standards... we don't just follow [the] LEAD toolkit, we follow our contract uniform program standards in alignment with the LEAD toolkit. – BH-ASO

It is important to note that despite beliefs that RNP and LEAD have different standards, it is now a statutory requirement that RNP uniform standards be aligned with the LEAD fidelity framework and its core principles. In April 2025,⁸⁶ HCA released updated RNP uniform standards reflecting this mandate, which may help clarify the relationship between LSB and diversion actors.

⁸⁶ Health Care Authority. (2025). *Recovery Navigator Program: uniform program standards guide*.

Not all diversion actors felt tension with LSB, and participants were optimistic about the ability to continue strengthening these relationships. For their part, LSB members shared strategies aimed at fostering positive long-term relationships with BH-ASOs and other providers. This included reframing their messaging, working to humanize themselves and build trust as a united front with diversion actors, and increasing their efforts with statewide CLS partners to achieve buy-in at a more structural level.

BH-ASOs. Participants emphasized BH-ASOs' roles as monitoring/evaluation bodies focused on administering funding, overseeing programs, and tracking performance measures. Some BH-ASOs operate primarily in an oversight role, providing less technical assistance, training, or other supportive services. Others are more involved, providing training and technical support activities and making themselves formally and informally available to providers.

Most providers indicated positive relationships with their BH-ASO, although some interviewees expressed frustrations with restrictive bureaucratic and administrative oversight. These experiences were reported to result in reduced efficiencies or an inability to respond to client needs as quickly as desired.

Participants noted that the relationships between HCA, LSB, and BH-ASOs have not always been optimal, but there were different opinions on the scope and causes of the issues.

Some participants from BH-ASOs spoke positively about their interactions with LSB and found technical support valuable. Other BH-ASOs preferred not to allow LSB to interact directly with their contracted service providers due to concerns raised during previous interactions.

Initially, HCA supported BH-ASOs' decision on the relationship between LSB and providers. This included when BH-ASOs prevented LSB from providing technical assistance directly to providers or when BH-ASOs required being present for any technical assistance.

In 2023, legislation clarified the role of LSB in providing technical assistance.⁸⁷ It directed HCA to arrange technical support on behalf of the LSB to BH-ASOs, HCA itself, contracted providers, and independent stakeholders and partners.⁸⁸ Nevertheless, it is still HCA's policy that LSB only provides technical assistance to providers in coordination with the managing BH-ASO. This can include coordinating training with BH-ASO staff and including BH-ASO staff when interacting with providers.

Despite these challenges, participants from BH-ASOs described relationships that have been improving over time; participants were optimistic about the ability to collaborate moving forward. This was attributed to greater familiarity with the LEAD model and program standards, greater clarity from the legislature in 2023 that RNP program standards should be revised to achieve fidelity with LEAD core principles, more mature diversion programs, and a better understanding of LSB's role in facilitating diversion programs.

⁸⁷ 2E2SSB 5536.

⁸⁸ "The authority shall arrange for technical assistance to be provided by the LEAD national support bureau to all behavioral health administrative services organizations, the

authority, contracted providers, and independent stakeholders and partners, such as prosecuting attorneys and law enforcement." (p. 36).

Participants representing BH-ASOs described additional steps that could be taken to facilitate better relationships with the LSB. These included more face-to-face meetings and convenings, greater interaction between LSB and service providers, and opportunities to engage in level-setting to acknowledge past challenges and develop strategies to move forward.

Strengths of LEAD and RNP Implementation

We identified themes that participants described as important to the overall success of diversion programming. Many of the strengths mentioned are core principles and characteristics of RNP and LEAD fidelity.

Local Control. The ability to customize diversion programs to community needs was highly valued and manifested itself throughout program implementation. For example, at the earliest stages of program startup, BH-ASOs described the value in being able to partner with existing local providers that had capacity, visibility, and credibility within vulnerable communities.

Providers also described the value of interacting with a diverse group of CLS partners. For example, providers in different areas discussed working with law enforcement, jails, prosecutors, and courts to reach clients wherever possible.

Another area of local control that received praise was the ability to interact and receive referrals from law enforcement in a variety of ways to accommodate local workflows and differences in buy-in. Because providers can develop systems customized to their own regions, they can adapt to the demands and varying levels of buy-in from local law enforcement. Examples included developing streamlined ways to make referrals and establishing procedures that facilitate swift, warm handoffs between providers and officers.

Exhibit 10

Strengths of LEAD and RNP Implementation

Implementation Strengths Identified by Participants

Local control – Programs are allowed the flexibility to customize policies and approaches to fit community conditions and existing community resources. The process for client referral was also customizable to the level of buy-in and resource availability.

Positive perceptions – Participants described positive feedback and support from diversion partners and community members. This community support was perceived as important for the success of diversion programs and as a tool for facilitating collaboration with other CLS organizations.

Funding flexibility – Programs can customize how program funding is used. This includes using funding to address individual client needs (e.g., purchasing emergency goods or food) and to improve program service delivery (e.g., purchasing program vehicles to transport clients).

Committed staff and program champions – Participants described the role of passionate and engaged diversion staff. Staff with lived experiences were described as critical to connecting with clients. The role of program champions was also highlighted as important to facilitating program adoption among law enforcement agencies.

Opportunities to learn from others – Participants highly valued the ability to share and learn from others. BH-ASOs, LSB, and other diversion providers were described as valuable sources of information and important to high-quality diversion implementation.

Note:

Ninety-one people were interviewed from October 2024 through March 2025.

Positive Perception. Many participants discussed the support and positive feedback they have received from diversion partners and community members. Perceptions of diversion often improved over time as people saw positive impacts. Community support was perceived as important for the success of diversion, and positive perceptions led to additional opportunities for collaboration with other organizations like community courts, ERs, and emergency services.

I would say [in our] county we are getting rave reviews from the courts, from the prosecuting attorneys to the defense attorneys to the judges. Because they say they've never had any kind of a system there that worked to get people into treatment, to do things that [recovery navigators] are doing... they're just really excited about it. – RNP Provider

Although participants described positive feedback from CLS and community partners, there were still considerable challenges in advancing pre-booking diversion programs. We discuss this issue in more detail below.

Funding Flexibility. Participants noted that client needs are diverse and that funding flexibility was an important contributor to program success. This included both the flexibility to address immediate client needs (e.g., the ability to use petty cash to purchase emergency supplies) and larger flexibility with program funding to address broader community needs (e.g., the ability to purchase vehicles to transport clients to services).

Participants noted that the small monetary value of a meal or hygiene products can be critical to building trust and willingness to engage with diversion case managers. The ability to use LEAD and RNP funding to support these basic needs was identified as a key success factor in implementing diversion programs.

Committed Staff and Program Champions.

Participants discussed how passionate and engaged staff were responsible for program success. Diversion case managers with lived experiences were critical to connecting with hard-to-reach clients. At the same time, these staff also described personal satisfaction with the impact they had.

I've worked in behavioral health for 24 years now and this is by far the most rewarding and best program that I've ever had the opportunity of being a part of. I think it's probably touched the most people in a positive way regardless of whatever stage of change they were at. – BH-ASO

Law enforcement representatives spoke about the importance of having program champions to facilitate program adoption. In several instances, we heard about robust programs that had been implemented because a small group of people were committed to the need for CLS alternatives.

One of my sergeants has actually been kind of the driving force behind it. He's the one that kind of got everything going with it. And I think it always takes like one case to really make it work. And then people see, you know that that person got sober, got clean, changed their life around. And I think it's just one person at a time... – Law Enforcement

Opportunities to Learn from Others.

Participants consistently noted that they found value in both top-down and peer-to-peer information sharing. BH-ASOs, LSB, and other diversion providers were all cited as valuable sources of information and important to high-quality diversion implementation. Participants provided feedback on how these opportunities could be enhanced, as discussed below.

Barriers and Opportunities for Improving Pre-Booking Diversion

Diversion is a complex process that involves numerous diversion actors and other partners, some of whom report to independently elected officials outside the recovery field. It requires coordination between systems that are siloed, overburdened, and under-resourced. In this section, we describe thematic areas that are negatively impacting pre-booking diversion programs ([Exhibit 11](#)). These are ordered by prevalence in our discussion with interview participants.

The thematic findings we discuss in this section describe commonalities that we heard from multiple interview participants. Nevertheless, these findings should not be interpreted as the experiences or feelings of all people, programs, or communities. Given the diversity of communities, program structure, and CLS engagement, people can have very different experiences.

Challenges Caused by RNP Rollout. Although not a barrier directly associated with pre-booking diversion, we begin by discussing how the rollout of RNP impacted program implementation. Many long-term challenges reported in interviews were directly connected to problems created by rapid program rollout.

Exhibit 11

Barrier Overview

Barriers Identified by Participants

Challenges caused by RNP rollout – Compared to LEAD, RNP was rolled out rapidly. In some communities, this did not allow for sufficient engagement with criminal legal system actors. Lack of buy-in during the initial rollout was associated with persistent long-term challenges still being experienced today.

Limited buy-in – Not all regions have achieved sufficient buy-in from their communities or the criminal legal system. Participants described how skepticism from law enforcement and prosecutors makes diversion more challenging.

Perception that diversion lacks accountability for clients – Participants described how diversion might be seen as insulating people from the consequences of their actions. This lack of accountability was described as a barrier to improving buy-in from criminal legal system actors.

Capacity and funding – There was insufficient funding for diversion programming. This was discussed in several ways, including inadequate funding for diversion staff, instability of that funding over time, and gaps in service areas due to inadequate staffing.

Staffing – Diversion programs described challenges with retaining program staff and adequately supporting program staff through trauma, re-traumatization, and vicarious trauma.

Resource availability – Resources needed to support active recovery were limited in most communities. This included a lack of substance use and mental health treatment facilities, a lack of housing (such as emergency shelters, transitional, clean and sober/supportive, and long-term affordable), inadequate transportation options, and an insufficient number of healthcare providers.

Data collection and sharing challenges – Participants described several barriers associated with data sharing, including difficulties in sharing data with other criminal legal system professionals and limitations in currently available data to describe program performance or be used as outcome metrics adequately.

Overlapping scope of diversion programs – Many communities operate multiple diversion programs. These may have different funding streams or be operated by different units of government. The overlapping scope of these programs can obscure resource availability and create confusion among law enforcement officers.

Training and technical support – Participants described the need for ongoing training for diversion case managers and other program staff. Engagement with law enforcement was also an ongoing concern and essential to improving program buy-in. Technical support was generally seen as valuable but did not always feel tailored to smaller communities and rural areas. In some areas, BH-ASOs have prohibited LSB from directly contacting or providing technical support to RNP providers. This was described as a challenge to respond to provider needs adequately.

Note:

Ninety-one people were interviewed from October 2024 through March 2025.

LEAD and RNP implementation differed in important ways. First, because RNP was initiated as a statewide program resulting from an emergency legislative response to an unexpected judicial ruling, communities did not have a choice of whether to participate in RNP. Implementing LEAD, in contrast, required communities to engage in program development actively. RNP implementation was done quickly to meet legislative mandates. RNP organizations discussed how community readiness for CLS alternatives varied. Some communities and system partners expressed reluctance, or outright refusal, to participate in pre-booking diversion.

I think in some way we were trying to force a model, a systems changing model, onto a system that wasn't ready for that model statewide. – Statewide Diversion Organization

Under optimal circumstances, these partners would have had more time to develop programs and procedures that were acceptable to all people and organizations needed to implement pre-booking diversion.

Participants from some RNP sites described how they were unable to form meaningful connections with local law enforcement and prosecutors. Rapid implementation was associated with long-term challenges related to engagement and buy-in. We return to the implications of this challenge in several other barriers.

There are some jurisdictions where law enforcement feels that the RNP model was thrust upon them. So there's, let's say, tepid engagement at best. – Statewide Diversion Organization

The rapid rollout of RNP also required providers to begin operations and report on performance measures soon after the program launch.⁸⁹ LEAD implementation has historically allowed for a long startup period to develop procedures and create information-sharing protocols. RNP programs, in contrast, were expected to start operations in a condensed timeline.

Rapid RNP rollout also created practical and contractual challenges. Participants described that contracts with HCA were unclear or lacked specificity about what could or could not be done with award funding. This created a back-and-forth about how project funds could be used. As discussed above, participants ultimately came to value this flexibility in spending project funds but acknowledged that it created challenges during the early implementation phase.

At the same time, program standards were evolving during implementation. Participants representing BH-ASOs reported that this created inconsistent and sometimes conflicting guidance from HCA and LSB. Challenges were reported about the role of LSB, if and how RNP and LEAD differed, and best practices for program implementation. Contracting decisions had longer-term repercussions especially related to the role of LSB in providing technical assistance.

⁸⁹ RNP was implemented in the middle of concurrent public health crises associated with COVID-19 and opioid use. This fueled a sense of urgency to get more resources into the community and provide law enforcement with a referral

pathway under RCW 10.31.115, which was enacted as part of the State's response to the Blake supreme court decision. See [comments from then-Governor Jay Inslee](#).

I don't think that it is a surprise to anybody, but certainly HCA and the HCA standards and the LEAD core principles aren't always matching up. And the LEAD Bureau and HCA do not see eye to eye on everything, and that really trickles down to the ASOs and how we are trying to implement the program. And things just don't line up everywhere because RNP is a LEAD-like program. It is not a LEAD program. And so there has to be areas where modifications can be made. And in every region of Washington state...there's different modifications.
– BH-ASO

Beyond the challenges experienced by RNP providers and BH-ASOs, the speed of RNP implementation was described as at least partially responsible for tension and inconsistencies between HCA, LSB, BH-ASOs, and providers. LSB participants indicated that there was insufficient time to review proposals and program documentation, which limited the ability to provide meaningful feedback regarding alignment with LEAD core principles and high-fidelity implementation.

Therefore, in some instances, technical support did not match how programs were implemented or structured. Program diversion actors shared conflicting views on whether RNP was supposed to be LEAD or “LEAD-like.” Some believed that RNP was always supposed to be in full adherence to LEAD guidelines, while others suggested RNP was supposed to be similar to, but not exactly like, LEAD.

This confusion was not confined to the past. Discussions with participants suggested that there were still conflicting views on the role and differences between LEAD and RNP programs. Participants suggested that addressing this inconsistency would be valuable.

In 2023, the Legislature clarified that RNP uniform standards should achieve fidelity with LEAD core principles. This realignment was implemented in May 2025.

Limited Buy-in. Effective diversion programs require broad support from both the community and the CLS. Our discussions revealed that buy-in varied considerably by community and diversion actor group, with ongoing challenges making it difficult to implement pre-booking diversion with a high degree of program fidelity. For discussion purposes, we discuss the perceptions of criminal legal partners and community members separately.

Limited Buy-In: Perceptions of Community Buy-In. Perceived level of community awareness of diversion programs varied considerably; participants suggested that most community members were generally unaware of diversion programs, and some expressed outright opposition to the idea of diversion.

A common perception among interviewees was that community members just want the “problem” solved and are not overly concerned with how that happens. Whether the person is removed via arrest or diverted to receive supportive services was largely inconsequential. There was also the belief that a smaller subset of community members opposed diversion because of perceptions that it is “soft on crime” or does not hold people accountable (discussed further in the following section).

I mean at the at the end of the day, people see, "Alright, do I see the crime and disorder in my community or do I not?" ... if we can show that we've cleaned the neighborhoods up and we've cleaned the streets up, they don't really care whether they got diverted and clean. – Law Enforcement

Participants also shared broader community concerns aligned with the “not in my backyard” phenomenon first described in the 1980s.⁹⁰ Communities have tried to restrict building behavioral healthcare facilities with the belief that these facilities attract crime, disorder, and neighborhood disruption.⁹¹ These concerns can result in legal challenges⁹² and public protest. Given the importance of these facilities, the lack of existing facilities, and the limited funding available for start-up and operation, these challenges can create substantial barriers to ensuring adequate service provision.

More generally, participants described that poor community engagement may be a result of the slow process of recovery, the lack of visible change during recovery, and disagreements over the definition of recovery. People may not be aware of the process that ultimately results in someone being diverted from the CLS. Community members may also not be aligned with a harm reduction approach that accepts some ongoing substance use.

It generates a lot of frustration. You know, the cops and citizens for that matter... they look at a problem area, whether it's homelessness or drug use. And they think if service providers go in there, that it all disappears, right? [T]hey don't all recognize that recovery is a process, and there's going to be failures and it's going to take time and it's going to take long-term engagement. – Law Enforcement

These views, along with legal protections shielding client privacy, result in community members with limited information and potentially still seeing the visible effects of mental health and substance use disorders. Participants who operated diversion programs described the need to conduct outreach to business owners and community groups to describe what they do and how to contact them to make social referrals.

Because we did not directly interview community members, we cannot independently assess how community members perceive RNP or LEAD programs. Nevertheless, these findings suggest that additional research would be useful in exploring community perceptions and impacts on local program implementation.

Limited Buy-In: CLS Partners. Because of where pre-booking diversion sits in the intercept model, more challenges were identified with law enforcement relationships compared to prosecutors and courts.

⁹⁰ Borell, K., & Westermarck, Å. (2018). Siting of human services facilities and the not in my back yard phenomenon: a critical research review. *Community Development Journal*, 53(2), 246–262.

⁹¹ Takahashi, L.M. (1997). Information and attitudes toward mental health care facilities: Implications for addressing the

NIMBY Syndrome. *Journal of Planning Education and Research*, 17(2), 119–130.

⁹² For a recent example, see [legal challenges to locating a stabilization facility in Stevens County](#).

Practitioners across the state indicated that a lack of CLS partner engagement was a large barrier to implementing diversion programs with higher levels of fidelity. In a few places, providers described law enforcement agencies that were uninterested or dismissive of the diversion process. Some programs reported virtually no engagement with law enforcement agencies. Some law enforcement officer participants were unaware of diversion programs that were operating in their communities.

We asked law enforcement participants to reflect on this finding and describe why diversion may be unsupported by law enforcement officers. Explanations for the lack of buy-in varied, but there were concerns about pre-booking diversion and general cynicism towards the likely effectiveness of crime reduction, behavioral health, and substance use treatment programs.⁹³ Participants suggested that LEAD and RNP may be a temporary program, that diverting someone fails to hold them accountable for criminal activity, that diversion is a “get out of jail free card” for persistent offenders, and that if diversion is appropriate, it should be decided and monitored by prosecutors and the courts.

Like community members, other research has found that law enforcement officers express disagreement with core elements of harm reduction.⁹⁴ Less frequent use of drugs, safer methods of using drugs, or use of less harmful drugs can be seen as inadequate if strict sobriety is believed to be the goal.

There was also limited recognition that recovery is a long-term process that can take numerous attempts. Law enforcement participants often described the goal of diversion as related to workload rather than generating long-term change in individuals. There was an expectation that diversion should reduce calls for service, especially for calls that officers may not consider real police work.⁹⁵ Clients with previous diversions or who are actively in case management and still generating calls for service were seen as particularly damaging to perceptions of diversion efficacy.

I would say it's mainly viewed negatively, quite frankly... we contact people that are on diversion for, you know, additional arrests and, you know, I think in the officer's mind...the general feeling is, hey, if you're on diversion, you should... stop being a criminal and work on getting your life straight and you're obviously not doing that. – Law Enforcement

Despite challenging the role and efficacy of pre-booking diversion programs, law enforcement participants acknowledged that jail for controlled substance use and other low-level offenses was ineffective at reducing future interaction with the CLS. In many areas, law enforcement either isn't allowed to book for low-level offenses due to overcrowding, or the length of confinement is so short as to have no real deterrent effect.

⁹³ See also, Anderson et al. (2022).

⁹⁴ Research has found that law enforcement officer familiarity with harm reduction is limited. See, Reichert, J., Martins, K. F., Taylor, B., & del Pozo, B. (2025). Police knowledge, attitudes, and beliefs about opioid addiction treatment and harm

reduction: A survey of Illinois officers. *Journal of Drug Issues*, 55(2), 239–259.

⁹⁵ Cumberbatch, W.G., & Morgan, J.B. (1983). The police officer: Myths and realities. In W. T. Singleton (Ed.), *Social Skills* (pp. 141–155). Springer Netherlands.

Research has established that officers with higher levels of cynicism tend to adhere more strongly to a law-and-order approach to policing;⁹⁶ this may explain the preference for traditional approaches involving arrest and citation, even if those approaches are no more effective than alternatives.

Even with the challenges, LEAD and RNP program representatives were cautiously optimistic about their relationships with law enforcement. They noted that relationships have changed over time, generally in a direction that demonstrates greater support for diversion.

But it's been a year that we've been operating and that's just now starting to change... it's a slow process and... it takes the people that we are working with, the community partners and law enforcement to see... the response times and the dedication that our staff have over and over again to [think] hey, these people care, these people are in it to try and make a difference. – RNP Provider

Perceptions that Diversion Lacks Client Accountability. Some law enforcement partners reported a belief that pre-booking diversion results in reduced client accountability. Similar results⁹⁷ have been found in other jurisdictions that have implemented alternatives to arrest.⁹⁸ Participants were especially quick to point out cases they perceived as taking advantage of the system.

For example, a participant described an instance where a person would ask to be referred to the diversion program even though they had no intentions of following through or participating in the program. Law enforcement participants who thought diversion programs lacked accountability recalled other similar situations.

Critically, LEAD training provided to law enforcement emphasizes that officers always retain the full range of options available to address the situation as they see fit. The decision to make an arrest, or not, always sits with the officer on the scene. Consistent with this approach, law enforcement executives who we interviewed typically indicated that the decision to make a diversion referral, or not, rests with the on-scene officer; there was generally minimal second-guessing from supervisors or management.

I don't feel like there's a consequence that's immediate. When you're looking at a judge or you're looking at a group that's trying to find resources for you, the judge can lock you up right now, the group is gonna continue to give you chances. So, I feel like that court-based mandate has a lot more teeth. – Law Enforcement

In some cases, participants suggested that diversion at other stages of the CLS, such as post-filing of criminal charges, was more appropriate because failure to comply with program requirements could result in meaningful sanctions.

⁹⁶ Roberts, R., Castillo, I.E., White, D.R., & Schafer, J. (2025). Police cynicism: a state-of-the-art literature review. *Policing: An International Journal*, 48(2), 421–442.

⁹⁷ Joudrey, P.J., Nelson, C.R., Lawson, K., Morford, K.L., Muley, D., Watson, C., Okafor, M., Wang, E.A., & Crusto, C. (2021). Law enforcement assisted diversion: Qualitative evaluation of

barriers and facilitators of program implementation. *Journal of Substance Abuse Treatment*, 129.

⁹⁸ For similar results, see Barberi, D., & Taxman, F.S. (2019). Diversion and alternatives to arrest: A qualitative understanding of police and substance users' perspective. *Journal of Drug Issues*, 49(4), 703–717.

Law enforcement participants suggested that these other stages of the system were also better suited to track client activity and progress in mandated programs. Law enforcement participants also felt that substance use treatment was more likely to be effective when people knew they would face prosecution or incarceration if they did not comply.⁹⁹

Provider participants were asked to reflect on the belief that diversion lacks accountability. Most considered this perception as an unfortunate side effect of a harm-reduction approach to recovery. Others pushed back more directly by noting that recovery from substance use disorder is a long-term, non-linear process and that people must confront how their own actions and behaviors have contributed to their current state. Diversion also requires working with case managers, law enforcement, and prosecutors to address outstanding criminal-legal issues. They argued that by honoring the client's autonomy in the recovery process, diversion could bring about a greater level of personal accountability than what would be achieved through periods of incarceration.¹⁰⁰

Capacity and Funding. There was a broad belief that overall funding for diversion was insufficient to meet community demands. Insufficient capacity was associated with inadequate client follow-up, the loss of warm handoff capability, and long response times.

Participants suggested that the inability to respond quickly to law enforcement requests for services substantially undermined relationships between law enforcement and providers and reduced buy-in for diversion.

How organizations adapted to the lack of resources and the impact associated with insufficient funding varied. Some participants discussed how they were more selective about the clients they would move into intensive case management. Others described how insufficient resources meant that they were unable to make the repeated outreach attempts that are often needed to connect with people in the most challenging situations.

Not all provider participants thought that diversion staffing was insufficient or a substantial barrier to program implementation. In some communities, the lack of available treatment and housing resources was considered more salient than the number of outreach workers engaged in diversion activities. We discuss this barrier in the following section.

Participants also suggested that insufficient staffing produced gaps in service areas. This was especially prevalent in more rural areas where long response times and transportation distances negatively impacted the ability to reach clients quickly.

⁹⁹ The efficacy of coerced substance use treatment has been studied at different stages of the CLS, with some research finding treatment more effective when occurring at later stages of case processing. See, Bright, D.A., & Martire, K.A. (2013). Does coerced treatment of substance-using offenders lead to improvements in substance use and recidivism? A review of the treatment efficacy literature. *Australian Psychologist*, 48(1), 69–81.

¹⁰⁰ It is important to note that evidence suggests that LEAD and RNP have substantial support from senior law enforcement partners as well. Over 20 police chiefs and prosecutors wrote to legislators during the 2025 budget process, sharing their belief in the importance and efficacy of this model.

Participants suggested that more staff would allow them to dedicate people to specific geographic areas; this would increase availability, improve familiarity with potential clients, and facilitate stronger ties with CLS partners.

Beyond the level of funding, participants expressed concern about the instability of funding for pre-booking diversion programs.¹⁰¹ Providers were concerned that funding would be discontinued or reduced in future years. Because of this, they were often reluctant to hire staff or expand programming. Participants suggested that longer-term funding commitments would be useful in planning appropriate program staffing.

We just got a giant chunk of funding... which is great, [but] it's one time funding. Which makes it pretty much impossible to add FTEs. – BH-ASO

A final issue related to staffing was framed in relation to law enforcement staffing. Across the state, law enforcement agencies are struggling with filling positions and maintaining adequate staffing levels.¹⁰² Law enforcement participants indicated that insufficient officer staffing had a negative impact on diversion activities. Diversion is seen as requiring additional time and effort, which officers may not feel is available when staffing is low. Law enforcement participants indicated that if staffing was adequate, they would have one or more officers dedicated to performing specialized response activities such as co-response with a mental health practitioner, downtown officers, homeless

liaison officers, and other specialized assignments that could engage in problem-solving, including pre-booking diversion.

Staffing. Several challenges regarding staffing LEAD and RNP programs were described. Similar to other public safety areas, LEAD and RNP providers discussed difficulties with hiring and retention. Contributing factors associated with this shortage included insufficient pay and insufficient program funding to adequately staff programs.

Outreach workers and case managers are tasked with field work—locating, interacting with, and helping clients. RNP prioritizes hiring people with lived experiences with substance use and interaction with the CLS. These work conditions can expose staff to trauma (either directly or vicariously) and raise the risk of re-traumatization. Participants noted that they found this work personally fulfilling but recognized the need to develop and implement robust staff support systems to support employee wellness.

Contributing to this challenge was a perception that program staff are at higher risk of burnout. A number of factors were associated with the risk of burnout, including high caseloads, insufficient staffing, and shiftwork that requires working non-standard hours and holidays.

We are taking [peer counselors'] lived experience, and we are using it, but we're also subjecting them to re-traumatization... – RNP Provider

¹⁰¹ This concern has been expressed by programs in other states as well. See, Dugosh, K.L., Lipkin, J.L., Flack, D.J., DeMatteo, D., & Festinger, D.S. (2023). Key considerations for pre-arrest diversion programs. In D. [Ed DeMatteo & K. C. [Ed

Scherr (Eds.), *The Oxford handbook of psychology and law* (pp. 415–428). Oxford University Press.

¹⁰² See, for example, [recent plans to add \\$100 million in funding to improve police hiring](#).

Resource Availability. The most consistent finding across all participant groups was that there were insufficient resources available to treat underlying issues that result in CLS involvement. Participants described how the lack of community resources limits the ability to provide care for clients engaged in pre-booking diversion. We grouped these into several broad areas: substance use and mental health treatment programs, housing, and short-term stabilization centers. The lack of these facilities and resources means that jails and emergency rooms are the default and often the only resources available.

Resource Availability: Substance Use and Mental Health Treatment. The availability of substance use and mental health treatment was consistently reported as insufficient to meet demands.¹⁰³ Participants described a lack of both inpatient and outpatient facilities and services. Even when services are available, wait times are often long, which means that people cannot receive services when they are most receptive. Delays can mean that people relapse, cannot be located, or are no longer amenable to treatment.

Participants described the need for diverse treatment options to address the variety of issues and often co-occurring disorders affecting clients. Treatments need to be provided in different formats using different treatment modalities.¹⁰⁴

Research has also described the need for culturally responsive treatment for American Indian and Alaskan Native communities.¹⁰⁵ These resources may not be available in all areas and often require additional coordination among programs.

Rural areas face additional challenges with resource availability. Substance use treatment tends to be even less available in rural areas.¹⁰⁶ Providers in these areas discussed the lack of availability and the difficulty clients face with transportation. In many communities, the challenges associated with transportation access were as problematic as the challenges associated with a lack of treatment beds or space. We discuss the lack of transportation options below.

Provider participants described their role in the diversion process as connecting people with resources and that their ability to effect change has been substantially hampered by the lack of supportive systems. Law enforcement participants also recognized their limitations in addressing chronic issues when arrest was the only option.

Once we've done all we could do, there are no other complex systems that are able to meet these folks where they're at. So, when we have people who have serious behavioral health issues, drug use issues and all that kind of stuff, there is no other system that's able to receive them. – RNP Provider

¹⁰³ In 2024, the Department of Commerce awarded \$48.5 million in funding to enhance the delivery of behavioral health services. Indicative of needs, this was less than 20% of the [\\$263 million in funding that was requested by providers](#).

¹⁰⁴ Lake, J., & Turner, M.S. (2017). Urgent need for improved mental health care and a more collaborative model of care. *The Permanente Journal*, 21(4), 17–024.

¹⁰⁵ Radin, S.M., Banta-Green, Caleb J., Thomas, Lisa R., Kutz, Stephen H., & Donovan, D.M. (2012). Substance use,

treatment admissions, and recovery trends in diverse Washington State Tribal Communities. *The American Journal of Drug and Alcohol Abuse*, 38(5), 511–517.

¹⁰⁶ Kriegel, L.S., Hampilos, K., Weybright, E., Weeks, D. L., Jett, J., Hill, L., Roll, J., & McDonell, M. (2024). Addressing the spectrum of opioid misuse prevention, treatment, and recovery in rural Washington State communities: Provider identified barriers and needs. *Community Mental Health Journal*, 60(3), 600–607.

Resource Availability: Lack of Healthcare

Providers. More generally, participants described the lack of healthcare providers needed to address diverse client needs. Healthcare professionals offering primary, dental, and mental health care are insufficient to meet demand in many communities.¹⁰⁷ Much of Washington has been listed as a medically underserved area or population.¹⁰⁸ Participants described how the lack of healthcare professionals negatively impacts the recovery process and can create delays in treatment.

Resource Availability: Housing. The LEAD framework advances a Housing First approach that seeks to provide appropriate shelter for all clients.¹⁰⁹ Participants discussed the lack of housing availability across all types of housing options needed to support clients. Housing needs were diverse and included short-term and emergency housing, sober and supportive housing, intermediate transitional housing, and long-term affordable housing.¹¹⁰

Participants described the need for housing to be available quickly when clients are ready. Delays in housing (and other treatment options) can result in lost opportunities. Participants described two additional issues that make housing even more challenging for diversion clients.

We don't have adequate housing for folks who... might still be using and... probably will until they die. Do we really think that they should die on the street, or can we come up with some housing models that bring supports for ADLs [activities of daily living], even for those who might still have some moderate use? - RNP Provider

First, housing programs typically have barriers and programmatic requirements. They may, for example, have zero-tolerance policies associated with ongoing substance use. This is a barrier for the many diversion program participants who are not immediately ready or able to cease their substance use. LEAD and RNP case management rely on motivational interviewing, trauma recovery principles, and harm-reduction stages to move people toward this change over time, but research supports the idea that these processes can be more effective if the subject is housed.¹¹¹ Sobriety requirements for housing often result in diversion program clients remaining unhoused. Clients may also be ineligible for other types of housing services due to prior CLS involvement.

If you're looking at long-term, it's really hard to stabilize people, either behavioral health or from substance use if they're living on the street. If there's no supportive housing, they're just going to fall back once they're out of treatment. They need a stable housing environment. - Law Enforcement

¹⁰⁷ Primary health care, dental care, and mental health care.

¹⁰⁸ Medically Underserved Areas & Medically Underserved Populations.

¹⁰⁹ LEAD Support Bureau. (2025). *Housing First*.

¹¹⁰ A recent publication by the Washington State Affordable Housing Advisory Board found that there was only one affordable housing unit for every five households in need.

Over 40% of affordable housing units were located in King County, leaving much of the state with very few options. See Washington State Affordable Housing Advisory Board. (2023). *Housing Advisory Plan, 2023-2028*. Department of Commerce.

¹¹¹ Marlatt, G.A. (1996). Harm reduction: Come as you are. *Addictive Behaviors*, 21(6), 779–788.

Second, participants described the lack of housing availability for people who have mental health disorders but do not have co-occurring substance use disorders. Places focusing on treatment for substance use disorders may not be an appropriate option for people primarily impacted by mental health disorders. This difference in needs reduces the already limited options.

So when someone has mental health challenges absent from substance use disorder, it's almost impossible to get them... into services in a timely manner... the model of clean and sober housing that we typically place people in when they complete treatment doesn't exist if mental health is your only challenge. – Law Enforcement

In addition to housing, participants described the need for drop-in and day facilities that can provide people with shelter and a place to collaborate with outreach and social workers. These types of facilities may offer stabilization services and can provide a place to develop longer-term plans for treatment and housing.

The housing that is available is decentralized and administered by numerous organizations. This means that case managers must be highly familiar with the providers in their areas and conduct additional outreach to identify real-time availability. Some larger providers have found success in having dedicated housing coordinators who work across case managers to secure housing for clients, but this approach is not feasible for smaller providers.

Resource Availability: Transportation.

Participants described transportation as a major hurdle for diversion clients. Most clients do not have reliable transportation, and public transit may be unavailable¹¹² or difficult to manage.¹¹³ This was discussed more often in the context of rural areas but was also an issue in urban settings. Clients may also not be allowed on public transit because of past behaviors. Participants discussed the need to reduce any barriers that may prevent engagement with treatment options.

The most significant barrier is getting folks to the resources that do exist in their communities when they live very far away. Public transit is not very robust, doesn't run very frequently, or is still unaffordable for many folks, or for other reasons, not an accessible option. – BH-ASO

Providing transportation to and from services was described as an essential function for RNP providers and critical for successfully connecting people with necessary services. At the same time, participants recognized that this was a time-consuming part of the job, especially because safety rules often dictate that two program staff must conduct the transport in a company-provided car. This problem is compounded by the lack of treatment facilities in some communities, requiring long-distance transportation to facilities elsewhere. Flexible funding that was used to purchase program vehicles was highly praised by several participants.

¹¹² A 2023 study conducted by the Washington State Department of Transportation found that over 270,000 households (about 10% of all households) are in areas with limited public transportation.

¹¹³ Washington State Department of Transportation. (2023). *2023 Public transportation unmet needs study*.

Data Collection and Sharing Challenges. In general, there was considerable variety in the methods and scope used for data collection by providers. Client data captured by providers included intakes, demographic data, level of engagement over time, information on contacts, assessment instrumentation to show improvements or changes over time, treatment plans and goals, client satisfaction surveys, and conversion from referral to case management to treatment.

Some participants described using Excel to track client data, but a handful of providers used specialty programs such as Apricot¹¹⁴ and Agency.¹¹⁵ These were reported as helpful for collecting data and easing reporting requirements. Some providers had staff dedicated to data collection and reporting, while others did not. In general, most providers felt there was considerable room for improving the data capture process. The data and process used to report on HCA data were generally described as burdensome, inefficient, and prone to errors.

Participants described data-sharing challenges, although specific challenges varied by role. Law enforcement participants described challenges with determining if a person was already engaged with a diversion program or diverted previously. This makes it more difficult to determine an appropriate strategy during an interaction.

Law enforcement participants described persistent difficulties with learning about client progress once diverted.

They suggested that this lack of feedback made it difficult to facilitate buy-in among officers because program success stories are seen as essential to the belief that diversion programs are effective. A variety of reasons were given for this limitation on data sharing. Some participants suggested that HIPAA or other privacy protections prevented the sharing of detailed information. Others suggested that staffing shortages and high caseloads made it difficult to follow up with officers.¹¹⁶

But it would be very nice if we could see those results, see that reduction... I think that you would exponentially increase the desire from officers if you can, you know, if you're line graphing out we have this many people and here's the overall reduction in police contacts... – Law Enforcement

RNP providers and BH-ASOs tended to discuss the challenges associated with capturing required program performance measures that are submitted to HCA. This was primarily associated with two issues. First, the process of reporting was described as difficult; it requires manually keying data between systems and spreadsheets. Participants described the process as time-consuming and error-prone. Participants also described how reporting requirements have changed over time, which has required alteration and adaptation of the reporting process.

Second, providers expressed skepticism about the value of the data being collected. Participants felt that the requested measures were inadequate measures of diversion and program success.

¹¹⁴ Apricot Health .

¹¹⁵ eVero.

¹¹⁶ Data sharing is a key component of the LEAD framework. Establishing appropriate data sharing agreements and

technology infrastructure has been a multi-organizational, multi-year effort for LSB.

They described, for example, how current measures do not adequately recognize the challenging process of desisting from substance use. In addition, important program data were not consistently recorded. For example, we heard from some programs that had managed to link participants with police contact and recidivism data but this was inconsistent between programs and often relied on the availability of program staff to retrieve and record these data manually. Participants also discussed the difficulty in collecting basic identifying information (e.g., name, date of birth, demographics) about clients, especially while in the referral phase but prior to enrolling in case management. This challenge can hamper contact and outreach efforts. This was a concern shared by both providers and law enforcement.

Law enforcement participants suggested that the lack of outcome measures made it more challenging to support the program because it could not be demonstrated as effective in reducing CLS involvement. Provider participants expressed concern about the inability to demonstrate concrete changes to public safety measures. There was a worry that, without demonstrated success, programs would lose funding in favor of traditional criminal legal strategies.

We're trying to make them report out in metrics that might work for law enforcement or criminal justice, where we have those stories with the resolutions... we don't really give these recovery programs that latitude to tell their story. – Law Enforcement

Overlapping Scope of Diversion Programs. We previously described how diversion programs were implemented under a variety of program names and how different programs operate within the same community. LEAD, RNP, and AJA programs have generally tried to integrate those funding streams and to operate in any given community in an integrated fashion; however, they may operate alongside programs funded by the state,¹¹⁷ counties, or municipalities (e.g., behavioral health responders).¹¹⁸ This can make it difficult to create awareness about the most appropriate program for a person.

At our last count there were over 20 navigator or navigator-like or co-response programs in our very ... small region... So a barrier really with our community has been helping our community partners and our community members who are receiving these engagements and these services understand who's who, and who is doing what, and when to call who, and who fits in this program's criteria. – BH-ASO

For law enforcement, there can be a lack of clarity about who to contact or the best program for a given person's needs. Some law enforcement participants described heavy reliance on one program over another because of knowledge limitations or positive past experiences. These participants also described the need to keep the diversion process simple for officers in the field. Confusion over who to call to facilitate a diversion handoff was cited as a considerable barrier to achieving higher levels of officer support.

¹¹⁷ For example, [Mental Health Field Response Teams](#).

¹¹⁸ For example, the [Regional Crisis Response Agency](#) serving community in north King County.

Diversion program staff face different challenges in trying to blend funding streams; for them, a bigger issue tended to be ensuring that clients were enrolled in the program that gave them the best available resources. Program staff must also develop informal relationships with other service providers where they can look for necessary services with availability.

Finally, service availability can vary based on individual characteristics and affiliations, which can further increase the complexity of service delivery. For example, college and university students often have access to additional mental health support through their organizational affiliation. Tribal members may have additional resources available through their tribal government. These additional resources can be valuable in assisting clients but increase the challenge of navigating an already fractured treatment landscape.

Training and Technical Support. Program managers spoke about the importance of outreach workers and case managers for program success. However, they also described the limitations of their training and educational background. Because outreach workers do not need formal backgrounds in social work or other aligned professions, they may lack important foundational skills needed to be effective and reduce the risk of burnout and vicarious trauma. Participants indicated that they have implemented training and supervision strategies to mitigate this issue but described how increased funding for training is needed.

For law enforcement, participants described the need for ongoing efforts to train officers on diversion programs.

Turnover and changes in assignments in law enforcement agencies mean that ongoing relationship-building is necessary to maintain buy-in. Participants noted, however, that diversion-related training could be low intensity. They described the goal as raising awareness about diversion programming availability and how to conduct a referral. Providers are currently engaged in this process by participating in roll call briefings, engaging in ride-alongs, and inviting CLS partners to operational workgroup and policy coordinating meetings (including adjusting meeting schedules and cadence to ensure law enforcement representatives can attend).

Participants from less urban and less populated areas described training by LSB and others as not always relevant to their work. There was an especially notable disconnect between places that felt aligned with Seattle and King County and places that did not. Less urban places, especially those in Eastern Washington, found it difficult to adapt training to fit within their community context. Participants expressed a desire to learn from programs operating in communities that were more like their own.

And you know, to have somebody from King County go into, you know, a rural area and say, well, you've got to do this. It's not going to be taken well. – RNP Provider

Some BH-ASOs expressed that they would only support LSB in providing technical assistance directly to the contracted providers if the BH-ASO was also present. Some providers also mentioned that they prefer to have the BH-ASO present for meetings with LSB.

Other providers expressed a desire for increased interactions with LSB, and LSB members reported experiences of providers expressing that they would like to receive more direct support from LSB without the BH-ASO needing to be present. 2E2SSB 5536 directed HCA to arrange for technical assistance to be provided by LSB to include more groups than just the BH-ASOs, including contracted providers, independent stakeholders, and partners such as prosecuting attorneys and law enforcement.

LSB representatives discussed how their inability to work directly with some RNP providers, when unable to negotiate access with the regional BH-ASO administrator, substantially reduced their ability to provide technical support. They felt that they may not get a complete understanding of local challenges after information was aggregated by BH-ASOs. BH-ASOs also monitor provider performance, creating a disincentive for providers to report on challenges to their BH-ASO to then pass on to LSB. Technical support may not be passed back to providers in the most useful way or may not be reaching providers without modification. They expressed concerns that passing information through multiple people raises the risk of incomplete information sharing and misinterpretation.

Strategies to Improve Implementation Fidelity of Pre-Booking Diversion Programs

In this section, we discuss strategies that interviewees described using to overcome challenges and barriers to program implementation within their communities (Exhibit 12).

Sharing Success Stories. Sharing program success was a key tool to generate buy-in for diversion programs. Participants described the need to demonstrate program success, which was most often done via anecdotes that highlighted changes in client behaviors and reductions in contact with the CLS. This was especially important for successes involving individuals who regularly had encounters with law enforcement in the past. Stories can humanize diversion clients and are particularly impactful when they come directly from the individual.¹¹⁹

Narratives and storytelling serve an important role in policing; they allow officers to make sense of complex situations.¹²⁰ Stories are often used in lieu of data when there is insufficient empirical evidence of success. For diversion programs, high-visibility successes were seen as essential for facilitating law enforcement support. Law enforcement participants who were strong supporters of diversion were able to easily recall success stories that resulted in major improvements in client outcomes and reduced future contact with law enforcement. Officers who hold more optimistic views of rehabilitation are more likely to engage in diversion, which may be important for long-term program success.¹²¹

¹¹⁹ The importance of sharing success stories has been found in other program evaluations. For example, Bastomski, S., Cramer, L., & Reimal, E. (2019). *Evaluation of the Contra Costa County Law Enforcement Assisted Diversion Plus Program* (pp. 1–63). Urban Institute.

¹²⁰ van Hulst, M., & Tsoukas, H. (2023). Understanding extended narrative sensemaking: How police officers accomplish story work. *Organization*, 30(4), 730–753.

¹²¹ Schaible, L., Gant, L., & Ames, S. (2021). The impact of police attitudes towards offenders on law-enforcement assisted diversion decisions. *Police Quarterly*, 24(2), 205–232.

Conducting Outreach on Behalf of Diversion Programs. When asked how to improve buy-in from the CLS, participants mainly focused on building relationships through formal and informal training and familiarization. Developing strategies for effectively engaging with the CLS was a key aspect of the work conducted by the LSB and is outlined as a core principle in the LEAD toolkit.

Participants described the use of directed outreach by project managers to explain LEAD/RNP's purpose, generate buy-in, and clarify differences between diversion and related services.

Outreach took a variety of forms, including community meetings, law enforcement shift briefings, training or promotional videos, conversations with relevant parties, site visits, and outreach directly to legislators.

Law enforcement was often the target of outreach but was also described as a useful resource for performing outreach and sharing resources. Law enforcement participants who were highly supportive of diversion described the need to act as credible messengers to other law enforcement officers. Participants noted that relationship-building was ongoing and required continual reinforcement. Finally, building relationships with law enforcement must be done throughout the organization and must be sensitive to rank and role.

Exhibit 12

Strategies Overview

Strategies Used to Enhance Pre-Booking Diversion
<p>Sharing success stories – Success stories are important for establishing diversion effectiveness and help bolster quantitative and statistical evaluations.</p> <p>Conducting outreach on behalf of diversion programs – Outreach to community members and criminal legal system partners to achieve buy-in and build support for diversion strategies is an ongoing process and essential to long-term program success.</p> <p>Streamlining the referral process – Referrals must be simple, with minimal burden on law enforcement officers and community members.</p> <p>Offering diversion as a solution for other systems – The criminal legal system is overburdened. Diversion has the potential to reduce system involvement by addressing underlying causes.</p> <p>Communication and collaboration between diversion actors – Resources that are necessary for successful diversion are complex and dispersed. Outreach workers and case managers build formal and informal relationships to share information.</p> <p>Engaging law enforcement diversion champions – Law enforcement officers need credible messengers about the value and role of diversion.</p>

Note:

Ninety-one people were interviewed from October 2024 through March 2025.

Streamlining the Referral Process. Providers described the need to be responsive to law enforcement needs. This was especially true about showing up to conduct warm handoffs and taking over contacts in a way that allowed officers to return to their patrol work. Making referrals as easy as possible was important for buy-in and uptake. Participants had implemented numerous methods to conduct referrals, including phone calls, texts, emails, web forms, and QR codes. The ease of making referrals and the speed of response were described as factors that could make or break the utilization of diversion programs.

Participants described how this process has evolved over time; early program implementation typically required more information at the time of referral. Many programs later revised this requirement and now only request the minimum amount of information needed to identify and locate a potential client, with additional information captured after someone has stabilized. Warm handoffs were typically preferred, especially by law enforcement officers, but staffing or capacity shortages often prevented this option.

Offering Diversion as a Solution for Other Systems. Diversion buy-in increases when it is viewed as a long-term solution that breaks patterns for individuals with frequent CLS contact and when it is seen as cost-effective. Participants discussed how diversion can be messaged as a strategy to free up law enforcement officers to engage in other activities. When warm handoffs are possible, officers can quickly return to service and address other calls. Longer-term, clients would have fewer contacts with law enforcement, reducing overall workload.

It's a good investment for the whole community because you're touching very expensive systems. If these people are chronic, high utilizers and they keep touching those repeatedly and you start to look at what that overall impact is to the community or to those different systems, anything we can do to remove that or reduce that, that's just good business, in addition to being the right thing to do. – Law Enforcement

Communication and Collaboration Between Diversion Actors. Diversion is complex, and collaboration is needed to integrate services and respond to participant needs. Respondents described collaboration within diversion actor groups (e.g., monthly meetings, transferring clients between programs, data sharing) and across groups (e.g., through policy coordinating groups and operational workgroups). Participants described how they have developed informal relationships with other LEAD and RNP providers to share knowledge of resource availability and facilitate moving clients between areas.

Engaging Law Enforcement Diversion Champions. Law enforcement officers who champion diversion efforts were influential and have collaborated to create and share diversion resources, build programs, and spread a culture that is supportive of diversion. Participants described examples of officers who have been converted over time due to program success. These officers were seen as especially impactful if other officers highly regarded them.

The people that hold high social currency within the precinct, once they start doing it, people will emulate it. – Law Enforcement

Participants noted the need for additional credible messengers¹²² that can come from within or outside the organization. For example, we heard examples where police chiefs from nearby jurisdictions were asked to speak on behalf of local program implementers. Participants described the need for more credible messengers that could help make progress with reluctant CLS partners.

Recommendations Identified by Interviewees

Interview participants described recommendations for program changes (Exhibit 13). We aligned these recommendations into corresponding areas of the LEAD Fidelity Framework.¹²³ Although this work was not a program-specific fidelity assessment, many recommendations made by participants aligned with strategies that would improve adherence to the LEAD Fidelity Framework. Where appropriate, we link these recommendations to findings from existing published research on pre-booking diversion programs.

Increase and Stabilize Funding for Pre-Booking Diversion Programs. Respondents discussed the need for increased and more stable funding for pre-booking diversion programs. The cyclical nature of grant funding makes it difficult to create long-term plans and adequately staff programs.

Participants described how additional funding could increase the number of diverted people and outreach to enroll potential clients.

Diversion is viewed by many as cost-effective in the long term but requires initial investment to allow programs to be implemented and scale effectively. This is especially important so programs can demonstrate responsiveness and effectiveness to law enforcement partners during the early implementation phase.¹²⁴ The inability to respond quickly to officer requests for diversion assistance has been described as a major barrier to success in Washington and other jurisdictions.¹²⁵

There are a whole host of other things that are barriers to those people's further success. And I know that the more that we can address those, the more we're going to save money in the long run. But it does require some investment now and people don't feel like they can invest more right now. – Statewide Diversion Organization

Increase Funding for Treatment Services and Programs. Funding for a variety of programs is needed, including housing, detox and stabilization facilities, substance use treatment, and mental health providers. Challenges related to the funding adequacy of treatment support services and other programs have been noted in numerous other diversion evaluations.¹²⁶

¹²² Szkola, J., & Blount-Hill, K.-L. (2025). A Framework for understanding credibility: What makes credible messengers "Credible" in a New York City-based sample of gun violence intervention programs? *Criminal Justice and Behavior*, 52(2), 294–312.

¹²³ Knaphus et al. (2022).

¹²⁴ WSIPP's benefit-cost analysis has found pre-arrest diversion to be cost-effective. See, Washington State

Institute for Public Policy. (2024a). *Police diversion for low-severity offenses (pre-arrest)*.

¹²⁵ Perrone et al. (2018).

¹²⁶ Denman, K. (2018). *Evaluation of Santa Fe's LEAD Program: The client perspective* (pp. 1–15). New Mexico Sentencing Commission, New Mexico Statistical Analysis Center and Pivot Evaluation.

Exhibit 13

Recommendations from Diversion Actors

Recommendation	Fidelity area
Increase and stabilize funding for pre-booking diversion programs – Additional funding would allow diversion programs to connect with more people and increase the ability for rapid field response. Long-term funding stability would improve adequate program staffing.	2c.i – Sufficient budget 2e.ii – Low participant-to-case manager ratio
Increase funding for treatment services and programs – Effective diversion programs require extensive networks of substance use treatment, mental health treatment, and housing providers. Additional funding is needed to support a more robust network of services.	2e.iii – Provider collaboration
Create crisis centers and other facilities that can serve as alternatives to jail – In many communities, jails serve as the de facto facility to address substance use and mental health disorders. Communities need alternative facilities to address these service needs.	
Define success metrics – Pre-booking diversion programs do not have a clear definition of program success. Most reported metrics are program outputs rather than program outcomes. Guidance on how to measure impact and capture relevant data should be provided.	2f.i – Common metrics and data agreements 3c.iii – Documentation of diversion decisions
Improve data capture and reporting – Although the process varied, data capture and reporting were generally considered burdensome. Processes to streamline data capture and reporting should be implemented. This should focus on reducing the staff burden required to share data. Procedures to comply with data collection requirements set forth in RCW 71.24.908 should also be implemented.	
Invest in research – Research is needed to demonstrate program effectiveness. Participants suggested this was critical for diversion actor buy-in and ensuring long-term funding. The authorizing legislation for this research also included a fidelity index analysis for each RNP program. This work would require additional funding.	
Improve communication between diversion actors – Participants in the recovery system need better methods of communication and collaboration. This is especially important for sharing information about available recovery resources.	2b.i – Structure for coordination among people interacting with diversion clients
Improve integration with law enforcement – Additional integration and coordination with law enforcement are needed. Addressing concerns and facilitating buy-in is an ongoing effort. Additional outreach by credible messengers would be valuable for many communities.	3c.i – Ongoing participation and buy-in from leadership and officers at all levels 2a.i – Policy coordinating group for shared decision-making 2b.i – Structure for coordination among people interacting with diversion clients
Improve adherence to legislative intent – In 2023, the Legislature passed 2E2SSB 5536, which directed HCA to align RNP uniform program standards with LEAD core principles. In April 2025, HCA released these revised uniform program standards, which could help clarify intended program similarity. 2E2SSB 5536 also directed HCA to facilitate the provision of LSB TA to a broader audience, including providers.	4c.ii – Stakeholders make policy decisions aligned with LEAD's vision 1e.i – Common understanding of the problem and high-level vision for change

Note:

Ninety-one people were interviewed from October 2024 through March 2025.

Create Crisis Centers and Other Care Facilities that can Serve as Alternatives to Jail. Jail is often the only response available for people in crisis. Crisis care centers or similar facilities that can provide short-term stabilization or longer-term inpatient care would be a beneficial resource for diversion programs. These facilities can better serve individuals' underlying health needs compared to incarceration. Some respondents have had success with this approach, while others were working to establish facilities or would like to in the future.

We're trying to get our community care center up and running, our crisis care center here. And hopefully there'll be some structural fixes there, but we also view that as a third place where we can bring those people that, you know, underlying driver of their behavior is substance use, mental health, some other sort of trauma. Can we just get them there instead and not have them intersecting or working within the criminal justice system at all?
– Law Enforcement

Define Success Metrics. As a program centered on harm reduction, success also looks different for each client. A one-size-fits-all definition of success was not recommended, but respondents discussed metrics that may be useful for understanding program impacts. These measures included the number of referrals, treatments, or other client milestones; a reduction in contacts with law enforcement; county-wide measures such as emergency services utilization, overdose deaths, arrest rates, and jail population size; recidivism

rates; and client satisfaction.¹²⁷ Other studies have also suggested capturing data on participants' quality of life¹²⁸ and recovery capital (internal and external resources that can initiate and sustain recovery).¹²⁹

Success rate, it's not counted the same. If we counted it by how many people we sent to treatment, yeah, we'd be doing great. How many people completed treatment, we'd be doing great. How many people were clean a year later? I mean, we don't know. And so, measuring the metrics of it is all really hard. – Law Enforcement

Improve Data Capture and Reporting.

Numerous challenges were described related to data capture and reporting. Participants noted that the process has been burdensome and error prone. As a result of these challenges, RCW 71.24.908 requires HCA to develop and implement a data-sharing platform to address these issues and facilitate tracking performance metrics across LEAD, RNP, and AJA.

In response to a request for information, LSB created a memo for HCA identifying four elements that must be addressed. These were: 1) identifying an appropriate technology platform, 2) identifying and contracting with host organizations in each jurisdiction, 3) developing data-sharing agreements with data-contributing organizations, and 4) providing installation, training, and data submission guidelines.¹³⁰ Implementation of a comprehensive data-sharing platform would help to alleviate several challenges described by interview participants.

¹²⁷ The LEAD Community Toolkit describes strategies to develop appropriate outcome measures. See, LEAD Support Bureau, 2023a.

¹²⁸ Krupa, J.M., & Manz, M.T. (2024). *Detroit law enforcement assisted diversion (LEAD): Final evaluation report* (pp. 1–60). Michigan State University.

¹²⁹ Best, D., & Hennessy, E.A. (2022). The science of recovery capital: Where do we go from here? *Addiction (Abingdon, England)*, 117(4), 1139–1145.

¹³⁰ LEAD Support Bureau. (2024). *Data integration platform and process: Advancing diversion-related data integration in Washington State* (pp. 1–10). Unpublished draft.

Invest in Research. Improvements to data capture and reporting would improve consistency in data, provide a comprehensive view of diversion, and generate evidence to support or improve program operations.¹³¹ Suggested research included cost-benefit analyses and evaluations to capture key client outcomes.

Participants suggested that outcomes should be explored over a variety of different time periods, as recovery can be slow and non-linear. Some felt research should further explore the equity impact of diversion and how pre-booking diversion reduces the burden on the CLS.

Finally, the legislative assignment that guided this work also called for a fidelity index analysis of each RNP program. Due to resource constraints, WSIPP was not in a position to carry out this work. Additional funding would be needed to carry out this resource-intensive assessment.

Improve Communication Between Diversion Actors. Participants saw many benefits to improved communication between diversion actors.¹³² Different organizations and regions were interested in learning from each other and seeing where similar challenges arose; this shared understanding could result in the development of improved technical assistance.

Collaboration was recommended to create unified messaging and provide clarity in diversion efforts, including how pre-booking diversion is positioned within statewide efforts to reduce involvement with the CLS and incarceration. In addition, respondents saw value in being able to share resources across regions—for example, open beds in facilities.¹³³

Finally, improved communication was seen as an important strategy for sharing success stories and other information that could bolster program adoption by law enforcement. This narrative-based approach to understanding program impacts was described as critical for facilitating buy-in.¹³⁴

Improve Integration with Law Enforcement. The LEAD fidelity framework highlights the importance of having strong buy-in from law enforcement. Leadership must publicly endorse LEAD and facilitate appropriate training, supervisors must facilitate diversion activities, and officers must have good working relationships with LEAD project staff and case managers. The process of diverting someone must also be clear and easy to follow.¹³⁵

Participants discussed various opportunities to integrate RNP and LEAD with law enforcement, including ride-alongs, shift briefings, presentations, and meetings with agencies.

¹³¹ Studies have noted the need for diverse outcomes and methods to establish program effects. See, Kopak, A.M., & Gleicher, L. (2020). Law enforcement deflection and prearrest diversion programs: A tale of two initiatives. *Journal for Advancing Justice*, III, 37–56.

¹³² Kamin, D., Weisman, R.L., & Lamberti, J.S. (2022). Promoting mental health and criminal justice collaboration through system-level partnerships. *Frontiers in Psychiatry*, 13.

¹³³ Baker, N.M. (2019). *An analysis of the use of transformational relationships in the Atlanta/Fulton County*

Pre-Arrest Diversion (PAD) Initiative: A process evaluation. Emory University.

¹³⁴ Reuland, M.M. (2004). *A guide to implementing police-based diversion programs for people with mental illness.* prisonpolicy.org.

¹³⁵ Watson, C., Wang, E., & MAS, C. (2020). *Formative evaluation of the city of new haven Law Enforcement Assisted Diversion (LEAD) pilot program.*

The familiarity between diversion staff and law enforcement officers was described as beneficial and allowed people to collaborate on developing operational practices and having shared goals.¹³⁶

The LEAD fidelity framework also recommends including agency leadership and line-level officers in LEAD workgroups to facilitate buy-in and ensure that programs are responsive to local needs.

Improve Adherence to Legislative Intent.

Participants described a need for additional clarity for the guiding legislation that authorizes and funds diversion programs; ambiguity in the differences between LEAD and RNP was seen as having negative impacts on implementation. Some respondents felt that the original RNP legislation would have benefitted from more clarity, a longer implementation timeline, and more time before requiring program performance metrics.

The legislature addressed this issue in 2023 by aligning RNP uniform standards with LEAD core principles. The revised RNP uniform program standards could be an important first step in aligning all diversion actors with a common understanding.

This legislation also directed HCA to arrange technical assistance from the LSB to BH-ASOs, HCA, providers, and independent stakeholders and partners. In facilitating LSB technical assistance to providers, HCA determined that the best way to provide technical assistance to providers is through a partnership with BH-ASOs.

¹³⁶ Gilbert et al. (2022).

Exhibit 14

Studies Included in Meta-Analysis

Site	Year of program implementation
Seattle, WA	2011-2014
Santa Fe, NM	2014-2017
San Francisco, CA	2017-2019
Madison, WI	2017-2020
Chicago, IL	2018-2020
North Carolina	
Hickory, NC	2018-2020
Wilmington, NC	2017-2020
Fayetteville, NC	2016-2020
Waynesville, NC	2018-2020

Note:

Date range for program evaluation. It may not include a full year.

This arrangement continues to allow BH-ASOs to restrict providers from interacting with LSB without monitoring or oversight by the BH-ASO. At the time of writing, HCA did not intend to modify BH-ASO contracts in a way that would allow providers and the LSB to interact without supervision by the BH-ASO.

Systematic Review and Benefit-Cost Analysis

Systematic Review

The systematic review identified six studies that met the inclusion and quality criteria.¹³⁷ These studies were conducted on pre-arrest or pre-booking diversion programs implemented between 2011 and 2020 (Exhibit 14). Four of the six studies were evaluations of LEAD programs. The two others were diversion programs run through local law enforcement but were not identified as LEAD. Both programs primarily served individuals who committed minor drug-related crimes.

¹³⁷ Publications that report data on the same program or intervention were collapsed and referred to as studies.

One of these, based in Madison, was a pre-arrest program, while the other, based in Chicago, diverted individuals following arrest.

All studies were quasi-experimental¹³⁸ and relied on comparison groups that were not randomly assigned. The most sophisticated design was a triple-difference design implemented in Chicago.¹³⁹ Other evaluations used comparison groups of similar people that were adjusted through statistical techniques.

Studies operationalized outcomes in a variety of ways. We assessed program effectiveness through impacts on recidivism.¹⁴⁰ Recidivism was operationalized through several measures, including arrests, charges, and reincarceration.

When a study reported multiple recidivism outcomes, we selected the outcome representing the furthest involvement in the CLS. The recidivism observation period varied but was generally six months or more. Recidivism outcomes were subject to meta-analysis. Across all studies, pre-arrest and pre-booking diversion programs were associated with reductions in recidivism ([Exhibit 15](#)). Results indicated reductions in each type of recidivism; combining across all recidivism measures identified an effect that was significant (ES = -0.42, p-value < 0.001).

Benefit-Cost Analysis

We used WSIPP's benefit-cost model to estimate the long-run return on state investments in social programs or interventions. This economic model provides a standardized and internally consistent method for applying monetary values to outcomes across policy areas.¹⁴¹

Exhibit 15

Meta-Analytic Results: Effects of Exposure to Pre-arrest and Pre-booking Diversion Programs

Outcome	No. of effect sizes	Treatment N	Effect size	Standard error	p-value
Any recidivism measure	6	908	-0.42	0.12	<0.001
Arrests	2	330	-0.22	0.09	0.008
Charges	1	98	-0.37	0.14	0.01
Incarceration	3	480	-0.72	0.28	0.009

Notes:

The literature search was conducted in September 2024. When studies included multiple outcomes, preference was given to the outcome furthest along in criminal legal system processing (e.g., retaining incarceration overcharges). The "any recidivism measure" aggregates the impacts of arrests, charges, and incarcerations.

¹³⁸ The Seattle study was originally designed to be experimental. This approach was abandoned due to practical challenges during implementation.

¹³⁹ Arora, A., & Bencsik, P. (2023). Policing substance use: Chicago's Treatment Program for narcotics arrests. *SSRN Electronic Journal*.

¹⁴⁰ We were not able to include employment and housing as outcomes because the only study that captured these outcomes lacked a comparison group. We did not include

drug overdose as an outcome because it was only included in one study. More research is needed to evaluate the impact of police diversion programs across a wider range of outcomes.

¹⁴¹ For more information on the benefit-cost model, see WSIPP's Technical Documentation. Washington State Institute for Public Policy. (2024). [Benefit-cost technical documentation](#). Olympia, WA.

We begin by discussing the program's benefits and costs separately. Then, we combine the benefits and costs to calculate the program's overall net benefit. We use the results as inputs for the benefit-cost model to estimate the overall monetary value of the pre-booking diversion per participant.

Our model uses information about outcomes typically experienced by individuals involved in the CLS to represent what would have happened to these individuals in the absence of the pre-booking diversion.

We categorize benefits into four different perspectives based on who receives them:

- 1) The benefits that accrue to people who are diverted;
- 2) Those received by federal, state, and local taxpayers;
- 3) The direct benefits received by other members of society; and
- 4) The indirect benefits received by society.¹⁴²

Benefits for taxpayers include reductions in government spending on the CLS. For this category, we separately examined benefits at the federal, state, and local levels. Other members of society may benefit from an intervention through the decreased likelihood of criminal victimization. Indirect benefits are driven by effects like changes in projected mortality or the deadweight costs of taxation.¹⁴³

Exhibit 16

Detailed Monetary Benefits Results per Participant

Outcome	Diversion Clients	Taxpayer	Federal	State	Local	Other	Indirect	Total
Recidivism	\$0	\$7,376	\$0	\$4,985	\$2,391	\$12,973	\$3,688	\$24,037
Adjustment for deadweight cost							(\$1,523)	(\$1,523)
Total	\$0	\$7,376	\$0	\$4,985	\$2,391	\$12,973	\$2,165	\$22,514

¹⁴² For individuals involved in the criminal legal system, we do not directly monetize the benefits of reduced crime accruing to diverted people.

¹⁴³ Deadweight costs estimate the economic losses (or gains) that result when taxes cause people to change their behavior. This acts as a counterbalance to net benefits.

Benefits Results. Exhibit 16 provides an accounting of outcomes according to the main perspectives. A positive total benefit comes from the reduction in crime, including arrests, charges, and incarceration captured in the meta-analysis.¹⁴⁴ Less crime means less money spent on arrests, prosecution, and incarceration. This is reflected in the estimated benefits to taxpayers of \$7,376 per diversion client.¹⁴⁵

In addition, fewer crimes mean less victimization, which saves money by eliminating expenses associated with theft and violence. This is reflected in the estimated benefits to society at large of \$12,973 per diversion client.

Overall, the expected value of this reduction in recidivism was \$24,037 per diversion client. From the total of these sums, we downward adjust for the sum of net deadweight losses (\$1,523) to arrive at an estimated total benefit to society of \$22,514.

Costs. We calculate the annual per-client costs of the pre-booking diversion programs as \$3,142 in 2024. This was adjusted to \$3,045 in 2023 dollars, which is the base year used in the model (Exhibit 17). We estimated costs based on RNP program performance metrics in 2024. Based on data published by HCA, RNP was funded at \$22 million and supported 7,002 unique clients.¹⁴⁶

Combined Benefit-Cost Results. Finally, we combined costs and benefits to estimate the total monetary value the model predicts would result from pre-booking diversion. We calculated a total benefit of \$22,514 and a total cost of \$3,045 per diversion client. Combined, we have total net benefits of \$19,469 (producing a benefit-to-cost ratio of \$7.39). In other words, for the outcomes we could incorporate, the benefits of providing pre-booking diversion were larger than the expected monetary cost to society. On average, every dollar the state spends on pre-booking diversion programs returns \$7.39 in benefits.

Exhibit 17 summarizes the benefit-cost results and includes information on how likely it is that the program's benefits would exceed its costs. We conducted a Monte Carlo simulation, running the model 10,000 times, each time allowing model assumptions to vary. These simulations indicated that in most scenarios (in excess of 99%), pre-booking diversion programs resulted in net benefits to society.

¹⁴⁴ Recidivism was estimated based on historical trends of criminal-legal involved populations. This estimates recidivism rates for people that had previously been incarcerated or sentenced to a term of community supervision.

¹⁴⁵ All costs are reflected in year 2023 dollars.

¹⁴⁶ We also could have used data from LEAD or AJA but selected RNP program metrics because it was the largest program.

Exhibit 17
Net Benefit Results

Benefit-cost summary statistics per participant			
Benefits to:		Benefit-to-cost ratio	\$7.39
Taxpayers	\$7,376	Chance the program will produce benefits greater than the costs	>99%
Diversion clients	\$0		
Others	\$12,973		
Indirect	\$2,165		
Total benefits	\$22,514		
Net program cost	(\$3,045)		
Benefits minus cost	\$19,469		

This benefit-cost analysis supersedes two previous analyses conducted by WSIPP.¹⁴⁷ These previous BCAs were disaggregated by crime type (i.e., low-severity offenses) and population served (i.e., people with mental illness).

We moved away from this approach to better align the analysis with the stages of the sequential intercept model. As detailed above, the sequential intercept model describes diversion programs at different stages of the CLS and provides a useful framework for categorizing diversion programs for analytic purposes.

Additionally, several large studies of LEAD have been published since those previous analyses. These evaluations found significant reductions in recidivism associated with the program and increased our estimated program effect size.

This benefit-cost analysis has limitations. We were unable to estimate the monetary benefits of other potential outcomes (e.g., benefits from reduced substance use or mortality) or the costs associated with treatment for substance use disorder and mental illness. The success of pre-booking diversion also depends on other supportive services, which incur costs that were not included in the model.

¹⁴⁷ [Police diversion for individuals with mental illness \(pre-arrest\)](#) and [Police diversion for low-severity offenses \(pre-arrest\)](#)

V. Summary and Limitations

Pre-booking diversion is a critical opportunity to divert people from the CLS and into supportive services that can address underlying issues related to substance use, mental health disorders, and homelessness. Based on success in Seattle, the legislature chose to pilot the LEAD model in 2019 and use it as the basis for statewide investments in 2021. With the passage of 2E2SSB 5536 in 2023, the legislature reinforced the expectation that RNP would align with LEAD core principles.

Despite the past and ongoing program investment, LEAD and RNP face numerous challenges related to funding, insufficient substance use treatment and mental healthcare, public skepticism, and lack of buy-in from some CLS partners. Nevertheless, our discussions with participants suggested that committed diversion staff continue to make progress on the implementation of pre-booking diversion with high fidelity to LEAD core principles.

Findings

Barriers to Implementation

Pre-booking diversion programs still face considerable implementation challenges. The most consistent issue described across diversion actors was the lack of available resources, which manifested in different ways. Diversion providers indicated that they could do more outreach if more diversion service managers were available.

Law enforcement participants suggested they could be more effective in engaging with diversion if they had more staff. All agreed that there were insufficient resources available (e.g., substance use treatment or adequate transportation) for addressing underlying health and social issues frequently associated with CLS involvement. Maintaining caseload standards¹⁴⁸ is essential to ensuring high-fidelity program implementation in the face of limited resources.

One area of strong concern was the lack of housing for diversion clients. Participants described how the lack of housing substantially limited the possible recovery effectiveness of pre-booking diversion programs. There were calls to increase many housing types, including shelter, short-term stabilization services, supportive housing, transitional housing, and long-term affordable housing. As a Housing First model, LEAD fidelity in this domain is especially challenging because of the scarcity of low-barrier shelter and housing resources.

Finally, additional work is needed to meet the legislative changes indicated in 2E2SSB 5536. HCA recently released updated RNP uniform standards, aligning the program with LEAD core principles. Contracts between HCA and BH-ASOs could be modified to facilitate direct access to LSB technical support. These actions are a necessary first step in addressing the inconsistent understanding of the relationship between LEAD and RNP.

¹⁴⁸ Caseloads, as recommended in the LEAD Toolkit, should average 20 clients per case manager, maximum of 25.

Additional Research Needs

High-quality outcome evaluations of pre-booking diversion programs are limited. Although there are numerous publications about pre-booking diversion, most did not meet the standard of quality for inclusion in our meta-analysis. Existing research has also not fully explored other outcomes of interest (e.g., longer-term reductions in the use of public benefits), which could be incorporated into benefit-cost models.

For RNP specifically, participants noted that a key difference between LEAD and RNP was community and law enforcement readiness. Until RNP was implemented, diversion programs had been initiated by communities with local CLS buy-in. Participants noted that RNP was implemented in communities quickly without the need for engaged communities. Outcome evaluations of diversion under these conditions are necessary and should be contextualized by more robust measures of program fidelity.

Finally, WSIPP was not contracted to perform the fidelity index assessment described in section 2(a)(i) of the legislative assignment. Although the current work provides insight into fidelity at the state level, additional work is needed to better understand fidelity to LEAD core principles and RNP uniform standards at a programmatic level. This work would help specific programs understand strengths and opportunities for improvement. In the absence of funding for external fidelity evaluations, LSB has published the LEAD fidelity framework and offered voluntary self-assessments to assist organizations with implementing with higher fidelity.

Benefit-Cost Analysis

Our benefit-cost analysis suggests significant benefits to taxpayers, clients, and crime victims from pre-booking diversion programs. Reductions in recidivism were estimated to result in over \$22,000 in benefits per client from reduced crime, victimization, and CLS costs. We estimate that each \$1 invested in pre-booking diversion results in \$7.39 in benefits.

Limitations

LEAD and RNP providers collect and submit program activity data to HCA. Data collected included referral and outreach activity, case management status, and demographics about clients. We attempted to use these data to describe program activity but encountered challenges that prevented in-depth analysis.

Our initial data review identified issues indicative of larger quality concerns. Demographic data for clients was missing or unknown in 40% of records, data that should have been related did not sum as expected, and implausibly large jumps in values over time suggested issues with the data collection, submission, or aggregation process. These issues were found both within and between BH-ASO data over time, suggesting reliability and consistency problems that we could not resolve. Given the issues identified and the inability to describe how these limitations might impact findings, we have omitted reporting on HCA data from this report.

A deep dive into the data would be needed to identify and describe error sources. Additional quality control procedures should be implemented to identify errors in submission or during processing proactively. As participants suggested, moving away from an Excel-based manual data submission process may reduce the data collection burden and improve data reliability. Program activity data will be essential to future implementation and outcome evaluations.

The data currently collected by HCA focus on program outputs (e.g., how many outreach attempts were made) rather than program outcomes (e.g., how the program impacted participants). Both proximal (e.g., why program participation ended) and distal (e.g., recidivism, housing status) outcomes should be better incorporated into the data collection and processing workflow. This would allow for a more comprehensive understanding of how pre-booking diversion programs are impacting the broader CLS.

Even with expanded output and outcome measures, discussions with LEAD and RNP providers indicated that the quantitative data cannot fully describe the work that they do. More qualitative aspects of the work, such as the effort needed to transition someone to more intensive case management or locate people who have been referred, are not easily tracked and reported. As such, quantitative measures of diversion program activity should be considered only one aspect of RNP activity and performance.

Extensive efforts were made to collect feedback from diverse recovery system actors. This included program administrators, service providers, and CLS personnel. Nevertheless, results cannot be interpreted as representative of all people involved in the diversion process.

Time and resource constraints also prevented us from gathering feedback directly from LEAD and RNP clients or community members. Clients would have unique insight into how programs are implemented and would have allowed a better contrast between intended program activity and actual program implementation. Research on community perceptions would provide insight into how pre-booking diversion programs can better communicate program activities and effectiveness and be more responsive to local concerns.

Data from LSB was collected retrospectively from a variety of sources, including emails, meeting records, and program documentation. Because of this, it may be incomplete and likely underreport the true amount of technical support provided. The data collection process is now performed routinely, and issues with retrospective data collection have been resolved.

The benefit-cost model did not allow us to monetize every outcome. Important measures, such as reduced substance use or an increase in stable housing, were not incorporated. The model does not project additional benefits beyond those that could be observed, quantified in existing literature, and monetized. The model quantifies the average financial costs and benefits of programs as they impact participants, taxpayers, and others.

These economic outcomes do not necessarily indicate the overall societal value or quality of life, health, and well-being of individuals and their communities.

Finally, these models are designed to provide information about the average situation facing an individual in that population. We cannot know how a program would affect any individual in the group. Individuals in sub-groups of the population may have different experiences. Treatment and comparison groups may differ in their initial level of resources and experiences.

[Updates from the 2025 Legislative Session](#)

While we were writing this report in late 2024 and early 2025, Washington was attempting to reduce a substantial budget shortfall forecasted for the 2025-2027 biennium. In the fall of 2024, HCA identified reducing or eliminating funding for RNP, LEAD, and AJA as potential cost savings.¹⁴⁹ The reductions or elimination of these programs were not included in then-Governor Inslee's last proposed budget at the end of his term in office.

In January 2025, Governor Ferguson directed state agencies to submit potential reductions that were not included in then-Governor Inslee's final budget. In response to this directive, HCA proposed a 50% reduction in RNP funding for FY2026 through FY2029; this would have cut \$18 million from the biennial budget and \$42 million across four years.¹⁵⁰

During this same time, initial budget drafts by the House proposed a 10% budget cut to RNP, while the initial budget from the Senate proposed eliminating RNP funding entirely.

PDA, representing a coalition of stakeholders including city and county governments, law enforcement agencies, prosecutors, BH-ASOs, community service providers, and the District & Municipal Court Judges' Association, urged legislators to prevent cuts to funding.¹⁵¹ Additional letters in support of RNP were provided by dozens of stakeholders including numerous sheriff and municipal law enforcement agencies. Support letters described the wide-ranging impact of RNP programs on their communities.

Consistent with our interview findings, letters in support of these programs describe dedicated and committed outreach teams, the unique role and scope of service provided by RNP, and the success of RNP in reducing continued interactions with the CLS. Elected and appointed officials shared their experiences with RNP, noting that it *"created a system-wide positive impact"* in ways never seen before, that the program was an *"essential alternative to jail,"* and broadly as *"one of the best state programs"* that they had ever partnered with. All stressed the need for continued funding of the program as a critical tool in helping to address substance use and mental illness and reduce homelessness.

¹⁴⁹ Health Care Authority. [First DRAFT of Possible Budget Saving Options Fall 2024](#).

¹⁵⁰ Budget Savings Options 2025. Health Care Authority.

¹⁵¹ See also, Chavez, B. (2025, March 27). [Washington police urge lawmakers to save Recovery Navigator Program](#).

Funding for pre-booking programming was not eliminated, but it was affected. Revisions by legislators resulted in 10% reductions to LEAD and AJA and a 20% reduction in RNP funding; Governor Ferguson signed this budget into law on May 20, 2025.

[Upcoming Reports](#)

The legislature directed HCA to partner with WSIPP on additional research exploring the impact of diversion programs on recidivism, trends in disparities in the use of diversion, and recommendations for program modifications or improvements. Reports exploring these topics are due to the legislature in June 2028, 2033, and 2038 (see 2E2SSB 5536).

Appendices

Washington's Law Enforcement Assisted Diversion (LEAD) & Recovery Navigator Program (RNP):
Opportunities to Improve Pre-Booking Diversion Fidelity

Appendices

I.	Systematic Literature Review.....	60
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I. Systematic Literature Review

The purpose of this systematic review was to identify research that has been conducted on pre-booking CLS diversion programs. The goal was to identify outcome evaluations of pre-booking diversion programs to determine program impact. The primary outcome of interest was a change in future CLS contact after participating in a diversion program.

Systematic Literature Search

Searches were conducted in the following databases and resources:

- EBSCOhost¹⁵²
- PsycInfo¹⁵³
- Crime Solutions (crimesolutions.gov)
- Google Scholar¹⁵⁴
- LEAD Support Bureau (publication library)
- Bureau of Justice Assistance (publication library)
- Curated reference library assembled by Emily Knapfus-Soran, PhD

The following search terms were used to identify law enforcement assisted diversion evaluation research:¹⁵⁵

- "law enforcement diversion" OR "law enforcement assisted diversion" OR "law enforcement-assisted diversion" OR "police diversion" OR "police assisted diversion" OR "police-assisted diversion" OR "justice diversion" OR "community based diversion" OR "community-based diversion" OR "**-arrest diversion"¹⁵⁶ OR "**-charge diversion" OR "pre-conviction diversion" OR "recovery navigator*."

¹⁵² Databases included: Academic Search Complete, eBook Collection, eBook Open Access, ERIC, Humanities Source, MasterFILE Premier, Primary Search, Sociology Source Ultimate.

¹⁵³ PsycInfo does not allow wildcards at the beginning of search strings. Search terms were modified.

¹⁵⁴ Use of Google Scholar in systematic reviews presents several challenges related to consistency and replicability. To partially address this issue, the search was performed using Publish or Perish.

¹⁵⁵ We considered including "LEAD," "diversion," and "deflection" in the search term list, but they inflated the number of search results to an unmanageable level (e.g., "LEAD" resulted in over 700k search results).

¹⁵⁶ * Indicates wildcard.

Search terms for Google Scholar were modified to “law enforcement police community diversion” because of the differences in how Google Scholar treats wildcards.

Results from all three searches were loaded into Zotero, a reference management software. Manual cleaning and deduplication between search results were conducted before reference screening was conducted.

Inclusion and Exclusion Criteria

A set of inclusion and exclusion criteria was established ([Exhibit 18](#)). Criteria were established for study characteristics. The program must have been a pre-booking or alternative to arrest diversion program for adults operated by law enforcement or other community service providers. The program must have provided case management or referral services. The qualitative review was inclusive of implementation and outcome assessments, program documentation, and other practitioner-focused grey literature. The included references could be strictly descriptive.

For the quantitative component of the meta-analysis, additional screening criteria were implemented. Studies relevant to the quantitative component must have focused on outcome evaluation. They could be experimental or quasi-experimental in design but must have included a comparison group with similar baseline characteristics.

Reference Screening

References were screened in Covidence, a web-based platform that facilitates systematic reviews and data extraction.¹⁵⁷ A two-stage screening was conducted to identify in-scope articles. The first screening stage was to review article titles and abstracts. During this stage, reviewers determined if an article was about pre-booking diversion and was likely to include relevant outcome measures.

The second screening stage involved a review of the full text of each article but differed between the qualitative and quantitative reviews. For the qualitative review, each article was reviewed to determine if descriptions of best practices and implementation strategies were discussed. For the quantitative component of the review, the second-stage screening assessed if the reference was an appropriate outcome evaluation for the meta-analysis. Articles that passed the qualitative or quantitative stage two screening were subject to separate data extraction.

Thirty-one articles passed the qualitative screening ([Exhibit 19](#)). Six studies passed quantitative screening ([Exhibit 20](#)) and were eligible for inclusion in the meta-analysis and benefit-cost analysis.

¹⁵⁷ [Covidence](#).

Exhibit 18

Inclusion and Exclusion Criteria

Dimension	Inclusion criteria	Exclusion criteria
Study characteristics	<ul style="list-style-type: none"> Published or translated in English May be peer-reviewed or not May include dissertations/theses May be implementation, process, or outcome evaluation 	<ul style="list-style-type: none"> Non-US study area Review articles and meta-analyses (included in citation chasing)
Population	<ul style="list-style-type: none"> A coordinated program to divert adults away from the CLS May be pre-CLS involvement or alternative to arrest (sequential intercept 0 or 1) May be operated by a law enforcement agency or other community-based organization Program is primarily designed for case management and referral of individuals to supportive services 	<ul style="list-style-type: none"> Prosecutor- or court-based diversion programs Program is post-incarceration Program is primarily focused on the treatment of substance use disorder Program is primarily targeted toward juveniles
Comparator	<ul style="list-style-type: none"> Treatment as usual 	<ul style="list-style-type: none"> No comparator (quantitative only)
Qualitative outcomes	<ul style="list-style-type: none"> Best practices Core principles Diversion from the CLS Discretion Satisfaction with LEAD and RNP Receipt of social services Receipt of behavioral health treatment Program recommendations Reports on best practices 	<ul style="list-style-type: none"> Implementation data
Quantitative outcomes	<ul style="list-style-type: none"> Recidivism Substance/alcohol use Housing Employment Health-related outcomes 	<ul style="list-style-type: none"> Implementation data Any perception-based outcomes about diversion or diversion programs (e.g., officers, diversion personnel, clients)

Backwards Citation Chasing

Backwards citation chasing is a supplementary search technique that looks at all references in a set of articles. For this review, we limited backwards citation chasing to articles that were determined to be in-scope and previously published meta-analyses. Backwards citation chasing was performed using the R package *citationchaser*.¹⁵⁸ These articles went through the same two-stage screening procedure described above.

Data Extraction

The data extraction protocol differed between the qualitative and quantitative components of the project. For the qualitative component of the review, the full text of references was uploaded to ATLAS.ti, a qualitative coding, analysis, and reporting tool. Two coders reviewed each article and tagged content related to best practices and strategies.

For the quantitative component of the project, data were extracted independently by two coders in Covidence. This included information about project implementation, design, sample size and characteristics, and outcome measures. Any differences in coded data were reviewed by both coders to reach a consensus on the final data.

¹⁵⁸ Haddaway, N.R., Grainger, M.J., & Gray, C.T. (2021). *citationchaser: An R package and Shiny app for forward and backward citations chasing in academic searching* (0.0.3).

Exhibit 19

PRISMA for Article Screened for Qualitative Outcomes

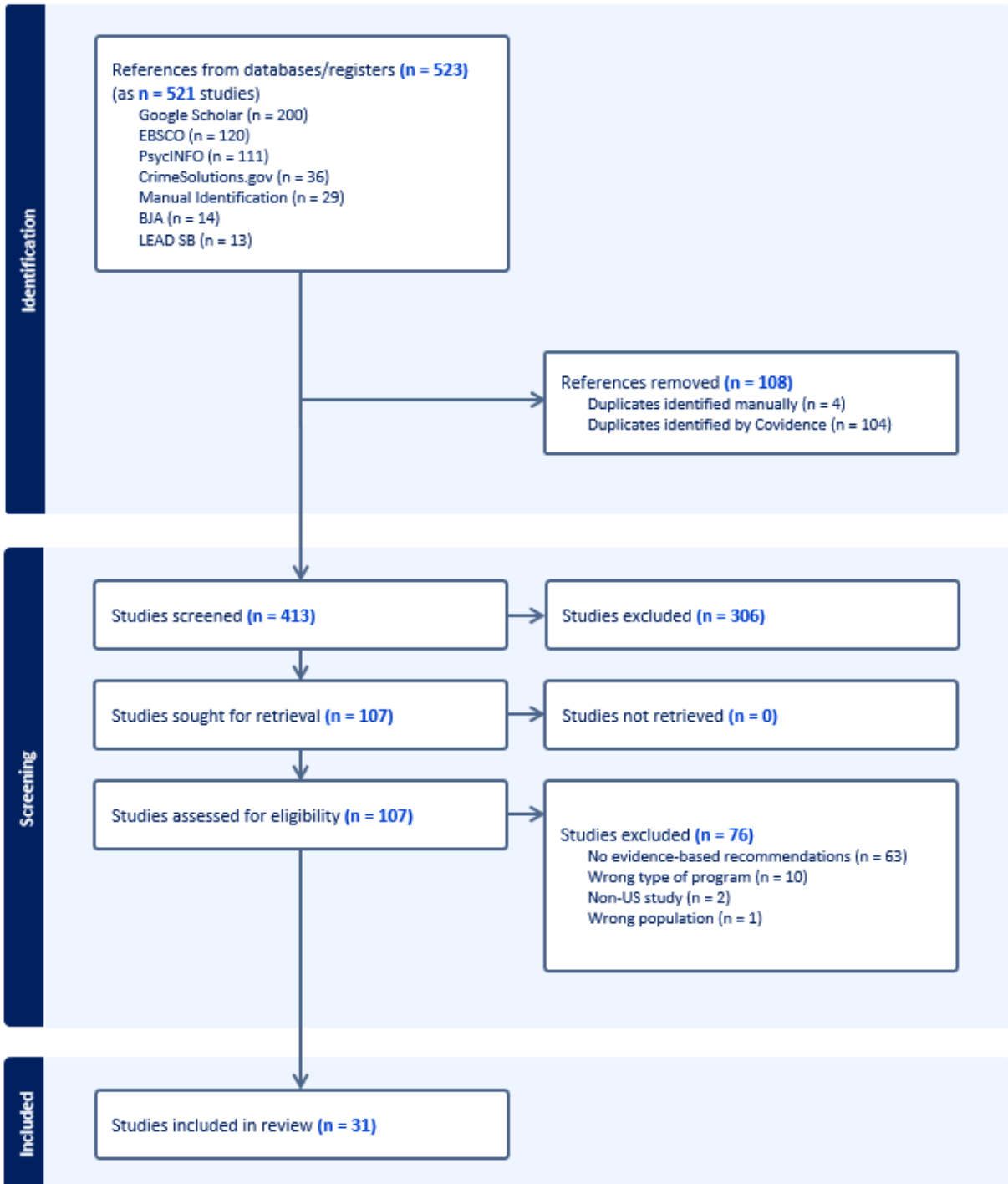
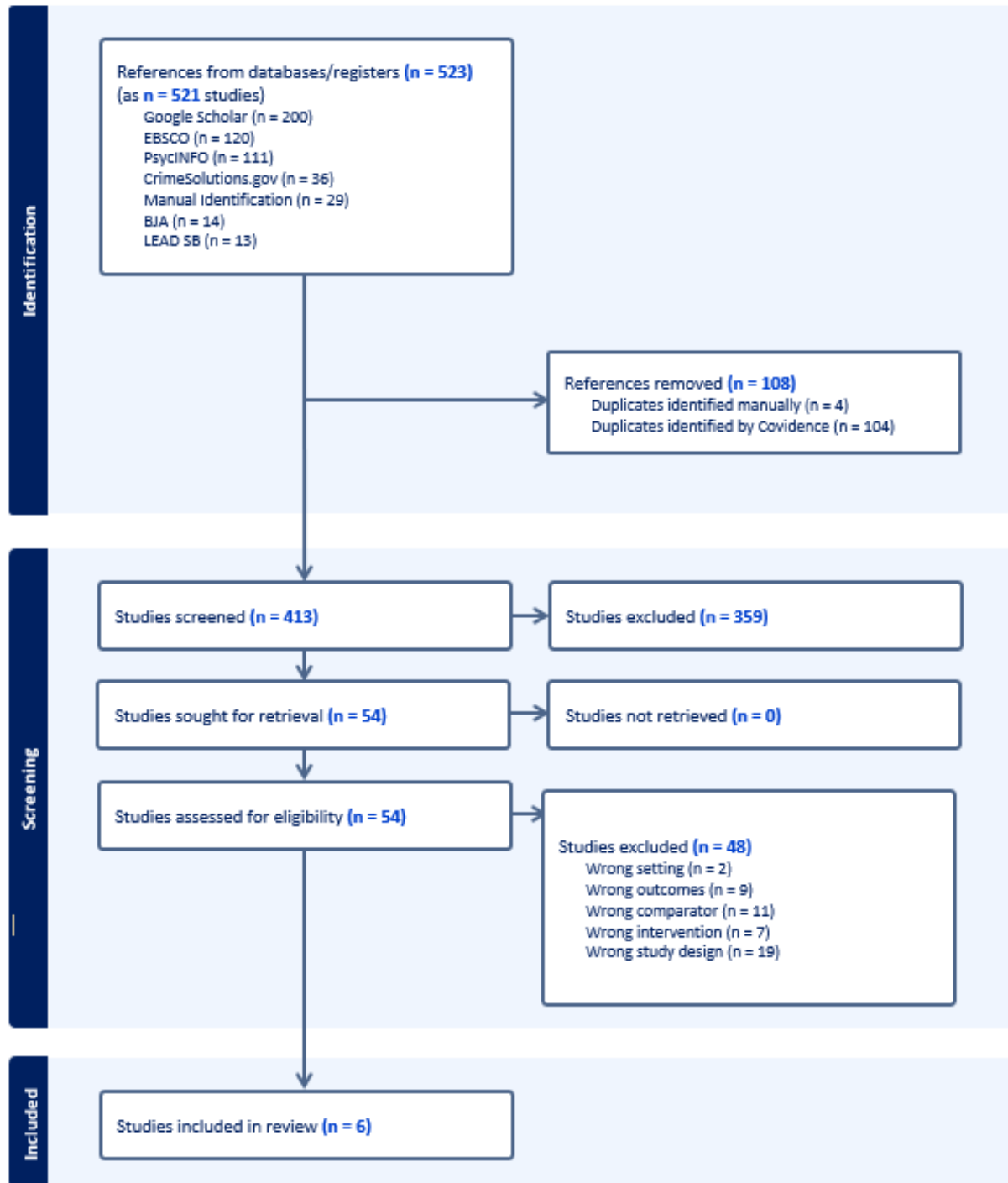


Exhibit 20

PRISMA for Article Screened for Quantitative Outcomes



Quality Assessment

Consistent with best practice recommendations from the Cochrane Scientific Committee,¹⁵⁹ we conducted the ROBINS-I¹⁶⁰ assessments for each article that was in scope for the meta-analysis. Each article was assessed by two independent coders. Inconsistent assessments were reviewed until a consensus was reached. The results of that consensus are described in [Exhibit 21](#).

Exhibit 21

Quality Assessment for Studies Included in Meta-Analysis

	Risk of bias domains							Overall
	D1	D2	D3	D4	D5	D6	D7	
Arora & Benscsik (2023)	-	-	-	+	-	+	-	-
Collins et al. (2019)	+	-	+	+	+	+	-	+
Dole & Freeman (2018)	X	-	-	-	+	+	-	X
Gilbert et al. (2022)	-	-	-	+	+	+	-	X
Malm et al. (2020)	+	-	+	+	-	+	-	-
Nyland et al. (2024)	+	X	+	+	+	+	X	X

Study

Domains:
D1: Bias due to confounding.
D2: Bias due to selection of participants.
D3: Bias in classification of interventions.
D4: Bias due to deviations from intended interventions.
D5: Bias due to missing data.
D6: Bias in measurement of outcomes.
D7: Bias in selection of the reported result.

Judgement
X Serious
- Moderate
+ Low

Participant selection into non-randomized studies of diversion programs is subjective, as referral is more likely for individuals perceived to be most likely to benefit from the program. We therefore assigned Domain 2 to at least moderate risk for all studies. We also assigned all studies to at least moderate risk in Domain 7, as none had pre-reported analysis plans that we could locate.

We used the algorithm from the ROBINS-I tool to determine the overall risk of bias for each study. For Collins et al. (2019), we chose to manually override the algorithm as we did not identify any methodological issues beyond those present in all non-randomized studies of diversion programs.

¹⁵⁹ Sterne, J.A., Hernán, M.A., Reeves, B.C., Savović, J., Berkman, N.D., Viswanathan, M., Henry, D., Altman, D.G., Ansari, M.T., Boutron, I., Carpenter, J.R., Chan, A.-W., Churchill, R., Deeks, J.J., Hróbjartsson, A., Kirkham, J., Jüni, P., Loke, Y. K., Pigott, T.D., . . . Higgins, J.P. (2016). ROBINS-I: a tool for assessing risk of bias in non-randomised studies of interventions. *BMJ*, 355, i4919.

¹⁶⁰ <https://www.riskofbias.info>.

After completing the quality assessment, we ran a separate meta-analysis, including only the three studies with low or moderate risk of bias ([Exhibit 22](#)). This was done to ensure our results were not driven by studies assessed as having a serious risk of bias.

Exhibit 22

Sensitivity Analysis Results: Comparison of All Studies and Studies with Low or Moderate Bias

	Number of effect sizes	Treatment N	Effect size	Standard error	p-value
All studies	6	908	-0.42	0.12	<0.001
Only studies with low or moderate overall risk	3	563	-0.47	0.18	0.008

Note:

Results for any recidivism measure. Studies assessed as low or moderate risk of bias: Arora & Benscsik (2023), Collins et al. (2019), and Malm et al. (2020).

Results remained significant and in the same direction when studies with a serious risk of bias were excluded.

Acknowledgements

This research required participation from dozens of people representing criminal legal, recovery, and diversion systems. In the interest of protecting anonymity, we are unable to name them individually. The people we interviewed demonstrated a deep commitment to diversion programs and improving safety and well-being in their communities. We appreciate the thoughtful contributions that shaped the results of this report.

We also received substantial input and report feedback from numerous people. From HCA, Tony Walton (Section Manager), Sarah Melfi-Klein (Criminal Legal Systems & Blake Projects Manager), and Ryan Keith (Recovery Navigator Program Administrator) helped to facilitate access to key program contacts and provided important feedback on draft findings. From LSB, Lisa Daugaard (Co-Executive Director, Policy), Rebecca Brown (Consulting Expert), and Chelle Wilder (Project Manager) helped to collect necessary data, provided insight into the historical context of LEAD implementation, and reviewed a preliminary draft report. Dr. Emily Knaphus-Soran provided important guidance early during the project and generously shared her curated library of LEAD-focused research. We appreciate all the feedback that helped to improve this report.

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