

**EXECUTIVE SUMMARY:**  
The Effectiveness of  
Public Safety Diversion Programs  
in Longmont, CO

Murat Iyigun\*

February 2020

---

\*University of Colorado at Boulder and Institute for the Study of Labor (IZA).

- The technical paper entitled "The Effectiveness of Public Safety Diversion Programs in Longmont, CO," evaluates the effectiveness of Longmont Division of Public Safety's Law Enforcement Assisted Diversion Program (LEAD). The evaluation period spans from January 2015 to November 2019, covering nearly a five year timeframe around the launch of LEAD on July 10, 2018.
- From its inception to November 2019, Longmont's LEAD program provided assistance to 133 city residents in a host of different ways.
- The 133 Longmont residents who were serviced through LEAD programs since July 2018 were, on average, 37.2 years old, more than 60 percent male, and they had slightly more than a GED (although educational attainment is recorded for only 59 respondents and is lacking for 74 others). Slightly above 66 percent of this sample were Caucasian, 13 percent Hispanic, 1.5 percent were African American, under 1 percent were Native American, while the remaining 19 percent did not report their race. Around 36 percent of program participants were homeless. Married LEAD program participants comprised of 8.3 percent of the sample, while never married accounted for 24 percent, divorced another 14.3 percent, and separated and cohabiting individuals accounting for 3 percent each, respectively. For more details on demographics and various LEAD data, please see Table 1.A.
- The breakdown of the total number of *legal entanglements* among the 133 LEAD participants over the whole sample period is as follows: An average of 9.5 legal incidents per participant per annum before LEAD contact and 3.9 incidents after LEAD contact. Two arrests on average per year before LEAD contact and one after LEAD involvement. These 133 program participants were also involved in a total of roughly 4.6 Emergency Medical Services contacts per year before LEAD and 2.1 after LEAD. Of those, 4.3 culminated with hospitalization before LEAD and 2 after it. For further details, see Table 1.A in the technical paper.
- Based on the sample of individuals and period of coverage, I document that rates of "recidivism" in terms of adverse contacts with law enforcement and the legal system declined as a result of LEAD interventions and interactions. In particular, I show that the number of all legal incidents dropped by around 59 percent following first contact

with LEAD and arrests declined by roughly 50 percent. For details, see Figure 1 in the technical paper.

- There is also evidence that the fraction of individuals who had some record of involvement prior to LEAD contact and had none following it significantly outweighs the share of those who did not have any involvement prior to a LEAD affiliation and had some after it. This is the case across the board, although most marked differences can be seen for total legal incidents, arrests, summons and hospitalizations. For example, we see that the share of LEAD participants who had an earlier arrest record but who remained free of an arrest after joining the program was 35 percent. By contrast, only 8 percent of the participants who did not have an earlier arrest record (over January 2015 and first contact with LEAD) ended up with one after LEAD involvement. Court summons also show such significant differences: the fraction of LEAD participants who had court summons earlier but who remained free of one after the program was 32 percent. Only 6 percent of the whole sample were subjects who did not have an earlier record but ended up with at least one court summons after LEAD involvement. For details refer to Table 3 in the technical paper.
- In exploring the specific channels through which these effects were manifested, I document that all types of LEAD contact helped to reduce legal incidents by 21 percent, LEAD case management contacts account for roughly a 17 percent decline and peer counseling contacts for about 11 percent. Likewise, all LEAD contacts reduced arrests by 20 percent, case management contacts led to declines of about 19 percent and peer counseling contacts by 12 percent. The impact of LEAD programs on Emergency Medical Services use is more mixed although I show that the frequency of hospitalizations might have declined by about 25 percent via peer counseling contacts. Sections 4 and 5 of the technical paper present and elaborate on these findings.