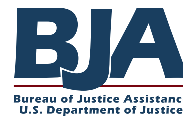

Bureau of Justice Assistance (BJA)
Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

Considerations for First Responder Deflection in Rural Communities

May 2022

Across the United States, jurisdictions are turning to first responder deflection (FRD) and pre-arrest diversion programming to combat the opioid crisis and to assist individuals suffering from substance use disorder (SUD). These programs help to connect individuals with SUDs to treatment and services and provide pivotal opportunities to redirect them away from placement in jails or emergency departments. These programs are known as law enforcement diversion, pre-arrest diversion, deflection, or pre-booking diversion, as well as other names. In this brief, they will be referred to as FRD programs.

There are five frameworks, or pathways[1], of FRD programs (table 1), each of which addresses specific public safety challenges faced by law enforcement and other first responders in their communities. These five approaches to connecting people to treatment are referred to as "pathways" because, in contrast to other justice system interventions in which individuals are mandated to attend treatment, first responders, instead, offer access (or pathways) to community-based treatment and resources through proactive outreach and support to individuals in need. The spectrum of the "Five Pathways to Deflection" offers an alternative to traditional enforcement methods for individuals coping with SUDs, mental health disorders, or co-occurring disorders that may necessitate contact with police or other first responders. While the size of a jurisdiction does not determine whether a location can implement FRD programs, opioid use affects between 3 and 5 percent of rural and urban populations alike.[2]

Self-Referral Pathway	Individual initiates contact with law enforcement for a treatment referral (without fear of arrest), preferably a warm handoff to treatment
Active Outreach Pathway	Law enforcement initially identifies or contacts individuals; a warm handoff is made to the treatment provider, who engages them in treatment
Naloxone Plus Pathway	Engagement with treatment as part of an overdose response or a severe SUD at acute risk for opioid overdose
Officer Prevention Pathway	Law enforcement initiates treatment engagement; no charges are filed
Officer Intervention Pathway	Law enforcement initiates treatment engagement; charges are held in abeyance or citations issued, with a requirement for completion of treatment and/or social service plan

Table 1. Description of Five Pathways to Deflection, from "Report of the National Survey to Assess First Responder Deflection Programs in Response to the Opioid Crisis: Final Report."

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The purpose of this brief is to explore challenges faced by rural jurisdictions and the innovative responses that have been developed by them. Among the rural sites interviewed for this brief, all Five Pathways to Deflection are represented, with the most popular being Officer Prevention.[3] Target populations include individuals with SUDs and mental health concerns, individuals experiencing transient housing situations, and justice-involved persons. The programs mentioned in this brief were implemented between 2017 and 2021. By necessity, FRD programs require collaboration among a wide range of stakeholders with a diversity of backgrounds to ensure the provision of multiple treatment and resource options in their communities. The sites reported involvement by law enforcement officers, first responders, and other justice system partners (e.g., prosecutors and defense attorneys, judges, community correctional officers); behavioral health, treatment, and service providers; peer support services; race equity groups; local policymakers, community leaders, and tribal governments; faith-based leaders and organizations; school districts; and many others. Clients are connected to medical/dental resources; housing, food, and educational assistance; vocational training; intensive case management; faith-based services; sober supports and peer recovery resources; and public benefits, to name a few. Due to the geographic range and associated resource scarcities, rural areas face unique difficulties in responding to and meeting the needs of their immediate community. Through various federal programs and funding initiatives, however, rural sites are effectively connecting individuals with SUDs in their communities to treatment, resources, and opportunities that were not available before. This brief will outline some of these difficulties, as well as the response(s) enacted by rural sites.

Stigma: Dialogue, Education, and Training

The most commonly mentioned issue faced by participating rural jurisdictions was the stigma associated with drug use. While stigma looks different in different places, it affects not only those who use drugs but also service organizations that provide community resources. Although both urban and rural areas face stigma and pushback against many innovations in harm reduction programming,[4] rural areas face four distinct challenges: "(1) limited understandings of harm reduction and practice and preferential focus on substance use treatment and primary prevention, (2) community-level stigma against people who use drugs and the agencies supporting them, (3) data reporting and aggregating leading to inaccurate perceptions about local patterns of substance use and related health consequences, and (4) a prosecutorial mindset against drug use and harm reduction."[5] Rural areas find themselves in a challenging position in combatting the stigma around substance use, but some jurisdictions have implemented new initiatives to combat this stigma.

In the San Louis Valley of Colorado, the Center for Restorative Programs (CRP), which is housed in Alamosa County, successfully uses educational programming to combat much of the stigma faced by both the programs that they offer and the individuals they serve. Shortly after starting its FRD program, CRP partnered with treatment providers in its service zone (which comprises six counties) to provide subject-matter expert-led trainings, outreach, and information sessions about harm reduction, substance use in their communities, and the resources they offer. CRP regularly conducts roundtable meetings with stakeholders and community members to discuss program status updates, develop additional resources, and share budgetary and data metrics. In addition, it hosts informational booths at community events and festivals and works closely with county commissioners and other local leaders to promote its programs. In these areas, staff members from CRP make themselves available to answer any questions community

members may have, dispel myths associated with SUDs and other mental health issues, and provide outreach materials.

In Waldo County, Maine, the sheriff's office operates a Law Enforcement Assisted Diversion (LEAD) program, a community liaison program, and the Maine Coastal Regional Reentry Center. To combat stigma within its community, Waldo County has taken a unique approach. Working with law enforcement personnel, leaders in the Waldo County Sheriff's Office have spent significant time engaging with officers one-on-one, teaching them about the program's benefits, drawbacks, and procedures. When the program was launched, representatives from each participating stakeholder organization joined together to conduct a virtual training. In smaller agencies, conversations between leaders and individual officers and staff members may be easier to facilitate than in larger organizations. The Waldo County Sheriff's Office also applies its tools of de-stigmatization to other projects in the community—including those in the arts—with the support of the Rotary Club and the Waldo County Triad (a partnership among law enforcement, community organizations, and citizens working for the safety of community members over the age of 50). In addition, the sheriff's office operates a county garden that distributes food to many of the nearby food pantries throughout the county. By positively engaging with the community in ways not directly connected to the justice system, the sheriff's office has created a sense of community and trust that extends to its programming.

In order to combat denial and/or lack of public awareness around the use of drugs in local jurisdictions, the Center for Restorative Programs in Colorado and the Waldo County Sheriff's Office have focused on public outreach. Community education is one of the most useful tools for combatting stigma, as described in "Implementing Harm Reduction in Non-Urban Communities Affected by Opioids and Polysubstance Use."[6] By engaging with the public in a non-crisis mode, community members have come to learn about the work being done by deflection programs and, in the process, have lessened misunderstandings of program intentions. By undoing stigma in this way, they encourage individuals who use drugs to safely take part in the path toward recovery.

Community Needs: Stakeholder Partnerships

Another significant challenge faced by rural jurisdictions in implementing and operating FRD programs is a lack of community resources and program collaboration. Often, rural communities do not have as many treatment options as their urban counterparts, if indeed there are any at all. However, Augusta County, Virginia, and Bridgeways for Youth, the FRD program in Door County, Wisconsin, have found innovative ways to engage their communities, even across county lines.

In Augusta County, the Commonwealth's Attorney's Office runs a LEAD program. Staff members credit the success of the program to their collaborative, open relationships with the state and local probation offices. However, Augusta County was not originally partnered with its local probation office. It was only after the program started that the LEAD and probation programs realized that there was a large overlap between their clients. Since creating their partnership, clients of the initial pilot program have seen an 82 percent decrease in recidivism rates. Additionally, the Augusta County LEAD Program plans check-ins with participants at 12 months for misdemeanor diversion and at 6-, 12-, and 24-month intervals for felony diversion cases.

In Door County, the Bridgeways for Youth (BY) program searched for champions in the community to support FRD programming. Operated by the Door County Sheriff's Office, BY was able to find success in Door County by identifying and securing the concrete, written support of other community partners, including law enforcement, district attorneys, community/civic groups, race equity groups, policymakers, recovery communities, and others. BY also realized that to run a successful program, the wheel need not be reinvented. BY staff members looked at policies and procedures that other agencies use in

their FRD programming; referenced other organizations' manuals, forms, and outreach materials; talked to various other urban, suburban, and rural program sites to get input into what works and what does not in similar communities; and created cross-program partnerships to share successes and struggles in order to move pre-arrest diversion programming forward in their own county and in partner communities.

In considering how to best engage rural communities in deflection program operations, the "Law Enforcement First Responder Diversion Pathways to Diversion Case Studies: Officer Intervention" may prove useful, most notably the 10 critical elements of officer intervention detailed on page four. The first two steps are to "identify the problem faced by the community and look for associated causes," and "create a multidisciplinary planning group."[7] By employing these elements, as well as the remaining ones, Augusta County and Door County have generated growth and progress in their deflection programming.

Resource Capacity: Transportation and Limited Offerings

Other common hurdles faced by rural programs trying to implement FRD programs in their communities are those of transportation and resource capacity. Many departments operating FRD programs in rural jurisdictions do not have treatment providers in their immediate communities and therefore must work with providers in other communities, which may be hours away. As part of their programs, these departments must devise strategies and policies for transporting their clients to these services. The LEAD program in Mason County, Washington, is working to implement a plan to provide more reliable transportation options to and from treatment.

Using its Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) funding, Mason County Public Health recruits case managers, outreach coordinators, and even executive directors of partner agencies to provide transportation to treatment providers as often as they are able. However, recognizing that this method leaves gaps in services and is unsustainable, Mason County Public Health is working to develop a low-barrier, at-will transportation service for community members seeking treatment. This service will engage a local partner agency to employ drivers and secure a fleet of vehicles to be used to transport clients, not only to treatment providers but also to other behavioral health and community resources, as needed, regardless of whether or not the resources are located within Mason County. Mason County Public Health has expanded its programs from its original COSSAP funding in 2017 into a free-standing system of pathways to resources and treatment.

The Arkansas Rural Health Partnership (ARHP), operating in 19 counties in rural southeast Arkansas, partnered with the agencies that make up the First and Tenth Arkansas Judicial Drug Task Force to administer the Substance Abuse and Mental Health Services Administration's (SAMSHA) "Creating Safe Scenes" training for law enforcement officers throughout the service area. ARHP found success in the creation and deployment of these regional cooperatives, enabling various departments to share training sessions, thereby overcoming the general lack of training resources in these counties. Not only that, by employing regional partnerships such as these, local law enforcement officers became more engaged in the process of FRD. ARHP has also worked with Arkansas' State Commission on Law Enforcement Training to ensure that each session of the SAMSHA training was approved and counted toward law enforcement officers' mandatory continuing education requirements.

In many rural regions, access to SUD and behavioral health treatment resources is limited—in variety and capacity—and spread thin, leaving local jails or hospital emergency departments as the first stopping points for a person experiencing a behavioral health crisis. By combining resources and creating regional training partnerships, Mason County and ARHP have effectively confronted a lack of resources in their immediate communities.

Another consideration for rural jurisdictions is the growing use of telehealth to promote access to treatment. Search the RTI Telehealth Tool on the COSSAP Resource Center at **https://www.cossapresources.org/Tools/RTITelehealthTool** for more information.

Conclusion

The challenges faced by rural jurisdictions responding to SUDs in their communities often look different from those confronting their urban counterparts, but they are not insurmountable. Several of the aforementioned programs have used COSSAP funding to implement responses to SUDs in innovative ways, and many have produced positive outcomes. For instance, in February 2021, when the Washington State Supreme Court ruled that a state law making simple drug possession a crime was unconstitutional, the ruling required the immediate release of anyone incarcerated for simple possession. Because of the work being done through the LEAD Program in Mason County, there were no individuals incarcerated in the local jail; everyone who would have previously been incarcerated for simple possession had already been diverted before interacting with the justice system.

To help other rural communities overcome the hurdle of transporting clients to treatment providers and other resources, the Rural Health Information Hub (RHIhub)—a national clearinghouse on rural health issues—provides many toolkits to help address rural-specific issues surrounding substance use. The *Rural Transportation Toolkit* found on RHIhub, for example, "compiles promising models and resources to support organizations implementing transportation programs in rural communities across the United States."[8] This toolkit provides information on current rural transportation programs in operation, implementation and evaluation tools, and specific funding for transportation services. The RHIhub provides links to numerous other resources, including additional toolkits, peer-reviewed research, and funding opportunities.

Training and technical assistance (TTA) for rural jurisdictions implementing FRD programs can be accessed by submitting a TTA request through the COSSAP Resource Center here: https://www.cossapresources.org/Program/TTA.

Endnotes

1 "Report of the National Survey to Assess First Responder Deflection Programs in Response to the Opioid Crisis: Final Report," Center for Health and Justice at Treatment Alternatives for Safe Communities (TASC), May 13, 2021, https://www.cossapresources.org/Content/Documents/Articles/CHJ-TASC_Nation_Survey_Report.pdf.

2 "Table 1.93 A: Misuse of Opioids in Past Year Among Persons Aged 12 or Older, by Age Group and Geographic and Socioeconomic Characteristics: Number in Thousands, 2018 and 2019," Substance Abuse and Mental Health Services Administration, https://www.samhsa.gov/data/sites/default/files/reports/rpt29394/NSDUHDetailedTabs2019/NSDUHDetTabs1-93and1-94pe2019.pdf.

3 "Report of the National Survey to Assess First Responder Deflection Programs in Response to the Opioid Crisis: Final Report," Center for Health and Justice at TASC, May 13, 2021, https://www.cossapresources.org/Content/Documents/Articles/CHJ-TASC_Nation_Survey_Report.pdf.

4 Harm reduction programming, according to the National Harm Reduction Coalition (www.harmreduction.org), is "a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use."

5 E. Childs, et al., "Implementing Harm Reduction in Non-Urban Communities Affected by Opioids and Polysubstance Use: A Qualitative Study Exploring Challenges and Mitigating Strategies," *International Journal of Drug Policy*, Volume 90, 2021, https://doi.org/10.1016/j.drugpo.2020.103080.

6 Ibid.

7 “Report of the National Survey to Assess First Responder Deflection Programs in Response to the Opioid Crisis: Final Report,” Center for Health and Justice at TASC, May 13, 2021, https://www.cossapresources.org/Content/Documents/Articles/CHJ-TASC_Nation_Survey_Report.pdf.

8 *Rural Transportation Toolkit*, Rural Health Information Hub, June 4, 2019, https://www.ruralhealthinfo.org/toolkits/transportation.

Visit the COSSAP Resource Center at **www.cossapresources.org**.

About BJA

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