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## PRESS RELEASE

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### **D.A. McMahon, Partners, Present Findings of Independent HOPE Program Evaluation; HOPE Program Given High Marks**

*\*\*Independent report analyzes first year of the HOPE program; highlights successes of the program and recommendations for growth and improvement\*\**

Staten Island, NY — Today, Richmond County District Attorney Michael E. McMahon in partnership with the New York City Police Department, the Department of Health and Mental Hygiene, the Mayor's Office of Criminal Justice, the New York State Office of Alcoholism and Substance Abuse Services, the Office of Borough President James Oddo, the Office of Congressman Max Rose, the Legal Aid Society, the Staten Island Performing Provider System, the Staten Island Partnership for Community Wellness, and Staten Island providers – Community Health Action of Staten Island, Christopher's Reason, and YMCA Counseling Services — presented the findings of an independent report evaluating the first year of the Staten Island Heroin Overdose Prevention and Education (HOPE) program.

In April 2017, the New York City Mayor's Office of Criminal Justice (MOCJ) selected Metis Associates to conduct an independent evaluation of the first year of the HOPE program, with the cooperation and assistance of the Richmond County District Attorney and the Mayor's Office of Criminal Justice, as well as the program partners.

The comprehensive report presents findings from a study of the HOPE program's implementation from inception through the end of December 2017, based on interviews with representatives of the partner organizations, program staff, and participants, and analysis of available data.

**District Attorney Michael E. McMahon said,** "One of the most effective tools to combat Staten Island's terrible opioid crisis is our HOPE program, which continues to grow and evolve to better serve individuals struggling with substance abuse disorder. We are greatly encouraged by the findings detailed in this independent report. Not only does this analysis highlight the myriad success stories behind HOPE, it also provides a blueprint to help us both strengthen and improve the program, many of which I am proud to say have already been implemented over the past year.

**McMahon continued,** “From its inception, HOPE has truly been a collaborative effort between my office, the NYPD, Legal Aid, the public health community, and all of our partners. While the opioid epidemic continues to claim far too many lives on Staten Island, and while we continue to vigorously prosecute the dealers, programs such as HOPE have had a lasting impact in the lives of hundreds of individuals, helping them to find treatment services, regain control over their addiction illness, and avoid the criminal justice system. HOPE continues to serve as a model for how large cities can address this crisis by both saving lives and reducing crime. Although our mission to end this terrible crisis remains an uphill battle, we are seeing glimmers of hope and Staten Island’s spirit of community and loyalty to each other will allow us to prevail in this, the greatest public health and safety challenge of our times.”

### **Background:**

In 2016, Staten Island had the highest overdose rate in New York City, having increased 66 percent from 2015. In response to the growing opioid epidemic, DA McMahon, in partnership with the NYPD, treatment and social service providers, interdisciplinary city agencies, and community organizations on Staten Island, developed the HOPE program after a 10-month collaborative planning process.

Launched in January 2017, the HOPE program is a pre-arraignment diversion program designed to redirect low-level drug offenders on Staten Island to community-based health and treatment services, instead of jail and prosecution. HOPE’s primary goals include reducing overdoses, providing individuals with the opportunity to receive supportive services and treatment for substance use, and improving public safety by reducing recidivism and diverting persons with addiction from the criminal justice system.

To further remove the stigma associated with substance use disorder, HOPE utilizes a network of trained peer mentors to provide support throughout the participant’s trajectory through the program, from start to finish. This role is crucial as the peer mentors have lived experience and have navigated either the criminal justice or substance use treatment systems in their lives.

When an individual is arrested for the charge of Criminal Possession of a Controlled Substance in the 7th Degree, a misdemeanor, and eligible for a Desk Appearance Ticker (DAT) the police and peer mentors immediately engage the person at the precinct, educating the participant about the benefits of the HOPE program, providing naloxone training and a kit, and a palm card with contact information for the resource and recovery centers, the RCDA HOPE Director, and Legal Aid and the Defense Bar. To avoid arraignment, participants must meet with a licensed counselor at one of the programs’ designated Resource and Recovery Centers within seven days of the date of their DAT for an assessment, development of a service plan, and help with accessing services in support of their goals, and they must engage in services within 37 days post-arrest. Successful completion of the program, which results in case dismissal and no criminal record, is based on the determination by a Resource and Recovery Center that a participant has been “meaningfully engaged” in a service in some way within the 30-day program timeframe.

In 2019, the HOPE program was expanded to include HOPE 2.0, an arraignment/post arraignment diversion program that expands the existing HOPE programming and services to individuals, who, due to their specific charges or more extensive criminal histories (such as more graduated misdemeanor charges, some misdemeanor victim crimes and/or felony arrests dating back at least five years) are not eligible to participate in HOPE. The HOPE 2.0 initiative is now housed in the HOPE 2.0/OAR Court, which was opened in January 2019 through the DA’s partnership with OCA and the Defense Bar.

### **The Report: An Implementation Evaluation of the Staten Island HOPE Program:**

#### **Highlights from the report include:**

- Overall, the program offered participants a considerable benefit: the opportunity to receive supportive services and treatment for substance use in response to self-directed goals instead of court involvement, which even in the case of dismissal requires a substantial time commitment. Qualitative feedback suggests that participation in the HOPE program may lead to a connection to providers that will allow individuals to seek out and obtain services after program completion.
- Participants described the program as breaking down the stigma of substance use, which had prevented them from accessing related services.
- Said one participant, “One of the reasons that it took me so long to reach out for help is that I was extremely embarrassed over the fact that I had a problem. And when I went and did the intake with [staff at my Resource and Recovery Center], I explained that to her, and she said, “We’ve had people come in here that are judges, plastic surgeons, lawyers. You know, basically, don’t be embarrassed. Drug addiction doesn’t discriminate against your level of education or your skin color or your financial status. If you have a problem, you have a problem.” So that made me feel better, and you know, more comfortable admitting the fact that I had a problem, a very, very bad problem.”
- The HOPE program, under the leadership of the Richmond County District Attorney’s Office, has demonstrated a significant accomplishment: the development of a complex program designed to connect individuals who have been arrested for a low-level substance-related crime to services as a means of addressing the current opioid and substance use epidemic on Staten Island. The evaluation findings suggest that the HOPE program holds promise in this endeavor, with key stakeholders across the partnership supporting the initiative.
- Among HOPE participants, 19 percent were re-arrested during or after participation in the HOPE program (through June 30, 2018). Individuals who were indicated as having meaningfully engaged in the HOPE program were less likely to have been re-arrested than individuals who were indicated as not having meaningfully engaged (15% compared to 60%).
- A comparative analysis of arrest data indicates that HOPE participants were less likely to be re-arrested than individuals in the comparison population, suggesting a possible relationship between program participation and subsequent criminal justice involvement. Specifically, 44 percent of the comparison population had been re-arrested through June 30, 2018 compared to only 19 percent of HOPE program participants.

### **Additional Findings; Structure of the Program and Key Partners:**

- Stakeholders cited the District Attorney’s leadership as critical to the success of the HOPE initiative. The District Attorney provided a strong vision of the program’s overall scope and structure, yet equally encouraged a collaborative decision making environment. Stakeholders indicated that without D.A. McMahon’s leadership it was unlikely that an initiative of this scope would have taken place or that the partnership with the NYPD would have been solidified.
- In 2017, 94% of participants were determined to have meaningfully engaged in services and had their cases withdrawn by the District Attorney’s Office.
- The District Attorney was also described as advocating a “big tent” approach to program development, meaning that a breadth of partners were invited to join in the design of the initiative. This approach to developing the program was described by multiple stakeholders as relatively unique and critical to its success. The District Attorney was described as conscientious about including a variety of perspectives, including “patients’ rights, criminal justice, NYPD, community-based

partners,” and others. As explained by one stakeholder, this was a “critical component of success... that all the right people were at the table from the beginning.”

- *The involvement of highly-regarded local community-based service providers to serve as the program’s Resource and Recovery Centers was universally praised. More specifically, assigning the decision for determining meaningful engagement to the Centers was viewed by stakeholders as a significant indicator of the District Attorney’s trust in the community. Multiple stakeholders spoke of the importance of this decision, noting that it gave the program “an independent voice.” It was described as a protection against prosecutorial overreach, and was considered a bulwark against “too much power” being concentrated in a single office. Overall, findings suggest that community-based service providers would have been less likely to participate in the program if they had not been given this role.*

### **Role of Peer Mentors:**

- *Both participants and peer mentors saw the mentor role as very important. For the peer mentors, being able to point to their own experiences as formerly addicted individuals now in recovery was a big factor in gaining potential participants’ trust and in them being open to hearing about the program. Many peer mentors have themselves been arrested, and they emphasized that they tried to focus on making potential participants feel at ease, listened to, and empowered by the option they were presenting, because they know that an arrest and the environment of the precinct can feel overwhelming. Participants agreed that this really helped and they felt comfortable and respected. One participant shared that, “they didn’t treat me like an addict.”*
- *Stakeholders consistently cited the deployment of peer mentors as one of the key elements of the HOPE program. Stakeholders indicated that without these peer mentors making face-to-face contact, it would be unlikely that as many individuals would choose to join the program. Furthermore, initial contact with a peer was described as making it more likely that participants would subsequently engage with Resource and Recovery Center staff. Said one peer mentor, “I think it’s valuable, because there’s a lot of shame and a stigma that comes with addiction. And I’m here to share my personal experience, to share that I’ve been where they’ve been, and I understand, and there is a way out.”*

### **Intake and Assessment:**

- *Some participants described their arrest experience as a wakeup call about their drug use, and they came into the program knowing their goal would be to get clean. Others didn’t have this goal going in, but developed it through the course of speaking with a counselor. For example, one participant who was arrested for possession of cannabinoids said he did not initially think the program was for him. But when his counselor asked him how often he smoked, and if he wanted to smoke less, he realized that he wouldn’t mind cutting back and set his goal to be reducing use. Many participants said they set goals to “better themselves” during their time in the program, including wanting to become a drug counselor, doing better in school, “getting back into exercise or sports, becoming a better parent, or to “stay on the right path.”*
- *Almost all participants said they felt comfortable at the Center they went to, and further indicated that this sense of ease was essential to a positive program experience overall. HOPE participants made it clear that having staff who worked with them; who were very warm, friendly, and non-judgmental; and who as a result made them feel comfortable and listened to was a very important part of the intake and assessment process, and of the program overall. Some related this to the fact that their counselor had also “been through this before,” and some contrasted this with other experiences they’ve had at other programs. Participants shared that they could tell their counselors were trying to*

*build trust with them, and genuinely wanted to understand their own personal story and help them with their own particular problems. A few emphasized that they didn't feel coerced into program participation and engagement. The atmosphere was open; Centers offered refreshments. One participant described how he played a round of pool before his intake meeting. These approaches are important because, as described by one stakeholder, participants may feel "guarded" at their initial visit before trust has been built.*

### **Service Uptake:**

- *A significant factor in participants' satisfaction was their perception that staff at the Resource and Recovery Centers were accepting of them. As one participant who was using opioid pain medications without a prescription to help manage pain shared, "At no time did I ever feel like...you never want to go into a place and feel like you're a bad person and they made me feel like I was a human being and that I just had a problem and [had to figure out] how to deal with it."*
- *Most participants were very satisfied with specific services, especially with the harm reduction group classes and one-on-one counseling. Multiple participants explained that they had participated in group counseling previously in rehabilitation programs, but these were much better. The educational aspects of the harm-reduction-focused groups were also cited as very important and better than those offered through other programs on Staten Island. In fact, some participants were surprised by how much they liked their time in the HOPE program and the services they received. For many, this was the first counseling they had ever received, and while they might have entered the program thinking they didn't need it, they found it was very valuable.*
- *Participants also valued the additional wrap-around services that the Centers provided. These included providing MetroCards or help from counselors with other types of transportation (picking them up or ordering car service). As one participant shared, "I mean, they'd even give you, like, free MetroCards, and give you sandwiches and stuff like that, and tell you where you can go to get some help. They help you out with things, like, you know, they'd help you out. I feel like they went above and beyond."*
- *For the majority of participants, the HOPE program was their first receipt of any type of social services, and, upon reflection, they stated that they don't believe they would have ended up receiving services if it wasn't for the HOPE program. In addition, for most participants, the program was their first introduction to treatment programs specifically available to them as individuals who use substances.*
- *Participants indicated that prior to the HOPE program they didn't know where to find or how to access treatment. Several also described how difficult it had been to understand the costs and insurance implications of services on their own. Finally, participants also alluded to the stigma of substance use and the difficulty of pursuing services on their own when they would have to describe "their struggle" to strangers.*

### **Meaningful Engagement:**

- *In general...participants described the communication around the determination of meaningful engagement as transparent, rapid, and easily understandable. Participants appreciated receiving text message updates from HOPE program directors and indicated that they felt well informed about their status in the program throughout. Participant feedback indicates that upon program completion they quickly learned that their court cases were vacated.*

- *The need for an immediate response to Staten Island’s opioid epidemic was an impetus for the HOPE program and remains the longer-term outcome of the overall initiative. However, stakeholders see the primary result or desired outcome of the program as connecting participants to ongoing services. This is understood as the extent to which, having completed the HOPE program, participants have a greater understanding of the service providers available to them on Staten Island and are more likely to pursue further services if so inclined.*
- *Said one stakeholder, “I think HOPE works because the program is tailored around its mission. Its mission isn't to make people sober right now. Its mission is to connect people before something worse happens, before somebody overdoses and dies, right? That's the mission. And therefore, the program is connected to that mission, is tailored to that mission. This isn't 18 months of residential, followed by outpatient, followed by after-care, right? That's a different mission. And the program would have to be structured differently as well.”*

### **Connection to Services:**

- *Some participants reported engaging in new services after completing the HOPE program. For these participants, a major benefit of the program was learning about services that they didn't know existed. For example, several participants described learning that they could obtain services without insurance or at low cost. Upon reflection, one participant shared, “I mean, we always think that we have to have so much insurance to get into a treatment program, or there's such long wait for beds, or... we put so many obstacles in our own way. And there are places, nonprofit organizations, that can help you, and you don't really need much money. But I wasn't aware of that until after I got arrested. That's why I made it my business to tell people about it.”*
- *Through the HOPE program, participants were able to gain trust in institutions and service providers. This was important for several individuals who described being reluctant to engage with providers and ask for help. One participant described an increased trust in their Resource and Recovery Center (which was then extended to other providers) while another described gaining trust in the NYPD.*
- *Almost all participants, across the Centers, reported receiving follow-up contacts from their Center, such as mailings or phone calls. Participants were encouraged to come back to the Center “if they needed it” or “if they wanted someone to talk to.” Several participants reported receiving periodic calls months after completing the program, which they reported being “grateful for” as they “felt cared for by the counselors.”*

Additionally, the report highlighted several areas of improvement based only on its 1-year analysis of the HOPE program. Even before that time, RCDA and its partners have worked to expand and strengthen the program to better serve those individuals struggling with substance abuse, addressing many of the issues raised in the report.

### **Current Staten Island HOPE numbers as of March 2019:**

- 667 individuals have been offered HOPE
- 620 were met at the precinct by a peer/staff
- 533 individuals received naloxone trainings; 516 naloxone kits distributed
- 586 individuals have been to a Resource Center, received an assessment, and signed waivers.

- 531 participants (94%) have meaningfully engaged and their cases have been withdrawn.
- 211 people have been referred to outpatient treatment programs
- 55 people have been referred to inpatient treatment programs
- 26 people have been referred to detox programs
- 45 people have been referred to harm reduction programs
- 177 people have received services exclusively at the Recovery Centers

**Borough President James Oddo said,** “District Attorney McMahon deserves recognition for his innovative approach to combatting the opioid epidemic—and then some. He was one of the first DAs in the country to embrace what is now a well-established principle: you can’t arrest your way out of this crisis. Those working on the frontlines to save lives—law enforcement, treatment providers, government agencies, the medical community—have observed the impact of the HOPE program first hand. Now a comprehensive, independent study confirms that HOPE is a critical component to the borough-wide effort to change the trajectory of the opioid epidemic. Not only does it achieve its aim of connecting individuals in the throes of addiction to desperately needed treatment, this study demonstrates the HOPE program’s outsized influence on breaking down stigma, engaging peer networks, and optimizing the work of local service providers. It comes as no surprise that HOPE works.”

**NYPD Commissioner James P. O’Neill said,** “We cannot arrest ourselves out of the opioid crisis. HOPE allows individuals to get the help they need to address their substance abuse by redirecting them to community-based health services, instead of jail and prosecution. We are pleased to partner with the Richmond County District Attorney, who was at the forefront of addressing the opioid crisis in New York City in a non-traditional way. We look forward to our continued collaboration.”

**OASAS Commissioner Arlene González-Sánchez said,** “We are pleased to join District Attorney McMahon and our partners in support of the HOPE program. The HOPE program serves as a great model in the State’s efforts to fight addiction by directing people to treatment, rather than arrest and incarceration. We support the HOPE Program and similar diversion initiatives that are making a positive impact in the efforts to fight this disease, and helping those who are suffering to rebuild their lives.”

**Elizabeth Glazer, Director of the Mayor's Office of Criminal Justice, said,** "Helping people who are dependent on drugs access treatment not only improves their well-being but has been proven to prevent future arrests for people dependent on drugs. Developing supportive alternatives to punishment for people with behavioral health needs is consistent with the City's approach to lightening the touch of enforcement in a safe way. The Mayor’s Office of Criminal Justice was proud to fund this evaluation and support this important work."

**Dr. Hillary Kunins, Acting Executive Deputy Commissioner of Mental Hygiene at the NYC Health Department said,** “We applaud the example that HOPE has set for criminal justice diversion for people who used drugs in New York City,” said “The release of this evaluation report will help government and community stakeholders more fully understand the program and is a crucial step toward our shared goal of preventing overdose and saving lives.”

**Congressman Max Rose said,** “This shows what we’ve been seeing firsthand in the community, that the HOPE program is an effective and innovative way to combat the opioid epidemic on Staten Island and save lives. District Attorney McMahon and all those involved have done incredible work leading the way and showing how the HOPE program can be a model for cities across the nation—and I look forward to

continuing to be a partner in this fight.”

**Adrienne Abbate, Executive Director, Staten Island Partnership for Community Wellness (SIPCW), said,** "Findings from this independent study add to the body of evidence that client-centered and supportive approaches are effective in diverting people out of the criminal justice system. We applaud District Attorney McMahon for his leadership and for bringing diverse perspectives to the table when planning this innovative initiative. SIPCW is committed to building on these findings and working with partners to improve the HOPE model so that more people can benefit from this program."

**Joseph Conte, Executive Director, Staten Island Performing Provider System, said,** “The Staten Island PPS has been a proud supporter of the visionary work of the District Attorney’s office. The METIS evaluation identifies several important findings including the importance of peers and recovery centers, which the PPS has sponsored. One of the most important findings is the observation that “the HOPE program design lends itself to replication.” Congratulations to District Attorney McMahon and his team from Staten Island PPS leadership.”

**Christopher Pisciotta, the Legal Aid Society, Attorney in Charge, Richmond County Office said,** We came together during this public health crisis with a common goal to save lives by connecting people with community based treatment and resources to help themselves fight against addiction. The independent analysis by Metis Associates confirmed that we are on the right track, saving lives and helping people in need. I look forward to continued work with District Attorney McMahon and all our partners to improve and grow HOPE, expanding opportunities to more people at risk and in need during this public health crisis.

**Diane Arneth, Executive Director, Community Health Action of Staten Island, said,** “Community Health Action is proud to be an integral contributor to the demonstrated success of the HOPE project through the work at our 24 hour Next Step Resource and Recovery Center. Under District Attorney McMahon’s leadership and recognition of the critical importance of a wide array of partners, we are seeing the impact of our hard work and commitment. The project’s early adoption of the vital role of people with lived experience, the peer specialists, has no doubt contributed to the achievement of many important outcomes, including the project’s high acceptance, retention and completion rates. We look forward to a continued partnership to improve and expand upon the current achievement.”