

PROJECT OPEN DOOR



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A WHITE PAPER

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THE OPIOID CRISIS

YORK – A HIGH-IMPACT COUNTY

In recent years, more people have died in York County, Pennsylvania, by drug overdoses – primarily due to opioid and heroin abuse – than by traffic incidents. It is a well-documented and painfully consequential fact that opioid addiction across all socioeconomic strata has reached alarming proportions. In York County, there has been favorable momentum across the government, private, and non-profit sectors to attack this life-claiming battle through spirited and integrated stakeholder collaboration among the public health and public safety domains, but much work remains.

Reports of opioid overdose deaths in York County are staggering. According to overdosefree.pa, there were 129 overdose deaths in York County in 2016; 179 in 2017 (an increase of 38.75% from 2016); and 172 in 2018 (a decrease of 3.9% from 2017). The latter may be attributable to an uptick of naloxone administrations; however, there was still a 13.95% increase from 2016 to 2018 in the number of overdose fatalities.

Among the adjacent counties of Adams, Cumberland, and Dauphin, overdose statistics indicate that York County had the highest number of total overdose deaths from 2015-2017 at 397, or an average of 30 deaths per 100,000 people during this same period. York County tabulated in the top 23% of the 13 counties the US Drug Enforcement Administration (DEA) Philadelphia Division identified for the south-central Pennsylvania region.

The DEA Philadelphia Division’s *Opioid Threat in Pennsylvania September 2018* report compared county rankings across the state to calibrate the severity of impact (with 1 being the highest impact). York County’s ranking increased by 13.04% from 2015 (ranked at 26) to 2017 (ranked at 23). Meanwhile, the *2018 Annual Report* issued by the York County Coroner’s Office, indicated the top three causes of traumatic death reported to/handled by that office in the previous year were: (1) accidental drug overdoses - 93% opioid-related; (2) home and play accidental deaths; and (3) suicides. Of the total deaths (all causes) handled by the York Coroner’s Office in 2018, 22.8% were attributable to drug overdose.

DRUG-RELATED INCARCERATIONS IN YORK COUNTY

It is widely accepted that the opioid epidemic has been fueled by a history of liberal prescribing to address pain as the “fifth vital sign” of health (the subjective determination of an individual’s level of pain), the misuse of prescription medications, and the illegal use of heroin, which is often cheaper and easier to obtain “on the street.” For an individual with Substance Use Disorder (SUD), what may start as a \$10 bag of heroin can rapidly escalate to a \$100/day habit or more to avoid withdrawal. At \$3,000+/month, the individual is predisposed and often driven to additional types of illegal activities to sustain their addiction and avoid withdrawal. This illegal activity often results in an individual encountering the criminal justice system.

Today, York County Prison houses about 7,350 inmates. Given that the Pennsylvania Department of Corrections estimates that 70 percent of incarcerated individuals have a Substance Use Disorder, it can be estimated that 5,150 York County prison inmates struggle with SUD. Relative to patterns of drug treatment referrals, the York/Adams Drug and Alcohol Commission (the Single County Authority, or SCA) reports that the second highest referral source is the court/criminal Justice system, which referred 43.3 percent for treatment in 2017 (compared to statewide court/criminal justice total referrals at 31.9 percent that year) and 23.3 percent of referrals in York County for 2018. The SCA supports York County’s four adult treatment courts, as well as individuals currently incarcerated with probation violations.

**Table 2. Overdose Deaths
York County, PA**

YEAR	OVERDOSE DEATHS, YORK COUNTY
2015	99
2016	129
2017	179
2018	172
2019	*71 (YTD – August)

PROJECT OPEN DOOR

In June 2019, York County, in partnership with the York Opioid Collaborative, was awarded a \$148,000+ Comprehensive Opioid Abuse Program grant from the Pennsylvania Commission on Crime and Delinquency (PCCD) for Project Open Door, a law enforcement-assisted diversion initiative. This White Paper, which aims to educate community stakeholders, is among Project Open Door deliverables.

Project Open Door is a pilot envisioned to target low-risk offenders with Substance Use Disorder (SUD). This population is defined as individuals who assess as “low” on a validated assessment tool, known as the Ohio Risk Assessment System [ORAS] Pretrial Assessment Tool [PAT], and who have not committed a violent crime. Project Open Door participants would be intercepted and diverted from the criminal justice system either before they are arrested (e.g., the individual goes into a police station for help) or after they are arrested, but before they are “charged and booked” or processed in the criminal justice system.

Typically, when someone is arrested in York County, they are taken to Central Booking in the Judicial Center. There, the sheriff holds the individual until they can appear before a magistrate or judge. Thereafter, there are several procedural pathways: (1) the individual is charged, meets bail, and is released on their own recognizance until arraignment, which can be a 30-day period; or (2) the individual is charged and goes to prison, because they cannot meet bail or the magistrate or judge decides incarceration is warranted.

Project Open Door has two primary objectives:

- 1) Early and timely evaluation, referral, and placement into necessary drug and alcohol addiction treatment for low-risk offenders or those at risk of becoming offenders, leading to ...
- 2) Diversion of low-risk offenders entirely away from the criminal justice system.

By intercepting individuals before they are booked and charged, Project Open Door seeks to delay or avoid charges if conditions of treatment and recovery are met. Project Open Door aims to develop a Rapid Placement Capacity construct, whereby existing resources in the prison and probation system are leveraged, so individuals are aligned sooner with essential support and treatment options, preferably, before they become the custodial responsibility of the county judicial and correctional system.

There is a significant and growing body of research that indicates that the closer to the time of offense that an individual is referred to treatment, the more successful their outcomes in treatment will be.

Regarding diversion of low-risk offenders, research proves time and again that by over involving low-risk offenders in the criminal justice system, their risk to recidivate increases with new criminal offenses.

Project Open Door is a public health-law enforcement initiative that requires a wrap-around approach to ensure that the essential treatment and support service infrastructure is in place to enable qualifying, willing participants to be rapidly transitioned into a stable environment and facilitated treatment. Borrowing from best practices among a variety of similar models active across the nation, Project Open Door is a pilot in York County. The PCCD grant performance period is two years, from July 1, 2019 – June 30, 2021.

BEST PRACTICES

LAW ENFORCEMENT-ASSISTED DIVERSION (LEAD)

Project Open Door is predicated on best practices gleaned from other law enforcement-assisted diversion (LEAD) efforts across the nation. The LEAD® National Support Bureau - Law Enforcement Assisted Diversion program uses police diversion and community-based, trauma-informed care systems with the goals of improving public safety and public order, and reducing law violations by program participants¹.

In a LEAD® program, police officers exercise discretionary authority when they come into contact with an individual who has overdosed or has a potential offense related to SUD that may qualify for diversion to community-based interventions. The individual is diverted from the normal



criminal justice system cycle -- booking, detention, prosecution, conviction, and incarceration. Instead, they are referred into a trauma-informed, intensive case-management program, where the individual receives a wide range of support services, often including transitional and permanent housing and drug treatment. Prosecutors and police officers work closely with case managers to ensure that all contacts with LEAD® participants going forward, including new criminal prosecutions for other offenses, are coordinated with the service plan for the participant to maximize the opportunity to achieve favorable behavioral change.²

“LEAD® holds considerable promise as a way for law enforcement and prosecutors to help communities respond to public order issues stemming from unaddressed public health and human services needs -- addiction, untreated mental illness, homelessness, and extreme poverty -- through a public health framework that reduces reliance on the formal criminal justice system.”

Developed and launched in Seattle, Washington, LEAD® responds to low-level offenses, such as drug possession for personal use. LEAD® is the result of an unprecedented collaboration between police, prosecutors, civil rights advocates, public defenders, political leaders, mental health and drug treatment providers, housing providers and other service agencies, and business and neighborhood leaders. Collectively, they work to find new ways to solve problems for individuals who frequently cycle in and out of the criminal justice system under the familiar approach that relies on arrest, prosecution, and incarceration. Seattle’s LEAD® program has reportedly advanced favorable police-community relations.



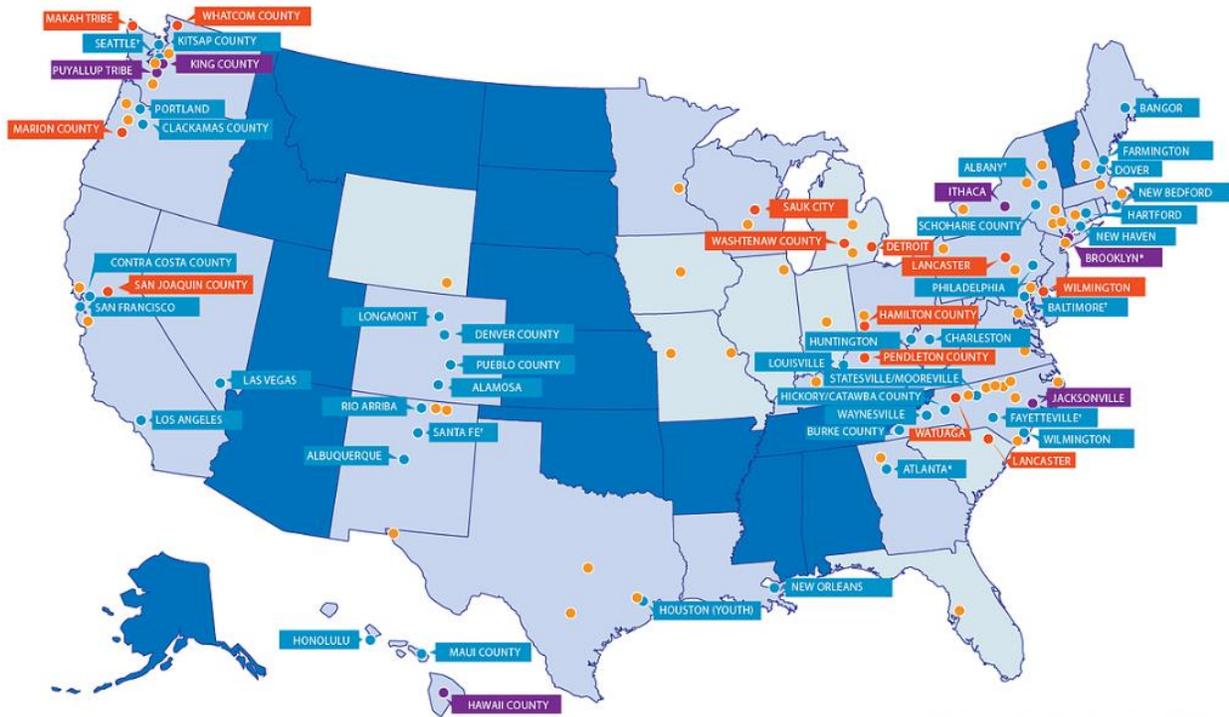
Source: leadbureau.org

¹ <https://www.leadbureau.org/>

² Ibid.

Pictured here is a map showing jurisdictions that are exploring LEAD® programs (yellow – 29 jurisdictions), developing (orange – 16 jurisdictions), launching (purple – 6 jurisdictions), and operating (blue- 38 jurisdictions). In Pennsylvania, those “exploring” include Pittsburgh and York; “developing” includes Lancaster; and “operating” includes Philadelphia. The status of these is expected to be in flux, as York is actually currently “developing” vis-à-vis Project Open Door.

Table 1. Jurisdictions along the LEAD® Continuum



Source: leadbureau.org

According to the LEAD® National Support Bureau, program participants were 58% less likely to be arrested after enrollment in Seattle’s program, compared to those who went through typical criminal justice processing.

LEAD® is listed by the National Institute of Justice’s Crime Solutions as a promising practice.

POLICE-ASSISTED ADDICTION & RECOVERY INITIATIVE (PAARI)

The Police-Assisted Addiction & Recovery Initiative (PAARI) is a national network of more than 400 police departments in 32 states that supports non-arrest/early diversion program models that divert people away from the criminal justice system. Central to the success of PAARI initiatives is cross-sector collaboration and partnerships among law enforcement, clinicians, social workers, recovery coaches, and/or trained volunteers. PAARI held its third annual National Law Enforcement Summit in December 2019 in Washington, D.C.

The Chelsea, MA PAARI Program

In Chelsea, Massachusetts, the police department has launched a PAARI program, where Outreach Teams consist of: Community Navigators who connect individuals to services; a Recovery Wrap-Around Service Team that supports individuals with basic needs; and Continuum of Care Case Managers who follow individuals through their recovery.

Community Navigators

The Chelsea Police Department co-supervises two navigators employed by North Suffolk Mental Health. These navigators engage individuals at street level to guide them to needed services. This can include detox facilities, mental health treatment providers, shelters, and other services that can address a multitude of issues. Community Navigators are knowledgeable about treatment options and other services available to individuals with substance use disorder (SUD), mental health issues, and those experiencing homelessness.

Recovery Support Services

Recovery Support provides clients with basic supports along their continuum of care. This may include: sober living rental assistance with conditions and limitations (typically up to three months); transportation to detox facilities, shelters, and faith-based programs; bus passes, food cards, referrals to employment agencies; assistance to access public healthcare, court visits, Social Security, and with obtaining a primary care physician.

Case Management

Continuum of Care Case Managers follow program participants who have been sent to detox and other treatment facilities to ensure they have a plan for continued recovery on discharge. The goal is to provide and secure relationship-based linkages to a continuum of care for individuals with SUD and to guide them to other services and resources, as needed. Case Managers support an individual's ability to become agents of change for themselves and others.

Additional Support

A Day Resource Center, funded by Massachusetts General Hospital, welcomes anyone struggling with addiction, homelessness, and other life challenges. Meals and bathing facilities are made available to them on a schedule throughout the week, and weekly on-site doctor is also available. Outreach Team members meet with individuals at the Day Resource Center, rather than only on the street. This reportedly has proven to be more effective. Members of these Outreach Teams meet weekly to identify individuals and families at elevated risk.³

Gloucester, MA Angel Program

In response to increasing rates of overdose deaths in the community, the Gloucester, Massachusetts Police Department developed the Angel Program, a voluntary, no-arrest program that offers direct referral for drug detoxification or rehabilitation treatment.⁴ Police officers collect demographic information and call treatment centers to identify a facility for placement. The police department ensures that participants have access to immediate transportation to the treatment center. If the officer determines that the process will take more than a few hours, participants are assigned a volunteer Samaritan for emotional support.⁵

Results

Despite barriers that may prevent persons with an opioid-use disorder from engaging with police, 376 people sought help in the first year of this program. The high direct-referral rate of 94.5% exceeded those reported for hospital-based initiatives designed to provide immediate access to detoxification and treatment. Factors that enabled referrals included participant motivation to enter treatment, as evidenced by their coming to the police station; volunteer support; officers searching for placements around the clock; the relationship the police established with a local treatment center where the majority of participants were placed; the provision of transportation; and the state-mandated insurance in Massachusetts, which covers drug detoxification."⁶

³ Paarius.org

⁴ gloucesterpd.com/addicts/

⁵ *A Police-Led Addiction Treatment Referral Program in Massachusetts*. New England Journal of Medicine. December 22, 2016. N Engl J Med 2016; 375:2502-2503, DOI: 10.1056/NEJMc1611640

⁶ Ibid.

By 2016, this model had been adopted by 153 other police departments in 28 states. It is suggested that the long-term success of this program may depend on streamlined access and an expanded capacity to provide addiction treatment on demand.

THE POLICE, TREATMENT, AND COMMUNITY COLLABORATIVE (PTACC)

Launched in April 2017 following an inaugural National Pre-Arrest Diversion Summit held at the headquarters of the International Association of Chiefs of Police, the Police, Treatment, and Community Collaborative (PTACC) is an alliance of practitioners in law enforcement, behavioral health, community, advocacy, research, and public policy. The PTACC mission is to strategically widen community behavioral health and social service options available through law enforcement diversion.⁷

PTACC is organized in six strategic areas, each with a designated workgroup that consists of practitioners who create resources to guide early diversion programs. The strategic areas are: (1) Leadership; (2) Treatment, Housing, and Recovery; (3) Public Safety; (4) Community, Diversion, and Equity; (5) Research, Policy, and Legislation; and (6) Special Populations. PTACC is an open source collaborative that draws from the expertise of stakeholders who work in pre-arrest diversion. PTACC participants believe that pre-arrest diversion should be practiced with equity, regardless of participant race, ethnicity, religion, gender, disability, or sexual orientation.

Pathways

There are several pathways to this diversion initiative, including:

Self-Referral

Here, the individual initiates contact with law enforcement for a treatment referral without fear of arrest. Preferably, this is a warm hand-off to treatment. An example is the Police-Assisted Addiction and Recovery Initiative (PAARI) Angel Program.

Active Outreach

Law enforcement initially identifies or seeks individuals based on data-proven trends and community awareness of individuals at risk. A warm hand-off is made to treatment provider/s. An example is the Police Assisted Addiction and Recovery Initiative (PAARI) in Arlington, VA, as well as Quick Response Teams (QRT).

Naloxone Plus

Here, engagement with treatment is part of an overdose response to someone at acute risk for opioid overdose. An example is the Stop, Triage, Engage, Educate, and Rehabilitate Program (STEER), such as the one in Montgomery County, MD).

Officer Prevention

Law enforcement initiates treatment engagement and no charges are filed. Examples are the Law Enforcement-Assisted Diversion (LEAD) Program and the Stop, Triage, Engage, Educate, and Rehabilitate Program (STEER).



Source: <http://www2.centerforhealthandjustice.org/>

⁷ ptaccollaborative.org

Officer Intervention

Law enforcement initiates treatment engagement, and charges are held in abeyance or citations are issued with requirements for completion of treatment and/or social service plans. Examples include LEAD and STEER.

STOP, TRIAGE, ENGAGE, EDUCATE, AND REHABILITATE (STEER) PROGRAM

With origins in Montgomery County, Maryland, the STEER Program is a pre-booking law enforcement and drug treatment linkage program that aims to provide rapid identification, deflection, and access to treatment for drug-involved individuals as an alternative to conventional arrest. Individuals are assigned a Care Coordinator who focuses on rapid treatment access, retention, motivation, engagement and completion. The Care Coordinator also conducts a full clinical assessment and referral.⁸

The STEER model was co-designed by the Montgomery County Police Department, Maryland Treatment Centers, the Police Executive Research Forum (PERF), the Center for Advancing Correctional Excellence at George Mason University, and the Center for Health and Justice at TASC. The model focuses on people with substance use disorders who have a high likelihood of repeated contact with police, due to their untreated addictions and other effects related to criminal activity.

Evidence-Based Officer Decision-Making

STEER incorporates prevention deflection and intervention deflection, and includes evidence-based officer decision-making. STEER begins during calls for service or during situations where police officers conduct a field risk-need screen (without the need to go to a lock-up) to determine if an individual fits a low-moderate criminogenic risk profile (using the Proxy Risk Tool) and high treatment need profile (using the CAGE substance use screen). If eligible criminal charges are present, the charges can be held in abeyance if the individual voluntarily accepts a STEER intervention referral. If no criminal charges are present, the individual can still be referred to STEER in a prevention context. The citizen is offered a chance for treatment and help, without entering into the criminal justice system.

STEER creates a "warm handoff" from the officer to a 24/7 community-based case manager for full clinical assessment and referral to treatment resources to address their underlying SUD and mental health challenges. The case manager focuses on rapid treatment access, retention, motivation, engagement and completion, and works with officers on the street to identify and engage prospective participants.

Proxy Risk Tool

Considered a quick risk screening tool, the Proxy Risk Triage Screener is no-cost and takes five minutes or less. It examines three items (current age, age at first arrest, and number of priors) to gauge the risk of recidivism on an eight-point scale.⁹

CAGE Substance Use Screen

CAGE is derived from the four questions of the tool originally designed to detect alcohol abuse, but which can be adapted for use in detecting substance abuse: Cut down, Annoyed, Guilty, and Eye-opener.

- 1) Have you ever felt you ought to cut down on your drinking or drug use?
- 2) Have people annoyed you by criticizing your drinking or drug use?
- 3) Have you felt bad or guilty about your drinking or drug use?
- 4) Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

⁸ <http://www2.centerforhealthandjustice.org/content/project/steer-deflection-model-pre-booking-diversion-option-law-enforcement>

⁹ j-sat.com

Responses to the CAGE questions are scored 0 for "no" and 1 for "yes" answers, with a higher score being an indication of substance abuse problems. A total score of two or greater is considered clinically significant. The normal cutoff for the CAGE is two positive answers; however, lowering the threshold to one positive answer is said to enable the casting of a wider net to identify more individuals who may have SUD.¹⁰

STEER Lessons Learned

- Opioid overdose precipitated the majority of STEER referrals; most were referred post-overdose and first responders administered Narcan in the majority of these cases.
- Officers' evidence-based risk tools to enhance and guide their decision-making in the field reduced error and increased effectiveness.

KATAL CENTER FOR HEALTH, EQUITY, AND JUSTICE

New York State is implementing "Drug User Health Hubs," which are models for effective municipal public health and public safety partnerships. Drug User Health Hubs provide an effective framework for municipalities and communities to address the complex issues of public health and safety associated with drug use, and offer a real alternative to problematic and ineffective strategies based on failed drug war methodologies. By deploying harm reduction-based public health resources, these programs can simultaneously protect public safety while promoting and improving individual and community health.

Health Hubs serve as a crucial resource for law enforcement and others to provide immediate access to health and safety resources, as well as entry into treatment and services for people who use drugs. Law enforcement officers, for example, are able to directly contact Health Hub staff so that an immediate response can occur when a non-fatal overdose occurs. This response ensures that the individual as well as their social network and family are offered support and services to reduce the likelihood of another overdose.

MAGISTRATE DISTRICT JUSTICE (MDJ) DIVERSION PROGRAM



Source: [overdosefreepa](#)

Beaver Falls, Pennsylvania

According to Kate Lowery, Director of the Beaver County Behavioral Health Drug and Alcohol Program (the Single County Authority – SCA), by the end of 2016, 102 people died of accidental overdose in Beaver County, Pennsylvania – most of which involved the use of opioids and was concentrated in the City of Beaver Falls.

Lowery teamed with Beaver Falls Chief of Police John DeLuca and Magistrate District Justice William Livingston to examine how they could restore safety and wellness to the city. They started by issuing public intoxication citations, after which individuals were taken to holding and were introduced to the diversion program. During daytime hours, these justice-involved individuals were accompanied to the SCA, where the program was further explained to them. If the individual chose to opt in, the citation was put on hold with the magistrate's office and they were directed to treatment.

Lowery says it became quickly evident that a team was needed to address housing, drug/alcohol, and rehabilitation services. The initial focus is to establish a stable environment for the individual struggling with substance abuse. According to DeLuca, what made the program work was the close proximity to services, which are either walking distance or a few bus stops apart.

¹⁰ Ewing JA. *Detecting alcoholism. The CAGE questionnaire.* JAMA. 1984 Oct 12;252(14):1905-7.

Lowery dispelled misconceptions about those with addictions, citing findings that showed most people in the diversion program were previously high-functioning before addiction. “Early on, we do a global assessment to determine what supports these individuals had earlier in their lives, before addiction. We build on that with an individual treatment plan. We work with vocational supports and housing to help develop the individual’s plan and to give them meaningful hope for recovery,” she said. She reports that of those who have been through the program, the vast majority are back to work and living substance-free.

Program Participant Testimonials

One Beaver Falls MDJ Diversion Program participant, Marquita, credits a caring team approach. “Chief DeLuca had faith in me and said he believed in me. Once I realized I had all these people behind me, I knew I had a chance at changing my life. I’m now in school and have my own place. I have my life back.”

Another participant, Patrick, indicated he “... was at rock-bottom with no hope. I was bankrupt in every sense of the word. I was homeless and lost my family. I had nothing. The last time I overdosed, I woke up in the hospital and Chief DeLuca offered me a new way of life to do this diversion program. I just couldn’t do it all on my own. I was in treatment before, but I always did it for someone else. The diversion program was the first time I did it for me; you can’t do this for anyone else. Now, I have a house and a job; I’m learning a new trade, and am proud of myself. It’s amazing how in one year how much my life changed.”

Michael, a heroin addict and another program participant, said he went from jail to psych wards and “... all the places you don’t want to be. I’ve been given Narcan for overdose about 10 separate times. I figured five months in a diversion program was better than another 90 days in jail. My life is different today; I am not a slave to heroin.”¹¹

Early Results

From late 2016, when the Beaver Falls MDJ Diversion Program was launched, to January 2018, 21 people were offered participation, 11 of whom opted into the program. The others either opted out or didn’t respond to the offer. Of the 11 who went into treatment, eight completed 150 days of treatment successfully.¹²

YORK COUNTY INITIATIVES

PROBATION SERVICES PRETRIAL UNIT

York County is not a newcomer to the concept of diversion. Currently in York County, the Department of Probation Services has an innovative Pretrial Unit that targets offenders of all risk levels who are placed on supervised bail. This enhancement project targets individuals in York County Prison who are on monetary bail and who could otherwise be successfully supervised in the community on supervised bail. This project includes a drug/alcohol Care Assessor who evaluates these individuals’ needs for treatment, and refers them to and monitors their status in treatment. A percentage of these individuals are low-risk offenders.

In 2017, a total of 1,817 individuals were placed on supervised bail by the York County Department of Probation Services. Of those, 649 were assessed as “low risk,” using the Ohio Risk Assessment System (ORAS) Pretrial Assessment Tool (PAT). Of those total placed on supervised bail, 73 percent were referred for drug and alcohol/mental health/social services.

Given that about one-third of the assessments were low-level/low-risk offenders, that yielded a potential of 214 individuals who could be diverted entirely from the criminal justice system just in that one year. Not only would Project Open Door direct them into necessary treatment services, but offers the potential of removing them entirely from the criminal justice system, thus lowering their risk of recidivating with a new criminal offense

¹¹ www.overdosefreepa.pitt.edu/2018/10/30/beaver-falls-mdj-diversion-program/

¹² <https://www.timesonline.com/news/20180129/beaver-falls-drug-diversion-program-changing-addicts-lives>

related to drug addiction. This could reasonably be expected to result in fewer victims and a reduction in criminal justice system costs, as well. As importantly, Project Open Door will provide these individuals with the necessary treatment to combat addiction.

Interviews of drug users and treatment personnel indicate that users often experience multiple overdoses in the course of their drug use, and widespread naloxone availability has resulted in many lives saved; however, naloxone availability is only one component of a continuum of care for long-term recovery. Project Open Door aims to avoid multiple overdoses by addressing the barriers that impede expeditious admission to treatment and to open doors to the most suitable, accessible, sustainable pathways for recovery.

Project Open Door is the capacity-building pilot project to support the overarching Community Action for Recovery and Diversion (CARD) initiative.

COMMUNITY ACTION FOR RECOVERY AND DIVERSION (CARD)

York County Common Pleas Judge Craig Trebilcock realized that the York County Opioid Treatment Court was not adequately stemming the tide of adverse impacts resulting from the opioid crisis. Notably, many of those making court appearances have mental health drivers that lead to substance abuse. Recognizing the crisis as a public health threat, a cross-section of public health, criminal justice, and treatment/human service stakeholders formed the Community Action for Recovery and Diversion (CARD) initiative in early 2017.

CARD stakeholders agree that:

- 1) Individuals tend to reach the York County Opioid Treatment Court too late into their involvement with the criminal justice system for rehabilitation to succeed; and
- 2) The criminal justice system, treatment providers, and human service agencies, and support organizations are largely siloed, making access cumbersome to navigate.

Silos along the criminal justice-healthcare continuum result in a disconnected system, making it difficult for trends to be readily identified, for life-saving initiatives to be rapidly implemented, and for at-risk individuals to quickly find and access treatment and services.

Among CARD’s chief goals is to establish a Wellness, Diversion, and Training Center – a brick-and-mortar facility. It is envisioned that justice-diverted individuals and anyone else seeking streamlined access to treatment and care, including those formerly incarcerated, can seek help and referral to services from this location.

Project Open Door and the CARD initiative respond to a number of major community concerns related to the opioid epidemic:

- The increasing use of other substances beyond opioids;
- Excessive incarceration of individuals with mental illness and addiction struggles does not facilitate long-term recovery;
- A silo-based structure of health and human services unintentionally impedes ready access to care; and
- A court system not yet fully structured or equipped to facilitate early intervention.

PROJECT OPEN DOOR PILOT FRAMEWORK

Project Open Door will be structured as an integrated model for the implementation of evidence-based policies and practices involving diversion of low-level-offenders with substance use disorder. Based on the US Department of Justice National Institute of Corrections October 2009 report, *Implementing Evidence-Based Policy and Practice in Community Corrections*, both research on effective corrections practice and practical approaches will be developed with critical stakeholder input. Project Open Door’s three chief components will rely and be constructed on:

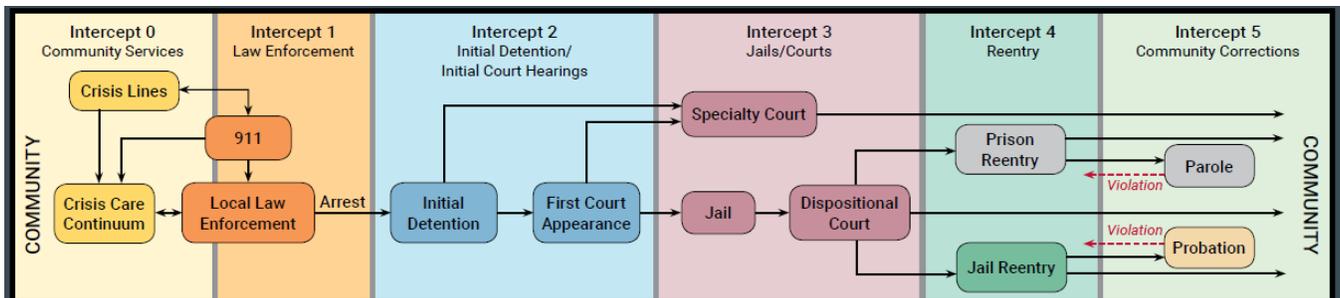
- 1) **EVIDENCE-BASED PRACTICES**, borrowing from success-proven public health and public safety assessments to determine viable candidates for diversion;
- 2) **ORGANIZATIONAL DEVELOPMENT**, which will be integral to the planning process that maps make-sense policies and practices tailored for York County; and
- 3) **COLLABORATION**, by leveraging the synergies and consensus among York Opioid Collaborative stakeholders.

Project Open Door Framework



SEQUENTIAL INTERCEPT MODEL

Project Open Door is based on The Sequential Intercept Model (SIM), developed by Mark Munetz, MD, and Patricia A. Griffin, PhD, along with Henry J. Steadman, PhD, of Policy Research Associates, Inc. The SIM aims to divert low-offending, overdose high-risk, justice-involved individuals with mental health and substance abuse issues into treatment.



There are five steps on the continuum; each step provides an opportunity for a criminal justice professional to assess risk, openly encourage collaborative dialogue, and promote self-directed choices toward healthy, lawful lifestyles. Project Open Door is focused on **Intercept 0** (Crisis/Community Response) and **Intercept 1** (Law Enforcement Involvement).

Intercept 0 is the community service/crisis response phase, where an individual with SUD who has overdosed or has self-identified a need for SUD services is “intercepted” by first responders and crisis outreach teams. This may include law enforcement personnel and behavioral health practitioners who can respond to an individual experiencing a behavioral health crisis (such as an overdose). It can also include Emergency Department (ED) diversion and police-friendly crisis services, where officers can take people in crisis to locations other than jail or the ED, such as stabilization units, walk-in services, or respite. The CARD Wellness and Diversion Center would meet this objective.

Intercept 1 is the initial law enforcement phase, wherein police officers interact with individuals experiencing a behavioral health crisis (such as an overdose) and evaluate them for possible diversion program participation.

Project Open Door will use the Sequential Intercept Model as a strategic planning tool to assess available resources, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross multiple systems, including mental health, substance use, law enforcement, pretrial services, community corrections, social services, housing, and others. Project Open Door will leverage the SIM to:

- 1) Develop a comprehensive picture (map) of how people with mental and substance use disorders flow through the criminal justice system;
- 2) Identify gaps, resources, and opportunities at each intercept for adults with mental and substance use disorders; and
- 3) Develop priorities for action designed to improve system and service-level responses for adults with mental and substance use disorders.

While Project Open Door will create a pilot “infrastructure,” at Intercepts 0 and 1, the CARD initiative seeks to advance next steps by breaking down existing silos between these systems within the judicial system in order to expand capacity, create more opportunity, and leverage resources, thereby saving money and reducing recidivism with early intervention into necessary treatment services. Project Open Door and the CARD initiative, will serve the York County community by saving lives and improving the administration of justice.

Members of the York Opioid Collaborative, many of whom are active in the CARD initiative, recognize that meaningful criminal justice reform will be incremental. The Project Open Door pilot is among essential first steps. The overarching goal is to reduce overdose deaths and over-involvement of low-offending/low-risk/high-need individuals in the criminal justice system by rapidly connecting them to essential services to advance and sustain recovery. This will involve (1) early and timely referral and placement into necessary drug and alcohol addiction and mental health treatment for low-risk offenders or those at risk of becoming offenders, leading to (2) diversion of low-risk offenders entirely from the criminal justice system.

According to conservative estimates, every dollar invested in substance abuse and addiction treatment programs saves \$12 in costs incurred by drug-related crime, criminal justice involvement, and health care expenses (National Institute of Drug Abuse 2012 Annual Report). Project Open Door would divert more people with opioid use disorder into treatment and away from the justice system.

KEY COMMUNITY STAKEHOLDERS

Project Open Door stakeholders include, but are not limited to York County officials from law enforcement, the judicial system, the mental health/intellectual developmental disability community, and the York-Adams Drug and Alcohol Commission (the SCA). Key community partners will include hospitals/healthcare providers, private insurers, drug and alcohol treatment providers, EMS providers, fire services, and recovery support and advocacy groups.

IMPACTED POPULATION

Those in York County at highest risk to SUDs are these very young adults who, if appropriately diverted from the justice system to treatment at this early juncture of their lives, can avoid otherwise long-term negative consequences associated with repeated drug use and incarceration that can impact their health and economic well-being for decades.

BENEFITS ASSOCIATED WITH EARLY INTERVENTION

Regarding early and timely referral into treatment, there is a significant and growing body of research that indicates that the closer to the time of offense that an individual is referred to treatment, the more successful their outcomes. Regarding diversion of low-risk offenders, research repeatedly proves that by over involving low-risk offenders in the criminal justice system, their risk to recidivate increases with new criminal offenses, as well as their likelihood of drug use relapse and overdose.

Relative to the project's target population, York County Probation Services and the Coroner's Office found that 30 percent of overdose deaths in 2018 in the county occurred in persons under some sort of court-mandated supervision. A special report from the US Department of Justice, Bureau of Justice Statistics (BJS), *Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009*, found a higher rate of drug dependence and abuse among incarcerated individuals than the general public. Regarding heroin specifically, BJS reported that approximately one in four incarcerated females and one in six incarcerated males regularly used heroin prior to their incarceration.

In a New England Journal of Medicine article, *Release from Prison – A High Risk of Death for Former Inmates*, authors Binswanger et al. (2007)¹³ indicated that the first two weeks post-release from incarceration is a particularly dangerous time; during this period, formerly-incarcerated individuals experience higher rates of drug-related deaths than the general population. While reasons for increased risk of death among this population could be varied and complex, Binswanger et al. postulate that potential factors include decreased drug tolerance (due to abstinence during incarceration) and a post-release celebration, during which the former inmate returns to using substances.

Meanwhile, in *Criminal Justice Continuum for Opioid Users at Risk of Overdose*, authors Brinkley-Rubinstein et al (2018) created a continuum of opportunities for intervention for individuals using opioids and having contact with the criminal justice system.¹⁴ They adapted the Sequential Intercept Model (SIM) - initially used to decrease the number of individuals with mental illness who are incarcerated - for use with opioid users at risk of overdose.

¹³ Binswanger, I.A., Stern, M.F., Deyo, R.A., Heagerty, P.J., Allen, C., Elmore, J.G., Koepsell, T.D. (2007). Release from prison - A high risk of death for former inmates. *The New England Journal of Medicine*, 356(2), 157-165. DOI: 10.1056/NEJMsa064115

¹⁴ Brinkley-Rubinstein, L., Zaller, N., Martino, S., Cloud, D.H., McCauley, E., Heise, A., Deal, D. (2018). Criminal justice continuum for opioid users at risk of overdose. *Addictive Behaviors* (86), 104-110. <https://doi.org/10.1016/j.addbeh.2018.02.024>

UNDERSTANDING ADDICTION

Among the challenges Project Open Door hopes to chip away at is the stigma associated with substance abuse. There is a significant body of evidence that indicates substance abuse is not a moral failing, but a health issue. Project Open Door and other public health-public safety initiatives across York County recognize that drug use changes the brain, and quitting takes more than good intentions or a strong will. Rather, drug addiction “is considered a brain disorder, because it involves functional changes to brain circuits involved in reward, stress, and self-control, and those changes may last a long time after a person has stopped taking drugs.”¹⁵ Addiction is not a crime; however, crime can be a result of the disease.

According to the National Institute on Drug Abuse, when an individual first uses a drug, they may perceive what seem to be positive effects and may believe they can control their use. If drug use continues, other pleasurable activities become less pleasurable, and the person has to take the drug just to feel “normal.” While the initial decision to take drugs is typically voluntary — particularly when a person is prescribed pain-relieving medications — with continued use, their ability to exert self-control can become seriously impaired. This impairment in self-control is the hallmark of addiction. Brain imaging studies of people with addiction show physical changes in areas of the brain that are critical to judgment, decision-making, learning and memory, and behavior control.¹⁶ These changes help explain the compulsive nature of addiction.

Transcending Shame and Stigma

A justice system-involved individual with SUD may feel shame or be viewed shamefully among community members who do not have a deep understanding of addiction and how it changes brain chemistry. This can include law enforcement officers and other first responders who are at risk of “compassion fatigue” that results from reviving an overdosing individual with Narcan on numerous occasions.

Project Open Door, through early intervention and diversion from the criminal justice system, offers a unique opportunity to engage individuals with SUD in non-shameful ways. Critical to the pilot’s success will be training and increased awareness about addiction and stigma reduction among police officers and others in the criminal justice community. Through focus groups, workshops, and community education/outreach efforts associated with Project Open Door and complementary initiatives underway in York County, it is anticipated that key stakeholders will increasingly realize that addiction is a disease and recovery is not a linear process. Individuals may relapse and re-enter treatment and recovery support at a later time when they are not engaged in the criminal justice system.

Among messaging Project Open door will advance is the idea that recovery is holistic, inasmuch as prevention services and treatment/recovery support for loved ones may be part of the recovery process. Family and friends may or may not be aware of criminal justice involvement by the individual with SUD. There may be an opportunity for engagement with them at the time of diversion, which may not readily present itself again.

By mapping out community support resources and identifying gaps, Project Open Door aims to advance the “recovery-oriented systems of care philosophy,” which recognizes that there are many pathways to recovery that are unique to each individual. This is not a one-size-fits-all model. Rather, recovery is self-directed and empowering. While motivation may be guided by the criminal justice system, the person with SUD must make

¹⁵ Goldstein RZ, Volkow ND. Dysfunction of the prefrontal cortex in addiction: neuroimaging findings and clinical implications. *Nat Rev Neurosci*. 2011;12(11):652-669. doi:10.1038/nrn3119

¹⁶ Fowler JS, Volkow ND, Kassed CA, Chang L. Imaging the addicted human brain. *Sci Pract Perspect* 3(2):4-16, 2007.

decisions based on his or her recovery goals.¹⁷ In short, an individual's motivation to sustained recovery is key to transcending punitive incarceration.

COMPLEMENTARY INITIATIVES

YORK OPIOID COLLABORATIVE STRATEGIC PLAN

Project Open Door, which will be championed at the community level by the York Opioid Collaborative (YOC), in partnership with York County and York City staff and officials, is consistent with the priorities established in the YOC's *Three-Year Strategic Plan* for September 2018 – September 2020. This Strategic Plan was funded by the PCCD in concert with the PA Overdose Opioid Reduction Technical Assistance Center at the University of Pittsburgh's School of Pharmacy Program Evaluation and Research Unit (Pitt PERU). The Strategic Plan identifies two priorities that immediately align and are compatible with Project Open Door: (1) "Priority 2: Increase rescue efforts in York County to promote the health, safety, and well-being of persons at high risk for an overdose and/or those with a substance or opioid use disorder; and (2) Priority 3: Eliminate barriers to increase access and utilization of Substance Use Disorder and Mental Health treatment programs throughout York County."

YORK COUNTY PROBATION DEPARTMENT

The York County Probation Department works very closely with the York Adams Mental Health/Intellectual and Developmental Disabilities Drug and Alcohol Program to determine eligibility for Intermediate Punishment programs. Of the assessments completed by the department, the majority (85 percent) of incarcerated individuals were found to need treatment, and most (84 percent) comply with treatment recommendations.¹⁸

YORK COUNTY PRETRIAL ENHANCEMENT PROJECT

Meanwhile, the York County Pretrial Services Enhancement Project enhanced and expanded the York County Pretrial Services Program as an identified priority of York County's Criminal Justice Advisory Board (CJAB). It is important to note that CJAB initiated discussions around diversion after recognizing the need within the criminal justice system. The Pretrial Program identifies non-violent offenders in the York County Prison and offenders brought before the Magisterial District Judges for arraignment and pending sentencing by the Common Pleas Court.

While in the Pretrial Program, offenders are referred to comprehensive evidence-based treatment, including Medically Assisted Treatment (MAT), to assist them in gaining control of their lives. Participants are monitored by the York County Adult Probation Department to ensure compliance with program referrals. A complete report is prepared and submitted to the judge prior to sentencing. This report documents the participant's compliance with referrals and makes recommendations for treatment programs and/or sentencing options to better aid in the offender's rehabilitation.

NEXT STEPS

Project Open Door includes four phases and incremental steps to develop the pilot framework.

Phase I activities include mapping current pre-trial efforts and processes, along with available existing services for SUD and mental/behavioral health treatment. Initial stakeholder educational efforts will launch, including

¹⁷ Recovery-Oriented System of Care: A Recovery Community Perspective (A White Paper) . Pennsylvania Drug and Alcohol Coalition in collaboration with Pennsylvania Governor's Policy Office, Department of Public Welfare, Office of Mental Health & Substance Abuse Services Department of Health, Bureau of Drug and Alcohol Programs. www.dpw.state.pa.us/omhsas or www.health.state.pa.us/bdap

¹⁸ York County Intermediate Punishment Plan 2018-2020

this White Paper and development of a structure for facilitated focus groups to help inform the project and to develop stakeholder buy-in.

Phase II activities will include further due diligence on best practices of other law enforcement-assisted diversion projects, further mapping of community resources, and conducting an initial stakeholder focus group and gap analysis of findings to further develop the Project Open Door pilot.

Phase III involves a second focus group and associated gap analysis and report out. Activities at this phase will also include outlining a proposed algorithm to develop processes based in established goals, resource availability, and identified needs for additional resources identified from the research (Phase I), focus groups (Phases II and III), and Gap Analysis. Key data points will be identified and process developed for collection and analysis based on best practices identified (Phase I and both focus groups). A third and final focus group will be held in Phase III to further discuss and refine the algorithm and to develop programmatic adherence among all stakeholders.

Phase IV will include launch of the pilot diversion and law enforcement stakeholder training. In this task, the YOC project team, in collaboration with police personnel, will initiate a limited-scope trial diversion that has been refined using the *Plan, Do, Study, Act* approach with rapid small cycles of change to further refine the evaluation and diversion-to-treatment process. As key volume, engagement, and timeline metrics are met, e.g., identification of needs, engagement in treatment, time-to-treatment, the program would be expanded incrementally to include more law enforcement entities and potentially opening the process to individuals presenting directly from the community. This task will also include training sessions for law enforcement personnel who want to participate in diversion activities. This is to ensure uniformity in approach, process, and reporting.