

Statement of the Problem

Region, Applicant Agency, Application Category, and Impact of the Opioid Epidemic. The Wyoming County District Attorney's Office (WCDAO) is applying for Comprehensive Opioid Abuse Site-based Program, Category 1: Locally Driven Responses to the Opioid Epidemic, Subcategory 1c: a rural area or small county with a population of fewer than 100,000 or a federal recognized Indian tribe. WCDAO has an established research partner, the University of Pittsburgh, School of Pharmacy, Program Evaluation and Research Unit (PERU). Wyoming County, Pennsylvania is located in Northeastern Pennsylvania with a population of 27,046 that is primarily 'White, non-Hispanic or Latino' (95.5%) (U.S. Census Bureau, 2018). In 2017, the Commonwealth of Pennsylvania experienced 5,456 accidental drug-related overdose deaths – a rate of 43 deaths per 100,000 – more than twice the rate of the national average of 22 deaths per 100,000 (DEA, 2018). Pennsylvania (PA) experienced a 65% increase in drug-related overdose deaths between 2015 and 2017, with more than 80% of fatalities containing fentanyl and other novel synthetic opioids (NSOs) in toxicology by 2017 (NFLIS, 2018). In turn, from 2015 to 2017, Wyoming County experienced a 57% increase in drug-related overdose deaths resulting in a rate of 40 deaths per 100,000 for 2017. Wyoming County experienced 7 total overdose deaths in 2015 and 11 deaths in 2017 (DEA, 2018). NSOs were found in overdose decedent toxicology reports in Wyoming County in 2017, of particular concern to first responders, such as law enforcement and EMS, as these drugs have unknown toxicity (DEA, 2018). With regard to drug supply, in 2017, fentanyl and NSOs accounted for 21% of drugs seized in PA (14% in Wyoming County), which is an increase of 600% from 2015 to 2017 in PA (600% in Wyoming County) (NFLIS, 2018). Despite numerous statewide initiatives to combat the opioid overdose crisis and Opioid Use Disorder (OUD), Pennsylvania continues to be substantially impacted by

overdose throughout its 67 counties. This realization emphasizes the importance of local initiatives, tailored to the needs of the local communities, such as Wyoming County. **Existing Strategic Plans to Combat Opioid Use Disorder in Wyoming County.** The applicant agency for this proposal is Wyoming County District Attorney's Office (WCDAO). Wyoming County is on the forefront for many OUD and overdose prevention initiatives that span the spectrum of Prevention, Intervention, Treatment, and Recovery. Additionally, the county has developed an opioid coalition that is aimed at reducing overdose deaths within the county. *Strategic Plan: Wyoming County HOPE Coalition.* The Wyoming County HOPE Coalition was formed in February 2017 to address the growing opioid problem in Wyoming County. The HOPE Coalition collaborates with local stakeholders including, but not limited to treatment providers, law enforcement, first responders and emergency management, hospitals, and individuals in recovery. In April 2017, the Coalition developed a four-year strategic plan (May 2017-May 2021) with five overarching priorities; (1) increase coordination between county agencies surrounding responses to overdoses and connecting individuals to treatment across intercept points; creating a county-wide, patient first, pro-treatment system in an effort to reduce overdoses and connect individuals to treatment at all intercept points; (2) ensure that all residents of Wyoming County are well-informed on overdose, signs of a Substance/Opioid Use Disorder (SUD/OUD), treatment options, and recovery programs available throughout the community with the purpose of eliminating stigma throughout the county; (3) increase county-wide, evidence-based prevention efforts to prevent or delay the onset of SUD/OUD for target populations; (4) increase treatment capacity in Wyoming County to ensure that all individuals have access to appropriate care and recovery services, including Medication-Assisted Treatment (MAT); and (5) increase capacity and utilization of current non-treatment, recovery-based

initiatives, introducing new programs/initiatives when necessary to address gaps and barriers. Wyoming County has begun to implement numerous initiatives outlined in the strategic plan, including media campaigns to reduce stigma, annual community awareness events, a warm hand-off program at the local Emergency Department (ED) to connect individuals to treatment resources following an overdose, expanded access to naloxone through law enforcement and community agencies, and a naloxone leave-behind program that expands access by allowing Emergency Medical Service (EMS) providers to leave behind naloxone kits to an individual and their family following an overdose. Wyoming County is also in the process of establishing a recovery resource center that will provide a wide variety of services and recovery resources to individuals who are seeking services and those who are in recovery. **Existing Services and Service Gaps Identified through the Sequential Intercept Model.** Using the Sequential Intercept Model, Wyoming County has identified services and service gaps that exist within the service area. *Intercept 0: Community Services:* Wyoming County has implemented an ED warm hand-off program that aims to connect overdose survivors to treatment resources. *Intercept 1: Law Enforcement:* Wyoming County currently provides training to emergency dispatchers and critical crisis incident teams, which involves law enforcement partners. *Intercept 2: Initial Detention/Initial Court Hearings:* Wyoming County screens individuals involved for mental and SUD however, data matching initiatives between the jail and community-based behavioral health providers, and pretrial supervision and diversion services to reduce episodes of incarceration do not currently exist. *Intercept 3: Jail/Courts:* Wyoming County has established treatment courts for high-risk/high need individuals and jail-based healthcare programming. *Intercept 4: Reentry:* Wyoming County currently has programs available to provide connections to SUD treatment services to individuals post-release, however MAT access within the jail is not currently

available. *Intercept 5: Community Corrections:* Wyoming County has realized the need for these services to improve outcomes for individuals post-release, however, there are noticeable gaps within the county. Wyoming County currently connects individuals to supports following release, however access to MAT and other specialized services could be improved. **Need for Funding.** While funding is available to support individuals in treatment through established pathways, funding is not available to Wyoming County to develop new programs, which often require additional financial support to develop plans, begin implementation, and then conduct quality control data collection and evaluation to ensure the success of the program in real-time. This funding opportunity allows Wyoming County to develop a comprehensive suite of sustainable interventions that merge public safety and health.

Project Design and Implementation

Goal 1: By March 2020, establish a collaborative Peer Recovery Support Program, utilizing the Intervention Programming model, to improve access to treatment for high-risk individuals, overdose survivors, and their families. The applicant proposes to establish a program, based off the Intervention Programming model, that utilizes Certified Recovery Specialists (CRS) and Case Managers (CM) to engage with high-risk individuals in an effort to connect them to treatment and non-treatment services. Intervention Programming is a treatment method used by the mental health community to assist individuals who have become dependent on various substances. The proposed program will utilize CRSs and CMs as a means to effectively extend a positive recovery environment to an individual new to recovery, through continuous contact. CRSs and CMs will meet with patients in the ED and throughout the community and will coordinate referrals/warm hand-off to behavioral health agencies within the County including: Trehab Community Action Agency, Robinson Counseling Center, and A

Better Today Recovery Services. The CRSs and CMs that are hired for this program will be trained in Motivational Interviewing (MI) to ensure that they are using evidence-based communication strategies to effectively engage with individuals. *Objective 1.1:* By December 2019, develop an implementation team (all persons and agencies required for success of the program) and community-based care management meeting structure, complete administrative and fiscal contracts, hire CRS and CM staff required, and create an implementation plan.

Objectives 1.2: By February 2020, CRS and CM staff will be trained in MI and will be evaluated using a proficiency checklist developed by PERU. Six months post-training, PERU will conduct trainee follow-up utilizing the proficiency checklist to assess retention and utilization of MI skills. *Objective 1.3:* By February 2020, CRS and CM staff, along with behavioral health agency staff will be trained on the implementation plan protocols developed, then identify and assist all staff with barriers to implementation through monthly then quarterly trainings that will take place on-site at each behavioral health agency identified above. Training effectiveness will be evaluated via a: (1) targeted knowledge attainment (pre- and post-training); and (b) trainee training satisfaction (post-training) at each continuing education session. Six months post-training, trainee follow-up surveys to assess knowledge retention and utilization of program materials to assess implementation barriers and successes following the UCLA protocol.

Ongoing technical assistance will be provided by PERU to ensure compliance with training and implementation plan. *Objective 1.4:* By October 2022, CRS and CM staff will attend 15 community events (Year 1: 3 events, Year 2: 6 events, Year 3: 6 events) to engage with individuals in recovery, families who are affected by SUD/ODU, mental health, and/or overdose, and community members. The CRS and CM staff will present at these events on how to access SUD/ODU and mental health providers in Wyoming County. *Objective 1.5:* By October 2022,

CRS and CM staff will engage 90% of individuals and families and assist them with connections to treatment and non-treatment resources, including recovery support services. *Data Collection and Evaluation.* In addition to the performance measures required quarterly by the Bureau of Justice Assistance (BJA) Comprehensive Opioid Abuse Site-based Program (COAP) Grant Program, WCDAO will collect and report the following data in real-time; (1) number of contacts that CRS and CM staff with high-risk individuals and overdose survivors, (2) number of warm hand-offs completed to participating behavioral health agencies compared to the number of warm hand-offs offered by CRS and CM staff, (3) number of individuals who continue to engage with behavioral health services at 3, 6, and 12 months compared to the number of completed warm hand-offs, and (4) number of community events that are attended by CRS and CM staff compared to the number of targeted community events proposed. PERU will develop a real-time data collection and reporting system and ensure all data collected is done according to best practice. PERU will also assist with BJA reporting requirements and develop quarterly reports that will be widely disseminated. *Deliverables and Dissemination.* WCDAO will create an implementation toolkit that will encompass all aspects of Goal 1 and make it widely available through print and conferences. All data related to program implementation and evaluation will be shared widely. **Goal 2: By March 2020, establish a first responder warm hand-off program to ensure that persons with OUD and Mental Health Disorders (MH) who interact with first responders are connected to the treatment resources that they need to reduce risk and improve outcomes.** WCDAO proposes to establish a new program to connect individuals who interact with first responder agencies, including EMS, fire departments, and law enforcement, with evidence-based treatment resources for SUD/OD and Mental Health (MH) (“Lifeline Program”). The Lifeline Program will aim to intervene with individuals who may not make it to

the hospital to be engaged by CRS and/or CM staff who can help to connect them to necessary treatment resources. Additionally, the Lifeline Program will also include trainings for first responder agencies on how to interact with individuals who have SUD/OD and/or MH diagnoses. These trainings will help to shift the current practice of first responders and reduce stigma that is prevalent within this group. PERU has an already developed curriculum and process that can be used to assist WCDOA with development, training, and implementation.

Objective 2.1: By December 2019, establish the Lifeline Program team made up of first responders, including police fire and EMS to change the practice of emergency response so all individuals encountered by first responders will have a decreased risk of future complications related to SUD/OD and/or MH diagnoses. *Objective 2.2:* By February 2020, train 95% of participating first responders on MH diagnoses, addictions, trauma informed care, motivational interviewing, and referral processes for individuals who will participate in this program. The trainings will be evaluated by the following: (a) 17 item stigma survey, which assesses trainee stigma-associated attitudes and beliefs (pre- and post-training); (b) targeted knowledge attainment (pre- and post-training); and (c) trainee training satisfaction (post-training) at each session. Six months post-training conduct trainee follow-up surveys to assess knowledge retention and utilization of program materials to assess implementation barriers and successes following the UCLA protocol. *Objective 2.3:* By June 2020, train 95% of first responders on how to screen patients for SUD/OD and/or MH to ensure that all patients receive the appropriate resources and treatment services. *Data Collection and Evaluation.* In addition to the performance measures required quarterly by the Bureau of Justice Assistance (BJA) Comprehensive Opioid Abuse Site-based Program (COAP) Grant Program, WCDAO will collect and report the following data in real-time; (1) number of contacts the Lifeline Program staff has with high-risk

individuals and overdose survivors, (2) number of trainings that are conducted with participating agencies and overall trainee satisfaction, (3) number of individuals who receive warm hand-offs compared to the number of individuals who are engaged by first responders, and (4) number of patients who receive screens by first responder agencies. PERU will develop a real-time data collection and reporting system and ensure all data collected is done according to best practice. PERU will also assist with BJA reporting requirements and develop quarterly reports that will be widely disseminated. *Deliverables and Dissemination.* WCDAO will create an implementation toolkit that encompasses all aspects of Goal 2 and make it widely available through print and conferences. All data related to program implementation and evaluation will be shared widely.

Goal 3: By December 2020, implement a diversion program based on the Law Enforcement Assisted Diversion (LEAD) program model to reduce the number of individuals incarcerated and increase the number of individuals who receive evidence-based SUD and behavioral health treatment. The Diversion Program will implement a protocol whereby law enforcement personnel will institute the use of MI, referrals, and warm hand-offs as a mean through which they will encourage individuals who have overdosed to seek the services of local agencies, such as the Trehab Community Action Agency, The Robinson Counseling Center, and A Better Today Recovery Services. The program will require law enforcement personnel to participate in MI and warm hand-off training so that they most skillfully and effectively communicate with and serve the individuals trying to overcome addiction and take the next steps toward recovery. *Objective 3.1:* By January 2022, co-locate or embed a case manager within the Wyoming County's court and ensure 100% of individuals eligible for the program are referred and meet with this case manager. *Objective 3.2:* By January 2022, train the case manager on how to complete an intake assessment and ensure 100% of individuals receive this assessment that

evaluates substance use, prior treatment, housing, quality of life, behavioral health, interpersonal relationships, and physical health. *Objective 3.3:* By January 2022, ensure case managers meet with individuals involved in the program on a weekly basis and connect 100% of participating individuals to appropriate SUD and behavioral health treatment through participating behavioral health agencies, housing, legal advocacy, job training/placement, and other community resources. *Objective 3.4:* By July 2020, Train 100% of officers within participating law enforcement agencies on the inclusion/exclusion criteria for program participants and how to implement diversion practices (assessing, referring, and MI techniques to communicate to the individuals about the program) based on the LEAD model. *Data Collection and Evaluation.* In addition to the performance measures required quarterly by the Bureau of Justice Assistance (BJA) Comprehensive Opioid Abuse Site-based Program (COAP) Grant Program, WCDAO will collect and report the following data in real-time; (1) number of individuals identified to participate in the LEAD program compared to the number of individuals who enroll, (2) number of individuals who are connected to SUD treatment and other services compared to the number of individuals enrolled in the LEAD program, (3) number of meeting that case managers have with LEAD participants, and (4) number of trainings that are hosted with law enforcement officers and overall satisfaction of training. PERU will develop a real-time data collection and reporting system and ensure all data collected is done according to best practice. PERU will also assist with BJA reporting requirements and develop quarterly reports that will be widely disseminated. *Deliverables and Dissemination.* WCDAO will create an implementation toolkit that encompasses all aspects of Goal 3 and make it widely available through print and conferences. All data related to program implementation and evaluation will be shared widely.

Capabilities and Competencies

Key Personnel. The District Attorney for Wyoming County will be responsible for successful program completion in Wyoming County. will work with all project partners to support all outlined activities with the support of a to-be-hired Project Coordinator, who will be responsible for monitoring project progress, organizing and attending stakeholder meetings, documenting and ensuring completion of items determined during meetings, ensuring the timely completion of projects outlined in the proposal, determining project changes, providing administrative support and developing project strategies, ensuring that all projects adhere to specified frameworks and all documentation is maintained, assessing project risks and issues and providing solutions, ensuring stakeholder views are managed towards the best solution, and creating project management calendar for fulfilling project goals and objectives. The Wyoming County HOPE Coalition has 20 actively engaged members that encompass all stakeholders required as described in program implementation. Specifically, the Wyoming County Emergency Management Agency, the Wyoming County Commissioners, the Wyoming County Department of Human Services, Trehab Community Action Agency, Robinson Counseling Center, A Better Today Recovery Services, local law enforcement, EMS, and fire departments, and the University of Pittsburgh, School of Pharmacy, Program Evaluation and Research Unit, who will serve as the research partner for this project and conduct trainings, data collection, and technical assistance. J, PhD is a psychiatric epidemiologist and Director of the Program Evaluation and Research Unit (PERU), the research partner for the purposes of this project, and will provide strategic oversight of the grant for implementation and evaluation of project activities. ounded PERU and has led it to secure over \$150 million in federal, state, and private grant funds aimed at programs that lead to innovative healthcare systems transformations. , PhD is the Program Director for overdose

and suicide prevention projects at PERU and will provide daily oversight of the grant.

He oversees the Technical Assistance (TA) program at PERU, including 12 grants/contracts that provide TA to various stakeholders including the state, and county stakeholders within PA, the Commonwealth of Virginia, and the Veterans Health Administration, and the first responder initiatives held at PERU. He, MPH will serve as the Project Director for this project. He manages all public safety grants/contracts within

his program area at PERU. **Potential Barriers to Implementation.** Anticipated barriers to implementation include patient recruitment for Goals 1-3, buy-in from front-line staff for Goals 1-3, and data collection for Goals 1-3. In order to address patient recruitment barriers, all front-line staff will be trained in MI to facilitate effective conversations between staff and patients. To address buy-in from front-line staff, all trainings that are provided to behavioral health agencies and first responders will include speakers who are individuals in recovery to reduce stigma. Additionally, all agencies will undergo yearly organizational health assessments, and strategies will be developed to improve organizational health and strengthen the implementation process. Finally, all data that is collected throughout the course of the program will be shared with front-line staff so that they can see the impact of the work they are performing in a professionally safe environment. Wyoming County and its partners will work closely with BJA's designated TTA provider(s) and an evaluator identified by BJA throughout the course of the grant period to support optimal implementation and reduce barriers related to the project. Barriers to data collection most frequently stem from communities that are siloed in their provision of services and who lack the communication infrastructure to successfully share data across multiple parties, as well as insufficient resources to properly analyze and communicate the results of data analysis to respective parties. The long-standing public health

and public safety relationships represented in the Wyoming County HOPE Coalition, in addition to Wyoming County's relationship with PERU who will provide support for data collection and analysis through its technical assistance as well as professional data analysts will be used to overcome these common barriers. **Research Partner.** PERU will provide implementation and evaluation technical assistance as the research partner for this project. PERU has an existing relationship with the Wyoming County HOPE Coalition in providing technical assistance support county overdose reduction efforts including the implementation HOPE Coalition's four-year strategic plan. PERU is uniquely skilled in supporting the implementation of public health and public safety innovations using a standardized framework, the Systems Transformation Framework, which involves the concept of TA (Scott & Pringle, 2018; Cole et al., 2019). PERU's TA programs are provided through the utilization of standardized tools to continuously assess client need for knowledge and skill as well as readiness change in order to develop strategic plans that guide the client toward overcoming a hierarchy of barriers so they can achieve specified goals and objectives while maintaining stakeholder buy-in and leadership support. A prime example of this approach is their Pennsylvania Overdose Reduction Technical Assistance Center (TAC), which is supported through the PA Commission on Crime and Delinquency and has provided TA to nearly 50 county coalitions across PA for to reduce overdose deaths. An independent evaluation conducted by RTI revealed that counties that worked with PERU saw statistically significant reductions in overdose deaths compared to those that did not. PERU also has additional experience working specifically with first responders, including law enforcement, through multiple funded projects, including funding through SAMHSA CARA, the Henry Hillman Foundation, and the Pennsylvania Department of Health to implement first responder trainings that increases the knowledge and skills of police, fire, and

EMS associated with: (1) utilizing naloxone for known or suspected opioid overdose in a stigma free environment; (2) leaving behind naloxone and resources with all individuals at risk of an opioid overdose; (3) ensuring FR safety and appropriate identification of and response to fentanyl, carfentanil, and other dangerous illicit drugs and drug exposure; and (4) using motivational interviewing (MI) and trauma informed care to screen and conduct referrals to appropriate treatment and nontreatment resources.

Plan for Collecting the Data Required for this Solicitation's Performance Measures

PERU will be responsible for collecting and reporting the required performance measures. Data will be collected using the instruments identified in the RFA for each of the chosen activities; (First Responder Partnerships, Public Safety, Behavioral Health, and Public Health Information-Sharing Partnerships data collection forms as well as with any additional forms specified by BJA by December 2019). Additional performance metrics described above in Project Design and Implementation will be submitted for BJA approval and used to assess the project's effectiveness in addition to the performance metrics specified. Data will be collected by front-line staff and reported through an established automated system that PERU will create similar to its work in other funded projects. PERU has all of the technological resources necessary to meet the evaluation goals and objectives of the proposed project. PERU's data storage systems possess adequate capacity and safety features necessary for conducting this study. Data are backed up daily and stored on institutional servers. Any hard copies of forms or instruments will be stored in a secure, locked location. Only qualified project personnel will have access to data.

Impact/Outcomes, Evaluation, and Sustainment

Impact/Outcomes. This project expects to ensure the health, safety, and well-being of persons with Opioid Use Disorder in Wyoming County. Specifically, the project expects to (1) leverage a

peer recovery support program to increase the number of individuals who are screened for OUD/SUD and connected with treatment and non-treatment services, (2) collaborate with law enforcement and first responders to establish a warm hand-off program to improve post-overdose outcomes, and (3) decrease the number of individuals who are incarcerated while improving connectivity of treatment and non-treatment services. **Evaluation.** Robust data collection, analysis, and reporting to ensure an action research approach to continuously improve the projects ability to meet intended goals and a summative evaluation will be completed to evaluate effectiveness by July 2022. By January 2020, the conceptual model of both the process and outcome evaluation with the approval of the implementation team, the action research plan, the Quality Improvement Plan, and the data collection process will be finalized. All data will be collected through a secure web-based application platform to ensure 100% of data is uploaded into BJA’s data reporting system. PERU will create a robust data verification protocol to ensure 100% of data is uploaded accurately by January 2020. Performance measures are listed in the table below and will be completed in addition to all BJA required measures. All forms, reports, and surveys described have been used in other funded projects by PERU and will be adapted by the implementation team and submitted for approval by BJA.

Goal	Performance Measures	Data Source	Collection Frequency	Staff Responsible	Analysis Method
1	10% decrease in the number of persons who have overdosed in Wyoming County throughout program	Integrated Data System	Quarterly	EMS, Law Enforcement, Hospitals	Descriptive and Inferential Statistics
1,2,3	100% of EMS, Law Enforcement, and Hospitals partner with the integrated data system	Integrated Data System	Annually	Project Coordinator	Descriptive Statistics
1	10% decrease in the number of repeat	Integrated Data System	Annually	Project Coordinator	Descriptive Statistics

	overdoses in Wyoming County				
1	100% of CRS and CM staff will be trained and evaluated in MI	Training Evaluation	Each Training	PERU	Descriptive Statistics
1	100% of CRS and CM staff, along with behavioral health agency staff will be trained on the implementation plan protocols developed	Training Evaluation	Each Training	PERU	Descriptive Statistics
1	15 community events attended	SCA's Office	Yearly	PERU	Descriptive Statistics
1	90% of individuals and families engaged by CRS and CM staff	Integrated Data System	Yearly	PERU	Descriptive Statistics
2	95% of participating first responders trained on MH diagnoses, addictions, trauma informed care, motivational interviewing, and referral processes for individuals who will participate in the Lifeline Program	Training Evaluation	Each Training	PERU	Descriptive Statistics
2	95% of first responders trained on how to screen patients for SUD/OD and/or MH	Training Evaluation	Each Training	PERU	Descriptive Statistics
3	100% of individuals eligible for the program are referred and meet with the diversion case manager	Integrated Data System	Monthly	Project Coordinator	Descriptive Statistics
3	100% of individuals receive intake assessment	Integrated Data System	Monthly	Project Coordinator	Descriptive Statistics
3	100% of officers trained within participating law enforcement agencies on the inclusion/exclusion criteria for program participants and how to implement diversion practices	Training Evaluation	Each Training	PERU	Descriptive Statistics
1,2,3	100% of participating individuals connected to appropriate SUD and behavioral health	Integrated Data System	Monthly	Project Coordinator	Descriptive Statistics

Dissemination. The ability for the implementation of Goals 1, 2, and 3 to be duplicated in another setting will be assessed as described above, through direct cost analysis and

by identifying the likelihood of deploying a similar system in other settings accessible through PERU's Technical Assistance Center. Direct cost will be assessed throughout the project period. A key aspect to the proposed project is to create a dissemination plan with a step-by-step tutorial in mixed media containing goal assessment, capacity building, planning, implementation, evaluation, and sustainability tools. This tutorial, combined with archived data collected throughout the project period and the evaluation, would include everything needed to expand this project to other entities. PERU has significant experience in creating these types of curricula for future implementation. Findings would not only be disseminated through a final report, peer-reviewed publications, and the overall evaluation of the project, but also disseminated throughout drug and alcohol and criminal justice community presentations specifically targeted to key stakeholders. **Sustainability.** Key personnel will develop a sustainability plan with all project stakeholders and the coalition by the close of year 2 to acquire additional funding to support sustaining implementation for all successful initiatives. This funding would provide support to initiate new prevention programs and the staff hired through this initiative. No policy changes required for peer recovery support; however, sustained support at a state and federal level for these types of programs will be necessary to continue to support these types of funded positions. Pennsylvania has policies in place to support Certified Recovery Specialists and their training and certification currently. Policy changes for diversion programs like LEAD will require state level intervention including support for specific inclusion and exclusion criteria for low-level offenders. Currently, LEAD programs require significant voluntary agreement at local levels to not prosecute low-level offenders but are extremely dependent on cooperation across parties and are apt to failure without proper structural support such as state legislation and regulations.

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