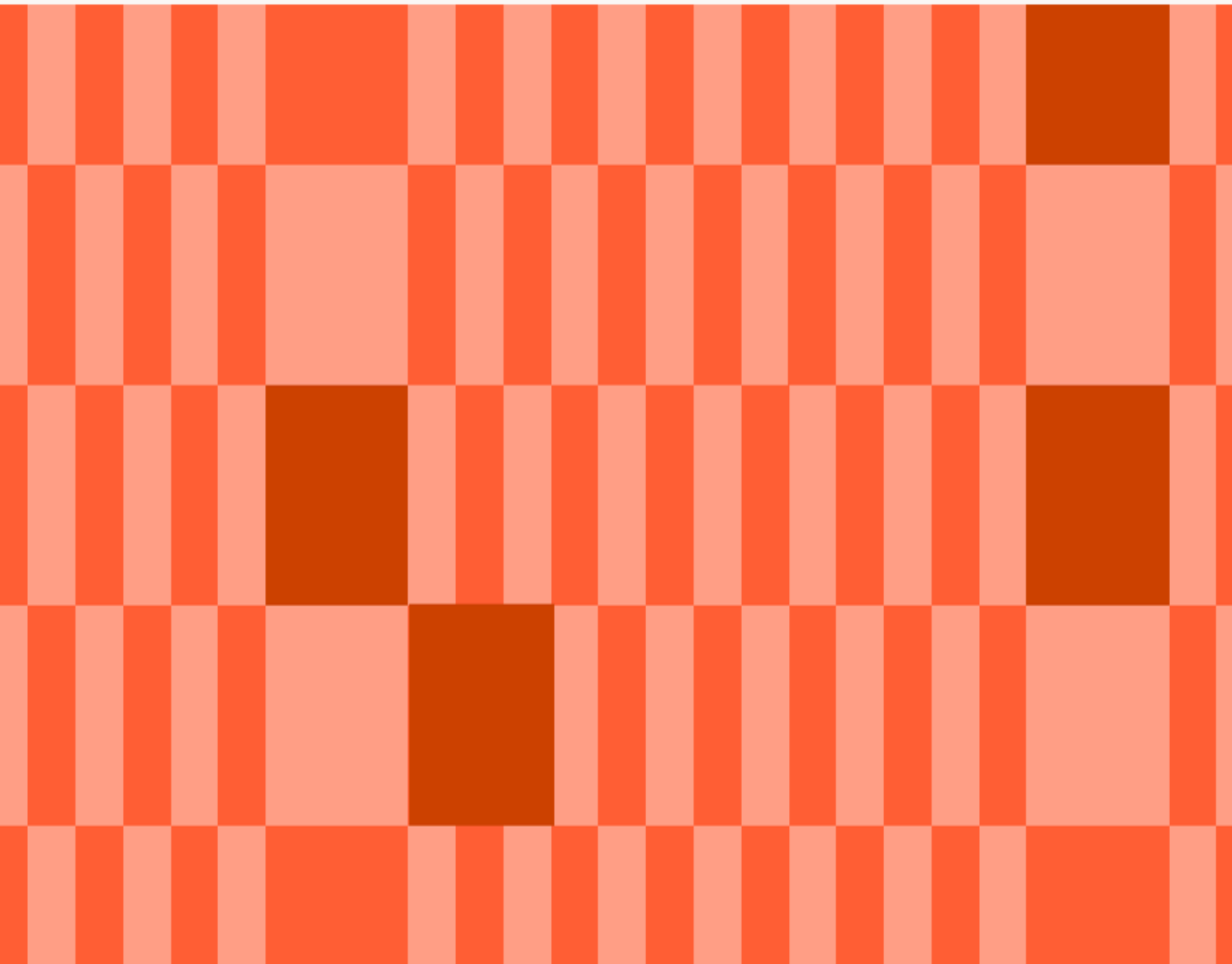


Omni Institute Report

# Laramie County LEAD Evaluation Report

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Law Enforcement Assisted Diversion (LEAD) Report 2024-2026



# Laramie County LEAD Evaluation Report

## Law Enforcement Assisted Diversion (LEAD) Report 2024-2026

### Submitted to:

Laramie County LEAD

### For More Information

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### Acknowledgments

Omni Institute thanks LEAD staff, community partners and participants for their contributions to this report.

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# Executive Summary

## Evaluation Overview

Since May 2024, Omni Institute (Omni) has evaluated Laramie County Law Enforcement Assisted Diversion (LEAD), which aims to reduce recidivism among low-level offenders, strengthen cross-sector collaboration, and improve community public health and safety in Laramie County, Wyoming. The evaluation focused on identifying what's working, areas for improvement, and building LEAD's internal evaluation capacity. This summary provides an overview of key findings from the evaluation; for additional findings and details please see the full Laramie County LEAD Evaluation Report.

## LEAD Reach and Participant Needs

Since May 2024, 418 individuals have been referred to LEAD, with the majority of these (77%, n=297) being self-referrals. Of these referrals, 56 individuals completed an intake assessment and began working with a member of the LEAD staff. The majority of LEAD participants are white (67%, n=28), female (51%, n=21) and have an average age of 36.

At intake, participants indicated significant and overlapping needs across multiple recovery capital domains including:

**“They’ll assist with deposits, get people a phone, just the small things...you don’t think of, like someone needs a phone to get a job, check-in with probation, get accepted into any program. So, like helping with phones, that’s a service that is so needed and you can’t find that in a lot of programs in town.”** — Community Partner



**Housing:** 44% of participants (n=24) were unhoused and 78% (n=42) reported barriers to securing stable housing, primarily related to affordability, credit checks, and background checks.



**Employment & Finances:** 61% of participants (n=33) were unemployed. Nearly all participants (91%, n=49) were experiencing financial challenges, with 63% (n=40) reporting their income rarely or never meets their basic needs.



**Substance Use:** 54% of participants (n=21) reported substance use in the prior 30 days, 48% (n=26) had a prior diagnosis of a substance use disorder, and 22% (n=12) had a prior diagnosis of an alcohol use disorder.



**Documents:** 67% of participants (n=32) had a social security card, 52% (n=28) had a driver's license or state ID, and 47% (n=25) had a birth certificate.



**Legal Involvement:** 60% of participants (n=32) were experiencing active legal concerns, 64% (n=35) had a pending court date, and 41% (n=22) were on probation or parole.





**Physical and Mental Health:** 51% of participants (n=28) reported a recurring health condition and 31% (n=17) reported taking medication for this or another concern.



**Recovery Capital:** 54% of participants (n=27) entered the program with a Brief Assessment of Recovery Capital (BARC-10) score indicating a higher likelihood of sustained recovery, reflecting meaningful existing strengths among participants.

## Key Takeaways

### How LEAD Improves Participants Lives

Through intake assessments and one-on-one case management, LEAD staff develop individualized support plans addressing each participant's unique needs. Services span the full spectrum of recovery capital, including housing assistance, transportation, health and recovery connections, and coverage of essential costs like documents and medications. This hands-on, whole-person approach enabled the LEAD team to meaningfully support clients in achieving their goals across nearly every recovery dimension. Key highlights include:



**Basic Needs:** LEAD provided 1,471 rides to ensure participants could access appointments and treatment, purchased \$1,628.06 in meals and connected 8 participants to food pantries, and purchased \$1,407.55 in clothing. LEAD also provided phones and/or phone minutes to 11 participants to keep them connected to support networks and opportunities.



**Housing & Employment:** LEAD helped 12 participants secure housing and 12 participants establish employment, building financial and physical stability critical to long-term recovery.



**Documents:** LEAD assisted 11 participants in enrolling in SNAP benefits and helped 23 participants obtain vital records including social security cards and driver's licenses removing key barriers to accessing additional services and supports.



**Education:** LEAD supported 2 participants in enrolling in educational programs to further their studies and expand future opportunities.



**Treatment, Recovery and Sobriety:** LEAD referred 7 participants for substance use evaluations, covered drug and alcohol testing fees for 8 participants, supported 19 participants in enrolling in treatment programs, and assisted 13 participants in accessing Medication-Assisted Treatment (MAT) reflecting a comprehensive and individualized approach to recovery.



Through this service provision, LEAD participants also saw stability or improvements in various aspects of their lives including meeting their goals, decreasing law enforcement contact and improving overall recovery capital.

Participants reported making progress on 87% (n=20) of their stated goals, with 22% reporting doing much better than expected on their goal progress.

For participants with recurring assessments (n=8)

**4**  
reported that their employment status stayed the same or improved.

**6**  
indicated that their substance use improved

**2**  
reported cessation of substance use

**7**  
indicated that their housing status stayed the same or improved

**7**  
indicated that their behavioral/mental health stayed the same or improved.

**8**  
indicated that their physical health stayed the same or improved

62% of respondents (n=5) exceeded the indicator for sustained recovery with a total score of 47 or higher, up from 33% at intake. Overall, BARC-10 scores increased 3.5 points from intake to recurring assessment, with participants indicating stability or improvements in eight of the ten domains. The largest improvements were observed in gaining support from friends, having a living space that supports recovery, and feeling that life is fulfilling and challenging without the use of drugs. Progress in the recovery journey slightly declined as some participants reported re-emerging substance use challenges, including returns to use.

**“I love the LEAD program. It has saved my life.”**  
— LEAD Participant

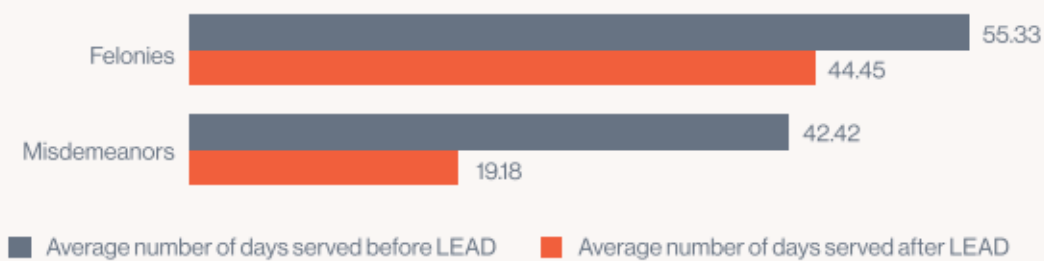


Individuals with justice data (n=33) participants saw a decrease in the time spent in jail for both misdemeanors and felonies from before working with LEAD to after, despite a slight increase in arrest instances (4.2 and 4.9 arrests respectively).

**LEAD participants saw a decrease in the average number of days spent in jail for felonies (11.12 days) and misdemeanors (23.24 days) after beginning their work with LEAD.**

**10** participants have not been rearrested since beginning their work with LEAD.

### Days in Jail Served Before and After LEAD



### Client Satisfaction

Client also indicated high levels of satisfaction with the program. All clients who completed a satisfaction survey (n=14) indicated greater awareness of and access to community services including those that were previously unaffordable, as well as improved relationships with friends, family, and the community.

They credited LEAD with helping them achieve their goals and valued the knowledge and resources provided. Overall satisfaction was high, with participants consistently noting that staff treated them with respect, believed in their capacity to change, and made them feel supported throughout their engagement.

**93%** of participants believe they wouldn't be as far along in their recovery if they had not worked with LEAD.

**“LEAD has been one of the main pillars of my sobriety support network. It would have been impossible to have gotten as far as I have without them.”**

— LEAD Participant



## Why the LEAD Model Works

To gain clearer insight into which elements of the LEAD model supported client success in Laramie County, Omni interviewed LEAD staff and community partners to gather their views on LEAD. Staff and partners shared several aspects of the LEAD model that support its success in Laramie County.

- **LEAD Staff:** LEAD staff are dedicated, knowledgeable, and deeply embedded in the community, their responsiveness, cross-team collaboration, and comprehensive understanding of both individual clients and local resources drives LEAD success.
- **Flexible Program Model:** LEAD's flexible, client-centered model allows staff to meet participants where they are, addressing everything from basic needs to systemic barriers by filling critical service gaps that other agencies can't.
- **Reduced Strain on Partner Resources:** By providing diverse support services, LEAD reduces the burden on partner agencies, allowing them to focus on their core work.
- **Strong Community Partnerships:** LEAD's diverse, trust-based partnerships with community enables wraparound support and seamless collaboration that enhances services for individuals in the community

## External Challenges Facing LEAD

Although many elements of the LEAD model have been successful in Laramie County, program staff, partners, and participants pointed out ongoing challenges that impact the full effective implementation of the LEAD model.

- **Community Culture:** Local culture including stigma and a preference for punitive approaches remain LEAD's greatest barrier.
- **Knowledge and Perceptions of LEAD:** Limited awareness of LEAD among the broader community, partner agencies, and clients themselves undermines buy-in and trust.
- **Limited Community Resources:** Limited resources in Laramie County create logistical barriers for LEAD and its participants.
- **Additional Partnership Opportunities:** There are additional opportunities to facilitate partnerships, particularly among law enforcement, to expand LEAD's reach and effectiveness.
- **Lack of Client Engagement:** While LEAD's flexible model is an asset, for some individuals it can hinder consistent engagement, highlighting the need to balance client-centered flexibility with structure.



## Opportunities for LEAD Growth and Sustainability

In addition to identifying strengths and challenges, LEAD staff and partners also shared insights on what opportunities for growth or continued reflection exist to support the program in long-term sustainability.

- **Additional LEAD Staff and Funding:** Community partners advocated for increased investment to expand the program's reach and maximize its impact.
- **Reviewing Clients on a Case-By-Case Basis:** LEAD's exclusion criteria limit access for some receptive individuals, reinforcing the need for ongoing case-by-case review to maximize reach.
- **Additional Visibility and Data Sharing:** Improving data collection, sharing success stories and expanding community outreach are key opportunities to demonstrate LEAD's impact.

## The Value of a LEAD Dollar

In addition to the effectiveness of diversion models in meeting clients' unique needs, research is well-established that diversion saves money.

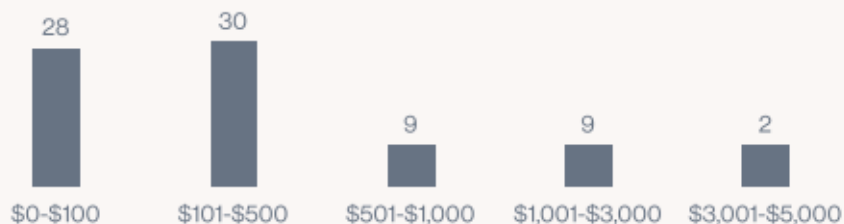
Services provided to clients and resulting expenditure varied by participant, based on several factors, primarily the scope of an individual's needs and the time spent working with LEAD. Financial data includes 78 participants.

Excluding staff time, LEAD spending ranged from \$0 to \$3,320.27 per person, with the majority of participants receiving between \$101 and \$500 in services. The average costs across all participants was \$415.48.

**“When we have people who are housed, when we have people who are in recovery, we have people who are getting consistent mental health therapy either on the psychological illness or on the psychiatric point those are gains for us, and I can tell you without a doubt that we have dozens of individuals in our community who were persistent issues who were always a headache and they are no longer a headache...that is a cost savings for the community.”**

— Community Partner

### Average LEAD Spending Per Person



Individuals who have been in the program for 2+ years have the highest per-person cost (\$535.56 on average), as their needs are likely to evolve over time through continued engagement with LEAD.



## The Cost of Two Paths

The following explores the potential costs avoided by investing in the LEAD model relative to the “business as usual” operational costs for a representative client, John M. It uses publicly available data and research to illustrate the scale of costs that can be avoided when individuals are diverted from the criminal justice system into community services. Let’s explore the individual and financial implications of two potential paths for John; business as usual, or receiving support from LEAD.

### Business as Usual



#### John Remains Without Stable Housing:

John’s housing instability continues while he utilizes short term resources such as the local shelter system, costing \$25 per night<sup>11</sup>, or \$750 over a 30-day period. Even if John were able to obtain short-term housing it would be difficult to sustain without stable employment. If he needed rental assistance, Laramie County’s program averaged \$688.75 per household per month<sup>12</sup>, before it was discontinued in 2023. Without a fixed address, accessing benefits, keeping appointments, and maintaining employment remain out of reach.



#### John’s Substance Use Goes Untreated:

John makes brief contact with a treatment program but disengages early to focus on other needs. His stimulant and alcohol use continues driving law enforcement contact with each encounter, costing an estimated \$24 in officer time and \$145 per night in jail. If his use escalates into a medical crisis, a single alcohol or drug-related case at CRMC carries a median charge of \$20,640.33<sup>13</sup>. And if he experiences a nonfatal overdose, that costs the system \$221,215<sup>14</sup>.

### LEAD Support



#### John Obtains Essential Documents, Unlocking New Opportunities:

A month after working with LEAD, John has a valid driver’s license and social security card, LEAD spent \$50.61 to obtain them, less than the fine for a single traffic stop, and a fraction of one night in jail. That document unlocks a bank account, a job application, and access to benefits he was previously unable to access.



#### John Secures Stable Housing:

With identification in hand, his case manager helps him secure stable housing. LEAD’s cost to house an individual is \$349.28, less than two weeks in a shelter. With a stable address, John can receive mail, keep appointments, and begin rebuilding the routine that his other goals depend on.



#### John Engages in Substance Use Treatment:

With his housing stabilized, John can focus on addressing his substance use needs by engaging in ongoing treatment. LEAD spent \$301.23 to connect him to





**John Lacks Essential Documents:**

Without a valid license, John cannot legally drive, but without transportation, he cannot get to court, to treatment, or to work. A citation for driving without a license carries a base fine of \$150<sup>15</sup>, with repeat stops escalating to \$750 in fines and up to six months in jail<sup>15</sup>, a cost of up to \$26,100. Even with a license, driving without insurance adds another \$250 to \$750<sup>16</sup> per offense. Without support understanding his parole requirements or getting to appointments, John misses a check-in resulting in a technical violation that triggers an arrest. Each misdemeanor non-trial case costs approximately \$1,000 in attorney and court staff time, with more serious or complex cases, potentially costing tens of thousands.



**John Relies on Public Assistance:**

Without stable work, John begins drawing on public assistance. For an individual making minimum wage Wyoming's unemployment insurance totals \$5,127.20 over 26 weeks<sup>17</sup>.

Without coordinated, wraparound care, John is forced to address his complex needs through short-term solutions which require the system to spend significant money, but do not move John forward.

evaluations, referrals, transportation, and medication. If that investment reduces his law enforcement contact by just five incidents over the course of a year, it saves \$120 in officer time and at least \$925 in jail costs. If it prevents a single medical crisis, more than \$20,000 in hospital costs are avoided. Odds of an overdose decrease as do the accompanying costs of more than \$200,000.



**John Stops Cycling Through the System:**

Continuing on his path to recovery, John attends his court and probation appointments. For \$0.54 per ride and a \$184.51 phone, LEAD keeps him in compliance with his legal requirements. The missed appearances and technical violations that most commonly cycle individuals back into the system stop accumulating. For the first time in years, John is not generating new legal exposure reducing the costs of jail time, court staff and attorney fees.



**John Finds Stable Employment:**

A few months into his work with LEAD, John is stably employed. LEAD spent \$367.48 on new interview clothes, job application support, and rides to get him there. John can now reduce or stop his reliance on government benefits including unemployment.

LEAD is investing fewer dollars in John, and supporting his long-term wellness, reducing future reliance on the system and costs to the community.



## Recommendations

To address the external challenges facing LEAD and facilitate its continued success, staff and partners shared several recommendations.

- Identify additional opportunities to engage with law enforcement, such as ride-alongs or training opportunities to continue building a strong rapport with officers and encourage agency buy-in.
- Work with law enforcement to identify high-contact individuals to get them connected to LEAD to reduce law enforcement contact and arrests.
- Consider seeking private funding to support the important work LEAD is doing in the community to supplement or replace other funding.
- Continue considering individuals on a case-by-case basis and making exceptions to exclusion criteria where possible.
- Reflect on ways to support clients with diverse needs in continuing to engage with LEAD.
- Reflect on existing available data and opportunities for new or additional data tracking to minimize the burden on LEAD staff and improve regular reporting.
- Identify regular reporting metrics that can be shared consistently (quarterly, biannually, annually) with both community partners and the public to increase knowledge and reduce stigma and show the value of LEAD.
- Seek permission from clients to share their success stories.

## Conclusion

Community partners, staff and participants strongly regard LEAD as an essential resource in the community, providing diverse services to meet unique client needs and establishing foundational support on the journey to wellness. Individuals who work with LEAD show stability or improvements in housing, employment, health, and substance use. Key findings include connections to diverse community resources, improvements in recovery capital, reductions in substance use behaviors and jail time served, and cost savings for individuals and community systems.

Strengths of the LEAD model include staff and partnerships, funding flexibility, and reduced burden on other local agencies. Identified challenges include community culture, limited knowledge of the LEAD model, limited community resources, and client engagement. Recommendations to support future sustainability include securing additional funding and staff, reviewing clients on a case-by-case basis, and sharing data and stories about LEAD to build broader community understanding and buy-in. Ultimately, LEAD is a critical resource to the residents of Laramie County, and by building on current strengths and addressing gaps and challenges, LEAD will be able to serve even more community members to further support a well Wyoming.



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# 01 | What Is LEAD?

## Evaluation Overview

Since May 2024, Omni Institute (Omni) has partnered with Laramie Law Enforcement Assisted Diversion (LEAD) to evaluate their services with the goals of reducing recidivism among low-level offenders in Laramie County, Wyoming (Cheyenne), strengthening collaboration across county and city departments and community-based organizations to better address the needs of individuals with a history of substance use and mental health disorders as well as increasing community public health and safety. The goal of this evaluation was to generate learnings to support programmatic improvements and build ongoing internal evaluation capacity by understanding what aspects of the LEAD model are working well and what opportunities for improvement exist.

## National LEAD Model

LEAD is a national model that aims to enhance public safety and equity by diverting people with unmet behavioral health needs and income instability away from incarceration and prosecution, and into non-punitive, collaborative, community-based systems of response and care. The success of a LEAD initiative depends on the strength of diverse partnerships. Through a shared commitment to changing systems and changing lives, LEAD is forging a safer, healthier, and more equitable future for communities.

Two-thirds of all people booked into jail in the US have a mental illness or problematic substance use and over 60% of people in jail are held for low-level misdemeanors or infractions.<sup>1</sup>

### **LEAD is not a program – it’s a framework for changing outcomes for both systems and individuals.**

- Unlike other diversion models, LEAD does not impose sanctions, is not primarily court based, does not require police contact, does not require an immediate cessation or abstinence of concerning behavior, and does not establish treatment as a precondition to other forms of care.
- LEAD’s intensive case management is not limited to just a single encounter but continues as long as it’s useful.
- LEAD prioritizes continuously engaging partners who may traditionally have felt at odds with one another, aiming to shift systemic policies, practices, and resources to improve both individual and collective well-being.



## LEAD in Laramie

While the LEAD model has become prevalent in cities across the country, Laramie County has the only LEAD model in Wyoming and one of the only in the country serving a primarily rural community.

Laramie County LEAD was launched in 2020 and has been housed within several community agencies, including Cheyenne Regional Medical Center (CRMC), the Cheyenne Police Department (CPD), and the Laramie County Sheriff's Office (LCSO), where it remains today.

The goal of Laramie County LEAD is to divert individuals at high risk of becoming involved with the criminal justice system due to untreated mental health issues, substance misuse, and/or extreme poverty. The nature of the LEAD model is to meet participants where they are physically, mentally, and emotionally to reduce barriers that cause individuals to recidivate, such as not being able to afford drug testing fees or not having a reliable ride to court or probation meetings.

Given that many individuals have previously had negative experiences with the traditional criminal justice system, it takes time and a trauma-informed approach to establish trust and rapport with justice-involved individuals. LEAD is designed to be low barrier, meaning eligibility criteria are kept to a minimum to ensure that as many people as possible can access services and support.

### **Deflection programs have been identified as having several key benefits including<sup>2</sup>**

- Breaking the costly cycle of justice-system involvement
- Increasing cross-system collaboration
- Enhancing relations between community members and law enforcement
- Decreasing crime, incarceration and recidivism rates
- Lessening the burden on justice systems
- Improving public health and safety
- Saving taxpayer dollars



## Connecting Participants to LEAD

Individuals with high needs who may benefit most from participating in LEAD have several possible touchpoints in the community, all of which can serve as referral pipelines to connect them with LEAD. The national LEAD model has three formal referral pathways: law enforcement, social, and community referrals, described in more detail below.



### Law enforcement referrals

Law enforcement officers can divert people to LEAD rather than arrest them when an alleged crime occurs.



### Social referrals

Police and others in the legal system can refer individuals with criminogenic histories to LEAD without the occurrence of an alleged crime.



### Community referrals

Community members can directly refer eligible people to LEAD without involving law enforcement officers or systems.

Due to the flexibility of the LEAD model, adaptations are made at each site to ensure populations are served in ways that best meet their needs. Because Laramie County LEAD is housed within the Sheriff's Department, most of their referrals are received after initial contact with law enforcement and/or correctional facilities, closer aligning with the model of deflection rather than diversion. Both the Laramie County Detention Center and Laramie County LEAD is housed within the LCSO, supporting easier post-release communication.

As of September 2024, Laramie County LEAD also allows individuals to self-refer. Individuals, typically those already in custody, complete the referral form themselves, and a law enforcement member will confirm their eligibility based on their offense history. If they are eligible, they will be connected to a member of the LEAD team.



### Self referrals

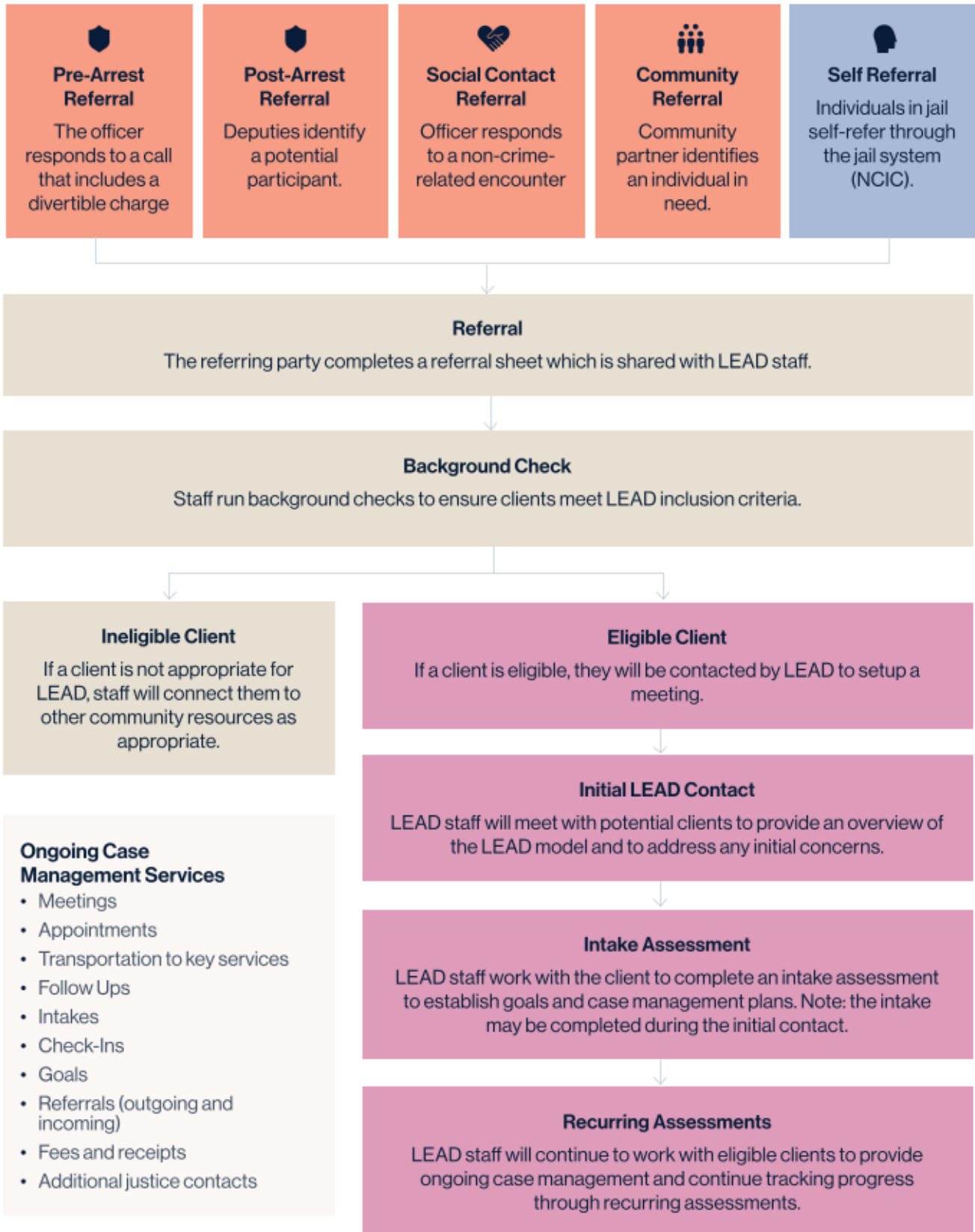
Individuals, most commonly those in jail are able to complete a form to self-refer to LEAD.

## LEAD Eligibility

While LEAD is a flexible model that supports a wide range of individuals, there are certain restrictions on who is eligible to participate. Individuals who have a history of violent offenses, sex offenses, or other serious offenses are ineligible to receive support from LEAD. Each individual who is referred to LEAD will be deemed eligible or ineligible by a member of law enforcement in conjunction with LEAD staff. In unique scenarios, some participants with exclusionary crimes may be eligible to participate based on a case-by-case review (ex. if a crime is very old, or not part of a systemic pattern). It is also important to note that the majority of individuals who self-refer do not end up being eligible to participate in LEAD due to crimes that make them ineligible.



An overview of the referral pathways and process is included below:



## 02 | Methods and Sample

As part of the evaluation, Omni utilized several forms of quantitative and qualitative data to understand the implementation of LEAD and its associated outcomes. A brief overview of our methodology is included here; additional details are provided in Appendix B.

### Primary Data

**Staff Interviews** were conducted with all three LEAD staff, discussing experiences implementing the program, including effectiveness, challenges, and other considerations.

**Community Partner Interviews** were conducted with six staff from partnering local agencies, discussing experiences working with LEAD staff, areas of success, and opportunities for growth.

**Client Satisfaction Surveys** were completed by a small number of current LEAD participants covering experiences with LEAD staff, areas of support, and impact of services.

### Secondary Data

- **LEAD Financial Data** was shared by LEAD staff and community partners at a high level to provide context for the costs of implementing services and supports.
- **LEAD Referrals** (n=418) were reviewed to understand background information for individuals referred to LEAD.
- **LEAD Intake Assessments** (n=56) were completed by eligible and interested participants, covering demographics, physical health, education/work status, financial status, housing stability, legal involvement, vital records, quality of life, BARC-10, and goal setting.
- **LEAD Recurring Assessments** (n=8) were completed by active participants, measuring changes in basic needs, BARC-10, goal setting, and program satisfaction throughout engagement with LEAD. Recurring data is included for participants who completed a recurring assessment since May 2024, regardless of their intake date. Please note that two of the recurring assessments do not have a matched intake due to changes in data tools over the course of the evaluation.
- **LEAD Services** (n=78) were provided by LEAD staff, documenting services and supports provided to each client during engagement, including rides provided, treatment engagement, and other support. Service data is included for participants who were actively working with LEAD during this evaluation; they may have completed an intake prior to May 2024.
- **LEAD Jail Stay Data** (n=33) were reviewed to understand any trends in time spent in jail before and during engagement with LEAD. Jail stay data is included for participants who were actively working with LEAD during this evaluation; they may have completed an intake prior to May 2024.



## Navigating This Report

This report is organized into the following primary sections outlining the findings from this evaluation.



Each section includes data from all relevant data sources. Results shown throughout this report use the colors and icons outlined here to indicate the sources for particular findings and quotes. As sections contain findings synthesized across sources, please note respondent counts may vary within sections, depending on the data source.

Potentially identifiable questions with fewer than five responses are collapsed or suppressed to protect participant privacy. Throughout the report, only actual data is presented; respondents who did not answer are excluded from the percentages, and some percentages may not equal 100% due to rounding. More methodological details are available in the appendices.

### Color & Tag Keys

Primary data will be color coded as follows

**LEAD Staff Voices**

**Community Partner Voices**

**Client Voices**

Data Source

Secondary data will be labeled by source with the tag to the left.



## 03 | LEAD Referrals and Participants

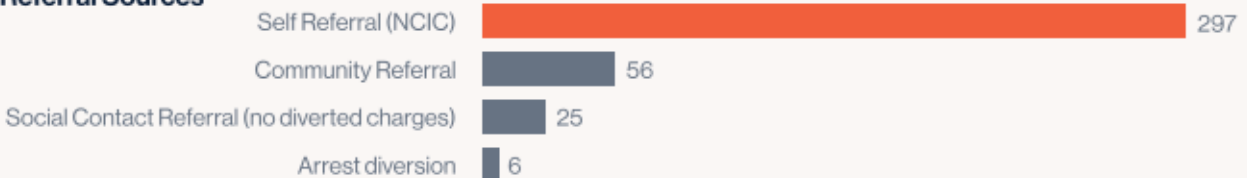
This evaluation includes data from individuals who were referred to and/or engaged with LEAD from May 2024 to March 2026. Participants may have begun working with LEAD before that time or may not have worked with LEAD consistently since their referral.

### LEAD Referrals

Between May 2024 and March 2026, LEAD received 418 incoming referrals, with the majority (n=297, 77%) being self-referrals. Community referrals, social contact referrals, and arrest diversions were less common.

#### 77% of referrals were self referrals

##### Referral Sources



Individuals who complete self-referrals are usually in custody at the time of referral and may or may not be eligible to participate. While having the ability for individuals to self-refer may increase awareness of the program or increase contacts with LEAD staff, this process is also cumbersome as it requires manual review by law enforcement staff to determine if an individual is eligible.

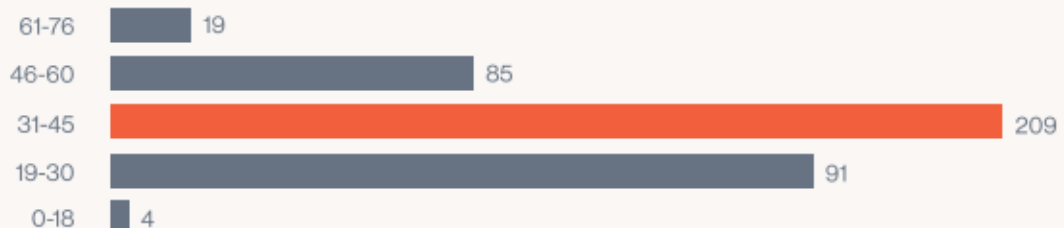
Individuals may be applying to LEAD erroneously, may not understand the eligibility requirements, or may not have a genuine support need at this time, increasing the workload for jail and LEAD staff. This process may reduce available resources for jail staff without connecting individuals to additional services.

In addition to self-referrals, community partners may refer individuals to LEAD for various reasons, including violations of the law, suspected criminal activity, welfare checks, and more. Individuals referred through these pathways are more likely to be consistently eligible than individuals who refer themselves.

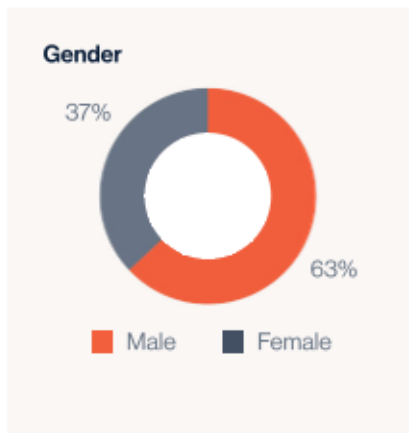
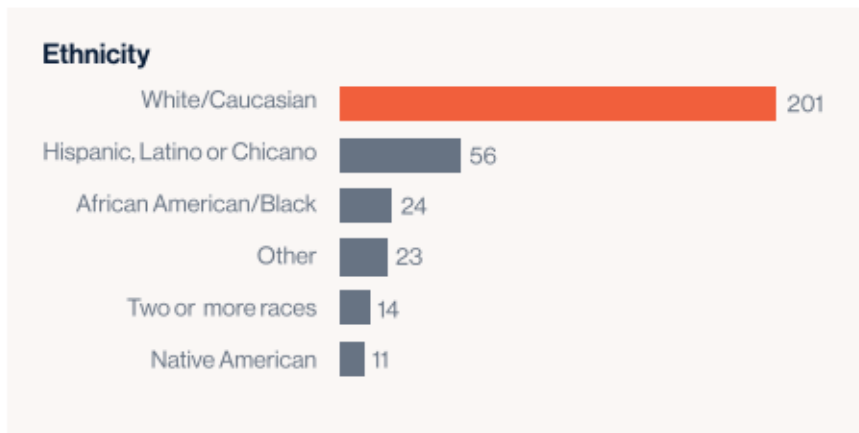
#### Most individuals referred to LEAD identified as white, male, and between 31 and 45 years of age.

Around half of referrals (51%, n=209) were between 31 and 45 years old.

##### Age Groups



The majority of referrals (n=201, 61%) identified as white and non-Hispanic (n=195, 47%). 38% of referrals (n=128) are for individuals who identify as Black, Indigenous, or People of Color (BIPOC). This makes up a higher percentage than the general makeup of BIPOC individuals in Cheyenne (16%).<sup>3\*</sup>



*\*The individual conducting the referral reports on the participants' demographics, including their race/ethnicity, age, and gender. While most referrals were self-made, it is important to note that law enforcement or other community partners may have assumed participant demographics and may not accurately reflect how an individual participant identifies.*

The majority of referrals (63%, n=201) were for males.

LEAD Intake Data

## LEAD Participants

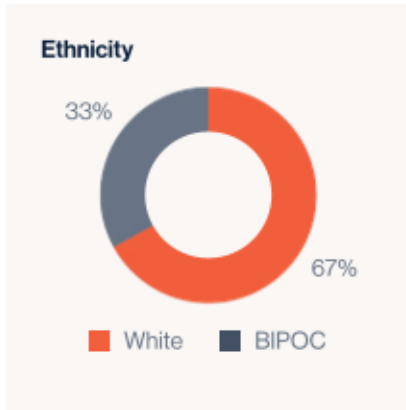
**Of the 418 individuals who were referred to LEAD during the evaluation timeframe, 56 completed an intake assessment with a member of the LEAD staff.**

Intake meetings occur in various locations, including the LCSO, where LEAD is housed, a participant's home, or a public location such as the community library. The intake assessment covers basic client information, including demographics, their current needs and support, and goal setting.

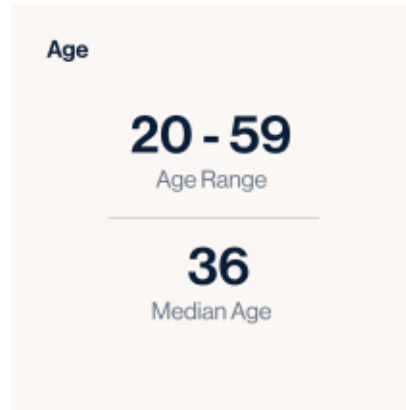
Since most referrals are self-made, many individuals were ineligible to participate in LEAD due to their offense history, such as habitually violent offenses or sex offenses.

Others may be eligible, but not ready to engage with LEAD and decide not to move forward with an intake into the program.

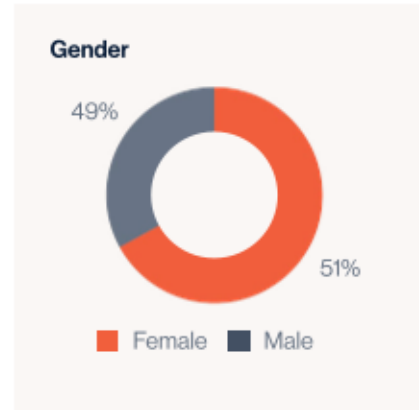




Similar to referrals, the majority of participants are white (67%, n=28) and roughly one third of participants (33%, n=14) identify as BIPOC.



LEAD participants range in age from 20 to 59, with a median age of 36.



51% of participants (n=21) identified as female, and 49% as male (n=20). This is a variation from referrals which were primarily male, indicating women may be eligible at a higher rate, or more ready to engage with the LEAD model.

Throughout this evaluation we use a Recovery Capital (RC) lens to understand participant needs and experiences.

RC refers to the range and strength of internal and external resources available to support initiation and maintenance of recovery from addiction. It has been described as the “resources and capacities that enable growth and human flourishing”. Generally, there are three types of recovery capital focused on:

- **Personal recovery capital** includes physical health, financial assets, health insurance, safe and recovery-conducive shelter, clothing, food, and transportation access.
- **Family/social recovery capital** includes intimate relationships, family bonds (including chosen family), and social connections that support recovery efforts.
- **Community recovery capital** includes community attitudes, policies, and resources that support addiction recovery and help resolve alcohol and other drug issues.

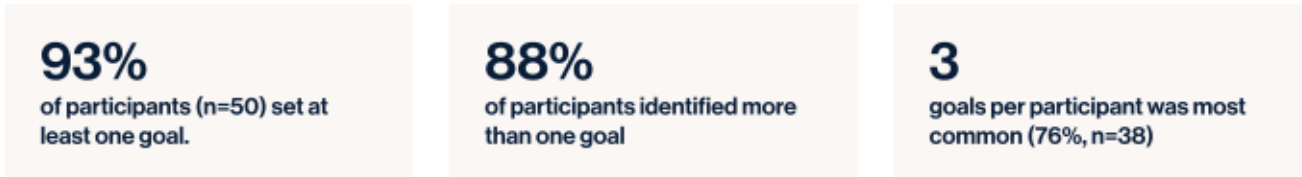
Analyzing the outcomes of this evaluation from a recovery capital perspective can be valuable, as it emphasizes the significance of recovery capital in attaining long-term recovery success. An increase in recovery capital may lead to pivotal moments that overcome addiction-related challenges, initiate recovery, enhance coping mechanisms, and ultimately improve overall quality of life over time.<sup>4</sup>



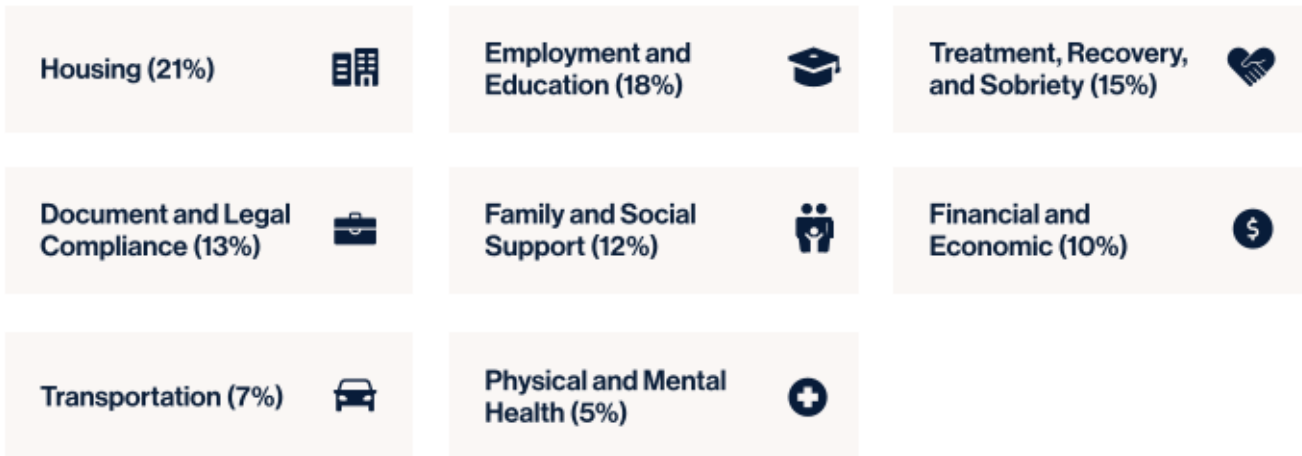
## Participant Needs and Goals

When participants begin working with LEAD, they are encouraged to reflect on their needs and establish goals to help identify where to focus their and staffs' efforts. Participants are encouraged to set one to three recovery-focused goals and outline the steps needed to achieve them, using a recovery capital framework.

Participants demonstrated a strong commitment to goal setting:



Of the 136 goals reported themes correlated closely with recovery capital domains, including:

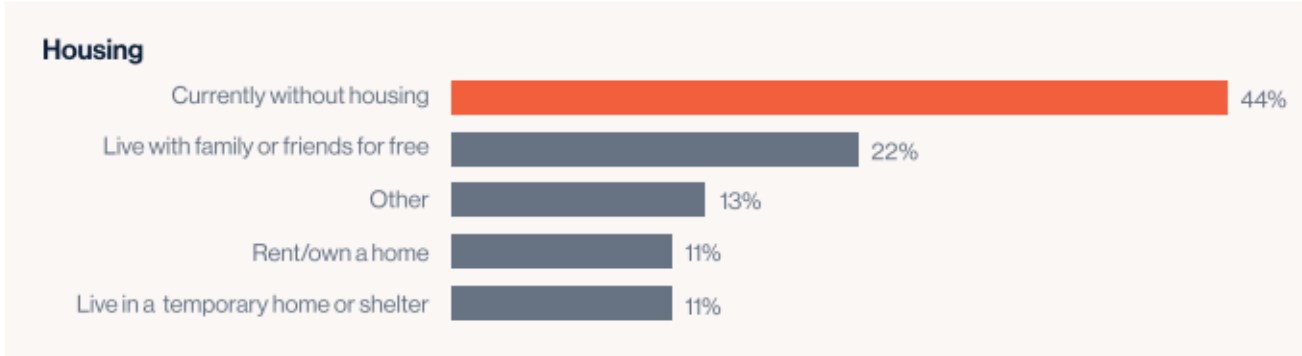


Throughout the following section, goal data is mapped onto the corresponding needs identified by participants at intake where applicable. It's important to note that need categories are often interwoven; for example, meeting the need for reliable transportation is often linked to employment or a stable income, improved health for mobility, and sustained sobriety.



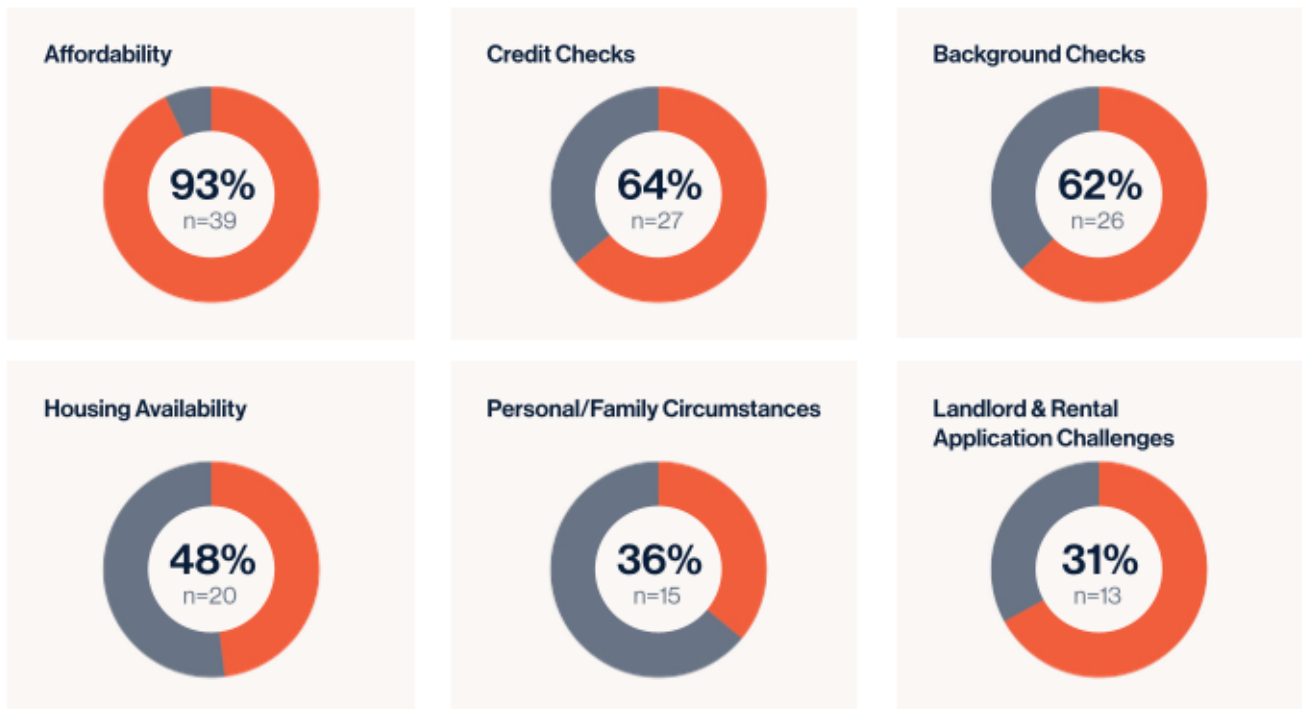
## Housing

Participants described major housing difficulties, with **44% (n=24) being unhoused**. The majority of those who had housing lived rent-free with family or friends.



## Housing Barriers

**78% of participants (n=42) reported barriers to securing stable housing, primarily related to affordability (93%, n=39), credit checks (64%, n=27), and background checks (62%, n=26).**



**21%** of goals (n=29) emphasized housing needs, highlighting the crucial role of housing in recovery. Their housing-related goals encompassed obtaining a steady income, saving money, maintaining stable employment, assisting with housing applications and aid, and promoting healthier lifestyles.

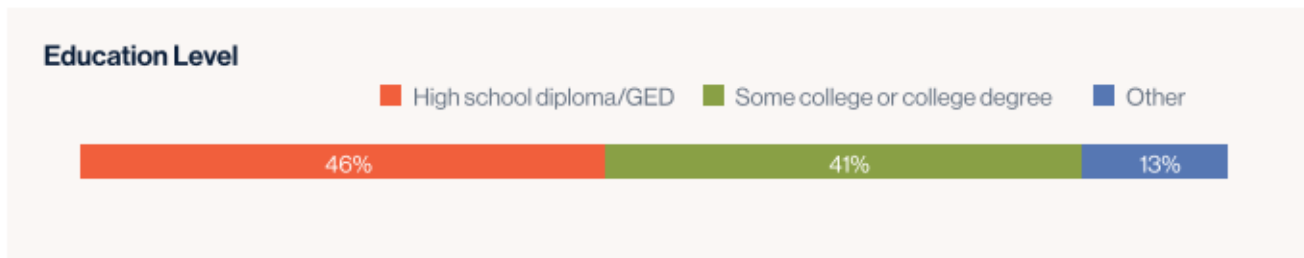


## Employment and Education

While participants most commonly reported completing high school, including a diploma or GED, more than a third had some college education or a college degree. The remaining respondents indicated that they had not finished high school or were current students.

Thirty-nine participants were interested in LEAD support in furthering their education.

**Participants most frequently reported having a high school diploma or GED (46%, n=25) but a large percent (41%, n=22) have some college education or a degree.**



Over half (61%, n=33) of participants were unemployed. 40 participants indicated a desire to receive job searching support from LEAD.

**18%** of goals (n=25) focused on educational or career support with LEAD, including activities like job searching, recruitment guidance, application and interview training, as well as resume building and updates.



## Treatment, Recovery, and Sobriety

Participants reported high levels of previous or current substance use.

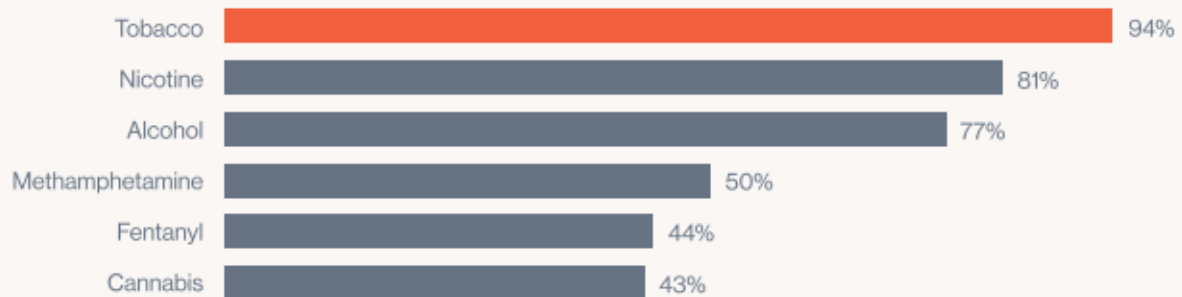
**48% of participants (n=26) indicate a prior diagnosis of a substance use disorder, while 22% (n=12) report having been previously diagnosed with an alcohol use disorder.**

**A total of 54% (n=21) of participants reported substance use within the past 30 days.**

Of those who reported substance use, the most frequently reported substances were legal, including tobacco, nicotine, and alcohol. However, several participants also indicated the use of illicit substances, predominantly methamphetamines, fentanyl, and cannabis.

A smaller number of participants also reported using cocaine, crack, heroin, inhalants, LSD, mushrooms, sedatives and stimulant medications.

### Substance Use



**15%** of goals (n=20) highlighted sobriety or ongoing recovery as a key focus in their work with LEAD. Their recovery-related goals included improving attendance at or locating support meetings (such as AA or NA), enhancing their support networks, fostering healthier habits, and providing encouragement to stay motivated and focused on recovery.



## Documents and Legal Compliance

Approximately half of LEAD participants report that they have copies of their vital records, and several participants expressed a desire to obtain copies of these forms.



### Social Security Card

**32** participants (67%) reported having a copy of their social security card

**20** participants requested help obtaining one



### Driver's License

**28** participants (52%) reported having a driver's license or state ID.

**24** participants requested help obtaining one



### Birth Certificate

**25** participants (47%) reported having a copy of their birth certificate.

**28** participants requested help obtaining one

Having access to your vital records is an important part of building recovery capital. Documents such as driver's license or social security cards are an important aspect of accessing many essential services such as nutrition or unemployment benefits or completing everyday tasks such as driving to appointments. This lack of documentation can also impact an individual's ability to comply with necessary legal processes such as attending court or accessing housing or employment which are often requirements of probation or parole. Since a lack of documentation can interfere with these processes, it directly compounds an individual's legal vulnerability.

Since many individuals get connected to LEAD based on contact with law enforcement or the local jail, participants were also asked about their current legal involvement. Participants indicated high levels of involvement with the legal system, whether related to an ongoing case or active participation in probation or parole. At intake:

**60%**

of participants (n=32) were currently experiencing concerns with the legal system

**64%**

of participants (n=35) had a pending court date

**41%**

of participants (n=22) were on probation or parole

**13%** of goals (n=17) highlighted documents or legal compliance as a primary goal in their work with LEAD. This included aligning with legal standards such as finishing incarceration or probation, complying with drug testing requirements or obtaining documents such as a driver's license, social security card and more.



## Financial and Economic

**Almost all participants (91%, n=49) reported currently experiencing financial challenges. Many individuals are being connected to LEAD from the local jail, so they are often unemployed or experiencing other income-related stressors.**

Among participants, monthly income ranges significantly from \$0 to \$3,200, with a mean of \$672.40. This is notably lower than the average household monthly income of \$6,569.92 in Cheyenne.<sup>3</sup> One quarter of participants (26%, n=14) reported being required to pay child support.

**\$0 - \$3,200**

LEAD Participant Monthly  
Income Range

**\$672.40**

LEAD Participant Mean  
Monthly Income

**\$6,569.92**

Average Monthly Income in  
Cheyenne

Roughly one third of participants (35%, n=19) reported receiving financial support from government support programs, including the Supplemental Nutrition Assistance Fund (SNAP), Temporary Assistance for Needy Families (TANF), Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI).

**Even with this support, 63% of participants (n=40) shared that their income is never or rarely sufficient to meet their needs.**

Despite these challenges, more than half of participants (56%, n=30) reported being mostly or completely comfortable managing their finances.

Many participants (56%, n=30) indicated they did not have traditional bank accounts, including checking or savings accounts. 16 participants requested help setting up a bank account, and 26 were interested in support with creating a budget.

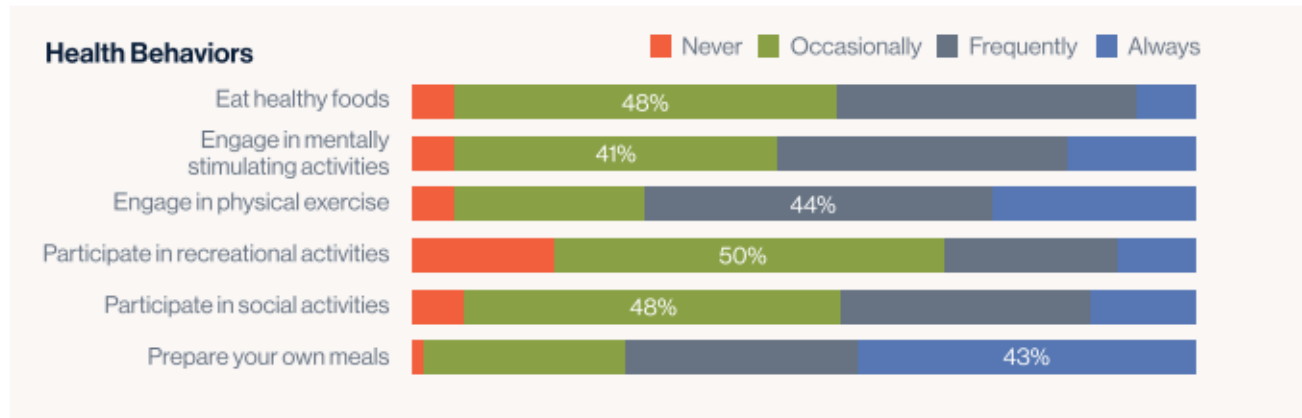
**13%** of goals (n=7) emphasized the importance of financial support or guidance from the LEAD program. Their focus was on saving money, learning proper budgeting, applying for economic benefits like SSDI, and building financial stability through steady employment, transportation, and scheduling.



## ⊕ Physical and Mental Health

To understand participants' current health needs, they were asked a series of questions about their current health behaviors, such as participating in social activities or eating healthily. Participants reported varying levels of engagement with these activities.

**Participants most often reported success in preparing their own meals and engaging in physical exercise, while they faced the greatest challenges with participating in recreational and social activities and maintaining a healthy diet.**



**In addition to general health behaviors, 51% (n=28) of participants report being diagnosed with a recurring health condition, and 31% (n=17) reported taking medication for these or other diagnoses.**

Despite prevalent health concerns, participants reported low insurance coverage, with only 13 individuals being insured. Of those insured, most were covered by Medicaid (77%, n=10). 34 participants requested assistance in obtaining health insurance through LEAD.

Relatedly, participants reported inconsistent access to healthcare services, including primary care doctors, dentists, and eye doctors, despite high needs in these areas. Establishing medical and dental support was a priority for many participants.



### Primary Care Doctor

7 participants reported having a primary care doctor

29 participants requested help finding one



### Eye Doctor

7 participants reported having an eye doctor

20 participants requested help finding one



### Dentist

3 participants reported having a dentist

31 participants requested help finding one

**7%** of goals (n=10) aimed to enhance participants' physical and mental health, viewing it as essential for ongoing recovery. Their health-focused objectives involved assistance with scheduling appointments, ensuring follow-through, and emphasizing the importance of prioritizing and planning treatment.



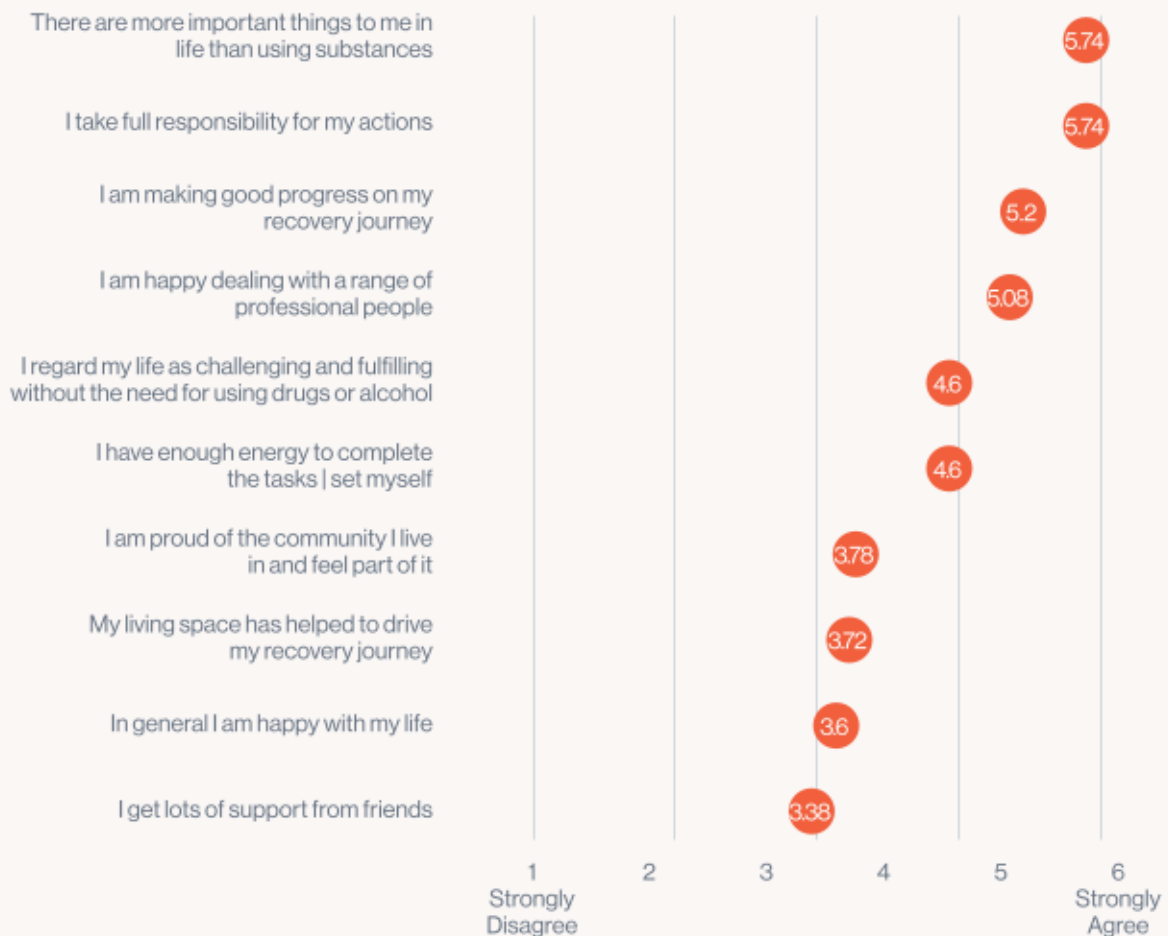
## Brief Assessment of Recovery Capital-10 (BARC-10)

As part of the intake assessment, participants also completed the Brief Assessment of Recovery Capital (BARC-10), a single measure of psychological, physical, social, and environmental resources critical for sustaining recovery. The BARC-10 consists of 10 questions assessing how well individuals can adapt positively and leverage personal and social resources under stress, which predicts a high chance of recovery success.

At intake, participants (n=54) rated their agreement with statements in the BARC-10 from "Strongly Disagree" (value 1) to "Strongly Agree" (value 6). The scores for each question are summed to determine the participant's total score. Scores range from 10 to 60, with scores of 47 or higher indicating high recovery capital and a high likelihood that the participant will be successful in maintaining recovery. Please note some participants did not respond to every item, impacting their total score.

**54% of participants (n=27) had a recovery capital score of 47 or more at intake, indicating a higher likelihood of sustained recovery.**

### BARC-10 Recovery Capital Scores



## 04 | The LEAD Model in Action

By meeting with participants and completing the intake assessment, LEAD staff gain a clearer understanding of that individual's needs and how to provide one-on-one case management support to help them succeed. LEAD meets with participants on an ad hoc basis. Meetings typically last between 15 and 90 minutes, depending on the goals an individual is working on and the depth of the discussion. These meetings occur in various locations, including over lunch or during a car ride. LEAD provides a variety of services to support the whole person, tailored to each individual's needs. Key services provided by LEAD include:

- Assistance with **housing stability**, including covering a partial month's rent to prevent eviction, searching for available rentals within the participants' budget, or exploring transitional housing options.
- Assistance with completing **medical intake paperwork**, applying for the sliding fee scale, identifying a primary care doctor, dentist, or mental health care provider, and scheduling appointments.
- Assistance with **co-pay costs** for medications or medical visits to ensure receipt of adequate care.
- Assistance applying for **SSDI or SSI**, which may then allow access to Medicaid coverage, as well as support exploring coverage through the Health Insurance Marketplace.
- Assistance in increasing access to **medication-assisted treatment (MAT)** and providing education on Narcan use.
- Providing **transportation** for participants to obtain forms of identification for employment, apply for work, attend job interviews, and get to work once they've secured employment.
- Making referrals to local **vocational training programs**, day labor organizations, and other workplaces that are willing to hire justice-involved individuals.

In addition to the services and supports that LEAD provides directly, they also provide outgoing referrals to community agencies such as local health clinics, treatment facilities, volunteer organizations, and religious institutions, for services such as substance use treatment or counseling, housing assistance, and applying to SNAP benefits.

**“What LEAD offers is helping them find a job, connecting them with people so that they can get clothing, and food, maybe helping them find an apartment, maybe helping them fill out some of the paperwork that they need to get a driver's license so they stop getting picked up for driving with a suspended license, getting them a cell phone...those services are invaluable.”**

—Community Partner



## How LEAD Improves Participants' Lives

Through the provision of services and individualized case management, the LEAD team was able to support clients in addressing their goals and needs. The following section provides an overview of the services provided by LEAD and the changes experienced by participants during their engagement.

### General Goal Progress

At intake, participants are asked to set goals to help themselves and LEAD staff prioritize support and services. Six participants completed a recurring assessment that provided updates on their progress toward their goals.

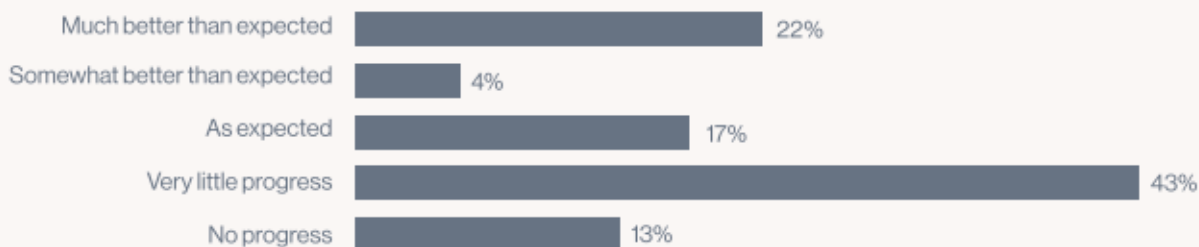
Participants reported making progress on 87% (n=20) of their stated goals. Progress varied, ranging from no progress to much better progress than expected.

**Although many participants (44%) reported little progress on their goals, nearly a quarter (22%) said they performed much better than expected.**

**"If it hadn't been for the LEAD program helping financially and with rides, I would feel like I'd have a [ton] of bricks on my shoulders right now. And am now not currently as worried and can focus on other responsibilities."**

— LEAD Participant

#### Goal Progress by Participant



### Supports

Participants reported several supports that helped them meet their goals, including:

- Support from LEAD staff
- Support from individuals outside of LEAD
- Motivation to change
- Access to relevant resources and tools
- Clear and achievable goal setting
- Training and professional development opportunities
- Effective time management and planning strategies

### Barriers

Participants also shared several barriers to meeting goals, including:

- Competing priorities
- Unexpected challenges
- Incarceration
- Relapse
- Lack of time
- Insufficient resources
- Lack of motivation



## Meeting Basic Needs

Many individuals participating in LEAD are reentering society after incarceration and often lack access to fundamental needs like transportation, food, or clothing. To help them build a solid base for their recovery, LEAD emphasizes addressing these essential needs first. During the evaluation period, the LEAD team assisted participants in securing these basic resources, enabling them to focus on more advanced recovery objectives such as finding housing or engaging in treatment.

**“People want to change, but the amount of helplessness that someone feels, imagine like getting out and it’s 20 degrees outside and you have the clothes on your back and that is it. What are you supposed to do? Where are you going to go? You’re going to go right back to the people you got in trouble with because you have nowhere to go.”**

— LEAD Staff

LEAD  
Service  
Data

### Transportation

A common obstacle for participants at intake was unreliable transportation. Cheyenne’s size means many critical services are spread out, often requiring lengthy walks in challenging weather conditions. Having dependable transportation is crucial for individuals to work, attend medical visits and keep up with legal requirements such as meetings with their probation officer.

Transportation services were one of the most cited services by partners, highlighting their extreme value for supporting clients.

**“I’m able to get to all my doctors’ appointments and the LEAD staff are wonderful and help with rides.”**

— LEAD Participant



**LEAD provided 1,471 rides to 67 participants, enabling them to access appointments, treatment, and more.**

LEAD was also able to support participants with other transportation costs, such as bus passes, gasoline, or new tires for their own car, to ensure safe and reliable transportation.



## Food and Clothing

At intake, participants also reported difficulties in eating a healthy diet. Because many participants mentioned financial challenges, LEAD collaborated with local agencies to offer support and help alleviate food scarcity issues.



**LEAD purchased \$ 1,628.06 worth of meals for participants to ensure they were fed and connected 8 participants to local food pantries, supporting healthy habits and foundational wellness.**

In addition to providing food resources, LEAD also supported individuals in obtaining proper clothing. Many individuals did not have appropriate attire for the weather, such as a winter coat, or clothing to wear to events such as court appearances or job interviews.



**LEAD purchased \$ 1,407.55 worth of clothes for participants to ensure they were clean and appropriately dressed for their commitments.**

---

## Education and Employment

At intake, participants also commonly expressed needs related to education, employment, and income. Education and employment are fundamental aspects of recovery capital, as they allow participants to improve their knowledge and skills, engage in a structured, prosocial environment, and build financial wellness, which supports other recovery goals such as housing and treatment.



**LEAD provided phones and/or phone minutes to 11 participants, connecting them to friends, family, providers, and potential employers.**



**LEAD supported 2 participants in enrolling in educational programs to further their studies.**



**LEAD helped 12 participants establish employment, supporting their own financial wellness and overall recovery capital.**

**“They’ll assist with deposits, get people a phone, just the small things...you don’t think of, like someone needs a phone to get a job, check-in with probation, get accepted into any program. So, like helping with phones, that’s a service that is so needed and you can’t find that in a lot of programs in town.”**

— Community Partner

**For participants with recurring assessments, the majority (66%, n=4) reported that their employment status stayed the same or improved.**



## Housing

For LEAD participants, finding housing is challenging because many have criminal records related to substance use, which disqualifies them from most low-income housing programs. LEAD collaborates with community partners to help these individuals find safe housing. Stable housing enables participants to focus on other goals, such as attending treatment or reuniting with their children.

**“I was able to get permanent housing with the help of LEAD staff.”**

— LEAD Participant

LEAD Service Data



**LEAD helped 12 participants find housing, supporting a strong foundation for safety and recovery.**

LEAD Recurring Data

**For participants with recurring assessments, most (88%, n=7) indicated that their housing status stayed the same or improved.**

## Self-Sufficiency, Health, and Substance Use

Health and substance use needs were also high at intake, with roughly half of participants (51%) indicating a physical health diagnosis and/or recent substance use behaviors. Focusing on health and substance use usually takes a backseat when an individual is focused on basic survival needs such as food security, housing, or employment. Addressing these basic needs allows participants to focus more energy on their health concerns and recovery goals.

LEAD Service Data



**LEAD assisted 11 participants in signing up for SNAP benefits to support access to food assistance.**

LEAD Recurring Data

At the recurring assessment, participants saw decreases or no change in each of the self-sufficiency measures. Participants may have had limited time to engage in these behaviors due to other priorities such as job seeking or attending treatment.

### Self Sufficiency Measures



Data points without a gray box represent unchanged scores from intake to recurring assessment.



Despite limited movement in these specific health related self-sufficiency activities, the majority of participants indicated improvements to both their overall physical and mental health while working with the LEAD team.

**All participants with recurring assessments (n=8) indicated that their physical health stayed the same or improved while working with LEAD. 87% of participants (n=7) indicated that their behavioral/mental health stayed the same or improved.**

### Treatment, Recovery, and Sobriety

In addition to physical and mental health improvements, LEAD worked closely with participants with substance use challenges to meet their needs and support their journey to recovery. At intake, roughly half of the participants (54%) indicated substance use in the past 30 days, and addressing recovery needs was a common goal. LEAD connected participants to evaluative services to provide additional insights on substance use behaviors, including screening and drug testing, and connected participants to treatment services.



**LEAD referred 7 participants for substance use evaluations to help identify and address their substance use concerns.**



**LEAD covered the cost of drug and alcohol testing fees for 8 participants.**



**LEAD supported 19 participants in enrolling in treatment programs, supporting their recovery and long-term wellness.**



**LEAD assisted 13 participants in accessing Medication-Assisted Treatment (MAT), offering medication and additional support to promote recovery.**

LEAD  
Service  
Data

Individuals who participated in the program indicated improvements in their substance use behaviors.

**For individuals who completed a recurring assessment (n=8), most participants (75%, n=6) indicated that their sobriety/substance use improved.**

**Of individuals who reported using at intake, two reported cessation of substance use at recurring assessment.**

LEAD  
Recurring  
Data

#### Substance Use

■ Got Worse ■ Stayed the Same ■ Got Better



**“LEAD has been one of the main pillars of my sobriety support network. It would have been impossible to have gotten as far as I have without them.”**

— LEAD Participant



## Documents and Legal Compliance

At intake, participants reported varying levels of access to vital personal documents, such as birth certificates, state identification, or social security cards. Since many supports require one or more of these documents, lacking these records limits participants' access to essential services. Additionally, the lack of a driver's license removes the ability for an individual to legally transport themselves, reducing access to essential locations such as work, school, medical appointments, and more.

LEAD  
Service  
Data



**LEAD helped 23 participants obtain copies of 33 vital records, including social security cards, driver's licenses, and more, thereby supporting access to other services such as government benefits and community services.**

In addition to improving access to services and support, LEAD also aims to reduce the reincarceration of individuals they serve by providing these essential foundational supports. Since many LEAD participants begin their engagement with LEAD through the justice system due to low-level offenses, meeting these basic needs should minimize engagement in minor crime, saving resources and officer time.

Time  
Served  
Data

LEAD provided arrest data for individuals they are actively working with (n=33) from up to 1 year before their LEAD intake date to the present. Prior to working with LEAD, participants were arrested for various misdemeanors and felonies, primarily compliance-related offenses. The number of individual offenses for the top 5 misdemeanors and felony categories prior to working with LEAD are described below.

Top 5 Misdemeanor Offenses Before LEAD		Top 5 Felony Offenses Before LEAD	
1. Failure to appear	10	1. Failure to appear	5
2. Probation violation	8	2. Failure to comply	4
3. Failure to pay	5	3. Possession of meth	4
4. Court order violation	4	4. Probation violation	4
5. Failure to comply	4	5. Assault/battery	3



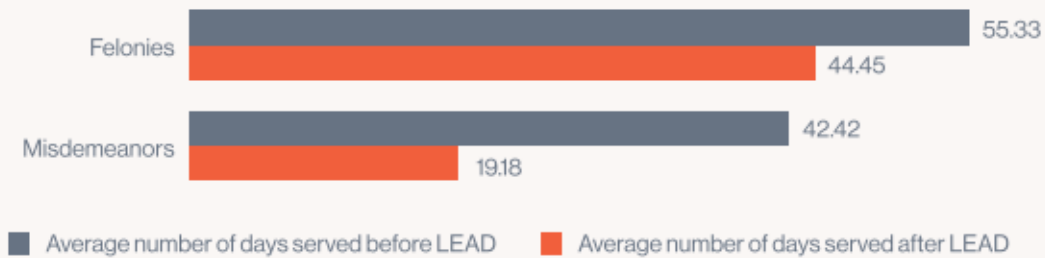


On average, participants were arrested 4.2 times in the year before engaging with LEAD and 4.9 times once they began working with LEAD. Despite a slight increase in the number of arrests, the time spent in jail decreased for both misdemeanors and felonies.

LEAD participants saw a decrease in the average number of days spent in jail for felonies (11.12 days) and misdemeanors (23.24 days) after beginning their work with LEAD.

10 participants have not been rearrested since beginning their work with LEAD.

### Days in Jail Served Before and After LEAD



Reductions in arrests and subsequent jail stays result in significant time and cost savings for local law enforcement. The Laramie County Detention Center estimates a per night, per person cost of \$145. Reducing individuals in jail for low level offenses saves money and frees up resources for more serious offenders.



The most common offense types saw minor fluctuations from before to after LEAD participation. While several compliance-related offenses, such as failure to appear and probation violations, decreased at the misdemeanor level, felonies increased. This is likely due to repeated contact for the same offenses, rather than violations getting more serious. Additionally, there were decreases in both offenses for assault and battery, possession of marijuana, heroin, and cocaine, and DUIs.

### Misdemeanor Offenses by Type Before and After LEAD

	Before	After	Change
Failure to appear	10	4	-6
Probation violation	8	3	-5
Failure to comply	4	0	-4
Failure to pay	5	2	-3
Assault/battery	3	0	-3
Possession of marijuana	3	1	-2
Drug court hold	0	4	+4
Theft	1	4	+3

### Felony Offenses by Type Before and After LEAD

	Before	After	Change
Probation violation	4	9	+5
Theft	1	6	+5
Failure to appear	5	7	+2
Failure to comply	4	5	+1
Possession of Meth	4	4	—
Possession of cocaine/ heroin / marijuana	4	1	-3
Assault	3	1	-2
DUI (felony)	1	0	-1



## BARC-10

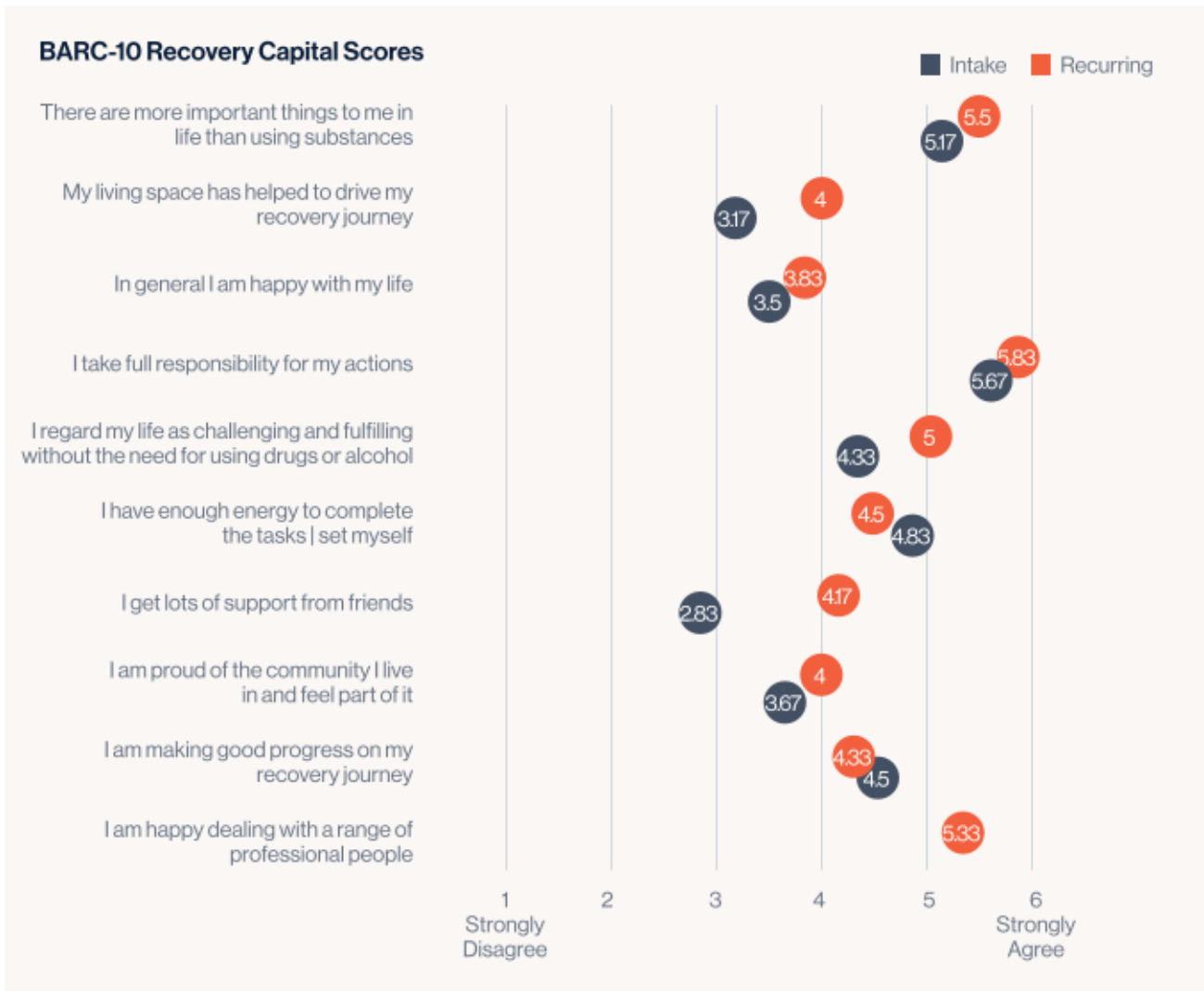
At the recurring assessment, participants completed the BARC-10 again to measure any changes in their recovery capital as they worked with LEAD. Participants saw increases in almost all aspects of their recovery capital.

**62% of respondents (n=5) exceeded the indicator for sustained recovery (total score of 47 or higher), an increase from 33% at intake.**

**Overall, BARC-10 scores increased 3.5 points from intake to recurring assessment, with participants indicating stability or improvements in eight of the ten domains.**

The largest improvements were observed in gaining support from friends, having a living space that drives recovery, and feeling that life is fulfilling and challenging without the use of drugs.

Progress in the recovery journey slightly declined as individuals reported re-emerging substance use challenges, including relapses.



Data points without a gray box represent unchanged scores from intake to recurring assessment.



## Client Satisfaction

In addition to their programmatic outcomes, LEAD participants completed a satisfaction survey that offered insights into their opinions on various aspects of the program, such as staff and services. Fourteen participants, each with different durations of involvement in LEAD, filled out the survey and expressed high satisfaction levels.

**“I love the LEAD program. It has saved my life.”**

— LEAD Participant

### 100% of participants who completed the satisfaction survey indicated:

- Additional awareness of services and support in the community
- An increased ability to access services, including services they otherwise wouldn't have been able to afford
- Improved relationships with friends, family or community
- Helpfulness of the knowledge and resources provided by LEAD
- LEAD has helped them achieve their goals
- Overall satisfaction with their LEAD experience

**93% of participants believe they wouldn't be as far along in their recovery if they had not worked with LEAD.**

**Participants also indicated high levels of satisfaction with LEAD staff, with 100% of participants who completed the satisfaction survey indicating:**

- LEAD staff treat them with respect
- LEAD staff believe they can change
- They felt supported during their interactions with LEAD staff

**“They actually check up on me and actually care and go above and beyond to help me with anything I need.”**

— LEAD Participant

### ✓ Suggestions

Participants reported high satisfaction but offered minor suggestions for enhancement. They requested additional weekend services, such as transportation for urinalysis testing, extra food provisions, and additional temporary housing options. One participant also suggested that LEAD could incentivize clients for sustained long-term progress.

**“They've always made time whenever possible to help me in any way.”**

— LEAD Participant



## 05 | Why the LEAD Model Works

To gain clearer insight into which elements of the LEAD model supported client success in Laramie County, Omni interviewed LEAD staff and community partners to gather their views on LEAD.

### LEAD Staff

**LEAD staff are dedicated, knowledgeable, and deeply embedded in the community, their responsiveness, cross-team collaboration, and comprehensive understanding of both individual clients and local resources drives LEAD success.**

Community partners highlighted several key aspects of working with the LEAD model that support successful implementation. One key reason they believe the LEAD model is successful in their community is because of the staff doing this work.

Partners praised the LEAD team for their responsiveness, noting that they receive prompt answers when reaching out. They also appreciated the cross-team collaboration, which enables them to get updates or support clients even if a case manager is unavailable. This efficient approach enhances case management and treatment effectiveness. The LEAD team also feels their current structure effectively serves the community's needs. With diverse backgrounds, team members bring their own styles to their work and client interactions.

Partners also highlighted the LEAD team's expertise. One partner mentioned that it seems the LEAD case managers have extensive knowledge about their clients, enabling them to identify gaps and effectively meet client needs. Besides their understanding of individual clients, partners perceive the LEAD team as well-acquainted with the local community's challenges and resources. They live and work in the local community, cultivating strong relationships with other agencies and collaborating closely with colleagues to deliver comprehensive care and advocate for clients. Additionally, when LEAD may not be appropriate for an individual, LEAD staff often provide alternative recommendations for services or supports to ensure that individual is connected to care.

Laramie County LEAD has two full-time case managers, and a program director who supports administrative work as well as a small caseload. LEAD staff are available from 8:00-5:00, Monday through Friday to support client needs. LEAD staff do not have individual caseloads; all work and information is shared between all staff, so every team member is well-equipped to support any of their clients as needed.

**"The case managers and the program director are the biggest spotlight, the biggest success we have. They clearly care, they're clearly well trained, they understand Cheyenne and Laramie County as a community, they already know what challenges we're going to have, and they know how to try to overcome those hurdles. I personally am really inspired by them."**

— Community Partner

**"The three of them interchange so well, you can call and one of them is out that day...another case manager can tell you everything."**

— Community Partner



As outlined in the satisfaction survey, clients also indicated that LEAD staff are a key factor in their success, highlighting that staff truly care about their needs and regularly go above and beyond to support them and their recovery journey.

**“I know I can call them if I ever get into a bad situation or a situation where I want to use again and they would help me.”**

— LEAD Participant

## Flexible Program Model

**LEAD’s flexible, client-centered model allows staff to meet participants where they are, addressing everything from basic needs to systemic barriers by filling critical service gaps that other agencies can’t.**

In addition to the strengths of the LEAD staff, partners emphasized several successes stemming from the flexibility of the LEAD model. LEAD is designed to meet participants where they are, enabling staff to use their time and funding flexibly without requiring strict sobriety or adherence to a particular program requirements. This adaptability helps LEAD address a wide range of client needs, from obtaining a driver’s license or a social security card to securing employment or housing. It also enables LEAD to fill programmatic gaps within the county that other agencies cannot support. This approach allows staff to address basic needs such as food and housing before focusing on longer-term concerns such as formalized care or treatment.

**“If you were to look at the hierarchy of needs, LEAD does an amazing job at transportation, housing, food resources, like they are connected with all the right community partners in this town.”**

— Community Partner

Addressing basic needs and removing urgent survival barriers give individuals the best opportunity to make meaningful changes. Partners highlighted the importance of LEAD’s diverse services, especially transportation, which is a significant challenge in Cheyenne due to harsh weather and limited or costly public transportation options. Staff and partners concur that the flexibility of this funding and the case managers is crucial to the success of the LEAD model in supporting clients.

## Reduced Strain on Partner Resources

**By providing diverse support services, LEAD reduces the burden on partner agencies, allowing them to focus on their core work.**

Community partners also noted that LEAD’s activities decrease the time and staffing demands on their agencies. The presence of LEAD offers clients a “one-stop shop” to tackle various issues and access varied support services, many of which other partners like law enforcement or treatment providers cannot offer. This eases the burden on these partners, enabling them to focus on delivering their treatments or services more effectively. Additionally, partners expressed reassurance in knowing that the LEAD team serves as a resource for their clients and will do their best to support them, providing an extra point of contact for their well-being.



## Strong Community Partnerships

**LEAD's diverse, trust-based partnerships with community enables wraparound support and seamless collaboration that enhances services for individuals in the community.**

To provide wraparound support to individuals in the community, LEAD has close partnerships with several community agencies. Both LEAD staff and community partners highlighted the strengths of their relationships and shared that these partnerships as a key cornerstone of LEAD's success and ability to effectively serve the community. Both LEAD staff and partners discussed the feeling of mutual respect and trust between their agencies that made working together a positive experience. One partner shared that their agency now requires participants to connect with LEAD for an initial consultation as part of their enrollment in services, thereby establishing an additional point of contact for individuals needing support.

**“Our community partnerships are a major reason why we are as successful as we are.”**

— LEAD Staff

A brief overview of the community organizations LEAD works most closely with is provided below.



**Cheyenne Regional Medical Center (CRMC)** partners with LEAD staff by providing overdose prevention and harm reduction training, technical assistance, and community education. CRMC coordinates care with LEAD case managers through its peer specialists and accepts referrals to deliver medical care, as well as mental health and substance use treatment services to LEAD participants. CRMC contributes to program coordination and planning through participation in operational work group (OWG) meetings.

**Healthworks** is a Federally Qualified Health Clinic (FQHC) that partners with LEAD by providing primary care, dental care, mental health and substance use treatment, and pharmacy services to participants. Healthworks contributes to program coordination and planning through participation in OWG meetings.

**Overdose Response Strategy (ORS) Program** partners with LEAD staff to support and expand the county's pre-arrest diversion program by aligning public health and public safety strategies. ORS collaborates on data review, overdose fatality review recommendations, and innovative, evidence-based approaches to reduce substance use related harm in Laramie County.

**Volunteers of America (VOA)** partners with LEAD staff by receiving referrals for mental health treatment, substance use evaluations, inpatient and outpatient treatment, as well as short-term crisis stabilization. VOA also supports program alignment and problem-solving through operational work group (OWG) participation.

**Recover Wyoming** partners with LEAD by increasing the occurrence and quality of long-term recovery from substance use disorder through education, advocacy, training, and peer recovery support services.





**Laramie County Sheriff's Office (LCSO)** LEAD is housed within the LCSO and they partner closely to implement the program, train deputies on referral protocols, harm reduction, and overdose prevention. Through their partnership with LCSO, LEAD staff can establish case management services with incarcerated individuals prior to their release from jail. LCSO continuously assists LEAD in refining operations through participation in the policy coordinating group (PCG) and OWG.

**Cheyenne Police Department (CPD)** partners with LEAD staff to implement pre-arrest diversion, train officers on referral criteria, harm reduction, and overdose prevention, and refine LEAD operational and data-sharing protocols through the PCG and OWG.



**Laramie County Public Defender's Office** partners with LEAD by referring justice involved individuals who need additional support to fulfill court requirements and reduce barriers that cause individuals to recidivate. This partnership has resulted in more favorable outcomes for participants. The public defender's office contributes to program success through participation in OWG meetings.

**Laramie County Treatment Courts** partners with LEAD by referring drug and DUI court participants who would benefit from additional support to achieve self-sufficiency. The treatment court programs also receive referrals from LEAD staff for individuals who would benefit from involvement in the treatment court programs. Treatment court staff assist with case coordination and program implementation through participation in OWG meetings.



**Community Action of Laramie County (CALC)** partners with LEAD to assist their clients with transitional housing consisting of single-occupancy apartments that are offered to homeless individuals, as well as larger apartments and/or homes, to assist low-income families. Both single occupancy and family housing opportunities include intensive case management and reduced rental rates for a period of one year. They also partner with Crossroads Healthcare Clinic, which provides primary medical care to individuals who are under or uninsured on a sliding scale.



**Bethel Ministries** partners with LEAD by providing an array of mental, emotional, and financial support services for men and women who have experienced incarceration.

While staff felt that their community partnerships covered a variety of agencies and service types, they did have additional ideas for organizations they could work more closely with to continue meeting the diverse needs in the community, including:

- Local philanthropic groups
- Additional housing partners
- The Kiwanis House
- District Attorneys
- Court staff
- Peer specialists
- Healthworks
- PEEPS program
- Community Action Crossroads clinic
- COMEA Shelter



## 06 | External Challenges Facing LEAD

Although many elements of the LEAD model have been successful in Laramie County, program staff, partners, and participants pointed out ongoing challenges that impact the effective implementation of the LEAD model.

### Community Culture

#### Local culture including stigma and a preference for punitive approaches remain LEAD's greatest barrier.

The most significant barrier noted by both program staff and partners was the broader cultural context in Wyoming, where there is significant stigma for individuals with substance use or behavioral health needs, and limited support for non-punitive approaches to justice. Prevailing community attitudes often prioritize enforcement over harm reduction and support, and individuals who would benefit from LEAD are frequently viewed through a lens of burden rather than need. This perspective can make it difficult to build the shared understanding and community buy-in necessary for a program centered on public health, stability, and long-term outcomes and impacts, and to fund it at the local and state levels. This lack of understanding also makes sharing outcomes challenging, as community members or partners may not know what type of change is appropriate for this program or how to correctly identify what success looks like in this model.

**“They see that as, oh good, the government’s doing handouts, and then you have to correct that saying, no, no, no, this is providing them a platform of stability within the hierarchy of needs and as soon as they reach that, they become independent functioning human beings who are contributing to our community.”**

— Community Partner

#### Limited awareness of LEAD among the broader community, partner agencies, and clients themselves undermines buy-in and trust.

### Knowledge and Perceptions of LEAD

Both staff and partners noted that community knowledge beyond their immediate partners is quite limited. Many community members are unaware of the LEAD model or lack a clear understanding of the nature of their work and the services offered. Partners also pointed out that even among other professional agencies in the community, such as district attorneys or law enforcement, there is limited understanding of the LEAD model. Enhancing awareness could foster better collaboration and support for the program.

**“I think they need to kind of [build] themselves up a little bit and show like what they do and how much support they actually give because it’s kind of a hidden thing and I feel like their value is very important in this community.”**

— Community Partner

While LEAD staff share information through various channels like news articles, social media, and community groups, the public still lacks substantial knowledge about LEAD. Staff and partners emphasized the need for increased community representation, whether through more communication methods or greater presence at community events, to raise awareness and reduce stigma around the populations they serve.



Beyond public perception, some clients, especially those in jail, mistakenly believe LEAD is a “snitch program.” Since LEAD operates within the sheriff’s office, some people mistrust that the program will support them without expecting anything in return. One participant reiterated the need to educate individuals seeking support that LEAD exists to help them. Additionally, staff noted that when some individuals unsuccessfully engage with LEAD and share negative experiences, it can undermine community perceptions.

**“Being more known by us needing help that this is not a “snitch” program it literally helped me pave my path having credited people who had my back that saw through the struggles.”**

— LEAD Participant

## Limited Community Resources

### **Limited resources in Laramie County create logistical barriers for LEAD and its participants.**

Staff and partners also highlighted logistical challenges associated with doing this work due to limited financial and programmatic resources. While Cheyenne is the most populous city in Wyoming, it remains small and rural, which affects the availability of programming and other social supports necessary for this type of work. Staff and partners shared specific limitations related to the availability of housing, particularly transitional housing and sober living, medication-assisted treatment (MAT) services, medical services, including dentists and eye doctors, food scarcity, and limited transportation options. Partners shared that LEAD staff are using these resource effectively, but highlighted that additional resources would further benefit the community.

## Additional Partnership Opportunities

### **There are additional opportunities to facilitate partnerships, particularly among law enforcement, to expand LEAD’s reach and effectiveness.**

While partnerships were seen as a strength of the LEAD model, staff and partners reflected on ways to improve them. Some partners felt they as an individual had strong relationships with LEAD staff but shared a desire for more buy-in from their agencies and the community to expand LEAD’s reach and effectiveness. Several partners sought greater engagement from CPD, believing that increased law enforcement buy-in would better align the model with traditional diversion and reduce the burden on community agencies by identifying eligible individuals early. Other partnership challenges included logistical issues such as limited provider availability, slow response times, and cross-border service restrictions due to probation. High turnover within agencies also made maintaining communication difficult.



## Lack of Client Engagement

**While LEAD’s flexible model is an asset, for some individuals it can hinder consistent engagement, highlighting the need to balance client-centered flexibility with structure.**

The flexible LEAD model sometimes leads to participants not fully engaging, especially due to transient lifestyles and unstable contact information. LEAD staff make multiple outreach attempts; if unsuccessful, they focus on actively engaged clients, however this can sometimes result in LEAD staff utilizing resources on individuals who are not yet ready to engage fully. Participants must complete a needs assessment to qualify for financial support, but many disengage after a few meetings. While flexibility reduces barriers, it can hinder consistent engagement. One staff member suggested requiring regular check-ins, for example monthly, to maintain contact, especially since clients’ needs change quickly and long breaks hinder staff’s ability to provide meaningful support. The LEAD team should continue to reflect on the correct balance supporting shifting needs with encouraging sustained engagement.

**“People have their own lives. And if they’re not ready for change, it’s not my job to tell them that they need to change.”**

— LEAD Staff

### Recommendations

While many of these factors are external to LEAD, staff and partners had several recommendations for how to address them to further bolster the implementation of the LEAD model.

- Identify additional opportunities for LEAD staff to engage with law enforcement, such as ride-alongs or training opportunities to continue building a strong rapport with officers and encourage agency buy-in.
- Work with law enforcement to identify high-contact individuals to get them connected to LEAD to reduce law enforcement contact and arrests.
- Establish a regular cadence for sharing general updates about LEAD with both community partners and the public to increase knowledge and reduce stigma.
- Identify key metrics for the public and community partners and share them on a regular basis.
- Reflect on ways to support clients with diverse needs in continuing to engage with LEAD.



## 07 | Opportunities for LEAD Growth and Sustainability

In addition to identifying strengths and challenges, LEAD staff and partners also shared insights on what opportunities for growth or continued reflection exist to support the program in long-term sustainability.

### Additional LEAD Staff and Funding

**Community partners advocated for increased investment to expand the program’s reach and maximize its impact.**

Partners expressed concern about funding uncertainty, especially in Wyoming where other programs may be prioritized. They believe LEAD should receive more funding due to its community impact and the importance of sustaining support to reduce justice system costs. While LEAD staff feel their three members are sufficient, partners want more staff to expand efforts. Community partners praised the current team for effective resource use but still support additional funding and personnel to increase reach and impact.

**“What LEAD provides is an opportunity to prevent the next crime. And that’s why they should be funded, and that’s why they should have as many people as they need to keep up with the flow.”**

— Community Partner

### Reviewing Clients on a Case-By-Case Basis

**LEAD’s exclusion criteria limit access for some receptive individuals, reinforcing the need for ongoing case-by-case review to maximize reach.**

One partner noted that the LEAD model’s exclusion criteria can be limiting, such as excluding individuals with past domestic violence offenses, even if they might be appropriate for and receptive to LEAD support now. To maximize support, LEAD reviews cases individually and considers those with exclusions if appropriate. Ongoing reflection and community input will improve outreach to those who could benefit most to support engagement with individuals who are ready to make a change and use resources wisely.

### Additional Visibility and Data Sharing

**Improving data collection, sharing success stories and expanding community outreach are key opportunities to demonstrate LEAD’s impact.**

Lastly, partners emphasized the importance of increasing LEAD’s visibility within the broader community. They believe there are further opportunities to promote the program’s successes, especially by showcasing the impact of funding and its model. Several partners expressed a desire to report success stories from clients who work with LEAD, demonstrating how the program reduces time and effort for high-contact individuals. One partner mentioned wanting to obtain participant permission to share personal stories as examples of success, though some clients are hesitant to share their names and stories.

**“It’s been such a great asset to the community for almost six years now that I hope that it continues and that the community sees the buy-in on it.”**

— Community Partner



Overall, partners stressed the need for regular reporting to demonstrate LEAD's impact, thereby boosting community support and illustrating program benefits. LEAD should also review its data system and explore new data collection methods to improve tracking and reporting. Additionally, one partner advocated for better communication between hospital staff and LEAD to coordinate client care, and another expressed interest in understanding and improving the referral process from their agency to LEAD.

## Recommendations

Program staff, partners and clients are highly satisfied with the implementation of the LEAD model in Laramie County. To facilitate the continued success of LEAD, staff and partners shared several recommendations.

- Consider seeking private funding to support the important work LEAD is doing in the community to supplement or replace other funding.
- Continue considering individuals on a case-by-case basis and making exceptions to exclusion criteria where possible.
- Reflect on existing available data and opportunities for new or additional data tracking to minimize the burden on LEAD staff and improve regular reporting.
- Identify regular reporting metrics that can be shared consistently (quarterly, biannually, annually) to show the value of LEAD.
- Seek permission from clients to share their success stories.



## 08 | The Value of a LEAD Dollar

In addition to the effectiveness of diversion models in meeting clients' unique needs, research is well-established that diversion saves money.

Investing money in services that support individuals in building and sustaining recovery capital, rather than traditional punitive measures, yields significant long-term cost savings.<sup>5,6,7,8</sup> In addition to general cost-savings attributed to diversion, the LEAD model more specifically has been associated with cost reductions in numerous cities.<sup>9,10</sup>

The Washington State Institute for Public Policy estimates that for every \$1 spent on diversion, the system saves \$7.39.<sup>5</sup>

**\$2,100**  
Reduction

In **Seattle**, LEAD participants exhibited a \$2,100 reduction in costs associated with criminal justice system utilization, while non-participants experienced an increase of \$5,961.

**\$3,691**  
Reduction

In **San Francisco**, criminal justice costs significantly declined by \$3,691 for LEAD participants relative to the comparison group, which experienced a \$587 cost increase.

**\$4,727**  
Savings

In **Santa Fe**, LEAD participants cost an average of \$4,371 while the average annual cost for individuals in the comparison group was \$9,098.

**\$20,000+**  
Saved

In **Fayetteville**, a 92% reduction in arrests for LEAD participants was estimated to reduce jail costs from \$25,641 to \$2,173 for each arrest, if participants were only detained for one day.

To determine if LEAD in Laramie is achieving similar cost savings, Omni examined various aspects of its finances and service delivery.

### LEAD Funding and Spending

LEAD is funded by a combination of a Comprehensive Opioid, Stimulant and Substance Use Program (COSSUP) grant, and local Cheyenne Community Benefit funds. Between May 2024 and March 2026, LEAD spent \$776,167 administering the program.

The majority of LEAD's budget goes towards salaries and benefits for the three full-time staff who manage this work, as well as other administrative costs, including evaluation services, technology, and conference costs. The remainder of the program costs \$32,517.33, paid for services offered directly to clients, including providing meals, transportation, treatment, and more. An overview of programmatic costs is provided below; additional information on how costs were calculated is available in Appendix C.



## LEAD Financial and Service Data

LEAD expenditures for each of the services provided to participants are outlined below. Proxy costs were calculated by dividing total expenditure by service instances (ex. total expenditure on housing divided by the number of participants housed and/or receiving housing related services). Some categories include multiple expenses to better reflect the costs. These figures approximate resource value for comparison and planning purposes, though actual costs may vary. Due to significant variations in individual participant needs, staff time is not reflected in individual service costs and should be considered a separate cost.

LEAD staff have an hourly rate of \$52.48

LEAD service		Cost per service
	Establishing Housing	\$349.28
	Establishing Employment	\$367.48
	Basic Needs Costs	\$2,331.84
	Drug/Alcohol Testing Fees	\$199.48
	Providing phone and minutes	\$184.51
	Enrollment In Education Program	\$184.36
	Transportation Support	\$162.39
	Rides Provided By LEAD	\$0.54
	SNAP	\$57.95
	ID/records	\$50.61
	Enrollment in Treatment	\$38.47
	Food pantry	\$88.98
	Medication/Medical Care	\$63.28



Services provided to clients and resulting expenditure varied by participant, based on several factors, primarily the scope of an individual's needs and the time spent working with LEAD. Financial data includes 78 participants.

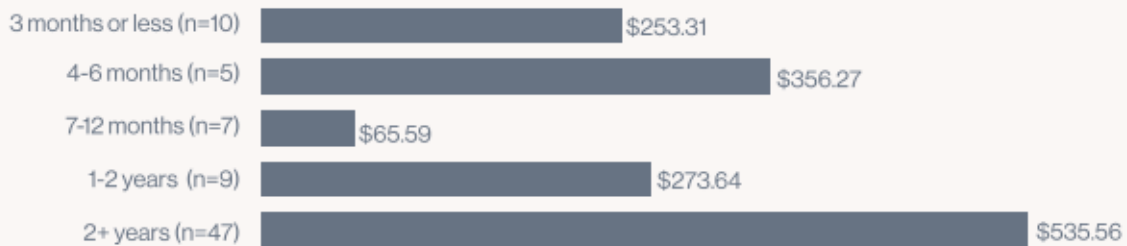
**Excluding staff time, LEAD spending ranged from \$0 to \$3,320.27 per person, with the majority of participants receiving between \$101 and \$ 500 in services. The average costs across all participants was \$415.48.**

### Average LEAD Spending Per Person



In addition to the overall costs for participants, costs vary based on an individual's length of involvement with LEAD. Individuals who have been in the program for 2 years or longer have the highest per-person costs, as their needs are likely to evolve over time through continued engagement with LEAD staff.

### LEAD Spending Per Person by Time Working with LEAD



Time spent with individual LEAD clients varies significantly based on an individual's needs and goals. LEAD staff estimate spending approximately 5 hours per month with each client on average, an estimated monthly cost of \$263 in staff time.



## LEAD Savings: A Case Study

The following case study explores the potential costs avoided by investing in the LEAD model relative to the “business as usual” operational costs for a typical client. It uses publicly available data and research to illustrate the scale of costs that can be avoided when individuals are diverted from the criminal justice system into community services. This case study provides an example of the return on investment of diversion for our representative participant, John M.



John M. is a white male in his mid-30s who did not graduate from high school but received his GED. John is currently unhoused, alternating between couch-surfing, short stays in shelters, and periods of sleeping outdoors. He lacks a stable mailing address, which complicates access to benefits, employment, and follow-up care. John is experiencing a substance use disorder (SUD), primarily involving stimulants and alcohol. He has had brief contact with treatment programs but has not engaged in sustained care, often disengaging early due to program rules, relapse, or competing survival needs. He also reports symptoms consistent with untreated mental health conditions, but he has not received formal care. John has frequent contact with local law enforcement, cycling through arrests, short jail stays, probation violations, and court appearances. His charges are primarily low-level and nonviolent offenses, including petty theft, drug use, and trespassing. John has a fragmented employment history,

consisting mainly of short-term, low-wage jobs in construction and food service. As a result, John primarily accesses healthcare through emergency departments, urgent care, or jail-based medical services. Preventive care is minimal, and chronic conditions remain largely unaddressed.

After meeting with the LEAD team, they identified several key priorities to address John's ongoing financial, health, and legal needs.

- Secure stable housing
- Reduce alcohol and stimulant use
- Attend all court and probation appointments
- Obtain a driver's license and a social security card
- Secure and maintain stable employment
- Begin attending substance use treatment



## The Cost of Two Paths

To better understand his points of interaction with the various community systems, let's explore the individual and financial implications of two potential paths for John; business as usual, or receiving support from LEAD.

### Business as Usual



#### John Remains Without Stable Housing:

John's housing instability continues while he utilizes short term resources such as the local shelter system, costing \$25 per night<sup>11</sup>, or \$750 over a 30-day period. Even if John were able to obtain short-term housing it would be difficult to sustain without stable employment. If he needed rental assistance, Laramie County's program averaged \$688.75 per household per month<sup>12</sup>, before it was discontinued in 2023. Without a fixed address, accessing benefits, keeping appointments, and maintaining employment remain out of reach.



#### John's Substance Use Goes Untreated:

John makes brief contact with a treatment program but disengages early to focus on other needs. His stimulant and alcohol use continues driving law enforcement contact with each encounter, costing an estimated \$24 in officer time and \$145 per night in jail. If his use escalates into a medical crisis, a single alcohol or drug-related case at CRMC carries a median charge of \$20,640.33<sup>13</sup>. And if he experiences a nonfatal overdose, that costs the system \$221,215<sup>14</sup>.

### LEAD Support



#### John Obtains Essential Documents, Unlocking New Opportunities:

A month after working with LEAD, John has a valid driver's license and social security card, LEAD spent \$50.61 to obtain them, less than the fine for a single traffic stop, and a fraction of one night in jail. That document unlocks a bank account, a job application, and access to benefits he was previously unable to access.



#### John Secures Stable Housing:

With identification in hand, his case manager helps him secure stable housing. LEAD's cost to house an individual is \$349.28, less than two weeks in a shelter. With a stable address, John can receive mail, keep appointments, and begin rebuilding the routine that his other goals depend on.



#### John Engages in Substance Use Treatment:

With his housing stabilized, John can focus on addressing his substance use needs by engaging in ongoing treatment. LEAD spent \$301.23 to connect him to





**John Lacks Essential Documents:**

Without a valid license, John cannot legally drive, but without transportation, he cannot get to court, to treatment, or to work. A citation for driving without a license carries a base fine of \$150<sup>15</sup>, with repeat stops escalating to \$750 in fines and up to six months in jail<sup>15</sup>, a cost of up to \$26,100. Even with a license, driving without insurance adds another \$250 to \$750<sup>16</sup> per offense. Without support understanding his parole requirements or getting to appointments, John misses a check-in resulting in a technical violation that triggers an arrest. Each misdemeanor non-trial case costs approximately \$1,000 in attorney and court staff time, with more serious or complex cases, potentially costing tens of thousands.



**John Relies on Public Assistance:**

Without stable work, John begins drawing on public assistance. For an individual making minimum wage Wyoming's unemployment insurance totals \$5,127.20 over 26 weeks<sup>17</sup>.

Without coordinated, wraparound care, John is forced to address his complex needs through short-term solutions which require the system to spend significant money, but do not move John forward.

evaluations, referrals, transportation, and medication. If that investment reduces his law enforcement contact by just five incidents over the course of a year, it saves \$120 in officer time and at least \$925 in jail costs. If it prevents a single medical crisis, more than \$20,000 in hospital costs are avoided. Odds of an overdose decrease as do the accompanying costs of more than \$200,000.



**John Stops Cycling Through the System:**

Continuing on his path to recovery, John attends his court and probation appointments. For \$0.54 per ride and a \$184.51 phone, LEAD keeps him in compliance with his legal requirements. The missed appearances and technical violations that most commonly cycle individuals back into the system stop accumulating. For the first time in years, John is not generating new legal exposure reducing the costs of jail time, court staff and attorney fees.



**John Finds Stable Employment:**

A few months into his work with LEAD, John is stably employed. LEAD spent \$367.48 on new interview clothes, job application support, and rides to get him there. John can now reduce or stop his reliance on government benefits including unemployment.

LEAD is investing fewer dollars in John, and supporting his long-term wellness, reducing future reliance on the system and costs to the community.



LEAD's total investment in John including housing, treatment, legal support, identification, and employment comes to approximately \$1,262.83 plus staff time. The costs avoided reflect conservative, single-incident estimates that don't account for the compounding costs of long-term unemployment, chronic homelessness or repeated incarceration. In addition to financial savings, LEAD supports individuals in building their wellness, providing stability to their families and neighbors, reducing the burden on jails, emergency rooms, shelters, and law enforcement, and freeing up capacity for higher-need individuals, resulting in a safer, more productive community.

While we cannot account for exact cost of staff costs, savings are still substantial. **If a LEAD staff worked with a participant for 500 hours, they still would not exceed the estimated savings.**

Since every participants' needs are unique, individual results and cost savings will vary, but this example illustrates a consistent theme that investments in LEAD typically cost less than traditional system expenditures.

**Based on conservative single instance estimates, LEAD could save more than \$26,000 per person.**

Cost per service	Per Person		
	LEAD Investment	Estimated Costs Without LEAD	Estimated Savings
Stable Housing	\$349.28	\$688.75 Shelter costs and rental assistance	\$339.47
Substance Use Treatment	\$301.23	\$20,640.33 CRMC median case costs	\$20,339.10
Court & Probation Support	\$194.23*	\$1,000+ Misdemeanor case	\$805.77+
Documents	\$50.61	\$150–\$26,100+ Ticket fines and jail costs	\$99.39– \$26,049+
Employment	\$367.48	\$5,127.20 Unemployment	\$4,759.72
<b>Total</b>	<b>\$1,262.42</b>	<b>\$30,166.60 - \$56,266.60</b>	<b>\$26,343.45- \$54,004.18</b>

\*18 rides at \$0.54 and \$184.51 for a phone/minute. These costs are determined by using estimated proxy costs for the services LEAD provides compared to estimated costs of likely outcomes avoided. Exact costs vary by individual and the cost of staff time is not reflected here. Additional information can be found in Appendix C.

**“When we have people who are housed, when we have people who are in recovery, we have people who are getting consistent mental health therapy either on the psychological illness or on the psychiatric point those are gains for us, and I can tell you without a doubt that we have dozens of individuals in our community who were persistent issues who were always a headache and they are no longer a headache...that is a cost savings for the community.”** — Community Partner



## 09 | Conclusion

Community members and participants strongly regard LEAD as an essential program in their community. LEAD provides diverse services to clients to meet their unique needs and help establish foundational support in their journey to wellness. Individuals who work with LEAD show stability or improvements in housing, employment, health and substance use and more. Key findings include connections to diverse community resources and services, improvements in recovery capital, reductions in substance use behaviors, reductions in jail time served and cost savings for individuals and community systems.

Specific strengths of the LEAD model include staff and partnerships, funding flexibility, and a reduction in burden for other local agencies. While the program was highly regarded, staff and partners noted challenges including community culture, a lack of knowledge of the LEAD model, limited community resources, and challenges with engagement from clients. To address these challenges and support the future sustainability of the LEAD model, staff and partners recommend considering additional funding and staff, reviewing clients on a case-by-case basis, and continuing to share additional data and stories about LEAD with partners and the broader community to build understanding and buy-in.

Ultimately, the LEAD model is a critical resource to the residents of Laramie County. By building the models current strengths and addressing the gaps and challenges, LEAD will be able to serve even more community members to further support a well Wyoming.

**“I believe in the program that LEAD administers, and I think that it has helped more people than the community realizes. So if the community could come together to help out the clients the way that we work together, that would be a beautiful thing.”**

— Community Partner



## Appendix A: Citations

- <sup>1</sup>LEAD Community Toolkit. (2023). *Frequently asked questions*.  
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- <sup>4</sup>Best, D., & Hennessy, E. A. (2022). The science of recovery capital: Where do we go from here? *Addiction, 117*(4), 1139–1145.  
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- <sup>11</sup>Council of Community Services. (2026). *Homelessness*.  
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## Appendix B: Methodology

As part of the evaluation, Omni utilized several forms of quantitative and qualitative data to understand the implementation of LEAD and its associated outcomes. Primary data refers to information that was collected by Omni during the evaluation, and secondary data refers to existing data sources that were referenced by the evaluation team.

### Primary Data Collection

#### Key Informant Interviews

In October 2025, Omni conducted 45–60-minute virtual interviews with all three LEAD staff to explore LEAD model implementation. Following these initial interviews, Omni worked with LEAD staff to identify important partner perspectives. These individuals were selected from diverse community agencies to represent a variety of different partner perspectives. LEAD staff provided a “warm handoff,” then Omni reached out to partners to introduce the evaluation and schedule interviews. Four interviews were conducted with one interviewee each, and one interview had two representatives from the same agency (six total partners). The goal of these interviews was to understand partners' experiences administering or working with LEAD, including program effectiveness, challenges, and other considerations to identify current successes and potential recommendations for improvement.

Transcripts for all interviews were transcribed using Microsoft Word. Transcriptions were further verified by Omni analysts. The evaluation team used Dedoose for qualitative coding. The evaluation team member who conducted interviews also led coding and analysis, first developing a shared coding structure based on the interview guides for both LEAD staff and partners. A second team member, uninvolved in the interviews, reviewed coding for alignment to ensure objectivity. Codes were analyzed for recurring trends, shared elements, and central themes, while also noting outlier perspectives to capture the full range of responses. To gauge each theme's prominence, the analysis considered how often codes appeared across transcripts, though less frequent findings were still recognized as potentially significant. Qualitative results were reported in a thematic structure aligned with the evaluation questions and integrated into the final report.

#### Client Survey

Current LEAD participants were invited to complete a survey regarding their experience and satisfaction working with LEAD. The survey included questions about overall satisfaction with LEAD, experiences with LEAD staff, changes in their knowledge of and access to services and resources, and overall progress on goals. The survey was conducted via SurveyMonkey (an online survey platform), with recruitment supported by LEAD staff mentioning the survey to participants. The survey was open from October 2025 to March 2026. Survey analysis was conducted in R (version 4.5.3).



## Secondary Data Collection

### LEAD Referrals

Individuals who are identified as potentially eligible to participate in LEAD received a referral form which included information on the individual's background, information from the referring officer or organization, and information on diverted charges. As of September 2024, individuals in jail were able to self-refer to LEAD through the jail system. This caused an increase in the number of individuals referred to LEAD that were ineligible to participate. Referral data was available for 418 individuals who were referred to LEAD between May 2024 and March 2026. Data was downloaded from the CiviCore case management system in April 2026 for analysis in R.

### LEAD Intake Assessment

Individuals who were eligible and interested in participating in LEAD completed a LEAD Intake Assessment which includes information on participant demographics, physical health, education and work status, financial status, housing stability, legal involvement, vital records, quality of life, BARC-10, and goal setting. Intake data was available for 56 individuals who participated in LEAD between May 2024 and March 2026. Data was downloaded from the CiviCore case management system in April 2026 for analysis in R.

### LEAD Recurring Assessment

Individuals who engaged with the program on an ongoing basis completed a LEAD Recurring Assessment which measures changes in basic needs, BARC-10, goal setting, and LEAD satisfaction. Because the recurring assessment was introduced in summer 2024, change-over-time data is limited to a small number of participants and may not fully capture participants with the longest program engagement (i.e., individuals who began participating in the program prior to May 2024). Eight participants completed a recurring assessment, six of these individuals also had an intake assessment. Data was downloaded from the CiviCore case management system in April 2026 for analysis in R.

### LEAD Service Data

LEAD provided a spreadsheet of the services and supports provided to each client during their engagement with LEAD, including the number of rides provided, whether they engaged in treatment, etc. Much of this information is tracked outside of the case management system and as a result requires significant coordination and staff time to collect. This process may also potentially underreport the various services provided to participants. Service data was provided for 82 individuals who were engaged with LEAD between May 2024 and March 2026. Individuals included in this data source may not be reflected in the intake data, as they may have completed an intake assessment prior to the evaluation period. Service data was uploaded by LEAD to a shared, secure Dropbox folder in April 2026 for analysis in R.



## Financial Data

LEAD staff shared high-level financial data to provide context for how much it costs to implement LEAD between May 2024 and March 2026. LEAD staff do not currently track individual expenditure, so the evaluation team developed proxy costs to estimate spending per individual. Additionally, the financial categories do not match the services provided exactly so there may be variations in the categorization of costs. Additional information on the financial analysis can be found in Appendix C. 78 individuals are included in the financial data, individuals included in this data source may not be reflected in the intake data, as noted above. Financial data was uploaded by LEAD to a shared, secure Dropbox folder in April 2026 for analysis in R.

## Time Served Data

LEAD staff provided a list of individuals who have been rearrested since their engagement with LEAD. There is currently no systematic tracking for this information, so LEAD staff pulled this information from the local jail data system, on an individual basis. This activity requires significant staff time and should be standardized for future reporting. Time served data was included for up to one year prior to intake (as early as May 2023) to current involvement, ending in March 2026. 33 individuals are included in the time served data, individuals included in this data source may not be reflected in the intake data, as noted above. Time served data was uploaded by LEAD to a shared, secure Dropbox folder in April 2026 for analysis in R.



# Appendix C: Financial Analysis

## Overview

To understand potential cost savings associated with LEAD we conducted a case example return on investment (ROI) using data from May 2024 to March 2026. This informal ROI compares the estimated service costs for 78 participants against the individual and system-level costs of measurable outcomes including reduced justice system contact, housing stability, and employment. This analysis should be used only as an estimate, as there is no control group, and it relies on calculated proxy costs rather than actual invoices.

## Approach and Limitations

To estimate costs without direct prices, proxy costs were calculated by dividing total expenditure (provided by LEAD staff) by the number of times the service was delivered. For example, the total housing services cost was divided by the number of housing connections made by the LEAD team to produce a per-unit proxy cost. Some service categories include multiple related expenses, like establishing employment costs covering documentation, clothing, cellphones, and gas.

Certain services, like phone access, are applicable in multiple program contexts. In such cases, the total cost of the service is divided equally among all relevant instances. This approach is intended to distribute costs proportionally and avoid double counting.

Proxy costs aim to represent the approximate resource value of each service, making them useful for comparison and planning. However, actual costs for specific services might differ. Based on the currently available data there is no way to understand the exact expenditure per participant, so these estimates help provide an approximation of average costs per service instance. Based on these calculations, the cost of certain services could be underrepresented or inflated based on how frequently they were provided or the overall costs.

These estimates do not include the cost of staff time. LEAD staff time costs approximately \$52.48 per hour. Since LEAD participants require varying amounts of time and services, there is no reliable way to estimate the cost of staff time per service instance. LEAD staff estimate working approximately five hours per month with participants, depending on their needs, suggesting a monthly staff cost of approximately \$263 per participant. Staff noted that some "high utilizers" require additional hours, sometimes up to 10 per week, increasing the per person cost for these individuals.



The following table outlines the estimated cost per service instance and the financial expenditure included in each category. To calculate total estimated expenditure per participant, proxy costs were summed across every service instance that individual accessed, meaning participants who received the same service multiple times are counted once per instance. Staff time costs are not included in the per-service-instance estimates and should be considered separately when estimating total program cost.

Service provided by LEAD	Costs Included	Estimated Cost Per Service Instance
Establishing Housing	Housing assistance, utility assistance, household items	\$349.28
Establishing Employment	Documentation, clothing, cellphones, phone minutes, gas	\$367.48
Basic Needs Costs*	Food/beverages, clothing	\$2,331.84
Drug/Alcohol Testing Fees**	Treatment/counseling	\$199.48
Providing phone and minutes	Cellphones, phone/phone minutes	\$184.51
Enrollment In Education Program	Documentation, other transportation, bus tickets	\$184.36
Transportation Support	Other transportation, bus tickets	\$162.39
Rides Provided By LEAD***	Gas	\$0.54
SNAP	Documentation	\$57.95
ID/records	Documentation, gas	\$50.61
Enrollment in Treatment	Documentation, treatment/counseling, prescriptions or healthcare/dental	\$38.47
Food pantry	Gas****	\$88.98
Medication/Medical Care	Prescriptions or healthcare/dental, gas	\$63.28

\*The high per-unit costs of basic needs reflect a low number of participants receiving clothes and meals increasing the per service instance.

\*\*There were no specific costs provided for drug and alcohol testing fees, so treatment and counseling services, which often include drug and alcohol testing fees, were applied as a proxy

\*\*\*The low per-unit cost reflects a high volume of rides provided, decreasing the per-ride cost.

\*\*\*\*Estimated cost of transportation to food pantry, a low number of participants received services from the food pantry increasing the per service instance

