INTRODUCTION

This brief is the first of three Action Briefs developed from the SAMHSA Pre-arrest Diversion Expert Panel, convened in January 2018. Each brief addresses one of the three primary themes that emerged from the Expert Panel: modifications of early diversion models for rural areas, covered here; the role of hospital emergency departments; and information sharing.

The Issue

Rural communities face unique challenges in implementing existing crisis response and pre-arrest diversion models for people with mental and substance use disorders. These include wide geographic areas served, limited availability of crisis services, gaps in treatment and social services, and constrained financial and staffing resources.[1,2] These challenges necessitate innovations in current crisis response or pre-arrest diversion interventions that show promising or proven results in other jurisdictions. Across the United States, rural communities have adapted crisis response and pre-arrest diversion strategies to address their unique challenges and meet the need for services in their jurisdictions.[3] These strategies fall within Intercept 0 and Intercept 1 of the Sequential Intercept Model, a conceptual framework for intervention. In Intercept 0, crisis response professionals and law enforcement, acting in a "guardian" role, work to move people into treatment and services in order to avoid criminal justice involvement; in Intercept 1, law enforcement diverts individuals with mental and substance use disorders from arrest.[4]

This brief features a few current strategies and technologies that rural communities can adopt to increase opportunities for crisis response and pre-arrest diversion of individuals with mental and substance use disorders from the local criminal justice system.

Adapted Strategies for Rural Communities

Rural communities that have shaped existing diversion initiatives to meet their needs use the following three approaches:

1. Leverage technology in collaborative law enforcement and behavioral health responses.

Partnerships and technology are critical components of crisis response and pre-arrest diversion in many rural areas. Rural communities can share limited or expensive resources between multiple jurisdictions and across wide geographic areas. Partnerships between neighboring towns and counties, private service agencies with large service areas, and others can increase the capacity of agencies to provide services; enable sharing of information and ideas across similar, rural communities; and help those communities to access expensive resources that otherwise would not be cost-effective.

Advancements in technology have resulted in a variety of resources that may require an upfront expenditure

“One advantage with younger

For example, counties piloting opioid overdose reversal kits with Crisis Intervention Team (CIT)-trained law enforcement officers have found those officers to be early adopters and promoters of these kits. By providing law enforcement officers who are already involved in a diversion strategy (e.g., CIT) with the training and tools to address an overdose, the benefits of the kits are more quickly recognized and more officers across the agencies begin to use the overdose reversal kits in their work.

> "Once the deputies started carrying [overdose reversal kits], they began to see that they were saving people's lives and realized this was one of the reasons they went into OD Z HQIRUFHPHQW LQ WKH ¿U
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> *Lee Ann Watson,* Associate Director, Clermont County Mental Health and Recovery Board

Rural first responders may need to be trained to handle a broader spectrum of issues than expected in a suburb or a city, due to limited resources and response time. This may involve cross-training with non-traditional partners, such as behavioral health or substance use treatment providers; emergency medical services partnerships to facilitate timely medical clearances or other medical services; or additional specialized responses that can be incorporated without requiring a new program or additional staff.

Peer support

Expanding the types of professionals available to provide services to people with mental and substance use disorders can enhance the capacity of rural communities to address mental and co-occurring disorders. Peers (peer support staff, peer support specialists, or peer recovery coaches) are individuals with the lived experiences of mental illness, substance use disorders, or justice involvement and are trained or certified to provide supportive services. Rural communities may consider incorporating peers into their crisis response and post-crisis outreach models. Peers can work alongside law enforcement officers as part of a

IMPLEMENTATION SPOTLIGHT: R.E.A.L. (RESPOND, EMPOWER, ADVOCATE, AND LISTEN), NEBRASKA

- **Operational since:** 2011
- **Description:** The Mental Health Association of Nebraska provides the R.E.A.L. program in partnership with law enforcement, community corrections, and local human service organizations. This program formalized a UHIHUUDO SURFHVV ZKHUH VHUYLFH SURYLGHUV PD\ OLQN SHRSOH ZLWK to trained peer specialists. The peer staff provide free, voluntary, and non-clinical support with an end-goal of reducing emergency protective orders and involuntary treatment placement. After 3 years, the program found that participants were 44 percent less likely to be taken into emergency protective custody by law enforcement.
- **More information:** About R.E.A.L.

Endnotes

1. Michael T. Compton, Beth Broussard, Dana Hankerson-Dyson, Shaily Krishan, Tarianna Stewart, Janet R. Oliva, and Amy C. Watson. "System- and Policy-Level Challenges to Full Implementation of the Crisis Intervention Team (CIT) Model." *Journal of Police Crisis Negotiations* 10, no. 1–2 (2010): 72–85, https://doi.org/10.1080/15332581003757347.

2. Melissa Reuland, Laura Draper, and Blake Norton. *Tailoring law enforcement initiatives to individual jurisdictions*. (New York: Council of State Governments Justice Center, 2010). https://www.bja.gov/publications/csg_le_tailoring.pdf

3. National Association of Counties. *Reducing mental illnesses in rural jails.* (Washington, DC: National Association of Counties, 2016). http://www.naco.org/sites/default/files/documents/Reducing%20Mental%20Illness%20in%20Rural%20Jails_FINAL.pdf.

4. Dan Abreu, Travis W. Parker, Chanson D. Noether, Henry J. Steadman, and Brian Case. "Revising the Paradigm for Jail Diversion for People with Mental and Substance Use Disorders: Intercept 0." *Behavioral Sciences & the Law* 35, no. 5–6 (2017): 380–95. https://doi.org/10.1002/bsl.2300.

5. T.C. Chang, J.D. Lee, and S.J. Wu. "The Telemedicine and Teleconsultation System Application in Clinical Medicine." In *The 26th Annual International Conference of the IEEE Engineering in Medicine and Biology Society*, 4: 3392–95. San Francisco, CA, USA: IEEE, 2004. https://doi.org/10.1109/IEMBS.2004.1403953.

6. David Skubby, Natalie Bonfine, Meghan Novisky, Mark R. Munetz, and Christian Ritter. "Crisis Intervention Team (CIT) Programs in Rural Communities: A Focus Group Study." *Community Mental Health Journal* 49, no. 6 (2013): 756–64. https://doi.org/10.1007/s10597-012-9517-y.