



# Criminal Justice Knowledge Bank

An initiative of the Division of Criminal Justice Services

## Richmond County: HOPE Program

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### Summary:

Richmond County's HOPE initiative is a pre-arraignment diversion program that redirects low-level drug offenders to community-based health and treatment services.

### Problem

In 2015, Staten Island had the highest rate of overdose deaths in the five boroughs of New York City and one of the highest rates in New York State, with the majority of those deaths attributable to opioids. The following year, there were 116 overdose deaths on Staten Island and hundreds of additional overdose-reversals through the administration of Naloxone. The overdose death rate for Staten Island was 31.8 per 100,000 people.

### Program Description

The Richmond County Heroin Overdose Prevention and Education (HOPE) program is a pre-arraignment diversion program designed to redirect low-level drug offenders with substance use disorder to community-based health services, instead of jail and prosecution. The program aims to reduce overdoses; improve health outcomes by connecting those in need to treatment options and resources, including harm reduction services and peer coaches; and improve public safety by addressing underlying factors that contribute to criminal activity to reduce recidivism.

Individuals arrested on Staten Island for low-level drug possession who fit the NYPD's criteria for a Desk Appearance Ticket (DAT) are eligible for HOPE.

Eligible individuals are brought to the precinct to be processed for a short-term DAT (i.e., a seven-day return date instead of the standard 20-day return date). At the same time, the arresting officer contacts the Richmond County District Attorney's Office HOPE director, who activates a certified peer mentor to immediately meet with the participant as he or she is released. Known as peer recovery coaches, these individuals are expected to be at the precinct within 30-45 minutes of activation.

At the time of release and upon receipt of a DAT, the peer coach describes the HOPE program and its benefits, and provides a Naloxone kit and training on how to use it. The peer coach also encourages the individual to visit a community-based Resource and Recovery Center, where counselors assess the individual for substance use disorder and other needs, enroll them in the program, develop an individualized care plan, and help them access treatment options. The participant can decide to visit a center immediately following their release from the precinct with the peer coach, or at any time before the seven-day return date.

The Legal Aid Society, HOPE Director and peer coach contact the participant before the seventh day. If the participant attends and receives an assessment

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before their return date, they do not have to appear in court and their case will be adjourned for an additional 30 days. If the participant continues to meaningfully engage in treatment services for the next 30 days, the Richmond County District Attorney's Office declines to prosecute their case and they will have no criminal record. If the participant fails or drops out of the program, the original charge stands and their case proceeds as it normally would through the court system.

Since its start in 2017, HOPE has demonstrated important benefits to individuals, families and communities. As of December 31, 2020:

- 828 individuals were HOPE eligible
- 779 individuals were met at the precinct by a peer/staff
- 667 have received naloxone training
- 649 naloxone kits have been distributed
- 705 individuals have completed an assessment through a Resource and Recovery Center
- 649 participants (92% of those assessed) have meaningfully engaged in treatment and had their cases withdrawn
- 249 individuals have been referred to outpatient treatment programs
- 58 people have been referred to inpatient treatment programs
- 29 people have been referred to detox programs
- 51 people have been referred to harm reduction programs
- 247 people have received services at the Recovery Centers

In 2016, the year before the program started, Staten Island reported 116 overdose deaths. Deaths have declined each year with 82 reported in 2020. This represents a decline of 29 percent. There were also 256 overdose reversals in 2018, an increase of 26 percent from 2017, when 203 were reversed.

## Funding

The program is supported in part by funding from the City of New York and New York City Council.

## Relevant Partnerships

HOPE collaborates directly with law enforcement, city and state health agencies, and community providers, including: the New York City Police Department, Mayor's Office of Criminal Justice, New York City Department of Health and Mental Health Services, New York State Office of Alcoholism and Substance Abuse Services, The Legal Aid Society, Staten Island Performing

Provider System, Staten Island Partnership for Community Wellness, The Resource Training Center, Community Health Action of Staten Island, Christopher's Reason, and YMCA Counseling Services. Prosecutor and defense counsel work collaboratively to address a participant's substance use disorder. The recovery process for individuals is built upon meaningful relationships with their peer coach. Public awareness campaigns are used to reach and build community support.

## Program Reviews or Evaluations

The Mayor's Office of Criminal Justice contracted with Metis and Associates, a firm with experience in researching public health and public safety interventions, to conduct a process and outcome evaluation of the HOPE initiative. The evaluation examined program implementation during its first year in 2017, including program assumptions and structure, key program elements, participants' experiences, and the results of their engagement in the program. The evaluation also reported re-arrest rates after program completion and comparison group analyses through June 30, 2018.

At the end of the program's first year of operations, 94 percent of participants meaningfully engaged in services, which resulted in the dismissal of their arrest cases. Meaningful engagement was associated with a reduction in subsequent arrests and HOPE participants were considerably less likely to be rearrested than a comparison population (19 percent were rearrested compared to 44 percent).

## Supportive Research

Richmond County based the HOPE program on the [Sequential Intercept Model](#), which recognizes that within the criminal justice system there are numerous intercept points, or opportunities, for linkage to services to prevent further penetration into the criminal justice system. The model provides a conceptual framework for communities to organize targeted strategies for justice-involved individuals with serious mental illness by assessing available resources, determining gaps in services, and planning for community change.

Peer and recovery support services are also foundational to the HOPE program. These services are designed and delivered by peers who have experienced both substance use disorder and recovery, which encourages participants to embark on a pathway to recovery, reducing the likelihood of relapse and recidivism. These peers bring a wealth of experiential knowledge that effectively extends the reach of law enforcement and treatment providers.

Richmond County's HOPE Program includes some elements of the diversion system used in the [Law Enforcement Assisted Diversion](#) (LEAD) Program. Designed to allow police officers to exercise discretionary authority at point of contact to divert individuals to a community-based, harm-reduction intervention before arrest, LEAD provides an opportunity for participants to avoid a criminal record, while simultaneously linking them with case management services. HOPE diverts individuals at the discretion of prosecutors, rather than police officers.

### Critical Success Factors

The unique combination of peer recovery coaches and multifaceted collaborative partnerships among professionals and providers are among the key components contributing to program success. The diversity of perspectives of program partners and the breadth of behavioral health and social service options available to participants has provided the community with a new perspective on the role of law enforcement in behavioral health.

Additionally, the reduction of return time assigned to DATs, from 20 days to seven days, is vital in establishing client-peer coach relationships. For many HOPE participants, most of whom have no previous involvement in the criminal justice system, an arrest can carry a sense of weight and urgency, serving as a catalyst for change. The seven-day return time is crucial for participants to connect with providers when they are most open and motivated to do so.

The HOPE director provides initial and ongoing training for peer coaches and local NYPD officers. Peer coaches receive training on the HOPE model, mental health, substance use disorders and peer support, and appropriate communication within a precinct. Applicable NYPD precincts receive ongoing roll-call presentations on the HOPE model, eligibility, and officer responsibility for HOPE activation.

### Lessons Learned

- While a variety of partners is an essential element of program success, understanding and anticipating the differing perspectives and opinions among professionals and stakeholders from a variety of backgrounds can be difficult. It is helpful to develop a clear and concise workflow that details the role of each partner through every step of the program. Cross-disciplinary training and education are also valuable.

- Ensuring the confidentiality of client health records can be a challenge. HOPE participants consent to having certain information, such as prior substance use, released to service providers. HOPE program staff review these consent documents with participants in detail, but do not have access to any of the participants' health information. The providers only tell program staff where participants are referred, and for what type of treatment.
- It is important to recognize and address the possibility that peer recovery coaches may relapse, as they are engaged in the same ongoing recovery process as participants. HOPE uses licensed mental health clinicians to supervise and maintain a supportive structure for peer coaches.
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### Additional Comments

The HOPE program was only minimally affected by the COVID-19 pandemic. No treatment centers or service providers shut down entirely (although some were remote or hybrid) and HOPE peer coaches were able to provide referrals and participants were able to obtain services throughout the pandemic.

One pandemic-related change was that individuals who did not meaningfully engage in services did not see a judge for at least six months during a period when the court was not operational. These clients were referred to other pre-arraignment programs offered by the office to connect these participants with services.

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