



Measuring the Use and Perception of LETI

A Program Evaluation of the PA Attorney General's Law Enforcement Treatment Initiative

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The Pennsylvania Department of Health reports that –

**5,331 Pennsylvanians died from overdoses in 2021 –
an average of 15 Pennsylvanians every day,
and based on available data, the death toll will only continue to rise.**

Executive Summary

An average of 15 Pennsylvanians die each day from drug overdose.¹ We cannot arrest our way out of this problem. We must tackle the opioid crisis from every angle. Treatment is critical to any successful plan to reduce substance use disorder and overdose rates in the Commonwealth of Pennsylvania.

The Law Enforcement Treatment Initiative (LETI) aims to increase access to treatment among people suffering from substance use disorder in the Commonwealth. In counties where LETI is in use, Pennsylvanians can seek treatment for addiction through their local law enforcement without the threat of arrest. The PA Office of Attorney General (OAG) created the LETI model and has partnered with counties throughout PA over the last 5 years - engaging with the Single County Drug & Alcohol Commissions (SCAs) and providing them with training, materials, and resources to create their own version of the program in their county. The LETI Strategic Initiatives Operator (SIO) works with each Single County Drug & Alcohol Commission (SCA) and District Attorney's Office (DAO) to develop a customized policy using a "ready-made plan."

My research sought to measure how LETI is perceived among the stakeholders, whether it has had a positive impact and why some counties have not implemented LETI. My findings demonstrate that:

1. LETI has had a positive impact in the counties where it has been implemented and the counties feel that impact is measurable, and
2. There is a positive perception of the initiative among the stakeholders in the participating counties

¹<https://www.health.pa.gov/topics/Documents/Programs/PDMP/Pennsylvania%20Overdose%20Data%20Brief%202020.pdf>

These are promising indicators for the program's effectiveness and potential for expansion.

Non-participating counties reported barriers to implementing LETI, including:

1. Stigma associated with drug use,
2. Concern that diversion in some way condones drug use and/or
3. Another diversionary program is already in place and LETI would be redundant.

The LETI SIO sent a survey to 34 stakeholders in counties where the LETI program has been implemented. I conducted a review of administrative data from participating counties, and I had several conversations with Janene Holter, the LETI SIO. The Executive Director of the PA District Attorney's Association (PDAA) sent a survey to 47 county District Attorneys who have not implemented LETI. Philadelphia does not participate in PDAA and they were not sent a survey.

My main recommendation relates to the marketing of LETI to prospective counties. This outreach should be made directly to District Attorney's Offices through PDAA and through associations of police departments in the Commonwealth. Direct outreach to them with a focused message about why the program is necessary and effective has a greater chance of successful recruitment.

This study provides a brief discussion of law enforcement led treatment initiatives and an overview of LETI. I detail the evaluation questions and goals of my research, the methodology that I used and the findings and limitations of my research. I conclude with recommendations for the program, recommendations for future research and a conclusion.

Introduction

LETI is a program run by the PA OAG in partnership with county officials. LETI allows individuals to seek treatment for addiction through local law enforcement without the threat of arrest. The OAG has a dedicated agent who serves as the LETI SIO, acting as the coordinator of the program. The SIO offers each county a template "ready-made" policy, assistance customizing the policy for the county and support in implementation and operation of the program. LETI began in 2019 with one county, Somerset. Since 2019 it has expanded to over 20 counties throughout the Commonwealth. There have been over 700 referrals for drug treatment made through the LETI program since it began, and the referrals have increased exponentially year over year.

LETI is seeking to expand the initiative throughout the Commonwealth and to ensure continued long-term support by the OAG. In accordance with this goal, this analysis seeks to determine:

- How is LETI being used by the counties where it is operating?
- Is LETI having a positive impact in the counties where it is operating?
- How is LETI perceived by the stakeholders in the counties where it is operating?
- Is there anything LETI can do to expand beyond the counties that now have a LETI policy in place?

Law Enforcement Led Treatment Initiatives

Substance-use disorder and the resultant drug offenses represent a particular challenge to policy makers because traditional policing efforts have not been found to improve public safety or decrease recidivism for drug offenders. Drug offenders instead cycle through the criminal justice system with such frequency that this phenomenon is often referred to as a “revolving door.”²

The law enforcement community recognizes that local police are uniquely positioned to help people suffering from substance use disorder access treatment. Several large cities in the United States have piloted law enforcement referral models. The LEAD program in Seattle has been in place for over a decade. A program evaluation conducted in 2017 noted that it “represents a bold and promising alternative to conventional drug war tactics. It also represents an alternative to conventional drug war tactics. It also represents an alternative to simply doing less enforcement, which might reduce criminal justice expenditures.” That program evaluation demonstrated that participants in the LEAD program experienced improved outcomes for housing and income and were re-arrested at a lower rate.³

The Madison Addiction Recovery Initiative (MARI), a pre-arrest diversion program, was developed in the city of Madison, WI through a multi-disciplinary approach. The program was launched in 2017 and supported by a three-year grant from the Bureau of Justice Assistance. The aim of the program was to reduce crime and improve health (i.e., reduce the overdose deaths) among adults who committed a minor, non-violent, drug use-related offense by offering them a referral to treatment in lieu of arrest and prosecution of criminal charges. A program evaluation conducted during the implementation measured a variety of factors

² Susan Collins, Heather Olczak, Seema Clifasefi, “Seattle’s Law Enforcement Assisted Diversion (LEAD): Program effects on recidivism outcomes,” Elsevier Volume 64, October 2017, Pages 49-56.

³ Katherine Beckett. 2014. “Seattle’s law enforcement assisted diversion program: lessons learned from the first two years,” University of Washington.

and found that “through improved access to addiction care, the MARI approach, over a longer period of time, has the potential to improve community health and safety, as assessed by the community-level reduced rates of crime, overdose, and overdose-related death, and to reduce related cost.⁴”

In the face of the ongoing opioid crisis and increased recognition that law enforcement led treatment initiatives are effective, the OAG launched a law enforcement led treatment initiative in 2018.

Program Overview

Janene Holter, PhD, is the PA Office of Attorney General’s dedicated full-time agent who coordinates LETI. As the SIO for LETI, Agent Holter coordinates efforts across Pennsylvania, including providing training to law enforcement partners, providing template “ready-made” policies and documents, marketing the program in the community during program rollout, convening key community stakeholders, and providing additional support over time.

Partnering police departments open their station doors to those suffering from addiction, help identify treatment for those who seek it, assist with ensuring that people have transportation to the facilities, maintain relationships with local treatment providers to understand availability and collect data to study outcomes.

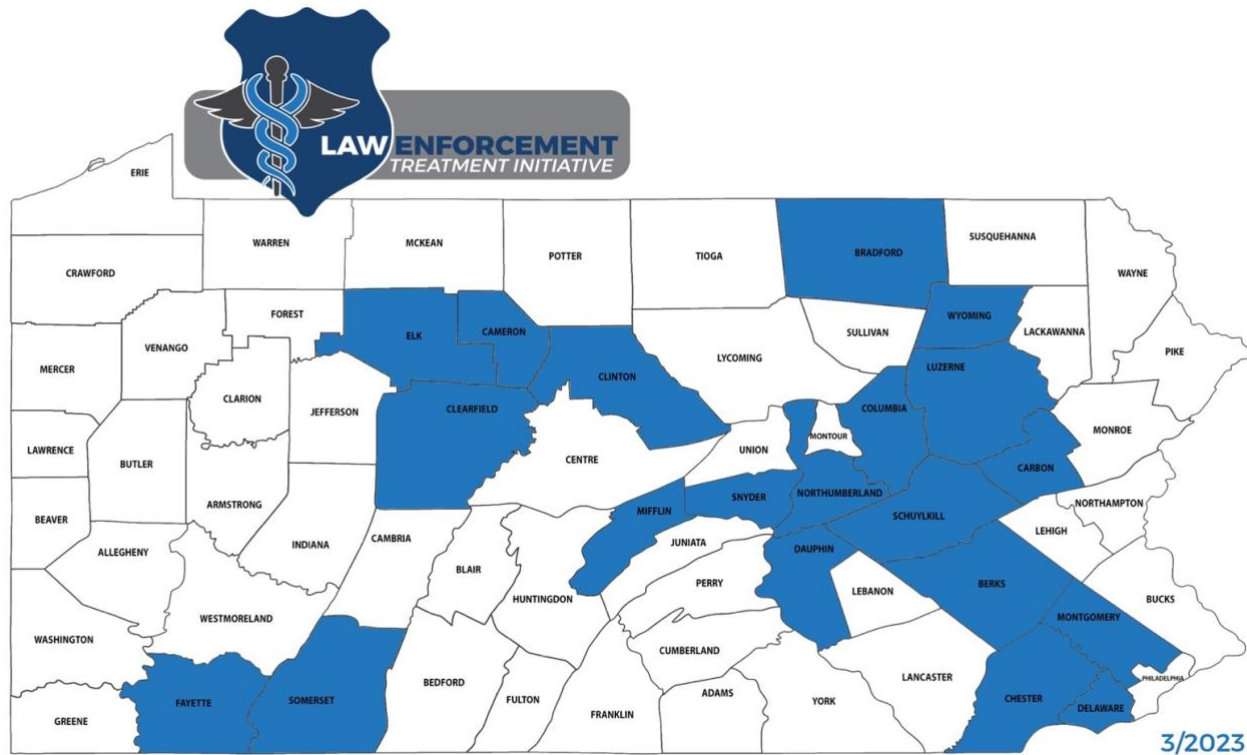
Over the last five years the program has expanded to include over 20 counties in PA. Janene Holter has worked with the District Attorneys in each county, using the template policy, to create a customized policy that fits the need of each individual county. Referrals to treatment through the LETI program are made in several ways (referred to as “tracks”) and those differ from county to county.

Some county policies allow referrals by police departments based on “walks in,” people coming to the police station to ask for help, and also refer people they encounter in lieu of arrest. Other counties allow referrals by the District Attorney’s Office after an individual has been arrested and charged with a crime. All participating counties refer those seeking treatment to the SCA. In each case referred to LETI, the SCA provides services and Janene Holter consults with the SCA monthly regarding case management and treatment plans.

⁴ Aleksandra Zgierska, Veronica White, Joseph Balles *et al.* Pre-arrest diversion to addiction treatment by law enforcement: protocol for the community-level policing initiative to reduce addiction-related harm, including crime. *Health Justice*, 9. March 2021: 9.

The PA OAG sought a formal evaluation of the program to explore how the program is performing overall, how it is being utilized in the participating counties and to receive some practical recommendations for how the program's impact can be increased county by county and statewide. They also sought to measure stakeholder perception of the program. This evaluation will help inform whether the PA OAG should increase resources to the LETI initiative. The evaluation will also be used to inform outreach to and education of county stakeholders and as a marketing tool to counties who have not yet adopted LETI.

Counties Participating in the Law Enforcement Treatment Initiative as of March 2023



Evaluation Goals & Questions

Five years since the LETI program was launched in the first county, the OAG wants to know how the program is going. This study leverages survey results from county stakeholders that have implemented LETI, administrative data, and a survey of District Attorneys from counties that have not implemented LETI.

The goal of this report is to evaluate:

1. How is LETI being used in the participating counties?
2. How frequently is LETI being used in the participating counties?
3. How is LETI perceived by the stakeholders in the participating counties?
4. What was the impact of having a ready-made plan on implementation in the participating counties?
5. What are the causes of reluctance among the counties that are not currently participating?

Methodology

Quantitative Methodology

I developed two surveys to collect quantitative data regarding the LETI program. The first survey was developed to collect data from county stakeholders who have implemented the LETI program. The second survey collected data from District Attorneys of counties that have not implemented the LETI program. I also reviewed administrative data provided by the LETI SIO regarding the numbers of referrals made by each county over three years that referrals have been made, 2020-2022.

The LETI SIO sent Survey One by email to 34 Drug and Alcohol County case managers and District Attorney representatives for the counties that had implemented a LETI policy as of December 31, 2022. The LETI SIO sent the survey via an anonymous Qualtrics link. The LETI SIO works directly with the county DA representatives and SCA case managers on a regular basis for case management purposes.

Survey One contained 21 questions with one question that re-directed to a secondary question based on response. If the entire survey was completed, each respondent answered 20 questions. The respondent did not have to identify themselves by name,

but each had to identify their role in the system and county thereby indirectly identifying themselves. The survey began with an explanation of the program and a statement regarding confidentiality and a consent statement.

Survey Two was sent by email to the District Attorney of every county that has not implemented a LETI policy excluding Philadelphia. It was sent using an anonymous Qualtrics link. The survey was sent by the Executive Director of PDAA. PDAA is an association that most District Attorney's Offices belong to and use as a source of training and support. The Executive Director is well respected among the DAs and therefore a strong choice to send the survey and maximize the likelihood of response.

Survey Two contained 15 questions with one question that re-directed to a secondary question based on response. If the entire survey was completed each respondent answered 14 questions. This survey was anonymous. This was a design choice made to increase the likelihood of response and to reduce the risk of response bias. The survey began with an explanation of the program and a statement regarding confidentiality and a consent statement.

I also conducted a review of administrative data maintained by the SIO. This data was cross referenced with data provided by the participating counties in Survey One.

Qualitative Methodology

Each survey contained questions that called for text answers based on answers provided to certain questions in the survey.

Survey One had text answers to capture respondent insights about:

1. Why LETI has not had a positive impact until now, or
2. How the respondent would describe that impact of LETI in their county.

Survey Two called for text answers regarding:

1. How the respondent thinks LETI could benefit their county,
2. Why they think LETI is not needed in their county,
3. What barriers the respondent perceives to having LETI in their county, and
4. Any concerns the Respondent has about implementing LETI in their county.

Administrative Data

I received administrative data from the LETI SIO that included the number of LETI referrals by each county in 2020, 2021 and 2022. I obtained overdose rate information for all counties in PA using data from the PA Department of Health: Fatal and Non-Fatal Overdoses in PA, 2020.

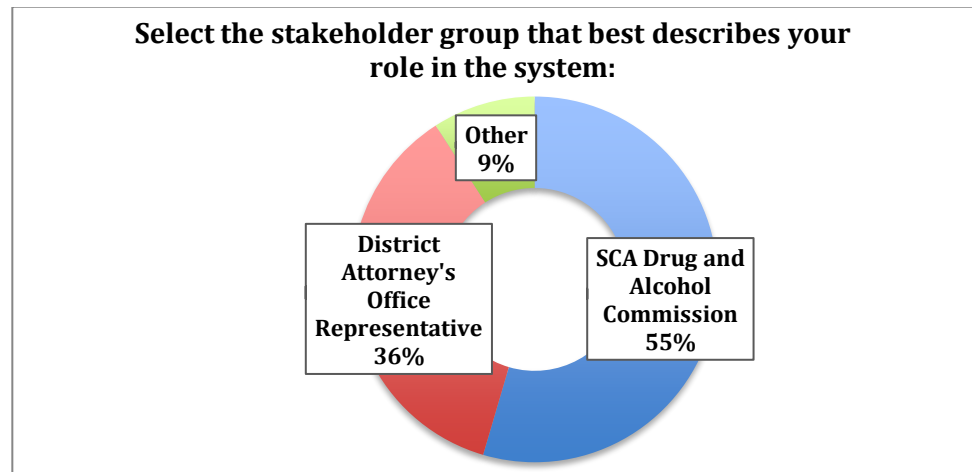
Demographics

Survey One – Participating County Stakeholders

I received 22 responses to Survey One - 7 DA Representatives and 15 SCA Representatives - from a total of 18 counties. The survey was sent to 34 individual stakeholders. The response rate was 65%.

The responding stakeholders came from Berks, Bradford, Carbon, Clearfield, Chester, Clinton, Columbia, Delaware, Dauphin, Elk, Luzerne, Montour, Montgomery, Schuylkill, Snyder, Somerset, and Union Counties.

Two-thirds of the responses to Survey One were received from an individual who is a Drug & Alcohol Commission member or part of the Drug & Alcohol team. The remaining one-third of the responses were received from District Attorney's Office Representatives.



Responses were received from counties that implemented LETI over each of the last four years.

Survey Two – District Attorney’s Offices of Non-Participating Counties

All respondents identified themselves as a District Attorney in the Commonwealth of PA or a person designated by the District Attorney to respond to the survey. The respondents were all DA’s Offices from counties with a population greater than 100,000 people. The overdose rate of the respondent counties varied with the largest number of responses, 38%, coming from counties with an overdose rate of 1.51 – 3.0 per 100K residents in the county.

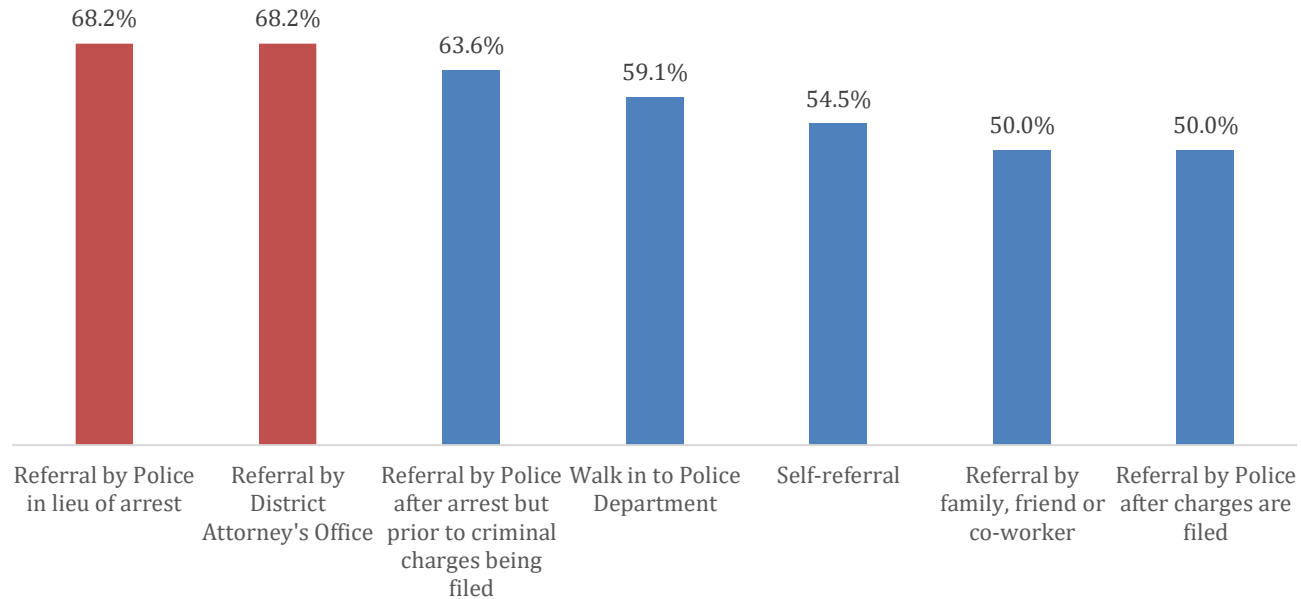
Findings

Question 1: How is LETI being used in the participating counties?

There were 22 responses to this question from 19 counties. In several counties, responses were received from both a DA representative and an SCA representative. In most cases, their answers differed. This would suggest that there is a lack of awareness regarding how referrals are being made among the stakeholders.

The most used referral source among respondent counties was Referral by Police in Lieu of Arrest and Referral by District Attorney’s Office – a referral made after an individual has been charged with a crime and is in the court system. The least used referral sources, used at an equal level among respondents, were referrals by Police after charges are filed and referrals by family, friend, or co-worker. The high frequency of referral by police in lieu of arrest is a positive indicator that the program is being used as designed with people gaining access to substance abuse treatment rather than being arrested.

Where Do LETI Referrals in your County Originate? (check all that apply)



Question 2: How frequently is LETI being used in the participating counties?

This was measured by a survey question that asked how many referrals the county had made to LETI in each year – 2020, 2021 and 2022. This is somewhat difficult to visualize because the counties began participating at different points in the timeline. By the close of 2020 there were 6 counties participating, by the close of 2021 there were 12 counties participating and by the close of 2022 there were 19 counties participating. The referral rate has increased dramatically over the 3 years examined, rising from 150 in 2020 to over 500 in 2022.

2020 - 6 counties

2021 - 12 counties

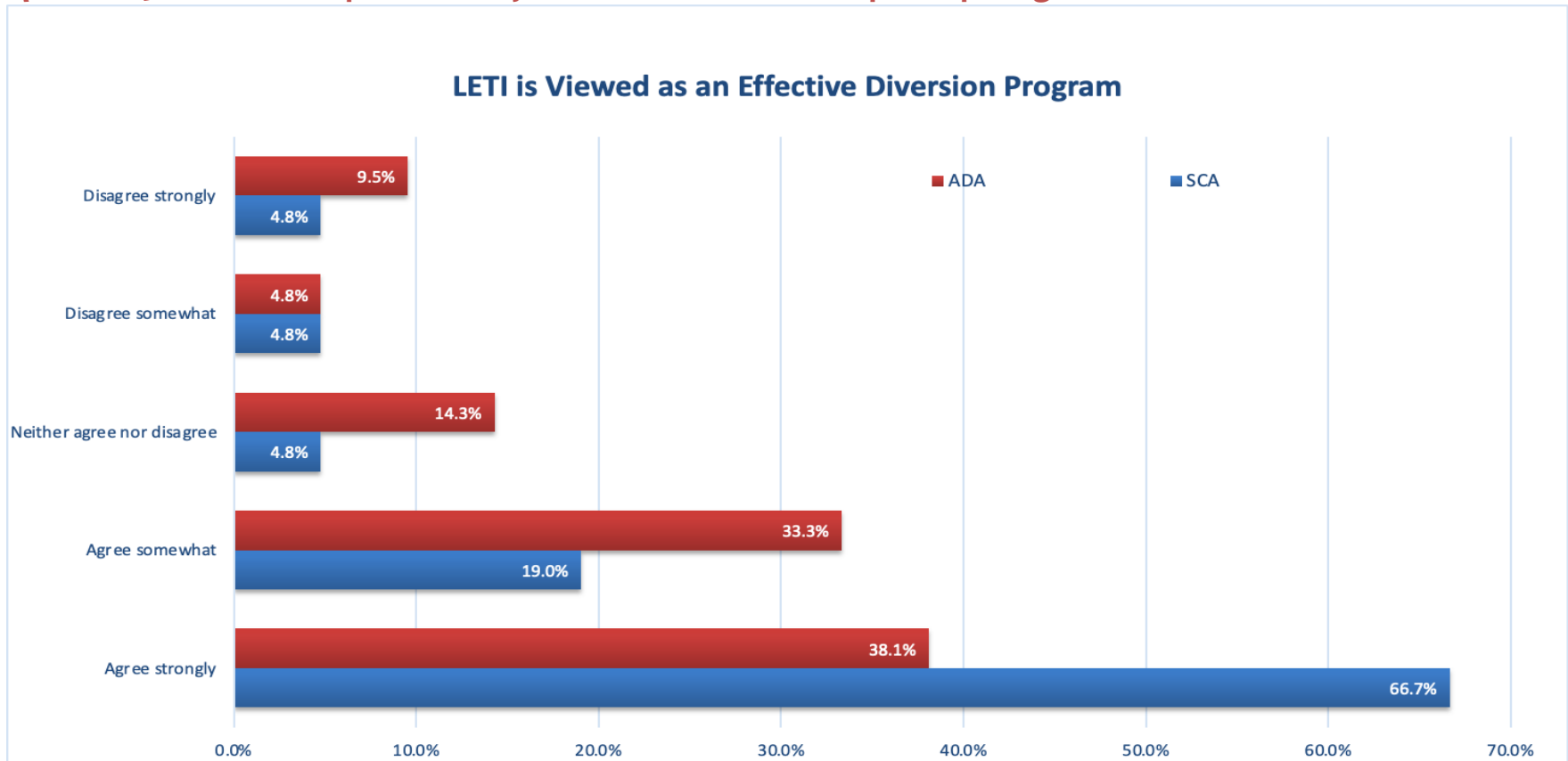
2022 - 19 counties

Bradford	20	47	56
Carbon	10	1	16
Dauphin	4	5	3
Northumberland	0	0	3
Schuylkill	15	5	11
Somerset	0	1	3
OAG	0	3	0
Berks		1	2
Clearfield		4	2
Delaware		1	58
Fayette		48	198
Mifflin		5	8
Montgomery		29	43
Cameron			0
Chester			66
Clinton			7
Columbia			2
Elk			2
Snyder			16
Wyoming			10
TOTAL	49	147	506

There has been a total of 702 referrals to LETI in the time covered by this study.

LETI saw a 500% increase in the number of referrals from 2020 to 2022.

Question 3: How is LETI perceived by the stakeholders in the participating counties?

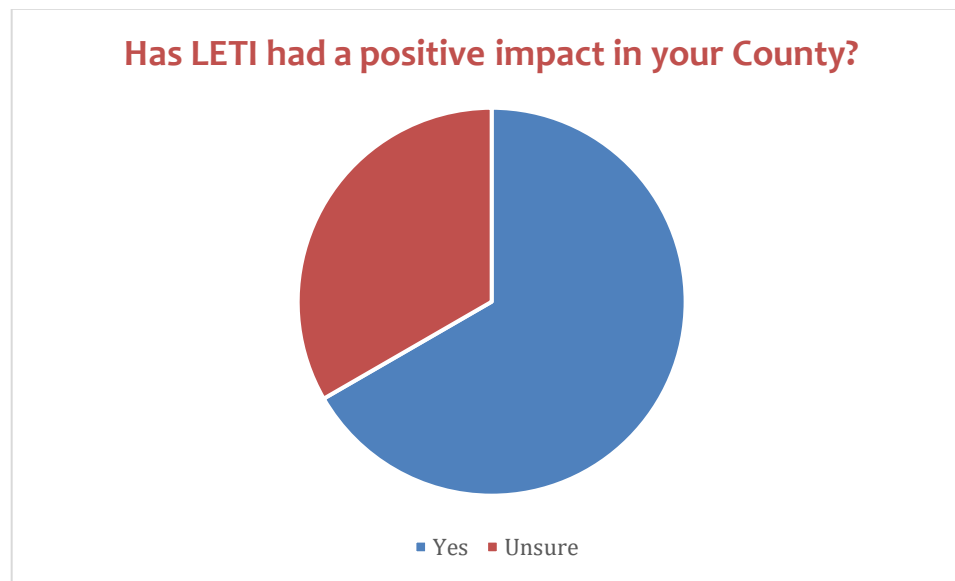


Overall, those surveyed agree that LETI is viewed as an effective diversion program by stakeholders in their county.

- 81% of those surveyed mostly agree that LETI is viewed as an effective diversion program by the Drug & Alcohol Commission in their county.
- A slightly lower percentage of those surveyed, 68%, answered that they agree that LETI is viewed as an effective diversion program by ADAs in their county.

Question 4: Has LETI had a positive impact in the participating counties?

Approximately 67% of those surveyed feel that LETI has had a positive impact. Approximately 33% of participating counties are unsure of the impact. None of the respondents who responded felt that the program has not had a positive impact in their county.



Counties that are unsure of the impact attribute that to the fact that LETI has not been in place in their county long enough to tell the impact or due the stigma associated with drug use. Counties that say LETI has had a positive impact attribute that to a

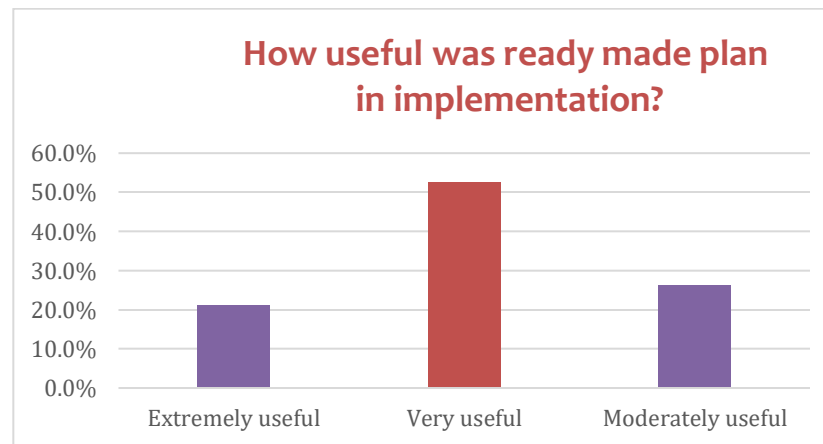
variety of things including getting access to treatment without entering the criminal justice system, reducing incarceration and better relations between police and the community.

“We have been able to assist dozens of people receive treatment, save lives, and reduce recidivism. LETI has been embraced by law enforcement as an effective tool to help people get treatment. It has helped foster better relationships between law enforcement and the community, reduce the stigma associated with substance use disorders, and demonstrate that law enforcement genuinely cares about helping people in our community get treatment.”

Question 5: What was the impact of having a ready-made plan on implementation in the participating counties?

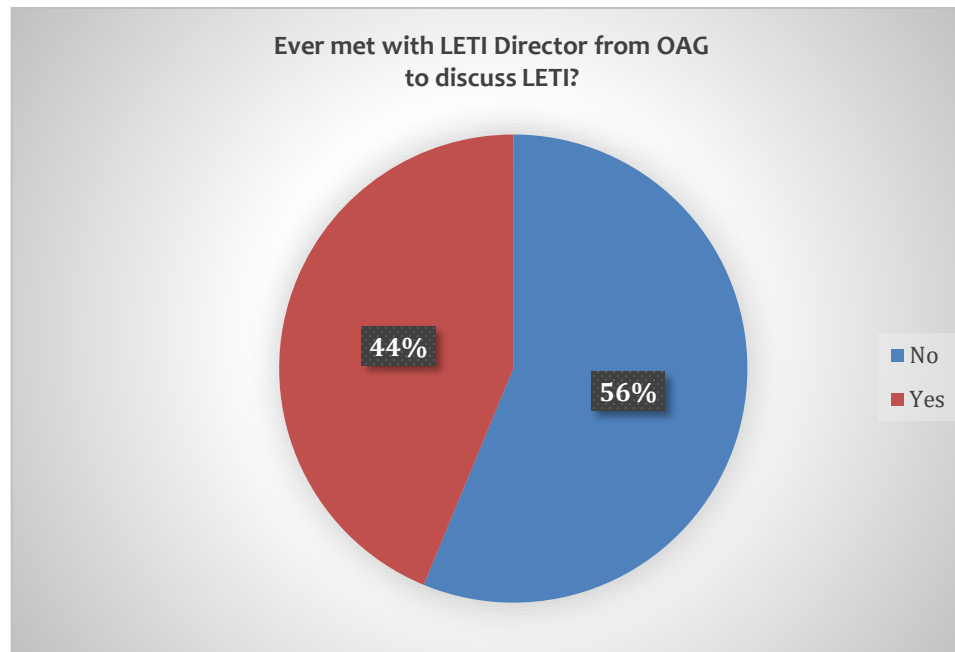
Approximately 75% of the participating counties used the ready-made plan to create the LETI policy in their county.

All participating counties found the ready-made plan moderately, very, or extremely useful.



Question 6: What are the causes of reluctance among the counties that are not currently participating?

More than half of the county DAs who responded indicated that **they had never met with the LETI Strategic Initiatives Operator, Janene Holter**. These counties represent opportunities to expand.



About half of the DAs surveyed reported that they believe that LETI would be beneficial for their county. They were asked to elaborate and shared the following ideas about how LETI could benefit their county. A sampling of the responses is listed below.

“Reduce demand for illegal substances.”

“Add to our continuum of diversion and treatment programs.”

“Helping connect persons with SUD with treatment.”

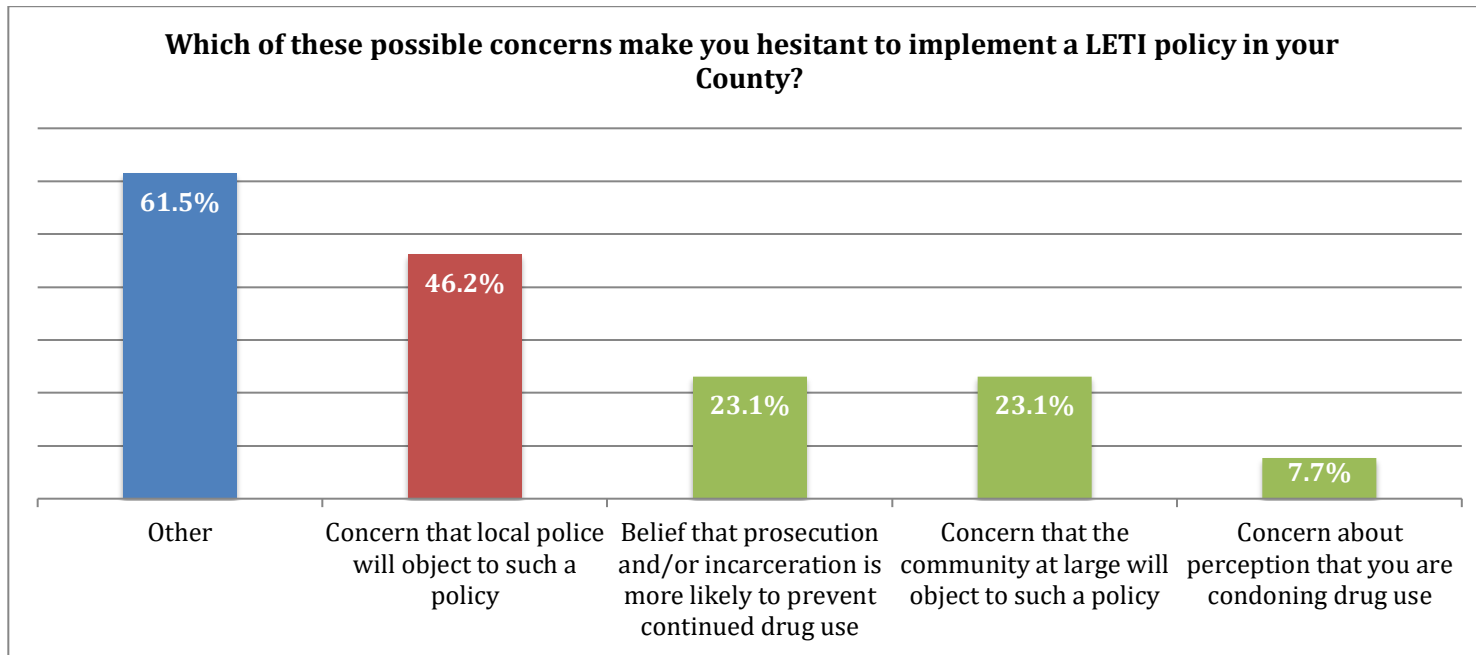
“Training options for law enforcement”

The counties that responded that LETI would not benefit their county reported two general reasons - they either had a diversion program for substance use disorder and feel that LETI would be redundant or, they do not agree with the concept of diversion for defendants suffering from substance use disorder.

“Law Enforcement is not on board and would need convincing.”

“To my knowledge, PSP is not on-board with LETI. Beyond that, the availability of drug treatment is already widely advertised. Finally, substance abuse is too widely used as an excuse for criminal behavior. We should not feed into that.”

When asked to choose from a list of possible concerns with implementing LETI, respondents selected other most often. Concern that local police would object to such a policy was selected at the next highest rate, by about half of the respondents.



Those who answered other to the above question were prompted to elaborate. Among the concerns reported were:

“Don’t know enough about the program to elaborate.”

“It’s a waste of resources “feel-good” program that detracts from efforts than might help. Destigmatizing bad behavior, including drug abuse, has a horrible track record of increasing the same bad behavior. If we care at all about the lives destroyed by drug abuse we will stop, as a society, being enablers.”

“No concerns. Just not needed due to an existing program.”

Limitations

Survey One had a response rate of 65%. The survey was sent out by the SIO who works directly with the stakeholders. This creates the risk of response bias. The respondents rely on the SIO for support and may have a desire to portray the program in a positive light as a result. I made efforts to offset possible bias by using an anonymous Qualtrics link and ensuring those surveyed that their specific answers would be confidential.

Survey Two had a response rate of 40%. The findings from this evaluation would be more valid if it was a census – meaning if I was able to conduct interviews with all non-participating DAs. Those who responded *chose* to respond and there is no way of identifying and controlling for *why* they chose to respond in this survey. The extent that their decision to respond was linked to the questions I asked would indicate the level of bias that existed in their responding. Unfortunately, since this was not measured within the parameters of this survey, it must be considered a limitation when reviewing the findings and recommendations.

Recommendations for Program

1. The OAG should adjust its approach to recruiting new counties to participate in LETI. Rather than starting with the Drug & Alcohol Commissions, approaching the District Attorneys through PDAA will provide an opportunity to learn about and address hesitancy to implement. PDAA has two statewide conferences a year. A presentation on LETI that includes DAs from participating counties can reach many county DAs in one place.
2. The OAG should identify more opportunities to educate law enforcement about the benefits of the LETI program including presenting to the Pennsylvania State Police (PSP) and the Association of Police Chiefs. If PSP began to participate in pre-arrest and pre-charge referrals to LETI, the number of eligible individuals would increase exponentially.
3. The OAG should add staff to assist the SIO and increase the opportunities for expansion. One staff member to serve the counties in PA is not sustainable, particularly if the program continues to expand at the current rate.

Recommendations for Future Research

1. The OAG should conduct a yearly survey of stakeholders to measure perceived impact and identify any issues with perception of the program among the stakeholders. Positive relationships with local law enforcement will be essential to continuing referrals and further expansion of the use of the program.
2. The OAG should collect and analyze data on recidivism and overall impact of the program to demonstrate the effectiveness of the program. In the survey of participating counties, I collected information regarding what outcomes each county tracks. That information can be used to develop a new study of participant outcomes including completion of treatment and re-arrest. Positive findings in these areas would be powerful leverage to get other counties to participate.
3. The OAG should conduct a comparison of overdose rates in counties that have an active SUD diversion program vs. those counties that do not. The OAG should also determine if LETI implementation has coincided with a reduced overdose rate in any counties.

Conclusion

The LETI program provides an access point to drug treatment that is needed and has had a positive impact in the counties where it is operating. The program is perceived positively by most Drug and Alcohol Commissions and by the majority of ADAs in the counties where it operates. To the extent that the impact and perception of LETI are not wholly positive, time since implementation and the stigma of drug addiction appear to be the driving factors. LETI is still a young program, and its impact and effectiveness is still a work in progress in many places where it is operating.

The largest source of LETI referrals is by police in lieu of arrest. This represents an opportunity to expand referrals through increased marketing to encourage people to use local law enforcement to get help rather than waiting to be arrested by police. As data is collected, it can be used to demonstrate the effectiveness of the program and to achieve a higher rate of referral by police. More work needs to be done to persuade law enforcement officers that treatment is more effective than arrest and does not negatively impact public safety.

The counties who are not yet participating in LETI also present a large opportunity for expansion. Half of the DAs surveyed reported that they had never met with the LETI SIO. Other counties who are not participating cite concerns about public safety

and condoning illegal drug use. Increased education can chip away at these antiquated ideas. The use of PDAA as a vehicle to educate prosecutors about LETI and the resources it offers can also help to increase willingness to adopt this model.

LETI is a successful diversion and drug treatment program. The 500% increase in referrals over three years demonstrates a clear need and receptiveness to this program. Increased resources to support the work of the SIO at all levels will be necessary for the program to expand. This would be an investment that would reap exponential rewards given the benefits of providing treatment rather than arresting people for drug use. LETI is a program that can stop the cycle of addiction and change lives without pushing people into the criminal justice system.

APPENDIX A

SURVEY OF PARTICIPATING COUNTY STAKEHOLDERS

LETI Program Evaluation

Start of Block: Introduction

Q1 The questions below are part of a research study being done to learn more about the experiences of LETI stakeholders and identify areas of possible improvement. The survey is being done by a graduate student at the University of Pennsylvania. Participating in this survey is voluntary and you can stop at any point. All information will be kept confidential and no one other than the researcher will have access to any of your individual responses. If you do not wish to participate, please exit the survey now. Continuing with the survey means that you consent to participate. Thank you!

Page Break

Q2 Select the stakeholder group that best describes your role in the system:

- SCA Drug and Alcohol Commission (1)
 - District Attorney's Office Representative (2)
 - Other (3) _____
-

Q3 Which County do you work in?

Page Break _____

Q4 What year did your County launch LETI?

2019 (1)

2020 (2)

2021 (3)

2022 (4)

Page Break

Q5 Did your County use the LETI ready-made plan to implement LETI?

Yes (2)

No (1)

Q6 How useful was the ready-made plan in the implementation of LETI in your County?

Not at all useful (1)

Slightly useful (2)

Moderately useful (3)

Very useful (4)

Extremely useful (5)

Q7 Would your County have implemented LETI if the ready made plan was not available?

Yes (3)

No (1)

Maybe (2)

Page Break

Q8 How many LETI referrals did your County make in 2020?

- None (1)
 - 1 to 5 (2)
 - 6 to 10 (3)
 - 11 to 15 (4)
 - 16 to 20 (5)
 - Over 20 (6)
-

Q9 How many LETI referrals did your County make in 2021?

- None (1)
 - 1 to 5 (2)
 - 6 to 10 (3)
 - 11 to 15 (4)
 - 16 to 20 (5)
 - Over 20 (6)
-

Q10 How many LETI referrals did your County make in 2022?

- None (1)
- 1 to 5 (2)
- 6 to 10 (3)
- 11 to 15 (4)
- 16 to 20 (5)
- Over 20 (6)

Page Break

Q11 Where do LETI referrals in your County originate? (check all that apply)

- Walk in to Police Department (1)
- Self-referral (2)
- Referral by family, friend or co-worker (3)
- Referral by Police in lieu of arrest (4)
- Referral by Police after arrest but prior to criminal charges being filed (5)
- Referral by Police after charges are filed (6)
- Referral by District Attorney's Office (7)

Page Break

Q12 Has LETI had a positive impact in your County?

- Yes (2)
 - No (1)
 - Unsure (3)
-

Q13 If not, please share insights you have about why it has not had a positive impact?

- Click to write Choice (1) _____
 - Not applicable (2)
-

Q14 If yes, how would you describe that impact?

- Click to write Choice 1 (1) _____
 - Not applicable (2)
-

Page Break _____

Q15 LETI is viewed as an effective diversion program by police in my County.

- Agree strongly (1)
 - Agree somewhat (2)
 - Neither agree nor disagree (3)
 - Disagree somewhat (4)
 - Disagree strongly (5)
-

Q16 LETI is viewed as an effective diversion program by the ADAs in my County.

- Agree strongly (1)
 - Agree somewhat (2)
 - Neither agree nor disagree (3)
 - Disagree somewhat (4)
 - Disagree strongly (5)
-

Q17 LETI is viewed as an effective diversion program by the SCA Drug and Alcohol Commission in my County.

- Agree strongly (1)
- Agree somewhat (2)
- Neither agree nor disagree (3)
- Disagree somewhat (4)
- Disagree strongly (5)

Page Break

Q18 Does your County track outcomes for people who are referred by LETI in your County?

Yes (6)

No (5)

Q19 If yes, which outcomes do you track?

Relapse (1)

Re-arrest (2)

Successful completion of treatment (3)

Other (4) _____

Page Break _____

Q20 Do you expect that your County will increase its use of LETI in the next year.

- Yes (1)
 - No (3)
 - Maybe (2)
-

Q21 Does your County have a formal plan to increase the use of LETI in my county in the next year.

- Yes (1)
- No (2)

End of Block: Introduction

Start of Block: Block 2

Start of Block: Block 3

Start of Block: Block 1

APPENDIX B

SURVEY OF NON-PARTICIPATING COUNTY DISTRICT ATTORNEYS

DA Survey

Start of Block: Default Question Block

Q1 LETI is a law enforcement led policy through the county District Attorney's Office. Police officers as well as stakeholders and the community can make a referral for people struggling with a substance abuse disorder (SUD). Individuals in the county are trained to act as intermediaries with their drug and alcohol commissions in order to expedite getting someone into treatment who otherwise may find the process difficult. This allows Pennsylvanians seeking treatment for SUD to be able to turn to their local law enforcement, including sheriffs, probation officers, and parole officers as well as anyone who is familiar with their county wide LETI policy, as a resource to contact drug and alcohol treatment partners without the threat of arrest. Janene Holter, PhD, is an Office of Attorney General Agent who coordinates PA LETI efforts across Pennsylvania. This includes writing of each county wide policy, preparing documents, training, promoting county wide policy, convening key community stakeholders, providing additional support and case management of the LETI program. This policy ensures a clear concise direction for a treatment referral. Agent Holter then continues to work with the county drug and alcohol commission to make sure the LETI policy is working effectively.

Q2 The following survey is being done by a graduate student at the University of Pennsylvania in order to evaluate LETI and possible barriers to implementation throughout the Commonwealth.

Participating in this survey is voluntary and you can stop at any point. All information will be kept confidential and no one other than the researcher will have access to any of your individual responses. If you do not wish to participate please exit the survey now. Continuing with the survey means that you consent to participate. Thank you!

Q3 Are you a District Attorney in the Commonwealth of PA or a person designated by the District Attorney to answer this survey?

Yes (1)

No (2)

Q4 What is the population size of your County?

Under 100,000 people (4)

Between 101,000 and 250,000 people (3)

Between 251,000 and 500,000 people (2)

Over 500,000 people (1)

Page Break

Q5 Have you ever met with the LETI Director from the Office of Attorney General to discuss LETI?

- No (1)
- Not sure (2)
- Yes (3)

Page Break

Q6 Do you think LETI is a program that would be beneficial to your County?

No (21)

Yes (22)

Skip To: Q7 If Do you think LETI is a program that would be beneficial to your County? = Yes

Skip To: Q8 If Do you think LETI is a program that would be beneficial to your County? = No

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Q9 Can you describe any barriers you see to having LETI in your County?

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Q10 Do you think police departments in your County would be receptive to implementing LETI in your County?

- Definitely not (1)
 - Probably not (2)
 - Might or might not (3)
 - Probably yes (4)
 - Definitely yes (5)
-

Q11 Do you think your Office be receptive to implementing LETI in your County?

- Definitely not (1)
 - Probably not (2)
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-

Q12 Have you had discussions with other stakeholders in your County about implementing LETI in your County?

No (1)

Yes (2)

Skip To: Q13 If Have you had discussions with other stakeholders in your County about implementing LETI in your C... = No

Q13 If no, why not?

Page Break

Q14 Which of these possible benefits of LETI would be most significant to your County?

- Increased opportunity for community members to access drug treatment (1)
 - Improved relationship between police and community members (2)
 - Lowering the number of arrests of community members (3)
 - Diverting cases out of the criminal justice system after charging (4)
-

Q15 Which of these possible concerns make you hesitant to implement a LETI policy in your County?

- Concern about perception that you are condoning drug use (1)
 - Belief that prosecution and/or incarceration is more likely to prevent continued drug use (2)
 - Concern that local police will object to such a policy (3)
 - Concern that the community at large will object to such a policy (4)
 - Other (5) _____
-

Q16 Please elaborate on any concerns you have about implementing LETI in your County.

Page Break

Q17 What is the approximate overdose rate in your County?

*Below rates drawn from Fatal and Non-Fatal Overdoses in PA, 2020. www.health.pa.gov

- 0 - 1.50 per 100K people (Centre, Forest, Fulton, Juanita, Potter, Sullivan, Union, Warren) (1)
- 1.51 - 3.00 per 100K people (Adams, Bucks, Clarion, Cumberland, Franklin, Huntingdon, Jefferson, Lancaster, Lebanon, Lycoming, McKean, Northampton, Susquehanna, Venango) (2)
- 3.01- 4.50 per 100K people (Beaver, Bedford, Blair, Butler, Crawford, Erie, Greene, Monroe, Perry, Pike, Tioga, Wayne, York) (3)
- 4.51-6.0 per 100K people (Allegheny, Armstrong, Indian, Lackawanna, Lehigh, Mercer, Washington, Westmoreland) (4)
- 6.01 + per 100K people (Cambria, Lawrence, Montour, Philadelphia) (5)

End of Block: Default Question Block

DA Survey

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