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RURAL VIOLENT CRIME REDUCTION INITIATIVE (RVCRI)

The RVCRI provides funding and support to rural law enforcement agencies seeking to reduce violent crime and address problems associated with violent crime in rural communities. Individual grant awards are between \$25,000.00 and \$150,000.00 for up to twenty-four months. Applications are reviewed and awarded quarterly. Funding proposals and requests may include, but are not limited to:

- Implementing community engagement strategies
- Implementing problem-solving models and problem-oriented policing
- Strengthening collaborative partnerships
- Enhancing crime analysis capacity
- Hiring and deploying personnel
- Purchasing and deploying technology

Eligible entities include:

- All publicly funded rural law enforcement agencies
- Local or county law enforcement agencies serving rural population areas
- All federally recognized tribal law enforcement agencies; and
- Rural county prosecutor's offices

To learn more about the application process, click [here](#).
Questions? Contact RuralVCRI@policinginstitute.org



RURAL JUSTICE COLLABORATIVE

Rural communities face unique challenges that impact their ability to deliver fair and equitable justice. Despite these challenges, rural communities rely on their many strengths to address the needs of their residents.

The National Center for State Courts, in partnership with Rulo Strategies, launched the [Rural Justice Collaborative \(RJC\)](#) to showcase the strengths of rural communities and highlight the cross-sector collaboration that is a hallmark of rural justice systems.

The work under the RJC is supported by a cross-sector advisory council composed of rural judges along with additional stakeholders in the justice, child welfare, and behavioral health systems. The advisory council guides and identifies innovative programs and practices.

RESOURCES

ADAPTING EVIDENCE-BASED PRACTICES FOR UNDER-RESOURCED POPULATIONS

This guide aims to inform behavioral health practitioners and others about the process of culturally adapting evidence-based practices for under-resourced populations. Under-resourced communities are defined population groups that experience greater obstacles to health, based on characteristics such as, but not limited to, race, ethnicity, religion, income, geography, gender identity, sexual orientation, and disability. Although this guide focuses predominantly on adapting treatment evidence-based practices (EBPs), the adaptation process outlined in the guide is applicable to any EBP in behavioral health, including prevention, treatment, and recovery practices for substance use and mental health.

ARTICLES

MENTAL HEALTH CRISIS TEAMS SLOWLY EXPAND TO RURAL AREAS

Crisis response teams have been slow to grow in rural areas due to a lack of resources, despite the prevalence of mental illness. However, police departments and sheriff's offices are becoming increasingly more open to finding alternatives to the standard law enforcement response. In this article, a variety of crisis team models are explored as rural areas start to build and improve on crisis response services.

'WE CAN FIGURE THIS OUT': POLICE, PUBLIC, AND POLICYMAKERS WORK TO IMPROVE RESPONSES TO MENTAL HEALTH CRISES

This article highlights some strategies states have used to improve their response to the mental health crisis in rural areas. In Utah, a bill was passed to fund and expand crisis receiving centers and mobile crisis teams in rural areas, and in Oklahoma, the state reimbursed the cost of more than 10,200 iPads, and over the course of 6 years, 8,500 iPads have been given to clients and nearly 1,700 to first responders and hospital personnel, which are especially useful in rural communities.



BREAKING POINT: EXAMINING HEALTH INEQUITIES IN THREE DISTINCT RURAL REGIONS

The lack of rural health services takes a toll on both patients and practitioners. This four-part series examines health-equity issues in three diverse rural communities in Hawaii, Western North Carolina and Northern California. The first article, [Breaking Point: Specialists, Broadband and the Fight for Health Equity in Rural America](#), explores how three rural communities are working to improve access to healthcare through telehealth. The second article, [No Internet, No Telehealth: Rural N.C. Residents Struggle to Connect with Doctors Virtually](#), explores issues relating to telehealth, a frequently cited solution for rural counties. The third article, [Why This Hawaiian Island Has to Outsource Psychiatric Care](#), explores how changes in community-based mental health services in a rural area exposed a jarring gap in Hawaii's strained healthcare system. And the fourth article, [Lack of Medical Specialists Increases Obstacles to Care and Worsens Patients' Prognoses](#) explores how a rural community is coming together to develop and implement a variety of short- and long-term solutions, including a [program](#) called [Shasta Health Rock Stars](#) to recruit individuals to the medical workforce beginning in high school and promoting their value to the community.

NEWS: CALIFORNIA USES VIDEO CONFERENCING TO EXTEND REACH OF SELF-HELP CENTER ACROSS THREE RURAL COUNTIES

[SHARP \(sharpcourts.org\)](#) is an innovative self-help center model that uses video conferencing to expand access to justice for self-represented litigants across California's Butte, Glenn and Tehama Counties. SHARP (The Self Help and Referral Program) is a model program for how to deliver services to litigants in areas where there isn't an attorney. SHARP started as a pilot program with the idea of leveraging video conferencing to support Self Represented Litigations (SRLs) remotely. SHARP provides free assistance in the areas of family law, guardianships, evictions, small claims, name changes, guardianship, expungement and restraining orders.

A NEEDLE EXCHANGE PROJECT MODELED ON URBAN EFFORTS AIMS TO SAVE LIVES IN RURAL NEVADA

Needle exchanges are part of efforts known as harm reduction, which focuses on minimizing the negative effects of drug use. In recent years, harm reduction tactics have begun to spread to rural areas. The [Trac-B Exchange](#) program offers services in rural areas to help people who use drugs to do so more safely and access resources to find a path to recovery. The program includes assistance in obtaining identification documents, housing, and jobs. “You’re trying to get a carrot that someone will go after,” referring to the clean needles and syringes. “Then, as they come to you to get that carrot and eat that carrot, they can see that you have other things available and that you aren’t the scary person that they thought you were in the nightmare they were living.”

‘IT’S NOT JUST PORTLAND’: HOW HIGH STANDARDS FOR FORCED MENTAL HEALTH CARE AFFECT CARE IN RURAL OREGON

Civil commitment involves admitting a person to a medical or mental health institution against their will, where they often receive involuntary treatment and are prevented from leaving. In this article, Eastern Oregon leaders share the gaps in mental health care in their rural areas due to civil commitment standards. This article is a follow-up to the series [Uncommitted: How High Standards Are Fueling A Cycle That Can Fail People With Mental Illness](#).

STUDENTS HELPED MOULTRIE POLICE DEVELOP CO-RESPONDER PROGRAM

Three years ago, Sarah Adams, a University of Georgia faculty member was looking for projects that University of Georgia students could take on to complete capstone projects for their degrees. When she presented this to the police department, one of the first things that came to mind was the need for some type of collaboration between the mental health community and law enforcement community. A few months later, a team of students from the Terry College of Business Institute for Leadership Advancement made a site visit to Colquitt County. They accompanied Moultrie police on patrol to see the kinds of calls they responded to, collected arrest data, assessed mental health resources in the community, and identified access barriers. To learn more about this unique partnership, watch this [video](#).

PARENT PARTNERS PROVIDE MENTORING AND SUPPORT IN RURAL IOWA

[Parent Partners](#) is a program in Iowa that pairs families who have had a child or children removed from the home with mentors to help them navigate the system. Mentors are parents who have successfully navigated their own child welfare cases. Some qualifications to be a mentor include being reunited with their child or children for at least a year (or having had a year to resolve issues related to situations in which the children were not reunited), being substance-free for at least one year (if substance use was an issue), and completing all mandated trainings. A 2020 literature review, [Challenges in Providing Substance Use Disorder Treatment to Child Welfare Clients in Rural Communities](#), by the U.S. Department of Health and Human Services (HHS), lists peer mentorship as a potential strategy to overcome the barriers to helping child welfare clients access treatment in rural areas.

REPORTS

POLICY BRIEF | SEPTEMBER 2022

RURAL HEALTH EQUITY RESEARCH CENTER

Examining the Burden of Public Stigma Associated with Mental Illness in the Rural United States

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KEY POINTS

- Findings suggest that rural respondents held no more negative attitudes towards individuals with mental illness than non-rural respondents.
- Female respondents held more positive attitudes on items related to recovery and outcomes than male respondents.
- Racial and ethnic differences were observed related to negative stereotypes held towards individuals with mental illness, across geographic definitions.
- Older respondents had significantly higher subscale scores on negative stereotypes than younger respondents.

Purpose

Stigma is a widely recognized barrier to receipt of health and mental health services. This policy brief documents the burden of public stigma associated with any mental illness in rural versus non-rural communities in the United States (U.S.). Differences in stigmatizing attitudes and beliefs by rurality, gender, race and ethnicity, and age are examined.

Background

In 2020, approximately 21.0 percent of adults aged 18 and older (or 52.9 million people) had any mental illness (AMI) in the past year.¹ According to the National Institute of Mental Illness (NIMH), AMI is defined as a mental, behavioral, or emotional disorder.² With longstanding challenges to prevention and treatment, mental health conditions remain prevalent in rural communities. An estimated 20-5% of adults in nonmetropolitan counties had a mental illness in the past year.³ Despite the potential harm of untreated mental illness, many individuals with mental illness do not receive mental health services. According to the National Survey on Drug Use and Health (NSDUH), of the approximately 52.9 million adults aged 18 or older in 2020 with AMI in the past year, 46.2 percent (or 24.3 million people) had accessed mental health services in the past year.⁴

EXAMINING THE BURDEN OF PUBLIC STIGMA ASSOCIATED WITH MENTAL ILLNESS IN THE RURAL UNITED STATES

Stigma is a widely recognized barrier to health and mental health services. This policy brief documents the burden of public stigma associated with mental illness in rural versus non-rural communities in the United States. Differences in stigmatizing attitudes and beliefs by rurality, gender, race and ethnicity, and age are examined.

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PRACTICE REPORTS

Maine's Overdose Prevention Through Intensive Outreach, Naloxone and Safety (OPTIONS) Initiative

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Abstract

This article outlines the successes, barriers, and lessons learned in implementing the Overdose Prevention Through Intensive Outreach, Naloxone and Safety (OPTIONS) initiative in Maine during its first year. With leadership from the Governor's Office, the Department of Health and Human Services, and the Department of Public Safety, the Office of Behavioral Health contracted with behavioral health organizations to hire and provide supervision for 16 clinicians. These behavioral health clinicians, known as OPTIONS liaisons, were each assigned to provide services for one county in the state and were embedded within a public safety agency. A technical assistance team was also assembled to assist in guiding implementation and improving this public health and public safety partnership.

MAINE'S OVERDOSE PREVENTION THROUGH INTENSIVE OUTREACH, NALOXONE, AND SAFETY (OPTIONS) INITIATIVE

This article outlines the successes, barriers, and lessons learned in implementing the Overdose Prevention Through Intensive Outreach, Naloxone and Safety (OPTIONS) initiative in Maine during its first year. With leadership from the Governor's Office, the Department of Health and Human Services, and the Department of Public Safety, the Office of Behavioral Health contracted with behavioral health organizations to hire and provide supervision for 16 clinicians. These behavioral health clinicians, known as OPTIONS liaisons, were each assigned to provide services for one county in the state and were embedded within a public safety agency. A technical assistance team was also assembled to assist in guiding implementation and improving this public health and public safety partnership.